

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

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
SOUTH CAROLINA, 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>	901,979 (A)	124,763 (E)	777,216 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	901,466 (B)	124,716 (F)	776,750 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	883,288 (C)	124,598 (G)	758,690 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	11,163 (D)	10,498 (H)	665 (L)

Source: Data for this table are from the MAX 2001 file for South Carolina, 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 South Carolina in 2001 was \$410,355,193, of which \$1,553,535 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 0.0 percent were restricted benefit months without a pharmacy benefit in South Carolina, 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>  
 SOUTH CAROLINA, 2001

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown		
<b>All</b>	<b>883,288</b>	<b>80,193</b>	<b>124,148</b>	<b>227,016</b>	<b>451,890</b>	<b>41</b>	<b>8,564,461</b>	<b>859,837</b>	<b>1,349,471</b>	<b>1,985,826</b>	<b>4,369,163</b>	<b>164</b>		
<b>Age</b>														
5 and younger	177,872	1	4,979	13	172,879	0	1,652,946	12	52,824	41	1,600,069	0		
6-14	218,277	0	11,517	28	206,732	0	2,195,681	0	128,971	122	2,066,588	0		
15-20	113,965	2	8,451	33,505	72,007	0	1,089,565	24	91,819	297,564	700,158	0		
21-44	224,624	20	41,325	183,058	221	0	2,065,480	197	452,946	1,610,270	2,067	0		
45-64	68,073	241	57,449	10,340	2	41	699,239	2,224	619,397	77,430	24	164		
65-74	32,064	31,688	346	29	1	0	349,882	346,985	2,734	159	4	0		
75-84	30,065	29,998	53	14	0	0	324,163	323,525	514	124	0	0		
85 and older	18,273	18,239	26	7	1	0	187,135	186,834	253	46	2	0		
Unknown	75	4	2	22	47	0	370	36	13	70	251	0		
<b>Gender</b>														
Female	557,304	60,810	63,820	206,098	226,535	41	5,391,062	658,328	701,781	1,842,077	2,188,712	164		
Male	325,697	19,371	60,314	20,850	225,162	0	3,171,467	201,420	647,605	143,366	2,179,076	0		
Unknown	287	12	14	68	193	0	1,932	89	85	383	1,375	0		
<b>Race</b>														
White	354,379	34,844	47,245	98,686	173,582	22	3,374,813	361,467	507,384	858,980	1,646,883	99		
African American	471,758	37,893	58,701	119,009	256,136	19	4,678,536	416,120	644,869	1,075,592	2,541,890	65		
Other/unknown	57,151	7,456	18,202	9,321	22,172	0	511,112	82,250	197,218	51,254	180,390	0		
<b>Use of Nursing Facilities<sup>c</sup></b>														
Entire year	11,163	10,017	1,146	0	0	0	119,346	106,496	12,850	0	0	0		
Part year	6,973	6,115	855	2	1	0	62,239	53,941	8,277	17	4	0		
None	865,152	64,061	122,147	227,014	451,889	41	8,382,876	699,400	1,328,344	1,985,809	4,369,159	164		
<b>Maintenance Assistance Status</b>														
Cash	302,058	33,644	89,075	76,998	102,341	0	2,854,957	380,595	983,662	561,862	928,838	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	364,745	27,038	25,978	19,213	292,475	41	3,531,994	292,242	270,209	136,018	2,833,361	164		
Other/unknown	216,485	19,511	9,095	130,805	57,074	0	2,177,510	187,000	95,600	1,287,946	606,964	0		
<b>Dual Medicare Status<sup>d</sup></b>														
Full dual, all year	124,593	75,912	47,225	1,447	9	0	1,358,477	821,819	525,244	11,331	83	0		
Full dual, part year	5	0	3	2	0	0	41	0	25	16	0	0		
Non-dual, all year	758,690	4,281	76,920	225,567	451,881	41	7,205,943	38,018	824,202	1,974,479	4,369,080	164		
<b>Managed Care Status</b>														
FFS all year	854,511	80,169	122,557	223,091	428,653	41	8,380,574	859,668	1,338,358	1,959,589	4,222,795	164		
FFS part year, with Rx claims	16,381	21	1,236	2,872	12,252	0	118,439	153	9,107	20,718	88,461	0		
FFS part year, no Rx claims	12,396	3	355	1,053	10,985	0	65,448	16	2,006	5,519	57,907	0		

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for South Carolina, 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>  
 SOUTH CAROLINA, 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	62.3 %	7.9	\$463	\$59	\$2,855	16.2 %	883,288
<b>Age</b>							
5 and younger	68.1	4.3	131	31	1,588	8.2	177,872
6-14	57.6	4.0	199	50	1,253	15.8	218,277
15-20	55.0	4.1	191	46	1,975	9.7	113,965
21-44	52.8	6.4	439	69	2,624	16.7	224,624
45-64	81.9	22.5	1,659	74	7,706	21.5	68,073
65-74	87.0	25.7	1,568	61	5,846	26.8	32,064
75-84	83.2	24.1	1,367	57	7,701	17.8	30,065
85 and older	73.3	18.1	958	53	11,390	8.4	18,273
Unknown	6.7	1.9	97	52	826	11.8	75
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	82.5	23.4	1,357	58	7,815	17.4	80,193
Disabled	81.5	19.7	1,598	81	8,440	18.9	124,148
Adults	47.2	4.0	162	41	1,180	13.7	227,016
Children	61.0	3.8	143	37	1,282	11.2	451,890
Unknown	53.7	3.2	120	37	4,840	2.5	41
<b>Gender</b>							
Female	61.4	8.3	468	56	2,719	17.2	557,304
Male	63.9	7.1	455	64	3,091	14.7	325,697
Unknown	39.7	2.1	110	52	787	14.0	287
<b>Race</b>							
White	65.4	9.3	564	60	3,327	16.9	354,379
African American	60.2	6.5	363	56	2,408	15.1	471,758
Other/unknown	60.3	10.0	659	66	3,624	18.2	57,151
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	51.3	8.7	577	66	26,942	2.1	11,163
Part year	65.4	12.2	848	69	16,029	5.3	6,973
None	62.4	7.8	458	59	2,438	18.8	865,152

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	68.9	11.0	709	64	3,567	19.9	302,058
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	66.1	7.0	369	53	1,821	20.3	364,745
Other/unknown	46.7	4.9	277	56	3,606	7.7	216,485

Source: Data for this table are from the MAX 2001 file for South Carolina, 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>  
 SOUTH CAROLINA, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	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	0.8	\$48	16.2 %	37.7 %	45.3 %	7.1 %	9.3 %	0.6 %	0.0 %	\$295	883,288	8,564,461
<b>Age</b>												
5 and younger	0.5	14	8.2	31.9	62.2	4.4	1.4	0.1	0.0	171	177,872	1,652,946
6-14	0.4	20	15.8	42.4	51.7	3.8	1.9	0.1	0.0	125	218,277	2,195,681
15-20	0.4	20	9.7	45.0	48.4	4.2	2.1	0.2	0.0	207	113,965	1,089,565
21-44	0.7	48	16.7	47.2	38.2	7.2	7.1	0.4	0.0	285	224,624	2,065,480
45-64	2.2	162	21.5	18.1	24.7	17.4	37.3	2.4	0.1	750	68,073	699,239
65-74	2.4	144	26.8	13.0	22.0	19.1	43.5	2.4	0.0	536	32,064	349,882
75-84	2.2	127	17.8	16.8	22.8	17.6	40.4	2.3	0.0	714	30,065	324,163
85 and older	1.8	94	8.4	26.7	27.1	15.3	29.2	1.7	0.0	1,112	18,273	187,135
Unknown	0.4	20	11.8	93.3	1.3	1.3	2.7	1.3	0.0	168	75	370
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	2.2	127	17.4	17.5	23.4	17.7	39.1	2.2	0.0	729	80,193	859,837
Disabled	1.8	147	18.9	18.5	33.9	16.0	29.3	2.2	0.1	777	124,148	1,349,471
Adults	0.5	19	13.7	52.8	38.5	5.3	3.4	0.0	0.0	135	227,016	1,985,826
Children	0.4	15	11.2	39.0	55.7	3.8	1.4	0.1	0.0	133	451,890	4,369,163
Unknown	0.8	30	2.5	46.3	34.1	17.1	2.4	0.0	0.0	1,210	41	164
<b>Gender</b>												
Female	0.9	48	17.2	38.6	43.1	7.2	10.4	0.6	0.0	281	557,304	5,391,062
Male	0.7	47	14.7	36.1	49.1	7.0	7.3	0.5	0.0	318	325,697	3,171,467
Unknown	0.3	16	14.0	60.3	34.5	4.2	1.0	0.0	0.0	117	287	1,932
<b>Race</b>												
White	1.0	59	16.9	34.6	44.7	8.1	11.7	0.9	0.0	349	354,379	3,374,813
African American	0.7	37	15.1	39.8	46.8	6.3	6.9	0.3	0.0	243	471,758	4,678,536
Other/unknown	1.1	74	18.2	39.7	37.1	8.8	13.5	0.8	0.0	405	57,151	511,112
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	0.8	54	2.1	48.7	34.0	4.2	10.2	2.7	0.2	2,520	11,163	119,346
Part year	1.4	95	5.3	34.6	33.5	12.8	17.1	1.9	0.1	1,796	6,973	62,239
None	0.8	47	18.8	37.6	45.5	7.1	9.2	0.5	0.0	252	865,152	8,382,876

Table 4



Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene Mos	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			
<b>Maintenance</b>												
<b>Assistance Status</b>												
Cash	1.2	75	19.9	31.1	42.7	10.5	14.8	0.9	0.0	377	302,058	2,854,957
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.7	38	20.3	33.9	52.0	6.2	7.6	0.3	0.0	188	364,745	3,531,994
Other/unknown	0.5	28	7.7	53.3	37.8	4.0	4.4	0.5	0.0	359	216,485	2,177,510

Source: Data for this table are from the MAX 2001 file for South Carolina, 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>  
 SOUTH CAROLINA, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
<b>All</b>	<b>0.8</b>	<b>\$48</b>	<b>0.4</b>	<b>\$37</b>	<b>0.1</b>	<b>\$3</b>	<b>0.4</b>	<b>\$7</b>
<b>Age</b>								
5 and younger	0.5	14	0.2	11	0.0	1	0.2	3
6-14	0.4	20	0.2	16	0.0	1	0.2	3
15-20	0.4	20	0.2	16	0.0	1	0.2	3
21-44	0.7	48	0.3	38	0.1	4	0.3	7
45-64	2.2	162	1.1	127	0.1	11	1.0	24
65-74	2.4	144	1.2	112	0.2	8	1.0	24
75-84	2.2	127	1.1	97	0.2	8	1.0	22
85 and older	1.8	94	0.8	68	0.1	6	0.8	19
Unknown	0.4	20	0.2	12	0.0	3	0.2	5
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	2.2	127	1.1	97	0.2	8	1.0	22
Disabled	1.8	147	0.9	117	0.1	10	0.8	20
Adults	0.5	19	0.2	14	0.0	1	0.2	3
Children	0.4	15	0.2	12	0.0	1	0.2	2
Unknown	0.8	30	0.4	24	0.0	1	0.4	5
<b>Gender</b>								
Female	0.9	48	0.4	38	0.1	3	0.4	8
Male	0.7	47	0.4	37	0.1	3	0.3	7
Unknown	0.3	16	0.2	14	0.0	0	0.1	2
<b>Race</b>								
White	1.0	59	0.5	46	0.1	4	0.4	9
African American	0.7	37	0.3	29	0.0	2	0.3	6
Other/unknown	1.1	74	0.6	58	0.1	5	0.5	11
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	0.8	54	0.4	38	0.1	4	0.4	12
Part year	1.4	95	0.6	72	0.1	6	0.6	17
None	0.8	47	0.4	37	0.1	3	0.4	7

Table 5

All Medicaid Beneficiaries

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
<b>Maintenance Assistance Status</b>								
Cash	1.2	75	64	59	106	5	62	11
Medically needy	0.0	0	0	0	0	0	0	0
Poverty related	0.7	38	53	30	83	2	44	6
Other/unknown	0.5	28	56	21	92	2	48	4

Source: Data for this table are from the MAX 2001 file for South Carolina, 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 South Carolina, 0.1 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](http://www.Medi-Span.com/products/product_mddb.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>  
 SOUTH CAROLINA, 2001

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	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total No. of Rx	Total Rx \$	No. of Bene Mos	As % of All Benes	
															Generic
Anti-infective Agents	0.2	0.1	0.0	0.1	\$12	\$11	\$0	\$1	\$55	\$48	\$10	836,785	344,568	39.0%	3,752,587
Biologics	0.1	0.1	0.0	0.0	113	4	36	73	916	2,369	1,877	524	368	0.0	4,240
Antineoplastic Agents	0.4	0.2	0.0	0.1	100	76	13	11	260	382	259	20,360	4,803	0.5	53,096
Endocrine/Metabolic Drugs	0.4	0.2	0.1	0.1	21	17	1	2	50	70	27	633,648	140,261	15.9	1,548,436
Cardiovascular Agents	0.9	0.4	0.0	0.4	43	31	2	11	47	70	42	1,265,404	123,047	13.9	1,370,245
Respiratory Agents	0.3	0.2	0.0	0.1	15	12	1	2	45	67	22	994,826	279,389	31.6	3,060,400
Gastrointestinal Agents	0.3	0.2	0.0	0.1	37	31	2	4	106	156	148	346,182	89,908	10.2	996,693
Genitourinary Agents	0.2	0.2	0.0	0.0	10	9	0	1	49	57	37	97,680	43,873	5.0	478,190
CNS Drugs	0.6	0.3	0.0	0.3	51	38	6	7	88	150	148	794,983	124,612	14.1	1,375,435
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	30	25	1	4	56	67	44	152,843	26,287	3.0	291,696
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	57	54	0	3	141	174	66	18,036	3,980	0.5	44,551
Analgesics and Anesthetics	0.3	0.1	0.0	0.2	17	13	1	3	52	137	94	750,269	204,796	23.2	2,239,632
Neuromuscular Agents	0.5	0.2	0.1	0.2	35	27	2	5	72	134	49	348,488	65,210	7.4	724,308
Nutritional Products	0.2	0.0	0.1	0.1	5	1	2	2	21	18	33	142,085	53,597	6.1	575,457
Hematological Agents	0.3	0.1	0.1	0.1	43	38	2	4	126	277	29	103,206	27,035	3.1	299,337
Topical Products	0.2	0.1	0.0	0.1	7	5	0	2	34	52	38	429,182	184,033	20.8	2,015,365
Miscellaneous Products	0.3	0.2	0.0	0.1	63	47	9	7	241	297	280	13,530	4,598	0.5	51,991
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	7	0	0	0	50	0	0	2,609	1,710	0.2	19,325
<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.	6,950,640	408,801,658	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for South Carolina, 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 South Carolina, 0.1 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>  
 SOUTH CAROLINA, 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	\$36,360,131	34,305	389,224	0.5	\$196	\$93
ULCER DRUGS	32,279,559	88,045	982,992	0.3	119	33
ANTIDEPRESSANTS	25,425,510	87,510	967,532	0.3	81	26
ANTI-DIABETIC	21,559,035	61,870	697,666	0.4	73	31
ANTICONVULSANT	21,347,371	43,274	487,550	0.5	90	44
ANTI-ASTHMATIC	19,375,471	128,284	1,419,726	0.2	59	14
ANTI-HYPERTENSIVE	18,530,565	87,539	987,875	0.4	45	19
ANALGESICS - Narcotic	18,236,964	197,980	2,176,432	0.2	41	8
ANALGESICS - ANTI-INFLAMMATORY	17,143,803	118,681	1,324,869	0.2	69	13
ANTIVIRAL	15,817,897	14,830	165,398	0.2	404	96
Total	226,076,306	862,318	9,599,264	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for South Carolina, 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.