

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

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 D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2001

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	124,598	75,912	47,228	1,449	9	0	1,358,518	821,819	525,269	11,347	83	0
Age												
5 and younger	9	1	6	0	2	0	92	12	63	0	17	0
6-14	18	0	17	0	1	0	198	0	186	0	12	0
15-20	209	1	195	10	3	0	2,345	12	2,201	106	26	0
21-44	19,125	14	18,091	1,017	3	0	210,787	160	202,296	8,303	28	0
45-64	29,055	104	28,561	390	0	0	321,124	992	317,405	2,727	0	0
65-74	29,925	29,619	286	20	0	0	328,008	325,508	2,382	118	0	0
75-84	28,826	28,768	50	8	0	0	313,648	313,091	492	65	0	0
85 and older	17,427	17,401	22	4	0	0	182,280	182,008	244	28	0	0
Unknown	4	4	0	0	0	0	36	36	0	0	0	0
Gender												
Female	83,734	57,948	24,787	997	2	0	918,635	632,782	277,733	8,103	17	0
Male	40,861	17,963	22,439	452	7	0	439,857	189,025	247,522	3,244	66	0
Unknown	3	1	2	0	0	0	26	12	14	0	0	0
Race												
White	55,534	33,272	21,520	739	3	0	592,240	349,218	237,288	5,705	29	0
African American	58,476	35,834	21,996	641	5	0	649,148	396,809	246,959	5,337	43	0
Other/unknown	10,588	6,806	3,712	69	1	0	117,130	75,792	41,022	305	11	0
Use of Nursing Facilities^c												
Entire year	10,498	9,730	768	0	0	0	112,216	103,559	8,657	0	0	0
Part year	6,479	5,950	529	0	0	0	57,587	52,476	5,111	0	0	0
None	107,621	60,232	45,931	1,449	9	0	1,188,715	665,784	511,501	11,347	83	0
Maintenance Assistance Status												
Cash	54,749	31,483	22,365	900	1	0	616,897	357,913	252,917	6,055	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	46,093	25,886	20,164	38	5	0	503,059	282,026	220,722	266	45	0
Other/unknown	23,756	18,543	4,699	511	3	0	238,562	181,880	51,630	5,026	26	0
Dual Medicare Status^d												
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
Managed Care Status												
FFS all year	124,439	75,888	47,115	1,427	9	0	1,357,414	821,650	524,511	11,170	83	0
FFS part year, with Rx claims	143	21	101	21	0	0	1,009	153	683	173	0	0
FFS part year, no Rx claims	16	3	12	1	0	0	95	16	75	4	0	0

Table D2

Dual Eligible 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 D.2 includes the beneficiaries represented by Cell G 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. 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 D.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	85.5 %	24.3	\$1,665	\$69	\$8,171	20.4 %	124,598
Age							
5 and younger	100.0	38.4	4,122	107	10,399	39.6	9
6-14	88.9	36.7	6,190	169	13,563	45.6	18
15-20	80.4	18.9	2,112	112	7,266	29.1	209
21-44	85.2	20.6	2,045	99	8,852	23.1	19,125
45-64	90.4	28.0	2,153	77	8,513	25.3	29,055
65-74	87.9	26.2	1,600	61	5,726	27.9	29,925
75-84	84.3	24.5	1,391	57	7,777	17.9	28,826
85 and older	75.2	18.6	985	53	11,712	8.4	17,427
Unknown	75.0	31.3	1,734	56	7,069	24.5	4
Basis of Eligibility^c							
Aged	83.7	23.9	1,383	58	7,884	17.5	75,912
Disabled	88.9	25.4	2,139	84	8,801	24.3	47,228
Adults	67.0	11.9	985	83	2,713	36.3	1,449
Children	66.7	12.6	951	76	6,149	15.5	9
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	87.0	26.2	1,686	65	7,975	21.1	83,734
Male	82.4	20.5	1,621	79	8,573	18.9	40,861
Unknown	66.7	10.7	547	51	1,902	28.8	3
Race							
White	83.5	26.0	1,881	72	9,912	19.0	55,534
African American	86.8	22.5	1,460	65	6,888	21.2	58,476
Other/unknown	88.4	25.0	1,659	66	6,131	27.1	10,588
Use of Nursing Facilities^d							
Entire year	51.3	8.6	567	66	26,413	2.1	10,498
Part year	64.8	12.0	818	68	14,523	5.6	6,479
None	90.0	26.6	1,823	69	6,009	30.3	107,621
Maintenance Assistance Status							
Cash	89.9	25.6	1,718	67	5,601	30.7	54,749
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	91.3	27.1	1,803	67	4,493	40.1	46,093
Other/unknown	63.9	15.9	1,273	80	21,232	6.0	23,756

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 D.3 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 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				
All	2.2	\$153	20.4 %	14.5 %	24.7 %	17.9 %	40.3 %	2.6 %	0.0 %	\$749	124,598	1,358,518
Age												
5 and younger	3.8	403	39.6	0.0	55.6	0.0	11.1	33.3	0.0	1,017	9	92
6-14	3.3	563	45.6	11.1	0.0	22.2	61.1	5.6	0.0	1,233	18	198
15-20	1.7	188	29.1	19.6	43.1	14.8	15.8	6.2	0.5	648	209	2,345
21-44	1.9	186	23.1	14.8	34.3	17.5	31.1	2.3	0.0	803	19,125	210,787
45-64	2.5	195	25.3	9.6	21.4	18.3	47.2	3.5	0.1	770	29,055	321,124
65-74	2.4	146	27.9	12.1	21.6	19.2	44.6	2.5	0.0	522	29,925	328,008
75-84	2.2	128	17.9	15.7	23.0	17.8	41.2	2.3	0.0	715	28,826	313,648
85 and older	1.8	94	8.4	24.8	27.6	15.7	30.1	1.8	0.0	1,120	17,427	182,280
Unknown	3.5	193	24.5	25.0	0.0	25.0	25.0	25.0	0.0	785	4	36
Basis of Eligibility^c												
Aged	2.2	128	17.5	16.3	23.5	17.9	40.0	2.3	0.0	728	75,912	821,819
Disabled	2.3	192	24.3	11.1	26.6	18.0	41.1	3.1	0.1	791	47,228	525,269
Adults	1.5	126	36.3	33.0	24.7	15.5	26.2	0.6	0.0	346	1,449	11,347
Children	1.4	103	15.5	33.3	33.3	22.2	11.1	0.0	0.0	667	9	83
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.4	154	21.1	13.0	21.9	18.0	44.3	2.7	0.0	727	83,734	918,635
Male	1.9	151	18.9	17.6	30.5	17.7	31.9	2.2	0.1	796	40,861	439,857
Unknown	1.2	63	28.8	33.3	33.3	33.3	0.0	0.0	0.0	220	3	26
Race												
White	2.4	176	19.0	16.5	20.3	14.9	44.3	3.9	0.1	929	55,534	592,240
African American	2.0	132	21.2	13.2	28.7	20.5	36.2	1.4	0.0	621	58,476	649,148
Other/unknown	2.3	150	27.1	11.6	25.3	19.4	41.4	2.2	0.0	554	10,588	117,130
use of nursing Facilities^d												
Entire year	0.8	53	2.1	48.7	34.2	4.1	10.2	2.6	0.2	2,471	10,498	112,216
Part year	1.4	92	5.6	35.2	33.4	12.7	16.9	1.8	0.1	1,634	6,479	57,587
None	2.4	165	30.3	10.0	23.3	19.6	44.6	2.6	0.0	544	107,621	1,188,715
Maintenance Assistance Status												
Cash	2.3	153	30.7	10.1	25.8	20.1	41.5	2.4	0.0	497	54,749	616,897
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.5	165	40.1	8.7	22.2	19.8	47.1	2.1	0.0	412	46,093	503,059
Other/unknown	1.6	127	6.0	36.1	27.1	9.2	23.9	3.6	0.1	2,114	23,756	238,562

Table D4

Dual Eligible 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 D.4 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 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 D.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, 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 \$			
All	2.2	\$153	1.1	\$119	0.2	\$109	1.0	\$64	1.0	\$24	\$24
Age											
5 and younger	3.8	403	1.9	347	0.4	187	1.5	33	1.5	43	29
6-14	3.3	563	1.7	509	0.3	306	1.3	111	1.3	20	15
15-20	1.7	188	0.8	157	0.1	191	0.7	87	0.7	21	28
21-44	1.9	186	0.9	148	0.1	169	0.8	101	0.8	23	27
45-64	2.5	195	1.3	153	0.2	122	1.1	80	1.1	28	25
65-74	2.4	146	1.2	114	0.2	93	1.0	54	1.0	24	24
75-84	2.2	128	1.1	98	0.2	89	1.0	46	1.0	23	23
85 and older	1.8	94	0.8	69	0.1	87	0.8	41	0.8	19	23
Unknown	3.5	193	1.8	117	0.4	67	1.3	61	1.3	49	38
Basis of Eligibility^d											
Aged	2.2	128	1.1	98	0.2	91	1.0	8	1.0	22	23
Disabled	2.3	192	1.1	152	0.2	136	1.0	14	1.0	26	26
Adults	1.5	126	0.7	102	0.1	142	0.7	8	0.7	16	22
Children	1.4	103	0.6	71	0.2	128	0.7	22	0.7	10	16
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Gender											
Female	2.4	154	1.2	120	0.2	101	1.0	59	1.0	24	23
Male	1.9	151	0.9	117	0.1	132	0.9	77	0.9	23	26
Unknown	1.2	63	0.5	57	0.0	124	0.7	16	0.7	6	8
Race											
White	2.4	176	1.2	136	0.2	115	1.1	69	1.1	28	26
African American	2.0	132	1.0	104	0.1	103	0.9	57	0.9	20	23
Other/unknown	2.3	150	1.1	116	0.2	105	1.0	66	1.0	23	24
Use of Nursing Facilities^e											
Entire year	0.8	53	0.4	37	0.1	104	0.4	54	0.4	12	32
Part year	1.4	92	0.6	70	0.1	110	0.6	52	0.6	16	27
None	2.4	165	1.2	129	0.2	109	1.1	64	1.1	25	24
Maintenance Assistance Status											
Cash	2.3	153	1.1	118	0.2	107	1.0	65	1.0	24	24
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Poverty related	2.5	165	1.2	129	0.2	105	1.1	62	1.1	25	24
Other/unknown	1.6	127	0.8	98	0.1	131	0.7	65	0.7	20	29

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 D.5 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 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 (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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, 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	Total	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Benes	No. of Bene Mos		
																Generic	Generic
Anti-infective Agents	0.2	0.1	0.0	0.1	\$24	\$22	\$0	\$1	\$103	\$165	\$62	\$14	144,502	\$14,833,887	54,575	43.8 %	624,490
Biologics	0.1	0.1	0.0	0.0	185	10	64	111	1508	161	4,587	2,254	211	318,142	154	0.1	1,719
Antineoplastic Agents	0.4	0.2	0.1	0.1	90	67	13	10	236	324	253	81	13,113	3,092,720	3,081	2.5	34,385
Endocrine/Metabolic Drugs	0.6	0.4	0.1	0.1	32	28	1	2	54	73	21	16	303,747	16,466,102	45,554	36.6	520,432
Cardiovascular Agents	1.1	0.5	0.1	0.5	51	36	2	13	48	70	42	26	924,808	44,537,998	76,329	61.3	866,673
Respiratory Agents	0.4	0.2	0.0	0.1	22	18	0	3	58	79	29	24	192,237	11,083,145	43,936	35.3	504,174
Gastrointestinal Agents	0.4	0.3	0.0	0.2	49	42	2	5	116	168	141	32	201,587	23,458,348	41,733	33.5	477,627
Genitourinary Agents	0.3	0.2	0.0	0.1	19	17	0	1	64	77	43	21	42,294	2,727,110	12,453	10.0	143,605
CNS Drugs	0.7	0.3	0.0	0.4	63	46	7	10	90	161	157	26	409,816	37,023,701	51,728	41.5	586,167
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.1	32	25	1	5	84	115	61	38	3,102	260,197	710	0.6	8,095
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	59	57	0	2	142	169	79	30	15,602	2,220,636	3,369	2.7	37,642
Analgesics and Anesthetics	0.5	0.2	0.0	0.3	33	25	3	5	68	137	108	20	348,057	23,620,855	62,504	50.2	713,641
Neuromuscular Agents	0.5	0.2	0.1	0.3	38	28	3	7	72	141	50	25	163,477	11,800,017	26,985	21.7	308,019
Nutritional Products	0.3	0.0	0.1	0.2	8	0	4	3	23	27	34	16	68,485	1,593,176	17,385	14.0	198,697
Hematological Agents	0.4	0.2	0.1	0.2	41	35	2	4	100	202	28	27	74,591	7,469,032	16,001	12.8	181,661
Topical Products	0.3	0.2	0.0	0.1	13	10	1	2	45	59	41	21	116,032	5,175,898	33,266	26.7	384,457
Miscellaneous Products	0.4	0.2	0.1	0.1	99	67	18	14	265	390	264	105	6,211	1,646,873	1,453	1.2	16,624
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	53	0	0	0	1,216	64,117	666	0.5	7,695
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,029,088	207,391,954	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 D.6 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 2001. 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 the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.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_mdmb.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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2001

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	\$ per Rx	Rx \$ per Bene Mo	
ULCER DRUGS	\$20,892,534	41,959	33.7 %	483,416	0.3	\$130	\$43	
ANTIPSYCHOTICS	19,574,806	17,434	14.0	199,021	0.5	199	98	
ANTI-DIABETIC	14,244,625	40,076	32.2	459,985	0.4	72	31	
ANTI-HYPERTENSIVE	13,408,308	57,014	45.8	654,094	0.4	48	20	
ANTI-DEPRESSANTS	12,266,911	36,107	29.0	411,466	0.4	84	30	
ANTI-HYPERLIPIDEMIC	11,941,062	23,319	18.7	269,625	0.4	104	44	
ANALGESICS - ANTI-INFLAMMATORY	11,868,535	42,697	34.3	495,789	0.3	95	24	
CALCIUM BLOCKERS	11,241,340	30,627	24.6	351,041	0.5	66	32	
ANALGESICS - Narcotic	10,348,049	61,486	49.3	704,554	0.3	54	15	
ANTICONVULSANT	9,650,550	20,023	16.1	228,489	0.5	88	42	
Total	135,436,720	370,742		4,257,480	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 D.7 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 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 (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; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2001

Beneficiary Characteristics	All Top 10 Drug Groups					ULCER DRUGS					ANTIPSYCHOTICS						
	No. of Rx	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 \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	1,596,247	\$135,436,720	41,959	33.7 %	483,416	0.3	\$43	17,434	14.0 %	199,021	0.5	\$98					
Female	1,138,161	93,352,069	30,375	36.3	350,925	0.3	43	10,245	12.2	116,653	0.4	82					
Disabled	381,628	37,266,133	10,430	42.1	121,036	0.3	43	5,232	21.1	60,490	0.5	105					
5 and younger	9	389	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	46	2,792	1	16.7	12	0.2	20	0	0.0	0	0.0	0					
15-20	696	72,030	20	26.0	232	0.3	38	11	14.3	132	0.3	76					
21-44	100,996	10,916,600	2,603	31.9	30,344	0.3	37	2,267	27.8	26,284	0.5	107					
45-64	278,153	26,138,804	7,742	47.3	89,809	0.3	45	2,945	18.0	33,977	0.5	105					
65-74	1,283	102,523	48	37.8	449	0.3	40	6	4.7	62	0.2	12					
75-84	323	25,078	12	41.4	142	0.3	31	2	6.9	23	0.3	36					
85 and older	122	7,917	4	19.0	48	0.2	22	1	4.8	12	0.2	7					
Other Eligibles	756,480	56,082,049	19,943	33.8	229,869	0.3	44	5,013	8.5	56,163	0.4	57					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	109	6,075	2	20.0	24	0.4	44	0	0.0	0	0.0	0					
21-44	4,076	356,907	132	17.4	1,341	0.3	34	66	8.7	592	0.3	56					
45-64	2,471	207,104	75	27.3	728	0.3	48	17	6.2	143	0.4	117					
65-74	322,119	24,826,397	8,084	39.2	93,906	0.3	44	1,623	7.9	18,507	0.4	73					
75-84	299,095	21,819,648	7,751	34.5	89,734	0.3	44	1,943	8.6	21,840	0.4	54					
85 and older	128,610	8,865,918	3,899	26.3	44,136	0.4	43	1,364	9.2	15,081	0.3	42					
Male	458,070	42,083,583	11,583	28.3	132,479	0.3	43	7,189	17.6	82,368	0.6	122					
Disabled	277,928	28,913,368	6,488	28.9	74,860	0.3	43	5,563	24.8	64,455	0.6	137					
5 and younger	34	1,368	3	75.0	27	0.6	25	0	0.0	0	0.0	0					
6-14	105	8,696	1	9.1	12	0.1	13	0	0.0	0	0.0	0					
15-20	974	103,264	16	13.6	192	0.4	37	21	17.8	245	0.6	125					
21-44	105,922	12,383,939	2,277	22.9	26,311	0.3	41	3,007	30.3	34,838	0.6	137					
45-64	169,435	16,314,498	4,150	34.0	47,906	0.3	45	2,518	20.6	29,200	0.6	137					
65-74	1,242	86,026	33	20.8	317	0.4	46	17	10.7	172	0.3	34					
75-84	216	15,577	8	38.1	95	0.4	55	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	180,124	13,169,411	5,095	27.7	57,619	0.3	42	1,626	8.8	17,913	0.4	67					
5 and younger	2	14	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	9	168	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	43	4,321	1	25.0	12	0.1	20	0	0.0	0	0.0	0					
21-44	2,300	247,960	50	18.2	501	0.2	37	21	7.6	203	0.2	66					
45-64	1,776	175,255	46	21.0	416	0.3	47	16	7.3	150	0.6	230					
65-74	102,922	7,701,569	2,746	30.4	31,418	0.3	42	822	9.1	9,256	0.5	80					
75-84	56,447	3,928,811	1,680	26.6	19,022	0.4	43	530	8.4	5,766	0.4	50					
85 and older	16,625	1,111,313	572	22.2	6,250	0.3	41	237	9.2	2,538	0.4	45					
Unknown	87	5,759	3	42.9	32	0.3	29	0	0.0	0	0.0	0					

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 D.7A 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 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2001. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2001

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANTIDEPRESSANTS				
	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	40,076	32.2 %	459,985	0.4	\$31	57,014	45.8 %	654,094	0.4	\$21	36,107	29.0 %	411,466	0.4	\$30
Female	30,483	36.4	351,512	0.4	31	41,508	49.6	477,906	0.4	21	26,633	31.8	304,067	0.4	30
Disabled	9,468	38.2	109,539	0.4	34	10,337	41.7	119,365	0.4	20	13,021	52.5	149,545	0.3	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	33.3	24	0.5	14	1	16.7	12	0.3	2	1	16.7	12	0.5	34
15-20	6	7.8	67	0.2	21	14	18.2	168	0.3	21	21	27.3	234	0.5	32
21-44	1,439	17.6	16,682	0.4	34	1,719	21.1	19,879	0.4	18	4,360	53.4	50,087	0.3	36
45-64	7,954	48.6	92,029	0.4	35	8,527	52.1	98,523	0.4	20	8,602	52.6	98,857	0.3	33
65-74	54	42.5	584	0.4	26	56	44.1	556	0.5	24	28	22.0	247	0.3	20
75-84	10	34.5	117	0.4	31	14	48.3	155	0.4	20	3	10.3	36	0.4	24
85 and older	3	14.3	36	0.5	49	6	28.6	72	0.4	11	6	28.6	72	0.3	17
Other Eligibles	21,015	35.7	241,973	0.4	29	31,170	52.9	358,531	0.4	21	13,610	23.1	154,502	0.4	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	20.0	22	0.7	70	2	20.0	22	0.6	27	1	10.0	12	0.1	6
21-44	51	6.7	442	0.4	33	92	12.1	878	0.3	15	295	38.9	2,905	0.3	29
45-64	86	31.3	823	0.4	37	122	44.4	1,132	0.4	20	106	38.5	973	0.3	29
65-74	10,418	50.6	120,133	0.4	32	13,298	64.6	153,196	0.4	22	5,621	27.3	64,689	0.3	25
75-84	7,928	35.3	91,820	0.4	28	12,227	54.4	141,613	0.5	22	5,038	22.4	57,508	0.4	25
85 and older	2,530	17.1	28,733	0.4	22	5,429	36.6	61,690	0.5	20	2,549	17.2	28,415	0.4	25
Male	9,593	23.5	108,473	0.4	31	15,505	37.9	176,176	0.4	20	9,474	23.2	107,399	0.4	31
Disabled	5,007	22.3	56,909	0.4	34	7,358	32.8	83,723	0.4	19	6,723	30.0	76,927	0.4	33
5 and younger	0	0.0	0	0.0	0	1	25.0	9	0.9	17	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	7	63.6	84	0.3	21	3	27.3	36	0.2	18
15-20	4	3.4	48	0.6	42	27	22.9	322	0.4	22	27	22.9	315	0.4	31
21-44	1,113	11.2	12,772	0.4	33	1,928	19.4	21,909	0.4	18	3,190	32.1	36,594	0.4	34
45-64	3,840	31.5	43,625	0.4	34	5,332	43.7	60,753	0.4	20	3,476	28.5	39,722	0.4	32
65-74	45	28.3	413	0.4	24	59	37.1	599	0.4	20	24	15.1	233	0.3	18
75-84	5	23.8	51	0.7	35	4	19.0	47	0.6	27	3	14.3	27	0.1	5
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	4,586	24.9	51,564	0.4	29	8,145	44.2	92,429	0.4	20	2,751	14.9	30,472	0.3	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	50.0	24	0.7	89	1	25.0	12	0.7	44	1	25.0	12	0.7	3
21-44	41	14.9	396	0.4	29	52	18.9	525	0.5	26	103	37.5	959	0.3	25
45-64	68	31.1	533	0.4	39	70	32.0	602	0.4	20	56	25.6	525	0.4	31
65-74	2,787	30.8	31,748	0.4	30	4,471	49.5	51,035	0.4	20	1,445	16.0	16,516	0.4	25
75-84	1,366	21.7	15,305	0.4	26	2,699	42.8	30,717	0.4	20	828	13.1	9,062	0.4	26
85 and older	322	12.5	3,558	0.4	24	852	33.1	9,538	0.4	18	318	12.4	3,398	0.3	22
Unknown	0	0.0	0	0.0	0	4	57.1	46	0.5	26	2	28.6	20	0.9	64

Dual Eligible Beneficiaries

Table D7B

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 D.7B 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 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2001. 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 D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2001

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANALGESICS - ANTI-INFLAMMATORY					CALCIUM BLOCKERS				
	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	23,319	18.7 %	269,625	0.4	\$44	42,697	34.3 %	495,789	0.3	\$24	30,627	24.6 %	351,041	0.5	\$32
Female	17,265	20.6	200,092	0.4	44	32,073	38.3	373,181	0.3	25	23,192	27.7	266,701	0.5	32
Disabled	5,044	20.3	58,569	0.4	41	10,462	42.2	121,932	0.2	21	5,232	21.1	60,220	0.4	32
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.8	32
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	50.0	36	0.6	49
15-20	1	1.3	12	0.3	14	17	22.1	204	0.2	4	11	14.3	132	0.5	46
21-44	589	7.2	6,792	0.4	35	2,873	35.2	33,418	0.2	15	811	9.9	9,302	0.4	29
45-64	4,422	27.0	51,447	0.4	42	7,516	45.9	87,725	0.2	23	4,356	26.6	50,228	0.5	32
65-74	25	19.7	234	0.4	40	42	33.1	428	0.3	29	40	31.5	393	0.5	39
75-84	5	17.2	60	0.5	43	11	37.9	121	0.4	37	10	34.5	117	0.4	28
85 and older	2	9.5	24	0.4	50	3	14.3	36	0.4	35	0	0.0	0	0.0	0
Other Eligibles	12,220	20.7	141,511	0.4	45	21,610	36.7	251,239	0.3	28	17,959	30.5	206,471	0.5	32
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	3	30.0	36	0.4	9	1	10.0	12	0.9	38
21-44	16	2.1	143	0.2	21	191	25.2	1,918	0.2	13	40	5.3	372	0.5	30
45-64	52	18.9	514	0.4	39	101	36.7	1,006	0.2	16	46	16.7	435	0.4	22
65-74	6,184	30.0	71,540	0.4	45	9,004	43.7	104,975	0.3	27	6,899	33.5	79,400	0.5	33
75-84	4,913	21.9	57,121	0.5	46	8,536	38.0	99,801	0.3	29	7,275	32.4	84,192	0.5	33
85 and older	1,055	7.1	12,193	0.4	43	3,775	25.5	43,503	0.3	29	3,698	24.9	42,060	0.5	30
Male	6,053	14.8	69,521	0.4	45	10,623	26.0	122,596	0.2	20	7,435	18.2	84,340	0.5	32
Disabled	3,362	15.0	38,754	0.4	44	5,836	26.0	67,520	0.2	16	3,387	15.1	38,485	0.5	33
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	50.0	21	0.4	25
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	45.5	60	0.8	55
15-20	1	0.8	12	0.5	37	18	15.3	208	0.2	6	15	12.7	180	0.5	42
21-44	767	7.7	8,940	0.4	37	2,136	21.5	24,826	0.2	12	839	8.4	9,545	0.4	32
45-64	2,564	21.0	29,505	0.4	46	3,637	29.8	42,043	0.2	19	2,482	20.4	28,257	0.5	33
65-74	28	17.6	274	0.4	49	40	25.2	383	0.2	20	37	23.3	347	0.5	33
75-84	2	9.5	23	0.6	67	5	23.8	60	0.4	47	7	33.3	75	0.5	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2,691	14.6	30,767	0.4	46	4,787	26.0	55,076	0.3	23	4,048	22.0	45,855	0.5	31
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.8	14
15-20	1	25.0	12	0.4	91	0	0.0	0	0.0	0	1	25.0	12	0.4	26
21-44	27	9.8	238	0.4	32	71	25.8	723	0.2	41	23	8.4	216	0.4	36
45-64	35	16.0	286	0.4	51	53	24.2	498	0.2	32	28	12.8	240	0.5	39
65-74	1,764	19.5	20,341	0.4	46	2,594	28.7	29,999	0.3	23	2,229	24.7	25,415	0.5	32
75-84	747	11.8	8,573	0.5	46	1,561	24.7	18,161	0.3	23	1,314	20.8	14,939	0.5	30
85 and older	117	4.5	1,317	0.4	37	508	19.8	5,695	0.3	22	452	17.6	5,021	0.5	28
Unknown	2	28.6	24	0.5	67	2	28.6	22	0.5	11	1	14.3	10	0.6	22

Table D7C
 Dual Eligible 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 D.7C 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 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2001. 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 D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2001

Beneficiary Characteristics	ANALGESICS - Narcotic				ANTICONVULSANT							
	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	61,486	49.3 %	704,554	0.3	\$15	20,023	16.1 %	228,489	0.5	\$42	124,598	1,358,518
Female	43,045	51.4	495,445	0.3	13	12,015	14.3	137,151	0.5	39	83,731	918,611
Disabled	17,838	72.0	206,037	0.3	19	6,898	27.8	79,454	0.5	48	24,787	277,733
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	2	33.3	24	0.1	1	0	0.0	0	0.0	0	6	54
15-20	44	57.1	514	0.2	6	24	31.2	278	0.7	110	77	879
21-44	5,949	72.9	68,705	0.3	21	2,817	34.5	32,520	0.5	55	8,160	91,755
45-64	11,771	71.9	136,057	0.3	18	4,041	24.7	46,489	0.5	43	16,365	183,471
65-74	59	46.5	585	0.3	16	13	10.2	131	0.4	33	127	1,041
75-84	9	31.0	104	0.2	4	1	3.4	12	0.8	127	29	277
85 and older	4	19.0	48	0.2	7	2	9.5	24	0.4	9	21	232
Other Eligibles	25,205	42.8	289,388	0.3	10	5,117	8.7	57,697	0.4	26	58,944	640,878
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	10	100.0	112	0.2	2	1	10.0	12	2.0	150	10	110
21-44	447	59.0	4,430	0.3	18	143	18.9	1,418	0.3	33	758	6,393
45-64	147	53.5	1,441	0.3	12	45	16.4	390	0.4	28	275	2,157
65-74	10,546	51.2	122,075	0.3	10	2,163	10.5	24,757	0.4	28	20,601	228,261
75-84	9,615	42.8	111,212	0.2	9	1,901	8.5	21,489	0.4	24	22,467	247,482
85 and older	4,440	29.9	50,118	0.3	9	864	5.8	9,631	0.4	23	14,833	156,475
Male	18,440	45.1	209,097	0.3	18	8,008	19.6	91,338	0.5	48	40,860	439,845
Disabled	11,669	52.0	133,179	0.3	22	6,215	27.7	71,646	0.5	53	22,439	247,522
5 and younger	1	25.0	12	0.1	1	0	0.0	0	0.0	0	4	39
6-14	7	63.6	84	0.1	1	3	27.3	36	0.6	78	11	132
15-20	55	46.6	651	0.2	16	29	24.6	340	0.6	79	118	1,322
21-44	5,000	50.3	57,276	0.3	25	3,141	31.6	36,276	0.6	59	9,931	110,541
45-64	6,537	53.6	74,427	0.3	20	3,029	24.8	34,861	0.5	47	12,194	133,920
65-74	58	36.5	597	0.3	6	13	8.2	133	0.4	27	159	1,341
75-84	11	52.4	132	0.3	8	0	0.0	0	0.0	0	21	215
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Other Eligibles	6,771	36.8	75,918	0.3	11	1,793	9.7	19,692	0.4	28	18,421	192,323
5 and younger	2	66.7	24	0.1	1	0	0.0	0	0.0	0	3	29
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	34
21-44	216	78.5	2,020	0.4	48	72	26.2	631	0.4	40	275	2,086
45-64	119	54.3	1,081	0.3	20	28	12.8	286	0.5	38	219	1,562
65-74	3,711	41.1	42,056	0.3	11	1,018	11.3	11,499	0.5	31	9,038	97,365
75-84	2,069	32.8	23,537	0.2	8	527	8.4	5,730	0.4	23	6,309	65,674
85 and older	654	25.4	7,200	0.2	8	148	5.8	1,546	0.4	21	2,572	25,561
Unknown	3	42.9	32	0.2	10	0	0.0	0	0.0	0	7	62

Table D7D

Dual Eligible 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 D.7D 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 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2001. 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 D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2001

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	\$53	0.8	10,498	112,216
Age				
0-64	81	1.0	754	8,499
65-74	59	0.9	1,359	14,712
75-84	56	0.8	3,607	38,319
85 and older	44	0.7	4,778	50,686
Unknown	0	0.0	0	0
Gender				
Female	51	0.8	7,996	86,041
Male	59	0.9	2,502	26,175
Unknown	0	0.0	0	0
Race				
White	56	0.9	6,920	72,517
African American	48	0.7	3,184	35,303
Other/unknown	51	0.8	394	4,396
Basis of Eligibility^c				
Aged	51	0.8	9,730	103,559
Disabled	80	1.0	768	8,657
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2001 Medicaid enrollment. A total of 6,479 beneficiaries who were in nursing facilities for part of their enrollment and their 57,587 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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.

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 D.9
 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, SOUTH CAROLINA, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx	Total Rx \$	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos						
	Total	Patented	Off-Patent	Total	Patented	Off-Patent											
	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name											
Anti-infective Agents	0.2	0.1	0.0	0.1	\$18	\$16	\$0	\$2	\$89	\$118	\$103	\$26	5,424	\$483,680	2,344	22.3 %	26,194
Biologicals	0.1	0.0	0.0	0.1	2	0	0	2	18	0	0	18	15	263	14	0.1	137
Antineoplastic Agents	0.3	0.1	0.1	0.1	75	43	19	13	250	412	222	117	711	177,629	216	2.1	2,373
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	21	17	1	3	48	76	22	18	7,052	335,683	1,436	13.7	16,227
Cardiovascular Agents	0.7	0.2	0.1	0.4	27	13	1	13	40	59	29	31	21,487	850,592	2,791	26.6	31,301
Respiratory Agents	0.4	0.2	0.0	0.2	21	13	0	7	59	75	39	43	4,936	290,038	1,242	11.8	13,946
Gastrointestinal Agents	0.5	0.2	0.0	0.2	41	29	1	11	88	137	117	44	7,698	674,918	1,471	14.0	16,498
Genitourinary Agents	0.3	0.2	0.0	0.1	22	19	0	2	72	86	40	29	1,794	128,532	527	5.0	5,928
CNS Drugs	0.6	0.3	0.0	0.2	48	36	4	7	85	118	120	33	16,385	1,389,290	2,586	24.6	28,982
Stimulants/Anti-obesity/Anorexia	0.4	0.1	0.0	0.3	18	11	1	6	47	137	33	21	65	3,036	15	0.1	171
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	47	47	0	0	147	150	0	18	1,219	178,963	341	3.2	3,768
Analgesics and Anesthetics	0.4	0.2	0.0	0.2	26	21	1	4	71	120	69	23	6,269	446,975	1,558	14.8	17,325
Neuromuscular Agents	0.5	0.2	0.1	0.3	34	19	4	12	73	123	57	47	5,152	376,103	970	9.2	11,027
Nutritional Products	0.3	0.0	0.0	0.3	7	0	1	6	22	15	34	20	2,605	56,631	735	7.0	8,098
Hematological Agents	0.4	0.2	0.2	0.1	33	27	3	2	72	178	20	16	4,361	315,647	862	8.2	9,695
Topical Products	0.3	0.1	0.0	0.1	13	9	2	3	43	61	44	22	5,206	223,751	1,537	14.6	17,293
Miscellaneous Products	0.2	0.0	0.0	0.2	15	4	0	11	69	96	198	62	223	15,410	89	0.8	1,049
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	47	0	0	0	83	3,942	43	0.4	492
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	90,685	5,951,083	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 6,479 beneficiaries who were in nursing facilities for part of their enrollment and their 57,587 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 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003). In South Carolina, 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.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2001

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$618,455	1,076	10.2 %	11,963	0.4	\$142	\$52
ANTIDEPRESSANTS	594,214	1,821	17.3	20,569	0.4	81	29
ULCER DRUGS	593,454	1,407	13.4	15,956	0.3	109	37
ANTIHYPERTENSIVE	275,379	1,357	12.9	15,282	0.4	47	18
ANTICONVULSANT	262,240	831	7.9	9,473	0.4	72	28
CEPHALOSPORINS	262,065	1,172	11.2	12,909	0.1	149	20
ANTIDIABETIC	241,497	1,108	10.6	12,558	0.4	53	19
ANALGESICS - ANTI-INFLAMMATORY	232,012	753	7.2	8,537	0.3	95	27
CALCIUM BLOCKERS	218,748	882	8.4	9,999	0.4	61	22
ANALGESICS - Narcotic	202,108	1,055	10.0	11,566	0.3	61	17
Total	3,500,172	11,462		128,812	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 6,479 beneficiaries who were in nursing facilities for part of their enrollment and their 57,587 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	42,296	\$3,500,172	1,076	0.4	10.2 %	11,963	0.4	\$52	17.3 %	1,821	0.4	\$29
Female	31,217	2,591,905	789	0.4	9.9	8,804	0.4	52	17.3	1,386	0.4	29
Disabled	2,029	205,239	40	0.6	11.5	430	0.6	88	16.3	57	0.4	42
64 or younger	1,975	200,668	39	0.6	11.7	418	0.6	90	16.5	55	0.4	43
65-74	4	117	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0
75-84	33	2,798	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0
85 and older	17	1,656	1	0.2	10.0	12	0.2	7	20.0	2	0.2	7
Other Eligibles	29,188	2,386,666	749	0.4	9.8	8,374	0.4	50	17.4	1,329	0.3	28
64 or younger	5	1,040	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0
65-74	3,726	320,350	100	0.4	12.6	1,125	0.4	56	19.0	151	0.3	32
75-84	11,695	953,065	299	0.4	11.0	3,367	0.4	52	19.3	523	0.4	29
85 and older	13,762	1,112,211	350	0.3	8.5	3,882	0.3	46	15.8	655	0.3	26
Male	11,079	908,267	287	0.4	11.5	3,159	0.4	52	17.4	435	0.4	30
Disabled	2,353	229,218	42	0.5	10.0	486	0.5	83	20.0	84	0.4	35
64 or younger	2,330	228,089	42	0.5	10.2	486	0.5	83	20.5	84	0.4	35
65-74	0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0
75-84	23	1,129	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0
Other Eligibles	8,726	679,049	245	0.3	11.8	2,673	0.3	46	16.9	351	0.4	29
64 or younger	61	1,870	0	0.0	0.0	0	0.0	0	50.0	3	0.6	2
65-74	2,834	220,738	60	0.3	10.8	673	0.3	49	20.3	113	0.4	30
75-84	3,635	287,789	117	0.3	13.2	1,256	0.3	40	16.4	146	0.3	32
85 and older	2,196	168,652	68	0.4	10.8	744	0.4	53	14.1	89	0.3	24
Unknown	0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0

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

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 6,479 beneficiaries who were in nursing facilities for part of their enrollment and their 57,587 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a,b,c,d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2001

Beneficiary Characteristics	ULCER DRUGS						ANTIHYPERTENSIVE						ANTICONVULSANT					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx
All	1,407	13.4 %	\$37	1,357	12.9 %	\$18	831	7.9 %	\$18	831	7.9 %	\$18	9,473	0.4	\$28	0.4	\$28	
Female	1,032	12.9	37	965	12.1	18	540	6.8	18	540	6.8	18	6,137	0.4	26	0.4	26	
Disabled	51	14.6	38	46	13.2	27	61	17.5	27	61	17.5	27	716	0.4	39	0.4	39	
64 or younger	48	14.4	39	42	12.6	28	60	18.0	28	60	18.0	28	704	0.4	40	0.4	40	
65-74	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	
75-84	2	66.7	35	3	100.0	22	36	0.0	22	36	0.0	22	0	0.0	0	0.0	0	
85 and older	1	10.0	8	1	10.0	1	12	0.2	1	12	0.2	1	12	0.2	2	0.2	2	
Other Eligibles	981	12.8	37	919	12.0	18	479	6.3	18	479	6.3	18	5,421	0.3	24	0.3	24	
64 or younger	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	
65-74	99	12.4	37	120	15.1	17	92	11.6	17	92	11.6	17	1,083	0.4	33	0.4	33	
75-84	397	14.6	36	380	14.0	19	206	7.6	19	206	7.6	19	2,315	0.3	23	0.3	23	
85 and older	485	11.7	38	419	10.1	18	181	4.4	18	181	4.4	18	2,023	0.3	21	0.3	21	
Male	375	15.0	38	392	15.7	17	291	11.6	17	291	11.6	17	3,336	0.4	31	0.4	31	
Disabled	78	18.6	45	49	11.7	14	103	24.6	14	103	24.6	14	1,199	0.5	46	0.5	46	
64 or younger	77	18.8	46	48	11.7	13	103	25.1	13	103	25.1	13	1,199	0.5	46	0.5	46	
65-74	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	
75-84	1	20.0	4	1	20.0	50	12	0.0	50	12	0.0	50	0	0.0	0	0.0	0	
85 and older	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	
Other Eligibles	297	14.3	36	343	16.5	18	188	9.0	18	188	9.0	18	2,137	0.4	22	0.4	22	
64 or younger	0	0.0	0	0	0.0	0	1	16.7	0	1	16.7	0	12	1.0	69	1.0	69	
65-74	85	15.3	37	114	20.5	18	83	14.9	18	83	14.9	18	960	0.4	22	0.4	22	
75-84	145	16.3	35	155	17.4	17	82	9.2	17	82	9.2	17	920	0.4	20	0.4	20	
85 and older	67	10.6	38	74	11.7	18	22	3.5	18	22	3.5	18	245	0.6	27	0.6	27	
Unknown	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	

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

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 6,479 beneficiaries who were in nursing facilities for part of their enrollment and their 57,587 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2001

Beneficiary Characteristics	CEPHALOSPORINS					ANTIIDIABETIC					ANALGESICS - ANTI-INFLAMMATORY				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	1,172	11.2 %	12,909	0.1	\$20	1,108	10.6 %	12,558	0.4	\$19	753	7.2 %	8,537	0.3	\$27
Female	889	11.1	9,858	0.1	20	824	10.3	9,398	0.4	19	594	7.4	6,774	0.3	28
Disabled	48	13.8	566	0.1	22	56	16.0	651	0.5	26	24	6.9	288	0.3	30
64 or younger	43	12.9	506	0.1	22	53	15.9	615	0.5	27	24	7.2	288	0.3	30
65-74	0	0.0	0	0.0	0	2	100.0	24	0.1	3	0	0.0	0	0.0	0
75-84	2	66.7	24	0.1	2	1	33.3	12	0.6	24	0	0.0	0	0.0	0
85 and older	3	30.0	36	0.1	35	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	841	11.0	9,292	0.1	20	768	10.0	8,747	0.4	18	570	7.5	6,486	0.3	28
64 or younger	1	25.0	12	0.2	78	1	25.0	12	0.1	2	1	25.0	12	0.1	6
65-74	69	8.7	763	0.1	15	126	15.8	1,464	0.4	21	62	7.8	705	0.3	23
75-84	267	9.9	2,923	0.1	20	350	12.9	3,958	0.3	19	193	7.1	2,228	0.3	30
85 and older	504	12.2	5,594	0.1	21	291	7.0	3,313	0.4	17	314	7.6	3,541	0.3	29
Male	283	11.3	3,051	0.1	21	284	11.4	3,160	0.4	20	159	6.4	1,763	0.3	23
Disabled	56	13.4	654	0.1	16	58	13.8	640	0.3	24	23	5.5	264	0.3	21
64 or younger	56	13.7	654	0.1	16	58	14.1	640	0.3	24	22	5.4	252	0.3	21
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	0.3	20
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	227	10.9	2,397	0.2	23	226	10.8	2,520	0.4	19	136	6.5	1,499	0.3	23
64 or younger	0	0.0	0	0.0	0	4	66.7	48	0.5	18	1	16.7	12	0.1	7
65-74	58	10.4	620	0.1	23	85	15.3	975	0.4	22	38	6.8	423	0.2	19
75-84	98	11.0	1,042	0.1	23	96	10.8	1,035	0.4	17	57	6.4	651	0.3	25
85 and older	71	11.3	735	0.2	23	41	6.5	462	0.4	20	40	6.3	413	0.3	24
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 6,479 beneficiaries who were in nursing facilities for part of their enrollment and their 57,587 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.10D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2001

Beneficiary Characteristics	CALCIUM BLOCKERS										ANALGESICS - Narcotic									
	Users as %					Users as %					Users as %					Users as %				
	No. of Users	Residents	NF	No. of Bene Mos among Users	Mean Rx	No. of Users	Residents	NF	No. of Bene Mos among Users	Mean Rx	No. of Users	Residents	NF	No. of Bene Mos among Users	Mean Rx	All-Year NF Residents	Year NF Residents	Bene Mos among All-Year NF Residents		
All	882	8.4 %		9,999	0.4	1,055	10.0 %		11,566	0.3	\$22		\$18		10,498		112,216			
Female	686	8.6		7,776	0.4	817	10.2		8,991	0.3	22		18		7,996		86,041			
Disabled	22	6.3		264	0.4	44	12.6		517	0.4	30		55		349		3,975			
64 or younger	19	5.7		228	0.4	44	13.2		517	0.4	30		55		334		3,795			
65-74	1	50.0		12	0.1	0	0.0		0	0.0	3		0		2		24			
75-84	2	66.7		24	0.4	0	0.0		0	0.0	34		0		3		36			
85 and older	0	0.0		0	0.0	0	0.0		0	0.0	0		0		10		120			
Other Eligibles	664	8.7		7,512	0.4	773	10.1		8,474	0.3	21		15		7,647		82,066			
64 or younger	0	0.0		0	0.0	1	25.0		12	0.1	0		1		4		46			
65-74	77	9.7		892	0.3	99	12.4		1,131	0.3	22		20		796		8,679			
75-84	253	9.3		2,883	0.4	266	9.8		2,926	0.3	22		15		2,710		29,040			
85 and older	334	8.1		3,737	0.3	407	9.8		4,405	0.3	21		14		4,137		44,301			
Male	196	7.8		2,223	0.4	238	9.5		2,575	0.3	23		17		2,502		26,175			
Disabled	29	6.9		343	0.3	41	9.8		474	0.3	18		31		419		4,682			
64 or younger	27	6.6		319	0.3	41	10.0		474	0.3	18		31		410		4,599			
65-74	0	0.0		0	0.0	0	0.0		0	0.0	0		0		4		23			
75-84	2	40.0		24	0.3	0	0.0		0	0.0	10		0		5		60			
85 and older	0	0.0		0	0.0	0	0.0		0	0.0	0		0		0		0			
Other Eligibles	167	8.0		1,880	0.4	197	9.5		2,101	0.3	23		14		2,083		21,493			
64 or younger	0	0.0		0	0.0	2	33.3		24	0.1	0		1		6		59			
65-74	50	9.0		590	0.4	51	9.2		548	0.3	24		22		557		5,986			
75-84	69	7.8		762	0.3	80	9.0		870	0.2	21		12		889		9,183			
85 and older	48	7.6		528	0.4	64	10.1		659	0.3	26		13		631		6,265			
Unknown	0	0.0		0	0.0	0	0.0		0	0.0	0		0		0		0			

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

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 6,479 beneficiaries who were in nursing facilities for part of their enrollment and their 57,587 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.11
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 SOUTH CAROLINA, 2001

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Rx \$	Total No. of Benes
			2.1	41.7 %					
All	51,973	41.7 %	2.1	41.7 %	260,333	\$6,425,701	\$25	3.1 %	124,598
Age									
5 and younger	7	77.8	9.8	77.8	88	2,417	27	6.5	9
6-14	14	77.8	8.3	77.8	150	4,737	32	4.3	18
15-20	71	34.0	1.6	338	338	6,932	21	1.6	209
21-44	8,144	42.6	2.3	43,379	67	1,278,778	29	3.3	19,125
45-64	14,075	48.4	2.6	75,648	66	1,930,438	26	3.1	29,055
65-74	12,728	42.5	2.0	60,560	51	1,511,694	25	3.2	29,925
75-84	11,290	39.2	1.9	53,734	40	1,163,043	22	2.9	28,826
85 and older	5,643	32.4	1.5	26,427	30	527,496	20	3.1	17,427
Unknown	1	25.0	2.3	9	42	166	18	2.4	4
Basis of Eligibility^c									
Aged	29,566	38.9	1.8	140,409	42	3,193,284	23	3.0	75,912
Disabled	21,941	46.5	2.5	118,142	68	3,188,285	27	3.2	47,228
Adults	463	32.0	1.2	1,766	30	42,942	24	3.0	1,449
Children	3	33.3	1.8	16	132	1,190	74	13.9	9
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	37,683	45.0	2.2	187,993	55	4,576,533	24	3.2	83,734
Male	14,290	35.0	1.8	72,340	45	1,849,168	26	2.8	40,861
Unknown	0	0.0	0.0	0	0	0	0	0.0	3
Race									
White	25,583	46.1	2.6	146,700	68	3,781,680	26	3.6	55,534
African American	21,843	37.4	1.6	91,613	36	2,131,709	23	2.5	58,476
Other/unknown	4,547	42.9	2.1	22,020	48	512,312	23	2.9	10,588
Use of Nursing Facilities^d									
Entire year	1,568	14.9	0.6	6,584	15	154,418	23	2.6	10,498
Part year	1,855	28.6	1.0	6,748	25	162,249	24	3.1	6,479
None	48,550	45.1	2.3	247,001	57	6,109,034	25	3.1	107,621
Maintenance Assistance Status									
Cash	24,192	44.2	2.2	120,765	53	2,886,331	24	3.1	54,749
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	21,225	46.0	2.3	106,258	57	2,639,652	25	3.2	46,093
Other/unknown	6,556	27.6	1.4	33,310	38	899,718	27	3.0	23,756

Table D11

Dual Eligible 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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
 - b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
 - 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 on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 SOUTH CAROLINA, 2001

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
	0.2	\$5	\$25	\$0	\$2	1,358,518
All						
Age						
5 and younger	1.0	26	27	0	0	92
6-14	0.8	24	32	0	1	198
15-20	0.1	3	21	0	1	2,345
21-44	0.2	6	29	0	3	210,787
45-64	0.2	6	26	0	3	321,124
65-74	0.2	5	25	0	2	328,008
75-84	0.2	4	22	0	1	313,648
85 and older	0.1	3	20	0	1	182,280
Unknown	0.3	5	18	0	0	36
Basis of Eligibility^c						
Aged	0.2	4	23	0	2	821,819
Disabled	0.2	6	27	0	3	525,269
Adults	0.2	4	24	0	2	11,347
Children	0.2	14	74	0	0	83
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	5	24	0	2	918,635
Male	0.2	4	26	0	2	439,857
Unknown	0.0	0	0	0	0	26
Race						
White	0.2	6	26	0	4	592,240
African American	0.1	3	23	0	1	649,148
Other/unknown	0.2	4	23	0	2	117,130
Use of Nursing Facilities^d						
Entire year	0.1	1	23	0	1	112,216
Part year	0.1	3	24	0	1	57,587
None	0.2	5	25	0	2	1,188,715
Maintenance Assistance Status						
Cash	0.2	5	24	0	2	616,897
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	5	25	0	3	503,059
Other/unknown	0.1	4	27	0	2	238,562

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
- b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 SOUTH CAROLINA, 2001

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	68,140	\$94	\$6,425,701	100.0 %	260,333	\$25	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	1	46	46	0.0	1	46	0.0
Drugs for cosmetic purposes	15	13	192	0.0	24	8	0.0
Cough and cold medications	19,346	65	1,258,388	19.6	38,971	32	15.0
Vitamins and minerals	16,938	92	1,564,927	24.4	66,897	23	25.7
Non-prescription drugs	5,544	20	110,821	1.7	12,088	9	4.6
Barbiturates	1,431	52	74,746	1.2	11,001	7	4.2
Benzodiazepines	22,778	130	2,964,431	46.1	126,276	23	48.5
Other Part D Excl Rx Drugs	2,087	217	452,150	7.0	5,075	89	1.9

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2001. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 SOUTH CAROLINA, 2001

Total Number of Dual Eligible Beneficiaries, Age 85+ 17,427
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$17,158,186
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$985

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,319	24.8 %	0	0.0 %
1-500	4,391	25.2	917,996	5.4
501-1,000	2,457	14.1	1,821,949	10.6
1,001-1,500	1,850	10.6	2,303,757	13.4
1,501-2,000	1,418	8.1	2,460,996	14.3
2,001-2,500	1,043	6.0	2,326,082	13.6
2,501-3,000	644	3.7	1,759,286	10.3
3,001-3,500	440	2.5	1,424,934	8.3
3,501-4,000	333	1.9	1,241,355	7.2
4,001-4,500	170	1.0	718,114	4.2
4,501-5,000	118	0.7	557,833	3.3
5,001-5,500	79	0.5	412,084	2.4
5,501-6,000	59	0.3	339,641	2.0
6,001-6,500	27	0.2	169,041	1.0
6,501-7,000	20	0.1	133,325	0.8
7,001-7,500	11	0.1	79,114	0.5
7,501-8,000	9	0.1	69,457	0.4
8,001-8,500	7	0.0	57,450	0.3
8,501-9,000	7	0.0	61,704	0.4
9,001-9,500	4	0.0	36,750	0.2
9,501-10,000	6	0.0	58,797	0.3
10,001+	15	0.1	208,521	1.2

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. 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 2001.

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

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, SOUTH CAROLINA, 2001

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	124,716	75,927	47,325	1,455	9	1,360,582	822,106	526,900	11,493	83	0
Age											
5 and younger	9	1	6	0	2	92	12	63	0	17	0
6-14	18	0	17	0	1	198	0	186	0	12	0
15-20	210	1	196	10	3	2,357	12	2,213	106	26	0
21-44	19,173	14	18,133	1,023	3	211,668	160	203,050	8,430	28	0
45-64	29,109	104	28,615	390	0	322,008	992	318,270	2,746	0	0
65-74	29,938	29,632	286	20	0	328,256	325,756	2,382	118	0	0
75-84	28,828	28,770	50	8	0	313,687	313,130	492	65	0	0
85 and older	17,427	17,401	22	4	0	182,280	182,008	244	28	0	0
Unknown	4	4	0	0	0	36	36	0	0	0	0
Gender											
Female	83,812	57,960	24,847	1,003	2	919,995	633,004	278,738	8,236	17	0
Male	40,901	17,966	22,476	452	7	440,561	189,090	248,148	3,257	66	0
Unknown	3	1	2	0	0	26	12	14	0	0	0
Race											
White	55,563	33,276	21,544	740	3	592,779	349,307	237,688	5,755	29	0
African American	58,556	35,843	22,062	646	5	650,507	396,977	248,054	5,433	43	0
Other/unknown	10,597	6,808	3,719	69	1	117,296	75,822	41,158	305	11	0
Use of Nursing Facilities^c											
Entire year	10,498	9,730	768	0	0	112,228	103,571	8,657	0	0	0
Part year	6,480	5,951	529	0	0	57,596	52,485	5,111	0	0	0
None	107,738	60,246	46,028	1,455	9	1,190,758	666,050	513,132	11,493	83	0
Maintenance Assistance Status											
Cash	54,824	31,493	22,425	905	1	618,239	358,096	253,958	6,173	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	46,132	25,890	20,199	38	5	503,710	282,107	221,292	266	45	0
Other/unknown	23,760	18,544	4,701	512	3	238,633	181,903	51,650	5,054	26	0
Dual Status^d											
Full dual, all year	124,711	75,927	47,322	1,453	9	1,360,541	822,106	526,875	11,477	83	0
Full dual, part year	5	0	3	2	0	41	0	25	16	0	0
Managed Care Status											
FFS all year	124,439	75,888	47,115	1,427	9	1,357,414	821,650	524,511	11,170	83	0
FFS part year, with Rx claims	143	21	101	21	0	1,640	248	1,150	242	0	0
FFS part year, no Rx claims	16	3	12	1	0	165	36	120	9	0	0
MC all year, with Rx claims	97	15	81	1	0	1,140	172	956	12	0	0
MC all year, no Rx claims	21	0	16	5	0	223	0	163	60	0	0

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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- 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 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. 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; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2001

Beneficiary Characteristics	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 Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	124,716	1,360,582	124,598	1,358,518	0	2,064
FFS all year	124,439	1,357,414	124,439	1,357,414	0	0
FFS part year, with Rx claims	143	1,640	143	1,009	0	631
FFS part year, with no Rx claims	16	165	16	95	0	70
MC all year, with Rx claims	97	1,140	0	0	0	1,140
MC all year, with no Rx claims	21	223	0	0	0	223

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.