Medi-Cal Rx Monthly Bulletin

June 1, 2023

The monthly bulletin consists of alerts and notices posted to the Bulletins & News page on the Medi-Cal Rx Web Portal. Sign up for the Medi-Cal Rx Subscription Service to be notified when new information is posted.

1. Changes to the Contract Drugs List

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1. Changes to the Contract Drugs List

The below changes have been made to the _Contract Drugs List_ posted to the Medi-Cal Rx Web Portal, effective June 1, 2023.

Drug Name	Description	Effective Date
Acalabrutinib	**Effective July 1, 2023:** 100 mg capsules end dated.	June 1, 2023
Alitretinoin	Restriction updated to prior authorization required.	June 1, 2023
Azithromycin	Labeler code restriction (17478) removed from ophthalmic solution.	June 1, 2023
Bupropion HCL	Restrictions removed on sustained release tablets.	June 1, 2023
Colistimethate	Added to CDL.	June 1, 2023
Cytarabine	Available strengths updated.	June 1, 2023
Insulin Glargine-YFGN	Labeler restriction added.	June 1, 2023
Porfimer Sodium	Restriction updated to prior authorization required.	June 1, 2023
Retifanlimab-DLWR	Added to CDL with prior authorization restriction.	June 1, 2023
SMOFlipid	Added to CDL.	June 1, 2023
Thyroid, Pork	Additional strength (16.25 mg) added.	June 1, 2023

2. Changes to the Contract Drugs List – Over-the-Counter Drugs

The below changes have been made to the *Contract Drugs List – Over-the-Counter Drugs* posted to the Medi-Cal Rx Web Portal, effective June 1, 2023.

Drug Name	Description	Effective Date
Bacitracin Zinc	Removed packed size specification (15 mg, 30 mg, and 120 gm) and clarified strength.	June 1, 2023
Dextromethorphan	Age restriction added.	June 1, 2023
Guaifenesin	Age restriction added.	June 1, 2023
Guaifenesin/ Dextromethorphan		June 1, 2023
Fluticasone Furoate	**Effective July 1, 2023**: Nasal spray end dated.	June 1, 2023
MVW Complete Formulation	Additional formulations (capsules and chewable tablets) added with restrictions.	June 1, 2023

3. Changes to the Family PACT Pharmacy Formulary

The below changes have been made to the *Family Planning, Access, Care and Treatment (Family PACT) Pharmacy Formulary* posted to the Medi-Cal Rx Web Portal, effective January 11, 2023.

Drug Name	Description	Effective Date
Enoxaparin Sodium	Added with restrictions.	January 11, 2023

4. Updates to the Medi-Cal Rx Provider Manual

The updates/additions below have been made to the _Medi-Cal Rx Provider Manual_ version 8.0.

Updates

Section	Update Description	Effective Date
Section 3.6 – Medi-Cal Rx Web Portal	• Updated language of a list to read, "_List of Contracted Enteral Nutrition Products._" • Updated language of a list to read, "_List of Contracted Diabetic Test Strips and Lancets._" • Updated language of a list to read, "_List of Contracted Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs._"	June 1, 2023
Section 3.6.1.1 – Unsecured Provider Portal	• Updated language of a list to read, "_List of Contracted Enteral Nutrition Products._"	June 1, 2023
Section 4.6.11 – Items Not Covered	• Updated language of a list to read, "_List of Contracted Enteral Nutrition Products._"	June 1, 2023
Section 4.6.14 – Enteral Nutrition Products Reimbursement	• Updated language of a list to read, "_List of Contracted Enteral Nutrition Products._"	June 1, 2023
Section 12.0 – Enteral Nutrition Products	• Updated language of a list to read, "_List of Contracted Enteral Nutrition Products._"	June 1, 2023

Section	Update Description	Effective Date
Section 13.1 – Diabetic Supplies – Test Strips and Lancets	• Updated language of a list to read, "*List of Contracted Diabetic Test Strips and Lancets.*"	June 1, 2023

5. 30-Day Countdown – Phase III, Lift 3: Retirement of the Transition Policy for Beneficiaries 22 Years of Age and Older

What Pharmacy Providers and Prescribers Need to Know

On May 19, 2023, Phase III, Lift 3 (P3/L3) will be implemented, lifting the Transition Policy for 22 Standard Therapeutic Classes (STCs). This is the third in a series of lifts to retire or phase out the grandfathering of historical prior authorizations (PAs) and claims by lifting the override of **NCPDP Reject Code 75 – Prior Authorization Required**.

The following 22 STCs will be impacted with implementation of P3/L3 on May 19, 2023:

Phase III, Lift 3 (P3/L3) Drug Classes *		
Anti-Ulcer Preps/ Gastrointestinal Preps (STC 01)	Other Antibiotics (STC 27)	Antiarthritics (STC 42)
Muscle Relaxants (STC 08)	Urinary Antibacterials (STC 28)	Fat Soluble Vitamins (STC 80)
Tetracyclines (STC 21)	Antiparasitics (STC 31)	Multivitamins (STC 82)
Penicillins (STC 22)	Antimalarials (STC 32)	Folic Acid Preparations (STC 83)
Streptomycins (STC 23)	Antivirals (STC 33)	Vitamin K (STC 85)

Phase III, Lift 3 (P3/L3) Drug Classes *		
Sulfonamides (STC 24)	TB Preparations (STC 34)	Antifungals (STC 94)
Erythromycins (STC 25)	General Antibacterials and Antiseptics (STC 38)	
Cephalosporins (STC 26)	Non-Opioid Analgesics (STC 41)	

* STC refers to the Standard Therapeutic Classification number.

> ⚠️
> - **Beneficiaries 21 years of age and younger are exempt from Phase III: Retirement of the Transition Policy.**
> - **Enteral nutrition products for beneficiaries of all ages are also exempt from Phase III: Retirement of the Transition Policy.**

What Pharmacy Providers and Prescribers Need to Do

If a beneficiary is currently receiving a medication in the STCs identified for P3/L3 as listed in the table above, pharmacy providers and prescribers should prepare for the retirement of the Transition Policy in the following ways:

1. Consider covered therapies that may not require a PA, if clinically appropriate. Review the following:

   – [Medi-Cal Rx Contract Drugs Lists & Covered Products Lists](#)

   – *[Medi-Cal Rx Approved NDC List](#)*

   – Prescribers: Refer to your ePrescribing application.

2. If a change in therapy is not appropriate, submit a PA request via one of the approved Medi-Cal Rx Submission Methods:

   – [CoverMyMeds®](#)

   – [Medi-Cal Rx Secured Provider Portal](#)

   – NCPDP P4 Transaction

- Fax
- U.S. Mail

Resources

- For more information about Medi-Cal Rx Reinstatement, visit the _Medi-Cal Rx Education &_ _Outreach_ page on the _Medi-Cal Rx Web Portal_ and select **Medi-Cal Rx Reinstatement**.

- Review the _Medi-Cal Rx Reinstatement of Prior Authorizations and Retirement of the_ _Transition Policy: Phases II, III, and IV_ slide deck.

- Review _Medi-Cal Rx Phased Reinstatement Frequently Asked Questions (FAQs)_.

- Review the _Medi-Cal Rx Reinstatement Phases II–III_ webinar recording.

- Review the _30-Day Countdown – Phase III, Lift 1: Retirement of the Transition Policy for_ _Beneficiaries 22 Years of Age and Older_ alert.

- Review the _30-Day Countdown – Phase III, Lift 2: Retirement of the Transition Policy for_ _Beneficiaries 22 Years of Age and Older_ alert.

- Refer to the _Medi-Cal Rx Bulletins & News_ and _Medi-Cal Rx Forms & Information_ pages of the _Medi-Cal Rx Web Portal_ for guidance to successfully submit PAs.

6. List of Medications Eligible for an Extended Duration Prior Authorization

What Pharmacy Providers and Prescribers Need to Know

On March 22, 2023, Medi-Cal Rx published an alert titled _Extended Duration Prior_ _Authorizations for Maintenance Medications_ to inform pharmacy providers and prescribers that prior authorizations (PAs) for qualified maintenance medications had been automatically extended to reduce administrative burden while ensuring continued medication safety for beneficiaries.

The purpose of this alert is to inform pharmacy providers and prescribers that the medications eligible for an extended duration PA are now identified in the _Medi-Cal Rx Approved NDC List_, found on the _Contract Drugs & Covered Products Lists_ page on the _Medi-Cal Rx Web Portal_. **Note:** The NDC List contains a new column to indicate whether the drug qualifies for the extended duration PA.

What Pharmacy Providers and Prescribers Need to Do

- Review the *Medi-Cal Rx Approved NDC List* to identify impacted medications that may not require a PA.

- Refer to the alert titled *Extended Duration Prior Authorizations for Maintenance Medications* for additional information, including restrictions that may apply.

7. Policy Reminder: Limitations on Coverage of Certain Drugs or Classes of Drugs

In compliance with state and federal Centers for Medicare & Medicaid Services (CMS) requirements, pharmacy providers and prescribers are reminded certain drugs or classes of drugs, or their medical uses, are excluded from coverage or otherwise restricted under Medi-Cal Rx pharmacy benefits.

List of Drugs Subject to Restriction

U.S. Food and Drug Administration (FDA)-approved drug products are excluded from coverage or otherwise restricted under Medi-Cal Rx Pharmacy Benefit where the FDA indication is **solely**:

- For anorexia, weight loss, or weight gain.

- To promote fertility.

- For cosmetic purposes or hair growth.

- For the treatment of sexual or erectile dysfunction.

Exceptions to Drugs Subject to Restriction

A pharmacy provider or prescriber may submit a prior authorization (PA) request for an unlabeled use or a medically accepted use of a restricted FDA-approved product for a beneficiary when medically necessary. Unlabeled use of drugs means the use of an already marketed drug for a clinical indication not listed in the approved labeling of the drug by the FDA.

8. Reinstatement of the Medi-Cal Rx Controlled Substance Policy on Buprenorphine Products

What Pharmacy Providers and Prescribers Need to Know

On January 30, 2023, the Biden Administration announced that the COVID-19 Public Health Emergency (PHE) is set to end on May 11, 2023. As a result, on June 1, 2023, Buprenorphine products for pain or addiction will no longer have the option to be filled for up to 100 days supply without a prior authorization (PA). Starting June 1, 2023, all Buprenorphine products may be filled up to a 35-day supply.

What Pharmacy Providers and Prescribers Need to Do

Pharmacy providers and prescribers are encouraged to review the Controlled Substance Policy located in the *Medi-Cal Rx Contract Drugs List (CDL)*.

9. Refill of Continuous Glucose Monitoring (CGM) Supplies

What Pharmacy Providers and Prescribers Need to Know

The purpose of this alert is to notify providers of the refill policy for Continuous Glucose Monitoring (CGM) Supplies. Effective May 2, 2023, Medi-Cal Rx has modified the system to allow CGM devices, transmitters, and sensors to be filled prior to the maximum day period as mentioned in the *List of Covered Continuous Glucose Monitoring (CGM) Systems*.

Claims for these products can now be processed after normal fill quantities and days supply are met. This is effective for claims submitted on and after October 1, 2022.

> **Notes**
>
> **Claims for CGM products, when processed before normal fill quantities and days supply are met, will deny for the appropriate NCPDP Reject Code based on coverage limitations.**

Note: Medi-Cal Rx has published an update to the communication titled *Update: NCPDP Reject Code 76: Continuous Glucose Monitoring (CGM) Supplies*.

What Pharmacy Providers and Prescribers Need to Do

For CGM claims submitted between April 7, 2023 and May 2, 2023 that denied with **Reject Code 76 – Plan Limitations Exceeded**, the provider should resubmit the claim for processing. The reprocessed claim must meet the 75 percent utilization of the prior claims, or a Reject Code 76 will occur.

10. Discontinuation of the COVID-19 Uninsured Group Program

What Pharmacy Providers and Prescribers Need to Know

On February 9, 2023, the States received a 90-day notice from the Federal Government that the federal Coronavirus 2019 (COVID-19) Public Health Emergency (PHE) will end on May 11, 2023. Therefore, California's COVID-19 Uninsured Group (UIG) program will end on May 31, 2023.

Notes	• The COVID-19 UIG program ends May 31, 2023. • The COVID-19 UIG Application Portal will be decommissioned effective June 1, 2023.

Access to the COVID-19 UIG Application Portal will be decommissioned effective June 1, 2023.

- Effective June 1, 2023, the Department of Health Care Services (DHCS) will decommission the COVID-19 UIG Application Portal and will not accept new applications for the program.

- Qualified Providers (QPs) of the Presumptive Eligibility for Pregnant Women (PE4PW) program, Breast and Cervical Cancer Treatment Program (BCCTP), Hospital Presumptive Eligibility (HPE) program, or Child Health & Disability Prevention Program (CHDP) will not have access to the COVID-19 UIG Application Portal to process applications for the COVID-19 UIG program on or after June 1, 2023, even if those applications are seeking coverage for services received during the federal COVID-19 PHE. This means that applications for the COVID-19 UIG program submitted on or after June 1, 2023, will be denied.

- Individuals who received COVID-19 UIG program coverage during the federal COVID-19 PHE will not be able to request retroactive coverage on or after June 1, 2023, even if those retro applications are seeking coverage for services received during the federal COVID-19 PHE.

- Additionally, the COVID-19 UIG user guide will be decommissioned on June 1, 2023.

COVID-19 UIG beneficiaries can apply for ongoing coverage. Federal COVID-19 PHE is considered a qualifying life event, which provides individuals a special enrollment period (SEP) with Covered California. This SEP will extend to individuals discontinued from the COVID-19 UIG at the end of the federal COVID-19 PHE and will provide individuals 60 days from May 31, 2023, to apply for Covered California coverage. Individuals do not need an SEP to apply for Medi-Cal and may apply at any time.

What Pharmacy Providers and Prescribers Need to Do

When the COVID-19 UIG program ends, Medi-Cal providers will still be able to bill for services provided to eligible beneficiaries while the program was in effect. Medi-Cal billing timelines and requirements will apply for services provided during the COVID-19 UIG program, but which are claimed after May 31, 2023. Refer to the *Filing Limitations* section of the [Medi-Cal Rx Provider Manual](#) for more information on claim billing timelines.

For the most current information regarding Medi-Cal's COVID-19 response, see the [COVID-19 Medi-Cal Response](#) page on the Medi-Cal Providers website.

11. Reminder: Prior Authorization Signature Requirements

What Pharmacy Providers and Prescribers Need to Know

The purpose of this alert is to remind pharmacy providers and prescribers about signature requirements when submitting prior authorizations (PAs) to Medi-Cal Rx. Providers may submit PAs to Medi-Cal Rx via fax or mail using the following forms:

- [Medi-Cal Rx PA Request Form](#) (preferred)

- Medi-Cal Form 50-1

- Medi-Cal Form 50-2

- California Form 61-211

Medi-Cal Rx requires providers or their designees to sign and date all PA requests. An original signature is required on all forms. The signature must be written, not printed. Stamps, initials, or facsimile signatures are not acceptable. When signing, use a ballpoint pen.

What Pharmacy Providers and Prescribers Need to Do

All written signatures for PAs must meet the following criteria:

- Original written signature by the provider (or their authorized representative) using a ballpoint pen.
- Date signed.

Common Mistakes

All signatures must be original, and forms cannot be signed using the following methods:

- Stamps
- Typed (for example, John Doe, *John Doe*)
- Initials (for example, JD, *JD*)
- Facsimiles

12. Billing Tips: Non-Covered Medical Supplies

Background

The purpose of this alert is to provide clarity for pharmacy providers and prescribers on reviewing medical supplies, products, and devices for Medi-Cal Rx coverage, as well as to clarify billing steps and options.

The Department of Health Care Services (DHCS) has received concerning reports of either denials or impeded access to non-covered or excluded Medi-Cal Rx medical supply products and devices. The Medi-Cal fee-for-service delivery system covers specific medical supplies available through the medical benefit. DHCS' intent was to ensure the Medi-Cal managed care members have the same access to these products and devices as Medi-Cal fee-for-service beneficiaries when establishing the scope of benefit for Medi-Cal Rx. Medical supplies are a partial Medi-Cal Rx benefit, and not all medical supplies are Medi-Cal Rx benefits.

What Pharmacy Providers and Prescribers Need to Know

The *Medical Supplies* section of the [Medi-Cal Rx Provider Manual](#) and the [Covered Products Lists](#) identify medical supplies that are eligible for coverage via Medi-Cal Rx. Medical supplies that are **not** found on these lists are **not** eligible for coverage via Medi-Cal Rx; therefore, pharmacy providers, prescribers, and Managed Care Plans (MCPs) should take the appropriate steps when submitting to Medi-Cal Rx non-covered medical supplies.

MCP Obligations

As a reminder, Medi-Cal MCPs have an obligation to provide access to non-covered or excluded Medi-Cal Rx medical supplies benefits via a medical claim to their members. MCPs should review medical claims appropriately to determine if the medical supply is a Medi-Cal Rx non-covered or excluded product so as not to incorrectly direct providers to bill Medi-Cal Rx. MCPs who have denied medical claims for medical supplies, under the assumption that Medi-Cal Rx is responsible for coverage, should take immediate action to rectify this error.

Refer to [Medical Supplies](#), found under [Provider Manuals](#) on the [Medi-Cal Providers website](#) for currently covered medical supplies that are billable as a medical benefit.

What Pharmacy Providers and Prescribers Need to Do

If after reviewing the *Medical Supplies* section of the [Medi-Cal Rx Provider Manual](#) and [Covered Products Lists](#) it is determined that:

1. The medical supply product or device is covered and/or found on the list, then pharmacy claims may be submitted for those products to Medi-Cal Rx.

    Note: Coordination of benefits (COB) claim processing and Medi-Cal Rx coverage restrictions apply.

2. The medical supply product or device is **not** covered and/or **not** found on the list, then claims for these products or devices should be submitted as a medical claim.

Additional Billing Options

Medical supplies for non-covered Medi-Cal Rx products or devices should be billed to the medical plan as a medical claim. Billing questions regarding medical claims should be directed to the MCP, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), Medi-Cal fee-for-service, or the Early Periodic Screening, Diagnostic and Treatment (EPSDT) program.

Additional Coverage	Billing Options

Fee-for-service and EPSDT	Fee-for-service Medi-Cal beneficiaries and beneficiaries eligible to receive benefits through EPSDT should be billed on a medical claim by the pharmacy provider and include the following:
	
	1. *CMS-1500 form*
	  a. Appropriate HCPCS code
	    i. Refer to the *Medical Supplies Billing Codes, Units and Quantity Limits* for covered HCPCS codes.
	    ii. Submitted via point-of-sale (POS) or paper showing medical necessity.
	  b. Refer to the *Medi-Cal Provider Manual: Part 2 – Pharmacy*.
	  c. These claims might require a *Treatment Authorization Request Form (TAR) form (MC 3200)*, in addition to the *CMS-1500 form*. **Note:** Refer to the specific coverage criteria in the *Medi-Cal Provider Manual* for requirements.
	
	2. Invoice or catalog page
	  a. Must show the product description and price.
	  b. Invoice should be dated within 12 months of the date of claim submission. Refer to the Medical Supplies: Billing Examples page for additional assistance.

CCS	For Medi-Cal beneficiaries with CCS coverage, refer to the California Children's Services web page for general information on how to submit a Service Authorization Request (SAR) or call CCS directly (County Offices for California Children's Services).

Additional Coverage	Billing Options
MCPs	For Medi-Cal beneficiaries enrolled in an MCP, the member should contact their individual MCP for coverage and billing policy as it varies between plans. Refer to the Medi-Cal Managed Care Health Plan Directory.

> **Notes**
>
> For more information on medical supplies that are covered by Medi-Cal Rx, refer to the *Medical Supplies* section in the *Medi-Cal Rx Provider Manual* and the Covered Products Lists.

13. Updated: Appendix H – List of Physician Administered Drugs (PADs) with Reject Code 816

A physician administered drug (PAD) may be either a medical or a pharmacy benefit. The list of covered PADs with Medi-Cal Rx can be found on the *Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs* list. Claims submitted to Medi-Cal Rx for PADs that are a medical benefit will deny with **NCPDP Reject Code 816 – Pharmacy Drug Benefit Exclusion**.

Appendix H – List of Physician Administered Drugs (PADs) with Reject Code 816, located in the *Medi-Cal Rx Provider Manual*, has been updated. *Appendix H* identifies examples of PADs excluded from the Medi-Cal Rx pharmacy benefits. This list is subject to change. PAD claims denying for Reject Code 816 should be submitted as a medical benefit to the managed care plan (MCP) if the beneficiary is an MCP member or to the fee-for-service medical claims adjudicators if the beneficiary is not an MCP member.

Under limited circumstances, a PAD claim denying with Reject Code 816 may be considered for coverage under the Medi-Cal Rx pharmacy benefit. For the PAD to be reviewed for coverage as a pharmacy benefit, a prior authorization (PA) request must be submitted to Medi-Cal Rx. These requests will be reviewed by the Department of Health Care Services (DHCS) on a case-by-case basis.

14. Updates to the List of Covered Emergency Use of Authorization (EUA) COVID-19 Antigen Tests, Effective June 1, 2023

Effective June 1, 2023, the following products and respective Maximum Allowable Product Costs (MAPC) have been added to the _List of Covered Emergency Use of Authorization (EUA) COVID-19 Antigen Tests_ as a covered Medi-Cal Rx pharmacy benefit.

Product Description	Billing Code (11-digit NDC like number)	MAPC for Each	Effective Date
ON/GO COVID-19 AG SELF-TEST, 1 kit, 2 each	60006019166	$5.00	06/01/2023
ON/GO ONE COVID-19 HOME TEST, 1 kit, 1 each	60007093040	$3.00	06/01/2023

Product addition or inclusion on the _List_ does not guarantee supply nor individual specific coverage. Coverage is restricted to specific 1-test-per-kit or 2-tests-per-kit over-the-counter (OTC) EUA COVID-19 U.S. Food and Drug Administration (FDA)-authorized, self-administered COVID-19 antigen tests listed in the _List_. Covered tests require dispensing from a pharmacy, written (or electronic equivalent) on a prescription pad signed by a licensed prescriber or a pharmacist.

Note: Packages/kits cannot be broken or sold as individual tests.

The following coverage criteria applies:

- Restricted to EUA for the diagnostic condition of suspected COVID-19 (Code I Restriction), **AND**

- Restricted to up to 8 tests (4 kits for 2 tests/kit) per 30 days per beneficiary, **AND**

- No refills allowed; the beneficiary would need to obtain a new prescription for each dispensing.

Note: Prior authorization (PA) requests for quantities outside the allowed amounts will be denied unless ordered or administered by a provider following an individualized clinical assessment and with appropriate clinical justification provided. In order to receive a test or test kit, the beneficiary must be eligible for Medi-Cal on the date of service (DOS). Refer to the *Medi-Cal Rx Provider Manual* on the Medi-Cal Rx Web Portal for additional coverage and reimbursement information.

Prior Alerts

- *COVID-19 Antigen Tests Coverage Reminder*

- *Medi-Cal Rx Coverage of Over-the-Counter COVID-19 Antigen Test Kits*

Contact Information

You can call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.

For other questions, email Medi-Cal Rx Education & Outreach at MediCalRxEducationOutreach@magellanhealth.com.