

## 2017 Pharmacy state fee schedule detail

### Legend

BR = Brand Rate (% of AWP) + Dispense Fee  
GR = Generic Rate (% of AWP) + Dispense Fee

### Reimbursement Description

Physician Dispensed/Repackaged  
Compounded Medications

### AK BR AWP + \$5.00 GR AWP + \$10.00 ■

- Lesser of FS, fee to general public, or negotiated fee.
- Reimbursement shall use the original manufacturer's AWP.
- Reimbursement shall be limited to "medical necessity" and for each ingredient listed separately by NDC plus a \$10 DF.

### AL BR AWP + 5% + \$9.02 GR AWP + 5% + \$11.71 ■

- Lesser of FS or provider's U&C.
- Bills shall include original underlying NDC and NDC of repackaged/re-labeled product. Reimbursement is lesser of original AWP and repackaged/re-labeled AWP. DF payable only to pharmacies.

### AR BR AWP + \$5.13 GR AWP + \$5.13 ■

- Lesser of FS, provider's U&C, or MCO/PPO contract price.
- No DF to physicians. OTCs billed by physicians reimbursed at provider's charge or up to 20% above cost of item. Dispensing practitioners must obtain permit (from state) and demonstrate need prior to dispensing approval.

### AZ BR AWP - 5% + \$7.00 GR AWP - 15% + \$7.00 ■

- Reimbursement is based on actual medication dispensed. Medicines dispensed by either pharmacy or physician subject to FS.
- Bills for physician dispensed/repackaged medications shall include NDC of medication dispensed and original manufacturer NDC. Reimbursement based on NDC of underlying medication product.
- Reimbursement based on AWP of underlying medicine product and bills shall include NDC for each ingredient used.

### CA BR AWP - 17% + \$7.25 GR AWP - 17% + \$7.25 ■

- FS set at 100% of current Medi-Cal fee schedule. Lesser of AWP - 17% / MAC or FUL or U&C plus a DF.
- If NDC of dispensed medication not in Medi-Cal but NDC of underlying medication is, use NDC of underlying medication. If NDC from original labeler not in Medi-Cal, max fee is 83% of AWP of lowest priced therapeutically equivalent medication plus relevant DF.
- Billed using NDC of each ingredient. If no NDC, ingredient not reimbursable. Reimbursement for physician dispensed compounds not to exceed 300% of documented paid costs, or \$20 above.

### CO BR AWP + \$4.00 GR AWP + \$4.00 ■

- If AWP ceases, substitute with WAC + 20%.
- For repackaged medications use AWP and NDC of underlying medication.
- Rates for prescription strength topical compounds categorized according to four state-specific Z codes. Fees represent maximum reimbursable amount. All compound ingredients must be listed by quantity used. Certain topicals without a prescription are \$30 for 30-day supply. Certain pain patches are \$70 for a 30-day supply.

### CT BR AWP + \$5.00 GR AWP + \$8.00 ■

- Reimbursement lesser of NDC for underlying medication from manufacturer or therapeutic equivalent medication product from manufacturer NDC. If information pertaining to original manufacturer is not provided or is unknown, payer may select NDC and associated AWP for reimbursement.

### DE BR AWP - 31.3% + \$3.22 DF GR AWP - 37.5% + \$4.02 DF ■

- Lesser of provider's U&C, negotiated contract amount, or FS.
- Reimbursement based on AWP for underlying medication product, as identified by its NDC, from original labeler. Physicians dispensing from office do not receive DF. No practitioner, unless properly licensed, shall dispense a controlled substance beyond a medically necessary 72-hour supply.
- Billed listing each ingredient and separately calculating charge using NDC; single compounding fee of \$10 per prescription.

### FL BR AWP + \$4.18 GR AWP + \$4.18 ■

- Reimbursement at FS except where employer/carrier or entity "acting on behalf of" employer/carrier directly contracts with provider seeking lower reimbursement.
- AWP for repackaged/re-labeled medications dispensed by "dispensing practitioner" shall be AWP of original manufacturer/underlying medication + 12.5% + \$8 DF. Must include original NDC.
- Permitted when prescribed formulation not commercially available and reimbursement shall be AWP of each ingredient + \$4.18 DF.

### GA BR AWP + \$4.31 GR AWP + \$6.45 ■

- Reimbursement based on current published manufacturer's AWP of product on date of dispensing.
- Bills must include NDC of original manufacturer/distributor's stock package.
- Must be billed by the compounding pharmacy. Reimbursement shall be the sum of AWP for each ingredient - 50% plus a single compound fee of \$20. Reimbursement limited to compounds containing three or fewer active ingredients.

### HI BR AWP + 40% GR AWP + 40% ■

- Repackaged medications reimbursed at fee schedule based on original manufacturer NDC.
- Reimbursed at fee schedule based upon gram weight of each underlying ingredient. AWP shall be set by the original manufacturer.

### ID BR AWP + \$5.00 GR AWP + \$8.00 ■

- Reimbursement is lesser of FS, billed charge, or charge agreed to pursuant to contract.
- Reimbursement based on AWP of original manufacturer. Physicians not reimbursed a DF or compounding fee.
- Reimbursed at sum of AWP of each individual medication, plus a \$5 DF and \$2 compounding fee. Ingredients of compounds require NDC of original manufacturer.

### KS BR AWP - 10% + \$3.00 GR AWP - 15% + \$5.00 ■

- Lesser of FS or provider's U&C.
- Reimbursed at fee schedule based on original manufacturer's NDC and require prior approval of carrier.
- Same as physician dispensing.

### KY BR AWP + \$5.00 \*Of lowest priced therapeutically GR AWP\* + \$5.00 ■ equivalent in stock

- Reimbursement at lower amount permitted if agreed.
- Reimbursement based on AWP of original NDC. DF only payable to licensed pharmacist. Doctors are restricted to dispensing only a 48-hour supply of any CII or CIII medication containing hydrocodone from their office.
- AWP of the compound medication is to be determined using the NDC of the original product from the manufacturer.

### LA BR AWP + 10% + \$10.51 GR AWP + 40% + \$10.51 ■

- DF is based on current state Medicaid DF.
- Physicians may only dispense controlled substances or medications of concern if registered as a dispensing physician and only up to a single 48-hour supply.
- Paid at FS formula for generics and bill must indicate "COMPOUND Rx" on form.

### MA BR Lowest of: MMAC, AAC or U&C + 10.02 GR Lowest of: FUL, MMAC, AAC or U&C + 10.02 ■

- FS tied to Medicaid rate.
- Permitted only when necessary for immediate and proper treatment until possible for patient to have prescription filled by a pharmacy.
- Additional DF amounts depending on type of ingredients.

### MI BR AWP - 10% + \$3.50 GR AWP - 10% + \$5.50 ■

- Lesser of MAR in FS or provider's U&C charge.
- Billed and reimbursed based on original manufacturer's NDC.
- Reimbursement for "custom" compounds limited to max of \$600 (charges exceeding subject to review). Topical compounds billed using specific amount of each ingredient and original manufacturer's NDC. Reimbursed at max of AWP - 10% of original manufacturer's NDC, pro-rated for each ingredient, plus a specific DF. Ingredients without NDCs not reimbursed. Additional "medical necessity" requirements on custom and topical compounds. Non-compound OTC topicals addressed separately.

### MN BR AWP - 12% + \$3.65\* \*Electronic Paper for both GR AWP - 12% + \$3.65\* ■ BR and GR is AWP + \$5.14

- FS is bifurcated depending on paper billing and electronic or "real-time" billing and payment (as required) and includes MAC for GR.
- Permitted if not for profit, or if for profit, physician must file with the appropriate licensing board and receive approval.

### MS BR AWP + \$5.00 GR AWP + \$5.00 ■

- Unless contract, reimbursement is lesser of provider's total billed charge or FS.
- Reimbursed using NDC from underlying medication product from original labeler. DF not payable to doctors.
- Bills shall include listing of each individual ingredient NDC. Reimbursement sum of AWP of each underlying NDC medication product + \$5 DF, and limited to a max of \$300 per 120 grams per month quantity (without prior authorization).

### MT BR AWP - 10% + \$3.00 GR AWP - 25% + \$3.00 ■

- Lesser of FS or provider's U&C.
- Practice limited to certain exceptions.

### NC BR AWP - 5% GR AWP - 5% ■

- Lesser of FS or an agreement between the provider/payer.
- Original manufacturer's NDC required on bills for repackaged and doctor dispensed medications. Reimbursement for doctor dispensed medications shall not exceed 95% of AWP and based on AWP of the original NDC. No outpatient provider (other than pharmacies) may receive reimbursement for any CII through CV medications over an initial 5-day supply commencing on the employee's initial treatment.

### ND BR WAC + 8% + \$4.00 GR Lesser of: MAC + 5% or WAC + 8% + \$5.00 ■

- Based on a markup above WAC, except compounds.
- Reimburses compounds at AWP - 72%, plus a single item compounding fee based on level of effort (LOE).

### NM BR AWP - 10% + \$5.00 GR AWP - 10% + \$5.00 ■

- Lesser of FS, U&C, or contracted rate.
- Reimbursement at AWP - 10% with no DF. Initial physician dispense not greater than 10 days for new prescriptions. Provider dispensed medications shall not exceed cost of generic equivalent.
- Reimbursed at ingredient level, plus single DF. Bills must include original NDC. Ingredients with no NDC not reimbursable.

### NV BR AWP + \$10.94 GR AWP + \$10.94 ■

- Lesser of FS, U&C, or contracted rate.
- May dispense initial supply (15 days) of CII or CIII. Include original NDC on bills. May not charge or seek reimbursement for OTC.
- Reimbursement based upon agreement and includes quantity prior to dispense. All compound bills shall list individual ingredients and NDC. Ingredients lacking an NDC shall not be reimbursed.

**NY** BR AWP - 12% + \$4.00  
GR AWP - 20% + \$5.00 ■

- FS or lower contracted rate.
- Physician dispensing limited to 72 hours with exceptions. Repackaged medications reimbursed based on AWP for underlying medication.
- Reimbursed at ingredient level. Payment based on sum of allowable fee for each ingredient, plus a single DF per compound. Ingredients with no NDC not reimbursable.

**OH** BR AWP - 15% + \$3.50  
GR AWP - 15% + \$3.50 ■

- Lesser of U&C or FS.
- Medications supplied to IW in physician's office not considered outpatient medication and not reimbursed by BWC or MCO. Repackaged brand medications product cost component shall be calculated using AWP of original labeler (repackaged generics not addressed). Only pharmacy providers eligible for DF.
- Billed and reimbursed based on ingredient NDCs (no reimbursement for ingredients without NDC). Max product cost component reimbursement for any one compounded Rx is \$400. Dispensing fee(s) for non-sterile compounds shall be \$18.75 and \$37.50 for sterile compounds.

**OK** BR AWP - 10% + \$5.00  
GR AWP - 10% + \$5.00 ■

- Lesser of FS or provider's U&C for same or similar service.
- Physician dispensed (non-repackaged) lesser of AWP - 10% or payer's contracted rate. Repackaged medications reimbursed at lesser of AWP for original NDC - 10% or AWP of lowest cost therapeutic equivalent medication - 10%.
- Shall be billed by compounding pharmacy at the individual NDC ingredient level. Reimbursement shall be sum of allowable fee for each ingredient, plus a single \$5 DF. Ingredients without NDC not reimbursed.

**OR** BR AWP - 16.5% + \$2.00  
GR AWP - 16.5% + \$2.00 ■

- Lesser of FS, provider's U&C, or contracted rate.
- Compensability of physician dispensing limited to initial 10-day supply except in emergency.
- Must be billed by ingredient, listing each ingredient's NDC (ingredients w/o NDC not reimbursable). Max fee = AWP-16.5% for each ingredient + a single \$10 compounding fee.

**PA** BR AWP + 10%  
GR AWP + 10% ■

- If provider's actual charge less than FS, pay actual charge.
- Reimbursement shall be at FS based on original manufacturer's NDC, which must be submitted on bill. If original NDC is not submitted, reimbursement shall be FS of the least expensive clinically-equivalent medication. Outpatient providers (other than licensed pharmacies) may not seek reimbursement for Schedule II medication in excess of an initial 7-day supply commencing on "initial treatment" for specific WC claim. Should an IW require a "medical procedure," one additional 15-day supply permitted, commencing on date of procedure. Providers may not seek reimbursement for any other prescription medications in excess of an initial 30-day supply, commencing on "initial treatment" by a provider for specific WC claim and may not seek reimbursement for an OTC medication.

**RI** BR AWP - 10%  
GR AWP - 10% ■

- Physicians cannot bill for dispense, only for administered medications (injectable medications) in office.
- Compounds containing repackaged medications shall be reimbursed using NDC of the underlying medication. Compounds shall be billed by separating the ingredients by NDC and corresponding quantity. Reimbursement for topical compounds shall not exceed \$500 for a 30-day supply.

**SC** BR AWP + \$5.00  
GR AWP + \$5.00 ■

- Lesser of FS or provider's U&C.
- Billed with original NDC and reimbursed accordingly. If original NDC not provided or unknown, payer shall select most closely associated AWP.
- Billed by listing each ingredient NDC and reimbursed at sum of each NDC's amount, plus a single \$5 DF (payment not required for ingredients lacking an NDC).

**TN** BR AWP + \$5.10  
GR AWP + \$5.10 ■

- Lesser of FS, provider's U&C, or contracted rate.
- Reimbursement based on published manufacturer's AWP of product/ingredient, calculated on a per unit basis, on date of dispense. If original manufacturer's NDC not provided on bill, reimbursement based on AWP of lowest priced therapeutically equivalent medication. Physician should not receive a DF.
- Compounding fee not to exceed \$25 per compound and may be charged by any entity other than physician. All compound bills shall include NDC of original manufacturer.

**TX** BR AWP + 9% + \$4.00  
GR AWP + 25% + \$4.00 ■

- Reimbursement at compliant contracted rate (a direct contract with provider or through a registered pharmacy network) or lesser of FS or billed amount.
- Physician dispensing only permitted to meet immediate needs or in rural area.
- Calculate each ingredient separately (AWP in FS) plus a \$15 compounding fee per prescription. Bills shall include each medication included in the compound.

**VT** BR AWP + \$3.15  
GR AWP + \$3.15 ■

- Lesser of FS or actual charge.

**WA** BR AWP - 10% + \$4.50  
GR AWP - 50% + \$4.50 ■

- L&I (state fund) does not pay for medication dispensed in physician's office and policy is to not pay for repackaged medications.
- Reimbursement allows cost of ingredients, plus a \$4.50 professional fee and a \$4 compounding time fee. Must be billed with NDC for each ingredient. Compounds require pre-authorization.

**WI** BR AWP + \$3.00  
GR AWP + \$3.00 ■

- DF only payable to pharmacist. Reimbursed at existing pharmacy FS.

**WY** BR AWP - 10% + \$5.00  
GR AWP - 10% + \$5.00 ■

- Lesser of FS or provider's U&C.
- Physicians billing for compounds must provide pharmacy invoice and pay at 130% of supplier's/manufacturer's invoice price.
- Compounding pharmacies that bill are compensated per FS, per line item if ingredient determined coverable. Pharmacists/third-party billers must submit itemization for all ingredients and quantities used in compounding process.

**Jurisdictional Generic Medication Mandates**

- Substitution mandated
- Substitution mandated except where prescriber notate DAW, DNS or similar
- Substitution mandated except where written statement of medical necessity, prior authorization or other requirement provided/met
- Substitution not specifically mandated for workers' comp

**FEDERAL SERVICES**

BR AWP - 15% + \$4.00 DFEC  
AWP - 10% + \$4.00 Non-DFEC

GR AWP - 40% + \$4.00 DFEC  
AWP - 25% + \$4.00 Non-DFEC

- Lesser of FS or U&C charge amount.
- For OWCP programs, all medications dispensed from physician's office and submitted with codes J3490, J8499, J8999, and J9999 require accompanying original NDC. For FECA/Black Lung any doctor dispensed Rx submitted using CPT code 99070 require accompanying original NDC.
- DFEC has specific prior-authorization processes for compounds. Compounds shall be billed at ingredient level, including NDCs. Reimbursement for compounds with three or less ingredients shall be AWP - 50% of each NDC. Reimbursement for compounds with four or more ingredients shall be AWP - 70% of each NDC.

**NO FEE SCHEDULE**

- DC** Paid at U&C.
- IA** Paid at U&C.
- IL** Insurer pays all necessary and reasonable costs. Medications dispensed outside of licensed pharmacy are AWP + \$4.18 and repackaged medications use AWP of underlying medication as identified by NDC from original labeler.
- IN** Reimbursement for repackaged medications dispensed (other than retail/mail pharmacy) use AWP of original manufacturer. If NDC not determined, max reimbursement is lowest cost generic for prescribed/dispensed medication. Doctors dispensing medications from their office(s) are only entitled to receive reimbursement for medications dispensed during the first 7 days from DOI.
- MD** For medications or products lacking FS, carriers can assign a relative value to product/service. May be based on nationally recognized/published relative values or values assigned for similar products/services.
- ME** Paid at U&C.
- MO** Paid at U&C.
- NE** Paid actual charge billed unless payor has evidence exceeds regular charge for service by NE providers.
- NH** Pay reasonable value.
- NJ** Paid at U&C. Physician dispensing limited to only 7-day supply unless more than 10 miles from nearest pharmacy. Additional limit on charges.
- SD** Not to exceed U&C.
- UT** Paid at U&C. Physician dispensing permitted only in very limited situations.
- VA** Disputes use prevailing community rate. Physician dispensing only permitted with certain specified limits (i.e., samples, emergency, not available) unless properly licensed by the Board of Pharmacy.
- WV** No Controlling Rx FS - Providers bill their U&C. Legend medications dispensed by a physician will not be reimbursed except in emergency.

Abbreviations: AAC = Actual Acquisition Cost AWP = Average Wholesale Price DAW = Dispense as Written DF = Dispensing Fee DFEC = Division of Federal Employees' Compensation DNS = Do Not Substitute DOI = Date of Injury FS = Fee Schedule FUL = Federal Upper Limit IW = Injured Worker MAC = Maximum Allowable Cost NDC = National Drug Code OTC = Over the Counter POS = Point of Sale SMN = Statement of Medical Necessity U&C = Usual and Customary WAC = Wholesale Acquisition Cost

