

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

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
NONDUAL BENEFICIARIES, MISSOURI, 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	610,588	4,764	93,870	177,944	333,980	0	4,894,066	44,640	945,953	1,206,915	2,696,558	0
Age												
5 and younger	124,259	0	692	18	123,549	0	963,408	0	6,197	64	957,147	0
6-14	147,107	0	2,625	43	144,439	0	1,264,683	0	28,997	248	1,235,438	0
15-20	89,501	15	4,630	19,239	65,617	0	668,082	43	46,861	119,240	501,938	0
21-44	187,876	205	39,551	147,759	361	0	1,414,929	593	400,961	1,011,398	1,977	0
45-64	57,292	183	46,227	10,874	8	0	537,989	520	461,533	75,896	40	0
65-74	2,511	2,370	133	8	0	0	26,529	25,223	1,260	46	0	0
75-84	1,151	1,144	6	1	0	0	10,935	10,851	72	12	0	0
85 and older	855	847	6	2	0	0	7,493	7,410	72	11	0	0
Unknown	6	0	0	0	6	0	18	0	0	0	18	0
Gender												
Female	352,104	3,340	50,950	136,619	161,195	0	2,784,382	30,486	523,253	926,030	1,304,613	0
Male	258,454	1,424	42,920	41,325	172,785	0	2,109,684	14,154	422,700	280,885	1,391,945	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	482,587	2,661	68,293	141,676	269,957	0	4,128,570	23,683	681,169	1,040,148	2,383,570	0
African American	98,938	1,006	21,769	24,614	51,549	0	576,478	9,665	228,591	98,099	240,123	0
Other/unknown	29,033	1,097	3,808	11,654	12,474	0	189,018	11,292	36,193	68,668	72,865	0
Use of Nursing Facilities^c												
Entire year	1,767	538	1,229	0	0	0	18,747	5,496	13,251	0	0	0
Part year	1,798	278	1,510	7	3	0	17,942	2,471	15,367	69	35	0
None	606,993	3,948	91,131	177,937	333,977	0	4,857,377	36,673	917,335	1,206,846	2,696,523	0
Maintenance Assistance Status												
Cash	387,775	1,709	59,521	137,707	188,838	0	3,171,230	19,471	651,021	970,484	1,530,254	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	89,429	425	18	21,939	67,047	0	619,217	1,279	126	94,012	523,800	0
Other/unknown	133,354	2,630	34,331	18,298	78,095	0	1,103,619	23,890	294,806	142,419	642,504	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	469,949	4,755	92,191	122,855	250,148	0	4,557,934	44,583	936,298	1,062,686	2,514,367	0
FFS part year, with Rx claims	37,634	9	1,307	19,563	16,755	0	132,216	57	8,123	64,446	59,590	0
FFS part year, no Rx claims	102,975	0	372	35,526	67,077	0	203,916	0	1,532	79,783	122,601	0

Table ND2

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Missouri, 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, MISSOURI, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	61.9 %	10.6	\$676	\$64	\$2,991	22.6 %	610,558
Age							
5 and younger	61.7	4.3	190	44	1,738	10.9	124,259
6-14	57.8	4.8	312	65	1,355	23.0	147,107
15-20	55.7	5.6	387	69	2,299	16.8	89,501
21-44	62.9	12.0	796	66	3,461	23.0	187,876
45-64	78.3	40.3	2,628	65	8,918	29.5	57,292
65-74	76.5	40.1	2,221	55	10,219	21.7	2,511
75-84	63.0	31.4	1,608	51	9,024	17.8	1,151
85 and older	51.7	24.4	1,095	45	8,985	12.2	855
Unknown	0.0	0.0	0	0	0	0.0	6
Basis of Eligibility^e							
Aged	68.7	32.8	1,802	55	9,635	18.7	4,764
Disabled	80.2	37.2	2,772	74	10,370	26.7	93,870
Adults	59.1	7.3	344	47	1,697	20.2	177,944
Children	58.1	4.5	248	55	1,511	16.4	333,980
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	64.4	11.9	690	58	2,949	23.4	352,104
Male	58.3	8.8	657	75	3,048	21.5	258,454
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	66.5	11.3	710	63	2,893	24.5	482,587
African American	42.6	7.9	565	71	3,643	15.5	98,938
Other/unknown	50.6	8.2	486	60	2,393	20.3	29,033
Use of Nursing Facilities^f							
Entire year	98.5	89.2	5,882	66	41,195	14.3	1,767
Part year	98.2	73.8	5,075	69	40,869	12.4	1,798
None	61.7	10.2	648	64	2,767	23.4	606,993
Maintenance Assistance Status							
Cash	63.4	11.9	745	63	3,055	24.4	387,775
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	56.6	3.8	189	50	1,397	13.6	89,429
Other/unknown	60.9	11.3	801	71	3,871	20.7	133,354

Table ND3

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Missouri, 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, MISSOURI, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of		Number of Rx, Percentage with:										Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months
			All Medicaid	FFS ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	1.1 %	3.5 %	7.3 %	7.3 %			
All	1.3	\$84	22.6 %	38.1 %	42.7 %	7.3 %	7.3 %	7.3 %	3.5 %	1.1 %	\$373	610,558	4,894,066				
Age																	
5 and younger	0.6	25	10.9	38.3	54.4	5.3	1.9	0.1	0.0	0.0	224	124,259	963,408				
6-14	0.6	36	23.0	42.2	49.2	4.8	3.2	0.5	0.1	0.1	158	147,107	1,264,683				
15-20	0.8	52	16.8	44.3	43.3	6.8	4.5	0.9	0.1	0.1	308	89,501	668,082				
21-44	1.6	106	23.0	37.1	37.7	9.8	10.2	4.2	1.1	1.1	460	187,876	1,414,929				
45-64	4.3	280	29.5	21.7	18.7	10.2	22.7	19.2	7.5	7.5	950	57,292	537,989				
65-74	3.8	210	21.7	23.5	19.1	10.1	22.2	18.4	6.8	6.8	967	2,511	26,529				
75-84	3.3	169	17.8	37.0	13.8	7.6	18.1	18.0	5.6	5.6	950	1,151	10,935				
85 and older	2.8	125	12.2	48.3	6.7	6.8	17.5	16.4	4.3	4.3	1,025	855	7,493				
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0	6	18				
Basis of Eligibility^e																	
Aged	3.5	192	18.7	31.3	16.5	8.9	20.2	17.3	5.9	5.9	1,028	4,764	44,640				
Disabled	3.7	275	26.7	19.8	23.6	11.1	22.4	16.9	6.2	6.2	1,029	93,870	945,953				
Adults	1.1	51	20.2	40.9	40.4	9.1	7.3	2.0	0.3	0.3	250	177,944	1,206,915				
Children	0.6	31	16.4	41.9	49.7	5.2	2.8	0.4	0.0	0.0	187	333,980	2,696,558				
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0				
Gender																	
Female	1.5	87	23.4	35.6	43.1	8.0	7.9	4.1	1.4	1.4	373	352,104	2,784,382				
Male	1.1	80	21.5	41.7	42.2	6.3	6.4	2.7	0.7	0.7	373	258,454	2,109,684				
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0				
Race																	
White	1.3	83	24.5	33.5	46.6	7.6	7.4	3.6	1.2	1.2	338	482,587	4,128,570				
African American	1.4	97	15.5	57.4	26.7	5.9	6.3	3.0	0.8	0.8	625	98,938	576,478				
Other/unknown	1.3	75	20.3	49.4	33.1	6.8	7.2	3.0	0.6	0.6	368	29,033	189,018				
Use of Nursing Facilities^f																	
Entire year	8.4	554	14.3	1.5	3.3	4.8	20.0	43.0	27.4	27.4	3,883	1,767	18,747				
Part year	7.4	509	12.4	1.8	8.0	6.7	26.0	36.6	21.0	21.0	4,096	1,798	17,942				
None	1.3	81	23.4	38.3	43.0	7.3	7.2	3.3	1.0	1.0	346	606,993	4,857,377				
Maintenance Assistance Status																	
Cash	1.5	91	24.4	36.6	42.3	7.9	8.0	3.9	1.3	1.3	374	387,775	3,171,230				
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0				
Poverty related	0.5	27	13.6	43.4	48.0	5.4	2.7	0.3	0.1	0.1	202	89,429	619,217				
Other/unknown	1.4	97	20.7	39.1	40.5	6.6	8.1	4.4	1.4	1.4	468	133,354	1,103,619				

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

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

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

TABLE ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
NONDUAL BENEFICIARIES, MISSOURI, 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 Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	\$17	\$13	\$0	\$3	771,360	\$46,868,677	267,758	43.9%	2,819,926	
Biologicals	0.1	0.1	0.0	0.0	53	42	1	10	14,884	5,785,835	10,181	1.7	110,184	
Antineoplastic Agents	0.7	0.4	0.1	0.3	324	282	22	19	21,890	10,221,482	3,139	0.5	31,568	
Endocrine/Metabolic Drugs	0.5	0.3	0.1	0.2	26	21	2	4	609,149	30,089,230	112,236	18.4	1,170,823	
Cardiovascular Agents	1.2	0.5	0.0	0.7	47	32	1	15	762,396	29,580,807	59,313	9.7	627,612	
Respiratory Agents	0.4	0.2	0.0	0.2	20	15	1	3	870,555	41,662,152	197,087	32.3	2,113,825	
Gastrointestinal Agents	0.4	0.1	0.0	0.3	27	20	1	6	284,885	18,485,317	64,060	10.5	681,558	
Genitourinary Agents	0.2	0.2	0.0	0.1	14	13	0	1	72,590	4,176,327	28,326	4.6	292,780	
CNS Drugs	1.0	0.5	0.0	0.4	87	76	1	10	1,119,109	99,703,994	109,223	17.9	1,140,266	
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	53	45	1	7	111,221	9,039,182	15,939	2.6	171,444	
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.1	114	112	0	2	8,000	1,676,570	1,353	0.2	14,695	
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	26	18	0	7	791,084	40,126,243	146,207	23.9	1,537,059	
Neuromuscular Agents	0.6	0.3	0.0	0.3	49	40	1	8	451,681	34,789,369	65,794	10.8	704,692	
Nutritional Products	0.3	0.0	0.0	0.3	6	0	0	5	131,892	2,681,282	45,726	7.5	439,521	
Hematological Agents	0.7	0.4	0.1	0.3	146	133	2	11	108,958	22,209,390	14,550	2.4	152,104	
Topical Products	0.2	0.1	0.0	0.1	9	6	0	2	291,243	12,233,515	131,196	21.5	1,417,685	
Miscellaneous Products	0.4	0.1	0.0	0.2	56	40	7	8	15,221	2,225,609	3,841	0.6	40,090	
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	5	0	0	0	27,763	1,017,607	17,419	2.9	191,379	
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	6,463,881	412,572,588	n.a.	n.a.	n.a.	

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

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

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

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

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, MISSOURI, 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 Month
ANTIPSYCHOTICS	\$54,053,194	44,703	7.3 %	490,762	0.5	\$203
ANTIDEPRESSANTS	37,635,356	112,752	18.5	1,211,469	0.5	67
ANTICONVULSANT	28,516,770	42,794	7.0	467,314	0.6	101
ANTIASTHMATIC	23,136,119	112,765	18.5	1,230,863	0.3	66
ANALGESICS - Narcotic	21,026,758	164,433	26.9	1,783,158	0.3	44
ANTIVIRAL	14,640,951	19,928	3.3	219,512	0.2	346
ANALGESICS - ANTI-INFLAMMATORY	12,674,840	90,037	14.7	983,736	0.2	54
MISC. HEMATOLOGICAL	12,475,362	4,638	0.8	50,354	0.5	459
ANTIDIABETIC	12,357,856	28,962	4.7	312,961	0.6	62
ULCER DRUGS	10,666,635	64,980	10.6	708,951	0.3	52
Total	227,183,841	685,992		7,459,080	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Missouri, 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(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, MISSOURI, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	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 Benefit Months Among Users	Users as % of All Benes	Number of Users	Mean Rx \$ per Benefit Month	Number of Benefit Months Among Users	Users as % of All Benes	Number of Users	Mean Rx \$ per Benefit Month	
All	2,652,864	\$227,183,841	44,703	7.3 %	490,762	\$110	112,752	18.5 %	1,211,469	0.5	\$31	0.5	\$31		
Female	1,699,805	127,690,626	24,210	6.9	267,472	98	78,533	22.3	844,906	0.5	31	0.5	31		
Disabled	1,072,139	90,310,062	16,348	32.1	185,407	115	37,859	74.3	423,442	0.5	37	0.5	37		
5 and younger	1,095	89,263	1	0.3	12	439	2	0.7	18	0.4	12	0.4	12		
6-14	7,047	822,501	150	16.2	1,671	106	165	17.8	1,853	0.5	32	0.5	32		
15-20	17,060	1,813,661	530	28.4	5,815	106	733	39.2	8,083	0.5	31	0.5	31		
21-44	375,215	34,216,477	8,140	40.0	92,282	109	15,796	77.7	176,277	0.5	35	0.5	35		
45-64	670,844	53,309,748	7,515	27.4	85,502	122	21,139	77.0	236,991	0.6	39	0.6	39		
65-74	858	57,365	12	15.0	125	73	24	30.0	220	0.5	27	0.5	27		
75-84	8	514	0	0.0	0	0	0	0.0	0	0.0	0	0.0	0		
85 and older	12	533	0	0.0	0	0	0	0.0	0	0.0	0	0.0	0		
Other Eligibles	627,666	37,380,564	7,862	2.6	82,065	58	40,674	13.5	421,464	0.4	25	0.4	25		
5 and younger	32,345	2,000,444	101	0.2	1,107	53	120	0.2	1,340	0.2	7	0.2	7		
6-14	73,571	5,267,831	1,444	2.1	15,626	72	3,451	4.9	38,378	0.4	24	0.4	24		
15-20	83,415	4,907,598	1,654	3.4	16,935	63	6,463	13.4	67,605	0.3	22	0.3	22		
21-44	358,259	19,923,170	3,864	3.4	40,031	43	27,564	24.3	283,310	0.3	24	0.3	24		
45-64	39,383	2,521,486	288	4.6	2,800	48	2,160	34.2	20,854	0.5	34	0.5	34		
65-74	26,362	1,866,138	290	19.0	3,315	148	521	34.1	6,001	0.6	36	0.6	36		
75-84	9,124	575,615	106	14.0	1,130	75	215	28.4	2,217	0.7	43	0.7	43		
85 and older	5,207	318,282	115	17.5	1,121	74	180	27.4	1,759	0.7	40	0.7	40		
Male	953,059	99,493,215	20,493	7.9	223,290	125	34,219	13.2	366,563	0.5	31	0.5	31		
Disabled	612,432	71,483,807	13,088	30.5	145,744	144	19,163	44.6	210,176	0.5	34	0.5	34		
5 and younger	2,123	294,991	22	5.6	247	70	5	1.3	60	0.5	24	0.5	24		
6-14	14,223	2,967,298	499	29.4	5,680	124	360	21.2	4,133	0.5	30	0.5	30		
15-20	24,160	6,183,908	1,002	36.3	11,098	128	940	34.0	10,347	0.5	36	0.5	36		
21-44	257,842	33,063,261	7,383	38.4	82,223	146	9,309	48.4	101,509	0.5	34	0.5	34		
45-64	313,455	28,931,549	4,169	22.2	46,359	147	8,538	45.4	94,017	0.6	35	0.6	35		
65-74	604	41,285	13	24.5	137	93	10	18.9	98	0.6	43	0.6	43		
75-84	19	1,123	0	0.0	0	0	1	50.0	12	0.3	6	0.3	6		
85 and older	6	392	0	0.0	0	0	0	0.0	0	0.0	0	0.0	0		
Other Eligibles	340,627	28,009,408	7,405	3.4	77,546	89	15,056	7.0	156,387	0.4	27	0.4	27		
5 and younger	45,839	3,329,049	245	0.4	2,742	58	199	0.3	2,243	0.3	12	0.3	12		
6-14	109,859	10,579,938	3,650	4.9	39,485	91	5,386	7.3	59,451	0.4	27	0.4	27		
15-20	61,518	6,042,565	2,114	5.8	21,175	104	3,645	9.9	36,993	0.4	29	0.4	29		
21-44	85,910	5,405,530	1,033	2.9	10,279	57	4,675	13.3	45,735	0.3	25	0.3	25		
45-64	20,822	1,478,764	100	2.1	973	56	799	16.8	8,131	0.4	27	0.4	27		
65-74	11,678	844,557	167	19.6	1,927	140	222	26.1	2,528	0.6	38	0.6	38		
75-84	3,515	227,010	57	14.7	578	80	83	21.4	855	0.7	43	0.7	43		
85 and older	1,486	101,995	39	20.2	387	65	47	24.4	451	0.7	43	0.7	43		
Unknown	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 Missouri, 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, MISSOURI, 2003

Beneficiary Characteristics	ANTICONVULSANT				ANTIASTHMATIC				ANALGESICS - Narcotic					
	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	42,794	7.0 %	467,314	0.6	112,765	18.5 %	1,230,863	0.3	\$61	164,433	26.9 %	1,783,158	0.3	\$12
Female	25,891	7.4	283,820	0.6	66,651	18.9	728,434	0.3	59	113,560	32.3	1,235,998	0.3	11
Disabled	17,027	33.4	191,411	0.7	25,523	50.1	288,207	0.4	66	43,725	85.8	492,312	0.4	19
5 and younger	46	15.4	506	0.6	135	45.2	1,488	0.3	18	20	6.7	221	0.2	3
6-14	268	29.0	3,063	0.8	309	33.4	3,561	0.4	24	130	14.1	1,497	0.2	4
15-20	566	29.8	6,144	0.8	443	23.7	4,935	0.3	20	678	36.3	7,543	0.2	7
21-44	7,996	39.3	89,627	0.6	8,646	42.5	97,821	0.3	21	18,381	90.4	207,664	0.3	17
45-64	8,150	29.7	91,968	0.7	15,965	58.2	180,188	0.5	31	24,483	89.2	275,078	0.4	21
65-74	11	13.8	103	0.7	24	30.0	202	0.5	26	32	40.0	297	0.3	19
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	1	25.0	12	0.5	9	1	25.0	12	0.1	1
Other Eligibles	8,864	2.9	92,409	0.4	41,128	13.7	440,227	0.2	14	69,835	23.2	743,686	0.2	5
5 and younger	353	0.6	3,841	0.5	10,576	17.6	113,619	0.2	12	1,601	2.7	18,251	0.1	1
6-14	1,200	1.7	13,093	0.6	9,534	13.6	106,205	0.2	15	4,637	6.6	53,030	0.1	1
15-20	1,334	2.8	13,554	0.5	5,261	10.9	56,289	0.2	12	11,309	23.4	121,984	0.1	2
21-44	5,170	4.6	53,576	0.4	13,674	12.1	142,405	0.2	13	48,419	42.8	510,375	0.2	6
45-64	455	7.2	4,456	0.5	1,209	19.2	12,092	0.3	22	2,782	44.1	28,164	0.3	12
65-74	214	14.0	2,464	0.8	620	40.6	6,987	0.5	33	679	44.5	7,702	0.4	13
75-84	96	12.7	1,060	0.8	159	21.0	1,717	0.5	29	247	32.6	2,715	0.4	16
85 and older	42	6.4	365	0.8	95	14.5	913	0.3	17	161	24.5	1,465	0.5	18
Male	16,903	6.5	183,494	0.6	46,114	17.8	502,429	0.3	19	50,873	19.7	547,160	0.3	14
Disabled	11,548	26.9	127,779	0.7	11,791	27.5	130,922	0.4	29	24,220	56.4	264,497	0.4	24
5 and younger	84	21.4	925	0.7	191	48.6	2,105	0.4	25	39	9.9	414	0.1	1
6-14	480	28.2	5,527	0.8	592	34.8	6,884	0.4	26	186	10.9	2,183	0.1	4
15-20	802	29.0	8,964	0.7	476	17.2	5,438	0.3	21	615	22.3	6,885	0.2	7
21-44	6,070	31.6	67,256	0.7	3,478	18.1	38,739	0.3	20	10,879	56.6	118,913	0.3	22
45-64	4,107	21.9	45,060	0.7	7,027	37.4	77,501	0.5	34	12,478	66.4	135,854	0.4	26
65-74	5	9.4	47	0.7	25	47.2	231	0.6	39	22	41.5	236	0.4	19
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	1	50.0	12	0.6	9
85 and older	0	0.0	0	0.0	2	100.0	24	0.2	15	0	0.0	0	0.0	0
Other Eligibles	5,355	2.5	55,715	0.5	34,323	15.9	371,507	0.2	15	26,653	12.4	282,663	0.2	6
5 and younger	413	0.7	4,534	0.5	14,916	23.5	160,170	0.2	14	2,224	3.5	25,198	0.1	1
6-14	1,954	2.6	21,219	0.5	12,202	16.5	135,973	0.2	16	4,836	6.5	55,462	0.1	1
15-20	1,214	3.3	12,098	0.5	3,689	10.1	39,415	0.2	14	5,116	14.0	55,240	0.1	2
21-44	1,396	4.0	13,850	0.4	2,589	7.4	26,239	0.2	13	12,295	35.0	124,347	0.2	9
45-64	225	4.7	2,329	0.5	551	11.6	5,537	0.4	26	1,772	37.3	17,970	0.3	16
65-74	107	12.6	1,203	0.8	264	31.0	3,002	0.6	37	256	30.1	2,867	0.4	13
75-84	32	8.3	335	0.7	78	20.2	833	0.5	28	105	27.1	1,104	0.3	8
85 and older	14	7.3	147	0.7	34	17.6	338	0.3	13	49	25.4	475	0.4	18
Unknown	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 Missouri, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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

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

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

TABLE ND.7C

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

Beneficiary Characteristics	ANTIVIRAL					ANALGESICS - ANTI-INFLAMMATORY					MISC. HEMATOLOGICAL				
	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 Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month
All	19,928	3.3 %	219,512	0.2	\$67	90,037	14.7 %	983,736	0.2	\$13	4,638	0.8 %	50,354	0.5	\$248
Female	11,197	3.2	123,203	0.2	44	62,006	17.6	678,259	0.2	14	2,684	0.8	29,512	0.5	59
Disabled	2,542	5.0	28,403	0.3	135	23,652	46.4	269,744	0.3	25	2,277	4.5	25,316	0.5	57
5 and younger	15	5.0	160	0.1	8	9	3.0	105	0.2	3	0	0.0	0	0.0	0
6-14	46	5.0	534	0.2	54	84	9.1	968	0.2	4	0	0.0	0	0.0	0
15-20	70	3.7	732	0.2	37	431	23.1	4,862	0.2	10	5	0.3	52	0.6	45
21-44	1,222	6.0	13,591	0.3	128	8,953	44.0	102,063	0.3	15	289	1.4	3,264	0.4	46
45-64	1,188	4.3	13,374	0.3	152	14,151	51.6	161,491	0.4	31	1,977	7.2	21,937	0.5	59
65-74	1	1.3	12	0.1	6	21	26.3	219	0.5	44	6	7.5	63	0.6	55
75-84	0	0.0	0	0.0	0	2	50.0	24	0.2	19	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	25.0	12	0.4	35	0	0.0	0	0.0	0
Other Eligibles	8,655	2.9	94,800	0.1	17	38,354	12.7	408,515	0.2	7	407	0.1	4,196	0.5	69
5 and younger	1,968	3.3	21,979	0.1	4	2,292	3.8	25,545	0.1	2	3	0.0	32	0.1	28
6-14	2,230	3.2	25,604	0.1	7	3,972	5.6	45,310	0.1	3	4	0.0	48	0.4	1,035
15-20	1,306	2.7	14,263	0.1	8	7,237	15.0	78,218	0.1	3	12	0.0	123	0.1	172
21-44	2,933	2.6	30,575	0.2	35	22,252	19.7	231,991	0.2	7	124	0.1	1,274	0.4	45
45-64	143	2.3	1,544	0.2	73	1,699	26.9	17,071	0.3	20	77	1.2	710	0.5	59
65-74	41	2.7	466	0.1	36	636	41.7	7,406	0.4	31	103	6.7	1,137	0.5	54
75-84	17	2.2	194	0.1	5	192	25.3	2,189	0.5	41	56	7.4	593	0.6	61
85 and older	17	2.6	175	0.1	5	74	11.3	785	0.5	41	28	4.3	279	0.7	72
Male	8,731	3.4	96,309	0.2	96	28,031	10.8	305,477	0.2	11	1,954	0.8	20,842	0.6	515
Disabled	3,036	7.1	32,657	0.5	254	11,621	27.1	129,744	0.3	19	1,622	3.8	17,451	0.6	445
5 and younger	13	3.3	140	0.1	6	22	5.6	236	0.1	2	4	1.0	48	0.3	1,539
6-14	92	5.4	1,070	0.3	63	111	6.5	1,290	0.2	16	1	0.1	12	3.4	101,593
15-20	69	2.5	785	0.1	35	378	13.7	4,188	0.2	5	11	0.4	132	2.6	24,608
21-44	1,760	9.2	18,812	0.5	249	4,878	25.4	54,458	0.3	13	215	1.1	2,205	0.5	908
45-64	1,100	5.9	11,828	0.5	297	6,222	33.1	69,462	0.4	25	1,390	7.4	15,042	0.5	81
65-74	2	3.8	22	0.2	5	10	18.9	110	0.4	39	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.7	79
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	5,695	2.6	63,652	0.1	15	16,410	7.6	175,733	0.2	5	332	0.2	3,391	0.6	874
5 and younger	2,103	3.3	23,520	0.1	4	2,425	3.8	26,767	0.1	2	10	0.0	113	0.9	2,646
6-14	2,201	3.0	25,093	0.1	6	3,482	4.7	39,776	0.1	2	16	0.0	188	0.8	7,951
15-20	709	1.9	7,921	0.1	8	3,819	10.4	41,262	0.1	2	7	0.0	80	2.1	12,450
21-44	574	1.6	5,946	0.2	75	5,427	15.5	54,888	0.2	8	107	0.3	1,073	0.4	61
45-64	84	1.8	894	0.2	217	951	20.0	9,617	0.3	17	94	2.0	872	0.5	55
65-74	16	1.9	192	0.2	98	215	25.3	2,446	0.4	25	59	6.9	649	0.6	54
75-84	3	0.8	32	0.1	2	65	16.8	713	0.4	42	27	7.0	284	0.6	65
85 and older	5	2.6	54	0.1	11	26	13.5	264	0.4	32	12	6.2	132	0.7	69
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 Missouri, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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

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

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

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, MISSOURI, 2003

Beneficiary Characteristics	ANTIDIABETIC				ULCER DRUGS				Number of Beneficiaries	Mean Benefit per Month	Mean Rx \$ per Benefit Month	Number of Benefit Months	Mean Rx \$ per Benefit Month	Number of Benefit Months	Number of Beneficiaries	Mean Benefit per Month	Mean Rx \$ per Benefit Month	Number of Benefit Months
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month										
All	28,962	4.7 %	312,961	0.6	64,980	10.6 %	708,951	0.3	\$15	\$15	610,558	4,894,066						
Female	19,600	5.6	213,413	0.6	43,460	12.3	477,431	0.3	14	14	352,104	2,784,382						
Disabled	14,722	28.9	164,806	0.7	22,657	44.5	257,025	0.3	18	18	50,950	523,253						
5 and younger	2	0.7	24	1.5	55	18.4	596	0.4	33	33	299	2,677						
6-14	15	1.6	162	0.6	148	16.0	1,659	0.5	49	49	925	10,262						
15-20	80	4.3	835	0.6	316	16.9	3,620	0.3	20	20	1,868	18,948						
21-44	3,184	15.7	35,787	0.6	7,522	37.0	85,604	0.3	16	16	20,333	210,961						
45-64	11,419	41.6	127,764	0.7	14,596	53.2	165,339	0.4	18	18	27,437	279,581						
65-74	22	27.5	234	0.7	19	23.8	195	0.5	28	28	80	728						
75-84	0	0.0	0	0.0	1	25.0	12	0.3	4	4	4	48						
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0	4	48						
Other Eligibles	4,878	1.6	48,607	0.5	20,803	6.9	220,406	0.2	11	11	301,154	2,261,129						
5 and younger	21	0.0	205	0.4	1,869	3.1	17,490	0.2	10	10	60,125	465,623						
6-14	242	0.3	2,615	0.6	2,471	3.5	28,026	0.2	9	9	70,333	600,617						
15-20	342	0.7	3,464	0.5	3,130	6.5	33,968	0.2	7	7	48,232	347,323						
21-44	2,700	2.4	26,003	0.5	11,156	9.9	117,872	0.2	11	11	113,213	775,278						
45-64	660	10.5	6,050	0.6	1,171	18.6	11,868	0.3	16	16	6,310	42,933						
65-74	640	41.9	7,406	0.7	636	41.7	7,344	0.4	16	16	1,527	16,463						
75-84	199	26.3	2,106	0.7	231	30.5	2,460	0.4	21	21	758	7,173						
85 and older	74	11.3	758	0.8	139	21.2	1,378	0.6	22	22	656	5,719						
Male	9,362	3.6	99,548	0.6	21,520	8.3	231,520	0.3	16	16	258,448	2,109,666						
Disabled	7,189	16.7	78,198	0.6	11,469	26.7	127,080	0.4	20	20	42,920	422,700						
5 and younger	0	0.0	0	0.0	80	20.4	851	0.5	48	48	393	3,520						
6-14	17	1.0	181	0.7	151	8.9	1,727	0.5	58	58	1,700	18,735						
15-20	48	1.7	511	0.6	306	11.1	3,453	0.3	24	24	2,762	27,913						
21-44	1,795	9.3	19,731	0.6	4,244	22.1	47,188	0.4	19	19	19,218	190,000						
45-64	5,319	28.3	57,669	0.7	6,675	35.5	73,729	0.4	19	19	18,790	181,952						
65-74	9	17.0	94	0.5	13	24.5	132	0.5	28	28	53	532						
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0	2	24						
85 and older	1	50.0	12	0.1	0	0.0	0	0.0	0	0	2	24						
Other Eligibles	2,173	1.0	21,350	0.6	10,051	4.7	104,440	0.2	12	12	215,528	1,686,966						
5 and younger	32	0.1	359	0.7	2,187	3.4	20,534	0.2	11	11	63,442	491,588						
6-14	225	0.3	2,479	0.7	2,076	2.8	23,919	0.2	9	9	74,149	635,069						
15-20	181	0.5	1,827	0.7	1,455	4.0	15,820	0.2	8	8	36,639	273,898						
21-44	912	2.6	8,565	0.5	3,223	9.2	32,493	0.2	15	15	35,112	238,690						
45-64	448	9.4	4,011	0.6	687	14.4	7,002	0.3	16	16	4,755	33,523						
65-74	251	29.5	2,785	0.7	273	32.1	3,141	0.4	18	18	851	8,806						
75-84	96	24.8	1,038	0.7	101	26.1	1,054	0.4	23	23	387	3,690						
85 and older	28	14.5	286	0.6	49	25.4	477	0.4	29	29	193	1,702						
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0	6	18						

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Missouri, 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, MISSOURI, 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	\$554	8.4	1,767	18,747
Age				
0-64	619	8.9	1,221	13,173
65-74	505	8.1	195	2,110
75-84	392	7.6	171	1,733
85 and older	287	6.1	180	1,731
Unknown	0	0.0	0	0
Gender				
Female	568	8.8	988	10,531
Male	538	7.9	779	8,216
Unknown	0	0.0	0	0
Race				
White	562	8.8	1,200	12,567
African American	552	7.6	508	5,571
Other/unknown	416	6.4	59	609
Basis of Eligibility^c				
Aged	401	7.3	538	5,496
Disabled	618	8.9	1,229	13,251
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for Missouri, 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 1,798 beneficiaries who were in nursing facilities for part of their enrollment and their 17,942 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, MISSOURI, 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	
															Number of Users	Percentage
Anti-infective Agents	0.5	0.2	0.0	0.2	\$47	\$40	\$1	\$6	\$97	\$164	\$74	\$25	\$617,748	1,207	68.3 %	13,260
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	21	18	42	28	4,410	183	10.4	2,120
Antineoplastic Agents	0.6	0.1	0.0	0.4	105	61	3	41	183	463	378	94	93,987	89	5.0	898
Endocrine/Metabolic Drugs	1.3	0.7	0.1	0.5	61	49	3	8	45	74	20	16	564,155	850	48.1	9,284
Cardiovascular Agents	2.0	0.6	0.0	1.4	65	38	1	25	32	65	21	18	813,601	1,175	66.5	12,607
Respiratory Agents	0.9	0.5	0.0	0.4	44	36	1	7	50	75	42	18	399,186	823	46.6	9,071
Gastrointestinal Agents	1.1	0.3	0.0	0.8	43	28	1	14	40	110	103	17	458,059	975	55.2	10,598
Genitourinary Agents	0.7	0.5	0.0	0.2	50	46	0	4	72	88	33	22	215,146	388	22.0	4,293
CNS Drugs	2.2	1.3	0.0	0.9	248	222	3	24	110	165	60	28	3,940,774	1,463	82.8	15,885
Stimulants/Anti-obesity/Anorexia	0.3	0.0	0.2	0.1	25	0	19	6	76	10	116	39	1,210	5	0.3	49
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	132	132	0	0	146	146	0	10	273,872	190	10.8	2,078
Analgesics and Anesthetics	1.2	0.4	0.0	0.7	57	44	1	12	48	107	42	16	600,888	977	55.3	10,480
Neuromuscular Agents	1.7	0.8	0.1	0.8	123	91	5	27	72	121	41	33	1,402,510	1,021	57.8	11,416
Nutritional Products	0.8	0.0	0.1	0.7	15	0	1	14	20	21	22	20	110,549	659	37.3	7,151
Hematological Agents	1.3	0.5	0.2	0.7	93	81	3	10	72	169	19	15	561,556	560	31.7	6,016
Topical Products	0.5	0.2	0.0	0.3	26	16	3	6	48	74	81	22	294,478	1,020	57.7	11,371
Miscellaneous Products	0.4	0.1	0.0	0.3	15	9	1	5	33	69	303	16	27,143	168	9.5	1,861
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	13	0	0	0	52	0	0	0	14,407	96	5.4	1,074
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.	10,393,679	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Missouri, 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 1,798 beneficiaries who were in nursing facilities for part of their enrollment and their 17,942 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 Missouri, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, MISSOURI, 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	\$2,822,581	1,452	82.2 %	16,341	0.8	\$206	\$173	
ANTICONVULSANT	1,163,136	1,173	66.4	13,220	1.1	80	88	
ANTIDEPRESSANTS	917,893	1,496	84.7	16,563	0.9	65	55	
ANTIIDIABETIC	372,891	812	46.0	9,070	0.9	46	41	
HEMATOPOIETIC AGENTS	320,803	367	20.8	4,005	0.9	90	80	
ANALGESICS - Narcotic	315,949	1,084	61.3	11,645	0.7	39	27	
ULCER DRUGS	287,928	1,013	57.3	11,101	0.6	41	26	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	273,872	190	10.8	2,078	0.9	146	132	
ANTIASTHMATIC	262,047	761	43.1	8,281	0.6	55	32	
ANTIVIRAL	238,256	173	9.8	1,971	0.4	341	121	
Total	6,975,356	8,521		94,275	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Missouri, 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 1,798 beneficiaries who were in nursing facilities for part of their enrollment and their 17,942 benefit months were excluded from the analysis.

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

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

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

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

TABLE ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, MISSOURI, 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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	76,379	\$6,975,356	1,452	82.2 %	16,341	0.8	\$173	1,173	66.4 %	13,220	1.1	\$88					
Female	43,697	3,945,592	863	87.3	9,734	0.8	171	647	65.5	7,335	1.1	87					
Disabled	31,567	3,043,002	645	105.2	7,315	0.9	185	518	84.5	5,871	1.1	92					
64 or younger	31,462	3,030,859	640	105.1	7,261	0.9	185	517	84.9	5,859	1.1	92					
65-74	105	12,143	5	125.0	54	0.4	82	1	25.0	12	1.1	56					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	12,130	902,590	218	58.1	2,419	0.8	128	129	34.4	1,464	1.0	67					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	4,843	423,025	99	91.7	1,143	0.8	175	65	60.2	744	1.1	76					
75-84	4,096	268,189	55	44.7	606	0.8	85	44	35.8	524	0.8	62					
85 and older	3,191	211,376	64	44.4	670	0.7	87	20	13.9	196	0.8	46					
Male	32,682	3,029,764	589	75.6	6,607	0.8	176	526	67.5	5,885	1.1	90					
Disabled	27,645	2,629,117	477	77.4	5,371	0.9	187	470	76.3	5,250	1.1	94					
64 or younger	27,527	2,621,316	472	77.1	5,326	0.9	188	469	76.6	5,247	1.1	94					
65-74	118	7,801	5	125.0	45	0.7	86	1	25.0	3	0.7	9					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	5,037	400,647	112	68.7	1,236	0.7	128	56	34.4	635	1.0	50					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	3,039	254,556	63	79.7	718	0.8	157	38	48.1	430	1.0	60					
75-84	1,389	97,831	30	62.5	324	0.7	92	14	29.2	161	0.9	25					
85 and older	609	48,260	19	52.8	194	0.7	81	4	11.1	44	0.8	40					
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 Missouri, 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 1,798 beneficiaries who were in nursing facilities for part of their enrollment and their 17,942 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, MISSOURI, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTI-DIABETIC					HEMATOPOIETIC AGENTS				
	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	1,496	84.7 %	16,563	0.9	\$55	812	46.0 %	9,070	0.9	\$41	367	20.8 %	4,005	0.9	\$80
Female	888	89.9	9,819	0.9	56	478	48.4	5,331	0.9	42	193	19.5	2,115	0.7	64
Disabled	610	99.5	6,855	0.9	58	329	53.7	3,623	0.9	45	124	20.2	1,336	0.8	86
64 or younger	608	99.8	6,837	0.9	58	327	53.7	3,611	0.9	45	123	20.2	1,330	0.8	84
65-74	2	50.0	18	0.9	69	2	50.0	12	0.6	20	1	25.0	6	2.2	634
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	278	74.1	2,964	0.8	52	149	39.7	1,708	0.9	37	69	18.4	779	0.5	26
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	82	75.9	945	0.9	58	69	63.9	795	0.9	42	23	21.3	263	0.7	38
75-84	92	74.8	966	0.8	53	50	40.7	560	0.8	32	19	15.4	208	0.5	42
85 and older	104	72.2	1,053	0.8	44	30	20.8	353	0.9	35	27	18.8	308	0.4	6
Male	608	78.0	6,744	0.8	54	334	42.9	3,739	0.9	39	174	22.3	1,890	1.1	98
Disabled	501	81.3	5,627	0.8	54	264	42.9	2,973	0.9	37	146	23.7	1,607	1.1	106
64 or younger	497	81.2	5,591	0.8	54	264	43.1	2,973	0.9	37	146	23.9	1,607	1.1	106
65-74	4	100.0	36	0.6	39	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	107	65.6	1,117	0.8	54	70	42.9	766	0.9	48	28	17.2	283	0.6	52
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	59	74.7	615	0.9	54	40	50.6	420	1.0	52	11	13.9	116	0.8	121
75-84	30	62.5	332	0.9	61	23	47.9	262	0.8	41	11	22.9	108	0.4	5
85 and older	18	50.0	170	0.6	42	7	19.4	84	0.8	50	6	16.7	59	0.6	5
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Missouri, 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 1,798 beneficiaries who were in nursing facilities for part of their enrollment and their 17,942 benefit months were excluded from the analysis.

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

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

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0ffed-80a9-4487-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.10C

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

Beneficiary Characteristics	ANALGESICS - Narcotic				ULCER DRUGS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						
	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	1,084	61.3 %	11,645	0.7	\$27	1,013	57.3 %	11,101	0.6	\$26	190	10.8 %	2,078	0.9	\$132
Female	642	65.0	6,918	0.7	28	553	56.0	6,014	0.6	26	117	11.8	1,262	0.9	135
Disabled	444	72.4	4,876	0.7	29	344	56.1	3,786	0.6	26	40	6.5	441	0.8	148
64 or younger	441	72.4	4,846	0.7	29	341	56.0	3,756	0.6	26	40	6.6	441	0.8	148
65-74	3	75.0	30	0.4	34	3	75.0	30	0.7	21	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	198	52.8	2,042	0.6	25	209	55.7	2,228	0.7	25	77	20.5	821	1.0	128
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	51	47.2	545	0.6	14	78	72.2	876	0.6	25	14	13.0	168	0.8	115
75-84	78	63.4	837	0.7	32	71	57.7	735	0.6	23	30	24.4	318	1.0	135
85 and older	69	47.9	660	0.5	25	60	41.7	617	0.7	27	33	22.9	335	1.0	127
Male	442	56.7	4,727	0.7	26	460	59.1	5,087	0.6	26	73	9.4	816	0.9	127
Disabled	374	60.7	4,017	0.7	28	373	60.6	4,164	0.6	26	42	6.8	458	0.9	135
64 or younger	370	60.5	3,975	0.7	28	370	60.5	4,140	0.6	25	42	6.9	458	0.9	135
65-74	4	100.0	42	0.7	9	3	75.0	24	1.0	80	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	68	41.7	710	0.8	17	87	53.4	923	0.6	29	31	19.0	358	0.9	118
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	37	46.8	389	1.1	22	44	55.7	473	0.6	22	12	15.2	137	0.9	121
75-84	18	37.5	183	0.4	10	25	52.1	263	0.5	30	13	27.1	156	0.8	113
85 and older	13	36.1	138	0.4	9	18	50.0	187	0.5	47	6	16.7	65	1.0	120
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 Missouri, 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 1,798 beneficiaries who were in nursing facilities for part of their enrollment and their 17,942 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, MISSOURI, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTIVIRAL						
	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	761	43.1 %	8,281	0.6	\$32	173	9.8 %	1,971	0.4	\$121	1,767	18,747
Female	480	48.6	5,198	0.5	31	86	8.7	975	0.2	62	988	10,531
Disabled	306	49.9	3,365	0.6	34	56	9.1	645	0.3	90	613	6,685
64 or younger	305	50.1	3,353	0.6	34	55	9.0	633	0.3	92	609	6,643
65-74	1	25.0	12	0.1	1	1	25.0	12	0.1	6	4	42
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	174	46.4	1,833	0.5	24	30	8.0	330	0.1	5	375	3,846
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	66	61.1	705	0.5	26	8	7.4	84	0.1	6	108	1,196
75-84	60	48.8	656	0.6	29	9	7.3	106	0.1	6	123	1,254
85 and older	48	33.3	472	0.3	16	13	9.0	140	0.1	5	144	1,396
Male	281	36.1	3,083	0.6	33	87	11.2	996	0.5	179	779	8,216
Disabled	221	35.9	2,449	0.6	34	79	12.8	904	0.5	197	616	6,566
64 or younger	217	35.5	2,422	0.6	35	79	12.9	904	0.5	197	612	6,530
65-74	4	100.0	27	0.4	9	0	0.0	0	0.0	0	4	36
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	60	36.8	634	0.5	28	8	4.9	92	0.1	5	163	1,650
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	35	44.3	370	0.5	32	3	3.8	36	0.1	5	79	836
75-84	20	41.7	215	0.7	25	1	2.1	12	0.1	1	48	479
85 and older	5	13.9	49	0.4	20	4	11.1	44	0.1	7	36	335
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 Missouri, 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 1,798 beneficiaries who were in nursing facilities for part of their enrollment and their 17,942 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}
 MISSOURI, 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			All Nondual Rx \$	4.1 %
All	201,231	33.0 %	1.4	842,158	\$28	\$16,831,575	\$20	4.1 %	610,558
Age									
5 and younger	46,826	37.7	1.0	122,436	18	2,197,706	18	9.3	124,259
6-14	44,813	30.5	0.7	107,070	16	2,363,607	22	5.2	147,107
15-20	22,271	24.9	0.6	57,527	15	1,332,791	23	3.8	89,501
21-44	56,739	30.2	1.5	283,022	31	5,854,360	21	3.9	187,876
45-64	28,689	50.1	4.5	255,736	84	4,815,072	19	3.2	57,292
65-74	1,181	47.0	4.4	10,929	74	184,769	17	3.3	2,511
75-84	430	37.4	2.8	3,237	44	50,202	16	2.7	1,151
85 and older	282	33.0	2.6	2,201	39	33,068	15	3.5	855
Unknown	0	0.0	0.0	0	0	0	0	0.0	6
Basis of Eligibility^c									
Aged	2,003	42.0	3.6	16,924	58	274,153	16	3.2	4,764
Disabled	47,010	50.1	4.3	402,136	90	8,450,218	21	3.2	93,870
Adults	45,222	25.4	0.9	158,983	16	2,907,256	18	4.8	177,944
Children	106,996	32.0	0.8	264,115	16	5,199,948	20	6.3	333,980
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	122,508	34.8	1.6	549,008	31	10,873,019	20	4.5	352,104
Male	78,723	30.5	1.1	293,150	23	5,958,556	20	3.5	258,454
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	173,820	36.0	1.5	722,473	30	14,463,914	20	4.2	482,587
African American	20,053	20.3	0.9	90,608	17	1,708,720	19	3.1	98,938
Other/unknown	7,358	25.3	1.0	29,077	23	658,941	23	4.7	29,033
Use of Nursing Facilities^d									
Entire year	1,283	72.6	8.8	15,499	165	291,765	19	2.8	1,767
Part year	1,424	79.2	8.2	14,712	180	324,375	22	3.6	1,798
None	198,524	32.7	1.3	811,947	27	16,215,435	20	4.1	606,993
Maintenance Assistance Status									
Cash	136,886	35.3	1.6	616,045	31	12,096,027	20	4.2	387,775
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	23,881	26.7	0.6	56,039	11	1,005,632	18	5.9	89,429
Other/unknown	40,464	30.3	1.3	170,074	28	3,729,916	22	3.5	133,354

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Missouri, 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}
 MISSOURI, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$3	\$20	\$0	\$1	4,894,066
Age						
5 and younger	0.1	2	18	0	0	963,408
6-14	0.1	2	22	0	0	1,264,683
15-20	0.1	2	23	0	0	668,082
21-44	0.2	4	21	0	1	1,414,929
45-64	0.5	9	19	0	3	537,989
65-74	0.4	7	17	0	2	26,529
75-84	0.3	5	16	0	1	10,935
85 and older	0.3	4	15	0	1	7,493
Unknown	0.0	0	0	0	0	18
Basis of Eligibility^c						
Aged	0.4	6	16	0	2	44,640
Disabled	0.4	9	21	0	3	945,953
Adults	0.1	2	18	0	1	1,206,915
Children	0.1	2	20	0	0	2,696,558
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	4	20	0	1	2,784,382
Male	0.1	3	20	0	1	2,109,684
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	4	20	0	1	4,128,570
African American	0.2	3	19	0	0	576,478
Other/unknown	0.2	3	23	0	1	189,018
Use of Nursing Facilities^d						
Entire year	0.8	16	19	0	7	18,747
Part year	0.8	18	22	0	5	17,942
None	0.2	3	20	0	1	4,857,377
Maintenance Assistance Status						
Cash	0.2	4	20	0	1	3,171,230
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	2	18	0	0	619,217
Other/unknown	0.2	3	22	0	1	1,103,619

Table ND12

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Missouri, 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}
 MISSOURI, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
			Total Rx \$	Excluded Rx \$			
All	281,850	\$60	\$16,831,575	100.0 %	842,158	\$20	100.0 %
Anorexia or weight loss/gain	4	78	311	0.0	17	18	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	196	19	3,640	0.0	256	14	0.0
Cough and cold medications	137,708	46	6,366,741	37.8	296,135	21	35.2
Vitamins and minerals	20,081	86	1,725,439	10.3	87,584	20	10.4
Non-prescription drugs	77,287	34	2,651,286	15.8	187,454	14	22.3
Barbiturates	1,248	86	106,799	0.6	10,447	10	1.2
Benzodiazepines	36,064	109	3,939,424	23.4	229,678	17	27.3
Other Part D Excl Rx Drugs	9,262	220	2,037,935	12.1	30,587	67	3.6

Source: Data for this table are from the MAX 2003 file for Missouri, 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, MISSOURI, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	993,402	4,764	94,073	262,313	632,252	10,080,217	44,659	957,274	2,467,062	6,611,222	0
Age											
5 and younger	231,946	0	703	22	231,221	2,321,357	0	6,784	107	2,314,466	0
6-14	288,461	0	2,658	55	285,748	3,152,034	0	30,272	415	3,121,347	0
15-20	143,915	15	4,673	24,634	114,593	1,446,811	43	49,577	225,502	1,171,689	0
21-44	260,869	205	39,636	220,353	675	2,488,836	594	405,848	2,078,754	3,640	0
45-64	63,684	183	46,258	17,234	9	626,129	520	463,389	162,158	62	0
65-74	2,515	2,370	133	12	0	26,603	25,240	1,260	103	0	0
75-84	1,151	1,144	6	1	0	10,936	10,852	72	12	0	0
85 and older	855	847	6	2	0	7,493	7,410	72	11	0	0
Unknown	6	0	0	0	6	18	0	0	0	18	0
Gender											
Female	568,899	3,340	51,084	206,733	307,742	5,767,536	30,502	530,448	1,979,438	3,227,148	0
Male	424,503	1,424	42,989	55,580	324,510	4,312,681	14,157	426,826	487,624	3,384,074	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	682,777	2,661	68,421	186,647	425,048	6,821,381	23,685	688,391	1,721,592	4,387,713	0
African American	261,652	1,006	21,836	57,651	181,159	2,789,879	9,666	232,173	581,166	1,966,874	0
Other/unknown	48,973	1,097	3,816	18,015	26,045	468,957	11,308	36,710	164,304	256,635	0
Use of Nursing Facilities^c											
Entire year	1,767	538	1,229	0	0	18,747	5,496	13,251	0	0	0
Part year	1,799	278	1,511	7	3	18,063	2,471	15,480	77	35	0
None	989,836	3,948	91,333	262,306	632,249	10,043,407	36,692	928,543	2,466,985	6,611,187	0
Maintenance Assistance Status											
Cash	657,370	1,709	59,628	220,119	375,914	6,808,631	19,489	657,592	2,143,191	3,988,359	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	136,794	425	18	23,230	113,121	1,291,029	1,280	126	139,804	1,149,819	0
Other/unknown	199,238	2,630	34,427	18,964	143,217	1,980,557	23,890	299,556	184,067	1,473,044	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	469,949	4,755	92,191	122,855	250,148	4,557,934	44,583	936,298	1,062,686	2,514,367	0
FFS part year, with Rx claims	37,634	9	1,307	19,563	16,755	367,300	76	14,790	183,683	168,751	0
FFS part year, no Rx claims	102,975	0	372	35,526	67,077	929,225	0	3,810	309,057	616,358	0
MC all year, with Rx claims	8,678	0	99	2,950	5,629	95,139	0	1,160	30,451	63,528	0
MC all year, no Rx claims	374,166	0	104	81,419	292,643	4,130,619	0	1,216	881,185	3,248,218	0

Source: Data for this table are from the MAX 2003 file for Missouri, 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, MISSOURI, 2003

	Beneficiaries and			Beneficiaries	
	Benefit Months in Cell J of Table 1	Number of Beneficiaries	Number of Months	Included in Cell K of Table 1	Excluded from Cell K of Table 1
	Number of Beneficiaries	Number of Months	Number of Months	Number of Beneficiaries	Number of Months
All	993,402	10,080,217	4,894,066	610,558	5,186,151
Fee-for-service (FFS) all year	469,949	4,557,934	4,557,934	469,949	0
FFS part year, with Rx claims	37,634	367,300	132,216	37,634	235,084
FFS part year, with no Rx claims	102,975	929,225	203,916	102,975	725,309
Managed care (MC) all year, with Rx claims	8,678	95,139	0	0	95,139
MC all year, with no Rx claims	374,166	4,130,619	0	0	4,130,619

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