Medi-Cal Rx Wrap-Up

Managed Care Plan (MCP) partners – Stay up to date with all that is happening at Medi-Cal Rx by visiting the <u>Bulletins & News</u> page and signing up for the <u>Medi-Cal Rx Subscription Service</u> to receive notification of future alerts. Please join us for Office Hours every Tuesday and Thursday at 2:00 p.m.

Here are the latest Medi-Cal Rx alerts. Please share with your providers:

- Revised Emergency Fill Quantity and Frequency Policy: Medi-Cal Rx has implemented a Revised Emergency Fill Quantity Limit and Frequency Policy effective immediately.
- Revised Prior Authorization Policy for Pharmacy Providers: Pharmacies should resubmit claims that were previously denied with Reject Code 75.
- Revised Prior Authorization Policy for Prescribers: Medi-Cal Rx is temporarily adjusting some Prior Authorization (PA) requirements to optimize access to patient care and therapies during this period of transition. Pharmacies should resubmit claims as noted in the Revised Prior Authorization Policy for Pharmacy Providers.
- <u>Pharmacy Professional Dispensing Fee Provider Self-Attestation</u>: Register for the Medi-Cal Rx Self-Attestation Webinar taking place on February 24, 2022.
- <u>Updates to the List of Covered Diabetic Test Strips and Lancets</u>: Effective February 15, 2022, FORA V30/G30/Premium V10 Blood Glucose Test Strips, Box of 50, will be added to the List of Covered Diabetic Test Strips and Lancets.
- <u>Medi-Cal Rx Provider Payments</u>: Find more information about payments such as the Checkwrite Schedule, how to submit and update future RA delivery methods and contact information if payments are not received according to the outlined time frame.
- <u>Reject Code 606 Temporary Suspension</u>: Effective immediately, Medi-Cal Rx has temporarily suspended Reject Code 606 – Brand Drug/Specific Labeler Code Required.
- <u>Medi-Cal Rx Policy Updates</u>: Medi-Cal Rx has implemented permanent policy updates effective immediately and retroactively to January 1, 2022.
- <u>Medically Necessary Brand-Name Drugs: Reimbursement Policy Update</u>: During the 180-day transition and post-transition period, there are key differences regarding prior authorizations.
- Reminder: Revised Prior Authorization Policy for Reject Code 75: Pharmacies should resubmit claims that were previously denied with Reject Code 75.