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

STAKEHOLDER UPDATE

January 25, 2017

AB 97 pharmacy drug exemption applications postmarked or received electronically between 4/1/2016 and 9/30/2016 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 4/1/2017. Thus, for the period beginning 4/1/2016 through 3/31/2017, 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. Additions to the List of AB 97 Exempted Drugs

Drug Name	Effective Date
ADAPALENE 0.3% GEL (GRAM) TOPICAL	4/1/2016
AMOXICILLIN/POTASSIUM CLAV 400-57MG TABLET, CHEWABLE ORAL	4/1/2016
BROMFENAC SODIUM 0.07 % DROPS OPHTHALMIC	7/1/2016
BUPRENORPHINE 7.5 MCG/HR PATCH, TRANSDERMAL WEEKLY TRANSDERMAL	7/1/2016
BUPRENORPHINE HCL 75 MCG FILM, MEDICATED (EA) BUCCAL	7/1/2016
BUPRENORPHINE HCL/NALOXONE HCL 4.2-0.7 MG FILM, MEDICATED (EA) BUCCAL	4/1/2016
CALCIPOTRIENE/BETAMETHASONE 0.005-.064 SUSPENSION, TOPICAL (GRAM) TOPICAL	4/1/2016
CICLESONIDE 37 MCG HFA AEROSOL WITH ADAPTER (GRAM) NASAL	4/1/2016
CIPROFLOXACIN HCL 100 MG TABLET ORAL	7/1/2016
ERYTHROMYCIN BASE 250 MG TABLET, DELAYED RELEASE (ENTERIC COATED) ORAL	7/1/2016
FAMOTIDINE 40MG/5ML SUSPENSION, ORAL	4/1/2016
GLYCOPYRROLATE 2 MG TABLET ORAL	4/1/2016
INSULIN DEGLUDEC 200/ML (3) INSULIN PEN (ML) SUBCUTANEOUS	4/1/2016
IVABRADINE HCL 5 MG TABLET ORAL	4/1/2016
LANSOPRAZOLE 30 MG CAPSULE,DELAYED RELEASE (ENTERIC COATED) ORAL	7/1/2016
MEASLES,MUMPS&RUBELLA VACC/PF 12500/0.5 VIAL (EA) SUBCUTANEOUS	4/1/2016
METHOTREXATE/PF 10MG/0.2ML AUTO-INJECTOR (ML) SUBCUTANEOUS	7/1/2016
OLOPATADINE HCL 0.7 % DROPS OPHTHALMIC	4/1/2016
PNEUMOC 13-VAL CONJ-DIP CRM/PF 0.5 ML SYRINGE (ML) INTRAMUSCULAR	4/1/2016
PRAZIQUANTEL 600 MG TABLET ORAL	7/1/2016
RIFAMPIN 300 MG CAPSULE ORAL	4/1/2016
TERBUTALINE SULFATE 5 MG TABLET ORAL	7/1/2016

Drug Name	Effective Date
TIOTROPIUM BROMIDE 2.5 MCG MIST INHALER (GRAM) INHALATION	4/1/2016

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. Additions to the List of AB 97 Exempted Drugs

Drug Name	Effective Date
DACLATASVIR DIHYDROCHLORIDE 90 MG TABLET ORAL	6/1/2011
DOLUTEGRAVIR SODIUM 10 MG TABLET ORAL	6/1/2011
DOLUTEGRAVIR SODIUM 25 MG TABLET ORAL	6/1/2011
EMTRICITABINE/TENOFOVIR 100-150 MG TABLET ORAL	6/1/2011
EMTRICITABINE/TENOFOVIR 133-200 MG TABLET ORAL	6/1/2011
EMTRICITABINE/TENOFOVIR 167-250 MG TABLET ORAL	6/1/2011
FLUOROURACIL 4 % CREAM (GRAM) TOPICAL	6/1/2011
OMBITA/PARITAP/RITON/DASABUVIR 8.33-50 MG TABLET,IMMED AND EXTEND REL BIPHASE 24HR ORAL	6/1/2011
SOFOSBUVIR/VELPATASVIR 400-100MG TABLET ORAL	6/1/2011

DHCS will continue to accept and review pharmacy drug exemption applications as they are received. Providers are encouraged to bookmark the updated AB 97 webpage and visit it often for the most current information on AB 97 pharmacy payment reductions and SPA 12-014.

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

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STAKEHOLDER UPDATE

April 26, 2017

The Department of Health Care Services (DHCS) has reviewed AB 97 pharmacy drug exemption applications postmarked or received electronically between 10/01/2016 and 03/31/2017 and the drugs that meet exemption criteria have been added to the **List of AB 97 Exempted Drugs** (see Table 1 below). As such, affected claims for these drugs may have been reduced by ten percent for the period beginning 10/1/2016 through 3/31/2017 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
CICLESONIDE 50 MCG AEROSOL, SPRAY WITH PUMP (GRAM) NASAL	10/1/2016
DOXEPIN HCL 5 % CREAM (GRAM) TOPICAL	10/1/2016
EFINACONAZOLE 10 % SOLUTION WITH APPLICATOR (ML) TOPICAL	10/1/2016
FLUCONAZOLE 40 MG/ML SUSPENSION, RECONSTITUTED, ORAL (ML) ORAL	10/1/2016
INSULIN DEGLUDEC 100/ML (3) INSULIN PEN (ML) SUBCUTANEOUS	10/1/2016
LISINOPRIL 1 MG/ML SOLUTION, ORAL	10/1/2016
METHOTREXATE/PF 12.5MG/0.4 AUTO-INJECTOR (ML) SUBCUTANEOUS	10/1/2016
METHOTREXATE/PF 15MG/0.3ML AUTO-INJECTOR (ML) SUBCUTANEOUS	10/1/2016
RIFAMPIN 150 MG CAPSULE ORAL	10/1/2016
SODIUM POLYSTYRENE SULFONATE POWDER (GRAM) ORAL	10/1/2016
TRIHEXYPHENIDYL HCL 2 MG/5 ML ELIXIR ORAL	10/1/2016
ABATACEPT 125 MG/ML AUTO-INJECTOR (ML) SUBCUTANEOUS	1/1/2017
BRIVARACETAM 10 MG TABLET ORAL	1/1/2017
BUPRENORPHINE HCL 74.2 MG IMPLANT (EA) IMPLANTATION	1/1/2017
EMPAGLIFLOZIN 25 MG TABLET ORAL	1/1/2017
ENALAPRIL MALEATE 1 MG/ML SOLUTION, ORAL	1/1/2017
ESLICARBAZEPINE ACETATE 600 MG TABLET ORAL	1/1/2017
ETEPLIRSEN 100 MG/2ML VIAL (ML) INTRAVENOUS	1/1/2017
FENTANYL 200 MCG SPRAY, NON-AEROSOL (EA) SUBLINGUAL	1/1/2017
METHOTREXATE/PF 22.5/0.45 AUTO-INJECTOR (ML) SUBCUTANEOUS	1/1/2017
METHOTREXATE/PF 7.5MG/0.15 AUTO-INJECTOR (ML) SUBCUTANEOUS	1/1/2017
PERAMPANEL 0.5 MG/ML SUSPENSION, ORAL (FINAL DOSE FORM) ORAL	1/1/2017
PHENOBARBITAL 20 MG/5 ML ELIXIR ORAL	1/1/2017
SECUKINUMAB 150 MG/ML SYRINGE (ML) SUBCUTANEOUS	1/1/2017
TOLVAPTAN 30 MG TABLET ORAL	1/1/2017

Additionally, the following drugs (Table 2) were 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
ATEZOLIZUMAB 1200 MG/20 VIAL INTRAVEN	6/1/2011
AVELUMAB 200MG/10ML VIAL (ML) INTRAVENOUS	6/1/2011
CARFILZOMIB 30 MG VIAL INTRAVEN	6/1/2011
DACLIZUMAB 150 MG/ML SYRINGE SUB-Q	6/1/2011
LENVATINIB MESYLATE 18 MG/DAY CAPSULE ORAL	6/1/2011
LENVATINIB MESYLATE 8 MG/DAY CAPSULE ORAL	6/1/2011
LIPASE/PROTEASE/AMYLASE 10.5-35.5K CAPSULE DR ORAL	6/1/2011
LIPASE/PROTEASE/AMYLASE 16.8-56.8K CAPSULE DR ORAL	6/1/2011
LIPASE/PROTEASE/AMYLASE 2.6 K-6.2K CAPSULE DR ORAL	6/1/2011
LIPASE/PROTEASE/AMYLASE 21 K-54.7K CAPSULE DR ORAL	6/1/2011
LIPASE/PROTEASE/AMYLASE 4.2K-14.2K CAPSULE DR ORAL	6/1/2011
LIPASE/PROTEASE/AMYLASE 4000-14375 CAPSULE DR ORAL	6/1/2011
LISDEXAMFETAMINE DIMESYLATE 10 MG TAB CHEW ORAL	6/1/2011
LISDEXAMFETAMINE DIMESYLATE 20 MG TAB CHEW ORAL	6/1/2011
LISDEXAMFETAMINE DIMESYLATE 30 MG TAB CHEW ORAL	6/1/2011
LISDEXAMFETAMINE DIMESYLATE 40 MG TAB CHEW ORAL	6/1/2011
LISDEXAMFETAMINE DIMESYLATE 50 MG TAB CHEW ORAL	6/1/2011
LISDEXAMFETAMINE DIMESYLATE 60 MG TAB CHEW ORAL	6/1/2011
LUMACAFTOR/IVACAFTOR 100-125 MG TABLET ORAL	6/1/2011
MARAVIROC 25 MG TABLET ORAL	6/1/2011
MARAVIROC 75 MG TABLET ORAL	6/1/2011
MELPHALAN HCL/BETADEX SBES 50 MG VIAL INTRAVEN	6/1/2011
NITISINONE 20 MG CAPSULE ORAL	6/1/2011
NITISINONE 4 MG/ML ORAL SUSP ORAL	6/1/2011
OCRELIZUMAB 300MG/10ML VIAL (ML) INTRAVENOUS	6/1/2011
OLARATUMAB 190MG/19ML VIAL (ML) INTRAVENOUS	6/1/2011
OLARATUMAB 500MG/50ML VIAL INTRAVEN	6/1/2011
PEMOLINE 18.75MG TABLET ORAL	6/1/2011
PIMAVANSERIN TARTRATE 17 MG TABLET ORAL	6/1/2011
RIBAVIRIN 6 G VIAL-NEB INHALATION	6/1/2011
RIBOCICLIB SUCCINATE 200 MG/DAY TABLET ORAL	6/1/2011
RIBOCICLIB SUCCINATE 400 MG/DAY TABLET ORAL	6/1/2011
RIBOCICLIB SUCCINATE 600 MG/DAY TABLET ORAL	6/1/2011
RUCAPARIB CAMSYLATE 200 MG TABLET ORAL	6/1/2011
RUCAPARIB CAMSYLATE 300 MG TABLET ORAL	6/1/2011

Please note: In anticipation of the adoption of an actual acquisition cost (AAC) reimbursement methodology in accordance with Welfare and Institutions Code 14105.45, DHCS has determined that AB 97 ten percent pharmacy payment reductions shall no longer apply to pharmacy billed drug products, including those identified in Tables 1 and 2, effective April 1, 2017.

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