



Changes to the Medi-Cal Prescription Drug Benefit beginning January 2022

Starting January 1, 2022, most Medi-Cal beneficiaries will get their prescription drugs paid for by a new program called Medi-Cal Rx instead of their current Medi-Cal managed care plan. The program will be run by Magellan Health. Medi-Cal Rx will have one list of prescription drugs that will not require prior approval, and the same rules will apply to everyone in Medi-Cal.

Who is affected by this change?

Most Medi-Cal beneficiaries are affected by this change, except those described below. Beneficiaries that will be affected by the change include children in California Children's Services (CCS), Kaiser Medi-Cal members, and AIDS Healthcare Foundation members.

Who is NOT affected by this change?

This change will not affect Medi-Cal beneficiaries are enrolled in the following programs or plans: [Programs of All-Inclusive Care for the Elderly \(PACE\)](#) plans, [Senior Care Action Network \(SCAN\)](#) and [Cal MediConnect](#) health plans, or the [Major Risk Medical Insurance Program \(MRMIP\)](#) are not affected. These beneficiaries will continue to get their prescription drugs through these plans instead of the Medi-Cal Rx Program.

Can beneficiaries keep their current prescriptions?

Yes. For drugs prescribed prior to January 1, 2022, beneficiaries can continue to fill those prescriptions for the length of the prescription up to 180 days, or longer, depending on the drug. For drugs that do not require prior approval from their Medi-Cal managed care plan, Medi-Cal Rx will continue to fill existing prescriptions (and refills) for the length of the prescription, up to 180 days. Beneficiaries can call Medi-Cal Rx Customer Service line at 1-800-977-2273. to check if their drug can be continued.

Two Scenarios:

1. Prescriptions Drugs with Approval

For example, if a beneficiary gets a 90-day prescription from their doctor on January 15, 2022, that requires prior approval by their Medi-Cal plan, that drug will be covered for the entire 90 days without a need for any additional approval. But if a beneficiary gets a 300-day prescription on January 15, 2022, that requires prior approval by their Medi-Cal plan, that drug will be covered through only for 180 days (July. 14, 2022) without a need for additional prior approval. After the 180 days ends, any refills of the drug will require additional approval from Medi-Cal Rx if the drug is on the list that requires prior approval.

2. Prescriptions Drugs without Approval

For prescription drugs that do require prior approval from the Medi-Cal managed care plan in 2022, Medi-Cal Rx will continue to fill those prescriptions without requiring any additional approval for up to one (1) full year from the date the prescription was written. Also, coverage for certain drugs may be authorized for up to five (5) years. You can find a list of drugs that are eligible for longer approval [here](#).

Will a beneficiary need to go to a different pharmacy?

Most pharmacies will accept Medi-Cal Rx. For now, they can contact the Medi-Cal Member Help Line (1-800-541-5555, TTY 1-800-430-7077) to find out if the pharmacy will accept Medi-Cal Rx.

After January 1, 2022, beneficiaries can use the Medi-Cal Rx Pharmacy Locator online at www.Medi-CalRx.dhcs.ca.gov or call Customer Service at 1-800-977-2273.

What do beneficiaries need to bring to the pharmacy to get their prescriptions?

Beneficiaries will need to show their Medi-Cal Benefits Identification Card (BIC) to get prescription drugs. If they are in a Medi-Cal plan, they need to show their Medi-Cal plan card too. If they did not have a BIC or it is lost, they may ask for a BIC from your local county office.



What can beneficiaries do if Medi-Cal Rx says “no” to the prescriptions?

There are 3 steps a beneficiary should take:

- (1) Talk to their doctor or pharmacist to see if they say why they can't fill the prescription. They may be able to help resolve the problem or find another drug that will work.
- (2) Call the Medi-Cal Rx Customer Service at 1-800-977-2273 and ask them to reconsider their decision. If they need help, they can ask their doctor or someone else to help them.
- (3) If they disagree with the decision, file an appeal with Medi-Cal Rx by requesting a State Fair Hearing. In a State Fair Hearing, a judge reviews your request and makes a decision. If Medi-Cal Rx says “no”, they must give you a written notice of the reason they said no and tell you about your options to appeal.

Important: For information about the State Fair Hearing Process, please read this [Health Consumer Alliance Medi-Cal Fact Sheet](#) or visit www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx. Beneficiaries may also contact their local health consumer center for help at 1-888-804-3536.

Who can beneficiaries call for help with Medi-Cal prescription drugs?

- (1) Contact the Medi-Cal Member Help Line (1-800-541-5555, TTY 1-800-430-7077), Monday thru Friday, 8am to 5pm.
- (2) Starting January 1, 2022, they can call Customer Service at 1-800-977-2273 twenty-four hours a day, seven days a week or 711 for TDD Monday thru Friday, 8am to 5pm.
- (3) If they need more help, they contact the local Health Consumer Center at 1-888-804-3536.