Chart 1

Table 1: Total Number of Prescriptions and Amount Reimbursed, (1994-2003)

Year	Number of Rx (in millions)	Amount Reimbursed (in $ millions)	Average Price Per Prescription
1994	332.9	$8,435.4	$25.34
1995	330.1	$8,994.2	$27.25
1996	340.1	$10,606.4	$31.19
1997	340.5	$11,574.7	$34.00
1998	350.2	$13,587.2	$38.80
1999	368.0	$16,177.2	$43.95
2000	404.9	$19,988.6	$49.37
2001	476.7	$25,351.2	$53.18
2002	520.8	$29,639.1	$56.91
2003	573.1	$34,298.3	$59.85

Source: Centers for Medicare & Medicaid Services, Medicaid Drug Rebate Program, State Drug Utilization Data, 1994-2003.

Chart 2

2003 Medicaid Prescriptions and Reimbursements by Drug Group			
GROUP	Number Rx	Amount Reimbursed	Mean Reimbursement
ANTI-INFECTIVE AGENTS	46,509,187	$ 3,403,663,559	$ 73.18
BIOLOGICALS	243,546	$ 320,850,342	$ 1,317.41
ANTINEOPLASTIC AGENTS	1,982,937	$ 428,876,537	$ 216.28
ENDOCRINE AND METABOLIC DRUGS	54,556,435	$ 2,778,079,944	$ 50.92
CARDIOVASCULAR AGENTS	102,503,877	$ 4,128,003,331	$ 40.27
RESPIRATORY AGENTS	60,786,865	$ 2,837,901,907	$ 46.69
GASTROINTESTINAL AGENTS	38,926,954	$ 2,712,783,203	$ 69.69
GENITOURINARY PRODUCTS	8,045,177	$ 466,983,390	$ 58.05
CENTRAL NERVOUS SYSTEM DRUGS	81,693,758	$ 7,302,883,398	$ 89.39
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	6,709,833	$ 520,613,909	$ 77.59
MISC.PSYCHOTHEAPEUTIC AND NEUROLOGICAL AGENTS	3,305,209	$ 561,514,396	$ 169.89
ANALGESICS AND ANESTHETICS	62,775,245	$ 2,853,284,118	$ 45.45
NEUROMUSCULAR DRUGS	33,125,583	$ 2,427,417,306	$ 73.28
NUTRITIONAL PRODUCTS	18,096,550	$ 245,085,656	$ 13.54
HEMATOLOGICAL AGENTS	15,938,287	$ 1,706,717,131	$ 107.08
TOPICAL PRODUCTS	31,933,433	$ 1,237,125,236	$ 38.74
MISCELLANEOUS PRODUCTS	1,374,319	$ 239,355,332	$ 174.16
Total	568,507,195	$ 34,171,138,695	$ 60.11

Source: Centers for Medicare & Medicaid Services, Medicaid Drug Rebate Program, State Drug Utilization Data, 1994-2003.

Note: Above payments are not net of rebates (avg. rebate =20%). Totals do not reflect those of Chart 1 because there was no NDC data match during the data merge for some drug groups.

Chart 3

2003 Top Volume Medicaid Drugs: Number Rx, Reimbursements, Mean Reimbursement				
GROUP	BRAND NAME	Number Rx	Amount Reimbursed	Mean Reimbursement
ANTI-INFECTIVE AGENTS	LEVAQUIN	1,648,517	$ 134,336,626	$ 81.49
	ZITHROMAX Z-PAK	2,380,008	$ 102,548,251	$ 43.09
	Total	4,028,525	$ 236,884,878	$ 58.80
ENDOCRINE AND METABOLIC DRUGS	FOSAMAX	1,878,839	$ 137,414,148	$ 73.14
	ORTHO EVRA	1,421,774	$ 65,800,882	$ 46.28
	Total	3,300,613	$ 203,215,030	$ 61.57
CARDIOVASCULAR AGENTS	FUROSEMIDE	2,144,032	$ 12,933,620	$ 6.03
	HYDROCHLOROTHIAZIDE	1,830,532	$ 9,845,024	$ 5.38
	LIPITOR	5,955,009	$ 512,348,991	$ 86.04
	NORVASC	3,925,630	$ 240,834,862	$ 61.35
	TOPROL XL	1,352,352	$ 35,232,043	$ 26.05
	Total	15,207,555	$ 811,194,540	$ 53.34
RESPIRATORY AGENTS	ALBUTEROL	4,113,227	$ 75,084,164	$ 18.25
	CLARINEX	1,518,137	$ 95,834,320	$ 63.13
	COMBIVENT	1,712,690	$ 104,053,469	$ 60.75
	FLONASE	1,875,761	$ 114,521,839	$ 61.05
	NASONEX	1,184,769	$ 78,305,307	$ 66.09
	SINGULAIR	1,544,434	$ 133,634,141	$ 86.53
	ZYRTEC	2,154,515	$ 126,243,612	$ 58.59
	Total	14,103,533	$ 727,676,853	$ 51.60
GASTROINTESTINAL AGENTS	NEXIUM	1,775,089	$ 235,506,162	$ 132.67
	OMEPRAZOLE	1,213,695	$ 147,953,298	$ 121.90
	PREVACID	4,430,988	$ 588,356,248	$ 132.78
	PROTONIX	3,379,484	$ 348,632,334	$ 103.16
	Total	10,799,256	$ 1,320,448,042	$ 122.27
CNS DRUGS	AMBIEN	2,279,123	$ 164,414,071	$ 72.14
	CELEXA	1,743,470	$ 133,700,697	$ 76.69
	LEXAPRO	1,512,294	$ 97,397,808	$ 64.40
	PAXIL	1,368,409	$ 119,881,195	$ 87.61
	SEROQUEL	2,588,630	$ 338,572,008	$ 130.79
	WELLBUTRIN SR	1,656,769	$ 155,129,411	$ 93.63
	ZOLOFT	4,051,009	$ 349,741,104	$ 86.33
	ZYPREXA	2,679,100	$ 775,105,862	$ 289.32
	Total	17,878,804	$ 2,133,942,155	$ 119.36
ANALGESICS AND ANESTHETICS	CELEBREX	3,089,190	$ 347,565,912	$ 112.51
	HYDROCODONE/ ACETAMINOPHEN	4,341,191	$ 31,849,197	$ 7.34
	IBUPROFEN	1,180,716	$ 14,119,958	$ 11.96
	Total	10,336,495	$ 548,220,283	$ 53.04
NEUROMUSCULAR DRUGS	NEURONTIN	2,279,440	$ 259,884,235	$ 114.01
	Total	2,279,440	$ 259,884,235	$ 114.01
HEMATOLOGICAL AGENTS	PLAVIX	1,870,425	$ 219,197,936	$ 117.19
	Total	1,870,425	$ 219,197,936	$ 117.19
	Grand Total	79,804,646	$ 6,460,663,952	$ 80.96

Source: Centers for Medicare & Medicaid Services, Medicaid Drug Rebate Program, State Drug Utilization Data, 2003

Note: The 34 brand name drugs in this table comprised the top 40 NDCs in terms of total prescriptions for 2003.

Some drugs listed had more than one NDC because of different drug strengths.

Chart 4

2003 Top Reimbursed Medicaid Drugs			
Brand Name	Number Rx	Amount Reimbursed	Mean Reimbursement
ZYPREXA*	4,746,284	$ 1,514,229,675	$ 319.03
RISPERDAL	3,094,449	$ 682,271,982	$ 220.48
SEROQUEL	3,423,046	$ 607,288,028	$ 177.41
PREVACID	4,430,988	$ 588,356,248	$ 132.78
LIPITOR	5,955,009	$ 512,348,991	$ 86.04
ZOLOFT	4,051,009	$ 349,741,104	$ 86.33
PROTONIX	3,379,484	$ 348,632,334	$ 103.16
CELEBREX	3,089,190	$ 347,565,912	$ 112.51
NEURONTIN	2,279,440	$ 259,884,235	$ 114.01
NEXIUM	1,775,089	$ 235,506,162	$ 132.67
PLAVIX	1,870,425	$ 219,197,936	$ 117.19
SYNAGIS	142,108	$ 196,902,396	$ 1,385.58
COMBIVIR	285,816	$ 168,058,372	$ 587.99
AMBIEN	2,279,123	$ 164,414,071	$ 72.14
DEPAKOTE	1,129,201	$ 162,681,355	$ 144.07
OXYCONTIN	229,698	$ 162,145,821	$ 705.91
ADVAIR DISKUS	1,116,273	$ 155,146,684	$ 138.99
WELLBUTRIN SR	1,656,769	$ 155,129,411	$ 93.63
VIOXX	1,725,398	$ 154,685,217	$ 89.65
NORVASC	2,274,355	$ 153,863,962	$ 67.65
OMEPRAZOLE	1,213,695	$ 147,953,298	$ 121.90
KALETRA	236,464	$ 145,758,674	$ 616.41
TOPAMAX	616,836	$ 140,486,767	$ 227.75
EFFEXOR XR	1,150,936	$ 139,907,572	$ 121.56
PROCRIT	94,902	$ 138,770,788	$ 1,462.25
FOSAMAX	1,878,839	$ 137,414,148	$ 73.14
TRIZIVIR	143,132	$ 135,994,934	$ 950.14
LEVAQUIN	1,648,517	$ 134,336,626	$ 81.49
CELEXA	1,743,470	$ 133,700,697	$ 76.69
TOTAL	57,659,945	$ 8,392,373,399	$ 145.55

Source: Centers for Medicare & Medicaid Services, Medicaid Drug Rebate Program, State Drug Utilization Data, 2003.

Note: The 29 brand name drugs in this table comprised the top 40 NDCs in terms of total reimbursements for 2003. Some drugs listed had more than one NDC because of different drug strengths and/or administration forms. Above figures are not net of rebates (avg. =20%).

* The total reimbursement for this drug differs from that in Table 3, because the top 40 NDCs on the basis of reimbursement did not include some of the NDCs that comprised the top 40 NDCs on the basis of volume.

Chart 5

2002 PRESCRIBED DRUG PAYMENTS, AVERAGE PAYMENTS, AND AVERAGE PER MEDICAID BENEFICIARY

SOURCE: MSIS STATE SUMMARY DATA MART 2002
NOTE: Hawaii, New Mexico, and Washington State have not submitted data yet.

STATE		Payments	# Claims		Avg/Claim	# Benes.	Avg/Bene
AK	$	83,324,085	1,475,339	$	56.48	70,550	1,181.06
AL	$	454,370,478	10,617,210	$	42.80	500,789	907.31
AR	$	279,644,642	5,632,026	$	49.65	356,233	785.00
AZ	$	4,338,712	68,583	$	63.26	7,805	555.89
CA	$	3,402,508,001	52,578,967	$	64.71	2,651,229	1,283.37
CO	$	202,286,461	3,616,322	$	55.94	153,520	1,317.66
CT	$	356,980,484	5,725,416	$	62.35	123,704	2,885.76
DC	$	68,050,981	1,074,508	$	63.33	45,216	1,505.02
DE	$	100,112,623	1,763,028	$	56.78	125,461	797.96
FL	$	1,736,991,594	34,209,477	$	50.78	1,245,841	1,394.23
GA	$	749,552,199	18,210,905	$	41.16	1,076,904	696.03
IA	$	277,753,942	6,620,995	$	41.95	245,711	1,130.41
ID	$	121,780,793	2,275,749	$	53.51	125,537	970.08
IL	$	1,222,947,241	27,209,290	$	44.95	1,199,933	1,019.18
IN	$	636,357,519	13,294,116	$	47.87	490,386	1,297.67
KS	$	220,800,602	4,566,112	$	48.36	157,618	1,400.86
KY	$	661,409,737	15,195,290	$	43.53	489,416	1,351.43
LA	$	682,557,080	15,073,042	$	45.28	689,973	989.25
MA	$	952,790,939	17,772,200	$	53.61	659,626	1,444.44
MD	$	320,313,995	5,337,463	$	60.01	181,101	1,768.70
ME	$	250,331,526	5,640,548	$	44.38	224,664	1,114.25
MI	$	674,898,273	13,950,622	$	48.38	577,785	1,168.08
MN	$	294,838,630	5,570,944	$	52.92	190,577	1,547.08
MO	$	799,910,014	16,952,594	$	47.19	493,230	1,621.78
MS	$	568,084,274	10,595,910	$	53.61	526,923	1,078.12
MT	$	77,980,883	1,613,517	$	48.33	67,365	1,157.59
NC	$	1,069,140,895	20,349,044	$	52.54	949,795	1,125.65
ND	$	51,749,961	1,245,002	$	41.57	44,428	1,164.81
NE	$	196,526,107	4,670,105	$	42.08	194,889	1,008.40
NH	$	98,836,636	2,112,896	$	46.78	78,861	1,253.30
NJ	$	686,301,522	11,344,446	$	60.50	296,059	2,318.12
NV	$	90,134,969	1,505,800	$	59.86	71,950	1,252.74
NY	$	3,413,404,507	57,227,232	$	59.65	2,567,595	1,329.42
OH	$	1,330,569,382	28,492,906	$	46.70	997,246	1,334.24
OK	$	267,549,002	5,434,476	$	49.23	276,111	968.99
OR	$	269,936,847	5,402,946	$	49.96	242,865	1,111.47
PA	$	719,243,402	13,635,640	$	52.75	464,848	1,547.27
RI	$	126,331,040	2,138,403	$	59.08	53,729	2,351.26
SC	$	456,976,916	9,088,832	$	50.28	576,136	793.18
SD	$	63,654,623	1,277,159	$	49.84	64,948	980.09
TN*	$	-	-		#DIV/0!	-	#DIV/0!
TX	$	1,591,828,224	36,991,211	$	43.03	2,153,316	739.25
UT	$	140,520,420	3,025,689	$	46.44	152,268	922.85
VA	$	453,663,058	8,881,985	$	51.08	319,196	1,421.27
VT	$	115,623,970	2,397,281	$	48.23	112,227	1,030.27
WI	$	455,720,622	13,289,815	$	34.29	309,795	1,471.04
WV	$	274,613,136	6,372,794	$	43.09	276,338	993.76
WY	$	38,008,542	822,223	$	46.23	42,652	891.13
TOTAL	$	27,111,249,489	532,346,058	$	50.93	22,851,799	1,186.39

Note: The above payments are not net of rebates which average about 20% of the reimbursed amounts.
* This is a "managed care state" with no reported fee-for-service drug data in MSIS.

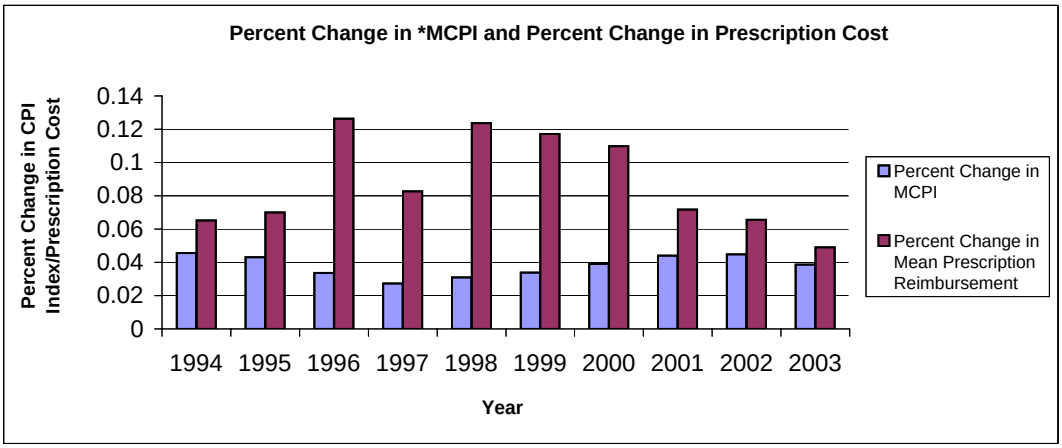
Chart 6

Table 3: Mean Prescription Reimbursements Vs. Medical Consumer Price Index (MCPI)

Year	*MCPI	Percent Change in MCPI	Mean Prescription Reimbursement	Percent Change in Mean Prescription Reimbursement	Mean Prescription Reimbursement (2003 Dollars)
1994	211.0	4.55%	$25.34	6.51%	$35.68
1995	220.5	4.31%	$27.25	7.01%	$36.72
1996	228.2	3.37%	$31.19	12.63%	$40.61
1997	234.6	2.73%	$34.00	8.26%	$43.06
1998	242.1	3.10%	$38.80	12.37%	$47.61
1999	250.6	3.39%	$43.95	11.72%	$52.11
2000	260.8	3.91%	$49.37	10.98%	$56.24
2001	272.8	4.40%	$53.18	7.16%	$57.92
2002	285.6	4.48%	$56.91	6.55%	$59.20
2003	297.1	3.87%	$59.85	4.91%	$59.85

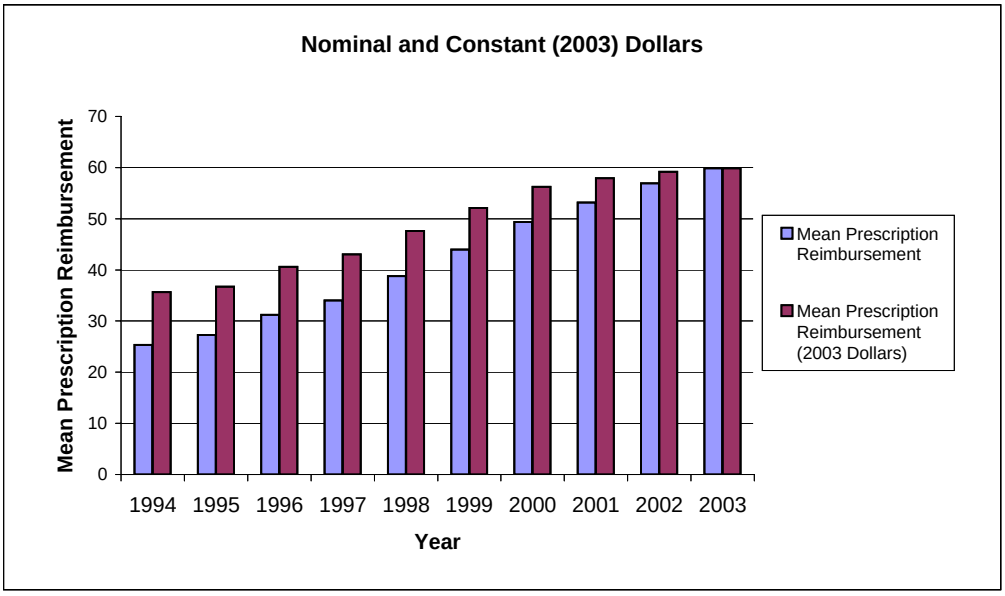
Source: Centers for Medicare & Medicaid Services, Medicaid Drug Rebate Program, State Drug Utilization Data, 1994-2003.
*U.S. Bureau of Labor Statistics, Base year 1982-1984, http://www.bls.gov

Figure 1: Change in Medical Consumer Price Index (MCPI) and Mean Prescription Reimbursement



Source: Centers for Medicare & Medicaid Services, Medicaid Drug Rebate Program, State Drug Utilization Data, 1994-2003.
*U.S. Bureau of Labor Statistics, Base year 1982-1984, http://www.bls.gov

Figure 2: Medicaid Mean Reimbursements in Nominal and Constant (2003) Dollars



Source: Centers for Medicare & Medicaid Services, Medicaid Drug Rebate Program, State Drug Utilization Data, 1994-2003.

Chart 7

DRUG PRICE COMPARISON

BRAND/GENERIC EQUIVALENTS - MEDICAID PAYMENT PER UNIT

	BRAND	***PAYMENT/UNIT***	***GENERIC EQUIVALENT***	***PAYMENT/UNIT***	***STRENGTH***
DRUG USE	***GLUCOPHAGE*** BLOOD SUGAR REGULATION (ANTI-HYPERGLYCEMIC)	***$0.72***	***METFORMIN HCL***	***$0.33***	500 MG
	XANAX CENTRAL NERVOUS SYSTEM DEPRESSANT (BENZODIAZEPINE)	***$1.10***	***ALPROZALAM***	***$0.12***	0.5MG
	VASOTEC BLOOD PRESSURE REGULATION (ACE INHIBITOR)	***$0.60***	***ENALAPRIL***	***$0.32***	2.5MG
	LOPID CHOLESTEROL LOWERING AGENT	***$0.85***	***GEMFIBROZIL***	***$0.36***	600MG
	HYTRIN MUSCLE RELAXER USED FOR PROSTATE CONDITIONS	***$0.93***	***TERAZOSIN***	***$0.56***	1MG
	LASIX FLUID REGULATOR (DIURETIC)	***$0.24***	***FUROSEMIDE***	***$0.14***	40MG

BRAND DRUG PRODUCTS WITH THERAPEUTIC SUBSTITUTION (ADJUSTED FOR COST BASED ON AVERAGE RECOMMENDED DAILY DOSE EQUIVALENTS) (AAD=AVERAGE ADULT DOSE)

BEXTRA 10MG ANTI-INFLAMMATORY (NSAIDS)	***$2.94*** ***AAD-1X/DAY***	***IBUPROFEN 800 MG***	***$0.64*** ***AAD-4X/DAY X .16***
NEXIUM 20MG STOMACH ACID INHIBITOR	***$4.32*** ***AAD-1X/DAY***	***RANITIDINE 150MG***	***$0.52*** ***AAD-2X/DAY X.26***
ZOLOFT 50MG ANTIDEPRESSANT	***$2.51*** ***AAD-1X/DAY***	***FLUOXETINE 20MG***	***$0.38*** ***AAD-1X/DAY***

SOURCE: 2004, QUARTERS 1 AND 2 SELECTED DRUG REIMBURSEMENTS - DRUG REBATE FILE
UTILIZATION AND MEAN REIMBURSEMENT PER PRESCRIPTION - CMS

Medicaid Prescription Reimbursement Information By State - Quarter Ending December 2004

STATE	INGREDIENT COST	DISPENSING FEE	CO-PAY	STATE MAC
Alabama	WAC +9.2% then AWP-10%	$5.40	$.50-$3.00*	Yes
Alaska	AWP-5%	$3.45-$11.46 (based on pharmacy/Medicaid volume)	$2.00	No
Arizona	AWP-15%	$2.00 (FFS only)	none	No
Arkansas	AWP-20% (generic); AWP-14% (brand)	$5.51	$.50-$3.00*	Yes
California	AWP-10%	$4.05	$1.00	Yes
Colorado	AWP-35% (generic); AWP-13.5% (brand)	$4.00 (retail pharmacy); $1.89 (institutional pharmacy)	$.75 (generic); $3.00 (brand)	Yes
Connecticut	AWP-40% (generic); AWP-12% (brand)	$3.60	$1.00	Yes
Delaware	AWP-14% (traditional - retail independent & retail chain pharmacies); AWP-16% (non-traditional - long term care & speciality pharmacies)	$3.65	none	Yes
DC	AWP-10%	$4.50	$1.00	No
Florida	Lower of AWP-13.25% or WAC+7%	$4.23; $4.73 (NH-long term care)	2.5% of payment up to $300	Yes
Georgia	AWP-11%	$4.63 (brand for profit pharm); $4.33 (brand not for profit); $5.13 (generic for profit pharm); $4.63 (generic not for profit)	$.50 (generic); $.50-$3.00*(brand); $.50 (preferred brand)	Yes
Hawaii	AWP-10.5%	$4.67	none	Yes
Idaho	AWP-12%	$4.94 ($5.54 for unit dose)	none	Yes
Illinois	AWP-25% (generic); AWP-12% (brand)	$4.60 (generic); $3.40 (brand)	$0.00 (generic); $3.00 (brand)	Yes
Indiana	AWP-20% (generic); AWP-13.5% (brand)	$4.90	$3.00	Yes
Iowa	AWP-12%	$4.26	$1.00	Yes
Kansas	AWP-27% (generic); AWP-13% (single source)	$3.40	$3.00	Yes
Kentucky	AWP-12%	$4.51	$1.00	Yes
Louisiana	AWP-13.5% (AWP-15% for chains)	$5.77	$.50-$3.00*	Yes
Maine	AWP-15%; direct supply drug list-usual & customary charge or AWP-17% plus $3.35 professional fee or FUL or MAC plus $3.35 professional fee (Mail order lowest of usual & customary charge, AWP-20% plus $1.00 professional fee-for exceptions see State plan, FUL or MAC plus $1.00 professional fee)	$3.35; $4.35 & $5.35 (compounding); $12.50 (insulin syringe)	$2.50 (generic & brand) (not to exceed $25 per mo.) (Mail order not subject to co-pay) $3 per day RHC (max of $30 per mo., per individual)	Yes
Maryland	Lower of AWP-12% or WAC+8%, direct price+8% or distributor price when available	$3.69 (generic); $2.69 (brand); $4.69 (generic-NH); $3.69 (brand-NH); $7.25 (home IV therapy)	$1.00-$2.00	Yes
Massachusetts	WAC+6%	$3.50 (single source), $5 (multiple source)	$1.00 (multi-source & non-legend OTC); $3.00 (non-exempt)	Yes
Michigan	AWP-13.5% (independ pharm (1-4 stores)); AWP-15.1% (chain (5+ stores))	$3.77	$1.00	Yes

STATE	INGREDIENT COST	DISPENSING FEE	CO-PAY	STATE MAC
Minnesota	AWP-11%	$3.65	none	Yes
Mississippi	AWP-12%	$3.91; allows for a reasonable dispensing fee for OTC	$1.00 (generic); $2.00 (preferred brand); $3.00 (brand)	No
Missouri	Lower of AWP-10.43% or WAC+10%	$4.09	$.50-$2.00*	Yes
Montana	AWP-15%	$4.70	$1.00	No
Nebraska	AWP-11%	$3.27-$5.00 (based on service delivery, unit dosage or 3rd party payors)	$2.00	Yes
Nevada	AWP-15%	$4.76	$1.00 (generic); $2.00 (brand)	No
New Hampshire	AWP-16%	$1.75	$1.00 (generic); $2.00 (brand & compound)	Yes
New Jersey	AWP-12.5%	$3.73; $4.07 (addt'l services)	none	No
New Mexico	AWP-14%	$3.65	none	Yes
New York	AWP-12%	$4.50 (generic); $3.50 (brand)	$.50 (generic); $2.00 (brand)	No
North Carolina	AWP-10%	$5.60 (generic); $4.00 (brand)	$1.00 (generic); $3.00 (brand)	Yes
North Dakota	AWP-10%	$5.60 (generic); $4.60 (brand)	$3.00 (brand)	No
Ohio	Lower of WAC+9% or AWP-12.8%	$3.70	$3.00 (if not on PDL)	Yes
Oklahoma	AWP-12%	$4.15	$1.00-$2.00*	Yes
Oregon	AWP-11% (institutional), AWP-15% (noninstitutional)	$3.50 (retail); $3.91 (institutional)	$2.00 (generic); $3.00 (brand)	Yes
Pennsylvania	AWP-10%	$4.00	$1.00	No
Rhode Island	WAC+5%	$3.40 (outpatient), $2.85 (long term care)	none	No
South Carolina	AWP-10%	$4.05 (independ pharm); $3.15 (institutional)	$3.00	Yes
South Dakota	AWP-10.5%	$4.75 ($5.55 for unit dose)	$2.00	Yes
Tennessee	AWP-13%	$2.50 (long term care dual eligib); $5.00 (NH only-if 28 days+)	N/A	Yes
Texas	Lower of AWP-15% or WAC+12%	$5.14	None	Yes
Utah	AWP-15%	$3.90 (urban); $4.40 (rural)	$3.00	Yes
Vermont	AWP-11.9%	$4.25	$1.00-$3.00*	Yes
Virginia	AWP-10.25%	$3.75; $5.00 (unit dose drugs)	$1.00	Yes
Washington	AWP-14% (single source & multiple source (w/2-4 manufact)), AWP-50% (multiple source from 5+ manufact), AWP-19% (brand-mail order), AWP-15% (generic-mail order)	$4.20-$5.20 (based on 3-tiered pharmacy volume); $3.25 (mail order)	none	Yes
West Virginia	AWP-12%	$3.90 (+$1.00 for compounding)	$.50-$3.00*	No
Wisconsin	AWP-11.25%	$4.88	$.50 (over-the-counter); $3.00 (brand); $1.00 (generic)	Yes
Wyoming	AWP-11%	$5.00	$2.00	No
(AWP=avg wholesale price, WAC=wholesaler acquisition cost, NH=nursing home)				
*Co-pay varies by cost of prescription.			REVISED 11/23/04	
SOURCE: CMS Approved State Plans				

Chart 8

Chart 9

2003 Medicaid Payments for "Everyday" Drugs

GROUP	Number Rx		Amount Reimbursed		Mean Reimbursement
Oral Contraceptives	3,985,630	$	171,561,252	$	43.04
Antihistamines	14,844,865	$	592,711,833	$	39.93
Systemic and Topical Nasal Products	5,397,737	$	289,338,405	$	53.60
Cough/Cold/Allergy Products	13,754,444	$	265,470,988	$	19.30
Total	37,982,676	$	1,319,082,478	$	34.73

Source: Centers for Medicare & Medicaid Services, Medicaid Drug Rebate Program, State Drug Utilization Data, 2003.