

Upcoming Changes to
Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid Plan)
2022 Drug List

Updated 6/1/2022

Santa Clara Family Health Plan (SCFHP) Cal MediConnect Plan (Medicare-Medicaid Plan) may add or remove drugs from our formulary (drug list) during the year, or add rules about whether or when certain drugs are covered.

If SCFHP removes a covered drug or makes any changes to the drug list, SCFHP will post the changes on our website and notify affected members at least sixty (60) calendar days prior to the effective date of the change. However, if the Food and Drug Administration (FDA) says a drug that you are taking is not safe, or if the drug's maker removes the drug from the market, we will take the drug off the drug list right away. We will also send you a letter telling you that.

The chart below contains upcoming changes to the SCFHP Cal MediConnect Plan drug list. These changes may impact you.

Effective Date	Drug Name	Type of Change	Reason for Change	Alternate Drugs and Tier
6/1/2022	VIMPAT 150 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LACOSAMIDE 150 MG ORAL TABLET-1
6/1/2022	VIMPAT 50 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LACOSAMIDE 50 MG ORAL TABLET-1
6/1/2022	VIMPAT 200 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LACOSAMIDE 200 MG ORAL TABLET-1
6/1/2022	VIMPAT 100 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LACOSAMIDE 100 MG ORAL TABLET-1
6/1/2022	APOKYN 10 MG/ML SUBCUTANE. CARTRIDGE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	APOMORPHINE HCL 10 MG/ML SUBCUTANE. CARTRIDGE-1

Effective Date	Drug Name	Type of Change	Reason for Change	Alternate Drugs and Tier
6/1/2022	REVLIMID 5 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LENALIDOMIDE 5 MG ORAL CAPSULE-1
6/1/2022	REVLIMID 25 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LENALIDOMIDE 25 MG ORAL CAPSULE-1
6/1/2022	REVLIMID 15 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LENALIDOMIDE 15 MG ORAL CAPSULE-1
6/1/2022	REVLIMID 10 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LENALIDOMIDE 10 MG ORAL CAPSULE-1
6/1/2022	CYSTADANE 1G/SCOOP ORAL POWDER	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BETAINE ANHYDROUS 1G/SCOOP ORAL POWDER-1

What you and your doctor can do

We are telling you about these changes now, so that you and your doctor will have time (at least 60 days) to decide what to do.

Depending on the type of change, there may be different options to consider. For example:

- Perhaps your doctor can find a different drug on the SCFHP Cal MediConnect drug list that might work just as well for you.
- You and your doctor can ask the plan to make an exception for you. This means asking us to agree that the upcoming change in coverage of a drug does not apply to you.
 - Your doctor will need to tell us why making an exception is medically necessary for you.
 - To learn what you must do to ask for an exception, see the SCFHP Cal MediConnect *Member Handbook*.

If you disagree with our decision to remove or change coverage for any of these drugs, you may also file a grievance with us. Please call Customer Service if you want to file a grievance. You may also send your grievance to us in writing by mail to:

Attn: Grievances and Appeals
Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158

For more information on filing a grievance, see the SCFHP Cal MediConnect *Member Handbook*.

If you have questions

Call 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY/TDD users should call 1-800-735-2929 or 711. The call is free.

Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

Discrimination is against the law. Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid Plan) (SCFHP Cal MediConnect Plan) follows State and Federal civil rights laws. SCFHP Cal MediConnect Plan does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

SCFHP Cal MediConnect Plan provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact SCFHP Cal MediConnect Plan between 8 a.m. to 8 p.m., Monday through Friday by calling 1-877-723-4795. If you cannot hear or speak well, please call 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

**Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158
1-877-723-4795 (TTY: 711)**

HOW TO FILE A GRIEVANCE

If you believe that SCFHP Cal MediConnect Plan has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with SCFHP Cal MediConnect Plan. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact SCFHP Cal MediConnect Plan between 8 a.m. to 8 p.m., Monday through Friday by calling 1-877-723-4795. Or, if you cannot hear or speak well, please call 711.
- In writing: Fill out a complaint form or write a letter and send it to:

**Attn: Grievance and Appeals Department
Santa Clara Family Health Plan
6201 San Ignacio Ave
San Jose, CA 95119**

- In person: Visit your doctor's office or SCFHP Cal MediConnect Plan and say you want to file a grievance.
 - Electronically: Visit SCFHP Cal MediConnect Plan's website at www.scfhp.com.
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OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.
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OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

English Tagline

ATTENTION: If you need help in your language call 1-877-273-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-877-273-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. These services are free of charge.

Mensaje en español (Spanish)

ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-877-723-4795, de lunes a viernes, de 8 a.m. a 8 p.m. (TTY: 711). También hay ayudas y servicios para personas con discapacidades, como documentos en braille y en letra grande. Llame al 1-877-723-4795, de lunes a viernes, de 8 a.m. a 8 p.m. (TTY: 711). Estos servicios no tienen costo.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, hãy gọi 1-877-723-4795, từ Thứ Hai đến Thứ Sáu, 8 giờ sáng đến 8 giờ tối. (TTY: 711). Cũng có các hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi braille và bản in chữ lớn. Hãy gọi 1-877-723-4795, từ Thứ Hai đến Thứ Sáu, 8 giờ sáng đến 8 giờ tối. (TTY: 711). Các dịch vụ này đều miễn phí.

简体中文标语 (Chinese)

注意：如您需要所说语言的协助，请于星期一至星期五早上 8 点至晚上 8 点致电 1-877-723-4795 (TTY 用户请致电 711)。我们还为残障人士提供盲文版和大字版文件等相关帮助和服务。请于星期一至星期五早上 8 点至晚上 8 点致电 1-877-723-4795 (TTY 用户请致电 711)。这些服务均免费提供。

Tagalog Tagline (Tagalog)

PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-877-723-4795, Lunes hanggang Biyernes, 8 a.m. hanggang 8 p.m. (TTY: 711). Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malalaking titik. Tumawag sa 1-877-723-4795, Lunes hanggang Biyernes, 8 a.m. hanggang 8 p.m. (TTY: 711). Libre ang mga serbisyong ito.

الشعار بالعربية (Arabic)

تنبيه: إذا كنت بحاجة إلى الحصول على المساعدة بلغتك، فاتصل بالرقم 1-877-723-4795، من الاثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً. (الهاتف النصي لضعاف السمع والعمى (TTY: 711) المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والطباعة الكبيرة، متوفرة أيضًا. اتصل بالرقم 1-877-723-4795، من الاثنين إلى الجمعة، 8 صباحًا إلى 8 مساءً. (الهاتف النصي لضعاف السمع والعمى (TTY: 711) يتم تقديم هذه الخدمة مجانًا.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե Ձեր լեզվով օգնության կարիք ունեք, զանգահարեք 1-877-723-4795 համարով, երկուշաբթիից ուրբաթ, 8:00-ից 20:00: (TTY՝ 711): Հասանելի են նաև օգնություններ և ծառայություններ հաշմանդամ անձանց համար, ինչպես՝ բրայլի այբուբենով և խոշոր տպատառերով փաստաթղթեր: Չանգահարեք 1-877-723-4795 համարով, երկուշաբթիից ուրբաթ, 8:00-ից 20:00: (TTY՝ 711): Այս ծառայություններն անվճար են:

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

កំណត់ចំណាំ: កំណត់ចំណាំ: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទមកលេខ 1-877-723-4795 ពីថ្ងៃច័ន្ទដល់ថ្ងៃសុក្រចាប់ពីម៉ោង ៨ ព្រឹក ដល់ម៉ោង ៨ យប់។ (TTY: 711) ។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការដូចជាឯកសារជាអក្សរស្នាប និងការបោះពុម្ពផ្សព្វផ្សាយមានផងដែរ។ សូមទូរសព្ទមកលេខ 1-877-723-4795 ពីថ្ងៃច័ន្ទដល់ថ្ងៃសុក្រចាប់ពីម៉ោង ៨ ព្រឹក ដល់ ៨ ល្ងាច។ (TTY: 711) ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ។

مطلب به زبان فارسی (Farsi)

توجه: اگر نیاز به دریافت کمک به زبان خودتان دارید، از دوشنبه تا جمعه بین ساعات 8 صبح الی 8 شب با 1-877-723-4795 تماس بگیرید. (TTY: 711). کمک و خدمات‌رسانی به کسانی که ناتوانی خاصی دارند، مثلاً چاپ اسناد با خط بریل و حروف بزرگ نیز امکان‌پذیر است. از دوشنبه تا جمعه بین ساعات 8 صبح الی 8 شب با 1-877-723-4795 تماس بگیرید. (TTY: 711). این خدمات رایگان هستند.

हिंदी टैगलाइन (Hindi)

ध्यान दें: यदि आपको अपनी भाषा में सहायता की आवश्यकता है, तो सोमवार से शुक्रवार, प्रातः 8 बजे से रात्रि 8 बजे तक 1-877-723-4795 पर कॉल करें। (TTY: 711) विकलांग लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में दस्तावेज़ भी उपलब्ध हैं। सोमवार से शुक्रवार, प्रातः 8 बजे से रात्रि 8 बजे तक 1-877-723-4795 पर कॉल करें। (TTY: 711) ये सेवाएं निःशुल्क रूप से उपलब्ध हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab ua koj hom lus hu rau 1-877-723-4795, Hlub Hnub Monday txog Hnub Friday, 8 teev sawv ntxov txog 8 teev tsaus ntuj. (TTY: 711). Kev pab thiab cov kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv ua ntawv su rau neeg dig muag thiab luam kom loj, puav leej muaj. Hu rau 1-877-723-4795, Hlub Monday txog Hnub Friday, 8 teev sawv ntxov txog 8 teev tsaus ntuj. (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意: 母国語での対応が必要な場合は、月～金の午前8時～午後8時の時間帯で 1-877-723-4795 (TTY: 711) にお問い合わせください。視覚障害者向けに点字や大活字の文書などの支援サービスも利用できます。月～金の午前8時～午後8時の時間帯で 1-877-723-4795 (TTY: 711) にお問い合わせください。これらのサービスは無料ご利用いただけます。

한국어 태그라인 (Korean)

주의: 귀하의 언어로 도움이 필요하시면 1-877-723-4795 번으로 문의하십시오(월요일~금요일, 오전 8 시~오후 8 시). (TTY: 711). 장애인을 위한 지원과 서비스(예: 브라우 점자 문서, 큰 활자)도 이용하실 수 있습니다. 1-877-723-4795 번으로 문의하십시오 (월요일~금요일, 오전 8 시~오후 8 시). (TTY: 711). 서비스는 무료입니다.

ແທກໄລພາສາລາວ (Laotian)

ແຈ້ງເຕືອນ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໂທຫາ 1-877-723-4795, ວັນຈັນ ເຖິງ ວັນສຸກ, ເວລາ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ. (TTY: 711). ເຄື່ອງຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ, ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນ ແລະ ຕົວໂມ້ໃຫຍ່ກໍ່ມີເຊັ່ນກັນ. ໃຫ້ໂທຫາ 1-877-723-4795, ວັນຈັນ ເຖິງ ວັນສຸກ, ເວລາ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ. (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ໄດ້ເສຍຄ່າ.

Mien Tagline (Mien)

CAU FIM JANGX LONGX: Beiv taux meih qiemx zuqc heuc tengx faan benx meih nyei fingz waac nor douc waac lorx taux 1-877-723-4795, yiem liv baaiz yietv mingh taux liv baaiz hmz, yiem 8 diemv ziangh hoc lungn ndorm mingh taux 8 diemv lungn muonx (TTY: 711). Mbenc maaih sou-nzangc benx nzangc-pokc aengx caux aamz benx domh sou-daan liouh bun wuaaic fangx mienh longc. Douc waac lorx taux 1-877-723-4795, yiem liv baaiz yietv mingh taux liv baaiz hmz, yiem 8 diemv ziangh hoc lungn ndorm mingh taux 8 diemv lungn muonx (TTY: 711). Naaiv se baeqc benx wang-henh nzie weih gong maiv zuqc feix zinh nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਰਾਤੀਂ 8 ਵਜੇ ਤੱਕ 1-877-723-4795 'ਤੇ ਕਾਲ ਕਰੋ। (TTY: 711) ਵਿਕਲਾਂਗ ਲੋਕਾਂ ਵਾਸਤੇ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਵੱਡੇ ਪਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਵੀ ਉਪਲਬਧ ਹਨ। ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਰਾਤੀਂ 8 ਵਜੇ ਤੱਕ 1-877-723-4795 'ਤੇ ਕਾਲ ਕਰੋ। (TTY: 711) ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-877-273-4795 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-877-273-4795 (линия TTY:711). Такие услуги предоставляются бесплатно.

แท็กไลน์ภาษาไทย (Thai)

หมายเหตุ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร 1-877-723-4795 วันจันทร์ถึงวันศุกร์ เวลา 8.00 น. ถึง 20.00 น. (TTY: 711) นอกจากนี้ยังมีบริการความช่วยเหลือสำหรับผู้ทุพพลภาพ เช่น เอกสารที่เป็นอักษรเบรลล์และตัวอักษรขนาดใหญ่ โปรดโทร 1-877-723-4795 วันจันทร์ถึงวันศุกร์ เวลา 8.00 น. ถึง 20.00 น. (TTY: 711) บริการเหล่านี้ไม่มีค่าใช้จ่ายใดๆ

Примітка українською (Ukrainian)

УВАГА. Ви можете отримати довідку вашою мовою, зателефонувавши за номером 1-877-723-4795 з понеділка по п'ятницю, з 8:00 до 20:00 (телетайп: 711). Також доступна допомога та послуги для осіб з обмеженими фізичними можливостями, наприклад документи, надруковані великим шрифтом або шрифтом Брайля. Телефонуйте за номером 1-877-723-4795 з понеділка по п'ятницю, з 8:00 до 20:00 (телетайп: 711). Ці послуги надаються безкоштовно.