

**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002  
IOWA**

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
IOWA, 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>	363,218 (A)	69,150 (E)	294,068 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	353,027 (B)	59,883 (F)	293,144 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	308,620 (C)	59,858 (G)	248,762 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	12,781 (D)	12,204 (H)	577 (L)

Source: Data for this table are from the MAX 2002 file for Iowa, 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 Iowa in 2002 was \$285,764,225, of which \$9,690,702 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 3.1 percent were restricted benefit months without a pharmacy benefit in Iowa, 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>  
 IOWA, 2002

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>308,620</b>	<b>33,510</b>	<b>60,093</b>	<b>60,396</b>	<b>154,621</b>	<b>0</b>		<b>2,500,635</b>	<b>337,148</b>	<b>643,774</b>	<b>361,437</b>	<b>1,158,276</b>	<b>0</b>	
<b>Age</b>														
5 and younger	64,055	0	1,839	134	62,082	0		456,191	0	17,785	992	437,414	0	
6-14	69,400	0	4,783	79	64,538	0		568,587	0	52,336	626	515,625	0	
15-20	36,300	0	3,883	5,969	26,448	0		273,276	0	41,994	35,190	196,092	0	
21-44	75,390	0	23,232	50,727	1,431	0		563,760	0	253,292	302,158	8,310	0	
45-64	27,976	0	24,386	3,474	116	0		281,424	0	258,243	22,381	800	0	
65-74	9,916	8,683	1,224	7	2	0		104,400	92,068	12,278	47	7	0	
75-84	12,406	11,825	576	4	1	0		125,955	119,796	6,127	20	12	0	
85 and older	13,175	13,002	170	2	1	0		127,038	125,284	1,719	23	12	0	
Unknown	2	0	0	0	2	4		0	0	0	0	4	0	
<b>Gender</b>														
Female	179,898	24,707	31,140	47,216	76,835	0		1,452,629	251,806	335,745	289,113	575,965	0	
Male	128,722	8,803	28,953	13,180	77,786	0		1,048,006	85,342	308,029	72,324	582,311	0	
Unknown	0	0	0	0	0	0		0	0	0	0	0	0	
<b>Race</b>														
White	223,755	26,300	48,431	43,618	105,406	0		1,931,389	276,062	536,970	277,861	840,496	0	
African American	20,206	599	3,988	4,052	11,567	0		152,410	6,624	42,295	22,130	81,361	0	
Other/unknown	64,659	6,611	7,674	12,726	37,648	0		416,836	54,462	64,509	61,446	236,419	0	
<b>Use of Nursing Facilities<sup>c</sup></b>														
Entire year	12,781	11,539	1,240	0	2	0		137,009	123,158	13,827	0	24	0	
Part year	7,415	6,386	1,012	14	3	0		65,372	54,831	10,378	143	20	0	
None	288,424	15,585	57,841	60,382	154,616	0		2,298,254	159,159	619,569	361,294	1,158,232	0	
<b>Maintenance Assistance Status</b>														
Cash	132,442	6,191	39,923	36,256	50,072	0		1,091,096	70,392	428,439	219,910	372,355	0	
Medically needy	10,572	2,526	2,471	4,454	1,121	0		82,954	24,907	21,550	29,651	6,846	0	
Poverty-related	87,549	845	777	11,185	74,742	0		613,472	8,835	7,652	54,525	542,460	0	
Other/unknown	78,057	23,948	16,922	8,501	28,686	0		713,113	233,014	186,133	57,351	236,615	0	
<b>Dual Medicare Status<sup>d</sup></b>														
Full dual, all year	56,001	29,908	25,744	332	17	0		590,938	302,234	286,162	2,417	125	0	
Full dual, part year	3,857	2,058	1,778	21	0	0		40,616	21,701	18,707	208	0	0	
Non-dual, all year	248,762	1,544	32,571	60,043	154,604	0		1,869,081	13,213	338,905	358,812	1,158,151	0	
<b>Managed Care Status</b>														
FFS all year	258,239	33,510	59,494	44,940	120,295	0		2,324,192	337,148	639,971	311,538	1,035,535	0	
FFS part year, with Rx claims	34,055	0	547	12,001	21,507	0		126,045	0	3,476	40,465	82,104	0	
FFS part year, no Rx claims	16,326	0	52	3,455	12,819	0		50,398	0	327	9,434	40,637	0	

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for Iowa, 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>  
 IOWA, 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	69.9 %	16.7	\$395	\$54	\$5,738	15.6 %	308,620
<b>Age</b>							
5 and younger	66.6	3.8	150	40	1,845	8.1	64,055
6-14	57.2	4.9	296	60	2,135	13.9	69,400
15-20	62.2	6.6	400	60	4,009	10.0	36,300
21-44	72.9	15.2	986	65	6,133	16.1	75,390
45-64	84.1	46.6	2,804	60	12,894	21.8	27,976
65-74	87.1	52.1	2,467	47	11,545	21.4	9,916
75-84	90.0	55.5	2,333	42	14,920	15.6	12,406
85 and older	93.8	51.5	1,914	37	17,947	10.7	13,175
Unknown	0.0	0.0	0	0	598	0.0	2
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	91.2	54.2	2,253	42	15,622	14.4	33,510
Disabled	85.1	38.4	2,582	67	14,430	17.9	60,093
Adults	67.9	7.0	298	43	2,314	12.9	60,396
Children	60.1	4.0	177	45	1,556	11.4	154,621
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	73.3	19.3	953	49	5,766	16.5	179,898
Male	65.0	13.1	813	62	5,699	14.3	128,722
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	74.0	19.6	1,063	54	6,611	16.1	223,755
African American	63.9	9.3	493	53	3,459	14.3	20,206
Other/unknown	57.5	8.9	436	49	3,431	12.7	64,659
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	95.9	68.3	2,904	43	28,465	10.2	12,781
Part year	96.8	57.9	2,495	43	18,926	13.2	7,415
None	68.0	13.4	764	57	4,392	17.4	288,424

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	73.1	17.0	988	58	4,523	21.8	132,442
Medically needy	57.9	20.0	1,142	57	3,902	29.3	10,572
Poverty related	56.3	3.2	128	40	1,249	10.3	87,549
Other/unknown	81.2	30.9	1,563	51	13,084	11.9	78,057

Source: Data for this table are from the MAX 2002 file for Iowa, 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>  
 IOWA, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	2.1	\$110	15.6 %	30.1 %	39.1 %	8.0 %	11.9 %	8.2 %	2.8 %	\$708	308,620	2,500,635
<b>Age</b>												
5 and younger	0.5	21	8.1	33.4	55.6	5.6	3.8	1.1	0.4	259	64,055	456,191
6-14	0.6	36	13.9	42.8	44.8	5.7	5.0	1.2	0.4	261	69,400	568,587
15-20	0.9	53	10.0	37.8	44.6	7.8	7.2	1.9	0.6	533	36,300	273,276
21-44	2.0	132	16.1	27.1	38.4	11.1	14.1	6.9	2.4	820	75,390	563,760
45-64	4.6	279	21.8	15.9	17.2	9.9	25.5	22.7	8.9	1,282	27,976	281,424
65-74	5.0	234	21.4	12.9	15.0	8.9	24.9	27.9	10.3	1,097	9,916	104,400
75-84	5.5	230	15.6	10.0	10.1	7.9	28.1	32.8	11.1	1,470	12,406	125,955
85 and older	5.3	199	10.7	6.2	9.6	8.7	33.0	34.5	8.0	1,861	13,175	127,038
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	299	2	4
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	5.4	224	14.4	8.8	10.7	8.4	29.2	32.9	10.1	1,553	33,510	337,148
Disabled	3.6	241	17.9	14.9	25.8	11.8	24.5	17.3	5.6	1,347	60,093	643,774
Adults	1.2	50	12.9	32.1	42.7	10.3	9.6	3.5	1.9	387	60,396	361,437
Children	0.5	24	11.4	39.9	49.0	5.5	4.1	1.1	0.4	208	154,621	1,158,276
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	2.4	118	16.5	26.7	38.8	8.4	13.0	9.7	3.5	714	179,898	1,452,629
Male	1.6	100	14.3	35.0	39.6	7.3	10.3	6.0	1.8	700	128,722	1,048,006
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	2.3	123	16.1	26.0	39.7	8.5	13.2	9.4	3.2	766	223,755	1,931,389
African American	1.2	65	14.3	36.1	41.6	7.7	8.7	4.4	1.4	459	20,206	152,410
Other/unknown	1.4	68	12.7	42.5	36.3	6.3	8.2	5.1	1.5	532	64,659	416,836
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	6.4	271	10.2	4.1	6.4	6.5	29.6	38.4	14.9	2,655	12,781	137,009
Part year	6.6	283	13.2	3.2	6.7	6.9	29.2	39.5	14.5	2,147	7,415	65,372
None	1.7	96	17.4	32.0	41.4	8.1	10.6	6.0	1.9	551	288,424	2,298,254

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	2.1	120	21.8	26.9	40.6	9.2	12.9	7.6	2.7	549	132,442	1,091,096
Medically needy	2.5	146	29.3	42.1	19.8	8.0	16.6	11.0	2.5	497	10,572	82,954
Poverty related	0.5	18	10.3	43.7	46.4	5.1	3.6	0.9	0.3	178	87,549	613,472
Other/unknown	3.4	171	11.9	18.8	31.0	9.0	18.8	16.8	5.6	1,432	78,057	713,113

Source: Data for this table are from the MAX 2002 file for Iowa, 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 4

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

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
<b>All</b>	<b>2.1</b>	<b>\$110</b>	<b>0.8</b>	<b>\$78</b>	<b>0.2</b>	<b>\$95</b>	<b>0.2</b>	<b>\$48</b>
<b>Age</b>								
5 and younger	0.5	21	0.2	15	0.0	75	0.0	39
6-14	0.6	36	0.3	27	0.0	95	0.3	61
15-20	0.9	53	0.4	40	0.1	101	0.4	57
21-44	2.0	132	0.8	95	0.2	116	1.0	64
45-64	4.6	279	1.9	200	0.3	104	2.4	56
65-74	5.0	234	1.9	160	0.4	83	2.6	39
75-84	5.5	230	2.0	152	0.5	76	2.9	33
85 and older	5.3	199	1.7	125	0.6	72	3.0	29
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	5.4	224	1.9	147	0.5	76	2.9	33
Disabled	3.6	241	1.5	177	0.3	116	1.8	62
Adults	1.2	50	0.4	34	0.1	80	0.7	46
Children	0.5	24	0.2	17	0.0	74	0.3	50
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	2.4	118	0.9	82	0.2	88	1.2	43
Male	1.6	100	0.7	72	0.1	109	0.8	59
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Race</b>								
White	2.3	123	0.9	87	0.2	96	1.2	49
African American	1.2	65	0.5	48	0.1	100	0.7	50
Other/unknown	1.4	68	0.5	48	0.1	89	0.7	41
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	6.4	271	2.2	177	0.6	80	3.5	33
Part year	6.6	283	2.4	188	0.6	79	3.6	34
None	1.7	96	0.7	69	0.1	100	0.9	54

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	2.1	120	0.8	86	0.2	9	1.1	25
Medically needy	2.5	146	1.0	102	0.2	12	1.3	32
Poverty related	0.5	18	0.2	13	0.0	2	0.2	4
Other/unknown	3.4	171	1.3	119	0.3	12	1.8	40

Source: Data for this table are from the MAX 2002 file for Iowa, 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 Iowa, 0.6 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\\_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>  
 IOWA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users				
	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total No. of Rx	Total Rx \$	No. of Bene	As % of All Bene	Mos
		Off-Patent Brand-Name	Off-Patent Brand-Name		Off-Patent Brand-Name	Off-Patent Brand-Name		Off-Patent Brand-Name	Off-Patent Brand-Name					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$11	\$14	\$46	\$77	\$77	\$16	\$20,071,612	148,965	48.3%	1,396,093
Biologics	0.2	0.1	0.0	0.0	68	86	569	524	1,086	823	2,853,846	3,035	1.0	33,056
Antineoplastic Agents	0.6	0.3	0.0	0.3	151	132	237	397	110	55	3,742,977	2,387	0.8	24,785
Endocrine/Metabolic Drugs	0.8	0.4	0.2	0.3	31	31	40	62	23	21	19,685,960	64,330	20.8	629,247
Cardiovascular Agents	1.6	0.5	0.1	1.0	53	31	32	59	30	18	29,534,857	53,618	17.4	559,489
Respiratory Agents	0.5	0.2	0.0	0.3	23	23	45	75	44	23	20,305,024	91,213	29.6	873,218
Gastrointestinal Agents	0.7	0.3	0.0	0.4	38	29	57	113	109	21	17,589,081	44,842	14.5	459,715
Genitourinary Agents	0.5	0.3	0.0	0.1	24	22	53	68	45	18	4,778,017	20,111	6.5	196,490
CNS Drugs	1.3	0.7	0.1	0.6	106	79	81	119	108	35	80,079,352	75,212	24.4	753,796
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.1	0.2	49	33	66	80	69	41	6,534,084	13,418	4.3	132,873
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	96	95	132	140	0	28	2,721,770	2,747	0.9	28,363
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	28	28	44	126	68	18	20,871,850	79,419	25.7	758,750
Neuromuscular Agents	0.9	0.4	0.1	0.4	64	48	68	117	51	25	24,018,969	35,787	11.6	375,192
Nutritional Products	0.6	0.0	0.1	0.5	12	0	21	29	25	20	2,581,398	23,999	7.8	216,343
Hematological Agents	0.8	0.2	0.2	0.4	70	56	85	271	22	24	9,967,147	13,835	4.5	141,722
Topical Products	0.3	0.1	0.0	0.2	10	6	34	57	42	18	8,199,621	82,814	26.8	809,278
Miscellaneous Products	0.4	0.2	0.1	0.2	71	48	184	270	264	51	2,230,217	2,990	1.0	31,242
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	19	0	0	0	307,741	5,584	1.8	59,960
<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.	5,155,962	276,073,523	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Iowa, 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 Iowa, 0.6 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>  
 IOWA, 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
ANTI-PSYCHOTICS	\$44,050,114	11.1 %	374,944	0.8	\$153	\$117
ANTI-DEPRESSANTS	27,816,197	22.5	730,058	0.6	61	38
ANTI-CONVULSANTS	19,592,590	8.8	299,327	0.8	81	65
ULCER DRUGS	13,564,173	13.9	458,549	0.5	63	30
ANTI-ASTHMATIC	13,152,512	18.9	611,841	0.4	55	21
ANALGESICS - Narcotic	11,648,850	24.3	772,820	0.3	43	15
ANTI-DIABETIC	10,944,131	8.1	266,375	0.8	55	41
ANTI-HYPERLIPIDEMIC	8,414,473	4.8	164,022	0.7	76	51
ANTI-HYPERTENSIVE	7,810,885	9.7	319,883	0.7	35	24
STIMULANTS/ANTI-OBESITY/ANOREXICANTS	6,117,634	4.5	146,252	0.6	67	42
Total	163,111,559		4,144,071	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Iowa, 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.