

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

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TABLE D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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>6,185,849</b>	<b>3,351,051</b>	<b>2,760,680</b>	<b>72,780</b>	<b>1,141</b>	<b>197</b>	<b>63,253,342</b>	<b>33,754,298</b>	<b>28,952,173</b>	<b>535,446</b>	<b>9,701</b>	<b>1,724</b>		
<b>Age</b>														
5 and younger	317	7	252	0	58	0	3,071	59	2,528	0	484	0		
6-14	973	1	782	1	189	0	9,937	6	8,156	12	1,763	0		
15-20	9,864	1	9,139	136	588	0	98,426	12	92,314	1,071	5,029	0		
21-44	938,509	124	900,034	38,103	230	18	9,755,897	1,099	9,462,861	289,897	1,877	163		
45-64	1,281,288	1,474	1,249,349	30,316	36	113	13,169,739	11,243	12,941,873	215,396	244	963		
65-74	1,549,349	1,141,162	404,498	3,596	28	65	16,029,917	11,611,079	4,393,528	24,561	181	568		
75-84	1,416,009	1,275,100	140,356	549	3	1	14,604,220	13,103,095	1,497,125	3,965	25	10		
85 and older	989,523	933,167	56,269	79	8	0	9,582,021	9,027,609	553,776	544	92	0		
Unknown	17	15	1	0	1	0	114	96	12	0	6	0		
<b>Gender</b>														
Female	3,944,083	2,408,404	1,495,689	39,273	523	194	40,658,785	24,503,318	15,853,971	295,363	4,445	1,688		
Male	2,241,748	942,646	1,264,975	33,506	618	3	22,594,393	9,250,968	13,098,053	240,080	5,256	36		
Unknown	18	1	16	1	0	0	164	12	149	3	0	0		
<b>Race</b>														
White	3,686,922	1,974,872	1,668,666	42,646	621	117	36,951,506	19,266,176	17,364,656	314,313	5,335	1,026		
African American	1,129,699	529,960	582,771	16,620	302	46	11,700,912	5,464,645	6,114,955	118,308	2,576	428		
Other/unknown	1,369,228	846,219	509,243	13,514	218	34	14,600,924	9,023,477	5,472,562	102,825	1,790	270		
<b>Use of Nursing Facilities<sup>c</sup></b>														
Entire year	869,744	748,079	121,534	121	10	0	8,670,938	7,392,291	1,277,359	1,179	109	0		
Part year	453,355	370,001	83,076	271	6	1	4,163,231	3,327,019	833,583	2,557	61	11		
None	4,862,750	2,232,971	2,556,070	72,388	1,125	196	50,419,173	23,034,988	26,841,231	531,710	9,531	1,713		
<b>Maintenance Assistance Status</b>														
Cash	3,076,145	1,400,472	1,655,221	20,340	112	0	33,366,629	15,397,478	17,813,351	154,819	981	0		
Medically needy	816,816	532,769	272,871	11,044	132	0	7,683,877	4,926,072	2,676,621	80,365	819	0		
Poverty-related	750,496	392,491	354,614	2,798	400	193	7,633,386	3,951,013	3,659,277	18,022	3,398	1,676		
Other/unknown	1,542,392	1,025,319	477,974	38,598	497	4	14,569,450	9,479,735	4,802,924	282,240	4,503	48		
<b>Dual Medicare Status<sup>d</sup></b>														
Full dual, all year	5,924,841	3,212,369	2,642,057	69,115	1,105	195	60,844,885	32,497,525	27,830,128	506,196	9,329	1,707		
Full dual, part year	261,008	138,682	118,623	3,665	36	2	2,408,457	1,256,773	1,122,045	29,250	372	17		
<b>Managed Care Status</b>														
FFS all year	5,761,935	3,176,773	2,531,780	52,239	951	192	60,930,231	32,817,951	27,669,103	432,694	8,777	1,706		
FFS part year, with Rx claims	314,000	128,731	169,826	15,304	135	4	1,767,999	711,580	974,215	81,485	704	15		
FFS part year, no Rx claims	109,911	45,545	59,073	5,237	55	1	555,109	224,765	308,854	21,267	220	3		

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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.

Table D2

Dual Eligible Beneficiaries

- 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, UNITED STATES, 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	85.2 %	40.2	\$2,387	\$59	\$13,646	17.5 %	6,185,849
<b>Age</b>							
5 and younger	90.2	39.8	3,946	99	32,103	12.3	317
6-14	90.1	46.4	6,653	143	20,700	32.1	973
15-20	75.7	20.7	2,163	105	12,347	17.5	9,864
21-44	81.9	31.2	2,756	88	13,152	21.0	938,509
45-64	86.4	45.2	3,117	69	13,894	22.4	1,281,288
65-74	84.0	38.4	2,111	55	8,907	23.7	1,549,349
75-84	86.4	42.5	2,147	51	13,908	15.4	1,416,009
85 and older	87.1	42.1	1,864	44	20,841	8.9	989,523
Unknown	52.9	15.6	508	33	12,859	4.0	17
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	85.1	40.1	1,994	50	14,078	14.2	3,351,051
Disabled	85.8	40.9	2,885	71	13,364	21.6	2,760,680
Adults	69.5	21.0	1,542	74	4,459	34.6	72,780
Children	70.3	24.6	3,262	132	13,823	23.6	1,141
Unknown	85.8	26.4	2,431	92	11,847	20.5	197
<b>Gender</b>							
Female	87.7	43.8	2,400	55	13,774	17.4	3,944,083
Male	80.9	34.0	2,363	70	13,421	17.6	2,241,748
Unknown	72.2	21.4	1,797	84	19,226	9.3	18
<b>Race</b>							
White	86.1	44.9	2,603	58	15,884	16.4	3,686,922
African American	84.0	35.0	2,040	58	11,104	18.4	1,129,699
Other/unknown	83.9	32.0	2,090	65	9,719	21.5	1,369,228
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	89.1	58.8	2,807	48	35,922	7.8	869,744
Part year	91.2	48.4	2,423	50	21,881	11.1	453,355
None	84.0	36.1	2,308	64	8,894	26.0	4,862,750
<b>Maintenance Assistance Status</b>							
Cash	87.0	37.5	2,360	63	8,637	27.3	3,076,145
Medically needy	75.4	34.6	2,163	63	22,650	9.6	816,816
Poverty related	83.4	36.3	2,188	60	8,644	25.3	750,496
Other/unknown	87.9	50.6	2,655	53	21,301	12.5	1,542,392

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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, UNITED STATES, 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	3.9	\$233	17.5 %	14.8 %	17.8 %	12.0 %	28.8 %	20.5 %	6.0 %	\$1,335	6,185,849	63,253,342
<b>Age</b>												
5 and younger	4.1	407	12.3	9.8	10.7	12.0	43.5	21.1	2.8	3,314	317	3,071
6-14	4.5	651	32.1	9.9	9.5	10.7	39.7	25.9	4.4	2,027	973	9,937
15-20	2.1	217	17.5	24.3	35.3	12.0	18.2	8.4	1.8	1,237	9,864	98,426
21-44	3.0	265	21.0	18.1	26.7	13.1	24.9	13.5	3.8	1,265	938,509	9,755,897
45-64	4.4	303	22.4	13.6	15.9	11.3	29.1	22.4	7.8	1,352	1,281,288	13,169,739
65-74	3.7	204	23.7	16.0	18.9	12.8	28.4	18.5	5.3	861	1,549,349	16,029,917
75-84	4.1	208	15.4	13.6	15.7	11.9	30.0	22.4	6.4	1,349	1,416,009	14,604,220
85 and older	4.4	193	8.9	12.9	13.4	10.9	31.0	25.5	6.3	2,152	989,523	9,582,021
Unknown	2.3	76	4.0	47.1	23.5	0.0	17.6	11.8	0.0	1,918	17	114
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	4.0	198	14.2	14.9	16.6	12.1	29.1	21.2	6.0	1,398	3,351,051	33,754,298
Disabled	3.9	275	21.6	14.2	19.2	12.0	28.6	19.9	6.1	1,274	2,760,680	28,952,173
Adults	2.8	210	34.6	30.5	21.3	11.0	21.1	12.1	3.9	606	72,780	535,446
Children	2.9	384	23.6	29.7	20.9	10.3	22.2	14.4	2.6	1,626	1,141	9,701
Unknown	3.0	278	20.5	14.2	20.3	19.8	32.5	11.2	2.0	1,354	197	1,724
<b>Gender</b>												
Female	4.2	233	17.4	12.3	15.9	12.0	30.3	22.6	6.8	1,336	3,944,083	40,658,785
Male	3.4	235	17.6	19.1	21.2	12.1	26.1	16.9	4.6	1,332	2,241,748	22,594,393
Unknown	2.3	197	9.3	27.8	27.8	16.7	16.7	11.1	0.0	2,110	18	164
<b>Race</b>												
White	4.5	260	16.4	13.9	15.0	10.6	28.4	24.0	8.0	1,585	3,686,922	36,951,506
African American	3.4	197	18.4	16.0	20.2	13.1	30.3	17.1	3.4	1,072	1,129,699	11,700,912
Other/unknown	3.0	196	21.5	16.1	23.4	15.0	28.7	14.0	2.7	911	1,369,228	14,600,924
<b>use of nursing Facilities<sup>d</sup></b>												
Entire year	5.9	282	7.8	10.9	7.9	6.8	26.4	34.0	14.2	3,603	869,744	8,670,938
Part year	5.3	264	11.1	8.8	11.1	9.7	30.9	29.7	9.9	2,383	453,355	4,163,231
None	3.5	223	26.0	16.0	20.3	13.2	29.0	17.3	4.2	858	4,862,750	50,419,173
<b>Maintenance Assistance Status</b>												
Cash	3.5	218	27.3	13.0	21.3	14.1	30.2	17.3	4.1	796	3,076,145	33,366,629
Medically needy	3.7	230	9.6	24.6	16.7	9.8	24.0	19.1	5.8	2,408	816,816	7,683,877
Poverty related	3.6	215	25.3	16.6	19.3	12.4	30.1	17.6	4.0	850	750,496	7,633,386
Other/unknown	5.4	281	12.5	12.1	10.9	8.8	28.0	29.1	11.0	2,255	1,542,392	14,569,450

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. This table was produced on 04/19/2007.

Table D4

Dual Eligible Beneficiaries



- 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.

TABLE D.5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2002

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>3.9</b>	<b>\$233</b>	<b>\$59</b>	<b>1.7</b>	<b>\$177</b>	<b>\$102</b>	<b>0.3</b>	<b>\$15</b>	<b>\$53</b>	<b>1.9</b>	<b>\$40</b>	<b>\$21</b>
<b>Age</b>												
5 and younger	4.1	407	99	1.9	334	180	0.4	37	97	1.9	36	19
6-14	4.5	651	143	2.1	540	261	0.4	59	143	2.0	51	25
15-20	2.1	217	105	1.0	178	184	0.2	15	89	0.9	24	26
21-44	3.0	265	88	1.4	211	152	0.2	17	81	1.4	36	26
45-64	4.4	303	69	2.0	234	118	0.3	20	65	2.1	49	23
65-74	3.7	204	55	1.7	154	90	0.3	13	51	1.7	36	21
75-84	4.1	208	51	1.8	155	85	0.3	14	43	2.0	39	20
85 and older	4.4	193	44	1.7	138	80	0.4	13	36	2.2	41	18
Unknown	2.3	76	33	0.7	43	63	0.1	9	63	1.5	24	16
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.0	198	50	1.7	147	85	0.3	13	42	1.9	37	20
Disabled	3.9	275	71	1.8	213	120	0.3	18	66	1.8	44	24
Adults	2.8	210	74	1.3	166	126	0.2	13	72	1.3	31	23
Children	2.9	384	132	1.3	319	240	0.2	29	124	1.3	35	27
Unknown	3.0	278	92	1.5	233	157	0.2	11	67	1.4	34	25
<b>Gender</b>												
Female	4.2	233	55	1.9	175	93	0.3	16	49	2.0	41	20
Male	3.4	235	70	1.5	181	121	0.2	15	62	1.6	38	24
Unknown	2.3	197	84	1.1	140	129	0.2	25	135	1.1	33	30
<b>Race</b>												
White	4.5	260	58	1.9	196	101	0.3	17	51	2.2	46	21
African American	3.4	197	58	1.5	150	102	0.2	12	50	1.7	34	21
Other/unknown	3.0	196	65	1.5	152	104	0.2	13	63	1.3	31	23
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	5.9	282	48	2.4	205	86	0.5	19	37	3.0	57	19
Part year	5.3	264	50	2.2	195	90	0.4	17	40	2.6	52	20
None	3.5	223	64	1.6	171	107	0.2	15	60	1.6	36	22
<b>Maintenance Assistance Status</b>												
Cash	3.5	218	63	1.6	166	105	0.2	15	60	1.6	36	22
Medically needy	3.7	230	63	1.6	174	108	0.3	17	52	1.7	39	23
Poverty related	3.6	215	60	1.6	167	102	0.2	12	51	1.7	36	21
Other/unknown	5.4	281	53	2.2	210	94	0.4	18	43	2.7	53	20

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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.

Table D5

Dual Eligible Beneficiaries

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 the U.S., 0.8 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, UNITED STATES, 2002

Therapeutic Category	No. of Rx per Bene Mo Among Users			\$ per Bene Mo Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Rx \$	No. Dual Benes	As % of Dual Benes	No. of Bene Mos				
														Generic	Generic	Generic	
Anti-infective Agents	0.3	0.2	0.0	0.1	\$30	\$26	\$1	\$2	\$89	\$148	\$85	\$16	11,491,927	\$1,018,676,445	3,100,773	50.1 %	33,935,750
Biologics	0.1	0.1	0.0	0.0	35	2	7	26	322	29	3,091	809	94,285	30,334,730	77,101	1.2	874,170
Antineoplastic Agents	0.5	0.2	0.0	0.3	103	71	7	25	203	347	162	95	1,293,664	262,073,071	248,797	4.0	2,551,356
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	42	32	4	6	47	71	31	19	24,556,142	1,147,540,758	2,502,283	40.5	27,018,678
Cardiovascular Agents	1.6	0.6	0.1	0.9	61	40	5	16	38	66	37	19	63,270,543	2,430,175,893	3,696,683	59.8	39,582,407
Respiratory Agents	0.7	0.4	0.1	0.3	36	26	4	6	53	71	72	23	16,818,075	891,983,986	2,271,781	36.7	24,844,557
Gastrointestinal Agents	0.7	0.4	0.0	0.3	54	45	1	7	78	128	98	22	18,189,614	1,416,186,758	2,442,299	39.5	26,378,718
Genitourinary Agents	0.5	0.4	0.0	0.1	28	25	0	2	60	72	39	20	4,190,195	251,707,301	827,959	13.4	9,065,874
CNS Drugs	1.2	0.6	0.1	0.5	103	83	6	14	84	130	108	27	38,901,314	3,281,337,620	2,972,115	48.0	31,708,656
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.1	0.3	44	30	5	9	83	137	84	37	284,695	23,690,394	49,518	0.8	540,005
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.0	75	73	0	2	126	134	39	42	2,036,687	257,510,353	326,161	5.3	3,439,807
Analgesics and Anesthetics	0.7	0.3	0.0	0.4	41	31	3	8	58	121	71	19	23,428,938	1,367,415,842	3,044,412	49.2	32,977,823
Neuromuscular Agents	0.9	0.4	0.1	0.5	58	43	5	11	63	112	54	24	15,594,343	987,599,903	1,563,074	25.3	16,925,359
Nutritional Products	0.6	0.0	0.0	0.5	10	0	1	9	17	29	21	17	6,562,669	113,971,317	1,067,631	17.3	11,267,739
Hematological Agents	0.7	0.2	0.1	0.3	55	46	3	6	76	187	21	17	8,415,160	641,194,566	1,102,648	17.8	11,713,335
Topical Products	0.5	0.2	0.0	0.2	19	13	2	4	41	60	45	20	11,899,521	486,882,227	2,366,003	38.2	26,214,510
Miscellaneous Products	0.4	0.2	0.1	0.2	80	55	14	11	193	360	272	53	612,265	118,322,653	140,432	2.3	1,477,856
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	32	0	0	0	1,162,552	37,247,542	334,710	5.4	3,738,412
<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.	248,802,589	14,763,851,359	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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 the U.S., 0.8 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, UNITED STATES, 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	\$1,879,002,676	1,467,255	23.7 %	16,044,689	0.7	\$162	\$117	
ULCER DRUGS	1,169,376,655	2,448,714	39.6	27,055,291	0.5	88	43	
ANTIDEPRESSANTS	1,041,295,406	2,424,114	39.2	26,375,247	0.6	65	39	
ANTICONVULSANT	783,275,813	1,271,804	20.6	14,042,771	0.8	74	56	
ANTIDIABETIC	765,633,263	1,904,463	30.8	20,996,444	0.6	58	36	
ANTHYPERLIPIDEMIC	757,852,891	1,315,397	21.3	14,811,688	0.6	89	51	
ANTHYPERTENSIVE	673,120,362	2,522,962	40.8	27,883,880	0.6	41	24	
ANALGESICS - ANTI-INFLAMMATORY	648,949,187	2,093,596	33.8	23,698,265	0.4	75	27	
ANALGESICS - NARCOTIC	609,554,009	2,929,498	47.4	32,119,384	0.4	49	19	
ANTIASTHMATIC	517,322,844	1,950,584	31.5	21,397,421	0.4	57	24	
Total	8,845,383,106	20,328,387		224,425,080	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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, UNITED STATES, 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>119,883,401</b>	<b>\$8,845,383,106</b>	<b>1,467,255</b>	<b>23.7 %</b>	<b>16,044,689</b>	<b>0.7</b>	<b>\$117</b>	<b>2,448,714</b>	<b>39.6 %</b>	<b>27,055,291</b>	<b>0.5</b>	<b>\$43</b>
<b>Female</b>	80,744,529	5,684,934,847	866,472	22.0	9,453,277	0.7	100	1,712,303	43.4	18,988,706	0.5	43
<b>Disabled</b>	35,419,777	2,799,040,496	428,014	28.6	4,843,318	0.7	120	683,800	45.7	7,753,326	0.5	43
5 and younger	657	31,594	0	0.0	0	0.0	0	62	74.7	675	0.4	26
6-14	3,270	187,454	8	2.3	81	0.7	131	159	45.3	1,736	0.5	37
15-20	37,748	3,005,928	746	18.9	8,269	0.6	104	894	22.6	10,075	0.4	28
21-44	7,582,015	694,494,691	154,630	39.6	1,752,541	0.7	125	128,895	33.0	1,459,563	0.4	39
45-64	18,244,158	1,448,023,952	201,720	29.6	2,288,215	0.7	126	333,641	49.0	3,767,035	0.5	46
65-74	6,442,709	454,940,604	40,655	15.2	466,147	0.7	97	144,891	54.1	1,673,199	0.4	42
75-84	2,306,832	151,312,489	19,649	18.5	218,811	0.6	83	54,253	51.0	616,690	0.5	42
85 and older	802,388	47,043,784	10,606	23.0	109,254	0.6	68	21,005	45.5	224,353	0.5	42
<b>Other Eligibles</b>	45,324,643	2,885,891,559	438,458	17.9	4,609,959	0.6	80	1,028,500	42.0	11,235,347	0.5	43
5 and younger	173	7,317	2	6.3	7	1.3	188	10	31.3	97	0.4	9
6-14	497	38,709	5	6.3	60	0.4	92	25	31.3	264	0.5	37
15-20	2,408	158,255	45	12.3	452	0.5	76	79	21.6	792	0.4	28
21-44	248,621	19,680,978	4,187	17.8	41,094	0.5	77	5,030	21.4	49,436	0.4	36
45-64	181,831	13,332,160	1,677	11.2	16,153	0.6	93	3,718	24.8	35,953	0.5	48
65-74	13,961,052	946,919,532	89,288	12.2	976,007	0.7	95	309,036	42.3	3,472,228	0.5	42
75-84	18,164,924	1,158,961,640	166,637	18.2	1,766,343	0.6	81	401,964	44.0	4,447,349	0.5	43
85 and older	12,765,137	746,792,968	176,617	23.1	1,809,843	0.6	71	308,638	40.3	3,229,228	0.6	45
<b>Male</b>	39,138,651	3,160,424,757	600,776	26.8	6,591,346	0.8	141	736,403	32.8	8,066,499	0.5	43
<b>Disabled</b>	24,172,110	2,183,202,435	440,620	34.8	4,969,756	0.8	159	390,635	30.9	4,371,275	0.5	45
5 and younger	1,107	56,147	1	0.6	12	0.1	3	97	57.4	1,053	0.5	28
6-14	3,911	235,252	19	4.4	216	0.3	59	181	42.0	2,068	0.5	36
15-20	46,280	4,536,526	1,311	25.3	14,505	0.7	138	851	16.4	9,578	0.4	33
21-44	8,390,384	877,681,329	219,441	43.1	2,483,615	0.8	162	119,469	23.5	1,349,113	0.5	42
45-64	12,261,661	1,062,163,064	190,297	33.5	2,147,977	0.9	163	194,454	34.2	2,160,874	0.5	47
65-74	2,696,448	189,850,638	20,135	14.7	226,789	0.7	115	57,166	41.8	650,940	0.5	42
75-84	618,882	39,913,361	6,790	20.0	71,708	0.7	87	14,286	42.0	156,496	0.5	43
85 and older	153,437	8,766,118	2,626	26.0	24,934	0.6	71	4,131	40.9	41,153	0.6	42
<b>Other Eligibles</b>	14,966,521	977,220,969	160,156	16.4	1,621,590	0.7	87	345,768	35.4	3,695,224	0.5	42
5 and younger	67	3,960	0	0.0	0	0.0	0	6	18.2	56	0.6	23
6-14	890	46,799	3	2.7	36	0.8	84	47	42.3	531	0.5	38
15-20	2,939	296,662	77	21.4	814	0.7	133	71	19.7	750	0.4	40
21-44	151,037	13,246,403	2,151	14.3	20,651	0.6	109	3,051	20.3	29,459	0.4	42
45-64	179,299	13,636,544	1,443	8.5	13,856	0.6	112	3,616	21.3	34,386	0.5	48
65-74	6,287,800	425,350,272	51,557	12.4	548,220	0.7	104	137,215	33.1	1,505,201	0.5	41
75-84	5,889,056	380,198,227	66,358	18.1	659,679	0.6	81	137,850	38.1	1,483,426	0.5	42
85 and older	2,455,433	144,442,102	39,567	23.6	378,334	0.6	69	63,912	38.1	641,415	0.6	44
<b>Unknown</b>	350	27,647	7	20.0	66	0.8	145	11	31.4	119	0.2	8

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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, UNITED STATES, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIDIABETIC				
	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>2,424,114</b>	<b>39.2 %</b>	<b>26,375,247</b>	<b>0.6</b>	<b>\$40</b>	<b>1,271,804</b>	<b>20.6 %</b>	<b>14,042,771</b>	<b>0.8</b>	<b>\$56</b>	<b>1,904,463</b>	<b>30.8 %</b>	<b>20,996,444</b>	<b>0.6</b>	<b>\$37</b>
<b>Female</b>	1,700,932	43.1	18,560,295	0.6	39	770,915	19.5	8,520,994	0.7	51	1,320,732	33.5	14,642,672	0.6	36
<b>Disabled</b>	827,490	55.3	9,289,442	0.6	41	451,760	30.2	5,093,786	0.7	62	515,233	34.4	5,820,054	0.6	40
5 and younger	5	6.0	35	0.6	41	11	13.3	121	0.5	27	2	2.4	24	0.8	13
6-14	45	12.8	480	0.6	34	46	13.1	479	0.7	47	15	4.3	169	0.4	30
15-20	1,275	32.3	14,135	0.5	33	997	25.2	11,323	0.7	73	213	5.4	2,419	0.5	34
21-44	237,892	60.9	2,667,628	0.6	43	157,843	40.4	1,779,730	0.8	74	56,567	14.5	637,045	0.6	39
45-64	433,663	63.7	4,863,066	0.6	43	226,775	33.3	2,552,490	0.8	62	264,676	38.9	2,968,569	0.6	41
65-74	101,161	37.8	1,161,148	0.5	34	45,155	16.9	517,960	0.6	37	138,590	51.8	1,593,996	0.6	40
75-84	35,817	33.7	400,295	0.6	33	15,718	14.8	176,774	0.6	32	44,250	41.6	501,723	0.6	35
85 and older	17,632	38.2	182,655	0.6	35	5,215	11.3	54,909	0.7	28	10,920	23.7	116,109	0.6	28
<b>Other Eligibles</b>	873,436	35.7	9,270,793	0.6	37	319,154	13.0	3,427,199	0.7	36	805,498	32.9	8,822,606	0.6	34
5 and younger	2	6.3	24	0.5	15	1	3.1	12	0.1	14	0	0.0	0	0.0	0
6-14	7	8.8	76	0.6	35	8	10.0	76	0.6	139	4	5.0	44	0.7	38
15-20	93	25.5	961	0.5	28	59	16.2	580	0.7	63	13	3.6	134	0.7	29
21-44	11,890	50.7	113,942	0.5	38	5,707	24.3	55,094	0.6	57	2,104	9.0	20,082	0.6	35
45-64	5,841	39.0	55,674	0.6	43	2,396	16.0	23,363	0.6	52	3,252	21.7	30,940	0.6	41
65-74	232,962	31.9	2,569,663	0.6	34	100,778	13.8	1,112,769	0.7	39	309,911	42.4	3,456,965	0.6	37
75-84	329,089	36.0	3,531,496	0.6	37	127,629	14.0	1,380,250	0.7	34	333,229	36.5	3,674,665	0.6	33
85 and older	293,552	38.3	2,998,957	0.7	40	82,576	10.8	855,055	0.7	31	156,985	20.5	1,639,776	0.7	28
<b>Male</b>	723,175	32.3	7,814,877	0.6	40	500,885	22.3	5,521,729	0.8	63	583,731	26.0	6,353,772	0.6	37
<b>Disabled</b>	472,480	37.4	5,245,383	0.6	42	373,820	29.6	4,195,829	0.8	70	290,684	23.0	3,220,089	0.6	40
5 and younger	1	0.6	1	1.0	80	12	7.1	134	0.4	43	1	0.6	1	1.0	13
6-14	46	10.7	502	0.5	28	48	11.1	553	0.7	65	8	1.9	81	0.4	21
15-20	1,330	25.6	14,588	0.5	37	1,287	24.8	14,404	0.8	78	142	2.7	1,638	0.6	37
21-44	202,984	39.8	2,269,728	0.6	43	172,982	34.0	1,950,810	0.8	77	56,007	11.0	626,086	0.6	40
45-64	221,428	38.9	2,446,423	0.6	43	171,884	30.2	1,922,830	0.9	68	166,032	29.2	1,822,652	0.6	41
65-74	34,122	24.9	384,974	0.5	34	21,234	15.5	239,575	0.7	41	54,766	40.0	622,362	0.6	40
75-84	9,136	26.8	96,604	0.6	34	5,127	15.1	55,316	0.7	35	11,431	33.6	124,696	0.6	35
85 and older	3,433	34.0	32,563	0.6	35	1,246	12.3	12,207	0.7	32	2,297	22.7	22,573	0.7	27
<b>Other Eligibles</b>	250,695	25.7	2,569,494	0.6	36	127,065	13.0	1,325,900	0.7	39	293,047	30.0	3,133,683	0.6	34
5 and younger	0	0.0	0	0.0	0	1	3.0	12	0.1	1	0	0.0	0	0.0	0
6-14	11	9.9	126	0.7	31	2	1.8	24	1.0	37	0	0.0	0	0.0	0
15-20	89	24.7	912	0.6	46	61	16.9	643	0.9	84	3	0.8	36	0.8	35
21-44	5,597	37.3	53,461	0.5	34	3,068	20.4	29,288	0.6	60	1,654	11.0	15,292	0.6	40
45-64	4,532	26.7	42,786	0.6	38	2,264	13.3	21,546	0.6	57	3,684	21.7	34,044	0.6	41
65-74	88,268	21.3	946,693	0.6	35	53,303	12.9	575,350	0.7	43	137,936	33.3	1,504,075	0.6	36
75-84	98,200	27.1	1,007,319	0.6	37	48,570	13.4	505,587	0.7	35	113,980	31.5	1,223,311	0.6	34
85 and older	53,998	32.2	518,197	0.7	38	19,796	11.8	193,450	0.7	31	35,790	21.3	356,925	0.7	29
<b>Unknown</b>	13	37.1	135	0.5	24	5	14.3	57	0.6	82	1	2.9	12	1.1	12

Dual Eligible Beneficiaries

Table D7B



Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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, UNITED STATES, 2002

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANTHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY				
	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>1,315,397</b>	<b>21.3 %</b>	<b>14,811,688</b>	<b>0.6</b>	<b>\$51</b>	<b>2,522,962</b>	<b>40.8 %</b>	<b>27,883,880</b>	<b>0.6</b>	<b>\$24</b>	<b>2,093,596</b>	<b>33.8 %</b>	<b>23,698,265</b>	<b>0.4</b>	<b>\$27</b>
<b>Female</b>	889,834	22.6	10,064,829	0.6	51	1,717,463	43.5	19,050,004	0.6	25	1,483,675	37.6	16,835,538	0.4	30
<b>Disabled</b>	354,437	23.7	4,040,236	0.6	51	569,962	38.1	6,451,307	0.6	24	654,316	43.7	7,500,681	0.3	27
5 and younger	5	6.0	52	0.3	9	24	28.9	262	0.4	13	7	8.4	73	0.2	3
6-14	26	7.4	301	0.6	35	198	56.4	2,206	0.5	18	20	5.7	216	0.3	8
15-20	104	2.6	1,175	0.4	33	565	14.3	6,355	0.4	16	968	24.5	10,834	0.2	8
21-44	32,758	8.4	371,623	0.5	44	57,208	14.6	643,303	0.5	19	142,091	36.4	1,618,360	0.3	17
45-64	185,146	27.2	2,089,262	0.6	51	272,314	40.0	3,056,341	0.6	23	306,279	45.0	3,489,099	0.4	30
65-74	101,330	37.9	1,175,167	0.6	53	158,269	59.1	1,827,967	0.6	26	144,257	53.9	1,684,384	0.4	30
75-84	29,784	28.0	344,133	0.6	53	60,754	57.1	693,579	0.6	26	46,762	44.0	543,259	0.4	31
85 and older	5,284	11.4	58,523	0.6	49	20,630	44.7	221,294	0.6	24	13,932	30.2	154,456	0.4	33
<b>Other Eligibles</b>	535,397	21.9	6,024,593	0.6	52	1,147,496	46.9	12,598,649	0.6	25	829,356	33.9	9,334,827	0.4	32
5 and younger	4	12.5	45	0.4	23	14	43.8	155	0.4	13	5	15.6	60	0.3	14
6-14	3	3.8	26	0.4	16	28	35.0	288	0.5	18	4	5.0	46	0.2	3
15-20	9	2.5	104	0.5	35	72	19.7	721	0.4	17	58	15.9	574	0.2	6
21-44	1,092	4.7	10,724	0.5	41	2,391	10.2	22,420	0.5	18	6,988	29.8	68,944	0.3	15
45-64	2,081	13.9	20,150	0.6	51	3,432	22.9	32,870	0.6	23	4,392	29.3	42,711	0.4	27
65-74	232,698	31.9	2,627,870	0.6	51	369,124	50.6	4,132,275	0.6	25	293,274	40.2	3,344,922	0.4	30
75-84	229,353	25.1	2,596,657	0.6	52	470,299	51.5	5,232,573	0.6	25	329,908	36.1	3,760,984	0.4	32
85 and older	70,157	9.2	769,017	0.6	51	302,136	39.5	3,177,347	0.7	24	194,727	25.4	2,116,586	0.5	35
<b>Male</b>	425,562	19.0	4,746,847	0.6	51	805,495	35.9	8,833,828	0.6	23	609,917	27.2	6,862,679	0.3	22
<b>Disabled</b>	229,986	18.2	2,585,620	0.6	51	373,485	29.5	4,150,888	0.6	23	346,681	27.4	3,928,050	0.3	19
5 and younger	7	4.1	65	0.4	20	53	31.4	599	0.5	14	5	3.0	39	0.2	5
6-14	23	5.3	248	0.5	35	224	52.0	2,524	0.5	18	22	5.1	251	0.2	4
15-20	87	1.7	962	0.5	34	778	15.0	8,631	0.5	16	683	13.2	7,691	0.2	5
21-44	50,896	10.0	577,570	0.6	45	79,715	15.6	889,156	0.6	21	117,689	23.1	1,333,664	0.2	13
45-64	129,092	22.7	1,435,561	0.6	52	198,871	35.0	2,188,083	0.6	24	163,162	28.7	1,834,953	0.3	22
65-74	41,788	30.5	480,391	0.6	54	72,909	53.3	832,826	0.6	25	52,408	38.3	607,708	0.3	24
75-84	7,188	21.1	81,414	0.6	53	16,918	49.7	188,553	0.6	24	10,477	30.8	119,952	0.4	26
85 and older	905	9.0	9,409	0.6	47	4,017	39.8	40,516	0.6	22	2,235	22.1	23,792	0.4	29
<b>Other Eligibles</b>	195,576	20.0	2,161,227	0.6	51	432,009	44.2	4,682,932	0.6	23	263,236	26.9	2,934,629	0.4	26
5 and younger	2	6.1	20	0.3	52	1	3.0	12	0.2	8	1	3.0	12	0.2	1
6-14	7	6.3	66	0.7	55	52	46.8	541	0.7	20	5	4.5	57	0.1	1
15-20	13	3.6	112	0.5	29	82	22.8	826	0.5	32	40	11.1	393	0.2	48
21-44	1,425	9.5	13,424	0.5	41	2,276	15.2	20,969	0.5	21	3,622	24.1	35,190	0.3	17
45-64	2,920	17.2	27,163	0.6	52	4,284	25.3	39,519	0.6	24	3,771	22.2	36,440	0.3	25
65-74	101,181	24.4	1,123,748	0.6	51	186,015	44.8	2,045,843	0.6	23	117,168	28.3	1,320,528	0.3	24
75-84	75,335	20.8	840,402	0.6	52	174,720	48.3	1,912,866	0.6	24	101,590	28.1	1,147,414	0.4	27
85 and older	14,693	8.8	156,292	0.6	49	64,579	38.5	662,356	0.6	23	37,039	22.1	394,595	0.4	30
<b>Unknown</b>	1	2.9	12	0.8	70	10	28.6	104	0.5	16	7	20.0	78	0.4	7

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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, UNITED STATES, 2002

Beneficiary Characteristics	ANALGESICS - NARCOTIC				ANTIASTHMATIC							
	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>2,929,498</b>	<b>47.4 %</b>	<b>32,119,384</b>	<b>0.4</b>	<b>\$19</b>	<b>1,950,584</b>	<b>31.5 %</b>	<b>21,397,421</b>	<b>0.4</b>	<b>\$24</b>	<b>6,185,849</b>	<b>63,253,342</b>
<b>Female</b>	2,038,900	51.7	22,455,593	0.4	18	1,311,926	33.3	14,470,268	0.4	24	3,944,071	40,658,700
<b>Disabled</b>	959,161	64.1	10,809,576	0.4	21	599,305	40.1	6,770,871	0.4	25	1,495,689	15,853,971
5 and younger	20	24.1	180	0.3	5	28	33.7	309	0.2	14	83	849
6-14	91	25.9	1,040	0.1	2	71	20.2	808	0.3	18	351	3,610
15-20	1,718	43.5	19,237	0.2	5	824	20.9	9,251	0.3	19	3,951	40,045
21-44	252,170	64.6	2,842,162	0.4	23	117,879	30.2	1,335,664	0.3	20	390,571	4,126,980
45-64	484,983	71.3	5,452,979	0.4	24	309,094	45.4	3,481,444	0.4	26	680,595	7,140,617
65-74	145,108	54.2	1,662,780	0.3	13	117,931	44.1	1,351,397	0.4	26	267,644	2,932,655
75-84	54,566	51.3	616,518	0.4	13	39,492	37.1	444,868	0.4	24	106,322	1,147,282
85 and older	20,505	44.4	214,680	0.4	14	13,986	30.3	147,130	0.4	18	46,172	461,933
<b>Other Eligibles</b>	1,079,735	44.1	11,645,978	0.4	15	712,617	29.1	7,699,355	0.4	23	2,448,382	24,804,729
5 and younger	5	15.6	49	0.1	1	8	25.0	85	0.2	8	32	264
6-14	8	10.0	85	0.2	1	16	20.0	174	0.3	15	80	720
15-20	150	41.1	1,515	0.2	3	71	19.5	702	0.3	15	365	3,056
21-44	14,371	61.2	139,799	0.4	27	5,441	23.2	53,677	0.3	19	23,470	183,307
45-64	6,295	42.0	60,259	0.4	22	3,582	23.9	34,842	0.4	27	14,975	107,580
65-74	334,367	45.8	3,733,775	0.4	14	232,679	31.9	2,586,825	0.4	26	730,099	7,528,125
75-84	408,565	44.7	4,477,121	0.4	15	273,630	29.9	2,981,817	0.4	24	913,859	9,497,011
85 and older	315,974	41.3	3,233,375	0.4	16	197,190	25.8	2,041,233	0.4	19	765,502	7,484,666
<b>Male</b>	890,589	39.7	9,663,703	0.4	22	638,657	28.5	6,927,141	0.4	25	2,241,743	22,594,364
<b>Disabled</b>	561,238	44.4	6,209,856	0.4	26	316,792	25.0	3,519,583	0.4	25	1,264,974	13,098,041
5 and younger	35	20.7	387	0.1	1	62	36.7	680	0.3	16	169	1,679
6-14	114	26.5	1,342	0.1	1	138	32.0	1,574	0.4	25	431	4,546
15-20	1,468	28.3	16,463	0.2	6	792	15.3	8,992	0.4	21	5,188	52,269
21-44	215,371	42.3	2,403,048	0.4	27	82,007	16.1	924,537	0.4	20	509,452	5,335,792
45-64	271,893	47.8	2,986,399	0.4	29	160,019	28.1	1,764,963	0.5	27	568,749	5,801,196
65-74	55,527	40.6	624,275	0.3	14	55,972	40.9	629,005	0.5	29	136,854	1,460,873
75-84	13,166	38.7	142,735	0.4	12	14,020	41.2	152,737	0.4	25	34,034	349,843
85 and older	3,664	36.3	35,207	0.4	11	3,782	37.5	37,095	0.4	19	10,097	91,843
<b>Other Eligibles</b>	329,351	33.7	3,453,847	0.4	14	321,863	33.0	3,407,542	0.4	25	976,769	9,496,323
5 and younger	2	6.1	24	0.1	3	7	21.2	53	0.4	27	33	279
6-14	18	16.2	216	0.1	1	20	18.0	230	0.3	20	111	1,061
15-20	85	23.6	903	0.2	4	35	9.7	385	0.3	23	360	3,056
21-44	8,086	53.9	77,505	0.5	46	2,154	14.4	21,206	0.4	20	15,004	109,717
45-64	6,401	37.7	59,878	0.5	36	2,946	17.4	28,376	0.5	27	16,963	120,283
65-74	139,212	33.6	1,511,005	0.3	13	128,073	30.9	1,391,391	0.5	27	414,752	4,108,264
75-84	119,166	32.9	1,258,039	0.3	11	130,296	36.0	1,386,867	0.4	25	361,794	3,610,084
85 and older	56,381	33.6	546,277	0.4	12	58,332	34.8	579,034	0.4	22	167,752	1,543,579
<b>Unknown</b>	13	37.1	127	0.3	38	7	20.0	70	0.3	17	35	278

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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, UNITED STATES, 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>\$282</b>	<b>5.9</b>	<b>869,744</b>	<b>8,670,938</b>
<b>Age</b>				
0-64	438	7.0	66,571	725,095
65-74	356	6.8	111,292	1,146,262
75-84	293	6.2	282,944	2,812,845
85 and older	224	5.2	408,932	3,986,682
Unknown	137	4.1	5	54
<b>Gender</b>				
Female	273	5.9	638,990	6,422,564
Male	308	5.9	230,753	2,248,362
Unknown	0	0.0	1	12
<b>Race</b>				
White	288	6.2	684,867	6,766,605
African American	273	5.4	103,985	1,082,288
Other/unknown	237	4.5	80,892	822,045
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	266	5.8	748,079	7,392,291
Disabled	374	6.6	121,534	1,277,359
Adults	256	3.3	121	1,179
Children	415	6.5	10	109
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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 453,355 beneficiaries who were in nursing facilities for part of their enrollment and their 4,163,231 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, UNITED STATES, 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	0.4	0.2	0.0	0.2	\$16	\$1	\$2	\$53	\$80	\$71	\$15	1,985,925	\$104,883,795	509,212	58.5 %	5,348,645
Biologics	0.1	0.1	0.0	0.0	3	1	1	28	15	5,739	27	43,197	1,215,501	39,704	4.6	448,764
Antineoplastic Agents	0.6	0.1	0.1	0.4	88	38	12	149	256	154	106	381,303	56,971,459	66,175	7.6	648,186
Endocrine/Metabolic Drugs	1.2	0.5	0.2	0.5	40	30	3	34	58	20	14	4,390,660	149,619,309	362,792	41.7	3,742,560
Cardiovascular Agents	2.0	0.5	0.2	1.3	52	25	6	26	52	28	16	11,503,541	296,465,696	559,527	64.3	5,684,001
Respiratory Agents	0.7	0.3	0.1	0.4	32	19	4	43	62	61	24	2,562,368	109,752,938	326,341	37.5	3,423,146
Gastrointestinal Agents	1.0	0.4	0.0	0.6	56	44	1	57	105	65	21	4,085,163	231,834,557	398,091	45.8	4,113,391
Genitourinary Agents	0.6	0.5	0.0	0.2	35	31	1	55	67	37	23	1,143,123	63,399,240	172,016	19.8	1,818,423
CNS Drugs	1.6	1.0	0.1	0.6	120	101	6	75	106	72	23	9,240,472	696,577,663	564,896	64.9	5,813,713
Stimulants/Anti-obesity/Anorexia	0.7	0.1	0.0	0.5	28	17	1	39	122	38	17	45,796	1,781,163	6,136	0.7	63,091
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	96	96	0	121	122	0	32	887,897	107,677,425	109,694	12.6	1,119,798
Analgesics and Anesthetics	1.0	0.4	0.1	0.5	45	36	3	47	88	44	14	3,735,126	175,055,890	378,632	43.5	3,866,145
Neuromuscular Agents	1.3	0.5	0.1	0.7	65	40	6	52	83	50	29	3,375,593	174,052,190	254,000	29.2	2,681,327
Nutritional Products	0.8	0.0	0.1	0.7	13	0	1	16	22	22	16	2,024,342	32,801,127	256,262	29.5	2,615,696
Hematological Agents	1.1	0.3	0.3	0.5	58	47	4	52	152	15	12	2,631,428	137,750,857	233,166	26.8	2,381,993
Topical Products	0.6	0.2	0.0	0.3	19	12	2	34	52	42	18	2,711,291	91,241,705	445,433	51.2	4,765,078
Miscellaneous Products	0.3	0.1	0.0	0.2	10	4	1	36	73	223	24	123,703	4,462,837	43,358	5.0	447,314
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	9	0	0	25	0	0	0	242,759	6,122,021	62,368	7.2	672,689
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.	51,113,687	2,441,665,373	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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 453,355 beneficiaries who were in nursing facilities for part of their enrollment and their 4,163,231 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 the U.S., 0.8 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.

Table D9

Dual Eligible 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; 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, UNITED STATES, 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	\$402,998,247	361,645	41.6 %	3,856,714	0.8	\$132	\$104
ANTIDEPRESSANTS	239,045,543	472,377	54.3	4,956,849	0.8	59	48
ULCER DRUGS	197,945,894	373,660	43.0	3,929,735	0.7	70	50
ANTICONVULSANT	121,019,267	219,267	25.2	2,362,416	1.0	53	51
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	106,981,508	108,339	12.5	1,118,061	0.8	121	96
ANTIDIABETIC	92,746,030	257,807	29.6	2,715,846	0.8	41	34
ANALGESICS - NARCOTIC	87,234,697	354,584	40.8	3,633,032	0.6	39	24
ANTHYPERTENSIVE	85,368,324	308,142	35.4	3,208,072	0.8	33	27
ANALGESICS - ANTI-INFLAMMATORY	80,823,660	186,744	21.5	2,015,137	0.6	66	40
ANTIASTHMATIC	67,944,506	293,693	33.8	3,063,618	0.5	45	22
<b>Total</b>	<b>1,482,107,676</b>	<b>2,936,258</b>		<b>30,859,480</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 the U.S., released by CMS in 07/2006. 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 453,355 beneficiaries who were in nursing facilities for part of their enrollment and their 4,163,231 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\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.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, UNITED STATES, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS					
	No. of Rx	Rx \$	No. of Users	Users as %		Mean Rx \$	Mean No. of Rx	No. of Bene Mos Among Users	NF Residents	No. of Bene Mos Among Users	Users as % of All-Year Residents	Mean No. of Rx	No. of Bene Mos Among Users	NF Residents	No. of Bene Mos Among Users	Mean No. of Rx
				41.6 %	3.856,714											
<b>All</b>	<b>22,954,517</b>	<b>\$1,482,107,676</b>	<b>361,645</b>	<b>41.6 %</b>	<b>3,856,714</b>	<b>0.8</b>	<b>\$105</b>	<b>472,377</b>	<b>54.3 %</b>	<b>4,956,849</b>	<b>0.8</b>	<b>\$48</b>	<b>472,377</b>	<b>54.3 %</b>	<b>4,956,849</b>	<b>0.8</b>
<b>Female</b>	16,661,060	1,056,783,144	252,298	39.5	2,705,085	0.8	99	353,269	55.3	3,727,605	0.8	48	353,269	55.3	3,727,605	0.8
<b>Disabled</b>	2,253,059	160,320,135	35,761	53.1	399,433	0.9	133	40,680	60.4	444,304	0.8	51	40,680	60.4	444,304	0.8
64 or younger	1,201,067	92,332,903	18,199	60.8	207,626	1.0	156	20,320	67.9	228,527	0.9	57	20,320	67.9	228,527	0.9
65-74	367,656	25,951,650	6,060	58.5	69,417	0.9	135	5,510	53.2	61,696	0.8	50	5,510	53.2	61,696	0.8
75-84	363,471	23,138,581	6,295	50.6	68,813	0.8	101	6,854	55.1	72,544	0.8	44	6,854	55.1	72,544	0.8
85 and older	320,865	18,897,001	5,207	35.5	53,577	0.7	78	7,996	54.5	81,537	0.7	41	7,996	54.5	81,537	0.7
<b>Other Eligibles</b>	14,407,911	896,460,796	216,537	37.9	2,305,652	0.7	93	312,585	54.7	3,283,253	0.8	48	312,585	54.7	3,283,253	0.8
64 or younger	2,696	158,459	30	30.0	289	0.9	124	48	48.0	470	1.0	60	48	48.0	470	1.0
65-74	2,004,356	133,299,925	28,888	54.2	316,887	0.8	122	36,657	68.7	395,114	0.8	51	36,657	68.7	395,114	0.8
75-84	5,552,771	350,208,374	82,425	43.4	883,809	0.8	98	115,143	60.7	1,217,138	0.8	49	115,143	60.7	1,217,138	0.8
85 and older	6,848,088	412,794,038	105,194	32.0	1,104,687	0.7	80	160,737	48.9	1,670,531	0.8	46	160,737	48.9	1,670,531	0.8
<b>Male</b>	6,293,457	425,324,532	109,347	47.4	1,151,629	0.8	118	119,108	51.6	1,229,244	0.8	49	119,108	51.6	1,229,244	0.8
<b>Disabled</b>	1,861,924	145,556,963	33,697	62.2	376,055	1.0	159	29,274	54.1	318,363	0.8	52	29,274	54.1	318,363	0.8
64 or younger	1,393,851	114,071,410	24,747	67.9	281,080	1.0	173	20,739	56.9	231,400	0.9	54	20,739	56.9	231,400	0.9
65-74	252,129	18,051,957	4,653	55.9	52,035	0.9	136	3,867	46.5	41,798	0.8	49	3,867	46.5	41,798	0.8
75-84	143,540	9,086,101	2,798	49.2	28,810	0.8	100	2,859	50.3	28,448	0.8	44	2,859	50.3	28,448	0.8
85 and older	72,404	4,347,495	1,499	40.8	14,130	0.7	84	1,809	49.2	16,717	0.7	38	1,809	49.2	16,717	0.7
<b>Other Eligibles</b>	4,431,513	279,766,216	75,650	42.8	775,574	0.8	99	89,834	50.9	910,881	0.8	47	89,834	50.9	910,881	0.8
64 or younger	2,502	144,362	36	37.5	371	0.9	106	34	35.4	311	1.3	57	34	35.4	311	1.3
65-74	1,263,157	84,886,977	20,588	52.4	221,375	0.8	121	22,519	57.3	239,475	0.8	50	22,519	57.3	239,475	0.8
75-84	1,932,771	120,962,621	33,179	44.2	339,642	0.8	96	39,267	52.3	397,891	0.8	47	39,267	52.3	397,891	0.8
85 and older	1,233,083	73,772,256	21,847	35.1	214,186	0.7	80	28,014	45.0	273,204	0.8	45	28,014	45.0	273,204	0.8
<b>Unknown</b>	110	3,566	0	0.0	0	0.0	0	4	66.7	48	0.5	16	4	66.7	48	0.5

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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 453,355 beneficiaries who were in nursing facilities for part of their enrollment and their 4,163,231 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, UNITED STATES, 2002

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					
	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>373,660</b>	<b>43.0 %</b>	<b>0.7</b>	<b>3,929,735</b>	<b>0.7</b>	<b>\$50</b>	<b>219,267</b>	<b>25.2 %</b>	<b>1.0</b>	<b>2,362,416</b>	<b>1.0</b>	<b>\$51</b>	<b>108,339</b>	<b>12.5 %</b>	<b>1,118,061</b>	<b>0.8</b>	<b>\$96</b>	
<b>Female</b>	274,909	43.0	0.7	2,907,891	0.7	50	143,335	22.4	0.9	1,547,433	0.9	48	81,201	12.7	847,522	0.8	96	
<b>Disabled</b>	31,311	46.5	0.7	340,964	0.7	51	29,663	44.0	1.1	332,706	1.1	66	6,183	9.2	65,920	0.7	111	
64 or younger	14,067	47.0	0.7	158,274	0.7	53	19,475	65.1	1.1	220,635	1.1	75	1,629	5.4	18,355	0.7	173	
65-74	4,727	45.6	0.7	52,515	0.7	52	4,508	43.5	1.0	50,948	1.0	58	754	7.3	8,446	0.7	90	
75-84	5,965	48.0	0.7	63,157	0.7	48	3,536	28.4	0.9	38,544	0.9	43	1,711	13.8	17,830	0.7	89	
85 and older	6,552	44.6	0.7	67,018	0.7	46	2,164	14.7	0.8	22,579	0.8	34	2,089	14.2	21,289	0.7	85	
<b>Other Eligibles</b>	243,596	42.6	0.7	2,566,903	0.7	50	113,652	19.9	0.9	1,214,727	0.9	43	75,018	13.1	781,502	0.8	95	
64 or younger	36	36.0	1.1	343	1.1	60	41	41.0	1.1	391	1.1	64	6	6.0	70	0.6	76	
65-74	26,589	49.9	0.7	287,598	0.7	52	22,696	42.6	1.0	248,838	1.0	55	6,243	11.7	65,523	0.8	95	
75-84	85,400	45.0	0.7	907,258	0.7	51	47,874	25.2	0.9	514,220	0.9	44	29,579	15.6	307,256	0.8	96	
85 and older	131,571	40.1	0.7	1,371,704	0.7	50	43,041	13.1	0.8	451,278	0.8	35	39,190	11.9	408,753	0.8	94	
<b>Male</b>	98,751	42.8	0.7	1,021,844	0.7	51	75,932	32.9	1.0	814,983	1.0	58	27,138	11.8	270,539	0.8	95	
<b>Disabled</b>	24,091	44.5	0.7	261,974	0.7	53	30,221	55.8	1.1	338,842	1.1	73	3,874	7.2	40,304	0.7	100	
64 or younger	16,514	45.3	0.7	184,095	0.7	55	24,359	66.8	1.1	275,938	1.1	78	1,749	4.8	19,240	0.7	119	
65-74	3,459	41.6	0.7	37,595	0.7	53	3,577	43.0	1.0	39,681	1.0	57	645	7.8	7,070	0.7	83	
75-84	2,553	44.9	0.7	25,604	0.7	46	1,656	29.1	0.9	17,238	0.9	45	865	15.2	8,352	0.7	83	
85 and older	1,565	42.6	0.7	14,680	0.7	46	629	17.1	0.8	5,985	0.8	38	615	16.7	5,642	0.8	85	
<b>Other Eligibles</b>	74,660	42.3	0.7	759,870	0.7	50	45,711	25.9	0.9	476,141	0.9	47	23,264	13.2	230,235	0.8	94	
64 or younger	31	32.3	1.0	286	1.0	48	37	38.5	1.5	381	1.5	77	5	5.2	59	0.9	223	
65-74	18,130	46.2	0.7	192,266	0.7	51	16,226	41.3	1.0	175,921	1.0	56	4,101	10.4	42,297	0.8	92	
75-84	31,946	42.6	0.7	325,748	0.7	50	19,741	26.3	0.9	204,496	0.9	44	10,967	14.6	108,365	0.8	94	
85 and older	24,553	39.5	0.7	241,570	0.7	50	9,707	15.6	0.9	95,343	0.9	37	8,191	13.2	79,514	0.8	94	
<b>Unknown</b>	2	33.3	0.6	24	0.6	9	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 the U.S., released by CMS in 07/2006. 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 453,355 beneficiaries who were in nursing facilities for part of their enrollment and their 4,163,231 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, UNITED STATES, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - NARCOTIC					ANTIHYPERTENSIVE				
	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 \$	
<b>All</b>	<b>257,807</b>	<b>2,715,846</b>	<b>0.8</b>	<b>\$34</b>	<b>0.8</b>	<b>354,584</b>	<b>3,633,032</b>	<b>0.6</b>	<b>\$24</b>	<b>0.6</b>	<b>308,142</b>	<b>3,208,072</b>	<b>0.8</b>	<b>\$27</b>	
<b>Female</b>	185,136	1,965,317	0.8	34	0.8	273,706	2,826,044	0.6	25	0.6	222,476	2,326,512	0.8	27	
<b>Disabled</b>	23,598	258,148	0.9	38	0.9	30,838	329,162	0.7	28	0.7	22,914	246,841	0.8	27	
64 or younger	10,636	119,169	0.9	42	0.9	14,554	160,858	0.7	32	0.7	8,482	94,584	0.8	28	
65-74	4,702	52,616	0.9	40	0.9	4,408	47,973	0.7	28	0.7	4,148	46,246	0.8	28	
75-84	4,865	51,630	0.8	33	0.8	5,488	56,987	0.7	24	0.7	4,957	52,323	0.8	26	
85 and older	3,395	34,733	0.8	27	0.8	6,388	63,344	0.6	20	0.6	5,327	53,688	0.7	25	
<b>Other Eligibles</b>	161,537	1,707,157	0.8	33	0.8	242,866	2,496,858	0.6	24	0.6	199,559	2,079,635	0.8	27	
64 or younger	30	312	0.8	42	0.8	42	420	0.9	29	0.9	28	283	0.7	22	
65-74	27,318	295,899	0.9	39	0.9	27,421	291,377	0.7	30	0.7	22,625	243,501	0.8	28	
75-84	70,013	744,046	0.8	34	0.8	84,951	886,373	0.6	26	0.6	73,055	769,611	0.8	27	
85 and older	64,176	666,900	0.8	30	0.8	130,452	1,318,688	0.6	22	0.6	103,851	1,066,240	0.8	26	
<b>Male</b>	72,671	750,529	0.8	35	0.8	80,878	806,988	0.6	21	0.6	85,666	881,560	0.8	26	
<b>Disabled</b>	17,181	185,184	0.9	38	0.9	19,283	204,213	0.7	27	0.7	19,124	206,511	0.8	27	
64 or younger	11,141	123,105	0.9	41	0.9	13,489	147,081	0.7	30	0.7	12,211	135,356	0.8	28	
65-74	2,998	32,591	0.8	36	0.8	2,522	26,220	0.6	21	0.6	3,276	35,658	0.8	27	
75-84	2,076	20,460	0.8	31	0.8	1,933	18,850	0.6	19	0.6	2,310	23,302	0.8	24	
85 and older	966	9,028	0.7	27	0.7	1,339	12,062	0.5	14	0.5	1,327	12,195	0.8	24	
<b>Other Eligibles</b>	55,490	565,345	0.8	34	0.8	61,595	602,775	0.5	19	0.5	66,541	675,041	0.8	26	
64 or younger	21	162	0.9	63	0.9	27	220	0.7	22	0.7	25	225	1.6	35	
65-74	16,117	171,119	0.8	37	0.8	14,633	151,690	0.6	23	0.6	17,182	181,640	0.8	27	
75-84	25,530	259,218	0.8	34	0.8	25,643	251,873	0.5	19	0.5	29,304	297,581	0.8	26	
85 and older	13,822	134,846	0.8	30	0.8	21,292	198,992	0.5	17	0.5	20,030	195,595	0.8	25	
<b>Unknown</b>	1	12	1.1	12	1.1	2	24	0.2	12	0.2	4	44	0.7	26	

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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 453,355 beneficiaries who were in nursing facilities for part of their enrollment and their 4,163,231 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).
- 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, UNITED STATES, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-ASTHMATIC						
	Users as %		Users as %		Mean Rx \$	Users as %		Users as %		Mean Rx \$		
	No. of Users	No. of Bene Mos Among Users	No. of Bene Mos Among Users	No. of Bene Mos Among Users		No. of Residents	No. of Residents	No. of Rx	No. of Rx			
<b>All</b>	<b>186,744</b>	<b>21.5 %</b>	<b>2,015,137</b>	<b>0.6</b>	<b>\$40</b>	<b>293,693</b>	<b>33.8 %</b>	<b>3,063,618</b>	<b>0.5</b>	<b>\$22</b>	<b>869,744</b>	<b>8,670,938</b>
<b>Female</b>	144,611	22.6	1,565,952	0.6	41	205,849	32.2	2,166,470	0.5	21	638,986	6,422,518
<b>Disabled</b>	16,709	24.8	187,098	0.6	36	24,785	36.8	267,918	0.5	23	67,389	708,160
64 or younger	7,748	25.9	89,001	0.6	32	10,295	34.4	115,211	0.6	27	29,912	327,211
65-74	2,726	26.3	31,253	0.6	39	3,994	38.5	43,898	0.6	26	10,363	112,422
75-84	2,936	23.6	32,244	0.6	42	4,816	38.7	50,551	0.5	19	12,438	126,449
85 and older	3,299	22.5	34,600	0.6	41	5,680	38.7	58,258	0.4	14	14,676	142,078
<b>Other Eligibles</b>	127,900	22.4	1,378,830	0.6	42	181,062	31.7	1,898,528	0.5	21	571,597	5,714,358
64 or younger	21	21.0	224	0.6	29	22	22.0	189	0.8	31	100	919
65-74	13,782	25.8	152,818	0.6	42	21,985	41.2	235,444	0.6	27	53,329	549,943
75-84	45,864	24.2	498,992	0.6	43	64,778	34.1	681,047	0.5	23	189,797	1,917,051
85 and older	68,233	20.8	726,796	0.6	42	94,277	28.7	981,848	0.4	18	328,371	3,246,445
<b>Male</b>	42,133	18.3	449,185	0.6	36	87,844	38.1	897,148	0.5	25	230,752	2,248,354
<b>Disabled</b>	9,994	18.5	111,585	0.5	30	18,529	34.2	197,378	0.6	25	54,144	569,187
64 or younger	6,976	19.1	79,167	0.5	29	11,680	32.0	128,201	0.6	27	36,462	396,053
65-74	1,451	17.4	16,382	0.5	32	3,013	36.2	32,157	0.6	26	8,320	87,984
75-84	902	15.9	9,446	0.6	36	2,330	41.0	23,086	0.5	18	5,686	53,524
85 and older	665	18.1	6,590	0.6	36	1,506	41.0	13,934	0.4	15	3,676	31,626
<b>Other Eligibles</b>	32,139	18.2	337,600	0.6	38	69,313	39.2	699,754	0.5	24	176,608	1,679,167
64 or younger	10	10.4	96	0.5	6	13	13.5	127	1.1	62	96	900
65-74	7,475	19.0	82,109	0.6	37	16,224	41.3	170,683	0.6	28	39,280	395,913
75-84	13,574	18.1	143,032	0.6	38	29,935	39.9	302,766	0.5	25	75,023	715,821
85 and older	11,080	17.8	112,363	0.6	38	23,141	37.2	226,178	0.5	21	62,209	566,533
<b>Unknown</b>	<b>2</b>	<b>33.3</b>	<b>24</b>	<b>0.3</b>	<b>9</b>	<b>4</b>	<b>66.7</b>	<b>40</b>	<b>0.4</b>	<b>20</b>	<b>6</b>	<b>66</b>

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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 453,355 beneficiaries who were in nursing facilities for part of their enrollment and their 4,163,231 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>  
 UNITED STATES, 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		Part D Excl Rx \$ per Bene	Total Part D Excl Rx \$	Part D Excl Rx % of All Dual Rx \$	Total No. of Benes	
			Excl Rx	Bene					
<b>All</b>	<b>2,885,518</b>	<b>46.6 %</b>	<b>4.2</b>	<b>25,680,891</b>	<b>\$73</b>	<b>\$451,240,531</b>	<b>\$18</b>	<b>3.1 %</b>	<b>6,185,849</b>
<b>Age</b>									
5 and younger	199	62.8	6.6	2,087	235	74,641	36	6.0	317
6-14	535	55.0	5.9	5,739	213	207,600	36	3.2	973
15-20	3,257	33.0	2.0	19,777	67	659,440	33	3.1	9,864
21-44	372,870	39.7	3.1	2,892,871	81	75,749,893	26	2.9	938,509
45-64	627,335	49.0	4.6	5,849,528	95	122,080,232	21	3.1	1,281,288
65-74	696,873	45.0	3.7	5,668,551	61	94,501,280	17	2.9	1,549,349
75-84	682,438	48.2	4.4	6,182,467	65	91,813,846	15	3.0	1,416,009
85 and older	502,007	50.7	5.1	5,059,849	67	66,153,463	13	3.6	989,523
Unknown	4	23.5	1.3	22	8	136	6	1.6	17
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	1,573,080	46.9	4.3	14,312,655	63	210,080,245	15	3.1	3,351,051
Disabled	1,287,661	46.6	4.1	11,220,768	86	237,241,195	21	3.0	2,760,680
Adults	24,280	33.4	2.0	143,829	52	3,814,037	27	3.4	72,780
Children	400	35.1	2.8	3,197	67	77,000	24	2.1	1,141
Unknown	97	49.2	2.2	442	142	28,054	63	5.9	197
<b>Gender</b>									
Female	1,977,896	50.1	4.6	17,985,672	75	296,615,843	16	3.1	3,944,083
Male	907,619	40.5	3.4	7,695,205	69	154,623,540	20	2.9	2,241,748
Unknown	3	16.7	0.8	14	64	1,148	82	3.5	18
<b>Race</b>									
White	1,790,940	48.6	4.9	17,885,312	83	305,120,629	17	3.2	3,686,922
African American	483,216	42.8	3.2	3,664,370	58	65,430,087	18	2.8	1,129,699
Other/unknown	611,362	44.7	3.0	4,131,209	59	80,689,815	20	2.8	1,369,228
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	497,072	57.2	7.8	6,745,313	103	89,168,673	13	3.7	869,744
Part year	277,472	61.2	5.7	2,571,506	89	40,486,180	16	3.7	453,355
None	2,110,974	43.4	3.4	16,364,072	66	321,585,678	20	2.9	4,862,750
<b>Maintenance Assistance Status</b>									
Cash	1,389,426	45.2	3.4	10,608,124	66	202,005,322	19	2.8	3,076,145
Medically needy	351,505	43.0	4.6	3,791,825	73	59,719,165	16	3.4	816,816
Poverty related	310,548	41.4	3.0	2,273,133	63	46,965,190	21	2.9	750,496
Other/unknown	834,039	54.1	5.8	9,007,809	92	142,550,854	16	3.5	1,542,392

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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 excluded 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 or 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>  
 UNITED STATES, 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	0.4	\$7	\$18	\$0	\$2	63,253,342
<b>Age</b>						
5 and younger	0.7	24	36	0	1	3,071
6-14	0.6	21	36	0	0	9,937
15-20	0.2	7	33	0	1	98,426
21-44	0.3	8	26	0	3	9,755,897
45-64	0.4	9	21	0	3	13,169,739
65-74	0.4	6	17	0	2	16,029,917
75-84	0.4	6	15	0	1	14,604,220
85 and older	0.5	7	13	0	1	9,582,021
Unknown	0.2	1	6	0	0	114
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.4	6	15	0	1	33,754,298
Disabled	0.4	8	21	0	3	28,952,173
Adults	0.3	7	27	0	2	535,446
Children	0.3	8	24	0	0	9,701
Unknown	0.3	16	63	0	3	1,724
<b>Gender</b>						
Female	0.4	7	16	0	2	40,658,785
Male	0.3	7	20	0	2	22,594,393
Unknown	0.1	7	82	0	6	164
<b>Race</b>						
White	0.5	8	17	0	2	36,951,506
African American	0.3	6	18	0	1	11,700,912
Other/unknown	0.3	6	20	0	1	14,600,924
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.8	10	13	0	2	8,670,938
Part year	0.6	10	16	0	2	4,163,231
None	0.3	6	20	0	2	50,419,173
<b>Maintenance Assistance Status</b>						
Cash	0.3	6	19	0	2	33,366,629
Medically needy	0.5	8	16	0	2	7,683,877
Poverty related	0.3	6	21	0	2	7,633,386
Other/unknown	0.6	10	16	0	2	14,569,450



Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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 excluded 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>  
 UNITED STATES, 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>4,112,150</b>	<b>\$1110</b>	<b>\$451,240,531</b>	<b>100.0 %</b>	<b>25,680,891</b>	<b>\$18</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	67,110	275	18,466,125	4.1	150,674	123	0.6
Fertility drugs	25,011	237	5,922,653	1.3	29,061	204	0.1
Drugs for cosmetic purposes	23,925	1,289	30,847,424	6.8	122,979	251	0.5
Cough and cold medications	434,527	100	43,669,845	9.7	1,237,175	35	4.8
Vitamins and minerals	678,819	107	72,492,219	16.1	4,215,915	17	16.4
Non-prescription drugs	1,598,474	72	115,485,948	25.6	11,950,878	10	46.5
Barbiturates	49,512	56	2,759,312	0.6	407,426	7	1.6
Benzodiazepines	1,136,994	108	122,622,780	27.2	7,207,089	17	28.1
Other Part D Excl Rx Drugs	97,778	399	38,974,225	8.6	359,694	108	1.4

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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 excluded 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.

NATIONAL COMPARISON TABLE N.5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE  
 DUAL ELIGIBLE BENEFICIARIES, 2002<sup>ab,c</sup>

	No. of Benes	No. of Bene Mos	% of Benes with One or More Rx	No. of Rx per Bene Mo	Rx \$ per Bene Mo	% of All Rx				Among All-Year NF Residents <sup>e</sup>	
						Patented Brand-Name <sup>d</sup>	Off-Patent Brand-Name	Generic	Rx \$ as % of Total Medicaid \$	No. of Rx per Bene Mo	\$ per Bene Mo
<b>All States</b>	<b>6,185,849</b>	<b>63,253,342</b>	<b>85.2 %</b>	<b>3.9</b>	<b>\$233</b>	<b>44.4 %</b>	<b>7.4 %</b>	<b>47.7 %</b>	<b>17.5 %</b>	<b>5.9</b>	<b>\$282</b>
Alabama	106,428	1,144,370	89.0	4.2	188	37.8	7.5	54.6	16.3	6.5	285
Alaska	11,433	118,610	87.0	5.2	315	47.5	11.4	40.9	19.0	7.2	422
Arizona	8,139	74,064	11.5	0.1	6	33.4	6.9	59.5	1.2	3.5	76
Arkansas	76,037	776,364	81.5	3.2	164	41.2	7.7	50.9	14.9	6.1	279
California	859,915	9,327,823	84.3	2.7	213	45.6	8.2	45.8	25.3	5.0	262
Colorado	52,115	513,994	83.2	4.6	258	41.5	8.1	50.2	15.4	6.6	309
Connecticut	78,838	830,908	90.8	4.8	303	45.7	7.7	46.4	12.6	6.0	309
Delaware	10,299	81,947	87.0	5.7	346	47.9	7.9	44.0	11.4	7.6	321
D.C.	17,286	184,188	68.9	2.8	175	42.5	7.8	49.3	11.3	0.9	41
Florida	361,553	3,699,321	84.6	4.2	248	44.3	5.7	49.6	24.3	6.6	296
Georgia	164,640	1,670,209	87.2	3.9	194	41.8	8.0	49.9	20.2	5.5	265
Hawaii	26,388	258,813	87.1	3.0	182	45.3	5.2	49.3	16.7	3.8	174
Idaho	20,257	207,900	89.1	5.0	275	42.6	7.5	49.4	16.7	7.1	318
Illinois	224,458	2,292,840	84.4	4.3	237	41.1	8.5	50.1	17.9	6.4	324
Indiana	115,742	1,182,162	85.6	5.1	288	42.1	6.8	50.8	19.0	7.7	372
Iowa	59,858	631,554	90.5	4.8	253	38.4	9.0	52.3	17.5	6.3	266
Kansas	45,600	411,638	90.7	5.9	325	45.2	8.2	46.4	16.8	9.0	432
Kentucky	100,579	1,045,435	90.1	5.6	274	41.7	7.1	50.7	23.6	9.1	382
Louisiana	110,240	1,201,583	89.2	4.6	247	44.3	7.8	47.7	23.7	7.5	404
Maine	47,129	523,655	92.5	4.5	233	43.6	7.4	48.8	18.4	6.6	267
Maryland	82,357	777,537	74.7	4.1	232	45.8	9.2	44.7	13.8	7.1	316
Massachusetts	204,813	2,218,609	89.2	4.0	237	46.3	1.8	47.8	15.9	5.6	241
Michigan	202,743	2,090,105	88.1	4.3	221	40.1	5.8	53.9	24.1	6.2	238
Minnesota	70,293	661,864	86.1	4.0	276	43.4	9.0	47.4	12.2	6.5	305
Mississippi	145,262	1,594,733	92.7	3.5	202	46.2	7.1	46.3	28.9	6.6	350
Missouri	155,495	1,593,094	89.5	5.3	302	42.6	7.4	49.6	25.6	7.3	344
Montana	17,203	164,941	87.7	4.7	254	40.0	7.8	51.8	19.4	6.5	280
Nebraska	35,831	364,924	91.6	5.3	284	43.9	7.9	48.1	18.5	7.1	323
Nevada	19,774	200,323	84.7	3.8	219	43.5	6.6	49.6	19.6	6.1	261
New Hampshire	20,373	202,150	91.1	5.3	293	42.3	8.1	49.6	14.1	6.6	287
New Jersey	138,023	1,447,287	90.3	4.7	294	48.5	7.7	43.7	17.8	6.5	327
New Mexico	33,812	354,854	82.3	3.5	178	40.0	9.5	50.3	12.1	6.0	273
New York	606,613	6,488,363	75.8	3.1	233	52.8	8.3	38.4	10.3	0.8	83

Dual Eligible Beneficiaries

Table N.5

	% of All Rx										Among All-Year NF Residents <sup>e</sup>	
	No. of Benes	No. of Bene Mos	% of Benes with One or More Rx	No. of Rx per Bene Mo	Rx \$ per Bene Mo	Patented Brand-Name <sup>d</sup>	Off-Patent Brand-Name	Generic	Rx \$ as % of Total Medicaid \$	No. of Rx per Bene Mo	No. of Rx per Bene Mo	
North Carolina	227,047	2,501,785	91.9	4.2	235	46.3	7.5	45.9	24.7	6.0	6.0	320
North Dakota	13,751	139,397	83.5	4.5	233	42.2	10.0	47.6	12.4	6.5	6.5	290
Ohio	219,109	2,180,582	90.9	5.8	303	44.5	7.8	47.3	14.5	7.7	7.7	341
Oklahoma	87,933	872,807	88.4	3.3	199	39.5	8.1	52.4	18.7	6.7	6.7	324
Oregon	41,580	374,451	88.0	5.4	264	38.4	5.7	55.7	18.3	6.8	6.8	292
Pennsylvania	174,470	1,518,339	82.6	5.4	290	43.0	9.3	47.3	13.6	7.4	7.4	339
Rhode Island	27,007	294,544	89.0	3.8	246	47.0	5.9	47.1	14.0	5.2	5.2	275
South Carolina	125,933	1,379,669	85.2	2.9	164	47.4	6.4	46.1	21.7	1.5	1.5	76
South Dakota	14,082	147,600	86.6	4.5	249	41.8	10.5	47.5	16.5	6.6	6.6	313
Tennessee	261,328	1,514,608	70.4	3.5	169	40.5	6.8	52.4	15.5	4.3	4.3	175
Texas	345,218	3,668,772	89.1	3.0	192	47.0	7.6	45.2	16.1	6.8	6.8	345
Utah	16,622	115,967	85.5	6.7	404	45.3	6.8	47.6	19.3	7.2	7.2	365
Vermont	18,645	201,310	91.1	4.3	240	43.1	7.8	49.0	19.9	6.1	6.1	258
Virginia	110,435	1,157,456	88.6	4.5	254	42.7	8.0	48.2	22.0	7.2	7.2	335
Washington	94,387	993,070	88.8	3.8	197	40.9	5.6	53.4	25.7	5.1	5.1	228
West Virginia	49,201	505,562	89.3	4.8	234	40.0	7.1	52.6	18.7	6.7	6.7	292
Wisconsin	123,062	1,284,325	87.7	4.7	242	41.7	7.9	50.1	14.8	6.7	6.7	281
Wyoming	6,513	66,936	87.3	4.5	264	42.6	10.1	47.0	13.9	6.8	6.8	318

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table N.5, except for the last two columns, includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. The last two columns include beneficiaries represented by Cell H of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2002. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

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. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_modb.asp](http://www.Medi-Span.com/products/product_modb.asp) (May 13 2003).

e. All-year nursing facility residents are beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2002. Part-year residents were excluded from the analysis. See footnote f of Table 1 for more information about how we determined all-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; NF = nursing facility.

NATIONAL COMPARISON TABLE N.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE  
 DUAL ELIGIBLE BENEFICIARIES, 2002<sup>a,b,c,d</sup>

	Share of Bene Mos (percent)				Medicaid Rx \$ per Bene Mo (dollars)				Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Children	All	Aged	Disabled	Children	All	Aged	Disabled	Children	
	100	53.4	45.8	0.8	233	198	275	210	384	100	45.3	53.9	0.8
<b>All States</b>	100	53.4	45.8	0.8	233	198	275	210	384	100	45.3	53.9	0.8
Alabama	100	40.9	58.4	0.6	188	182	194	74	193	100	39.7	60.1	0.3
Alaska	100	51.9	47.2	0.8	315	215	425	271	122	100	35.5	63.8	0.7
Arizona	100	40.6	51.7	7.7	6	3	9	3	12	100	23.1	72.9	4.0
Arkansas	100	45.2	54.0	0.7	164	180	152	69	422	100	49.7	50.0	0.3
California	100	56.2	43.3	0.4	213	162	279	229	346	100	42.8	56.7	0.5
Colorado	100	63.0	36.7	0.3	258	215	331	253	203	100	52.6	47.1	0.3
Connecticut	100	59.9	38.1	2.0	303	252	384	287	387	100	49.8	48.3	1.9
Delaware	100	54.8	42.5	2.7	346	290	422	264	161	100	46.0	51.9	2.1
D.C.	100	47.4	50.9	1.6	175	112	234	162	343	100	30.2	68.2	1.5
Florida	100	47.2	52.5	0.3	248	180	310	156	372	100	34.3	65.5	0.2
Georgia	100	46.0	53.7	0.3	194	185	202	164	289	100	43.8	55.8	0.3
Hawaii	100	65.7	34.2	0.1	182	141	261	58	0	100	50.8	49.1	0.0
Idaho	100	52.1	47.6	0.4	275	239	315	285	442	100	45.2	54.4	0.4
Illinois	100	43.4	55.3	1.2	237	198	268	186	309	100	36.3	62.6	1.0
Indiana	100	57.0	42.3	0.6	288	262	324	207	521	100	51.9	47.6	0.5
Iowa	100	51.3	48.3	0.4	253	226	281	164	229	100	46.0	53.7	0.3
Kansas	100	53.7	45.9	0.3	325	318	334	202	418	100	52.6	47.2	0.2
Kentucky	100	41.9	57.7	0.4	274	266	281	209	429	100	40.6	59.0	0.3
Louisiana	100	62.1	37.8	0.1	247	256	232	221	674	100	64.4	35.5	0.1
Maine	100	46.4	49.4	4.2	233	199	266	216	74	100	39.6	56.5	3.9
Maryland	100	52.2	45.5	2.3	232	209	266	90	458	100	47.0	52.1	0.9
Massachusetts	100	39.2	59.9	0.9	237	180	275	192	590	100	29.8	69.5	0.7
Michigan	100	43.9	55.6	0.4	221	187	249	188	257	100	37.1	62.6	0.3
Minnesota	100	30.2	69.2	0.6	276	188	315	181	244	100	20.6	79.0	0.4
Mississippi	100	49.6	50.1	0.3	202	194	210	220	269	100	47.6	52.1	0.3
Missouri	100	55.7	43.3	1.1	302	254	366	181	462	100	46.9	52.5	0.6
Montana	100	50.3	43.3	6.3	254	224	297	205	72	100	44.3	50.6	5.1
Nebraska	100	57.2	42.6	0.2	284	250	329	294	194	100	50.4	49.4	0.2
Nevada	100	59.8	39.6	0.6	219	184	271	174	221	100	50.5	49.0	0.5
New Hampshire	100	54.2	42.2	3.6	293	246	357	242	667	100	45.5	51.4	2.9
New Jersey	100	51.0	48.9	0.1	294	242	348	207	484	100	42.0	57.9	0.1
New Mexico	100	45.6	53.7	0.7	178	148	205	36	229	100	38.0	61.9	0.1
New York	100	54.6	43.9	1.5	233	163	318	266	167	100	38.3	59.9	1.7
North Carolina	100	60.2	39.2	0.5	235	218	260	243	465	100	56.0	43.5	0.5
North Dakota	100	61.3	38.2	0.4	233	220	255	142	28	100	57.9	41.8	0.3
Ohio	100	56.1	42.8	1.1	303	277	341	195	359	100	51.2	48.1	0.7

Dual Eligible Beneficiaries

Table N.6

	Share of Bene Mos (percent)					Medicaid Rx \$ per Bene Mo (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
	100	64.7	34.6	0.7	0.0	199	186	224	118	603	100	60.6	38.9	0.4	0.1
Oklahoma	100	61.5	37.0	1.5	0.0	264	213	348	265	872	100	49.6	48.9	1.5	0.0
Oregon	100	70.3	29.5	0.3	0.0	290	276	324	248	164	100	66.8	32.9	0.2	0.0
Pennsylvania	100	47.2	52.7	0.1	0.0	246	201	286	162	358	100	38.6	61.3	0.1	0.0
Rhode Island	100	58.9	40.2	0.9	0.0	164	136	205	137	173	100	49.0	50.2	0.8	0.0
South Carolina	100	50.1	49.1	0.8	0.0	249	251	250	155	133	100	50.4	49.1	0.5	0.0
South Dakota	100	40.2	56.2	3.6	0.0	169	133	190	226	139	100	31.8	63.4	4.8	0.0
Tennessee	100	72.3	27.4	0.3	0.0	192	189	198	178	432	100	71.4	28.3	0.3	0.0
Texas	100	51.9	47.0	1.1	0.0	404	301	519	334	1080	100	38.7	60.3	0.9	0.0
Utah	100	46.4	51.7	1.8	0.0	240	209	271	132	26	100	40.5	58.5	1.0	0.0
Vermont	100	59.7	40.1	0.2	0.0	254	229	290	249	2254	100	53.8	45.8	0.2	0.2
Virginia	100	56.4	43.1	0.5	0.0	197	168	236	126	428	100	48.1	51.6	0.3	0.0
Washington	100	46.6	52.7	0.7	0.0	234	226	240	265	300	100	45.1	54.1	0.7	0.0
West Virginia	100	41.6	56.2	2.3	0.0	242	216	262	247	201	100	37.0	60.7	2.3	0.0
Wisconsin	100	52.6	46.7	0.7	0.1	264	247	285	147	533	100	49.2	50.4	0.4	0.1
Wyoming	100														

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table N.6 includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2002. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- c. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.
- 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. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

NATIONAL COMPARISON TABLE N.7  
 TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE  
 DUAL ELIGIBLE BENEFICIARIES, 2002<sup>a,b,c</sup>

	ANTI- PSYCHOTICS	ULCER DRUGS	ANTI- DEPRESSANTS	ANTI- CONVULSANT	ANTI- ANTIDIABETIC	HYPERLIPIDEMI C	ANTI- HYPERTENSIVE	ANTI- INFLAMMATORY	ANALGESICS - NARCOTIC	ANTI- ASTHMATIC
<b>All States</b>	1	2	3	4	5	6	7	8	9	10
Alabama	1	9	2	5	3	6	4	7	7	10
Alaska	1	2	3	5	10	9	8	6	4	7
Arizona	1	4	1	5	3	7	10	10	9	6
Arkansas	1	3	2	4	6	8	5	10	7	10
California	1	2	7	9	3	4	5	6	10	7
Colorado	1	2	3	5	6	8	9	7	4	10
Connecticut	1	3	2	4	7	6	9	10	5	7
Delaware	1	2	4	5	10	6	9	8	7	9
D.C.	2	7	10	8	5	4	3	10	10	7
Florida	1	3	4	10	7	5	9	6	8	9
Georgia	1	8	2	6	4	9	3	5	7	10
Hawaii	1	1	6	5	4	2	3	10	7	8
Idaho	1	4	2	3	6	10	7	8	5	9
Illinois	1	2	3	4	5	6	7	8	10	9
Indiana	1	3	2	4	6	7	9	10	5	8
Iowa	1	4	2	3	5	8	10	6	7	9
Kansas	1	3	2	4	7	9	8	5	6	10
Kentucky	1	3	2	6	5	8	9	7	10	4
Louisiana	1	2	3	8	4	7	6	5	10	9
Maine	1	3	2	4	8	6	10	9	7	8
Maryland	1	2	3	4	6	5	7	10	8	9
Massachusetts	1	4	2	3	9	5	10	8	7	6
Michigan	1	4	2	3	6	5	10	8	7	9
Minnesota	1	4	2	3	7	6	10	9	5	8
Mississippi	1	2	5	8	3	7	4	6	10	9
Missouri	1	10	2	3	7	6	9	5	4	8
Montana	1	3	2	5	7	9	8	10	4	6
Nebraska	1	2	3	4	7	8	10	6	5	9
Nevada	1	4	3	5	9	6	7	8	2	10
New Hampshire	1	4	2	3	8	6	10	9	5	7
New Jersey	1	2	3	9	5	4	7	6	10	8
New Mexico	1	2	3	5	4	9	6	7	8	10
New York	1	2	5	8	6	3	7	9	10	7
North Carolina	2	1	3	8	4	5	7	6	9	10
North Dakota	1	3	2	4	6	10	8	7	5	9
Ohio	1	2	3	4	5	6	10	7	8	9

Table N.7

Dual Eligible Beneficiaries

	ANTI- PSYCHOTICS	ULCER DRUGS	DEPRESSANTS	ANTI- CONVULSANTS	ANTI- ANTIDIABETIC	HYPERLIPIDEMI C	HYPERTENSIVE	ANTI- INFLAMMATORY	ANALGESICS - NARCOTIC	ANTI- ASTHMATIC
Oklahoma	1	3	2	6	5	8	7	10	4	9
Oregon	1	5	2	3	6	8	9	10	4	7
Pennsylvania	1	2	3	4	5	7	8	9	6	10
Rhode Island	1	2	3	4	7	5	6	8	10	9
South Carolina	1	6	5	7	2	3	4	10	8	.
South Dakota	1	2	3	4	8	.	10	6	5	7
Tennessee	2	1	3	10	5	4	7	8	6	9
Texas	1	2	4	8	3	6	7	5	10	.
Utah	1	3	2	4	7	9	8	6	5	10
Vermont	1	4	2	3	8	5	10	9	6	7
Virginia	1	2	3	4	5	6	7	9	8	10
Washington	1	4	2	5	7	6	9	8	3	10
West Virginia	1	6	2	3	4	5	8	.	9	7
Wisconsin	1	3	2	4	7	6	10	9	5	8
Wyoming	1	2	3	4	7	10	9	6	5	8

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table N.7 is based on beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2002. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in each state for 2002. The Medicaid reimbursement amounts do not reflect federally required rebates from drug manufacturers to states. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mdadb.asp](http://www.Medi-Span.com/products/product_mdadb.asp) (May 13 2003).

CMS = Center for Medicare and Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.



SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 UNITED STATES, 2002

Total Number of Dual Eligible Beneficiaries 6,185,849  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$14,763,851,359  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,387

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	914,054	14.8 %	\$0	0.0 %
1-500	1,081,766	17.5	230,863,542	1.6
501-1,000	686,169	11.1	508,478,336	3.4
1,001-1,500	563,646	9.1	700,779,988	4.7
1,501-2,000	479,456	7.8	836,048,939	5.7
2,001-2,500	405,377	6.6	909,431,529	6.2
2,501-3,000	340,257	5.5	933,308,459	6.3
3,001-3,500	285,137	4.6	924,521,307	6.3
3,501-4,000	237,065	3.8	887,200,571	6.0
4,001-4,500	195,977	3.2	831,460,013	5.6
4,501-5,000	161,963	2.6	768,114,096	5.2
5,001-5,500	132,942	2.1	696,840,005	4.7
5,501-6,000	108,843	1.8	625,045,127	4.2
6,001-6,500	90,314	1.5	563,794,822	3.8
6,501-7,000	74,603	1.2	502,995,031	3.4
7,001-7,500	61,718	1.0	446,997,008	3.0
7,501-8,000	51,479	0.8	398,621,347	2.7
8,001-8,500	42,855	0.7	353,266,687	2.4
8,501-9,000	35,795	0.6	312,987,580	2.1
9,001-9,500	30,180	0.5	278,982,360	1.9
9,501-10,000	25,296	0.4	246,482,592	1.7
10,001+	180,957	2.9	2,807,632,020	19.0

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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.

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 UNITED STATES, 2002

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 2,159,557  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$6,492,716,438  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$3,007

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
			15.0 %		0	0.0 %
\$0	324,919		18.6			1.2
1-500	402,724		9.7	80,037,203		2.4
501-1,000	210,300		7.6	155,077,802		3.1
1,001-1,500	163,304		6.3	202,774,757		3.7
1,501-2,000	136,076		5.3	237,157,951		4.0
2,001-2,500	115,137		4.6	258,358,118		4.2
2,501-3,000	98,827		4.0	271,195,486		4.3
3,001-3,500	85,499		3.5	277,310,715		4.3
3,501-4,000	74,675		3.0	279,646,440		4.2
4,001-4,500	64,736		2.6	274,844,054		4.1
4,501-5,000	56,595		2.3	268,515,395		4.0
5,001-5,500	49,380		2.0	258,985,280		3.8
5,501-6,000	43,131		1.8	247,773,201		3.7
6,001-6,500	38,213		1.5	238,665,047		3.5
6,501-7,000	33,427		1.4	225,417,428		3.3
7,001-7,500	29,304		1.2	212,306,467		3.1
7,501-8,000	25,686		1.0	198,954,801		2.9
8,001-8,500	22,620		0.9	186,494,786		2.7
8,501-9,000	19,785		0.8	173,019,969		2.5
9,001-9,500	17,358		0.7	160,491,376		2.3
9,501-10,000	15,274		6.1	148,853,652		32.9
10,001+	132,587			2,136,836,510		

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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.

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 UNITED STATES, 2002

Total Number of Dual Eligible Beneficiaries, Age 65+      3,954,881  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+      \$8,154,471,714  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+      \$2,062

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	568,292	14.4 %	0	0.0 %
1-500	661,245	16.7	147,434,154	1.8
501-1,000	468,486	11.8	348,001,988	4.3
1,001-1,500	395,339	10.0	491,827,348	6.0
1,501-2,000	339,649	8.6	592,406,238	7.3
2,001-2,500	287,339	7.3	644,577,534	7.9
2,501-3,000	239,097	6.0	655,725,212	8.0
3,001-3,500	197,896	5.0	641,562,330	7.9
3,501-4,000	160,980	4.1	602,281,604	7.4
4,001-4,500	130,095	3.3	551,754,199	6.8
4,501-5,000	104,406	2.6	495,047,038	6.1
5,001-5,500	82,760	2.1	433,649,510	5.3
5,501-6,000	65,067	1.6	373,566,136	4.6
6,001-6,500	51,533	1.3	321,583,847	3.9
6,501-7,000	40,672	1.0	274,176,113	3.4
7,001-7,500	32,003	0.8	231,709,607	2.8
7,501-8,000	25,475	0.6	197,207,365	2.4
8,001-8,500	19,928	0.5	164,240,575	2.0
8,501-9,000	15,764	0.4	137,812,926	1.7
9,001-9,500	12,590	0.3	116,342,597	1.4
9,501-10,000	9,811	0.2	95,574,130	1.2
10,001+	46,454	1.2	637,991,263	7.8

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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.

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 UNITED STATES, 2002

Total Number of Dual Eligible Beneficiaries, Age 65-74                      1,549,349  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74      \$3,270,036,960  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74      \$2,111

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	248,441	16.0 %	0	0.0 %
1-500	262,858	17.0	56,333,664	1.7
501-1,000	174,171	11.2	129,338,379	4.0
1,001-1,500	146,706	9.5	182,580,391	5.6
1,501-2,000	126,230	8.1	220,167,448	6.7
2,001-2,500	106,829	6.9	239,631,978	7.3
2,501-3,000	89,105	5.8	244,416,422	7.5
3,001-3,500	73,571	4.7	238,533,565	7.3
3,501-4,000	59,978	3.9	224,390,644	6.9
4,001-4,500	49,144	3.2	208,482,231	6.4
4,501-5,000	40,010	2.6	189,771,868	5.8
5,001-5,500	32,051	2.1	167,955,962	5.1
5,501-6,000	25,684	1.7	147,520,683	4.5
6,001-6,500	20,828	1.3	129,968,397	4.0
6,501-7,000	16,783	1.1	113,158,606	3.5
7,001-7,500	13,679	0.9	99,030,782	3.0
7,501-8,000	11,251	0.7	87,113,539	2.7
8,001-8,500	8,759	0.6	72,201,771	2.2
8,501-9,000	7,250	0.5	63,389,718	1.9
9,001-9,500	5,920	0.4	54,706,980	1.7
9,501-10,000	4,849	0.3	47,245,546	1.4
10,001+	25,252	1.6	354,098,386	10.8

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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.

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 UNITED STATES, 2002

Total Number of Dual Eligible Beneficiaries, Age 75-84 1,416,009  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$3,039,689,854  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,147

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	192,073	13.6 %	0	0.0 %
1-500	217,785	15.4	49,355,536	1.6
501-1,000	162,997	11.5	121,312,992	4.0
1,001-1,500	142,142	10.0	176,963,821	5.8
1,501-2,000	124,608	8.8	217,372,093	7.2
2,001-2,500	106,734	7.5	239,524,165	7.9
2,501-3,000	90,030	6.4	246,922,513	8.1
3,001-3,500	75,125	5.3	243,554,691	8.0
3,501-4,000	61,766	4.4	231,110,054	7.6
4,001-4,500	49,933	3.5	211,752,684	7.0
4,501-5,000	40,030	2.8	189,812,696	6.2
5,001-5,500	32,118	2.3	168,302,077	5.5
5,501-6,000	25,257	1.8	144,983,113	4.8
6,001-6,500	20,019	1.4	124,931,317	4.1
6,501-7,000	15,920	1.1	107,309,497	3.5
7,001-7,500	12,226	0.9	88,528,670	2.9
7,501-8,000	9,652	0.7	74,706,661	2.5
8,001-8,500	7,696	0.5	63,425,003	2.1
8,501-9,000	6,028	0.4	52,684,807	1.7
9,001-9,500	4,741	0.3	43,806,793	1.4
9,501-10,000	3,565	0.3	34,728,223	1.1
10,001+	15,564	1.1	208,602,448	6.9

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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.

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 UNITED STATES, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 989,523  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$1,844,744,900  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,864

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	127,778	12.9 %	0	0.0 %
1-500	180,602	18.3	41,744,954	2.3
501-1,000	131,318	13.3	97,350,617	5.3
1,001-1,500	106,491	10.8	132,283,136	7.2
1,501-2,000	88,811	9.0	154,866,697	8.4
2,001-2,500	73,776	7.5	165,421,391	9.0
2,501-3,000	59,962	6.1	164,386,277	8.9
3,001-3,500	49,200	5.0	159,474,074	8.6
3,501-4,000	39,236	4.0	146,780,906	8.0
4,001-4,500	31,018	3.1	131,519,284	7.1
4,501-5,000	24,366	2.5	115,462,474	6.3
5,001-5,500	18,591	1.9	97,391,471	5.3
5,501-6,000	14,126	1.4	81,062,340	4.4
6,001-6,500	10,686	1.1	66,684,133	3.6
6,501-7,000	7,969	0.8	53,708,010	2.9
7,001-7,500	6,098	0.6	44,150,155	2.4
7,501-8,000	4,572	0.5	35,387,165	1.9
8,001-8,500	3,473	0.4	28,613,801	1.6
8,501-9,000	2,486	0.3	21,738,401	1.2
9,001-9,500	1,929	0.2	17,828,824	1.0
9,501-10,000	1,397	0.1	13,600,361	0.7
10,001+	5,638	0.6	75,290,429	4.1

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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.4

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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>6,696,061</b>	<b>3,613,583</b>	<b>2,984,943</b>	<b>96,012</b>	<b>1,318</b>	<b>71,234,241</b>	<b>37,566,279</b>	<b>32,797,278</b>	<b>856,620</b>	<b>12,223</b>	<b>1,841</b>
<b>Age</b>											
5 and younger	361	7	290	0	64	3,704	59	3,065	0	580	0
6-14	1,073	2	862	1	208	11,651	18	9,557	12	2,064	0
15-20	11,116	1	10,239	179	697	120,916	12	112,459	1,643	6,802	0
21-44	1,034,808	193	985,760	48,571	266	11,316,885	2,006	10,874,094	438,453	2,169	163
45-64	1,389,336	1,665	1,347,183	40,329	41	15,046,359	16,352	14,667,468	361,173	298	1,068
65-74	1,692,996	1,252,603	434,337	5,958	30	18,276,861	13,310,707	4,917,256	48,108	190	600
75-84	1,520,518	1,371,904	147,746	864	3	16,106,554	14,475,004	1,625,045	6,470	25	10
85 and older	1,045,836	987,193	58,525	110	8	10,351,197	9,762,025	588,322	761	89	0
Unknown	17	15	1	0	1	114	96	12	0	6	0
<b>Gender</b>											
Female	4,261,549	2,591,838	1,618,370	50,528	611	45,599,584	27,181,396	17,952,049	458,663	5,671	1,805
Male	2,434,494	1,021,744	1,366,557	45,483	707	25,634,493	10,384,871	14,845,080	397,954	6,552	36
Unknown	18	1	16	1	0	164	12	149	3	0	0
<b>Race</b>											
White	3,963,182	2,110,384	1,796,879	55,080	718	41,531,594	21,355,576	19,675,743	492,537	6,649	1,089
African American	1,207,714	561,389	625,390	20,541	348	13,019,800	5,967,953	6,869,080	179,083	3,252	432
Other/unknown	1,525,165	941,810	562,674	20,391	252	16,682,847	10,242,750	6,252,455	185,000	2,322	320
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	888,109	765,610	122,364	125	10	9,008,189	7,703,034	1,303,844	1,202	109	0
Part year	459,727	375,437	84,007	276	6	4,322,041	3,456,040	863,073	2,848	69	11
None	5,348,225	2,472,536	2,778,572	95,611	1,302	57,904,011	26,407,205	30,630,361	852,570	12,045	1,830
<b>Maintenance Assistance Status</b>											
Cash	3,390,151	1,554,088	1,806,226	29,692	145	38,265,157	17,512,464	20,473,592	277,662	1,439	0
Medically needy	860,792	566,098	282,036	12,488	170	8,362,861	5,408,048	2,843,967	109,529	1,317	0
Poverty related	819,390	425,778	389,967	3,008	436	8,564,275	4,376,832	4,160,604	21,073	3,973	1,793
Other/unknown	1,625,728	1,067,619	506,714	50,824	567	16,041,948	10,268,935	5,319,115	448,356	5,494	48
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	6,433,736	3,474,118	2,865,816	92,318	1,281	68,454,951	36,089,933	31,534,970	816,397	11,827	1,824
Full dual, part year	262,325	139,465	119,127	3,694	37	2,779,290	1,476,346	1,262,308	40,223	396	17
<b>Managed Care Status</b>											
FFS all year	5,761,935	3,176,773	2,531,780	52,239	951	60,926,538	32,813,882	27,669,488	432,708	8,753	1,707
FFS part year, with Rx claims	314,001	128,732	169,826	15,304	135	3,596,513	1,459,432	1,968,768	166,870	1,410	33
FFS part year, no Rx claims	109,972	45,598	59,081	5,237	55	1,212,084	494,029	667,199	50,308	536	12
MC all year, with Rx claims	79,410	35,793	39,610	3,968	39	872,567	386,375	447,073	38,717	402	0
MC all year, no Rx claims	430,532	226,604	184,521	19,261	138	4,626,213	2,412,458	2,044,535	168,009	1,122	89

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table A.4 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.5  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2002

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		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
<b>All</b>	<b>6,696,061</b>	<b>71,234,241</b>	<b>6,185,849</b>	<b>63,253,342</b>	<b>79,469</b>	<b>7,980,899</b>
FFS all year	5,761,935	60,926,538	5,761,935	60,930,231	0	-3,693
FFS part year, with Rx claims	314,001	3,596,513	314,000	1,767,999	1	1,828,514
FFS part year, with no Rx claims	109,972	1,212,084	109,911	555,109	61	656,975
MC all year, with Rx claims	79,410	872,567	3	3	79,407	872,564
MC all year, with no Rx claims	430,532	4,626,213	0	0	0	4,626,213
Unknown	211	326	0	0	0	326

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. 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.

APPENDIX TABLE A.6  
 MANAGED CARE PENETRATION RATES, ALL STATES COMBINED AND BY STATE, BY BASIS OF ELIGIBILITY  
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2002<sup>a,b</sup>

	All Duals			Aged			Disabled/Adults/Children		
	No. of Benes Enrolled in MC all Year	% of Benes Enrolled in MC all Year	No. of Benes Enrolled in MC all Year	No. of Benes Enrolled in MC all Year	% of Benes Enrolled in MC all Year	No. of Benes Enrolled in MC all Year	No. of Benes Enrolled in MC all Year	% of Benes Enrolled in MC all Year	No. of Benes Enrolled in MC all Year
<b>All States</b>	<b>6,696,061</b>	<b>7.6 %</b>	<b>3,613,583</b>	<b>262,397</b>	<b>7.3 %</b>	<b>3,082,273</b>	<b>247,537</b>	<b>8.0 %</b>	
Alabama	108,751	2.1	45,980	1,032	2.2	62,764	1,291	2.1	
Alaska	11,433	0.0	6,009	0	0.0	5,423	0	0.0	
Arizona	90,511	91.0	41,040	37,741	92.0	49,471	44,627	90.2	
Arkansas	76,037	0.0	34,755	0	0.0	41,282	0	0.0	
California	997,600	13.8	565,274	73,660	13.0	432,273	64,017	14.8	
Colorado	60,024	13.1	37,525	4,381	11.7	22,499	3,472	15.4	
Connecticut	78,968	0.2	48,218	0	0.0	30,746	130	0.4	
D.C.	11,596	11.2	5,919	230	3.9	5,677	1,067	18.8	
Delaware	17,405	0.7	8,363	0	0.0	9,042	119	1.3	
Florida	380,639	5.0	175,725	6,901	3.9	204,911	12,185	5.9	
Georgia	164,846	0.0	77,830	0	0.0	86,955	0	0.0	
Hawaii	26,746	1.3	17,784	9	0.1	8,962	345	3.8	
Idaho	20,257	0.0	11,072	0	0.0	9,185	0	0.0	
Illinois	224,604	0.1	101,458	91	0.1	123,139	55	0.0	
Indiana	115,889	0.1	68,038	1	0.0	47,846	146	0.3	
Iowa	59,883	0.0	31,966	0	0.0	27,917	25	0.1	
Kansas	46,623	2.2	27,312	852	3.1	19,310	171	0.9	
Kentucky	113,661	11.5	47,722	3,412	7.1	65,939	9,670	14.7	
Louisiana	110,240	0.0	69,459	0	0.0	40,781	0	0.0	
Maine	47,129	0.0	22,309	0	0.0	24,817	0	0.0	
Maryland	84,819	2.9	44,383	106	0.2	40,436	2,356	5.8	
Massachusetts	205,426	0.3	84,926	4	0.0	120,500	609	0.5	
Michigan	207,106	2.1	91,075	166	0.2	116,031	4,197	3.6	
Minnesota	103,611	32.2	60,434	32,597	53.9	43,177	721	1.7	
Mississippi	145,262	0.0	73,464	0	0.0	71,794	0	0.0	
Missouri	155,967	0.3	87,532	0	0.0	68,435	472	0.7	
Montana	17,203	0.0	9,017	0	0.0	8,186	0	0.0	
Nebraska	36,176	1.0	20,980	40	0.2	15,194	305	2.0	
Nevada	19,813	0.2	11,925	0	0.0	7,888	39	0.5	
New Hampshire	20,391	0.1	11,399	0	0.0	8,992	18	0.2	
New Jersey	145,411	5.1	74,317	1,598	2.2	71,090	5,790	8.1	
New Mexico	34,609	2.3	15,745	49	0.3	18,864	748	4.0	
New York	616,942	1.7	343,749	4,922	1.4	273,191	5,407	2.0	

	All Duals				Aged				Disabled/Adults/Children			
	No. of Benes		% of Benes		No. of Benes		% of Benes		No. of Benes		% of Benes	
	Enrolled in MC all Year	Enrolled in MC all Year	Enrolled in MC all Year	Enrolled in MC all Year	Enrolled in MC all Year	Enrolled in MC all Year	Enrolled in MC all Year	Enrolled in MC all Year	Enrolled in MC all Year	Enrolled in MC all Year	Enrolled in MC all Year	
North Carolina	227,077	0.0	137,391	0	0.0	89,686	30	0.0				
North Dakota	13,751	0.0	8,728	0	0.0	5,023	0	0.0				
Ohio	219,635	0.2	125,506	0	0.0	94,129	526	0.6				
Oklahoma	88,960	1.2	56,143	32	0.1	32,817	995	3.0				
Oregon	65,086	36.1	38,071	12,237	32.1	27,014	11,269	41.7				
Pennsylvania	288,727	39.6	174,964	54,989	31.4	113,753	59,268	52.1				
Rhode Island	29,061	7.1	13,353	91	0.7	15,705	1,963	12.5				
South Carolina	126,415	0.4	75,306	289	0.4	51,105	193	0.4				
South Dakota	14,082	0.0	7,453	0	0.0	6,629	0	0.0				
Tennessee	270,762	3.5	113,016	5,775	5.1	157,746	3,659	2.3				
Texas	371,492	7.1	269,534	19,068	7.1	101,958	7,206	7.1				
Utah	21,779	23.7	9,942	1,893	19.0	11,833	3,264	27.6				
Vermont	18,645	0.0	8,961	0	0.0	9,684	0	0.0				
Virginia	111,398	0.9	66,848	144	0.2	44,549	819	1.8				
Washington	94,667	0.3	54,874	87	0.2	39,793	193	0.5				
West Virginia	49,235	0.1	23,133	0	0.0	26,081	34	0.1				
Wisconsin	123,198	0.1	54,084	0	0.0	69,111	136	0.2				
Wyoming	6,513	0.0	3,572	0	0.0	2,940	0	0.0				

Source: Data for this table are from the MAX 2002 file for the U.S., released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Appendix Table A.6 was derived from data contained in Appendix Table A.4 for each state.

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.

MC = Managed Care; CMS = Center for Medicare and Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.