State of Idaho
Department of Health and Welfare
Division of Medicaid
Pharmacy Reimbursement
as of 12/1/2005

Run Date: 12/1/2005
Report Number: HWMF_0559_ County_Price_Drug_File_By_ Name

NDC	Drug Description	Unit Description	Pricing Description	Unit Reimbursement
00002-0819-02	AVENTYL HCL 25MG CAPSULE	EA	DISCOUNTED AWP	0.92435
00002-0817-03	AVENTYL HCL 10MG CAPSULE	EA	DISCOUNTED AWP	0.43896
00002-0803-02	DARVON 65MG CAPSULE	EA	DISCOUNTED AWP	0.64328
00002-0803-03	DARVON 65MG CAPSULE	EA	DISCOUNTED AWP	0.57932
00002-0803-33	DARVON 65MG CAPSULE	EA	DISCOUNTED AWP	0.62471
00002-0353-02	DARVON-N 100MG TABLET	EA	DISCOUNTED AWP	0.99528
00002-0353-03	DARVON-N 100MG TABLET	EA	DISCOUNTED AWP	0.88774
00002-0353-33	DARVON-N 100MG TABLET	EA	DISCOUNTED AWP	0.87683