

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

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 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>789,122</b>	<b>9,251</b>	<b>75,689</b>	<b>231,843</b>	<b>472,339</b>	<b>0</b>	<b>7,632,336</b>	<b>96,615</b>	<b>813,108</b>	<b>2,197,698</b>	<b>4,524,915</b>	<b>0</b>
<b>Age</b>												
5 and younger	184,566	8	5,402	191	178,965	0	1,690,224	65	57,143	2,056	1,630,960	0
6-14	219,896	0	11,685	19	208,192	0	2,203,811	0	131,350	116	2,072,345	0
15-20	123,791	2	8,180	31,304	84,305	0	1,199,416	21	91,063	291,945	816,387	0
21-44	211,058	37	21,724	188,768	529	0	2,034,430	372	232,734	1,796,713	4,611	0
45-64	40,459	311	28,600	11,547	1	0	409,427	2,709	299,960	106,751	7	0
65-74	2,802	2,719	77	6	0	0	29,805	29,064	684	57	0	0
75-84	3,552	3,535	13	4	0	0	37,900	37,746	127	27	0	0
85 and older	2,649	2,639	6	4	0	0	26,711	26,638	40	33	0	0
Unknown	349	0	2	0	347	0	612	0	7	0	605	0
<b>Gender</b>												
Female	487,735	5,784	37,859	209,566	234,526	0	4,723,465	59,511	410,273	2,002,677	2,251,004	0
Male	301,232	3,458	37,827	22,255	237,692	0	2,907,431	37,017	402,802	194,804	2,272,808	0
Unknown	155	9	3	22	121	0	1,440	87	33	217	1,103	0
<b>Race</b>												
White	322,962	1,979	25,264	106,179	189,540	0	3,091,049	17,071	266,510	1,001,181	1,806,287	0
African American	406,391	1,761	34,395	116,910	253,325	0	3,981,747	16,872	373,101	1,137,697	2,454,077	0
Other/unknown	59,769	5,511	16,030	8,754	29,474	0	559,540	62,672	173,497	58,820	264,551	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	559	208	351	0	0	0	6,147	2,210	3,937	0	0	0
Part year	521	213	304	2	2	0	5,058	1,987	3,023	24	24	0
None	788,042	8,830	75,034	231,841	472,337	0	7,621,131	92,418	806,148	2,197,674	4,524,891	0
<b>Maintenance Assistance Status</b>												
Cash	232,861	1,198	65,907	74,434	91,322	0	2,280,646	12,859	721,826	662,511	883,450	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	376,121	1,555	5,829	27,411	341,326	0	3,494,378	15,086	50,836	208,769	3,219,687	0
Other/unknown	180,140	6,498	3,953	129,998	39,691	0	1,857,312	68,670	40,446	1,326,418	421,778	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	740,021	9,238	73,196	224,000	433,587	0	7,368,503	96,536	797,300	2,153,949	4,320,718	0
FFS part year, with Rx claims	28,340	12	1,990	5,679	20,659	0	173,182	78	13,192	34,332	125,580	0
FFS part year, no Rx claims	20,761	1	503	2,164	18,093	0	90,651	1	2,616	9,417	78,617	0

Table ND2

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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, SOUTH CAROLINA, 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	60.5 %	6.4	\$338	\$53	\$2,218	15.2 %	789,122
<b>Age</b>							
5 and younger	68.8	4.7	171	37	1,738	9.8	184,566
6-14	61.1	4.8	278	58	1,421	19.6	219,896
15-20	57.1	4.9	250	51	2,168	11.5	123,791
21-44	53.0	6.5	358	55	2,385	15.0	211,058
45-64	76.3	25.5	1,574	62	7,934	19.8	40,459
65-74	42.4	14.3	719	50	4,412	16.3	2,802
75-84	24.7	8.2	381	46	2,204	17.3	3,552
85 and older	15.9	5.3	247	47	1,704	14.5	2,649
Unknown	0.0	0.0	0	0	0	0.0	349
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	29.6	9.9	502	51	3,207	15.7	9,251
Disabled	77.7	21.4	1,577	74	9,315	16.9	75,689
Adults	51.1	5.3	222	42	1,500	14.8	231,843
Children	62.9	4.4	194	44	1,415	13.7	472,339
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	59.1	6.5	319	49	2,060	15.5	487,735
Male	62.7	6.1	370	60	2,475	14.9	301,232
Unknown	56.1	4.6	200	43	725	27.6	155
<b>Race</b>							
White	64.2	7.6	399	52	2,298	17.4	322,962
African American	58.4	5.2	271	52	2,026	13.4	406,391
Other/unknown	54.6	7.4	471	63	3,100	15.2	59,769
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	51.5	25.9	1,447	56	40,644	3.6	559
Part year	68.1	25.5	1,622	64	37,560	4.3	521
None	60.5	6.3	337	53	2,168	15.5	788,042
<b>Maintenance Assistance Status</b>							
Cash	70.9	10.9	671	61	3,777	17.8	232,861
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	62.6	4.6	201	44	1,586	12.7	376,121
Other/unknown	42.5	4.2	194	46	1,525	12.7	180,140

Table ND3

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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, SOUTH CAROLINA, 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	0.7	\$35	15.2 %	39.5 %	48.5 %	6.0 %	4.9 %	1.0 %	0.1 %	\$229	789,122	7,632,336
<b>Age</b>												
5 and younger	0.5	19	9.8	31.2	61.4	5.1	2.0	0.2	0.1	190	184,566	1,690,224
6-14	0.5	28	19.6	38.9	53.1	4.8	2.8	0.3	0.1	142	219,896	2,203,811
15-20	0.5	26	11.5	42.9	48.3	5.3	2.9	0.4	0.1	224	123,791	1,199,416
21-44	0.7	37	15.0	47.0	39.0	7.0	6.0	0.8	0.1	247	211,058	2,034,430
45-64	2.5	156	19.8	23.7	23.9	12.9	28.3	10.0	1.2	784	40,459	409,427
65-74	1.3	68	16.3	57.6	12.8	8.0	16.4	5.0	0.3	415	2,802	29,805
75-84	0.8	36	17.3	75.3	7.3	4.8	9.7	2.8	0.2	207	3,552	37,900
85 and older	0.5	25	14.5	84.1	4.6	3.1	6.0	2.0	0.2	169	2,649	26,711
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	349	612
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.9	48	15.7	70.4	8.8	5.6	11.4	3.6	0.2	307	9,251	96,615
Disabled	2.0	147	16.9	22.3	34.5	12.8	22.4	7.2	0.8	867	75,689	813,108
Adults	0.6	23	14.8	48.9	39.6	6.4	4.6	0.4	0.1	158	231,843	2,197,698
Children	0.5	20	13.7	37.1	55.8	4.7	2.1	0.2	0.1	148	472,339	4,524,915
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	0.7	33	15.5	40.9	46.8	6.0	5.1	1.1	0.2	213	487,735	4,723,465
Male	0.6	38	14.9	37.3	51.2	5.9	4.6	0.9	0.1	257	301,232	2,907,431
Unknown	0.5	22	27.6	43.9	47.7	3.9	3.9	0.6	0.0	78	155	1,440
<b>Race</b>												
White	0.8	42	17.4	35.8	48.8	7.5	6.4	1.2	0.2	240	322,962	3,091,049
African American	0.5	28	13.4	41.6	49.4	4.8	3.4	0.7	0.1	207	406,391	3,981,747
Other/unknown	0.8	50	15.2	45.4	40.3	5.8	6.6	1.7	0.2	331	59,769	559,540
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	2.4	132	3.6	48.5	11.8	8.4	13.6	14.1	3.6	3,696	559	6,147
Part year	2.6	167	4.3	31.9	16.5	12.3	25.1	10.9	3.3	3,869	521	5,058
None	0.7	35	15.5	39.5	48.5	6.0	4.9	1.0	0.1	224	788,042	7,621,131
<b>Maintenance Assistance Status</b>												
Cash	1.1	69	17.8	29.1	48.2	9.3	10.6	2.5	0.3	386	232,861	2,280,646
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	22	12.7	37.4	55.0	4.9	2.4	0.3	0.1	171	376,121	3,494,378
Other/unknown	0.4	19	12.7	57.5	35.3	4.0	2.8	0.4	0.1	148	180,140	1,857,312

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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, SOUTH CAROLINA, 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
<b>All</b>	<b>0.7</b>	<b>\$35</b>	<b>\$53</b>	<b>0.3</b>	<b>\$29</b>	<b>\$89</b>	<b>0.0</b>	<b>\$1</b>	<b>\$39</b>	<b>0.3</b>	<b>\$5</b>	<b>\$17</b>
<b>Age</b>												
5 and younger	0.5	19	37	0.2	14	58	0.0	1	34	0.2	3	15
6-14	0.5	28	58	0.3	23	85	0.0	1	50	0.2	4	19
15-20	0.5	26	51	0.2	20	84	0.0	1	42	0.2	5	18
21-44	0.7	37	55	0.3	30	102	0.0	1	34	0.4	6	16
45-64	2.5	156	62	1.2	129	108	0.1	3	40	1.3	23	19
65-74	1.3	68	50	0.7	57	84	0.0	1	26	0.6	10	16
75-84	0.8	36	46	0.4	30	73	0.0	1	21	0.3	6	16
85 and older	0.5	25	47	0.3	20	74	0.0	0	22	0.2	4	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.9	48	51	0.5	40	83	0.0	1	24	0.4	7	16
Disabled	2.0	147	74	1.0	124	127	0.1	3	50	1.0	19	20
Adults	0.6	23	42	0.2	18	75	0.0	1	27	0.3	4	15
Children	0.5	20	44	0.2	16	68	0.0	1	40	0.2	3	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	0.7	33	49	0.3	27	84	0.0	1	35	0.3	5	17
Male	0.6	38	60	0.3	32	97	0.0	1	47	0.3	5	19
Unknown	0.5	22	43	0.3	18	66	0.0	0	17	0.2	3	16
<b>Race</b>												
White	0.8	42	52	0.4	34	87	0.0	1	40	0.4	7	18
African American	0.5	28	52	0.3	23	88	0.0	1	37	0.2	4	16
Other/unknown	0.8	50	63	0.4	42	105	0.0	1	45	0.4	7	19
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	2.4	132	56	1.0	103	102	0.1	3	35	1.2	25	20
Part year	2.6	167	64	1.1	132	116	0.1	5	47	1.4	30	22
None	0.7	35	53	0.3	28	89	0.0	1	39	0.3	5	17
<b>Maintenance Assistance Status</b>												
Cash	1.1	69	61	0.5	57	108	0.0	2	43	0.5	10	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	22	44	0.2	17	70	0.0	1	37	0.2	4	17
Other/unknown	0.4	19	46	0.2	15	72	0.0	1	36	0.2	3	17

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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 South Carolina, 0.6 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, SOUTH CAROLINA, 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 Benes	As a Percentage	Number of Benefit Months			
															\$10	\$2	\$4
Anti-infective Agents	0.2	0.1	0.0	0.1	\$12	\$10	\$0	\$2	\$53	\$67	\$18	\$18	725,908	\$38,276,734	303,553	38.5 %	3,253,320
Biologicals	0.1	0.1	0.0	0.0	50	2	8	40	346	1,756	2,290	2,290	663	229,681	388	0.0	4,608
Antineoplastic Agents	0.4	0.2	0.0	0.2	133	120	1	12	341	662	116	60	8,542	2,916,974	2,028	0.3	21,864
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.1	18	15	1	2	45	62	27	19	503,235	22,862,735	116,551	14.8	1,256,609
Cardiovascular Agents	0.9	0.5	0.0	0.5	34	28	0	6	37	62	22	13	515,740	19,204,617	51,274	6.5	558,001
Respiratory Agents	0.4	0.2	0.0	0.1	16	13	1	2	45	68	32	17	1,019,975	46,230,971	270,678	34.3	2,900,913
Gastrointestinal Agents	0.3	0.1	0.0	0.2	18	14	1	4	61	116	172	22	186,638	11,414,596	57,628	7.3	620,633
Genitourinary Agents	0.2	0.1	0.0	0.0	8	7	0	1	43	51	31	14	62,541	2,711,884	31,978	4.1	344,164
CNS Drugs	0.6	0.3	0.0	0.3	50	44	1	5	84	139	107	18	518,291	43,475,321	80,880	10.2	874,375
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	45	40	0	4	78	87	59	41	199,162	15,491,814	31,404	4.0	343,668
Miscellaneous Psychological/Neurological Agents	0.5	0.3	0.0	0.1	88	84	0	4	188	254	0	28	3,880	729,555	742	0.1	8,275
Analgesics and Anesthetics	0.3	0.0	0.0	0.2	11	8	0	3	39	158	67	13	478,321	18,510,175	152,074	19.3	1,639,835
Neuromuscular Agents	0.5	0.2	0.0	0.2	38	32	1	5	77	140	44	22	239,243	18,436,367	44,356	5.6	485,804
Nutritional Products	0.3	0.1	0.0	0.2	3	1	0	2	12	16	12	12	101,550	1,260,539	37,333	4.7	393,069
Hematological Agents	0.3	0.1	0.0	0.2	52	48	1	3	149	333	25	19	45,356	6,739,596	12,084	1.5	130,660
Topical Products	0.2	0.1	0.0	0.1	8	6	0	2	40	61	54	18	352,759	13,966,359	162,047	20.5	1,734,783
Miscellaneous Products	0.6	0.4	0.0	0.1	234	212	10	12	384	502	266	80	7,429	2,855,214	1,107	0.1	12,213
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	4	0	0	0	30	0	0	0	51,581	1,556,959	38,920	4.9	424,112
<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.	5,020,814	266,870,091	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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 South Carolina, 0.6 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, SOUTH CAROLINA, 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	\$24,347,278	19,868	2.5 %	224,115	0.5	\$206
ANTIASTHMATIC	21,624,934	125,103	15.9	1,368,505	0.2	67
ANTICONVULSANT	15,856,749	26,129	3.3	290,981	0.6	98
ANTIDEPRESSANTS	15,649,618	60,882	7.7	662,582	0.4	64
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	15,318,217	39,360	5.0	438,077	0.4	78
ANTIVIRAL	11,886,809	17,503	2.2	193,573	0.2	301
ANTIHISTAMINES	11,377,178	130,988	16.6	1,451,108	0.2	43
ANALGESICS - Narcotic	10,261,999	149,894	19.0	1,633,487	0.2	34
DERMATOLOGICAL	9,912,755	143,742	18.2	1,569,320	0.1	44
ANTI-DIABETIC	9,263,696	23,938	3.0	263,775	0.5	66
<b>Total</b>	<b>145,499,233</b>	<b>737,407</b>		<b>8,095,523</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. This table was produced on 11/01/2007.

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

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

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

Bene Mo(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, SOUTH CAROLINA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTI-PSYCHOTICS					ANTI-ASTHMATIC						
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month
<b>All</b>	<b>2,012,617</b>	<b>\$145,499,233</b>	<b>19,868</b>	<b>2.5 %</b>	<b>224,115</b>	<b>0.5</b>	<b>\$109</b>	<b>125,103</b>	<b>15.9 %</b>	<b>1,368,505</b>	<b>0.2</b>	<b>\$16</b>					
<b>Female</b>	1,156,436	78,077,022	10,856	2.2	121,986	0.5	98	63,487	13.0	695,446	0.2	15					
<b>Disabled</b>	412,983	37,568,483	6,892	18.2	79,329	0.6	124	12,232	32.3	139,913	0.3	23					
5 and younger	9,206	647,270	17	0.8	196	0.6	83	1,203	53.4	13,739	0.3	21					
6-14	28,997	2,379,671	299	7.6	3,486	0.5	87	1,412	35.8	16,343	0.3	23					
15-20	21,051	1,829,008	410	13.9	4,750	0.5	94	644	21.8	7,476	0.3	21					
21-44	121,701	12,781,902	2,845	24.7	32,774	0.6	121	2,658	23.1	30,216	0.3	18					
45-64	231,789	19,918,039	3,319	19.3	38,102	0.6	135	6,305	36.7	72,042	0.4	26					
65-74	232	12,299	2	5.3	21	0.3	37	10	26.3	97	0.3	16					
75-84	7	294	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					
<b>Other Eligibles</b>	743,453	40,508,539	3,964	0.9	42,657	0.3	50	51,255	11.4	555,533	0.2	13					
5 and younger	113,410	5,142,650	48	0.1	530	0.2	32	17,560	20.1	187,975	0.2	13					
6-14	187,383	11,192,280	654	0.6	7,350	0.4	54	15,749	15.3	175,471	0.2	15					
15-20	112,161	5,699,970	777	1.1	8,552	0.3	43	6,391	9.0	70,268	0.2	11					
21-44	275,006	14,807,980	2,049	1.2	21,623	0.3	46	9,880	5.7	104,300	0.2	11					
45-64	40,576	2,758,959	250	2.8	2,562	0.3	56	1,273	14.5	13,191	0.3	18					
65-74	8,426	548,112	80	5.0	908	0.7	135	226	14.1	2,471	0.4	27					
75-84	4,510	249,930	64	3.0	697	0.4	63	130	6.2	1,417	0.3	19					
85 and older	1,981	108,658	42	2.3	435	0.5	56	46	2.6	440	0.3	16					
<b>Male</b>	855,902	67,405,080	9,012	3.0	102,129	0.6	121	61,598	20.5	672,901	0.2	17					
<b>Disabled</b>	303,834	32,723,065	6,160	16.3	70,917	0.6	144	9,323	24.6	106,713	0.3	24					
5 and younger	14,298	1,012,744	41	1.3	454	0.5	69	2,030	64.4	23,318	0.3	23					
6-14	67,374	5,718,865	1,112	14.4	12,876	0.5	93	2,878	37.2	33,528	0.3	22					
15-20	35,863	3,571,879	867	16.6	10,043	0.6	115	978	18.7	11,349	0.3	22					
21-44	86,316	11,685,257	2,511	24.6	28,923	0.7	161	942	9.2	10,715	0.3	20					
45-64	99,849	10,725,061	1,627	14.2	18,597	0.7	171	2,493	21.8	27,797	0.4	30					
65-74	119	8,147	1	2.6	12	0.9	144	2	5.1	6	0.3	21					
75-84	15	1,112	1	12.5	12	0.4	63	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					
<b>Other Eligibles</b>	552,068	34,682,015	2,852	1.1	31,212	0.4	69	52,275	19.9	566,188	0.2	15					
5 and younger	140,012	7,100,268	115	0.1	1,223	0.3	62	25,074	27.3	267,863	0.2	14					
6-14	274,522	18,035,964	1,501	1.4	16,728	0.4	67	21,130	20.1	232,810	0.2	16					
15-20	77,401	5,067,753	743	1.7	8,169	0.4	68	4,565	10.2	50,008	0.2	13					
21-44	39,847	2,806,884	333	2.2	3,377	0.3	75	972	6.3	9,879	0.2	14					
45-64	13,856	1,256,467	58	1.9	576	0.4	87	363	11.8	3,682	0.3	20					
65-74	3,038	223,068	52	4.7	603	0.7	123	81	7.3	892	0.4	23					
75-84	2,278	128,024	36	2.5	394	0.4	53	60	4.2	698	0.3	22					
85 and older	1,114	63,587	14	1.7	142	0.5	75	30	3.6	356	0.4	26					
<b>Unknown</b>	279	17,131	0	0.0	0	0.0	0	18	3.6	158	0.3	22					

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. This table was produced on 11/01/2007.

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

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

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

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

TABLE ND.7B

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

Beneficiary Characteristics	ANTICONVULSANT				ANTIDEPRESSANTS				STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	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	
<b>All</b>	<b>26,129</b>	<b>3.3 %</b>	<b>290,981</b>	<b>0.6</b>	<b>60,882</b>	<b>7.7 %</b>	<b>662,582</b>	<b>0.4</b>	<b>39,360</b>	<b>5.0 %</b>	<b>438,077</b>	<b>0.4</b>	<b>\$35</b>
<b>Female</b>	15,645	3.2	173,226	0.5	44,419	9.1	480,912	0.4	10,994	2.3	122,245	0.4	34
<b>Disabled</b>	8,338	22.0	95,656	0.6	13,640	36.0	155,454	0.5	1,691	4.5	19,670	0.5	38
5 and younger	227	10.1	2,625	0.7	20	0.9	229	0.3	45	2.0	503	0.3	22
6-14	719	18.2	8,421	0.7	462	11.7	5,421	0.4	1,021	25.9	11,888	0.5	37
15-20	567	19.2	6,591	0.7	671	22.7	7,777	0.4	292	9.9	3,464	0.5	39
21-44	3,111	27.0	35,541	0.7	4,883	42.4	55,314	0.4	189	1.6	2,179	0.4	38
45-64	3,703	21.6	42,360	0.6	7,600	44.3	86,671	0.5	144	0.8	1,636	0.4	46
65-74	10	26.3	106	0.5	4	10.5	42	0.5	0	0.0	0	0.0	0
75-84	1	20.0	12	0.5	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
<b>Other Eligibles</b>	7,307	1.6	77,570	0.4	30,779	6.8	325,458	0.3	9,303	2.1	102,575	0.4	33
5 and younger	208	0.2	2,312	0.4	131	0.1	1,472	0.2	407	0.5	4,411	0.3	24
6-14	840	0.8	9,405	0.4	3,015	2.9	33,617	0.3	7,000	6.8	77,470	0.4	33
15-20	1,011	1.4	11,095	0.4	5,384	7.6	58,718	0.3	1,148	1.6	12,843	0.4	33
21-44	4,448	2.6	46,379	0.4	19,516	11.2	203,288	0.3	672	0.4	7,039	0.3	38
45-64	580	6.6	5,925	0.4	2,269	25.9	23,228	0.4	74	0.8	788	0.3	39
65-74	113	7.0	1,251	0.6	21	13.1	2,415	0.5	1	0.1	12	0.2	2
75-84	74	3.5	854	0.5	173	8.2	1,866	0.5	0	0.0	0	0.0	0
85 and older	33	1.8	349	0.5	80	4.4	854	0.5	1	0.1	12	0.1	0
<b>Male</b>	10,483	3.5	117,743	0.6	16,461	5.5	181,646	0.4	28,359	9.4	315,758	0.5	36
<b>Disabled</b>	6,970	18.4	80,047	0.7	6,723	17.8	76,165	0.5	4,980	13.2	57,460	0.5	40
5 and younger	281	8.9	3,297	0.6	31	1.0	371	0.3	224	7.1	2,544	0.3	23
6-14	1,294	16.7	15,029	0.7	1,160	15.0	13,475	0.5	3,559	46.0	41,018	0.5	40
15-20	897	17.2	10,419	0.7	911	17.4	10,572	0.5	1,006	19.2	11,699	0.5	44
21-44	2,537	24.8	29,232	0.8	2,154	21.1	24,210	0.5	132	1.3	1,557	0.5	48
45-64	1,958	17.1	22,034	0.6	2,462	21.5	27,478	0.5	59	0.5	642	0.5	59
65-74	3	7.7	36	0.6	4	10.3	47	0.5	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	1	12.5	12	0.2	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
<b>Other Eligibles</b>	3,513	1.3	37,696	0.4	9,738	3.7	105,481	0.4	23,379	8.9	258,298	0.4	34
5 and younger	355	0.4	3,878	0.4	197	0.2	2,191	0.3	1,082	1.2	11,982	0.3	22
6-14	1,260	1.2	14,117	0.4	4,237	4.0	47,498	0.4	19,104	18.2	211,073	0.5	35
15-20	703	1.6	7,525	0.5	2,452	5.5	26,745	0.3	3,043	6.8	33,730	0.4	34
21-44	839	5.4	8,470	0.3	2,093	13.5	21,179	0.3	112	0.7	1,106	0.3	41
45-64	250	8.1	2,528	0.4	582	18.9	5,884	0.4	36	1.2	384	0.4	38
65-74	55	4.9	599	0.6	78	7.0	875	0.6	1	0.1	12	0.7	81
75-84	34	2.4	387	0.6	64	4.5	701	0.5	1	0.1	11	0.6	6
85 and older	17	2.0	192	0.4	35	4.2	408	0.5	0	0.0	0	0.0	0
<b>Unknown</b>	1	0.2	12	1.1	2	0.4	24	0.1	7	1.4	74	0.5	30

Table ND7B

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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<sup>a,b,c</sup>  
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2003

Beneficiary Characteristics	ANTIVIRAL				ANTIHISTAMINES				ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	
<b>All</b>	<b>17,503</b>	<b>2.2%</b>	<b>193,573</b>	<b>0.2</b>	<b>130,988</b>	<b>16.6%</b>	<b>1,451,108</b>	<b>0.2</b>	<b>149,894</b>	<b>19.0%</b>	<b>1,633,487</b>	<b>0.2</b>	<b>\$6</b>
<b>Female</b>	10,512	2.2	115,934	0.2	76,493	15.7	844,644	0.2	109,005	22.4	1,186,999	0.2	6
<b>Disabled</b>	2,029	5.4	23,042	0.4	9,142	24.1	106,056	0.2	20,678	54.6	237,096	0.3	14
5 and younger	82	3.6	959	0.2	618	27.5	7,216	0.2	223	9.9	2,612	0.1	1
6-14	188	4.8	2,216	0.3	1,155	29.3	13,563	0.2	626	15.9	7,336	0.2	3
15-20	84	2.8	931	0.2	750	25.4	8,783	0.2	1,032	35.0	12,093	0.2	4
21-44	914	7.9	10,206	0.4	2,770	24.1	32,020	0.2	7,484	65.0	85,537	0.3	16
45-64	760	4.4	8,718	0.4	3,846	22.4	44,438	0.3	11,299	65.9	129,381	0.3	16
65-74	0	0.0	0	0.0	3	7.9	36	0.3	14	36.8	137	0.3	9
75-84	1	20.0	12	0.1	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
<b>Other Eligibles</b>	8,483	1.9	92,892	0.2	67,351	15.0	738,588	0.2	88,327	19.6	949,903	0.2	3
5 and younger	1,469	1.7	16,467	0.1	15,837	18.1	174,630	0.1	3,193	3.7	35,896	0.1	1
6-14	2,093	2.0	23,614	0.1	21,881	21.2	244,561	0.2	7,841	7.6	88,464	0.1	1
15-20	1,555	2.2	17,134	0.1	11,685	16.5	128,208	0.2	18,057	25.4	196,407	0.1	1
21-44	3,128	1.8	33,212	0.2	16,349	9.4	174,103	0.2	54,573	31.4	580,200	0.2	4
45-64	216	2.5	2,212	0.3	1,334	15.2	14,077	0.2	4,005	45.7	41,555	0.2	10
65-74	9	0.6	108	0.3	128	8.0	1,473	0.3	331	20.6	3,772	0.3	10
75-84	8	0.4	90	0.1	94	4.5	1,039	0.2	237	11.3	2,622	0.3	11
85 and older	5	0.3	55	0.1	43	2.4	497	0.3	90	5.0	987	0.3	13
<b>Male</b>	6,989	2.3	77,622	0.2	54,477	18.1	606,273	0.2	40,877	13.6	446,354	0.2	8
<b>Disabled</b>	2,176	5.8	24,046	0.4	6,644	17.6	77,004	0.2	11,650	30.8	131,381	0.3	18
5 and younger	99	3.1	1,152	0.2	948	30.1	11,101	0.2	344	10.9	4,059	0.1	1
6-14	241	3.1	2,849	0.2	2,298	29.7	26,914	0.2	1,019	13.2	11,972	0.1	2
15-20	134	2.6	1,541	0.1	993	19.0	11,626	0.2	1,141	21.8	13,413	0.2	4
21-44	947	9.3	10,201	0.4	1,290	12.6	14,813	0.3	3,688	36.1	41,122	0.3	20
45-64	755	6.6	8,303	0.5	1,112	9.7	12,523	0.3	5,450	47.6	60,729	0.3	23
65-74	0	0.0	0	0.0	3	7.7	27	0.2	6	15.4	62	0.2	15
75-84	0	0.0	0	0.0	0	0.0	0	0.0	2	25.0	24	0.3	9
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	4,813	1.8	53,576	0.1	47,833	18.2	529,269	0.2	29,227	11.1	314,973	0.2	5
5 and younger	1,612	1.8	17,986	0.1	18,042	19.7	199,045	0.2	4,497	4.9	49,921	0.1	1
6-14	2,057	2.0	23,282	0.1	22,560	21.5	251,614	0.2	8,337	7.9	93,959	0.1	1
15-20	760	1.7	8,435	0.1	5,635	12.6	62,013	0.2	7,481	16.8	81,013	0.1	2
21-44	300	1.9	2,992	0.3	1,207	7.8	12,449	0.2	7,067	45.6	70,741	0.3	12
45-64	77	2.5	797	0.5	277	9.0	2,860	0.2	1,558	50.5	16,109	0.3	18
65-74	6	0.5	72	0.1	51	4.6	570	0.2	143	12.8	1,598	0.3	14
75-84	0	0.0	0	0.0	39	2.7	458	0.3	101	7.1	1,168	0.3	15
85 and older	1	0.1	12	0.1	22	2.6	260	0.2	43	5.1	464	0.3	21
<b>Unknown</b>	2	0.4	17	0.1	18	3.6	191	0.2	12	2.4	134	0.3	32

Table ND7C

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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, SOUTH CAROLINA, 2003

Beneficiary Characteristics	DERMATOLOGICAL				ANTI-DIABETIC							
	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean \$ per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>143,742</b>	<b>18.2 %</b>	<b>1,569,320</b>	<b>0.1</b>	<b>\$6</b>	<b>23,938</b>	<b>3.0 %</b>	<b>263,775</b>	<b>0.5</b>	<b>\$35</b>	<b>789,122</b>	<b>7,632,336</b>
<b>Female</b>	84,428	17.3	923,709	0.1	6	17,910	3.7	197,900	0.5	35	487,557	4,723,164
<b>Disabled</b>	8,781	23.2	102,491	0.2	7	9,751	25.8	112,009	0.6	39	37,859	410,273
5 and younger	906	40.2	10,500	0.1	6	5	0.2	52	0.4	22	2,251	23,601
6-14	1,356	34.4	15,941	0.1	7	72	1.8	860	0.6	40	3,944	44,460
15-20	896	30.4	10,575	0.2	7	122	4.1	1,393	0.6	39	2,951	32,848
21-44	2,351	20.4	27,387	0.2	7	1,715	14.9	19,686	0.5	34	11,510	124,912
45-64	3,272	19.1	38,088	0.2	7	7,822	45.6	89,854	0.6	40	17,157	184,040
65-74	0	0.0	0	0.0	0	15	39.5	164	0.5	21	38	346
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	50
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	16
<b>Other Eligibles</b>	75,647	16.8	821,218	0.1	6	8,159	1.8	85,891	0.5	30	449,698	4,312,891
5 and younger	29,589	33.9	311,960	0.1	5	48	0.1	565	0.8	47	87,354	795,395
6-14	21,438	20.8	240,663	0.1	7	529	0.5	5,936	0.6	36	103,270	1,027,135
15-20	11,171	15.7	123,998	0.1	8	725	1.0	7,722	0.4	33	70,956	682,938
21-44	12,114	7.0	130,170	0.1	6	4,409	2.5	45,837	0.4	27	173,835	1,668,655
45-64	1,042	11.9	11,075	0.2	6	1,709	19.5	17,485	0.5	32	8,772	81,680
65-74	151	9.4	1,711	0.2	7	449	28.0	5,113	0.6	34	17,260	172,216
75-84	86	4.1	1,009	0.1	5	206	9.8	2,329	0.6	28	2,106	22,216
85 and older	56	3.1	632	0.2	5	84	4.7	904	0.5	23	1,800	17,612
<b>Male</b>	59,272	19.7	645,187	0.1	6	6,026	2.0	65,851	0.5	36	301,061	2,907,120
<b>Disabled</b>	7,105	18.8	83,162	0.2	7	3,645	9.6	41,039	0.6	36	37,825	402,795
5 and younger	1,113	35.3	13,007	0.1	6	16	0.5	192	0.5	28	3,150	33,533
6-14	1,928	24.9	22,687	0.1	6	68	0.9	805	0.6	46	7,741	86,890
15-20	1,188	22.7	13,915	0.2	8	88	1.7	1,033	0.6	40	5,229	58,215
21-44	1,567	15.3	18,369	0.2	9	758	7.4	8,579	0.5	34	10,213	107,810
45-64	1,307	11.4	15,164	0.2	8	2,705	23.6	30,325	0.6	37	11,442	115,908
65-74	2	5.1	20	0.2	2	10	25.6	105	0.3	26	39	338
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	77
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	24
<b>Other Eligibles</b>	52,167	19.8	562,025	0.1	6	2,381	0.9	24,812	0.5	37	263,236	2,504,325
5 and younger	28,529	31.1	298,403	0.1	6	76	0.1	851	0.5	37	91,753	837,199
6-14	15,803	15.1	177,473	0.1	6	345	0.3	3,818	0.6	46	104,900	1,044,908
15-20	6,459	14.5	71,699	0.2	9	346	0.8	3,607	0.6	45	44,627	425,160
21-44	939	6.1	9,682	0.1	8	793	5.1	7,977	0.5	33	15,483	132,893
45-64	295	9.6	3,140	0.1	6	525	17.0	5,181	0.5	34	3,086	27,775
65-74	53	4.8	615	0.1	6	139	12.5	1,586	0.5	31	1,114	11,799
75-84	58	4.1	661	0.2	8	113	7.9	1,302	0.6	25	1,431	15,544
85 and older	31	3.7	352	0.2	14	44	5.2	490	0.7	26	842	9,047
<b>Unknown</b>	42	8.3	424	0.2	8	2	0.4	24	0.9	63	504	2,052

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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, SOUTH CAROLINA, 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>\$132</b>	<b>2.4</b>	<b>559</b>	<b>6,147</b>
<b>Age</b>				
0-64	148	2.5	352	3,949
65-74	86	1.9	54	562
75-84	124	2.5	82	859
85 and older	89	2.1	71	777
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	132	2.4	326	3,557
Male	131	2.2	233	2,590
Unknown	0	0.0	0	0
<b>Race</b>				
White	146	2.5	219	2,364
African American	129	2.4	287	3,197
Other/unknown	87	1.6	53	586
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	101	2.2	208	2,210
Disabled	149	2.5	351	3,937
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 South Carolina, released by CMS in 06/2007. 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 521 beneficiaries who were in nursing facilities for part of their enrollment and their 5,058 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, SOUTH CAROLINA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All-Year Nursing Facility Residents	Number of Benefit Months			
Anti-infective Agents	0.3	0.2	0.0	0.1	\$29	\$25	\$1	\$3	\$98	\$148	\$111	\$27	597	\$58,393	177	31.7 %	1,981
Biologicals	0.1	0.1	0.0	0.0	1	1	0	0	11	11	0	0	22	232	22	3.9	257
Antineoplastic Agents	0.5	0.2	0.0	0.3	64	23	0	41	140	155	0	133	61	8,568	13	2.3	133
Endocrine/Metabolic Drugs	1.0	0.7	0.0	0.3	60	55	1	4	59	84	14	13	1,339	78,435	114	20.4	1,307
Cardiovascular Agents	1.8	0.6	0.1	1.1	55	38	1	16	31	63	14	14	3,675	113,119	178	31.8	2,047
Respiratory Agents	0.5	0.3	0.0	0.2	26	19	3	5	55	73	72	26	535	29,378	101	18.1	1,144
Gastrointestinal Agents	0.7	0.1	0.0	0.6	26	11	0	14	35	83	43	24	1,177	41,133	140	25.0	1,591
Genitourinary Agents	0.4	0.2	0.0	0.2	25	21	0	4	58	84	37	23	237	13,789	48	8.6	549
CNS Drugs	1.3	0.7	0.0	0.6	106	94	1	11	82	132	54	19	2,560	209,436	173	30.9	1,969
Stimulants/Anti-obesity/Anorexia	0.1	0.0	0.0	0.1	1	0	0	1	16	0	0	16	1	16	1	0.2	12
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	91	91	0	0	131	131	0	0	155	20,315	19	3.4	223
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	31	25	0	5	53	116	46	15	767	40,407	116	20.8	1,296
Neuromuscular Agents	1.1	0.5	0.1	0.6	71	47	4	20	62	95	46	36	1,742	108,321	133	23.8	1,530
Nutritional Products	0.6	0.0	0.0	0.6	9	0	0	9	15	0	47	14	485	7,137	69	12.3	787
Hematological Agents	0.8	0.4	0.2	0.3	82	77	2	3	97	191	13	11	610	59,379	64	11.4	726
Topical Products	0.3	0.1	0.0	0.2	12	8	0	4	39	62	27	21	457	17,839	125	22.4	1,444
Miscellaneous Products	0.5	0.0	0.0	0.5	36	0	0	36	73	0	0	73	32	2,327	6	1.1	65
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	41	0	0	0	9	368	4	0.7	39
<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.	14,461	808,592	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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 521 beneficiaries who were in nursing facilities for part of their enrollment and their 5,058 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 South Carolina, 0.6 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, SOUTH CAROLINA, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPTYCHOTICS	\$135,690	108	19.3 %	1,234	0.7	\$167	\$110
ANTICONVULSANT	88,286	145	25.9	1,680	0.8	65	53
ANTIIDIABETIC	71,298	141	25.2	1,636	0.7	59	44
ANTIDEPRESSANTS	62,348	144	25.8	1,651	0.7	55	38
ANTIHYPERTENSIVE	36,343	144	25.8	1,648	0.7	32	22
HEMATOPOIETIC AGENTS	29,918	19	3.4	212	0.6	230	141
ANALGESICS - Narcotic	29,284	113	20.2	1,264	0.4	62	23
ANTIHYPERLIPIDEMIC	26,205	44	7.9	521	0.6	79	50
ULCER DRUGS	26,288	112	20.0	1,296	0.6	36	20
MISC. HEMATOLOGICAL	25,994	33	5.9	367	0.7	101	71
Total	531,654	1,003		11,509	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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 521 beneficiaries who were in nursing facilities for part of their enrollment and their 5,058 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup> NONDUAL BENEFICIARIES, SOUTH CAROLINA, 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 \$
<b>All</b>	<b>7,559</b>	<b>\$531,654</b>	<b>108</b>	<b>19.3 %</b>	<b>1,234</b>	<b>0.7</b>	<b>\$110</b>	<b>145</b>	<b>25.9 %</b>	<b>1,680</b>	<b>0.8</b>	<b>\$53</b>					
<b>Female</b>	4,626	303,429	67	20.6	761	0.7	93	83	25.5	947	0.9	56					
<b>Disabled</b>	3,167	223,123	42	22.1	484	0.7	114	65	34.2	754	0.8	60					
64 or younger	3,167	223,123	42	22.2	484	0.7	114	65	34.4	754	0.8	60					
65-74	0	0	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					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
<b>Other Eligibles</b>	1,459	80,306	25	18.4	277	0.6	57	18	13.2	193	0.9	42					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	457	25,359	5	16.7	46	0.9	92	9	30.0	93	1.1	49					
75-84	568	34,137	9	16.1	108	0.6	57	7	12.5	76	0.8	44					
85 and older	434	20,810	11	22.4	123	0.5	45	2	4.1	24	0.5	10					
<b>Male</b>	2,933	228,225	41	17.6	473	0.6	137	62	26.6	733	0.7	48					
<b>Disabled</b>	1,991	173,647	29	18.0	340	0.6	155	49	30.4	580	0.7	51					
64 or younger	1,947	170,703	28	17.6	328	0.6	155	48	30.2	568	0.7	51					
65-74	44	2,944	1	100.0	12	0.9	144	1	100.0	12	0.9	27					
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					
<b>Other Eligibles</b>	942	54,578	12	16.7	133	0.5	92	13	18.1	153	0.7	37					
64 or younger	72	3,763	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	182	8,332	2	9.1	24	0.7	109	6	27.3	72	0.7	23					
75-84	512	32,804	7	28.0	73	0.5	76	6	24.0	69	0.8	56					
85 and older	176	9,679	3	13.6	36	0.6	115	1	4.5	12	0.4	11					
<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 South Carolina, released by CMS in 06/2007. 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 521 beneficiaries who were in nursing facilities for part of their enrollment and their 5,058 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.medispans.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, SOUTH CAROLINA, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANTIDEPRESSANTS				ANTIHYPERTENSIVE			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$
<b>All</b>	<b>141</b>	<b>25.2 %</b>	<b>1,636</b>	<b>0.7</b>	<b>144</b>	<b>25.8 %</b>	<b>1,651</b>	<b>0.7</b>	<b>144</b>	<b>25.8 %</b>	<b>1,648</b>	<b>0.7</b>
<b>Female</b>												
<b>Disabled</b>	88	27.0	1,006	0.8	91	27.9	1,030	0.7	76	23.3	856	0.7
64 or younger	60	31.6	704	0.9	61	32.1	697	0.7	42	22.1	470	0.7
65-74	60	31.7	704	0.9	61	32.3	697	0.7	42	22.2	470	0.7
75-84	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
<b>Other Eligibles</b>	28	20.6	302	0.7	30	22.1	333	0.7	34	25.0	386	0.6
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
65-74	13	43.3	134	0.8	6	20.0	57	0.9	7	23.3	75	0.8
75-84	9	16.1	97	0.6	14	25.0	159	0.9	15	26.8	168	0.6
85 and older	6	12.2	71	0.6	10	20.4	117	0.4	12	24.5	143	0.6
<b>Male</b>												
<b>Disabled</b>	53	22.7	630	0.6	53	22.7	621	0.7	68	29.2	792	0.7
64 or younger	28	17.4	336	0.6	34	21.1	396	0.7	39	24.2	466	0.7
65-74	28	17.6	336	0.6	33	20.8	384	0.7	39	24.5	466	0.7
75-84	0	0.0	0	0.0	1	100.0	12	0.9	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
<b>Other Eligibles</b>	25	34.7	294	0.7	19	26.4	225	0.6	29	40.3	326	0.6
64 or younger	5	166.7	60	0.4	1	33.3	12	0.6	4	133.3	48	0.6
65-74	6	27.3	72	0.4	4	18.2	48	0.7	5	22.7	60	0.5
75-84	11	44.0	126	0.9	9	36.0	105	0.6	16	64.0	171	0.7
85 and older	3	13.6	36	0.9	5	22.7	60	0.5	4	18.2	47	0.7
<b>Unknown</b>	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 South Carolina, released by CMS in 06/2007. 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 521 beneficiaries who were in nursing facilities for part of their enrollment and their 5,058 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, SOUTH CAROLINA, 2003

Beneficiary Characteristics	HEMATOPOIETIC AGENTS				ANALGESICS - Narcotic				ANTHYPERLIPIDEMIC						
	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>19</b>	<b>3.4 %</b>	<b>212</b>	<b>0.6</b>	<b>\$141</b>	<b>113</b>	<b>20.2 %</b>	<b>1,264</b>	<b>0.4</b>	<b>\$23</b>	<b>44</b>	<b>7.9 %</b>	<b>521</b>	<b>0.6</b>	<b>\$50</b>
<b>Female</b>	9	2.8	108	0.6	113	74	22.7	803	0.4	22	29	8.9	344	0.6	49
<b>Disabled</b>	7	3.7	84	0.6	145	51	26.8	568	0.4	20	20	10.5	240	0.7	59
64 or younger	7	3.7	84	0.6	145	51	27.0	568	0.4	20	20	10.6	240	0.7	59
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	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
<b>Other Eligibles</b>	2	1.5	24	0.6	2	23	16.9	235	0.4	27	9	6.6	104	0.4	25
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	0	0.0	0	0.0	0	5	16.7	43	0.5	54	3	10.0	35	0.8	51
75-84	0	0.0	0	0.0	0	8	14.3	72	0.4	28	4	7.1	45	0.3	14
85 and older	2	4.1	24	0.6	2	10	20.4	120	0.4	17	2	4.1	24	0.1	6
<b>Male</b>	10	4.3	104	0.7	170	39	16.7	461	0.3	25	15	6.4	177	0.7	53
<b>Disabled</b>	7	4.3	74	0.7	182	26	16.1	308	0.3	33	9	5.6	108	0.7	55
64 or younger	7	4.4	74	0.7	182	26	16.4	308	0.3	33	9	5.7	108	0.7	55
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	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
<b>Other Eligibles</b>	3	4.2	30	0.7	139	13	18.1	153	0.3	9	6	8.3	69	0.7	50
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	24	0.4	24
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4.5	12	0.4	28
75-84	3	12.0	30	0.7	139	9	36.0	106	0.3	10	3	12.0	33	1.0	76
85 and older	0	0.0	0	0.0	0	4	18.2	47	0.4	8	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	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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 521 beneficiaries who were in nursing facilities for part of their enrollment and their 5,058 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>b, c, d</sup> NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2003

Beneficiary Characteristics	ULCER DRUGS				MISC. HEMATOLOGICAL				Mean Rx \$	Mean Number of Rx	All-Year Nursing Facility Residents	Benefit Months Among All-Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx				
<b>All</b>	<b>112</b>	<b>20.0 %</b>	<b>1,296</b>	<b>0.6</b>	<b>33</b>	<b>5.9 %</b>	<b>367</b>	<b>0.7</b>	<b>\$71</b>	<b>559</b>	<b>6,147</b>	
<b>Female</b>	62	19.0	736	0.6	20	6.1	217	0.7	60	326	3,557	
<b>Disabled</b>	40	21.1	474	0.6	6	3.2	69	0.6	58	190	2,102	
64 or younger	40	21.2	474	0.6	6	3.2	69	0.6	58	189	2,090	
65-74	0	0.0	0	0.0	0	0.0	0	0.0	0	1	12	
75-84	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	
<b>Other Eligibles</b>	22	16.2	262	0.6	14	10.3	148	0.7	61	136	1,455	
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	1	12	
65-74	3	10.0	35	0.8	3	10.0	28	0.7	48	30	301	
75-84	7	12.5	84	0.6	6	10.7	61	0.7	78	56	600	
85 and older	12	24.5	143	0.6	5	10.2	59	0.7	51	49	542	
<b>Male</b>	50	21.5	560	0.5	13	5.6	150	0.7	86	233	2,590	
<b>Disabled</b>	37	23.0	414	0.5	10	6.2	117	0.8	90	161	1,835	
64 or younger	36	22.6	402	0.5	10	6.3	117	0.8	90	159	1,811	
65-74	1	100.0	12	0.9	0	0.0	0	0.0	0	1	12	
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	1	12	
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	
<b>Other Eligibles</b>	13	18.1	146	0.6	3	4.2	33	0.6	72	72	755	
64 or younger	0	0.0	0	0.0	1	33.3	12	0.6	66	3	36	
65-74	4	18.2	48	0.5	0	0.0	0	0.0	0	22	237	
75-84	4	16.0	39	0.6	2	8.0	21	0.6	75	25	247	
85 and older	5	22.7	59	0.6	0	0.0	0	0.0	0	22	235	
<b>Unknown</b>	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 South Carolina, released by CMS in 06/2007. 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 521 beneficiaries who were in nursing facilities for part of their enrollment and their 5,058 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>  
 SOUTH CAROLINA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx	
								All Nondual Rx \$	4.3 %
All	227,573	28.8 %	0.8	602,532	\$15	\$11,596,159	\$19		789,122
<b>Age</b>									
5 and younger	77,295	41.9	1.0	181,155	20	3,632,662	20		11.5
6-14	63,885	29.1	0.6	128,843	13	2,811,650	22		4.6
15-20	28,864	23.3	0.5	62,774	12	1,490,884	24		4.8
21-44	40,491	19.2	0.6	133,566	10	2,188,002	16		2.9
45-64	15,922	39.4	2.2	90,265	35	1,399,257	16		2.2
65-74	564	20.1	1.1	2,981	14	39,576	13		2.0
75-84	379	10.7	0.5	1,934	6	22,246	12		1.6
85 and older	173	6.5	0.4	1,014	4	11,882	12		1.8
Unknown	0	0.0	0.0	0	0	0	0		0.0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	1,240	13.4	0.7	6,645	9	82,770	12		1.8
Disabled	29,983	39.6	2.0	153,070	40	3,005,672	20		2.5
Adults	41,035	17.7	0.5	112,671	8	1,768,792	16		3.4
Children	155,315	32.9	0.7	330,146	14	6,738,925	20		7.4
Unknown	0	0.0	0.0	0	0	0	0		0.0
<b>Gender</b>									
Female	133,342	27.3	0.7	365,111	14	6,807,569	19		4.4
Male	94,197	31.3	0.8	237,337	16	4,786,911	20		4.3
Unknown	34	21.9	0.5	84	11	1,679	20		5.4
<b>Race</b>									
White	105,256	32.6	1.0	307,473	18	5,859,148	19		4.6
African American	105,206	25.9	0.6	241,461	11	4,585,527	19		4.2
Other/unknown	17,111	28.6	0.9	53,598	19	1,151,484	21		4.1
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	137	24.5	1.9	1,071	31	17,397	16		2.2
Part year	200	38.4	1.9	1,000	28	14,576	15		1.7
None	227,236	28.8	0.8	600,461	15	11,564,186	19		4.4
<b>Maintenance Assistance Status</b>									
Cash	82,288	35.3	1.2	282,083	22	5,171,925	18		3.3
Medically needy	0	0.0	0.0	0	0	0	0		0.0
Poverty related	117,047	31.1	0.7	250,678	13	5,035,300	20		6.7
Other/unknown	28,238	15.7	0.4	69,771	8	1,388,934	20		4.0

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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>  
 SOUTH CAROLINA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$2	\$19	\$0	\$0	7,632,336
<b>Age</b>						
5 and younger	0.1	2	20	0	0	1,690,224
6-14	0.1	1	22	0	0	2,203,811
15-20	0.1	1	24	0	0	1,199,416
21-44	0.1	1	16	0	0	2,034,430
45-64	0.2	3	16	0	1	409,427
65-74	0.1	1	13	0	0	29,805
75-84	0.1	1	12	0	0	37,900
85 and older	0.0	0	12	0	0	26,711
Unknown	0.0	0	0	0	0	612
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.1	1	12	0	0	96,615
Disabled	0.2	4	20	0	1	813,108
Adults	0.1	1	16	0	0	2,197,698
Children	0.1	1	20	0	0	4,524,915
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.1	1	19	0	0	4,723,465
Male	0.1	2	20	0	0	2,907,431
Unknown	0.1	1	20	0	0	1,440
<b>Race</b>						
White	0.1	2	19	0	0	3,091,049
African American	0.1	1	19	0	0	3,981,747
Other/unknown	0.1	2	21	0	0	559,540
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.2	3	16	0	1	6,147
Part year	0.2	3	15	0	1	5,058
None	0.1	2	19	0	0	7,621,131
<b>Maintenance Assistance Status</b>						
Cash	0.1	2	18	0	1	2,280,646
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	20	0	0	3,494,378
Other/unknown	0.0	1	20	0	0	1,857,312

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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>  
 SOUTH CAROLINA, 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 \$			
<b>All</b>	<b>262,971</b>	<b>\$44</b>	<b>\$11,596,159</b>	<b>100.0 %</b>	<b>602,532</b>	<b>\$19</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	13	245	3,190	0.0	20	160	0.0
Drugs for cosmetic purposes	179	12	2,221	0.0	252	9	0.0
Cough and cold medications	186,701	43	8,097,600	69.8	367,959	22	61.1
Vitamins and minerals	13,009	46	600,595	5.2	42,424	14	7.0
Non-prescription drugs	29,390	14	423,980	3.7	49,692	9	8.2
Barbiturates	1,428	37	53,480	0.5	10,859	5	1.8
Benzodiazepines	23,697	78	1,853,155	16.0	115,952	16	19.2
Other Part D Excl Rx Drugs	8,554	66	561,938	4.8	15,374	37	2.6

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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, SOUTH CAROLINA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
<b>All</b>	<b>843,386</b>	<b>9,261</b>	<b>80,015</b>	<b>237,888</b>	<b>516,222</b>	<b>8,502,172</b>	<b>96,802</b>	<b>877,202</b>	<b>2,300,196</b>	<b>5,227,972</b>	<b>0</b>
<b>Age</b>											
5 and younger	199,133	8	5,721	201	193,203	1,939,806	65	62,304	2,197	1,875,240	0
6-14	243,977	0	13,110	19	230,848	2,582,049	0	152,134	116	2,429,799	0
15-20	132,604	2	8,985	32,328	91,289	1,328,549	21	102,379	308,458	917,691	0
21-44	216,512	37	22,619	193,322	534	2,126,816	378	246,217	1,875,591	4,630	0
45-64	41,799	312	29,482	12,004	1	429,782	2,748	313,310	113,717	7	0
65-74	2,809	2,726	77	6	0	29,906	29,165	684	57	0	0
75-84	3,553	3,536	13	4	0	37,932	37,778	127	27	0	0
85 and older	2,650	2,640	6	4	0	26,720	26,647	40	33	0	0
Unknown	349	0	2	0	347	612	0	7	0	605	0
<b>Gender</b>											
Female	516,895	5,790	40,090	214,539	256,476	5,196,831	59,653	443,682	2,089,949	2,603,547	0
Male	326,335	3,461	39,922	23,327	259,625	3,303,892	37,053	433,487	210,030	2,623,322	0
Unknown	156	10	3	22	121	1,449	96	33	217	1,103	0
<b>Race</b>											
White	338,354	1,980	26,111	108,070	202,193	3,330,931	17,103	279,205	1,033,106	2,001,517	0
African American	442,058	1,769	36,590	120,896	282,803	4,559,445	17,018	405,175	1,205,356	2,931,896	0
Other/unknown	62,974	5,512	17,314	8,922	31,226	611,796	62,681	192,822	61,734	294,559	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	559	208	351	0	0	6,147	2,210	3,937	0	0	0
Part year	523	213	306	2	2	5,102	1,987	3,067	24	24	0
None	842,304	8,840	79,358	237,886	516,220	8,490,923	92,605	870,198	2,300,172	5,227,948	0
<b>Maintenance Assistance Status</b>											
Cash	251,023	1,201	70,093	78,008	101,721	2,588,669	12,918	783,698	725,694	1,066,359	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	403,600	1,557	5,877	27,486	368,680	3,934,161	15,146	51,899	212,230	3,654,886	0
Other/unknown	188,763	6,503	4,045	132,394	45,821	1,979,342	68,738	41,605	1,362,272	506,727	0
<b>Managed Care (MC) Status</b>											
Fee-for-service (FFS) all year	740,021	9,238	73,196	224,000	433,587	7,368,503	96,536	797,300	2,153,949	4,320,718	0
FFS part year, with Rx claims	28,340	12	1,990	5,679	20,659	321,800	141	23,407	62,844	235,408	0
FFS part year, no Rx claims	20,761	1	503	2,164	18,093	229,910	12	5,812	22,839	201,247	0
MC all year, with Rx claims	12,502	2	1,407	1,544	9,549	139,337	24	16,582	16,383	106,348	0
MC all year, no Rx claims	41,762	8	2,919	4,501	34,334	442,622	89	34,101	44,181	364,251	0

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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, SOUTH CAROLINA, 2003**

	Beneficiaries and			Beneficiaries	
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Number of Beneficiaries	Number of Beneficiaries	Number of Beneficiaries	Number of Beneficiaries
	Benefit Months	Benefit Months	Benefit Months	Benefit Months	Benefit Months
<b>All</b>	<b>843,386</b>	<b>8,502,172</b>	<b>789,122</b>	<b>7,632,336</b>	<b>869,836</b>
Fee-for-service (FFS) all year	740,021	7,368,503	740,021	7,368,503	0
FFS part year, with Rx claims	28,340	321,800	28,340	173,182	148,618
FFS part year, with no Rx claims	20,761	229,910	20,761	90,651	139,259
Managed care (MC) all year, with Rx claims	12,502	139,337	0	0	139,337
MC all year, with no Rx claims	41,762	442,622	0	0	442,622

Source: Data for this table are from the MAX 2003 file for South Carolina, released by CMS in 06/2007. 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.