

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 UNITED STATES

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

NATIONAL TABLES

- NATIONAL COMPARISON TABLE N.1a. OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE, ALL MEDICAID BENEFICIARIES
- NATIONAL COMPARISON TABLE N.1b. OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE, PERCENTAGE COMPARISONS, ALL MEDICAID BENEFICIARIES
- NATIONAL COMPARISON TABLE N.2. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE, ALL MEDICAID BENEFICIARIES
- NATIONAL COMPARISON TABLE N.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE, ALL MEDICAID BENEFICIARIES
- NATIONAL COMPARISON TABLE N.4. TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE, ALL MEDICAID BENEFICIARIES
- NATIONAL COMPARISON TABLE N.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE, DUAL ELIGIBLE BENEFICIARIES
- NATIONAL COMPARISON TABLE N.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE, DUAL ELIGIBLE BENEFICIARIES
- NATIONAL COMPARISON TABLE N.7. TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE, DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLES

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. MANAGED CARE PENETRATION RATES, ALL STATES COMBINED AND BY STATE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.4. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.5. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.6. MANAGED CARE PENETRATION RATES, ALL STATES COMBINED AND BY STATE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
UNITED STATES, 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	54,833,288 (A)	8,372,180 (E)	46,461,108 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	51,722,934 (B)	7,239,286 (F)	45,332,374 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	40,748,181 (C)	6,728,542 (G)	34,019,639 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	913,213 (D)	837,658 (H)	75,555 (L)

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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 beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for the U.S. in 2003 was \$34,564,595,801, of which \$1,051,658,143 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 PHP or 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/mmcer03.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 separately 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. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. The dual eligible tables include all dual eligible benefit months in which the beneficiary 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}
 UNITED STATES, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months							Other/Unknown
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown			
All	40,748,181	4,077,802	6,939,136	10,146,109	19,584,972	162	336,826,424	41,699,573	73,127,821	71,091,092	150,907,447	491			
Age															
5 and younger	8,347,391	41	198,071	3,505	8,145,773	1	61,692,407	259	1,921,302	21,836	59,749,009	1			
6-14	8,396,011	24	517,441	4,958	7,873,587	1	69,679,946	188	5,500,265	29,579	64,149,913	1			
15-20	4,789,580	371	380,215	1,012,556	3,396,423	15	37,056,252	2,506	3,986,172	6,898,614	26,168,913	47			
21-44	10,387,500	7,031	2,226,864	8,098,391	55,110	104	80,437,581	54,975	23,459,098	56,673,808	249,394	306			
45-64	4,025,943	13,058	3,000,949	1,010,310	1,592	34	38,876,247	111,287	31,361,801	7,394,696	8,348	115			
65-74	1,883,119	1,432,395	445,413	5,267	39	5	19,876,140	14,839,469	5,000,438	35,954	263	16			
75-84	1,686,060	1,551,611	133,622	822	3	2	17,685,522	16,172,916	1,507,223	5,344	34	5			
85 and older	1,109,800	1,072,909	36,548	290	53	0	10,910,054	10,516,451	391,469	1,704	430	0			
Unknown	122,777	362	13	10,010	112,392	0	612,275	1,522	53	29,557	581,143	0			
Gender															
Female	24,499,662	2,894,324	3,617,626	8,208,820	9,778,793	99	202,657,072	29,933,848	38,616,588	58,676,175	75,430,129	332			
Male	16,149,639	1,183,244	3,321,332	1,933,498	9,711,502	63	133,625,724	11,764,238	34,510,049	12,406,254	74,945,024	159			
Unknown	98,880	234	178	3,791	94,677	0	543,628	1,487	1,184	8,663	532,294	0			
Race															
White	19,023,207	2,352,865	3,676,117	4,371,474	8,622,680	71	162,573,005	23,503,075	38,672,319	30,993,482	69,403,904	225			
African American	9,535,858	628,275	1,672,294	2,098,669	5,136,569	51	81,030,242	6,569,906	17,581,305	15,087,518	41,791,373	140			
Other/unknown	12,189,116	1,096,662	1,590,725	3,675,966	5,825,723	40	93,223,177	11,626,592	16,874,197	25,010,092	39,712,170	126			
Use of Nursing Facilities^c															
Entire year	913,213	761,171	151,412	370	260	0	9,308,676	7,653,587	1,649,972	2,891	2,226	0			
Part year	549,926	406,854	139,053	2,986	1,033	0	5,183,439	3,743,521	1,408,859	23,679	7,380	0			
None	39,285,042	2,909,777	6,648,671	10,142,753	19,583,679	162	322,334,309	30,302,465	70,068,990	71,064,522	150,897,841	491			
Maintenance Assistance Status															
Cash	14,236,381	1,501,401	5,120,580	2,770,980	4,843,264	156	127,265,309	16,749,564	55,459,788	18,340,826	36,714,668	463			
Medically needy	2,615,142	624,370	450,849	831,592	708,331	0	20,252,641	5,871,261	4,146,317	5,729,035	4,506,028	0			
Poverty-related	12,881,294	469,394	541,950	1,228,091	10,641,859	0	100,402,399	4,730,813	5,314,523	6,615,205	83,741,858	0			
Other/unknown	11,015,364	1,482,637	825,757	5,315,446	3,391,518	6	88,906,075	14,347,935	8,207,193	40,406,026	25,944,893	28			
Dual Medicare Status^d															
Full dual, all year	6,528,611	3,667,241	2,778,441	81,573	1,347	9	68,968,267	37,848,729	30,424,735	684,155	10,618	30			
Full dual, part year	199,931	111,444	86,623	1,833	31	0	2,058,767	1,153,575	887,664	17,268	260	0			
Non-dual, all year	34,019,639	299,117	4,074,072	10,062,703	19,583,594	153	265,799,390	2,697,269	41,815,422	70,389,669	150,896,569	461			
Managed Care (MC) Status															
Fee-for-service (FFS) all year	31,988,313	3,965,185	6,449,261	7,772,177	13,801,529	161	295,804,877	40,933,094	69,935,769	60,557,886	124,377,638	490			
FFS part year, with Rx claims	3,158,304	62,541	270,162	999,161	1,826,440	0	13,260,853	362,370	1,478,693	4,010,944	7,408,846	0			
FFS part year, no Rx claims	4,173,030	21,620	107,946	1,025,855	3,017,608	1	12,256,662	80,142	408,576	2,925,844	8,842,099	1			
MC all year, with FFS Rx claims	1,428,532	28,455	111,767	348,915	939,395	0	15,504,022	323,966	1,304,783	3,596,409	10,278,864	0			

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 Mo(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}
UNITED STATES, 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	61.0 %	13.1	\$622	\$63	\$4,746	17.3 %	40,748,181
Age							
5 and younger	59.6	3.9	158	41	1,852	8.5	8,347,391
6-14	54.5	4.1	263	63	1,691	15.5	8,396,011
15-20	51.0	4.3	274	63	2,454	11.2	4,789,580
21-44	56.3	10.1	762	75	4,411	17.3	10,387,500
45-64	78.5	37.2	2,633	71	11,205	23.5	4,025,943
65-74	81.1	38.9	2,259	58	8,923	25.3	1,883,119
75-84	81.4	41.6	2,219	53	13,065	17.0	1,686,060
85 and older	82.6	41.8	1,954	47	19,917	9.8	1,109,800
Unknown	14.2	0.6	28	49	762	3.7	122,777
Basis of Eligibility^e							
Aged	80.4	39.2	2,069	53	13,248	15.6	4,077,802
Disabled	82.0	35.3	2,705	77	13,228	20.4	6,939,136
Adults	50.1	5.6	295	53	1,902	15.5	10,146,109
Children	55.1	3.6	169	47	1,443	11.7	19,584,972
Unknown	3.7	0.5	42	76	192	21.8	162
Gender							
Female	62.2	14.4	833	58	4,689	17.8	24,499,662
Male	59.3	11.2	811	73	4,854	16.7	16,149,639
Unknown	18.1	0.8	42	55	989	4.2	98,880
Race							
White	67.1	17.3	1,065	62	5,978	17.8	19,023,207
African American	59.0	10.1	636	63	4,012	15.8	9,535,858
Other/unknown	52.9	8.7	591	68	3,397	17.4	12,189,116
Use of Nursing Facilities^f							
Entire year	89.8	64.2	3,338	52	39,617	8.4	913,213
Part year	92.5	53.8	2,986	56	27,936	10.7	549,926
None	59.8	11.3	734	65	3,610	20.3	39,285,042
Maintenance Assistance Status							
Cash	69.0	18.9	1,299	69	5,959	21.8	14,236,381
Medically needy	61.9	16.9	1,090	65	9,922	11.0	2,615,142
Poverty related	59.9	6.1	323	53	2,004	16.1	12,881,294
Other/unknown	51.5	12.8	728	57	5,155	14.1	11,015,364

Table 3

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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; 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}
 UNITED STATES, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS \$ ^d	Benefit Months
			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	1.7 %	9.6 %				5.4 %	1.7 %
All	1.6	\$100	17.3 %	39.0 %	37.2 %	7.1 %	9.6 %	5.4 %	1.7 %	574	40,748,181	336,826,424	
Age													
5 and younger	0.5	21	8.5	40.4	50.9	5.3	2.6	0.5	0.2	251	8,347,391	61,692,407	
6-14	0.5	32	15.5	45.5	45.8	4.7	3.2	0.6	0.2	204	8,396,011	69,679,946	
15-20	0.6	35	11.2	49.0	41.1	5.2	3.6	0.8	0.2	317	4,789,580	37,056,252	
21-44	1.3	98	17.3	43.7	34.7	7.8	9.0	3.7	1.1	570	10,387,500	80,437,581	
45-64	3.9	273	23.5	21.5	19.0	11.1	24.7	17.4	6.4	1,160	4,025,943	38,876,247	
65-74	3.7	214	25.3	18.9	18.0	12.3	27.1	18.2	5.5	845	1,883,119	19,876,140	
75-84	4.0	212	17.0	18.6	14.5	11.2	28.0	21.4	6.4	1,246	1,686,060	17,685,522	
85 and older	4.3	199	9.8	17.4	12.1	9.9	29.0	25.1	6.4	2,026	1,109,800	10,910,054	
Unknown	0.1	6	3.7	85.8	10.9	1.5	1.2	0.4	0.1	153	122,777	612,275	
Basis of Eligibility^e													
Aged	3.8	202	15.6	19.6	15.6	11.4	27.2	20.4	5.9	1,296	4,077,802	41,699,573	
Disabled	3.3	257	20.4	18.0	25.0	11.9	24.2	15.6	5.2	1,255	6,939,136	73,127,821	
Adults	0.8	42	15.5	49.9	35.2	6.6	5.9	1.9	0.6	271	10,146,109	71,091,092	
Children	0.5	22	11.7	44.9	47.1	4.7	2.6	0.5	0.2	187	19,584,972	150,907,447	
Unknown	0.2	14	21.8	96.3	1.2	1.2	1.2	0.0	0.0	63	162	491	
Gender													
Female	1.7	101	17.8	37.8	36.7	7.2	10.2	6.1	2.0	567	24,499,662	202,657,072	
Male	1.4	98	16.7	40.7	38.2	6.8	8.6	4.3	1.3	587	16,149,639	133,625,724	
Unknown	0.1	8	4.2	81.9	15.4	1.7	0.8	0.2	0.0	180	98,880	543,628	
Race													
White	2.0	125	17.8	32.9	37.3	7.9	11.6	7.6	2.7	700	19,023,207	162,573,005	
African American	1.2	75	15.8	41.0	39.8	6.4	8.0	3.8	1.0	472	9,535,858	81,030,242	
Other/unknown	1.1	77	17.4	47.1	35.0	6.3	7.5	3.2	0.9	444	12,189,116	93,223,177	
Use of Nursing Facilities^f													
Entire year	6.3	327	8.4	10.2	7.2	6.0	24.6	35.5	16.5	3,887	913,213	9,308,676	
Part year	5.7	317	10.7	7.5	10.0	8.9	29.8	31.6	12.2	2,964	549,926	5,183,439	
None	1.4	89	20.3	40.2	38.3	7.1	8.9	4.3	1.2	440	39,285,042	322,334,309	
Maintenance Assistance Status													
Cash	2.1	145	21.8	31.0	35.5	9.3	14.3	7.7	2.2	667	14,236,381	127,265,309	
Medically needy	2.2	141	11.0	38.1	30.6	8.0	12.4	8.2	2.7	1,281	2,615,142	20,252,641	
Poverty related	0.8	42	16.1	40.1	46.9	5.8	4.8	1.8	0.5	257	12,881,294	100,402,399	
Other/unknown	1.6	90	14.1	48.5	29.7	5.4	8.2	5.9	2.3	639	11,015,364	88,906,075	

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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^{ab,c}
 UNITED STATES, 2003

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	Number of Rx	Rx \$	Number of Rx	\$ per Rx	Number of Rx	\$ per Rx	Number of Rx	\$ per Rx
All	1.6	\$100	0.7	\$79	0.1	\$3	0.8	\$17
Age								
5 and younger	0.5	21	0.2	16	0.0	1	0.3	4
6-14	0.5	32	0.3	26	0.0	1	0.2	5
15-20	0.6	35	0.3	28	0.0	1	0.3	6
21-44	1.3	98	0.6	80	0.0	3	0.7	15
45-64	3.9	273	1.8	219	0.1	7	1.9	46
65-74	3.7	214	1.8	170	0.1	5	1.8	39
75-84	4.0	212	1.8	166	0.2	6	2.0	40
85 and older	4.3	199	1.8	151	0.2	6	2.3	42
Unknown	0.1	6	0.0	5	0.0	0	0.1	1
Basis of Eligibility^d								
Aged	3.8	202	1.7	158	0.2	5	1.9	38
Disabled	3.3	257	1.6	208	0.1	7	1.7	40
Adults	0.8	42	0.3	33	0.0	1	0.4	8
Children	0.5	22	0.2	17	0.0	1	0.2	4
Unknown	0.2	14	0.1	12	0.0	1	0.0	1
Gender								
Female	1.7	101	0.8	80	0.1	3	0.9	18
Male	1.4	98	0.6	80	0.0	3	0.7	15
Unknown	0.1	8	0.1	6	0.0	0	0.1	1
Race								
White	2.0	125	0.9	99	0.1	4	1.0	22
African American	1.2	75	0.5	60	0.0	2	0.6	13
Other/unknown	1.1	77	0.6	62	0.0	2	0.5	12
Use of Nursing Facilities^e								
Entire year	6.3	327	2.7	253	0.3	9	3.3	65
Part year	5.7	317	2.4	247	0.2	9	3.0	61
None	1.4	89	0.6	72	0.0	3	0.7	15
Maintenance Assistance Status								
Cash	2.1	145	1.0	117	0.1	4	1.1	24
Medically needy	2.2	141	1.0	112	0.1	4	1.1	25
Poverty related	0.8	42	0.4	33	0.0	1	0.4	7
Other/unknown	1.6	90	0.7	72	0.1	2	0.8	16
\$ per Rx								
All		\$21		\$48		\$17		\$21

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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 the U.S., 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}
 UNITED STATES, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users						\$ per Benefit Month Among Users						Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name		Generic		Patented Brand-Name		Off-Patent Brand-Name		Generic		Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Benef.	Number of Benefit Months
	Total	Patented	Off-Patent	Brand-Name	Generic	Total	Patented	Off-Patent	Brand-Name	Generic	Total	Patented						Off-Patent	Brand-Name	Generic
Anti-infective Agents	0.3	0.1	0.0	0.1	\$21	\$18	\$0	\$3	\$74	\$128	\$72	\$21	46,132,345	\$3,396,786,136	15,894,432	39.0 %	160,078,083
Biologicals	0.2	0.2	0.0	0.0	172	133	8	31	842	764	2,502	1,166	355,863	299,666,720	167,182	0.4	1,746,085
Antineoplastic Agents	0.5	0.2	0.0	0.3	122	95	2	25	258	510	182	90	1,890,822	488,302,267	382,761	0.9	3,992,760
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	32	25	2	5	51	78	30	21	49,440,889	2,532,494,244	7,580,695	18.6	77,969,005
Cardiovascular Agents	1.5	0.6	0.0	0.8	59	43	1	15	41	72	32	18	101,584,224	4,117,034,184	6,508,141	16.0	69,688,703
Respiratory Agents	0.5	0.3	0.0	0.2	24	19	1	4	50	74	45	20	56,069,612	2,821,879,513	11,432,480	28.1	116,605,783
Gastrointestinal Agents	0.6	0.3	0.0	0.3	48	38	1	8	81	129	140	30	33,435,941	2,715,569,156	5,385,535	13.2	57,165,001
Genitourinary Agents	0.3	0.3	0.0	0.1	20	18	0	1	59	70	40	20	7,930,534	471,511,226	2,329,861	5.7	23,784,619
CNS Drugs	1.1	0.6	0.0	0.5	95	82	2	11	90	142	115	24	80,028,647	7,202,091,531	7,253,774	17.8	75,663,364
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.1	48	40	2	6	79	91	71	42	6,214,505	490,978,748	1,000,025	2.5	10,327,182
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.1	79	76	0	3	146	154	54	66	3,009,807	438,106,083	519,366	1.3	5,518,947
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	27	20	1	6	51	139	64	17	55,694,618	2,864,783,759	10,457,664	25.7	106,880,589
Neuromuscular Agents	0.8	0.3	0.0	0.4	56	44	2	10	73	129	48	26	32,811,835	2,399,073,199	3,993,153	9.8	42,645,245
Nutritional Products	0.4	0.0	0.0	0.4	7	1	1	6	17	28	21	16	12,073,610	209,794,259	2,973,922	7.3	28,920,293
Hematological Agents	0.7	0.3	0.1	0.3	77	68	2	7	115	269	23	20	13,165,825	1,515,273,074	1,871,925	4.6	19,755,305
Topical Products	0.3	0.1	0.0	0.2	12	9	1	3	41	65	51	21	29,176,393	1,208,754,173	9,396,569	23.1	96,858,720
Miscellaneous Products	0.3	0.2	0.0	0.2	64	49	7	8	190	322	267	50	1,291,998	245,218,951	365,609	0.9	3,826,671
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	46	0	0	0	2,091,332	95,620,435	1,235,225	3.0	12,815,379
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.	532,398,800	33,512,937,658	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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 the U.S., 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}
 UNITED STATES, 2003

Top 10 Drug Groups	Users		Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$4,199,560,683	3,181,462	7.8 %	34,823,490	\$188
ANTIDEPRESSANTS	2,261,818,568	6,172,348	15.1	65,590,870	65
ULCER DRUGS	2,159,028,426	5,193,989	12.7	56,010,448	88
ANTICONVULSANT	1,966,294,099	2,971,169	7.3	32,454,780	89
ANTIASTHMATIC	1,626,854,941	7,858,421	19.3	82,437,130	62
ANTIVIRAL	1,563,265,272	1,068,935	2.6	11,480,062	387
ANTHYPERLIPIDEMIC	1,488,660,351	2,566,051	6.3	28,618,698	93
ANTIDIABETIC	1,445,370,024	3,430,242	8.4	37,337,967	62
ANALGESICS - Narcotic	1,314,241,265	9,154,542	22.5	95,812,090	43
ANALGESICS - ANTI-INFLAMMATORY	1,202,457,433	7,115,279	17.5	75,040,931	60
Total	19,227,551,062	48,712,438		519,606,466	n.a.

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 Mo(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; n.a. = not applicable.

NATIONAL COMPARISON TABLE N.1a
 OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 ALL MEDICAID BENEFICIARIES, 2003^a

	Total Rx \$ for Beneficiaries Included in this Study (TOTAL) ^c		Rx \$ for Dual Eligible Beneficiaries Included in this Study ^f		Rx \$ for All-Year Nursing Facility Residents Included in this Study ^g		Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study ^h		Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study ⁱ			
	Total Rx \$ for All Beneficiaries in MAX 2003 (GRAND TOTAL) ^b	Pharmacy Reimbursement	As % of GRAND TOTAL	Beneficiaries Not Eligible for Medicaid or Not Having Rx	Beneficiaries Not Having Fee-for-Service Rx	Beneficiaries Not Having Fee-for-Service Rx	Pharmacy Reimbursement	As % of GRAND TOTAL	Included in this Study ^g	Excluded from this Study ^h	Included in this Study ⁱ	Excluded from this Study ^j
Alabama	566,018,068	560,134,639	99.0	1,471,724	4,411,705	252,680,637	44.6	60,072,067	20,736,938	55,797,849	18,027,779	
Alaska	100,632,749	96,733,165	96.1	3,899,584	0	44,924,272	44.6	2,462,140	1,991,868	2,060,119	1,381,530	
Arizona	4,344,074	2,598,112	59.8	151,024	1,594,938	635,893	14.6	14,810	217,886	12,265	70,729	
Arkansas	340,755,761	336,082,454	98.6	4,673,307	0	142,622,800	41.9	46,801,633	11,728,042	41,528,491	10,002,034	
California	4,024,228,484	3,837,405,033	95.4	59,399,349	127,424,102	2,351,923,852	58.4	194,812,112	159,549,088	162,059,232	121,848,264	
Colorado	260,700,545	259,843,964	99.7	760,885	95,696	144,668,244	55.5	29,110,610	16,696,139	25,789,360	14,367,993	
Connecticut	397,842,148	397,718,047	100.0	28,047	96,054	278,729,255	70.1	74,351,025	35,796,520	66,304,023	27,486,284	
Delaware	111,129,088	110,924,281	99.8	204,807	0	35,994,344	32.4	6,468,001	2,685,310	5,979,306	2,245,726	
D.C.	87,371,664	86,081,624	98.5	1,250,245	39,795	37,601,218	43.0	1,843,188	2,970,620	1,245,326	1,404,706	
Florida	1,959,519,707	1,941,001,713	99.1	18,486,474	31,520	1,078,110,943	55.0	167,988,484	84,314,387	151,598,852	68,499,135	
Georgia	1,074,567,811	1,005,495,921	93.6	69,071,890	0	415,731,532	38.7	85,070,597	42,585,619	76,973,898	37,188,028	
Hawaii	98,010,904	97,154,784	99.1	228,225	627,895	62,098,721	63.4	6,163,078	4,035,615	5,573,350	2,346,336	
Idaho	141,299,091	141,119,895	99.9	179,196	0	67,030,031	47.4	10,299,855	6,297,569	9,361,665	4,961,714	
Illinois	1,379,568,522	1,344,181,405	97.4	35,323,710	63,407	643,001,659	46.6	206,616,248	82,933,413	163,257,766	55,547,375	
Indiana	664,767,963	648,365,447	97.5	16,342,451	60,065	358,425,778	53.9	100,946,433	46,638,687	91,120,519	38,544,247	
Iowa	336,933,544	336,876,392	100.0	57,152	0	186,277,655	55.3	40,861,205	20,640,016	38,489,860	18,235,306	
Kansas	241,341,790	235,538,086	97.6	5,787,492	16,212	139,895,406	58.0	29,248,721	23,376,014	27,823,768	21,053,399	
Kentucky	714,248,650	682,855,001	95.6	7,697,475	23,696,174	299,036,971	41.9	63,926,826	33,283,903	57,985,689	28,200,025	
Louisiana	792,729,375	662,307,510	96.2	30,421,865	0	323,832,862	40.9	99,269,001	38,696,820	83,987,115	32,778,623	
Maine	278,04,502	275,456,089	99.0	2,748,413	0	139,673,720	50.2	13,653,492	13,540,215	12,957,763	11,613,310	
Maryland	393,890,608	302,258,512	76.7	1,448,323	90,183,773	247,179,760	62.8	58,932,878	23,338,885	50,480,331	17,830,087	
Massachusetts	914,764,217	892,592,680	97.6	20,639,264	1,532,273	531,751,720	58.1	87,956,402	51,320,482	79,506,119	39,183,482	
Michigan	749,842,182	646,046,598	86.2	19,376,102	84,419,482	498,222,129	66.4	67,142,331	61,824,599	39,071,244	35,018,410	
Minnesota	356,586,343	352,650,549	98.9	2,675,571	1,260,223	203,869,776	57.2	11,661,715	33,956,994	9,296,872	25,059,167	
Mississippi	586,088,302	584,460,276	99.7	1,628,026	0	343,950,232	58.7	51,434,462	18,434,466	47,945,374	16,647,577	
Missouri	855,692,291	978,243,898	99.2	2,311,966	5,136,427	565,671,310	57.4	98,591,596	53,749,092	88,197,917	44,624,987	
Montana	89,191,716	83,671,645	93.8	5,520,071	0	47,636,156	53.4	10,875,493	4,826,884	10,077,497	4,084,446	
Nebraska	204,350,120	203,078,518	99.4	1,271,602	0	110,151,997	53.9	26,705,131	11,217,118	24,137,227	9,502,347	
Nevada	113,548,845	111,939,266	98.6	955,178	654,401	50,591,453	44.6	6,928,395	6,443,377	5,672,325	4,786,012	
New Hampshire	119,995,083	119,900,270	99.9	7,123	87,690	69,651,563	58.0	15,718,265	7,059,763	15,022,404	6,240,946	
New Jersey	807,798,464	671,426,103	83.1	82,405,378	53,966,983	482,007,421	59.7	101,517,668	48,344,310	86,748,200	38,582,403	
New Mexico	88,444,391	88,303,599	99.8	92,168	48,624	72,953,177	82.5	13,639,810	5,517,251	12,110,429	4,685,070	
New York	4,066,195,754	4,056,093,530	99.8	10,102,249	1,695,868	689,573,735	51.6	67,374,875	52,432,531	62,929,176	46,162,091	
North Carolina	1,335,317,389	1,276,570,717	95.6	57,050,804	172,327	33,624,175	60.1	12,008,075	3,476,018	11,468,766	3,146,522	
North Dakota	55,909,373	55,624,702	99.5	112,344	19,454	768,597,901	47.4	226,669,017	90,788,461	195,945,035	64,774,852	
Ohio	1,619,827,388	1,617,195,080	99.8	2,612,854	890,475	179,664,525	60.9	54,401,844	20,801,128	47,704,542	17,979,518	
Oklahoma	295,215,161	292,561,152	99.1	1,763,534	53,369,496	483,045,094	62.8	164,602,908	104,325,289	151,568,440	93,821,948	
Oregon	229,930,406	167,900,055	73.0	8,660,855	401,221	92,431,967	40.2	12,064,189	8,038,021	11,059,101	6,419,335	
Pennsylvania	769,053,206	765,352,100	99.5	3,299,885	216,058	84,826,760	58.7	18,357,943	8,927,378	16,603,809	7,237,434	
Rhode Island	144,559,171	133,232,953	92.2	11,110,160	7,291,997	310,403,738	53.0	12,595,383	9,221,301	11,786,791	8,376,462	
South Carolina	585,664,791	577,273,829	98.6	41,135	0	40,170,181	54.5	14,488,935	4,694,895	13,665,966	4,041,520	
South Dakota	73,742,170	73,701,035	99.9	3,772,536	0	999,584,789	51.5	83,225,284	42,612,004	76,238,261	37,469,668	
Tennessee	1,941,336,316	1,937,563,780	99.8	6,155,493	0	869,097,854	43.2	252,871,906	96,342,280	227,659,229	80,788,072	
Texas	2,009,772,121	2,003,616,628	99.7	55,544	8,750	72,760,057	47.5	13,203,174	7,799,642	11,264,997	5,938,602	
Utah	153,254,265	153,189,971	100.0	55,544	0	74,089,097	56.2	6,743,414	3,943,181	6,307,128	3,499,953	
Vermont	131,726,890	127,072,565	96.5	4,654,325	0	74,089,097	56.2	6,743,414	3,943,181	6,307,128	3,499,953	

Table N.1a

All Medicaid Beneficiaries

Total Rx \$ for All Beneficiaries in MAX 2003 (GRAND TOTAL) ^b	Total Rx \$ for Beneficiaries Included in this Study (TOTAL) ^c		Rx \$ Excluded from this Study by Reason		Rx \$ for Dual Eligible Beneficiaries Included in this Study ^f		Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study ^h		Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study ⁱ	
	Pharmacy Reimbursement	As % of GRAND TOTAL	Beneficiaries Not Eligible for Medicaid or Having Rx	Beneficiaries Not Having Fee-for-Service Rx	Pharmacy Reimbursement	As % of GRAND TOTAL	Included in this Study ^g	Excluded from this Study ^j	Included in this Study ^k	Excluded from this Study ^l
Virginia	529,131,121	96.9	15,237,054	1,194,176	327,010,106	61.8	59,007,570	34,363,957	52,304,048	29,162,962
Washington	602,620,603	89.3	61,873,722	2,896,597	270,863,669	44.9	32,467,235	30,942,767	28,340,298	22,585,896
West Virginia	357,683,874	99.1	3,217,609	0	134,863,954	37.7	24,104,746	11,772,386	21,851,053	9,654,957
Wisconsin	636,092,067	99.9	276,561	166,055	439,623,119	69.1	76,946,652	33,960,004	72,461,605	29,138,676
Wyoming	43,156,733	99.4	278,514	0	19,762,134	45.8	5,470,778	2,302,427	5,122,967	1,923,437

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- a. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.
 - b. This column represents the amount of Medicaid pharmacy benefit reimbursement for all pharmacy claims contained in the MAX 2003 files, some of which were excluded from this study because those claims were made for beneficiaries who did not meet the inclusion criteria (see Table 1) or took place during months that were excluded from the analysis (see footnote c of Table 1).
 - c. These columns include beneficiaries represented by Cell C of Table 1.
 - d. These columns include beneficiaries who did not meet either of the first two inclusion criteria (see Table 1).
 - e. These columns include beneficiaries who satisfied the first two inclusion criteria but failed to meet the third criterion (see Table 1).
 - f, g, h. These columns include beneficiaries represented by Cells G, D, and H of Table 1, respectively.
 - i. Refer to footnote f of Table 1 for information about how we determined part-year nursing facility residents.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; FFS = fee-for-service; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx \$ = pharmacy reimbursement.

NATIONAL COMPARISON TABLE N.1b
 OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 PERCENTAGE COMPARISONS, ALL MEDICAID BENEFICIARIES, 2003^a

	Total Rx \$ for All Beneficiaries in MAX 2003 (GRAND TOTAL) ^b	Total Rx \$ for Beneficiaries Included in this Study (TOTAL) ^c	Rx \$ Excluded from this Study by Reason as a Percentage of GRAND TOTAL					Rx \$ for Dual Eligible Beneficiaries Included in this Study as a Percentage of TOTAL	Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL ⁱ	Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL ^h	Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL ^j
			Benes Not Eligible for Medicaid or Not Having Rx Benefits ^d	Benes Not Eligible for Medicaid or Not Having FFS Rx Benefits ^e	1.7 %	1.3 %	53.4 %					9.1 %	4.9 %	8.0 %	3.9 %
All States	\$34,564,595,801	\$33,512,937,658									
Alabama	\$566,018,068	\$560,134,639	0.3	0.8	45.1	10.7	3.7	10.0	3.2		
Alaska	\$100,632,749	\$96,733,165	3.9	0.0	46.4	2.5	2.1	2.1	1.4		
Arizona	\$4,344,074	\$2,598,112	3.5	36.7	24.5	0.6	8.4	0.5	2.7		
Arkansas	\$340,755,761	\$336,082,454	1.4	0.0	42.4	13.9	3.5	12.4	3.0		
California	\$4,024,228,484	\$3,837,405,033	1.5	3.2	61.3	5.1	4.2	4.2	3.2		
Colorado	\$260,700,545	\$259,843,964	0.3	0.0	55.7	11.2	6.4	9.9	5.5		
Connecticut	\$397,842,148	\$397,718,047	0.0	0.0	70.1	18.7	9.0	16.7	6.9		
Delaware	\$111,129,088	\$110,924,281	0.2	0.0	32.4	5.8	2.4	5.4	2.0		
D.C.	\$87,371,664	\$86,081,624	1.4	0.0	43.7	2.1	3.5	1.4	1.6		
Florida	\$1,959,519,707	\$1,941,001,713	0.9	0.0	55.5	8.7	4.3	7.8	3.5		
Georgia	\$1,074,567,811	\$1,005,495,921	6.4	0.0	41.3	8.5	4.2	7.7	3.7		
Hawaii	\$98,010,904	\$97,154,784	0.2	0.6	63.9	6.3	4.2	5.7	2.4		
Idaho	\$141,299,091	\$141,119,895	0.1	0.0	47.5	7.3	4.5	6.6	3.5		
Illinois	\$1,379,568,522	\$1,344,181,405	2.6	0.0	47.8	15.4	6.2	12.1	4.1		
Indiana	\$664,767,963	\$648,365,447	2.5	0.0	55.3	15.6	7.2	14.1	5.9		
Iowa	\$336,933,544	\$336,876,392	0.0	0.0	55.3	12.1	6.2	11.4	5.4		
Kansas	\$241,341,790	\$235,538,086	2.4	0.0	59.4	12.4	9.9	11.8	8.9		
Kentucky	\$714,248,650	\$682,855,001	1.1	3.3	43.8	9.4	4.9	8.5	4.1		
Louisiana	\$792,729,375	\$762,307,510	3.8	0.0	42.5	13.0	5.1	11.0	4.3		
Maine	\$278,204,502	\$275,456,089	1.0	0.0	50.7	5.0	4.9	4.7	4.2		
Maryland	\$393,890,608	\$302,258,512	0.4	22.9	81.8	19.5	7.7	16.7	5.9		
Massachusetts	\$914,764,217	\$892,592,680	2.3	0.2	59.6	9.9	5.7	8.9	4.4		
Michigan	\$749,842,182	\$646,046,598	2.6	11.3	77.1	10.4	6.0	9.6	5.4		
Minnesota	\$356,586,343	\$352,650,549	0.8	0.4	57.8	3.3	9.6	2.6	7.1		
Mississippi	\$586,088,302	\$584,460,276	0.3	0.0	58.8	8.8	3.2	8.2	2.8		
Missouri	\$985,692,291	\$978,243,898	0.2	0.5	57.8	10.1	5.5	9.0	4.6		
Montana	\$89,191,716	\$83,671,645	6.2	0.0	56.9	13.0	5.8	12.0	4.9		
Nebraska	\$204,350,120	\$203,078,518	0.6	0.0	54.2	13.2	5.5	11.9	4.7		
Nevada	\$113,548,845	\$111,939,266	0.8	0.6	45.2	6.2	5.8	5.1	4.3		
New Hampshire	\$119,995,083	\$119,900,270	0.0	0.1	58.1	13.1	5.9	12.5	5.2		
New Jersey	\$807,798,464	\$671,426,103	10.2	6.7	71.8	15.1	7.2	12.9	5.7		
New Mexico	\$88,444,391	\$88,303,599	0.1	0.1	82.6	15.4	6.2	13.7	5.3		
New York	\$4,066,195,754	\$4,056,093,505	0.2	0.0	43.8	3.0	3.0	2.3	1.9		

	Total Rx \$ for All Beneficiaries in MAX 2003 (GRAND TOTAL) ^b		Total Rx \$ for Beneficiaries Included in this Study (TOTAL) ^c		Rx \$ Excluded from this Study by Reason as a Percentage of GRAND TOTAL		Rx \$ for Dual Eligible Beneficiaries Included in this Study as a Percentage of TOTAL		Rx \$ for All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL ^g		Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL ⁱ		Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL ^h		Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL ^j		
	Bene(s) Not Having FFS Rx Benefits ^e	Bene(s) Not Having FFS Rx Benefits ^e	Bene(s) Not Having FFS Rx Benefits ^e	Bene(s) Not Having FFS Rx Benefits ^e	Bene(s) Not Having FFS Rx Benefits ^e	Bene(s) Not Having FFS Rx Benefits ^e	Bene(s) Not Having FFS Rx Benefits ^e	Bene(s) Not Having FFS Rx Benefits ^e	Bene(s) Not Having FFS Rx Benefits ^e	Bene(s) Not Having FFS Rx Benefits ^e	Bene(s) Not Having FFS Rx Benefits ^e	Bene(s) Not Having FFS Rx Benefits ^e	Bene(s) Not Having FFS Rx Benefits ^e	Bene(s) Not Having FFS Rx Benefits ^e	Bene(s) Not Having FFS Rx Benefits ^e	Bene(s) Not Having FFS Rx Benefits ^e	Bene(s) Not Having FFS Rx Benefits ^e
North Carolina	\$1,335,317,389	\$1,276,570,717	4.3	0.1	54.0	5.3	4.1	4.9	3.6								
North Dakota	\$55,909,373	\$55,624,702	0.2	0.3	60.4	21.6	6.2	20.6	5.7								
Ohio	\$1,619,827,388	\$1,617,195,080	0.2	0.0	47.5	14.0	5.6	12.1	4.0								
Oklahoma	\$295,215,161	\$292,561,152	0.6	0.3	61.4	18.6	7.1	16.3	6.1								
Oregon	\$229,930,406	\$167,900,055	3.8	23.2	55.1	7.2	4.8	6.6	3.8								
Pennsylvania	\$769,053,206	\$765,352,100	0.4	0.1	63.1	21.5	13.6	19.8	12.3								
Rhode Island	\$144,559,171	\$133,232,953	7.7	0.1	63.7	13.8	6.7	12.5	5.4								
South Carolina	\$585,664,791	\$577,273,829	0.2	1.2	53.8	2.2	1.6	2.0	1.5								
South Dakota	\$73,742,170	\$73,701,035	0.1	0.0	54.5	19.7	6.4	18.5	5.5								
Tennessee	\$1,941,336,316	\$1,937,563,780	0.2	0.0	51.6	4.3	2.2	3.9	1.9								
Texas	\$2,009,772,121	\$2,003,616,628	0.3	0.0	43.4	12.6	4.8	11.4	4.0								
Utah	\$153,254,265	\$153,189,971	0.0	0.0	47.5	8.6	5.1	7.4	3.9								
Vermont	\$131,726,890	\$127,072,565	3.5	0.0	58.3	5.3	3.1	5.0	2.8								
Virginia	\$529,131,121	\$512,699,891	2.9	0.2	63.8	11.5	6.7	10.2	5.7								
Washington	\$602,620,603	\$537,850,284	10.3	0.5	50.4	6.0	5.8	5.3	4.2								
West Virginia	\$357,683,874	\$354,466,265	0.9	0.0	38.0	6.8	3.3	6.2	2.7								
Wisconsin	\$636,092,067	\$635,649,451	0.0	0.0	69.2	12.1	5.3	11.4	4.6								
Wyoming	\$43,156,733	\$42,878,219	0.6	0.0	46.1	12.8	5.4	11.9	4.5								

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- a. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.
- b. This column represents the amount of Medicaid pharmacy benefit reimbursement for all pharmacy claims contained in the MAX 2003 files, some of which were excluded from this study because those claims were made for beneficiaries who did not meet the inclusion criteria (see Table 1) or took place during months that were excluded from the analysis (see footnote c of Table 1).
- c. These columns include beneficiaries represented by Cell C of Table 1.
- d. These columns include beneficiaries who did not meet either of the first two inclusion criteria (see Table 1).
- e. These columns include beneficiaries who satisfied the first two inclusion criteria but failed to meet the third criterion (see Table 1).
- f, g, h. These columns include beneficiaries represented by Cells G, D, and H of Table 1, respectively.
- i. Refer to footnote f of Table 1 for information about how we determined part-year nursing facility residents.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; FFS = fee-for-service; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx \$ = pharmacy reimbursement.

Table N.1b

NATIONAL COMPARISON TABLE N.2
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 NONDUAL BENEFICIARIES, 2003^{a,b}

	Percentage of All Rx				Among All-Year Nursing Facility Residents ^e						
	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx Paid per Benefit Month	Rx \$ per Benefit Month	Patented Brand-Name ^c	Off-Patent Brand-Name	Generic	Percentage of Total Medicaid \$ ^d	Number of Rx per Benefit Month	Rx \$ per Benefit Month
All States	34,019,639	265,799,390	56.4 %	0.9	\$59	45.8 %	3.5 %	50.1 %	15.5 %	7.1	\$455
Alabama	706,542	6,974,655	62.5	0.9	44	44.8	4.2	50.3	19.8	7.1	392
Alaska	116,481	995,419	54.2	0.7	52	46.6	5.6	47.4	8.5	8.1	637
Arizona	127,391	952,869	4.2	0.0	2	27.7	2.6	69.3	0.6	5.4	127
Arkansas	587,603	5,792,319	57.6	0.6	33	45.8	4.3	49.2	14.8	6.9	400
California	5,255,038	36,307,838	33.1	0.5	41	44.0	4.4	51.5	15.3	6.3	439
Colorado	319,556	2,557,303	52.2	0.7	45	41.5	3.1	54.7	11.4	7.8	489
Connecticut	133,619	582,883	33.9	2.5	204	50.0	2.7	47.1	14.7	7.9	612
Delaware	93,329	921,175	95.1	1.3	81	50.3	2.1	46.7	89.0	8.9	450
D.C.	52,915	347,180	39.4	1.5	140	45.6	2.2	52.0	9.4	1.8	118
Florida	1,808,821	13,062,375	51.3	0.9	66	46.8	2.6	49.7	17.1	8.1	476
Georgia	1,397,022	12,578,532	66.9	0.9	47	46.5	4.3	48.1	16.0	6.6	383
Hawaii	84,116	270,212	18.4	1.6	130	39.9	2.9	56.9	12.9	4.8	277
Idaho	187,445	1,720,361	63.4	0.8	43	43.1	2.4	53.4	13.6	9.3	536
Illinois	1,646,024	15,361,732	61.8	0.8	46	40.9	3.2	55.3	13.8	7.3	494
Indiana	603,926	4,473,771	58.9	1.1	65	42.8	2.3	54.2	15.6	9.2	533
Iowa	299,355	2,284,195	69.2	1.1	66	43.8	3.4	52.1	15.6	7.5	410
Kansas	238,260	1,653,853	53.3	0.9	58	50.3	2.7	46.6	13.0	7.9	433
Kentucky	516,231	4,900,995	77.9	1.4	78	44.5	3.2	51.8	20.6	11.3	558
Louisiana	885,105	9,096,094	68.8	0.8	48	47.1	4.8	47.3	20.1	8.2	558
Maine	234,274	2,271,879	69.6	1.1	60	45.7	3.4	50.6	9.8	7.9	357
Maryland	296,155	1,443,536	22.3	0.6	38	50.4	4.1	45.2	4.5	8.4	491
Massachusetts	602,635	5,048,462	59.7	1.1	72	43.3	1.0	55.3	13.5	6.4	358
Michigan	728,978	3,497,948	40.4	0.7	42	42.2	2.0	55.4	8.6	7.5	351
Minnesota	340,794	1,599,234	40.0	1.2	93	47.0	3.8	48.9	8.3	8.2	562
Mississippi	604,843	5,581,035	69.0	0.8	43	47.3	3.1	48.7	16.3	7.0	438
Missouri	610,558	4,894,066	61.9	1.3	84	44.0	3.6	52.0	22.6	8.4	554
Montana	78,592	701,689	59.8	0.8	51	42.8	2.9	53.9	13.0	7.2	407
Nebraska	195,549	1,190,555	80.4	1.4	78	44.1	3.3	51.7	24.9	7.7	483
Nevada	146,142	655,301	42.0	1.3	94	41.9	2.3	55.4	13.9	10.7	583
New Hampshire	105,347	890,098	64.1	0.9	57	46.0	3.0	50.6	13.7	7.7	412
New Jersey	315,900	1,534,872	36.6	1.5	123	50.9	3.7	44.9	11.3	8.8	539
New Mexico	239,287	1,302,523	28.5	0.3	12	34.1	8.3	56.8	2.8	9.1	400
New York	3,183,343	25,273,286	64.6	1.1	90	52.3	2.2	45.0	15.5	2.0	285
North Carolina	1,164,916	10,736,505	69.6	0.9	55	47.5	3.3	48.4	15.3	7.2	456
North Dakota	60,458	506,810	59.7	0.8	43	46.7	3.8	49.1	12.3	7.0	395

Table N.2

Nondual Beneficiaries

	Percentage of All Rx										Among All-Year Nursing Facility Residents ^e	
	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx Paid per Month	Rx \$ per Month Benefit	Patented Brand-Name ^c	Off-Patent Brand-Name	Generic	Rx \$ as a Percentage of Total		Number of Rx per Benefit Month	Rx \$ per Benefit Month
									Medicaid \$ ^d	Benefit Month		
Ohio	1,337,271	11,015,245	64.2	1.3	77	46.4	3.8	49.6	17.1	10.4	592	
Oklahoma	456,957	2,900,911	49.7	0.6	39	42.8	4.0	52.5	11.1	8.0	497	
Oregon	272,023	1,328,397	43.4	1.1	57	35.5	1.9	62.2	11.3	7.9	429	
Pennsylvania	588,155	3,596,506	45.9	1.1	79	48.5	3.3	47.8	15.4	8.6	512	
Rhode Island	60,726	369,932	43.6	1.8	131	48.5	2.3	48.9	11.4	4.7	349	
South Carolina	789,122	7,632,336	60.5	0.7	35	48.6	3.7	46.7	15.2	2.4	132	
South Dakota	103,224	945,512	56.5	0.6	36	50.1	3.9	45.3	10.8	8.1	488	
Tennessee	1,290,605	13,048,201	69.2	1.4	72	42.7	3.1	53.7	25.3	9.0	449	
Texas	2,956,134	21,830,615	73.9	0.9	52	45.6	5.9	47.6	15.7	7.9	512	
Utah	244,187	1,549,284	63.6	0.9	52	41.5	3.0	54.6	12.6	8.9	573	
Vermont	126,756	1,201,849	66.6	0.9	44	42.3	3.1	54.0	14.0	7.4	523	
Virginia	414,917	2,469,675	50.4	1.2	75	46.8	4.0	48.4	14.1	8.1	443	
Washington	610,803	4,023,870	46.1	1.1	66	40.5	2.1	57.1	16.3	8.2	499	
West Virginia	298,426	2,600,421	78.4	1.6	84	42.2	3.4	53.8	23.3	9.0	467	
Wisconsin	437,809	2,745,483	45.5	1.1	71	46.1	3.5	50.0	13.6	8.6	465	
Wyoming	65,974	579,593	64.2	0.7	40	45.0	3.7	50.5	12.1	7.4	427	

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

a. Table N.2, except for the last two columns, includes beneficiaries represented by Cell K of Table 1 in the national table set and the table set for each state. The last two columns include beneficiaries represented by Cell L 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 states.

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. 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. 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. All-year nursing facility residents are beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2003. 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 = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; NF = nursing facility.

Table N.2

Nondual Beneficiaries

NATIONAL COMPARISON TABLE N.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE
 NONDUAL BENEFICIARIES, 2003^{a,b,c}

	Share of Benefit Months (percent)					Rx \$ per Benefit Month (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
	100	1.0	15.7	26.5	56.8	\$59	\$133	\$219	\$40	\$22	100	2.3	58.5	18.0	21.2
All States	100	1.0	15.7	26.5	56.8	\$59	\$133	\$219	\$40	\$22	100	2.3	58.5	18.0	21.2
Alabama	100	0.1	16.9	22.7	60.2	44	163	162	11	23	100	0.5	61.9	5.7	31.9
Alaska	100	0.7	7.8	19.1	72.5	52	164	324	59	20	100	2.2	48.4	21.5	27.9
Arizona	100	0.2	7.6	42.5	49.7	2	5	19	1	1	100	0.5	70.2	15.3	14.0
Arkansas	100	0.5	13.2	27.1	59.2	33	106	140	11	19	100	1.7	55.1	8.8	34.4
California	100	1.9	13.9	56.9	27.4	41	119	215	10	12	100	5.5	72.9	13.6	8.0
Colorado	100	1.2	10.2	22.1	66.6	45	126	241	35	17	100	3.3	54.5	17.1	25.1
Connecticut	100	6.1	51.9	12.6	29.3	204	180	350	37	23	100	5.4	89.0	2.3	3.3
Delaware	100	0.3	11.3	39.6	48.9	81	230	265	93	29	100	0.7	36.8	45.2	17.2
D.C.	100	2.9	52.4	13.8	31.0	140	82	224	90	24	100	1.7	84.0	8.9	5.4
Florida	100	1.0	16.5	23.0	59.5	66	183	264	32	22	100	2.8	66.1	11.2	19.8
Georgia	100	0.4	12.8	16.4	70.4	47	167	183	41	23	100	1.6	50.2	14.3	33.9
Hawaii	100	5.4	47.5	23.5	23.6	130	129	253	7	3	100	5.4	92.8	1.2	0.6
Idaho	100	0.2	10.8	12.9	76.1	43	199	224	52	16	100	0.8	56.3	15.5	27.5
Illinois	100	1.7	12.0	19.1	67.1	46	73	206	40	18	100	2.7	54.4	16.7	26.2
Indiana	100	0.6	14.8	16.3	68.3	65	184	259	45	26	100	1.8	59.0	11.4	27.8
Iowa	100	0.5	15.2	20.1	64.2	66	177	228	59	29	100	1.3	52.6	17.8	28.3
Kansas	100	0.7	18.4	15.3	65.6	58	165	193	32	25	100	2.1	61.3	8.6	28.0
Kentucky	100	0.2	24.8	15.1	59.9	78	287	207	59	29	100	0.8	65.7	11.4	22.2
Louisiana	100	0.4	14.9	9.9	74.7	48	228	177	41	22	100	2.1	54.8	8.4	34.8
Maine	100	0.4	11.8	36.5	51.2	60	134	229	55	24	100	1.0	45.3	33.5	20.3
Maryland	100	4.1	10.5	63.2	22.2	38	137	196	8	30	100	14.8	53.8	13.9	17.5
Massachusetts	100	2.1	25.4	24.2	48.3	72	80	197	44	19	100	2.4	69.9	14.8	12.9
Michigan	100	0.6	12.2	22.1	65.1	42	110	189	34	17	100	1.6	54.4	17.9	26.1
Minnesota	100	0.4	34.2	20.4	45.0	93	112	222	37	20	100	0.5	81.8	8.2	9.5
Mississippi	100	0.2	17.1	14.1	68.6	43	162	139	35	20	100	0.9	55.3	11.5	32.2
Missouri	100	0.9	19.3	24.7	55.1	84	192	275	51	31	100	2.1	63.1	14.8	20.0
Montana	100	0.2	15.5	8.3	76.0	51	180	216	48	18	100	0.8	65.2	7.6	26.4
Nebraska	100	1.1	10.6	14.9	73.4	78	199	288	88	44	100	2.7	39.2	16.9	41.2
Nevada	100	0.9	23.3	19.5	56.3	94	197	303	43	23	100	1.8	75.5	9.0	13.7
New Hampshire	100	0.9	8.4	14.3	76.4	57	186	280	74	27	100	2.9	41.9	18.8	36.4
New Jersey	100	4.5	38.0	11.7	45.8	123	166	267	24	26	100	6.1	82.2	2.2	9.6
New Mexico	100	0.3	6.5	43.3	49.9	12	115	88	7	6	100	3.3	48.1	25.5	23.1
New York	100	1.5	18.1	28.1	52.3	90	108	279	94	22	100	1.8	56.0	29.3	12.9
North Carolina	100	0.2	14.0	19.4	66.5	55	154	205	57	22	100	0.4	52.2	20.1	27.3
North Dakota	100	0.6	9.1	27.9	62.4	43	180	203	41	20	100	2.5	42.7	26.4	28.4
Ohio	100	1.1	18.5	21.8	58.7	77	223	261	57	24	100	3.1	62.7	16.0	18.2
Oklahoma	100	0.5	10.4	11.2	77.9	39	143	185	29	20	100	1.7	49.5	8.2	40.6
Oregon	100	0.3	10.7	40.0	49.0	57	150	256	57	13	100	0.8	48.0	39.9	11.3
Pennsylvania	100	1.1	22.2	15.9	60.8	79	251	236	62	22	100	3.4	66.8	12.6	17.2

	Share of Benefit Months (percent)					Rx \$ per Benefit Month (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
Rhode Island	100	2.8	65.8	9.1	22.3	131	118	186	16	16	100	2.5	93.7	1.1	2.6
South Carolina	100	1.3	10.7	28.8	59.3	35	48	147	23	20	100	1.7	44.7	19.2	34.3
South Dakota	100	0.2	9.4	15.8	74.7	36	181	177	36	17	100	0.9	46.8	15.8	36.6
Tennessee	100	0.2	13.9	32.3	53.5	72	159	193	107	19	100	0.6	37.2	48.3	13.9
Texas	100	0.2	12.7	12.1	75.0	52	211	186	51	29	100	0.9	45.3	11.8	42.1
Utah	100	0.6	8.3	31.5	59.5	52	224	344	24	24	100	2.8	55.3	14.4	27.4
Vermont	100	0.3	8.0	35.6	56.2	44	152	229	38	21	100	1.0	41.4	30.7	26.8
Virginia	100	2.0	16.8	12.8	68.3	75	228	269	48	28	100	6.2	60.1	8.2	25.5
Washington	100	2.2	24.3	34.3	39.2	66	135	218	15	13	100	4.5	79.8	7.9	7.8
West Virginia	100	0.3	27.3	14.5	57.9	84	145	207	69	30	100	0.5	66.8	11.9	20.8
Wisconsin	100	1.0	29.3	29.6	40.1	71	124	179	33	20	100	1.7	73.6	13.8	10.9
Wyoming	100	0.3	8.4	15.7	75.7	40	155	206	46	20	100	1.1	43.1	17.9	37.9

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- a. Table N.3 includes beneficiaries represented by Cell K 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. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.
- 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. 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 = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

NATIONAL COMPARISON TABLE N.4
 TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 NONDUAL BENEFICIARIES, 2003^{a,b,c}

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

Table N.4

Nondual Beneficiaries

	ANTI- PSYCHOTICS	ANTI- DEPRESSANTS	ANTI- ASTHMATIC	ANTI- CONVULSANT	ANTI-VIRAL	ULCER DRUGS	ANALGESICS- Narcotic	ANTIDIABETIC	INFLAMMATORY	ANALGESICS- ANTI- INFLAMMATORY	STIMULANTS/ ANTI-OBESITY/ ANOREX
Oregon	2	1	6	3	5	8	4	9	.	.	10
Pennsylvania	1	2	6	3	10	4	5	8	.	.	7
Rhode Island	1	2	7	3	4	5	6	9	10	.	.
South Carolina	1	4	2	3	6	.	8	10	.	.	5
South Dakota	1	2	4	3	.	6	.	.	.	.	5
Tennessee	2	1	4	7	8	3	6	9	10	.	.
Texas	1	4	2	3	.	.	.	.	9	.	10
Utah	1	2	6	3	.	4	5	9	.	.	7
Vermont	2	1	4	3	8	7	5	.	.	.	6
Virginia	1	4	5	3	.	2	6	10	.	.	8
Washington	1	2	6	3	7	5	4	8	9	.	.
West Virginia	2	1	4	3	.	5	7	8	.	.	9
Wisconsin	1	3	6	2	9	4	5	8	10	.	7
Wyoming	1	2	4	3	.	6	7	.	.	.	5

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

a. Table N.4 is based on beneficiaries represented by Cell K of Table 1 in the national table set and the table set for each state.

b. The top 10 drug groups were determined based on total Medicaid reimbursement in each state for 2003. 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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26 2007).

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