

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

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
PENNSYLVANIA, 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>	1,732,000 (A)	325,144 (E)	1,406,856 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	1,654,887 (B)	288,727 (F)	1,366,160 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	793,654 (C)	174,470 (G)	619,184 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	47,809 (D)	45,212 (H)	2,597 (L)

Source: Data for this table are from the MAX 2002 file for Pennsylvania, released by CMS in 05/2006. 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 Pennsylvania in 2002 was \$701,578,693, of which \$3,886,575 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 2.6 percent were restricted benefit months without a pharmacy benefit in Pennsylvania, 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>  
 PENNSYLVANIA, 2002

Beneficiary Characteristics	No. of Beneficiaries										No. of Beneficiaries by Age Group				Other/Unknown
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown			
<b>All</b>	<b>793,654</b>	<b>126,613</b>	<b>161,927</b>	<b>120,657</b>	<b>384,023</b>	<b>434</b>	<b>5,121,497</b>	<b>1,103,410</b>	<b>1,250,595</b>	<b>556,977</b>	<b>2,207,657</b>	<b>2,858</b>			
<b>Age</b>															
5 and younger	146,971	1	8,014	0	138,956	0	825,275	2	49,637	0	775,636	0			
6-14	169,770	2	22,759	0	147,009	0	1,071,126	4	167,343	0	903,779	0			
15-20	108,919	2	14,604	0	94,304	9	622,092	15	108,012	0	514,028	37			
21-44	165,576	45	52,526	109,097	3,751	157	923,735	320	406,285	501,954	14,211	965			
45-64	75,672	199	63,652	11,554	0	267	575,149	1,411	516,880	55,012	0	1,846			
65-74	35,469	35,093	369	6	0	1	295,592	293,160	2,411	11	0	10			
75-84	45,422	45,422	0	0	0	0	400,079	400,079	0	0	0	0			
85 and older	45,852	45,849	3	0	0	0	408,446	408,419	27	0	0	0			
Unknown	3	0	0	0	3	0	0	0	0	0	3	0			
<b>Gender</b>															
Female	462,867	94,346	76,963	96,460	194,664	434	3,008,532	838,667	609,386	446,288	1,111,333	2,858			
Male	330,787	32,267	84,964	24,197	189,359	0	2,112,965	264,743	641,209	110,689	1,096,324	0			
Unknown	0	0	0	0	0	0	0	0	0	0	0	0			
<b>Race</b>															
White	582,406	105,323	132,197	81,936	262,636	314	4,302,925	950,278	1,110,861	452,437	1,787,264	2,085			
African American	116,874	13,041	15,855	21,725	66,171	82	483,922	106,106	81,766	58,425	237,073	552			
Other/unknown	94,374	8,249	13,875	16,996	55,216	38	334,650	47,026	57,968	46,115	183,320	221			
<b>Use of Nursing Facilities<sup>c</sup></b>															
Entire year	47,809	43,562	4,245	1	1	0	502,445	455,824	46,614	4	3	0			
Part year	29,633	26,193	3,370	61	8	1	232,566	206,728	25,478	310	38	12			
None	716,212	56,858	154,312	120,595	384,014	433	4,386,486	440,858	1,178,503	556,663	2,207,616	2,846			
<b>Maintenance Assistance Status</b>															
Cash	258,519	27,515	89,829	51,961	89,214	0	1,685,889	238,823	740,472	235,239	471,355	0			
Medically needy	56,379	27,928	2,747	7,022	18,682	0	407,003	248,509	22,195	43,372	92,927	0			
Poverty-related	313,167	25,481	53,493	22,345	211,414	434	1,925,123	208,469	357,476	80,368	1,275,952	2,858			
Other/unknown	165,589	45,689	15,858	39,329	64,713	0	1,103,482	407,609	130,452	197,998	367,423	0			
<b>Dual Medicare Status<sup>d</sup></b>															
Full dual, all year	166,946	115,689	50,486	738	24	9	1,453,165	1,028,352	420,805	3,784	146	78			
Full dual, part year	7,524	4,286	3,228	9	0	1	65,174	38,311	26,787	64	0	12			
Non-dual, all year	619,184	6,638	108,213	119,910	383,999	424	3,603,158	36,747	803,003	553,129	2,207,511	2,768			
<b>Managed Care Status</b>															
FFS all year	475,177	109,615	104,138	59,530	201,494	400	4,255,306	1,044,383	1,077,586	412,781	1,717,877	2,679			
FFS part year, with Rx claims	105,930	10,594	31,649	20,465	43,200	22	369,169	40,781	104,277	59,976	164,007	128			
FFS part year, no Rx claims	212,547	6,404	26,140	40,662	139,329	12	497,022	18,246	68,732	84,220	325,773	51			

Source: Data for this table are from the MAX 2002 file for Pennsylvania, released by CMS in 05/2006. 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>  
 PENNSYLVANIA, 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	54.3 %	15.5	\$879	\$57	\$6,458	13.6 %	793,654
<b>Age</b>							
5 and younger	43.3	2.2	99	44	1,821	5.4	146,971
6-14	41.5	3.4	212	62	2,175	9.8	169,770
15-20	42.8	4.1	257	63	2,591	9.9	108,919
21-44	52.9	10.6	799	76	4,135	19.3	165,576
45-64	74.8	36.8	2,442	66	10,897	22.4	75,672
65-74	74.8	43.7	2,319	53	13,658	17.0	35,469
75-84	84.2	53.7	2,537	47	21,739	11.7	45,422
85 and older	89.5	52.8	2,282	43	26,729	8.5	45,852
Unknown	0.0	0.0	0	0	0	0.0	3
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	83.5	50.6	2,384	47	21,302	11.2	126,613
Disabled	71.2	27.0	1,963	73	9,950	19.7	161,927
Adults	45.4	4.8	273	57	2,222	12.3	120,657
Children	40.2	2.4	114	48	1,422	8.0	384,023
Unknown	60.1	12.7	2,605	205	7,102	36.7	434
<b>Gender</b>							
Female	57.1	18.3	976	53	7,235	13.5	462,867
Male	50.3	11.6	743	64	5,371	13.8	330,787
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	62.5	18.8	1,072	57	7,111	15.1	582,406
African American	29.9	7.8	416	54	5,699	7.3	116,874
Other/unknown	33.5	4.4	264	60	3,372	7.8	94,374
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	97.1	78.9	3,638	46	42,844	8.5	47,809
Part year	94.2	51.6	2,446	47	22,497	10.9	29,633
None	49.8	9.8	630	65	3,366	18.7	716,212

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	57.1	16.1	1,047	65	4,949	21.2	258,519
Medically needy	63.1	31.8	1,428	45	17,585	8.1	56,379
Poverty related	47.1	7.8	457	59	2,838	16.1	313,167
Other/unknown	60.5	23.5	1,228	52	11,873	10.3	165,589

Source: Data for this table are from the MAX 2002 file for Pennsylvania, released by CMS in 05/2006. 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>  
 PENNSYLVANIA, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				
All	2.4	\$136	13.6 %	45.7 %	27.0 %	5.9 %	10.1 %	8.0 %	3.1 %	\$1,001	793,654	5,121,497
<b>Age</b>												
5 and younger	0.4	18	5.4	56.7	38.9	3.0	1.2	0.2	0.0	324	146,971	825,275
6-14	0.5	34	9.8	58.5	33.3	4.2	3.3	0.5	0.1	345	169,770	1,071,126
15-20	0.7	45	9.9	57.2	31.9	5.5	4.4	0.9	0.1	454	108,919	622,092
21-44	1.9	143	19.3	47.1	27.3	8.0	10.9	5.2	1.5	741	165,576	923,735
45-64	4.8	321	22.4	25.2	12.9	8.9	23.0	20.8	9.1	1,434	75,672	575,149
65-74	5.2	278	17.0	25.2	9.8	7.6	22.5	24.2	10.6	1,639	35,469	295,592
75-84	6.1	288	11.7	15.8	7.7	6.9	25.2	30.7	13.7	2,468	45,422	400,079
85 and older	5.9	256	8.5	10.5	8.1	8.2	29.2	32.6	11.4	3,001	45,852	408,446
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	3	3
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	5.8	274	11.2	16.5	8.4	7.6	25.9	29.6	12.0	2,444	126,613	1,103,410
Disabled	3.5	254	19.7	28.8	21.3	10.2	20.0	14.1	5.6	1,288	161,927	1,250,595
Adults	1.0	59	12.3	54.6	28.9	7.1	6.9	2.1	0.4	481	120,657	556,977
Children	0.4	20	8.0	59.8	34.9	3.3	1.8	0.2	0.0	247	384,023	2,207,657
Unknown	1.9	396	36.7	39.9	24.7	13.8	15.2	4.1	2.3	1,078	434	2,858
<b>Gender</b>												
Female	2.8	150	13.5	42.9	26.4	6.1	11.0	9.7	3.9	1,113	462,867	3,008,532
Male	1.8	116	13.8	49.7	27.8	5.8	8.9	5.8	2.1	841	330,787	2,112,965
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	2.6	145	15.1	37.5	30.7	6.7	11.7	9.6	3.8	963	582,406	4,302,925
African American	1.9	100	7.3	70.1	14.6	3.6	5.9	4.2	1.7	1,376	116,874	483,922
Other/unknown	1.2	74	7.8	66.5	19.4	4.5	5.6	3.0	0.9	951	94,374	334,650
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	7.5	346	8.5	2.9	5.1	6.0	25.6	38.9	21.5	4,077	47,809	502,445
Part year	6.6	312	10.9	5.8	7.5	7.9	29.7	33.6	15.5	2,867	29,633	232,566
None	1.6	103	18.7	50.2	29.3	5.9	8.3	4.9	1.4	550	716,212	4,386,486

Table 4

All Medicaid Beneficiaries

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	2.5	161	21.2	42.9	26.4	7.2	12.3	8.4	2.9	759	258,519	1,685,889
Medically needy	4.4	198	8.1	36.9	16.7	5.5	14.8	17.9	8.2	2,436	56,379	407,003
Poverty related	1.3	74	16.1	52.9	32.0	4.6	5.8	3.6	1.1	462	313,167	1,925,123
Other/unknown	3.5	184	10.3	39.5	22.1	6.6	13.4	12.6	5.7	1,782	165,589	1,103,482

Source: Data for this table are from the MAX 2002 file for Pennsylvania, released by CMS in 05/2006. 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>  
 PENNSYLVANIA, 2002

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>2.4</b>	<b>\$136</b>	<b>\$57</b>	<b>1.1</b>	<b>\$102</b>	<b>\$96</b>	<b>0.2</b>	<b>\$9</b>	<b>\$43</b>	<b>1.1</b>	<b>\$26</b>	<b>\$23</b>
<b>Age</b>												
5 and younger	0.4	18	44	0.1	13	90	0.0	1	44	0.2	3	14
6-14	0.5	34	62	0.3	26	92	0.0	3	70	0.2	5	22
15-20	0.7	45	63	0.4	35	96	0.1	4	66	0.3	7	22
21-44	1.9	143	76	0.9	111	128	0.1	9	65	0.9	23	26
45-64	4.8	321	66	2.2	243	109	0.4	20	55	2.3	58	26
65-74	5.2	278	53	2.3	204	89	0.4	16	37	2.5	58	23
75-84	6.1	288	47	2.6	209	81	0.6	18	31	2.9	61	21
85 and older	5.9	256	43	2.4	182	76	0.6	17	27	2.9	56	20
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	5.8	274	47	2.4	198	81	0.6	17	31	2.8	58	21
Disabled	3.5	254	73	1.7	196	119	0.3	16	61	1.6	42	27
Adults	1.0	59	57	0.4	44	98	0.1	4	52	0.5	11	22
Children	0.4	20	48	0.2	14	77	0.0	2	59	0.2	4	18
Unknown	1.9	396	205	0.9	348	369	0.1	19	183	0.9	28	32
<b>Gender</b>												
Female	2.8	150	53	1.2	111	90	0.3	10	39	1.3	29	22
Male	1.8	116	64	0.8	88	108	0.1	7	52	0.8	21	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	2.6	145	57	1.1	108	96	0.2	10	43	1.2	27	23
African American	1.9	100	54	0.8	75	93	0.1	6	43	0.9	19	21
Other/unknown	1.2	74	60	0.6	57	102	0.1	4	45	0.6	13	22
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.5	346	46	3.1	250	80	0.8	22	29	3.6	74	20
Part year	6.6	312	47	2.7	225	84	0.7	21	30	3.2	65	20
None	1.6	103	65	0.7	78	106	0.1	7	57	0.7	18	25

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	2.5	161	1.1	122	0.2	10	1.2	29
Medically needy	4.4	198	1.8	143	0.4	13	2.1	42
Poverty related	1.3	74	0.6	56	0.1	5	0.6	13
Other/unknown	3.5	184	1.5	136	0.3	12	1.7	36

Source: Data for this table are from the MAX 2002 file for Pennsylvania, released by CMS in 05/2006. 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 Pennsylvania, 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 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>  
 PENNSYLVANIA, 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	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos
		Generic	Generic		Generic	Generic		Generic	Generic					
Anti-infective Agents	0.3	0.1	0.0	\$17	\$13	\$2	\$55	\$93	\$80	\$16	\$42,987,820	262,502	33.1 %	2,518,472
Biologics	0.1	0.1	0.0	62	53	1	451	469	2,131	332	5,379,874	8,279	1.0	86,753
Antineoplastic Agents	0.6	0.3	0.0	160	121	9	247	424	184	96	16,008,065	10,809	1.4	100,057
Endocrine/Metabolic Drugs	0.9	0.4	0.2	37	27	4	43	67	21	22	46,892,011	135,172	17.0	1,274,223
Cardiovascular Agents	1.9	0.6	0.2	62	36	5	34	62	29	19	83,543,337	143,594	18.1	1,344,572
Respiratory Agents	0.6	0.3	0.0	30	21	3	50	68	67	25	49,765,117	173,883	21.9	1,661,977
Gastrointestinal Agents	0.8	0.5	0.0	63	54	2	80	118	126	23	67,178,573	111,642	14.1	1,070,783
Genitourinary Agents	0.5	0.4	0.0	28	25	0	55	65	40	17	10,908,027	40,428	5.1	395,498
CNS Drugs	1.3	0.8	0.1	103	80	5	77	107	84	33	161,833,667	171,631	21.6	1,571,826
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.1	45	29	6	64	78	65	40	8,807,922	21,784	2.7	197,542
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	86	84	0	120	123	0	56	14,627,295	17,432	2.2	170,921
Analgesics and Anesthetics	0.7	0.3	0.0	42	32	2	58	119	66	18	62,404,039	157,907	19.9	1,480,197
Neuromuscular Agents	1.1	0.5	0.1	67	48	5	63	106	64	26	52,930,042	84,676	10.7	793,680
Nutritional Products	0.5	0.0	0.0	9	0	1	19	34	20	18	6,112,850	74,119	9.3	691,476
Hematological Agents	1.1	0.3	0.4	88	77	5	81	232	14	15	39,567,156	47,343	6.0	451,407
Topical Products	0.4	0.2	0.0	14	9	2	35	54	50	19	23,350,359	163,406	20.6	1,626,320
Miscellaneous Products	0.3	0.1	0.0	42	30	6	133	212	234	47	4,416,755	10,750	1.4	104,071
Unknown Therapeutic Category	0.3	0.0	0.0	8	0	0	28	0	0	0	979,209	11,508	1.5	116,781
<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.	697,692,118	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Pennsylvania, released by CMS in 05/2006. 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 Pennsylvania, 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>  
 PENNSYLVANIA, 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	\$79,778,974	10.4 %	82,841	788,052	0.7	\$137
ANTIDEPRESSANTS	65,220,317	19.4	154,285	1,453,222	0.7	65
ULCER DRUGS	58,506,058	13.8	109,137	1,068,598	0.6	88
ANTICONVULSANT	41,544,043	9.0	71,460	679,875	0.9	71
ANALGESICS - Narcotic	32,435,098	19.4	154,337	1,519,862	0.4	52
ANTIASTHMATIC	28,399,799	16.6	131,885	1,272,016	0.4	53
ANTIDIABETIC	28,120,835	9.0	71,809	687,103	0.8	53
ANTHYPERLIPIDEMIC	24,678,764	5.3	42,140	413,008	0.7	85
ANALGESICS - ANTI-INFLAMMATORY	23,464,710	11.7	92,725	914,697	0.4	68
ANTIHYPERTENSIVE	21,080,988	10.2	81,121	777,014	0.7	37
Total	403,229,586		991,740	9,573,447	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Pennsylvania, released by CMS in 05/2006. 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.