

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 D.C.

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

- TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

- TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

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

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL BENEFICIARIES, D.C., 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	52,915	1,073	18,238	11,833	21,771	0	347,180	9,984	181,790	47,875	107,531	0	347,180	9,984	181,790	47,875	107,531	0	
Age																			
5 and younger	8,718	0	558	4	8,156	0	35,725	0	3,989	24	31,712	0	35,725	0	3,989	24	31,712	0	
6-14	10,594	0	1,601	2	8,991	0	60,141	0	13,624	10	46,507	0	60,141	0	13,624	10	46,507	0	
15-20	6,296	0	910	819	4,567	0	39,895	0	8,218	2,641	29,036	0	39,895	0	8,218	2,641	29,036	0	
21-44	13,914	3	5,930	7,930	51	0	88,432	23	60,416	27,781	212	0	88,432	23	60,416	27,781	212	0	
45-64	11,770	12	8,693	3,065	0	0	107,176	77	89,739	17,360	0	0	107,176	77	89,739	17,360	0	0	
65-74	897	434	452	11	0	0	8,909	4,013	4,844	52	0	0	8,909	4,013	4,844	52	0	0	
75-84	472	394	76	2	0	0	4,656	3,863	786	7	0	0	4,656	3,863	786	7	0	0	
85 and older	248	230	18	0	0	0	2,182	2,008	174	0	0	0	2,182	2,008	174	0	0	0	
Unknown	6	0	0	0	6	0	64	0	0	0	64	0	64	0	0	0	64	0	
Gender																			
Female	28,891	697	8,560	8,948	10,686	0	179,564	6,560	87,965	33,220	51,819	0	179,564	6,560	87,965	33,220	51,819	0	
Male	24,021	376	9,678	2,885	11,082	0	167,612	3,424	93,825	14,655	55,708	0	167,612	3,424	93,825	14,655	55,708	0	
Unknown	3	0	0	0	3	4	0	0	0	0	4	0	0	0	0	0	4	0	
Race																			
White	1,158	70	753	180	155	0	9,899	630	7,657	844	768	0	9,899	630	7,657	844	768	0	
African American	45,191	710	15,581	10,632	18,268	0	297,478	6,398	154,373	42,992	93,715	0	297,478	6,398	154,373	42,992	93,715	0	
Other/unknown	6,566	293	1,904	1,021	3,348	0	39,803	2,956	19,760	4,039	13,048	0	39,803	2,956	19,760	4,039	13,048	0	
Use of Nursing Facilities^c																			
Entire year	467	189	268	10	0	0	5,053	1,977	2,977	99	0	0	5,053	1,977	2,977	99	0	0	
Part year	529	88	416	25	0	0	5,402	886	4,304	212	0	0	5,402	886	4,304	212	0	0	
None	51,919	796	17,554	11,798	21,771	0	336,725	7,121	174,509	47,564	107,531	0	336,725	7,121	174,509	47,564	107,531	0	
Maintenance Assistance Status																			
Cash	27,781	311	14,384	6,848	6,238	0	198,990	3,296	150,313	23,940	21,441	0	198,990	3,296	150,313	23,940	21,441	0	
Medically needy	10,967	344	3,440	2,741	4,442	0	56,741	2,844	28,024	10,631	15,242	0	56,741	2,844	28,024	10,631	15,242	0	
Poverty-related	7,220	165	400	485	6,170	0	25,906	1,488	3,352	1,372	19,694	0	25,906	1,488	3,352	1,372	19,694	0	
Other/unknown	6,947	253	14	1,759	4,921	0	65,543	2,356	101	11,932	51,154	0	65,543	2,356	101	11,932	51,154	0	
Managed Care (MC) Status																			
Fee-for-service (FFS) all year	30,583	1,072	16,910	4,509	8,092	0	277,998	9,983	175,577	26,797	65,641	0	277,998	9,983	175,577	26,797	65,641	0	
FFS part year, with Rx claims	4,517	0	546	1,869	2,102	0	17,322	0	3,236	6,067	8,019	0	17,322	0	3,236	6,067	8,019	0	
FFS part year, no Rx claims	17,815	1	782	5,455	11,577	0	51,860	1	2,977	15,011	33,871	0	51,860	1	2,977	15,011	33,871	0	

Source: Data for this table are from the MAX 2003 file for D.C., 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, D.C., 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	39.4 %	9.7	\$916	\$95	\$9,719	9.4 %	52,915
Age							
5 and younger	21.3	0.8	56	71	3,952	1.4	8,718
6-14	23.3	2.3	203	90	4,851	4.2	10,594
15-20	29.0	2.6	191	73	7,482	2.5	6,296
21-44	42.9	9.1	1,129	124	10,302	11.0	13,914
45-64	66.9	25.7	2,300	89	17,538	13.1	11,770
65-74	59.1	25.5	1,459	57	19,995	7.3	897
75-84	53.6	19.3	973	50	19,835	4.9	472
85 and older	21.0	7.9	405	51	17,210	2.4	248
Unknown	0.0	0.0	0	0	0	0.0	6
Basis of Eligibility^e							
Aged	43.8	14.8	766	52	20,329	3.8	1,073
Disabled	65.3	23.4	2,233	96	19,305	11.6	18,238
Adults	31.9	3.0	365	123	3,321	11.0	11,833
Children	21.5	1.5	120	79	4,643	2.6	21,771
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	40.7	10.4	864	83	8,688	9.9	28,891
Male	37.8	8.7	980	112	10,960	8.9	24,021
Unknown	33.3	0.3	7	21	2,494	0.3	3
Race							
White	45.2	17.1	1,672	98	15,324	10.9	1,158
African American	40.1	9.7	923	95	9,810	9.4	45,191
Other/unknown	33.7	8.0	736	93	8,103	9.1	6,566
Use of Nursing Facilities^f							
Entire year	24.6	19.8	1,280	65	72,230	1.8	467
Part year	74.3	36.5	2,960	81	84,740	3.5	529
None	39.2	9.3	892	96	8,392	10.6	51,919
Maintenance Assistance Status							
Cash	45.9	13.7	1,303	95	10,760	12.1	27,781
Medically needy	30.4	6.5	709	109	10,995	6.4	10,967
Poverty related	17.9	2.1	171	83	2,598	6.6	7,220
Other/unknown	49.6	6.3	471	75	10,942	4.3	6,947

Table ND3

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for D.C., 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, D.C., 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	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	Beneficiaries			
All	1.5	\$140	9.4 %	60.6 %	20.7 %	5.6 %	8.3 %	4.0 %	0.8 %	\$1,481	52,915	347,180	
Age													
5 and younger	0.2	14	1.4	78.7	18.8	1.6	0.7	0.1	0.0	965	8,718	35,725	
6-14	0.4	36	4.2	76.7	18.1	2.6	2.2	0.4	0.0	855	10,594	60,141	
15-20	0.4	30	2.5	71.0	22.8	3.4	2.4	0.4	0.0	1,181	6,296	39,895	
21-44	1.4	178	11.0	57.1	23.2	6.9	8.9	3.4	0.6	1,621	13,914	88,432	
45-64	2.8	253	13.1	33.1	21.2	10.6	20.7	11.8	2.6	1,926	11,770	107,176	
65-74	2.6	147	7.3	40.9	15.4	7.9	20.5	13.3	2.0	2,013	897	8,909	
75-84	2.0	99	4.9	46.4	15.5	10.8	18.0	8.5	0.8	2,011	472	4,656	
85 and older	0.9	46	2.4	79.0	8.5	0.8	6.5	4.0	1.2	1,956	248	2,182	
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	6	64	
Basis of Eligibility^e													
Aged	1.6	82	3.8	56.2	15.3	7.0	13.9	6.5	1.1	2,185	1,073	9,984	
Disabled	2.3	224	11.6	34.7	24.6	9.7	18.6	10.2	2.2	1,937	18,238	181,790	
Adults	0.7	90	11.0	68.1	20.5	5.4	4.9	1.1	0.1	821	11,833	47,875	
Children	0.3	24	2.6	78.5	17.8	2.2	1.4	0.2	0.0	940	21,771	107,531	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Gender													
Female	1.7	139	9.9	59.3	21.0	5.6	8.6	4.5	1.0	1,398	28,891	179,564	
Male	1.3	140	8.9	62.2	20.3	5.5	8.1	3.3	0.6	1,571	24,021	167,612	
Unknown	0.3	5	0.3	66.7	33.3	0.0	0.0	0.0	0.0	1,871	3	4	
Race													
White	2.0	196	10.9	54.8	15.8	6.5	13.0	7.9	2.1	1,793	1,158	9,899	
African American	1.5	140	9.4	59.9	21.3	5.7	8.2	4.0	0.8	1,490	45,191	297,478	
Other/unknown	1.3	122	9.1	66.3	17.1	4.9	8.2	3.1	0.4	1,337	6,566	39,803	
Use of Nursing Facilities^f													
Entire year	1.8	118	1.8	75.4	2.8	1.7	5.4	8.4	6.4	6,676	467	5,053	
Part year	3.6	290	3.5	25.7	19.7	10.4	21.6	15.3	7.4	8,298	529	5,402	
None	1.4	138	10.6	60.8	20.9	5.6	8.2	3.8	0.7	1,294	51,919	336,725	
Maintenance Assistance Status													
Cash	1.9	182	12.1	54.1	21.0	6.6	11.2	5.9	1.2	1,502	27,781	198,990	
Medically needy	1.3	137	6.4	69.6	16.1	4.7	6.4	2.6	0.6	2,125	10,967	56,741	
Poverty related	0.6	48	6.6	82.1	12.9	2.0	2.0	0.9	0.1	724	7,220	25,906	
Other/unknown	0.7	50	4.3	50.4	34.9	6.7	6.5	1.5	0.0	1,160	6,947	65,543	

Source: Data for this table are from the MAX 2003 file for D.C., 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, D.C., 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	1.5	\$140	\$95	0.7	\$120	\$178	0.0	\$2	\$47	0.8	\$18	\$24
Age												
5 and younger	0.2	14	71	0.1	12	158	0.0	0	37	0.1	2	18
6-14	0.4	36	90	0.3	32	125	0.0	1	75	0.1	3	23
15-20	0.4	30	73	0.2	26	114	0.0	0	54	0.2	4	22
21-44	1.4	178	124	0.7	158	226	0.0	2	47	0.7	18	26
45-64	2.8	253	89	1.2	213	176	0.1	3	45	1.5	37	24
65-74	2.6	147	57	1.1	111	104	0.1	2	37	1.4	34	24
75-84	2.0	99	50	0.8	72	86	0.1	2	40	1.1	24	23
85 and older	0.9	46	51	0.4	33	87	0.1	3	49	0.5	10	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	1.6	82	52	0.7	60	88	0.1	2	39	0.9	20	24
Disabled	2.3	224	96	1.0	191	183	0.1	3	46	1.2	30	24
Adults	0.7	90	123	0.3	81	234	0.0	1	49	0.4	8	21
Children	0.3	24	79	0.2	21	120	0.0	0	59	0.1	3	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.7	139	83	0.7	116	157	0.0	2	47	0.9	21	23
Male	1.3	140	112	0.6	123	207	0.0	1	47	0.6	16	25
Unknown	0.3	5	21	0.3	5	21	0.0	0	0	0.0	0	0
Race												
White	2.0	196	98	0.9	165	174	0.1	3	37	1.0	28	29
African American	1.5	140	95	0.7	120	180	0.0	2	48	0.8	18	24
Other/unknown	1.3	122	93	0.6	103	166	0.0	1	44	0.7	17	25
Use of Nursing Facilities^e												
Entire year	1.8	118	65	0.8	90	119	0.1	4	32	0.9	24	25
Part year	3.6	290	81	1.4	238	166	0.2	6	42	2.0	45	23
None	1.4	138	96	0.7	118	180	0.0	1	48	0.7	18	24
Maintenance Assistance Status												
Cash	1.9	182	95	0.9	155	180	0.0	2	46	1.0	24	24
Medically needy	1.3	137	109	0.6	119	217	0.0	2	45	0.7	16	24
Poverty related	0.6	48	83	0.3	40	158	0.0	1	54	0.3	7	23
Other/unknown	0.7	50	75	0.4	43	122	0.0	1	54	0.3	7	22

Source: Data for this table are from the MAX 2003 file for D.C., 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 D.C., 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, D.C., 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	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	0.6	0.4	0.0	0.2	\$158	\$154	\$0	\$4	\$274	\$375	\$54	\$25	\$16,618,338	10,697	20.2	%	105,083
Biologics	0.2	0.2	0.0	0.0	197	197	0	0	921	942	0	43	155,583	101	0.2		790
Antineoplastic Agents	0.4	0.1	0.0	0.2	103	69	4	30	266	564	231	122	625,610	584	1.1		6,079
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.3	36	26	1	9	54	82	24	30	1,894,297	5,138	9.7		52,169
Cardiovascular Agents	1.4	0.5	0.0	0.9	55	36	1	18	40	73	42	21	4,386,428	7,610	14.4		79,773
Respiratory Agents	0.6	0.3	0.0	0.2	31	25	1	5	55	78	73	23	2,489,386	8,001	15.1		80,036
Gastrointestinal Agents	0.4	0.1	0.0	0.3	33	22	1	10	77	154	84	35	1,467,656	4,251	8.0		44,949
Genitourinary Agents	0.3	0.2	0.0	0.1	18	17	0	1	62	72	56	16	290,195	1,612	3.0		16,044
CNS Drugs	1.0	0.6	0.0	0.4	125	112	0	12	125	193	83	29	10,174,215	7,521	14.2		81,568
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	51	44	1	6	79	91	62	40	499,425	934	1.8		9,870
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.0	50	43	0	7	172	179	0	137	125,614	225	0.4		2,530
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	25	17	1	8	46	200	58	17	2,151,983	8,474	16.0		87,375
Neuromuscular Agents	0.8	0.3	0.0	0.4	52	42	1	9	69	123	36	23	2,950,623	5,167	9.8		56,676
Nutritional Products	0.4	0.0	0.0	0.4	6	0	0	5	13	18	15	13	200,000	3,568	6.7		35,941
Hematological Agents	0.5	0.2	0.0	0.3	116	110	1	4	216	590	24	14	2,656,327	2,158	4.1		22,954
Topical Products	0.4	0.2	0.0	0.2	19	12	1	6	51	74	64	30	1,405,350	7,296	13.8		72,903
Miscellaneous Products	0.3	0.2	0.0	0.1	92	80	2	11	296	369	223	123	326,044	353	0.7		3,532
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	14	0	0	0	78	0	0	0	63,332	455	0.9		4,578
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.	48,480,406	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for D.C., 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.medspan.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 D.C., 0.2 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.medspan.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, D.C., 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
ANTIVIRAL	\$14,443,795	5,225	9.9 %	54,259	0.5	\$491
ANTIPSYCHOTICS	7,909,352	5,525	10.4	62,309	0.6	226
ANTICONVULSANT	2,656,632	4,346	8.2	48,317	0.6	86
ANTIDEPRESSANTS	1,823,737	5,997	11.3	65,263	0.5	62
HEMATOPOIETIC AGENTS	1,574,736	2,322	4.4	23,490	0.3	201
ANTI-DIABETIC	1,515,061	4,247	8.0	45,201	0.6	58
ANTI-ASTHMATIC	1,364,554	6,244	11.8	64,082	0.3	62
ANALGESICS - Narcotic	1,362,797	6,883	13.0	73,676	0.4	52
ANTIHYPERLIPIDEMIC	1,310,948	2,393	4.5	26,201	0.5	93
ANTIHYPERTENSIVE	1,208,377	6,212	11.7	66,903	0.5	34
Total	35,169,989	49,394		529,701	n.a.	n.a.

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

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIVIRAL				ANTIPSYCHOTICS				
	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 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
All	256,342	\$35,169,989	5,225	9.9 %	54,259	0.5	5,525	10.4 %	62,309	0.6	\$127		
Female	146,680	17,509,778	2,321	8.0	24,635	0.5	2,888	10.0	32,682	0.5	118		
Disabled	126,809	15,057,335	1,708	20.0	19,292	0.5	2,449	28.6	28,168	0.6	127		
5 and younger	166	19,333	7	3.0	31	0.5	1	0.4	11	0.2	20		
6-14	1,100	128,052	33	6.3	335	0.5	43	8.3	434	0.5	61		
15-20	837	91,166	6	1.8	56	0.4	47	14.2	457	0.5	81		
21-44	33,152	5,096,461	862	31.1	9,648	0.5	981	35.4	11,249	0.5	126		
45-64	85,920	9,315,004	795	18.3	9,165	0.6	1,334	30.6	15,507	0.6	131		
65-74	4,895	357,907	5	1.8	57	0.5	36	13.0	426	0.7	148		
75-84	706	46,683	0	0.0	0	0.0	7	12.1	84	0.8	149		
85 and older	33	2,729	0	0.0	0	0.0	0	0.0	0	0.0	0		
Other Eligibles	19,871	2,452,443	613	3.0	5,343	0.5	439	2.2	4,514	0.4	65		
5 and younger	468	32,862	8	0.2	78	0.8	0	0.0	0	0.0	0		
6-14	2,961	350,436	47	1.0	478	0.6	147	3.3	1,636	0.5	82		
15-20	2,531	230,277	42	1.4	396	0.2	145	4.9	1,612	0.4	54		
21-44	4,040	889,909	344	5.3	3,023	0.5	56	0.9	450	0.3	46		
45-64	5,508	703,262	167	10.1	1,326	0.5	62	3.7	534	0.4	61		
65-74	1,878	106,182	3	1.2	18	0.3	13	5.0	120	0.5	79		
75-84	2,074	123,669	2	0.7	24	0.1	11	4.1	108	0.7	85		
85 and older	411	15,846	0	0.0	0	0.0	5	3.0	54	0.4	39		
Male	109,662	17,660,211	2,904	12.1	29,624	0.6	2,637	11.0	29,627	0.6	136		
Disabled	91,205	14,669,391	2,107	21.8	22,969	0.6	2,066	21.3	23,518	0.6	150		
5 and younger	440	46,599	3	0.9	36	1.0	3	0.9	36	0.5	55		
6-14	2,452	316,381	42	3.9	431	0.7	131	12.1	1,266	0.5	86		
15-20	1,611	163,467	12	2.1	90	0.6	62	10.7	641	0.6	110		
21-44	27,928	4,988,404	937	29.7	10,194	0.5	816	25.9	9,321	0.6	150		
45-64	56,395	8,942,485	1,106	25.5	12,134	0.6	1,020	23.5	11,858	0.6	160		
65-74	2,133	198,968	7	4.0	84	1.1	32	18.3	372	0.6	137		
75-84	208	12,106	0	0.0	0	0.0	2	11.1	24	0.4	18		
85 and older	38	981	0	0.0	0	0.0	0	0.0	0	0.0	0		
Other Eligibles	18,457	2,990,820	797	5.6	6,655	0.6	571	4.0	6,109	0.5	84		
5 and younger	828	68,277	13	0.3	127	0.7	5	0.1	57	0.2	35		
6-14	5,295	550,487	35	0.8	372	0.4	306	6.8	3,421	0.5	87		
15-20	3,020	353,273	26	1.1	294	0.3	201	8.3	2,118	0.5	82		
21-44	2,511	901,989	414	28.2	3,220	0.6	14	1.0	106	0.3	82		
45-64	4,643	976,251	305	21.5	2,609	0.6	34	2.4	276	0.4	73		
65-74	1,211	80,993	3	1.6	21	0.9	7	3.8	83	0.7	116		
75-84	714	40,143	1	0.8	12	0.1	3	2.4	36	0.5	84		
85 and older	235	19,407	0	0.0	0	0.0	1	1.6	12	0.1	59		
Unknown	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 D.C., 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, D.C., 2003

Beneficiary Characteristics	ANTICONVULSANT				ANTIDEPRESSANTS				HEMATOPOIETIC AGENTS						
	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	
All	4,346	8.2 %	48,317	0.6	\$55	5,997	11.3 %	65,263	0.5	\$28	2,322	4.4 %	23,490	0.3	\$67
Female	2,398	8.3	26,745	0.6	53	3,744	13.0	40,803	0.4	27	1,465	5.1	14,323	0.3	47
Disabled	2,075	24.2	23,709	0.6	54	3,023	35.3	34,241	0.4	28	986	11.5	11,126	0.3	53
5 and younger	0	0.0	0	0.0	0	1	0.4	9	0.3	11	7	3.0	60	0.5	109
6-14	38	7.3	379	0.6	68	18	3.5	177	0.6	28	9	1.7	103	0.8	59
15-20	32	9.7	314	0.7	76	37	11.2	398	0.3	20	24	7.3	283	0.2	1
21-44	790	28.5	9,004	0.6	59	1,056	38.1	11,884	0.4	27	344	12.4	3,866	0.3	41
45-64	1,173	26.9	13,516	0.6	49	1,845	42.4	20,983	0.5	29	573	13.2	6,503	0.4	62
65-74	40	14.4	472	0.7	49	59	21.3	706	0.5	32	25	9.0	281	0.5	39
75-84	2	3.4	24	0.7	30	7	12.1	84	0.5	16	3	5.2	18	0.3	14
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	8.3	12	0.1	0
Other Eligibles	323	1.6	3,036	0.5	48	721	3.5	6,562	0.4	25	479	2.4	3,197	0.3	27
5 and younger	3	0.1	16	0.4	13	2	0.1	20	0.3	21	20	0.5	153	0.2	2
6-14	62	1.4	702	0.5	55	133	2.9	1,454	0.5	36	11	0.2	102	0.2	2
15-20	88	3.0	962	0.5	55	167	5.6	1,811	0.4	22	142	4.8	1,067	0.2	2
21-44	63	1.0	401	0.4	56	153	2.3	973	0.3	20	227	3.5	1,124	0.3	29
45-64	71	4.3	572	0.5	29	194	11.7	1,511	0.3	22	44	2.7	362	0.3	106
65-74	17	6.5	188	0.4	19	30	11.5	308	0.5	27	19	7.3	209	0.4	12
75-84	14	5.2	144	0.5	62	34	12.6	398	0.4	20	13	4.8	153	0.4	65
85 and older	5	3.0	51	0.5	6	8	4.7	87	0.7	36	3	1.8	27	0.5	6
Male	1,948	8.1	21,572	0.7	57	2,253	9.4	24,460	0.5	29	857	3.6	9,167	0.4	99
Disabled	1,657	17.1	18,612	0.7	59	1,678	17.3	18,741	0.5	30	720	7.4	7,956	0.4	103
5 and younger	13	4.0	112	0.3	40	2	0.6	17	0.6	63	2	0.6	24	0.5	3
6-14	65	6.0	614	0.6	53	74	6.8	765	0.5	35	14	1.3	150	0.2	10
15-20	55	9.5	554	0.9	72	46	7.9	453	0.5	37	8	1.4	74	0.5	3
21-44	633	20.1	7,161	0.7	70	565	17.9	6,269	0.5	32	191	6.1	2,108	0.4	112
45-64	862	19.9	9,825	0.7	50	965	22.2	10,933	0.5	27	482	11.1	5,330	0.4	107
65-74	28	16.0	334	0.9	69	23	13.1	268	0.5	24	20	11.4	234	0.5	66
75-84	1	5.6	12	0.3	43	3	16.7	36	0.5	37	3	16.7	36	0.1	1
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	291	2.0	2,960	0.6	50	575	4.0	5,719	0.5	28	137	1.0	1,211	0.3	68
5 and younger	4	0.1	30	0.6	34	7	0.2	81	0.3	23	23	0.6	156	0.2	2
6-14	119	2.7	1,328	0.6	52	221	4.9	2,424	0.5	31	13	0.3	146	0.4	71
15-20	68	2.8	736	0.7	71	171	7.0	1,835	0.5	28	9	0.4	106	0.4	275
21-44	17	1.2	127	0.4	35	34	2.3	227	0.4	23	11	0.7	91	0.3	89
45-64	63	4.4	536	0.4	32	116	8.2	866	0.3	23	52	3.7	390	0.3	77
65-74	14	7.6	137	0.4	15	17	9.2	183	0.3	18	16	8.6	171	0.4	2
75-84	5	4.0	54	0.6	31	7	5.6	79	0.4	23	12	9.5	139	0.3	29
85 and older	1	1.6	12	0.9	26	2	3.3	24	0.1	5	1	1.6	12	0.8	11
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 D.C., 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, D.C., 2003

Beneficiary Characteristics	ANTIDIABETIC				ANTIASTHMATIC				ANALGESICS - Narcotic			
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month
All	4,247	8.0 %	45,201	\$34	6,244	11.8 %	64,082	\$21	6,883	13.0 %	73,676	\$19
Female	2,750	9.5	29,330	34	4,023	13.9	41,866	22	4,382	15.2	46,710	17
Disabled	2,252	26.3	25,541	35	2,967	34.7	33,728	23	3,569	41.7	40,457	18
5 and younger	0	0.0	0	0	42	17.9	347	0	4	1.7	48	2
6-14	0	0.0	0	0	86	16.5	900	16	11	2.1	120	2
15-20	4	1.2	39	35	33	10.0	372	30	18	5.5	208	2
21-44	337	12.1	3,778	29	812	29.3	9,197	17	1,030	37.1	11,407	18
45-64	1,764	40.5	20,001	36	1,865	42.8	21,431	26	2,390	54.9	27,343	19
65-74	125	45.1	1,468	38	103	37.2	1,196	26	97	35.0	1,125	18
75-84	21	36.2	243	24	24	41.4	261	17	19	32.8	206	18
85 and older	1	8.3	12	46	2	16.7	24	20	0	0.0	0	0
Other Eligibles	498	2.4	3,789	29	1,056	5.2	8,138	16	813	4.0	6,253	6
5 and younger	1	0.0	5	18	181	4.5	1,271	16	8	0.2	63	1
6-14	7	0.2	37	14	201	4.4	1,513	13	21	0.5	205	2
15-20	13	0.4	93	43	171	5.8	1,622	12	98	3.3	867	1
21-44	105	1.6	454	30	230	3.5	1,373	18	350	5.4	2,147	5
45-64	235	14.2	1,737	29	191	11.5	1,493	20	236	14.3	1,886	11
65-74	64	24.6	630	29	43	16.5	421	26	40	15.4	409	3
75-84	67	24.8	762	29	29	10.7	348	18	49	18.1	557	5
85 and older	6	3.6	71	14	10	5.9	97	15	11	6.5	119	10
Male	1,497	6.2	15,871	32	2,221	9.2	22,216	21	2,501	10.4	26,966	22
Disabled	1,205	12.5	13,398	33	1,381	14.3	15,352	22	2,120	21.9	23,581	24
5 and younger	0	0.0	0	0	93	28.7	886	31	5	1.5	60	4
6-14	0	0.0	0	0	174	16.1	1,935	15	24	2.2	270	1
15-20	5	0.9	44	46	65	11.2	690	18	32	5.5	342	7
21-44	232	7.4	2,511	30	284	9.0	3,207	21	668	21.2	7,462	17
45-64	926	21.3	10,350	33	713	16.4	8,048	24	1,357	31.3	15,047	28
65-74	37	21.1	433	32	47	26.9	526	30	29	16.6	340	7
75-84	4	22.2	48	71	5	27.8	60	13	3	16.7	36	3
85 and older	1	16.7	12	31	0	0.0	0	0	2	33.3	24	4
Other Eligibles	292	2.0	2,473	28	840	5.9	6,864	18	381	2.7	3,385	10
5 and younger	1	0.0	3	103	278	6.7	2,046	23	2	0.0	24	1
6-14	2	0.0	6	60	302	6.8	2,466	14	22	0.5	231	1
15-20	9	0.4	98	47	112	4.6	1,135	12	50	2.1	509	1
21-44	27	1.8	161	27	25	1.7	148	16	61	4.2	421	4
45-64	183	12.9	1,420	21	94	6.6	737	20	190	13.4	1,577	9
65-74	39	21.1	415	44	8	4.3	96	15	32	17.3	349	27
75-84	29	23.0	346	27	16	12.7	182	31	15	11.9	172	4
85 and older	2	3.3	24	57	5	8.2	54	44	9	14.8	102	53
Unknown	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0

Table ND7C

Nondual Beneficiaries

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

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

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

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

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

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

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC				ANTIHYPERTENSIVE						
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
All	2,393	4.5 %	26,201	0.5	6,212	11.7 %	66,903	0.5	\$18	52,915	347,180
Female	1,476	5.1	16,116	0.5	3,688	12.8	39,509	0.5	19	28,888	179,528
Disabled	1,196	14.0	13,690	0.5	2,929	34.2	33,167	0.5	19	8,560	87,965
5 and younger	0	0.0	0	0.0	1	0.4	11	0.5	3	234	1,692
6-14	0	0.0	0	0.0	8	1.5	59	0.4	10	520	4,493
15-20	1	0.3	12	0.3	8	2.4	96	0.2	10	330	2,986
21-44	121	4.4	1,398	0.5	449	16.2	4,986	0.5	16	2,774	29,013
45-64	955	21.9	10,891	0.5	2,264	52.0	25,746	0.6	20	4,355	46,021
65-74	99	35.7	1,157	0.6	166	59.9	1,913	0.6	26	277	3,037
75-84	17	29.3	196	0.6	31	53.4	332	0.6	21	58	600
85 and older	3	25.0	36	0.3	2	16.7	24	0.5	15	12	123
Other Eligibles	280	1.4	2,426	0.5	759	3.7	6,342	0.5	17	20,328	91,563
5 and younger	0	0.0	0	0.0	2	0.1	19	0.1	1	3,981	15,465
6-14	1	0.0	12	0.3	46	1.0	493	0.6	6	4,520	22,995
15-20	1	0.0	12	0.1	9	0.3	80	0.4	16	2,957	15,817
21-44	32	0.5	171	0.4	114	1.7	616	0.4	12	6,515	22,004
45-64	140	8.5	1,057	0.5	383	23.1	2,855	0.5	16	1,656	8,722
65-74	53	20.4	579	0.6	87	33.5	932	0.6	22	260	2,402
75-84	48	17.8	535	0.6	95	35.2	1,091	0.6	23	270	2,685
85 and older	5	3.0	60	0.4	23	13.6	256	0.6	19	169	1,473
Male	917	3.8	10,085	0.5	2,524	10.5	27,394	0.5	17	24,018	167,584
Disabled	762	7.9	8,665	0.5	2,030	21.0	22,761	0.5	18	9,678	93,825
5 and younger	0	0.0	0	0.0	4	1.2	44	0.6	33	324	2,297
6-14	0	0.0	0	0.0	49	4.5	456	0.5	6	1,081	9,131
15-20	0	0.0	0	0.0	12	2.1	132	0.7	13	580	5,232
21-44	139	4.4	1,562	0.5	385	12.2	4,300	0.5	18	3,156	31,403
45-64	590	13.6	6,718	0.5	1,504	34.7	16,960	0.5	18	4,338	43,718
65-74	28	16.0	325	0.6	64	36.6	725	0.6	18	175	1,807
75-84	5	27.8	60	0.5	7	38.9	84	0.7	28	18	186
85 and older	0	0.0	0	0.0	5	83.3	60	0.3	9	6	51
Other Eligibles	155	1.1	1,420	0.5	494	3.4	4,633	0.5	13	14,340	73,759
5 and younger	0	0.0	0	0.0	10	0.2	94	0.3	3	4,176	16,267
6-14	1	0.0	12	0.1	101	2.3	1,167	0.5	6	4,473	23,522
15-20	2	0.1	24	0.5	16	0.7	172	0.5	5	2,429	15,860
21-44	20	1.4	158	0.5	17	1.2	107	0.5	13	1,469	6,012
45-64	88	6.2	714	0.4	250	17.6	1,936	0.4	12	1,421	8,715
65-74	21	11.4	237	0.6	59	31.9	668	0.6	25	185	1,663
75-84	18	14.3	215	0.5	29	23.0	347	0.5	17	126	1,185
85 and older	5	8.2	60	0.7	12	19.7	142	0.6	31	61	535
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	9	68

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for D.C., 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, D.C., 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	\$118	1.8	467	5,053
Age				
0-64	171	2.5	272	2,984
65-74	55	1.3	79	853
75-84	51	1.0	70	749
85 and older	4	0.2	46	467
Unknown	0	0.0	0	0
Gender				
Female	118	1.9	236	2,594
Male	119	1.8	231	2,459
Unknown	0	0.0	0	0
Race				
White	111	1.9	31	359
African American	123	1.9	392	4,224
Other/unknown	79	1.6	44	470
Basis of Eligibility^c				
Aged	46	1.0	189	1,977
Disabled	164	2.4	268	2,977
Adults	176	2.4	10	99
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for D.C., 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 529 beneficiaries who were in nursing facilities for part of their enrollment and their 5,402 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, D.C., 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	1.2	1.0	0.0	0.2	###	\$2	\$7	\$200	\$244	\$121	\$31	\$175,408	63	13.5 %	713
Biologicals	0.1	0.1	0.0	0.0	1	1	0	15	14	0	25	151	10	2.1	113
Antineoplastic Agents	0.6	0.1	0.0	0.5	106	38	0	176	693	0	124	19,347	18	3.9	182
Endocrine/Metabolic Drugs	1.2	0.6	0.1	0.4	54	40	2	46	64	14	30	19,369	33	7.1	356
Cardiovascular Agents	2.2	0.7	0.1	1.4	80	45	2	37	65	33	23	63,767	75	16.1	799
Respiratory Agents	0.6	0.3	0.1	0.2	23	17	2	4	58	35	16	9,739	37	7.9	425
Gastrointestinal Agents	1.2	0.4	0.0	0.7	62	43	0	53	102	19	26	43,428	68	14.6	696
Genitourinary Agents	0.7	0.5	0.0	0.2	38	34	1	3	69	62	12	7,384	17	3.6	195
CNS Drugs	1.7	0.9	0.0	0.7	118	105	2	11	112	60	16	101,321	82	17.6	861
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	133	133	0	128	128	0	0	3,200	2	0.4	24
Analgesics and Anesthetics	1.3	0.2	0.0	1.1	29	16	2	22	79	43	10	16,508	55	11.8	571
Neuromuscular Agents	1.7	0.6	0.3	0.8	95	49	8	39	77	29	47	62,414	62	13.3	655
Nutritional Products	0.8	0.0	0.0	0.7	16	1	0	16	21	0	21	6,904	39	8.4	424
Hematological Agents	1.3	0.4	0.3	0.5	91	77	6	8	175	19	15	46,581	47	10.1	510
Topical Products	0.7	0.3	0.1	0.3	29	17	5	6	53	59	21	21,744	66	14.1	760
Miscellaneous Products	0.3	0.0	0.0	0.3	11	0	0	11	38	0	38	413	4	0.9	38
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	6	0	0	0	0	0	0	184	4	0.9	31
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.	597,862	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for D.C., 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 529 beneficiaries who were in nursing facilities for part of their enrollment and their 5,402 benefit months were excluded from the analysis.

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

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

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

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

In D.C., 0.2 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, D.C., 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	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	
ANTIVIRAL	45	9.6 %	498	0.8	\$306	\$238	
ANTIPSYCHOTICS	55	11.8	572	0.8	143	111	
ANTICONVULSANT	60	12.8	621	1.2	52	65	
ANTIDEPRESSANTS	71	15.2	809	0.8	47	38	
ULCER DRUGS	52	11.1	542	0.7	75	56	
MISC. ANTI-INFECTIVES	33	7.1	388	0.4	157	63	
ANTI-DIABETIC	54	11.6	604	0.9	45	39	
HEMATOPOIETIC AGENTS	41	8.8	445	0.6	83	47	
MUSCULOSKELETAL THERAPY AGENTS	20	4.3	227	1.3	71	90	
ANTINEOPLASTICS	19	4.1	194	0.6	176	100	
Total	450		4,900	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for D.C., 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 529 beneficiaries who were in nursing facilities for part of their enrollment and their 5,402 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, D.C., 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIVIRAL					ANTIPSYCHOTICS					
	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	3,995	\$392,324	45	9.6 %	498	0.8	\$238	55	11.8 %	572	0.8	\$111				
Female	2,075	196,311	21	8.9	234	0.7	210	30	12.7	299	0.7	102				
Disabled	1,498	154,025	18	17.1	216	0.7	227	13	12.4	146	0.7	106				
64 or younger	1,444	150,591	18	18.8	216	0.7	227	12	12.5	134	0.7	109				
65-74	54	3,434	0	0.0	0	0.0	0	1	11.1	12	0.7	62				
75-84	0	0	0	0.0	0	0.0	0	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	577	42,286	3	2.3	18	0.3	11	17	13.0	153	0.7	98				
64 or younger	181	13,750	0	0.0	0	0.0	0	5	50.0	60	0.9	117				
65-74	221	15,711	3	7.7	18	0.3	11	7	17.9	57	0.4	49				
75-84	152	12,062	0	0.0	0	0.0	0	5	10.4	36	0.8	143				
85 and older	23	763	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
Male	1,920	196,013	24	10.4	264	0.9	263	25	10.8	273	0.9	122				
Disabled	1,685	174,097	21	12.9	252	0.9	260	19	11.7	217	0.9	124				
64 or younger	1,676	174,033	21	13.1	252	0.9	260	19	11.9	217	0.9	124				
65-74	9	64	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
75-84	0	0	0	0.0	0	0.0	0	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	235	21,916	3	4.4	12	1.1	330	6	8.8	56	0.8	114				
64 or younger	37	6,030	3	50.0	12	1.1	330	2	33.3	8	0.8	88				
65-74	111	6,759	0	0.0	0	0.0	0	2	7.1	24	1.1	195				
75-84	87	9,127	0	0.0	0	0.0	0	2	9.1	24	0.4	42				
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
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 D.C., 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 529 beneficiaries who were in nursing facilities for part of their enrollment and their 5,402 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, D.C., 2003

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ULCER DRUGS				
	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	60	12.8 %	621	1.2	\$65	71	15.2 %	809	0.8	\$38	52	11.1 %	542	0.7	\$56
Female	30	12.7	334	1.2	56	41	17.4	461	0.8	42	31	13.1	340	0.7	53
Disabled	19	18.1	212	1.4	67	26	24.8	295	0.9	45	19	18.1	212	0.7	49
64 or younger	17	17.7	188	1.3	61	26	27.1	295	0.9	45	19	19.8	212	0.7	49
65-74	2	22.2	24	1.9	112	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	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	11	8.4	122	0.9	37	15	11.5	166	0.8	38	12	9.2	128	0.7	60
64 or younger	5	50.0	60	0.9	37	3	30.0	36	0.9	53	2	20.0	24	1.0	79
65-74	3	7.7	36	1.3	62	5	12.8	60	0.7	44	4	10.3	48	0.7	72
75-84	2	4.2	16	0.3	6	5	10.4	50	0.7	26	5	10.4	46	0.6	44
85 and older	1	2.9	10	0.1	3	2	5.9	20	0.9	20	1	2.9	10	0.4	34
Male	30	13.0	287	1.3	76	30	13.0	348	0.8	33	21	9.1	202	0.8	60
Disabled	27	16.6	251	1.4	83	26	16.0	308	0.8	35	17	10.4	167	0.9	68
64 or younger	27	16.9	251	1.4	83	26	16.3	308	0.8	35	17	10.6	167	0.9	68
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	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	3	4.4	36	0.8	27	4	5.9	40	0.6	19	4	5.9	35	0.5	24
64 or younger	0	0.0	0	0.0	0	1	16.7	4	0.8	47	1	16.7	4	0.5	18
65-74	3	10.7	36	0.8	27	1	3.6	12	0.9	6	2	7.1	19	0.4	20
75-84	0	0.0	0	0.0	0	2	9.1	24	0.5	21	1	4.5	12	0.6	31
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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 D.C., 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 529 beneficiaries who were in nursing facilities for part of their enrollment and their 5,402 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, D.C., 2003

Beneficiary Characteristics	MISC. ANTI-INFECTIVES					ANTI-DIABETIC					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	33	7.1 %	388	0.4	\$63	54	11.6 %	604	0.9	\$39	41	8.8 %	445	0.6	\$47
Female	17	7.2	204	0.4	64	34	14.4	379	0.9	43	23	9.7	263	0.6	62
Disabled	14	13.3	168	0.4	73	21	20.0	232	0.9	41	18	17.1	206	0.7	74
64 or younger	14	14.6	168	0.4	73	21	21.9	232	0.9	41	18	18.8	206	0.7	74
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	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	3	2.3	36	0.1	21	13	9.9	147	0.8	45	5	3.8	57	0.4	19
64 or younger	0	0.0	0	0.0	0	1	10.0	12	1.0	55	1	10.0	12	0.5	3
65-74	3	7.7	36	0.1	21	7	17.9	75	0.7	45	2	5.1	24	0.5	3
75-84	0	0.0	0	0.0	0	5	10.4	60	0.9	42	2	4.2	21	0.1	46
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male	16	6.9	184	0.4	62	20	8.7	225	0.8	32	18	7.8	182	0.5	24
Disabled	12	7.4	144	0.4	59	15	9.2	165	0.9	36	11	6.7	114	0.5	7
64 or younger	12	7.5	144	0.4	59	14	8.8	153	0.9	39	11	6.9	114	0.5	7
65-74	0	0.0	0	0.0	0	1	33.3	12	0.8	5	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	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	4	5.9	40	0.7	72	5	7.4	60	0.6	22	7	10.3	68	0.5	53
64 or younger	1	16.7	4	1.3	10	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	1	3.6	12	1.0	30	5	17.9	44	0.5	4
75-84	3	13.6	36	0.6	79	4	18.2	48	0.5	20	2	9.1	24	0.5	144
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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 D.C., 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 529 beneficiaries who were in nursing facilities for part of their enrollment and their 5,402 benefit months were excluded from the analysis.

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

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

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

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

Table ND10C

Nondual Beneficiaries

TABLE ND.10D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, D.C., 2003

Beneficiary Characteristics	MUSCULOSKELETAL THERAPY AGENTS					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	20	4.3 %	227	1.3	\$91	19	4.1 %	194	0.6	\$100	467	5,053
Female	7	3.0	78	1.1	72	6	2.5	57	0.5	167	236	2,594
Disabled	7	6.7	78	1.1	72	5	4.8	54	0.5	174	105	1,212
64 or younger	7	7.3	78	1.1	72	5	5.2	54	0.5	174	96	1,104
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	108
75-84	0	0.0	0	0.0	0	0	0.0	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	0	0.0	0	0.0	0	1	0.8	3	0.3	44	131	1,382
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	87
65-74	0	0.0	0	0.0	0	1	2.6	3	0.3	44	39	418
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	48	516
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	34	361
Male	13	5.6	149	1.4	100	13	5.6	137	0.6	72	231	2,459
Disabled	13	8.0	149	1.4	100	11	6.7	132	0.5	65	163	1,765
64 or younger	13	8.1	149	1.4	100	11	6.9	132	0.5	65	160	1,729
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
75-84	0	0.0	0	0.0	0	0	0.0	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	0	0.0	0	0.0	0	2	2.9	5	1.8	241	68	694
64 or younger	0	0.0	0	0.0	0	1	16.7	4	2.0	268	6	64
65-74	0	0.0	0	0.0	0	1	3.6	1	1.0	132	28	291
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	22	233
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12	106
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 D.C., 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 529 beneficiaries who were in nursing facilities for part of their enrollment and their 5,402 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}
 D. C., 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
				Excluded Rx	Rx \$ per Beneficiary			Excluded Rx	%	
All	8,124	15.4%	0.9	46,167	\$13	\$698,391	\$15	1.4%	52,915	
Age										
5 and younger	575	6.6	0.1	940	2	19,218	20	3.9	8,718	
6-14	368	3.5	0.1	697	1	14,967	21	0.7	10,594	
15-20	376	6.0	0.1	765	3	20,389	27	1.7	6,296	
21-44	2,130	15.3	0.7	10,394	13	182,652	18	1.2	13,914	
45-64	4,174	35.5	2.5	29,678	35	413,184	14	1.5	11,770	
65-74	343	38.2	2.9	2,612	36	32,184	12	2.5	897	
75-84	126	26.7	2.0	922	26	12,390	13	2.7	472	
85 and older	32	12.9	0.6	159	14	3,407	21	3.4	248	
Unknown	0	0.0	0.0	0	0	0	0	0.0	6	
Basis of Eligibility^c										
Aged	242	22.6	1.4	1,473	17	18,362	12	2.2	1,073	
Disabled	5,953	32.6	2.2	40,527	33	609,108	15	1.5	18,238	
Adults	923	7.8	0.2	2,459	3	32,924	13	0.8	11,833	
Children	1,006	4.6	0.1	1,708	2	37,997	22	1.5	21,771	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	4,892	16.9	1.0	28,437	16	448,495	16	1.8	28,891	
Male	3,232	13.5	0.7	17,730	10	249,896	14	1.1	24,021	
Unknown	0	0.0	0.0	0	0	0	0	0.0	3	
Race										
White	252	21.8	1.9	2,235	35	40,397	18	2.1	1,158	
African American	6,985	15.5	0.9	38,590	13	578,699	15	1.4	45,191	
Other/unknown	887	13.5	0.8	5,342	12	79,295	15	1.6	6,566	
Use of Nursing Facilities^d										
Entire year	69	14.8	1.5	688	22	10,417	15	1.7	467	
Part year	268	50.7	3.0	1,601	42	21,985	14	1.4	529	
None	7,787	15.0	0.8	43,878	13	665,989	15	1.4	51,919	
Maintenance Assistance Status										
Cash	5,642	20.3	1.3	36,593	20	551,229	15	1.5	27,781	
Medically needy	1,214	11.1	0.5	5,856	8	83,250	14	1.1	10,967	
Poverty related	377	5.2	0.2	1,298	3	21,597	17	1.7	7,220	
Other/unknown	891	12.8	0.3	2,420	6	42,315	17	1.3	6,947	

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for D.C., 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}
 D.C., 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	\$15	\$0	\$1	347,180
Age						
5 and younger	0.0	1	20	0	0	35,725
6-14	0.0	0	21	0	0	60,141
15-20	0.0	1	27	0	0	39,895
21-44	0.1	2	18	0	1	88,432
45-64	0.3	4	14	0	1	107,176
65-74	0.3	4	12	0	1	8,909
75-84	0.2	3	13	0	0	4,656
85 and older	0.1	2	21	0	0	2,182
Unknown	0.0	0	0	0	0	64
Basis of Eligibility^c						
Aged	0.1	2	12	0	0	9,984
Disabled	0.2	3	15	0	1	181,790
Adults	0.1	1	13	0	0	47,875
Children	0.0	0	22	0	0	107,531
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	2	16	0	1	179,564
Male	0.1	1	14	0	0	167,612
Unknown	0.0	0	0	0	0	4
Race						
White	0.2	4	18	0	2	9,899
African American	0.1	2	15	0	0	297,478
Other/unknown	0.1	2	15	0	1	39,803
Use of Nursing Facilities^d						
Entire year	0.1	2	15	0	0	5,053
Part year	0.3	4	14	0	1	5,402
None	0.1	2	15	0	1	336,725
Maintenance Assistance Status						
Cash	0.2	3	15	0	1	198,990
Medically needy	0.1	1	14	0	0	56,741
Poverty related	0.1	1	17	0	0	25,906
Other/unknown	0.0	1	17	0	0	65,543

Source: Data for this table are from the MAX 2003 file for D.C., 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}
 D.C., 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	11,128	\$63	\$698,391	100.0 %	46,167	\$15	100.0 %
Anorexia or weight loss/gain	1	276	276	0.0	3	92	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	9	75	671	0.1	24	28	0.1
Cough and cold medications	2,920	82	239,655	34.3	6,313	38	13.7
Vitamins and minerals	2,899	65	188,076	26.9	14,194	13	30.7
Non-prescription drugs	2,955	14	40,122	5.7	11,009	4	23.8
Barbiturates	256	66	17,011	2.4	2,590	7	5.6
Benzodiazepines	1,838	103	188,753	27.0	11,318	17	24.5
Other Part D Excl Rx Drugs	250	95	23,827	3.4	716	33	1.6

Source: Data for this table are from the MAX 2003 file for D.C., 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 nondual 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, D.C., 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
All	137,029	1,073	20,622	36,598	0	1,414,835	9,994	219,181	366,086	0
Age										
5 and younger	28,653	0	808	9	27,836	281,808	0	8,424	68	273,316
6-14	39,984	0	2,892	13	37,079	434,932	0	33,341	110	401,481
15-20	17,169	0	1,668	1,875	13,626	180,812	0	18,899	18,253	143,660
21-44	34,330	3	6,012	28,126	189	349,467	23	62,496	285,895	1,053
45-64	15,256	12	8,696	6,548	0	151,836	77	90,217	61,542	0
65-74	908	434	452	22	0	9,036	4,023	4,844	169	0
75-84	474	394	76	4	0	4,686	3,863	786	37	0
85 and older	249	230	18	1	0	2,194	2,008	174	12	0
Unknown	6	0	0	0	6	64	0	0	0	64
Gender										
Female	80,895	697	9,384	31,281	39,533	841,110	6,570	101,374	320,196	412,970
Male	56,127	376	11,238	5,317	39,196	573,677	3,424	117,807	45,890	406,556
Unknown	7	0	0	0	7	48	0	0	0	48
Race										
White	1,505	70	755	343	337	14,150	630	7,734	2,862	2,924
African American	120,977	710	17,807	33,496	68,964	1,256,068	6,408	189,474	336,714	723,472
Other/unknown	14,547	293	2,060	2,759	9,435	144,617	2,956	21,973	26,510	93,178
Use of Nursing Facilities^c										
Entire year	467	189	268	10	0	5,053	1,977	2,977	99	0
Part year	529	88	416	25	0	5,438	886	4,322	230	0
None	136,033	796	19,938	36,563	78,736	1,404,344	7,131	211,882	365,757	819,574
Maintenance Assistance Status										
Cash	77,299	311	16,748	24,072	36,168	835,087	3,296	187,173	250,481	394,137
Medically needy	28,617	344	3,456	9,503	15,314	266,896	2,844	28,437	92,424	143,191
Poverty related	22,876	165	404	756	21,551	230,575	1,488	3,470	5,689	219,928
Other/unknown	8,237	253	14	2,267	5,703	82,277	2,366	101	17,492	62,318
Managed Care (MC) Status										
Fee-for-service (FFS) all year	30,583	1,072	16,910	4,509	8,092	277,998	9,983	175,577	26,797	65,641
FFS part year, with Rx claims	4,517	0	546	1,869	2,102	43,557	0	6,343	17,110	20,104
FFS part year, no Rx claims	17,815	1	782	5,455	11,577	164,206	11	9,014	48,634	106,547
MC all year, with Rx claims	103	0	16	21	66	1,072	0	192	243	637
MC all year, no Rx claims	84,011	0	2,368	24,744	56,899	928,002	0	28,055	273,302	626,645

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

	Beneficiaries and		
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Included in Cell K of Table 1 Number of Beneficiaries	Excluded from Cell K of Table 1 Number of Beneficiaries
All	137,029	52,915	0
Fee-for-service (FFS) all year	30,583	30,583	0
FFS part year, with Rx claims	4,517	4,517	0
FFS part year, with no Rx claims	17,815	17,815	0
Managed care (MC) all year, with Rx claims	103	0	0
MC all year, with no Rx claims	84,011	0	0
	1,414,835	347,180	1,067,655

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