

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

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL BENEFICIARIES, ARKANSAS, 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
All	587,603	3,070	72,629	162,146	349,611	147	5,792,319	31,369	763,251	1,567,537	3,429,729	433					
Age																	
5 and younger	145,506	0	5,923	72	139,511	0	1,374,387	0	62,854	707	1,310,826	0					
6-14	172,382	0	11,910	181	160,290	1	1,764,353	0	131,653	1,382	1,631,317	1					
15-20	93,300	0	7,699	35,834	49,753	14	899,290	0	84,125	327,871	487,254	40					
21-44	143,073	0	21,401	121,544	28	100	1,426,097	0	227,212	1,198,353	235	297					
45-64	28,696	0	24,163	4,502	1	30	279,653	0	240,391	39,164	8	90					
65-74	1,755	735	1,010	8	0	2	17,878	6,812	11,036	25	0	5					
75-84	1,322	975	345	2	0	0	13,894	9,933	3,943	18	0	0					
85 and older	1,540	1,360	178	2	0	0	16,677	14,624	2,037	16	0	0					
Unknown	29	0	0	1	28	0	90	0	0	1	89	0					
Gender																	
Female	363,592	2,008	36,980	152,587	171,929	88	3,613,686	20,791	394,356	1,494,987	1,703,271	281					
Male	222,660	1,017	35,560	9,450	176,574	59	2,168,185	10,184	368,391	71,848	1,717,610	152					
Unknown	1,351	45	89	109	1,108	0	10,448	394	504	702	8,848	0					
Race																	
White	359,211	1,885	39,810	106,457	210,997	62	3,552,781	19,209	411,979	1,044,805	2,076,600	188					
African American	184,381	926	23,140	49,487	110,779	49	1,832,502	9,574	250,963	479,583	1,092,247	135					
Other/unknown	44,011	259	9,679	6,202	27,835	36	407,036	2,586	100,309	43,149	260,882	110					
Use of Nursing Facilities^c																	
Entire year	1,253	562	691	0	0	0	13,196	5,721	7,475	0	0	0					
Part year	562	142	418	1	1	0	5,381	1,297	4,066	8	10	0					
None	585,788	2,366	71,520	162,145	349,610	147	5,773,742	24,351	751,710	1,567,529	3,429,719	433					
Maintenance Assistance Status																	
Cash	118,854	1,290	63,659	20,791	32,967	147	1,213,912	14,912	692,208	181,420	324,939	433					
Medically needy	11,980	127	2,938	6,327	2,588	0	75,522	521	14,661	37,809	22,531	0					
Poverty-related	259,360	175	621	32,925	225,639	0	2,450,199	1,410	5,319	241,778	2,201,692	0					
Other/unknown	197,409	1,478	5,411	102,103	88,417	0	2,052,686	14,526	51,063	1,106,530	880,567	0					
Managed Care (MC) Status																	
Fee-for-service (FFS) all year	587,603	3,070	72,629	162,146	349,611	147	5,792,319	31,369	763,251	1,567,537	3,429,729	433					
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0					
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0					

Source: Data for this table are from the MAX 2003 file for Arkansas, 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, ARKANSAS, 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	57.6 %	5.7	\$329	\$57	\$2,226	14.8 %	587,603
Age							
5 and younger	71.9	5.2	205	39	2,272	9.0	145,506
6-14	62.7	4.9	307	62	1,623	18.9	172,382
15-20	53.5	4.6	289	63	2,206	13.1	93,300
21-44	37.8	4.5	284	64	1,902	14.9	143,073
45-64	68.6	21.4	1,349	63	6,477	20.8	28,696
65-74	53.7	21.4	1,117	52	7,081	15.8	1,755
75-84	46.5	22.7	1,166	51	8,874	13.1	1,322
85 and older	28.6	13.7	636	47	6,508	9.8	1,540
Unknown	6.9	0.4	11	27	127	8.7	29
Basis of Eligibility^e							
Aged	46.3	21.9	1,078	49	8,985	12.0	3,070
Disabled	73.0	18.1	1,468	81	8,775	16.7	72,629
Adults	34.4	2.6	105	39	884	11.8	162,146
Children	65.2	4.5	191	42	1,430	13.3	349,611
Unknown	2.0	0.1	4	33	53	8.0	147
Gender							
Female	53.4	5.5	281	51	1,865	15.0	363,592
Male	64.4	6.2	409	66	2,817	14.5	222,660
Unknown	51.0	4.6	218	47	2,106	10.4	1,351
Race							
White	59.4	6.2	358	58	2,222	16.1	359,211
African American	54.6	4.8	254	53	2,061	12.3	184,381
Other/unknown	55.3	5.8	405	70	2,952	13.7	44,011
Use of Nursing Facilities^f							
Entire year	98.3	72.2	4,208	58	39,860	10.6	1,253
Part year	96.3	50.4	3,071	61	31,072	9.9	562
None	57.4	5.6	318	57	2,118	15.0	585,788
Maintenance Assistance Status							
Cash	69.3	12.6	911	72	5,260	17.3	118,854
Medically needy	51.9	5.6	311	56	3,305	9.4	11,980
Poverty related	65.3	4.5	179	40	1,522	11.7	259,360
Other/unknown	40.6	3.3	178	53	1,259	14.2	197,409

Table ND3

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Arkansas, 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, ARKANSAS, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of		Number of Rx, Percentage with:						Mean \$, All Medicaid FFS ^d	Beneficiaries	Benefit Months
			All Medicaid	FFS ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10			
All	0.6	\$33	14.8 %	42.4 %	47.2 %	5.3 %	4.2 %	0.8 %	0.1 %	\$226	587,603	5,792,319	
Age													
5 and younger	0.6	22	9.0	28.1	64.1	5.6	2.0	0.2	0.0	241	145,506	1,374,387	
6-14	0.5	30	18.9	37.3	55.1	4.5	2.8	0.3	0.0	159	172,382	1,764,353	
15-20	0.5	30	13.1	46.5	45.9	4.5	2.7	0.4	0.0	229	93,300	899,290	
21-44	0.4	29	14.9	62.2	28.1	4.9	4.2	0.5	0.0	191	143,073	1,426,097	
45-64	2.2	138	20.8	31.4	20.3	13.0	27.1	7.7	0.5	665	28,696	279,653	
65-74	2.1	110	15.8	46.3	10.3	9.3	23.4	8.7	2.1	695	1,755	17,878	
75-84	2.2	111	13.1	53.5	8.5	6.1	17.0	11.8	3.1	844	1,322	13,894	
85 and older	1.3	59	9.8	71.4	3.3	3.2	12.1	8.4	1.6	601	1,540	16,677	
Unknown	0.1	4	8.7	93.1	6.9	0.0	0.0	0.0	0.0	41	29	90	
Basis of Eligibility^e													
Aged	2.1	106	12.0	53.7	7.1	6.5	17.9	11.9	3.0	879	3,070	31,369	
Disabled	1.7	140	16.7	27.0	33.7	13.2	20.8	5.1	0.4	835	72,629	763,251	
Adults	0.3	11	11.8	65.6	29.2	3.4	1.8	0.1	0.0	91	162,146	1,567,537	
Children	0.5	19	13.3	34.8	58.8	4.5	1.8	0.1	0.0	146	349,611	3,429,729	
Unknown	0.0	1	8.0	98.0	1.4	0.7	0.0	0.0	0.0	18	147	433	
Gender													
Female	0.6	28	15.0	46.6	43.6	4.9	4.1	0.8	0.1	188	363,592	3,613,686	
Male	0.6	42	14.5	35.6	53.2	6.0	4.5	0.7	0.1	289	222,660	2,168,185	
Unknown	0.6	28	10.4	49.0	42.4	3.8	2.7	1.9	0.1	272	1,351	10,448	
Race													
White	0.6	36	16.1	40.6	47.9	5.8	4.7	0.9	0.1	225	359,211	3,552,781	
African American	0.5	26	12.3	45.4	46.4	4.4	3.2	0.5	0.0	207	184,381	1,832,502	
Other/unknown	0.6	44	13.7	44.7	45.1	4.7	4.5	1.0	0.1	319	44,011	407,036	
Use of Nursing Facilities^f													
Entire year	6.9	400	10.6	1.7	5.0	6.5	29.0	40.2	17.6	3,785	1,253	13,196	
Part year	5.3	321	9.9	3.7	8.2	9.3	39.9	32.7	6.2	3,245	562	5,381	
None	0.6	32	15.0	42.6	47.3	5.3	4.1	0.7	0.0	215	585,788	5,773,742	
Maintenance Assistance Status													
Cash	1.2	89	17.3	30.7	42.4	10.4	13.4	2.9	0.2	515	118,854	1,213,912	
Medically needy	0.9	49	9.4	48.1	31.4	10.9	9.0	0.5	0.0	524	11,980	75,522	
Poverty related	0.5	19	11.7	34.7	58.8	4.7	1.8	0.1	0.0	161	259,360	2,450,199	
Other/unknown	0.3	17	14.2	59.4	35.8	2.7	1.7	0.4	0.1	121	197,409	2,052,686	

Table ND4

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Arkansas, 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, ARKANSAS, 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	0.6	\$33	\$57	0.3	\$26	\$98	0.0	\$1	\$39	0.3	\$6	\$21
Age												
5 and younger	0.6	22	39	0.2	17	69	0.0	1	28	0.3	4	15
6-14	0.5	30	62	0.3	24	95	0.0	1	50	0.2	5	24
15-20	0.5	30	63	0.2	24	111	0.0	1	47	0.2	5	20
21-44	0.4	29	64	0.2	22	119	0.0	1	41	0.2	5	22
45-64	2.2	138	63	1.0	107	111	0.1	3	38	1.2	29	25
65-74	2.1	110	52	0.9	82	93	0.1	3	35	1.1	25	22
75-84	2.2	111	51	0.9	83	90	0.1	3	28	1.1	24	21
85 and older	1.3	59	47	0.5	43	87	0.1	1	24	0.7	14	20
Unknown	0.1	4	27	0.1	3	42	0.0	0	11	0.1	1	12
Basis of Eligibility^d												
Aged	2.1	106	49	0.9	79	89	0.1	2	27	1.2	24	21
Disabled	1.7	140	81	0.8	114	142	0.1	4	54	0.8	22	26
Adults	0.3	11	39	0.1	8	69	0.0	0	33	0.2	3	18
Children	0.5	19	42	0.2	15	69	0.0	1	31	0.2	4	17
Unknown	0.0	1	33	0.0	1	39	0.0	0	35	0.0	0	19
Gender												
Female	0.6	28	51	0.2	22	89	0.0	1	37	0.3	6	20
Male	0.6	42	66	0.3	34	111	0.0	1	43	0.3	7	22
Unknown	0.6	28	47	0.3	21	76	0.0	1	36	0.3	6	21
Race												
White	0.6	36	58	0.3	29	98	0.0	1	41	0.3	7	21
African American	0.5	26	53	0.2	20	93	0.0	1	34	0.2	5	20
Other/unknown	0.6	44	70	0.3	35	122	0.0	1	44	0.3	7	24
Use of Nursing Facilities^e												
Entire year	6.9	400	58	2.7	304	111	0.3	9	30	3.8	87	23
Part year	5.3	321	61	2.1	249	119	0.2	8	35	2.9	64	22
None	0.6	32	57	0.3	25	98	0.0	1	40	0.3	6	21
Maintenance Assistance Status												
Cash	1.2	89	72	0.6	71	129	0.0	2	47	0.6	15	25
Medically needy	0.9	49	56	0.4	38	105	0.0	1	34	0.5	11	21
Poverty related	0.5	19	40	0.2	14	67	0.0	1	30	0.2	4	17
Other/unknown	0.3	17	53	0.2	14	84	0.0	1	42	0.1	3	20

Source: Data for this table are from the MAX 2003 file for Arkansas, 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 Arkansas, 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, ARKANSAS, 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	0.2	0.1	0.0	0.1	\$10	\$8	\$0	\$2	\$43	\$67	\$65	\$20	610,077	\$26,348,330	238,358	40.6 %	2,582,603
Biologicals	0.3	0.3	0.0	0.0	398	363	7	29	1152	1,097	1,115	3,203	4,166	4,798,276	1,257	0.2	12,048
Antineoplastic Agents	0.5	0.2	0.0	0.2	125	109	2	14	257	496	128	57	7,186	1,846,730	1,411	0.2	14,724
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.1	18	15	1	2	51	71	32	22	294,557	15,036,052	74,998	12.8	819,604
Cardiovascular Agents	0.9	0.3	0.0	0.5	31	22	0	9	37	64	24	18	276,390	10,158,705	29,923	5.1	323,347
Respiratory Agents	0.3	0.2	0.0	0.1	15	11	1	3	43	70	23	17	629,868	27,363,084	173,004	29.4	1,886,469
Gastrointestinal Agents	0.3	0.1	0.0	0.2	20	15	1	5	62	108	204	24	121,418	7,499,357	34,431	5.9	371,144
Genitourinary Agents	0.2	0.1	0.0	0.1	10	9	0	1	49	60	30	19	34,141	1,666,725	15,963	2.7	169,696
CNS Drugs	0.6	0.3	0.0	0.3	51	44	0	6	90	147	84	24	408,321	36,654,729	65,973	11.2	717,761
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.1	45	40	1	5	80	89	53	44	152,662	12,144,298	24,350	4.1	270,910
Miscellaneous Psychological/Neurological Agents	0.6	0.4	0.0	0.1	93	90	0	3	168	213	0	24	3,844	644,524	633	0.1	6,922
Analgesics and Anesthetics	0.3	0.0	0.0	0.2	10	6	0	4	37	150	45	16	299,996	11,055,843	103,525	17.6	1,119,708
Neuromuscular Agents	0.5	0.2	0.0	0.2	43	34	2	7	82	138	51	28	185,129	15,201,370	32,435	5.5	356,304
Nutritional Products	0.3	0.0	0.0	0.2	4	0	0	3	15	17	12	16	54,080	833,468	20,140	3.4	208,362
Hematological Agents	0.5	0.2	0.0	0.3	212	189	1	22	407	988	21	74	28,982	11,789,615	5,274	0.9	55,733
Topical Products	0.2	0.1	0.0	0.1	7	4	0	2	36	61	35	19	229,242	8,362,035	113,609	19.3	1,244,100
Miscellaneous Products	0.1	0.1	0.0	0.0	14	10	2	2	97	103	282	51	14,459	1,396,588	9,400	1.6	102,719
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	3	0	0	0	28	0	0	0	23,568	659,925	17,797	3.0	196,519
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.	3,378,086	193,459,654	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Arkansas, 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 Arkansas, 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, ARKANSAS, 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	\$21,656,573	19,752	3.4 %	222,256	0.5	\$213
ANTIASTHMATIC	13,678,998	84,774	14.4	938,492	0.2	61
ANTICONVULSANT	12,989,534	20,232	3.4	224,550	0.6	102
ANTIDEPRESSANTS	12,481,858	46,517	7.9	506,705	0.4	64
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	12,144,298	31,737	5.4	356,692	0.4	80
MISC. HEMATOLOGICAL	9,771,699	1,910	0.3	20,267	0.5	931
ANTIHISTAMINES	6,582,337	94,732	16.1	1,059,878	0.2	38
ANALGESICS - Narcotic	6,154,708	103,160	17.6	1,115,241	0.2	30
CEPHALOSPORINS	5,847,950	100,970	17.2	1,124,792	0.1	44
PENICILLINS	5,506,109	155,021	26.4	1,713,630	0.1	25
Total	106,814,064	658,805		7,282,503	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Arkansas, 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, ARKANSAS, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTI-PSYCHOTICS					ANTI-ASTHMATIC						
	Number of Rx	Rx \$	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,537,703	\$106,814,064	19,752	3.4 %	222,256	0.5	\$97	84,774	14.4 %	938,492	0.2	\$15					
Female	815,279	49,381,629	9,685	2.7	109,054	0.4	92	40,637	11.2	450,482	0.2	14					
Disabled	313,369	26,975,287	6,740	18.2	77,591	0.5	107	9,771	26.4	111,807	0.3	22					
5 and younger	13,512	750,937	38	1.6	435	0.4	59	1,179	51.1	13,643	0.3	16					
6-14	33,862	2,721,641	558	13.9	6,542	0.4	78	1,172	29.2	13,691	0.3	23					
15-20	22,726	2,060,985	545	18.2	6,382	0.4	90	565	18.8	6,584	0.3	22					
21-44	101,716	9,565,947	2,866	24.5	33,030	0.4	106	2,371	20.2	27,428	0.3	18					
45-64	137,969	11,594,798	2,655	17.8	30,332	0.5	118	4,373	29.3	49,206	0.4	25					
65-74	3,003	237,654	65	10.0	715	0.6	129	98	15.1	1,111	0.4	27					
75-84	562	42,686	12	5.0	144	0.5	103	12	5.0	142	0.2	5					
85 and older	19	639	1	0.8	11	0.1	1	1	0.8	2	0.5	67					
Other Eligibles	501,910	22,406,342	2,945	0.9	31,463	0.3	54	30,866	9.5	338,675	0.2	12					
5 and younger	132,057	4,630,818	68	0.1	767	0.3	60	12,273	18.2	134,520	0.2	9					
6-14	166,706	8,657,445	910	1.1	10,243	0.4	58	10,949	13.8	123,428	0.2	15					
15-20	87,128	3,913,955	784	1.4	8,628	0.3	48	4,107	7.5	45,167	0.2	12					
21-44	97,852	4,017,738	891	0.8	8,866	0.2	42	3,034	2.6	30,256	0.2	10					
45-64	7,081	387,269	56	1.5	519	0.3	62	248	6.5	2,489	0.3	18					
65-74	2,788	199,231	50	11.9	501	0.8	115	93	22.2	1,061	0.4	28					
75-84	4,624	349,589	101	16.5	1,065	0.7	94	103	16.8	1,118	0.5	32					
85 and older	3,674	250,297	85	8.6	874	0.7	93	59	6.0	636	0.4	25					
Male	719,771	57,291,530	10,039	4.5	112,936	0.5	103	43,951	19.7	486,118	0.2	15					
Disabled	260,196	32,607,961	6,692	18.8	76,754	0.5	121	8,051	22.6	92,113	0.3	22					
5 and younger	21,764	2,072,566	131	3.6	1,521	0.4	71	1,965	54.4	22,791	0.3	17					
6-14	80,816	10,607,407	1,816	23.0	21,154	0.5	92	2,536	32.1	29,678	0.3	23					
15-20	37,181	6,384,597	1,128	24.0	13,099	0.5	112	921	19.6	10,742	0.3	21					
21-44	60,364	8,179,294	2,315	23.9	26,239	0.5	141	847	8.8	9,749	0.3	17					
45-64	58,418	5,229,978	1,258	13.7	14,233	0.6	138	1,722	18.8	18,472	0.4	29					
65-74	1,475	121,216	35	9.8	400	0.7	124	53	14.8	597	0.5	52					
75-84	178	12,903	9	8.5	108	0.4	62	7	6.6	84	0.5	26					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	459,571	24,683,376	3,347	1.8	36,182	0.4	66	35,898	19.2	393,981	0.2	13					
5 and younger	159,948	6,109,825	201	0.3	2,265	0.3	55	17,477	24.4	189,313	0.2	10					
6-14	227,682	14,025,626	2,002	2.5	22,283	0.4	65	14,810	18.4	165,641	0.2	16					
15-20	57,863	3,594,947	881	2.9	9,179	0.3	66	3,201	10.5	35,323	0.2	15					
21-44	6,624	412,229	104	3.6	894	0.3	80	145	5.0	1,215	0.2	13					
45-64	1,824	113,422	19	2.7	162	0.3	46	71	9.9	627	0.3	19					
65-74	2,385	183,414	52	16.8	538	0.7	113	62	20.0	616	0.4	21					
75-84	2,031	152,016	52	15.0	518	0.5	89	97	28.0	923	0.5	30					
85 and older	1,214	91,897	36	9.9	343	0.7	103	35	9.6	323	0.4	21					
Unknown	2,657	141,098	28	2.0	266	0.6	94	188	13.6	1,916	0.2	13					

Source: Data for this table are from the MAX 2003 file for Arkansas, 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, ARKANSAS, 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 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	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	Mean of Rx per Benefit Month
All	20,232	3.4 %	224,550	0.6	\$58	46,517	7.9 %	506,705	0.4	\$25	31,737	5.4 %	356,692	0.4	\$34
Female	11,454	3.2	126,887	0.5	56	30,965	8.5	335,080	0.4	25	8,760	2.4	99,215	0.4	33
Disabled	7,639	20.7	87,084	0.6	64	13,992	37.8	158,953	0.4	31	1,827	4.9	21,291	0.5	38
5 and younger	257	11.1	2,984	0.7	81	31	3.72	372	0.4	14	101	4.4	1,140	0.3	25
6-14	778	19.4	9,079	0.8	92	727	18.1	8,400	0.4	24	1,117	27.8	13,083	0.5	38
15-20	608	20.3	7,067	0.7	78	969	32.3	11,274	0.4	27	320	10.7	3,752	0.5	39
21-44	2,990	25.5	34,003	0.6	65	5,618	48.0	64,148	0.4	30	176	1.5	2,035	0.4	40
45-64	2,935	19.7	33,147	0.6	51	6,538	43.8	73,523	0.5	33	113	0.8	1,281	0.4	47
65-74	58	9.0	648	0.7	51	99	15.3	1,116	0.6	31	0	0.0	0	0.0	0
75-84	12	5.0	144	1.2	79	10	4.2	120	0.9	59	0	0.0	0	0.0	0
85 and older	1	0.8	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	3,815	1.2	39,803	0.4	39	16,973	5.2	176,127	0.3	20	6,933	2.1	77,924	0.4	32
5 and younger	223	0.3	2,388	0.4	35	154	0.2	1,748	0.3	12	368	0.5	4,133	0.3	22
6-14	821	1.0	9,259	0.5	48	3,369	4.2	37,917	0.3	18	5,558	7.0	62,917	0.4	32
15-20	833	1.5	9,014	0.4	44	5,005	9.1	54,144	0.3	19	810	1.5	8,942	0.4	31
21-44	1,599	1.3	15,825	0.3	30	7,469	6.3	72,765	0.3	20	184	0.2	1,816	0.4	42
45-64	155	4.1	1,399	0.4	43	574	15.1	5,350	0.4	26	11	0.3	101	0.4	40
65-74	56	13.4	580	0.7	50	102	24.3	1,108	0.5	35	0	0.0	0	0.0	0
75-84	74	12.1	811	0.7	41	161	26.3	1,685	0.7	45	0	0.0	0	0.0	0
85 and older	54	5.5	527	0.8	48	139	14.1	1,410	0.7	43	2	0.2	15	1.0	30
Male	8,753	3.9	97,405	0.6	60	15,490	7.0	171,059	0.4	24	22,929	10.3	257,033	0.4	34
Disabled	6,259	17.6	71,094	0.7	68	7,511	21.1	84,901	0.5	29	5,596	15.7	64,970	0.5	39
5 and younger	361	10.0	4,195	0.6	65	97	2.7	1,157	0.4	15	387	10.7	4,486	0.3	23
6-14	1,528	19.4	17,724	0.7	67	1,813	23.0	21,038	0.5	26	4,096	51.9	47,504	0.5	40
15-20	950	20.2	11,010	0.7	87	1,300	27.7	15,062	0.5	29	929	19.8	10,826	0.4	39
21-44	2,041	21.1	23,090	0.7	72	2,266	23.4	25,379	0.4	31	144	1.5	1,694	0.5	45
45-64	1,353	14.8	14,782	0.6	50	2,003	21.9	21,903	0.5	30	40	0.4	460	0.6	59
65-74	26	7.3	293	0.6	40	28	7.8	314	0.6	31	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	4	3.8	48	0.8	51	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2,494	1.3	26,311	0.4	39	7,979	4.3	86,158	0.4	20	17,333	9.3	192,063	0.4	33
5 and younger	329	0.5	3,589	0.4	34	221	0.3	2,455	0.2	10	924	1.3	10,282	0.3	22
6-14	1,175	1.5	12,957	0.4	39	4,390	5.4	49,193	0.4	19	14,335	17.8	158,996	0.4	34
15-20	621	2.0	6,453	0.4	42	2,596	8.6	27,524	0.3	21	2,050	6.8	22,555	0.4	34
21-44	220	7.6	1,906	0.4	37	460	15.9	4,079	0.3	22	19	0.7	177	0.3	40
45-64	47	6.6	384	0.5	39	130	18.2	1,043	0.4	23	2	0.3	17	0.5	47
65-74	52	16.8	522	0.8	55	76	24.5	805	0.7	38	2	0.6	24	0.5	39
75-84	36	10.4	363	0.8	52	69	19.9	726	0.6	36	1	0.3	12	0.1	2
85 and older	14	3.8	137	0.7	27	37	10.1	333	0.8	45	0	0.0	0	0.0	0
Unknown	25	1.8	258	0.5	29	62	4.5	566	0.5	34	48	3.5	444	0.4	32

Table ND7B

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Arkansas, 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(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, ARKANSAS, 2003

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIHISTAMINES					ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	1,910	0.3 %	20,267	0.5	\$482	94,732	16.1 %	1,059,878	0.2	\$6	103,160	17.6 %	1,115,241	0.2	\$6
Female	1,147	0.3	12,370	0.5	67	50,931	14.0	568,082	0.2	6	71,312	19.6	764,063	0.2	6
Disabled	924	2.5	10,268	0.5	64	6,323	17.1	73,160	0.2	8	19,104	51.7	217,701	0.3	13
5 and younger	1	0.0	12	0.8	8	961	41.6	11,291	0.2	6	318	13.8	3,755	0.1	2
6-14	2	0.0	24	0.3	8	1,220	30.4	14,300	0.2	10	687	17.1	8,063	0.1	2
15-20	1	0.0	12	0.3	11,164	788	26.3	9,198	0.2	10	1,065	35.5	12,454	0.2	3
21-44	108	0.9	1,197	0.4	45	1,678	14.3	19,416	0.2	7	7,816	66.7	89,919	0.3	11
45-64	773	5.2	8,583	0.5	52	1,637	11.0	18,507	0.2	9	8,995	60.2	100,992	0.3	18
65-74	31	4.8	346	0.6	62	34	5.3	388	0.2	6	190	29.4	2,127	0.3	10
75-84	8	3.3	94	0.7	68	5	2.1	60	0.1	2	32	13.4	379	0.3	4
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	0.8	12	1.0	28
Other Eligibles	223	0.1	2,102	0.6	79	44,608	13.7	494,922	0.2	6	52,208	16.0	546,362	0.1	2
5 and younger	3	0.0	36	0.2	302	16,850	24.9	187,691	0.1	4	4,735	7.0	53,566	0.1	1
6-14	0	0.0	0	0.0	0	16,096	20.3	183,340	0.2	8	9,041	11.4	102,856	0.1	1
15-20	0	0.0	0	0.0	0	7,025	12.8	77,414	0.2	6	13,548	24.6	146,020	0.1	2
21-44	45	0.0	347	0.3	129	4,373	3.7	43,792	0.2	4	23,470	19.8	230,033	0.2	3
45-64	36	0.9	305	0.4	34	124	3.3	1,207	0.2	6	942	24.8	8,915	0.3	8
65-74	33	7.9	314	0.6	55	23	5.5	248	0.2	8	145	34.6	1,542	0.4	14
75-84	60	9.8	653	0.7	76	57	9.3	602	0.2	5	190	31.0	2,042	0.4	21
85 and older	46	4.7	447	0.8	74	60	6.1	628	0.2	9	137	13.9	1,388	0.5	14
Male	750	0.3	7,779	0.5	1,149	43,602	19.6	489,680	0.2	7	31,685	14.2	349,626	0.2	6
Disabled	579	1.6	6,191	0.5	1,377	5,686	16.0	66,142	0.2	9	10,089	28.4	112,393	0.3	14
5 and younger	9	0.2	108	0.8	7,712	1,491	41.3	17,480	0.2	6	563	15.6	6,644	0.1	1
6-14	23	0.3	266	1.3	14,040	2,279	28.9	26,729	0.3	12	1,031	13.1	12,155	0.1	2
15-20	15	0.3	172	1.3	15,192	855	18.2	10,038	0.2	12	1,085	23.1	12,605	0.1	3
21-44	66	0.7	736	0.4	1,491	612	6.3	7,032	0.2	8	3,452	35.7	38,564	0.3	13
45-64	445	4.9	4,684	0.5	51	435	4.7	4,701	0.2	9	3,878	42.3	41,515	0.4	23
65-74	18	5.0	198	0.4	36	13	3.6	150	0.1	3	72	20.1	814	0.4	12
75-84	3	2.8	27	0.1	16	1	0.9	12	0.3	22	8	7.5	96	0.4	7
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	171	0.1	1,588	0.5	262	37,916	20.3	423,538	0.2	6	21,596	11.5	237,233	0.1	2
5 and younger	8	0.0	78	0.3	747	18,615	26.0	206,152	0.1	4	5,584	7.8	62,468	0.1	1
6-14	7	0.0	69	0.5	1,999	15,782	19.6	178,836	0.2	8	8,606	10.7	97,791	0.1	1
15-20	7	0.0	67	0.3	2,082	3,360	11.1	36,987	0.2	8	5,744	18.9	62,498	0.1	1
21-44	28	1.0	217	0.3	66	89	3.1	844	0.2	7	1,164	40.2	9,818	0.3	13
45-64	30	4.2	221	0.5	52	24	3.4	206	0.3	10	242	33.8	2,003	0.4	19
65-74	39	12.6	396	0.6	61	12	3.9	140	0.5	11	94	30.3	1,021	0.4	19
75-84	24	6.9	248	0.5	48	18	5.2	216	0.2	6	106	30.5	1,113	0.3	13
85 and older	28	7.7	292	0.7	63	16	4.4	157	0.3	6	56	15.3	521	0.3	12
Unknown	13	0.9	118	0.7	74	199	14.4	2,116	0.2	6	163	11.8	1,552	0.2	4

Table ND7C

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Arkansas, 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.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.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, ARKANSAS, 2003

Beneficiary Characteristics	CEPHALOSPORINS				PENICILLINS				Number of Beneficiaries	Mean Benefit per Rx per Month	Number of Beneficiaries	Mean Benefit per Rx per Month
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean Benefit per Rx per Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean Benefit per Rx per Month				
All	100,970	17.2 %	1,124,792	0.1	\$5	155,021	26.4 %	1,713,630	0.1	\$3	587,603	5,792,319
Female	54,995	15.1	610,428	0.1	5	83,386	22.9	921,641	0.1	3	363,579	3,613,650
Disabled	7,940	21.5	92,363	0.1	5	8,976	24.3	104,898	0.1	4	36,980	394,356
5 and younger	1,198	51.9	14,023	0.1	6	1,518	65.8	17,648	0.2	4	2,308	24,521
6-14	1,217	30.3	14,306	0.1	8	1,685	42.0	19,799	0.1	4	4,014	44,602
15-20	685	22.8	8,125	0.1	5	1,009	33.6	11,825	0.1	3	3,001	33,206
21-44	2,388	20.4	27,770	0.1	3	2,561	21.9	29,975	0.1	3	11,712	127,414
45-64	2,385	16.0	27,351	0.1	4	2,149	14.4	25,006	0.1	3	14,931	153,217
65-74	54	8.3	634	0.1	5	49	7.6	587	0.1	2	647	7,169
75-84	11	4.6	131	0.1	5	4	1.7	46	0.1	3	239	2,766
85 and older	2	1.6	23	0.1	2	1	0.8	12	0.1	8	128	1,461
Other Eligibles	47,055	14.4	518,065	0.1	5	74,410	22.8	816,743	0.1	3	326,599	3,219,294
5 and younger	19,953	29.5	220,908	0.1	6	32,546	48.2	355,147	0.1	3	67,592	640,053
6-14	13,987	17.6	159,528	0.1	5	24,168	30.4	274,098	0.1	3	79,382	814,313
15-20	6,597	12.0	72,396	0.1	4	9,645	17.5	106,099	0.1	3	55,086	528,554
21-44	6,055	5.1	60,414	0.1	3	7,663	6.5	77,397	0.1	3	118,718	1,180,504
45-64	226	5.9	2,214	0.1	4	273	7.2	2,752	0.1	3	3,804	35,029
65-74	54	12.9	571	0.1	6	34	8.1	363	0.1	2	419	3,941
75-84	98	16.0	1,126	0.1	8	42	6.9	458	0.1	4	612	6,260
85 and older	85	8.6	908	0.1	7	39	4.0	429	0.1	3	986	10,640
Male	45,776	20.6	512,333	0.1	6	71,317	32.0	788,859	0.1	3	222,644	2,168,131
Disabled	6,481	18.2	75,575	0.1	6	8,104	22.8	94,261	0.1	4	35,560	368,391
5 and younger	1,660	46.0	19,434	0.1	7	2,224	61.6	25,805	0.2	5	3,612	38,308
6-14	1,950	24.7	23,025	0.1	7	2,621	33.2	30,804	0.1	4	7,896	87,051
15-20	820	17.5	9,636	0.1	6	1,140	24.3	13,360	0.1	4	4,698	50,919
21-44	1,100	11.4	12,730	0.1	5	1,259	13.0	14,605	0.1	4	9,679	99,751
45-64	918	10.0	10,354	0.1	4	831	9.1	9,347	0.1	4	9,163	86,808
65-74	32	8.9	384	0.1	4	24	6.7	280	0.1	3	358	3,821
75-84	1	0.9	12	0.2	3	5	4.7	60	0.1	4	106	1,177
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	48	556
Other Eligibles	39,295	21.0	436,758	0.1	5	63,212	33.8	694,586	0.1	3	187,084	1,799,740
5 and younger	22,052	30.8	242,843	0.1	6	35,540	49.7	384,025	0.1	3	71,518	667,686
6-14	13,199	16.4	150,041	0.1	5	22,090	27.4	249,756	0.1	3	80,589	814,387
15-20	3,636	12.0	40,024	0.1	4	5,216	17.2	57,252	0.1	3	30,347	285,333
21-44	226	7.8	1,999	0.1	4	233	8.1	2,177	0.1	4	2,893	17,973
45-64	44	6.2	401	0.2	4	49	6.9	453	0.1	5	715	4,163
65-74	44	14.2	473	0.1	5	28	9.0	300	0.1	5	310	2,780
75-84	46	13.3	496	0.1	8	39	11.2	454	0.1	5	347	3,516
85 and older	48	13.2	481	0.1	10	17	4.7	169	0.1	5	365	3,902
Unknown	199	14.4	2,031	0.1	6	319	23.1	3,142	0.1	4	1,380	10,538

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Arkansas, 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, ARKANSAS, 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
All	\$400	6.9	1,253	13,196
Age				
0-64	466	7.2	637	6,863
65-74	382	6.8	151	1,601
75-84	350	6.9	214	2,261
85 and older	271	5.8	251	2,471
Unknown	0	0.0	0	0
Gender				
Female	416	7.2	739	7,854
Male	379	6.3	495	5,175
Unknown	286	5.5	19	167
Race				
White	406	7.1	865	9,107
African American	379	6.3	352	3,689
Other/unknown	458	7.2	36	400
Basis of Eligibility^c				
Aged	322	6.5	562	5,721
Disabled	459	7.1	691	7,475
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for Arkansas, 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 562 beneficiaries who were in nursing facilities for part of their enrollment and their 5,381 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, ARKANSAS, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months			
	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic			
Anti-infective Agents	0.4	0.2	0.0	0.2	\$25	\$20	\$0	\$5	\$66	\$107	\$54	\$25	3,623	\$238,870	885	70.6 %	9,607
Biologicals	1.2	0.0	0.0	1.2	###	0	0	###	2935	0	0	###	14	41,087	1	0.1	12
Antineoplastic Agents	0.5	0.1	0.0	0.4	83	36	1	46	169	481	141	112	665	112,217	128	10.2	1,350
Endocrine/Metabolic Drugs	1.2	0.6	0.1	0.4	57	47	3	7	48	72	19	18	7,315	348,941	568	45.3	6,138
Cardiovascular Agents	2.0	0.5	0.1	1.4	56	33	2	22	28	61	19	16	18,629	525,463	877	70.0	9,312
Respiratory Agents	0.6	0.3	0.0	0.3	27	20	1	7	48	75	49	24	3,236	155,010	524	41.8	5,653
Gastrointestinal Agents	1.1	0.2	0.0	0.8	39	22	0	17	36	93	28	20	7,839	285,952	684	54.6	7,313
Genitourinary Agents	0.7	0.4	0.0	0.3	45	38	0	6	64	85	35	26	2,137	136,478	276	22.0	3,052
CNS Drugs	1.8	1.0	0.0	0.7	176	154	2	21	97	149	66	28	18,787	1,831,019	961	76.7	10,387
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	35	31	0	4	65	93	0	21	49	3,175	9	0.7	90
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	116	116	0	0	137	137	0	0	1,462	200,593	157	12.5	1,734
Analgesics and Anesthetics	0.9	0.2	0.0	0.6	41	32	0	9	48	135	38	15	5,779	275,482	636	50.8	6,757
Neuromuscular Agents	1.4	0.6	0.1	0.7	95	66	5	25	68	116	48	34	9,663	658,020	624	49.8	6,907
Nutritional Products	0.8	0.0	0.0	0.8	14	0	0	14	18	21	19	18	3,348	61,289	401	32.0	4,275
Hematological Agents	1.1	0.3	0.1	0.6	63	55	1	8	60	158	7	14	4,456	265,883	392	31.3	4,194
Topical Products	0.4	0.2	0.0	0.2	17	12	2	4	40	58	51	19	3,108	124,781	666	53.2	7,309
Miscellaneous Products	0.3	0.1	0.0	0.2	6	1	0	5	24	22	0	25	146	3,540	54	4.3	584
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	34	0	0	0	159	5,342	50	4.0	568
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.	90,415	5,273,142	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Arkansas, 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 562 beneficiaries who were in nursing facilities for part of their enrollment and their 5,381 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.medisp.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

In Arkansas, 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, ARKANSAS, 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	\$1,298,180	811	64.7 %	9,218	0.8	\$171	\$141
ANTIPSYCHOTICS							
ANTICONVULSANT	526,438	664	53.0	7,417	1.0	74	71
ANTIDEPRESSANTS	445,595	802	64.0	8,656	0.8	62	51
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	200,593	158	12.6	1,746	0.8	137	115
ANTIDIABETIC	193,703	379	30.2	4,059	0.8	60	48
ULCER DRUGS	184,410	728	58.1	7,910	0.7	34	23
ANALGESICS - Narcotic	152,897	651	52.0	6,845	0.5	45	22
ANTHYPERTENSIVE	149,896	531	42.4	5,551	0.8	34	27
MISC. HEMATOLOGICAL	149,573	175	14.0	1,892	0.8	100	79
ANTINEOPLASTICS	112,217	128	10.2	1,350	0.5	169	83
Total	3,413,502	5,027		54,644	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Arkansas, 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 562 beneficiaries who were in nursing facilities for part of their enrollment and their 5,381 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, ARKANSAS, 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	42,071	\$3,413,502	811	64.7 %	9,218	0.8	\$141	664	53.0 %	7,417	1.0	\$71				
Female	26,026	2,122,105	495	67.0	5,594	0.8	142	413	55.9	4,594	0.9	74				
Disabled	15,462	1,401,650	328	85.4	3,831	0.9	157	297	77.3	3,375	1.0	81				
64 or younger	14,079	1,290,542	301	86.2	3,516	0.9	157	264	75.6	2,999	1.0	83				
65-74	889	75,576	20	87.0	231	0.8	170	22	95.7	244	0.9	61				
75-84	494	35,532	7	70.0	84	0.6	122	11	110.0	132	1.2	76				
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
Other Eligibles	10,564	720,455	167	47.0	1,763	0.8	109	116	32.7	1,219	0.9	54				
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
65-74	1,852	129,296	33	64.7	344	0.9	131	29	56.9	295	1.0	67				
75-84	4,409	311,187	65	49.2	713	0.8	113	42	31.8	472	0.9	49				
85 and older	4,303	279,972	69	40.1	706	0.7	94	45	26.2	452	0.8	51				
Male	15,571	1,260,024	310	62.6	3,553	0.8	139	248	50.1	2,787	1.0	67				
Disabled	10,388	866,738	210	69.3	2,461	0.8	150	195	64.4	2,204	1.0	68				
64 or younger	9,949	821,411	193	67.7	2,257	0.8	153	187	65.6	2,108	1.0	68				
65-74	362	38,777	12	85.7	144	0.9	142	8	57.1	96	0.9	73				
75-84	77	6,550	5	125.0	60	0.6	79	0	0.0	0	0.0	0				
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
Other Eligibles	5,183	393,286	100	52.1	1,092	0.7	114	53	27.6	583	1.0	60				
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
65-74	2,037	164,537	40	67.8	459	0.7	121	28	47.5	305	1.0	70				
75-84	1,805	132,242	33	53.2	368	0.6	96	18	29.0	200	1.0	57				
85 and older	1,341	96,507	27	38.0	265	0.9	128	7	9.9	78	0.8	31				
Unknown	474	31,373	6	31.6	71	0.8	152	3	15.8	36	0.7	18				

Source: Data for this table are from the MAX 2003 file for Arkansas, 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 562 beneficiaries who were in nursing facilities for part of their enrollment and their 5,381 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.medispain.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, ARKANSAS, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	
All	802	64.0 %	8,656	0.8	158	12.6 %	1,746	0.8	379	30.2 %	4,059	0.8	\$48
Female													
Disabled	507	68.6	5,489	0.8	98	13.3	1,086	0.8	243	32.9	2,598	0.8	48
64 or younger	272	70.8	3,035	0.9	28	7.3	315	0.7	155	40.4	1,735	0.8	50
65-74	253	72.5	2,813	0.9	23	6.6	255	0.8	142	40.7	1,579	0.8	50
75-84	14	60.9	162	0.9	4	17.4	48	0.3	5	21.7	60	0.9	35
85 and older	5	50.0	60	1.0	1	10.0	12	0.3	8	80.0	96	1.0	55
Other Eligibles	235	66.2	2,454	0.8	70	19.7	771	0.9	88	24.8	863	0.8	45
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
65-74	34	66.7	371	0.8	6	11.8	62	1.0	14	27.5	117	0.9	63
75-84	96	72.7	1,010	0.8	32	24.2	346	0.8	41	31.1	418	0.7	44
85 and older	105	61.0	1,073	0.8	32	18.6	363	0.9	33	19.2	328	0.8	41
Male													
Disabled	284	57.4	3,063	0.8	54	10.9	605	0.9	133	26.9	1,442	0.8	48
64 or younger	187	61.7	2,034	0.8	21	6.9	232	0.9	92	30.4	975	0.8	47
65-74	181	63.5	1,962	0.8	20	7.0	220	0.9	90	31.6	951	0.8	46
75-84	4	28.6	48	1.0	1	7.1	12	0.3	1	7.1	12	1.1	155
85 and older	2	50.0	24	0.6	0	0.0	0	0.0	1	25.0	12	1.0	17
Other Eligibles	97	50.5	1,029	0.8	33	17.2	373	0.9	41	21.4	467	0.9	48
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
65-74	40	67.8	451	0.9	7	11.9	73	0.9	15	25.4	162	0.9	64
75-84	33	53.2	358	0.8	16	25.8	181	0.9	12	19.4	137	0.9	46
85 and older	24	33.8	220	0.8	10	14.1	119	0.8	14	19.7	168	0.9	36
Unknown	11	57.9	104	0.8	6	31.6	55	0.8	3	15.8	19	1.1	20

Source: Data for this table are from the MAX 2003 file for Arkansas, 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 562 beneficiaries who were in nursing facilities for part of their enrollment and their 5,381 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, ARKANSAS, 2003

Beneficiary Characteristics	ULCER DRUGS					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	728	58.1 %	0.7	\$23	651	52.0 %	0.5	\$22	531	42.4 %	0.8	\$27	5,551		
Female															
Disabled	430	58.2	0.7	23	389	52.6	0.5	24	330	44.7	0.8	27	3,481		
64 or younger	216	56.3	0.7	21	209	54.4	0.5	27	158	41.1	0.8	28	1,730		
65-74	199	57.0	0.7	21	198	56.7	0.5	28	142	40.7	0.8	29	1,552		
75-84	12	52.2	0.8	21	8	34.8	0.5	6	11	47.8	0.8	17	118		
85 and older	5	50.0	0.6	12	3	30.0	0.5	8	5	50.0	0.8	32	60		
Other Eligibles	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0		
64 or younger	214	60.3	0.7	25	180	50.7	0.6	20	172	48.5	0.8	26	1,751		
65-74	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0		
75-84	32	62.7	0.7	21	35	68.6	0.6	25	30	58.8	0.7	19	303		
85 and older	84	63.6	0.7	28	75	56.8	0.5	20	75	56.8	0.9	30	781		
Male	98	57.0	0.7	23	70	40.7	0.6	18	67	39.0	0.8	25	667		
Disabled	290	58.6	0.7	25	250	50.5	0.4	21	190	38.4	0.8	27	1,982		
64 or younger	178	58.7	0.7	23	148	48.8	0.5	21	123	40.6	0.8	27	1,285		
65-74	173	60.7	0.7	23	143	50.2	0.5	22	119	41.8	0.8	28	1,237		
75-84	5	35.7	0.8	34	3	21.4	0.1	1	3	21.4	0.5	11	36		
85 and older	0	0.0	0.0	0	2	50.0	0.5	9	1	25.0	0.2	5	12		
Other Eligibles	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0		
64 or younger	112	58.3	0.7	27	102	53.1	0.4	20	67	34.9	0.9	26	697		
65-74	36	61.0	0.6	31	37	62.7	0.4	29	25	42.4	0.9	27	257		
75-84	43	69.4	0.7	26	40	64.5	0.3	16	21	33.9	0.9	30	243		
85 and older	33	46.5	0.7	25	25	35.2	0.4	13	21	29.6	0.7	21	197		
Unknown	8	42.1	0.5	15	12	63.2	0.7	11	11	57.9	0.9	31	88		

Source: Data for this table are from the MAX 2003 file for Arkansas, 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 562 beneficiaries who were in nursing facilities for part of their enrollment and their 5,381 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.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, ARKANSAS, 2003

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTINEOPLASTICS						
	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	175	14.0 %	1,892	0.8	\$79	128	10.2 %	1,350	0.5	\$83	1,253	13,196
Female	100	13.5	1,072	0.8	82	75	10.1	782	0.5	89	739	7,854
Disabled	40	10.4	434	0.8	87	25	6.5	284	0.6	148	384	4,244
64 or younger	36	10.3	386	0.8	82	23	6.6	266	0.6	155	349	3,852
65-74	2	8.7	24	1.0	121	2	8.7	18	0.5	35	23	248
75-84	2	20.0	24	1.0	121	0	0.0	0	0.0	0	10	120
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
Other Eligibles	60	16.9	638	0.8	79	50	14.1	498	0.5	55	355	3,610
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	8	15.7	89	0.7	71	5	9.8	52	0.5	86	51	535
75-84	25	18.9	274	0.8	86	13	9.8	138	0.4	51	132	1,369
85 and older	27	15.7	275	0.8	74	32	18.6	308	0.5	52	172	1,706
Male	72	14.5	784	0.8	74	52	10.5	556	0.5	75	495	5,175
Disabled	37	12.2	401	0.8	75	24	7.9	268	0.5	97	303	3,196
64 or younger	35	12.3	377	0.8	79	22	7.7	244	0.5	92	285	2,988
65-74	0	0.0	0	0.0	0	2	14.3	24	0.6	138	14	160
75-84	2	50.0	24	0.1	9	0	0.0	0	0.0	0	4	48
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	35	18.2	383	0.8	72	28	14.6	288	0.4	54	192	1,979
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	13	22.0	140	0.9	93	5	8.5	53	0.5	74	59	626
75-84	7	11.3	77	0.5	46	11	17.7	127	0.5	70	62	665
85 and older	15	21.1	166	0.7	67	12	16.9	108	0.3	26	71	688
Unknown	3	15.8	36	1.0	110	1	5.3	12	1.1	107	19	167

Source: Data for this table are from the MAX 2003 file for Arkansas, 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 562 beneficiaries who were in nursing facilities for part of their enrollment and their 5,381 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}
 ARKANSAS, 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		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Nondual Rx \$		Total Number of Beneficiaries
				Part D Excluded Rx	Rx \$ per Beneficiary			Excluded Rx	All Nondual Rx \$	
All	139,473	23.7 %	0.6	363,022	\$11	\$6,569,742	\$18	3.4 %	587,603	
Age										
5 and younger	59,456	40.9	1.0	143,174	13	1,912,149	13	6.4	145,506	
6-14	42,593	24.7	0.5	85,157	10	1,647,767	19	3.1	172,382	
15-20	16,165	17.3	0.4	34,299	9	824,136	24	3.1	93,300	
21-44	12,922	9.0	0.3	48,574	7	989,036	20	2.4	143,073	
45-64	7,463	26.0	1.6	45,560	38	1,077,559	24	2.8	28,696	
65-74	371	21.1	1.5	2,600	30	52,789	20	2.7	1,755	
75-84	291	22.0	1.6	2,134	31	40,646	19	2.6	1,322	
85 and older	211	13.7	1.0	1,522	17	25,634	17	2.6	1,540	
Unknown	1	3.4	0.1	2	1	26	13	8.1	29	
Basis of Eligibility^c										
Aged	671	21.9	1.6	4,847	29	88,697	18	2.7	3,070	
Disabled	21,107	29.1	1.4	105,251	38	2,786,687	26	2.6	72,629	
Adults	12,485	7.7	0.2	30,311	3	475,582	16	2.8	162,146	
Children	105,209	30.1	0.6	222,612	9	3,218,760	14	4.8	349,611	
Unknown	1	0.7	0.0	1	0	16	16	2.6	147	
Gender										
Female	76,895	21.1	0.6	206,470	10	3,750,231	18	3.7	363,592	
Male	62,296	28.0	0.7	155,906	13	2,808,945	18	3.1	222,660	
Unknown	282	20.9	0.5	646	8	10,566	16	3.6	1,351	
Race										
White	87,571	24.4	0.6	232,669	12	4,406,041	19	3.4	359,211	
African American	41,127	22.3	0.5	100,905	8	1,509,632	15	3.2	184,381	
Other/unknown	10,775	24.5	0.7	29,448	15	654,069	22	3.7	44,011	
Use of Nursing Facilities^d										
Entire year	700	55.9	5.8	7,285	137	171,950	24	3.3	1,253	
Part year	348	61.9	4.5	2,541	90	50,547	20	2.9	562	
None	138,425	23.6	0.6	353,196	11	6,347,245	18	3.4	585,788	
Maintenance Assistance Status										
Cash	33,962	28.6	1.1	134,775	26	3,037,054	23	2.8	118,854	
Medically needy	2,137	17.8	0.5	6,143	9	111,216	18	3.0	11,980	
Poverty related	77,477	29.9	0.6	164,501	9	2,328,914	14	5.0	259,360	
Other/unknown	25,897	13.1	0.3	57,603	6	1,092,558	19	3.1	197,409	

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Arkansas, 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}
 ARKANSAS, 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	\$1	\$18	\$0	\$0	5,792,319
Age						
5 and younger	0.1	1	13	0	0	1,374,387
6-14	0.0	1	19	0	0	1,764,353
15-20	0.0	1	24	0	0	899,290
21-44	0.0	1	20	0	0	1,426,097
45-64	0.2	4	24	0	2	279,653
65-74	0.1	3	20	0	1	17,878
75-84	0.2	3	19	0	1	13,894
85 and older	0.1	2	17	0	0	16,677
Unknown	0.0	0	13	0	0	90
Basis of Eligibility^c						
Aged	0.2	3	18	0	1	31,369
Disabled	0.1	4	26	0	2	763,251
Adults	0.0	0	16	0	0	1,567,537
Children	0.1	1	14	0	0	3,429,729
Unknown	0.0	0	16	0	0	433
Gender						
Female	0.1	1	18	0	0	3,613,686
Male	0.1	1	18	0	0	2,168,185
Unknown	0.1	1	16	0	0	10,448
Race						
White	0.1	1	19	0	0	3,552,781
African American	0.1	1	15	0	0	1,832,502
Other/unknown	0.1	2	22	0	1	407,036
Use of Nursing Facilities^d						
Entire year	0.6	13	24	0	5	13,196
Part year	0.5	9	20	0	4	5,381
None	0.1	1	18	0	0	5,773,742
Maintenance Assistance Status						
Cash	0.1	3	23	0	1	1,213,912
Medically needy	0.1	1	18	0	1	75,522
Poverty related	0.1	1	14	0	0	2,450,199
Other/unknown	0.0	1	19	0	0	2,052,686

Source: Data for this table are from the MAX 2003 file for Arkansas, 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}
 ARKANSAS, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
			Total Rx \$	Excluded Rx \$			
All	160,825	\$41	\$6,569,742	100.0 %	363,022	\$18	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	2	43	85	0.0	2	43	0.0
Drugs for cosmetic purposes	72	19	1,363	0.0	103	13	0.0
Cough and cold medications	102,491	30	3,069,252	46.7	198,337	15	54.6
Vitamins and minerals	4,899	115	563,070	8.6	22,487	25	6.2
Non-prescription drugs	33,945	15	497,620	7.6	55,450	9	15.3
Barbiturates	1,100	51	56,488	0.9	7,538	7	2.1
Benzodiazepines	15,245	115	1,752,741	26.7	72,737	24	20.0
Other Part D Excl Rx Drugs	3,071	205	629,123	9.6	6,368	99	1.8

Source: Data for this table are from the MAX 2003 file for Arkansas, 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, ARKANSAS, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
All	587,603	3,070	72,629	162,146	147	5,792,319	31,369	763,251	1,567,537	433
Age										
5 and younger	145,506	0	5,923	72	139,511	1,374,387	0	62,854	707	1,310,826
6-14	172,382	0	11,910	181	160,290	1,764,353	0	131,653	1,382	1,631,317
15-20	93,300	0	7,699	35,834	49,753	899,290	0	84,125	327,871	487,254
21-44	143,073	0	21,401	121,544	28	1,426,097	0	227,212	1,198,353	235
45-64	28,696	0	24,163	4,502	1	279,653	0	240,391	39,164	8
65-74	1,755	735	1,010	8	0	17,878	6,812	11,036	25	0
75-84	1,322	975	345	2	0	13,894	9,933	3,943	18	0
85 and older	1,540	1,360	178	2	0	16,677	14,624	2,037	16	0
Unknown	29	0	0	1	28	90	0	0	1	89
Gender										
Female	363,592	2,008	36,980	152,587	171,929	3,613,686	20,791	394,356	1,494,987	1,703,271
Male	222,660	1,017	35,560	9,450	176,574	2,168,185	10,184	368,391	71,848	1,717,610
Unknown	1,351	45	89	109	1,108	10,448	394	504	702	8,848
Race										
White	359,211	1,885	39,810	106,457	210,997	3,552,781	19,209	411,979	1,044,805	2,076,600
African American	184,381	926	23,140	49,487	110,779	1,832,502	9,574	250,963	479,583	1,092,247
Other/unknown	44,011	259	9,679	6,202	27,835	407,036	2,586	100,309	43,149	260,882
Use of Nursing Facilities^c										
Entire year	1,253	562	691	0	0	13,196	5,721	7,475	0	0
Part year	562	142	418	1	1	5,381	1,297	4,066	8	10
None	585,788	2,366	71,520	162,145	349,610	5,773,742	24,351	751,710	1,567,529	3,429,719
Maintenance Assistance Status										
Cash	118,854	1,290	63,659	20,791	32,967	1,213,912	14,912	692,208	181,420	324,939
Medically needy	11,980	127	2,938	6,327	2,588	75,522	521	14,661	37,809	22,531
Poverty related	259,360	175	621	32,925	225,639	2,450,199	1,410	5,319	241,778	2,201,692
Other/unknown	197,409	1,478	5,411	102,103	88,417	2,052,686	14,526	51,063	1,106,530	880,567
Managed Care (MC) Status										
Fee-for-service (FFS) all year	587,603	3,070	72,629	162,146	349,611	5,792,319	31,369	763,251	1,567,537	3,429,729
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Arkansas, 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, ARKANSAS, 2003

	Beneficiaries and		Beneficiaries		Beneficiaries	
	Benefit Months in Cell J of Table 1	Number of Beneficiaries	Number of Beneficiaries	Months	Number of Beneficiaries	Months
All	587,603	5,792,319	587,603	5,792,319	0	0
Fee-for-service (FFS) all year	587,603	5,792,319	587,603	5,792,319	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

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