STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003
SOUTH CAROLINA

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OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
SOUTH CAROLINA, 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]	1,033,446	(A)	189,714	(E)	843,732	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1,023,885	(B)	180,499	(F)	843,386	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	969,109	(C)	179,987	(G)	789,122	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	9,851	(D)	9,292	(H)	559	(L)

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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 South Carolina in 2003 was $585,664,791, of which $8,390,962 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]

SOUTH CAROLINA, 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	**969,109**	**134,241**	**129,105**	**233,410**	**472,353**	**0**	**9,626,092**	**1,476,922**	**1,411,283**	**2,212,853**	**4,525,034**	**0**
Age												
5 and younger	184,578	9	5,412	191	178,966	0	1,690,353	77	57,255	2,056	1,630,965	0
6-14	219,918	0	11,705	19	208,194	0	2,204,042	0	131,565	116	2,072,361	0
15-20	124,018	2	8,398	31,308	84,310	0	1,201,902	21	93,462	291,988	816,431	0
21-44	231,501	88	41,019	189,859	535	0	2,261,537	869	448,600	1,807,403	4,665	0
45-64	73,399	549	60,856	11,993	1	0	777,954	5,027	661,993	110,927	7	0
65-74	54,218	52,645	1,543	30	0	0	597,564	580,485	16,794	285	0	0
75-84	53,884	53,758	120	6	0	0	600,265	599,056	1,164	45	0	0
85 and older	27,244	27,190	50	4	0	0	291,863	291,387	443	33	0	0
Unknown	349	0	2	0	347	0	612	0	7	0	605	0
Gender												
Female	608,677	97,221	66,277	210,647	234,532	0	6,068,453	1,074,394	729,894	2,013,099	2,251,066	0
Male	360,277	37,011	62,825	22,741	237,700	0	3,556,199	402,441	681,356	199,537	2,272,865	0
Unknown	155	9	3	22	121	0	1,440	87	33	217	1,103	0
Race												
White	395,047	48,352	50,147	107,003	189,545	0	3,859,857	501,039	543,288	1,009,203	1,806,327	0
African American	466,769	37,018	58,804	117,613	253,334	0	4,660,162	413,039	648,491	1,144,476	2,454,156	0
Other/unknown	107,293	48,871	20,154	8,794	29,474	0	1,106,073	562,844	219,504	59,174	264,551	0
Use of Nursing Facilities[c]												
Entire year	9,851	8,687	1,164	0	0	0	106,873	93,779	13,094	0	0	0
Part year	7,428	6,562	862	2	2	0	70,924	62,277	8,599	24	24	0
None	951,830	118,992	127,079	233,408	472,351	0	9,448,295	1,320,866	1,389,590	2,212,829	4,525,010	0
Maintenance Assistance Status												
Cash	287,092	30,831	89,573	75,366	91,322	0	2,894,561	351,223	988,531	671,357	883,450	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	427,376	28,216	30,355	27,472	341,333	0	4,067,862	314,823	324,025	209,269	3,219,745	0
Other/unknown	254,641	75,194	9,177	130,572	39,698	0	2,663,669	810,876	98,727	1,332,227	421,839	0
Dual Medicare Status[d]												
Full dual, all year	178,327	123,922	52,831	1,560	14	0	1,975,416	1,368,382	591,840	15,075	119	0
Full dual, part year	1,660	1,068	585	7	0	0	18,340	11,925	6,335	80	0	0
Non-dual, all year	789,122	9,251	75,689	231,843	472,339	0	7,632,336	96,615	813,108	2,197,698	4,524,915	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	919,559	134,119	126,330	225,510	433,600	0	9,359,356	1,476,306	1,393,455	2,168,768	4,320,827	0
FFS part year, with Rx claims	28,698	71	2,239	5,728	20,660	0	175,685	452	14,998	34,645	125,590	0
FFS part year, no Rx claims	20,852	51	536	2,172	18,093	0	91,051	164	2,830	9,440	78,617	0

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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]

SOUTH CAROLINA, 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	**63.5 %**	**10.8**	**$596**	**$55**	**$2,987**	**19.9 %**	**969,109**
Age							
5 and younger	68.8	4.7	171	37	1,739	9.8	184,578
6-14	61.2	4.8	279	58	1,422	19.6	219,918
15-20	57.1	5.0	253	51	2,181	11.6	124,018
21-44	55.8	8.4	549	66	2,999	18.3	231,501
45-64	82.5	32.0	2,066	65	8,438	24.5	73,399
65-74	70.5	27.7	1,408	51	3,893	36.2	54,218
75-84	68.7	26.7	1,265	47	4,637	27.3	53,884
85 and older	65.5	24.5	1,094	45	7,931	13.8	27,244
Unknown	0.0	0.0	0	0	0	0.0	349
Basis of Eligibility[e]							
Aged	68.6	26.6	1,284	48	5,013	25.6	134,241
Disabled	82.1	27.3	2,009	74	9,288	21.6	129,105
Adults	51.3	5.4	231	43	1,518	15.2	233,410
Children	62.9	4.4	194	44	1,415	13.7	472,353
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	63.0	11.7	603	52	2,863	21.1	608,677
Male	64.2	9.2	583	63	3,198	18.2	360,277
Unknown	56.1	4.6	200	43	725	27.6	155
Race							
White	66.6	12.4	697	56	3,431	20.3	395,047
African American	62.1	8.8	476	54	2,688	17.7	466,769
Other/unknown	58.0	13.3	741	56	2,652	27.9	107,293
Use of Nursing Facilities[f]							
Entire year	50.0	24.9	1,279	51	30,735	4.2	9,851
Part year	64.0	23.1	1,241	54	17,656	7.0	7,428
None	63.6	10.5	584	56	2,585	22.6	951,830
Maintenance Assistance Status							
Cash	74.4	15.7	940	60	4,233	22.2	287,092
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	66.0	8.5	439	51	1,948	22.5	427,376
Other/unknown	46.8	8.9	470	53	3,325	14.1	254,641

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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]

SOUTH CAROLINA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
All	**1.1**	**$60**	**19.9 %**	**36.5 %**	**42.8 %**	**7.3 %**	**9.9 %**	**3.1 %**	**0.3 %**	**$301**	**969,109**	**9,626,092**
Age												
5 and younger	0.5	19	9.8	31.2	61.4	5.1	2.0	0.2	0.1	190	184,578	1,690,353
6-14	0.5	28	19.6	38.8	53.1	4.8	2.8	0.3	0.1	142	219,918	2,204,042
15-20	0.5	26	11.6	42.9	48.3	5.3	3.0	0.4	0.1	225	124,018	1,201,902
21-44	0.9	56	18.3	44.2	38.2	7.7	8.1	1.6	0.2	307	231,501	2,261,537
45-64	3.0	195	24.5	17.5	20.8	13.1	33.3	13.8	1.5	796	73,399	777,954
65-74	2.5	128	36.2	29.5	16.4	12.4	29.5	11.2	1.0	353	54,218	597,564
75-84	2.4	114	27.3	31.3	15.7	12.1	29.3	10.8	0.8	416	53,884	600,265
85 and older	2.3	102	13.8	34.5	15.6	11.7	27.5	9.8	0.8	740	27,244	291,863
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	349	612
Basis of Eligibility[e]												
Aged	2.4	117	25.6	31.4	15.9	12.1	29.0	10.7	0.9	456	134,241	1,476,922
Disabled	2.5	184	21.6	17.9	29.2	13.2	27.9	10.6	1.1	850	129,105	1,411,283
Adults	0.6	24	15.2	48.7	39.5	6.5	4.8	0.5	0.1	160	233,410	2,212,853
Children	0.5	20	13.7	37.1	55.8	4.7	2.1	0.2	0.1	148	472,353	4,525,034
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.2	61	21.1	37.0	40.7	7.4	10.9	3.6	0.4	287	608,677	6,068,453
Male	0.9	59	18.2	35.8	46.4	7.1	8.2	2.3	0.2	324	360,277	3,556,199
Unknown	0.5	22	27.6	43.9	47.7	3.9	3.9	0.6	0.0	78	155	1,440
Race												
White	1.3	71	20.3	33.4	42.7	8.2	11.3	3.9	0.5	351	395,047	3,859,857
African American	0.9	48	17.7	37.9	45.7	6.1	7.7	2.3	0.2	269	466,769	4,660,162
Other/unknown	1.3	72	27.9	42.0	30.6	8.9	14.4	3.8	0.3	257	107,293	1,106,073
Use of Nursing Facilities[f]												
Entire year	2.3	118	4.2	50.0	11.5	6.0	16.0	12.9	3.6	2,833	9,851	106,873
Part year	2.4	130	7.0	36.0	18.1	9.8	22.9	11.7	1.5	1,849	7,428	70,924
None	1.1	59	22.6	36.4	43.4	7.3	9.7	2.9	0.3	260	951,830	9,448,295
Maintenance Assistance Status												
Cash	1.6	93	22.2	25.6	42.8	10.2	15.8	5.0	0.5	420	287,092	2,894,561
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.9	46	22.5	34.0	50.6	6.0	7.0	2.2	0.2	205	427,376	4,067,862
Other/unknown	0.9	45	14.1	53.2	29.8	6.1	8.1	2.5	0.3	318	254,641	2,663,669

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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]

SOUTH CAROLINA, 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	**1.1**	**$60**	**$55**	**0.5**	**$49**	**$92**	**0.0**	**$1**	**$37**	**0.5**	**$9**	**$18**
Age												
5 and younger	0.5	19	37	0.2	14	58	0.0	1	34	0.2	3	15
6-14	0.5	28	58	0.3	23	86	0.0	1	50	0.2	4	19
15-20	0.5	26	51	0.2	21	84	0.0	1	42	0.2	5	19
21-44	0.9	56	66	0.4	47	121	0.0	1	42	0.4	8	18
45-64	3.0	195	65	1.4	161	112	0.1	4	48	1.5	29	20
65-74	2.5	128	51	1.3	107	81	0.1	2	26	1.1	19	17
75-84	2.4	114	47	1.2	94	76	0.1	2	22	1.1	18	17
85 and older	2.3	102	45	1.1	82	75	0.1	2	21	1.1	18	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	2.4	117	48	1.2	96	78	0.1	2	23	1.1	18	17
Disabled	2.5	184	74	1.2	154	128	0.1	4	53	1.2	25	21
Adults	0.6	24	43	0.3	19	77	0.0	1	28	0.3	4	15
Children	0.5	20	44	0.2	16	68	0.0	1	40	0.2	3	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.2	61	52	0.6	50	86	0.0	1	33	0.6	9	17
Male	0.9	59	63	0.5	49	105	0.0	1	46	0.4	8	20
Unknown	0.5	22	43	0.3	18	66	0.0	0	17	0.2	3	16
Race												
White	1.3	71	56	0.6	58	95	0.0	2	38	0.6	11	19
African American	0.9	48	54	0.4	39	92	0.0	1	38	0.4	7	17
Other/unknown	1.3	72	56	0.7	61	85	0.0	1	32	0.5	10	18
Use of Nursing Facilities[e]												
Entire year	2.3	118	51	1.0	93	93	0.1	3	28	1.2	22	18
Part year	2.4	130	54	1.1	105	96	0.1	3	29	1.2	22	18
None	1.1	59	56	0.5	48	92	0.0	1	37	0.5	9	18
Maintenance Assistance Status												
Cash	1.6	93	60	0.7	77	105	0.0	2	39	0.8	14	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.9	46	51	0.4	38	85	0.0	1	36	0.4	7	17
Other/unknown	0.9	45	53	0.5	37	81	0.0	1	33	0.4	7	18

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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 South Carolina, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.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]

SOUTH CAROLINA, 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	0.2	0.1	0.0	0.1	$15	$12	$0	$2	$64	$104	$70	$19	933,612	$59,776,455	372,843	38.5 %	4,053,315
Biologicals	0.1	0.1	0.0	0.0	90	2	35	53	621	13	3,935	3,557	1,463	908,002	852	0.1	10,110
Antineoplastic Agents	0.4	0.2	0.0	0.2	110	95	1	14	275	503	117	70	29,405	8,101,049	6,638	0.7	73,615
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	25	21	1	3	45	65	19	16	1,109,387	50,446,902	181,031	18.7	1,999,356
Cardiovascular Agents	1.3	0.7	0.0	0.6	51	42	0	9	39	61	19	14	2,343,339	90,409,558	156,259	16.1	1,763,589
Respiratory Agents	0.4	0.2	0.0	0.1	18	15	1	2	47	69	35	17	1,337,618	63,302,587	328,024	33.8	3,564,305
Gastrointestinal Agents	0.4	0.1	0.0	0.3	24	18	0	6	60	122	133	22	486,580	28,968,685	108,672	11.2	1,210,628
Genitourinary Agents	0.3	0.2	0.0	0.0	15	14	0	1	56	64	34	19	148,979	8,373,267	50,220	5.2	555,508
CNS Drugs	0.7	0.4	0.0	0.3	60	53	1	7	82	140	104	19	1,203,475	98,674,293	147,409	15.2	1,635,357
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	45	40	0	5	79	88	59	42	204,694	16,180,198	32,493	3.4	356,143
Miscellaneous Psychological/ Neurological Agents	0.5	0.5	0.0	0.1	80	79	0	1	146	159	0	26	45,542	6,643,092	7,366	0.8	82,854
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	21	16	0	5	53	145	84	16	994,864	52,420,027	229,761	23.7	2,535,544
Neuromuscular Agents	0.6	0.3	0.0	0.3	43	35	1	7	75	137	42	24	517,822	38,591,778	80,119	8.3	897,839
Nutritional Products	0.4	0.0	0.0	0.3	5	1	0	4	13	18	13	12	241,555	3,103,656	62,352	6.4	680,113
Hematological Agents	0.5	0.3	0.0	0.2	49	45	1	3	96	174	20	15	227,318	21,851,038	39,215	4.0	441,497
Topical Products	0.2	0.1	0.0	0.1	10	7	0	2	42	62	51	19	517,308	21,794,292	205,686	21.2	2,242,957
Miscellaneous Products	0.6	0.3	0.1	0.2	161	136	12	13	270	400	167	70	19,090	5,162,743	2,865	0.3	32,117
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	5	0	0	0	40	0	0	0	64,691	2,566,207	43,819	4.5	481,561
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.	10,426,742	577,273,829	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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 South Carolina, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.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]

SOUTH CAROLINA, 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	$56,171,131	43,342	4.5 %	492,797	0.6	$199	$114
ANTIDEPRESSANTS	33,382,040	110,557	11.4	1,232,555	0.4	63	27
ANTICONVULSANT	32,270,465	53,724	5.5	608,450	0.6	91	53
ANTIDIABETIC	31,484,446	79,954	8.3	911,400	0.6	60	35
ANTIASTHMATIC	31,430,772	160,309	16.5	1,774,471	0.3	66	18
ANTIHYPERLIPIDEMIC	31,291,369	57,792	6.0	665,935	0.5	86	47
ANTIHYPERTENSIVE	28,365,996	121,556	12.5	1,387,651	0.6	37	20
ANALGESICS - Narcotic	26,900,404	228,785	23.6	2,545,726	0.2	46	11
ANTIVIRAL	23,204,611	23,732	2.4	265,421	0.3	346	87
ULCER DRUGS	20,429,877	96,829	10.0	1,086,367	0.3	57	19
Total	314,931,111	976,580		10,970,773	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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.