

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	231,180	136,134	93,177	1,839	30	0	2,548,890	1,493,411	1,039,012	16,210	257	0
Age												
5 and younger	12	0	9	0	3	0	123	0	99	0	24	0
6-14	29	0	24	0	5	0	313	0	259	0	54	0
15-20	383	0	359	2	22	0	4,300	0	4,112	9	179	0
21-44	36,942	1	35,647	1,294	0	0	409,499	12	397,940	11,547	0	0
45-64	56,980	18	56,478	484	0	0	634,608	133	630,320	4,155	0	0
65-74	53,851	53,352	442	57	0	0	598,428	594,089	3,864	475	0	0
75-84	51,523	51,367	154	2	0	0	569,329	567,547	1,758	24	0	0
85 and older	31,460	31,396	64	0	0	0	332,290	331,630	660	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	155,545	104,407	49,901	1,219	18	0	1,721,247	1,150,654	559,470	10,957	166	0
Male	75,635	31,727	43,276	620	12	0	827,643	342,757	479,542	5,253	91	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	115,670	69,326	45,335	1,000	9	0	1,259,180	747,750	502,703	8,645	82	0
African American	83,758	47,502	35,616	625	15	0	937,331	531,397	400,212	5,615	107	0
Other/unknown	31,752	19,306	12,226	214	6	0	352,379	214,264	136,097	1,950	68	0
Use of Nursing Facilities^c												
Entire year	15,879	14,539	1,340	0	0	0	173,749	158,484	15,265	0	0	0
Part year	14,866	13,192	1,672	2	0	0	146,275	128,818	17,435	22	0	0
None	200,435	108,403	90,165	1,837	30	0	2,228,866	1,206,109	1,006,312	16,188	257	0
Maintenance Assistance Status												
Cash	111,841	64,122	46,357	1,356	6	0	1,268,398	724,694	531,575	12,081	48	0
Medically needy	7,465	5,971	1,414	80	0	0	73,574	58,558	14,372	644	0	0
Poverty-related	111,591	66,041	45,406	132	12	0	1,204,189	710,159	493,065	852	113	0
Other/unknown	283	0	0	271	12	0	2,729	0	0	2,633	96	0
Dual Medicare Status^d												
Full dual, all year	224,713	132,383	90,479	1,821	30	0	2,477,584	1,452,121	1,009,191	16,015	257	0
Full dual, part year	6,467	3,751	2,698	18	0	0	71,306	41,290	29,821	195	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	231,092	136,125	93,110	1,828	29	0	2,548,244	1,493,350	1,038,527	16,121	246	0
FFS part year, with Rx claims	80	8	62	9	1	0	598	50	460	77	11	0
FFS part year, no Rx claims	8	1	5	2	0	0	48	11	25	12	0	0

Source: Data for this table are from the MAX 2003 file for North Carolina, 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, NORTH CAROLINA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d		Number of Beneficiaries
						\$2,983	\$60	
All	92.2 %	49.5	\$2,983	\$60	\$10,954		27.2 %	231,180
Age								
5 and younger	100.0	43.9	5,202	118	52,049		10.0	12
6-14	96.6	43.3	8,206	189	16,965		48.4	29
15-20	84.1	21.6	2,253	104	11,058		20.4	383
21-44	87.0	34.2	3,047	89	10,696		28.5	36,942
45-64	91.9	52.9	3,553	67	10,861		32.7	56,980
65-74	92.1	51.8	2,831	55	8,458		33.5	53,851
75-84	94.1	53.6	2,774	52	11,195		24.8	51,523
85 and older	95.5	51.1	2,481	49	15,279		16.2	31,460
Unknown	0.0	0.0	0	0	0		0.0	0
Basis of Eligibility^e								
Aged	93.7	52.4	2,732	52	11,067		24.7	136,134
Disabled	90.0	45.6	3,358	74	10,866		30.9	93,177
Adults	90.6	34.1	2,538	74	7,002		36.2	1,839
Children	80.0	21.2	2,681	126	11,161		24.0	30
Unknown	0.0	0.0	0	0	0		0.0	0
Gender								
Female	94.5	54.4	3,107	57	11,062		28.1	155,545
Male	87.3	39.5	2,728	69	10,732		25.4	75,635
Unknown	0.0	0.0	0	0	0		0.0	0
Race								
White	92.7	55.2	3,374	61	12,305		27.4	115,670
African American	91.4	42.1	2,483	59	9,905		25.1	83,758
Other/unknown	92.3	48.5	2,874	59	8,801		32.7	31,752
Use of Nursing Facilities^f								
Entire year	96.9	70.7	3,963	56	34,760		11.4	15,879
Part year	95.5	55.4	3,105	56	19,845		15.6	14,866
None	91.5	47.4	2,896	61	8,409		34.4	200,435
Maintenance Assistance Status								
Cash	92.8	49.8	3,033	61	8,774		34.6	111,841
Medically needy	89.9	54.5	3,178	58	24,834		12.8	7,465
Poverty related	91.7	48.9	2,920	60	12,219		23.9	111,591
Other/unknown	91.9	39.5	2,737	69	7,392		37.0	283

Source: Data for this table are from the MAX 2003 file for North Carolina, 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, NORTH CAROLINA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Number		
			Percentage of All Medicaid FFS ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less			More than 10	Mean \$, All Medicaid FFS ^d
All	4.5	\$271	27.2 %	7.8 %	14.9 %	11.1 %	34.5 %	25.4 %	6.3 %	\$994	231,180	2,548,890
Age												
5 and younger	4.3	508	10.0	0.0	0.0	25.0	66.7	0.0	8.3	5,078	12	123
6-14	4.0	760	48.4	3.4	6.9	27.6	41.4	17.2	3.4	1,572	29	313
15-20	1.9	201	20.4	15.9	41.3	13.6	21.4	7.0	0.8	985	383	4,300
21-44	3.1	275	28.5	13.0	27.4	13.6	28.8	13.8	3.4	965	36,942	409,499
45-64	4.7	319	32.7	8.1	14.4	10.4	33.2	25.9	8.1	975	56,980	634,608
65-74	4.7	255	33.5	7.9	13.3	10.8	34.8	26.6	6.7	761	53,851	598,428
75-84	4.9	251	24.8	5.9	10.9	10.3	37.2	29.1	6.5	1,013	51,523	569,329
85 and older	4.8	235	16.2	4.5	10.4	11.1	38.6	30.1	5.3	1,447	31,460	332,290
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	4.8	249	24.7	6.3	11.7	10.7	36.6	28.4	6.3	1,009	136,134	1,493,411
Disabled	4.1	301	30.9	10.0	19.5	11.7	31.4	21.2	6.2	975	93,177	1,039,012
Adults	3.9	288	36.2	9.4	20.5	13.0	35.5	17.1	4.6	794	1,839	16,210
Children	2.5	313	24.0	20.0	26.7	16.7	30.0	6.7	0.0	1,303	30	257
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	4.9	281	28.1	5.5	12.0	10.6	36.1	28.5	7.3	1,000	155,545	1,721,247
Male	3.6	249	25.4	12.7	20.9	12.1	31.2	19.1	4.0	981	75,635	827,643
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.1	310	27.4	7.3	11.7	9.5	33.6	29.2	8.7	1,130	115,670	1,259,180
African American	3.8	222	25.1	8.6	18.9	13.1	35.7	20.6	3.1	885	83,758	937,331
Other/unknown	4.4	259	32.7	7.7	16.0	11.7	34.7	24.2	5.8	793	31,752	352,379
use of nursing Facilities^f												
Entire year	6.5	362	11.4	3.1	4.9	6.7	31.3	39.8	14.2	3,177	15,879	173,749
Part year	5.6	316	15.6	4.5	8.2	9.7	34.9	33.7	9.0	2,017	14,866	146,275
None	4.3	260	34.4	8.5	16.2	11.6	34.7	23.6	5.4	756	200,435	2,228,866
Maintenance Assistance Status												
Cash	4.4	267	34.6	7.2	15.9	11.2	34.5	25.1	6.0	774	111,841	1,268,398
Medically needy	5.5	323	12.8	10.1	9.1	8.6	30.5	31.4	10.3	2,520	7,465	73,574
Poverty related	4.5	271	23.9	8.3	14.3	11.2	34.7	25.3	6.2	1,132	111,591	1,204,189
Other/unknown	4.1	284	37.0	8.1	17.7	15.9	35.7	16.3	6.4	767	283	2,729

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for North Carolina, 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, NORTH CAROLINA, 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	4.5	\$271	\$60	2.1	\$219	\$102	0.2	\$7	\$37	2.1	\$44	\$21
Age												
5 and younger	4.3	508	118	2.1	445	209	0.4	23	59	1.8	40	23
6-14	4.0	760	189	2.0	628	311	0.4	90	239	1.6	42	26
15-20	1.9	201	104	0.9	167	177	0.1	10	107	0.9	23	25
21-44	3.1	275	89	1.5	229	154	0.1	8	72	1.5	37	25
45-64	4.7	319	67	2.3	260	112	0.2	8	49	2.2	50	22
65-74	4.7	255	55	2.3	205	90	0.2	6	32	2.2	43	20
75-84	4.9	251	52	2.3	200	87	0.2	6	27	2.3	45	19
85 and older	4.8	235	49	2.1	182	86	0.3	7	24	2.4	45	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.8	249	52	2.3	198	88	0.2	6	28	2.3	44	19
Disabled	4.1	301	74	2.0	248	124	0.1	8	56	1.9	45	23
Adults	3.9	288	74	1.8	239	131	0.1	5	51	1.9	43	22
Children	2.5	313	126	1.2	254	211	0.2	35	219	1.1	24	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	4.9	281	57	2.4	226	96	0.2	7	34	2.3	47	20
Male	3.6	249	69	1.7	203	118	0.1	7	47	1.7	39	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.1	310	61	2.4	249	104	0.2	9	37	2.4	51	21
African American	3.8	222	59	1.8	181	100	0.1	5	36	1.8	35	20
Other/unknown	4.4	259	59	2.1	209	99	0.2	6	37	2.1	43	21
Use of Nursing Facilities^e												
Entire year	6.5	362	56	2.9	288	99	0.4	12	28	3.1	61	20
Part year	5.6	316	56	2.6	251	97	0.3	9	29	2.7	54	20
None	4.3	260	61	2.1	211	103	0.2	7	40	2.0	42	21
Maintenance Assistance Status												
Cash	4.4	267	61	2.1	216	103	0.2	7	38	2.1	44	21
Medically needy	5.5	323	58	2.5	258	102	0.3	10	30	2.6	53	20
Poverty related	4.5	271	60	2.2	218	101	0.2	7	36	2.2	44	21
Other/unknown	4.1	284	69	1.9	231	125	0.1	5	39	2.1	47	22

Source: Data for this table are from the MAX 2003 file for North Carolina, 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 North Carolina, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Total Rx \$				Users ^e			
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name				
Anti-infective Agents	0.3	0.2	0.0	0.1	\$28	\$23	\$0	\$4	\$87	\$139	\$103	\$26	\$41,643,359	131,715	57.0	1,502,800
Biologics	0.6	0.1	0.0	0.5	####	71	6	####	3067	925	914	3,431	505,988	26	0.0	288
Antineoplastic Agents	0.4	0.2	0.0	0.3	90	63	1	25	208	375	143	99	9,650,245	9,860	4.3	107,530
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	43	37	2	4	45	70	17	14	51,856,676	106,895	46.2	1,213,866
Cardiovascular Agents	1.8	0.8	0.1	0.9	66	50	1	15	37	64	19	16	119,834,920	160,744	69.5	1,814,016
Respiratory Agents	0.7	0.4	0.0	0.2	36	30	1	4	54	73	53	18	45,035,817	110,783	47.9	1,266,297
Gastrointestinal Agents	0.7	0.4	0.0	0.3	71	57	1	13	95	132	103	44	90,164,492	111,806	48.4	1,266,086
Genitourinary Agents	0.5	0.4	0.0	0.1	30	28	0	2	67	77	41	21	11,283,853	32,819	14.2	375,604
CNS Drugs	1.1	0.6	0.0	0.5	95	82	2	11	84	143	138	20	131,785,183	123,325	53.3	1,386,645
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	37	32	1	4	95	118	71	39	2,177,054	5,053	2.2	58,725
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	84	82	0	2	141	149	81	38	11,483,957	12,335	5.3	136,978
Analgesics and Anesthetics	0.7	0.3	0.0	0.5	45	36	1	8	60	135	82	17	69,295,495	136,017	58.8	1,544,251
Neuromuscular Agents	0.8	0.3	0.1	0.4	56	43	3	10	71	133	42	25	43,651,879	68,768	29.7	783,490
Nutritional Products	0.6	0.0	0.0	0.5	10	0	0	9	17	19	15	17	5,675,353	51,295	22.2	579,299
Hematological Agents	0.7	0.3	0.1	0.3	57	49	3	5	80	163	25	18	30,805,350	48,194	20.8	541,599
Topical Products	0.4	0.2	0.0	0.2	19	14	1	4	47	65	47	24	19,549,368	90,815	39.3	1,042,904
Miscellaneous Products	0.4	0.2	0.0	0.2	75	57	6	12	196	359	237	61	3,372,362	4,040	1.7	44,876
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	14	0	0	0	64	0	0	0	1,802,384	10,880	4.7	126,272
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.	689,573,735	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for North Carolina, 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 North Carolina, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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, NORTH CAROLINA, 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
ULCER DRUGS	\$78,051,426	111,913	48.4 %	1,272,887	0.6	\$108
ANTIPSYCHOTICS	75,919,696	53,964	23.3	609,663	0.6	200
ANTIDEPRESSANTS	42,116,315	102,174	44.2	1,154,552	0.6	64
ANTHYPERLIPIDEMIC	41,781,347	64,492	27.9	744,527	0.6	90
ANTIDIABETIC	38,033,075	89,641	38.8	1,022,465	0.7	57
ANTICONVULSANT	35,042,401	54,919	23.8	624,686	0.7	85
ANALGESICS - Narcotic	32,277,385	162,994	70.5	1,861,204	0.4	49
ANALGESICS - ANTI-INFLAMMATORY	31,648,073	86,201	37.3	998,193	0.4	83
ANTIHYPERTENSIVE	31,220,779	120,391	52.1	1,373,129	0.6	36
ANTIASTHMATIC	23,799,274	80,582	34.9	919,324	0.4	65
Total	429,889,771	927,271		10,580,630	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for North Carolina, 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, NORTH CAROLINA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ULCER DRUGS					ANTIPSYCHOTICS						
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month
All	5,587,583	\$429,889,771	111,913	48.4 %	1,272,887	0.6	\$61	53,964	23.3 %	609,663	0.6	\$125					
Female	4,024,888	298,738,107	81,679	52.5	930,602	0.6	62	33,444	21.5	375,868	0.6	109					
Disabled	1,400,864	120,177,389	27,797	55.7	320,752	0.5	62	14,920	29.9	172,303	0.6	124					
5 and younger	1	5	1	50.0	11	0.1	1	0	0.0	0	0.0	0					
6-14	65	4,865	3	37.5	36	0.4	55	0	0.0	0	0.0	0					
15-20	1,344	142,053	32	21.5	366	0.3	28	31	20.8	372	0.6	119					
21-44	342,823	33,259,298	7,162	43.9	82,929	0.5	54	6,063	37.1	70,116	0.5	121					
45-64	1,047,011	86,125,998	20,387	61.8	235,208	0.5	65	8,768	26.6	101,230	0.6	127					
65-74	5,844	381,275	134	48.4	1,293	0.6	58	30	10.8	271	0.6	117					
75-84	2,985	218,833	53	45.7	627	0.6	72	22	19.0	262	0.7	110					
85 and older	791	45,062	25	52.1	282	0.6	55	6	12.5	52	0.4	21					
Other Eligibles	2,624,024	178,560,718	53,882	51.0	609,850	0.6	62	18,524	17.5	203,565	0.6	97					
5 and younger	4	49	1	50.0	8	0.4	5	0	0.0	0	0.0	0					
6-14	49	1,964	2	50.0	24	0.7	30	0	0.0	0	0.0	0					
15-20	51	1,865	4	28.6	41	0.2	27	0	0.0	0	0.0	0					
21-44	16,390	1,428,806	403	43.7	4,155	0.4	43	258	28.0	2,765	0.3	65					
45-64	6,324	460,208	150	55.4	1,488	0.5	56	41	15.1	388	0.5	83					
65-74	1,028,395	71,843,659	19,648	53.5	226,251	0.6	63	5,125	14.0	58,250	0.6	113					
75-84	1,023,530	68,970,410	20,538	50.8	234,086	0.6	62	7,016	17.4	76,999	0.6	97					
85 and older	549,281	35,853,757	13,136	48.1	143,797	0.6	60	6,084	22.3	65,163	0.6	84					
Male	1,562,695	131,151,664	30,234	40.0	342,285	0.6	60	20,520	27.1	233,795	0.7	149					
Disabled	886,192	85,018,859	15,943	36.8	182,895	0.5	60	14,891	34.4	172,313	0.7	164					
5 and younger	49	5,348	2	28.6	24	0.9	92	1	14.3	12	1.0	214					
6-14	108	5,498	8	50.0	96	0.3	26	0	0.0	0	0.0	0					
15-20	2,171	288,841	43	20.5	494	0.4	34	74	35.2	882	0.6	175					
21-44	317,231	35,348,678	5,652	29.3	65,344	0.5	56	7,874	40.8	91,139	0.6	162					
45-64	563,401	49,163,908	10,146	43.2	116,036	0.6	62	6,915	29.4	80,029	0.7	166					
65-74	2,379	158,059	63	38.2	586	0.5	52	19	11.5	161	0.7	143					
75-84	632	36,236	23	60.5	247	0.5	47	4	10.5	46	0.6	47					
85 and older	221	12,291	6	37.5	68	0.5	27	4	25.0	44	0.6	64					
Other Eligibles	676,503	46,132,805	14,291	44.2	159,390	0.6	59	5,629	17.4	61,482	0.6	107					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	3	171	1	100.0	6	0.5	29	0	0.0	0	0.0	0					
15-20	42	2,339	1	10.0	7	0.3	37	1	10.0	7	0.1	34					
21-44	6,695	656,325	126	33.9	1,258	0.5	57	82	22.0	827	0.3	80					
45-64	4,778	373,730	114	49.4	1,031	0.5	57	26	11.3	231	0.4	110					
65-74	373,188	26,002,435	7,323	43.8	83,255	0.6	61	2,510	15.0	28,443	0.7	125					
75-84	220,404	14,511,433	4,877	44.6	54,274	0.6	57	2,061	18.9	22,232	0.6	96					
85 and older	71,393	4,586,372	1,849	45.1	19,559	0.6	60	949	23.1	9,742	0.6	83					
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 North Carolina, 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERLIPIDEMIC					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	102,174	44.2 %	1,154,552	0.6	\$37	64,492	27.9 %	744,527	0.6	\$56	89,641	38.8 %	1,022,465	0.7	\$37
Female	76,265	49.0	862,632	0.6	37	46,798	30.1	541,511	0.6	57	66,617	42.8	761,946	0.7	37
Disabled	34,370	68.9	394,628	0.5	38	14,079	28.2	163,055	0.6	52	21,026	42.1	242,527	0.6	40
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	12.5	4	0.5	38	1	12.5	12	0.9	63	2	25.0	24	0.1	5
15-20	47	31.5	555	0.4	32	3	2.0	31	0.3	36	11	7.4	132	0.6	44
21-44	11,050	67.7	127,179	0.5	37	1,826	11.2	21,261	0.5	43	3,562	21.8	41,265	0.6	36
45-64	23,152	70.2	265,659	0.6	38	12,101	36.7	140,203	0.6	53	17,219	52.2	198,677	0.6	41
65-74	78	28.2	733	0.6	28	104	37.5	1,051	0.7	66	162	58.5	1,629	0.7	40
75-84	34	29.3	402	0.6	32	39	33.6	437	0.7	71	56	48.3	636	0.7	44
85 and older	8	16.7	96	0.6	46	5	10.4	60	0.7	58	14	29.2	164	0.9	49
Other Eligibles	41,895	39.7	468,004	0.6	36	32,719	31.0	378,456	0.6	59	45,591	43.2	519,419	0.7	36
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	4	28.6	29	0.2	6	0	0.0	0	0.0	0	2	14.3	8	0.3	6
21-44	756	81.9	7,885	0.4	32	76	8.2	780	0.4	41	164	17.8	1,585	0.5	35
45-64	237	87.5	2,315	0.5	30	80	29.5	800	0.6	52	125	46.1	1,252	0.5	35
65-74	14,678	40.0	167,891	0.6	34	15,617	42.6	181,657	0.6	58	20,536	56.0	236,760	0.7	38
75-84	15,598	38.6	174,953	0.6	36	13,246	32.8	153,174	0.7	60	17,735	43.9	202,469	0.7	35
85 and older	10,622	38.9	114,931	0.7	40	3,700	13.6	42,045	0.7	58	7,029	25.8	77,345	0.7	30
Male	25,909	34.3	291,920	0.6	36	17,694	23.4	203,016	0.6	55	23,024	30.4	260,519	0.6	38
Disabled	16,739	38.7	191,353	0.5	36	9,219	21.3	106,452	0.6	52	11,538	26.7	131,999	0.6	40
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	55	26.2	644	0.5	41	7	3.3	83	0.3	20	4	1.9	48	0.8	58
21-44	7,517	38.9	86,480	0.5	36	2,338	12.1	27,175	0.5	46	2,833	14.7	32,659	0.6	40
45-64	9,131	38.9	103,873	0.6	36	6,826	29.0	78,673	0.6	55	8,642	36.8	98,670	0.6	40
65-74	26	15.8	238	0.6	25	40	24.2	427	0.7	54	48	29.1	496	0.7	41
75-84	5	13.2	58	0.7	41	7	18.4	82	0.3	29	11	28.9	126	0.5	26
85 and older	5	31.3	60	0.4	32	1	6.3	12	0.9	72	0	0.0	0	0.0	0
Other Eligibles	9,170	28.3	100,567	0.6	35	8,475	26.2	96,564	0.6	58	11,486	35.5	128,520	0.7	36
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	3	30.0	26	0.2	12	0	0.0	0	0.0	0	1	10.0	10	0.8	49
21-44	234	62.9	2,280	0.4	30	64	17.2	649	0.5	38	82	22.0	792	0.6	49
45-64	168	72.7	1,644	0.4	25	86	37.2	827	0.5	38	92	39.8	797	0.6	39
65-74	4,419	26.4	49,874	0.6	34	5,336	31.9	61,371	0.6	58	6,603	39.5	75,310	0.7	38
75-84	3,091	28.3	33,678	0.6	36	2,548	23.3	28,932	0.6	59	3,709	33.9	41,067	0.7	34
85 and older	1,255	30.6	13,065	0.6	38	441	10.7	4,785	0.7	54	999	24.3	10,544	0.7	30
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 North Carolina, 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.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.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, NORTH CAROLINA, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ANALGESICS - ANTI-INFLAMMATORY				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	54,919	23.8 %	624,686	\$56	0.7	162,994	70.5 %	1,861,204	\$17	0.4	86,201	37.3 %	998,193	\$32	0.4
Female	36,094	23.2	410,343	53	0.6	118,177	76.0	1,353,088	16	0.4	64,627	41.5	749,144	34	0.4
Disabled	18,868	37.8	216,712	65	0.6	49,163	98.5	568,893	21	0.4	23,187	46.5	270,105	28	0.3
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	12.5	12	1	0.1	0	0.0	0	0	0.0
15-20	28	18.8	331	122	0.7	116	77.9	1,355	2	0.2	52	34.9	611	20	0.2
21-44	6,871	42.1	78,737	73	0.6	15,447	94.6	178,922	22	0.3	6,490	39.8	75,587	20	0.3
45-64	11,911	36.1	137,078	60	0.6	33,347	101.1	385,922	21	0.4	16,469	49.9	191,984	32	0.4
65-74	40	14.4	359	37	0.6	175	63.2	1,778	9	0.3	115	41.5	1,194	26	0.4
75-84	14	12.1	160	41	0.8	62	53.4	728	12	0.3	49	42.2	586	40	0.5
85 and older	4	8.3	47	42	0.7	15	31.3	176	2	0.2	12	25.0	143	25	0.4
Other Eligibles	17,226	16.3	193,631	40	0.6	69,014	65.3	784,195	12	0.3	41,440	39.2	479,039	38	0.4
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	25.0	12	1	0.1	0	0.0	0	0	0.0
15-20	0	0.0	0	0	0.0	9	64.3	79	3	0.2	3	21.4	27	2	0.2
21-44	411	44.5	4,330	63	0.5	1,075	116.5	11,183	29	0.4	409	44.3	4,207	13	0.3
45-64	100	36.9	1,009	59	0.5	304	112.2	2,952	12	0.4	135	49.8	1,355	25	0.3
65-74	6,963	19.0	79,788	43	0.6	26,529	72.3	307,052	12	0.3	16,804	45.8	196,132	36	0.4
75-84	6,340	15.7	71,377	38	0.6	25,821	63.9	295,190	12	0.3	15,931	39.4	185,244	39	0.4
85 and older	3,412	12.5	37,127	34	0.7	15,275	56.0	167,727	14	0.4	8,158	29.9	92,074	40	0.5
Male	18,825	24.9	214,343	62	0.7	44,817	59.3	508,116	20	0.4	21,574	28.5	249,049	24	0.3
Disabled	13,548	31.3	155,674	70	0.7	27,874	64.4	318,788	25	0.4	12,034	27.8	139,890	19	0.3
5 and younger	0	0.0	0	0	0.0	2	28.6	16	1	0.1	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	5	31.3	60	1	0.1	0	0.0	0	0	0.0
15-20	62	29.5	739	96	0.8	73	34.8	841	4	0.1	40	19.0	478	4	0.1
21-44	6,379	33.0	73,539	77	0.7	11,501	59.5	132,039	24	0.3	4,594	23.8	53,505	13	0.2
45-64	7,085	30.1	81,203	63	0.7	16,193	68.9	184,856	25	0.4	7,358	31.3	85,443	23	0.3
65-74	19	11.5	163	40	0.6	75	45.5	692	16	0.3	34	20.6	370	27	0.4
75-84	2	5.3	18	36	0.4	16	42.1	184	4	0.3	5	13.2	58	31	0.6
85 and older	1	6.3	12	47	1.1	9	56.3	100	4	0.3	3	18.8	36	43	0.6
Other Eligibles	5,277	16.3	58,669	42	0.7	16,943	52.4	189,328	13	0.3	9,540	29.5	109,159	30	0.4
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	3	30.0	36	25	0.4	4	40.0	38	1	0.2	1	10.0	12	9	0.3
21-44	131	35.2	1,323	58	0.5	428	115.1	4,415	55	0.5	160	43.0	1,600	18	0.3
45-64	77	33.3	741	63	0.6	263	113.9	2,517	34	0.4	88	38.1	844	12	0.3
65-74	3,011	18.0	34,068	45	0.7	9,114	54.5	103,705	13	0.3	5,325	31.9	61,621	29	0.4
75-84	1,550	14.2	17,095	38	0.7	5,300	48.5	58,991	11	0.3	2,982	27.3	34,165	32	0.4
85 and older	505	12.3	5,406	33	0.7	1,834	44.7	19,662	10	0.3	984	24.0	10,917	35	0.5
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 North Carolina, 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, NORTH CAROLINA, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANTIASTHMATIC							
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months		
All	120,391	52.1 %	1,373,129	0.6	\$23	80,582	34.9 %	919,324	0.4	\$26	231,180	2,548,890
Female	87,502	56.3	1,000,402	0.6	24	57,094	36.7	653,681	0.4	25	155,545	1,721,247
Disabled	21,949	44.0	252,974	0.6	22	22,923	45.9	265,976	0.4	24	49,901	559,470
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	23
6-14	3	37.5	30	0.6	37	2	25.0	24	0.6	31	8	78
15-20	17	11.4	195	0.4	8	30	20.1	359	0.2	18	149	1,731
21-44	3,593	22.0	41,694	0.5	18	5,636	34.5	65,305	0.3	19	16,326	183,106
45-64	18,089	54.9	208,400	0.6	23	17,102	51.9	198,747	0.4	26	32,975	370,203
65-74	157	56.7	1,618	0.6	22	102	36.8	966	0.4	24	277	2,472
75-84	64	55.2	748	0.7	26	42	36.2	492	0.4	31	116	1,347
85 and older	26	54.2	289	0.7	19	9	18.8	83	0.3	14	48	510
Other Eligibles	65,553	62.1	747,428	0.7	24	34,171	32.3	387,705	0.4	26	105,644	1,161,777
5 and younger	1	50.0	8	0.1	1	0	0.0	0	0.0	0	2	20
6-14	4	100.0	48	0.4	4	3	75.0	36	0.4	29	4	48
15-20	3	21.4	23	0.2	6	2	14.3	22	0.1	4	14	107
21-44	163	17.7	1,682	0.4	16	294	31.9	3,007	0.3	17	923	8,322
45-64	137	50.6	1,285	0.5	22	121	44.6	1,280	0.4	27	271	2,400
65-74	25,117	68.4	290,058	0.6	25	14,460	39.4	166,849	0.4	28	36,700	411,196
75-84	26,094	64.5	299,052	0.7	24	12,396	30.7	140,994	0.4	27	40,437	449,794
85 and older	14,034	51.4	155,272	0.7	23	6,895	25.3	75,517	0.4	22	27,293	289,890
Male	32,889	43.5	372,727	0.6	21	23,488	31.1	265,643	0.4	27	75,635	827,643
Disabled	15,299	35.4	174,804	0.6	21	10,845	25.1	124,587	0.4	25	43,276	479,542
5 and younger	4	57.1	48	0.3	12	0	0.0	0	0.0	0	7	76
6-14	6	37.5	72	0.6	17	7	43.8	84	0.4	21	16	181
15-20	34	16.2	385	0.5	18	30	14.3	357	0.2	10	210	2,381
21-44	4,097	21.2	46,991	0.5	19	3,188	16.5	36,895	0.3	21	19,321	214,834
45-64	11,037	47.0	126,038	0.6	21	7,550	32.1	86,589	0.4	27	23,503	260,117
65-74	89	53.9	898	0.6	20	50	30.3	438	0.4	25	165	1,392
75-84	23	60.5	274	0.5	16	17	44.7	188	0.6	38	38	411
85 and older	9	56.3	98	0.6	21	3	18.8	36	0.2	7	16	150
Other Eligibles	17,590	54.4	197,923	0.6	20	12,643	39.1	141,056	0.5	29	32,359	348,101
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	81
21-44	108	29.0	1,093	0.4	17	101	27.2	1,062	0.3	18	372	3,237
45-64	121	52.4	1,051	0.5	23	81	35.1	695	0.4	28	231	1,888
65-74	9,601	57.5	109,251	0.6	21	6,688	40.0	76,090	0.5	31	16,709	183,368
75-84	5,888	53.9	66,324	0.6	20	4,271	39.1	47,202	0.4	27	10,932	117,777
85 and older	1,872	45.6	20,204	0.7	18	1,502	36.6	16,007	0.4	25	4,103	41,740
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 North Carolina, 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, NORTH CAROLINA, 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	
				6.5	15,879
All	\$362				173,749
Age					
0-64	510	7.5	1,303		14,865
65-74	430	7.2	2,306		25,780
75-84	372	6.7	5,495		60,200
85 and older	300	5.8	6,775		72,904
Unknown	0	0.0	0		0
Gender					
Female	358	6.5	12,418		136,139
Male	378	6.2	3,461		37,610
Unknown	0	0.0	0		0
Race					
White	382	6.9	10,105		108,927
African American	323	5.6	4,501		50,573
Other/unknown	347	6.3	1,273		14,249
Basis of Eligibility^c					
Aged	349	6.4	14,539		158,484
Disabled	505	7.4	1,340		15,265
Adults	0	0.0	0		0
Children	0	0.0	0		0
Unknown	0	0.0	0		0

Source: Data for this table are from the MAX 2003 file for North Carolina, 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 14,866 beneficiaries who were in nursing facilities for part of their enrollment and their 146,275 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, NORTH CAROLINA, 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								
Anti-infective Agents	0.4	0.2	0.0	0.2	\$25	\$20	\$1	\$4	\$66	\$96	\$85	\$24	47,316	\$3,127,986	11,311	71.2 %	127,460
Biologicals	0.1	0.1	0.0	0.0	2	2	0	0	27	26	0	30	6	161	6	0.0	66
Antineoplastic Agents	0.5	0.1	0.0	0.3	89	42	1	45	188	363	134	131	6,241	1,173,172	1,212	7.6	13,228
Endocrine/Metabolic Drugs	1.1	0.6	0.2	0.4	48	40	3	5	43	70	17	13	97,297	4,201,828	7,817	49.2	87,560
Cardiovascular Agents	2.0	0.6	0.1	1.3	56	33	2	22	29	60	14	17	256,638	7,349,120	11,768	74.1	130,677
Respiratory Agents	0.6	0.4	0.0	0.3	33	26	1	5	51	75	56	18	57,087	2,900,639	7,868	49.5	88,972
Gastrointestinal Agents	1.1	0.5	0.0	0.5	71	60	0	11	68	111	51	22	110,859	7,487,686	9,363	59.0	104,831
Genitourinary Agents	0.6	0.4	0.0	0.1	36	33	1	3	64	76	48	24	21,974	1,404,178	3,379	21.3	38,584
CNS Drugs	1.5	0.9	0.0	0.5	121	109	2	10	83	121	70	19	187,333	15,532,903	11,497	72.4	128,205
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.3	26	22	0	4	51	101	33	14	622	31,596	106	0.7	1,208
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	105	105	0	0	140	141	31	45	17,836	2,497,279	2,137	13.5	23,755
Analgesics and Anesthetics	0.9	0.4	0.0	0.5	49	42	1	6	56	112	36	13	81,697	4,593,363	8,429	53.1	93,734
Neuromuscular Agents	1.1	0.5	0.2	0.5	71	47	7	17	64	99	40	37	68,695	4,383,706	5,427	34.2	61,494
Nutritional Products	0.7	0.0	0.0	0.7	13	0	1	12	18	21	14	18	43,635	772,853	5,408	34.1	60,383
Hematological Agents	1.0	0.4	0.3	0.4	79	68	6	5	76	191	20	13	60,287	4,577,931	5,200	32.7	58,178
Topical Products	0.5	0.3	0.0	0.2	24	17	2	5	43	60	46	22	60,911	2,627,483	9,752	61.4	110,902
Miscellaneous Products	0.2	0.0	0.0	0.2	13	6	0	7	54	122	329	36	2,136	114,502	781	4.9	8,651
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	17	0	0	0	64	0	0	0	2,396	152,790	807	5.1	9,215
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.	1,122,966	62,929,176	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for North Carolina, 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 14,866 beneficiaries who were in nursing facilities for part of their enrollment and their 146,275 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 North Carolina, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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, NORTH CAROLINA, 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	
			41.1 %	56.4					
ANTIPSYCHOTICS	\$8,661,271	6,529	41.1 %	73,432	0.7	\$168	\$118		
ULCER DRUGS	6,104,285	8,949	56.4	100,826	0.7	84	61		
ANTIDEPRESSANTS	5,855,377	10,170	64.0	114,358	0.8	67	51		
ANTICONVULSANT	3,250,974	5,083	32.0	57,817	0.9	64	56		
ANTI-DIABETIC	2,909,902	6,747	42.5	76,287	0.8	47	38		
MISC. HEMATOLOGICAL	2,526,817	2,332	14.7	26,172	0.7	129	97		
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,497,395	2,146	13.5	23,854	0.7	140	105		
ANALGESICS - Narcotic	2,442,746	8,732	55.0	97,153	0.5	49	25		
ANALGESICS - ANTI-INFLAMMATORY	1,972,871	3,743	23.6	42,709	0.6	79	46		
ANTHYPERTENSIVE	1,892,870	7,101	44.7	79,681	0.8	30	24		
Total	38,114,508	61,532		692,289	n.a.	n.a.	n.a.		

Source: Data for this table are from the MAX 2003 file for North Carolina, 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 14,866 beneficiaries who were in nursing facilities for part of their enrollment and their 146,275 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.medispn.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, NORTH CAROLINA, 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	Number of Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Months Among Users	Mean Number of Rx
All	498,785	\$38,114,508	6,529	41.1 %	73,432	0.7	\$118	8,949	56.4 %	100,826	0.7	\$61	
Female	392,398	29,684,102	5,120	41.2	57,539	0.7	117	6,904	55.6	77,724	0.7	60	
Disabled	28,560	2,407,007	294	44.1	3,407	0.7	150	411	61.6	4,732	0.8	69	
64 or younger	27,692	2,343,323	284	44.5	3,287	0.8	151	399	62.5	4,593	0.8	69	
65-74	356	21,816	3	27.3	36	0.5	133	5	45.5	55	0.4	20	
75-84	292	25,464	6	75.0	72	0.5	124	2	25.0	24	0.5	5	
85 and older	220	16,404	1	10.0	12	0.2	27	5	50.0	60	0.9	103	
Other Eligibles	363,838	27,277,095	4,826	41.1	54,132	0.7	115	6,493	55.3	72,992	0.7	60	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	60,238	4,705,354	743	51.0	8,450	0.8	146	921	63.3	10,473	0.7	61	
75-84	147,761	11,167,246	1,853	43.3	20,948	0.7	120	2,426	56.7	27,460	0.7	61	
85 and older	155,839	11,404,495	2,230	37.1	24,734	0.7	100	3,146	52.3	35,059	0.7	58	
Male	106,387	8,430,406	1,409	40.7	15,893	0.7	122	2,045	59.1	23,102	0.7	61	
Disabled	25,355	2,427,208	267	39.7	3,135	0.7	156	444	66.0	5,174	0.7	59	
64 or younger	25,166	2,415,472	264	39.7	3,099	0.7	156	439	66.0	5,118	0.7	59	
65-74	143	6,793	1	25.0	12	1.0	109	2	50.0	20	0.3	22	
75-84	13	552	0	0.0	0	0.0	0	1	100.0	12	0.3	37	
85 and older	33	4,391	2	66.7	24	0.5	114	2	66.7	24	0.3	33	
Other Eligibles	81,032	6,003,198	1,142	41.0	12,758	0.7	113	1,601	57.4	17,928	0.7	62	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	28,518	2,079,391	321	38.4	3,717	0.7	130	504	60.4	5,720	0.7	64	
75-84	34,691	2,591,380	512	42.3	5,754	0.7	111	701	58.0	7,830	0.7	59	
85 and older	17,823	1,332,427	309	41.5	3,287	0.6	98	396	53.2	4,378	0.7	64	
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 North Carolina, 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 14,866 beneficiaries who were in nursing facilities for part of their enrollment and their 146,275 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.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.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, NORTH CAROLINA, 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	10,170	64.0 %	114,358	0.8	\$51	5,093	32.0 %	57,817	0.9	\$56	6,747	42.5 %	76,287	0.8	\$38
Female	8,213	66.1	92,272	0.8	51	3,645	29.4	41,377	0.9	54	5,269	42.4	59,805	0.8	38
Disabled	551	82.6	6,420	0.8	57	454	68.1	5,330	1.0	88	415	62.2	4,793	0.9	48
64 or younger	535	83.9	6,244	0.8	57	447	70.1	5,246	1.0	89	397	62.2	4,599	0.9	48
65-74	8	72.7	80	0.7	47	5	45.5	60	0.9	25	10	90.9	98	1.2	65
75-84	4	50.0	48	0.6	31	0	0.0	0	0.0	0	3	37.5	36	1.1	89
85 and older	4	40.0	48	0.7	53	2	20.0	24	1.0	59	5	50.0	60	1.1	39
Other Eligibles	7,662	65.2	85,852	0.8	51	3,191	27.2	36,047	0.8	49	4,854	41.3	55,012	0.8	37
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,131	77.7	12,748	0.8	54	754	51.8	8,615	0.9	61	954	65.5	10,923	0.9	42
75-84	2,934	68.6	33,067	0.8	52	1,327	31.0	14,933	0.8	50	2,222	52.0	25,351	0.8	37
85 and older	3,597	59.8	40,037	0.7	49	1,110	18.4	12,499	0.8	41	1,678	27.9	18,738	0.8	35
Male	1,957	56.5	22,086	0.8	51	1,438	41.5	16,440	0.9	61	1,478	42.7	16,482	0.8	38
Disabled	430	63.9	4,990	0.8	54	493	73.3	5,778	1.0	77	277	41.2	3,257	0.8	38
64 or younger	428	64.4	4,966	0.8	54	492	74.0	5,766	1.0	77	270	40.6	3,181	0.8	38
65-74	1	25.0	12	1.1	83	1	25.0	12	1.5	45	7	175.0	76	0.7	34
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	33.3	12	0.4	29	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,527	54.8	17,096	0.8	50	945	33.9	10,662	0.9	52	1,201	43.1	13,225	0.8	38
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	472	56.5	5,410	0.8	53	428	51.3	4,905	0.9	53	470	56.3	5,437	0.8	41
75-84	678	56.1	7,553	0.8	49	372	30.8	4,207	0.9	53	496	41.0	5,271	0.8	36
85 and older	377	50.7	4,133	0.8	48	145	19.5	1,550	0.8	44	235	31.6	2,517	0.8	35
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 North Carolina, 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 14,866 beneficiaries who were in nursing facilities for part of their enrollment and their 146,275 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, NORTH CAROLINA, 2003

Beneficiary Characteristics	MISC. HEMATOLOGICAL				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				ANALGESICS - Narcotic					
	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	2,332	14.7 %	26,172	0.7	2,146	13.5 %	23,854	0.7	\$105	8,732	55.0 %	97,153	0.5	\$25
Female	1,799	14.5	20,208	0.7	1,818	14.6	20,175	0.8	106	7,074	57.0	78,763	0.5	26
Disabled	81	12.1	947	0.8	45	6.7	511	0.6	148	427	64.0	4,943	0.6	39
64 or younger	75	11.8	875	0.8	42	6.6	475	0.6	152	413	64.7	4,785	0.6	39
65-74	1	9.1	12	1.0	1	9.1	12	1.0	139	5	45.5	50	0.7	41
75-84	3	37.5	36	0.9	1	12.5	12	0.1	14	6	75.0	72	0.9	52
85 and older	2	20.0	24	0.5	1	10.0	12	0.9	128	3	30.0	36	0.2	2
Other Eligibles	1,718	14.6	19,261	0.7	1,773	15.1	19,664	0.8	105	6,647	56.6	73,820	0.5	25
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	228	15.7	2,582	0.7	188	12.9	2,133	0.7	100	931	63.9	10,475	0.6	28
75-84	695	16.2	7,864	0.7	741	17.3	8,092	0.8	107	2,541	59.4	28,531	0.5	26
85 and older	795	13.2	8,815	0.7	844	14.0	9,439	0.8	103	3,175	52.8	34,814	0.5	23
Male	533	15.4	5,964	0.7	328	9.5	3,679	0.7	100	1,658	47.9	18,390	0.5	23
Disabled	77	11.4	874	0.7	28	4.2	330	0.7	96	410	60.9	4,711	0.6	34
64 or younger	75	11.3	852	0.7	28	4.2	330	0.7	96	408	61.4	4,687	0.6	34
65-74	1	25.0	10	0.1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	1	100.0	12	0.8	9
85 and older	1	33.3	12	0.4	0	0.0	0	0.0	0	1	33.3	12	0.3	2
Other Eligibles	456	16.4	5,090	0.8	300	10.8	3,349	0.7	100	1,248	44.8	13,679	0.5	20
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	126	15.1	1,431	0.8	64	7.7	730	0.6	88	395	47.3	4,462	0.5	22
75-84	221	18.3	2,436	0.8	139	11.5	1,565	0.7	101	542	44.8	5,868	0.4	19
85 and older	109	14.7	1,223	0.7	97	13.0	1,054	0.8	107	311	41.8	3,349	0.4	17
Unknown	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 North Carolina, 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 14,866 beneficiaries who were in nursing facilities for part of their enrollment and their 146,275 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, NORTH CAROLINA, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				ANTIHYPERTENSIVE				Benefit Months Among All-Year	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	3,743	23.6 %	0.6	\$46	7,101	44.7 %	0.8	\$24	15,879	173,749
Female	3,068	24.7	0.6	47	5,568	44.8	0.8	24	12,418	136,139
Disabled	163	24.4	0.5	36	288	43.2	0.8	29	667	7,644
64 or younger	155	24.3	0.5	37	281	44.0	0.8	28	638	7,338
65-74	4	36.4	0.2	4	2	18.2	0.9	8	11	105
75-84	4	50.0	0.6	46	4	50.0	1.1	55	8	96
85 and older	0	0.0	0.0	0	1	10.0	1.0	40	10	105
Other Eligibles	2,905	24.7	0.6	48	5,280	44.9	0.8	24	11,751	128,495
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0	0
65-74	379	26.0	0.6	47	774	53.2	0.8	26	1,456	16,291
75-84	1,152	26.9	0.6	51	2,088	48.8	0.8	25	4,277	47,078
85 and older	1,374	22.8	0.6	46	2,418	40.2	0.8	23	6,018	65,126
Male	675	19.5	0.6	42	1,533	44.3	0.8	21	3,461	37,610
Disabled	135	20.1	0.5	42	306	45.5	0.8	27	673	7,621
64 or younger	135	20.3	0.5	42	301	45.3	0.8	27	665	7,527
65-74	0	0.0	0.0	0	5	125.0	0.7	15	4	46
75-84	0	0.0	0.0	0	0	0.0	0.0	0	1	12
85 and older	0	0.0	0.0	0	0	0.0	0.0	0	3	36
Other Eligibles	540	19.4	0.6	42	1,227	44.0	0.8	20	2,788	29,989
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0	0
65-74	160	19.2	0.6	42	434	52.0	0.8	22	835	9,338
75-84	232	19.2	0.6	44	506	41.9	0.8	20	1,209	13,014
85 and older	148	19.9	0.6	38	287	38.6	0.7	17	744	7,637
Unknown	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 North Carolina, 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 14,866 beneficiaries who were in nursing facilities for part of their enrollment and their 146,275 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}
 NORTH CAROLINA, 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 Excluded Rx per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	123,337	53.4 %	4.1	945,703	\$78	\$17,962,051	\$19	2.6 %	231,180
Age									
5 and younger	11	91.7	7.8	93	459	5,504	59	8.8	12
6-14	20	69.0	4.4	129	230	6,673	52	2.8	29
15-20	142	37.1	1.7	661	54	20,769	31	2.4	383
21-44	17,355	47.0	3.3	122,436	80	2,942,146	24	2.6	36,942
45-64	32,316	56.7	4.7	267,933	101	5,731,624	21	2.8	56,980
65-74	28,332	52.6	4.0	214,836	72	3,882,816	18	2.5	53,851
75-84	27,757	53.9	4.1	209,230	66	3,426,226	16	2.4	51,523
85 and older	17,404	55.3	4.1	130,385	62	1,946,293	15	2.5	31,460
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	73,170	53.7	4.1	552,285	68	9,218,386	17	2.5	136,134
Disabled	49,197	52.8	4.2	387,272	92	8,601,774	22	2.7	93,177
Adults	955	51.9	3.3	6,074	75	138,120	23	3.0	1,839
Children	15	50.0	2.4	72	126	3,771	52	4.7	30
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	90,627	58.3	4.6	713,237	87	13,457,102	19	2.8	155,545
Male	32,710	43.2	3.1	232,466	60	4,504,949	19	2.2	75,635
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	67,170	58.1	4.9	566,123	90	10,404,001	18	2.7	115,670
African American	39,025	46.6	3.0	250,705	58	4,891,914	20	2.4	83,758
Other/unknown	17,142	54.0	4.1	128,875	84	2,666,136	21	2.9	31,752
Use of Nursing Facilities^d									
Entire year	9,499	59.8	5.5	87,310	87	1,385,325	16	2.2	15,879
Part year	9,571	64.4	4.5	66,666	71	1,055,855	16	2.3	14,866
None	104,267	52.0	4.0	791,727	77	15,520,871	20	2.7	200,435
Maintenance Assistance Status									
Cash	59,544	53.2	4.2	467,253	80	8,984,500	19	2.6	111,841
Medically needy	4,261	57.1	4.3	32,445	69	518,690	16	2.2	7,465
Poverty related	59,387	53.2	4.0	445,041	76	8,434,456	19	2.6	111,591
Other/unknown	145	51.2	3.4	964	86	24,405	25	3.2	283

Source: Data for this table are from the MAX 2003 file for North Carolina, 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}
 NORTH CAROLINA, 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	0.4	\$7	\$19	\$0	\$2	2,548,890
Age						
5 and younger	0.8	45	59	0	0	123
6-14	0.4	21	52	0	0	313
15-20	0.2	5	31	0	1	4,300
21-44	0.3	7	24	0	3	409,499
45-64	0.4	9	21	0	3	634,608
65-74	0.4	6	18	0	2	598,428
75-84	0.4	6	16	0	2	569,329
85 and older	0.4	6	15	0	2	332,290
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	6	17	0	2	1,493,411
Disabled	0.4	8	22	0	3	1,039,012
Adults	0.4	9	23	0	3	16,210
Children	0.3	15	52	0	0	257
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.4	8	19	0	2	1,721,247
Male	0.3	5	19	0	2	827,643
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	8	18	0	3	1,259,180
African American	0.3	5	20	0	1	937,331
Other/unknown	0.4	8	21	0	2	352,379
Use of Nursing Facilities^d						
Entire year	0.5	8	16	0	2	173,749
Part year	0.5	7	16	0	2	146,275
None	0.4	7	20	0	2	2,228,866
Maintenance Assistance Status						
Cash	0.4	7	19	0	2	1,268,398
Medically needy	0.4	7	16	0	2	73,574
Poverty related	0.4	7	19	0	2	1,204,189
Other/unknown	0.4	9	25	0	2	2,729

Source: Data for this table are from the MAX 2003 file for North Carolina, 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}
 NORTH CAROLINA, 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	177,905	\$101	\$17,962,051	100.0 %	945,703	\$19	100.0 %
Anorexia or weight loss/gain	1,503	237	355,987	2.0	5,598	64	0.6
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	70	17	1,187	0.0	118	10	0.0
Cough and cold medications	56,924	79	4,509,216	25.1	162,384	28	17.2
Vitamins and minerals	49,834	111	5,556,182	30.9	324,233	17	34.3
Non-prescription drugs	505	29	14,482	0.1	663	22	0.1
Barbiturates	2,577	75	192,467	1.1	24,080	8	2.5
Benzodiazepines	59,455	89	5,284,901	29.4	402,524	13	42.6
Other Part D Excl Rx Drugs	7,037	291	2,047,629	11.4	26,103	78	2.8

Source: Data for this table are from the MAX 2003 file for North Carolina, 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.

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, NORTH CAROLINA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	231,203	136,134	93,193	1,846	30	2,549,445	1,493,451	1,039,446	16,290	258	0
Age											
5 and younger	12	0	9	0	3	123	0	99	0	24	0
6-14	29	0	24	0	5	313	0	259	0	54	0
15-20	383	0	359	2	22	4,306	0	4,117	9	180	0
21-44	36,955	1	35,656	1,298	0	409,794	12	398,176	11,606	0	0
45-64	56,989	18	56,485	486	0	634,819	133	630,513	4,173	0	0
65-74	53,852	53,352	442	58	0	598,471	594,129	3,864	478	0	0
75-84	51,523	51,367	154	2	0	569,329	567,547	1,758	24	0	0
85 and older	31,460	31,396	64	0	0	332,290	331,630	660	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	155,558	104,407	49,910	1,223	18	1,721,569	1,150,677	559,714	11,011	167	0
Male	75,645	31,727	43,283	623	12	827,876	342,774	479,732	5,279	91	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	115,675	69,326	45,337	1,003	9	1,259,281	747,768	502,766	8,665	82	0
African American	83,771	47,502	35,626	628	15	937,692	531,418	400,508	5,658	108	0
Other/unknown	31,757	19,306	12,230	215	6	352,472	214,265	136,172	1,967	68	0
Use of Nursing Facilities^c											
Entire year	15,879	14,539	1,340	0	0	173,749	158,484	15,265	0	0	0
Part year	14,866	13,192	1,672	2	0	146,277	128,818	17,437	22	0	0
None	200,458	108,403	90,181	1,844	30	2,229,419	1,206,149	1,006,744	16,268	258	0
Maintenance Assistance Status											
Cash	111,856	64,122	46,367	1,361	6	1,268,679	724,717	531,762	12,152	48	0
Medically needy	7,465	5,971	1,414	80	0	73,581	58,559	14,378	644	0	0
Poverty related	111,598	66,041	45,412	133	12	1,204,448	710,175	493,306	854	113	0
Other/unknown	284	0	0	272	12	2,737	0	0	2,640	97	0
Dual Status^d											
Full dual, all year	224,736	132,383	90,495	1,828	30	2,478,135	1,452,161	1,009,621	16,095	258	0
Full dual, part year	6,467	3,751	2,698	18	0	71,310	41,290	29,825	195	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	231,092	136,125	93,110	1,828	29	2,548,244	1,493,350	1,038,527	16,121	246	0
FFS part year, with Rx claims	80	8	62	9	1	890	89	691	98	12	0
FFS part year, no Rx claims	8	1	5	2	0	89	12	56	21	0	0
MC all year, with Rx claims	18	0	13	5	0	182	0	146	36	0	0
MC all year, no Rx claims	5	0	3	2	0	40	0	26	14	0	0

Source: Data for this table are from the MAX 2003 file for North Carolina, 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, NORTH CAROLINA, 2003

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Beneficiaries	Number of Months	Beneficiaries	Number of Months	Beneficiaries	Number of Months
All	231,203	2,549,445	231,180	2,548,890	0	555
Fee-for-service (FFS) all year	231,092	2,548,244	231,092	2,548,244	0	0
FFS part year, with Rx claims	80	890	80	598	0	292
FFS part year, with no Rx claims	8	89	8	48	0	41
Managed care (MC) all year, with Rx claims	18	182	0	0	0	182
MC all year, with no Rx claims	5	40	0	0	0	40

Source: Data for this table are from the MAX 2003 file for North Carolina, 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.