

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 SOUTH CAROLINA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
SOUTH CAROLINA, 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	757,964 (A)	119,023 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	667,277 (B)	118,774 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	655,108 (C)	118,391 (G)
4. Benes who were all-year nursing facility residents ^f	11,111 (D)	10,494 (H)

Source: Data for this table are from the MAX 1999 file for South Carolina, 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 South Carolina in 1999 was \$280,494,477, of which \$2,622,117 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 0.0 percent were restricted benefit months without a pharmacy benefit in South Carolina, 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}
 SOUTH CAROLINA, 1999

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children
All	655,108	79,221	117,675	89,212	368,950	50	6,511,631	847,915	1,278,208	807,846	3,577,418	244					
Age																	
5 and younger	154,342	3	4,602	56	149,675	6	1,392,993	29	47,687	452	1,344,806	19					
6-14	178,994	0	11,446	53	167,493	2	1,847,271	0	128,457	245	1,718,547	22					
15-20	77,068	0	8,272	17,142	51,649	5	760,163	0	90,305	156,925	512,905	28					
21-44	109,560	28	40,835	68,560	121	16	1,071,677	243	447,141	623,126	1,088	79					
45-64	55,728	206	52,133	3,377	2	10	590,948	1,883	562,034	26,964	13	54					
65-74	31,538	31,217	308	11	0	2	343,398	341,300	2,026	68	0	4					
75-84	29,543	29,487	52	3	0	1	317,706	317,334	331	29	0	12					
85 and older	18,302	18,273	26	2	1	0	187,308	187,061	224	18	5	0					
Unknown	33	7	1	8	9	8	167	65	3	19	54	26					
Gender																	
Female	387,098	60,327	60,891	82,096	183,756	28	3,862,645	652,782	666,948	754,625	1,788,156	134					
Male	267,855	18,887	56,777	7,099	185,072	20	2,647,946	195,075	611,228	53,164	1,788,372	107					
Unknown	155	7	7	17	122	2	1,040	58	32	57	890	3					
Race																	
White	249,398	34,142	44,060	35,875	135,297	24	2,406,469	351,967	473,268	318,604	1,262,519	111					
African American	368,939	37,233	57,400	50,907	223,377	22	3,742,124	409,122	631,109	473,765	2,228,005	123					
Other/unknown	36,771	7,846	16,215	2,430	10,276	4	363,038	86,826	173,831	15,477	86,894	10					
Use of Nursing Facilities																	
All year	11,111	10,081	1,028	0	0	2	117,552	105,951	11,588	0	0	13					
Part year	6,376	5,671	702	2	1	0	56,817	49,965	6,823	17	12	0					
None	637,621	63,469	115,945	89,210	368,949	48	6,337,262	691,999	1,259,797	807,829	3,577,406	231					
Maintenance Assistance Status																	
Cash	198,831	36,507	87,997	25,431	48,896	0	2,051,154	412,797	970,127	202,447	465,783	0					
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0					
Poverty-related	336,583	24,260	22,047	21,173	269,103	0	3,225,205	259,983	226,974	158,267	2,579,981	0					
Other/unknown	119,694	18,454	7,631	42,608	50,951	50	1,235,272	175,135	81,107	447,132	531,654	244					
Dual Medicare Status^c																	
Full dual, all year	118,391	75,195	42,786	394	9	7	1,289,934	812,179	474,119	3,495	101	40					
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0					
Non-dual, all year	536,717	4,026	74,889	88,818	368,941	43	5,221,697	35,736	804,089	804,351	3,577,317	204					
Managed Care Status																	
FFS all year	640,481	79,099	116,425	88,078	356,829	50	6,427,810	847,331	1,270,630	801,244	3,508,361	244					
FFS part year, with Rx claims	10,207	72	1,078	841	8,216	0	62,319	422	6,809	5,175	49,913	0					
FFS part year, no Rx claims	4,420	50	172	293	3,905	0	21,502	162	769	1,427	19,144	0					

Source: Data for this table are from the MAX 1999 file for South Carolina, released by CMS in 11/2003. 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}
 SOUTH CAROLINA, 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	67.8 %	7.7	\$424	\$55	\$3,139	13.5 %	\$10	655,108
Age								
5 and younger	66.9	3.9	86	22	1,370	6.3	0	154,342
6-14	56.7	3.6	134	38	1,053	12.8	1	178,994
15-20	61.5	4.1	161	40	2,158	7.5	3	77,068
21-44	75.5	8.6	598	70	4,256	14.1	8	109,560
45-64	83.6	19.4	1,417	73	8,410	16.9	47	55,728
65-74	85.4	20.2	1,240	61	5,060	24.5	49	31,538
75-84	79.6	18.6	1,063	57	6,918	15.4	30	29,543
85 and older	66.4	13.6	715	53	10,446	6.8	11	18,302
Unknown	30.3	1.9	132	68	3,290	4.0	0	33
Basis of Eligibility								
Aged	78.9	18.1	1,056	58	7,002	15.1	34	79,221
Disabled	79.3	15.6	1,206	77	7,780	15.5	27	117,675
Adults	73.8	5.2	187	36	1,999	9.3	4	89,212
Children	60.3	3.5	97	28	1,105	8.7	1	368,950
Unknown	14.0	1.0	38	37	3,377	1.1	0	50
Gender								
Female	70.6	8.6	465	54	3,180	14.6	13	387,098
Male	63.7	6.3	366	58	3,081	11.9	5	267,855
Unknown	37.4	1.9	80	42	733	10.9	0	155
Race								
White	71.9	9.2	528	58	3,954	13.3	8	249,398
African American	64.7	6.3	326	52	2,462	13.3	11	368,939
Other/unknown	70.0	11.3	705	62	4,409	16.0	18	36,771
Use of Nursing Facilities								
Entire year	28.0	3.0	262	87	24,402	1.1	3	11,111
Part year	59.2	8.7	623	72	15,199	4.1	13	6,376
None	68.6	7.7	425	55	2,648	16.1	10	637,621
Maintenance Assistance Status								
Cash	74.9	12.1	764	63	4,345	17.6	20	198,831
Medically needy	0.0	0.0	0	0	0	0.0	0	0
Poverty related	64.8	5.8	271	47	1,606	16.9	6	336,583
Other/unknown	64.1	5.5	289	52	5,447	5.3	4	119,694

Source: Data for this table are from the MAX 1999 file for South Carolina, 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}
 SOUTH CAROLINA, 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				
All	0.8	\$43	13.5 %	32.2 %	50.2 %	8.5 %	9.0 %	0.1 %	0.0 %	\$316	655,108	6,511,631
Age												
5 and younger	0.4	10	6.3	33.1	61.1	4.1	1.4	0.2	0.1	152	154,342	1,392,993
6-14	0.3	13	12.8	43.3	51.6	3.2	1.6	0.1	0.0	102	178,994	1,847,271
15-20	0.4	16	7.5	38.5	55.6	3.9	1.8	0.2	0.0	219	77,068	760,163
21-44	0.9	61	14.1	24.5	55.5	10.6	9.2	0.2	0.0	435	109,560	1,071,677
45-64	1.8	134	16.9	16.4	29.2	21.2	32.9	0.2	0.1	793	55,728	590,948
65-74	1.9	114	24.5	14.6	28.2	23.2	33.9	0.0	0.0	465	31,538	343,398
75-84	1.7	99	15.4	20.4	26.7	21.9	30.9	0.0	0.0	643	29,543	317,706
85 and older	1.3	70	6.8	33.6	27.8	17.2	21.5	0.0	0.0	1,021	18,302	187,308
Unknown	0.4	26	4.0	69.7	27.3	3.0	0.0	0.0	0.0	650	33	167
Basis of Eligibility												
Aged	1.7	99	15.1	21.1	27.6	21.3	30.0	0.0	0.0	654	79,221	847,915
Disabled	1.4	111	15.5	20.7	38.0	17.5	23.3	0.4	0.1	716	117,675	1,278,208
Adults	0.6	21	9.3	26.2	63.8	6.6	3.4	0.1	0.0	221	89,212	807,846
Children	0.4	10	8.7	39.7	55.6	3.3	1.2	0.1	0.0	114	368,950	3,577,418
Unknown	0.2	8	1.1	86.0	12.0	2.0	0.0	0.0	0.0	692	50	244
Gender												
Female	0.9	47	14.6	29.4	50.3	9.3	10.8	0.1	0.0	319	387,098	3,862,645
Male	0.6	37	11.9	36.3	50.0	7.3	6.3	0.2	0.0	312	267,855	2,647,946
Unknown	0.3	12	10.9	62.6	34.8	1.9	0.6	0.0	0.0	109	155	1,040
Race												
White	1.0	55	13.3	28.1	49.9	9.6	12.2	0.2	0.0	410	249,398	2,406,469
African American	0.6	32	13.3	35.3	51.2	7.3	6.1	0.1	0.0	243	368,939	3,742,124
Other/unknown	1.1	71	16.0	30.0	41.2	12.8	15.7	0.3	0.0	447	36,771	363,038
Use of Nursing Facilities												
Entire year	0.3	25	1.1	72.0	20.3	3.5	4.3	0.0	0.0	2,307	11,111	117,552
Part year	1.0	70	4.1	40.8	34.4	14.9	9.9	0.0	0.0	1,706	6,376	56,817
None	0.8	43	16.1	31.4	50.8	8.5	9.0	0.1	0.0	266	637,621	6,337,262
Maintenance Assistance Status												
Cash	1.2	74	17.6	25.1	43.8	14.3	16.6	0.2	0.0	421	198,831	2,051,154
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.6	28	16.9	35.2	52.7	6.1	5.9	0.1	0.0	168	336,583	3,225,205
Other/unknown	0.5	28	5.3	35.9	53.5	5.6	4.8	0.1	0.0	528	119,694	1,235,272

Source: Data for this table are from the MAX 1999 file for South Carolina, 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}
SOUTH CAROLINA, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	0.8	\$43	\$55	0.3	\$28	\$97	0.1	\$7	\$67	0.3	\$6	\$18
Age												
5 and younger	0.4	10	22	0.1	6	41	0.0	1	22	0.2	3	11
6-14	0.3	13	38	0.1	9	62	0.0	1	43	0.2	3	16
15-20	0.4	16	40	0.2	11	73	0.0	2	48	0.2	3	13
21-44	0.9	61	70	0.3	44	138	0.1	9	82	0.4	7	16
45-64	1.8	134	73	0.7	89	122	0.3	22	84	0.8	17	22
65-74	1.9	114	61	0.7	72	97	0.3	20	70	0.7	16	22
75-84	1.7	99	57	0.7	60	91	0.3	19	63	0.7	15	22
85 and older	1.3	70	53	0.5	40	89	0.2	14	56	0.6	12	22
Unknown	0.4	26	68	0.2	22	109	0.1	2	30	0.1	2	20
Basis of Eligibility												
Aged	1.7	99	58	0.7	61	93	0.3	18	65	0.7	15	22
Disabled	1.4	111	77	0.6	77	134	0.2	17	87	0.6	13	21
Adults	0.6	21	36	0.2	14	72	0.1	3	48	0.3	3	11
Children	0.4	10	28	0.1	6	50	0.0	1	31	0.2	2	12
Unknown	0.2	8	37	0.1	4	53	0.0	0	32	0.1	2	18
Gender												
Female	0.9	47	54	0.3	31	93	0.1	7	65	0.4	7	18
Male	0.6	37	58	0.2	25	104	0.1	5	70	0.3	5	18
Unknown	0.3	12	42	0.1	8	81	0.0	1	42	0.1	2	14
Race												
White	1.0	55	58	0.4	36	98	0.1	8	72	0.4	8	19
African American	0.6	32	52	0.2	22	94	0.1	5	61	0.3	5	16
Other/unknown	1.1	71	62	0.4	47	107	0.2	11	71	0.5	10	20
Use of Nursing Facilities												
Entire year	0.3	25	87	0.1	15	137	0.0	4	97	0.1	5	42
Part year	1.0	70	72	0.4	43	117	0.2	12	76	0.4	11	29
None	0.8	43	55	0.3	28	96	0.1	7	66	0.4	6	18
Maintenance Assistance												
Status												
Cash	1.2	74	63	0.4	49	110	0.2	12	74	0.5	10	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.6	28	47	0.2	19	81	0.1	4	58	0.3	5	16
Other/unknown	0.5	28	52	0.2	19	95	0.1	4	61	0.2	4	17

Source: Data for this table are from the MAX 1999 file for South Carolina, 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 South Carolina, 4.3 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}
 SOUTH CAROLINA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Users				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	
												Mo	Mos
Anti-infective Agents	0.2	0.1	0.0	0.1	\$11	\$10	\$0	\$1	670,999	\$34,605,524	282,614	43.1 %	3,063,537
Biologics	0.1	0.1	0.0	0.0	17	17	0	0	3	594	3	0.0	36
Antineoplastic Agents	0.4	0.2	0.1	0.1	76	52	15	8	14,534	3,098,806	3,701	0.6	40,911
Endocrine/Metabolic Drugs	0.3	0.2	0.1	0.1	16	12	2	2	367,866	17,120,917	98,963	15.1	1,099,727
Cardiovascular Agents	0.7	0.3	0.2	0.3	40	24	11	6	845,581	46,179,972	102,488	15.6	1,151,329
Respiratory Agents	0.3	0.1	0.0	0.1	10	8	0	2	666,985	23,917,432	209,429	32.0	2,283,820
Gastrointestinal Agents	0.3	0.2	0.0	0.1	34	26	4	4	231,085	26,307,636	68,642	10.5	765,107
Genitourinary Agents	0.2	0.1	0.0	0.0	7	6	0	1	68,544	2,760,608	34,511	5.3	376,817
CNS Drugs	0.5	0.2	0.1	0.3	44	29	10	5	562,986	48,162,036	98,077	15.0	1,093,555
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.1	0.2	17	7	2	8	108,959	3,720,806	19,611	3.0	219,079
Miscellaneous Psychological/Neurological Agents	0.4	0.2	0.0	0.1	48	42	0	5	11,365	1,473,724	2,757	0.4	30,923
Analgesics and Anesthetics	0.3	0.1	0.0	0.2	14	8	3	3	529,334	23,052,910	152,302	23.2	1,685,117
Neuromuscular Agents	0.4	0.2	0.1	0.2	31	20	5	6	251,677	17,293,197	49,922	7.6	561,819
Nutritional Products	0.2	0.0	0.1	0.1	5	0	3	2	90,504	2,235,647	40,443	6.2	429,826
Hematological Agents	0.3	0.1	0.1	0.1	31	19	6	6	61,560	6,457,886	18,921	2.9	209,765
Topical Products	0.2	0.1	0.0	0.1	6	4	1	1	323,744	9,462,365	142,783	21.8	1,549,185
Miscellaneous Products	0.1	0.1	0.0	0.0	19	17	1	1	4,188	608,083	2,896	0.4	32,504
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	204,601	11,414,217	89,608	13.7	1,007,335
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	5,014,515	277,872,360	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for South Carolina, 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 South Carolina, 4.3 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}
 SOUTH CAROLINA, 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	\$24,125,500	26,717	4.1 %	304,468	0.4	\$191	\$79
ULCER DRUGS	22,683,796	65,015	9.9	731,580	0.2	130	31
ANTIDEPRESSANTS	17,245,669	62,841	9.6	703,690	0.3	84	25
ANTICONVULSANT	14,742,303	32,690	5.0	371,038	0.5	86	40
CALCIUM BLOCKERS	14,362,398	39,003	6.0	442,869	0.4	83	32
ANTIDIABETIC	14,086,156	46,546	7.1	528,220	0.4	69	27
ANTIHYPERTENSIVE	13,884,561	64,742	9.9	735,539	0.4	52	19
ANTIVIRAL	12,943,636	11,646	1.8	129,254	0.2	506	100
ANALGESICS - ANTI-INFLAMMATORY	12,641,773	92,521	14.1	1,044,998	0.2	66	12
ANTIASTHMATIC	10,348,919	94,401	14.4	1,042,180	0.2	44	10

Source: Data for this table are from the MAX 1999 file for South Carolina, 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}
 SOUTH CAROLINA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS						
	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	1,775,806	\$157,064,711	26,717	4.1 %	304,468	0.4	\$79	65,015	9.9 %	731,580	0.2	\$31					
Female	1,178,513	100,756,610	15,259	3.9	173,374	0.4	69	45,375	11.7	513,549	0.2	32					
Disabled	490,362	51,772,203	9,480	15.6	109,480	0.4	86	17,167	28.2	198,769	0.2	36					
5 and younger	4,773	251,962	25	1.3	292	0.4	50	253	13.5	2,810	0.3	17					
6-14	12,806	920,521	201	5.0	2,332	0.4	51	268	6.7	3,141	0.3	27					
15-20	11,652	1,024,294	261	8.5	2,995	0.5	83	324	10.6	3,783	0.2	22					
21-44	139,768	17,101,185	4,307	21.0	49,729	0.4	89	4,733	23.1	54,979	0.2	31					
45-64	320,406	32,405,450	4,679	15.0	54,099	0.4	85	11,544	37.0	133,636	0.2	39					
65-74	810	60,095	3	2.1	10	0.5	15	38	26.4	364	0.3	36					
75-84	89	4,893	3	9.4	17	0.4	9	4	12.5	29	0.2	17					
85 and older	58	3,803	1	4.3	6	0.2	2	3	13.0	27	0.3	44					
Other Eligibles	688,144	48,984,125	5,778	1.8	63,882	0.3	39	28,208	8.6	314,780	0.2	29					
5 and younger	25,290	665,180	37	0.1	420	0.2	19	1,908	2.6	17,903	0.2	6					
6-14	44,779	1,979,726	383	0.5	4,383	0.3	29	1,993	2.4	22,634	0.1	7					
15-20	34,859	1,533,730	450	1.0	4,974	0.3	23	2,015	4.7	22,445	0.1	8					
21-44	81,142	5,392,628	916	1.4	9,135	0.2	24	4,652	7.2	48,772	0.2	16					
45-64	12,858	1,054,870	61	2.3	607	0.2	53	576	21.7	5,876	0.2	31					
65-74	219,702	17,995,530	1,447	6.6	16,499	0.4	59	7,281	33.3	84,470	0.3	39					
75-84	191,229	14,595,988	1,537	6.7	17,344	0.3	40	6,659	29.0	77,145	0.3	38					
85 and older	78,285	5,766,473	947	6.2	10,520	0.3	28	3,124	20.4	35,535	0.3	38					
Male	597,211	56,300,732	11,454	4.3	131,070	0.5	94	19,636	7.3	217,985	0.2	30					
Disabled	338,694	40,916,292	8,780	15.5	101,614	0.5	107	9,653	17.0	110,716	0.3	36					
5 and younger	8,373	456,052	44	1.6	527	0.3	40	347	12.7	3,921	0.3	19					
6-14	29,236	1,891,795	639	8.6	7,480	0.5	57	347	4.7	4,050	0.2	23					
15-20	17,174	1,611,791	572	11.0	6,593	0.5	95	272	5.2	3,138	0.2	26					
21-44	121,517	19,036,699	4,531	22.3	52,568	0.5	117	3,130	15.4	36,011	0.3	36					
45-64	161,538	17,852,912	2,992	14.3	34,431	0.5	106	5,521	26.4	63,242	0.3	39					
65-74	792	62,246	2	1.2	15	0.3	15	34	20.7	338	0.3	45					
75-84	54	3,990	0	0.0	0	0.0	0	2	10.0	16	0.5	95					
85 and older	10	807	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	258,500	15,382,671	2,673	1.3	29,444	0.3	46	9,983	4.7	107,269	0.2	23					
5 and younger	39,249	1,091,419	79	0.1	916	0.2	22	2,341	3.0	21,985	0.2	7					
6-14	66,652	2,844,539	781	0.9	8,823	0.4	38	1,763	2.1	20,125	0.1	8					
15-20	20,314	1,098,968	396	1.5	4,327	0.3	42	848	3.3	9,380	0.1	11					
21-44	7,889	755,253	77	1.7	750	0.2	58	455	10.1	4,262	0.2	31					
45-64	3,570	294,687	26	2.8	234	0.4	73	162	17.3	1,598	0.3	38					
65-74	68,478	5,513,290	694	7.4	7,772	0.4	67	2,383	25.5	27,186	0.3	38					
75-84	39,414	2,855,638	436	6.7	4,736	0.3	37	1,444	22.2	16,308	0.3	38					
85 and older	12,934	928,877	184	6.2	1,886	0.3	30	587	19.7	6,425	0.3	39					
Unknown	106	9,420	6	3.3	48	0.3	79	4	2.2	46	0.2	25					

Source: Data for this table are from the MAX 1999 file for South Carolina, 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}
 SOUTH CAROLINA, 1999

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					CALCIUM BLOCKERS				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx
All	62,841	9.6 %	703,690	\$25	0.3	32,690	5.0 %	371,038	\$40	0.5	39,003	6.0 %	442,869	\$32	0.4
Female	44,984	11.6	503,560	25	0.3	18,265	4.7	206,393	37	0.4	29,433	7.6	335,208	32	0.4
Disabled	21,472	35.3	246,334	29	0.3	11,714	19.2	134,493	44	0.5	9,596	15.8	110,081	33	0.4
5 and younger	17	0.9	199	12	0.4	165	8.8	1,920	41	0.6	5	0.3	60	13	0.3
6-14	300	7.5	3,507	25	0.4	608	15.2	7,037	50	0.6	15	0.4	179	36	0.5
15-20	468	15.3	5,399	28	0.4	548	17.9	6,373	58	0.6	27	0.9	295	35	0.4
21-44	8,037	39.2	92,104	30	0.3	5,032	24.5	57,807	49	0.5	1,595	7.8	18,372	30	0.3
45-64	12,609	40.4	144,767	29	0.3	5,344	17.1	61,226	38	0.4	7,907	25.3	90,787	34	0.4
65-74	37	25.7	333	18	0.3	16	11.1	122	31	0.3	38	26.4	317	29	0.3
75-84	4	12.5	25	29	0.6	1	3.1	8	45	0.3	6	18.8	46	20	0.3
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	3	13.0	25	0.7	0.4
Other Eligibles	23,512	7.2	257,226	20	0.3	6,551	2.0	71,900	23	0.4	19,837	6.1	225,127	32	0.4
5 and younger	95	0.1	1,068	7	0.2	137	0.2	1,507	18	0.5	9	0.0	102	6	0.2
6-14	1,967	2.4	22,143	16	0.3	711	0.8	8,017	26	0.4	28	0.0	315	10	0.2
15-20	2,374	5.5	25,929	17	0.3	491	1.1	5,406	25	0.4	326	0.8	3,559	6	0.1
21-44	7,109	11.1	72,353	17	0.2	1,432	2.2	14,267	23	0.3	1,752	2.7	18,150	15	0.2
45-64	686	25.8	6,767	25	0.3	172	6.5	1,661	24	0.3	399	15.0	3,857	29	0.4
65-74	5,139	23.5	59,147	23	0.3	1,682	7.7	19,248	25	0.4	7,200	32.9	82,867	35	0.4
75-84	4,300	18.7	49,160	22	0.3	1,354	5.9	15,409	22	0.4	6,857	29.8	79,201	34	0.4
85 and older	1,842	12.0	20,659	22	0.3	572	3.7	6,385	20	0.4	3,266	21.4	37,076	31	0.4
Male	17,855	6.7	200,116	25	0.3	14,423	5.4	164,635	43	0.5	9,568	3.6	107,644	33	0.4
Disabled	10,481	18.5	119,551	28	0.3	10,865	19.1	125,397	49	0.5	5,241	9.2	59,223	34	0.4
5 and younger	38	1.4	441	9	0.3	303	11.1	3,579	45	0.6	5	0.2	54	22	0.4
6-14	832	11.2	9,615	23	0.4	1,213	16.3	14,243	46	0.6	20	0.3	216	25	0.4
15-20	637	12.2	7,339	27	0.4	800	15.4	9,180	54	0.6	41	0.8	487	25	0.3
21-44	4,516	22.2	51,662	31	0.3	4,961	24.4	57,195	56	0.5	1,230	6.1	13,934	34	0.4
45-64	4,436	21.2	50,269	26	0.3	3,578	17.1	41,101	39	0.5	3,912	18.7	44,237	34	0.4
65-74	21	12.8	213	27	0.3	9	5.5	87	18	0.2	30	18.3	273	31	0.3
75-84	1	5.0	12	0	0.1	1	5.0	12	23	0.4	3	15.0	22	0.3	0.4
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
Other Eligibles	7,373	3.5	80,553	19	0.3	3,558	1.7	39,238	26	0.4	4,327	2.1	48,421	32	0.4
5 and younger	112	0.1	1,247	7	0.2	265	0.3	2,934	16	0.4	9	0.0	82	9	0.2
6-14	3,059	3.6	34,494	17	0.3	1,122	1.3	12,760	25	0.4	34	0.0	395	19	0.3
15-20	1,229	4.8	13,307	20	0.3	486	1.9	5,279	32	0.4	33	0.1	339	16	0.2
21-44	638	14.1	5,876	20	0.2	290	6.4	2,735	31	0.3	146	3.2	1,333	24	0.3
45-64	149	15.9	1,369	21	0.3	71	7.6	675	24	0.3	115	12.2	999	29	0.4
65-74	1,255	13.4	14,150	22	0.3	783	8.4	8,946	30	0.4	2,199	23.5	25,018	34	0.4
75-84	666	10.3	7,282	22	0.3	425	6.5	4,662	22	0.4	1,327	20.4	15,072	32	0.4
85 and older	265	8.9	2,828	22	0.3	116	3.9	1,247	19	0.4	464	15.6	5,183	29	0.4
Unknown	3	1.6	26	11	0.6	2	1.1	10	53	0.3	2	1.1	17	0.4	0.4

All Medicaid Beneficiaries

Table 7B

Source: Data for this table are from the MAX 1999 file for South Carolina, 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 SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 SOUTH CAROLINA, 1999

Beneficiary Characteristics	ANTIDIABETIC				ANTIHYPERTENSIVE				ANTIVIRAL						
	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	46,546	7.1 %	528,220	0.4	\$27	64,742	9.9 %	735,539	0.4	\$19	11,646	1.8 %	129,254	0.2	\$100
Female	36,003	9.3	410,157	0.4	27	44,700	11.5	509,859	0.4	19	6,414	1.7	71,295	0.2	72
Disabled	15,095	24.8	173,930	0.4	29	15,791	25.9	181,636	0.3	19	2,626	4.3	30,014	0.2	115
5 and younger	8	0.4	96	1.2	88	49	2.6	565	0.5	7	45	2.4	526	0.3	36
6-14	22	0.6	252	0.7	34	243	6.1	2,859	0.5	10	111	2.8	1,281	0.3	72
15-20	105	3.4	1,225	0.5	30	124	4.0	1,453	0.5	17	56	1.8	672	0.2	14
21-44	2,599	12.7	30,029	0.3	28	2,784	13.6	32,159	0.3	17	1,503	7.3	17,076	0.2	125
45-64	12,302	39.4	141,830	0.4	30	12,535	40.1	144,133	0.3	20	910	2.9	10,447	0.2	113
65-74	54	37.5	453	0.4	22	42	29.2	348	0.4	17	0	0.0	0	0.0	0
75-84	3	9.4	24	0.3	17	7	21.9	46	0.3	9	1	3.1	12	0.2	10
85 and older	2	8.7	21	0.2	9	7	30.4	73	0.3	13	0	0.0	0	0.0	0
Other Eligibles	20,908	6.4	236,227	0.4	25	28,908	8.9	328,211	0.4	19	3,788	1.2	41,281	0.2	41
5 and younger	22	0.0	242	0.9	43	102	0.1	1,101	0.4	4	398	0.5	4,369	0.2	11
6-14	250	0.3	2,719	0.7	32	637	0.8	7,241	0.5	7	607	0.7	6,884	0.2	26
15-20	378	0.9	4,064	0.5	29	228	0.5	2,485	0.2	6	584	1.4	6,417	0.1	22
21-44	1,915	3.0	19,601	0.3	20	2,197	3.4	22,204	0.3	10	1,547	2.4	16,073	0.2	66
45-64	582	21.9	5,385	0.4	27	686	25.8	6,571	0.4	19	60	2.3	627	0.3	131
65-74	9,056	41.4	104,425	0.4	28	10,926	49.9	126,064	0.4	21	281	1.3	3,287	0.1	41
75-84	6,734	29.3	77,359	0.4	23	9,854	42.8	113,741	0.4	21	203	0.9	2,393	0.1	10
85 and older	1,971	12.9	22,432	0.4	18	4,278	28.0	48,804	0.4	19	108	0.7	1,231	0.1	8
Male	10,541	3.9	118,049	0.4	26	20,036	7.5	225,627	0.4	18	5,231	2.0	57,953	0.2	135
Disabled	6,267	11.0	70,929	0.4	28	10,306	18.2	116,950	0.4	19	3,887	6.8	43,156	0.2	170
5 and younger	7	0.3	83	0.8	40	120	4.4	1,379	0.5	9	67	2.5	767	0.3	38
6-14	23	0.3	274	0.7	72	921	12.4	10,717	0.5	10	119	1.6	1,387	0.2	49
15-20	60	1.2	672	0.7	34	304	5.8	3,525	0.5	12	71	1.4	832	0.2	55
21-44	1,388	6.8	15,931	0.4	26	2,281	11.2	25,972	0.3	18	2,443	12.0	26,827	0.2	178
45-64	4,755	22.8	53,665	0.4	28	6,618	31.7	74,776	0.4	20	1,185	5.7	13,319	0.3	181
65-74	34	20.7	304	0.3	24	56	34.1	523	0.3	20	2	1.2	24	0.1	10
75-84	0	0.0	0	0.0	0	5	25.0	46	0.3	15	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	33.3	12	0.7	48	0	0.0	0	0.0	0
Other Eligibles	4,274	2.0	47,120	0.4	25	9,729	4.6	108,671	0.4	17	1,344	0.6	14,797	0.2	33
5 and younger	39	0.1	406	0.5	16	257	0.3	2,841	0.4	7	408	0.5	4,420	0.1	9
6-14	182	0.2	1,960	0.7	31	2,034	2.4	23,021	0.5	7	498	0.6	5,700	0.1	16
15-20	147	0.6	1,530	0.6	33	295	1.1	3,232	0.4	10	182	0.7	1,940	0.1	29
21-44	194	4.3	1,647	0.4	26	296	6.6	2,745	0.3	17	82	1.8	775	0.3	176
45-64	152	16.2	1,397	0.4	25	222	23.6	2,006	0.4	20	17	1.8	135	0.2	181
65-74	2,183	23.4	24,586	0.4	26	3,621	38.7	41,002	0.4	21	116	1.2	1,350	0.2	103
75-84	1,105	17.0	12,531	0.4	21	2,206	34.0	25,017	0.4	21	28	0.4	336	0.1	12
85 and older	272	9.1	3,063	0.4	19	798	26.8	8,807	0.4	18	13	0.4	141	0.1	13
Unknown	2	1.1	14	0.2	17	8	4.3	71	0.3	11	1	0.5	6	0.2	7

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for South Carolina, 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}
 SOUTH CAROLINA, 1999

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				ANTI-ASTHMATIC							
	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 Benes	No. of Bene Mos
All	92,521	14.1 %	1,044,998	0.2	\$12	94,401	14.4 %	1,042,180	0.2	\$10	655,108	6,511,631
Female	71,178	18.4	803,788	0.2	13	51,404	13.3	570,283	0.2	10	387,080	3,862,541
Disabled	20,799	34.2	241,904	0.2	16	14,139	23.2	162,768	0.3	15	60,890	666,945
5 and younger	27	1.4	312	0.2	3	772	41.2	8,700	0.2	9	1,876	19,289
6-14	190	4.8	2,222	0.2	7	850	21.3	9,951	0.3	12	3,996	44,806
15-20	553	18.0	6,399	0.1	5	388	12.7	4,490	0.3	14	3,067	33,921
21-44	6,444	31.4	74,963	0.2	11	3,267	15.9	37,730	0.2	12	20,516	226,492
45-64	13,550	43.4	157,678	0.2	19	8,820	28.2	101,535	0.3	17	31,236	341,185
65-74	26	18.1	257	0.2	17	36	25.0	323	0.4	23	144	867
75-84	7	21.9	52	0.2	13	6	18.8	39	0.4	16	32	190
85 and older	2	8.7	21	0.3	20	0	0.0	0	0.0	0	23	195
Other Eligibles	50,378	15.4	561,872	0.2	11	37,264	11.4	407,509	0.2	8	326,190	3,195,596
5 and younger	766	1.1	8,409	0.1	2	10,994	15.2	115,285	0.2	4	72,564	651,501
6-14	2,776	3.3	31,448	0.1	2	8,697	10.4	98,222	0.2	8	83,661	858,430
15-20	8,074	18.8	88,416	0.1	2	3,248	7.6	35,579	0.2	6	42,939	420,263
21-44	15,965	24.9	168,623	0.1	3	4,834	7.5	50,152	0.2	6	64,200	592,298
45-64	1,048	39.5	10,354	0.2	12	366	13.8	3,699	0.2	11	2,656	21,833
65-74	9,782	44.7	114,354	0.2	21	4,797	21.9	55,241	0.3	16	21,879	241,897
75-84	8,542	37.1	100,274	0.2	21	3,229	14.0	36,821	0.3	15	22,998	251,198
85 and older	3,425	22.4	39,994	0.3	21	1,099	7.2	12,510	0.3	13	15,293	158,176
Male	21,336	8.0	241,131	0.2	11	42,989	16.1	471,825	0.2	10	267,844	2,647,890
Disabled	9,938	17.5	114,721	0.2	12	9,640	17.0	109,820	0.3	15	56,777	611,228
5 and younger	36	1.3	426	0.1	2	1,377	50.5	15,560	0.2	10	2,726	28,398
6-14	234	3.1	2,770	0.1	5	1,735	23.3	20,234	0.3	14	7,450	83,651
15-20	516	9.9	5,959	0.1	3	540	10.4	6,132	0.3	11	5,205	56,384
21-44	3,524	17.3	40,775	0.2	9	1,663	8.2	19,133	0.3	15	20,318	220,648
45-64	5,589	26.8	64,414	0.2	16	4,263	20.4	48,256	0.3	18	20,891	220,818
65-74	35	21.3	335	0.2	12	54	32.9	459	0.3	20	164	1,159
75-84	3	15.0	30	0.2	10	8	40.0	46	0.3	15	20	141
85 and older	1	33.3	12	0.2	20	0	0.0	0	0.0	0	3	29
Other Eligibles	11,398	5.4	126,410	0.2	9	33,349	15.8	362,005	0.2	8	211,067	2,036,662
5 and younger	856	1.1	9,462	0.1	1	15,993	20.7	167,863	0.2	5	77,126	693,564
6-14	2,148	2.6	24,452	0.1	2	11,276	13.5	126,981	0.2	9	83,833	859,879
15-20	2,654	10.3	28,893	0.1	2	2,006	7.8	22,261	0.2	8	25,837	249,447
21-44	953	21.1	8,869	0.2	10	308	6.8	2,842	0.3	12	4,511	32,177
45-64	262	27.9	2,405	0.2	12	97	10.3	988	0.2	17	939	7,081
65-74	2,447	26.2	28,183	0.2	17	2,100	22.5	23,766	0.3	17	9,348	99,451
75-84	1,526	23.5	17,817	0.2	18	1,206	18.6	13,432	0.3	17	6,492	66,172
85 and older	552	18.5	6,329	0.2	16	363	12.2	3,872	0.3	16	2,981	28,891
Unknown	8	4.3	91	0.2	11	9	4.9	78	0.2	9	184	1,200

All Medicaid Beneficiaries

Table 7D

Source: Data for this table are from the MAX 1999 file for South Carolina, 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}
 SOUTH CAROLINA, 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	\$25	0.3	11,111	117,552
Age				
0-64	28	0.3	1,018	11,538
65-74	31	0.3	1,340	14,545
75-84	26	0.3	3,737	39,001
85 and older	21	0.3	5,012	52,428
Unknown	58	0.5	4	40
Gender				
Female	23	0.3	8,451	89,867
Male	31	0.3	2,659	27,680
Unknown	144	2.4	1	5
Race				
White	26	0.3	7,368	76,246
African American	23	0.3	3,308	36,415
Other/unknown	22	0.2	435	4,891
Basis of Eligibility				
Aged	24	0.3	10,081	105,951
Disabled	29	0.3	1,028	11,588
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	42	1.4	2	13

Source: Data for this table are from the MAX 1999 file for South Carolina, 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 6,376 beneficiaries who were in nursing facilities for part of their enrollment and their 56,817 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}
 SOUTH CAROLINA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users					
	Patented			Off-Patent			Generic			Patented			Off-Patent			Generic		
	Total	Brand-Name	Off-Patent	Brand-Name	Off-Patent	Generic	Total	Brand-Name	Off-Patent	Brand-Name	Off-Patent	Generic	Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos	
Anti-infective Agents	0.2	0.1	0.0	0.0	\$19	\$18	\$0	\$1	\$112	\$138	\$100	\$26	3,730	\$418,412	1,984	17.9 %	21,654	
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0	
Antineoplastic Agents	0.2	0.0	0.1	0.1	38	13	18	8	214	285	271	113	118	25,285	61	0.5	661	
Endocrine/Metabolic Drugs	0.3	0.2	0.0	0.2	20	15	0	4	59	96	20	26	1,918	112,805	519	4.7	5,745	
Cardiovascular Agents	0.5	0.1	0.1	0.3	30	12	9	10	62	97	79	39	7,000	436,479	1,297	11.7	14,352	
Respiratory Agents	0.3	0.1	0.0	0.2	21	11	1	9	70	96	55	53	1,578	110,983	484	4.4	5,397	
Gastrointestinal Agents	0.3	0.1	0.1	0.1	47	29	8	10	147	215	155	73	2,912	427,404	810	7.3	9,101	
Genitourinary Agents	0.2	0.1	0.0	0.1	20	15	1	5	84	100	57	58	571	47,774	217	2.0	2,410	
CNS Drugs	0.5	0.2	0.1	0.2	49	31	10	7	104	161	173	33	5,585	580,296	1,089	9.8	11,948	
Stimulants/Anti-obesity/Anorexia	0.5	0.0	0.1	0.3	13	0	7	6	28	0	51	19	38	1,058	8	0.1	81	
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	61	60	0	1	231	236	0	103	259	59,703	91	0.8	978	
Analgesics and Anesthetics	0.3	0.1	0.0	0.2	22	13	2	6	70	128	110	33	2,259	158,062	658	5.9	7,275	
Neuromuscular Agents	0.3	0.1	0.1	0.2	37	13	10	14	107	185	99	78	1,927	205,462	495	4.5	5,576	
Nutritional Products	0.2	0.0	0.0	0.2	8	0	2	6	34	12	51	31	937	32,171	366	3.3	4,098	
Hematological Agents	0.3	0.0	0.2	0.1	27	12	9	6	89	280	51	73	955	84,688	295	2.7	3,150	
Topical Products	0.2	0.1	0.0	0.1	11	7	2	2	46	64	51	19	2,164	99,106	792	7.1	8,906	
Miscellaneous Products	0.2	0.0	0.0	0.2	22	1	0	21	90	34	0	99	66	5,965	25	0.2	271	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	17	0	0	0	73	0	0	0	1,462	107,015	570	5.1	6,408	
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.	33,479	2,912,668	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 1999 file for South Carolina, 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 6,376 beneficiaries who were in nursing facilities for part of their enrollment and their 56,817 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 South Carolina, 4.3 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.

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}
 SOUTH CAROLINA, 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
ULCER DRUGS	\$342,737	717	6.5 %	8,043	0.2	\$175	\$43
CEPHALOSPORINS	305,962	1,471	13.2	16,009	0.1	151	19
ANTIDEPRESSANTS	245,805	782	7.0	8,649	0.3	108	28
ANTIPSYCHOTICS	242,198	443	4.0	4,807	0.3	165	50
ANTIHYPERTENSIVE	138,792	633	5.7	7,074	0.3	77	20
CALCIUM BLOCKERS	123,710	415	3.7	4,598	0.3	106	27
ANTICONVULSANT	122,204	348	3.1	3,949	0.3	101	31
ANTI-DIABETIC	94,864	444	4.0	4,939	0.3	68	19
ANTI-ANXIETY AGENTS	86,374	395	3.6	4,287	0.3	60	20
ANALGESICS - ANTI-INFLAMMATORY	80,471	334	3.0	3,732	0.2	109	22

Source: Data for this table are from the MAX 1999 file for South Carolina, released by CMS in 11/2003. 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 6,376 beneficiaries who were in nursing facilities for part of their enrollment and their 56,817 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} SOUTH CAROLINA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ULCER DRUGS				CEPHALOSPORINS			
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	No. of All-Year NF Residents	No. of Bene Users among Mos	Mean No. of Rx	Mean Rx \$	No. of All-Year NF Residents	No. of Bene Users among Mos	Mean No. of Rx	Mean Rx \$
All	15,457	\$1,783,117	717	0.2	6.5 %	8,043	0.2	\$43	13.2 %	16,009	0.1	\$19
Female	10,992	1,259,434	500	0.2	5.9	5,627	0.2	41	13.4	12,365	0.1	18
Disabled	914	114,926	32	0.3	6.2	353	0.3	43	10.5	620	0.1	17
64 or younger	912	114,111	32	0.3	6.4	353	0.3	43	10.5	608	0.1	16
65-74	0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0
85 and older	2	815	0	0.0	0.0	0	0.0	0	16.7	12	0.2	68
Other Eligibles	10,076	1,144,073	468	0.2	5.9	5,274	0.2	41	13.5	11,741	0.1	18
64 or younger	0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0
65-74	1,385	162,846	49	0.2	6.1	544	0.2	33	11.2	1,034	0.1	16
75-84	3,655	445,787	176	0.2	6.3	1,977	0.2	42	13.0	3,926	0.1	19
85 and older	5,036	535,440	243	0.3	5.6	2,753	0.3	42	14.3	6,781	0.1	18
Male	4,459	523,209	217	0.3	8.2	2,416	0.3	47	12.8	3,639	0.1	22
Disabled	811	91,862	34	0.3	6.6	392	0.3	52	11.5	659	0.1	22
64 or younger	806	90,977	34	0.3	6.7	392	0.3	52	11.5	654	0.1	21
65-74	0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0
85 and older	5	885	0	0.0	0.0	0	0.0	0	100.0	5	1.0	177
Other Eligibles	3,632	429,660	183	0.3	8.5	2,024	0.3	46	13.1	2,980	0.1	21
64 or younger	0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0
65-74	1,059	135,173	50	0.2	9.4	580	0.2	44	12.1	732	0.1	20
75-84	1,634	189,991	75	0.3	7.9	829	0.3	47	13.9	1,355	0.1	23
85 and older	939	104,496	58	0.3	8.8	615	0.3	45	12.8	893	0.1	20
Unknown	24	2,596	0	0.0	0.0	0	0.0	0	40.0	9	0.2	38

Source: Data for this table are from the MAX 1999 file for South Carolina, 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 6,376 beneficiaries who were in nursing facilities for part of their enrollment and their 56,817 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}
 SOUTH CAROLINA, 1999

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIPSYCHOTICS					ANTIHYPERTENSIVE				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	782	7.0 %	0.3	\$28	443	4.0 %	0.3	\$50	633	5.7 %	0.3	\$20	7,074	0.3	\$20
Female	574	6.8	0.3	28	311	3.7	0.3	52	434	5.1	0.3	19	4,846	0.2	19
Disabled	42	8.2	0.2	30	26	5.1	0.4	77	25	4.9	0.2	23	274	0.2	23
64 or younger	42	8.3	0.2	30	26	5.2	0.4	77	25	5.0	0.2	23	274	0.2	23
65-74	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0
75-84	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
Other Eligibles	532	6.7	0.3	28	284	3.6	0.3	50	409	5.2	0.2	19	4,572	0.2	19
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
65-74	69	8.6	0.3	36	49	6.1	0.4	68	51	6.4	0.2	19	572	0.2	19
75-84	225	8.1	0.3	28	107	3.8	0.3	56	161	5.8	0.2	19	1,818	0.2	19
85 and older	238	5.5	0.3	26	128	2.9	0.3	38	197	4.5	0.3	19	2,182	0.3	19
Male	208	7.8	0.3	29	132	5.0	0.3	47	198	7.4	0.3	21	2,223	0.3	21
Disabled	38	7.4	0.3	26	18	3.5	0.3	34	23	4.5	0.3	17	261	0.3	17
64 or younger	38	7.5	0.3	26	18	3.6	0.3	34	23	4.5	0.3	17	261	0.3	17
65-74	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0
75-84	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
Other Eligibles	169	7.9	0.3	29	113	5.3	0.3	49	175	8.2	0.3	22	1,962	0.3	22
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
65-74	52	9.8	0.2	29	36	6.8	0.3	57	44	8.3	0.3	20	511	0.3	20
75-84	70	7.4	0.3	33	57	6.0	0.3	47	83	8.7	0.3	22	926	0.3	22
85 and older	47	7.1	0.2	24	20	3.0	0.3	38	48	7.3	0.3	22	525	0.3	22
Unknown	1	20.0	0.8	16	2	40.0	0.3	68	1	20.0	0.6	13	5	0.6	13

Source: Data for this table are from the MAX 1999 file for South Carolina, 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 6,376 beneficiaries who were in nursing facilities for part of their enrollment and their 56,817 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}
 SOUTH CAROLINA, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS						ANTICONVULSANT						ANTIDIABETIC							
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %				
	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx		
All	415	4,598	0.3	348	3,949	0.3	348	3,1%	3,949	0.3	\$27	348	3,1%	3,949	0.3	\$31	444	4,939	0.3	\$19
Female	291	3,199	0.3	214	2,397	0.3	214	2.5	2,397	0.3	26	214	2.5	2,397	0.3	31	328	3,651	0.3	19
Disabled	14	158	0.3	38	419	0.4	38	7.4	419	0.4	45	38	7.4	419	0.4	39	35	392	0.3	41
64 or younger	14	158	0.3	38	419	0.4	38	7.6	419	0.4	45	38	7.6	419	0.4	39	35	392	0.3	41
65-74	0	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0
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	0.0	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	0.0	0
Other Eligibles	277	3,041	0.3	176	1,978	0.3	176	2.2	1,978	0.3	25	176	2.2	1,978	0.3	29	293	3,259	0.3	16
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	0.0	0
65-74	40	457	0.3	43	500	0.3	43	5.4	500	0.3	26	43	5.4	500	0.3	30	51	575	0.3	19
75-84	103	1,119	0.2	75	853	0.3	75	2.7	853	0.3	27	75	2.7	853	0.3	26	128	1,396	0.2	16
85 and older	134	1,465	0.3	58	625	0.3	58	1.3	625	0.3	24	58	1.3	625	0.3	32	114	1,288	0.3	16
Male	123	1,394	0.3	134	1,552	0.3	134	5.0	1,552	0.3	28	134	5.0	1,552	0.3	31	115	1,283	0.3	20
Disabled	14	167	0.3	43	508	0.3	43	8.4	508	0.3	38	43	8.4	508	0.3	28	18	206	0.3	23
64 or younger	14	167	0.3	43	508	0.3	43	8.5	508	0.3	38	43	8.5	508	0.3	28	18	206	0.3	23
65-74	0	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0
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	0.0	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	0.0	0
Other Eligibles	109	1,227	0.3	91	1,044	0.3	91	4.2	1,044	0.3	27	91	4.2	1,044	0.3	33	97	1,077	0.3	19
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	0.0	0
65-74	32	362	0.2	44	512	0.3	44	8.3	512	0.3	25	44	8.3	512	0.3	43	32	350	0.3	20
75-84	53	588	0.3	33	369	0.3	33	3.5	369	0.3	27	33	3.5	369	0.3	26	48	536	0.3	17
85 and older	24	277	0.3	14	163	0.2	14	2.1	163	0.2	29	14	2.1	163	0.2	19	17	191	0.4	24
Unknown	1	5	0.2	0	0	0.0	0	0.0	0	0.0	40	0	0.0	0	0.0	0	1	5	0.2	33

Source: Data for this table are from the MAX 1999 file for South Carolina, 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 6,376 beneficiaries who were in nursing facilities for part of their enrollment and their 56,817 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 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}
 SOUTH CAROLINA, 1999

Beneficiary Characteristics	ANTIANXIETY AGENTS					ANALGESICS - ANTI-INFLAMMATORY					All-Year NF Residents	Bene Mos among All-Year NF Residents
	Users as %		No. of Bene		Mean	Users as %		No. of Bene		Mean		
	No. of Users	Residents	NF	Users		No. of Users	Residents	NF	Users			
All	395	3.6 %	4,287	0.3	\$20	334	3.0 %	3,732	0.2	\$22	11,111	117,552
Female	288	3.4	3,140	0.3	20	255	3.0	2,873	0.2	23	8,448	89,839
Disabled	23	4.5	262	0.3	13	19	3.7	208	0.2	24	514	5,799
64 or younger	23	4.6	262	0.3	13	19	3.8	208	0.2	24	503	5,715
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	8
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	72
Other Eligibles	265	3.3	2,878	0.3	20	236	3.0	2,665	0.2	23	7,934	84,040
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	61
65-74	32	4.0	344	0.3	22	33	4.1	396	0.2	24	801	8,812
75-84	99	3.6	1,069	0.3	23	84	3.0	942	0.2	20	2,785	29,502
85 and older	134	3.1	1,465	0.4	18	119	2.7	1,327	0.2	24	4,342	45,665
Male	107	4.0	1,147	0.3	21	79	3.0	859	0.2	18	2,658	27,668
Disabled	20	3.9	235	0.3	25	12	2.3	124	0.3	20	514	5,789
64 or younger	20	4.0	235	0.3	25	12	2.4	124	0.3	20	506	5,730
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	30
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	5
Other Eligibles	87	4.1	912	0.3	20	67	3.1	735	0.2	17	2,144	21,879
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	32
65-74	20	3.8	221	0.3	20	14	2.6	159	0.2	16	530	5,695
75-84	47	5.0	469	0.3	16	29	3.1	308	0.2	16	949	9,471
85 and older	20	3.0	222	0.4	30	24	3.6	268	0.2	20	662	6,681
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	45

Source: Data for this table are from the MAX 1999 file for South Carolina, 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 6,376 beneficiaries who were in nursing facilities for part of their enrollment and their 56,817 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}
SOUTH CAROLINA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	667,277	79,551	118,811	90,017	378,848	50	6,723,980	852,272	1,298,502	821,615	3,751,347	244
Age												
5 and younger	158,214	3	4,713	56	153,436	6	1,463,953	29	49,741	452	1,413,712	19
6-14	184,416	0	11,760	53	172,601	2	1,940,378	0	133,756	245	1,806,355	22
15-20	78,330	0	8,390	17,257	52,678	5	781,595	0	92,509	158,941	530,117	28
21-44	110,468	28	41,104	69,199	121	16	1,087,588	243	452,152	634,023	1,091	79
45-64	56,102	206	52,456	3,428	2	10	597,533	1,900	567,746	27,820	13	54
65-74	31,612	31,290	309	11	0	2	344,463	342,352	2,039	68	0	4
75-84	29,668	29,612	52	3	0	1	319,293	318,921	331	29	0	12
85 and older	18,434	18,405	26	2	1	0	189,010	188,762	225	18	5	0
Unknown	33	7	1	8	9	8	167	65	3	19	54	26
Gender												
Female	393,604	60,604	61,537	82,816	188,619	28	3,976,733	656,457	678,671	767,082	1,874,389	134
Male	273,518	18,940	57,267	7,184	190,107	20	2,746,207	195,757	619,799	54,476	1,876,068	107
Unknown	155	7	7	17	122	2	1,040	58	32	57	890	3
Race												
White	252,768	34,228	44,291	35,985	138,240	24	2,467,266	353,033	477,808	320,906	1,315,408	111
African American	377,389	37,458	58,056	51,598	230,255	22	3,887,372	412,125	642,387	485,109	2,347,628	123
Other/unknown	37,120	7,865	16,464	2,434	10,353	4	369,342	87,114	178,307	15,600	88,311	10
Use of Nursing Facilities												
All year	11,111	10,081	1,028	0	0	2	117,552	105,951	11,588	0	0	13
Part year	6,376	5,671	702	2	1	0	56,885	50,023	6,833	17	12	0
None	649,790	63,799	117,081	90,015	378,847	48	6,549,543	696,298	1,280,081	821,598	3,751,335	231
Maintenance Assistance Status												
Cash	201,352	36,616	89,064	25,615	50,057	0	2,099,604	414,377	989,089	206,370	489,768	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	343,066	24,329	22,067	21,175	275,495	0	3,340,956	260,956	227,447	158,463	2,694,090	0
Other/unknown	122,859	18,606	7,680	43,227	53,296	50	1,283,420	176,939	81,966	456,782	567,489	244
Dual Status^c												
Full dual, all year	118,774	75,521	42,839	398	9	7	1,295,285	816,458	475,095	3,591	101	40
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0
Non-dual, all year	548,503	4,030	75,972	89,619	378,839	43	5,428,695	35,814	823,407	818,024	3,751,246	204
Managed Care Status												
FFS all year	640,481	79,099	116,425	88,078	356,829	50	6,427,810	847,331	1,270,630	801,244	3,508,361	244
FFS part year, with Rx claims	10,207	72	1,078	841	8,216	0	114,629	818	12,706	9,295	91,810	0
FFS part year, no Rx claims	4,420	50	172	293	3,905	0	48,113	434	1,933	3,085	42,661	0
MC all year, with Rx claims	4,602	0	524	180	3,898	0	51,782	0	6,168	1,810	43,804	0
MC all year, no Rx claims	7,567	330	612	625	6,000	0	81,646	3,689	7,065	6,181	64,711	0

Source: Data for this table are from the MAX 1999 file for South Carolina, 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
 SOUTH CAROLINA, 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	667,277	6,723,980	655,108	6,511,631	12,169	212,349
FFS all year	640,481	6,427,810	640,481	6,427,810	0	0
FFS part year, with Rx claims	10,207	114,629	10,207	62,319	0	52,310
FFS part year, with no Rx claims	4,420	48,113	4,420	21,502	0	26,611
MC all year, with Rx claims	4,602	51,782	0	0	4,602	51,782
MC all year, with no Rx claims	7,567	81,646	0	0	7,567	81,646

Source: Data for this table are from the MAX 1999 file for South Carolina, 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.