

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 KENTUCKY

## LIST OF TABLES

### OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

### FOR ALL MEDICAID BENEFICIARIES

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

### FOR ALL NONDUAL BENEFICIARIES

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

**FOR DUAL ELIGIBLE BENEFICIARIES**

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

**SUPPLEMENTAL TABLES**

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLES**

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
NONDUAL BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months						Other/ Unknown
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
<b>All</b>	<b>516,231</b>	<b>1,360</b>	<b>111,646</b>	<b>96,893</b>	<b>306,332</b>	<b>0</b>	<b>4,900,995</b>	<b>10,224</b>	<b>1,217,608</b>	<b>737,731</b>	<b>2,935,432</b>	<b>0</b>	
<b>Age</b>													
5 and younger	122,290	1	4,023	16	118,250	0	1,129,194	11	43,729	73	1,085,381	0	
6-14	147,100	0	12,516	28	134,556	0	1,491,712	0	142,082	138	1,349,492	0	
15-20	72,818	0	9,283	10,552	52,983	0	677,960	0	102,918	77,438	497,604	0	
21-44	121,470	227	39,620	81,122	501	0	1,057,836	910	434,776	619,493	2,657	0	
45-64	50,732	123	45,416	5,172	21	0	527,291	663	485,958	40,567	103	0	
65-74	910	239	669	2	0	0	8,894	2,001	6,874	19	0	0	
75-84	518	410	108	0	0	0	4,843	3,695	1,148	0	0	0	
85 and older	370	360	9	1	0	0	3,055	2,944	108	3	0	0	
Unknown	23	0	2	0	21	0	210	0	15	0	195	0	
<b>Gender</b>													
Female	293,434	843	58,893	82,884	150,814	0	2,736,759	5,695	647,308	633,797	1,449,959	0	
Male	222,793	516	52,750	14,009	155,518	0	2,164,215	4,526	570,282	103,934	1,485,473	0	
Unknown	4	1	3	0	0	0	21	3	18	0	0	0	
<b>Race</b>													
White	443,104	1,135	86,722	86,140	269,107	0	4,200,198	8,451	944,993	663,310	2,583,444	0	
African American	41,284	97	5,299	7,991	27,897	0	389,265	717	56,284	63,281	268,983	0	
Other/unknown	31,843	128	19,625	2,762	9,328	0	311,532	1,056	216,331	11,140	83,005	0	
<b>Use of Nursing Facilities<sup>c</sup></b>													
Entire year	1,033	313	716	3	1	0	10,695	3,131	7,544	8	12	0	
Part year	1,102	163	915	19	5	0	10,554	1,517	8,806	179	52	0	
None	514,096	884	110,015	96,871	306,326	0	4,879,746	5,576	1,201,258	737,544	2,935,368	0	
<b>Maintenance Assistance Status</b>													
Cash	238,779	257	107,633	48,148	82,741	0	2,428,527	2,568	1,191,528	402,955	831,476	0	
Medically needy	22,726	175	2,478	10,682	9,391	0	182,312	976	10,606	77,310	93,420	0	
Poverty-related	215,502	333	19	24,222	190,928	0	1,920,782	1,499	131	146,159	1,772,993	0	
Other/unknown	39,224	595	1,516	13,841	23,272	0	369,374	5,181	15,343	111,307	237,543	0	
<b>Managed Care (MC) Status</b>													
Fee-for-service (FFS) all year	511,528	1,339	110,455	95,845	303,889	0	4,879,340	10,135	1,211,177	734,414	2,923,614	0	
FFS part year, with Rx claims	2,623	14	891	444	1,274	0	15,144	67	5,263	2,158	7,656	0	
FFS part year, no Rx claims	2,080	7	300	604	1,169	0	6,511	22	1,168	1,159	4,162	0	

Table ND2

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Kentucky, 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<sup>a, b</sup>  
NONDUAL BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
All	77.9 %	13.7	\$744	\$54	\$3,616	20.6 %	516,231
<b>Age</b>							
5 and younger	76.9	6.2	284	46	2,168	13.1	122,290
6-14	75.3	7.0	395	56	2,096	18.8	147,100
15-20	75.3	7.9	431	55	3,239	13.3	72,818
21-44	80.3	16.9	934	55	4,661	20.0	121,470
45-64	85.4	50.2	2,785	55	9,096	30.6	50,732
65-74	82.4	57.6	2,897	50	15,413	18.8	910
75-84	79.7	62.7	2,794	45	17,340	16.1	518
85 and older	78.6	53.7	2,111	39	18,608	11.3	370
Unknown	78.3	6.0	617	104	2,811	22.0	23
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	74.0	43.3	2,154	50	14,205	15.2	1,360
Disabled	85.6	37.1	2,258	61	8,735	25.8	111,646
Adults	78.4	10.6	452	43	3,107	14.6	96,893
Children	74.9	6.1	278	46	1,865	14.9	306,332
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	79.9	15.5	798	52	3,775	21.1	293,434
Male	75.2	11.4	672	59	3,408	19.7	222,793
Unknown	75.0	5.5	232	42	4,236	5.5	4
<b>Race</b>							
White	79.1	13.6	727	53	3,491	20.8	443,104
African American	66.5	7.4	406	55	3,108	13.1	41,284
Other/unknown	76.0	23.0	1,416	62	6,020	23.5	31,843
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	98.6	116.8	5,780	50	52,952	10.9	1,033
Part year	97.5	84.6	4,608	55	45,169	10.2	1,102
None	77.8	13.3	725	54	3,428	21.2	514,096
<b>Maintenance Assistance Status</b>							
Cash	81.8	21.6	1,229	57	4,986	24.6	238,779
Medically needy	70.4	10.7	559	53	3,626	15.4	22,726
Poverty related	74.3	5.7	250	44	1,874	13.3	215,502
Other/unknown	77.9	11.3	607	54	4,848	12.5	39,224

Table ND3

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Kentucky, 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<sup>a,b</sup>  
 NONDUAL BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of		Number of Rx, Percentage with:							Mean \$, All Medicaid FFS <sup>d</sup>	Beneficiaries	Number	Benefit Months
			All Medicaid FFS <sup>c</sup>	FFS <sup>c</sup>	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						
<b>All</b>	<b>1.4</b>	<b>\$78</b>	<b>20.6 %</b>	<b>22.1 %</b>	<b>53.7 %</b>	<b>9.6 %</b>	<b>9.2 %</b>	<b>4.1 %</b>	<b>1.3 %</b>	<b>\$381</b>	<b>516,231</b>	<b>4,900,995</b>			
<b>Age</b>															
5 and younger	0.7	31	13.1	23.1	66.0	7.7	3.0	0.2	0.0	235	122,290	1,129,194			
6-14	0.7	39	18.8	24.7	62.6	7.4	4.8	0.5	0.1	207	147,100	1,491,712			
15-20	0.8	46	13.3	24.7	58.9	9.6	5.9	0.8	0.1	348	72,818	677,960			
21-44	1.9	107	20.0	19.7	43.8	14.1	15.8	5.5	1.2	535	121,470	1,057,836			
45-64	4.8	268	30.6	14.6	15.7	10.0	25.9	24.3	9.5	875	50,732	527,291			
65-74	5.9	296	18.8	17.6	10.1	7.4	22.6	26.2	16.2	1,577	910	8,894			
75-84	6.7	299	16.1	20.3	8.9	5.4	16.2	28.8	20.5	1,855	518	4,843			
85 and older	6.5	256	11.3	21.4	6.8	4.1	21.6	30.0	16.2	2,254	370	3,055			
Unknown	0.7	68	22.0	21.7	65.2	13.0	0.0	0.0	0.0	308	23	210			
<b>Basis of Eligibility<sup>e</sup></b>															
Aged	5.8	287	15.2	26.0	13.9	8.6	17.0	21.5	13.1	1,890	1,360	10,224			
Disabled	3.4	207	25.8	14.4	28.6	12.5	23.2	15.7	5.6	801	111,646	1,217,608			
Adults	1.4	59	14.6	21.6	50.0	13.9	11.6	2.6	0.3	408	96,893	737,731			
Children	0.6	29	14.9	25.1	64.1	7.2	3.4	0.2	0.0	195	306,332	2,935,432			
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
<b>Gender</b>															
Female	1.7	86	21.1	20.1	52.8	10.3	10.1	5.0	1.7	405	293,434	2,736,759			
Male	1.2	69	19.7	24.8	54.7	8.7	8.1	2.9	0.8	351	222,793	2,164,215			
Unknown	1.0	44	5.5	25.0	25.0	25.0	25.0	0.0	0.0	807	4	21			
<b>Race</b>															
White	1.4	77	20.8	20.9	54.7	9.9	9.3	4.0	1.3	368	443,104	4,200,198			
African American	0.8	43	13.1	33.5	54.0	6.0	4.5	1.6	0.5	330	41,284	389,265			
Other/unknown	2.3	145	23.5	24.0	38.9	10.5	14.9	8.7	2.9	615	31,843	311,532			
<b>Use of Nursing Facilities<sup>f</sup></b>															
Entire year	11.3	558	10.9	1.4	2.0	1.5	15.6	32.6	46.9	5,115	1,033	10,695			
Part year	8.8	481	10.2	2.5	5.8	5.5	19.0	32.1	35.1	4,716	1,102	10,554			
None	1.4	76	21.2	22.2	53.9	9.6	9.2	4.0	1.2	361	514,096	4,879,746			
<b>Maintenance Assistance Status</b>															
Cash	2.1	121	24.6	18.2	45.8	11.0	14.5	7.9	2.6	490	238,779	2,428,527			
Medically needy	1.3	70	15.4	29.6	44.6	10.6	11.0	3.5	0.7	452	22,726	182,312			
Poverty related	0.6	28	13.3	25.7	62.8	7.8	3.4	0.2	0.0	210	215,502	1,920,782			
Other/unknown	1.2	65	12.5	22.1	55.9	10.2	8.4	2.3	1.1	515	39,224	369,374			

Table ND4

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Kentucky, 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, KENTUCKY, 2003

Beneficiary	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	Number of Rx	Rx \$	Number of Rx	Rx \$	Number of Rx	Rx \$	Number of Rx	Rx \$
<b>Beneficiary Characteristics</b>								
<b>All</b>	<b>1.4</b>	<b>\$78</b>	<b>0.6</b>	<b>\$61</b>	<b>0.0</b>	<b>\$2</b>	<b>0.7</b>	<b>\$16</b>
<b>Age</b>								
5 and younger	0.7	31	0.3	25	0.0	1	0.3	5
6-14	0.7	39	0.4	32	0.0	1	0.3	6
15-20	0.8	46	0.4	35	0.0	2	0.4	10
21-44	1.9	107	0.8	82	0.1	2	1.1	22
45-64	4.8	268	2.1	206	0.1	4	2.6	58
65-74	5.9	296	2.5	219	0.2	6	3.2	71
75-84	6.7	299	2.8	220	0.2	7	3.7	72
85 and older	6.5	256	2.5	177	0.3	6	3.8	72
Unknown	0.7	68	0.3	63	0.0	0	0.3	4
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	5.8	287	2.4	217	0.2	6	3.2	63
Disabled	3.4	207	1.5	162	0.1	4	1.8	41
Adults	1.4	59	0.5	44	0.0	1	0.8	15
Children	0.6	29	0.3	23	0.0	1	0.3	5
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	1.7	86	0.7	66	0.1	2	0.9	18
Male	1.2	69	0.5	54	0.0	2	0.6	13
Unknown	1.0	44	0.4	28	0.0	1	0.6	16
<b>Race</b>								
White	1.4	77	0.6	59	0.0	2	0.7	16
African American	0.8	43	0.4	35	0.0	1	0.4	8
Other/unknown	2.3	145	1.1	116	0.1	3	1.2	25
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	11.3	558	4.2	405	0.4	13	6.7	140
Part year	8.8	481	3.3	343	0.3	12	5.2	124
None	1.4	76	0.6	59	0.0	2	0.7	15
<b>Maintenance Assistance Status</b>								
Cash	2.1	121	0.9	94	0.1	2	1.1	24
Medically needy	1.3	70	0.6	54	0.0	1	0.7	14
Poverty related	0.6	28	0.3	22	0.0	1	0.3	5
Other/unknown	1.2	65	0.6	51	0.0	2	0.6	12

Source: Data for this table are from the MAX 2003 file for Kentucky, 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 Kentucky, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, KENTUCKY, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users <sup>e</sup>							
	Total	Patented Brand-Name	Off-Patent Brand-Name	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				
														Generic	Patented Brand-Name	Off-Patent Brand-Name	
Anti-infective Agents	0.3	0.1	0.0	0.1	\$13	\$10	\$0	\$3	\$44	\$65	\$71	\$22	975,072	\$43,160,236	313,117	60.7 %	3,299,562
Biologicals	0.4	0.4	0.0	0.0	424	382	4	38	1073	1,012	2,592	2,297	7,640	8,194,355	2,021	0.4	19,309
Antineoplastic Agents	0.6	0.2	0.0	0.3	211	181	6	24	375	745	251	81	14,382	5,389,583	2,456	0.5	25,580
Endocrine/Metabolic Drugs	0.5	0.3	0.1	0.2	24	19	2	3	47	72	22	18	574,965	26,962,738	106,596	20.6	1,137,546
Cardiovascular Agents	1.3	0.5	0.0	0.7	48	34	0	13	37	64	22	17	907,159	33,257,534	63,897	12.4	699,086
Respiratory Agents	0.5	0.2	0.0	0.2	23	18	1	4	49	75	28	21	1,220,059	59,666,720	240,187	46.5	2,573,344
Gastrointestinal Agents	0.5	0.1	0.0	0.4	24	14	1	9	50	116	216	25	403,462	20,134,236	77,161	14.9	839,221
Genitourinary Agents	0.2	0.2	0.0	0.1	13	11	0	1	51	63	43	20	78,686	4,028,759	30,877	6.0	321,747
CNS Drugs	0.8	0.5	0.0	0.3	71	62	1	8	87	134	96	23	875,613	76,215,617	100,147	19.4	1,076,339
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	48	42	1	5	76	83	68	45	159,961	12,085,726	22,625	4.4	249,500
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.1	114	113	0	1	218	247	0	18	5,614	1,226,530	988	0.2	10,766
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	14	9	0	4	34	102	61	14	793,994	26,683,384	183,604	35.6	1,942,906
Neuromuscular Agents	0.6	0.3	0.0	0.3	46	35	1	10	75	133	41	30	466,050	34,890,508	69,410	13.4	755,277
Nutritional Products	0.4	0.0	0.0	0.3	9	1	1	7	21	28	18	21	123,589	2,641,220	30,006	5.8	288,435
Hematological Agents	0.7	0.3	0.0	0.4	105	91	0	14	162	307	154	41	85,312	13,779,415	12,163	2.4	130,884
Topical Products	0.2	0.1	0.0	0.1	8	5	0	2	37	71	63	17	330,321	12,251,887	146,921	28.5	1,585,119
Miscellaneous Products	0.4	0.1	0.0	0.3	55	43	4	8	136	363	240	31	13,496	1,834,976	3,214	0.6	33,156
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	5	0	0	0	35	0	0	0	40,369	1,414,606	27,517	5.3	300,271
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	7,075,744	383,818,030	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Kentucky, 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 Kentucky, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

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

TABLE ND.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, KENTUCKY, 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	\$38,826,872	34,382	6.7 %	386,382	0.5	\$195
ANTIASTHMATIC	37,641,953	161,351	31.3	1,779,572	0.3	67
ANTIDEPRESSANTS	34,235,772	109,354	21.2	1,187,938	0.4	64
ANTICONVULSANT	27,149,133	46,702	9.0	517,609	0.6	88
ANTI-DIABETIC	14,777,369	30,287	5.9	336,870	0.7	67
ULCER DRUGS	14,660,738	82,618	16.0	912,596	0.3	46
ANTIHYPERLIPIDEMIC	13,034,023	26,041	5.0	296,281	0.6	77
ANTIHISTAMINES	12,675,465	213,379	41.3	2,347,656	0.2	26
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	12,031,019	28,892	5.6	324,183	0.5	76
ANALGESICS - Narcotic	11,398,398	164,083	31.8	1,739,733	0.2	29
<b>Total</b>	<b>216,430,742</b>	<b>897,089</b>		<b>9,828,820</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for Kentucky, 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.medispn.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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, KENTUCKY, 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	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
<b>All</b>	<b>3,338,350</b>	<b>\$216,430,742</b>	<b>34,382</b>	<b>6.7 %</b>	<b>386,382</b>	<b>0.5</b>	<b>\$101</b>	<b>161,351</b>	<b>31.3 %</b>	<b>1,779,572</b>	<b>0.3</b>	<b>\$21</b>					
<b>Female</b>	2,084,284	129,799,630	19,135	6.5	214,559	0.5	93	90,970	31.0	1,002,414	0.3	22					
<b>Disabled</b>	1,369,171	94,215,383	13,339	22.6	153,611	0.5	108	38,278	65.0	444,012	0.5	31					
5 and younger	9,435	750,158	43	2.7	502	0.4	67	1,116	70.4	12,795	0.3	27					
6-14	40,117	3,395,536	730	18.0	8,529	0.5	93	1,669	41.2	19,667	0.3	24					
15-20	34,240	2,810,319	750	22.2	8,621	0.5	86	1,103	32.7	12,803	0.3	20					
21-44	430,084	31,004,429	6,060	27.9	69,744	0.5	100	11,837	54.5	138,123	0.4	25					
45-64	840,107	55,366,248	5,662	20.5	65,233	0.6	122	22,090	79.9	255,761	0.5	35					
65-74	13,088	771,801	76	18.2	777	0.7	100	404	96.7	4,206	0.6	38					
75-84	1,980	113,068	17	26.6	193	0.9	96	57	89.1	633	0.7	43					
85 and older	120	3,824	1	20.0	12	0.6	97	2	40.0	24	0.3	23					
<b>Other Eligibles</b>	715,088	35,582,435	5,796	2.5	60,948	0.3	54	52,685	22.5	558,318	0.2	14					
5 and younger	82,443	3,820,971	116	0.2	1,314	0.4	55	16,998	29.6	183,382	0.2	14					
6-14	157,120	8,675,302	1,411	2.1	15,979	0.4	64	15,347	23.1	170,679	0.2	16					
15-20	101,752	4,794,418	1,203	3.3	13,033	0.3	52	6,510	17.7	69,078	0.2	12					
21-44	330,219	15,808,331	2,746	3.9	27,553	0.3	45	12,469	17.8	121,744	0.3	14					
45-64	34,880	2,018,165	205	6.1	1,897	0.4	62	1,213	36.3	11,906	0.4	25					
65-74	2,061	135,665	23	18.9	261	0.9	153	25	20.5	287	0.2	15					
75-84	4,205	216,052	56	27.1	575	0.6	79	75	36.2	788	0.5	29					
85 and older	2,408	113,531	36	20.6	336	0.7	102	48	27.4	454	0.4	21					
<b>Male</b>	1,254,061	86,630,745	15,246	6.8	171,820	0.6	111	70,381	31.6	777,158	0.3	21					
<b>Disabled</b>	778,498	58,474,023	10,492	19.9	119,770	0.6	125	22,271	42.2	256,198	0.4	30					
5 and younger	16,416	1,207,257	127	5.2	1,502	0.5	82	1,998	82.0	23,159	0.3	24					
6-14	101,927	8,703,268	2,319	27.4	27,014	0.6	99	3,654	43.2	42,952	0.3	24					
15-20	51,044	4,644,636	1,356	23.0	15,509	0.5	110	1,475	25.0	17,178	0.3	21					
21-44	227,657	18,510,897	3,939	22.0	44,665	0.6	141	4,391	24.5	50,725	0.4	24					
45-64	374,305	24,958,064	2,697	15.2	30,488	0.6	135	10,499	59.1	119,439	0.6	37					
65-74	5,898	375,229	41	16.4	465	0.6	98	219	87.6	2,380	0.6	48					
75-84	1,205	73,572	13	29.5	127	0.7	149	35	79.5	365	0.6	36					
85 and older	46	1,100	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
<b>Other Eligibles</b>	475,551	28,156,505	4,754	2.8	52,050	0.5	77	48,109	28.3	520,950	0.2	16					
5 and younger	105,627	5,351,039	241	0.4	2,723	0.4	58	22,479	37.0	239,508	0.2	15					
6-14	222,511	14,213,514	2,689	3.9	30,166	0.5	80	18,988	27.9	211,487	0.3	17					
15-20	66,408	4,075,793	1,180	4.4	12,837	0.4	77	4,288	16.0	46,812	0.2	14					
21-44	53,019	2,819,076	412	3.5	3,929	0.3	63	1,574	13.3	15,194	0.3	19					
45-64	16,659	1,047,057	85	4.3	845	0.4	67	532	27.0	5,366	0.4	27					
65-74	2,318	150,101	29	24.4	322	0.8	144	64	53.8	645	0.5	25					
75-84	5,167	307,658	70	34.7	727	0.7	109	85	42.1	900	0.7	38					
85 and older	3,842	192,267	48	25.8	501	0.7	60	99	53.2	1,038	0.6	24					
<b>Unknown</b>	42	2,396	1	3.7	3	0.3	7	8	29.6	94	0.2	16					

Source: Data for this table are from the MAX 2003 file for Kentucky, 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<sup>a,b,c</sup>  
NONDUAL BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANTS					ANTIDIABETIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month
<b>All</b>	<b>109,354</b>	<b>21.2 %</b>	<b>1,187,938</b>	<b>0.4</b>	<b>\$29</b>	<b>46,702</b>	<b>9.0 %</b>	<b>517,609</b>	<b>0.6</b>	<b>\$53</b>	<b>30,287</b>	<b>5.9 %</b>	<b>336,870</b>	<b>0.7</b>	<b>\$44</b>
<b>Female</b>	78,399	26.7	846,177	0.4	29	30,072	10.2	332,721	0.6	51	20,911	7.1	233,172	0.6	43
<b>Disabled</b>	42,387	72.0	489,078	0.5	34	20,264	34.4	233,197	0.6	58	16,758	28.5	192,636	0.7	45
5 and younger	30	1.9	333	0.3	10	213	13.4	2,433	0.7	101	13	0.8	129	0.6	28
6-14	925	22.8	10,869	0.4	26	878	21.7	10,226	0.7	90	66	1.6	760	0.8	49
15-20	1,367	40.5	15,825	0.4	28	930	27.5	10,737	0.7	83	136	4.0	1,589	0.6	40
21-44	17,547	80.7	203,178	0.5	32	8,984	41.3	103,635	0.6	57	3,638	16.7	42,238	0.6	40
45-64	22,260	80.5	256,051	0.6	37	9,142	33.1	104,910	0.7	52	12,586	45.5	144,490	0.7	47
65-74	228	54.5	2,487	0.7	35	108	25.8	1,167	0.7	48	290	69.4	3,130	0.7	44
75-84	29	45.3	323	0.8	40	8	12.5	77	0.4	17	28	43.8	288	0.6	34
85 and older	1	20.0	12	0.4	7	1	20.0	12	0.4	61	1	20.0	12	0.3	9
<b>Other Eligibles</b>	36,012	15.4	357,099	0.3	22	9,808	4.2	99,524	0.4	34	4,153	1.8	40,536	0.5	34
5 and younger	124	0.2	1,364	0.3	12	212	0.4	2,273	0.4	31	42	0.1	446	0.9	44
6-14	3,333	5.0	37,437	0.4	20	958	1.4	10,622	0.5	46	326	0.5	3,675	0.7	46
15-20	6,144	16.7	64,168	0.3	19	1,316	3.6	13,972	0.4	39	418	1.1	4,297	0.5	35
21-44	24,387	34.8	234,395	0.3	23	6,749	9.6	66,897	0.4	30	2,679	3.8	25,410	0.5	31
45-64	1,815	54.3	17,512	0.5	31	483	14.4	4,791	0.5	40	532	15.9	5,005	0.6	37
65-74	39	32.0	428	0.9	52	25	20.5	284	0.9	46	56	45.9	631	0.6	37
75-84	93	44.9	1,048	0.9	43	40	19.3	433	0.8	31	79	38.2	855	0.7	33
85 and older	77	44.0	747	0.8	35	25	14.3	252	0.7	35	21	12.0	217	0.7	28
<b>Male</b>	30,954	13.9	341,758	0.4	28	16,630	7.5	184,888	0.6	56	9,375	4.2	103,695	0.7	45
<b>Disabled</b>	20,065	38.0	228,494	0.5	30	12,621	23.9	143,532	0.7	61	7,857	14.9	88,969	0.7	46
5 and younger	92	3.8	1,018	0.3	12	305	12.5	3,475	0.6	74	20	0.8	239	0.9	50
6-14	2,133	25.2	24,833	0.5	27	1,653	19.5	19,097	0.7	74	91	1.1	1,054	0.7	42
15-20	1,711	29.0	19,702	0.4	29	1,184	20.0	13,575	0.7	76	102	1.7	1,184	0.7	48
21-44	7,866	44.0	89,567	0.4	29	5,248	29.3	59,692	0.7	61	1,825	10.2	21,030	0.6	40
45-64	8,172	46.0	92,376	0.5	32	4,171	23.5	47,051	0.7	49	5,683	32.0	63,977	0.7	47
65-74	67	26.8	735	0.7	38	52	20.8	564	0.7	47	124	49.6	1,349	0.7	43
75-84	23	52.3	251	0.9	33	7	15.9	66	1.4	32	12	27.3	136	0.8	42
85 and older	1	25.0	12	0.3	4	1	25.0	12	0.4	28	0	0.0	0	0.0	0
<b>Other Eligibles</b>	10,889	6.4	113,264	0.4	23	4,009	2.4	41,356	0.5	39	1,518	0.9	14,726	0.7	44
5 and younger	214	0.4	2,430	0.2	12	297	0.5	3,247	0.4	29	58	0.1	638	0.7	36
6-14	4,016	5.9	45,186	0.4	22	1,279	1.9	14,153	0.5	43	217	0.3	2,316	0.8	56
15-20	2,607	9.7	27,437	0.4	25	767	2.9	8,108	0.5	47	160	0.6	1,659	0.8	63
21-44	3,082	26.0	28,751	0.3	21	1,284	10.8	12,068	0.4	31	630	5.3	5,783	0.6	39
45-64	717	36.4	6,910	0.4	28	271	13.7	2,610	0.5	42	298	15.1	2,785	0.6	41
65-74	48	40.3	462	0.9	43	26	21.8	263	0.7	50	38	31.9	374	0.7	37
75-84	95	47.0	1,008	0.9	48	55	27.2	606	0.8	41	66	32.7	683	0.8	39
85 and older	110	59.1	1,080	0.8	37	30	16.1	301	0.9	38	51	27.4	488	0.8	34
<b>Unknown</b>	1	3.7	3	0.3	21	0	0.0	0	0.0	0	1	3.7	3	0.3	31

Table ND7B

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Kentucky, 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.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<sup>a,b,c</sup>  
NONDUAL BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERLIPIDEMIC					ANTIHISTAMINES				
	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
<b>All</b>	<b>82,618</b>	<b>16.0 %</b>	<b>912,596</b>	<b>\$16</b>	<b>0.3</b>	<b>26,041</b>	<b>5.0 %</b>	<b>296,281</b>	<b>\$44</b>	<b>0.6</b>	<b>213,379</b>	<b>41.3 %</b>	<b>2,347,656</b>	<b>\$5</b>	<b>0.2</b>
<b>Female</b>	55,479	18.9	612,719	16	0.3	16,600	5.7	189,521	44	0.6	128,990	44.0	1,409,226	6	0.2
<b>Disabled</b>	32,326	54.9	376,692	20	0.4	14,313	24.3	166,562	45	0.6	37,282	63.3	435,795	8	0.3
5 and younger	228	14.4	2,526	20	0.3	3	0.2	36	8	0.2	903	57.0	10,564	5	0.2
6-14	395	9.8	4,642	19	0.3	8	0.2	93	56	0.7	2,219	54.8	26,206	6	0.2
15-20	703	20.8	8,267	12	0.3	17	0.5	201	37	0.5	1,866	55.3	21,940	5	0.2
21-44	11,047	50.8	129,102	16	0.3	2,769	12.7	32,363	36	0.5	13,606	62.6	159,517	7	0.3
45-64	19,614	70.9	228,449	21	0.5	11,322	40.9	131,729	48	0.6	18,420	66.6	214,577	10	0.4
65-74	286	68.4	3,120	22	0.5	164	39.2	1,802	54	0.7	225	53.8	2,517	11	0.4
75-84	49	76.6	538	27	0.6	30	46.9	338	57	0.7	41	64.1	450	10	0.4
85 and older	4	80.0	48	14	1.3	0	0.0	0	0	0.0	2	40.0	24	1.3	2.2
<b>Other Eligibles</b>	23,153	9.9	236,027	10	0.2	2,287	1.0	22,959	30	0.4	91,700	39.1	973,337	4	0.2
5 and younger	1,799	3.1	17,157	7	0.2	18	0.0	203	3	0.1	24,078	41.9	263,130	3	0.1
6-14	3,441	5.2	38,674	7	0.2	19	0.0	201	16	0.2	28,230	42.5	316,411	5	0.2
15-20	4,082	11.1	43,257	7	0.2	60	0.2	639	17	0.3	14,849	40.4	156,661	4	0.2
21-44	12,465	17.8	123,177	11	0.3	1,599	2.3	16,069	27	0.4	23,132	33.1	222,865	5	0.2
45-64	1,184	35.4	11,871	18	0.4	517	15.5	5,091	37	0.5	1,258	37.6	12,595	8	0.3
65-74	42	34.4	479	29	0.6	30	24.6	301	47	0.6	23	18.9	270	6	0.3
75-84	80	38.6	844	27	0.6	41	19.8	436	49	0.7	67	32.4	738	7	0.3
85 and older	60	34.3	568	24	0.6	3	1.7	19	48	0.7	63	36.0	667	7	0.4
<b>Male</b>	27,138	12.2	299,865	17	0.4	9,440	4.2	106,757	45	0.6	84,389	37.9	938,430	5	0.2
<b>Disabled</b>	16,930	32.1	195,196	20	0.4	8,230	15.6	94,970	46	0.6	19,789	37.5	230,088	7	0.3
5 and younger	282	11.6	3,138	16	0.3	4	0.2	48	20	0.6	1,587	65.1	18,504	5	0.2
6-14	655	7.7	7,715	17	0.3	8	0.1	95	13	0.3	4,385	51.8	51,657	6	0.2
15-20	781	13.2	9,085	15	0.3	35	0.6	408	26	0.4	2,193	37.1	25,623	6	0.2
21-44	5,970	33.4	69,417	18	0.4	2,023	11.3	23,699	39	0.5	5,314	29.7	61,818	7	0.3
45-64	9,068	51.1	103,932	22	0.5	6,070	34.2	69,740	49	0.6	6,193	34.9	71,212	9	0.4
65-74	140	56.0	1,522	24	0.5	81	32.4	872	52	0.7	92	36.8	999	8	0.3
75-84	32	72.7	363	34	0.6	8	18.2	96	58	0.7	23	52.3	251	12	0.4
85 and older	2	50.0	24	4	0.2	1	25.0	12	21	1.0	2	50.0	24	0.9	1.5
<b>Other Eligibles</b>	10,207	6.0	104,664	10	0.2	1,210	0.7	11,787	37	0.5	64,595	38.0	708,290	5	0.2
5 and younger	2,252	3.7	21,289	8	0.2	19	0.0	198	10	0.2	26,360	43.4	287,020	4	0.2
6-14	2,943	4.3	33,097	8	0.2	43	0.1	509	18	0.2	27,642	40.6	309,445	5	0.2
15-20	1,940	7.2	20,775	7	0.2	52	0.2	544	21	0.3	7,799	29.1	84,807	5	0.2
21-44	2,195	18.5	20,826	15	0.3	645	5.4	6,113	36	0.5	2,156	18.2	20,636	5	0.2
45-64	625	31.7	6,084	19	0.4	391	19.8	3,820	42	0.6	421	21.4	4,179	7	0.3
65-74	45	37.8	479	23	0.5	17	14.3	184	56	0.7	34	28.6	348	7	0.4
75-84	113	55.9	1,173	33	0.6	27	13.4	256	46	0.6	99	49.0	1,002	8	0.4
85 and older	94	50.5	941	39	0.7	16	8.6	163	51	0.8	84	45.2	853	8	0.4
<b>Unknown</b>	2	7.4	17	6	0.1	1	3.7	3	33	0.3	13	48.1	146	0.1	0.3

Table ND7C

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Kentucky, 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS				ANALGESICS - Narcotic					
	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 Beneficiaries	Number of Benefit Months
<b>All</b>	<b>28,892</b>	<b>5.6 %</b>	<b>324,183</b>	<b>0.5</b>	<b>164,083</b>	<b>31.8 %</b>	<b>1,739,733</b>	<b>0.2</b>	<b>516,231</b>	<b>4,900,995</b>
<b>Female</b>	8,415	2.9	94,485	0.5	115,477	39.4	1,214,322	0.2	293,424	2,736,656
<b>Disabled</b>	2,634	4.5	30,697	0.5	45,264	76.9	523,776	0.3	58,892	647,296
5 and younger	72	4.5	815	0.3	132	8.3	1,552	0.1	1,585	16,893
6-14	1,433	35.4	16,775	0.5	525	13.0	6,191	0.1	4,051	46,048
15-20	346	10.2	4,006	0.5	1,524	45.1	17,785	0.2	3,377	37,602
21-44	446	2.1	5,167	0.4	19,959	91.8	231,852	0.2	21,731	241,548
45-64	337	1.2	3,934	0.4	22,755	82.3	262,306	0.3	27,661	300,117
65-74	0	0.0	0	0.0	323	77.3	3,584	0.4	418	4,357
75-84	0	0.0	0	0.0	44	68.8	482	0.4	64	671
85 and older	0	0.0	0	0.0	2	40.0	24	0.1	5	60
<b>Other Eligibles</b>	5,781	2.5	63,788	0.5	70,213	29.9	690,546	0.2	234,532	2,089,360
5 and younger	390	0.7	4,388	0.3	1,877	3.3	20,821	0.1	57,487	528,794
6-14	4,249	6.4	47,407	0.5	6,135	9.2	68,392	0.1	66,491	667,983
15-20	626	1.7	6,837	0.4	13,569	37.0	137,792	0.1	36,720	326,694
21-44	475	0.7	4,735	0.3	46,371	66.3	441,531	0.2	69,985	535,884
45-64	39	1.2	397	0.4	2,072	61.9	20,002	0.3	3,345	25,803
65-74	0	0.0	0	0.0	32	26.2	349	0.4	122	1,067
75-84	1	0.5	12	1.9	91	44.0	991	0.5	207	1,877
85 and older	1	0.6	12	0.8	66	37.7	668	0.6	175	1,258
<b>Male</b>	20,477	9.2	229,698	0.5	48,606	21.8	525,411	0.2	222,780	2,164,108
<b>Disabled</b>	6,870	13.0	79,876	0.5	25,378	48.1	289,630	0.3	52,749	570,279
5 and younger	334	13.7	3,855	0.4	251	10.3	2,951	0.1	2,438	26,836
6-14	5,009	59.2	58,378	0.6	934	11.0	10,966	0.1	8,465	96,034
15-20	1,230	20.8	14,313	0.5	1,683	28.5	19,623	0.1	5,906	65,316
21-44	205	1.1	2,305	0.5	11,150	62.3	127,739	0.2	17,889	193,228
45-64	91	0.5	1,018	0.5	11,180	63.0	126,459	0.3	17,753	185,826
65-74	1	0.4	7	1.9	150	60.0	1,578	0.3	250	2,514
75-84	0	0.0	0	0.0	30	68.2	314	0.3	44	477
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	4	48
<b>Other Eligibles</b>	13,607	8.0	149,822	0.5	23,227	13.7	235,778	0.2	170,031	1,593,829
5 and younger	981	1.6	10,980	0.3	2,441	4.0	27,019	0.1	60,780	556,671
6-14	10,997	16.1	121,336	0.5	5,970	8.8	66,505	0.1	68,093	681,647
15-20	1,564	5.8	16,878	0.5	6,072	22.6	62,993	0.1	26,815	248,348
21-44	52	0.4	509	0.4	7,448	62.8	66,824	0.2	11,865	87,176
45-64	10	0.5	91	0.5	1,057	53.6	10,009	0.3	1,971	15,530
65-74	0	0.0	0	0.0	63	52.9	640	0.7	119	953
75-84	0	0.0	0	0.0	97	48.0	1,012	0.7	202	1,815
85 and older	3	1.6	28	0.4	79	42.5	776	0.5	186	1,689
<b>Unknown</b>	0	0.0	0	0.0	1	3.7	3	0.3	27	231

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Kentucky, 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<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, KENTUCKY, 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
<b>All</b>	<b>\$558</b>	<b>11.3</b>	<b>1,033</b>	<b>10,695</b>
<b>Age</b>				
0-64	642	12.4	660	6,941
65-74	517	10.7	79	835
75-84	438	10.2	141	1,430
85 and older	308	7.5	153	1,489
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	603	12.0	550	5,721
Male	508	10.5	482	4,971
Unknown	86	2.0	1	3
<b>Race</b>				
White	537	11.2	835	8,564
African American	507	10.3	103	1,141
Other/unknown	800	13.2	95	990
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	375	8.9	313	3,131
Disabled	635	12.3	716	7,544
Adults	221	4.8	3	8
Children	309	15.5	1	12
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for Kentucky, 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 1,102 beneficiaries who were in nursing facilities for part of their enrollment and their 10,554 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<sup>a, b, c, d, e</sup>  
NONDUAL BENEFICIARIES, KENTUCKY, 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			
Anti-infective Agents	0.6	0.3	0.0	0.3	\$45	\$37	\$1	\$7	\$74	\$110	\$92	\$28	5,260	\$399,501	800	77.4 %	8,601
Biologicals	0.1	0.1	0.0	0.0	36	36	0	1	288	334	0	29	194	55,920	130	12.6	1,550
Antineoplastic Agents	0.7	0.1	0.0	0.6	84	32	1	52	114	403	77	80	894	101,915	125	12.1	1,208
Endocrine/Metabolic Drugs	1.4	0.8	0.2	0.5	59	49	3	7	43	64	19	16	8,019	341,115	541	52.4	5,773
Cardiovascular Agents	2.1	0.6	0.0	1.5	60	32	1	27	28	55	21	18	15,727	436,721	713	69.0	7,336
Respiratory Agents	1.3	0.5	0.0	0.7	57	38	1	18	45	75	43	25	9,856	447,742	737	71.3	7,868
Gastrointestinal Agents	1.6	0.5	0.0	1.0	63	41	0	22	41	75	41	22	11,748	479,001	713	69.0	7,558
Genitourinary Agents	0.7	0.4	0.0	0.3	43	27	1	14	61	75	35	46	2,550	154,856	336	32.5	3,636
CNS Drugs	2.9	1.3	0.0	1.6	158	135	2	22	55	104	55	14	25,673	1,409,776	837	81.0	8,896
Stimulants/Anti-obesity/Anorexia	1.2	0.6	0.0	0.6	59	52	0	8	48	80	0	13	281	13,549	22	2.1	228
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	122	122	0	0	158	160	0	4	990	156,896	125	12.1	1,287
Analgesics and Anesthetics	1.3	0.4	0.1	0.9	50	38	1	12	38	92	14	13	9,053	341,860	644	62.3	6,798
Neuromuscular Agents	2.2	0.6	0.1	1.4	136	88	6	43	63	136	42	31	14,123	885,807	599	58.0	6,501
Nutritional Products	1.0	0.0	0.0	0.9	22	0	1	20	22	42	26	22	4,685	104,781	463	44.8	4,818
Hematological Agents	1.2	0.5	0.0	0.7	108	99	0	10	89	193	36	14	4,839	430,765	394	38.1	3,975
Topical Products	0.7	0.3	0.0	0.4	24	14	2	8	34	55	46	20	5,785	196,415	746	72.2	8,098
Miscellaneous Products	0.4	0.0	0.0	0.4	9	2	1	7	23	53	289	19	765	17,961	183	17.7	1,911
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	36	0	0	0	183	6,556	57	5.5	632
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	120,625	5,971,137	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Kentucky, 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 1,102 beneficiaries who were in nursing facilities for part of their enrollment and their 10,554 benefit months were excluded from the analysis.

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

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

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

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

In Kentucky, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE ND.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, KENTUCKY, 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	
ANTIPTYCHOTICS	\$820,654	573	55.5 %	6,216	0.8	\$160	\$132	
ANTICONVULSANT	663,511	694	67.2	7,610	1.4	61	87	
ANTIDEPRESSANTS	444,494	774	74.9	8,362	1.1	50	53	
ULCER DRUGS	352,296	751	72.7	8,045	0.8	56	44	
ANTIASTHMATIC	327,118	755	73.1	8,084	0.7	57	40	
HEMATOPOIETIC AGENTS	237,999	402	38.9	4,250	0.9	63	56	
ANTIIDIABETIC	198,613	451	43.7	4,719	0.9	47	42	
ANALGESICS - Narcotic	198,119	627	60.7	6,416	0.9	33	31	
DERMATOLOGICAL	181,480	2,097	203.0	23,158	0.3	24	8	
MUSCULOSKELETAL THERAPY AGENTS	162,941	176	17.0	1,952	1.0	85	83	
Total	3,587,225	7,300		78,812	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Kentucky, 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 1,102 beneficiaries who were in nursing facilities for part of their enrollment and their 10,554 benefit months were excluded from the analysis.

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

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

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

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

TABLE ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup> NONDUAL BENEFICIARIES, KENTUCKY, 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 \$
<b>All</b>	<b>60,550</b>	<b>\$3,587,225</b>	<b>573</b>	<b>55.5 %</b>	<b>6,216</b>	<b>0.8</b>	<b>\$132</b>	<b>694</b>	<b>67.2 %</b>	<b>7,610</b>	<b>1.4</b>	<b>\$87</b>
<b>Female</b>	34,191	2,131,546	334	60.7	3,674	0.8	139	400	72.7	4,362	1.4	98
<b>Disabled</b>	28,876	1,871,201	263	62.8	2,951	0.9	146	356	85.0	3,871	1.5	104
64 or younger	26,626	1,730,346	234	61.4	2,634	0.8	147	338	88.7	3,687	1.5	105
65-74	1,769	112,583	18	64.3	185	0.9	158	16	57.1	171	1.2	88
75-84	481	28,272	11	122.2	132	1.1	111	2	22.2	13	0.8	58
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	5,315	260,345	71	54.2	723	0.8	111	44	33.6	491	1.1	51
64 or younger	162	4,124	0	0.0	0	0.0	0	3	100.0	27	3.2	47
65-74	890	55,713	10	71.4	120	1.3	205	11	78.6	132	1.2	63
75-84	2,218	100,011	37	71.2	386	0.6	80	17	32.7	183	1.0	45
85 and older	2,045	100,497	24	38.7	217	0.9	113	13	21.0	149	0.8	47
<b>Male</b>	26,358	1,455,658	238	49.4	2,539	0.8	122	294	61.0	3,248	1.4	73
<b>Disabled</b>	18,664	1,088,614	149	50.2	1,588	0.8	139	233	78.5	2,580	1.6	78
64 or younger	17,354	1,016,908	137	49.8	1,452	0.8	137	217	78.9	2,415	1.6	81
65-74	929	47,607	7	46.7	84	0.8	163	12	80.0	125	1.2	45
75-84	369	23,634	5	83.3	52	0.5	145	3	50.0	28	2.0	35
85 and older	12	465	0	0.0	0	0.0	0	1	100.0	12	0.4	28
<b>Other Eligibles</b>	7,694	367,044	89	48.1	951	0.7	95	61	33.0	668	1.0	51
64 or younger	8	614	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,134	55,259	13	59.1	153	0.8	108	12	54.5	133	0.8	72
75-84	3,587	190,203	46	63.0	468	0.8	113	36	49.3	402	1.0	46
85 and older	2,965	120,968	30	33.7	330	0.7	63	13	14.6	133	1.3	45
<b>Unknown</b>	1	21	1	100.0	3	0.3	7	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Kentucky, 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 1,102 beneficiaries who were in nursing facilities for part of their enrollment and their 10,554 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					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 \$
<b>All</b>	<b>774</b>	<b>74.9 %</b>	<b>8,362</b>	<b>1.1</b>	<b>\$53</b>	<b>751</b>	<b>72.7 %</b>	<b>8,045</b>	<b>0.8</b>	<b>\$44</b>	<b>755</b>	<b>73.1 %</b>	<b>8,084</b>	<b>0.7</b>	<b>\$41</b>
<b>Female</b>	449	81.6	4,934	1.1	52	393	71.5	4,250	0.7	40	389	70.7	4,194	0.7	43
<b>Disabled</b>	351	83.8	3,861	1.1	54	316	75.4	3,455	0.7	42	322	76.8	3,527	0.7	47
64 or younger	319	83.7	3,504	1.1	53	286	75.1	3,136	0.8	43	281	73.8	3,129	0.7	48
65-74	25	89.3	284	1.1	56	23	82.1	246	0.6	40	30	107.1	288	0.6	26
75-84	7	77.8	73	1.2	70	7	77.8	73	0.8	16	11	122.2	110	1.1	53
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	98	74.8	1,073	1.0	46	77	58.8	795	0.8	33	67	51.1	667	0.5	21
64 or younger	0	0.0	0	0.0	0	2	66.7	13	3.0	83	3	100.0	18	0.2	21
65-74	11	78.6	131	1.5	72	12	85.7	144	0.9	49	4	28.6	48	0.3	15
75-84	46	88.5	507	1.0	42	28	53.8	283	0.7	32	30	57.7	309	0.6	23
85 and older	41	66.1	435	1.0	43	35	56.5	355	0.7	24	30	48.4	292	0.4	20
<b>Male</b>	325	67.4	3,428	1.1	55	358	74.3	3,795	0.8	48	366	75.9	3,890	0.8	38
<b>Disabled</b>	189	63.6	2,028	1.1	57	240	80.8	2,582	0.9	51	242	81.5	2,620	0.8	42
64 or younger	179	65.1	1,908	1.1	56	218	79.3	2,333	0.9	50	218	79.3	2,353	0.8	42
65-74	8	53.3	96	1.5	75	13	86.7	149	0.7	50	14	93.3	163	0.9	44
75-84	2	33.3	24	1.2	56	9	150.0	100	0.7	66	10	166.7	104	0.8	54
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	136	73.5	1,400	1.0	51	118	63.8	1,213	0.7	41	124	67.0	1,270	0.7	30
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	20	90.9	201	1.0	48	14	63.6	155	0.7	18	19	86.4	174	0.5	15
75-84	57	78.1	627	1.1	57	51	69.9	499	0.7	44	47	64.4	485	0.7	36
85 and older	59	66.3	572	1.0	47	53	59.6	559	0.7	46	58	65.2	611	0.7	29
<b>Unknown</b>	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 Kentucky, 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 1,102 beneficiaries who were in nursing facilities for part of their enrollment and their 10,554 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.

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<sup>a, b, c, d</sup>  
NONDUAL BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	HEMATOPOIETIC AGENTS				ANTI-DIABETIC				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 \$
<b>All</b>	<b>402</b>	<b>38.9 %</b>	<b>4,250</b>	<b>0.9</b>	<b>\$56</b>	<b>451</b>	<b>43.7 %</b>	<b>4,719</b>	<b>0.9</b>	<b>\$42</b>	<b>627</b>	<b>60.7 %</b>	<b>6,416</b>	<b>0.9</b>	<b>\$31</b>
<b>Female</b>	217	39.5	2,328	0.9	71	278	50.5	2,921	0.9	42	367	66.7	3,744	1.0	31
<b>Disabled</b>	169	40.3	1,850	0.9	77	236	56.3	2,488	0.9	43	302	72.1	3,093	1.0	34
64 or younger	155	40.7	1,723	0.9	80	206	54.1	2,179	0.9	43	282	74.0	2,881	1.0	32
65-74	12	42.9	114	0.8	38	29	103.6	308	0.7	40	18	64.3	188	1.4	76
75-84	2	22.2	13	0.3	7	1	11.1	1	1.0	29	2	22.2	24	0.2	2
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	48	36.6	478	0.9	47	42	32.1	433	0.9	36	65	49.6	651	0.8	16
64 or younger	1	33.3	3	0.3	3	0	0.0	0	0.0	0	2	66.7	4	1.3	40
65-74	5	35.7	60	0.5	5	8	57.1	93	0.6	36	3	21.4	36	1.3	12
75-84	14	26.9	133	0.8	7	26	50.0	262	0.9	35	26	50.0	257	0.7	14
85 and older	28	45.2	282	1.0	75	8	12.9	78	1.1	39	34	54.8	354	0.7	18
<b>Male</b>	185	38.4	1,922	0.9	38	173	35.9	1,798	0.9	43	260	53.9	2,672	0.9	31
<b>Disabled</b>	100	33.7	1,056	0.8	59	112	37.7	1,172	0.8	48	162	54.5	1,704	1.0	31
64 or younger	89	32.4	932	0.8	66	104	37.8	1,084	0.8	49	152	55.3	1,585	1.0	33
65-74	5	33.3	60	0.8	8	7	46.7	84	1.0	35	7	46.7	84	1.0	11
75-84	6	100.0	64	1.1	7	1	16.7	4	1.0	52	3	50.0	35	0.1	3
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	85	45.9	866	0.9	13	61	33.0	626	0.9	32	98	53.0	968	0.8	31
64 or younger	0	0.0	0	0.0	0	1	100.0	4	0.5	16	1	100.0	4	0.8	7
65-74	10	45.5	101	0.5	4	10	45.5	105	0.8	25	18	81.8	191	1.2	45
75-84	29	39.7	289	1.0	24	25	34.2	271	1.0	34	45	61.6	475	0.8	36
85 and older	46	51.7	476	0.9	8	25	28.1	246	0.8	34	34	38.2	298	0.3	14
<b>Unknown</b>	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 Kentucky, 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 1,102 beneficiaries who were in nursing facilities for part of their enrollment and their 10,554 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	DERMATOLOGICAL				MUSCULOSKELETAL THERAPY 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	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx		
<b>All</b>	<b>2,097</b>	<b>203.0 %</b>	<b>23,158</b>	<b>0.3</b>	<b>176</b>	<b>17.0 %</b>	<b>1,952</b>	<b>1.0</b>	<b>1,033</b>	<b>10,695</b>
<b>Female</b>										
<b>Disabled</b>	1,164	211.6	12,915	0.3	97	17.6	1,075	1.0	550	5,721
64 or younger	948	226.3	10,549	0.3	90	21.5	1,006	1.1	419	4,382
65-74	870	228.3	9,719	0.3	87	22.8	970	1.1	381	3,989
75-84	64	228.6	684	0.2	3	10.7	36	0.4	11	284
85 and older	14	155.6	146	0.3	0	0.0	0	0.0	9	97
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	1	12
<b>Other Eligibles</b>	216	164.9	2,366	0.3	7	5.3	69	0.6	131	1,339
64 or younger	4	133.3	21	0.2	3	100.0	27	0.8	3	16
65-74	20	142.9	238	0.4	1	7.1	12	0.2	14	167
75-84	99	190.4	1,121	0.3	3	5.8	30	0.6	52	547
85 and older	93	150.0	986	0.3	0	0.0	0	0.0	62	609
<b>Male</b>										
<b>Disabled</b>	933	193.6	10,243	0.3	79	16.4	877	0.9	482	4,971
64 or younger	614	206.7	6,871	0.4	69	23.2	783	1.0	297	3,162
65-74	573	208.4	6,411	0.4	68	24.7	771	1.0	275	2,932
75-84	33	220.0	364	0.3	0	0.0	0	0.0	15	155
85 and older	6	100.0	72	0.3	1	16.7	12	0.5	6	63
85 and older	2	200.0	24	0.3	0	0.0	0	0.0	1	12
<b>Other Eligibles</b>	319	172.4	3,372	0.3	10	5.4	94	0.3	185	1,809
64 or younger	3	300.0	12	0.3	0	0.0	0	0.0	1	4
65-74	49	222.7	519	0.3	1	4.5	12	0.2	22	229
75-84	134	183.6	1,502	0.3	2	2.7	24	0.3	73	720
85 and older	133	149.4	1,339	0.3	7	7.9	58	0.3	89	856
<b>Unknown</b>	0	0.0	0	0.0	0	0.0	0	0.0	1	3

Source: Data for this table are from the MAX 2003 file for Kentucky, 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 1,102 beneficiaries who were in nursing facilities for part of their enrollment and their 10,554 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<sup>a,b</sup>  
 KENTUCKY, 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	as a Percentage of Total Number of Beneficiaries
All	226,028	43.8 %	1.8	951,731	\$30	\$15,273,657	\$16	4.0 %	516,231
<b>Age</b>									
5 and younger	58,701	48.0	1.3	164,699	18	2,247,755	14	6.5	122,290
6-14	64,238	43.7	1.1	164,319	19	2,847,064	17	4.9	147,100
15-20	26,086	35.8	0.9	67,326	18	1,341,145	20	4.3	72,818
21-44	46,944	38.6	1.9	230,082	33	4,048,066	18	3.6	121,470
45-64	28,866	56.9	5.8	294,673	88	4,471,112	15	3.2	50,732
65-74	550	60.4	10.7	9,772	126	115,111	12	4.4	910
75-84	356	68.7	21.9	11,359	225	116,359	10	8.0	518
85 and older	276	74.6	25.6	9,477	234	86,761	9	11.1	370
Unknown	11	47.8	1.0	24	12	284	12	2.0	23
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	734	54.0	16.5	22,431	159	216,266	10	7.4	1,360
Disabled	59,510	53.3	4.4	494,614	76	8,503,295	17	3.4	111,646
Adults	32,668	33.7	1.0	99,099	17	1,620,433	16	3.7	96,893
Children	133,116	43.5	1.1	335,587	16	4,933,663	15	5.8	306,332
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	133,655	45.5	2.0	587,458	33	9,577,740	16	4.1	293,434
Male	92,372	41.5	1.6	364,267	26	5,695,867	16	3.8	222,793
Unknown	1	25.0	1.5	6	13	50	8	5.4	4
<b>Race</b>									
White	200,553	45.3	1.9	825,465	30	13,098,200	16	4.1	443,104
African American	11,042	26.7	1.0	39,352	14	568,516	14	3.4	41,284
Other/unknown	14,433	45.3	2.7	86,914	50	1,606,941	18	3.6	31,843
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	1,011	97.9	58.0	59,943	672	694,442	12	11.6	1,033
Part year	1,025	93.0	22.9	25,245	300	330,779	13	6.5	1,102
None	223,992	43.6	1.7	866,543	28	14,248,436	16	3.8	514,096
<b>Maintenance Assistance Status</b>									
Cash	116,087	48.6	2.7	639,986	45	10,647,037	17	3.6	238,779
Medically needy	8,743	38.5	1.4	31,518	23	528,947	17	4.2	22,726
Poverty related	85,649	39.7	0.9	204,127	14	3,055,202	15	5.7	215,502
Other/unknown	15,549	39.6	1.9	76,100	27	1,042,471	14	4.4	39,224

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Kentucky, 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<sup>a,b</sup>  
 KENTUCKY, 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	\$3	\$16	\$0	\$1	4,900,995
<b>Age</b>						
5 and younger	0.1	2	14	0	0	1,129,194
6-14	0.1	2	17	0	0	1,491,712
15-20	0.1	2	20	0	0	677,960
21-44	0.2	4	18	0	1	1,057,836
45-64	0.6	8	15	0	2	527,291
65-74	1.1	13	12	0	2	8,894
75-84	2.3	24	10	0	3	4,843
85 and older	3.1	28	9	0	2	3,055
Unknown	0.1	1	12	0	0	210
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	2.2	21	10	0	3	10,224
Disabled	0.4	7	17	0	2	1,217,608
Adults	0.1	2	16	0	1	737,731
Children	0.1	2	15	0	0	2,935,432
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.2	3	16	0	1	2,736,759
Male	0.2	3	16	0	0	2,164,215
Unknown	0.3	2	8	0	0	21
<b>Race</b>						
White	0.2	3	16	0	1	4,200,198
African American	0.1	1	14	0	0	389,265
Other/unknown	0.3	5	18	0	2	311,532
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	5.6	65	12	2	18	10,695
Part year	2.4	31	13	0	5	10,554
None	0.2	3	16	0	1	4,879,746
<b>Maintenance Assistance Status</b>						
Cash	0.3	4	17	0	1	2,428,527
Medically needy	0.2	3	17	0	1	182,312
Poverty related	0.1	2	15	0	0	1,920,782
Other/unknown	0.2	3	14	0	0	369,374

Table ND12

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Kentucky, 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<sup>a,b,c</sup>  
KENTUCKY, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %		\$ per Rx	100.0 %
<b>All</b>	<b>311,481</b>	<b>\$49</b>	<b>\$15,273,657</b>	<b>100.0 %</b>	<b>100.0 %</b>	<b>951,731</b>	<b>\$16</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	82	194	15,926	0.1	0.1	237	67	0.0
Fertility drugs	3	33	98	0.0	0.0	3	33	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0.0	0	0	0.0
Cough and cold medications	124,510	32	3,970,148	26.0	26.0	232,725	17	24.5
Vitamins and minerals	12,346	137	1,694,786	11.1	11.1	77,913	22	8.2
Non-prescription drugs	138,518	33	4,638,864	30.4	30.4	444,298	10	46.7
Barbiturates	1,962	65	127,411	0.8	0.8	19,253	7	2.0
Benzodiazepines	19,565	143	2,790,028	18.3	18.3	124,136	22	13.0
Other Part D Excl Rx Drugs	14,495	140	2,036,396	13.3	13.3	53,166	38	5.6

Source: Data for this table are from the MAX 2003 file for Kentucky, 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<sup>a, b</sup>  
NONDUAL BENEFICIARIES, KENTUCKY, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
<b>All</b>	<b>655,152</b>	<b>1,587</b>	<b>133,494</b>	<b>121,486</b>	<b>398,585</b>	<b>6,238,841</b>	<b>12,710</b>	<b>1,463,578</b>	<b>930,667</b>	<b>3,831,886</b>	<b>0</b>
<b>Age</b>											
5 and younger	161,551	1	5,439	23	156,088	1,499,004	11	59,577	108	1,439,308	0
6-14	191,261	0	16,368	37	174,856	1,945,364	0	187,118	199	1,758,047	0
15-20	92,063	0	11,579	13,535	66,949	859,524	0	129,104	99,739	630,681	0
21-44	148,999	227	46,422	101,706	644	1,296,473	929	510,479	781,553	3,512	0
45-64	59,106	123	52,780	6,180	23	617,599	664	567,798	49,028	109	0
65-74	1,164	384	776	4	0	11,577	3,466	8,074	37	0	0
75-84	585	467	118	0	0	5,670	4,377	1,293	0	0	0
85 and older	396	385	10	1	0	3,386	3,263	120	3	0	0
Unknown	27	0	2	0	25	244	0	15	0	229	0
<b>Gender</b>											
Female	373,168	983	69,929	105,830	196,426	3,490,657	7,247	773,126	815,051	1,895,233	0
Male	281,977	602	63,560	15,656	202,159	2,748,138	5,449	690,420	115,616	1,936,653	0
Unknown	7	2	5	0	0	46	14	32	0	0	0
<b>Race</b>											
White	523,141	1,207	98,064	100,423	323,447	4,958,317	9,316	1,072,756	772,128	3,104,117	0
African American	87,875	106	11,006	16,914	59,849	853,985	822	121,049	139,216	592,898	0
Other/unknown	44,136	274	24,424	4,149	15,289	426,539	2,572	269,773	19,323	134,871	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	1,042	314	724	3	1	10,777	3,135	7,622	8	12	0
Part year	1,161	165	969	22	5	11,881	1,584	10,034	204	59	0
None	652,949	1,108	131,801	121,461	398,579	6,216,183	7,991	1,445,922	930,455	3,831,815	0
<b>Maintenance Assistance Status</b>											
Cash	294,575	432	129,392	59,653	105,098	3,006,416	4,500	1,436,378	503,239	1,062,299	0
Medically needy	28,088	224	2,521	13,012	12,331	230,917	1,476	11,211	95,977	122,253	0
Poverty related	282,083	333	19	31,277	250,454	2,523,788	1,507	137	190,560	2,331,584	0
Other/unknown	50,406	598	1,562	17,544	30,702	477,720	5,227	15,852	140,891	315,750	0
<b>Managed Care (MC) Status</b>											
Fee-for-service (FFS) all year	511,528	1,339	110,455	95,845	303,889	4,879,340	10,135	1,211,177	734,414	2,923,614	0
FFS part year, with Rx claims	2,623	14	891	444	1,274	28,376	141	10,093	4,187	13,955	0
FFS part year, no Rx claims	2,080	7	300	604	1,169	18,919	63	2,885	4,330	11,641	0
MC all year, with Rx claims	9,853	8	4,776	1,206	3,863	109,477	86	55,421	11,770	42,200	0
MC all year, no Rx claims	129,068	219	17,072	23,387	88,390	1,202,729	2,285	184,002	175,966	840,476	0

Source: Data for this table are from the MAX 2003 file for Kentucky, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table A.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
  - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
  - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 NONDUAL BENEFICIARIES, KENTUCKY, 2003

	Beneficiaries and			Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Benefit Months in Cell K of Table 1 Number of Beneficiaries	Benefit Months in Cell L of Table 1 Number of Beneficiaries	Benefit Months in Cell M of Table 1 Number of Beneficiaries	Benefit Months in Cell N of Table 1 Number of Beneficiaries
<b>All</b>	<b>655,152</b>	<b>6,238,841</b>	<b>516,231</b>	<b>4,900,995</b>	<b>1,337,846</b>
Fee-for-service (FFS) all year	511,528	4,879,340	511,528	4,879,340	0
FFS part year, with Rx claims	2,623	28,376	2,623	15,144	13,232
FFS part year, with no Rx claims	2,080	18,919	2,080	6,511	12,408
Managed care (MC) all year, with Rx claims	9,853	109,477	0	0	109,477
MC all year, with no Rx claims	129,068	1,202,729	0	0	1,202,729

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