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

STAKEHOLDER UPDATE

August 21, 2015

AB 97 pharmacy drug exemption applications postmarked or received electronically between 01/01/2015 and 03/31/2015 have been reviewed and the drug(s) that meet exemption criteria have been added to the **List of AB 97 Exempted Drugs**. The approved drug, identified in Table 1 below, is exempt from the mandatory payment reduction prospectively beginning August 28, 2015. Thus, for the period beginning 01/01/15 through 08/27/15, affected claims for this drug may have been reduced by ten percent and will therefore be adjusted through the department's normal Erroneous Payment Correction (EPC) process in the coming months.

Table 1. Addition(s) to the List of AB 97 Exempted Drugs

DRUG NAME	EFFECTIVE DATE
DARBEPOETIN ALFA IN POLYSORBAT 25MCG/0.42 SYRINGE (ML) INJECTION	01/01/15

Additionally, the following drugs (Table 2) have been identified to have met criteria for exemption as outlined in the List of Therapeutic Drug Categories Subject to AB 97 Exemption

Table 2. Addition(s) to the List of AB 97 Exempted Drugs

DRUG NAME	EFFECTIVE DATE
ADALIMUMAB 10MG/0.2ML SYRINGE KIT (EA) SUBCUTANEOUS	6/1/2011
AFATINIB DIMALEATE 20 MG ORAL	6/1/2011
AFATINIB DIMALEATE 30 MG ORAL	6/1/2011
AFATINIB DIMALEATE 40 MG ORAL	6/1/2011
ALEMTUZUMAB 12MG/1.2ML VIAL (ML) INTRAVENOUS	6/1/2011
ARIPIPRAZOLE 300 MG INTRAMUSCULAR	6/1/2011
ARIPIPRAZOLE 400 MG INTRAMUSCULAR	6/1/2011
ATAZANAVIR SULFATE 50 MG ORAL	6/1/2011
ATAZANAVIR SULFATE/COBICISTAT 300-150 MG ORAL	6/1/2011
BASILIXIMAB 10 MG INTRAVENOUS	6/1/2011
BASILIXIMAB 20 MG INTRAVENOUS	6/1/2011
BELINOSTAT 500 MG INTRAVENOUS	6/1/2011
BETAINE 1 G/1.7 ML POWDER (GRAM) ORAL	6/1/2011
BLINATUMOMAB 35 MCG KIT INTRAVENOUS	6/1/2011
C1 ESTERASE INHIBITOR 500(10 ML) INTRAVENOUS	6/1/2011
C1 ESTERASE INHIBITOR, RECOMB 2100 UNIT VIAL (EA) INTRAVENOUS	6/1/2011
CERITINIB 150 MG ORAL	6/1/2011

CLOZAPINE 50 MG/ML ORAL	6/1/2011
CYSTEAMINE BITARTRATE 25 MG ORAL	6/1/2011
CYSTEAMINE BITARTRATE 75 MG ORAL	6/1/2011
DABRAFENIB MESYLATE 50 MG ORAL	6/1/2011
DABRAFENIB MESYLATE 75 MG ORAL	6/1/2011
DACLIZUMAB 5 MG/ML INTRAVENOUS	6/1/2011
DARUNAVIR/COBICISTAT 800-150 MG TABLET ORAL	6/1/2011
DESVENLAFAXINE 100 MG ORAL	6/1/2011
DESVENLAFAXINE 100 MG ORAL	6/1/2011
DESVENLAFAXINE 50 MG ORAL	6/1/2011
DESVENLAFAXINE 50 MG ORAL	6/1/2011
DESVENLAFAXINE FUMARATE 100 MG ORAL	6/1/2011
DESVENLAFAXINE FUMARATE 50 MG ORAL	6/1/2011
DOCETAXEL 140 MG/7 ML INTRAVENOUS	6/1/2011
DOCETAXEL 200 MG/20 ML INTRAVENOUS	6/1/2011
ELIGLUSTAT TARTRATE 84 MG ORAL	6/1/2011
ELVITEGRAVIR 150 MG ORAL	6/1/2011
ELVITEGRAVIR 85 MG ORAL	6/1/2011
EVEROLIMUS 2 MG ORAL	6/1/2011
EVEROLIMUS 3 MG ORAL	6/1/2011
EVEROLIMUS 5 MG ORAL	6/1/2011
GLATIRAMER ACETATE 20 MG/ML SUBCUTANEOUS	6/1/2011
GLATIRAMER ACETATE 40 MG/ML SUBCUTANEOUS	6/1/2011
HEMIN 313 MG INTRAVENOUS	6/1/2011
IBRUTINIB 140 MG ORAL	6/1/2011
IDELALISIB 100 MG ORAL	6/1/2011
IDELALISIB 150 MG ORAL	6/1/2011
LENALIDOMIDE 20 MG ORAL	6/1/2011
LENVATINIB MESYLATE 10 MG/DAY CAPSULE ORAL	6/1/2011
LENVATINIB MESYLATE 14 MG/DAY CAPSULE ORAL	6/1/2011
LENVATINIB MESYLATE 20 MG/DAY CAPSULE ORAL	6/1/2011
LENVATINIB MESYLATE 24 MG/DAY CAPSULE ORAL	6/1/2011
LEVOMILNACIPRAN HYDROCHLORIDE 120 MG ORAL	6/1/2011
LEVOMILNACIPRAN HYDROCHLORIDE 20 MG ORAL	6/1/2011
LEVOMILNACIPRAN HYDROCHLORIDE 20-40 MG ORAL, DOSE PACK	6/1/2011
LEVOMILNACIPRAN HYDROCHLORIDE 40 MG ORAL	6/1/2011
LEVOMILNACIPRAN HYDROCHLORIDE 80 MG ORAL	6/1/2011
LISDEXAMFETAMINE DIMESYLATE 10 MG ORAL	6/1/2011
LITHIUM CITRATE 8 MEQ/5 ML ORAL	6/1/2011
LOXAPINE 10 MG INHALATION	6/1/2011
MACITENTAN 10 MG ORAL	6/1/2011

NIVOLUMAB 100 MG/10 ML INTRAVENOUS	6/1/2011
NIVOLUMAB 40 MG/4 ML INTRAVENOUS	6/1/2011
OBINUTUZUMAB 1000 MG/40 VIAL (ML) INTRAVENOUS	6/1/2011
OLAPARIB 50 MG ORAL	6/1/2011
OMBITA/PARITAP/RITON/DASABUVIR 12.5-75-50 TABLET, DOSE PACK ORAL	6/1/2011
PALBOCICLIB 100 MG ORAL	6/1/2011
PALBOCICLIB 125 MG ORAL	6/1/2011
PALBOCICLIB 75 MG ORAL	6/1/2011
PANOBINOSTAT LACTATE 10 MG CAPSULE ORAL	6/1/2011
PANOBINOSTAT LACTATE 15 MG CAPSULE ORAL	6/1/2011
PANOBINOSTAT LACTATE 20 MG CAPSULE ORAL	6/1/2011
PAROXETINE MESYLATE 7.5 MG ORAL	6/1/2011
PEGINTERFERON BETA-1A 125MCG/0.5 PEN INJECTOR (ML) SUBCUTANEOUS	6/1/2011
PEGINTERFERON BETA-1A 125MCG/0.5 SYRINGE (ML) SUBCUTANEOUS	6/1/2011
PEGINTERFERON BETA-1A 63-94 MCG PEN INJECTOR (ML) SUBCUTANEOUS	6/1/2011
PEGINTERFERON BETA-1A 63-94 MCG SYRINGE (ML) SUBCUTANEOUS	6/1/2011
PEGVISOMANT 10 MG SUBCUTANEOUS	6/1/2011
PEGVISOMANT 25 MG SUBCUTANEOUS	6/1/2011
PEGVISOMANT 30 MG SUBCUTANEOUS	6/1/2011
PEMBROLIZUMAB 100 MG/4 ML INTRAVENOUS	6/1/2011
PEMBROLIZUMAB 50 MG INTRAVENOUS	6/1/2011
RALTEGRAVIR POTASSIUM 100 MG ORAL	6/1/2011
RAMUCIRUMAB 100 MG/10 ML INTRAVENOUS	6/1/2011
RAMUCIRUMAB 500 MG/50 ML INTRAVENOUS	6/1/2011
RIOCIGUAT 1.5 MG ORAL	6/1/2011
RIOCIGUAT 2 MG ORAL	6/1/2011
RIOCIGUAT 2.5 MG ORAL	6/1/2011
SILDENAFIL CITRATE 10 MG/ML ORAL	6/1/2011
SILTUXIMAB 100 MG INTRAVENOUS	6/1/2011
SILTUXIMAB 400 MG INTRAVENOUS	6/1/2011
SUNITINIB MALATE 37.5 MG ORAL	6/1/2011
TACROLIMUS 0.5 MG ORAL	6/1/2011
TACROLIMUS 1 MG ORAL	6/1/2011
TACROLIMUS 5 MG ORAL	6/1/2011
TRAMETINIB DIMETHYL SULFOXIDE 0.5 MG ORAL	6/1/2011
TREPROSTINIL DIOLAMINE 0.125 MG ORAL	6/1/2011
TREPROSTINIL DIOLAMINE 0.25 MG ORAL	6/1/2011
TREPROSTINIL DIOLAMINE 1 MG ORAL	6/1/2011
TREPROSTINIL DIOLAMINE 2.5 MG ORAL	6/1/2011
VINCRISTINE SULFATE LIPOSOMAL FNL 5MG/31 KIT INTRAVENOUS	6/1/2011
VORTIOXETINE HYDROBROMIDE 5 MG ORAL	6/1/2011

Lastly, it was discovered that beginning January 2015, some oxycodone extended-release products may have been inadvertently reduced by 10 percent. These affected claims, as well as claims for the drugs in Table 2, will also be adjusted through the EPC process in the coming months.

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.