

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 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	372,731	267,021	103,930	1,736	44	0	4,015,693	2,867,134	1,136,739	11,468	352	0
Age												
5 and younger	34	0	24	0	10	0	295	0	222	0	73	0
6-14	98	0	82	0	16	0	999	0	862	0	137	0
15-20	635	1	611	6	17	0	6,727	12	6,538	40	137	0
21-44	43,440	4	42,310	1,125	1	0	469,482	20	462,230	7,227	5	0
45-64	59,450	37	58,852	561	0	0	649,861	285	645,679	3,897	0	0
65-74	106,484	104,916	1,527	41	0	0	1,164,469	1,148,738	15,454	277	0	0
75-84	99,427	99,029	396	2	0	0	1,082,817	1,078,394	4,408	15	0	0
85 and older	63,163	63,034	128	1	0	0	641,043	639,685	1,346	12	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	245,055	188,624	55,302	1,109	20	0	2,657,178	2,039,928	609,840	7,260	150	0
Male	127,676	78,397	48,628	627	24	0	1,358,515	827,206	526,899	4,208	202	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	172,756	121,634	50,478	634	10	0	1,828,701	1,268,769	555,826	4,010	96	0
African American	62,241	37,558	24,234	435	14	0	673,035	408,074	262,073	2,775	113	0
Other/unknown	137,734	107,829	29,218	667	20	0	1,513,957	1,190,291	318,840	4,683	143	0
Use of Nursing Facilities^c												
Entire year	56,662	52,036	4,626	0	0	0	577,419	527,058	50,361	0	0	0
Part year	28,114	24,959	3,154	1	0	0	272,954	240,376	32,575	3	0	0
None	287,955	190,026	96,150	1,735	44	0	3,165,320	2,099,700	1,053,803	11,465	352	0
Maintenance Assistance Status												
Cash	248,024	169,968	77,351	702	3	0	2,746,240	1,901,429	840,086	4,705	20	0
Medically needy	545	0	0	545	0	0	3,707	0	0	3,707	0	0
Poverty-related	3,157	1,295	1,520	314	28	0	30,113	13,334	14,892	1,670	217	0
Other/unknown	121,005	95,758	25,059	175	13	0	1,235,633	952,371	281,761	1,386	115	0
Dual Medicare Status^d												
Full dual, all year	364,253	261,254	101,238	1,718	43	0	3,928,973	2,808,160	1,109,192	11,274	347	0
Full dual, part year	8,478	5,767	2,692	18	1	0	86,720	58,974	27,547	194	5	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	340,456	245,184	93,877	1,366	29	0	3,690,745	2,639,961	1,040,722	9,800	262	0
FFS part year, with Rx claims	6,095	3,139	2,710	235	11	0	26,813	12,591	13,345	831	46	0
FFS part year, no Rx claims	811	449	335	27	0	0	3,222	1,642	1,502	78	0	0
MC all year, with FFS Rx claims	25,369	18,249	7,008	108	4	0	294,913	212,940	81,170	759	44	0

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

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, TEXAS, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	90.2 %	32.4	\$2,332	\$72	\$12,522	18.6 %	372,731
Age							
5 and younger	88.2	34.4	3,749	109	29,468	12.7	34
6-14	95.9	46.2	7,826	169	18,081	43.3	98
15-20	81.9	21.5	2,292	107	11,978	19.1	635
21-44	83.3	18.9	2,175	115	12,292	17.7	43,440
45-64	88.2	30.8	2,703	88	14,737	18.3	59,450
65-74	89.7	28.1	2,099	75	8,480	24.7	106,484
75-84	92.4	36.2	2,373	66	12,295	19.3	99,427
85 and older	94.5	44.4	2,410	54	17,753	13.6	63,163
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	91.8	34.9	2,272	65	12,053	18.9	267,021
Disabled	86.2	26.2	2,502	96	13,844	18.1	103,930
Adults	86.4	14.8	1,264	86	5,096	24.8	1,736
Children	86.4	30.9	3,216	104	27,918	11.5	44
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	92.8	35.3	2,438	69	12,605	19.3	245,055
Male	85.3	26.9	2,128	79	12,363	17.2	127,676
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	90.7	40.1	2,714	68	15,823	17.2	172,756
African American	90.5	29.3	2,044	70	11,194	18.3	62,241
Other/unknown	89.5	24.1	1,982	82	8,981	22.1	137,734
Use of Nursing Facilities^f							
Entire year	97.9	72.5	4,018	55	27,827	14.4	56,662
Part year	94.3	49.8	2,874	58	20,669	13.9	28,114
None	88.3	22.8	1,947	85	8,715	22.3	287,955
Maintenance Assistance Status							
Cash	89.7	21.3	1,863	88	6,399	29.1	248,024
Medically needy	82.6	11.4	1,142	100	6,552	17.4	545
Poverty related	78.3	10.5	865	83	3,762	23.0	3,157
Other/unknown	91.7	55.9	3,335	60	25,327	13.2	121,005

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

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

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

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

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

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months	
			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
All	3.0	\$216	18.6 %	9.8 %	24.0 %	22.8 %	26.7 %	12.2 %	4.5 %	\$1,162	372,731	4,015,693
Age												
5 and younger	4.0	432	12.7	11.8	8.8	14.7	44.1	8.8	11.8	3,396	34	295
6-14	4.5	768	43.3	4.1	11.2	9.2	49.0	20.4	6.1	1,774	98	999
15-20	2.0	216	19.1	18.1	37.5	15.7	20.3	6.6	1.7	1,131	635	6,727
21-44	1.8	201	17.7	16.7	35.9	22.3	19.9	3.4	1.7	1,137	43,440	469,482
45-64	2.8	247	18.3	11.8	22.1	23.8	29.6	8.3	4.4	1,348	59,450	649,861
65-74	2.6	192	24.7	10.3	27.2	26.4	24.9	7.5	3.7	776	106,484	1,164,469
75-84	3.3	218	19.3	7.6	22.0	23.0	27.2	14.8	5.4	1,129	99,427	1,082,817
85 and older	4.4	238	13.6	5.5	15.1	15.8	31.2	25.9	6.4	1,749	63,163	641,043
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	3.3	212	18.9	8.2	22.5	22.6	27.2	14.5	5.0	1,123	267,021	2,867,134
Disabled	2.4	229	18.1	13.8	27.8	23.1	25.6	6.4	3.3	1,266	103,930	1,136,739
Adults	2.2	191	24.8	13.6	30.9	24.0	22.5	4.4	4.6	772	1,736	11,468
Children	3.9	402	11.5	13.6	13.6	9.1	43.2	6.8	13.6	3,490	44	352
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.3	225	19.3	7.2	21.7	23.5	29.1	13.4	5.1	1,162	245,055	2,657,178
Male	2.5	200	17.2	14.7	28.4	21.3	22.2	10.1	3.4	1,162	127,676	1,358,515
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.8	256	17.2	9.3	18.5	18.6	28.5	17.9	7.1	1,495	172,756	1,828,701
African American	2.7	189	18.3	9.5	25.3	23.7	28.4	10.0	3.2	1,035	62,241	673,035
Other/unknown	2.2	180	22.1	10.5	30.2	27.5	23.8	6.1	1.8	817	137,734	1,513,957
use of nursing Facilities^f												
Entire year	7.1	394	14.4	2.1	3.6	5.3	28.0	44.2	16.9	2,731	56,662	577,419
Part year	5.1	296	13.9	5.7	10.5	11.6	33.5	30.0	8.7	2,129	28,114	272,954
None	2.1	177	22.3	11.7	29.3	27.3	25.8	4.2	1.6	793	287,955	3,165,320
Maintenance Assistance Status												
Cash	1.9	168	29.1	10.3	30.7	29.1	26.0	2.8	1.1	578	248,024	2,746,240
Medically needy	1.7	168	17.4	17.4	29.7	28.6	22.9	0.9	0.4	963	545	3,707
Poverty related	1.1	91	23.0	21.7	51.0	15.2	8.4	2.0	1.6	394	3,157	30,113
Other/unknown	5.5	327	13.2	8.3	9.4	10.0	28.8	31.9	11.5	2,480	121,005	1,235,633

Table D4

Dual Eligible Beneficiaries

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

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

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 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	3.0	\$216	\$72	1.5	\$178	\$120	0.1	\$6	\$54	1.4	\$32	\$23
Age												
5 and younger	4.0	432	109	2.1	389	186	0.2	12	53	1.6	31	19
6-14	4.5	768	169	2.1	672	321	0.2	41	178	2.2	55	25
15-20	2.0	216	107	0.9	184	197	0.1	8	82	1.0	24	24
21-44	1.8	201	115	0.9	170	198	0.1	8	101	0.8	23	28
45-64	2.8	247	88	1.4	206	148	0.1	8	73	1.3	34	25
65-74	2.6	192	75	1.4	160	118	0.1	4	53	1.1	27	24
75-84	3.3	218	66	1.7	179	107	0.1	5	44	1.5	34	22
85 and older	4.4	238	54	2.0	188	94	0.2	6	36	2.2	44	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.3	212	65	1.6	173	107	0.1	5	44	1.5	33	22
Disabled	2.4	229	96	1.2	191	163	0.1	8	82	1.1	29	26
Adults	2.2	191	86	1.0	161	154	0.1	4	71	1.1	25	22
Children	3.9	402	104	1.9	337	177	0.1	24	179	1.8	41	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	3.3	225	69	1.6	185	115	0.1	6	49	1.5	34	22
Male	2.5	200	79	1.3	166	132	0.1	6	68	1.2	29	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.8	256	68	1.8	208	116	0.1	7	51	1.8	40	22
African American	2.7	189	70	1.3	154	121	0.1	5	59	1.4	30	22
Other/unknown	2.2	180	82	1.2	152	126	0.1	5	58	0.9	23	26
Use of Nursing Facilities^e												
Entire year	7.1	394	55	3.3	316	96	0.2	8	37	3.6	69	19
Part year	5.1	296	58	2.4	238	100	0.2	7	41	2.6	51	20
None	2.1	177	85	1.1	148	137	0.1	5	65	0.9	24	26
Maintenance Assistance Status												
Cash	1.9	168	88	1.0	141	138	0.1	5	67	0.8	22	27
Medically needy	1.7	168	100	0.9	144	168	0.0	4	93	0.8	18	23
Poverty related	1.1	91	83	0.5	75	137	0.0	3	84	0.5	12	24
Other/unknown	5.5	327	60	2.6	263	103	0.2	8	42	2.7	55	20

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

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Texas, 0.8 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- 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, TEXAS, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name						
Anti-infective Agents	0.3	0.1	0.0	0.1	\$21	\$18	\$0	\$3	\$81	\$128	\$88	\$26	559,680	\$45,526,880	195,711	52.5 %	2,183,674
Biologics	0.2	0.0	0.0	0.2	761	0	216	545	3153	0	4,690	2,791	21	66,214	8	0.0	87
Antineoplastic Agents	0.4	0.1	0.0	0.3	79	43	1	34	208	459	182	123	75,793	15,742,190	19,089	5.1	198,683
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.2	46	38	2	5	68	103	26	24	1,255,723	85,352,974	167,424	44.9	1,866,575
Cardiovascular Agents	1.1	0.5	0.0	0.6	58	45	1	12	52	95	47	20	3,046,982	159,865,543	247,988	66.5	2,741,920
Respiratory Agents	0.4	0.2	0.0	0.2	26	21	1	3	58	86	60	18	774,665	44,607,562	155,041	41.6	1,728,090
Gastrointestinal Agents	0.6	0.4	0.0	0.2	49	41	1	7	82	117	105	30	1,006,612	82,075,640	150,920	40.5	1,662,877
Genitourinary Agents	0.4	0.3	0.0	0.1	31	29	0	2	79	92	48	25	232,582	18,279,942	52,473	14.1	583,191
CNS Drugs	0.9	0.5	0.0	0.4	90	79	2	8	98	151	140	22	1,689,593	165,865,773	169,590	45.5	1,852,217
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	55	45	3	7	130	178	103	48	10,869	1,414,110	2,339	0.6	25,771
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	89	88	0	1	145	148	0	45	179,302	25,932,099	27,259	7.3	292,089
Analgesics and Anesthetics	0.5	0.2	0.0	0.3	38	31	1	6	71	145	90	18	1,162,996	82,364,149	194,490	52.2	2,168,652
Neuromuscular Agents	0.7	0.3	0.0	0.4	55	41	2	12	81	146	74	31	680,645	54,807,979	90,293	24.2	1,001,582
Nutritional Products	0.5	0.0	0.0	0.5	8	0	0	7	17	28	35	16	325,720	5,538,803	62,342	16.7	674,415
Hematological Agents	0.6	0.3	0.0	0.3	61	55	1	4	106	197	28	18	446,792	47,435,125	71,425	19.2	780,896
Topical Products	0.4	0.2	0.0	0.1	19	15	1	3	51	70	56	22	592,874	30,430,138	144,778	38.8	1,624,930
Miscellaneous Products	0.3	0.1	0.0	0.2	42	31	5	6	170	599	334	34	12,630	2,141,574	4,734	1.3	50,494
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	17	0	0	0	81	0	0	0	20,459	1,651,159	8,599	2.3	98,257
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.	12,073,938	869,097,854	n.a.	n.a.	n.a.

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

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispn.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 Texas, 0.8 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.medispn.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, TEXAS, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$96,650,447	76,311	20.5 %	829,302	0.5	\$213
ULCER DRUGS	66,810,879	143,349	38.5	1,588,735	0.5	91
ANTIDIABETIC	60,527,078	144,584	38.8	1,624,047	0.5	81
ANTHYPERLIPIDEMIC	54,333,190	94,142	25.3	1,077,072	0.4	131
ANTIDEPRESSANTS	53,578,021	130,455	35.0	1,428,048	0.5	75
ANALGESICS - ANTI-INFLAMMATORY	50,866,362	126,520	33.9	1,443,631	0.3	115
ANTIHYPERTENSIVE	47,217,504	181,030	48.6	2,028,493	0.4	54
ANTICONVULSANT	42,153,145	70,220	18.8	779,996	0.6	96
CALCIUM BLOCKERS	29,288,569	79,325	21.3	884,191	0.5	68
MISC. HEMATOLOGICAL	28,316,810	46,405	12.4	513,873	0.5	121
Total	529,742,005	1,092,341		12,197,388	n.a.	n.a.

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

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

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.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); 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, TEXAS, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month		
All	5,470,034	\$529,742,005	76,311	20.5 %	0.5	829,302	38.5 %	143,349	\$117	143,349	38.5 %	1,588,735	0.5	\$42	
Female	3,860,444	362,729,549	47,853	19.5	0.5	520,837	41.8	102,471	105	102,471	41.8	1,140,890	0.5	42	
Disabled	713,691	89,185,194	14,031	25.4	0.5	158,780	35.7	19,766	134	19,766	35.7	224,447	0.4	39	
5 and younger	92	3,905	0	0.0	0.0	0	122.2	11	0	11	122.2	116	0.4	20	
6-14	686	48,097	2	5.4	0.6	24	54.1	20	137	20	54.1	231	0.4	29	
15-20	2,476	259,299	68	25.2	0.3	806	31.1	84	94	84	31.1	959	0.4	29	
21-44	169,104	25,296,034	5,727	29.9	0.4	64,559	25.1	4,801	135	4,801	25.1	54,407	0.3	34	
45-64	519,444	61,500,190	8,042	23.3	0.5	91,272	41.5	14,302	134	14,302	41.5	162,844	0.4	41	
65-74	16,775	1,583,805	145	15.2	0.6	1,623	43.1	410	119	410	43.1	4,383	0.4	43	
75-84	4,035	396,541	32	11.1	0.4	356	38.3	110	81	110	38.3	1,219	0.5	39	
85 and older	1,079	97,323	15	14.9	0.6	140	27.7	28	77	28	27.7	288	0.6	55	
Other Eligibles	3,146,753	273,544,355	33,822	17.8	0.6	362,057	43.6	82,705	92	82,705	43.6	916,443	0.5	43	
5 and younger	23	1,493	0	0.0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	
6-14	77	9,668	2	25.0	0.7	24	50.0	4	231	4	50.0	26	0.3	19	
15-20	109	7,878	0	0.0	0.0	0	18.8	3	0	3	18.8	28	0.6	61	
21-44	3,455	406,350	134	16.9	0.3	1,040	21.2	168	90	168	21.2	1,333	0.3	32	
45-64	2,181	265,978	35	11.3	0.3	274	33.8	105	84	105	33.8	904	0.3	32	
65-74	994,937	99,574,147	7,491	11.0	0.6	83,657	42.1	28,721	110	28,721	42.1	327,564	0.4	38	
75-84	1,228,143	105,764,945	12,861	18.5	0.6	138,657	44.1	30,675	92	30,675	44.1	343,188	0.5	44	
85 and older	917,828	67,513,896	13,299	26.2	0.6	138,405	45.3	23,029	82	23,029	45.3	243,400	0.6	49	
Male	1,609,590	167,012,456	28,458	22.3	0.6	308,465	32.0	40,878	136	40,878	32.0	447,845	0.5	41	
Disabled	556,384	73,991,784	15,143	31.1	0.5	171,288	24.9	12,129	168	12,129	24.9	136,780	0.4	42	
5 and younger	110	7,436	0	0.0	0.0	0	60.0	9	0	9	60.0	108	0.6	54	
6-14	579	40,515	0	0.0	0.0	0	40.0	18	0	18	40.0	207	0.6	51	
15-20	2,679	325,656	90	26.4	0.6	1,005	18.5	63	152	63	18.5	721	0.3	21	
21-44	197,669	32,787,615	8,075	34.9	0.5	91,397	18.4	4,261	173	4,261	18.4	48,508	0.4	39	
45-64	343,098	39,812,602	6,831	28.0	0.6	77,396	30.8	7,500	164	7,500	30.8	84,343	0.5	44	
65-74	10,713	887,902	130	22.6	0.7	1,298	40.3	232	120	232	40.3	2,371	0.5	41	
75-84	1,269	108,409	14	12.8	0.8	156	31.2	34	87	34	31.2	378	0.6	49	
85 and older	267	21,649	3	11.1	0.3	36	44.4	12	34	12	44.4	144	0.3	29	
Other Eligibles	1,053,206	93,020,672	13,315	16.8	0.6	137,177	36.4	28,749	96	28,749	36.4	311,065	0.5	41	
5 and younger	23	967	0	0.0	0.0	0	57.1	4	0	4	57.1	41	0.3	18	
6-14	95	6,799	0	0.0	0.0	0	62.5	5	0	5	62.5	48	0.3	31	
15-20	57	3,420	1	12.5	0.1	8	25.0	2	10	2	25.0	12	0.4	38	
21-44	1,775	211,544	46	13.7	0.4	374	23.2	78	102	78	23.2	653	0.3	32	
45-64	1,839	221,841	32	11.1	0.4	258	25.1	72	127	72	25.1	548	0.4	46	
65-74	453,512	42,877,815	4,520	12.3	0.6	48,894	33.7	12,367	114	12,367	33.7	137,371	0.4	38	
75-84	413,684	35,944,130	5,483	18.6	0.6	56,066	37.4	11,004	92	11,004	37.4	119,177	0.5	41	
85 and older	182,221	13,754,156	3,233	26.4	0.6	31,577	42.6	5,217	76	5,217	42.6	53,215	0.6	49	
Unknown	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 Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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

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

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 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	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month
All	144,584	38.8 %	1,624,047	\$37	94,142	25.3 %	1,077,072	\$50	130,455	35.0 %	1,428,048	\$38
Female	101,907	41.6	1,149,506	37	65,418	26.7	750,550	50	95,515	39.0	1,050,291	37
Disabled	19,847	35.9	226,649	40	11,939	21.6	137,068	47	27,425	49.6	310,155	38
5 and younger	0	0.0	0	0	0	0.0	0	0	1	11.1	7	10
6-14	0	0.0	0	0	5	13.5	50	55	16	43.2	168	32
15-20	15	5.6	180	38	13	4.8	151	29	88	32.6	1,003	34
21-44	2,996	15.6	34,222	37	1,684	8.8	19,294	42	8,593	44.9	96,813	38
45-64	15,994	46.4	182,935	41	9,791	28.4	112,548	48	18,308	53.1	207,729	38
65-74	642	67.4	7,079	40	336	35.3	3,770	54	348	36.6	3,664	38
75-84	168	58.5	1,911	37	93	32.4	1,059	54	54	18.8	606	38
85 and older	32	31.7	322	34	17	16.8	196	72	17	16.8	165	52
Other Eligibles	82,060	43.2	922,857	36	53,479	28.2	613,482	51	68,090	35.9	740,136	37
5 and younger	0	0.0	0	0	1	33.3	12	82	0	0.0	0	0
6-14	0	0.0	0	0	0	0.0	0	0	1	12.5	2	97
15-20	0	0.0	0	0	2	12.5	16	40	7	43.8	53	32
21-44	66	8.3	508	40	29	3.7	237	39	382	48.1	2,929	36
45-64	114	36.7	1,039	34	53	17.0	477	30	166	53.4	1,450	35
65-74	37,067	54.3	424,555	38	25,854	37.9	298,082	49	20,559	30.1	232,257	33
75-84	31,699	45.6	356,941	36	21,015	30.2	242,352	53	25,229	36.3	276,291	38
85 and older	13,114	25.8	139,814	32	6,525	12.8	72,306	55	21,746	42.8	227,154	41
Male	42,677	33.4	474,541	38	28,724	22.5	326,522	51	34,940	27.4	377,757	38
Disabled	11,742	24.1	131,972	40	8,423	17.3	96,420	50	14,886	30.6	166,999	40
5 and younger	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
6-14	0	0.0	0	0	8	17.8	80	48	5	11.1	60	51
15-20	10	2.9	119	40	13	3.8	136	40	85	24.9	985	35
21-44	2,624	11.3	29,682	39	2,273	9.8	26,049	46	6,908	29.8	77,704	40
45-64	8,732	35.9	98,213	41	5,954	24.4	68,206	51	7,680	31.5	86,130	40
65-74	335	58.3	3,491	40	157	27.3	1,743	53	188	32.7	1,882	44
75-84	34	31.2	383	32	15	13.8	170	45	19	17.4	226	27
85 and older	7	25.9	84	16	3	11.1	36	63	1	3.7	12	6
Other Eligibles	30,935	39.1	342,569	37	20,301	25.7	230,102	51	20,054	25.4	210,758	36
5 and younger	0	0.0	0	0	0	0.0	0	0	1	14.3	12	2
6-14	0	0.0	0	0	1	12.5	4	24	0	0.0	0	0
15-20	0	0.0	0	0	0	0.0	0	0	3	37.5	31	49
21-44	80	23.8	710	42	46	13.7	376	41	140	41.7	1,128	34
45-64	86	30.0	666	47	56	19.5	450	53	99	34.5	803	39
65-74	15,897	43.3	179,207	38	11,099	30.2	126,463	50	7,637	20.8	83,369	35
75-84	11,606	39.4	128,268	36	7,640	25.9	87,104	52	8,018	27.2	83,792	36
85 and older	3,266	26.7	33,718	32	1,459	11.9	15,705	54	4,156	33.9	41,623	39
Unknown	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 Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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

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

Bene 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, TEXAS, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE					ANTICONVULSANT				
	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	126,520	33.9 %	1,443,631	\$35	0.3	181,030	48.6 %	2,028,493	\$23	0.4	70,220	18.8 %	779,996	\$54	0.6
Female	92,491	37.7	1,057,626	37	0.3	128,378	52.4	1,443,633	24	0.4	44,438	18.1	494,275	50	0.5
Disabled	19,347	35.0	222,021	35	0.3	20,465	37.0	232,169	22	0.4	17,855	32.3	202,473	69	0.5
5 and younger	1	11.1	12	9	0.3	5	55.6	38	8	0.5	2	22.2	8	24	1.1
6-14	4	10.8	45	7	0.2	38	102.7	393	20	0.5	10	27.0	102	72	0.7
15-20	73	27.0	847	7	0.2	89	33.0	1,005	18	0.4	74	27.4	830	0.6	0.6
21-44	5,396	28.2	61,327	25	0.2	3,367	17.6	37,843	19	0.3	6,677	34.9	75,515	0.5	0.5
45-64	13,401	38.8	154,494	40	0.3	16,134	46.8	183,681	22	0.4	10,876	31.5	123,746	0.5	0.5
65-74	330	34.7	3,692	39	0.3	606	63.7	6,659	24	0.4	188	19.7	1,976	0.6	0.6
75-84	119	41.5	1,360	38	0.3	175	61.0	2,003	25	0.4	20	7.0	226	0.5	0.5
85 and older	23	22.8	244	29	0.3	51	50.5	547	21	0.4	8	7.9	70	0.5	0.5
Other Eligibles	73,144	38.5	835,605	38	0.3	107,913	56.9	1,211,464	24	0.4	26,583	14.0	291,802	0.6	0.6
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	3	37.5	30	2	0.2	4	50.0	37	8	0.6	1	12.5	12	0.6	1.1
15-20	1	6.3	2	4	0.5	6	37.5	63	32	0.5	3	18.8	21	1.0	0.5
21-44	231	29.1	1,881	20	0.2	101	12.7	729	21	0.4	164	20.7	1,182	0.4	0.4
45-64	124	39.9	1,192	41	0.2	111	35.7	1,052	20	0.3	61	19.6	526	0.3	0.3
65-74	30,405	44.5	351,277	36	0.3	40,551	59.4	463,759	24	0.4	9,958	14.6	112,618	0.5	0.5
75-84	27,277	39.2	314,615	38	0.3	41,734	60.0	473,005	25	0.4	10,200	14.7	112,325	0.6	0.6
85 and older	15,103	29.7	166,608	43	0.5	25,406	50.0	272,819	24	0.6	6,196	12.2	65,118	0.6	0.6
Male	34,029	26.7	386,005	30	0.3	52,652	41.2	584,860	22	0.4	25,782	20.2	285,721	0.6	0.6
Disabled	10,185	20.9	116,338	25	0.3	13,651	28.1	152,554	22	0.4	15,006	30.9	169,985	0.6	0.6
5 and younger	0	0.0	0	0	0.0	5	33.3	60	13	0.5	0	0.0	0	0	0.0
6-14	5	11.1	60	3	0.1	27	60.0	277	34	0.6	4	8.9	34	1.1	0.9
15-20	55	16.1	617	4	0.1	80	23.5	896	17	0.4	85	24.9	970	0.7	0.7
21-44	4,050	17.5	46,100	19	0.2	3,765	16.3	42,096	20	0.4	7,478	32.3	85,087	0.6	0.6
45-64	5,886	24.2	67,468	29	0.3	9,409	38.6	105,296	22	0.4	7,292	29.9	82,354	0.6	0.6
65-74	146	25.4	1,609	42	0.4	307	53.4	3,264	25	0.5	137	23.8	1,421	0.7	0.7
75-84	36	33.0	400	38	0.4	44	40.4	497	25	0.5	9	8.3	107	0.5	0.5
85 and older	7	25.9	84	41	0.3	14	51.9	168	21	0.4	1	3.7	12	0.3	0.3
Other Eligibles	23,844	30.2	269,667	32	0.3	39,001	49.3	432,306	22	0.4	10,776	13.6	115,736	0.6	0.6
5 and younger	0	0.0	0	0	0.0	1	14.3	8	5	0.5	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	6	75.0	56	24	0.6	0	0.0	0	0	0.0
15-20	1	12.5	10	2	0.3	5	62.5	48	16	0.4	2	25.0	16	0.3	0.3
21-44	94	28.0	694	26	0.3	71	21.1	553	18	0.3	77	22.9	630	0.4	0.4
45-64	75	26.1	650	32	0.3	97	33.8	739	20	0.4	55	19.2	492	0.3	0.3
65-74	11,579	31.6	132,134	30	0.3	18,203	49.6	205,383	22	0.4	5,014	13.7	55,613	0.6	0.6
75-84	9,016	30.6	103,168	32	0.3	15,210	51.6	169,334	22	0.4	4,074	13.8	43,262	0.6	0.6
85 and older	3,079	25.1	33,011	38	0.4	5,408	44.1	56,185	21	0.5	1,554	12.7	15,723	0.6	0.6
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 Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.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.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, TEXAS, 2003

Beneficiary Characteristics	CALCIUM BLOCKERS				MISC. HEMATOLOGICAL						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
All	79,325	21.3 %	884,191	0.5	46,405	12.4 %	513,873	0.5	\$55	372,731	4,015,693
Female	59,074	24.1	660,646	0.5	31,589	12.9	350,894	0.5	56	245,055	2,657,178
Disabled	8,363	15.1	94,468	0.4	3,375	6.1	38,103	0.4	52	55,302	609,840
5 and younger	4	44.4	37	0.4	0	0.0	0	0.0	0	9	87
6-14	23	62.2	250	0.8	0	0.0	0	0.0	0	37	400
15-20	42	15.6	484	0.5	7	2.6	84	0.3	7	270	2,975
21-44	1,356	7.1	15,030	0.4	268	1.4	3,034	0.3	45	19,151	210,607
45-64	6,568	19.0	74,607	0.4	2,885	8.4	32,653	0.4	52	34,495	381,686
65-74	255	26.8	2,786	0.5	160	16.8	1,706	0.5	58	952	9,801
75-84	89	31.0	999	0.5	42	14.6	484	0.4	49	287	3,251
85 and older	26	25.7	275	0.6	13	12.9	142	0.5	55	101	1,033
Other Eligibles	50,711	26.7	566,178	0.5	28,214	14.9	312,791	0.5	56	189,753	2,047,338
5 and younger	1	33.3	12	0.9	0	0.0	0	0.0	0	3	31
6-14	2	25.0	13	1.5	0	0.0	0	0.0	0	8	63
15-20	3	18.8	28	0.3	1	6.3	4	0.3	8	16	108
21-44	45	5.7	321	0.4	7	0.9	69	0.4	27	794	4,968
45-64	50	16.1	461	0.3	12	3.9	114	0.3	65	311	2,289
65-74	17,207	25.2	196,444	0.4	8,161	12.0	92,975	0.4	52	68,263	754,885
75-84	19,822	28.5	223,470	0.5	11,154	16.0	125,335	0.5	56	69,577	765,009
85 and older	13,581	26.7	145,429	0.6	8,879	17.5	94,294	0.6	60	50,781	519,985
Male	20,251	15.9	223,545	0.5	14,816	11.6	162,979	0.4	54	127,676	1,358,515
Disabled	5,209	10.7	57,785	0.4	2,291	4.7	25,734	0.4	57	48,628	526,899
5 and younger	3	20.0	36	0.6	0	0.0	0	0.0	0	15	135
6-14	21	46.7	226	0.7	0	0.0	0	0.0	0	45	462
15-20	45	13.2	489	0.4	7	2.1	84	0.4	21	341	3,563
21-44	1,365	5.9	15,062	0.4	246	1.1	2,800	0.4	92	23,159	251,623
45-64	3,621	14.9	40,314	0.5	1,929	7.9	21,679	0.4	52	24,357	263,993
65-74	129	22.4	1,373	0.6	86	15.0	905	0.5	57	575	5,653
75-84	20	18.3	225	0.6	19	17.4	218	0.3	34	109	1,157
85 and older	5	18.5	60	0.5	4	14.8	48	0.6	66	27	313
Other Eligibles	15,042	19.0	165,760	0.5	12,525	15.8	137,245	0.4	54	79,048	831,616
5 and younger	1	14.3	8	0.5	0	0.0	0	0.0	0	7	42
6-14	6	75.0	58	0.8	0	0.0	0	0.0	0	8	74
15-20	1	12.5	8	0.1	2	25.0	23	0.3	4	8	81
21-44	26	7.7	215	0.3	5	1.5	44	0.3	68	336	2,284
45-64	27	9.4	219	0.5	23	8.0	187	0.2	37	287	1,893
65-74	6,570	17.9	73,459	0.4	4,967	13.5	55,920	0.4	52	36,694	394,130
75-84	6,004	20.4	66,764	0.5	5,118	17.4	56,066	0.4	53	29,454	313,400
85 and older	2,407	19.6	25,029	0.6	2,410	19.7	25,005	0.5	58	12,254	119,712
Unknown	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 Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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

TABLE D.8
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 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	
				7.1	56,662
All	\$394				577,419
Age					
0-64	534	8.0	4,337		47,493
65-74	480	8.0	8,267		87,185
75-84	412	7.4	18,671		190,782
85 and older	325	6.4	25,387		251,959
Unknown	0	0.0	0		0
Gender					
Female	388	7.2	40,883		420,045
Male	412	6.9	15,779		157,374
Unknown	0	0.0	0		0
Race					
White	394	7.3	41,402		416,353
African American	367	6.4	7,196		76,550
Other/unknown	420	6.9	8,064		84,516
Basis of Eligibility^c					
Aged	381	7.0	52,036		527,058
Disabled	530	8.0	4,626		50,361
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 Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 28,114 beneficiaries who were in nursing facilities for part of their enrollment and their 272,954 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, TEXAS, 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	0.3	0.2	0.0	0.1	\$19	\$15	\$0	\$3	\$58	\$84	\$23	142,932	\$8,317,521	40,659	71.8 %	435,126
Biologics	0.1	0.0	0.1	0.0	5	0	5	0	65	0	65	1	65	1	0.0	12
Antineoplastic Agents	0.5	0.1	0.0	0.4	78	21	1	56	160	339	171	32,644	5,227,290	6,740	11.9	67,193
Endocrine/Metabolic Drugs	1.2	0.6	0.1	0.5	51	41	2	7	42	68	17	389,577	16,476,104	30,539	53.9	322,690
Cardiovascular Agents	2.0	0.6	0.0	1.4	58	36	1	21	28	62	21	938,620	26,725,337	44,312	78.2	461,810
Respiratory Agents	0.7	0.3	0.0	0.3	31	24	2	5	47	71	59	241,011	11,325,480	33,931	59.9	364,601
Gastrointestinal Agents	1.0	0.5	0.0	0.5	65	55	0	11	64	104	82	353,556	22,793,062	33,039	58.3	348,379
Genitourinary Agents	0.6	0.5	0.0	0.1	41	38	0	3	68	79	46	96,488	6,563,320	14,719	26.0	158,977
CNS Drugs	1.6	1.0	0.0	0.5	131	119	2	10	84	119	68	710,055	59,574,989	43,161	76.2	453,588
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.2	53	46	1	6	94	145	40	2,876	271,495	482	0.9	5,096
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	107	106	0	0	134	135	0	108,150	14,470,027	12,815	22.6	135,657
Analgesics and Anesthetics	0.9	0.4	0.0	0.5	46	38	1	7	52	101	53	294,051	15,319,781	31,651	55.9	335,654
Neuromuscular Agents	1.2	0.5	0.0	0.7	67	44	2	21	58	96	58	241,125	13,952,032	19,379	34.2	208,448
Nutritional Products	0.7	0.0	0.0	0.7	11	0	0	10	14	21	29	161,871	2,303,037	20,788	36.7	218,816
Hematological Agents	1.0	0.4	0.1	0.5	78	70	1	6	81	163	19	186,562	15,037,995	18,390	32.5	193,508
Topical Products	0.5	0.3	0.0	0.2	24	17	2	4	44	61	54	201,520	8,883,817	34,583	61.0	375,823
Miscellaneous Products	0.2	0.0	0.0	0.2	10	5	0	4	45	284	198	4,181	186,309	1,785	3.2	18,763
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	14	0	0	0	46	0	0	5,027	231,568	1,523	2.7	16,899
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.	4,110,247	227,659,229	n.a.	n.a.	n.a.

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

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 28,114 beneficiaries who were in nursing facilities for part of their enrollment and their 272,954 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 Texas, 0.8 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, TEXAS, 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	Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$35,594,096	29,150	51.4 %	313,307	0.7	\$159	\$114
ANTIDEPRESSANTS	20,101,857	38,622	68.2	412,214	0.8	63	49
ULCER DRUGS	18,799,561	31,165	55.0	331,169	0.7	78	57
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	14,470,130	12,866	22.7	136,214	0.8	134	106
ANTIDIABETIC	10,384,337	24,365	43.0	261,258	0.8	47	40
ANTICONVULSANT	9,571,327	16,718	29.5	181,617	0.9	61	53
ANALGESICS - ANTI-INFLAMMATORY	8,783,773	15,407	27.2	168,295	0.6	82	52
MISC. HEMATOLOGICAL	8,186,314	11,002	19.4	117,346	0.7	94	70
ANTHYPERTENSIVE	7,804,137	28,872	51.0	306,312	0.8	34	25
ANTHYPERLIPIDEMIC	6,021,619	8,814	15.6	95,104	0.8	81	63
Total	139,717,151	216,981		2,322,836	n.a.	n.a.	n.a.

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

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 28,114 beneficiaries who were in nursing facilities for part of their enrollment and their 272,954 benefit months were excluded from the analysis.

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

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

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

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 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
All	1,768,492	\$139,717,151	29,150	51.4 %	313,307	0.7	\$114	38,622	68.2 %	412,214	0.8	\$49
Female	1,268,099	99,006,874	20,194	49.4	218,819	0.7	109	28,326	69.3	303,557	0.8	49
Disabled	94,676	8,329,139	1,459	68.1	16,578	0.8	158	1,861	86.9	20,797	0.8	55
64 or younger	88,599	7,844,258	1,371	68.9	15,596	0.8	159	1,751	88.0	19,627	0.8	55
65-74	5,341	429,209	74	61.2	841	0.8	150	97	80.2	1,032	0.9	57
75-84	385	27,100	6	50.0	59	0.6	102	7	58.3	80	0.8	21
85 and older	351	28,572	8	42.1	82	0.7	105	6	31.6	58	0.8	58
Other Eligibles	1,173,423	90,677,735	18,735	48.4	202,241	0.7	105	26,465	68.3	282,760	0.8	49
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	196,356	15,936,046	3,106	67.9	34,727	0.8	133	3,838	83.9	42,358	0.8	51
75-84	460,341	35,814,704	7,218	54.6	78,611	0.7	108	9,928	75.1	106,769	0.8	50
85 and older	516,726	38,926,985	8,411	40.1	88,903	0.7	91	12,699	60.6	133,633	0.8	47
Male	500,393	40,710,277	8,956	56.8	94,488	0.7	125	10,296	65.3	108,657	0.8	48
Disabled	100,109	9,137,094	1,756	70.7	19,621	0.8	174	1,768	71.1	19,818	0.8	52
64 or younger	95,078	8,752,093	1,674	71.3	18,740	0.8	176	1,678	71.5	18,895	0.8	52
65-74	4,654	353,217	73	60.8	781	0.8	130	86	71.7	875	0.8	48
75-84	327	27,657	8	53.3	88	0.9	115	4	26.7	48	0.8	66
85 and older	50	4,127	1	33.3	12	0.6	98	0	0.0	0	0.0	0
Other Eligibles	400,284	31,573,183	7,200	54.2	74,867	0.7	112	8,528	64.1	88,839	0.8	47
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	131,724	10,758,365	2,190	63.4	23,911	0.8	137	2,551	73.9	27,623	0.8	50
75-84	165,086	12,965,201	3,062	56.4	31,576	0.7	109	3,627	66.8	37,436	0.7	46
85 and older	103,474	7,849,617	1,948	44.2	19,380	0.6	84	2,350	53.3	23,780	0.7	45
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 Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 28,114 beneficiaries who were in nursing facilities for part of their enrollment and their 272,954 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	31,165	55.0 %	331,169	0.7	\$57	12,866	22.7 %	136,214	0.8	\$106	24,365	43.0 %	261,258	0.8	\$40
Female	22,513	55.1	240,467	0.7	57	9,440	23.1	100,930	0.8	107	17,122	41.9	184,419	0.8	40
Disabled	1,354	63.2	15,177	0.7	55	224	10.5	2,494	0.7	154	1,215	56.7	13,641	0.9	48
64 or younger	1,262	63.4	14,153	0.7	55	200	10.1	2,235	0.7	161	1,129	56.8	12,670	0.9	48
65-74	75	62.0	834	0.7	57	18	14.9	200	0.6	83	79	65.3	903	1.0	49
75-84	6	50.0	72	0.9	61	4	33.3	35	1.0	138	1	8.3	12	0.5	13
85 and older	11	57.9	118	0.8	66	2	10.5	24	0.5	60	6	31.6	56	0.6	31
Other Eligibles	21,159	54.6	225,290	0.7	57	9,216	23.8	98,436	0.8	106	15,907	41.1	170,778	0.8	39
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	2,825	61.8	31,243	0.7	57	972	21.3	10,562	0.8	106	3,221	70.4	35,716	0.9	44
75-84	7,614	57.6	81,944	0.7	57	3,589	27.2	38,463	0.8	108	6,992	52.9	75,303	0.8	40
85 and older	10,720	51.1	112,103	0.7	57	4,655	22.2	49,411	0.8	104	5,694	27.2	59,759	0.8	35
Male	8,652	54.8	90,702	0.7	57	3,426	21.7	35,284	0.8	104	7,243	45.9	76,839	0.8	40
Disabled	1,415	56.9	15,674	0.7	58	219	8.8	2,365	0.7	114	1,241	49.9	13,720	0.9	48
64 or younger	1,338	57.0	14,902	0.7	58	205	8.7	2,206	0.7	116	1,132	48.2	12,607	0.9	47
65-74	66	55.0	656	0.6	47	13	10.8	147	0.7	87	105	87.5	1,065	0.9	50
75-84	8	53.3	80	0.9	65	1	6.7	12	1.0	128	3	20.0	36	0.9	69
85 and older	3	100.0	36	0.5	59	0	0.0	0	0.0	0	1	33.3	12	1.0	17
Other Eligibles	7,237	54.4	75,028	0.7	56	3,207	24.1	32,919	0.8	104	6,002	45.1	63,119	0.8	39
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	2,017	58.4	21,799	0.7	55	686	19.9	7,339	0.8	103	2,087	60.4	22,665	0.9	43
75-84	2,890	53.2	29,799	0.7	57	1,428	26.3	14,772	0.8	104	2,523	46.4	26,376	0.8	38
85 and older	2,330	52.9	23,430	0.7	57	1,093	24.8	10,808	0.8	104	1,392	31.6	14,078	0.8	34
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 Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 28,114 beneficiaries who were in nursing facilities for part of their enrollment and their 272,954 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, TEXAS, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - ANTI-INFLAMMATORY					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 \$
All	16,718	29.5 %	181,617	0.9	\$53	15,407	27.2 %	168,295	0.6	\$52	11,002	19.4 %	117,346	0.7	\$70
Female															
Disabled	10,968	26.8	119,497	0.8	50	11,776	28.8	129,034	0.6	54	7,655	18.7	82,079	0.7	70
64 or younger	1,654	77.3	18,660	1.0	75	686	32.0	7,824	0.6	47	326	15.2	3,640	0.7	72
65-74	1,586	79.7	17,911	1.0	76	645	32.4	7,382	0.6	47	284	14.3	3,182	0.7	72
75-84	62	51.2	679	0.9	57	33	27.3	359	0.6	43	36	29.8	403	0.8	79
85 and older	3	25.0	36	1.7	63	7	58.3	75	0.5	43	1	8.3	3	1.0	114
Other Eligibles	9,314	24.0	100,837	0.8	45	11,090	28.6	121,210	0.7	54	7,329	18.9	78,439	0.7	70
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	2,241	49.0	25,119	0.9	53	1,467	32.1	16,553	0.6	56	893	19.5	9,931	0.8	74
75-84	3,832	29.0	41,517	0.8	47	3,952	29.9	43,530	0.7	54	2,675	20.2	29,211	0.7	70
85 and older	3,241	15.5	34,201	0.8	38	5,671	27.1	61,127	0.7	53	3,761	17.9	39,297	0.8	69
Male															
Disabled	5,750	36.4	62,120	0.9	58	3,631	23.0	39,261	0.6	48	3,347	21.2	35,267	0.7	69
64 or younger	1,773	71.3	19,925	1.0	76	555	22.3	6,379	0.6	47	383	15.4	4,254	0.7	66
65-74	1,717	73.2	19,310	1.0	77	521	22.2	6,018	0.6	47	354	15.1	3,962	0.7	66
75-84	55	45.8	603	0.9	52	28	23.3	305	0.6	49	27	22.5	278	0.6	66
85 and older	1	6.7	12	1.1	116	6	40.0	56	0.8	42	1	6.7	2	0.5	57
Other Eligibles	3,977	29.9	42,195	0.8	50	3,076	23.1	32,882	0.6	48	2,964	22.3	31,013	0.7	69
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	1,596	46.2	17,493	0.9	57	802	23.2	8,973	0.6	46	824	23.9	9,120	0.7	70
75-84	1,616	29.7	16,871	0.8	47	1,259	23.2	13,550	0.6	47	1,214	22.3	12,571	0.7	68
85 and older	765	17.4	7,831	0.8	40	1,015	23.0	10,359	0.6	52	926	21.0	9,322	0.7	70
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 Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 28,114 beneficiaries who were in nursing facilities for part of their enrollment and their 272,954 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, TEXAS, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANTHYPERLIPIDEMIC				Benefit Months Among All-Year			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Nursing Facility Residents	Nursing Facility Residents
All	28,872	51.0 %	306,312	0.8	\$26	8,814	15.6 %	95,104	0.8	\$63	56,662	577,419
Female	20,739	50.7	220,710	0.8	26	6,147	15.0	66,643	0.8	63	40,883	420,045
Disabled	1,064	49.7	11,827	0.7	26	527	24.6	5,935	0.8	62	2,141	23,492
64 or younger	978	49.2	10,891	0.7	25	491	24.7	5,522	0.8	61	1,989	21,942
65-74	77	63.6	843	0.8	27	33	27.3	381	0.9	70	121	1,253
75-84	4	33.3	48	1.0	39	3	25.0	32	0.9	74	12	126
85 and older	5	26.3	45	0.7	24	0	0.0	0	0.0	0	19	171
Other Eligibles	19,675	50.8	208,883	0.8	26	5,620	14.5	60,708	0.8	64	38,742	396,553
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	2,816	61.6	31,033	0.8	27	1,223	26.7	13,632	0.8	65	4,573	48,948
75-84	7,223	54.7	77,533	0.8	26	2,537	19.2	27,492	0.8	64	13,211	137,215
85 and older	9,636	46.0	100,317	0.8	25	1,860	8.9	19,584	0.8	61	20,958	210,390
Male	8,133	51.5	85,602	0.7	25	2,667	16.9	28,461	0.8	63	15,779	157,374
Disabled	1,211	48.7	13,371	0.8	28	544	21.9	6,033	0.8	65	2,485	26,869
64 or younger	1,125	47.9	12,464	0.8	28	515	21.9	5,730	0.8	65	2,347	25,550
65-74	82	68.3	865	0.8	32	29	24.2	303	0.8	66	120	1,159
75-84	3	20.0	30	1.0	41	0	0.0	0	0.0	0	15	124
85 and older	1	33.3	12	0.2	7	0	0.0	0	0.0	0	3	36
Other Eligibles	6,922	52.1	72,231	0.7	24	2,123	16.0	22,428	0.8	63	13,294	130,505
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	2,027	58.7	22,088	0.8	26	792	22.9	8,731	0.8	64	3,453	35,825
75-84	2,882	53.0	29,976	0.7	23	902	16.6	9,451	0.8	62	5,433	53,317
85 and older	2,013	45.7	20,167	0.7	23	429	9.7	4,246	0.8	61	4,407	41,362
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 Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 28,114 beneficiaries who were in nursing facilities for part of their enrollment and their 272,954 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}
 TEXAS, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$		Total Number of Beneficiaries
					Excluded Rx per Beneficiary	Excluded Rx \$			Percentage of All Dual Rx \$	2.2 %	
All	186,399	50.0 %	2.8	1,054,398	\$51	\$18,973,461	\$18				372,731
Age											
5 and younger	29	85.3	10.6	360	562	19,093	53		15.0		34
6-14	81	82.7	8.6	844	194	18,970	22		2.5		98
15-20	317	49.9	2.8	1,778	70	44,217	25		3.0		635
21-44	18,308	42.1	2.0	88,330	47	2,046,769	23		2.2		43,440
45-64	29,638	49.9	3.0	179,916	62	3,690,121	21		2.3		59,450
65-74	50,508	47.4	2.3	247,817	44	4,728,787	19		2.1		106,484
75-84	51,713	52.0	3.0	294,403	50	4,923,609	17		2.1		99,427
85 and older	35,805	56.7	3.8	240,950	55	3,501,895	15		2.3		63,163
Unknown	0	0.0	0.0	0	0	0	0		0.0		0
Basis of Eligibility^c											
Aged	136,964	51.3	2.9	776,902	49	13,040,268	17		2.1		267,021
Disabled	48,699	46.9	2.6	274,634	57	5,874,355	21		2.3		103,930
Adults	702	40.4	1.5	2,575	28	47,788	19		2.2		1,736
Children	34	77.3	6.5	287	251	11,050	39		7.8		44
Unknown	0	0.0	0.0	0	0	0	0		0.0		0
Gender											
Female	130,530	53.3	3.1	756,408	55	13,504,757	18		2.3		245,055
Male	55,869	43.8	2.3	297,990	43	5,468,704	18		2.0		127,676
Unknown	0	0.0	0.0	0	0	0	0		0.0		0
Race											
White	90,898	52.6	3.6	622,440	62	10,751,449	17		2.3		172,756
African American	28,875	46.4	2.4	151,873	44	2,737,953	18		2.2		62,241
Other/unknown	66,626	48.4	2.0	280,085	40	5,484,059	20		2.0		137,734
Use of Nursing Facilities^d											
Entire year	35,738	63.1	5.7	321,364	84	4,766,938	15		2.1		56,662
Part year	17,511	62.3	4.1	114,733	60	1,691,426	15		2.1		28,114
None	133,150	46.2	2.1	618,301	43	12,515,097	20		2.2		287,955
Maintenance Assistance Status											
Cash	113,828	45.9	1.9	462,763	39	9,769,053	21		2.1		248,024
Medically needy	187	34.3	1.0	546	20	10,679	20		1.7		545
Poverty related	979	31.0	0.9	2,946	23	73,436	25		2.7		3,157
Other/unknown	71,405	59.0	4.9	588,143	75	9,120,293	16		2.3		121,005

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

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

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 TEXAS, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.3	\$5	\$18	\$0	\$2	4,015,693
Age						
5 and younger	1.2	65	53	0	1	295
6-14	0.8	19	22	0	1	999
15-20	0.3	7	25	0	2	6,727
21-44	0.2	4	23	0	2	469,482
45-64	0.3	6	21	0	2	649,861
65-74	0.2	4	19	0	1	1,164,469
75-84	0.3	5	17	0	1	1,082,817
85 and older	0.4	5	15	0	1	641,043
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	5	17	0	1	2,867,134
Disabled	0.2	5	21	0	2	1,136,739
Adults	0.2	4	19	0	2	11,468
Children	0.8	31	39	0	0	352
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.3	5	18	0	2	2,657,178
Male	0.2	4	18	0	1	1,358,515
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	6	17	0	2	1,828,701
African American	0.2	4	18	0	1	673,035
Other/unknown	0.2	4	20	0	1	1,513,957
Use of Nursing Facilities^d						
Entire year	0.6	8	15	0	3	577,419
Part year	0.4	6	15	0	2	272,954
None	0.2	4	20	0	1	3,165,320
Maintenance Assistance Status						
Cash	0.2	4	21	0	1	2,746,240
Medically needy	0.1	3	20	0	1	3,707
Poverty related	0.1	2	25	0	1	30,113
Other/unknown	0.5	7	16	0	3	1,235,633

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

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

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

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 TEXAS, 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 %
All	264,349	\$72	\$18,973,461	100.0	100.0	1,054,398	\$18	100.0	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0.0	0	0	0.0	0.0
Fertility drugs	1	37	37	0.0	0.0	1	37	0.0	0.0
Drugs for cosmetic purposes	35	15	513	0.0	0.0	48	11	0.0	0.0
Cough and cold medications	72,158	67	4,850,572	25.6	25.6	166,977	29	15.8	15.8
Vitamins and minerals	61,646	89	5,505,562	29.0	29.0	323,997	17	30.7	30.7
Non-prescription drugs	48,309	29	1,386,632	7.3	7.3	144,888	10	13.7	13.7
Barbiturates	2,969	65	191,773	1.0	1.0	22,649	8	2.1	2.1
Benzodiazepines	73,609	86	6,355,285	33.5	33.5	380,667	17	36.1	36.1
Other Part D Excl Rx Drugs	5,622	122	683,087	3.6	3.6	15,171	45	1.4	1.4

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

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

b. Includes OTC drugs as well as prescription drugs.

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

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

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, TEXAS, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	375,222	268,713	104,710	1,755	44	4,084,460	2,908,258	1,162,931	12,845	426	0
Age											
5 and younger	34	0	24	0	10	325	0	234	0	91	0
6-14	98	0	82	0	16	1,060	0	884	0	176	0
15-20	642	1	618	6	17	6,976	12	6,770	40	154	0
21-44	43,945	4	42,799	1,141	1	485,420	20	477,184	8,211	5	0
45-64	59,719	38	59,118	563	0	660,795	307	656,230	4,258	0	0
65-74	107,331	105,751	1,538	42	0	1,188,627	1,172,588	15,730	309	0	0
75-84	100,085	99,682	401	2	0	1,096,123	1,091,598	4,510	15	0	0
85 and older	63,368	63,237	130	1	0	645,134	643,733	1,389	12	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	246,279	189,560	55,577	1,122	20	2,695,703	2,064,659	622,687	8,178	179	0
Male	128,943	79,153	49,133	633	24	1,388,757	843,599	540,244	4,667	247	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	173,449	122,079	50,718	642	10	1,847,090	1,278,154	564,279	4,546	111	0
African American	63,030	37,964	24,610	442	14	694,180	417,135	273,750	3,174	121	0
Other/unknown	138,743	108,670	29,382	671	20	1,543,190	1,212,969	324,902	5,125	194	0
Use of Nursing Facilities^c											
Entire year	56,662	52,036	4,626	0	0	577,421	527,058	50,363	0	0	0
Part year	28,114	24,959	3,154	1	0	275,118	242,190	32,925	3	0	0
None	290,446	191,718	96,930	1,754	44	3,231,921	2,139,010	1,079,643	12,842	426	0
Maintenance Assistance Status											
Cash	250,422	171,615	78,092	712	3	2,808,343	1,939,365	863,357	5,590	31	0
Medically needy	545	0	0	545	0	3,789	0	0	3,789	0	0
Poverty related	3,163	1,295	1,520	320	28	31,629	13,807	15,614	1,929	279	0
Other/unknown	121,092	95,803	25,098	178	13	1,240,699	955,086	283,960	1,537	116	0
Dual Status^d											
Full dual, all year	366,744	262,946	102,018	1,737	43	3,995,787	2,848,294	1,134,421	12,651	421	0
Full dual, part year	8,478	5,767	2,692	18	1	88,673	59,964	28,510	194	5	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	340,456	245,184	93,877	1,366	29	3,690,745	2,639,961	1,040,722	9,800	262	0
FFS part year, with Rx claims	6,095	3,139	2,710	235	11	65,138	33,276	29,648	2,094	120	0
FFS part year, no Rx claims	811	449	335	27	0	7,605	4,137	3,327	141	0	0
MC all year, with Rx claims	25,369	18,249	7,008	108	4	294,913	212,940	81,170	759	44	0
MC all year, no Rx claims	2,491	1,692	780	19	0	26,059	17,944	8,064	51	0	0

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

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

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 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	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	375,222	4,084,460	372,731	4,015,693	0	68,767	
Fee-for-service (FFS) all year	340,456	3,690,745	340,456	3,690,745	0	0	
FFS part year, with Rx claims	6,095	65,138	6,095	26,813	0	38,325	
FFS part year, with no Rx claims	811	7,605	811	3,222	0	4,383	
Managed care (MC) all year, with Rx claims	25,369	294,913	25,369	294,913	0	0	
MC all year, with no Rx claims	2,491	26,059	0	0	0	26,059	

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

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

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