



Medi-Cal Rx Monthly Bulletin

August 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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3. [30-Day Countdown: Phase IV, Lift 1: Reinstatement of Claim Edits for Age, Gender, and Labeler Code Restrictions for Beneficiaries 22 Years of Age and Older](#)
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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 August 1, 2023.

Drug Name	Description	Effective Date
Brompheniramine Maleate with Pseudoephedrine HCL and Dextromethorphan	Age restriction added.	August 1, 2023
Cetirizine HCL	Age restriction added to liquid (1 mg/1 ml) formulation.	August 1, 2023
Donepezil HCL	Diagnosis restriction removed.	August 1, 2023
Epcoritamab-bysp	Added to CDL with labeler restriction.	August 1, 2023
Galantamine Hydrobromide	Diagnosis restriction removed from capsules. Additional formulations (oral solution and tablets) added to CDL.	August 1, 2023
Guaifenesin with Codeine	Age restriction added.	August 1, 2023
Hydrocodone and Acetaminophen	Age restriction removed from oral solution.	August 1, 2023
Insulin Aspart	Labeler restriction removed.	August 1, 2023
Insulin Aspart Protamine Suspension/Insulin Aspart, (rDNA Origin)	Labeler restriction removed.	August 1, 2023
Levocetirizine Dihydrochloride	Age restriction added.	August 1, 2023
Lurasidone Hydrochloride	Labeler restriction removed.	August 1, 2023
Olopatadine HCL	Age restriction added to ophthalmic solution.	August 1, 2023
Promethazine with Codeine	Age restriction updated.	August 1, 2023

Drug Name	Description	Effective Date
Promethazine with Phenylephrine and Codeine	Age restriction updated.	August 1, 2023
Rivastigmine	Diagnosis restriction removed from transdermal system and capsules.	August 1, 2023

2. Changes to the Medi-Cal Rx Contract Drugs List – Authorized Drug Manufacturer Labeler Codes

The below changes have been made to the [Medi-Cal Rx Contract Drugs List – Authorized Drug Manufacturer Labeler Codes](#) with their respective effective dates and posted to the Medi-Cal Rx Web Portal.

Labeler Code Additions:

NDC Labeler Code	Contracting Company's Name	Effective Date
51097	ALEXZA PHARMACEUTICALS INC.	July 1, 2023
52709	ALK-ABELLO A S	July 1, 2023
82260	BAUSCH& LOMB AMERICAS INC.	July 1, 2023
71351	BROOKFIELD PHARMACEUTICALS, LLC	July 1, 2023
64850	ELITE LABORATORIES, INC.	July 1, 2023
73441	GAMIDA CELL INC.	July 1, 2023
82705	GENMAB US, INC.	July 1, 2023
73320	KARTHA PHARMACEUTICALS, INC.	July 1, 2023
71269	MAINPOINTE PHARMACEUTICALS LLC	July 1, 2023
81802	ORPHALAN	July 1, 2023
81927	SHORLA PHARMA LTD	July 1, 2023
69087	TOLMAR, INC.	July 1, 2023
82625	VALINOR PHARMA, LLC	July 1, 2023

Labeler Code Terminations:

NDC Labeler Code	Contracting Company's Name	Effective Date
17478	AKORN OPERATING COMPANY LLC	July 1, 2023
49411	AKORN OPERATING COMPANY LLC	July 1, 2023
50383	AKORN OPERATING COMPANY LLC	July 1, 2023
61748	AKORN OPERATING COMPANY LLC	July 1, 2023
76478	AKORN OPERATING COMPANY LLC	July 1, 2023
63868	CHAIN DRUG MARKETING ASSOCIATION, INC.	July 1, 2023
70428	DERMIRA, INC.	July 1, 2023
67405	HARRIS PHARMACEUTICAL, INC.	July 1, 2023
72143	JG PHARMA, INC.	July 1, 2023
69489	JOURNEY MEDICAL CORPORATION	July 1, 2023
64253	MEDEFIL, INC.	July 1, 2023
13845	PARSOLEX GMP CENTER, INC.	July 1, 2023
72356	VYNE PHARMACEUTICALS INC.	July 1, 2023

3. 30-Day Countdown: Phase IV, Lift 1: Reinstatement of Claim Edits for Age, Gender, and Labeler Code Restrictions for Beneficiaries 22 Years of Age and Older

Background

Medi-Cal Rx is moving forward with reinstatement for beneficiaries 22 years of age and older with the initiation of Phase IV through a series of lifts impacting claim utilization management (UM) edits (such as age limits, labeler restrictions, quantity limits, diagnosis, etc.).

The purpose of this alert is to notify pharmacy providers and prescribers that on August 4, 2023, Phase IV, Lift 1 (P4/L1) will be the first lift impacting claim UM edits for beneficiaries 22 years of age and older.

Note: Claims for beneficiaries 21 years of age and younger will not be impacted.

What Pharmacy Providers and Prescribers Need to Know


The following claim edits will be reinstated with corresponding NCPDP Reject Codes on **August 4, 2023**:

- **Reject Code 60 – Product/Service Not Covered for Patient Age**
 - Medi-Cal Rx will reinstate age limit UM requirements on claims for beneficiaries 22 years of age and older. Reject Code 60 will be reinstated for claims of all standard therapeutic classes (STCs) except enteral nutrition products (including but not limited to the Code I restriction listed in the *Medi-Cal Rx Contract Drugs List [CDL]*).
- **Reject Code 61 – Product/Service Not Covered for Patient Gender**
 - Medi-Cal Rx will reinstate gender UM requirements on claims for beneficiaries 22 years of age and older. Reject Code 61 will be reinstated for claims of all STCs.
 - Claims submitted for Medi-Cal, California Children’s Services (CCS), and Genetically Handicapped Persons Program (GHPP) beneficiaries will not be impacted by Reject Code 61.
 - Claims submitted for Family Planning, Access, Care, and Treatment (Family PACT) beneficiaries will be impacted by Reject Code 61.

Note: The Department of Health Care Services (DHCS) removed current gender UM requirements for all Medi-Cal Rx claims except for Family PACT.
- **Reject Code 606 – Brand Drug/Specific Labeler Code Required**
 - Medi-Cal Rx will reinstate labeler code UM requirements on brand, multisource drugs where the brand name is less costly than the therapeutically equivalent (AB-rated) generic alternatives for beneficiaries 22 years of age and older.
 - Code I labeler restrictions can be found in the CDL, as well as in the supplemental message returned upon claim adjudication.
 - The following table provides examples of brand, multisource drugs impacted by the labeler restriction:

Examples of Impacted Brand, Multisource Drugs			
Advair	Diclegis	Natroba	Symbicort
Alphagan P 0.15	Enemeez mini	Nesina	Travatan Z
Azopt	Flovent	Pentasa	Xulane Patch
Butrans	Kazano	Pradaxa	
Ciprodex Otic	Lotemax	Saphris	
Combigan	Narcan	Suboxone	

Note: DHCS will continue to evaluate the cost of these brand, multisource drugs and their generic equivalents on a quarterly basis. As generic equivalents become the least costly alternative, labeler code UM requirements will be modified.



Pharmacy providers will receive the following supplemental messaging for the following reject codes:

- **Reject Code 60:** *“Age requirement not met. Prior Authorization Required.”*
- **Reject Code 61:** *“Gender requirement not met. Prior Authorization Required.”*
- **Reject Code 606:** *“Code 1 Labeler Restriction not met.”*

What Pharmacy Providers and Prescribers Need to Do

These reject codes require submission and approval of a prior authorization (PA) to receive a paid claim with Medi-Cal Rx. However, pharmacy providers and prescribers should:

1. Consider alternative therapies or NDCs 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 PA Submission Methods:

- [CoverMyMeds®](#)
- [Medi-Cal Rx Secured Provider Portal](#)
- NCPDP P4 Transaction
- Fax
- U.S. Mail

Plan Ahead

To prepare for reinstatement of these claim edits, pharmacy providers and prescribers are encouraged to:

- Share this information with vendors, business partners, and staff who need to know about the upcoming change.
- Assess business processes and workflows to ensure successful submission of claims.

Resources

- Review Medi-Cal Rx billing guidelines in the [Medi-Cal Rx Billing Tips](#).
- Review *Appendix D* and other parts of the [Medi-Cal Rx Provider Manual](#).
- Review the [NCPDP Payer Specification Sheet](#).
- Review the [Prior Authorization Submission Reminders](#) alert.
- Review PA resources by selecting **Prior Authorization (PA)** on the [Forms & Information](#) page.
- Continue to review the [Medi-Cal Rx Web Portal](#) for additional information.

4. 90-Day Countdown: Reinstatement of Prior Authorization Requirements for Enteral Nutrition Products for Members 22 Years of Age and Older

Background

The purpose of this alert is to notify prescribers and pharmacy providers of the Medi-Cal Rx plan for reinstatement of prior authorization (PA) requirements for enteral nutrition products for members 22 years of age and older. In December 2022, the Department of Health Care Services (DHCS) released the Medi-Cal Rx Reinstatement Plan for Phases II, III, and IV which indicated that PA requirements for enteral nutrition products for members of all ages would be reinstated no sooner than July 2023. DHCS has decided to proceed with reinstatement of PA requirements for enteral nutrition for adults in September 2023. PA requirements for members 21 years of age and younger will not be in effect at this time.

What Pharmacy Providers and Prescribers Need to Know

On September 22, 2023, PA requirements will be reinstated for new start enteral nutrition products for members **22 years of age and older**. "New starts" are defined as new enteral nutrition therapy not previously prescribed to the member during the 15-month lookback period. PA requests may also be submitted in advance of the retirement of the Transition Policy (anticipated implementation in November 2023) for enteral nutrition products, for members 22 years of age and older, beginning September 22, 2023.

Do not submit PA requests prior to September 22, 2023, for an enteral nutrition product that will require a PA. PA requests submitted prior to September 22, 2023, will be returned with a message that no PA is required.



Reinstatement of PA requirements for enteral nutrition products for members 21 years of age and younger will not occur prior to 2024.

Note: Refer to the [List of Contracted Enteral Nutrition Products](#) for products that are eligible for coverage and reimbursement, subject to an approved PA, under Medi-Cal Rx when billed by Medi-Cal Rx eligible pharmacy providers.

Product addition or inclusion on the [List of Contracted Enteral Nutrition Products](#) does not guarantee supply nor individual specific coverage. Products deleted from the *List* will no longer be reimbursable, even with an approved PA, on or after the effective date of deletion. Members affected by deletions from the [List of Contracted Enteral Nutrition Products](#) 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 beneficiaries denied coverage of a requested Medi-Cal Rx product have the right to a fair hearing. A state hearing may be requested by contacting the California Department of Social Services, State Hearings Division, at the following address:

[State Hearings](#)

P.O. Box 944243, MS 21-37
Sacramento, CA 94244-2430
Toll Free: 1-800-743-8525 or 1-855-795-0634
Fax: 1-833-281-0905

Medi-Cal Rx beneficiaries have the right and are encouraged to consult their primary care provider or prescriber to determine if an appropriate substitute product is available and covered by Medi-Cal Rx.

5. Prior Authorization Submission Processing – System Issue Resolved

What Pharmacy Providers and Prescribers Need to Know

On July 12, 2023, Medi-Cal Rx experienced a system issue which affected the processing of prior authorizations (PAs) submitted on July 12, 2023. The system issue has been resolved.

What Pharmacy Providers and Prescribers Need to Do

If pharmacy providers or prescribers submitted a PA on July 12, 2023, but have not had further action on their PA submission, the PA should be resubmitted to Medi-Cal Rx using any of these five approved PA submission methods:

- CoverMyMeds®
- Medi-Cal Rx Secured Provider Portal
- NCPDP P4 Transaction
- Fax
- U.S. Mail

6. Drug Lookup Tool – Enhanced Functionality

Background

The purpose of this alert is to inform pharmacy providers and prescribers about the improved functionality of the [Drug Lookup Tool \(DLT\)](#) found on the [Medi-Cal Rx Provider Portal](#). Refinement of this tool reflects the Department of Health Care Services (DHCS) commitment to better meet the needs of pharmacy providers, prescribers, and beneficiaries.

Note: Information contained within this tool does not guarantee coverage or payment and is subject to change. Refer to the [Medi-Cal Rx Provider Manual](#) and [Medi-Cal Rx Contract Drugs List – Authorized Drug Manufacturer Labeler Codes](#).

What Pharmacy Providers and Prescribers Need to Know

The DLT allows users to:

- Access DLT functionality on mobile devices.
- Search for a single-source drug by brand name or search for a multisource drug by brand or generic name. Drug name recommendations will appear when typing a drug name.
 - Recommendations will include various dosage and formulations.
- Search for a drug and view all Hierarchical Ingredient Code List (HICL) value results in the Label Name column with the associated NDCs and brands.

- Identify the following information for the drug:
 - Prior Authorization (PA) requirements
 - Code I restrictions
 - Drug type (Brand or Generic)
- Review linked resources related to PA requirements and Code I restrictions via the Help icons.

What Pharmacy Providers and Prescribers Need to Do

How to Access

The DLT can be accessed on the [Medi-Cal Rx Provider Portal](#) by selecting **Drug Lookup** from the **Tools & Resources** drop-down menu.

Select the **Search By** drop-down menu to search by either Drug Name or NDC. See *Figure 1*.

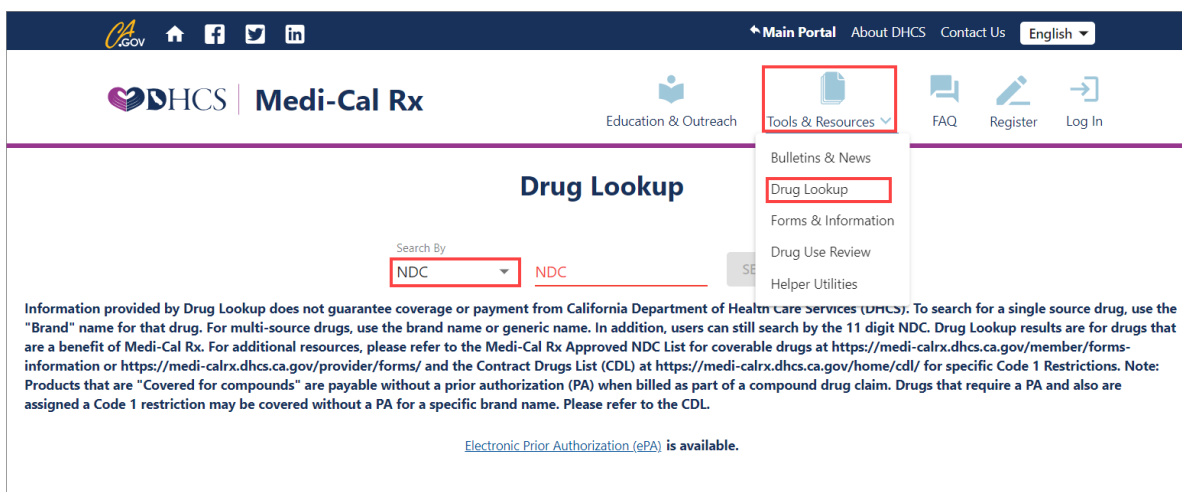


Figure 1: Drug Lookup Tool – Search by NDC or Drug Name

Enhanced Features

- Users can now search by drug name, and recommended results will load. See *Figure 2*.

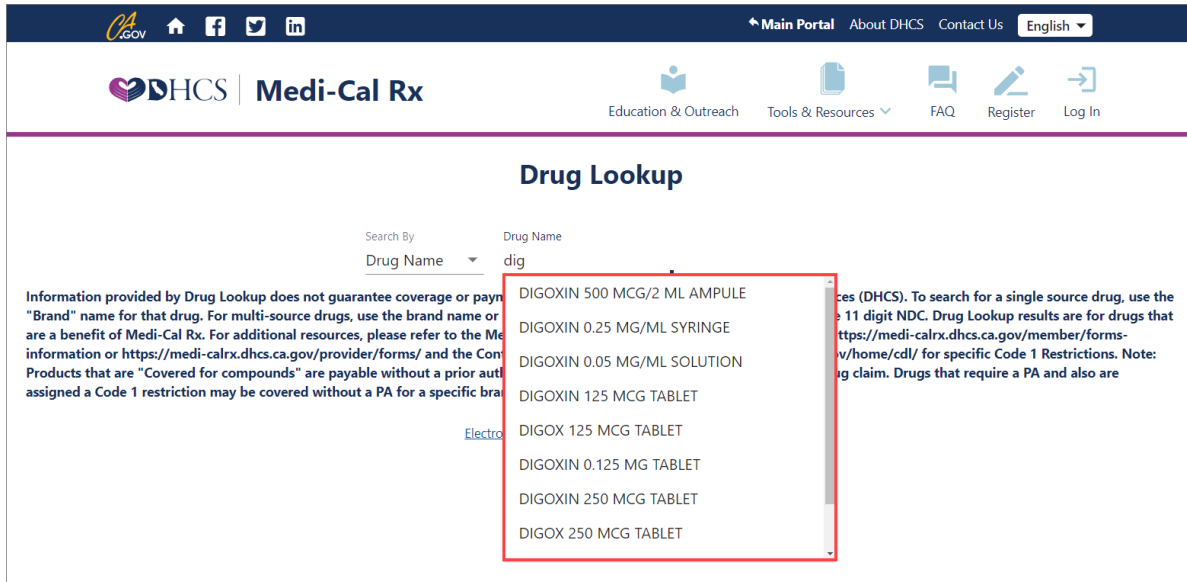


Figure 2: Drug Lookup Tool – Search by Drug Name

- When searching by name, the DLT will display multiple results based upon the HICL level information. See *Figure 3*.

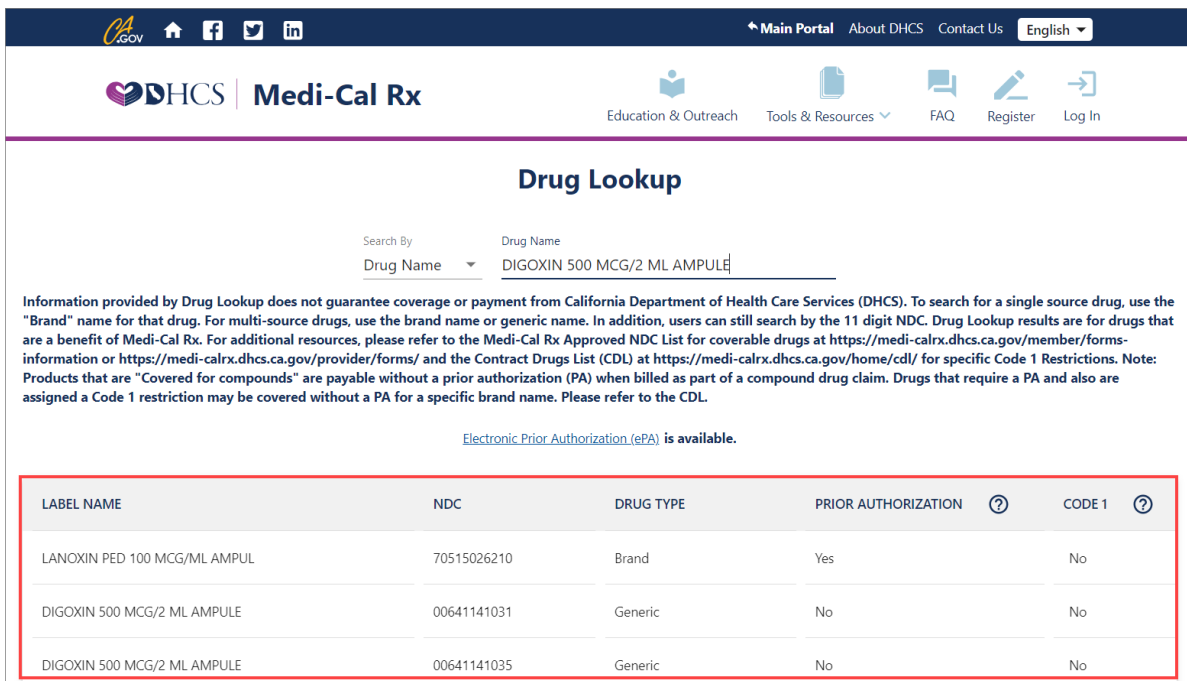


Figure 3: Drug Lookup Tool: Digoxin Search Results

- Users can select the **Help** icons in the Prior Authorization or Code 1 columns to view hint text containing linked resources. See *Figure 4*.

Information provided by Drug Lookup does not guarantee coverage or payment from California Department of Health Care Services (DHCS). To search for a single source drug, use the "Brand" name for that drug. For multi-source drugs, use the brand name or generic name. In addition, users can still search by the 11 digit NDC. Drug Lookup results are for drugs that are a benefit of Medi-Cal Rx. For additional resources, please refer to the Medi-Cal Rx Approved NDC List for coverable drugs at <https://medi-calrx.dhcs.ca.gov/member/forms-information> or <https://medi-calrx.dhcs.ca.gov/provider/forms/> and the Contract Drugs List (CDL) at <https://medi-calrx.dhcs.ca.gov/home/cdl/> for specific Code 1 Restrictions. Note: Products that are "Covered for compounds" are payable without a prior authorization (PA) when billed as part of a compound drug claim. Drugs that require a PA and also are assigned a Code 1 restriction may be covered without a PA for a specific brand name. Please refer to the CDL.

[Electronic Prior Authorization \(ePA\) is available.](#)

LABEL NAME	NDC	DRUG TYPE	PRIOR AUTHORIZATION	CODE 1
STERILE WATER FOR INJECTION	00264738550	Generic		
STERILE WATER FOR INJECTION	00264738560	Generic	Yes	No

Figure 4: Drug Lookup Tool – Prior Authorization and Code 1

- New functionality is available on mobile devices. See *Figure 5*.

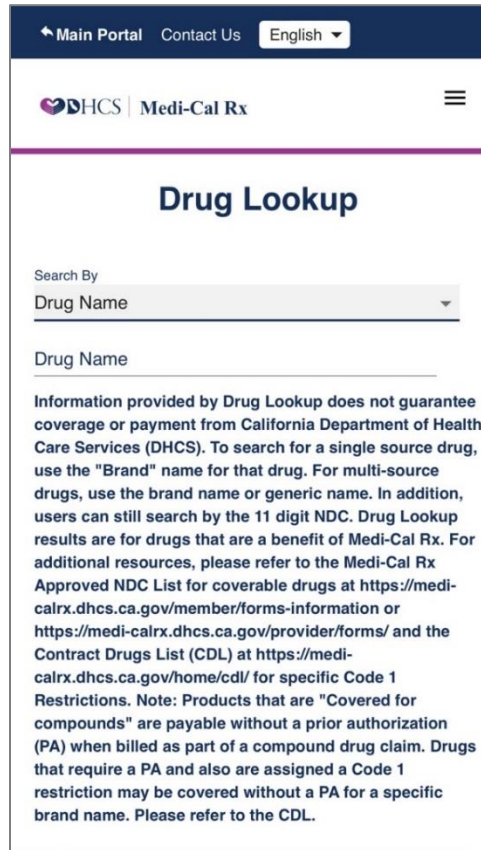


Figure 5: Drug Lookup Tool – Mobile Device

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.