

Upcoming Changes to
Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid Plan)
2021 Drug List

Updated 4/1/2021

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
2/27/2021	ALINIA 500 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ALINIA 500 MG ORAL TABLET
3/1/2021	BANZEL 40 MG/ML ORAL ORAL SUSP	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BANZEL 40 MG/ML ORAL ORAL SUSP
3/1/2021	TECFIDERA 120-240 MG ORAL CAPSULE DR	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TECFIDERA 120-240 MG ORAL CAPSULE DR

Effective Date	Drug Name	Type of Change	Reason for Change	Alternate Drugs
5/1/2021	ATRIPLA 600-200MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ATRIPLA 600-200MG ORAL TABLET
5/1/2021	BETHKIS 300 MG/4ML INHALATION AMPUL- NEB	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BETHKIS 300 MG/4ML INHALATION AMPUL- NEB
5/1/2021	DEMSEER 250 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DEMSEER 250 MG ORAL CAPSULE
5/1/2021	EMTRIVA 200 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	EMTRIVA 200 MG ORAL CAPSULE
5/1/2021	FERRIPROX 500 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	FERRIPROX 500 MG ORAL TABLET
5/1/2021	KUVAN 100 MG ORAL TABLET SOL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	KUVAN 100 MG ORAL TABLET SOL

Effective Date	Drug Name	Type of Change	Reason for Change	Alternate Drugs
5/1/2021	SYMFI 600-300MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SYMFI 600-300MG ORAL TABLET
5/1/2021	SYMFI LO 400-300 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SYMFI LO 400-300 MG ORAL TABLET
5/1/2021	TECFIDERA 120 MG ORAL CAPSULE DR	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TECFIDERA 120 MG ORAL CAPSULE DR
5/1/2021	TECFIDERA 240 MG ORAL CAPSULE DR	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TECFIDERA 240 MG ORAL CAPSULE DR
5/1/2021	TRUVADA 200-300 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TRUVADA 200-300 MG ORAL TABLET
5/1/2021	TYKERB 250 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TYKERB 250 MG ORAL TABLET

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 (SCFHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCFHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCFHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides 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 Customer Service at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m.

If you believe that SCFHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Attn: Grievance and Appeals Department
Santa Clara Family Health Plan
6201 San Ignacio Ave
San Jose, CA 95119
Phone: 1-877-723-4795
TTY: 711
Fax: 1-408-874-1962
Email: CalMediConnectGrievances@scfhp.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Customer Service representative is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
Phone: 1-800-368-1019
TDD: 1-800-537-7697

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



Language Assistance Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Customer Service at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

Español (Spanish): ATENCIÓN: Si habla español, hay servicios de ayuda de idiomas gratis disponibles para usted. Llame a Servicio al Cliente al 1-877-723-4795 (TTY: 711) de lunes a viernes, de 8 a.m. a 8 p.m. La llamada es gratis.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ, miễn phí dành cho quý vị. Hãy gọi đến Dịch Vụ Khách Hàng theo số 1-877-723-4795 (TTY: 711), từ Thứ Hai đến Thứ Sáu, 8 giờ sáng đến 8 giờ tối. Cuộc gọi là miễn phí.

中文 (Chinese): 注意: 如果您说中文, 您可申请免费语言援助服务。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) 与客户服务部联系。本电话免费。

Tagalog (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyong tulong sa wika na walang bayad. Tumawag sa Serbisyo para sa Mamimili sa 1-877-723-4795 (TTY: 711), Lunes hanggang Biyernes, 8 a.m. hanggang 8 p.m. Ang pagtawag ay libre.

한국어(Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 월요일부터 금요일 오전 8시부터 저녁 8시까지 1-877-723-4795 (TTY: 711)번으로 고객 서비스부에 연락해 주십시오. 통화는 무료입니다.

Հայերեն (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա լեզվական օգնության ծառայությունները Ձեզ կտրամադրվեն անվճար: Զանգահարեք հաճախորդների սպասարկման կենտրոն հետևյալ հեռախոսահամարով՝ 1-877-723-4795 (TTY: 711), երկուշաբթիից ուրբաթ՝ ժ. 8:00 - 20:00: Զանգն անվճար է:

Русский (Russian): ВНИМАНИЕ: Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами переводчика. Позвоните в Службу поддержки клиентов по номеру 1-877-723-4795 (телетайп: 711), с понедельника по пятницу, с 8:00 до 20:00. Звонок бесплатный.

فارسی (Farsi):

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک‌زبانی به‌صورت رایگان در دسترس شما قرار دارد. روزهای دوشنبه تا جمعه، از 8 صبح الی 8 شب، با واحد خدمات مشتریان به شماره 1-877-723-4795 (TTY: 711) تماس بگیرید. تماس با این شماره رایگان است.

日本語 (Japanese) : ご注意 : 日本語を話される場合、無料の言語支援サービスをご利用いただけます。カスタマーサービス 1-877-723-4795 (TTY : 711) までお電話下さい。サービス時間帯は月曜日から金曜日の午前 8 時から午後 8 時までです。通話は無料です。

Ntawv Hmoob (Hmong): LUS CEEV: Yog hais tias koj hais lus Hmoob, peb muaj kev pab txhais lus pub dawb rau koj. Hu rau Lub Chaw Pab Cuam Neeg Qhua rau ntawm tus xov tooj 1-877-723-4795 (TTY: 711), hnuv Monday txog Friday, 8 teev sawv ntxov txog 8 teev tsaus ntuj. Qhov hu no yog hu dawb xwb.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। 1-877-723-4795 (TTY: 711) 'ਤੇ ਗਾਹਕ ਸੇਵਾ ਨੂੰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਰਾਤੀਂ 8 ਵਜੇ ਤੱਕ ਕਾਲ ਕਰੋ। ਕਾਲ ਕਰਨ ਦਾ ਪੈਸਾ ਨਹੀਂ ਲੱਗਦਾ।

:العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الاتصال بخدمة العملاء على الرقم 1-877-723-4795 (الهاتف النصي لضعاف السمع) (TTY:) 711 من الاثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً. الاتصال مجاني.

हिंदी (Hindi): ध्यान दें: अगर आप हिंदी, भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ नि:शुल्क उपलब्ध हैं। ग्राहक सेवा को 1-877-723-4795 (TTY: 711) पर, सोमवार से शुक्रवार, सुबह 8:00 से शाम 8:00 बजे तक कॉल करें यह कॉल नि:शुल्क है।

ภาษาไทย (Thai): โปรดทราบ: หากท่านพูดภาษาไทย จะมีบริการความช่วยเหลือทางด้านภาษาโดยไม่มีค่าใช้จ่าย ติดต่อศูนย์บริการลูกค้าได้ที่ 1-877-723-4795 (TTY: 711) ได้ในวันจันทร์ถึงศุกร์ เวลา 08.00 น. ถึง 20.00 น. ไม่มีค่าใช้จ่ายในการโทร

ខ្មែរ (Khmer): ជូនចំពោះ៖ ប្រសិនបើលោកអ្នកនិយាយភាសា សេវាជំនួយផ្នែកភាសាមានផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ទូរស័ព្ទមកផ្នែកសេវាកម្មអតិថិជនតាមលេខ 1-877-723-4795 (TTY: 711) ពីថ្ងៃច័ន្ទដល់ថ្ងៃសុក្រម៉ោង 8 ព្រឹក។ ដល់ម៉ោង 8 យប់ ការហៅទូរស័ព្ទគឺឥតគិតថ្លៃ។

ພາສາລາວ (Lao): ໄປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ຄິດຄ່າໃຊ້ຈ່າຍ ສໍາລັບທ່ານ. ໂທຫາສູນບໍລິການລູກຄ້າໄດ້ທີ່ເບີ 1-877-723-4795 (TTY: 711), ວັນຈັນ ຫາ ວັນສຸກ ເວລາ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ. ໂທພຣີ.