



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](#) and the [Medi-Cal Rx Diagnosis Crosswalk](#) \* posted to the Medi-Cal Rx Web Portal, effective January 1, 2025.

Drug Name	Description	Effective Date
Brentuximab Vedotin	Added to the <i>Medi-Cal Rx Contract Drugs List</i> (CDL) with labeler restriction (LR).	January 1, 2025
Ciprofloxacin HCL/Hydrocortisone	Additional LR (66758) added.	January 1, 2025
Deutetrabenazine	* Additional formulations (extended-release tablets and titration kit) added to the CDL with restrictions.	January 1, 2025
Diflunisal	<b>Effective February 1, 2025:</b> End-dated.	January 1, 2025
Enfortumab Vedotin-ejfv	Added to the CDL with LR.	January 1, 2025
Glucagon (synthetic)	Additional formulations (prefilled auto-injector, prefilled syringe, and single-dose vial kit) added to the CDL with quantity limit (QL) restriction.	January 1, 2025
Inavolisib	Added to the CDL with LR.	January 1, 2025
Polyethylene Glycol 3350/ Sodium Sulfate/Potassium Chloride/Magnesium Sulfate/Sodium Chloride	Added to the CDL with LR.	January 1, 2025
Pramipexole Dihydrochloride	Additional strengths (2.25 mg and 3.75 mg) added to the CDL for extended-release tablets.	January 1, 2025
Repotrectinib	Additional strength (160 mg) added to the CDL with LR.	January 1, 2025
Secnidazole	LR removed.	January 1, 2025
Sodium Sulfate/Potassium Chloride/Magnesium Sulfate	Added to the CDL with LR.	January 1, 2025
Sotorasib	Additional strength (240 mg) added to the CDL with LR.	January 1, 2025

Drug Name	Description	Effective Date
Tisotumab Vedotin-tftv	Prior authorization (PA) requirement removed. LR added.	January 1, 2025
Tucatinib	Added to the CDL with LR.	January 1, 2025
Zolbetuximab-clzb	Added to the CDL with LR.	January 1, 2025

## 2. Changes to the Medi-Cal Rx Contract Drugs List – Authorized Drug Manufacturer Labeler Codes

The following 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
82867	AGEPHA PHARMA USA, LLC	January 1, 2025
82580	ARS PHARMACEUTICALS OPERATIONS, INC.	January 1, 2025
73515	AVVISTO THERAPEUTICS LLC	January 1, 2025
83723	BOTANIX SB INC.	January 1, 2025
80005	CARNEGIE PHARMACEUTICALS	January 1, 2025
73043	DEVATIS, INC	January 1, 2025
00299	GALDERMA LABORATORIES, L.P.	January 1, 2025
83853	INTRABIO INC.	January 1, 2025
83980	IPCA LABORATORIES LTD	January 1, 2025
83774	PILNOVA PHARMA INC	January 1, 2025

Labeler Code Terminations:

NDC Labeler Code	Contracting Company's Name	Effective Date
52796	BONGEO PHARMACEUTICALS, INC.	January 1, 2025
24510	COLLEGIUM PHARMACEUTICAL, INC.	January 1, 2025
46017	MYLAN CONSUMER HEALTHCARE, INC.	January 1, 2025
72152	SAGE THERAPEUTICS	January 1, 2025

### 3. Updates to the Medi-Cal Rx Provider Manual

The updates/additions below have been made to the [Medi-Cal Rx Provider Manual](#) version 26.0.

#### Updates

Section	Update Description	Effective Date
<ul style="list-style-type: none"> <li>Section 3.6 – <i>Medi-Cal Rx Web Portal</i></li> </ul>	<ul style="list-style-type: none"> <li>Changed the hyperlink from “<i>List of Contracted Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs</i>” to “<i>List of Contracted Blood Pressure Monitors and Cuffs.</i>”</li> </ul>	January 1, 2025
<ul style="list-style-type: none"> <li>Section 13.4 – <i>Personal Home Blood Pressure Monitors and Cuffs</i></li> </ul>	<ul style="list-style-type: none"> <li>Section title changed from “<i>Personal Home Blood Pressure Monitoring Devices and Blood Pressure Cuffs.</i>”</li> <li>Changed the hyperlink from “<i>List of Contracted Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs</i>” to “<i>List of Contracted Blood Pressure Monitors and Cuffs.</i>”</li> </ul>	January 1, 2025
<ul style="list-style-type: none"> <li>Section 15.9.1 – <i>Vaccines for Children Program</i></li> </ul>	<ul style="list-style-type: none"> <li>Added bullet “Enter the dollar amount of the administration fee in the Incentive Fee Amount Submitted field (NCPDP Field ID: 438-E3)” under Reimbursement header.</li> </ul>	January 1, 2025
<ul style="list-style-type: none"> <li>Section 18.0 – <i>Mpox Vaccine Coverage</i></li> </ul>	<ul style="list-style-type: none"> <li>Added language regarding the commercial JYNNEOS vaccine as a covered Medi-Cal Rx benefit and VFC-funded vaccine.</li> <li>Added language regarding inner pack, outer pack, and paper claim submission.</li> </ul>	January 1, 2025
<ul style="list-style-type: none"> <li>Section 18.1 – <i>Mpox Vaccine Reimbursement</i></li> </ul>	<ul style="list-style-type: none"> <li>Added and updated policy language pertaining to mpox vaccine reimbursement.</li> </ul>	January 1, 2025

## 4. Pediatric Integration of Members 21 Years of Age and Younger

### Background

On October 31, 2024, Medi-Cal Rx published the [90-Day Countdown: Pediatric Integration of Members 21 Years of Age and Younger](#) alert to announce the implementation of Pediatric Integration on January 31, 2025.

### What Pharmacy Providers and Prescribers Need to Know

Pediatric Integration will implement claim utilization management (UM) edits and prior authorization (PA) requirements for members 21 years of age and younger. For a detailed list of claim UM edit requirements, refer to the [Medi-Cal Rx Provider Manual](#).

On January 31, 2025, the Transition Policy will be retired and reinstatement of PA requirements and other claim UM edits for members 21 years of age and younger will apply to both new start and continuation of therapy claims.

Additionally, Medi-Cal Rx will implement the California Children's Services (CCS) Panel Authority policy in which CCS Panel Providers who are physicians or Certified Nurse Practitioners will have authority to prescribe for members 20 years of age and younger without submitting a PA for Medi-Cal Rx covered drugs and products, with some exceptions.

**Note:** During adult reinstatement, a temporary additional grace year was added to the UM edits for the pediatric population for members 21 years of age. The defined pediatric population for CCS and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is younger than 21 years of age.

Prescriptions submitted by CCS Paneled Providers will be exempt from Reject Code 75 – Prior Authorization Required, unless identified as an excluded medication/product. Other UM edits, including Quantity Limits (QL), will apply.

The CCS Panel Authority policy will apply to medications and supplies on the *Medi-Cal Rx Contract Drugs List* (CDL), as well as some non-CDL medications and supplies. This authority covers the PA requirement (**Reject Code 75**) and multiple flavors of enteral nutrition products dispensed in the same month (**Reject Code 83** when submitted for enteral nutrition products) when the following conditions are met:

- The member is younger than 21 years of age.

- The prescription is written by the member’s Physician or Certified Nurse Practitioner who has CCS Panel Authority.
- The claim denies with one of the following reject codes:
  - Reject Code 75 – Prior Authorization Required
  - Reject Code 83 – Duplicate Paid/Captured Claim (when submitted for enteral nutrition products)

Effective January 31, 2025, non-paneled prescribers may submit PA requests up to 100 days prior to the effective date of the prescription or prescription renewal, except in cases where the member is younger than 1 year of age. Due to potentially rapid changes in an infant’s health status, PA requests for medications, enteral nutrition products, and medical supplies for children younger than 1 year of age should be submitted with the prescription.

As Pediatric Integration implementation approaches, a detailed list of exclusions will be available on the [Med-Cal Rx Approved NDC List](#). In the interim, pharmacy providers and prescribers can refer to the [Advancing Medi-Cal Rx: Pediatric Utilization Management \(UM\) Integration](#) slide deck for an overview of Medi-Cal Rx drugs and products that will be excluded from the CCS Panel Authority policy by navigating to the [Education & Outreach](#) page on the [Medi-Cal Rx Web Portal](#) and selecting the **Pediatric Integration** tab.

## What Pharmacy Providers and Prescribers Need to Do

- Refer to the Pediatric Integration tab on the [Education & Outreach](#) page on the [Medi-Cal Rx Web Portal](#) for Pediatric Integration-focused resources, including information about upcoming webinars.
- For questions regarding how to become a CCS Paneled Provider, contact the Integrated Systems of Care Division (ISCD) at [ProviderPaneling@dhcs.ca.gov](mailto:ProviderPaneling@dhcs.ca.gov) or 1-916-552-9105.

## Medi-Cal Rx Resources

Pharmacy providers and prescribers are encouraged to review the following resources to learn more about Medi-Cal Rx and Pediatric Integration.

- [Medi-Cal Rx Provider Manual](#)
- [Medi-Cal Rx Billing Tips](#)
- [Claim Submission Reminders](#)
- [Medi-Cal Rx Web Claims Submission User Guide](#)
- [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#)
- [Medi-Cal Rx CDL and Approved NDC List Navigation](#) YouTube video
- [Five Ways to Submit a Prior Authorization Request](#)
- [Member Eligibility Lookup Tool Job Aid](#)
- [Prior Authorization Submission Reminders](#)
- [Submitting a Prior Authorization \(PA\) Request via the Medi-Cal Rx Secured Provider Portal](#) YouTube video
- [How to Resolve Reject Code 16 – M/I Prescription/Service Reference Number](#)
- [How to Resolve Reject Code 76 – Plan Limitations Exceeded](#)

- [How to Resolve Claim Reject Code 78: Cost Exceeds Maximum](#)
- [NCPDP Reject Code 83 – Duplicate Paid/Captured Claim](#)

## CCS Panelled Providers

- [California Children’s Services](#)
- [Becoming a California Children’s Services Provider](#)
- CCS Panel Application on the [California Children’s Services \(CCS\) Provider Paneling Portal](#)
- [California Children’s Services Provider Lists](#)
- [California Children’s Services \(CCS\) – Frequently Asked Questions \(FAQs\)](#)
- [California Children’s Services \(CCS\) Program and Genetically Handicapped Persons Program \(GHPP\)](#) section in the [Medi-Cal Rx Provider Manual](#)

## Enteral Nutrition and Medical Supplies

- Refer to the Covered Products Lists section on the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#) to review the [List of Contracted Enteral Nutrition Products](#).
- Refer to the [Enteral Nutrition Products](#) section in the [Medi-Cal Rx Provider Manual](#) for additional information and criteria guidelines.
- Refer to the [Bulletins & News](#) and [Forms & Information](#) pages on the [Medi-Cal Rx Provider Portal](#) for guidance to successfully submit PA requests.

## 5. 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 the magnitude 7.0 earthquake that occurred off the Northern California coastline near Humboldt County, Medi-Cal Rx is permitting emergency overrides on pharmacy claims for members residing in Del Norte, Humboldt, and Mendocino Counties. These overrides will be accepted for 31 days, effective for dates of service (DOS) December 5, 2024, through January 4, 2025; 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 Del Norte, Humboldt, and Mendocino Counties 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 60 – Product/Service Not Covered for Patient Age
- Reject Code 61 – Product/Service Not Covered for Patient Gender
- Reject Code 75 – Prior Authorization Required
- 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

- » 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 earthquake.
- » Reject Code 88: Pharmacy providers maintain their ability to override early refill at point of sale (POS) if medically necessary.

## Resources

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

## 6. Diabetic Supplies: Updates to the List of Contracted Diabetic Testing Supplies, Effective January 1, 2025, and March 1, 2025

### Background

Effective January 1, 2025, the following lists will no longer be updated individually and have been combined into one list, titled [List of Contracted Diabetic Testing Supplies](#):

- [List of Contracted Diabetic Test Strips and Lancets](#)
- [List of Contracted Self-Monitoring Blood Glucose Systems \(Glucometers\), Control Solutions, and Lancing Devices](#)

The [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#) has a note informing that the two lists will be archived on March 1, 2025.

### What Pharmacy Providers and Prescribers Need to Know

#### Effective January 1, 2025

The new [List of Contracted Diabetic Testing Supplies](#) has been added to the [Medi-Cal Rx Web Portal](#) with the following updates:

- The following manufacturers have additions to the *List*:
  - Arkray USA, Inc. – Self-monitoring blood glucose systems (SMBGS) and control solutions
  - Ascensia Diabetes Care, Inc. – Test strips
  - Omnis Health®, LLC – Diabetic testing supplies
  - Simple Diagnostics – Lancets

Product Description	Medi-Cal 11-digit Billing Number (NDC)	MAC/MAPC per each
Clever Choice Comfort EZ™ Pressure Activated Safety Lancets, Box of 100	98302014020	0.0800
Contour® Plus Blood Glucose Test Strips	00193758450	0.3000
Embrace® Lancets, 30 g, 100 ct.	94030000204	0.0300
Embrace Lancing Device	94030000268	3.0000
Embrace Safety Lancets, 21 g, 2.2 mm, 100 ct.	94030000251	0.0850
Embrace Safety Lancets, 28 g, 1.8 m, 100 ct.	94030000266	0.0850
Embrace TALK™ Control Solution – Low	94030000287	3.5000
Embrace TALK Meter	94030000200	10.0000

Product Description	Medi-Cal 11-digit Billing Number (NDC)	MAC/MAPC per each
Embrace TALK Test Strips, 100 ct.	94030000272	0.2100
Embrace TALK Test Strips, 50 ct. – (Mail Order Yellow Band)	94030000294	0.2100
Embrace TALK Test Strips, 50 ct.	94030000271	0.2100
Embrace WAVE™ Control Solution – Low	94030000223	3.0000
Embrace WAVE Test Strips, 50 ct.	94030000221	0.2100
Embrace WAVE+™ Meter	94030000217	12.5000
GLUCOCARD Expression® Control Solution	08317570005	2.5100
GLUCOCARD Expression BGM Kit	08317571100	15.0000
GLUCOCARD Shine® Control Solution	08317540005	2.5100
TechLITE® 26 Gauge Lancet, Box of 100	08317880126	0.0190

- Maximum Acquisition Cost (MAC)/Maximum Allowable Product Cost (MAPC) have been updated for select products as listed on the *List of Contracted Diabetic Testing Supplies*.
- “Product Specific Restrictions” have been updated for all products.

### Effective March 1, 2025

- The *List of Contracted Self-Monitoring Blood Glucose Systems (Glucometers), Control Solutions, and the List of Contracted Diabetic Test Strips and Lancets* will be sunsetted.
- Bionime USA Corp., Boca Medical Products, and Prodigy Diabetes Care, LLC products will be removed from the *List of Contracted Diabetic Testing Supplies*. On and after January 1, 2025, the published MAC or MAPC for these items will no longer be guaranteed.

## 7. Diabetic Supplies: Updates to the List of Contracted Disposable Insulin Delivery Devices, Effective January 1, 2025

The [List of Contracted Disposable Insulin Delivery Devices](#) has been updated on the [Medi-Cal Rx Web Portal](#). The effective date of the changes is January 1, 2025.

The following updates have been made to the *List*:

- **Effective January 1, 2025**, CeQur® Simplicity™ 4-day patches (NDC 73108000008) and CeQur Simplicity Inserter (NDC 73108000100) have been added as covered pharmacy benefits. Prior authorization (PA) is required for coverage; quantity and frequency limits apply.
- Maximum Acquisition Cost (MAC)/Maximum Allowable Product Cost (MAPC) have been updated for select products on the *List*.

- **Effective April 1, 2025**, Omnipod® 5 Pack Pods (NDC 08508112005) will be deleted from the *List*.

Contractors have guaranteed that Medi-Cal Rx providers may purchase, upon request, for dispensing to eligible Medi-Cal members, covered products at or below the MAC. Providers can locate MAC price suppliers by calling manufacturer phone numbers referenced in the *Lists* on the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#).

Product addition or inclusion on the *List* does not guarantee supply or individual-specific coverage.

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](#)

P.O. 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.

## 8. Diabetic Supplies: Updates to the List of Contracted Continuous Glucose Monitoring (CGM) Systems, Effective January 1, 2025

The [List of Contracted Continuous Glucose Monitoring \(CGM\) Systems](#) 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* as covered pharmacy benefits.

Product Label Name	Medi-Cal 11-digit Billing Number (NDC)	MAC/MAPC per each
FreeStyle LIBRE 3 Plus Sensor kit, 1 each	57599084400	72.9300
FreeStyle LIBRE 3 Reader, 1 each	57599082000	70.0000
Guardian® 4 Transmitter Kit, 1 each	63000044515	921.9800
Guardian® 4 Transmitter Kit, 1 each	63000044516	921.9800
Guardian® 4 Sensor, 5 each per pack	63000041338	125.3100
Guardian® 4 Sensor, 5 each per pack	63000051968	125.3100

The following product will be deleted from the *List* on **April 1, 2025**:

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
Medtronic	Enlite® Sensor, 5 each per pack	76300000805

**Notes:**

- Maximum Acquisition Cost (MAC)/Maximum Allowable Product Cost (MAPC) have been updated for select products as listed on the [List of Contracted Continuous Glucose Monitoring \(CGM\) Systems](#).
- Prior authorization (PA) is required for coverage; quantity and frequency limits apply.

Contractors have guaranteed that Medi-Cal Rx providers may purchase, upon request, for dispensing to eligible Medi-Cal members, covered products at or below the MAC. Providers can locate MAC price suppliers by calling the manufacturer phone numbers referenced in the *Lists* on the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#).

Medi-Cal Rx 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:

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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.

## 9. Medical Supplies: Updates to the List of Contracted Pen Needles, Effective January 1, 2025

The [List of Contracted Pen Needles](#) 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)	MAC per each
Omnis Health®	Embrace Pen Needle 29 G x 12 mm – Box of 100	94030000210	\$0.1750

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)	MAC per each
Omnis Health	Embrace Pen Needle 30 G x 5 mm – Box of 100	94030000252	\$0.1750
Omnis Health	Embrace Pen Needle 30 G x 8 mm – Box of 100	94030000203	\$0.1750
Omnis Health	Embrace Pen Needle 31 G x 5 mm – Box of 100	94030000211	\$0.1750
Omnis Health	Embrace Pen Needle 31 G x 8 mm – Box of 100	94030000212	\$0.1750
Omnis Health	Embrace Pen Needle 31 G x 6 mm – Box of 100	94030000205	\$0.1750
Omnis Health	Embrace Pen Needle 32 G x 4 mm – Box of 100	94030000213	\$0.1750
Owen Mumford USA, Inc.	Pentips Pen Needles (12 mm x 29 G)	08470342901	\$0.2150
Owen Mumford USA, Inc.	Pentips Pen Needles (4 mm x 32 G)	08470344001	\$0.2150
Owen Mumford USA, Inc.	Pentips Pen Needles (5 mm x 31 G)	08470345001	\$0.2150
Owen Mumford USA, Inc.	Pentips Pen Needles (6 mm x 31 G)	08470349001	\$0.2150
Owen Mumford USA, Inc.	Pentips Pen Needles (6 mm x 32 G)	08470349501	\$0.2150
Owen Mumford USA, Inc.	Pentips Pen Needles (8 mm x 31 G)	08470343001	\$0.2150
Owen Mumford USA, Inc.	Unifine Pentips Pen Needles (12 mm x 29 G)	08470352901	\$0.2580
Owen Mumford USA, Inc.	Unifine Pentips Pen Needles (4 mm x 32 G)	08470354001	\$0.2580
Owen Mumford USA, Inc.	Unifine Pentips Pen Needles (4 mm x 33 G)	08470356001	\$0.2580
Owen Mumford USA, Inc.	Unifine Pentips Pen Needles (5 mm x 30 G)	08470355501	\$0.2580
Owen Mumford USA, Inc.	Unifine Pentips Pen Needles (5 mm x 31 G)	08470355001	\$0.2580

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)	MAC per each
Owen Mumford USA, Inc.	Unifine Pentips Pen Needles (6 mm x 31 G)	08470359001	\$0.2580
Owen Mumford USA, Inc.	Unifine Pentips Pen Needles (6 mm x 32 G)	08470359501	\$0.2580
Owen Mumford USA, Inc.	Unifine Pentips Pen Needles (8 mm x 31 G)	08470353001	\$0.2580

Contractors have guaranteed that Medi-Cal Rx providers may purchase, upon request, for dispensing to eligible Medi-Cal Rx members, covered products at or below the Maximum Acquisition Cost (MAC). Providers can locate MAC price suppliers by calling the manufacturer phone numbers referenced in the *Lists* on the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#).

Product addition or inclusion on the *List* does not guarantee supply or individual-specific coverage.

Medi-Cal Rx members denied coverage of 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](#)

P.O. 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.

## 10. Updates to the List of Contracted COVID-19 Antigen Tests, Effective January 1, 2025

The [List of Contracted COVID-19 Antigen Tests](#) 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 deleted from the *List*:

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
Abbott	BINAXNOW COVID-19 ANTIGEN SELF TEST, 2 Tests Box	11877001140
CareStart™	CARESTART COVID19 AG HOME TEST, 1 kit, 2 each	50010022431
iHealth Labs®	IHEALTH COVID-19 AG RAPID TEST, 1 kit, 2 each	56362000589
Intrivo™ On/Go™	ON/GO COVID-19 AG SELF-TEST, 1 kit, 2 each	60006019166
Intrivo On/Go	ON/GO ONE COVID-19 HOME TEST, 1 kit, 1 each	60007093040
Quickvue®	QUICKVUE AT-HOME COVID-19 TEST, 1 kit, 2 each	14613033972

**Note:** The Maximum Allowable Product Cost (MAPC) for these products is no longer guaranteed and these tests are no longer a Medi-Cal Rx benefit, even with an approved prior authorization (PA). Only tests on the *List* are covered. Members and pharmacy providers should refer to the member's medical benefit for coverage of non-contracted tests. Continuing care does not apply.

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

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

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)	Caloric Density
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	COMPLETEAT® Pediatric Peptide 1.0 Cal, Vegetable & Fruit Medley 24x250 mL carton	43900037040	1.00
Nestlé HealthCare Nutrition	COMPLETEAT® Peptide 1.0 Cal, Vegetable & Fruit Medley 24x250 mL carton	43900047337	1.00
Nestlé HealthCare Nutrition	COMPLETEAT® ORIGINAL 1.5, Fruit Medley 24x250 mL carton	43900083732	1.50
Nestlé HealthCare Nutrition	COMPLETEAT® PEDIATRIC ORIGINAL 1.5 Fruit Medley 24x250 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, 30x12.5g 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.

## 12. 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 January 1, 2025, and were posted to the Mercer Medi-Cal Rx website no later than December 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.

# 13. Mass Adjustment for TPOXX Drug Reimbursement for Impacted Claims with a Date of Service August 20, 2022, through October 1, 2024

## Background

The purpose of this alert is to inform pharmacy providers that Medi-Cal Rx initiated a mass adjustment related to Tecovirimat (TPOXX®) drug reimbursement for claims with a date of service (DOS) on or after August 20, 2022, through October 1, 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 August 20, 2022, through October 1, 2024, for Tecovirimat (TPOXX) drug with NDC 50072020042. 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 to correctly calculate the TPOXX drug reimbursement 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 August 20, 2022, through October 1, 2024, and appeared on the December 10, 2024, remittance advice (RA). Adjustments for the remaining claims with a DOS on or after August 20, 2022, through October 1, 2024, will be processed 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 with a DOS on or after August 20, 2022, through October 1, 2024, appeared on the December 10, 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.

If an impacted pharmacy provider disagrees with an adjustment, they may take one of the following actions:

- Submit a [Provider Claim Appeal Form \(DHCS 6571\)](#) within three months of the new Medi-Cal Rx RA date.
- Submit a [Provider Claim Inquiry Form \(CIF\) \(DHCS 6570\)](#) within six months of the new Medi-Cal Rx RA date.

The forms contain completion instructions and are located on the [Forms & Information](#) page on the [Medi-Cal Rx Provider Portal](#).

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](mailto:MediCalRxEducationOutreach@primetherapeutics.com) and include, if appropriate, any claim-specific information with the correspondence.

## **14. Mass Adjustment for Mpox Vaccine Reimbursement for Impacted Claims with a Date of Service August 17, 2022, through October 11, 2024**

### **Background**

The purpose of this alert is to inform pharmacy providers that Medi-Cal Rx initiated a mass adjustment related to mpox (JYNNEOS®) vaccine reimbursement for claims with a date of service (DOS) on or after August 17, 2022, through October 11, 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 August 17, 2022, through October 11, 2024, for mpox (JYNNEOS) vaccines with NDCs 50632000101, 50632000102, and 50632000103. For these claims, the Medi-Cal Rx reimbursement calculation used an incorrect ingredient cost, dispensing fee, and/or incentive fee which may have resulted in an incorrect pharmacy provider reimbursement. Medi-Cal Rx updated the claim reimbursement calculation to correctly calculate the mpox vaccine reimbursement 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.

Adjustments have been made for some of the impacted claims with a DOS on or after August 17, 2022, through October 11, 2024, and appeared on the December 10, 2024, remittance advice (RA). Adjustments for the remaining claims with a DOS on or after August 17, 2022, through October 11, 2024, will be processed 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 have been made for some of the impacted claims with a DOS on or after August 17, 2022, through October 11, 2024, and appeared on the December 10, 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.

If an impacted pharmacy provider disagrees with an adjustment, they may take one of the following actions:

- Submit a [Provider Claim Appeal Form \(DHCS 6571\)](#) within three months of the new Medi-Cal Rx RA date.
- Submit a [Provider Claim Inquiry Form \(CIF\) \(DHCS 6570\)](#) within six months of the new Medi-Cal Rx RA date.

The forms contain completion instructions and are located on the [Forms & Information](#) page on the [Medi-Cal Rx Provider Portal](#).

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](mailto:MediCalRxEducationOutreach@primetherapeutics.com) and include, if appropriate, any claim-specific information with the correspondence.

## **15. Mass Adjustment for COVID-19 Vaccine Incentive Fee for Impacted Claims with a Date of Service October 1, 2022, through December 31, 2023**

### **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 October 1, 2022, through December 31, 2023.

### **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, 2022, through December 31, 2023, for COVID-19 vaccines with NDCs 59267030401, 59267030402, 59267056501, 59267056502, 59267060901, 59267060902, 59267140401, 59267140402, 80631010001, 80631010010, 80631010201, 80631010210, 80777027999, 80777028205, 80777028299, and 80777028399. For these claims, the \$40 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 October 1, 2022, through December 31, 2023, and appeared on the December 5, 2024, remittance advice (RA). Adjustments for the remaining claims with a DOS on or after

October 1, 2022, through December 31, 2023, will be processed 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 with a DOS on or after October 1, 2022, through December 31, 2023, appeared on the December 5, 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.

If an impacted pharmacy provider disagrees with an adjustment, they may take one of the following actions:

- Submit a [Provider Claim Appeal Form \(DHCS 6571\)](#) within three months of the new Medi-Cal Rx RA date.
- Submit a [Provider Claim Inquiry Form \(CIF\) \(DHCS 6570\)](#) within six months of the new Medi-Cal Rx RA date.

The forms contain completion instructions and are located on the [Forms & Information](#) page on the [Medi-Cal Rx Provider Portal](#).

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](mailto:MediCalRxEducationOutreach@primetherapeutics.com) and include, if appropriate, any claim-specific information with the correspondence.

## 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).