

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 VERMONT

## 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 ND.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 NONDUAL BENEFICIARIES, VERMONT, 2001

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>120,445</b>	<b>295</b>	<b>8,156</b>	<b>44,183</b>	<b>67,800</b>	<b>11</b>	<b>1,157,155</b>	<b>2,684</b>	<b>90,598</b>	<b>394,364</b>	<b>669,430</b>	<b>79</b>
<b>Age</b>												
5 and younger	22,248	0	308	0	21,940	0	211,843	0	3,377	0	208,466	0
6-14	33,366	4	1,071	2	32,289	0	343,048	29	12,183	15	330,821	0
15-20	15,852	3	879	2,012	12,958	0	150,488	19	9,716	16,283	124,470	0
21-44	36,629	19	2,844	33,164	600	2	330,079	77	31,524	292,911	5,553	14
45-64	11,953	5	2,967	8,961	11	9	117,716	27	32,833	84,684	107	65
65-74	219	105	79	34	1	0	2,263	1,003	895	353	12	0
75-84	108	91	7	10	0	0	1,125	938	69	118	0	0
85 and older	69	68	1	0	0	0	592	591	1	0	0	0
Unknown	1	0	0	0	1	1	0	0	0	0	1	0
<b>Gender</b>												
Female	65,745	169	4,350	27,523	33,692	11	636,867	1,535	48,582	253,468	333,203	79
Male	54,700	126	3,806	16,660	34,108	0	520,288	1,149	42,016	140,896	336,227	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	69,677	209	6,317	29,840	33,307	4	692,624	1,927	71,064	272,954	346,647	32
African American	865	3	66	337	459	0	8,099	28	652	2,796	4,623	0
Other/unknown	49,903	83	1,773	14,006	34,034	7	456,432	729	18,882	118,614	318,160	47
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	92	47	45	0	0	0	952	466	486	0	0	0
Part year	90	21	55	11	2	1	911	184	572	122	24	9
None	120,263	227	8,056	44,172	67,798	10	1,155,292	2,034	89,540	394,242	669,406	70
<b>Maintenance Assistance Status</b>												
Cash	24,239	68	7,002	5,526	11,643	0	252,545	709	79,061	54,079	118,696	0
Medically needy	6,751	138	569	3,385	2,659	0	60,020	1,136	5,203	31,613	22,068	0
Poverty-related	46,364	0	0	2,383	43,970	11	445,816	0	0	16,334	429,403	79
Other/unknown	43,091	89	585	32,889	9,528	0	398,774	839	6,334	292,338	99,263	0
<b>Managed Care Status</b>												
FFS all year	120,445	295	8,156	44,183	67,800	11	1,157,155	2,684	90,598	394,364	669,430	79
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 NONDUAL BENEFICIARIES, VERMONT, 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	65.0 %	7.2	\$335	\$46	\$2,631	12.7 %	120,445
<b>Age</b>							
5 and younger	66.2	3.2	113	36	1,469	7.7	22,248
6-14	58.4	3.6	180	50	2,489	7.2	33,366
15-20	62.3	5.2	251	48	3,666	6.8	15,852
21-44	68.1	9.1	410	45	2,461	16.7	36,629
45-64	74.8	21.1	1,023	48	4,121	24.8	11,953
65-74	74.4	28.6	1,468	51	7,542	19.5	219
75-84	80.6	39.0	1,595	41	9,491	16.8	108
85 and older	73.9	32.4	1,121	35	14,785	7.6	69
Unknown	0.0	0.0	0	0	0	0.0	1
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	71.2	30.0	1,319	44	9,597	13.7	295
Disabled	85.2	34.7	2,162	62	13,869	15.6	8,156
Adults	67.1	7.8	279	36	1,680	16.6	44,183
Children	61.2	3.5	147	42	1,867	7.9	67,800
Unknown	72.7	12.7	514	40	14,096	3.6	11
<b>Gender</b>							
Female	69.6	8.6	380	44	2,522	15.1	65,745
Male	59.5	5.6	280	50	2,762	10.1	54,700
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	70.5	9.4	452	48	3,210	14.1	69,677
African American	58.8	6.4	346	54	2,652	13.0	865
Other/unknown	57.4	4.2	172	40	1,823	9.4	49,903
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	96.7	72.2	4,088	57	41,248	9.9	92
Part year	96.7	79.7	3,263	41	33,246	9.8	90
None	64.9	7.1	330	46	2,579	12.8	120,263
<b>Maintenance Assistance Status</b>							
Cash	75.5	15.4	875	57	5,519	15.9	24,239
Medically needy	67.9	9.8	522	53	2,495	20.9	6,751
Poverty related	59.0	2.9	115	39	1,255	9.1	46,364
Other/unknown	65.0	6.9	239	35	2,508	9.5	43,091

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table ND.3 includes beneficiaries represented by Cell K 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 ND.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 NONDUAL BENEFICIARIES, VERMONT, 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				More than 10
All	0.8	\$35	12.7 %	35.0 %	52.6 %	5.8 %	4.8 %	1.5 %	0.4 %	\$274	120,445	1,157,155
<b>Age</b>												
5 and younger	0.3	12	7.7	33.8	63.3	2.2	0.7	0.0	0.0	154	22,248	211,843
6-14	0.4	18	7.2	41.6	53.1	3.3	1.9	0.1	0.0	242	33,366	343,048
15-20	0.5	26	6.8	37.7	53.4	5.6	3.0	0.3	0.0	386	15,852	150,488
21-44	1.0	46	16.7	31.9	50.6	8.4	6.7	1.9	0.5	273	36,629	330,079
45-64	2.1	104	24.8	25.2	37.1	12.0	16.2	7.5	2.1	418	11,953	117,716
65-74	2.8	142	19.5	25.6	23.7	14.6	22.8	8.7	4.6	730	219	2,263
75-84	3.7	153	16.8	19.4	20.4	10.2	26.9	18.5	4.6	911	108	1,125
85 and older	3.8	131	7.6	26.1	5.8	10.1	26.1	29.0	2.9	1,723	69	592
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	1
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	3.3	145	13.7	28.8	18.0	9.2	23.7	17.3	3.1	1,055	295	2,684
Disabled	3.1	195	15.6	14.8	31.2	13.6	23.4	12.6	4.4	1,249	8,156	90,598
Adults	0.9	31	16.6	32.9	50.6	8.5	6.4	1.4	0.2	188	44,183	394,364
Children	0.4	15	7.9	38.8	56.6	3.1	1.4	0.1	0.0	189	67,800	669,430
Unknown	1.8	72	3.6	27.3	27.3	27.3	9.1	9.1	0.0	1,963	11	79
<b>Gender</b>												
Female	0.9	39	15.1	30.4	54.9	6.7	5.6	1.9	0.5	260	65,745	636,867
Male	0.6	29	10.1	40.5	49.8	4.8	3.8	1.0	0.2	290	54,700	520,288
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.9	45	14.1	29.5	54.3	7.1	6.4	2.1	0.6	323	69,677	692,624
African American	0.7	37	13.0	41.2	47.4	5.4	4.0	1.6	0.3	283	865	8,099
Other/unknown	0.5	19	9.4	42.6	50.3	4.0	2.5	0.5	0.1	199	49,903	456,432
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	7.0	395	9.9	3.3	2.2	5.4	31.5	40.2	17.4	3,986	92	952
Part year	7.9	322	9.8	3.3	8.9	7.8	26.7	32.2	21.1	3,284	90	911
None	0.7	34	12.8	35.1	52.6	5.8	4.7	1.4	0.3	268	120,263	1,155,292
<b>Maintenance Assistance Status</b>												
Cash	1.5	84	15.9	24.5	51.1	8.5	10.0	4.5	1.4	530	24,239	252,545
Medically needy	1.1	59	20.9	32.1	48.4	8.6	8.1	2.4	0.4	281	6,751	60,020
Poverty related	0.3	12	9.1	41.0	55.6	2.5	0.9	0.0	0.0	131	46,364	445,816
Other/unknown	0.7	26	9.5	35.0	50.8	7.5	5.5	1.1	0.2	271	43,091	398,774

Table ND4

Nondual Beneficiaries

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table ND.4 includes the beneficiaries represented by Cell K 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.





Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table ND.5 includes the beneficiaries represented by Cell K 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 Vermont, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
NONDUAL BENEFICIARIES, VERMONT, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
	Patented		Off-Patent		Patented		Off-Patent										
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name						Generic			
Anti-infective Agents	0.2	0.1	0.0	0.1	\$7	\$6	\$0	\$1	\$33	\$60	\$24	\$10	113,708	\$3,706,545	48,144	40.0 %	519,554
Biologics	0.2	0.2	0.0	0.0	138	125	0	13	677	629	1,112	2,724	1,287	871,304	605	0.5	6,311
Antineoplastic Agents	0.5	0.3	0.0	0.2	129	117	6	6	270	433	139	39	1,844	497,831	358	0.3	3,853
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.1	18	13	2	2	38	55	27	15	85,767	3,262,374	17,041	14.1	181,564
Cardiovascular Agents	0.9	0.4	0.0	0.5	28	19	2	7	31	51	42	14	82,028	2,549,502	8,475	7.0	90,852
Respiratory Agents	0.4	0.2	0.0	0.1	17	14	0	3	44	60	33	18	96,250	4,235,717	23,135	19.2	252,799
Gastrointestinal Agents	0.4	0.3	0.0	0.1	41	35	3	3	92	121	149	21	36,794	3,376,051	7,532	6.3	82,076
Genitourinary Agents	0.2	0.1	0.0	0.1	7	7	0	1	36	46	38	13	8,864	322,427	3,980	3.3	43,707
CNS Drugs	0.8	0.4	0.1	0.3	49	37	6	6	64	90	99	20	157,555	10,079,728	19,211	16.0	203,801
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	35	25	2	8	49	65	49	28	29,689	1,457,383	3,741	3.1	41,444
Miscellaneous Psychological/Neurological Agents	0.2	0.1	0.0	0.1	20	12	0	8	108	167	52	70	2,192	237,319	1,081	0.9	11,970
Analgesics and Anesthetics	0.5	0.1	0.0	0.3	16	11	2	3	34	91	67	10	119,645	4,058,305	24,555	20.4	259,516
Neuromuscular Agents	0.6	0.3	0.0	0.3	33	26	2	5	52	94	42	16	56,873	2,984,950	8,357	6.9	90,063
Nutritional Products	0.2	0.0	0.0	0.1	2	0	1	1	13	34	21	10	17,307	218,642	8,893	7.4	96,470
Hematological Agents	0.5	0.1	0.1	0.3	74	65	4	5	146	655	39	15	5,744	837,888	1,053	0.9	11,248
Topical Products	0.2	0.1	0.0	0.1	5	3	0	2	26	49	30	14	50,802	1,325,561	25,032	20.8	272,574
Miscellaneous Products	0.1	0.1	0.0	0.0	8	7	1	1	65	65	217	47	3,775	247,177	2,656	2.2	29,593
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	20	0	0	0	2,530	51,262	1,105	0.9	12,386
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	872,654	40,319,966	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table ND.6 includes the beneficiaries represented by Cell K 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 Vermont, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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 ND.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, VERMONT, 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	
ANTIDEPRESSANTS	\$5,424,151	19,445	16.1 %	209,222	0.4	\$59	\$26
ANTIPSYCHOTICS	3,694,244	4,229	3.5	46,939	0.6	122	79
ULCER DRUGS	2,818,162	6,857	5.7	75,276	0.4	96	37
ANTICONVULSANT	2,729,682	5,749	4.8	62,853	0.7	64	43
ANTIASTHMATIC	2,358,672	19,536	16.2	215,157	0.3	43	11
ANALGESICS - Narcotic	2,147,552	26,737	22.2	285,859	0.3	28	8
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	1,457,383	4,192	3.5	46,664	0.6	49	31
ANALGESICS - ANTI-INFLAMMATORY	1,231,800	14,436	12.0	156,455	0.2	37	8
ANTIDIABETIC	1,154,994	3,203	2.7	34,716	0.7	50	33
CONTRACEPTIVES	1,099,474	7,196	6.0	75,907	0.4	37	14
Total	24,116,114	111,580		1,209,048	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table ND.7 includes the beneficiaries represented by Cell K 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.

TABLE ND.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<sup>a,b,c</sup>  
 NONDUAL BENEFICIARIES, VERMONT, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIDEPRESSANTS				ANTIPSYCHOTICS			
	No. of Rx	Rx \$	No. of Users	Users as % of All Mos among Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>442,843</b>	<b>\$24,116,114</b>	<b>19,445</b>	<b>16.1 %</b>	<b>209,222</b>	<b>0.4</b>	<b>\$26</b>	<b>4,229</b>	<b>3.5 %</b>	<b>46,939</b>	<b>0.6</b>	<b>\$79</b>
<b>Female</b>	285,076	15,168,390	13,584	20.7	146,713	0.4	26	2,525	3.8	28,088	0.6	70
<b>Disabled</b>	101,683	7,314,266	3,119	27.1	36,256	0.6	39	1,194	27.4	13,753	0.8	110
5 and younger	487	44,802	2	1.5	24	0.3	16	3	2.2	36	0.2	5
6-14	2,729	186,201	57	15.7	677	0.5	32	43	11.9	509	0.7	74
15-20	3,787	223,573	118	36.1	1,362	0.6	33	58	17.7	648	0.9	94
21-44	38,927	2,905,712	1,406	87.7	16,371	0.5	38	568	35.4	6,548	0.8	108
45-64	54,761	3,891,545	1,518	81.2	17,636	0.7	42	515	27.6	5,942	0.9	116
65-74	960	60,521	17	34.0	174	0.6	26	7	14.0	70	0.9	164
75-84	32	1,912	1	33.3	12	0.6	52	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
<b>Other Eligibles</b>	183,393	7,854,124	10,465	17.0	110,457	0.4	21	1,331	2.2	14,335	0.3	31
5 and younger	3,568	144,978	5	0.0	57	0.2	6	1	0.0	12	0.3	18
6-14	16,376	786,095	573	3.6	6,425	0.4	25	127	0.8	1,467	0.6	60
15-20	25,798	1,091,508	1,428	17.8	15,353	0.3	22	219	2.7	2,365	0.4	38
21-44	106,943	4,518,503	6,742	31.1	71,097	0.4	21	777	3.6	8,367	0.3	26
45-64	28,656	1,179,912	1,661	33.1	16,955	0.4	20	182	3.6	1,855	0.3	16
65-74	684	48,086	14	19.4	161	0.7	31	7	9.7	84	1.0	125
75-84	869	54,734	20	34.5	227	0.6	27	11	19.0	113	0.5	67
85 and older	499	30,308	22	48.9	182	0.9	52	7	15.6	72	0.7	64
<b>Male</b>	157,767	8,947,724	5,861	10.7	62,509	0.5	26	1,704	3.1	18,851	0.7	92
<b>Disabled</b>	57,438	4,357,643	1,484	39.0	17,049	0.6	40	840	22.1	9,669	1.0	127
5 and younger	686	39,304	6	3.4	72	0.3	10	8	4.6	96	0.6	82
6-14	7,191	501,305	211	29.8	2,480	0.6	36	154	21.7	1,797	0.6	83
15-20	5,639	436,595	172	31.2	2,025	0.6	41	114	20.7	1,329	0.8	116
21-44	20,969	1,628,100	528	42.6	6,059	0.7	42	336	27.1	3,865	1.2	149
45-64	22,493	1,715,979	560	51.0	6,329	0.6	39	222	20.2	2,510	0.9	132
65-74	417	31,619	6	20.7	72	1.3	40	6	20.7	72	1.3	135
75-84	43	4,741	1	25.0	12	0.3	59	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
<b>Other Eligibles</b>	100,329	4,590,081	4,377	8.6	45,460	0.4	21	864	1.7	9,182	0.5	56
5 and younger	6,070	262,570	32	0.3	361	0.3	10	9	0.1	105	0.3	38
6-14	32,753	1,725,068	1,127	6.8	12,771	0.5	26	291	1.8	3,340	0.6	78
15-20	13,684	724,519	739	10.6	7,929	0.4	28	185	2.7	2,058	0.4	54
21-44	31,482	1,175,720	1,776	14.6	17,191	0.3	16	274	2.3	2,605	0.4	38
45-64	14,848	627,816	669	16.9	6,841	0.4	18	90	2.3	901	0.4	30
65-74	496	27,893	11	16.2	124	0.5	26	7	10.3	82	1.2	56
75-84	756	36,633	16	37.2	173	1.0	31	5	11.6	55	1.3	111
85 and older	240	9,862	7	30.4	70	0.8	43	3	13.0	36	0.6	38
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7A  
 Nondual Beneficiaries

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table ND.7A includes the beneficiaries represented by Cell K 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](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 ND.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, VERMONT, 2001

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTIASTHMATIC				
	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of
<b>All</b>	<b>6,857</b>	<b>5.7 %</b>	<b>75,276</b>	<b>\$37</b>	<b>0.4</b>	<b>5,749</b>	<b>4.8 %</b>	<b>62,853</b>	<b>0.7</b>	<b>\$43</b>	<b>19,536</b>	<b>16.2 %</b>	<b>215,157</b>	<b>0.3</b>	<b>\$11</b>
<b>Female</b>	4,655	7.1	51,563	37	0.4	3,552	5.4	39,052	0.6	41	11,314	17.2	124,740	0.3	11
<b>Disabled</b>	1,556	35.8	18,123	61	0.5	1,531	35.2	17,679	0.8	58	2,298	52.8	26,711	0.4	20
5 and younger	16	11.9	191	43	0.4	30	22.4	360	0.6	81	46	34.3	537	0.3	12
6-14	28	7.7	333	25	0.4	95	26.2	1,095	0.8	64	85	23.5	1,000	0.3	12
15-20	29	8.9	334	33	0.4	79	24.2	906	1.1	68	82	25.1	949	0.2	11
21-44	553	34.5	6,471	54	0.5	724	45.1	8,440	0.8	62	816	50.9	9,451	0.3	16
45-64	909	48.6	10,572	67	0.6	591	31.6	6,747	0.8	50	1,244	66.6	14,479	0.4	23
65-74	20	40.0	210	65	0.7	12	24.0	131	0.7	46	25	50.0	295	0.7	36
75-84	1	33.3	12	90	0.5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	3,099	5.0	33,440	25	0.3	2,021	3.3	21,373	0.5	28	9,016	14.7	98,029	0.2	9
5 and younger	87	0.8	815	10	0.3	27	2.98	298	0.6	32	1,350	12.6	15,011	0.2	8
6-14	180	1.1	2,047	9	0.2	154	1.0	1,664	0.6	44	2,021	12.8	22,621	0.2	8
15-20	340	4.2	3,717	11	0.2	207	2.6	2,173	0.6	40	1,310	16.4	14,084	0.2	8
21-44	1,808	8.3	19,533	26	0.3	1,286	5.9	13,637	0.5	26	3,393	15.7	36,336	0.3	9
45-64	629	12.5	6,739	33	0.4	329	6.6	3,430	0.5	18	892	17.8	9,501	0.3	12
65-74	21	29.2	245	35	0.4	5	6.9	54	0.6	25	19	26.4	213	0.8	45
75-84	19	32.8	207	88	0.8	10	17.2	95	0.7	34	14	24.1	145	0.6	26
85 and older	15	33.3	137	65	0.7	3	6.7	22	0.8	23	17	37.8	118	0.5	13
<b>Male</b>	2,202	4.0	23,713	38	0.4	2,197	4.0	23,801	0.7	47	8,222	15.0	90,417	0.2	11
<b>Disabled</b>	710	18.7	8,150	58	0.6	995	26.1	11,436	0.9	65	1,021	26.8	11,718	0.4	20
5 and younger	18	10.3	212	19	0.5	35	20.1	409	0.7	41	53	30.5	604	0.3	13
6-14	24	3.4	285	40	0.6	145	20.5	1,704	0.8	67	147	20.7	1,719	0.3	12
15-20	35	6.3	412	25	0.4	140	25.4	1,585	0.9	75	79	14.3	919	0.2	11
21-44	247	19.9	2,856	56	0.6	397	32.0	4,541	1.0	67	248	20.0	2,829	0.4	16
45-64	377	34.3	4,277	66	0.6	270	24.6	3,101	0.9	59	487	44.4	5,563	0.5	27
65-74	7	24.1	84	78	0.5	8	27.6	96	0.9	55	7	24.1	84	0.3	15
75-84	2	50.0	24	96	0.5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,492	2.9	15,563	27	0.3	1,202	2.4	12,365	0.5	30	7,201	14.1	78,699	0.2	9
5 and younger	120	1.1	1,147	10	0.2	48	0.4	532	0.5	34	2,205	19.6	24,416	0.2	8
6-14	166	1.0	1,887	18	0.2	242	1.5	2,737	0.6	36	2,787	16.9	31,299	0.2	10
15-20	157	2.3	1,677	18	0.2	132	1.9	1,454	0.6	52	827	11.9	9,020	0.2	9
21-44	667	5.5	6,774	29	0.3	561	4.6	5,409	0.5	23	963	7.9	9,545	0.3	9
45-64	352	8.9	3,739	34	0.4	205	5.2	2,084	0.5	25	396	10.0	4,156	0.3	11
65-74	16	23.5	180	54	0.6	6	8.8	58	0.7	14	8	11.8	96	0.4	12
75-84	9	20.9	104	61	0.6	4	9.3	48	1.8	52	13	30.2	143	0.9	47
85 and older	5	21.7	55	48	0.9	4	17.4	43	0.4	6	2	8.7	24	0.1	1
<b>Unknown</b>	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7B

Nondual Beneficiaries

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table ND.7B includes the beneficiaries represented by Cell K 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](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 ND.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, VERMONT, 2001

Beneficiary Characteristics	ANALGESICS - Narcotic				STIMULANTS/ANTI-OBESITY/ANOREXIANTS				ANALGESICS - ANTI-INFLAMMATORY						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>26,737</b>	<b>22.2 %</b>	<b>285,859</b>	<b>0.3</b>	<b>\$8</b>	<b>4,192</b>	<b>3.5 %</b>	<b>46,664</b>	<b>0.6</b>	<b>\$31</b>	<b>14,436</b>	<b>12.0 %</b>	<b>156,455</b>	<b>0.2</b>	<b>\$8</b>
<b>Female</b>	17,487	26.6	190,180	0.3	7	1,268	1.9	14,104	0.6	30	10,039	15.3	110,087	0.2	8
<b>Disabled</b>	2,918	67.1	33,953	0.4	20	218	5.0	2,550	0.6	39	1,904	43.8	22,219	0.4	21
5 and younger	17	12.7	203	0.1	1	4	3.0	48	0.2	3	2	1.5	24	0.2	5
6-14	30	8.3	349	0.1	1	66	18.2	771	0.7	41	9	2.5	102	0.4	4
15-20	70	21.4	816	0.1	2	34	10.4	395	0.6	33	63	19.3	740	0.2	4
21-44	1,346	83.9	15,700	0.4	18	63	3.9	734	0.5	36	808	50.4	9,449	0.3	12
45-64	1,437	76.9	16,689	0.5	22	51	2.7	602	0.5	48	1,006	53.8	11,723	0.4	30
65-74	16	32.0	172	0.5	12	0	0.0	0	0.0	0	16	32.0	181	0.4	19
75-84	2	66.7	24	0.3	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	14,569	23.7	156,227	0.2	4	1,050	1.7	11,554	0.6	28	8,135	13.3	87,868	0.2	5
5 and younger	225	2.1	2,528	0.1	1	12	0.1	136	0.3	9	68	0.6	761	0.1	1
6-14	717	4.5	8,185	0.1	1	613	3.9	6,858	0.6	29	418	2.6	4,682	0.1	2
15-20	2,052	25.6	21,933	0.2	1	164	2.0	1,793	0.6	30	1,327	16.6	14,406	0.1	3
21-44	9,835	45.4	105,159	0.2	5	212	1.0	2,273	0.4	23	5,147	23.8	55,446	0.2	4
45-64	1,692	33.7	17,950	0.3	6	48	1.0	489	0.4	25	1,127	22.4	12,061	0.3	11
65-74	18	25.0	192	0.3	14	0	0.0	0	0.0	0	22	30.6	236	0.3	15
75-84	21	36.2	198	0.7	26	0	0.0	0	0.0	0	20	34.5	226	0.4	27
85 and older	9	20.0	82	0.4	18	1	2.2	5	1.4	21	6	13.3	50	0.8	49
<b>Male</b>	9,250	16.9	95,679	0.3	9	2,924	5.3	32,560	0.7	32	4,397	8.0	46,368	0.2	7
<b>Disabled</b>	1,523	40.0	17,500	0.5	27	391	10.3	4,562	0.8	40	819	21.5	9,512	0.3	17
5 and younger	14	8.0	148	0.1	1	5	2.9	49	0.5	32	5	2.9	49	0.2	2
6-14	62	8.7	727	0.1	1	248	35.0	2,908	0.8	40	15	2.1	170	0.2	5
15-20	113	20.5	1,325	0.3	7	102	18.5	1,197	0.9	37	62	11.2	731	0.2	2
21-44	640	51.6	7,367	0.4	26	22	1.8	248	0.7	39	334	26.9	3,879	0.2	11
45-64	681	62.0	7,781	0.6	35	14	1.3	160	0.5	54	393	35.8	4,565	0.4	24
65-74	10	34.5	120	0.2	7	0	0.0	0	0.0	0	7	24.1	84	0.5	36
75-84	3	75.0	32	0.1	1	0	0.0	0	0.0	0	3	75.0	34	0.3	18
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	7,727	15.2	78,179	0.2	5	2,533	5.0	27,998	0.6	31	3,578	7.0	36,856	0.2	4
5 and younger	364	3.2	4,066	0.1	1	84	0.7	955	0.4	18	98	0.9	1,147	0.1	2
6-14	815	5.0	9,100	0.1	1	1,893	11.5	20,952	0.7	31	272	1.7	3,132	0.1	2
15-20	1,131	16.2	11,859	0.1	1	443	6.4	4,907	0.6	32	610	8.8	6,412	0.1	2
21-44	4,248	35.0	40,987	0.3	6	89	0.7	929	0.5	25	1,878	15.5	18,559	0.2	4
45-64	1,151	29.0	11,976	0.3	9	23	0.6	243	0.6	44	701	17.7	7,408	0.2	8
65-74	8	11.8	78	0.4	4	0	0.0	0	0.0	0	7	10.3	82	0.3	15
75-84	6	14.0	65	0.6	30	0	0.0	0	0.0	0	6	14.0	53	0.3	30
85 and older	4	17.4	48	0.1	1	1	4.3	12	0.1	0	6	26.1	63	0.5	18
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7C

Nondual Beneficiaries

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table ND.7C includes the beneficiaries represented by Cell K 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](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 ND.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, VERMONT, 2001

Beneficiary Characteristics	ANTIDIABETIC				CONTRACEPTIVES				No. of Bene Mos			
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users		Mean No. of Rx	Mean Rx \$	
<b>All</b>	<b>3,203</b>	<b>2.7 %</b>	<b>34,716</b>	<b>0.7</b>	<b>\$33</b>	<b>7,196</b>	<b>6.0 %</b>	<b>75,907</b>	<b>0.4</b>	<b>\$15</b>	<b>120,445</b>	<b>1,157,155</b>
<b>Female</b>	2,039	3.1	22,507	0.7	34	7,186	10.9	75,796	0.4	15	65,744	636,866
<b>Disabled</b>	882	20.3	10,153	0.7	43	385	8.9	4,498	0.4	15	4,350	48,582
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	134	1,483
6-14	5	1.4	60	1.5	72	6	1.7	72	0.4	12	362	4,066
15-20	9	2.8	108	0.8	28	88	26.9	1,022	0.4	15	327	3,549
21-44	177	11.0	2,051	0.7	41	266	16.6	3,109	0.4	15	1,604	17,937
45-64	660	35.3	7,620	0.8	44	25	1.3	295	0.5	20	1,869	20,966
65-74	30	60.0	302	0.7	29	0	0.0	0	0.0	0	50	557
75-84	1	33.3	12	1.1	10	0	0.0	0	0.0	0	3	23
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
<b>Other Eligibles</b>	1,157	1.9	12,354	0.6	27	6,801	11.1	71,298	0.4	14	61,394	588,284
5 and younger	8	0.1	96	0.7	40	1	0.0	8	0.1	4	10,701	101,543
6-14	62	0.4	674	1.0	45	105	0.7	1,145	0.3	10	15,838	161,623
15-20	62	0.8	688	0.5	28	2,138	26.7	22,708	0.4	13	8,002	76,200
21-44	431	2.0	4,543	0.6	27	4,443	20.5	46,230	0.4	15	21,657	198,964
45-64	554	11.0	5,930	0.6	25	114	2.3	1,207	0.5	19	5,021	48,267
65-74	14	19.4	151	0.5	46	0	0.0	0	0.0	0	72	734
75-84	18	31.0	198	0.8	24	0	0.0	0	0.0	0	58	605
85 and older	8	17.8	74	0.6	18	0	0.0	0	0.0	0	45	348
<b>Male</b>	1,164	2.1	12,209	0.7	32	10	0.0	111	0.3	11	54,700	520,288
<b>Disabled</b>	421	11.1	4,833	0.7	40	3	0.1	36	0.3	12	3,806	42,016
5 and younger	1	0.6	12	0.3	18	0	0.0	0	0.0	0	174	1,894
6-14	3	0.4	36	1.0	13	0	0.0	0	0.0	0	709	8,117
15-20	6	1.1	72	0.9	64	2	0.4	24	0.3	14	552	6,167
21-44	103	8.3	1,202	0.6	39	1	0.1	12	0.2	8	1,240	13,587
45-64	303	27.6	3,451	0.7	39	0	0.0	0	0.0	0	1,098	11,867
65-74	3	10.3	36	0.5	60	0	0.0	0	0.0	0	29	338
75-84	2	50.0	24	0.7	47	0	0.0	0	0.0	0	4	46
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	743	1.5	7,376	0.7	27	7	0.0	75	0.3	10	50,894	478,272
5 and younger	3	0.0	31	0.4	30	0	0.0	0	0.0	0	11,239	106,923
6-14	52	0.3	597	0.9	40	0	0.0	0	0.0	0	16,457	169,242
15-20	49	0.7	497	1.0	47	2	0.0	21	0.2	8	6,971	64,572
21-44	240	2.0	2,238	0.7	23	4	0.0	45	0.1	6	12,128	99,591
45-64	368	9.3	3,652	0.6	22	1	0.0	9	1.1	36	3,965	36,616
65-74	12	17.6	133	0.6	52	0	0.0	0	0.0	0	68	634
75-84	13	30.2	156	1.2	39	0	0.0	0	0.0	0	43	451
85 and older	6	26.1	72	0.8	18	0	0.0	0	0.0	0	23	243
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table ND.7D includes the beneficiaries represented by Cell K 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](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 ND.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, VERMONT, 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
<b>All</b>	<b>\$395</b>	<b>7.0</b>	<b>92</b>	<b>952</b>
<b>Age</b>				
0-64	570	8.2	45	486
65-74	171	4.8	4	42
75-84	281	6.3	17	170
85 and older	173	5.4	26	254
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	405	6.9	58	587
Male	380	7.1	34	365
Unknown	0	0.0	0	0
<b>Race</b>				
White	412	6.8	78	821
African American	0	0	0	0
Other/unknown	291	8	14	131
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	212	5.7	47	466
Disabled	570	8.2	45	486
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 Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2001 Medicaid enrollment. A total of 90 beneficiaries who were in nursing facilities for part of their enrollment and their 911 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 ND.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 NONDUAL BENEFICIARIES, VERMONT, 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 # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos			
Anti-infective Agents	0.5	0.2	0.0	0.3	\$17	\$13	\$0	\$3	\$32	\$54	\$21	\$12	337	\$10,727	60	65.2 %	645
Biologicals	0.1	0.1	0.0	0.0	3	2	0	1	28	35	0	21	13	367	11	12.0	132
Antineoplastic Agents	1.1	0.9	0.2	0.0	883	858	25	0	811	941	140	0	37	30,025	4	4.3	34
Endocrine/Metabolic Drugs	1.3	0.7	0.1	0.5	52	44	1	7	39	62	14	12	471	18,407	34	37.0	357
Cardiovascular Agents	2.0	0.6	0.1	1.3	44	26	3	15	22	46	21	12	1,138	24,775	53	57.6	561
Respiratory Agents	0.8	0.3	0.0	0.4	30	16	3	11	39	56	82	25	214	8,395	26	28.3	284
Gastrointestinal Agents	1.1	0.5	0.0	0.6	71	62	0	9	65	116	0	17	543	35,520	48	52.2	497
Genitourinary Agents	0.9	0.5	0.1	0.3	38	32	1	5	41	61	13	15	209	8,545	19	20.7	224
CNS Drugs	1.9	1.0	0.2	0.7	144	112	17	15	75	110	95	21	1,439	108,256	70	76.1	751
Stimulants/Anti-obesity/Anorexia	0.4	0.0	0.0	0.4	5	0	0	5	13	0	0	13	9	117	3	3.3	25
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	237	237	0	0	269	269	0	0	59	15,858	6	6.5	67
Analgesics and Anesthetics	1.1	0.5	0.1	0.5	53	40	5	7	48	90	38	14	571	27,292	50	54.3	518
Neuromuscular Agents	2.1	0.8	0.1	1.2	148	99	6	44	69	130	39	36	959	66,647	42	45.7	450
Nutritional Products	0.9	0.1	0.1	0.7	15	0	2	12	18	7	18	18	186	3,290	19	20.7	215
Hematological Agents	0.8	0.2	0.1	0.5	59	52	1	6	73	265	14	12	149	10,906	17	18.5	184
Topical Products	0.4	0.1	0.0	0.3	10	6	0	4	23	43	20	14	245	5,712	55	59.8	590
Miscellaneous Products	0.3	0.2	0.0	0.0	8	8	0	0	33	34	0	6	21	684	7	7.6	84
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	5	0	0	0	14	0	0	0	42	578	9	9.8	106
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	6,642	376,101	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 90 beneficiaries who were in nursing facilities for part of their enrollment and their 911 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](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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

In Vermont, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE ND.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, VERMONT, 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	\$62,770	46	50.0 %	513	1.1	\$112	\$122
ANTICONVULSANT	45,219	48	52.2	501	1.3	67	90
ANTIDEPRESSANTS	40,536	62	67.4	659	1.0	64	62
ULCER DRUGS	32,268	43	46.7	458	0.8	92	70
ANTINEOPLASTICS	30,025	4	4.3	34	1.1	811	883
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	15,904	7	7.6	79	0.8	265	201
ANALGESICS - Narcotic	15,165	35	38.0	360	0.9	47	42
ANTIPARKINSONIAN	12,202	11	12.0	126	1.1	89	97
ANALGESICS - ANTI-INFLAMMATORY	11,633	32	34.8	340	0.5	65	34
ANTHYPERTENSIVE	10,443	34	37.0	360	0.8	37	29
<b>Total</b>	<b>276,165</b>	<b>322</b>		<b>3,430</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 90 beneficiaries who were in nursing facilities for part of their enrollment and their 911 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](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 ND.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<sup>a, b, c, d</sup> NONDUAL BENEFICIARIES, VERMONT, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	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 \$
<b>All</b>	<b>3,234</b>	<b>\$276,165</b>	<b>46</b>	<b>50.0 %</b>	<b>513</b>	<b>1.1</b>	<b>\$122</b>	<b>48</b>	<b>52.2 %</b>	<b>501</b>	<b>1.3</b>	<b>\$90</b>
<b>Female</b>	1,958	170,074	34	58.6	369	1.2	135	30	51.7	310	1.3	74
<b>Disabled</b>	1,296	126,917	22	73.3	247	1.3	169	24	80.0	263	1.4	82
64 or younger	1,296	126,917	22	73.3	247	1.3	169	24	80.0	263	1.4	82
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	662	43,157	12	42.9	122	0.9	65	6	21.4	47	0.9	26
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	33	325	1	100.0	12	2.0	23	0	0.0	0	0.0	0
75-84	352	23,490	6	50.0	56	0.6	59	3	25.0	25	0.9	29
85 and older	277	19,342	5	33.3	54	0.9	82	3	20.0	22	0.8	23
<b>Male</b>	1,276	106,091	12	35.3	144	0.9	91	18	52.9	191	1.4	117
<b>Disabled</b>	869	86,716	7	46.7	84	0.8	109	13	86.7	148	1.6	145
64 or younger	869	86,716	7	46.7	84	0.8	109	13	86.7	148	1.6	145
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	407	19,375	5	26.3	60	0.9	67	5	26.3	43	0.6	23
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	88	3,703	2	66.7	24	1.0	86	2	66.7	12	0.7	14
75-84	104	6,213	1	20.0	12	1.2	61	1	20.0	12	1.0	59
85 and older	215	9,459	2	18.2	24	0.6	52	2	18.2	19	0.4	6
<b>Unknown</b>	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 Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 90 beneficiaries who were in nursing facilities for part of their enrollment and their 911 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](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 ND.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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, VERMONT, 2001

Beneficiary Characteristics	ANTIDEPRESSANTS						ULCER DRUGS						ANTINEOPLASTICS					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx
<b>All</b>	<b>62</b>	<b>67.4 %</b>	<b>1.0</b>	<b>659</b>	<b>1.0</b>	<b>\$62</b>	<b>43</b>	<b>46.7 %</b>	<b>0.8</b>	<b>458</b>	<b>0.8</b>	<b>\$71</b>	<b>4</b>	<b>4.3 %</b>	<b>34</b>	<b>1.1</b>	<b>\$883</b>	
<b>Female</b>																		
<b>Disabled</b>	35	60.3	1.0	378	1.0	59	26	44.8	0.7	277	0.7	75	2	3.4	17	1.6	1,336	
64 or younger	18	60.0	0.9	197	0.9	51	14	46.7	0.7	157	0.7	65	1	3.3	12	2.3	1,881	
65-74	18	60.0	0.9	197	0.9	51	14	46.7	0.7	157	0.7	65	1	3.3	12	2.3	1,881	
75-84	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0	
<b>Other Eligibles</b>	17	60.7	1.0	181	1.0	68	12	42.9	0.8	120	0.8	88	1	3.6	5	0.2	28	
64 or younger	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0	
75-84	8	66.7	0.8	86	0.8	52	7	58.3	0.9	67	0.9	103	0	0.0	0	0.0	0	
85 and older	9	60.0	1.2	95	1.2	83	5	33.3	0.7	53	0.7	69	1	6.7	5	0.2	28	
<b>Male</b>																		
<b>Disabled</b>	27	79.4	0.9	281	0.9	65	17	50.0	0.8	181	0.8	64	2	5.9	17	0.5	430	
64 or younger	16	106.7	1.1	176	1.1	85	11	73.3	0.8	114	0.8	79	1	6.7	12	0.3	551	
65-74	16	106.7	1.1	176	1.1	85	11	73.3	0.8	114	0.8	79	1	6.7	12	0.3	551	
75-84	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0	
<b>Other Eligibles</b>	11	57.9	0.7	105	0.7	31	6	31.6	0.9	67	0.9	38	1	5.3	5	1.0	140	
64 or younger	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	2	66.7	0.3	18	0.3	14	1	33.3	1.2	12	1.2	47	0	0.0	0	0.0	0	
75-84	3	60.0	0.6	29	0.6	11	1	20.0	0.1	12	0.1	10	1	20.0	5	1.0	140	
85 and older	6	54.5	0.8	58	0.8	46	4	36.4	1.0	43	1.0	44	0	0.0	0	0.0	0	
<b>Unknown</b>	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0	

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 90 beneficiaries who were in nursing facilities for part of their enrollment and their 911 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](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 ND.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<sup>a, b, c, d</sup>  
NONDUAL BENEFICIARIES, VERMONT, 2001

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						ANALGESICS - Narcotic						ANTIPARKINSONIAN					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx
<b>All</b>	7	7.6 %	0.8	79	0.8	\$201	35	38.0 %	0.9	360	0.9	\$42	11	12.0 %	1.1	126	1.1	\$97
<b>Female</b>	4	6.9	0.6	48	0.6	270	19	32.8	0.9	184	0.9	30	8	13.8	0.8	96	0.8	24
<b>Disabled</b>	3	10.0	0.5	36	0.5	321	11	36.7	0.8	113	0.8	20	7	23.3	0.8	84	0.8	22
64 or younger	3	10.0	0.5	36	0.5	321	11	36.7	0.8	113	0.8	20	7	23.3	0.8	84	0.8	22
65-74	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0
75-84	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0
85 and older	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0
<b>Other Eligibles</b>	1	3.6	1.0	12	1.0	117	8	28.6	1.1	71	1.1	47	1	3.6	1.0	12	1.0	35
64 or younger	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0
65-74	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0
75-84	1	8.3	1.0	12	1.0	117	5	41.7	1.9	39	1.9	85	1	8.3	1.0	12	1.0	35
85 and older	0	0.0	0.0	0	0.0	0	3	20.0	0.2	32	0.2	1	0	0.0	0.0	0	0.0	0
<b>Male</b>	3	8.8	0.9	31	0.9	95	16	47.1	0.9	176	0.9	55	3	8.8	2.0	30	2.0	331
<b>Disabled</b>	0	0.0	0.0	0	0.0	0	11	73.3	0.9	123	0.9	62	2	13.3	2.2	24	2.2	400
64 or younger	0	0.0	0.0	0	0.0	0	11	73.3	0.9	123	0.9	62	2	13.3	2.2	24	2.2	400
65-74	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0
75-84	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0
85 and older	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0
<b>Other Eligibles</b>	3	15.8	0.9	31	0.9	95	5	26.3	0.9	53	0.9	37	1	5.3	1.2	6	1.2	54
64 or younger	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0
65-74	0	0.0	0.0	0	0.0	0	2	66.7	1.0	24	1.0	8	1	33.3	1.2	6	1.2	54
75-84	1	20.0	1.0	12	1.0	123	1	20.0	3.6	5	3.6	342	0	0.0	0.0	0	0.0	0
85 and older	2	18.2	0.9	19	0.9	77	2	18.2	0.2	24	0.2	2	0	0.0	0.0	0	0.0	0
<b>Unknown</b>	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 90 beneficiaries who were in nursing facilities for part of their enrollment and their 911 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](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 ND.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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, VERMONT, 2001

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE						
	Users as %		Users as %		Mean Rx \$	Users as %		Users as %		Mean Rx \$		
	No. of Users	No. of Bene Mos among Users	No. of Bene Mos among Users	No. of Bene Mos among Users		No. of Residents	No. of Residents	No. of Rx	No. of Rx			
<b>All</b>	<b>32</b>	<b>34.8 %</b>	<b>340</b>	<b>0.5</b>	<b>\$34</b>	<b>34</b>	<b>37.0 %</b>	<b>360</b>	<b>0.8</b>	<b>\$29</b>	<b>92</b>	<b>952</b>
<b>Female</b>	21	36.2	217	0.6	38	16	27.6	157	0.6	18	58	587
<b>Disabled</b>	12	40.0	125	0.6	38	5	16.7	53	0.4	11	30	322
64 or younger	12	40.0	125	0.6	38	5	16.7	53	0.4	11	30	322
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	9	32.1	92	0.7	38	11	39.3	104	0.7	22	28	265
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1	100.0	12	0.8	5	0	0.0	0	0.0	0	1	12
75-84	5	41.7	50	0.4	25	8	66.7	68	0.8	25	12	117
85 and older	3	20.0	30	1.1	74	3	20.0	36	0.6	15	15	136
<b>Male</b>	11	32.4	123	0.3	28	18	52.9	203	0.9	38	34	365
<b>Disabled</b>	5	33.3	60	0.5	47	10	66.7	112	0.8	49	15	164
64 or younger	5	33.3	60	0.5	47	10	66.7	112	0.8	49	15	164
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	6	31.6	63	0.2	9	8	42.1	91	1.0	23	19	201
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1	33.3	12	0.3	13	0	0.0	0	0.0	0	3	30
75-84	0	0.0	0	0.0	0	2	40.0	24	1.0	19	5	53
85 and older	5	45.5	51	0.2	8	6	54.5	67	1.0	25	11	118
<b>Unknown</b>	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 Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 90 beneficiaries who were in nursing facilities for part of their enrollment and their 911 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](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 ND10D

Nondual Beneficiaries

TABLE ND.11  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS  
 BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 VERMONT, 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
All	18,335	15.2 %	0.5	65,776	\$1,253,911	\$19	3.1 %	120,445
<b>Age</b>								
5 and younger	2,335	10.5	0.2	3,976	65,381	16	2.6	22,248
6-14	3,247	9.7	0.2	5,792	118,724	20	2.0	33,366
15-20	2,040	12.9	0.3	4,185	171,206	41	4.3	15,852
21-44	7,343	20.0	0.8	28,870	508,068	18	3.4	36,629
45-64	3,234	27.1	1.8	21,932	377,835	17	3.1	11,953
65-74	64	29.2	2.3	499	6,738	14	2.1	219
75-84	41	38.0	3.0	323	3,456	11	2.0	108
85 and older	31	44.9	2.9	199	2,503	13	3.2	69
Unknown	0	0.0	0.0	0	0	0	0.0	1
<b>Basis of Eligibility<sup>c</sup></b>								
Aged	96	32.5	2.3	675	8,567	13	2.2	295
Disabled	3,203	39.3	3.2	26,285	617,145	23	3.5	8,156
Adults	8,026	18.2	0.6	27,039	415,163	15	3.4	44,183
Children	7,008	10.3	0.2	11,766	212,870	18	2.1	67,800
Unknown	2	18.2	1.0	11	166	15	2.9	11
<b>Gender</b>								
Female	12,291	18.7	0.7	46,171	843,917	18	3.4	65,745
Male	6,044	11.0	0.4	19,605	409,994	21	2.7	54,700
Unknown	0	0.0	0.0	0	0	0	0.0	0
<b>Race</b>								
White	13,366	19.2	0.8	52,968	1,052,166	20	3.3	69,677
African American	113	13.1	0.4	313	5,175	17	1.7	865
Other/unknown	4,856	9.7	0.3	12,495	196,570	16	2.3	49,903
<b>Use of Nursing Facilities<sup>d</sup></b>								
Entire year	54	58.7	6.7	615	8,083	13	2.1	92
Part year	63	70.0	9.1	817	10,390	13	3.5	90
None	18,218	15.1	0.5	64,344	1,235,438	19	3.1	120,263
<b>Maintenance Assistance Status</b>								
Cash	6,175	25.5	1.4	32,798	740,640	23	3.5	24,239
Medically needy	1,388	20.6	0.7	4,921	94,200	19	2.7	6,751
Poverty related	4,222	9.1	0.1	6,789	114,258	17	2.2	46,364
Other/unknown	6,550	15.2	0.5	21,268	304,813	14	3.0	43,091

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS PER BENEFIT MONTH  
 BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 VERMONT, 2001

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazepine \$ per Bene Mo.	No. of Bene Mos
All	0.1	\$1	\$19	\$0	\$0	1,157,155
<b>Age</b>						
5 and younger	0.0	0	16	0	0	211,843
6-14	0.0	0	20	0	0	343,048
15-20	0.0	1	41	0	0	150,488
21-44	0.1	2	18	0	1	330,079
45-64	0.2	3	17	0	2	117,716
65-74	0.2	3	14	0	2	2,263
75-84	0.3	3	11	0	1	1,125
85 and older	0.3	4	13	0	1	592
Unknown	0.0	0	0	0	0	1
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	3	13	0	2	2,684
Disabled	0.3	7	23	0	3	90,598
Adults	0.1	1	15	0	0	394,364
Children	0.0	0	18	0	0	669,430
Unknown	0.1	2	15	0	0	79
<b>Gender</b>						
Female	0.1	1	18	0	1	636,867
Male	0.0	1	21	0	0	520,288
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.1	2	20	0	1	692,624
African American	0.0	1	17	0	0	8,099
Other/unknown	0.0	0	16	0	0	456,432
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.6	8	13	0	3	952
Part year	0.9	11	13	0	5	911
None	0.1	1	19	0	0	1,155,292
<b>Maintenance Assistance Status</b>						
Cash	0.1	3	23	0	1	252,545
Medically needy	0.1	2	19	0	1	60,020
Poverty related	0.0	0	17	0	0	445,816
Other/unknown	0.1	1	14	0	0	398,774

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 ND.13  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS<sup>a,b,c</sup>  
 VERMONT, 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
<b>All</b>	<b>21,857</b>	<b>\$57</b>	<b>\$1,253,911</b>	<b>100.0 %</b>	<b>65,776</b>	<b>\$19</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	3	51	154	0.0	6	26	0.0
Fertility drugs	7	93	653	0.1	15	44	0.0
Drugs for cosmetic purposes	77	12	938	0.1	101	9	0.2
Cough and cold medications	5,589	52	287,975	23.0	10,310	28	15.7
Vitamins and minerals	745	89	66,082	5.3	3,398	19	5.2
Non-prescription drugs	8,840	29	252,324	20.1	17,641	14	26.8
Barbiturates	195	39	7,691	0.6	1,396	6	2.1
Benzodiazepines	5,588	88	494,086	39.4	29,824	17	45.3
Other Part D Excl Rx Drugs	813	177	144,008	11.5	3,085	47	4.7

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all non-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 ND11.

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.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NONDUAL BENEFICIARIES, VERMONT, 2001

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>120,445</b>	<b>295</b>	<b>8,156</b>	<b>44,183</b>	<b>67,800</b>	<b>1,156,501</b>	<b>2,675</b>	<b>90,558</b>	<b>394,009</b>	<b>669,180</b>	<b>79</b>
<b>Age</b>											
5 and younger	22,248	0	308	0	21,940	0	0	3,377	0	208,407	0
6-14	33,366	4	1,071	2	32,289	0	29	12,183	15	330,739	0
15-20	15,852	3	879	2,012	12,958	0	19	9,716	16,264	124,365	0
21-44	36,629	19	2,844	33,164	600	2	77	31,512	292,660	5,549	14
45-64	11,953	5	2,967	8,961	11	9	27	32,818	84,599	107	65
65-74	219	105	79	34	1	0	1,003	891	353	12	0
75-84	108	91	7	10	0	0	929	60	118	0	0
85 and older	69	68	1	0	0	0	591	1	0	0	0
Unknown	1	0	0	0	1	1	0	0	0	1	0
<b>Gender</b>											
Female	65,745	169	4,350	27,523	33,692	11	1,535	48,559	253,257	333,102	79
Male	54,700	126	3,806	16,660	34,108	0	1,140	41,999	140,752	336,078	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	69,677	209	6,317	29,840	33,307	4	1,918	71,032	272,758	346,539	32
African American	865	3	66	337	459	0	28	652	2,759	4,579	0
Other/unknown	49,903	83	1,773	14,006	34,034	7	729	18,874	118,492	318,062	47
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	92	47	45	0	0	0	466	486	0	0	0
Part year	90	21	55	11	2	1	184	572	122	24	9
None	120,263	227	8,056	44,172	67,798	10	2,025	89,500	393,887	669,156	70
<b>Maintenance Assistance Status</b>											
Cash	24,239	68	7,002	5,526	11,643	0	701	79,031	54,013	118,635	0
Medically needy	6,751	138	569	3,385	2,659	0	1,135	5,197	31,541	22,019	0
Poverty related	46,364	0	0	2,383	43,970	11	0	0	16,323	429,263	79
Other/unknown	43,091	89	585	32,889	9,528	0	839	6,330	292,132	99,263	0
<b>Managed Care Status</b>											
FFS all year	120,445	295	8,156	44,183	67,800	11	2,675	90,558	394,009	669,180	79
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table A.1 includes the beneficiaries represented by Cell J 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.

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.2  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 NONDUAL BENEFICIARIES, VERMONT, 2001

	Bene Mos in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
<b>All</b>	<b>120,445</b>	<b>1,156,501</b>	<b>120,445</b>	<b>1,157,155</b>	<b>0</b>	<b>-654</b>
FFS all year	120,445	1,156,501	120,445	1,157,155	0	-654
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. 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.