

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 UNITED STATES

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

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	6,728,542	3,778,685	2,865,064	83,406	1,378	9	71,027,034	39,002,304	31,312,399	701,423	10,878	30					
Age																	
5 and younger	307	6	239	0	62	0	3,105	56	2,533	0	516	0					
6-14	938	2	760	1	175	0	9,930	13	8,196	8	1,713	0					
15-20	10,175	6	9,384	142	643	0	105,631	57	99,033	1,028	5,513	0					
21-44	978,375	920	932,560	44,533	361	1	10,542,105	9,142	10,157,611	373,063	2,288	1					
45-64	1,384,363	2,668	1,347,371	34,221	100	3	14,899,031	24,006	14,579,787	294,631	594	13					
65-74	1,710,357	1,295,216	411,202	3,908	28	3	18,233,490	13,568,773	4,636,202	28,319	185	11					
75-84	1,589,491	1,460,651	128,312	525	1	2	16,788,351	15,333,867	1,450,606	3,863	10	5					
85 and older	1,054,520	1,019,203	35,236	76	5	0	10,445,288	10,066,303	378,431	511	43	0					
Unknown	16	13	0	0	3	0	103	87	0	0	16	0					
Gender																	
Female	4,295,417	2,703,962	1,544,779	45,961	709	6	45,629,751	28,191,105	17,041,615	391,541	5,466	24					
Male	2,433,099	1,074,723	1,320,259	37,445	669	3	25,397,074	10,811,199	14,270,575	309,882	5,412	6					
Unknown	26	0	26	0	0	0	209	0	209	0	0	0					
Race																	
White	4,005,764	2,237,819	1,717,155	50,055	729	6	41,688,457	22,504,820	18,745,625	432,081	5,908	23					
African American	1,217,394	587,078	610,730	19,201	383	2	13,016,966	6,206,808	6,647,883	159,317	2,953	5					
Other/unknown	1,505,384	953,788	537,179	14,150	266	1	16,321,611	10,290,676	5,918,891	110,025	2,017	2					
Use of Nursing Facilities^c																	
Entire year	837,658	741,516	96,026	108	8	0	8,518,135	7,458,477	1,058,543	1,026	89	0					
Part year	472,641	395,589	76,739	311	2	0	4,445,672	3,640,857	801,937	2,854	24	0					
None	5,418,243	2,641,580	2,692,299	82,987	1,368	9	58,063,227	27,902,970	29,451,919	697,543	10,765	30					
Maintenance Assistance Status																	
Cash	3,149,291	1,417,736	1,706,328	25,103	115	9	35,310,591	15,885,026	19,219,552	205,053	930	30					
Medically needy	816,553	534,515	268,484	13,413	141	0	7,836,019	5,060,912	2,665,364	108,822	921	0					
Poverty-related	814,844	422,551	388,414	3,252	627	0	8,459,631	4,349,280	4,083,942	21,875	4,534	0					
Other/unknown	1,947,854	1,403,883	501,838	41,638	495	0	19,420,793	13,707,086	5,343,541	365,673	4,493	0					
Dual Medicare Status^d																	
Full dual, all year	6,528,611	3,667,241	2,778,441	81,573	1,347	9	68,968,267	37,848,729	30,424,735	684,155	10,618	30					
Full dual, part year	199,931	111,444	86,623	1,833	31	0	2,058,767	1,153,575	887,664	17,268	260	0					
Managed Care (MC) Status																	
Fee-for-service (FFS) all year	6,518,428	3,681,756	2,768,121	67,347	1,195	9	69,651,801	38,329,515	30,695,322	616,936	9,998	30					
FFS part year, with Rx claims	129,675	54,539	65,287	9,716	133	0	758,894	321,604	389,326	47,356	608	0					
FFS part year, no Rx claims	39,321	17,389	18,178	3,720	34	0	152,098	66,292	74,320	11,367	119	0					
MC all year, with FFS Rx claims	41,117	25,000	13,478	2,623	16	0	464,240	284,892	153,431	25,764	153	0					

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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; MC = managed care; Rx = pharmacy benefit.

TABLE D.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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	84.1 %	42.3	\$2,659	\$63	\$13,714	19.4 %	6,728,542
Age							
5 and younger	91.9	44.6	4,647	104	37,059	12.5	307
6-14	92.8	50.6	7,901	156	20,178	39.2	938
15-20	77.3	21.8	2,294	105	12,446	18.4	10,175
21-44	83.5	33.6	3,119	93	13,825	22.6	978,375
45-64	87.9	50.1	3,662	73	14,873	24.6	1,384,363
65-74	82.3	40.3	2,337	58	8,922	26.2	1,710,357
75-84	82.8	42.7	2,278	53	13,317	17.1	1,589,491
85 and older	84.8	43.1	2,012	47	20,463	9.8	1,054,520
Unknown	56.3	27.1	1,354	50	15,717	8.6	16
Basis of Eligibility^e							
Aged	82.0	40.6	2,138	53	13,633	15.7	3,778,685
Disabled	87.1	44.9	3,362	75	14,067	23.9	2,865,064
Adults	74.9	27.8	2,143	77	5,285	40.5	83,406
Children	74.6	24.3	3,111	128	13,442	23.1	1,378
Unknown	11.1	2.7	278	104	354	78.5	9
Gender							
Female	86.1	45.6	2,659	58	13,744	19.3	4,295,417
Male	80.7	36.4	2,659	73	13,662	19.5	2,433,099
Unknown	76.9	26.2	2,492	95	11,999	20.8	26
Race							
White	84.5	47.1	2,887	61	15,840	18.2	4,005,764
African American	83.1	36.9	2,290	62	11,444	20.0	1,217,394
Other/unknown	84.0	33.9	2,352	69	9,895	23.8	1,505,384
Use of Nursing Facilities^f							
Entire year	89.7	63.3	3,209	51	37,934	8.5	837,658
Part year	92.3	52.8	2,776	53	23,734	11.7	472,641
None	82.6	38.2	2,564	67	9,096	28.2	5,418,243
Maintenance Assistance Status							
Cash	88.6	41.2	2,763	67	9,432	29.3	3,149,291
Medically needy	77.0	38.4	2,522	66	23,552	10.7	816,553
Poverty related	84.2	37.5	2,423	65	8,769	27.6	814,844
Other/unknown	79.9	47.7	2,648	56	18,583	14.2	1,947,854

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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, UNITED STATES, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c		Number of Rx, Percentage with:										Mean \$, All Medicaid FFS ^d	Beneficiaries	Benefit Months
			19.4 %	15.9 %	More than 0, but 1 or Less	16.8 %	More than 1, but 2 or Less	11.6 %	More than 2, but 5 or Less	28.2 %	More than 5, but 10 or Less	21.1 %	More than 10	6.5 %			
All	4.0	\$252	19.4 %	15.9 %	16.8 %	11.6 %	28.2 %	21.1 %	6.5 %	\$1,299	6,728,542	71,027,034					
Age																	
5 and younger	4.4	460	12.5	8.1	11.7	10.4	41.0	25.1	3.6	3,664	307	3,105					
6-14	4.8	746	39.2	7.2	8.8	10.4	40.0	28.9	4.6	1,906	938	9,930					
15-20	2.1	221	18.4	22.7	36.4	11.6	19.1	8.7	1.7	1,199	10,175	105,631					
21-44	3.1	290	22.6	16.5	26.5	13.2	25.3	14.2	4.2	1,283	978,375	10,542,105					
45-64	4.7	340	24.6	12.1	15.1	11.1	29.1	23.7	8.9	1,382	1,384,363	14,899,031					
65-74	3.8	219	26.2	17.7	17.4	12.3	27.8	19.0	5.8	837	1,710,357	18,233,490					
75-84	4.0	216	17.1	17.2	14.3	11.3	28.6	22.0	6.6	1,261	1,589,491	16,788,351					
85 and older	4.3	203	9.8	15.2	12.2	10.2	29.8	25.9	6.6	2,066	1,054,520	10,445,288					
Unknown	4.2	210	8.6	43.8	0.0	18.8	12.5	25.0	0.0	2,442	16	103					
Basis of Eligibility^e																	
Aged	3.9	207	15.7	18.0	15.2	11.4	28.0	21.2	6.2	1,321	3,778,685	39,002,304					
Disabled	4.1	308	23.9	12.9	18.7	11.8	28.6	21.0	7.0	1,287	2,865,064	31,312,399					
Adults	3.3	255	40.5	25.1	20.8	11.5	23.2	14.5	5.0	629	83,406	701,423					
Children	3.1	394	23.1	25.4	22.8	11.2	23.3	13.6	3.6	1,703	1,378	10,878					
Unknown	0.8	83	78.5	88.9	0.0	0.0	11.1	0.0	0.0	106	9	30					
Gender																	
Female	4.3	250	19.3	13.9	14.8	11.5	29.5	23.0	7.3	1,294	4,295,417	45,629,751					
Male	3.5	255	19.5	19.3	20.2	11.8	25.9	17.7	5.1	1,309	2,433,099	25,397,074					
Unknown	3.3	310	20.8	23.1	26.9	0.0	30.8	15.4	3.8	1,493	26	209					
Race																	
White	4.5	277	18.2	15.5	14.0	10.1	27.5	24.3	8.6	1,522	4,005,764	41,688,457					
African American	3.5	214	20.0	16.9	19.2	12.6	29.6	17.9	3.8	1,070	1,217,394	13,016,966					
Other/unknown	3.1	217	23.8	16.0	22.1	14.9	28.8	15.0	3.2	913	1,505,384	16,321,611					
Use of Nursing Facilities^f																	
Entire year	6.2	316	8.5	10.3	7.2	6.0	24.9	35.6	16.0	3,730	837,658	8,518,135					
Part year	5.6	295	11.7	7.7	9.8	9.0	30.3	31.9	11.3	2,523	472,641	4,445,672					
None	3.6	239	28.2	17.4	18.8	12.7	28.5	17.9	4.6	849	5,418,243	58,063,227					
Maintenance Assistance Status																	
Cash	3.7	246	29.3	11.4	20.4	14.0	30.4	18.8	4.9	841	3,149,291	35,310,591					
Medically needy	4.0	263	10.7	23.0	15.6	9.5	24.4	20.7	6.7	2,454	816,553	7,836,019					
Poverty related	3.6	233	27.6	15.8	19.2	12.4	30.3	18.2	4.2	845	814,844	8,459,631					
Other/unknown	4.8	266	14.2	20.1	10.3	8.2	25.3	26.0	10.1	1,864	1,947,854	19,420,793					

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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, UNITED STATES, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	4.0	\$252	\$63	1.8	\$200	\$109	0.2	\$7	\$46	2.0	\$44	\$22
Age												
5 and younger	4.4	460	104	2.1	385	184	0.3	26	102	2.0	48	24
6-14	4.8	746	156	2.3	640	281	0.3	47	171	2.2	56	25
15-20	2.1	221	105	1.0	184	180	0.1	9	97	1.0	27	28
21-44	3.1	290	93	1.5	239	162	0.1	9	78	1.5	41	27
45-64	4.7	340	73	2.1	274	127	0.2	10	58	2.3	56	24
65-74	3.8	219	58	1.8	174	97	0.1	6	42	1.8	40	22
75-84	4.0	216	53	1.9	169	91	0.2	6	35	2.0	41	20
85 and older	4.3	203	47	1.8	154	85	0.2	6	28	2.3	43	19
Unknown	4.2	210	50	1.8	174	95	0.2	12	54	2.2	25	11
Basis of Eligibility^d												
Aged	3.9	207	53	1.8	162	90	0.2	5	34	2.0	40	20
Disabled	4.1	308	75	1.9	248	130	0.2	9	61	2.0	50	24
Adults	3.3	255	77	1.6	210	134	0.1	6	63	1.6	39	24
Children	3.1	394	128	1.5	335	230	0.2	19	128	1.5	37	26
Unknown	0.8	83	104	0.7	80	114	0.0	2	65	0.1	2	24
Gender												
Female	4.3	250	58	2.0	198	100	0.2	7	40	2.1	45	21
Male	3.5	255	73	1.6	205	127	0.1	8	59	1.7	42	24
Unknown	3.3	310	95	1.8	259	143	0.1	5	50	1.3	46	34
Race												
White	4.5	277	61	2.0	219	108	0.2	8	43	2.3	50	22
African American	3.5	214	62	1.6	170	109	0.1	5	45	1.8	38	22
Other/unknown	3.1	217	69	1.6	176	111	0.1	6	56	1.4	34	24
Use of Nursing Facilities^e												
Entire year	6.2	316	51	2.6	244	92	0.3	9	30	3.3	63	19
Part year	5.6	295	53	2.4	229	96	0.2	8	32	3.0	58	20
None	3.6	239	67	1.7	192	114	0.1	7	53	1.7	40	23
Maintenance Assistance Status												
Cash	3.7	246	67	1.7	197	113	0.1	7	54	1.8	42	23
Medically needy	4.0	263	66	1.8	209	113	0.2	8	44	2.0	46	23
Poverty related	3.6	233	65	1.7	187	112	0.1	6	45	1.8	40	22
Other/unknown	4.8	266	56	2.1	209	100	0.2	7	36	2.5	49	20

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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

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

TABLE D.6

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	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	Percentage of Dual Benes	Number of Benefit Months				
														Total	Patented Brand-Name	Off-Patent Brand-Name	Generic
Anti-infective Agents	0.3	0.2	0.0	0.2	\$32	\$28	\$0	\$4	\$95	\$160	\$81	\$25	12,915,695	\$1,226,551,568	3,401,711	50.6 %	37,966,886
Biologics	0.1	0.1	0.0	0.0	42	2	8	33	383	31	3,286	909	88,725	33,955,977	70,774	1.1	800,790
Antineoplastic Agents	0.5	0.2	0.0	0.3	103	75	2	27	222	448	165	92	1,298,452	288,356,164	265,138	3.9	2,786,865
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	46	36	3	7	50	78	26	19	28,155,121	1,398,565,615	2,759,679	41.0	30,515,931
Cardiovascular Agents	1.7	0.7	0.0	0.9	66	47	1	17	40	72	31	18	73,833,492	2,959,634,693	4,075,750	60.6	44,704,138
Respiratory Agents	0.7	0.4	0.0	0.3	37	30	1	6	56	78	68	21	18,486,235	1,032,498,673	2,478,941	36.8	27,707,035
Gastrointestinal Agents	0.7	0.4	0.0	0.3	57	46	1	10	80	129	103	29	21,251,453	1,705,481,058	2,705,997	40.2	29,912,041
Genitourinary Agents	0.5	0.4	0.0	0.1	31	29	0	2	66	78	41	21	4,861,144	321,260,073	923,066	13.7	10,292,077
CNS Drugs	1.2	0.7	0.0	0.6	110	93	3	14	88	139	114	25	44,298,499	3,890,494,877	3,250,113	48.3	35,508,269
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	51	39	3	9	96	145	89	40	375,284	35,960,335	63,727	0.9	710,560
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	87	85	0	2	141	146	57	50	2,615,307	368,456,537	398,401	5.9	4,256,381
Analgesics and Anesthetics	0.7	0.3	0.0	0.5	45	35	1	9	61	135	83	19	27,144,266	1,666,985,569	3,355,281	49.9	37,166,907
Neuromuscular Agents	0.9	0.4	0.1	0.5	64	49	2	13	71	124	47	28	17,751,924	1,257,892,140	1,762,866	26.2	19,565,155
Nutritional Products	0.6	0.0	0.0	0.5	10	0	1	9	17	30	21	17	7,271,672	126,150,523	1,152,815	17.1	12,478,445
Hematological Agents	0.7	0.3	0.1	0.4	60	53	2	6	82	185	22	16	10,078,711	825,136,742	1,258,088	18.7	13,664,748
Topical Products	0.5	0.2	0.0	0.2	20	15	1	5	45	67	48	22	13,025,255	584,188,784	2,556,375	38.0	28,756,655
Miscellaneous Products	0.4	0.2	0.0	0.2	82	61	10	11	204	390	254	53	634,399	129,188,840	147,024	2.2	1,574,792
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	17	0	0	0	69	0	0	0	607,942	41,968,808	213,191	3.2	2,419,450
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.	284,693,576	17,892,726,976	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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 the U.S., 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 Mo(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, UNITED STATES, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$2,301,769,486	1,644,599	24.4 %	18,177,058	0.7	\$179
ULCER DRUGS	1,374,509,037	2,695,350	40.1	30,055,206	0.5	89
ANTIDEPRESSANTS	1,177,057,692	2,749,948	40.9	30,272,907	0.6	63
ANTIHYPERTENSIVE	1,053,331,408	1,713,979	25.5	19,453,498	0.6	94
ANTICONVULSANT	999,857,991	1,462,098	21.7	16,307,723	0.7	84
ANTIDIABETIC	937,499,169	2,187,731	32.5	24,361,388	0.6	61
ANTIHYPERTENSIVE	779,281,430	2,939,118	43.7	32,800,116	0.6	40
ANALGESICS - ANTI-INFLAMMATORY	760,513,994	2,263,108	33.6	25,829,610	0.4	80
ANALGESICS - Narcotic	753,500,944	3,358,644	49.9	37,286,721	0.4	51
ANTIASTHMATIC	640,986,218	2,202,597	32.7	24,473,842	0.4	63
Total	10,778,307,369	23,217,172		259,018,069	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 PER BENEFIT MONTH 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, UNITED STATES, 2003

Beneficiary Characteristics	All Top 10 Drug Groups						ANTIPSYCHOTICS						ULCER DRUGS					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	
																		2,695,350	40.1 %	30,055,206	0.5	$46
All	139,638,448	\$10,778,307,369	1,644,599	24.4 %	18,177,058	0.7	\$127	2,695,350	40.1 %	30,055,206	0.5	\$46						
Female	93,418,581	6,881,966,041	965,647	22.5	10,641,438	0.7	110	1,869,648	43.5	20,908,766	0.5	46						
Disabled	41,194,677	3,427,952,908	483,157	31.3	5,534,845	0.7	131	749,202	48.5	8,604,471	0.5	46						
5 and younger	830	46,026	0	0.0	0	0.0	0	66	80.5	723	0.5	32						
6-14	3,735	210,231	6	1.8	69	0.5	78	162	49.4	1,867	0.5	37						
15-20	41,715	3,717,339	977	23.9	11,189	0.6	109	954	23.4	10,853	0.4	30						
21-44	8,663,747	837,948,993	177,547	43.5	2,029,452	0.7	133	143,345	35.1	1,642,433	0.4	41						
45-64	22,113,735	1,838,888,180	238,912	32.6	2,740,497	0.7	137	380,948	52.1	4,354,533	0.5	49						
65-74	7,457,283	546,896,427	43,237	15.9	499,798	0.6	108	156,539	57.6	1,821,217	0.5	46						
75-84	2,378,194	165,771,014	17,003	17.3	194,341	0.6	94	53,158	54.0	616,295	0.5	46						
85 and older	535,438	34,474,698	5,475	18.5	59,499	0.6	79	14,030	47.0	156,550	0.5	46						
Other Eligibles	52,223,733	3,454,005,115	482,488	17.5	5,106,571	0.6	87	1,120,443	40.7	12,304,266	0.5	45						
5 and younger	226	12,951	2	7.4	16	0.3	24	13	48.1	130	0.4	24						
6-14	619	47,031	4	4.8	48	0.6	177	41	48.8	433	0.4	29						
15-20	3,480	295,788	80	18.1	778	0.6	147	104	23.5	1,039	0.4	25						
21-44	396,829	33,431,614	6,718	23.6	68,144	0.5	88	7,868	27.6	79,791	0.4	38						
45-64	364,546	28,495,583	3,062	17.2	31,518	0.6	105	7,164	40.3	74,538	0.5	49						
65-74	16,511,312	1,163,087,502	98,537	11.9	1,087,292	0.6	103	344,214	41.4	3,888,893	0.5	44						
75-84	20,733,690	1,372,680,492	181,183	17.4	1,936,732	0.6	88	434,312	41.8	4,829,619	0.5	45						
85 and older	14,213,031	855,954,154	192,902	23.2	1,982,043	0.6	77	326,727	39.2	3,429,823	0.6	46						
Male	46,219,544	3,896,309,224	678,941	27.9	7,535,502	0.8	151	825,697	33.9	9,146,395	0.5	46						
Disabled	28,420,407	2,684,776,471	497,729	37.7	5,682,549	0.8	169	437,736	33.2	4,973,775	0.5	47						
5 and younger	1,437	78,353	2	1.3	23	0.6	113	112	71.3	1,291	0.5	33						
6-14	4,326	229,918	8	1.9	88	0.8	99	193	44.7	2,234	0.5	28						
15-20	51,431	5,298,481	1,529	28.8	17,039	0.7	142	928	17.5	10,584	0.4	33						
21-44	9,384,152	1,032,840,288	244,827	46.7	2,798,220	0.8	170	131,052	25.0	1,497,472	0.5	44						
45-64	15,151,905	1,368,975,584	224,489	36.5	2,562,300	0.9	174	228,243	37.1	2,576,675	0.5	49						
65-74	3,143,087	230,160,968	20,876	15.0	238,192	0.7	130	61,745	44.2	709,669	0.5	46						
75-84	601,960	41,843,162	5,010	16.8	56,146	0.7	102	13,239	44.4	151,383	0.5	46						
85 and older	82,109	5,349,717	988	18.4	10,541	0.6	86	2,224	41.3	24,467	0.5	46						
Other Eligibles	17,799,089	1,211,531,024	181,211	16.3	1,852,947	0.6	94	387,961	34.9	4,172,620	0.5	45						
5 and younger	245	12,565	0	0.0	0	0.0	0	19	46.3	203	0.4	19						
6-14	1,026	61,856	5	5.3	60	0.8	157	52	55.3	574	0.5	39						
15-20	2,965	259,188	84	24.1	810	0.7	139	70	20.1	749	0.5	31						
21-44	233,891	21,529,132	3,661	21.1	36,641	0.5	117	4,249	24.5	42,747	0.5	45						
45-64	333,757	26,873,110	2,678	13.9	27,282	0.6	124	5,984	31.1	60,490	0.5	52						
65-74	7,607,419	535,190,548	58,091	12.4	625,076	0.7	113	155,995	33.3	1,724,474	0.5	44						
75-84	6,861,985	460,129,587	73,128	17.4	744,560	0.6	87	152,596	36.3	1,648,586	0.5	44						
85 and older	2,757,801	167,475,038	43,564	23.3	418,518	0.6	74	68,996	37.0	694,797	0.6	46						
Unknown	542	41,851	14	33.3	146	0.5	105	8	19.0	74	0.6	50						

Table D7A

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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-ad776d7b6615> (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 PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERLIPIDEMIC					ANTICONVULSANT				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	2,749,948	40.9 %	30,272,907	0.6	\$39	1,713,979	25.5 %	19,453,498	0.6	\$54	1,462,098	21.7 %	16,307,723	0.7	\$61
Female	1,922,798	44.8	21,212,365	0.6	39	1,144,288	26.6	13,031,395	0.6	54	894,367	20.8	9,980,339	0.7	57
Disabled	935,762	60.6	10,648,266	0.6	40	449,391	29.1	5,181,480	0.6	54	521,117	33.7	5,940,102	0.7	69
5 and younger	6	7.3	34	0.7	36	5	6.1	60	0.5	25	11	13.4	86	0.8	64
6-14	54	16.5	558	0.6	38	27	8.2	303	0.7	42	47	14.3	527	0.7	66
15-20	1,381	33.8	15,518	0.5	34	98	2.4	1,107	0.5	34	1,072	26.2	12,111	0.7	80
21-44	266,550	65.2	3,022,050	0.6	42	42,326	10.4	485,806	0.5	45	176,030	43.1	2,001,687	0.8	82
45-64	512,290	70.0	5,815,369	0.6	42	240,187	32.8	2,747,980	0.6	53	272,925	37.3	3,107,205	0.7	69
65-74	113,473	41.8	1,314,850	0.6	33	125,641	46.3	1,466,095	0.6	56	52,008	19.1	601,344	0.6	42
75-84	33,032	33.5	380,964	0.6	32	35,923	36.5	420,596	0.6	58	15,639	15.9	179,920	0.6	34
85 and older	8,976	30.1	98,923	0.6	34	5,184	17.4	59,533	0.6	56	3,385	11.3	37,222	0.6	29
Other Eligibles	987,034	35.9	10,564,076	0.6	37	694,896	25.3	7,849,904	0.6	54	373,249	13.6	4,040,225	0.7	39
5 and younger	2	7.4	24	0.7	62	5	18.5	60	0.7	42	5	18.5	36	0.6	75
6-14	7	8.3	74	0.6	48	5	6.0	57	0.6	45	6	7.1	72	0.5	133
15-20	145	32.7	1,422	0.5	26	14	3.2	136	0.5	45	85	19.2	852	0.8	78
21-44	17,686	62.1	176,227	0.5	38	1,952	6.8	20,068	0.5	42	8,672	30.4	86,532	0.6	66
45-64	11,000	61.9	111,423	0.6	42	4,537	25.5	46,860	0.6	52	4,502	25.3	46,220	0.6	59
65-74	269,789	32.5	3,001,929	0.6	34	299,343	36.0	3,396,912	0.6	54	119,915	14.4	1,336,778	0.6	43
75-84	365,071	35.1	3,950,201	0.6	37	294,533	28.3	3,348,356	0.6	55	146,653	14.1	1,598,804	0.7	37
85 and older	323,334	38.8	3,322,776	0.7	40	94,507	11.4	1,037,455	0.6	54	93,411	11.2	970,931	0.7	33
Male	827,134	34.0	9,060,424	0.6	39	569,687	23.4	6,422,066	0.6	54	567,719	23.3	6,327,266	0.8	68
Disabled	537,414	40.7	6,064,476	0.6	41	303,088	23.0	3,461,680	0.6	54	419,040	31.7	4,757,978	0.8	77
5 and younger	3	1.9	33	0.5	21	7	4.5	75	0.5	24	13	8.3	154	0.5	40
6-14	37	8.6	409	0.5	28	34	7.9	382	0.6	45	46	10.6	524	0.7	58
15-20	1,368	25.8	15,328	0.5	38	126	2.4	1,429	0.5	35	1,373	25.9	15,441	0.8	87
21-44	222,939	42.5	2,524,637	0.6	42	64,542	12.3	742,081	0.6	47	186,493	35.6	2,124,318	0.8	84
45-64	267,284	43.4	3,001,176	0.6	41	175,541	28.5	1,989,581	0.6	55	202,620	32.9	2,293,115	0.8	74
65-74	37,619	27.0	430,885	0.6	32	53,347	38.2	618,156	0.6	58	23,550	16.9	268,708	0.7	45
75-84	6,948	23.3	78,861	0.6	32	8,719	29.2	101,478	0.6	59	4,378	14.7	49,633	0.7	37
85 and older	1,216	22.6	13,147	0.6	33	752	14.0	8,498	0.6	57	567	10.5	6,085	0.7	32
Other Eligibles	289,718	26.0	2,995,938	0.6	36	266,618	24.0	2,960,384	0.6	55	148,677	13.4	1,569,278	0.7	42
5 and younger	2	4.9	24	0.1	1	1	2.4	12	0.5	13	0	0.0	0	0.0	0
6-14	16	17.0	183	0.6	24	9	9.6	99	0.6	46	11	11.7	116	0.5	31
15-20	86	24.7	900	0.6	42	12	3.4	128	0.7	52	54	15.5	564	0.8	74
21-44	8,083	46.7	79,862	0.5	36	2,326	13.4	23,180	0.5	43	4,634	26.8	45,817	0.6	65
45-64	7,703	40.1	76,821	0.6	38	5,613	29.2	56,499	0.6	55	3,855	20.0	38,888	0.6	60
65-74	102,449	21.9	1,109,331	0.6	35	136,389	29.1	1,525,001	0.6	54	62,451	13.3	681,963	0.7	47
75-84	110,712	26.3	1,142,904	0.6	36	101,522	24.1	1,134,204	0.6	55	55,574	13.2	583,654	0.7	38
85 and older	60,667	32.5	585,913	0.7	38	20,746	11.1	221,261	0.6	53	22,098	11.8	218,276	0.7	33
Unknown	20	47.6	151	0.6	33	6	14.3	50	0.7	64	15	35.7	140	0.5	44

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26 2007).

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

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2003

Beneficiary Characteristics	ANTI-DIABETIC					ANTI-HYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY				
	Number of Users	Users as % of Dual Benes	Mean Number of Rx	Mean Number of Months Among Users	Mean Rx \$	Number of Users	Users as % of Dual Benes	Mean Number of Rx	Mean Number of Months Among Users	Mean Rx \$	Number of Users	Users as % of Dual Benes	Mean Number of Rx	Mean Number of Months Among Users	Mean Rx \$
All	2,187,731	32.5 %	24,361,388	0.6	\$39	2,939,118	43.7 %	32,800,116	0.6	\$24	2,263,108	33.6 %	25,829,610	0.4	\$29
Female	1,495,020	34.8	16,726,844	0.6	38	1,982,902	46.2	22,196,892	0.6	24	1,590,893	37.0	18,191,777	0.4	32
Disabled	581,310	37.6	6,645,330	0.6	42	652,791	42.3	7,478,589	0.6	24	708,868	45.9	8,208,960	0.4	29
5 and younger	3	3.7	30	0.7	47	37	45.1	370	0.4	7	6	7.3	54	0.2	8
6-14	13	4.0	141	0.6	34	230	70.1	2,516	0.5	19	14	4.3	160	0.3	7
15-20	256	6.3	2,924	0.5	36	601	14.7	6,773	0.4	16	959	23.5	10,962	0.2	9
21-44	64,806	15.9	738,925	0.6	41	66,207	16.2	752,887	0.5	19	153,491	37.6	1,765,136	0.3	18
45-64	308,733	42.2	3,505,885	0.6	43	324,794	44.4	3,690,048	0.6	23	342,843	46.9	3,950,908	0.4	32
65-74	154,372	56.8	1,787,466	0.6	42	180,656	66.5	2,100,132	0.6	27	154,345	56.8	1,812,088	0.4	33
75-84	45,257	46.0	522,863	0.6	37	64,621	65.6	750,356	0.6	26	47,099	47.8	553,930	0.4	33
85 and older	7,870	26.4	87,096	0.6	30	15,645	52.4	175,507	0.6	25	10,111	33.9	115,722	0.4	34
Other Eligibles	913,706	33.2	10,081,469	0.6	35	1,330,108	48.4	14,718,268	0.6	24	882,025	32.1	9,982,817	0.4	34
5 and younger	0	0.0	0	0.0	0	12	44.4	128	0.5	13	1	3.7	12	0.1	13
6-14	0	0.0	0	0.0	0	36	42.9	403	0.5	17	7	8.3	78	0.2	2
15-20	23	5.2	233	0.7	60	79	17.8	751	0.5	19	75	16.9	716	0.2	2
21-44	3,102	10.9	30,709	0.6	40	3,545	12.4	34,836	0.5	18	10,166	35.7	103,372	0.3	18
45-64	5,597	31.5	56,111	0.6	42	6,416	36.1	64,577	0.6	24	7,944	44.7	81,997	0.4	32
65-74	356,538	42.9	4,005,026	0.6	38	437,577	52.7	4,931,462	0.6	25	320,940	38.6	3,678,734	0.4	32
75-84	375,031	36.1	4,163,173	0.6	35	543,696	52.3	6,092,338	0.6	25	345,905	33.3	3,963,504	0.4	35
85 and older	173,415	20.8	1,826,217	0.7	30	338,747	40.7	3,593,773	0.7	24	196,987	23.7	2,154,404	0.5	37
Male	692,706	28.5	7,634,504	0.6	39	956,209	39.3	10,603,165	0.6	23	672,212	27.6	7,637,807	0.3	24
Disabled	342,414	25.9	3,859,323	0.6	43	442,803	33.5	5,001,278	0.6	23	383,669	29.1	4,404,653	0.3	21
5 and younger	4	2.5	45	0.4	8	53	33.8	622	0.5	13	5	3.2	55	0.2	3
6-14	14	3.2	168	0.3	25	248	57.4	2,807	0.5	18	19	4.4	218	0.2	3
15-20	170	3.2	1,941	0.6	41	860	16.2	9,650	0.5	18	755	14.2	8,653	0.2	6
21-44	64,121	12.2	726,143	0.6	42	92,349	17.6	1,044,092	0.6	20	125,877	24.0	1,442,285	0.3	13
45-64	203,258	33.0	2,273,310	0.7	43	245,387	39.9	2,747,469	0.6	23	188,092	30.6	2,149,064	0.3	23
65-74	62,810	45.0	720,732	0.6	42	84,125	60.3	969,500	0.6	25	56,742	40.7	662,602	0.4	26
75-84	10,822	36.3	123,574	0.6	39	17,349	58.1	200,199	0.6	24	10,796	36.2	126,030	0.4	28
85 and older	1,215	22.6	13,410	0.6	32	2,432	45.2	26,939	0.6	22	1,383	25.7	15,746	0.4	30
Other Eligibles	350,287	31.5	3,775,159	0.6	36	513,404	46.1	5,601,877	0.6	23	288,543	25.9	3,233,154	0.4	28
5 and younger	3	7.3	34	0.5	21	9	22.0	90	0.4	12	1	2.4	12	0.1	7
6-14	0	0.0	0	0.0	0	59	62.8	626	0.6	17	7	7.4	83	0.2	15
15-20	8	2.3	80	0.6	43	106	30.5	1,072	0.6	20	41	11.8	409	0.2	5
21-44	2,340	13.5	22,390	0.6	44	3,385	19.5	32,442	0.5	21	4,971	28.7	50,043	0.3	20
45-64	6,274	32.6	61,299	0.7	45	7,326	38.1	72,085	0.6	24	6,194	32.2	62,758	0.4	28
65-74	167,024	35.7	1,835,123	0.6	38	224,423	47.9	2,484,363	0.6	23	129,888	27.7	1,471,837	0.3	26
75-84	133,790	31.8	1,445,609	0.6	35	204,826	48.7	2,254,572	0.6	23	109,222	25.9	1,238,966	0.4	29
85 and older	40,848	21.9	410,624	0.7	30	73,270	39.3	756,627	0.6	21	38,219	20.5	409,046	0.4	32
Unknown	14	33.3	107	0.7	27	12	28.6	104	0.8	15	3	7.1	26	0.3	8

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIASTHMATIC						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months		Mean Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months		Mean Rx \$	Number of Beneficiaries	Benefit Months
			Users	Mean Number of Rx				Users	Mean Number of Rx			
All	3,358,644	49.9 %	37,286,721	0.4	\$20	2,202,597	32.7 %	24,473,842	0.4	\$26	6,728,542	71,027,034
Female	2,317,488	54.0	25,816,309	0.4	19	1,480,728	34.5	16,525,643	0.4	26	4,295,408	45,629,679
Disabled	1,099,662	71.2	12,574,646	0.4	23	677,991	43.9	7,760,891	0.4	27	1,544,779	17,041,615
5 and younger	20	24.4	194	0.2	4	35	42.7	406	0.3	23	82	816
6-14	97	29.6	1,068	0.2	3	78	23.8	908	0.2	13	328	3,508
15-20	1,937	47.4	22,064	0.2	5	963	23.6	11,017	0.3	21	4,084	43,127
21-44	289,577	70.9	3,300,045	0.4	24	136,800	33.5	1,563,247	0.3	22	408,579	4,471,133
45-64	575,633	78.7	6,565,482	0.4	26	361,554	49.4	4,125,569	0.4	28	731,766	7,998,700
65-74	163,886	60.3	1,899,624	0.3	13	131,664	48.5	1,522,729	0.4	28	271,621	3,083,749
75-84	55,092	56.0	637,311	0.3	11	38,668	39.3	445,556	0.4	26	98,463	1,118,424
85 and older	13,420	44.9	148,858	0.4	12	8,229	27.6	91,459	0.4	24	29,856	322,158
Other Eligibles	1,217,825	44.3	13,241,651	0.4	15	802,731	29.2	8,764,691	0.4	25	2,750,629	28,588,064
5 and younger	6	22.2	72	0.1	1	9	33.3	96	0.1	9	27	240
6-14	21	25.0	220	0.2	1	20	23.8	208	0.3	15	84	768
15-20	175	39.5	1,652	0.2	5	75	16.9	780	0.2	10	443	3,581
21-44	21,341	74.9	214,761	0.4	26	8,028	28.2	82,131	0.3	21	28,500	241,176
45-64	12,038	67.8	124,297	0.4	26	6,630	37.3	69,091	0.4	28	17,765	157,084
65-74	383,206	46.1	4,317,211	0.4	14	264,926	31.9	2,969,756	0.4	28	830,918	8,811,491
75-84	456,948	43.9	5,040,649	0.4	15	304,998	29.3	3,360,349	0.4	25	1,040,247	11,058,076
85 and older	344,090	41.3	3,542,789	0.5	17	218,045	26.2	2,282,280	0.4	20	832,645	8,315,648
Male	1,041,145	42.8	11,470,309	0.4	23	721,866	29.7	7,948,163	0.4	27	2,433,092	25,397,043
Disabled	656,976	49.8	7,399,575	0.4	28	361,013	27.3	4,085,495	0.4	27	1,320,259	14,270,575
5 and younger	35	22.3	402	0.1	1	76	48.4	849	0.3	19	157	1,717
6-14	106	24.5	1,228	0.1	1	138	31.9	1,598	0.4	26	432	4,688
15-20	1,581	29.8	17,951	0.2	6	759	14.3	8,656	0.3	19	5,300	55,906
21-44	242,769	46.3	2,744,841	0.4	29	92,801	17.7	1,058,648	0.4	22	523,966	5,686,370
45-64	334,210	54.3	3,743,632	0.4	32	190,356	30.9	2,139,993	0.5	29	615,594	6,580,986
65-74	63,885	45.8	728,601	0.4	15	62,123	44.5	709,105	0.5	31	139,581	1,552,453
75-84	12,504	41.9	142,447	0.3	10	13,006	43.6	147,518	0.4	28	29,849	332,182
85 and older	1,886	35.1	20,473	0.3	11	1,754	32.6	19,128	0.4	26	5,380	56,273
Other Eligibles	384,169	34.5	4,070,734	0.4	14	360,853	32.4	3,862,668	0.4	27	1,112,833	11,126,468
5 and younger	17	41.5	183	0.2	14	23	56.1	268	0.3	15	41	332
6-14	16	17.0	183	0.1	1	32	34.0	339	0.3	16	94	966
15-20	79	22.7	849	0.2	4	39	11.2	363	0.3	16	348	3,017
21-44	11,427	66.0	113,080	0.5	45	3,205	18.5	32,061	0.4	23	17,315	143,318
45-64	10,840	56.4	109,151	0.5	38	5,225	27.2	53,262	0.5	30	19,227	162,160
65-74	162,371	34.7	1,782,074	0.4	14	145,476	31.1	1,600,150	0.5	29	468,237	4,785,797
75-84	137,330	32.6	1,460,012	0.3	11	142,886	33.9	1,532,974	0.4	27	420,932	4,279,669
85 and older	62,089	33.3	605,202	0.4	13	63,967	34.3	643,251	0.4	23	186,639	1,751,209
Unknown	12	28.6	115	0.4	30	9	21.4	97	0.2	6	42	312

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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.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; \$ = 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, UNITED STATES, 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	
				Rx \$ per Benefit Month	Benefit Month
All	\$316	6.2	837,658		8,518,135
Age					
0-64	493	7.4	66,909		741,352
65-74	401	7.2	107,724		1,137,298
75-84	327	6.5	271,973		2,767,280
85 and older	249	5.5	391,048		3,872,165
Unknown	289	6.0	4		40
Gender					
Female	305	6.2	613,388		6,283,954
Male	345	6.2	224,270		2,234,181
Unknown	0	0.0	0		0
Race					
White	322	6.5	654,212		6,590,616
African American	311	5.7	103,364		1,099,226
Other/unknown	273	4.9	80,082		828,293
Basis of Eligibility^c					
Aged	297	6.1	741,516		7,458,477
Disabled	448	7.0	96,026		1,058,543
Adults	340	3.1	108		1,026
Children	384	5.3	8		89
Unknown	0	0.0	0		0

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 472,641 beneficiaries who were in nursing facilities for part of their enrollment and their 4,445,672 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, UNITED STATES, 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	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months		
Anti-infective Agents	0.4	0.2	0.0	0.2	\$21	\$17	\$0	\$4	\$56	\$68	\$21	2,005,333	\$112,649,119	504,015	60.2 %	5,371,490
Biologicals	0.1	0.1	0.0	0.0	5	1	2	2	54	6,068	62	36,594	1,961,575	33,034	3.9	372,023
Antineoplastic Agents	0.5	0.1	0.0	0.4	82	36	1	45	153	348	106	343,745	52,653,631	64,291	7.7	641,199
Endocrine/Metabolic Drugs	1.2	0.5	0.2	0.5	44	34	3	7	37	64	14	4,598,096	169,984,406	367,436	43.9	3,856,027
Cardiovascular Agents	2.1	0.5	0.1	1.5	55	30	1	23	26	57	20	11,857,273	313,147,238	554,316	66.2	5,734,821
Respiratory Agents	0.7	0.3	0.0	0.4	33	24	1	8	45	69	21	2,570,161	115,467,722	329,672	39.4	3,514,149
Gastrointestinal Agents	1.0	0.4	0.0	0.6	59	46	0	12	58	103	22	4,365,464	251,625,469	406,272	48.5	4,265,074
Genitourinary Agents	0.6	0.5	0.0	0.1	38	34	0	4	61	73	24	1,194,434	72,418,935	176,144	21.0	1,890,612
CNS Drugs	1.6	1.0	0.0	0.6	128	113	2	13	79	112	22	9,595,164	757,241,719	564,534	67.4	5,908,960
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.0	0.5	33	23	1	9	46	127	17	48,820	2,227,636	6,419	0.8	67,906
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	105	105	0	0	129	130	37	1,126,544	145,727,062	133,232	15.9	1,389,603
Analgesics and Anesthetics	1.0	0.4	0.0	0.6	48	40	1	7	48	96	13	3,958,915	191,003,548	383,945	45.8	3,987,823
Neuromuscular Agents	1.2	0.5	0.1	0.7	70	46	3	22	56	90	32	3,470,546	195,986,372	260,454	31.1	2,793,396
Nutritional Products	0.8	0.0	0.0	0.7	13	0	1	11	16	25	22	2,036,692	33,137,130	254,352	30.4	2,635,455
Hematological Agents	1.1	0.3	0.2	0.6	65	56	3	7	58	160	12	2,820,632	163,456,123	240,689	28.7	2,498,465
Topical Products	0.6	0.3	0.0	0.3	21	14	2	6	37	56	19	2,732,122	100,327,355	435,343	52.0	4,713,796
Miscellaneous Products	0.3	0.0	0.0	0.2	9	4	1	5	35	82	23	118,727	4,212,396	42,637	5.1	443,538
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	13	0	0	0	42	0	0	114,272	4,786,451	33,382	4.0	364,410
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.	52,993,534	2,688,013,887	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 472,641 beneficiaries who were in nursing facilities for part of their enrollment and their 4,445,672 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.medspan.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.Medi-Span.com/products/product_mddb.asp (May 13 2003). In the U.S., 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$442,441,449	366,909	43.8 %	3,942,721	0.8	\$144	\$112
ANTIDEPRESSANTS	241,273,444	475,585	56.8	5,027,658	0.8	58	48
ULCER DRUGS	199,878,550	364,889	43.6	3,855,453	0.7	70	52
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	138,868,257	127,725	15.2	1,333,318	0.8	129	104
ANTICONVULSANT	132,794,832	220,894	26.4	2,390,885	0.9	59	56
ANTIDIABETIC	102,076,770	265,077	31.6	2,815,911	0.8	43	36
ANALGESICS - Narcotic	93,754,941	355,460	42.4	3,662,763	0.6	40	26
ANTHYPERTENSIVE	79,760,279	312,921	37.4	3,288,230	0.8	30	24
ANALGESICS - ANTI-INFLAMMATORY	79,300,883	172,705	20.6	1,876,681	0.6	69	42
MISC. HEMATOLOGICAL	72,679,224	93,704	11.2	982,725	0.8	96	74
Total	1,582,828,629	2,755,869		29,176,345	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 472,641 beneficiaries who were in nursing facilities for part of their enrollment and their 4,445,672 benefit months were excluded from the analysis.

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

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

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

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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 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	22,663,706	\$1,582,828,629	366,909	43.8 %	3,942,721	0.8	\$112	475,585	56.8 %	5,027,658	0.8	\$48
Female	16,476,373	1,126,417,713	255,116	41.6	2,754,252	0.8	106	354,806	57.8	3,768,943	0.8	48
Disabled	1,766,401	143,509,401	29,172	58.9	333,443	0.9	157	29,990	60.5	337,036	0.9	53
64 or younger	1,221,243	102,138,064	18,928	62.5	216,881	1.0	168	21,385	70.6	241,520	0.9	55
65-74	293,702	23,208,813	5,322	59.2	61,313	0.9	151	4,447	49.5	49,990	0.8	49
75-84	174,486	13,005,426	3,435	54.0	39,025	0.8	127	2,686	42.2	29,911	0.8	46
85 and older	76,970	5,157,098	1,487	38.1	16,224	0.7	99	1,472	37.7	15,615	0.8	43
Other Eligibles	14,709,825	982,901,422	225,942	40.1	2,420,787	0.7	99	324,814	57.6	3,431,884	0.8	48
64 or younger	1,069	87,218	11	16.2	121	1.0	209	21	30.9	225	0.9	52
65-74	2,024,695	145,081,677	29,989	57.3	332,476	0.8	130	37,791	72.2	411,730	0.8	51
75-84	5,677,128	385,020,897	85,776	45.7	928,392	0.8	104	119,232	63.5	1,270,340	0.8	49
85 and older	7,006,933	452,711,630	110,166	34.0	1,159,798	0.7	86	167,770	51.8	1,749,589	0.8	46
Male	6,187,333	456,410,916	111,793	49.8	1,188,469	0.8	127	120,779	53.9	1,258,715	0.8	48
Disabled	1,648,478	145,327,557	31,195	67.1	355,676	1.0	177	25,379	54.6	284,699	0.9	52
64 or younger	1,381,965	124,278,191	25,636	70.3	292,767	1.0	184	21,527	59.0	242,011	0.9	53
65-74	197,417	15,876,996	3,982	57.7	45,401	0.9	153	2,799	40.5	31,091	0.8	47
75-84	55,037	4,170,664	1,249	53.9	13,963	0.9	126	808	34.9	9,062	0.8	46
85 and older	14,059	1,001,706	328	41.3	3,545	0.8	118	245	30.9	2,535	0.8	40
Other Eligibles	4,538,855	311,083,359	80,598	45.3	832,793	0.8	105	95,400	53.7	974,016	0.8	47
64 or younger	1,416	134,779	25	28.1	235	1.0	211	34	38.2	270	0.9	54
65-74	1,303,860	95,522,118	21,762	55.2	237,395	0.8	131	23,882	60.5	255,859	0.8	50
75-84	1,981,502	134,068,512	35,364	46.7	365,387	0.7	102	41,621	55.0	425,706	0.8	46
85 and older	1,252,077	81,357,950	23,447	37.5	229,776	0.7	84	29,863	47.7	292,181	0.8	44
Unknown	147	6,890	2	50.0	22	0.2	21	2	50.0	23	1.1	52

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 472,641 beneficiaries who were in nursing facilities for part of their enrollment and their 4,445,672 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.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, UNITED STATES, 2003

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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 \$
All	364,889	43.6 %	3,855,453	0.7	\$52	127,725	15.2 %	1,333,318	0.8	\$104	220,894	26.4 %	2,390,985	0.9	\$56
Female	266,791	43.5	2,832,832	0.7	52	95,289	15.5	1,005,394	0.8	104	144,769	23.6	1,567,788	0.9	52
Disabled	22,695	45.8	253,865	0.7	54	4,053	8.2	45,666	0.7	155	26,276	53.0	298,520	1.1	76
64 or younger	14,637	48.3	165,026	0.8	54	2,333	7.7	26,223	0.7	199	19,968	65.9	227,469	1.1	83
65-74	3,763	41.9	42,218	0.7	54	666	7.4	7,614	0.7	95	3,761	41.8	42,758	1.0	63
75-84	2,729	42.9	30,080	0.7	54	645	10.1	7,324	0.7	97	1,902	29.9	21,477	0.9	47
85 and older	1,566	40.1	16,541	0.7	49	409	10.5	4,505	0.8	96	645	16.5	6,816	0.9	38
Other Eligibles	244,094	43.3	2,578,950	0.7	51	91,236	16.2	959,728	0.8	102	118,493	21.0	1,269,268	0.9	46
64 or younger	13	19.1	136	0.8	77	2	2.9	24	0.6	624	16	23.5	171	1.0	54
65-74	26,948	51.5	293,484	0.7	53	7,680	14.7	82,164	0.8	104	23,438	44.8	259,099	1.0	59
75-84	86,111	45.9	918,737	0.7	52	35,858	19.1	378,021	0.8	103	49,742	26.5	535,934	0.9	47
85 and older	131,022	40.5	1,366,593	0.7	50	47,696	14.7	499,519	0.8	101	45,297	14.0	474,064	0.8	38
Male	98,098	43.7	1,022,621	0.7	53	32,436	14.5	327,924	0.8	104	76,125	33.9	823,097	1.0	63
Disabled	20,687	44.5	230,737	0.8	56	3,007	6.5	33,364	0.7	134	28,128	60.5	319,705	1.1	82
64 or younger	16,781	46.0	188,021	0.8	56	2,223	6.1	24,588	0.7	149	24,526	67.2	279,364	1.1	85
65-74	2,691	39.0	29,650	0.7	57	526	7.6	5,924	0.7	90	2,812	40.7	31,691	1.0	64
75-84	921	39.8	10,073	0.7	51	207	8.9	2,328	0.7	96	657	28.4	7,232	1.0	55
85 and older	294	37.0	2,993	0.7	54	51	6.4	524	0.7	82	133	16.8	1,418	1.0	47
Other Eligibles	77,411	43.5	791,884	0.7	52	29,429	16.6	294,560	0.8	100	47,997	27.0	503,392	0.9	51
64 or younger	23	25.8	193	1.0	87	4	4.5	45	0.6	322	27	30.3	243	1.1	85
65-74	18,956	48.0	203,431	0.7	53	5,155	13.1	54,390	0.8	101	16,968	43.0	185,652	1.0	61
75-84	33,186	43.9	340,342	0.7	52	13,740	18.2	137,576	0.8	100	20,729	27.4	215,858	0.9	48
85 and older	25,246	40.3	247,918	0.7	51	10,530	16.8	102,549	0.8	100	10,273	16.4	101,639	0.8	40
Unknown	2	50.0	17	0.9	141	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 the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 472,641 beneficiaries who were in nursing facilities for part of their enrollment and their 4,445,672 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=09e0ffed-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, UNITED STATES, 2003**

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTIHYPERTENSIVE				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users
All	265,077	31.6 %	0.8	\$36	355,460	42.4 %	0.6	\$26	3,662,763	312,921	37.4 %	0.8	\$24	3,288,230	
Female	189,292	30.9	0.8	36	273,155	44.5	0.7	27	2,833,860	225,874	36.8	0.8	25	2,382,344	
Disabled	19,333	39.0	0.9	43	22,286	45.0	0.7	33	245,004	16,420	33.1	0.8	26	182,968	
64 or younger	11,649	38.5	0.9	45	15,546	51.3	0.8	35	172,803	9,290	30.7	0.8	26	103,913	
65-74	4,177	46.5	0.9	42	3,406	37.9	0.7	29	37,123	3,505	39.0	0.8	27	39,480	
75-84	2,465	38.7	0.8	36	2,151	33.8	0.6	25	23,086	2,421	38.0	0.8	26	26,816	
85 and older	1,042	26.7	0.7	29	1,183	30.3	0.5	21	11,992	1,204	30.8	0.8	26	12,759	
Other Eligibles	169,955	30.1	0.8	35	250,869	44.5	0.6	26	2,588,856	209,451	37.1	0.8	25	2,199,341	
64 or younger	14	20.6	0.8	37	16	23.5	0.9	15	131	16	23.5	0.9	23	168	
65-74	28,491	54.4	0.9	41	28,560	54.5	0.8	31	306,448	23,979	45.8	0.8	26	261,364	
75-84	74,141	39.5	0.8	36	88,073	46.9	0.7	28	923,535	77,360	41.2	0.8	25	821,690	
85 and older	67,309	20.8	0.8	32	134,220	41.5	0.6	24	1,358,742	108,096	33.4	0.8	24	1,116,119	
Male	75,785	33.8	0.8	37	82,305	36.7	0.6	22	828,903	87,047	38.8	0.8	23	905,886	
Disabled	15,391	33.1	0.9	42	16,748	36.0	0.7	30	183,181	16,047	34.5	0.8	26	179,155	
64 or younger	12,047	33.0	0.9	43	14,107	38.7	0.7	32	154,992	12,495	34.3	0.8	26	139,746	
65-74	2,526	36.6	0.8	38	1,867	27.0	0.6	23	20,108	2,569	37.2	0.8	25	28,691	
75-84	649	28.0	0.8	37	590	25.5	0.5	16	6,213	764	33.0	0.8	25	8,419	
85 and older	169	21.3	0.8	32	184	23.2	0.5	16	1,868	219	27.6	0.8	21	2,299	
Other Eligibles	60,394	34.0	0.8	35	65,557	36.9	0.6	20	645,722	71,000	39.9	0.8	23	726,731	
64 or younger	14	15.7	0.8	47	26	29.2	0.8	24	217	16	18.0	0.8	29	129	
65-74	17,757	45.0	0.9	39	15,587	39.5	0.6	25	163,392	18,605	47.2	0.8	25	199,192	
75-84	27,744	36.7	0.8	35	27,528	36.4	0.6	20	272,202	31,214	41.3	0.8	23	320,471	
85 and older	14,879	23.8	0.8	31	22,416	35.8	0.5	18	209,911	21,165	33.8	0.8	22	206,939	
Unknown	4	100.0	0.8	25	0	0.0	0.0	0	0	3	75.0	1.5	12	35	

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 472,641 beneficiaries who were in nursing facilities for part of their enrollment and their 4,445,672 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, UNITED STATES, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				MISC. HEMATOLOGICAL				Benefit Months Among All-Year	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Number of Benefit Months Among Users	All-Year Nursing Facility Residents	Year Nursing Facility Residents
All	172,705	20.6 %	\$42	1,876,681	93,704	11.2 %	\$74	982,725	837,658	8,518,135
Female	133,186	21.7	44	1,450,937	66,268	10.8	73	699,753	613,384	6,283,914
Disabled	11,860	23.9	36	135,998	3,926	7.9	72	43,315	49,539	547,132
64 or younger	7,774	25.7	33	89,409	2,186	7.2	76	24,194	30,280	337,429
65-74	2,112	23.5	40	24,522	854	9.5	70	9,597	8,990	99,876
75-84	1,340	21.0	44	15,340	563	8.8	65	6,163	6,366	69,674
85 and older	634	16.2	42	6,727	323	8.3	63	3,361	3,903	40,153
Other Eligibles	121,326	21.5	45	1,314,939	62,340	11.1	73	656,415	563,845	5,736,782
64 or younger	10	14.7	24	117	1	1.5	101	12	68	635
65-74	13,225	25.3	46	147,758	6,680	12.8	76	72,542	52,370	553,738
75-84	43,758	23.3	46	478,897	22,901	12.2	74	244,567	187,625	1,935,754
85 and older	64,333	19.9	44	688,167	32,758	10.1	72	339,294	323,782	3,246,655
Male	39,519	17.6	37	425,744	27,436	12.2	76	282,972	224,270	2,234,181
Disabled	8,391	18.1	29	96,155	3,735	8.0	100	41,473	46,487	511,411
64 or younger	6,898	18.9	28	79,131	2,753	7.5	111	30,495	36,472	402,479
65-74	1,072	15.5	33	12,318	697	10.1	71	7,817	6,905	76,054
75-84	321	13.9	34	3,678	219	9.5	67	2,454	2,316	24,925
85 and older	100	12.6	35	1,028	66	8.3	61	707	794	7,953
Other Eligibles	31,128	17.5	39	329,589	23,701	13.3	71	241,499	177,783	1,722,770
64 or younger	7	7.9	18	70	5	5.6	67	38	89	809
65-74	7,281	18.5	39	80,836	5,755	14.6	74	61,872	39,459	407,630
75-84	13,214	17.5	40	140,615	10,350	13.7	71	105,416	75,666	736,927
85 and older	10,626	17.0	40	108,068	7,591	12.1	69	74,173	62,569	577,404
Unknown	0	0.0	0	0	2	50.0	58	23	4	40

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 472,641 beneficiaries who were in nursing facilities for part of their enrollment and their 4,445,672 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=09s0f1ed-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}
 UNITED STATES, 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	Total Number of Part D Excluded Rx	Part D Excluded Rx per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	3,549,460	52.8 %	5.4	36,335,074	\$77	\$516,392,734	\$14	2.9 %	6,728,542
Age									
5 and younger	247	80.5	11.6	3,570	500	153,583	43	10.8	307
6-14	674	71.9	9.6	9,040	262	245,730	27	3.3	938
15-20	3,898	38.3	2.6	26,607	72	734,370	28	3.1	10,175
21-44	444,251	45.4	3.9	3,848,831	83	80,744,187	21	2.6	978,375
45-64	784,077	56.6	6.1	8,439,246	104	144,525,461	17	2.9	1,384,363
65-74	885,743	51.8	4.9	8,313,080	64	109,020,575	13	2.7	1,710,357
75-84	845,400	53.2	5.5	8,811,791	66	105,493,452	12	2.9	1,589,491
85 and older	585,163	55.5	6.5	6,882,795	72	75,474,504	11	3.6	1,054,520
Unknown	7	43.8	7.1	114	55	872	8	4.0	16
Basis of Eligibility^c									
Aged	1,948,833	51.6	5.3	20,152,791	64	240,443,468	12	3.0	3,778,685
Disabled	1,565,040	54.6	5.6	15,922,180	95	271,504,085	17	2.8	2,865,064
Adults	34,974	41.9	3.1	254,801	52	4,320,562	17	2.4	83,406
Children	613	44.5	3.8	5,302	90	124,619	24	2.9	1,378
Unknown	0	0.0	0.0	0	0	0	0	0.0	9
Gender									
Female	2,411,981	56.2	5.9	25,402,554	81	349,011,553	14	3.1	4,295,417
Male	1,137,469	46.7	4.5	10,932,449	69	167,379,460	15	2.6	2,433,099
Unknown	10	38.5	2.7	71	66	1,721	24	2.7	26
Race									
White	2,147,151	53.6	6.2	24,639,736	85	340,851,439	14	2.9	4,005,764
African American	590,274	48.5	4.3	5,190,561	64	77,834,217	15	2.8	1,217,394
Other/unknown	812,035	53.9	4.3	6,504,777	65	97,707,078	15	2.8	1,505,384
Use of Nursing Facilities^d									
Entire year	513,582	61.3	10.0	8,359,149	107	89,396,765	11	3.3	837,658
Part year	323,677	68.5	7.6	3,596,812	94	44,258,052	12	3.4	472,641
None	2,712,201	50.1	4.5	24,379,113	71	382,737,917	16	2.8	5,418,243
Maintenance Assistance Status									
Cash	1,758,046	55.8	5.1	16,013,251	77	242,810,816	15	2.8	3,149,291
Medically needy	395,637	48.5	5.6	4,571,048	74	60,364,147	13	2.9	816,553
Poverty related	375,594	46.1	3.6	2,931,693	62	50,467,034	17	2.6	814,844
Other/unknown	1,020,183	52.4	6.6	12,819,082	84	162,750,737	13	3.2	1,947,854

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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 excluded 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 or 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}
 UNITED STATES, 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	0.5	\$7	\$14	\$0	\$2	71,027,034
Age						
5 and younger	1.1	49	43	0	2	3,105
6-14	0.9	25	27	0	1	9,930
15-20	0.3	7	28	0	1	105,631
21-44	0.4	8	21	0	3	10,542,105
45-64	0.6	10	17	0	3	14,899,031
65-74	0.5	6	13	0	2	18,233,490
75-84	0.5	6	12	0	1	16,788,351
85 and older	0.7	7	11	0	1	10,445,288
Unknown	1.1	8	8	0	0	103
Basis of Eligibility^c						
Aged	0.5	6	12	0	1	39,002,304
Disabled	0.5	9	17	0	3	31,312,399
Adults	0.4	6	17	0	3	701,423
Children	0.5	11	24	0	2	10,878
Unknown	0.0	0	0	0	0	30
Gender						
Female	0.6	8	14	0	2	45,629,751
Male	0.4	7	15	0	2	25,397,074
Unknown	0.3	8	24	0	7	209
Race						
White	0.6	8	14	0	3	41,688,457
African American	0.4	6	15	0	1	13,016,966
Other/unknown	0.4	6	15	0	1	16,321,611
Use of Nursing Facilities^d						
Entire year	1.0	10	11	0	3	8,518,135
Part year	0.8	10	12	0	3	4,445,672
None	0.4	7	16	0	2	58,063,227
Maintenance Assistance Status						
Cash	0.5	7	15	0	2	35,310,591
Medically needy	0.6	8	13	0	2	7,836,019
Poverty related	0.3	6	17	0	2	8,459,631
Other/unknown	0.7	8	13	0	2	19,420,793

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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 excluded 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}
UNITED STATES, 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	5,404,180	\$96	\$516,392,734	100.0 %	36,335,074	\$14	100.0 %	36,335,074	100.0 %
Anorexia or weight loss/gain	2,247	244	548,979	0.1	8,262	66	0.0	8,262	0.0
Fertility drugs	68	490	33,312	0.0	239	139	0.0	239	0.0
Drugs for cosmetic purposes	1,398	22	30,856	0.0	2,573	12	0.0	2,573	0.0
Cough and cold medications	827,675	68	56,289,188	10.9	2,178,391	26	6.0	2,178,391	6.0
Vitamins and minerals	1,122,109	106	119,282,716	23.1	7,072,955	17	19.5	7,072,955	19.5
Non-prescription drugs	1,898,101	70	132,708,423	25.7	16,703,161	8	46.0	16,703,161	46.0
Barbiturates	61,818	70	4,300,909	0.8	633,933	7	1.7	633,933	1.7
Benzodiazepines	1,344,340	113	152,131,695	29.5	9,165,327	17	25.2	9,165,327	25.2
Other Part D Excl Rx Drugs	146,424	349	51,066,656	9.9	570,233	90	1.6	570,233	1.6

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 excluded 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.

NATIONAL COMPARISON TABLE N.1a
 OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 ALL MEDICAID BENEFICIARIES, 2003^a

	Total Rx \$ for Beneficiaries Included in this Study (TOTAL) ^c		Rx \$ for Dual Eligible Beneficiaries Included in this Study ^f		Rx \$ for All-Year Nursing Facility Residents Included in this Study ^g		Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study ^h		Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study ⁱ			
	Total Rx \$ for All Beneficiaries in MAX 2003 (GRAND TOTAL) ^b	Pharmacy Reimbursement	As % of GRAND TOTAL	Rx \$ Excluded from this Study by Reason	Beneficiaries Not Eligible for Medicaid or Not Having Rx	Beneficiaries Not Having Fee-for-Service Rx	Beneficiaries Not Having Fee-for-Service Rx	Pharmacy Reimbursement	As % of GRAND TOTAL	Rx \$ for All-Year Nursing Facility Residents Included in this Study ^g	Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study ^h	Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study ⁱ
	\$34,564,595,801	\$33,512,937,658	97.0 %	\$587,888,230	\$463,769,913	\$17,892,726,976	51.8 %	\$3,047,949,019	\$1,641,893,771	\$2,688,013,887	\$1,311,956,613	
Alabama	566,018,068	560,134,639	99.0	1,471,724	4,411,705	252,680,637	44.6	60,072,067	20,736,938	55,797,849	18,027,779	
Alaska	100,632,749	96,733,165	96.1	3,899,584	0	44,924,272	44.6	2,462,140	1,991,868	2,060,119	1,381,530	
Arizona	4,344,074	2,598,112	59.8	151,024	1,594,938	635,893	14.6	14,810	217,886	12,265	70,729	
Arkansas	340,755,761	336,082,454	98.6	4,673,307	0	142,622,800	41.9	46,801,633	11,728,042	41,528,491	10,002,034	
California	4,024,228,484	3,837,405,033	95.4	59,399,349	127,424,102	2,351,923,852	58.4	194,812,112	159,549,088	162,059,232	121,848,264	
Colorado	260,700,545	259,843,964	99.7	760,885	95,696	144,668,244	55.5	29,110,610	16,696,139	25,789,360	14,367,993	
Connecticut	397,842,148	397,718,047	100.0	28,047	96,054	278,729,255	70.1	74,351,025	35,796,520	66,304,023	27,486,284	
Delaware	111,129,088	110,924,281	99.8	204,807	0	35,994,344	32.4	6,468,001	2,685,310	5,979,306	2,245,726	
D.C.	87,371,664	86,081,624	98.5	1,250,245	39,795	37,601,218	43.0	1,843,188	2,970,620	1,245,326	1,404,706	
Florida	1,959,519,707	1,941,001,713	99.1	18,486,474	31,520	1,078,110,943	55.0	167,988,484	84,314,387	151,598,852	68,499,135	
Georgia	1,074,567,811	1,005,495,921	93.6	69,071,890	0	415,731,532	38.7	85,070,597	42,585,619	76,973,898	37,188,028	
Hawaii	98,010,904	97,154,784	99.1	228,225	627,895	62,098,721	63.4	6,163,078	4,035,615	5,573,350	2,346,336	
Idaho	141,299,091	141,119,895	99.9	179,196	0	67,030,031	47.4	10,299,855	6,297,569	9,361,665	4,961,714	
Illinois	1,379,568,522	1,344,181,405	97.4	35,323,710	63,407	643,001,659	46.6	206,616,248	82,933,413	163,257,766	55,547,375	
Indiana	664,767,963	648,365,447	97.5	16,342,451	60,065	358,425,778	53.9	100,946,433	46,638,687	91,120,519	38,544,247	
Iowa	336,933,544	336,876,392	100.0	57,152	0	186,277,655	55.3	40,861,205	20,640,016	38,489,860	18,235,306	
Kansas	241,341,790	235,538,086	97.6	5,787,492	16,212	139,895,406	58.0	29,248,721	23,376,014	27,823,768	21,053,399	
Kentucky	714,248,650	682,855,001	95.6	7,697,475	23,696,174	299,036,971	41.9	63,926,826	33,283,903	57,985,689	28,200,025	
Louisiana	792,729,375	662,307,510	96.2	30,421,865	0	323,832,862	40.9	99,269,001	38,696,820	83,987,115	32,778,623	
Maine	278,04,502	275,456,089	99.0	2,748,413	0	139,673,720	50.2	13,653,492	13,540,215	12,957,763	11,613,310	
Maryland	393,890,608	302,258,512	76.7	1,448,323	90,183,773	247,179,760	62.8	58,932,878	23,338,885	50,480,331	17,830,087	
Massachusetts	914,764,217	892,592,680	97.6	20,639,264	1,532,273	531,751,720	58.1	87,956,402	51,320,482	79,506,119	39,183,482	
Michigan	749,842,182	646,046,598	86.2	19,376,102	84,419,482	498,222,129	66.4	67,142,331	61,824,599	39,071,244	35,018,410	
Minnesota	356,586,343	352,650,549	98.9	2,675,571	1,260,223	203,869,776	57.2	11,661,715	33,956,994	9,296,872	25,059,167	
Mississippi	586,088,302	584,460,276	99.7	1,628,026	0	343,950,232	58.7	51,434,462	18,413,466	47,945,374	16,647,577	
Missouri	855,692,291	978,243,898	99.2	2,311,966	5,136,427	565,671,310	57.4	98,591,596	53,749,092	88,197,917	44,624,987	
Montana	89,191,716	83,671,645	93.8	5,520,071	0	47,636,156	53.4	10,875,493	4,826,884	10,077,497	4,084,446	
Nebraska	204,350,120	203,078,518	99.4	1,271,602	0	110,151,997	53.9	26,705,131	11,217,118	24,137,227	9,502,347	
Nevada	113,548,845	111,939,266	98.6	955,178	654,401	50,591,453	44.6	6,928,395	6,443,377	5,672,325	4,786,012	
New Hampshire	119,995,083	119,900,270	99.9	7,123	87,690	69,651,563	58.0	15,718,265	7,059,763	15,022,404	6,240,946	
New Jersey	807,798,464	671,426,103	83.1	82,405,378	53,966,983	482,007,421	59.7	101,517,668	48,344,310	86,748,200	38,582,403	
New Mexico	88,444,391	88,303,599	99.8	92,168	48,624	72,953,177	82.5	13,639,810	5,517,251	12,110,429	4,685,070	
New York	4,066,195,754	4,056,093,530	99.8	10,102,249	1,695,868	689,573,735	51.6	67,374,875	52,432,531	62,929,176	46,162,091	
North Carolina	1,335,317,389	1,276,570,717	95.6	57,050,804	172,327	33,624,175	60.1	12,008,075	3,476,018	11,468,766	3,146,522	
North Dakota	55,909,373	55,624,702	99.5	112,344	19,454	768,597,901	47.4	226,669,017	90,788,461	195,945,035	64,774,852	
Ohio	1,619,827,388	1,617,195,080	99.8	2,612,854	890,475	179,664,525	60.9	54,401,844	20,801,128	47,704,542	17,979,518	
Oklahoma	295,215,161	292,561,152	99.1	1,763,534	53,369,496	483,045,094	62.8	164,602,908	104,325,289	151,568,440	93,821,948	
Oregon	229,930,406	167,900,055	73.0	8,660,855	0	92,431,967	40.2	12,064,189	8,038,021	11,059,101	6,419,335	
Pennsylvania	769,053,206	765,352,100	99.5	3,299,885	401,221	483,045,094	62.8	164,602,908	104,325,289	151,568,440	93,821,948	
Rhode Island	144,559,171	133,232,953	92.2	11,110,160	2,16,058	84,826,760	58.7	18,357,943	8,927,378	16,603,809	7,237,434	
South Carolina	585,664,791	577,273,829	98.6	1,098,965	7,291,997	310,403,738	53.0	12,595,383	9,221,301	11,786,791	8,376,462	
South Dakota	73,742,170	73,701,035	99.9	41,135	0	40,170,181	54.5	14,488,935	13,665,966	13,665,966	4,041,520	
Tennessee	1,941,336,316	1,937,563,780	99.8	3,772,536	0	999,584,789	51.5	83,225,284	42,612,004	76,238,261	37,469,668	
Texas	2,009,772,121	2,003,616,628	99.7	6,155,493	0	869,097,854	43.2	252,871,906	96,342,280	227,659,229	80,788,072	
Utah	153,254,265	153,189,971	100.0	55,544	8,750	72,760,057	47.5	13,203,174	7,799,642	11,284,997	5,938,602	
Vermont	131,726,890	127,072,565	96.5	4,654,325	0	74,089,097	56.2	6,743,414	3,943,181	6,307,128	3,499,953	

Table N.1a

All Medicaid Beneficiaries

Total Rx \$ for All Beneficiaries in MAX 2003 (GRAND TOTAL) ^b	Total Rx \$ for Beneficiaries Included in this Study (TOTAL) ^c		Rx \$ Excluded from this Study by Reason		Rx \$ for Dual Eligible Beneficiaries Included in this Study ^f		Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study ^h		Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study ⁱ	
	Pharmacy Reimbursement	As % of GRAND TOTAL	Beneficiaries Not Eligible for Medicaid or Not Having Rx	Beneficiaries Having Fee-for-Service Rx	Pharmacy Reimbursement	As % of GRAND TOTAL	Rx \$ for All-Year Nursing Facility Residents Included in this Study ^g	Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study ^j	Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study ^h	Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study ⁱ
529,131,121	512,699,891	96.9	15,237,054	1,194,176	327,010,106	59,007,570	34,363,957	52,304,048	29,162,962	
602,620,603	537,850,284	89.3	61,873,722	2,896,597	270,863,669	32,467,235	30,942,767	28,340,298	22,585,896	
357,683,874	354,466,265	99.1	3,217,609	0	134,863,954	24,104,746	11,772,386	21,851,053	9,654,957	
636,092,067	635,649,451	99.9	276,561	166,055	439,623,119	76,946,652	33,960,004	72,461,605	29,138,676	
43,156,733	42,878,219	99.4	278,514	0	19,762,134	5,470,778	2,302,427	5,122,967	1,923,437	

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- a. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.
 - b. This column represents the amount of Medicaid pharmacy benefit reimbursement for all pharmacy claims contained in the MAX 2003 files, some of which were excluded from this study because those claims were made for beneficiaries who did not meet the inclusion criteria (see Table 1) or took place during months that were excluded from the analysis (see footnote c of Table 1).
 - c. These columns include beneficiaries represented by Cell C of Table 1.
 - d. These columns include beneficiaries who did not meet either of the first two inclusion criteria (see Table 1).
 - e. These columns include beneficiaries who satisfied the first two inclusion criteria but failed to meet the third criterion (see Table 1).
 - f, g, h. These columns include beneficiaries represented by Cells G, D, and H of Table 1, respectively.
 - i. Refer to footnote f of Table 1 for information about how we determined part-year nursing facility residents.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; FFS = fee-for-service; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx \$ = pharmacy reimbursement.

NATIONAL COMPARISON TABLE N.1b
 OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 PERCENTAGE COMPARISONS, ALL MEDICAID BENEFICIARIES, 2003^a

	Total Rx \$ for All Beneficiaries in MAX 2003 (GRAND TOTAL) ^b	Total Rx \$ for Beneficiaries Included in this Study (TOTAL) ^c	Rx \$ Excluded from this Study by Reason as a Percentage of GRAND TOTAL		Benes Not Eligible for Medicaid or Not Having Rx Benefits ^d	Benes Not Having FFS Rx Benefits ^e	Rx \$ for Dual Eligible Beneficiaries Included in this Study as a Percentage of TOTAL	Rx \$ for All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL ^g	Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL ⁱ	Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL ^h	Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL ^j
			1.7 %	1.3 %								53.4 %	9.1 %	4.9 %	8.0 %	3.9 %
All States	\$34,564,595,801	\$33,512,937,658	1.7 %	1.3 %			53.4 %	9.1 %	4.9 %	8.0 %	3.9 %
Alabama	\$566,018,068	\$560,134,639	0.3	0.8			45.1	10.7	3.7	10.0	3.2
Alaska	\$100,632,749	\$96,733,165	3.9	0.0			46.4	2.5	2.1	2.1	1.4
Arizona	\$4,344,074	\$2,598,112	3.5	36.7			24.5	0.6	8.4	0.5	2.7
Arkansas	\$340,755,761	\$336,082,454	1.4	0.0			42.4	13.9	3.5	12.4	3.0
California	\$4,024,228,484	\$3,837,405,033	1.5	3.2			61.3	5.1	4.2	4.2	3.2
Colorado	\$260,700,545	\$259,843,964	0.3	0.0			55.7	11.2	6.4	9.9	5.5
Connecticut	\$397,842,148	\$397,718,047	0.0	0.0			70.1	18.7	9.0	16.7	6.9
Delaware	\$111,129,088	\$110,924,281	0.2	0.0			32.4	5.8	2.4	5.4	2.0
D.C.	\$87,371,664	\$86,081,624	1.4	0.0			43.7	2.1	3.5	1.4	1.6
Florida	\$1,959,519,707	\$1,941,001,713	0.9	0.0			55.5	8.7	4.3	7.8	3.5
Georgia	\$1,074,567,811	\$1,005,495,921	6.4	0.0			41.3	8.5	4.2	7.7	3.7
Hawaii	\$98,010,904	\$97,154,784	0.2	0.6			63.9	6.3	4.2	5.7	2.4
Idaho	\$141,299,091	\$141,119,895	0.1	0.0			47.5	7.3	4.5	6.6	3.5
Illinois	\$1,379,568,522	\$1,344,181,405	2.6	0.0			47.8	15.4	6.2	12.1	4.1
Indiana	\$664,767,963	\$648,365,447	2.5	0.0			55.3	15.6	7.2	14.1	5.9
Iowa	\$336,933,544	\$336,876,392	0.0	0.0			55.3	12.1	6.2	11.4	5.4
Kansas	\$241,341,790	\$235,538,086	2.4	0.0			59.4	12.4	9.9	11.8	8.9
Kentucky	\$714,248,650	\$682,855,001	1.1	3.3			43.8	9.4	4.9	8.5	4.1
Louisiana	\$792,729,375	\$762,307,510	3.8	0.0			42.5	13.0	5.1	11.0	4.3
Maine	\$278,204,502	\$275,456,089	1.0	0.0			50.7	5.0	4.9	4.7	4.2
Maryland	\$393,890,608	\$302,258,512	0.4	22.9			81.8	19.5	7.7	16.7	5.9
Massachusetts	\$914,764,217	\$892,592,680	2.3	0.2			59.6	9.9	5.7	8.9	4.4
Michigan	\$749,842,182	\$646,046,598	2.6	11.3			77.1	10.4	6.0	9.6	5.4
Minnesota	\$356,586,343	\$352,650,549	0.8	0.4			57.8	3.3	9.6	2.6	7.1
Mississippi	\$586,088,302	\$584,460,276	0.3	0.0			58.8	8.8	3.2	8.2	2.8
Missouri	\$985,692,291	\$978,243,898	0.2	0.5			57.8	10.1	5.5	9.0	4.6
Montana	\$89,191,716	\$83,671,645	6.2	0.0			56.9	13.0	5.8	12.0	4.9
Nebraska	\$204,350,120	\$203,078,518	0.6	0.0			54.2	13.2	5.5	11.9	4.7
Nevada	\$113,548,845	\$111,939,266	0.8	0.6			45.2	6.2	5.8	5.1	4.3
New Hampshire	\$119,995,083	\$119,900,270	0.0	0.1			58.1	13.1	5.9	12.5	5.2
New Jersey	\$807,798,464	\$671,426,103	10.2	6.7			71.8	15.1	7.2	12.9	5.7
New Mexico	\$88,444,391	\$88,303,599	0.1	0.1			82.6	15.4	6.2	13.7	5.3
New York	\$4,066,195,754	\$4,056,093,505	0.2	0.0			43.8	3.0	3.0	2.3	1.9

	Total Rx \$ for All Beneficiaries in MAX 2003 (GRAND TOTAL) ^b		Total Rx \$ for Beneficiaries Included in this Study (TOTAL) ^c		Rx \$ Excluded from this Study by Reason as a Percentage of GRAND TOTAL		Rx \$ for Dual Eligible Beneficiaries Included in this Study as a Percentage of TOTAL		Rx \$ for All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL ^g		Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL ⁱ		Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL ^h		Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL ^j	
	Rx Benefits ^a	Bene Not Eligible for Medicaid or Not Having Rx Benefits ^a	Bene Not Having FFS Rx Benefits ^e	Bene Not Having FFS Rx Benefits ^e	Beneficiaries Included in this Study as a Percentage of TOTAL	Beneficiaries Excluded from this Study as a Percentage of TOTAL	Beneficiaries Included in this Study as a Percentage of TOTAL	Beneficiaries Excluded from this Study as a Percentage of TOTAL	Beneficiaries Included in this Study as a Percentage of TOTAL	Beneficiaries Excluded from this Study as a Percentage of TOTAL	Beneficiaries Included in this Study as a Percentage of TOTAL	Beneficiaries Excluded from this Study as a Percentage of TOTAL	Beneficiaries Included in this Study as a Percentage of TOTAL	Beneficiaries Excluded from this Study as a Percentage of TOTAL	Beneficiaries Included in this Study as a Percentage of TOTAL	Beneficiaries Excluded from this Study as a Percentage of TOTAL
North Carolina	\$1,335,317,389	4.3	0.1	0.1	54.0	5.3	4.1	4.9	3.6	4.1	4.9	4.1	4.9	4.9	3.6	3.6
North Dakota	\$55,909,373	0.2	0.3	0.3	60.4	21.6	6.2	20.6	5.7	6.2	20.6	6.2	20.6	20.6	5.7	5.7
Ohio	\$1,619,827,388	0.2	0.0	0.0	47.5	14.0	5.6	12.1	4.0	5.6	12.1	5.6	12.1	12.1	4.0	4.0
Oklahoma	\$295,215,161	0.6	0.3	0.3	61.4	18.6	7.1	16.3	6.1	7.1	16.3	7.1	16.3	16.3	6.1	6.1
Oregon	\$229,930,406	3.8	23.2	23.2	55.1	7.2	4.8	6.6	3.8	4.8	6.6	4.8	6.6	6.6	3.8	3.8
Pennsylvania	\$769,053,206	0.4	0.1	0.1	63.1	21.5	13.6	19.8	12.3	13.6	19.8	13.6	19.8	19.8	12.3	12.3
Rhode Island	\$144,559,171	7.7	0.1	0.1	63.7	13.8	6.7	12.5	5.4	6.7	12.5	6.7	12.5	12.5	5.4	5.4
South Carolina	\$585,664,791	0.2	1.2	1.2	53.8	2.2	1.6	2.0	1.5	1.6	2.0	1.6	2.0	2.0	1.5	1.5
South Dakota	\$73,742,170	0.1	0.0	0.0	54.5	19.7	6.4	18.5	5.5	6.4	18.5	6.4	18.5	18.5	5.5	5.5
Tennessee	\$1,941,336,316	0.2	0.0	0.0	51.6	4.3	2.2	3.9	1.9	2.2	3.9	2.2	3.9	3.9	1.9	1.9
Texas	\$2,009,772,121	0.3	0.0	0.0	43.4	12.6	4.8	11.4	4.0	4.8	11.4	4.8	11.4	11.4	4.0	4.0
Utah	\$153,254,265	0.0	0.0	0.0	47.5	8.6	5.1	7.4	3.9	5.1	7.4	5.1	7.4	7.4	3.9	3.9
Vermont	\$131,726,890	3.5	0.0	0.0	58.3	5.3	3.1	5.0	2.8	3.1	5.0	3.1	5.0	5.0	2.8	2.8
Virginia	\$529,131,121	2.9	0.2	0.2	63.8	11.5	6.7	10.2	5.7	6.7	10.2	6.7	10.2	10.2	5.7	5.7
Washington	\$602,620,603	10.3	0.5	0.5	50.4	6.0	5.8	5.3	4.2	5.8	5.3	5.8	5.3	5.3	4.2	4.2
West Virginia	\$357,683,874	0.9	0.0	0.0	38.0	6.8	3.3	6.2	2.7	3.3	6.2	3.3	6.2	6.2	2.7	2.7
Wisconsin	\$636,092,067	0.0	0.0	0.0	69.2	12.1	5.3	11.4	4.6	5.3	11.4	5.3	11.4	11.4	4.6	4.6
Wyoming	\$43,156,733	0.6	0.0	0.0	46.1	12.8	5.4	11.9	4.5	5.4	11.9	5.4	11.9	11.9	4.5	4.5

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- a. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.
- b. This column represents the amount of Medicaid pharmacy benefit reimbursement for all pharmacy claims contained in the MAX 2003 files, some of which were excluded from this study because those claims were made for beneficiaries who did not meet the inclusion criteria (see Table 1) or took place during months that were excluded from the analysis (see footnote c of Table 1).
- c. These columns include beneficiaries represented by Cell C of Table 1.
- d. These columns include beneficiaries who did not meet either of the first two inclusion criteria (see Table 1).
- e. These columns include beneficiaries who satisfied the first two inclusion criteria but failed to meet the third criterion (see Table 1).
- f, g, h. These columns include beneficiaries represented by Cells G, D, and H of Table 1, respectively.
- i. Refer to footnote f of Table 1 for information about how we determined part-year nursing facility residents.
- j. Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; FFS = fee-for-service; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx \$ = pharmacy reimbursement.

Table N.1b

NATIONAL COMPARISON TABLE N.2
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 NONDUAL BENEFICIARIES, 2003^{a,b}

	Percentage of All Rx				Among All-Year Nursing Facility Residents ^e			
	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx Paid per Benefit Month	Rx \$ per Benefit Month	Rx \$ as a Percentage of Total Medicaid \$ ^d	Number of Rx per Benefit Month	Rx \$ per Benefit Month
All States	34,019,639	265,799,390	56.4 %	0.9	\$59	50.1 %	7.1	\$455
Alabama	706,542	6,974,655	62.5	0.9	44	50.3	7.1	392
Alaska	116,481	995,419	54.2	0.7	52	47.4	8.1	637
Arizona	127,391	952,869	4.2	0.0	2	69.3	5.4	127
Arkansas	587,603	5,792,319	57.6	0.6	33	49.2	6.9	400
California	5,255,038	36,307,838	33.1	0.5	41	51.5	6.3	439
Colorado	319,556	2,557,303	52.2	0.7	45	54.7	7.8	489
Connecticut	133,619	582,883	33.9	2.5	204	47.1	7.9	612
Delaware	93,329	921,175	95.1	1.3	81	46.7	8.9	450
D.C.	52,915	347,180	39.4	1.5	140	52.0	1.8	118
Florida	1,808,821	13,062,375	51.3	0.9	66	49.7	8.1	476
Georgia	1,397,022	12,578,532	66.9	0.9	47	48.1	6.6	383
Hawaii	84,116	270,212	18.4	1.6	130	56.9	4.8	277
Idaho	187,445	1,720,361	63.4	0.8	43	53.4	9.3	536
Illinois	1,646,024	15,361,732	61.8	0.8	46	55.3	7.3	494
Indiana	603,926	4,473,771	58.9	1.1	65	54.2	9.2	533
Iowa	299,355	2,284,195	69.2	1.1	66	52.1	7.5	410
Kansas	238,260	1,653,853	53.3	0.9	58	46.6	7.9	433
Kentucky	516,231	4,900,995	77.9	1.4	78	51.8	11.3	558
Louisiana	885,105	9,096,094	68.8	0.8	48	47.3	8.2	558
Maine	234,274	2,271,879	69.6	1.1	60	50.6	7.9	357
Maryland	296,155	1,443,536	22.3	0.6	38	45.2	8.4	491
Massachusetts	602,635	5,048,462	59.7	1.1	72	55.3	6.4	358
Michigan	728,978	3,497,948	40.4	0.7	42	55.4	7.5	351
Minnesota	340,794	1,599,234	40.0	1.2	93	48.9	8.2	562
Mississippi	604,843	5,581,035	69.0	0.8	43	48.7	7.0	438
Missouri	610,558	4,894,066	61.9	1.3	84	52.0	8.4	554
Montana	78,592	701,689	59.8	0.8	51	53.9	7.2	407
Nebraska	195,549	1,190,555	80.4	1.4	78	51.7	7.7	483
Nevada	146,142	655,301	42.0	1.3	94	55.4	10.7	583
New Hampshire	105,347	890,098	64.1	0.9	57	50.6	7.7	412
New Jersey	315,900	1,534,872	36.6	1.5	123	44.9	8.8	539
New Mexico	239,287	1,302,523	28.5	0.3	12	56.8	9.1	400
New York	3,183,343	25,273,286	64.6	1.1	90	45.0	2.0	285
North Carolina	1,164,916	10,736,505	69.6	0.9	55	48.4	7.2	456
North Dakota	60,458	506,810	59.7	0.8	43	49.1	7.0	395

Table N.2

Nondual Beneficiaries

	Percentage of All Rx										Among All-Year Nursing Facility Residents ^e	
	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx Paid per Month	Rx \$ per Benefit Month	Patented Brand-Name ^c	Off-Patent Brand-Name	Generic	Rx \$ as a Percentage of Total Medicaid \$ ^d		Number of Rx per Benefit Month	Rx \$ per Benefit Month
									Benefit Month	Benefit Month		
Ohio	1,337,271	11,015,245	64.2	1.3	77	46.4	3.8	49.6	17.1	10.4	592	
Oklahoma	456,957	2,900,911	49.7	0.6	39	42.8	4.0	52.5	11.1	8.0	497	
Oregon	272,023	1,328,397	43.4	1.1	57	35.5	1.9	62.2	11.3	7.9	429	
Pennsylvania	588,155	3,596,506	45.9	1.1	79	48.5	3.3	47.8	15.4	8.6	512	
Rhode Island	60,726	369,932	43.6	1.8	131	48.5	2.3	48.9	11.4	4.7	349	
South Carolina	789,122	7,632,336	60.5	0.7	35	48.6	3.7	46.7	15.2	2.4	132	
South Dakota	103,224	945,512	56.5	0.6	36	50.1	3.9	45.3	10.8	8.1	488	
Tennessee	1,290,605	13,048,201	69.2	1.4	72	42.7	3.1	53.7	25.3	9.0	449	
Texas	2,956,134	21,830,615	73.9	0.9	52	45.6	5.9	47.6	15.7	7.9	512	
Utah	244,187	1,549,284	63.6	0.9	52	41.5	3.0	54.6	12.6	8.9	573	
Vermont	126,756	1,201,849	66.6	0.9	44	42.3	3.1	54.0	14.0	7.4	523	
Virginia	414,917	2,469,675	50.4	1.2	75	46.8	4.0	48.4	14.1	8.1	443	
Washington	610,803	4,023,870	46.1	1.1	66	40.5	2.1	57.1	16.3	8.2	499	
West Virginia	298,426	2,600,421	78.4	1.6	84	42.2	3.4	53.8	23.3	9.0	467	
Wisconsin	437,809	2,745,483	45.5	1.1	71	46.1	3.5	50.0	13.6	8.6	465	
Wyoming	65,974	579,593	64.2	0.7	40	45.0	3.7	50.5	12.1	7.4	427	

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

a. Table N.2, except for the last two columns, includes beneficiaries represented by Cell K of Table 1 in the national table set and the table set for each state. The last two columns include beneficiaries represented by Cell L 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 states.

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. 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. 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. All-year nursing facility residents are beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2003. Part-year residents were excluded from the analysis. See footnote f of Table 1 for more information about how we determined all-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; NF = nursing facility.

Table N.2

Nondual Beneficiaries

NATIONAL COMPARISON TABLE N.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE
 NONDUAL BENEFICIARIES, 2003^{a,b,c}

	Share of Benefit Months (percent)					Rx \$ per Benefit Month (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
	100	1.0	15.7	26.5	56.8	\$59	\$133	\$219	\$40	\$22	100	2.3	58.5	18.0	21.2
All States	100	1.0	15.7	26.5	56.8	\$59	\$133	\$219	\$40	\$22	100	2.3	58.5	18.0	21.2
Alabama	100	0.1	16.9	22.7	60.2	44	163	162	11	23	100	0.5	61.9	5.7	31.9
Alaska	100	0.7	7.8	19.1	72.5	52	164	324	59	20	100	2.2	48.4	21.5	27.9
Arizona	100	0.2	7.6	42.5	49.7	2	5	19	1	1	100	0.5	70.2	15.3	14.0
Arkansas	100	0.5	13.2	27.1	59.2	33	106	140	11	19	100	1.7	55.1	8.8	34.4
California	100	1.9	13.9	56.9	27.4	41	119	215	10	12	100	5.5	72.9	13.6	8.0
Colorado	100	1.2	10.2	22.1	66.6	45	126	241	35	17	100	3.3	54.5	17.1	25.1
Connecticut	100	6.1	51.9	12.6	29.3	204	180	350	37	23	100	5.4	89.0	2.3	3.3
Delaware	100	0.3	11.3	39.6	48.9	81	230	265	93	29	100	0.7	36.8	45.2	17.2
D.C.	100	2.9	52.4	13.8	31.0	140	82	224	90	24	100	1.7	84.0	8.9	5.4
Florida	100	1.0	16.5	23.0	59.5	66	183	264	32	22	100	2.8	66.1	11.2	19.8
Georgia	100	0.4	12.8	16.4	70.4	47	167	183	41	23	100	1.6	50.2	14.3	33.9
Hawaii	100	5.4	47.5	23.5	23.6	130	129	253	7	3	100	5.4	92.8	1.2	0.6
Idaho	100	0.2	10.8	12.9	76.1	43	199	224	52	16	100	0.8	56.3	15.5	27.5
Illinois	100	1.7	12.0	19.1	67.1	46	73	206	40	18	100	2.7	54.4	16.7	26.2
Indiana	100	0.6	14.8	16.3	68.3	65	184	259	45	26	100	1.8	59.0	11.4	27.8
Iowa	100	0.5	15.2	20.1	64.2	66	177	228	59	29	100	1.3	52.6	17.8	28.3
Kansas	100	0.7	18.4	15.3	65.6	58	165	193	32	25	100	2.1	61.3	8.6	28.0
Kentucky	100	0.2	24.8	15.1	59.9	78	287	207	59	29	100	0.8	65.7	11.4	22.2
Louisiana	100	0.4	14.9	9.9	74.7	48	228	177	41	22	100	2.1	54.8	8.4	34.8
Maine	100	0.4	11.8	36.5	51.2	60	134	229	55	24	100	1.0	45.3	33.5	20.3
Maryland	100	4.1	10.5	63.2	22.2	38	137	196	8	30	100	14.8	53.8	13.9	17.5
Massachusetts	100	2.1	25.4	24.2	48.3	72	80	197	44	19	100	2.4	69.9	14.8	12.9
Michigan	100	0.6	12.2	22.1	65.1	42	110	189	34	17	100	1.6	54.4	17.9	26.1
Minnesota	100	0.4	34.2	20.4	45.0	93	112	222	37	20	100	0.5	81.8	8.2	9.5
Mississippi	100	0.2	17.1	14.1	68.6	43	162	139	35	20	100	0.9	55.3	11.5	32.2
Missouri	100	0.9	19.3	24.7	55.1	84	192	275	51	31	100	2.1	63.1	14.8	20.0
Montana	100	0.2	15.5	8.3	76.0	51	180	216	48	18	100	0.8	65.2	7.6	26.4
Nebraska	100	1.1	10.6	14.9	73.4	78	199	288	88	44	100	2.7	39.2	16.9	41.2
Nevada	100	0.9	23.3	19.5	56.3	94	197	303	43	23	100	1.8	75.5	9.0	13.7
New Hampshire	100	0.9	8.4	14.3	76.4	57	186	280	74	27	100	2.9	41.9	18.8	36.4
New Jersey	100	4.5	38.0	11.7	45.8	123	166	267	24	26	100	6.1	82.2	2.2	9.6
New Mexico	100	0.3	6.5	43.3	49.9	12	115	88	7	6	100	3.3	48.1	25.5	23.1
New York	100	1.5	18.1	28.1	52.3	90	108	279	94	22	100	1.8	56.0	29.3	12.9
North Carolina	100	0.2	14.0	19.4	66.5	55	154	205	57	22	100	0.4	52.2	20.1	27.3
North Dakota	100	0.6	9.1	27.9	62.4	43	180	203	41	20	100	2.5	42.7	26.4	28.4
Ohio	100	1.1	18.5	21.8	58.7	77	223	261	57	24	100	3.1	62.7	16.0	18.2
Oklahoma	100	0.5	10.4	11.2	77.9	39	143	185	29	20	100	1.7	49.5	8.2	40.6
Oregon	100	0.3	10.7	40.0	49.0	57	150	256	57	13	100	0.8	48.0	39.9	11.3
Pennsylvania	100	1.1	22.2	15.9	60.8	79	251	236	62	22	100	3.4	66.8	12.6	17.2

	Share of Benefit Months (percent)					Rx \$ per Benefit Month (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
Rhode Island	100	2.8	65.8	9.1	22.3	131	118	186	16	16	100	2.5	93.7	1.1	2.6
South Carolina	100	1.3	10.7	28.8	59.3	35	48	147	23	20	100	1.7	44.7	19.2	34.3
South Dakota	100	0.2	9.4	15.8	74.7	36	181	177	36	17	100	0.9	46.8	15.8	36.6
Tennessee	100	0.2	13.9	32.3	53.5	72	159	193	107	19	100	0.6	37.2	48.3	13.9
Texas	100	0.2	12.7	12.1	75.0	52	211	186	51	29	100	0.9	45.3	11.8	42.1
Utah	100	0.6	8.3	31.5	59.5	52	224	344	24	24	100	2.8	55.3	14.4	27.4
Vermont	100	0.3	8.0	35.6	56.2	44	152	229	38	21	100	1.0	41.4	30.7	26.8
Virginia	100	2.0	16.8	12.8	68.3	75	228	269	48	28	100	6.2	60.1	8.2	25.5
Washington	100	2.2	24.3	34.3	39.2	66	135	218	15	13	100	4.5	79.8	7.9	7.8
West Virginia	100	0.3	27.3	14.5	57.9	84	145	207	69	30	100	0.5	66.8	11.9	20.8
Wisconsin	100	1.0	29.3	29.6	40.1	71	124	179	33	20	100	1.7	73.6	13.8	10.9
Wyoming	100	0.3	8.4	15.7	75.7	40	155	206	46	20	100	1.1	43.1	17.9	37.9

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- a. Table N.3 includes beneficiaries represented by Cell K of Table 1 in the national table set and the table set for each state. 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 states.
- 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. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

NATIONAL COMPARISON TABLE N.4
 TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 NONDUAL BENEFICIARIES, 2003^{a,b,c}

	ANTI- PSYCHOTICS	ANTI- DEPRESSANTS	ANTI- ASTHMATIC	ANTI- CONVULSANT	ANTI- ANTIVIRAL	ULCER DRUGS	ANALGESICS- Narcotic	ANTIDIABETIC	INFLAMMATORY	ANALGESICS- ANTI- INFLAMMATORY	STIMULANTS/ ANTI-OBESITY/ ANOREX
All States	1	2	3	4	5	6	7	8	9	10	10
Alabama	1	4	2	3	.	9	8	7	.	5	5
Alaska	1	2	7	4	.	5	3	.	9	8	8
Arizona	.	.	5	9	7	8	.	4	2	.	.
Arkansas	1	4	2	3	.	.	8	.	.	5	5
California	1	2	7	3	4	5	.	9	8	.	.
Colorado	1	3	4	2	.	6	5	10	9	8	8
Connecticut	1	4	9	3	2	6	5	7	10	.	.
D.C.	2	4	7	3	1	.	8	6	.	.	.
Delaware	1	3	4	5	2	7	6	9	.	8	8
Florida	1	6	3	5	2	7	9	.	.	5	5
Georgia	1	4	2	3	6	.	8	10	.	.	6
Hawaii	1	5	9	3	6	.	2	7	.	.	10
Idaho	1	2	4	3	.	8	5	9	10	.	6
Illinois	1	4	2	3	6	5	.	8	.	.	10
Indiana	1	2	5	3	.	8	7	9	.	6	6
Iowa	1	2	5	3	.	6	7	8	.	4	4
Kansas	1	3	4	2	.	6	7	8	.	5	5
Kentucky	1	3	2	4	.	6	10	5	.	.	9
Louisiana	1	5	2	4	10	7	.	.	.	6	6
Maine	2	1	5	3	10	4	6	.	.	7	7
Maryland	1	5	.	2	3	4	7	8	.	.	.
Massachusetts	1	2	7	3	4	6	5	.	.	9	9
Michigan	1	3	5	2	4	8	6	10	.	7	7
Minnesota	1	3	7	2	.	5	6	9	.	8	8
Mississippi	1	4	2	3	10	9	.	6	.	.	.
Missouri	1	2	4	3	6	10	5	9	7	.	.
Montana	1	2	5	3	.	7	4	10	.	6	6
Nebraska	1	2	4	3	.	.	9	.	.	5	5
Nevada	1	4	6	3	7	10	2	9	.	.	.
New Hampshire	1	2	5	3	8	7	6	9	.	4	4
New Jersey	2	7	4	3	1	6	5	9	.	.	.
New Mexico	2	3	5	4	.	6	9	7	.	.	.
New York	2	4	3	6	1	5	.	9	8	.	.
North Carolina	1	4	3	5	8	2	7	.	.	6	6
North Dakota	1	2	4	3	.	6	7	9	.	8	5
Ohio	1	2	5	4	.	3	6	7	10	8	8
Oklahoma	1	2	4	3	.	8	6	.	.	5	5

Table N.4

Nondual Beneficiaries

	ANTI- PSYCHOTICS	ANTI- DEPRESSANTS	ANTI- ASTHMATIC	ANTI- CONVULSANT	ANTI-VIRAL	ULCER DRUGS	ANALGESICS- Narcotic	ANTIDIABETIC	INFLAMMATORY	ANALGESICS- ANTI- INFLAMMATORY	STIMULANTS/ ANTI-OBESITY/ ANOREX
Oregon	2	1	6	3	5	8	4	9	.	.	10
Pennsylvania	1	2	6	3	10	4	5	8	.	.	7
Rhode Island	1	2	7	3	4	5	6	9	10	.	.
South Carolina	1	4	2	3	6	.	8	10	.	.	5
South Dakota	1	2	4	3	.	6	.	.	.	.	5
Tennessee	2	1	4	7	8	3	6	9	10	.	.
Texas	1	4	2	3	.	.	.	.	9	.	10
Utah	1	2	6	3	.	4	5	9	.	.	7
Vermont	2	1	4	3	8	7	5	.	.	.	6
Virginia	1	4	5	3	.	2	6	10	.	.	8
Washington	1	2	6	3	7	5	4	8	9	.	.
West Virginia	2	1	4	3	.	5	7	8	.	.	9
Wisconsin	1	3	6	2	9	4	5	8	10	.	7
Wyoming	1	2	4	3	.	6	7	.	.	.	5

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

a. Table N.4 is based on beneficiaries represented by Cell K of Table 1 in the national table set and the table set for each state.

b. The top 10 drug groups were determined based on total Medicaid reimbursement in each state for 2003. The Medicaid reimbursement amounts do not reflect federally required rebates from drug manufacturers to states. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26 2007).

CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

NATIONAL COMPARISON TABLE N.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 DUAL ELIGIBLE BENEFICIARIES, 2003^{a,b,c}

	Percentage of All Rx			Percentage of All Rx			Among All-Year Nursing Facility Residents ^f			
	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Rx \$ per Month Benefit	Patented Brand-Name ^d	Off-Patent Brand-Name	Generic	Percentage of Total Medicaid \$ ^e	Number of Rx per Benefit Month	Rx \$ per Benefit Month
All States	6,728,542	71,027,034	84.1 %	\$252	45.9 %	3.8 %	50.0 %	19.4 %	6.2	\$316
Alabama	106,752	1,152,239	89.4	219	40.1	3.7	55.9	18.0	6.9	330
Alaska	12,012	125,204	88.2	359	49.1	7.4	43.3	19.8	9.1	524
Arizona	8,610	79,224	12.7	8	32.5	3.6	63.4	1.6	5.6	267
Arkansas	76,763	806,435	80.9	177	42.1	4.2	53.4	15.5	6.6	318
California	903,088	9,848,457	84.9	239	48.3	4.8	46.7	26.9	5.4	301
Colorado	53,422	550,652	85.7	263	42.1	3.8	53.9	16.2	6.6	317
Connecticut	80,380	853,239	91.1	327	47.9	3.3	48.6	13.4	6.3	349
Delaware	10,980	111,260	97.6	324	49.4	3.4	47.1	83.8	7.0	302
D.C.	17,793	190,174	70.4	198	44.6	2.7	52.6	11.6	1.0	56
Florida	370,545	3,834,989	85.8	281	47.3	2.9	49.6	25.3	6.9	337
Georgia	168,131	1,784,079	87.3	233	44.2	4.4	51.2	21.1	6.5	325
Hawaii	27,914	292,997	88.0	212	46.2	2.5	51.0	19.6	4.1	203
Idaho	21,130	218,957	89.5	306	42.9	3.9	52.7	17.6	7.5	349
Illinois	410,005	4,220,192	50.2	152	42.7	4.6	52.5	19.6	6.7	358
Indiana	118,106	1,213,473	86.1	295	43.5	3.2	53.0	19.9	7.8	373
Iowa	62,139	659,252	90.7	283	40.1	5.5	54.2	18.4	6.8	301
Kansas	47,361	489,851	89.4	286	45.1	3.8	51.0	17.5	7.1	324
Kentucky	102,060	1,076,092	89.5	278	42.1	3.4	54.3	25.0	9.6	416
Louisiana	111,105	1,218,209	89.5	266	45.3	4.7	49.8	24.0	7.8	454
Maine	50,426	549,615	91.9	254	44.2	3.8	51.8	18.0	7.2	300
Maryland	105,150	1,075,963	76.8	230	48.4	4.9	46.5	16.2	7.4	355
Massachusetts	208,749	2,264,820	89.5	235	42.6	1.6	55.6	15.2	5.8	259
Michigan	209,013	2,157,248	87.6	231	40.5	2.5	56.9	20.3	6.4	251
Minnesota	74,553	690,211	86.2	295	45.2	4.6	50.0	12.9	7.0	350
Mississippi	153,476	1,673,851	91.7	206	46.7	2.5	50.4	27.1	6.8	375
Missouri	160,900	1,669,530	89.9	339	43.3	3.8	52.7	28.4	7.5	397
Montana	17,314	168,158	87.7	283	40.8	4.8	54.2	20.9	6.8	310
Nebraska	36,661	374,865	91.8	294	42.5	4.4	53.0	21.3	7.2	339
Nevada	20,886	164,675	85.4	307	43.8	2.5	53.4	21.2	8.6	369
New Hampshire	21,337	217,103	90.9	321	44.6	4.9	50.3	15.2	6.9	324
New Jersey	138,698	1,455,190	90.3	331	51.5	4.3	43.9	18.7	7.2	380
New Mexico	35,350	372,957	84.2	196	41.5	5.4	52.9	12.2	6.7	306
New York	627,810	6,690,041	77.3	266	55.1	3.0	41.8	11.3	0.9	98
North Carolina	231,180	2,548,890	92.2	271	47.8	4.3	47.7	27.2	6.5	362

Table N.5

Dual Eligible Beneficiaries

	Percentage of All Rx										Among All-Year Nursing Facility Residents ^f		
	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx per Benefit Month	Rx \$ per Benefit Month	Patented Brand-Name ^d		Off-Patent Brand-Name		Rx \$ as a Percentage of Total Medicaid \$ ^e		Number of Rx per Benefit Month	Rx \$ per Benefit Month
						Brand-Name	Brand-Name	Brand-Name	Brand-Name	Generic	Generic		
North Dakota	13,625	134,829	84.2	4.7	249	42.9	5.1	51.8	51.8	12.5	6.8	311	
Ohio	225,439	2,302,556	91.4	6.0	334	45.5	4.3	49.9	49.9	15.5	8.1	381	
Oklahoma	85,591	898,050	89.4	3.0	200	41.0	3.9	54.9	54.9	18.8	7.0	357	
Oregon	41,284	369,283	87.4	4.9	250	36.4	2.5	61.0	61.0	16.7	6.8	295	
Pennsylvania	164,344	1,510,050	83.6	5.5	320	45.1	5.5	49.2	49.2	14.8	7.4	373	
Rhode Island	29,102	317,881	89.2	3.9	267	47.8	2.8	49.2	49.2	15.4	5.6	313	
South Carolina	179,987	1,993,756	76.5	2.7	156	50.0	3.2	46.6	46.6	27.1	2.3	117	
South Dakota	14,103	148,778	86.8	4.8	270	43.6	6.6	49.7	49.7	17.1	7.0	342	
Tennessee	284,854	3,151,962	88.9	5.7	317	43.9	4.1	51.8	51.8	40.8	7.9	354	
Texas	372,731	4,015,693	90.2	3.0	216	49.5	3.6	46.7	46.7	18.6	7.1	394	
Utah	23,472	188,485	86.9	6.0	386	46.3	3.9	49.7	49.7	23.8	7.6	410	
Vermont	30,920	326,835	89.9	3.9	227	44.0	4.1	51.8	51.8	26.2	6.3	299	
Virginia	108,955	1,153,103	89.0	4.8	284	45.0	4.5	49.9	49.9	23.3	7.4	368	
Washington	98,304	1,047,155	89.9	4.7	259	41.5	2.6	55.8	55.8	23.7	6.5	306	
West Virginia	49,806	527,074	89.3	4.9	256	40.1	3.7	56.0	56.0	19.7	7.2	329	
Wisconsin	199,574	2,074,740	87.2	4.2	212	43.0	3.9	53.0	53.0	19.6	7.2	315	
Wyoming	6,652	68,712	87.7	4.7	288	42.9	6.3	50.7	50.7	13.9	7.0	340	

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

a. Table N.5, except for the last two columns, includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. The last two columns include beneficiaries represented by Cell H of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2003. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

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

e. 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.

f. All-year nursing facility residents are beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2003. Part-year residents were excluded from the analysis. See footnote f of Table 1 for more information about how we determined all-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; NF = nursing facility.

NATIONAL COMPARISON TABLE N.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE
 DUAL ELIGIBLE BENEFICIARIES, 2003^{a,b,c,d}

	Share of Benefit Months (percent)				Medicaid Rx \$ per Benefit Month (dollars)				Share of Total Medicaid Rx \$ (percent)					
	All	Aged	Disabled	Children	All	Aged	Disabled	Children	All	Aged	Disabled	Children		
	100	54.9	44.1	1.0	0.0	\$252	\$207	\$308	\$255	\$394	45.1	53.8	1.0	0.0
All States	100	54.9	44.1	1.0	0.0	\$252	\$207	\$308	\$255	\$394	45.1	53.8	1.0	0.0
Alabama	100	39.0	60.2	0.8	0.0	219	212	226	77	236	37.7	62.0	0.3	0.0
Alaska	100	51.2	48.0	0.8	0.0	359	251	476	227	469	35.8	63.7	0.5	0.0
Arizona	100	40.0	51.6	8.4	0.0	8	6	10	3	0	30.2	67.2	2.6	0.0
Arkansas	100	42.8	56.3	0.9	0.0	177	199	162	70	495	48.0	51.6	0.4	0.0
California	100	56.0	43.4	0.5	0.0	239	186	307	262	316	43.6	55.8	0.6	0.0
Colorado	100	61.2	38.3	0.5	0.0	263	214	342	218	111	49.8	49.8	0.4	0.0
Connecticut	100	59.5	38.6	1.8	0.0	327	273	410	303	713	49.7	48.5	1.7	0.1
Delaware	100	49.3	41.9	8.8	0.0	324	268	396	287	403	40.9	51.3	7.8	0.0
D.C.	100	47.0	51.5	1.4	0.0	198	122	265	233	1768	29.1	69.1	1.7	0.1
Florida	100	56.5	43.2	0.3	0.0	281	222	359	179	485	44.7	55.1	0.2	0.0
Georgia	100	44.4	55.2	0.4	0.0	233	222	242	219	372	42.3	57.2	0.4	0.0
Hawaii	100	67.1	32.7	0.1	0.0	212	170	298	95	0	53.9	46.1	0.1	0.0
Idaho	100	50.7	48.8	0.5	0.0	306	261	353	344	459	43.2	56.3	0.5	0.0
Illinois	100	65.7	33.5	0.8	0.1	152	81	291	199	312	34.8	64.0	1.0	0.1
Indiana	100	56.0	43.2	0.7	0.0	295	260	342	206	601	49.4	50.0	0.5	0.1
Iowa	100	49.5	50.0	0.5	0.0	283	251	315	255	176	43.9	55.6	0.4	0.0
Kansas	100	54.6	44.9	0.4	0.0	286	265	312	166	281	50.7	49.1	0.2	0.0
Kentucky	100	39.3	60.2	0.5	0.0	278	280	277	216	522	39.6	60.0	0.4	0.0
Louisiana	100	61.5	38.2	0.2	0.0	266	275	251	192	636	63.7	36.1	0.2	0.0
Maine	100	50.8	43.0	6.2	0.0	254	222	292	259	335	44.3	49.3	6.3	0.1
Maryland	100	54.2	41.6	4.2	0.0	230	193	297	38	376	45.6	53.7	0.7	0.1
Massachusetts	100	39.3	60.0	0.7	0.0	235	183	269	208	664	30.7	68.7	0.6	0.0
Michigan	100	42.5	57.1	0.4	0.0	231	192	260	193	309	35.4	64.3	0.3	0.0
Minnesota	100	28.1	71.2	0.7	0.0	295	198	335	221	147	18.8	80.7	0.5	0.0
Mississippi	100	55.2	44.5	0.3	0.0	206	198	216	158	247	53.1	46.7	0.2	0.0
Missouri	100	52.4	46.4	1.2	0.0	339	287	400	219	681	44.4	54.8	0.8	0.0
Montana	100	49.2	43.2	7.5	0.1	283	249	334	222	63	43.2	50.9	5.9	0.0
Nebraska	100	55.9	43.8	0.3	0.0	294	253	346	327	632	48.0	51.6	0.4	0.0
Nevada	100	60.0	39.3	0.7	0.0	307	254	391	210	0	49.6	49.9	0.5	0.0
New Hampshire	100	51.9	44.4	3.7	0.0	321	272	380	284	963	44.1	52.6	3.2	0.1
New Jersey	100	50.4	49.5	0.1	0.0	331	275	388	216	144	41.9	58.1	0.1	0.0
New Mexico	100	44.4	54.6	0.9	0.0	196	160	227	43	2213	36.2	63.4	0.2	0.1
New York	100	53.4	44.9	1.7	0.0	266	187	356	343	227	37.7	60.1	2.2	0.0
North Carolina	100	58.6	40.8	0.6	0.0	271	249	301	288	313	53.9	45.4	0.7	0.0
North Dakota	100	60.3	39.3	0.4	0.0	249	236	270	204	54	57.1	42.6	0.3	0.0
Ohio	100	54.7	44.2	1.1	0.0	334	301	377	239	253	49.3	49.9	0.8	0.0
Oklahoma	100	62.0	37.3	0.7	0.0	200	189	219	136	572	58.6	40.8	0.5	0.1
Oregon	100	60.3	37.8	1.9	0.0	250	207	320	231	886	49.9	48.3	1.7	0.1

Table N.6

Dual Eligible Beneficiaries

	Share of Benefit Months (percent)					Medicaid Rx \$ per Benefit Month (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
	Pennsylvania	100	70.2	29.5	0.3	0.0	320	303	360	240	240	100	66.5	33.3	0.2	0.0
Rhode Island	100	44.2	55.4	0.4	0.0	267	217	307	208	192	100	36.0	63.7	0.3	0.0
South Carolina	100	69.2	30.0	0.8	0.0	156	122	234	171	184	100	54.0	45.1	0.8	0.0
South Dakota	100	49.2	50.0	0.8	0.0	270	270	272	167	127	100	49.2	50.4	0.5	0.0
Tennessee	100	39.6	57.2	3.2	0.0	317	255	356	393	546	100	31.8	64.2	4.0	0.0
Texas	100	71.4	28.3	0.3	0.0	216	212	229	191	402	100	69.8	29.9	0.3	0.0
Utah	100	44.9	52.7	2.4	0.0	386	299	475	73	690	100	34.7	64.8	0.5	0.0
Vermont	100	60.8	37.7	1.5	0.0	227	187	293	160	428	100	50.2	48.8	1.1	0.0
Virginia	100	59.4	40.3	0.2	0.0	284	256	324	253	647	100	53.7	46.1	0.2	0.0
Washington	100	55.9	43.6	0.5	0.0	259	222	306	161	471	100	48.0	51.6	0.3	0.0
West Virginia	100	45.9	53.4	0.7	0.0	256	251	261	204	227	100	45.1	54.4	0.6	0.0
Wisconsin	100	61.0	37.2	1.8	0.0	212	157	298	294	540	100	45.2	52.3	2.5	0.0
Wyoming	100	52.5	46.5	1.0	0.0	288	262	318	216	477	100	47.8	51.4	0.7	0.1

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- Table N.6 includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2003. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.
- 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.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

NATIONAL COMPARISON TABLE N.7
 TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 DUAL ELIGIBLE BENEFICIARIES, 2003^{a,b,c}

	ANTI- PSYCHOTICS	ULCER DRUGS	ANTIDE- PRESSANTS	ANTIHYPER- LIPIDEMIC	ANTI- CONVULSANT	ANTI- ANTIDIABETIC	HYPERTENSIVE	ANTI- INFLAMMATORY	ANALGESICS- Narcotic	ANTI- ASTHMATIC
All States	1	2	3	4	5	6	7	8	9	10
Alabama	1	7	2	6	4	3	5	10	8	10
Alaska	1	2	3	8	5	9	1	6	4	7
Arizona	1	3	1	5	7	2	9	1	1	8
Arkansas	1	5	2	8	3	6	4	1	7	1
California	1	2	7	3	9	4	5	6	1	10
Colorado	1	5	2	6	3	7	10	8	4	9
Connecticut	1	2	3	6	4	7	1	9	5	10
D.C.	2	8	10	3	7	5	4	1	1	9
Delaware	1	4	3	6	5	8	9	1	7	10
Florida	1	2	4	5	8	7	9	1	10	1
Georgia	1	8	2	6	4	3	5	9	7	10
Hawaii	1	1	8	2	5	3	4	9	6	10
Idaho	1	6	2	8	3	5	9	10	4	7
Illinois	1	2	4	5	3	6	7	9	1	10
Indiana	1	5	2	7	3	4	1	9	6	8
Iowa	1	4	2	8	3	6	9	10	5	7
Kansas	1	3	2	7	4	6	10	8	5	9
Kentucky	1	7	2	6	3	5	8	9	10	4
Louisiana	1	2	4	7	8	3	5	6	9	1
Maine	1	2	3	5	4	8	10	9	6	7
Maryland	1	2	3	5	4	6	8	10	7	1
Massachusetts	1	4	2	5	3	8	10	1	6	9
Michigan	1	4	3	5	2	7	10	8	6	9
Minnesota	1	4	3	6	2	7	1	9	5	8
Mississippi	1	4	5	6	7	2	3	8	10	1
Missouri	1	10	2	5	3	6	9	7	4	8
Montana	1	3	2	8	5	7	10	9	4	6
Nebraska	1	9	2	5	3	6	10	7	4	8
Nevada	1	9	3	5	4	6	7	10	2	8
New Hampshire	1	4	2	6	3	8	1	9	5	7
New Jersey	1	2	8	3	9	4	7	6	10	1
New Mexico	1	2	3	7	4	5	10	6	8	9
New York	1	2	6	3	7	5	8	9	1	1
North Carolina	2	1	3	4	6	5	9	8	7	10
North Dakota	1	4	2	8	3	6	10	7	5	9
Ohio	1	2	3	5	4	6	10	9	8	7

Table N.7

Dual Eligible Beneficiaries

	ANTI- PSYCHOTICS	ULCER DRUGS	ANTIDE- PRESSANTS	ANTIHYPERTENSIVE- LIPIDEMIC	ANTHYPERTENSIVE- CONVULSANT	ANTI- DIABETIC	HYPERTENSIVE	ANTI- INFLAMMATORY	ANALGESICS- Narcotic	ANTI- ASTHMATIC
Oklahoma	1	5	2	7	4	6	9	10	3	8
Oregon	1	6	2	8	3	5	9	.	4	7
Pennsylvania	1	2	3	7	4	6	10	.	5	9
Rhode Island	1	3	2	5	4	6	8	10	7	9
South Carolina	1	10	5	2	7	3	4	8	6	.
South Dakota	1	2	3	9	4	8	10	6	5	7
Tennessee	2	1	4	3	6	7	9	8	5	10
Texas	1	2	5	4	8	3	7	6	.	.
Utah	1	4	2	8	3	6	10	7	5	9
Vermont	1	4	3	2	5	7	10	9	8	6
Virginia	1	2	3	5	4	6	7	10	8	9
Washington	1	3	2	6	4	7	10	8	5	9
West Virginia	1	5	2	4	3	6	9	10	8	7
Wisconsin	1	2	3	5	4	7	10	9	6	8
Wyoming	1	4	2	10	3	6	9	8	5	7

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

a. Table N.7 is based on beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2003. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in each state for 2003. The Medicaid reimbursement amounts do not reflect federally required rebates from drug manufacturers to states. 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).

CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

APPENDIX TABLE A.4

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	7,239,286	4,030,745	3,097,681	109,298	1,553	77,547,747	42,132,988	34,391,556	1,009,667	13,506	30
Age											
5 and younger	344	6	272	0	66	3,660	56	2,971	0	633	0
6-14	1,041	3	839	1	198	11,480	25	9,358	8	2,089	0
15-20	11,529	6	10,594	181	748	126,746	65	117,900	1,534	7,247	0
21-44	1,078,762	923	1,021,143	56,292	403	11,894,632	9,231	11,358,405	524,343	2,652	1
45-64	1,498,364	2,706	1,449,945	45,610	100	16,378,759	24,667	15,928,247	425,217	615	13
65-74	1,850,387	1,402,221	441,824	6,310	29	20,026,059	14,941,843	5,032,472	51,532	201	11
75-84	1,691,093	1,554,488	135,807	795	1	18,038,090	16,491,551	1,540,227	6,297	10	5
85 and older	1,107,750	1,070,379	37,257	109	5	11,068,218	10,665,463	401,976	736	43	0
Unknown	16	13	0	0	3	103	87	0	0	16	0
Gender											
Female	4,609,622	2,878,723	1,671,617	58,491	785	49,660,800	30,372,485	18,733,186	548,375	6,730	24
Male	2,629,638	1,152,022	1,426,038	50,807	768	27,886,735	11,760,503	15,658,158	461,292	6,776	6
Unknown	26	0	26	0	0	212	0	212	0	0	0
Race											
White	4,284,551	2,368,794	1,851,177	63,767	807	45,219,049	24,108,289	20,517,672	586,022	7,043	23
African American	1,290,163	613,902	652,496	23,324	439	14,013,532	6,562,285	7,230,709	216,806	3,727	5
Other/unknown	1,664,572	1,048,049	594,008	22,207	307	18,315,166	11,462,414	6,643,175	206,839	2,736	2
Use of Nursing Facilities^c											
Entire year	845,451	748,612	96,722	109	8	8,611,291	7,542,698	1,067,475	1,029	89	0
Part year	485,406	407,588	77,500	316	2	4,654,855	3,830,531	821,208	3,092	24	0
None	5,908,429	2,874,545	2,923,459	108,873	1,543	64,281,601	30,759,759	32,502,873	1,005,546	13,393	30
Maintenance Assistance Status											
Cash	3,453,095	1,558,861	1,857,277	36,802	146	39,247,326	17,687,212	21,203,744	354,918	1,422	30
Medically needy	850,990	560,209	275,706	14,887	188	8,253,342	5,356,069	2,764,276	131,415	1,582	0
Poverty related	900,559	467,046	429,355	3,486	672	9,586,254	4,916,404	4,639,426	25,191	5,233	0
Other/unknown	2,034,642	1,444,629	535,343	54,123	547	20,460,825	14,173,303	5,784,110	498,143	5,269	0
Dual Status^d											
Full dual, all year	7,038,841	3,918,994	3,010,875	107,441	1,522	75,411,167	40,941,589	33,466,120	990,182	13,246	30
Full dual, part year	200,445	111,751	86,806	1,857	31	2,136,580	1,191,399	925,436	19,485	260	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	6,518,428	3,681,756	2,768,121	67,347	1,195	69,665,395	38,336,141	30,702,030	617,203	9,991	30
FFS part year, with Rx claims	129,678	54,542	65,287	9,716	133	1,430,753	600,294	729,256	99,818	1,385	0
FFS part year, no Rx claims	39,399	17,454	18,191	3,720	34	384,798	170,027	181,879	32,552	340	0
MC all year, with Rx claims	86,008	38,463	42,945	4,542	58	970,455	431,731	492,638	45,481	605	0
MC all year, no Rx claims	465,692	238,463	203,123	23,973	133	5,095,400	2,594,008	2,285,594	214,613	1,185	0

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- a. Table A.4 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(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.5
MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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 Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	7,239,286	77,547,747	6,728,542	71,027,034	510,663	6,520,713
Fee-for-service (FFS) all year	6,518,428	69,665,395	6,518,428	69,651,801	0	13,594
FFS part year, with Rx claims	129,678	1,430,753	129,675	758,894	3	671,859
FFS part year, with no Rx claims	39,399	384,798	39,321	152,098	78	232,700
Managed care (MC) all year, with Rx claims	86,008	970,455	41,117	464,240	44,891	506,215
MC all year, with no Rx claims	465,692	5,095,400	1	1	465,691	5,095,399
Unknown	81	946	0	0	0	946

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.6
MANAGED CARE PENETRATION RATES, ALL STATES COMBINED AND BY STATE, BY BASIS OF ELIGIBILITY
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2003^{a,b}

	All Duals			Aged			Disabled/Adults/Children		
	Number of Beneficiaries	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries Enrolled in MC all Year
All States	7,239,286	7.6 %	4,030,745	276,926	6.9 %	3,208,532	274,774	8.6 %	
Alabama	108,957	2.0	44,120	974	2.2	64,837	1,231	1.9	
Alaska	12,012	0.0	6,218	0	0.0	5,794	0	0.0	
Arizona	99,874	91.4	44,675	41,188	92.2	55,199	50,050	90.7	
Arkansas	76,763	0.0	33,820	0	0.0	42,934	0	0.0	
California	1,050,210	14.0	590,388	77,446	13.1	459,822	69,676	15.2	
Colorado	60,367	11.4	37,272	3,884	10.4	23,095	3,007	13.0	
Connecticut	80,573	0.2	48,689	0	0.0	31,884	193	0.6	
D.C.	12,332	90.1	6,157	5,682	92.3	6,175	5,429	87.9	
Delaware	18,014	1.2	8,421	0	0.0	9,593	221	2.3	
Florida	392,442	5.6	222,749	8,510	3.8	169,693	13,387	7.9	
Georgia	168,131	0.0	77,491	0	0.0	90,640	0	0.0	
Hawaii	28,314	1.4	18,849	12	0.1	9,465	388	4.1	
Idaho	21,130	0.0	11,222	0	0.0	9,908	0	0.0	
Illinois	410,166	0.0	276,383	90	0.0	133,783	71	0.1	
Indiana	118,319	0.2	68,192	3	0.0	50,127	210	0.4	
Iowa	62,143	0.0	32,205	0	0.0	29,938	28	0.1	
Kansas	47,435	0.2	26,925	39	0.1	20,510	35	0.2	
Kentucky	115,638	11.7	45,639	3,329	7.3	69,999	10,249	14.6	
Louisiana	111,105	0.0	69,588	0	0.0	41,517	0	0.0	
Maine	50,426	0.0	26,199	0	0.0	24,227	0	0.0	
Maryland	107,910	2.6	58,661	127	0.2	49,249	2,633	5.3	
Massachusetts	209,404	0.3	85,922	4	0.0	123,482	651	0.5	
Michigan	214,560	2.6	90,534	151	0.2	124,026	5,396	4.4	
Minnesota	107,711	30.8	61,092	32,186	52.7	46,619	972	2.1	
Mississippi	153,476	0.0	84,840	0	0.0	68,636	0	0.0	
Missouri	161,477	0.4	86,792	0	0.0	74,685	577	0.8	
Montana	17,314	0.0	8,870	0	0.0	8,444	0	0.0	
Nebraska	36,709	1.0	20,845	53	0.3	15,864	306	1.9	
Nevada	20,976	0.4	12,623	19	0.2	8,353	71	0.8	
New Hampshire	21,341	0.0	11,369	0	0.0	9,972	4	0.0	
New Jersey	148,925	6.9	74,629	2,332	3.1	74,296	7,895	10.6	
New Mexico	36,627	3.5	16,348	305	1.9	20,279	972	4.8	

	All Duals			Aged			Disabled/Adults/Children		
	Number of Beneficiaries	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries Enrolled in MC all Year
New York	634,061	1.8	346,971	5,955	1.7	287,090	5,323	1.9	
North Carolina	231,203	0.0	136,134	0	0.0	95,069	23	0.0	
North Dakota	13,626	0.0	8,468	0	0.0	5,158	1	0.0	
Ohio	226,193	0.3	126,512	3	0.0	99,681	751	0.8	
Oklahoma	86,338	0.9	53,018	6	0.0	33,320	741	2.2	
Oregon	65,042	36.5	37,209	12,299	33.1	27,833	11,459	41.2	
Pennsylvania	297,668	44.8	176,378	61,459	34.8	121,290	71,865	59.3	
Rhode Island	30,164	3.5	13,337	3	0.0	16,827	1,059	6.3	
South Carolina	180,499	0.3	125,248	258	0.2	55,251	254	0.5	
South Dakota	14,103	0.0	7,339	0	0.0	6,764	0	0.0	
Tennessee	284,854	0.0	118,570	0	0.0	166,284	0	0.0	
Texas	375,222	7.4	268,713	19,941	7.4	106,509	7,919	7.4	
Utah	23,595	2.7	10,512	293	2.8	13,083	349	2.7	
Vermont	30,920	0.0	19,091	0	0.0	11,829	0	0.0	
Virginia	110,012	1.0	66,015	245	0.4	43,997	812	1.8	
Washington	98,714	0.4	56,319	130	0.2	42,395	280	0.7	
West Virginia	49,811	0.1	23,377	0	0.0	26,434	32	0.1	
Wisconsin	199,828	0.1	126,157	0	0.0	73,671	254	0.3	
Wyoming	6,652	0.0	3,650	0	0.0	3,002	0	0.0	

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

a. Appendix Table A.6 was derived from data contained in Appendix Table A.4 for each state.

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.

CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; MC = managed care.