

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 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	Aged	Disabled	Adults	Children	Other/ Unknown	
All	903,088	512,942	383,248	6,841	57	0	9,848,457	5,519,260	4,278,397	50,397	403	0	9,848,457	5,519,260	4,278,397	50,397	403	0	
Age																			
5 and younger	18	1	14	0	3	0	198	12	154	0	32	0	198	12	154	0	32	0	0
6-14	78	0	68	0	10	0	823	0	728	0	95	0	823	0	728	0	95	0	0
15-20	719	0	682	6	31	0	7,802	0	7,551	46	205	0	7,802	0	7,551	46	205	0	0
21-44	91,168	9	88,335	2,812	12	0	999,528	94	978,543	20,821	70	0	999,528	94	978,543	20,821	70	0	0
45-64	158,155	91	154,905	3,158	1	0	1,717,206	894	1,692,796	23,515	1	0	1,717,206	894	1,692,796	23,515	1	0	0
65-74	301,047	201,922	98,380	745	0	0	3,296,179	2,157,055	1,134,053	5,071	0	0	3,296,179	2,157,055	1,134,053	5,071	0	0	0
75-84	245,196	212,386	32,697	113	0	0	2,712,297	2,336,669	374,739	889	0	0	2,712,297	2,336,669	374,739	889	0	0	0
85 and older	106,707	98,533	8,167	7	0	0	1,114,424	1,024,536	89,833	55	0	0	1,114,424	1,024,536	89,833	55	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender																			
Female	533,863	326,316	204,608	2,919	20	0	5,860,296	3,532,477	2,306,402	21,294	123	0	5,860,296	3,532,477	2,306,402	21,294	123	0	0
Male	369,225	186,626	178,640	3,922	37	0	3,988,161	1,986,783	1,971,995	29,103	280	0	3,988,161	1,986,783	1,971,995	29,103	280	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race																			
White	384,891	188,173	193,809	2,892	17	0	4,129,391	1,953,369	2,152,845	23,054	123	0	4,129,391	1,953,369	2,152,845	23,054	123	0	0
African American	84,076	30,440	52,819	806	11	0	907,744	318,415	584,353	4,900	76	0	907,744	318,415	584,353	4,900	76	0	0
Other/unknown	434,121	294,329	136,620	3,143	29	0	4,811,322	3,247,476	1,541,199	22,443	204	0	4,811,322	3,247,476	1,541,199	22,443	204	0	0
Use of Nursing Facilities^c																			
Entire year	52,100	44,149	7,946	5	0	0	538,979	452,374	86,559	46	0	0	538,979	452,374	86,559	46	0	0	0
Part year	43,916	32,865	11,010	41	0	0	427,075	309,308	117,429	338	0	0	427,075	309,308	117,429	338	0	0	0
None	807,072	435,928	364,292	6,795	57	0	8,882,403	4,757,578	4,074,409	50,013	403	0	8,882,403	4,757,578	4,074,409	50,013	403	0	0
Maintenance Assistance Status																			
Cash	605,229	314,943	285,091	5,183	12	0	6,914,394	3,589,462	3,284,903	39,928	101	0	6,914,394	3,589,462	3,284,903	39,928	101	0	0
Medically needy	161,621	120,095	40,265	1,228	33	0	1,566,034	1,156,518	401,906	7,403	207	0	1,566,034	1,156,518	401,906	7,403	207	0	0
Poverty-related	88,793	56,134	32,567	91	1	0	879,925	550,183	329,177	563	2	0	879,925	550,183	329,177	563	2	0	0
Other/unknown	47,445	21,770	25,325	339	11	0	488,104	223,097	262,411	2,503	93	0	488,104	223,097	262,411	2,503	93	0	0
Dual Medicare Status^d																			
Full dual, all year	894,436	506,443	381,160	6,776	57	0	9,764,936	5,456,627	4,258,009	49,897	403	0	9,764,936	5,456,627	4,258,009	49,897	403	0	0
Full dual, part year	8,652	6,499	2,088	65	0	0	83,521	62,633	20,388	500	0	0	83,521	62,633	20,388	500	0	0	0
Managed Care (MC) Status																			
Fee-for-service (FFS) all year	883,771	504,777	374,598	4,351	45	0	9,744,578	5,475,281	4,229,076	39,876	345	0	9,744,578	5,475,281	4,229,076	39,876	345	0	0
FFS part year, with Rx claims	14,039	5,554	6,926	1,549	10	0	84,267	34,329	42,234	7,655	49	0	84,267	34,329	42,234	7,655	49	0	0
FFS part year, no Rx claims	5,278	2,611	1,724	941	2	0	19,612	9,650	7,087	2,866	9	0	19,612	9,650	7,087	2,866	9	0	0

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All		Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
					Medicaid FFS \$ ^c	FFS \$ ^d		
All	84.9 %	31.5	\$2,604	\$83	\$9,690	\$26.9 %	903,088	
Age								
5 and younger	83.3	30.7	2,606	85	17,930	14.5	18	
6-14	82.1	36.3	8,482	234	21,518	39.4	78	
15-20	70.5	16.8	2,337	139	12,544	18.6	719	
21-44	79.6	27.4	3,562	130	11,771	30.3	91,168	
45-64	85.3	36.6	3,700	101	11,364	32.6	158,155	
65-74	83.9	28.9	2,197	76	6,287	35.0	301,047	
75-84	86.8	32.5	2,307	71	9,482	24.3	245,196	
85 and older	87.5	32.7	1,992	61	15,476	12.9	106,707	
Unknown	0.0	0.0	0	0	0	0.0	0	
Basis of Eligibility^e								
Aged	83.9	28.6	2,001	70	8,754	22.9	512,942	
Disabled	86.6	35.7	3,423	96	11,038	31.0	383,248	
Adults	70.4	17.3	1,930	112	4,287	45.0	6,841	
Children	66.7	14.3	2,231	156	14,548	15.3	57	
Unknown	0.0	0.0	0	0	0	0.0	0	
Gender								
Female	87.5	33.6	2,545	76	10,055	25.3	533,863	
Male	81.3	28.6	2,690	94	9,162	29.4	369,225	
Unknown	0.0	0.0	0	0	0	0.0	0	
Race								
White	84.7	35.9	3,003	84	12,262	24.5	384,891	
African American	80.8	30.0	2,402	80	10,838	22.2	84,076	
Other/unknown	86.0	28.0	2,290	82	7,186	31.9	434,121	
Use of Nursing Facilities^f								
Entire year	93.5	55.8	3,111	56	38,611	8.1	52,100	
Part year	93.8	42.9	2,775	65	21,989	12.6	43,916	
None	83.9	29.3	2,562	87	7,153	35.8	807,072	
Maintenance Assistance Status								
Cash	88.3	32.3	2,731	85	8,096	33.7	605,229	
Medically needy	80.5	34.4	2,497	73	18,985	13.2	161,621	
Poverty related	76.5	23.6	2,106	89	4,552	46.3	88,793	
Other/unknown	72.8	27.0	2,294	85	7,968	28.8	47,445	

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS ^d	More than 5, but 10 or Less	More than 10	Benefit Months
			Percentage of All Medicaid FFS ^c	26.9 %	15.1 %	23.8 %	15.4 %	31.1 %					
All	2.9	\$239	26.9 %	15.1 %	23.8 %	15.4 %	31.1 %	12.5 %	2.0 %	\$889	903,088	9,848,457	
Age													
5 and younger	2.8	237	14.5	16.7	27.8	11.1	22.2	22.2	0.0	1,630	18	198	
6-14	3.4	804	39.4	17.9	7.7	9.0	48.7	12.8	3.8	2,039	78	823	
15-20	1.6	215	18.6	29.5	35.6	11.1	18.6	3.9	1.3	1,156	719	7,802	
21-44	2.5	325	30.3	20.4	28.9	13.3	24.7	10.6	2.1	1,074	91,168	999,528	
45-64	3.4	341	32.6	14.7	20.1	13.5	32.1	16.5	3.1	1,047	158,155	1,717,206	
65-74	2.6	201	35.0	16.1	26.0	16.2	30.1	10.2	1.5	574	301,047	3,296,179	
75-84	2.9	209	24.3	13.2	22.8	16.4	33.2	12.5	1.9	857	245,196	2,712,297	
85 and older	3.1	191	12.9	12.5	21.3	15.7	33.6	14.8	2.1	1,482	106,707	1,114,424	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Basis of Eligibility^e													
Aged	2.7	186	22.9	16.1	25.5	16.4	30.0	10.5	1.6	814	512,942	5,519,260	
Disabled	3.2	307	31.0	13.4	21.6	14.2	32.8	15.2	2.6	989	383,248	4,278,397	
Adults	2.3	262	45.0	29.6	24.9	12.9	23.3	7.9	1.3	582	6,841	50,397	
Children	2.0	316	15.3	33.3	24.6	10.5	19.3	8.8	3.5	2,058	57	403	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Gender													
Female	3.1	232	25.3	12.5	22.5	16.0	33.3	13.4	2.1	916	533,863	5,860,296	
Male	2.6	249	29.4	18.7	25.7	14.6	28.0	11.2	1.8	848	369,225	3,988,161	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	3.3	280	24.5	15.3	20.1	13.4	31.5	16.5	3.2	1,143	384,891	4,129,391	
African American	2.8	223	22.2	19.2	23.2	13.9	29.7	12.2	1.8	1,004	84,076	907,744	
Other/unknown	2.5	207	31.9	14.0	27.3	17.5	31.1	9.0	1.0	648	434,121	4,811,322	
use of nursing Facilities^f													
Entire year	5.4	301	8.1	6.5	9.6	9.1	32.8	32.5	9.5	3,732	52,100	538,979	
Part year	4.4	285	12.6	6.2	14.4	13.1	36.9	24.4	5.1	2,261	43,916	427,075	
None	2.7	233	35.8	16.1	25.3	16.0	30.7	10.6	1.4	650	807,072	8,882,403	
Maintenance Assistance Status													
Cash	2.8	239	33.7	11.7	25.1	16.7	33.1	11.8	1.6	709	605,229	6,914,394	
Medically needy	3.5	258	13.2	19.5	18.1	12.1	28.5	17.6	4.1	1,959	161,621	1,566,034	
Poverty related	2.4	213	46.3	23.5	26.4	14.7	25.7	8.6	1.1	459	88,793	879,925	
Other/unknown	2.6	223	28.8	27.2	21.9	12.3	25.6	11.1	1.9	775	47,445	488,104	

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 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
All	2.9	\$239	\$83	1.4	\$193	\$138	0.1	\$11	\$76	1.4	\$35	\$26
Age												
5 and younger	2.8	237	85	1.3	210	161	0.1	3	45	1.4	23	17
6-14	3.4	804	234	1.8	672	384	0.3	85	332	1.4	45	32
15-20	1.6	215	139	0.7	180	245	0.1	9	129	0.7	23	31
21-44	2.5	325	130	1.2	274	228	0.1	14	110	1.2	37	31
45-64	3.4	341	101	1.6	279	179	0.2	15	94	1.6	46	28
65-74	2.6	201	76	1.3	162	122	0.1	10	76	1.2	29	25
75-84	2.9	209	71	1.5	166	115	0.1	9	65	1.3	33	25
85 and older	3.1	191	61	1.4	148	105	0.2	8	48	1.6	35	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.7	186	70	1.3	149	114	0.1	8	64	1.2	29	24
Disabled	3.2	307	96	1.5	250	165	0.2	14	89	1.5	42	28
Adults	2.3	262	112	1.1	218	198	0.1	10	105	1.2	34	29
Children	2.0	316	156	1.0	274	275	0.1	10	87	0.9	31	34
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	3.1	232	76	1.5	187	125	0.1	11	71	1.4	35	24
Male	2.6	249	94	1.3	203	161	0.1	11	85	1.2	35	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.3	280	84	1.6	225	144	0.2	12	74	1.6	41	26
African American	2.8	223	80	1.2	177	148	0.1	9	71	1.4	35	25
Other/unknown	2.5	207	82	1.3	168	131	0.1	9	80	1.1	29	26
Use of Nursing Facilities^e												
Entire year	5.4	301	56	2.2	225	103	0.3	13	41	2.9	62	22
Part year	4.4	285	65	1.9	220	118	0.2	12	50	2.3	53	23
None	2.7	233	87	1.3	190	143	0.1	10	84	1.2	32	27
Maintenance Assistance Status												
Cash	2.8	239	85	1.4	194	137	0.1	11	82	1.3	34	26
Medically needy	3.5	258	73	1.5	204	132	0.2	10	55	1.8	43	24
Poverty related	2.4	213	89	1.1	174	155	0.1	9	80	1.1	29	25
Other/unknown	2.6	223	85	1.2	178	148	0.1	10	80	1.3	34	26

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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 California, 1.1 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.2	0.0	0.2	\$36	\$32	\$0	\$4	\$113	\$205	\$86	\$23	1,729,040	\$194,562,287	475,037	52.6 %	5,442,455
Biologics	0.1	0.1	0.0	0.0	20	2	3	14	189	29	4,183	345	16,014	3,025,394	13,531	1.5	154,671
Antineoplastic Agents	0.4	0.1	0.0	0.2	92	65	2	26	244	527	218	104	153,964	37,606,938	37,295	4.1	406,802
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.2	55	40	9	6	78	116	73	24	2,968,018	232,325,684	372,010	41.2	4,239,432
Cardiovascular Agents	1.2	0.5	0.0	0.6	73	56	2	15	63	102	51	26	7,448,959	466,354,405	560,683	62.1	6,354,321
Respiratory Agents	0.5	0.3	0.0	0.2	33	25	2	6	63	91	106	26	2,108,455	133,738,403	350,402	38.8	4,029,696
Gastrointestinal Agents	0.5	0.3	0.0	0.2	61	55	1	6	115	173	129	27	2,177,853	250,674,331	358,194	39.7	4,086,003
Genitourinary Agents	0.4	0.3	0.0	0.1	29	27	0	2	81	96	49	25	488,271	39,606,186	120,207	13.3	1,384,963
CNS Drugs	0.9	0.5	0.0	0.4	100	84	4	12	109	174	117	29	3,848,808	421,024,862	373,186	41.3	4,216,226
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.1	0.2	64	45	7	12	140	184	131	74	17,176	2,409,636	3,276	0.4	37,591
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.0	76	75	0	1	158	170	29	18	184,804	29,197,832	34,264	3.8	386,058
Analgesics and Anesthetics	0.5	0.2	0.0	0.3	43	36	1	6	81	169	118	20	2,841,772	229,370,851	468,169	51.8	5,352,395
Neuromuscular Agents	0.8	0.3	0.0	0.4	62	47	2	12	82	149	57	31	1,507,429	122,900,731	174,208	19.3	1,978,884
Nutritional Products	0.4	0.0	0.0	0.4	6	0	0	5	15	43	47	14	379,696	5,629,959	90,400	10.0	1,012,457
Hematological Agents	0.5	0.2	0.0	0.3	59	52	1	6	111	263	28	21	846,032	94,247,920	141,227	15.6	1,593,598
Topical Products	0.4	0.2	0.0	0.2	18	14	1	4	45	70	58	20	1,670,396	75,243,461	355,596	39.4	4,115,339
Miscellaneous Products	0.3	0.1	0.0	0.2	51	34	8	8	183	470	374	45	51,949	9,532,569	17,231	1.9	188,046
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	28	0	0	0	129	0	0	0	34,692	4,472,403	13,584	1.5	157,430
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.	28,473,328	2,351,923,852	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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.medisp.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 California, 1.1 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.medisp.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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$260,384,324	172,801	19.1 %	1,959,738	0.6	\$217
ULCER DRUGS	206,362,268	366,591	40.6	4,201,351	0.4	126
ANTHYPERLIPIDEMIC	181,923,640	280,072	31.0	3,245,659	0.4	132
ANTIDIABETIC	152,272,056	323,047	35.8	3,690,627	0.5	85
ANTHYPERTENSIVE	144,204,532	444,266	49.2	5,093,004	0.4	64
ANALGESICS - ANTI-INFLAMMATORY	141,016,413	393,377	43.6	4,579,691	0.3	103
ANTIDEPRESSANTS	116,210,987	286,284	31.7	3,247,545	0.5	75
ANTIVIRAL	114,171,176	52,166	5.8	592,551	0.5	406
ANTICONVULSANT	101,557,894	165,180	18.3	1,883,765	0.6	94
ANTIASTMATIC	80,582,200	294,919	32.7	3,363,173	0.3	72
Total	1,498,685,490	2,778,703		31,857,104	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	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	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month		
All	13,671,831	\$1,498,685,490	172,801	19.1 %	0.6	366,591	40.6 %	4,201,351	\$133	0.4	\$49				
Female	8,271,231	841,063,475	92,762	17.4	0.6	1,050,153	45.0	2,762,614	109	0.4	49				
Disabled	3,938,039	439,614,174	56,242	27.5	0.6	651,919	48.8	1,163,553	131	0.4	52				
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0				
6-14	226	45,904	0	0.0	0.0	0	39.3	126	0	0.5	52				
15-20	2,689	394,051	82	26.5	0.6	963	23.3	854	148	0.3	28				
21-44	535,237	73,113,333	16,422	49.0	0.6	190,453	28.2	109,299	149	0.4	48				
45-64	1,556,058	181,759,481	25,855	34.0	0.6	299,677	46.0	402,986	141	0.4	55				
65-74	1,287,674	131,255,047	8,970	14.1	0.5	104,693	60.2	451,302	95	0.4	51				
75-84	459,060	44,317,258	3,815	15.7	0.5	43,996	56.7	161,630	83	0.4	53				
85 and older	97,095	8,729,100	1,098	16.1	0.5	12,137	48.3	37,356	70	0.4	54				
Other Eligibles	4,333,192	401,449,301	36,520	11.1	0.5	398,234	42.6	1,599,061	73	0.4	47				
5 and younger	3	333	0	0.0	0.0	0	0.0	0	0	0.0	0				
6-14	33	8,966	1	25.0	0.8	12	0.0	0	85	0.0	0				
15-20	48	4,202	2	11.1	0.8	17	11.1	18	182	0.9	25				
21-44	11,971	1,484,360	245	16.0	0.4	2,277	20.0	2,972	89	0.4	47				
45-64	12,132	1,349,507	172	14.5	0.5	1,698	29.2	3,428	92	0.4	55				
65-74	1,427,281	140,981,576	7,808	6.6	0.5	87,179	40.7	556,347	78	0.3	44				
75-84	1,932,021	180,546,452	14,864	11.1	0.5	164,128	45.7	704,599	75	0.4	47				
85 and older	949,703	77,073,905	13,428	18.2	0.5	142,923	41.0	331,697	68	0.5	51				
Male	5,400,600	657,622,015	80,039	21.7	0.7	909,585	34.2	1,438,737	161	0.4	49				
Disabled	3,162,820	447,452,908	63,841	35.7	0.7	737,417	32.7	672,621	180	0.4	53				
5 and younger	131	12,003	0	0.0	0.0	0	61.5	88	0	0.5	49				
6-14	461	57,473	0	0.0	0.0	0	55.0	264	0	0.5	25				
15-20	3,001	437,610	112	30.0	0.6	1,293	14.2	624	156	0.4	43				
21-44	890,771	157,022,933	28,943	52.8	0.7	334,876	22.0	139,339	186	0.4	51				
45-64	1,504,669	213,643,490	29,336	37.2	0.8	338,494	32.8	294,532	186	0.4	56				
65-74	608,420	61,860,689	4,192	12.1	0.6	48,639	45.9	186,612	121	0.4	50				
75-84	137,418	12,859,407	1,043	12.5	0.5	11,793	46.3	44,500	84	0.4	52				
85 and older	17,949	1,559,303	215	15.9	0.5	2,322	43.6	6,662	73	0.4	53				
Other Eligibles	2,237,780	210,169,107	16,198	8.5	0.5	172,168	35.6	766,116	79	0.4	46				
5 and younger	21	895	0	0.0	0.0	0	33.3	12	0	0.1	8				
6-14	11	1,651	0	0.0	0.0	0	16.7	12	0	0.3	41				
15-20	116	18,249	5	26.3	1.0	208	5.3	12	208	0.8	85				
21-44	10,108	1,430,293	147	11.3	0.4	1,462	22.1	2,819	85	0.4	48				
45-64	18,702	2,261,425	158	7.6	0.4	1,624	27.3	5,378	111	0.4	60				
65-74	895,842	86,791,319	5,110	6.1	0.5	56,028	32.2	306,113	97	0.3	44				
75-84	1,017,149	94,897,904	7,079	9.0	0.5	75,539	38.6	345,310	73	0.4	46				
85 and older	295,831	24,767,371	3,699	14.9	0.5	37,455	39.2	106,460	63	0.4	49				
Unknown	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 California, released by CMS in 05/2007. 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.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 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx per Benefit Month
All	280,072	31.0 %	3,245,659	0.4	\$56	323,047	35.8 %	3,690,627	0.5	\$41	444,266	49.2 %	5,093,004	0.4	\$28
Female	174,658	32.7	2,030,505	0.4	56	200,160	37.5	2,296,370	0.5	41	269,198	50.4	3,093,744	0.4	29
Disabled	67,718	33.1	793,859	0.4	57	85,418	41.7	993,162	0.5	44	97,056	47.4	1,130,647	0.4	29
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	3	10.7	36	0.6	61	0	0.0	0	0.0	0	11	39.3	132	0.5	24
15-20	4	1.3	48	0.5	52	11	3.6	132	0.6	34	51	16.5	583	0.4	22
21-44	3,305	9.9	38,388	0.4	49	4,735	14.1	54,593	0.5	45	4,642	13.9	53,063	0.4	24
45-64	22,409	29.5	259,202	0.4	55	29,267	38.5	336,474	0.5	45	29,842	39.3	343,053	0.4	27
65-74	30,610	48.1	362,192	0.4	58	37,150	58.4	436,249	0.5	45	41,853	65.8	493,217	0.4	31
75-84	9,900	40.6	116,756	0.5	61	12,239	50.2	143,150	0.5	41	16,652	68.3	195,077	0.5	31
85 and older	1,487	21.8	17,237	0.5	58	2,016	29.6	22,564	0.5	34	4,005	58.7	45,522	0.5	30
Other Eligibles	106,940	32.5	1,236,646	0.4	56	114,742	34.8	1,303,208	0.5	38	172,142	52.3	1,963,097	0.4	29
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.2	15
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	1	5.6	6	0.2	6	0	0.0	0	0.0	0	3	16.7	21	0.5	19
21-44	109	7.1	1,102	0.4	45	139	9.1	1,352	0.4	39	226	14.7	2,077	0.4	24
45-64	217	18.3	2,150	0.4	53	336	28.4	3,018	0.5	49	329	27.8	3,169	0.4	26
65-74	45,775	38.5	526,067	0.4	53	46,310	38.9	526,971	0.5	40	58,710	49.4	670,658	0.4	29
75-84	48,368	36.1	564,604	0.4	57	50,997	38.1	584,817	0.5	39	77,646	58.0	895,819	0.4	30
85 and older	12,470	16.9	142,717	0.5	58	16,960	23.0	187,050	0.5	33	35,227	47.8	391,341	0.5	29
Male	105,414	28.6	1,215,154	0.4	56	122,887	33.3	1,394,257	0.5	42	175,068	47.4	1,999,260	0.4	27
Disabled	46,638	26.1	540,642	0.5	56	55,898	31.3	642,097	0.5	45	68,404	38.3	787,910	0.4	27
5 and younger	3	23.1	32	0.8	44	0	0.0	0	0.0	0	4	30.8	48	0.3	4
6-14	4	10.0	48	0.4	72	0	0.0	0	0.0	0	23	57.5	258	0.6	36
15-20	2	0.5	24	0.4	54	8	2.1	96	0.6	59	56	15.0	662	0.5	30
21-44	7,127	13.0	82,881	0.5	49	6,684	12.2	76,877	0.5	43	8,706	15.9	99,869	0.4	25
45-64	21,475	27.2	245,856	0.5	56	27,124	34.4	307,787	0.5	45	30,219	38.3	343,392	0.5	27
65-74	14,791	42.5	173,852	0.4	59	18,035	51.9	210,697	0.5	45	22,988	66.1	269,258	0.4	29
75-84	2,971	35.7	34,895	0.4	60	3,657	43.9	42,245	0.5	42	5,643	67.8	65,748	0.4	28
85 and older	265	19.6	3,054	0.5	63	390	28.9	4,395	0.5	33	765	56.7	8,675	0.5	27
Other Eligibles	58,776	30.8	674,512	0.4	56	66,989	35.1	752,160	0.5	39	106,664	56.0	1,211,350	0.4	27
5 and younger	1	33.3	12	0.5	13	2	66.7	22	0.5	22	0	0.0	0	0.0	0
6-14	1	16.7	12	0.3	83	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	5.3	12	0.2	33	0	0.0	0	0.0	0	5	26.3	35	0.4	15
21-44	186	14.3	1,833	0.4	49	203	15.6	1,931	0.5	44	332	25.5	3,113	0.4	25
45-64	525	25.4	4,971	0.4	55	740	35.8	6,646	0.5	45	751	36.3	7,053	0.4	27
65-74	27,293	32.6	310,881	0.4	54	30,778	36.7	345,066	0.5	40	43,080	51.4	487,491	0.4	26
75-84	26,052	33.2	302,892	0.4	59	28,961	36.9	329,912	0.5	40	48,963	62.4	563,116	0.4	27
85 and older	4,717	18.9	53,899	0.4	57	6,305	25.3	68,583	0.5	34	13,533	54.4	150,542	0.5	26
Unknown	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 California, released by CMS in 05/2007. 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 Mo(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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIDEPRESSANTS					ANTIVIRAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean 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 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 Rx \$ per Benefit Month
All	393,377	43.6 %	4,579,691	0.3	\$31	286,284	31.7 %	3,247,545	0.5	\$36	52,166	5.8 %	592,551	0.5	\$193
Female	258,572	48.4	3,016,568	0.3	33	188,087	35.2	2,139,255	0.5	35	16,429	3.1	191,002	0.3	88
Disabled	112,178	54.8	1,317,660	0.3	34	104,597	51.1	1,208,200	0.5	39	9,153	4.5	106,545	0.3	134
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	1	3.6	12	0.6	40	8	28.6	90	0.3	262
15-20	61	19.7	714	0.2	7	81	26.2	936	0.5	33	28	9.1	333	0.3	239
21-44	12,158	36.3	141,340	0.3	22	19,287	57.6	221,064	0.5	46	2,415	7.2	27,902	0.4	182
45-64	39,257	51.7	456,648	0.3	35	49,618	65.3	569,521	0.5	42	4,030	5.3	46,610	0.4	164
65-74	43,641	68.6	517,656	0.3	36	25,879	40.7	304,161	0.4	31	1,971	3.1	23,319	0.2	54
75-84	14,141	58.0	167,403	0.3	36	7,867	32.3	91,601	0.4	30	584	2.4	6,915	0.2	17
85 and older	2,920	42.8	33,899	0.3	37	1,864	27.3	20,905	0.5	31	117	1.7	1,376	0.1	12
Other Eligibles	146,394	44.5	1,698,908	0.3	32	83,490	25.4	931,055	0.5	31	7,276	2.2	84,457	0.2	30
5 and younger	1	100.0	12	0.1	13	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	25.0	12	0.3	19	0	0.0	0	0.0	0
15-20	2	11.1	13	0.2	2	1	5.6	4	0.5	26	1	5.6	6	0.2	9
21-44	474	30.9	4,653	0.3	23	770	50.2	7,168	0.5	44	123	8.0	1,281	0.5	200
45-64	428	36.2	4,147	0.3	37	620	52.4	5,903	0.5	42	47	4.0	491	0.2	37
65-74	59,141	49.7	684,290	0.3	29	26,546	22.3	301,288	0.4	28	2,886	2.4	33,575	0.2	42
75-84	63,279	47.2	742,481	0.3	34	34,564	25.8	390,882	0.4	31	2,987	2.2	35,092	0.1	19
85 and older	23,069	31.3	263,312	0.4	37	20,988	28.5	225,798	0.6	36	1,232	1.7	14,012	0.1	11
Male	134,805	36.5	1,563,123	0.3	26	98,197	26.6	1,108,290	0.5	37	35,737	9.7	401,549	0.6	243
Disabled	64,589	36.2	752,009	0.3	25	66,803	37.4	764,082	0.5	40	30,929	17.3	346,537	0.6	269
5 and younger	1	7.7	12	0.1	1	0	0.0	0	0.0	0	3	23.1	36	0.2	89
6-14	1	2.5	12	0.1	1	2	5.0	24	0.3	9	9	22.5	102	0.3	301
15-20	38	10.2	440	0.1	7	86	23.1	976	0.5	43	18	4.8	216	0.2	218
21-44	14,371	26.2	166,784	0.2	16	22,948	41.9	262,368	0.5	44	14,647	26.7	163,774	0.6	266
45-64	27,773	35.2	320,171	0.3	26	32,377	41.0	368,102	0.5	42	14,838	18.8	165,939	0.7	283
65-74	18,049	51.9	213,451	0.3	29	9,328	26.8	108,908	0.4	30	1,233	3.5	14,327	0.4	165
75-84	3,903	46.9	45,868	0.3	31	1,785	21.4	20,618	0.4	28	166	2.0	1,965	0.2	40
85 and older	453	33.6	5,271	0.3	30	277	20.5	3,086	0.4	30	15	1.1	178	0.1	10
Other Eligibles	70,216	36.8	811,114	0.3	28	31,394	16.5	344,208	0.4	29	4,808	2.5	55,012	0.2	79
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	1	5.3	12	0.1	0	4	21.1	42	0.4	27	0	0.0	0	0.0	0
21-44	301	23.2	2,939	0.3	34	411	31.6	3,885	0.4	36	157	12.1	1,640	0.6	285
45-64	601	29.1	5,787	0.3	31	548	26.5	5,326	0.4	34	112	5.4	1,113	0.5	307
65-74	30,639	36.6	352,396	0.3	25	11,947	14.3	133,557	0.4	27	2,298	2.7	26,189	0.3	103
75-84	31,032	39.5	362,675	0.3	29	13,337	17.0	147,578	0.4	29	1,759	2.2	20,497	0.2	37
85 and older	7,642	30.7	87,305	0.3	32	5,147	20.7	53,820	0.5	31	482	1.9	5,573	0.1	20
Unknown	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 California, released by CMS in 05/2007. 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); 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^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2003

Beneficiary Characteristics	ANTICONVULSANT				ANTI-ASTHMATIC				Number of Beneficiaries	Mean Benefit per Month	Number of Months Among Users	Users as % of Dual Benes	Mean Benefit per Rx \$ per Month	Number of Beneficiaries	Mean Benefit per Rx \$ per Month
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Benefit per Rx \$ per Month							
All	165,180	18.3 %	1,883,765	0.6	294,919	32.7 %	3,363,173	0.3	903,088	\$54	\$24	9,848,457			
Female	95,452	17.9	1,090,905	0.5	178,878	33.5	2,044,813	0.3	533,863	23	23	5,860,296			
Disabled	59,141	28.9	682,916	0.6	85,801	41.9	994,948	0.3	204,608	24	24	2,306,402			
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	12			
6-14	3	10.7	36	0.8	8	28.6	96	0.2	28	12	12	299			
15-20	84	27.2	984	0.6	68	22.0	812	0.3	309	18	18	3,422			
21-44	14,310	42.7	164,346	0.7	10,212	30.5	118,346	0.3	33,509	20	20	371,698			
45-64	27,341	36.0	314,018	0.6	34,588	45.5	399,134	0.3	75,972	25	25	838,832			
65-74	12,500	19.7	146,813	0.5	28,544	44.9	334,091	0.3	63,600	26	26	736,725			
75-84	4,106	16.8	47,763	0.5	10,202	41.9	118,057	0.3	24,371	24	24	280,294			
85 and older	797	11.7	8,956	0.5	2,179	32.0	24,412	0.3	6,818	23	23	75,120			
Other Eligibles	36,311	11.0	407,989	0.5	93,077	28.3	1,049,865	0.3	329,255	22	22	3,553,894			
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	1	0	0	12			
6-14	1	25.0	12	1.7	0	0.0	0	0.0	4	0	0	31			
15-20	0	0.0	0	0.0	1	5.6	6	0.2	18	7	7	116			
21-44	411	26.8	3,832	0.5	334	21.8	3,302	0.3	1,533	18	18	11,257			
45-64	241	20.4	2,405	0.5	294	24.9	2,908	0.3	1,183	27	27	8,857			
65-74	11,768	9.9	133,940	0.4	29,765	25.0	339,363	0.3	118,903	22	22	1,281,271			
75-84	16,069	12.0	182,690	0.5	41,052	30.6	469,199	0.3	133,972	23	23	1,483,129			
85 and older	7,821	10.6	85,110	0.6	21,631	29.4	235,087	0.3	73,641	20	20	769,221			
Male	69,728	18.9	792,860	0.6	116,041	31.4	1,318,360	0.4	369,225	25	25	3,988,161			
Disabled	51,209	28.7	587,910	0.7	53,356	29.9	614,297	0.4	178,640	25	25	1,971,995			
5 and younger	3	23.1	36	0.4	9	69.2	108	0.3	13	22	22	142			
6-14	4	10.0	48	0.7	22	55.0	264	0.3	40	23	23	429			
15-20	105	28.2	1,206	0.7	50	13.4	594	0.2	373	17	17	4,129			
21-44	19,293	35.2	221,799	0.7	10,279	18.7	119,117	0.3	54,826	20	20	606,845			
45-64	24,777	31.4	283,250	0.7	23,296	29.5	266,085	0.4	78,933	25	25	853,964			
65-74	5,628	16.2	65,452	0.5	15,135	43.5	175,924	0.4	34,780	28	28	397,328			
75-84	1,279	15.4	14,756	0.5	3,963	47.6	45,465	0.4	8,326	29	29	94,445			
85 and older	120	8.9	1,363	0.5	602	44.6	6,740	0.4	1,349	26	26	14,713			
Other Eligibles	18,519	9.7	204,950	0.5	62,685	32.9	704,063	0.3	190,585	25	25	2,016,166			
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	3	0	0	32			
6-14	0	0.0	0	0.0	2	33.3	10	0.3	6	16	16	64			
15-20	1	5.3	12	1.0	4	21.1	48	0.1	19	13	13	135			
21-44	286	22.0	2,761	0.5	161	12.4	1,584	0.3	1,300	21	21	9,728			
45-64	304	14.7	2,964	0.4	471	22.8	4,558	0.4	2,067	30	30	15,553			
65-74	7,321	8.7	82,057	0.5	22,460	26.8	253,444	0.3	83,764	25	25	880,855			
75-84	8,049	10.2	89,717	0.5	29,527	37.6	334,829	0.3	78,527	26	26	854,429			
85 and older	2,558	10.3	27,439	0.5	10,060	40.4	109,590	0.3	24,899	22	22	255,370			
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0			

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 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	
				5.4	52,100
All	\$301				538,979
Age					
0-64	448	6.0	4,568		51,301
65-74	392	6.4	7,560		79,702
75-84	306	5.6	17,664		181,530
85 and older	231	4.7	22,308		226,446
Unknown	0	0.0	0		0
Gender					
Female	287	5.4	36,305		379,119
Male	332	5.4	15,795		159,860
Unknown	0	0.0	0		0
Race					
White	296	5.4	35,502		363,646
African American	304	5.1	5,272		56,702
Other/unknown	312	5.5	11,326		118,631
Basis of Eligibility^c					
Aged	278	5.3	44,149		452,374
Disabled	418	6.1	7,946		86,559
Adults	634	6.0	5		46
Children	0	0.0	0		0
Unknown	0	0.0	0		0

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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 43,916 beneficiaries who were in nursing facilities for part of their enrollment and their 427,075 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 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		
	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic		
Anti-infective Agents	0.3	0.2	0.0	0.1	\$19	\$15	\$0	\$3	\$63	\$78	\$23	99,821	\$6,296,066	31,020	59.5 %	337,601
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	22	19	0	10,064	219,497	8,665	16.6	99,922
Antineoplastic Agents	0.5	0.1	0.0	0.4	82	30	1	50	157	411	184	31,021	4,868,815	5,794	11.1	59,677
Endocrine/Metabolic Drugs	1.2	0.4	0.2	0.6	45	29	8	8	39	70	41	280,818	10,881,598	22,571	43.3	243,076
Cardiovascular Agents	1.8	0.5	0.1	1.2	54	32	3	19	30	62	24	676,574	20,267,423	35,012	67.2	371,957
Respiratory Agents	0.8	0.3	0.0	0.4	34	20	2	12	45	70	88	144,405	6,522,926	17,733	34.0	192,064
Gastrointestinal Agents	1.0	0.5	0.0	0.5	70	58	1	11	72	122	69	242,937	17,565,594	23,416	44.9	250,412
Genitourinary Agents	0.6	0.4	0.0	0.2	33	28	0	6	59	77	48	56,432	3,345,529	9,145	17.6	100,332
CNS Drugs	1.4	0.9	0.1	0.4	129	114	5	11	94	128	78	497,560	46,546,482	33,419	64.1	359,436
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	50	34	3	12	81	170	73	780	63,512	117	0.2	1,275
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	107	107	0	0	136	137	0	47,874	6,513,764	5,694	10.9	60,748
Analgesics and Anesthetics	0.8	0.3	0.0	0.4	45	36	1	8	58	112	62	182,997	10,591,116	21,945	42.1	233,677
Neuromuscular Agents	1.2	0.4	0.1	0.7	71	42	4	25	58	98	49	232,081	13,501,036	17,190	33.0	189,151
Nutritional Products	0.6	0.0	0.0	0.6	7	0	0	7	12	23	30	77,758	969,448	12,885	24.7	137,474
Hematological Agents	1.2	0.2	0.2	0.8	61	50	2	9	50	206	14	174,201	8,767,160	13,461	25.8	143,805
Topical Products	0.5	0.2	0.0	0.3	16	9	1	6	33	55	58	141,659	4,608,416	25,207	48.4	279,549
Miscellaneous Products	0.2	0.0	0.0	0.2	8	1	1	6	39	233	337	7,932	306,274	3,631	7.0	38,480
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	20	0	0	0	63	0	0	3,563	224,576	973	1.9	10,965
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.	2,908,477	162,059,232	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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 43,916 beneficiaries who were in nursing facilities for part of their enrollment and their 427,075 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.medispans.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 California, 1.1 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 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	
			45.0 %						
ANTIPSYCHOTICS	\$30,543,650	23,424	45.0 %	258,143	0.7	\$163	\$118		
ULCER DRUGS	15,569,942	23,596	45.3	253,814	0.7	83	61		
ANTIDEPRESSANTS	13,268,618	25,985	49.9	282,174	0.8	62	47		
ANTICONVULSANT	9,466,254	15,547	29.8	173,007	0.9	60	55		
ANTIDIABETIC	8,033,513	19,861	38.1	215,782	0.8	46	37		
ANTIHYPERTENSIVE	6,975,120	22,026	42.3	236,647	0.8	38	29		
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	6,512,143	5,669	10.9	60,698	0.8	136	107		
ANALGESICS - ANTI-INFLAMMATORY	5,257,399	9,717	18.7	107,732	0.6	78	49		
ANTIASTHMATIC	4,913,198	20,864	40.0	223,602	0.5	44	22		
ANALGESICS - Narcotic	4,872,787	19,982	38.4	211,310	0.5	48	23		
Total	105,412,624	186,671		2,022,909	n.a.	n.a.	n.a.		

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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 43,916 beneficiaries who were in nursing facilities for part of their enrollment and their 427,075 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	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	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users
All	1,432,369	\$105,412,624	23,424	45.0 %	258,143	45.3 %	0.7	23,596	45.3 %	0.7	253,814	\$61
Female	978,455	70,325,832	15,649	43.1	173,118	45.3	0.7	16,433	45.3	0.7	177,695	61
Disabled	153,867	12,647,845	2,670	61.6	30,421	48.3	0.8	2,093	48.3	0.7	23,143	64
64 or younger	70,483	6,256,535	1,176	61.2	13,676	43.7	0.9	840	43.7	0.8	9,565	64
65-74	37,555	3,028,526	671	73.3	7,647	52.9	0.8	484	52.9	0.7	5,365	64
75-84	31,350	2,345,701	575	64.7	6,472	55.6	0.7	494	55.6	0.7	5,324	63
85 and older	14,479	1,017,083	248	40.8	2,626	45.2	0.7	275	45.2	0.7	2,889	62
Other Eligibles	824,588	57,677,987	12,979	40.6	142,697	44.9	0.7	14,340	44.9	0.7	154,552	61
64 or younger	210	25,810	1	20.0	12	40.0	1.2	2	40.0	0.8	21	68
65-74	121,800	9,044,448	1,794	56.2	20,082	52.1	0.8	1,665	52.1	0.7	18,359	61
75-84	328,179	23,256,030	5,183	46.3	57,330	46.8	0.7	5,242	46.8	0.7	56,671	62
85 and older	374,399	25,351,699	6,001	34.1	65,273	42.3	0.6	7,431	42.3	0.7	79,501	60
Male	453,914	35,086,792	7,775	49.2	85,025	45.3	0.8	7,163	45.3	0.7	76,119	62
Disabled	131,640	12,368,634	2,438	67.5	28,067	44.3	0.9	1,602	44.3	0.7	17,932	65
64 or younger	99,163	9,812,780	1,855	70.2	21,581	42.4	1.0	1,119	42.4	0.8	12,831	64
65-74	23,093	1,865,271	388	63.3	4,435	51.4	0.9	315	51.4	0.7	3,415	66
75-84	7,272	543,119	143	55.4	1,535	45.7	0.7	118	45.7	0.7	1,222	66
85 and older	2,112	147,464	52	51.5	516	49.5	0.7	50	49.5	0.7	464	66
Other Eligibles	322,274	22,718,158	5,337	43.8	56,958	45.6	0.7	5,561	45.6	0.7	58,187	61
64 or younger	12	699	0	0.0	0	0.0	0.0	0	0.0	0.0	0	0
65-74	95,782	7,399,378	1,495	52.7	16,735	49.3	0.8	1,399	49.3	0.7	15,200	63
75-84	144,434	9,901,773	2,393	44.9	25,573	45.5	0.7	2,422	45.5	0.7	25,262	60
85 and older	82,046	5,416,308	1,449	36.0	14,650	43.3	0.6	1,740	43.3	0.7	17,725	60
Unknown	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 California, released by CMS in 05/2007. 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 43,916 beneficiaries who were in nursing facilities for part of their enrollment and their 427,075 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIDIABETIC				
	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 \$
All	25,985	49.9 %	282,174	0.8	\$47	15,547	29.8 %	173,007	0.9	\$55	19,861	38.1 %	215,782	0.8	\$37
Female	18,574	51.2	202,583	0.8	47	9,603	26.5	106,847	0.9	50	13,377	36.8	146,083	0.8	37
Disabled	2,358	54.4	26,230	0.8	50	2,242	51.7	25,528	1.0	65	2,153	49.7	23,807	0.8	41
64 or younger	1,131	58.9	12,863	0.8	54	1,250	65.1	14,493	1.0	76	724	37.7	8,248	0.9	44
65-74	513	56.1	5,734	0.8	49	504	55.1	5,660	0.9	57	673	73.6	7,339	0.9	43
75-84	439	49.4	4,790	0.7	46	370	41.6	4,132	0.9	46	532	59.8	5,913	0.8	37
85 and older	275	45.2	2,843	0.7	43	118	19.4	1,243	0.9	39	224	36.8	2,307	0.7	34
Other Eligibles	16,216	50.7	176,353	0.8	47	7,361	23.0	81,319	0.9	46	11,224	35.1	122,276	0.8	36
64 or younger	2	40.0	24	1.0	107	2	40.0	24	1.5	132	4	80.0	28	0.7	33
65-74	1,992	62.3	22,145	0.8	48	1,533	48.0	17,207	0.9	57	1,944	60.8	21,607	0.9	42
75-84	6,176	55.2	67,636	0.8	47	3,174	28.4	35,255	0.9	46	4,998	44.7	54,457	0.8	36
85 and older	8,046	45.8	86,548	0.8	46	2,652	15.1	28,833	0.8	39	4,278	24.3	46,184	0.8	33
Male	7,411	46.9	79,591	0.8	47	5,944	37.6	66,160	0.9	62	6,484	41.1	69,699	0.8	38
Disabled	1,727	47.8	19,527	0.8	51	2,279	63.1	26,216	1.0	80	1,414	39.1	15,833	0.9	43
64 or younger	1,275	48.3	14,603	0.8	53	1,849	70.0	21,484	1.1	84	942	35.7	10,854	0.9	45
65-74	315	51.4	3,448	0.8	47	317	51.7	3,542	1.0	66	320	52.2	3,416	0.8	39
75-84	102	39.5	1,136	0.7	46	98	38.0	1,036	0.9	47	129	50.0	1,336	0.8	41
85 and older	35	34.7	340	0.7	38	15	14.9	154	0.9	43	23	22.8	227	0.9	27
Other Eligibles	5,684	46.7	60,064	0.7	45	3,665	30.1	39,944	0.9	50	5,070	41.6	53,866	0.8	37
64 or younger	3	300.0	6	1.0	14	1	100.0	2	1.0	117	0	0.0	0	0.0	0
65-74	1,504	53.0	16,424	0.8	47	1,338	47.2	15,095	1.0	60	1,477	52.1	16,194	0.8	39
75-84	2,570	48.3	27,274	0.8	45	1,618	30.4	17,401	0.9	47	2,454	46.1	26,028	0.8	37
85 and older	1,607	40.0	16,360	0.7	43	708	17.6	7,446	0.8	37	1,139	28.3	11,644	0.7	32
Unknown	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 California, released by CMS in 05/2007. 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 43,916 beneficiaries who were in nursing facilities for part of their enrollment and their 427,075 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^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				ANALGESICS - ANTI-INFLAMMATORY			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$
All	22,026	42.3 %	236,647	0.8	5,669	10.9 %	60,698	\$107	9,717	18.7 %	107,732	\$49
Female	14,867	41.0	159,969	0.8	3,991	11.0	43,333	107	7,350	20.2	81,636	51
Disabled	1,750	40.4	18,995	0.8	265	6.1	2,951	119	959	22.1	10,961	49
64 or younger	562	29.3	6,221	0.7	66	3.4	747	167	355	18.5	4,166	47
65-74	455	49.7	4,920	0.8	62	6.8	706	103	229	25.0	2,647	50
75-84	495	55.7	5,393	0.7	84	9.4	947	106	233	26.2	2,651	50
85 and older	238	39.1	2,461	0.8	53	8.7	551	97	142	23.4	1,497	52
Other Eligibles	13,117	41.0	140,974	0.8	3,726	11.7	40,382	106	6,391	20.0	70,675	51
64 or younger	2	40.0	21	0.8	1	20.0	12	981	3	60.0	36	48
65-74	1,558	48.8	17,235	0.8	309	9.7	3,448	107	701	21.9	7,927	58
75-84	4,970	44.4	53,678	0.8	1,445	12.9	15,513	107	2,256	20.2	25,015	51
85 and older	6,587	37.5	70,040	0.8	1,971	11.2	21,409	104	3,431	19.5	37,697	49
Male	7,159	45.3	76,678	0.8	1,678	10.6	17,365	109	2,367	15.0	26,096	44
Disabled	1,403	38.8	15,676	0.8	153	4.2	1,678	129	493	13.6	5,674	42
64 or younger	907	34.3	10,423	0.8	83	3.1	922	159	349	13.2	4,055	40
65-74	317	51.7	3,441	0.8	37	6.0	407	90	101	16.5	1,153	48
75-84	139	53.9	1,426	0.8	24	9.3	271	103	29	11.2	326	51
85 and older	40	39.6	386	0.8	9	8.9	78	67	14	13.9	140	41
Other Eligibles	5,756	47.3	61,002	0.8	1,525	12.5	15,687	107	1,874	15.4	20,422	44
64 or younger	0	0.0	0	0.0	0	0.0	0	0	0	0.0	0	0
65-74	1,495	52.7	16,276	0.8	245	8.6	2,662	117	403	14.2	4,574	42
75-84	2,584	48.5	27,432	0.8	737	13.8	7,503	104	827	15.5	9,025	46
85 and older	1,677	41.7	17,294	0.8	543	13.5	5,522	107	644	16.0	6,823	43
Unknown	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 California, released by CMS in 05/2007. 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 43,916 beneficiaries who were in nursing facilities for part of their enrollment and their 427,075 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				ANALGESICS - Narcotic				Benefit Months Among All-Year			
	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 \$	Nursing Facility Residents	Nursing Facility Residents
All	20,864	40.0 %	223,602	0.5	\$22	19,982	38.4 %	211,310	0.5	\$23	52,100	538,979
Female	14,105	38.9	151,846	0.5	21	14,714	40.5	156,337	0.5	24	36,305	379,119
Disabled	1,851	42.7	19,903	0.6	26	1,913	44.1	20,575	0.6	34	4,333	46,785
64 or younger	713	37.1	8,103	0.6	27	843	43.9	9,401	0.7	43	1,921	21,568
65-74	462	50.5	5,001	0.6	26	454	49.6	4,908	0.5	27	915	9,892
75-84	436	49.0	4,400	0.5	24	392	44.1	4,043	0.6	27	889	9,369
85 and older	240	39.5	2,399	0.5	24	224	36.8	2,223	0.5	28	608	5,956
Other Eligibles	12,254	38.3	131,943	0.5	20	12,801	40.0	135,762	0.5	23	31,972	332,334
64 or younger	2	40.0	24	0.1	3	5	100.0	47	0.9	22	5	47
65-74	1,371	42.9	15,247	0.6	29	1,531	47.9	16,773	0.6	28	3,195	33,760
75-84	4,564	40.8	49,425	0.5	22	4,742	42.4	50,736	0.5	26	11,193	117,127
85 and older	6,317	35.9	67,247	0.4	17	6,523	37.1	68,206	0.4	20	17,579	181,400
Male	6,759	42.8	71,756	0.6	24	5,268	33.4	54,973	0.4	19	15,795	159,860
Disabled	1,494	41.4	16,466	0.7	31	1,296	35.9	14,232	0.5	29	3,613	39,774
64 or younger	972	36.8	11,137	0.7	32	911	34.5	10,223	0.5	32	2,641	29,684
65-74	350	57.1	3,654	0.7	31	259	42.3	2,778	0.5	24	613	6,520
75-84	119	46.1	1,184	0.5	22	92	35.7	877	0.4	13	258	2,601
85 and older	53	52.5	491	0.7	27	34	33.7	354	0.3	5	101	969
Other Eligibles	5,265	43.2	55,290	0.5	22	3,972	32.6	40,741	0.4	16	12,182	120,086
64 or younger	0	0.0	0	0.0	0	2	200.0	4	1.0	95	1	2
65-74	1,241	43.7	13,661	0.6	29	999	35.2	10,820	0.4	23	2,837	29,530
75-84	2,333	43.8	24,420	0.5	22	1,710	32.1	17,400	0.4	13	5,324	52,433
85 and older	1,691	42.1	17,209	0.4	17	1,261	31.4	12,517	0.4	15	4,020	38,121
Unknown	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 California, released by CMS in 05/2007. 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 43,916 beneficiaries who were in nursing facilities for part of their enrollment and their 427,075 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^{a,b}
 CALIFORNIA, 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		Part D Excluded Rx as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	2.8 %
All	512,076	56.7 %	3.8	3,430,793	\$74	\$67,028,291	\$20	903,088
Age								
5 and younger	13	72.2	12.3	222	1,301	23,417	105	18
6-14	54	69.2	10.5	821	474	37,005	45	78
15-20	271	37.7	2.4	1,711	80	57,649	34	719
21-44	39,405	43.2	2.8	259,575	89	8,093,621	31	91,168
45-64	86,065	54.4	4.0	634,337	103	16,273,904	26	158,155
65-74	177,573	59.0	3.7	1,127,961	60	18,084,260	16	301,047
75-84	149,777	61.1	4.1	1,011,541	68	16,708,301	17	245,196
85 and older	58,918	55.2	3.7	394,625	73	7,750,134	20	106,707
Unknown	0	0.0	0.0	0	0	0	0	0
Basis of Eligibility^c								
Aged	286,974	55.9	3.5	1,775,625	58	29,653,699	17	512,942
Disabled	222,656	58.1	4.3	1,643,725	97	37,092,634	23	383,248
Adults	2,420	35.4	1.6	11,280	41	278,034	25	6,841
Children	26	45.6	2.9	163	69	3,924	24	57
Unknown	0	0.0	0.0	0	0	0	0	0
Gender								
Female	320,996	60.1	4.1	2,199,402	73	38,772,057	18	533,863
Male	191,080	51.8	3.3	1,231,391	77	28,256,234	23	369,225
Unknown	0	0.0	0.0	0	0	0	0	0
Race								
White	198,389	51.5	3.7	1,438,008	73	28,035,013	19	384,891
African American	43,256	51.4	3.4	287,984	93	7,783,079	27	84,076
Other/unknown	270,431	62.3	3.9	1,704,801	72	31,210,199	18	434,121
Use of Nursing Facilities^d								
Entire year	22,873	43.9	3.1	159,568	51	2,647,511	17	52,100
Part year	27,031	61.6	4.0	174,864	92	4,033,509	23	43,916
None	462,172	57.3	3.8	3,096,361	75	60,347,271	19	807,072
Maintenance Assistance Status								
Cash	384,026	63.5	4.4	2,664,123	83	50,244,067	19	605,229
Medically needy	71,668	44.3	2.7	442,229	64	10,336,049	23	161,621
Poverty related	35,784	40.3	2.2	193,089	43	3,812,821	20	88,793
Other/unknown	20,598	43.4	2.8	131,352	56	2,635,354	20	47,445

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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^{a,b}
 CALIFORNIA, 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	0.3	\$7	\$20	\$0	\$1	9,848,457
Age						
5 and younger	1.1	118	105	0	1	198
6-14	1.0	45	45	0	2	823
15-20	0.2	7	34	0	1	7,802
21-44	0.3	8	31	0	2	999,528
45-64	0.4	9	26	0	3	1,717,206
65-74	0.3	5	16	0	1	3,296,179
75-84	0.4	6	17	0	1	2,712,297
85 and older	0.4	7	20	0	1	1,114,424
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	5	17	0	1	5,519,260
Disabled	0.4	9	23	0	2	4,278,397
Adults	0.2	6	25	0	2	50,397
Children	0.4	10	24	0	0	403
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.4	7	18	0	1	5,860,296
Male	0.3	7	23	0	1	3,988,161
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	7	19	0	2	4,129,391
African American	0.3	9	27	0	1	907,744
Other/unknown	0.4	6	18	0	1	4,811,322
Use of Nursing Facilities^d						
Entire year	0.3	5	17	0	2	538,979
Part year	0.4	9	23	0	2	427,075
None	0.3	7	19	0	1	8,882,403
Maintenance Assistance Status						
Cash	0.4	7	19	0	1	6,914,394
Medically needy	0.3	7	23	0	2	1,566,034
Poverty related	0.2	4	20	0	1	879,925
Other/unknown	0.3	5	20	0	2	488,104

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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^{a,b,c}
 CALIFORNIA, 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
All	762,681	\$88	\$67,028,291	100.0 %	3,430,793	\$20	100.0 %
Anorexia or weight loss/gain	155	318	49,340	0.1	507	97	0.0
Fertility drugs	14	1,331	18,629	0.0	58	321	0.0
Drugs for cosmetic purposes	13	18	229	0.0	17	13	0.0
Cough and cold medications	145,045	43	6,178,098	9.2	319,117	19	9.3
Vitamins and minerals	89,806	61	5,435,406	8.1	376,099	14	11.0
Non-prescription drugs	380,837	100	38,176,824	57.0	1,933,525	20	56.4
Barbiturates	6,051	56	339,612	0.5	48,625	7	1.4
Benzodiazepines	137,497	100	13,734,027	20.5	742,452	18	21.6
Other Part D Excl Rx Drugs	3,263	949	3,096,126	4.6	10,393	298	0.3

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 CALIFORNIA, 2003

Total Number of Dual Eligible Beneficiaries 903,088
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$2,351,923,852
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,604

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	135,999	15.1 %	\$0	0.0 %
1-500	151,692	16.8	30,815,920	1.3
501-1,000	89,667	9.9	66,503,930	2.8
1,001-1,500	76,219	8.4	94,893,598	4.0
1,501-2,000	66,965	7.4	116,912,184	5.0
2,001-2,500	58,643	6.5	131,635,625	5.6
2,501-3,000	50,592	5.6	138,861,264	5.9
3,001-3,500	43,860	4.9	142,288,183	6.0
3,501-4,000	36,942	4.1	138,294,147	5.9
4,001-4,500	30,976	3.4	131,417,107	5.6
4,501-5,000	25,560	2.8	121,192,585	5.2
5,001-5,500	21,469	2.4	112,528,160	4.8
5,501-6,000	17,493	1.9	100,432,806	4.3
6,001-6,500	14,384	1.6	89,791,139	3.8
6,501-7,000	11,596	1.3	78,196,496	3.3
7,001-7,500	9,831	1.1	71,203,316	3.0
7,501-8,000	8,007	0.9	62,009,472	2.6
8,001-8,500	6,635	0.7	54,696,694	2.3
8,501-9,000	5,537	0.6	48,414,663	2.1
9,001-9,500	4,746	0.5	43,862,262	1.9
9,501-10,000	3,967	0.4	38,648,160	1.6
10,001+	32,308	3.6	539,326,141	22.9

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 CALIFORNIA, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65

244,004
 \$899,471,343
 \$3,686

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Percent of Total Pharmacy Reimbursement	
			Pharmacy Reimbursement	Reimbursement
\$0	40,270	16.5%	0	0.0%
1-500	41,231	16.9	7,748,146	0.9
501-1,000	20,176	8.3	14,875,834	1.7
1,001-1,500	16,126	6.6	20,034,193	2.2
1,501-2,000	13,434	5.5	23,469,636	2.6
2,001-2,500	11,800	4.8	26,475,454	2.9
2,501-3,000	10,441	4.3	28,669,162	3.2
3,001-3,500	9,271	3.8	30,094,510	3.3
3,501-4,000	8,561	3.5	32,085,105	3.6
4,001-4,500	7,303	3.0	31,010,195	3.4
4,501-5,000	6,562	2.7	31,122,418	3.5
5,001-5,500	5,900	2.4	30,947,823	3.4
5,501-6,000	5,206	2.1	29,907,248	3.3
6,001-6,500	4,551	1.9	28,421,066	3.2
6,501-7,000	4,127	1.7	27,854,061	3.1
7,001-7,500	3,709	1.5	26,869,756	3.0
7,501-8,000	3,258	1.3	25,241,058	2.8
8,001-8,500	2,870	1.2	23,675,213	2.6
8,501-9,000	2,526	1.0	22,096,443	2.5
9,001-9,500	2,314	0.9	21,392,625	2.4
9,501-10,000	2,024	0.8	19,725,238	2.2
10,001+	22,344	9.2	397,756,159	44.2

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 CALIFORNIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+ 652,950
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$1,439,611,997
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,205

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	94,016	14.4 %	0	0.0 %
1-500	108,935	16.7	22,791,901	1.6
501-1,000	68,930	10.6	51,228,845	3.6
1,001-1,500	59,687	9.1	74,360,081	5.2
1,501-2,000	53,248	8.2	92,947,781	6.5
2,001-2,500	46,606	7.1	104,624,573	7.3
2,501-3,000	39,949	6.1	109,639,617	7.6
3,001-3,500	34,426	5.3	111,667,340	7.8
3,501-4,000	28,247	4.3	105,705,826	7.3
4,001-4,500	23,548	3.6	99,874,889	6.9
4,501-5,000	18,911	2.9	89,657,752	6.2
5,001-5,500	15,482	2.4	81,122,498	5.6
5,501-6,000	12,221	1.9	70,147,209	4.9
6,001-6,500	9,776	1.5	61,013,285	4.2
6,501-7,000	7,425	1.1	50,046,942	3.5
7,001-7,500	6,080	0.9	44,027,850	3.1
7,501-8,000	4,716	0.7	36,512,426	2.5
8,001-8,500	3,732	0.6	30,749,044	2.1
8,501-9,000	2,978	0.5	26,030,216	1.8
9,001-9,500	2,410	0.4	22,266,076	1.5
9,501-10,000	1,919	0.3	18,689,189	1.3
10,001+	9,708	1.5	136,508,657	9.5

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 CALIFORNIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 301,047
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$661,478,312
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,197

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	48,322	16.1 %	0	0.0 %
1-500	52,449	17.4	10,599,000	1.6
501-1,000	30,572	10.2	22,726,787	3.4
1,001-1,500	26,228	8.7	32,669,673	4.9
1,501-2,000	23,310	7.7	40,687,452	6.2
2,001-2,500	20,385	6.8	45,760,805	6.9
2,501-3,000	17,270	5.7	47,415,923	7.2
3,001-3,500	15,010	5.0	48,670,620	7.4
3,501-4,000	12,472	4.1	46,673,411	7.1
4,001-4,500	10,358	3.4	43,925,891	6.6
4,501-5,000	8,472	2.8	40,162,614	6.1
5,001-5,500	7,036	2.3	36,875,716	5.6
5,501-6,000	5,491	1.8	31,512,580	4.8
6,001-6,500	4,463	1.5	27,852,336	4.2
6,501-7,000	3,424	1.1	23,083,435	3.5
7,001-7,500	2,873	1.0	20,809,126	3.1
7,501-8,000	2,219	0.7	17,184,132	2.6
8,001-8,500	1,750	0.6	14,423,860	2.2
8,501-9,000	1,465	0.5	12,812,699	1.9
9,001-9,500	1,150	0.4	10,628,147	1.6
9,501-10,000	952	0.3	9,270,699	1.4
10,001+	5,376	1.8	77,733,406	11.8

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

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 CALIFORNIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 245,196
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$565,592,672
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,307

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	32,316	13.2 %	0	0.0 %
1-500	36,858	15.0	7,899,541	1.4
501-1,000	25,216	10.3	18,747,483	3.3
1,001-1,500	22,691	9.3	28,312,736	5.0
1,501-2,000	20,572	8.4	35,918,018	6.4
2,001-2,500	18,398	7.5	41,325,206	7.3
2,501-3,000	16,074	6.6	44,109,252	7.8
3,001-3,500	13,984	5.7	45,390,875	8.0
3,501-4,000	11,359	4.6	42,510,215	7.5
4,001-4,500	9,611	3.9	40,773,068	7.2
4,501-5,000	7,715	3.1	36,592,829	6.5
5,001-5,500	6,301	2.6	33,019,327	5.8
5,501-6,000	5,018	2.0	28,817,295	5.1
6,001-6,500	3,989	1.6	24,893,689	4.4
6,501-7,000	2,986	1.2	20,124,111	3.6
7,001-7,500	2,440	1.0	17,668,538	3.1
7,501-8,000	1,895	0.8	14,671,071	2.6
8,001-8,500	1,520	0.6	12,520,312	2.2
8,501-9,000	1,149	0.5	10,040,236	1.8
9,001-9,500	953	0.4	8,806,818	1.6
9,501-10,000	744	0.3	7,244,160	1.3
10,001+	3,407	1.4	46,207,892	8.2

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 CALIFORNIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 106,707
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$212,541,013
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,992

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	13,378	12.5 %	0	0.0 %
1-500	19,628	18.4	4,293,360	2.0
501-1,000	13,142	12.3	9,754,575	4.6
1,001-1,500	10,768	10.1	13,377,672	6.3
1,501-2,000	9,366	8.8	16,342,311	7.7
2,001-2,500	7,823	7.3	17,538,562	8.3
2,501-3,000	6,605	6.2	18,114,442	8.5
3,001-3,500	5,432	5.1	17,605,845	8.3
3,501-4,000	4,416	4.1	16,522,200	7.8
4,001-4,500	3,579	3.4	15,175,930	7.1
4,501-5,000	2,724	2.6	12,902,309	6.1
5,001-5,500	2,145	2.0	11,227,455	5.3
5,501-6,000	1,712	1.6	9,817,334	4.6
6,001-6,500	1,324	1.2	8,267,260	3.9
6,501-7,000	1,015	1.0	6,839,396	3.2
7,001-7,500	767	0.7	5,550,186	2.6
7,501-8,000	602	0.6	4,657,223	2.2
8,001-8,500	462	0.4	3,804,872	1.8
8,501-9,000	364	0.3	3,177,281	1.5
9,001-9,500	307	0.3	2,831,111	1.3
9,501-10,000	223	0.2	2,174,330	1.0
10,001+	925	0.9	12,567,359	5.9

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2003

Beneficiary Characteristics	Number of Beneficiaries				Number of Benefit Months							
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	1,050,210	590,388	446,504	13,218	100	0	11,595,965	6,410,443	5,051,202	133,387	933	0
Age												
5 and younger	29	1	24	0	4	0	335	12	278	0	45	0
6-14	105	1	83	0	21	0	1,189	12	942	0	235	0
15-20	946	0	880	13	53	0	10,698	0	10,076	143	479	0
21-44	111,873	11	106,570	5,271	21	0	1,258,634	117	1,204,986	53,358	173	0
45-64	186,218	104	179,979	6,134	1	0	2,060,209	1,041	1,997,039	62,128	1	0
65-74	348,646	233,784	113,248	1,614	0	0	3,859,055	2,527,841	1,315,332	15,882	0	0
75-84	280,923	244,145	36,605	173	0	0	3,131,220	2,707,822	421,641	1,757	0	0
85 and older	121,470	112,342	9,115	13	0	0	1,274,625	1,173,598	100,908	119	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	621,005	375,614	239,590	5,766	35	0	6,895,127	4,101,047	2,735,576	58,200	304	0
Male	429,205	214,774	206,914	7,452	65	0	4,700,838	2,309,396	2,315,626	75,187	629	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	443,179	214,050	224,228	4,872	29	0	4,809,150	2,237,133	2,523,401	48,361	255	0
African American	93,852	32,647	59,389	1,798	18	0	1,028,881	344,689	665,947	18,093	152	0
Other/unknown	513,179	343,691	162,887	6,548	53	0	5,757,934	3,828,621	1,861,854	66,933	526	0
Use of Nursing Facilities^c												
Entire year	53,304	44,992	8,307	5	0	0	552,664	461,820	90,798	46	0	0
Part year	44,868	33,502	11,322	44	0	0	442,403	319,080	122,884	439	0	0
None	952,038	511,894	426,875	13,169	100	0	10,600,898	5,629,543	4,837,520	132,902	933	0
Maintenance Assistance Status												
Cash	706,488	364,279	332,202	9,986	21	0	8,156,847	4,182,081	3,871,063	103,472	231	0
Medically needy	184,809	136,379	45,984	2,388	58	0	1,809,191	1,321,108	465,424	22,157	502	0
Poverty related	103,181	64,745	38,338	92	6	0	1,048,950	649,399	398,901	591	59	0
Other/unknown	55,732	24,985	29,980	752	15	0	580,977	257,855	315,814	7,167	141	0
Dual Status^d												
Full dual, all year	1,041,312	583,706	444,356	13,150	100	0	11,501,848	6,339,881	5,028,400	132,634	933	0
Full dual, part year	8,898	6,682	2,148	68	0	0	94,117	70,562	22,802	753	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	883,771	504,777	374,598	4,351	45	0	9,744,578	5,475,281	4,229,076	39,876	345	0
FFS part year, with Rx claims	14,039	5,554	6,926	1,549	10	0	160,697	63,842	80,492	16,252	111	0
FFS part year, no Rx claims	5,278	2,611	1,724	941	2	0	55,471	27,634	18,761	9,057	19	0
MC all year, with Rx claims	16,470	4,459	11,312	679	20	0	188,653	48,652	132,071	7,712	218	0
MC all year, no Rx claims	130,652	72,987	51,944	5,698	23	0	1,446,566	795,034	590,802	60,490	240	0

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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^a
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2003

Beneficiary Characteristics	Beneficiaries and			Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months in Cell G of Table 1 Number of Beneficiaries	Benefit Months in Cell H of Table 1 Number of Beneficiaries	Benefit Months in Cell I of Table 1 Number of Beneficiaries	Benefit Months in Cell J of Table 1 Number of Beneficiaries
All	1,050,210	11,595,965	903,088	9,848,457	1,747,508
Fee-for-service (FFS) all year	883,771	9,744,578	883,771	9,744,578	0
FFS part year, with Rx claims	14,039	160,697	14,039	84,267	76,430
FFS part year, with no Rx claims	5,278	55,471	5,278	19,612	35,859
Managed care (MC) all year, with Rx claims	16,470	188,653	0	0	188,653
MC all year, with no Rx claims	130,652	1,446,566	0	0	1,446,566

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