



Medi-Cal Rx

# Medi-Cal Rx Monthly Bulletin

September 1, 2024

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.

1. [Changes to the Medi-Cal Rx Contract Drugs List](#)
2. [Changes to the Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations](#)
3. [Updates to the Medi-Cal Rx Provider Manual](#)
4. [CalAIM Justice-Involved Reentry Initiative Implementation for Inyo, Santa Clara, and Yuba Counties](#)
5. [Vaccines For Children Program: Medi-Cal Reference Guide](#)
6. [Reminder: Quantity Limit Restrictions for Anti-Obesity Preparations](#)

# 1. Changes to the Medi-Cal Rx Contract Drugs List

The following changes have been made to the [Medi-Cal Rx Contract Drugs List](#) posted to the Medi-Cal Rx Web Portal, effective September 1, 2024.

Drug Name	Description	Effective Date
Ciclopirox	Additional formulation (solution) added to the <i>Medi-Cal Rx Contract Drugs List</i> (CDL).	September 1, 2024
Famciclovir	Added to CDL.	September 1, 2024
Isotretinoin	Added to CDL.	September 1, 2024
Levothyroxine Sodium	Additional strengths (37.5 mcg, 44 mcg, 62.5 mcg capsules) added to CDL.	September 1, 2024
Methylphenidate HCL	Additional formulation (solution) added to CDL with diagnosis and Controlled Substance Policy restriction.	September 1, 2024
Naloxone HCL	Labeler restriction removed from intranasal spray 4 mg/0.1 ml.	September 1, 2024
Praziquantel	Added to CDL.	September 1, 2024
Sodium Fluoride	Additional formulation (paste) added to CDL.	September 1, 2024
Somatropin (Nutropin AQ NuSpin)	<b>Effective October 1, 2024:</b> End-dated.	September 1, 2024

# 2. Changes to the Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations

The following changes have been made to the [Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations](#) posted to the Medi-Cal Rx Web Portal, effective September 1, 2024.

Drug Name	Description	Effective Date
Carboxymethylcellulose sodium	Added to CDL.	September 1, 2024
Docosanol	Added to CDL.	September 1, 2024
Glycerin	Added to CDL.	September 1, 2024

Drug Name	Description	Effective Date
Naloxone HCL	Labeler restriction removed.	September 1, 2024
Sodium Phosphate, Mono Dibasic	Added to CDL.	September 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 22.0.

#### Updates

Section	Update Description	Effective Date
<i>Section 2.1.4.1 – Medi-Cal Provider Fraud, Waste, and Abuse</i>	<ul style="list-style-type: none"> <li>Updated hotline phone number and hours of operation in the “Prime Therapeutics Special Investigations Unit (SIU)” row.</li> </ul>	September 1, 2024
<i>Section 15.1.2 – Medical Supplies Dispensing Quantity Limitations</i>	<ul style="list-style-type: none"> <li>Updated the limitations description for “Syringes, Insulin U-500” row.</li> </ul>	September 1, 2024
<i>Appendix B – Directory</i>	<ul style="list-style-type: none"> <li>Updated contact number and hours of operation in the “Prime Therapeutics Special Investigations Unit (SIU) Pharmacy FWA Hotline” row.</li> <li>Updated contact number and hours of operation in the “Compliance” row.</li> </ul>	September 1, 2024

### 4. CalAIM Justice-Involved Reentry Initiative Implementation for Inyo, Santa Clara, and Yuba Counties

#### Background

On July 24, 2024, the alert titled [CalAIM Justice-Involved Reentry Initiative and Medi-Cal Rx](#) introduced the California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved (JI) Reentry Initiative to support the delivery of Medi-Cal Rx benefits and services to eligible Californians who are incarcerated in county jails, youth correctional facilities, and state prisons.

The purpose of this alert is to inform stakeholders that on October 1, 2024, the CalAIM JI Reentry Initiative will be implemented in Inyo, Santa Clara, and Yuba counties.

## What Stakeholders Need to Know

Effective October 1, 2024, providers supporting the CalAIM JI Reentry Initiative in Inyo, Santa Clara, and Yuba counties can submit pharmacy claims and prior authorization (PA) requests for JI-eligible members to Medi-Cal Rx for outpatient medications, specific medical supplies, and/or enteral nutrition products that are covered under the Medi-Cal Rx pharmacy benefit.

For a list of covered products, refer to the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#).

Medi-Cal Rx will provide a dedicated Medi-Cal Rx Office Hour for JI stakeholders. Details about additional training opportunities and the Medi-Cal Rx Office Hour will be provided within the next few weeks.

## What Stakeholders Need to Do

Stakeholders are encouraged to review the following resources to learn more about Medi-Cal Rx and the CalAIM JI Reentry Initiative.

## Medi-Cal Rx Resources

- Visit the [Medi-Cal Rx Web Portal](#) to review a wide variety of resources and information and navigate to the [Medi-Cal Rx Provider Portal](#).
- Visit the [Education & Outreach](#) page on the [Medi-Cal Rx Web Portal](#) for resources and training materials.
- Refer to the [Forms & Information](#) page on the [Medi-Cal Rx Provider Portal](#) for reference materials and training.
- Refer to the [Medi-Cal Rx Provider Welcome Packet](#) for information about how to successfully do business with Medi-Cal Rx.
- Refer to the [Medi-Cal Rx Provider Manual](#) for Medi-Cal Rx coverage and billing policies.
  - Refer to the *PA Request Overview* section of the [Medi-Cal Rx Provider Manual](#) for guidelines on submitting a PA.
  - **Note:** Effective October 1, 2024, *Appendix C* will be updated to include CalAIM JI aid codes.
- For assistance with submitting PA requests through Medi-Cal Rx, review the [Five Ways to Submit a Prior Authorization Request](#) flyer.
- Refer to the YouTube video titled [Submitting a Prior Authorization \(PA\) Request via the Medi-Cal Rx Secured Provider Portal](#).
- For assistance submitting web claims through Medi-Cal Rx, review the [Medi-Cal Rx Web Claims Submission User Guide](#).
- Refer to the [Claim Submission Reminders](#) for guidelines on accurately submitting pharmacy claims.
- Refer to the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#).
- Refer to the YouTube video titled [Medi-Cal Rx CDL and Approved NDC List Navigation](#).

## CalAIM JI Reentry Initiative Resources

- Refer to the alert titled [CalAIM Justice-Involved Reentry Initiative and Medi-Cal Rx](#).
- Refer to the [Justice-Involved Initiative](#) page for more information, news, and resources about the CalAIM JI Reentry Initiative.
- Refer to the [Policy and Operations Guide for Planning and Implementing the CalAIM Justice-Involved Initiative](#) for the most current policy information.
- For information about JI medical claims, refer to the [Justice-Involved Initiative: An Overview](#) page on the DHCS website.

Sign up for the [Medi-Cal Rx Subscription Service \(MCRxSS\)](#) to receive notification of future Medi-Cal Rx alerts to your email.

## 5. Vaccines For Children Program: Medi-Cal Reference Guide

### Background

Medi-Cal will reimburse Vaccines For Children (VFC)-enrolled providers for VFC-funded vaccines when administered to eligible Medi-Cal members 18 years of age and younger for the following three different services:

- Vaccine Administration Fee
- Professional Dispensing Fee
- Pharmacist Services (consultation and assessment [vaccine initiation] fee)

If the pharmacist initiates the vaccine following an evaluation of the member (consultation and assessment of need for vaccination), then the pharmacy, on behalf of the pharmacist, can bill for evaluation of the patient and medical decision making to the member's medical benefit to either the fee-for-service or managed care plan (MCP).

If the pharmacist administers the vaccine based on a physician's prescription, the pharmacy is entitled only to the vaccine administration fee and the professional dispensing fee.

### Important Notes

- The provider must be enrolled as follows to be eligible for reimbursement for VFC-funded vaccine claims for members 18 years of age and younger:
  - VFC-enrolled provider (pharmacy)
  - Medi-Cal enrolled provider (pharmacy)
  - Ordering, Referring, and Prescribing (ORP) enrolled provider (pharmacist)
  - **Note:** Individual pharmacists must enroll in Medi-Cal as an ORP provider for claim reimbursement. Pharmacists without a National Provider Identifier (NPI) and who are not enrolled as an ORP provider may administer vaccines as long as the prescriber whose NPI is submitted on the claim to Medi-Cal Rx is enrolled as an ORP provider.

- The patient must be a fee-for-service or MCP Medi-Cal member.
  - Over 90 percent of Medi-Cal members are in the MCP delivery system, while less than 10 percent are in fee-for-service.
  - If the patient is an MCP member, check if the pharmacy is contracted with the member’s MCP.
    - If the pharmacy is **not** contracted with the MCP, the claim(s) will be denied.
    - If the member is covered by an MCP that contracts with the pharmacy provider, or if they are a fee-for-service member, that pharmacy provider will be reimbursed.
- Reimbursement
  - The cost of the vaccine will not be reimbursed since vaccines are supplied free under the VFC program.
  - Reimbursement rates for pharmacy providers are 85 percent of that of medical providers pursuant to *Welfare and Institutions Code* (W&I Code), Section 14132.968.
  - Refer to the following tables for billing details, including reimbursement amounts, claim types (pharmacy or medical), CPT codes, and billing methodologies.
  - **Note:** Department of Health Care Services (DHCS) (California Medicaid Management Information System [CA-MMIS]) fee-for-service medical claim answers can be found in the DHCS Provider Manual and pharmacies can contact the CA-MMIS Fiscal Intermediary’s Telephone Service Center (TSC) at 1-800-541-5555.

## Billing Details Before and After Policy Implementation

Vaccine Administration				
	Before Policy Implementation		Option #1: Pharmacy Claims After Policy Implementation (Retroactive to 01/01/2023)	
Member Type	Managed Care	Fee-for-Service	Managed Care	Fee-for-Service
Reimbursement Amount	N/A	N/A	\$7.65	\$7.65
Type of Claim	N/A	N/A	Pharmacy Claim	Pharmacy Claim
CPT Code/Billing Methodology	N/A	N/A	NCPDP standards	NCPDP standards
Where to Submit Claims	N/A	N/A	Medi-Cal Rx	Medi-Cal Rx

Vaccine Administration				
	Before Policy Implementation		Option #2: Medical Claims After Policy Implementation (Retroactive to 01/01/2023)	
Member Type	Managed Care	Fee-for-Service	Managed Care	Fee-for-Service
Reimbursement Amount	N/A	N/A	Determined by MCP	\$7.65
Type of Claim	N/A	N/A	Medical Claim	Medical Claim
CPT Code/Billing Methodology	N/A	N/A	Follow MCP Instructions	Vaccine CPT code with an SL modifier (state-supplied vaccine)

**Resource:** Refer to the [Vaccines For Children \(VFC\) Program](#) section in the [DHCS Provider Manual](#) for more billing details on fee-for-service claims, including vaccine CPT codes.

Professional Dispensing Fee				
	Before Policy Implementation		After Policy Implementation (Retroactive to 01/01/2023)	
Member Type	Managed Care	Fee-for-Service	Managed Care	Fee-for-Service
Reimbursement Amount	N/A	N/A	<ul style="list-style-type: none"> <li>\$13.20 (less than 90,000 claims/year)</li> <li>\$10.05 (90,000 or more claims/year)</li> </ul>	<ul style="list-style-type: none"> <li>\$13.20 (less than 90,000 claims/year)</li> <li>\$10.05 (90,000 or more claims/year)</li> </ul>
Type of Claim	N/A	N/A	Pharmacy Claim	Pharmacy Claim
CPT Code/Billing Methodology	N/A	N/A	NCPDP standards	NCPDP standards
Where to Submit Claims	N/A	N/A	Medi-Cal Rx	Medi-Cal Rx

## Pharmacist Services (Consultation and Assessment Fees)

	Before & After Policy Implementation (No Change)	
Member Type	Managed Care	Fee-for-Service
Reimbursement Amount	Determined by MCP	<ul style="list-style-type: none"> <li>• \$15.39 (99212)</li> <li>• \$29.16 (99202)</li> </ul>
Type of Claim	Pharmacist Services Medical Claim	Medical Claim (Must be submitted on a CMS-1500 form)
CPT Code/Billing Methodology	Determined by MCP	<ul style="list-style-type: none"> <li>• 99212 (Existing patient)</li> <li>• 99202 (New patient)</li> </ul>
Where to Submit Claims	MCP	DHCS (CA-MMIS)

### Resources:

- DHCS (CA-MMIS) fee-for-service medical claim questions can be found in the [DHCS Provider Manual](#).
- Refer to the [CMS-1500 Submission and Timeliness Instructions](#) section in the DHCS Provider Manual for more information regarding submitting a CMS-1500 form.
- Refer to the [Pharmacist Services](#) section in the DHCS Provider Manual for details on billing Pharmacist Services.
- Refer to the [Vaccines For Children \(VFC\) Program](#) section in the DHCS Provider Manual for more billing details, including vaccine CPT codes.
- For medical claim information, pharmacies can contact the CA-MMIS Fiscal Intermediary's TSC at 1-800-541-5555.
- Questions about MCP medical claims should be referred to the specific MCP.

### Notes:

- Pursuant to W&I Code, Section 14105.45, the two-tiered professional dispensing fee is based on a pharmacy provider's total (Medi-Cal Rx and non-Medi-Cal Rx) annual pharmacy claim volume (\$13.20 if fewer than 90,000 claims per year; \$10.05 if 90,000 or more).
- Patient's status of *new* or *existing* is based on whether the patient has already been to a specific pharmacy location, not a pharmacy chain. For example, if a Medi-Cal adolescent receives the Tdap vaccine at a CVS Pharmacy on F Street and then receives an influenza vaccine at a CVS Pharmacy on Y Street a month later and the patient had never been to either location before, both pharmacies would be able to bill 99202 for this patient.



Total Reimbursement				
Member Type	Before Policy Implementation		After Policy Implementation (Retroactive to 01/01/2023)	
	Managed Care	Fee-for-Service	Managed Care	Fee-for-Service
Vaccine Administration Pharmacy Claim	N/A	N/A	<ul style="list-style-type: none"> <li>\$7.65 if submitted as a pharmacy claim;</li> <li><b>OR</b></li> <li>Determined by MCP if submitted as a medical claim.</li> </ul>	\$7.65
Professional Dispensing Pharmacy Claim	N/A	N/A	<ul style="list-style-type: none"> <li>\$13.20 (less than 90,000 claims/ year)</li> <li>\$10.05 (90,000 or more claims/year)</li> </ul>	<ul style="list-style-type: none"> <li>\$13.20 (less than 90,000 claims/year)</li> <li>\$10.05 (90,000 or more claims/year)</li> </ul>
Pharmacist Services Medical Claim	Determined by MCP	<ul style="list-style-type: none"> <li>\$15.39 (99212)</li> <li>\$29.16 (99202)</li> </ul>	Determined by MCP	<ul style="list-style-type: none"> <li>\$15.39 (99212)</li> <li>\$29.16 (99202)</li> </ul>
Total	Determined by MCP	<ul style="list-style-type: none"> <li>\$15.39; <b>OR</b></li> <li>\$29.16</li> </ul>	Determined by MCP, but at least \$17.70 to \$20.85	\$33.09 to \$50.01

**Resources:**

- DHCS (CA-MMIS) medical claim fee-for-service questions can be found in the [DHCS Provider Manual](#).
- Refer to the [Pharmacist Services](#) section in the DHCS Provider Manual for details on billing Pharmacist Services.
- Refer to the [Vaccines For Children \(VFC\) Program](#) section in the DHCS Provider Manual for more billing details, including vaccine CPT codes.
- For medical claim information, pharmacies can contact the CA-MMIS Fiscal Intermediary's TSC at 1-800-541-5555.

**Notes:**

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## 6. Reminder: Quantity Limit Restrictions for Anti-Obesity Preparations

### Background

The purpose of this alert is to remind pharmacy providers and prescribers of the Quantity Limit (QL) restrictions for Wegovy® (semaglutide) and Saxenda® (liraglutide).

### What Pharmacy Providers and Prescribers Need to Know

Wegovy (semaglutide) and Saxenda (liraglutide) are restricted to a maximum quantity of one carton per dispensing and one dispensing every 28 days.

**Note:** One carton of Wegovy (semaglutide) contains four single-dose pen injectors and Saxenda (liraglutide) contains five prefilled pens. Claims submitted to Medi-Cal Rx that meet the QL restrictions for Wegovy (semaglutide) and Saxenda (liraglutide) should be submitted as follows:

Drug	Quantity/Days' Supply
<b>Wegovy (Semaglutide)</b>	
0.25 mg/0.5 ml	2 ml/28 days
0.5 mg/0.5 ml	2 ml/28 days
1 mg/0.5 ml	2 ml/28 days
1.7 mg/0.75 ml	3 ml/28 days
2.4 mg/0.75 ml	3 ml/28 days
<b>Saxenda (Liraglutide)</b>	
18 mg/3 ml	15 ml/28 days

**Note:** Claims submitted in which either the quantity or days' supply exceeds the values mentioned above will deny with **Reject Code 76 – Plan Limitations Exceeded**.

### What Pharmacy Providers and Prescribers Need to Do

1. For product-specific QLs and utilization management (UM) information, refer to the UM Type and Code I columns in the [Medi-Cal Rx Contract Drugs List](#).
2. If resubmission of the claim to meet Code I restrictions is not appropriate, a prior authorization (PA) request is required for coverage consideration.

### 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](mailto:MediCalRxEducationOutreach@primetherapeutics.com).