



# Medi-Cal Rx Monthly Bulletin

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July 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.

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# 1. Changes to the Medi-Cal Rx Contract Drugs List

The below changes have been made to the [Medi-Cal Rx Contract Drugs List](#) posted to the Medi-Cal Rx Web Portal, effective July 1, 2023.

Drug Name	Description	Effective Date
Amlodipine Besylate	Additional formulation (oral solution) added to CDL with age restriction.	July 1, 2023
Carglumic acid	Added to CDL with labeler restriction.	July 1, 2023
Clarithromycin	Diagnosis restrictions removed from tablets and liquid.	July 1, 2023
Dabrafenib	Additional formulation (tablets for oral suspension) added to CDL with labeler restriction.	July 1, 2023
Doxycycline Hyclate	Quantity limit restrictions removed from tablets (20 mg).	July 1, 2023
Efavirenz	Labeler restriction removed from capsules (50 mg and 200 mg).	July 1, 2023
Ketoprofen	Diagnosis restriction and formulation (tablets) removed.	July 1, 2023
Methotrexate	Additional formulation (single dose autoinjector) added to CDL with labeler restriction.	July 1, 2023
Mitotane	Added to CDL with labeler restriction.	July 1, 2023
Ofloxacin	Diagnosis restriction removed.	July 1, 2023
Sodium phenylbutyrate	Added to CDL with labeler restriction.	July 1, 2023
Trametinib	Additional formulation (reconstituted solution) added to CDL with labeler restriction.	July 1, 2023
Varenicline Tartrate	Quantity limit restriction removed.	July 1, 2023

## 2. Changes to the Medi-Cal Rx Contract Drugs List – Blood Factors

The below changes have been made to the [Medi-Cal Rx Contract Drugs List – Blood Factors](#) posted to the Medi-Cal Rx Web Portal, effective July 1, 2023.

Drug Name	Description	Effective Date
Factor VIII (human), Koate®	Updated to require prior authorization.	July 1, 2023
Factor VIII Fc-VWF-XTEN fusion protein-ehtl (recombinant), Altuviiio™	Added to Contract Drugs List – Blood Factors.	July 1, 2023

## 3. Changes to the Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs

The below changes have been made to the [Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs](#) posted to the Medi-Cal Rx Web Portal, effective July 1, 2023.

Drug Name	Description	Effective Date
Acetaminophen	Age restriction removed from oral liquid dosage forms and drops.	July 1, 2023
Cyanocobalamin	Age restriction removed.	July 1, 2023
Folic Acid	Age restriction removed from tablets (0.4 mg).	July 1, 2023
Magnesium Oxide	Age restriction removed.	July 1, 2023
Multivitamins	Age restriction removed.	July 1, 2023
Niacin	Age restriction removed.	July 1, 2023
Nicotine	Quantity limit restriction removed.	July 1, 2023
Nicotine Polacrilex	Quantity limit restriction removed.	July 1, 2023
Riboflavin	Age restriction removed.	July 1, 2023
Thiamine	Age restriction removed.	July 1, 2023

Drug Name	Description	Effective Date
Vitamin A (retinol, retinoic acid)	Age restriction removed.	July 1, 2023
Vitamin C (ascorbic acid)	Age restriction removed.	July 1, 2023
Vitamin D3 (cholecalciferol)	Age restriction removed from drops.	July 1, 2023
Vitamin E (DI, tocopheryl acetate)	Age restriction removed.	July 1, 2023

#### 4. Changes to the Medi-Cal Rx Family Planning, Access, Care, and Treatment Pharmacy Formulary

The below changes have been made to the [Medi-Cal Rx Family Planning, Access Care, and Treatment Pharmacy Formulary](#) posted to the Medi-Cal Rx Web Portal, effective July 1, 2023.

Drug Name	Description	Effective Date
Basal thermometers	Verbiage updated in narrative: A PA request may be submitted, and evaluated for medical necessity, for claims that exceed the dispensing limits set by the program for anti-fungals, anti-infectives, anti-virals, topicals, and basal thermometers.	July 1, 2023

## 5. Updates to the Medi-Cal Rx Provider Manual

The updates/additions below have been made to the [Medi-Cal Rx Provider Manual](#) version 9.0.

### Updates

Section	Update Description	Effective Date
<i>Section 8.2.3 – Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)</i>	<ul style="list-style-type: none"> <li>Added sentence, “Pharmacy claims submitted to Medi-Cal Rx for certain products not covered by Medi-Cal may be covered under EPSDT with an approved PA for beneficiaries under the age of 21 and with full scope Medi-Cal.”</li> </ul>	June 22, 2023
<i>Section 13.0 – Medical Supplies</i>	<ul style="list-style-type: none"> <li>Updated list of contracted products.</li> </ul>	July 1, 2023
<i>Section 13.1 – Diabetic Supplies – Test Strips and Lancets</i>	<ul style="list-style-type: none"> <li>Updated language regarding Code I diagnosis.</li> </ul>	July 1, 2023
<i>Section 13.2 – Diabetic Supplies – Self-Monitoring Blood Glucose Systems (Glucometers), Control Solutions, and Lancing Devices</i>	<ul style="list-style-type: none"> <li>Removed language regarding prior authorization documentation.</li> </ul>	July 1, 2023
<i>Section 13.5 – Personal Home Blood Pressure Monitoring Devices and Blood Pressure Cuffs</i> <b>(NEW!)</b>	<ul style="list-style-type: none"> <li>Added language regarding personal home blood pressure monitoring devices and blood pressure cuffs as Medi-Cal Rx billed benefits.</li> <li>Added language regarding Code I diagnosis, prior authorization requirements, and reimbursement.</li> </ul>	July 1, 2023

Section	Update Description	Effective Date
<i>Section 15.1.2 – Medical Supplies Dispensing Quantity Limitations</i>	<ul style="list-style-type: none"> <li>Updated the dispensing limitations without a prior authorization column for the following products: basal thermometer, blood glucose test strips, lancets, personal home blood pressure monitoring devices, and blood pressure cuffs.</li> </ul>	July 1, 2023

## 6. Medical Supplies Update: Updates to Diabetic Blood Glucose Test Strips and Lancets Quantity Limits, Effective July 1, 2023

### What Prescribers and Pharmacy Providers Need to Know

Effective July 1, 2023, diabetic lancets and blood glucose test strips will be updated for:

- Days supply from 90 to 100; **and**,
- Documentation of insulin user or non-insulin user,
- Quantity restrictions:

Code I restriction, diagnosis of diabetes; **and**,

- For a beneficiary using insulin:
  - Documentation by the provider on the prescription the beneficiary is using insulin; **and**,
  - Limited to up to six per day of blood glucose test strips and up to six per day of lancets; **and**,

A maximum of up to 600 (612 if using the Accu-Chek® Fastclix Lancets) of each product in 100 days.

- For a beneficiary not using insulin:
  - Documentation by the provider on the prescription the beneficiary is not using insulin; **and**,
  - Limited to one per day of blood glucose test strips and one per day of lancets; **and**,

A maximum of up to 100 of each product in 100 days.

A prior authorization (PA) showing medical necessity is required for quantities over the published allowances or non-diabetic diagnoses. Providers must include on the initial PA request:

- Diagnosis; **and**
- Date of most recent face-to-face prescriber meeting (within six months); **and**
- Prescriber documentation of adherence to the high utilization testing regimen; **and**
- Most recent (within six months) A1C percentage and target A1C percent; **and**
- Justification for high utilization of testing.

No changes are made to urine glucose test strips, ketone test strips, or concurrent continuous glucose monitoring (CGM) use with test strip and lancet requests.

Additional prescription requirements must be met. Refer to the *Diabetic Supplies – Test Strips and Lancets* section of the [Medi-Cal Rx Provider Manual](#) for more information. Refer to the [List of Contracted Diabetic Test Strips and Lancets](#) for currently covered products. Board of Pharmacy prescription regulations apply. Code I requirements and prescription documentation requirements are subject to the post-payment claims audit process. Should the Department of Health Care Services (DHCS) determine, by audit or other investigation, that excessive services, billings, or abuse have occurred by a provider, restrictions could occur. Refer to the *Provider Procedure/Drug Code Limitation (P/DCL)* section of the [Medi-Cal Rx Provider Manual](#) for details.

## 7. Updates to the List of Contracted Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs, Effective July 1, 2023, and October 1, 2023

The purpose of this alert is to notify providers that the [List of Contracted Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs](#) has been updated on the [Medi-Cal Rx Web Portal](#) to reflect upcoming changes effective July 1, 2023, and October 1, 2023.

### What Pharmacy Providers and Prescribers Need to Know

Newly contracted self-monitoring blood pressure devices and corresponding cuffs, effective July 1, 2023, have been added to the *List*. A new section specific to the coverage of contracted personal blood pressure monitoring devices and blood pressure cuffs titled *Personal Home Blood Pressure Monitoring Devices and Blood Pressure Cuffs* will be added to the [Medi-Cal Rx Provider Manual](#) on July 1, 2023.

Effective October 1, 2023, several non-contracted self-monitoring blood pressure devices and corresponding cuffs will be deleted from the *List*. On and after October 1, 2023, a claim for a deleted product will deny with **Reject Code 70 – Product/Service Not Covered**. Providers can select a contracted product to bill through Medi-Cal Rx from the *List* or opt to bill the beneficiary's medical benefit using an HCPCS code and a *CMS-1500* form via the medical claim process.

The amount reimbursed to providers for Medi-Cal Rx contracted personal blood pressure monitoring devices and blood pressure cuff products is the Maximum Acquisition Cost (MAC) multiplied by the number of units dispensed, plus a 23 percent markup. Assembly Bill (AB) 97 (2011) still impacts medical supplies claims; a 10-percent reduction applies to each paid claim. The MAC price is the price manufacturer has guaranteed the product can be purchased from at least one source for dispensing by a Medi-Cal Rx provider to a Medi-Cal Rx beneficiary. Refer to the toll-free number provided in the *List* to contact the manufacturer to access the product at the guaranteed MAC.

Product addition or inclusion on the *List* does not guarantee supply nor individual specific coverage. Products deleted from the *List* will no longer be reimbursable, even with an



approved prior authorization (PA), on or after the effective date of deletion.

**Note:** The published prices for these deleted products are no longer guaranteed.

Beneficiaries affected by deletions from the *List* should seek new prescriptions from their licensed prescriber for a comparable item that is listed. Continuing care does not apply.

## What Pharmacy Providers and Prescribers Need to Do

- Refer to the *List* for specific contracted products.
- Refer to the toll-free number provided in the [List](#) to contact the manufacturer to access the product at the guaranteed MAC.

## 8. Updates to the List of Contracted Enteral Nutrition Products, Effective July 1, 2023 and October 1, 2023

### What Pharmacy Providers and Prescribers Need to Know

The [List of Contracted Enteral Nutrition Products](#) has been updated on the [Medi-Cal Rx Web Portal](#). The effective dates of the changes are July 1, 2023 and October 1, 2023.

**Effective July 1, 2023**, the following **additions or updates** have occurred:

- Update in Estimated Acquisition Cost (EAC) on all enteral nutrition products.
- Update in Maximum Acquisition Cost (MAC) on most Specialty Infant, Elemental, and Semi-Elemental Enteral Nutrition Products.
- Increase in caloric density for the following products:

Manufacturer	Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)	Caloric Density
Ajinomoto Cambrooke, Inc.	EquaCare Jr 400g, Choc, Powder	24359081308	4.85
Ajinomoto Cambrooke, Inc.	EquaCare Jr 400g, Unflavored, Powder	24359081108	4.85
Ajinomoto Cambrooke, Inc.	EquaCare Jr 400g, Vanilla, Powder	24359081208	4.85

Manufacturer	Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)	Caloric Density
Ajinomoto Cambrooke, Inc.	EquaCare Jr 400g x6, Choc, Powder	24359081310	4.85
Ajinomoto Cambrooke, Inc.	EquaCare Jr 400g X6, Unflavored, Powder	24359081110	4.85
Ajinomoto Cambrooke, Inc.	EquaCare Jr 400g X6, Vanilla, Powder	24359081210	4.85
Ajinomoto Cambrooke, Inc.	Essential Care Jr, 400g x6, Citrus, Powder	24359080413	4.91
Ajinomoto Cambrooke, Inc.	Essential Care Jr, 400g x6, Unflavored, Powder	24359080113	4.94
Ajinomoto Cambrooke, Inc.	Essential Care Jr, 400g x6, Vanilla, Powder	24359080213	4.93
Ajinomoto Cambrooke, Inc.	Essential Care Jr, 400g x6, White Chocolate, Powder	24359080313	4.93
Ajinomoto Cambrooke, Inc.	Essential Care Jr, 400g, Citrus, Powder	24359080412	4.91
Ajinomoto Cambrooke, Inc.	Essential Care Jr, 400g, Unflavored, Powder	24359080112	4.94
Ajinomoto Cambrooke, Inc.	Essential Care Jr, 400g, Vanilla, Powder	24359080212	4.93
Ajinomoto Cambrooke, Inc.	Essential Care Jr, 400g, White Chocolate, Powder	24359080312	4.93

- Update in NDC/Universal Product Code (UPC) for the following products:

Manufacturer	Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)	UPC Number per Item (for Reference Only)	UPC Number per Case (for Reference Only)
Abbott Nutrition	SIMILAC SPECIAL CARE 24 (59 ML)	70074067447	070074674476	070074674469
Abbott Nutrition	SIMILAC SPECIAL CARE 30 (59 ML)	70074067449	70074674490	70074674483

**Effective October 1, 2023**, the following products will be **deleted** from the *List*:

Manufacturer	Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)
Abbott Nutrition	PediaSure Peptide 1.5 Cal, Vanilla, 8 oz btl	70074056656
Abbott Nutrition	PediaSure Peptide Strawberry 8 oz btl	70074062122
Abbott Nutrition	PediaSure Peptide unflavored 8 oz btl	70074062124
Abbott Nutrition	PediaSure Peptide unflavored, 1L ready to hang	70074062730
Abbott Nutrition	PediaSure Peptide vanilla, 1L ready to hang	70074062732
Abbott Nutrition	PediaSure Peptide Vanilla, 8 oz btl	70074062120
Abbott Nutrition	SIMILAC HUMAN MILK FORTIFIER POWDER (0.9G)	70074054599
Mead Johnson & Company, LLC	Enfamil NeuroPro EnfaCare 22 kcal RTU, 59ml, 24cs	00087512203
Mead Johnson & Company, LLC	Enfamil NeuroPro EnfaCare RTU 22cal, 946ml	00087512366

The amount reimbursed to providers for Medi-Cal Rx contracted enteral nutrition products is the EAC plus a 23-percent markup. This EAC price, based upon *Welfare & Institutions Code* (W&I Code), Section 14105.85 (b), is updated for all contracted enteral nutrition products on the covered *List*, effective July 1, 2023. For products deleted from the *List*, the MAC price is not guaranteed on and after October 1, 2023.

Enteral Nutrition Formulation	Updated EAC, per Unit, Effective July 1, 2023
Powder formulations/ Formulations measured in grams	0.0020 per gram
Liquid formulations/ Formulations measured in milliliters	0.0023 per milliliter
Tablet formulations (PKU protein equivalent)	0.0020 per each

The amount reimbursed to providers is the EAC, per unit, multiplied by the number of units dispensed, plus a 23-percent markup. Assembly Bill (AB) 97 (2011) still impacts enteral nutrition claims; a ten-percent reduction applies to each paid claim.

Product addition or inclusion on the *List* does not guarantee supply nor individual specific coverage. Products deleted from the *List* will no longer be reimbursable, even with an approved prior authorization (PA), on or after the effective date of deletion.

**Note:** The MAC for these products is no longer guaranteed.

Beneficiaries affected by deletions from the List should seek new prescriptions from their licensed prescriber, and new authorizations from their pharmacy provider, if applicable, for a comparable item that is listed. Continuing care does not apply. Medi-Cal Rx recipients denied enteral nutrition products who believe the denial was in error may ask for a state hearing by contacting the California Department of Social Services, State Hearings Division, at the following address:

PO Box 944243, MS 21-37  
 Sacramento, CA 94244-2430

[State Hearings](#)

Toll Free: 1-800-743-8525 or 1-855-795-0634

Fax: 1-833-281-0905

## 9. Updates to Diabetic Testing Supplies, Effective July 1, 2023

Effective July 1, 2023, the Medi-Cal Rx [List of Contracted Diabetic Test Strips and Lancets](#) has been updated on the [Medi-Cal Rx Web Portal](#) to add LifeScan, Inc. OneTouch® Verio Test Strips, 50-Strip Box, Medi-Cal Rx billing code/NDC-like number, 53885032850, as a Medi-Cal Rx contracted pharmacy benefit.

The manufacturers have guaranteed that Medi-Cal Rx providers may purchase, upon request, for dispensing to eligible Medi-Cal Rx beneficiaries, contracted products at or below the Maximum Acquisition Cost (MAC). Providers can locate MAC price suppliers by calling manufacturer phone numbers referenced in the [List of Contracted Diabetic Test Strips and Lancets](#) on the Medi-Cal Rx Web Portal.

Also, effective as of July 1, 2023, LifeScan, Inc. OneTouch Verio Test Strips, 100-Strip Box, billing code 53885027210, will require a prior authorization (PA). Providers are encouraged to transition beneficiaries to alternative contracted test strips that do not require a PA.

Effective January 1, 2024, the LifeScan, Inc. OneTouch Verio Test Strips, 100-Strip Box, billing code 53885027210, will no longer be a contracted Medi-Cal Rx diabetic testing supply; this product will be deleted from the [List of Contracted Diabetic Test Strips and Lancets](#). Claims for this billing code will reject on and after January 1, 2024, even with an approved PA.

## 10. Updates to Medical Supplies: Basal Thermometers, Effective July 1, 2023

### What Prescribers and Pharmacy Providers Need to Know

Effective July 1, 2023, basal thermometers have been added to the [List of Covered Medical Supplies Product Descriptions and Billing Information](#) as a covered Medi-Cal Rx pharmacy benefit. A Code I diagnosis for contraception use only is required for a paid claim. Basal thermometers are non-contracted Medi-Cal Rx benefits, and any active NDC meeting the definition of basal thermometers can be billed.

- Basal thermometers reimburse at a Maximum Allowable Product Cost (MAPC) of \$10.00 each, plus a 23-percent markup. A 10-percent reduction will be applied to each adjudicated Medi-Cal Rx claim pursuant to Assembly Bill (AB) 97 (2011).
- One basal thermometer can be billed every 365 days per beneficiary; sex and age restrictions apply. The Medi-Cal Rx transition policy does not apply to this device addition.

## What Prescribers and Pharmacy Providers Need to Do

Refer to the [Medi-Cal Rx Provider Manual](#) on the [Medi-Cal Rx Web Portal](#) for additional coverage and reimbursement information.

# 11. 30-Day Countdown – Phase III, Lift 4: Retirement of the Transition Policy for Beneficiaries 22 Years of Age and Older

## What Pharmacy Providers and Prescribers Need to Know

On June 23, 2023, Phase III, Lift 4 (P3/L4) will be implemented, lifting the Transition Policy for 46 Standard Therapeutic Classes (STCs). This is the fourth in a series of lifts to retire the Transition Policy by lifting the override of **NCPDP Reject Code 75 – Prior Authorization Required**.

The following 46 STCs will be impacted with implementation of P3/L4 on June 23, 2023:

Phase III, Lift 4 (P3/L4) Drug Classes *		
Medical Supplies (STC 00)	Chloramphenicol (STC 29)	Enzymes (STC 69)
Emetics (STC 02)	Antineoplastics (STC 30)	Rauwolfias (STC 70)
Antidiarrheals (STC 03)	Trimethoprim (STC 35)	Vasodilators Peripheral (STC 73)
Antispasmodic and Anticholinergic Agents (STC 04)	Contraceptives, Non-Systemic (STC 36)	Xanthine Derivatives (STC 75)

Phase III, Lift 4 (P3/L4) Drug Classes *		
Bile Therapy (STC 05)	Vaginal Cleansers (STC 37)	Hemostatics (STC 78)
Laxatives (STC 06)	Diagnostics (STC 39)	B-Complex with Vitamin C (STC 84)
Ataractics-Tranquilizers (STC 07) (remaining HIC3s)	Anesthetics Gen Inhalant (STC 43)	Hematinics and Blood Cell Stimulators (STC 88)
CNS Stimulants (STC 10)	Anesthetics Gen Inject (STC 44) (remaining HIC3s)	Allergens (STC 89)
Psychostimulants- Antidepressants (STC 11)	Sedative Barbiturate (STC 46)	Antipruritics (STC 91)
Amphetamine Preparations (STC 12)	Sedative Non-Barbiturate (STC 47) (remaining HIC3s)	Coal Tar (STC 92)
All Other Antiobesity Preps (STC 13)	Anticonvulsants (STC 48) (remaining HIC3s)	Hemorrhoidal Preparations (STC 96)
Antihistamines (STC 14)	Antinauseants (STC 49)	Oxytocics (STC 97)
Bronchial Dilators (STC 15)	Mineralocorticoids (STC 52)	Parasympathetic Agents (STC 98)
Cough Preparations/ Expectorants (STC 16)	Antidotes (STC 54)	Miscellaneous (STC 99)
Cold and Cough Preparations (STC 17)	Antithyroid Preps (STC 56)	
Adrenergics (STC 18)	Digestants (STC 67)	

\* STC refers to the Standard Therapeutic Classification number. Hierarchical Ingredient Code 3 (HIC3) refers to the Specific Therapeutic Classification per First DataBank (FDB).



- 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/L4 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 prior authorization (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.
- Review the [30-Day Countdown – Phase III, Lift 3: 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.

## 12. Billing Tips Guide Updated

This alert serves to provide notice that the [Medi-Cal Rx Billing Tips](#) has been updated and is available on the [Medi-Cal Rx Provider Portal](#) on the [Forms & Information](#) page on the **Billing Tips & Payer Sheet** tab.

The [Medi-Cal Rx Billing Tips](#) was updated throughout and now includes both scenarios and guidance related to Other Coverage Codes (OCCs) 2 and 4. This update provides pharmacy providers clarification and information regarding coordination of benefits (COB) involving OCCs.

## 13. Emergency Fill for Unbreakable Packages

### Background

The purpose of this alert is to notify pharmacy providers of the temporary use of Submission Clarification Code (SCC) 65 for an Emergency Fill of an unbreakable package that exceeds a 14-day supply. Pharmacy providers will be informed when the temporary use of SCC = 65 is no longer necessary.

**Note:** For point-of-sale (POS) processing of Emergency Fills, use the Level of Service field = 3 to indicate it is an emergency claim.

### What Pharmacy Providers and Prescribers Need to Know

The following POS message will be returned when submitting a claim for an Emergency Fill of an unbreakable package that exceeds a 14-day supply: *"Pharmacist certification of emergency*

service: For Emergency Fill for an unbreakable package covering more than a 14-day supply submit submission clarification code (SCC) = 65.”

## What Pharmacy Providers and Prescribers Need to Do

To submit a claim for an Emergency Fill for an unbreakable package covering more than a 14-day supply, pharmacy providers should submit SCC = 65 to attest and acknowledge that the prescription exceeds a 14-day supply.

## 14. Medi-Cal Rx Checkwrite Schedule – State Fiscal Year 2023-24 Available

### What Pharmacy Providers Need to Know

The purpose of this alert is to notify pharmacy providers that the [Medi-Cal Rx Checkwrite Schedule – State Fiscal Year 2023-24](#) is available and can be found on the Medi-Cal Rx Provider Portal’s [Forms & Information](#) page under Finance on the Reference Materials tab.

The schedule reflects the pharmacy provider pay dates (warrant release and Electronic Funds Transfer [EFT]) by Medi-Cal Rx for Medi-Cal, California Children’s Services (CCS), Genetically Handicapped Persons Program (GHPP), Abortion, and other Department of Health Care Services (DHCS) programs for claims adjudicated by Medi-Cal Rx.

## 15. Reminder: Fiscal Year Two-Week Fee-for-Service Hold for Specific Provider Payments

### Background

The purpose of this alert is to inform pharmacy providers that pursuant to the published alert titled [Medi-Cal Rx Checkwrite Schedule – State Fiscal Year 2022-23 Available](#), specific payments scheduled in June for Fiscal Year 2022-23 will be delayed until the start of Fiscal Year 2023-24.

## What Pharmacy Providers Need to Know

Medi-Cal funded fee-for-service payments scheduled with a Medi-Cal Rx Payment Release Date of **June 27, 2023** will be held until **July 11, 2023**. Payments to the following programs will be held during this time period:

- Abortion
- Family Planning, Access, Care and Treatment (Family PACT)
- Medi-Cal
- State Children's Health Insurance Program (SCHIP)

Medi-Cal and State funded fee-for-service payments with a Medi-Cal Rx Payment Release Date of **June 30, 2023** will be held until **July 11, 2023**. Payments to the following programs will be held during this time period:

- Abortion
- California Children's Services (CCS) State-Only
- Family PACT
- Genetically Handicapped Persons Program (GHPP) State-Only
- Medi-Cal
- SCHIP

Also, note that payments for claims adjudicated from June 15, 2023 through June 28, 2023 will be released on **July 14, 2023**.

## 16. Pharmacy Locator Tool – Enhanced Functionality

### Background

The purpose of this alert is to inform pharmacy providers and prescribers about the improved functionality of the Pharmacy Locator Tool (PLT) on the [Find a Pharmacy page](#) on the [Medi-Cal Rx Web Portal](#). This improved functionality reflects the Department of Health Care Services' (DHCS) commitment to better meet the needs of pharmacy providers, prescribers, and beneficiaries.

## What Pharmacy Providers and Prescribers Need to Know

With improved functionality, the PLT allows users to:

- Search and filter by available options:
  - 24-hour pharmacy locations
  - Delivery
  - Drive Thru
  - Long Term Care
  - Compounding Services
  - Electronic Prescribing Enabled
  - Extended Day Supply
  - Retail
- Search for pharmacies offering additional services including:
  - Mail order
  - Indian Health Services
  - IV infusion
- Search for pharmacies based on distance.

To better support beneficiaries in locating pharmacies in their desired area, a link to the PLT has been added to the Medi-Cal Rx Beneficiary Portal.

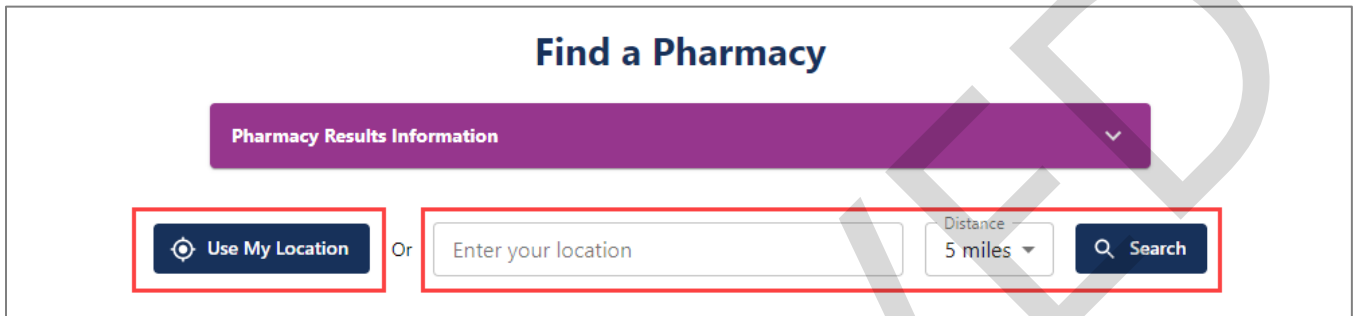


**Pharmacy information including hours, services offered, and languages spoken are reported by each pharmacy and are subject to change.**

# What Pharmacy Providers and Prescribers Need to Do

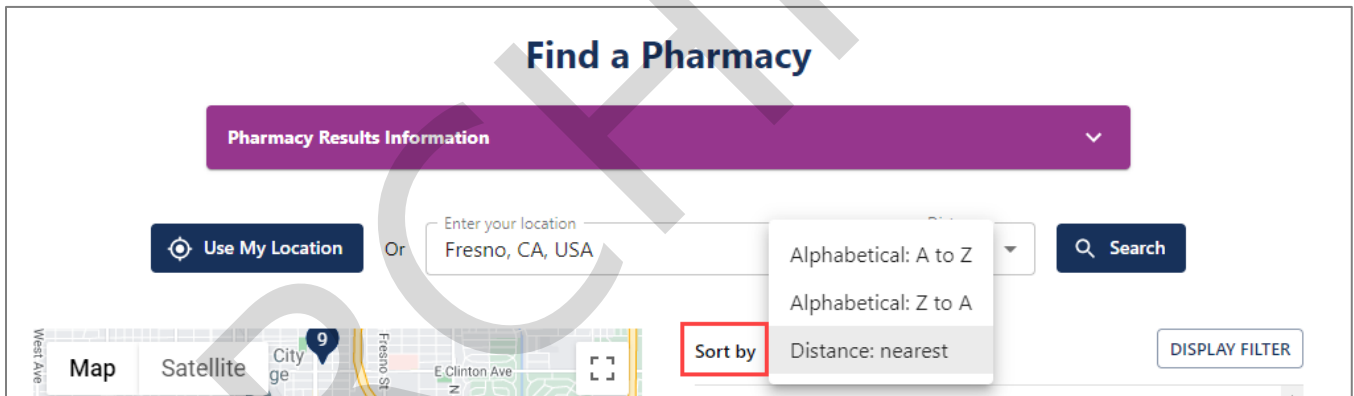
## How to Access

To access the PLT, select **Find a Pharmacy** from the Tools & Resources drop-down menu on the [Medi-Cal Rx Web Portal](#) or visit the [Find a Pharmacy page](#). Select **Use My Location** or enter a location and select **Search** to find a list of participating pharmacies.



## Enhanced Features

1. Sort the pharmacy results alphabetically or by distance.



2. Select **Display Filter** to view additional filter options. Select the **Help** icon to review filter definitions.

**Find a Pharmacy**

Pharmacy Results Information

Use My Location Or Enter your location  Distance

Map Satellite City ge

Sort by Distance: nearest

Pharmacy Name

**Filter Results By:**

- 24 Hours
- Delivery
- Drive Thru
- Long Term Care

**Filter Information**

- Electronic Prescribing Enabled
- Extended Day Supply
- Retail
- Compounding

**Additional Service:**

- Mail Order
- Indian Health Services
- IV Infusion

## 17. Maximum Allowable Ingredient Cost 30-Day Pharmacy Provider Notice

### What Pharmacy Providers Need to Know

The Department of Health Care Services (DHCS) has contracted with Magellan Medicaid Administration, LLC (MMA), who contracts with Mercer Government Human Services Consulting (Mercer), to establish and maintain a Maximum Allowable Ingredient Cost (MAIC) program for generic pharmaceutical drugs.

**Rates will be effective July 1, 2023, and will be posted to the Mercer Medi-Cal Rx website no later than June 1, 2023.**

## What Pharmacy Providers Need to Do

- Refer to the [Mercer Medi-Cal Rx website](#) for MAIC rate lists, MAIC program information, Frequently Asked Questions (FAQs), and contact information.
- To request a review of a MAIC rate for a specific drug, submit a request using the [Medi-Cal Rx Maximum Allowable Ingredient Cost \(MAIC\) Price Research Request Form](#) found on the [Mercer Medi-Cal Rx website](#) and the [Medi-Cal Rx Web Portal](#).

**Note:** All required fields on the form must be completed. Providers will be contacted for supporting documentation or other information, as necessary.

## 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](mailto:MediCalRxEducationOutreach@magellanhealth.com).