POLICY AND PROCEDURE	
Title: Practitioner Communication	
Primary Policy owner: Pharmacy	**Policy #:** PH18
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) ☐All Departments 2) ☐Behavioral Health & Social Services (BH/SS) 3) ☐ Benefits Administration (BA) 4) ☐ Case Management (CM) 5) ☐ Claims (CLMS) 6) ☐ Community Marketplace & Member Engagement (MAR) 7) ☐ Compliance (CMP/HPA) 8) ☐ Configuration (CFG) 9) ☐ Provider Contracting (CONT) 10) ☐ Cultural & Linguistics (CL) 11) ☐ Customer Service (CS)	12) ☐ Facilities (FAC) 13) ☐ Finance (FIN) 14) ☐ Human Resources (HR) 15) ☐ Information Technology / Core Systems (IT) 16) ☒ Pharmacy (PH) 17) ☐ Provider Networks (PRO) 18) ☐ QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) ☐ Utilization Management (UM) 20) ☐ Procurement (PRM) 21) ☐ Administration (SAF/BC/EM) 22) ☐ Medical Management (MM)
Product Type: ☒Medi-Cal ☐D-SNP	**Supersedes Policy Number:** N/A

I. PURPOSE

To keep Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan") prescribing practitioners informed about its Pharmaceutical Management Procedures through its website, newsletters, and supplemental mailings.

II. POLICY

A. Health Plan keeps its prescribing practitioners informed about its Pharmaceutical Management Procedures through its website, newsletters, and supplemental mailings.

1. All outpatient pharmacy medications are available through Medi-Cal Rx as of 1/1/2022.
    a. The MCP website provides a link to the Medi-Cal Rx covered drug list (CDL).
    b. The CDL is searchable, and providers can search to see if outpatient prescription drugs are covered by Medi-Cal Rx.
    c. The MCP website provides a link to PAD medications that are covered by Medi-Cal Rx and PAD medications that are covered by the MCP.
2. Coverage of physician administered drugs (PAD) can be the responsibility of both Medi-Cal Rx and the Managed Care Plan (MCP) or just the MCP depending on the medication and drug class.
3. Pharmacy Policy PH30 (Medical vs. Pharmacy Benefit) defines both the pharmacy and medical pharmacy benefit for the purpose of determining whether providers should bill medications to Medi-Cal Rx or the MCP.
    a. It provides guidance in terms of which medications are part of the outpatient pharmacy benefit and which medications are part of the medical pharmacy benefit.
    b. Providers can find PH30 (Medical vs. Pharmacy Benefit) on the MCP website.

B. The following pharmaceutical-related information is available on Health Plan's website:

1. An explanation of restrictions, limits, and prior authorization requirements for physician-administered drugs.

2. Information on Health Plan's Pharmaceutical Management Procedures for physician-administered drugs regarding:
    a. Quantity Limits (Managed Drug Limitations).
    b. Prior Authorization requirements.
    c. Therapeutic Interchange protocols.
    d. Step Therapy protocols
    e. Sufficient information for practitioners to effectively interface with the Pharmaceutical Management Processes, including how to use the Pharmaceutical Management Procedures and submit Prior Authorization requests.
3. The Provider Handbook details coverage related to the pharmacy benefit through Medi-Cal Rx.
    a. Updated on an annual basis.
    b. Providers are notified annually that an updated Provider Handbook is available on Health Plan provider website.

III. PROCEDURE

A. When changes occur to physician-administered drugs:

1. Health Plan notifies providers via a provider alert, no less than forty-five (45) business days before the changes take effect.
2. The alert explains what medical benefit codes have been updated.
3. Health Plan's website is updated prior to the effective date of the change with coverage policies detailing any updated restrictions for physician-administered drugs on a quarterly basis.
4. However, for positive changes (when a code is made less restrictive), the changes go into effect on the date the change is approved by Health Plan's Pharmacy & Therapeutics (P&T) Committee.

5. Member and Provider quarterly newsletters remind their recipients that the medical benefit has been updated, and updates can be viewed on Health Plan's website.

B. Other communication mechanisms used in addition to the website at the discretion of Health Plan's P&T Committee, Medical Director, or Director of Pharmacy include:

1. Direct practitioner mailings.
2. Direct phone calls to impacted providers.

C. Health Plan's P&T Committee in conjunction with Health Plan staff define and provide drug education to physicians, pharmacists, nurses, and healthcare professionals associated with Health Plan.

IV. ATTACHMENT(S)

A. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
B. Glossary of Terms Link
C. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

V. REFERENCES

A. DHCS APL 22-012 – Governor's Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal Rx
B. NCQA Standard UM 13 – Procedures for Pharmaceutical Management
C. Health Plan Policy - PH05 Prior Authorization Review
D. Health Plan Policy - PH08 Managed Drug Limitations
E. Health Plan Policy - PH09 Step Therapy
F. Health Plan Policy - PH11 Therapeutic Interchange
G. Health Plan Policy - PH30 Medical vs. Pharmacy Benefit

VI. REVISION HISTORY

Version*	Revision Summary	Date

000	09/12, 11/15, 02/16, 02/17, 02/18, 05/19, 05/20, 06/21, 12/21, 12/22	N/A
001	Moved PH18 onto new 2023 template	04/03/2023
002	Distinguished pharmacy benefit communications versus medical benefit communications. Added details regarding the Provider Handbook and updates to the website/timeframes regarding PAD.	06/15/2023
003	Moved PH18 onto new 2024 template. Incorporated therapeutic interchange and step therapy protocols as part of Health Plan's pharmaceutical management procedures. Provided guidance for where to locate covered drugs and their restrictions on the pharmacy and medical benefit.	03/15/2024
004	Reviewed policy and made minor grammatical updates as well as updated the references section. Reorganized existing content into relevant policy vs. procedure sections.	05/05/2025
005	Formatting edits were made. Reviewed with no further changes.	03/04/2026
Initial Effective Date: 09/18/2012		
Published Date:08/20/2026		

VII. Committee Review and Approval to be Completed by Compliance

Committee Name	Version	Date
Compliance Committee (CC)	005	08/14/2026

• Privacy & Security Oversight Committee (PSOC)		
• Program Integrity Committee (PIC)		
• Audits & Oversight Committee (AOC)		
• Policy Review Committee (PRC)	002	06/19/2024
Quality Improvement Health Equity Committee (QIHEC)	005	05/20/2026
• Quality Operations Committee (QOC)		
• Grievance Committee (GC)		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	DHCS Contract Manager File & Use	002	09/14/2023
Department of Managed Care (DMHC)			

IX. *Approval* signature*

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	

Signature	Name Title	Date
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy