STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002
VERMONT

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLES

APPENDIX TABLE

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

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)		No. of Dual Eligible Benes (Cell)[g]		No. of Non-dual Eligible Benes (Cell)	
1. Benes who were eligible for Medicaid during at least one month[a]	158,434	(A)	30,585	(E)	127,849	(I)
2. Benes who had Medicaid pharmacy benefits during at least one month[b]	143,598	(B)	18,645	(F)	124,953	(j)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	143,598	(C)	18,645	(G)	124,953	(K)
4. Benes who were all-year nursing facility residents[f]	2,372	(D)	2,291	(H)	81	(L)

Source: Data for this table are from the MAX 2002 file for Vermont, 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 Vermont in 2002 was $115,480,124, of which $21,825,443 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 0.0 percent were restricted benefit months without a pharmacy benefit in Vermont, 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[a, b]

VERMONT, 2002

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**143,598**	**9,210**	**17,697**	**47,206**	**69,464**	**21**	**1,389,044**	**95,835**	**197,322**	**416,921**	**678,776**	**190**
Age												
5 and younger	22,931	0	314	1	22,616	0	214,256	0	3,495	7	210,754	0
6-14	33,798	1	1,131	1	32,665	0	345,888	12	12,875	12	332,989	0
15-20	16,724	0	949	2,160	13,615	0	157,806	0	10,497	17,268	130,041	0
21-44	41,874	4	6,429	34,872	563	6	381,292	25	71,282	305,005	4,941	39
45-64	17,535	3	7,455	10,059	3	15	176,808	35	82,974	93,612	36	151
65-74	3,945	2,678	1,172	94	1	0	43,042	28,725	13,477	828	12	0
75-84	3,864	3,656	191	17	0	0	40,831	38,517	2,149	165	0	0
85 and older	2,926	2,868	56	2	0	0	29,118	28,521	573	24	0	0
Unknown	1	0	0	0	1	3 0		0	0	0	3	0
Gender												
Female	79,246	6,694	9,176	28,915	34,440	21	777,483	70,559	102,895	265,783	338,056	190
Male	64,352	2,516	8,521	18,291	35,024	0	611,561	25,276	94,427	151,138	340,720	0
Unknown	0	0	0	0	0	0 0		0	0	0	0	0
Race												
White	86,544	7,160	14,505	31,794	33,074	11	865,327	76,167	163,166	287,705	338,180	109
African American	1,001	11	130	395	465	0	9,286	101	1,359	3,320	4,506	0
Other/unknown	56,053	2,039	3,062	15,017	35,925	10	514,431	19,567	32,797	125,896	336,090	81
Use of Nursing Facilities[c]												
Entire year	2,372	2,223	149	0	0	0	22,668	21,147	1,521	0	0	0
Part year	1,229	1,014	203	11	1	0	12,376	10,107	2,143	114	12	0
None	139,997	5,973	17,345	47,195	69,463	21	1,354,000	64,581	193,658	416,807	678,764	190
Maintenance Assistance Status												
Cash	28,896	1,813	12,490	4,645	9,948	0	306,290	20,370	141,922	44,570	99,428	0
Medically needy	13,570	3,239	3,140	4,679	2,512	0	131,878	35,280	32,977	43,408	20,213	0
Poverty-related	48,907	0	0	2,380	46,506	21	467,695	0	0	16,545	450,960	190
Other/unknown	52,225	4,158	2,067	35,502	10,498	0	483,181	40,185	22,423	312,398	108,175	0
Dual Medicare Status[d]												
Full dual, all year	18,645	8,961	9,279	400	5	0	201,310	93,464	104,163	3,640	43	0
Full dual, part year	0	0	0	0	0	0 0		0	0	0	0	0
Non-dual, all year	124,953	249	8,418	46,806	69,459	21	1,187,734	2,371	93,159	413,281	678,733	190
Managed Care Status												
FFS all year	143,598	9,210	17,697	47,206	69,464	21	1,389,044	95,835	197,322	416,921	678,776	190
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 2002 file for Vermont, 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[a, b]

VERMONT, 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	**68.7 %**	**12.6**	**$652**	**$52**	**$4,131**	**15.8 %**	**143,598**
Age							
5 and younger	66.4	3.3	134	41	1,618	8.3	22,931
6-14	59.6	4.0	229	58	2,757	8.3	33,798
15-20	63.4	5.5	298	54	4,030	7.4	16,724
21-44	69.4	11.7	631	54	3,461	18.2	41,874
45-64	78.7	28.7	1,597	56	5,983	26.7	17,535
65-74	88.5	45.9	2,307	50	9,145	25.2	3,945
75-84	92.4	50.7	2,260	45	13,446	16.8	3,864
85 and older	94.1	48.1	1,924	40	19,689	9.8	2,926
Unknown	100.0	8.0	143	18	2,544	5.6	1
Basis of Eligibility[c]							
Aged	91.6	48.4	2,164	45	14,368	15.1	9,210
Disabled	88.2	39.1	2,647	68	13,263	20.0	17,697
Adults	66.9	8.8	310	35	1,766	17.6	47,206
Children	61.9	3.7	176	47	2,052	8.6	69,464
Unknown	81.0	14.9	841	57	8,379	10.0	21
Gender							
Female	73.6	15.0	722	48	4,196	17.2	79,246
Male	62.7	9.7	567	58	4,050	14.0	64,352
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	74.4	16.7	873	52	5,096	17.1	86,544
African American	60.2	8.5	530	62	2,999	17.7	1,001
Other/unknown	60.0	6.5	314	49	2,661	11.8	56,053
Use of Nursing Facilities[d]							
Entire year	96.7	58.6	2,511	43	32,037	7.8	2,372
Part year	97.6	64.7	3,102	48	23,695	13.1	1,229
None	68.0	11.4	599	53	3,486	17.2	139,997

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
Maintenance Assistance Status							
Cash	79.5	22.9	1,375	60	7,509	18.3	28,896
Medically needy	78.4	24.6	1,425	58	3,778	37.7	13,570
Poverty related	60.2	3.2	144	45	1,378	10.4	48,907
Other/unknown	68.2	12.7	527	42	4,930	10.7	52,225

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

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]

VERMONT, 2002

				No. of Rx, % with:							No.	
Beneficiary Characteristics	Mean No. of Rx	Mean Rx $	Rx $ as % of All Services	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	Mean $, All Services	Benes	Bene Mos
All	**1.3**	**$67**	**15.8 %**	**31.3 %**	**47.4 %**	**6.9 %**	**8.5 %**	**4.6 %**	**1.2 %**	**$427**	**143,598**	**1,389,044**
Age												
5 and younger	0.4	14	8.3	33.6	63.2	2.3	0.8	0.0	0.0	173	22,931	214,256
6-14	0.4	22	8.3	40.4	53.4	3.8	2.2	0.2	0.0	269	33,798	345,888
15-20	0.6	32	7.4	36.6	53.1	6.3	3.5	0.4	0.0	427	16,724	157,806
21-44	1.3	69	18.2	30.6	47.1	9.1	9.0	3.3	0.8	380	41,874	381,292
45-64	2.8	158	26.7	21.3	30.5	11.9	20.2	12.5	3.7	593	17,535	176,808
65-74	4.2	212	25.2	11.5	17.7	11.0	30.2	23.1	6.5	838	3,945	43,042
75-84	4.8	214	16.8	7.6	13.2	11.8	31.1	28.4	7.9	1,272	3,864	40,831
85 and older	4.8	193	9.8	5.9	11.3	10.9	35.5	29.5	6.8	1,979	2,926	29,118
Unknown	2.7	48	5.6	0.0	0.0	0.0	100.0	0.0	0.0	848	1	3
Basis of Eligibility[c]												
Aged	4.7	208	15.1	8.4	13.9	11.1	32.0	27.4	7.2	1,381	9,210	95,835
Disabled	3.5	237	20.0	11.8	25.7	13.4	26.9	17.0	5.1	1,190	17,697	197,322
Adults	1.0	35	17.6	33.1	48.4	8.8	7.3	2.0	0.4	200	47,206	416,921
Children	0.4	18	8.6	38.1	56.7	3.5	1.6	0.1	0.0	210	69,464	678,776
Unknown	1.6	93	10.0	19.0	42.9	14.3	14.3	9.5	0.0	926	21	190
Gender												
Female	1.5	74	17.2	26.4	48.7	7.7	9.9	5.7	1.5	428	79,246	777,483
Male	1.0	60	14.0	37.3	45.8	6.0	6.9	3.2	0.9	426	64,352	611,561
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.7	87	17.1	25.6	46.6	8.4	11.3	6.4	1.8	510	86,544	865,327
African American	0.9	57	17.7	39.8	45.2	5.7	5.8	2.9	0.7	323	1,001	9,286
Other/unknown	0.7	34	11.8	40.0	48.7	4.7	4.3	1.8	0.4	290	56,053	514,431
Use of Nursing Facilities[d]												
Entire year	6.1	263	7.8	3.3	7.5	8.1	30.8	36.7	13.6	3,352	2,372	22,668
Part year	6.4	308	13.1	2.4	6.5	7.9	32.5	36.0	14.7	2,353	1,229	12,376
None	1.2	62	17.2	32.0	48.4	6.9	8.0	3.8	0.9	360	139,997	1,354,000

Beneficiary Characteristics	Mean No. of Rx	Mean Rx $	Rx $ as % of All Services	No. of Rx, % with: 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	Mean $, All Services	No. Benes	No. Bene Mos
Maintenance Assistance Status												
Cash	2.2	130	18.3	20.5	42.2	10.0	16.0	8.9	2.3	708	28,896	306,290
Medically needy	2.5	147	37.7	21.6	35.7	11.0	18.6	10.8	2.4	389	13,570	131,878
Poverty related	0.3	15	10.4	39.8	56.1	3.0	1.1	0.1	0.0	144	48,907	467,695
Other/unknown	1.4	57	10.7	31.8	45.2	7.9	8.8	4.8	1.5	533	52,225	483,181

Source: Data for this table are from the MAX 2002 file for Vermont, 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[a, b, c]

VERMONT, 2002

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	No. of Rx	Rx $	$ per Rx	No. of Rx	Rx $	$ per Rx	No. of Rx	Rx $	$ per Rx	No. of Rx	Rx $	$ per Rx
All	**1.3**	**$67**	**$52**	**0.6**	**$51**	**$92**	**0.1**	**$5**	**$54**	**0.7**	**$11**	**$17**
Age												
5 and younger	0.4	14	41	0.1	11	84	0.0	1	39	0.2	2	12
6-14	0.4	22	58	0.2	17	91	0.0	2	73	0.2	3	18
15-20	0.6	32	54	0.3	23	85	0.0	3	65	0.3	5	20
21-44	1.3	69	54	0.5	52	101	0.1	6	60	0.7	11	17
45-64	2.8	158	56	1.2	120	98	0.2	12	59	1.4	26	18
65-74	4.2	212	50	1.9	161	87	0.3	14	45	2.0	37	18
75-84	4.8	214	45	2.0	160	81	0.4	15	37	2.4	40	16
85 and older	4.8	193	40	1.9	143	77	0.4	14	33	2.6	37	14
Unknown	2.7	48	18	0.7	29	44	0.0	0	0	2.0	18	9
Basis of Eligibility[d]												
Aged	4.7	208	45	1.9	156	81	0.4	14	37	2.4	38	16
Disabled	3.5	237	68	1.6	183	116	0.3	19	71	1.7	36	22
Adults	1.0	35	35	0.4	25	68	0.1	3	40	0.6	7	13
Children	0.4	18	47	0.2	13	80	0.0	2	60	0.2	3	15
Unknown	1.6	93	57	0.7	73	99	0.0	0	0	0.9	20	22
Gender												
Female	1.5	74	48	0.6	55	86	0.1	6	49	0.8	13	17
Male	1.0	60	58	0.4	46	105	0.1	5	63	0.5	9	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.7	87	52	0.7	66	94	0.1	7	54	0.8	15	18
African American	0.9	57	62	0.4	48	113	0.1	3	47	0.4	7	15
Other/unknown	0.7	34	49	0.3	26	86	0.1	3	50	0.3	5	16
Use of Nursing Facilities[e]												
Entire year	6.1	263	43	2.4	196	83	0.5	17	35	3.3	50	15
Part year	6.4	308	48	2.7	238	89	0.5	18	39	3.3	52	16
None	1.2	62	53	0.5	47	93	0.1	5	56	0.6	10	17

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
Maintenance Assistance Status												
Cash	2.2	130	60	0.9	98	106	0.2	10	63	1.1	21	20
Medically needy	2.5	147	58	1.1	112	101	0.2	11	58	1.2	23	19
Poverty related	0.3	15	45	0.1	11	78	0.0	2	58	0.2	3	15
Other/unknown	1.4	57	42	0.6	43	77	0.1	4	40	0.7	10	14

Source: Data for this table are from the MAX 2002 file for Vermont, 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 Vermont, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligilbe 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[a, b, c, d]

VERMONT, 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	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total No. of Rx	Total Rx $	No.	As % of All Benes	No. of Bene Mos
Anti-infective Agents	0.2	0.1	0.0	0.1	$10	$8	$1	$2	$43	$81	$71	$12	153,088	$6,643,084	58,824	41.0 %	636,604
Biologicals	0.2	0.2	0.0	0.0	138	113	3	23	705	648	1,984	1,104	1,890	1,333,075	905	0.6	9,642
Antineoplastic Agents	0.6	0.3	0.0	0.2	153	140	3	10	254	423	131	39	5,998	1,522,396	927	0.6	9,951
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	25	17	4	4	40	64	29	19	177,464	7,102,744	25,985	18.1	279,656
Cardiovascular Agents	1.4	0.5	0.1	0.8	46	31	4	11	34	66	33	14	295,310	9,938,066	20,140	14.0	218,387
Respiratory Agents	0.5	0.3	0.0	0.2	25	19	2	3	50	68	65	19	163,367	8,229,353	30,739	21.4	335,787
Gastrointestinal Agents	0.6	0.3	0.0	0.3	38	32	2	5	64	104	168	16	103,304	6,618,431	15,909	11.1	173,764
Genitourinary Agents	0.3	0.3	0.0	0.1	17	16	0	1	51	62	46	13	24,408	1,246,444	6,646	4.6	72,848
CNS Drugs	1.0	0.6	0.0	0.4	74	60	4	10	73	109	122	23	347,132	25,304,580	31,899	22.2	340,560
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.1	0.2	44	31	5	8	61	77	64	34	34,919	2,145,895	4,426	3.1	48,690
Miscellaneous Psychological/ Neurological Agents	0.3	0.2	0.0	0.1	42	35	0	6	130	150	0	74	8,529	1,106,888	2,430	1.7	26,617
Analgesics and Anesthetics	0.6	0.1	0.0	0.4	23	14	3	6	38	113	66	14	217,079	8,296,256	34,503	24.0	367,341
Neuromuscular Agents	0.8	0.3	0.1	0.4	49	39	4	7	64	114	59	18	122,867	7,868,442	14,765	10.3	160,126
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	3	13	28	18	13	37,377	497,175	11,933	8.3	129,371
Hematological Agents	0.7	0.2	0.2	0.3	58	48	3	6	84	283	21	17	30,245	2,553,530	4,099	2.9	44,370
Topical Products	0.2	0.1	0.0	0.1	7	4	1	2	30	54	51	15	84,614	2,561,958	33,648	23.4	367,985
Miscellaneous Products	0.2	0.1	0.0	0.0	18	13	3	2	115	117	266	50	5,889	676,376	3,333	2.3	37,037
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	3	0	0	0	16	0	0	0	640	9,988	338	0.2	3,735
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,814,120	93,654,681	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Vermont, 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 (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, 0.2 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 (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[a, b, c]

VERMONT, 2002

		Users			Among Users		
Top 10 Drug Groups	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	$12,210,018	10,484	7.3 %	115,741	0.7	$151	$105
ANTIDEPRESSANTS	11,004,822	32,288	22.5	348,112	0.5	59	32
ANTICONVULSANT	6,966,046	11,206	7.8	123,569	0.7	77	56
ULCER DRUGS	5,476,930	16,850	11.7	186,589	0.4	67	29
ANTIASTHMATIC	4,980,575	27,970	19.5	307,241	0.3	51	16
ANALGESICS - Narcotic	4,568,808	38,728	27.0	415,951	0.3	33	11
ANTIHYPERLIPIDEMIC	4,159,084	6,989	4.9	78,452	0.6	86	53
ANTIDIABETIC	3,345,018	8,325	5.8	91,204	0.7	52	37
ANALGESICS - ANTI-INFLAMMATORY	2,747,050	19,451	13.5	213,167	0.3	45	13
ANTIVIRAL	2,276,027	2,034	1.4	21,880	0.3	300	104
Total	57,734,378	174,325		1,901,906	n.a.	n.a.	n.a.

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