

**DEPARTMENT OF MANAGED HEALTH CARE**  
**Standard Prescription Drug Formulary Template (2017-5229)**  
**Responses to Comments for**  
**Comment Period #2, February 20, 2019 – March 7, 2019**

#	FROM	COMMENT	DEPARTMENT RESPONSE
1-1	Compliance Department  Health Plan of San Joaquin	<ul style="list-style-type: none"> <li>• <b><u>Section (a) – Definitions</u></b>  Add in the following definition  Excluded Benefit (for this definition allow for each plan to have flexibility on what they list as items not excluded from benefit): “Excluded benefit” is a drug prescribed for an indication that is not covered by the plan or plan pharmacy benefit.  If suggested additional definition cannot be added then to add in a requirement along the lines of “may be subject to formulary restrictions.”</li> </ul>	DECLINED. The Department sets forth two sections for definitions in the formulary. Section (a) of the formulary requires the health plans to follow the definitions in creating a formulary that is uniform. The Department has also created a definition section in (d)(2) for consumer use and allows health plans the flexibility of additional terms or using different terms per section (d)(3) of the formulary. Therefore, the health plans already have a method in the regulation for adding an additional definition if the health plan chooses.
1-2	Compliance Department  Health Plan of San Joaquin	<ul style="list-style-type: none"> <li>• <b><u>Section (b) – Format of the formulary</u></b>  Section (b)(2) Table of contents  Remove completely  If unable to remove table of contents then to make it optional as the index is currently also a required component</li> </ul>	DECLINED. One of the goals of SB 1052 is to make formularies more accessible and easier to compare between different health plans. By requiring a table of contents, consumers will easily be able to review the table of contents to determine where specific sections of the formularies are located.

**DEPARTMENT OF MANAGED HEALTH CARE**  
**Standard Prescription Drug Formulary Template (2017-5229)**  
**Responses to Comments for**  
**Comment Period #2, February 20, 2019 – March 7, 2019**

#	FROM	COMMENT	DEPARTMENT RESPONSE
1-3	Compliance Department  Health Plan of San Joaquin	<ul style="list-style-type: none"> <li>• <b><u>Section (c) – Cover page</u></b>  Remove section (c)(4) “The date the formulary was last updated. “</li> </ul>	DECLINED. Health and Safety Code section 1367.205(a)(2) requires the posted formularies to be updated with any changes to those formularies on a monthly basis. Accordingly, the Department is setting for a required provision in section (c)(4) of the formulary to ensure that the enrollee understands they are reviewing the most current version of their health plan product. Requiring the date on the formulary ensures the consumer will understand and know they are reviewing the correct version of their health plan formulary.
1-4	Compliance Department  Health Plan of San Joaquin	<ul style="list-style-type: none"> <li>• <b><u>Section (d) – Information Section</u></b>  Section (d)(2)(E) – Drug Tier  Adding in a clause such as “designates basis of coverage for that tier”  This is due to HPSJ being a Managed Medical plan, there is no share of cost for the patient’s in our plan.</li> </ul>	DECLINED. This comment is irrelevant, as it pertains to language that is not being modified during this regulation period.
1-5	Compliance Department	<ul style="list-style-type: none"> <li>• Section (d)(2)(H) – Exigent Circumstances</li> </ul>	DECLINED. The term “exigent circumstances” is already defined in

**DEPARTMENT OF MANAGED HEALTH CARE**  
**Standard Prescription Drug Formulary Template (2017-5229)**  
**Responses to Comments for**  
**Comment Period #2, February 20, 2019 – March 7, 2019**

#	FROM	COMMENT	DEPARTMENT RESPONSE
	Health Plan of San Joaquin	<p>Updating the end of the definition to “using a drug that was deemed as medically necessary.”</p> <p>Or replacing “non-formulary” with medically necessary</p>	Health and Safety Code section 1367.241. The Department is using this existing definition to be consistent with the Knox-Keene Act and regulations.
1-6	<p>Compliance Department</p> <p>Health Plan of San Joaquin</p>	<ul style="list-style-type: none"> <li>• Section (d)(2)(I) – Formulary</li> </ul> <p>Updating the definition to: “Formulary” is the complete list of drugs preferred and non-preferred for use and eligible for coverage under a health plan policy. A “formulary” includes all drugs that may be covered under the pharmacy drug benefit of the health plan policy if medical necessity is established. Formulary is also known as a drug list.</p>	DECLINED. The Department believes its definition of formulary is consumer friendly and allows a consumer to understand the drugs that are listed in the formulary. This definition is consistent with Health and Safety Code section 1367.20, which provides that a formulary be available to enrollees that contains the most current list of prescription drugs available in the formulary, with an indication that certain drugs are preferred over other drugs.
1-7	<p>Compliance Department</p> <p>Health Plan of San Joaquin</p>	<ul style="list-style-type: none"> <li>• Section (d)(2)(J) – Generic drug</li> </ul> <p>Remove “bold and” from the generic naming convention</p>	<p>DECLINED. This comment is irrelevant, as it pertains to language that is not being modified during this regulation period.</p> <p>The Department made a policy decision to require the generic name be bolded because it allows the generic names to be clearly distinguished from the brand names. One of</p>

**DEPARTMENT OF MANAGED HEALTH CARE**  
**Standard Prescription Drug Formulary Template (2017-5229)**  
**Responses to Comments for**  
**Comment Period #2, February 20, 2019 – March 7, 2019**

#	FROM	COMMENT	DEPARTMENT RESPONSE
			the improvements recommended for consumers by the California HealthCare Foundation (CHCF) is clearly differentiating between branded drugs and generic drugs. The use of bold will help consumers understand which drugs are generic and which are brand name.
1-8	Compliance Department  Health Plan of San Joaquin	<ul style="list-style-type: none"> <li>• Section (d)(2)(K) – Non-formulary drug</li> </ul> <p>Updating the definition to: “Non-formulary drug” is a drug that is not listed on the health plan’s formulary or is listed on the health plan’s formulary with a non-formulary status.</p>	DECLINED. The Department believes the current definition of “nonformulary drug” set forth in section (d)(2) is sufficient and easily understood by consumers. The reason for section (d) in the formulary is to allow for definitions to be defined in a consumer-friendly manner, when possible. The definition proposed by the commenter is confusing and could be misunderstood by the consumer.
1-9	Compliance Department  Health Plan of San Joaquin	<ul style="list-style-type: none"> <li>• Section (d)(2)(P) – Prior Authorization</li> </ul> <p>Remove “non-formulary prescription”</p>	ACCEPTED. The Department has made the proposed amendment to the regulation.
1-10	Compliance Department	<ul style="list-style-type: none"> <li>• Section (d)(2)(Q) – Step Therapy</li> </ul> <p>Update the definition to: “Step therapy” is a</p>	DECLINED. The Department obtained the definition of “step therapy” from the Centers of Medicare and Medicaid

**DEPARTMENT OF MANAGED HEALTH CARE**  
**Standard Prescription Drug Formulary Template (2017-5229)**  
**Responses to Comments for**  
**Comment Period #2, February 20, 2019 – March 7, 2019**

#	FROM	COMMENT	DEPARTMENT RESPONSE
	Health Plan of San Joaquin	<p>process specifying the sequence in which different prescribed drugs for a given medical condition must be tried and failed prior to being deemed medically appropriate for a particular patient. The health plan may require the enrollee to try one or more drugs to treat the enrollee’s medical condition before the health plan will cover a particular drug for the condition. If the enrollee’s prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.</p>	<p>Services and revised the definition following several informal stakeholder meetings and also to be consistent with existing law under the Knox-Keene Act. See Health and Safety Code section 1367.24 and title 28, section 1300.67.24. The current definition of “step therapy” allows for consumers to easily understand the step therapy process as considered under Senate Bill 1052.</p>
1-11	<p>Compliance Department</p> <p>Health Plan of San Joaquin</p>	<ul style="list-style-type: none"> <li>• Add in the following definitions</li> </ul> <p>Excluded Benefit (for this definition allow for each plan to have flexibility on what they list as items not excluded from benefit): “Excluded benefit” is a drug prescribed for an indication that is not covered by the plan or plan pharmacy benefit.</p>	<p>DECLINED. The Department sets forth two sections for definitions in the formulary. Section (a) of the formulary requires the health plans to follow the definitions in creating a formulary that is uniform. The Department has also created a definition section in (d)(2) for consumer use and allows health plans the flexibility of additional terms or using different terms per section (d)(3) of the formulary. Therefore, the</p>

**DEPARTMENT OF MANAGED HEALTH CARE**  
**Standard Prescription Drug Formulary Template (2017-5229)**  
**Responses to Comments for**  
**Comment Period #2, February 20, 2019 – March 7, 2019**

#	FROM	COMMENT	DEPARTMENT RESPONSE
			health plans already have a method in the regulation for adding an additional definition if the health plan chooses.
1-12	Compliance Department  Health Plan of San Joaquin	<ul style="list-style-type: none"> <li>• Section (d)(5)(iv)  Remove “bold and” from the generic naming convention  Two options recommended:  Remove criteria iv stating: “in the event a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed in all CAPITAL letters after the generic name in parentheses and regular typeface with first letter of each word capitalized. The description shall include an example of a drug available both as a brand name drug and a generic equivalent to illustrate how such a drug is listed.”  Standardize formatting for proprietary, trademark protected brand name to be solely in all CAPITAL letters and then for all generics to be solely italicized and lowercase.</li> </ul>	DECLINED. This comment is irrelevant, as it pertains to language that is not being modified during this regulation period.  The Department believes requiring the generic naming convention to be bolded allows the generic names to be clearly distinguished from the brand names. One of the improvements recommended for consumers by the CHCF is clearly differentiating between branded drugs and generic drugs. The use of bold will help consumers understand which drugs are generic and which are brand name.

**DEPARTMENT OF MANAGED HEALTH CARE**  
**Standard Prescription Drug Formulary Template (2017-5229)**  
**Responses to Comments for**  
**Comment Period #2, February 20, 2019 – March 7, 2019**

#	FROM	COMMENT	DEPARTMENT RESPONSE
1-13	Compliance Department  Health Plan of San Joaquin	<ul style="list-style-type: none"> <li>• Section (d)(9)  Request instead of a “monthly basis” to update to a “quarterly basis”</li> </ul>	DECLINED. Health and Safety Code section 1367.205(a)(2) requires the posted formularies to be updated with any changes to those formularies on a monthly basis. Accordingly, the Department is setting for a required provision in section (c)(4) of the formulary to ensure that the enrollee understands they are reviewing the most current version of their health plan product. Requiring the date on the formulary ensures the consumer will understand and know they are reviewing the correct version of their health plan formulary.
1-14	Compliance Department  Health Plan of San Joaquin	<ul style="list-style-type: none"> <li>• <b><u>Section €- Categorical list of prescription drugs</u></b>  Section (e)(1) and (e)(2)  Requesting clarification on “plain language description”  Then for DMHC to add in a definition for “plain language description” if it is going to be kept in SB 1052</li> </ul>	DECLINED. The Department is not mandating that health plans provide a “plain language description” but asks the health plans to provide a “plain language description” where applicable. Plain language is a word of art and is used elsewhere in the Knox-Keene Act without definition and the term’s understanding has not previously caused confusion amongst health plans.

**DEPARTMENT OF MANAGED HEALTH CARE**  
**Standard Prescription Drug Formulary Template (2017-5229)**  
**Responses to Comments for**  
**Comment Period #2, February 20, 2019 – March 7, 2019**

#	FROM	COMMENT	DEPARTMENT RESPONSE
1-15	Compliance Department  Health Plan of San Joaquin	<ul style="list-style-type: none"> <li>• Section (e)(4)</li> </ul> <p>Remove “The established name for a generic drug shall appear in all bold and italicized lowercase letters. If a generic drug is sold under a brand name, the brand name shall be placed in parentheses after the established name in regular typeface with the first letter of each word capitalized.”</p> <p>Add in “generic” after the term “established”</p> <p>Remove “bold and” from the generic naming convention</p> <p>Result of requested changes as listed above would be as follows: “In the “Prescription Drug Name” column, the proprietary name for a brand name drug shall appear in all CAPITAL letters. The established generic name for the brand name drug shall be placed in parentheses after the brand name in all italicized lowercase letters.”</p>	<p>DECLINED. This comment is irrelevant, as it pertains to language that is not being modified during this regulation period.</p> <p>The Department believes requiring the generic naming convention to be bolded allows the generic names to be clearly distinguished from the brand names. One of the improvements recommended for consumers by the CHCF is clearly differentiating between branded drugs and generic drugs. The use of bold will help consumers understand which drugs are generic and which are brand name.</p>
1-16	Compliance Department	<ul style="list-style-type: none"> <li>• Section (e)(5)</li> </ul> <p>Between the first and</p>	DECLINED. The Department believes the sentence structure as currently written allows

**DEPARTMENT OF MANAGED HEALTH CARE**  
**Standard Prescription Drug Formulary Template (2017-5229)**  
**Responses to Comments for**  
**Comment Period #2, February 20, 2019 – March 7, 2019**

#	FROM	COMMENT	DEPARTMENT RESPONSE
	Health Plan of San Joaquin	<p>second sentence, change the period to a comma.</p> <p>Result: The “Prescription Drug Name” column shall include all covered dosage forms and strengths for each prescription drug, IF there are differences in tier placement, quantity limit, prior authorization, step therapy, or other utilization restrictions or plan benefit offerings for a prescription drug based on its differing dosage forms or strengths, the categorical list of prescription drugs shall include separate rows for the dosage forms and/or strengths of the prescription drug to clearly identify the differences.</p>	the subdivision (5) to be written in a clear and concise manner. The language recommended by the commenter is both confusing and not clearly understood because of its length and complexity.
1-17	Compliance Department  Health Plan of San Joaquin	<ul style="list-style-type: none"> <li>• Section (e)(6)</li> </ul> <p>Add in a clause, “an exception to this requirement are plans that only manage Medi-Cal patients.”</p>	DECLINED. The Department notes in section (e)(6), the “Drug Tier” column shall identify the cost sharing tier where the prescription drug is placed, if applicable. If the drug tier is not applicable, the health plan need not comply the requirements as noted in in section (e)(6) of the formulary.

**DEPARTMENT OF MANAGED HEALTH CARE**  
**Standard Prescription Drug Formulary Template (2017-5229)**  
**Responses to Comments for**  
**Comment Period #2, February 20, 2019 – March 7, 2019**

#	FROM	COMMENT	DEPARTMENT RESPONSE
1-18	Compliance Department  Health Plan of San Joaquin	<ul style="list-style-type: none"> <li>• Section (e)(7)  Remove or make optional the following sentence: “Each abbreviation, symbol, or notation used in the “Coverage Requirements and Limits” column shall be explained in the annotated legend or key of the formulary.”</li> </ul>	DECLINED. One of the goals of SB 1052 is creating formularies that are easily accessible to the consumers. The CHCF study determined that one of the basic methods in helping consumers navigate and understand formularies is by providing a key or legend on each page that explains the abbreviations and symbols used in the formularies. The Department’s requirement in the regulation achieves this goal.
1-19	Compliance Department  Health Plan of San Joaquin	<ul style="list-style-type: none"> <li>• Section (e)(8)  Remove entire section or make optional</li> </ul>	DECLINED. Health and Safety Code section 1367.205 requires the formulary template include information educating consumers about the differences between drugs administered or provided under a health plan’s medical benefit and drugs prescribed under a health plan’s prescription drug benefit. The statute also requires enrollee information on obtaining drugs not covered under the health plan’s drug benefit.
1-20	Compliance Department	<ul style="list-style-type: none"> <li>• <b><u>Section (f) – Index</u></b></li> </ul>	DECLINED. One of the goals of SB 1052 is to

**DEPARTMENT OF MANAGED HEALTH CARE**  
**Standard Prescription Drug Formulary Template (2017-5229)**  
**Responses to Comments for**  
**Comment Period #2, February 20, 2019 – March 7, 2019**

#	FROM	COMMENT	DEPARTMENT RESPONSE
	Health Plan of San Joaquin	Update to “or established generic name”	make the formulary more accessible and understandable for consumers. The Department determined an alphabetical index allows a consumer to locate a particular drug or section of the formulary if helpful and necessary and meets the purpose of SB 1052. Further, the Department worked extensively with the CDI to ensure that the formulary templates required under SB 1052, including the index requirement, are as streamlined and consistent as the law allows placing as little of a financial burden on the health plans as possible.
2-21	Deborah Espinal  Kaiser Foundation Health Plan, Inc.	On behalf of Kaiser Foundation Health Plan, Inc. (“the Plan”), The Permanente Medical Group (“TPMG”), and the Southern California Permanente Medical Group (“SCPMG”) (collectively “Kaiser Permanente”), I am submitting comments regarding the revised draft of the Standard Prescription Drug Formulary Template proposed regulations. Throughout California, the Plan contracts with Kaiser Foundation Hospitals to provide hospital services to its members and with TPMG and SCPMG to provide medical services to its members in Northern and	No specific change requested. Thank you for your comment.

**DEPARTMENT OF MANAGED HEALTH CARE**  
**Standard Prescription Drug Formulary Template (2017-5229)**  
**Responses to Comments for**  
**Comment Period #2, February 20, 2019 – March 7, 2019**

#	FROM	COMMENT	DEPARTMENT RESPONSE
		<p>Southern California, respectively. As multi-specialty group practices, TPMG and SCPMG take direct responsibility for organizing and providing the professional medical care that Plan members receive.</p> <p>The Plan appreciates the Department's continued efforts in promulgating these regulations, which are expected to provide improved clarity, accessibility, and transparency as it relates to prescription drug coverage. The following are comments and suggestions made by the Plan. Excerpts from the proposed regulations are included as bold-italic text while the Plan's recommended changes are included as underlined text.</p>	
2-22	<p>Deborah Espinal</p> <p>Kaiser Foundation Health Plan, Inc.</p>	<p><b><u>Comment 1</u></b></p> <p><b><i>Section 1300.67.205. Standard Prescription Drug Formulary Template</i></b></p> <p><b><i>(a) Definitions.</i></b></p> <p><b><i>(7) "Nonformulary drug" is any prescription drug where an enrollee's copayment or out-of-pocket costs are different than the copayment or out-of-pocket costs for a formulary prescription drug, except as otherwise provided by law or regulation.</i></b></p> <p><b><i>(d) Informational Section</i></b></p> <p><b><i>(2) Definitions.</i></b></p>	<p>DECLINED. The Department created the formulary following discussions with the CDI and several informal stakeholder meetings as required by Health and Safety Code section 1367.205(b)(1). During the meetings, discussions were held regarding creation of a definition section for use by the health plans and a definition section for use by the consumers. The idea being that the definitions in the</p>

**DEPARTMENT OF MANAGED HEALTH CARE**  
**Standard Prescription Drug Formulary Template (2017-5229)**  
**Responses to Comments for**  
**Comment Period #2, February 20, 2019 – March 7, 2019**

#	FROM	COMMENT	DEPARTMENT RESPONSE
		<p><b><i>K. “Nonformulary drug” is a prescription drug that is not listed on the health plan’s formulary.</i></b></p> <p>The Plan is concerned that within this regulation there are two places where the term “nonformulary drug” is defined, but the definition is not the same in both sections. Sections 1300.67.205 (a) (7) and 1300.67.205 (d)(2)(K) contain different definitions for the term “nonformulary drug.” Since the goal of this regulation is to provide consumers and health plan members with clear and understandable information it would make more sense if the term was defined the same throughout the document.</p> <p>The Plan believes the definition used in 1300.67.205 (d)(2)(K) is the definition that most accurately explains what is meant by this term within the health plan industry.</p> <p><b>Recommended changes:</b>  The Plan recommends using the definition for “nonformulary drug” in Section (d)(2)(K) for Section (a)(7) as well.</p> <p>K. “Nonformulary drug” is a prescription drug that is not listed on the health plan’s formulary.</p>	<p>consumer section would be as consumer friendly as possible. Accordingly, the formulary contains section (a), where the definitions are contained for use by the health plans and section (d)(2), where the definitions are contained for the use by the consumers. Where possible, section (d)(2) has been written in an easily understood consumer-friendly manner. Therefore, in section (a)(7) of the formulary, the Department is utilizing the definition of “nonformulary” as set forth in Health and Safety Code section 1367.24. However, as required under the law, the definition of nonformulary in section (d)(2) is written in an easily understandable consumer friendly language, which is still consistent with the statutory definition noted above. The recommendation of the commenter to change the health plan definition is not consistent with the purposes of SB 1052 and Health and Safety Code section 1367.24.</p>

**DEPARTMENT OF MANAGED HEALTH CARE**  
**Standard Prescription Drug Formulary Template (2017-5229)**  
**Responses to Comments for**  
**Comment Period #2, February 20, 2019 – March 7, 2019**

#	FROM	COMMENT	DEPARTMENT RESPONSE
		Kaiser Permanente appreciates the opportunity to provide comments on the Standard Prescription Drug Formulary Template proposed regulations.	
3-23	Allison von Horn  Health Net/CA Health & Wellness	<p>In response to the Department's open comment period regarding the Standard Prescription Drug Formulary Template, Health Net of California, LLC, provides the following comments for consideration:</p> <p><b>Comments on HSC Section 1300.67.205</b></p> <p>Overall comment – the language in SB 1052 for this standardized template stated that DMHC &amp; CDI would jointly develop a standard formulary template. In reviewing the DMHC draft standard template language against the CDI final template language, there are variances between the two regulators' templates. Standardizing the requirements between the templates would be appreciated to streamline the number of versions Plans would need to maintain. Items of particular concern are noted below.</p>	No specific change requested. Thank you for your comment.
3-24	Allison von Horn  Health Net/CA Health & Wellness	<ol style="list-style-type: none"> <li>1. Definitions provided in subsection (a) do not consistently match the definitions for the same word in (d)(2).</li> </ol>	<p>DECLINED. This comment is irrelevant, as it pertains to language that is not being modified during this regulation period.</p> <p>The Department created the formulary following</p>

**DEPARTMENT OF MANAGED HEALTH CARE**  
**Standard Prescription Drug Formulary Template (2017-5229)**  
**Responses to Comments for**  
**Comment Period #2, February 20, 2019 – March 7, 2019**

#	FROM	COMMENT	DEPARTMENT RESPONSE
			<p>discussions with the CDI and several informal stakeholder meetings as required by Health and Safety Code section 1367.205(b)(1). During the meetings, discussions were held regarding creation of a definition section for use by the health plans and a definition section for use by the consumers. The idea being that the definitions in the consumer section would be as consumer friendly as possible. Accordingly, the formulary contains section (a), where the definitions are contained for use by the health plans and section (d)(2), where the definitions are contained for the use by the consumers. Where possible, section (d)(2) has been written in an easily understood consumer-friendly manner. Therefore, in section (a)(7) of the formulary, the Department is utilizing the definition of “nonformulary” as set forth in Health and Safety Code section 1367.24. However, as required under the law, the definition of nonformulary in section (d)(2) is written</p>

**DEPARTMENT OF MANAGED HEALTH CARE**  
**Standard Prescription Drug Formulary Template (2017-5229)**  
**Responses to Comments for**  
**Comment Period #2, February 20, 2019 – March 7, 2019**

#	FROM	COMMENT	DEPARTMENT RESPONSE
			<p>in an easily understandable consumer friendly language, which is still consistent with the statutory definition noted above. The recommendation of the commenter to change the health plan definition is not consistent with the purposes of SB 1052 and Health and Safety Code section 1367.24.</p>
3-25	<p>Allison von Horn</p> <p>Health Net/CA Health &amp; Wellness</p>	<p>2. The formatting requirements for generic drugs names described in (d)(2)(J) and (c)(4) <i>bold, italicized, and lowercase</i>, are not consistent with the current CDI requirements – <i>italicized lowercase</i>. Health Net requests that DMHC align their format to that already in place by CDI.</p>	<p>DECLINED. This comment is irrelevant, as it pertains to language that is not being modified during this regulation period.</p> <p>The Department made a policy decision to require the generic name be bolded because it allows the generic names to be clearly distinguished from the brand names. One of the improvements recommended for consumers by the California HealthCare Foundation (CHCF) is clearly differentiating between branded drugs and generic drugs. The use of bold will help consumers understand which drugs are generic and which are brand name.</p>

**DEPARTMENT OF MANAGED HEALTH CARE**  
**Standard Prescription Drug Formulary Template (2017-5229)**  
**Responses to Comments for**  
**Comment Period #2, February 20, 2019 – March 7, 2019**

#	FROM	COMMENT	DEPARTMENT RESPONSE
3-26	Allison von Horn  Health Net/CA Health & Wellness	<p>3. There are additional formatting requirements for generic drugs described in section (d)(5) that differ from the current requirements under the CDI final rule. Health Net requests that these differences be reconciled.</p> <p>Thank you for allowing this opportunity to provide comments. Please let me know if there are questions with the above.</p>	<p>DECLINED. This comment is irrelevant, as it pertains to language that is not being modified during this regulation period.</p> <p>The Department made a policy decision to require the generic name be bolded because it allows the generic names to be clearly distinguished from the brand names. One of the improvements recommended for consumers by the California HealthCare Foundation (CHCF) is clearly differentiating between branded drugs and generic drugs. The use of bold will help consumers understand which drugs are generic and which are brand name.</p>