

**THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:****COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

**LINES OF BUSINESS:**

- Molina Medi-Cal Managed Care
- Molina Medicare
- Molina Marketplace (Covered CA)

**PROVIDER TYPES:**

- Medical Group/ IPA/MSO**
  - Primary Care**
  - IPA/MSO
  - Directs
- Specialists**
  - Directs
  - IPA
- Hospitals**
  - Ancillary**
  - CBAS
  - SNF/LTC
  - DME
  - Home Health
  - Other

## Humatin & Tabloid Support and Information

This is an advisory notification to Molina Healthcare of California (MHC) network providers.

**WHAT YOU NEED TO KNOW:**

Reject 85 has affected another medication, and we've identified a pathway to facilitate access to therapy similar to Humatin and Tabloid. The impacted drug is Regranex 0.01% Gel. Please take note of the updated version of the communication previously sent to you, as it now encompasses information about Regranex.

Medi-Cal Rx would like to inform you all that we are aware of your concerns regarding claims submitted for Humatin, Tabloid, and Regranex denying for NCPDP Reject Code 85 – Claim Not Processed with supplemental messaging “No price exists for the NDC submitted.” Medi-Cal Rx has been working diligently to resolve this concern. To ensure access to therapy, Medi-Cal Rx members, can still receive the drug, at no cost, through the manufacturer’s Patient Access Program (PAP).

**WHAT YOU NEED TO DO:****For Tabloid or Humatin:**

We would like to encourage providers to perform the following steps should a Medi-Cal Rx member need either of these drugs:

1. Submit the claim for the drug. Allow the claim to deny for Reject 85. This will serve as confirmation that the missing price has not been resolved.
2. Once confirmed, utilize the PAP enrollment form. The form must be completed by the prescriber and the member and faxed to the number provided on the front page.

To expedite processing, please include the following:

1. Proof of the member’s CA residence (for minors: proof of parent/guardian’s CA residence)
2. Active CA Medicaid (Medi-Cal) coverage.

**Please note, all other information requested on the form does not need to be completed for Medi-Cal Rx members only.**

**Important:** The medication is shipped out for overnight delivery from a pharmacy located on the east coast and ONLY Monday-Friday. As a result, enrollment forms and required documentation should be submitted by 2pm PST for the medication to be shipped out same day. If not, the medication will be shipped the next business day.

**For Regranex 0.01% Gel:**

We would like to encourage providers to perform the following steps should a Medi-Cal Rx member this drug:

1. Submit the claim for the drug. Allow the claim to deny for Reject 85. This will serve as confirmation that the missing price has not been resolved.
2. Once confirmed, utilize the PAP enrollment form. The form can be found via the following link: [https://santyl.com/sites/default/files/2021-07/SAME93-27262-0421\\_Updated\\_PAP\\_Application\\_Form\\_FINAL\\_APPROVED.pdf](https://santyl.com/sites/default/files/2021-07/SAME93-27262-0421_Updated_PAP_Application_Form_FINAL_APPROVED.pdf)

**WHAT IF YOU NEED ASSISTANCE?**

If you have any questions regarding the notification, feel free to reach us at:

[medicalrxeducationoutreach@magellanhealth.com](mailto:medicalrxeducationoutreach@magellanhealth.com) or please contact your Molina Provider Services Representative below:

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