

MAJOR PHARMACY BENEFIT FEATURES, BY STATE, 1999

State	Dispensing Limits ^a			Mandatory Generic Substitution ^b	Prior Authorization ^c	Co-Pays ^d	Over the Counter Coverage ^e	Differential Cost Sharing for Branded Drugs ^f	Pharmacy Reimbursement ^g	
	Number of Prescriptions	Number of Refills ^h	Amount of medication/Rx						Ingredient Cost ⁱ	Dispensing Fee
Alabama	None	5	30 days	No	Yes	\$0.50-\$3	C/C**, DB, T**, V/M, DG**, , H2**, AN**, O, AL**, AF	No	AWP-10% or WAC+9.2%	\$5.40
Alaska	None	Not before 23 days	30 days	Yes	Yes	\$2	T, AF, F	No	AWP-5%	\$3.45
Arizona ^l	-	-	-	-	-	-	-	-	-	-
Arkansas	3/mo (extension to 6)	5 within 6 months	30 days	Yes	Yes	\$0.50-\$3	C/C, DB, T, DG, H2, AN, AL, F	No	AWP-10.5%	\$5.51
California	6/mo without PA	None	100 days or 100 units	No	No	\$1	C/C ^{PA} , T ^{PA} , DG ^{PA} , H2 ^{PA} , AN ^{PA} , AL ^{PA} , S ^{PA} , F ^{PA}	Yes	AWP-5%	\$4.05
Colorado	None	None	30 days ^k	Yes	Yes	G: \$0.50 B:\$2	AN, S	Yes	AWP-10% or WAC+18%	\$4.08
Connecticut	None	5 ^l	240 units	No	No	None	C/C, V/M, DG, AN, F	No	AWP-12%	\$4.10
Delaware	None	None	34 days or 100 units	Yes	Yes	None	C/C, DB, T, V/M, DG, H2, AN, O, AL, S, C, F	No	AWP-12.9%	\$3.65
DC	None	3 within 4 months ^m	30 days ⁿ	No	Yes	\$1	C/C, DB, V/M	No	AWP-10%	\$3.75
Florida	4 for brand, unlimited generic	1 year	1 therapeutic class/mo ^o	Yes	Yes	None	C/C, T, DG, AN, AL, S, F	No	AWP-13.25%	\$4.23
Georgia	5/mo (adult), 6/mo (child) without PA ^p	None	30-31 days	Yes	Yes	\$0.50	C/C, T, AN, S	No	AWP-10%	\$4.63
Hawaii	None	None	30 days or 100 units	Yes	Yes	None	C/C, T, V/M, DG, H2, AN, O, AL, AF, S, C, F	No	AWP-10.5%	\$4.67
Idaho	None	None	34 days ^q	Yes	Yes	None	None	No	AWP-11%	\$4.94 ^r
Illinois	Varies by drug ^s	11	None	No	No	None	C/C ^{PA} , DB, T ^{PA} , DG ^{PA} , H2, AN ^{PA} , S	No	AWP-10% ^t	G:\$3.75 B: \$3.45

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Indiana	None	None	None	Yes	No	\$0.50-\$3	C/C, DB, T, V/M, DG, AN, AL, AF, S, C	No	AWP-10%	\$4.00
Iowa	None	None	30 days ^u	Yes	Yes	\$1	C/C, DB, T, V/M, DG, AN, O, AL, F	No	AWP-10%	\$4.13 - \$6.42
Kansas	None	1 year	34 days ^v	No	Yes	\$2	C/C*, DB, DG, H2, AN, AF, S, C	No	AWP-10%	\$4.50
Kentucky	None	5 within 6 months	30 days ^w	Yes	Yes	None	C/C, DB, T, V/M, DG, AN, O, AL, S, F	No	AWP-10%	Outpatient: \$4.75, long-term care: \$5.75
Louisiana	6/mo for Viagra only	5 within 6 months	30 days or 100 units	No	No	\$0.50-\$3	T, V/M	No	AWP-10.5%	\$5.77
Maine	None	12 within 12 months	30 days	Yes	Yes	\$0.50-\$3	T, DG, H2, AN, AL, S	No	AWP-10%	\$3.35 + ^x
Maryland	None	2/Rx	34 days ^y	No	Yes	\$1	C/C, V/M, O, C	No	WAC+10% or direct+10% or AWP-10%	\$4.21
Massachusetts	None	5 within 6 months	30 days ^z	Yes	Yes	\$0.50	C/C, T, DG, H2, AN, AL, F	No	WAC+10%	\$3.00
Michigan	None	5 per 180 days ^{aa}	100 days	No	Yes	\$1	DB**, T**, DG**, H2, AN**, O, AL**, AF**, S, F**	No	AWP-13.5% (1 to 4 stores), AWP-15.1% (5+ stores)	\$3.72
Minnesota	None	None	3 months ^{bb}	Yes	Yes	None	C/C, DB, T, V/M, DG, H2, O, AL, AF, S, C, F	No	AWP-9%	\$3.65
Mississippi	10/mo	5	34 days or 100 units	No	Yes	\$1	C/C, DB, T, AN, O	No	AWP-10%	\$4.91
Missouri	None	None	34 days or 100 units ^{cc}	No	Yes	\$0.50-\$2	C/C, DB, T, V/M, DG, H2, AN, O, AL, AF, C, F	No	AWP-10.43%	\$4.09
Montana	None	None	34 days or 100 units	No	Yes	G: \$1 B:\$2	DB, DG, H2, AN, S	Yes	AWP-10%	\$2.00 - \$4.20
Nebraska	None	None ^{dd}	90 days	No	Yes	\$1	C/C, DB, T, V/M,	No	AWP-8.71%	\$3.20 -

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							DG, H2, AN, O, AL, AF, C, F			\$5.05
Nevada	3/mo (NPC) or 6/mo (K)	None	34 days	Yes	Yes	None	C/C, DB, T, V/M, DG, H2, AN, O, AL, AF, S, C, F	No	AWP-10%	\$4.76
New Hampshire	None	Once every 34 days	34 days or 100 units	Yes	No	G: \$0.50 B:\$1	C/C, T, DG, H2, AN, AL, S, F	Yes	AWP-12%	\$2.50
New Jersey	None	5 within 6 months	34 days or 100 units	Yes	Yes	None	C/C, DB, T, V/M, AN, AL	No	AWP-10%	\$3.73 - \$4.07
New Mexico	None	3 within 70 days	34 days (K) or 6 months max (NPC)	Yes	Yes	None	C/C, DB, T, V/M, DG, H2, AN, AL, AF, S, F	No	AWP-12.5%	\$4.00
New York	43/yr	5 within 6 months	Varies by drug	Yes	No	G: \$0.50 B:\$2	C/C, DB, T, V/M, DG, H2, AN, O, AL, S, C, F	Yes	AWP-10%	B: \$3.50 G: \$4.50
North Carolina	6/mo	None	100 days	Yes	Yes	\$1	DB	No	AWP-10%	\$5.60
North Dakota	None	None	34 days	No	Yes	None	C/C, DB, V/M, H2, AN, S ^{PA}	No	AWP-10%	\$4.60
Ohio ^{ee}	-	-	-	No	Yes	None	C/C, T, DG, H2, AN, AL, S, F	No	AWP-11%	\$3.70
Oklahoma	3/mo (21+), under 21 unlimited	None	None	Yes	Yes	\$1-\$2	None	No	AWP-10.5%	\$4.15
Oregon	None	None	34 days	Yes	Yes	None	C/C, DB, T, V/M, DG, H2, AN, O, AL, S, C, F	No	AWP-11%	\$3.91 - \$4.28 ^{ff}
Pennsylvania	None	5 within 6 months	34 days or 100 units	Yes	Yes	\$1-\$2	C/C, T, DG, H2, AN, AL, F	No	AWP-10%	\$4.00
Rhode Island	None	5 ^{gg}	1 month or 100 units	Yes	Yes	None	C/C, DB, DG	No	WAC+5%	OP: \$3.40, LTC: \$2.85
South Carolina	4/mo	None	100 days, unlimited for children	Yes	Yes	\$2	C/C, DB, T, V/M, DG, H2, AN, O, AL, S, F	No	AWP-10%	\$4.05
South Dakota	None	None	None	No	Yes	\$2	None	No	AWP-10.5%	\$4.75
Tennessee ^{hh}	-	-	-	-	-	-	-	No	-	-
Texas	3/mo	None	unlimited for	Yes	Yes	None	C/C, T, DG, H2,	No	AWP-15% or	\$5.27 + 2 ⁱⁱ

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			nursing home recipients and <21				AN, AL, S, F		WAC+12%	
Utah	None	None	1 month ^{jj}	Yes	Yes	\$1-\$5	C/C, DB, T, DG, H2, AN, O, AL, AF, S***, C, F	No	AWP-12%	\$3.90 - \$4.40 ^{kk}
Vermont	None	5	60 days	Yes	Yes	\$1-\$2	C/C ^{PA} , DB, T ^{PA} , DG ^{PA} , H2 ^{PA} , AN ^{PA} , O, AL ^{PA} , AF, S ^{PA} , F ^{PA}	No	AWP-11.9%	\$4.25
Virginia	None	None	30 days or 100 units	No	Yes	\$1	C/C, T, DG, H2, AN, AL, AF, S, F	No	AWP-9%	\$4.25
Washington	None	2 within 30 days ^{ll}	34 days	No	No	None	C/C, DB, T, DG, AN, AL, S, F	No	AWP-11%	\$4.06 - \$5.02 ^{mmm}
W. Virginia	10/mo without PA	1 for specific drug types	varies by drug	Yes	Yes	\$0.50-\$2	C/C, DB, T, V/M, DG, AN, AL, AF, S ^{PA} , C, F	No	AWP-12%	\$3.90+ ⁿⁿ
Wisconsin	None	None	34 days	No	Yes	\$0.50-\$1	C/C, T, DG, AN	No	AWP-10%	\$4.88
Wyoming	None	1 year	30 days (K) or 34 days (NPC) ^{oo}	No	No	\$2	C/C, DB, T, V/M, H2, AN, AL, AF, F	No	AWP-4%	\$4.70

SOURCES: Prepared by Mathematica Policy Research, Inc. from Henry J. Kaiser Family Foundation, "Medicaid Outpatient Prescription Drug Benefits: Findings from a National Survey and Selected Case Study Highlights," October 2001 (denoted as K), and the National Pharmaceutical Council, "Pharmaceutical Benefits under State Medical Assistance Programs," 2000 (denoted as NPC).

AF = anti-fungals; AL= asthma, allergy and sinus; AN = analgesics; AWP = average wholesale price; B = brand name; C = contraceptives; C/C = cough and cold; DB = diabetic supplies; DG = digestive products; F = feminine products; G = generic; H2 = H2 antagonists; LTC = long-term care; O = ophthalmic preparations; OP = outpatient; OTC = over-the-counter; PA= prior authorization; S = smoking cessation products; T = topical products; WAC = wholesalers acquisition cost; V/M = vitamins and minerals.

^a States may limit the amount of medication dispensed by pharmacies. Restrictions include monthly or yearly limits on the number of prescriptions filled, the number of refills allowed in a specific time period, or the total quantity of medication.

^b States may mandate the substitution of generic drugs for brand name drugs in order to control drug costs.

^c Many states require authorization from Medicaid before certain drugs can be dispensed to enrollees. Common examples of restricted drugs include growth hormone, impotence therapy, and amphetamines.

^d States have the option to charge enrollees copayments for prescription drugs.

^e Some states cover OTC medications. OTC drugs indicated as covered by either source are included in this table. Coverage may be restricted in the following way:

* covered for children only

** covered with prescription

*** covered for pregnant women only

PA prior authorization required.

^f Some states require a higher copayment if branded drugs are prescribed.

^g Ingredient cost refers to the rate that Medicaid pays pharmacies for drugs. A dispensing fee is paid to pharmacies by Medicaid for services rendered in addition to payment for drugs.

^h Refers to number of refills per prescription unless stated otherwise.

ⁱ Some states have multiple reimbursement formulas. In this case, the formula yielding the lowest cost is used.

^j Individual managed care and pharmacy benefit management organizations make formulary/drug decisions within Federal and State guidelines.

^k 100 day supply for maintenance medications.

^l 6 months for controlled substances, 12 month limit on oral contraceptives.

^m for maintenance drugs only.

ⁿ max/min quantities for certain meds.

^o for anti-ulcer, anti-anxiety, and sedative hypnotic drugs.

^p per prescription limit: \$2,999.99 (override possible).

^q 100 days for maintenance drugs; only 3 cycles of oral contraceptives.

^r \$5.54 for unit dose.

^s medically appropriate monthly quantity.

^t AWP-12% for multi-source drugs.

^u 90 days for maintenance drugs.

^v other limitations specific to certain medications.

^w one dispensing fee per month for maintenance meds.

^x extra fees for compounding.

^y 100 day supply for maintenance medications.

^z For controlled substances (schedule II and III) only.

^{aa} applies to schedule III & V; no refills for schedule II.

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- ^{bb} 30 days for maintenance medications.
 - ^{cc} up to 90 day per Rx maximum.
 - ^{dd} 5 refills per Rx within 6 months for controlled substances.
 - ^{ee} dispensing limits are consistent with State/Federal requirements.
 - ^{ff} based on annual number of prescriptions.
 - ^{gg} for maintenance drugs.
 - ^{hh} Individual managed care and pharmacy benefit management organizations make formulary/drug decisions within Federal and State guidelines.
 - ⁱⁱ percent of ingredient and dispensing fee.
 - ^{jj} maximum varies by person.
 - ^{kk} based on geographic area.
 - ^{ll} 4 refills for antibiotics or scheduled drugs.
 - ^{mm} based on annual number of prescriptions.
 - ⁿⁿ plus extra fees for compounding.
 - ^{oo} 90 day supply for maintenance drugs and birth control.