



Medi-Cal Rx

Medi-Cal Rx Monthly Bulletin

May 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 May 1, 2025.

Drug Name	Description	Effective Date
Dalfampridine	* Added to <i>Medi-Cal Rx Contract Drugs List</i> (CDL) with age and diagnosis restrictions.	May 1, 2025
Dimethyl Fumarate	* Added to the CDL with age and diagnosis restrictions.	May 1, 2025
Diphtheria/Tetanus Toxoids/Acellular Pertussis/Inactivated Poliovirus Vaccine	Additional strength (15-48-5-62/0.5 ml vial) added to the CDL.	May 1, 2025
Lebrikizumab-lbkz	* Added to the CDL with age, diagnosis, labeler, and quantity restrictions.	May 1, 2025
Maraviroc	Effective June 1, 2025: 25 mg and 75 mg tablets end-dated.	May 1, 2025
Mirvetuximab Soravtansine-gynx	Prior authorization (PA) restriction removed. Labeler restriction (LR) added.	May 1, 2025
Rotavirus Vaccine	Additional dosage form (reconstituted suspension) added to the CDL.	May 1, 2025
Secnidazole	Effective June 1, 2025: LR added.	May 1, 2025
Teriflunomide	* Added to the CDL with age and diagnosis restrictions.	May 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
24689	APNAR PHARMA LP	April 1, 2025
17270	ARMSTRONG PHARMACEUTICALS, INC.	April 1, 2025

NDC Labeler Code	Contracting Company's Name	Effective Date
83047	AUTOLUS INC.	April 1, 2025
73684	BLUCREST PHARMACEUTICALS	April 1, 2025
82228	BRIDGEBIO PHARMA, INC.	April 1, 2025
65145	CAPLIN STERILES LIMITED	April 1, 2025
71800	INNOVIDA PHARMACEUTIQUE CORPORATION	April 1, 2025
71860	IONIS PHARMACEUTICALS, INC.	April 1, 2025
71085	IPG PHARMACEUTICALS, INC.	April 1, 2025
73159	LACER PHARMA, LLC.	April 1, 2025
82292	LUMICELL, INC.	April 1, 2025
71357	MILLA PHARMACEUTICALS	April 1, 2025
45861	PHARMACEUTICA NORTH AMERICAN, INC.	April 1, 2025
73555	SYNDAX PHARMACEUTICALS, INC.	April 1, 2025
84275	UNITY PHARMA	April 1, 2025

Labeler Code Terminations:

NDC Labeler Code	Contracting Company's Name	Effective Date
61621	ACELRX PHARMACEUTICALS, INC.	April 1, 2025
68152	ACROTECH BIOPHARMA LLC	April 1, 2025
59730	ADMA BIOLOGICS, INC.	April 1, 2025
00056	BRISTOL-MYERS SQUIBB PHARMA CO.	April 1, 2025
63653	BRISTOL-MYERS SQUIBB/SANOFI PARTNERSHIP	April 1, 2025
64455	BTA PHARMACEUTICALS, INC.	April 1, 2025
49909	EDGEMONT PHARMACEUTICALS, LLC.	April 1, 2025
81288	EMC PHARMA, LLC.	April 1, 2025
70801	FLEXION THERAPEUTICS, INC.	April 1, 2025
57902	JAZZ PHARMACEUTICALS, INC.	April 1, 2025
74527	MACROGENICS, INC.	April 1, 2025
73129	ORIGIN BIOSCIENCES, INC.	April 1, 2025
69251	OTONOMY, INC.	April 1, 2025
67857	PROMIUS PHARMA, LLC	April 1, 2025
57278	ROCKWELL MEDICAL, INC.	April 1, 2025
00039	SANOFI-AVENTIS, US LLC	April 1, 2025

NDC Labeler Code	Contracting Company's Name	Effective Date
72733	SANOFI US CORPORATION	April 1, 2025
70194	SYNERGY PHARMACEUTICALS, INC.	April 1, 2025
69681	VERU INC.	April 1, 2025
72677	VIELA BIO, INC.	April 1, 2025
69784	WOODWARD PHARMA SERVICES LLC	April 1, 2025

3. Changes to the Medi-Cal Rx Family Planning, Access, Care, and Treatment Pharmacy Formulary

The following changes have been made to the [Medi-Cal Rx Family Planning, Access, Care, and Treatment Pharmacy Formulary](#) posted to the Medi-Cal Rx Web Portal, effective May 1, 2025.

Drug Name	Description	Effective Date
Secnidazole	Effective June 1, 2025: Labeler restriction (LR) updated.	May 1, 2025

4. Changes to the Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs

The following changes have been made to the [Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs](#) posted to the Medi-Cal Rx Web Portal, effective May 1, 2025.

Drug Name	Description	Effective Date
Aripiprazole Extended-Release Long-Acting Injectable Suspension	Removed listing from <i>Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs</i> and added to <i>Medi-Cal Rx Contract Drugs List (CDL)</i> .	May 1, 2025
Aripiprazole Lauroxil Extended-Release Long-Acting Injectable Suspension	Removed listing from <i>Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs</i> and added to CDL.	May 1, 2025
Buprenorphine Extended-Release Injectable Solution	Removed listing from <i>Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs</i> and added to CDL.	May 1, 2025
Buprenorphine Extended-Release Prefilled Safety Syringe	Removed listing from <i>Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs</i> and added to CDL.	May 1, 2025

Drug Name	Description	Effective Date
Copper Intrauterine Device	Removed listing from <i>Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs</i> and added to CDL.	May 1, 2025
Fluphenazine Decanoate	Removed listing from <i>Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs</i> and added to CDL.	May 1, 2025
Haloperidol Decanoate	Removed listing from <i>Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs</i> and added to CDL.	May 1, 2025
Levonorgestrel	Removed 17.5 mcg/24 h system listing from <i>Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs</i> and added to CDL.	May 1, 2025
Naltrexone Extended-Release Injectable Suspension	Removed listing from <i>Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs</i> and added to CDL.	May 1, 2025
Olanzapine	Removed listing from <i>Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs</i> and added to CDL.	May 1, 2025
Olanzapine Pamoate	Removed listing from <i>Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs</i> and added to CDL.	May 1, 2025
Paliperidone Palmitate	Removed listing from <i>Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs</i> and added to CDL.	May 1, 2025
Remdesivir	Removed listing from <i>Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs</i> and added to CDL.	May 1, 2025
Risperidone Extended-Release Injection	Removed listing from <i>Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs</i> and added to CDL.	May 1, 2025
Risperidone Extended-Release Injectable Suspension	Removed listing from <i>Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs</i> and added to CDL.	May 1, 2025
Risperidone Long-Acting Injection	Removed listing from <i>Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs</i> and added to CDL.	May 1, 2025

5. 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 13.2 – Diabetic Supplies – Disposable Insulin Delivery Devices</i>	<ul style="list-style-type: none">Added language regarding documentation of Hemoglobin A1c (HbA1c) levels when submitting initial prior authorization (PA) requests.Updated reauthorization requirement of HbA1c testing and documentation to at least every 12 months.Removed reauthorization requirement, “Has documented frequency of glucose self-testing an average of at least four times daily or regular use of a CGM system.”	May 1, 2025
<i>Section 22.0 – Discontinued Product NDCs (NEW!)</i>	<ul style="list-style-type: none">Added language regarding resubmission of claims when Reject Code 77 – Discontinued Product/Service ID Number is received.	May 1, 2025

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

Background

Effective April 25, 2025, Medi-Cal Rx has completed implementation of Pediatric Integration by reinstating **Reject Code 75 – Prior Authorization Required** for all continuation of therapy claims for members 21 years of age and younger.

On January 31, 2025, Medi-Cal Rx initiated implementation of claim utilization management (UM) edits and prior authorization (PA) requirements for members 21 years of age and younger by taking the following steps:

- Reinstating Reject Code 75 – Prior Authorization Required for new start claims only
- Retiring the Medi-Cal Rx Pharmacy Transition Policy
- Implementing the California Children’s Services (CCS) Panel Authority policy for CCS Paneled Providers who are Medi-Cal enrolled physicians or certified nurse practitioners

What Pharmacy Providers and Prescribers Need to Know

Effective April 25, 2025, all claims are subject to UM edits and PA requirements for all members and for all drugs/products, including claims for continuing therapy prescriptions for pediatric members 21 years of age and younger. This concludes Medi-Cal Rx reinstatement activities.

Reminders:

- [CoverMyMeds®](#) is the most efficient and preferred method to submit a PA request to Medi-Cal Rx. This submission method allows for real-time approval.
- Pharmacy providers and prescribers may submit PA requests up to 100 days prior to April 25, 2025, or prior to the expiration of previously approved PA requests for all 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 must be submitted with the prescription.
- The CCS Panel Authority policy covers the PA requirements when applicable. For more information, refer to the [Medi-Cal Rx Pediatric Integration – Frequently Asked Questions \(FAQs\)](#).
 - **Note:** Common exclusions from the CCS Panel Authority policy include continuous glucose monitoring (CGM) systems, disposable insulin delivery devices (DIDDs), and non-contracted medical supplies for all members.

What Pharmacy Providers and Prescribers Need to Do

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

- Refer to the [Medi-Cal Rx Approved NDC List](#) and [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#) to consider covered therapies that may not require a PA, if clinically appropriate.
- Join a Medi-Cal Rx hosted weekly webinar that will be offered March 28, 2025, through May 23, 2025. 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 for individualized support with the Medi-Cal Rx Education & Outreach (E&O) team by emailing MediCalRxEducationOutreach@primetherapeutics.com.

Medi-Cal Rx Resources

- Pediatric Integration tab on the [Education & Outreach](#) page on the [Medi-Cal Rx Web Portal](#)
- [Update: Important Policy Adjustment for Pediatric Integration](#)
- [Medi-Cal Rx Provider Manual](#)
- [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
- [Member Eligibility Lookup Tool Job Aid](#)

CCS Paneled Providers Resources

- [California Children's Services](#)
- [Becoming a California Children's Services Provider](#)
- 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.
- [California Children's Services Provider Lists](#)
- CCS Panel Authority exclusions can be identified in the [Medi-Cal Rx Approved NDC List](#).
- [California Children's Services \(CCS\) – Frequently Asked Questions \(FAQs\)](#)

7. Identifying Pediatric Claims for Proactive Prior Authorization

Background

As announced in the alert titled [30-Day Countdown: Completion of Pediatric Integration of Members 21 Years of Age and Younger](#), effective April 25, 2025, all pharmacy claims for all members, including members 21 years of age or younger, are subject to **Reject Code 75 – Prior Authorization Required** and all other Medi-Cal Rx claim utilization management (UM) edits.

The purpose of this alert is to explain how to identify claims that are currently paying under the continuation of therapy policy and require a prior authorization (PA) after completion of Pediatric Integration on April 25, 2025.

What Pharmacy Providers Need to Know

Continuation of therapy claims submitted with a date of service (DOS) on or after January 31, 2025, through April 24, 2025, for pediatric members were identified with an **Approval Message Code (NCPDP Field 548-6F) value of 005 on the paid claim**, indicating that the claim overrode Reject Code 75.

What Pharmacy Providers Need to Do

- Pharmacy providers should identify claims currently paying with Approval Message Code 005 and proactively submit a PA request if a change in therapy to a covered alternative is not clinically appropriate.
- Refer to the column "Prior Authorization" within the [Medi-Cal Rx Approved NDC List](#) to determine if a continuation of therapy claim for a drug/product is subject to Reject Code 75, beginning April 25, 2025.

Review PA resources located on the [Forms & Information](#) page on the [Medi-Cal Rx Provider Portal](#) by selecting the **Prior Authorization (PA)** tab.

8. Pediatric Integration: Most Common Claim Reject Codes

Reject Code 75 – Prior Authorization Required

Why Am I Getting Reject Code 75?

If Reject Code 75 is received, the submitted drug/product requires a prior authorization (PA) for coverage consideration. Medi-Cal Rx requires submission of a PA request to establish medical necessity for some drugs/products.

Are California Children's Services (CCS) Paneled Providers Subject to Reject Code 75?

CCS Paneled Providers are exempt from receiving Reject Code 75 when the claim is submitted for an **included** product for a member who is 20 years of age or younger.

If Reject Code 75 is received, the claim is for an **excluded** drug/product. Review the [Medi-Cal Rx Approved NDC List](#) to verify inclusion/exclusion status.

How Do I Resolve Reject Code 75?

- Review the [Medi-Cal Rx Approved NDC List](#) and the lists on the [Contract Drugs & Covered Products Lists](#) page for an alternative therapy, if appropriate.
- Submit a PA request via one of the approved Medi-Cal Rx PA submission methods and include applicable documentation. Review the [Prior Authorization Submission Reminders](#) for more details regarding the PA submission methods.

How Do I Avoid Reject Code 75?

- Proactively review the [Medi-Cal Rx Approved NDC List](#) and the lists on the [Contract Drugs & Covered Products Lists](#) page to determine if an alternative therapy is appropriate.
- Submit a PA request if an alternative therapy is not appropriate.
- Refer to the [Becoming a California Children's Services Provider](#) page and determine if being a CCS Paneled Provider is right for you.

Reject Code 76 – Plan Limitations Exceeded: Quantity Limits

Why Am I Getting Reject Code 76?

Reject Code 76 occurs when the pharmacy claim has been denied due to the prescribed quantity exceeding the maximum dose or the total quantity allowed over a specific time frame or per dispensing.

Are CCS Paneled Providers Subject to Reject Code 76?

Yes.

How Do I Resolve Reject Code 76?

- Review the lists on the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#) to identify established QLs for the drug/product being submitted.
 - **Note:** Refer to the *Medical Supplies Dispensing Quantity Limitations* section in the [Medi-Cal Rx Provider Manual](#) for more information regarding QLs for continuous glucose monitoring (CGM) systems, disposable insulin delivery devices (DIDDs), and other medical supplies.
- Submit a PA request via one of the approved Medi-Cal Rx PA submission methods if it is not appropriate to resubmit the claim to meet the established QLs. Refer to the [Prior Authorization Submission Reminders](#).

How Do I Avoid Reject Code 76?

- Review the [Medi-Cal Rx Contract Drugs List](#) (CDL) for QL restrictions and consider a change in therapy if medically appropriate. If submitting a PA request for an enteral nutrition product, refer to the following QLs:
 - **Tube Fed:** Up to 2,000 calories/day for all products except infant products
 - **Orally Fed and 22 years of age and older:** Up to 1,200 calories/day
 - **Orally Fed and 21 years of age and younger:** Up to 1,000 calories/day
 - **Infant Products and younger than 1 year of age:** Up to 800 calories/day regardless of feeding status
- Proactively submit a PA request to Medi-Cal Rx with the prescription to avoid any delays in care.
- Review the alert titled [How to Resolve Reject Code 76 – Plan Limitations Exceeded](#) for additional information.

Reject Code 78 – Cost Exceeds Maximum

Why Am I Getting Reject Code 78?

If Reject Code 78 is received, the total dollar amount for the claim exceeds the cost ceiling threshold for that drug/product type category and you may need to submit a PA request. Cost ceilings are in place to improve pharmacy claim submission, processing quality, and to mitigate potential Fraud, Waste, and Abuse (FWA) on high-cost drugs and products.

Are CCS Paneled Providers Subject to Reject Code 78?

Yes.

How Do I Resolve Reject Code 78?

- Confirm the claim is submitted accurately and validate the prescription's quantity and days' supply amount is correct.
- Consider prescribing a less costly therapy, if clinically appropriate.

- Submit a PA request via one of the approved Medi-Cal Rx submission methods if a change in therapy is not appropriate.

How Do I Avoid Reject Code 78?

- Confirm accuracy when submitting claims to ensure quantity and days' supply amounts are correct.
- Identify the cost ceiling drug/product type category for a drug/product by utilizing the [Medi-Cal Rx Approved NDC List](#).
- Review the cost ceiling limits to understand when a reject may occur. Cost ceilings per claim are as follows per drug/product type:
 - Over-the-Counter (OTC) = \$50
 - Generic = \$1,000
 - Single and Multisource Brand = \$4,000
 - High-Cost Drug (HCD) – Generic and Brand = \$14,000
- Proactively submit a PA request to Medi-Cal Rx with the claim to avoid any delays in care.
- Refer to the alert titled [How to Resolve Claim Reject Code 78: Cost Exceeds Maximum](#) for additional information.

Reject Code 80 – Diagnosis Code Submitted Does Not Meet Drug Coverage Criteria

Why Am I Getting Reject Code 80?

If Reject Code 80 is received, the diagnosis requirement for the drug/product submitted with the claim was not met. Medi-Cal Rx has diagnosis requirements for certain drugs/products and if the claim is not submitted with the applicable diagnosis, or the applicable diagnosis cannot be found in the member's Medi-Cal medical record, the claim will reject with Reject Code 80.

Are CCS Paneled Providers Subject to Reject Code 80?

Yes.

How Do I Resolve Reject Code 80?

- Verify the Code I diagnosis restriction is met by reviewing the [Medi-Cal Rx Diagnosis Crosswalk](#) and identifying applicable diagnoses for drugs/products.
- If the diagnosis is provided and meets the requirement, and accepted *International Classification of Diseases – 10th Revision – Clinical Modification* (ICD-10-CM) code(s) cannot be identified, the dispensing pharmacy provider may attest the Code I diagnosis restriction is met and resubmit the claim using a submission clarification code (SCC) value of 7 – Medically Necessary.
 - **Note:** SCC 7 should only be used to communicate the restriction has been met.
- If the claim is submitted without a diagnosis or ICD-10-CM code(s) and the diagnosis cannot be verified, submit a PA request to Medi-Cal Rx.

How Do I Avoid Reject Code 80?

- Review the [Medi-Cal Rx Diagnosis Crosswalk](#) to identify accepted diagnoses or ICD-10-CM code(s) to meet the Code I diagnosis restriction.
- For additional information, refer to the alert titled [How to Address Reject Code 80 – Diagnosis Code Submitted Does Not Meet Drug Coverage Criteria](#).

Prescribers:

- Provide the applicable diagnosis or ICD-10-CM code with prescription.
- Proactively submit a PA request to Medi-Cal Rx with the prescription to avoid any delays in care.

Pharmacy Providers:

- Review ICD-10-CM Code I restrictions prior to submission of the claim and if applicable, attest the Code I diagnosis is met using SCC 7.
- Proactively submit a PA request to Medi-Cal Rx with the claim to avoid any delays in care.

Reject Code 83 – Duplicate Paid/Captured Claim

Why Am I Getting Reject Code 83?

If Reject Code 83 is received, a duplicate claim has been submitted to Medi-Cal Rx for the same drug/product with the same date of service (DOS) as another claim for the same member. Medi-Cal Rx uses Reject Code 83 to ensure that accidental duplicate claims are not paid, resulting in errors in pharmacy billing.

Are CCS Paneled Providers Subject to Reject Code 83?

CCS Paneled Providers who are physicians or certified nurse practitioners are exempt from receiving Reject Code 83 when the claim is submitted for a contracted enteral nutrition product for a member who is 20 years of age or younger. Refer to the [List of Contracted Enteral Nutrition Products](#) for more information.

Claims submitted by CCS Paneled Providers are subject to Reject Code 83 when the claim is not for a contracted enteral nutrition product.

How Do I Resolve Reject Code 83?

- Review the member's dispensing history to determine if the claim is a true duplicate request. Refer to the alert titled [NCPDP Reject Code 83 – Duplicate Paid/Captured Claim](#) for more information regarding true duplicates.
- Contact the Medi-Cal Rx Customer Service Center (CSC) for assistance if the claim is denying with only Reject Code 83 and:
 - It cannot be determined if the claim is a true duplicate, and the pharmacy provider needs to know at which pharmacy the last claim was billed and resulted in a paid claim; **OR**

- It can be determined that the claim is not a true duplicate, is medically necessary, and is to be filled for the same DOS as the previous paid claim; **OR**
- It can be determined that the claim is a duplicate, is medically necessary, and must be filled for the same DOS.
 - Providers may also submit a PA request to Medi-Cal Rx in this situation.

How Do I Avoid Reject Code 83?

- Review the member's dispensing history to determine if the claim is a duplicate request.
- Contact the Medi-Cal Rx CSC for assistance with submitting a claim.
- Proactively submit a PA request to Medi-Cal Rx with the prescription to avoid any delays in care.
- Refer to the [Becoming a California Children's Services Provider](#) page and determine if being a CCS Paneled Provider is right for you.
- Refer to the alert titled [NCPDP Reject Code 83 – Duplicate Paid/Captured Claim](#) for additional information.

Reject Code 606 – Brand Drug/Specific Labeler Code Required

Why Am I Getting Reject Code 606?

If Reject Code 606 is received, the requirement for a specific drug or labeler code was not met. Medi-Cal Rx has requirements for certain brands or labelers to be used for certain drugs or products; if that requirement is not met, the claim will deny with Reject Code 606 and a PA may be required.

Are CCS Paneled Providers Subject to Reject Code 606?

Yes.

How Do I Resolve Reject Code 606?

- Consider alternate therapies or NDCs that may not require a PA, if clinically appropriate. Review the lists on the [Contract Drugs & Covered Products Lists](#) page and the [Medi-Cal Rx Approved NDC List](#).
 - Prescribers: Refer to your ePrescribing application.
- Submit a PA request via one of the approved Medi-Cal Rx PA submission methods if a change in therapy is not appropriate.

How Do I Avoid Reject Code 606?

- Review the lists on the [Contract Drugs & Covered Products Lists](#) page prior to claim submission to identify any Code I labeler restrictions and consider a change in therapy, if appropriate.
- Proactively submit a PA request to Medi-Cal Rx with the claim to avoid any delays in care.

9. Loading Dose Quantity Policy Updated in the Medi-Cal Rx Contract Drugs List

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
- Dupilumab
- 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.
- 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.

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

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

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
Nestlé HealthCare Nutrition	Vivonex® Pediatric, unflavored, 6 x 400 g canisters	45291050766

The amount reimbursed to 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 or 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 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.

11. Medi-Cal Drug Use Review Board Meeting Update

What Stakeholders Need to Know

The Drug Use Review (DUR) Board meeting format has been updated. Starting in May 2025, the DUR Board will be holding its quarterly meetings only virtually, using the Microsoft Teams platform. Members of the public may attend the meetings virtually, or in-person in a designated room.

Public Notices

Approximately 20 days before the scheduled meeting, a Teams registration link will be posted on the Board Meetings tab on the [Drug Use Review](#) page of the [Medi-Cal Rx Provider Portal](#). At the same time, a meeting room at the East End Complex in Sacramento, California will be assigned and published.

At least 10 days before the scheduled meeting, the DUR Board Meeting Agenda and meeting materials will be published on the Board Meetings tab on the [Drug Use Review](#) page.

Public Comments

Members of the public are welcome to listen to meetings as attendees, comment using the chat function during meetings, and submit written comments. Stakeholders may also send written comments via email to CAMedi-CalDURboard@dhcs.ca.gov.

Reasonable Accommodations

For individuals with disabilities, the Department of Health Care Services (DHCS) will provide free assistive devices during the stakeholder meetings, including:

- Language and sign-language interpretation
- Real-time captioning
- Note takers
- Reading or writing assistance
- Conversion of training or meeting materials into braille, large print, audio, or electronic format

Contact DHCS to request alternative format or language services via the following methods:

- **By U.S. Mail:**
Department of Health Care Services
Pharmacy Benefits Division
1501 Capitol Avenue, Sacramento, CA 95814
- **By Email:** CAMedi-CalDURboard@dhcs.ca.gov
- **By Phone:** 1-916-552-9500

- » The availability of assistive services may be limited for requests made fewer than ten business days before the meeting or event.

What Stakeholders Need to Do

Review additional details regarding DUR Board meeting dates, times, and agenda by selecting the **Board Meetings** tab on the [Drug Use Review](#) page of the [Medi-Cal Rx Provider Portal](#).

Subscribe to the Medi-Cal Rx Subscription Service (MCRxSS) to receive updates regarding the Drug Use Review page directly via email by completing the [MCRxSS Subscriber Form](#) and selecting **Medi-Cal Rx Drug Use Review (DUR) Board Meetings, Announcements, and Articles** as a preferred announcement.

12. Medi-Cal Rx Provider Portal Enhancement: Prescriber NPI Validation

Background

The purpose of this alert is to inform pharmacy providers and prescribers about an enhancement to the [Medi-Cal Rx Secured Provider Portal](#) prior authorization (PA) request system. This enhancement streamlines the PA process by accounting for California Children's Services (CCS) Panel Authority when determining if a PA is required.

What Pharmacy Providers and Prescribers Need to Know

Effective March 30, 2025, an automated prescriber validation check will occur when registered users submit a PA request via the [Medi-Cal Rx Provider Portal](#).

The prescriber NPI must be a valid 10-digit number in order to proceed with the PA request submission. If the prescriber NPI cannot be validated, the following message will appear instructing the provider to submit a valid NPI: *"Invalid NPI, please enter a valid NPI."*

Only Medi-Cal Rx Provider Portal registered users can access the PA request system. Refer to the [User Administration Console \(UAC\) Quick Start Guide](#) for registration instructions.

Note: Any modifications to the information provided at time of PA request submission that differs from information on the claim submission may impact adjudication.

What Pharmacy Providers and Prescribers Need to Do

- Review the following resources:
 - [Medi-Cal Rx Portal Prior Authorization Request Job Aid](#)
 - [Medi-Cal Rx Provider Portal Troubleshooting and Support](#)
 - [User Administration Console \(UAC\) Quick Start Guide](#)
- On March 30, 2025, Medi-Cal Rx Provider Portal registered users should clear cache and cookies before logging in.
- After entering the prescriber's National Provider Identifier (NPI) in the Provider Information section, select the **NEXT** button to formally validate.

13. Medi-Cal Rx Secured Provider Portal Password Reminders

What Medi-Cal Rx Secured Provider Portal Users Need to Know

The [Medi-Cal Rx Secured Provider Portal](#) allows registered users to access applications such as the Medi-Cal Rx Prior Authorization (PA) Request System, Web Claims Submission tool, and the Medi-Cal Rx Finance Portal, which may contain Protected Health Information (PHI), Personally Identifiable Information (PII), and banking information. Medi-Cal Rx Secured Provider Portal users should follow best practices in maintaining strong password security to prevent unauthorized access.

What Medi-Cal Rx Secured Provider Portal Users Need to Do

To maintain strong password security:

- Monitor your account frequently to ensure no unauthorized changes have been attempted.
- Update your password immediately if you think it has been compromised.
- Update your password frequently.
- Create a strong, unique password using a mix of upper and lower case letters, numbers, and allowed special characters (!#\$%()*+,-./:;?@[]_{}~).
 - Refer to the alert titled [Medi-Cal Rx Secured Provider Portal Password Criteria Update](#) for more information.
- Never write down your password.

14. Reminder: 340B Drug Price Program

Background

The 340B Drug Pricing Program (340B Program) is a federal program that requires drug manufacturers to provide outpatient drugs to eligible health care organizations and covered entities at significantly reduced prices.

What Pharmacy Providers Need to Know

Drugs purchased through the 340B Program and dispensed to Medicaid enrollees are excluded from both federal and state rebate collection, which prevents drug manufacturers from providing duplicate discounts on drugs purchased through the 340B Program. Pharmacy providers billing drugs purchased through the 340B Program are required to bill an amount not exceeding the covered entity's Actual Acquisition Cost (AAC) (the net cost paid by the pharmacy) plus the professional dispensing fee. Pharmacy providers will be reimbursed the lesser of the billed amount (AAC plus professional dispensing fee) or the maximum rate permitted.

Medi-Cal Rx uses a two-tiered professional dispensing fee based on total Medicaid and non-Medicaid annual pharmacy claim volume, as follows:

- Less than 90,000 claims per year = \$13.20
 - 90,000 or more claims per year = \$10.05
- » **Reporting the claim volume is a self-attestation process. The attestation must be submitted electronically and must be repeated annually.**

Refer to the following example of reimbursing a 340B claim:

- AAC: \$1.02
- Professional Dispensing Fee: \$10.05
- Total Amount Paid: \$11.07

What Pharmacy Providers Need to Do

Pharmacy providers should review their policies and procedures to ensure that claims submitted to Medi-Cal Rx as part of the 340B Program are identified as 340B claims by entering a submission clarification code (SCC) value of **20** at point of sale (POS). On paper claim forms (30-1 and 30-4), enter SCC **08** – 340B/Disproportionate Share Pricing/Public Health Service in the Basis of Cost Determination field. Incorrect information on a claim can result in overpayments, in which case the claim will need to be reversed and resubmitted with the correct pricing information.

- » **If an overpayment occurs, pharmacy providers may need to contact their software or switch vendor to resolve an internal issue.**

Resources

- [*Medi-Cal Rx Provider Manual*](#)
- [*Medi-Cal Rx Billing Tips*](#)
- [*Medi-Cal Rx: Transitioning Medi-Cal Pharmacy Services from Managed Care to Fee-for-Service – Frequently Asked Questions \(FAQs\)*](#)

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.