



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](#) and posted to the Medi-Cal Rx Web Portal, effective February 1, 2024.

Drug Name	Description	Effective Date
Budesonide	Additional labeler restriction for oral powder for inhalation added to CDL.	February 1, 2024
Capivasertib	Added to CDL with labeler restriction.	February 1, 2024
Hydroxychloroquine	Quantity limit removed from tablets.	February 1, 2024
Insulin Glargine-YFGN	Additional labeler restriction added to CDL.	February 1, 2024
Repotrectinib	Added to CDL with labeler restriction.	February 1, 2024
Toripalimab-tpzi	Added to CDL with labeler restriction.	February 1, 2024

2. Changes to the Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs

The below changes have been made to the [Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs](#) and posted to the Medi-Cal Rx Web Portal, effective February 1, 2024.

Drug Name	Description	Effective Date
Levonorgestrel	Additional strengths (14 mcg/24 h, 20.4 mcg/24 h, 21 mcg/24 h) added with prior authorization (PA) required.	February 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 15.0.

Updates

Section	Update Description	Effective Date
<i>Section 3.3.3.1 – Paper RA Example</i>	<ul style="list-style-type: none">Updated mentions of “remittance advice” to “RA.”Added “(\$)” to the following RA Field names: Amount Billed, Amount Allowed, Amount Deducted, and Amount Paid.Revised references to figure numbers.	February 1, 2024

Section	Update Description	Effective Date
<i>Section 3.3.3.2 – RA Samples</i> (NEW!)	<ul style="list-style-type: none"> Restructured pre-existing language to preface RA screenshots. Provided descriptions for sample RA screenshots. Updated screenshot images. 	February 1, 2024
<i>Section 3.3.3.3 – Dollar Sign Notation on RA</i> (NEW!)	<ul style="list-style-type: none"> Added language regarding the dollar sign (\$) symbol change on RAs. 	February 1, 2024
<i>Section 15.8 – Physician Administered Drugs (PADs)</i>	<ul style="list-style-type: none"> Added detailed language regarding PADs. 	February 1, 2024
<i>Section 15.8.1 – Coverage</i> (NEW!)	<ul style="list-style-type: none"> Added language regarding coverage for PADs. 	February 1, 2024
<i>Section 15.8.2 – Reject Code 816</i> (NEW!)	<ul style="list-style-type: none"> Added language regarding Reject Code 816 – Pharmacy Benefit Exclusion, May Be Covered Under Patient’s Medical Benefit. Listed prior authorization (PA) request requirements for PADs that deny with Reject Code 816 for certain situations that may warrant an exception, and so coverage may be considered. 	February 1, 2024
<i>Section 15.8.3 – MCP Obligation</i> (NEW!)	<ul style="list-style-type: none"> Added language regarding PADs always remaining a medical benefit and specifying that managed care plans (MCPs) should not deny such claims. 	February 1, 2024

4. Reject Code 16 – Implementation Date Postponed

Background

The purpose of this alert was to provide an update to pharmacy providers and prescribers that **Reject Code 16 – M/I Prescription/Service Reference Number was not implemented on January 5, 2024, as previously announced.**

What Pharmacy Providers and Prescribers Need to Know

On December 5, 2023, Medi-Cal Rx published an alert titled [Activation of Reject Code 16 – Medi-Cal Rx Program Integrity Update](#) informing pharmacy providers and prescribers that Reject Code 16 would be activated on January 5, 2024, for all claims for members of all ages.

Medi-Cal Rx has decided to **postpone implementing Reject Code 16**. This decision was made to reduce disruption and ensure safe and timely delivery of pharmacy benefits. Medi-Cal Rx will continue to engage with stakeholders on the reinstatement of Reject Code 16 and will provide notice at least 30 days in advance of the implementation date.

5. 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, is no longer a contracted Medi-Cal Rx diabetic testing supply and has been 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](#)

6. Prior Authorization Request Requirement for Reyvow® (Lasmiditan Succinate)

Background

The purpose of this alert is to inform pharmacy providers and prescribers about a change in prior authorization (PA) request requirements for Reyvow® (lasmiditan succinate) and alternatives that can be prescribed without PA request requirements.

What Pharmacy Providers and Prescribers Need to Know

Effective February 1, 2024, Reyvow requires a PA request. Pharmacy providers and prescribers will need to submit a PA request for new prescriptions as well as for renewing prescriptions for patients maintained on Reyvow.

Alternatives not requiring a PA request are listed on the [Medi-Cal Rx Contract Drugs List](#) (CDL) and include the following:

Alternatives Not Requiring a PA	
Product Name	Product Dosage
Imitrex® (sumatriptan)	<ul style="list-style-type: none"> • 5 mg and 20 mg nasal spray • 4 mg and 6 mg injection • 25 mg, 50 mg, and 100 mg tablets
Amerge® (naratriptan)	<ul style="list-style-type: none"> • 1 mg and 2.5 mg tablets
Maxalt® and Maxalt-MLT (rizatriptan)	<ul style="list-style-type: none"> • 5 mg and 10 mg tablets • 5 mg and 10 mg oral disintegrating tablets
Nurtec® ODT (rimegepant)	<ul style="list-style-type: none"> • 75 mg oral disintegrating tablets
Ubrelvy™ (ubrogepant)	<ul style="list-style-type: none"> • 50 mg and 100 mg tablets
Ergotamine/caffeine	<ul style="list-style-type: none"> • 1 mg-100 mg tablets • 2 mg-100 mg suppositories

Resources

- [Medi-Cal Rx Provider Manual](#)
- [Medi-Cal Rx Contract Drugs List](#)
- [Reminder: Establishing Medical Necessity](#)

7. Reimbursement for Commercial Lagevrio™ (Molnupiravir)

Background

The Department of Health Care Services (DHCS) would like to inform pharmacy providers that the new commercial Lagevrio™ product is now a covered Medi-Cal Rx benefit. On November 1, 2023, Lagevrio (molnupiravir) commercial products became available for purchase through commercial channels. The commercial product is not supplied free by the federal government. Effective November 1, 2023, Medi-Cal Rx now reimburses for the ingredient cost of the commercial Lagevrio, in addition to a professional dispensing fee.

What Pharmacy Providers Need to Know

- Federally distributed Lagevrio inventory should be used until it is depleted or expires, whichever comes first.
- Medi-Cal Rx does not reimburse federally distributed Lagevrio for the ingredient cost but does pay a professional dispensing fee.
- Medi-Cal Rx reimburses commercial Lagevrio for the ingredient cost, in addition to a professional dispensing fee.

Resources

- [Fact Sheet for Healthcare Providers: Emergency Use Authorization for Lagevrio™ \(molnupiravir\) Capsules](#)
- [Sunsetting the U.S. Government COVID-19 Therapeutics Distribution Program](#)

8. Medical Foods Are Not a Covered Benefit

The purpose of this communication is to inform stakeholders that medical foods do not meet the definition of Covered Outpatient Drugs according to Section 1927(d)(2) of the Social Security Act §1927. Medical foods are not treated as prescribed drugs and are not a covered Medi-Cal benefit. The Department of Health Care Services (DHCS) considers semi-solid, solid, pureed specialty food items, and oral supplements as medical foods.

Effective on and after January 1, 2024, pharmacy claims for medical foods are no longer reimbursed by Medi-Cal Rx, except for the following special populations with an approved prior authorization (PA) request:

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
- California Children's Services (CCS)
- Genetically Handicapped Persons Program (GHPP)

Enteral nutrition formula is, and will remain, a covered Medi-Cal Rx benefit, restricted to coverage criteria, PA requests, and the [List of Contracted Enteral Nutrition Products](#). Refer to the [Medi-Cal Rx Provider Manual](#) for specific enteral nutrition formula coverage information.

Resources

- [Early and Periodic Screening, Diagnostic, and Treatment](#)
- [CCS Program Overview](#)
- [DHCS Provider Manual](#)
- [Women, Infants & Children Program](#)
- [Medi-Cal Rx Contract Drugs List](#)
- For information about prescription covered products and program coverage, refer to the *Contract Drugs List (CDL)* section in the [Medi-Cal Rx Provider Manual](#).

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.