



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

Drug Name	Description	Effective Date
Adalimumab-fkjp	Added to the <i>Medi-Cal Rx Contract Drugs List</i> (CDL) with diagnosis, quantity, and labeler restrictions.	October 1, 2024
Atovaquone-Proguanil HCL	Added to CDL.	October 1, 2024
Crotamiton	Labeler restriction removed.	October 1, 2024
Glucagon (R-DNA Origin)	Labeler restriction removed.	October 1, 2024
Imetelstat	Added to CDL with labeler restriction.	October 1, 2024
Lazertinib	Added to CDL with labeler restriction.	October 1, 2024
Mefloquine HCL	Added to CDL.	October 1, 2024
Segesterone Acetate and Ethinyl Estradiol	Additional labeler code (68308) restriction added.	October 1, 2024
Selpercatinib	Additional formulation (tablets) added to CDL with prior authorization (PA) required.	October 1, 2024
Tislelizumab-jsgr	Added to CDL with labeler restriction.	October 1, 2024
Tirzepatide (Zepbound)	Added to CDL with diagnosis, quantity, and labeler restrictions.	October 1, 2024
Vaccines	Added new vaccines, updated/removed age restrictions.	October 1, 2024
Vorasidenib	Added to CDL with PA required.	October 1, 2024
Valbenazine Tosylate	Added to CDL with age, diagnosis, and labeler restrictions.	October 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 October 1, 2024.

Drug Name	Description	Effective Date
Cetirizine HCL	Age restriction removed.	October 1, 2024
Fexofenadine	Age restriction removed.	October 1, 2024
Levocetirizine Dihydrochloride	Age restriction removed.	October 1, 2024
Loratadine	Age restriction removed.	October 1, 2024

3. 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
83205	ADAPT IMMUNE, LLC.	October 1, 2024
83745	APOZEAL PHARMACEUTICALS INC.	October 1, 2024
61476	GC BIOPHARMA USA, INC.	October 1, 2024
82959	GERON CORPORATION	October 1, 2024
11797	ITALFARMACO SPA	October 1, 2024
83720	ONCOR PHARMACEUTICALS, LLC.	October 1, 2024
83222	ORCHARD THERAPEUTICS (EUROPE) LIMITED	October 1, 2024
81279	PANGEA PHARMACEUTICALS, LLC.	October 1, 2024
72960	REVANCE THERAPEUTICS, INC.	October 1, 2024
83034	VERONA PHARMA, INC.	October 1, 2024
83296	X4 PHARMACEUTICALS, INC.	October 1, 2024

Labeler Code Terminations:

NDC Labeler Code	Contracting Company's Name	Effective Date
52937	AMARIN PHARMACEUTICALS IRELAND LTD	October 1, 2024
73063	AMYLYX PHARMACEUTICALS, INC.	October 1, 2024
73358	CURAE PHARMA360 INC.	October 1, 2024
49730	HERCON PHARMACEUTICALS, LLC.	October 1, 2024
71858	IBSA PHARMA, INC.	October 1, 2024
82347	YARAL PHARMA INC	October 1, 2024

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

Drug Name	Description	Effective Date
Aripiprazole Extended-Release Long-Acting Injectable Suspension	Prior authorization (PA) requirement removed.	October 1, 2024
Aripiprazole Lauroxil Extended-Release Long-Acting Injectable Suspension	PA requirement removed.	October 1, 2024
Fluphenazine Decanoate	Added to the Pharmacy Reimbursement Physician Administered Drugs.	October 1, 2024
Haloperidol Decanoate	Added to the Pharmacy Reimbursement Physician Administered Drugs.	October 1, 2024
Olanzapine	PA requirement removed.	October 1, 2024
Olanzapine Pamoate	PA requirement removed.	October 1, 2024
Paliperidone Palmitate	PA requirement removed.	October 1, 2024
Risperidone Extended-Release Injection	PA requirement removed.	October 1, 2024
Risperidone Extended-Release Injectable Suspension	PA requirement removed.	October 1, 2024
Risperidone Long-Acting Injection	PA requirement removed.	October 1, 2024

5. Changes to the Medi-Cal Rx Family Planning, Access, Care, and Treatment Pharmacy Formulary

The below changes have been made to the [Medi-Cal Rx Family Planning, Access, Care, and Treatment Pharmacy Formulary](#) posted to the Medi-Cal Rx Web Portal, effective October 1, 2024.

Drug Name	Description	Effective Date
Segesterone Acetate and Ethinyl Estradiol	Additional labeler code (68308) restriction added.	October 1, 2024

6. Updates to the Medi-Cal Rx Provider Manual

The updates/additions below have been made to the [Medi-Cal Rx Provider Manual](#) version 23.0.

Updates

Section	Update Description	Effective Date
<i>Section 10.0 – Coordination of Benefits (COB)</i>	<ul style="list-style-type: none"> Added language regarding Medi-Cal Rx as the payer of last resort, with situational exceptions. 	October 1, 2024
<i>Section 10.1 – COB General Instructions</i>	<ul style="list-style-type: none"> Added language, refer to the bulleted “Notes:” list. 	October 1, 2024
<i>Section 10.2 – Pharmacy Self-Certification for OHC</i>	<ul style="list-style-type: none"> Section formerly numbered 10.1, now 10.2. 	October 1, 2024
<i>Section 10.3 – Identifying OHC</i>	<ul style="list-style-type: none"> Section formerly numbered 10.1.1, now 10.3. 	October 1, 2024
<i>Section 10.3.1 – Identifying Member’s OHC via POS Claims</i>	<ul style="list-style-type: none"> Section formerly numbered 10.1.1.1, now 10.3.1. Moved language regarding if a member has other coverage on a date of service (DOS) and it is not reported on the pharmacy’s claim submission. 	October 1, 2024
<i>Section 10.3.2 – Identifying Member’s OHC via Member Eligibility Lookup Tool</i>	<ul style="list-style-type: none"> Section formerly numbered 10.1.1.2, now 10.3.2. 	October 1, 2024
<i>Section 10.4 – Medicare (NEW!)</i>	<ul style="list-style-type: none"> Added language regarding how some Medi-Cal members are eligible for services under Medicare. 	October 1, 2024

Section	Update Description	Effective Date
<i>Section 10.4.1 – Medicare Part B COB Claims</i>	<ul style="list-style-type: none"> • Section formerly numbered 10.1.2, now 10.4.1. • Added language regarding claim submission for members with Medicare Part B coverage. • Added language regarding Medi-Cal Rx reimbursement. • Added language regarding prior authorization (PA) requests. 	October 1, 2024
<i>Section 10.4.2 – Charpentier Claims</i>	<ul style="list-style-type: none"> • Section formerly numbered 10.1.3, now 10.4.2. 	October 1, 2024
<i>Section 10.4.3 – Medicare Part D COB</i>	<ul style="list-style-type: none"> • Section formerly numbered 10.1.4, now 10.4.3. • Added language regarding claim submission for members with Medicare Part D coverage. • Added language regarding PA requests. 	October 1, 2024
<i>Section 10.5 – Allowed OCC for Standard OHC and Medicare Part B and Part D (NEW!)</i>	<ul style="list-style-type: none"> • Section formerly numbered 10.1.5, now 10.5. • Expanded table to include columns “Allowed for Medicare Part B Processing” and “Allowed for Medicare Part D for Processing”. • Updated language in table. 	October 1, 2024
<i>Section 10.5.1 – OCC Equals 3 Reject Codes</i>	<ul style="list-style-type: none"> • Section formerly numbered 10.1.6, now 10.5.1. • Added Reject Code 70 to the table of reject codes and reject code descriptions. • Refined language under <i>OCC Equals 3 Reject Code Descriptions</i> table. 	October 1, 2024
<i>Section 15.6 – Cost Ceiling</i>	<ul style="list-style-type: none"> • Updated language. • Added table with cost ceiling limits. 	October 1, 2024
<i>Section 17.3 – OTC COVID-19 Antigen Test Kits</i>	<ul style="list-style-type: none"> • Added background and language regarding policy. 	October 1, 2024
<i>Section 17.3.1 – OTC COVID-19 Antigen Test Kits Reimbursement</i>	<ul style="list-style-type: none"> • Updated reimbursement and billing language. 	October 1, 2024

Section	Update Description	Effective Date
<i>Appendix C – Aid Codes</i>	<ul style="list-style-type: none"> Added the following new aid codes and descriptions: I2, I3, I4, I5, and I6. 	October 1, 2024

7. State of Emergency Override Activation: Submission Clarification Code 13

Background

The purpose of this alert is to notify pharmacy providers and prescribers that, pursuant to the Governor’s recent [Proclamation of a State of Emergency](#) due to damage from the Line Fire, Medi-Cal Rx is permitting emergency overrides on pharmacy claims for members residing in San Bernardino County. These overrides will be accepted for 31 days, effective for dates of service (DOS) September 5, 2024, through October 6, 2024; however, the Department of Health Care Services (DHCS) may extend this duration if needed.

What Pharmacy Providers and Prescribers Need to Know

This emergency override will allow applicable claim submissions to bypass certain edits by utilizing the Submission Clarification Code (SCC) of 13. An SCC of 13 will indicate a Payer-Recognized Emergency/Disaster Assistance Request.

What Pharmacy Providers and Prescribers Need to Do

Pharmacy providers serving members residing within San Bernardino County based on ZIP code, and who are requesting an emergency override due to the State of Emergency, should enter SCC 13 when submitting claims under the following circumstances:

- Reject Code 76 – Plan Limitations Exceeded
- Reject Code 80 – Diagnosis Restriction
- Reject Code 83 – Duplicate Paid/Captured Claim
- Reject Code 88 – DUR Reject Error (such as, early refill, ingredient duplication, therapeutic duplication, etc.)
- Reject Code 606 – Brand Drug/Specific Labeler Code Required
- Reject Code 60 – Product/Service Not Covered for Patient Age
- Reject Code 61 – Product/Service Not Covered for Patient Gender
- Reject Code 75 – Prior Authorization Required

- » **SCC 13:** By submitting SCC 13 on the claim, the pharmacy provider is attesting that the prescription and refill supply is dispensed in response to the natural disaster situation related to the recent *Proclamation of a State of Emergency* due to the Line Fire.
- » **Reject Code 88:** Pharmacy providers maintain their ability to override an early refill at point of sale (POS) if medically necessary.

Resources

- California Proclamation of State of Emergency
 - [Line Fire](#)
- [NCPDP Payer Specification Sheet](#)
- [Medi-Cal Rx Billing Tips](#)
- [NCPDP Emergency Preparedness Guidance](#)
- Reject Code 88 Information:
 - [Now Active – Reinstatement of Reject Code 88](#)
 - [NCPDP Reject Code 88 DUR Reference Guide](#)
 - [Appendix A: Reject Code 88 DUR: Service Codes Scenarios](#)

8. Vaccines for Children Program Policy and Billing Guidance for Pharmacy Providers

Background

The purpose of this alert is to provide pharmacy providers with guidance regarding the billing of immunization services under the Vaccines For Children (VFC) program.

Vaccines are available to Medi-Cal members 18 years of age and younger free of charge through the VFC program. Pharmacies who are Medi-Cal providers and wish to administer VFC-funded vaccines to VFC-eligible Medi-Cal members must enroll in the VFC program. The vaccines must be administered in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines published by the Centers for Disease Control and Prevention (CDC).

What Pharmacy Providers Need to Know

Effective August 30, 2024, Medi-Cal will reimburse for the professional services associated with the administration of the vaccine, the vaccine initiation fee (consultation and assessment) as applicable, and the professional dispensing fee. The cost of the vaccine will not be reimbursed since the vaccines are free.

The ordering pharmacist must be enrolled in Medi-Cal as an Ordering, Referring, and Prescribing (ORP) provider for claim reimbursement. Refer to the following resources for additional information about ORP enrollment:

- [Ordering/Referring/Prescribing Only Enrollment Information](#) page
- [Ordering, Referring, Prescribing \(ORP\) Enrollment](#)

Any concerns regarding delay in reimbursement should not cause providers to decline administering vaccines to members. Providers with questions should contact Medi-Cal Rx at 1-800-977-2273. Agents are available 24 hours a day, 7 days a week, 365 days per year. For more information on services covered by Medi-Cal Rx, providers should refer to the [Medi-Cal Rx Web Portal](#).

Claims and Reimbursement

Since VFC vaccines are provided free of charge, pharmacy providers must not bill Medi-Cal for the cost of the vaccines. Claims for reimbursement of the professional services immunization administration fee can be submitted either through Medi-Cal Rx for both fee-for-service and managed care plan (MCP) members on a pharmacy claim based on NCPDP standards, or as a medical claim to the MCP for MCP members and to DHCS/California Medicaid Management Information System (CA-MMIS) for fee-for-service members using vaccine CPT codes as outlined below. Refer to the [Pharmacist Services](#) section in the [DHCS Provider Manual](#) for more information about billing Pharmacist Services under fee-for-service.

Claims for reimbursement of the vaccine initiation fee (consultation and assessment) must be submitted as a medical claim under Pharmacist Services. Pharmacist Services claims for fee-for-service members must be submitted to DHCS (CA-MMIS) as outlined in the following *Medical Claims Submission to DHCS (CA-MMIS) for Immunization and Vaccine Initiation (Consultation/Assessment) for Fee-for-Service Members* section. Claims for MCP members must be billed to the individual MCP as instructed by the MCP.

VFC-Funded COVID-19 Vaccines

For COVID-19 vaccines, VFC-enrolled pharmacy providers will not be reimbursed for the cost of the vaccine obtained through the VFC program for members 18 years of age and younger. An administration fee will be reimbursed at \$40.

Retroactive Processing of Eligible Claims

The effective date of this policy is for dates of service (DOS) on or after January 1, 2023.

DHCS will reprocess all eligible claims from DOS on or after January 1, 2023. All vaccine costs that were erroneously reimbursed for free vaccines will be recouped through a DHCS-initiated mass adjustment process.

Important Billing Instructions

Pharmacy providers must adhere to the following billing instructions for appropriate reimbursement:

- DHCS will reimburse Medi-Cal and VFC-enrolled pharmacy providers for the following three different services when VFC-funded vaccines are administered in accordance with ACIP recommendations:
 - Professional services associated with the administration of the vaccines.
 - This will be paid for both MCP and fee-for-service members under Medi-Cal Rx using NCPDP standards as outlined in the next section.
 - Alternatively, this may be submitted as a medical benefit as outlined in the next section.
 - Vaccine initiation fee (consultation and assessment of need for vaccination).
 - This will be paid as a medical claim as outlined in the next section.

- The professional dispensing fee (excluding COVID-19 vaccines).
- The cost of the vaccine will not be reimbursed since the vaccines are free. Refer to the next section for instructions.

NCPDP Billing Standard for Claims Submission to Medi-Cal Rx

- For reimbursement of the professional services immunization administration fee under Medi-Cal Rx, using the NCPDP standard for both fee-for-service and MCP members:
 - Providers must identify on the claim that the pharmacy is administering the vaccine.
 - Providers must populate the incentive fee: Incentive Amount Submitted (438-E3) filed with a dollar amount and populating the following fields as outlined below:
 - Reason for Service Code (NCPDP field 439-E4): PH = Preventive Health Care
 - Professional Service Code (NCPDP field 440-E5): MA = Medication Administration
 - Result of Service Code (NCPDP field 441-E6): 3N = Medication Administration
 - DHCS will reimburse the lesser of the billed amount or **\$7.65** for the professional services associated with the vaccine administration.

Medical Claims Submission to DHCS (CA-MMIS) for Immunization and Vaccine Initiation (Consultation/Assessment) for Fee-for-Service Members

- For reimbursement of the VFC professional services immunization administration fee, pharmacy providers should list each administered vaccine CPT code with a modifier code of state-supplied vaccine (SL). Billing details including vaccine CPT codes can be found in the [Vaccines For Children \(VFC\) Program](#) section of the [DHCS Provider Manual](#).
 - Providers must not bill the immunization administration fee through both Medi-Cal Rx and CA-MMIS.
- Claims for the consultation and assessment must be billed to DHCS (CA-MMIS) on a medical claim under Pharmacist Services using CPT codes 99202 (new patient) or 99212 (existing patient). Reimbursement is based on the current methodology found in the [Pharmacist Services](#) section in the DHCS Provider Manual.
 - All claims submitted to DHCS (CA-MMIS) must be submitted on a *CMS-1500* medical claim form.

Medical Claims Submission for MCP Members

Pharmacy providers must submit medical claims for MCP members under Pharmacists Services to applicable MCPs.

Resources

- [Medi-Cal Reimbursement of Vaccines For Children \(VFC\)-Enrolled Pharmacy Providers and for VFC and Non-VFC Vaccines – Frequently Asked Questions \(FAQs\)](#)
- [Pharmacist Services](#) section in the [DHCS Provider Manual](#)
- [About the Vaccines for Children \(VFC\) Program](#)

- [Immunization Schedules for Healthcare Providers](#)
- [Vaccines Licensed for Use in the United States](#)
- [Ordering/Referring/Prescribing Only Enrollment Information](#)
- [Ordering, Referring, Prescribing \(ORP\) Enrollment](#)
- [Provider Application and Validation for Enrollment](#)

9. Mass Adjustment for Impacted Blood Factor Claims with a Date of Service October 1, 2021, through December 31, 2021

Background

The purpose of this alert is to inform pharmacy providers that Medi-Cal Rx initiated a mass adjustment related to the blood factor hemophilia product Eloctate® for claims with a date of service (DOS) on or after October 1, 2021, through December 31, 2021.

What Pharmacy Providers Need to Know

Medi-Cal Rx identified a claims processing issue affecting a select number of claims with a DOS on or after October 1, 2021, through December 31, 2021, for the blood factor hemophilia product Eloctate with NDCs 71104080101, 71104080201, 71104080401, 71104080501, 71104080601, 71104080701, 71104080801, and 71104080901. Medi-Cal Rx updated the average sales price (ASP) for these NDCs on October 25, 2022, to correctly calculate reimbursement for blood factor claims per the Department of Health Care Services' (DHCS) policy.

Medi-Cal Rx has identified the impacted net paid claims and will be adjusting these claims on behalf of pharmacy providers which may result in an amount owed to you, an amount you owe DHCS, or no net change to the amount you were already reimbursed. Medi-Cal Rx will complete the claim adjustments in stages over the next several months.

Adjustments have been made for some of the impacted claims with a DOS on or after October 1, 2021, through December 31, 2021, and appeared on the August 30, 2024, remittance advice (RA). Adjustments for the remaining claims with a DOS October 1, 2021, through December 31, 2021, will be processed by Medi-Cal Rx at a later date and a separate alert will be provided when that adjustment commences.

What Pharmacy Providers Need to Do

No action is required by pharmacy providers at this time.

Adjustments for the impacted claims with a DOS on or after October 1, 2021, through December 31, 2021, appeared on the August 30, 2024 RA. On the RA, impacted pharmacy providers will see a reversal of the original claim and a new claim processed (same member, Rx number, DOS, NDC, etc.) to reflect the adjustment.

For more information about this and other mass adjustment activities, refer to the [Mass Adjustments](#) page located on the [Medi-Cal Rx Provider Portal](#). For additional assistance, pharmacy providers may send a secured email to MediCalRxEducationOutreach@primetherapeutics.com and include, if appropriate, any claim-specific information with the correspondence.

10. COVID-19 Antigen Over-the-Counter Test Coverage Updates, Effective October 1, 2024

Effective October 1, 2024, quantity restrictions for over-the-counter (OTC) self-administered COVID-19 antigen tests, which test for diagnosis of a current infection with SARS-CoV-2 (the virus that causes COVID-19), have been updated to **allow for 4 tests per 30-day period** per member. Covered Medi-Cal Rx tests are restricted to the [List of Contracted COVID-19 Antigen Over-the-Counter Tests](#), which has been updated to include added tests and can be found on the [Forms & Information](#) page of the [Medi-Cal Rx Provider Portal](#). Note that certain tests have been removed from the *List*. These tests may be covered through December 31, 2024, with an approved prior authorization (PA) request demonstrating medical necessity. On and after January 1, 2025, these deleted tests will no longer be billable through Medi-Cal Rx, even with an approved PA request. Refer to the updated *List* for product changes.

Background

On February 9, 2023, the U.S. Department of Health and Human Services (HHS) issued the [Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap](#), which states that the federal COVID-19 public health emergency (PHE) ended on May 11, 2023.

OTC self-administered COVID-19 antigen tests, which test for diagnosis of a current infection of SARS-CoV-2, will continue to remain a Medi-Cal Rx covered pharmacy benefit, subject to utilization controls and board of pharmacy prescription billing requirements.

California State Plan Amendment (SPA) 22-004 required the Medi-Cal program to provide, as a pharmacy benefit, OTC Emergency Use of Authorization (EUA) U.S. Food and Drug Administration (FDA)-authorized, self-administered COVID-19 antigen tests. Test kits can be dispensed from a pharmacy, written (or electronic equivalent) on a prescription, and signed by a licensed prescriber or a pharmacist. Test kits have been limited to 8 tests per member per month (or 4 test kits that include 2 separate tests) where the limit can be exceeded with an approved PA request showing medical necessity. Coverage for this benefit, directed by SPA 22-0044, was specific for the period starting March 11, 2021, and ended on September 30, 2024.

Policy Effective After October 1, 2024

Medi-Cal Rx continues to cover specific OTC self-administered COVID-19 antigen tests for diagnosis of a current infection of SARS-CoV-2. Covered Medi-Cal Rx tests are listed in the [List of Contracted COVID-19 Antigen Over-the-Counter Tests](#).

The coverage of these tests remain as a Medi-Cal Rx pharmacy benefit after October 1, 2024, as per the following policy:

- Prescriptions for contracted tests for diagnosis of a current infection with SARS-CoV-2 (Code I restriction for diagnosis), must be written (or be an electronic equivalent) and signed by a licensed prescriber or a pharmacist and require dispensing from a Medi-Cal Rx pharmacy provider; **AND**
- Medical supplies prescription requirements apply to these outpatient pharmacy disposable medical supplies with the exception that a licensed pharmacist can also prescribe these tests (refer to the *Medical Supplies* section of the [Medi-Cal Rx Provider Manual](#) for additional information); **AND**
- Pharmacy providers are required to have one-on-one documented contact (in-person, telehealth, or phone) with the member or caregiver prior to dispensing COVID-19 antigen tests; **AND**
- The member/caregiver must request that the pharmacy provider dispense the COVID-19 OTC tests; autofill is not permitted. Items dispensed without a valid, documented request will be denied as **not reasonable or necessary** and are subject to post-adjudication audit review by the Department of Health Care Services (DHCS); **AND**
- Packages/kits cannot be broken or sold as individual tests; **AND**
- **New, effective October 1, 2024:** Quantities are restricted to up to **4 tests total** (2 kits for 2 tests/kit or 4 individually-containing single-test kits) currently on the [List of Contracted COVID-19 Antigen Over-the-Counter Tests](#), **per 30 days, per member**; **AND**
- Only 1 test-per-kit, or 2 tests-per-kit contracted billing codes (11-digit NDC-like number) are reimbursable, and kits cannot be broken and must be dispensed whole; **AND**
- No refills allowed; the member would need to obtain a new prescription for each dispensing; **AND**
- PA requests for quantities outside the allowed amounts will be denied, unless ordered or administered by a licensed prescriber, pharmacist, or pharmacy provider, following an individualized clinical assessment with appropriate medical necessity demonstrated.

Outpatient disposable medical supplies are a partial Medi-Cal carve-out and tests not listed in the [Medi-Cal Rx Provider Manual](#) may be a covered benefit through the member's medical coverage.

Managed care members should contact their individual medical plan for more information.

Polymerase Chain Reaction (PCR) tests for diagnosis of a current infection with SARS-CoV-2 **are not a Medi-Cal Rx pharmacy benefit** but are a covered Medi-Cal **medical benefit** and billable through the member's medical coverage. PCR tests, which are more likely to detect the virus than antigen tests, will usually be administered by a health care provider in a clinic setting and transported to a laboratory for testing. It may take several days to receive results. Members should contact their medical benefits plan for information about PCR testing.

Refer to the [Testing for COVID-19](#) page on the [Centers for Disease Control and Prevention \(CDC\) website](#) for current COVID-19 testing information and guidelines.

To receive a test or test kit, the member must be eligible for Medi-Cal on the date of service (DOS). For the most current information regarding Medi-Cal's COVID-19 response, refer to the [COVID-19 Medi-Cal Response](#) page on the [DHCS website](#). For questions concerning the discontinuation of specific COVID-19 benefits, email DHCS at COVID19Apps@dhcs.ca.gov.

11. Mass Adjustment for COVID-19 Vaccine Incentive Fee for Impacted Claims with a Date of Service April 1, 2022, through September 30, 2022

Background

The purpose of this alert is to inform pharmacy providers that Medi-Cal Rx initiated a mass adjustment related to COVID-19 vaccine incentive fees for impacted claims with a date of service (DOS) on or after April 1, 2022, through September 30, 2022.

What Pharmacy Providers Need to Know

Medi-Cal Rx identified a claims processing issue affecting a select number of claims with a DOS on or after April 1, 2022, through September 30, 2022, for COVID-19 vaccines with NDCs 00069202501, 00069202510, 59267007801, 59267030401, 59267030402, 59267105501, 59267105502, 59267105504, 59267140401, 59267140402, 80631010001, 80631010010, 80777027505, 80777027599, 80777027999, 80777028205, and 80777028299. For these claims, the \$40.00 incentive fee was not included in the reimbursement calculation. Medi-Cal Rx updated the claim reimbursement calculation to correctly calculate the COVID-19 Incentive Fee per the Department of Health Care Services' (DHCS) policy.

Medi-Cal Rx has identified the impacted net paid claims and adjusted these claims on behalf of pharmacy providers which may result in an amount owed to you or no net change to the amount you were already reimbursed. Claims that were submitted without the appropriate submission clarification code (SCC) result in no net change.

Adjustments have been made for some of the impacted claims with a DOS on or after April 1, 2022, through September 30, 2022, and appeared on the September 20, 2024, remittance advice (RA). Adjustments for the remaining claims with a DOS on or after April 1, 2022, through September 30, 2022, will be processed by Medi-Cal Rx at a later date and a separate alert will be published when the next adjustment commences.

What Pharmacy Providers Need to Do

No action is required by providers at this time.

Adjustments have been made for some of the impacted claims with a DOS on or after April 1, 2022, through September 30, 2022, and appeared on the September 20, 2024 RA. On the RA, impacted providers will see a reversal of the original claim and a new claim processed (same member, Rx number, DOS, NDC, etc.) to reflect the adjustment.

For more information about this and other mass adjustment activities, refer to the [Mass Adjustments](#) page located on the [Medi-Cal Rx Provider Portal](#). For additional assistance, pharmacy providers may send a secured email to MediCalRxEducationOutreach@primetherapeutics.com and include, if appropriate, any claim-specific information with the correspondence.

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

The [List of Contracted Enteral Nutrition Products](#) has been updated on the [Medi-Cal Rx Web Portal](#). 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
Nutricia North America	PhenylAde Amino Acid Blend, powder, unflavored, 454 g	00847095000

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
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.

13. 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 Prime Therapeutics State Government Solutions LLC (Prime), 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 are effective October 1, 2024, and were posted to the Mercer Medi-Cal Rx website no later than September 1, 2024.

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 [Forms & Information](#) page on 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 primary method for pharmacy provider notifications for the MAIC and Annual Attestation Survey is via email and/or fax. It is important and 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.

14. Mass Adjustment for Professional Dispensing Fee Amount Decrease for Impacted Claims with a Date of Service July 1, 2022, through October 3, 2022

Background

The purpose of this alert is to inform pharmacy providers that Medi-Cal Rx has initiated a mass adjustment related to the professional dispensing fee for claims with a date of service (DOS) on or after July 1, 2022, through October 3, 2022.

What Pharmacy Providers Need to Know

Medi-Cal Rx identified a claims processing issue affecting a select number of claims with a DOS on or after July 1, 2022, through October 3, 2022, where a pharmacy provider requested Medi-Cal Rx to update their two-tier professional dispensing fee amount from \$13.20 to \$10.05, per their revised Pharmacy Provider Self-Attestation. Medi-Cal Rx updated their

professional dispensing fee amount on October 3, 2022, per the Department of Health Care Services' (DHCS) policy.

Medi-Cal Rx has identified the impacted net paid claims and will adjust these claims on behalf of the pharmacy provider which may result in an amount owed to the pharmacy provider, an amount owed to DHCS, or no net change to the amount already reimbursed.

Adjustments have been made for some of the impacted claims with a DOS on or after July 1, 2022, through October 3, 2022, and appeared on the September 20, 2024, remittance advice (RA). Adjustments for the remaining claims with a DOS on or after July 1, 2022, through October 3, 2022, will be processed by Medi-Cal Rx at a later date and a separate alert will be published when the next adjustment commences.

What Pharmacy Providers Need to Do

No action is required by the pharmacy provider at this time.

Adjustments for some of the impacted claims with a DOS on or after July 1, 2022, through October 3, 2022, appeared on the September 20, 2024 RA. On the RA, the impacted pharmacy provider will see a reversal of the original claim and a new claim processed (same member, Rx number, DOS, NDC, etc.) to reflect the adjustment.

For more information about this and other mass adjustment activities, refer to the [Mass Adjustments](#) page located on the [Medi-Cal Rx Provider Portal](#). For additional assistance, pharmacy providers may send a secured email to MediCalRxEducationOutreach@primetherapeutics.com and include, if appropriate, any claim-specific information with the correspondence.

15. Mass Adjustment for Impacted Paxlovid Renal Dose Claims with a Date of Service April 1, 2022, through January 17, 2024

Background

The purpose of this alert is to inform pharmacy providers that Medi-Cal Rx initiated a mass adjustment related to Paxlovid™ (nirmatrelvir and ritonavir tablets) renal dose claims with a date of service (DOS) on or after April 1, 2022, through January 17, 2024.

What Pharmacy Providers Need to Know

Medi-Cal Rx identified a claims processing issue affecting a select number of claims with a DOS on or after April 1, 2022, through January 17, 2024, for Paxlovid (nirmatrelvir and ritonavir tablets) renal dose claims with NDCs 00069110104 and 00069110120. For these claims, the Medi-Cal Rx reimbursement calculation used an incorrect ingredient cost which may have resulted in an incorrect pharmacy provider reimbursement. Medi-Cal Rx updated the claim reimbursement calculation for these NDCs on January 17, 2024, to correctly calculate the

reimbursement for Paxlovid (nirmatrelvir and ritonavir tablets) renal dose claims per the Department of Health Care Services' (DHCS) policy.

Medi-Cal Rx has identified the impacted net paid claims and will be adjusting these claims on behalf of pharmacy providers which may result in an amount you owe DHCS or no net change to the amount you were already reimbursed.

Adjustments have been made for some of the impacted claims with a DOS on or after April 1, 2022, through January 17, 2024, and appeared on the September 20, 2024, remittance advice (RA). Adjustments for the remaining claims with a DOS on or after April 1, 2022, through January 17, 2024, will be processed by Medi-Cal Rx at a later date and a separate alert will be published when the next adjustment commences.

What Pharmacy Providers Need to Do

No action is required by pharmacy providers at this time.

Adjustments for some of the impacted claims submitted with a DOS on or after April 1, 2022, through January 17, 2024, appeared on the September 20, 2024 RA. On the RA, impacted pharmacy providers will see a reversal of the original claim and a new claim processed (same member, Rx number, DOS, NDC, etc.) to reflect the adjustment. Adjustments for the remaining claims with a DOS on or after April 1, 2022, through January 17, 2024, will be processed by Medi-Cal Rx at a later date and a separate alert will be published when the next adjustment commences.

For more information about this and other mass adjustment activities, refer to the [Mass Adjustments](#) page located on the [Medi-Cal Rx Provider Portal](#). For additional assistance, pharmacy providers may send a secured email to MediCalRxEducationOutreach@primetherapeutics.com and include, if appropriate, any claim-specific information with the correspondence.

16. COVID-19 Vaccines and Vaccine Administration Coverage for Family PACT End-Dated

Background

The purpose of this alert is to inform pharmacy providers that coverage for COVID-19 vaccines and vaccine administration under the Family Planning, Access, Care, and Treatment (Family PACT) Program ended on October 1, 2024.

What Pharmacy Providers Need to Know

Effective October 1, 2024, coverage of COVID-19 vaccines and administration of COVID-19 vaccines is no longer covered as a Family PACT pharmacy benefit. Claims submitted on and after October 1, 2024, will be denied with **Reject Code 70 – Product/Service Not Covered**, and will not be payable, even with an approved prior authorization (PA) request.

For additional information, refer to the section titled *COVID-19 Vaccines, OTC Antigen Test Kits, and Therapeutics: Coverage and Reimbursements* 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.