

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

STAKEHOLDER UPDATE

February 25, 2016

AB 97 pharmacy drug exemption applications postmarked or received electronically between 04/01/2015 and 09/30/2015 have been reviewed and the drugs that meet exemption criteria have been added to the **List of AB 97 Exempted Drugs**. The approved drugs, identified in Table 1 below, are exempt from the mandatory payment reduction prospectively beginning March 12, 2016. Thus, for the period beginning 04/01/15 through 03/11/16, affected claims for these drugs 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
PERAMPANEL 2 MG TABLET ORAL	04/01/15
PERAMPANEL 4 MG TABLET ORAL	04/01/15
LANTHANUM CARBONATE 750 MG TABLET, CHEWABLE ORAL	07/01/15
LIDOCAINE/PRILOCAINE 2.5 %-2.5% CREAM (GRAM) TOPICAL	07/01/15
PERAMPANEL 8 MG TABLET ORAL	07/01/15
PROTEIN C CONCENTRATE, HUMAN 1000 UNIT VIAL (EA) INTRAVENOUS	07/01/15
SOTALOL HCL 5 MG/ML SOLUTION, ORAL	07/01/15
TOBRAMYCIN 300 MG/4ML AMPUL FOR NEBULIZATION (ML) INHALATION	07/01/15
TOCILIZUMAB 162 MG/0.9 SYRINGE (ML) SUBCUTANEOUS	07/01/15
USTEKINUMAB 45MG/0.5ML SYRINGE (ML) SUBCUTANEOUS	07/01/15

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
AZENAPINE MALEATE 2.5 MG TABLET, SUBLINGUAL	6/1/2011
BENDAMUSTINE HCL 180 MG/2ML VIAL (ML) INTRAVENOUS	6/1/2011
BENDAMUSTINE HCL 45MG/0.5ML VIAL (ML) INTRAVENOUS	6/1/2011
BREXPIRAZOLE 0.25 MG TABLET ORAL	6/1/2011
BREXPIRAZOLE 0.5 MG TABLET ORAL	6/1/2011
BREXPIRAZOLE 1 MG TABLET ORAL	6/1/2011
BREXPIRAZOLE 2 MG TABLET ORAL	6/1/2011
BREXPIRAZOLE 3 MG TABLET ORAL	6/1/2011

DRUG NAME	EFFECTIVE DATE
BREXPIRAZOLE 4 MG TABLET ORAL	6/1/2011
CYCLOPHOSPHAMIDE 25 MG CAPSULE ORAL	6/1/2011
CYCLOPHOSPHAMIDE 50 MG CAPSULE ORAL	6/1/2011
DACLATASVIR DIHYDROCHLORIDE 30 MG TABLET ORAL	6/1/2011
DACLATASVIR DIHYDROCHLORIDE 60 MG TABLET ORAL	6/1/2011
DESVENLAFAXINE SUCCINATE 25 MG TABLET, EXTENDED RELEASE 24 HR ORAL	6/1/2011
DINUTUXIMAB 3.5 MG/ML VIAL (ML) INTRAVENOUS	6/1/2011
DULOXETINE HCL 40 MG CAPSULE, DELAYED RELEASE (ENTERIC COATED) ORAL	6/1/2011
ELVITEG/COBI/EMTRIC/TENOFO ALA 150-200-10 TABLET ORAL	6/1/2011
IVACAFTOR 50 MG GRANULES IN PACKET (EA) ORAL	6/1/2011
IVACAFTOR 75 MG GRANULES IN PACKET (EA) ORAL	6/1/2011
LEUPROLIDE ACETATE 7.5 MG KIT INTRAMUSCULAR	6/1/2011
LIPASE/PROTEASE/AMYLASE 40K-136K CAPSULE, DELAYED RELEASE (ENTERIC COATED) ORAL	6/1/2011
LIPASE/PROTEASE/AMYLASE 8K-28.75K CAPSULE, DELAYED RELEASE (ENTERIC COATED) ORAL	6/1/2011
LUMACAFTOR/IVACAFTOR 200-125MG TABLET ORAL	6/1/2011
MECHLORETHAMINE HCL 0.016 % GEL (GRAM) TOPIC	6/1/2011
MERCAPTOPYRINE 20 MG/ML SUSPENSION, ORAL (FINAL DOSE FORM) ORAL	6/1/2011
METHYLPHENIDATE HCL 10 MG CAPSULE, ER SPRINKLE, BIPHASIC 40-60 ORAL	6/1/2011
METHYLPHENIDATE HCL 15 MG CAPSULE, ER SPRINKLE, BIPHASIC 40-60 ORAL	6/1/2011
METHYLPHENIDATE HCL 20 MG CAPSULE, ER SPRINKLE, BIPHASIC 40-60 ORAL	6/1/2011
METHYLPHENIDATE HCL 30 MG CAPSULE, ER SPRINKLE, BIPHASIC 40-60 ORAL	6/1/2011
METHYLPHENIDATE HCL 40 MG CAPSULE, ER SPRINKLE, BIPHASIC 40-60 ORAL	6/1/2011
METHYLPHENIDATE HCL 50 MG CAPSULE, ER SPRINKLE, BIPHASIC 40-60 ORAL	6/1/2011
METHYLPHENIDATE HCL 60 MG CAPSULE, ER SPRINKLE, BIPHASIC 40-60 ORAL	6/1/2011
METHYLPHENIDATE HCL 60 MG CAPSULE, ER, BIPHASIC 50-50 ORAL	6/1/2011
PALIPERIDONE PALMITATE 273MG/.875 SYRINGE (ML) INTRAMUSCULAR	6/1/2011
PALIPERIDONE PALMITATE 410/1.315 SYRINGE (ML) INTRAMUSCULAR	6/1/2011
PALIPERIDONE PALMITATE 546MG/1.75 SYRINGE (ML) INTRAMUSCULAR	6/1/2011
PALIPERIDONE PALMITATE 819/2.625 SYRINGE (ML) INTRAMUSCULAR	6/1/2011

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.

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

STAKEHOLDER UPDATE

July 28, 2016

AB 97 pharmacy drug exemption applications postmarked or received electronically between 10/01/2015 and 03/31/2016 have been reviewed and the drugs that meet exemption criteria have been added to the **List of AB 97 Exempted Drugs**. The approved drugs, identified in Table 1 below, are exempt from the mandatory payment reduction prospectively beginning 7/30/2016. Thus, for the period beginning 10/1/2015 through 7/29/2016, affected claims for these drugs 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
AMINOCAPROIC ACID 250 MG/ML SOLUTION, ORAL	10/1/2015
AMINOCAPROIC ACID 500 MG TABLET ORAL	1/1/2016
APREMILAST 10-20-30MG TABLET, DOSE PACK ORAL	1/1/2016
APREMILAST 30 MG TABLET ORAL	1/1/2016
DARBEPOETIN ALFA IN POLYSORBAT 100 MCG/ML VIAL (ML) INJECTION	1/1/2016
DARBEPOETIN ALFA IN POLYSORBAT 40 MCG/0.4 SYRINGE (ML) INJECTION	1/1/2016
DESMOPRESSIN ACETATE 150/SPRAY AEROSOL, SPRAY WITH PUMP (ML) NASAL	1/1/2016
DISOPYRAMIDE PHOSPHATE 100 MG CAPSULE ORAL	10/1/2015
ENALAPRIL MALEATE 5 MG TABLET ORAL	10/1/2015
EPOETIN ALFA 20000/2ML VIAL (ML) INJECTION	1/1/2016
EVOLOCUMAB 140 MG/ML PEN INJECTOR (ML) SUBCUTANEOUS	1/1/2016
FERRIC CITRATE 210MG IRON TABLET ORAL	10/1/2015
INSULIN GLARGINE,HUM.REC.ANLOG 300/ML INSULIN PEN (ML) SUBCUTANEOUS	1/1/2016
ISAVUCONAZONIUM SULFATE 186 MG CAPSULE ORAL	1/1/2016
METHOTREXATE/PF 10MG/0.4ML AUTO-INJECTOR (ML) SUBCUTANEOUS	1/1/2016
METHOTREXATE/PF 15MG/0.4ML AUTO-INJECTOR (ML) SUBCUTANEOUS	1/1/2016
METHOTREXATE/PF 25MG/0.4ML AUTO-INJECTOR (ML) SUBCUTANEOUS	1/1/2016
METHOTREXATE/PF 25MG/0.5ML AUTO-INJECTOR (ML) SUBCUTANEOUS	1/1/2016
OCTREOTIDE ACETATE 500 MCG/ML AMPUL (ML) INJECTION	1/1/2016

Drug Name	Effective Date
PRAMIPEXOLE DI-HCL 0.125 MG TABLET ORAL	1/1/2016
TOBRAMYCIN/NEBULIZER 300 MG/5ML AMPUL FOR NEB INHALATION	1/1/2016
TOPIRAMATE 200 MG CAPSULE, EXT RELEASE 24 HR ORAL	1/1/2016

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
ALECTINIB HYDROCHLORIDE 150 MG CAPSULE	6/1/2011
AMYLASE/LIPASE/PROTEASE 124MG ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 12K-4K-12K ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 15-1.2-15 ORAL CAPSULE	6/1/2011
AMYLASE/LIPASE/PROTEASE 20-4.5-25 ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 223MG ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 249MG ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 250MG ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 25K-4K-25K ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 30-10-30 ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 30-2.4-30 ORAL CAPSULE	6/1/2011
AMYLASE/LIPASE/PROTEASE 30K-8K-30K ORAL CAPSULE	6/1/2011
AMYLASE/LIPASE/PROTEASE 30K-8K-30K ORAL TABLET	6/1/2011
AMYLASE/LIPASE/PROTEASE 33.2K-10K ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 333MG ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 371MG ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 39-12-39 ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 40K-8K-45K ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 468MG ORAL TABLET	6/1/2011
AMYLASE/LIPASE/PROTEASE 48-16-48 ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 497MG ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 52-16-52 ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 56-20-44 ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 59-18-59 ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 60-16-60 ORAL TABLET	6/1/2011
AMYLASE/LIPASE/PROTEASE 65-20-65 ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 66.4-20-75 ORAL CAPSULE DR	6/1/2011
AMYLASE/LIPASE/PROTEASE 70-16.8-70 ORAL POWDER	6/1/2011
AMYLASE/LIPASE/PROTEASE 935MG ORAL TABLET	6/1/2011
ARIPIRAZOLE LAUROXIL 441 MG/1.6 SUSPENSION,EXTENDED RELEASE SYRINGE	6/1/2011
ARIPIRAZOLE LAUROXIL 662 MG/2.4 SUSPENSION,EXTENDED RELEASE SYRINGE	6/1/2011
ARIPIRAZOLE LAUROXIL 882 MG/3.2 SUSPENSION,EXTENDED RELEASE SYRINGE	6/1/2011

Drug Name	Effective Date
ASFOTASE ALFA 18MG/.45ML VIAL	6/1/2011
ASFOTASE ALFA 28MG/0.7ML VIAL	6/1/2011
ASFOTASE ALFA 40 MG/ML VIAL	6/1/2011
ASFOTASE ALFA 80MG/0.8ML VIAL	6/1/2011
BENDAMUSTINE HCL 25 MG/ML VIAL	6/1/2011
BERACTANT 25MG/ML INHALATION VIAL	6/1/2011
CABOZANTINIB S-MALATE 20 MG TABLET ORAL	6/1/2011
CABOZANTINIB S-MALATE 40 MG TABLET ORAL	6/1/2011
CABOZANTINIB S-MALATE 60 MG TABLET ORAL	6/1/2011
CALFACTANT 35MG/ML INHALATION VIAL	6/1/2011
CARIPRAZINE HYDROCHLORIDE 1.5 MG CAPSULE ORAL	6/1/2011
CARIPRAZINE HYDROCHLORIDE 1.5 MG-3MG CAPSULE, DOSE PACK ORAL	6/1/2011
CARIPRAZINE HYDROCHLORIDE 3 MG CAPSULE ORAL	6/1/2011
CARIPRAZINE HYDROCHLORIDE 4.5 MG CAPSULE ORAL	6/1/2011
CARIPRAZINE HYDROCHLORIDE 6 MG CAPSULE ORAL	6/1/2011
COBIMETINIB FUMARATE 20 MG TABLET	6/1/2011
DARATUMUMAB 100 MG/5ML VIAL	6/1/2011
DARATUMUMAB 400MG/20ML VIAL	6/1/2011
ECALLANTIDE 10MG/ML(1) VIAL	6/1/2011
ELBASVIR/GRAZOPREVIR 50MG-100MG TABLET	6/1/2011
ELOTUZUMAB 300 MG VIAL (EA) INTRAVENOUS	6/1/2011
ELOTUZUMAB 400 MG VIAL (EA) INTRAVENOUS	6/1/2011
EMTRICITAB/RILPIVIRI/TENOF ALA 200-25-25 TABLET ORAL	6/1/2011
EMTRICITABINE/TENOFOV ALAFENAM 200MG-25MG TABLET ORAL	6/1/2011
IRINOTECAN LIPOSOMAL 43 MG/10ML VIAL	6/1/2011
IXAZOMIB CITRATE 2.3 MG CAPSULE	6/1/2011
IXAZOMIB CITRATE 3 MG CAPSULE	6/1/2011
IXAZOMIB CITRATE 4 MG CAPSULE	6/1/2011
LIPASE/PROTEASE/AMYLASE 10.4-39.2K TABLET ORAL	6/1/2011
LIPASE/PROTEASE/AMYLASE 13.8-27.6K CAPSULE,DELAYED RELEASE	6/1/2011
LIPASE/PROTEASE/AMYLASE 20.7-41.4K CAPSULE,DELAYED RELEASE	6/1/2011
LIPASE/PROTEASE/AMYLASE 23-46-46K CAPSULE,DELAYED RELEASE	6/1/2011
LIPASE/PROTEASE/AMYLASE 3K-10K-16K CAPSULE,DELAYED RELEASE	6/1/2011
LOMUSTINE 5 MG CAPSULE	6/1/2011
LUCINACTANT 34 MG/ML VIAL (ML) INHALATION	6/1/2011
METHYLPHENIDATE HCL 20 MG TABLET,CHEW,IR AND ER BIPHASIC REL 24HR	6/1/2011
METHYLPHENIDATE HCL 30 MG TABLET,CHEW,IR AND ER BIPHASIC REL 24HR	6/1/2011
METHYLPHENIDATE HCL 40 MG TABLET,CHEW,IR AND ER BIPHASIC REL 24HR	6/1/2011
NATALIZUMAB 300MG/15ML VIAL	6/1/2011

Drug Name	Effective Date
NECITUMUMAB 800MG/50ML VIAL	6/1/2011
OMBITASVIR/PARITAPREV/RITONAV 12.5-75 MG TABLET	6/1/2011
OSIMERTINIB MESYLATE 40 MG TABLET	6/1/2011
OSIMERTINIB MESYLATE 80 MG TABLET	6/1/2011
PORACTANT ALFA 120MG/1.5 INHALATION VIAL	6/1/2011
PORACTANT ALFA 240MG/3ML INHALATION VIAL	6/1/2011
SAPROPTERIN DIHYDROCHLORIDE 100 MG POWDER IN PACKET (EA)	6/1/2011
SAPROPTERIN DIHYDROCHLORIDE 500 MG POWDER IN PACKET (EA)	6/1/2011
SEBELIPASE ALFA 20 MG/10ML VIAL (ML) INTRAVENOUS	6/1/2011
SELEXIPAG 1000 MCG TABLET	6/1/2011
SELEXIPAG 1200 MCG TABLET	6/1/2011
SELEXIPAG 1400 MCG TABLET	6/1/2011
SELEXIPAG 1600 MCG TABLET	6/1/2011
SELEXIPAG 200 MCG TABLET	6/1/2011
SELEXIPAG 200-800MCG TABLET, DOSE PACK	6/1/2011
SELEXIPAG 400 MCG TABLET	6/1/2011
SELEXIPAG 600 MCG TABLET	6/1/2011
SELEXIPAG 800 MCG TABLET	6/1/2011
SOMATROPIN 10 MG/2 ML PEN INJECTOR	6/1/2011
SOMATROPIN 20 MG/2 ML PEN INJECTOR	6/1/2011
SONIDEGIB PHOSPHATE 200 MG CAPSULE	6/1/2011
TACROLIMUS 0.75 MG TABLET, EXTENDED RELEASE 24 HR	6/1/2011
TACROLIMUS 1 MG TABLET, EXTENDED RELEASE 24 HR	6/1/2011
TACROLIMUS 4 MG TABLET, EXTENDED RELEASE 24 HR	6/1/2011
TALIMOGENE LAHERPAREPVEC 10EXP6/ML VIAL	6/1/2011
TALIMOGENE LAHERPAREPVEC 10EXP8/ML VIAL	6/1/2011
TRABECTEDIN 1 MG VIAL (EA)	6/1/2011
TRIFLURIDINE/TIPIRACIL HCL 15-6.14 MG TABLET	6/1/2011
TRIFLURIDINE/TIPIRACIL HCL 20-8.19 MG TABLET	6/1/2011
VENETOCLAX 10 MG TABLET ORAL	6/1/2011
VENETOCLAX 100 MG TABLET ORAL	6/1/2011
VENETOCLAX 10-50-100 TABLET, DOSE PACK ORAL	6/1/2011
VENETOCLAX 50 MG TABLET ORAL	6/1/2011
VILAZODONE HYDROCHLORIDE 10 MG-20MG TABLET, DOSE PACK	6/1/2011

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