

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

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>106,752</b>	<b>43,146</b>	<b>62,579</b>	<b>1,016</b>	<b>11</b>	<b>0</b>	<b>1,152,239</b>	<b>449,547</b>	<b>693,485</b>	<b>9,100</b>	<b>107</b>	<b>0</b>
<b>Age</b>												
5 and younger	7	0	7	0	0	0	73	0	73	0	0	0
6-14	17	0	17	0	0	0	202	0	202	0	0	0
15-20	262	0	251	0	11	0	2,865	0	2,758	0	107	0
21-44	19,918	1	19,051	866	0	0	217,592	12	209,664	7,916	0	0
45-64	23,346	12	23,190	144	0	0	254,827	120	253,563	1,144	0	0
65-74	22,760	9,398	13,357	5	0	0	251,390	99,193	152,163	34	0	0
75-84	22,336	17,126	5,209	1	0	0	241,347	182,473	58,868	6	0	0
85 and older	18,106	16,609	1,497	0	0	0	183,943	167,749	16,194	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	73,708	34,354	38,447	898	9	0	800,479	361,588	430,553	8,249	89	0
Male	33,043	8,792	24,131	118	2	0	351,759	87,959	262,931	851	18	0
Unknown	1	0	1	0	0	1	0	0	1	0	0	0
<b>Race</b>												
White	54,860	24,581	29,762	513	4	0	582,214	249,186	328,449	4,541	38	0
African American	42,307	14,772	27,038	490	7	0	465,929	159,243	302,178	4,439	69	0
Other/unknown	9,585	3,793	5,779	13	0	0	104,096	41,118	62,858	120	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	16,824	13,804	3,020	0	0	0	169,033	136,442	32,591	0	0	0
Part year	7,188	5,749	1,439	0	0	0	70,043	55,158	14,885	0	0	0
None	82,740	23,593	58,120	1,016	11	0	913,163	257,947	646,009	9,100	107	0
<b>Maintenance Assistance Status</b>												
Cash	76,121	22,053	53,726	341	1	0	846,754	245,479	598,369	2,895	11	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	2,493	992	1,284	214	3	0	23,280	9,776	11,978	1,505	21	0
Other/unknown	28,138	20,101	7,569	461	7	0	282,205	194,292	83,138	4,700	75	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	100,351	40,072	59,288	980	11	0	1,089,713	417,901	662,934	8,771	107	0
Full dual, part year	6,401	3,074	3,291	36	0	0	62,526	31,646	30,551	329	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	105,711	42,734	61,961	1,005	11	0	1,146,775	447,601	690,034	9,033	107	0
FFS part year, with Rx claims	926	360	556	10	0	0	4,944	1,701	3,182	61	0	0
FFS part year, no Rx claims	115	52	62	1	0	0	520	245	269	6	0	0

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

- a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
  - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
  - d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS <sup>d</sup>	Number of Beneficiaries
All	89.4 %	48.1	\$2,367	\$49	\$13,180	18.0 %	106,752
<b>Age</b>							
5 and younger	85.7	57.7	7,910	137	16,050	49.3	7
6-14	94.1	50.2	10,445	208	21,392	48.8	17
15-20	77.9	18.4	2,073	113	7,488	27.7	262
21-44	81.2	30.1	2,051	68	7,515	27.3	19,918
45-64	89.0	51.6	2,767	54	11,200	24.7	23,346
65-74	89.4	51.6	2,352	46	10,695	22.0	22,760
75-84	93.0	54.6	2,411	44	15,934	15.1	22,336
85 and older	94.9	51.2	2,158	42	21,766	9.9	18,106
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	91.3	50.0	2,208	44	17,573	12.6	43,146
Disabled	88.8	47.2	2,504	53	10,331	24.2	62,579
Adults	48.6	14.4	685	48	2,174	31.5	1,016
Children	54.5	15.4	2,291	149	7,621	30.1	11
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	92.3	53.1	2,505	47	13,726	18.3	73,708
Male	83.0	36.7	2,059	56	11,963	17.2	33,043
Unknown	0.0	0.0	0	0	4,509	0.0	1
<b>Race</b>							
White	90.7	55.2	2,758	50	16,417	16.8	54,860
African American	87.9	39.4	1,913	49	10,546	18.1	42,307
Other/unknown	89.0	45.5	2,138	47	6,281	34.0	9,585
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	97.0	69.0	3,317	48	37,714	8.8	16,824
Part year	94.8	51.2	2,508	49	25,028	10.0	7,188
None	87.4	43.5	2,162	50	7,162	30.2	82,740
<b>Maintenance Assistance Status</b>							
Cash	89.6	45.2	2,216	49	7,095	31.2	76,121
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	52.0	14.7	678	46	3,626	18.7	2,493
Other/unknown	92.4	58.8	2,924	50	30,489	9.6	28,138

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

- a. Table D.3 includes beneficiaries represented by Cell G of Table 1.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. 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 D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS <sup>d</sup>	Benefit Months
			Percentage of All Medicaid FFS <sup>c</sup>	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			
<b>All</b>	<b>4.5</b>	<b>\$219</b>	<b>18.0 %</b>	<b>10.6 %</b>	<b>15.8 %</b>	<b>10.6 %</b>	<b>29.9 %</b>	<b>25.8 %</b>	<b>7.2 %</b>	<b>\$1,221</b>	<b>1,152,239</b>
<b>Age</b>											
5 and younger	5.5	759	49.3	14.3	0.0	14.3	14.3	57.1	0.0	1,539	73
6-14	4.2	879	48.8	5.9	5.9	11.8	47.1	29.4	0.0	1,800	202
15-20	1.7	190	27.7	22.1	41.2	13.7	13.4	9.5	0.0	685	2,865
21-44	2.8	188	27.3	18.8	29.4	12.8	23.2	12.6	3.3	688	217,592
45-64	4.7	254	24.7	11.0	15.2	10.3	28.7	26.1	8.7	1,026	254,827
65-74	4.7	213	22.0	10.6	13.6	10.3	30.1	27.4	7.9	968	22,760
75-84	5.0	223	15.1	7.0	10.8	9.8	32.9	30.9	8.6	1,475	251,390
85 and older	5.0	212	9.9	5.1	10.4	10.2	35.4	31.9	7.0	2,143	241,347
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	183,943
<b>Basis of Eligibility<sup>e</sup></b>											
Aged	4.8	212	12.6	8.7	11.7	10.2	32.8	29.0	7.7	1,687	449,547
Disabled	4.3	226	24.2	11.2	18.7	11.0	28.3	23.9	6.9	932	62,579
Adults	1.6	77	31.5	51.4	16.3	7.1	14.8	8.8	1.7	243	1,016
Children	1.6	236	30.1	45.5	18.2	18.2	0.0	18.2	0.0	784	9,100
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	107
<b>Gender</b>											
Female	4.9	231	18.3	7.7	13.1	10.3	31.7	29.0	8.3	1,264	73,708
Male	3.5	193	17.2	17.0	22.0	11.4	26.1	18.8	4.7	1,124	33,043
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	4,509	1
<b>Race</b>											
White	5.2	260	16.8	9.3	12.0	9.0	28.7	30.7	10.2	1,547	54,860
African American	3.6	174	18.1	12.1	20.5	12.5	31.3	20.1	3.6	958	42,307
Other/unknown	4.2	197	34.0	11.0	17.0	11.6	31.3	23.1	6.0	578	9,585
<b>use of nursing Facilities<sup>f</sup></b>											
Entire year	6.9	330	8.8	3.0	4.3	6.0	28.8	41.9	16.1	3,754	16,824
Part year	5.2	257	10.0	5.2	10.1	10.4	34.4	31.3	8.7	2,568	7,188
None	3.9	196	30.2	12.6	18.7	11.6	29.8	22.1	5.3	649	82,740
<b>Maintenance Assistance Status</b>											
Cash	4.1	199	31.2	10.4	18.6	11.7	30.7	23.0	5.5	638	76,121
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0
Poverty related	1.6	73	18.7	48.0	21.6	9.4	13.6	6.5	1.0	388	2,493
Other/unknown	5.9	292	9.6	7.6	7.8	7.8	29.2	35.2	12.4	3,040	28,138

Table D4

Dual Eligible Beneficiaries

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

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. 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 D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>4.5</b>	<b>\$219</b>	<b>\$49</b>	<b>1.8</b>	<b>\$163</b>	<b>\$91</b>	<b>0.2</b>	<b>\$6</b>	<b>\$33</b>	<b>2.5</b>	<b>\$51</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	5.5	759	137	3.2	696	219	0.2	11	74	2.2	52	24
6-14	4.2	879	208	1.7	779	446	0.3	29	110	2.2	69	31
15-20	1.7	190	113	0.8	136	172	0.1	8	103	0.8	46	56
21-44	2.8	188	68	1.1	148	132	0.1	5	55	1.5	35	23
45-64	4.7	254	54	1.9	191	98	0.2	6	40	2.6	56	21
65-74	4.7	213	46	1.9	156	82	0.2	5	31	2.6	52	20
75-84	5.0	223	44	2.0	162	80	0.2	5	27	2.8	55	20
85 and older	5.0	212	42	1.9	150	80	0.2	6	25	2.9	57	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.8	212	44	1.9	154	80	0.2	5	26	2.7	52	20
Disabled	4.3	226	53	1.7	170	99	0.1	6	39	2.4	50	21
Adults	1.6	77	48	0.6	55	94	0.1	2	36	1.0	20	20
Children	1.6	236	149	1.0	185	194	0.0	1	73	0.6	50	81
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	4.9	231	47	2.0	170	86	0.2	6	31	2.7	55	20
Male	3.5	193	56	1.4	146	107	0.1	5	41	2.0	42	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	5.2	260	50	2.1	192	92	0.2	7	32	2.9	60	21
African American	3.6	174	49	1.4	130	91	0.1	4	35	2.0	40	20
Other/unknown	4.2	197	47	1.7	145	87	0.1	5	34	2.4	47	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.9	330	48	2.7	243	89	0.3	9	28	3.8	78	21
Part year	5.2	257	49	2.1	190	90	0.3	8	30	2.9	60	21
None	3.9	196	50	1.6	146	92	0.1	5	36	2.2	45	20
<b>Maintenance Assistance Status</b>												
Cash	4.1	199	49	1.6	148	91	0.1	5	35	2.3	46	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.6	73	46	0.6	54	84	0.1	2	29	0.9	17	20
Other/unknown	5.9	292	50	2.4	216	91	0.3	8	30	3.2	67	21

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

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Alabama, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users <sup>e</sup>							
	Patented		Generic		Patented		Generic		Patented		Generic		Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name					
Anti-infective Agents	0.3	0.2	0.0	0.2	\$20	\$17	\$0	\$3	\$61	\$102	\$61	\$20	\$14,348,220	63,083	59.1 %	706,528
Biologics	0.1	0.1	0.0	0.0	11	1	2	9	116	13	4,851	418	354,336	2,719	2.5	30,829
Antineoplastic Agents	0.4	0.1	0.0	0.3	66	31	1	34	153	315	149	104	3,992,339	5,800	5.4	60,253
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.4	42	35	1	6	45	67	19	17	21,665,077	46,521	43.6	518,007
Cardiovascular Agents	1.8	0.7	0.1	1.0	62	44	1	17	35	62	22	17	48,440,619	70,325	65.9	777,976
Respiratory Agents	0.6	0.3	0.0	0.3	24	18	1	6	41	70	25	19	13,627,963	49,724	46.6	558,385
Gastrointestinal Agents	0.7	0.1	0.0	0.6	34	17	0	17	48	114	84	31	17,669,944	46,559	43.6	518,458
Genitourinary Agents	0.4	0.3	0.0	0.1	27	24	0	2	61	73	31	21	5,031,760	16,915	15.8	189,747
CNS Drugs	1.1	0.6	0.0	0.5	88	74	1	13	77	123	76	24	53,143,128	55,006	51.5	605,406
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	44	35	3	6	93	131	84	37	505,636	1,022	1.0	11,529
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	87	85	0	1	127	136	0	23	7,535,232	8,146	7.6	86,967
Analgesics and Anesthetics	0.8	0.1	0.0	0.6	30	19	1	10	39	136	51	16	20,032,784	60,719	56.9	677,336
Neuromuscular Agents	0.8	0.3	0.1	0.4	49	36	2	10	59	109	43	24	19,176,706	35,100	32.9	392,430
Nutritional Products	0.7	0.0	0.0	0.6	11	1	1	9	17	46	24	15	3,575,782	29,213	27.4	319,295
Hematological Agents	0.7	0.3	0.1	0.3	47	40	2	5	65	135	20	16	12,277,198	23,683	22.2	259,891
Topical Products	0.4	0.2	0.0	0.2	17	13	1	4	42	60	50	20	8,144,757	42,162	39.5	474,930
Miscellaneous Products	0.4	0.2	0.1	0.2	102	74	15	13	228	420	291	59	2,664,731	2,447	2.3	26,160
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	40	0	0	0	494,425	4,893	4.6	56,255
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	252,680,637	n.a.	n.a.	n.a.

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

- a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
  - d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Alabama, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
  - e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$30,899,062	25,765	24.1 %	286,628	0.6	\$169
ANTIDEPRESSANTS	17,762,455	49,231	46.1	547,471	0.6	55
ANTI-DIABETIC	16,251,212	36,895	34.6	414,235	0.7	57
ANTICONVULSANT	15,345,804	27,596	25.9	309,684	0.7	74
ANTIHYPERTENSIVE	14,215,155	54,625	51.2	616,899	0.6	36
ANTIHYPERLIPIDEMIC	14,170,371	23,262	21.8	266,829	0.6	86
ULCER DRUGS	13,003,358	46,100	43.2	520,491	0.5	51
ANALGESICS - Narcotic	11,799,211	76,308	71.5	861,251	0.4	36
CALCIUM BLOCKERS	9,045,384	23,383	21.9	263,211	0.7	48
ANTI-ASTHMATIC	8,719,951	35,629	33.4	399,027	0.4	56
Total	151,211,963	398,794		4,485,726	n.a.	n.a.

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

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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; n.a. = not applicable.

**TABLE D.7A**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED**  
**AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003**

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month
<b>All</b>	<b>2,482,546</b>	<b>\$151,211,963</b>	<b>25,765</b>	<b>24.1 %</b>	<b>286,628</b>	<b>0.6</b>	<b>\$108</b>	<b>49,231</b>	<b>46.1 %</b>	<b>547,471</b>	<b>0.6</b>	<b>\$32</b>				
<b>Female</b>																
<b>Disabled</b>	1,849,364	108,142,981	16,609	22.5	184,702	0.6	98	38,018	51.6	424,028	0.6	33				
5 and younger	1,055,630	65,549,394	9,232	24.0	106,348	0.6	108	22,228	57.8	254,617	0.6	31				
6-14	28	2,737	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	82	6,393	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	1,007	88,614	22	19.0	247	0.5	85	38	32.8	414	0.4	20				
45-64	170,557	12,687,191	2,895	31.3	33,372	0.6	106	5,668	61.2	64,777	0.5	30				
65-74	438,547	28,388,595	3,748	26.1	43,277	0.6	116	10,227	71.2	116,926	0.6	32				
75-84	303,212	17,102,785	1,575	17.0	18,239	0.7	107	4,297	46.2	49,868	0.6	30				
85 and older	114,065	5,906,926	773	18.8	8,825	0.6	83	1,577	38.3	18,000	0.6	30				
<b>Other Eligibles</b>	28,132	1,366,153	219	17.2	2,388	0.6	77	421	33.0	4,632	0.6	34				
5 and younger	793,734	42,593,587	7,377	20.9	78,354	0.6	85	15,790	44.8	169,411	0.6	35				
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	44	5,460	1	11.1	11	0.5	215	1	11.1	11	0.5	48				
45-64	3,709	237,434	51	6.5	478	0.4	56	204	25.8	1,985	0.4	26				
65-74	2,179	125,022	10	8.7	102	0.6	120	71	61.7	683	0.6	32				
75-84	143,877	8,186,139	948	14.7	10,363	0.6	105	2,450	38.1	27,146	0.6	31				
85 and older	349,036	18,899,957	2,982	21.9	31,917	0.6	86	6,338	46.6	69,040	0.6	35				
Unknown	294,889	15,139,575	3,385	23.6	35,483	0.6	79	6,726	47.0	70,546	0.7	37				
<b>Male</b>																
<b>Disabled</b>	633,182	43,068,982	9,156	27.7	101,926	0.7	126	11,213	33.9	123,443	0.6	32				
5 and younger	466,979	33,979,652	7,157	29.7	81,697	0.7	136	8,076	33.5	91,290	0.6	31				
6-14	66	5,239	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	95	4,358	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	1,145	93,196	33	24.4	369	0.5	87	31	23.0	348	0.5	25				
45-64	140,365	12,745,582	3,549	36.3	40,683	0.7	141	3,316	33.9	37,619	0.5	31				
65-74	196,612	14,010,347	2,561	29.0	29,262	0.8	144	3,227	36.6	36,193	0.6	32				
75-84	100,200	5,648,510	709	17.4	7,986	0.7	109	1,136	27.9	12,995	0.6	29				
85 and older	24,495	1,281,465	258	23.7	2,889	0.6	83	314	28.9	3,566	0.6	28				
<b>Other Eligibles</b>	4,001	190,955	47	21.1	508	0.6	90	52	23.3	569	0.7	33				
5 and younger	166,203	9,089,330	1,999	22.4	20,229	0.6	82	3,137	35.2	32,153	0.6	35				
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	31	3,447	1	50.0	12	1.3	153	0	0.0	0	0.0	0				
45-64	1,175	66,409	9	11.7	89	0.4	97	47	61.0	440	0.4	22				
65-74	610	37,115	8	19.5	95	0.7	86	17	41.5	158	0.6	39				
75-84	50,818	2,898,290	486	16.4	5,110	0.7	98	847	28.5	8,966	0.6	31				
85 and older	73,053	3,962,558	855	24.2	8,756	0.6	83	1,309	37.1	13,628	0.7	38				
Unknown	40,516	2,121,511	640	27.9	6,167	0.5	69	917	40.0	8,961	0.7	37				
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				

Table D7A

Dual Eligible Beneficiaries

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

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	ANTIDIABETIC					ANTICONVULSANT					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month
<b>All</b>	<b>36,895</b>	<b>34.6 %</b>	<b>414,235</b>	<b>0.7</b>	<b>\$39</b>	<b>27,596</b>	<b>25.9 %</b>	<b>309,684</b>	<b>0.7</b>	<b>\$50</b>	<b>54,625</b>	<b>51.2 %</b>	<b>616,899</b>	<b>0.6</b>	<b>\$23</b>
<b>Female</b>	28,931	39.3	326,569	0.7	39	18,867	25.6	212,210	0.6	46	41,127	55.8	466,168	0.6	24
<b>Disabled</b>	16,505	42.9	189,799	0.7	41	12,487	32.5	143,239	0.6	52	21,601	56.2	249,289	0.6	23
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	14.3	12	0.1	6	0	0.0	0	0.0	0	5	71.4	60	0.4	17
15-20	11	9.5	121	0.5	43	30	25.9	341	0.9	114	13	11.2	138	0.3	10
21-44	1,690	18.2	19,281	0.5	38	3,603	38.9	41,357	0.7	64	2,247	24.3	25,652	0.5	18
45-64	6,694	46.6	76,736	0.6	43	5,505	38.3	63,086	0.6	51	8,315	57.9	95,442	0.6	22
65-74	5,726	61.6	66,487	0.7	43	2,297	24.7	26,472	0.6	41	7,266	78.2	84,847	0.7	25
75-84	1,972	47.8	22,625	0.7	39	843	20.5	9,694	0.6	32	3,037	73.7	35,120	0.7	25
85 and older	411	32.3	4,537	0.7	32	209	16.4	2,289	0.6	28	718	56.4	8,030	0.7	26
<b>Other Eligibles</b>	12,426	35.2	136,770	0.7	36	6,380	18.1	68,971	0.7	35	19,526	55.4	216,879	0.7	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	11.1	12	1.8	197	0	0.0	0	0.0	0
21-44	40	5.1	414	0.5	34	101	12.8	934	0.4	42	55	7.0	499	0.4	13
45-64	37	32.2	327	0.6	40	21	18.3	220	0.5	37	65	56.5	626	0.6	23
65-74	2,733	42.5	30,597	0.7	38	1,151	17.9	12,711	0.6	41	3,943	61.3	44,758	0.6	24
75-84	5,722	42.1	64,179	0.7	37	2,739	20.1	30,189	0.7	36	8,553	62.9	96,742	0.7	25
85 and older	3,894	27.2	41,253	0.7	32	2,367	16.5	24,905	0.7	31	6,910	48.3	74,254	0.7	23
<b>Male</b>	7,964	24.1	87,666	0.7	40	8,729	26.4	97,474	0.7	57	13,498	40.8	150,731	0.6	21
<b>Disabled</b>	5,458	22.6	61,721	0.7	42	7,057	29.2	80,025	0.7	61	9,174	38.0	104,171	0.6	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	50.0	24	0.3	22
6-14	0	0.0	0	0.0	0	1	10.0	12	1.0	17	4	40.0	48	0.4	7
15-20	7	5.2	84	0.6	74	31	23.0	343	0.7	73	25	18.5	293	0.6	15
21-44	1,076	11.0	12,226	0.6	41	3,138	32.1	35,692	0.7	70	1,925	19.7	21,636	0.6	20
45-64	2,585	29.3	29,097	0.7	42	2,777	31.5	31,447	0.8	60	4,005	45.4	45,157	0.6	22
65-74	1,436	35.3	16,322	0.7	43	853	21.0	9,675	0.7	41	2,481	61.0	28,642	0.7	23
75-84	320	29.4	3,610	0.7	39	210	19.3	2,370	0.7	34	631	58.0	7,274	0.6	21
85 and older	34	15.2	382	0.8	31	47	21.1	486	0.7	35	101	45.3	1,097	0.7	22
<b>Other Eligibles</b>	2,506	28.1	25,945	0.7	36	1,672	18.8	17,449	0.7	37	4,324	48.5	46,560	0.6	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	50.0	12	0.6	102	0	0.0	0	0.0	0
21-44	12	15.6	88	0.6	35	34	44.2	317	0.4	34	20	26.0	170	0.6	23
45-64	11	26.8	99	0.7	23	6	14.6	62	0.5	56	18	43.9	130	0.7	32
65-74	835	28.1	8,933	0.7	38	541	18.2	5,842	0.7	42	1,436	48.3	15,832	0.6	21
75-84	1,146	32.5	11,825	0.7	36	719	20.4	7,526	0.7	34	1,868	53.0	20,358	0.6	22
85 and older	502	21.9	5,000	0.7	34	371	16.2	3,690	0.7	33	982	42.8	10,070	0.7	21
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

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

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
<b>All</b>	<b>23,262</b>	<b>21.8 %</b>	<b>266,829</b>	<b>\$53</b>	<b>0.6</b>	<b>46,100</b>	<b>43.2 %</b>	<b>520,491</b>	<b>\$25</b>	<b>0.5</b>	<b>76,308</b>	<b>71.5 %</b>	<b>861,251</b>	<b>\$14</b>	<b>0.4</b>
<b>Female</b>	17,635	23.9	202,771	53	0.6	34,804	47.2	393,670	25	0.5	57,323	77.8	649,497	13	0.4
<b>Disabled</b>	10,651	27.7	123,520	52	0.6	19,734	51.3	228,135	23	0.4	36,582	95.1	422,242	13	0.4
5 and younger	0	0.0	0	0	0.0	2	66.7	24	84	0.8	1	33.3	12	0.1	1
6-14	0	0.0	0	0	0.0	4	57.1	48	40	0.6	1	14.3	12	0.1	1
15-20	0	0.0	0	0	0.0	26	22.4	309	8	0.2	74	63.8	876	0.2	6
21-44	910	9.8	10,446	41	0.5	3,522	38.0	40,690	19	0.3	9,225	99.6	106,181	0.3	12
45-64	4,613	32.1	53,159	50	0.6	8,246	57.4	95,297	25	0.4	14,850	103.3	171,168	0.4	16
65-74	3,756	40.4	43,931	57	0.6	5,265	56.7	61,249	24	0.5	8,274	89.0	96,279	0.4	11
75-84	1,191	28.9	13,930	56	0.6	2,066	50.1	23,859	23	0.5	3,290	79.8	38,127	0.4	9
85 and older	181	14.2	2,054	58	0.7	603	47.3	6,659	25	0.6	867	68.1	9,587	0.4	10
<b>Other Eligibles</b>	6,984	19.8	79,251	55	0.7	15,070	42.7	165,535	27	0.6	20,741	58.8	227,255	0.4	13
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	0	0.0	0	0	0.0	0	0.0	0	0	0.0	3	33.3	30	0.3	3
21-44	15	1.9	165	50	0.5	114	14.4	1,177	16	0.3	368	46.6	3,473	0.4	17
45-64	28	24.3	275	47	0.5	46	40.0	470	23	0.5	105	91.3	989	0.4	15
65-74	2,008	31.2	22,833	54	0.6	2,493	38.8	28,316	24	0.5	3,716	57.8	41,917	0.4	12
75-84	3,463	25.5	39,620	56	0.7	6,142	45.2	68,454	27	0.5	8,672	63.8	97,011	0.4	13
85 and older	1,470	10.3	16,358	54	0.7	6,275	43.8	67,118	29	0.6	7,877	55.0	83,835	0.4	14
<b>Male</b>	5,627	17.0	64,058	52	0.6	11,296	34.2	126,821	25	0.5	18,985	57.5	211,754	0.4	15
<b>Disabled</b>	4,262	17.7	49,039	52	0.6	7,952	33.0	91,164	24	0.5	14,645	60.7	166,089	0.4	16
5 and younger	0	0.0	0	0	0.0	4	100.0	48	61	0.9	1	25.0	12	0.1	0
6-14	2	20.0	24	43	0.6	4	40.0	46	32	0.3	4	40.0	46	0.2	1
15-20	3	2.2	36	40	0.5	21	15.6	248	15	0.3	43	31.9	513	0.2	2
21-44	848	8.7	9,757	41	0.5	2,351	24.0	26,974	21	0.4	5,573	56.9	63,229	0.3	15
45-64	2,027	23.0	23,148	52	0.6	3,249	36.8	37,110	27	0.5	5,668	64.3	63,924	0.4	18
65-74	1,113	27.4	12,933	57	0.7	1,760	43.3	20,357	25	0.5	2,584	63.6	29,582	0.4	14
75-84	249	22.9	2,909	58	0.7	472	43.4	5,369	24	0.5	666	61.3	7,612	0.4	8
85 and older	20	9.0	232	56	0.7	91	40.8	1,012	20	0.6	106	47.5	1,171	0.4	8
<b>Other Eligibles</b>	1,365	15.3	15,019	55	0.7	3,344	37.5	35,657	27	0.5	4,340	48.7	45,665	0.4	13
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	0	0.0	0	0	0.0	2	100.0	18	20	0.4	0	0.0	0	0.0	0
21-44	11	14.3	99	40	0.4	31	40.3	268	19	0.3	106	137.7	988	0.5	15
45-64	7	17.1	63	44	0.5	14	34.1	130	25	0.5	40	97.6	346	0.4	16
65-74	530	17.8	5,901	54	0.6	924	31.1	10,161	26	0.5	1,343	45.2	14,561	0.4	12
75-84	623	17.7	6,838	57	0.7	1,400	39.7	14,981	28	0.6	1,765	50.1	18,839	0.4	12
85 and older	194	8.5	2,118	53	0.7	973	42.4	10,099	29	0.6	1,086	47.3	10,931	0.4	15
<b>Unknown</b>	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

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

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	CALCIUM BLOCKERS				ANTI-ASTHMATIC					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>23,383</b>	<b>21.9 %</b>	<b>263,211</b>	<b>0.7</b>	<b>35,629</b>	<b>33.4 %</b>	<b>399,027</b>	<b>0.4</b>	<b>106,752</b>	<b>1,152,239</b>
<b>Female</b>	18,302	24.8	206,488	0.7	25,828	35.0	290,655	0.4	73,708	800,479
<b>Disabled</b>	9,011	23.4	103,756	0.7	16,195	42.1	186,654	0.4	38,447	430,553
5 and younger	0	0.0	0	0.0	3	100.0	36	0.2	3	25
6-14	3	42.9	36	0.8	1	14.3	12	0.2	7	84
15-20	11	9.5	119	0.3	27	23.3	319	0.2	116	1,290
21-44	816	8.8	9,257	0.5	2,979	32.2	34,185	0.3	9,261	103,107
45-64	3,289	22.9	37,648	0.7	7,318	50.9	84,449	0.4	14,372	159,186
65-74	3,126	33.6	36,456	0.7	4,209	45.3	48,807	0.4	9,292	106,386
75-84	1,367	33.2	15,743	0.7	1,326	32.2	15,181	0.4	4,122	46,706
85 and older	399	31.3	4,497	0.8	332	26.1	3,665	0.4	1,274	13,769
<b>Other Eligibles</b>	9,291	26.3	102,732	0.8	9,633	27.3	104,001	0.4	35,261	369,926
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0
15-20	0	0.0	0	0.0	2	22.2	20	0.1	9	89
21-44	27	3.4	244	0.4	79	10.0	810	0.3	790	7,371
45-64	24	20.9	221	0.7	43	37.4	431	0.3	115	970
65-74	1,673	26.0	18,805	0.7	1,693	26.3	18,598	0.4	6,432	68,858
75-84	4,021	29.6	45,176	0.8	3,966	29.2	43,585	0.4	13,601	146,853
85 and older	3,546	24.8	38,286	0.8	3,850	26.9	40,557	0.3	14,314	145,785
<b>Male</b>	5,081	15.4	56,723	0.7	9,801	29.7	108,372	0.4	33,043	351,759
<b>Disabled</b>	3,359	13.9	38,180	0.7	6,667	27.6	75,387	0.4	24,131	262,931
5 and younger	1	25.0	12	0.3	2	50.0	24	0.5	4	48
6-14	2	20.0	24	0.5	3	30.0	34	0.4	10	118
15-20	9	6.7	105	0.7	22	16.3	259	0.3	135	1,468
21-44	632	6.5	7,180	0.6	1,455	14.9	16,581	0.3	9,789	106,556
45-64	1,424	16.1	16,115	0.7	2,592	29.4	29,137	0.4	8,818	94,377
65-74	969	23.8	11,116	0.7	2,050	50.4	23,263	0.5	4,065	45,777
75-84	271	24.9	3,075	0.7	473	43.5	5,312	0.4	1,087	12,162
85 and older	51	22.9	553	0.8	70	31.4	777	0.4	223	2,425
<b>Other Eligibles</b>	1,722	19.3	18,543	0.7	3,134	35.2	32,985	0.4	8,912	88,828
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0
15-20	0	0.0	0	0.0	1	50.0	6	0.2	2	18
21-44	8	10.4	57	0.7	17	22.1	156	0.3	77	557
45-64	6	14.6	40	0.4	9	22.0	71	0.3	41	294
65-74	519	17.5	5,766	0.7	951	32.0	10,450	0.4	2,971	30,369
75-84	763	21.6	8,298	0.7	1,308	37.1	13,693	0.4	3,526	35,626
85 and older	426	18.6	4,382	0.8	848	36.9	8,609	0.4	2,295	21,964
<b>Unknown</b>	0	0.0	0	0.0	0	0.0	0	0.0	1	1

Table D7D

Dual Eligible Beneficiaries

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

- a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				Benefit Months	Year Nursing Facility Residents
<b>All</b>	<b>\$330</b>	<b>6.9</b>	<b>16,824</b>		<b>169,033</b>
<b>Age</b>					
0-64	400	7.1	1,267		13,457
65-74	409	7.7	2,225		22,917
75-84	349	7.2	5,514		55,233
85 and older	281	6.3	7,818		77,426
Unknown	0	0.0	0		0
<b>Gender</b>					
Female	329	6.9	13,036		132,253
Male	336	6.6	3,788		36,780
Unknown	0	0.0	0		0
<b>Race</b>					
White	341	7.2	12,620		125,706
African American	300	5.9	4,090		42,192
Other/unknown	276	5.8	114		1,135
<b>Basis of Eligibility<sup>c</sup></b>					
Aged	319	6.8	13,804		136,442
Disabled	376	7.1	3,020		32,591
Adults	0	0.0	0		0
Children	0	0.0	0		0
Unknown	0	0.0	0		0

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

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 7,188 beneficiaries who were in nursing facilities for part of their enrollment and their 70,043 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months		
Anti-infective Agents	0.3	0.2	0.0	0.2	\$20	\$16	\$0	\$3	\$58	\$61	\$21	43,332	\$2,495,940	11,900	70.7 %	126,591
Biologicals	0.1	0.1	0.0	0.0	1	1	0	0	14	12	0	2,330	32,585	2,172	12.9	24,694
Antineoplastic Agents	0.4	0.0	0.0	0.4	66	13	1	51	147	322	151	10,234	1,499,991	2,279	13.5	22,812
Endocrine/Metabolic Drugs	1.1	0.6	0.1	0.5	46	38	1	7	41	68	15	99,208	4,109,245	8,541	50.8	89,837
Cardiovascular Agents	2.0	0.5	0.1	1.4	54	31	2	22	27	57	17	265,311	7,179,160	12,791	76.0	131,808
Respiratory Agents	0.6	0.2	0.0	0.3	22	15	1	7	38	69	28	52,134	1,974,051	8,364	49.7	89,212
Gastrointestinal Agents	1.0	0.3	0.0	0.8	45	24	0	20	44	97	64	100,222	4,425,148	9,389	55.8	98,972
Genitourinary Agents	0.6	0.5	0.0	0.1	38	34	1	3	63	75	32	26,604	1,683,326	4,140	24.6	44,513
CNS Drugs	1.5	0.9	0.0	0.5	111	97	2	13	76	106	62	183,300	13,941,338	12,026	71.5	125,503
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.0	0.4	28	19	2	7	49	131	44	784	38,605	129	0.8	1,393
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	104	104	0	0	129	130	0	32,730	4,232,164	3,891	23.1	40,706
Analgesics and Anesthetics	0.8	0.3	0.0	0.6	40	30	1	9	47	118	40	79,187	3,723,671	8,996	53.5	94,161
Neuromuscular Agents	1.1	0.5	0.1	0.5	62	41	5	16	56	86	43	70,303	3,934,242	5,962	35.4	63,664
Nutritional Products	0.8	0.0	0.0	0.8	12	1	1	11	15	29	22	72,142	1,049,538	8,290	49.3	86,429
Hematological Agents	1.0	0.3	0.2	0.4	50	42	3	6	51	120	16	62,997	3,221,629	6,136	36.5	63,823
Topical Products	0.5	0.2	0.0	0.2	19	13	2	5	38	55	57	55,468	2,110,933	10,039	59.7	108,918
Miscellaneous Products	0.2	0.1	0.0	0.2	8	3	0	5	33	39	40	2,367	76,982	954	5.7	10,077
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	37	0	0	1,858	69,301	662	3.9	7,214
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.	1,160,511	55,797,849	n.a.	n.a.	n.a.

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

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 7,188 beneficiaries who were in nursing facilities for part of their enrollment and their 70,043 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

e. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Alabama, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$7,470,027	6,699	39.8 %	71,968	0.7	\$145	\$104	
ANTIDEPRESSANTS	5,583,779	11,560	68.7	123,609	0.8	59	45	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	4,211,460	3,750	22.3	39,925	0.8	129	105	
ULCER DRUGS	3,331,862	8,787	52.2	94,759	0.7	49	35	
ANTICONVULSANT	3,011,114	5,526	32.8	60,063	0.8	59	50	
ANTIDIABETIC	2,728,459	6,497	38.6	69,476	0.9	46	39	
ANALGESICS - Narcotic	2,383,668	9,252	55.0	97,613	0.5	48	24	
MISC. HEMATOLOGICAL	2,063,146	2,728	16.2	28,828	0.8	95	72	
ANTIHYPERTENSIVE	2,049,758	7,745	46.0	81,933	0.8	32	25	
ANTINEOPLASTICS	1,494,013	2,271	13.5	22,950	0.4	146	65	
<b>Total</b>	<b>34,327,286</b>	<b>64,815</b>		<b>691,124</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	

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

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 7,188 beneficiaries who were in nursing facilities for part of their enrollment and their 70,043 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx
<b>All</b>	<b>503,941</b>	<b>\$34,327,286</b>	<b>6,699</b>	<b>39.8 %</b>	<b>71,968</b>	<b>0.7</b>	<b>\$104</b>	<b>11,560</b>	<b>68.7 %</b>	<b>123,609</b>	<b>0.8</b>	<b>\$45</b>
<b>Female</b>	394,211	26,619,497	5,051	38.7	54,713	0.7	103	9,205	70.6	98,869	0.8	45
<b>Disabled</b>	66,351	4,897,853	828	46.4	9,371	0.8	133	1,254	70.3	14,036	0.8	50
64 or younger	22,625	1,808,126	260	43.6	2,970	0.9	141	450	75.5	5,031	0.8	51
65-74	21,705	1,585,091	268	51.1	3,055	0.8	143	380	72.5	4,272	0.8	51
75-84	14,492	1,017,137	205	50.1	2,319	0.8	126	280	68.5	3,136	0.8	49
85 and older	7,529	487,499	95	37.1	1,027	0.7	100	144	56.3	1,597	0.8	48
<b>Other Eligibles</b>	327,860	21,721,644	4,223	37.5	45,342	0.7	97	7,951	70.7	84,833	0.8	44
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	32,891	2,359,782	431	51.9	4,682	0.8	125	701	84.5	7,544	0.8	47
75-84	129,347	8,582,002	1,708	44.0	18,428	0.7	100	3,039	78.3	32,715	0.8	45
85 and older	165,622	10,779,860	2,084	31.9	22,232	0.7	89	4,211	64.4	44,574	0.8	43
<b>Male</b>	109,730	7,707,789	1,648	43.5	17,255	0.7	105	2,355	62.2	24,740	0.8	46
<b>Disabled</b>	41,362	3,040,622	590	47.8	6,544	0.8	125	754	61.1	8,417	0.8	46
64 or younger	22,150	1,666,804	293	43.7	3,205	0.8	137	421	62.7	4,692	0.8	47
65-74	13,444	995,465	202	55.5	2,280	0.8	123	226	62.1	2,517	0.8	47
75-84	4,627	302,431	85	56.3	945	0.6	82	88	58.3	984	0.7	40
85 and older	1,141	75,922	10	20.4	114	1.1	179	19	38.8	224	0.8	47
<b>Other Eligibles</b>	68,368	4,667,167	1,058	41.4	10,711	0.7	93	1,601	62.7	16,323	0.8	46
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	16,333	1,151,771	246	48.5	2,537	0.8	110	366	72.2	3,695	0.7	44
75-84	29,965	2,005,148	438	40.9	4,454	0.7	95	685	63.9	7,065	0.8	48
85 and older	22,070	1,510,248	374	38.4	3,720	0.6	79	550	56.5	5,563	0.7	43
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 7,188 beneficiaries who were in nursing facilities for part of their enrollment and their 70,043 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>3,750</b>	<b>22.3 %</b>	<b>39,925</b>	<b>0.8</b>	<b>\$106</b>	<b>8,787</b>	<b>52.2 %</b>	<b>94,759</b>	<b>0.7</b>	<b>\$35</b>	<b>5,526</b>	<b>32.8 %</b>	<b>60,063</b>	<b>0.8</b>	<b>\$50</b>
<b>Female</b>	3,043	23.3	32,583	0.8	105	6,853	52.6	74,186	0.7	35	4,012	30.8	43,732	0.8	48
<b>Disabled</b>	245	13.7	2,732	0.8	115	993	55.6	11,117	0.7	36	993	55.6	11,180	0.9	66
64 or younger	45	7.6	475	0.8	130	306	51.3	3,453	0.7	40	479	80.4	5,410	1.0	76
65-74	70	13.4	782	0.8	112	297	56.7	3,353	0.7	36	299	57.1	3,370	1.0	65
75-84	79	19.3	899	0.8	116	235	57.5	2,631	0.7	34	145	35.5	1,645	0.9	48
85 and older	51	19.9	576	0.8	107	155	60.5	1,680	0.7	34	70	27.3	755	0.8	36
<b>Other Eligibles</b>	2,798	24.9	29,851	0.8	104	5,860	52.1	63,069	0.7	34	3,019	26.8	32,552	0.8	42
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	192	23.1	2,019	0.8	106	487	58.7	5,301	0.7	39	380	45.8	4,204	0.9	61
75-84	1,069	27.5	11,494	0.8	102	2,047	52.7	22,150	0.7	35	1,293	33.3	14,069	0.8	42
85 and older	1,537	23.5	16,338	0.8	105	3,326	50.9	35,618	0.7	33	1,346	20.6	14,279	0.8	36
<b>Male</b>	707	18.7	7,342	0.8	107	1,934	51.1	20,573	0.7	37	1,514	40.0	16,331	0.9	56
<b>Disabled</b>	142	11.5	1,588	0.8	109	687	55.6	7,765	0.7	39	751	60.8	8,359	0.9	68
64 or younger	39	5.8	430	0.7	110	366	54.5	4,098	0.7	38	476	70.9	5,263	1.0	75
65-74	68	18.7	765	0.8	109	222	61.0	2,557	0.7	42	212	58.2	2,403	0.9	56
75-84	29	19.2	321	0.8	108	78	51.7	896	0.7	33	48	31.8	536	0.9	55
85 and older	6	12.2	72	0.8	104	21	42.9	214	0.8	35	15	30.6	157	1.1	51
<b>Other Eligibles</b>	565	22.1	5,754	0.8	107	1,247	48.8	12,808	0.7	37	763	29.9	7,972	0.8	45
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	95	18.7	970	0.8	114	259	51.1	2,747	0.7	37	230	45.4	2,437	0.9	53
75-84	243	22.7	2,495	0.8	106	525	49.0	5,329	0.7	36	336	31.3	3,481	0.8	41
85 and older	227	23.3	2,289	0.8	104	463	47.5	4,732	0.7	37	197	20.2	2,054	0.8	41
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

- a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 7,188 beneficiaries who were in nursing facilities for part of their enrollment and their 70,043 benefit months were excluded from the analysis.
  - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANALGESICS - Narcotic				MISC. HEMATOLOGICAL			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx
<b>All</b>	<b>6,497</b>	<b>38.6 %</b>	<b>69,476</b>	<b>0.9</b>	<b>9,252</b>	<b>55.0 %</b>	<b>97,613</b>	<b>0.5</b>	<b>2,728</b>	<b>16.2 %</b>	<b>28,928</b>	<b>0.8</b>
<b>Female</b>	5,044	38.7	54,405	0.9	7,382	56.6	78,504	0.5	2,057	15.8	21,927	0.8
<b>Disabled</b>	909	50.9	10,200	0.9	1,064	59.6	11,837	0.6	247	13.8	2,677	0.8
64 or younger	250	41.9	2,810	0.9	341	57.2	3,813	0.6	52	8.7	585	0.8
65-74	349	66.6	3,942	0.9	340	64.9	3,820	0.6	82	15.6	892	0.8
75-84	202	49.4	2,254	0.9	233	57.0	2,613	0.5	66	16.1	711	0.8
85 and older	108	42.2	1,194	0.8	150	58.6	1,591	0.4	47	18.4	489	0.8
<b>Other Eligibles</b>	4,135	36.8	44,205	0.8	6,318	56.2	66,667	0.5	1,810	16.1	19,250	0.8
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
65-74	496	59.8	5,247	0.9	558	67.2	5,906	0.6	164	19.8	1,732	0.8
75-84	1,733	44.6	18,765	0.9	2,344	60.4	25,048	0.5	648	16.7	6,944	0.8
85 and older	1,906	29.1	20,193	0.8	3,416	52.2	35,713	0.5	998	15.3	10,574	0.7
<b>Male</b>	1,453	38.4	15,071	0.9	1,870	49.4	19,109	0.5	671	17.7	6,901	0.7
<b>Disabled</b>	499	40.4	5,546	0.9	605	49.0	6,593	0.5	199	16.1	2,233	0.7
64 or younger	249	37.1	2,720	0.8	348	51.9	3,726	0.5	96	14.3	1,035	0.7
65-74	177	48.6	2,011	0.9	173	47.5	1,942	0.4	74	20.3	864	0.7
75-84	61	40.4	671	0.9	73	48.3	807	0.4	22	14.6	253	0.8
85 and older	12	24.5	144	1.0	11	22.4	118	0.7	7	14.3	81	0.7
<b>Other Eligibles</b>	954	37.4	9,525	0.9	1,265	49.5	12,516	0.5	472	18.5	4,668	0.7
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
65-74	247	48.7	2,545	0.9	248	48.9	2,560	0.5	105	20.7	1,056	0.8
75-84	446	41.6	4,421	0.9	540	50.4	5,347	0.5	192	17.9	1,900	0.8
85 and older	261	26.8	2,559	0.8	477	49.0	4,609	0.4	175	18.0	1,712	0.7
<b>Unknown</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 7,188 beneficiaries who were in nursing facilities for part of their enrollment and their 70,043 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANTINEOPLASTICS				Benefit Months Among All-Year Nursing Facility Residents			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
<b>All</b>	<b>7,745</b>	<b>46.0 %</b>	<b>81,933</b>	<b>0.8</b>	<b>\$25</b>	<b>2,271</b>	<b>13.5 %</b>	<b>22,950</b>	<b>0.4</b>	<b>\$65</b>	<b>16,824</b>	<b>169,033</b>
<b>Female</b>	5,940	45.6	63,174	0.8	26	1,885	14.5	19,182	0.4	62	13,036	132,253
<b>Disabled</b>	847	47.5	9,466	0.8	27	213	11.9	2,290	0.5	103	1,785	19,390
64 or younger	238	39.9	2,701	0.8	25	55	9.2	631	0.5	208	596	6,500
65-74	279	53.2	3,158	0.8	28	57	10.9	630	0.5	64	524	5,737
75-84	207	50.6	2,265	0.8	25	58	14.2	591	0.4	66	409	4,466
85 and older	123	48.0	1,342	0.9	29	43	16.8	438	0.4	59	256	2,687
<b>Other Eligibles</b>	5,093	45.3	53,708	0.8	25	1,672	14.9	16,392	0.4	56	11,251	112,863
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	466	56.1	4,986	0.8	29	81	9.8	845	0.4	56	830	8,255
75-84	1,947	50.2	20,756	0.8	26	558	14.4	5,714	0.4	53	3,882	39,329
85 and older	2,680	41.0	27,966	0.8	24	1,033	15.8	10,333	0.4	58	6,539	65,279
<b>Male</b>	1,805	47.7	18,759	0.8	23	386	10.2	3,768	0.4	83	3,788	36,780
<b>Disabled</b>	598	48.4	6,578	0.8	23	121	9.8	1,240	0.4	85	1,235	13,201
64 or younger	315	46.9	3,395	0.8	26	58	8.6	621	0.5	88	671	6,957
65-74	202	55.5	2,273	0.8	21	36	9.9	363	0.4	87	364	4,093
75-84	67	44.4	756	0.8	20	21	13.9	205	0.4	71	151	1,646
85 and older	14	28.6	154	0.9	29	6	12.2	51	0.4	89	49	505
<b>Other Eligibles</b>	1,207	47.3	12,181	0.8	23	265	10.4	2,528	0.4	83	2,553	23,579
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	284	56.0	2,970	0.8	23	49	9.7	499	0.4	87	507	4,832
75-84	510	47.6	5,146	0.8	24	112	10.4	1,080	0.5	77	1,072	9,792
85 and older	413	42.4	4,065	0.8	23	104	10.7	949	0.4	87	974	8,955
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 7,188 beneficiaries who were in nursing facilities for part of their enrollment and their 70,043 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 ALABAMA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Excluded Rx \$			Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>66,792</b>	<b>62.6 %</b>	<b>6.0</b>	<b>644,420</b>	<b>\$92</b>	<b>\$9,771,218</b>	<b>\$15</b>	<b>3.9 %</b>	<b>106,752</b>	
<b>Age</b>										
5 and younger	5	71.4	8.1	57	986	6,900	121	12.5	7	
6-14	12	70.6	9.6	163	348	5,914	36	3.3	17	
15-20	112	42.7	2.0	522	320	83,753	160	15.4	262	
21-44	9,440	47.4	3.3	65,722	70	1,394,688	21	3.4	19,918	
45-64	14,603	62.6	5.9	137,982	98	2,286,843	17	3.5	23,346	
65-74	14,161	62.2	6.0	136,082	93	2,108,927	15	3.9	22,760	
75-84	15,201	68.1	7.1	157,855	94	2,107,273	13	3.9	22,336	
85 and older	13,258	73.2	8.1	146,037	98	1,776,920	12	4.5	18,106	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	28,830	66.8	6.9	299,761	91	3,911,920	13	4.1	43,146	
Disabled	37,668	60.2	5.5	343,079	93	5,832,524	17	3.7	62,579	
Adults	293	28.8	1.5	1,573	26	26,654	17	3.8	1,016	
Children	1	9.1	0.6	7	11	120	17	0.5	11	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Gender</b>										
Female	49,863	67.6	6.7	495,858	100	7,354,316	15	4.0	73,708	
Male	16,929	51.2	4.5	148,562	73	2,416,902	16	3.6	33,043	
Unknown	0	0.0	0.0	0	0	0	0	0.0	1	
<b>Race</b>										
White	36,908	67.3	7.2	392,258	109	6,001,049	15	4.0	54,860	
African American	24,350	57.6	4.8	204,639	71	3,014,932	15	3.7	42,307	
Other/unknown	5,534	57.7	5.0	47,523	79	755,237	16	3.7	9,585	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	13,923	82.8	11.3	189,461	136	2,295,900	12	4.1	16,824	
Part year	5,736	79.8	7.8	56,140	108	775,834	14	4.3	7,188	
None	47,133	57.0	4.8	398,819	81	6,699,484	17	3.7	82,740	
<b>Maintenance Assistance Status</b>										
Cash	44,780	58.8	5.1	384,476	82	6,224,433	16	3.7	76,121	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	776	31.1	1.6	4,112	26	63,613	15	3.8	2,493	
Other/unknown	21,236	75.5	9.1	255,832	124	3,483,172	14	4.2	28,138	

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

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 ALABAMA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.6	\$8	\$15	\$0	\$2	1,152,239
<b>Age</b>						
5 and younger	0.8	95	121	0	0	73
6-14	0.8	29	36	0	2	202
15-20	0.2	29	160	0	1	2,865
21-44	0.3	6	21	0	2	217,592
45-64	0.5	9	17	0	3	254,827
65-74	0.5	8	15	0	2	251,390
75-84	0.7	9	13	0	2	241,347
85 and older	0.8	10	12	0	2	183,943
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.7	9	13	0	2	449,547
Disabled	0.5	8	17	0	2	693,485
Adults	0.2	3	17	0	1	9,100
Children	0.1	1	17	0	0	107
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.6	9	15	0	2	800,479
Male	0.4	7	16	0	2	351,759
Unknown	0.0	0	0	0	0	1
<b>Race</b>						
White	0.7	10	15	0	3	582,214
African American	0.4	6	15	0	1	465,929
Other/unknown	0.5	7	16	0	2	104,096
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	1.1	14	12	0	3	169,033
Part year	0.8	11	14	0	2	70,043
None	0.4	7	17	0	2	913,163
<b>Maintenance Assistance Status</b>						
Cash	0.5	7	16	0	2	846,754
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	3	15	0	1	23,280
Other/unknown	0.9	12	14	0	3	282,205

Table D12

Dual Eligible Beneficiaries

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

- a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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



TABLE D.13  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 ALABAMA, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
				Excluded Rx \$	100.0 %			
<b>All</b>	<b>113,941</b>	<b>\$86</b>	<b>\$9,771,218</b>	<b>100.0 %</b>	<b>100.0 %</b>	<b>644,420</b>	<b>\$15</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0.0	0	0	0.0
Fertility drugs	1	210	210	0.0	0.0	3	70	0.0
Drugs for cosmetic purposes	23	19	433	0.0	0.0	28	15	0.0
Cough and cold medications	30,625	58	1,769,779	18.1	18.1	92,639	19	14.4
Vitamins and minerals	27,932	112	3,118,457	31.9	31.9	197,328	16	30.6
Non-prescription drugs	28,405	48	1,372,291	14.0	14.0	184,025	7	28.6
Barbiturates	1,751	81	142,038	1.5	1.5	16,751	8	2.6
Benzodiazepines	20,750	116	2,398,090	24.5	24.5	135,301	18	21.0
Other Part D Excl Rx Drugs	4,454	218	969,920	9.9	9.9	18,345	53	2.8

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

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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











SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 ALABAMA, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 18,106  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$39,075,339  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,158

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	926	5.1 %	0	0.0 %
1-500	3,108	17.2	747,436	1.9
501-1,000	2,495	13.8	1,861,914	4.8
1,001-1,500	2,148	11.9	2,666,972	6.8
1,501-2,000	1,786	9.9	3,113,186	8.0
2,001-2,500	1,562	8.6	3,503,348	9.0
2,501-3,000	1,265	7.0	3,471,747	8.9
3,001-3,500	1,063	5.9	3,450,928	8.8
3,501-4,000	831	4.6	3,108,515	8.0
4,001-4,500	664	3.7	2,819,962	7.2
4,501-5,000	488	2.7	2,319,620	5.9
5,001-5,500	421	2.3	2,201,707	5.6
5,501-6,000	341	1.9	1,960,422	5.0
6,001-6,500	263	1.5	1,641,503	4.2
6,501-7,000	193	1.1	1,298,481	3.3
7,001-7,500	142	0.8	1,023,950	2.6
7,501-8,000	124	0.7	959,797	2.5
8,001-8,500	74	0.4	608,340	1.6
8,501-9,000	50	0.3	437,748	1.1
9,001-9,500	41	0.2	378,048	1.0
9,501-10,000	18	0.1	175,367	0.4
10,001+	103	0.6	1,326,348	3.4

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

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
<b>All</b>	<b>108,957</b>	<b>44,120</b>	<b>63,804</b>	<b>1,022</b>	<b>0</b>	<b>1,183,804</b>	<b>463,090</b>	<b>711,437</b>	<b>9,170</b>	<b>0</b>
<b>Age</b>										
5 and younger	7	0	7	0	0	73	0	73	0	0
6-14	17	0	17	0	0	202	0	202	0	0
15-20	262	0	251	0	11	2,869	0	2,762	0	107
21-44	20,173	1	19,304	868	0	221,614	12	213,645	7,957	0
45-64	23,843	12	23,685	146	0	262,095	120	260,813	1,162	0
65-74	23,368	9,683	13,678	7	0	260,152	103,307	156,800	45	0
75-84	22,935	17,589	5,345	1	0	249,519	188,831	60,682	6	0
85 and older	18,352	16,835	1,517	0	0	187,280	170,820	16,460	0	0
Unknown	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>										
Female	75,340	35,151	39,276	904	0	823,404	372,556	442,440	8,319	89
Male	33,616	8,969	24,527	118	0	360,399	90,534	268,996	851	18
Unknown	1	0	1	0	1	0	0	1	0	0
<b>Race</b>										
White	55,416	24,814	30,084	514	0	590,192	252,438	333,160	4,556	38
African American	43,683	15,377	27,804	495	0	485,711	167,702	313,446	4,494	69
Other/unknown	9,858	3,929	5,916	13	0	107,901	42,950	64,831	120	0
<b>Use of Nursing Facilities<sup>c</sup></b>										
Entire year	16,930	13,895	3,035	0	0	170,786	137,951	32,835	0	0
Part year	7,257	5,807	1,450	0	0	71,342	56,184	15,158	0	0
None	84,770	24,418	59,319	1,022	11	941,676	268,955	663,444	9,170	107
<b>Maintenance Assistance Status</b>										
Cash	78,045	22,858	54,844	342	1	873,444	256,117	614,409	2,907	11
Medically needy	0	0	0	0	0	0	0	0	0	0
Poverty related	2,509	1,000	1,287	219	3	23,602	9,923	12,095	1,563	21
Other/unknown	28,403	20,262	7,673	461	7	286,758	197,050	84,933	4,700	75
<b>Dual Status<sup>d</sup></b>										
Full dual, all year	102,476	40,998	60,486	981	11	1,119,968	430,774	680,286	8,801	107
Full dual, part year	6,481	3,122	3,318	41	0	63,836	32,316	31,151	369	0
<b>Managed Care (MC) Status</b>										
Fee-for-service (FFS) all year	105,711	42,734	61,961	1,005	11	1,146,775	447,601	690,034	9,033	107
FFS part year, with Rx claims	926	360	556	10	0	10,407	3,894	6,434	79	0
FFS part year, no Rx claims	115	52	62	1	0	1,212	571	634	7	0
MC all year, with Rx claims	1,980	868	1,106	6	0	22,974	9,917	13,006	51	0
MC all year, no Rx claims	225	106	119	0	0	2,436	1,107	1,329	0	0



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

- a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	Beneficiaries and			Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Number of Beneficiaries	Number of Beneficiaries	Number of Beneficiaries	Number of Beneficiaries
<b>All</b>	<b>108,957</b>	<b>1,183,804</b>	<b>1,152,239</b>	<b>106,752</b>	<b>1,152,239</b>	<b>0</b>	<b>31,565</b>
Fee-for-service (FFS) all year	105,711	1,146,775	1,146,775	105,711	1,146,775	0	0
FFS part year, with Rx claims	926	10,407	4,944	926	4,944	0	5,463
FFS part year, with no Rx claims	115	1,212	520	115	520	0	692
Managed care (MC) all year, with Rx claims	1,980	22,974	0	0	0	0	22,974
MC all year, with no Rx claims	225	2,436	0	0	0	0	2,436

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

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.