Medi-Cal Rx Monthly Bulletin

September 1, 2025

Updates have been made to one or more of the lists located on the Contract Drugs & Covered Products Lists page, effective September 1, 2025. Sign up for the Medi-Cal Rx Subscription Service to be notified when the *Medi-Cal Rx Monthly Bulletin* is posted.

1. Updates to the Medi-Cal Rx Contract Drugs List
2. Updates to the List of Contracted Enteral Nutrition Products, Effective October 1, 2025

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1. Updates to the Medi-Cal Rx Contract Drugs List

The following updates have been made to the *Medi-Cal Rx Contract Drugs List* (CDL) and to the *Medi-Cal Rx Diagnosis Crosswalk* *.

Drug Name	Description
Ixazomib	**Effective October 1, 2025:** Prior authorization (PA) required.
Linvoseltamab-gcpt	Added to the CDL with labeler restriction (LR).
Pretomanid	Added to the CDL.
Sodium Fluoride	Removed exception to 100 maximum day supply limitation.
Ustekinumab-ttwe *	Added to the CDL with diagnosis, LR, and quantity limit (QL) restrictions.

2. Updates to the List of Contracted Enteral Nutrition Products, Effective October 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 October 1, 2025.

Several products have updated NDCs and Universal Product Codes (UPCs). The following product will be added to the *List*.

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
Nutricia® North America	PhenylAde® GMP ULTRA, plain	49735010103

The following products will be deleted from the *List* effective January 1, 2026.

Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
Nutricia North America	Complex Essential MSD® Mix, powder, vanilla, 454 g	00847059722
Nutricia North America	Complex MSUD® Amino Acid Blend, powder, unflavored, 454 g	00847059000

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Manufacturer	Product Label Name	Medi-Cal 11-digit Billing Number (NDC)
Nutricia North America	GlutarAde® Essential GA-1 Drink Mix, unflavored, 454 g	00847075422
Nutricia North America	PhenylAde 60 Drink Mix, powder, vanilla, 454 g	00847095622
Nutricia North America	PhenylAde MTE Amino Acid Blend, powder, unflavored, 454 g	00847095960
Nutricia North America	PhenylAde GMP ULTRA, vanilla, 16x33.4 g sachets	49735010056
Nutricia North America	PhenylAde GMP ULTRA, lemonade, 16 x 33.4 g sachets	49735010058
Nutricia North America	PhenylAde GMP Mix-In, powder, unflavored, 20 x 12.5 g packets	49735011161
Nutricia North America	PhenylAde GMP Mix-In, powder, unflavored, 200 g	49735015426
Nutricia North America	PhenylAde GMP Mix, powder, vanilla, 400 g	49735016832
Nutricia North America	PhenylAde GMP Drink Mix, plain, 375 g	49735010075
Nutricia North America	PhenylAde Essential Drink Mix, powder, vanilla, 454 g	00847095022
Nutricia North America	PhenylAde Essential Drink Mix, powder, unflavored, 454 g	00847095082
Nutricia North America	PhenylAde Essential Drink Mix, powder, strawberry, 454 g	00847095042
Nutricia North America	PhenylAde Essential Drink Mix, powder, orange crème, 454 g	00847095032
Nutricia North America	PhenylAde Essential Drink Mix, powder, chocolate, 454 g	00847095012

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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 PA, on or after the effective date of deletion.

Note: The Maximum Acquisition Cost (MAC) for these products is no longer guaranteed.

Members affected by deletions from the *List* should seek new prescriptions from their licensed prescriber, and new PAs from their pharmacy provider, if applicable, for a comparable item that is listed. Continuing care does not apply.

Medi-Cal members denied coverage of a requested Medi-Cal Rx product have the right to a State 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.

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