

MDCR UTILZN D 2
Medicare Part D Utilization: Average Annual Gross Drug Costs Per Part D Enrollee, by Type of Plan, Low Income Subsidy (LIS) Eligibility, and Brand/Generic Drug Classification,
Calendar Years 2008-2013

	2008	2008	2008	2009	2009	2009	2010	2010	2010	2011	2011	2011	2012	2012	2012	2013	2013	2013
	Total Part D	Stand-Alone Prescription Drug Plan	Medicare Advantage Prescription Drug Plan	Total Part D	Stand-Alone Prescription Drug Plan	Medicare Advantage Prescription Drug Plan	Total Part D	Stand-Alone Prescription Drug Plan	Medicare Advantage Prescription Drug Plan	Total Part D	Stand-Alone Prescription Drug Plan	Medicare Advantage Prescription Drug Plan	Total Part D	Stand-Alone Prescription Drug Plan	Medicare Advantage Prescription Drug Plan	Total Part D	Stand-Alone Prescription Drug Plan	Medicare Advantage Prescription Drug Plan
Medicare Part D Enrollees																		
Overall Enrollees	25,815,060	17,415,187	8,399,873	26,969,195	17,502,254	9,466,941	27,956,455	17,819,233	10,137,222	29,556,343	18,718,075	10,838,267	31,807,992	19,903,861	11,904,130	35,679,758	22,661,451	13,018,307
Beneficiaries with No LIS	16,088,093	9,322,838	6,765,255	16,992,503	9,381,213	7,611,290	17,585,552	9,528,366	8,057,187	18,798,487	10,263,215	8,535,272	20,660,191	11,376,820	9,283,371	24,239,579	14,192,514	10,047,065
LIS Applicants	1,420,210	1,094,022	326,188	1,426,208	1,047,232	378,976	1,497,029	1,060,328	436,702	1,449,459	1,006,929	442,530	1,433,956	963,143	470,812	1,439,317	930,702	508,615
Beneficiaries Deemed Eligible for LIS ¹	8,306,757	6,998,328	1,308,429	8,550,484	7,073,809	1,476,676	8,873,873	7,230,540	1,643,334	9,308,397	7,447,932	1,860,465	9,713,845	7,563,898	2,149,948	10,000,861	7,538,234	2,462,627
Total Drug Costs																		
Overall Gross Drug Cost	\$68,525,205,207	\$51,960,589,996	\$16,564,615,211	\$73,714,614,287	\$54,352,829,125	\$19,361,785,161	\$77,623,714,186	\$56,534,559,840	\$21,089,154,346	\$84,886,761,928	\$61,432,543,029	\$23,454,218,899	\$89,831,646,902	\$64,044,471,995	\$25,787,174,907	\$103,700,731,902	\$74,402,836,412	\$29,297,895,490
Brand Name	51,249,611,318	39,447,513,224	11,802,098,094	56,754,702,445	42,378,979,301	14,375,723,143	60,319,218,158	44,653,039,528	15,666,178,630	65,914,639,761	48,556,847,478	17,357,792,283	68,125,848,092	49,355,292,448	18,770,555,645	77,731,560,413	56,586,454,972	21,145,105,442
Generic Drug	13,323,143,022	9,534,914,342	3,788,228,681	15,036,499,202	10,551,320,633	4,485,178,568	16,486,994,990	11,312,647,151	5,174,347,840	18,577,083,284	12,612,202,507	5,964,880,777	21,392,037,631	14,485,757,459	6,906,280,172	25,605,703,548	17,575,167,233	8,030,536,315
Other	3,952,450,867	2,978,162,431	974,288,436	1,923,412,640	1,422,529,191	500,883,450	817,501,038	568,873,162	248,627,877	395,038,884	263,493,044	131,545,839	313,761,179	203,422,088	110,339,091	363,467,941	241,214,208	122,253,733
Average Drug Costs Per Part D Enrollee																		
Average Gross Drug Cost	\$2,655	\$2,984	\$1,972	\$2,733	\$3,106	\$2,045	\$2,777	\$3,173	\$2,080	\$2,872	\$3,282	\$2,164	\$2,824	\$3,218	\$2,166	\$2,906	\$3,283	\$2,251
Beneficiaries with No LIS	1,879	2,061	1,628	1,926	2,131	1,673	1,927	2,152	1,660	1,985	2,237	1,682	1,983	2,245	1,662	2,127	2,433	1,696
LIS Applicants	2,848	2,865	2,793	3,079	3,115	2,978	3,178	3,215	3,087	3,399	3,431	3,326	3,464	3,513	3,362	3,690	3,774	3,537
Beneficiaries Deemed Eligible for LIS ¹	4,124	4,231	3,548	4,281	4,397	3,726	4,394	4,511	3,876	4,582	4,702	4,101	4,519	4,644	4,081	4,682	4,824	4,246
Average Plan Drug Cost	1,591	1,734	1,293	1,634	1,791	1,344	1,657	1,837	1,339	1,735	1,936	1,389	1,722	1,914	1,400	1,782	1,988	1,423
Covered	1,443	1,649	1,044	1,478	1,707	1,053	1,512	1,754	1,087	1,586	1,838	1,150	1,575	1,819	1,167	1,643	1,868	1,251
Non-Covered	148	85	279	157	84	291	144	83	252	150	98	239	147	95	233	139	120	172
Average Brand Name Drug Costs Per Part D Enrollee²																		
Average Brand Name Gross Drug Cost	\$1,985	\$2,265	\$1,405	\$2,104	\$2,421	\$1,519	\$2,158	\$2,506	\$1,545	\$2,230	\$2,594	\$1,602	\$2,142	\$2,480	\$1,577	\$2,179	\$2,497	\$1,624
Beneficiaries with No LIS	1,356	1,518	1,132	1,442	1,626	1,215	1,434	1,638	1,193	1,469	1,694	1,197	1,448	1,680	1,163	1,553	1,822	1,172
LIS Applicants	2,174	2,206	2,066	2,442	2,489	2,311	2,552	2,607	2,421	2,731	2,786	2,606	2,746	2,814	2,605	2,898	2,993	2,725
Beneficiaries Deemed Eligible for LIS ¹	3,172	3,270	2,652	3,365	3,466	2,879	3,526	3,635	3,043	3,690	3,808	3,218	3,529	3,639	3,139	3,592	3,707	3,242
Average Brand Name Plan Drug Cost	1,172	1,299	908	1,253	1,395	991	1,300	1,471	999	1,366	1,558	1,035	1,334	1,512	1,036	1,365	1,550	1,045
Covered	1,084	1,252	738	1,152	1,343	799	1,204	1,416	831	1,267	1,491	880	1,241	1,454	883	1,283	1,476	948
Non-Covered	87	47	170	101	52	192	96	55	168	99	67	156	93	58	152	82	74	97
Average Generic Drug Costs Per Part D Enrollee²																		
Average Generic Gross Drug Cost	\$516	\$548	\$451	\$558	\$603	\$474	\$590	\$635	\$510	\$629	\$674	\$550	\$673	\$728	\$580	\$718	\$776	\$617
Beneficiaries with No LIS	419	432	401	437	454	416	473	494	448	507	533	475	528	557	493	568	603	518
LIS Applicants	515	501	560	557	547	586	592	577	629	653	631	702	706	688	742	780	770	797
Beneficiaries Deemed Eligible for LIS ¹	704	708	681	797	808	742	821	829	786	871	874	858	975	990	922	1,073	1,102	984
Average Generic Plan Drug Cost	325	334	306	338	349	318	340	348	324	363	372	347	383	397	359	412	433	374
Covered	277	303	223	289	321	229	294	322	245	313	341	266	331	361	280	356	388	300
Non-Covered	48	31	83	49	28	88	45	26	79	50	31	82	53	36	80	56	46	74

¹Includes certain groups of Medicare beneficiaries who are automatically deemed eligible for the low-income subsidy and do not have to apply. The following groups are deemed eligible: Full-benefit dual eligibles, that is, persons eligible for both Medicare and full Medicaid benefits; Supplemental Security Income (SSI) recipients, including SSI recipients who do not qualify for Medicaid, and individuals deemed to be SSI recipients; and Medicare beneficiaries who are participants in the Medicare Savings Programs (MSP).

²Generic drugs are identified using the Food and Drug Administration's NDC Marketing Category.

NOTE: Enrollee counts are determined using a person-year methodology that accounts for the number of months a beneficiary is enrolled in the calendar year.

SOURCE: Centers for Medicare & Medicaid Services, Office of Enterprise Data and Analytics, CMS Chronic Conditions Data Warehouse.