

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 2010-2015

	2010			2011			2012			2013			2014			2015		
	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	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	37,720,840	23,437,148	14,283,691	39,505,335	24,092,868	15,412,467
Beneficiaries with No LIS	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	25,953,921	15,055,269	10,898,652	27,377,918	15,855,131	11,522,788
LIS Applicants	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	1,453,382	906,182	547,199	1,484,251	883,842	600,410
Beneficiaries Deemed Eligible for LIS ¹	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	10,313,537	7,475,698	2,837,840	10,643,165	7,353,896	3,289,269
Total Drug Costs																		
Overall Gross Drug Cost	\$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	\$137,378,037,828	\$93,349,323,538	\$44,028,714,291
Brand Name	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	107,947,589,307	74,308,573,906	33,639,015,402
Generic Drug	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	28,943,024,116	18,738,510,310	10,204,513,806
Other	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	487,424,405	302,239,322	185,185,083
Average Drug Costs Per Part D Enrollee																		
Average Gross Drug Cost	\$2,777	\$3,173	\$2,080	\$2,872	\$3,282	\$2,164	\$2,824	\$3,218	\$2,166	\$2,906	\$3,283	\$2,251	\$3,220	\$3,603	\$2,592	\$3,478	\$3,875	\$2,857
Beneficiaries with No LIS	1,927	2,152	1,660	1,985	2,237	1,682	1,983	2,245	1,662	2,127	2,433	1,696	2,332	2,648	1,894	2,507	2,837	2,054
LIS Applicants	3,178	3,215	3,087	3,399	3,431	3,326	3,464	3,513	3,362	3,690	3,774	3,537	4,256	4,360	4,085	4,748	4,882	4,552
Beneficiaries Deemed Eligible for LIS ¹	4,394	4,511	3,876	4,582	4,702	4,101	4,519	4,644	4,081	4,682	4,824	4,246	5,309	5,434	4,982	5,796	5,990	5,361
Average Plan Drug Cost	1,657	1,837	1,339	1,735	1,936	1,389	1,722	1,914	1,400	1,782	1,988	1,423	1,972	1,644	2,190	2,406	1,853	
Covered	1,512	1,754	1,087	1,586	1,838	1,150	1,575	1,819	1,167	1,643	1,868	1,251	1,891	2,124	1,509	2,121	2,365	1,738
Non-Covered	144	83	252	150	98	239	147	95	233	139	120	172	81	48	135	70	41	115
Average Brand Name Drug Costs Per Part D Enrollee²																		
Average Brand Name Gross Drug Cost	\$2,158	\$2,506	\$1,545	\$2,230	\$2,594	\$1,602	\$2,142	\$2,480	\$1,577	\$2,179	\$2,497	\$1,624	\$2,464	\$2,798	\$1,917	\$2,733	\$3,084	\$2,183
Beneficiaries with No LIS	1,434	1,638	1,193	1,469	1,694	1,197	1,448	1,680	1,163	1,553	1,822	1,172	1,735	2,019	1,342	1,927	2,226	1,516
LIS Applicants	2,552	2,607	2,421	2,731	2,786	2,606	2,746	2,814	2,605	2,898	2,993	2,725	3,390	3,511	3,190	3,887	4,045	3,653
Beneficiaries Deemed Eligible for LIS ¹	3,526	3,635	3,043	3,690	3,808	3,218	3,529	3,639	3,139	3,502	3,707	3,242	4,168	4,279	3,877	4,643	4,820	4,248
Average Brand Name Plan Drug Cost	1,300	1,471	999	1,366	1,558	1,035	1,334	1,512	1,036	1,365	1,550	1,045	1,566	1,757	1,253	1,792	1,999	1,469
Covered	1,204	1,416	831	1,267	1,491	880	1,241	1,454	883	1,283	1,476	948	1,512	1,718	1,175	1,746	1,966	1,401
Non-Covered	96	55	168	99	67	156	93	58	152	82	74	97	54	39	78	46	32	68
Average Generic Drug Costs Per Part D Enrollee²																		
Average Generic Gross Drug Cost	\$590	\$635	\$510	\$629	\$674	\$550	\$673	\$728	\$580	\$718	\$776	\$617	\$745	\$794	\$665	\$733	\$778	\$662
Beneficiaries with No LIS	473	494	448	507	533	475	528	557	493	568	603	518	589	621	545	572	602	530
LIS Applicants	592	577	629	653	631	702	706	688	742	780	770	797	851	836	877	845	825	878
Beneficiaries Deemed Eligible for LIS ¹	821	829	786	871	874	858	975	990	922	1,073	1,102	984	1,122	1,137	1,082	1,131	1,150	1,086
Average Generic Plan Drug Cost	340	348	324	363	372	347	383	397	359	412	433	374	400	410	385	392	401	377
Covered	294	322	245	313	341	266	331	361	280	356	388	300	373	401	328	369	393	331
Non-Covered	45	26	79	50	31	82	53	36	80	56	46	74	27	9	56	23	8	46

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.

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.