



Medi-Cal Rx

Medi-Cal Rx Monthly Bulletin

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

Drug Name	Description	Effective Date
Bendamustine HCL	Additional labeler restriction (LR) (71225) added.	April 1, 2025
Diroximel Fumarate	Effective May 1, 2025: End-dated.	April 1, 2025
Dupilumab	* Added to the to the <i>Medi-Cal Rx Contract Drugs List</i> (CDL) with diagnosis, quantity, and labeler restrictions.	April 1, 2025
Nilotinib	Additional formulation (tablets) added to the CDL with LR.	April 1, 2025
Somatrogon-ghla	* Added to the CDL with age, diagnosis, and labeler restrictions.	April 1, 2025
Tirzepatide (Mounjaro)	* Added to the CDL with diagnosis, quantity, and labeler restrictions.	April 1, 2025
Zenocutuzumab-zbco	Added to the CDL with prior authorization (PA) restriction.	April 1, 2025

2. Changes to the Medi-Cal Rx Contract Drugs List – Blood Factors

The following changes have been made to the [Medi-Cal Rx Contract Drugs List – Blood Factors](#) posted to the Medi-Cal Rx Web Portal, effective April 1, 2025.

Drug Name	Description	Effective Date
Factor VIIa (recombinant)-jncw, Sevenfact®	Effective January 1, 2025: Additional strength (2 mg) added to the <i>Medi-Cal Rx Contract Drugs List</i> (CDL).	April 1, 2025
Factor VIII (recombinant) glycopegylated-exei, Esperoct®	Effective January 1, 2025: Additional strength (4000 IU) added to the CDL with prior authorization (PA) required.	April 1, 2025
Factor VIII (recombinant), Kogenate®FS	Removed from the CDL.	April 1, 2025
Factor VIII (recombinant) PEGylated-aucl, Jivi®	Effective January 1, 2025: Additional strength (4000 IU) added to the CDL.	April 1, 2025
Factor IX, Mononine®	Removed from the CDL.	April 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](#).

Updates

Section	Update Description	Effective Date
<i>Section 14.7 – PA Adjudication</i>	<ul style="list-style-type: none"> Updated Long Term Care (LTC) status to Residence status. Refined language regarding review of prior authorization (PA) request once eligibility is confirmed. Added language regarding denial determinations and the time period. Added “invalid HAP ID” as a reason why a PA request cannot be accepted. 	April 1, 2025
<i>Section 17.0 – COVID-19 Vaccines, Antigen Test Kits, and Therapeutics: Coverage and Reimbursements</i>	<ul style="list-style-type: none"> Added language from the former Section 17.5 regarding commercial vaccines and the Vaccines For Children (VFC) program. 	April 1, 2025
<i>Section 17.1 – COVID-19 Vaccine Administration Reimbursement</i>	<ul style="list-style-type: none"> Refined language regarding reimbursement for claims with a date of service (DOS) on or after March 15, 2021, through September 30, 2024. Added language from the former Section 17.5.1 regarding reimbursement for claims with a DOS on or after September 11, 2023, through September 30, 2024. Added language regarding reimbursement for claims with a DOS on or after October 1, 2024. 	April 1, 2025
<i>Section 17.2 – COVID-19 Supplemental Incentive Fee Reimbursement for In-Home Vaccine Administration</i>	<ul style="list-style-type: none"> Refined language regarding qualifying and disqualifying locations as a member’s home for the additional in-home incentive fee amount. 	April 1, 2025
<i>Section 17.5 – Commercial COVID-19 Vaccines</i>	<ul style="list-style-type: none"> Language moved to Section 17.0. Section 17.5 removed. 	April 1, 2025

Section	Update Description	Effective Date
<i>Section 17.5.1 – Commercial COVID-19 Vaccines Administration Reimbursement</i>	<ul style="list-style-type: none"> Language moved to Section 17.1. Section 17.5.1 removed. 	April 1, 2025
<i>Appendix G – OHC Carrier Information</i>	<ul style="list-style-type: none"> Added health plans and contact information to Appendix G. 	March 3, 2025

4. Coming Soon: Completion of Pediatric Integration for Members 21 years of Age and Younger

Background

On January 31, 2025, Medi-Cal Rx initiated implementation of claim utilization management (UM) edits and prior authorization (PA) requirements for new start prescriptions for members 21 years of age and younger, known as Pediatric Integration.

Effective April 25, 2025, all pharmacy claims for all members, including members 21 years of age and younger, will be subject to Reject Code 75 – Prior Authorization Required and all other Medi-Cal Rx claim UM edits (such as those related to frequency and quantity limits). A PA may be required to establish medical necessity.

What Pharmacy Providers and Prescribers Need to Know

Effective April 25, 2025, Medi-Cal Rx will complete implementation of claim UM edits and PA requirements for all members, including members 21 years of age and younger, for all drugs/products. As a result, claims for continuing therapy prescriptions for pediatric members 21 years of age and younger will be subject to PA requirements.

What Pharmacy Providers and Prescribers Need to Do

Pharmacy providers and prescribers should continue to submit proactive PA requests up to 100 days in advance of therapy refill dates or PA expiration for members 1 year of age and older. Currently approved PAs will remain active through their length of authorization.

Note: 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.

Pharmacy providers and prescribers are also encouraged to complete the following actions prior to the completion of Pediatric Integration implementation on April 25, 2025:

- 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](#) will continue to be regularly updated to reflect which drugs/products are included or excluded (by NDC) from the California Children’s Services (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 \(FAQs\)](#), which is available 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 Panel Authority 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 Panel Authority Provider via the [California Children’s Services \(CCS\) Provider Paneling Portal](#).
- Weekly webinars are hosted by Medi-Cal Rx from March 28, 2025, through May 23, 2025, to ensure provider and prescriber support. The link 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](#)

5. Centers for Medicare and Medicaid Payment Error Rate Measurement Review

Background

The purpose of this alert is to notify pharmacy providers and prescribers that the Centers for Medicare and Medicaid Services (CMS) is conducting its Reporting Year 26 (RY26) Payment Error Rate Measurement (PERM) review.

What Pharmacy Providers and Prescribers Need to Know

CMS is conducting its RY26 PERM review of Cycle 2 states, which includes California. CMS will randomly sample Medi-Cal Rx claims during the course of calendar year 2025 for payment accuracy and medical review. Providers whose claims are sampled will be contacted by the CMS Review Contractor, Empower AI, in order to request medical or service records associated with the sampled claim.

What Pharmacy Providers and Prescribers Need to Do

Contacted providers should comply with the request for records within 75 days of receipt of the records request letter. For more information about PERM, access the [Payment Error Rate Measurement \(PERM\)](#) page.

Refer to the following table for examples of the types of records that may be requested from pharmacy providers, as defined by Category 8 in the *CMS Payment Error Rate Measurement (PERM) RY26 Provider Required Document List (Category Type)*.

Category	Type of Service	Documents Requested (if applicable to sampled claim)
8	Prescribed Drugs	<ul style="list-style-type: none"> • Copy of Prescription in Original, Facsimile, Telephonic, or Electronic Form: Front and Back (if applicable) with Patient Name, Date of Birth, Address, Telephone Number, Physician/Non-Physician Name, and Signature (signature method as required/permitted by state regulations) • National Drug Code (NDC) Number • Member Profile with Refill History for the <u>Billed Medication</u> • Documented Proof of Beneficiary Acceptance or Refusal of Counseling (if documentation of pharmacy counseling is required by state policy) • Proof of Delivery <ul style="list-style-type: none"> – Member Pharmacy Signature Log (if picked up at pharmacy) – Signature or shipment tracking information (if delivered to personal residence or shipped via third party vendor) – Manifesto if Delivered to Skilled Nursing Facility (SNF), Nursing Facility (NF), Intermediate Care Facility (ICF), or ICF for Individuals with Intellectual Disabilities (ICF/IID) • Physician Medication Order for SNF, NF, ICF, or ICF/IID (signed and dated) • Name of Drug, Dose, Route, Number Dispensed, and Number of Refills • Medication Administration Record (MAR) (signed and dated) if medication given in clinic/physician office, pharmacy, or infusion center • Physician/Non-Physician Progress Note (signed and dated) if medication given in clinic/physician/non-physician office • Proof of Timely Claim Reversal (if applicable)

6. Mass Adjustment for Professional Dispensing Fee Amount for Increase for Impacted Claims with a Date of Service July 1, 2024, through July 25, 2024

Background

The purpose of this alert is to inform pharmacy providers that Medi-Cal Rx initiated a mass adjustment where the correct professional dispensing fee was not considered for claims with a date of service (DOS) on or after July 1, 2024, through July 25, 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 July 1, 2024, through July 25, 2024, where a pharmacy requested Medi-Cal Rx to update their two-tier professional dispensing fee amount from \$10.05 to \$13.20, per their revised Pharmacy Provider Self-Attestation which was submitted in a timely manner. Medi-Cal Rx updated their professional dispensing fee amount on July 25, 2024, 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 the pharmacy provider which may result in an amount owed to the pharmacy provider, an amount owed to DHCS, or no net change to the amount already reimbursed.

Adjustments have been made for some of the impacted claims with a DOS on or after July 1, 2024, through July 25, 2024, and appeared on the March 14, 2025, remittance advice (RA). Adjustments for the remaining claims with a DOS on or after July 1, 2024, through July 25, 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 the impacted claims with a DOS on or after July 1, 2024, through July 25, 2024, appeared on the March 14, 2025 RA. On the RA, the impacted pharmacy provider will see a reversal of the original claim and a new claim processed (same member, Rx number, DOS, NDC, etc.) to reflect the adjustment.

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 and include, if appropriate, any claim-specific information with the correspondence.

7. Medi-Cal Rx to Mail Amended 2024 1099-MISC Form

Background

The purpose of this alert is to inform pharmacy providers that Medi-Cal Rx mailed an **amended Medi-Cal Rx 2024 1099-MISC** form using the pharmacy provider's legal name and pay-to address on file with Medi-Cal Rx, as provided by the Department of Health Care Services (DHCS) Provider Enrollment Division (PED) for the National Provider Identifier (NPI)/Owner Number.

When the original Medi-Cal Rx 2024 1099-MISC forms were produced, one of the pharmacy provider's legal names and pay-to addresses was chosen to be used as the default for all the pharmacy providers that had the same Employer Identification Number (EIN), rather than using the legal name and pay-to address for the individual NPI/Owner Number. As a result, some pharmacy providers may not have received their Medi-Cal Rx 2024 1099-MISC form as expected.

What Pharmacy Providers Need to Know

On February 28, 2025, Medi-Cal Rx mailed the amended 2024 1099-MISC form to all pharmacy providers that received Medi-Cal Rx payments totaling \$600 or more for the 2024 calendar year. This was a precautionary measure to ensure that pharmacy providers receive their 2024 1099-MISC form per the legal name and pay-to address on file for the NPI/Owner Number.

The amended Medi-Cal Rx 2024 1099-MISC form **does not** have the "corrected" checkbox checked because the original version was not filed with either the Internal Revenue Service (IRS) or the State tax authority. Medi-Cal Rx filed the amended version with the IRS and State tax authority by the due date, March 31, 2025.

Note: Dollar amounts **were not impacted**. The amounts on the original 2024 1099-MISC form and the amended 2024 1099-MISC form are identical.

The amended 2024 1099-MISC form contains the following message at the top of the form:

02/28/25: Amend of 2024 Medi-Cal Rx 1099 w/legal name and pay to address on file w/DHCS PED. Discard previous. Call Medi-Cal Rx CSC w/questions; 1-800-977-2273.

What Pharmacy Providers Need to Do

Pharmacy providers should:

- Share this alert with the appropriate individuals.
- Inform your tax preparer that an amended Medi-Cal Rx 2024 1099-MISC form was provided.
- Discard the original Medi-Cal Rx 2024 1099 once the amended version arrives.
- Contact the Medi-Cal Rx Customer Service Center (CSC), using the information in the following section, if you **did not** receive your amended 2024 1099-MISC form by **March 6, 2025**. Medi-Cal Rx CSC will mail a copy of the amended form to the pharmacy provider's legal name and pay-to address on file with Medi-Cal Rx as provided by DHCS PED.

8. 30-Day Countdown: Medi-Cal Rx Contract Drugs List Loading Dose Quantity Policy Update

The purpose of this alert is to inform pharmacy providers and prescribers that effective April 1, 2025, claims submitted to Medi-Cal Rx will deny with **Reject Code 76 – Plan Limitations Exceeded** with special messaging if either the Code I maximum quantity per day limit or the maximum days' supply limit is exceeded for the following contracted biologic agents:

- Adalimumab
- Adalimumab Biosimilars
- Etanercept
- Risankizumab-Rzaa
- Secukinumab

What Pharmacy Providers and Prescribers Need to Know

Claims submitted to Medi-Cal Rx for the biologic agents listed above with a quantity exceeding the maximum quantity per day limit and/or maximum days' supply limit will deny with Reject Code 76 with the supplemental message "*Please submit PA if FDA-approved loading/maintenance dose requires a higher quantity.*"

Example scenarios for which a prior authorization (PA) request is necessary include the following:

- Claims for new starts where the loading dose or induction dose requires a quantity limit (QL) or frequency of billing greater than or more frequent than allowed by the Code I.
- Claims for a maintenance dose that requires a QL or frequency of billing greater than or more frequent than allowed by the Code I.

What Pharmacy Providers and Prescribers Need to Do

- If the member's required prescription exceeds the QLs for the contracted biologic agent and the claim denies with Reject Code 76, pharmacy providers and prescribers should submit a PA request for the applicable U.S. Food and Drug Administration (FDA)-approved quantity and frequency.
 - To expedite approval, the PA request must include relevant information, including diagnosis and the applicable quantity.
 - Both loading and maintenance doses may be submitted on the same PA request.
- Refer to the alert titled [Prior Authorization Submission Reminders](#) for information about submitting PA requests.
- On and after April 1, 2025, review the updated Code I restrictions in the [Medi-Cal Rx Contract Drugs List](#) (CDL) for the above listed contracted biologic agents.
- Submit claims utilizing the appropriate billing unit based on the 11-digit NDC of the product prescribed.

Note: This updated policy does not apply to requests for off-label use or days' supply greater than what is necessary to process a claim for loading doses or a maintenance dose specific to a diagnosis. If the member requires a greater quantity or frequency of billing for reasons other than a loading dose or maintenance dose specific to a diagnosis, submit a PA request for coverage considerations.

9. 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 April 1, 2025, and were posted to the Mercer Medi-Cal Rx website no later than March 1, 2025.

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.

10. Updates to the List of Contracted Enteral Nutrition Products, Effective April 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 April 1, 2025.

The following product has been added to the *List*:

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
Kate Farms®, Inc.	Kate Farms Pediatric Peptide 1.0, Strawberry, 250 ml	11112003131

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* are no longer 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 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:

[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.

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.