Medi-Cal Rx Monthly Bulletin

March 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.

1. Changes to the Medi-Cal Rx Contract Drugs List
2. Updates to the Medi-Cal Rx Provider Manual
3. Now Active – Pediatric Integration for New Start Therapies and CCS Panel Authority
4. Now Available: CCS Panel Authority Policy Exclusions on the Medi-Cal Rx Approved NDC List
5. State of Emergency Override Extension: Los Angeles and Ventura Counties
6. Upcoming Pharmacy Professional Dispensing Fee Provider Self-Attestation
7. Reversing Fee-for-Service Pharmacy Claims to Refund a Paid Claim
8. Deactivation of Reject Code 16 – M/I Prescription/Service Reference Number
9. Updated: Medi-Cal Rx Enteral Nutrition Prior Authorization Request Form
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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 March 1, 2025.

Drug Name	Description	Effective Date
Bortezomib	Additional formulation (single dose vial) added to the *Medi-Cal Rx Contract Drugs List* (CDL) with prior authorization (PA) restriction.	March 1, 2025
Datopotamab Deruxtecan-dlnk	Added to the CDL with labeler restriction (LR).	March 1, 2025
Docetaxel	Additional formulation (solution for injection) added to the CDL with LR.	March 1, 2025
Glucagon (synthetic)	LR added to prefilled auto-injector, prefilled syringe, and single-dose vial kit.	March 1, 2025
Nivolumab and Hyaluronidase-nvhy	Added to the CDL with LR.	March 1, 2025
Pemetrexed Dipotassium	Added to the CDL with LR.	March 1, 2025
Vaccines	Additional vaccines added to the CDL.	March 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
Section 15.6 – Cost Ceiling	• Refined language in the introduction sentence.	March 1, 2025
Section 17.3 – COVID-19 Antigen Test Kits	• Expanded upon language regarding coverage criteria for COVID-19 antigen test kits as a Medi-Cal Rx pharmacy benefit.	March 1, 2025

3. Now Active – Pediatric Integration for New Start Therapies and CCS Panel Authority

Background

The purpose of this alert is to notify pharmacy providers and prescribers that Pediatric Integration is now active for members 21 years of age and younger as announced in the alerts titled *Update: Important Policy Adjustment for Pediatric Integration* and *30-Day Countdown: Pediatric Integration of Members 21 Years of Age and Younger*.

What Pharmacy Providers and Prescribers Need to Know

Medi-Cal Rx has implemented claim utilization management (UM) edits and prior authorization (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 – Prior Authorization Required** for a period of at least 60 days but will be subject to all other claim UM edits.

Medi-Cal Rx will provide at least 30 days' notice to stakeholders prior to the reinstatement of Reject Code 75 for continuation of therapy claims.

Additionally, 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.

For more information on Pediatric Integration, refer to the Pediatric Integration tab located on the Education & Outreach page on the Medi-Cal Rx Web Portal.

What Pharmacy Providers and Prescribers Need to Do

1. For new start pharmacy claims for members 21 years of age and younger, consider covered therapies that may not require a PA, if clinically appropriate. Refer to the following resources:

   - *Medi-Cal Rx Approved NDC List*
   - Contract Drugs & Covered Products Lists page on the Medi-Cal Rx Web Portal

2. If a change in therapy is not appropriate, submit a PA.
3. Pharmacy providers and prescribers should proactively submit PA requests up to 100 days in advance of a renewed or refilled prescription requiring a PA, except for Medi-Cal and CCS-eligible members younger than 1 year of age.
4. PA requests can be submitted via the following Medi-Cal Rx PA submission methods:

   - CoverMyMeds®
   - Medi-Cal Rx Secured Provider Portal
   - NCPDP P4 Transaction
   - Fax
   - U.S. Mail

5. Review PA resources by selecting the **Prior Authorization (PA)** tab on the [Forms & Information](#) page.

4. Now Available: CCS Panel Authority Policy Exclusions on the Medi-Cal Rx Approved NDC List

Background

The purpose of this alert is to inform pharmacy providers and prescribers that the [Medi-Cal Rx Approved NDC List](#) has been updated to reflect which drugs/products are excluded (by NDC) from the California Children's Services (CCS) Panel Authority policy as part of Pediatric Integration. The effective date of the changes is January 31, 2025.

What Pharmacy Providers and Prescribers Need to Know

The [Medi-Cal Rx Approved NDC List](#) has been updated to include a detailed list of drugs/products that are excluded (by NDC) from the CCS Panel Authority policy, beginning January 31, 2025. This list will be updated monthly. Drugs/products excluded from the CCS Panel Authority policy will require a prior authorization (PA), unless eligible to bypass Reject Code 75 under the continuation of therapy policy, as stated in the alert titled [Update: Important Policy Adjustment for Pediatric Integration](#).

What Pharmacy Providers and Prescribers Need to Do

CCS Paneled Providers are encouraged to review the [Medi-Cal Rx Approved NDC List](#) to determine which drugs/products are subject to PA requirements beginning on January 31, 2025, and plan accordingly to ensure members' access to therapy.

For more information about Pediatric Integration, refer to the Pediatric Integration tab on the [Education & Outreach](#) page on the [Medi-Cal Rx Web Portal](#).

5. State of Emergency Override Extension: Los Angeles and Ventura Counties

Background

The purpose of this alert is to notify pharmacy providers that, pursuant to the Governor's January 7, 2025, [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. **The use of this override has been extended and will be accepted for dates of service (DOS) January 7, 2025, through March 10, 2025; however, the Department of Health Care Services (DHCS) may extend this duration if needed.**

What Pharmacy Providers Need to Know

This emergency override allows 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. For additional details, refer to the alert titled *State of Emergency Override Activation: Submission Clarification Code 13*, dated January 10, 2025.

> » **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*

6. Upcoming Pharmacy Professional Dispensing Fee Provider Self-Attestation

Background

The 2025 prescription volume attestation survey is available to providers as of March 1, 2025. The self-attestation survey period is March 1, 2025, through March 31, 2025. Pharmacies should have received notifications by email and/or fax and can also refer to the attestation survey announcement alert that was published on the [Bulletins & News](#) page on the [Medi-Cal Rx Provider Portal](#) on March 1, 2025. If you do not receive a survey notification letter within the first week of March, contact Mercer at CODSurvey@mercer.com.

What Pharmacy Providers Need to Know

Mercer Government Human Services Consulting (Mercer GHSC), on behalf of Prime Therapeutics State Government Solutions LLC (Prime) and the Department of Health Care Services (DHCS), is administering this year's provider self-attestation process. Pursuant to *Welfare and Institutions Code* (W&I Code), Section 14105.45, the professional dispensing fee is based on a pharmacy's total (Medicaid and non-Medicaid) annual prescription volume from the previous year as follows:

- Less than 90,000 claims equals $13.20
- 90,000 or more claims equals $10.05

Note: DHCS' policy is that a claim is equivalent to a dispensed prescription.

What Pharmacy Providers Need to Do

If your 2024 calendar year claim volume was 90,000 or more, you do not need to do anything to receive the $10.05 professional dispensing fee.

If your 2024 calendar year claim volume was less than 90,000 claims, you must complete the *Medi-Cal Pharmacy Provider Self-Attestation Form* during the attestation period that runs from March 1, 2025, through March 31, 2025.

Failure to attest during that period will result in the $10.05 dispensing fee reimbursement for your pharmacy for the 2025 – 2026 State Fiscal Year. **There are no exceptions**.

Visit the [Medi-Cal Rx Pharmacy Professional Dispensing Fee Provider Self-Attestation](#) website for more information.

Reminder: The primary method for provider notification for the survey is via email and/or fax. It is recommended that providers maintain accurate and consistent contact information across all organizations involved in pharmacy administration, including but not limited to, NCPDP and Medi-Cal Rx.

Thank you in advance for your participation in the upcoming attestation.

7. 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.

8. Deactivation of Reject Code 16 – M/I Prescription/Service Reference Number

Background

The purpose of this alert is to inform pharmacy providers that utilization management (UM) claim edit **Reject Code 16 – M/I Prescription/Service Reference Number** has been deactivated as of January 22, 2025.

What Pharmacy Providers Need to Know

On October 23, 2024, Medi-Cal Rx published an alert titled _Activation of Reject Code 16 – Medi-Cal Rx Program Integrity Update_, informing pharmacy providers that Medi-Cal Rx activated Reject Code 16 for all claims for members of all ages on November 6, 2024.

Based on stakeholder feedback and to reduce disruption to pharmacy providers, Medi-Cal Rx has **deactivated Reject Code 16** and will continue to closely monitor for program integrity, effective January 22, 2025.

What Pharmacy Providers Need to Do

If appropriate, pharmacy providers should resubmit claims that previously received a Reject Code 16.

9. Updated: Medi-Cal Rx Enteral Nutrition Prior Authorization Request Form

Background

The purpose of this alert is to notify pharmacy providers and prescribers that Medi-Cal Rx has updated the _Medi-Cal Rx Enteral Nutrition Prior Authorization Request_ (DHCS 6505) form.

What Pharmacy Providers and Prescribers Need to Know

The _Medi-Cal Rx Enteral Nutrition Prior Authorization Request_ (DHCS 6505) form can be utilized by providers and prescribers when submitting an enteral nutrition prior authorization (PA) request via fax or U.S. mail. Pharmacy providers and prescribers may continue to utilize any of the five approved PA submission methods to submit PA requests for enteral nutrition products, including:

- CoverMyMeds®
- Medi-Cal Rx Secured Provider Portal
- NCPDP P4 Transaction
- Fax
- U.S. Mail

Refer to the _Prior Authorization Request Overview, Request Methods, and Adjudication_ section in the _Medi-Cal Rx Provider Manual_ for more information about PA submission.

The updated _Medi-Cal Rx Enteral Nutrition Prior Authorization Request_ (DHCS 6505) form with the following revised footer is available on the Forms & Information page on the Medi-Cal Rx Provider Portal.

DHCS 6505 (Revised 01/2025)

What Pharmacy Providers and Prescribers Need to Do

- If using the *Medi-Cal Rx Enteral Nutrition Prior Authorization Request* (DHCS 6505) form for an enteral nutrition PA submission, use the most up-to-date form showing (Revised 01/2025) in the footer.
Note: Do not use any previously downloaded or saved versions of this form with a date in the footer that is earlier than January 2025.
- When submitting PAs for enteral nutrition products via fax or U.S. mail, Medi-Cal Rx recommends utilizing the updated *Medi-Cal Rx Enteral Nutrition Prior Authorization Request* (DHCS 6505) form.
- Continue to review the *List of Contracted Enteral Nutrition Products* to determine if the requested product is contracted.
- Review the *Enteral Nutrition Products* section in the *Medi-Cal Rx Provider Manual* to ensure prescription requirements, billing requirements/limitations, and documentation requirements are met.

10.   Reminder: Populate Usual & Customary Charge Field When Submitting a Claim

Background

The purpose of this alert is to remind pharmacy providers to populate all required fields, including the Usual & Customary Charge field, when submitting a pharmacy claim. The *Payment Methodology for Covered Outpatient Drugs* section in California's State Plan Amendment (SPA) 23-0043 defines "usual and customary charge" as the regular rates that providers charge both Medi-Cal members and other paying patients for the services furnished to them.

What Pharmacy Providers Need to Do

- Populate all required fields including the Usual & Customary Charge field when submitting a pharmacy claim.
- Refer to the *NCPDP Payer Specification Sheet* and the *Medi-Cal Rx Provider Manual* for additional information regarding fields required for claim submission.

  - **Note**: Failure to correctly and completely fill out all necessary fields may result in denials when submitting claims and may also result in Medi-Cal Rx needing to perform a future mass claims adjustment.

11. Reminder: Providers Encouraged to Sign Up for Medi-Cal Rx Electronic Remittance Advice

Background

To avoid mail delivery delays and save paper, Medi-Cal Rx encourages pharmacy providers to opt into receiving the Medi-Cal Rx remittance information via the Electronic Remittance Advice (ERA) format.

The Medi-Cal Rx Remittance Advice (RA) is provided weekly for pharmacy providers to reconcile records with the pharmacy claims that have been adjudicated (paid, reversed, or denied) by Medi-Cal Rx during a given time frame as outlined in the *Checkwrite Schedule* section of the *Medi-Cal Rx Provider Manual*. The pharmacy provider may choose one of two formats for their Medi-Cal Rx RA, either an ERA file or a paper RA. The ERA file delivery coincides with the Medi-Cal Rx Payment Release Date. If the pharmacy provider has not opted in for ERAs, by default, a paper RA is mailed to the provider's pay-to address on file on the Medi-Cal Rx Payment Release Date. For the paper RA, the provider is also able to access a PDF version via the *Medi-Cal Rx Secured Provider Portal*.

What Pharmacy Providers Need to Know

For Medi-Cal Rx to deliver the HIPAA-compliant 835 ERA file electronically through the Medi-Cal Rx Secured Provider Portal, the pharmacy provider **must opt in to receive the Medi-Cal Rx ERA format**. The change in the RA format may take up to 30 calendar days to take effect in the Medi-Cal Rx checkwrite, depending on the timing of the update in relation to the phase of the Medi-Cal Rx checkwrite cycle.

Once the pharmacy provider's Medi-Cal Rx ERA format is in effect, the pharmacy provider and designated receivers are able to view and download the HIPAA-compliant 835 ERA file from the Medi-Cal Rx Secured Provider Portal to their preferred application, or are able to view and print from a Medicare Remit Easy Print (MREP) Software tool provided by the Centers for Medicare & Medicaid Services (CMS).

Note: The MREP tool can be downloaded from the *Forms & Information* page on the Medi-Cal Rx Provider Portal.

What Pharmacy Providers Need to Do

Confirm with the Delegated Administrator (Del Admin) which registered users have Finance Portal Full Access and those that have 835 File Access. Request updates as needed.

Registered users with Finance Portal Full Access can use the Medi-Cal Rx Finance Portal to maintain RA format preferences and to view and download RA files. To set up Medi-Cal Rx ERA delivery, follow the steps in the *Set Up ERA* section of the *Medi-Cal Rx Finance Portal Job Aid*. Pharmacy providers may also complete, print, and mail in the *Medi-Cal Rx Electronic Remittance Advice (ERA) Authorization Agreement Form*.

Registered users with 835 File Access are able to view and download RA files.

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 Remittance Advice (ERA) Authorization Agreement Form](#)*

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.