

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

## LIST OF TABLES

### OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

### FOR ALL MEDICAID BENEFICIARIES

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

### FOR ALL NONDUAL BENEFICIARIES

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

## **FOR DUAL ELIGIBLE BENEFICIARIES**

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

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

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

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

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

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

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

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

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

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

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

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

## **SUPPLEMENTAL TABLES**

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

## **APPENDIX TABLES**

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

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

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

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

TABLE ND.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>3,183,343</b>	<b>43,307</b>	<b>419,581</b>	<b>1,003,187</b>	<b>1,717,268</b>	<b>0</b>	<b>25,273,286</b>	<b>385,814</b>	<b>4,573,179</b>	<b>7,104,518</b>	<b>13,209,775</b>	<b>0</b>
<b>Age</b>												
5 and younger	657,469	0	20,315	0	637,154	0	5,080,020	0	199,623	0	4,880,397	0
6-14	683,866	0	54,209	0	629,657	0	5,785,731	0	594,847	0	5,190,884	0
15-20	370,063	27	35,647	0	334,389	0	2,926,258	122	386,940	0	2,539,196	0
21-44	897,762	215	122,092	770,023	5,432	0	6,720,929	1,265	1,342,359	5,353,819	23,486	0
45-64	412,794	186	179,587	233,020	1	0	3,720,331	1,385	1,968,891	1,750,045	10	0
65-74	23,237	16,991	6,104	142	0	0	218,756	154,321	63,795	640	0	0
75-84	14,588	13,248	1,339	1	0	0	135,999	122,004	13,983	12	0	0
85 and older	12,579	12,295	283	1	0	0	108,034	105,312	2,720	2	0	0
Unknown	110,985	345	5	0	110,635	0	577,228	1,405	21	0	575,802	0
<b>Gender</b>												
Female	1,759,687	28,814	214,173	674,504	842,196	0	14,030,683	259,881	2,359,221	4,900,532	6,511,049	0
Male	1,350,791	14,375	205,405	328,683	802,328	0	10,798,225	125,352	2,213,947	2,203,986	6,254,940	0
Unknown	72,865	118	3	0	72,744	0	444,378	581	11	0	443,786	0
<b>Race</b>												
White	1,073,241	13,114	128,291	342,652	589,184	0	8,517,039	113,214	1,385,688	2,407,198	4,610,939	0
African American	821,659	6,405	96,469	294,602	424,183	0	6,359,703	55,946	1,040,192	2,096,300	3,167,265	0
Other/unknown	1,288,443	23,788	194,821	365,933	703,901	0	10,396,544	216,654	2,147,299	2,601,020	5,431,571	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	8,697	1,898	6,644	117	38	0	96,231	19,627	75,114	1,078	412	0
Part year	9,149	993	7,246	811	99	0	94,920	9,829	76,296	7,843	952	0
None	3,165,497	40,416	405,691	1,002,259	1,717,131	0	25,082,135	356,358	4,421,769	7,095,597	13,208,411	0
<b>Maintenance Assistance Status</b>												
Cash	1,466,347	11,332	361,744	293,714	799,557	0	12,929,220	117,904	4,037,417	2,271,728	6,502,171	0
Medically needy	567,105	27,458	56,162	164,490	318,995	0	4,086,168	230,237	521,305	1,092,549	2,242,077	0
Poverty-related	503,998	432	2	4,673	498,891	0	3,617,892	2,805	15	27,627	3,587,445	0
Other/unknown	645,893	4,085	1,673	540,310	99,825	0	4,640,006	34,868	14,442	3,712,614	878,082	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	1,425,669	40,002	346,425	424,707	614,535	0	11,965,963	356,134	3,848,029	3,007,997	4,753,803	0
FFS part year, with Rx claims	562,714	835	18,607	223,944	319,328	0	2,376,354	4,040	97,521	947,939	1,326,854	0
FFS part year, no Rx claims	341,372	325	2,637	106,014	232,396	0	1,265,662	1,046	11,526	380,154	872,936	0
MC all year, with FFS Rx claims	853,588	2,145	51,912	248,522	551,009	0	9,665,307	24,594	616,103	2,768,428	6,256,182	0

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

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

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

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
NONDUAL BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
All	64.6 %	8.7	\$716	\$82	\$4,608	15.5 %	3,183,343
<b>Age</b>							
5 and younger	67.0	3.6	179	50	2,025	8.8	657,469
6-14	65.2	4.2	295	71	2,115	13.9	683,866
15-20	57.4	4.0	293	74	3,061	9.6	370,063
21-44	66.4	9.4	861	91	6,200	13.9	897,762
45-64	78.9	28.6	2,471	87	11,173	22.1	412,794
65-74	64.6	21.8	1,489	68	10,531	14.1	23,237
75-84	48.2	17.8	1,159	65	10,975	10.6	14,588
85 and older	18.0	6.3	404	64	8,257	4.9	12,579
Unknown	10.5	0.4	23	61	650	3.5	110,985
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	45.7	14.4	961	67	9,267	10.4	43,307
Disabled	80.6	30.8	3,042	99	20,423	14.9	419,581
Adults	66.4	8.8	666	76	3,342	19.9	1,003,187
Children	60.1	3.2	171	54	1,367	12.5	1,717,268
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	68.3	9.7	722	74	4,090	17.6	1,759,687
Male	62.4	7.9	746	95	5,480	13.6	1,350,791
Unknown	15.6	0.6	34	61	979	3.5	72,865
<b>Race</b>							
White	67.3	9.2	698	76	4,443	15.7	1,073,241
African American	63.8	7.9	713	90	4,611	15.5	821,659
Other/unknown	62.8	8.9	733	83	4,744	15.5	1,288,443
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	53.5	21.7	3,153	145	89,119	3.5	8,697
Part year	79.7	36.8	4,929	134	83,893	5.9	9,149
None	64.6	8.6	697	81	4,147	16.8	3,165,497
<b>Maintenance Assistance Status</b>							
Cash	71.6	12.0	1,024	86	6,263	16.3	1,466,347
Medically needy	56.6	5.6	393	70	3,994	9.8	567,105
Poverty related	60.5	3.0	152	50	1,139	13.4	503,998
Other/unknown	58.9	8.6	742	86	4,098	18.1	645,893

Table ND3

Nondual Beneficiaries

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

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

TABLE ND.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	Number of Rx. Percentage with:										Beneficiaries	Number
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS <sup>d</sup>		
All	1.1	\$90	15.5 %	35.4 %	45.2 %	6.8 %	7.8 %	3.5 %	1.3 %	\$580	3,183,343	25,273,286
<b>Age</b>												
5 and younger	0.5	23	8.8	33.0	57.0	5.1	3.5	1.0	0.4	262	657,469	5,080,020
6-14	0.5	35	13.9	34.8	55.3	5.0	3.6	0.9	0.4	250	683,866	5,785,731
15-20	0.5	37	9.6	42.6	47.6	4.8	3.6	1.0	0.4	387	370,063	2,926,258
21-44	1.3	115	13.9	33.6	43.0	8.6	9.5	3.7	1.6	828	897,762	6,720,929
45-64	3.2	274	22.1	21.1	25.3	11.5	22.8	14.0	5.3	1,240	412,794	3,720,331
65-74	2.3	158	14.1	35.4	22.0	10.8	20.0	9.9	1.9	1,119	23,237	218,756
75-84	1.9	124	10.6	51.8	15.2	8.0	15.4	8.2	1.4	1,177	14,588	135,999
85 and older	0.7	47	4.9	82.0	6.5	2.8	5.3	3.0	0.5	961	12,579	108,034
Unknown	0.1	4	3.5	89.5	9.4	0.7	0.3	0.1	0.0	125	110,985	577,228
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	1.6	108	10.4	54.3	16.7	7.8	13.7	6.2	1.2	1,040	43,307	385,814
Disabled	2.8	279	14.9	19.4	29.2	11.3	22.5	13.6	3.9	1,874	419,581	4,573,179
Adults	1.2	94	19.9	33.6	42.0	8.9	9.8	3.7	2.0	472	1,003,187	7,104,518
Children	0.4	22	12.5	39.9	51.7	4.4	2.9	0.8	0.3	178	1,717,268	13,209,775
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	1.2	91	17.6	31.7	46.9	7.3	8.6	4.0	1.6	513	1,759,687	14,030,683
Male	1.0	93	13.6	37.6	44.6	6.4	7.2	3.0	1.1	686	1,350,791	10,798,225
Unknown	0.1	6	3.5	84.4	14.0	1.1	0.5	0.1	0.0	161	72,865	444,378
<b>Race</b>												
White	1.2	88	15.7	32.7	47.0	7.1	8.1	3.7	1.5	560	1,073,241	8,517,039
African American	1.0	92	15.5	36.2	45.5	6.5	7.4	3.2	1.2	596	821,659	6,359,703
Other/unknown	1.1	91	15.5	37.2	43.5	6.7	7.8	3.5	1.3	588	1,288,443	10,396,544
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	2.0	285	3.5	46.5	21.9	8.9	12.3	7.2	3.2	8,054	8,697	96,231
Part year	3.5	475	5.9	20.3	22.2	11.3	23.4	17.2	5.6	8,086	9,149	94,920
None	1.1	88	16.8	35.4	45.3	6.7	7.7	3.4	1.3	523	3,165,497	25,082,135
<b>Maintenance Assistance Status</b>												
Cash	1.4	116	16.3	28.4	48.5	7.3	9.4	4.8	1.6	710	1,466,347	12,929,220
Medically needy	0.8	55	9.8	43.4	41.9	6.0	5.7	2.1	0.9	554	567,105	4,086,168
Poverty related	0.4	21	13.4	39.5	51.4	4.6	3.1	0.9	0.4	159	503,998	3,617,892
Other/unknown	1.2	103	18.1	41.1	35.6	8.0	9.5	3.8	2.0	570	645,893	4,640,006

Table ND4

Nondual Beneficiaries

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

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



TABLE ND.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 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	1.1	\$90	\$82	0.6	\$75	\$130	0.0	\$2	\$66	0.5	\$14	\$27
<b>Age</b>												
5 and younger	0.5	23	50	0.2	18	101	0.0	0	55	0.3	4	17
6-14	0.5	35	71	0.3	28	112	0.0	1	87	0.2	6	25
15-20	0.5	37	74	0.2	29	117	0.0	1	83	0.2	7	28
21-44	1.3	115	91	0.7	97	147	0.0	2	69	0.6	16	28
45-64	3.2	274	87	1.8	229	130	0.1	4	59	1.3	41	30
65-74	2.3	158	68	1.4	130	95	0.0	2	45	0.9	26	28
75-84	1.9	124	65	1.1	102	92	0.0	2	39	0.8	21	28
85 and older	0.7	47	64	0.4	38	96	0.0	1	34	0.3	9	26
Unknown	0.1	4	61	0.0	4	152	0.0	0	39	0.0	1	14
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	1.6	108	67	1.0	89	93	0.0	1	41	0.6	17	28
Disabled	2.8	279	99	1.6	235	151	0.1	5	76	1.2	38	32
Adults	1.2	94	76	0.7	78	120	0.0	1	49	0.6	14	26
Children	0.4	22	54	0.2	17	93	0.0	1	70	0.2	4	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	1.2	91	74	0.6	74	117	0.0	2	59	0.6	15	27
Male	1.0	93	95	0.5	79	151	0.0	2	81	0.4	12	28
Unknown	0.1	6	61	0.0	5	154	0.0	0	39	0.1	1	14
<b>Race</b>												
White	1.2	88	76	0.6	71	119	0.0	2	67	0.5	15	28
African American	1.0	92	90	0.5	78	148	0.0	1	65	0.5	13	26
Other/unknown	1.1	91	83	0.6	76	129	0.0	2	66	0.5	13	28
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	2.0	285	145	1.4	263	185	0.0	3	82	0.5	19	38
Part year	3.5	475	134	2.1	426	201	0.1	4	65	1.4	44	33
None	1.1	88	81	0.6	73	128	0.0	2	66	0.5	13	27
<b>Maintenance Assistance Status</b>												
Cash	1.4	116	86	0.7	96	136	0.0	2	71	0.6	17	28
Medically needy	0.8	55	70	0.4	44	110	0.0	1	59	0.4	9	26
Poverty related	0.4	21	50	0.2	16	87	0.0	1	69	0.2	4	20
Other/unknown	1.2	103	86	0.7	88	132	0.0	1	53	0.5	14	27

Source: Data for this table are from the MAX 2003 file for New York, 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 New York, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users <sup>e</sup>								
	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			
															Patented Brand-Name	Off-Patent Brand-Name	Generic
Anti-infective Agents	0.3	0.2	0.0	0.1	\$41	\$37	\$0	\$3	\$131	\$220	\$73	\$24	3,745,849	\$489,484,751	1,275,560	40.1 %	12,060,434
Biologicals	0.4	0.3	0.0	0.0	399	313	12	74	1092	957	2,339	2,219	38,061	41,551,941	11,264	0.4	104,192
Antineoplastic Agents	0.6	0.3	0.0	0.3	210	175	3	32	381	626	188	126	88,938	33,903,541	15,696	0.5	161,367
Endocrine/Metabolic Drugs	0.5	0.3	0.0	0.2	33	25	1	7	61	88	30	32	2,581,783	158,311,144	504,555	15.8	4,774,608
Cardiovascular Agents	1.2	0.7	0.0	0.6	58	45	0	13	46	67	48	22	4,101,984	190,395,793	329,384	10.3	3,286,804
Respiratory Agents	0.5	0.3	0.0	0.2	31	26	1	5	60	85	86	23	3,415,180	206,149,294	694,885	21.8	6,730,925
Gastrointestinal Agents	0.5	0.3	0.0	0.2	48	38	1	9	103	136	193	49	1,432,659	146,948,765	311,079	9.8	3,087,593
Genitourinary Agents	0.2	0.2	0.0	0.0	13	12	0	1	52	58	50	20	354,977	18,619,566	158,087	5.0	1,474,798
CNS Drugs	1.0	0.6	0.0	0.3	107	94	2	11	110	150	143	34	4,014,269	441,834,858	407,595	12.8	4,127,792
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	49	42	1	7	90	101	90	55	317,338	28,582,266	55,985	1.8	581,388
Miscellaneous Psychological/Neurological Agents	0.2	0.1	0.0	0.1	39	22	0	16	173	209	0	141	78,601	13,623,482	34,631	1.1	352,209
Analgesics and Anesthetics	0.4	0.1	0.0	0.2	20	15	0	4	56	137	110	18	2,803,239	156,196,391	822,763	25.8	7,857,256
Neuromuscular Agents	0.6	0.3	0.0	0.3	53	44	2	7	81	129	52	26	1,399,305	113,372,547	210,407	6.6	2,158,833
Nutritional Products	0.2	0.0	0.0	0.2	5	1	0	4	19	31	24	17	344,916	6,577,997	153,244	4.8	1,392,978
Hematological Agents	0.5	0.2	0.0	0.3	112	104	2	6	220	613	33	20	418,098	92,186,564	83,660	2.6	826,091
Topical Products	0.3	0.1	0.0	0.2	14	9	1	5	48	73	63	28	2,484,704	118,291,513	867,922	27.3	8,312,045
Miscellaneous Products	0.5	0.3	0.0	0.2	145	120	13	12	274	447	276	55	60,517	16,590,672	11,647	0.4	114,648
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	7	0	0	0	49	0	0	0	148,052	7,270,786	103,621	3.3	995,565
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	27,828,470	2,279,891,871	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New York, 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 New York, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

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

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

TABLE ND.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIVIRAL	\$360,043,412	128,837	4.0 %	1,374,334	0.6	\$442
ANTIPSYCHOTICS	266,886,557	198,568	6.2	2,133,394	0.6	208
ASTHMA	146,381,318	756,250	23.8	7,428,990	0.3	61
ANTIDEPRESSANTS	132,717,592	350,979	11.0	3,574,824	0.5	73
ULCER DRUGS	121,226,488	301,292	9.5	3,012,940	0.4	107
ANTICONVULSANT	100,182,845	153,715	4.8	1,626,023	0.6	100
DERMATOLOGICAL	88,126,335	1,039,454	32.7	10,149,927	0.2	47
ANALGESICS - ANTI-INFLAMMATORY	82,517,241	782,446	24.6	7,568,956	0.2	49
ANTIDIABETIC	81,112,804	186,902	5.9	1,885,861	0.6	66
ANTIHYPERTENSIVE	70,875,861	137,405	4.3	1,418,246	0.6	90
<b>Total</b>	<b>1,450,070,453</b>	<b>4,035,848</b>		<b>40,173,495</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for New York, 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIVIRAL					ANTIPSYCHOTICS						
	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 \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean \$ per Benefit Month
<b>All</b>	<b>14,038,540</b>	<b>\$1,450,070,453</b>	<b>128,837</b>	<b>4.0 %</b>	<b>1,374,334</b>	<b>0.6</b>	<b>\$262</b>	<b>198,568</b>	<b>6.2 %</b>	<b>2,133,394</b>	<b>0.6</b>	<b>\$125</b>					
<b>Female</b>																	
<b>Disabled</b>	8,370,372	787,381,086	62,870	3.6	669,328	0.5	226	100,902	5.8	1,086,586	0.6	111					
5 and younger	4,262,404	467,247,647	29,487	13.8	340,750	0.6	263	65,166	30.4	746,401	0.6	126					
6-14	32,943	2,378,024	159	2.0	1,784	0.6	113	73	0.9	794	0.4	64					
15-20	116,689	13,095,417	1,259	7.0	14,658	0.8	268	2,403	13.3	27,083	0.5	96					
21-44	94,551	10,220,645	756	5.6	8,642	0.5	204	2,744	20.2	30,865	0.5	97					
45-64	1,140,259	144,459,129	13,179	21.1	151,887	0.6	250	26,057	41.7	295,851	0.6	126					
65-74	2,802,525	290,441,193	14,028	13.1	162,539	0.6	280	33,218	31.0	384,030	0.6	131					
75-84	63,273	5,612,065	94	2.4	1,096	0.4	201	581	15.0	6,731	0.7	134					
85 and older	11,548	987,752	11	1.2	132	0.4	163	76	8.1	901	0.5	101					
<b>Other Eligibles</b>	616	53,422	1	0.5	12	0.1	9	14	6.5	146	0.4	75					
<b>Male</b>																	
<b>Other Eligibles</b>	4,107,782	320,124,461	33,382	2.2	328,568	0.4	189	35,733	2.3	340,162	0.4	77					
5 and younger	454,730	16,983,695	1,382	0.4	13,020	0.3	38	167	0.1	1,608	0.4	49					
6-14	499,354	27,497,057	1,946	0.6	19,665	0.4	132	3,730	1.2	39,345	0.5	83					
15-20	281,186	17,716,030	2,667	1.4	25,175	0.3	75	3,685	1.9	36,528	0.4	67					
21-44	1,592,588	142,627,992	20,636	3.8	201,928	0.4	190	19,389	3.5	178,047	0.4	74					
45-64	1,109,140	101,346,889	6,527	5.0	66,295	0.5	277	7,303	5.5	68,668	0.4	86					
65-74	88,216	7,211,421	152	1.4	1,644	0.3	122	471	4.5	5,211	0.5	85					
75-84	61,702	5,016,727	55	0.6	651	0.1	29	521	6.1	5,852	0.5	76					
85 and older	20,866	1,724,650	17	0.2	190	0.1	8	467	5.0	4,903	0.6	74					
<b>Male</b>																	
<b>Disabled</b>	5,646,410	662,088,239	65,902	4.9	704,524	0.7	296	97,663	7.3	1,046,781	0.6	140					
5 and younger	2,776,167	390,096,445	34,536	16.8	392,914	0.7	310	62,790	30.6	717,897	0.7	156					
6-14	55,326	4,015,611	198	1.6	2,134	0.6	140	247	2.0	2,648	0.4	68					
15-20	230,778	25,962,167	1,364	3.8	15,976	0.8	263	8,364	23.1	94,679	0.6	108					
21-44	133,874	16,531,623	595	2.7	6,963	0.6	253	5,021	22.8	57,133	0.6	126					
45-64	861,916	137,844,907	12,789	21.5	143,293	0.7	286	26,681	44.8	304,741	0.7	169					
65-74	1,467,164	203,056,161	19,519	27.0	223,726	0.8	333	22,107	30.5	254,491	0.7	165					
75-84	24,120	2,429,037	69	3.1	798	0.8	287	335	15.1	3,794	0.8	152					
85 and older	2,863	246,371	2	0.5	24	0.2	20	32	8.0	375	0.6	92					
<b>Other Eligibles</b>	126	10,568	0	0.0	0	0.0	0	3	4.3	36	0.6	73					
<b>Male</b>																	
<b>Other Eligibles</b>	2,870,051	271,977,694	31,364	2.8	311,594	0.6	278	34,871	3.1	328,861	0.5	106					
5 and younger	549,080	23,016,553	1,348	0.4	12,681	0.3	35	402	0.1	4,133	0.4	56					
6-14	578,273	36,887,893	1,612	0.5	16,442	0.5	136	8,477	2.7	88,074	0.6	97					
15-20	206,158	16,080,448	1,134	0.8	11,271	0.3	115	4,275	3.1	43,752	0.5	100					
21-44	750,113	101,891,534	16,645	7.3	163,558	0.6	281	14,920	6.5	129,003	0.5	112					
45-64	707,902	87,468,864	10,476	10.3	105,996	0.7	343	6,077	6.0	56,131	0.5	115					
65-74	48,077	4,110,917	113	1.7	1,264	0.6	188	341	5.1	3,697	0.6	115					
75-84	23,905	1,999,464	27	0.6	291	0.1	12	248	5.2	2,687	0.6	107					
85 and older	6,543	522,021	9	0.3	91	0.2	26	131	4.5	1,384	0.5	78					
<b>Unknown</b>	22,136	624,206	68	0.1	508	0.3	42	8	0.0	73	0.3	32					

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 1/01/2007.

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

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

TABLE ND.7B

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
NONDUAL BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTI-DEPRESSANTS					ULCER DRUGS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
<b>All</b>	<b>756,250</b>	<b>23.8 %</b>	<b>7,428,990</b>	<b>\$20</b>	<b>0.3</b>	<b>350,979</b>	<b>11.0 %</b>	<b>3,574,824</b>	<b>\$37</b>	<b>0.5</b>	<b>301,292</b>	<b>9.5 %</b>	<b>3,012,940</b>	<b>\$40</b>	<b>0.4</b>
<b>Female</b>	421,092	24.2	4,178,785	0.3	20	234,666	13.5	2,405,974	0.5	37	197,958	11.4	1,999,823	0.4	40
<b>Disabled</b>	117,571	54.9	1,346,630	0.4	28	110,289	51.5	1,260,636	0.6	43	79,024	36.9	904,967	0.4	45
5 and younger	4,407	56.3	48,191	0.3	25	30	0.4	334	9		892	11.4	9,530	0.4	29
6-14	8,006	44.4	92,142	0.3	23	1,397	7.8	15,710	0.5	30	1,155	6.4	13,382	0.4	36
15-20	4,200	30.9	48,526	0.3	21	2,627	19.3	29,548	0.5	34	1,288	9.5	14,687	0.3	30
21-44	30,500	48.8	347,220	0.4	24	36,579	58.5	413,143	0.5	42	19,429	31.1	221,100	0.4	44
45-64	68,773	64.2	790,967	0.5	31	68,505	63.9	788,537	0.6	44	54,469	50.8	625,466	0.5	52
65-74	1,410	36.3	16,320	0.4	28	996	25.7	11,554	0.5	34	1,471	37.9	17,019	0.4	49
75-84	264	28.1	3,140	0.4	29	144	15.4	1,692	0.5	30	300	32.0	3,554	0.5	51
85 and older	11	5.1	124	0.5	50	11	5.1	118	0.4	28	20	9.3	229	0.4	34
<b>Other Eligibles</b>	303,490	19.9	2,831,959	0.3	17	124,370	8.1	1,145,299	0.4	31	118,932	7.8	1,094,851	0.3	32
5 and younger	75,607	24.3	685,962	0.2	13	111	0.0	1,104	0.3	15	5,322	1.7	45,431	0.2	11
6-14	74,834	23.9	730,031	0.3	15	4,283	1.4	42,998	0.4	28	6,148	2.0	60,258	0.2	10
15-20	27,580	14.0	261,872	0.2	13	9,359	4.8	87,896	0.4	26	7,323	3.7	68,618	0.2	15
21-44	87,031	15.9	791,975	0.3	19	75,913	13.9	689,612	0.4	30	58,085	10.6	526,805	0.3	30
45-64	35,362	26.8	328,475	0.4	26	32,267	24.5	296,690	0.5	35	36,160	27.4	329,461	0.4	44
65-74	1,559	14.8	16,622	0.4	24	1,258	12.0	13,538	0.4	29	3,156	30.0	33,374	0.4	39
75-84	1,094	12.9	12,265	0.4	26	895	10.6	10,262	0.4	29	2,016	23.8	22,789	0.4	43
85 and older	423	4.5	4,757	0.4	25	284	3.0	3,199	0.5	30	722	7.7	8,115	0.5	49
<b>Male</b>	331,646	24.9	3,223,786	0.3	19	116,300	8.7	1,168,726	0.5	37	102,931	7.7	1,009,768	0.4	42
<b>Disabled</b>	67,139	32.7	763,150	0.4	26	54,265	26.4	615,485	0.6	42	40,432	19.7	457,457	0.5	49
5 and younger	7,863	63.0	85,439	0.3	25	68	0.5	760	14		1,200	9.6	12,873	0.4	27
6-14	17,046	47.1	195,673	0.3	22	3,584	9.8	40,298	0.5	34	1,660	4.6	19,137	0.4	34
15-20	5,741	26.0	66,691	0.3	19	3,000	13.6	34,133	0.5	40	1,318	6.0	15,205	0.3	33
21-44	11,693	19.6	133,460	0.4	23	19,255	32.3	216,657	0.6	45	10,752	18.1	122,025	0.4	48
45-64	24,325	33.6	276,540	0.5	32	27,990	38.7	319,034	0.6	41	24,895	34.4	281,180	0.5	52
65-74	386	17.4	4,365	0.5	30	364	16.4	4,216	0.6	40	540	24.3	6,265	0.4	49
75-84	81	20.2	958	0.5	36	34	8.5	387	0.4	24	64	16.0	748	0.5	48
85 and older	4	5.8	24	0.2	6	0	0.0	0	0.0	0	3	4.3	24	0.7	87
<b>Other Eligibles</b>	264,483	23.5	2,460,477	0.3	17	62,031	5.5	553,221	0.5	32	62,496	5.6	552,289	0.3	35
5 and younger	104,190	31.9	944,249	0.2	15	191	0.1	1,852	0.3	14	6,511	2.0	55,592	0.2	12
6-14	98,551	31.1	957,109	0.3	16	5,978	1.9	60,636	0.4	28	5,319	1.7	52,229	0.2	12
15-20	20,313	14.8	196,151	0.3	14	4,948	3.6	47,952	0.4	31	3,673	2.7	34,736	0.2	18
21-44	24,396	10.7	207,325	0.4	21	32,001	14.0	270,046	0.4	32	24,211	10.6	204,205	0.4	40
45-64	15,230	15.0	136,226	0.4	27	17,891	17.6	161,528	0.5	34	20,365	20.1	179,598	0.4	46
65-74	991	15.0	10,530	0.4	29	639	9.6	6,926	0.4	28	1,414	21.4	14,909	0.4	40
75-84	656	13.7	7,083	0.4	29	301	6.3	3,360	0.4	27	783	16.4	8,551	0.4	41
85 and older	156	5.3	1,804	0.4	18	82	2.8	921	0.4	27	220	7.5	2,469	0.4	46
<b>Unknown</b>	3,567	3.2	26,774	0.2	9	24	0.0	183	0.3	20	408	0.4	3,376	0.2	8

Table ND7B

Nondual Beneficiaries

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

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

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

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

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



TABLE ND.7C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a,b,c</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ANTICONVULSANT					DERMATOLOGICAL					ANALGESICS - ANTI-INFLAMMATORY				
	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
<b>All</b>	<b>153,715</b>	<b>4.8 %</b>	<b>1,626,023</b>	<b>0.6</b>	<b>\$62</b>	<b>1,039,454</b>	<b>32.7 %</b>	<b>10,149,927</b>	<b>0.2</b>	<b>\$9</b>	<b>782,446</b>	<b>24.6 %</b>	<b>7,568,956</b>	<b>0.2</b>	<b>\$11</b>
<b>Female</b>	88,316	5.1	937,422	0.6	58	609,819	35.0	5,984,348	0.2	9	499,832	28.7	4,854,101	0.2	12
<b>Disabled</b>	54,178	25.3	619,363	0.7	66	133,378	62.3	1,545,788	0.2	11	114,344	53.4	1,312,014	0.3	24
5 and younger	613	7.8	6,801	0.6	66	3,343	42.7	36,144	0.2	5	1,497	19.1	16,254	0.2	4
6-14	2,712	15.1	31,258	0.7	83	7,485	41.5	86,284	0.2	6	3,486	19.3	40,182	0.2	4
15-20	2,336	17.2	26,648	0.7	80	5,339	39.3	61,922	0.2	8	3,329	24.5	38,223	0.2	5
21-44	20,377	32.6	231,321	0.7	76	35,457	56.7	410,165	0.2	10	31,768	50.8	362,555	0.2	16
45-64	27,667	25.8	317,889	0.6	56	79,186	73.9	920,908	0.2	13	72,213	67.4	830,694	0.3	29
65-74	409	10.5	4,691	0.6	41	2,103	54.2	24,888	0.2	12	1,692	43.6	19,874	0.3	30
75-84	60	6.4	710	0.4	26	439	46.8	5,173	0.2	13	343	36.6	4,044	0.4	31
85 and older	4	1.9	45	0.4	10	26	12.1	304	0.2	14	16	7.5	188	0.4	33
<b>Other Eligibles</b>	34,137	2.2	318,054	0.5	44	476,403	31.2	4,438,289	0.2	8	385,469	25.2	3,541,935	0.2	8
5 and younger	543	0.2	5,197	0.4	41	133,077	42.9	1,186,092	0.2	5	54,397	17.5	503,489	0.2	2
6-14	2,022	0.6	20,224	0.6	52	101,152	32.3	999,609	0.2	6	56,962	18.2	561,868	0.2	2
15-20	2,473	1.3	23,718	0.5	51	50,163	25.5	478,035	0.2	9	37,775	19.2	351,958	0.2	2
21-44	18,922	3.5	172,744	0.5	45	132,786	24.3	1,200,046	0.2	10	164,685	30.1	1,461,689	0.2	8
45-64	9,080	6.9	83,938	0.5	41	51,272	38.9	485,111	0.2	12	64,893	49.3	589,277	0.3	20
65-74	534	5.1	5,918	0.4	31	3,952	37.6	43,358	0.2	13	3,888	37.0	41,277	0.3	26
75-84	432	5.1	4,868	0.4	26	2,947	34.8	33,927	0.2	13	2,249	26.5	25,312	0.3	29
85 and older	131	1.4	1,447	0.5	31	1,054	11.3	12,111	0.2	12	620	6.6	7,065	0.4	32
<b>Male</b>	65,383	4.9	688,479	0.7	66	420,858	31.6	4,094,887	0.2	9	280,554	21.1	2,699,588	0.2	9
<b>Disabled</b>	40,520	19.7	462,948	0.7	75	86,862	42.3	1,000,508	0.2	12	58,838	28.6	669,839	0.3	16
5 and younger	910	7.3	10,046	0.6	63	5,151	41.2	55,664	0.2	6	2,782	22.3	30,042	0.2	2
6-14	4,772	13.2	54,762	0.7	73	11,964	33.1	137,745	0.1	6	6,199	17.1	71,403	0.2	3
15-20	3,439	15.6	39,504	0.7	85	6,925	31.4	80,523	0.2	9	3,398	15.4	39,268	0.1	4
21-44	16,024	26.9	183,169	0.8	87	23,906	40.1	277,188	0.2	12	15,749	26.4	179,485	0.2	12
45-64	15,137	20.9	172,727	0.7	82	37,903	52.3	437,483	0.2	14	30,121	41.6	342,798	0.3	24
65-74	215	9.7	2,480	0.6	53	889	40.0	10,433	0.2	13	515	23.2	5,997	0.3	25
75-84	23	5.7	260	0.6	66	117	29.2	1,399	0.2	12	66	16.5	762	0.4	28
85 and older	0	0.0	0	0.0	0	7	10.1	73	0.3	5	8	11.6	84	0.3	32
<b>Other Eligibles</b>	24,862	2.2	225,523	0.5	47	333,952	29.7	3,094,043	0.2	8	221,701	19.7	2,029,623	0.2	6
5 and younger	663	0.2	6,287	0.5	42	132,738	40.6	1,177,186	0.2	5	61,716	18.9	568,719	0.2	2
6-14	3,091	1.0	31,090	0.6	46	85,585	27.0	846,343	0.1	6	53,950	17.0	531,909	0.2	2
15-20	2,206	1.6	21,608	0.6	54	34,509	25.1	335,101	0.2	10	19,699	14.3	189,131	0.1	2
21-44	11,736	5.1	100,332	0.5	48	46,092	20.1	403,454	0.2	12	49,803	21.7	413,922	0.2	10
45-64	6,580	6.5	59,763	0.5	45	30,947	30.5	286,472	0.2	14	33,871	33.4	297,251	0.3	18
65-74	362	5.5	3,963	0.5	41	2,349	35.5	25,767	0.2	15	1,745	26.4	18,461	0.3	23
75-84	175	3.7	1,932	0.5	28	1,351	28.3	15,334	0.2	14	753	15.8	8,384	0.3	24
85 and older	49	1.7	548	0.5	33	381	13.0	4,386	0.3	15	164	5.6	1,846	0.3	24
<b>Unknown</b>	18	0.0	135	0.3	51	8,859	8.0	71,299	0.2	4	2,094	1.9	15,545	0.2	2

Table ND7C

Nondual Beneficiaries

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

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

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

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

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

TABLE ND.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ANTI-DIABETIC					ANTI-HYPERLIPIDEMIC						
	Number of Users	Users as % of All Beneficiaries	Number of Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per \$ per Month	Number of Users	Users as % of All Beneficiaries	Number of Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per \$ per Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>186,902</b>	<b>5.9 %</b>	<b>1,885,861</b>	<b>0.6</b>	<b>\$43</b>	<b>137,405</b>	<b>4.3 %</b>	<b>1,418,246</b>	<b>0.6</b>	<b>\$50</b>	<b>3,183,343</b>	<b>25,273,286</b>
<b>Female</b>	118,253	6.8	1,214,799	0.6	43	83,933	4.8	879,151	0.5	50	1,740,976	13,965,359
<b>Disabled</b>	61,760	28.8	706,075	0.6	45	45,562	21.3	523,650	0.6	51	214,172	2,359,218
5 and younger	30	0.4	314	0.5	40	12	0.2	142	0.3	15	7,826	76,629
6-14	271	1.5	3,100	0.7	63	32	0.2	354	0.3	17	18,019	197,797
15-20	409	3.0	4,531	0.6	44	59	0.4	702	0.4	31	13,588	147,151
21-44	8,640	13.8	98,031	0.6	41	5,005	8.0	57,095	0.5	44	62,526	692,867
45-64	50,288	46.9	575,546	0.7	45	38,780	36.2	445,815	0.6	52	107,179	1,191,168
65-74	1,763	45.4	20,368	0.6	42	1,377	35.5	16,045	0.6	54	3,882	41,459
75-84	337	35.9	3,927	0.6	41	286	30.5	3,371	0.6	54	938	10,061
85 and older	22	10.3	258	0.6	36	11	5.1	126	0.5	38	214	2,086
<b>Other Eligibles</b>	56,490	3.7	508,710	0.6	40	38,371	2.5	355,501	0.5	47	1,526,804	11,606,141
5 and younger	130	0.0	1,141	0.6	59	51	0.0	463	0.2	7	310,526	2,375,930
6-14	1,070	0.3	10,326	0.7	55	81	0.0	850	0.2	25	312,739	2,578,533
15-20	1,376	0.7	12,843	0.5	41	160	0.1	1,581	0.3	25	196,744	1,476,268
21-44	19,764	3.6	173,599	0.6	36	8,624	1.6	79,835	0.4	37	546,689	3,899,811
45-64	28,782	21.8	253,376	0.7	44	24,316	18.5	217,008	0.6	51	131,759	1,018,557
65-74	3,161	30.1	32,949	0.6	35	3,008	28.6	31,818	0.5	48	10,511	96,337
75-84	1,828	21.6	20,208	0.6	33	1,774	20.9	19,879	0.5	50	8,472	79,925
85 and older	379	4.0	4,268	0.6	31	357	3.8	4,067	0.6	52	9,364	80,780
<b>Male</b>	68,642	5.2	671,002	0.7	43	53,470	4.0	539,084	0.6	51	1,331,378	10,730,671
<b>Disabled</b>	31,598	15.4	355,656	0.7	44	25,996	12.7	295,851	0.6	52	205,404	2,213,940
5 and younger	41	0.3	427	0.6	87	22	0.2	227	0.2	4	12,489	122,994
6-14	290	0.8	3,308	0.7	56	29	0.1	327	0.3	18	36,190	397,050
15-20	339	1.5	3,893	0.6	61	75	0.3	857	0.4	29	22,059	239,789
21-44	5,536	9.3	62,546	0.6	41	4,909	8.2	56,187	0.5	45	59,566	649,492
45-64	24,747	34.2	278,096	0.7	44	20,359	28.1	231,290	0.6	55	72,408	777,723
65-74	566	25.5	6,477	0.6	42	531	23.9	6,159	0.6	53	2,222	22,336
75-84	76	19.0	873	0.6	37	67	16.7	768	0.6	58	401	3,922
85 and older	3	4.3	36	0.6	29	4	5.8	36	0.5	47	69	634
<b>Other Eligibles</b>	37,041	3.3	315,317	0.7	43	27,474	2.4	243,233	0.5	48	1,125,974	8,516,731
5 and younger	174	0.1	1,561	0.6	44	67	0.0	620	0.2	7	326,624	2,504,439
6-14	854	0.3	8,141	0.7	54	122	0.0	1,281	0.3	21	316,918	2,612,351
15-20	888	0.6	8,058	0.7	58	200	0.1	2,004	0.3	24	137,672	1,063,050
21-44	11,136	4.9	90,519	0.6	40	8,253	3.6	71,077	0.5	41	228,981	1,478,759
45-64	21,635	21.3	182,282	0.7	43	16,540	16.3	143,739	0.6	52	101,448	732,883
65-74	1,598	24.1	16,470	0.6	37	1,512	22.8	15,944	0.6	50	6,622	58,624
75-84	624	13.1	6,776	0.6	36	660	13.8	7,224	0.5	49	4,777	42,091
85 and older	132	4.5	1,510	0.6	28	120	4.1	1,344	0.5	52	2,932	24,534
<b>Unknown</b>	13	0.0	103	0.5	25	2	0.0	11	0.5	55	110,989	577,256

Table ND7D

Nondual Beneficiaries

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

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

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

TABLE ND.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$285</b>	<b>2.0</b>	<b>8,697</b>	<b>96,231</b>
<b>Age</b>				
0-64	339	2.2	6,382	71,949
65-74	175	1.6	723	8,027
75-84	124	1.3	809	8,435
85 and older	71	0.6	783	7,820
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	248	1.9	4,332	47,991
Male	322	2.0	4,365	48,240
Unknown	0	0.0	0	0
<b>Race</b>				
White	222	1.6	3,109	33,122
African American	362	2.4	1,849	20,621
Other/unknown	297	2	3,739	42,488
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	113	1.1	1,898	19,627
Disabled	320	2.1	6,644	75,114
Adults	918	5.1	117	1,078
Children	458	2.3	38	412
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for New York, 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 9,149 beneficiaries who were in nursing facilities for part of their enrollment and their 94,920 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All-Year Nursing Facility Residents	Number of Benefit Months		
Anti-infective Agents	2.6	2.5	0.0	0.1	###	\$0	\$3	\$214	\$222	\$87	\$25	40,303	\$8,633,053	1,340	15.4 %	15,445
Biologicals	0.2	0.2	0.0	0.0	277	223	0	1277	1,180	0	###	256	326,840	104	1.2	1,180
Antineoplastic Agents	0.7	0.5	0.0	0.2	379	362	1	580	758	136	94	880	510,375	115	1.3	1,347
Endocrine/Metabolic Drugs	1.1	0.6	0.1	0.4	85	64	2	77	112	19	44	8,638	664,149	665	7.6	7,792
Cardiovascular Agents	1.8	0.9	0.0	0.9	82	59	1	46	68	46	24	20,401	929,117	970	11.2	11,343
Respiratory Agents	0.8	0.4	0.0	0.3	44	35	1	57	78	84	25	5,059	287,409	564	6.5	6,601
Gastrointestinal Agents	0.7	0.4	0.0	0.3	67	51	1	96	144	116	44	5,596	538,518	691	7.9	8,071
Genitourinary Agents	0.6	0.4	0.0	0.1	40	37	0	72	85	28	23	1,930	138,502	298	3.4	3,499
CNS Drugs	1.5	1.2	0.0	0.3	250	231	4	167	189	170	59	61,422	10,252,277	3,545	40.8	40,959
Stimulants/Anti-obesity/Anorexia	0.3	0.3	0.0	0.0	40	38	0	136	149	0	49	82	11,122	23	0.3	276
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.0	133	129	0	291	299	0	152	1,124	327,034	207	2.4	2,465
Analgesics and Anesthetics	0.6	0.3	0.0	0.2	47	41	0	83	121	99	23	5,915	493,700	902	10.4	10,575
Neuromuscular Agents	1.2	0.7	0.0	0.5	91	74	1	78	111	41	34	23,222	1,819,680	1,723	19.8	20,065
Nutritional Products	0.6	0.0	0.0	0.5	12	1	0	22	66	18	21	1,193	26,605	183	2.1	2,156
Hematological Agents	0.8	0.6	0.0	0.2	283	280	1	349	477	26	14	5,825	2,033,993	643	7.4	7,177
Topical Products	0.6	0.3	0.0	0.3	33	23	2	54	81	46	29	6,455	349,543	908	10.4	10,670
Miscellaneous Products	0.4	0.3	0.1	0.1	108	69	30	9	241	242	552	148	35,616	29	0.3	330
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	74	0	0	188	0	0	0	249	46,721	53	0.6	634
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	188,698	27,424,254	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New York, 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 9,149 beneficiaries who were in nursing facilities for part of their enrollment and their 94,920 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 New York, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE ND.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 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	\$9,668,654	4,005	46.1 %	46,418	1.1	\$190	\$208	
ANTIVIRAL	8,428,740	2,121	24.4	24,165	1.5	226	349	
HEMATOPOIETIC AGENTS	1,870,489	592	6.8	6,635	0.7	405	282	
ANTICONVULSANT	1,679,457	1,651	19.0	19,185	1.0	84	88	
ANTINEOPLASTICS	510,375	123	1.4	1,441	0.6	580	354	
ANTIIDIABETIC	423,782	745	8.6	8,776	0.7	69	48	
ULCER DRUGS	408,838	643	7.4	7,537	0.5	100	54	
ANTIDEPRESSANTS	401,790	791	9.1	9,266	0.6	71	43	
ANTIHYPERTENSIVE	354,003	557	6.4	6,567	0.6	90	54	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	328,974	221	2.5	2,620	0.4	286	126	
Total	24,075,102	11,449		132,610	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for New York, 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 9,149 beneficiaries who were in nursing facilities for part of their enrollment and their 94,920 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<sup>a, b, c, d</sup> NONDUAL BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIVIRAL						
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>134,611</b>	<b>\$24,075,102</b>	<b>4,005</b>	<b>46.1 %</b>	<b>46,418</b>	<b>1.1</b>	<b>\$208</b>	<b>2,121</b>	<b>24.4 %</b>	<b>24,165</b>	<b>1.5</b>	<b>\$349</b>					
<b>Female</b>	59,911	9,985,067	1,920	44.3	22,233	1.0	195	660	15.2	7,651	1.5	318					
<b>Disabled</b>	51,032	8,697,412	1,470	49.2	17,225	1.1	219	593	19.8	6,872	1.6	321					
64 or younger	48,617	8,329,445	1,359	49.3	15,914	1.1	221	592	21.5	6,860	1.6	321					
65-74	2,150	317,526	94	49.5	1,107	0.9	196	0	0.0	0	0.0	0					
75-84	242	46,272	14	43.8	168	0.8	217	1	3.1	12	0.1	3					
85 and older	23	4,169	3	25.0	36	0.5	82	0	0.0	0	0.0	0					
<b>Other Eligibles</b>	8,879	1,287,655	450	33.5	5,008	0.7	113	67	5.0	779	1.2	298					
64 or younger	1,493	301,877	17	27.9	178	0.6	86	62	101.6	719	1.2	322					
65-74	2,023	259,453	88	46.3	1,012	0.8	156	1	0.5	12	0.1	12					
75-84	3,308	390,418	162	33.5	1,856	0.7	109	3	0.6	36	0.1	9					
85 and older	2,055	335,907	183	30.0	1,962	0.7	96	1	0.2	12	0.1	12					
<b>Male</b>	74,700	14,090,035	2,085	47.8	24,185	1.2	221	1,461	33.5	16,514	1.6	363					
<b>Disabled</b>	67,284	12,714,170	1,816	49.7	21,193	1.2	229	1,310	35.8	14,840	1.6	365					
64 or younger	65,551	12,425,973	1,719	49.5	20,072	1.2	232	1,306	37.6	14,792	1.6	365					
65-74	1,610	269,354	87	53.4	1,010	0.9	179	4	2.5	48	2.5	458					
75-84	106	17,116	9	56.3	99	0.8	157	0	0.0	0	0.0	0					
85 and older	17	1,727	1	25.0	12	1.4	144	0	0.0	0	0.0	0					
<b>Other Eligibles</b>	7,416	1,375,865	269	37.9	2,992	0.9	159	151	21.3	1,674	1.4	344					
64 or younger	2,855	683,780	19	20.2	197	1.2	190	139	147.9	1,539	1.3	353					
65-74	2,177	306,805	89	49.4	1,022	1.0	180	10	5.6	111	3.1	286					
75-84	1,660	276,122	103	37.1	1,146	0.8	158	2	0.7	24	0.1	16					
85 and older	724	109,158	58	36.9	627	0.7	115	0	0.0	0	0.0	0					
<b>Unknown</b>	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 New York, 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 9,149 beneficiaries who were in nursing facilities for part of their enrollment and their 94,920 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTICONVULSANT					ANTINEOPLASTICS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>592</b>	<b>6.8 %</b>	<b>6,635</b>	<b>0.7</b>	<b>\$282</b>	<b>1,651</b>	<b>19.0 %</b>	<b>19,185</b>	<b>1.0</b>	<b>\$88</b>	<b>123</b>	<b>1.4 %</b>	<b>1,441</b>	<b>0.6</b>	<b>\$354</b>
<b>Female</b>															
<b>Disabled</b>	296	6.8	3,411	0.7	237	828	19.1	9,554	1.0	82	75	1.7	898	0.6	374
64 or younger	216	7.2	2,493	0.7	256	710	23.8	8,268	1.0	89	68	2.3	814	0.6	408
65-74	199	7.2	2,299	0.7	273	676	24.5	7,873	1.1	89	66	2.4	790	0.6	420
75-84	16	8.4	188	0.5	47	33	17.4	383	0.9	70	2	1.1	24	0.4	13
85 and older	0	0.0	0	0.0	0	1	3.1	12	1.2	120	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1	8.3	6	0.3	161	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	80	6.0	918	0.6	186	118	8.8	1,286	0.7	36	7	0.5	84	0.3	48
65-74	6	9.8	72	1.8	348	10	16.4	79	0.8	56	1	1.6	12	0.1	14
75-84	13	6.8	148	0.7	100	36	18.9	413	0.9	47	4	2.1	48	0.3	63
85 and older	30	6.2	352	0.3	56	51	10.6	559	0.6	31	2	0.4	24	0.5	36
	31	5.1	346	0.5	321	21	3.4	235	0.6	25	0	0.0	0	0.0	0
<b>Male</b>															
<b>Disabled</b>	296	6.8	3,224	0.7	329	823	18.9	9,631	1.1	94	48	1.1	543	0.6	321
64 or younger	246	6.7	2,673	0.8	350	740	20.2	8,669	1.1	98	39	1.1	442	0.7	361
65-74	240	6.9	2,604	0.8	350	711	20.5	8,333	1.1	98	38	1.1	432	0.7	369
75-84	6	3.7	69	0.8	345	28	17.2	324	1.0	82	1	0.6	10	0.2	17
85 and older	0	0.0	0	0.0	0	1	6.3	12	1.2	125	0	0.0	0	0.0	0
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	50	7.1	551	0.5	228	83	11.7	962	0.8	58	9	1.3	101	0.2	147
65-74	17	18.1	186	0.8	311	12	12.8	142	0.9	92	2	2.1	17	0.3	69
75-84	10	5.6	116	0.3	187	35	19.4	412	0.8	60	2	1.1	24	0.1	34
85 and older	17	6.1	191	0.4	199	28	10.1	312	0.9	53	1	0.4	12	0.3	446
	6	3.8	58	0.3	140	8	5.1	96	0.3	11	4	2.5	48	0.1	156
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for New York, 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 9,149 beneficiaries who were in nursing facilities for part of their enrollment and their 94,920 benefit months were excluded from the analysis.
  - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0ffed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
NONDUAL BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>745</b>	<b>8.6 %</b>	<b>8,776</b>	<b>0.7</b>	<b>\$48</b>	<b>643</b>	<b>7.4 %</b>	<b>7,537</b>	<b>0.5</b>	<b>\$54</b>	<b>791</b>	<b>9.1 %</b>	<b>9,266</b>	<b>0.6</b>	<b>\$43</b>
<b>Female</b>															
<b>Disabled</b>	481	11.1	5,631	0.7	50	410	9.5	4,801	0.6	54	478	11.0	5,581	0.6	46
64 or younger	384	12.9	4,510	0.7	52	305	10.2	3,579	0.6	54	364	12.2	4,264	0.6	48
65-74	359	13.0	4,210	0.7	52	277	10.1	3,243	0.6	54	340	12.3	3,986	0.7	49
75-84	23	12.1	276	0.8	54	25	13.2	300	0.6	59	20	10.5	230	0.5	33
85 and older	2	6.3	24	0.4	16	3	9.4	36	0.4	42	4	12.5	48	0.4	12
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	97	7.2	1,121	0.7	44	105	7.8	1,222	0.5	53	114	8.5	1,317	0.5	38
65-74	12	19.7	124	0.9	58	8	13.1	96	0.3	38	17	27.9	184	0.6	40
75-84	35	18.4	414	0.6	40	24	12.6	282	0.5	55	28	14.7	327	0.6	36
85 and older	45	9.3	523	0.7	46	55	11.4	628	0.5	51	59	12.2	693	0.5	42
<b>Male</b>															
<b>Disabled</b>	264	6.0	3,145	0.7	45	233	5.3	2,736	0.5	55	313	7.2	3,685	0.6	40
64 or younger	220	6.0	2,617	0.7	44	173	4.7	2,035	0.6	59	242	6.6	2,856	0.6	42
65-74	211	6.1	2,509	0.7	44	162	4.7	1,913	0.6	60	233	6.7	2,758	0.6	42
75-84	9	5.5	108	0.6	40	11	6.7	122	0.5	42	8	4.9	86	0.7	40
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6.3	12	0.9	6
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	44	6.2	528	0.6	48	60	8.5	701	0.4	42	71	10.0	829	0.4	33
65-74	8	8.5	96	0.8	72	16	17.0	175	0.4	32	22	23.4	251	0.6	41
75-84	20	11.1	240	0.6	52	16	8.9	192	0.3	39	20	11.1	230	0.5	38
85 and older	9	3.2	108	0.4	32	18	6.5	214	0.4	49	20	7.2	240	0.3	26
<b>Unknown</b>	7	4.5	84	0.5	28	10	6.4	120	0.4	50	9	5.7	108	0.4	19
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for New York, 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 9,149 beneficiaries who were in nursing facilities for part of their enrollment and their 94,920 benefit months were excluded from the analysis.

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

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

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

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

TABLE ND.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					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 \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>557</b>	<b>6.4 %</b>	<b>6,567</b>	<b>0.6</b>	<b>\$54</b>	<b>221</b>	<b>2.5 %</b>	<b>2,620</b>	<b>0.4</b>	<b>\$126</b>	<b>8,697</b>	<b>96,231</b>
<b>Female</b>	355	8.2	4,169	0.6	55	148	3.4	1,755	0.5	151	4,332	47,991
<b>Disabled</b>	254	8.5	2,994	0.6	56	89	3.0	1,065	0.5	206	2,988	34,023
64 or younger	232	8.4	2,740	0.6	56	79	2.9	945	0.5	214	2,754	31,399
65-74	17	8.9	194	0.6	60	6	3.2	72	0.5	181	190	2,152
75-84	5	15.6	60	0.5	45	3	9.4	36	0.6	91	32	383
85 and older	0	0.0	0	0.0	0	1	8.3	12	0.2	22	12	89
<b>Other Eligibles</b>	101	7.5	1,175	0.5	50	59	4.4	690	0.5	68	1,344	13,968
64 or younger	7	11.5	73	0.4	72	4	6.6	45	0.3	41	61	637
65-74	21	11.1	252	0.5	50	10	5.3	120	0.5	64	190	2,103
75-84	63	13.0	730	0.5	46	37	7.7	436	0.5	72	483	5,126
85 and older	10	1.6	120	0.5	57	8	1.3	89	0.5	65	610	6,102
<b>Male</b>	202	4.6	2,398	0.6	53	73	1.7	865	0.4	73	4,365	48,240
<b>Disabled</b>	146	4.0	1,735	0.6	56	45	1.2	539	0.3	84	3,656	41,091
64 or younger	140	4.0	1,663	0.7	56	44	1.3	527	0.3	86	3,473	39,060
65-74	6	3.7	72	0.5	40	1	0.6	12	0.2	22	163	1,831
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	16	158
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	42
<b>Other Eligibles</b>	56	7.9	663	0.5	46	28	3.9	326	0.4	55	709	7,149
64 or younger	13	13.8	152	0.6	48	5	5.3	50	0.2	25	94	853
65-74	15	8.3	180	0.5	38	12	6.7	144	0.4	57	180	1,941
75-84	19	6.8	223	0.5	48	5	1.8	60	0.4	64	278	2,768
85 and older	9	5.7	108	0.6	53	6	3.8	72	0.5	63	157	1,587
<b>Unknown</b>	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 New York, 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 9,149 beneficiaries who were in nursing facilities for part of their enrollment and their 94,920 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).  
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 NEW YORK, 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	
							All	as a Percentage of Total Number of Beneficiaries
All	1,192,703	37.5%	1.6	5,193,925	\$52,869,454	\$10	2.3%	3,183,343
<b>Age</b>								
5 and younger	337,040	51.3	1.8	1,168,165	6,767,556	6	5.7	657,469
6-14	247,122	36.1	1.0	663,716	5,948,695	9	3.0	683,866
15-20	87,720	23.7	0.6	222,543	3,034,955	14	2.8	370,063
21-44	273,209	30.4	1.3	1,146,156	15,940,161	14	2.1	897,762
45-64	218,197	52.9	4.4	1,798,501	20,003,588	11	2.0	412,794
65-74	10,722	46.1	3.9	91,608	624,143	7	1.8	23,237
75-84	4,986	34.2	3.2	46,399	256,157	6	1.5	14,588
85 and older	1,464	11.6	1.3	16,210	85,037	5	1.7	12,579
Unknown	12,243	11.0	0.4	40,627	209,162	5	8.2	110,985
<b>Basis of Eligibility<sup>c</sup></b>								
Aged	13,631	31.5	2.7	114,841	699,906	6	1.7	43,307
Disabled	223,154	53.2	4.6	1,940,263	27,005,974	14	2.1	419,581
Adults	314,736	31.4	1.2	1,237,208	12,855,400	10	1.9	1,003,187
Children	641,182	37.3	1.1	1,901,613	12,308,174	6	4.2	1,717,268
Unknown	0	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>								
Female	699,675	39.8	1.8	3,178,571	33,366,330	10	2.6	1,759,687
Male	480,926	35.6	1.5	1,975,069	19,295,477	10	1.9	1,350,791
Unknown	12,102	16.6	0.6	40,285	207,647	5	8.3	72,865
<b>Race</b>								
White	363,678	33.9	1.5	1,602,188	19,165,034	12	2.6	1,073,241
African American	302,568	36.8	1.5	1,196,043	11,145,087	9	1.9	821,659
Other/unknown	526,457	40.9	1.9	2,395,694	22,559,333	9	2.4	1,288,443
<b>Use of Nursing Facilities<sup>d</sup></b>								
Entire year	1,188	13.7	2.1	18,144	218,470	12	0.8	8,697
Part year	5,123	56.0	5.5	50,209	687,496	14	1.5	9,149
None	1,186,392	37.5	1.6	5,125,572	51,963,488	10	2.4	3,165,497
<b>Maintenance Assistance Status</b>								
Cash	654,401	44.6	2.2	3,226,700	35,116,050	11	2.3	1,466,347
Medically needy	187,616	33.1	1.2	693,663	6,348,956	9	2.9	567,105
Poverty related	167,741	33.3	1.0	480,174	3,346,582	7	4.4	503,998
Other/unknown	182,945	28.3	1.2	793,388	8,057,866	10	1.7	645,893

Table ND11

Nondual Beneficiaries

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

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

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

TABLE ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 NEW YORK, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$2	\$10	\$0	\$0	25,273,286
<b>Age</b>						
5 and younger	0.2	1	6	0	0	5,080,020
6-14	0.1	1	9	0	0	5,785,731
15-20	0.1	1	14	0	0	2,926,258
21-44	0.2	2	14	0	1	6,720,929
45-64	0.5	5	11	0	1	3,720,331
65-74	0.4	3	7	0	0	218,756
75-84	0.3	2	6	0	0	135,999
85 and older	0.2	1	5	0	0	108,034
Unknown	0.1	0	5	0	0	577,228
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	2	6	0	0	385,814
Disabled	0.4	6	14	0	2	4,573,179
Adults	0.2	2	10	0	0	7,104,518
Children	0.1	1	6	0	0	13,209,775
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.2	2	10	0	0	14,030,683
Male	0.2	2	10	0	0	10,798,225
Unknown	0.1	0	5	0	0	444,378
<b>Race</b>						
White	0.2	2	12	0	1	8,517,039
African American	0.2	2	9	0	0	6,359,703
Other/unknown	0.2	2	9	0	0	10,396,544
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.2	2	12	0	1	96,231
Part year	0.5	7	14	0	1	94,920
None	0.2	2	10	0	0	25,082,135
<b>Maintenance Assistance Status</b>						
Cash	0.2	3	11	0	1	12,929,220
Medically needy	0.2	2	9	0	0	4,086,168
Poverty related	0.1	1	7	0	0	3,617,892
Other/unknown	0.2	2	10	0	0	4,640,006

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

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

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



TABLE ND.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS<sup>a,b,c</sup>  
NEW YORK, 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	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
<b>All</b>	<b>1,344,102</b>	<b>\$39</b>	<b>\$52,869,454</b>	<b>0</b>	<b>100.0 %</b>	<b>5,193,925</b>	<b>\$10</b>	<b>0</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0.0	0	0	0	0.0
Fertility drugs	90	176	15,795	0.0	0.0	178	89	89	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0.0	0	0	0	0.0
Cough and cold medications	71,238	77	5,504,208	10.4	10.4	116,980	47	47	2.3
Vitamins and minerals	85,478	51	4,346,955	8.2	8.2	220,678	20	20	4.2
Non-prescription drugs	1,093,408	20	21,336,112	40.4	40.4	4,384,750	5	5	84.4
Barbiturates	5,934	62	370,313	0.7	0.7	47,351	8	8	0.9
Benzodiazepines	64,486	163	10,513,737	19.9	19.9	352,902	30	30	6.8
Other Part D Excl Rx Drugs	23,468	459	10,782,334	20.4	20.4	71,086	152	152	1.4

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

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

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

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NONDUAL BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>3,671,786</b>	<b>46,232</b>	<b>427,824</b>	<b>1,137,117</b>	<b>2,060,613</b>	<b>0</b>	<b>34,932,669</b>	<b>419,225</b>	<b>4,791,100</b>	<b>10,069,669</b>	<b>19,652,675</b>	<b>0</b>
<b>Age</b>												
5 and younger	744,241	0	20,852	0	723,389	0	7,179,449	0	220,275	0	6,959,174	0
6-14	849,385	0	56,729	0	792,656	0	8,669,321	0	643,026	0	8,026,295	0
15-20	458,749	27	36,961	0	421,761	0	4,403,280	122	409,983	0	3,993,175	0
21-44	1,004,104	215	123,979	872,670	7,240	0	9,036,102	1,272	1,395,991	7,604,913	33,926	0
45-64	445,902	186	181,464	264,250	2	0	4,504,847	1,394	2,039,663	2,463,768	22	0
65-74	25,518	19,130	6,193	195	0	0	244,725	178,592	65,159	974	0	0
75-84	15,239	13,882	1,356	1	0	0	143,386	129,169	14,205	12	0	0
85 and older	12,725	12,439	285	1	0	0	109,897	107,118	2,777	2	0	0
Unknown	115,923	353	5	0	115,565	0	641,662	1,558	21	0	640,083	0
<b>Gender</b>												
Female	2,013,052	30,537	217,526	758,383	1,006,606	0	19,282,520	279,811	2,463,562	6,857,544	9,681,603	0
Male	1,581,095	15,570	210,295	378,734	976,496	0	15,152,827	138,752	2,327,527	3,212,125	9,474,423	0
Unknown	77,639	125	3	0	77,511	0	497,322	662	11	0	496,649	0
<b>Race</b>												
White	1,210,524	13,791	129,937	383,727	683,069	0	11,443,426	121,250	1,444,568	3,339,277	6,538,331	0
African American	970,468	6,834	99,788	328,737	535,109	0	9,279,089	60,832	1,117,401	2,906,776	5,194,080	0
Other/unknown	1,490,794	25,607	198,099	424,653	842,435	0	14,210,154	237,143	2,229,131	3,823,616	7,920,264	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	8,698	1,898	6,644	118	38	0	96,318	19,631	75,164	1,108	415	0
Part year	9,154	995	7,247	812	100	0	97,613	9,971	78,248	8,330	1,064	0
None	3,653,934	43,339	413,933	1,136,187	2,060,475	0	34,738,738	389,623	4,637,688	10,060,231	19,651,196	0
<b>Maintenance Assistance Status</b>												
Cash	1,685,322	11,507	369,021	328,670	976,124	0	17,104,837	120,863	4,228,044	3,084,870	9,671,060	0
Medically needy	658,484	29,474	57,096	187,914	384,000	0	5,798,590	252,035	547,143	1,614,488	3,384,924	0
Poverty related	600,422	432	2	5,146	594,842	0	5,660,925	2,821	15	47,966	5,610,123	0
Other/unknown	727,558	4,819	1,705	615,387	105,647	0	6,368,317	43,506	15,898	5,322,345	986,568	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	1,425,669	40,002	346,425	424,707	614,535	0	11,966,661	356,145	3,848,082	3,008,143	4,754,291	0
FFS part year, with Rx claims	562,714	835	18,607	223,944	319,328	0	5,868,845	8,911	209,416	2,277,246	3,373,272	0
FFS part year, no Rx claims	341,372	325	2,637	106,014	232,396	0	3,081,287	2,690	25,920	925,589	2,127,088	0
MC all year, with Rx claims	853,588	2,145	51,912	248,522	551,009	0	9,665,309	24,594	616,103	2,768,430	6,256,182	0
MC all year, no Rx claims	488,437	2,925	8,238	133,930	343,344	0	4,350,503	26,885	91,519	1,090,261	3,141,838	0

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

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

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

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

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

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

	Beneficiaries and Benefit Months in Cell J of Table 1	Included in Cell K of Table 1	Excluded from Cell K of Table 1
	Number of Beneficiaries	Number of Beneficiaries	Number of Beneficiaries
	Number of Benefit Months	Number of Benefit Months	Number of Benefit Months
<b>All</b>	<b>3,671,786</b>	<b>3,183,343</b>	<b>0</b>
Fee-for-service (FFS) all year	1,425,669	1,425,669	0
FFS part year, with Rx claims	562,714	562,714	0
FFS part year, with no Rx claims	341,372	341,372	0
Managed care (MC) all year, with Rx claims	853,588	853,588	0
MC all year, with no Rx claims	488,437	0	0
	<b>4,350,503</b>	<b>25,273,286</b>	<b>9,659,383</b>

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