

**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 2009-2014**

	2009	2009	2009	2010	2010	2010	2011	2011	2011	2012	2012	2012	2013	2013	2013	2014	2014	2014
	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
<b>Medicare Part D Utilizers</b>																		
Overall Utilizers	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	37,138,508	22,966,626	14,171,882
Beneficiaries with No LIS	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	6,996,897	23,711,595	13,988,022	9,723,573	25,407,610	14,891,744	10,515,866
LIS Applicants	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	1,375,496	816,594	558,902
Beneficiaries Deemed Eligible for LIS <sup>1</sup>	8,608,708	7,034,046	1,574,662	8,976,183	7,205,139	1,771,044	9,393,381	7,385,195	2,008,186	9,741,128	7,427,547	2,313,581	10,033,503	7,387,046	2,646,457	10,355,402	7,258,288	3,097,114
<b>Total Drug Costs</b>																		
Overall Gross Drug Cost	\$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	\$121,460,557,892	\$84,442,391,072	\$37,018,166,820
Brand Name	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	92,940,043,343	65,565,634,954	27,374,408,389
Generic Drug	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	28,100,889,385	18,609,130,543	9,491,758,842
Other	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	419,625,164	267,625,575	151,999,589
<b>Average Drug Costs Per Part D Utilizers</b>																		
Average Gross Drug Cost	\$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	\$3,271	\$3,677	\$2,612
Beneficiaries with No LIS	1,976	2,178	1,725	1,976	2,189	1,720	2,034	2,272	1,742	2,208	2,280	1,715	2,175	2,468	1,753	2,382	2,678	1,963
LIS Applicants	3,276	3,422	2,918	3,422	3,575	3,090	3,611	3,789	3,254	3,703	3,917	3,316	3,929	3,479	4,497	4,838	4,838	4,000
Beneficiaries Deemed Eligible for LIS <sup>1</sup>	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	5,288	5,596	4,565
Average Plan Drug Cost	1,663	1,827	1,362	1,683	1,867	1,360	1,763	1,969	1,407	1,751	1,955	1,414	1,811	2,028	1,438	2,003	2,216	1,657
Covered	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	1,921	2,167	1,521
Non-Covered	159	86	295	146	84	256	152	100	242	149	97	235	141	122	174	82	49	136
<b>Average Brand Name Drug Costs Per Part D Utilizers<sup>2</sup></b>																		
Average Brand Name Gross Drug Cost	\$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	\$3,245	\$3,623	\$2,597
Beneficiaries with No LIS	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	2,367	2,646	1,941
LIS Applicants	2,941	3,098	2,556	3,169	3,348	2,779	3,428	3,643	2,997	3,527	3,801	3,067	3,801	4,126	3,282	4,448	4,860	3,853
Beneficiaries Deemed Eligible for LIS <sup>1</sup>	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	5,051	5,372	4,305
Average Brand Name Plan Drug Cost	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	2,063	2,275	1,698
Covered	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	1,992	2,224	1,592
Non-Covered	118	60	232	116	65	210	122	80	199	118	72	198	106	93	130	71	51	106
<b>Average Generic Drug Costs Per Part D Utilizers<sup>1</sup></b>																		
Average Generic Gross Drug Cost	\$584	\$633	\$495	\$613	\$660	\$530	\$650	\$698	\$568	\$694	\$754	\$595	\$739	\$802	\$632	\$766	\$820	\$678
Beneficiaries with No LIS	465	482	444	498	516	476	531	553	503	550	576	518	589	621	543	611	637	573
LIS Applicants	609	617	709	650	655	639	704	587	695	764	777	740	839	869	790	909	938	866
Beneficiaries Deemed Eligible for LIS <sup>1</sup>	807	829	708	824	845	739	873	893	804	982	1,018	864	1,078	1,134	923	1,126	1,181	998
Average Generic Plan Drug Cost	354	367	332	353	362	337	375	385	332	396	412	369	424	448	383	412	424	392
Covered	303	337	240	306	335	255	324	353	274	341	374	287	366	401	307	384	414	335
Non-Covered	52	30	97	47	27	82	52	32	85	54	38	82	58	47	76	28	10	57

<sup>1</sup>Includes 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).

<sup>2</sup>Generic drugs are identified using the Food and Drug Administration's NDSE 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.