

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

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL BENEFICIARIES, ILLINOIS, 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	1,646,024	33,561	173,818	366,363	1,072,262	0	15,361,732	261,290	1,850,520	2,938,222	10,311,700	0	15,361,732	261,290	1,850,520	2,938,222	10,311,700	0
Age																		
5 and younger	438,894	0	2,831	10	436,053	0	4,045,334	0	31,359	60	4,013,915	0	4,045,334	0	31,359	60	4,013,915	0
6-14	464,895	0	13,625	58	451,212	0	4,736,204	0	154,445	238	4,581,521	0	4,736,204	0	154,445	238	4,581,521	0
15-20	209,030	1	13,650	19,595	175,784	0	1,965,913	1	148,941	148,029	1,668,942	0	1,965,913	1	148,941	148,029	1,668,942	0
21-44	385,587	126	59,821	317,573	8,067	0	3,240,451	800	639,856	2,558,144	41,651	0	3,240,451	800	639,856	2,558,144	41,651	0
45-64	109,093	344	78,543	29,077	1,129	0	1,055,211	2,405	815,775	231,446	5,585	0	1,055,211	2,405	815,775	231,446	5,585	0
65-74	16,350	11,538	4,768	41	3	0	146,042	92,003	53,744	269	26	0	146,042	92,003	53,744	269	26	0
75-84	13,722	13,201	519	2	0	0	110,213	104,393	5,805	15	0	0	110,213	104,393	5,805	15	0	0
85 and older	8,433	8,370	61	2	0	0	62,279	61,676	595	8	0	0	62,279	61,676	595	8	0	0
Unknown	20	1	0	5	14	0	85	12	0	13	60	0	85	12	0	13	60	0
Gender																		
Female	962,424	13,214	90,271	318,890	540,049	0	8,868,874	116,908	975,134	2,596,466	5,180,366	0	8,868,874	116,908	975,134	2,596,466	5,180,366	0
Male	683,600	20,367	83,547	47,473	532,213	0	6,492,858	144,382	875,386	341,756	5,131,334	0	6,492,858	144,382	875,386	341,756	5,131,334	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race																		
White	621,637	20,698	65,108	153,317	382,514	0	5,794,093	156,508	676,517	1,256,297	3,704,771	0	5,794,093	156,508	676,517	1,256,297	3,704,771	0
African American	608,343	5,772	89,290	122,337	390,944	0	5,828,480	44,132	970,202	1,049,555	3,764,591	0	5,828,480	44,132	970,202	1,049,555	3,764,591	0
Other/unknown	416,044	7,111	19,420	90,709	298,804	0	3,739,159	60,650	203,801	632,370	2,842,338	0	3,739,159	60,650	203,801	632,370	2,842,338	0
Use of Nursing Facilities^c																		
Entire year	8,123	1,645	6,465	11	2	0	87,704	15,367	72,290	43	4	0	87,704	15,367	72,290	43	4	0
Part year	6,834	1,204	5,446	160	24	0	69,694	10,591	57,294	1,575	234	0	69,694	10,591	57,294	1,575	234	0
None	1,631,067	30,732	161,907	366,192	1,072,236	0	15,204,334	235,332	1,720,936	2,936,604	10,311,462	0	15,204,334	235,332	1,720,936	2,936,604	10,311,462	0
Maintenance Assistance Status																		
Cash	207,915	4,017	129,613	12,008	62,277	0	2,236,059	44,713	1,474,970	111,945	604,431	0	2,236,059	44,713	1,474,970	111,945	604,431	0
Medically needy	313,360	6,463	28,143	275,885	2,869	0	2,624,157	55,583	227,378	2,330,668	10,528	0	2,624,157	55,583	227,378	2,330,668	10,528	0
Poverty-related	973,489	1,995	9,656	50,800	911,038	0	9,159,802	18,639	92,258	291,925	8,756,980	0	9,159,802	18,639	92,258	291,925	8,756,980	0
Other/unknown	151,260	21,106	6,406	27,670	96,078	0	1,341,714	142,355	55,914	203,684	939,761	0	1,341,714	142,355	55,914	203,684	939,761	0
Managed Care (MC) Status																		
Fee-for-service (FFS) all year	1,546,464	33,578	173,159	345,113	994,614	0	14,765,612	261,268	1,846,053	2,809,228	9,849,063	0	14,765,612	261,268	1,846,053	2,809,228	9,849,063	0
FFS part year, with Rx claims	54,521	1	439	14,806	39,275	0	381,532	9	3,311	100,701	277,511	0	381,532	9	3,311	100,701	277,511	0
FFS part year, no Rx claims	45,039	2	220	6,444	38,373	0	214,588	13	1,156	28,293	185,126	0	214,588	13	1,156	28,293	185,126	0

Table ND2

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. 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, ILLINOIS, 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	61.8 %	7.4	\$426	\$58	\$3,078	13.8 %	1,646,024
Age							
5 and younger	63.3	3.4	140	41	1,904	7.4	438,894
6-14	53.9	3.4	227	66	1,059	21.4	464,895
15-20	58.1	4.6	268	59	2,145	12.5	209,030
21-44	69.6	9.6	567	59	4,421	12.8	385,587
45-64	78.1	34.4	2,085	61	12,393	16.8	109,093
65-74	49.8	22.3	1,171	53	8,399	13.9	16,350
75-84	30.5	13.3	657	49	4,427	14.8	13,722
85 and older	23.5	10.7	464	43	4,182	11.1	8,433
Unknown	35.0	1.8	286	163	669	42.7	20
Basis of Eligibility^e							
Aged	29.8	11.4	568	50	3,989	14.2	33,581
Disabled	78.1	31.2	2,195	70	14,524	15.1	173,818
Adults	68.7	7.3	320	44	2,494	12.8	366,363
Children	57.9	3.4	171	50	1,393	12.3	1,072,262
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	65.4	8.1	418	51	2,959	14.1	962,424
Male	56.9	6.3	437	69	3,245	13.5	683,600
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	65.7	9.5	564	59	3,212	17.6	621,637
African American	58.3	6.9	403	59	3,553	11.3	608,343
Other/unknown	61.2	4.9	254	52	2,183	11.6	416,044
Use of Nursing Facilities^f							
Entire year	96.7	78.7	5,338	68	44,254	12.1	8,123
Part year	96.1	59.3	4,007	68	52,247	7.7	6,834
None	61.5	6.8	387	57	2,667	14.5	1,631,067
Maintenance Assistance Status							
Cash	75.7	23.1	1,554	67	9,641	16.1	207,915
Medically needy	68.2	9.5	479	51	3,479	13.8	313,360
Poverty related	59.1	3.6	173	48	1,453	11.9	973,489
Other/unknown	47.5	5.9	396	67	3,679	10.8	151,260

Table ND3

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. 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, ILLINOIS, 2003

Beneficiary Characteristics	Number of Rx. Percentage with:										Beneficiaries	Number
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS ^d		
All	0.8	\$46	13.8 %	38.2 %	49.8 %	5.0 %	4.5 %	1.9 %	0.5 %	\$330	1,646,024	15,361,732
Age												
5 and younger	0.4	15	7.4	36.7	59.7	2.8	0.8	0.1	0.0	207	438,894	4,045,334
6-14	0.3	22	21.4	46.1	49.1	2.9	1.8	0.2	0.0	104	464,895	4,736,204
15-20	0.5	29	12.5	41.9	50.7	4.5	2.5	0.4	0.0	228	209,030	1,965,913
21-44	1.1	67	12.8	30.4	50.6	8.8	7.3	2.4	0.5	526	385,587	3,240,451
45-64	3.6	216	16.8	21.9	23.1	11.1	22.9	15.9	5.0	1,281	109,093	1,055,211
65-74	2.5	131	13.9	50.2	13.3	7.1	15.6	11.2	2.6	940	16,350	146,042
75-84	1.7	82	14.8	69.5	7.8	4.4	9.4	7.1	1.8	551	13,722	110,213
85 and older	1.5	63	11.1	76.5	4.1	2.8	8.0	6.9	1.7	566	8,433	62,279
Unknown	0.4	67	42.7	65.0	25.0	10.0	0.0	0.0	0.0	158	20	85
Basis of Eligibility^e												
Aged	1.5	73	14.2	70.2	8.7	4.7	9.1	6.0	1.4	513	33,581	261,290
Disabled	2.9	206	15.1	21.9	29.2	10.6	20.5	13.6	4.1	1,364	173,818	1,850,520
Adults	0.9	40	12.8	31.3	52.9	8.4	5.8	1.4	0.2	311	366,363	2,938,222
Children	0.4	18	12.3	42.1	53.4	3.0	1.4	0.1	0.0	145	1,072,262	10,311,700
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.9	45	14.1	34.6	51.9	5.7	5.0	2.2	0.6	321	962,424	8,868,874
Male	0.7	46	13.5	43.1	46.9	4.1	3.9	1.6	0.4	342	683,600	6,492,858
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.0	61	17.6	34.3	49.7	6.4	6.1	2.8	0.8	345	621,637	5,794,093
African American	0.7	42	11.3	41.7	47.2	4.6	4.3	1.8	0.4	371	608,343	5,828,480
Other/unknown	0.5	28	11.6	38.8	53.9	3.7	2.5	0.9	0.2	243	416,044	3,739,159
Use of Nursing Facilities^f												
Entire year	7.3	494	12.1	3.3	4.4	5.3	26.6	40.4	20.0	4,099	8,123	87,704
Part year	5.8	393	7.7	3.9	12.0	10.9	30.4	29.8	13.0	5,123	6,834	69,694
None	0.7	42	14.5	38.5	50.2	5.0	4.3	1.6	0.4	286	1,631,067	15,204,334
Maintenance Assistance Status												
Cash	2.1	145	16.1	24.3	40.5	8.6	14.5	9.3	2.8	896	207,915	2,236,059
Medically needy	1.1	57	13.8	31.8	48.3	9.1	7.7	2.6	0.5	416	313,360	2,624,157
Poverty related	0.4	18	11.9	40.9	54.3	3.0	1.4	0.2	0.0	155	973,489	9,159,802
Other/unknown	0.7	45	10.8	52.5	36.7	4.7	4.3	1.4	0.4	415	151,260	1,341,714

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. 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, ILLINOIS, 2003

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.8	\$46	\$58	0.3	\$35	\$109	0.0	\$1	\$52	0.4	\$9	\$21
Age												
5 and younger	0.4	15	41	0.1	11	89	0.0	0	42	0.2	4	16
6-14	0.3	22	66	0.2	18	110	0.0	1	69	0.2	4	22
15-20	0.5	29	59	0.2	23	102	0.0	1	57	0.2	5	20
21-44	1.1	67	59	0.5	52	114	0.0	2	51	0.6	13	20
45-64	3.6	216	61	1.4	163	115	0.1	6	52	2.0	46	23
65-74	2.5	131	53	1.1	98	93	0.1	4	38	1.3	29	22
75-84	1.7	82	49	0.7	62	86	0.1	2	29	0.9	17	20
85 and older	1.5	63	43	0.6	47	82	0.1	2	23	0.8	14	18
Unknown	0.4	67	163	0.2	65	261	0.0	0	32	0.1	2	15
Basis of Eligibility^d												
Aged	1.5	73	50	0.6	56	87	0.1	2	31	0.8	15	20
Disabled	2.9	206	70	1.2	162	134	0.1	6	57	1.6	38	24
Adults	0.9	40	44	0.3	29	83	0.0	1	37	0.5	10	18
Children	0.4	18	50	0.2	14	91	0.0	1	57	0.2	3	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.9	45	51	0.4	34	96	0.0	1	44	0.5	10	20
Male	0.7	46	69	0.3	37	131	0.0	1	66	0.4	8	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.0	61	59	0.5	48	105	0.0	2	49	0.5	11	21
African American	0.7	42	59	0.3	32	120	0.0	1	59	0.4	9	21
Other/unknown	0.5	28	52	0.2	21	102	0.0	1	47	0.3	6	19
Use of Nursing Facilities^e												
Entire year	7.3	494	68	2.8	378	135	0.5	26	52	4.0	91	23
Part year	5.8	393	68	2.2	309	139	0.3	14	46	3.3	69	21
None	0.7	42	57	0.3	32	106	0.0	1	52	0.4	8	20
Maintenance Assistance Status												
Cash	2.1	145	67	0.9	113	129	0.1	4	55	1.2	27	23
Medically needy	1.1	57	51	0.5	43	95	0.0	2	44	0.6	13	20
Poverty related	0.4	18	48	0.2	14	90	0.0	1	54	0.2	4	18
Other/unknown	0.7	45	67	0.3	37	116	0.0	1	50	0.3	7	21

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. 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 Illinois, 0.8 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, ILLINOIS, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users ^e							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Benes	As a Percentage	Number of Benefit Months			
															Patented Brand-Name	Off-Patent Brand-Name	Generic
Anti-infective Agents	0.2	0.1	0.0	0.1	\$13	\$10	\$0	\$3	\$54	\$105	\$73	\$19	1,714,927	\$93,093,852	676,547	41.1	7,256,212
Biologicals	0.3	0.3	0.0	0.0	348	328	3	17	1068	1,078	1,720	853	13,254	14,159,324	4,105	0.2	40,699
Antineoplastic Agents	0.5	0.2	0.0	0.2	172	146	5	22	347	640	229	87	31,109	10,802,764	5,956	0.4	62,741
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	21	16	1	4	47	70	26	22	1,139,035	53,481,747	240,629	14.6	2,533,982
Cardiovascular Agents	1.2	0.4	0.0	0.8	46	29	1	16	38	72	34	21	1,497,579	57,509,417	116,727	7.1	1,248,404
Respiratory Agents	0.4	0.2	0.0	0.2	17	13	1	4	47	78	70	20	1,643,843	77,602,904	417,046	25.3	4,520,859
Gastrointestinal Agents	0.4	0.3	0.0	0.2	36	32	1	4	83	124	135	21	568,043	47,228,176	123,091	7.5	1,319,991
Genitourinary Agents	0.2	0.1	0.0	0.1	9	8	0	1	44	54	34	18	159,871	7,000,477	74,899	4.6	768,353
CNS Drugs	0.9	0.5	0.0	0.4	74	63	3	9	84	133	91	23	1,615,184	136,358,001	171,296	10.4	1,841,617
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	44	38	1	5	70	81	53	37	289,965	20,181,222	40,845	2.5	455,859
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	49	42	0	7	157	184	18	82	23,993	3,776,045	7,069	0.4	77,221
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	9	5	0	4	29	148	54	14	1,312,462	38,165,149	383,274	23.3	4,086,797
Neuromuscular Agents	0.7	0.3	0.0	0.3	48	39	1	7	73	126	41	24	684,316	49,614,149	95,476	5.8	1,043,415
Nutritional Products	0.4	0.0	0.0	0.3	8	2	1	5	21	34	31	18	311,448	6,676,192	92,773	5.6	884,650
Hematological Agents	0.6	0.2	0.1	0.3	146	128	2	16	250	695	32	47	195,812	48,885,656	31,662	1.9	334,196
Topical Products	0.2	0.1	0.0	0.1	7	4	0	3	32	60	53	19	819,925	26,509,414	367,925	22.4	3,984,806
Miscellaneous Products	0.2	0.1	0.0	0.1	21	18	2	2	116	146	302	34	68,005	7,871,390	33,501	2.0	367,233
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	4	0	0	0	30	0	0	0	74,921	2,263,867	53,569	3.3	597,714
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.	12,163,692	701,179,746	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. 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 Illinois, 0.8 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, ILLINOIS, 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	\$86,433,274	76,923	4.7 %	864,356	0.6	\$168
ASTHMA	46,717,296	318,901	19.4	3,500,622	0.3	50
ANTICONVULSANT	44,033,404	67,184	4.1	747,600	0.7	89
ANTIDEPRESSANTS	39,498,060	143,348	8.7	1,552,155	0.4	57
ULCER DRUGS	37,877,333	113,675	6.9	1,233,384	0.3	90
ANTIVIRAL	35,208,693	23,160	1.4	253,059	0.4	381
MISC. HEMATOLOGICAL	34,317,513	8,726	0.5	95,075	0.5	692
ANTI-DIABETIC	24,788,139	63,169	3.8	683,713	0.6	57
ANTI-HYPERLIPIDEMIC	20,666,311	38,339	2.3	423,284	0.5	92
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	20,179,275	50,858	3.1	572,501	0.5	70
Total	389,719,298	904,283		9,925,749	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. 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-ad77847b6615> (October 26, 2007).

Bene Mo(s) = beneficiary 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, ILLINOIS, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTI-PSYCHOTICS				ANTI-ASTHMATIC				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users
All	4,141,494	\$389,719,298	76,923	4.7 %	864,356	0.6	318,901	19.4 %	3,500,622	0.3	\$13		
Female	2,420,762	201,637,881	40,291	4.2	450,860	0.5	177,951	18.5	1,945,247	0.3	14		
Disabled	1,361,738	123,357,045	24,653	27.3	284,065	0.7	43,277	47.9	497,346	0.4	22		
5 and younger	3,943	317,705	9	0.8	108	0.6	640	53.8	7,475	0.3	18		
6-14	21,348	1,999,128	392	8.4	4,585	0.5	1,469	31.5	17,186	0.3	17		
15-20	24,742	2,503,793	671	12.8	7,683	0.5	1,344	25.6	15,424	0.3	16		
21-44	377,443	39,034,460	10,452	34.7	120,291	0.6	12,557	41.7	144,569	0.4	18		
45-64	863,660	74,237,018	12,333	27.3	142,156	0.7	25,486	56.4	292,158	0.4	24		
65-74	64,353	4,810,821	701	20.4	8,129	0.8	1,637	47.6	18,829	0.5	26		
75-84	5,786	421,401	86	23.2	1,005	0.7	134	36.2	1,585	0.5	29		
85 and older	463	32,719	9	23.7	108	0.8	10	26.3	120	0.5	13		
Other Eligibles	1,059,018	78,280,561	15,638	1.8	166,795	0.3	134,672	15.4	1,447,885	0.2	11		
5 and younger	100,560	4,916,694	478	0.2	5,352	0.2	42,892	20.1	466,370	0.2	8		
6-14	210,354	15,222,275	3,178	1.4	36,059	0.4	32,883	14.7	370,264	0.2	11		
15-20	120,020	9,448,915	3,004	2.6	33,180	0.4	15,218	13.2	164,418	0.2	11		
21-44	438,826	34,472,132	6,992	2.4	72,181	0.3	36,718	12.8	376,385	0.3	12		
45-64	105,304	8,231,549	896	4.2	9,214	0.3	4,990	23.6	49,965	0.4	20		
65-74	29,641	2,208,495	224	4.5	2,303	0.5	684	13.6	7,363	0.4	23		
75-84	35,282	2,516,116	476	9.4	4,792	0.5	824	16.3	8,562	0.4	21		
85 and older	19,031	1,264,385	390	14.3	3,714	0.5	463	17.0	4,558	0.4	18		
Male	1,720,732	188,081,417	36,632	5.4	413,496	0.7	140,950	20.6	1,555,375	0.3	13		
Disabled	937,907	121,803,689	24,090	28.8	275,421	0.7	23,912	28.6	271,467	0.4	22		
5 and younger	6,625	2,462,087	38	2.3	439	0.5	1,042	63.5	12,131	0.3	19		
6-14	52,377	13,494,600	1,208	13.5	14,062	0.5	3,201	35.7	37,468	0.3	18		
15-20	44,511	7,485,619	1,401	16.7	15,970	0.6	1,775	21.1	20,627	0.3	18		
21-44	325,922	46,238,627	11,638	39.2	133,177	0.7	5,659	19.1	64,416	0.4	19		
45-64	482,772	49,973,582	9,351	28.0	106,683	0.8	11,613	34.8	129,849	0.5	25		
65-74	23,069	1,925,905	390	29.4	4,390	0.9	567	42.7	6,380	0.5	25		
75-84	2,251	192,451	56	37.6	623	0.7	42	28.2	476	0.5	25		
85 and older	380	30,818	8	34.8	77	1.1	13	56.5	120	0.3	16		
Other Eligibles	782,825	66,277,728	12,542	2.1	138,075	0.5	117,038	19.5	1,283,908	0.2	11		
5 and younger	145,753	8,778,117	777	0.3	8,835	0.2	58,279	26.2	632,509	0.2	9		
6-14	391,209	35,353,126	6,912	3.0	78,100	0.5	43,347	19.0	487,916	0.2	13		
15-20	114,924	11,138,502	3,269	4.1	35,944	0.5	10,136	12.7	111,175	0.3	13		
21-44	62,702	5,555,987	992	2.5	9,234	0.4	3,267	8.2	31,484	0.3	15		
45-64	37,373	3,102,319	227	2.4	2,137	0.4	1,137	12.1	11,454	0.4	21		
65-74	13,323	1,090,371	125	1.9	1,358	0.5	363	5.5	3,862	0.4	28		
75-84	13,686	994,172	148	1.8	1,582	0.6	374	4.6	4,076	0.4	24		
85 and older	3,855	265,134	92	1.6	885	0.5	135	2.4	1,432	0.4	20		
Unknown	6	275	0	0.0	0	0.0	2	10.0	16	0.1	2		

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. 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, ILLINOIS, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ULCER DRUGS				
	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	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	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	67,184	4.1 %	747,600	0.7	\$59	143,348	8.7 %	1,552,155	0.4	\$25	113,675	6.9 %	1,233,384	0.3	\$31
Female	38,838	4.0	430,261	0.6	56	104,069	10.8	1,122,379	0.4	25	79,968	8.3	867,629	0.3	30
Disabled	22,698	25.1	260,398	0.7	64	40,812	45.2	466,732	0.5	30	32,955	36.5	379,179	0.4	41
5 and younger	102	8.6	1,161	0.7	82	4	0.3	48	3		129	10.8	1,482	0.4	23
6-14	611	13.1	7,192	0.8	83	348	7.5	4,056	0.4	23	227	4.9	2,685	0.4	35
15-20	803	15.3	9,158	0.8	91	834	15.9	9,527	0.4	27	477	9.1	5,464	0.3	25
21-44	9,224	30.6	105,950	0.7	73	14,215	47.2	162,286	0.5	29	8,700	28.9	100,431	0.4	34
45-64	11,341	25.1	129,777	0.7	55	24,333	53.8	278,202	0.6	31	21,559	47.7	247,445	0.5	43
65-74	568	16.5	6,597	0.7	41	1,001	29.1	11,706	0.6	30	1,697	49.3	19,747	0.5	44
75-84	44	11.9	503	0.8	34	70	18.9	828	0.6	27	150	40.5	1,747	0.5	45
85 and older	5	13.2	60	0.8	52	7	18.4	79	0.7	47	16	42.1	178	0.6	43
Other Eligibles	16,140	1.9	169,863	0.5	43	63,257	7.3	655,647	0.4	21	47,012	5.4	488,443	0.2	22
5 and younger	598	0.3	6,608	0.5	46	144	0.1	1,662	0.3	12	3,414	1.6	33,844	0.2	12
6-14	2,604	1.2	29,296	0.6	60	4,859	2.2	54,721	0.4	22	4,180	1.9	47,730	0.2	13
15-20	2,375	2.1	26,092	0.5	54	8,906	7.7	96,622	0.3	20	5,560	4.8	59,960	0.2	12
21-44	8,340	2.9	85,191	0.4	35	41,718	14.6	426,147	0.3	20	26,199	9.2	268,428	0.2	22
45-64	1,418	6.7	14,386	0.5	39	5,402	25.5	54,202	0.5	27	4,451	21.0	44,983	0.4	35
65-74	263	5.2	2,765	0.5	31	625	12.5	6,611	0.4	23	1,197	23.9	13,007	0.4	38
75-84	370	7.3	3,841	0.6	29	925	18.4	9,390	0.6	29	1,266	25.1	13,310	0.5	44
85 and older	172	6.3	1,684	0.7	30	678	24.8	6,292	0.6	34	745	27.3	7,181	0.6	49
Male	28,346	4.1	317,339	0.7	64	39,279	5.7	429,776	0.5	27	33,707	4.9	365,755	0.4	32
Disabled	19,044	22.8	216,942	0.8	69	21,323	25.5	239,973	0.5	29	17,851	21.4	201,271	0.5	40
5 and younger	138	8.4	1,604	0.7	63	11	0.7	131	0.3	15	182	11.1	2,106	0.4	30
6-14	1,149	12.8	13,326	0.8	75	764	8.5	8,899	0.5	28	369	4.1	4,346	0.5	40
15-20	1,315	15.6	15,043	0.8	84	1,120	13.3	12,820	0.5	32	503	6.0	5,816	0.4	36
21-44	8,474	28.5	96,792	0.8	79	8,469	28.5	95,387	0.5	29	5,258	17.7	59,667	0.4	38
45-64	7,652	23.0	86,624	0.7	56	10,595	31.8	118,605	0.5	29	10,919	32.8	122,357	0.5	42
65-74	281	21.2	3,166	0.8	46	329	24.8	3,760	0.6	29	544	41.0	6,128	0.5	43
75-84	29	19.5	333	0.8	37	29	19.5	319	0.5	22	62	41.6	716	0.5	43
85 and older	6	26.1	54	1.1	92	6	26.1	52	0.8	34	14	60.9	135	0.5	34
Other Eligibles	9,302	1.6	100,397	0.6	52	17,956	3.0	189,803	0.4	25	15,856	2.6	164,484	0.3	23
5 and younger	843	0.4	9,298	0.5	42	252	0.1	2,895	0.2	10	3,932	1.8	39,005	0.2	13
6-14	4,183	1.8	47,303	0.6	55	7,219	3.2	81,511	0.4	24	3,339	1.5	38,150	0.2	17
15-20	2,135	2.7	23,292	0.6	61	4,411	5.5	47,328	0.4	28	2,229	2.8	24,368	0.2	14
21-44	1,459	3.7	13,724	0.4	39	4,248	10.7	39,743	0.4	23	3,738	9.4	36,123	0.3	34
45-64	417	4.4	3,957	0.5	38	1,265	13.5	12,172	0.4	26	1,511	16.1	14,855	0.4	39
65-74	119	1.8	1,257	0.6	34	223	3.4	2,533	0.5	27	494	7.5	5,365	0.4	41
75-84	112	1.4	1,224	0.7	34	238	2.9	2,611	0.6	35	447	5.5	4,985	0.5	46
85 and older	34	0.6	342	0.6	20	100	1.8	1,010	0.6	33	166	2.9	1,633	0.6	47
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	5.0	7	0.6	35

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. 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, ILLINOIS, 2003

Beneficiary Characteristics	ANTIVIRAL					MISC. HEMATOLOGICAL					ANTI-DIABETIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	23,160	1.4 %	253,059	0.4	\$139	8,726	0.5 %	95,075	0.5	\$361	63,169	3.8 %	683,713	0.6	\$36
Female	13,646	1.4	148,621	0.3	106	5,225	0.5	57,337	0.5	108	43,838	4.6	474,845	0.6	36
Disabled	4,463	4.9	51,058	0.5	198	3,731	4.1	42,102	0.5	60	26,589	29.5	303,194	0.7	39
5 and younger	10	0.8	120	0.7	134	1	0.1	7	0.3	1,892	1	0.1	12	0.7	59
6-14	124	2.7	1,440	0.6	193	4	0.1	48	0.1	9	48	1.0	569	0.8	71
15-20	92	1.8	1,050	0.4	133	1	0.0	6	0.2	19	133	2.5	1,514	0.6	38
21-44	2,167	7.2	24,637	0.5	192	324	1.1	3,604	0.5	44	4,200	13.9	48,001	0.6	34
45-64	2,020	4.5	23,225	0.5	211	2,978	6.6	33,529	0.5	62	20,055	44.4	228,073	0.7	40
65-74	48	1.4	565	0.3	111	376	10.9	4,352	0.6	59	1,978	57.5	23,012	0.7	35
75-84	2	0.5	21	0.1	4	46	12.4	544	0.5	49	164	44.3	1,898	0.7	32
85 and older	0	0.0	0	0.0	0	1	2.6	12	0.8	95	10	26.3	115	0.5	11
Other Eligibles	9,183	1.1	97,563	0.2	58	1,494	0.2	15,235	0.5	241	17,249	2.0	171,651	0.6	32
5 and younger	1,300	0.6	14,510	0.1	9	7	0.0	76	0.3	87	92	0.0	965	0.6	36
6-14	1,402	0.6	16,033	0.2	58	5	0.0	58	0.3	136	718	0.3	7,992	0.8	49
15-20	1,297	1.1	13,867	0.2	28	10	0.0	100	0.4	4,267	893	0.8	9,155	0.6	41
21-44	4,723	1.7	48,318	0.2	73	315	0.1	3,212	0.4	806	8,919	3.1	87,313	0.5	30
45-64	366	1.7	3,794	0.4	181	290	1.4	2,872	0.5	61	3,632	17.2	35,260	0.6	36
65-74	40	0.8	448	0.1	8	232	4.6	2,497	0.5	47	1,391	27.8	14,748	0.6	29
75-84	36	0.7	387	0.1	31	364	7.2	3,809	0.6	53	1,171	23.2	11,962	0.6	29
85 and older	19	0.7	206	0.1	6	271	9.9	2,611	0.6	57	433	15.9	4,256	0.7	26
Male	9,514	1.4	104,438	0.4	186	3,501	0.5	37,738	0.5	745	19,331	2.8	208,868	0.6	36
Disabled	5,991	7.2	65,915	0.6	266	2,675	3.2	29,398	0.5	655	13,512	16.2	150,881	0.6	36
5 and younger	20	1.2	224	0.6	103	3	0.2	36	3.6	55,190	4	0.2	48	0.7	148
6-14	87	1.0	1,011	0.5	151	29	0.3	347	1.8	25,724	47	0.5	545	0.7	41
15-20	65	0.8	752	0.3	158	17	0.2	199	1.1	14,186	114	1.4	1,299	0.7	51
21-44	2,779	9.4	30,120	0.6	255	258	0.9	2,873	0.4	1,417	2,764	9.3	31,168	0.6	34
45-64	2,987	9.0	33,208	0.6	284	2,192	6.6	23,950	0.5	57	9,966	29.9	110,797	0.7	36
65-74	48	3.6	540	0.6	221	157	11.8	1,785	0.5	47	552	41.6	6,300	0.7	34
75-84	5	3.4	60	0.2	39	17	11.4	191	0.5	49	54	36.2	620	0.7	37
85 and older	0	0.0	0	0.0	0	2	8.7	17	0.8	89	11	47.8	104	0.6	17
Other Eligibles	3,523	0.6	38,523	0.2	49	826	0.1	8,340	0.5	1,060	5,819	1.0	57,987	0.6	37
5 and younger	1,362	0.6	15,144	0.1	9	27	0.0	314	0.6	3,840	139	0.1	1,517	0.6	35
6-14	1,196	0.5	13,626	0.2	38	46	0.0	542	0.9	11,293	644	0.3	7,174	0.8	49
15-20	389	0.5	4,263	0.2	36	23	0.0	241	0.6	4,702	410	0.5	4,425	0.8	55
21-44	424	1.1	4,008	0.3	182	150	0.4	1,366	0.5	50	1,794	4.5	16,513	0.6	34
45-64	113	1.2	1,087	0.4	288	236	2.5	2,172	0.5	56	1,772	18.9	16,941	0.6	34
65-74	30	0.5	305	0.3	99	142	2.2	1,532	0.5	53	549	8.4	5,855	0.6	30
75-84	6	0.1	54	0.2	5	159	1.9	1,772	0.5	52	419	5.1	4,663	0.6	28
85 and older	3	0.1	36	0.2	21	43	0.8	401	0.6	53	92	1.6	899	0.6	22
Unknown	0	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 Illinois, released by CMS in 07/2007. 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, ILLINOIS, 2003

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC				STIMULANTS/ANTI-OBESITY/ANOREXIANTS							
	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	Number of Benefit Months Among Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month			
All	38,339	2.3 %	423,284	0.5	\$49	50,858	3.1 %	572,501	0.5	\$35	1,646,024	15,361,732
Female	25,021	2.6	277,723	0.5	48	14,339	1.5	161,130	0.5	34	962,409	8,868,818
Disabled	17,058	18.9	196,047	0.6	52	1,506	1.7	17,461	0.5	35	90,271	975,134
5 and younger	4	0.3	42	0.1	3	26	2.2	300	0.4	45	1,189	13,096
6-14	6	0.1	72	0.3	27	565	12.1	6,622	0.5	35	4,662	52,784
15-20	17	0.3	197	0.4	39	229	4.4	2,671	0.5	37	5,240	57,170
21-44	1,986	6.6	22,996	0.5	41	361	1.2	4,160	0.5	34	30,129	329,155
45-64	13,606	30.1	155,849	0.6	53	316	0.7	3,605	0.5	36	45,203	479,271
65-74	1,326	38.5	15,568	0.6	56	8	0.2	91	0.7	29	3,440	39,087
75-84	108	29.2	1,268	0.6	56	1	0.3	12	1.2	18	370	4,193
85 and older	5	13.2	55	0.8	59	0	0.0	0	0.0	0	38	378
Other Eligibles	7,963	0.9	81,676	0.4	39	12,833	1.5	143,669	0.5	34	872,138	7,893,684
5 and younger	160	0.1	1,685	0.1	3	600	0.3	6,609	0.3	26	213,730	1,968,546
6-14	30	0.0	335	0.3	22	9,613	4.3	108,549	0.5	35	222,968	2,264,287
15-20	93	0.1	1,003	0.2	18	1,573	1.4	17,646	0.5	35	115,576	1,055,933
21-44	3,226	1.1	33,037	0.4	31	892	0.3	9,255	0.4	32	285,916	2,319,532
45-64	2,330	11.0	22,907	0.5	44	121	0.6	1,280	0.5	40	21,166	171,490
65-74	1,089	21.7	11,718	0.5	51	9	0.2	88	0.3	8	5,011	44,311
75-84	825	16.4	8,936	0.6	54	15	0.3	136	0.4	9	5,040	45,995
85 and older	210	7.7	2,055	0.6	48	10	0.4	106	0.5	10	2,731	23,590
Male	13,318	1.9	145,561	0.6	50	36,519	5.3	411,371	0.5	36	683,595	6,492,829
Disabled	9,616	11.5	108,638	0.6	52	3,613	4.3	41,864	0.6	38	83,547	875,386
5 and younger	2	0.1	24	0.2	5	71	4.3	813	0.3	21	1,642	18,263
6-14	5	0.1	60	0.4	24	2,256	25.2	26,249	0.6	38	8,963	101,661
15-20	23	0.3	259	0.4	37	806	9.6	9,416	0.6	39	8,410	91,771
21-44	1,779	6.0	20,349	0.5	44	315	1.1	3,552	0.6	40	29,692	310,701
45-64	7,379	22.1	82,934	0.6	54	161	0.5	1,786	0.5	31	33,340	336,504
65-74	387	29.1	4,531	0.6	59	3	0.2	36	0.3	8	1,328	14,657
75-84	38	25.5	445	0.6	60	1	0.7	12	0.2	2	149	1,612
85 and older	3	13.0	36	0.4	46	0	0.0	0	0.0	0	23	217
Other Eligibles	3,702	0.6	36,923	0.5	44	32,906	5.5	369,507	0.5	35	600,048	5,617,443
5 and younger	155	0.1	1,659	0.1	4	1,752	0.8	19,598	0.3	23	222,333	2,045,429
6-14	56	0.0	618	0.3	19	26,798	11.7	301,853	0.5	36	228,302	2,317,472
15-20	80	0.1	889	0.4	28	4,084	5.1	45,446	0.5	39	79,804	761,039
21-44	1,255	3.1	12,125	0.4	37	224	0.6	2,094	0.4	26	39,850	281,063
45-64	1,368	14.6	12,994	0.5	50	39	0.4	419	0.5	32	9,384	67,946
65-74	434	6.6	4,714	0.5	54	5	0.1	58	0.3	13	6,571	47,987
75-84	311	3.8	3,461	0.6	57	3	0.0	29	1.3	35	8,163	58,413
85 and older	43	0.8	463	0.6	51	1	0.0	10	0.8	26	5,641	38,094
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	20	85

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. 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, ILLINOIS, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$494	7.3	8,123	87,704	87,704
Age					
0-64	553	7.6	5,810	64,888	64,888
65-74	394	6.7	764	8,107	8,107
75-84	331	6.8	771	7,477	7,477
85 and older	249	5.9	778	7,232	7,232
Unknown	0	0.0	0	0	0
Gender					
Female	478	7.7	4,095	43,436	43,436
Male	511	6.9	4,028	44,268	44,268
Unknown	0	0.0	0	0	0
Race					
White	489	7.6	4,659	49,658	49,658
African American	500	6.9	2,943	32,501	32,501
Other/unknown	507	7.2	521	5,545	5,545
Basis of Eligibility^c					
Aged	295	6.3	1,645	15,367	15,367
Disabled	537	7.5	6,465	72,290	72,290
Adults	611	11.1	11	43	43
Children	680	7.0	2	4	4
Unknown	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. 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 6,834 beneficiaries who were in nursing facilities for part of their enrollment and their 69,694 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, ILLINOIS, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Rx \$	Number of Users	Percentage of All-Year Nursing Facility Residents	Number of Benefit Months		
																Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.5	0.3	0.0	0.2	\$62	\$57	\$0	\$5	\$120	\$184	\$69	\$25	26,411	\$3,192,072	4,653	57.3 %	51,115
Biologicals	0.1	0.0	0.0	0.1	47	0	4	43	444	41	1,144	434	303	134,602	250	3.1	2,873
Antineoplastic Agents	0.6	0.1	0.0	0.4	100	51	3	47	180	513	161	106	3,146	564,869	544	6.7	5,636
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.5	51	40	2	9	45	80	18	18	41,464	1,846,888	3,313	40.8	36,264
Cardiovascular Agents	1.8	0.5	0.0	1.3	59	33	1	25	32	70	20	19	98,763	3,208,958	4,998	61.5	54,296
Respiratory Agents	0.9	0.4	0.0	0.5	35	25	1	9	41	69	66	19	30,740	1,257,597	3,201	39.4	35,465
Gastrointestinal Agents	1.0	0.4	0.0	0.6	62	51	1	10	62	116	49	18	46,986	2,898,217	4,271	52.6	46,467
Genitourinary Agents	0.6	0.3	0.0	0.3	27	22	0	4	48	80	27	16	10,543	504,561	1,721	21.2	18,919
CNS Drugs	2.5	1.2	0.2	1.1	267	212	20	35	106	178	82	32	183,438	19,399,814	6,540	80.5	72,655
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.0	0.5	22	11	3	8	30	55	56	17	599	17,903	73	0.9	803
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	92	90	0	2	133	136	0	72	5,484	730,080	734	9.0	7,897
Analgesics and Anesthetics	1.0	0.2	0.0	0.8	37	25	1	10	35	113	38	13	44,493	1,579,429	3,922	48.3	43,063
Neuromuscular Agents	1.5	0.6	0.1	0.8	94	72	4	19	65	121	34	25	73,918	4,784,338	4,481	55.2	50,957
Nutritional Products	0.8	0.0	0.2	0.6	18	1	5	12	22	48	27	20	18,435	406,174	2,104	25.9	22,115
Hematological Agents	1.1	0.3	0.1	0.6	73	64	2	8	68	217	12	12	30,016	2,035,021	2,603	32.0	27,764
Topical Products	0.5	0.2	0.1	0.3	17	9	3	5	33	54	59	18	21,394	705,821	3,633	44.7	40,611
Miscellaneous Products	0.3	0.1	0.0	0.3	10	5	0	5	29	91	168	17	2,559	73,375	703	8.7	7,392
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	35	0	0	0	824	28,763	250	3.1	2,786
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.	639,516	43,358,482	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. 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 6,834 beneficiaries who were in nursing facilities for part of their enrollment and their 69,694 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

In Illinois, 0.8 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, ILLINOIS, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$16,277,498	8,859	109.1 %	102,129	1.0	\$154	\$159
ANTICONVULSANT	4,209,368	4,790	59.0	55,010	1.0	77	77
ULCER DRUGS	2,459,162	4,047	49.8	44,189	0.7	82	56
ANTIDEPRESSANTS	2,212,553	4,633	57.0	51,248	0.8	55	43
ANTIVIRAL	1,823,645	591	7.3	6,508	0.7	409	280
ANTI-DIABETIC	1,299,136	3,444	42.4	38,135	0.8	43	34
ANTIHYPERLIPIDEMIC	1,164,347	1,714	21.1	19,497	0.7	84	60
ANTI-ASTHMATIC	884,954	3,454	42.5	37,993	0.5	43	23
ANALGESICS - Narcotic	813,150	3,203	39.4	34,234	0.7	32	24
HEMATOPOIETIC AGENTS	811,782	2,793	34.4	30,731	0.7	38	26
Total	31,955,595	37,528		419,674	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. 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 6,834 beneficiaries who were in nursing facilities for part of their enrollment and their 69,694 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=09e0fed-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, ILLINOIS, 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	346,363	\$31,955,595	8,859	109.1 %	102,129	1.0	\$159	4,790	59.0 %	55,010	1.0	\$77
Female	169,804	14,589,047	4,092	99.9	46,998	1.0	152	2,173	53.1	24,846	1.0	74
Disabled	142,323	12,941,786	3,595	128.6	41,990	1.1	160	1,943	69.5	22,515	1.0	78
64 or younger	127,058	11,777,194	3,229	134.7	37,730	1.1	163	1,771	73.9	20,534	1.0	81
65-74	13,086	1,028,934	325	98.8	3,781	1.0	139	154	46.8	1,778	1.0	48
75-84	1,921	122,984	37	64.9	431	0.9	114	17	29.8	191	1.1	40
85 and older	258	12,674	4	33.3	48	0.6	90	1	8.3	12	0.8	17
Other Eligibles	27,481	1,647,261	497	38.3	5,008	0.6	79	230	17.7	2,331	0.8	35
64 or younger	249	16,634	6	66.7	36	1.4	147	3	33.3	26	1.0	98
65-74	3,358	210,405	68	50.0	690	0.7	101	37	27.2	381	0.7	37
75-84	12,261	786,543	227	44.3	2,320	0.6	84	106	20.7	1,087	0.8	35
85 and older	11,613	633,679	196	30.5	1,962	0.6	63	84	13.1	837	0.8	33
Male	176,559	17,366,548	4,767	118.3	55,131	1.0	166	2,617	65.0	30,164	1.0	79
Disabled	167,767	16,776,000	4,584	124.9	53,220	1.1	168	2,536	69.1	29,346	1.0	79
64 or younger	158,405	15,977,756	4,338	127.7	50,477	1.1	169	2,397	70.5	27,793	1.0	81
65-74	7,956	684,557	204	93.2	2,284	1.1	155	120	54.8	1,351	1.0	57
75-84	1,189	96,307	37	84.1	411	0.8	135	16	36.4	177	0.9	34
85 and older	217	17,380	5	62.5	48	1.3	173	3	37.5	25	0.9	109
Other Eligibles	8,792	590,548	183	51.0	1,911	0.7	102	81	22.6	818	0.9	49
64 or younger	88	5,954	6	120.0	42	0.8	97	2	40.0	10	0.5	21
65-74	1,917	164,025	48	60.0	513	0.7	127	24	30.0	243	1.0	62
75-84	4,699	294,137	80	50.6	871	0.8	98	39	24.7	401	1.0	53
85 and older	2,088	126,432	49	42.2	485	0.7	81	16	13.8	164	0.8	24
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 Illinois, released by CMS in 07/2007. 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 6,834 beneficiaries who were in nursing facilities for part of their enrollment and their 69,694 benefit months were excluded from the analysis.

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

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

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

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

TABLE ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, ILLINOIS, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTIVIRAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Benefit Months Among Users
All	4,047	49.8 %	\$56	0.7	44,189	4,633	57.0 %	\$43	0.8	51,248	591	7.3 %	\$280	0.7	6,508
Female															
Disabled	2,133	52.1	57	0.7	22,995	2,487	60.7	44	0.8	27,172	182	4.4	229	0.6	2,048
64 or younger	1,486	53.1	56	0.7	16,644	1,814	64.9	45	0.8	20,591	158	5.7	259	0.6	1,806
65-74	1,290	53.8	56	0.7	14,434	1,644	68.6	45	0.8	18,646	155	6.5	262	0.6	1,781
75-84	163	49.5	58	0.7	1,831	143	43.5	47	0.8	1,633	3	0.9	22	0.2	25
85 and older	27	47.4	50	0.6	317	23	40.4	34	0.8	269	0	0.0	0	0.0	0
Other Eligibles	6	50.0	59	0.9	62	4	33.3	41	0.8	43	0	0.0	0	0.0	0
64 or younger	647	49.8	58	0.7	6,351	673	51.8	42	0.8	6,581	24	1.8	4	0.1	242
65-74	6	66.7	63	0.7	25	8	88.9	124	0.8	47	0	0.0	0	0.0	0
75-84	60	44.1	56	0.6	571	74	54.4	42	0.7	719	3	2.2	3	0.2	18
85 and older	278	54.3	56	0.7	2,775	282	55.1	41	0.8	2,820	9	1.8	3	0.1	94
	303	47.2	59	0.7	2,980	309	48.1	41	0.8	2,995	12	1.9	4	0.1	130
Male															
Disabled	1,914	47.5	55	0.7	21,194	2,146	53.3	42	0.8	24,076	409	10.2	304	0.7	4,460
64 or younger	1,735	47.3	54	0.7	19,413	1,991	54.0	42	0.8	22,351	400	10.9	308	0.7	4,368
65-74	1,605	47.2	54	0.7	18,016	1,874	55.2	42	0.8	21,212	386	11.4	310	0.7	4,232
75-84	105	47.9	51	0.7	1,139	90	41.1	42	0.8	977	13	5.9	266	0.8	124
85 and older	18	40.9	51	0.7	198	14	31.8	34	0.8	139	1	2.3	12	0.1	12
Other Eligibles	7	87.5	41	0.6	60	3	37.5	60	0.6	23	0	0.0	0	0.0	0
64 or younger	179	49.9	59	0.7	1,781	165	46.0	46	0.8	1,725	9	2.5	102	0.5	92
65-74	3	60.0	23	0.7	12	5	100.0	28	0.8	22	0	0.0	0	0.0	0
75-84	37	46.3	49	0.7	384	33	41.3	35	0.7	357	5	6.3	181	0.8	51
85 and older	73	46.2	68	0.8	795	79	50.0	53	0.9	866	2	1.3	4	0.1	17
	66	56.9	53	0.7	590	48	41.4	44	0.8	480	2	1.7	3	0.1	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 Illinois, released by CMS in 07/2007. 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 6,834 beneficiaries who were in nursing facilities for part of their enrollment and their 69,694 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-80a9-4487-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, ILLINOIS, 2003

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERLIPIDEMIC					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	3,444	42.4 %	38,135	0.8	\$34	1,714	21.1 %	19,497	0.7	\$60	3,454	42.5 %	37,993	0.5	\$23
Female	1,949	47.6	21,318	0.8	34	875	21.4	9,763	0.7	61	1,900	46.4	20,817	0.5	24
Disabled	1,484	53.1	16,900	0.8	36	667	23.9	7,704	0.7	63	1,468	52.5	16,487	0.5	24
64 or younger	1,243	51.8	14,108	0.8	36	586	24.4	6,792	0.7	63	1,277	53.3	14,368	0.5	24
65-74	204	62.0	2,377	0.8	34	70	21.3	791	0.7	60	153	46.5	1,670	0.6	26
75-84	28	49.1	312	1.0	42	9	15.8	102	0.9	81	31	54.4	365	0.6	26
85 and older	9	75.0	103	0.5	11	2	16.7	19	0.9	26	7	58.3	84	0.3	12
Other Eligibles	465	35.8	4,418	0.8	29	208	16.0	2,059	0.7	55	432	33.3	4,330	0.5	21
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	44.4	19	0.4	16
65-74	71	52.2	671	0.7	32	32	23.5	296	0.7	59	63	46.3	616	0.8	25
75-84	221	43.2	2,041	0.8	33	111	21.7	1,147	0.7	58	163	31.8	1,667	0.5	21
85 and older	173	26.9	1,706	0.7	23	65	10.1	616	0.7	48	202	31.5	2,028	0.4	20
Male	1,495	37.1	16,817	0.8	34	839	20.8	9,734	0.7	58	1,554	38.6	17,176	0.5	23
Disabled	1,331	36.3	15,193	0.8	34	783	21.3	9,111	0.7	57	1,432	39.0	15,965	0.5	23
64 or younger	1,227	36.1	13,990	0.8	34	724	21.3	8,426	0.7	57	1,314	38.7	14,689	0.5	23
65-74	86	39.3	1,000	0.7	35	49	22.4	567	0.7	60	96	43.8	1,034	0.4	19
75-84	16	36.4	179	0.7	39	8	18.2	94	0.6	58	17	38.6	197	0.5	30
85 and older	2	25.0	24	1.0	31	2	25.0	24	0.3	26	5	62.5	45	0.5	22
Other Eligibles	164	45.7	1,624	0.7	29	56	15.6	623	0.8	72	122	34.0	1,211	0.4	20
64 or younger	1	20.0	8	0.9	20	1	20.0	8	0.8	63	1	20.0	2	0.5	6
65-74	36	45.0	336	0.6	26	15	18.8	171	0.7	60	17	21.3	160	0.4	20
75-84	96	60.8	1,047	0.7	30	33	20.9	362	0.9	77	75	47.5	803	0.5	22
85 and older	31	26.7	233	0.7	26	7	6.0	82	0.8	76	29	25.0	246	0.4	13
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 Illinois, released by CMS in 07/2007. 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 6,834 beneficiaries who were in nursing facilities for part of their enrollment and their 69,694 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, ILLINOIS, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic				HEMATOPOIETIC AGENTS				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	3,203	39.4 %	34,234	0.7	\$24	2,793	34.4 %	30,731	0.7	\$26	8,123	87,704
Female	1,827	44.6	19,197	0.7	22	1,315	32.1	14,317	0.7	28	4,095	43,436
Disabled	1,202	43.0	13,305	0.7	24	918	32.8	10,322	0.7	29	2,796	31,510
64 or younger	1,051	43.8	11,666	0.7	25	787	32.8	8,819	0.7	29	2,398	27,014
65-74	128	38.9	1,381	0.6	16	110	33.4	1,267	0.6	34	329	3,692
75-84	21	36.8	239	0.6	31	17	29.8	198	0.6	16	57	665
85 and older	2	16.7	19	0.4	3	4	33.3	38	0.8	3	12	139
Other Eligibles	625	48.1	5,892	0.6	18	397	30.6	3,995	0.6	23	1,299	11,926
64 or younger	6	66.7	30	1.5	27	2	22.2	13	1.2	21	9	40
65-74	61	44.9	573	0.6	13	46	33.8	444	0.5	7	136	1,265
75-84	251	49.0	2,432	0.7	23	162	31.6	1,622	0.6	37	512	4,707
85 and older	307	47.8	2,857	0.5	16	187	29.1	1,916	0.6	15	642	5,914
Male	1,376	34.2	15,037	0.8	26	1,478	36.7	16,414	0.7	25	4,028	44,268
Disabled	1,267	34.5	13,969	0.8	26	1,343	36.6	14,990	0.7	26	3,669	40,780
64 or younger	1,193	35.1	13,238	0.8	27	1,257	37.0	14,056	0.7	26	3,398	37,819
65-74	60	27.4	605	0.6	12	74	33.8	812	0.7	32	219	2,408
75-84	13	29.5	120	0.9	12	11	25.0	116	0.5	2	44	475
85 and older	1	12.5	6	1.3	19	1	12.5	6	0.3	2	8	78
Other Eligibles	109	30.4	1,068	0.6	21	135	37.6	1,424	0.7	18	359	3,488
64 or younger	2	40.0	16	0.8	7	0	0.0	0	0.0	0	5	15
65-74	31	38.8	287	0.8	35	22	27.5	224	0.7	50	80	742
75-84	43	27.2	473	0.6	11	58	36.7	623	0.7	8	158	1,630
85 and older	33	28.4	292	0.5	23	55	47.4	577	0.7	15	116	1,101
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 Illinois, released by CMS in 07/2007. 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 6,834 beneficiaries who were in nursing facilities for part of their enrollment and their 69,694 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}
 ILLINOIS, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx	
								All Nondual Rx \$	4.4 %
All	518,848	31.5 %	1.5	2,409,251	\$19	\$30,765,080	\$13		1,646,024
Age									
5 and younger	176,086	40.1	1.3	592,100	14	6,031,730	10		438,894
6-14	109,303	23.5	0.6	274,238	8	3,514,537	13		464,895
15-20	44,090	21.1	0.6	115,596	7	1,508,154	13		209,030
21-44	120,469	31.2	1.5	569,474	22	8,364,207	15		385,587
45-64	58,484	53.6	6.5	714,430	91	9,905,690	14		109,093
65-74	5,836	35.7	4.8	78,846	49	805,338	10		16,350
75-84	2,957	21.5	2.9	40,166	29	397,374	10		13,722
85 and older	1,620	19.2	2.9	24,397	28	238,019	10		8,433
Unknown	3	15.0	0.2	4	2	31	8		20
Basis of Eligibility^c									
Aged	6,758	20.1	2.5	83,165	24	817,654	10		33,581
Disabled	90,434	52.0	6.0	1,050,977	89	15,414,631	15		173,818
Adults	106,225	29.0	1.0	354,560	13	4,583,592	13		366,363
Children	315,431	29.4	0.9	920,549	9	9,949,203	11		1,072,262
Unknown	0	0.0	0.0	0	0	0	0		0
Gender									
Female	320,983	33.4	1.6	1,501,107	19	18,590,050	12		962,424
Male	197,865	28.9	1.3	908,144	18	12,175,030	13		683,600
Unknown	0	0.0	0.0	0	0	0	0		0
Race									
White	158,596	25.5	1.3	822,084	19	11,730,343	14		621,637
African American	200,638	33.0	1.6	949,589	20	12,423,101	13		608,343
Other/unknown	159,614	38.4	1.5	637,578	16	6,611,636	10		416,044
Use of Nursing Facilities^d									
Entire year	7,241	89.1	21.2	172,380	263	2,132,811	12		8,123
Part year	6,073	88.9	14.8	101,013	226	1,544,620	15		6,834
None	505,534	31.0	1.3	2,135,858	17	27,087,649	13		1,631,067
Maintenance Assistance Status									
Cash	104,578	50.3	4.7	977,850	66	13,692,699	14		207,915
Medically needy	90,692	28.9	1.3	416,846	18	5,660,682	14		313,360
Poverty related	289,140	29.7	0.9	858,750	10	9,279,370	11		973,489
Other/unknown	34,438	22.8	1.0	155,805	14	2,132,329	14		151,260

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. 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}
 ILLINOIS, 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	0.2	\$2	\$13	\$0	\$0	15,361,732
Age						
5 and younger	0.1	1	10	0	0	4,045,334
6-14	0.1	1	13	0	0	4,736,204
15-20	0.1	1	13	0	0	1,965,913
21-44	0.2	3	15	0	1	3,240,451
45-64	0.7	9	14	0	3	1,055,211
65-74	0.5	6	10	0	1	146,042
75-84	0.4	4	10	0	1	110,213
85 and older	0.4	4	10	0	1	62,279
Unknown	0.0	0	8	0	0	85
Basis of Eligibility^c						
Aged	0.3	3	10	0	1	261,290
Disabled	0.6	8	15	0	2	1,850,520
Adults	0.1	2	13	0	0	2,938,222
Children	0.1	1	11	0	0	10,311,700
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	2	12	0	0	8,868,874
Male	0.1	2	13	0	0	6,492,858
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	2	14	0	1	5,794,093
African American	0.2	2	13	0	0	5,828,480
Other/unknown	0.2	2	10	0	0	3,739,159
Use of Nursing Facilities^d						
Entire year	2.0	24	12	0	7	87,704
Part year	1.4	22	15	0	6	69,694
None	0.1	2	13	0	0	15,204,334
Maintenance Assistance Status						
Cash	0.4	6	14	0	2	2,236,059
Medically needy	0.2	2	14	0	1	2,624,157
Poverty related	0.1	1	11	0	0	9,159,802
Other/unknown	0.1	2	14	0	0	1,341,714

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. 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}
ILLINOIS, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	693,527	\$44	\$30,765,080	100.0 %	2,409,251	\$13	100.0 %	2,409,251	
Anorexia or weight loss/gain	35	257	9,010	0.0	120	75	0.0	0.0	
Fertility drugs	20	192	3,834	0.0	56	68	0.0	0.0	
Drugs for cosmetic purposes	204	14	2,869	0.0	289	10	0.0	0.0	
Cough and cold medications	166,091	40	6,593,545	21.4	274,379	24	11.4	11.4	
Vitamins and minerals	25,328	125	3,165,373	10.3	157,952	20	6.6	6.6	
Non-prescription drugs	426,220	28	11,947,469	38.8	1,569,988	8	65.2	65.2	
Barbiturates	4,248	72	305,510	1.0	35,321	9	1.5	1.5	
Benzodiazepines	51,419	116	5,974,279	19.4	312,969	19	13.0	13.0	
Other Part D Excl Rx Drugs	19,962	138	2,763,191	9.0	58,177	47	2.4	2.4	

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. 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, ILLINOIS, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months						
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown		
All	1,750,980	33,587	173,836	383,632	1,159,925	0	17,024,235	261,362	1,853,914	3,221,850	11,687,109	0
Age												
5 and younger	467,424	0	2,835	10	464,579	0	4,541,372	0	31,933	60	4,509,379	0
6-14	510,022	0	13,634	58	496,330	0	5,420,891	0	155,994	242	5,264,655	0
15-20	223,214	1	13,651	20,049	189,513	0	2,172,269	1	149,277	160,167	1,862,824	0
21-44	401,499	126	59,825	333,206	8,342	0	3,498,717	803	640,636	2,812,839	44,439	0
45-64	110,288	344	78,543	30,258	1,143	0	1,072,271	2,405	815,930	248,222	5,714	0
65-74	16,352	11,539	4,768	42	3	0	146,072	92,018	53,744	284	26	0
75-84	13,724	13,202	519	2	1	0	110,245	104,413	5,805	15	12	0
85 and older	8,437	8,374	61	2	0	0	62,313	61,710	595	8	0	0
Unknown	20	1	0	5	14	0	85	12	0	13	60	0
Gender												
Female	1,023,830	13,217	90,280	335,673	584,660	0	9,848,156	116,944	976,813	2,871,290	5,883,109	0
Male	727,150	20,370	83,556	47,959	575,265	0	7,176,079	144,418	877,101	350,560	5,804,000	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	627,030	20,698	65,108	154,374	386,850	0	5,890,993	156,508	676,662	1,276,483	3,781,340	0
African American	691,863	5,778	89,307	137,167	459,611	0	7,108,222	44,204	973,190	1,286,926	4,803,902	0
Other/unknown	432,087	7,111	19,421	92,091	313,464	0	4,025,020	60,650	204,062	658,441	3,101,867	0
Use of Nursing Facilities^c												
Entire year	8,123	1,645	6,465	11	2	0	87,710	15,367	72,296	43	4	0
Part year	6,834	1,204	5,446	160	24	0	69,745	10,591	57,313	1,599	242	0
None	1,736,023	30,738	161,925	383,461	1,159,899	0	16,866,780	235,404	1,724,305	3,220,208	11,686,863	0
Maintenance Assistance Status												
Cash	224,200	4,017	129,627	14,015	76,541	0	2,489,969	44,713	1,478,016	146,939	820,301	0
Medically needy	327,228	6,467	28,147	289,703	2,911	0	2,853,177	55,617	227,664	2,558,645	11,251	0
Poverty related	1,044,546	1,997	9,656	50,885	982,008	0	10,285,285	18,677	92,320	294,296	9,879,992	0
Other/unknown	155,006	21,106	6,406	29,029	98,465	0	1,395,804	142,355	55,914	221,970	975,565	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,546,464	33,578	173,159	345,113	994,614	0	14,765,616	261,268	1,846,053	2,809,228	9,849,067	0
FFS part year, with Rx claims	54,521	1	439	14,806	39,275	0	614,849	12	5,142	163,104	446,591	0
FFS part year, no Rx claims	45,039	2	220	6,444	38,373	0	493,706	24	2,506	67,658	423,518	0
MC all year, with Rx claims	360	1	1	230	128	0	2,249	12	12	1,157	1,068	0
MC all year, no Rx claims	104,596	5	17	17,039	87,535	0	1,147,815	46	201	180,703	966,865	0

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. 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, ILLINOIS, 2003

	Beneficiaries and			Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries
All	1,750,980	17,024,235	1,646,024	15,361,732	0
Fee-for-service (FFS) all year	1,546,464	14,765,616	1,546,464	14,765,612	0
FFS part year, with Rx claims	54,521	614,849	54,521	381,532	0
FFS part year, with no Rx claims	45,039	493,706	45,039	214,588	0
Managed care (MC) all year, with Rx claims	360	2,249	0	0	0
MC all year, with no Rx claims	104,596	1,147,815	0	0	0

Source: Data for this table are from the MAX 2003 file for Illinois, released by CMS in 07/2007. 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.