



Medi-Cal Rx

Medi-Cal Rx Monthly Bulletin

July 1, 2025

Updates have been made to one or more of the lists located on the [Contract Drugs & Covered Products Lists](#) page and the [Medi-Cal Rx Provider Manual](#) on the [Medi-Cal Rx Web Portal](#), effective July 1, 2025. Sign up for the [Medi-Cal Rx Subscription Service](#) to be notified when the *Medi-Cal Rx Monthly Bulletin* is posted.

1. [Updates to the Medi-Cal Rx Contract Drugs List](#)
2. [Updates to the Medi-Cal Rx Contract Drugs List – Authorized Drug Manufacturer Labeler Codes](#)
3. [Updates to the Medi-Cal Rx Provider Manual](#)

1. Updates to the Medi-Cal Rx Contract Drugs List

The following updates have been made to the [Medi-Cal Rx Contract Drugs List](#) (CDL).

Drug Name	Description
Adalimumab-adaz	Added to the CDL with labeler restriction (LR) and quantity limit (QL).
Dabigatran Etxilate Mesylate	LR removed.
Docetaxel	LR removed from 160 mg/16 ml solution for injection.
Gastro-Intestinal Drugs: Digestant Preparations	Effective August 1, 2025: Prior authorization (PA) required for Pancreaze, Pertzye, and Viokace.
Rilpivirine HCL	Additional formulation (tablets for oral suspension) added to the CDL with LR.
Telisotuzumab Vedotin-tllv	Added to the CDL with LR.
Thiotepa	Additional strengths (15 mg/1.5 ml and 100 mg/10 ml) added to the CDL with LR.
Zidovudine	LR removed from syrup.

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

The following updates have been made to the [Medi-Cal Rx Contract Drugs List – Authorized Drug Manufacturer Labeler Codes](#).

Labeler Code Additions

NDC Labeler Code	Contracting Company's Name
84054	ALPHA COGNITION USA, INC.
84386	AUROBINDO PHARMA LTD
83787	LNHC, INC.
73648	MESOBLAST, INC.
85477	ONCORA PHARMA
82098	RAYA PHARMACEUTICALS LLC
83860	SOLENO THERAPEUTICS, INC.

Labeler Code Terminations

NDC Labeler Code	Contracting Company's Name
71351	BROOKFIELD PHARMACEUTICALS, LLC
70007	ESPERO PHARMACEUTICALS, INC.
73380	INNATE PHARMA, INC.
70003	JACKSONVILLE PHARMACEUTICALS, INC.
60574	MEDIMMUNE, INC.
60432	MORTON GROVE PHARMACEUTICALS, INC.
72305	PROVELL PHARMACEUTICALS, LLC
71308	TREVENA, INC.
84275	UNITY PHARMA
64679	WOCKHARDT USA, LLC

3. Updates to the Medi-Cal Rx Provider Manual

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

Section	Update Description
<i>Section 1.0 – Introduction</i>	- Added language to introduction paragraph to outline Department of Health Care Services' (DHCS') strategic goals. - Refined language.
<i>Section 1.1 – Medi-Cal Rx</i>	Moved verbiage from former <i>Section 1.2 – Medi-Cal Rx Vendor</i> to consolidate and refine language.
<i>Section 1.2 – Medi-Cal Rx Vendor</i>	Section has been removed and content has been consolidated with <i>Section 1.1 – Medi-Cal Rx</i>.
<i>Section 4.4 – Paper Claim(s)</i>	- Added "or product" to second to last bullet. - Added bullet "Claims submitted for drug or product NDCs in which a price is not available and no alternate NDC is available for dispensing. For additional information, refer to <i>Section 4.4.1 – Missing Price</i>."

Section	Update Description
<i>Section 4.4.1 – Missing Price</i>	• Added “or medical supply” to introduction paragraph. • Added bullet “Reimbursement is not guaranteed if a paper claim is submitted to Medi-Cal Rx and denies with Reject Code 85. The claim will continue to be subjected to Medi-Cal Rx policy and claim processing requirements and may deny with reject codes as a result of those requirements.” • Added sentence “If no alternate payable NDC from a different manufacturer is available, pharmacy providers may consider submitting an invoice pricing request.” • Expanded language regarding invoice pricing for outpatient drugs. • Added language regarding invoice pricing for enteral nutrition products. • Expanded the information regarding invoice pricing for medical supplies. • Expanded upon the additional invoice requirements.
<i>Section 4.4.2 – Duplicate or Rejected Paper Claim Requests (NEW!)</i>	• Added language pertaining to paper claim adjudication for duplicate or rejected claims.
<i>Section 14.1 – PA Request Overview</i>	• Added language defining PA request classifications for new, renewal, and appeals. • Added bullet “PA submitters are required to provide relevant clinical information when submitting PA requests to establish medical necessity. Refer to <i>Section 14.8 – Establishing Medical Necessity for PA Requests</i> for additional information.” • Added “for medical necessity” when PA requests are reviewed. • Added bullet “Additional resources and training materials regarding submitting a PA request”.
<i>Section 14.7 – PA Adjudication</i>	• Added “for medical necessity” when PA requests are reviewed.
<i>Section 14.8 – Establishing Medical Necessity for PA Requests (NEW!)</i>	• Added language outlining clinically relevant information to establish medical necessity when submitting PA requests.
<i>Section 14.9 – PA Appeal Requests</i>	• Formerly <i>Section 14.8</i>; renumbered to <i>Section 14.9</i>.

Section	Update Description
<i>Section 15.1.2 – Medical Supplies Dispensing Quantity Limitations</i>	Updated the limitation of glucose control solution to “1 per 90-day period” without a PA request.

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@primetherapeutics.com.