

Updates to the List of Contracted Enteral Nutrition Products, Effective October 1, 2024

September 1, 2024

The <u>List of Contracted Enteral Nutrition Products</u> has been updated on the <u>Medi-Cal Rx Web Portal</u>. The effective date of the changes is October 1, 2024.

The following products have been added to the List:

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)	Caloric Density
POA Pharma; Nexus Patient Services LLC (Distributor)	PKU Easy Microtabs Plus, 6 x 100 g bottles, unflavored, 600 g	50059034007	3.39
Kate Farms, Inc.	Kate Farms Standard 1.4, strawberry, 325 ml	11112003080	1.40

The following product has an update in NDC and Universal Product Code (UPC):

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)	Caloric Density
Ajinomoto Cambrooke, Inc.	KetoVie 3:1, unflavored, 30 x 250 ml	24359050404	324359504041	324359504041	1.05

The following products will be deleted from the List on January 1, 2025:

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
Ajinomoto Cambrooke, Inc.	KetoVie 3:1 unflavored, 30 x 250 ml	24359050403
Nutricia North America	GlutarAde GA-1 Amino Acid Blend, powder, unflavored, 454 g	00847075000

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
Nutricia North America	PhenylAde Amino Acid Blend, powder, unflavored, 454 g	00847095000
Nutricia North America	PhenylAde GMP Mix, powder, original unflavored, 16 x 33.3 g packets	49735014116
Nutricia North America	PhenylAde GMP Mix, powder, vanilla, 16 x 33.3 g packets	49735018304
Nutricia North America	PhenylAde MTE Amino Acid Blend, powder, unflavored, 30 x 12.8 g sachets	00847095964
Nutricia North America	TYR Lophex GMP Mix-In, unflavored, 20 x 12.5 g powder	49735015757

The amount reimbursed to pharmacy providers is the estimated acquisition cost (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 10 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 Maximum Acquisition Cost (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 PA requests from their pharmacy provider, if applicable, for a comparable item that is listed. Continuing care does not apply.

Medi-Cal 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

PO 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 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.

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.