

TABLE 1.—REPRINT OF “TABLE 3: WIDELY AVAILABLE DISCOUNTS FROM AWP FOR MEDICARE-COVERED DRUGS BILLED PRIMARILY BY PHYSICIANS, 2001” FROM THE GAO REPORT

Drug name	Specialty most frequently billing for drug	Average AWP ^a	Average widely available discount from AWP (percentage) ^b
Leuprolide acetate (for depot suspension)	urology	\$618.93	17.6
Rituximab	oncology ^c	478.47	19.2
Goserelin acetate implant	urology	469.99	21.9
Docetaxel	oncology	313.51	22.0
Filgrastim (G-CSF) 480 mcg	oncology	300.40	^d 18.0
Pamidronate disodium	oncology	279.86	16.8
Hylan G-F 20	orthopedic surgery	225.13	^d 17.7
Filgrastim (G-CSF) 300mcg	oncology	193.62	^d 18.4
Paclitaxel	oncology	180.57	19.0
Irinotecan	oncology	141.32	22.9
Carboplatin	oncology	120.48	20.3
Gemcitabine HCl	oncology	112.34	21.3
Dolasetron mesylate, injection	oncology	45.02	^d 65.0
Granisetron HCl, injection	oncology	19.52	29.3
Leucovorin calcium	oncology	18.44	85.6
Epoetin alpha for non-ESRD use	oncology	12.91	15.2
Ondansetron HCl, injection	oncology	6.41	12.8
Botulinum toxin type A	neurology	4.86	^e n/a
Imiglucerase	oncology	3.95	^e n/a
Dexamethasone sodium phosphate	oncology	1.44	14.2
Heparin sodium	oncology	0.43	34.4

Source: GAO Report “Medicare Payments for Covered Outpatient Drugs Exceed Providers’ Cost” (GAO-01-1118)

^a “Average AWP” is the average of AWP of each NDC for that product adjusted to the HCPCS-defined dosage.

^b “Average widely available discount from AWP” for each drug was calculated by (1) determining the average widely available price(s) for each NDC for that drug, (2) determining the percentage difference between the average widely available price(s) and the AWP for each NDC for that drug, and (3) averaging the percentage differences for all NDCs for that drug.

^c “Oncology” specialty includes hematology/oncology and medical oncology.

^d “Average widely available discount from AWP” in 2001 for this drug is based on a price or prices from a single wholesaler. For these four drugs, we had 2000 data from two or more sources. Those data showed that the average widely available discount from AWP in 2000 was 18.8 percent for Filgrastim (G-CSF) 480 mcg, 17.6 percent for Hylan G-F 20, 19.0 percent for Filgrastim (G-CSF) 300mcg, and 42.2 percent for Dolasetron mesylate, injection.

^e We (GAO) were unable to obtain wholesaler or GPO prices for these products.

Source: GAO analysis of data from BESS, the Medical Economics Drug Topics Red Book CD-ROM vol. 21, and wholesaler and GPO price lists.

TABLE 2.—REPRINT OF “TABLE 4: DISCOUNTS FROM AWP OBTAINED BY PHYSICIANS WHO BILLED MEDICARE FOR A LOW VOLUME OF SELECTED DRUGS, COMPARED TO WIDELY AVAILABLE DISCOUNTS, 2001” FROM THE GAO REPORT

Drug name	Low volume billers’ average discount from AWP (percentage)	Average widely available discount from AWP ^a (percentage)
Leuprolide acetate (for depot suspension)	32.8	17.6
Rituximab	15.7	19.2
Goserelin acetate implant	^b 22.3	21.9
Docetaxel	22.0	22.0
Filgrastim (G-CSF) (480 mcg)	22.4	^c 18.0
Pamidronate disodium	18.0	16.8
Filgrastim (G-CSF) (300mcg)	21.7	^c 18.4
Paclitaxel	25.8	19.0
Irinotecan	27.1	22.9
Carboplatin	^b 20.0	20.3
Gemcitabine HCl	16.1	21.3
Dolasetron mesylate, injection	62.0	^c 65.0
Granisetron HCl, injection	28.1	29.3
Leucovorin calcium	90.4	85.6
Epoetin alpha for non-ESRD use	22.1	15.2
Ondansetron HCl, injection	26.4	12.8

Source: GAO Report “Medicare Payments for Covered Outpatient Drugs Exceed Providers’ Cost” (GAO-01-1118)

^a “Average widely available discount from AWP” for each drug was calculated by (1) determining the average widely available price(s) for each NDC for that drug, (2) determining the percentage difference between the average widely available price(s) and the AWP for each NDC for that drug, and (3) averaging the percentage differences for all NDCs for that drug.

^b “Low-volume billers’ average discount from AWP” for this drug is based on a price from a single physician.

^c “Average widely available discount from AWP” for this drug is based on a price or prices from a single wholesaler.

Notes: Out of our sample of 108 physicians, 14 provided us with acquisition cost data for 16 of the 18 cancer treatment drugs we examined. An additional 37 physicians belonged to large, hospital-based or national chain oncology practices that likely had access to widely available drug price discounts. Fifty-six physicians could not be contacted or refused to participate. One physician in the sample did not purchase drugs.