

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

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

FOR ALL NONDUAL BENEFICIARIES

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

FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

APPENDIX TABLES

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

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

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

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

TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL BENEFICIARIES, MARYLAND, 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	
All	296,155	6,264	26,899	130,082	132,910	0	1,443,536	59,626	151,092	912,422	320,396	0	
Age													
5 and younger	49,710	5	769	1	48,935	0	93,974	30	3,254	3	90,687	0	
6-14	54,288	0	1,257	16	53,015	0	121,138	0	6,187	40	114,911	0	
15-20	34,838	4	1,347	3,183	30,304	0	127,462	19	7,271	7,202	112,970	0	
21-44	120,751	47	9,635	110,425	644	0	843,068	324	49,130	791,845	1,769	0	
45-64	28,527	386	12,024	16,116	1	0	180,652	3,181	65,327	112,142	2	0	
65-74	4,535	2,901	1,427	207	0	0	44,174	28,209	15,242	723	0	0	
75-84	2,579	2,115	366	98	0	0	25,160	20,845	3,977	338	0	0	
85 and older	916	806	74	36	0	0	7,851	7,018	704	129	0	0	
Unknown	11	0	0	0	11	0	57	0	0	0	57	0	
Gender													
Female	197,349	4,445	12,622	110,316	69,966	0	1,092,430	42,897	74,509	792,142	182,882	0	
Male	98,806	1,819	14,277	19,766	62,944	0	351,106	16,729	76,583	120,280	137,514	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	
Race													
White	95,597	1,851	10,103	48,263	35,380	0	527,138	16,794	54,424	367,636	88,284	0	
African American	151,389	2,022	14,081	64,364	70,922	0	698,080	18,987	80,954	432,852	165,287	0	
Other/unknown	49,169	2,391	2,715	17,455	26,608	0	218,318	23,845	15,714	111,934	66,825	0	
Use of Nursing Facilities^c													
Entire year	1,696	529	1,140	26	1	0	17,203	5,283	11,663	245	12	0	
Part year	1,468	256	1,138	67	7	0	11,385	2,468	8,521	362	34	0	
None	292,991	5,479	24,621	129,989	132,902	0	1,414,948	51,875	130,908	911,815	320,350	0	
Maintenance Assistance Status													
Cash	49,584	2,632	11,994	16,023	18,935	0	191,759	29,383	77,071	44,554	40,751	0	
Medically needy	34,394	2,097	14,167	9,518	8,612	0	143,284	17,399	69,623	29,760	26,502	0	
Poverty-related	104,600	308	29	13,118	91,145	0	203,026	2,749	188	41,427	158,662	0	
Other/unknown	107,577	1,227	709	91,423	14,218	0	905,467	10,095	4,210	796,681	94,481	0	
Managed Care (MC) Status													
Fee-for-service (FFS) all year	123,316	6,187	12,313	85,419	19,397	0	998,413	59,166	93,550	741,829	103,868	0	
FFS part year, with Rx claims	46,626	73	9,738	17,513	19,302	0	152,511	443	39,166	69,287	43,615	0	
FFS part year, no Rx claims	126,213	4	4,848	27,150	94,211	0	292,612	17	18,376	101,306	172,913	0	

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

- a. Table ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, MARYLAND, 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	22.3 %	2.7	\$166	\$68	\$4,122	4.5 %	296,155
Age							
5 and younger	13.7	0.4	22	57	2,311	0.9	49,710
6-14	15.3	1.3	100	79	2,293	4.4	54,288
15-20	24.0	2.2	183	84	4,828	3.8	34,838
21-44	23.3	1.8	135	73	3,620	3.7	120,751
45-64	32.5	7.9	525	66	9,767	5.4	28,527
65-74	65.9	26.6	1,479	56	12,321	12.0	4,535
75-84	62.2	23.8	1,293	54	11,190	11.6	2,579
85 and older	53.1	21.5	1,039	48	13,748	7.6	916
Unknown	0.0	0.0	0	0	993	0.0	11
Basis of Eligibility^e							
Aged	62.0	23.2	1,300	56	11,437	11.4	6,264
Disabled	55.3	15.3	1,101	72	20,419	5.4	26,899
Adults	20.0	1.0	59	60	2,228	2.6	130,082
Children	16.0	1.0	73	75	2,331	3.1	132,910
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	23.3	2.5	156	62	3,563	4.4	197,349
Male	20.3	3.2	246	76	5,237	4.7	98,806
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	28.7	3.7	250	67	4,625	5.4	95,597
African American	19.9	2.4	166	70	4,056	4.1	151,389
Other/unknown	17.0	2.0	124	62	3,346	3.7	49,169
Use of Nursing Facilities^f							
Entire year	95.5	84.8	4,984	59	65,040	7.7	1,696
Part year	93.1	58.4	3,753	64	65,229	5.8	1,468
None	21.5	2.0	140	70	3,463	4.1	292,991
Maintenance Assistance Status							
Cash	37.0	7.9	533	68	8,226	6.5	49,584
Medically needy	39.7	7.7	536	70	11,397	4.7	34,394
Poverty related	16.9	0.6	37	62	1,887	1.9	104,600
Other/unknown	15.1	0.9	59	66	2,077	2.8	107,577

Table ND3

Nondual Beneficiaries

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

- a. Table ND.3 includes beneficiaries represented by Cell K of Table 1.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, MARYLAND, 2003

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c	None	More than 0, but 1 or Less	1, but 2 or Less	2, but 5 or Less	5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS ^d	Beneficiaries	Benefit Months
All	0.6	\$38	4.5%	77.7%	12.9%	2.9%	3.4%	1.8%	1.2%	\$846	296,155	1,443,536
Age												
5 and younger	0.2	11	0.9	86.3	9.4	2.4	1.4	0.3	0.1	1,223	49,710	93,974
6-14	0.6	45	4.4	84.7	7.1	2.5	2.9	1.6	1.2	1,027	54,288	121,138
15-20	0.6	50	3.8	76.0	14.7	3.0	3.4	1.7	1.2	1,320	34,838	127,462
21-44	0.3	19	3.7	76.7	16.2	2.4	2.5	1.2	1.0	519	120,751	843,068
45-64	1.3	83	5.4	67.5	11.9	4.6	7.0	5.1	3.9	1,542	28,527	180,652
65-74	2.7	152	12.0	34.1	19.9	11.8	19.4	10.8	4.1	1,265	4,535	44,174
75-84	2.4	133	11.6	37.8	18.5	10.9	20.4	10.0	2.4	1,147	2,579	25,160
85 and older	2.5	121	7.6	46.9	12.8	8.1	17.5	11.6	3.2	1,604	916	7,851
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	192	11	57
Basis of Eligibility^e												
Aged	2.4	137	11.4	38.0	20.1	10.8	18.5	9.7	3.0	1,202	6,264	59,626
Disabled	2.7	196	5.4	44.7	18.2	7.8	12.6	9.1	7.7	3,635	26,899	151,092
Adults	0.1	8	2.6	80.0	14.9	2.0	1.9	0.7	0.4	318	130,082	912,422
Children	0.4	30	3.1	84.0	9.5	2.5	2.3	1.1	0.7	967	132,910	320,396
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.5	28	4.4	76.7	14.8	2.8	3.1	1.6	1.0	644	197,349	1,092,430
Male	0.9	69	4.7	79.7	9.0	3.2	4.1	2.4	1.7	1,474	98,806	351,106
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.7	45	5.4	71.3	15.8	3.5	4.6	2.8	2.1	839	95,597	527,138
African American	0.5	36	4.1	80.1	11.8	2.7	2.9	1.5	1.0	880	151,389	698,080
Other/unknown	0.4	28	3.7	83.0	10.5	2.5	2.5	1.0	0.5	754	49,169	218,318
Use of Nursing Facilities^f												
Entire year	8.4	491	7.7	4.5	3.5	4.5	21.2	36.6	29.8	6,412	1,696	17,203
Part year	7.5	484	5.8	6.9	6.9	8.2	22.8	27.2	27.9	8,411	1,468	11,385
None	0.4	29	4.1	78.5	13.0	2.9	3.2	1.5	0.9	717	292,991	1,414,948
Maintenance Assistance Status												
Cash	2.0	138	6.5	63.0	14.8	5.8	8.0	4.8	3.6	2,127	49,584	191,759
Medically needy	1.8	129	4.7	60.3	16.8	6.1	8.3	5.3	3.2	2,736	34,394	143,284
Poverty related	0.3	19	1.9	83.1	10.3	2.8	2.4	0.9	0.5	972	104,600	203,026
Other/unknown	0.1	7	2.8	84.9	13.2	0.7	0.7	0.3	0.2	247	107,577	905,467

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

- a. Table ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, MARYLAND, 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	0.6	\$38	\$68	0.3	\$32	\$113	0.0	\$1	\$41	0.3	\$5	\$20
Age												
5 and younger	0.2	11	57	0.1	10	137	0.0	0	56	0.1	2	13
6-14	0.6	45	79	0.4	40	109	0.0	1	55	0.2	4	21
15-20	0.6	50	84	0.4	44	116	0.0	1	67	0.2	5	25
21-44	0.3	19	73	0.1	16	121	0.0	1	48	0.1	3	21
45-64	1.3	83	66	0.6	69	122	0.1	2	34	0.6	12	18
65-74	2.7	152	56	1.3	123	96	0.1	3	32	1.3	25	19
75-84	2.4	133	54	1.2	107	90	0.1	3	32	1.1	22	19
85 and older	2.5	121	48	1.2	98	80	0.1	3	22	1.2	20	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.4	137	56	1.2	112	94	0.1	3	31	1.1	21	19
Disabled	2.7	196	72	1.3	165	130	0.1	5	38	1.3	26	19
Adults	0.1	8	60	0.1	7	91	0.0	0	53	0.1	1	22
Children	0.4	30	75	0.2	27	108	0.0	1	60	0.1	3	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.5	28	62	0.2	23	103	0.0	1	41	0.2	4	20
Male	0.9	69	76	0.5	60	129	0.0	2	41	0.4	8	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.7	45	67	0.3	38	110	0.0	1	44	0.3	6	20
African American	0.5	36	70	0.3	30	120	0.0	1	39	0.2	5	19
Other/unknown	0.4	28	62	0.2	23	102	0.0	1	40	0.2	4	20
Use of Nursing Facilities^e												
Entire year	8.4	491	59	3.7	405	110	0.6	16	29	4.1	69	17
Part year	7.5	484	64	3.2	402	126	0.5	15	32	3.8	65	17
None	0.4	29	70	0.2	25	112	0.0	1	51	0.2	4	21
Maintenance Assistance												
Status												
Cash	2.0	138	68	1.0	116	119	0.1	3	39	1.0	19	19
Medically needy	1.8	129	70	0.9	110	119	0.1	3	37	0.8	16	19
Poverty related	0.3	19	62	0.2	16	100	0.0	0	55	0.1	2	18
Other/unknown	0.1	7	66	0.1	6	89	0.0	0	56	0.0	1	26

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

- a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Maryland, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, MARYLAND, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users ^e							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months	
																	Brand-Name
Anti-infective Agents	0.5	0.3	0.0	0.2	\$61	\$55	\$1	\$6	\$121	\$201	\$95	\$25	52,265	\$6,326,931	19,182	6.5%	103,105
Biologicals	0.3	0.2	0.0	0.0	193	170	0	23	747	709	0	1,221	555	414,386	271	0.1	2,146
Antineoplastic Agents	0.5	0.2	0.0	0.2	115	92	1	22	249	428	128	93	3,194	795,444	839	0.3	6,909
Endocrine/Metabolic Drugs	0.5	0.3	0.0	0.2	26	20	2	5	50	63	34	29	89,693	4,496,806	20,790	7.0	171,172
Cardiovascular Agents	1.3	0.5	0.0	0.8	49	35	1	13	37	67	25	17	119,108	4,436,472	11,859	4.0	91,032
Respiratory Agents	0.7	0.3	0.0	0.3	31	26	1	4	47	75	59	14	48,877	2,307,982	13,309	4.5	74,190
Gastrointestinal Agents	0.7	0.4	0.0	0.3	54	46	1	7	73	117	94	21	45,567	3,309,611	8,180	2.8	61,544
Genitourinary Agents	0.4	0.3	0.0	0.1	19	17	0	1	46	60	40	12	8,877	409,370	3,533	1.2	21,932
CNS Drugs	1.7	1.0	0.0	0.6	147	133	2	12	89	132	84	20	192,911	17,096,299	23,189	7.8	116,193
Stimulants/Anti-obesity/Anorexia	1.8	1.3	0.1	0.4	131	113	4	14	74	88	50	35	28,612	2,114,228	5,099	1.7	16,160
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	70	63	0	7	144	154	0	91	2,335	335,231	626	0.2	4,773
Analgesics and Anesthetics	0.7	0.2	0.0	0.4	35	28	1	6	50	118	38	14	65,108	3,270,817	14,619	4.9	92,707
Neuromuscular Agents	1.2	0.6	0.1	0.5	78	66	3	9	63	104	32	18	71,573	4,502,552	9,135	3.1	57,650
Nutritional Products	0.5	0.0	0.0	0.4	11	2	1	8	21	48	42	17	22,779	473,652	7,964	2.7	43,751
Hematological Agents	0.8	0.3	0.1	0.4	97	90	2	5	118	321	17	12	24,433	2,874,668	3,752	1.3	29,561
Topical Products	0.5	0.2	0.0	0.3	19	12	2	5	40	66	63	19	33,166	1,330,842	11,255	3.8	69,699
Miscellaneous Products	0.4	0.2	0.0	0.2	97	83	3	10	235	468	273	47	1,990	466,819	541	0.2	4,809
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	18	0	0	0	48	0	0	0	2,428	116,642	1,031	0.3	6,334
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.	813,471	55,078,752	n.a.	n.a.	n.a.

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

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.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 Maryland, 0.3 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, MARYLAND, 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	\$5,962,457	5,498	1.9 %	50,069	0.8	\$148
ANTICONVULSANT	3,149,882	5,197	1.8	45,552	0.9	73
ANTIVIRAL	2,871,002	1,954	0.7	14,496	0.5	408
ULCER DRUGS	2,387,547	6,323	2.1	55,406	0.5	84
ANTIDEPRESSANTS	2,222,672	7,275	2.5	60,859	0.6	57
CONTRACEPTIVES	2,139,024	13,510	4.6	127,946	0.3	50
ANALGESICS - Narcotic	1,722,561	9,222	3.1	69,861	0.5	49
ANTIDIABETIC	1,434,918	5,244	1.8	47,096	0.6	50
ANTIHYPERTENSIVE	1,400,862	3,141	1.1	29,667	0.6	82
HEMATOPOIETIC AGENTS	1,332,945	2,360	0.8	19,595	0.4	164
Total	24,623,870	59,724		520,547	n.a.	n.a.

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

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

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

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

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

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

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	
All	290,133	\$24,623,870	5,498	1.9 %	50,069	0.8	\$119	5,197	1.8 %	45,552	0.9	\$69			
Female	179,870	13,988,494	2,682	1.4	24,372	0.7	112	2,711	1.4	23,316	0.9	64			
Disabled	73,217	6,360,392	1,338	10.6	11,936	0.8	117	1,526	12.1	13,270	0.9	65			
5 and younger	184	12,322	0	0.0	0	0.0	0	4	1.2	33	0.6	39			
6-14	1,122	134,906	15	3.6	138	1.4	143	59	14.0	599	0.8	106			
15-20	1,621	156,673	71	14.1	713	0.9	129	50	9.9	436	1.1	73			
21-44	15,115	1,597,996	391	9.7	3,028	0.6	91	452	11.3	3,604	1.0	79			
45-64	38,573	3,185,073	673	11.3	5,970	0.8	122	784	13.2	6,680	0.9	57			
65-74	13,881	1,066,901	148	14.0	1,655	0.8	137	152	14.4	1,653	0.9	47			
75-84	2,347	169,726	36	12.7	386	0.6	111	23	8.1	241	0.7	33			
85 and older	374	36,795	4	8.2	46	0.9	164	2	4.1	24	1.4	362			
Other Eligibles	106,653	7,628,102	1,344	0.7	12,436	0.7	108	1,185	0.6	10,046	0.8	63			
5 and younger	207	12,399	2	0.0	3	1.7	251	7	0.0	15	0.8	47			
6-14	3,871	415,741	161	0.6	1,456	1.1	165	90	0.3	739	1.6	149			
15-20	15,210	1,264,018	399	1.8	3,680	0.9	134	267	1.2	2,209	1.1	118			
21-44	46,911	2,753,200	230	0.2	1,644	0.3	54	367	0.4	2,452	0.4	36			
45-64	5,410	551,113	101	1.0	780	0.4	61	97	1.0	751	0.4	30			
65-74	17,179	1,326,940	192	9.1	2,163	0.8	117	169	8.0	1,865	0.8	42			
75-84	13,241	1,003,273	175	11.3	1,870	0.6	83	141	9.1	1,557	0.7	39			
85 and older	4,624	301,418	84	13.5	840	0.7	73	47	7.5	458	0.8	34			
Male	110,263	10,635,376	2,816	2.9	25,697	0.9	126	2,486	2.5	22,236	1.0	74			
Disabled	72,623	6,975,499	1,554	10.9	13,888	0.8	123	1,664	11.7	14,779	1.0	74			
5 and younger	238	16,373	0	0.0	0	0.0	0	8	1.9	69	0.6	27			
6-14	3,700	390,185	153	18.3	1,458	1.0	137	99	11.8	958	1.2	103			
15-20	3,491	380,421	156	18.5	1,484	0.8	122	126	15.0	1,227	1.0	95			
21-44	23,504	2,430,390	537	9.5	4,285	0.9	127	609	10.8	5,089	1.1	77			
45-64	36,640	3,311,899	612	10.1	5,561	0.8	115	755	12.4	6,698	1.0	65			
65-74	4,425	391,909	85	23.0	970	0.8	128	61	16.5	670	0.9	54			
75-84	553	48,314	10	12.0	120	0.7	85	4	4.8	48	0.4	99			
85 and older	72	6,008	1	4.0	10	0.7	104	2	8.0	20	0.1	8			
Other Eligibles	37,640	3,659,877	1,262	1.5	11,809	0.9	129	822	1.0	7,457	1.0	76			
5 and younger	282	20,877	1	0.0	3	1.7	201	3	0.0	13	0.8	378			
6-14	7,500	766,573	353	1.3	3,239	1.1	155	176	0.7	1,518	1.5	109			
15-20	12,135	1,283,535	602	5.3	5,729	0.9	133	313	2.8	2,902	1.1	99			
21-44	2,446	292,810	70	0.5	483	0.5	82	80	0.6	522	0.6	35			
45-64	2,139	202,301	35	0.5	291	0.4	56	62	0.9	481	0.5	24			
65-74	8,377	751,648	133	13.2	1,424	0.8	116	123	12.2	1,313	0.9	48			
75-84	3,860	282,227	47	7.1	504	0.6	71	56	8.4	623	0.8	25			
85 and older	901	59,906	21	9.6	136	0.6	65	9	4.1	85	0.5	22			
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 Maryland, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a,b,c}
 NONDUAL BENEFICIARIES, MARYLAND, 2003

Beneficiary Characteristics	ANTIVIRAL				ULCER DRUGS				ANTIDEPRESSANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	
All	1,954	0.7 %	14,496	0.5	6,323	2.1 %	55,406	0.5	7,275	2.5 %	60,959	0.6	\$37
Female	881	0.4	6,530	0.5	4,005	2.0	35,804	0.5	4,494	2.3	37,825	0.6	35
Disabled	482	3.8	3,723	0.5	1,916	15.2	16,874	0.5	2,037	16.1	17,274	0.7	38
5 and younger	0	0.0	0	0.0	38	11.2	295	0.5	0	0.0	0	0.0	0
6-14	8	1.9	76	0.8	35	8.3	389	0.6	8	1.9	55	1.6	75
15-20	1	0.2	12	0.3	16	3.2	145	0.9	43	8.5	380	0.7	44
21-44	262	6.5	1,864	0.5	364	9.1	2,902	0.5	603	15.0	4,586	0.6	32
45-64	195	3.3	1,589	0.5	1,018	17.1	8,197	0.6	1,101	18.5	9,060	0.7	42
65-74	12	1.1	138	0.4	377	35.7	4,162	0.5	228	21.6	2,596	0.6	33
75-84	4	1.4	44	0.1	58	20.5	675	0.4	43	15.2	465	0.6	34
85 and older	0	0.0	0	0.0	10	20.4	109	0.6	11	22.4	132	0.6	33
Other Eligibles	399	0.2	2,807	0.4	2,089	1.1	18,930	0.4	2,457	1.3	20,551	0.6	33
5 and younger	16	0.1	59	0.5	52	0.2	234	0.5	3	0.0	10	0.5	13
6-14	23	0.1	166	0.4	29	0.1	191	0.6	105	0.4	796	1.0	52
15-20	24	0.1	153	0.5	84	0.4	523	0.5	373	1.7	2,937	0.8	53
21-44	216	0.2	1,307	0.4	469	0.5	2,843	0.3	968	1.0	6,697	0.4	25
45-64	58	0.6	412	0.6	254	2.6	1,884	0.4	319	3.2	2,594	0.4	28
65-74	23	1.1	274	0.3	607	28.9	6,664	0.4	287	13.6	3,265	0.5	30
75-84	25	1.6	292	0.3	446	28.8	5,036	0.5	272	17.6	2,987	0.6	33
85 and older	14	2.2	144	0.2	148	23.7	1,555	0.6	130	20.8	1,265	0.7	37
Male	1,073	1.1	7,966	0.5	2,318	2.3	19,602	0.6	2,781	2.8	23,034	0.7	39
Disabled	906	6.3	6,720	0.5	1,573	11.0	13,235	0.6	1,600	11.2	13,537	0.7	36
5 and younger	0	0.0	0	0.0	39	9.1	359	0.5	0	0.0	0	0.0	0
6-14	4	0.5	48	0.6	59	7.1	641	0.7	64	7.7	628	0.8	36
15-20	10	1.2	98	0.3	34	4.0	297	1.0	84	10.0	779	0.8	51
21-44	453	8.1	3,098	0.5	444	7.9	3,671	0.7	564	10.0	4,215	0.6	33
45-64	426	7.0	3,320	0.5	871	14.4	6,864	0.6	813	13.4	7,045	0.7	36
65-74	13	3.5	156	0.5	105	28.4	1,151	0.5	67	18.1	782	0.7	36
75-84	0	0.0	0	0.0	19	22.9	228	0.4	7	8.4	78	0.6	53
85 and older	0	0.0	0	0.0	2	8.0	24	0.6	1	4.0	10	0.1	8
Other Eligibles	167	0.2	1,246	0.4	745	0.9	6,367	0.5	1,181	1.4	9,497	0.7	42
5 and younger	15	0.1	38	1.0	82	0.3	395	0.5	0	0.0	0	0.0	0
6-14	2	0.0	13	1.5	27	0.1	146	0.4	174	0.7	1,363	1.1	60
15-20	10	0.1	49	0.3	45	0.4	339	0.5	516	4.6	3,966	0.8	50
21-44	62	0.5	460	0.3	110	0.8	552	0.4	150	1.1	907	0.4	20
45-64	45	0.7	320	0.3	78	1.2	592	0.4	103	1.6	759	0.4	26
65-74	28	2.8	315	0.6	222	22.1	2,418	0.5	146	14.5	1,591	0.6	33
75-84	3	0.5	36	0.6	141	21.2	1,522	0.4	66	9.9	689	0.6	34
85 and older	2	0.9	15	0.3	40	18.3	403	0.5	26	11.9	222	0.6	29
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

Table ND7B

Nondual Beneficiaries

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

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

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

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

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

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

Beneficiary Characteristics	CONTRACEPTIVES					ANALGESICS - Narcotic					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	13,510	4.6%	127,946	\$17	0.3	9,222	3.1%	69,861	\$25	0.5	5,244	1.8%	47,096	\$31	0.6
Female	13,508	6.8	127,924	17	0.3	6,047	3.1	46,209	20	0.4	3,516	1.8	32,343	30	0.6
Disabled	115	0.9	967	17	0.4	2,443	19.4	19,647	28	0.6	1,673	13.3	15,023	32	0.6
5 and younger	0	0.0	0	0	0.0	2	0.6	19	1	0.1	0	0.0	0	0	0.0
6-14	1	0.2	6	9	0.2	8	1.9	69	2	0.2	2	0.5	24	18	0.1
15-20	26	5.1	237	14	0.4	19	3.8	182	5	0.2	1	0.2	3	10	0.3
21-44	76	1.9	618	18	0.4	672	16.8	4,765	36	0.6	159	4.0	1,240	32	0.6
45-64	12	0.2	106	19	0.5	1,334	22.4	10,007	32	0.7	976	16.4	7,784	31	0.7
65-74	0	0.0	0	0	0.0	340	32.2	3,810	16	0.4	433	41.0	4,799	35	0.6
75-84	0	0.0	0	0	0.0	61	21.6	711	5	0.3	92	32.5	1,059	32	0.6
85 and older	0	0.0	0	0	0.0	7	14.3	84	2	0.2	10	20.4	114	19	0.6
Other Eligibles	13,393	7.3	126,957	17	0.3	3,604	2.0	26,562	13	0.3	1,843	1.0	17,320	28	0.5
5 and younger	1	0.0	4	9	0.3	12	0.0	51	1	0.3	1	0.0	1	60	1.0
6-14	26	0.1	156	17	0.4	22	0.1	68	4	0.3	10	0.0	25	52	0.6
15-20	2,240	10.1	17,770	16	0.3	219	1.0	1,136	5	0.3	24	0.1	146	50	1.0
21-44	11,097	11.4	108,761	17	0.3	1,864	1.9	10,631	18	0.4	296	0.3	1,660	25	0.4
45-64	27	0.3	242	18	0.4	487	4.9	3,795	12	0.3	322	3.2	2,512	22	0.3
65-74	0	0.0	0	0	0.0	514	24.4	5,673	11	0.3	642	30.5	7,004	31	0.6
75-84	1	0.1	12	25	0.6	346	22.4	3,823	8	0.3	460	29.7	5,063	28	0.6
85 and older	1	0.2	12	3	0.1	140	22.4	1,385	11	0.4	88	14.1	909	26	0.6
Male	2	0.0	22	15	0.2	3,175	3.2	23,652	35	0.6	1,728	1.7	14,753	31	0.6
Disabled	1	0.0	10	13	0.3	2,141	15.0	16,127	40	0.7	1,091	7.6	9,057	33	0.7
5 and younger	0	0.0	0	0	0.0	6	1.4	71	1	0.1	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	24	2.9	238	5	0.2	0	0.0	0	0	0.0
15-20	0	0.0	0	0	0.0	27	3.2	266	18	0.3	5	0.6	39	35	0.6
21-44	0	0.0	0	0	0.0	831	14.8	5,879	49	0.8	226	4.0	1,869	35	0.8
45-64	1	0.0	10	13	0.3	1,146	18.9	8,531	40	0.8	737	12.1	5,759	32	0.7
65-74	0	0.0	0	0	0.0	90	24.3	941	13	0.3	93	25.1	1,047	33	0.7
75-84	0	0.0	0	0	0.0	16	19.3	189	3	0.1	27	32.5	307	25	0.5
85 and older	0	0.0	0	0	0.0	1	4.0	12	1	0.1	3	12.0	36	41	0.8
Other Eligibles	1	0.0	12	17	0.1	1,034	1.2	7,525	23	0.4	637	0.8	5,696	29	0.6
5 and younger	0	0.0	0	0	0.0	17	0.1	68	2	0.3	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	41	0.2	232	32	0.3	12	0.0	28	56	0.9
15-20	0	0.0	0	0	0.0	121	1.1	738	25	0.4	18	0.2	110	54	0.8
21-44	1	0.0	12	17	0.1	344	2.6	1,748	39	0.5	84	0.6	475	22	0.4
45-64	0	0.0	0	0	0.0	179	2.7	1,236	34	0.5	124	1.9	803	19	0.4
65-74	0	0.0	0	0	0.0	185	18.4	1,972	8	0.3	240	23.9	2,545	36	0.6
75-84	0	0.0	0	0	0.0	106	15.9	1,163	14	0.3	122	18.3	1,364	26	0.6
85 and older	0	0.0	0	0	0.0	41	18.8	368	4	0.3	37	17.0	371	19	0.4
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 Maryland, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medisp.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, MARYLAND, 2003

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					HEMATOPOIETIC AGENTS						
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Beneficiaries	Number of Benefit Months
All	3,141	1.1 %	29,667	0.6	\$47	2,360	0.8 %	19,595	0.4	\$68	296,155	1,443,536
Female	2,173	1.1	21,346	0.6	47	1,429	0.7	11,537	0.4	63	197,346	1,092,415
Disabled	1,044	8.3	9,721	0.6	49	625	5.0	5,564	0.4	72	12,622	74,509
5 and younger	0	0.0	0	0.0	0	3	0.9	34	0.1	1	339	1,448
6-14	0	0.0	0	0.0	0	6	1.4	62	0.8	111	421	2,238
15-20	1	0.2	4	0.3	10	6	1.2	47	0.4	2	505	2,606
21-44	61	1.5	476	0.6	44	159	4.0	1,243	0.4	98	4,011	20,347
45-64	519	8.7	4,006	0.5	45	341	5.7	2,947	0.5	73	5,957	32,945
65-74	387	36.6	4,349	0.6	52	84	7.9	945	0.4	55	1,057	11,315
75-84	70	24.7	814	0.6	47	23	8.1	250	0.2	19	283	3,129
85 and older	6	12.2	72	0.8	92	3	6.1	36	0.1	1	49	481
Other Eligibles	1,129	0.6	11,625	0.5	46	804	0.4	5,973	0.3	55	184,724	1,017,906
5 and younger	1	0.0	5	0.2	6	12	0.0	83	0.2	4	24,179	44,559
6-14	0	0.0	0	0.0	0	8	0.0	63	0.4	2	26,390	56,827
15-20	3	0.0	20	0.2	19	106	0.5	493	0.3	10	22,162	87,683
21-44	82	0.1	517	0.4	32	313	0.3	1,649	0.2	15	97,765	717,260
45-64	176	1.8	1,415	0.3	30	74	0.7	571	0.3	149	9,954	71,113
65-74	493	23.4	5,444	0.6	48	125	5.9	1,363	0.4	75	2,103	19,989
75-84	314	20.3	3,576	0.6	50	113	7.3	1,216	0.4	73	1,547	15,172
85 and older	60	9.6	648	0.7	55	53	8.5	535	0.4	38	624	5,303
Male	968	1.0	8,321	0.6	48	931	0.9	8,058	0.5	75	98,798	351,064
Disabled	569	4.0	4,650	0.7	48	701	4.9	5,860	0.5	77	14,277	76,583
5 and younger	0	0.0	0	0.0	0	7	1.6	63	0.1	2	430	1,806
6-14	0	0.0	0	0.0	0	6	0.7	61	0.8	70	836	3,949
15-20	0	0.0	0	0.0	0	4	0.5	27	0.3	200	842	4,665
21-44	95	1.7	770	1.0	51	198	3.5	1,525	0.5	106	5,624	28,783
45-64	372	6.1	2,741	0.6	45	443	7.3	3,710	0.5	68	6,067	32,382
65-74	87	23.5	964	0.6	51	35	9.5	378	0.4	61	370	3,927
75-84	12	14.5	139	0.7	64	8	9.6	96	0.2	2	83	848
85 and older	3	12.0	36	0.4	35	0	0.0	0	0.0	0	25	223
Other Eligibles	399	0.5	3,671	0.6	47	230	0.3	2,198	0.4	71	84,521	274,481
5 and younger	1	0.0	2	0.5	15	14	0.1	96	0.2	2	24,762	46,161
6-14	3	0.0	15	0.2	17	4	0.0	8	0.5	3	26,641	58,124
15-20	4	0.0	43	1.4	60	7	0.1	84	0.3	1	11,329	32,508
21-44	46	0.3	250	0.6	39	11	0.1	79	0.6	103	13,351	76,678
45-64	84	1.3	539	0.4	36	21	0.3	161	0.3	55	6,549	44,212
65-74	158	15.7	1,691	0.6	48	91	9.1	969	0.4	96	1,005	8,943
75-84	89	13.4	976	0.6	54	59	8.9	583	0.3	60	666	6,011
85 and older	14	6.4	155	0.5	43	23	10.6	218	0.5	50	218	1,844
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	57

Table ND7D

Nondual Beneficiaries

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

- a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, MARYLAND, 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	\$491	8.4		1,696	17,203
Age					
0-64	560	9.1		1,054	10,711
65-74	457	8.1		262	2,825
75-84	359	7.0		212	2,156
85 and older	262	5.7		168	1,511
Unknown	0	0.0		0	0
Gender					
Female	478	8.5		956	9,784
Male	509	8.2		740	7,419
Unknown	0	0.0		0	0
Race					
White	479	8.7		656	6,628
African American	509	8.2		871	8,952
Other/unknown	443	8		169	1,623
Basis of Eligibility^c					
Aged	361	7.0		529	5,283
Disabled	549	9.0		1,140	11,663
Adults	585	8.5		26	245
Children	0	0.0		1	12
Unknown	0	0.0		0	0

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

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 1,468 beneficiaries who were in nursing facilities for part of their enrollment and their 11,385 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, MARYLAND, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users					
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	
Anti-infective Agents	0.8	0.6	0.0	0.2	##	\$2	\$6	\$145	\$79	\$23	9,306	\$1,346,957	1,099	64.8 %	11,482
Biologicals	0.1	0.0	0.0	0.0	2	1	1	22	18	0	49	1,054	49	2.9	563
Antineoplastic Agents	0.6	0.2	0.0	0.4	127	86	41	226	538	167	839	189,515	144	8.5	1,489
Endocrine/Metabolic Drugs	1.3	0.6	0.2	0.5	54	41	4	42	71	18	9,299	390,462	683	40.3	7,229
Cardiovascular Agents	2.1	0.6	0.0	1.4	60	37	1	29	61	21	23,599	694,540	1,106	65.2	11,511
Respiratory Agents	0.9	0.4	0.0	0.4	34	28	1	39	63	46	6,387	250,057	693	40.9	7,387
Gastrointestinal Agents	1.3	0.6	0.0	0.7	75	65	0	57	102	39	14,704	842,672	1,081	63.7	11,241
Genitourinary Agents	0.5	0.3	0.0	0.2	24	21	0	46	75	15	2,026	92,197	357	21.0	3,812
CNS Drugs	1.9	1.2	0.0	0.7	151	136	2	78	118	52	25,387	1,977,470	1,243	73.3	13,064
Stimulants/Anti-obesity/Anorexia	0.9	0.2	0.0	0.7	31	22	0	34	108	89	332	11,145	33	1.9	365
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	106	104	0	156	158	0	679	106,192	97	5.7	998
Analgesics and Anesthetics	1.5	0.6	0.1	0.7	66	54	4	44	87	31	13,082	580,536	864	50.9	8,844
Neuromuscular Agents	1.7	0.7	0.2	0.7	90	65	8	54	90	32	16,523	886,591	907	53.5	9,849
Nutritional Products	0.8	0.0	0.0	0.8	12	0	1	15	19	24	5,196	76,250	593	35.0	6,138
Hematological Agents	1.2	0.4	0.3	0.5	102	92	5	82	231	14	8,932	730,000	709	41.8	7,185
Topical Products	0.6	0.2	0.1	0.3	22	14	3	35	55	55	6,636	234,574	985	58.1	10,604
Miscellaneous Products	0.3	0.0	0.0	0.3	17	6	5	55	185	272	489	26,684	149	8.8	1,567
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	14	0	0	44	0	0	357	15,651	108	6.4	1,102
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.	143,822	8,452,547	n.a.	n.a.	n.a.

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

- a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,468 beneficiaries who were in nursing facilities for part of their enrollment and their 11,385 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Table ND9

Nondual Beneficiaries

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

In Maryland, 0.3 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, MARYLAND, 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	\$1,289,704	946	55.8 %	10,407	0.9	\$145	\$124
ANTIVIRAL	798,710	294	17.3	3,104	0.7	384	257
ANTICONVULSANT	753,451	1,026	60.5	11,182	1.1	59	67
ULCER DRUGS	701,252	1,020	60.1	10,719	0.8	82	65
ANTIDEPRESSANTS	574,622	1,143	67.4	12,227	0.9	54	47
ANALGESICS - Narcotic	415,045	876	51.7	8,825	1.1	43	47
HEMATOPOIETIC AGENTS	370,362	544	32.1	5,543	0.6	119	67
ANTIDIABETIC	343,838	839	49.5	8,963	0.9	43	38
ANTICOAGULANTS	204,521	440	25.9	4,304	1.1	44	48
ANTINEOPLASTICS	189,515	147	8.7	1,515	0.6	226	125
Total	5,641,020	7,275		76,789	n.a.	n.a.	n.a.

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

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,468 beneficiaries who were in nursing facilities for part of their enrollment and their 11,385 benefit months were excluded from the analysis.

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

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

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

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

TABLE ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, MARYLAND, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIVIRAL						
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	69,068	\$5,641,020	946	55.8 %	10,407	0.9	\$124	294	17.3 %	3,104	0.7	\$257					
Female	38,088	3,032,582	555	58.1	6,185	0.9	126	106	11.1	1,174	0.7	261					
Disabled	26,525	2,168,026	338	59.3	3,813	0.9	147	78	13.7	878	0.7	307					
64 or younger	23,814	1,939,670	293	58.5	3,294	0.9	147	74	14.8	830	0.7	309					
65-74	2,398	206,642	38	61.3	435	0.9	154	4	6.5	48	0.6	258					
75-84	283	19,367	7	116.7	84	0.9	106	0	0.0	0	0.0	0					
85 and older	30	2,347	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	11,563	864,556	217	56.2	2,372	0.8	91	28	7.3	296	0.4	124					
64 or younger	270	33,461	6	54.5	72	0.4	45	5	45.5	46	1.2	393					
65-74	3,876	321,758	79	89.8	920	0.8	94	2	2.3	24	1.0	691					
75-84	4,740	330,228	83	57.6	896	0.7	95	7	4.9	82	0.2	6					
85 and older	2,677	179,109	49	34.3	484	0.8	86	14	9.8	144	0.2	12					
Male	30,980	2,608,438	391	52.8	4,222	0.8	122	188	25.4	1,930	0.7	255					
Disabled	25,572	2,215,837	304	53.3	3,312	0.9	127	178	31.2	1,819	0.7	260					
64 or younger	24,183	2,106,025	276	51.8	3,009	0.9	128	174	32.6	1,771	0.7	258					
65-74	1,327	104,208	27	77.1	291	0.9	109	4	11.4	48	1.0	355					
75-84	62	5,604	1	50.0	12	1.1	199	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	5,408	392,601	87	51.2	910	0.8	102	10	5.9	111	0.5	174					
64 or younger	550	49,229	5	55.6	60	0.7	136	0	0.0	0	0.0	0					
65-74	2,981	217,134	54	70.1	598	0.8	104	5	6.5	60	0.4	174					
75-84	1,549	108,044	18	30.0	202	0.9	93	3	5.0	36	0.6	243					
85 and older	328	18,194	10	41.7	50	0.8	69	2	8.3	15	0.3	12					
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 Maryland, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,468 beneficiaries who were in nursing facilities for part of their enrollment and their 11,385 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.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, MARYLAND, 2003

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANTIDEPRESSANTS				
	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	1,026	60.5 %	11,182	1.1	\$67	1,020	60.1 %	10,719	0.8	\$65	1,143	67.4 %	12,227	0.9	\$47
Female															
Disabled	527	55.1	5,777	1.1	64	569	59.5	6,068	0.8	64	677	70.8	7,201	0.9	49
64 or younger	388	68.1	4,261	1.1	68	362	63.5	3,878	0.8	60	436	76.5	4,647	0.9	51
65-74	343	68.5	3,761	1.1	69	325	64.9	3,454	0.8	61	390	77.8	4,109	0.9	52
75-84	42	67.7	474	1.0	56	36	58.1	412	0.8	49	41	66.1	478	0.7	40
85 and older	3	50.0	26	1.3	29	0	0.0	0	0.0	0	3	50.0	36	0.9	68
Other Eligibles	0	0.0	0	0.0	0	1	100.0	12	0.9	116	2	200.0	24	0.8	40
64 or younger	139	36.0	1,516	1.0	55	207	53.6	2,190	0.8	70	241	62.4	2,554	0.8	45
65-74	4	36.4	48	1.1	69	5	45.5	48	0.6	52	5	45.5	48	0.4	36
75-84	50	56.8	548	1.1	65	58	65.9	591	0.9	68	62	70.5	693	0.8	49
85 and older	58	40.3	656	1.0	49	77	53.5	857	0.8	71	97	67.4	1,065	0.8	45
	27	18.9	264	0.8	44	67	46.9	694	0.8	73	77	53.8	748	0.8	41
Male															
Disabled	499	67.4	5,405	1.2	71	451	60.9	4,651	0.8	68	466	63.0	5,026	0.9	45
64 or younger	402	70.5	4,329	1.2	77	359	63.0	3,663	0.8	68	372	65.3	4,033	0.9	45
65-74	379	71.1	4,078	1.2	79	332	62.3	3,380	0.8	69	351	65.9	3,796	0.9	45
75-84	23	65.7	251	1.0	54	26	74.3	271	0.8	61	21	60.0	237	0.8	50
85 and older	0	0.0	0	0.0	0	1	50.0	12	1.1	138	0	0.0	0	0.0	0
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	97	57.1	1,076	1.1	45	92	54.1	988	0.7	67	94	55.3	993	0.8	43
65-74	10	111.1	120	1.1	41	4	44.4	48	0.9	81	9	100.0	108	0.7	32
75-84	54	70.1	598	1.1	55	49	63.6	548	0.7	65	54	70.1	595	0.8	41
85 and older	30	50.0	333	1.1	31	33	55.0	339	0.8	70	23	38.3	238	0.8	48
	3	12.5	25	0.9	20	6	25.0	53	0.7	63	8	33.3	52	0.9	67
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 Maryland, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,468 beneficiaries who were in nursing facilities for part of their enrollment and their 11,385 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^{a, b, c, d}
 NONDUAL BENEFICIARIES, MARYLAND, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					HEMATOPOIETIC AGENTS					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	876	51.7 %	8,825	1.1	\$47	544	32.1 %	5,543	0.6	\$67	839	49.5 %	8,963	0.9	\$38
Female															
Disabled	523	54.7	5,357	1.0	40	284	29.7	2,983	0.5	63	492	51.5	5,274	0.9	38
64 or younger	355	62.3	3,691	1.1	47	181	31.8	1,912	0.5	53	315	55.3	3,418	0.9	40
65-74	321	64.1	3,316	1.1	49	160	31.9	1,692	0.5	45	268	53.5	2,906	0.9	40
75-84	32	51.6	351	0.6	27	17	27.4	192	0.6	132	37	59.7	412	0.8	40
85 and older	2	33.3	24	1.0	39	4	66.7	28	0.3	1	10	166.7	100	1.0	63
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	168	43.5	1,666	0.7	24	103	26.7	1,071	0.5	79	177	45.9	1,856	0.8	34
65-74	5	45.5	46	0.5	27	5	45.5	50	0.5	24	2	18.2	24	0.7	74
75-84	50	56.8	520	0.7	25	31	35.2	322	0.5	120	63	71.6	704	0.8	33
85 and older	54	37.5	551	0.8	29	38	26.4	403	0.5	81	80	55.6	849	0.8	36
Male	59	41.3	549	0.6	19	29	20.3	296	0.5	41	32	22.4	279	0.8	28
Disabled	353	47.7	3,468	1.3	58	260	35.1	2,560	0.6	72	347	46.9	3,689	0.9	39
64 or younger	292	51.2	2,865	1.4	61	199	34.9	1,955	0.6	70	264	46.3	2,781	0.9	41
65-74	276	51.8	2,711	1.5	64	191	35.8	1,888	0.6	72	246	46.2	2,583	0.9	42
75-84	16	45.7	154	0.6	10	8	22.9	67	0.4	17	16	45.7	174	1.0	29
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	24	1.5	65
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	61	35.9	603	0.9	44	61	35.9	605	0.6	78	83	48.8	908	0.8	31
65-74	4	44.4	48	2.4	294	2	22.2	24	0.8	360	6	66.7	72	0.8	36
75-84	28	36.4	278	0.7	15	31	40.3	343	0.5	44	45	58.4	495	0.9	40
85 and older	19	31.7	208	0.8	36	21	35.0	189	0.5	96	22	36.7	260	0.7	21
Unknown	10	41.7	69	0.7	12	7	29.2	49	1.3	110	10	41.7	81	0.3	8
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 Maryland, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,468 beneficiaries who were in nursing facilities for part of their enrollment and their 11,385 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10D

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

Beneficiary Characteristics	ANTICOAGULANTS					ANTINEOPLASTICS						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	440	25.9 %	4,304	1.1	\$48	147	8.7 %	1,515	0.6	\$125	1,696	17,203
Female	250	26.2	2,527	1.1	46	83	8.7	830	0.6	157	956	9,784
Disabled	167	29.3	1,683	1.1	55	46	8.1	463	0.6	175	570	5,943
64 or younger	156	31.1	1,555	1.2	56	40	8.0	401	0.5	191	501	5,180
65-74	11	17.7	128	0.6	40	6	9.7	62	0.7	77	62	689
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	62
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Other Eligibles	83	21.5	844	0.9	27	37	9.6	367	0.6	135	386	3,841
64 or younger	1	9.1	12	1.7	32	0	0.0	0	0.0	0	11	100
65-74	30	34.1	309	0.8	22	10	11.4	110	0.5	245	88	921
75-84	34	23.6	355	1.2	27	17	11.8	170	0.7	94	144	1,464
85 and older	18	12.6	168	0.7	35	10	7.0	87	0.7	76	143	1,356
Male	190	25.7	1,777	1.1	50	64	8.6	685	0.5	86	740	7,419
Disabled	153	26.8	1,422	1.1	54	53	9.3	563	0.5	91	570	5,720
64 or younger	145	27.2	1,344	1.1	52	52	9.8	551	0.5	93	533	5,323
65-74	8	22.9	78	1.1	73	1	2.9	12	0.2	20	35	373
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	37	21.8	355	1.0	38	11	6.5	122	0.4	61	170	1,699
64 or younger	4	44.4	48	1.4	61	1	11.1	12	0.4	47	9	108
65-74	22	28.6	199	0.7	38	5	6.5	60	0.3	86	77	842
75-84	7	11.7	73	1.2	33	5	8.3	50	0.4	33	60	606
85 and older	4	16.7	35	1.2	12	0	0.0	0	0.0	0	24	143
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 Maryland, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,468 beneficiaries who were in nursing facilities for part of their enrollment and their 11,385 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}
 MARYLAND, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Nondual Rx \$		Total Number of Beneficiaries
				Excluded Rx	Beneficiary			Excluded Rx	All Nondual Rx \$	
All	14,167	4.8 %	0.2	63,726	\$6	\$1,702,549	\$27	3.1 %	296,155	
Age										
5 and younger	1,386	2.8	0.1	2,589	5	236,060	91	22.1	49,710	
6-14	984	1.8	0.1	3,130	6	346,977	111	6.4	54,288	
15-20	1,017	2.9	0.1	2,902	6	200,463	69	3.2	34,838	
21-44	4,702	3.9	0.2	19,689	3	353,440	18	2.2	120,751	
45-64	3,713	13.0	0.7	20,909	12	351,796	17	2.4	28,527	
65-74	1,405	31.0	2.0	9,124	29	131,850	14	2.0	4,535	
75-84	719	27.9	1.6	4,022	23	59,385	15	1.8	2,579	
85 and older	241	26.3	1.5	1,361	25	22,578	17	2.4	916	
Unknown	0	0.0	0.0	0	0	0	0	0.0	11	
Basis of Eligibility^c										
Aged	1,753	28.0	1.6	9,757	23	143,945	15	1.8	6,264	
Disabled	5,937	22.1	1.5	39,073	44	1,193,718	31	4.0	26,899	
Adults	3,587	2.8	0.1	9,958	1	159,187	16	2.1	130,082	
Children	2,890	2.2	0.0	4,938	2	205,699	42	2.1	132,910	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	9,285	4.7	0.2	39,710	5	961,815	24	3.1	197,349	
Male	4,882	4.9	0.2	24,016	7	740,734	31	3.1	98,806	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	6,270	6.6	0.3	30,885	8	751,946	24	3.1	95,597	
African American	5,892	3.9	0.2	25,440	5	724,678	28	2.9	151,389	
Other/unknown	2,005	4.1	0.2	7,401	5	225,925	31	3.7	49,169	
Use of Nursing Facilities^d										
Entire year	1,046	61.7	7.0	11,914	91	154,170	13	1.8	1,696	
Part year	931	63.4	5.4	7,981	95	140,053	18	2.5	1,468	
None	12,190	4.2	0.1	43,831	5	1,408,326	32	3.4	292,991	
Maintenance Assistance Status										
Cash	5,935	12.0	0.7	34,227	18	899,362	26	3.4	49,584	
Medically needy	4,440	12.9	0.6	20,767	11	376,850	18	2.0	34,394	
Poverty related	2,383	2.3	0.0	3,595	1	112,257	31	2.9	104,600	
Other/unknown	1,409	1.3	0.0	5,137	3	314,080	61	4.9	107,577	

Table ND11

Nondual Beneficiaries

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

- a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MARYLAND, 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	0.0	\$1	\$27	\$0	\$0	1,443,536
Age						
5 and younger	0.0	3	91	0	0	93,974
6-14	0.0	3	111	0	0	121,138
15-20	0.0	2	69	0	0	127,462
21-44	0.0	0	18	0	0	843,068
45-64	0.1	2	17	0	1	180,652
65-74	0.2	3	14	0	1	44,174
75-84	0.2	2	15	0	1	25,160
85 and older	0.2	3	17	0	1	7,851
Unknown	0.0	0	0	0	0	57
Basis of Eligibility^c						
Aged	0.2	2	15	0	1	59,626
Disabled	0.3	8	31	0	2	151,092
Adults	0.0	0	16	0	0	912,422
Children	0.0	1	42	0	0	320,396
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.0	1	24	0	0	1,092,430
Male	0.1	2	31	0	0	351,106
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	1	24	0	1	527,138
African American	0.0	1	28	0	0	698,080
Other/unknown	0.0	1	31	0	0	218,318
Use of Nursing Facilities^d						
Entire year	0.7	9	13	0	3	17,203
Part year	0.7	12	18	0	3	11,385
None	0.0	1	32	0	0	1,414,948
Maintenance Assistance Status						
Cash	0.2	5	26	0	1	191,759
Medically needy	0.1	3	18	0	1	143,284
Poverty related	0.0	1	31	0	0	203,026
Other/unknown	0.0	0	61	0	0	905,467

Table ND12

Nondual Beneficiaries

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

- a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
MARYLAND, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
			Total Rx \$	Excluded Rx \$			100.0 %	100.0 %
All	17,257	\$99	\$1,702,549	100.0 %	63,726	\$27	100.0 %	100.0 %
Anorexia or weight loss/gain	72	59	4,232	0.2	128	33	0.2	0.2
Fertility drugs	1	34	34	0.0	2	17	0.0	0.0
Drugs for cosmetic purposes	13	40	520	0.0	20	26	0.0	0.0
Cough and cold medications	4,580	35	159,387	9.4	7,417	21	11.6	11.6
Vitamins and minerals	3,176	86	273,330	16.1	16,480	17	25.9	25.9
Non-prescription drugs	2,410	262	631,039	37.1	6,280	100	9.9	9.9
Barbiturates	279	71	19,941	1.2	2,773	7	4.4	4.4
Benzodiazepines	6,222	72	450,884	26.5	29,384	15	46.1	46.1
Other Part D Excl Rx Drugs	504	324	163,182	9.6	1,242	131	1.9	1.9

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

- a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table ND11.
- b. Includes OTC drugs as well as prescription drugs.
- c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, MARYLAND, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
All	723,405	6,299	81,224	172,306	0	6,983,261	60,442	863,569	1,515,813	0
Age										
5 and younger	177,126	10	3,175	1	173,940	1,683,597	101	34,568	3	1,648,925
6-14	207,473	5	9,384	19	198,065	2,128,468	55	108,241	128	2,020,044
15-20	99,821	6	6,585	3,612	89,618	961,716	71	73,929	25,024	862,692
21-44	177,635	52	27,811	147,842	1,930	1,631,087	411	291,325	1,327,729	11,622
45-64	53,250	397	32,359	20,490	4	499,449	3,366	334,358	161,708	17
65-74	4,584	2,908	1,469	207	0	45,771	28,575	16,454	742	0
75-84	2,581	2,115	367	99	0	25,185	20,845	3,990	350	0
85 and older	916	806	74	36	0	7,851	7,018	704	129	0
Unknown	19	0	0	0	19	137	0	0	0	137
Gender										
Female	427,890	4,469	39,771	148,364	235,286	4,131,398	43,453	429,707	1,347,078	2,311,160
Male	295,515	1,830	41,453	23,942	228,290	2,851,863	16,989	433,862	168,735	2,232,277
Unknown	0	0	0	0	0	0	0	0	0	0
Race										
White	223,873	1,868	29,685	57,987	134,333	2,161,514	17,176	311,438	533,143	1,299,757
African American	395,468	2,035	45,076	94,839	253,518	3,869,150	19,310	486,281	834,224	2,529,335
Other/unknown	104,064	2,396	6,463	19,480	75,725	952,597	23,956	65,850	148,446	714,345
Use of Nursing Facilities^c										
Entire year	1,697	529	1,140	27	1	17,228	5,283	11,670	263	12
Part year	1,552	256	1,167	121	8	15,193	2,477	11,393	1,243	80
None	720,156	5,514	78,917	172,158	463,567	6,950,840	52,682	840,506	1,514,307	4,543,345
Maintenance Assistance Status										
Cash	171,879	2,664	61,014	34,592	73,609	1,811,596	30,074	695,354	318,002	768,166
Medically needy	71,280	2,100	18,922	20,827	29,431	620,913	17,448	155,266	166,408	281,791
Poverty related	338,231	308	29	14,247	323,647	3,232,576	2,759	196	106,629	3,122,992
Other/unknown	142,015	1,227	1,259	102,640	36,889	1,318,176	10,161	12,753	924,774	370,488
Managed Care (MC) Status										
Fee-for-service (FFS) all year	123,316	6,187	12,313	85,419	19,397	998,413	59,166	93,550	741,829	103,868
FFS part year, with Rx claims	46,626	73	9,738	17,513	19,302	456,230	848	99,974	170,209	185,199
FFS part year, no Rx claims	126,213	4	4,848	27,150	94,211	1,137,106	36	45,886	246,024	845,160
MC all year, with Rx claims	71,699	17	27,767	8,289	35,626	811,890	192	325,100	85,734	400,864
MC all year, no Rx claims	355,551	18	26,558	33,935	295,040	3,579,622	200	299,059	272,017	3,008,346

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

a. Table A.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, MARYLAND, 2003

	Beneficiaries and		
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Included in Cell K of Table 1 Number of Beneficiaries	Excluded from Cell K of Table 1 Number of Beneficiaries
All	723,405	296,155	0
Fee-for-service (FFS) all year	123,316	123,316	0
FFS part year, with Rx claims	46,626	46,626	0
FFS part year, with no Rx claims	126,213	126,213	0
Managed care (MC) all year, with Rx claims	71,699	0	0
MC all year, with no Rx claims	355,551	0	0
	6,983,261	1,443,536	5,539,725

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

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.