

Medi-Cal Rx Drug Lookup Tool and Contract Drugs List Tips

February 24, 2022

Background

The Medi-Cal Rx Provider Portal offers access to the Drug Lookup Tool (DLT) and the Medi-Cal Rx Contract Drugs List (CDL). The information found in these resources provides an overall perspective on Medi-Cal Rx covered benefits and if limitations/restrictions exist due to a Prior Authorization (PA) or Code 1 requirement. The following guide provides instructions on navigating the resources and gathering the needed information regarding limitations/restrictions of various drugs.

Note: Both resources are accessible via the unsecured Medi-Cal Rx Provider Portal link.



- The CDL and DLT are updated monthly.
- The CDL and DLT do not reflect temporary edits put into place by Department of Health Care Services (DHCS).
- This information is subject to change. Please refer to the [Medi-Cal Rx Provider Manual](#) for medications that are not covered.

Steps

1. Navigate to the [Drug Lookup Tool](#) located in Tools & Resources tab on Medi-Cal Rx Provider Portal. See *Figure 1*.

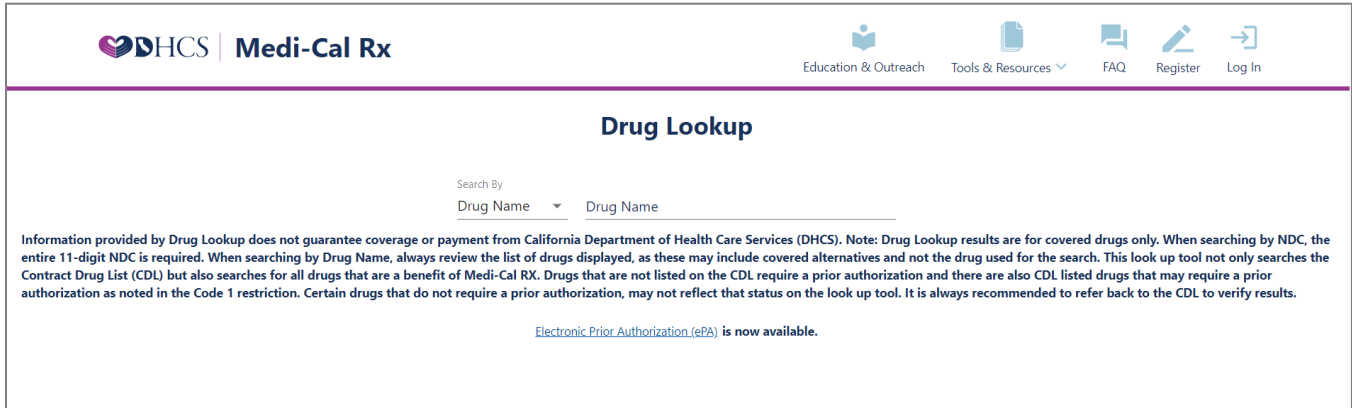


Figure 1: Drug Lookup

2. After entering a search term (Drug Name or National Drug Code [NDC]), the results will populate. Reference the columns “Limits/Restrictions” and “Code 1” for determining if a PA will be required. See *Figure 2*.

DRUG NAME	DRUG STRENGTH	FORM	DRUG TYPE	LIMITS/RESTRICTIONS ?	CODE 1 ?
DIASTAT	2.5 MG	KIT	BRAND	QL AL	YES
DIASTAT ACUDIAL	5-7.5-10MG	KIT	BRAND	QL AL	YES
DIASTAT ACUDIAL	12.5-15-20	KIT	BRAND	QL AL	YES
DIAZEPAM	5 MG/ML	VIAL	GENERIC	AL	YES
DIAZEPAM	5 MG/5 ML	SOLUTION	GENERIC	AL	YES
DIAZEPAM	5 MG/ML	ORAL CONC	GENERIC	AL PA	YES
DIAZEPAM	10 MG	TABLET	GENERIC	AL	YES

Figure 2: Reference Page

3. Code 1 requirements are depicted by the following Utilization Management (UM) Type Codes in both the CDLs and the Drug Lookup Tool.

UM Type Code	Definition	Description	NCPDP Reject Code
AL	Age Limit	Claim will reject if age parameters are not met.	60 Product/Service Not Covered for Patient Age
LR	Labeler Restriction	Claim must reflect indicated labeler code for claim to pay.	606 Brand Drug/Specific Labeler Code Required
QL	Quantity Limit	Claim will reject if defined quantity limits are exceeded.	76 Plan Limitations Exceeded

Note: Code 1 restrictions for diagnosis (NCPDP Reject Code 80 - Dx Code Submitted Does Not Meet Drug Cov Criteria) are not abbreviated in the Limits/Restrictions column and will be evident with a "YES" in the Code 1 column. Code 1 restrictions for diagnosis can be overridden at the pharmacy Point of Sale (POS).

4. If Limits/Restrictions column states "PA" and Code 1 column states "NO," the drug will require a PA (that is, the claim at pharmacy POS will reject for NCPDP Rejection Code 75 Prior Authorization Required). Referring to the CDL will not provide additional information. See *Figure 3*.

DRUG NAME	DRUG STRENGTH	FORM	DRUG TYPE	LIMITS/RESTRICTIONS ?	CODE 1 ?
ACCUPRIL	10 MG	TABLET	BRAND	PA	NO

Figure 3: Limits/Restrictions PA, Code 1 "No"

5. If Limits/Restrictions column is blank or states QL, AL, or LR and Code 1 column states "YES," the drug will require a PA if all Code 1 requirements are NOT met. Refer to the CDL for information on Code 1 requirements. See *Figure 4*.

DRUG NAME	DRUG STRENGTH	FORM	DRUG TYPE	LIMITS/RESTRICTIONS ?	CODE 1 ?
OZEMPIC	0.25 OR .5	PEN INJCTR	BRAND		YES

Figure 4: Limits/Restrictions Blank/QA/AL/OR Code 1 Yes

6. If Limits/Restrictions column states "PA" and Code 1 column states "YES," the drug will require a PA in addition to meeting Code 1 requirements. See *Figure 5*.

DRUG NAME	DRUG STRENGTH	FORM	DRUG TYPE	LIMITS/RESTRICTIONS ?	CODE 1 ?
NURTEC ODT	75 MG	TAB RAPDIS	BRAND	PA	YES

Figure 5: Limits/Restrictions PA; Code 1 Yes

7. If Limits/Restrictions column and Code 1 column state "NO," the drug is not a covered benefit of Medi-Cal Rx. See *Figure 6*.

DRUG NAME	DRUG STRENGTH	FORM	DRUG TYPE	LIMITS/RESTRICTIONS ?	CODE 1 ?
CETAPHIL		LOTION	BRAND		NO

Figure 6: Limits/Restrictions and Code 1 No

Navigating the CDL

- The [Contract Drugs List](#) is searchable by generic name, and the *List of Other Covered Products* is searchable by NDC. It is recommended to read the CDL columns from left to right, confirming the drug name, dosage form, and strength before reviewing the UM Type and Code 1 columns.



- If the generic is not on the CDL, it means it is not covered and you will need to submit a PA.
- Code 1 rejections for NCPDP Reject Codes 60, 80, 76, and 606 are the most common reasons a claim rejects and may require a PA submission.
- The CDL and DLT does not reflect temporary edits put into place by DHCS.

Example: Combining all the Steps

Patient is prescribed Valtoco 5 mg/0.1 ml

1. Search the Drug Lookup by drug name, Valtoco. See *Figure 7*.

Drug Lookup

Search By Drug Name

Drug Name VALTOCO

Figure 7: Drug Lookup Screen

2. Reviewing the results, Valtoco has Code 1 requirements for QL and AL at minimum. See *Figure 8*.

VALTOCO	5 MG/SPRAY	SPRAY	BRAND	QL AL	YES
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Figure 8: Drug Review Screen

3. For clarification on the Code 1 requirements, the CDL is searched using the generic name, Diazepam. See *Figure 9*.

Drug specific limitations:					
Diazepam *	Injection *	5 mg/ml	ml	AL	* Restricted to use in Cerebral Palsy, Athetoid States, or Spinal Cord Degeneration for the injection only.
	Nasal Spray *	5 mg 10 mg 15 mg 20 mg	ea ea ea ea	LR QL	* Restricted to use in the treatment of acute epilepsy in patients 6 years of age and older. Also restricted to a maximum quantity of 20 blister packs (10 cartons) in any 12-month period; and to NDC labeler code 72252 for the nasal spray only. Note: The billing unit for the nasal spray is a blister pack. Each carton contains 2 blister packs.

Figure 9: Clarification on Code 1 Requirements

4. Summary of results: Valtoco (Diazepam) Nasal Spray 5 mg is restricted to labeler code 72252 and to a maximum of 20 blister packs every 12-month period. In addition, use of this drug is restricted to beneficiaries diagnosed with acute epilepsy. If the patient does meet all these requirements, a PA is required.