



Medi-Cal Rx

# Updates to the List of Contracted Enteral Nutrition Products, Effective January 1, 2025

December 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 January 1, 2025.

The following products have been added to the *List*:

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)	Caloric Density
Nutricia North America	Neocate® Syneo® Junior, unflavored, 400 g, powder	49735010099	4.69
Kate Farms®, Inc.	Kate Farms Kids Nutrition 1.0, Vanilla, 250 mL	11112003119	1.00
Kate Farms, Inc.	Kate Farms Kids Nutrition, Chocolate, 250 mL	11112003121	1.00
Kate Farms, Inc.	Kate Farms Kids Nutrition, Strawberry, 250 mL	11112003123	1.00
Nestlé HealthCare Nutrition	COMPLETE® Pediatric Peptide 1.0 Cal, Vegetable & Fruit Medley 24 x 250 mL carton	43900037040	1.00
Nestlé HealthCare Nutrition	COMPLETE® Peptide 1.0 Cal, Vegetable & Fruit Medley 24 x 250 mL carton	43900047337	1.00
Nestlé HealthCare Nutrition	COMPLETE® ORIGINAL 1.5, Fruit Medley 24 x 250 mL carton	43900083732	1.50
Nestlé HealthCare Nutrition	COMPLETE® PEDIATRIC ORIGINAL 1.5 Fruit Medley 24 x 250 mL carton	43900063763	1.50

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
VitaFlo®, USA LLC	EAA Supplement, powder, tropical, 30 x 12.5 g sachets	12539002519	none	812539025191	2.88

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), 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 PAs 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](mailto:MediCalRxEducationOutreach@primetherapeutics.com).