

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 UNITED STATES

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TABLE 12
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 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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 Benes
All	84.1 %	34.8	\$1,629	\$47	\$11,766	13.8 %	\$49	5,309,969
Age								
5 and younger	84.0	30.1	2,095	70	17,101	12.3	72	450
6-14	89.6	41.9	5,254	125	14,062	37.4	74	944
15-20	74.8	19.0	1,655	87	10,565	15.7	22	7,940
21-44	81.0	28.1	2,093	75	11,849	17.7	31	801,936
45-64	85.8	39.4	2,153	55	12,206	17.6	63	930,786
65-74	82.8	33.0	1,431	43	7,626	18.8	57	1,358,163
75-84	85.2	36.6	1,447	40	11,707	12.4	50	1,253,529
85 and older	85.3	36.3	1,247	34	17,343	7.2	40	956,180
Unknown	78.0	24.6	947	39	15,032	6.3	21	41
Basis of Eligibility								
Aged	83.7	34.6	1,350	39	12,113	11.1	46	3,084,436
Disabled	84.8	35.4	2,030	57	11,447	17.7	55	2,187,662
Adults	69.9	18.3	1,201	66	4,746	25.3	24	36,213
Children	56.1	16.4	1,602	98	7,512	21.3	21	1,223
Unknown	24.6	8.2	382	47	1,725	22.1	14	435
Gender								
Female	86.5	37.7	1,614	43	11,839	13.6	53	3,456,201
Male	79.6	29.4	1,657	56	11,689	14.2	42	1,853,758
Unknown	60.0	7.0	267	38	2,094	12.8	1	10
Race								
White	85.0	39.0	1,793	46	13,763	13.0	49	3,171,780
African American	84.0	30.6	1,440	47	9,208	15.6	55	954,162
Other/unknown	81.6	26.9	1,344	50	8,570	15.7	47	1,184,027
Use of Nursing Facilities								
Entire year	86.5	50.0	1,833	37	29,734	6.2	62	842,256
Part year	88.4	40.6	1,595	39	18,480	8.6	50	403,547
None	83.1	31.1	1,590	51	7,402	21.5	47	4,064,166
Maintenance Assistance Status								
Cash	85.7	31.9	1,569	49	6,988	22.4	48	2,829,320
Medically needy	72.0	30.1	1,499	50	19,604	7.6	50	736,393
Poverty related	81.7	30.7	1,535	50	8,604	17.8	37	516,433
Other/unknown	88.3	46.1	1,886	41	19,493	9.7	58	1,227,812
Missing	54.5	21.8	1,513	69	4,938	30.6	33	11

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

Table 12

Dual Eligible Beneficiaries

a. Table 12 includes beneficiaries represented by Cell G of Table 1.

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

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 13
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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				More than 10
All	3.3	\$157	13.8 %	15.9 %	20.7 %	13.5 %	29.3 %	16.4 %	4.1 %	\$1,132	5,309,969	55,277,615
Age												
5 and younger	3.6	252	12.3	16.0	16.4	12.9	31.3	19.6	3.8	2,060	450	3,735
6-14	4.1	509	37.4	10.4	13.1	12.0	37.6	24.2	2.8	1,361	944	9,754
15-20	1.9	162	15.7	25.2	36.2	12.5	17.7	6.8	1.6	1,036	7,940	80,937
21-44	2.6	197	17.7	19.0	29.2	13.5	24.2	11.1	2.9	1,116	801,936	8,512,568
45-64	3.7	204	17.6	14.2	18.9	13.2	30.5	18.0	5.4	1,157	930,786	9,819,078
65-74	3.1	135	18.8	17.2	22.1	14.3	28.4	14.4	3.6	722	1,358,163	14,355,449
75-84	3.5	139	12.4	14.8	18.6	13.6	30.7	17.9	4.4	1,121	1,253,529	13,086,333
85 and older	3.7	127	7.2	14.7	16.1	12.6	31.9	20.5	4.2	1,762	956,180	9,409,436
Unknown	3.1	119	6.3	22.0	24.4	9.8	19.5	22.0	2.4	1,896	41	325
Basis of Eligibility												
Aged	3.4	132	11.1	16.3	19.4	13.5	29.5	17.1	4.2	1,186	3,084,436	31,507,079
Disabled	3.3	189	17.7	15.2	22.6	13.5	29.2	15.6	4.0	1,066	2,187,662	23,496,378
Adults	2.5	165	25.3	30.1	25.0	11.6	20.5	9.4	3.3	652	36,213	263,420
Children	2.4	230	21.3	43.9	16.8	8.7	19.0	9.3	2.3	1,081	1,223	8,502
Unknown	1.6	74	22.1	75.4	5.3	4.1	6.7	6.2	2.3	336	435	2,236
Gender												
Female	3.6	154	13.6	13.5	18.9	13.8	31.2	18.1	4.6	1,128	3,456,201	36,268,170
Male	2.9	162	14.2	20.4	24.2	13.0	25.7	13.4	3.2	1,140	1,853,758	19,009,344
Unknown	0.7	26	12.8	40.0	30.0	10.0	20.0	0.0	0.0	207	10	101
Race												
White	3.8	175	13.0	15.0	17.5	12.1	29.9	19.9	5.6	1,345	3,171,780	32,448,990
African American	2.9	135	15.6	16.0	23.5	15.3	30.4	12.6	2.2	866	954,162	10,146,385
Other/unknown	2.5	126	15.7	18.4	27.0	15.8	26.9	10.2	1.7	800	1,184,027	12,682,240
Use of Nursing Facilities												
Entire year	4.9	181	6.2	13.5	9.6	8.4	29.6	29.5	9.5	2,941	842,256	8,516,100
Part year	4.4	174	8.6	11.6	13.8	11.5	32.1	24.1	6.9	2,020	403,547	3,692,158
None	2.9	150	21.5	16.9	23.7	14.8	29.0	13.0	2.7	699	4,064,166	43,069,357
Maintenance Assistance Status												
Cash	2.9	142	22.4	14.3	24.9	15.6	29.9	12.8	2.5	633	2,829,320	31,241,291
Medically needy	3.2	159	7.6	28.0	17.2	10.4	24.4	16.0	4.1	2,076	736,393	6,952,959
Poverty related	3.0	152	17.8	18.3	21.5	13.8	30.3	13.2	2.8	851	516,433	5,222,881
Other/unknown	4.8	195	9.7	11.7	12.7	10.4	30.5	26.4	8.4	2,018	1,227,812	11,860,373
Missing	2.2	150	31	45.5	9.1	9.1	27.3	9.1	0.0	489	11	111

Table 13

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 13 includes the beneficiaries represented by Cell G 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 states.

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 14

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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	3.3	\$157	\$47	1.2	\$98	\$82	0.5	\$27	\$52	1.5	\$24	\$17
Age												
5 and younger	3.6	252	70	1.3	198	155	0.6	22	40	1.6	26	16
6-14	4.1	509	125	1.5	394	259	0.8	82	99	1.6	26	17
15-20	1.9	162	87	0.7	112	155	0.3	33	103	0.8	15	19
21-44	2.6	197	75	1.0	139	136	0.4	31	84	1.1	22	19
45-64	3.7	204	55	1.4	133	94	0.5	34	64	1.6	29	18
65-74	3.1	135	43	1.2	83	71	0.5	24	50	1.3	22	17
75-84	3.5	139	40	1.2	81	67	0.6	26	44	1.5	24	16
85 and older	3.7	127	34	1.1	70	63	0.7	25	37	1.7	25	15
Unknown	3.1	119	39	1.1	82	73	0.3	11	35	1.4	19	14
Basis of Eligibility												
Aged	3.4	132	39	1.2	78	67	0.6	24	43	1.5	23	16
Disabled	3.3	189	57	1.2	125	101	0.5	31	66	1.4	25	18
Adults	2.5	165	66	1.0	115	116	0.3	25	79	1.1	20	18
Children	2.4	230	98	0.9	161	178	0.4	49	110	0.9	16	18
Unknown	1.6	74	47	0.6	48	78	0.2	12	55	0.7	10	15
Gender												
Female	3.6	154	43	1.3	94	73	0.6	27	48	1.6	25	16
Male	2.9	162	56	1.0	105	103	0.5	28	60	1.2	23	18
Unknown	0.7	26	38	0.2	17	79	0.0	3	67	0.4	6	14
Race												
White	3.8	175	46	1.3	108	81	0.6	31	51	1.7	28	17
African American	2.9	135	47	1.0	87	84	0.5	23	51	1.2	20	16
Other/unknown	2.5	126	50	1.0	80	83	0.4	22	56	1.0	17	17
Use of Nursing Facilities												
Entire year	4.9	181	37	1.5	104	68	0.8	33	39	2.3	36	16
Part year	4.4	174	39	1.5	104	71	0.7	30	41	2.0	32	16
None	2.9	150	51	1.1	96	87	0.4	26	58	1.2	21	17
Maintenance Assistance Status												
Cash	3.2	159	50	1.1	90	84	0.4	25	57	1.2	21	17
Medically needy	3.0	152	50	1.1	101	91	0.5	28	52	1.4	24	17
Poverty related	4.8	195	41	1.1	98	86	0.5	26	54	1.3	22	17
Other/unknown	2.2	150	69	1.6	118	75	0.8	34	44	2.2	35	16
Missing	2.9	142	49	1.0	124	120	0.1	6	44	1.0	21	21

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 14 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 14

Dual Eligible Beneficiaries

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

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 the U.S., 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 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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	Total No. of Rx	Total Rx \$	No.	As % of Dual Benes	No. of Bene Mos			
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic								
Anti-infective Agents	0.3	0.2	0.0	0.1	\$24	\$21	\$0	\$2	\$72	\$121	\$61	\$14	9,631,265	\$697,645,165	2,691,055	50.7 %	29,650,902
Biologics	0.1	0.1	0.0	0.0	40	21	8	11	345	297	2,752	261	77,629	26,799,468	60,536	1.1	676,362
Antineoplastic Agents	0.5	0.2	0.1	0.2	76	46	22	8	159	254	151	51	821,199	130,393,093	163,202	3.1	1,707,543
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	28	22	2	4	36	59	18	13	15,675,887	564,359,749	1,831,314	34.5	19,983,607
Cardiovascular Agents	1.4	0.5	0.3	0.6	48	25	14	9	34	54	42	14	45,359,194	1,541,177,272	2,980,178	56.1	32,221,600
Respiratory Agents	0.6	0.3	0.0	0.3	23	17	1	5	37	54	32	18	12,375,397	458,067,445	1,806,525	34.0	19,949,222
Gastrointestinal Agents	0.6	0.3	0.1	0.3	40	27	7	6	65	107	77	22	12,304,966	804,453,320	1,847,710	34.8	20,236,254
Genitourinary Agents	0.4	0.2	0.0	0.2	14	11	0	3	39	54	33	20	2,453,397	94,604,587	594,054	11.2	6,572,295
CNS Drugs	1.1	0.4	0.2	0.5	73	48	16	9	66	108	100	17	27,815,571	1,841,824,561	2,348,639	44.2	25,364,737
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.1	0.3	23	8	7	9	48	89	65	30	127,160	6,147,784	24,294	0.5	264,433
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	54	51	1	3	102	120	90	26	897,900	91,832,733	158,533	3.0	1,704,358
Analgesics and Anesthetics	0.6	0.2	0.1	0.4	25	15	4	6	41	92	73	14	15,787,917	646,334,896	2,348,529	44.2	25,776,664
Neuromuscular Agents	0.9	0.3	0.2	0.4	42	26	7	10	48	93	44	22	10,989,691	530,203,737	1,142,602	21.5	12,507,779
Nutritional Products	0.6	0.0	0.2	0.3	10	1	5	5	18	23	25	14	5,557,656	101,680,152	921,284	17.4	9,833,039
Hematological Agents	0.6	0.1	0.2	0.3	36	22	7	7	56	257	32	21	5,385,396	302,438,116	782,537	14.7	8,382,602
Topical Products	0.4	0.2	0.1	0.2	14	9	3	2	33	47	38	14	9,663,459	316,184,975	1,976,699	37.2	21,990,778
Miscellaneous Products	0.4	0.1	0.1	0.2	80	47	25	7	185	336	273	37	564,687	104,686,423	124,829	2.4	1,316,071
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	19	0	0	0	42	0	0	0	9,386,996	391,838,462	1,883,955	35.5	20,812,193
TOTAL NO. 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.	184,875,367	8,650,671,938	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

- a. Table 15 includes the beneficiaries represented by Cell G 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 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 states.
- 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 the U.S., 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 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$952,984,440	1,100,457	20.7 %	12,060,181	0.7	\$114
ULCER DRUGS	650,888,431	1,768,848	33.3	19,646,555	0.4	77
ANTIDEPRESSANTS	621,591,637	1,757,118	33.1	19,185,212	0.6	57
ANTIHYPERTENSIVE	436,003,113	1,788,923	33.7	19,710,618	0.6	38
ANTICONVULSANT	407,093,320	861,590	16.2	9,517,786	0.7	57
CALCIUM BLOCKERS	390,998,456	1,098,658	20.7	12,149,989	0.6	51
ANTIDIABETIC	385,624,461	1,322,750	24.9	14,585,647	0.6	43
ANTHYPERLIPIDEMIC	342,801,566	715,574	13.5	8,088,299	0.5	78
ANALGESICS - ANTI-INFLAMMATORY	317,329,846	1,739,836	32.8	19,830,478	0.3	53
ANTIVIRAL	302,101,169	233,353	4.4	2,593,908	0.4	295

Source: Data for this table are from the MAX 1999 file for the U. S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 16 includes the beneficiaries represented by Cell G 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 states.

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 16A
 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}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS				
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Bene	No. of Users	Rx \$	No. of Users	Users as % of Dual Bene	No. of Users	Rx \$	No. of Users	Users as % of Dual Bene	Mean No. of Rx
All	74,255,672	\$4,807,416,439	1,100,457	20.7 %	12,060,181	0.7	1,768,848	33.3 %	19,646,555	0.4	\$33		
Female	50,624,029	3,016,288,348	658,113	19.0	7,205,613	0.6	1,253,637	36.3	13,979,884	0.4	33		
Disabled	19,960,869	1,388,137,682	302,023	25.5	3,426,258	0.7	457,387	38.7	5,231,355	0.4	32		
5 and younger	986	58,368	17	10.1	156	0.4	23	27.8	445	0.5	21		
6-14	3,434	240,410	3	0.9	30	0.2	13	36.6	1,378	0.4	24		
15-20	23,391	1,873,381	495	15.4	5,514	0.6	650	20.2	7,374	0.3	24		
21-44	4,587,922	392,572,760	117,505	35.9	1,332,897	0.7	89,102	27.2	1,015,453	0.4	31		
45-64	9,450,498	658,864,600	131,523	26.0	1,490,459	0.7	211,327	41.8	2,402,067	0.4	35		
65-74	4,172,100	242,806,625	34,523	14.8	396,053	0.6	107,633	46.3	1,247,862	0.4	29		
75-84	1,374,323	74,460,749	13,492	15.8	152,758	0.6	37,386	43.9	431,637	0.4	30		
85 and older	348,215	17,260,789	4,465	16.2	48,391	0.5	11,120	40.3	125,139	0.4	30		
Other Eligibles	30,662,934	1,628,139,146	356,087	15.7	3,779,327	0.6	796,242	35.0	8,748,448	0.5	34		
5 and younger	381	23,688	2	2.4	17	0.1	16	18.8	123	0.7	38		
6-14	664	61,366	2	2.4	12	0.3	24	28.2	252	0.4	24		
15-20	1,547	116,874	42	15.6	449	0.6	85	11.9	327	0.4	24		
21-44	97,478	8,173,364	2,272	16.3	22,139	0.5	54	17.7	24,389	0.3	27		
45-64	102,863	6,894,582	1,215	15.4	12,891	0.6	71	30.4	25,172	0.4	35		
65-74	9,348,037	539,828,640	76,960	11.6	843,229	0.6	237,621	35.8	2,678,993	0.4	31		
75-84	12,148,595	645,427,747	134,340	16.1	1,435,529	0.6	304,912	36.6	3,385,713	0.4	34		
85 and older	8,963,369	427,612,885	141,254	18.7	1,465,061	0.5	248,772	32.9	2,633,479	0.6	37		
Male	23,631,606	1,791,126,447	442,340	23.9	4,854,530	0.8	515,211	27.8	5,666,671	0.4	33		
Disabled	14,416,143	1,286,109,883	317,060	31.5	3,575,096	0.8	258,797	25.7	2,914,682	0.4	34		
5 and younger	951	63,221	6	3.8	50	0.5	62	38.8	663	0.4	17		
6-14	4,726	344,150	8	1.8	85	0.4	166	37.6	1,896	0.4	25		
15-20	31,308	2,817,672	917	21.7	10,065	0.7	104	15.0	7,165	0.3	26		
21-44	5,993,986	647,361,510	175,695	38.9	1,986,539	0.9	87,608	19.4	994,182	0.4	33		
45-64	6,496,013	526,197,979	120,470	29.5	1,356,117	0.9	114	29.6	1,349,187	0.4	36		
65-74	1,508,094	88,958,790	14,532	13.3	164,183	0.7	38,346	35.2	438,013	0.4	30		
75-84	314,336	16,947,827	4,222	16.8	45,773	0.6	8,905	35.4	99,585	0.4	31		
85 and older	66,729	3,418,734	1,210	18.0	12,284	0.5	2,232	33.2	23,991	0.4	32		
Other Eligibles	9,215,298	505,004,177	125,273	14.8	1,279,350	0.6	256,413	30.2	2,751,977	0.4	33		
5 and younger	138	7,054	1	2.8	12	0.2	12	33.3	111	0.3	13		
6-14	817	83,080	5	6.0	60	0.5	30	35.7	320	0.5	21		
15-20	1,945	157,938	42	17.7	419	0.7	91	16.5	416	0.3	20		
21-44	62,789	6,143,195	1,252	14.0	11,771	0.6	80	17.1	14,614	0.4	33		
45-64	96,186	7,064,529	1,154	12.6	11,819	0.7	77	24.0	21,840	0.4	36		
65-74	3,797,431	218,733,266	40,656	11.5	432,902	0.6	61	28.6	1,109,518	0.4	31		
75-84	3,582,161	191,504,254	50,374	16.2	512,755	0.6	47	32.0	1,070,958	0.4	33		
85 and older	1,673,831	81,310,861	31,789	19.1	309,612	0.5	36	31.5	534,200	0.5	35		
Unknown	428	25,551	14	27.5	150	0.6	60	17.6	93	0.7	66		

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 16A includes the beneficiaries represented by Cell G 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 states.

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 16B
 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}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERTENSIVE					ANTICONVULSANT				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$
All	1,757,118	33.1 %	19,185,212	0.6	\$32	1,788,923	33.7 %	19,710,618	0.6	\$22	861,590	16.2 %	9,517,786	0.7	\$43
Female	1,244,279	36.0	13,634,942	0.6	32	1,229,371	35.6	13,603,948	0.6	22	507,427	14.7	5,609,449	0.7	39
Disabled	563,839	47.7	6,361,137	0.5	34	374,923	31.7	4,255,219	0.5	22	291,693	24.7	3,296,384	0.7	47
5 and younger	23	13.6	194	0.7	30	34	20.1	348	0.5	10	12	7.1	136	0.9	66
6-14	21	6.3	232	0.6	19	167	50.2	1,835	0.5	18	23	6.9	245	0.9	55
15-20	796	24.8	8,732	0.4	29	541	16.8	6,082	0.4	19	731	22.8	8,097	0.7	51
21-44	177,927	54.3	1,999,699	0.5	37	39,010	11.9	438,896	0.5	19	117,964	36.0	1,332,357	0.8	54
45-64	279,434	55.3	3,142,059	0.6	35	169,948	33.6	1,909,551	0.6	22	132,944	26.3	1,499,578	0.7	46
65-74	75,637	32.5	870,049	0.5	25	113,467	48.8	1,306,902	0.5	22	28,963	12.4	331,639	0.6	28
75-84	23,221	27.2	265,189	0.5	24	40,670	47.7	467,607	0.6	22	8,933	10.5	101,151	0.6	24
85 and older	6,780	24.6	74,983	0.5	25	11,086	40.2	123,998	0.6	21	2,123	7.7	23,181	0.6	20
Other Eligibles	680,436	29.9	7,273,770	0.6	30	854,440	37.6	9,348,652	0.6	22	215,733	9.5	2,313,057	0.7	28
5 and younger	9	10.6	66	0.6	29	20	23.5	142	0.6	16	3	3.5	36	0.5	16
6-14	5	5.9	43	0.7	44	31	36.5	301	0.5	12	3	3.5	30	0.6	35
15-20	46	17.0	466	0.5	39	48	17.8	433	0.5	20	46	17.0	474	0.9	54
21-44	6,283	45.1	59,500	0.5	33	1,233	8.8	11,626	0.5	17	2,895	20.8	27,671	0.6	41
45-64	3,510	44.4	35,487	0.6	35	2,156	27.3	21,772	0.6	22	1,453	18.4	14,895	0.7	46
65-74	181,828	27.4	2,011,132	0.5	28	268,648	40.5	3,001,028	0.6	22	67,938	10.2	748,187	0.7	31
75-84	255,361	30.7	2,749,734	0.6	30	340,618	40.9	3,771,976	0.6	22	85,570	10.3	921,695	0.7	27
85 and older	233,394	30.9	2,417,342	0.7	32	241,686	32.0	2,541,374	0.7	22	57,825	7.7	600,069	0.7	24
Male	512,838	27.7	5,550,258	0.6	33	559,552	30.2	6,106,670	0.6	23	354,163	19.1	3,908,337	0.8	49
Disabled	325,563	32.4	3,624,788	0.6	35	244,463	24.3	2,716,467	0.6	22	266,544	26.5	2,994,096	0.8	54
5 and younger	15	9.4	140	0.3	12	29	18.1	291	0.6	10	8	5.0	90	0.4	8
6-14	29	6.6	325	0.5	30	232	52.5	2,630	0.5	20	40	9.0	441	0.7	53
15-20	852	20.2	9,414	0.5	36	616	14.6	6,877	0.5	18	990	23.5	11,073	0.8	60
21-44	159,415	35.3	1,784,694	0.5	36	57,060	12.6	636,532	0.5	20	141,202	31.3	1,592,522	0.8	59
45-64	135,980	33.3	1,503,342	0.6	35	123,848	30.3	1,360,036	0.6	23	107,078	26.2	1,197,551	0.8	52
65-74	22,610	20.8	255,546	0.5	26	49,264	45.2	560,950	0.5	23	13,686	12.6	154,183	0.7	31
75-84	5,173	20.6	56,412	0.5	26	10,874	43.2	122,062	0.5	23	2,953	11.7	32,296	0.7	27
85 and older	1,489	22.2	14,915	0.5	27	2,540	37.8	27,089	0.6	22	587	8.7	5,940	0.7	22
Other Eligibles	187,272	22.1	1,925,437	0.6	30	315,083	37.1	3,390,159	0.6	23	87,615	10.3	914,193	0.7	31
5 and younger	3	8.3	14	0.6	24	6	16.7	56	0.3	7	2	5.6	11	0.3	24
6-14	6	7.1	72	0.7	26	32	38.1	341	0.4	10	6	7.1	64	0.5	21
15-20	51	21.5	522	0.8	51	53	22.4	543	0.5	22	35	14.8	339	1.0	52
21-44	3,084	34.6	28,257	0.5	31	1,072	12.0	9,666	0.5	20	1,723	19.3	16,240	0.7	50
45-64	2,737	30.0	26,147	0.6	34	2,396	26.2	22,570	0.6	22	1,593	17.4	16,231	0.8	45
65-74	65,278	18.5	698,704	0.5	29	132,197	37.5	1,448,566	0.5	23	36,595	10.4	393,745	0.8	33
75-84	72,800	23.4	747,561	0.6	31	124,748	40.2	1,350,544	0.6	23	33,146	10.7	343,831	0.7	28
85 and older	43,313	26.0	424,160	0.6	32	54,579	32.8	557,873	0.6	23	14,515	8.7	143,732	0.7	25
Unknown	8	15.7	80	0.7	17	14	27.5	121	0.6	18	5	9.8	56	0.7	50

Dual Eligible Beneficiaries

Table 16B

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 16B includes the beneficiaries represented by Cell G 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 states.

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 16C
 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}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS					ANTI-DIABETIC					ANTHYPERLIPIDEMIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	1,098,658	20.7 %	12,149,989	0.6	\$32	1,322,750	24.9 %	14,585,647	0.6	\$26	715,574	13.5 %	8,088,299	0.5	\$42
Female	812,198	23.5	9,014,448	0.6	32	952,896	27.6	10,568,147	0.6	27	507,228	14.7	5,757,789	0.6	43
Disabled	241,360	20.4	2,741,147	0.6	33	347,477	29.4	3,937,264	0.6	30	198,548	16.8	2,269,253	0.6	43
5 and younger	28	16.6	283	0.5	16	4	2.4	16	1.0	14	4	2.4	38	0.3	13
6-14	169	50.8	1,872	0.6	39	6	1.8	49	0.2	9	18	5.4	213	0.4	28
15-20	396	12.3	4,465	0.6	42	123	3.8	1,422	0.6	22	63	2.0	705	0.4	33
21-44	22,658	6.9	254,803	0.5	31	36,867	11.3	415,772	0.6	30	17,314	5.3	196,302	0.5	37
45-64	105,544	20.9	1,184,799	0.6	33	171,925	34.0	1,931,493	0.6	31	99,798	19.8	1,128,075	0.6	44
65-74	76,180	32.7	878,336	0.6	34	103,294	44.4	1,187,652	0.6	29	63,142	27.1	732,326	0.6	44
75-84	28,385	33.3	326,504	0.6	33	29,331	34.4	335,339	0.6	25	15,897	18.7	184,991	0.6	44
85 and older	8,000	29.0	90,085	0.6	31	5,927	21.5	65,521	0.6	20	2,312	8.4	26,603	0.5	39
Other Eligibles	570,837	25.1	6,273,289	0.6	32	605,413	26.6	6,630,831	0.6	25	308,678	13.6	3,488,516	0.5	43
5 and younger	18	21.2	125	0.7	31	5	5.9	18	0.8	22	3	3.5	18	0.6	52
6-14	40	47.1	392	0.7	36	3	3.5	36	0.3	8	0	0.0	0	0.0	0
15-20	25	9.3	243	0.6	41	6	2.2	48	0.8	39	2	0.7	24	0.3	12
21-44	764	5.5	7,232	0.5	29	1,035	7.4	9,720	0.6	29	447	3.2	4,275	0.5	35
45-64	1,359	17.2	13,751	0.6	34	2,133	27.0	21,686	0.6	30	1,040	13.2	10,776	0.6	43
65-74	174,825	26.3	1,955,571	0.6	32	234,137	35.3	2,607,737	0.6	27	146,629	22.1	1,657,249	0.5	43
75-84	230,072	27.6	2,556,568	0.6	32	245,118	29.4	2,698,643	0.6	24	127,117	15.3	1,445,457	0.6	43
85 and older	163,734	21.7	1,739,407	0.7	31	122,976	16.3	1,292,943	0.7	20	33,440	4.4	370,717	0.6	40
Male	286,460	15.5	3,135,541	0.6	32	369,854	20.0	4,017,500	0.6	26	208,346	11.2	2,330,510	0.5	41
Disabled	127,645	12.7	1,416,504	0.6	34	176,442	17.5	1,955,509	0.6	29	113,805	11.3	1,279,339	0.6	42
5 and younger	47	29.4	526	0.5	22	1	0.6	6	0.2	2	2	1.3	17	0.4	18
6-14	219	49.5	2,459	0.6	36	6	1.4	72	0.3	8	14	3.2	153	0.5	21
15-20	430	10.2	4,692	0.6	45	75	1.8	827	0.7	26	46	1.1	530	0.4	29
21-44	28,161	6.2	312,429	0.6	35	36,278	8.0	405,219	0.6	29	26,834	5.9	304,222	0.5	37
45-64	65,218	16.0	715,494	0.6	35	98,153	24.0	1,076,875	0.6	30	61,934	15.2	687,855	0.6	44
65-74	26,724	24.5	304,821	0.6	33	34,559	31.7	391,290	0.6	28	21,645	19.9	248,468	0.5	44
75-84	5,564	22.1	62,520	0.6	31	6,210	24.7	69,131	0.6	24	2,969	11.8	34,053	0.5	42
85 and older	1,282	19.1	13,563	0.6	30	1,160	17.3	12,089	0.6	21	361	5.4	4,041	0.5	38
Other Eligibles	158,813	18.7	1,719,023	0.6	31	193,411	22.8	2,061,979	0.6	24	94,541	11.1	1,051,171	0.5	41
5 and younger	7	19.4	66	0.5	30	2	5.6	13	0.4	12	1	2.8	12	0.6	16
6-14	37	44.0	415	0.7	52	0	0.0	0	0.0	0	1	1.2	12	0.3	6
15-20	48	20.3	477	0.6	45	3	1.3	27	0.6	19	3	1.3	32	0.3	11
21-44	555	6.2	5,024	0.6	36	772	8.7	7,050	0.6	32	512	5.7	4,682	0.5	36
45-64	1,229	13.5	11,586	0.6	34	2,003	21.9	19,027	0.6	29	1,253	13.7	11,743	0.6	44
65-74	67,336	19.1	740,289	0.6	32	90,029	25.5	979,734	0.6	26	52,893	15.0	589,562	0.5	41
75-84	63,075	20.3	686,755	0.6	30	73,762	23.7	787,062	0.6	23	33,923	10.9	380,801	0.5	41
85 and older	26,526	15.9	274,411	0.6	29	26,840	16.1	269,066	0.6	20	5,955	3.6	64,327	0.5	37
Unknown	3	5.9	26	0.3	15	7	13.7	64	0.7	21	2	3.9	20	1.0	74

Dual Eligible Beneficiaries

Table 16C

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 16C includes the beneficiaries represented by Cell G 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 states.

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 16D
 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}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIVIRAL						
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	1,739,836	32.8 %	19,830,478	0.3	\$16	233,353	4.4 %	2,593,908	0.4	\$117	5,309,969	55,277,615
Female	1,264,451	36.6	14,453,187	0.3	17	98,626	2.9	1,109,740	0.3	60	3,456,173	36,267,948
Disabled	524,107	44.3	6,043,178	0.3	16	53,293	4.5	605,983	0.3	96	1,182,143	12,853,229
5 and younger	11	6.5	91	0.4	22	23	13.6	240	0.3	84	169	1,434
6-14	12	3.6	134	0.2	3	78	23.4	896	0.3	84	333	3,540
15-20	694	21.6	7,797	0.2	7	200	6.2	2,291	0.3	85	3,213	33,239
21-44	112,968	34.5	1,291,173	0.2	12	25,029	7.6	281,811	0.4	117	327,663	3,533,320
45-64	234,894	46.5	2,689,889	0.3	19	21,297	4.2	242,886	0.3	93	505,244	5,423,219
65-74	126,944	54.6	1,485,549	0.3	16	4,837	2.1	56,549	0.2	38	232,692	2,608,348
75-84	39,095	45.9	458,896	0.3	16	1,411	1.7	16,501	0.1	14	85,222	954,615
85 and older	9,489	34.4	109,649	0.3	16	418	1.5	4,809	0.1	8	27,607	295,514
Other Eligibles	740,340	32.6	8,409,973	0.3	18	45,332	2.0	503,752	0.1	17	2,274,030	23,414,719
5 and younger	11	12.9	108	0.3	12	4	4.7	38	0.7	202	85	483
6-14	4	4.7	34	0.3	7	22	25.9	247	0.4	138	85	685
15-20	33	12.2	328	0.2	2	10	3.7	113	0.2	49	270	2,116
21-44	3,980	28.6	38,980	0.3	12	1,212	8.7	12,359	0.5	156	13,938	105,933
45-64	2,895	36.6	29,833	0.3	17	394	5.0	4,024	0.5	153	7,900	67,222
65-74	269,828	40.6	3,091,762	0.3	17	11,782	1.8	134,130	0.2	22	663,794	6,988,483
75-84	291,908	35.1	3,346,302	0.3	18	15,516	1.9	175,335	0.1	10	832,526	8,754,570
85 and older	171,681	22.7	1,902,626	0.4	19	16,392	2.2	177,506	0.1	7	755,432	7,495,227
Male	475,384	25.6	5,377,279	0.3	13	134,726	7.3	1,484,156	0.5	159	1,853,745	19,009,241
Disabled	263,017	26.2	2,994,536	0.3	11	118,536	11.8	1,308,925	0.5	173	1,005,509	10,643,046
5 and younger	11	6.9	112	0.4	29	26	16.3	299	0.3	105	160	1,561
6-14	14	3.2	160	0.2	6	95	21.5	1,096	0.3	105	442	4,707
15-20	498	11.8	5,617	0.2	3	196	4.6	2,199	0.2	88	4,220	43,520
21-44	98,701	21.9	1,122,229	0.2	8	78,263	17.3	860,908	0.5	174	451,408	4,809,623
45-64	114,786	28.1	1,297,190	0.3	14	36,969	9.0	410,184	0.6	178	408,509	4,259,014
65-74	39,823	36.6	463,232	0.3	13	2,516	2.3	28,863	0.4	100	108,901	1,190,555
75-84	7,699	30.6	89,260	0.3	14	381	1.5	4,359	0.2	32	25,147	268,358
85 and older	1,485	22.1	16,736	0.3	14	90	1.3	1,017	0.1	9	6,722	65,708
Other Eligibles	212,366	25.0	2,382,734	0.3	14	16,190	1.9	175,231	0.2	51	848,236	8,366,195
5 and younger	3	8.3	27	0.3	10	3	8.3	36	0.8	52	36	257
6-14	2	2.4	18	0.2	112	23	27.4	252	0.5	175	84	822
15-20	22	9.3	235	0.2	5	24	10.1	269	0.4	116	237	2,062
21-44	2,181	24.5	20,706	0.3	11	1,159	13.0	11,458	0.5	176	8,920	63,618
45-64	2,330	25.5	22,755	0.3	14	772	8.5	7,779	0.6	190	9,131	69,599
65-74	95,696	27.1	1,083,860	0.3	14	6,048	1.7	67,149	0.3	60	352,776	3,568,063
75-84	79,735	25.7	903,821	0.3	15	5,041	1.6	55,304	0.2	18	310,633	3,108,787
85 and older	32,397	19.5	351,312	0.3	16	3,120	1.9	32,984	0.1	9	166,419	1,552,987
Unknown	6	11.8	57	0.4	11	2	3.9	17	0.3	14	51	426

Table 16D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 16D includes the beneficiaries represented by Cell G 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 states.

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 17
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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	\$181	4.9	842,256	8,516,100
Age				
0-64	280	5.8	56,869	628,274
65-74	233	5.7	105,978	1,103,199
75-84	191	5.2	268,485	2,709,976
85 and older	146	4.4	410,908	4,074,507
Unknown	87	2.9	16	144
Gender				
Female	175	4.9	624,961	6,376,146
Male	200	4.9	217,295	2,139,954
Unknown	0	0.0	0	0
Race				
White	188	5.2	671,028	6,718,444
African American	175	4.5	94,120	995,365
Other/unknown	132	3.3	77,108	802,291
Basis of Eligibility				
Aged	173	4.9	753,722	7,552,516
Disabled	249	5.4	88,441	962,785
Adults	145	2.6	75	692
Children	116	4.5	4	48
Unknown	192	5.3	14	59

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 17 includes dual beneficiaries who resided in nursing facilities throughout their 1999 Medicaid enrollment, those represented by Cell H of Table 1. A total of 403,547 dual beneficiaries who were in nursing facilities for part of their enrollment and their 3,692,158 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 states.

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 18
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos				
Anti-infective Agents	0.4	0.2	0.0	0.1	\$17	\$14	\$0	\$2	\$47	\$72	\$48	\$14	1,809,278	\$85,385,566	488,623	58.0 %	5,166,957
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	21	12	5,752	27	36,391	749,901	32,737	3.9	365,000
Antineoplastic Agents	0.5	0.1	0.3	0.2	67	25	35	7	123	204	137	42	222,469	27,388,602	40,521	4.8	407,583
Endocrine/Metabolic Drugs	1.0	0.4	0.2	0.4	24	17	3	5	23	42	14	10	3,056,315	71,181,023	280,824	33.3	2,920,569
Cardiovascular Agents	1.8	0.4	0.5	1.0	42	16	13	13	23	40	29	13	9,545,104	219,046,549	505,725	60.0	5,188,378
Respiratory Agents	0.7	0.3	0.0	0.4	22	12	1	9	31	47	26	22	2,088,369	65,222,366	284,708	33.8	3,010,793
Gastrointestinal Agents	0.9	0.3	0.1	0.5	49	30	8	11	52	91	64	23	3,266,072	171,303,294	333,639	39.6	3,495,517
Genitourinary Agents	0.5	0.2	0.0	0.3	19	12	0	6	35	53	33	20	763,980	26,850,325	134,939	16.0	1,444,250
CNS Drugs	1.4	0.7	0.2	0.6	80	58	14	8	56	85	79	14	7,135,130	402,434,716	480,564	57.1	5,014,003
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.1	0.5	13	1	3	9	21	65	37	18	27,317	582,660	4,199	0.5	43,657
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	80	78	0	1	108	113	75	31	331,203	35,702,836	43,412	5.2	446,738
Analgesics and Anesthetics	0.8	0.2	0.1	0.5	27	17	4	6	33	73	53	12	2,634,636	88,133,876	313,305	37.2	3,242,629
Neuromuscular Agents	1.2	0.3	0.3	0.6	48	22	12	14	40	72	44	23	2,690,602	108,660,242	212,492	25.2	2,266,512
Nutritional Products	0.8	0.0	0.2	0.5	13	0	6	7	17	22	23	14	1,896,990	32,421,513	242,896	28.8	2,505,431
Hematological Agents	1.0	0.1	0.3	0.5	33	16	8	9	34	170	23	16	1,840,776	62,402,970	183,911	21.8	1,898,867
Topical Products	0.6	0.2	0.1	0.2	16	9	4	3	30	45	37	13	2,533,574	75,878,057	427,948	50.8	4,605,562
Miscellaneous Products	0.3	0.0	0.0	0.2	9	2	1	6	34	68	148	26	108,739	3,682,650	41,286	4.9	427,827
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	17	0	0	0	32	0	0	0	2,092,191	67,027,480	360,129	42.8	3,838,622
TOTAL NO. 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.	42,079,136	1,544,054,626	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table 18 includes dual beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 1999, those represented by Cell H of Table 1. A total of 403,547 dual beneficiaries who were in nursing facilities for part of their enrollment and their 3,692,158 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 states.

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 the U.S., 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.

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

APPENDIX TABLE A.3

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

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	
All	5,996,921	3,391,941	2,537,369	65,551	1,362	63,973,806	35,362,550	27,992,114	605,850	10,353	2,939
Age											
5 and younger	483	89	349	0	45	4,243	437	3,349	0	457	0
6-14	1,074	16	884	1	173	11,577	80	9,748	12	1,737	0
15-20	9,299	8	8,690	147	454	101,157	88	95,491	1,186	4,392	0
21-44	933,471	628	903,306	29,005	434	10,248,224	6,728	9,984,035	254,092	2,772	597
45-64	1,081,089	4,924	1,055,786	20,003	172	11,742,045	51,654	11,508,216	180,770	556	849
65-74	1,554,608	1,136,421	403,240	14,636	57	16,847,346	12,127,167	4,566,502	152,302	294	1,081
75-84	1,382,508	1,254,504	126,416	1,469	17	14,686,105	13,258,027	1,413,159	14,556	74	289
85 and older	1,034,347	995,319	38,694	287	8	10,332,757	9,918,077	411,579	2,916	68	117
Unknown	42	32	4	3	2	352	292	35	16	3	6
Gender											
Female	3,882,979	2,474,759	1,371,784	35,421	662	41,710,569	26,062,122	15,307,872	334,241	4,782	1,552
Male	2,113,932	917,181	1,165,578	30,128	700	22,263,136	9,300,416	12,684,158	271,604	5,571	1,387
Unknown	10	1	7	2	0	101	12	84	5	0	0
Race											
White	3,582,087	2,023,405	1,516,480	40,946	701	37,603,647	20,527,373	16,686,370	381,921	5,644	2,339
African American	1,073,097	524,242	534,172	14,150	442	11,691,497	5,650,129	5,907,668	130,601	2,821	278
Other/unknown	1,341,737	844,294	486,717	10,455	219	14,678,662	9,185,048	5,398,076	93,328	1,888	322
Use of Nursing Facilities											
All year	874,802	784,031	90,674	76	4	8,931,244	7,934,345	996,074	700	48	77
Part year	429,139	367,184	61,745	189	9	4,033,368	3,390,396	640,803	1,982	83	104
None	4,692,980	2,240,726	2,384,950	65,286	1,349	51,009,194	24,037,809	26,355,237	603,168	10,222	2,758
Maintenance Assistance Status											
Cash	3,292,929	1,599,193	1,679,804	13,840	66	37,178,659	17,981,523	19,074,559	121,738	569	270
Medically needy	776,093	502,734	263,374	9,795	190	7,412,033	4,717,743	2,610,351	82,360	1,579	0
Poverty related	556,862	309,886	242,985	3,743	248	5,827,292	3,213,384	2,584,570	27,108	2,230	0
Other/unknown	1,371,025	980,117	351,206	38,172	858	13,555,699	9,449,783	3,722,634	374,638	5,975	2,669
Missing	12	11	0	1	0	123	117	0	6	0	0
Dual Status^c											
Full dual, all year	5,810,417	3,293,557	2,451,041	63,778	1,348	62,009,508	34,339,118	27,070,536	586,748	10,207	2,899
Full dual, part year	186,504	98,384	86,328	1,773	14	1,964,298	1,023,432	921,578	19,102	146	40
Managed Care Status											
FFS all year	5,078,436	2,966,430	2,082,200	28,306	1,077	53,889,665	30,778,950	22,871,234	229,399	7,882	2,200
FFS part year, with Rx claims	186,333	95,663	85,023	5,537	99	2,073,434	1,053,299	963,384	55,741	913	97
FFS part year, no Rx claims	45,200	22,343	20,439	2,370	47	448,498	219,496	208,545	20,109	346	2
MC all year, with Rx claims	124,949	68,210	53,952	2,743	25	1,394,922	749,872	618,614	25,979	248	209

MC all year, no Rx claims	561,773	239,295	295,755	26,595	114	14	6,166,983	2,560,933	3,330,337	274,622	964	127
Unknown	230	0	0	0	0	230	304	0	0	0	0	304

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table A.3 includes the beneficiaries represented by Cell F 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. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(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; N.A. = not available; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 1999

Beneficiary Characteristics	Benes and					
	Bene Mos in Cell F of Table 1	Included in Cell G of Table 1		Excluded from Cell G of Table 1		
	No. of Benes	No. of Benes	No. of Benes	No. of Benes	No. of Benes	No. of Benes
All	5,996,921	63,973,806	5,309,969	55,277,615	686,722	8,695,307
FFS all year	5,078,436	53,889,665	5,078,436	53,889,108	0	0
FFS part year, with Rx claims	186,333	2,073,434	186,333	1,184,091	0	889,343
FFS part year, with no Rx claims	45,200	448,498	45,200	204,416	0	244,082
MC all year, with Rx claims	124,949	1,394,922	0	0	124,949	1,394,921
MC all year, with no Rx claims	561,773	6,166,983	0	0	561,773	6,166,961
Unknown	230	304	0	0	0	0

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

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.

NATIONAL COMPARISON TABLE N.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 DUAL ELIGIBLE BENEFICIARIES, 1999^{a, b, c}

	% of All Rx										Among All-Year NF Residents ^e	
	No. of Benes	No. of Bene Mos	% of Benes with One or More Rx	No. of Rx per Bene Mo	Rx \$ per Bene Mo	Patented Brand-Name ^d	Off-Patent Brand-Name	Generic	Rx \$ as % of Total Medicaid \$	No. of Rx per Bene Mo	\$ per Bene Mo	
All States	5,309,969	55,277,615	84.1 %	3.3	\$157	35.7 %	15.8 %	43.4 %	13.8 %	4.9	\$181	
Alabama	109,483	1,202,203	88.1	3.6	125	31.7	13.7	49.5	15.6	5.7	184	
Alaska	9,692	100,761	82.5	3.2	180	38.9	17.5	38.2	16.2	6.0	289	
Arizona												
Arkansas	73,016	776,251	87.9	3.0	124	32.5	17.8	45.4	16.8	5.3	192	
California	780,380	8,367,079	80.2	2.2	127	33.6	13.9	46.6	20.7	3.7	135	
Colorado	10,062	27,359	63.3	7.8	315	33.4	17.7	45.3	9.8	13.4	465	
Connecticut	75,327	789,467	87.4	4.0	194	36.6	15.6	43.7	8.9	4.9	182	
Delaware	9,752	99,185	84.2	3.8	181	38.9	14.4	42.4	10.6	5.0	167	
D.C.	17,270	186,500	65.4	2.4	110	37.2	14.6	42.5	9.5	0.9	36	
Florida	328,402	3,367,598	81.6	3.4	183	38.6	17.7	38.7	22.7	4.8	184	
Georgia	156,169	1,657,336	90.4	3.5	140	34.8	16.6	43.6	18.7	4.7	185	
Hawaii	24,555	253,105	87.0	2.7	113	35.6	13.9	47.2	13.8	3.6	116	
Idaho	16,657	171,212	88.9	4.6	201	35.8	16.2	43.2	15.5	6.3	226	
Illinois	169,092	1,726,514	85.0	4.0	181	32.9	17.4	44.9	13.3	5.3	211	
Indiana	102,837	1,055,128	85.4	4.8	215	34.7	15.1	45.4	16.2	6.9	270	
Iowa	55,993	588,008	89.6	4.2	165	30.4	17.4	46.4	14.2	5.4	174	
Kansas	44,680	430,860	85.5	4.2	190	36.2	17.1	41.3	13.9	6.2	236	
Kentucky	86,606	868,563	87.9	4.7	188	33.0	15.4	45.7	17.7	7.7	256	
Louisiana	113,596	1,232,103	89.4	4.1	167	35.1	15.8	43.7	19.6	6.5	256	
Maine	43,446	467,830	90.2	3.8	181	35.7	14.1	46.4	16.1	5.8	207	
Maryland	67,251	680,592	81.6	3.7	158	36.2	17.5	41.6	11.9	6.0	204	
Massachusetts	188,454	1,991,854	87.3	3.6	162	35.7	13.3	46.4	12.1	5.1	173	
Michigan	157,431	1,534,748	85.3	3.8	151	35.3	14.3	46.3	18.0	4.9	150	
Minnesota	66,137	609,653	85.6	3.7	183	34.5	17.5	43.7	9.5	5.8	196	
Mississippi	118,441	1,290,167	91.0	2.8	138	38.4	15.3	41.3	23.2	5.7	229	
Missouri	139,412	1,435,120	90.1	4.7	216	35.4	15.1	44.4	20.8	6.2	229	
Montana	16,378	158,165	86.1	4.3	180	32.3	16.6	45.2	15.8	5.7	190	
Nebraska	33,855	343,724	88.4	4.5	193	35.4	17.2	43.0	16.0	6.1	218	
Nevada	15,579	158,556	83.2	2.9	134	36.2	15.6	44.4	16.1	4.7	173	
New Hampshire	18,732	189,819	89.2	4.6	209	34.7	14.2	47.6	11.1	5.8	198	
New Jersey	140,403	1,431,763	88.9	4.2	198	37.4	16.8	40.5	13.8	6.5	227	
New Mexico	31,034	330,803	76.1	2.7	109	32.5	17.4	45.1	11.9	4.3	153	
New York	529,912	5,661,343	71.4	2.5	140	41.4	17.4	34.3	6.7	0.4	31	

Dual Eligible Beneficiaries

Table N.5

	No. of Benes	No. of Bene Mos	% of Benes with One or More Rx	No. of Rx per Bene Mo	Rx \$ per Bene Mo	Patented Brand-Name ^d	Off-Patent Brand-Name	Generic	Rx \$ as % of		No. of Rx per Rx \$ per Bene Mo
									Total Medicaid \$	Bene Mo	
North Carolina	212,498	2,327,999	89.8	3.2	152	36.8	15.3	42.5	20.0	4.5	207
North Dakota	13,427	134,771	82.7	4.0	157	33.6	18.7	42.4	10.0	5.7	195
Ohio	200,192	2,036,731	89.4	5.0	202	35.0	14.8	45.6	12.1	6.7	223
Oklahoma	72,066	759,063	89.3	3.1	136	34.4	15.6	45.2	15.9	5.7	209
Oregon	17,946	106,368	82.0	5.8	214	32.9	12.9	50.4	10.4	6.9	225
Pennsylvania	169,914	1,523,458	78.1	3.9	176	34.9	17.7	42.7	14.3	6.5	228
Rhode Island	23,280	251,207	87.5	3.4	160	36.7	13.9	45.4	3.1	4.5	176
South Carolina	118,391	1,289,934	82.2	1.7	117	38.9	15.6	41.1	17.2	0.3	25
South Dakota	13,693	144,014	85.4	3.9	153	31.7	19.6	44.0	12.0	5.7	198
Tennessee	890	3,137	0.0	0.0	0	0.0	0.0	0.0	0.0	0.0	0
Texas	334,309	3,545,963	88.4	2.7	128	37.0	17.5	41.1	12.4	5.7	215
Utah	2,631	15,858	64.8	3.6	167	36.1	13.7	44.7	9.3	6.5	206
Vermont	17,618	181,185	89.2	4.0	184	36.0	15.4	42.6	17.9	5.6	199
Virginia	101,482	1,064,630	88.6	4.0	174	33.9	15.5	44.2	18.3	5.9	217
Washington	96,030	981,358	84.3	3.8	172	36.0	12.9	47.6	24.6	5.2	188
West Virginia	44,612	467,954	90.2	4.1	152	32.3	14.6	49.6	14.5	5.5	181
Wisconsin	114,888	1,197,963	87.0	4.0	162	33.2	17.4	44.9	12.3	5.3	185
Wyoming	6,068	62,653	86.0	3.9	176	33.8	18.4	42.3	11.4	5.8	214

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table N.5, except for the last two columns, includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. The last two columns include beneficiaries represented by Cell H of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 1999. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

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. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdadb.asp (May 13 2003).

e. All-year NF residents are beneficiaries who resided in NFs throughout their Medicaid enrollment in 1999. Part-year residents were excluded from the analysis. See footnote f of Table 1 for more information about how we determined all-year NF residents.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; NF = nursing facility.

NATIONAL COMPARISON TABLE N.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE
 DUAL ELIGIBLE BENEFICIARIES, 1999^{a, b, c, d}

	Share of Bene Mos (percent)				Medicaid Rx \$ per Bene Mo (dollars)				Share of Total Medicaid Rx \$ (percent)			
	All	Aged	Disabled	Children	All	Aged	Disabled	Children	All	Aged	Disabled	Children
	100	57.0	42.5	0.5	157	132	189	165	100	48.1	51.3	0.5
All States	100	57.0	42.5	0.5	157	132	189	165	100	48.1	51.3	0.5
Alabama	100	46.3	53.4	0.2	125	117	132	90	100	43.4	56.4	0.2
Alaska	100	55.9	43.2	0.9	180	121	257	131	100	37.7	61.7	0.6
Arizona	0	0.0	0.0	0.0	0	0	0	0	0	0.0	0.0	0.0
Arkansas	100	51.7	47.8	0.4	124	129	120	54	100	53.6	46.2	0.2
California	100	56.0	43.7	0.3	127	91	173	143	100	40.2	59.5	0.3
Colorado	100	63.1	35.8	0.8	315	290	360	278	100	58.0	40.9	0.7
Connecticut	100	62.7	36.8	0.4	194	158	255	294	100	51.0	48.4	0.5
Delaware	100	58.5	40.1	1.4	181	146	231	201	100	47.2	51.2	1.5
D.C.	100	46.3	52.6	1.1	110	68	149	91	100	28.3	70.7	0.9
Florida	100	55.1	44.7	0.2	183	133	245	137	100	40.0	59.8	0.1
Georgia	100	49.6	50.1	0.3	140	133	147	135	100	47.0	52.7	0.3
Hawaii	100	66.6	33.2	0.1	113	84	170	35	100	49.9	50.1	0.0
Idaho	100	54.0	45.7	0.3	201	180	228	144	100	48.2	51.6	0.2
Illinois	100	60.9	38.7	0.4	181	153	207	150	100	38.7	59.9	1.2
Indiana	100	56.9	42.8	0.3	165	152	183	130	100	56.8	42.9	0.2
Iowa	100	53.4	46.3	0.2	190	184	199	112	100	52.4	47.3	0.3
Kansas	100	47.4	52.2	0.3	188	185	190	138	100	46.8	53.0	0.3
Kentucky	100	66.2	33.6	0.2	167	174	154	128	100	68.8	31.1	0.1
Louisiana	100	45.0	54.2	0.8	181	160	199	153	100	39.7	59.6	0.7
Maine	100	53.6	45.9	0.3	158	144	175	121	100	48.8	50.8	0.2
Maryland	100	45.6	53.4	0.9	162	125	193	170	100	35.3	63.7	1.0
Massachusetts	100	52.9	46.8	0.2	151	126	180	123	100	44.1	55.7	0.2
Michigan	100	41.7	57.8	0.4	183	135	218	165	100	30.8	68.8	0.4
Minnesota	100	50.1	49.7	0.1	138	137	138	124	100	50.0	49.9	0.1
Mississippi	100	61.0	38.5	0.5	216	186	266	89	100	52.4	47.3	0.2
Missouri	100	53.1	42.4	4.5	180	163	203	170	100	48.0	47.8	4.3
Montana	100	59.7	39.7	0.1	193	171	226	445	100	53.1	46.6	0.2
Nebraska	100	62.5	37.2	0.4	134	116	165	88	100	54.1	45.7	0.2
Nevada	100	58.1	38.4	3.5	209	171	268	183	100	47.5	49.3	3.1
New Hampshire	100	51.3	48.4	0.3	198	162	235	316	100	42.0	57.6	0.4
New Jersey	100	48.7	51.0	0.2	109	87	130	40	100	39.0	60.9	0.1
New Mexico	100	57.5	41.6	0.9	140	93	202	261	100	38.3	59.9	1.8
New York	100	64.3	35.3	0.4	152	142	171	161	100	59.9	39.7	0.4
North Carolina	100	64.0	35.8	0.2	157	152	167	111	100	61.8	38.0	0.2
North Dakota	100	61.6	38.1	0.2	202	185	230	93	100	56.4	43.4	0.1
Ohio												

Dual Eligible Beneficiaries

Table N.6

	Share of Bene Mos (percent)					Medicaid Rx \$ per Bene Mo (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
	100	68.4	31.4	0.2	0.0	136	135	138	82	356	100	67.9	32.0	0.1	0.0
Oklahoma	100	75.5	23.0	1.4	0.0	214	186	303	239	383	100	65.8	32.6	1.6	0.0
Oregon	100	65.1	33.9	0.9	0.0	176	161	208	74	179	100	59.5	40.1	0.4	0.0
Pennsylvania	100	46.9	52.7	0.4	0.0	160	130	187	108	94	100	38.1	61.6	0.3	0.0
Rhode Island	100	63.0	36.8	0.3	0.0	117	100	148	122	101	100	53.4	46.3	0.3	0.0
South Carolina	100	53.9	45.7	0.5	0.0	153	158	148	86	0	100	55.6	44.1	0.3	0.0
South Dakota	100	63.4	29.0	7.6	0.0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Tennessee	100	74.4	25.4	0.2	0.0	128	126	133	119	531	100	73.3	26.5	0.2	0.0
Texas	100	51.2	47.2	1.6	0.0	167	112	223	285	0	100	34.4	62.8	2.8	0.0
Utah	100	50.7	48.6	0.6	0.0	184	162	208	171	19	100	44.5	54.9	0.6	0.0
Vermont	100	62.3	37.3	0.3	0.0	174	157	201	188	188	100	56.4	43.2	0.4	0.0
Virginia	100	57.7	42.0	0.3	0.0	172	139	218	93	313	100	46.7	53.1	0.2	0.0
Washington	100	54.3	45.2	0.5	0.0	152	148	156	166	298	100	52.9	46.6	0.6	0.0
West Virginia	100	47.0	52.3	0.7	0.0	162	144	179	118	108	100	41.7	57.8	0.5	0.0
Wisconsin	100	56.8	42.8	0.4	0.0	176	173	181	88	0	100	55.8	43.9	0.2	0.0
Wyoming	100														

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

- a. Table N.6 includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 1999. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- c. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.
- d. 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.

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

Table N.6

NATIONAL COMPARISON TABLE N.7
 TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 DUAL ELIGIBLE BENEFICIARIES, 1999^{a,b,c}

	ANTI- PSYCHOTIC	ULCER DRUGS	DEPRESSANT	ANTI- HYPERTENSIVE	ANTI- CONVULSANT	ANTI- CALCIUM BLOCKERS	ANTI- DIABETIC	ANTI- HYPERLIPIDEMIC	ANTI- INFLAMMATORY	ANTI- ANTI-VIRAL
	1	2	3	4	5	6	7	8	9	10
All States	1	2	3	4	5	6	7	8	9	10
Alabama	1	3	2	4	7	5	6	9	n.a.	n.a.
Alaska	1	5	2	10	6	n.a.	n.a.	n.a.	9	8
Arizona	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Arkansas	1	3	2	5	4	6	8	n.a.	n.a.	n.a.
California	1	2	8	3	10	5	7	4	n.a.	6
Colorado	2	3	1	7	4	9	8	n.a.	10	n.a.
Connecticut	1	3	2	5	4	9	7	10	n.a.	6
Delaware	1	3	4	6	5	7	n.a.	8	n.a.	2
D.C.	2	8	10	4	9	3	6	5	n.a.	1
Florida	2	3	4	5	n.a.	7	9	10	6	1
Georgia	1	3	2	4	8	5	6	10	9	n.a.
Hawaii	1	n.a.	6	2	7	5	4	3	n.a.	8
Idaho	1	3	2	7	4	10	6	n.a.	9	n.a.
Illinois	1	2	3	5	4	6	7	n.a.	9	n.a.
Indiana	1	2	3	7	4	10	6	n.a.	9	n.a.
Iowa	1	4	2	5	3	9	6	n.a.	n.a.	n.a.
Kansas	1	3	2	6	4	10	5	n.a.	8	n.a.
Kentucky	3	1	2	4	9	7	6	10	8	n.a.
Louisiana	1	2	3	4	9	5	7	8	6	n.a.
Maine	1	2	3	8	4	n.a.	9	6	10	n.a.
Maryland	1	2	3	6	4	5	8	9	n.a.	7
Massachusetts	1	4	2	7	3	n.a.	8	6	n.a.	5
Michigan	1	3	2	5	4	7	8	9	10	n.a.
Minnesota	1	4	2	7	3	n.a.	8	10	n.a.	n.a.
Mississippi	2	1	7	3	9	5	6	8	4	n.a.
Missouri	1	2	3	5	4	7	8	n.a.	6	n.a.
Montana	1	3	2	7	5	10	8	n.a.	9	n.a.
Nebraska	1	2	3	6	4	9	8	n.a.	7	n.a.
Nevada	1	2	3	6	5	8	9	n.a.	7	n.a.
New Hampshire	1	3	2	7	4	n.a.	8	9	n.a.	n.a.
New Jersey	1	2	3	6	10	4	8	9	7	5
New Mexico	2	1	3	4	6	9	5	n.a.	8	n.a.
New York	1	3	4	5	9	6	8	7	10	2
North Carolina	2	1	3	4	8	5	6	9	7	n.a.
North Dakota	1	3	2	5	4	9	7	n.a.	10	n.a.
Ohio	1	3	2	5	4	9	6	n.a.	8	n.a.

Dual Eligible Beneficiaries

Table N.7

	ANTI- PSYCHOTIC	ULCER DRUGS	DEPRESSANT	ANTI- HYPERTENSIVE	CONVULSANT	ANTI- CALCIUM BLOCKERS	ANTI- DIABETIC	HYPERLIPIDEMIC	ANTI- INFLAMMATORY	ANTI-VIRAL
Oklahoma	1	3	2	4	9	7	6	n.a.	5	n.a.
Oregon	2	4	1	5	6	9	8	n.a.	10	n.a.
Pennsylvania	1	3	2	5	4	8	6	n.a.	n.a.	n.a.
Rhode Island	1	3	2	5	4	6	8	7	10	n.a.
South Carolina	2	1	6	4	9	3	5	8	7	10
South Dakota	1	3	2	5	4	9	10	n.a.	8	n.a.
Tennessee	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Texas	1	2	3	4	9	6	5	8	7	n.a.
Utah	2	3	1	5	7	8	6	n.a.	4	n.a.
Vermont	1	3	2	9	4	n.a.	8	5	10	n.a.
Virginia	1	2	3	4	6	5	7	8	n.a.	n.a.
Washington	1	3	2	6	4	n.a.	7	n.a.	10	9
West Virginia	1	4	2	6	3	9	5	8	n.a.	n.a.
Wisconsin	1	4	2	6	3	9	7	10	n.a.	n.a.
Wyoming	1	3	2	5	4	10	9	n.a.	8	n.a.

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 06/27/2004.

a. Table N.7 is based on beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 1999. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in each state for 1999. The Medicaid reimbursement amounts do not reflect federally required rebates from drug manufacturers to states. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

CMS = Center for Medicare and Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

Table N.7

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SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 UNITED STATES, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+ 956,180
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$1,191,916,135
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,247

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	140,458	14.7 %	0	0.0 %
1-500	236,776	24.8	53,639,953	4.5
501-1,000	160,068	16.7	118,126,562	9.9
1,001-1,500	119,025	12.4	147,481,552	12.4
1,501-2,000	87,664	9.2	152,367,844	12.8
2,001-2,500	63,876	6.7	142,877,717	12.0
2,501-3,000	45,677	4.8	125,043,694	10.5
3,001-3,500	31,968	3.3	103,456,027	8.7
3,501-4,000	22,322	2.3	83,374,077	7.0
4,001-4,500	14,981	1.6	63,439,939	5.3
4,501-5,000	10,330	1.1	48,917,224	4.1
5,001-5,500	7,127	0.7	37,310,389	3.1
5,501-6,000	4,684	0.5	26,853,289	2.3
6,001-6,500	3,151	0.3	19,645,744	1.6
6,501-7,000	2,280	0.2	15,353,380	1.3
7,001-7,500	1,511	0.2	10,943,104	0.9
7,501-8,000	1,040	0.1	8,044,171	0.7
8,001-8,500	744	0.1	6,117,440	0.5
8,501-9,000	561	0.1	4,907,853	0.4
9,001-9,500	388	0.0	3,580,849	0.3
9,501-10,000	314	0.0	3,059,097	0.3
10,001+	1,235	0.1	17,376,230	1.5

Source: Data for this table are from the MAX 1999 file for the U.S., released by CMS in 3/2004. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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