

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

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL BENEFICIARIES, ALABAMA, 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	706,542	1,140	108,889	155,340	441,173	0	6,974,655	8,986	1,179,563	1,586,610	4,199,496	0
Age												
5 and younger	187,610	0	7,015	0	180,595	0	1,751,554	0	75,691	0	1,675,863	0
6-14	194,971	0	18,199	0	176,772	0	1,964,024	0	209,123	0	1,754,901	0
15-20	96,728	2	12,609	713	83,404	0	914,242	6	140,232	7,619	766,385	0
21-44	185,131	89	32,994	151,646	402	0	1,915,785	702	356,283	1,556,453	2,347	0
45-64	40,260	199	37,085	2,976	0	0	411,895	1,640	387,742	22,513	0	0
65-74	920	150	767	3	0	0	9,512	1,292	8,201	19	0	0
75-84	499	331	167	1	0	0	4,566	2,780	1,781	5	0	0
85 and older	423	369	53	1	0	0	3,077	2,566	510	1	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	438,040	868	57,017	153,025	227,130	0	4,371,149	6,761	625,460	1,571,538	2,167,390	0
Male	261,905	268	51,870	2,315	207,452	0	2,565,538	2,198	554,079	15,072	1,994,189	0
Unknown	6,597	4	2	0	6,591	0	37,968	27	24	0	37,917	0
Race												
White	306,686	645	41,544	72,327	192,170	0	2,963,593	4,747	441,867	727,689	1,789,290	0
African American	361,783	379	54,733	79,587	227,084	0	3,647,133	3,078	608,908	825,639	2,209,508	0
Other/unknown	38,073	116	12,612	3,426	21,919	0	363,929	1,161	128,788	33,282	200,698	0
Use of Nursing Facilities^c												
Entire year	1,064	185	878	1	0	0	10,904	1,655	9,248	1	0	0
Part year	714	77	635	2	0	0	7,309	707	6,591	11	0	0
None	704,764	878	107,376	155,337	441,173	0	6,956,442	6,624	1,163,724	1,586,598	4,199,496	0
Maintenance Assistance Status												
Cash	201,204	332	107,944	28,147	64,781	0	2,050,888	3,521	1,170,660	237,538	639,169	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	372,904	296	57	16,828	355,723	0	3,499,303	2,400	144	135,197	3,361,562	0
Other/unknown	132,434	512	888	110,365	20,669	0	1,424,464	3,065	8,759	1,213,875	198,765	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	706,119	1,136	108,883	155,110	440,990	0	6,971,032	8,969	1,179,514	1,584,546	4,198,003	0
FFS part year, with Rx claims	390	4	4	215	167	0	3,364	17	37	1,943	1,367	0
FFS part year, no Rx claims	33	0	2	15	16	0	259	0	12	121	126	0

Table ND2

Nondual Beneficiaries

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

- a. Table ND.2 includes the beneficiaries represented by Cell K 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.

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

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, ALABAMA, 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	62.5 %	8.4	\$435	\$52	\$2,197	19.8 %	706,542
Age							
5 and younger	76.6	6.3	261	41	1,682	15.5	187,610
6-14	67.6	5.8	343	59	1,845	18.6	194,971
15-20	62.0	5.7	314	55	2,456	12.8	96,728
21-44	37.9	6.8	367	54	1,864	19.7	185,131
45-64	86.1	43.7	2,245	51	6,795	33.0	40,260
65-74	81.0	41.5	1,998	48	11,254	17.8	920
75-84	64.3	35.7	1,555	44	12,540	12.4	499
85 and older	46.8	20.8	861	42	9,466	9.1	423
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	63.2	25.5	1,281	50	10,733	11.9	1,140
Disabled	82.3	28.4	1,749	62	6,095	28.7	108,889
Adults	29.5	3.1	113	36	991	11.4	155,340
Children	69.2	5.3	222	42	1,637	13.6	441,173
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	57.5	8.5	404	48	2,039	19.8	438,040
Male	71.1	8.4	495	59	2,470	20.0	261,905
Unknown	53.1	2.7	125	46	1,809	6.9	6,597
Race							
White	66.4	10.3	529	51	2,409	22.0	306,686
African American	58.7	6.5	329	51	1,962	16.8	361,783
Other/unknown	67.1	12.2	692	57	2,723	25.4	38,073
Use of Nursing Facilities^f							
Entire year	98.0	72.3	4,017	56	46,963	8.6	1,064
Part year	99.0	68.3	3,794	56	28,170	13.5	714
None	62.4	8.3	426	52	2,103	20.3	704,764
Maintenance Assistance Status							
Cash	75.7	18.4	1,066	58	3,945	27.0	201,204
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	70.6	5.4	220	41	1,475	14.9	372,904
Other/unknown	19.5	1.9	82	44	1,573	5.2	132,434

Table ND3

Nondual Beneficiaries

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

- a. Table ND.3 includes beneficiaries represented by Cell K 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, ALABAMA, 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
			19.8 %	37.5 %	More than 0, but 1 or Less	47.6 %	More than 1, but 2 or Less	6.8 %	More than 2, but 5 or Less	5.4 %			
All	0.9	\$44	19.8 %	37.5 %	47.6 %	6.8 %	5.4 %	2.1 %	0.5 %	\$223	706,542	6,974,655	
Age													
5 and younger	0.7	28	15.5	23.4	65.0	8.4	3.0	0.2	0.0	180	187,610	1,751,554	
6-14	0.6	34	18.6	32.4	57.5	6.2	3.5	0.4	0.0	183	194,971	1,964,024	
15-20	0.6	33	12.8	38.0	51.2	6.5	3.7	0.5	0.0	260	96,728	914,242	
21-44	0.7	36	19.7	62.1	24.5	5.0	5.7	2.3	0.4	180	185,131	1,915,785	
45-64	4.3	220	33.0	13.9	17.9	11.4	28.1	22.1	6.6	664	40,260	411,895	
65-74	4.0	193	17.8	19.0	16.6	8.4	27.4	22.6	6.0	1,089	920	9,512	
75-84	3.9	170	12.4	35.7	9.4	8.0	22.6	18.2	6.0	1,370	499	4,566	
85 and older	2.9	118	9.1	53.2	8.5	6.9	12.8	15.6	3.1	1,301	423	3,077	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Basis of Eligibility^e													
Aged	3.2	163	11.9	36.8	14.5	9.2	21.1	15.1	3.2	1,362	1,140	8,986	
Disabled	2.6	162	28.7	17.7	34.3	12.2	20.7	12.1	3.1	563	108,889	1,179,563	
Adults	0.3	11	11.4	70.5	22.4	3.4	2.8	0.8	0.1	97	155,340	1,586,610	
Children	0.6	23	13.6	30.8	59.8	6.7	2.6	0.1	0.0	172	441,173	4,199,496	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Gender													
Female	0.9	41	19.8	42.5	42.9	6.1	5.3	2.5	0.6	204	438,040	4,371,149	
Male	0.9	51	20.0	28.9	55.5	7.9	5.8	1.6	0.3	252	261,905	2,565,538	
Unknown	0.5	22	6.9	46.9	44.5	6.6	1.9	0.1	0.0	314	6,597	37,968	
Race													
White	1.1	55	22.0	33.6	47.5	8.4	6.9	2.8	0.8	249	306,686	2,963,593	
African American	0.6	33	16.8	41.3	47.8	5.4	4.0	1.3	0.2	195	361,783	3,647,133	
Other/unknown	1.3	72	25.4	32.9	46.8	7.3	7.6	4.2	1.2	285	38,073	363,929	
Use of Nursing Facilities^f													
Entire year	7.1	392	8.6	2.0	4.9	6.4	28.4	39.0	19.4	4,583	1,064	10,904	
Part year	6.7	371	13.5	1.0	8.5	7.0	30.3	37.4	15.8	2,752	714	7,309	
None	0.8	43	20.3	37.6	47.7	6.8	5.4	2.0	0.5	213	704,764	6,956,442	
Maintenance Assistance Status													
Cash	1.8	105	27.0	24.3	43.3	10.1	13.6	7.0	1.7	387	201,204	2,050,888	
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Poverty related	0.6	24	14.9	29.4	61.0	6.9	2.6	0.2	0.0	157	372,904	3,499,303	
Other/unknown	0.2	8	5.2	80.5	16.6	1.6	0.9	0.3	0.1	146	132,434	1,424,464	

Table ND4

Nondual Beneficiaries

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

- a. Table ND.4 includes the beneficiaries represented by Cell K 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 ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, ALABAMA, 2003

Beneficiary	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	0.9	\$44	\$52	0.4	\$34	\$90	0.0	\$1	\$38	0.4	\$8	\$19
Age												
5 and younger	0.7	28	41	0.3	22	69	0.0	1	29	0.3	4	15
6-14	0.6	34	59	0.3	28	86	0.0	1	47	0.2	5	21
15-20	0.6	33	55	0.3	26	97	0.0	1	40	0.3	6	19
21-44	0.7	36	54	0.3	27	108	0.0	1	37	0.4	8	20
45-64	4.3	220	51	1.7	164	94	0.1	5	39	2.4	51	21
65-74	4.0	193	48	1.6	142	92	0.1	4	33	2.3	47	20
75-84	3.9	170	44	1.5	122	79	0.1	4	25	2.2	44	20
85 and older	2.9	118	42	1.1	85	75	0.1	3	19	1.6	30	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.2	163	50	1.4	124	92	0.1	4	25	1.7	34	20
Disabled	2.6	162	62	1.1	126	112	0.1	4	48	1.4	31	22
Adults	0.3	11	36	0.1	8	72	0.0	0	23	0.2	3	16
Children	0.6	23	42	0.3	18	66	0.0	1	33	0.2	4	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.9	41	48	0.4	31	84	0.0	1	35	0.4	8	19
Male	0.9	51	59	0.4	41	97	0.0	2	43	0.4	8	20
Unknown	0.5	22	46	0.2	18	102	0.0	0	26	0.3	3	13
Race												
White	1.1	55	51	0.5	42	88	0.0	2	39	0.5	11	20
African American	0.6	33	51	0.3	26	89	0.0	1	36	0.3	6	18
Other/unknown	1.3	72	57	0.6	57	101	0.1	2	40	0.7	13	20
Use of Nursing Facilities^e												
Entire year	7.1	392	56	2.8	290	105	0.4	13	37	3.9	88	23
Part year	6.7	371	56	2.6	274	106	0.3	12	46	3.8	84	22
None	0.8	43	52	0.4	34	89	0.0	1	38	0.4	8	19
Maintenance Assistance												
Status												
Cash	1.8	105	58	0.8	81	105	0.1	3	44	1.0	20	21
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.6	24	41	0.3	18	65	0.0	1	32	0.3	4	16
Other/unknown	0.2	8	44	0.1	6	78	0.0	0	29	0.1	1	16

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

- a. Table ND.5 includes the beneficiaries represented by Cell K 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 Alabama, 0.5 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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
NONDUAL BENEFICIARIES, ALABAMA, 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 of Users	Percentage of All Benes	As a Percentage	Number of Benefit Months			
Anti-infective Agents	0.3	0.1	0.0	0.1	\$12	\$9	\$0	\$2	\$46	\$69	\$67	\$19	842,468	\$38,722,738	311,172	44.0 %	3,307,387
Biologicals	0.3	0.3	0.0	0.0	382	342	7	34	1173	1,102	2,336	2,639	7,658	8,982,366	2,433	0.3	23,509
Antineoplastic Agents	0.5	0.2	0.0	0.3	110	92	1	17	237	480	84	65	10,929	2,587,393	2,199	0.3	23,484
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.1	19	15	1	3	50	73	31	20	407,924	20,599,156	99,402	14.1	1,079,962
Cardiovascular Agents	1.2	0.5	0.0	0.6	44	33	1	10	38	65	32	16	623,330	23,432,958	49,401	7.0	536,093
Respiratory Agents	0.4	0.2	0.0	0.2	17	13	1	3	41	64	23	16	1,252,632	50,879,986	288,096	40.8	3,065,364
Gastrointestinal Agents	0.4	0.1	0.0	0.3	20	10	1	9	52	101	178	33	266,820	13,787,759	65,357	9.3	701,775
Genitourinary Agents	0.2	0.2	0.0	0.0	9	8	0	1	45	54	29	17	64,553	2,875,374	29,457	4.2	314,567
CNS Drugs	0.8	0.4	0.0	0.3	63	54	1	8	84	133	95	24	645,289	54,224,968	78,950	11.2	858,771
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	47	42	1	4	80	89	59	38	177,041	14,112,862	27,229	3.9	302,078
Miscellaneous Psychological/Neurological Agents	0.5	0.3	0.0	0.2	66	62	0	4	128	191	20	21	6,114	785,368	1,089	0.2	11,937
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	11	6	0	4	29	135	49	13	610,247	17,763,423	157,168	22.2	1,690,893
Neuromuscular Agents	0.6	0.3	0.0	0.3	44	36	2	7	69	127	52	21	339,090	23,340,643	48,409	6.9	529,777
Nutritional Products	0.3	0.1	0.1	0.2	7	2	1	4	20	32	17	18	133,650	2,648,055	37,928	5.4	392,653
Hematological Agents	0.4	0.1	0.0	0.2	66	58	1	7	165	394	27	33	75,266	12,420,743	17,758	2.5	187,881
Topical Products	0.2	0.1	0.0	0.1	8	6	0	2	38	58	53	18	428,067	16,371,010	180,933	25.6	1,937,834
Miscellaneous Products	0.5	0.2	0.0	0.3	65	54	5	6	143	325	250	21	18,052	2,576,934	3,893	0.6	39,451
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	4	0	0	0	30	0	0	0	45,314	1,342,266	31,948	4.5	345,705
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.	5,954,444	307,454,002	n.a.	n.a.	n.a.

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

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. 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.

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.medispan.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 Alabama, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

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

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, ALABAMA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$33,324,088	29,365	4.2 %	330,352	0.6	\$182
ANTIASTHMATIC	26,341,962	149,152	21.1	1,631,529	0.2	65
ANTICONVULSANT	20,187,103	32,784	4.6	364,227	0.6	92
ANTIDEPRESSANTS	17,646,367	64,214	9.1	700,512	0.4	58
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	14,112,736	35,507	5.0	397,462	0.4	80
DERMATOLOGICAL	11,285,742	175,322	24.8	1,909,083	0.1	41
ANTI-DIABETIC	10,937,608	24,611	3.5	271,294	0.6	67
ANALGESICS - Narcotic	9,708,096	150,021	21.2	1,618,632	0.2	26
ULCER DRUGS	9,644,350	59,584	8.4	646,237	0.3	51
MISC. HEMATOLOGICAL	9,531,389	3,738	0.5	41,111	0.5	440
Total	162,719,441	724,298		7,910,439	n.a.	n.a.

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

a. Table ND.7 includes the beneficiaries represented by Cell K 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.

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTI-PSYCHOTICS				ANTI-ASTHMATIC				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Benefit Months Among Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Benefit Months Among Users	Users as % of All Benes	Number of Benefit Months Among Users
All	2,317,305	\$162,719,441	29,365	4.2 %	330,352	\$101	149,152	21.1 %	1,631,529	0.2	\$16		
Female													
Disabled	1,394,014	88,061,728	16,300	3.7	183,248	95	75,415	17.2	827,422	0.3	16		
5 and younger	889,844	63,319,392	13,065	22.9	149,572	106	24,927	43.7	285,162	0.3	21		
6-14	14,248	1,119,522	52	1.7	621	40	1,994	65.0	23,125	0.3	23		
15-20	45,177	4,084,411	692	11.1	8,075	72	2,377	38.2	27,891	0.3	21		
21-44	31,416	2,684,665	665	14.2	7,647	95	1,102	23.6	12,840	0.3	18		
45-64	264,061	19,630,390	5,347	28.2	61,058	101	6,343	33.5	72,579	0.3	17		
65-74	523,012	35,023,626	6,150	26.3	70,404	115	12,827	54.8	145,567	0.4	23		
75-84	9,768	653,025	136	25.2	1,492	129	242	44.8	2,675	0.5	25		
85 and older	1,935	110,695	17	14.7	203	136	40	34.5	461	0.6	26		
Other Eligibles	227	13,058	6	15.4	72	73	2	5.1	24	0.1	10		
5 and younger	504,170	24,742,336	3,235	0.8	33,676	46	50,488	13.3	542,260	0.2	13		
6-14	123,450	5,897,183	93	0.1	1,080	35	22,593	26.5	243,946	0.2	13		
15-20	138,376	8,165,092	782	0.9	8,821	50	16,285	18.4	178,685	0.2	14		
21-44	78,087	3,666,091	679	1.3	7,297	42	5,487	10.2	58,400	0.2	11		
45-64	143,124	5,857,894	1,424	0.9	14,013	43	5,515	3.7	55,288	0.2	10		
65-74	15,819	839,207	156	5.7	1,435	44	510	18.7	4,920	0.3	17		
75-84	900	66,650	22	22.7	217	119	10	10.3	102	0.3	11		
85 and older	2,671	146,679	35	16.6	373	93	56	26.5	639	0.4	25		
Male													
Disabled	918,044	74,464,917	13,061	5.0	147,070	109	72,855	27.8	796,976	0.2	17		
5 and younger	504,535	48,884,404	10,338	19.9	117,481	120	16,550	31.9	188,593	0.3	22		
6-14	22,095	2,046,389	145	3.7	1,698	62	3,102	78.6	36,027	0.3	25		
15-20	102,730	12,750,392	2,134	17.8	25,073	82	4,853	40.5	56,995	0.3	20		
21-44	49,961	6,493,407	1,405	17.7	16,112	106	1,549	19.5	17,925	0.3	18		
45-64	131,716	13,510,253	3,944	28.1	44,204	137	1,988	14.1	22,337	0.3	18		
65-74	194,155	13,862,406	2,650	19.4	29,762	140	4,957	36.3	54,255	0.5	26		
75-84	3,149	181,143	48	21.2	498	96	83	36.7	874	0.6	35		
85 and older	641	35,402	9	17.6	104	50	18	35.3	180	0.4	26		
Other Eligibles	88	5,012	3	21.4	30	83	0	0.0	0	0.0	0		
5 and younger	413,509	25,580,513	2,723	1.3	29,589	62	56,305	26.8	608,383	0.2	15		
6-14	145,659	7,767,781	226	0.3	2,539	38	30,322	34.2	325,469	0.2	14		
15-20	198,888	13,465,285	1,588	1.8	17,879	62	21,481	24.3	235,313	0.2	16		
21-44	52,972	3,403,326	740	2.4	7,639	69	4,102	13.5	44,075	0.2	14		
45-64	9,867	577,006	99	5.2	868	74	223	11.6	1,820	0.3	17		
65-74	3,588	217,398	29	6.4	250	69	118	26.1	1,061	0.3	20		
75-84	667	38,464	9	16.1	91	90	19	33.9	206	0.6	39		
85 and older	1,074	67,326	19	16.1	207	72	23	19.5	264	0.6	44		
Unknown	794	43,927	13	14.1	116	93	17	18.5	175	0.4	28		
	5,247	192,796	4	0.1	34	18	882	13.4	7,131	0.2	12		

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

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

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

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

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

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

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	32,784	4.6 %	364,227	0.6	\$55	64,214	9.1 %	700,512	0.4	\$25	35,507	5.0 %	397,462	0.4	\$36
Female	20,558	4.7	228,286	0.6	53	45,585	10.4	495,738	0.4	25	10,230	2.3	114,591	0.4	34
Disabled	15,926	27.9	181,469	0.6	57	28,132	49.3	319,040	0.5	29	3,198	5.6	37,200	0.4	37
5 and younger	334	10.9	3,774	0.7	84	37	1.2	435	0.3	10	107	3.5	1,253	0.3	19
6-14	1,113	17.9	13,006	0.7	97	927	14.9	10,892	0.4	24	1,788	28.7	21,017	0.5	38
15-20	831	17.8	9,617	0.7	81	1,084	23.2	12,599	0.4	27	416	8.9	4,815	0.5	37
21-44	6,132	32.4	69,507	0.6	57	10,521	55.6	119,335	0.4	27	463	2.4	5,316	0.4	36
45-64	7,365	31.4	83,840	0.6	48	15,338	65.5	173,272	0.6	31	423	1.8	4,787	0.4	38
65-74	124	23.0	1,414	0.7	44	178	33.0	1,961	0.6	31	0	0.0	0	0.0	0
75-84	24	20.7	275	0.6	42	39	33.6	450	0.5	25	1	0.9	12	0.9	196
85 and older	3	7.7	36	0.9	38	8	20.5	96	0.4	5	0	0.0	0	0.0	0
Other Eligibles	4,632	1.2	46,817	0.4	34	17,453	4.6	176,698	0.3	18	7,032	1.8	77,391	0.4	32
5 and younger	305	0.4	3,326	0.4	47	158	0.2	1,801	0.3	11	525	0.6	5,967	0.3	19
6-14	731	0.8	8,185	0.4	41	2,589	2.9	28,738	0.3	19	5,484	6.2	60,643	0.4	34
15-20	772	1.4	8,283	0.4	41	4,151	7.7	43,810	0.3	18	699	1.3	7,526	0.4	32
21-44	2,491	1.7	23,819	0.4	29	9,519	6.3	92,411	0.3	17	300	0.2	3,006	0.3	28
45-64	273	10.0	2,595	0.4	30	879	32.3	8,347	0.4	23	20	0.7	201	0.3	28
65-74	15	15.5	131	0.7	32	28	28.9	263	0.7	36	1	1.0	12	0.2	49
75-84	28	13.3	318	0.7	24	66	31.3	697	0.7	38	3	1.4	36	0.1	7
85 and older	17	6.1	160	0.7	34	63	22.7	631	0.7	33	0	0.0	0	0.0	0
Male	12,219	4.7	135,876	0.6	60	18,626	7.1	204,744	0.4	26	25,277	9.7	282,871	0.5	36
Disabled	9,916	19.1	111,689	0.7	64	12,017	23.2	134,215	0.5	28	7,907	15.2	92,503	0.5	39
5 and younger	426	10.8	4,982	0.6	68	73	1.8	874	0.4	20	304	7.7	3,595	0.3	22
6-14	1,808	15.1	21,058	0.7	78	2,247	18.8	26,314	0.5	27	5,866	49.0	68,709	0.5	39
15-20	1,168	14.7	13,431	0.7	80	1,484	18.7	17,035	0.5	29	1,447	18.2	16,932	0.5	41
21-44	3,520	25.0	39,029	0.7	69	3,778	26.9	41,136	0.5	29	206	1.5	2,328	0.4	39
45-64	2,927	21.4	32,435	0.6	44	4,359	31.9	48,034	0.5	28	83	0.6	927	0.4	38
65-74	55	24.3	610	0.7	41	64	28.3	678	0.6	23	1	0.4	12	1.0	13
75-84	11	21.6	132	0.7	27	7	13.7	84	0.6	24	0	0.0	0	0.0	0
85 and older	1	7.1	12	0.8	75	5	35.7	60	0.4	13	0	0.0	0	0.0	0
Other Eligibles	2,303	1.1	24,187	0.4	41	6,609	3.1	70,529	0.4	22	17,370	8.3	190,368	0.4	35
5 and younger	444	0.5	4,951	0.4	38	234	0.3	2,637	0.3	11	1,311	1.5	14,671	0.3	22
6-14	977	1.1	10,889	0.4	39	3,651	4.1	40,724	0.4	21	14,264	16.1	156,394	0.5	36
15-20	515	1.7	5,237	0.5	46	1,958	6.5	20,522	0.3	23	1,765	5.8	19,033	0.4	39
21-44	268	13.9	2,197	0.5	43	531	27.6	4,516	0.3	21	23	1.2	192	0.5	43
45-64	76	16.8	675	0.5	51	179	39.6	1,551	0.4	25	5	1.1	54	0.5	48
65-74	6	10.7	69	0.7	17	17	30.4	173	0.7	33	2	3.6	24	0.3	11
75-84	11	9.3	105	0.6	66	22	18.6	239	0.7	37	0	0.0	0	0.0	0
85 and older	6	6.5	64	0.7	14	17	18.5	167	0.8	39	0	0.0	0	0.0	0
Unknown	7	0.1	65	0.5	25	3	0.0	30	0.7	76	0	0.0	0	0.0	0

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

a. Table ND.7B includes the beneficiaries represented by Cell K 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 Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a,b,c}
 NONDUAL BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	DERMATOLOGICAL					ANTI-DIABETIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	175,322	24.8 %	1,909,093	0.1 \$	0.1	24,611	3.5 %	271,294	0.6 \$	0.6	150,021	21.2 %	1,618,632	0.2 \$	0.2
Female	98,878	22.6	1,082,967	0.1	0.1	18,579	4.2	206,103	0.6	0.6	107,722	24.6	1,158,812	0.2	0.2
Disabled	19,313	33.9	224,468	0.2	0.2	15,339	26.9	174,213	0.6	0.6	43,791	76.8	501,531	0.3	0.3
5 and younger	1,658	54.1	19,029	0.1	0.1	7	0.2	78	0.6	0.6	304	9.9	3,564	0.1	0.1
6-14	2,465	39.6	29,092	0.1	0.1	75	1.2	882	0.6	0.6	944	15.2	11,171	0.1	0.1
15-20	1,647	35.2	19,389	0.2	0.2	179	3.8	2,032	0.6	0.6	1,821	39.0	21,324	0.2	0.2
21-44	5,480	28.9	63,798	0.2	0.2	3,213	17.0	36,691	0.5	0.5	17,302	91.4	198,331	0.3	0.3
45-64	7,856	33.5	90,850	0.2	0.2	11,566	49.4	131,168	0.6	0.6	22,995	98.2	262,359	0.4	0.4
65-74	169	31.3	1,856	0.2	0.2	263	48.7	2,957	0.6	0.6	346	64.1	3,854	0.4	0.4
75-84	32	27.6	382	0.2	0.2	31	26.7	345	0.6	0.6	67	57.8	792	0.4	0.4
85 and older	6	15.4	72	0.1	0.1	5	12.8	60	0.5	0.5	12	30.8	136	0.2	0.2
Other Eligibles	79,565	20.9	858,499	0.1	0.1	3,240	0.9	31,890	0.5	0.5	63,931	16.8	657,281	0.2	0.2
5 and younger	40,540	47.5	432,391	0.1	0.1	44	0.1	487	0.6	0.6	3,933	4.6	43,580	0.1	0.1
6-14	23,865	27.0	264,952	0.1	0.1	280	0.3	2,986	0.7	0.7	8,559	9.7	94,621	0.1	0.1
15-20	9,111	16.9	98,944	0.1	0.1	390	0.7	3,883	0.5	0.5	16,532	30.7	170,822	0.1	0.1
21-44	5,535	3.7	56,816	0.1	0.1	1,947	1.3	19,211	0.4	0.4	33,170	22.1	331,694	0.2	0.2
45-64	350	12.9	3,567	0.2	0.2	472	17.3	4,275	0.5	0.5	1,567	57.5	14,893	0.3	0.3
65-74	27	27.8	308	0.1	0.1	21	21.6	210	0.6	0.6	39	40.2	383	0.3	0.3
75-84	64	30.3	722	0.2	0.2	57	27.0	568	0.7	0.7	75	35.5	770	0.5	0.5
85 and older	73	26.4	799	0.1	0.1	29	10.5	270	0.6	0.6	56	20.2	518	0.4	0.4
Male	74,342	28.4	810,935	0.1	0.1	6,030	2.3	65,185	0.6	0.6	42,252	16.1	459,419	0.2	0.2
Disabled	12,578	24.2	145,810	0.2	0.2	5,283	10.2	57,743	0.6	0.6	20,075	38.7	222,901	0.3	0.3
5 and younger	2,006	50.8	23,272	0.1	0.1	13	0.3	156	0.6	0.6	462	11.7	5,441	0.1	0.1
6-14	3,669	30.6	43,408	0.1	0.1	93	0.8	1,085	0.7	0.7	1,632	13.6	19,263	0.1	0.1
15-20	1,883	23.7	22,222	0.2	0.2	132	1.7	1,506	0.6	0.6	1,930	24.3	22,515	0.2	0.2
21-44	2,273	16.2	25,893	0.2	0.2	1,211	8.6	13,317	0.6	0.6	6,626	47.1	73,165	0.3	0.3
45-64	2,674	19.6	30,256	0.2	0.2	3,753	27.5	40,797	0.6	0.6	9,281	67.9	100,943	0.4	0.4
65-74	52	23.0	565	0.3	0.3	58	25.7	655	0.7	0.7	118	52.2	1,291	0.3	0.3
75-84	18	35.3	165	0.2	0.2	21	41.2	203	0.6	0.6	21	41.2	236	0.3	0.3
85 and older	3	21.4	29	0.2	0.2	2	14.3	24	0.3	0.3	5	35.7	47	0.3	0.3
Other Eligibles	61,764	29.4	665,125	0.1	0.1	747	0.4	7,442	0.6	0.6	22,177	10.6	236,518	0.1	0.1
5 and younger	37,632	42.4	398,176	0.1	0.1	55	0.1	597	0.6	0.6	5,293	6.0	58,446	0.1	0.1
6-14	18,437	20.8	205,259	0.1	0.1	236	0.3	2,525	0.6	0.6	8,721	9.9	96,252	0.1	0.1
15-20	5,371	17.7	58,660	0.2	0.2	174	7.6	1,838	0.6	0.6	6,407	21.2	67,327	0.1	0.1
21-44	186	9.7	1,590	0.2	0.2	146	0.6	1,216	0.5	0.5	1,349	70.2	10,917	0.4	0.4
45-64	62	13.7	618	0.2	0.2	84	18.6	689	0.6	0.6	340	75.2	2,914	0.4	0.4
65-74	21	37.5	227	0.2	0.2	16	28.6	171	0.6	0.6	14	25.0	142	0.3	0.3
75-84	32	27.1	379	0.2	0.2	23	19.5	270	0.7	0.7	29	24.6	318	0.3	0.3
85 and older	23	25.0	216	0.2	0.2	13	14.1	136	0.9	0.9	24	26.1	202	0.4	0.4
Unknown	2,102	31.9	15,181	0.2	0.2	2	0.0	6	0.8	0.8	47	0.7	401	0.1	0.1

Table ND7C

Nondual Beneficiaries

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

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

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

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

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

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	ULCER DRUGS				MISC. HEMATOLOGICAL						
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
All	55,584	8.4 %	646,237	0.3	3,738	0.5 %	41,111	0.5	\$232	706,542	6,974,655
Female	39,652	9.1	434,936	0.3	2,401	0.5	26,812	0.5	61	438,040	4,371,149
Disabled	21,786	38.2	250,873	0.4	2,214	3.9	24,946	0.5	61	57,017	625,460
5 and younger	458	14.9	5,103	0.3	2	0.1	24	0.5	770	3,066	32,822
6-14	603	9.7	7,085	0.3	2	0.0	24	1.3	8,617	6,221	71,551
15-20	630	13.5	7,411	0.2	11	0.2	124	0.5	309	4,674	52,625
21-44	6,651	35.1	76,846	0.3	269	1.4	3,005	0.4	45	18,936	208,756
45-64	13,150	56.1	151,116	0.4	1,848	7.9	20,842	0.5	52	23,425	252,224
65-74	232	43.0	2,574	0.5	61	11.3	685	0.5	52	540	5,886
75-84	55	47.4	657	0.5	18	15.5	206	0.5	53	116	1,241
85 and older	7	17.9	81	0.1	3	7.7	36	0.8	84	39	355
Other Eligibles	17,866	4.7	184,063	0.2	187	0.0	1,866	0.4	62	381,023	3,745,689
5 and younger	4,325	5.1	41,837	0.2	1	0.0	12	0.1	4	85,353	804,762
6-14	3,967	4.5	44,205	0.2	3	0.0	35	0.1	44	88,310	876,798
15-20	3,190	5.9	34,026	0.2	3	0.0	36	0.1	678	53,837	491,639
21-44	5,642	3.8	56,695	0.2	83	0.1	823	0.3	49	150,215	1,547,009
45-64	594	21.8	5,823	0.3	57	2.1	533	0.4	46	2,723	21,039
65-74	30	30.9	279	0.4	8	8.2	88	0.5	51	97	829
75-84	60	28.4	652	0.5	16	7.6	172	0.7	56	211	1,766
85 and older	58	20.9	546	0.6	16	5.8	167	0.7	63	277	1,847
Male	19,455	7.4	208,126	0.3	1,337	0.5	14,299	0.6	552	261,905	2,565,538
Disabled	9,272	17.9	104,283	0.4	1,271	2.5	13,722	0.6	561	51,870	554,079
5 and younger	624	15.8	6,958	0.3	8	0.2	93	0.8	3,675	3,949	42,869
6-14	816	6.8	9,604	0.3	24	0.2	287	2.0	13,880	11,978	137,572
15-20	649	8.2	7,506	0.3	13	0.2	140	1.9	12,838	7,935	87,607
21-44	2,432	17.3	27,246	0.4	118	0.8	1,303	0.5	733	14,057	147,515
45-64	4,656	34.1	51,886	0.5	1,088	8.0	11,686	0.5	52	13,660	135,518
65-74	76	33.6	859	0.4	16	7.1	172	0.5	39	226	2,303
75-84	18	35.3	212	0.5	4	7.8	41	0.8	90	51	540
85 and older	1	7.1	12	0.5	0	0.0	0	0.0	0	14	155
Other Eligibles	10,183	4.8	103,843	0.2	66	0.0	577	0.6	326	210,035	2,011,459
5 and younger	5,030	5.7	48,307	0.2	4	0.0	34	0.2	292	88,667	833,321
6-14	3,297	3.7	36,578	0.2	5	0.0	60	0.5	2,486	88,449	877,986
15-20	1,366	4.5	14,652	0.2	2	0.0	16	0.1	9	30,279	282,351
21-44	315	16.4	2,604	0.3	19	1.0	140	0.6	60	1,922	12,493
45-64	109	24.1	1,000	0.4	21	4.6	163	0.6	61	452	3,114
65-74	13	23.2	133	0.6	3	5.4	36	0.9	83	56	482
75-84	34	28.8	376	0.5	5	4.2	59	0.6	44	118	1,004
85 and older	19	20.7	193	0.8	7	7.6	69	0.8	73	92	708
Unknown	477	7.2	3,175	0.3	0	0.0	0	0.0	0	6,597	37,968

Table ND7D

Nondual Beneficiaries

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

- a. Table ND.7D includes the beneficiaries represented by Cell K 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; \$ = Medicaid reimbursement.

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$392	7.1	1,064	10,904	
Age					
0-64	416	7.2	800	8,466	
65-74	368	7.0	79	720	
75-84	306	6.7	100	997	
85 and older	257	5.9	85	721	
Unknown	0	0.0	0	0	
Gender					
Female	403	7.3	630	6,455	
Male	376	6.7	432	4,438	
Unknown	323	7.1	2	11	
Race					
White	407	7.3	579	5,828	
African American	369	6.6	389	4,026	
Other/unknown	396	7.2	96	1,050	
Basis of Eligibility^c					
Aged	290	6.3	185	1,655	
Disabled	410	7.2	878	9,248	
Adults	43	2.0	1	1	
Children	0	0.0	0	0	
Unknown	0	0.0	0	0	

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

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 714 beneficiaries who were in nursing facilities for part of their enrollment and their 7,309 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 ND.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, ALABAMA, 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	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents					
												Residents	Months				
Anti-infective Agents	0.4	0.2	0.0	0.2	\$26	\$21	\$1	\$4	\$70	\$109	\$101	\$25	2,974	\$208,920	756	71.1 %	8,129
Biologicals	0.1	0.1	0.0	0.0	1	1	0	1	14	12	0	21	133	1,916	115	10.8	1,301
Antineoplastic Agents	0.5	0.0	0.0	0.4	79	16	1	62	173	388	224	150	550	95,206	117	11.0	1,203
Endocrine/Metabolic Drugs	1.1	0.6	0.0	0.4	52	44	1	7	47	70	17	17	5,587	261,081	482	45.3	5,066
Cardiovascular Agents	2.0	0.6	0.1	1.3	64	40	2	22	32	64	25	17	13,108	419,985	637	59.9	6,520
Respiratory Agents	0.7	0.3	0.0	0.4	29	20	1	8	42	70	40	21	3,799	158,564	502	47.2	5,391
Gastrointestinal Agents	1.1	0.3	0.0	0.8	46	26	0	20	42	89	46	25	7,402	313,644	651	61.2	6,793
Genitourinary Agents	0.6	0.5	0.0	0.1	39	35	1	3	62	75	53	23	1,413	87,871	210	19.7	2,249
CNS Drugs	1.7	0.9	0.0	0.8	139	121	1	17	82	136	57	21	14,063	1,159,547	799	75.1	8,363
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.1	0.4	35	20	5	10	61	148	66	28	98	5,966	18	1.7	172
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	105	103	0	2	130	132	0	75	846	109,987	104	9.8	1,045
Analgesics and Anesthetics	0.9	0.2	0.0	0.6	48	36	1	11	54	154	51	17	5,232	281,950	557	52.3	5,856
Neuromuscular Agents	1.6	0.6	0.2	0.8	105	70	9	26	66	118	42	33	10,384	689,914	601	56.5	6,577
Nutritional Products	0.8	0.0	0.0	0.8	13	1	1	11	15	32	24	14	4,146	62,238	482	45.3	4,956
Hematological Agents	1.0	0.4	0.2	0.4	79	71	3	5	78	166	17	13	3,375	261,888	324	30.5	3,312
Topical Products	0.5	0.2	0.0	0.2	20	12	3	4	41	54	73	21	3,445	140,291	638	60.0	6,990
Miscellaneous Products	0.3	0.0	0.0	0.3	15	5	0	10	46	102	0	36	261	12,010	78	7.3	820
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	37	0	0	0	87	3,240	44	4.1	493
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.	76,903	4,274,218	n.a.	n.a.	n.a.

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

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 714 beneficiaries who were in nursing facilities for part of their enrollment and their 7,309 benefit months were excluded from the analysis.

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

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

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

Table ND9

Nondual Beneficiaries

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

In Alabama, 0.5 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 ND.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}
 NONDUAL BENEFICIARIES, ALABAMA, 2003

	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	
Top 10 Drug Groups in Nursing Facilities								
ANTIPTYCHOTICS	\$741,024	476	44.7 %	5,174	0.8	\$177	\$143	
ANTICONVULSANT	599,129	719	67.6	8,110	1.0	73	74	
ANTIDEPRESSANTS	348,722	672	63.2	7,163	0.8	60	49	
ULCER DRUGS	222,355	595	55.9	6,367	0.7	51	35	
ANALGESICS - Narcotic	213,251	555	52.2	5,825	0.6	60	37	
ANTIIDIABETIC	200,812	407	38.3	4,323	0.9	51	46	
ANTIHYPERTENSIVE	126,241	451	42.4	4,753	0.8	33	27	
MISC. HEMATOLOGICAL	110,258	126	11.8	1,393	0.8	99	79	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	108,612	95	8.9	980	0.9	130	111	
DERMATOLOGICAL	103,266	1,076	101.1	11,957	0.2	39	9	
Total	2,773,670	5,172		56,045	n.a.	n.a.	n.a.	

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

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 714 beneficiaries who were in nursing facilities for part of their enrollment and their 7,309 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.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} NONDUAL BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT					
	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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx
All	38,484	\$2,773,670	476	44.7 %	5,174	0.8	\$143	719	67.6 %	8,110	1.0	\$74				
Female	23,266	1,727,573	311	49.4	3,381	0.8	149	404	64.1	4,535	1.0	73				
Disabled	19,746	1,497,979	246	49.9	2,716	0.8	161	369	74.8	4,163	1.0	77				
64 or younger	17,719	1,374,072	222	51.2	2,471	0.8	166	338	77.9	3,806	1.0	79				
65-74	1,407	87,983	15	36.6	138	1.0	112	24	58.5	273	1.0	48				
75-84	555	31,679	8	53.3	95	0.5	83	7	46.7	84	0.8	35				
85 and older	65	4,245	1	33.3	12	0.9	163	0	0.0	0	0.0	0				
Other Eligibles	3,520	229,594	65	47.4	665	0.7	101	35	25.5	372	0.8	30				
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
65-74	472	40,059	14	82.4	137	0.8	137	9	52.9	85	0.7	40				
75-84	1,727	105,067	22	38.6	224	0.9	121	17	29.8	192	0.8	26				
85 and older	1,321	84,468	29	46.0	304	0.6	69	9	14.3	95	0.7	31				
Male	15,203	1,045,006	163	37.7	1,783	0.8	133	315	72.9	3,575	1.1	75				
Disabled	14,138	982,345	148	38.4	1,637	0.8	135	307	79.7	3,489	1.1	77				
64 or younger	13,380	932,739	134	36.7	1,487	0.8	141	291	79.7	3,308	1.1	77				
65-74	547	36,063	10	71.4	102	0.5	74	12	85.7	133	1.2	69				
75-84	173	10,556	3	75.0	36	1.1	93	4	100.0	48	1.0	47				
85 and older	38	2,987	1	50.0	12	0.5	82	0	0.0	0	0.0	0				
Other Eligibles	1,065	62,661	15	31.9	146	0.8	116	8	17.0	86	0.9	31				
64 or younger	1	36	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
65-74	150	8,599	2	28.6	9	0.6	19	0	0.0	0	0.0	0				
75-84	524	30,585	8	36.4	86	0.7	113	6	27.3	69	0.7	29				
85 and older	390	23,441	5	29.4	51	1.0	137	2	11.8	17	1.5	35				
Unknown	15	1,091	2	100.0	10	0.4	46	0	0.0	0	0.0	0				

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

- a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 714 beneficiaries who were in nursing facilities for part of their enrollment and their 7,309 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.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}
 NONDUAL BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANALGESICS - Narcotic				
	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	672	63.2 %	7,163	0.8	\$49	595	55.9 %	6,367	0.7	\$35	555	52.2 %	5,825	0.6	\$37
Female	430	68.3	4,536	0.8	51	358	56.8	3,781	0.7	34	355	56.3	3,709	0.6	37
Disabled	342	69.4	3,654	0.8	52	290	58.8	3,147	0.7	34	287	58.2	3,076	0.6	41
64 or younger	305	70.3	3,292	0.8	53	257	59.2	2,809	0.7	35	247	56.9	2,661	0.7	41
65-74	26	63.4	230	0.8	46	23	56.1	220	0.6	30	30	73.2	296	0.5	51
75-84	11	73.3	132	0.8	43	10	66.7	118	0.7	23	10	66.7	119	0.4	18
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	88	64.2	882	0.8	45	68	49.6	634	0.7	34	68	49.6	633	0.6	19
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	13	76.5	118	0.9	45	9	52.9	76	0.6	34	11	64.7	111	0.4	18
75-84	43	75.4	432	0.8	50	25	43.9	259	0.7	38	34	59.6	309	0.7	19
85 and older	32	50.8	332	0.8	40	34	54.0	299	0.6	32	23	36.5	213	0.5	19
Male	241	55.8	2,621	0.8	46	237	54.9	2,586	0.7	36	200	46.3	2,116	0.5	36
Disabled	213	55.3	2,352	0.8	45	218	56.6	2,391	0.7	36	181	47.0	1,957	0.6	37
64 or younger	195	53.4	2,159	0.8	46	210	57.5	2,298	0.7	36	170	46.6	1,844	0.6	38
65-74	13	92.9	133	0.7	30	7	50.0	81	0.5	44	8	57.1	93	0.3	23
75-84	2	50.0	24	0.8	74	1	25.0	12	0.8	11	2	50.0	8	0.5	66
85 and older	3	150.0	36	0.4	17	0	0.0	0	0.0	0	1	50.0	12	0.4	4
Other Eligibles	28	59.6	269	0.9	48	19	40.4	195	0.8	35	19	40.4	159	0.4	13
64 or younger	1	100.0	1	1.0	36	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6	85.7	51	0.8	46	4	57.1	41	0.7	18	1	14.3	5	1.6	59
75-84	12	54.5	125	0.8	46	7	31.8	78	0.8	35	10	45.5	103	0.4	14
85 and older	9	52.9	92	1.0	53	8	47.1	76	0.9	45	8	47.1	51	0.3	6
Unknown	1	50.0	6	1.2	90	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 Alabama, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 714 beneficiaries who were in nursing facilities for part of their enrollment and their 7,309 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 ND10B

Nondual Beneficiaries

TABLE ND.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}
NONDUAL BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	407	38.3 %	4,323	0.9	\$47	451	42.4 %	4,753	0.8	\$27	126	11.8 %	1,393	0.8	\$79
Female	266	42.2	2,777	0.9	47	278	44.1	2,860	0.8	25	74	11.7	805	0.8	83
Disabled	230	46.7	2,487	0.9	49	223	45.2	2,360	0.8	24	57	11.6	625	0.8	86
64 or younger	204	47.0	2,203	0.9	49	189	43.5	1,995	0.8	26	47	10.8	505	0.8	88
65-74	18	43.9	189	1.0	59	23	56.1	233	0.7	14	6	14.6	72	0.6	67
75-84	7	46.7	83	0.7	24	8	53.3	96	0.9	25	3	20.0	36	0.9	75
85 and older	1	33.3	12	0.9	31	3	100.0	36	0.8	15	1	33.3	12	1.0	111
Other Eligibles	36	26.3	290	0.9	34	55	40.1	500	0.8	27	17	12.4	180	0.8	73
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1	5.9	12	1.0	62	6	35.3	57	0.6	28	1	5.9	9	1.8	124
75-84	22	38.6	175	1.0	38	26	45.6	236	0.8	32	8	14.0	84	0.8	74
85 and older	13	20.6	103	0.7	24	23	36.5	207	0.7	20	8	12.7	87	0.8	67
Male	141	32.6	1,546	0.9	45	173	40.0	1,893	0.9	29	52	12.0	588	0.8	74
Disabled	134	34.8	1,472	0.9	45	152	39.5	1,686	0.9	30	48	12.5	540	0.8	73
64 or younger	126	34.5	1,406	0.9	46	146	40.0	1,614	0.9	30	46	12.6	516	0.7	74
65-74	5	35.7	46	0.6	19	5	35.7	60	0.8	48	1	7.1	12	1.1	26
75-84	3	75.0	20	1.0	32	1	25.0	12	1.0	23	1	25.0	12	1.1	109
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	7	14.9	74	1.0	43	21	44.7	207	0.8	20	4	8.5	48	0.9	84
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	2	28.6	20	1.0	35	1	14.3	12	1.0	116
75-84	2	9.1	24	1.1	61	12	54.5	130	0.8	16	2	9.1	24	0.8	58
85 and older	5	29.4	50	1.0	33	7	41.2	57	0.8	23	1	5.9	12	0.9	106
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 714 beneficiaries who were in nursing facilities for part of their enrollment and their 7,309 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 ND10C

Nondual Beneficiaries

TABLE ND.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} NONDUAL BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				DERMATOLOGICAL							
	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-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	95	8.9 %	980	0.9	\$111	1,076	101.1 %	11,957	0.2	\$9	1,064	10,904
Female	59	9.4	606	0.9	119	649	103.0	7,236	0.2	8	630	6,455
Disabled	27	5.5	297	1.0	134	541	109.7	6,029	0.2	8	493	5,231
64 or younger	22	5.1	243	1.0	134	494	113.8	5,556	0.2	8	434	4,648
65-74	3	7.3	30	1.2	156	36	87.8	342	0.2	9	41	391
75-84	2	13.3	24	0.8	108	8	53.3	95	0.2	8	15	167
85 and older	0	0.0	0	0.0	0	3	100.0	36	0.1	1	3	25
Other Eligibles	32	23.4	309	0.9	105	108	78.8	1,207	0.2	7	137	1,224
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	5	29.4	47	0.6	80	13	76.5	156	0.1	5	17	138
75-84	12	21.1	109	0.8	109	38	66.7	417	0.2	8	57	553
85 and older	15	23.8	153	0.9	110	57	90.5	634	0.1	7	63	533
Male	36	8.3	374	0.7	97	425	98.4	4,711	0.3	10	432	4,438
Disabled	25	6.5	274	0.8	104	390	101.3	4,335	0.3	10	385	4,017
64 or younger	21	5.8	237	0.8	103	370	101.4	4,148	0.3	10	365	3,817
65-74	3	21.4	25	0.8	113	15	107.1	143	0.4	20	14	136
75-84	0	0.0	0	0.0	0	4	100.0	32	0.2	9	4	40
85 and older	1	50.0	12	0.8	111	1	50.0	12	0.1	1	2	24
Other Eligibles	11	23.4	100	0.6	79	35	74.5	376	0.2	5	47	421
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	3	42.9	29	0.7	91	6	85.7	61	0.1	3	7	55
75-84	4	18.2	40	0.5	70	18	81.8	214	0.2	6	22	226
85 and older	4	23.5	31	0.6	79	11	64.7	101	0.1	6	17	139
Unknown	0	0.0	0	0.0	0	2	100.0	10	0.2	7	2	11

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

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 714 beneficiaries who were in nursing facilities for part of their enrollment and their 7,309 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ALABAMA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of Total Number of Beneficiaries	
				Excluded Rx	Beneficiary			All Nondual Rx \$	5.6 %
All	255,057	36.1 %	1.2	839,058	\$24	\$17,175,831	\$20		706,542
Age									
5 and younger	100,844	53.8	1.5	279,252	27	5,008,664	18	10.2	187,610
6-14	72,386	37.1	0.8	165,345	21	4,031,152	24	6.0	194,971
15-20	26,340	27.2	0.6	62,438	16	1,593,982	26	5.3	96,728
21-44	31,761	17.2	0.7	136,205	16	2,934,729	22	4.3	185,131
45-64	22,850	56.8	4.7	187,273	87	3,489,399	19	3.9	40,260
65-74	497	54.0	5.0	4,564	79	72,784	16	4.0	920
75-84	238	47.7	5.2	2,585	62	30,937	12	4.0	499
85 and older	141	33.3	3.3	1,396	34	14,184	10	3.9	423
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	441	38.7	3.2	3,683	39	44,452	12	3.0	1,140
Disabled	53,598	49.2	3.2	346,297	82	8,882,078	26	4.7	108,889
Adults	18,013	11.6	0.3	48,876	5	769,837	16	4.4	155,340
Children	183,005	41.5	1.0	440,202	17	7,479,464	17	7.6	441,173
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	143,865	32.8	1.2	503,864	23	10,119,812	20	5.7	438,040
Male	109,185	41.7	1.3	330,785	27	6,992,250	21	5.4	261,905
Unknown	2,007	30.4	0.7	4,409	10	63,769	14	7.7	6,597
Race									
White	124,428	40.6	1.4	434,841	29	8,753,021	20	5.4	306,686
African American	114,372	31.6	0.9	336,905	19	6,854,258	20	5.8	361,783
Other/unknown	16,257	42.7	1.8	67,312	41	1,568,552	23	6.0	38,073
Use of Nursing Facilities^d									
Entire year	883	83.0	12.3	13,047	174	185,554	14	4.3	1,064
Part year	638	89.4	10.2	7,312	263	188,105	26	6.9	714
None	253,536	36.0	1.2	818,699	24	16,802,172	21	5.6	704,764
Maintenance Assistance Status									
Cash	88,841	44.2	2.2	438,894	51	10,319,451	24	4.8	201,204
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	156,797	42.0	1.0	375,676	17	6,383,650	17	7.8	372,904
Other/unknown	9,419	7.1	0.2	24,488	4	472,730	19	4.4	132,434

Table ND11

Nondual Beneficiaries

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

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

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

TABLE ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ALABAMA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$2	\$20	\$0	\$0	6,974,655
Age						
5 and younger	0.2	3	18	0	0	1,751,554
6-14	0.1	2	24	0	0	1,964,024
15-20	0.1	2	26	0	0	914,242
21-44	0.1	2	22	0	0	1,915,785
45-64	0.5	8	19	0	2	411,895
65-74	0.5	8	16	0	2	9,512
75-84	0.6	7	12	0	2	4,566
85 and older	0.5	5	10	0	1	3,077
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	5	12	0	1	8,986
Disabled	0.3	8	26	0	2	1,179,563
Adults	0.0	0	16	0	0	1,586,610
Children	0.1	2	17	0	0	4,199,496
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	2	20	0	0	4,371,149
Male	0.1	3	21	0	0	2,565,538
Unknown	0.1	2	14	0	0	37,968
Race						
White	0.1	3	20	0	0	2,963,593
African American	0.1	2	20	0	0	3,647,133
Other/unknown	0.2	4	23	0	1	363,929
Use of Nursing Facilities^d						
Entire year	1.2	17	14	1	5	10,904
Part year	1.0	26	26	0	5	7,309
None	0.1	2	21	0	0	6,956,442
Maintenance Assistance Status						
Cash	0.2	5	24	0	1	2,050,888
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	2	17	0	0	3,499,303
Other/unknown	0.0	0	19	0	0	1,424,464

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

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

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

TABLE ND.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
 ALABAMA, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	317,562	\$54	\$17,175,831	0	0.0	839,058	\$20	0	0.0
Anorexia or weight loss/gain	0	0	0	0	0.0	0	0	0	0.0
Fertility drugs	15	68	1,025	0	0.0	15	68	0	0.0
Drugs for cosmetic purposes	78	28	2,218	0	0.0	123	18	0	0.0
Cough and cold medications	214,327	41	8,687,786	50.6	50.6	489,023	18	18	58.3
Vitamins and minerals	14,639	93	1,359,087	7.9	7.9	73,771	18	18	8.8
Non-prescription drugs	58,483	49	2,846,410	16.6	16.6	128,222	22	22	15.3
Barbiturates	2,095	62	129,487	0.8	0.8	16,591	8	8	2.0
Benzodiazepines	18,261	119	2,167,780	12.6	12.6	105,104	21	21	12.5
Other Part D Excl Rx Drugs	9,664	205	1,982,038	11.5	11.5	26,209	76	76	3.1

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

- a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all non-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 ND11.
 - b. Includes OTC drugs as well as prescription drugs.
 - c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, ALABAMA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	706,571	1,148	108,907	155,342	441,174	6,975,565	9,090	1,179,779	1,586,969	4,199,727	0
Age											
5 and younger	187,610	0	7,015	0	180,595	1,751,554	0	75,691	0	1,675,863	0
6-14	194,971	0	18,199	0	176,772	1,964,029	0	209,123	0	1,754,906	0
15-20	96,729	2	12,609	713	83,405	914,475	6	140,232	7,627	766,610	0
21-44	185,135	89	32,996	151,648	402	1,916,165	702	356,311	1,556,804	2,348	0
45-64	40,268	199	37,093	2,976	0	411,991	1,640	387,838	22,513	0	0
65-74	926	151	772	3	0	9,602	1,318	8,265	19	0	0
75-84	506	335	170	1	0	4,641	2,827	1,809	5	0	0
85 and older	426	372	53	1	0	3,108	2,597	510	1	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	438,053	873	57,022	153,027	227,131	4,371,845	6,815	625,512	1,571,897	2,167,621	0
Male	261,921	271	51,883	2,315	207,452	2,565,752	2,248	554,243	15,072	1,994,189	0
Unknown	6,597	4	2	0	6,591	37,968	27	24	0	37,917	0
Race											
White	306,692	646	41,548	72,327	192,171	2,963,868	4,767	441,915	727,777	1,789,409	0
African American	361,801	385	54,745	79,587	227,084	3,647,483	3,150	609,043	825,736	2,209,554	0
Other/unknown	38,078	117	12,614	3,428	21,919	364,214	1,173	128,821	33,456	200,764	0
Use of Nursing Facilities^c											
Entire year	1,065	186	878	1	0	10,925	1,675	9,249	1	0	0
Part year	715	78	635	2	0	7,320	718	6,591	11	0	0
None	704,791	884	107,394	155,339	441,174	6,957,320	6,697	1,163,939	1,586,957	4,199,727	0
Maintenance Assistance Status											
Cash	201,229	338	107,962	28,147	64,782	2,051,387	3,598	1,170,875	237,691	639,223	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	372,906	296	57	16,830	355,723	3,499,479	2,400	144	135,244	3,361,691	0
Other/unknown	132,436	514	888	110,365	20,669	1,424,699	3,092	8,760	1,214,034	198,813	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	706,119	1,136	108,883	155,110	440,990	6,971,032	8,969	1,179,514	1,584,546	4,198,003	0
FFS part year, with Rx claims	390	4	4	215	167	3,917	39	44	2,258	1,576	0
FFS part year, no Rx claims	33	0	2	15	16	326	0	23	156	147	0
MC all year, with Rx claims	22	6	13	2	1	224	58	156	9	1	0
MC all year, no Rx claims	7	2	5	0	0	66	24	42	0	0	0

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

- a. Table A.1 includes the beneficiaries represented by Cell J 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.
- Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, ALABAMA, 2003

	Beneficiaries and			Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1	Included in Cell K of Table 1	Number of Beneficiaries	Number of Beneficiaries	Number of Benefit Months
All	706,571	6,975,565	706,542	6,974,655	910
Fee-for-service (FFS) all year	706,119	6,971,032	706,119	6,971,032	0
FFS part year, with Rx claims	390	3,917	390	3,364	553
FFS part year, with no Rx claims	33	326	33	259	67
Managed care (MC) all year, with Rx claims	22	224	0	0	224
MC all year, with no Rx claims	7	66	0	0	66

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

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

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