



Medi-Cal Rx

Medi-Cal Rx Monthly Bulletin

February 1, 2025

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 February 1, 2025.

Drug Name	Description	Effective Date
Brinzolamide	Additional labeler restriction (LR) (66758) added.	February 1, 2025
Imatinib Mesylate	Additional formulation (oral solution) added to the <i>Medi-Cal Rx Contract Drugs List</i> (CDL) with LR.	February 1, 2025
Revumenib	Added to the CDL with LR.	February 1, 2025
Topotecan HCL	LR removed from capsules.	February 1, 2025
Zanidatamab-hrii	Added to the CDL with prior authorization (PA) restriction.	February 1, 2025

2. Updates to the Medi-Cal Rx Provider Manual

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

Updates

Section	Update Description	Effective Date
<i>Section 4.6.11 – Items Not Covered</i>	<ul style="list-style-type: none"> Added language, "Oral OTC vitamin-mineral combination products for individuals over 21 years of age, except those products listed in the <i>Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations</i>." Added language, "Oral legend vitamin-mineral combination products, excluding prenatal vitamin-mineral combinations intended for use during pregnancy." Removed "Vitamin combinations for people over five years of age (except for prenatal vitamin-mineral combination products for use during pregnancy) included in the CDL." 	February 1, 2025
<i>Section 12.0 – Enteral Nutrition Products</i>	<ul style="list-style-type: none"> Added sections to reference in bulleted list. 	February 1, 2025

Section	Update Description	Effective Date
<i>Section 12.1 – Noncovered Nutrition Products</i>	<ul style="list-style-type: none"> • Added “blenderized” foods to the list of nutrition products not covered by Medi-Cal Rx. • Removed “Combination vitamin and mineral products for members 22 years of age and older (except for prenatal vitamin-mineral combination products for use during pregnancy). Vitamins or mineral products used for dietary supplementation are not a benefit.” 	February 1, 2025
<i>Section 12.2 – Covered Products</i>	<ul style="list-style-type: none"> • Refined language for the “Elemental and Semi-elemental” bullet. 	February 1, 2025
<i>Section 12.4 – Documentation Requirements</i>	<ul style="list-style-type: none"> • Refined height and weight language. 	February 1, 2025
<i>Section 12.5 – Authorization</i>	<ul style="list-style-type: none"> • Updated the daily caloric requirements for tube fed, orally fed and 22 years of age and older, orally fed and 21 years of age and younger, and infant products and younger than 1 year of age. 	February 1, 2025
<i>Section 12.5.2 – Specialized Products</i>	<ul style="list-style-type: none"> • Expanded upon the requirements for modular products and modular carbohydrate or protein products. • Expanded the <i>Specialized Products Diagnosis Table</i>. 	February 1, 2025
<i>Section 12.5.3 – Elemental and Semi-Elemental Products Criteria</i>	<ul style="list-style-type: none"> • Refined bulleted requirements language. • Added language, “Note: Lactose intolerance alone is excluded unless documentation is included that supports a cow’s milk protein allergy (CMPA).” 	February 1, 2025
<i>Section 12.5.4 – Metabolic Products Criteria</i>	<ul style="list-style-type: none"> • Added language regarding requirements for ketogenic metabolic products and all other metabolic products. 	February 1, 2025
<i>Section 12.5.5 – Specialty Infant Products Criteria</i>	<ul style="list-style-type: none"> • Refined language regarding specialty infant products criteria. 	February 1, 2025
<i>Section 12.5.5.1 – Premature and Low Birth Weight Diagnosis</i>	<ul style="list-style-type: none"> • Expanded upon the requirements for premature and low birth weight products. • Added the <i>Premature and Low Birth Weight Diagnosis Table</i>. 	February 1, 2025

Section	Update Description	Effective Date
<i>Section 12.5.5.2 – Human Milk Fortifier Products</i>	<ul style="list-style-type: none"> Refined authorization and diagnosis language. Added language, “PA approvals for these products will be limited to a length of authorization of 1 month only.” 	February 1, 2025
<i>Section 12.5.5.3 – Extensively Hydrolyzed Products (EH)</i>	<ul style="list-style-type: none"> Added authorization and diagnosis language. Added the <i>Extensively Hydrolyzed Products (EH) Diagnosis Table</i>. 	February 1, 2025
<i>Section 12.5.5.4 – Amino Acid-Based (100 Percent) Products</i>	<ul style="list-style-type: none"> Added authorization, diagnosis, and requirements language. Added the <i>Amino Acid-Based (100 Percent) Products Diagnosis Table</i>. 	February 1, 2025
<i>Section 12.5.5.5 – Renal Specialty Infant Products</i>	<ul style="list-style-type: none"> Added authorization and diagnosis language. Added the <i>Renal Specialty Infant Products Diagnosis Table</i>. 	February 1, 2025
<i>Section 12.5.5.6 – Chylothorax or LCHAD Deficiency Specialty Infant Products</i>	<ul style="list-style-type: none"> Added authorization and diagnosis language. Added the <i>Chylothorax or LCHAD Deficiency Specialty Infant Products Table</i>. 	February 1, 2025
<i>Section 12.6 – Enteral Nutrition Dispensing Quantity Limitations</i>	<ul style="list-style-type: none"> Added language, “Claims submitted for all enteral nutrition products will deny with Reject Code 76 – Plan Limitations Exceeded when the maximum quantity per dispensing and/or the maximum day supply per claim is exceeded.” Expanded language regarding maximum quantity limits based on the maximum daily caloric limit. 	February 1, 2025
<i>Section 12.7.1 – Medicare COB Claims (NEW!)</i>	<ul style="list-style-type: none"> Added language that pharmacy claims for orally administered enteral nutrition products are not a covered benefit of Medicare Part B and may be submitted to Medi-Cal Rx. 	February 1, 2025
<i>Section 12.8 – Shortages and Product Interchangeability</i>	<ul style="list-style-type: none"> Refined language in the bulleted Notes list. 	February 1, 2025

3. State of Emergency Override Activation: Submission Clarification 13

Background

The purpose of this alert is to notify pharmacy providers that, pursuant to the Governor's recent [Proclamation of a State of Emergency](#) due to damage from the Palisades Fire, Medi-Cal Rx is permitting emergency overrides on pharmacy claims for members residing in Los Angeles and Ventura Counties. These overrides will be accepted for dates of service (DOS) January 7, 2025, through February 7, 2025; however, the Department of Health Care Services (DHCS) may extend this duration if needed.

What Pharmacy Providers 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 Need to Do

Pharmacy providers serving members residing within Los Angeles and Ventura 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 Palisades Fire.
- » 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:
 - [Palisades Fire](#)
- [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](#)

4. Medi-Cal Eligibility Assistance for Medi-Cal Members Affected by California Wildfires

Background

On January 7, 2025, Governor Gavin Newsom declared a [State of Emergency](#) in Los Angeles and Ventura Counties in response to the wildfires. The Department of Health Care Services (DHCS) subsequently issued [policy guidance](#) containing reminders on policies for applicants and members affected by natural disasters.

What Pharmacy Providers Need to Know

County and local offices have been instructed to immediately delay all manual discontinuances in Los Angeles and Ventura Counties for instances where a member did not provide required documents and allow additional time to provide required documents. This includes situations where members report not receiving their mail or are unable to provide documents due to an evacuation order. If the member is unable to provide the required documents, County Eligibility Workers (CEWs) shall accept a signed and dated affidavit, under penalty of perjury, in place of the requested verification documentation. Counties have also been directed to immediately restore Medi-Cal eligibility if the member informs the county that they were affected by the wildfires listed in the Governor's State of Emergency proclamation.

What Pharmacy Providers Need to Do

Pharmacies can assist Medi-Cal members who present at the pharmacy and are in need of eligibility assistance by instructing them to contact a [local clinic navigator](#) in their area to restore Medi-Cal eligibility if needed.

5. Update: Important Policy Adjustment for Pediatric Integration

Background

The purpose of this alert is to notify pharmacy providers and prescribers of important policy adjustments to the implementation of Pediatric Integration effective January 31, 2025. These changes are also reflected in the updated [30-Day Countdown: Pediatric Integration of Members 21 Years of Age and Younger](#). Effective January 31, 2025, prior authorization (PA) requirements have been only reinstated for new start drugs/products for members 21 years of age and younger. "New starts" are defined as new to therapy or absence of paid claims in the past 15 months prior to the current claim's date of service (DOS).

Due to stakeholder feedback, continuation of therapy claims will not deny with **Reject Code 75 – Prior Authorization Required** for a period of no less than 60 days. "Continuation of therapy" claims are defined as claims that are submitted for an NDC (refer to the [Medi-Cal Rx Approved NDC List](#)) of the same drug/product found in previous paid claims within 15 months prior to the current claim's DOS.

What Pharmacy Providers and Prescribers Need to Know

New Start vs. Continuation of Therapy

Effective January 31, 2025, only new start pharmacy claims for members 21 years of age and younger are subject to Reject Code 75. Based on stakeholder feedback, continuation of therapy claims are not subject to Reject Code 75 for a period of no less than 60 days. Medi-Cal Rx will provide no less than 30 days' notice to stakeholders prior to the reinstatement of Reject Code 75 for continuation of therapy claims.

All new start and continuation of therapy claims are still subject to all other Medi-Cal Rx claim utilization management (UM) edits (such as those related to frequency and quantity limits), which may require a PA to establish medical necessity.

California Children's Services Paneled Providers

Effective January 31, 2025, Medi-Cal Rx has implemented the California Children's Services (CCS) Panel Authority policy for CCS Paneled Providers who are physicians or certified nurse practitioners and enrolled in Medi-Cal. CCS Panel Authority enables CCS Paneled Providers to prescribe for members 20 years of age and younger without submitting a PA request for Medi-Cal Rx covered drugs/products, with some exceptions.

CCS Panel Authority covers the PA requirement when all of 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 (some exceptions apply)
 - Reject Code 83 – Duplicate Paid/Captured Claim (when submitted for enteral nutrition products)

Prescriptions written by providers that do not meet the CCS Panel Authority policy requirements or by providers without CCS Panel Authority will be subject to PA requirements.

Proactive PA Requests

As of January 31, 2025, pharmacy providers and prescribers may proactively submit PA requests up to 100 days in advance of new start therapy or PA expiration for members 21 years of age and younger.

Due to potential rapid changes in an infant's health status, PA requests for children younger than 1 year of age should be submitted with the prescription.

What Pharmacy Providers and Prescribers Need to Do

As of January 31, 2025, pharmacy providers and prescribers may proactively submit PA requests up to 100 days in advance of new start therapy or the fill date of a renewed or refilled prescription requiring a PA, except for Medi-Cal and CCS-eligible members younger than 1 year of age.

Pharmacy providers and prescribers can complete the following actions to better understand the implementation of Pediatric Integration:

- Review the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#) for information regarding drugs/products eligible for coverage under Medi-Cal Rx as a pharmacy benefit.
 - **Note:** The [Medi-Cal Rx Approved NDC List](#) has been updated to reflect which drugs/products are included or excluded (by NDC) from the CCS Panel Authority policy.
- Review PA resources located on the [Forms & Information](#) page on the [Medi-Cal Rx Provider Portal](#) by selecting the **Prior Authorization (PA)** tab.
- Review the [Pediatric Integration Question & Answer \(Q&A\) Document](#) located on the Department of Health Care Services (DHCS) website.

- Review the [Medi-Cal Rx Pediatric Integration – Frequently Asked Questions \(FAQs\)](#) on the Pediatric Integration tab located on the [Education & Outreach](#) page and the [FAQ](#) page on the [Medi-Cal Rx Web Portal](#).
- Refer to the [California Children’s Services](#) page to determine if a provider has CCS Panel Authority and/or submit an application to become a CCS Paneled Provider via the [California Children’s Services \(CCS\) Provider Paneling Portal](#).
- Attend one of the weekly webinars hosted by Medi-Cal Rx from 12 p.m. – 1 p.m. PT. The link to join can be found on the Pediatric Integration tab located on the [Education & Outreach](#) page on the [Medi-Cal Rx Web Portal](#).
- Schedule a 1-on-1 Office Hour with the Medi-Cal Rx Education & Outreach (E&O) team for individualized support by emailing a request to MediCalRxEducationOutreach@primetherapeutics.com.

6. Pediatric Integration of Members 21 Years of Age and Younger

Background

Medi-Cal Rx previously announced the implementation of claim utilization management (UM) edits and prior authorization (PA) requirements for members 21 years of age and younger effective January 31, 2025, which is known as Pediatric Integration.

Effective January 31, 2025, only new start pharmacy claims for members 21 years of age and younger are subject to Reject Code 75 – Prior Authorization Required. Based on stakeholder feedback, continuation of therapy claims are not subject to Reject Code 75 for a period of no less than 60 days. Continuation of therapy claims are still subject to all other Medi-Cal Rx claim UM edits (such as those related to frequency and quantity limits), which may require a PA to establish medical necessity.

What Pharmacy Providers and Prescribers Need to Know

Effective January 31, 2025, Medi-Cal Rx implemented claim UM edits and PA requirements for members 21 years of age and younger for new start drugs/products. Continuation of therapy claims will not deny with Reject Code 75 but are subject to all other claim UM edits, as noted above.

Notes:

- “New starts” are defined as new to therapy or absence of paid claims in the past 15 months prior to the current claim’s date of service (DOS).
- As of January 31, 2025, pharmacy providers and prescribers can submit PA requests up to 100 days in advance of new start therapy or PA expiration for members 1 year of age and older.

- Due to potential rapid changes in an infant’s health status, PA requests for children younger than 1 year of age should be submitted with the prescription.
- Approved PAs will remain active through their length of authorization.

Effective January 31, 2025, Medi-Cal Rx also implemented the California Children’s Services (CCS) Panel Authority policy for CCS Panel Providers who are physicians or certified nurse practitioners and enrolled in Medi-Cal. CCS Panel Authority enables CCS Panel Providers to prescribe for members 20 years of age and younger without submitting a PA request for Medi-Cal Rx covered drugs/products, with some exceptions.

CCS Panel Authority covers the PA requirement when all of 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 (some exceptions apply)
 - Reject Code 83 – Duplicate Paid/Captured Claim (when submitted for enteral nutrition products)

Prescriptions written by providers that do not meet the CCS Panel Authority policy requirements or by providers without CCS Panel Authority will be subject to PA requirements.

CCS Panel Authority Exceptions

Some examples of excluded drugs/products that will require additional documentation include, but are not limited to:

- Opioid analgesics, benzodiazepines (except anticonvulsants), and sedative/hypnotics.
- High-risk drugs using criteria such as, but not limited to:
 - Not approved for use in the pediatric population and not considered standard of care in the community; **OR**
 - Black box U.S. Food and Drug Administration (FDA) safety warning; **OR**
 - Not considered first-line therapy.
- Noncontracted enteral nutrition products and enteral nutrition products prescribed outside published clinical criteria.

A detailed list of products included or excluded (by NDC) from the CCS Panel Authority policy are available in the [Medi-Cal Rx Approved NDC List](#), and updated monthly thereafter. Pharmacy providers and prescribers can also 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

Pharmacy providers and prescribers can complete the following actions to better understand the implementation of Pediatric Integration:

- Review the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#) for information regarding drugs/products eligible for coverage under Medi-Cal Rx as a pharmacy benefit.
 - **Note:** The [Medi-Cal Rx Approved NDC List](#) has been updated to reflect which drugs/products are included or excluded (by NDC) from the CCS Panel Authority policy.
- Review PA resources located on the [Forms & Information](#) page on the [Medi-Cal Rx Provider Portal](#) by selecting the **Prior Authorization (PA)** tab.
- Review the [Pediatric Integration Question & Answer \(Q&A\) Document](#) located on the Department of Health Care Services (DHCS) website.
- Review the [Medi-Cal Rx Pediatric Integration – Frequently Asked Questions \(FAQs\)](#) on the Pediatric Integration tab located on the [Education & Outreach](#) page and the [FAQ](#) page on the [Medi-Cal Rx Web Portal](#).
- Refer to the following CCS Paneled Providers resources and the [California Children’s Services](#) page to determine if a provider has CCS Panel Authority and/or submit an application to become a CCS Paneled Provider via the [California Children’s Services \(CCS\) Provider Paneling Portal](#).
- Attend one of the weekly webinars hosted by Medi-Cal Rx from 12 p.m. – 1 p.m. PT. The link to join can be found on the Pediatric Integration tab located on the [Education & Outreach](#) page on the [Medi-Cal Rx Web Portal](#).
- Schedule a 1-on-1 Office Hour with the Medi-Cal Rx Education & Outreach (E&O) team for individualized support by emailing a request to MediCalRxEducationOutreach@primetherapeutics.com.

Medi-Cal Rx Resources

- Pediatric Integration tab on the [Education & Outreach](#) page on the [Medi-Cal Rx Web Portal](#)
- [Advancing Medi-Cal Rx: Pediatric Utilization Management \(UM\) Integration](#) slide deck
- [Medi-Cal Rx Provider Manual](#)
- [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#)
- [Medi-Cal Rx CDL and Approved NDC List Navigation](#) YouTube video
- [Medi-Cal Rx Billing Tips](#)
- [Claim Submission Reminders](#)
- [Medi-Cal Rx Web Claims Submission User Guide](#)
- [Prior Authorization Submission Reminders](#)
- [Five Ways to Submit a Prior Authorization Request](#)
- [Submitting a Prior Authorization \(PA\) Request via the Medi-Cal Rx Secured Provider Portal](#) YouTube video

- [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](#)
- [Member Eligibility Lookup Tool Job Aid](#)

CCS Paneled Providers Resources

- [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](#)
- For questions regarding how to become a CCS Paneled Provider, contact the Integrated Systems of Care Division (ISCD) at ProviderPaneling@dhcs.ca.gov or 1-916-552-9105.

Enteral Nutrition and Medical Supplies Resources

- [List of Contracted Enteral Nutrition Products](#) on the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#)
- The *Enteral Nutrition Products* section in the [Medi-Cal Rx Provider Manual](#)
- The [Bulletins & News](#) and [Forms & Information](#) pages on the [Medi-Cal Rx Provider Portal](#)

7. Maximum Quantity Limits for Infant Enteral Nutrition Products

Background

The purpose of this alert is to inform pharmacy providers and prescribers that effective January 31, 2025, Medi-Cal Rx implemented a maximum quantity limit (QL) for contracted infant enteral nutrition products, including specialty infant formulas, based on a maximum daily caloric limit of up to 800 calories/day for a maximum of a 31-day supply.

Note: Enteral nutrition product claims will continue to deny with **Reject Code 75 – Prior Authorization Required** as these products are eligible for coverage via Medi-Cal Rx pursuant to prior authorization (PA) request review.

What Pharmacy Providers and Prescribers Need to Know

Claims submitted to Medi-Cal Rx on or after January 31, 2025, for contracted infant enteral nutrition products will deny with **Reject Code 76 – Plan Limitations Exceeded** when the quantity submitted exceeds the QL for the product as identified in the [List of Contracted Enteral Nutrition Products](#). Daily caloric requirements will be assessed during the PA request review. Maximum daily caloric limits based on feeding status, age, and product type are as follows:

- Up to 2,000 calories/day for members who are tube fed.

- Up to 1,200 calories/day for members who are orally fed **and** 22 years of age and older.
- Up to 1,000 calories/day for members who are orally fed **and** 21 years of age and younger.
- Up to 800 calories/day for members receiving infant formula.

Claims submitted for all enteral nutrition products are limited to a maximum days' supply of 31 days per claim. Approved quantities are rounded up to the smallest available package size.

As a result of this change, the *Medi-Cal Rx Enteral Nutrition Prior Authorization Request* form has been updated and is available on the [Forms & Information](#) page.

What Pharmacy Providers and Prescribers Need to Do

- Ensure the product prescribed is on the [List of Contracted Enteral Nutrition Products](#).
- Ensure prescription requirements, billing requirements/limitations, and documentation requirements are met. Refer to the *Enteral Nutrition Products* section in the [Medi-Cal Rx Provider Manual](#) for additional information and the [List of Contracted Enteral Nutrition Products](#) for product category and product specific requirements.
- Include rationale when submitting PA requests for enteral nutrition products establishing medical necessity for the daily caloric requirements. Continuing care does not apply.
- Submit an enteral nutrition PA request with the updated [Medi-Cal Rx Enteral Nutrition Prior Authorization Request](#) form which is available as of January 31, 2025.

All PA requests submitted to Medi-Cal Rx will be reviewed for medical necessity. If a PA request has been denied due to inability to establish medical necessity, a PA submitter may appeal the determination by submitting a PA appeal request.

Medi-Cal members denied coverage of a requested Medi-Cal Rx product have a 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. Medical Supplies: Updates to the List of Contracted Blood Pressure Monitors and Cuffs, Effective February 1, 2025

The [List of Contracted Blood Pressure Monitors and Cuffs](#) has been updated on the [Medi-Cal Rx Web Portal](#). The effective date of the changes is February 1, 2025.

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

Manufacturer	Product Name	Medi-Cal 11-digit Billing Number (NDC)	MAC per each
A&D Medical	UA-1040TBLE A&D Medical Voice Guided Blood Pressure Monitor (8.6"-16.5")	93764060451	\$71.99
A&D Medical	UA-770BLE A&D Medical Blood Pressure Monitor (8.6"-16.5")	93764060450	\$53.99
A&D Medical	UA-660 A&D Medical One Touch Blood Pressure Monitor (8.6"-16.5")	93764060449	\$35.99
Microlife USA	BP 3MX1-1-Watch BP Home, Home Blood Pressure Monitor	70388016008	\$78.00
Microlife USA	CUFF-S-WBPH-Watch BP Home Cuff Small (14-22 cm)	70388016929	\$20.00
Microlife USA	CUFF-M-WBPH-Watch BP Home Cuff Medium (22-32 cm)	70388016919	\$20.00
Microlife USA	CUFF-L-WBPH-Watch BP Home Cuff Large (32-42 cm)	70388016942	\$20.00
Microlife USA	CUFF-LXL-WBPH-Watch BP Home Cuff Large/XL Large (32-52 cm)	70388016922	\$26.00

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 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.

9. New Medi-Cal Rx Secured Provider Portal Resource: Full Drug Price Lookup Tool

Background

The purpose of this alert is to inform pharmacy providers and prescribers about the new Full Drug Price Lookup Tool available on the [Medi-Cal Rx Secured Provider Portal](#).

Senate Bill 393 established a new outpatient drug discount program for Medicare beneficiaries, which requires that pharmacies charge Medicare beneficiaries no more than the Medi-Cal reimbursement rate plus a processing fee (\$0.15). The new Full Drug Price Lookup Tool allows registered Medi-Cal Rx providers to look up the Medi-Cal reimbursement price for the most current drug products that are dispensed by Medi-Cal pharmacy providers through Medi-Cal Rx. The Full Drug Price Lookup Tool excludes over-the-counter (OTC) medication, medical supplies, compound medications, and medical equipment. For more information, refer to the SB 393 overview in the [Prescription Drug Discount Program for Medicare Beneficiaries](#) notification.

What Pharmacy Providers and Prescribers Need to Know

Prices displayed in the search results are based on the NDC-specific drug product name, quantity, and days' supply entered. The generic version of the drug may be less than the price listed for the brand name drug. Not all brand name drugs have generic equivalents. Sometimes the Medi-Cal Rx price may be higher than the pharmacy cash price. If the Medi-Cal price is lower than the cash price, the Medicare beneficiary shall pay no more than the Medi-Cal Rx price for the prescribed medication, which includes a processing fee of \$0.15. For more information, refer to the [Prescription Drug Discount Program for Medicare Beneficiaries](#) notification.

What Pharmacy Providers and Prescribers Need to Do

Registered Medi-Cal Rx providers can access the Full Drug Price Lookup Tool by logging in to the [Medi-Cal Rx Secured Provider Portal](#) and selecting **Full Drug Price Lookup Tool** from the list of tabs or from the Tools & Resources drop-down menu.

Note: Refer to the [Full Drug Price Lookup Tool Job Aid](#) for additional details. For registration information, refer to the [User Administration Console \(UAC\) Quick Start Guide](#).

Resources

- [Medi-Cal Rx Provider Manual](#)
- [Pharmacy Provider Dispensing Fee Self-Attestation – Frequently Asked Questions \(FAQs\)](#)
- [Medi-Cal Rx Pharmacy Professional Dispensing Fee Provider Self-Attestation](#)
- [Dispense as Written \(DAW\), Brand Medically Necessary \(BMN\), and Reimbursement – Frequently Asked Questions \(FAQs\)](#)
- [Prescription Drug Discount Program for Medicare Beneficiaries](#)
- [Full Drug Price Lookup Tool Job Aid](#)

10. Extension of PREP COVID-19 Vaccine Policy

Background

The purpose of this alert is to inform pharmacy providers that coverage for COVID-19 vaccines under the Public Readiness Emergency Preparedness (PREP) Act has been extended through December 31, 2029. The alert that was previously posted on December 10, 2024 titled [Post-PREP COVID-19 Vaccine Policy Update](#) has been archived.

What Pharmacy Providers Need to Know

- Medi-Cal members younger than 3 years of age must obtain their COVID-19 vaccines through the Vaccines For Children (VFC) program.
- Medi-Cal members 3 years of age and older may obtain their COVID-19 vaccines through non-VFC pharmacy providers.
- Reimbursement rates will remain as follows:
 - For VFC pharmacy providers: Medi-Cal Rx will reimburse pharmacy administered COVID-19 vaccines along with all other VFC pharmacy administered vaccines at dispensing fee + administration fee. An ingredient cost is not included for vaccines funded through the VFC program.
 - For non-VFC pharmacy providers: Medi-Cal Rx will reimburse pharmacy administered COVID-19 vaccines along with all other pharmacy administered vaccines at ingredient cost + dispensing fee + administration fee.

For additional information, refer to the *COVID-19 Vaccines, Antigen Test Kits, and Therapeutics: Coverage and Reimbursements* section in the [Medi-Cal Rx Provider Manual](#).

What Pharmacy Providers Need to Do

Pharmacy providers should refer to the following Medi-Cal Rx resources for vaccine reimbursement and billing information:

- [Updated COVID-19 Vaccine Reimbursement Rates](#)
- [Vaccines For Children Program: Medi-Cal Reference Guide](#)

- [Vaccines For Children Program Policy and Billing Guidance for Pharmacy Providers](#)
- [Pharmacy Administered Immunizations/Vaccines](#) section in the [Medi-Cal Rx Provider Manual](#)
- [Claim Submission Reminders](#)
- [Medi-Cal Rx Billing Tips](#)

11. Reminder: Pharmacy Providers Encouraged to Sign Up for Medi-Cal Rx Electronic Payments

Background

Medi-Cal Rx encourages pharmacy providers to receive payments electronically for their paid pharmacy claims. Electronic payments are posted on the Medi-Cal Rx payment release date which eliminates mail delivery delays and the need for paper check deposits.

What Pharmacy Providers Need to Know

The bank account information supplied by pharmacy providers in the Department of Health Care Services (DHCS) Provider Enrollment Division (PED) Provider Application and Validation for Enrollment (PAVE) Portal **does not transfer** to Medi-Cal Rx. To receive Medi-Cal Rx pharmacy claim payments via Electronic Fund Transfer (EFT), pharmacy providers **must provide** Medi-Cal Rx with the bank account information. This can be accomplished by setting up an EFT record via the [Medi-Cal Rx Secured Provider Portal](#) or by completing, printing, and mailing in the [Medi-Cal Rx Electronic Funds Transfer \(EFT\) Authorization Agreement Form](#).

Pharmacy providers can register for the [Medi-Cal Rx Secured Provider Portal](#) by following the steps in the [User Administration Console \(UAC\) Quick Start Guide](#) and granting access to the Medi-Cal Rx Finance Portal for users to maintain and edit Medi-Cal Rx claim payment methods (paper check or EFT) via the EFT tab.

What Pharmacy Providers Need to Do

Registered users with Finance Portal Full Access can use the Medi-Cal Rx Finance Portal to set up a Medi-Cal Rx Automated Clearing House (ACH) EFT to receive their pharmacy claim payment electronically on the Medi-Cal Rx payment release date. To set up a Medi-Cal Rx EFT record, follow the steps in the [Set Up EFT](#) section of the [Medi-Cal Rx Finance Portal Job Aid](#). Pharmacy providers may also complete, print, and mail in the [Medi-Cal Rx Electronic Funds Transfer \(EFT\) Authorization Agreement Form](#) to authorize Medi-Cal Rx EFT.

Resources

- [User Administration Console \(UAC\) Quick Start Guide](#)
- [Medi-Cal Rx Finance Portal Job Aid](#)
- [Medi-Cal Rx Finance Portal – Frequently Asked Questions \(FAQs\)](#)
- [Medi-Cal Rx Electronic Funds Transfer \(EFT\) Authorization Agreement Form](#)

12. Reversing Fee-for-Service Pharmacy Claims to Refund a Paid Claim

Background

The purpose of this alert is to inform pharmacy providers how to refund a fee-for-service pharmacy claim paid by Medi-Cal Rx or by the previous California Medicaid Management Information System Fiscal Intermediary (CA-MMIS FI).

What Pharmacy Providers Need to Know

To maintain pharmacy claim data integrity, pharmacy providers who wish to refund a paid pharmacy claim (processed by Medi-Cal Rx or CA-MMIS) must submit a pharmacy claim reversal.

Provider checks sent to the Department of Health Care Services (DHCS) or Medi-Cal Rx to refund previously paid pharmacy claims will be returned to the pharmacy provider. Pharmacy providers should follow instructions to reverse a pharmacy claim via one of the appropriate Medi-Cal Rx claim reversal processes.

What Pharmacy Providers Need to Do

Pharmacy providers can submit a claim reversal via one of the following methods for claims with a date of service (DOS) **on or after October 1, 2019**:

- Reverse claim(s) through the pharmacy point-of-sale (POS) system by submitting an NCPDP B2 Claim Reversal (refer to the [NCPDP Payer Specification Sheet](#) for required fields); **OR**
- Reverse claim(s) through NCPDP Batch File Submission (refer to the *NCPDP Batch File Submission* section in the [Medi-Cal Rx Provider Manual](#)); **OR**
- Reverse claim(s) through the Medi-Cal Rx Web Claims Submission (WCS) tool by submitting an NCPDP B2 Claim Reversal (refer to the [Medi-Cal Rx Web Claims Submission User Guide](#) for more information); **OR**
- Reverse claim(s) by submitting a [Provider Claim Inquiry Form \(CIF\)](#) (DHCS 6570) with the Void checkbox selected (refer to the *Medi-Cal Rx Provider Claim Inquiry Form (CIF) (DHCS 6570)* section in the [Medi-Cal Rx Provider Manual](#) for additional information).
 - **Note:** A CIF cannot be submitted for claims previously paid via POS or WCS unless an overpayment is being returned. Refer to the *Exceptions to Using CIFs* section in the [Medi-Cal Rx Provider Manual](#) for additional information.

Pharmacy providers can submit a claim reversal via the following method for claims with a DOS **prior to October 1, 2019**:

- Reverse claim(s) by submitting a [Provider Claim Inquiry Form \(CIF\)](#) (DHCS 6570) with the Void checkbox selected. Refer to the *Medi-Cal Rx Provider Claim Inquiry Form (CIF)* (DHCS 6570) section in the [Medi-Cal Rx Provider Manual](#) for additional information.

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.