

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 2011-2016

	2011	2011	2011	2012	2012	2012	2013	2013	2013	2014	2014	2014	2015	2015	2015	2016	2016	2016
	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	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	38,896,097	23,732,120	15,163,977	40,520,742	24,429,932	16,090,810
Beneficiaries with No LIS	18,344,531	10,104,774	8,239,757	20,195,305	11,198,408	8,996,897	23,711,595	13,988,022	9,723,573	25,407,610	14,891,744	10,515,866	26,825,768	15,729,157	11,096,611	28,191,109	16,481,670	11,709,439
LIS Applicants	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	1,410,251	797,815	612,436	1,424,285	773,624	650,661
Beneficiaries Deemed Eligible for LIS ¹	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	10,660,078	7,205,148	3,454,930	10,905,348	7,174,638	3,730,710
Total Drug Costs																		
Overall Gross Drug Cost	\$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	\$146,150,496,279	\$97,790,747,523	\$48,359,748,756
Brand Name	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	115,063,392,035	78,036,979,663	37,026,412,372
Generic Drug	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	30,580,918,491	19,450,477,844	11,130,440,647
Other	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	506,185,753	303,290,016	202,895,737
Average Drug Costs Per Part D Utilizers																		
Average Gross Drug Cost	\$2,917	\$3,338	\$2,192	\$2,872	\$3,286	\$2,188	\$2,955	\$3,350	\$2,273	\$3,271	\$3,677	\$2,612	\$3,532	\$3,934	\$2,904	\$3,607	\$4,003	\$3,005
Beneficiaries with No LIS	2,034	2,272	1,742	2,028	2,280	1,715	2,175	2,468	1,753	2,382	2,678	1,963	2,559	2,860	2,133	2,927	2,927	2,171
LIS Applicants	3,611	3,789	3,254	3,703	3,917	3,316	3,929	4,207	3,479	4,497	4,838	4,000	4,998	5,408	4,463	5,201	5,650	4,666
Beneficiaries Deemed Eligible for LIS ¹	4,541	4,742	3,800	4,507	4,729	3,793	4,667	4,923	3,951	5,288	5,596	4,565	5,786	6,114	5,104	5,968	6,297	5,336
Average Plan Drug Cost	1,763	1,969	1,407	1,751	1,955	1,414	1,811	2,028	1,438	2,003	2,216	1,657	2,224	2,443	1,883	2,302	2,525	1,964
Covered	1,610	1,869	1,165	1,602	1,858	1,178	1,671	1,906	1,264	1,921	2,167	1,521	2,154	2,401	1,767	2,229	2,481	1,846
Non-Covered	152	100	242	149	97	235	141	122	174	82	49	136	71	41	116	73	44	119
Average Brand Name Drug Costs Per Part D Utilizers²																		
Average Brand Name Gross Drug Cost	\$2,751	\$3,130	\$2,054	\$2,698	\$3,070	\$2,047	\$2,824	\$3,172	\$2,182	\$3,245	\$3,623	\$2,597	\$3,681	\$4,061	\$3,051	\$3,926	\$4,319	\$3,295
Beneficiaries with No LIS	1,884	2,089	1,614	1,890	2,117	1,589	2,081	2,345	1,668	2,367	2,646	1,941	2,697	2,983	2,260	2,895	3,201	2,431
LIS Applicants	3,428	3,643	3,067	3,527	3,784	3,067	3,801	4,126	3,282	4,448	4,860	3,853	5,149	5,653	4,495	5,299	6,118	4,830
Beneficiaries Deemed Eligible for LIS ¹	4,211	4,419	3,446	4,126	4,347	3,418	4,305	4,554	3,614	5,051	5,372	4,305	5,718	6,074	4,977	6,078	6,473	5,319
Average Brand Name Plan Drug Cost	1,685	1,880	1,327	1,681	1,872	1,345	1,770	1,968	1,403	2,063	2,275	1,698	2,414	2,632	2,054	2,624	2,857	2,250
Covered	1,562	1,799	1,128	1,563	1,800	1,147	1,663	1,875	1,273	1,992	2,224	1,592	2,352	2,589	1,958	2,551	2,808	2,140
Non-Covered	122	80	199	118	72	198	106	93	130	71	51	106	62	43	95	73	50	110
Average Generic Drug Costs Per Part D Utilizers¹																		
Average Generic Gross Drug Cost	\$650	\$698	\$568	\$694	\$754	\$595	\$739	\$802	\$632	\$766	\$820	\$678	\$753	\$799	\$681	\$763	\$805	\$699
Beneficiaries with No LIS	531	553	503	550	576	518	589	621	543	611	637	573	591	615	557	597	628	552
LIS Applicants	704	705	869	764	777	740	839	869	790	909	938	866	897	921	867	919	920	919
Beneficiaries Deemed Eligible for LIS ¹	873	893	804	982	1,018	864	1,078	1,134	923	1,126	1,181	998	1,138	1,184	1,041	1,170	1,196	1,119
Average Generic Plan Drug Cost	375	385	348	396	412	383	424	448	383	412	424	392	403	412	388	402	410	390
Covered	324	353	274	341	374	287	366	401	307	384	414	335	379	404	341	381	403	349
Non-Covered	52	32	85	54	38	82	58	47	76	28	10	57	23	8	47	21	7	42

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.

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.