

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 CONNECTICUT

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
CONNECTICUT, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g
1. Benes who were eligible for Medicaid during at least one month ^a	417,767 (A)	80,036 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	413,068 (B)	75,433 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	194,011 (C)	75,327 (G)
4. Benes who were all-year nursing facility residents ^f	19,655 (D)	18,491 (H)

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.

c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.

d. The total Medicaid pharmacy reimbursement for Connecticut in 1999 was \$223,927,979, of which \$79,036 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.

f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 1999. All benefit months of such dual eligible beneficiaries, of which 1.9 percent were restricted benefit months without a pharmacy benefit in Connecticut, were used in the dual tables. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 CONNECTICUT, 1999

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos				Other/Unknown
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	
All	194,011	52,878	54,757	24,887	61,489	0	1,353,235	542,651	579,678	60,267	170,639	0
Age												
5 and younger	21,169	0	0	4	21,165	0	49,560	0	0	6	49,554	0
6-14	23,614	0	5	8	23,601	0	64,143	0	60	21	64,062	0
15-20	15,872	0	641	1,567	13,664	0	51,590	0	5,699	3,737	42,154	0
21-44	49,746	1	25,170	21,594	2,981	0	331,464	5	265,567	51,179	14,713	0
45-64	30,330	7	28,559	1,694	70	0	309,990	53	304,627	5,166	144	0
65-74	16,574	16,174	382	18	0	0	177,017	173,152	3,725	140	0	0
75-84	18,163	18,161	0	2	0	0	187,618	187,600	0	18	0	0
85 and older	18,535	18,535	0	0	0	0	181,841	181,841	0	0	0	0
Unknown	8	0	0	0	8	0	12	0	0	0	12	0
Gender												
Female	120,027	38,952	28,417	21,228	31,430	0	844,293	403,543	304,987	50,975	84,788	0
Male	73,983	13,926	26,340	3,658	30,059	0	508,938	139,108	274,691	9,288	85,851	0
Unknown	1	0	0	1	0	4	0	0	0	4	0	0
Race												
White	106,766	40,320	31,861	10,073	24,512	0	841,384	408,388	342,305	25,439	65,252	0
African American	36,204	5,679	10,507	6,003	14,015	0	220,937	61,319	108,725	14,543	36,350	0
Other/unknown	51,041	6,879	12,389	8,811	22,962	0	290,914	72,944	128,648	20,285	69,037	0
Use of Nursing Facilities												
All year	19,655	18,031	1,624	0	0	0	200,984	183,285	17,699	0	0	0
Part year	8,283	6,844	1,431	5	3	0	81,580	66,665	14,873	27	15	0
None	166,073	28,003	51,702	24,882	61,486	0	1,070,671	292,701	547,106	60,240	170,624	0
Maintenance Assistance Status												
Cash	55,293	7,764	20,573	9,873	17,083	0	376,297	87,150	229,838	21,651	37,658	0
Medically needy	34,521	11,481	19,317	2,022	1,701	0	332,718	118,415	199,413	8,406	6,484	0
Poverty-related	34,037	540	913	5,791	26,793	0	94,085	5,927	9,844	12,794	65,520	0
Other/unknown	70,160	33,093	13,954	7,201	15,912	0	550,135	331,159	140,583	17,416	60,977	0
Dual Medicare Status^c												
Full dual, all year	71,838	46,742	24,704	338	54	0	750,743	477,804	269,789	2,638	512	0
Full dual, part year	3,489	1,590	1,887	12	0	0	38,724	17,516	21,071	137	0	0
Non-dual, all year	118,684	4,546	28,166	24,537	61,435	0	563,768	47,331	288,818	57,492	170,127	0
Managed Care Status												
FFS all year	124,609	52,872	53,817	6,212	11,708	0	1,192,298	542,608	574,256	19,364	56,070	0
FFS part year, with Rx claims	13,302	5	726	4,827	7,744	0	38,086	38	4,600	12,596	20,852	0
FFS part year, no Rx claims	56,100	1	214	13,848	42,037	0	122,851	5	822	28,307	93,717	0

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 1/2003. This table was produced on 06/25/2004.

Table 2

All Medicaid Beneficiaries

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 CONNECTICUT, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Beneficiaries
All	55.7 %	22.4	\$1,154	\$51	\$11,917	9.7 %	\$50	194,011
Age								
5 and younger	14.6	0.4	12	29	1,966	0.6	4	21,169
6-14	13.6	0.9	46	53	1,225	3.7	13	23,614
15-20	20.5	1.6	92	57	2,089	4.4	10	15,872
21-44	53.5	19.2	1,332	69	10,576	12.6	40	49,746
45-64	84.6	40.9	2,336	57	16,900	13.8	121	30,330
65-74	85.5	37.6	1,725	46	14,380	12.0	106	16,574
75-84	87.1	41.6	1,673	40	21,690	7.7	66	18,163
85 and older	87.9	39.0	1,346	35	28,991	4.6	25	18,535
Unknown	0.0	0.0	0	0	0	0.0	0	8
Basis of Eligibility								
Aged	86.9	39.5	1,576	40	22,026	7.2	64	52,878
Disabled	85.6	39.9	2,490	62	18,438	13.5	104	54,757
Adults	24.4	1.3	78	60	1,609	4.8	3	24,887
Children	15.0	0.7	36	49	1,590	2.3	8	61,489
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	58.2	24.2	1,134	47	11,933	9.5	50	120,027
Male	51.7	19.5	1,186	61	11,892	10.0	50	73,983
Unknown	100.0	1.0	6	6	1,349	0.4	0	1
Race								
White	64.8	29.8	1,462	49	17,187	8.5	45	106,766
African American	47.8	16.4	957	58	7,293	13.1	66	36,204
Other/unknown	42.4	11.3	648	57	4,173	15.5	48	51,041
Use of Nursing Facilities								
Entire year	90.9	50.8	1,951	38	41,252	4.7	19	19,655
Part year	93.6	54.5	2,358	43	30,741	7.7	62	8,283
None	49.7	17.5	999	57	7,507	13.3	53	166,073
Maintenance Assistance Status								
Cash	55.1	21.6	1,258	58	8,059	15.6	58	55,293
Medically needy	80.2	33.3	1,864	56	8,788	21.2	88	34,521
Poverty related	16.5	1.1	58	54	1,590	3.7	6	34,037
Other/unknown	63.2	28.1	1,254	45	21,508	5.8	45	70,160

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 CONNECTICUT, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				3.0 %
All	3.2	\$165	9.7 %	44.3 %	17.0 %	8.2 %	16.9 %	10.6 %	3.0 %	\$1,709	194,011	1,353,235
Age												
5 and younger	0.2	5	0.6	85.4	11.9	1.8	0.7	0.1	0.0	840	21,169	49,560
6-14	0.3	17	3.7	86.4	9.8	2.2	1.3	0.3	0.1	451	23,614	64,143
15-20	0.5	28	4.4	79.5	14.6	2.9	2.2	0.5	0.2	643	15,872	51,590
21-44	2.9	200	12.6	46.5	21.0	8.2	13.8	7.7	2.8	1,587	49,746	331,464
45-64	4.0	229	13.8	15.4	19.7	12.4	28.4	18.2	5.9	1,654	30,330	309,990
65-74	3.5	162	12.0	14.5	21.7	13.7	28.2	17.5	4.4	1,346	16,574	177,017
75-84	4.0	162	7.7	12.9	16.5	12.1	30.9	21.7	5.9	2,100	18,163	187,618
85 and older	4.0	137	4.6	12.1	14.9	12.2	33.2	23.0	4.5	2,955	18,535	181,841
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	8	12
Basis of Eligibility												
Aged	3.9	154	7.2	13.1	17.5	12.6	30.9	20.9	5.0	2,146	52,878	542,651
Disabled	3.8	235	13.5	14.4	23.3	12.6	27.2	16.8	5.8	1,742	54,757	579,678
Adults	0.5	32	4.8	75.6	16.0	4.1	3.2	0.9	0.2	665	24,887	60,267
Children	0.3	13	2.3	85.0	11.3	2.2	1.2	0.2	0.1	573	61,489	170,639
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.4	161	9.5	41.8	16.7	8.6	18.0	11.6	3.3	1,696	120,027	844,293
Male	2.8	172	10.0	48.3	17.5	7.6	15.1	9.0	2.6	1,729	73,983	508,938
Unknown	0.3	2	0.4	0.0	100.0	0.0	0.0	0.0	0.0	337	1	4
Race												
White	3.8	186	8.5	35.2	15.9	8.9	20.8	14.7	4.5	2,181	106,766	841,384
African American	2.7	157	13.1	52.2	17.6	7.4	13.8	7.1	1.8	1,195	36,204	220,937
Other/unknown	2.0	114	15.5	57.6	18.8	7.4	10.9	4.5	0.9	732	51,041	290,914
Use of Nursing Facilities												
Entire year	5.0	191	4.7	9.1	10.4	9.4	32.5	29.9	8.8	4,034	19,655	200,984
Part year	5.5	239	7.7	6.4	9.0	10.0	34.1	30.0	10.5	3,121	8,283	81,580
None	2.7	155	13.3	50.3	18.2	8.0	14.2	7.4	2.0	1,164	166,073	1,070,671
Maintenance Assistance Status												
Cash	3.2	185	15.6	44.9	19.3	8.4	15.6	9.0	2.7	1,184	55,293	376,297
Medically needy	3.5	193	21.2	19.8	22.4	12.7	26.3	14.5	4.2	912	34,521	332,718
Poverty related	0.4	21	3.7	83.5	12.4	2.2	1.5	0.3	0.1	575	34,037	94,085
Other/unknown	3.6	160	5.8	36.8	14.7	8.7	20.7	15.0	4.1	2,743	70,160	550,135

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 4

All Medicaid Beneficiaries

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 CONNECTICUT, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
All	3.2	\$165	1.2	\$106	0.5	\$27	1.4	\$27
Age								
5 and younger	0.2	5	0.0	3	0.0	0	0.1	2
6-14	0.3	17	0.1	11	0.0	2	0.2	3
15-20	0.5	28	0.2	18	0.1	3	0.2	6
21-44	2.9	200	1.2	136	0.4	34	1.2	25
45-64	4.0	229	1.6	153	0.5	35	1.7	33
65-74	3.5	162	1.4	101	0.5	27	1.5	28
75-84	4.0	162	1.4	96	0.7	28	1.8	33
85 and older	4.0	137	1.3	78	0.7	23	1.9	32
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility								
Aged	3.9	154	1.3	91	0.6	26	1.7	31
Disabled	3.8	235	1.5	158	0.5	38	1.6	32
Adults	0.5	32	0.2	19	0.0	5	0.3	7
Children	0.3	13	0.1	8	0.0	1	0.1	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	3.4	161	1.3	103	0.5	26	1.5	28
Male	2.8	172	1.1	113	0.4	30	1.2	25
Unknown	0.3	2	0.0	0	0.0	0	0.3	2
Race								
White	3.8	186	1.4	115	0.6	32	1.7	32
African American	2.7	157	1.1	110	0.4	22	1.1	20
Other/unknown	2.0	114	0.9	79	0.2	16	0.8	15
Use of Nursing Facilities								
Entire year	5.0	191	1.6	112	0.8	31	2.3	42
Part year	5.5	239	1.9	151	0.9	34	2.5	47
None	2.7	155	1.1	102	0.4	26	1.1	22
Maintenance Assistance								
Status								
Cash	3.2	185	1.3	121	0.4	32	1.3	26
Medically needy	3.5	193	1.4	128	0.5	31	1.4	28
Poverty related	0.4	21	0.2	13	0.0	3	0.2	4
Other/unknown	3.6	160	1.3	99	0.6	25	1.6	31

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

Table 5

All Medicaid Beneficiaries

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Connecticut, 4.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 CONNECTICUT, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users					
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos
Anti-infective Agents	0.4	0.2	0.0	0.1	\$39	\$1	\$3	\$102	\$157	\$70	\$18	\$23,767,945	59,941	30.9%	614,484
Biologics	0.1	0.1	0.0	0.0	16	6	9	150	71	1,510	315	302,809	1,628	0.8	18,427
Antineoplastic Agents	0.5	0.2	0.1	0.2	90	60	10	182	294	169	57	3,046,868	3,266	1.7	33,817
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	27	20	4	34	57	20	14	10,867,724	37,803	19.5	399,535
Cardiovascular Agents	1.4	0.5	0.3	0.6	50	26	14	35	56	43	16	29,515,095	54,981	28.3	589,650
Respiratory Agents	0.7	0.4	0.0	0.3	27	19	1	39	53	37	23	11,204,492	40,380	20.8	421,018
Gastrointestinal Agents	0.6	0.3	0.0	0.3	45	33	2	69	114	74	28	16,271,725	33,646	17.3	364,334
Genitourinary Agents	0.4	0.2	0.0	0.2	15	12	0	38	52	39	20	1,985,745	12,135	6.3	129,712
CNS Drugs	1.5	0.7	0.2	0.6	103	67	24	67	100	99	20	64,944,597	59,206	30.5	629,627
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.1	0.4	24	5	7	39	54	53	30	244,577	1,258	0.6	10,340
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.1	74	72	0	114	126	50	27	1,622,337	2,058	1.1	21,966
Analgesics and Anesthetics	0.6	0.2	0.1	0.4	28	17	5	44	96	70	14	14,131,254	48,251	24.9	505,563
Neuromuscular Agents	1.1	0.4	0.2	0.6	52	32	7	45	77	45	22	17,654,904	31,436	16.2	341,212
Nutritional Products	0.6	0.0	0.3	0.3	17	2	7	28	110	26	24	2,666,761	16,031	8.3	160,615
Hematological Agents	0.8	0.1	0.2	0.5	53	32	11	69	379	46	22	8,813,982	15,762	8.1	166,733
Topical Products	0.5	0.2	0.1	0.2	15	9	3	32	47	38	15	7,702,717	47,192	24.3	505,466
Miscellaneous Products	0.3	0.2	0.1	0.1	58	33	20	5	167	211	304	1,954,572	3,224	1.7	33,738
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	18	0	0	40	0	0	0	7,150,839	37,054	19.1	404,090
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	223,848,943	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Connecticut, 4.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 CONNECTICUT, 1999

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$37,143,584	36,426 18.8 %	399,654	0.9	\$105	\$93	
ANTIDEPRESSANTS	19,855,450	49,212 25.4	527,933	0.7	54	38	
ANTICONVULSANT	14,837,154	27,781 14.3	303,942	0.9	53	49	
ANTIVIRAL	14,234,120	9,891 5.1	105,475	0.5	287	135	
ULCER DRUGS	13,135,727	32,698 16.9	357,152	0.5	78	37	
ANALGESICS - Narcotic	8,111,110	45,995 23.7	489,342	0.4	42	17	
ANTIDIABETIC	8,080,340	26,524 13.7	289,542	0.7	43	28	
ANTIHYPERTENSIVE	7,779,608	29,552 15.2	321,920	0.6	40	24	
ANTIASTHMATIC	6,982,780	36,190 18.7	377,962	0.5	41	18	
ANTHYPERLIPIDEMIC	6,889,351	13,402 6.9	150,574	0.6	81	46	

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a,b,c}
 CONNECTICUT, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	2,051,727	\$137,049,224	36,426	18.8 %	399,654	0.9	\$93	49,212	25.4 %	527,933	0.7	\$38					
Female	1,302,213	79,468,244	21,650	18.0	238,012	0.8	77	33,692	28.1	362,403	0.7	37					
Disabled	672,916	46,670,777	11,509	40.5	130,756	0.9	99	18,031	63.5	201,649	0.7	39					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	2,445	160,903	59	19.6	562	0.9	98	84	27.9	837	0.7	42					
21-44	267,703	20,245,141	5,629	48.1	63,535	1.0	103	7,804	66.7	86,225	0.7	40					
45-64	398,622	26,038,619	5,776	35.7	66,164	0.9	95	10,059	62.2	113,681	0.7	38					
65-74	4,146	226,114	45	18.2	495	0.8	77	84	34.0	906	0.5	29					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	629,297	32,797,467	10,141	11.1	107,256	0.6	50	15,661	17.1	160,754	0.7	35					
5 and younger	888	31,461	2	0.0	11	0.3	11	2	0.0	13	0.3	10					
6-14	3,603	208,481	76	0.7	554	1.0	79	101	0.9	596	0.9	36					
15-20	3,525	176,395	106	1.1	743	1.1	87	167	1.8	790	0.9	40					
21-44	8,723	514,389	219	1.1	1,160	0.6	61	844	4.1	3,787	0.5	28					
45-64	1,921	112,911	31	2.5	207	0.6	56	128	10.5	669	0.6	31					
65-74	187,052	10,778,372	2,159	20.5	24,594	0.7	70	3,490	33.2	39,360	0.6	33					
75-84	221,582	11,430,632	3,397	25.8	36,737	0.7	49	4,980	37.9	53,916	0.7	36					
85 and older	202,003	9,544,826	4,151	27.2	43,250	0.6	38	5,949	38.9	61,623	0.7	36					
Male	749,514	57,580,980	14,776	20.0	161,642	1.0	117	15,520	21.0	165,530	0.7	38					
Disabled	526,453	45,618,539	11,203	42.5	125,701	1.1	134	10,753	40.8	118,536	0.7	39					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	130	3,620	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	3,339	241,065	110	32.4	1,055	0.9	89	78	22.9	758	0.6	36					
21-44	272,741	25,191,158	6,797	50.5	76,116	1.2	141	5,737	42.6	63,323	0.7	41					
45-64	248,643	20,089,104	4,276	34.5	48,315	1.0	124	4,905	39.6	54,116	0.7	38					
65-74	1,600	93,592	20	14.8	215	0.6	73	33	24.4	339	0.6	27					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	223,061	11,962,441	3,573	7.5	35,941	0.7	58	4,767	10.0	46,994	0.7	36					
5 and younger	1,160	45,282	4	0.0	27	0.6	109	3	0.0	23	0.7	8					
6-14	5,014	301,965	176	1.4	1,199	0.6	69	177	1.4	999	0.6	38					
15-20	3,282	260,052	138	2.3	944	0.8	115	174	2.9	1,131	0.6	35					
21-44	2,298	164,955	53	1.3	324	0.8	60	156	3.7	732	0.5	31					
45-64	1,108	71,790	14	2.5	93	0.4	28	49	8.9	316	0.5	26					
65-74	90,947	5,176,301	1,117	19.7	12,318	0.8	74	1,431	25.2	15,696	0.7	37					
75-84	78,691	4,003,382	1,186	23.7	12,345	0.7	51	1,674	33.4	17,328	0.7	37					
85 and older	40,561	1,938,714	885	27.2	8,691	0.6	37	1,103	33.9	10,769	0.7	34					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 7A includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 CONNECTICUT, 1999

Beneficiary Characteristics	ANTICONVULSANT				ANTIVIRAL				ULCER DRUGS			
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$
All	27,781	14.3 %	303,942	0.9	9,891	5.1 %	105,475	0.5	32,698	16.9 %	357,152	0.5
Female	16,203	13.5	177,342	0.9	4,676	3.9	50,409	0.4	22,443	18.7	246,491	0.5
Disabled	10,434	36.7	117,554	0.9	3,428	12.1	38,203	0.5	8,986	31.6	102,074	0.4
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
15-20	95	31.6	997	0.8	4	1.3	48	0.4	27	9.0	299	0.3
21-44	5,278	45.1	59,030	1.0	2,263	19.3	25,050	0.5	2,833	24.2	32,084	0.4
45-64	5,022	31.1	57,140	0.9	1,149	7.1	12,982	0.5	6,052	37.4	68,886	0.4
65-74	39	15.8	387	0.9	12	4.9	123	0.2	74	30.0	805	0.4
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Eligibles	5,769	6.3	59,788	0.8	1,248	1.4	12,206	0.2	13,457	14.7	144,417	0.5
5 and younger	41	0.4	334	0.6	4	0.0	10	0.8	52	0.5	306	0.6
6-14	173	1.5	1,548	0.8	14	0.1	61	0.4	51	0.4	472	0.5
15-20	132	1.4	942	1.0	30	0.3	155	0.3	49	0.5	290	0.5
21-44	278	1.4	1,248	0.7	197	1.0	853	0.5	256	1.3	1,289	0.3
45-64	37	3.0	173	0.8	14	1.1	79	0.7	62	5.1	386	0.3
65-74	1,646	15.6	18,577	0.8	195	1.9	2,241	0.2	3,669	34.9	41,715	0.4
75-84	1,949	14.8	21,083	0.8	311	2.4	3,504	0.1	4,544	34.5	50,314	0.5
85 and older	1,513	9.9	15,883	0.7	483	3.2	5,303	0.1	4,774	31.2	49,645	0.6
Male	11,578	15.7	126,600	1.0	5,215	7.0	55,066	0.5	10,255	13.9	110,661	0.5
Disabled	8,769	33.3	98,002	1.0	4,824	18.3	51,207	0.5	5,713	21.7	63,524	0.4
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
6-14	5	125.0	60	1.3	0	0.0	0	0.0	6	150.0	72	0.4
15-20	122	35.9	1,219	1.0	4	1.2	44	0.2	30	8.8	307	0.5
21-44	5,111	37.9	57,365	1.0	2,831	21.0	29,703	0.5	2,274	16.9	25,558	0.5
45-64	3,512	28.3	39,177	0.9	1,988	16.0	21,452	0.6	3,367	27.2	37,203	0.4
65-74	19	14.1	181	0.9	1	0.7	8	0.1	36	26.7	384	0.3
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Eligibles	2,809	5.9	28,598	0.8	391	0.8	3,859	0.3	4,542	9.5	47,137	0.5
5 and younger	46	0.4	352	0.6	4	0.0	8	0.5	48	0.4	319	0.5
6-14	207	1.7	1,864	0.8	18	0.1	133	0.5	47	0.4	442	0.8
15-20	168	2.8	1,264	0.8	11	0.2	52	0.4	40	0.7	284	0.5
21-44	75	1.8	368	0.8	34	0.8	199	0.5	68	1.6	366	0.3
45-64	17	3.1	65	0.4	16	2.9	118	0.4	29	5.3	217	0.5
65-74	1,043	18.4	11,577	0.9	148	2.6	1,663	0.5	1,692	29.8	18,637	0.5
75-84	878	17.5	9,377	0.8	89	1.8	956	0.1	1,568	31.3	16,472	0.6
85 and older	375	11.5	3,731	0.8	71	2.2	730	0.1	1,050	32.3	10,400	0.6
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

All Medicaid Beneficiaries

Table 7B

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7B includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 CONNECTICUT, 1999

Beneficiary Characteristics	ANALGESICS - Narcotic				ANTI-DIABETIC				ANTI-HYPERTENSIVE						
	No. of Users	Users as % of All Mos among Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Mos among Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Mos among Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	45,995	23.7 %	489,342	0.4	\$17	26,524	13.7 %	289,542	0.7	\$28	29,552	15.2 %	321,920	0.6	\$24
Female	31,341	26.1	334,734	0.4	15	18,309	15.3	201,189	0.7	28	19,218	16.0	211,034	0.6	24
Disabled	15,831	55.7	178,391	0.4	17	7,423	26.1	83,645	0.6	31	6,070	21.4	68,201	0.6	23
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	76	25.2	787	0.2	3	8	2.7	80	1.1	41	6	2.0	47	0.5	12
21-44	6,256	53.5	70,224	0.4	17	1,307	11.2	14,586	0.6	30	987	8.4	11,099	0.5	20
45-64	9,389	58.1	106,207	0.4	18	6,001	37.1	67,810	0.6	32	4,982	30.8	55,994	0.6	24
65-74	110	44.5	1,173	0.4	13	107	43.3	1,169	0.6	29	95	38.5	1,061	0.5	23
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	15,510	16.9	156,343	0.4	13	10,886	11.9	117,544	0.7	26	13,148	14.4	142,833	0.6	24
5 and younger	27	0.3	154	0.2	2	0	0.0	0	0.0	0	1	0.0	12	0.6	3
6-14	63	0.6	409	0.2	2	8	0.1	36	0.7	54	35	0.3	242	0.7	15
15-20	224	2.4	994	0.3	3	26	0.3	138	0.7	36	11	0.1	86	0.7	15
21-44	1,165	5.7	5,165	0.4	9	174	0.9	743	0.7	33	113	0.6	603	0.5	17
45-64	141	11.6	846	0.3	11	110	9.0	517	0.6	26	74	6.1	359	0.5	19
65-74	4,380	41.6	49,389	0.3	12	4,303	40.9	48,653	0.6	29	4,196	39.9	47,697	0.6	25
75-84	4,816	36.6	52,383	0.4	14	3,960	30.1	43,244	0.7	25	4,618	35.1	51,198	0.6	24
85 and older	4,694	30.7	47,003	0.4	15	2,305	15.1	24,213	0.7	19	4,100	26.8	42,636	0.7	23
Male	14,654	19.8	154,608	0.4	19	8,215	11.1	88,353	0.6	28	10,334	14.0	110,886	0.6	25
Disabled	9,889	37.5	107,956	0.4	22	4,447	16.9	48,836	0.6	30	4,907	18.6	54,082	0.6	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	50.0	24	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	61	17.9	635	0.2	9	6	1.8	44	0.6	26	16	4.7	170	0.6	19
21-44	4,647	34.5	50,797	0.4	22	1,126	8.4	12,619	0.7	28	1,313	9.7	14,537	0.6	23
45-64	5,147	41.5	56,172	0.4	23	3,283	26.5	35,863	0.6	30	3,523	28.4	38,793	0.6	24
65-74	32	23.7	328	0.3	15	32	23.7	310	0.6	25	55	40.7	582	0.6	29
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	4,765	10.0	46,652	0.4	12	3,768	7.9	39,517	0.6	25	5,427	11.4	56,804	0.6	25
5 and younger	25	0.2	130	0.2	2	1	0.0	2	1.0	23	11	0.1	71	0.5	8
6-14	83	0.7	498	0.2	5	10	0.1	39	0.6	39	101	0.8	660	0.7	14
15-20	113	1.9	603	0.3	7	16	0.3	65	0.5	21	33	0.6	270	0.6	12
21-44	287	6.9	1,439	0.5	15	56	1.3	295	0.7	30	42	1.0	186	0.5	28
45-64	76	13.8	554	0.5	22	48	8.7	283	0.6	25	42	7.6	202	0.5	24
65-74	1,834	32.3	20,134	0.3	11	1,790	31.6	19,685	0.6	28	2,266	40.0	24,891	0.6	25
75-84	1,474	29.4	15,127	0.4	13	1,301	26.0	13,768	0.7	24	1,948	38.9	20,848	0.7	25
85 and older	873	26.9	8,167	0.4	14	546	16.8	5,380	0.7	19	984	30.3	9,676	0.7	26
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 7C
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7C includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 CONNECTICUT, 1999

Beneficiary Characteristics	ANTIASTHMATIC				ANTIHYPERLIPIDEMIC							
	No. of Users	Users as % of All Mos among Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Mos among Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Bene Mos	
All	36,190	18.7 %	377,962	0.5	\$19	13,402	6.9 %	150,574	0.6	\$46	194,011	1,353,235
Female	25,162	21.0	266,830	0.4	18	8,948	7.5	101,062	0.6	47	120,025	844,290
Disabled	11,799	41.5	133,284	0.4	17	3,874	13.6	44,003	0.5	43	28,417	304,987
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	68	22.6	641	0.3	9	0	0.0	0	0.0	0	301	2,740
21-44	3,895	33.3	43,817	0.4	14	544	4.6	6,260	0.5	36	11,701	124,491
45-64	7,727	47.8	87,606	0.4	18	3,280	20.3	37,211	0.5	44	16,167	175,264
65-74	109	44.1	1,220	0.4	16	50	20.2	532	0.6	46	247	2,480
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	13,363	14.6	133,546	0.5	19	5,074	5.5	57,059	0.6	49	91,608	539,303
5 and younger	267	2.6	864	0.5	15	0	0.0	0	0.0	0	10,344	23,921
6-14	376	3.3	1,779	0.5	16	0	0.0	0	0.0	0	11,362	30,528
15-20	248	2.7	1,218	0.4	11	0	0.0	0	0.0	0	9,326	26,305
21-44	659	3.2	2,699	0.4	14	30	0.1	136	0.5	38	20,399	51,430
45-64	106	8.7	591	0.4	17	33	2.7	155	0.4	38	1,219	3,551
65-74	3,852	36.6	43,252	0.5	20	2,606	24.8	29,758	0.6	49	10,520	113,995
75-84	4,166	31.7	44,918	0.5	20	1,885	14.3	21,393	0.6	50	13,153	137,669
85 and older	3,689	24.1	38,225	0.4	17	520	3.4	5,617	0.6	47	15,285	151,904
Male	11,028	14.9	111,132	0.5	20	4,454	6.0	49,512	0.6	44	73,977	508,929
Disabled	5,168	19.6	57,034	0.5	19	2,708	10.3	30,300	0.6	44	26,340	274,691
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	4	100.0	48	0.4	12	0	0.0	0	0.0	0	4	48
15-20	47	13.8	487	0.6	21	0	0.0	0	0.0	0	340	2,959
21-44	1,930	14.3	21,624	0.4	16	689	5.1	7,837	0.6	41	13,469	141,076
45-64	3,143	25.4	34,502	0.5	20	1,991	16.1	22,169	0.6	45	12,392	129,363
65-74	44	32.6	373	0.5	19	28	20.7	294	0.5	44	135	1,245
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	5,860	12.3	54,098	0.5	21	1,746	3.7	19,212	0.6	45	47,637	234,238
5 and younger	429	4.0	1,581	0.4	12	0	0.0	0	0.0	0	10,825	25,639
6-14	531	4.3	2,395	0.4	15	2	0.0	24	0.2	6	12,247	33,555
15-20	155	2.6	760	0.4	16	0	0.0	0	0.0	0	5,905	19,586
21-44	90	2.2	422	0.4	14	24	0.6	149	0.4	32	4,176	14,463
45-64	20	3.6	116	0.8	29	33	6.0	205	0.6	39	552	1,812
65-74	1,881	33.2	20,802	0.5	23	1,061	18.7	12,009	0.5	45	5,672	59,297
75-84	1,771	35.3	18,338	0.5	22	530	10.6	5,830	0.6	46	5,010	49,949
85 and older	983	30.2	9,684	0.5	18	96	3.0	995	0.6	43	3,250	29,937
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	16

Table 7D

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7D includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 CONNECTICUT, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$191	5.0	19,655	200,984
Age				
0-64	378	6.8	1,603	17,497
65-74	254	5.8	2,003	21,416
75-84	197	5.2	5,704	58,437
85 and older	143	4.3	10,345	103,634
Unknown	0	0.0	0	0
Gender				
Female	180	4.9	14,929	153,553
Male	227	5.2	4,726	47,431
Unknown	0	0.0	0	0
Race				
White	185	4.9	17,856	181,961
African American	232	5.1	1,258	13,279
Other/unknown	285	5.5	541	5,744
Basis of Eligibility				
Aged	173	4.8	18,031	183,285
Disabled	378	6.8	1,624	17,699
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 8,283 beneficiaries who were in nursing facilities for part of their enrollment and their 81,580 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 CONNECTICUT, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	No.	As % of All-Year NF Residents	No. of Bene Mos		
Anti-infective Agents	0.3	0.2	0.0	0.1	\$17	\$15	\$0	\$2	\$55	\$85	\$46	\$16	37,301	\$2,056,239	11,132	56.6 %	117,670
Biologicals	0.1	0.0	0.0	0.1	2	1	0	1	17	12	0	21	499	8,293	434	2.2	4,898
Antineoplastic Agents	0.6	0.2	0.2	0.2	89	50	30	9	147	213	165	47	4,552	669,119	761	3.9	7,548
Endocrine/Metabolic Drugs	1.1	0.4	0.2	0.5	24	15	4	5	23	41	15	11	68,432	1,541,223	6,112	31.1	63,693
Cardiovascular Agents	1.9	0.4	0.5	1.0	44	16	13	15	23	38	26	15	230,243	5,218,258	11,566	58.8	119,255
Respiratory Agents	0.7	0.3	0.0	0.4	28	14	1	13	39	46	35	33	41,095	1,605,620	5,461	27.8	57,820
Gastrointestinal Agents	0.9	0.3	0.1	0.5	51	33	3	15	57	98	62	29	72,986	4,129,215	7,761	39.5	81,524
Genitourinary Agents	0.6	0.3	0.0	0.3	21	14	0	6	35	52	35	20	14,882	524,899	2,338	11.9	25,396
CNS Drugs	1.6	0.7	0.2	0.6	89	64	14	11	57	87	78	17	204,457	11,656,385	12,474	63.5	131,273
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.0	0.6	14	2	0	12	23	64	22	21	844	19,598	130	0.7	1,390
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	83	83	0	0	107	110	0	21	6,099	654,061	747	3.8	7,842
Analgesics and Anesthetics	0.8	0.3	0.1	0.4	30	20	4	6	37	71	55	13	49,684	1,862,866	6,268	31.9	62,869
Neuromuscular Agents	1.2	0.4	0.3	0.6	52	25	11	16	42	69	45	25	73,741	3,090,252	5,530	28.1	59,785
Nutritional Products	0.7	0.0	0.3	0.4	15	0	7	8	20	19	20	20	33,187	664,081	4,389	22.3	44,815
Hematological Agents	1.1	0.1	0.3	0.7	30	15	6	9	27	211	18	12	54,434	1,459,096	4,672	23.8	48,610
Topical Products	0.6	0.2	0.1	0.3	18	10	5	4	30	43	38	14	69,341	2,052,387	10,519	53.5	114,390
Miscellaneous Products	0.3	0.1	0.0	0.1	14	6	3	4	54	57	257	32	1,415	76,073	525	2.7	5,592
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	13	0	0	0	30	0	0	0	35,452	1,056,866	7,719	39.3	82,902
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	998,644	38,344,531	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 8,283 beneficiaries who were in nursing facilities for part of their enrollment and their 81,580 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

In Connecticut, 4.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Table 9

All Medicaid Beneficiaries

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 CONNECTICUT, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$5,784,159	8,191	41.7 %	88,735	0.8	\$83	\$65
ANTIDEPRESSANTS	4,396,409	9,540	48.5	101,304	0.8	52	43
ULCER DRUGS	3,203,893	6,133	31.2	64,280	0.7	67	50
ANTICONVULSANT	2,149,776	4,553	23.2	49,749	1.0	45	43
ANTIHYPERTENSIVE	1,390,562	4,923	25.0	51,288	0.9	31	27
ANALGESICS - Narcotic	1,248,512	5,652	28.8	55,115	0.6	39	23
ANTIANKXIETY AGENTS	1,207,229	6,248	31.8	66,378	0.6	30	18
DERMATOLOGICAL	1,193,770	12,175	61.9	135,018	0.3	34	9
ANTIASTHMATIC	1,191,059	5,367	27.3	55,542	0.5	42	21
CALCIUM BLOCKERS	1,171,827	3,252	16.5	34,057	0.9	38	34

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 1/2003. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 8,283 beneficiaries who were in nursing facilities for part of their enrollment and their 81,580 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d} CONNECTICUT, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Residents	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	Mean No. of Rx	Mean Rx \$	
All	461,188	\$22,937,196	8,191	41.7 %	88,735	0.8	\$65	9,540	48.5 %	101,304	0.8	\$43			
Female	338,988	16,434,537	6,037	40.4	65,651	0.8	61	7,267	48.7	77,575	0.8	43			
Disabled	35,178	2,094,809	617	74.7	7,041	1.2	116	512	62.0	5,837	0.9	53			
64 or younger	34,901	2,063,355	609	74.5	6,945	1.2	114	511	62.5	5,825	0.9	53			
65-74	277	31,454	8	88.9	96	1.2	239	1	11.1	12	1.1	78			
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	303,810	14,339,728	5,420	38.4	58,610	0.7	54	6,755	47.9	71,738	0.8	42			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	39,479	2,216,129	735	62.1	8,347	0.9	90	682	57.7	7,552	0.9	46			
75-84	104,486	5,059,227	1,882	45.4	20,484	0.8	59	2,252	54.4	24,288	0.8	44			
85 and older	159,845	7,064,372	2,803	31.9	29,779	0.6	41	3,821	43.5	39,898	0.8	40			
Male	122,200	6,502,659	2,154	45.6	23,084	0.9	77	2,273	48.1	23,729	0.8	46			
Disabled	30,257	1,984,699	568	71.2	6,341	1.1	119	434	54.4	4,722	0.9	53			
64 or younger	29,779	1,960,634	557	70.9	6,227	1.1	120	424	53.9	4,620	0.9	54			
65-74	478	24,065	11	91.7	114	0.6	59	10	83.3	102	0.7	25			
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	91,943	4,517,960	1,586	40.4	16,743	0.8	61	1,839	46.8	19,007	0.8	44			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	25,017	1,391,272	412	51.6	4,597	0.9	89	410	51.3	4,434	0.9	51			
75-84	38,714	1,879,950	633	40.5	6,692	0.8	59	788	50.4	8,247	0.8	44			
85 and older	28,212	1,246,738	541	34.5	5,454	0.6	40	641	40.9	6,326	0.8	38			
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 8,283 beneficiaries who were in nursing facilities for part of their enrollment and their 81,580 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 CONNECTICUT, 1999

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						ANTIHYPERTENSIVE					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	6,133	31.2 %	\$50	4,553	23.2 %	\$43	4,923	25.0 %	1.0	49,749	1.0	4,923	25.0 %	0.9	51,288	0.9	\$27	
Female	4,546	30.5	50	3,028	20.3	40	3,519	23.6	0.9	33,202	0.9	3,519	23.6	0.9	36,841	0.9	26	
Disabled	307	37.2	54	578	70.0	57	170	20.6	1.1	6,635	1.1	170	20.6	0.9	1,918	0.9	27	
64 or younger	305	37.3	54	568	69.5	57	168	20.6	1.1	6,533	1.1	168	20.6	0.9	1,912	0.9	27	
65-74	2	22.2	85	10	111.1	49	2	22.2	1.1	102	1.1	2	22.2	0.5	6	0.5	28	
75-84	0	0.0	0	0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	
85 and older	0	0.0	0	0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	
Other Eligibles	4,239	30.1	49	2,450	17.4	35	3,349	23.7	0.9	26,567	0.9	3,349	23.7	0.9	34,923	0.9	26	
64 or younger	0	0.0	0	0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	
65-74	375	31.7	53	517	43.7	46	318	26.9	1.0	5,756	1.0	318	26.9	0.9	3,487	0.9	28	
75-84	1,294	31.2	50	969	23.4	36	1,050	25.4	0.9	10,517	0.9	1,050	25.4	0.9	11,127	0.9	26	
85 and older	2,570	29.3	48	964	11.0	29	1,981	22.6	0.8	10,294	0.8	1,981	22.6	0.9	20,309	0.9	25	
Male	1,587	33.6	50	1,525	32.3	50	1,404	29.7	1.0	16,547	1.0	1,404	29.7	0.9	14,447	0.9	31	
Disabled	303	38.0	55	510	63.9	63	199	24.9	1.1	5,753	1.1	199	24.9	0.9	2,172	0.9	37	
64 or younger	297	37.8	55	501	63.7	63	193	24.6	1.1	5,660	1.1	193	24.6	0.9	2,115	0.9	36	
65-74	6	50.0	36	9	75.0	60	6	50.0	1.0	93	1.0	6	50.0	1.0	57	1.0	55	
75-84	0	0.0	0	0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	
85 and older	0	0.0	0	0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	
Other Eligibles	1,284	32.7	49	1,015	25.8	44	1,205	30.7	1.0	10,794	1.0	1,205	30.7	0.9	12,275	0.9	30	
64 or younger	0	0.0	0	0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	
65-74	268	33.5	53	364	45.6	49	268	33.5	1.0	4,052	1.0	268	33.5	0.9	2,814	0.9	31	
75-84	539	34.5	47	453	29.0	43	504	32.3	0.9	4,801	0.9	504	32.3	0.9	5,238	0.9	30	
85 and older	477	30.4	49	198	12.6	34	433	27.6	0.9	1,941	0.9	433	27.6	0.9	4,223	0.9	29	
Unknown	0	0.0	0	0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 8,283 beneficiaries who were in nursing facilities for part of their enrollment and their 81,580 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 CONNECTICUT, 1999

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTI-ANXIETY AGENTS					DERMATOLOGICAL				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	
All	5,652	28.8 %	0.6	\$23	0.6	6,248	31.8 %	0.6	\$18	0.6	12,175	61.9 %	135,018	\$9	
Female	4,408	29.5	0.6	22	0.6	4,732	31.7	0.6	17	0.6	8,788	58.9	98,128	9	
Disabled	323	39.1	0.7	29	0.7	338	40.9	0.7	22	0.7	714	86.4	8,338	9	
64 or younger	323	39.5	0.7	29	0.7	337	41.2	0.8	22	0.8	711	87.0	8,311	9	
65-74	0	0.0	0.0	0	0.0	1	11.1	0.1	1	0.1	3	33.3	27	11	
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0	
85 and older	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0	
Other Eligibles	4,085	29.0	0.6	22	0.6	4,394	31.2	0.6	17	0.6	8,074	57.3	89,790	9	
64 or younger	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0	
65-74	411	34.7	0.7	25	0.7	440	37.2	0.7	26	0.7	862	72.9	9,796	10	
75-84	1,220	29.5	0.6	24	0.6	1,388	33.5	0.6	18	0.6	2,547	61.5	28,490	10	
85 and older	2,454	28.0	0.5	20	0.5	2,566	29.2	0.6	14	0.6	4,665	53.1	51,504	8	
Male	1,244	26.3	0.6	24	0.6	1,516	32.1	0.6	22	0.6	3,387	71.7	36,890	9	
Disabled	263	33.0	0.7	39	0.7	319	40.0	0.7	27	0.7	636	79.7	7,147	10	
64 or younger	260	33.1	0.7	39	0.7	310	39.4	0.7	27	0.7	628	79.9	7,056	10	
65-74	3	25.0	0.5	18	0.5	9	75.0	0.8	17	0.8	8	66.7	91	3	
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0	
85 and older	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0	
Other Eligibles	981	25.0	0.5	19	0.5	1,197	30.5	0.6	20	0.6	2,751	70.0	29,743	9	
64 or younger	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0	
65-74	197	24.7	0.6	20	0.6	282	35.3	0.6	28	0.6	552	69.1	6,131	9	
75-84	396	25.4	0.6	21	0.6	456	29.2	0.6	21	0.6	1,156	74.0	12,534	10	
85 and older	388	24.8	0.5	17	0.5	459	29.3	0.5	15	0.5	1,043	66.6	11,078	8	
Unknown	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0	

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 8,283 beneficiaries who were in nursing facilities for part of their enrollment and their 81,580 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 CONNECTICUT, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC					CALCIUM BLOCKERS					Bene Mos among All-Year NF Residents	
	Users as %		No. of Bene Mos among Users		Mean Rx	Users as %		No. of Bene Mos among Users		Mean Rx		
	No. of Users	Residents	No. of Users	NF Residents	No. of Rx	No. of Users	Residents	No. of Users	NF Residents	No. of Rx		
All	5,367	27.3 %	55,542	0.5	\$21	3,252	16.5 %	34,057	0.9	\$34	19,655	200,984
Female	3,907	26.2	40,768	0.5	21	2,601	17.4	27,278	0.9	34	14,929	153,553
Disabled	250	30.3	2,785	0.5	22	97	11.7	1,108	1.0	38	826	9,173
64 or younger	250	30.6	2,785	0.5	22	96	11.8	1,096	1.0	38	817	9,082
65-74	0	0.0	0	0.0	0	1	11.1	12	0.3	12	9	91
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	3,657	25.9	37,983	0.5	21	2,504	17.8	26,170	0.9	34	14,103	144,380
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	433	36.6	4,667	0.6	28	218	18.4	2,398	0.9	37	1,183	12,779
75-84	1,196	28.9	12,312	0.6	23	762	18.4	8,049	0.9	35	4,142	42,853
85 and older	2,028	23.1	21,004	0.4	18	1,524	17.4	15,723	0.9	33	8,778	88,748
Male	1,460	30.9	14,774	0.5	23	651	13.8	6,779	0.9	36	4,726	47,431
Disabled	227	28.4	2,326	0.5	23	82	10.3	910	0.9	42	798	8,526
64 or younger	221	28.1	2,278	0.5	22	80	10.2	891	0.9	42	786	8,415
65-74	6	50.0	48	0.9	29	2	16.7	19	0.7	26	12	111
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	1,233	31.4	12,448	0.6	23	569	14.5	5,869	0.9	35	3,928	38,905
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	284	35.5	3,027	0.6	30	132	16.5	1,437	0.9	39	799	8,435
75-84	493	31.6	4,855	0.6	23	237	15.2	2,418	0.9	35	1,562	15,584
85 and older	456	29.1	4,566	0.5	19	200	12.8	2,014	0.9	32	1,567	14,886
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 8,283 beneficiaries who were in nursing facilities for part of their enrollment and their 81,580 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
CONNECTICUT, 1999

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries by Age					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	413,068	52,878	54,780	73,046	232,364	4,133,138	542,673	584,970	684,408	2,321,087	0
Age											
5 and younger	79,054	0	0	10	79,044	750,465	0	0	66	750,399	0
6-14	102,887	0	5	17	102,865	1,082,117	0	60	135	1,081,922	0
15-20	46,164	0	653	1,959	43,552	447,610	0	6,613	11,643	429,354	0
21-44	97,244	1	25,180	65,317	6,746	944,326	5	268,600	617,311	58,410	0
45-64	34,421	7	28,560	5,707	147	361,869	53	305,972	54,862	982	0
65-74	16,591	16,174	382	34	1	177,279	173,174	3,725	373	7	0
75-84	18,163	18,161	0	2	0	187,618	187,600	0	18	0	0
85 and older	18,535	18,535	0	0	0	181,841	181,841	0	0	0	0
Unknown	9	0	0	0	9	13	0	0	0	13	0
Gender											
Female	249,457	38,952	28,428	64,246	117,831	2,503,806	403,561	309,055	609,850	1,181,340	0
Male	163,610	13,926	26,352	8,799	114,533	1,629,323	139,112	275,915	74,549	1,139,747	0
Unknown	1	0	0	1	0	9	0	0	9	0	0
Race											
White	183,179	40,320	31,873	27,519	83,467	1,811,403	408,388	344,277	248,949	809,789	0
African American	100,723	5,679	10,514	19,424	65,106	1,034,911	61,325	109,957	191,485	672,144	0
Other/unknown	129,166	6,879	12,393	26,103	83,791	1,286,824	72,960	130,736	243,974	839,154	0
Use of Nursing Facilities											
All year	19,656	18,031	1,624	0	1	200,986	183,285	17,699	0	2	0
Part year	8,283	6,844	1,431	5	3	81,628	66,665	14,901	44	18	0
None	385,129	28,003	51,725	73,041	232,360	3,850,524	292,723	552,370	684,364	2,321,067	0
Maintenance Assistance Status											
Cash	118,228	7,764	20,587	23,843	66,034	1,206,728	87,160	230,763	220,560	668,245	0
Medically needy	36,314	11,481	19,321	2,715	2,797	359,665	118,415	201,797	17,908	21,545	0
Poverty related	77,449	540	913	7,329	68,667	666,624	5,927	9,872	36,460	614,365	0
Other/unknown	181,077	33,093	13,959	39,159	94,866	1,900,121	331,171	142,538	409,480	1,016,932	0
Dual Status^c											
Full dual, all year	71,944	46,742	24,704	437	61	752,832	477,822	270,208	4,220	582	0
Full dual, part year	3,489	1,590	1,887	12	0	38,758	17,516	21,104	138	0	0
Non-dual, all year	337,635	4,546	28,189	72,597	232,303	3,341,548	47,335	293,658	680,050	2,320,505	0
Managed Care Status											
FFS all year	124,609	52,872	53,817	6,212	11,708	1,192,298	542,608	574,256	19,364	56,070	0
FFS part year, with Rx claims	13,302	5	726	4,827	7,744	119,701	53	8,231	41,229	70,188	0
FFS part year, no Rx claims	56,100	1	214	13,848	42,037	484,002	12	2,250	116,315	365,425	0
MC all year, with Rx claims	663	0	0	308	355	7,615	0	0	3,586	4,029	0
MC all year, no Rx claims	218,394	0	23	47,851	170,520	2,329,522	0	233	503,914	1,825,375	0

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table A.1 includes the beneficiaries represented by Cell B of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 CONNECTICUT, 1999

	Benes and					
	Bene Mos in Cell B of Table 1		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	413,068	4,133,138	194,011	1,353,235	219,057	2,779,903
FFS all year	124,609	1,192,298	124,609	1,192,298	0	0
FFS part year, with Rx claims	13,302	119,701	13,302	38,086	0	81,615
FFS part year, with no Rx claims	56,100	484,002	56,100	122,851	0	361,151
MC all year, with Rx claims	663	7,615	0	0	663	7,615
MC all year, with no Rx claims	218,394	2,329,522	0	0	218,394	2,329,522

Source: Data for this table are from the MAX 1999 file for Connecticut, released by CMS in 11/2003. This table was produced on 06/25/2004.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.