INTRODUCTION AND OVERVIEW

This chartbook, prepared for the Centers for Medicare & Medicaid Services (CMS) by Mathematica Policy Research, Inc., presents highlights and key comparisons from the Statistical Compendium on Medicaid pharmacy benefit use and reimbursement in 2003. The 54 exhibits in the chartbook are summarized below.

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By Basis of Eligibility

Nondual Beneficiaries

Dual Eligible Beneficiaries
BENEFICIARY CHARACTERISTICS AND ILLUSTRATIVE USE
AND REIMBURSEMENT MEASURES
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**DISTRIBUTION OF MEDICAID STUDY POPULATION BENEFICIARY CHARACTERISTICS, 2003**

<table>
<thead>
<tr>
<th>Beneficiary Characteristics</th>
<th>Among All Medicaid Beneficiaries&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Among Nondual Beneficiaries&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Among Dual Eligibles&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Among Beneficiaries Who Resided in Nursing Facilities All Year&lt;sup&gt;c&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 and younger</td>
<td>20</td>
<td>25</td>
<td>&lt; 1</td>
<td></td>
</tr>
<tr>
<td>6–14</td>
<td>21</td>
<td>25</td>
<td>&lt; 1</td>
<td></td>
</tr>
<tr>
<td>15–20</td>
<td>12</td>
<td>14</td>
<td>&lt; 1</td>
<td></td>
</tr>
<tr>
<td>21–44</td>
<td>25</td>
<td>28</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>45–64</td>
<td>10</td>
<td>8</td>
<td>21</td>
<td>13&lt;sup&gt;e&lt;/sup&gt;</td>
</tr>
<tr>
<td>65–74</td>
<td>5</td>
<td>1</td>
<td>25</td>
<td>13</td>
</tr>
<tr>
<td>75–84</td>
<td>4</td>
<td>&lt; 1</td>
<td>24</td>
<td>31</td>
</tr>
<tr>
<td>85 and older</td>
<td>3</td>
<td>&lt; 1</td>
<td>16</td>
<td>44</td>
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<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Male</td>
<td>40</td>
<td>40</td>
<td>36</td>
<td>28</td>
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<tr>
<td>Female</td>
<td>60</td>
<td>59</td>
<td>64</td>
<td>72</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>23</td>
<td>24</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>White</td>
<td>47</td>
<td>44</td>
<td>60</td>
<td>76</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>30</td>
<td>31</td>
<td>22</td>
<td>10</td>
</tr>
<tr>
<td><strong>Dual Eligibility Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dual Eligibles</td>
<td>16</td>
<td>0</td>
<td>100</td>
<td>92</td>
</tr>
<tr>
<td>Nondual Beneficiaries</td>
<td>84</td>
<td>100</td>
<td>0</td>
<td>8</td>
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<td><strong>Basis of Eligibility</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Children</td>
<td>48</td>
<td>58</td>
<td>&lt; 1</td>
<td>&lt; 1</td>
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<tr>
<td>Adults</td>
<td>25</td>
<td>30</td>
<td>1</td>
<td>&lt; 1</td>
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<tr>
<td>Disabled</td>
<td>17</td>
<td>12</td>
<td>43</td>
<td>17</td>
</tr>
<tr>
<td>Aged</td>
<td>10</td>
<td>1</td>
<td>56</td>
<td>83</td>
</tr>
<tr>
<td><strong>Number of Beneficiaries in Study Population</strong></td>
<td>40,748,181</td>
<td>34,019,639</td>
<td>6,728,542</td>
<td>913,213</td>
</tr>
</tbody>
</table>

Source: Medicaid Analytic Extract (MAX), 2003. This table is based on information contained in Tables 2, ND.2, D.2, ND.8, and D.8 in the Statistical Compendium Volume, United States (hereafter “the Compendium”).

<sup>a</sup>Medicaid beneficiaries featured in this chartbook include those who had fee-for-service (FFS) Medicaid pharmacy benefit coverage for at least one month during calendar year 2003. Beneficiaries who were in capitated managed care arrangements for the entire year are excluded. For more details on how we determined the study population, see Table 1 of the Compendium.
bDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefit coverage for at least one month during their Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefit coverage. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

cThis group includes beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined all-year nursing facility residency.

dMedicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children’s group includes children receiving foster care and adoptive services.

eThe percentage represents all ages below 65.
## EXHIBIT 2

### ILLUSTRATIVE MEASURES OF STUDY POPULATION PHARMACY BENEFIT USE AND REIMBURSEMENT, 2003

<table>
<thead>
<tr>
<th>Measures of Pharmacy Benefit Use and Reimbursement</th>
<th>Among All Medicaid Beneficiaries&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Among Nondual Beneficiaries&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Among Dual Eligibles&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Among Beneficiaries Who Resided in Nursing Facilities All Year&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Medicaid Pharmacy Reimbursement (in $ million)</td>
<td>$33,513</td>
<td>$15,620</td>
<td>$17,893</td>
<td>$3,048</td>
</tr>
<tr>
<td>Average Annual Pharmacy Reimbursement per Beneficiary&lt;sup&gt;c&lt;/sup&gt;</td>
<td>$822</td>
<td>$459</td>
<td>$2,659</td>
<td>$3,338</td>
</tr>
<tr>
<td>Average Pharmacy Reimbursement per Benefit Month&lt;sup&gt;d&lt;/sup&gt;</td>
<td>$100</td>
<td>$59</td>
<td>$252</td>
<td>$327</td>
</tr>
<tr>
<td>Average Annual Number of Prescriptions per Beneficiary</td>
<td>13.1</td>
<td>7.3</td>
<td>42.3</td>
<td>64.2</td>
</tr>
<tr>
<td>Average Number of Prescriptions per Benefit Month</td>
<td>1.6</td>
<td>0.9</td>
<td>4.0</td>
<td>6.3</td>
</tr>
</tbody>
</table>

Source: Medicaid Analytic Extract (MAX), 2003. This table is based on information contained in Tables 3, 4, 6, ND.3, ND.4, ND.6, ND.8, ND.9, D.3, D.4, D.6, D.8, D.9, and N.1a in the Compendium.

<sup>a</sup>The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

<sup>b</sup>See footnotes to Exhibit 1 for how these groups were defined. Annual or monthly measures reflect use and reimbursement among beneficiaries in FFS settings, and may thus be higher or lower than if use and reimbursement in capitated managed care settings were included.

<sup>c</sup>Annual per-beneficiary use and reimbursement include all use and reimbursement during the year for the number of months of Medicaid FFS pharmacy benefit coverage. Thus, some beneficiaries may have had only one month of coverage, while others were covered for twelve months. Medicaid beneficiaries in the study population had, on average, 7.8 months of coverage. The comparable number was 7.3 months among nondual beneficiaries and 10.2 months among dual eligible beneficiaries, and 10.0 months among beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2003.

<sup>d</sup>Monthly use and reimbursement amounts were calculated by dividing total use and reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.
STUDY POPULATION CHARACTERISTICS
EXHIBIT 3

DISTRIBUTION OF MEDICAID STUDY POPULATION BY AGE GROUP, NONDUAL AND DUAL ELIGIBLE BENEFICIARIES, 2003

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Tables ND.2 and D.2 of the Compendium.

*Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 4

DISTRIBUTION OF MEDICAID STUDY POPULATION BY DISABILITY STATUS, NONDUAL AND DUAL ELIGIBLE BENEFICIARIES, 2003\textsuperscript{a,b}

\begin{itemize}
  \item \textbf{Nondual Beneficiaries}:
    \begin{itemize}
      \item Disabled: 12%
      \item Non-disabled: 88%
    \end{itemize}

  \item \textbf{Dual Eligibles}:
    \begin{itemize}
      \item Disabled: 43%
      \item Non-disabled: 57%
    \end{itemize}
\end{itemize}

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Tables ND.2 and D.2 of the Compendium.

\textsuperscript{a}Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

\textsuperscript{b}The disabled eligibility group includes beneficiaries of any age who were determined to be eligible for Medicaid because of disability or blindness.
EXHIBIT 5

DISTRIBUTION OF MEDICAID STUDY POPULATION BY RACE, NONDUAL AND DUAL ELIGIBLE BENEFICIARIES, 2003

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Tables ND.2 and D.2 of the Compendium.

aDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
MEDICAID PHARMACY REIMBURSEMENT AND USE,
BY TYPE OF BENEFICIARY
EXHIBIT 6

AVERAGE MONTHLY MEDICAID PHARMACY REIMBURSEMENT,
BY AGE GROUP, 2003\textsuperscript{a,b}

\begin{itemize}
  \item $100$
  \item $21$
  \item $32$
  \item $35$
  \item $98$
  \item $273$
  \item $214$
  \item $212$
  \item $199$
\end{itemize}

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Table 4 of the Compendium.

\textsuperscript{a}The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\textsuperscript{b}Monthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.
EXHIBIT 7

DISTRIBUTION OF AGE GROUPS AND TOTAL PHARMACY REIMBURSEMENT, 2003

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Tables 2, 3, and 6 of the Compendium.

The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.
EXHIBIT 8

AVERAGE MONTHLY MEDICAID PHARMACY REIMBURSEMENT, BY BASIS OF ELIGIBILITY AND DUAL STATUS, 2003

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Tables 4, ND.4, and D.4 of the Compendium.

a. The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

b. Monthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness, and thus includes a large number of dual eligibles. The children’s group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

d. Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 9

PERCENTAGE OF BENEFICIARIES WITH AT LEAST ONE PRESCRIPTION DRUG CLAIM, BY DUAL ELIGIBILITY STATUS, 2003*

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Tables ND.3 and D.3 of the Compendium.

*Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 10

AVERAGE ANNUAL NUMBER OF PRESCRIPTION DRUG CLAIMS PER BENEFICIARY,
BY DUAL ELIGIBILITY STATUS, 2003ab

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Tables ND.3 and D.3 of the Compendium.

aDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

bNondual beneficiaries, on average, had fewer months of Medicaid eligibility in 2003 than dual eligible beneficiaries: 7.3 months for nonduals and 10.2 months for duals.
EXHIBIT 11

NUMBER OF PRESCRIPTIONS PER BENEFIT MONTH, BY BASIS OF ELIGIBILITY AND DUAL ELIGIBILITY STATUS, 2003a,b

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Tables ND.4 and D.4 of the Compendium.

aMedicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness, and thus includes a large number of dual eligibles. The children’s group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

bDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 12

AVERAGE ANNUAL PRESCRIPTION DRUG SPENDING PER BENEFICIARY, BY DUAL ELIGIBILITY STATUS, 2003

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Tables ND.3 and D.3 of the Compendium.

aDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

bNonduals, on average, had fewer months of Medicaid eligibility in 2003 than dual eligible beneficiaries: 7.3 months for nonduals and 10.2 months for duals.
EXHIBIT 13

DISTRIBUTION OF DUAL ELIGIBILITY STATUS AND TOTAL PHARMACY REIMBURSEMENT, 2003

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Tables 2, ND.2, D.2, 6, ND.6, and D.6 of the Compendium.

The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
MEDICAID PHARMACY USE AND REIMBURSEMENT,
NONDUAL BENEFICIARIES
EXHIBIT 14

DISTRIBUTION OF BENEFICIARIES AND TOTAL PHARMACY REIMBURSEMENT AMONG NONDUAL BENEFICIARIES, BY BASIS OF ELIGIBILITY, 2003\(^{a,b,c}\)

Source:  Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Tables ND.2, ND.3, and ND.6 of the Compendium.

\(^a\)The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\(^b\)Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness, and thus includes a large number of dual eligibles. The children’s group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

\(^c\)Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 15

TOTAL ANNUAL MEDICAID REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG NONDUAL BENEFICIARIES, 2003a,b,c,d

The top 10 drug groups (out of over 90 drug groups) accounted for 55 percent of total Medicaid FFS pharmacy reimbursement for nondual beneficiaries in 2003.

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Table ND.7 of the Compendium.

aThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

bAnnual per-beneficiary reimbursement includes all reimbursement during the year for the number of months of Medicaid FFS pharmacy benefit coverage. Thus, some beneficiaries may have had only one month of coverage, while others were covered for twelve months. At the national level, nondual eligible Medicaid beneficiaries in the study population had, on average, 7.5 months of coverage.

cThe top 10 drug groups were determined based on total Medicaid reimbursement in 2003. For information about these drug groups, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

dDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 16

PERCENTAGE OF PHARMACY REIMBURSEMENT AND USERS FOR TOP 10 DRUG GROUPS
AMONG NONDUAL BENEFICIARIES, 2003<sup>a,b,c,d</sup>

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Table ND.7 of the Compendium.

<sup>a</sup>The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

<sup>b</sup>A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. For information about these drug groups, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

<sup>c</sup>The top 10 drugs groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

<sup>d</sup>Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 17
PERCENTAGE OF PHARMACY REIMBURSEMENT AND USERS FOR TOP 7 THERAPEUTIC CATEGORIES AMONG NONDUAL BENEFICIARIES, 2003

The top 7 therapeutic categories (out of 18 therapeutic categories) accounted for 76 percent of total Medicaid FFS pharmacy reimbursement for nondual beneficiaries in 2003.

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Table ND.6 of the Compendium.

The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

Top 7 categories were determined based on total Medicaid reimbursement in 2003. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 18

AVERAGE MONTHLY MEDICAID PHARMACY REIMBURSEMENT AMONG NONDUAL BENEFICIARIES, BY STATE, 2003a,b,c

The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

Monthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.

Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 19
GENERIC PRESCRIPTIONS AS PERCENTAGE OF ALL PRESCRIPTIONS AMONG NONDUAL BENEFICIARIES, BY STATE, 2003

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Table N.2 of the Compendium for the nation. The Compendium was prepared for 49 states (excluding Arizona) and the District of Columbia. FFS pharmacy reimbursement information is not available for Arizona due to a very high share of beneficiary enrollment in prepaid managed care plans.

aBrand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

bDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
MEDICAID PHARMACY USE AND REIMBURSEMENT,
DUAL ELIGIBLE BENEFICIARIES
EXHIBIT 20

DISTRIBUTION OF BENEFICIARIES AND TOTAL PHARMACY REIMBURSEMENT AMONG DUAL ELIGIBLES,
BY BASIS OF ELIGIBILITY, 2003\textsuperscript{a,b,c,d}

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Tables D.2, D.3, and D.6 of the Compendium.

\textsuperscript{a}Children and adults comprise less than 1 percent each of dual eligible beneficiaries both in percentage of beneficiaries and in percentage of pharmacy reimbursement.

\textsuperscript{b}The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\textsuperscript{c}Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness, and thus includes a large number of dual eligibles. The children’s group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

\textsuperscript{d}Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 21

TOTAL ANNUAL MEDICAID REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG DUAL ELIGIBLES, 2003

The top 10 drug groups (out of over 90 drug groups) accounted for 61 percent of total Medicaid FFS pharmacy reimbursement for dual eligibles in 2003.

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Table D.7 of the Compendium.

aThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

bAnnual per-beneficiary reimbursement includes all reimbursement during the year for the number of months of Medicaid FFS pharmacy benefit coverage. Thus, some beneficiaries may have had only one month of coverage, while others were covered for twelve months. At the national level, nondual eligible Medicaid beneficiaries in the study population had, on average, 10.2 months of coverage.

cThe top 10 drug groups were determined based on total Medicaid reimbursement in 2003. For information about these drug groups, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

dDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 22

PERCENTAGE OF PHARMACY REIMBURSEMENT AND USERS FOR TOP 10 DRUG GROUPS AMONG DUAL ELIGIBLES, 2003\textsuperscript{a,b,c,d}

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Table D.7 of the Compendium.

\textsuperscript{a}The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\textsuperscript{b}A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. For information about these drug groups, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

\textsuperscript{c}The top 10 drugs groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

\textsuperscript{d}Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
The top 7 therapeutic categories (out of 18 therapeutic categories) accounted for 79 percent of total Medicaid FFS pharmacy reimbursement for dual beneficiaries in 2003.

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Table D.6 of the Compendium.

\(^a\)The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\(^b\)A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

\(^c\)Top 7 categories were determined based on total Medicaid reimbursement in 2003. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

\(^d\)Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 24

DISTRIBUTION OF ANNUAL PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLES, UNDER-AGE-65 DISABLED VS. AGE 65 AND OLDER, 2003\textsuperscript{a,b,c}

\textbf{Disabled Dual Eligibles Under Age 65}

- **Percent of Beneficiaries**
  - $0$ to $1,000: 16%
  - $1,000 to $5,000: 37%
  - $5,001 to $10,000: 40%
  - $10,000 and more: 8%

- **Percent of Expenditures**
  - $0$ to $1,000: 28%
  - $1,000 to $5,000: 31%
  - $5,001 to $10,000: 38%
  - $10,000 and more: 37%

\textbf{Dual Eligibles Age 65 and Older}

- **Percent of Beneficiaries**
  - $0$ to $1,000: 10%
  - $1,000 to $5,000: 32%
  - $5,001 to $10,000: 45%
  - $10,000 and more: 11%

- **Percent of Expenditures**
  - $0$ to $1,000: 5%
  - $1,000 to $5,000: 53%
  - $5,001 to $10,000: 45%
  - $10,000 and more: 2%

(Total Beneficiaries = 2.3 million) (Total Expenditures = $7.9 billion) (Total Beneficiaries = 4.3 million) (Total Expenditures = $9.6 billion)

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Supplemental Tables 1A and 1B of the Compendium for the nation.

\textsuperscript{a}The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\textsuperscript{b}Annual per-beneficiary reimbursement includes all reimbursement during the year for the number of months of Medicaid FFS pharmacy benefit coverage. Thus, some beneficiaries may have had only one month of coverage, while others were covered for twelve months. At the national level, dual eligible Medicaid beneficiaries in the study population had, on average, 10.2 months of coverage in 2003.

\textsuperscript{c}Dual eligibles include beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefit coverage during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 25

AVERAGE MONTHLY MEDICAID PHARMACY REIMBURSEMENT AMONG DUAL ELIGIBLES, BY BENEFICIARY NURSING FACILITY RESIDENCE, 2003\textsuperscript{a,b,c}

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Table D.4 of the Compendium.

\textsuperscript{a} The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\textsuperscript{b} Monthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.

\textsuperscript{c} Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
AVERAGE MONTHLY MEDICAID PHARMACY REIMBURSEMENT AMONG DUAL ELIGIBLES, BY STATE, 2003a,b

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Table N.5 of the Compendium for the nation. The Compendium was prepared for 49 states (excluding Arizona) and the District of Columbia. FFS pharmacy reimbursement information is not available for Arizona due to a very high share of beneficiary enrollment in prepaid managed care plans.

aThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

bMonthly use and reimbursement amounts were calculated by dividing the total use and reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.

cDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 27

GENERIC PRESCRIPTIONS AS A PERCENTAGE OF ALL PRESCRIPTIONS AMONG DUAL ELIGIBLES, BY STATE, 2003

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Table N.5 of the Compendium for the nation. The Compendium was prepared for 49 states (excluding Arizona) and the District of Columbia. FFS pharmacy reimbursement information is not available for Arizona due to a very high share of beneficiary enrollment in prepaid managed care plans.

a Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

b Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 28

AVERAGE ANNUAL PHARMACY REIMBURSEMENT AMOUNT PER BENEFICIARY
FOR AGED DUAL ELIGIBLES, BY STATE, 2003\textsuperscript{a,b,c}

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in State Tables D.3 of the Compendium. The Compendium was prepared for 49 states (excluding Arizona) and the District of Columbia. FFS pharmacy reimbursement information is not available for Arizona due to a very high share of beneficiary enrollment in prepaid managed care plans.

\textsuperscript{a}The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\textsuperscript{b}Annual per-beneficiary reimbursement includes all reimbursement during the year for the number of months of Medicaid FFS pharmacy benefit coverage. Thus, some beneficiaries may have had only one month of coverage, while others were covered for twelve months. At the national level, aged dual eligible Medicaid beneficiaries in the study population had, on average, 10.1 months of coverage.

\textsuperscript{c}Dual eligibles include beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefit coverage during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 29

AVERAGE ANNUAL PHARMACY REIMBURSEMENT AMOUNT PER BENEFICIARY FOR UNDER-AGE-65 DISABLED DUAL ELIGIBLE BENEFICIARIES, BY STATE, 2003\textsuperscript{a,b,c}

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in State Tables D.3 of the Compendium. The Compendium was prepared for 49 states (excluding Arizona) and the District of Columbia. FFS pharmacy reimbursement information is not available for Arizona due to a very high share of beneficiary enrollment in prepaid managed care plans.

\textsuperscript{a}The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\textsuperscript{b}Annual per-beneficiary reimbursement includes all reimbursement during the year for the number of months of Medicaid FFS pharmacy benefit coverage. Thus, some beneficiaries may have had only one month of coverage, while others were covered for twelve months. At the national level, disabled dual eligible Medicaid beneficiaries in the study population had, on average, 10.5 months of coverage.

\textsuperscript{c}Dual eligibles include beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefit coverage during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 30

AVERAGE ANNUAL PHARMACY REIMBURSEMENT AMOUNT PER BENEFICIARY FOR DUAL ELIGIBLE ALL-YEAR NURSING FACILITY RESIDENTS, BY STATE, 2003a,b,c

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in State Tables D.3 of the Compendium. The Compendium was prepared for 49 states (excluding Arizona) and the District of Columbia. FFS pharmacy reimbursement information is not available for Arizona due to a very high share of beneficiary enrollment in prepaid managed care plans.

aThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

bAnnual per-beneficiary reimbursement includes all reimbursement during the year for the number of months of Medicaid FFS pharmacy benefit coverage. Thus, some beneficiaries may have had only one month of coverage, while others were covered for twelve months. At the national level, dual eligible Medicaid beneficiaries in the study population who resided in nursing facilities full-year had, on average, 10.0 months of coverage.

cDual eligibles include beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefit coverage during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
MEDICAID PHARMACY USE AND REIMBURSEMENT,
DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
EXHIBIT 31

PERCENTAGE OF MEDICAID BENEFICIARIES USING AT LEAST ONE DRUG EXCLUDED FROM MEDICARE PART D, 2003\textsuperscript{a,b}

\begin{itemize}
  \item \textbf{Nondual Beneficiaries} \hspace{1cm} 33,924,633
    \begin{itemize}
      \item 27% At Least 1 Drug Excluded from Part D
      \item 73% No Drugs Excluded from Part D
    \end{itemize}
  \item \textbf{Dual Eligibles} \hspace{1cm} 6,653,769
    \begin{itemize}
      \item 53% At Least 1 Drug Excluded from Part D
      \item 47% No Drugs Excluded from Part D
    \end{itemize}
\end{itemize}

Source: Medicaid Analytic Extract (MAX), 2003. These graphs are based on the information contained in Tables ND.11 and D.11 of the Compendium.

\textsuperscript{a}The statute that established the Medicare Part D drug benefit excluded several types of drugs from Part D coverage. State Medicaid programs are required to continue covering these drugs for dual eligibles if they are covered for any other Medicaid beneficiaries. Drugs excluded from the Medicare Part D drug benefit include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

\textsuperscript{b}Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Tables ND.13 and D.13 of the Compendium.

The statute that established the Medicare Part D drug benefit excluded several types of drugs from Part D coverage. State Medicaid programs are required to continue covering these drugs for dual eligibles if they are covered for any other Medicaid beneficiaries. Drugs excluded from the Medicare Part D drug benefit include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 33

ANNUAL MEDICAID PHARMACY REIMBURSEMENT FOR DRUGS EXCLUDED FROM MEDICARE PART D FOR NONDUAL AND DUAL ELIGIBLE BENEFICIARIES AS A PERCENTAGE OF TOTAL ANNUAL MEDICAID REIMBURSEMENT FOR NONDUAL AND DUAL ELIGIBLE BENEFICIARIES, 2003a,b

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Tables ND.13 and D.13 of the Compendium.

aThe statute that established the Medicare Part D drug benefit excluded several types of drugs from Part D coverage. State Medicaid programs are required to continue covering these drugs for dual eligibles if they are covered for any other Medicaid beneficiaries. Drugs excluded from the Medicare Part D drug benefit include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

bDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
MEDICAID PHARMACY USE AND REIMBURSEMENT,
EXHIBIT 34


aThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

bMonthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.
EXHIBIT 35

PHARMACY REIMBURSEMENT AS A PERCENTAGE OF COSTS OF ALL SERVICES, 1999, 2001, 2002, AND 2003\textsuperscript{a,b,c}

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Table 4 of the 1999, 2001, 2002, and 2003 Compendiums.

\textsuperscript{a}The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\textsuperscript{b}Monthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.

\textsuperscript{c}In seven states in 2003 (DE, IA, NE, NY, TX, UT, and WV), expenditures include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, pharmacy reimbursement as a percentage of the costs of all Medicaid services is higher in 2003 than it would otherwise be.
EXHIBIT 36

AVERAGE ANNUAL PRESCRIPTION DRUG REIMBURSEMENT PER MEDICAID BENEFICIARY, NONDUAL BENEFICIARIES AND DUAL ELIGIBLES, 1999, 2001, 2002, AND 2003\textsuperscript{a,b,c}


\textsuperscript{a}Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

\textsuperscript{b}The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\textsuperscript{c}Monthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.
EXHIBIT 37


aDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

bThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

cMonthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.
EXHIBIT 38


Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 39


Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 40


Source: Medicaid Analytic Extract (MAX), 2003. These graph are based on the information contained in Table 5 of the Compendium.

aBrand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).
EXHIBIT 41


Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Table 2 of the 1999, 2001, 2002, and 2003 Compendiums.

*Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness, and thus includes a large number of dual eligibles. The children’s group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
EXHIBIT 42

AVERAGE MONTHLY MEDICAID PHARMACY REIMBURSEMENT BY BASIS OF ELIGIBILITY, 1999, 2001, 2002, AND 2003\textsuperscript{a,b,c}

Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Table 4 of the 1999, 2001, 2002, and 2003 Compendiums.

\textsuperscript{a}The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\textsuperscript{b}Monthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.

\textsuperscript{c}Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness, and thus includes a large number of dual eligibles. The children’s group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
EXHIBIT 43


aMedicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness, and thus includes a large number of dual eligibles. The children’s group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

bNondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 44

AVERAGE ANNUAL NUMBER OF PRESCRIPTION CLAIMS BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES, 1999, 2001, 2002, AND 2003\textsuperscript{a,b}


\textsuperscript{a}Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness, and thus includes a large number of dual eligibles. The children’s group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

\textsuperscript{b}Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 45


aMedicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness, and thus includes a large number of dual eligibles. The children’s group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

bNondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

cThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

dMonthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.
EXHIBIT 46


aMedicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness, and thus includes a large number of dual eligibles. The children’s group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

bNondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

cThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

dMonthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.
EXHIBIT 47


aMedicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness, and thus includes a large number of dual eligibles. The children’s group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

bDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 48


aMedicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness, and thus includes a large number of dual eligibles. The children’s group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

bDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 49


Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness, and thus includes a large number of dual eligibles. The children’s group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

Monthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.
EXHIBIT 50

AVERAGE MONTHLY PRESCRIPTION REIMBURSEMENT BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES, 1999, 2001, 2002, AND 2003\textsuperscript{a,b,c,d}


\textsuperscript{a}Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness, and thus includes a large number of dual eligibles. The children’s group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

\textsuperscript{b}Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

\textsuperscript{c}The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\textsuperscript{d}Monthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.
EXHIBIT 51

AVERAGE ANNUAL DRUG REIMBURSEMENT AMONG DUAL ELIGIBLE BENEFICIARIES BY AGE GROUP AND DISABILITY STATUS, 1999, 2001, 2002, AND 2003 \(^a,b,c\)

<table>
<thead>
<tr>
<th>Year</th>
<th>Duals Aged 65 or Older</th>
<th>Disabled Duals Younger than 65</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>$1,387</td>
<td>$2,143</td>
</tr>
<tr>
<td>2001</td>
<td>$1,892</td>
<td>$2,822</td>
</tr>
<tr>
<td>2002</td>
<td>$2,062</td>
<td>$3,007</td>
</tr>
<tr>
<td>2003</td>
<td>$2,237</td>
<td>$3,478</td>
</tr>
</tbody>
</table>


\(^a\) Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

\(^b\) The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\(^c\) Monthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.
EXHIBIT 52


Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Supplemental Table 1 of the 1999, 2001, 2002, and 2003 Compendiums.

*Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 53


Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Table 11 of the 1999 Compendium and Table D.2 of the 2001, 2002, and 2003 Compendiums.

*Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 54


Source: Medicaid Analytic Extract (MAX), 2003. This graph is based on the information contained in Table 13 of the 1999 and D.4 of the 2001, 2002, and 2003 Compendiums.

aDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2003. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

bThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

cMonthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.