

**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001  
FLORIDA**

**LIST OF TABLES**

**OVERVIEW OF STUDY POPULATION**

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

**FOR ALL MEDICAID BENEFICIARIES**

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

**FOR ALL NONDUAL BENEFICIARIES**

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

**FOR DUAL ELIGIBLE BENEFICIARIES**

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

**SUPPLEMENTAL TABLES**

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLE**

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
FLORIDA, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	2,528,447 (A)	444,588 (E)	2,083,859 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	2,396,152 (B)	366,919 (F)	2,029,233 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	2,040,438 (C)	347,701 (G)	1,692,737 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	49,784 (D)	46,312 (H)	3,472 (L)

Source: Data for this table are from the MAX 2001 file for Florida, released by CMS in 06/2005. This table was produced on 09/19/2006.

- 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 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2001, 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 21 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 21 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.
- d. The total Medicaid pharmacy reimbursement for Florida in 2001 was \$1,519,301,624, of which \$86,792,338 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 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. 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 D.8 through D.10D and ND.8 through ND.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 D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. 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. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K.
- 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 2001. All benefit months of such dual eligible beneficiaries, of which 1.4 percent were restricted benefit months without a pharmacy benefit in Florida, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible 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<sup>a, b</sup>  
 FLORIDA, 2001

Beneficiary Characteristics	No. of Beneficiaries							No. of Beneficiaries by Age Group											
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	
<b>All</b>	<b>2,040,438</b>	<b>194,649</b>	<b>377,544</b>	<b>438,969</b>	<b>1,029,276</b>	<b>0</b>	<b>16,038,285</b>	<b>1,989,643</b>	<b>3,739,039</b>	<b>3,270,828</b>	<b>7,038,775</b>	<b>0</b>	<b>16,038,285</b>	<b>1,989,643</b>	<b>3,739,039</b>	<b>3,270,828</b>	<b>7,038,775</b>	<b>0</b>	
<b>Age</b>																			
5 and younger	478,348	0	14,301	0	464,047	0	3,232,133	0	136,280	0	3,095,853	0	3,232,133	0	136,280	0	3,095,853	0	
6-14	455,696	0	38,483	0	417,213	0	3,304,063	0	388,295	0	2,915,768	0	3,304,063	0	388,295	0	2,915,768	0	
15-20	212,600	0	24,308	41,595	146,697	0	1,583,047	0	234,567	327,438	1,021,042	0	1,583,047	0	234,567	327,438	1,021,042	0	
21-44	480,561	0	106,136	373,348	1,077	0	3,860,770	0	1,055,533	2,799,779	5,458	0	3,860,770	0	1,055,533	2,799,779	5,458	0	
45-64	155,918	13	132,106	23,780	19	0	1,444,279	56	1,301,921	142,224	78	0	1,444,279	56	1,301,921	142,224	78	0	
65-74	105,369	73,504	31,662	203	0	0	1,085,310	745,648	338,595	1,067	0	0	1,085,310	745,648	338,595	1,067	0	0	
75-84	90,839	73,265	17,534	40	0	0	942,276	772,471	169,493	312	0	0	942,276	772,471	169,493	312	0	0	
85 and older	60,882	47,865	13,014	3	0	0	585,817	471,454	114,355	8	0	0	585,817	471,454	114,355	8	0	0	
Unknown	225	2	0	0	223	0	590	14	0	0	576	0	590	14	0	0	576	0	
<b>Gender</b>																			
Female	1,241,878	139,967	198,659	389,633	513,619	0	9,980,850	1,441,995	1,999,055	3,023,542	3,516,258	0	9,980,850	1,441,995	1,999,055	3,023,542	3,516,258	0	
Male	796,216	54,605	178,643	49,326	513,642	0	6,047,128	547,243	1,738,831	247,236	3,513,818	0	6,047,128	547,243	1,738,831	247,236	3,513,818	0	
Unknown	2,344	77	242	10	2,015	0	10,307	405	1,153	50	8,699	0	10,307	405	1,153	50	8,699	0	
<b>Race</b>																			
White	805,156	86,268	172,519	182,856	363,513	0	6,595,255	867,017	1,697,276	1,452,876	2,578,086	0	6,595,255	867,017	1,697,276	1,452,876	2,578,086	0	
African American	589,993	31,989	92,808	132,886	332,310	0	4,504,002	327,803	923,052	989,385	2,263,762	0	4,504,002	327,803	923,052	989,385	2,263,762	0	
Other/unknown	645,289	76,392	112,217	123,227	333,453	0	4,939,028	794,823	1,118,711	828,567	2,196,927	0	4,939,028	794,823	1,118,711	828,567	2,196,927	0	
<b>Use of Nursing Facilities<sup>c</sup></b>																			
Entire year	49,784	30,966	18,814	1	3	0	469,748	302,775	166,943	1	29	0	469,748	302,775	166,943	1	29	0	
Part year	27,046	14,221	12,768	36	21	0	244,408	130,344	113,594	289	181	0	244,408	130,344	113,594	289	181	0	
None	1,963,608	149,462	345,962	438,932	1,029,252	0	15,324,129	1,556,524	3,458,502	3,270,538	7,038,565	0	15,324,129	1,556,524	3,458,502	3,270,538	7,038,565	0	
<b>Maintenance Assistance Status</b>																			
Cash	894,459	98,245	293,663	172,229	330,322	0	7,500,935	1,068,267	2,979,030	1,067,812	2,385,826	0	7,500,935	1,068,267	2,979,030	1,067,812	2,385,826	0	
Medically needy	14,591	2	1,849	8,958	3,782	0	96,260	13	15,838	55,518	24,891	0	96,260	13	15,838	55,518	24,891	0	
Poverty-related	676,028	66,480	46,369	42,130	521,049	0	4,727,878	647,078	434,208	278,712	3,367,880	0	4,727,878	647,078	434,208	278,712	3,367,880	0	
Other/unknown	455,360	29,922	35,663	215,652	174,123	0	3,713,212	274,285	309,963	1,868,786	1,260,178	0	3,713,212	274,285	309,963	1,868,786	1,260,178	0	
<b>Dual Medicare Status<sup>d</sup></b>																			
Full dual, all year	338,007	176,173	160,391	1,415	28	0	3,480,494	1,814,976	1,654,859	10,417	242	0	3,480,494	1,814,976	1,654,859	10,417	242	0	
Full dual, part year	9,694	4,925	4,722	47	0	0	100,820	51,772	48,559	489	0	0	100,820	51,772	48,559	489	0	0	
Non-dual, all year	1,692,737	13,551	212,431	437,507	1,029,248	0	12,456,971	122,895	2,035,621	3,259,922	7,038,533	0	12,456,971	122,895	2,035,621	3,259,922	7,038,533	0	
<b>Managed Care Status</b>																			
FFS all year	1,569,729	186,237	336,770	340,041	706,681	0	14,162,714	1,948,168	3,531,845	2,815,147	5,867,554	0	14,162,714	1,948,168	3,531,845	2,815,147	5,867,554	0	
FFS part year, with Rx claims	166,791	5,371	25,467	43,164	92,789	0	877,637	29,690	147,800	240,340	459,807	0	877,637	29,690	147,800	240,340	459,807	0	
FFS part year, no Rx claims	303,918	3,041	15,307	55,764	229,806	0	997,934	11,785	59,394	215,341	711,414	0	997,934	11,785	59,394	215,341	711,414	0	

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Florida, released by CMS in 06/2005. This table was produced on 09/19/2006.

- 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. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. 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 2001. 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<sup>a, b</sup>  
 FLORIDA, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	55.3 %	11.9	\$702	\$59	\$3,603	19.5 %	2,040,438
<b>Age</b>							
5 and younger	53.5	3.5	145	41	1,835	7.9	478,348
6-14	41.5	3.1	215	68	1,332	16.1	455,696
15-20	44.8	3.5	227	65	2,043	11.1	212,600
21-44	51.9	9.1	748	83	3,444	21.7	480,561
45-64	80.3	38.1	2,541	67	8,817	28.8	155,918
65-74	79.8	36.7	1,774	48	5,716	31.0	105,369
75-84	83.8	41.4	1,857	45	9,346	19.9	90,839
85 and older	88.5	42.4	1,746	41	15,635	11.2	60,882
Unknown	0.9	0.2	2	12	210	1.0	225
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	81.7	37.3	1,669	45	8,738	19.1	194,649
Disabled	79.8	33.3	2,428	73	10,318	23.5	377,544
Adults	45.9	3.8	169	44	1,495	11.3	438,969
Children	45.3	2.8	114	41	1,069	10.6	1,029,276
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	56.5	13.0	670	52	3,552	18.9	1,241,878
Male	53.4	10.3	753	73	3,688	20.4	796,216
Unknown	34.0	2.6	142	55	1,740	8.1	2,344
<b>Race</b>							
White	60.0	15.5	863	56	4,550	19.0	805,156
African American	47.7	7.6	493	65	2,918	16.9	589,993
Other/unknown	56.4	11.4	693	61	3,049	22.7	645,289
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	95.5	57.9	2,530	44	31,509	8.0	49,784
Part year	92.6	47.4	2,298	49	21,125	10.9	27,046
None	53.8	10.3	634	62	2,654	23.9	1,963,608

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
<b>Maintenance Assistance Status</b>							
Cash	62.2	16.1	1,013	63	4,034	25.1	894,459
Medically needy	59.2	11.9	868	73	3,542	24.5	14,591
Poverty related	50.7	8.5	434	51	2,594	16.7	676,028
Other/unknown	48.4	8.9	485	55	4,258	11.4	455,360

Source: Data for this table are from the MAX 2001 file for Florida, released by CMS in 06/2005. This table was produced on 09/19/2006.

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. 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.

d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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 3

TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 FLORIDA, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene	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	1.5	\$89	19.5 %	44.7 %	33.5 %	6.0 %	9.2 %	5.5 %	1.0 %	\$458	2,040,438	16,038,285
<b>Age</b>												
5 and younger	0.5	21	7.9	46.5	46.2	5.1	2.0	0.2	0.0	272	478,348	3,232,133
6-14	0.4	30	16.1	58.5	35.3	3.6	2.3	0.3	0.0	184	455,696	3,304,063
15-20	0.5	31	11.1	55.2	38.0	3.9	2.5	0.4	0.0	274	212,600	1,583,047
21-44	1.1	93	21.7	48.1	33.3	6.3	8.1	3.6	0.6	429	480,561	3,860,770
45-64	4.1	274	28.8	19.7	16.4	10.5	27.2	21.3	4.9	952	155,918	1,444,279
65-74	3.6	172	31.0	20.2	16.1	10.8	29.7	19.8	3.3	555	105,369	1,085,310
75-84	4.0	179	19.9	16.2	12.9	10.2	32.3	24.2	4.3	901	90,839	942,276
85 and older	4.4	182	11.2	11.5	11.3	10.3	34.5	27.7	4.7	1,625	60,882	585,817
Unknown	0.1	1	1.0	99.1	0.4	0.0	0.4	0.0	0.0	80	225	590
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	3.6	163	19.1	18.3	15.0	11.0	31.5	21.0	3.3	855	194,649	1,989,643
Disabled	3.4	245	23.5	20.2	22.8	10.7	24.7	17.8	3.8	1,042	377,544	3,739,039
Adults	0.5	23	11.3	54.1	36.2	4.8	3.9	0.9	0.1	201	438,969	3,270,828
Children	0.4	17	10.6	54.7	39.7	3.9	1.6	0.1	0.0	156	1,029,276	7,038,775
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	1.6	83	18.9	43.5	33.4	5.9	9.8	6.3	1.2	442	1,241,878	9,980,850
Male	1.4	99	20.4	46.6	33.7	6.2	8.4	4.4	0.8	486	796,216	6,047,128
Unknown	0.6	32	8.1	66.0	24.1	4.0	4.1	1.5	0.4	396	2,344	10,307
<b>Race</b>												
White	1.9	105	19.0	40.0	32.8	6.5	11.2	7.8	1.8	556	805,156	6,595,255
African American	1.0	65	16.9	52.3	33.3	4.7	6.2	3.1	0.5	382	589,993	4,504,002
Other/unknown	1.5	91	22.7	43.6	34.5	6.6	9.6	5.0	0.6	398	645,289	4,939,028
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	6.1	268	8.0	4.5	6.6	8.3	31.8	36.0	12.9	3,339	49,784	469,748
Part year	5.2	254	10.9	7.4	10.3	9.7	33.6	30.8	8.2	2,338	27,046	244,408
None	1.3	81	23.9	46.2	34.5	5.9	8.3	4.4	0.6	340	1,963,608	15,324,129

Table 4

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene Mos	No.
				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 or Less			
<b>Maintenance Assistance Status</b>												
Cash	1.9	121	25.1	37.8	32.5	7.6	13.4	7.6	1.1	481	894,459	7,500,935
Medically needy	1.8	132	24.5	40.8	34.2	7.0	10.2	6.2	1.6	537	14,591	96,260
Poverty related	1.2	62	16.7	49.3	35.2	5.0	6.1	3.7	0.7	371	676,028	4,727,878
Other/unknown	1.1	59	11.4	51.6	32.9	4.3	5.7	4.3	1.3	522	455,360	3,713,212

Source: Data for this table are from the MAX 2001 file for Florida, released by CMS in 06/2005. This table was produced on 09/19/2006.

- 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.
- c. 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.
- d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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 4

TABLE 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 FLORIDA, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
<b>All</b>	<b>1.5</b>	<b>\$89</b>	<b>0.7</b>	<b>\$67</b>	<b>0.1</b>	<b>\$47</b>	<b>0.7</b>	<b>\$17</b>
<b>Age</b>								
5 and younger	0.5	21	0.2	17	0.0	25	0.3	4
6-14	0.4	30	0.2	24	0.0	63	0.2	4
15-20	0.5	31	0.2	24	0.0	63	0.2	4
21-44	1.1	93	0.5	72	0.1	76	0.5	15
45-64	4.1	274	1.9	206	0.2	61	2.0	53
65-74	3.6	172	1.7	127	0.2	38	1.6	36
75-84	4.0	179	1.8	128	0.4	33	1.8	39
85 and older	4.4	182	1.8	124	0.5	32	2.1	42
Unknown	0.1	1	0.0	0	0.0	0	0.1	1
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	3.6	163	1.6	118	0.3	34	1.7	35
Disabled	3.4	245	1.5	187	0.2	61	1.6	44
Adults	0.5	23	0.2	17	0.0	44	0.3	5
Children	0.4	17	0.2	13	0.0	31	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	1.6	83	0.7	62	0.1	42	0.8	17
Male	1.4	99	0.6	76	0.1	59	0.6	18
Unknown	0.6	32	0.2	26	0.0	43	0.3	5
<b>Race</b>								
White	1.9	105	0.8	79	0.1	45	0.9	20
African American	1.0	65	0.5	50	0.1	50	0.5	12
Other/unknown	1.5	91	0.7	68	0.1	52	0.7	17
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	6.1	268	2.5	186	0.7	33	2.9	57
Part year	5.2	254	2.1	178	0.5	39	2.6	55
None	1.3	81	0.6	62	0.1	52	0.6	15

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
<b>Maintenance Assistance Status</b>								
Cash	1.9	121	0.9	63	0.1	103	6	54
Medically needy	1.8	132	0.8	73	0.1	124	6	61
Poverty related	1.2	62	0.6	51	0.1	84	4	40
Other/unknown	1.1	59	0.5	55	0.1	92	4	40

Source: Data for this table are from the MAX 2001 file for Florida, released by CMS in 06/2005. This table was produced on 09/19/2006.

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.

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 Florida, 0.5 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\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.asp) (May 13 2003).

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.

e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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<sup>a, b, c, d</sup>  
 FLORIDA, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos			
		Off-Patent Brand-Name	Off-Patent Brand-Name		Off-Patent Brand-Name	Off-Patent Brand-Name		Off-Patent Brand-Name	Off-Patent Brand-Name								
Anti-infective Agents	0.3	0.2	0.0	0.1	\$30	\$29	\$0	\$2	\$94	\$142	\$85	\$14	2,343,232	\$220,018,080	726,316	35.6 %	7,226,873
Biologics	0.3	0.2	0.0	0.1	342	126	47	169	1287	822	2,158	1,859	35,133	45,208,813	12,867	0.6	132,077
Antineoplastic Agents	0.5	0.1	0.1	0.2	88	49	23	16	193	334	179	88	126,231	24,344,690	27,186	1.3	277,338
Endocrine/Metabolic Drugs	0.6	0.4	0.1	0.2	28	23	2	2	45	66	19	15	2,098,196	94,189,181	329,247	16.1	3,409,296
Cardiovascular Agents	1.5	0.6	0.1	0.8	50	32	2	16	35	54	21	21	4,804,198	166,358,541	313,938	15.4	3,301,012
Respiratory Agents	0.5	0.2	0.0	0.2	21	14	1	6	46	63	23	30	2,363,523	108,182,890	519,178	25.4	5,164,880
Gastrointestinal Agents	0.6	0.3	0.0	0.3	42	33	2	7	74	118	103	25	1,509,947	111,160,031	248,751	12.2	2,628,607
Genitourinary Agents	0.3	0.2	0.0	0.1	13	11	0	1	46	54	35	18	318,429	14,541,574	112,040	5.5	1,144,133
CNS Drugs	1.0	0.5	0.1	0.5	73	55	6	13	71	119	109	24	3,655,051	259,989,525	339,293	16.6	3,538,000
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	32	26	1	6	56	67	42	34	213,687	12,058,308	37,118	1.8	376,942
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	54	51	0	3	110	122	43	40	133,575	14,683,124	25,345	1.2	271,131
Analgesics and Anesthetics	0.5	0.2	0.0	0.3	28	21	2	6	54	114	79	18	2,352,226	126,463,192	432,391	21.2	4,445,409
Neuromuscular Agents	0.8	0.3	0.1	0.4	42	31	3	8	56	106	35	23	1,372,994	77,210,123	173,522	8.5	1,830,172
Nutritional Products	0.4	0.0	0.1	0.3	5	0	1	3	14	13	22	12	643,555	9,082,503	178,057	8.7	1,739,535
Hematological Agents	0.6	0.2	0.2	0.2	70	58	4	8	119	312	24	32	650,902	77,716,019	106,836	5.2	1,117,207
Topical Products	0.3	0.1	0.0	0.2	11	8	1	3	36	51	43	20	1,553,036	55,187,882	474,783	23.3	4,842,510
Miscellaneous Products	0.4	0.1	0.0	0.2	65	48	6	11	164	357	237	47	84,643	13,895,705	21,186	1.0	213,835
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	26	0	0	0	86,522	2,219,105	31,190	1.5	341,087
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	24,345,080	1,432,509,286	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Florida, released by CMS in 06/2005. This table was produced on 09/19/2006.

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 2001. 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](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 Florida, 0.5 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](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<sup>a, b, c</sup>  
 FLORIDA, 2001

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	\$138,099,207	138,506	6.8 %	1,489,174	0.6	\$158
ANTIVIRAL	130,983,869	73,340	3.6	788,457	0.5	338
ULCER DRUGS	93,619,317	267,919	13.1	2,876,221	0.4	79
ANTIDEPRESSANTS	85,644,154	258,553	12.7	2,725,944	0.5	63
ANALGESICS - Narcotic	63,428,413	392,736	19.2	4,083,596	0.3	50
ANTICONVULSANT	62,002,749	127,983	6.3	1,373,494	0.6	70
ANTIASTHMATIC	61,776,593	369,682	18.1	3,788,948	0.3	53
ANALGESICS - ANTI-INFLAMMATORY	56,115,892	304,005	14.9	3,250,575	0.3	60
ANTI-DIABETIC	51,118,043	157,552	7.7	1,677,500	0.6	51
MISC. HEMATOLOGICAL	47,681,927	55,544	2.7	612,326	0.5	166
Total	790,470,164	2,145,820		22,666,235	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Florida, released by CMS in 06/2005. This table was produced on 09/19/2006.

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 2001. 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 2001. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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.