

# **Assembly Bill 97 (AB 97) Ten Percent Pharmacy Payment Reductions and State Plan Amendment (SPA) 12-014 pending Centers for Medicare and Medicaid Services (CMS) approval Stakeholder Update**

**January 8, 2014**

Assembly Bill 97 (Chapter 3, Statutes of 2011) requires the Department of Health Care Services (DHCS) to implement payment reductions up to ten percent to most categories of services in the Medi-Cal program, including pharmacy. DHCS received federal approval for the implementation of ten percent pharmacy payment reductions, effective June 1, 2011.

DHCS submitted and is awaiting CMS approval of SPA 12-014, which if approved, will give DHCS the authority to exempt specific drug products and/or categories of drugs, or specific pharmacy providers from the AB 97 ten percent payment reductions effective March 31, 2012.

DHCS is in the process of finalizing implementation plans for the AB 97 ten percent pharmacy payment reductions.

DHCS has developed a proposed exempted drug list based on initial pharmacy provider input, and is currently accepting AB 97 drug exemption applications to consider additional drug products and/or categories of drugs that may meet the drug exemption criteria provided below. Individual drugs, or therapeutic categories of drugs meeting one or more of the following criteria will be considered for exemption:

1. Drugs for which documentation exists that the ten percent provider payment reduction will result in reimbursement below the acquisition cost generally available to the Medi-Cal pharmacy provider community.
2. Drugs that are only dispensed through limited or specialized networks of pharmacy providers.
3. Drugs that are used to treat unique clinical conditions with relatively low prevalence in the Medi-Cal population.
4. Drugs for which immediate or rapid negative clinical impact(s) will occur if consistent and ongoing access is impeded (e.g. drugs used to treat cancer, life-threatening infections, end stage renal disease, hemophilia, etc.)

**How to propose drug additions to the AB 97 drug exemption list**

# **Assembly Bill 97 (AB 97) Ten Percent Pharmacy Payment Reductions and State Plan Amendment (SPA) 12-014 pending Centers for Medicare and Medicaid Services (CMS) approval Stakeholder Update**

**January 15, 2014**

The Proposed List of AB 97 Exempted Drugs has been updated as of January 15, 2014. This version replaces and supersedes any previous versions made available prior to the date of this notice. To view the updated list, please click on one of the links below:

**List of AB 97 Exempted Drugs as of 1-15-14 (PDF)**

**List of AB 97 Exempted Drugs as of 1-15-14 (MS Excel)**

# Assembly Bill 97 (AB 97) Ten Percent Pharmacy Payment Reductions and State Plan Amendment (SPA) 12-014 Stakeholder Update

**February 18, 2014**

This stakeholder update is to remind providers that the AB 97 ten percent payment reductions, for drugs not exempted pursuant to SPA 12-014, were implemented prospectively beginning February 7, 2014. Based on additional provider input, a number of drugs are being added to the **List of AB 97 Exempted Drugs**. Those drugs, identified in Table 1, are being automatically exempted from the cuts prospectively beginning February 15, 2014.

However, for the period of February 7, 2014 through February 14, 2014, claims for these additions (Table 1) may have been reduced by ten percent. In order to assure prompt and full payment for the new drug exemptions listed below, only for the period of February 7, 2014 through February 14, 2014, providers should reverse these claims and resubmit them to Medi-Cal.

**Table 1. Additions to the List of AB 97 Exempted Drugs (effective 2-15-14)**

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| ARIPRAZOLE 5 MG TABLET ORAL   |
| AZTREONAM LYSINE 75 MG/ML VIAL, NEBULIZER (ML) INHALATION                   |
| CLONAZEPAM 2 MG TABLET, DISINTEGRATING ORAL                                 |
| COLESEVELAM HCL 3.75 G POWDER IN PACKET (EA) ORAL                           |
| COLESEVELAM HCL 625 MG TABLET ORAL  |
| DEXLANSOPRAZOLE 30 MG CAPSULE, DELAYED RELEASE, MULTIPHASIC ORAL            |
| DEXTROAMPHETAMINE/AMPHETAMINE 30 MG CAPSULE, EXT RELEASE 24 HR ORAL         |
| DOLUTEGRAVIR SODIUM 50 MG TABLET ORAL                                       |
| DRONEDARONE HCL 400 MG TABLET ORAL  |
| ELTROMBOPAG OLAMINE 25 MG TABLET ORAL                                       |
| ELTROMBOPAG OLAMINE 50 MG TABLET ORAL                                       |
| EPINEPHRINE 0.15MG/0.3 AUTO-INJECTOR (EA) INJECTION                         |
| EPINEPHRINE 0.3MG/0.3 AUTO-INJECTOR (EA) INJECTION                          |
| ERYTHROMYCIN ETHYLSUCCINATE 400 MG/5ML SUSPENSION, RECONSTITUTED, ORAL (ML) |
| INSULIN DETEMIR 100/ML (3) INSULIN PEN (ML) SUBCUTANEOUS                    |
| INSULIN GLULISINE 100/ML INSULIN PEN (ML) SUBCUTANEOUS                      |
| INSULIN GLULISINE 100/ML VIAL (ML) SUBCUTANEOUS                             |
| LURASIDONE HCL 60 MG TABLET ORAL  |

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| MESALAMINE 500 MG CAPSULE, EXTENDED RELEASE ORAL                             |
| MIRABEGRON 50 MG TABLET, EXTENDED RELEASE 24 HR ORAL                         |
| NATEGLINIDE 60 MG TABLET ORAL  |
| NORETHINDRONE 0.35 MG TABLET ORAL  |
| OLANZAPINE 2.5 MG TABLET ORAL  |
| OMEPRazole/SODIUM BICARBONATE 20-1680MG PACKET (EA) ORAL                     |
| ONDANSETRON 4 MG TABLET,DISINTEGRATING ORAL                                  |
| PHENOBARBITAL 64.8 MG TABLET ORAL  |
| PHOSPHORUS #1 250 MG TABLET ORAL   |
| PILOCARPINE HCL 5 MG TABLET ORAL   |
| SEVELAMER CARBONATE 800 MG TABLET ORAL                                       |
| SEVELAMER HCL 800 MG TABLET ORAL   |
| SIMEPREVIR SODIUM 150 MG CAPSULE ORAL  |
| SOFOBUVIR 400 MG TABLET ORAL   |
| SUMATRIPTAN SUCCINATE 25 MG TABLET ORAL                                      |
| TESTOSTERONE 30MG/1.5ML SOLUTION IN METERED-DOSE PUMP WITH APPL. TRANSDERMAL |
| TIGECYCLINE 50 MG VIAL (EA) INTRAVENOUS                                      |
| TOBRAMYCIN 28 MG CAPSULE INHALATION  |
| TOBRAMYCIN 28 MG CAPSULE, WITH INHALATION DEVICE INHALATION                  |
| VORICONAZOLE 200 MG/5ML SUSPENSION, RECONSTITUTED, ORAL (ML)                 |

The Department of Health Care Services (DHCS) is currently reviewing exemption applications and will continue to accept and review applications as they are received. Drugs approved for exemption will be added to the **List of AB 97 Exempted Drugs** found on the DHCS Pharmacy Benefits Division's [AB 97 webpage](#).

As stated on the DHCS Pharmacy Benefits webpage, drug exemption applications postmarked on or before March 31, 2014 will be given exemption consideration retroactive to June 1, 2011. Applications postmarked after March 31, 2014 will be given consideration for exemption effective the first day of the quarter in which they were received.

To contact Pharmacy Benefits Division with questions about AB 97 pharmacy payment reductions and exemptions, please send an email to: [AB97pharmacy@dhcs.ca.gov](mailto:AB97pharmacy@dhcs.ca.gov).

# Assembly Bill 97 (AB 97) Ten Percent Pharmacy Payment Reductions and State Plan Amendment (SPA) 12-014 Stakeholder Update

**March 27, 2014**

This stakeholder update is to notify providers that on March 31, 2014 an application for provider exemption from AB 97 payment reductions will be available on the DHCS Pharmacy Benefits [website](#).

Applications for a **provider exemption** received by DHCS and postmarked on or before **May 31, 2014** will be given exemption consideration retroactive to June 1, 2011. Provider exemption applications postmarked after May 31, 2014 will be given consideration for exemption effective the first day of the quarter in which they were received.

State Plan Amendment (SPA) 12-014 provides the Department of Health Care Services (DHCS) the authority to exempt certain drug products and/or providers from the AB 97 ten percent reimbursement reductions. The criteria used by DHCS to consider either a drug or provider exemption can be found in the Centers for Medicare and Medicaid (CMS) [approval letter](#) for SPA 12-014 on the DHCS website.

As stated on the [How to propose additions to the AB 97 drug exemption list webpage](#), applications for a **drug exemption** received by DHCS and postmarked on or before **March 31, 2014** will be given exemption consideration retroactive to June 1, 2011. Drug exemption applications postmarked after March 31, 2014 will be given consideration for exemption effective the first day of the quarter in which they were received.

[CA AB 97 Pharmacy Drug Exemption Application Form \(MC 3153 rev0314\)](#)

[CA AB 97 Provider Exemption Application \(MC 3154\)](#)

## **Assembly Bill 97 (AB 97) Ten Percent Pharmacy Payment Reductions and State Plan Amendment (SPA) 12-014 Stakeholder Update**

April 21, 2014

The Department of Health Care Services (DHCS) would like to thank all those who have submitted AB 97 Pharmacy Drug Exemption Applications. Due to the large influx of applications in the final days leading up to the March 31 cutoff, DHCS anticipates the review and implementation of additional exempted drugs to take several weeks. We will continue to provide updates on issues relevant to the AB 97 Pharmacy Drug Exemption program on this website as they arise. Please continue to check back regularly to get the most up-to-date information.

As stated on the [How to propose additions to the AB 97 drug exemption list webpage](#), applications for a **drug exemption** received by DHCS and postmarked on or before **March 31, 2014** will be given exemption consideration retroactive to June 1, 2011. Drug exemption applications postmarked after March 31, 2014 will be given consideration for exemption effective the first day of the quarter in which they were received.

## Assembly Bill 97 (AB 97) Ten Percent Pharmacy Payment Reductions and State Plan Amendment (SPA) 12-014 Stakeholder Update

May 20, 2014

In accordance with the AB 97 ten percent payment reduction mandate, drugs not exempted pursuant to SPA 12-014 were implemented prospectively beginning February 7, 2014. This stakeholder update is to notify providers that AB 97 pharmacy drug exemption applications postmarked by the March 31, 2014 cutoff have been reviewed and a number of drugs that met exemption criteria have been added to the **List of AB 97 Exempted Drugs**. These drugs, identified in Table 1 below, will automatically be exempted from the mandatory payment reduction prospectively beginning May 17, 2014.

However, for the period beginning February 7, 2014 through May 16, 2014, claims for these additions (Table 1) may have been reduced by ten percent. In order to assure prompt and full payment for the new drug exemptions listed below, providers should reverse and resubmit to Medi-Cal the affected claims with dates of service between 02/07/2014 and 05/16/2014.

**Table 1. Additions to the List of AB 97 Exempted Drugs (Effective 02-07-14)**

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| ACETAMINOPHEN WITH CODEINE 120-12MG/5 SOLUTION ORAL  |
| ALISKIREN/AMLODIPINE BESYLATE 300MG-10MG TABLET ORAL |
| ALISKIREN/HYDROCHLOROTHIAZIDE 300-12.5MG TABLET ORAL |
| ALISKIREN/HYDROCHLOROTHIAZIDE 300MG-25MG TABLET ORAL |
| ALLOPURINOL 100 MG TABLET ORAL                       |
| ALOGLIPTIN BENZ/METFORMIN HCL 12.5-1000 TABLET ORAL  |
| ALOGLIPTIN BENZ/METFORMIN HCL 12.5-500MG TABLET ORAL |
| ALOGLIPTIN BENZ/PIOGLITZONE 12.5-30 MG TABLET ORAL   |
| ALOGLIPTIN BENZ/PIOGLITZONE 12.5-45 MG TABLET ORAL   |
| ALOGLIPTIN BENZ/PIOGLITZONE 25 MG-15MG TABLET ORAL   |
| ALOGLIPTIN BENZ/PIOGLITZONE 25 MG-30MG TABLET ORAL   |
| ALOGLIPTIN BENZ/PIOGLITZONE 25 MG-45MG TABLET ORAL   |
| ALOGLIPTIN BENZOATE 12.5 MG TABLET ORAL              |
| ALOGLIPTIN BENZOATE 25 MG TABLET ORAL                |
| ALOGLIPTIN BENZOATE 6.25 MG TABLET ORAL              |
| ALTEPLASE 50 MG VIAL (EA) INTRAVENOUS                |
| AMANTADINE HCL 50 MG/5 ML SYRUP ORAL                 |
| AMIKACIN SULFATE 1000MG/4ML VIAL (ML) INJECTION      |
| AMINOCAPROIC ACID 1000 MG TABLET ORAL                |
| AMINOSALICYLIC ACID 4 G PACKET ORAL                  |
| AMLODIPINE/ATORVASTATIN 10 MG-80MG TABLET ORAL       |

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| AMLODIPINE/ATORVASTATIN 2.5MG-10MG TABLET ORAL                                  |
| AMLODIPINE/VALSARTAN 10MG-160MG TABLET ORAL                                     |
| AMLODIPINE/VALSARTAN 10MG-320MG TABLET ORAL                                     |
| AMLODIPINE/VALSARTAN 5MG-160MG TABLET ORAL                                      |
| AMLODIPINE/VALSARTAN 5MG-320MG TABLET ORAL                                      |
| AMLODIPINE/VALSARTAN/HCTHIAZID 10-160-25 TABLET ORAL                            |
| AMLODIPINE/VALSARTAN/HCTHIAZID 10-320-25 TABLET ORAL                            |
| AMLODIPINE/VALSARTAN/HCTHIAZID 10MG-160MG TABLET ORAL                           |
| AMLODIPINE/VALSARTAN/HCTHIAZID 5-160-12.5 TABLET ORAL                           |
| AMLODIPINE/VALSARTAN/HCTHIAZID 5-160-25MG TABLET ORAL                           |
| AMMONIUM LACTATE 12 % LOTION (GRAM) TOPICA                                      |
| AMOXICILLIN/POTASSIUM CLAV 125-31.25/ SUSP RECON ORAL                           |
| AMOXICILLIN/POTASSIUM CLAV 250-62.5/5 SUSPENSION, RECONSTITUTED, ORAL (ML) ORAL |
| AMOXICILLIN/POTASSIUM CLAV 500-125 MG TABLET ORAL                               |
| AMOXICILLIN/POTASSIUM CLAV 875-125 MG TABLET ORAL                               |
| APRACLONIDINE HCL 0.5 % DROPS OPHTHALMIC  |
| ARTEMETHER/LUMEFANTRINE 20MG-120MG TABLET ORAL                                  |
| BALSALAZIDE DISODIUM 750 MG CAPSULE ORAL  |
| BELIMUMAB 120 MG VIAL INTRAVEN  |
| BELIMUMAB 400 MG VIAL INTRAVEN  |
| BENAZEPRIL HCL 20 MG TABLET ORAL  |
| BENAZEPRIL HCL 40 MG TABLET ORAL  |
| BENZYL ALCOHOL 5 % LOTION TOPICAL   |
| BRINZOLAMIDE/BRIMONID TART 1 %-0.2 % DROPS SUSP OPHTHALMIC                      |
| BUTALB/ACETAMINOPHEN/CAFFEINE 50-300-40 CAPSULE ORAL                            |
| BUTALBITAL/ASPIRIN/CAFFEINE 50-325-40 CAPSULE ORAL                              |
| C1 ESTERASE INHIBITOR 500 (5 ML) VIAL INTRAVEN                                  |
| CADEXOMER IODINE 0.9 % GEL (GRAM) TOPICAL                                       |
| CANAGLIFLOZIN 100 MG TABLET ORAL  |
| CANAGLIFLOZIN 300 MG TABLET ORAL  |
| CANAKINUMAB/PF 180 MG/1.2 VIAL SUB-Q  |
| CANDESARTAN/HYDROCHLOROTHIAZID 32-12.5MG TABLET ORAL                            |
| CASPOFUNGIN ACETATE 50 MG VIAL (EA) INTRAVENOUS                                 |
| CEFTAZIDIME PENTAHYDRATE 1 G VIAL (EA) INJECTION                                |
| CEFTIBUTEN DIHYDRATE 180 MG/5ML SUSP RECON ORAL                                 |
| CEPHALEXIN 500 MG CAPSULE ORAL  |
| CEPHALEXIN 750 MG CAPSULE ORAL  |
| CERTOLIZUMAB PEGOL 400 MG KIT SUBCUTANEOUS                                      |
| CERTOLIZUMAB PEGOL 400MG/2ML SYRINGE KIT (EA) SUBCUTANEOUS                      |
| CEVIMELINE HCL 30 MG CAPSULE ORAL   |
| CHORIONIC GONADOTROPIN, HUMAN 10000 UNIT VIAL INTRAMUSC                         |



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| CITRIC ACID/G-LACTONE/MAG CARB 6.602G/100 IRRIG SOLN IRRIGATION |
| CLINDAMYCIN HCL 150 MG CAPSULE ORAL                             |
| CLINDAMYCIN HCL 300 MG CAPSULE ORAL                             |
| CLINDAMYCIN HCL 75 MG CAPSULE ORAL                              |
| CLINDAMYCIN PALMITATE HCL 75 MG/5 ML SOLN RECON ORAL            |
| CLOBAZAM 2.5 MG/ML SUSPENSION, ORAL (FINAL DOSE FORM) ORAL      |
| CLOBETASOL PROPIONATE/EMOLL 0.05 % FOAM TOPICAL                 |
| CLOCORTOLONE PIVALATE 0.1 % CREAM (G) TOPICAL                   |
| COLLAGENASE CLOSTRIDIUM HIST. 0.9 MG VIAL INJECTION             |
| CORTICOTROPIN 80 UNIT/ML VIAL INJECTION                         |
| CUPRIC CHLORIDE 0.4 MG/ML VIAL (ML) INTRAVENOUS                 |
| CYCLOPENTOLATE/PHENYLEPHRINE 0.2 %-1 % DROPS OPHTHALMIC         |
| CYCLOSERINE 250 MG CAPSULE ORAL                                 |
| DALFAMPRIDINE 10 MG TABLET, EXTENDED RELEASE 12 HR ORAL         |
| DAPTOMYCIN 500 MG VIAL (EA) INTRAVENOUS                         |
| DEFERASIROX 125 MG TABLET, DISPERSIBLE ORAL                     |
| DEFERASIROX 250 MG TABLET, DISPERSIBLE ORAL                     |
| DEFERASIROX 500 MG TABLET, DISPERSIBLE ORAL                     |
| DESMOPRESSIN ACETATE 0.1 MG TABLET ORAL                         |
| DESMOPRESSIN ACETATE 0.2 MG TABLET ORAL                         |
| DESMOPRESSIN ACETATE 4MCG/ML AMPUL (ML) INJECTION               |
| DESMOPRESSIN ACETATE 4MCG/ML VIAL INJECTION                     |
| DESOG-E. ESTRADIOL/E. ESTRADIOL 21-5 TABLET ORAL                |
| DEXTROAMPHETAMINE SULFATE 10 MG CAPSULE ER ORAL                 |
| DEXTROAMPHETAMINE SULFATE 10 MG TABLET ORAL                     |
| DEXTROAMPHETAMINE SULFATE 15 MG CAPSULE ER ORAL                 |
| DIAZEPAM 2.5 MG KIT RECTAL                                      |
| DIFLUPREDNATE 0.05 % DROPS OPHTHALMIC                           |
| DIMETHYL SULFOXIDE 50 % SOLUTION INTRAVESIC                     |
| DIPH, PERTUSS(ACELL), TET VAC/PF 2-2.5-5/.5 VIAL INTRAMUSC      |
| DIPH, PERTUSS(ACELL), TET VAC 2.5-8-5/.5 VIAL INTRAMUSC         |
| DISULFIRAM 250 MG TABLET ORAL                                   |
| DOXERCALCIFEROL 0.5 MCG CAPSULE ORAL                            |
| DOXERCALCIFEROL 1 MCG CAPSULE ORAL                              |
| DOXERCALCIFEROL 2.5 MCG CAPSULE ORAL                            |
| DOXYLAMINE/PYRIDOXINE HCL 10 MG-10MG TABLET DR ORAL             |
| DRONABINOL 2.5 MG CAPSULE ORAL                                  |
| DROSPIR/ETH ESTRA/LEVOMEFOL CA 3-0.03(21) TABLET ORAL           |
| ELECT WTR/SOD CH/SOD HY/HYP AC 0.004 % SPRAY TOPICAL            |
| ELOSULFASE ALFA 5 MG/5 ML VIAL (ML) INTRAVENOUS                 |
| EMEDASTINE DIFUMARATE 0.05 % DROPS OPHTHALMIC                   |

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| ENALAPRIL MALEATE 1 MG/ML SOLUTION, RECONSTITUTED, ORAL               |
| ENALAPRIL MALEATE 20 MG TABLET ORAL                                   |
| EPLERENONE 50 MG TABLET ORAL  |
| ESTRADIOL VALERATE/DIENOGEST 3-2-1(28) TABLET ORAL                    |
| ESTRADIOL/LEVONORGESTREL 45-15/24H PATCH TDWK TRANSDERM               |
| ESTRADIOL/NORETHINDRONE ACET .05-.14/24 PATCH TDSW TRANSDERM          |
| ESTROGEN,ESTER/ME-TESTOSTERONE 1.25-2.5MG TABLET ORAL                 |
| ESZOPICLONE 1 MG TABLET ORAL  |
| ESZOPICLONE 2 MG TABLET ORAL  |
| ESZOPICLONE 3 MG TABLET ORAL  |
| ETHOTOIN 250 MG TABLET ORAL   |
| FE FUMARATE/DOSS/FA/BCOMP&C 66.6-1MG TABLET ORAL                      |
| FENTANYL CITRATE 1600 MCG LOZENGE ON A HANDLE BUCCAL                  |
| FERROUS SULFATE 220(44)/5 SOLUTION ORAL                               |
| FLUDROCORTISONE ACETATE 0.1 MG TABLET ORAL                            |
| FLUOXYMESTERONE 10 MG TABLET ORAL                                     |
| FLURANDRENOLIDE 4MCG/SQ CM MED. TAPE TOPICAL                          |
| FORMOTEROL FUMARATE 12 MCG CAPSULE, WITH INHALATION DEVICE INHALATION |
| GABAPENTIN ENACARBIL 600 MG TAB ER 24H ORAL                           |
| GALANTAMINE HBR 16 MG CAP24H PEL ORAL                                 |
| GATIFLOXACIN 0.5 % DROPS OPHTHALMIC                                   |
| GENTAMICIN/PREDNISOL AC 0.3%-1% DROPS SUSP OPHTHALMIC                 |
| GLYCEROL PHENYLBUTYRATE 1.1GRAM/ML LIQUID ORAL                        |
| GLYCOPYRROLATE 0.2 MG/ML VIAL INJECTION                               |
| GLYCOPYRROLATE 1 MG TABLET ORAL                                       |
| GLYCOPYRROLATE 1 MG/5 ML SOLUTION ORAL                                |
| GOLIMUMAB 100 MG/ML PEN INJECTOR (ML) SUBCUTANEOUS                    |
| GOLIMUMAB 100 MG/ML SYRINGE (ML) SUBCUTANEOUS                         |
| GOLIMUMAB 50 MG/4 ML VIAL (ML) INTRAVENOUS                            |
| HEPATITIS B IMMUNE GLOBULIN >1560/5ML VIAL INTRAMUSC                  |
| HISTRELIN AC 50 MG KIT IMPLANTATION                                   |
| HUMAN PAPILOMVIRUS VAC,QVAL/PF 20-40/0.5 VIAL INTRAMUSC               |
| HYALURONATE SODIUM 30 MG/2 ML SYRINGE INTRAARTIC                      |
| HYDROCODONE/ACETAMINOPHEN 10-325/15 SOLUTION ORAL                     |
| HYDROCODONE/ACETAMINOPHEN 10MG-325MG TABLET ORAL                      |
| HYDROCODONE/ACETAMINOPHEN 10MG-400MG TABLET ORAL                      |
| HYDROCODONE/ACETAMINOPHEN 7.5-500/15 SOLUTION ORAL                    |
| HYDROCODONE/ACETAMINOPHEN 7.5-500MG TABLET ORAL                       |
| HYDROCORTISONE/PRAMOXINE 1 %-1 % CREAM/APPL RECTAL                    |
| HYDROCORTISONE/PRAMOXINE 1 %-1 % FOAM RECTAL                          |
| HYDROXYCHLOROQUINE SULFATE 200 MG TABLET ORAL                         |

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| HYDROXYPROGESTERONE CAPROATE 250 MG/ML VIAL INTRAMUSC                            |
| HYLAN G-F 20 48 MG/6 ML SYRINGE INTRAARTIC                                       |
| ICATIBANT ACETATE 30 MG/3 ML SYRINGE (ML) SUBCUTANEOUS                           |
| IMIQUIMOD 5 % CREAM PACK TOPICAL   |
| INDOMETHACIN 25 MG/5 ML ORAL SUSP ORAL   |
| INSULIN DETEMIR 100/ML VIAL (ML) SUBCUTANEOUS                                    |
| IDOQUINOL 650 MG TABLET ORAL   |
| IDOQUINOL/ALOE POLYSACCHAR #1 1.25%-1% GEL (GRAM) TOPICAL                        |
| IRON/FOLIC ACID/C/B12/BIOTIN 75-1-175MG CAP MPHASE ORAL                          |
| IVACAFTOR 150MG TABLET ORAL  |
| KETOROLAC TROMETHAMINE 0.4 % DROPS OPHTHALMIC                                    |
| LANSOPRAZOLE 15 MG TABLET,DISINTEGRATING, DELAYED RELEASE ORAL                   |
| LANSOPRAZOLE 30 MG TABLET,DISINTEGRATING, DELAYED RELEASE ORAL                   |
| LANSOPRAZOLE/AMOXICILN/CLARITH 30-500-500 COMBO. PKG ORAL                        |
| LEFLUNOMIDE 20 MG TABLET ORAL  |
| LEUPROLIDE ACETATE 11.25 MG KIT INTRAMUSCULAR                                    |
| LEUPROLIDE ACETATE 11.25 MG SYRINGE KIT (EA) INTRAMUSCULAR                       |
| LEUPROLIDE ACETATE 30 MG SYRINGE KIT (EA) INTRAMUSCULAR                          |
| LEVOLEUCOVORIN CALCIUM 50 MG VIAL (EA) INTRAVENOUS                               |
| LIDOCAINE 4 % CREAM (GRAM) TOPICAL   |
| LIPASE/PROTEASE/AMYLASE 16K-57.5K CAPSULE,DELAYED RELEASE (ENTERIC COATED) ORAL  |
| LIPASE/PROTEASE/AMYLASE 36-114-180 CAPSULE,DELAYED RELEASE (ENTERIC COATED) ORAL |
| LIPASE/PROTEASE/AMYLASE 5K-17K-27K CAPSULE,DELAYED RELEASE (ENTERIC COATED) ORAL |
| MAGNESIUM CITRATE SOLUTION, ORAL   |
| MAGNESIUM SULFATE 4 MEQ/ML VIAL INJECTION  |
| MEROPENEM 1 G VIAL (EA) INTRAVENOUS  |
| MESALAMINE 1000 MG SUPPOSITORY, RECTAL RECTAL                                    |
| METHIMAZOLE 10 MG TABLET ORAL  |
| METHIMAZOLE 5 MG TABLET ORAL   |
| METHYLTESTOSTERONE 10 MG CAPSULE ORAL  |
| MICAFUNGIN SODIUM 100 MG VIAL (EA) INTRAVENOUS                                   |
| MICAFUNGIN SODIUM 50 MG VIAL (EA) INTRAVENOUS                                    |
| MILNACIPRAN HCL 12.5 MG TABLET ORAL  |
| MILNACIPRAN HCL 25 MG TABLET ORAL  |
| MIRABEGRON 25 MG TAB ER 24H ORAL   |
| MOEXIPRIL HCL 7.5 MG TABLET ORAL   |
| MTH/ME BLUE/SOD PHOS/PHEN/HYOS 118-10-36 CAPSULE ORAL                            |
| NAPHOS M-B M-H/NA PHOS,DI-BA 1.5 G TABLET ORAL                                   |
| NEDOCROMIL SODIUM 2 % DROPS OPHTHALMIC   |
| NEOMY SULF/COLIST SUL/HC/THONZ 3.3-3-10/1 DROPS SUSP OTIC                        |
| NICOTINE 10 MG CARTRIDGE (EA) INHALATION   |

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| NISOLDIPINE 17 MG TAB ER 24H ORAL                         |
| NISOLDIPINE 34 MG TAB ER 24H ORAL                         |
| NISOLDIPINE 8.5MG TAB ER 24H ORAL                         |
| NITROFURANTOIN MONOHYD/M-CRYST 100 MG CAPSULE ORAL        |
| NORETH A-ET ESTRA/FE FUMARATE 1MG-20(24) TAB CHEW ORAL    |
| NORETH-ETHINYL ESTRADIOL/IRON 0.4-35(21) TAB CHEW ORAL    |
| NORETHIND AC/ETHINYL ESTRADIOL 0.5MG-2.5 TABLET ORAL      |
| NORETHINDRONE A-E ESTRADIOL 1.5-0.03MG TABLET ORAL        |
| NORETHINDRONE A-E ESTRADIOL 1MG-20MCG TABLET ORAL         |
| NORETHINDRONE-ETHINYL ESTRAD 0.4-0.035 TABLET ORAL        |
| NORETHINDRONE-ETHINYL ESTRAD 0.5-0.035 TABLET ORAL        |
| NORETHINDRONE-ETHINYL ESTRAD 7 DAYS X 3 TABLET ORAL       |
| NORETHINDRONE-ETHINYL ESTRAD 7-9-5 TABLET ORAL            |
| NORETHINDRONE-MESTRANOL 1 MG-50MCG TABLET ORAL            |
| OLMESARTAN/AMLODIPIN/HCTHIAZID 20-5-12.5 TABLET ORAL      |
| ONDANSETRON 8 MG TABLET,DISINTEGRATING ORAL               |
| PEG 3350/NA SULF,BICARB,CL/KCL 236-22.74G SOLN RECON ORAL |
| PEG3350/SOD SUL/NACL/ASB/C/KCL 7.5-2.691G POWD PACK ORAL  |
| PEGLOTICASE 8 MG/ML VIAL (ML) INTRAVENOUS                 |
| PEGVISOMANT 15 MG VIAL SUB-Q                              |
| PEGVISOMANT 20 MG VIAL SUB-Q                              |
| PENCICLOVIR 1 % CREAM (G) TOPICAL                         |
| PENICILLAMINE 250 MG CAPSULE ORAL                         |
| PENICILLAMINE 250 MG TABLET ORAL                          |
| PENTAMIDINE ISETHIONATE 300 MG VIAL-NEB INHALATION        |
| PHENOBARB/HYOSCY/ATROPINE/SCOP 16.2 MG TABLET ORAL        |
| PHENOBARB/HYOSCY/ATROPINE/SCOP 16.2MG/5ML ELIXIR ORAL     |
| PHENOXYBENZAMINE HCL 10 MG CAPSULE ORAL                   |
| PLERIXAFOR 24MG/1.2ML VIAL (ML) SUBCUTANEOUS              |
| PNEUMOCOCCAL 23-VAL P-SAC VAC 25MCG/0.5 VIAL INJECTION    |
| PNV #35/IRON/FA #6/DHA 29-1-300MG CAPSULE ORAL            |
| PNV #38/IRON FUM/FOLATE/DHA 28-1-300MG CAPSULE ORAL       |
| PNV NO.22/IRON CBN&GLUC/FA/DSS 27-1-50MG TABLET ORAL      |
| PNV#79/IRON/FA/LMFOLATE CA/DHA 27-1.13 MG CAPSULE ORAL    |
| PNV/FA/B6/CALCIUM PHOS/GINGER 1.2-42 MG TABLET ORAL       |
| PNV38/IRON CBN&GLUC/FA/DSS/DHA 35-1-50MG COMBO. PKG ORAL  |
| PNV53/IRON FUM/FA/DOCUSATE/DHA 29-1.25-55 CAPSULE ORAL    |
| PNV59/IRON,CARBONYL/FA/DSS/DHA 29-1-50 MG CAPSULE ORAL    |
| PNV66/IRON FUMARATE/FA/DSS/DHA 27-1.25-55 CAPSULE ORAL    |
| PNV80/IRON FUMARATE/FA/DSS/DHA 29-1.25-55 CAPSULE ORAL    |
| POTASSIUM AMINO BENZOATE 500 MG TABLET ORAL               |

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| PRENATAL VIT NO.112/FOLIC ACID 1 MG TAB CHEW ORAL           |
| PRENATAL VIT NO.114/FA/GINGER 1MG-500MG TABLET ORAL         |
| PRENATAL VIT NO.44/IRON/FA/DHA 29-1-350MG CAPSULE ORAL      |
| PRENATAL VIT#36/IRON/FA CMB#6 26 MG-1 MG TABLET ORAL        |
| PRENATAL VIT#42/FA CMB#6 1 MG TAB CHEW ORAL                 |
| PRENATAL VIT#86/IRON BISGLY/FA 32 MG-1 MG TABLET ORAL       |
| PRIMAQUINE PHOSPHATE 26.3 MG TABLET ORAL                    |
| PROPAFENONE HCL 150 MG TABLET ORAL                          |
| PROPRANOLOL HCL 120 MG CAP SA 24H ORAL                      |
| PROPRANOLOL HCL 160 MG CAP SA 24H ORAL                      |
| PROPRANOLOL HCL 60 MG CAP SA 24H ORAL                       |
| PROTEIN C CONCENTRATE, HUMAN 500 UNIT VIAL (EA) INTRAVENOUS |
| RAMELTEON 8 MG TABLET ORAL                                  |
| RETAPAMULIN 1 % OINT. (G) TOPICAL                           |
| RHO(D) IMMUNE GLOBULIN 1500 UNIT SYRINGE INTRAMUSC          |
| RIFAPENTINE 150 MG TABLET ORAL                              |
| RILONACEPT 220 MG VIAL SUB-Q                                |
| RIOCIGUAT 0.5 MG TABLET ORAL                                |
| RIOCIGUAT 1 MG TABLET ORAL                                  |
| RIVASTIGMINE TARTRATE 1.5 MG CAPSULE ORAL                   |
| RIVASTIGMINE TARTRATE 3 MG CAPSULE ORAL                     |
| SARGRAMOSTIM 250 MCG VIAL INJECTION                         |
| SCOPOLAMINE HYDROBROMIDE 0.25 % DROPS OPHTHALMIC            |
| SECOBARBITAL SODIUM 100 MG CAPSULE ORAL                     |
| SERTACONAZOLE NITRATE 2 % CREAM (G) TOPICAL                 |
| SEVELAMER CARBONATE 2.4 G POWD PACK ORAL                    |
| SEVELAMER HCL 400 MG TABLET ORAL                            |
| SILVER NITRATE APPLICATOR 75%-25% STICK (EA) TOPICAL        |
| SODIUM BICARBONATE 1 MEQ/ML VIAL (ML) INTRAVENOUS           |
| SODIUM CHLORIDE 4 MEQ/ML VIAL (ML) INTRAVENOUS              |
| SODIUM FLUORIDE/XYLITOL 0.25(0.55) TAB CHEW ORAL            |
| SODIUM FLUORIDE/XYLITOL 0.5(1.1)MG TAB CHEW ORAL            |
| SODIUM PHENYLBUTYRATE 0.94 G/G POWDER (GRAM) ORAL           |
| SOTALOL HCL 80 MG TABLET ORAL                               |
| SUCCIMER 100 MG CAPSULE ORAL                                |
| SULFACETAMIDE SODIUM/SULFUR 10-5%(W/W) LOTION TOPICAL       |
| SULFANILAMIDE 15 % CREAM/APPL VAGINAL                       |
| TELBIVUDINE 600 MG TABLET ORAL                              |
| TELMISARTAN/AMLODIPINE 40MG-10MG TABLET ORAL                |
| TEMAZEPAM 15 MG CAPSULE ORAL                                |
| TEMAZEPAM 30 MG CAPSULE ORAL                                |

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| TEMAZEPAM 7.5 MG CAPSULE ORAL                                 |
| TESAMORELIN ACETATE 1 MG VIAL SUB-Q                           |
| TESAMORELIN ACETATE 2 MG VIAL (EA) SUBCUTANEOUS               |
| TESTOSTERONE 1.25G (1%) GEL IN METERED-DOSE PUMP TRANSDERMAL  |
| TESTOSTERONE ENANTHATE 200 MG/ML VIAL (ML) INTRAMUSCULAR      |
| TETRABENAZINE 12.5 MG TABLET ORAL                             |
| TETRABENAZINE 25 MG TABLET ORAL                               |
| THALIDOMIDE 100 MG CAPSULE ORAL                               |
| THALIDOMIDE 200 MG CAPSULE ORAL                               |
| THALIDOMIDE 50 MG CAPSULE ORAL                                |
| TIMOLOL MALEATE/PF 0.5 % DROPERETTE OPHTHALMIC                |
| TINIDAZOLE 500 MG TABLET ORAL                                 |
| TOPIRAMATE 100 MG CAPSULE, EXT RELEASE 24 HR ORAL             |
| TRAMETINIB DIMETHYL SULFOXIDE 2 MG TABLET ORAL                |
| TYPHOID VACC VI CAPSULR POLYS 25MCG/0.5 SYRINGE INTRAMUSC     |
| ULIPRISTAL ACETATE 30 MG TABLET ORAL                          |
| VIGABATRIN 500 MG POWD PACK ORAL                              |
| VIGABATRIN 500 MG TABLET ORAL                                 |
| VORICONAZOLE 200 MG TABLET ORAL                               |
| VORICONAZOLE 50 MG TABLET ORAL                                |
| VORTIOXETINE HYDROBROMIDE 10 MG TABLET ORAL                   |
| ZOLEDRONIC ACID 4 MG/5 ML VIAL INTRAVEN                       |
| ZOLEDRONIC ACID/MANNITOL&WATER 5 MG/100ML INFUS. BTL INTRAVEN |

The Department of Health Care Services (DHCS) will continue to accept and review pharmacy drug exemption applications as they are received. As stated on the DHCS Pharmacy Benefits Division's webpage, pharmacy drug exemption applications postmarked on or before March 31, 2014 will be given exemption consideration retroactive to June 1, 2011. Applications postmarked after March 31, 2014 will be given consideration for exemption effective the first day of the quarter in which they were received. Drugs approved for exemption will be added to the **List of AB 97 Exempted Drugs** found on the DHCS Pharmacy Benefits Division's [AB 97 webpage](#).

To contact Pharmacy Benefits Division with questions about AB 97 pharmacy payment reductions and exemptions, please send an email to: [AB97pharmacy@dhcs.ca.gov](mailto:AB97pharmacy@dhcs.ca.gov).

## **Stakeholder Update**

### **Assembly Bill 97 (AB 97) Ten Percent Pharmacy Payment Reductions and State Plan Amendment (SPA) 12-014**

July 18, 2014

This stakeholder update is to notify providers that the Department of Health Care Services (DHCS) is in the process of reviewing [AB 97 Pharmacy Provider Exemption Applications](#) received and postmarked by May 31, 2014. As stated on the DHCS Pharmacy Benefits Division's AB 97 webpage, applications received and postmarked on or before May 31, 2014 will be given exemption consideration retroactive to June 1, 2011; applications postmarked after May 31, 2014 will be given consideration for exemption effective the first day of the quarter in which they were received.

Providers who submitted an application will be notified once the review process is complete. Additionally, providers are encouraged to check the [AB 97 webpage](#) regularly for exemption updates.

*Note: DHCS will continue to accept and review pharmacy provider exemption applications on an ongoing basis.*

To contact Pharmacy Benefits Division with questions about AB 97 pharmacy payment reductions and exemptions, please send an email to: [AB97pharmacy@dhcs.ca.gov](mailto:AB97pharmacy@dhcs.ca.gov).

## Stakeholder Update

### **Assembly Bill 97 (AB 97) Ten Percent Pharmacy Payment Reductions and State Plan Amendment (SPA) 12-014**

October 24, 2014

As stated on the Department of Healthcare Services (DHCS) Pharmacy Benefits Division's [AB 97 webpage](#), pharmacy drug exemption applications postmarked on or before March 31, 2014 will be given exemption consideration retroactive to June 01, 2011. Applications postmarked after March 31, 2014 will be given consideration for exemption effective the first day of the calendar quarter in which they were received.

This stakeholder update is to notify providers that AB 97 pharmacy drug exemption applications postmarked and received between April 1, 2014 and June 30, 2014 have been reviewed. The drugs that meet exemption criteria have been added to the **List of AB 97 Exempted Drugs**. These drugs, identified in Table 1 below, will automatically be exempted from the mandatory payment reduction prospectively beginning November 08, 2014. Therefore, for the period beginning April 1, 2014 through November 7, 2014, claims for the additions in Table 1 may have been reduced by ten percent. For these affected claims DHCS will be conducting an error payment correction in the coming months.

**Table 1. Additions to the List of AB 97 Exempted Drugs (Effective 04/01/14)**

|   |
|---|
| ALOGLIPTIN BENZ/PIOGLITZONE 12.5-15 MG TABLET ORAL                          |
| APREPITANT 125MG-80MG CAPSULE, DOSE PACK ORAL                               |
| BACLOFEN 10 MG TABLET ORAL  |
| BUDESONIDE 9 MG TABLET, DELAYED & EXTENDED RELEASE ORAL                     |
| ENOXAPARIN SODIUM 300MG/3ML VIAL (ML) SUBCUTANEOUS                          |
| ESTRADIOL 0.05MG/24H PATCH, TRANSDERMAL WEEKLY TRANSDERMAL                  |
| FILGRASTIM 480MCG/1.6 VIAL (ML) INJECTION                                   |
| FLUTICASONE/VILANTEROL 100-25MCG BLISTER, WITH INHALATION DEVICE INHALATION |
| GRANISETRON HCL 1 MG TABLET ORAL  |
| IMMUNE GLOB,GAM CAPRYLATE(IGG) 1 G/10 ML VIAL (ML) INJECTION                |



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| IMMUNE GLOB,GAM CAPRYLATE(IGG) 10 G/100ML VIAL (ML) INJECTION                  |
| IMMUNE GLOB,GAM CAPRYLATE(IGG) 2.5G/25ML VIAL (ML) INJECTION                   |
| IMMUNE GLOB,GAM CAPRYLATE(IGG) 5 G/50 ML VIAL (ML) INJECTION                   |
| IMMUNE GLOBULIN,GAMMA(IGG) 1 G/5 ML VIAL (ML) SUBCUTANEOUS                     |
| IMMUNE GLOBULIN,GAMMA(IGG) 10 % VIAL (ML) INTRAVENOUS                          |
| IMMUNE GLOBULIN,GAMMA(IGG) 2 G/10 ML VIAL (ML) SUBCUTANEOUS                    |
| IMMUNE GLOBULIN,GAMMA(IGG) 4 G/20 ML VIAL (ML) SUBCUTANEOUS                    |
| IMMUNE GLOBULIN,GAMMA(IGG) 5 % VIAL (ML) INTRAVENOUS                           |
| IMMUNE GLOBULIN,GAMMA(IGG) 5 G VIAL (EA) INTRAVENOUS                           |
| IMMUNE GLOBULIN,GAMMA(IGG) 6G VIAL (EA) INTRAVENOUS                            |
| LIDOCAINE/TETRACAINE 70 MG-70MG ADHESIVE PATCH, MEDICATED SELF-HEATING TOPICAL |
| LINEZOLID 600MG/300 INTRAVENOUS SOLUTION INTRAVENOUS                           |
| LIPASE/PROTEASE/AMYLASE 20.9-78.3K TABLET ORAL                                 |
| LULICONAZOLE 1 % CREAM (GRAM) TOPICAL  |
| MEPERIDINE HCL/PF 100 MG/ML SYRINGE (ML) INJECTION                             |
| NAPROXEN 125 MG/5ML SUSPENSION, ORAL (FINAL DOSE FORM) ORAL                    |
| NORGESTIMATE-ETHINYL ESTRADIOL 7DAYSX3 28 TABLET ORAL                          |
| OSPEMIFENE 60 MG TABLET ORAL   |
| PREDNISONE 5 MG/ML CONCENTRATE, ORAL   |
| PYRIDOXINE HCL 100 MG/ML VIAL (ML) INJECTION                                   |
| TESTOSTERONE 20.25/1.25 GEL IN METERED-DOSE PUMP TRANSDERMAL                   |

DHCS will continue to accept and review pharmacy drug exemption applications as they are received. To contact Pharmacy Benefits Division with questions about AB 97 pharmacy payment reductions and exemptions, please send an email to:

[AB97pharmacy@dhcs.ca.gov](mailto:AB97pharmacy@dhcs.ca.gov).

## **Stakeholder Update**

### **Assembly Bill 97 (AB 97) Ten Percent Pharmacy Payment Reductions and State Plan Amendment (SPA) 12-014**

October 27, 2014

This stakeholder update is to notify providers that the Department of Health Care Services (DHCS) has reviewed all [AB 97 Pharmacy Provider Exemption Applications](#) received and postmarked by the May 31, 2014 cutoff. As stated on the DHCS Pharmacy Benefits Division's [AB 97 provider exemption webpage](#), applications received and postmarked on or before May 31, 2014 will be given exemption consideration retroactive to June 01, 2011; applications postmarked after May 31, 2014 will be given consideration for exemption effective the first day of the quarter in which they were received.

Providers who submitted an application by May 31, 2014 will be notified of DHCS's determination via first class mail within the next few weeks. For all matters concerning the AB 97 payment reductions, providers are encouraged to check the [AB 97 webpage](#) regularly for exemption updates.

*Note: DHCS will continue to accept and review pharmacy provider exemption applications on an ongoing basis.*

To contact Pharmacy Benefits Division with questions about AB 97 pharmacy payment reductions and exemptions, please send an email to: [AB97pharmacy@dhcs.ca.gov](mailto:AB97pharmacy@dhcs.ca.gov).