



The monthly bulletin consists of alerts and notices posted to the [Bulletin & 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 January 1, 2024.

Drug Name	Description	Effective Date
Baclofen	Additional formulation (solution) added to CDL. Additional formulation (oral granule packets) added to CDL with labeler restriction. Effective February 1, 2024: Oral suspension end-dated.	January 1, 2024
Crizotinib	Additional formulation (pellets in capsules) added to CDL with labeler restriction.	January 1, 2024
Entrectinib	Additional formulation (oral pellets) added to CDL with labeler restriction.	January 1, 2024
Fezolinetant	Added to CDL with labeler restriction.	January 1, 2024
Fruquintinib	Added to CDL with labeler restriction.	January 1, 2024
Lasmiditan Succinate	Effective February 1, 2024: Tablets end-dated.	January 1, 2024
Perampanel	Labeler restriction removed.	January 1, 2024
Rivaroxaban	Additional strength (2.5 mg) added to CDL with labeler restriction.	January 1, 2024
Triptorelin Pamoate	Additional formulation (kit) added to CDL with labeler restriction.	January 1, 2024

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
82737	BIOLINERX USA, INC.	January 1, 2024
83324	CHAIN DRUG MARKETING ASSOCIATION, INC.	January 1, 2024
81864	GLAXOSMITHKLINE LLC	January 1, 2024
82667	HARROW EYE, LLC	January 1, 2024
82829	IVERIC BIO INC.	January 1, 2024

NDC Labeler Code	Contracting Company's Name	Effective Date
49591	KAMADA LTD.	January 1, 2024
81033	KESIN PHARMA CORPORATION	January 1, 2024
80830	PUNISKA HEALTHCARE PRIVATE LIMITED	January 1, 2024
82604	RAYNER SURGICAL INC.	January 1, 2024
59316	RB HEALTH (US) LLC	January 1, 2024
71656	SAPTALIS PHARMACEUTICALS, LLC	January 1, 2024
72526	SHANDONG LUYE PHARMACEUTICAL CO., LTD.	January 1, 2024
58151	VIATRIS SPECIALTY LLC	January 1, 2024

3. Updates to the Medi-Cal Rx Provider Manual

The updates/additions below have been made to the [Medi-Cal Rx Provider Manual](#) version 14.0.

Updates

Section	Update Description	Effective Date
<i>Section 12.5.1 – Standard Products</i>	<ul style="list-style-type: none"> Removed ICD-10 code “K08.1” and diagnosis “Complete loss of teeth.” Updated table with additional ICD-10 codes for Standard Product Type Diagnosis. 	January 1, 2024
<i>Section 12.5.5 – Specialty Infant Products Criteria</i>	<ul style="list-style-type: none"> Updated section title. Reinstated language regarding authorization requirements. 	January 1, 2024
<i>Section 12.5.5.1 – Premature and Low Birth Weight Products</i>	<ul style="list-style-type: none"> Reinstated language regarding product limitations for premature and low weight members. 	January 1, 2024
<i>Section 12.5.5.2 – Human Milk Fortifier Products</i>	<ul style="list-style-type: none"> Reinstated language regarding authorization requirements. 	January 1, 2024
<i>Section 12.5.5.3 – EH Specialty Infant Products</i>	<ul style="list-style-type: none"> Reinstated language regarding member coverage criteria. 	January 1, 2024
<i>Section 12.5.5.4 – Amino Acid-Based (100 Percent) Products</i>	<ul style="list-style-type: none"> Reinstated language regarding use of specialty infant Amino Acid-based products and supporting documentation. 	January 1, 2024

Section	Update Description	Effective Date
<i>Section 12.5.5.5 – Renal Specialty Infant Products</i>	<ul style="list-style-type: none"> Reinstated language regarding member coverage criteria. 	January 1, 2024
<i>Section 12.5.5.6 – Chylothorax or LCHAD Deficiency Specialty Infant Products</i>	<ul style="list-style-type: none"> Reinstated language regarding documented member diagnoses. 	January 1, 2024
<i>Section 12.8 – Shortages and Product Interchangeability</i>	<ul style="list-style-type: none"> Updated language regarding interchanging products. Added information regarding quantity limitations. 	January 1, 2024
<i>Section 12.8.1 – Product Interchangeability Requirements (NEW!)</i>	<ul style="list-style-type: none"> Added language regarding documentation requirements for product interchangeability. 	January 1, 2024
<i>Section 12.8.2 – Prescription Requirements (NEW!)</i>	<ul style="list-style-type: none"> Added language regarding prescription requirements for enteral product substitution. 	January 1, 2024
<i>Section 13.0 – Medical Supplies</i>	<ul style="list-style-type: none"> Added language referring to section regarding non-covered medical supplies. Added language regarding sterile syringes with needles (non-insulin). 	January 1, 2024
<i>Section 13.6 – Non-Covered Medical Supplies (NEW!)</i>	<ul style="list-style-type: none"> Added language regarding non-covered medical supplies and managed care plan (MCP) obligation. 	January 1, 2024
<i>Section 17.4.1 – Paxlovid</i>	<ul style="list-style-type: none"> Updated language pertaining to the U.S. Food and Drug Administration (FDA) approval of Paxlovid. 	January 1, 2024
<i>Section 17.4.1.1 – Commercial Paxlovid (NEW!)</i>	<ul style="list-style-type: none"> Added language regarding commercial transition of Paxlovid. Added language regarding member eligibility. 	January 1, 2024
<i>Section 17.4.2 – Remdesivir (Veklury)</i>	<ul style="list-style-type: none"> Language refined. 	January 1, 2024
<i>Section 17.4.3 – Lagevrio (NEW!)</i>	<ul style="list-style-type: none"> Added language regarding Lagevrio. 	January 1, 2024
<i>Section 17.4.3.1 – Commercial Lagevrio (NEW!)</i>	<ul style="list-style-type: none"> Added language regarding commercial Lagevrio. 	January 1, 2024

Section	Update Description	Effective Date
<i>Section 17.4.4 – COVID-19 Oral Antiviral Products Reimbursement (NEW!)</i>	<ul style="list-style-type: none"> Added language regarding reimbursement for COVID-19 oral antiviral products. 	January 1, 2024
<i>Section 17.4.4.1 – Paxlovid Reimbursement for Pharmacist Services (NEW!)</i>	<ul style="list-style-type: none"> Added information regarding reimbursement for pharmacist services on a medical claim. 	January 1, 2024
<i>Section 17.4.5 – Commercial COVID-19 Oral Antiviral Products Reimbursement (NEW!)</i>	<ul style="list-style-type: none"> Added language regarding reimbursement for commercial COVID-19 oral antiviral products. 	January 1, 2024

4. 30-Day Countdown: Medi-Cal Managed Care Plan Transition

Background

The purpose of this alert is to remind pharmacy providers and prescribers of the upcoming implementation of the Medi-Cal Managed Care Plan (MCP) Transition, effective January 1, 2024. As stated in the alert titled [90-Day Countdown: Medi-Cal Managed Care Plan Transition](#) dated October 3, 2023, approximately 1.2 million Medi-Cal members in 21 counties will transition to a new Medi-Cal MCP.

What Pharmacy Providers and Prescribers Need to Know

- Pharmacy providers and prescribers should anticipate little change, except members may belong to a new health plan.
- Pharmacy providers and prescribers must use the member's Benefits Identification Card (BIC) to submit a claim. Claims billed with the MCP plan ID number will be denied.

Resources

Pharmacy providers and prescribers should refer to the following resources:

- [Medi-Cal Managed Care Plan Transition](#) page on the Department of Health Care Services' (DHCS) website
- MCP Transition tab on the [Forms & Information](#) page of the [Medi-Cal Rx Provider Portal](#)
- [2024 Medi-Cal Managed Care Plan Transition Policy Guide](#)
- [Medi-Cal Managed Care Plans by County \(as of 2023 and 2024\)](#)

5. Update: Deferral Response Method via Medi-Cal Rx Provider Portal

Background

Medi-Cal Rx has identified an issue in which Medi-Cal Rx is not receiving a notification when additional information is submitted for a deferred prior authorization (PA) request via the Medi-Cal Rx Provider Portal.

What Pharmacy Providers and Prescribers Need to Do

For PA requests submitted via the [Medi-Cal Rx Provider Portal](#) that were deferred for additional information, pharmacy providers and prescribers are encouraged to submit their deferral responses via fax to 1-800-869-4325.

Note: Once the issue is resolved, an alert will be posted to inform pharmacy providers and prescribers.

6. Commercial COVID-19 Vaccine Coverage for Children

Background

In September 2023, alerts were published to update providers and prescribers regarding reimbursement of new commercial COVID-19 vaccines. It was announced that coverage of the vaccine for members 6 months through 18 years of age was available only through the Vaccines For Children (VFC) program.

The purpose of this alert is to provide an updated policy in which **COVID-19 vaccines are a Medi-Cal Rx pharmacy benefit for members 3 years of age and older**, pursuant to the Public Readiness and Emergency Preparedness (PREP) Act. Medi-Cal Rx will reimburse pharmacy providers for the ingredient cost of the commercial vaccines, in addition to a \$40 incentive fee. A professional dispensing fee remains excluded for COVID-19 vaccines.

- » For members 6 months of age up to 3 years of age, coverage of the vaccine will be available only through the VFC program. Products remain federally funded. To locate an eligible provider, visit <https://eziz.org/> or call 1-877-243-8832.
- » Claims submitted to Medi-Cal Rx for members younger than 3 years of age will deny with Reject Code 60 – Product/Service Not Covered for Patient Age with the message, *“Product only available through a Vaccines for Children (VFC) provider for children under 3. To locate an eligible provider, see <https://eziz.org/> or call 1-877-243-8832. Age requirement not met. Prior Authorization Required.”*

Resources

- [Patient Resources for COVID Vaccine](#)
- [Commercialization at a Glance: Provider Transition Guide](#)
- [Fact Sheet: HHS Announces 'HHS Bridge Access Program For COVID-19 Vaccines and Treatments' to Maintain Access to COVID-19 Care for the Uninsured](#)
- [CDC's Bridge Access Program](#)

7. Medical Supplies Reminder: Updates to Diabetic Testing Supplies 100-Count LifeScan, Inc.'s OneTouch Verio Test Strips Will No Longer Be Contracted, Effective January 1, 2024

Effective on and after January 1, 2024, the OneTouch Verio® Test Strips, 100-Strip Box, Billing Code 53885027210, will no longer be a contracted Medi-Cal Rx diabetic testing supply and 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 prior authorization (PA) request, and the transition policy will not apply to this NDC as it is no longer a contracted product.

Other LifeScan, Inc. contracted products remain covered by Medi-Cal Rx and providers should alternatively bill the following covered test strip billing codes. The published maximum acquisition cost (MAC)/maximum allowable product cost (MAPC) price is per strip or lancet.

Product Type	Product Description	Billing Code (11-digit NDC-like number)	MAC/MAPC per Strip/Lancet
Blood Glucose Test Strips	OneTouch Verio Test Strips Box 25	53885027025	0.6860
Blood Glucose Test Strips	OneTouch Verio Test Strips Box 50	53885032850	0.6858
Blood Glucose Test Strips	OneTouch Verio Test Strips Box 50	53885027150	0.6858

Refer to the [List of Contracted Diabetic Test Strips and Lancets](#) for additional information.

Special populations, such as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), California Children's Services (CCS), or Genetically Handicapped Persons Program (GHPP) programs, have alternative routes for continuation of care after this deletion from the *List* with an approved PA request demonstrating medical necessity and no other contracted product can meet the member's clinical need.

Resource

- [Medical Supplies Update: Updates to Contracted Diabetic Test Strips and Lancets List, Effective October 1, 2023](#)

8. Medical Supplies Update: Updates to List of Contracted Self-Monitoring Blood Glucose Systems (Glucometers), Control Solutions, and Lancing Devices – Effective January 1, 2024

Effective January 1, 2024, the Medi-Cal Rx [List of Contracted Self-Monitoring Blood Glucose Systems \(Glucometers\), Control Solutions, and Lancing Devices](#) has been updated on the [Medi-Cal Rx Web Portal](#) to add Trividia Health, Inc. TRUE METRIX® AIR Self Monitoring Blood Glucose Meter (Medi-Cal Rx billing code/NDC-like number 56151149403) as a Medi-Cal Rx covered pharmacy benefit.

The manufacturer has guaranteed the products on the *List* where Medi-Cal Rx providers may purchase, upon request, for dispensing to eligible Medi-Cal Rx members, covered products at or below the Maximum Acquisition Cost (MAC). Providers can locate MAC price suppliers by calling manufacturer phone numbers referenced on the *List* on the [Medi-Cal Rx Web Portal](#).

9. Updates to the List of Contracted Enteral Nutrition Products, Effective January 1, 2024 and April 1, 2024

The [List of Contracted Enteral Nutrition Products](#) has been updated on the [Medi-Cal Rx Web Portal](#). The effective dates of the changes are January 1, 2024 and April 1, 2024.

Effective January 1, 2024, the following additions or updates have occurred:

- Updates in Estimated Acquisition Cost (EAC) and Maximum Acquisition Cost (MAC) on most metabolics, specialty, and standard enteral nutrition products.
- The following products have been added to the list:

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)	Caloric Density
Functional Formularies	Liquid Hope® Peptide Berry Medley	57858000450	1.41
Ajinomoto Cambrooke, Inc.	Glytactin® BetterMilk Pouch, Original	24359035015	4.00
Ajinomoto Cambrooke, Inc.	Homactin™ AA Plus Powder 15, lemon lime flavor	24359070101	3.75

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)	Caloric Density
Ajinomoto Cambrooke, Inc.	Isovactin™ AA Plus Powder 15, lemon lime flavor	24359070201	3.75
Ajinomoto Cambrooke, Inc.	Tylactin® RTD 15, chocolate flavor	24359059204	0.79
Ajinomoto Cambrooke, Inc.	Vilactin™ AA Plus Powder 15, lemon lime flavor	24359070401	3.75
Nutricia North America	KetoCal® 4:1 Liquid, chocolate flavor	49735010060	1.50
Nutricia North America	PhenylAde GMP Drink Mix, plain	49735010075	3.87
POA Pharma; Nexus Patient Services LLC (Distributor)	PKU Easy Tablets 6 x 77 count bottles, unflavored	50059034115	3.98
Vitaflo, USA LLC	TYR sphere® 20, vanilla flavor	12539002587	3.37
Global Health Products, Inc.	LiquaCel®, 960 ml, liquid, ginger ale	82028006111	3.33
Global Health Products, Inc.	LiquaCel, 960 ml, liquid, unflavored	82028006113	3.33
Abbott Nutrition	Ensure®, chocolate flavor	70074058294	1.05
Abbott Nutrition	Ensure Original, strawberry flavor	70074058296	1.05
Abbott Nutrition	Ensure Original, vanilla flavor	70074058298	1.05
Abbott Nutrition	Ensure Plus, chocolate flavor	70074058300	1.50
Abbott Nutrition	Ensure Plus, vanilla, 32 oz bottle	70074058252	1.50
Abbott Nutrition	Ensure Plus, vanilla, 8 oz bottle	70074058304	1.50
Abbott Nutrition	Ensure Plus, strawberry flavor	70074058302	1.50
Kate Farms, Inc.	Kate Farms® Pediatric Blended Meals, banana, and blue flavor	11112003076	1.00
Kate Farms, Inc.	Kate Farms Pediatric Blended Meals, mango, and strawberry flavor	11112003074	1.00
Kate Farms, Inc.	Kate Farms Pediatric Blended Meals, squash, and carrot flavor	11112003008	1.00
Nestlé HealthCare Nutrition	Boost® VHC, strawberry flavor	43900083968	2.25
Global Health Products, Inc.	LiquaCel 960 ml liquid, apple flavor	82028000688	3.33

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

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)	Caloric Density
Vitaflo®, USA LLC	GA gel™, unflavored, powder, 30 x 24 g sachets	50600051516	3.38
Vitaflo, USA LLC	HCU express™ 15 plus, powder, unflavored, 30 x 25 g packets	12539002497	3.16
Vitaflo, USA LLC	HCU express 20 PLUS, powder, unflavored, 30 x 34 g packets	12539002498	3.16
Vitaflo, USA LLC	LIPStart™ powder, unflavored, 400 g	12539002133	4.50
Vitaflo, USA LLC	MMA/PA express® 15, powder, unflavored, 30 x 25 g sachets	12539002007	2.97
Vitaflo, USA LLC	MMA/PA gel™, unflavored, powder, 30 x 24 g sachets	50600051523	3.38
Vitaflo, USA LLC	MSUD express™ 15 plus, powder, unflavored, 30 x 25 g packets	12539002499	3.16
Vitaflo, USA LLC	MSUD express 20 plus, powder, unflavored, 30 x 34 g packets	12539002500	3.16
Vitaflo, USA LLC	MSUD gel™, unflavored, 30 x 24 g sachets	50600051493	3.38
Vitaflo, USA LLC	PKU express™ 15 plus, powder, raspberry flavor, 30 x 25 g packets	12539002521	3.06
Vitaflo, USA LLC	PKU express 15 plus, powder, unflavored, 30 x 25 g packets	12539002487	3.16
Vitaflo, USA LLC	PKU express 15 plus, powder, lemon flavor, 30 x 25 g packets	12539002488	3.06
Vitaflo, USA LLC	PKU express 15 plus, powder, tropical flavor, 30 x 25 g packets	12539002490	3.06
Vitaflo, USA LLC	PKU express 20 plus, powder, raspberry, 30 x 34 g packets	12539002522	0.30
Vitaflo, USA LLC	PKU express 20 plus, powder, unflavored, 30 x 34 g packets	12539002491	0.30

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)	Caloric Density
Vitaflo, USA LLC	PKU express 20 plus, powder, lemon flavor, 30 x 34 g packets	12539002492	0.30
Vitaflo, USA LLC	PKU express 20 plus, powder, orange flavor, 30 x 34 g packets	12539002493	0.30
Vitaflo, USA LLC	PKU express 20 plus, powder, tropical flavor, 30 x 34 g packets	12539002494	0.30
Vitaflo, USA LLC	PKU gel™, powder, unflavored, 30 x 24 g sachets	50600051448	3.38
Vitaflo, USA LLC	PKU gel raspberry flavor, powder, 30 x 24 g sachets	50600051455	3.38
Vitaflo, USA LLC	PKU gel orange flavor, powder, 30 x 24 g sachets	50600051462	3.38
Vitaflo, USA LLC	TYR express™ 15 plus, powder, unflavored, 30 x 34 g sachet	12539002495	3.16
Vitaflo, USA LLC	TYR express 20 plus, powder, unflavored, 30 x 34 g sachet	12539002496	3.16
Vitaflo, USA LLC	TYR gel™, powder, unflavored, 30 x 24 g sachets	50600051509	3.38
Vitaflo, USA LLC	UCD trio, powder, unflavored, 400 g	60014005182	3.93
Vitaflo, USA LLC	Renastart™, 400 g, powder, unflavored	12539002149	4.94

- **Effective April 1, 2024**, the following products will be deleted from the *List*:

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
Abbott Nutrition	Cyclinex®-1, 14.1 oz (400 g) powder 6 count	70074051145
Abbott Nutrition	Cyclinex-2, 14.1 oz (400 g) powder 6 count	70074051147
Abbott Nutrition	Glutarex®-1, 14.1 oz (400 g) powder 6 count	70074051141
Abbott Nutrition	Glutarex-2, 14.1 oz (400 g) powder 6 count	70074051143
Abbott Nutrition	Hominex®-1, 14.1 oz (400 g) powder 6 count	70074051117
Abbott Nutrition	I-Valex®-1, 14.1 oz (400 g) powder 6 count	70074051137

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
Abbott Nutrition	I-Valex-2, 14.1 oz (400 g) powder 6 count	70074051139
Abbott Nutrition	Ketonex®-1, 14.1 oz (400 g) powder 6 count	70074051113
Abbott Nutrition	Ketonex-2, 14.1 oz (400 g) powder 6 count	70074051115
Abbott Nutrition	Phenex®-1, 14.1 oz (400 g) powder 6 count	70074051121
Abbott Nutrition	Phenex-2, 14.1 oz (400 g) powder 6 count	70074051123
Abbott Nutrition	Phenex-2, vanilla (400 g) powder 6 count	70074055756
Abbott Nutrition	Pro-Phree®, 14.1 oz (400 g) powder 6 count	70074051149
Abbott Nutrition	Propimex®-1, 14.1 oz (400 g) powder 6 count	70074051133
Abbott Nutrition	Propimex-2, 14.1 oz (400 g) powder 6 count	70074051135
Abbott Nutrition	Tyrex®-1, 14.1 oz (400 g) powder 6 count	70074051129
Abbott Nutrition	Tyrex-2, 14.1 oz (400 g) powder 6 count	70074051127
Abbott Nutrition	Glucerna®1 cal 1.5 (1 L) ready to hang	70074062674
Abbott Nutrition	Glucerna 1.2 cal 8 oz can	70074050905
Abbott Nutrition	Glucerna 1.5 cal 8 oz can	70074053535
Abbott Nutrition	Suplena®, vanilla flavor, 8 oz can	70074062089
Abbott Nutrition	Ensure 14.1 oz, chocolate flavor	70074066850
Abbott Nutrition	Ensure, 14.1 oz, powder vanilla flavor	70074066854
Abbott Nutrition	Ensure harvest, 8 oz, recloseable carton	70074067965
Abbott Nutrition	Jevity® 1 cal, 1500 ml, ready to hang	70074062688
Abbott Nutrition	Osmolite® 1 cal, 1.5 (1 L), ready to hang	70074062696
Abbott Nutrition	PediaSure® 1.5 cal, vanilla flavor, 8 oz can	70074056410
Abbott Nutrition	PediaSure, banana flavor, 8 oz can	70074051885
Abbott Nutrition	PediaSure, chocolate flavor, 8 oz can	70074051883
Abbott Nutrition	PediaSure, Enteral Formula, vanilla flavor, 8 oz can	70074051805
Abbott Nutrition	PediaSure, fiber, 1 cal (1 L) ready to hang	70074062728
Abbott Nutrition	PediaSure, fiber, 1 cal, vanilla flavor, 8 oz can	70074051807
Abbott Nutrition	PediaSure, fiber, 1.5 cal (1 L) ready to hang	70074062750
Abbott Nutrition	PediaSure, fiber, 1.5 cal vanilla flavor, 8 oz can	70074056412

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
Abbott Nutrition	PediaSure, fiber, vanilla flavor, 8 oz can	70074058221
Abbott Nutrition	PediaSure, sidekick, vanilla flavor, 8 oz bottle	70074056524
Abbott Nutrition	PediaSure, strawberry flavor, 8 oz can	70074051881
Abbott Nutrition	PediaSure, vanilla flavor, 8 oz can	70074055898
Abbott Nutrition	Promote®, 1500 ml, ready to hang	70074062708
Abbott Nutrition	Promote fiber, (1.5 L), ready to hang	70074062706
Abbott Nutrition	Twocal® HN, (1 L), ready to hang	70074062710
Abbott Nutrition	Twocal HN, butter pecan flavor, 8 oz can	70074054065
Abbott Nutrition	Twocal HN, vanilla flavor, 8 oz can	70074040729
Abbott Nutrition	Pediasure harvest, 8 oz, recloseable carton	70074067963
Ajinomoto Cambrooke, Inc.	Glytactin 20 PE BetterMilk Lite Powder, unflavored, 51 g x 30 packets	24359035101
Ajinomoto Cambrooke, Inc.	Phenactin AA Plus, berry flavor, 30 x 250 ml	24359070503
Ajinomoto Cambrooke, Inc.	Promactin AA Plus, berry flavor, 30 x 250 ml	24359070303
Ajinomoto Cambrooke, Inc.	Vilactin AA Plus, berry flavor, 30 x 250 ml	24359070403
Ajinomoto Cambrooke, Inc.	Homactin AA Plus, berry flavor, 30 x 250 ml	24359070103
Ajinomoto Cambrooke, Inc.	Isovactin AA Plus, berry flavor, 30 x 250 ml	24359070203
Global Health Products, Inc.	LiquaCel, 1920 ml, liquid, concord grape flavor	82028000294
Global Health Products, Inc.	LiquaCel, 960 ml, liquid, lemonade flavor	82028006115
Global Health Products, Inc.	LiquaCel, 960 ml, liquid, citrus orange flavor	82028000692
Nutricia North America	GlutarAde® Junior GA-1, drink mix powder 400 g	00847075102
Nutricia North America	Complex MSD® Junior, drink mix powder, unflavored 400 g	00847059102
Nutricia North America	Glycine powder, 50 g	00847001300
Nutricia North America	L-Arginine powder, 50 g	00847001200
Nutricia North America	L-Isoleucine powder, 50 g	00847001400
Nutricia North America	L-Leucine powder, 50 g	00847001500

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
Nutricia North America	L-Tyrosine powder, 50 g	00847001600
Nutricia North America	L-Valine powder, 50 g	00847001700
Nutricia North America	PhenylAde®, Amino Acid Blend, powder unflavored, 30 x 12.8 g sachets	00847095004
Nutricia North America	PhenylAde, Essential Drink Mix, powder, chocolate flavor, 16 x 40 g sachets	00847095014
Nutricia North America	PhenylAde, Essential Drink Mix, powder, orange crème flavor, 16 x 40 g sachets	00847095034
Nutricia North America	PhenylAde, Essential Drink Mix, powder, strawberry flavor, 16 x 40 g sachets	00847095044
Nutricia North America	PhenylAde, Essential Drink Mix, powder, unflavored, 16 x 40 g sachets	00847095084
Nutricia North America	PhenylAde, Essential Drink Mix, powder, vanilla flavor, 16 x 40 g sachets	00847095024
Nutricia North America	PhenylAde 40 Drink Mix, powder, citrus flavor, 20 x 25 g sachets	00847095404
Nutricia North America	PhenylAde 40 Drink Mix, powder, unflavored, 20 x 25 g sachets	00847095414
Nutricia North America	TYR Lophlex® LQ, mixed berry flavor, (30 x125 ml)	49735016750
Nutricia North America	XPhe Maxamum, powder, unflavored, 30 x 50 g sachets	49735012301
Nutricia North America	XPhe Maxamum, powder, orange flavor, 30 x 50 g sachets	49735012302
Nutricia North America	Pro-Stat Renal Care, 887 ml, tangerine flavor	26974041064
Solace Nutrition, LLC	Cytolline™, 275 g, unflavored, powder	57771000116

The amount reimbursed to providers is the EAC per unit, multiplied by the number of units dispensed, plus a 23-percent markup. Assembly Bill 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) request, on or after the effective date of deletion.

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

Members 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 members 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 members 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.

10. Medical Supplies Updates: Updates to Contracted Pen Needles, Insulin Syringes, and Sterile Syringes with Needles (Non-Insulin), Effective January 1, 2024

What Prescribers and Pharmacy Providers Need to Know

Effective January 1, 2024, the [List of Covered Pen Needles](#) has been updated:

- The *List* has been renamed *List of Contracted Pen Needles*.
- Products deleted from the *List* have been moved to the *Deletions* tab and will no longer be reimbursable on and after April 1, 2024.
- Products have been added to the *List* and pricing per unit has been updated on the *Contracted Items* tab.

Effective January 1, 2024, coverage of sterile syringes with needles (non-insulin) is no longer restricted to products on the [List of Covered Sterile Syringes with Needles \(Non-Insulin\)](#):

- The *List* is no longer valid on and after January 1, 2024. The *List* has been decommissioned and will be removed from the Medi-Cal Rx Web Portal, effective April 1, 2024.
- Any active 11-digit Medi-Cal Rx billing code/NDC-like number meeting the description of "Syringe, sterile, with Needle (non-insulin), Gauge sizes 18-28, Needle Size 0.5 ml – 1.5 ml, and syringe size 1 ml – 10 ml" will be covered and reimbursed at the Maximum Allowable Product Cost (MAPC) of 0.2000 per each. This is an update from 0.1800 per each. Quantity and frequency restrictions apply.
- Sterile syringes with needles (non-insulin) not within the size specification are considered a medical benefit and should be billed on a medical claim via an HCPCS code on a *CMS-1500* form through the member's medical plan.

- Needles (all types except pen needles) and syringes without needles continue to remain a medical benefit and should be billed on a medical claim via an HCPCS code on a *CMS-1500* form through the member's medical plan.

Effective January 1, 2024, insulin syringes will be reimbursed at the MAPC of 0.2000 each, updated from 0.1800 each. Quantity and frequency restrictions apply.

11. 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), part of Mercer Health and Benefits, LLC, to establish and maintain a Maximum Allowable Ingredient Cost (MAIC) program for generic pharmaceutical drugs.

Rates will be effective January 1, 2024, and will be posted to the Mercer Medi-Cal Rx website no later than December 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.

**The pharmacy provider self-attestation process begins March 1, 2024.
Update your pharmacy's contact information.**

Mercer will be administering the pharmacy provider self-attestation process again in 2024.

The primary method for pharmacy provider notification for the survey is via email and/or fax. It is recommended that pharmacy providers maintain accurate and consistent contact information across all organizations involved in pharmacy administration, including but not limited to, NCPDP and Medi-Cal.

Pursuant to California *Welfare and Institutions Code* (W&I Code), Section 14105.45, the professional dispensing fee is based on a pharmacy's total (Medicaid and non-Medicaid) annual prescription volume from the previous year. A non-response to the self-attestation survey will result in a lower dispensing fee for the next fiscal year. Late surveys will **not** be accepted.

12. Paper Remittance Advice: Dollar Sign Placement Update

What Pharmacy Providers Need to Know

Effective December 15, 2023, the Medi-Cal Rx Paper Remittance Advice (RA) and the corresponding PDF will be updated to remove the dollar sign (\$) symbols from the detail lines; the dollar sign symbols will now appear in the column headers. See *Figure 1* and *Figure 2*. The RA PDFs available on the Medi-Cal Rx Finance Portal provided on or before the December 8, 2023 Medi-Cal Rx payment release date remain unchanged.

Amount Billed	Amount Allowed	Amount Deducted	Amount Paid	Claim Type	PA Flag	Error Code
\$11,337.29	\$7,875.90	\$1.00	\$7,875.90	POS	N	
\$11,337.29	\$7,875.90	\$0.00	\$7,875.90	POS	N	
\$11,337.29	\$7,875.90	\$0.00	\$7,875.90	POS	N	

Figure 1: RA Before Update – Dollar Sign in Detail Lines

Amount Billed (\$)	Amount Allowed (\$)	Amount Deducted (\$)	Amount Paid (\$)	Claim Type	PA Flag	Error Code
4,293.69	3,792.17	0.00	3,792.17	POS	N	
3,112.99	2,886.35	0.00	2,886.35	POS	N	
1,945.99	1,804.62	0.00	1,804.62	POS	N	
1,945.99	1,804.11	0.00	1,804.11	POS	N	
1,883.69	1,638.88	0.00	1,638.88	POS	N	

Figure 2: RA After Update – Dollar Sign in Column Headers

Medi-Cal Rx HIPAA 835 Electronic Data Interchange (EDI) RA files are not impacted by this update.

What Pharmacy Providers Need to Do

Pharmacy providers should be aware of the changes to their RAs to ensure proper and accurate reimbursement. Reviewing RA documents carefully can ensure accurate and timely reimbursement. Refer to the following resources for additional information:

- [Remittance Advice \(RA\) – Frequently Asked Questions \(FAQs\)](#)
- [Medi-Cal Rx Provider Manual](#)

- [Medi-Cal Rx Finance Portal Job Aid](#)
- [Remittance Advice \(RA\): Amount Billed/Total Claim Charge Amount Content Update](#)

For questions regarding RA documentation, pharmacy providers can contact the Medi-Cal Rx Finance Portal Support Team via the following methods:

- Send an email to MediCalRxFinancePortalSupport@primetherapeutics.com.
- Call the Medi-Cal Rx Customer Service Finance Portal Support Team at 1-800-977-2273, select **Option 2**, enter your NPI, and then select **Option 2** for Checkwrite.

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.

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