Regular Meeting of the

Santa Clara County Health Authority
Pharmacy and Therapeutics (P&T) Committee

Thursday, June 16, 2022, 6:00 - 8:00 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference
(408) 638-0968
Meeting ID: 878 4518 5915
Passcode: **SCFHP2022**
https://us06web.zoom.us/j/87845185915

AGENDA

1. Roll Call / Establish Quorum	Dr. Lin	6:00	5 min
2. Public Comment	Dr. Lin	6:05	5 min
Members of the public may speak to any item not on the agenda; two minutes per speaker. The Committee reserves the right to limit the duration of the public comment period to 30 minutes.			
3. Open Meeting Minutes	Dr. Lin	6:10	2 min
Review Santa Clara Family Health Plan (SCFHP) 1Q 2022 P&T Open Session Minutes.			
Possible Action: Approve SCFHP P&T Open Session Minutes			
4. Standing Agenda Items			
a. Chief Medical Officer Health Plan Updates	Dr. Nakahira	6:12	5 min
b. Medi-Cal Rx Update	Dr. Huynh	6:17	2 min
c. Grievance & Appeal Reports – 4Q 2021 & 1Q 2022	Mr. Oliveira	6:19	10 min
d. Policy Review	Dr. Huynh	6:29	5 min
i. PH.10 Medicare Part D Transition (D-SNP)			
ii. PH.16 Medi-Cal Rx			
Possible Action: Approve SCFHP Pharmacy Policies			

e. Plan/Global Medi-Cal Drug Use Review	Dr. Tambe	6:34	5 min
i. Annual DHCS Global DUR Submission			
ii. Drug Utilization Evaluation Update			
f. Emergency Supply Report – 2Q 2022	Dr. Nguyen	6:39	5 min
g. NCQA Member Portal Evaluation Update		6:44	2 min

Adjourn to Closed Session

Pursuant to Welfare and Institutions Code Section 14087.36 (w)

5. Closed Meeting Minutes	Dr. Lin	6:46	2 min

Review SCFHP 1Q 2022 P&T Closed Session Minutes.
    Possible Action: Approve SCFHP P&T Closed Session Minutes

6. Metrics & Financial Updates

a. Membership Report	Dr. Huynh	6:48	2 min
b. Pharmacy Dashboard		6:50	3 min
c. Drug Utilization & Spend – 1Q 2022	Dr. Nguyen	6:53	5 min

7. Discussion and Recommendations for Changes to SCFHP's Formulary & Coverage Determination Criteria

a. Pharmacy Benefit Manager 1Q 2022 P&T Minutes	Dr. Huynh	6:58	3 min
b. Pharmacy Benefit Manager 2Q 2022 P&T Part D Actions			

    Possible Action: Approve MedImpact Minutes & Actions

c. 2022 Update & 2023 Medical Benefit Drug Prior Authorization Grid		7:01	3 min

    Possible Action: Approve 2022 Update & 2023 Medical Benefit Drug Prior Authorization Grid

d. Diabetic Supplies Criteria	Dr. Nguyen	7:04	3 min

    Possible Action: Approve SCFHP Diabetic Supplies Criteria

8. Discussion of SCFHP Pharmacy Clinical Programs	Dr. Tambe	7:07	8 min
a. Diabetes Management Program – Updates			
b. Pharmacy Clinical Program FY2023 Planning			

9. New Drugs and Class Review

a. COVID-19 Updates	Dr. Tambe	7:15	5 min
b. Tirzepatide – Type 2 Diabetes		7:25	5 min
c. Vonoprazan - H. pylori	Dr. Koh	7:30	10 min
d. Tapinarof – Plaque psoriasis		7:35	10 min
e. Mavacamten – obstructive hypertrophic cardiomyopathy		7:45	5 min

    f. *Informational only:*
        i. *Amyotrophic Lateral Sclerosis (ALS)*
        ii. *Tebipenem – UTI and pyelonephritis*
        iii. *Rinvoq and Skyrizi – Inflammatory Bowel Disease*
        iv. *Myfembree – Endometriosis*
        v. *Jardiance – Heart Failure with Preserved Ejection Fraction*
        vi. *Fintepla – Lennox Gastaut Syndrome (LGS)*

g. New and generic pipeline   Dr. Huynh   7:55   5 min

Reconvene in Open Session

10. Adjournment   Dr. Lin   8:00
   Next meeting Thursday September 15, 2022

Notice to the Public—Meeting Procedures

- Persons wishing to address the Committee on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.

- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.

- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Nancy Aguirre 48 hours prior to the meeting at 408-874-1835.

- To obtain a copy of any supporting document that is available, contact Nancy Aguirre at 408-874-1835. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.

This agenda and meeting documents are available at www.scfhp.com

Pharmacy & Therapeutics Committee

OPEN MEETING MINUTES

Regular Meeting of the

Santa Clara County Health Authority
Pharmacy & Therapeutics Committee

Thursday, March 17, 2022, 6:00 PM – 8:00 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

Minutes (Open) - Draft

Members Present
Jimmy Lin, MD, Chair
Ali Alkoraishi, MD
Xuan Cung, PharmD
Dang Huynh, PharmD, Director of Pharmacy and UM
Laurie Nakahira, DO, Chief Medical Officer
Jesse Parashar-Rokicki, MD

Staff Present

Duyen Nguyen, PharmD, Clinical Pharmacist
Caroline Tambe, PharmD, Clinical Pharmacist
Nancy Aguirre, Administrative Assistant

Members Absent
Judy Ngo, PharmD
Peter Nguyen, DO

1. **Roll Call**

    Jimmy Lin, MD, Chair, called the meeting to order at 6:06 pm. Roll call was taken and a quorum was established.

2. **Public Comment**

    There were no public comments.

3. **Open Meeting Minutes**

    The 4Q 2021 P&T Committee open meeting minutes were reviewed.

    It was moved, seconded and the open minutes of the 4Q 2021 P&T meeting minutes were **unanimously approved.**

Motion:	Dr. Lin
Second:	Dr. Nakahira
Ayes:	Dr. Alkoraishi, Dr. Cung, Dr. Huynh, Dr. Parashar-Rokicki
Absent:	Dr. Ngo, Dr. Nguyen

4. Standing Agenda Items

a. Chief Medical Officer Health Plan Updates

Laurie Nakahira, D.O., Chief Medical Officer (CMO), presented the CMO Health Plan Updates. Dr. Nakahira noted the 2022 Department of Health Care Services (DHCS) annual audit will take place between March 7 and March 18, covering a review period of March 2021 through February 2022. Unlike previous DHCS audits, which covered only the MC line of business, this audit will cover both Medi-Cal (MC) and Cal MediConnect (CMC).

Dr. Nakahira noted in January 2022, SCFHP received notice of the Department of Managed Health Care (DMHC) Financial Audit that will be conducted by June 2022. This audit occurs every three years and examines the financial health and sustainability of the health plan. It is expected that DMHC will begin requesting documents in March 2022.

b. Medi-Cal Rx Update

Dang Huynh, PharmD, Director, Pharmacy and Therapeutics and Utilization Management, provided an MC Rx Update. Dr. Huynh noted the state has suspended a lot of Prior Authorization (PA) requirements. As a result, the turnaround time for PAs reduced from 7 days to 1 day or less.

Dr. Huynh also noted the call times have dramatically reduced, as there is no longer a 4-6 hour wait to speak to someone. The Plan continues to work with state to expand clinical liaisons. Access has improved, as restrictions were removed.

c. Policy Review

i. PH.01 Pharmacy and Therapeutics Committee
ii. PH.02 Formulary Development and Guideline Management
iii. PH.03 Prior Authorization
iv. PH.04 Pharmacy Clinical Programs and Quality Monitoring
v. PH.05 Continuity of Care for Pharmacy Services
vi. PH.06 Pharmacy Communications
vii. PH.07 Drug Recalls
viii. PH.08 Pain Management Drugs for Terminally Ill
ix. PH.09 Medications for Members with Behavioral Health Conditions
x. PH.10 Cal MediConnect Part D Transition
xi. PH.11 340B Program Compliance
xii. PH.12 Drug Management Program
xiii. PH.14 Medications for Cancel Clinical Trial
xiv. PH.15 Diabetic Supplies

Dr. Huynh reviewed the policies due for annual review.

It was moved, seconded and the SCFHP Pharmacy Policies were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Cung
Ayes: Dr. Alkoraishi, Dr. Huynh, Dr. Nakahira, Dr. Parashar-Rokicki
Absent: Dr. Ngo, Dr. Nguyen

d. Plan/Global Medi-Cal Drug Use Review

i. **Annual DHCS Global DUR Submission**
Caroline Tambe, PharmD, Clinical Pharmacist, presented the annual DHCS Global DUR Submission.

ii. **Drug Utilization Evaluation Update**
Dr. Tambe reviewed the results from SCFHP's quarterly retrospective Drug Use Evaluation (DUE) program. For Q1 2022, the focus was on members between ages 40-75 years, that have one CAD risk factor, a history of in-patient hospitalization in the previous calendar year (2021), and that were identified to not be on a statin in the previous 4 months. There were 1,249 CMC members identified for this program. Provider communications will be provided to impacted members' care providers via mailers.

e. **Emergency Supply Report – 1Q 2021**
Duyen Nguyen, PharmD, Clinical Pharmacist, reviewed the Emergency Supply Report for Q1 2021. Dr. Nguyen reported in Q1 2021, SCFHP had a total of 16,302 ER visits, per claims and encounter data. Approved claims were appropriate, and there were no inappropriate denied claims. For no claims, there were no issues with the completed charts that were reviewed.

f. **NCQA Member Portal Evaluation**
Dr. Nguyen presented the NCQA Member Portal Evaluation and reviewed the results. Dr. Nguyen noted both accuracy and quality measures met goal at 100%. There were no deficiencies identified.

Adjourned to Closed Session at 6:31p.m.
Pursuant to Welfare and Institutions Code Section 14087.36 (w)

5. **Closed Meeting Minutes**

The 4Q 2021 P&T Committee closed meeting minutes were reviewed.

It was moved, seconded and the closed minutes of the 4Q 2021 P&T meeting minutes were **unanimously approved**.

Motion: Dr. Huynh
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Cung, Dr. Nakahira, Dr. Parashar-Rokicki
Absent: Dr. Ngo, Dr. Nguyen

6. **Metrics and Financial Updates**

a. **Membership Report**
Dr. Nakahira presented the Membership Report.

b. **Pharmacy Dashboard**
Dr. Nguyen reviewed the Pharmacy Dashboard.

c. **Pharmacy Member Portal Stats – 2H 2021**
Dr. Nguyen reviewed the Pharmacy Member Portal Stats – 2H 2021.

d. **Drug Utilization & Spend – 4Q 2021**
Dr. Huynh presented the Drug Utilization & Spend for 4Q 2021.

7. **Discussion and Recommendations for Changes to SCFHP's Cal MediConnect Formulary & Coverage Determination Criteria**

a. **Pharmacy Benefit Manager 4Q 2021 P&T Minutes**
Dr. Huynh referenced the Pharmacy Benefit Manager 4Q 2021 P&T Minutes.

b. **Pharmacy Benefit Manager 1Q 2022 P&T Part D Actions**
Dr. Huynh reviewed the Pharmacy Benefit Manager 1Q 2022 P&T Part D Actions.

It was moved, seconded and the MedImpact Minutes and Actions were **unanimously approved**.

Motion: Dr. Alkoraishi

Second: Dr. Lin
Ayes: Dr. Cung, Dr. Huynh, Dr. Nakahira, Dr. Parashar-Rokicki
Absent: Dr. Ngo, Dr. Nguyen

c. 2023 Medical Benefit Drug Prior Authorization Grid
Dr. Huynh reviewed the proposed changes to the 2023 Medical Benefit Drug PA Grid.

It was moved, seconded and the 2023 Medical Benefit Drug PA Grid was **unanimously approved**.

Motion: Dr. Huynh
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Cung, Dr. Nakahira, Dr. Parashar-Rokicki
Absent: Dr. Ngo, Dr. Nguyen

8. Discussion and Recommendations for Changes to SCFHP's Medi-Cal Formulary & Prior Authorization Criteria

a. Diabetes Management Program
Dr. Tambe reviewed the Diabetes Management Program.

9. New Drugs and Class Reviews

a. COVID-19 Updates
Dr. Tambe reviewed the COVID-19 updates.

b. Ryzneuta (benegrastim): Chemotherapy-induced Neutropenia
Dr. Nguyen reviewed Ryzneuta (benegrastim).

c. Vadadustat: Anemia in CKD
Dr. Nguyen reviewed Vadadustat.

e. New and Generic Pipeline
Dr. Huynh reviewed the new and generic pipeline.

Reconvene in Open Session at 7:16 p.m.

10. Adjournment
The meeting adjourned at 7:19p.m. The next P&T Committee meeting will be on Thursday, June 16, 2022.

_____   _____

Jimmy Lin, MD, Chair   Date

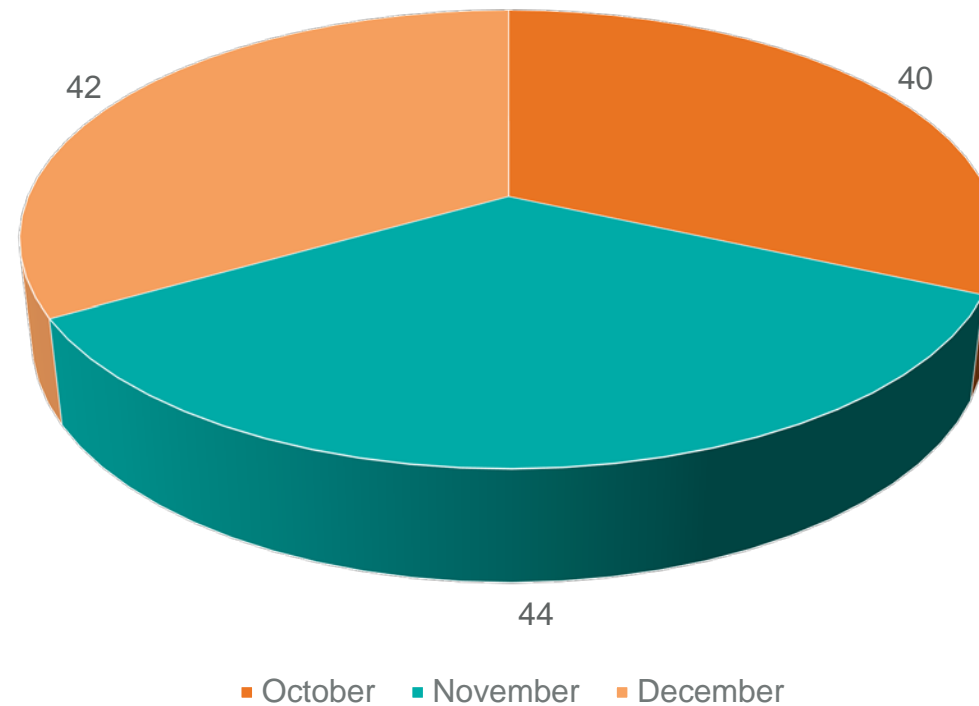# Pharmacy & Therapeutics Committee

STANDING AGENDA ITEMS

Grievance & Appeals Department
Q4 2021 P&T Report
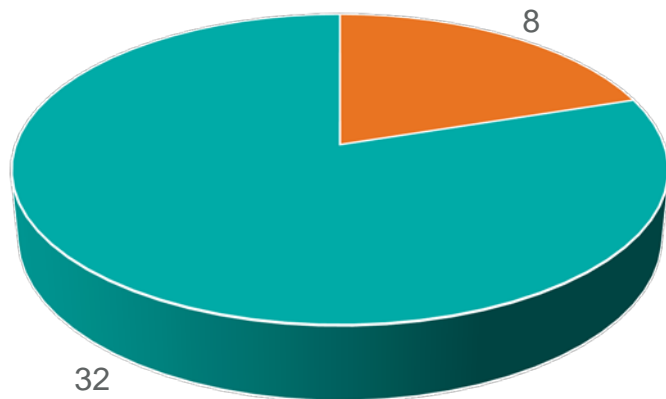
Q4 2021 Medi-Cal Appeals Volume

Appeals Received

October 2021 MC Appeals by Rationale
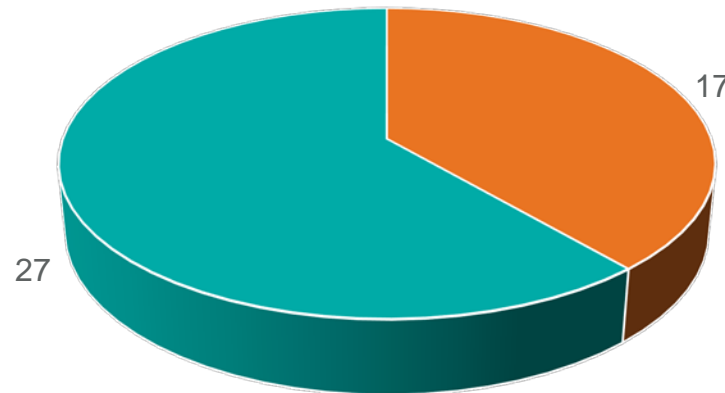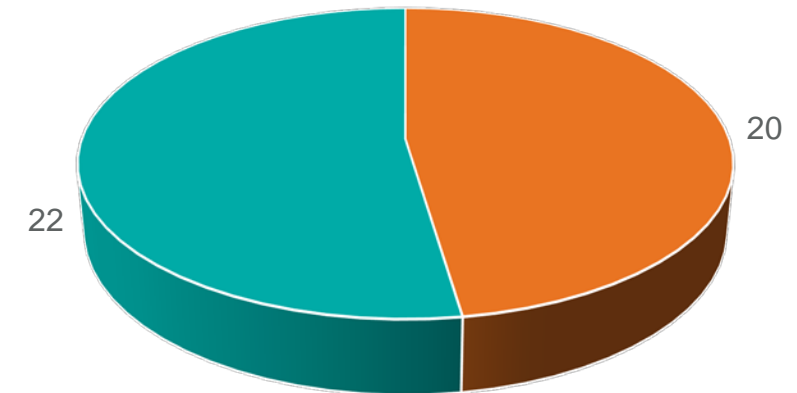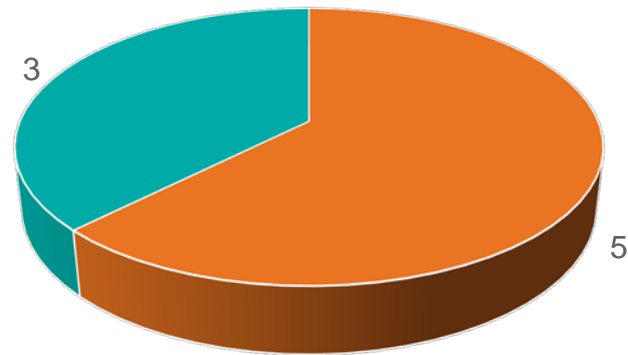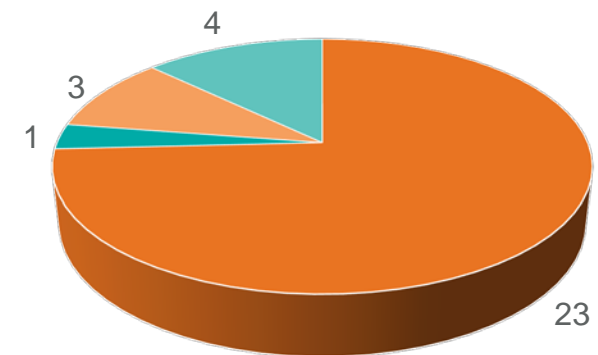

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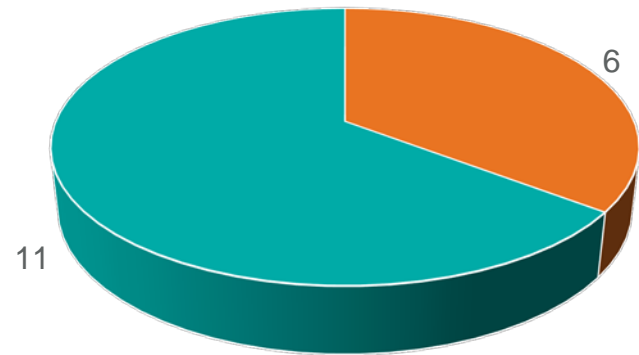- Medical Necessity Met w/ Additional Information
- Medical Necessity Met

- Criteria Not Met (ST, QL, NF)
- Non-Covered Benefit
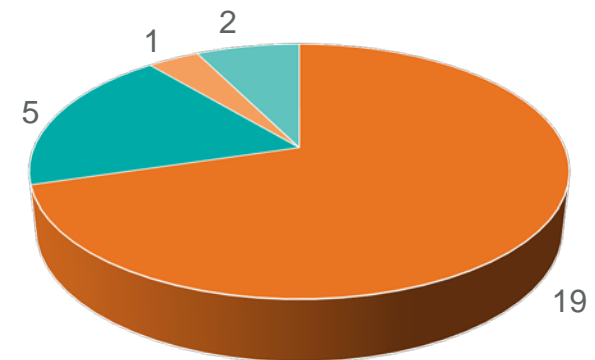- Lack of Medical Necessity
- Other Health Coverage
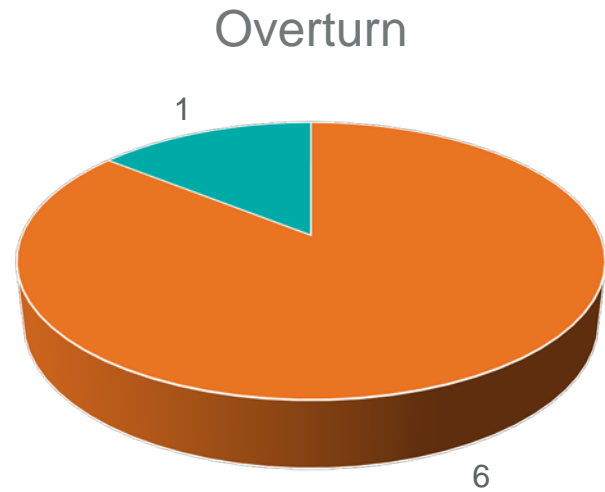
December 2021 MC Appeals by Rationale

Overturn

1

6

- Medical Necessity Met w/ Additional Information
- Medical Necessity Met

Uphold

3

1

18

- Criteria Not Met (ST, QL, NF) - Non Covered Benefit
- Other Health Coverage

MC Top 3 Most Appealed Drugs

1

Vimpat – 5 Appeals

4 denials upheld

1 denial overturned

2

Restasis – 4 Appeals

4 denials upheld

3

Trintellix – 3 Appeals

1 denial upheld

2 denials overturned

Q4 2021 Cal MediConnect Appeals Volume

Appeals Received
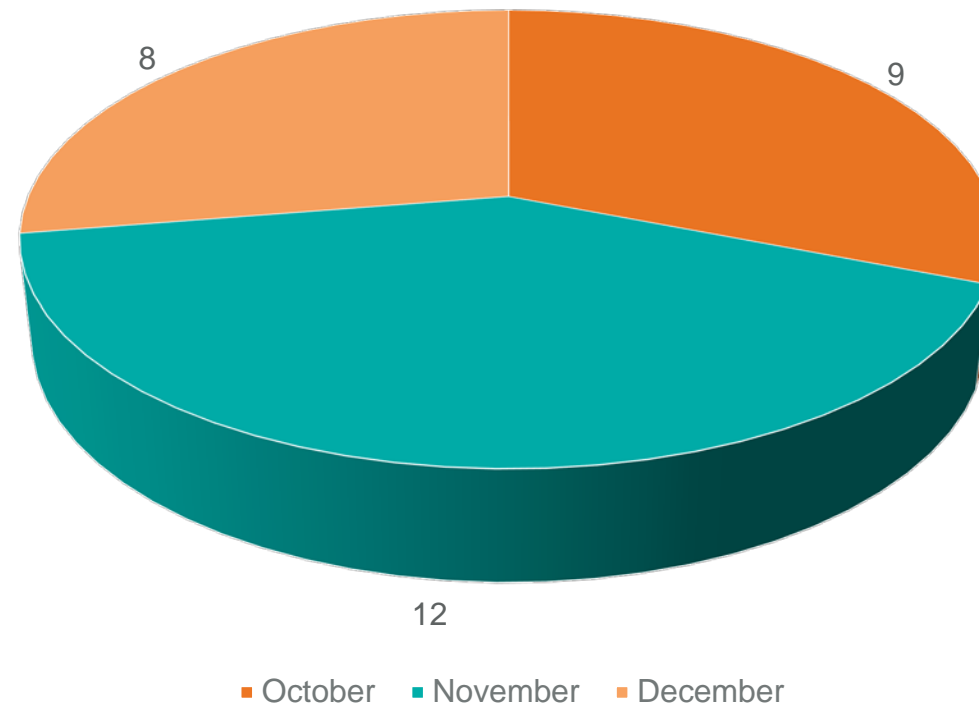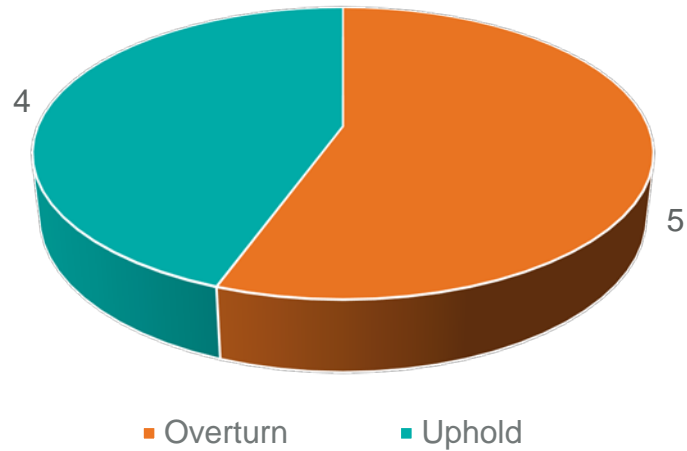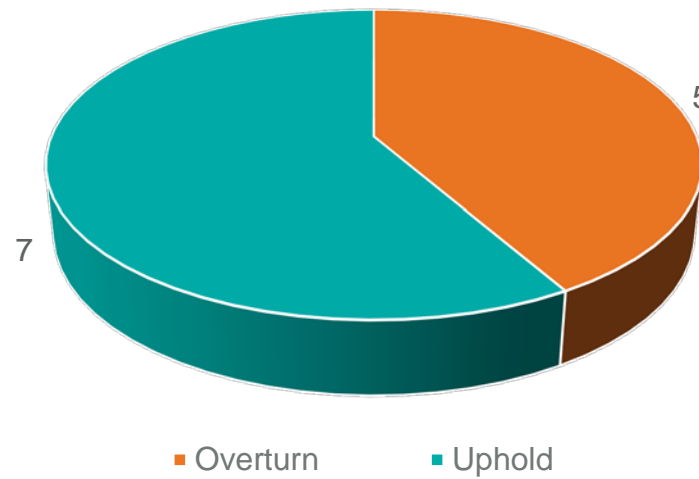
■ October ■ November ■ December

October 2021 CMC Appeals by Rationale

Overturn

2

3

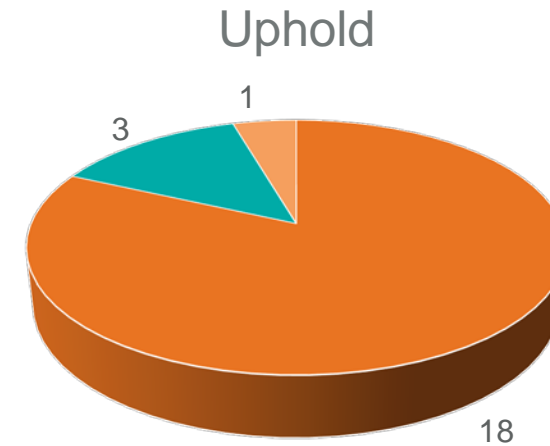- Medical Necessity Met w/ Additional Information
- Medical Necessity Met

Uphold

1

2

1

- Criteria Not Met (ST, QL, NF)
- Lack of Medical Necessity
- Non Covered Benefit

December 2021 CMC Appeals by Rationale

Overturn

Uphold

Medical Necessity Met w/ Additional Information
Medical Necessity Met

Criteria Not Met (ST, QL, NF)   Non Covered Benefit

CMC Top 3 Most Appealed Drugs

1

Estradiol – 2 Appeals

1 denial upheld

1 denial overturned

2

Phenazopyridine –

2 Appeals

2 denials upheld

3

Scopolamine –

2 Appeals

1 denial upheld

1 denial overturned

Grievance & Appeals Department

Grievance & Appeals Department
Q1 2022 P&T Report

Q1 2022 Medi-Cal Appeals Volume

Appeals Received

0

3

■ January ■ February ■ March

Q1 2022 MC Appeals by Decision

January

1

2
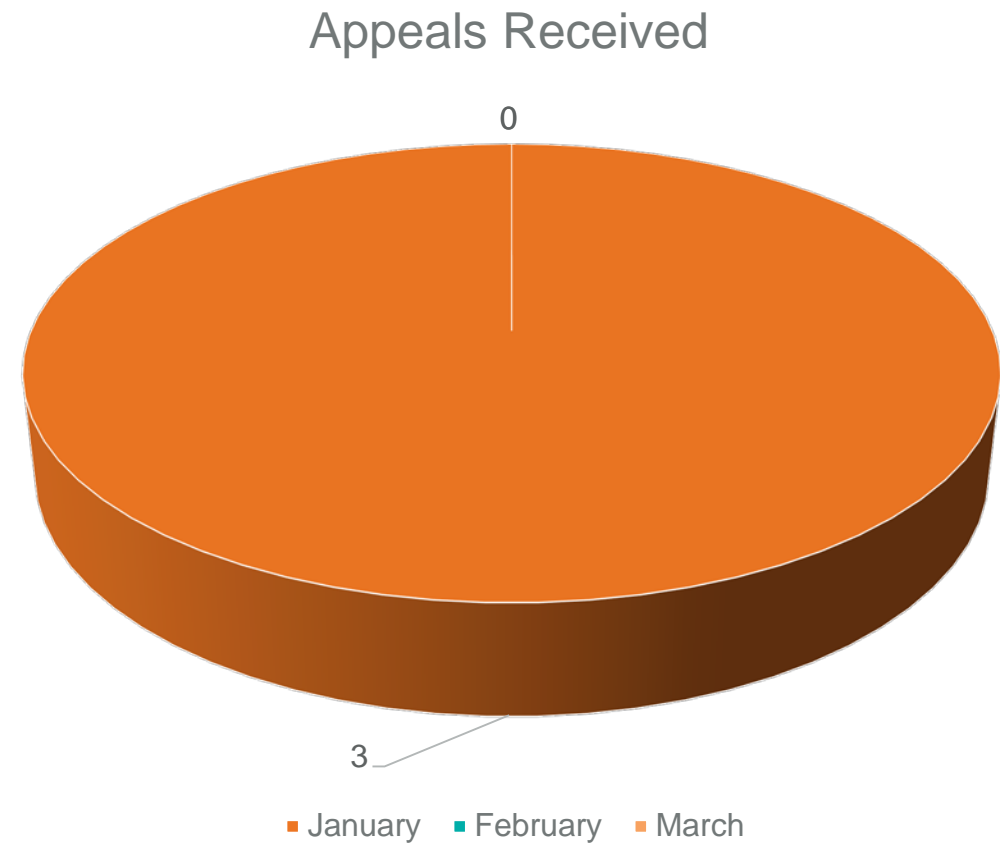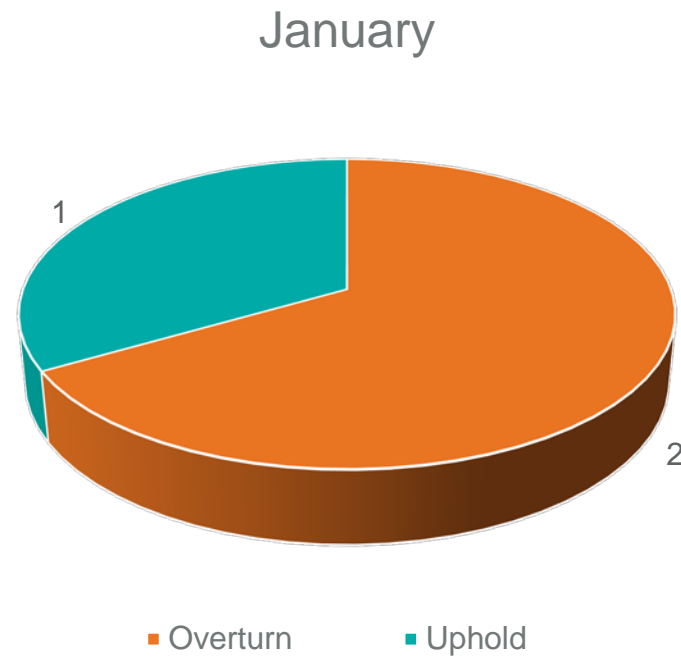
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Q1 2022 MC Appeals by Rationale
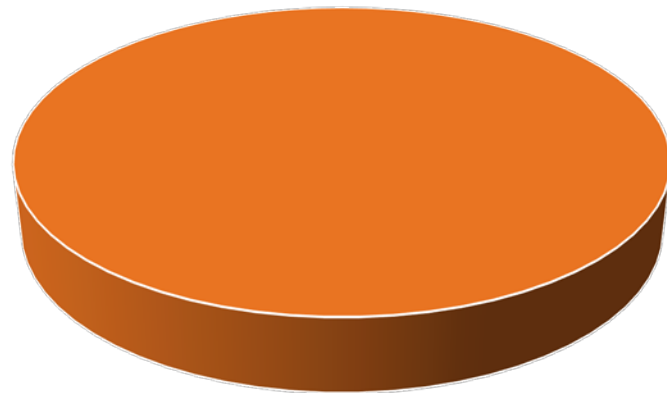
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■ Medical Necessity Met w/ Additional Information

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1
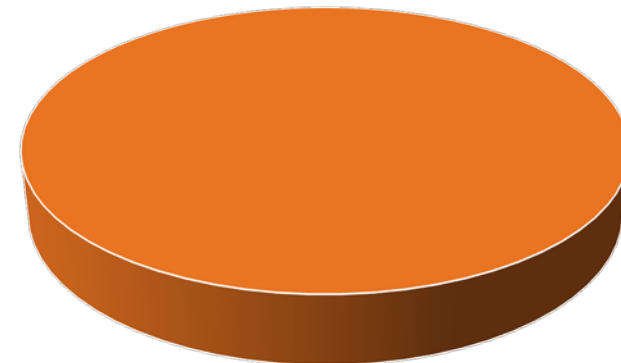
■ Criteria Not Met (ST, QL, NF)

MC Top 3 Most Appealed Drugs

1

Skyrizi – 1 Appeal

Denial Upheld

2

Dextroamphetamine

1 Appeal

Denial Overturned

3

Auryxia – 1 Appeal

Denial Overturned

Q1 2022 Cal MediConnect Appeals Volume

Appeals Received

2

9

12

■ January   ■ February   ■ March
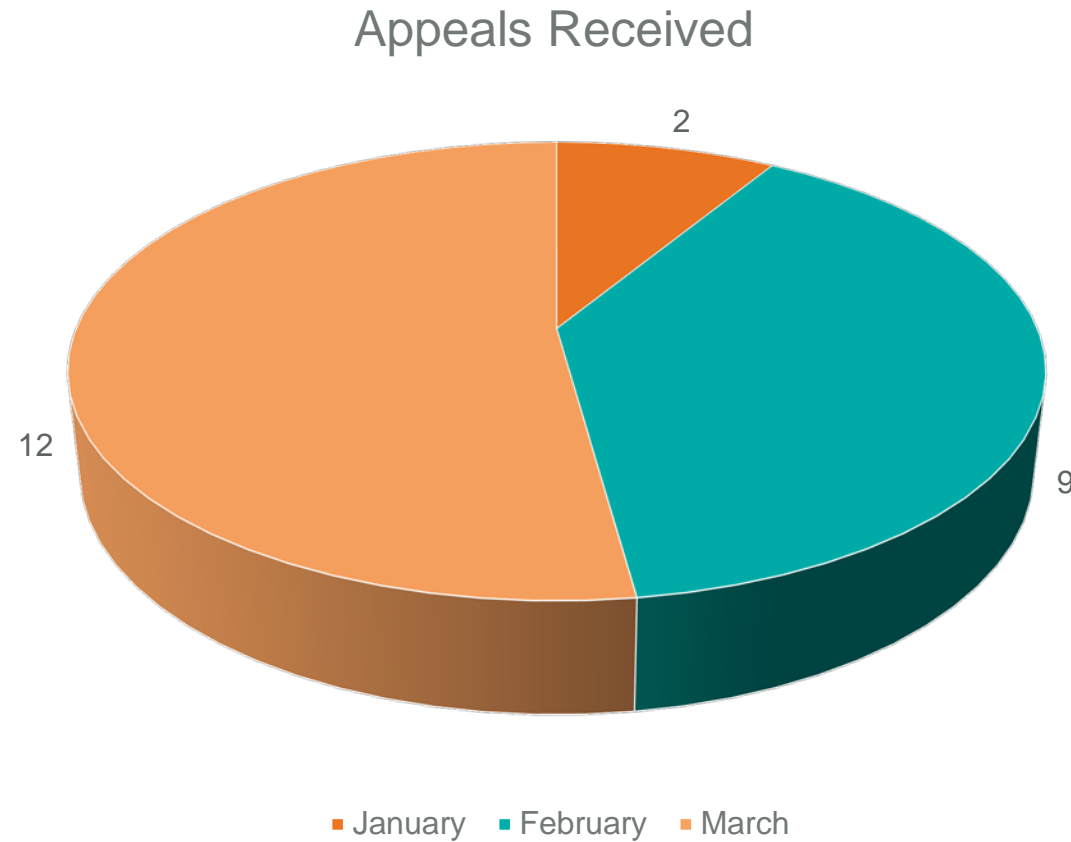
Q1 2022 CMC Appeals by Decision

January

February

March

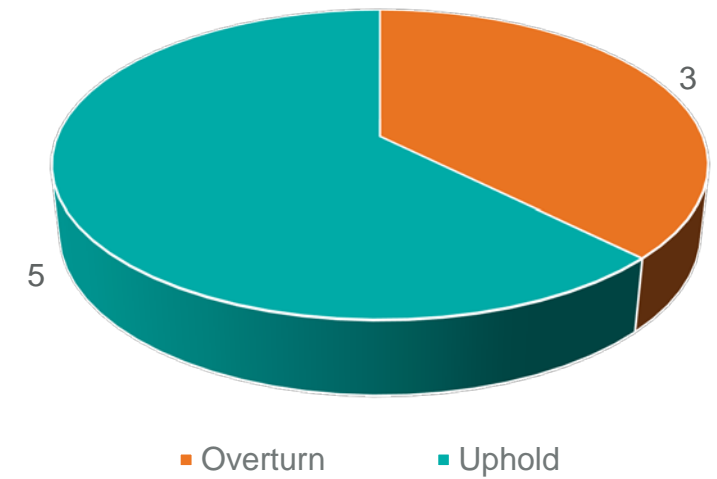# January 2022 CMC Appeals by Rationale
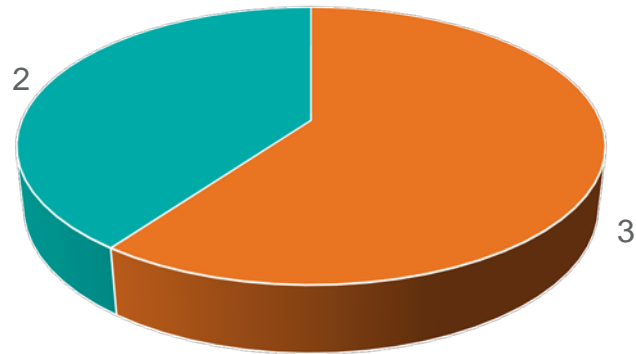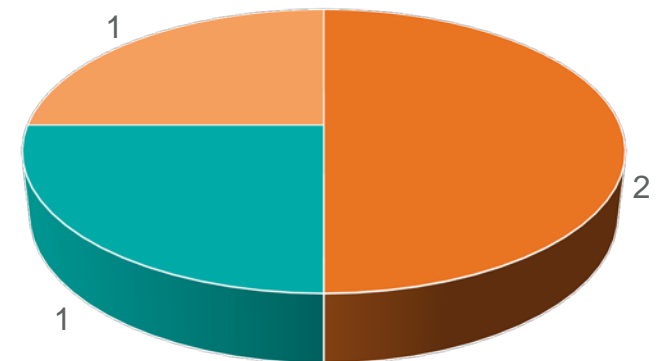

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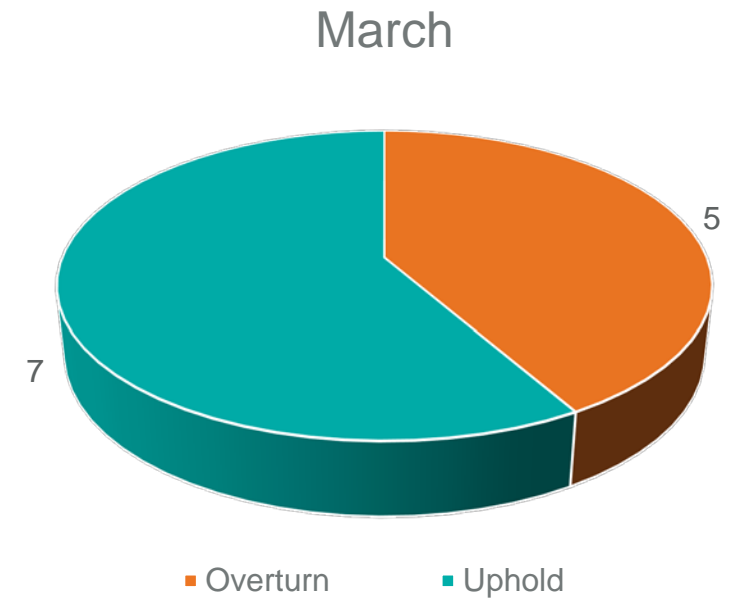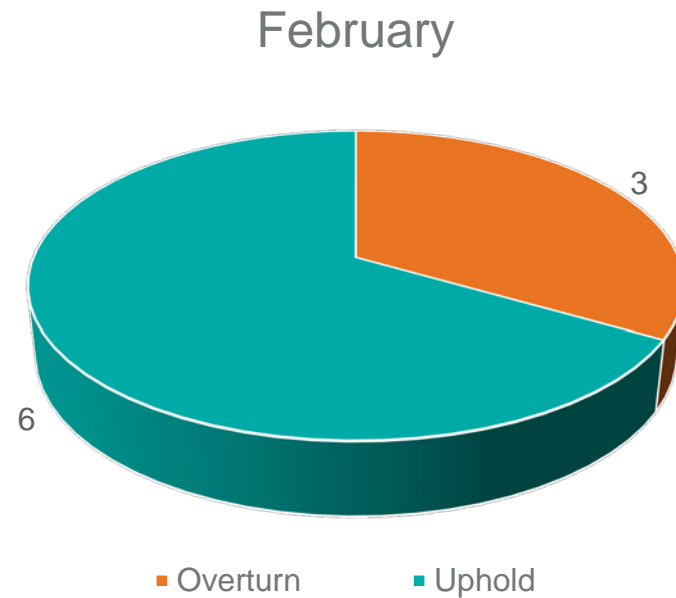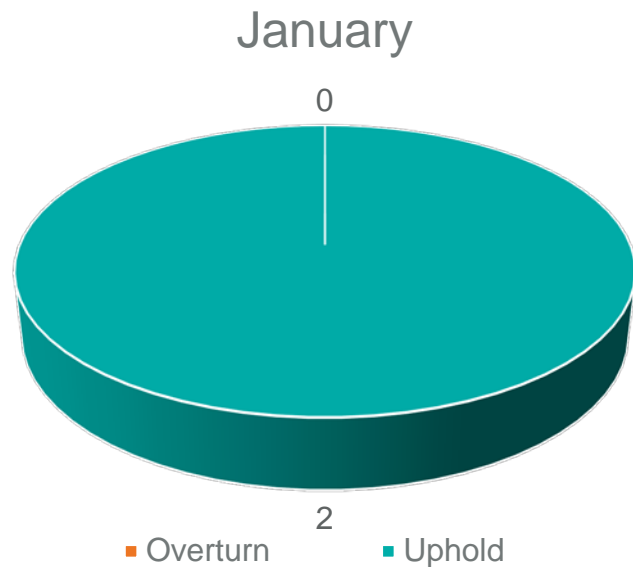
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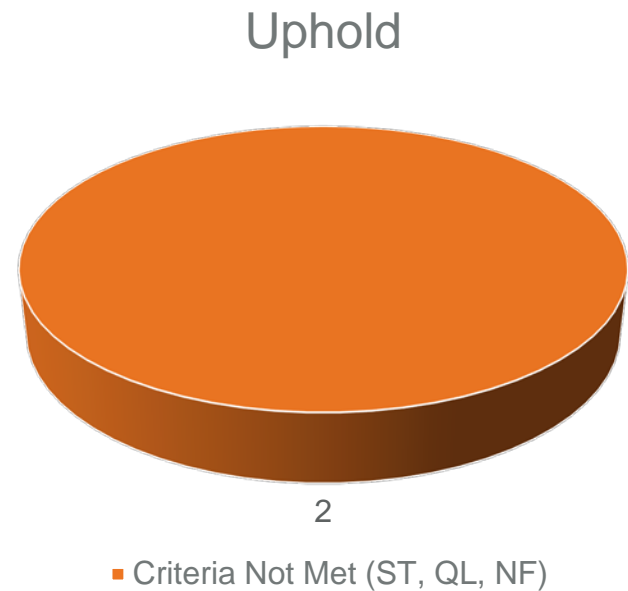
February 2022 CMC Appeals by Rationale
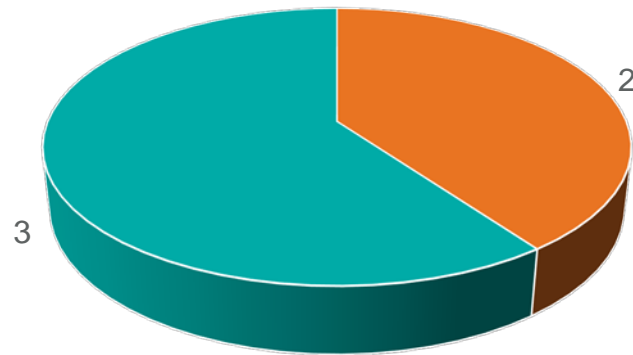
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- Medical Necessity Met w/ Additional Information
- Medical Necessity Met
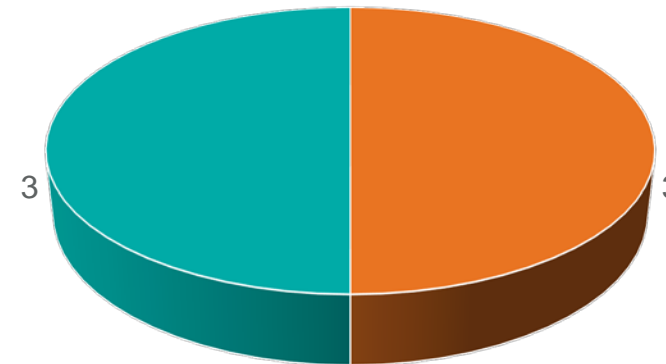
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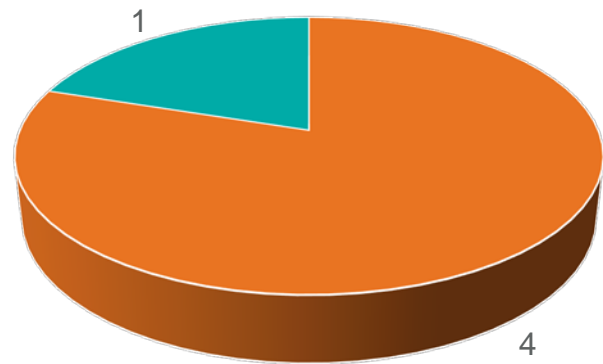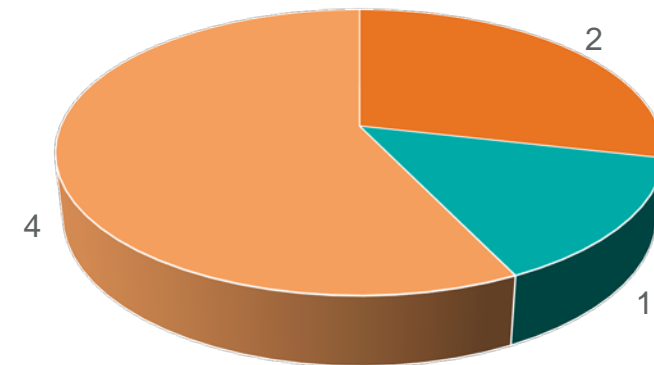- Non Covered Benefit

March 2022 CMC Appeals by Rationale

Overturn

2

3

- Medical Necessity Met w/ Additional Information
- Medical Necessity Met
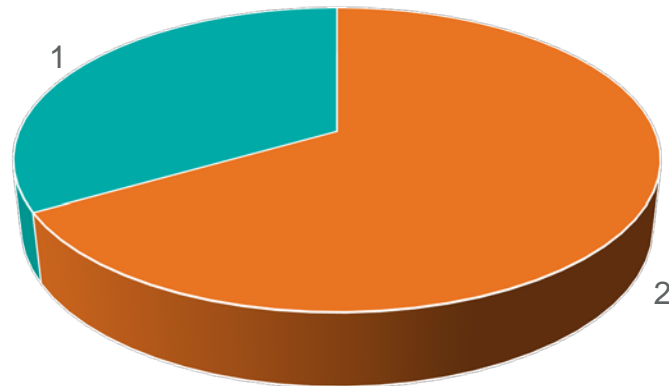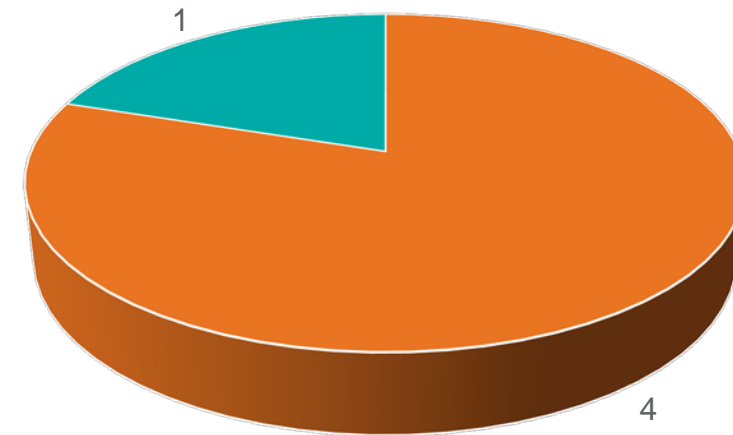
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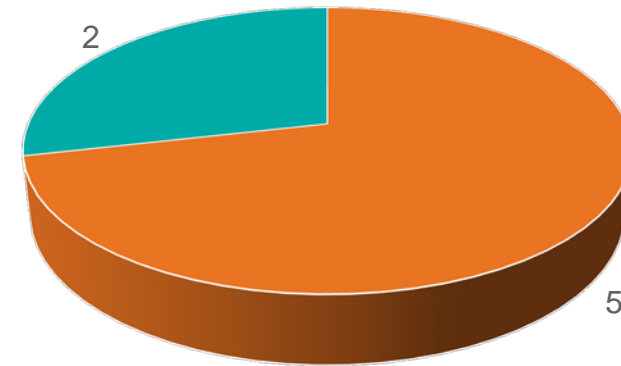
- Criteria Not Met (ST, QL, NF)
- Non Covered Benefit

CMC Top 3 Most Appealed Drugs

1

Lidocaine – 5 Appeals

5 denials upheld

2

Various Other Drugs

3

Various Other Drugs

Grievance & Appeals Department

Policy Title:	Medicare Part D Transition	Policy No.:	PH.10
Replaces Policy Title (if applicable):	Cal MediConnect Part D Transition Policy	Replaces Policy No. (if applicable):	PM100
Issuing Department:	Pharmacy	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☐ Medi-Cal		☒ D-SNP

I. Purpose

To describe the process for transition of care and ensure that continued drug coverage is provided to new and current D-SNP (Dual Eligible Special Needs Plan) members. The transition process allows for a temporary supply of drugs and sufficient time for members to work with their health care providers to select a therapeutically appropriate formulary alternative, or to request a formulary exception based on medical necessity. Transition processes will be administered in a manner that is timely, accurate and compliant with all relevant CMS guidance and requirements as per 42 CFR §423.120(b)(3).

II. Policy

A. Overview
   1. This policy is necessary with respect to:
      a. New enrollees into prescription drug plans following the annual coordinated election period;
      b. Newly eligible Medicare beneficiaries from other coverage;
      c. Enrollees who switch from one plan to another after the start of a contract year;
      d. Enrollees residing in long-term care (LTC) facilities;
      e. Current enrollees affected by negative formulary changes across contract years.
   2. The plan will ensure that its transition policy will apply to non-formulary drugs, meaning both (1) drugs that are not on the plan's formulary, and (2) drugs that are on the plan's formulary but require prior authorization or step therapy, or that have an approved quantity limit lower than the beneficiary's current dose, under the plan's utilization management rules. The plan ensures that its policy addresses procedures for medical review of non-formulary drug requests, and when appropriate, a process for switching new D-SNP plan enrollees to therapeutically appropriate formulary alternatives failing an affirmative medical necessity determination.
   3. The plan ensures that drugs excluded from Part D coverage due to Medicare statute are not eligible to be filled through the transition process. However, to the extent that the plan covers certain excluded drugs under an Enhanced benefit, those drugs should be treated the same as Part D drugs for the purposes of the transition process.
B. Transition Population
   1. The plan will maintain an appropriate transition process consistent with 42 CFR §423.120(b)(3) that includes a written description of how, for enrollees whose current drug therapies may not be included in their new D-SNP plan's formulary, it will effectuate a meaningful transition for:
      a. New enrollees into prescription drug plans following the annual coordinated election period;
      b. Newly eligible Medicare members from other coverage;
      c. Enrollees who switch from one plan to another after the start of a contract year;
      d. Enrollees residing in long-term care (LTC) facilities;
      e. Current enrollees affected by negative formulary changes across contract years.
C. Transition Period

1. The plan allows the CMS required minimum of 90 days from the start of coverage under a new plan. The 90 days are calculated from the member's plan start date. The plan will extend its transition policy across contract years should a member enroll in a plan with an effective enrollment date of either November 1 or December 1 and need access to a transition supply.
2. The transition start date will load from a daily membership file to the plan's pharmacy benefit manager (PBM) and the transition start date process will run simultaneously and analyze the member's group number assignment and the member's effective date within that group.
    a. For members that are new to the health plan or that are re-enrolling but had a break in coverage, the process will set the transition start date to match the member's effective date within the group.
    b. For existing (non-new) members that are assigned to a new group within the same health plan, the process will analyze the change in group number assignment to determine if it results in a new CMS contract and/or plan assignment.
        i. If the change in group number resulted in a new CMS contract and/or plan assignment, the member's transition start date will be updated to mirror the effective date of the group change.
        ii. If the change in group number did not result in a new CMS contract and/or plan assignment, the member's transition start date will remain as is and will not be updated.
3. This process logic aligns with guidance issued by CMS stating Plans must effectuate transition for members that change either CMS contract or plan, irrespective of whether or not the change resulted in a new Part D formulary assignment.
4. The plan will ensure that it will apply all transition processes to a brand-new prescription for a non-formulary drug if it cannot make the distinction between a brand-new prescription for a non-formulary drug and an ongoing prescription for a non-formulary drug at the point-of-sale.

D. Implementation Statement
1. Claims Adjudication System: The plan will provide a temporary supply of non-formulary Part D drugs in order to accommodate the immediate needs of an enrollee, as well as to allow the Plan and/or the enrollee sufficient time to work with the prescriber to make an appropriate switch to a therapeutically equivalent medication or the completion of an exception request to maintain coverage of an existing drug based on medical necessity reasons.
2. Pharmacy Notification at Point-Of-Sale: The plan utilizes the current NCPDP Telecommunication Standard to provide POS messaging. The plan reviews NCPDP reject and approval codes developed during the External Codes List (ECL) process. Pharmacy messages are modified based on industry standards.
3. Edits During Transition: The plan will only apply the following utilization management edits during transition at point-of-sale: edits to determine Part A or B versus Part D coverage, edits to prevent coverage of non-Part D drugs, and edits to promote safe utilization of a drug. Step therapy and prior authorization edits must be resolved at point-of-sale.
    a. The plan provides refills for transition prescriptions dispensed for less than the written amount due to quantity limit safety edits or drug utilization edits that are based on approved product labeling.
    b. As outlined in 42 CFR §423.153 (b), the plan has implemented Point-of-Sale (POS) PA edits to determine whether a drug is covered under Medicare Parts A or B as prescribed and administered, is being used for a Part D medically accepted indication or is a drug or drug class or its medical use that is excluded from coverage or otherwise restricted under Part D (Transmucosal Immediate Release Fentanyl (TIRF) and Cialis drugs as an example).
4. Pharmacy Overrides at Point-Of-Sale: During the member's transition period, all edits (with the exception of those outlined in section E.3) associated with non-formulary drugs are automatically overridden at the point-of-sale. Pharmacies can also contact the plan's Pharmacy Help Desk directly for immediate assistance with point-of-sale overrides. The plan can also accommodate overrides at point-of-sale for emergency fills as described in section H.

E. Transition Fills for New Members in the Outpatient (Retail) Setting
1. The plan will ensure that in the retail setting, the transition policy provides for up to a one-time, temporary 1 month's supply day fill (unless the enrollee presents with a prescription written for less than 31 days in which case the Plan must allow multiple fills to provide up to a total of 31 days of medication) anytime during the first 90 days of a member's enrollment in a plan, beginning on the enrollee's effective date of coverage.

2. If a brand medication is being filled under transition, the previous claim must also be brand (based on Comprehensive NDC SPL Data Elements File [NSDE] marketing status). If a generic medication is being filled under transition, the previous claim can be either brand or generic (based on NSDE marketing status)

F. Transition Fills for New Members in the LTC Setting
   1. The plan will ensure that in the long-term care setting:
      a. The transition policy provides for a 1 month supply day fill consistent with the applicable dispensing increment in the long-term care setting (unless the enrollee presents with a prescription written for less), with refills provided if needed during the first 90 days of a member's enrollment in a plan, beginning on the enrollee's effective date of coverage;
      b. After the transition period has expired, the transition policy provides for a 31-day emergency supply of non-formulary Part D drugs (unless the enrollee presents with a prescription written for less than 31 days) while an exception or prior authorization is requested; and
      c. For enrollees being admitted to or discharged from a LTC facility, early refill edits are not used to limit appropriate and necessary access to their benefit, and such enrollees are allowed to access a refill upon admission or discharge.

G. Emergency Supplies and Level of Care Changes for Current Members
   1. An Emergency Supply is defined by CMS as a one-time fill of a non-formulary drug that is necessary with respect to current members in the LTC setting. Current members that are in need of a one-time Emergency Fill or that are prescribed a non-formulary drug as a result of a level of care change can be placed in transition via an NCPDP pharmacy submission clarification code.
   2. Upon receiving an LTC claim transaction where the pharmacy submitted a Submission Clarification Code (SCC) value of "18", which indicates that the claim transaction is for a new dispensing of medication due to the patient's admission or readmission into an LTC facility, the plan's claims adjudication system will recognize the current member as being eligible to receive transition supplies and will only apply the point-of-sale edits described in section E.3 of this policy.

H. Transition Across Contract Years
   1. For current enrollees whose drugs will be affected by negative formulary changes in the upcoming year, the Sponsor will effectuate a meaningful transition by providing a transition process at the start of the new contract year
   2. Current members will be allowed to access transition supplies at the point-of-sale when their claims history from the previous calendar year contains an approved claim for the same drug that the member is attempting to fill through transition and the drug is considered a negative change from one plan year to the next. If a brand medication is being filled under transition, the previous claim must also be brand (based on NSDE drug classification). If a generic medication is being filled under transition, the previous claim can be either brand or generic (based on NSDE drug classification).
   3. Negative changes are changes to a formulary that result in a potential reduction in benefit to members. These changes can be associated to removing the covered Part D drug from the formulary, changing its preferred or tiered cost-sharing status, or adding utilization management. The transition across contract year process is applicable to all drugs associated to mid-year and across plan-year negative changes.

I. Transition Extension
   1. The plan will continue to provide necessary drugs to enrollees via an extension of the transition period, on a case-by-case basis, to the extent that their exception requests or appeals have not been processed by the end of the minimum transition period and until such time as a transition has been made (either through a switch to an appropriate formulary drug or a decision on an exception request). On a case-by-case basis, point-of-sale overrides can also be entered by the Plan in order to provide continued coverage of the transition drug(s).

J. Cost-sharing for Transition supplies
   1. The plan will ensure that cost-sharing for a temporary supply of drugs provided under its transition process will never exceed the statutory maximum co-payment amounts for low-income subsidy (LIS) eligible enrollees. For non-LIS enrollees, a sponsor must charge the same cost sharing for non-formulary Part D drugs provided during the transition that would apply for non- formulary drugs approved through a formulary exception in accordance with 42 CFR §423.578(b) and the same cost sharing for formulary drugs subject to utilization management edits provided during the transition that would apply if the utilization management criteria are met.

K. Six Classes of Clinical Concern

1. Per CMS guidance, members transitioning to a plan while taking a drug within the six classes of clinical concern must be granted continued coverage of therapy for the duration of treatment, up to the full duration of active enrollment in the plan. Utilization management restrictions and/or non- formulary status, which may apply to new members naïve to therapy, are not applied to those members transitioning to the D-SNP plan on agents within these key categories. The six classes include:
   a. Antidepressant;
   b. Antipsychotic;
   c. Anticonvulsant;
   d. Antineoplastic;
   e. Antiretroviral; and
   f. Immunosuppressant (for prophylaxis of organ transplant rejection).
2. For new members, protected class drug logic will always override transition logic to process the claim. Additionally for new members, a 120-day transition period from their member start date is provided.

L. Member Notification
   1. The plan will send written notice via U.S. first class mail to enrollee within three business days of adjudication of a temporary transition fill. The notice must include:
      a. An explanation of the temporary nature of the transition supply an enrollee has received;
      b. Instructions for working with the plan sponsor and the enrollee's prescriber to satisfy utilization management requirements or to identify appropriate therapeutic alternatives that are on the plan's formulary;
      c. An explanation of the enrollee's right to request a formulary exception; and
      d. A description of the procedures for requesting a formulary exception.
   2. For long-term care residents dispensed multiple supplies of a drug in increments of 14-days-or-less, consistent with the requirements under 42 CFR 423.154(a)(1)(i), the written notice must be provided within 3 business days after adjudication of the first temporary fill. The plan will use the CMS model Transition Notice via the file-and-use process or submit a non- model Transition Notice to CMS for marketing review subject to a 45-day review. The plan will ensure that reasonable efforts are made to notify prescribers of affected enrollees who receive a transition notice.
   3. The plan will make its transition policy available to enrollees via link from Medicare Prescription Drug Plan Finder to plan's website and include in pre- and post-enrollment marketing materials as directed by CMS.
M. Provider Notification
   1. The plan sends a notification letter to be mailed to the prescriber at the same time the transition letter is mailed to the member. The file/letter includes the following:
      a. Prescriber information
      b. Member information
      c. Transition claim details
N. CMS Submission
   1. The plan will submit a copy of its transition process policy to CMS.
O. Exception Process
   1. The plan follows an overall transition plan for D-SNP members; a component of which includes the exception process. The plan's exception process integrates with the overall transition plan for these members in the following areas:
      a. The plan's exception process complements other processes and strategies to support the overall transition plan. The exception process follows the guidelines set forth by the transition plan when applicable.
      b. When evaluating an exception request for transitioning members, the plan's exception evaluation process includes a medical review that considers the clinical aspects of the drug, including any risks involved in switching.
      c. This medical review process includes the following steps:
         a. Outreach is made to the provider to offer therapeutically appropriate formulary alternatives.
         b. This provides the prescriber an opportunity to switch the member to a covered formulary medication.

c. If the prescriber feels the formulary alternatives are not clinically appropriate for the member, they can provide attestation that the alternatives would not be as effective or would cause adverse effects, which would lead to an approval of the requested medication.

d. The exception policy includes a process for switching new D-SNP plan members to therapeutically appropriate formulary alternatives failing an affirmative medical necessity determination. The Prescriber Transition Letter provides prescribers with instructions to access the plan's formulary, as well as instructions on additional information to provide in a supporting statement for an exception request.

2. The plan will make available prior authorization or exceptions request forms upon request to both enrollees and prescribing physicians via a variety of mechanisms, including mail, fax, email, and on Plan web sites.

III. Responsibilities

A. The Director of Pharmacy is responsible for overseeing this policy is effectuated in compliance with CMS requirements and for overseeing any portion of this delegated to the PBM.

IV. References

1. Federal Register, Vol. 76, No. 73, Part II, 42 CFR, §423.120(b)(3), §423.154, §423.578(b)
2. Medicare Prescription Drug Benefit Manual, Chapter 6 Part D Drug and Formulary Requirements, 30.4 Transition
3. Medicare Marketing Guidelines

Santa Clara Family
Health Plan™

Policy Title:	Medi-Cal Rx	Policy No.:	PH.16
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:	Pharmacy	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal		☐ CMC

I. Purpose

To outline the pharmacy benefit through Medi-Cal Rx for Santa Clara Family Health Plan (SCFHP) Medi-Cal members in compliance with the Department of Health Care Services (DHCS) all plan letter (APL) 20-020 and Department of Managed Health Care (DMHC) APL 20-035.

II. Policy

A. SCFHP and its subcontractors shall comply with all requirements of DHCS APL 20-020 and DMHC APL 20-035 pertaining to managed care plans (MCPs).

B. The pharmacy benefit for SCFHP Medi-Cal members will be administered through the Medi-Cal fee-for-service delivery system, called Medi-Cal Rx.

C. SCFHP shall adhere to the coverage of drugs and items outlined in DHCS' Medi-Cal Rx Scope document.

    1. For drugs and items identified as partially carved out, SCFHP will ensure that mechanisms are in place to allow for medical claims billing to the plan or assist with submitting to Medi-Cal Rx.

D. Medi-Cal Rx will be responsible for all pharmacy-related services provided to SCFHP Medi-Cal members on or after January 1, 2022.

E. SCFHP shall retain responsibility for:

    1. All pharmacy-related services provided on or before December 31, 2021.

    2. Processing and payment of all drugs and items billed on medical and institutional claims and submission of the related encounter data.

    3. Overseeing and maintaining all activities necessary for care coordination and related activities, consistent with contractual obligations

    4. Providing oversight and management of all the clinical aspects of pharmacy adherence, including providing disease and medication management.

    5. Drug utilization review (DUR) activities, including retrospective DUR, educational outreach, and completion of the annual DUR report

    6. Participation in the Medi-Cal Global DUR Board, DHCS Pharmacy Directors' Meetings, and other DHCS pharmacy committee meetings

III. Responsibilities

A. Director of Pharmacy, or designee, will ensure compliance with DHCS and DMHC requirements for Medi-Cal Rx

IV. References

1. Department of Health Care Services APL 20-020 Governor's Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits From Managed Care to Medi-Cal Rx

2. Department of Managed Health Care APL 20-035 Medi-Cal Pharmacy Benefit Carve Out – Medi-Cal Rx

I. Approval/Revision History

First Level Approval			Second Level Approval	
Version Number	**Change (Original/ Reviewed/ Revised)**	**Reviewing Committee (if applicable)**	**Committee Action/Date (Recommend or Approve)**	**Board Action/Date (Approve or Ratify)**
1	**Original**	**Pharmacy & Therapeutics Committee**		

Emergency Prescription Access Report
2nd Quarter 2021
Santa Clara Family Health Plan

Analysis Goal: Evaluate access to medications prescribed pursuant to an emergency room (ER) visit and determine whether any barriers to care exist.

Methodology: Claims and encounter records for an emergency room visit during a calendar quarter will be evaluated and analyzed by network, primary diagnosis, and claims status. Prescription claims history will be evaluated to assess if any prescriptions were filled by the member within 72 hours of the ER visit date. Key diagnosis used will be urinary tract infection (UTI) due to clinical determination that such a diagnosis will require a prescription, particularly for antibiotic. Analysis includes: 1. Approved antibiotic claims: sampling of cases to evaluate for sufficient quantity based on diagnosis and medication per nationally recognized drug compendia and the Infectious Disease Society of America (IDSA) guidelines; 2. Denied antibiotic claims: sampling of cases to evaluate sufficient quantity based on diagnosis and medication as well as denial reasons; 3. No claims history: sampling of cases through claims history review as well as chart review of no related prescription claims history following an emergency room visit to identify non-pharmacy point-of-sale in-hospital dispensing or completion of in-house antibiotics regimen.

Summary of Findings:

Section 1 – ER Visits

In Q2 2021, SCFHP had total 20,413 ER visits from claims and encounter data.

Table 1: Members by Provider Network

Network	Unique Members	ER Visit Rx	ER Visit w/o Rx	Total ER Visits
No Network	901	186	1,044	1,230
Non-Delegated	1,536	1,121	1,009	2,130
Valley Health Plan	9,331	6,038	6,990	13,028
Palo Alto Medical Foundation	343	160	272	432
Physician Medical Group	2,417	1,454	1,609	3,063
Premier Care	393	280	195	475
Admin-Medi-Cal Only	30	26	29	55
Grand Total	14,951	9,265	11,148	20,413

Section 2 – Diagnosis

Table 2: Key Diagnosis

		2Q2021		
Code	Diagnosis	Rx	No Rx	% Rx
N390	UTI, SITE NOT SPEC	259	81	76%

<p align="center">**Section 3 – Claims Analysis**</p>

Approved Claims

Treatment guidelines for urinary tract infection/uncomplicated cystitis treatment are typically for at least 3 days, with the exception of fluconazole, fosfomycin, and ofloxacin that are administered as a single dose. Of prescriptions processed, we evaluated quantity per day supply and total day supply. There were no prescriptions filled inappropriately for less than a quantity of 1 per day. In this section we will focus on approved prescriptions with 2 day supply or less to evaluate if sufficient quantity and day supplies were written.

Table 3: Approved Antibiotics Prescribed for UTI 2-Day Supply or Less

DRUG	Day Supply	Svc Prov Name	Approved
FLUCONAZOLE	1	Regional Medical Center of SJ	3
	1	Kaiser Foundation Hospital	1
	1	Stanford Medical Center Hospital	1
Grand Total			5

We did not identify any issues with approved claims. Fluconazole was appropriately written for a 1 day supply for 5 prescriptions.

Denied Claims

We excluded those members who had primary insurance coverage outside of SCFHP. There was 1 denied claim for doxycycline hyclate 100mg capsule, subsequently it was changed to the formulary doxycycline monohydrate 100mg capsule.

No Claims

81 unique members diagnosed with UTI ER claims did not result in a prescription processed within 72 hours. We initially excluded 24 members with primary insurance coverage outside of SCFHP from this analysis. We subsequently randomly chose a sample of approximately 20% of 57 members, which is 12 total members, using Excel. We requested 11 chart notes from different hospitals. We received and reviewed 7 appropriate charts. Findings are presented below.

Mbr	Hospital	DOS	Findings
1	El Camino Hospital-Los Gatos	5/18/2021	Cefdinir 300 cap filled #14/7 days on 5/22/2021
2	O'connor Hospital	6/30/2021	Chart reviewed- discharged with Rx cephalexin 500mg cap, #28/7 days, no claims
3	Regional Medical Center of SJ	5/18/2021	Chart reviewed- discharged with Rx cephalexin 500mg, #20/5 days, no claims
4	Regional Medical Center of SJ	4/30/2021	Chart reviewed - cephalexin 500mg cap filled #20/10 on 4/5/2021, sulfamethoxazole tmp DS tab #20/10 on 4/5/2021. Discharged with Rx levofloxacin 750mg tab #5/5 days on 5/1/2021, no claims. Reversed ciprofloxacin 500mg tab #28/14 days on 5/9/2021
5	Regional Medical Center of SJ	4/12/2021	Chart reviewed -Rx for cephalexin 500mg cap 500mg cap, #14/7 days, filled #14/7 on 4/19/2021

6	Regional Medical Center of SJ	5/12/2021	Chart reviewed - Cephalexin 500mg cap filled #14/7 on 4/14/2021, sulfamethoxazole/TMP DS tab filled #14/7 on 4/14/2021. New Rx for discharge cephalexin 500mg cap #28/7 days on 5/12/21, no claims
7	St. Louise Regional Hospital	5/1/2021	Chart reviewed- Rx for nitrofurantoin monohydrate 100mg cap, #20/10 days, no claims
8	Santa Clara Valley Medical Center	5/20/2021	Chart reviewed- ceftriaxone 1 gram x1 ED, Rx for cephalexin 500mg cap QID, no claims

Section 4 – Pharmacies

Pharmacy Locations

SCFHP has four 24-hour in-network pharmacies within Santa Clara County for members to access. In addition, the majority of retail chain pharmacies are opened until 9 P.M.

Table 4: 24-Hour In-Network Pharmacies in Santa Clara County

NABP	NPI	Pharmacy Name	Address	City	Zip
501507	1962417238	WALGREENS	121 E. EL CAMINO REAL	MT. VIEW	94040
514667	1730194002	WALGREENS	350 NORTH CAPITOL AVE.	SAN JOSE	95133
533011	1255346532	WALGREENS	440 BLOSSOM HILL ROAD	SAN JOSE	95123
552287	1710921549	CVS PHARMACY	2514 BERRYESSA RD	SAN JOSE	95132

Summary: Members with a diagnosis of UTI who do not have access to medications after an ER visit are at high risk for complications or readmissions. Approved claims were appropriate. There was 1 denied claim for doxycycline hyclate 100mg tablets, subsequently it was changed to the formulary doxycycline monohydrate 100mg capsule. Doxycycline usually is not used for UTI, however, this member also has secondary diagnosis of upper quadrant abdominal pain. For no claims, we continue to find members who were given prescriptions but did not fill. No readmissions for the same diagnosis of UTI were found for the members with no claims within this quarter. One readmission was found for the diagnosis of cystitis from last quarter Q1 2021. For Q1 2021, this member was discharged on an antibiotic, but didn't fill. For Q2 2021, this same member was readmitted for cystitis and antibiotic was prescribed and filled.

Next Steps: Continue quarterly assessment of emergency prescription access with medical and pharmacy data. Follow up on members who did not have prescription claims to identify any trends and readmissions. Cases with potential barriers of care will be forwarded to SCFHP Quality Department.

SANTA CLARA FAMILY HEALTH PLAN

ME 5C Pharmacy Benefit Information: 2022 Accuracy and Quality Analysis (Web)

I: Overview

Pharmacy benefits and pharmaceutical costs are of concern to all members with any chronic or acute condition treatment. Santa Clara Family Health Plan (SCFHP) has a responsibility to provide accurate, quality information on pharmacy benefits to Cal MediConnect (CMC) members through the website.

In an effort to make this information readily available, the website allows the member to self - serve and find information on drugs, coverage, cost and effectiveness. The member may also obtain this information from Customer Service or the Pharmacy Department.

Pharmaceutical benefits and drugs change periodically throughout the year; therefore, SCFHP has an obligation to be sure the information displayed on the web site is accurate and current. SCFHP audits pharmacy information annually to identify any opportunities to improve pharmacy benefit interactions with the members.

II: Methodology: Web

Annually, Santa Clara Family Health Plan audits the information on the website that is available to CMC members. The auditor randomly selects a drug in each of the 4 formulary tiers, one excluded drug, and one newly added drug (6 total). The selected drugs are tested through 5 test members at each LIS levels from 0 to 4. There was no LIS 4 member at SCFHP for this audit, therefore, LIS 4 was excluded. The selected drugs are tested through 4 test members at each LIS levels from 0 to 3 instead.

- The drugs are checked for accurate reflection of financial responsibility per LIS level (copays).
- The drugs are checked for availability of a generic substitution.
- For each test member, pharmacy search is conducted for 3 different types of pharmacies (choice 90 retail, long term care, home infusion) to locate an in-network pharmacy.
- A pharmacy proximity search is conducted based on 3 random zip codes in Santa Clara County.
- For the exception request validation, 3 actual members' completed coverage determinations are audited to make sure MedImpact was able to receive the requests and all the fields populate correctly.

The audit is performed on an annual basis by collecting data on the quality and accuracy of the pharmacy benefit information (see Appendix A for Audit Sheet).

Definitions

Accuracy: Information provided is correct.

Quality: Information is understandable to the member.

Goal:

Accuracy: 100%

Quality: 100%

III: Data

Table 1: Accuracy of Pharmacy Benefit Information on the Website: Information is correct and members can access in one session

Measure	Total sample	Accuracy Goal Met	% Goal Accuracy Goal Met
1. Determine financial responsibility for a drug, based on pharmacy benefit	24	24	100%
2. Initiate the exceptions process	3	3	100%
3. Order a refill for an existing, unexpired mail-order prescription*	N/A	N/A	N/A
4. Find the location of an in-network pharmacy	12	12	100%
5. Conduct a Pharmacy proximity search based on zip codes	12	12	100%
6. Determine the availability of generic substitution	24	24	100%
Total	**75**	**75**	**100%**

* Members are able to use any mail order service that is offered by any of our contracted, in-network pharmacies. Thus, testing of the mail order service is N/A for SCFHP.

Table 2: Quality of the Website: **Information is understandable to the member.**

Measure	Total Sample	Quality Goal Met	%Goal Quality Goal Met
1. Their financial responsibility for a drug, based on pharmacy benefit	24	24	100%
2. How to initiate the exceptions process	3	3	100%
3. How to order a refill for an existing, unexpired mail-order prescription*	N/A	N/A	N/A
4. How to find the location of an in-network pharmacy	12	12	100%
5. How to conduct a Pharmacy proximity search based on zip codes	12	12	100%
6. How to determine the availability of generic substitution	24	24	100%
Total	**75**	**75**	**100%**

* Members are able to use any mail order service that is offered by any of our contracted, in-network pharmacies. Thus, testing of the mail order service is N/A for SCFHP.

IV: Accuracy and Quality Analysis

Both Accuracy and Quality measures met goal at 100%. There were no deficiencies identified.

This population is more likely to call into the Member Services Department for this type of information, but SCFHP will continue to monitor the accuracy and quality of web information provided to members.

SCFHP did not test the quality and accuracy of the ability for members to order a refill on an existing, mail-order prescription because SCFHP does not offer a mail order service. Members are able to use any mail order service that is offered by any of our contracted, in-network pharmacies. Thus, testing of the mail order service is N/A for SCFHP.

V. Conclusion

There were no significant changes to the CMC pharmacy member portal since the previous report in August 2020. From 2020 to this year, there was a 19.4% decrease in the number of samples (93 vs. 75) for both accuracy and quality measures because there was no LIS 4 member for this year's analysis. Should any LIS 4 members arise in the future prior to 2023 report, we will conduct an interim analysis to make sure information for LIS 4 members meet all measures for accuracy and quality. The accuracy and quality measures continued to meet goals of 100%

and no deficiencies were identified.   Compared to August 2020 report, there was no change in the % of meeting accuracy and quality measures because for both reports 100% of goals were met.

APPENDIX A

Audit Sheet

Test member:

LIS level:

Accuracy and Quality of Pharmacy Benefit Information on the Website (circle Y=YES OR N=NO where indicated).

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy Benefit Information on the Website (factors 1-11 below) **Accuracy:** Members can access the following in one session without the need to sign in again or contact the organization. **Quality**: Information is legible, complete and allows the member to understand.		
1. Determine financial responsibility for a drug, based on pharmacy benefit. **Accuracy:** Allow members to enter a drug name, the National Drug Code (NDC) or another identifier. Co-pay matches with LIS level and formulary tier (see table 1 for reference). **Quality:** Easy to find co-pay information.		
Tier 1 Drug:	Y / N	Y / N
Tier 2 Drug:	Y / N	Y / N
Tier 3 Drug:	Y / N	Y / N
Tier 4 Drug:	Y / N	Y / N
Excluded Drug:	Y / N	Y / N
New Drug:	Y / N	Y / N
2. Initiate the exceptions process (audit 3 actual member's history). **Accuracy:** MedImpact (PBM) is able to receive the request and all fields on exception request form populate correctly. **Quality:** Explanation of the exception process is written in a member-friendly manner.	See Appendix B	See Appendix B
3. Order a refill for an existing, unexpired mail-order prescription.	N/A	N/A

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
4. Find the location of an in-network pharmacy (randomly pick 3 types of in-network pharmacies): **Accuracy:** Pharmacy name, pharmacy label, address, phone number, hours of operation, national provider identifier, map and direction are accurate. **Quality:** Includes easy to understand instructions on use of search feature.		
Pharmacy 1 (Choice 90 Retail):	Y / N	Y / N
Pharmacy 2 (Long Term Care):	Y / N	Y / N
Pharmacy 3 (Home Infusion):	Y / N	Y / N
5. Conduct a Pharmacy proximity search based on zip codes (randomly pick 3 zip codes in Santa Clara County). **Accuracy:** All pharmacies populate correctly within certain miles. Pharmacy name, address, phone number, hours of operation, national provider identifier are accurate. **Quality:** Includes easy to understand instruction on use of search feature.		
Zip code 1 (search within 1 mile):	Y / N	Y / N
Zip code 2 (search within 2 miles):	Y / N	Y / N
Zip code 3 (search within 3 miles):	Y / N	Y / N
6. Determine the availability of generic substitutes. **Accuracy:** Search using brand names of chosen drugs to retrieve a list of available generic substitutes. If no generics available, then generics should not be listed. **Quality:** Easy to search for available generic substitutes.		
Tier 1 Drug:	Y / N	Y / N
Tier 2 Drug:	Y / N	Y / N
Tier 3 Drug:	Y / N	Y / N
Tier 4 Drug:	Y / N	Y / N
Excluded Drug:	Y / N	Y / N
New Drug:	Y / N	Y / N

Reviewer's name: **Date reviewed:**

APPENDIX B

Audit Sheet

Accuracy and Quality of Pharmacy Benefit Information on the Website (circle Y=YES OR N=NO where indicated).

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
1. Initiate the exceptions process (audit 3 member's history). **Accuracy:** Members can initiate the exceptions process on their own behalf. MedImpact is able to receive the request and all fields on exception request form populate correctly. **Quality:** Explanation of the exception process is written in a member-friendly manner.		
Member #1 Drug:	Y / N	Y / N
Member #2 Drug:	Y / N	Y / N
Member #3 Drug:	Y / N	Y / N

Reviewer's name: **Date reviewed:**

Table 1: LIS Level and Copays for 2020

Formulary Tier	Formulary Tier Description	LIS	Copay Range
1	Generic drugs	Any LIS	$0
2	Brand drugs	0, 1, 4	$0 - $9.85
		2	$0 - $4.00
		3	$0
3	Non-Medicare prescription drugs	Any LIS	$0
4	Non-Medicare over-the-counter (OTC) drugs	Any LIS	$0

APPENDIX A

Audit Sheet

Test member: **#1**
LIS level: **0**

Accuracy and Quality of Pharmacy Benefit Information on the Website (circle Y=YES OR N=NO where indicated).

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy Benefit Information on the Website (factors 1-11 below) **Accuracy:** Members can access the following in one session without the need to sign in again or contact the organization. **Quality**: Information is legible, complete and allows the member to understand.		
1. Determine financial responsibility for a drug, based on pharmacy benefit. **Accuracy:** Allow members to enter a drug name, the National Drug Code (NDC) or another identifier. Co-pay matches with LIS level and formulary tier (see table 1 for reference). **Quality:** Easy to find co-pay information.		
Tier 1 Drug: pravastatin 10mg tablet	Y / N	Y / N
Tier 2 Drug: Lucemyra 0.18mg tablet	Y / N	Y / N
Tier 3 Drug: benzonatate 100mg capsule	Y / N	Y / N
Tier 4 Drug: arthritis pain reliever 1% gel	Y / N	Y / N
Excluded Drug: Cranberry 500mg capsule	Y / N	Y / N
New Drug: Welireg 40mg tablet	Y / N	Y / N
2. Initiate the exceptions process (audit 3 actual member's history). **Accuracy:** MedImpact (PBM) is able to receive the request and all fields on exception request form populate correctly. **Quality:** Explanation of the exception process is written in a member-friendly manner.	See Appendix B	See Appendix B
3. Order a refill for an existing, unexpired mail-order prescription.	N/A	N/A
4. Find the location of an in-network pharmacy (randomly pick 3 types of in-network pharmacies): **Accuracy:** Pharmacy name, pharmacy label, address, phone number, hours of operation, national provider identifier, map and direction are accurate. **Quality:** Includes easy to understand instructions on use of search feature.		

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy 1 (Choice 90 Retail): Walgreens #1179 1795 E Capitol Expy, San Jose, CA 95121 Phone#408-238-5890, opening hours Su 10am-6pm, M-F 8am-9pm, Sat 9am-6pm. NPI#1013922301	Y / N	Y / N
Pharmacy 2 (Long Term Care): Garcia Pharmacy, 25 N 14th St STE 110, San Jose, CA 95116. Phone#408-294-3219, opening hours M-F 9am - 5:30pm Sat 9am - 2:30pm Su closed. NPI#1023660875	Y / N	Y / N
Pharmacy 3 (Home Infusion): Tully Medical Clinic Pharmacy, 1693 Flanigan Dr STE 104, San Jose 95121, (408) 274-6698, opening hours M-F 9am - 6:30pm Sat 9am - 1:30pm Su closed, NPI#1689139735	Y / N	Y / N
5. Conduct a Pharmacy proximity search based on zip codes (randomly pick 3 zip codes in Santa Clara County). **Accuracy:** All pharmacies populate correctly within certain miles. Pharmacy name, address, phone number, hours of operation, national provider identifier are accurate. **Quality:** Includes easy to understand instruction on use of search feature.		
Zip code 1 (search within 5 miles): 95014	Y / N	Y / N
Zip code 2 (search within 10 miles): 95117	Y / N	Y / N
Zip code 3 (search within 5 miles): 94040	Y / N	Y / N
6. Determine the availability of generic substitutes. **Accuracy:** Search using brand names of chosen drugs to retrieve a list of available generic substitutes. If no generics available, then generics should not be listed. **Quality:** Easy to search for available generic substitutes.		
Tier 1 Drug: pravastatin 10mg tablet	Y / N	Y / N
Tier 2 Drug: Lucemyra 0.18mg tablet	Y / N	Y / N
Tier 3 Drug: benzonatate 100mg capsule	Y / N	Y / N
Tier 4 Drug: arthritis pain reliever 1% gel	Y / N	Y / N
Excluded Drug: Cranberry 500mg capsule	Y / N	Y / N
New Drug: Welireg 40mg tablet	Y / N	Y / N

APPENDIX B

Audit Sheet

Accuracy and Quality of Pharmacy Benefit Information on the Website (circle Y=YES OR N=NO where indicated).

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
1. Initiate the exceptions process (audit 3 member's history). **Accuracy:** Members can initiate the exceptions process on their own behalf. MedImpact is able to receive the request and all fields on exception request form populate correctly. **Quality:** Explanation of the exception process is written in a member-friendly manner.		
Member #1 Drug: SC0436179 (zolpidem tartrate 5mg tab)	Y / N	Y / N
Member #2 Drug: SC0431918 (lidocaine 5% patch)	Y / N	Y / N
Member #3 Drug: SC0410778 (colchicine 0.6mg tab)	Y / N	Y / N

Reviewer's name: Duyen Nguyen, PharmD   **Date reviewed: 2/14/2022**

Table 1: LIS Level and Copays for 2020

Formulary Tier	Formulary Tier Description	LIS	Copay Range
1	Generic drugs	Any LIS	$0
2	Brand drugs	0, 1, 4	$0 - $8.95
		2	$0 - $3.90
		3	$0
3	Non-Medicare prescription drugs	Any LIS	$0
4	Non-Medicare over-the-counter (OTC) drugs	Any LIS	$0

Test member: #2
LIS level: 1
Accuracy and Quality of Pharmacy Benefit Information on the Website (circle Y=YES OR N=NO where indicated).

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy Benefit Information on the Website (factors 1-11 below) **Accuracy:** Members can access the following in one session without the need to sign in again or contact the organization. **Quality**: Information is legible, complete and allows the member to understand.		
1. Determine financial responsibility for a drug, based on pharmacy benefit. **Accuracy:** Allow members to enter a drug name, the National Drug Code (NDC) or another identifier. Co-pay matches with LIS level and formulary tier (see table 1 for reference). **Quality:** Easy to find co-pay information.		
Tier 1 Drug: pravastatin 10mg tablet	Y / N	Y / N
Tier 2 Drug: Lucemyra 0.18mg tablet	Y / N	Y / N
Tier 3 Drug: benzonatate 100mg capsule	Y / N	Y / N
Tier 4 Drug: arthritis pain reliever 1% gel	Y / N	Y / N
Excluded Drug: Cranberry 500mg capsule	Y / N	Y / N
New Drug: Welireg 40mg tablet	Y / N	Y / N
2. Initiate the exceptions process (audit 3 actual member's history). **Accuracy:** MedImpact (PBM) is able to receive the request and all fields on exception request form populate correctly. **Quality:** Explanation of the exception process is written in a member-friendly manner.	See Appendix B	See Appendix B
3. Order a refill for an existing, unexpired mail-order prescription.	N/A	N/A
4. Find the location of an in-network pharmacy (randomly pick 3 types of in-network pharmacies): **Accuracy:** Pharmacy name, pharmacy label, address, phone number, hours of operation, national provider identifier, map and direction are accurate. **Quality:** Includes easy to understand instructions on use of search feature.		

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy 1 (Choice 90 Retail): Walgreens #1179 1795 E Capitol Expy, San Jose, CA 95121 Phone#408-238-5890, opening hours Su 10am-6pm, M-F 8am-9pm, Sat 9am-6pm. NPI#1013922301	Y / N	Y / N
Pharmacy 2 (Long Term Care): Garcia Pharmacy, 25 N 14th St STE 110, San Jose, CA 95116. Phone#408-294-3219, opening hours M-F 9am - 5:30pm Sat 9am - 2:30pm Su closed. NPI#1023660875	Y / N	Y / N
Pharmacy 3 (Home Infusion): Tully Medical Clinic Pharmacy, 1693 Flanigan Dr STE 104, San Jose 95121, (408) 274-6698, opening hours M-F 9am - 6:30pm Sat 9am - 1:30pm Su closed, NPI#1689139735	Y / N	Y / N
5. Conduct a Pharmacy proximity search based on zip codes (randomly pick 3 zip codes in Santa Clara County). **Accuracy:** All pharmacies populate correctly within certain miles. Pharmacy name, address, phone number, hours of operation, national provider identifier are accurate. **Quality:** Includes easy to understand instruction on use of search feature.		
Zip code 1 (search within 5 miles): 95014	Y / N	Y / N
Zip code 2 (search within 10 miles): 95117	Y / N	Y / N
Zip code 3 (search within 5 miles): 94040	Y / N	Y / N
6. Determine the availability of generic substitutes. **Accuracy:** Search using brand names of chosen drugs to retrieve a list of available generic substitutes. If no generics available, then generics should not be listed. **Quality:** Easy to search for available generic substitutes.		
Tier 1 Drug: pravastatin 10mg tablet	Y / N	Y / N
Tier 2 Drug: Lucemyra 0.18mg tablet	Y / N	Y / N
Tier 3 Drug: benzonatate 100mg capsule	Y / N	Y / N
Tier 4 Drug: arthritis pain reliever 1% gel	Y / N	Y / N
Excluded Drug: Cranberry 500mg capsule	Y / N	Y / N
New Drug: Welireg 40mg tablet	Y / N	Y / N

Reviewer's name: Duyen Nguyen, PharmD   **Date reviewed: 2/14/2022**

Test member: #3
LIS level: 2
Accuracy and Quality of Pharmacy Benefit Information on the Website (circle Y=YES OR N=NO where indicated).

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy Benefit Information on the Website (factors 1-11 below) **Accuracy:** Members can access the following in one session without the need to sign in again or contact the organization. **Quality**: Information is legible, complete and allows the member to understand.		
1. Determine financial responsibility for a drug, based on pharmacy benefit. **Accuracy:** Allow members to enter a drug name, the National Drug Code (NDC) or another identifier. Co-pay matches with LIS level and formulary tier (see table 1 for reference). **Quality:** Easy to find co-pay information.		
Tier 1 Drug: pravastatin 10mg tablet	Y / N	Y / N
Tier 2 Drug: Lucemyra 0.18mg tablet	Y / N	Y / N
Tier 3 Drug: benzonatate 100mg capsule	Y / N	Y / N
Tier 4 Drug: arthritis pain reliever 1% gel	Y / N	Y / N
Excluded Drug: Cranberry 500mg capsule	Y / N	Y / N
New Drug: Welireg 40mg tablet	Y / N	Y / N
2. Initiate the exceptions process (audit 3 actual member's history). **Accuracy:** MedImpact (PBM) is able to receive the request and all fields on exception request form populate correctly. **Quality:** Explanation of the exception process is written in a member-friendly manner.	See Appendix B	See Appendix B
3. Order a refill for an existing, unexpired mail-order prescription.	N/A	N/A
4. Find the location of an in-network pharmacy (randomly pick 3 types of in-network pharmacies): **Accuracy:** Pharmacy name, pharmacy label, address, phone number, hours of operation, national provider identifier, map and direction are accurate. **Quality:** Includes easy to understand instructions on use of search feature.		

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy 1 (Choice 90 Retail): Walgreens #1179 1795 E Capitol Expy, San Jose, CA 95121 Phone#408-238-5890, opening hours Su 10am-6pm, M-F 8am-9pm, Sat 9am-6pm. NPI#1013922301	Y / N	Y / N
Pharmacy 2 (Long Term Care): Garcia Pharmacy, 25 N 14th St STE 110, San Jose, CA 95116. Phone#408-294-3219, opening hours M-F 9am - 5:30pm Sat 9am - 2:30pm Su closed. NPI#1023660875	Y / N	Y / N
Pharmacy 3 (Home Infusion): Tully Medical Clinic Pharmacy, 1693 Flanigan Dr STE 104, San Jose 95121, (408) 274-6698, opening hours M-F 9am - 6:30pm Sat 9am - 1:30pm Su closed, NPI#1689139735	Y / N	Y / N
5. Conduct a Pharmacy proximity search based on zip codes (randomly pick 3 zip codes in Santa Clara County). **Accuracy:** All pharmacies populate correctly within certain miles. Pharmacy name, address, phone number, hours of operation, national provider identifier are accurate. **Quality:** Includes easy to understand instruction on use of search feature.		
Zip code 1 (search within 5 miles): 95014	Y / N	Y / N
Zip code 2 (search within 10 miles): 95117	Y / N	Y / N
Zip code 3 (search within 5 miles): 94040	Y / N	Y / N
6. Determine the availability of generic substitutes. **Accuracy:** Search using brand names of chosen drugs to retrieve a list of available generic substitutes. If no generics available, then generics should not be listed. **Quality:** Easy to search for available generic substitutes.		
Tier 1 Drug: pravastatin 10mg tablet	Y / N	Y / N
Tier 2 Drug: Lucemyra 0.18mg tablet	Y / N	Y / N
Tier 3 Drug: benzonatate 100mg capsule	Y / N	Y / N
Tier 4 Drug: arthritis pain reliever 1% gel	Y / N	Y / N
Excluded Drug: Cranberry 500mg capsule	Y / N	Y / N
New Drug: Welireg 40mg tablet	Y / N	Y / N

Reviewer's name: Duyen Nguyen, PharmD   **Date reviewed: 2/14/2022**

Test member: #4
LIS level: 3
Accuracy and Quality of Pharmacy Benefit Information on the Website (circle Y=YES OR N=NO where indicated).

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy Benefit Information on the Website (factors 1-11 below) **Accuracy:** Members can access the following in one session without the need to sign in again or contact the organization. **Quality:** Information is legible, complete and allows the member to understand.		
1. Determine financial responsibility for a drug, based on pharmacy benefit. **Accuracy:** Allow members to enter a drug name, the National Drug Code (NDC) or another identifier. Co-pay matches with LIS level and formulary tier (see table 1 for reference). **Quality:** Easy to find co-pay information.		
Tier 1 Drug: pravastatin 10mg tablet	Y / N	Y / N
Tier 2 Drug: Lucemyra 0.18mg tablet	Y / N	Y / N
Tier 3 Drug: benzonatate 100mg capsule	Y / N	Y / N
Tier 4 Drug: arthritis pain reliever 1% gel	Y / N	Y / N
Excluded Drug: Cranberry 500mg capsule	Y / N	Y / N
New Drug: Welireg 40mg tablet	Y / N	Y / N
2. Initiate the exceptions process (audit 3 actual member's history). **Accuracy:** MedImpact (PBM) is able to receive the request and all fields on exception request form populate correctly. **Quality:** Explanation of the exception process is written in a member-friendly manner.	See Appendix B	See Appendix B
3. Order a refill for an existing, unexpired mail-order prescription.	N/A	N/A
4. Find the location of an in-network pharmacy (randomly pick 3 types of in-network pharmacies): **Accuracy:** Pharmacy name, pharmacy label, address, phone number, hours of operation, national provider identifier, map and direction are accurate. **Quality:** Includes easy to understand instructions on use of search feature.		

Santa Clara Family Health Plan Pharmacy Benefit Information: 2022 Accuracy and Quality Analysis

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy 1 (Choice 90 Retail): Walgreens #1179 1795 E Capitol Expy, San Jose, CA 95121 Phone#408-238-5890, opening hours Su 10am-6pm, M-F 8am-9pm, Sat 9am-6pm. NPI#1013922301	Y / N	Y / N
Pharmacy 2 (Long Term Care): Garcia Pharmacy, 25 N 14th St STE 110, San Jose, CA 95116. Phone#408-294-3219, opening hours M-F 9am - 5:30pm Sat 9am - 2:30pm Su closed. NPI#1023660875	Y / N	Y / N
Pharmacy 3 (Home Infusion): Tully Medical Clinic Pharmacy, 1693 Flanigan Dr STE 104, San Jose 95121, (408) 274-6698, opening hours M-F 9am - 6:30pm Sat 9am - 1:30pm Su closed, NPI#1689139735	Y / N	Y / N
5. Conduct a Pharmacy proximity search based on zip codes (randomly pick 3 zip codes in Santa Clara County). **Accuracy:** All pharmacies populate correctly within certain miles. Pharmacy name, address, phone number, hours of operation, national provider identifier are accurate. **Quality:** Includes easy to understand instruction on use of search feature.		
Zip code 1 (search within 5 miles): 95014	Y / N	Y / N
Zip code 2 (search within 10 miles): 95117	Y / N	Y / N
Zip code 3 (search within 5 miles): 94040	Y / N	Y / N
6. Determine the availability of generic substitutes. **Accuracy:** Search using brand names of chosen drugs to retrieve a list of available generic substitutes. If no generics available, then generics should not be listed. **Quality:** Easy to search for available generic substitutes.		
Tier 1 Drug: pravastatin 10mg tablet	Y / N	Y / N
Tier 2 Drug: Lucemyra 0.18mg tablet	Y / N	Y / N
Tier 3 Drug: benzonatate 100mg capsule	Y / N	Y / N
Tier 4 Drug: arthritis pain reliever 1% gel	Y / N	Y / N
Excluded Drug: Cranberry 500mg capsule	Y / N	Y / N
New Drug: Welireg 40mg tablet	Y / N	Y / N

Reviewer's name: Duyen Nguyen, PharmD   **Date reviewed: 2/14/2022**