

Centers for Medicare and Medicaid Services (CMS)

Background

Legislative Mandate for Data Request

Section 6001 (f) of the Deficit Reduction Act (DRA) requires CMS to contract with a vendor to conduct a monthly national survey of retail prescription drug prices and to report the prices to the States. These national average prices will be used as a benchmark by the States for the management of their prescription drug programs.

The law requires that the States submit pricing information for the 50 most prescribed drugs so that the States' prices can be compared to the national average prices obtained from the survey. The States' pricing information will be compared and the States will be ranked. The law also requires that States report their drug utilization rates for non-innovator multiple-source (generic) drugs, their payment rates under their State plan, and their dispensing fees.

This template has been developed to facilitate data collection from the States.

This Excel spreadsheet contains four (4) tabs: Background, General Information, Utilization Data, and Unit Prices. The first tab (this tab) provides the legislative background and mandate and requires no input from the States. The remaining tabs each have instructions for filling in the requested information.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average **(15 hours)** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

**Centers for Medicare and Medicaid Services (CMS)
State Payment and Utilization Rates and Performance Rankings Data Collection Form**

State Medicaid General Pricing Information

Instructions

Please fill out the following fields on the form below:

- State - The name of your state
- Pricing Source Formula - Your Pricing Source formula(s) for calculating ingredient costs for brand products (e.g., "AWP-12%", "WAC+10%")
- Dispensing Fee Schedule - Dispensing fee paid for retail pharmacy prescriptions: List all dispensing fee schedules (e.g., \$3.00 Brand, \$4.00 Generic, \$4.00 Preferred Brand; \$3.00 Urban, \$4.00 Rural)
- Reference Price Source - Check (place your cursor on the box and click) the current pricing source(s) you are using. If the pricing source your State uses is not listed, please specify the pricing source in the "Pricing Source Not Listed" field

State	Pricing Source Formula	Dispensing Fee Schedule	Reference Price Source		
			Pricing Compendia	Other Pricing Source	Pricing Source Not Listed
			<input type="checkbox"/> First Data Bank <input type="checkbox"/> Medi-Span <input type="checkbox"/> Red Book	<input type="checkbox"/> AMP <input type="checkbox"/> RPS	

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State Medicaid Annual Utilization Data

Instructions

Please provide the following utilization data for all paid prescription drugs for the period of **October 1, 2006 to September 30, 2007** based on Paid Date:

- Single-Source (S) - Drugs that have an FDA New Drug Application (NDA) approval for which there are no generic alternatives available on the market
- Non-Innovator Multiple-Source (N) - Drugs that have an FDA Abbreviated New Drug Application (ANDA) approval and for which there exists generic alternatives on the market.
- Innovator Multiple-Source (I) - Drugs which have an NDA and no longer have patent exclusivity.

CMS has developed an extract file from the Medicaid Drug Rebate Program Drug Product Data File identifying each NDC along with the most recent Medicaid Rebate Reporting Period sourcing status of each drug: S, N, or I. This file is being provided with this form to assist States with this data request. Please use this file to facilitate consistent reporting across States.

Single-Source Totals (S)		Non-Innovator Multi-Source Totals (N)		Innovator Multi-Source Totals (I)	
<i>Number of Prescriptions</i>	<i>Reimbursement Amount</i>	<i>Number of Prescriptions</i>	<i>Reimbursement Amount</i>	<i>Number of Prescriptions</i>	<i>Reimbursement Amount</i>

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State Medicaid Pricing Data for Retail Pharmacy Top 50 Single-Source Drugs

Instructions

Please provide the following information for the effective date of **October 1, 2007**, for each of the selected drugs that are the top 50 single-source drugs by utilization volume and expenditure amount.

- MMIS Pricing Unit - Pricing dosage form for the corresponding drug (e.g., tab, cap, ml, etc)
- EAC (Estimated Acquisition Cost) Unit Price - Price derived from pricing source formula (e.g., WAC+6%)
- EAC Pricing Source - General pricing source your State uses for each drug (e.g., AWP, WAC)
- Dispensing Fee - Dispensing fee for retail pharmacy prescriptions. If locality specific, indicate most frequently used (e.g. urban vs rural)

Rank	NDC11	Name	Strength	MMIS Pricing Unit	EAC Unit Price	EAC Pricing Source					Dispensing Fee
						AWP	WAC	AMP	RPS	OTHER	
1	00300304613	PREVACID	30MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	00186504031	NEXIUM	40MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	00006011731	SINGULAIR	10MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	00173069600	ADVAIR DISKUS	250-50MCG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	00006027531	SINGULAIR	5MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	00310027210	SEROQUEL	200MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	50458030006	RISPERDAL	1MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	00310027110	SEROQUEL	100MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	00006071131	SINGULAIR	4MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	00071015623	LIPITOR	20MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	00456202001	LEXAPRO	20MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	00088222033	LANTUS	1000U/10ML			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	50458032006	RISPERDAL	2MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Rank	NDC11	Name	Strength	MMIS Pricing Unit	EAC Unit Price	EAC Pricing Source					Dispensing Fee
						AWP	WAC	AMP	RPS	OTHER	
14	00310027460	SEROQUEL	300MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	00456201001	LEXAPRO	10MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	50458030206	RISPERDAL	0.5MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	00024542131	AMBIEN	10MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	00310027510	SEROQUEL	25MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	00071015523	LIPITOR	10MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	00173069500	ADVAIR DISKUS	100-50MCG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	59148000813	ABILIFY	10MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	59148000713	ABILIFY	5MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	00173064255	LAMICTAL	100MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	00069154068	NORVASC	10MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	00008084181	PROTONIX	40MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	00045064165	TOPAMAX	100MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	50458033006	RISPERDAL	3MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	00002411730	ZYPREXA	10MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	00002323730	CYMBALTA	60MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	00173069700	ADVAIR DISKUS	500-50MCG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	59148000913	ABILIFY	15MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	00071015723	LIPITOR	40MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	00002442030	ZYPREXA	20MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	00069553047	ZYRTEC	5MG/5ML			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Rank	NDC11	Name	Strength	MMIS Pricing Unit	EAC Unit Price	EAC Pricing Source					Dispensing Fee
						AWP	WAC	AMP	RPS	OTHER	
35	00024552131	AMBIEN CR	12.5MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36	00069153068	NORVASC	5MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37	00069073166	ZYRTEC	10MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38	00049399060	GEODON	80MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39	61958070101	TRUVADA	200-300MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40	00006003144	FOSAMAX	70MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41	00062192015	ORTHO EVRA 3	20-150MCG/24HR			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42	00078033705	TRILEPTAL	300MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43	00597007537	SPIRIVA HANDIHALER	18MCG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44	00002441530	ZYPREXA	15MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45	59148001013	ABILIFY	20MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46	00029315920	AVANDIA	4MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47	59148001113	ABILIFY	30MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48	64764030114	ACTOS	30MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49	50474059540	KEPPRA	500MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50	00045152550	LEVAQUIN	500MG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	