

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003
IOWA**

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL BENEFICIARIES, IOWA, 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	299,355	1,316	32,517	72,944	192,578	0	2,284,195	10,715	347,699	459,271	1,466,510	0						
Age																		
5 and younger	81,147	0	1,939	174	79,034	0	591,954	0	19,140	1,308	571,506	0						
6-14	84,281	0	5,075	99	79,107	0	695,940	0	56,011	713	639,216	0						
15-20	42,902	0	3,872	6,510	32,520	0	327,636	0	42,424	41,104	244,108	0						
21-44	74,124	0	10,564	61,801	1,759	0	512,603	0	114,983	387,183	10,437	0						
45-64	15,431	0	10,919	4,357	155	0	143,892	0	113,711	28,955	1,226	0						
65-74	566	464	100	1	1	0	5,709	4,723	979	2	5	0						
75-84	431	394	36	1	0	0	3,588	3,226	360	2	0	0						
85 and older	473	458	12	1	2	0	2,873	2,766	91	4	12	0						
Unknown	0	0	0	0	0	0	0	0	0	0	0	0						
Gender																		
Female	171,094	885	16,722	57,707	95,780	0	1,287,363	7,109	180,575	370,311	729,368	0						
Male	128,261	431	15,795	15,237	96,798	0	996,832	3,606	167,124	88,960	737,142	0						
Unknown	0	0	0	0	0	0	0	0	0	0	0	0						
Race																		
White	198,521	810	23,865	50,777	123,069	0	1,595,628	6,360	264,553	338,392	986,323	0						
African American	23,916	28	2,821	5,634	15,433	0	175,492	250	30,201	33,805	111,236	0						
Other/unknown	76,918	478	5,831	16,533	54,076	0	513,075	4,105	52,945	87,074	368,951	0						
Use of Nursing Facilities^c																		
Entire year	525	195	329	0	1	0	5,787	2,060	3,715	0	12	0						
Part year	565	107	436	13	9	0	5,793	969	4,670	95	59	0						
None	298,265	1,014	31,752	72,931	192,568	0	2,272,615	7,686	339,314	459,176	1,466,439	0						
Maintenance Assistance Status																		
Cash	131,403	433	25,317	43,616	62,037	0	1,035,093	4,679	272,372	284,209	473,833	0						
Medically needy	7,243	114	796	5,069	1,264	0	47,178	985	5,461	32,482	8,250	0						
Poverty-related	107,170	5	10	12,924	94,231	0	762,333	57	74	65,068	697,134	0						
Other/unknown	53,539	764	6,394	11,335	35,046	0	439,591	4,994	69,792	77,512	287,293	0						
Managed Care (MC) Status																		
Fee-for-service (FFS) all year	213,420	1,316	31,994	48,566	131,544	0	1,832,797	10,715	344,198	339,445	1,138,439	0						
FFS part year, with Rx claims	44,719	0	484	14,362	29,873	0	161,925	0	3,291	49,312	109,322	0						
FFS part year, no Rx claims	17,814	0	39	3,398	14,377	0	56,716	0	210	9,615	46,891	0						
MC all year, with FFS Rx claims	23,402	0	0	6,618	16,784	0	232,757	0	0	60,899	171,858	0						

Source: Data for this table are from the MAX 2003 file for Iowa, 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, IOWA, 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	69.2 %	8.6	\$503	\$58	\$3,221	15.6 %	299,355
Age							
5 and younger	72.1	4.2	181	43	1,685	10.7	81,147
6-14	62.7	5.4	351	65	2,081	16.9	84,281
15-20	65.0	6.9	435	63	3,659	11.9	42,902
21-44	73.7	11.3	656	58	4,252	15.4	74,124
45-64	80.0	39.2	2,400	61	10,657	22.5	15,431
65-74	78.8	36.4	1,821	50	12,007	15.2	566
75-84	63.6	30.9	1,351	44	10,491	12.9	431
85 and older	45.2	24.1	906	38	9,046	10.0	473
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	63.0	32.2	1,439	45	11,072	13.0	1,316
Disabled	84.0	33.6	2,435	72	15,540	15.7	32,517
Adults	72.2	8.1	368	46	2,242	16.4	72,944
Children	65.6	4.5	222	50	1,459	15.2	192,578
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	71.8	9.5	511	54	3,070	16.6	171,094
Male	65.6	7.4	493	66	3,423	14.4	128,261
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	72.4	10.1	599	59	3,650	16.4	198,521
African American	68.1	6.6	368	56	2,571	14.3	23,916
Other/unknown	61.3	5.4	299	56	2,318	12.9	76,918
Use of Nursing Facilities^f							
Entire year	94.7	82.5	4,517	55	47,869	9.4	525
Part year	98.2	82.5	4,787	58	45,904	10.4	565
None	69.1	8.4	488	58	3,062	15.9	298,265
Maintenance Assistance Status							
Cash	74.8	11.9	713	60	3,764	19.0	131,403
Medically needy	40.5	6.7	397	59	3,513	11.3	7,243
Poverty related	61.3	3.5	154	44	1,168	13.2	107,170
Other/unknown	75.2	11.0	700	64	5,960	11.7	53,539

Table ND3

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Iowa, 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, IOWA, 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	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	3.4 %				8.1 %	8.2 %
All	1.1	\$66	15.6 %	30.8 %	47.9 %	8.2 %	8.2 %	8.1 %	3.4 %	1.5 %	1.5 %	422	299,355	2,284,195	
Age															
5 and younger	0.6	25	10.7	27.9	59.3	6.5	6.5	4.3	1.4	0.6	0.6	231	81,147	591,954	
6-14	0.7	43	16.9	37.3	48.6	6.2	6.2	5.7	1.4	0.7	0.7	252	84,281	695,940	
15-20	0.9	57	11.9	35.0	45.9	8.3	8.3	7.7	2.2	0.8	0.8	479	42,902	327,636	
21-44	1.6	95	15.4	26.3	42.2	11.8	11.8	12.1	5.0	2.5	2.5	615	74,124	512,603	
45-64	4.2	257	22.5	20.0	20.6	10.1	10.1	22.5	18.6	8.2	8.2	1,143	15,431	143,892	
65-74	3.6	181	15.2	21.2	21.6	11.8	11.8	23.9	15.2	6.4	6.4	1,190	566	5,709	
75-84	3.7	162	12.9	36.4	13.9	7.9	7.9	19.3	18.8	3.7	3.7	1,260	431	3,588	
85 and older	4.0	149	10.0	54.8	3.8	4.4	18.4	14.2	14.2	4.4	4.4	1,489	473	2,873	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Basis of Eligibility^e															
Aged	4.0	177	13.0	37.0	12.2	7.7	21.3	16.4	16.4	5.4	5.4	1,360	1,316	10,715	
Disabled	3.1	228	15.7	16.0	30.3	12.2	12.2	22.6	14.2	4.8	4.8	1,453	32,517	347,699	
Adults	1.3	59	16.4	27.8	44.2	11.5	11.5	10.3	3.7	2.4	2.4	356	72,944	459,271	
Children	0.6	29	15.2	34.4	52.6	6.3	6.3	4.7	1.3	0.6	0.6	192	192,578	1,466,510	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Gender															
Female	1.3	68	16.6	28.2	48.5	8.9	8.9	8.7	3.9	1.9	1.9	408	171,094	1,287,363	
Male	1.0	63	14.4	34.4	47.2	7.3	7.3	7.4	2.7	1.0	1.0	441	128,261	996,832	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race															
White	1.3	75	16.4	27.6	48.8	8.8	8.8	9.1	3.9	1.8	1.8	454	198,521	1,595,628	
African American	0.9	50	14.3	31.9	48.0	7.8	7.8	7.5	3.2	1.5	1.5	350	23,916	175,492	
Other/unknown	0.8	45	12.9	38.7	45.8	6.7	6.7	5.9	2.1	0.8	0.8	348	76,918	513,075	
Use of Nursing Facilities^f															
Entire year	7.5	410	9.4	5.3	3.4	3.6	26.1	37.9	23.6	23.6	23.6	4,343	525	5,787	
Part year	8.0	467	10.4	1.8	6.2	6.9	24.1	36.5	24.6	24.6	24.6	4,477	565	5,793	
None	1.1	64	15.9	30.9	48.1	8.2	8.2	8.1	3.3	1.5	1.5	402	298,265	2,272,615	
Maintenance Assistance Status															
Cash	1.5	91	19.0	25.2	47.6	9.5	9.5	10.4	5.0	2.4	2.4	478	131,403	1,035,093	
Medically needy	1.0	61	11.3	59.5	22.7	6.6	7.4	7.4	2.8	1.0	1.0	539	7,243	47,178	
Poverty related	0.5	22	13.2	38.7	50.0	5.7	5.7	3.9	1.1	0.5	0.5	164	107,170	762,333	
Other/unknown	1.3	85	11.7	24.8	48.2	10.2	10.2	11.0	4.2	1.5	1.5	726	53,539	439,591	

Source: Data for this table are from the MAX 2003 file for Iowa, 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, IOWA, 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	1.1	\$66	\$58	0.5	\$51	\$103	0.0	\$2	\$49	0.6	\$13	\$22
Age												
5 and younger	0.6	25	43	0.2	18	82	0.0	1	40	0.3	5	17
6-14	0.7	43	65	0.3	35	101	0.0	1	57	0.3	6	23
15-20	0.9	57	63	0.4	45	103	0.0	2	58	0.4	10	23
21-44	1.6	95	58	0.7	72	109	0.1	3	49	0.9	19	21
45-64	4.2	257	61	1.8	194	110	0.2	7	46	2.3	55	24
65-74	3.6	181	50	1.5	132	88	0.2	5	36	2.0	43	22
75-84	3.7	162	44	1.5	114	77	0.2	7	30	2.0	41	21
85 and older	4.0	149	38	1.3	97	73	0.2	6	23	2.4	46	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.0	177	45	1.5	124	81	0.2	7	31	2.2	46	21
Disabled	3.1	228	72	1.4	179	127	0.1	7	56	1.6	41	26
Adults	1.3	59	46	0.5	43	87	0.0	1	34	0.7	14	19
Children	0.6	29	50	0.3	23	84	0.0	1	47	0.3	6	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.3	68	54	0.5	51	96	0.0	2	41	0.7	14	21
Male	1.0	63	66	0.4	50	113	0.0	2	63	0.5	11	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.3	75	59	0.6	58	103	0.0	2	49	0.6	15	22
African American	0.9	50	56	0.4	39	104	0.0	1	47	0.5	10	20
Other/unknown	0.8	45	56	0.3	35	104	0.0	1	44	0.4	9	20
Use of Nursing Facilities^e												
Entire year	7.5	410	55	2.9	299	105	0.4	11	30	4.2	99	23
Part year	8.0	467	58	3.2	342	108	0.4	16	42	4.5	108	24
None	1.1	64	58	0.5	50	103	0.0	2	49	0.6	12	22
Maintenance Assistance Status												
Cash	1.5	91	60	0.6	70	108	0.1	3	51	0.8	18	22
Medically needy	1.0	61	59	0.4	47	110	0.0	1	37	0.6	12	21
Poverty related	0.5	22	44	0.2	16	77	0.0	1	41	0.3	5	18
Other/unknown	1.3	85	64	0.6	68	106	0.0	2	47	0.6	15	23

Table ND5

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Iowa, 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 Iowa, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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, IOWA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Benes	As a Percentage	Number of Benefit Months			
Anti-infective Agents	0.3	0.1	0.0	0.2	\$13	\$9	\$0	\$3	\$43	\$72	\$68	\$20	388,224	\$16,602,107	147,343	49.2 %	1,296,069
Biologicals	0.2	0.2	0.0	0.0	189	185	2	2	793	799	1,176	379	4,780	3,789,286	2,005	0.7	20,013
Antineoplastic Agents	0.6	0.3	0.0	0.3	198	178	6	14	329	593	199	50	4,922	1,619,492	820	0.3	8,198
Endocrine/Metabolic Drugs	0.5	0.3	0.1	0.2	24	18	2	4	47	70	24	23	224,833	10,572,419	48,787	16.3	434,872
Cardiovascular Agents	1.1	0.4	0.0	0.7	39	27	1	11	35	68	28	16	226,149	7,945,074	20,592	6.9	204,267
Respiratory Agents	0.4	0.2	0.0	0.2	18	13	0	5	44	79	33	20	332,288	14,523,831	91,794	30.7	822,179
Gastrointestinal Agents	0.5	0.2	0.0	0.2	35	26	1	8	73	114	172	32	116,394	8,440,183	25,452	8.5	240,841
Genitourinary Agents	0.3	0.2	0.0	0.1	14	12	0	2	49	61	59	20	30,848	1,499,630	12,353	4.1	108,224
CNS Drugs	1.0	0.6	0.0	0.4	86	72	2	12	85	124	130	28	465,003	39,351,177	49,198	16.4	458,743
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	61	51	2	8	77	88	67	43	128,200	9,846,272	16,647	5.6	161,518
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	139	136	0	3	279	314	0	43	1,864	520,223	373	0.1	3,748
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	19	12	0	6	41	149	67	17	256,144	10,453,574	62,165	20.8	546,335
Neuromuscular Agents	0.7	0.3	0.0	0.3	55	45	2	8	80	132	46	25	159,451	12,684,798	23,748	7.9	231,538
Nutritional Products	0.4	0.0	0.0	0.3	8	1	1	6	22	37	23	20	42,246	933,577	14,152	4.7	112,306
Hematological Agents	0.6	0.2	0.1	0.3	121	113	3	6	195	618	29	17	24,456	4,777,635	4,111	1.4	39,362
Topical Products	0.2	0.1	0.0	0.1	8	5	0	3	35	63	44	19	152,473	5,319,224	73,460	24.5	663,921
Miscellaneous Products	0.4	0.2	0.0	0.2	77	56	10	10	181	266	273	60	6,127	1,108,539	1,600	0.5	14,455
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	35	0	0	0	17,695	611,696	11,905	4.0	105,155
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.	2,582,097	150,598,737	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Iowa, 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 Iowa, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.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, IOWA, 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	\$20,516,057	16,983	5.7 %	183,296	0.7	\$172
ANTIDEPRESSANTS	13,431,149	39,844	13.3	403,003	0.5	63
ANTICONVULSANT	10,479,100	13,538	4.5	145,751	0.7	98
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	8,227,187	17,005	5.7	179,013	0.6	77
ANTIASTHMATIC	7,583,757	42,385	14.2	427,252	0.3	58
ULCER DRUGS	5,391,183	19,433	6.5	200,763	0.4	75
ANALGESICS - Narcotic	5,198,021	47,266	15.8	465,464	0.3	41
ANTIDIABETIC	3,844,710	7,982	2.7	83,728	0.7	65
MISC. HEMATOLOGICAL	2,946,576	931	0.3	10,035	0.5	534
PASSIVE IMMUNIZING AGENTS	2,812,818	589	0.2	5,198	0.5	1,091
Total	80,430,558	205,956		2,103,503	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Iowa, 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	Number of Rx Users	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month
All	941,116	\$80,430,558	16,983	5.7 %	183,296	0.7	\$112	39,844	13.3 %	403,003	0.5	\$33					
Female	551,116	42,544,508	8,443	4.9	90,802	0.6	101	27,690	16.2	277,882	0.5	33					
Disabled	315,392	27,286,145	4,977	29.8	56,709	0.7	123	10,396	62.2	118,042	0.6	41					
5 and younger	3,592	655,336	6	0.7	71	0.5	92	10	1.2	115	0.5	16					
6-14	16,143	1,465,606	325	18.2	3,748	0.6	104	350	19.7	4,002	0.6	30					
15-20	16,795	1,687,212	417	28.4	4,831	0.7	127	566	38.6	6,497	0.6	38					
21-44	107,131	9,887,174	2,181	37.8	24,811	0.7	122	4,237	73.4	48,152	0.6	40					
45-64	171,162	13,556,644	2,040	29.9	23,186	0.7	128	5,216	76.5	59,097	0.7	43					
65-74	442	28,047	8	16.3	62	0.4	49	8	16.3	77	0.4	13					
75-84	123	5,941	0	0.0	0	0.0	0	9	39.1	102	0.3	16					
85 and older	4	185	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	235,724	15,258,363	3,466	2.2	34,093	0.4	64	17,294	11.2	159,840	0.4	27					
5 and younger	12,655	1,295,681	62	0.2	603	0.3	52	106	0.3	1,065	0.3	12					
6-14	47,211	3,464,773	957	2.4	10,261	0.5	80	1,943	5.0	20,531	0.5	25					
15-20	40,058	2,607,243	897	3.9	9,007	0.5	66	3,549	15.5	34,188	0.4	25					
21-44	111,161	6,305,525	1,310	2.6	11,891	0.3	48	10,523	21.0	93,077	0.4	28					
45-64	13,528	924,553	121	4.4	1,119	0.3	42	886	32.4	7,952	0.5	36					
65-74	5,346	332,192	39	12.7	396	0.9	168	116	37.7	1,289	0.6	33					
75-84	3,100	184,160	36	14.4	401	0.8	88	82	32.8	881	0.7	34					
85 and older	2,665	144,236	44	13.3	415	0.6	67	89	27.0	857	0.8	38					
Male	390,000	37,886,050	8,540	6.7	92,494	0.7	123	12,154	9.5	125,121	0.6	34					
Disabled	212,373	23,211,741	4,976	31.5	56,362	0.8	144	5,373	34.0	60,565	0.6	39					
5 and younger	5,818	1,057,064	42	3.7	447	0.5	74	27	2.4	294	0.5	20					
6-14	42,447	5,659,863	1,226	37.2	13,989	0.7	118	905	27.5	10,382	0.6	34					
15-20	28,606	3,392,760	834	34.7	9,551	0.8	148	768	31.9	8,905	0.6	41					
21-44	67,220	7,274,826	1,867	39.0	21,136	0.8	160	1,899	39.6	21,429	0.6	43					
45-64	67,896	5,800,064	1,002	24.4	11,184	0.8	147	1,764	43.0	19,452	0.6	38					
65-74	348	25,154	5	9.8	55	0.7	86	9	17.6	91	0.4	11					
75-84	37	2,002	0	0.0	0	0.0	0	1	7.7	12	0.4	21					
85 and older	1	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	177,627	14,674,309	3,564	3.2	36,132	0.6	89	6,781	6.0	64,556	0.5	29					
5 and younger	20,326	2,300,083	128	0.3	1,366	0.4	48	125	0.3	1,267	0.3	13					
6-14	89,654	7,303,208	1,946	4.9	20,495	0.6	93	2,724	6.8	28,254	0.5	27					
15-20	35,383	3,004,862	1,053	6.5	10,322	0.6	96	1,978	12.3	18,528	0.5	33					
21-44	22,119	1,408,875	336	2.5	2,930	0.3	59	1,558	11.5	12,897	0.4	28					
45-64	6,044	418,877	43	2.4	365	0.4	85	297	16.7	2,589	0.5	33					
65-74	1,882	133,257	27	17.1	316	0.9	114	38	24.1	419	0.6	29					
75-84	1,181	59,560	13	9.0	156	0.9	88	31	21.4	302	0.8	40					
85 and older	1,038	45,587	18	13.7	182	0.6	48	30	22.9	300	0.9	38					
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 Iowa, 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.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.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, IOWA, 2003

Beneficiary Characteristics	ANTICONVULSANT						STIMULANTS/ANTI-OBESITY/ANOREXIANTS						ANTI-ASTHMATIC					
	Number of Users	Users as % of All Benefes	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 Benefes	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 Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	
All	13,538	4.5 %	145,751	0.7	\$72	\$72	17,005	5.7 %	179,013	0.6	\$46	42,385	14.2 %	427,552	0.3	\$18		
Female	8,110	4.7	86,880	0.7	68	68	5,315	3.1	56,538	0.6	43	24,350	14.2	245,945	0.3	18		
Disabled	5,189	31.0	59,020	0.8	79	79	1,204	7.2	13,824	0.6	48	7,836	46.9	89,329	0.4	27		
5 and younger	124	15.4	1,366	0.7	83	83	20	2.5	227	0.4	24	386	48.0	4,239	0.3	21		
6-14	463	26.0	5,314	0.8	88	88	545	30.6	6,178	0.6	44	448	25.2	5,109	0.4	22		
15-20	423	28.8	4,935	0.9	99	99	231	15.7	2,706	0.6	52	359	24.5	4,215	0.3	21		
21-44	2,087	36.1	23,732	0.8	87	87	234	4.1	2,713	0.5	49	2,531	43.8	29,077	0.4	22		
45-64	2,086	30.6	23,625	0.7	64	64	173	2.5	1,996	0.5	57	4,089	60.0	46,445	0.5	32		
65-74	5	10.2	38	0.4	30	30	1	2.0	4	0.3	8	18	36.7	184	0.8	70		
75-84	1	4.3	10	0.5	59	59	0	0.0	0	0.0	0	4	17.4	48	0.2	13		
85 and older	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	1	16.7	12	0.1	1		
Other Eligibles	2,921	1.9	27,860	0.5	46	46	4,111	2.7	42,714	0.5	42	16,514	10.7	156,616	0.3	13		
5 and younger	87	0.2	861	0.5	40	40	195	0.5	1,935	0.4	26	4,323	11.2	41,465	0.2	9		
6-14	416	1.1	4,365	0.6	52	52	2,824	7.2	29,652	0.6	42	3,387	8.7	34,818	0.2	14		
15-20	485	2.1	4,882	0.5	56	56	674	2.9	7,150	0.6	48	2,486	10.8	24,114	0.2	12		
21-44	1,675	3.3	15,246	0.5	42	42	388	0.8	3,686	0.4	39	5,594	11.2	49,139	0.3	14		
45-64	168	6.1	1,565	0.5	47	47	30	1.1	291	0.5	40	508	18.6	4,684	0.4	28		
65-74	50	16.2	537	1.0	58	58	0	0.0	0	0.0	0	135	43.8	1,507	0.6	33		
75-84	29	11.6	288	0.8	38	38	0	0.0	0	0.0	0	37	14.8	428	0.4	20		
85 and older	11	3.3	116	0.9	47	47	0	0.0	0	0.0	0	44	13.3	461	0.4	21		
Male	5,428	4.2	58,871	0.8	77	77	11,690	9.1	122,475	0.6	47	18,035	14.1	181,307	0.3	17		
Disabled	3,782	23.9	43,017	0.9	89	89	2,743	17.4	31,329	0.7	53	4,436	28.1	49,763	0.4	26		
5 and younger	146	12.9	1,571	0.7	83	83	90	7.9	1,010	0.5	25	623	54.9	6,878	0.3	21		
6-14	757	23.0	8,714	0.8	82	82	1,799	54.6	20,540	0.7	53	825	25.0	9,441	0.4	21		
15-20	603	25.1	6,987	0.9	97	97	633	26.3	7,240	0.7	57	486	20.2	5,617	0.3	25		
21-44	1,469	30.7	16,727	1.0	102	102	164	3.4	1,907	0.6	48	905	18.9	10,275	0.4	22		
45-64	805	19.6	8,994	0.8	65	65	57	1.4	632	0.6	75	1,578	38.5	17,371	0.5	33		
65-74	2	3.9	24	0.5	58	58	0	0.0	0	0.0	0	18	35.3	169	0.6	45		
75-84	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	1	7.7	12	0.5	40		
85 and older	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
Other Eligibles	1,646	1.5	15,854	0.5	46	46	8,947	8.0	91,146	0.6	45	13,599	12.1	131,544	0.3	14		
5 and younger	132	0.3	1,278	0.5	37	37	513	1.3	5,359	0.4	25	6,261	15.5	60,179	0.2	11		
6-14	587	1.5	6,181	0.6	46	46	6,812	17.0	69,760	0.6	45	4,642	11.6	46,965	0.3	15		
15-20	410	2.5	3,957	0.6	53	53	1,465	9.1	14,635	0.6	52	1,448	9.0	13,928	0.3	15		
21-44	410	3.0	3,458	0.4	42	42	143	1.1	1,274	0.5	54	945	7.0	7,635	0.3	17		
45-64	79	4.5	687	0.5	44	44	12	0.7	98	0.6	83	196	11.0	1,692	0.4	25		
65-74	15	9.5	180	0.7	41	41	0	0.0	0	0.0	0	52	32.9	587	0.4	30		
75-84	5	3.4	47	0.6	39	39	1	0.7	12	1.0	15	33	22.8	348	0.6	21		
85 and older	8	6.1	66	0.6	19	19	1	0.8	8	0.6	13	22	16.8	210	0.3	9		
Unknown	0	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 Iowa, 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, IOWA, 2003

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANTI-DIABETIC				
	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	19,433	6.5 %	200,763	\$27	0.4	47,266	15.8 %	465,464	\$11	0.3	7,982	2.7 %	83,728	\$46	0.7
Female	13,290	7.8	138,188	26	0.3	34,498	20.2	339,175	11	0.3	5,549	3.2	58,595	46	0.7
Disabled	6,232	37.3	71,206	34	0.4	10,453	62.5	119,208	22	0.4	3,806	22.8	42,876	49	0.7
5 and younger	170	21.1	1,875	29	0.4	52	6.5	595	1	0.1	2	0.2	14	26	1.0
6-14	190	10.7	2,208	40	0.5	181	10.2	2,097	2	0.1	17	1.0	204	68	0.8
15-20	214	14.6	2,489	30	0.4	373	25.4	4,316	5	0.1	31	2.1	318	44	0.8
21-44	2,117	36.7	24,353	30	0.4	4,250	73.6	48,564	19	0.3	829	14.4	9,467	43	0.7
45-64	3,519	51.6	40,059	37	0.5	5,575	81.8	63,466	26	0.4	2,904	42.6	32,658	50	0.7
65-74	14	28.6	128	13	0.3	17	34.7	112	14	0.5	21	42.9	195	30	0.7
75-84	6	26.1	70	16	0.6	5	21.7	58	2	0.2	2	8.7	20	0.5	
85 and older	2	33.3	24	7	0.1	0	0.0	0	0	0.0	0	0.0	0	0.0	
Other Eligibles	7,058	4.6	66,982	17	0.3	24,045	15.6	219,967	5	0.2	1,743	1.1	15,719	39	0.6
5 and younger	628	1.6	5,403	11	0.2	779	2.0	7,832	1	0.1	9	0.0	82	46	0.7
6-14	692	1.8	7,262	14	0.2	1,481	3.8	15,456	2	0.1	93	0.2	893	58	0.9
15-20	1,191	5.2	11,874	10	0.2	4,074	17.8	38,610	2	0.1	137	0.6	1,310	42	0.6
21-44	3,855	7.7	35,413	18	0.2	16,379	32.8	145,330	5	0.2	1,002	2.0	8,388	34	0.6
45-64	407	14.9	3,849	29	0.4	980	35.8	8,983	17	0.3	258	9.4	2,355	43	0.6
65-74	112	36.4	1,256	38	0.6	171	55.5	1,880	14	0.4	111	36.0	1,244	45	0.9
75-84	100	40.0	1,155	31	0.5	95	38.0	1,051	12	0.4	85	34.0	967	40	0.7
85 and older	73	22.1	770	31	0.7	86	26.1	825	29	0.6	48	14.5	480	27	0.8
Male	6,143	4.8	62,575	29	0.4	12,768	10.0	126,289	13	0.3	2,433	1.9	25,133	46	0.7
Disabled	3,177	20.1	35,446	36	0.5	4,949	31.3	54,946	22	0.4	1,673	10.6	18,645	47	0.7
5 and younger	213	18.8	2,279	30	0.4	132	11.6	1,478	1	0.1	7	0.6	78	41	0.6
6-14	221	6.7	2,522	44	0.5	263	8.0	3,034	2	0.1	21	0.6	248	54	0.9
15-20	240	10.0	2,742	40	0.4	450	18.7	5,185	5	0.2	38	1.6	422	63	0.9
21-44	1,023	21.4	11,610	35	0.5	1,734	36.2	19,224	16	0.3	374	7.8	4,267	48	0.7
45-64	1,467	35.8	16,171	36	0.5	2,359	57.5	25,906	34	0.5	1,217	29.7	13,473	46	0.7
65-74	11	21.6	106	40	0.3	6	11.8	62	4	0.2	15	29.4	153	39	0.7
75-84	2	15.4	16	7	0.4	4	30.8	48	2	0.2	1	7.7	4	0.8	
85 and older	0	0.0	0	0	0.0	1	16.7	9	1	0.1	0	0.0	0	0.0	
Other Eligibles	2,966	2.6	27,129	19	0.3	7,819	7.0	71,343	5	0.2	760	0.7	6,488	44	0.7
5 and younger	767	1.9	6,484	13	0.2	1,027	2.5	10,381	1	0.1	16	0.0	155	41	0.8
6-14	499	1.2	5,291	13	0.2	1,405	3.5	14,632	1	0.1	99	0.2	987	59	0.9
15-20	426	2.6	4,173	14	0.2	1,456	9.0	13,836	2	0.1	71	0.4	620	66	0.9
21-44	914	6.7	7,734	26	0.3	3,293	24.3	26,714	9	0.3	314	2.3	2,359	37	0.6
45-64	229	12.9	2,028	33	0.4	504	28.4	4,295	17	0.4	191	10.8	1,586	44	0.7
65-74	60	38.0	694	32	0.4	55	34.8	637	16	0.4	34	21.5	398	41	0.7
75-84	37	25.5	376	24	0.4	42	29.0	459	16	0.5	25	17.2	282	20	0.5
85 and older	34	26.0	349	25	0.6	37	28.2	389	17	0.6	10	7.6	101	42	1.0
Unknown	0	0.0	0	0	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 Iowa, 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, IOWA, 2003

Beneficiary Characteristics	MISC. HEMATOLOGICAL				PASSIVE IMMUNIZING AGENTS				Number of Beneficiaries	Number of Benefit Months		
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month				
All	931	0.3 %	10,035	0.5	\$294	589	0.2 %	5,198	0.5	\$541	299,355	2,284,195
Female	504	0.3	5,589	0.5	56	255	0.1	2,163	0.5	508	171,094	1,287,363
Disabled	400	2.4	4,546	0.5	56	87	0.5	870	0.4	448	16,722	180,575
5 and younger	1	0.1	12	0.3	2	85	10.6	846	0.4	453	805	8,034
6-14	2	0.1	24	0.3	15	0	0.0	0	0.0	0	1,781	19,642
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1,468	16,142
21-44	51	0.9	570	0.4	55	0	0.0	0	0.0	0	5,774	63,171
45-64	343	5.0	3,915	0.6	56	2	0.0	24	0.5	297	6,816	72,847
65-74	2	4.1	13	0.7	80	0	0.0	0	0.0	0	49	452
75-84	1	4.3	12	1.0	115	0	0.0	0	0.0	0	23	232
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	55
Other Eligibles	104	0.1	1,043	0.5	58	168	0.1	1,293	0.5	548	154,372	1,106,788
5 and younger	0	0.0	0	0.0	0	167	0.4	1,282	0.5	553	38,689	279,421
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	39,118	316,307
15-20	1	0.0	12	0.3	6	0	0.0	0	0.0	0	22,931	165,431
21-44	34	0.1	315	0.4	53	1	0.0	11	0.1	9	50,008	319,771
45-64	22	0.8	213	0.4	39	0	0.0	0	0.0	0	2,738	18,738
65-74	19	6.2	206	0.7	64	0	0.0	0	0.0	0	308	3,124
75-84	18	7.2	194	0.7	68	0	0.0	0	0.0	0	250	2,140
85 and older	10	3.0	103	0.9	83	0	0.0	0	0.0	0	330	1,856
Male	427	0.3	4,446	0.6	592	334	0.3	3,035	0.5	565	128,261	996,832
Disabled	315	2.0	3,464	0.6	560	119	0.8	1,212	0.5	544	15,795	167,124
5 and younger	9	0.8	104	0.4	182	114	10.1	1,153	0.5	544	1,134	11,106
6-14	15	0.5	172	1.0	8,772	4	0.1	47	0.8	510	3,294	36,369
15-20	5	0.2	56	0.3	4,069	0	0.0	0	0.0	0	2,404	26,282
21-44	31	0.6	349	0.6	78	1	0.0	12	1.0	636	4,790	51,812
45-64	254	6.2	2,771	0.6	56	0	0.0	0	0.0	0	4,103	40,864
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	51	527
75-84	1	7.7	12	0.6	68	0	0.0	0	0.0	0	13	128
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	36
Other Eligibles	112	0.1	982	0.5	707	215	0.2	1,823	0.5	579	112,466	829,708
5 and younger	6	0.0	50	0.9	4,335	214	0.5	1,820	0.5	578	40,519	293,393
6-14	4	0.0	36	0.4	9,507	0	0.0	0	0.0	0	40,088	323,622
15-20	4	0.0	33	0.3	3,006	0	0.0	0	0.0	0	16,099	119,781
21-44	25	0.2	204	0.4	37	1	0.0	3	0.7	936	13,552	77,849
45-64	35	2.0	271	0.5	47	0	0.0	0	0.0	0	1,774	11,443
65-74	22	13.9	255	0.5	44	0	0.0	0	0.0	0	158	1,606
75-84	10	6.9	89	0.4	28	0	0.0	0	0.0	0	145	1,088
85 and older	6	4.6	44	0.6	55	0	0.0	0	0.0	0	131	926
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Iowa, 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, IOWA, 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	\$410	7.5	525	5,787
Age				
0-64	479	8.1	329	3,715
65-74	524	8.8	34	385
75-84	267	6.1	66	698
85 and older	206	5.5	96	989
Unknown	0	0.0	0	0
Gender				
Female	407	7.6	331	3,603
Male	414	7.2	194	2,184
Unknown	0	0.0	0	0
Race				
White	415	7.4	406	4,573
African American	431	8	17	176
Other/unknown	385	7.6	102	1,038
Basis of Eligibility^c				
Aged	284	6.3	195	2,060
Disabled	480	8.1	329	3,715
Adults	0	0.0	0	0
Children	250	4.2	1	12
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for Iowa, 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 565 beneficiaries who were in nursing facilities for part of their enrollment and their 5,793 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, IOWA, 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	Percentage of All-Year Nursing Facility Residents	Number of Benefit Months		
	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic		
Anti-infective Agents	0.4	0.2	0.0	0.2	\$25	\$19	\$0	\$6	\$58	\$79	\$26	1,861	\$107,021	376	71.6 %	4,233
Biologicals	0.1	0.1	0.0	0.0	3	3	0	1	27	28	0	97	2,605	70	13.3	829
Antineoplastic Agents	0.8	0.5	0.0	0.3	294	278	0	16	378	544	0	134	50,604	16	3.0	172
Endocrine/Metabolic Drugs	1.3	0.7	0.2	0.5	56	43	3	9	41	64	18	3,601	149,159	239	45.5	2,674
Cardiovascular Agents	2.0	0.5	0.1	1.4	51	25	2	23	26	56	22	6,675	170,287	306	58.3	3,359
Respiratory Agents	1.0	0.4	0.0	0.6	44	32	0	12	44	78	26	2,431	107,852	213	40.6	2,442
Gastrointestinal Agents	1.3	0.4	0.0	0.9	57	35	1	20	45	88	128	4,259	189,982	300	57.1	3,360
Genitourinary Agents	0.8	0.5	0.0	0.3	48	42	0	6	61	78	0	1,277	77,819	140	26.7	1,607
CNS Drugs	2.0	1.0	0.0	1.0	148	122	2	24	73	117	73	8,518	624,041	379	72.2	4,207
Stimulants/Anti-obesity/Anorexia	1.0	0.2	0.0	0.8	66	27	2	36	67	146	67	94	6,293	8	1.5	96
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	157	157	0	0	194	194	0	254	49,259	31	5.9	314
Analgesics and Anesthetics	1.1	0.3	0.0	0.8	54	41	1	12	52	152	42	3,298	170,189	280	53.3	3,138
Neuromuscular Agents	1.8	0.7	0.1	1.0	142	94	5	43	77	133	34	5,531	428,445	262	49.9	3,010
Nutritional Products	0.8	0.0	0.1	0.7	18	0	2	16	23	17	40	1,190	27,559	136	25.9	1,503
Hematological Agents	1.3	0.3	0.4	0.6	52	37	7	8	40	122	17	1,714	68,342	122	23.2	1,319
Topical Products	0.6	0.2	0.0	0.3	33	25	1	7	58	112	38	2,139	123,309	329	62.7	3,726
Miscellaneous Products	0.3	0.2	0.0	0.1	30	28	0	1	110	187	0	132	14,517	42	8.0	488
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	15	0	0	0	46	0	0	88	4,062	25	4.8	272
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.	43,293	2,371,345	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Iowa, 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 565 beneficiaries who were in nursing facilities for part of their enrollment and their 5,793 benefit months were excluded from the analysis.

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

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

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

Table ND9

Nondual Beneficiaries

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

In Iowa, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE 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, IOWA, 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	
ANTIPSYCHOTICS	253	48.2 %	2,817	0.9	\$144	\$133	
ANTICONVULSANT	278	53.0	3,187	1.2	77	95	
ANTIDEPRESSANTS	344	65.5	3,812	0.9	60	55	
ULCER DRUGS	274	52.2	3,110	0.8	56	45	
ANALGESICS - Narcotic	276	52.6	3,061	0.7	53	36	
ANTI-DIABETIC	198	37.7	2,150	0.9	53	49	
MUSCULOSKELETAL THERAPY AGENTS	89	17.0	1,033	1.0	87	89	
ANTI-ASTHMATIC	225	42.9	2,586	0.7	50	33	
DERMATOLOGICAL	491	93.5	5,693	0.3	42	11	
URINARY ANTISPASMODICS	77	14.7	880	0.8	71	61	
Total	2,505		28,329	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Iowa, 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 565 beneficiaries who were in nursing facilities for part of their enrollment and their 5,793 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, IOWA, 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 \$
All	21,637	\$1,536,886	253	48.2 %	2,817	0.9	\$133	278	53.0 %	3,187	1.2	\$95
Female	13,793	957,765	159	48.0	1,745	0.9	127	164	49.5	1,850	1.3	86
Disabled	9,771	698,346	108	56.3	1,199	1.0	136	134	69.8	1,545	1.3	87
64 or younger	9,771	698,346	108	56.3	1,199	1.0	136	134	69.8	1,545	1.3	87
65-74	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
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	4,022	259,419	51	36.7	546	0.8	108	30	21.6	305	1.1	79
64 or younger	24	968	0	0.0	0	0.0	0	1	100.0	12	1.0	33
65-74	1,209	101,347	14	63.6	152	0.9	127	13	59.1	136	1.2	112
75-84	1,344	78,691	18	36.7	207	0.9	111	10	20.4	95	0.9	46
85 and older	1,445	78,413	19	28.4	187	0.7	89	6	9.0	62	1.0	64
Male	7,844	579,121	94	48.5	1,072	0.9	142	114	58.8	1,337	1.2	109
Disabled	6,285	495,581	70	51.1	794	1.0	163	104	75.9	1,217	1.2	116
64 or younger	6,234	488,799	69	50.7	782	1.0	163	103	75.7	1,205	1.2	116
65-74	51	6,782	1	100.0	12	1.3	174	1	100.0	12	1.0	115
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	1,559	83,540	24	42.1	278	0.8	83	10	17.5	120	0.8	39
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	571	35,004	12	109.1	139	0.9	92	5	45.5	60	1.1	52
75-84	405	23,976	7	41.2	84	0.6	92	2	11.8	24	0.5	44
85 and older	583	24,560	5	17.2	55	0.7	50	3	10.3	36	0.4	14
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 Iowa, 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 565 beneficiaries who were in nursing facilities for part of their enrollment and their 5,793 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, IOWA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	344	65.5 %	3,812	0.9	\$55	274	52.2 %	3,110	0.8	\$45	276	52.6 %	3,061	0.7	\$36
Female	243	73.4	2,668	0.9	52	163	49.2	1,826	0.8	40	180	54.4	1,967	0.7	42
Disabled	147	76.6	1,647	0.9	55	101	52.6	1,141	0.8	44	103	53.6	1,157	0.7	54
64 or younger	147	76.6	1,647	0.9	55	101	52.6	1,141	0.8	44	103	53.6	1,157	0.7	54
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	96	69.1	1,021	0.9	47	62	44.6	685	0.8	34	77	55.4	810	0.7	26
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	15	68.2	168	0.9	66	15	68.2	161	0.9	51	21	95.5	232	0.6	14
75-84	36	73.5	389	0.8	45	21	42.9	236	0.9	32	23	46.9	245	0.6	21
85 and older	45	67.2	464	0.9	41	26	38.8	288	0.8	25	33	49.3	333	0.8	37
Male	101	52.1	1,144	0.9	62	111	57.2	1,284	0.8	51	96	49.5	1,094	0.7	25
Disabled	64	46.7	748	1.0	68	83	60.6	959	0.8	56	68	49.6	778	0.7	26
64 or younger	63	46.3	736	1.0	69	82	60.3	947	0.8	54	68	50.0	778	0.7	26
65-74	1	100.0	12	1.0	46	1	100.0	12	1.0	231	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	37	64.9	396	0.9	49	28	49.1	325	0.6	35	28	49.1	316	0.8	23
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	10	90.9	115	0.8	44	9	81.8	108	0.7	60	4	36.4	48	1.0	10
75-84	13	76.5	118	0.9	62	9	52.9	97	0.4	17	7	41.2	78	0.9	29
85 and older	14	48.3	163	1.0	43	10	34.5	120	0.8	26	17	58.6	190	0.7	24
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 Iowa, 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 565 beneficiaries who were in nursing facilities for part of their enrollment and their 5,793 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

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, IOWA, 2003

Beneficiary Characteristics	ANTIDIABETIC					MUSCULOSKELETAL THERAPY AGENTS					ANTIASTHMATIC				
	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	198	37.7 %	2,150	0.9	\$49	89	17.0 %	1,033	1.0	\$89	225	42.9 %	2,586	0.7	\$33
Female	151	45.6	1,659	0.9	51	48	14.5	565	1.1	104	131	39.6	1,480	0.6	33
Disabled	91	47.4	1,005	0.9	50	45	23.4	533	1.1	109	90	46.9	1,042	0.7	36
64 or younger	91	47.4	1,005	0.9	50	45	23.4	533	1.1	109	90	46.9	1,042	0.7	36
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	60	43.2	654	1.0	51	3	2.2	32	0.4	19	41	29.5	438	0.4	25
64 or younger	0	0.0	0	0.0	0	1	100.0	12	1.0	47	0	0.0	0	0.0	0
65-74	16	72.7	184	1.4	71	0	0.0	0	0.0	0	9	40.9	86	0.5	49
75-84	24	49.0	263	0.8	52	0	0.0	0	0.0	0	13	26.5	142	0.3	17
85 and older	20	29.9	207	0.8	32	2	3.0	20	0.1	2	19	28.4	210	0.4	21
Male	47	24.2	491	0.9	46	41	21.1	468	1.0	72	94	48.5	1,106	0.8	33
Disabled	31	22.6	317	0.9	50	37	27.0	423	1.0	78	73	53.3	861	0.9	38
64 or younger	31	22.8	317	0.9	50	37	27.2	423	1.0	78	73	53.7	861	0.9	38
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	16	28.1	174	1.0	38	4	7.0	45	0.8	16	21	36.8	245	0.4	14
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	8	72.7	96	0.8	35	2	18.2	24	1.3	23	6	54.5	67	0.5	26
75-84	4	23.5	35	1.0	32	1	5.9	9	0.7	9	6	35.3	72	0.7	16
85 and older	4	13.8	43	1.2	49	1	3.4	12	0.1	6	9	31.0	106	0.1	5
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 Iowa, 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 565 beneficiaries who were in nursing facilities for part of their enrollment and their 5,793 benefit months were excluded from the analysis.

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

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

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

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

TABLE ND.10D

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

Beneficiary Characteristics	DERMATOLOGICAL				URINARY ANTISPASMODICS				Benefit Months Among All-Nursing Facility Residents		
	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	491	93.5 %	5,693	0.3	\$11	77	14.7 %	860	0.8	\$61	5,787
Female	300	90.6	3,448	0.3	14	61	18.4	708	0.8	62	3,603
Disabled	215	112.0	2,528	0.3	8	41	21.4	489	0.9	67	2,158
64 or younger	215	112.0	2,528	0.3	8	41	21.4	489	0.9	67	2,158
65-74	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0
Other Eligibles	85	61.2	920	0.3	31	20	14.4	219	0.7	53	1,445
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12
65-74	21	95.5	241	0.5	96	6	27.3	72	0.6	54	246
75-84	32	65.3	330	0.2	6	7	14.3	77	0.8	47	529
85 and older	32	47.8	349	0.2	11	7	10.4	70	0.8	58	658
Male	191	98.5	2,245	0.2	7	16	8.2	172	0.9	53	2,184
Disabled	149	108.8	1,759	0.3	8	7	5.1	84	0.9	50	1,557
64 or younger	149	109.6	1,759	0.3	8	7	5.1	84	0.9	50	1,545
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12
75-84	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
Other Eligibles	42	73.7	486	0.2	4	9	15.8	88	0.8	56	627
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0
65-74	12	109.1	144	0.2	5	2	18.2	19	0.6	42	127
75-84	13	76.5	153	0.2	5	2	11.8	11	1.0	88	169
85 and older	17	58.6	189	0.2	3	5	17.2	58	0.9	55	331
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 Iowa, 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 565 beneficiaries who were in nursing facilities for part of their enrollment and their 5,793 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}
 IOWA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Nondual Rx \$		Total Number of Beneficiaries
				Excluded Rx	Beneficiary			Excluded Rx	%	
All	84,439	28.2 %	0.9	266,730	\$16	\$4,762,779	\$18	3.2 %	299,355	
Age										
5 and younger	27,051	33.3	0.7	55,256	13	1,044,580	19	7.1	81,147	
6-14	18,135	21.5	0.4	36,630	9	730,077	20	2.5	84,281	
15-20	10,251	23.9	0.6	24,634	10	438,819	18	2.4	42,902	
21-44	21,471	29.0	1.1	83,070	18	1,368,730	16	2.8	74,124	
45-64	6,937	45.0	4.0	61,050	72	1,110,144	18	3.0	15,431	
65-74	264	46.6	3.9	2,219	49	27,884	13	2.7	566	
75-84	155	36.0	3.7	1,592	41	17,586	11	3.0	431	
85 and older	175	37.0	4.8	2,279	53	24,959	11	5.8	473	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	538	40.9	4.5	5,874	51	67,640	12	3.6	1,316	
Disabled	14,650	45.1	3.4	110,517	69	2,229,120	20	2.8	32,517	
Adults	18,944	26.0	0.7	53,394	11	801,582	15	3.0	72,944	
Children	50,307	26.1	0.5	96,945	9	1,664,437	17	3.9	192,578	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	51,296	30.0	1.0	172,638	17	2,967,521	17	3.4	171,094	
Male	33,143	25.8	0.7	94,092	14	1,795,258	19	2.8	128,261	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	59,583	30.0	1.0	204,381	18	3,648,346	18	3.1	198,521	
African American	6,033	25.2	0.6	15,424	11	265,618	17	3.0	23,916	
Other/unknown	18,823	24.5	0.6	46,925	11	848,815	18	3.7	76,918	
Use of Nursing Facilities^d										
Entire year	451	85.9	15.7	8,263	220	115,359	14	4.9	525	
Part year	480	85.0	10.7	6,059	155	87,787	14	3.2	565	
None	83,508	28.0	0.8	252,408	15	4,559,633	18	3.1	298,265	
Maintenance Assistance Status										
Cash	43,857	33.4	1.3	164,631	22	2,906,952	18	3.1	131,403	
Medically needy	1,106	15.3	0.7	4,798	14	99,847	21	3.5	7,243	
Poverty related	23,226	21.7	0.4	42,140	7	723,933	17	4.4	107,170	
Other/unknown	16,250	30.4	1.0	55,261	19	1,032,047	19	2.8	53,539	

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Iowa, 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}
 IOWA, 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	\$18	\$0	\$1	2,284,195
Age						
5 and younger	0.1	2	19	0	0	591,954
6-14	0.1	1	20	0	0	695,940
15-20	0.1	1	18	0	0	327,636
21-44	0.2	3	16	0	1	512,603
45-64	0.4	8	18	0	3	143,892
65-74	0.4	5	13	0	1	5,709
75-84	0.4	5	11	0	1	3,588
85 and older	0.8	9	11	0	2	2,873
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	6	12	0	2	10,715
Disabled	0.3	6	20	0	3	347,699
Adults	0.1	2	15	0	1	459,271
Children	0.1	1	17	0	0	1,466,510
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	2	17	0	1	1,287,363
Male	0.1	2	19	0	0	996,832
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	2	18	0	1	1,595,628
African American	0.1	2	17	0	0	175,492
Other/unknown	0.1	2	18	0	0	513,075
Use of Nursing Facilities^d						
Entire year	1.4	20	14	1	8	5,787
Part year	1.0	15	14	0	6	5,793
None	0.1	2	18	0	1	2,272,615
Maintenance Assistance Status						
Cash	0.2	3	18	0	1	1,035,093
Medically needy	0.1	2	21	0	1	47,178
Poverty related	0.1	1	17	0	0	762,333
Other/unknown	0.1	2	19	0	1	439,591

Table ND12

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Iowa, 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}
IOWA, 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	102,957	\$46	\$4,762,779	100.0 %	266,730	\$18	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	1	39	39	0.0	1	39	0.0
Drugs for cosmetic purposes	221	13	2,933	0.1	273	11	0.1
Cough and cold medications	60,143	36	2,167,773	45.5	109,023	20	40.9
Vitamins and minerals	3,213	146	468,513	9.8	17,709	26	6.6
Non-prescription drugs	24,451	17	404,389	8.5	56,412	7	21.1
Barbiturates	666	84	55,896	1.2	6,213	9	2.3
Benzodiazepines	11,906	112	1,331,310	28.0	70,551	19	26.5
Other Part D Excl Rx Drugs	2,356	141	331,926	7.0	6,548	51	2.5

Source: Data for this table are from the MAX 2003 file for Iowa, 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 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, IOWA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	310,937	1,316	32,517	74,864	202,240	2,753,152	10,715	350,070	569,998	1,822,369	0
Age											
5 and younger	84,824	0	1,939	181	82,704	738,143	0	19,672	1,631	716,840	0
6-14	88,605	0	5,075	103	83,427	854,328	0	56,967	918	796,443	0
15-20	44,587	0	3,872	6,610	34,105	389,743	0	42,704	51,511	295,528	0
21-44	75,883	0	10,564	63,474	1,845	609,238	0	115,434	481,548	12,256	0
45-64	15,568	0	10,919	4,493	156	149,530	0	113,863	34,382	1,285	0
65-74	566	464	100	1	1	5,709	4,723	979	2	5	0
75-84	431	394	36	1	0	3,588	3,226	360	2	0	0
85 and older	473	458	12	1	2	2,873	2,766	91	4	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	176,965	885	16,722	58,930	100,428	1,552,331	7,109	181,663	458,433	905,126	0
Male	133,972	431	15,795	15,934	101,812	1,200,821	3,606	168,407	111,565	917,243	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	204,900	810	23,865	51,999	128,226	1,883,562	6,360	266,075	414,415	1,196,712	0
African American	25,918	28	2,821	5,921	17,148	249,034	250	30,727	49,477	168,580	0
Other/unknown	80,119	478	5,831	16,944	56,866	620,556	4,105	53,268	106,106	457,077	0
Use of Nursing Facilities^c											
Entire year	525	195	329	0	1	5,787	2,060	3,715	0	12	0
Part year	565	107	436	13	9	5,819	969	4,685	98	67	0
None	309,847	1,014	31,752	74,851	202,230	2,741,546	7,686	341,670	569,900	1,822,290	0
Maintenance Assistance Status											
Cash	135,840	433	25,317	44,820	65,270	1,252,727	4,679	274,497	361,321	612,230	0
Medically needy	7,243	114	796	5,069	1,264	48,739	985	5,514	33,714	8,526	0
Poverty related	112,726	5	10	13,149	99,562	944,113	57	74	78,843	865,139	0
Other/unknown	55,128	764	6,394	11,826	36,144	507,573	4,994	69,985	96,120	336,474	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	213,420	1,316	31,994	48,566	131,544	1,832,797	10,715	344,198	339,445	1,138,439	0
FFS part year, with Rx claims	44,719	0	484	14,362	29,873	452,869	0	5,479	134,945	312,445	0
FFS part year, no Rx claims	17,814	0	39	3,398	14,377	151,137	0	393	23,666	127,078	0
MC all year, with Rx claims	23,402	0	0	6,618	16,784	232,757	0	0	60,899	171,858	0
MC all year, no Rx claims	11,582	0	0	1,920	9,662	83,592	0	0	11,043	72,549	0

Source: Data for this table are from the MAX 2003 file for Iowa, 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(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, IOWA, 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	310,937	2,753,152	299,355	2,284,195	468,957
Fee-for-service (FFS) all year	213,420	1,832,797	213,420	1,832,797	0
FFS part year, with Rx claims	44,719	452,869	44,719	161,925	290,944
FFS part year, with no Rx claims	17,814	151,137	17,814	56,716	94,421
Managed care (MC) all year, with Rx claims	23,402	232,757	23,402	232,757	0
MC all year, with no Rx claims	11,582	83,592	0	0	83,592

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