

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 CONNECTICUT

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
CONNECTICUT, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	497,007 (A)	92,449 (E)	404,558 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	483,308 (B)	78,968 (F)	404,340 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	231,282 (C)	78,838 (G)	152,444 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	20,812 (D)	19,500 (H)	1,312 (L)

Source: Data for this table are from the MAX 2002 file for Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2002, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 19 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 19 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Connecticut in 2002 was \$362,578,128, of which \$187,019 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2002. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K.
- Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2002. All benefit months of such dual eligible beneficiaries, of which 2.5 percent were restricted benefit months without a pharmacy benefit in Connecticut, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 CONNECTICUT, 2002

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
<b>All</b>	<b>231,282</b>	<b>52,632</b>	<b>58,154</b>	<b>42,735</b>	<b>77,663</b>	<b>98</b>	<b>1,457,527</b>	<b>542,536</b>	<b>618,750</b>	<b>105,758</b>	<b>189,645</b>	<b>838</b>		
<b>Age</b>														
5 and younger	26,743	0	0	3	26,740	0	60,783	0	0	4	60,779	0		
6-14	31,135	0	3	8	31,124	0	78,237	0	36	16	78,185	0		
15-20	19,671	1	839	1,418	17,413	0	55,804	12	7,544	3,171	45,077	0		
21-44	63,180	0	24,590	36,276	2,291	23	351,935	0	260,737	85,610	5,402	186		
45-64	37,346	2	32,300	4,882	88	74	363,019	24	346,373	15,802	180	640		
65-74	17,079	16,531	421	125	1	1	182,929	177,892	4,052	961	12	12		
75-84	18,094	18,073	0	21	0	0	189,049	188,870	0	179	0	0		
85 and older	18,028	18,025	1	2	0	0	175,761	175,738	8	15	0	0		
Unknown	6	0	0	0	6	0	10	0	0	0	10	0		
<b>Gender</b>														
Female	139,533	38,599	30,297	31,333	39,206	98	900,033	401,341	327,384	76,029	94,441	838		
Male	91,749	14,033	27,857	11,402	38,457	0	557,494	141,195	291,366	29,729	95,204	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Race</b>														
White	123,818	38,425	33,274	20,353	31,695	71	881,613	389,684	358,909	51,740	80,642	638		
African American	43,337	6,065	11,086	8,381	17,791	14	246,236	65,792	115,693	21,180	43,455	116		
Other/unknown	64,127	8,142	13,794	14,001	28,177	13	329,678	87,060	144,148	32,838	65,548	84		
<b>Use of Nursing Facilities<sup>c</sup></b>														
Entire year	20,812	18,601	2,188	0	23	0	211,629	187,659	23,823	0	147	0		
Part year	8,984	6,852	2,099	24	9	0	88,299	65,851	22,227	171	50	0		
None	201,486	27,179	53,867	42,711	77,631	98	1,157,599	289,026	572,700	105,587	189,448	838		
<b>Maintenance Assistance Status</b>														
Cash	42,373	6,403	16,293	6,687	12,990	0	298,811	72,288	183,625	14,806	28,092	0		
Medically needy	37,036	12,425	22,512	709	1,390	0	373,334	129,073	237,332	2,117	4,812	0		
Poverty-related	27,917	768	1,174	5,124	20,753	98	81,383	8,390	12,426	9,621	50,108	838		
Other/unknown	123,956	33,036	18,175	30,215	42,530	0	703,999	332,785	185,367	79,214	106,633	0		
<b>Dual Medicare Status<sup>d</sup></b>														
Full dual, all year	74,089	45,906	26,361	1,782	36	4	778,481	471,985	290,268	15,911	274	43		
Full dual, part year	4,749	2,312	2,374	63	0	0	52,427	25,476	26,263	688	0	0		
Non-dual, all year	152,444	4,414	29,419	40,890	77,627	94	626,619	45,075	302,219	89,159	189,371	795		
<b>Managed Care Status</b>														
FFS all year	132,916	52,624	57,257	9,777	13,161	97	1,234,342	542,487	613,038	32,788	45,202	827		
FFS part year, with Rx claims	18,279	7	748	7,746	9,777	1	51,312	43	5,073	21,009	25,176	11		
FFS part year, no Rx claims	80,087	1	149	25,212	54,725	0	171,873	6	639	51,961	119,267	0		

Source: Data for this table are from the MAX 2002 file for Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 CONNECTICUT, 2002

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	52.1 %	23.4	\$1,567	\$67	\$12,096	13.0 %	231,282
<b>Age</b>							
5 and younger	13.6	0.4	23	53	2,233	1.0	26,743
6-14	13.7	0.8	53	68	1,391	3.8	31,135
15-20	21.2	1.9	135	72	2,711	5.0	19,671
21-44	46.5	17.2	1,458	85	9,914	14.7	63,180
45-64	82.9	46.6	3,514	75	19,303	18.2	37,346
65-74	88.0	45.0	2,708	60	16,273	16.6	17,079
75-84	90.6	49.1	2,654	54	24,436	10.9	18,094
85 and older	92.0	47.0	2,211	47	31,836	6.9	18,028
Unknown	0.0	0.0	0	0	0	0.0	6
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	90.4	47.3	2,529	54	24,478	10.3	52,632
Disabled	88.1	47.6	3,751	79	22,154	16.9	58,154
Adults	23.1	2.2	170	77	1,744	9.8	42,735
Children	15.0	0.7	48	66	1,871	2.6	77,663
Unknown	83.7	16.6	1,376	83	11,477	12.0	98
<b>Gender</b>							
Female	55.2	25.6	1,600	63	12,167	13.2	139,533
Male	47.4	20.0	1,516	76	11,988	12.6	91,749
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	60.3	30.8	1,992	65	17,094	11.7	123,818
African American	45.3	17.6	1,290	73	8,135	15.9	43,337
Other/unknown	40.8	13.0	933	72	5,124	18.2	64,127
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	94.2	61.7	3,287	53	47,569	6.9	20,812
Part year	95.4	60.4	3,553	59	31,195	11.4	8,984
None	45.8	17.8	1,301	73	7,581	17.2	201,486

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
<b>Maintenance Assistance Status</b>							
Cash	59.0	27.6	2,002	73	11,423	17.5	42,373
Medically needy	85.3	41.4	2,957	71	11,146	26.5	37,036
Poverty related	18.7	1.8	136	75	2,284	6.0	27,917
Other/unknown	47.3	21.4	1,325	62	14,820	8.9	123,956

Source: Data for this table are from the MAX 2002 file for Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table 3 includes beneficiaries represented by Cell C of Table 1.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
  - d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table 3



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 CONNECTICUT, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services					No. of Rx, % with:					Mean \$, All Services	Bene Mos
			13.0 %	47.9 %	None	More than 0, but 1 or Less	14.6 %	7.0 %	More than 2, but 5 or Less	15.3 %	11.5 %	More than 10		
<b>All</b>	<b>3.7</b>	<b>\$249</b>	<b>13.0 %</b>	<b>47.9 %</b>	<b>None</b>	<b>14.6 %</b>	<b>7.0 %</b>	<b>15.3 %</b>	<b>11.5 %</b>	<b>More than 10</b>	<b>3.7 %</b>	<b>\$1,919</b>	<b>231,282</b>	<b>1,457,527</b>
<b>Age</b>														
5 and younger	0.2	10	1.0	86.4	10.9	1.7	0.9	0.1	0.0	0.0	0.0	982	26,743	60,783
6-14	0.3	21	3.8	86.3	10.0	1.9	1.5	0.2	0.0	0.0	0.0	554	31,135	78,237
15-20	0.7	48	5.0	78.8	14.6	3.2	2.5	0.7	0.2	0.2	0.2	956	19,671	55,804
21-44	3.1	262	14.7	53.5	17.9	7.1	11.9	6.9	2.7	2.7	2.7	1,780	63,180	351,935
45-64	4.8	362	18.2	17.1	16.0	11.0	26.8	21.0	8.1	8.1	8.1	1,986	37,346	363,019
65-74	4.2	253	16.6	12.0	18.3	12.4	29.3	21.6	6.4	6.4	6.4	1,519	17,079	182,929
75-84	4.7	254	10.9	9.4	14.0	10.6	30.6	27.4	8.0	8.0	8.0	2,339	18,094	189,049
85 and older	4.8	227	6.9	8.0	11.0	10.1	34.0	29.9	7.0	7.0	7.0	3,266	18,028	175,761
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	6	10
<b>Basis of Eligibility<sup>c</sup></b>														
Aged	4.6	245	10.3	9.6	14.3	11.0	31.4	26.5	7.2	7.2	7.2	2,375	52,632	542,536
Disabled	4.5	353	16.9	11.9	20.1	12.0	27.7	20.3	8.0	8.0	8.0	2,082	58,154	618,750
Adults	0.9	69	9.8	76.9	13.6	4.1	3.9	1.3	0.3	0.3	0.3	705	42,735	105,758
Children	0.3	20	2.6	85.0	11.2	2.1	1.4	0.2	0.1	0.1	0.1	766	77,663	189,645
Unknown	1.9	161	12.0	16.3	39.8	17.3	24.5	1.0	1.0	1.0	1.0	1,342	98	838
<b>Gender</b>														
Female	4.0	248	13.2	44.8	14.6	7.3	16.5	12.7	4.1	4.1	4.1	1,886	139,533	900,033
Male	3.3	250	12.6	52.6	14.6	6.6	13.5	9.6	3.1	3.1	3.1	1,973	91,749	557,494
Unknown	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>Race</b>														
White	4.3	280	11.7	39.7	13.5	7.4	18.4	15.5	5.5	5.5	5.5	2,401	123,818	881,613
African American	3.1	227	15.9	54.7	15.7	6.5	12.6	8.2	2.4	2.4	2.4	1,432	43,337	246,236
Other/unknown	2.5	181	18.2	59.2	16.0	6.6	11.3	5.7	1.3	1.3	1.3	997	64,127	329,678
<b>Use of Nursing Facilities<sup>d</sup></b>														
Entire year	6.1	323	6.9	5.8	6.3	7.4	30.4	36.8	13.3	13.3	13.3	4,678	20,812	211,629
Part year	6.1	362	11.4	4.6	8.2	8.4	31.9	33.8	13.2	13.2	13.2	3,174	8,984	88,299
None	3.1	226	17.2	54.2	15.7	6.9	13.0	7.8	2.3	2.3	2.3	1,319	201,486	1,157,599

Table 4

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				
<b>Maintenance Assistance Status</b>												
Cash	3.9	284	17.5	41.0	17.5	8.4	17.1	11.6	4.3	1,620	42,373	298,811
Medically needy	4.1	293	26.5	14.7	19.9	12.2	28.3	18.8	6.1	1,106	37,036	373,334
Poverty related	0.6	47	6.0	81.3	12.9	2.9	2.3	0.5	0.1	783	27,917	81,383
Other/unknown	3.8	233	8.9	52.7	12.4	5.9	13.7	11.6	3.7	2,609	123,956	703,999

Source: Data for this table are from the MAX 2002 file for Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

TABLE 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 CONNECTICUT, 2002

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs				
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx			
<b>All</b>	<b>3.7</b>	<b>\$249</b>	<b>1.7</b>	<b>\$67</b>	<b>0.3</b>	<b>\$110</b>	<b>0.3</b>	<b>\$56</b>	<b>1.7</b>	<b>\$44</b>	<b>\$26</b>
<b>Age</b>											
5 and younger	0.2	10	0.1	53	0.0	106	0.0	39	0.1	2	18
6-14	0.3	21	0.2	68	0.0	105	0.0	75	0.1	4	26
15-20	0.7	48	0.3	72	0.0	115	0.0	67	0.3	7	25
21-44	3.1	262	1.5	85	0.2	136	0.2	78	1.4	41	30
45-64	4.8	362	2.3	75	0.3	121	0.3	67	2.1	60	28
65-74	4.2	253	2.0	60	0.3	95	0.3	50	1.9	48	25
75-84	4.7	254	2.1	54	0.4	89	0.4	42	2.2	53	24
85 and older	4.8	227	2.0	47	0.4	82	0.4	35	2.4	50	21
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>											
Aged	4.6	245	2.0	54	0.4	89	0.4	41	2.2	50	23
Disabled	4.5	353	2.2	79	0.3	126	0.3	71	2.0	58	29
Adults	0.9	69	0.4	77	0.1	128	0.1	4	0.4	11	25
Children	0.3	20	0.1	66	0.0	108	0.0	1	0.1	3	23
Unknown	1.9	161	0.8	83	0.1	162	0.1	8	1.0	21	20
<b>Gender</b>											
Female	4.0	248	1.8	63	0.3	102	0.3	51	1.8	45	25
Male	3.3	250	1.5	76	0.2	123	0.2	66	1.5	43	29
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Race</b>											
White	4.3	280	2.0	65	0.3	107	0.3	55	2.0	53	26
African American	3.1	227	1.5	73	0.2	122	0.2	58	1.4	36	26
Other/unknown	2.5	181	1.3	72	0.1	112	0.1	59	1.1	28	26
<b>Use of Nursing Facilities<sup>e</sup></b>											
Entire year	6.1	323	2.5	53	0.5	93	0.5	37	3.0	70	23
Part year	6.1	362	2.7	59	0.5	103	0.5	42	3.0	68	23
None	3.1	226	1.5	73	0.2	116	0.2	67	1.4	38	28

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
<b>Maintenance Assistance Status</b>								
Cash	3.9	284	1.9	216	0.3	18	1.8	50
Medically needy	4.1	293	2.0	227	0.3	18	1.8	49
Poverty related	0.6	47	0.3	36	0.0	3	0.3	7
Other/unknown	3.8	233	1.7	175	0.3	14	1.8	44

Source: Data for this table are from the MAX 2002 file for Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Connecticut, 0.3 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\\_mddeb.asp](http://www.Medi-Span.com/products/product_mddeb.asp) (May 13 2003).

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 CONNECTICUT, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users								
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total No. of Rx	Total Rx \$	No. of Bene	As % of All Bene	Mos			
																Generic	Off-Patent Brand-Name	Patented Brand-Name
Anti-infective Agents	0.4	0.2	0.0	0.1	\$49	\$45	\$1	\$3	\$131	\$208	\$91	\$21	245,520	\$32,083,606	64,183	27.8 %	650,708	
Biologics	0.1	0.1	0.0	0.0	20	13	1	6	178	149	2,244	251	1,441	255,866	1,156	0.5	12,799	
Antineoplastic Agents	0.5	0.3	0.1	0.2	134	100	11	24	246	395	192	101	23,379	5,740,789	4,207	1.8	42,721	
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.4	43	30	3	9	47	71	27	25	462,652	21,584,605	47,706	20.6	500,551	
Cardiovascular Agents	1.6	0.6	0.1	0.9	65	40	5	19	40	69	37	22	1,110,789	44,914,586	64,814	28.0	693,924	
Respiratory Agents	0.7	0.4	0.1	0.3	40	28	5	8	55	72	73	27	354,438	19,316,971	46,985	20.3	480,567	
Gastrointestinal Agents	0.7	0.4	0.0	0.3	68	60	1	8	93	133	83	28	346,008	32,096,014	44,029	19.0	472,904	
Genitourinary Agents	0.5	0.4	0.0	0.1	30	28	0	2	60	70	42	19	81,699	4,878,339	15,031	6.5	160,325	
CNS Drugs	1.7	0.9	0.1	0.7	145	110	8	26	86	123	108	37	1,205,309	104,163,163	68,164	29.5	718,780	
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	0.3	48	33	6	9	76	113	74	36	12,899	983,546	2,272	1.0	20,594	
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	98	98	0	0	139	141	0	35	33,620	4,667,607	4,560	2.0	47,536	
Analgesics and Anesthetics	0.8	0.3	0.1	0.4	54	42	4	8	70	127	71	21	463,729	32,429,283	58,126	25.1	604,213	
Neuromuscular Agents	1.2	0.5	0.1	0.6	71	53	5	13	60	100	57	23	488,614	29,542,126	38,233	16.5	413,276	
Nutritional Products	0.6	0.0	0.1	0.5	15	1	1	12	24	73	22	22	106,950	2,551,680	17,464	7.6	172,854	
Hematological Agents	0.8	0.2	0.1	0.5	61	51	2	8	74	255	20	16	174,471	12,838,608	19,962	8.6	210,610	
Topical Products	0.5	0.2	0.0	0.2	20	13	2	5	41	62	47	22	273,294	11,314,938	53,294	23.0	567,429	
Miscellaneous Products	0.3	0.2	0.0	0.1	69	49	12	8	209	288	319	65	13,228	2,770,456	3,917	1.7	39,959	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	31	0	0	0	8,470	258,926	2,551	1.1	28,335	
<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.	5,406,510	362,391,109	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2002. 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 Connecticut, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 CONNECTICUT, 2002

Top 10 Drug Groups	Users				Among Users			
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo		
ANTIPSYCHOTICS	\$63,416,728	19.2 %	484,598	0.9	\$142	\$131		
ANTIDEPRESSANTS	31,143,603	27.2	669,019	0.7	64	47		
ULCER DRUGS	27,286,026	18.3	458,920	0.6	105	59		
ANTICONVULSANT	25,185,811	15.5	391,221	0.9	70	64		
ANTIVIRAL	20,940,437	4.1	102,159	0.5	406	205		
ANALGESICS - Narcotic	18,291,543	24.3	595,394	0.4	70	31		
ANTIDIABETIC	15,205,773	15.6	393,425	0.7	58	39		
ANTIHYPERTENSIVE	14,960,244	10.5	272,461	0.6	89	55		
ASTHMATIC	11,578,784	19.3	463,111	0.4	58	25		
ANTIHYPERTENSIVE	11,173,588	16.7	419,066	0.6	42	27		
Total	239,182,537		4,249,374	n.a.	n.a.	n.a.		

Source: Data for this table are from the MAX 2002 file for Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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.