

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

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL BENEFICIARIES, MICHIGAN, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	728,978	3,514	66,163	182,689	476,612	0	3,497,948	21,650	425,314	772,735	2,278,249	0
Age												
5 and younger	205,091	0	4,533	2,098	198,460	0	947,422	0	36,034	10,313	901,075	0
6-14	207,608	0	9,864	1,769	195,975	0	1,047,520	0	74,538	8,486	964,496	0
15-20	107,842	0	7,194	21,491	79,157	0	576,124	0	56,068	116,946	403,110	0
21-44	166,028	0	19,541	143,652	2,835	0	717,478	0	116,567	592,049	8,862	0
45-64	38,116	14	24,408	13,662	32	0	181,888	91	136,888	44,839	70	0
65-74	1,516	981	522	12	1	0	12,164	7,711	4,365	86	2	0
75-84	1,201	1,124	77	0	0	0	8,197	7,464	733	0	0	0
85 and older	1,420	1,395	24	1	0	0	6,507	6,384	121	2	0	0
Unknown	156	0	0	4	152	0	648	0	0	14	634	0
Gender												
Female	411,981	2,382	32,039	143,690	233,870	0	1,977,867	14,438	208,256	642,670	1,112,503	0
Male	316,997	1,132	34,124	38,999	242,742	0	1,520,081	7,212	217,058	130,065	1,165,746	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	455,680	2,269	40,677	117,655	295,079	0	2,349,851	13,165	278,096	520,468	1,538,122	0
African American	209,998	663	21,257	52,516	135,562	0	845,077	3,967	117,546	198,000	525,564	0
Other/unknown	63,300	582	4,229	12,518	45,971	0	303,020	4,518	29,672	54,267	214,563	0
Use of Nursing Facilities^c												
Entire year	1,411	318	1,092	1	0	0	15,138	3,179	11,958	1	0	0
Part year	1,490	224	1,245	19	2	0	11,262	1,980	9,161	106	15	0
None	726,077	2,972	63,826	182,669	476,610	0	3,471,548	16,491	404,195	772,628	2,278,234	0
Maintenance Assistance Status												
Cash	149,257	587	43,014	38,239	67,417	0	708,707	5,540	308,299	155,705	239,163	0
Medically needy	64,513	300	2,901	41,634	19,678	0	232,957	1,491	11,850	144,252	75,364	0
Poverty-related	312,290	16	64	33,598	278,612	0	1,584,438	169	438	200,970	1,382,861	0
Other/unknown	202,918	2,611	20,184	69,218	110,905	0	971,846	14,450	104,727	271,808	580,861	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	279,446	3,444	33,429	74,100	168,473	0	1,932,955	21,286	296,640	413,466	1,201,563	0
FFS part year, with Rx claims	166,132	52	22,290	57,791	85,999	0	687,230	285	92,477	223,096	371,372	0
FFS part year, no Rx claims	283,400	18	10,444	50,798	222,140	0	877,763	79	36,197	136,173	705,314	0

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

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

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

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, MICHIGAN, 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	40.4 %	3.5	\$203	\$57	\$2,358	8.6 %	728,978
Age							
5 and younger	35.1	1.3	51	38	1,857	2.7	205,091
6-14	31.0	2.2	168	75	1,198	14.1	207,608
15-20	41.2	3.3	210	64	1,844	11.4	107,842
21-44	53.3	4.9	257	52	3,000	8.6	166,028
45-64	61.5	15.9	900	57	9,667	9.3	38,116
65-74	55.7	18.0	819	46	4,761	17.2	1,516
75-84	44.3	20.5	831	41	6,291	13.2	1,201
85 and older	29.2	13.4	494	37	6,618	7.5	1,420
Unknown	0.6	0.0	0	7	28	0.2	156
Basis of Eligibility^e							
Aged	41.0	16.6	676	41	5,738	11.8	3,514
Disabled	65.6	16.4	1,215	74	11,591	10.5	66,163
Adults	52.3	3.7	145	39	2,071	7.0	182,689
Children	32.3	1.6	81	51	1,162	7.0	476,612
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	43.6	3.8	189	49	2,270	8.3	411,981
Male	36.2	3.2	221	70	2,473	8.9	316,997
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	45.3	4.3	237	55	2,367	10.0	455,680
African American	31.3	2.3	152	66	2,494	6.1	209,998
Other/unknown	34.7	2.4	124	52	1,845	6.7	63,300
Use of Nursing Facilities^f							
Entire year	96.0	80.4	3,769	47	55,378	6.8	1,411
Part year	93.3	56.8	2,720	48	42,993	6.3	1,490
None	40.2	3.3	191	58	2,172	8.8	726,077
Maintenance Assistance Status							
Cash	46.7	6.9	473	68	4,614	10.2	149,257
Medically needy	43.3	3.7	186	51	2,146	8.7	64,513
Poverty related	34.3	1.6	68	43	1,154	5.8	312,290
Other/unknown	44.1	4.0	218	54	2,621	8.3	202,918

Table ND3

Nondual Beneficiaries

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

a. Table ND.3 includes beneficiaries represented by Cell K of Table 1.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

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

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c		Number of Rx, Percentage with:										Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months
			Mean Rx \$	FFS ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	1.1 %	1.9 %	4.4 %	4.6 %			
All	0.7	\$42	8.6 %	59.6 %	28.4 %	4.6 %	4.4 %	1.9 %	1.1 %	492	728,978	3,497,948					
Age																	
5 and younger	0.3	11	2.7	64.9	31.5	2.3	1.0	0.1	0.0	402	205,091	947,422					
6-14	0.4	33	14.1	69.0	23.2	3.2	2.9	1.0	0.6	238	207,608	1,047,520					
15-20	0.6	39	11.4	58.8	31.0	4.8	3.8	1.1	0.5	345	107,842	576,124					
21-44	1.1	59	8.6	46.7	32.1	8.1	7.9	3.2	2.0	694	166,028	717,478					
45-64	3.3	189	9.3	38.5	17.3	8.9	16.5	11.5	7.3	2,026	38,116	181,888					
65-74	2.2	102	17.2	44.3	20.6	9.0	14.8	9.2	2.0	593	1,516	12,164					
75-84	3.0	122	13.2	55.7	11.0	5.3	12.3	11.9	3.7	922	1,201	8,197					
85 and older	2.9	108	7.5	70.8	5.4	3.5	9.6	8.8	1.8	1,444	1,420	6,507					
Unknown	0.0	0	0.2	99.4	0.6	0.0	0.0	0.0	0.0	7	156	648					
Basis of Eligibility^e																	
Aged	2.7	110	11.8	59.0	11.6	5.7	11.8	9.5	2.4	931	3,514	21,650					
Disabled	2.6	189	10.5	34.4	23.1	9.4	16.1	10.0	7.0	1,803	66,163	425,314					
Adults	0.9	34	7.0	47.7	34.2	7.7	6.7	2.4	1.2	490	182,689	772,735					
Children	0.3	17	7.0	67.7	27.0	2.8	1.8	0.5	0.2	243	476,612	2,278,249					
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0					
Gender																	
Female	0.8	39	8.3	56.4	30.5	5.1	4.7	2.0	1.3	473	411,981	1,977,867					
Male	0.7	46	8.9	63.8	25.6	4.0	4.0	1.7	0.9	516	316,997	1,520,081					
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0					
Race																	
White	0.8	46	10.0	54.7	31.3	5.2	5.2	2.3	1.4	459	455,680	2,349,851					
African American	0.6	38	6.1	68.7	22.4	3.7	3.2	1.3	0.7	620	209,998	845,077					
Other/unknown	0.5	26	6.7	65.3	26.9	3.5	2.8	1.0	0.5	385	63,300	303,020					
Use of Nursing Facilities^f																	
Entire year	7.5	351	6.8	4.0	4.5	5.0	24.2	39.1	23.1	5,162	1,411	15,138					
Part year	7.5	360	6.3	6.7	6.8	5.7	21.5	31.6	27.6	5,688	1,490	11,262					
None	0.7	40	8.8	59.8	28.5	4.6	4.3	1.7	1.0	454	726,077	3,471,548					
Maintenance Assistance Status																	
Cash	1.5	100	10.2	53.3	26.3	6.2	7.5	4.0	2.8	972	149,257	708,707					
Medically needy	1.0	52	8.7	56.7	24.3	7.0	7.6	3.0	1.4	594	64,513	232,957					
Poverty related	0.3	13	5.8	65.7	29.5	2.7	1.5	0.4	0.2	227	312,290	1,584,438					
Other/unknown	0.8	45	8.3	55.9	29.4	5.7	5.6	2.2	1.3	547	202,918	971,846					

Table ND4

Nondual Beneficiaries

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

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

TABLE ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, MICHIGAN, 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	0.7	\$42	\$57	0.3	\$34	\$110	0.0	\$1	\$62	0.4	\$7	\$17
Age												
5 and younger	0.3	11	38	0.1	8	81	0.0	0	63	0.2	3	14
6-14	0.4	33	75	0.3	29	114	0.0	1	86	0.2	4	20
15-20	0.6	39	64	0.3	32	110	0.0	1	77	0.3	6	19
21-44	1.1	59	52	0.4	47	112	0.0	1	48	0.7	11	16
45-64	3.3	189	57	1.3	148	117	0.1	4	56	2.0	37	18
65-74	2.2	102	46	0.9	80	88	0.0	1	27	1.3	21	16
75-84	3.0	122	41	1.2	93	76	0.1	2	26	1.7	26	16
85 and older	2.9	108	37	1.1	81	72	0.1	1	19	1.7	25	15
Unknown	0.0	0	7	0.0	0	0	0.0	0	0	0.0	0	7
Basis of Eligibility^d												
Aged	2.7	110	41	1.1	85	77	0.1	1	22	1.5	24	15
Disabled	2.6	189	74	1.1	155	140	0.1	4	71	1.4	29	21
Adults	0.9	34	39	0.3	26	87	0.0	1	37	0.6	8	14
Children	0.3	17	51	0.2	14	87	0.0	0	68	0.2	3	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.8	39	49	0.3	31	97	0.0	1	57	0.5	7	16
Male	0.7	46	70	0.3	39	126	0.0	1	70	0.3	7	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.8	46	55	0.4	37	103	0.0	1	63	0.5	8	17
African American	0.6	38	66	0.2	31	139	0.0	1	56	0.3	6	19
Other/unknown	0.5	26	52	0.2	21	105	0.0	1	59	0.3	5	16
Use of Nursing Facilities^e												
Entire year	7.5	351	47	2.7	260	95	0.2	6	32	4.6	85	19
Part year	7.5	360	48	2.5	271	106	0.2	6	36	4.8	82	17
None	0.7	40	58	0.3	32	110	0.0	1	65	0.4	7	17
Maintenance Assistance Status												
Cash	1.5	100	68	0.6	81	132	0.0	2	64	0.8	16	20
Medically needy	1.0	52	51	0.4	41	103	0.0	1	56	0.6	10	16
Poverty related	0.3	13	43	0.1	11	78	0.0	0	58	0.2	2	14
Other/unknown	0.8	45	54	0.4	37	103	0.0	1	62	0.5	8	16

Source: Data for this table are from the MAX 2003 file for Michigan, 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 Michigan, 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, MICHIGAN, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Benes	As a Percentage	Number of Benefit Months			
															Total	Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.3	0.1	0.0	0.2	\$11	\$8	\$0	\$3	\$41	\$86	\$82	\$16	307,939	\$12,638,300	154,459	21.2 %	1,140,161
Biologicals	0.7	0.2	0.1	0.5	####	218	268	649	1549	1,105	3,454	1,419	397	615,145	56	0.0	542
Antineoplastic Agents	0.5	0.3	0.0	0.2	144	127	3	14	278	491	149	58	7,248	2,017,914	1,677	0.2	13,999
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.2	26	20	1	4	56	97	31	19	187,838	10,542,705	56,737	7.8	413,224
Cardiovascular Agents	1.0	0.3	0.0	0.7	31	20	0	10	31	72	39	15	211,892	6,553,500	30,928	4.2	213,179
Respiratory Agents	0.5	0.3	0.0	0.2	26	22	1	3	57	84	79	18	243,014	13,819,048	69,739	9.6	523,117
Gastrointestinal Agents	0.5	0.3	0.0	0.2	33	27	2	4	68	103	298	18	116,089	7,854,160	31,591	4.3	238,074
Genitourinary Agents	0.3	0.2	0.0	0.1	11	10	0	1	42	52	51	16	34,700	1,470,305	16,782	2.3	135,962
CNS Drugs	1.2	0.6	0.0	0.6	85	75	0	9	71	121	97	16	546,133	38,803,752	76,386	10.5	457,389
Stimulants/Anti-obesity/Anorexia	0.9	0.7	0.0	0.3	51	43	1	7	56	66	53	29	140,352	7,798,869	22,840	3.1	152,480
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	89	81	0	8	217	249	0	95	4,047	880,156	1,231	0.2	9,924
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	15	10	0	5	33	174	80	13	276,976	9,042,894	87,094	11.9	605,720
Neuromuscular Agents	0.9	0.5	0.0	0.4	69	58	2	9	72	107	46	23	223,897	16,214,273	35,160	4.8	235,804
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	3	12	14	12	12	77,857	947,114	33,768	4.6	269,200
Hematological Agents	0.6	0.2	0.0	0.3	187	171	1	15	332	897	32	44	37,171	12,327,824	8,473	1.2	65,909
Topical Products	0.2	0.1	0.0	0.2	7	4	0	3	28	61	60	17	145,843	4,134,131	78,586	10.8	595,574
Miscellaneous Products	0.4	0.2	0.0	0.2	52	41	6	6	141	223	254	35	11,602	1,639,469	3,576	0.5	31,273
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	47	0	0	0	11,284	524,910	7,512	1.0	63,641
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,584,279	147,824,469	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Michigan, 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 Michigan, 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, MICHIGAN, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit
						\$ per Rx
ANTIPSYCHOTICS	\$14,524,601	16,386	2.2 %	145,247	0.6	\$160
ANTICONVULSANT	11,321,516	18,524	2.5	165,379	0.8	90
ANTIDEPRESSANTS	9,761,740	39,760	5.5	325,754	0.5	58
MISC. HEMATOLOGICAL	9,388,095	2,409	0.3	18,273	0.6	884
ANTIASTHMATIC	8,690,966	68,655	9.4	533,343	0.3	54
ANALGESICS - Narcotic	5,600,135	75,201	10.3	547,543	0.3	32
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	5,481,724	16,580	2.3	154,895	0.6	61
ULCER DRUGS	5,386,438	29,239	4.0	223,833	0.4	66
MISC. ENDOCRINE	4,719,683	3,473	0.5	32,325	0.5	294
ANTI-DIABETIC	3,572,732	14,225	2.0	101,344	0.6	55
Total	78,447,630	284,452		2,247,936	n.a.	n.a.

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

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

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad77847b6615> (October 26, 2007).

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

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, MICHIGAN, 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	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month
All	984,399	\$78,447,630	16,386	2.2 %	145,247	0.6	\$100	18,524	2.5 %	165,379	0.8	\$69					
Female	550,572	35,779,027	8,095	2.0	69,076	0.6	88	10,277	2.5	88,741	0.7	66					
Disabled	255,514	19,679,074	4,099	12.8	36,072	0.7	107	5,625	17.6	53,748	0.8	77					
5 and younger	5,642	497,033	13	0.7	140	0.4	42	177	9.2	1,895	0.7	76					
6-14	17,905	1,898,777	294	8.2	2,958	0.6	87	633	17.7	6,978	0.8	93					
15-20	17,397	1,656,125	381	13.2	3,878	0.7	94	608	21.1	6,502	0.8	84					
21-44	70,863	5,873,945	1,634	16.6	13,500	0.6	111	1,960	20.0	17,680	0.8	84					
45-64	140,915	9,581,901	1,740	12.9	15,231	0.7	110	2,219	16.5	20,418	0.8	63					
65-74	2,280	141,467	27	8.4	262	0.9	109	24	7.5	238	0.8	49					
75-84	430	27,054	8	16.3	96	1.0	107	4	8.2	37	0.8	22					
85 and older	82	2,772	2	11.8	7	0.9	6	0	0.0	0	0.0	0					
Other Eligibles	295,058	16,099,953	3,996	1.1	33,004	0.5	67	4,652	1.2	34,993	0.6	51					
5 and younger	19,317	1,058,481	40	0.0	397	0.4	58	208	0.2	1,957	0.6	52					
6-14	57,088	4,142,838	890	0.9	8,841	0.6	88	767	0.8	7,443	0.6	59					
15-20	53,316	3,253,325	1,214	2.1	11,521	0.5	69	878	1.5	7,745	0.6	57					
21-44	135,462	5,962,838	1,505	1.3	9,423	0.4	47	2,364	2.0	14,765	0.5	45					
45-64	16,375	937,557	168	2.0	968	0.5	68	298	3.5	1,735	0.6	49					
65-74	3,769	224,160	38	6.4	393	0.8	104	42	7.1	449	0.6	34					
75-84	5,231	282,060	58	7.7	564	0.5	52	50	6.6	452	0.7	31					
85 and older	4,500	238,694	83	8.0	897	0.5	51	45	4.3	447	0.6	23					
Male	433,827	42,668,603	8,291	2.6	76,171	0.7	111	8,247	2.6	76,638	0.8	71					
Disabled	204,793	24,970,221	4,258	12.5	38,506	0.7	127	5,213	15.3	50,833	0.9	79					
5 and younger	9,453	1,561,897	46	1.8	459	0.4	56	301	11.6	3,214	0.7	73					
6-14	39,304	7,897,197	910	14.5	9,179	0.7	111	1,009	16.0	11,015	0.8	73					
15-20	27,751	4,202,025	797	18.5	8,195	0.7	121	767	17.8	8,030	0.9	89					
21-44	50,303	5,321,136	1,393	14.3	11,220	0.8	146	1,704	17.5	15,626	0.9	88					
45-64	76,359	5,875,485	1,093	10.0	9,236	0.7	127	1,424	13.0	12,859	0.9	67					
65-74	1,379	101,384	17	8.4	193	0.8	189	7	3.5	77	0.8	36					
75-84	205	8,859	2	7.1	24	1.2	29	1	3.6	12	0.8	31					
85 and older	39	2,238	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	229,034	17,698,382	4,033	1.4	37,665	0.6	95	3,034	1.1	25,805	0.7	56					
5 and younger	30,282	1,800,309	122	0.1	1,190	0.4	54	254	0.2	2,241	0.6	45					
6-14	108,580	9,164,050	2,031	2.0	20,182	0.6	94	1,191	1.2	11,655	0.7	56					
15-20	48,687	4,444,306	1,369	3.2	13,084	0.6	106	778	1.8	7,226	0.7	61					
21-44	27,371	1,485,353	369	1.2	2,089	0.5	76	611	2.0	3,247	0.6	54					
45-64	7,604	450,803	63	1.2	337	0.5	66	135	2.6	742	0.6	47					
65-74	2,213	133,011	21	5.2	223	0.6	98	22	5.5	226	0.7	30					
75-84	2,334	125,490	28	7.5	279	0.7	63	27	7.3	310	0.8	29					
85 and older	1,963	95,060	30	8.3	281	0.6	35	16	4.4	158	1.0	43					
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 Michigan, 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC. HEMATOLOGICAL					ANTIASTHMATIC				
	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
All	39,760	5.5 %	325,754	0.5	\$30	2,409	0.3 %	18,273	0.6	\$514	68,655	9.4 %	533,343	0.3	\$16
Female	26,843	6.5	213,400	0.5	30	1,255	0.3	9,764	0.5	54	36,888	9.0	281,546	0.3	16
Disabled	8,130	25.4	72,633	0.6	36	927	2.9	7,412	0.5	53	8,714	27.2	75,780	0.4	24
5 and younger	16	0.8	170	0.4	8	0	0.0	0	0.0	0	809	41.9	8,620	0.3	22
6-14	321	9.0	3,310	0.6	28	1	0.0	12	0.3	14	815	22.8	8,805	0.4	21
15-20	548	19.0	5,624	0.5	29	3	0.1	30	0.4	265	572	19.8	5,959	0.4	21
21-44	2,903	29.6	24,870	0.6	37	89	0.9	756	0.5	42	2,099	21.4	16,940	0.4	21
45-64	4,299	32.0	38,203	0.7	38	798	5.9	6,250	0.6	54	4,345	32.3	34,720	0.5	27
65-74	38	11.9	403	0.6	29	26	8.1	266	0.5	44	69	21.6	676	0.4	22
75-84	3	6.1	36	0.4	12	8	16.3	84	0.4	44	5	10.2	60	0.2	6
85 and older	2	11.8	17	0.3	3	2	11.8	14	0.9	88	0	0.0	0	0.0	0
Other Eligibles	18,713	4.9	140,767	0.4	26	328	0.1	2,352	0.5	57	28,174	7.4	205,766	0.3	13
5 and younger	58	0.1	500	0.3	11	2	0.0	18	0.6	513	7,517	7.7	55,181	0.2	12
6-14	2,033	2.1	19,585	0.5	24	1	0.0	12	0.2	568	6,301	6.5	51,496	0.3	14
15-20	4,000	6.9	36,279	0.4	24	7	0.0	55	0.3	31	4,359	7.5	36,226	0.2	12
21-44	11,193	9.7	74,670	0.4	27	82	0.1	411	0.3	44	8,710	7.5	54,866	0.3	14
45-64	1,129	13.3	6,579	0.6	39	98	1.2	428	0.5	50	990	11.6	4,799	0.4	23
65-74	70	11.8	758	0.5	22	37	6.3	382	0.6	59	93	15.7	987	0.4	17
75-84	127	16.9	1,326	0.6	31	62	8.2	643	0.6	56	105	14.0	1,101	0.5	27
85 and older	103	10.0	1,070	0.6	31	39	3.8	403	0.5	47	99	9.6	1,110	0.4	17
Male	12,917	4.1	112,354	0.5	31	1,154	0.4	8,509	0.6	1,041	31,767	10.0	251,797	0.3	17
Disabled	5,181	15.2	46,682	0.6	34	824	2.4	6,392	0.6	1,176	6,814	20.0	62,796	0.4	22
5 and younger	36	1.4	381	0.4	12	6	0.2	72	1.2	10,512	1,288	49.5	13,617	0.3	23
6-14	862	13.7	8,783	0.6	30	22	0.3	256	1.8	16,128	1,583	25.2	16,594	0.3	23
15-20	771	17.9	8,066	0.6	37	12	0.3	139	1.2	9,194	715	16.6	7,478	0.4	21
21-44	1,567	16.1	12,627	0.6	35	98	1.0	743	0.6	918	937	9.6	7,648	0.4	18
45-64	1,922	17.5	16,562	0.6	35	661	6.0	4,936	0.6	133	2,230	20.3	16,810	0.5	24
65-74	19	9.4	215	0.7	34	20	9.9	195	0.7	55	53	26.2	553	0.5	30
75-84	3	10.7	36	0.8	25	4	14.3	48	0.3	33	7	25.0	84	0.5	23
85 and older	1	14.3	12	0.8	55	1	14.3	3	1.0	109	1	14.3	12	0.7	47
Other Eligibles	7,736	2.7	65,672	0.5	29	330	0.1	2,117	0.6	634	24,953	8.8	189,001	0.3	15
5 and younger	85	0.1	788	0.4	11	7	0.0	62	0.4	908	11,505	11.2	84,237	0.2	14
6-14	3,109	3.1	30,422	0.5	26	19	0.0	167	0.9	5,199	8,789	8.8	71,256	0.3	15
15-20	2,341	5.5	21,724	0.5	32	9	0.0	94	0.7	3,408	2,839	6.6	23,743	0.3	14
21-44	1,677	5.4	9,338	0.5	29	103	0.3	509	0.4	53	1,303	4.2	6,412	0.4	19
45-64	383	7.4	2,009	0.6	35	116	2.2	501	0.5	52	365	7.0	1,746	0.4	25
65-74	39	9.7	387	0.5	26	27	6.7	297	0.5	50	63	15.6	687	0.4	21
75-84	61	16.4	587	0.6	32	27	7.3	251	0.6	50	51	13.7	508	0.4	18
85 and older	41	11.4	417	0.6	29	22	6.1	236	0.8	71	38	10.5	412	0.3	10
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7B

Nondual Beneficiaries

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

Beneficiary Characteristics	ANALGESICS - Narcotic					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ULCER DRUGS				
	Number of Users	Users as % of All Benefes	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 Benefes	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 Benefes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	75,201	10.3 %	547,543	\$10	0.3	16,550	2.3 %	154,895	\$35	0.6	29,239	4.0 %	223,833	\$24	0.4
Female	54,346	13.2	399,226	9	0.3	4,665	1.1	44,336	33	0.5	18,792	4.6	143,933	23	0.3
Disabled	11,694	36.5	96,348	23	0.5	747	2.3	7,516	38	0.6	6,814	21.3	59,058	33	0.5
5 and younger	130	6.7	1,449	1	0.1	33	1.7	355	40	0.3	276	14.3	2,870	20	0.4
6-14	325	9.1	3,603	2	0.2	418	11.7	4,200	35	0.6	270	7.6	3,065	33	0.4
15-20	513	17.8	5,314	7	0.2	166	5.8	1,778	35	0.5	294	10.2	3,226	28	0.4
21-44	4,034	41.1	31,774	24	0.5	71	0.7	620	50	0.6	1,869	19.0	15,721	30	0.4
45-64	6,607	49.1	53,382	27	0.6	59	0.4	563	60	0.6	4,028	30.0	33,348	35	0.5
65-74	66	20.6	615	19	0.5	0	0.0	0	0	0.0	64	20.0	686	22	0.3
75-84	15	30.6	173	11	0.3	0	0.0	0	0	0.0	10	20.4	113	0.7	0.52
85 and older	4	23.5	38	4	0.6	0	0.0	0	0	0.0	3	17.6	29	0.8	0.41
Other Eligibles	42,652	11.2	302,878	4	0.3	3,918	1.0	36,820	32	0.5	11,978	3.2	84,875	17	0.3
5 and younger	801	0.8	6,991	1	0.1	138	0.1	1,280	44	0.4	1,571	1.6	10,361	12	0.3
6-14	1,914	2.0	17,330	1	0.1	2,902	3.0	27,613	31	0.5	951	1.0	8,732	12	0.2
15-20	7,746	13.4	64,532	1	0.2	659	1.1	6,422	33	0.5	1,803	3.1	15,319	11	0.2
21-44	29,828	25.8	199,481	5	0.3	194	0.2	1,341	43	0.5	6,302	5.5	41,231	17	0.3
45-64	1,896	22.3	9,735	15	0.5	24	0.3	153	49	0.6	907	10.6	4,609	0.4	0.31
65-74	124	21.0	1,319	5	0.3	0	0.0	0	0	0.0	157	26.6	1,653	0.4	0.26
75-84	180	23.9	1,850	16	0.5	1	0.1	11	0	0.1	154	20.5	1,589	0.4	0.30
85 and older	163	15.7	1,640	17	0.5	0	0.0	0	0	0.0	133	12.9	1,381	0.6	0.35
Male	20,855	6.6	148,317	14	0.4	11,915	3.8	110,559	36	0.6	10,447	3.3	79,900	26	0.4
Disabled	7,700	22.6	59,947	25	0.5	2,092	6.1	20,710	39	0.6	4,702	13.8	40,421	33	0.5
5 and younger	201	7.7	2,156	1	0.1	72	2.8	646	36	0.4	401	15.4	4,231	25	0.4
6-14	479	7.6	5,286	2	0.2	1,421	22.6	14,029	38	0.6	385	6.1	4,298	33	0.4
15-20	533	12.4	5,534	5	0.2	486	11.3	5,062	44	0.7	338	7.8	3,560	31	0.4
21-44	2,436	25.1	17,307	29	0.5	93	1.0	791	40	0.7	1,255	12.9	10,255	34	0.5
45-64	4,005	36.5	29,205	33	0.6	20	0.2	182	40	0.6	2,275	20.8	17,563	35	0.5
65-74	40	19.8	387	3	0.4	0	0.0	0	0	0.0	41	20.3	430	0.5	0.32
75-84	5	17.9	60	7	0.3	0	0.0	0	0	0.0	6	21.4	72	0.5	0.25
85 and older	1	14.3	12	39	0.8	0	0.0	0	0	0.0	1	14.3	12	0.8	0.18
Other Eligibles	13,155	4.7	88,370	7	0.3	9,823	3.5	89,849	36	0.6	5,745	2.0	39,479	18	0.3
5 and younger	1,280	1.2	11,496	1	0.1	361	0.4	3,294	38	0.4	2,055	2.0	13,963	12	0.3
6-14	2,057	2.1	18,426	1	0.1	7,716	7.7	70,111	35	0.6	797	0.8	7,325	19	0.3
15-20	2,949	6.9	23,633	2	0.2	1,669	3.9	16,047	37	0.6	806	1.9	6,872	14	0.2
21-44	5,654	18.3	27,789	15	0.5	67	0.2	338	48	0.5	1,445	4.7	7,156	0.4	0.26
45-64	1,011	19.5	5,022	21	0.5	9	0.2	47	50	0.7	456	8.8	2,235	33	0.4
65-74	83	20.6	882	10	0.4	1	0.2	12	325	1.8	74	18.4	786	0.4	0.27
75-84	54	14.5	520	29	0.6	0	0.0	0	0	0.0	71	19.1	727	0.5	0.27
85 and older	67	18.6	602	16	0.6	0	0.0	0	0	0.0	41	11.4	415	0.7	0.46
Unknown	0	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 Michigan, 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.medispn.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, MICHIGAN, 2003

Beneficiary Characteristics	MISC. ENDOCRINE					ANTI-DIABETIC						
	Number of Users	Users as % of All Benefes	Mean		Mean	Number of Users	Users as % of All Benefes	Mean		Mean		
			Number of Benefit Months Among Users	of Rx Benefit per Month				Number of Benefit Months Among Users	of Rx Benefit per Month			
All	3,473	0.5 %	32,325	0.5	\$146	14,225	2.0 %	101,344	0.6	\$35	728,978	3,497,948
Female	1,916	0.5	17,417	0.5	109	9,326	2.3	66,652	0.6	34	411,903	1,977,514
Disabled	1,075	3.4	9,965	0.5	112	4,736	14.8	36,761	0.7	36	32,039	208,256
5 and younger	40	2.1	418	0.5	209	6	0.3	59	0.6	21	1,929	15,777
6-14	108	3.0	1,136	0.6	381	49	1.4	540	0.7	51	3,573	28,088
15-20	59	2.0	638	0.5	351	103	3.6	1,023	0.6	34	2,886	22,588
21-44	160	1.6	1,491	0.6	74	769	7.8	5,838	0.6	38	9,820	59,924
45-64	678	5.0	5,965	0.5	42	3,713	27.6	28,341	0.7	36	13,445	78,606
65-74	23	7.2	247	0.6	37	83	25.9	809	0.7	33	320	2,739
75-84	6	12.2	68	0.1	10	12	24.5	139	0.7	23	49	459
85 and older	1	5.9	2	0.5	33	1	5.9	12	0.9	3	17	75
Other Eligibles	841	0.2	7,452	0.4	106	4,590	1.2	29,891	0.6	32	379,864	1,769,258
5 and younger	37	0.0	338	0.4	150	71	0.1	721	0.8	45	97,977	443,510
6-14	418	0.4	3,856	0.4	138	402	0.4	3,864	0.8	51	97,554	477,560
15-20	80	0.1	770	0.5	141	405	0.7	3,451	0.6	42	57,854	302,697
21-44	92	0.1	628	0.4	63	2,472	2.1	14,206	0.5	27	115,581	502,894
45-64	72	0.8	371	0.5	31	846	9.9	3,543	0.5	28	8,520	28,186
65-74	62	10.5	645	0.5	31	155	26.2	1,577	0.6	27	591	4,751
75-84	45	6.0	460	0.5	31	152	20.2	1,622	0.6	25	752	5,084
85 and older	35	3.4	384	0.5	28	87	8.4	907	0.7	27	1,035	4,576
Male	1,557	0.5	14,908	0.5	189	4,899	1.5	34,692	0.7	37	316,919	1,519,786
Disabled	521	1.5	5,364	0.6	225	2,746	8.0	20,471	0.6	35	34,124	217,058
5 and younger	42	1.6	458	0.6	184	10	0.4	112	0.8	111	2,604	20,257
6-14	195	3.1	2,084	0.5	284	58	0.9	617	0.7	46	6,291	46,450
15-20	85	2.0	922	0.6	396	80	1.9	797	0.7	38	4,308	33,480
21-44	79	0.8	791	0.7	93	542	5.6	3,855	0.6	28	9,721	56,643
45-64	112	1.0	1,018	0.5	86	2,022	18.4	14,738	0.6	35	10,963	58,282
65-74	6	3.0	67	0.5	36	32	15.8	328	0.7	30	202	1,626
75-84	2	7.1	24	0.6	40	2	7.1	24	0.4	9	28	274
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	46
Other Eligibles	1,036	0.4	9,544	0.4	169	2,153	0.8	14,221	0.7	40	282,795	1,302,728
5 and younger	56	0.1	496	0.4	167	64	0.1	602	0.8	46	102,581	467,878
6-14	783	0.8	7,161	0.4	152	396	0.4	3,795	0.8	47	100,190	495,422
15-20	124	0.3	1,247	0.6	333	274	0.6	2,414	0.7	55	42,794	217,359
21-44	22	0.1	137	0.5	86	744	2.4	3,335	0.6	31	30,906	98,017
45-64	6	0.1	32	0.6	33	480	9.3	2,043	0.6	35	5,188	16,814
65-74	14	3.5	155	0.5	33	88	21.8	923	0.6	28	403	3,048
75-84	11	3.0	101	0.5	21	65	17.5	694	0.6	31	372	2,380
85 and older	20	5.5	215	0.5	27	42	11.6	415	0.7	28	361	1,810
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	156	648

Table ND7D

Nondual Beneficiaries

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

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

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

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, MICHIGAN, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$351	7.5	1,411	15,138
Age				
0-64	388	7.9	1,072	11,734
65-74	300	6.1	47	494
75-84	237	6.4	123	1,219
85 and older	198	5.7	169	1,691
Unknown	0	0.0	0	0
Gender				
Female	370	7.9	796	8,622
Male	327	7.0	615	6,516
Unknown	0	0.0	0	0
Race				
White	372	7.8	833	8,699
African American	324	7.1	489	5,424
Other/unknown	322	7.2	89	1,015
Basis of Eligibility^c				
Aged	222	6.0	318	3,179
Disabled	386	7.9	1,092	11,958
Adults	1,315	30.0	1	1
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for Michigan, 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 1,490 beneficiaries who were in nursing facilities for part of their enrollment and their 11,262 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, MICHIGAN, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	
															Residents	Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$37	\$30	\$1	\$6	\$86	\$130	\$113	\$31	\$372,202	885	62.7	9,953
Biologicals	0.8	0.0	0.3	0.5	###	0	1,075	###	4809	0	4,300	###	28,856	1	0.1	8
Antineoplastic Agents	0.5	0.1	0.0	0.3	116	83	1	32	251	573	126	104	159,749	124	8.8	1,377
Endocrine/Metabolic Drugs	1.2	0.5	0.1	0.7	43	32	2	9	35	66	19	14	302,690	636	45.1	7,037
Cardiovascular Agents	2.1	0.5	0.0	1.7	50	27	0	24	24	58	11	14	531,050	975	69.1	10,538
Respiratory Agents	0.8	0.3	0.0	0.4	29	20	1	7	37	63	60	17	166,696	512	36.3	5,712
Gastrointestinal Agents	1.2	0.5	0.0	0.6	54	44	0	10	47	83	25	15	444,841	754	53.4	8,237
Genitourinary Agents	0.6	0.4	0.0	0.2	31	28	0	2	53	70	15	13	124,639	363	25.7	4,063
CNS Drugs	1.7	0.9	0.0	0.8	111	95	0	16	68	111	34	20	1,222,142	1,001	70.9	10,962
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	79	74	0	5	119	165	0	23	4,766	5	0.4	60
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	110	110	0	0	156	156	0	0	184,075	156	11.1	1,675
Analgesics and Anesthetics	1.4	0.4	0.0	1.0	57	41	0	15	39	109	17	15	472,496	767	54.4	8,353
Neuromuscular Agents	1.7	0.6	0.0	1.0	86	54	1	32	51	84	42	31	715,473	743	52.7	8,275
Nutritional Products	0.8	0.0	0.1	0.7	12	0	1	11	16	27	13	16	53,177	403	28.6	4,334
Hematological Agents	1.1	0.4	0.1	0.7	60	52	2	7	54	143	17	10	345,699	533	37.8	5,759
Topical Products	0.6	0.2	0.0	0.3	18	10	2	6	32	58	45	17	170,428	824	58.4	9,286
Miscellaneous Products	0.4	0.0	0.0	0.4	8	3	0	5	22	172	0	14	13,914	156	11.1	1,729
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	0	42	0	0	0	4,839	37	2.6	410
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.	5,317,732	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Michigan, 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 1,490 beneficiaries who were in nursing facilities for part of their enrollment and their 11,262 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 Michigan, 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, MICHIGAN, 2003

	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	
Top 10 Drug Groups in Nursing Facilities								
ANTIPTYCHOTICS	\$738,074	605	42.9 %	6,681	0.8	\$138	\$110	
ANTICONVULSANT	557,982	799	56.6	8,988	1.2	53	62	
ANTIDEPRESSANTS	423,039	928	65.8	10,337	0.8	50	41	
ULCER DRUGS	362,448	795	56.3	8,806	0.7	61	41	
ANALGESICS - Narcotic	356,019	845	59.9	9,112	1.0	38	39	
ANTIIDIABETIC	253,257	626	44.4	7,031	0.9	40	36	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	184,075	156	11.1	1,675	0.7	156	110	
MISC. HEMATOLOGICAL	178,132	238	16.9	2,679	0.7	89	66	
ANTINEOPLASTICS	159,749	127	9.0	1,413	0.5	251	113	
ANTIHYPERTENSIVE	142,554	724	51.3	7,956	0.8	22	18	
Total	3,355,329	5,843		64,678	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Michigan, 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 1,490 beneficiaries who were in nursing facilities for part of their enrollment and their 11,262 benefit months were excluded from the analysis.

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

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

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

Bene Mo(s) = benefit month(s); 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, MICHIGAN, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$			
All	56,160	\$3,355,329	605	42.9 %	6,681	0.8	\$111	799	56.6 %	8,988	1.2	\$62			
Female	33,034	2,002,617	346	43.5	3,854	0.8	109	435	54.6	4,905	1.1	62			
Disabled	27,347	1,721,992	267	44.9	3,004	0.9	121	392	65.9	4,486	1.2	65			
64 or younger	26,766	1,684,674	261	45.0	2,943	0.9	121	384	66.2	4,411	1.2	65			
65-74	449	29,204	4	33.3	37	1.3	194	7	58.3	63	1.1	91			
75-84	132	8,114	2	66.7	24	0.5	12	1	33.3	12	0.9	34			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	5,687	280,625	79	39.3	850	0.7	68	43	21.4	419	0.9	37			
64 or younger	12	893	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	598	36,595	12	80.0	144	1.0	108	6	40.0	72	1.0	57			
75-84	2,498	116,195	31	40.3	310	0.6	55	20	26.0	169	1.1	45			
85 and older	2,579	126,942	36	33.3	396	0.7	63	17	15.7	178	0.7	21			
Male	23,126	1,352,712	259	42.1	2,827	0.8	112	364	59.2	4,083	1.2	62			
Disabled	20,222	1,201,706	224	45.1	2,471	0.8	121	343	69.0	3,853	1.2	62			
64 or younger	20,074	1,191,095	222	45.2	2,458	0.8	120	342	69.7	3,841	1.2	63			
65-74	124	10,159	2	40.0	13	1.5	251	1	20.0	12	0.8	18			
75-84	24	452	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	2,904	151,006	35	29.7	356	0.7	52	21	17.8	230	1.4	49			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	503	29,543	5	33.3	49	0.7	87	4	26.7	43	1.2	51			
75-84	1,062	56,380	13	31.0	136	0.7	64	8	19.0	96	1.4	44			
85 and older	1,339	65,083	17	27.9	171	0.6	32	9	14.8	91	1.4	54			
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 Michigan, 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 1,490 beneficiaries who were in nursing facilities for part of their enrollment and their 11,262 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	928	65.8 %	10,337	0.8	\$41	795	56.3 %	8,806	0.7	\$41	845	59.9 %	9,112	1.0	\$39
Female	570	71.6	6,371	0.8	42	469	58.9	5,267	0.7	41	504	63.3	5,543	1.0	40
Disabled	443	74.5	5,027	0.9	44	380	63.9	4,351	0.7	41	409	68.7	4,569	1.1	43
64 or younger	437	75.3	4,955	0.9	44	373	64.3	4,272	0.7	41	402	69.3	4,507	1.1	42
65-74	5	41.7	60	0.9	38	5	41.7	55	0.3	23	6	50.0	50	1.8	123
75-84	1	33.3	12	0.5	28	2	66.7	24	0.8	94	1	33.3	12	2.2	127
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	127	63.2	1,344	0.8	35	89	44.3	916	0.7	41	95	47.3	974	0.7	24
64 or younger	1	100.0	1	1.0	32	0	0.0	0	0.0	0	1	100.0	1	10.0	853
65-74	12	80.0	134	0.8	31	8	53.3	86	0.8	28	6	40.0	72	0.3	2
75-84	55	71.4	577	0.8	37	31	40.3	301	0.6	27	37	48.1	377	0.9	25
85 and older	59	54.6	632	0.7	33	50	46.3	529	0.8	51	51	47.2	524	0.6	25
Male	358	58.2	3,966	0.8	39	326	53.0	3,539	0.7	41	341	55.4	3,569	1.0	38
Disabled	299	60.2	3,351	0.8	41	285	57.3	3,120	0.7	40	296	59.6	3,143	1.0	37
64 or younger	298	60.7	3,339	0.8	41	282	57.4	3,084	0.7	39	296	60.3	3,143	1.0	37
65-74	1	20.0	12	1.3	56	2	40.0	24	0.9	103	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	1	100.0	12	1.0	21	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	59	50.0	615	0.7	32	41	34.7	419	0.8	51	45	38.1	426	1.0	45
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	10	66.7	96	0.8	33	3	20.0	33	0.8	88	7	46.7	81	1.3	55
75-84	23	54.8	245	0.7	31	18	42.9	188	0.7	37	11	26.2	99	1.5	120
85 and older	26	42.6	274	0.7	33	20	32.8	198	0.8	59	27	44.3	246	0.7	11
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 Michigan, 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 1,490 beneficiaries who were in nursing facilities for part of their enrollment and their 11,262 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0ffed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10C

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

Beneficiary Characteristics	ANTIDIABETIC				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				MISC. HEMATOLOGICAL						
	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	626	44.4 %	7,031	0.9	\$36	156	11.1 %	1,675	0.7	\$110	238	16.9 %	2,679	0.7	\$67
Female															
Disabled	385	48.4	4,346	0.9	35	98	12.3	1,062	0.7	130	135	17.0	1,492	0.7	64
64 or younger	305	51.3	3,466	1.0	38	50	8.4	580	0.7	178	105	17.6	1,180	0.7	63
65-74	297	51.2	3,375	1.0	38	47	8.1	544	0.6	183	103	17.8	1,156	0.7	64
75-84	6	50.0	67	1.0	35	2	16.7	24	0.7	84	2	16.7	24	0.6	39
85 and older	2	66.7	24	0.6	9	1	33.3	12	1.1	130	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	80	39.8	880	0.8	27	48	23.9	482	0.8	71	30	14.9	312	0.9	64
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	9	60.0	98	0.9	46	4	26.7	48	0.8	100	0	0.0	0	0.0	0
85 and older	35	45.5	401	0.8	20	28	36.4	275	0.9	80	16	20.8	178	0.8	57
	36	33.3	381	0.9	29	16	14.8	159	0.6	47	14	13.0	134	0.9	73
Male															
Disabled	241	39.2	2,685	0.9	37	58	9.4	613	0.7	76	103	16.7	1,187	0.8	70
64 or younger	209	42.1	2,342	0.9	38	34	6.8	379	0.6	75	81	16.3	938	0.8	71
65-74	209	42.6	2,342	0.9	38	34	6.9	379	0.6	75	80	16.3	926	0.8	72
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	1.0	22
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	32	27.1	343	0.9	32	24	20.3	234	0.8	77	22	18.6	249	0.8	68
65-74	7	46.7	76	1.0	50	3	20.0	36	0.9	107	5	33.3	55	0.7	61
75-84	10	23.8	117	0.8	29	11	26.2	115	0.8	58	4	9.5	40	0.7	69
85 and older	15	24.6	150	0.8	26	10	16.4	83	0.8	91	13	21.3	154	0.8	70
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 Michigan, 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 1,490 beneficiaries who were in nursing facilities for part of their enrollment and their 11,262 benefit months were excluded from the analysis.

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

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

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

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

Table ND10C

Nondual Beneficiaries

TABLE ND.10D

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

Beneficiary Characteristics	ANTINEOPLASTICS					ANTIHYPERTENSIVE						
	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	127	9.0 %	1,413	0.5	\$113	724	51.3 %	7,956	0.8	\$18	1,411	15,138
Female	71	8.9	785	0.4	153	389	48.9	4,266	0.8	15	796	8,622
Disabled	53	8.9	599	0.5	188	282	47.4	3,121	0.8	16	595	6,603
64 or younger	52	9.0	587	0.4	191	271	46.7	3,005	0.8	16	580	6,439
65-74	0	0.0	0	0.0	0	9	75.0	92	0.7	15	12	128
75-84	1	33.3	12	0.6	69	2	66.7	24	1.0	29	3	36
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	18	9.0	186	0.4	38	107	53.2	1,145	0.8	13	201	2,019
64 or younger	0	0.0	0	0.0	0	1	100.0	1	1.0	8	1	1
65-74	1	6.7	12	0.3	29	7	46.7	84	0.7	8	15	170
75-84	11	14.3	124	0.5	49	42	54.5	461	0.8	14	77	752
85 and older	6	5.6	50	0.4	14	57	52.8	599	0.7	14	108	1,096
Male	56	9.1	628	0.5	64	335	54.5	3,690	0.8	21	615	6,516
Disabled	46	9.3	521	0.5	65	278	55.9	3,092	0.8	22	497	5,355
64 or younger	44	9.0	497	0.5	66	272	55.4	3,020	0.8	22	491	5,294
65-74	2	40.0	24	0.3	39	5	100.0	60	0.7	39	5	49
75-84	0	0.0	0	0.0	0	1	100.0	12	1.0	17	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	10	8.5	107	0.3	58	57	48.3	598	0.8	14	118	1,161
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	2	13.3	16	0.2	22	7	46.7	68	0.8	16	15	147
75-84	3	7.1	33	0.4	45	18	42.9	213	0.8	12	42	419
85 and older	5	8.2	58	0.3	76	32	52.5	317	0.8	15	61	595
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 Michigan, 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 1,490 beneficiaries who were in nursing facilities for part of their enrollment and their 11,262 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}
 MICHIGAN, 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 Total Number of Beneficiaries	
				Excluded Rx	Beneficiary			Excluded Rx	All Nondual Rx
All	71,879	9.9 %	0.4	259,831	\$6	\$4,355,760	\$17	2.9 %	728,978
Age									
5 and younger	14,555	7.1	0.1	29,659	3	590,007	20	5.7	205,091
6-14	9,151	4.4	0.1	26,953	4	908,191	34	2.6	207,608
15-20	9,220	8.5	0.2	24,530	5	529,823	22	2.3	107,842
21-44	26,439	15.9	0.6	98,208	8	1,245,872	13	2.9	166,028
45-64	11,534	30.3	1.9	72,434	27	1,011,934	14	3.0	38,116
65-74	426	28.1	2.4	3,650	19	28,134	8	2.3	1,516
75-84	295	24.6	2.0	2,444	19	22,783	9	2.3	1,201
85 and older	258	18.2	1.4	1,951	13	19,011	10	2.7	1,420
Unknown	1	0.6	0.0	2	0	5	3	71.4	156
Basis of Eligibility^c									
Aged	786	22.4	1.8	6,203	16	55,422	9	2.3	3,514
Disabled	19,421	29.4	2.0	130,020	39	2,559,370	20	3.2	66,163
Adults	26,186	14.3	0.4	73,234	5	845,037	12	3.2	182,689
Children	25,486	5.3	0.1	50,374	2	895,931	18	2.3	476,612
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	47,712	11.6	0.4	170,057	6	2,623,475	15	3.4	411,981
Male	24,167	7.6	0.3	89,774	5	1,732,285	19	2.5	316,997
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	48,556	10.7	0.4	192,079	7	3,304,968	17	3.1	455,680
African American	17,394	8.3	0.2	51,244	4	771,959	15	2.4	209,998
Other/unknown	5,929	9.4	0.3	16,508	4	278,833	17	3.5	63,300
Use of Nursing Facilities^d									
Entire year	984	69.7	8.1	11,420	115	162,763	14	3.1	1,411
Part year	1,085	72.8	6.4	9,468	79	116,985	12	2.9	1,490
None	69,810	9.6	0.3	238,943	6	4,076,012	17	2.9	726,077
Maintenance Assistance Status									
Cash	24,138	16.2	0.8	123,641	15	2,191,758	18	3.1	149,257
Medically needy	7,526	11.7	0.4	25,083	5	318,382	13	2.6	64,513
Poverty related	17,586	5.6	0.1	32,952	2	579,651	18	2.8	312,290
Other/unknown	22,629	11.2	0.4	78,155	6	1,265,969	16	2.9	202,918

Table ND11

Nondual Beneficiaries

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

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

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

TABLE ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MICHIGAN, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$1	\$17	\$0	\$0	3,497,948
Age						
5 and younger	0.0	1	20	0	0	947,422
6-14	0.0	1	34	0	0	1,047,520
15-20	0.0	1	22	0	0	576,124
21-44	0.1	2	13	0	1	717,478
45-64	0.4	6	14	0	2	181,888
65-74	0.3	2	8	0	1	12,164
75-84	0.3	3	9	0	1	8,197
85 and older	0.3	3	10	0	1	6,507
Unknown	0.0	0	3	0	0	648
Basis of Eligibility^c						
Aged	0.3	3	9	0	1	21,650
Disabled	0.3	6	20	0	2	425,314
Adults	0.1	1	12	0	0	772,735
Children	0.0	0	18	0	0	2,278,249
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	1	15	0	0	1,977,867
Male	0.1	1	19	0	0	1,520,081
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	1	17	0	1	2,349,851
African American	0.1	1	15	0	0	845,077
Other/unknown	0.1	1	17	0	0	303,020
Use of Nursing Facilities^d						
Entire year	0.8	11	14	0	3	15,138
Part year	0.8	10	12	0	4	11,262
None	0.1	1	17	0	0	3,471,548
Maintenance Assistance Status						
Cash	0.2	3	18	0	1	708,707
Medically needy	0.1	1	13	0	1	232,957
Poverty related	0.0	0	18	0	0	1,584,438
Other/unknown	0.1	1	16	0	0	971,846

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

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

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

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

Drug Category	Number of Users	Rx \$ per User	Total Rx \$		Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
			Total Rx \$	Excluded Rx \$	100.0 %	100.0 %			Excluded Rx	100.0 %
All	83,900	\$52	\$4,355,760	0	0.0	0	259,831	\$17	0	0.0
Anorexia or weight loss/gain	0	0	0	0	0.0	0	0	0	0	0.0
Fertility drugs	0	0	0	0	0.0	0	0	0	0	0.0
Drugs for cosmetic purposes	135	11	1,522	0	0.0	176	9	9	0.1	0.1
Cough and cold medications	3,989	100	399,010	0	9.2	6,830	58	58	2.6	2.6
Vitamins and minerals	8,460	56	472,739	0	10.9	26,183	18	18	10.1	10.1
Non-prescription drugs	41,804	29	1,203,811	0	27.6	95,669	13	13	36.8	36.8
Barbiturates	1,731	43	74,196	0	1.7	12,719	6	6	4.9	4.9
Benzodiazepines	24,890	62	1,550,868	0	35.6	111,460	14	14	42.9	42.9
Other Part D Excl Rx Drugs	2,891	226	653,614	0	15.0	6,794	96	96	2.6	2.6

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

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

APPENDIX TABLE A.1

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

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	1,338,238	3,594	175,883	271,789	886,972	0	22,775	1,917,311	2,328,647	8,727,892	0
Age											
5 and younger	343,245	0	6,509	3,177	333,559	0	0	71,928	29,108	3,164,874	0
6-14	427,082	0	22,899	3,587	400,596	0	0	264,364	37,989	4,119,399	0
15-20	191,601	0	16,768	27,769	147,064	0	0	187,972	251,155	1,412,146	0
21-44	278,937	0	58,534	214,844	5,559	0	0	642,267	1,827,527	30,573	0
45-64	92,952	14	70,505	22,394	39	0	93	744,683	182,762	249	0
65-74	1,604	1,024	566	13	1	0	8,401	5,226	90	3	0
75-84	1,236	1,158	78	0	0	0	7,877	741	0	0	0
85 and older	1,423	1,398	24	1	0	0	6,404	130	2	0	0
Unknown	158	0	0	4	154	0	0	0	14	648	0
Gender											
Female	745,578	2,436	89,794	216,530	436,818	0	15,151	989,383	1,917,041	4,308,758	0
Male	592,660	1,158	86,089	55,259	450,154	0	7,624	927,928	411,606	4,419,134	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	749,812	2,319	91,463	163,006	493,024	0	13,917	982,359	1,340,710	4,734,643	0
African American	480,456	671	73,998	91,196	314,591	0	4,061	821,115	846,438	3,246,179	0
Other/unknown	107,970	604	10,422	17,587	79,357	0	4,797	113,837	141,499	747,070	0
Use of Nursing Facilities^c											
Entire year	1,412	318	1,093	1	0	0	3,179	11,966	1	0	0
Part year	1,520	224	1,275	19	2	0	1,980	12,709	175	15	0
None	1,335,306	3,052	173,515	271,769	886,970	0	17,616	1,892,636	2,328,471	8,727,877	0
Maintenance Assistance Status											
Cash	373,397	651	144,179	64,853	163,714	0	6,439	1,658,485	614,770	1,701,347	0
Medically needy	89,579	300	3,124	55,363	30,792	0	1,492	17,977	390,703	251,433	0
Poverty related	512,727	16	64	38,003	474,644	0	169	538	288,091	4,522,369	0
Other/unknown	362,535	2,627	28,516	113,570	217,822	0	14,675	240,311	1,035,083	2,252,743	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	279,446	3,444	33,429	74,100	168,473	0	21,286	296,640	413,466	1,201,563	0
FFS part year, with Rx claims	166,132	52	22,290	57,791	85,999	0	463	237,404	564,083	902,896	0
FFS part year, no Rx claims	283,400	18	10,444	50,798	222,140	0	158	106,163	447,417	2,232,569	0
MC all year, with Rx claims	98,988	20	51,497	21,481	25,990	0	227	606,934	235,247	291,111	0
MC all year, no Rx claims	510,272	60	58,223	67,619	384,370	0	641	670,170	668,434	4,099,753	0

Source: Data for this table are from the MAX 2003 file for Michigan, 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^a
 NONDUAL BENEFICIARIES, MICHIGAN, 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
All	1,338,238	12,996,625	728,978	3,497,948	0 9,498,677
Fee-for-service (FFS) all year	279,446	1,932,955	279,446	1,932,955	0 0
FFS part year, with Rx claims	166,132	1,704,846	166,132	687,230	0 1,017,616
FFS part year, with no Rx claims	283,400	2,786,307	283,400	877,763	0 1,908,544
Managed care (MC) all year, with Rx claims	98,988	1,133,519	0	0	0 1,133,519
MC all year, with no Rx claims	510,272	5,438,998	0	0	0 5,438,998

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