

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

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TABLE D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2002

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>174,470</b>	<b>119,975</b>	<b>53,714</b>	<b>747</b>	<b>24</b>	<b>10</b>	<b>1,518,339</b>	<b>1,066,663</b>	<b>447,592</b>	<b>3,848</b>	<b>146</b>	<b>90</b>
<b>Age</b>												
5 and younger	11	0	11	0	0	0	67	0	67	0	0	0
6-14	19	0	18	0	1	0	117	0	105	0	12	0
15-20	286	0	265	0	21	0	2,155	0	2,035	0	120	0
21-44	22,859	34	22,352	471	2	0	184,745	247	182,059	2,425	14	0
45-64	31,166	136	30,748	273	0	9	263,669	1,075	261,098	1,416	0	80
65-74	32,732	32,411	317	3	0	1	279,545	277,327	2,201	7	0	10
75-84	43,319	43,319	0	0	0	0	388,027	388,027	0	0	0	0
85 and older	44,078	44,075	3	0	0	0	400,014	399,987	27	0	0	0
Unknown	0	0	0	0	0	0						
<b>Gender</b>												
Female	116,032	89,777	25,889	346	10	10	1,033,651	813,410	218,345	1,745	61	90
Male	58,438	30,198	27,825	401	14	0	484,688	253,253	229,247	2,103	85	0
Unknown	0	0	0	0	0	0						
<b>Race</b>												
White	147,733	101,265	45,874	572	16	6	1,335,693	925,693	406,496	3,339	110	55
African American	16,760	12,028	4,603	120	6	3	126,273	99,938	25,943	338	25	29
Other/unknown	9,977	6,682	3,237	55	2	1	56,373	41,032	15,153	171	11	6
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	45,212	42,617	2,595	0	0	0	475,001	445,781	29,220	0	0	0
Part year	27,363	25,662	1,697	4	0	0	216,810	202,747	14,033	30	0	0
None	101,895	51,696	49,422	743	24	10	826,528	418,135	404,339	3,818	146	90
<b>Maintenance Assistance Status</b>												
Cash	46,345	25,255	20,902	186	2	0	403,669	221,600	181,035	1,031	3	0
Medically needy	29,777	27,339	2,388	44	6	0	265,625	245,358	20,017	204	46	0
Poverty-related	43,352	23,946	19,339	55	2	10	351,121	201,845	148,974	209	3	90
Other/unknown	54,996	43,435	11,085	462	14	0	497,924	397,860	97,566	2,404	94	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	166,946	115,689	50,486	738	24	9	1,453,165	1,028,352	420,805	3,784	146	78
Full dual, part year	7,524	4,286	3,228	9	0	1	65,174	38,311	26,787	64	0	12
<b>Managed Care Status</b>												
FFS all year	142,293	104,743	37,105	423	14	8	1,411,195	1,012,381	395,565	3,045	125	79
FFS part year, with Rx claims	20,151	9,697	10,273	173	6	2	71,784	37,907	33,377	476	13	11
FFS part year, no Rx claims	12,026	5,535	6,336	151	4	0	35,360	16,375	18,650	327	8	0

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

- a. Table 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<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2002

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	82.6 %	47.4	\$2,525	\$53	\$18,535	13.6 %	174,470
<b>Age</b>							
5 and younger	100.0	39.7	3,092	78	15,078	20.5	11
6-14	57.9	26.6	1,999	75	4,485	44.6	19
15-20	67.1	18.4	1,831	99	8,838	20.7	286
21-44	74.3	27.4	2,366	86	8,361	28.3	22,859
45-64	78.1	44.0	2,928	67	13,712	21.4	31,166
65-74	76.3	45.4	2,404	53	13,737	17.5	32,732
75-84	85.8	55.1	2,600	47	22,102	11.8	43,319
85 and older	91.7	54.1	2,344	43	27,350	8.6	44,078
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	85.4	52.1	2,454	47	21,770	11.3	119,975
Disabled	76.6	37.2	2,701	73	11,514	23.5	53,714
Adults	64.0	17.3	1,279	74	4,286	29.8	747
Children	70.8	11.1	996	90	7,022	14.2	24
Unknown	80.0	27.1	9,651	356	13,133	73.5	10
<b>Gender</b>							
Female	85.7	51.8	2,626	51	20,084	13.1	116,032
Male	76.3	38.6	2,324	60	15,460	15.0	58,438
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	85.1	50.2	2,687	54	18,903	14.2	147,733
African American	68.0	36.5	1,835	50	20,083	9.1	16,760
Other/unknown	69.6	23.7	1,286	54	10,498	12.2	9,977
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	97.2	77.9	3,561	46	41,897	8.5	45,212
Part year	94.3	51.1	2,363	46	21,376	11.1	27,363
None	73.0	32.8	2,109	64	7,407	28.5	101,895
<b>Maintenance Assistance Status</b>							
Cash	82.8	39.8	2,432	61	7,422	32.8	46,345
Medically needy	86.3	57.3	2,562	45	31,390	8.2	29,777
Poverty related	72.3	35.5	2,121	60	8,404	25.2	43,352
Other/unknown	88.5	57.8	2,902	50	28,927	10.0	54,996

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

- a. Table 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<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene Mos	Benes	No.
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				
<b>All</b>	<b>5.4</b>	<b>\$290</b>	<b>13.6 %</b>	<b>17.4 %</b>	<b>10.5 %</b>	<b>8.1 %</b>	<b>25.5 %</b>	<b>27.3 %</b>	<b>11.2 %</b>	<b>\$2,130</b>	<b>174,470</b>	<b>1,518,339</b>
<b>Age</b>												
5 and younger	6.5	508	20.5	0.0	0.0	0.0	54.5	36.4	9.1	2,476	11	67
6-14	4.3	325	44.6	42.1	10.5	0.0	15.8	31.6	0.0	728	19	117
15-20	2.4	243	20.7	32.9	25.5	11.5	18.2	10.1	1.7	1,173	286	2,155
21-44	3.4	293	28.3	25.7	20.6	10.8	23.1	14.7	5.0	1,035	22,859	184,745
45-64	5.2	346	21.4	21.9	11.2	8.0	23.3	24.3	11.4	1,621	31,166	263,669
65-74	5.3	282	17.5	23.7	9.6	7.5	23.0	25.1	11.0	1,608	32,732	279,545
75-84	6.1	290	11.8	14.2	7.6	7.0	25.7	31.4	14.1	2,468	43,319	388,027
85 and older	6.0	258	8.6	8.3	8.3	8.3	29.9	33.5	11.7	3,014	44,078	400,014
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	5.9	276	11.3	14.6	8.4	7.6	26.5	30.5	12.4	2,449	119,975	1,066,663
Disabled	4.5	324	23.5	23.4	15.2	9.2	23.3	20.3	8.7	1,382	53,714	447,592
Adults	3.4	248	29.8	36.0	15.4	10.4	20.5	14.3	3.3	832	747	3,848
Children	1.8	164	14.2	29.2	29.2	12.5	16.7	12.5	0.0	1,154	24	146
Unknown	3.0	1,072	73.5	20.0	10.0	30.0	20.0	20.0	0.0	1,459	10	90
<b>Gender</b>												
Female	5.8	295	13.1	14.3	9.3	8.1	26.4	29.6	12.5	2,255	116,032	1,033,651
Male	4.7	280	15.0	23.7	13.0	8.2	23.7	22.7	8.7	1,864	58,438	484,688
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	5.6	297	14.2	14.9	10.4	8.1	26.0	28.6	12.0	2,091	147,733	1,335,693
African American	4.8	244	9.1	32.0	9.3	7.3	22.6	20.9	7.8	2,666	16,760	126,273
Other/unknown	4.2	228	12.2	30.4	13.9	9.6	22.5	18.0	5.6	1,858	9,977	56,373
<b>use of nursing Facilities<sup>d</sup></b>												
Entire year	7.4	339	8.5	2.8	5.2	6.0	26.0	39.0	21.0	3,988	45,212	475,001
Part year	6.4	298	11.1	5.7	7.7	8.1	30.2	33.9	14.4	2,698	27,363	216,810
None	4.0	260	28.5	27.0	13.6	9.0	24.0	20.3	6.0	913	101,895	826,528
<b>Maintenance Assistance Status</b>												
Cash	4.6	279	32.8	17.2	14.4	9.7	26.9	24.1	7.7	852	46,345	403,669
Medically needy	6.4	287	8.2	13.7	6.0	6.5	25.4	33.1	15.4	3,519	29,777	265,625
Poverty related	4.4	262	25.2	27.7	12.6	8.7	23.6	20.5	6.8	1,038	43,352	351,121
Other/unknown	6.4	321	10.0	11.5	8.0	7.1	25.8	32.1	15.4	3,195	54,996	497,924

Table D4

Dual Eligible Beneficiaries

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

- a. Table 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 Pennsylvania, 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 Pennsylvania, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total No. of Rx			Total Rx \$			Users				
	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. Dual Benes	As % of Dual Benes	No. of Bene Mos	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic
Anti-infective Agents	0.4	0.2	0.0	0.2	\$22	\$18	\$2	\$3	\$60	\$95	\$82	\$16	319,054	\$19,276,426	85,649	49.1 %	878,352
Biologics	0.1	0.1	0.0	0.0	7	1	0	5	71	17	1,674	163	4,164	294,774	3,799	2.2	42,085
Antineoplastic Agents	0.6	0.3	0.0	0.3	119	80	7	32	189	319	144	97	48,666	9,193,300	8,197	4.7	77,544
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	44	32	4	8	39	63	19	20	769,064	30,143,677	70,516	40.4	686,106
Cardiovascular Agents	2.1	0.6	0.2	1.2	66	37	6	24	32	59	27	19	2,019,550	64,808,022	102,523	58.8	982,702
Respiratory Agents	0.8	0.4	0.1	0.4	40	27	4	9	49	68	68	25	502,482	24,464,764	60,692	34.8	609,243
Gastrointestinal Agents	0.9	0.5	0.0	0.4	68	59	1	8	76	115	88	22	616,005	47,001,908	70,508	40.4	692,981
Genitourinary Agents	0.6	0.5	0.0	0.1	35	32	0	2	56	66	39	17	153,497	8,627,819	24,414	14.0	248,763
CNS Drugs	1.5	0.9	0.1	0.6	113	87	6	19	74	103	79	32	1,372,654	101,653,047	93,524	53.6	900,627
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.1	0.3	44	32	4	8	74	135	74	27	11,547	849,621	1,912	1.1	19,203
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	91	90	0	1	118	119	0	47	113,650	13,372,088	14,985	8.6	146,552
Analgesics and Anesthetics	0.9	0.4	0.0	0.5	53	41	3	8	60	111	60	18	638,588	38,224,427	74,016	42.4	725,989
Neuromuscular Agents	1.2	0.5	0.1	0.6	71	48	6	17	59	99	62	28	539,493	31,840,781	45,718	26.2	447,748
Nutritional Products	0.7	0.0	0.0	0.7	13	0	1	12	19	32	18	18	239,826	4,439,114	34,339	19.7	337,702
Hematological Agents	1.1	0.3	0.4	0.4	73	62	5	6	64	178	13	14	424,069	26,934,602	37,920	21.7	369,751
Topical Products	0.6	0.2	0.0	0.3	21	13	2	6	36	53	46	19	443,360	15,806,825	72,351	41.5	748,350
Miscellaneous Products	0.3	0.1	0.0	0.2	46	30	7	9	134	226	247	50	21,639	2,897,536	6,328	3.6	63,431
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	27	0	0	0	26,397	719,367	7,653	4.4	79,411
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	8,263,705	440,548,098	n.a.	n.a.	n.a.

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

- a. Table 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Pennsylvania, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 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	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$50,607,625	49,814	28.6 %	489,796	0.8	\$131	\$103
ULCER DRUGS	42,041,603	69,828	40.0	695,459	0.7	86	60
ANTIDEPRESSANTS	40,082,133	81,677	46.8	802,605	0.8	63	50
ANTICONVULSANT	23,512,229	39,759	22.8	392,853	0.9	64	60
ANTI-DIABETIC	19,933,867	51,918	29.8	510,092	0.8	50	39
ANALGESICS - Narcotic	19,800,754	75,153	43.1	757,369	0.5	54	26
ANTIHYPERLIPIDEMIC	17,718,966	29,194	16.7	289,885	0.7	84	61
ANTIHYPERTENSIVE	16,180,915	57,965	33.2	567,724	0.8	37	29
ANALGESICS - ANTI-INFLAMMATORY	15,837,668	41,521	23.8	428,607	0.5	74	37
ANTI-ASTHMATIC	15,367,138	58,634	33.6	586,021	0.5	49	26
Total	261,082,898	555,463		5,520,411	n.a.	n.a.	n.a.

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

a. Table 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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 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 \$
<b>All</b>	<b>3,827,252</b>	<b>\$261,082,898</b>	<b>49,814</b>	<b>28.6 %</b>	<b>489,796</b>	<b>0.8</b>	<b>\$103</b>	<b>69,828</b>	<b>40.0 %</b>	<b>695,459</b>	<b>0.7</b>	<b>\$61</b>
<b>Female</b>	2,701,556	178,163,036	32,639	28.1	327,241	0.8	94	50,311	43.4	505,497	0.7	61
<b>Disabled</b>	592,450	50,073,318	8,062	31.1	77,552	0.8	125	9,793	37.8	98,512	0.6	65
5 and younger	11	231	0	0.0	0	0.0	0	1	25.0	3	1.0	47
6-14	46	906	0	0.0	0	0.0	0	3	30.0	21	0.4	6
15-20	1,081	103,021	23	18.1	179	0.7	148	24	18.9	243	0.5	47
21-44	166,807	15,852,210	3,344	35.0	31,611	0.8	124	2,816	29.5	28,154	0.5	57
45-64	420,740	33,856,217	4,673	29.2	45,565	0.8	126	6,880	43.0	69,524	0.7	68
65-74	3,722	257,692	22	12.2	197	0.9	151	68	37.6	564	0.7	62
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	43	3,041	0	0.0	0	0.0	0	1	33.3	3	0.3	6
<b>Other Eligibles</b>	2,109,106	128,089,718	24,577	27.3	249,689	0.8	84	40,518	44.9	406,985	0.7	60
5 and younger	0	0	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
15-20	9	432	0	0.0	0	0.0	0	2	25.0	11	0.3	23
21-44	2,421	204,446	62	24.3	461	0.6	106	55	21.6	461	0.6	45
45-64	3,376	236,631	44	24.7	421	0.7	90	56	31.5	475	0.7	66
65-74	493,392	33,007,452	4,256	20.6	43,691	0.8	100	8,531	41.3	87,466	0.7	60
75-84	807,499	48,765,669	9,255	29.0	94,665	0.8	86	14,629	45.8	147,827	0.7	60
85 and older	802,409	45,875,088	10,960	29.5	110,451	0.7	75	17,245	46.4	170,745	0.8	60
<b>Male</b>	1,125,696	82,919,862	17,175	29.4	162,555	0.8	123	19,517	33.4	189,962	0.7	60
<b>Disabled</b>	498,461	44,877,278	8,767	31.5	81,041	0.9	158	7,612	27.4	75,789	0.6	62
5 and younger	48	2,257	0	0.0	0	0.0	0	7	100.0	66	0.5	27
6-14	28	601	0	0.0	0	0.0	0	2	25.0	24	0.5	8
15-20	1,267	112,194	33	23.9	336	1.0	157	21	15.2	202	0.4	50
21-44	187,106	18,982,840	4,343	34.0	39,777	0.9	160	2,817	22.0	28,065	0.6	58
45-64	307,740	25,619,949	4,361	29.6	40,728	0.9	156	4,721	32.0	47,105	0.7	64
65-74	2,272	159,437	30	22.1	200	0.9	123	44	32.4	327	0.7	62
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	627,235	38,042,584	8,408	27.5	81,514	0.8	88	11,905	38.9	114,173	0.7	58
5 and younger	0	0	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
15-20	83	6,605	3	23.1	22	0.8	120	0	0.0	0	0.0	0
21-44	3,040	255,937	63	25.0	390	0.8	116	58	23.0	510	0.5	56
45-64	3,468	259,708	35	14.6	283	0.8	164	71	29.6	610	0.7	56
65-74	235,362	15,344,821	2,475	21.0	24,987	0.8	107	3,950	33.6	39,220	0.7	59
75-84	251,947	14,827,789	3,585	31.4	34,871	0.8	84	4,804	42.1	46,332	0.7	59
85 and older	133,335	7,347,724	2,247	32.4	20,961	0.7	71	3,022	43.5	27,501	0.8	57
<b>Unknown</b>	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 Pennsylvania, 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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIDIABETIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx
<b>All</b>	<b>81,677</b>	<b>46.8 %</b>	<b>802,605</b>	<b>\$50</b>	<b>0.8</b>	<b>39,759</b>	<b>22.8 %</b>	<b>392,853</b>	<b>\$60</b>	<b>0.9</b>	<b>51,918</b>	<b>29.8 %</b>	<b>510,092</b>	<b>\$39</b>	<b>0.8</b>
<b>Female</b>	58,964	50.8	585,083	50	0.8	24,941	21.5	249,792	56	0.9	36,605	31.5	363,761	39	0.8
<b>Disabled</b>	15,371	59.4	149,126	54	0.7	9,259	35.8	90,197	80	0.9	6,804	26.3	66,331	50	0.8
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	20.0	17	12	0.6	1	10.0	3	18	1.0	0	0.0	0	0	0.0
15-20	48	37.8	448	44	0.5	30	23.6	313	89	0.8	5	3.9	60	0.6	51
21-44	5,595	58.5	52,857	53	0.7	3,711	38.8	35,410	91	0.9	1,145	12.0	11,082	0.7	48
45-64	9,654	60.3	95,162	55	0.7	5,491	34.3	54,215	73	0.9	5,565	34.8	54,424	0.8	50
65-74	72	39.8	642	51	0.8	26	14.4	256	31	0.7	89	49.2	765	0.8	43
75-84	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
<b>Other Eligibles</b>	43,593	48.4	435,957	49	0.8	15,682	17.4	159,595	42	0.9	29,801	33.1	297,430	0.8	36
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	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	1	12.5	9	15	0.2	1	12.5	9	4	0.3	0	0.0	0	0	0.0
21-44	142	55.7	1,083	46	0.6	58	22.7	443	71	0.7	20	7.8	154	0.6	41
45-64	114	64.0	950	50	0.7	41	23.0	399	87	1.0	38	21.3	362	0.7	51
65-74	8,223	39.8	83,300	48	0.8	4,177	20.2	42,870	50	0.9	9,048	43.8	90,716	0.8	43
75-84	15,958	50.0	159,982	49	0.8	6,404	20.1	65,406	41	0.9	12,164	38.1	121,777	0.8	35
85 and older	19,155	51.6	190,633	49	0.9	5,001	13.5	50,468	36	0.9	8,531	23.0	84,421	0.8	30
<b>Male</b>	22,713	38.9	217,522	49	0.8	14,818	25.4	143,061	67	1.0	15,313	26.2	146,331	0.8	40
<b>Disabled</b>	10,534	37.9	100,250	52	0.7	8,645	31.1	82,126	83	1.0	5,579	20.1	53,422	0.8	49
5 and younger	0	0.0	0	0	0.0	1	14.3	2	12	0.5	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	35	25.4	367	47	0.7	33	23.9	342	66	1.0	3	2.2	32	0.9	75
21-44	4,882	38.2	46,155	52	0.7	4,121	32.2	38,678	91	0.9	1,292	10.1	12,580	0.7	50
45-64	5,570	37.8	53,381	53	0.8	4,460	30.2	42,901	76	1.0	4,252	28.8	40,617	0.8	49
65-74	47	34.6	347	52	0.8	30	22.1	203	76	1.2	32	23.5	193	1.0	46
75-84	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
<b>Other Eligibles</b>	12,179	39.8	117,272	47	0.8	6,173	20.2	60,935	46	1.0	9,734	31.8	92,909	0.8	35
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	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	6	46.2	38	58	0.7	4	30.8	26	40	0.8	0	0.0	0	0	0.0
21-44	125	49.6	961	46	0.6	64	25.4	488	62	0.8	22	8.7	127	0.7	40
45-64	89	37.1	750	43	0.7	46	19.2	388	56	0.8	43	17.9	331	0.8	49
65-74	3,652	31.1	36,535	47	0.8	2,412	20.5	24,541	53	1.0	4,015	34.1	39,314	0.8	40
75-84	5,074	44.5	48,892	48	0.8	2,515	22.1	24,909	42	0.9	3,911	34.3	37,170	0.8	33
85 and older	3,233	46.6	30,096	45	0.8	1,132	16.3	10,583	36	0.9	1,743	25.1	15,967	0.8	28
<b>Unknown</b>	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 Pennsylvania, 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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC					ANTIHYPERTENSIVE				
	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 \$
<b>All</b>	<b>75,153</b>	<b>43.1 %</b>	<b>757,369</b>	<b>0.5</b>	<b>\$26</b>	<b>29,194</b>	<b>16.7 %</b>	<b>289,885</b>	<b>0.7</b>	<b>\$61</b>	<b>57,965</b>	<b>33.2 %</b>	<b>567,724</b>	<b>0.8</b>	<b>\$29</b>
<b>Female</b>	53,651	46.2	543,465	0.5	24	19,800	17.1	198,482	0.7	61	40,568	35.0	400,836	0.8	29
<b>Disabled</b>	14,195	54.8	146,647	0.5	32	5,052	19.5	50,115	0.7	61	5,891	22.8	57,300	0.7	29
5 and younger	1	25.0	3	0.3	3	0	0.0	0	0.0	0	2	50.0	24	0.3	3
6-14	2	20.0	24	0.2	2	0	0.0	0	0.0	0	3	30.0	20	0.8	20
15-20	28	22.0	274	0.1	3	10	7.9	111	0.6	40	15	11.8	142	0.5	21
21-44	4,965	51.9	51,219	0.4	35	773	8.1	7,602	0.6	53	888	9.3	8,509	0.7	25
45-64	9,127	57.0	94,482	0.5	30	4,212	26.3	41,932	0.7	62	4,904	30.6	47,908	0.7	29
65-74	72	39.8	645	0.6	40	57	31.5	470	0.7	62	78	43.1	685	0.7	26
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	1.0	44
<b>Other Eligibles</b>	39,456	43.8	396,818	0.5	21	14,748	16.4	148,367	0.8	62	34,677	38.5	343,536	0.8	29
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	12.5	9	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	119	46.7	1,126	0.4	23	8	3.1	62	0.5	55	15	5.9	75	0.4	17
45-64	106	59.6	946	0.4	11	34	19.1	333	0.7	57	46	25.8	386	0.7	29
65-74	9,121	44.2	95,759	0.5	22	5,990	29.0	60,922	0.7	64	8,646	41.9	86,251	0.7	30
75-84	14,213	44.5	144,510	0.5	22	6,215	19.5	62,463	0.8	62	13,281	41.6	132,800	0.8	29
85 and older	15,896	42.8	154,468	0.5	21	2,501	6.7	24,587	0.8	56	12,689	34.2	124,024	0.8	28
<b>Male</b>	21,502	36.8	213,904	0.5	31	9,394	16.1	91,403	0.7	60	17,397	29.8	166,888	0.8	28
<b>Disabled</b>	10,902	39.2	112,185	0.5	41	4,694	16.9	46,387	0.7	60	6,248	22.5	59,838	0.7	29
5 and younger	1	14.3	12	0.1	1	1	14.3	12	0.1	4	2	28.6	14	0.6	27
6-14	1	12.5	12	0.1	1	1	12.5	12	0.3	11	2	25.0	24	0.5	11
15-20	23	16.7	239	0.1	1	4	2.9	38	0.6	31	24	17.4	232	0.6	20
21-44	4,864	38.0	50,754	0.5	45	1,292	10.1	12,886	0.6	54	1,711	13.4	16,219	0.7	27
45-64	5,963	40.4	60,764	0.5	39	3,351	22.7	33,053	0.7	62	4,456	30.2	42,904	0.7	29
65-74	50	36.8	404	0.6	33	45	33.1	386	0.7	58	53	39.0	445	0.7	32
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	10,600	34.6	101,719	0.5	20	4,700	15.4	45,016	0.7	61	11,149	36.4	107,050	0.8	27
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	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	0	0.0	0	0.0	0	4	30.8	48	0.3	10
21-44	141	56.0	1,345	0.6	49	19	7.5	163	0.5	44	36	14.3	290	0.6	24
45-64	112	46.7	986	0.5	37	37	15.4	323	0.6	63	68	28.3	631	0.9	25
65-74	3,702	31.5	37,740	0.5	23	2,549	21.7	25,099	0.7	64	4,272	36.3	41,762	0.8	28
75-84	4,045	35.5	38,465	0.4	18	1,641	14.4	15,390	0.8	58	4,480	39.3	43,056	0.8	27
85 and older	2,600	37.4	23,183	0.4	16	454	6.5	4,041	0.7	53	2,289	33.0	21,263	0.8	26
<b>Unknown</b>	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 Pennsylvania, 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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				ANTI-ASTHMATIC							
	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 Benes	No. of Bene Mos
<b>All</b>	<b>41,521</b>	<b>23.8 %</b>	<b>428,607</b>	<b>0.5</b>	<b>\$37</b>	<b>58,634</b>	<b>33.6 %</b>	<b>586,021</b>	<b>0.5</b>	<b>\$26</b>	<b>174,470</b>	<b>1,518,339</b>
<b>Female</b>	30,321	26.1	314,258	0.5	39	40,849	35.2	411,983	0.5	25	116,032	1,033,651
<b>Disabled</b>	8,626	33.3	89,283	0.4	37	9,190	35.5	92,509	0.5	30	25,889	218,345
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.1	1	4	21
6-14	1	10.0	3	0.3	5	1	10.0	5	0.6	12	10	49
15-20	22	17.3	225	0.3	9	20	15.7	189	0.3	24	127	886
21-44	2,902	30.4	29,954	0.3	24	2,512	26.3	25,115	0.4	25	9,560	78,019
45-64	5,652	35.3	58,614	0.5	43	6,562	41.0	66,333	0.5	32	16,004	138,019
65-74	48	26.5	475	0.5	34	92	50.8	831	0.6	36	181	1,324
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	1	33.3	12	1.1	75	2	66.7	24	0.7	66	3	27
<b>Other Eligibles</b>	21,695	24.1	224,975	0.6	40	31,659	35.1	319,474	0.5	24	90,143	815,306
5 and younger	0	0.0	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	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	41
21-44	51	20.0	435	0.3	13	62	24.3	525	0.4	20	255	1,314
45-64	56	31.5	501	0.5	29	61	34.3	495	0.5	24	178	1,189
65-74	5,791	28.0	60,435	0.5	41	7,538	36.5	77,426	0.6	30	20,655	179,857
75-84	7,979	25.0	83,227	0.6	39	11,474	36.0	115,742	0.5	25	31,916	290,904
85 and older	7,818	21.1	80,377	0.6	40	12,524	33.7	125,286	0.5	19	37,130	341,989
<b>Male</b>	11,200	19.2	114,349	0.4	32	17,785	30.4	174,038	0.6	28	58,438	484,688
<b>Disabled</b>	5,893	21.2	60,894	0.4	29	5,937	21.3	59,312	0.5	30	27,825	229,247
5 and younger	0	0.0	0	0.0	0	1	14.3	3	0.7	11	7	46
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	56
15-20	10	7.2	120	0.2	8	8	5.8	88	0.1	3	138	1,149
21-44	2,515	19.7	26,363	0.3	22	1,801	14.1	18,190	0.4	25	12,792	104,040
45-64	3,347	22.7	34,226	0.4	35	4,081	27.7	40,620	0.6	32	14,744	123,079
65-74	21	15.4	185	0.5	43	46	33.8	411	0.6	34	136	877
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	5,307	17.3	53,455	0.5	35	11,848	38.7	114,726	0.6	27	30,613	255,441
5 and younger	0	0.0	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
15-20	2	15.4	24	0.2	6	0	0.0	0	0.0	0	13	79
21-44	66	26.2	634	0.3	27	27	10.7	246	0.4	24	252	1,372
45-64	51	21.3	497	0.5	48	56	23.3	537	0.5	25	240	1,382
65-74	2,083	17.7	21,373	0.5	33	4,252	36.2	42,650	0.6	33	11,760	97,487
75-84	1,927	16.9	19,562	0.5	34	4,562	40.0	44,065	0.6	26	11,403	97,123
85 and older	1,178	17.0	11,365	0.6	38	2,951	42.5	27,228	0.5	20	6,945	57,998
<b>Unknown</b>	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 Pennsylvania, 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](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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 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
<b>All</b>	<b>\$339</b>	<b>7.4</b>	<b>45,212</b>	<b>475,001</b>
<b>Age</b>				
0-64	505	9.7	2,597	29,318
65-74	436	8.8	4,968	53,417
75-84	356	7.7	15,497	160,819
85 and older	284	6.6	22,150	231,447
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	330	7.3	34,770	368,292
Male	370	7.7	10,442	106,709
Unknown	0	0.0	0	0
<b>Race</b>				
White	341	7.5	40,163	419,042
African American	322	7	3,984	44,373
Other/unknown	319	6.7	1,065	11,586
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	328	7.3	42,617	445,781
Disabled	506	9.7	2,595	29,220
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table 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 27,363 beneficiaries who were in nursing facilities for part of their enrollment and their 216,810 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<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users										\$ per Bene Mo among Users										Users				
	Patented					Off-Patent					Patented					Off-Patent					Total # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name	Generic										
Anti-infective Agents	0.4	0.2	0.0	0.2	\$18	\$14	\$1	\$2	\$48	\$73	\$72	\$14	123,119	\$5,931,499	30,085	66.5 %	332,744								
Biologics	0.1	0.1	0.0	0.0	2	1	0	1	18	14	0	25	2,537	44,951	2,375	5.3	26,844								
Antineoplastic Agents	0.7	0.3	0.1	0.4	107	61	8	39	153	232	140	101	22,180	3,397,618	3,005	6.6	31,637								
Endocrine/Metabolic Drugs	1.3	0.5	0.3	0.5	42	30	4	8	32	55	15	16	302,635	9,804,301	21,736	48.1	233,605								
Cardiovascular Agents	2.3	0.5	0.3	1.5	59	26	6	27	25	48	23	18	812,764	20,609,789	33,026	73.0	352,015								
Respiratory Agents	0.8	0.3	0.1	0.5	33	19	3	11	40	60	60	23	174,567	6,918,965	18,812	41.6	206,823								
Gastrointestinal Agents	1.1	0.6	0.0	0.5	71	61	1	10	67	103	65	21	264,803	17,782,683	23,187	51.3	250,463								
Genitourinary Agents	0.7	0.6	0.0	0.1	38	35	1	2	52	61	37	17	75,926	3,948,651	9,475	21.0	103,418								
CNS Drugs	1.8	1.1	0.1	0.6	120	97	6	17	67	88	61	28	615,957	41,354,528	32,231	71.3	345,517								
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.0	0.5	28	19	1	9	39	116	36	16	3,868	150,154	494	1.1	5,376								
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	103	103	0	0	113	113	0	34	71,169	8,008,546	7,468	16.5	77,899								
Analgesics and Anesthetics	1.0	0.5	0.1	0.5	48	40	2	6	49	86	41	13	219,526	10,653,582	20,529	45.4	220,044								
Neuromuscular Agents	1.5	0.6	0.1	0.8	73	42	6	25	48	75	60	29	240,088	11,574,351	14,465	32.0	159,079								
Nutritional Products	0.8	0.0	0.0	0.8	15	0	1	14	18	26	19	17	118,685	2,090,510	13,231	29.3	142,396								
Hematological Agents	1.5	0.4	0.6	0.5	73	61	7	5	48	143	12	11	225,093	10,785,908	13,860	30.7	147,974								
Topical Products	0.7	0.3	0.1	0.4	22	13	2	7	32	48	44	18	228,791	7,311,212	29,478	65.2	327,962								
Miscellaneous Products	0.3	0.1	0.0	0.2	10	5	2	3	38	53	203	21	7,480	285,071	2,661	5.9	29,557								
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	8	0	0	0	23	0	0	0	15,016	345,336	3,645	8.1	41,591								
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.	3,524,224	160,997,655	n.a.	n.a.	n.a.								

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

- a. Table 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 27,363 beneficiaries who were in nursing facilities for part of their enrollment and their 216,810 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](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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). In Pennsylvania, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 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	\$19,713,105	19,024	42.1 %	207,304	0.9	\$111	\$95
ANTIDEPRESSANTS	18,026,278	29,697	65.7	320,969	1.0	58	56
ULCER DRUGS	16,508,163	22,527	49.8	244,158	0.9	76	68
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	8,007,416	7,479	16.5	78,033	0.9	112	103
ANTICONVULSANT	7,311,704	12,453	27.5	138,227	1.2	46	53
ANTIDIABETIC	6,100,648	15,275	33.8	166,275	0.9	39	37
ANALGESICS - Narcotic	5,534,923	18,976	42.0	203,515	0.6	43	27
ANTHYPERTENSIVE	5,506,493	16,555	36.6	177,580	0.9	33	31
DERMATOLOGICAL	4,805,061	51,741	114.4	586,429	0.3	28	8
ANALGESICS - ANTI-INFLAMMATORY	4,754,231	10,168	22.5	111,621	0.7	63	43
<b>Total</b>	<b>96,268,022</b>	<b>203,895</b>		<b>2,234,111</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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

a. Table 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 27,363 beneficiaries who were in nursing facilities for part of their enrollment and their 216,810 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](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups										ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Users as %			Mean No. of Rx	Mean Rx \$	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as %			No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$		
				Residents	NF	All-Year							Residents	NF	All-Year				Residents	NF
<b>All</b>	<b>1,632,151</b>	<b>\$96,268,022</b>	<b>19,024</b>	<b>42.1 %</b>	<b>207,304</b>	<b>0.9</b>	<b>\$95</b>	<b>29,697</b>	<b>65.7 %</b>	<b>320,969</b>	<b>1.0</b>	<b>\$66</b>								
<b>Female</b>	1,237,502	73,133,599	14,195	40.8	155,760	0.8	94	23,093	66.4	250,691	1.0	56								
<b>Disabled</b>	73,192	4,618,245	624	48.3	7,142	1.0	130	1,070	82.8	12,225	1.1	68								
64 or younger	72,642	4,586,651	620	48.4	7,094	1.0	130	1,055	82.4	12,090	1.1	68								
65-74	532	30,622	4	36.4	48	1.3	181	15	136.4	135	0.8	28								
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
85 and older	18	972	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
<b>Other Eligibles</b>	1,164,310	68,515,354	13,571	40.5	148,618	0.8	92	22,023	65.8	238,466	1.0	55								
64 or younger	881	46,855	8	57.1	96	1.1	147	10	71.4	111	1.3	53								
65-74	146,281	8,984,078	1,660	55.5	18,416	0.9	117	2,354	78.7	25,862	1.0	60								
75-84	440,148	26,081,426	5,230	45.8	57,170	0.9	97	8,027	70.2	86,493	1.0	56								
85 and older	577,000	33,402,995	6,673	35.0	72,936	0.8	81	11,632	61.1	126,000	1.0	54								
<b>Male</b>	394,649	23,134,423	4,829	46.2	51,544	0.9	100	6,604	63.2	70,278	1.0	57								
<b>Disabled</b>	70,985	4,294,132	647	49.7	7,359	1.0	136	880	67.5	9,995	1.1	68								
64 or younger	70,544	4,270,830	638	49.4	7,311	1.0	136	868	67.2	9,899	1.1	68								
65-74	441	23,302	9	75.0	48	1.0	131	12	100.0	96	1.1	66								
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
<b>Other Eligibles</b>	323,664	18,840,291	4,182	45.8	44,185	0.9	94	5,724	62.6	60,283	1.0	55								
64 or younger	1,091	40,021	9	75.0	108	1.5	156	8	66.7	87	2.0	39								
65-74	88,168	5,277,472	1,048	53.7	11,487	0.9	113	1,339	68.6	14,795	1.0	58								
75-84	146,970	8,610,873	1,920	47.2	20,188	0.9	94	2,638	64.9	27,450	0.9	56								
85 and older	87,435	4,911,925	1,205	38.8	12,402	0.8	76	1,739	56.0	17,951	0.9	51								
<b>Unknown</b>	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 Pennsylvania, 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 27,363 beneficiaries who were in nursing facilities for part of their enrollment and their 216,810 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](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2002

Beneficiary Characteristics	ULCER DRUGS						MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						ANTICONVULSANT					
	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
<b>All</b>	<b>22,527</b>	<b>49.8 %</b>	<b>\$68</b>	<b>7,479</b>	<b>16.5 %</b>	<b>\$103</b>	<b>12,453</b>	<b>27.5 %</b>	<b>\$53</b>	<b>138,227</b>	<b>1.2</b>	<b>\$53</b>						
<b>Female</b>	17,296	49.7	67	5,798	16.7	104	8,674	24.9	104	96,528	1.1	50						
<b>Disabled</b>	700	54.2	72	103	8.0	214	919	71.1	214	10,596	1.4	82						
64 or younger	695	54.3	73	103	8.0	214	913	71.3	214	10,533	1.4	83						
65-74	5	45.5	53	0	0.0	0	6	54.5	0	63	1.2	74						
75-84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0						
85 and older	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0						
<b>Other Eligibles</b>	16,596	49.6	67	5,695	17.0	102	7,755	23.2	102	85,932	1.1	46						
64 or younger	10	71.4	66	1	7.1	133	7	50.0	133	84	1.4	74						
65-74	1,632	54.5	70	390	13.0	100	1,457	48.7	100	16,449	1.2	59						
75-84	5,787	50.6	68	2,152	18.8	101	3,358	29.4	101	36,840	1.1	47						
85 and older	9,167	48.1	67	3,152	16.6	103	2,933	15.4	103	32,559	1.0	39						
<b>Male</b>	5,231	50.1	68	1,681	16.1	98	3,779	36.2	98	41,699	1.2	60						
<b>Disabled</b>	753	57.8	74	55	4.2	151	960	73.7	151	10,967	1.5	83						
64 or younger	745	57.7	75	55	4.3	151	953	73.8	151	10,927	1.5	83						
65-74	8	66.7	53	0	0.0	0	7	58.3	0	40	1.2	38						
75-84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0						
85 and older	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0						
<b>Other Eligibles</b>	4,478	49.0	67	1,626	17.8	96	2,819	30.8	96	30,732	1.1	51						
64 or younger	10	83.3	46	0	0.0	0	10	83.3	0	109	2.9	94						
65-74	1,024	52.4	71	236	12.1	92	993	50.8	92	11,168	1.2	62						
75-84	2,065	50.8	67	795	19.5	94	1,277	31.4	94	13,844	1.1	47						
85 and older	1,379	44.4	65	595	19.2	100	539	17.3	100	5,611	1.0	40						
<b>Unknown</b>	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 Pennsylvania, 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 27,363 beneficiaries who were in nursing facilities for part of their enrollment and their 216,810 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](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTIHYPERTENSIVE				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Rx
<b>All</b>	<b>15,275</b>	<b>33.8 %</b>	<b>0.9</b>	<b>\$37</b>	<b>0.9</b>	<b>18,976</b>	<b>42.0 %</b>	<b>0.6</b>	<b>\$27</b>	<b>0.6</b>	<b>16,555</b>	<b>36.6 %</b>	<b>0.9</b>	<b>\$31</b>	
<b>Female</b>	11,395	32.8	0.9	36	0.9	15,106	43.4	0.6	28	0.6	12,406	35.7	0.9	31	
<b>Disabled</b>	494	38.2	1.0	47	1.0	705	54.6	0.9	45	0.9	369	28.6	1.0	33	
64 or younger	490	38.3	1.0	47	1.0	695	54.3	0.9	44	0.9	363	28.4	1.0	33	
65-74	4	36.4	1.3	38	1.3	10	90.9	1.2	74	1.2	6	54.5	0.7	13	
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	
85 and older	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	
<b>Other Eligibles</b>	10,901	32.6	0.9	36	0.9	14,401	43.0	0.6	27	0.6	12,037	36.0	0.9	31	
64 or younger	11	78.6	1.32	40	1.1	8	57.1	0.4	20	0.4	8	57.1	0.9	25	
65-74	1,675	56.0	1.1	43	1.1	1,583	52.9	0.8	37	0.8	1,215	40.6	1.0	34	
75-84	4,786	41.9	0.9	37	0.9	5,168	45.2	0.7	29	0.7	4,455	39.0	0.9	31	
85 and older	4,429	23.3	0.9	32	0.9	7,642	40.1	0.6	24	0.6	6,359	33.4	0.9	30	
<b>Male</b>	3,880	37.2	0.9	38	0.9	3,870	37.1	0.6	24	0.6	4,149	39.7	0.9	31	
<b>Disabled</b>	427	32.8	1.1	47	1.1	556	42.7	0.7	32	0.7	455	34.9	1.1	35	
64 or younger	422	32.7	1.1	47	1.1	548	42.4	0.7	32	0.7	448	34.7	1.1	35	
65-74	5	41.7	1.3	34	1.3	8	66.7	1.0	29	1.0	7	58.3	1.0	39	
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	
85 and older	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	
<b>Other Eligibles</b>	3,453	37.8	0.9	36	0.9	3,314	36.3	0.5	22	0.5	3,694	40.4	0.9	31	
64 or younger	3	25.0	1.0	27	1.0	2	16.7	0.4	3	0.4	6	50.0	3.0	29	
65-74	986	50.5	0.9	40	0.9	737	37.7	0.7	29	0.7	896	45.9	0.9	31	
75-84	1,677	41.2	0.9	37	0.9	1,501	36.9	0.5	22	0.5	1,736	42.7	0.9	31	
85 and older	787	25.3	0.8	30	0.8	1,074	34.6	0.5	19	0.5	1,056	34.0	0.9	30	
<b>Unknown</b>	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 Pennsylvania, 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 27,363 beneficiaries who were in nursing facilities for part of their enrollment and their 216,810 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Benefit 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2002

Beneficiary Characteristics	DERMATOLOGICAL										ANALGESICS - ANTI-INFLAMMATORY												
	Users as %					Users as %					Users as %					Users as %							
	No. of Users	No. of Users	Residents	NF	All-Year	No. of Bene Mos among Users	Mean Rx	Mean Rx\$	No. of Rx	Mean No. of Rx	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx\$	No. of Rx	Mean No. of Rx	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx\$	No. of Rx	Mean No. of Rx	All-Year NF Residents	Bene Mos among All-Year NF Residents	
<b>All</b>	51,741	114.4 %	586,429	0.3	\$8	10,168	22.5 %	111,621	0.7	\$43	45,212	475,001											
<b>Female</b>	38,579	111.0	439,130	0.3	8	8,220	23.6	90,417	0.7	44	34,770	368,292											
<b>Disabled</b>	2,021	156.4	23,643	0.3	11	381	29.5	4,362	0.7	34	1,292	14,594											
64 or younger	2,002	156.4	23,442	0.3	11	375	29.3	4,300	0.7	34	1,280	14,489											
65-74	17	154.5	177	0.2	10	5	45.5	50	0.6	36	11	93											
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0											
85 and older	2	200.0	24	0.2	3	1	100.0	12	1.1	75	1	12											
<b>Other Eligibles</b>	36,558	109.2	415,487	0.3	8	7,839	23.4	86,055	0.7	44	33,478	353,698											
64 or younger	17	121.4	204	0.2	7	7	50.0	84	0.8	12	14	159											
65-74	3,771	126.0	43,348	0.3	9	725	24.2	8,100	0.7	45	2,992	32,319											
75-84	12,661	110.8	143,440	0.3	8	2,769	24.2	30,436	0.7	45	11,430	120,181											
85 and older	20,109	105.6	228,495	0.3	7	4,338	22.8	47,435	0.7	43	19,042	201,039											
<b>Male</b>	13,162	126.0	147,299	0.3	9	1,948	18.7	21,204	0.7	39	10,442	106,709											
<b>Disabled</b>	2,189	168.0	25,469	0.4	11	263	20.2	3,052	0.7	30	1,303	14,626											
64 or younger	2,177	168.6	25,355	0.4	11	263	20.4	3,052	0.7	30	1,291	14,546											
65-74	12	100.0	114	0.3	6	0	0.0	0	0.0	0	12	80											
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0											
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0											
<b>Other Eligibles</b>	10,973	120.1	121,830	0.3	9	1,685	18.4	18,152	0.6	40	9,139	92,083											
64 or younger	14	116.7	159	0.2	10	1	8.3	12	1.3	4	12	124											
65-74	2,594	132.8	29,481	0.3	10	388	19.9	4,283	0.6	36	1,953	20,925											
75-84	4,887	120.2	54,247	0.3	9	745	18.3	8,048	0.7	41	4,067	40,638											
85 and older	3,478	111.9	37,943	0.3	8	551	17.7	5,809	0.7	42	3,107	30,396											
<b>Unknown</b>	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 Pennsylvania, 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 27,363 beneficiaries who were in nursing facilities for part of their enrollment and their 216,810 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](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<sup>a,b</sup>  
 PENNSYLVANIA, 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 \$	Part D Excl Rx as % of All Dual Rx	Total No. of Benes
			5.2	54.1 %						
<b>All</b>	<b>94,329</b>	<b>54.1 %</b>	<b>5.2</b>	<b>914,053</b>	<b>\$79</b>	<b>\$13,846,570</b>	<b>\$15</b>	<b>3.1 %</b>	<b>174,470</b>	
<b>Age</b>										
5 and younger	9	81.8	8.6	95	314	3,456	36	10.2	11	
6-14	9	47.4	4.5	86	56	1,057	12	2.8	19	
15-20	97	33.9	1.8	527	33	9,333	18	1.8	286	
21-44	9,044	39.6	3.3	74,748	75	1,703,176	23	3.1	22,859	
45-64	15,809	50.7	5.2	160,595	97	3,015,986	19	3.3	31,166	
65-74	16,036	49.0	4.9	161,637	79	2,576,583	16	3.3	32,732	
75-84	25,238	58.3	5.8	251,697	77	3,353,740	13	3.0	43,319	
85 and older	28,087	63.7	6.0	264,668	72	3,183,239	12	3.1	44,078	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	69,296	57.8	5.6	677,350	76	9,104,767	13	3.1	119,975	
Disabled	24,772	46.1	4.4	235,332	87	4,671,937	20	3.2	53,714	
Adults	246	32.9	1.8	1,342	93	69,144	52	7.2	747	
Children	8	33.3	0.6	14	11	253	18	1.1	24	
Unknown	7	70.0	1.5	15	47	469	31	0.5	10	
<b>Gender</b>										
Female	67,956	58.6	5.8	678,143	87	10,066,735	15	3.3	116,032	
Male	26,373	45.1	4.0	235,910	65	3,779,835	16	2.8	58,438	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	83,435	56.5	5.6	824,605	86	12,757,692	15	3.2	147,733	
African American	7,078	42.2	3.7	61,510	43	722,182	12	2.3	16,760	
Other/unknown	3,816	38.2	2.8	27,938	37	366,696	13	2.9	9,977	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	31,282	69.2	7.8	351,339	101	4,573,743	13	2.8	45,212	
Part year	18,575	67.9	5.2	142,476	67	1,843,696	13	2.9	27,363	
None	44,472	43.6	4.1	420,238	73	7,429,131	18	3.5	101,895	
<b>Maintenance Assistance Status</b>										
Cash	23,993	51.8	5.4	249,443	85	3,947,819	16	3.5	46,345	
Medically needy	18,132	60.9	5.6	167,488	72	2,152,387	13	2.8	29,777	
Poverty related	18,295	42.2	3.6	155,583	65	2,813,168	18	3.1	43,352	
Other/unknown	33,909	61.7	6.2	341,539	90	4,933,196	14	3.1	54,996	

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

- a. Table 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<sup>a,b</sup>  
 PENNSYLVANIA, 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	0.6	\$9	\$15	\$0	\$3	1,518,339
<b>Age</b>						
5 and younger	1.4	52	36	1	1	67
6-14	0.7	9	12	0	0	117
15-20	0.2	4	18	0	1	2,155
21-44	0.4	9	23	0	4	184,745
45-64	0.6	11	19	0	5	263,669
65-74	0.6	9	16	0	3	279,545
75-84	0.6	9	13	0	3	388,027
85 and older	0.7	8	12	0	2	400,014
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.6	9	13	0	2	1,066,663
Disabled	0.5	10	20	0	5	447,592
Adults	0.3	18	52	0	3	3,848
Children	0.1	2	18	0	0	146
Unknown	0.2	5	31	0	0	90
<b>Gender</b>						
Female	0.7	10	15	0	3	1,033,651
Male	0.5	8	16	0	3	484,688
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.6	10	15	0	3	1,335,693
African American	0.5	6	12	0	1	126,273
Other/unknown	0.5	7	13	0	2	56,373
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.7	10	13	0	3	475,001
Part year	0.7	9	13	0	2	216,810
None	0.5	9	18	0	4	826,528
<b>Maintenance Assistance Status</b>						
Cash	0.6	10	16	0	4	403,669
Medically needy	0.6	8	13	0	2	265,625
Poverty related	0.4	8	18	0	3	351,121
Other/unknown	0.7	10	14	0	3	497,924

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

- a. Table 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<sup>a,b,c</sup>  
 PENNSYLVANIA, 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
<b>All</b>	<b>149,149</b>	<b>\$93</b>	<b>\$13,846,570</b>	<b>100.0 %</b>	<b>914,053</b>	<b>\$15</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	5	121	604	0.0	19	32	0.0
Fertility drugs	7	40	279	0.0	7	40	0.0
Drugs for cosmetic purposes	52	47	2,469	0.0	103	24	0.0
Cough and cold medications	21,797	84	1,838,162	13.3	62,590	29	6.8
Vitamins and minerals	34,040	129	4,392,909	31.7	238,222	18	26.1
Non-prescription drugs	51,696	40	2,093,008	15.1	337,695	6	36.9
Barbiturates	2,378	69	163,528	1.2	25,862	6	2.8
Benzodiazepines	36,507	129	4,715,227	34.1	239,593	20	26.2
Other Part D Excl Rx Drugs	2,667	240	640,384	4.6	9,962	64	1.1

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

a. Table 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 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 PENNSYLVANIA, 2002

Total Number of Dual Eligible Beneficiaries 174,470  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$440,548,098  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,525

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	30,379	17.4 %	\$0	0.0 %
1-500	28,379	16.3	6,207,350	1.4
501-1,000	17,505	10.0	12,913,238	2.9
1,001-1,500	13,580	7.8	16,880,045	3.8
1,501-2,000	11,749	6.7	20,489,723	4.7
2,001-2,500	10,056	5.8	22,576,939	5.1
2,501-3,000	8,774	5.0	24,086,720	5.5
3,001-3,500	7,812	4.5	25,338,764	5.8
3,501-4,000	6,801	3.9	25,468,540	5.8
4,001-4,500	5,831	3.3	24,748,142	5.6
4,501-5,000	5,169	3.0	24,517,845	5.6
5,001-5,500	4,463	2.6	23,396,563	5.3
5,501-6,000	3,684	2.1	21,163,117	4.8
6,001-6,500	3,153	1.8	19,687,743	4.5
6,501-7,000	2,657	1.5	17,907,974	4.1
7,001-7,500	2,218	1.3	16,068,641	3.6
7,501-8,000	1,908	1.1	14,774,349	3.4
8,001-8,500	1,499	0.9	12,360,717	2.8
8,501-9,000	1,278	0.7	11,177,692	2.5
9,001-9,500	1,108	0.6	10,242,971	2.3
9,501-10,000	881	0.5	8,587,576	1.9
10,001+	5,586	3.2	81,953,449	18.6

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

a. 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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>288,727</b>	<b>174,964</b>	<b>112,045</b>	<b>1,666</b>	<b>42</b>	<b>3,062,680</b>	<b>1,804,822</b>	<b>1,243,966</b>	<b>13,399</b>	<b>390</b>	<b>103</b>
<b>Age</b>											
5 and younger	23	0	23	0	0	271	0	271	0	0	0
6-14	41	0	39	0	2	447	0	423	0	24	0
15-20	595	0	560	0	35	6,609	0	6,272	0	337	0
21-44	50,373	103	49,299	966	5	561,059	1,128	551,873	8,029	29	0
45-64	62,466	290	61,474	693	0	687,878	3,104	679,351	5,330	0	93
65-74	63,591	62,939	644	7	0	688,969	683,192	5,727	40	0	10
75-84	61,648	61,648	0	0	0	635,672	635,672	0	0	0	0
85 and older	49,990	49,984	6	0	0	481,775	481,726	49	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	186,561	130,146	55,582	805	18	1,982,459	1,353,272	622,103	6,807	174	103
Male	102,166	44,818	56,463	861	24	1,080,221	451,550	621,863	6,592	216	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	216,148	131,291	83,730	1,094	27	2,277,587	1,335,594	932,724	8,936	271	62
African American	48,256	27,884	19,914	444	11	524,704	301,025	220,072	3,483	95	29
Other/unknown	24,323	15,789	8,401	128	4	260,389	168,203	91,170	980	24	12
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	45,214	42,619	2,595	0	0	475,125	445,892	29,233	0	0	0
Part year	27,424	25,708	1,712	4	0	230,646	214,086	16,520	40	0	0
None	216,089	106,637	107,738	1,662	42	2,356,909	1,144,844	1,198,213	13,359	390	103
<b>Maintenance Assistance Status</b>											
Cash	116,006	63,210	52,444	349	3	1,321,640	717,126	601,348	3,131	35	0
Medically needy	30,412	27,631	2,705	68	8	277,002	250,889	25,529	517	67	0
Poverty related	78,582	39,605	38,895	69	3	840,058	418,698	420,763	469	25	103
Other/unknown	63,727	44,518	18,001	1,180	28	623,980	418,109	196,326	9,282	263	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	280,770	170,525	108,537	1,657	42	2,978,126	1,758,625	1,205,703	13,317	390	91
Full dual, part year	7,957	4,439	3,508	9	0	84,554	46,197	38,263	82	0	12
<b>Managed Care Status</b>											
FFS all year	142,293	104,743	37,105	423	14	1,411,195	1,012,381	395,565	3,045	125	79
FFS part year, with Rx claims	20,151	9,697	10,273	173	6	218,835	105,833	111,490	1,433	55	24
FFS part year, no Rx claims	12,026	5,535	6,336	151	4	116,297	52,152	63,006	1,096	43	0
MC all year, with Rx claims	686	302	365	18	1	7,344	3,329	3,921	82	12	0
MC all year, no Rx claims	113,571	54,687	57,966	901	17	1,309,009	631,127	669,984	7,743	155	0

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

a. Table 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 Mo(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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2002

Beneficiary Characteristics	Benes and				Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Bene Mo(s) in Cell F of Table 1	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos
<b>All</b>	<b>288,727</b>	<b>3,062,680</b>	<b>174,470</b>	<b>1,518,339</b>	<b>0</b>	<b>1,544,341</b>	<b>0</b>	<b>1,544,341</b>
FFS all year	142,293	1,411,195	142,293	1,411,195	0	0	0	0
FFS part year, with Rx claims	20,151	218,835	20,151	71,784	0	147,051	0	147,051
FFS part year, with no Rx claims	12,026	116,297	12,026	35,360	0	80,937	0	80,937
MC all year, with Rx claims	686	7,344	0	0	0	7,344	0	7,344
MC all year, with no Rx claims	113,571	1,309,009	0	0	0	1,309,009	0	1,309,009

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

a. 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.