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

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
WYOMING, 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]	75,958	(A)	9,314	(E)	66,644	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	72,626	(B)	6,652	(F)	65,974	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	72,626	(C)	6,652	(G)	65,974	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	1,636	(D)	1,545	(H)	91	(L)

Source: Data for this table are from the MAX 2003 file for Wyoming, released by CMS in 05/2007. 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 Wyoming in 2003 was $43,156,733, of which $278,514 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]

WYOMING, 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	**72,626**	**3,849**	**7,626**	**12,562**	**48,589**	**0**	**648,305**	**37,611**	**80,396**	**91,464**	**438,834**	**0**
Age												
5 and younger	21,410	0	248	1	21,161	0	192,572	0	2,513	10	190,049	0
6-14	19,776	0	737	1	19,038	0	185,472	0	8,103	2	177,367	0
15-20	9,516	4	571	610	8,331	0	80,898	29	6,057	3,693	71,119	0
21-44	14,352	59	3,041	11,193	59	0	114,549	509	32,131	81,610	299	0
45-64	3,781	42	2,991	748	0	0	37,760	361	31,296	6,103	0	0
65-74	1,209	1,174	32	3	0	0	12,660	12,360	264	36	0	0
75-84	1,291	1,287	4	0	0	0	12,786	12,758	28	0	0	0
85 and older	1,287	1,283	2	2	0	0	11,602	11,594	4	4	0	0
Unknown	4	0	0	4	0	6 0		0	0	6	0	0
Gender												
Female	40,995	2,801	4,080	10,200	23,914	0	360,987	27,775	43,325	74,491	215,396	0
Male	31,573	1,048	3,546	2,362	24,617	0	287,011	9,836	37,071	16,973	223,131	0
Unknown	58	0	0	0	58	0	307	0	0	0	307	0
Race												
White	57,450	3,364	6,263	10,082	37,741	0	510,420	32,485	66,409	72,159	339,367	0
African American	1,266	27	141	154	944	0	11,927	280	1,417	1,144	9,086	0
Other/unknown	13,910	458	1,222	2,326	9,904	0	125,958	4,846	12,570	18,161	90,381	0
Use of Nursing Facilities[c]												
Entire year	1,636	1,451	185	0	0	0	15,881	13,999	1,882	0	0	0
Part year	835	670	163	2	0	0	7,280	5,668	1,588	24	0	0
None	70,155	1,728	7,278	12,560	48,589	0	625,144	17,944	76,926	91,440	438,834	0
Maintenance Assistance Status												
Cash	19,448	934	4,833	6,110	7,571	0	176,012	10,288	49,636	45,285	70,803	0
Medically needy	0	0	0	0	0	0 0		0	0	0	0	0
Poverty-related	35,625	136	31	3,392	32,066	0	312,860	1,225	325	20,108	291,202	0
Other/unknown	17,553	2,779	2,762	3,060	8,952	0	159,433	26,098	30,435	26,071	76,829	0
Dual Medicare Status[d]												
Full dual, all year	6,456	3,527	2,852	75	2	0	66,651	34,771	31,228	628	24	0
Full dual, part year	196	123	70	3	0	0	2,061	1,275	753	33	0	0
Non-dual, all year	65,974	199	4,704	12,484	48,587	0	579,593	1,565	48,415	90,803	438,810	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	72,626	3,849	7,626	12,562	48,589	0	648,305	37,611	80,396	91,464	438,834	0
FFS part year, with Rx claims	0	0	0	0	0	0 0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0 0		0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Wyoming, released by CMS in 05/2007. 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]

WYOMING, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**66.4 %**	**10.1**	**$590**	**$59**	**$4,596**	**12.8 %**	**72,626**
Age							
5 and younger	66.3	3.7	138	38	1,884	7.3	21,410
6-14	59.6	4.3	252	59	1,765	14.2	19,776
15-20	61.8	5.7	341	60	2,714	12.5	9,516
21-44	69.3	11.7	808	69	6,973	11.6	14,352
45-64	79.6	39.3	2,758	70	15,484	17.8	3,781
65-74	84.2	50.9	2,821	55	15,066	18.7	1,209
75-84	90.5	55.4	2,710	49	20,219	13.4	1,291
85 and older	92.5	49.6	2,161	44	23,115	9.3	1,287
Unknown	0.0	0.0	0	0	5	0.0	4
Basis of Eligibility[e]							
Aged	88.6	51.1	2,518	49	19,323	13.0	3,849
Disabled	80.8	33.0	2,639	80	18,961	13.9	7,626
Adults	66.7	7.3	342	47	2,890	11.8	12,562
Children	62.2	3.9	181	46	1,615	11.2	48,589
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	69.6	11.8	653	55	4,847	13.5	40,995
Male	62.2	7.8	510	66	4,277	11.9	31,573
Unknown	15.5	0.6	11	17	233	4.7	58
Race							
White	69.1	11.2	657	59	4,979	13.2	57,450
African American	64.7	7.4	424	57	2,804	15.1	1,266
Other/unknown	55.2	5.7	331	58	3,174	10.4	13,910
Use of Nursing Facilities[f]							
Entire year	96.9	68.4	3,344	49	33,277	10.0	1,636
Part year	93.5	52.3	2,757	53	22,069	12.5	835
None	65.3	8.2	500	61	3,719	13.5	70,155
Maintenance Assistance Status							
Cash	66.0	12.3	799	65	3,422	23.3	19,448
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	63.4	3.8	167	44	1,383	12.0	35,625
Other/unknown	72.8	20.2	1,220	60	12,415	9.8	17,553

Source: Data for this table are from the MAX 2003 file for Wyoming, released by CMS in 05/2007. 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]

WYOMING, 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**	**$66**	**12.8 %**	**33.6 %**	**49.3 %**	**6.0 %**	**6.5 %**	**3.6 %**	**1.0 %**	**$515**	**72,626**	**648,305**
Age												
5 and younger	0.4	15	7.3	33.7	61.9	3.4	0.9	0.1	0.0	209	21,410	192,572
6-14	0.5	27	14.2	40.4	52.3	4.1	2.9	0.3	0.0	188	19,776	185,472
15-20	0.7	40	12.5	38.2	49.8	6.9	4.5	0.7	0.0	319	9,516	80,898
21-44	1.5	101	11.6	30.7	43.7	10.0	10.8	4.1	0.7	874	14,352	114,549
45-64	3.9	276	17.8	20.4	19.9	10.2	23.5	19.0	7.1	1,551	3,781	37,760
65-74	4.9	269	18.7	15.8	14.0	8.7	24.3	26.6	10.7	1,439	1,209	12,660
75-84	5.6	274	13.4	9.5	10.1	8.1	28.3	32.5	11.6	2,042	1,291	12,786
85 and older	5.5	240	9.3	7.5	8.6	8.4	31.5	36.1	7.8	2,564	1,287	11,602
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	3	4	6
Basis of Eligibility[e]												
Aged	5.2	258	13.0	11.4	11.5	8.5	27.6	31.2	9.8	1,977	3,849	37,611
Disabled	3.1	250	13.9	19.2	27.4	11.3	22.8	14.7	4.6	1,799	7,626	80,396
Adults	1.0	47	11.8	33.3	47.4	9.4	7.7	1.9	0.2	397	12,562	91,464
Children	0.4	20	11.2	37.8	56.1	4.0	1.9	0.2	0.0	179	48,589	438,834
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.3	74	13.5	30.4	49.5	6.7	7.5	4.5	1.4	550	40,995	360,987
Male	0.9	56	11.9	37.8	49.0	5.0	5.1	2.5	0.6	471	31,573	287,011
Unknown	0.1	2	4.7	84.5	15.5	0.0	0.0	0.0	0.0	44	58	307
Race												
White	1.3	74	13.2	30.9	50.1	6.4	7.2	4.2	1.3	560	57,450	510,420
African American	0.8	45	15.1	35.3	51.8	4.7	5.5	2.6	0.2	298	1,266	11,927
Other/unknown	0.6	37	10.4	44.8	45.5	4.4	3.6	1.5	0.3	351	13,910	125,958
Use of Nursing Facilities[f]												
Entire year	7.0	345	10.0	3.1	4.0	6.3	28.2	41.7	16.7	3,428	1,636	15,881
Part year	6.0	316	12.5	6.5	9.2	7.2	30.7	34.0	12.5	2,531	835	7,280
None	0.9	56	13.5	34.7	50.8	5.9	5.7	2.4	0.5	417	70,155	625,144
Maintenance Assistance Status												
Cash	1.4	88	23.3	34.0	42.4	8.0	10.1	4.5	1.0	378	19,448	176,012
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	19	12.0	36.6	56.8	4.4	2.0	0.2	0.0	158	35,625	312,860
Other/unknown	2.2	134	9.8	27.2	41.4	6.9	11.6	9.7	3.2	1,367	17,553	159,433

Source: Data for this table are from the MAX 2003 file for Wyoming, released by CMS in 05/2007. 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]

WYOMING, 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**	**$66**	**$59**	**0.5**	**$51**	**$103**	**0.1**	**$3**	**$47**	**0.6**	**$12**	**$22**
Age												
5 and younger	0.4	15	38	0.2	11	65	0.0	1	39	0.2	3	16
6-14	0.5	27	59	0.2	22	87	0.0	1	62	0.2	4	21
15-20	0.7	40	60	0.3	32	99	0.0	2	62	0.3	7	21
21-44	1.5	101	69	0.6	80	129	0.1	4	56	0.8	17	22
45-64	3.9	276	70	1.7	213	122	0.2	13	63	2.0	50	25
65-74	4.9	269	55	2.1	199	97	0.3	11	41	2.5	59	23
75-84	5.6	274	49	2.2	197	88	0.4	10	27	3.0	66	22
85 and older	5.5	240	44	2.1	173	81	0.4	8	20	2.9	57	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	5.2	258	49	2.1	188	89	0.3	10	28	2.8	60	22
Disabled	3.1	250	80	1.5	200	137	0.2	11	66	1.5	39	26
Adults	1.0	47	47	0.4	35	93	0.0	1	39	0.6	11	18
Children	0.4	20	46	0.2	15	75	0.0	1	48	0.2	4	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.3	74	55	0.6	56	98	0.1	3	42	0.7	15	21
Male	0.9	56	66	0.4	44	111	0.0	2	58	0.4	9	23
Unknown	0.1	2	17	0.0	1	29	0.0	0	37	0.1	1	11
Race												
White	1.3	74	59	0.6	57	103	0.1	3	45	0.6	14	22
African American	0.8	45	57	0.4	34	92	0.0	2	66	0.4	10	25
Other/unknown	0.6	37	58	0.3	28	105	0.0	2	58	0.3	7	21
Use of Nursing Facilities[e]												
Entire year	7.0	345	49	2.7	249	91	0.5	12	24	3.8	83	22
Part year	6.0	316	53	2.3	236	101	0.4	9	24	3.3	71	22
None	0.9	56	61	0.4	44	105	0.0	2	56	0.5	10	22
Maintenance Assistance Status												
Cash	1.4	88	65	0.6	69	116	0.1	4	60	0.7	16	22
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	19	44	0.2	14	72	0.0	1	51	0.2	4	18
Other/unknown	2.2	134	60	1.0	103	106	0.1	5	39	1.1	26	23

Source: Data for this table are from the MAX 2003 file for Wyoming, released by CMS in 05/2007. 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 Wyoming, 1.3 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]

WYOMING, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	$11	$8	$0	$3	$44	$65	$65	$22	89,303	$3,884,761	33,833	46.6 %	347,949
Biologicals	0.2	0.2	0.0	0.0	128	107	6	15	678	620	1,639	1,202	737	499,594	383	0.5	3,914
Antineoplastic Agents	0.5	0.3	0.0	0.2	204	186	3	16	396	665	242	69	1,872	740,528	344	0.5	3,625
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	27	20	2	4	47	75	27	20	65,436	3,071,445	11,279	15.5	114,661
Cardiovascular Agents	1.3	0.4	0.1	0.8	45	29	2	15	34	69	22	18	88,301	3,034,710	6,469	8.9	66,917
Respiratory Agents	0.4	0.2	0.0	0.2	18	14	1	4	48	75	49	20	92,540	4,428,495	23,057	31.7	239,709
Gastrointestinal Agents	0.5	0.2	0.0	0.3	42	31	1	10	80	129	173	36	39,154	3,131,100	7,331	10.1	74,971
Genitourinary Agents	0.4	0.3	0.0	0.1	23	22	0	2	62	73	32	22	13,779	849,721	3,616	5.0	36,251
CNS Drugs	0.9	0.6	0.0	0.4	84	73	3	9	90	129	127	24	109,423	9,808,178	11,497	15.8	116,530
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	53	46	2	5	79	89	58	42	18,857	1,481,138	2,647	3.6	27,896
Miscellaneous Psychological/ Neurological Agents	0.7	0.6	0.0	0.0	153	153	0	0	231	236	0	18	2,602	600,018	394	0.5	3,912
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	24	16	1	6	45	141	64	16	80,226	3,620,802	15,315	21.1	153,429
Neuromuscular Agents	0.7	0.3	0.0	0.3	55	44	3	9	83	139	56	30	49,150	4,081,090	6,996	9.6	73,743
Nutritional Products	0.3	0.0	0.0	0.3	6	0	0	6	20	38	21	19	22,020	438,289	7,095	9.8	68,121
Hematological Agents	0.8	0.2	0.2	0.4	73	62	4	7	95	336	19	20	15,010	1,431,146	1,903	2.6	19,515
Topical Products	0.2	0.1	0.0	0.1	8	5	0	2	36	58	49	19	36,214	1,293,062	15,758	21.7	165,102
Miscellaneous Products	0.2	0.1	0.0	0.1	31	22	5	4	141	197	309	44	2,388	336,078	1,000	1.4	10,677
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	5	0	0	0	37	0	0	0	3,974	148,064	2,661	3.7	28,194
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.	730,986	42,878,219	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Wyoming, released by CMS in 05/2007. 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 Wyoming, 1.3 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]

WYOMING, 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	$5,235,494	4,047	5.6 %	42,979	0.6	$191	$122
ANTIDEPRESSANTS	4,137,651	11,079	15.3	113,688	0.5	68	36
ANTICONVULSANT	3,375,329	4,297	5.9	46,021	0.7	103	73
ANTIASTHMATIC	2,477,172	13,252	18.2	139,573	0.3	62	18
ULCER DRUGS	2,288,224	7,153	9.8	74,631	0.4	81	31
ANALGESICS - Narcotic	2,054,926	17,593	24.2	178,051	0.3	37	12
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	1,481,138	3,374	4.6	35,964	0.5	79	41
ANTIDIABETIC	1,349,592	2,867	3.9	30,289	0.7	65	45
ANALGESICS - ANTI-INFLAMMATORY	1,168,808	6,949	9.6	71,885	0.3	62	16
ANTIHISTAMINES	1,016,485	9,580	13.2	102,649	0.2	44	10
Total	24,584,819	80,191		835,730	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Wyoming, released by CMS in 05/2007. 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.