

MDCR UTLZN D 3
Medicare Part D Utilization: Average Annual Gross Drug Costs Per Part D Utilizer, 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 Utilizers																		
Overall Utilizers	25,270,742	16,967,121	8,303,621	26,505,756	17,164,144	9,341,612	27,510,614	17,528,784	9,981,830	29,102,032	18,401,763	10,700,269	31,277,635	19,489,840	11,787,795	35,097,049	22,209,965	12,887,084
Beneficiaries with No LIS	15,599,641	9,041,757	6,557,884	16,556,831	9,176,667	7,380,164	17,144,492	9,370,081	7,774,411	18,344,531	10,104,774	8,239,757	20,195,305	11,198,408	8,996,897	23,711,595	13,968,022	9,723,573
LIS Applicants	1,332,993	994,622	338,371	1,340,217	953,431	386,786	1,389,939	953,564	436,375	1,364,120	911,794	452,326	1,341,202	863,885	477,317	1,351,951	834,897	517,054
Beneficiaries Deemed Eligible for LIS ¹	8,338,108	6,930,742	1,407,366	8,608,708	7,034,046	1,574,662	8,976,183	7,205,139	1,771,044	9,993,381	7,385,195	2,008,186	9,741,128	7,427,547	2,313,581	10,033,503	7,387,046	2,646,457
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 Utilizers																		
Average Gross Drug Cost	\$2,712	\$3,062	\$1,995	\$2,781	\$3,167	\$2,073	\$2,822	\$3,225	\$2,113	\$2,917	\$3,338	\$2,192	\$2,872	\$3,286	\$2,188	\$2,955	\$3,350	\$2,273
Beneficiaries with No LIS	1,938	2,125	1,679	1,976	2,178	1,725	1,976	2,189	1,720	2,034	2,272	2,028	2,280	1,715	2,175	2,468	1,753	
LIS Applicants	3,035	3,151	2,692	3,276	3,422	2,918	3,422	3,575	3,090	3,611	3,789	3,254	3,703	3,316	3,929	4,207	3,479	
Beneficiaries Deemed Eligible for LIS ¹	4,108	4,272	3,299	4,252	4,422	3,494	4,343	4,527	3,597	4,541	4,742	3,800	4,507	4,729	3,793	4,667	4,923	3,951
Average Plan Drug Cost	1,625	1,780	1,308	1,663	1,827	1,362	1,683	1,867	1,360	1,763	1,969	1,407	1,751	1,955	1,434	1,811	2,028	1,438
Covered	1,474	1,693	1,026	1,504	1,741	1,067	1,537	1,783	1,104	1,610	1,869	1,165	1,602	1,858	1,178	1,671	1,906	1,264
Non-Covered	151	87	282	159	86	295	146	84	256	152	100	242	149	97	235	141	122	174
Average Brand Name Drug Costs Per Part D Utilizers²																		
Average Brand Name Gross Drug Cost	\$2,309	\$2,600	\$1,682	\$2,461	\$2,783	\$1,835	\$2,587	\$2,938	\$1,929	\$2,751	\$3,130	\$2,054	\$2,698	\$3,070	\$2,047	\$2,824	\$3,172	\$2,182
Beneficiaries with No LIS	1,618	1,764	1,403	1,733	1,894	1,520	1,777	1,950	1,554	1,884	2,089	1,614	1,890	2,117	1,589	2,081	2,345	1,668
LIS Applicants	2,621	2,746	2,253	2,941	3,098	2,556	3,169	3,348	2,779	3,428	3,643	2,997	3,527	3,784	3,067	3,801	4,126	3,282
Beneficiaries Deemed Eligible for LIS ¹	3,498	3,647	2,752	3,718	3,872	3,024	3,946	4,126	3,210	4,211	4,419	3,446	4,126	4,347	3,418	4,305	4,554	3,614
Average Brand Name Plan Drug Cost	1,363	1,491	1,086	1,465	1,603	1,197	1,558	1,725	1,247	1,685	1,880	1,327	1,681	1,872	1,345	1,770	1,968	1,403
Covered	1,261	1,436	883	1,347	1,543	965	1,443	1,660	1,037	1,562	1,799	1,128	1,563	1,800	1,147	1,663	1,875	1,273
Non-Covered	102	54	204	118	60	232	116	65	210	122	80	199	118	72	198	106	93	130
Average Generic Drug Costs Per Part D Utilizers¹																		
Average Generic Gross Drug Cost	\$548	\$583	\$475	\$584	\$633	\$495	\$613	\$660	\$530	\$650	\$698	\$568	\$694	\$754	\$595	\$739	\$802	\$632
Beneficiaries with No LIS	452	466	433	465	482	444	498	516	476	531	553	503	550	576	518	589	621	543
LIS Applicants	567	571	655	609	617	709	655	639	704	709	695	764	777	740	839	869	790	
Beneficiaries Deemed Eligible for LIS ¹	721	735	649	807	829	708	824	845	739	873	893	804	982	1,018	864	1,078	1,134	923
Average Generic Plan Drug Cost	345	356	322	354	367	332	353	362	337	375	385	359	396	412	369	424	448	383
Covered	294	323	235	303	337	240	306	335	255	324	353	274	341	374	287	366	401	307
Non-Covered	51	33	87	52	30	92	47	27	82	52	32	85	54	38	82	58	47	76

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 NSDE Marketing Category.

NOTES: Utilizer counts are determined based on beneficiaries with at least 1 Part D prescription drug fill in the calendar year. Utilizer counts are not adjusted based on the number of months a beneficiary is enrolled.

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