

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

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
 NONDUAL BENEFICIARIES, CALIFORNIA, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months										
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	5,255,038	70,722	473,016	2,908,869	1,802,428	3	36,307,838	681,432	5,034,214	20,642,380	9,949,798	14						
Age																		
5 and younger	782,521	2	15,722	6	766,790	1	3,695,551	16	147,787	18	3,547,729	1						
6-14	662,491	3	41,362	236	620,890	0	4,231,598	21	448,367	789	3,782,421	0						
15-20	851,374	15	33,102	415,864	402,393	0	5,904,649	127	356,229	2,981,144	2,567,149	0						
21-44	2,433,869	1,215	145,019	2,275,306	12,328	1	17,882,163	10,501	1,550,324	16,268,946	52,391	1						
45-64	449,748	3,181	229,449	217,111	6	1	3,858,008	29,897	2,438,346	1,389,728	25	12						
65-74	49,018	41,249	7,511	257	1	0	478,341	393,188	83,851	1,290	12	0						
75-84	20,609	19,893	676	39	1	0	206,581	198,885	7,469	215	12	0						
85 and older	5,394	5,164	175	50	5	0	50,927	48,797	1,841	250	39	0						
Unknown	14	0	0	0	14	0	20	0	0	0	20	0						
Gender																		
Female	3,612,713	45,540	234,455	2,383,270	949,446	2	25,601,972	439,258	2,519,718	17,329,892	5,313,091	13						
Male	1,642,308	25,181	238,561	525,599	852,986	1	10,705,816	242,172	2,514,496	3,312,488	4,636,659	1						
Unknown	17	1	0	0	16	0	50	2	0	0	48	0						
Race																		
White	1,255,150	13,719	181,584	610,663	449,184	0	9,531,679	133,754	1,924,793	4,300,047	3,173,085	0						
African American	460,792	2,334	86,774	204,994	166,690	0	3,167,833	22,273	924,653	1,292,213	928,694	0						
Other/unknown	3,539,096	54,669	204,658	2,093,212	1,186,554	3	23,608,326	525,405	2,184,768	15,050,120	5,848,019	14						
Use of Nursing Facilities^c																		
Entire year	6,877	1,280	5,540	22	35	0	74,664	13,308	60,817	167	372	0						
Part year	8,962	1,450	7,185	261	66	0	90,059	14,081	73,769	1,685	524	0						
None	5,239,199	67,992	460,291	2,908,586	1,802,327	3	36,143,115	654,043	4,899,628	20,640,528	9,948,902	14						
Maintenance Assistance Status																		
Cash	1,670,443	9,703	407,692	448,869	804,179	0	11,719,514	106,645	4,457,259	2,498,541	4,657,069	0						
Medically needy	366,656	43,629	28,196	96,752	198,079	0	1,929,216	415,219	238,433	403,934	871,630	0						
Poverty-related	320,794	16,500	11,541	95,385	197,368	0	1,639,584	151,813	94,264	515,755	877,752	0						
Other/unknown	2,897,145	890	25,587	2,267,863	602,802	3	21,019,524	7,755	244,258	17,224,150	3,543,347	14						
Managed Care (MC) Status																		
Fee-for-service (FFS) all year	4,181,820	68,861	448,027	2,587,733	1,077,197	2	32,590,964	672,158	4,900,785	19,548,202	7,469,806	13						
FFS part year, with Rx claims	328,985	1,165	17,696	105,040	205,084	0	1,407,544	6,623	102,762	447,496	850,663	0						
FFS part year, no Rx claims	744,233	696	7,293	216,096	520,147	1	2,309,330	2,651	30,667	646,682	1,629,329	1						

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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, CALIFORNIA, 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	33.1 %	3.4	\$233	\$83	\$1,852	15.3 %	5,255,038
Age							
5 and younger	35.0	1.4	50	35	1,304	3.8	782,521
6-14	32.1	2.0	145	72	1,724	8.4	662,491
15-20	25.7	1.3	97	74	1,201	8.1	851,374
21-44	30.0	2.2	200	90	1,310	15.3	2,433,869
45-64	55.6	17.2	1,525	89	6,362	24.0	449,748
65-74	71.2	16.9	1,272	75	6,143	20.7	49,018
75-84	69.4	17.7	1,293	73	7,113	18.2	20,609
85 and older	56.9	16.6	1,049	63	9,550	11.0	5,394
Unknown	0.0	0.0	0	0	36	0.0	14
Basis of Eligibility^e							
Aged	68.5	15.1	1,145	76	6,026	19.0	70,722
Disabled	76.3	23.8	2,291	96	12,021	19.1	473,016
Adults	26.6	1.1	70	63	582	12.0	2,908,869
Children	30.9	1.4	66	48	1,071	6.1	1,802,428
Unknown	33.3	9.0	945	105	1,375	68.7	3
Gender							
Female	33.2	3.1	240	77	1,501	16.0	3,612,713
Male	32.8	4.1	377	92	2,624	14.4	1,642,308
Unknown	29.4	0.9	14	16	589	2.4	17
Race							
White	39.3	5.9	522	88	2,923	17.9	1,255,150
African American	33.5	4.7	412	87	2,968	13.9	460,792
Other/unknown	30.8	2.4	181	77	1,327	13.6	3,539,096
Use of Nursing Facilities^f							
Entire year	91.9	68.8	4,763	69	72,360	6.6	6,877
Part year	95.2	52.7	4,207	80	56,021	7.5	8,962
None	32.9	3.3	270	83	1,667	16.2	5,239,199
Maintenance Assistance Status							
Cash	48.2	8.0	689	87	3,982	17.3	1,670,443
Medically needy	34.9	4.1	312	77	3,233	9.7	366,656
Poverty related	32.3	2.0	140	70	1,810	7.7	320,794
Other/unknown	24.2	0.9	61	69	454	13.4	2,897,145

Table ND3

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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, CALIFORNIA, 2003

Beneficiary Characteristics	Number of Rx. Percentage with:										Beneficiaries	Number
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS ^d		
All	0.5	\$41	15.3 %	66.9 %	26.2 %	2.7 %	3.1 %	0.9 %	0.2 %	\$268	5,255,038	36,307,838
Age												
5 and younger	0.3	11	3.8	65.0	31.3	2.6	1.0	0.1	0.0	276	782,521	3,695,551
6-14	0.3	23	8.4	67.9	28.1	2.3	1.4	0.2	0.0	270	662,491	4,231,598
15-20	0.2	14	8.1	74.3	23.2	1.4	0.9	0.1	0.0	173	851,374	5,904,649
21-44	0.3	27	15.3	70.0	25.8	1.8	1.8	0.5	0.1	178	2,433,869	17,882,163
45-64	2.0	178	24.0	44.4	21.0	9.1	17.6	6.8	1.1	742	449,748	3,858,008
65-74	1.7	130	20.7	28.8	33.7	14.5	17.9	4.4	0.7	630	49,018	478,341
75-84	1.8	129	18.2	30.6	30.8	14.2	18.4	5.2	0.7	710	20,609	206,581
85 and older	1.8	111	11.0	43.1	21.8	11.0	16.7	6.6	0.8	1,012	5,394	50,927
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	25	14	20
Basis of Eligibility^e												
Aged	1.6	119	19.0	31.5	33.7	14.1	16.6	3.7	0.5	625	70,722	681,432
Disabled	2.2	215	19.1	23.7	30.4	12.6	22.9	8.9	1.5	1,130	473,016	5,034,214
Adults	0.2	10	12.0	73.4	24.3	1.2	0.8	0.1	0.0	82	2,908,869	20,642,380
Children	0.2	12	6.1	69.1	27.8	2.1	0.9	0.1	0.0	194	1,802,428	9,949,798
Unknown	1.9	202	68.7	66.7	0.0	33.3	0.0	0.0	0.0	295	3	14
Gender												
Female	0.4	34	16.0	66.8	27.2	2.4	2.7	0.8	0.1	212	3,612,713	25,601,972
Male	0.6	58	14.4	67.2	24.0	3.6	3.9	1.1	0.2	403	1,642,308	10,705,816
Unknown	0.3	5	2.4	70.6	23.5	5.9	0.0	0.0	0.0	200	17	50
Race												
White	0.8	69	17.9	60.7	27.8	4.0	5.2	2.0	0.4	385	1,255,150	9,531,679
African American	0.7	60	13.9	66.5	23.9	3.5	4.5	1.5	0.2	432	460,792	3,167,833
Other/unknown	0.4	27	13.6	69.2	25.9	2.2	2.1	0.5	0.1	199	3,539,096	23,608,326
Use of Nursing Facilities^f												
Entire year	6.3	439	6.6	8.1	6.0	7.3	26.9	35.4	16.3	6,665	6,877	74,664
Part year	5.2	419	7.5	4.8	13.0	11.1	32.0	29.2	9.8	5,575	8,962	90,059
None	0.5	39	16.2	67.1	26.2	2.7	3.0	0.8	0.1	242	5,239,199	36,143,115
Maintenance Assistance Status												
Cash	1.1	98	17.3	51.8	32.1	5.7	7.5	2.5	0.4	568	1,670,443	11,719,514
Medically needy	0.8	59	9.7	65.1	23.8	5.0	4.8	1.2	0.2	614	366,656	1,929,216
Poverty related	0.4	27	7.7	67.7	27.3	2.7	2.0	0.4	0.0	354	320,794	1,639,584
Other/unknown	0.1	8	13.4	75.8	23.0	0.7	0.4	0.1	0.0	63	2,897,145	21,019,524

Table ND4

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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, CALIFORNIA, 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	0.5	\$41	\$83	0.2	\$33	\$150	0.0	\$2	\$89	0.3	\$6	\$25
Age												
5 and younger	0.3	11	35	0.1	7	110	0.0	0	45	0.2	3	14
6-14	0.3	23	72	0.1	18	140	0.0	1	105	0.2	4	22
15-20	0.2	14	74	0.1	11	125	0.0	1	97	0.1	2	24
21-44	0.3	27	90	0.1	22	156	0.0	1	94	0.1	4	28
45-64	2.0	178	89	0.9	143	159	0.1	8	89	1.0	26	26
65-74	1.7	130	75	0.9	106	120	0.1	6	75	0.8	18	24
75-84	1.8	129	73	0.9	105	114	0.1	5	68	0.8	19	24
85 and older	1.8	111	63	0.8	87	107	0.1	4	51	0.9	20	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	1.6	119	76	0.8	98	119	0.1	5	71	0.7	16	23
Disabled	2.2	215	96	1.0	176	175	0.1	9	94	1.1	30	27
Adults	0.2	10	63	0.1	7	95	0.0	1	86	0.1	2	28
Children	0.2	12	48	0.1	9	111	0.0	1	78	0.2	3	17
Unknown	1.9	202	105	1.4	187	131	0.2	10	47	0.3	6	20
Gender												
Female	0.4	34	77	0.2	27	134	0.0	2	87	0.2	6	25
Male	0.6	58	92	0.3	47	177	0.0	2	94	0.3	8	25
Unknown	0.3	5	16	0.1	3	48	0.0	0	0	0.2	2	8
Race												
White	0.8	69	88	0.4	55	158	0.0	3	93	0.4	10	26
African American	0.7	60	87	0.3	49	175	0.0	2	85	0.4	9	23
Other/unknown	0.4	27	77	0.2	21	136	0.0	1	88	0.2	4	24
Use of Nursing Facilities^e												
Entire year	6.3	439	69	2.4	320	135	0.4	22	57	3.6	96	27
Part year	5.2	419	80	2.1	327	159	0.3	18	63	2.9	74	25
None	0.5	39	83	0.2	31	150	0.0	2	92	0.2	6	25
Maintenance Assistance Status												
Cash	1.1	98	87	0.5	79	163	0.0	4	92	0.6	15	24
Medically needy	0.8	59	77	0.3	48	139	0.0	2	73	0.4	9	23
Poverty related	0.4	27	70	0.2	22	144	0.0	1	80	0.2	4	19
Other/unknown	0.1	8	69	0.1	6	97	0.0	1	90	0.1	2	32

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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 California, 1.1 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, CALIFORNIA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			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 Beneficiaries	Number of Benefit Months				
														Patented Brand-Name	Off-Patent Brand-Name	Generic	
Anti-infective Agents	0.3	0.1	0.0	0.2	\$19	\$16	\$0	\$3	\$75	\$180	\$77	\$18	2,199,091	\$164,596,509	928,979	17.7 %	8,518,947
Biologicals	0.2	0.2	0.0	0.0	183	148	10	26	886	834	3,257	974	12,801	11,343,453	6,237	0.1	61,875
Antineoplastic Agents	0.4	0.2	0.0	0.2	149	125	4	21	354	645	247	97	57,530	20,381,359	12,852	0.2	136,998
Endocrine/Metabolic Drugs	0.4	0.2	0.1	0.1	29	19	5	5	81	104	82	44	2,165,476	176,484,729	652,408	12.4	6,184,325
Cardiovascular Agents	0.9	0.4	0.0	0.4	57	44	1	11	63	103	53	24	2,265,692	142,220,862	236,441	4.5	2,506,577
Respiratory Agents	0.4	0.2	0.0	0.2	23	16	1	5	56	89	109	24	1,971,505	110,152,054	496,455	9.4	4,822,822
Gastrointestinal Agents	0.4	0.2	0.0	0.2	49	43	1	5	112	174	188	26	961,687	107,374,230	207,527	3.9	2,178,881
Genitourinary Agents	0.2	0.2	0.0	0.0	10	9	0	1	55	60	52	33	379,161	20,809,738	212,849	4.1	2,023,863
CNS Drugs	0.9	0.5	0.0	0.4	118	102	4	12	129	200	122	31	3,004,210	386,330,191	310,437	5.9	3,268,953
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.1	50	38	4	9	111	128	127	69	138,999	15,389,884	28,625	0.5	305,625
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	69	66	0	3	176	249	15	20	30,271	5,336,642	6,906	0.1	77,611
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	23	18	1	5	59	192	105	16	2,148,537	126,106,829	551,816	10.5	5,390,841
Neuromuscular Agents	0.7	0.3	0.0	0.4	65	53	2	11	88	162	51	28	1,214,428	106,358,501	149,628	2.8	1,627,509
Nutritional Products	0.2	0.0	0.0	0.2	4	0	0	3	16	44	32	15	184,971	3,031,015	87,153	1.7	807,644
Hematological Agents	0.4	0.1	0.0	0.3	72	65	1	6	173	514	37	21	219,521	37,880,637	50,428	1.0	526,982
Topical Products	0.2	0.1	0.0	0.2	9	5	0	3	34	74	65	17	931,939	32,070,289	399,014	7.6	3,759,847
Miscellaneous Products	0.3	0.2	0.0	0.1	87	67	13	7	256	398	337	55	61,474	15,758,091	19,034	0.4	180,973
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	22	0	0	0	113	0	0	0	34,057	3,856,168	17,128	0.3	172,230
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.	17,981,350	1,485,481,181	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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 California, 1.1 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, CALIFORNIA, 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	\$255,126,448	161,805	3.1 %	1,820,916	0.6	\$244
ANTIDEPRESSANTS	99,541,622	265,496	5.1	2,864,094	0.4	78
ANTICONVULSANT	95,544,573	142,203	2.7	1,574,530	0.6	104
ANTIVIRAL	90,112,964	51,011	1.0	531,818	0.4	400
ULCER DRUGS	86,734,298	204,680	3.9	2,193,449	0.3	122
CONTRACEPTIVES	80,768,200	487,133	9.3	4,520,968	0.2	81
ANTIASTHMATIC	63,477,373	350,474	6.7	3,513,086	0.3	65
ANALGESICS - ANTI-INFLAMMATORY	62,920,182	429,935	8.2	4,339,052	0.2	65
ANTIDIABETIC	62,895,619	144,220	2.7	1,531,094	0.5	87
ANTIHYPERTENSIVE	57,624,587	106,458	2.0	1,169,600	0.4	126
Total	954,745,866	2,343,415		24,058,607	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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.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); 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, CALIFORNIA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS				
	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	8,291,278	\$954,745,866	161,805	3.1 %	1,820,916	0.6	\$140	265,496	5.1 %	2,864,094	0.4	\$35	
Female	5,246,025	552,766,114	82,096	2.3	921,370	0.5	122	176,033	4.9	1,885,789	0.4	34	
Disabled	3,170,381	381,614,392	67,128	28.6	773,714	0.6	134	115,559	49.3	1,318,089	0.5	37	
5 and younger	18,636	1,561,180	51	0.8	586	0.3	58	19	0.3	221	0.3	13	
6-14	62,297	7,319,903	1,140	7.8	13,066	0.5	109	1,106	7.6	12,574	0.4	30	
15-20	67,173	7,753,793	2,059	16.2	23,245	0.5	111	2,325	18.2	26,018	0.4	34	
21-44	820,602	108,477,188	26,573	39.6	305,143	0.6	136	33,474	49.9	378,212	0.5	38	
45-64	2,130,280	249,165,947	36,376	28.3	421,037	0.6	135	77,052	60.0	882,757	0.5	37	
65-74	66,787	6,909,020	875	19.0	10,019	0.7	137	1,488	32.4	17,225	0.5	30	
75-84	3,890	373,078	50	13.4	572	0.6	108	78	21.0	903	0.5	27	
85 and older	716	54,283	4	3.6	46	0.5	68	17	15.2	179	0.4	26	
Other Eligibles	2,075,644	171,151,722	14,968	0.4	147,656	0.4	61	60,474	1.8	567,700	0.3	28	
5 and younger	87,527	2,986,836	176	0.0	1,799	0.3	41	105	0.0	991	0.3	11	
6-14	129,511	9,875,009	2,811	0.9	31,194	0.5	100	4,518	1.5	48,209	0.4	31	
15-20	289,860	22,534,101	3,107	0.5	31,586	0.4	74	8,291	1.3	81,541	0.4	28	
21-44	1,167,572	94,926,700	5,768	0.3	51,998	0.3	38	33,403	1.8	301,348	0.3	28	
45-64	163,178	16,114,539	1,534	1.0	13,806	0.3	41	9,115	6.2	79,733	0.4	31	
65-74	144,380	15,367,907	712	2.7	7,873	0.3	55	3,058	11.7	33,718	0.3	21	
75-84	77,272	7,892,588	587	4.9	6,529	0.4	54	1,571	13.2	17,604	0.3	25	
85 and older	16,344	1,454,042	273	8.3	2,871	0.4	55	413	12.5	4,556	0.5	30	
Male	3,045,252	401,979,729	79,709	4.9	899,546	0.6	158	89,463	5.4	978,305	0.5	36	
Disabled	2,367,025	342,458,916	68,060	28.5	778,711	0.6	167	67,192	28.2	760,011	0.5	37	
5 and younger	25,842	2,223,522	131	1.4	1,479	0.4	65	74	0.8	821	0.3	17	
6-14	114,392	13,785,788	3,503	13.1	40,280	0.5	124	2,802	10.5	31,794	0.5	34	
15-20	102,945	14,187,132	4,292	21.1	48,563	0.6	136	3,342	16.4	37,605	0.5	40	
21-44	804,252	138,372,441	33,364	42.8	380,499	0.7	177	23,583	30.3	264,820	0.5	39	
45-64	1,281,522	169,955,491	26,241	26.0	301,881	0.6	165	36,620	36.2	416,151	0.5	36	
65-74	34,432	3,582,246	487	16.7	5,518	0.7	148	697	23.9	7,956	0.5	31	
75-84	3,140	309,364	36	11.8	424	0.7	119	61	20.1	708	0.5	30	
85 and older	500	42,932	6	9.5	67	0.5	69	13	20.6	156	0.5	24	
Other Eligibles	678,227	59,520,813	11,649	0.8	120,835	0.5	105	22,271	1.6	218,294	0.4	31	
5 and younger	119,656	4,839,546	320	0.1	3,317	0.3	67	235	0.1	2,496	0.3	14	
6-14	176,477	16,140,994	5,251	1.7	57,925	0.6	121	6,589	2.1	70,954	0.5	33	
15-20	98,593	9,353,984	3,459	1.7	34,999	0.5	114	5,732	2.8	57,189	0.4	35	
21-44	95,153	9,074,720	1,272	0.5	10,750	0.3	60	5,249	1.3	44,249	0.3	27	
45-64	60,285	6,703,307	391	0.3	3,391	0.3	60	2,248	3.1	18,830	0.3	28	
65-74	76,305	8,047,762	459	3.0	5,049	0.4	60	1,273	8.2	14,034	0.3	23	
75-84	41,824	4,442,532	352	4.4	3,891	0.4	59	725	9.1	8,186	0.4	27	
85 and older	9,934	917,968	145	7.5	1,513	0.5	67	220	11.4	2,356	0.4	31	
Unknown	1	23	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 California, released by CMS in 05/2007. 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, CALIFORNIA, 2003

Beneficiary Characteristics	ANTICONVULSANT						ANTIVIRAL						ULCER DRUGS					
	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	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	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	Mean of Rx per Benefit Month
All	142,203	2.7 %	1,574,530	0.6	\$61	51,011	1.0 %	531,818	0.4	\$169	204,680	3.9 %	2,193,449	0.3	\$40			
Female	79,896	2.2	882,671	0.6	57	26,463	0.7	274,567	0.3	117	132,113	3.7	1,420,073	0.3	39			
Disabled	63,569	27.1	726,387	0.6	61	11,134	4.7	127,436	0.5	200	83,201	35.5	957,226	0.4	44			
5 and younger	634	9.7	6,914	0.6	72	72	1.1	837	0.4	57	672	10.2	7,135	0.4	27			
6-14	2,652	18.1	30,645	0.7	95	278	1.9	3,261	0.6	220	1,121	7.7	13,154	0.3	35			
15-20	2,538	19.9	28,931	0.7	87	220	1.7	2,468	0.2	72	1,244	9.8	14,270	0.3	31			
21-44	22,108	33.0	251,273	0.6	70	4,208	6.3	47,518	0.5	210	17,043	25.4	195,353	0.3	39			
45-64	34,749	27.1	398,409	0.5	52	6,263	4.9	72,284	0.4	200	60,966	47.5	702,449	0.4	46			
65-74	836	18.2	9,620	0.6	40	89	1.9	1,020	0.3	103	1,998	43.5	23,082	0.4	46			
75-84	44	11.8	499	0.7	41	3	0.8	36	0.1	3	123	33.1	1,407	0.4	51			
85 and older	8	7.1	96	0.4	24	1	0.9	12	0.1	4	34	30.4	376	0.5	44			
Other Eligibles	16,327	0.5	156,284	0.4	38	15,329	0.5	147,131	0.2	46	48,912	1.4	462,847	0.2	29			
5 and younger	332	0.1	3,021	0.5	47	257	0.1	2,457	0.2	38	2,092	0.6	15,294	0.2	8			
6-14	1,880	0.6	19,584	0.5	56	718	0.2	7,288	0.3	82	3,071	1.0	29,221	0.2	9			
15-20	2,128	0.3	20,963	0.5	58	1,966	0.3	18,511	0.2	24	4,666	0.8	44,562	0.2	13			
21-44	7,415	0.4	66,648	0.4	34	10,724	0.6	102,193	0.2	42	18,804	1.0	169,193	0.2	28			
45-64	2,198	1.5	19,435	0.4	34	1,148	0.8	10,871	0.3	107	7,479	5.1	62,828	0.3	40			
65-74	1,433	5.5	16,021	0.3	22	320	1.2	3,559	0.1	33	7,943	30.5	87,633	0.3	35			
75-84	774	6.5	8,754	0.4	21	160	1.3	1,831	0.1	11	4,029	33.8	44,998	0.3	39			
85 and older	167	5.1	1,858	0.4	22	36	1.1	421	0.1	13	828	25.1	9,118	0.4	42			
Male	62,307	3.8	691,859	0.6	65	24,548	1.5	257,251	0.5	225	72,567	4.4	773,376	0.3	40			
Disabled	52,470	22.0	596,640	0.6	68	18,515	7.8	203,593	0.6	266	49,550	20.8	562,889	0.4	44			
5 and younger	768	8.4	8,293	0.6	78	90	1.0	1,040	0.4	67	763	8.3	8,185	0.4	31			
6-14	4,096	15.3	47,272	0.7	84	357	1.3	4,183	0.6	183	1,553	5.8	18,135	0.4	37			
15-20	3,717	18.3	42,626	0.7	91	266	1.3	3,046	0.4	146	1,414	6.9	16,366	0.3	31			
21-44	21,409	27.5	242,885	0.7	77	9,116	11.7	98,446	0.6	257	12,672	16.3	144,135	0.4	42			
45-64	21,944	21.7	249,448	0.6	53	8,611	8.5	96,010	0.6	285	31,951	31.6	362,324	0.4	45			
65-74	490	16.8	5,588	0.6	37	69	2.4	797	0.4	215	1,073	36.8	12,335	0.4	42			
75-84	41	13.5	473	0.5	24	6	2.0	71	0.1	14	108	35.5	1,224	0.4	52			
85 and older	5	7.9	55	0.2	9	0	0.0	0	0.0	0	16	25.4	185	0.6	59			
Other Eligibles	9,837	0.7	95,219	0.5	46	6,033	0.4	53,658	0.3	70	23,017	1.6	210,487	0.3	31			
5 and younger	449	0.1	4,271	0.5	44	259	0.1	2,350	0.3	35	2,495	0.6	18,346	0.2	8			
6-14	2,938	0.9	31,343	0.6	57	601	0.2	6,367	0.3	95	2,505	0.8	24,298	0.2	10			
15-20	2,052	1.0	19,843	0.5	54	712	0.3	6,462	0.2	50	2,326	1.1	21,980	0.2	17			
21-44	2,123	0.5	17,170	0.4	40	3,458	0.9	28,975	0.2	55	6,020	1.5	49,284	0.3	36			
45-64	935	1.3	7,870	0.4	35	666	0.9	5,685	0.4	176	3,239	4.5	25,377	0.3	42			
65-74	806	5.2	8,828	0.4	25	219	1.4	2,467	0.2	49	3,862	25.0	42,637	0.3	38			
75-84	441	5.5	4,886	0.4	27	95	1.2	1,086	0.1	16	2,056	25.7	22,977	0.3	43			
85 and older	93	4.8	1,008	0.4	20	23	1.2	266	0.1	28	514	26.7	5,588	0.4	47			
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

Table ND7B

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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.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.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, CALIFORNIA, 2003

Beneficiary Characteristics	CONTRACEPTIVES				ANTI-ASTHMATIC				ANALGESICS - ANTI-INFLAMMATORY						
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month			
All	487,133	9.3 %	4,520,968	0.2	\$18	350,474	6.7 %	3,513,086	0.3	\$18	429,935	8.2 %	4,339,052	0.2	\$15
Female	486,967	13.5	4,519,320	0.2	18	196,023	5.4	1,993,004	0.3	18	275,521	7.6	2,776,639	0.2	16
Disabled	10,149	4.3	117,576	0.2	17	91,345	39.0	1,048,935	0.3	23	113,674	48.5	1,317,017	0.3	26
5 and younger	1	0.0	12	0.2	16	2,744	41.8	30,358	0.3	25	886	13.5	10,138	0.1	2
6-14	148	1.0	1,734	0.2	13	4,541	31.0	52,747	0.3	22	2,354	16.1	27,421	0.2	6
15-20	1,620	12.7	18,576	0.2	14	2,733	21.4	31,746	0.3	18	2,542	19.9	29,408	0.2	6
21-44	7,234	10.8	83,881	0.2	17	21,410	31.9	245,250	0.3	20	26,387	39.3	304,259	0.2	16
45-64	1,144	0.9	13,349	0.3	18	58,055	45.2	667,498	0.3	25	78,803	61.4	914,047	0.3	30
65-74	2	0.0	24	0.1	6	1,754	38.2	20,138	0.4	27	2,538	55.2	29,839	0.3	31
75-84	0	0.0	0	0.0	0	83	22.3	950	0.4	26	137	36.8	1,592	0.3	33
85 and older	0	0.0	0	0.0	0	25	22.3	248	0.5	24	27	24.1	313	0.3	26
Other Eligibles	476,818	14.1	4,401,744	0.2	18	104,678	3.1	944,069	0.2	12	161,847	4.8	1,459,622	0.2	8
5 and younger	60	0.0	466	0.2	16	29,042	7.7	230,167	0.2	9	25,287	6.7	217,725	0.2	2
6-14	1,464	0.5	12,275	0.2	14	22,222	7.2	215,281	0.2	12	22,062	7.1	210,312	0.1	2
15-20	95,581	15.6	834,603	0.2	16	12,643	2.1	120,013	0.2	11	21,157	3.4	187,846	0.2	2
21-44	371,480	19.7	3,476,690	0.2	18	28,208	1.5	253,763	0.2	13	62,152	3.3	535,183	0.2	6
45-64	8,220	5.6	77,561	0.2	19	6,173	4.2	54,376	0.3	20	14,183	9.6	120,738	0.2	18
65-74	10	0.0	115	0.2	14	3,451	13.2	37,804	0.2	19	11,266	43.2	123,569	0.2	25
75-84	3	0.0	34	0.1	5	2,315	19.4	25,872	0.3	21	4,968	41.7	55,581	0.3	30
85 and older	0	0.0	0	0.0	0	624	18.9	6,793	0.3	18	772	23.4	8,668	0.3	31
Male	166	0.0	1,648	0.2	15	154,450	9.4	1,520,076	0.3	18	154,414	9.4	1,562,413	0.2	12
Disabled	60	0.0	704	0.3	17	61,478	25.8	700,333	0.3	24	66,192	27.7	762,996	0.3	18
5 and younger	0	0.0	0	0.0	0	4,248	46.4	46,258	0.3	24	1,279	14.0	14,423	0.1	2
6-14	2	0.0	24	0.1	7	8,591	32.2	99,514	0.3	20	3,632	13.6	42,448	0.1	3
15-20	6	0.0	72	0.1	7	4,114	20.2	47,885	0.3	19	2,926	14.4	33,939	0.1	3
21-44	37	0.0	428	0.3	16	11,940	15.3	136,604	0.3	19	17,434	22.4	200,095	0.2	12
45-64	15	0.0	180	0.4	24	31,493	31.1	357,884	0.4	27	39,481	39.0	455,188	0.3	23
65-74	0	0.0	0	0.0	0	973	33.4	10,893	0.4	28	1,307	44.8	15,354	0.3	24
75-84	0	0.0	0	0.0	0	1,124	33.9	1,124	0.3	14	118	38.8	1,379	0.4	33
85 and older	0	0.0	0	0.0	0	16	25.4	171	0.4	22	15	23.8	170	0.4	38
Other Eligibles	106	0.0	944	0.2	14	92,972	6.6	819,743	0.2	13	88,222	6.3	799,417	0.2	6
5 and younger	3	0.0	21	0.1	15	42,066	10.8	333,136	0.2	11	28,278	7.3	242,208	0.2	2
6-14	3	0.0	28	0.1	11	28,819	9.2	276,829	0.2	13	20,580	6.6	196,364	0.1	2
15-20	51	0.0	478	0.2	14	9,303	4.6	90,657	0.2	13	11,702	5.7	110,679	0.1	2
21-44	46	0.0	384	0.2	14	5,681	1.4	47,073	0.3	15	13,762	3.4	112,202	0.2	7
45-64	3	0.0	33	0.1	8	2,235	3.1	18,710	0.3	21	5,745	7.9	47,364	0.2	15
65-74	0	0.0	0	0.0	0	2,629	17.0	28,861	0.3	23	5,210	33.7	57,268	0.2	23
75-84	0	0.0	0	0.0	0	1,755	21.9	19,200	0.3	23	2,528	31.6	28,614	0.3	27
85 and older	0	0.0	0	0.0	0	484	25.1	5,277	0.3	21	417	21.7	4,718	0.3	29
Unknown	0	0.0	0	0.0	0	1	3.2	6	0.2	4	0	0.0	0	0.0	0

Table ND7C

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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, CALIFORNIA, 2003

Beneficiary Characteristics	ANTI-DIABETIC				ANTI-HYPERLIPIDEMIC				Number of Beneficiaries	Mean Benefit per Month	Number of Months Among Users	Users as % of All Benefes	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Months Among Users	Users as % of All Benefes	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benefes	Number of Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Months Among Users	Users as % of All Benefes	Mean Number of Rx per Benefit Month												
All	144,220	2.7 %	1,531,094	0.5	\$41	106,458	2.0 %	1,169,600	0.4	\$49	5,255,038	36,307,838								
Female	91,264	2.5	972,760	0.5	41	64,445	1.8	711,993	0.4	49	3,612,711	25,601,968								
Disabled	61,701	26.3	706,067	0.5	44	44,786	19.1	516,521	0.4	50	234,455	2,519,718								
5 and younger	15	0.2	150	0.6	57	11	0.2	120	0.2	12	6,568	61,957								
6-14	149	1.0	1,705	0.7	63	23	0.2	270	0.3	26	14,644	160,309								
15-20	343	2.7	3,925	0.5	42	47	0.4	551	0.3	30	12,743	136,635								
21-44	8,217	12.2	93,972	0.5	40	4,701	7.0	54,351	0.4	43	67,092	723,390								
45-64	50,661	39.5	579,607	0.5	44	38,292	29.8	441,346	0.4	51	128,328	1,380,485								
65-74	2,166	47.1	24,966	0.5	40	1,613	35.1	18,740	0.4	55	4,596	51,649								
75-84	130	34.9	1,512	0.6	40	86	23.1	995	0.5	58	372	4,137								
85 and older	20	17.9	230	0.5	31	13	11.6	148	0.5	45	112	1,156								
Other Eligibles	29,563	0.9	266,693	0.4	36	19,659	0.6	195,472	0.3	45	3,378,256	23,082,250								
5 and younger	84	0.0	709	0.6	52	39	0.0	416	0.1	6	376,905	1,740,016								
6-14	525	0.2	4,699	0.7	53	36	0.0	381	0.2	19	309,458	1,884,248								
15-20	874	0.1	7,462	0.6	45	87	0.0	778	0.2	25	614,489	4,251,561								
21-44	9,329	0.5	75,671	0.4	33	3,449	0.2	30,962	0.3	34	1,888,473	13,825,916								
45-64	7,663	5.2	58,387	0.4	41	4,791	3.2	39,038	0.3	44	147,661	980,957								
65-74	7,387	28.4	78,881	0.4	35	7,796	29.9	85,078	0.4	48	26,053	248,871								
75-84	3,228	27.1	35,699	0.4	33	3,119	26.2	34,979	0.4	50	11,923	119,834								
85 and older	473	14.4	5,185	0.4	28	342	10.4	3,840	0.4	52	3,294	30,847								
Male	52,956	3.2	558,334	0.5	41	42,013	2.6	457,607	0.4	50	1,642,296	10,705,800								
Disabled	37,772	15.8	426,776	0.5	41	30,368	12.7	347,821	0.4	51	238,561	2,514,496								
5 and younger	23	0.3	253	0.5	69	13	0.1	139	0.1	11	9,154	85,830								
6-14	204	0.8	2,320	0.6	47	39	0.1	428	0.3	25	26,718	288,058								
15-20	282	1.4	3,241	0.6	47	99	0.5	1,138	0.4	36	20,359	219,594								
21-44	6,483	8.3	73,421	0.5	40	5,701	7.3	65,775	0.4	45	77,927	826,934								
45-64	29,661	29.3	334,702	0.5	41	23,624	23.4	269,954	0.4	52	101,121	1,057,861								
65-74	1,008	34.6	11,593	0.5	39	808	27.7	9,395	0.4	53	2,915	32,202								
75-84	105	34.5	1,174	0.5	41	72	23.7	855	0.5	63	304	3,332								
85 and older	6	9.5	72	0.8	41	12	19.0	137	0.6	74	63	685								
Other Eligibles	15,184	1.1	131,558	0.4	38	11,645	0.8	109,786	0.3	47	1,403,735	8,191,304								
5 and younger	66	0.0	520	0.5	54	46	0.0	498	0.1	8	389,879	1,807,706								
6-14	443	0.1	4,030	0.6	53	49	0.0	460	0.2	19	311,670	1,898,977								
15-20	482	0.2	4,039	0.6	55	82	0.0	781	0.2	23	203,783	1,296,859								
21-44	3,849	1.0	28,435	0.4	37	2,382	0.6	19,079	0.3	36	400,377	2,505,923								
45-64	4,827	6.6	34,844	0.4	41	3,269	4.5	24,531	0.4	45	72,638	438,705								
65-74	3,547	23.0	37,830	0.4	35	3,880	25.1	42,505	0.4	50	15,454	145,619								
75-84	1,700	21.2	18,884	0.4	34	1,711	21.4	19,384	0.4	52	8,009	79,276								
85 and older	270	14.0	2,976	0.5	27	226	11.7	2,548	0.4	49	1,925	18,239								
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	31	70								

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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, CALIFORNIA, 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	\$439	6.3	6,877	74,664
Age				
0-64	471	6.5	5,167	56,659
65-74	408	6.4	736	8,027
75-84	310	5.5	541	5,629
85 and older	242	4.8	433	4,349
Unknown	0	0.0	0	0
Gender				
Female	446	6.6	3,421	37,162
Male	431	6.1	3,456	37,502
Unknown	0	0.0	0	0
Race				
White	458	6.5	3,036	32,666
African American	429	6.2	1,235	13,464
Other/unknown	421	6.2	2,606	28,534
Basis of Eligibility^c				
Aged	307	5.5	1,280	13,308
Disabled	467	6.5	5,540	60,817
Adults	462	7.8	22	167
Children	442	8.0	35	372
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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 8,962 beneficiaries who were in nursing facilities for part of their enrollment and their 90,059 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, CALIFORNIA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	
															Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$49	\$1	\$8	\$113	\$183	\$110	\$38	19,495	\$2,197,688	3,979	57.9 %	44,600
Biologicals	0.1	0.1	0.0	0.0	3	2	1	33	36	0	26	1,845	60,016	1,482	21.6	17,374
Antineoplastic Agents	0.6	0.1	0.0	0.5	140	82	55	239	735	254	119	3,666	876,829	574	8.3	6,266
Endocrine/Metabolic Drugs	1.2	0.4	0.3	0.6	57	32	14	47	79	55	19	33,782	1,574,503	2,509	36.5	27,807
Cardiovascular Agents	1.9	0.6	0.1	1.1	67	44	3	36	68	28	18	79,486	2,832,560	3,840	55.8	42,195
Respiratory Agents	1.3	0.3	0.0	0.9	61	27	5	47	77	117	33	35,674	1,691,196	2,486	36.1	27,741
Gastrointestinal Agents	1.1	0.5	0.0	0.6	80	63	1	70	122	58	26	42,960	2,993,708	3,407	49.5	37,408
Genitourinary Agents	0.7	0.3	0.0	0.3	36	24	0	55	77	53	36	8,239	455,030	1,113	16.2	12,625
CNS Drugs	1.8	1.0	0.1	0.7	217	186	7	118	184	87	31	96,079	11,318,462	4,672	67.9	52,212
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.3	48	39	1	79	162	22	25	170	13,492	26	0.4	281
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	120	120	0	162	163	0	11	2,448	396,639	294	4.3	3,305
Analgesics and Anesthetics	0.9	0.3	0.1	0.6	56	40	4	60	136	65	21	27,970	1,676,658	2,737	39.8	30,086
Neuromuscular Agents	1.6	0.5	0.1	1.0	100	61	5	63	120	47	35	65,765	4,160,074	3,653	53.1	41,471
Nutritional Products	0.6	0.0	0.0	0.6	12	1	0	20	45	86	19	10,308	203,099	1,563	22.7	17,047
Hematological Agents	1.1	0.2	0.1	0.8	73	62	2	64	295	14	11	22,381	1,428,242	1,810	26.3	19,643
Topical Products	0.5	0.1	0.0	0.4	19	8	3	35	60	76	19	19,700	680,665	3,226	46.9	36,657
Miscellaneous Products	0.3	0.0	0.0	0.3	20	4	0	63	226	438	53	2,319	146,596	674	9.8	7,387
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	21	0	0	84	0	0	0	567	47,423	197	2.9	2,269
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.	472,854	32,752,880	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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 8,962 beneficiaries who were in nursing facilities for part of their enrollment and their 90,059 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

In California, 1.1 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, CALIFORNIA, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$8,907,567	4,366	63.5 %	50,097	0.9	\$201	\$178
ANTICONVULSANT	3,238,353	3,947	57.4	45,149	1.0	69	72
ULCER DRUGS	2,458,144	3,503	50.9	38,755	0.8	83	63
ANTIDEPRESSANTS	1,841,178	3,166	46.0	35,576	0.8	62	52
ANTI-DIABETIC	1,438,140	3,038	44.2	33,756	0.9	48	43
ANTI-ASTHMATIC	1,433,893	3,354	48.8	37,422	0.8	48	38
ANTI-HYPERTENSIVE	965,271	2,741	39.9	30,193	0.8	41	32
HEMATOPOIETIC AGENTS	941,370	1,080	15.7	11,864	0.7	110	79
ANALGESICS - Narcotic	926,724	2,730	39.7	29,950	0.6	53	31
ANTINEOPLASTICS	876,829	595	8.7	6,506	0.6	239	135
Total	23,027,469	28,520		319,268	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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 8,962 beneficiaries who were in nursing facilities for part of their enrollment and their 90,059 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

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

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

TABLE 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, CALIFORNIA, 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	Mean Rx \$
All	263,673	\$23,027,469	4,366	63.5 %	50,097	0.9	\$178	3,947	57.4 %	45,149	1.0	\$72					
Female	133,800	11,810,484	2,313	67.6	26,544	0.9	173	1,889	55.2	21,659	1.0	72					
Disabled	110,762	10,213,487	1,963	75.9	22,625	0.9	186	1,687	65.3	19,388	1.0	75					
64 or younger	99,196	9,227,844	1,722	74.6	19,942	0.9	188	1,521	65.9	17,526	1.0	76					
65-74	10,456	906,679	223	92.5	2,469	0.9	174	150	62.2	1,687	1.0	64					
75-84	911	71,240	16	55.2	192	0.8	147	14	48.3	151	1.1	79					
85 and older	199	7,724	2	25.0	22	0.4	43	2	25.0	24	0.7	16					
Other Eligibles	23,038	1,596,997	350	41.9	3,919	0.7	99	202	24.2	2,271	0.9	51					
64 or younger	815	68,181	3	11.5	34	0.4	94	14	53.8	119	0.9	118					
65-74	7,448	548,797	112	55.2	1,267	0.8	139	80	39.4	917	1.0	57					
75-84	9,117	608,762	149	47.3	1,692	0.6	85	76	24.1	878	0.9	43					
85 and older	5,658	371,257	86	29.5	926	0.6	70	32	11.0	357	0.8	32					
Male	129,873	11,216,985	2,053	59.4	23,553	0.9	183	2,058	59.5	23,490	1.1	71					
Disabled	114,909	10,107,556	1,835	62.1	21,143	0.9	190	1,894	64.1	21,660	1.1	72					
64 or younger	109,025	9,620,286	1,734	61.9	20,005	0.9	191	1,812	64.6	20,729	1.1	73					
65-74	5,118	433,057	90	70.9	1,006	0.9	189	75	59.1	847	1.0	53					
75-84	639	44,432	10	50.0	120	0.7	103	7	35.0	84	0.9	49					
85 and older	127	9,781	1	20.0	12	1.0	183	0	0.0	0	0.0	0					
Other Eligibles	14,964	1,109,429	218	43.5	2,410	0.7	117	164	32.7	1,830	1.0	62					
64 or younger	1,463	94,070	2	6.5	24	0.1	1	22	71.0	259	1.0	123					
65-74	5,902	441,117	82	49.7	940	0.8	139	71	43.0	801	1.0	58					
75-84	4,803	371,118	86	48.6	937	0.6	108	52	29.4	553	0.9	51					
85 and older	2,796	203,124	48	37.5	509	0.7	100	19	14.8	217	0.7	32					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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 8,962 beneficiaries who were in nursing facilities for part of their enrollment and their 90,059 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, CALIFORNIA, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTIDIABETIC				
	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	3,503	50.9 %	38,755	0.8	\$63	3,166	46.0 %	35,576	0.8	\$52	3,038	44.2 %	33,756	0.9	\$43
Female															
Disabled	1,744	51.0	19,308	0.8	64	1,768	51.7	19,924	0.8	52	1,662	48.6	18,511	0.9	44
64 or younger	1,324	51.2	14,715	0.8	64	1,437	55.6	16,353	0.8	52	1,287	49.8	14,361	0.9	47
65-74	1,178	51.1	13,159	0.8	64	1,321	57.3	15,039	0.8	53	1,105	47.9	12,370	0.9	47
75-84	128	53.1	1,381	0.8	68	104	43.2	1,178	0.8	49	167	69.3	1,819	0.8	43
85 and older	12	41.4	133	0.7	69	10	34.5	120	0.8	51	11	37.9	126	1.0	36
Other Eligibles	6	75.0	42	0.6	29	2	25.0	16	0.9	63	4	50.0	46	0.7	17
64 or younger	420	50.2	4,593	0.8	62	331	39.6	3,571	0.8	48	375	44.9	4,150	0.8	36
65-74	19	73.1	179	0.7	41	11	42.3	92	1.1	52	3	11.5	27	2.4	76
75-84	113	55.7	1,286	0.7	69	101	49.8	1,130	0.8	52	130	64.0	1,480	0.9	37
85 and older	163	51.7	1,763	0.8	61	125	39.7	1,332	0.8	48	162	51.4	1,760	0.8	37
	125	42.8	1,365	0.7	60	94	32.2	1,017	0.7	41	80	27.4	883	0.7	30
Male															
Disabled	1,759	50.9	19,447	0.8	63	1,398	40.5	15,652	0.8	52	1,376	39.8	15,245	0.9	41
64 or younger	1,470	49.7	16,282	0.8	64	1,222	41.4	13,722	0.8	53	1,157	39.2	12,783	0.9	41
65-74	1,384	49.4	15,360	0.8	63	1,158	41.3	13,054	0.8	53	1,068	38.1	11,764	0.9	42
75-84	68	53.5	726	0.7	69	54	42.5	548	0.8	51	75	59.1	869	0.9	40
85 and older	16	80.0	172	0.8	76	9	45.0	108	0.8	50	12	60.0	126	0.7	37
Other Eligibles	2	40.0	24	0.5	73	1	20.0	12	0.8	49	2	40.0	24	0.8	39
64 or younger	289	57.7	3,165	0.7	62	176	35.1	1,930	0.7	48	219	43.7	2,462	0.8	38
65-74	16	51.6	186	0.7	65	4	12.9	43	1.7	138	4	12.9	30	0.7	21
75-84	105	63.6	1,198	0.7	58	58	35.2	643	0.7	48	98	59.4	1,137	0.8	36
85 and older	101	57.1	1,072	0.7	67	66	37.3	700	0.8	42	80	45.2	873	0.8	40
	67	52.3	709	0.7	61	48	37.5	544	0.7	49	37	28.9	422	0.8	38
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 California, released by CMS in 05/2007. 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 8,962 beneficiaries who were in nursing facilities for part of their enrollment and their 90,059 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 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, CALIFORNIA, 2003

Beneficiary Characteristics	ANTIASTHMATIC				ANTIHYPERTENSIVE				HEMATOPOIETIC AGENTS						
	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	3,354	48.8 %	37,422	0.8	\$38	2,741	39.9 %	30,193	0.8	\$32	1,080	15.7 %	11,864	0.7	\$79
Female															
Disabled	1,646	48.1	18,362	0.7	33	1,353	39.5	14,852	0.8	31	507	14.8	5,642	0.7	76
64 or younger	1,291	49.9	14,439	0.7	36	923	35.7	10,155	0.8	31	388	15.0	4,303	0.7	80
65-74	1,147	49.7	12,886	0.8	36	786	34.1	8,706	0.8	31	334	14.5	3,722	0.7	84
75-84	123	51.0	1,349	0.7	30	120	49.8	1,266	0.8	30	47	19.5	506	0.8	56
85 and older	14	48.3	156	0.6	39	13	44.8	145	0.8	20	5	17.2	60	0.5	4
Other Eligibles	7	87.5	48	1.4	51	4	50.0	38	0.5	20	2	25.0	15	0.9	5
64 or younger	355	42.5	3,923	0.5	25	430	51.4	4,697	0.8	30	119	14.2	1,339	0.7	64
65-74	26	100.0	280	1.0	67	7	26.9	48	0.6	25	3	11.5	36	0.8	11
75-84	83	40.9	916	0.5	19	126	62.1	1,443	0.8	29	33	16.3	355	0.7	77
85 and older	135	42.9	1,524	0.6	29	166	52.7	1,812	0.8	29	41	13.0	470	0.7	54
Male															
Disabled	1,708	49.4	19,060	0.9	43	1,388	40.2	15,341	0.8	33	573	16.6	6,222	0.7	82
64 or younger	1,436	48.6	16,056	0.9	44	1,153	39.0	12,794	0.8	34	473	16.0	5,123	0.7	89
65-74	1,368	48.8	15,448	0.9	45	1,062	37.9	11,760	0.8	34	443	15.8	4,791	0.7	91
75-84	57	44.9	527	0.7	33	75	59.1	851	0.8	32	27	21.3	296	0.8	62
85 and older	8	40.0	45	0.5	11	10	50.0	111	0.9	34	3	15.0	36	0.4	3
Other Eligibles	3	60.0	36	0.9	55	6	120.0	72	0.5	30	0	0.0	0	0.0	0
64 or younger	272	54.3	3,004	0.8	37	235	46.9	2,547	0.8	31	100	20.0	1,099	0.7	51
65-74	40	129.0	465	1.9	85	2	6.5	24	0.6	5	5	16.1	60	0.9	53
75-84	86	52.1	974	0.7	35	95	57.6	1,079	0.7	34	45	27.3	497	0.8	58
85 and older	87	49.2	883	0.4	23	82	46.3	871	0.8	32	27	15.3	299	0.7	48
Unknown	59	46.1	682	0.5	24	56	43.8	573	0.7	25	23	18.0	243	0.7	41
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 California, released by CMS in 05/2007. 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 8,962 beneficiaries who were in nursing facilities for part of their enrollment and their 90,059 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^{b, c, d} NONDUAL BENEFICIARIES, CALIFORNIA, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic				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	2,730	39.7 %	29,950	0.6	\$31	595	8.7 %	6,506	0.6	\$135	6,877	74,664
Female	1,473	43.1	16,186	0.6	34	324	9.5	3,551	0.6	149	3,421	37,162
Disabled	1,177	45.5	13,045	0.6	39	207	8.0	2,304	0.6	176	2,585	28,545
64 or younger	1,087	47.1	12,080	0.7	40	182	7.9	2,028	0.6	191	2,307	25,518
65-74	83	34.4	883	0.5	17	23	9.5	260	0.6	69	241	2,630
75-84	6	20.7	72	0.4	6	1	3.4	12	1.1	156	29	331
85 and older	1	12.5	10	0.1	1	1	12.5	4	0.3	34	8	66
Other Eligibles	296	35.4	3,141	0.4	14	117	14.0	1,247	0.5	98	836	8,617
64 or younger	8	30.8	75	0.5	13	1	3.8	12	1.1	1,289	26	214
65-74	93	45.8	1,013	0.5	17	17	8.4	184	0.4	81	203	2,194
75-84	97	30.8	1,067	0.4	16	49	15.6	522	0.5	96	315	3,295
85 and older	98	33.6	986	0.4	9	50	17.1	529	0.5	79	292	2,914
Male	1,257	36.4	13,764	0.6	28	271	7.8	2,955	0.6	118	3,456	37,502
Disabled	1,121	37.9	12,322	0.6	30	214	7.2	2,355	0.5	117	2,955	32,272
64 or younger	1,069	38.1	11,767	0.6	31	197	7.0	2,178	0.5	118	2,803	30,602
65-74	42	33.1	446	0.5	13	16	12.6	165	0.5	103	127	1,390
75-84	6	30.0	61	0.4	6	0	0.0	0	0.0	0	20	220
85 and older	4	80.0	48	0.1	1	1	20.0	12	0.1	11	5	60
Other Eligibles	136	27.1	1,442	0.3	10	57	11.4	600	0.6	124	501	5,230
64 or younger	7	22.6	83	0.3	5	1	3.2	12	0.2	22	31	325
65-74	33	20.0	360	0.3	7	15	9.1	160	0.5	141	165	1,813
75-84	58	32.8	607	0.4	12	28	15.8	286	0.7	128	177	1,783
85 and older	38	29.7	392	0.3	11	13	10.2	142	0.7	104	128	1,309
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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 8,962 beneficiaries who were in nursing facilities for part of their enrollment and their 90,059 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-ad77807b6615> (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}
 CALIFORNIA, 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	Rx \$ per Beneficiary	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
All	954,957	18.2 %	0.6	3,194,239	\$14	\$75,836,745	\$24	5.1 %	5,255,038
Age									
5 and younger	221,662	28.3	0.8	608,093	21	16,588,965	27	42.4	782,521
6-14	119,384	18.0	0.5	314,099	21	14,008,272	45	14.6	662,491
15-20	92,964	10.9	0.2	204,661	7	5,804,360	28	7.0	851,374
21-44	322,538	13.3	0.4	865,993	7	16,418,114	19	3.4	2,433,869
45-64	162,151	36.1	2.3	1,013,565	45	20,167,249	20	2.9	449,748
65-74	24,332	49.6	2.5	123,905	38	1,848,844	15	3.0	49,018
75-84	9,925	48.2	2.5	52,387	37	768,600	15	2.9	20,609
85 and older	2,000	37.1	2.1	11,535	43	232,339	20	4.1	5,394
Unknown	1	7.1	0.1	1	0	2	2	0.0	14
Basis of Eligibility^c									
Aged	32,654	46.2	2.2	156,403	33	2,298,675	15	2.8	70,722
Disabled	233,697	49.4	3.3	1,546,558	106	50,283,640	33	4.6	473,016
Adults	327,780	11.3	0.2	639,362	3	8,659,028	14	4.3	2,908,869
Children	360,825	20.0	0.5	851,914	8	14,595,373	17	12.3	1,802,428
Unknown	1	33.3	0.7	2	10	29	15	1.0	3
Gender									
Female	628,739	17.4	0.6	2,039,771	11	41,528,260	20	4.8	3,612,713
Male	326,215	19.9	0.7	1,154,465	21	34,308,449	30	5.5	1,642,308
Unknown	3	17.6	0.2	3	2	36	12	15.1	17
Race									
White	223,547	17.8	0.7	932,471	18	22,784,963	24	3.5	1,255,150
African American	82,536	17.9	0.7	330,168	19	8,879,821	27	4.7	460,792
Other/unknown	648,874	18.3	0.5	1,931,600	12	44,171,961	23	6.9	3,539,096
Use of Nursing Facilities^d									
Entire year	3,425	49.8	5.2	36,095	104	714,518	20	2.2	6,877
Part year	6,303	70.3	5.4	48,662	169	1,515,173	31	4.0	8,962
None	945,229	18.0	0.6	3,109,482	14	73,607,054	24	5.2	5,239,199
Maintenance Assistance Status									
Cash	494,239	29.6	1.3	2,144,712	33	55,665,921	26	4.8	1,670,443
Medically needy	70,985	19.4	0.6	229,545	14	5,008,753	22	4.4	366,656
Poverty related	65,455	20.4	0.5	161,438	8	2,549,747	16	5.7	320,794
Other/unknown	324,278	11.2	0.2	658,544	4	12,612,324	19	7.2	2,897,145

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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}
 CALIFORNIA, 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	\$24	\$0	\$0	36,307,838
Age						
5 and younger	0.2	4	27	0	0	3,695,551
6-14	0.1	3	45	0	0	4,231,598
15-20	0.0	1	28	0	0	5,904,649
21-44	0.0	1	19	0	0	17,882,163
45-64	0.3	5	20	0	1	3,858,008
65-74	0.3	4	15	0	0	478,341
75-84	0.3	4	15	0	0	206,581
85 and older	0.2	5	20	0	1	50,927
Unknown	0.1	0	2	0	0	20
Basis of Eligibility^c						
Aged	0.2	3	15	0	0	681,432
Disabled	0.3	10	33	0	2	5,034,214
Adults	0.0	0	14	0	0	20,642,380
Children	0.1	1	17	0	0	9,949,798
Unknown	0.1	2	15	0	0	14
Gender						
Female	0.1	2	20	0	0	25,601,972
Male	0.1	3	30	0	0	10,705,816
Unknown	0.1	1	12	0	0	50
Race						
White	0.1	2	24	0	1	9,531,679
African American	0.1	3	27	0	0	3,167,833
Other/unknown	0.1	2	23	0	0	23,608,326
Use of Nursing Facilities^d						
Entire year	0.5	10	20	1	5	74,664
Part year	0.5	17	31	0	4	90,059
None	0.1	2	24	0	0	36,143,115
Maintenance Assistance Status						
Cash	0.2	5	26	0	1	11,719,514
Medically needy	0.1	3	22	0	0	1,929,216
Poverty related	0.1	2	16	0	0	1,639,584
Other/unknown	0.0	1	19	0	0	21,019,524

Table ND12

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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}
 CALIFORNIA, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	1,193,445	\$64	\$75,836,745	100.0 %	3,194,239	\$24	100.0 %	3,194,239	100.0 %
Anorexia or weight loss/gain	191	256	48,850	0.1	589	83	0.0	589	0.0
Fertility drugs	11	204	2,248	0.0	15	150	0.0	15	0.0
Drugs for cosmetic purposes	19	20	380	0.0	25	15	0.0	25	0.0
Cough and cold medications	218,070	27	5,828,723	7.7	370,756	16	11.6	370,756	11.6
Vitamins and minerals	63,688	40	2,557,841	3.4	151,650	17	4.7	151,650	4.7
Non-prescription drugs	815,239	67	54,645,948	72.1	2,145,955	25	67.2	2,145,955	67.2
Barbiturates	8,629	51	441,921	0.6	61,950	7	1.9	61,950	1.9
Benzodiazepines	84,462	115	9,742,014	12.8	453,916	21	14.2	453,916	14.2
Other Part D Excl Rx Drugs	3,136	819	2,568,820	3.4	9,383	274	0.3	9,383	0.3

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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, CALIFORNIA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	8,179,308	82,248	604,800	3,727,902	3,764,355	3	74,177,139	802,751	6,695,450	31,105,216	35,573,703	19
Age												
5 and younger	1,475,744	2	24,386	6	1,451,349	1	13,283,215	24	263,788	18	13,019,384	1
6-14	1,628,581	3	66,469	237	1,561,872	0	16,546,677	25	766,179	822	15,779,651	0
15-20	1,252,944	25	46,477	485,195	721,247	0	10,980,986	159	525,341	3,864,158	6,591,328	0
21-44	3,073,913	1,390	181,482	2,861,188	29,852	1	26,021,810	12,132	2,011,538	23,814,928	183,206	6
45-64	660,358	3,586	276,329	380,435	7	1	6,471,667	33,805	3,019,811	3,418,005	34	12
65-74	57,563	48,220	8,709	633	1	0	571,262	467,119	98,429	5,702	12	0
75-84	24,021	23,196	750	74	1	0	242,926	234,091	8,271	552	12	0
85 and older	6,164	5,826	198	134	6	0	58,568	55,396	2,093	1,031	48	0
Unknown	20	0	0	0	20	0	28	0	0	0	28	0
Gender												
Female	5,244,985	52,945	304,412	2,964,597	1,923,029	2	46,819,013	517,165	3,405,953	24,851,049	18,044,828	18
Male	2,934,302	29,302	300,388	763,305	1,841,306	1	27,358,013	285,584	3,289,497	6,254,167	17,528,764	1
Unknown	21	1	0	0	20	0	113	2	0	0	111	0
Race												
White	1,769,139	16,046	220,040	791,813	741,240	0	16,121,579	157,888	2,405,794	6,585,242	6,972,655	0
African American	867,636	2,513	113,174	332,517	419,432	0	8,467,576	24,231	1,261,297	2,927,890	4,254,158	0
Other/unknown	5,542,533	63,689	271,586	2,603,572	2,603,683	3	49,587,984	620,632	3,028,359	21,592,084	24,346,890	19
Use of Nursing Facilities^c												
Entire year	7,057	1,298	5,693	24	42	0	76,738	13,532	62,649	171	386	0
Part year	9,402	1,483	7,530	294	95	0	97,935	14,604	79,839	2,681	811	0
None	8,162,849	79,467	591,577	3,727,584	3,764,218	3	74,002,466	774,615	6,552,962	31,102,364	35,572,506	19
Maintenance Assistance Status												
Cash	3,719,004	10,990	526,836	1,051,444	2,129,734	0	38,749,881	121,946	5,982,878	10,432,253	22,212,804	0
Medically needy	810,341	51,872	32,960	218,024	507,485	0	7,340,857	499,717	287,137	1,875,514	4,678,489	0
Poverty related	496,033	18,362	13,269	95,403	368,999	0	3,940,031	172,095	113,764	540,033	3,114,139	0
Other/unknown	3,153,930	1,024	31,735	2,363,031	758,137	3	24,146,370	8,993	311,671	18,257,416	5,568,271	19
Managed Care (MC) Status												
Fee-for-service (FFS) all year	4,181,820	68,861	448,027	2,587,733	1,077,197	2	32,590,964	672,158	4,900,785	19,548,202	7,469,806	13
FFS part year, with Rx claims	328,985	1,165	17,696	105,040	205,084	0	3,300,849	12,541	202,674	1,048,466	2,037,168	0
FFS part year, no Rx claims	744,233	696	7,293	216,096	520,147	1	7,036,388	6,738	77,905	2,016,869	4,934,870	6
MC all year, with Rx claims	52,001	225	23,635	12,876	15,265	0	593,083	2,426	278,434	144,421	167,802	0
MC all year, no Rx claims	2,872,269	11,301	108,149	806,157	1,946,662	0	30,655,855	108,888	1,235,652	8,347,258	20,964,057	0

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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, CALIFORNIA, 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	Excluded from Cell K of Table 1	Number of Beneficiaries	Number of Beneficiaries
	Number of Beneficiaries	Number of Beneficiaries	Number of Beneficiaries	Beneficiaries	Months
All	8,179,308	74,177,139	5,255,038	0	37,869,301
Fee-for-service (FFS) all year	4,181,820	32,590,964	4,181,820	0	0
FFS part year, with Rx claims	328,985	3,300,849	328,985	0	1,893,305
FFS part year, with no Rx claims	744,233	7,036,388	744,233	0	4,727,058
Managed care (MC) all year, with Rx claims	52,001	593,083	0	0	593,083
MC all year, with no Rx claims	2,872,269	30,655,855	0	0	30,655,855

Source: Data for this table are from the MAX 2003 file for California, released by CMS in 05/2007. 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.