STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003
ALABAMA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ALABAMA, 2003

Inclusion Criteria (2003)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	894,283	(A)	186,402	(E)	707,881	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	815,528	(B)	108,957	(F)	706,571	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	813,294	(C)	106,752	(G)	706,542	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	17,888	(D)	16,824	(H)	1,064	(L)

Source: Data for this table are from the MAX 2003 file for Alabama, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2003 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2003, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Alabama in 2003 was $566,018,068, of which $5,883,429 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2003 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit: DE, IA, NE, NY, TX, UT, and WV. These lists were constructed from the CMS 2003 Medicaid Managed Care Enrollment Report [http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf] and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2003. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the benficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2003. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

ALABAMA, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**813,294**	**44,286**	**171,468**	**156,356**	**441,184**	**0**	**8,126,894**	**458,533**	**1,873,048**	**1,595,710**	**4,199,603**	**0**
Age												
5 and younger	187,617	0	7,022	0	180,595	0	1,751,627	0	75,764	0	1,675,863	0
6-14	194,988	0	18,216	0	176,772	0	1,964,226	0	209,325	0	1,754,901	0
15-20	96,990	2	12,860	713	83,415	0	917,107	6	142,990	7,619	766,492	0
21-44	205,049	90	52,045	152,512	402	0	2,133,377	714	565,947	1,564,369	2,347	0
45-64	63,606	211	60,275	3,120	0	0	666,722	1,760	641,305	23,657	0	0
65-74	23,680	9,548	14,124	8	0	0	260,902	100,485	160,364	53	0	0
75-84	22,835	17,457	5,376	2	0	0	245,913	185,253	60,649	11	0	0
85 and older	18,529	16,978	1,550	1	0	0	187,020	170,315	16,704	1	0	0
Unknown	0	0	0	0	0	0 0		0	0	0	0	0
Gender												
Female	511,748	35,222	95,464	153,923	227,139	0	5,171,628	368,349	1,056,013	1,579,787	2,167,479	0
Male	294,948	9,060	76,001	2,433	207,454	0	2,917,297	90,157	817,010	15,923	1,994,207	0
Unknown	6,598	4	3	0	6,591	0	37,969	27	25	0	37,917	0
Race												
White	361,546	25,226	71,306	72,840	192,174	0	3,545,807	253,933	770,316	732,230	1,789,328	0
African American	404,090	15,151	81,771	80,077	227,091	0	4,113,062	162,321	911,086	830,078	2,209,577	0
Other/unknown	47,658	3,909	18,391	3,439	21,919	0	468,025	42,279	191,646	33,402	200,698	0
Use of Nursing Facilities[c]												
Entire year	17,888	13,989	3,898	1	0	0	179,937	138,097	41,839	1	0	0
Part year	7,902	5,826	2,074	2	0	0	77,352	55,865	21,476	11	0	0
None	787,504	24,471	165,496	156,353	441,184	0	7,869,605	264,571	1,809,733	1,595,698	4,199,603	0
Maintenance Assistance Status												
Cash	277,325	22,385	161,670	28,488	64,782	0	2,897,642	249,000	1,769,029	240,433	639,180	0
Medically needy	0	0	0	0	0	0 0		0	0	0	0	0
Poverty-related	375,397	1,288	1,341	17,042	355,726	0	3,522,583	12,176	12,122	136,702	3,361,583	0
Other/unknown	160,572	20,613	8,457	110,826	20,676	0	1,706,669	197,357	91,897	1,218,575	198,840	0
Dual Medicare Status[d]												
Full dual, all year	100,351	40,072	59,288	980	11	0	1,089,713	417,901	662,934	8,771	107	0
Full dual, part year	6,401	3,074	3,291	36	0	0	62,526	31,646	30,551	329	0	0
Non-dual, all year	706,542	1,140	108,889	155,340	441,173	0	6,974,655	8,986	1,179,563	1,586,610	4,199,496	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	811,830	43,870	170,844	156,115	441,001	0	8,117,807	456,570	1,869,548	1,593,579	4,198,110	0
FFS part year, with Rx claims	1,316	364	560	225	167	0	8,308	1,718	3,219	2,004	1,367	0
FFS part year, no Rx claims	148	52	64	16	16	0	779	245	281	127	126	0

Source: Data for this table are from the MAX 2003 file for Alabama, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

TABLE 3

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

ALABAMA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**66.0 %**	**13.6**	**$689**	**$51**	**$3,638**	**18.9 %**	**813,294**
Age							
5 and younger	76.6	6.3	261	41	1,683	15.5	187,617
6-14	67.6	5.8	344	59	1,846	18.6	194,988
15-20	62.1	5.7	319	56	2,469	12.9	96,990
21-44	42.1	9.1	531	59	2,413	22.0	205,049
45-64	87.1	46.6	2,437	52	8,412	29.0	63,606
65-74	89.0	51.2	2,338	46	10,716	21.8	23,680
75-84	92.4	54.1	2,392	44	15,860	15.1	22,835
85 and older	93.8	50.5	2,129	42	21,485	9.9	18,529
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	90.6	49.4	2,184	44	17,397	12.6	44,286
Disabled	84.7	35.3	2,025	57	7,641	26.5	171,468
Adults	29.6	3.2	116	36	999	11.6	156,356
Children	69.2	5.3	222	42	1,637	13.6	441,184
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	62.5	14.9	707	47	3,722	19.0	511,748
Male	72.5	11.6	670	58	3,534	19.0	294,948
Unknown	53.1	2.7	125	46	1,809	6.9	6,598
Race							
White	70.1	17.1	867	51	4,534	19.1	361,546
African American	61.8	9.9	495	50	2,860	17.3	404,090
Other/unknown	71.5	18.9	983	52	3,439	28.6	47,658
Use of Nursing Facilities[f]							
Entire year	97.1	69.2	3,358	49	38,264	8.8	17,888
Part year	95.2	52.7	2,624	50	25,312	10.4	7,902
None	65.0	12.0	609	51	2,634	23.1	787,504
Maintenance Assistance Status							
Cash	79.5	25.8	1,382	54	4,809	28.7	277,325
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	70.5	5.4	223	41	1,489	15.0	375,397
Other/unknown	32.2	11.9	580	49	6,640	8.7	160,572

Source: Data for this table are from the MAX 2003 file for Alabama, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. 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.

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 4

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

ALABAMA, 2003

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**1.4**	**$69**	**18.9 %**	**34.0 %**	**43.4 %**	**7.3 %**	**8.7 %**	**5.2 %**	**1.4 %**	**$364**	**813,294**	**8,126,894**
Age												
5 and younger	0.7	28	15.5	23.4	65.0	8.4	3.0	0.2	0.0	180	187,617	1,751,627
6-14	0.6	34	18.6	32.4	57.4	6.2	3.5	0.4	0.0	183	194,988	1,964,226
15-20	0.6	34	12.9	37.9	51.2	6.6	3.7	0.6	0.0	261	96,990	917,107
21-44	0.9	51	22.0	57.9	25.0	5.7	7.4	3.3	0.7	232	205,049	2,133,377
45-64	4.4	233	29.0	12.9	16.9	11.0	28.3	23.5	7.4	803	63,606	666,722
65-74	4.6	212	21.8	11.0	13.7	10.2	30.0	27.3	7.8	973	23,680	260,902
75-84	5.0	222	15.1	7.6	10.7	9.8	32.7	30.7	8.6	1,473	22,835	245,913
85 and older	5.0	211	9.9	6.2	10.4	10.1	34.8	31.6	7.0	2,129	18,529	187,020
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility[e]												
Aged	4.8	211	12.6	9.4	11.8	10.1	32.5	28.6	7.6	1,680	44,286	458,533
Disabled	3.2	185	26.5	15.3	28.6	11.8	23.4	16.4	4.5	700	171,468	1,873,048
Adults	0.3	11	11.6	70.4	22.4	3.4	2.9	0.8	0.1	98	156,356	1,595,710
Children	0.6	23	13.6	30.8	59.8	6.7	2.6	0.1	0.0	172	441,184	4,199,603
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.5	70	19.0	37.5	38.6	6.7	9.1	6.3	1.7	368	511,748	5,171,628
Male	1.2	68	19.0	27.5	51.7	8.3	8.1	3.6	0.8	357	294,948	2,917,297
Unknown	0.5	22	6.9	46.9	44.5	6.6	1.9	0.1	0.0	314	6,598	37,969
Race												
White	1.7	88	19.1	29.9	42.1	8.5	10.2	7.1	2.2	462	361,546	3,545,807
African American	1.0	49	17.3	38.2	44.9	6.1	6.9	3.3	0.6	281	404,090	4,113,062
Other/unknown	1.9	100	28.6	28.5	40.8	8.1	12.4	8.0	2.1	350	47,658	468,025
Use of Nursing Facilities[f]												
Entire year	6.9	334	8.8	2.9	4.3	6.1	28.7	41.7	16.3	3,804	17,888	179,937
Part year	5.4	268	10.4	4.8	10.0	10.1	34.0	31.8	9.3	2,586	7,902	77,352
None	1.2	61	23.1	35.0	44.7	7.3	8.0	4.1	1.0	264	787,504	7,869,605
Maintenance Assistance Status												
Cash	2.5	132	28.7	20.5	36.5	10.5	18.3	11.4	2.8	460	277,325	2,897,642
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.6	24	15.0	29.5	60.7	6.9	2.7	0.2	0.0	159	375,397	3,522,583
Other/unknown	1.1	55	8.7	67.8	15.0	2.7	5.9	6.4	2.2	625	160,572	1,706,669

Source: Data for this table are from the MAX 2003 file for Alabama, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. 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.

f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 5

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

ALABAMA, 2003

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**1.4**	**$69**	**$51**	**0.6**	**$52**	**$90**	**0.1**	**$2**	**$36**	**0.7**	**$14**	**$20**
Age												
5 and younger	0.7	28	41	0.3	22	69	0.0	1	29	0.3	4	15
6-14	0.6	34	59	0.3	28	87	0.0	1	47	0.2	5	21
15-20	0.6	34	56	0.3	27	97	0.0	1	41	0.3	6	19
21-44	0.9	51	59	0.3	39	116	0.0	1	42	0.5	10	21
45-64	4.4	233	52	1.8	174	96	0.1	5	40	2.5	53	21
65-74	4.6	212	46	1.9	156	82	0.2	5	31	2.6	51	20
75-84	5.0	222	44	2.0	162	80	0.2	5	27	2.8	55	20
85 and older	5.0	211	42	1.9	149	80	0.2	6	25	2.9	56	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	4.8	211	44	1.9	153	81	0.2	5	26	2.7	52	20
Disabled	3.2	185	57	1.3	142	106	0.1	5	44	1.8	38	21
Adults	0.3	11	36	0.1	8	72	0.0	0	24	0.2	3	16
Children	0.6	23	42	0.3	18	66	0.0	1	33	0.2	4	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.5	70	47	0.6	52	85	0.1	2	33	0.8	16	20
Male	1.2	68	58	0.5	53	100	0.0	2	42	0.6	12	21
Unknown	0.5	22	46	0.2	18	102	0.0	0	26	0.3	3	13
Race												
White	1.7	88	51	0.7	67	90	0.1	3	36	0.9	19	21
African American	1.0	49	50	0.4	37	90	0.0	1	36	0.5	10	19
Other/unknown	1.9	100	52	0.8	77	94	0.1	3	37	1.0	21	20
Use of Nursing Facilities[e]												
Entire year	6.9	334	49	2.7	246	89	0.3	10	29	3.8	78	21
Part year	5.4	268	50	2.2	198	92	0.3	8	32	3.0	62	21
None	1.2	61	51	0.5	47	90	0.0	2	37	0.6	12	20
Maintenance Assistance Status												
Cash	2.5	132	54	1.0	101	99	0.1	3	40	1.4	28	21
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.6	24	41	0.3	19	65	0.0	1	32	0.3	4	16
Other/unknown	1.1	55	49	0.5	41	90	0.1	2	30	0.6	12	20

Source: Data for this table are from the MAX 2003 file for Alabama, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Alabama, 0.5 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

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 = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

ALABAMA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	$13	$10	$0	$2	$49	$76	$67	$19	1,077,833	$53,070,958	374,255	46.0 %	4,013,915
Biologicals	0.2	0.2	0.0	0.0	172	148	4	19	873	832	2,708	1,131	10,701	9,336,702	5,152	0.6	54,338
Antineoplastic Agents	0.4	0.1	0.0	0.3	79	48	1	29	177	386	122	95	37,086	6,579,732	7,999	1.0	83,737
Endocrine/Metabolic Drugs	0.6	0.3	0.0	0.2	26	22	1	4	47	70	25	18	892,764	42,264,233	145,923	17.9	1,597,969
Cardiovascular Agents	1.5	0.6	0.0	0.9	55	39	1	15	36	63	24	17	2,014,615	71,873,577	119,726	14.7	1,314,069
Respiratory Agents	0.4	0.2	0.0	0.2	18	14	1	3	41	65	23	17	1,585,390	64,507,949	337,820	41.5	3,623,749
Gastrointestinal Agents	0.5	0.1	0.0	0.4	26	13	1	13	50	108	134	32	631,445	31,457,703	111,916	13.8	1,220,233
Genitourinary Agents	0.3	0.2	0.0	0.1	16	14	0	1	54	65	31	19	146,954	7,907,134	46,372	5.7	504,314
CNS Drugs	0.9	0.5	0.0	0.4	73	63	1	10	80	128	84	24	1,338,292	107,368,096	133,956	16.5	1,464,177
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	47	41	2	4	80	90	60	38	182,472	14,618,498	28,251	3.5	313,607
Miscellaneous Psychological/ Neurological Agents	0.7	0.6	0.0	0.1	84	83	0	1	127	139	20	22	65,381	8,320,600	9,235	1.1	98,904
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	16	10	0	6	34	136	50	14	1,122,001	37,796,207	217,887	26.8	2,368,229
Neuromuscular Agents	0.7	0.3	0.0	0.4	46	36	2	8	64	119	47	22	661,910	42,517,349	83,509	10.3	922,207
Nutritional Products	0.5	0.0	0.0	0.4	9	1	1	6	18	36	19	16	346,087	6,223,837	67,141	8.3	711,948
Hematological Agents	0.6	0.2	0.1	0.3	55	48	1	6	94	203	22	21	264,098	24,697,941	41,441	5.1	447,772
Topical Products	0.3	0.1	0.0	0.1	10	7	0	2	40	59	52	19	620,637	24,515,767	223,095	27.4	2,412,764
Miscellaneous Products	0.5	0.2	0.0	0.2	80	62	9	9	176	364	275	35	29,715	5,241,665	6,340	0.8	65,611
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	5	0	0	0	32	0	0	0	57,586	1,836,691	36,841	4.5	401,960
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	11,084,967	560,134,639	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Alabama, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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 Alabama, 0.5 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

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

TABLE 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

ALABAMA, 2003

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$64,223,150	55,130	6.8 %	616,980	0.6	$176	$104
ANTICONVULSANT	35,532,907	60,380	7.4	673,911	0.6	83	53
ANTIDEPRESSANTS	35,408,822	113,445	13.9	1,247,983	0.5	56	28
ANTIASTHMATIC	35,061,913	184,781	22.7	2,030,556	0.3	62	17
ANTIDIABETIC	27,188,820	61,506	7.6	685,529	0.7	61	40
ULCER DRUGS	22,647,708	105,684	13.0	1,166,728	0.4	51	19
ANTIHYPERTENSIVE	21,723,307	90,707	11.2	1,015,508	0.6	35	21
ANALGESICS - Narcotic	21,507,307	226,329	27.8	2,479,883	0.3	31	9
ANTIHYPERLIPIDEMIC	21,305,341	37,037	4.6	420,729	0.6	86	51
MISC. HEMATOLOGICAL	17,427,843	15,276	1.9	169,373	0.6	178	103
Total	302,027,118	950,275		10,507,180	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Alabama, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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