

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

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 DUAL ELIGIBLE BENEFICIARIES, SOUTH 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
<b>All</b>	<b>179,987</b>	<b>124,990</b>	<b>53,416</b>	<b>1,567</b>	<b>14</b>	<b>0</b>	<b>1,993,756</b>	<b>1,380,307</b>	<b>598,175</b>	<b>15,155</b>	<b>119</b>	<b>0</b>
<b>Age</b>												
5 and younger	12	1	10	0	1	0	129	12	112	0	5	0
6-14	22	0	20	0	2	0	231	0	215	0	16	0
15-20	227	0	218	4	5	0	2,486	0	2,399	43	44	0
21-44	20,443	51	19,295	1,091	6	0	227,107	497	215,866	10,690	54	0
45-64	32,940	238	32,256	446	0	0	368,527	2,318	362,033	4,176	0	0
65-74	51,416	49,926	1,466	24	0	0	567,759	551,421	16,110	228	0	0
75-84	50,332	50,223	107	2	0	0	562,365	561,310	1,037	18	0	0
85 and older	24,595	24,551	44	0	0	0	265,152	264,749	403	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	120,942	91,437	28,418	1,081	6	0	1,344,988	1,014,883	319,621	10,422	62	0
Male	59,045	33,553	24,998	486	8	0	648,768	365,424	278,554	4,733	57	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	72,085	46,373	24,883	824	5	0	768,808	483,968	276,778	8,022	40	0
African American	60,378	35,257	24,409	703	9	0	678,415	396,167	275,390	6,779	79	0
Other/unknown	47,524	43,360	4,124	40	0	0	546,533	500,172	46,007	354	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	9,292	8,479	813	0	0	0	100,726	91,569	9,157	0	0	0
Part year	6,907	6,349	558	0	0	0	65,866	60,290	5,576	0	0	0
None	163,788	110,162	52,045	1,567	14	0	1,827,164	1,228,448	583,442	15,155	119	0
<b>Maintenance Assistance Status</b>												
Cash	54,231	29,633	23,666	932	0	0	613,915	338,364	266,705	8,846	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	51,255	26,661	24,526	61	7	0	573,484	299,737	273,189	500	58	0
Other/unknown	74,501	68,696	5,224	574	7	0	806,357	742,206	58,281	5,809	61	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	178,327	123,922	52,831	1,560	14	0	1,975,416	1,368,382	591,840	15,075	119	0
Full dual, part year	1,660	1,068	585	7	0	0	18,340	11,925	6,335	80	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	179,538	124,881	53,134	1,510	13	0	1,990,853	1,379,770	596,155	14,819	109	0
FFS part year, with Rx claims	358	59	249	49	1	0	2,503	374	1,806	313	10	0
FFS part year, no Rx claims	91	50	33	8	0	0	400	163	214	23	0	0

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. This table was produced on 11/01/2007.

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

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

TABLE D.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
All	76.5 %	30.0	\$1,725	\$57	\$6,357	27.1 %	179,987
<b>Age</b>							
5 and younger	91.7	30.3	3,911	129	9,777	40.0	12
6-14	95.5	45.6	3,800	83	10,254	37.1	22
15-20	81.5	23.0	1,958	85	9,339	21.0	227
21-44	84.5	27.1	2,521	93	9,347	27.0	20,443
45-64	90.1	40.0	2,671	67	9,057	29.5	32,940
65-74	72.0	28.5	1,446	51	3,864	37.4	51,416
75-84	71.8	28.0	1,328	47	4,808	27.6	50,332
85 and older	70.9	26.6	1,185	45	8,602	13.8	24,595
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	71.5	27.8	1,342	48	5,147	26.1	124,990
Disabled	88.3	35.5	2,623	74	9,249	28.4	53,416
Adults	76.3	21.9	1,657	76	4,291	38.6	1,567
Children	42.9	11.6	1,560	134	3,025	51.6	14
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	78.9	32.6	1,751	54	6,100	28.7	120,942
Male	71.8	24.9	1,670	67	6,882	24.3	59,045
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	77.6	33.9	2,036	60	8,509	23.9	72,085
African American	86.6	32.7	1,859	57	7,147	26.0	60,378
Other/unknown	62.2	20.8	1,081	52	2,088	51.8	47,524
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	50.0	24.9	1,269	51	30,138	4.2	9,292
Part year	63.7	22.9	1,213	53	16,155	7.5	6,907
None	78.6	30.6	1,772	58	4,594	38.6	163,788
<b>Maintenance Assistance Status</b>							
Cash	89.4	36.2	2,098	58	6,194	33.9	54,231
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	90.9	37.7	2,184	58	4,607	47.4	51,255
Other/unknown	57.3	20.3	1,137	56	7,679	14.8	74,501

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2003

Beneficiary Characteristics	Mean Number of Rx	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS <sup>d</sup>	More than 10	Benefit Months
		Mean Rx \$	Percentage of All Medicaid FFS <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less				
<b>All</b>	<b>2.7</b>	<b>\$156</b>	<b>27.1 %</b>	<b>23.5 %</b>	<b>18.1 %</b>	<b>13.0 %</b>	<b>31.9 %</b>	<b>12.4 %</b>	<b>1.1 %</b>	<b>179,987</b>	<b>1,993,756</b>
<b>Age</b>											
5 and younger	2.8	364	40.0	8.3	41.7	0.0	41.7	8.3	0.0	12	129
6-14	4.3	362	37.1	4.5	13.6	22.7	27.3	31.8	0.0	22	231
15-20	2.1	179	21.0	18.5	39.2	12.8	19.8	7.9	1.8	227	2,486
21-44	2.4	227	27.0	15.5	29.5	14.9	29.8	9.4	1.0	20,443	227,107
45-64	3.6	239	29.5	9.9	17.1	13.3	39.3	18.5	1.9	32,940	368,527
65-74	2.6	131	37.4	28.0	16.6	12.6	30.2	11.6	1.0	51,416	567,759
75-84	2.5	119	27.6	28.2	16.3	12.6	30.7	11.3	0.9	50,332	562,365
85 and older	2.5	110	13.8	29.1	16.8	12.7	29.9	10.6	0.9	24,595	265,152
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0
<b>Basis of Eligibility<sup>e</sup></b>											
Aged	2.5	122	26.1	28.5	16.5	12.6	30.3	11.2	0.9	124,990	1,380,307
Disabled	3.2	234	28.4	11.7	21.8	13.8	35.7	15.3	1.6	53,416	598,175
Adults	2.3	171	38.6	23.7	21.8	14.9	32.2	6.8	0.7	1,567	15,155
Children	1.4	184	51.6	57.1	21.4	0.0	14.3	7.1	0.0	14	119
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0
<b>Gender</b>											
Female	2.9	158	28.7	21.1	16.2	13.0	34.5	13.9	1.2	120,942	1,344,988
Male	2.3	152	24.3	28.2	22.0	13.0	26.6	9.4	0.9	59,045	648,768
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0
<b>Race</b>											
White	3.2	191	23.9	22.4	15.5	11.3	32.9	15.9	1.9	72,085	768,808
African American	2.9	166	26.0	13.4	21.1	15.2	36.7	12.9	0.7	60,378	678,415
Other/unknown	1.8	94	51.8	37.8	18.3	12.7	24.3	6.5	0.4	47,524	546,533
<b>use of nursing Facilities<sup>f</sup></b>											
Entire year	2.3	117	4.2	50.0	11.4	5.9	16.2	12.8	3.6	9,292	100,726
Part year	2.4	127	7.5	36.3	18.2	9.6	22.8	11.8	1.4	6,907	65,866
None	2.7	159	38.6	21.4	18.5	13.5	33.2	12.4	1.0	163,788	1,827,164
<b>Maintenance Assistance Status</b>											
Cash	3.2	185	33.9	10.6	19.9	14.3	38.3	15.6	1.2	54,231	613,915
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0
Poverty related	3.4	195	47.4	9.1	18.4	14.2	41.1	16.0	1.2	51,255	573,484
Other/unknown	1.9	105	14.8	42.7	16.6	11.2	20.9	7.6	1.0	74,501	806,357

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. This table was produced on 11/01/2007.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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



TABLE D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH 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
<b>All</b>	<b>2.7</b>	<b>\$156</b>	<b>\$57</b>	<b>1.4</b>	<b>\$129</b>	<b>\$95</b>	<b>0.1</b>	<b>\$3</b>	<b>\$34</b>	<b>1.3</b>	<b>\$23</b>	<b>\$18</b>
<b>Age</b>												
5 and younger	2.8	364	129	1.3	332	249	0.1	3	37	1.4	29	21
6-14	4.3	362	83	2.2	304	139	0.1	27	183	2.0	30	15
15-20	2.1	179	85	1.0	155	148	0.1	3	47	1.0	21	22
21-44	2.4	227	93	1.2	193	166	0.1	5	63	1.2	28	23
45-64	3.6	239	67	1.7	197	115	0.1	6	53	1.7	35	20
65-74	2.6	131	51	1.3	109	81	0.1	2	26	1.2	19	17
75-84	2.5	119	47	1.3	98	76	0.1	2	22	1.1	18	17
85 and older	2.5	110	45	1.2	88	75	0.1	2	21	1.2	19	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	2.5	122	48	1.3	100	78	0.1	2	23	1.1	19	17
Disabled	3.2	234	74	1.5	195	129	0.1	6	56	1.5	33	21
Adults	2.3	171	76	1.1	145	135	0.1	3	50	1.1	23	21
Children	1.4	184	134	0.7	158	218	0.0	1	104	0.6	25	40
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	2.9	158	54	1.5	131	88	0.1	3	31	1.3	24	18
Male	2.3	152	67	1.1	127	115	0.1	3	45	1.1	22	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	3.2	191	60	1.5	157	102	0.1	4	35	1.5	30	20
African American	2.9	166	57	1.4	138	98	0.1	3	39	1.4	24	17
Other/unknown	1.8	94	52	1.0	80	77	0.1	1	25	0.7	12	18
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	2.3	117	51	1.0	92	93	0.1	3	28	1.2	22	18
Part year	2.4	127	53	1.1	103	95	0.1	3	27	1.2	21	18
None	2.7	159	58	1.4	132	96	0.1	3	35	1.3	23	18
<b>Maintenance Assistance Status</b>												
Cash	3.2	185	58	1.5	154	101	0.1	4	35	1.6	28	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	3.4	195	58	1.6	161	99	0.1	4	36	1.6	29	18
Other/unknown	1.9	105	56	1.0	88	85	0.1	2	32	0.8	15	19

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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 South 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users <sup>e</sup>								
	Patented		Generic		Patented		Generic		Patented		Generic		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	0.1	0.0	0.1	\$27	\$24	\$0	\$3	\$104	\$170	\$100	\$24	207,704	\$21,499,721	69,290	38.5 %	799,995
Biologics	0.1	0.1	0.0	0.0	123	1	58	64	848	10	4,589	5,004	800	678,321	464	0.3	5,502
Antineoplastic Agents	0.4	0.2	0.0	0.2	100	84	1	15	248	439	117	74	20,863	5,184,075	4,610	2.6	51,751
Endocrine/Metabolic Drugs	0.8	0.5	0.1	0.2	37	33	1	3	46	67	14	14	606,152	27,584,167	64,480	35.8	742,747
Cardiovascular Agents	1.5	0.8	0.0	0.7	59	48	0	10	39	61	19	15	1,827,599	71,204,941	104,985	58.3	1,205,588
Respiratory Agents	0.5	0.3	0.0	0.2	26	22	1	3	54	74	51	16	317,643	17,071,616	57,346	31.9	663,392
Gastrointestinal Agents	0.5	0.2	0.0	0.3	30	22	0	8	59	127	97	23	299,942	17,554,089	51,044	28.4	589,995
Genitourinary Agents	0.4	0.3	0.0	0.1	27	25	0	1	65	73	37	23	86,438	5,661,383	18,242	10.1	211,344
CNS Drugs	0.9	0.4	0.0	0.4	73	63	1	9	81	140	101	20	685,184	55,198,972	66,529	37.0	760,982
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.2	55	46	1	8	124	181	62	47	5,532	688,384	1,089	0.6	12,475
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.0	79	78	0	1	142	152	0	25	41,662	5,913,537	6,624	3.7	74,579
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	38	30	1	7	66	140	98	20	516,543	33,909,852	77,687	43.2	895,709
Neuromuscular Agents	0.7	0.3	0.0	0.3	49	38	2	9	72	134	41	25	278,579	20,155,411	35,763	19.9	412,035
Nutritional Products	0.5	0.0	0.0	0.5	6	0	0	6	13	40	21	13	140,005	1,843,117	25,019	13.9	287,044
Hematological Agents	0.6	0.3	0.1	0.2	49	44	1	3	83	144	19	14	181,962	15,111,442	27,131	15.1	310,837
Topical Products	0.3	0.2	0.0	0.1	15	13	0	2	48	63	43	21	164,549	7,827,933	43,639	24.2	508,174
Miscellaneous Products	0.6	0.3	0.1	0.2	116	90	13	13	198	310	143	65	11,661	2,307,529	1,758	1.0	19,904
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	18	0	0	0	77	0	0	0	13,110	1,009,248	4,899	2.7	57,449
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	5,405,928	310,403,738	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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 South 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$31,823,853	23,474	13.0 %	268,682	0.6	\$194
ANTIHYPERTENSIVE	25,104,698	44,793	24.9	520,664	0.6	86
ANTIDIABETIC	22,220,750	56,016	31.1	647,625	0.6	58
ANTIHYPERTENSIVE	21,633,926	86,009	47.8	994,984	0.6	38
ANTIDEPRESSANTS	17,732,422	49,675	27.6	569,973	0.5	61
ANALGESICS - Narcotic	16,638,405	78,891	43.8	912,239	0.3	59
ANTICONVULSANT	16,413,716	27,595	15.3	317,469	0.6	86
ANALGESICS - ANTI-INFLAMMATORY	14,469,007	44,536	24.7	519,966	0.3	80
CALCIUM BLOCKERS	12,991,575	38,118	21.2	440,272	0.6	46
ULCER DRUGS	12,679,317	46,434	25.8	539,645	0.4	57
Total	191,707,669	495,541		5,731,519	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. This table was produced on 11/01/2007.

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

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

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

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

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIHYPERLIPIDEMIC						
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number 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 Number 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 Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>2,861,817</b>	<b>\$191,707,669</b>	<b>23,474</b>	<b>13.0 %</b>	<b>268,682</b>	<b>0.6</b>	<b>\$118</b>	<b>44,793</b>	<b>24.9 %</b>	<b>520,664</b>	<b>0.6</b>	<b>\$48</b>					
<b>Female</b>	2,063,523	132,046,536	14,434	11.9	164,760	0.6	102	32,358	26.8	376,810	0.6	48					
<b>Disabled</b>	613,964	49,266,199	6,838	24.1	79,459	0.6	130	7,626	26.8	88,644	0.5	48					
5 and younger	35	3,423	0	0.0	0	0.0	0	1	33.3	12	0.8	52					
6-14	93	2,616	0	0.0	0	0.0	0	1	12.5	12	0.1	1					
15-20	1,126	78,917	25	25.8	300	0.3	50	1	1.0	12	0.8	52					
21-44	141,654	13,763,806	2,751	31.0	31,743	0.6	133	881	9.9	10,113	0.5	40					
45-64	449,334	34,055,750	3,966	21.4	46,304	0.6	128	6,362	34.4	74,067	0.5	49					
65-74	20,608	1,300,637	85	10.1	1,008	0.6	91	366	43.5	4,264	0.6	52					
75-84	788	45,563	9	14.5	80	0.6	103	10	16.1	116	0.7	61					
85 and older	326	15,487	2	5.3	24	0.5	61	4	10.5	48	0.5	46					
<b>Other Eligibles</b>	1,449,559	82,780,337	7,596	8.2	85,301	0.5	76	24,732	26.7	288,166	0.6	48					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	13	1,052	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	39	3,195	0	0.0	0	0.0	0	1	20.0	12	0.2	17					
21-44	7,922	664,508	108	12.9	1,144	0.4	90	44	5.2	458	0.4	37					
45-64	6,803	485,446	57	14.7	606	0.5	94	102	26.4	1,011	0.5	45					
65-74	582,745	34,704,796	2,133	6.3	24,486	0.6	92	11,477	33.9	133,612	0.6	48					
75-84	592,650	33,287,195	3,080	8.3	34,639	0.5	73	10,463	28.1	122,395	0.6	48					
85 and older	259,387	13,634,145	2,218	11.0	24,426	0.5	63	2,645	13.1	30,678	0.6	48					
<b>Male</b>	798,294	59,661,133	9,040	15.3	103,922	0.7	145	12,435	21.1	143,854	0.6	49					
<b>Disabled</b>	427,380	38,574,239	6,694	26.8	77,705	0.7	165	5,220	20.9	60,509	0.6	51					
5 and younger	49	2,411	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	179	7,644	0	0.0	0	0.0	0	1	8.3	12	0.7	24					
15-20	1,047	102,662	21	17.4	252	0.5	158	4	3.3	46	0.6	24					
21-44	145,560	15,641,819	3,438	33.0	39,808	0.7	162	1,178	11.3	13,725	0.5	45					
45-64	269,138	22,164,833	3,185	23.1	37,080	0.8	169	3,828	27.8	44,316	0.6	53					
65-74	10,885	620,879	44	7.0	504	0.5	91	199	31.8	2,290	0.6	54					
75-84	435	26,472	5	11.1	49	0.3	56	10	22.2	120	0.5	55					
85 and older	87	7,519	1	16.7	12	0.9	238	0	0.0	0	0.0	0					
<b>Other Eligibles</b>	370,914	21,086,894	2,346	6.9	26,217	0.5	85	7,215	21.2	83,345	0.6	47					
5 and younger	4	71	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					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	4,665	481,251	54	17.5	561	0.4	113	50	16.2	513	0.5	38					
45-64	4,408	348,981	37	12.5	415	0.8	180	72	24.2	751	0.5	45					
65-74	195,943	11,493,387	1,025	6.4	11,706	0.6	100	4,099	25.5	47,354	0.6	48					
75-84	128,676	6,877,339	836	6.4	9,328	0.5	72	2,523	19.3	29,306	0.5	44					
85 and older	37,218	1,885,865	394	9.2	4,207	0.5	60	471	10.9	5,421	0.6	42					
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. This table was produced on 11/01/2007.

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

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

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

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

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

Beneficiary Characteristics	ANTI-DIABETIC					ANTI-HYPERTENSIVE					ANTI-DEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per 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 per 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 per Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
<b>All</b>	<b>56,016</b>	<b>31.1%</b>	<b>647,625</b>	<b>0.6</b>	<b>\$34</b>	<b>86,009</b>	<b>47.8%</b>	<b>994,984</b>	<b>0.6</b>	<b>\$22</b>	<b>49,675</b>	<b>27.6%</b>	<b>569,973</b>	<b>0.5</b>	<b>\$31</b>
<b>Female</b>	41,528	34.3	481,235	0.6	34	62,764	51.9	727,764	0.6	22	37,418	30.9	429,727	0.5	31
<b>Disabled</b>	11,495	40.4	133,263	0.6	40	13,758	48.4	159,572	0.6	22	16,037	56.4	184,894	0.5	34
5 and younger	0	0.0	0	0.0	0	1	33.3	6	2	2	0	0.0	0	0.0	0
6-14	1	12.5	12	0.3	3	4	50.0	48	4	4	1	12.5	12	0.8	24
15-20	12	12.4	138	0.4	43	38	39.2	429	0.4	13	37	38.1	406	0.4	25
21-44	1,716	19.3	19,756	0.5	38	2,131	24.0	24,624	0.5	19	4,926	55.5	56,456	0.5	35
45-64	9,248	50.0	107,348	0.6	40	10,949	59.2	127,191	0.6	23	10,700	57.8	123,696	0.5	34
65-74	484	57.6	5,604	0.6	36	594	70.6	6,820	0.6	23	357	42.4	4,149	0.5	31
75-84	29	46.8	345	0.6	23	27	43.5	303	0.5	24	8	12.9	88	0.4	29
85 and older	5	13.2	60	0.7	41	14	36.8	151	0.4	13	8	21.1	87	0.2	9
<b>Other Eligibles</b>	30,033	32.5	347,972	0.6	32	49,006	53.0	568,192	0.6	23	21,381	23.1	244,833	0.5	28
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	20.0	12	0.8	168	1	20.0	10	0.4	7	0	0.0	0	0.0	0
21-44	91	10.8	1,015	0.5	40	115	13.7	1,207	0.4	18	442	52.7	4,785	0.4	30
45-64	166	42.9	1,755	0.5	40	209	54.0	2,156	0.5	20	229	59.2	2,461	0.4	33
65-74	14,092	41.6	163,789	0.6	35	19,574	57.8	227,673	0.6	23	8,298	24.5	96,037	0.5	27
75-84	11,818	31.8	137,390	0.6	30	20,244	54.4	235,972	0.6	22	8,216	22.1	94,495	0.5	29
85 and older	3,865	19.1	44,011	0.6	25	8,863	43.8	101,174	0.6	22	4,196	20.7	47,055	0.5	29
<b>Male</b>	14,488	24.5	166,390	0.6	35	23,245	39.4	267,220	0.6	20	12,257	20.8	140,246	0.5	32
<b>Disabled</b>	6,170	24.7	70,981	0.6	40	9,631	38.5	110,691	0.6	21	7,876	31.5	90,830	0.5	35
5 and younger	0	0.0	0	0.0	0	3	42.9	34	0.3	2	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	7	58.3	84	0.4	10	1	8.3	12	0.3	19
15-20	4	3.3	44	0.6	46	28	23.1	325	0.3	8	24	19.8	282	0.5	30
21-44	1,308	12.5	15,079	0.6	40	2,366	22.7	27,173	0.5	19	3,494	33.5	40,431	0.5	35
45-64	4,559	33.1	52,477	0.6	41	6,821	49.6	78,527	0.6	22	4,219	30.7	48,596	0.5	34
65-74	288	46.1	3,255	0.6	35	387	61.9	4,342	0.6	20	129	20.6	1,426	0.5	23
75-84	8	17.8	96	0.7	37	17	37.8	185	0.6	25	8	17.8	79	0.6	26
85 and older	3	50.0	30	0.4	26	2	33.3	21	1.2	45	1	16.7	4	0.3	2
<b>Other Eligibles</b>	8,318	24.4	95,409	0.6	32	13,614	40.0	156,529	0.6	19	4,381	12.9	49,416	0.5	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	60	19.4	645	0.5	38	99	32.0	1,064	0.5	24	150	48.5	1,572	0.4	32
45-64	97	32.7	996	0.6	41	124	41.8	1,280	0.5	18	117	39.4	1,216	0.4	29
65-74	4,719	29.3	54,234	0.6	34	7,005	43.5	80,742	0.6	20	2,086	13.0	23,947	0.5	27
75-84	2,819	21.6	32,558	0.6	29	4,963	38.0	57,354	0.5	18	1,484	11.4	16,737	0.5	27
85 and older	623	14.5	6,976	0.6	26	1,423	33.1	16,089	0.6	18	544	12.6	5,944	0.5	26
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTICONVULSANT					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
<b>All</b>	<b>78,891</b>	<b>43.8 %</b>	<b>912,239</b>	<b>\$18</b>	<b>0.3</b>	<b>27,595</b>	<b>15.3 %</b>	<b>317,469</b>	<b>\$52</b>	<b>0.6</b>	<b>44,536</b>	<b>24.7 %</b>	<b>519,966</b>	<b>0.3</b>	<b>\$28</b>
<b>Female</b>	56,184	46.5	651,575	16	0.3	17,670	14.6	203,340	49	0.6	33,888	28.0	395,974	0.4	30
<b>Disabled</b>	21,765	76.6	252,690	23	0.3	8,770	30.9	101,190	64	0.6	9,327	32.8	108,910	0.3	23
5 and younger	2	66.7	18	1	0.1	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	2	25.0	24	0	0.1	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	78	80.4	912	5	0.2	24	24.7	287	76	0.7	27	27.8	310	0.2	4
21-44	6,719	75.7	77,799	24	0.3	3,259	36.7	37,539	74	0.7	2,525	28.5	29,403	0.2	17
45-64	14,368	77.7	167,004	24	0.3	5,313	28.7	61,341	58	0.6	6,437	34.8	75,263	0.3	25
65-74	564	67.1	6,584	15	0.3	170	20.2	1,990	42	0.6	316	37.6	3,696	0.3	31
75-84	23	37.1	256	3	0.2	4	6.5	33	26	0.4	13	21.0	151	0.3	31
85 and older	9	23.7	93	4	0.2	0	0.0	0	0	0.0	9	23.7	87	0.6	33
<b>Other Eligibles</b>	34,419	37.2	398,885	12	0.3	8,900	9.6	102,150	34	0.5	24,561	26.5	287,064	0.4	32
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	50.0	12	1	0.1	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	7	140.0	79	2	0.1	0	0.0	0	0	0.0	2	40.0	24	0.1	1
21-44	622	74.1	6,760	24	0.3	211	25.1	2,223	56	0.5	198	23.6	2,164	0.2	9
45-64	305	78.8	3,277	15	0.3	108	27.9	1,156	38	0.4	138	35.7	1,493	0.3	25
65-74	13,721	40.5	160,194	12	0.3	3,553	10.5	41,098	36	0.5	9,885	29.2	115,943	0.4	32
75-84	13,384	36.0	156,009	11	0.3	3,530	9.5	40,729	33	0.5	9,970	26.8	117,028	0.4	32
85 and older	6,379	31.5	72,554	11	0.3	1,498	7.4	16,944	29	0.5	4,368	21.6	50,412	0.4	35
<b>Male</b>	22,707	38.5	260,664	24	0.3	9,925	16.8	114,129	57	0.7	10,648	18.0	123,992	0.3	22
<b>Disabled</b>	13,670	54.7	157,517	31	0.3	7,084	28.3	81,910	66	0.7	5,079	20.3	59,340	0.3	16
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	2	16.7	24	1	0.1	2	16.7	24	50	1.0	0	0.0	0	0.0	0
15-20	47	38.8	542	2	0.1	33	27.3	385	73	0.8	20	16.5	231	0.1	3
21-44	5,331	51.1	61,469	34	0.3	3,243	31.1	37,430	75	0.7	1,795	17.2	21,024	0.2	13
45-64	7,951	57.8	91,566	30	0.4	3,710	27.0	42,971	60	0.7	3,088	22.4	36,030	0.3	17
65-74	321	51.4	3,708	12	0.3	96	15.4	1,100	28	0.5	164	26.2	1,911	0.3	31
75-84	17	37.8	196	5	0.2	0	0.0	0	0	0.0	11	24.4	132	0.4	35
85 and older	1	16.7	12	57	0.9	0	0.0	0	0	0.0	1	16.7	12	1.0	86
<b>Other Eligibles</b>	9,037	26.5	103,147	13	0.3	2,841	8.3	32,219	33	0.5	5,569	16.4	64,652	0.4	27
5 and younger	1	50.0	12	6	0.3	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
21-44	321	103.9	3,388	61	0.5	103	33.3	1,101	50	0.5	83	26.9	891	0.2	11
45-64	219	73.7	2,310	33	0.4	78	26.3	841	39	0.5	63	21.2	648	0.2	11
65-74	4,641	28.8	53,454	13	0.3	1,435	8.9	16,465	36	0.6	2,837	17.6	33,050	0.3	27
75-84	2,919	22.4	33,482	10	0.3	936	7.2	10,619	29	0.5	1,996	15.3	23,282	0.4	27
85 and older	936	21.7	10,501	9	0.3	289	6.7	3,193	25	0.5	590	13.7	6,781	0.4	29
<b>Unknown</b>	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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.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.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2003

Beneficiary Characteristics	CALCIUM BLOCKERS				ULCER DRUGS				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 Month	Number of Months Among Users	Users as % of Dual Benes	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										
<b>All</b>	<b>38,118</b>	<b>21.2 %</b>	<b>440,272</b>	<b>0.6</b>	<b>\$30</b>	<b>46,434</b>	<b>25.8 %</b>	<b>539,645</b>	<b>0.4</b>	<b>\$24</b>	<b>179,987</b>	<b>1,993,756</b>						
<b>Female</b>	28,764	23.8	333,165	0.7	30	33,829	28.0	393,873	0.4	23	120,942	1,344,988						
<b>Disabled</b>	5,250	18.5	60,680	0.6	32	10,317	36.3	120,626	0.4	23	28,418	319,621						
5 and younger	1	33.3	12	0.5	40	2	66.7	24	0.6	96	3	30						
6-14	3	37.5	36	0.8	31	3	37.5	36	0.6	27	8	81						
15-20	11	11.3	126	0.6	36	31	32.0	347	0.3	27	97	1,062						
21-44	738	8.3	8,426	0.5	29	2,455	27.7	28,650	0.3	20	8,872	99,392						
45-64	4,242	22.9	49,136	0.6	32	7,463	40.3	87,336	0.4	25	18,497	208,793						
65-74	235	27.9	2,724	0.7	33	344	40.9	4,026	0.4	28	841	9,315						
75-84	12	19.4	132	0.5	21	12	19.4	138	0.6	27	62	588						
85 and older	8	21.1	88	0.5	24	7	18.4	69	0.7	17	38	360						
<b>Other Eligibles</b>	23,514	25.4	272,485	0.7	29	23,512	25.4	273,247	0.4	23	92,524	1,025,367						
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0						
6-14	1	50.0	12	1.0	87	0	0.0	0	0.0	0	2	16						
15-20	2	40.0	22	0.3	19	3	60.0	36	0.2	9	5	57						
21-44	50	6.0	520	0.5	23	139	16.6	1,495	0.3	15	839	8,206						
45-64	86	22.2	901	0.5	28	137	35.4	1,526	0.3	22	387	3,626						
65-74	8,409	24.8	97,928	0.7	30	8,911	26.3	104,451	0.4	23	33,863	376,624						
75-84	9,912	26.7	115,346	0.7	29	9,630	25.9	112,113	0.4	24	37,181	417,750						
85 and older	5,054	25.0	57,756	0.7	29	4,692	23.2	53,626	0.5	23	20,247	219,088						
<b>Male</b>	9,354	15.8	107,107	0.6	29	12,605	21.3	145,772	0.4	24	59,045	648,768						
<b>Disabled</b>	3,510	14.0	40,067	0.6	32	6,370	25.5	74,144	0.4	25	24,998	278,554						
5 and younger	3	42.9	35	0.7	35	6	85.7	71	0.2	16	7	82						
6-14	10	83.3	120	0.7	27	4	33.3	48	0.5	39	12	134						
15-20	19	15.7	224	0.5	35	25	20.7	296	0.4	35	121	1,337						
21-44	816	7.8	9,366	0.6	31	2,074	19.9	24,216	0.4	25	10,423	116,474						
45-64	2,517	18.3	28,704	0.6	33	4,075	29.6	47,416	0.4	25	13,759	153,240						
65-74	141	22.6	1,576	0.6	27	178	28.5	2,012	0.5	22	625	6,795						
75-84	2	4.4	24	0.5	21	8	17.8	85	0.3	11	45	449						
85 and older	2	33.3	18	0.8	69	0	0.0	0	0.0	0	6	43						
<b>Other Eligibles</b>	5,844	17.2	67,040	0.6	27	6,235	18.3	71,628	0.4	22	34,047	370,214						
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	17						
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0						
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	30						
21-44	28	9.1	276	0.6	27	68	22.0	760	0.4	25	309	3,035						
45-64	43	14.5	441	0.5	26	56	18.9	595	0.4	22	297	2,868						
65-74	2,837	17.6	32,723	0.6	28	3,008	18.7	34,817	0.4	23	16,087	175,025						
75-84	2,197	16.8	25,264	0.6	26	2,260	17.3	25,981	0.4	21	13,044	143,578						
85 and older	739	17.2	8,336	0.6	25	843	19.6	9,475	0.4	22	4,304	45,661						
<b>Unknown</b>	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 South Carolina, released by CMS in 06/2007. This table was produced on 11/01/2007.

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

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

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH 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	
				2.3	9,292
<b>All</b>	<b>\$117</b>	<b>2.3</b>	<b>9,292</b>	<b>100,726</b>	<b>100,726</b>
<b>Age</b>					
0-64	172	2.7	727	8,144	8,144
65-74	140	2.6	1,225	13,509	13,509
75-84	122	2.4	3,149	34,082	34,082
85 and older	96	2.1	4,191	44,991	44,991
Unknown	0	0.0	0	0	0
<b>Gender</b>					
Female	113	2.3	7,108	77,431	77,431
Male	130	2.3	2,184	23,295	23,295
Unknown	0	0.0	0	0	0
<b>Race</b>					
White	116	2.3	6,045	64,590	64,590
African American	120	2.3	2,902	32,332	32,332
Other/unknown	113	2.4	345	3,804	3,804
<b>Basis of Eligibility<sup>c</sup></b>					
Aged	111	2.2	8,479	91,569	91,569
Disabled	176	2.8	813	9,157	9,157
Adults	0	0.0	0	0	0
Children	0	0.0	0	0	0
Unknown	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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 6,907 beneficiaries who were in nursing facilities for part of their enrollment and their 65,866 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

**TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH 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	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.2	0.0	0.1	\$20	\$17	\$0	\$3	\$69	\$107	\$79	\$24	\$688,626	3,077	33.1 %	34,252
Biologicals	0.1	0.1	0.0	0.0	1	1	0	0	9	9	0	0	945	107	1.2	1,282
Antineoplastic Agents	0.5	0.1	0.0	0.3	104	64	0	40	227	555	69	116	263,832	242	2.6	2,539
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.4	40	34	1	5	42	71	16	12	903,508	2,006	21.6	22,434
Cardiovascular Agents	1.7	0.6	0.1	1.1	47	30	1	16	28	55	15	15	1,648,482	3,136	33.7	34,844
Respiratory Agents	0.5	0.3	0.0	0.2	26	19	2	5	50	73	60	23	537,985	1,855	20.0	20,895
Gastrointestinal Agents	0.8	0.2	0.0	0.6	28	18	0	10	35	88	47	17	632,848	2,011	21.6	22,691
Genitourinary Agents	0.6	0.4	0.0	0.1	36	33	1	3	66	77	37	25	334,560	818	8.8	9,179
CNS Drugs	1.2	0.7	0.0	0.5	87	77	1	8	72	106	56	18	2,775,219	2,883	31.0	31,961
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.5	38	32	0	6	60	177	0	14	10,848	24	0.3	286
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	97	96	0	0	138	139	0	9	722,135	683	7.4	7,481
Analgesics and Anesthetics	0.7	0.3	0.0	0.4	44	38	1	6	64	123	53	15	990,525	2,012	21.7	22,436
Neuromuscular Agents	1.0	0.4	0.1	0.5	56	34	4	18	59	94	47	35	848,892	1,341	14.4	15,136
Nutritional Products	0.6	0.0	0.0	0.6	8	0	0	8	14	14	22	13	118,655	1,272	13.7	14,137
Hematological Agents	0.9	0.4	0.2	0.3	63	57	2	3	73	157	12	11	859,164	1,227	13.2	13,682
Topical Products	0.4	0.2	0.0	0.2	17	11	1	4	40	60	40	21	414,414	2,208	23.8	25,037
Miscellaneous Products	0.3	0.1	0.0	0.2	20	7	0	14	66	96	0	57	25,578	116	1.2	1,252
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	34	0	0	0	10,575	142	1.5	1,642
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>11,786,791</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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 6,907 beneficiaries who were in nursing facilities for part of their enrollment and their 65,866 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

In South 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	Number of Nursing Facility Residents	As a Percentage of All-Year Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,563,171	1,632	17.6 %	18,367	0.6	\$137	\$85	
ANTIDEPRESSANTS	1,038,845	2,405	25.9	26,799	0.7	57	39	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	722,135	684	7.4	7,493	0.7	138	96	
ANTIDIABETIC	625,727	1,705	18.3	19,323	0.7	48	32	
ANTICONVULSANT	624,416	1,258	13.5	14,288	0.7	59	44	
ANALGESICS - Narcotic	585,919	1,871	20.1	20,906	0.4	65	28	
ANTIHYPERTENSIVE	530,268	2,023	21.8	22,708	0.7	34	23	
MISC. HEMATOLOGICAL	500,133	585	6.3	6,678	0.7	104	75	
ULCER DRUGS	383,629	1,587	17.1	18,029	0.6	36	21	
CALCIUM BLOCKERS	364,437	982	10.6	11,021	0.7	45	33	
<b>Total</b>	<b>6,938,680</b>	<b>14,732</b>		<b>165,612</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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 6,907 beneficiaries who were in nursing facilities for part of their enrollment and their 65,866 benefit months were excluded from the analysis.

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

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

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

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



TABLE D.10A

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

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	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
<b>All</b>	<b>107,076</b>	<b>\$6,938,680</b>	<b>1,632</b>	<b>17.6 %</b>	<b>18,367</b>	<b>0.6</b>	<b>\$85</b>	<b>2,405</b>	<b>25.9 %</b>	<b>0.7</b>	<b>26,799</b>	<b>\$39</b>
<b>Female</b>	81,416	5,201,449	1,223	17.2	13,737	0.6	82	1,879	26.4	0.7	20,927	39
<b>Disabled</b>	6,546	462,737	65	16.8	752	0.7	109	137	35.4	0.7	1,524	44
64 or younger	5,447	394,267	49	14.9	569	0.7	117	113	34.5	0.8	1,264	46
65-74	863	55,464	12	27.9	144	0.6	67	22	51.2	0.8	236	37
75-84	226	12,799	3	30.0	27	1.0	222	1	10.0	0.3	12	18
85 and older	10	207	1	16.7	12	0.3	10	1	16.7	0.2	12	4
<b>Other Eligibles</b>	74,870	4,738,712	1,158	17.2	12,985	0.6	81	1,742	25.9	0.7	19,403	38
64 or younger	80	4,993	0	0.0	0	0.0	0	3	30.0	0.7	31	55
65-74	10,547	701,862	154	22.7	1,685	0.7	107	203	29.9	0.7	2,251	38
75-84	29,301	1,940,342	476	20.1	5,352	0.6	83	666	28.1	0.7	7,415	39
85 and older	34,942	2,091,515	528	14.4	5,948	0.6	72	870	23.8	0.7	9,706	37
<b>Male</b>	25,660	1,737,231	409	18.7	4,630	0.6	93	526	24.1	0.7	5,872	40
<b>Disabled</b>	5,887	425,658	78	18.3	889	0.7	104	123	28.9	0.7	1,421	43
64 or younger	5,027	367,649	66	17.3	756	0.7	106	108	28.3	0.7	1,241	44
65-74	792	51,637	10	24.4	120	0.7	82	15	36.6	0.6	180	35
75-84	4	323	1	50.0	1	1.0	105	0	0.0	0.0	0	0
85 and older	64	6,049	1	100.0	12	0.9	238	0	0.0	0.0	0	0
<b>Other Eligibles</b>	19,773	1,311,573	331	18.8	3,741	0.6	91	403	22.9	0.7	4,451	38
64 or younger	168	10,630	1	14.3	12	1.4	226	2	28.6	0.8	21	45
65-74	5,360	348,695	91	19.7	1,051	0.6	86	106	22.9	0.6	1,198	39
75-84	9,022	607,739	156	20.3	1,776	0.6	93	181	23.6	0.7	2,019	43
85 and older	5,223	344,509	83	15.9	902	0.6	91	114	21.9	0.7	1,213	30
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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 6,907 beneficiaries who were in nursing facilities for part of their enrollment and their 65,866 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTI-DIABETIC					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>684</b>	<b>7.4 %</b>	<b>7,493</b>	<b>0.7</b>	<b>\$96</b>	<b>1,705</b>	<b>18.3 %</b>	<b>19,323</b>	<b>0.7</b>	<b>\$32</b>	<b>1,258</b>	<b>13.5 %</b>	<b>14,288</b>	<b>0.7</b>	<b>\$44</b>
<b>Female</b>	531	7.5	5,839	0.7	94	1,332	18.7	15,120	0.7	32	869	12.2	9,883	0.7	44
<b>Disabled</b>	11	2.8	114	0.6	279	121	31.3	1,360	0.8	41	127	32.8	1,440	0.9	57
64 or younger	7	2.1	74	0.7	392	100	30.5	1,111	0.8	40	110	33.5	1,252	0.8	60
65-74	4	9.3	40	0.5	69	14	32.6	168	0.7	51	16	37.2	176	1.0	34
75-84	0	0.0	0	0.0	0	7	70.0	81	1.3	42	1	10.0	12	0.6	21
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	520	7.7	5,725	0.7	91	1,211	18.0	13,760	0.7	32	742	11.0	8,443	0.7	42
64 or younger	0	0.0	0	0.0	0	2	20.0	24	0.3	31	2	20.0	24	1.0	78
65-74	45	6.6	492	0.7	91	228	33.6	2,614	0.7	38	152	22.4	1,734	0.8	42
75-84	212	8.9	2,345	0.7	89	483	20.4	5,456	0.7	35	326	13.8	3,709	0.7	46
85 and older	263	7.2	2,888	0.7	92	498	13.6	5,666	0.6	26	262	7.2	2,976	0.7	37
<b>Male</b>	153	7.0	1,654	0.7	104	373	17.1	4,203	0.7	32	389	17.8	4,405	0.8	43
<b>Disabled</b>	9	2.1	91	0.7	246	74	17.4	830	0.7	42	147	34.5	1,707	0.8	51
64 or younger	8	2.1	90	0.7	247	55	14.4	602	0.7	41	136	35.6	1,575	0.8	51
65-74	0	0.0	0	0.0	0	17	41.5	204	0.8	47	11	26.8	132	0.8	42
75-84	1	50.0	1	1.0	152	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	2	200.0	24	0.5	30	0	0.0	0	0.0	0
<b>Other Eligibles</b>	144	8.2	1,563	0.7	96	299	17.0	3,373	0.7	30	242	13.8	2,698	0.7	37
64 or younger	0	0.0	0	0.0	0	3	42.9	27	0.9	70	2	28.6	21	0.9	39
65-74	24	5.2	279	0.7	101	92	19.9	1,051	0.7	32	85	18.4	969	0.7	41
75-84	62	8.1	670	0.7	97	145	18.9	1,654	0.7	29	101	13.2	1,138	0.7	35
85 and older	58	11.1	614	0.7	93	59	11.3	641	0.7	27	54	10.4	570	0.8	35
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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 6,907 beneficiaries who were in nursing facilities for part of their enrollment and their 65,866 benefit months were excluded from the analysis.
  - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C

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

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTHYPERTENSIVE					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,871</b>	<b>20.1 %</b>	<b>20,906</b>	<b>0.4</b>	<b>\$28</b>	<b>2,023</b>	<b>21.8 %</b>	<b>22,708</b>	<b>0.7</b>	<b>\$23</b>	<b>585</b>	<b>6.3 %</b>	<b>6,678</b>	<b>0.7</b>	<b>\$75</b>
<b>Female</b>	1,457	20.5	16,275	0.4	28	1,523	21.4	17,151	0.7	24	439	6.2	4,989	0.7	74
<b>Disabled</b>	112	28.9	1,271	0.5	43	81	20.9	932	0.7	30	17	4.4	194	0.9	102
64 or younger	95	29.0	1,083	0.6	45	66	20.1	762	0.7	29	12	3.7	134	1.0	106
65-74	13	30.2	142	0.3	37	10	23.3	112	0.9	38	5	11.6	60	0.8	94
75-84	4	40.0	46	0.3	4	5	50.0	58	0.6	34	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,345	20.0	15,004	0.4	27	1,442	21.5	16,219	0.7	23	422	6.3	4,795	0.7	72
64 or younger	1	10.0	12	0.3	2	4	40.0	43	0.5	15	0	0.0	0	0.0	0
65-74	157	23.2	1,763	0.5	28	182	26.8	2,083	0.7	27	57	8.4	661	0.7	75
75-84	511	21.6	5,730	0.5	31	563	23.8	6,364	0.7	23	155	6.5	1,764	0.7	72
85 and older	676	18.5	7,499	0.4	24	693	18.9	7,729	0.7	23	210	5.7	2,370	0.7	72
<b>Male</b>	414	19.0	4,631	0.4	28	500	22.9	5,557	0.7	23	146	6.7	1,689	0.7	79
<b>Disabled</b>	90	21.1	1,018	0.5	46	90	21.1	1,037	0.6	21	20	4.7	238	0.9	95
64 or younger	80	20.9	898	0.5	43	71	18.6	820	0.7	22	15	3.9	178	0.9	99
65-74	9	22.0	108	0.5	68	17	41.5	204	0.5	12	5	12.2	60	0.9	84
75-84	0	0.0	0	0.0	0	1	50.0	1	1.0	42	0	0.0	0	0.0	0
85 and older	1	100.0	12	0.9	57	1	100.0	12	1.4	50	0	0.0	0	0.0	0
<b>Other Eligibles</b>	324	18.4	3,613	0.4	23	410	23.3	4,520	0.7	23	126	7.2	1,451	0.7	77
64 or younger	5	71.4	57	0.6	15	2	28.6	21	0.9	33	1	14.3	9	0.9	104
65-74	82	17.7	940	0.3	23	122	26.3	1,358	0.7	25	24	5.2	285	0.6	63
75-84	140	18.3	1,521	0.4	26	180	23.5	2,009	0.7	22	58	7.6	677	0.7	83
85 and older	97	18.6	1,095	0.4	19	106	20.3	1,132	0.7	22	43	8.3	480	0.7	74
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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 6,907 beneficiaries who were in nursing facilities for part of their enrollment and their 65,866 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	ULCER DRUGS				CALCIUM BLOCKERS				Benefit Months Among All-Year Nursing Facility Residents			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
<b>All</b>	<b>1,587</b>	<b>17.1 %</b>	<b>18,029</b>	<b>0.6</b>	<b>\$21</b>	<b>982</b>	<b>10.6 %</b>	<b>11,021</b>	<b>0.7</b>	<b>\$33</b>	<b>9,292</b>	<b>100,726</b>
<b>Female</b>	1,183	16.6	13,465	0.6	21	753	10.6	8,484	0.7	33	7,108	77,431
<b>Disabled</b>	99	25.6	1,151	0.6	25	36	9.3	401	0.7	33	387	4,399
64 or younger	84	25.6	972	0.6	25	33	10.1	374	0.7	32	328	3,737
65-74	11	25.6	132	0.6	31	2	4.7	16	1.0	49	43	491
75-84	3	30.0	35	0.8	8	1	10.0	11	0.9	39	10	99
85 and older	1	16.7	12	0.3	4	0	0.0	0	0.0	0	6	72
<b>Other Eligibles</b>	1,084	16.1	12,314	0.6	20	717	10.7	8,083	0.7	33	6,721	73,032
64 or younger	1	10.0	7	0.3	3	0	0.0	0	0.0	0	10	58
65-74	138	20.4	1,587	0.6	23	83	12.2	965	0.7	29	678	7,517
75-84	386	16.3	4,369	0.6	21	256	10.8	2,891	0.8	34	2,370	25,863
85 and older	559	15.3	6,351	0.6	19	378	10.3	4,227	0.8	33	3,663	39,594
<b>Male</b>	404	18.5	4,564	0.5	23	229	10.5	2,537	0.7	34	2,184	23,295
<b>Disabled</b>	89	20.9	1,033	0.6	24	29	6.8	346	0.7	38	426	4,758
64 or younger	76	19.9	888	0.6	23	24	6.3	286	0.7	37	382	4,276
65-74	12	29.3	144	0.6	28	4	9.8	48	0.6	30	41	457
75-84	1	50.0	1	1.0	24	0	0.0	0	0.0	0	2	13
85 and older	0	0.0	0	0.0	0	1	100.0	12	1.1	100	1	12
<b>Other Eligibles</b>	315	17.9	3,531	0.5	23	200	11.4	2,191	0.7	34	1,758	18,537
64 or younger	2	28.6	24	0.8	48	1	14.3	9	1.0	70	7	73
65-74	79	17.1	904	0.5	17	55	11.9	632	0.7	34	463	5,044
75-84	140	18.3	1,553	0.5	23	88	11.5	944	0.7	32	767	8,107
85 and older	94	18.0	1,050	0.5	27	56	10.7	606	0.8	36	521	5,313
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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 6,907 beneficiaries who were in nursing facilities for part of their enrollment and their 65,866 benefit months were excluded from the analysis.

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

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

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

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

TABLE D.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 SOUTH 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 \$ of Beneficiaries	
								2.4	2.3 %
<b>All</b>	<b>68,919</b>	<b>38.3 %</b>	<b>2.4</b>	<b>430,666</b>	<b>\$39</b>	<b>\$6,997,494</b>	<b>\$16</b>		<b>179,987</b>
<b>Age</b>									
5 and younger	10	83.3	6.1	73	214	2,569	35	5.5	12
6-14	14	63.6	5.5	120	78	1,716	14	2.1	22
15-20	94	41.4	2.9	652	68	15,546	24	3.5	227
21-44	9,236	45.2	2.8	57,968	60	1,219,098	21	2.4	20,443
45-64	17,314	52.6	3.6	118,960	71	2,329,863	20	2.6	32,940
65-74	17,420	33.9	2.0	103,098	28	1,462,418	14	2.0	51,416
75-84	16,686	33.2	2.0	100,077	27	1,347,381	13	2.0	50,332
85 and older	8,145	33.1	2.0	49,718	25	618,903	12	2.1	24,595
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	41,612	33.3	2.0	248,930	27	3,365,544	14	2.0	124,990
Disabled	26,624	49.8	3.3	178,284	67	3,581,243	20	2.6	53,416
Adults	680	43.4	2.2	3,425	31	48,599	14	1.9	1,567
Children	3	21.4	1.9	27	151	2,108	78	9.7	14
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	49,983	41.3	2.6	315,017	42	5,082,528	16	2.4	120,942
Male	18,936	32.1	2.0	115,649	32	1,914,966	17	1.9	59,045
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	31,653	43.9	3.2	228,029	52	3,744,715	16	2.6	72,085
African American	25,639	42.5	2.3	139,758	40	2,412,137	17	2.1	60,378
Other/unknown	11,627	24.5	1.3	62,879	18	840,642	13	1.6	47,524
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	2,256	24.3	1.8	16,839	24	221,735	13	1.9	9,292
Part year	2,380	34.5	1.9	13,088	25	169,832	13	2.0	6,907
None	64,283	39.2	2.4	400,739	40	6,605,927	16	2.3	163,788
<b>Maintenance Assistance Status</b>									
Cash	26,141	48.2	3.1	168,635	47	2,523,352	15	2.2	54,231
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	25,326	49.4	3.1	158,571	53	2,707,840	17	2.4	51,255
Other/unknown	17,452	23.4	1.4	103,460	24	1,766,302	17	2.1	74,501

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. This table was produced on 11/01/2007.

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

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

TABLE D.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 SOUTH 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	0.2	\$4	\$16	\$0	\$1	1,993,756
<b>Age</b>						
5 and younger	0.6	20	35	0	0	129
6-14	0.5	7	14	0	1	231
15-20	0.3	6	24	0	1	2,486
21-44	0.3	5	21	0	2	227,107
45-64	0.3	6	20	0	2	368,527
65-74	0.2	3	14	0	1	567,759
75-84	0.2	2	13	0	1	562,365
85 and older	0.2	2	12	0	1	265,152
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.2	2	14	0	1	1,380,307
Disabled	0.3	6	20	0	2	598,175
Adults	0.2	3	14	0	2	15,155
Children	0.2	18	78	0	0	119
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.2	4	16	0	1	1,344,988
Male	0.2	3	17	0	1	648,768
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.3	5	16	0	2	768,808
African American	0.2	4	17	0	1	678,415
Other/unknown	0.1	2	13	0	1	546,533
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.2	2	13	0	1	100,726
Part year	0.2	3	13	0	1	65,866
None	0.2	4	16	0	1	1,827,164
<b>Maintenance Assistance Status</b>						
Cash	0.3	4	15	0	1	613,915
Medically needy	0.0	0	0	0	0	0
Poverty related	0.3	5	17	0	2	573,484
Other/unknown	0.1	2	17	0	1	806,357

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. This table was produced on 11/01/2007.

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

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



TABLE D.13  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 SOUTH 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	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
<b>All</b>	<b>93,678</b>	<b>\$75</b>	<b>\$6,997,494</b>	<b>100.0 %</b>	<b>430,666</b>	<b>\$16</b>	<b>100.0 %</b>	<b>430,666</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0	0	0.0
Drugs for cosmetic purposes	27	12	326	0.0	41	8	0.0	41	0.0
Cough and cold medications	26,489	55	1,447,341	20.7	59,681	24	20.7	59,681	13.9
Vitamins and minerals	24,640	73	1,789,472	25.6	138,447	13	25.6	138,447	32.1
Non-prescription drugs	9,164	25	232,879	3.3	30,695	8	3.3	30,695	7.1
Barbiturates	1,359	56	76,718	1.1	12,649	6	1.1	12,649	2.9
Benzodiazepines	29,385	86	2,522,272	36.0	181,806	14	36.0	181,806	42.2
Other Part D Excl Rx Drugs	2,614	355	928,486	13.3	7,347	126	13.3	7,347	1.7

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
<b>All</b>	<b>180,499</b>	<b>125,248</b>	<b>53,632</b>	<b>1,605</b>	<b>14</b>	<b>2,001,702</b>	<b>1,383,848</b>	<b>601,929</b>	<b>15,804</b>	<b>121</b>	<b>0</b>
<b>Age</b>											
5 and younger	12	1	10	0	1	129	12	112	0	5	0
6-14	22	0	20	0	2	231	0	215	0	16	0
15-20	230	0	221	4	5	2,566	0	2,477	43	46	0
21-44	20,556	51	19,383	1,116	6	229,260	497	217,574	11,135	54	0
45-64	33,070	238	32,373	459	0	370,589	2,319	363,890	4,380	0	0
65-74	51,494	50,000	1,470	24	0	568,864	552,463	16,173	228	0	0
75-84	50,439	50,326	111	2	0	563,807	562,704	1,085	18	0	0
85 and older	24,676	24,632	44	0	0	266,256	265,853	403	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	121,313	91,649	28,549	1,109	6	1,350,771	1,017,805	322,016	10,886	64	0
Male	59,186	33,599	25,083	496	8	650,931	366,043	279,913	4,918	57	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	72,220	46,426	24,948	841	5	771,091	484,753	278,006	8,292	40	0
African American	60,727	35,444	24,553	721	9	683,572	398,665	277,695	7,131	81	0
Other/unknown	47,552	43,378	4,131	43	0	547,039	500,430	46,228	381	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	9,292	8,479	813	0	0	100,726	91,569	9,157	0	0	0
Part year	6,907	6,349	558	0	0	65,939	60,346	5,593	0	0	0
None	164,300	110,420	52,261	1,605	14	1,835,037	1,231,933	587,179	15,804	121	0
<b>Maintenance Assistance Status</b>											
Cash	54,489	29,736	23,788	965	0	618,026	339,680	268,930	9,416	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	51,378	26,711	24,599	61	7	575,519	300,513	274,446	500	60	0
Other/unknown	74,632	68,801	5,245	579	7	808,157	743,655	58,553	5,888	61	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	178,839	124,180	53,047	1,598	14	1,983,351	1,371,923	595,583	15,724	121	0
Full dual, part year	1,660	1,068	585	7	0	18,351	11,925	6,346	80	0	0
<b>Managed Care (MC) Status</b>											
Fee-for-service (FFS) all year	179,538	124,881	53,134	1,510	13	1,990,853	1,379,770	596,155	14,819	109	0
FFS part year, with Rx claims	358	59	249	49	1	4,139	684	2,915	528	12	0
FFS part year, no Rx claims	91	50	33	8	0	943	469	386	88	0	0
MC all year, with Rx claims	180	26	143	11	0	2,053	297	1,651	105	0	0
MC all year, no Rx claims	332	232	73	27	0	3,714	2,628	822	264	0	0



Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. This table was produced on 11/01/2007.

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

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

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

Beneficiary Characteristics	Beneficiaries and			Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Included in Cell G of Table 1 Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>180,499</b>	<b>179,987</b>	<b>2,001,702</b>	<b>1,993,756</b>	<b>7,946</b>
Fee-for-service (FFS) all year	179,538	179,538	1,990,853	1,990,853	0
FFS part year, with Rx claims	358	358	4,139	2,503	1,636
FFS part year, with no Rx claims	91	91	943	400	543
Managed care (MC) all year, with Rx claims	180	0	2,053	0	2,053
MC all year, with no Rx claims	332	0	3,714	0	3,714

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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.