



Medi-Cal Rx

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](#)

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

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

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.