

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 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	859,915	491,614	362,369	5,829	58	45	9,327,823	5,244,770	4,041,026	41,190	426	411
Age												
5 and younger	26	2	20	0	4	0	243	24	183	0	36	0
6-14	73	0	66	0	7	0	763	0	693	0	70	0
15-20	684	0	640	6	38	0	7,395	0	7,096	38	261	0
21-44	87,636	3	85,148	2,473	9	3	958,721	36	941,326	17,273	59	27
45-64	145,011	36	142,362	2,593	0	20	1,570,325	306	1,551,289	18,553	0	177
65-74	289,118	193,608	94,828	660	0	22	3,144,528	2,045,816	1,093,902	4,603	0	207
75-84	233,973	202,828	31,059	86	0	0	2,574,540	2,217,993	355,895	652	0	0
85 and older	103,394	95,137	8,246	11	0	0	1,071,308	980,595	90,642	71	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	510,659	313,859	194,295	2,436	24	45	5,575,276	3,368,578	2,188,877	17,261	149	411
Male	349,256	177,755	168,074	3,393	34	0	3,752,547	1,876,192	1,852,149	23,929	277	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	370,389	183,545	184,353	2,451	22	18	3,945,947	1,878,429	2,048,538	18,673	145	162
African American	80,511	29,250	50,532	712	11	6	863,992	302,184	557,469	4,197	92	50
Other/unknown	409,015	278,819	127,484	2,666	25	21	4,517,884	3,064,157	1,435,019	18,320	189	199
Use of Nursing Facilities^c												
Entire year	52,808	45,348	7,454	6	0	0	540,934	459,555	81,320	59	0	0
Part year	42,474	32,063	10,373	38	0	0	408,051	297,039	110,693	319	0	0
None	764,633	414,203	344,542	5,785	58	45	8,378,838	4,488,176	3,849,013	40,812	426	411
Maintenance Assistance Status												
Cash	590,442	309,825	276,300	4,307	10	0	6,699,503	3,503,153	3,164,410	31,848	92	0
Medically needy	183,648	131,053	51,393	1,168	34	0	1,785,042	1,256,526	521,413	6,913	190	0
Poverty-related	63,763	39,682	23,937	96	3	45	595,174	360,577	233,388	772	26	411
Other/unknown	22,062	11,054	10,739	258	11	0	248,104	124,514	121,815	1,657	118	0
Dual Medicare Status^d												
Full dual, all year	851,439	485,492	360,084	5,760	58	45	9,246,034	5,185,948	4,018,629	40,620	426	411
Full dual, part year	8,476	6,122	2,285	69	0	0	81,789	58,822	22,397	570	0	0
Managed Care Status												
FFS all year	843,174	484,360	355,120	3,609	40	45	9,242,969	5,207,735	4,002,480	32,015	328	411
FFS part year, with Rx claims	11,311	4,505	5,442	1,351	13	0	65,082	26,742	31,695	6,574	71	0
FFS part year, no Rx claims	5,430	2,749	1,807	869	5	0	19,772	10,293	6,851	2,601	27	0

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.2 includes the beneficiaries represented by Cell G 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. 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 D.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 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	84.3 %	29.6	\$2,315	\$78	\$9,151	25.3 %	859,915
Age							
5 and younger	84.6	21.2	2,981	140	30,919	9.6	26
6-14	86.3	39.8	8,002	201	23,355	34.3	73
15-20	69.3	15.6	1,869	120	11,044	16.9	684
21-44	79.5	26.6	3,413	128	11,502	29.7	87,636
45-64	84.9	34.7	3,344	96	10,869	30.8	145,011
65-74	83.1	27.1	1,923	71	5,828	33.0	289,118
75-84	86.2	30.3	2,008	66	8,828	22.7	233,973
85 and older	86.9	30.5	1,727	57	14,743	11.7	103,394
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	83.0	26.5	1,733	65	8,245	21.0	491,614
Disabled	86.4	34.0	3,115	92	10,464	29.8	362,369
Adults	66.8	14.9	1,621	109	3,887	41.7	5,829
Children	67.2	14.2	2,542	179	12,778	19.9	58
Unknown	77.8	13.0	1,305	100	6,236	20.9	45
Gender							
Female	86.9	31.4	2,235	71	9,444	23.7	510,659
Male	80.6	26.9	2,431	90	8,723	27.9	349,256
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	83.9	33.4	2,672	80	11,695	22.8	370,389
African American	80.4	28.2	2,184	77	10,303	21.2	80,511
Other/unknown	85.5	26.4	2,017	76	6,620	30.5	409,015
Use of Nursing Facilities^d							
Entire year	92.5	51.0	2,684	53	36,844	7.3	52,808
Part year	92.9	40.1	2,452	61	21,008	11.7	42,474
None	83.3	27.5	2,281	83	6,580	34.7	764,633
Maintenance Assistance Status							
Cash	87.2	30.2	2,405	80	7,307	32.9	590,442
Medically needy	78.8	30.7	2,166	71	17,019	12.7	183,648
Poverty related	72.1	19.8	1,731	88	3,901	44.4	63,763
Other/unknown	87.3	33.3	2,813	85	8,160	34.5	22,062

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.3 includes beneficiaries represented by Cell G 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 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				More than 10
All	2.7	\$213	25.3 %	15.7 %	25.7 %	15.4 %	30.2 %	11.4 %	1.7 %	\$844	859,915	9,327,823
Age												
5 and younger	2.3	319	9.6	15.4	30.8	15.4	30.8	7.7	0.0	3,308	26	243
6-14	3.8	766	34.3	13.7	16.4	6.8	38.4	21.9	2.7	2,235	73	763
15-20	1.4	173	16.9	30.7	35.8	11.0	16.1	6.1	0.3	1,022	684	7,395
21-44	2.4	312	29.7	20.5	29.9	13.2	24.1	10.4	1.9	1,051	87,636	958,721
45-64	3.2	309	30.8	15.1	21.8	13.5	31.8	15.3	2.6	1,004	145,011	1,570,325
65-74	2.5	177	33.0	16.9	27.7	16.0	29.1	9.1	1.2	536	289,118	3,144,528
75-84	2.8	183	22.7	13.8	24.9	16.4	32.1	11.2	1.6	802	233,973	2,574,540
85 and older	2.9	167	11.7	13.1	23.5	16.0	32.2	13.5	1.7	1,423	103,394	1,071,308
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	2.5	162	21.0	17.0	27.4	16.2	28.7	9.4	1.3	773	491,614	5,244,770
Disabled	3.0	279	29.8	13.6	23.3	14.3	32.4	14.2	2.2	938	362,369	4,041,026
Adults	2.1	229	41.7	33.2	26.3	12.3	20.4	6.8	1.0	550	5,829	41,190
Children	1.9	346	19.9	32.8	27.6	12.1	19.0	6.9	1.7	1,740	58	426
Unknown	1.4	143	20.9	22.2	37.8	20.0	17.8	2.2	0.0	683	45	411
Gender												
Female	2.9	205	23.7	13.1	24.6	16.0	32.3	12.2	1.8	865	510,659	5,575,276
Male	2.5	226	27.9	19.4	27.2	14.4	27.2	10.2	1.5	812	349,256	3,752,547
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.1	251	22.8	16.1	22.0	13.5	30.7	15.1	2.7	1,098	370,389	3,945,947
African American	2.6	204	21.2	19.6	24.9	13.7	29.2	11.2	1.4	960	80,511	863,992
Other/unknown	2.4	183	30.5	14.5	29.2	17.5	30.0	8.1	0.8	599	409,015	4,517,884
use of nursing Facilities^d												
Entire year	5.0	262	7.3	7.5	11.7	9.9	33.3	29.9	7.8	3,597	52,808	540,934
Part year	4.2	255	11.7	7.1	16.1	13.6	36.1	23.0	4.1	2,187	42,474	408,051
None	2.5	208	34.7	16.7	27.2	15.9	29.7	9.5	1.1	600	764,633	8,378,838
Maintenance Assistance Status												
Cash	2.7	212	32.9	12.8	26.9	16.5	31.9	10.6	1.3	644	590,442	6,699,503
Medically needy	3.2	223	12.7	21.2	21.0	12.4	27.1	15.3	3.1	1,751	183,648	1,785,042
Poverty related	2.1	185	44.4	27.9	28.1	13.7	22.6	6.7	0.9	418	63,763	595,174
Other/unknown	3.0	250	34.5	12.7	23.6	15.2	33.7	13.2	1.6	726	22,062	248,104

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.5 includes the beneficiaries represented by Cell G 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 California, 1.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 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. Dual Benes	As % of Dual Benes	No. of Bene Mos		
																Generic	Patented Brand-Name
Anti-infective Agents	0.3	0.1	0.0	0.2	\$33	\$29	\$1	\$3	\$104	\$196	\$91	\$18	1,573,096	\$164,317,373	439,026	51.1 %	5,020,879
Biologics	0.1	0.1	0.0	0.0	12	2	3	8	126	24	4,105	313	18,332	2,302,681	16,194	1.9	185,645
Antineoplastic Agents	0.4	0.1	0.0	0.2	92	61	5	26	227	426	211	107	152,633	34,585,233	34,941	4.1	377,503
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.2	53	38	9	6	78	117	76	24	2,658,432	206,669,597	345,953	40.2	3,929,433
Cardiovascular Agents	1.1	0.5	0.1	0.5	64	45	5	15	58	90	55	28	6,542,986	376,943,858	517,903	60.2	5,850,546
Respiratory Agents	0.5	0.3	0.0	0.2	32	21	5	6	61	82	106	27	1,913,303	116,227,456	321,012	37.3	3,686,934
Gastrointestinal Agents	0.5	0.3	0.0	0.2	56	48	2	7	109	170	114	30	1,920,955	209,780,815	326,773	38.0	3,719,883
Genitourinary Agents	0.3	0.3	0.0	0.1	24	22	0	2	71	86	48	25	411,951	29,305,981	106,658	12.4	1,226,511
CNS Drugs	0.9	0.4	0.1	0.3	98	75	15	8	110	169	142	24	3,455,471	380,837,778	344,650	40.1	3,883,228
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.1	0.2	58	34	12	12	129	176	133	71	12,836	1,650,575	2,503	0.3	28,627
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	67	66	0	1	147	164	40	19	137,264	20,245,383	26,775	3.1	302,096
Analgesics and Anesthetics	0.5	0.2	0.0	0.3	39	31	3	6	76	154	97	20	2,562,122	194,066,082	433,474	50.4	4,948,314
Neuromuscular Agents	0.8	0.3	0.1	0.4	54	39	4	11	70	130	59	27	1,349,077	93,767,387	153,428	17.8	1,737,511
Nutritional Products	0.4	0.0	0.0	0.4	6	0	0	5	15	30	58	14	343,293	5,189,636	83,992	9.8	938,017
Hematological Agents	0.5	0.2	0.1	0.3	54	47	2	6	108	281	24	21	698,971	75,544,074	123,853	14.4	1,391,713
Topical Products	0.4	0.2	0.0	0.2	17	12	1	4	42	66	56	19	1,547,724	65,773,269	333,252	38.8	3,851,099
Miscellaneous Products	0.3	0.1	0.0	0.2	60	36	14	10	199	512	418	50	47,768	9,497,092	14,751	1.7	158,734
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	32	0	0	0	110,263	3,559,942	44,162	5.1	511,739
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.	25,456,477	1,990,264,212	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.6 includes the beneficiaries represented by Cell G 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 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. 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 California, 1.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2002

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$224,441,394	159,696	18.6 %	1,806,186	0.6	\$204
ULCER DRUGS	174,858,323	336,910	39.2	3,854,971	0.4	122
ANTIDIABETIC	133,492,042	292,819	34.1	3,334,197	0.5	83
ANTHYPERLIPIDEMIC	130,354,362	232,828	27.1	2,692,359	0.4	115
ANTHYPERTENSIVE	123,434,859	392,664	45.7	4,489,424	0.4	63
ANALGESICS - ANTI-INFLAMMATORY	117,873,881	370,812	43.1	4,310,654	0.3	93
ANTIDEPRESSANTS	113,563,609	261,439	30.4	2,959,270	0.5	82
ANTIVIRAL	97,430,374	46,717	5.4	530,632	0.5	394
ANTICONVULSANT	76,997,791	146,190	17.0	1,663,166	0.6	80
CALCIUM BLOCKERS	71,782,618	189,397	22.0	2,165,900	0.5	69
Total	1,264,229,253	2,429,472		27,806,759	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.7 includes the beneficiaries represented by Cell G 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; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	12,135,740	\$1,264,229,253	159,696	18.6 %	1,806,186	0.6	\$124	336,910	39.2 %	3,854,971	0.4	\$45
Female	7,433,993	712,126,085	85,806	16.8	968,733	0.5	101	221,048	43.3	2,537,048	0.4	45
Disabled	3,464,543	369,852,941	51,859	26.7	600,718	0.6	121	92,110	47.4	1,072,138	0.4	49
5 and younger	7	3,738	0	0.0	0	0.0	0	1	20.0	12	0.3	42
6-14	283	41,775	0	0.0	0	0.0	0	12	44.4	144	0.6	65
15-20	2,217	251,090	46	17.0	539	0.5	117	57	21.0	657	0.3	30
21-44	474,933	63,660,419	15,555	48.5	180,480	0.6	141	8,629	26.9	99,603	0.4	46
45-64	1,296,390	147,079,396	23,125	33.0	267,373	0.6	131	30,898	44.1	356,417	0.4	52
65-74	1,175,137	112,736,518	8,466	13.7	98,888	0.5	86	36,507	59.3	429,909	0.4	46
75-84	419,875	38,045,394	3,584	15.3	41,449	0.5	76	12,789	54.6	149,059	0.4	49
85 and older	95,701	8,034,611	1,083	15.8	11,989	0.4	60	3,217	47.0	36,337	0.4	50
Other Eligibles	3,969,450	342,273,144	33,947	10.7	368,015	0.5	67	128,938	40.8	1,464,910	0.4	43
5 and younger	9	938	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	33	10,574	1	50.0	12	0.5	47	0	0.0	0	0.0	0
15-20	69	6,208	0	0.0	0	0.0	0	4	19.0	27	0.8	24
21-44	8,296	1,069,012	177	13.7	1,710	0.4	77	224	17.4	2,239	0.3	40
45-64	8,191	937,653	124	13.3	1,212	0.4	96	258	27.6	2,522	0.4	52
65-74	1,291,034	119,023,882	7,404	6.5	82,310	0.4	70	44,999	39.4	515,537	0.3	40
75-84	1,773,358	153,979,229	13,926	10.9	152,785	0.5	69	55,984	43.7	644,282	0.4	43
85 and older	888,460	67,245,648	12,315	17.2	129,986	0.5	62	27,469	38.3	300,303	0.5	48
Male	4,701,747	552,103,168	73,890	21.2	837,453	0.7	151	115,862	33.2	1,317,923	0.4	46
Disabled	2,769,104	381,227,577	59,104	35.2	681,504	0.7	170	53,414	31.8	614,546	0.4	50
5 and younger	74	11,588	0	0.0	0	0.0	0	7	46.7	75	0.4	42
6-14	495	50,023	1	2.6	12	0.1	9	17	43.6	204	0.7	61
15-20	2,633	354,698	70	19.0	785	0.7	197	57	15.4	658	0.4	31
21-44	827,171	143,821,418	27,733	52.3	320,350	0.7	178	11,464	21.6	131,943	0.4	49
45-64	1,273,958	174,202,097	26,300	36.4	302,700	0.8	173	22,713	31.4	258,529	0.4	54
65-74	534,932	51,334,039	3,877	11.7	44,985	0.6	109	15,175	45.6	177,413	0.4	45
75-84	113,216	10,091,189	920	12.1	10,527	0.5	83	3,397	44.5	39,183	0.4	50
85 and older	16,625	1,362,525	203	14.4	2,145	0.5	78	584	41.5	6,541	0.4	49
Other Eligibles	1,932,643	170,875,591	14,786	8.2	155,949	0.5	72	62,448	34.5	703,377	0.4	42
5 and younger	24	2,627	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	31	13,218	0	0.0	0	0.0	0	3	60.0	36	0.6	62
15-20	118	16,153	4	17.4	41	0.9	235	2	8.7	10	0.4	60
21-44	7,859	1,003,682	106	8.8	1,004	0.4	84	246	20.5	2,352	0.4	47
45-64	13,408	1,516,087	113	6.6	1,103	0.4	80	395	23.0	3,883	0.4	55
65-74	770,387	70,491,051	4,708	5.9	51,232	0.5	87	24,774	30.9	279,788	0.3	40
75-84	886,330	77,627,571	6,451	8.6	68,222	0.5	67	28,220	37.8	321,455	0.4	43
85 and older	254,486	20,205,202	3,404	14.5	34,347	0.5	58	8,808	37.5	95,853	0.4	46
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7A

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.7A includes the beneficiaries represented by Cell G 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 drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2002

Beneficiary Characteristics	ANTI-DIABETIC					ANTI-HYPERLIPIDEMIC					ANTI-HYPERTENSIVE				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	292,819	34.1 %	3,334,197	0.5	\$40	232,828	27.1 %	2,692,359	0.4	\$48	392,664	45.7 %	4,489,424	0.4	\$28
Female	183,262	35.9	2,095,550	0.5	40	145,780	28.5	1,690,781	0.4	48	237,456	46.5	2,721,373	0.4	28
Disabled	78,778	40.5	914,689	0.5	43	56,994	29.3	667,845	0.4	49	86,488	44.5	1,006,677	0.4	28
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	7.4	24	0.8	70	4	14.8	42	0.5	43	9	33.3	108	0.4	28
15-20	22	8.1	264	0.6	47	5	1.8	54	0.5	56	55	20.3	608	0.4	29
21-44	4,337	13.5	49,755	0.5	43	2,707	8.4	31,471	0.4	43	4,288	13.4	49,085	0.4	23
45-64	26,072	37.2	299,558	0.5	45	18,351	26.2	212,097	0.4	48	25,578	36.5	294,003	0.4	27
65-74	35,233	57.2	413,232	0.5	44	26,369	42.8	311,746	0.4	50	37,865	61.5	445,616	0.4	29
75-84	11,251	48.0	130,918	0.5	40	8,248	35.2	97,223	0.5	53	14,884	63.5	173,866	0.5	29
85 and older	1,861	27.2	20,938	0.5	34	1,310	19.2	15,212	0.4	49	3,809	55.7	43,391	0.5	28
Other Eligibles	104,484	33.0	1,180,861	0.5	37	88,786	28.1	1,022,936	0.4	48	150,968	47.7	1,714,696	0.4	28
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.3	29	1	33.3	12	0.3	28
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	4.8	9	0.1	6	0	0.0	0	0.0	0	5	23.8	49	0.5	22
21-44	114	8.9	1,127	0.4	33	83	6.4	796	0.4	42	157	12.2	1,431	0.4	21
45-64	247	26.4	2,215	0.5	49	143	15.3	1,415	0.4	41	229	24.5	2,220	0.4	24
65-74	42,019	36.8	476,293	0.5	39	38,673	33.9	442,550	0.4	46	51,148	44.8	581,998	0.4	27
75-84	46,343	36.1	529,322	0.5	37	40,085	31.3	466,409	0.4	49	68,085	53.1	783,511	0.4	28
85 and older	15,760	22.0	171,895	0.5	31	9,801	13.7	111,754	0.5	49	31,343	43.7	345,475	0.5	28
Male	109,557	31.4	1,238,647	0.5	41	87,048	24.9	1,001,578	0.4	49	155,208	44.4	1,768,051	0.4	27
Disabled	50,011	29.8	572,842	0.5	44	38,666	23.0	448,136	0.4	49	60,467	36.0	695,359	0.4	27
5 and younger	0	0.0	0	0.0	0	2	13.3	15	0.9	59	4	26.7	48	0.1	5
6-14	1	2.6	12	0.6	4	2	5.1	16	0.4	72	23	59.0	259	0.6	45
15-20	7	1.9	84	0.8	57	14	3.8	168	0.4	45	50	13.6	565	0.5	25
21-44	6,029	11.4	69,459	0.5	41	6,084	11.5	70,611	0.5	43	7,884	14.9	90,253	0.4	22
45-64	24,058	33.3	271,414	0.5	44	17,494	24.2	199,998	0.5	49	26,062	36.1	295,347	0.5	27
65-74	16,377	49.2	191,153	0.5	44	12,527	37.7	147,479	0.4	51	20,877	62.8	244,586	0.4	28
75-84	3,191	41.8	36,881	0.5	40	2,322	30.4	27,293	0.5	53	4,837	63.4	56,143	0.4	27
85 and older	348	24.7	3,839	0.5	32	221	15.7	2,556	0.5	52	730	51.8	8,158	0.5	27
Other Eligibles	59,546	32.9	665,805	0.5	38	48,382	26.7	553,442	0.4	48	94,741	52.3	1,072,692	0.4	26
5 and younger	0	0.0	0	0.0	0	2	66.7	20	0.3	52	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	8.7	11	0.3	31	6	26.1	45	0.4	36
21-44	168	14.0	1,554	0.5	41	146	12.2	1,357	0.4	44	264	22.0	2,380	0.4	25
45-64	568	33.1	5,216	0.4	42	394	23.0	3,619	0.4	47	560	32.7	5,293	0.4	28
65-74	27,372	34.2	305,248	0.4	39	22,639	28.3	256,784	0.4	46	37,866	47.3	426,531	0.4	26
75-84	25,887	34.7	293,707	0.5	38	21,523	28.8	249,867	0.4	50	44,061	59.0	505,880	0.4	27
85 and older	5,551	23.6	60,080	0.5	34	3,676	15.6	41,784	0.4	50	11,984	51.0	132,563	0.5	26
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.7B includes the beneficiaries represented by Cell G 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 drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIDEPRESSANTS					ANTIVIRAL				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	370,812	43.1 %	4,310,654	0.3	\$27	261,439	30.4 %	2,959,270	0.5	\$38	46,717	5.4 %	530,632	0.5	\$184
Female	243,950	47.8	2,841,337	0.3	29	171,471	33.6	1,944,918	0.5	38	14,274	2.8	165,728	0.3	81
Disabled	105,986	54.5	1,244,164	0.3	30	95,682	49.2	1,105,247	0.5	42	8,174	4.2	94,970	0.3	121
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	0.2	263
6-14	2	7.4	24	0.1	1	0	0.0	0	0.0	0	9	33.3	102	0.3	171
15-20	60	22.1	704	0.2	7	77	28.4	897	0.5	36	12	4.4	117	0.1	122
21-44	11,428	35.6	132,891	0.2	18	18,214	56.8	209,029	0.5	50	2,378	7.4	27,353	0.4	170
45-64	36,034	51.4	418,675	0.3	31	44,085	62.9	505,281	0.5	47	3,398	4.8	39,324	0.4	145
65-74	42,251	68.6	501,005	0.3	31	24,194	39.3	284,504	0.4	33	1,733	2.8	20,506	0.2	47
75-84	13,311	56.8	157,176	0.3	32	7,334	31.3	85,392	0.4	31	530	2.3	6,218	0.2	19
85 and older	2,900	42.4	33,689	0.3	33	1,778	26.0	20,144	0.5	32	113	1.7	1,338	0.1	13
Other Eligibles	137,964	43.6	1,597,173	0.3	29	75,789	24.0	839,671	0.4	32	6,100	1.9	70,758	0.2	28
5 and younger	3	100.0	36	0.1	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	14.3	13	0.2	2	1	4.8	1	1.0	80	1	4.8	7	0.3	462
21-44	380	29.5	3,645	0.3	24	598	46.4	5,572	0.5	46	92	7.1	976	0.5	240
45-64	312	33.4	2,906	0.3	28	445	47.6	4,232	0.4	47	48	5.1	501	0.3	131
65-74	55,283	48.4	637,710	0.3	27	23,677	20.7	267,408	0.4	28	2,362	2.1	27,432	0.2	37
75-84	59,876	46.7	701,576	0.3	30	31,809	24.8	357,937	0.4	31	2,516	2.0	29,446	0.1	19
85 and older	22,107	30.9	251,287	0.4	33	19,259	26.9	204,521	0.6	36	1,081	1.5	12,396	0.1	10
Male	126,862	36.3	1,469,317	0.3	24	89,968	25.8	1,014,352	0.5	40	32,443	9.3	364,904	0.6	230
Disabled	60,588	36.0	704,775	0.3	22	61,489	36.6	702,779	0.5	44	28,614	17.0	320,934	0.6	252
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	33.3	60	0.3	115
6-14	3	7.7	34	0.1	1	3	7.7	16	0.5	35	7	17.9	84	0.2	175
15-20	41	11.1	489	0.1	6	68	18.4	771	0.5	55	12	3.3	134	0.4	168
21-44	13,687	25.8	158,484	0.2	14	21,985	41.4	251,375	0.5	48	14,624	27.6	163,024	0.6	256
45-64	25,237	34.9	290,740	0.3	24	28,910	40.0	328,165	0.5	45	12,721	17.6	143,059	0.6	261
65-74	17,592	52.9	207,889	0.3	26	8,631	26.0	100,707	0.4	31	1,077	3.2	12,620	0.3	142
75-84	3,525	46.2	41,409	0.3	27	1,617	21.2	18,709	0.4	29	150	2.0	1,749	0.2	24
85 and older	503	35.7	5,730	0.3	26	275	19.5	3,036	0.4	32	18	1.3	204	0.1	8
Other Eligibles	66,274	36.6	764,542	0.3	25	28,479	15.7	311,573	0.4	30	3,829	2.1	43,970	0.2	68
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	20	0.2	58
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	60.0	36	0.2	302
15-20	1	4.3	10	0.1	1	5	21.7	53	0.6	36	0	0.0	0	0.0	0
21-44	287	23.9	2,692	0.3	21	318	26.5	2,966	0.4	39	103	8.6	1,024	0.6	290
45-64	496	28.9	4,633	0.3	30	474	27.6	4,655	0.4	37	85	5.0	907	0.4	219
65-74	28,691	35.8	328,996	0.3	22	10,721	13.4	119,658	0.4	29	1,812	2.3	20,737	0.3	92
75-84	29,532	39.6	344,901	0.3	26	12,391	16.6	136,564	0.4	30	1,464	2.0	17,103	0.2	30
85 and older	7,267	30.9	83,110	0.3	28	4,570	19.5	47,677	0.5	34	360	1.5	4,143	0.1	16
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.7C includes the beneficiaries represented by Cell G 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 drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2002

Beneficiary Characteristics	ANTICONVULSANT				CALCIUM BLOCKERS				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	No. of Bene Mos
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$						
All	146,190	17.0 %	1,663,166	0.6	\$46	189,397	22.0 %	2,165,900	0.5	\$33	859,915	9,327,823		
Female	83,463	16.3	951,894	0.5	42	128,423	25.1	1,471,222	0.5	33	510,659	5,575,276		
Disabled	52,313	26.9	604,380	0.6	51	43,890	22.6	510,359	0.5	35	194,295	2,188,877		
5 and younger	0	0.0	0	0.0	0	1	20.0	3	0.7	28	5	51		
6-14	1	3.7	12	1.1	191	12	44.4	130	0.6	47	27	277		
15-20	70	25.8	831	0.6	84	33	12.2	372	0.5	40	271	3,010		
21-44	13,539	42.2	156,107	0.7	69	1,918	6.0	21,885	0.4	33	32,071	355,778		
45-64	23,523	33.6	269,843	0.6	56	12,232	17.5	140,522	0.5	35	70,077	771,397		
65-74	10,995	17.9	129,204	0.5	29	19,294	31.3	226,835	0.5	35	61,573	713,450		
75-84	3,462	14.8	40,224	0.5	26	8,168	34.9	95,125	0.5	35	23,433	269,339		
85 and older	723	10.6	8,159	0.5	24	2,232	32.6	25,487	0.5	34	6,838	75,575		
Other Eligibles	31,150	9.8	347,514	0.5	26	84,533	26.7	960,863	0.5	32	316,364	3,386,399		
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36		
6-14	1	50.0	12	1.8	784	1	50.0	7	0.4	68	2	19		
15-20	0	0.0	0	0.0	0	5	23.8	36	0.5	29	21	129		
21-44	274	21.3	2,544	0.5	57	79	6.1	684	0.4	34	1,288	9,198		
45-64	186	19.9	1,796	0.5	49	123	13.2	1,124	0.5	33	934	6,677		
65-74	10,050	8.8	113,731	0.4	27	26,720	23.4	304,278	0.5	32	114,210	1,218,925		
75-84	13,808	10.8	155,738	0.5	26	38,552	30.1	443,958	0.5	33	128,253	1,409,838		
85 and older	6,831	9.5	73,693	0.6	26	19,053	26.6	210,776	0.5	32	71,653	741,577		
Male	62,727	18.0	711,272	0.6	52	60,974	17.5	694,678	0.5	34	349,256	3,752,547		
Disabled	46,844	27.9	536,342	0.7	60	24,227	14.4	278,313	0.5	36	168,074	1,852,149		
5 and younger	0	0.0	0	0.0	0	6	40.0	62	0.2	6	15	132		
6-14	3	7.7	31	0.8	27	17	43.6	197	0.6	44	39	416		
15-20	95	25.7	1,073	0.7	69	32	8.7	376	0.5	36	369	4,086		
21-44	18,838	35.5	215,800	0.7	69	3,143	5.9	35,910	0.5	38	53,077	585,548		
45-64	21,791	30.1	248,416	0.7	60	10,371	14.3	117,572	0.5	37	72,285	779,892		
65-74	4,988	15.0	58,088	0.5	32	8,327	25.0	97,331	0.5	35	33,255	380,452		
75-84	993	13.0	11,458	0.5	29	2,014	26.4	23,265	0.5	34	7,626	86,556		
85 and older	136	9.7	1,476	0.5	22	317	22.5	3,600	0.5	34	1,408	15,067		
Other Eligibles	15,883	8.8	174,930	0.5	28	36,747	20.3	416,365	0.5	32	181,182	1,900,398		
5 and younger	0	0.0	0	0.0	0	2	66.7	20	0.8	21	3	24		
6-14	0	0.0	0	0.0	0	1	20.0	12	0.2	9	5	51		
15-20	2	8.7	20	0.7	62	5	21.7	20	0.4	40	23	170		
21-44	208	17.3	1,935	0.5	55	133	11.1	1,175	0.5	45	1,200	8,197		
45-64	210	12.2	2,069	0.5	45	218	12.7	1,972	0.5	36	1,715	12,359		
65-74	6,238	7.8	69,646	0.5	30	13,939	17.4	157,341	0.4	32	80,080	831,701		
75-84	6,987	9.4	77,399	0.5	26	17,389	23.3	199,591	0.5	32	74,661	808,807		
85 and older	2,238	9.5	23,861	0.5	24	5,060	21.5	56,234	0.5	30	23,495	239,089		
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0		

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.7D includes the beneficiaries represented by Cell G 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 drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2002**

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$262	5.0	52,808	540,934
Age				
0-64	394	5.6	4,361	48,702
65-74	341	6.0	7,479	78,541
75-84	269	5.2	17,937	182,669
85 and older	202	4.3	23,031	231,022
Unknown	0	0.0	0	0
Gender				
Female	251	5.0	36,984	382,313
Male	290	5.0	15,824	158,621
Unknown	0	0.0	0	0
Race				
White	260	5	36,648	371,810
African American	257	4.7	5,262	56,034
Other/unknown	273	5.1	10,898	113,090
Basis of Eligibility^c				
Aged	243	4.9	45,348	459,555
Disabled	369	5.7	7,454	81,320
Adults	224	5.5	6	59
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 42,474 beneficiaries who were in nursing facilities for part of their enrollment and their 408,051 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos			
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic								
Anti-infective Agents	0.3	0.1	0.0	0.1	\$16	\$14	\$1	\$2	\$58	\$96	\$87	\$17	92,982	\$5,391,797	30,256	57.3 %	326,909
Biologics	0.1	0.1	0.0	0.0	2	1	0	1	18	15	0	25	11,672	206,517	10,563	20.0	122,071
Antineoplastic Agents	0.6	0.1	0.0	0.4	86	31	4	52	155	321	169	118	34,451	5,343,044	6,069	11.5	61,889
Endocrine/Metabolic Drugs	1.2	0.4	0.2	0.6	41	25	8	8	35	61	42	14	268,518	9,425,188	21,751	41.2	232,046
Cardiovascular Agents	1.8	0.5	0.2	1.1	49	25	6	18	28	54	28	16	632,310	17,525,037	34,076	64.5	358,760
Respiratory Agents	0.8	0.3	0.0	0.4	34	17	4	13	45	63	85	29	130,135	5,832,824	16,095	30.5	173,054
Gastrointestinal Agents	1.0	0.4	0.0	0.5	65	51	1	14	69	121	60	26	219,744	15,074,852	21,779	41.2	230,166
Genitourinary Agents	0.6	0.3	0.0	0.2	30	23	1	5	52	71	46	25	50,655	2,640,300	8,256	15.6	89,373
CNS Drugs	1.3	0.8	0.2	0.4	126	103	15	7	94	126	98	20	459,758	43,216,560	32,150	60.9	342,154
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.1	0.3	49	33	7	10	83	171	70	32	626	52,234	103	0.2	1,058
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	100	100	0	0	136	137	0	12	32,091	4,355,759	4,093	7.8	43,430
Analgesics and Anesthetics	0.8	0.3	0.1	0.4	42	31	4	6	54	101	64	16	168,367	9,055,732	20,596	39.0	217,671
Neuromuscular Agents	1.2	0.4	0.1	0.7	62	34	5	23	51	85	51	31	218,798	11,052,772	16,405	31.1	179,393
Nutritional Products	0.6	0.0	0.0	0.6	7	0	0	6	12	22	35	12	72,593	883,590	12,176	23.1	128,986
Hematological Agents	1.2	0.2	0.3	0.6	53	42	5	6	46	215	14	10	148,442	6,783,818	12,242	23.2	128,595
Topical Products	0.5	0.2	0.0	0.3	16	9	2	5	31	52	59	17	135,278	4,251,466	24,573	46.5	270,636
Miscellaneous Products	0.2	0.0	0.0	0.2	9	1	1	7	42	206	246	35	7,618	323,552	3,500	6.6	36,531
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	29	0	0	0	10,807	308,524	2,990	5.7	33,134
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.	2,694,845	141,723,566	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 42,474 beneficiaries who were in nursing facilities for part of their enrollment and their 408,051 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003). In California, 1.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2002

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$26,954,239	22,043	41.7 %	241,049	0.7	\$154	\$112
ULCER DRUGS	13,408,412	22,048	41.8	234,896	0.7	79	57
ANTIDEPRESSANTS	12,922,700	24,275	46.0	261,147	0.8	66	49
ANTICONVULSANT	7,696,128	14,611	27.7	161,425	0.9	52	48
ANTIDIABETIC	7,344,463	18,619	35.3	200,748	0.8	46	37
ANTIHYPERTENSIVE	6,541,390	20,351	38.5	217,395	0.8	39	30
ANTINEOPLASTICS	5,342,802	6,212	11.8	63,460	0.5	155	84
ANALGESICS - ANTI-INFLAMMATORY	4,588,886	9,549	18.1	104,699	0.6	71	44
ANTIASTHMATIC	4,376,594	18,636	35.3	198,110	0.5	43	22
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	4,355,821	4,078	7.7	43,390	0.7	136	100
Total	93,531,435	160,422		1,726,319	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 42,474 beneficiaries who were in nursing facilities for part of their enrollment and their 408,051 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users of All-Year of NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Users of All-Year of NF Residents	No. of Bene Mos among Users	Mean No. of Rx
			22,043	41.7 %	241,049										
All	1,249,282	\$93,531,435	14,767	39.9	162,278	0.7	103	0.7	15,275	41.3	163,580	0.7	57	57	
Female	848,948	62,215,485	2,352	58.0	26,909	0.8	150	0.8	1,747	43.1	19,069	0.7	60	60	
Disabled	126,476	10,830,175	1,054	57.1	12,160	0.9	174	0.9	727	39.4	8,234	0.7	59	59	
64 or younger	57,027	5,432,667	583	69.9	6,777	0.9	151	0.9	387	46.4	4,315	0.7	66	66	
65-74	32,269	2,646,405	503	61.3	5,681	0.8	118	0.8	388	47.3	4,134	0.7	59	59	
75-84	25,539	1,916,989	212	37.9	2,291	0.7	95	0.7	245	43.8	2,386	0.7	55	55	
85 and older	11,641	834,134	12,415	37.7	135,369	0.7	94	0.7	13,528	41.1	144,511	0.7	57	57	
Other Eligibles	722,472	51,385,310	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	
64 or younger	30	1,969	1,772	54.3	19,896	0.7	124	0.7	1,528	46.8	16,631	0.7	59	59	
65-74	104,721	7,926,695	4,948	43.3	54,299	0.7	101	0.7	4,961	43.4	53,355	0.7	56	56	
75-84	290,170	20,696,630	5,695	31.2	61,174	0.6	79	0.6	7,039	38.6	74,525	0.7	57	57	
85 and older	327,551	22,760,016	7,276	46.0	78,771	0.8	129	0.8	6,773	42.8	71,316	0.7	57	57	
Male	400,334	31,315,950	2,122	62.5	24,372	1.0	189	1.0	1,481	43.6	16,355	0.7	61	61	
Disabled	111,402	10,398,240	1,632	65.0	18,924	1.0	202	1.0	1,034	41.2	11,641	0.7	61	61	
64 or younger	84,880	8,304,643	319	58.7	3,612	0.9	150	0.9	282	51.9	2,994	0.7	61	61	
65-74	18,173	1,418,870	116	50.7	1,283	0.8	132	0.8	114	49.8	1,195	0.7	69	69	
75-84	6,164	495,566	55	48.7	553	0.8	137	0.8	51	45.1	525	0.8	62	62	
85 and older	2,185	179,161	5,154	41.5	54,399	0.7	102	0.7	5,292	42.6	54,961	0.7	55	55	
Other Eligibles	288,932	20,917,710	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	
64 or younger	83	3,867	1,480	52.1	16,393	0.8	132	0.8	1,339	47.1	14,393	0.7	56	56	
65-74	84,661	6,529,884	2,255	41.3	23,641	0.7	99	0.7	2,324	42.5	24,093	0.7	55	55	
75-84	129,812	9,157,873	1,419	34.4	14,365	0.6	73	0.6	1,629	39.5	16,475	0.7	55	55	
85 and older	74,376	5,226,086	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	
Unknown	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 42,474 beneficiaries who were in nursing facilities for part of their enrollment and their 408,051 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS						ANTICONVULSANT						ANTIDIABETIC						
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %			
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	
All	24,275	46.0 %	0.8	14,611	27.7 %	0.9	18,619	35.3 %	0.8	200,748	35.3 %	0.8	18,619	35.3 %	0.8	200,748	35.3 %	0.8	\$37
Female	17,412	47.1	0.8	9,046	24.5	0.9	12,523	33.9	0.8	136,038	33.9	0.8	12,523	33.9	0.8	136,038	33.9	0.8	36
Disabled	1,993	49.1	0.8	1,994	49.1	1.0	1,787	44.0	0.9	19,901	44.0	0.9	1,787	44.0	0.9	19,901	44.0	0.9	42
64 or younger	983	53.3	0.8	1,129	61.2	1.1	603	32.7	0.9	6,879	32.7	0.9	603	32.7	0.9	6,879	32.7	0.9	45
65-74	425	51.0	0.8	4,658	55.3	1.0	51	51	0.9	6,060	55.3	0.9	538	64.5	0.9	6,060	64.5	0.9	44
75-84	366	44.6	0.7	298	36.3	0.9	3,330	56.0	0.8	5,087	36.3	0.8	459	56.0	0.8	5,087	56.0	0.8	39
85 and older	219	39.2	0.7	106	19.0	0.9	1,183	33.5	0.7	1,875	19.0	0.7	187	33.5	0.7	1,875	33.5	0.7	30
Other Eligibles	15,419	46.8	0.8	7,052	21.4	0.9	10,736	32.6	0.8	116,137	32.6	0.8	10,736	32.6	0.8	116,137	32.6	0.8	35
64 or younger	0	0.0	0.0	1	50.0	0.8	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0
65-74	1,890	57.9	0.8	1,471	45.1	0.9	1,863	57.1	0.8	20,651	45.1	0.8	1,863	57.1	0.8	20,651	57.1	0.8	40
75-84	6,026	52.7	0.8	3,037	26.6	0.9	4,740	41.5	0.8	51,418	26.6	0.8	4,740	41.5	0.8	51,418	41.5	0.8	36
85 and older	7,503	41.1	0.7	2,543	13.9	0.8	4,133	22.7	0.7	44,068	13.9	0.7	4,133	22.7	0.7	44,068	22.7	0.7	32
Male	6,863	43.4	0.7	5,565	35.2	0.9	6,096	38.5	0.8	64,710	35.2	0.8	6,096	38.5	0.8	64,710	38.5	0.8	37
Disabled	1,544	45.5	0.8	2,107	62.0	1.0	1,209	35.6	0.9	13,345	62.0	0.9	2,109	35.6	0.9	13,345	62.0	0.9	42
64 or younger	1,182	47.1	0.8	1,740	69.3	1.1	834	33.2	0.9	9,333	69.3	0.9	834	33.2	0.9	9,333	33.2	0.9	45
65-74	241	44.4	0.7	275	50.6	1.0	262	48.3	0.8	2,853	50.6	0.8	262	48.3	0.8	2,853	48.3	0.8	36
75-84	88	38.4	0.8	74	32.3	1.0	87	38.0	0.7	918	32.3	0.7	87	38.0	0.7	918	38.0	0.7	35
85 and older	33	29.2	0.7	18	15.9	0.9	26	23.0	0.8	241	15.9	0.8	26	23.0	0.8	241	23.0	0.8	31
Other Eligibles	5,319	42.8	0.7	3,458	27.8	0.9	4,887	39.3	0.8	51,365	27.8	0.8	4,887	39.3	0.8	51,365	39.3	0.8	36
64 or younger	1	33.3	1.1	3	100.0	1.2	1	33.3	1.1	12	100.0	1.1	1	33.3	1.1	12	33.3	1.1	18
65-74	1,407	49.5	0.7	1,262	44.4	1.0	1,416	49.9	0.8	15,400	44.4	0.8	1,416	49.9	0.8	15,400	49.9	0.8	38
75-84	2,403	44.0	0.7	1,533	28.1	0.9	2,358	43.2	0.8	24,682	28.1	0.8	2,358	43.2	0.8	24,682	43.2	0.8	36
85 and older	1,508	36.6	0.7	660	16.0	0.8	1,112	27.0	0.7	11,271	16.0	0.7	1,112	27.0	0.7	11,271	27.0	0.7	32
Unknown	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 42,474 beneficiaries who were in nursing facilities for part of their enrollment and their 408,051 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTINEOPLASTICS					ANALGESICS - ANTI-INFLAMMATORY						
	Users as %					Users as %					Users as %						
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	20,351	38.5 %	217,395	0.8	\$30	6,212	11.8 %	63,460	0.5	\$84	9,549	18.1 %	104,699	0.6	\$44		
Female	13,616	36.8	146,153	0.8	30	4,626	12.5	47,598	0.5	74	7,175	19.4	79,001	0.6	46		
Disabled	1,468	36.2	16,447	0.7	31	467	11.5	4,982	0.6	133	863	21.3	9,833	0.6	44		
64 or younger	454	24.6	5,207	0.7	32	144	7.8	1,593	0.6	258	305	16.5	3,546	0.6	34		
65-74	394	47.2	4,483	0.8	32	100	12.0	1,079	0.6	86	215	25.8	2,450	0.6	58		
75-84	393	47.9	4,383	0.8	29	133	16.2	1,406	0.5	67	208	25.4	2,391	0.6	43		
85 and older	227	40.6	2,374	0.7	30	90	16.1	904	0.5	70	135	24.2	1,446	0.6	44		
Other Eligibles	12,148	36.9	129,706	0.8	30	4,159	12.6	42,616	0.5	67	6,312	19.2	69,168	0.6	46		
64 or younger	1	50.0	12	0.8	65	0	0.0	0	0.0	0	1	50.0	12	0.8	69		
65-74	1,372	42.1	15,060	0.8	31	332	10.2	3,495	0.6	90	711	21.8	7,907	0.6	46		
75-84	4,641	40.6	49,811	0.8	30	1,425	12.5	15,034	0.5	67	2,338	20.5	25,722	0.6	46		
85 and older	6,134	33.6	64,823	0.8	29	2,402	13.2	24,087	0.5	64	3,262	17.9	35,527	0.6	46		
Male	6,735	42.6	71,242	0.8	30	1,586	10.0	15,862	0.5	114	2,374	15.0	25,698	0.6	38		
Disabled	1,205	35.5	13,559	0.8	32	250	7.4	2,682	0.5	142	487	14.3	5,549	0.5	34		
64 or younger	806	32.1	9,237	0.8	33	146	5.8	1,617	0.6	171	345	13.7	3,953	0.5	31		
65-74	251	46.2	2,751	0.8	32	56	10.3	571	0.6	108	94	17.3	1,108	0.5	39		
75-84	109	47.6	1,166	0.8	29	33	14.4	344	0.4	90	31	13.5	322	0.6	44		
85 and older	39	34.5	405	0.8	30	15	13.3	150	0.5	76	17	15.0	166	0.6	45		
Other Eligibles	5,530	44.5	57,683	0.8	30	1,336	10.7	13,180	0.5	109	1,887	15.2	20,149	0.6	39		
64 or younger	1	33.3	12	1.1	39	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
65-74	1,429	50.3	15,664	0.8	31	245	8.6	2,666	0.6	108	424	14.9	4,734	0.6	39		
75-84	2,480	45.4	25,808	0.8	30	588	10.8	5,840	0.5	105	810	14.8	8,547	0.6	38		
85 and older	1,620	39.3	16,199	0.8	28	503	12.2	4,674	0.5	113	653	15.8	6,868	0.6	41		
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 42,474 beneficiaries who were in nursing facilities for part of their enrollment and their 408,051 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2002

Beneficiary Characteristics	ANTI-ASTHMATIC				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				All-Year NF Residents	Mean Rx \$	Mean No. of Rx	No. of Bene Mos among Users	Users as % of All-Year NF Residents	Mean No. of Rx	All-Year NF Residents	Bene Mos among All-Year NF Residents
	Users as % of All-Year NF Residents		Users as % of All-Year NF Residents		Users as % of All-Year NF Residents		Users as % of All-Year NF Residents									
	No. of Users	Resident	No. of Users	Resident	No. of Users	Resident	No. of Users	Resident								
All	18,636	35.3 %	198,110	0.5	\$22	4,078	7.7 %	43,390	0.7	\$100	32,926	52,808	540,934			
Female	12,575	34.0	134,424	0.5	21	2,878	7.8	30,961	0.7	100	36,984	382,313				
Disabled	1,533	37.8	16,792	0.5	25	168	4.1	1,860	0.7	127	4,058	44,047				
64 or younger	562	30.5	6,462	0.6	28	46	2.5	528	0.7	217	1,845	20,612				
65-74	396	47.5	4,320	0.6	26	29	3.5	339	0.7	90	834	9,143				
75-84	348	42.4	3,683	0.5	23	50	6.1	553	0.7	97	820	8,743				
85 and older	227	40.6	2,327	0.4	19	43	7.7	440	0.7	86	559	5,549				
Other Eligibles	11,042	33.5	117,632	0.5	21	2,710	8.2	29,101	0.7	99	32,926	338,266				
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14				
65-74	1,353	41.5	14,673	0.6	29	227	7.0	2,459	0.7	99	3,262	34,134				
75-84	4,001	35.0	42,973	0.5	23	1,052	9.2	11,303	0.8	101	11,424	118,549				
85 and older	5,688	31.2	59,986	0.4	17	1,431	7.8	15,339	0.7	97	18,238	185,569				
Male	6,061	38.3	63,686	0.6	24	1,200	7.6	12,429	0.7	100	15,824	158,621				
Disabled	1,262	37.2	13,757	0.7	31	99	2.9	1,111	0.7	127	3,396	37,273				
64 or younger	812	32.3	9,095	0.7	34	57	2.3	639	0.7	157	2,511	28,051				
65-74	288	53.0	3,048	0.7	29	24	4.4	272	0.7	96	543	5,782				
75-84	109	47.6	1,144	0.5	21	11	4.8	128	0.6	82	229	2,367				
85 and older	53	46.9	470	0.5	18	7	6.2	72	0.5	69	113	1,073				
Other Eligibles	4,799	38.6	49,929	0.5	22	1,101	8.9	11,318	0.7	98	12,428	121,348				
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	25				
65-74	1,119	39.4	12,079	0.6	28	183	6.4	1,919	0.7	89	2,840	29,482				
75-84	2,106	38.5	21,774	0.5	22	514	9.4	5,313	0.8	100	5,464	53,010				
85 and older	1,574	38.2	16,076	0.5	18	404	9.8	4,086	0.7	99	4,121	38,831				
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0				

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 42,474 beneficiaries who were in nursing facilities for part of their enrollment and their 408,051 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 CALIFORNIA, 2002

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx		No. of Part D Excl Rx per Bene	Total No. Part D Excl Rx	Part D Excl Rx \$	\$ per Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Dual Rx	Total No. of Benes
		37.8 %	1.6								
All	324,732	37.8 %	1.6	\$55	1,339,690	\$47,542,832	\$35	2.4 %	\$55	2.4 %	859,915
Age											
5 and younger	10	38.5	1.3	50	34	1,296	38	1.7	38	1.7	26
6-14	23	31.5	1.2	118	91	8,580	94	1.5	94	1.5	73
15-20	177	25.9	0.9	39	604	26,683	44	2.1	44	2.1	684
21-44	28,359	32.4	1.5	67	133,492	5,910,834	44	2.0	44	2.0	87,636
45-64	55,334	38.2	1.9	73	278,194	10,535,685	38	2.2	38	2.2	145,011
65-74	108,532	37.5	1.4	47	413,079	13,558,630	33	2.4	33	2.4	289,118
75-84	92,503	39.5	1.6	52	363,007	12,241,491	34	2.6	34	2.6	233,973
85 and older	39,794	38.5	1.5	51	151,189	5,259,633	35	2.9	35	2.9	103,394
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	0.0	0
Basis of Eligibility^c											
Aged	178,624	36.3	1.3	46	656,699	22,789,512	35	2.7	35	2.7	491,614
Disabled	144,825	40.0	1.9	67	678,694	24,381,366	36	2.2	36	2.2	362,369
Adults	1,257	21.6	0.7	62	4,207	360,336	86	3.8	86	3.8	5,829
Children	8	13.8	0.2	7	10	399	40	0.3	40	0.3	58
Unknown	18	40.0	1.8	249	80	11,219	140	19.1	140	19.1	45
Gender											
Female	204,662	40.1	1.6	50	821,016	25,676,341	31	2.2	31	2.2	510,659
Male	120,070	34.4	1.5	63	518,674	21,866,491	42	2.6	42	2.6	349,256
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	0.0	0
Race											
White	130,146	35.1	1.6	64	602,786	23,586,938	39	2.4	39	2.4	370,389
African American	27,432	34.1	1.5	52	123,370	4,225,906	34	2.4	34	2.4	80,511
Other/unknown	167,154	40.9	1.5	48	613,534	19,729,988	32	2.4	32	2.4	409,015
Use of Nursing Facilities^d											
Entire year	25,819	48.9	2.4	95	128,072	5,002,179	39	3.5	39	3.5	52,808
Part year	20,790	48.9	2.2	89	93,179	3,790,251	41	3.6	41	3.6	42,474
None	278,123	36.4	1.5	51	1,118,439	38,750,402	35	2.2	35	2.2	764,633
Maintenance Assistance Status											
Cash	238,763	40.4	1.6	53	963,150	31,439,413	33	2.2	33	2.2	590,442
Medically needy	63,676	34.7	1.5	66	282,593	12,187,674	43	3.1	43	3.1	183,648
Poverty related	14,526	22.8	0.9	41	56,748	2,642,035	47	2.4	47	2.4	63,763
Other/unknown	7,767	35.2	1.7	58	37,199	1,273,710	34	2.1	34	2.1	22,062

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 CALIFORNIA, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
All	0.1	\$5	\$35	\$0	\$1	9,327,823
Age						
5 and younger	0.1	5	38	0	0	243
6-14	0.1	11	94	0	1	763
15-20	0.1	4	44	0	1	7,395
21-44	0.1	6	44	0	1	958,721
45-64	0.2	7	38	0	2	1,570,325
65-74	0.1	4	33	0	1	3,144,528
75-84	0.1	5	34	0	1	2,574,540
85 and older	0.1	5	35	0	1	1,071,308
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.1	4	35	0	1	5,244,770
Disabled	0.2	6	36	0	1	4,041,026
Adults	0.1	9	86	0	1	41,190
Children	0.0	1	40	0	0	426
Unknown	0.2	27	140	0	1	411
Gender						
Female	0.1	5	31	0	1	5,575,276
Male	0.1	6	42	0	1	3,752,547
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	6	39	0	1	3,945,947
African American	0.1	5	34	0	1	863,992
Other/unknown	0.1	4	32	0	1	4,517,884
Use of Nursing Facilities^d						
Entire year	0.2	9	39	0	2	540,934
Part year	0.2	9	41	0	2	408,051
None	0.1	5	35	0	1	8,378,838
Maintenance Assistance Status						
Cash	0.1	5	33	0	1	6,699,503
Medically needy	0.2	7	43	0	1	1,785,042
Poverty related	0.1	4	47	0	1	595,174
Other/unknown	0.1	5	34	0	1	248,104

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract, OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 CALIFORNIA, 2002

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	395,420	\$120	\$47,542,832	100.0 %	1,339,690	\$35	100.0 %
Anorexia or weight loss/gain	19,709	244	4,818,117	10.1	44,924	107	3.4
Fertility drugs	16,058	123	1,982,094	4.2	18,034	110	1.3
Drugs for cosmetic purposes	8,935	1,601	14,309,105	30.1	42,280	338	3.2
Cough and cold medications	3,637	443	1,609,892	3.4	8,720	185	0.7
Vitamins and minerals	398	318	126,557	0.3	696	182	0.1
Non-prescription drugs	230,378	64	14,856,614	31.2	692,722	21	51.7
Barbiturates	7,436	24	178,368	0.4	11,227	16	0.8
Benzodiazepines	107,548	78	8,409,956	17.7	517,337	16	38.6
Other Part D Excl Rx Drugs	1,321	948	1,252,129	2.6	3,750	334	0.3

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 CALIFORNIA, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 103,394
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$178,581,101
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,727

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,558	13.1 %	0	0.0 %
1-500	21,921	21.2	4,710,072	2.6
501-1,000	13,970	13.5	10,361,989	5.8
1,001-1,500	11,112	10.7	13,803,729	7.7
1,501-2,000	9,077	8.8	15,818,680	8.9
2,001-2,500	7,354	7.1	16,510,729	9.2
2,501-3,000	5,770	5.6	15,806,422	8.9
3,001-3,500	4,842	4.7	15,701,409	8.8
3,501-4,000	3,664	3.5	13,695,857	7.7
4,001-4,500	2,964	2.9	12,564,123	7.0
4,501-5,000	2,197	2.1	10,412,669	5.8
5,001-5,500	1,661	1.6	8,706,006	4.9
5,501-6,000	1,257	1.2	7,209,392	4.0
6,001-6,500	953	0.9	5,949,031	3.3
6,501-7,000	666	0.6	4,488,293	2.5
7,001-7,500	561	0.5	4,058,398	2.3
7,501-8,000	403	0.4	3,119,445	1.7
8,001-8,500	365	0.4	3,008,885	1.7
8,501-9,000	203	0.2	1,772,832	1.0
9,001-9,500	177	0.2	1,635,294	0.9
9,501-10,000	130	0.1	1,264,574	0.7
10,001+	589	0.6	7,983,272	4.5

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	997,600	565,274	421,059	11,122	92	10,951,867	6,084,434	4,754,327	111,777	829	500
Age											
5 and younger	35	2	28	0	5	328	24	264	0	40	0
6-14	97	1	82	0	14	1,081	12	910	0	159	0
15-20	880	0	817	9	54	9,894	0	9,306	104	484	0
21-44	106,834	3	102,247	4,563	18	1,198,460	36	1,152,663	45,597	137	27
45-64	170,049	36	164,987	5,001	0	1,874,429	307	1,823,182	50,706	0	234
65-74	334,274	223,994	108,861	1,393	1	3,674,453	2,395,479	1,264,864	13,862	9	239
75-84	267,723	232,794	34,789	140	0	2,967,871	2,565,805	400,698	1,368	0	0
85 and older	117,708	108,444	9,248	16	0	1,225,351	1,122,771	102,440	140	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	592,703	361,126	226,710	4,777	37	6,542,738	3,908,018	2,585,509	48,386	325	500
Male	404,897	204,148	194,349	6,345	55	4,409,129	2,176,416	2,168,818	63,391	504	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	426,487	208,902	213,418	4,109	36	4,591,239	2,151,507	2,398,735	40,494	296	207
African American	89,295	31,307	56,414	1,552	16	973,013	326,491	630,649	15,674	149	50
Other/unknown	481,818	325,065	151,227	5,461	40	5,387,615	3,606,436	1,724,943	55,609	384	243
Use of Nursing Facilities^c											
Entire year	54,103	46,301	7,796	6	0	555,003	469,647	85,297	59	0	0
Part year	43,392	32,650	10,703	39	0	422,935	306,331	116,193	411	0	0
None	900,105	486,323	402,560	11,077	92	9,973,929	5,308,456	4,552,837	111,307	829	500
Maintenance Assistance Status											
Cash	687,712	358,049	321,386	8,259	18	7,883,132	4,078,806	3,718,841	85,287	198	0
Medically needy	208,125	147,692	58,267	2,113	53	2,046,420	1,425,556	600,989	19,458	417	0
Poverty related	75,642	46,933	28,554	96	6	726,218	437,359	287,513	792	54	500
Other/unknown	26,121	12,600	12,852	654	15	296,097	142,713	146,984	6,240	160	0
Dual Status^d											
Full dual, all year	989,002	559,065	418,742	11,050	92	10,861,295	6,019,345	4,729,630	110,991	829	500
Full dual, part year	8,598	6,209	2,317	72	0	90,572	65,089	24,697	786	0	0
Managed Care Status											
FFS all year	843,174	484,360	355,120	3,609	40	9,242,969	5,207,735	4,002,480	32,015	328	411
FFS part year, with Rx claims	11,311	4,505	5,442	1,351	13	127,930	51,046	62,596	14,152	136	0
FFS part year, no Rx claims	5,430	2,749	1,807	869	5	56,409	28,568	19,507	8,288	46	0
MC all year, with Rx claims	14,360	4,027	9,799	520	14	164,156	43,679	114,414	5,927	136	0
MC all year, no Rx claims	123,325	69,633	48,891	4,773	20	1,360,403	753,406	555,330	51,395	183	89

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid 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. 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; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2002

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Benes and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	997,600	10,951,867	859,915	9,327,823	0	1,624,044		
FFS all year	843,174	9,242,969	843,174	9,242,969	0	0		
FFS part year, with Rx claims	11,311	127,930	11,311	65,082	0	62,848		
FFS part year, with no Rx claims	5,430	56,409	5,430	19,772	0	36,637		
MC all year, with Rx claims	14,360	164,156	0	0	0	164,156		
MC all year, with no Rx claims	123,325	1,360,403	0	0	0	1,360,403		

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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