

**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003  
SOUTH DAKOTA**

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
NONDUAL BENEFICIARIES, SOUTH DAKOTA, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months											
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
<b>All</b>	<b>103,224</b>	<b>192</b>	<b>8,456</b>	<b>19,682</b>	<b>74,894</b>	<b>0</b>	<b>945,512</b>	<b>1,679</b>	<b>88,573</b>	<b>149,169</b>	<b>706,091</b>	<b>0</b>	<b>945,512</b>	<b>1,679</b>	<b>88,573</b>	<b>149,169</b>	<b>706,091</b>	<b>0</b>	
<b>Age</b>																			
5 and younger	30,035	0	648	0	29,387	0	273,937	0	6,547	0	267,390	0	273,937	0	6,547	0	267,390	0	0
6-14	33,301	0	1,279	1	32,021	0	331,876	0	14,138	12	317,726	0	331,876	0	14,138	12	317,726	0	0
15-20	16,455	0	1,088	1,896	13,471	0	146,079	0	11,634	13,531	120,914	0	146,079	0	11,634	13,531	120,914	0	0
21-44	19,125	16	2,630	16,468	11	0	152,732	92	27,799	124,787	54	0	152,732	92	27,799	124,787	54	0	0
45-64	4,080	16	2,750	1,314	0	0	38,824	140	27,862	10,822	0	0	38,824	140	27,862	10,822	0	0	0
65-74	102	45	54	3	0	0	973	407	549	17	0	0	973	407	549	17	0	0	0
75-84	71	64	7	0	0	0	650	606	44	0	0	0	650	606	44	0	0	0	0
85 and older	53	51	0	0	2	0	437	434	0	0	3	0	437	434	0	0	3	0	0
Unknown	2	0	0	0	2	4	0	0	0	0	4	0	0	0	0	0	4	0	0
<b>Gender</b>																			
Female	57,180	149	4,191	15,977	36,863	0	515,455	1,289	44,528	122,531	347,107	0	515,455	1,289	44,528	122,531	347,107	0	0
Male	46,043	43	4,265	3,704	38,031	0	430,056	390	44,045	26,637	358,984	0	430,056	390	44,045	26,637	358,984	0	0
Unknown	1	0	0	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0
<b>Race</b>																			
White	58,215	158	4,891	10,759	42,407	0	524,148	1,424	49,883	77,870	394,971	0	524,148	1,424	49,883	77,870	394,971	0	0
African American	2,568	3	145	391	2,029	0	22,585	25	1,365	2,723	18,472	0	22,585	25	1,365	2,723	18,472	0	0
Other/unknown	42,441	31	3,420	8,532	30,458	0	398,779	230	37,325	68,576	292,648	0	398,779	230	37,325	68,576	292,648	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>																			
Entire year	162	45	117	0	0	0	1,685	471	1,214	0	0	0	1,685	471	1,214	0	0	0	0
Part year	177	20	154	2	1	0	1,616	152	1,442	14	8	0	1,616	152	1,442	14	8	0	0
None	102,885	127	8,185	19,680	74,893	0	942,211	1,056	85,917	149,155	706,083	0	942,211	1,056	85,917	149,155	706,083	0	0
<b>Maintenance Assistance Status</b>																			
Cash	35,743	87	7,795	10,329	17,532	0	342,583	790	82,855	83,853	175,085	0	342,583	790	82,855	83,853	175,085	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	48,043	33	0	4,361	43,649	0	441,631	244	0	23,920	417,467	0	441,631	244	0	23,920	417,467	0	0
Other/unknown	19,438	72	661	4,992	13,713	0	161,298	645	5,718	41,396	113,539	0	161,298	645	5,718	41,396	113,539	0	0
<b>Managed Care (MC) Status</b>																			
Fee-for-service (FFS) all year	103,224	192	8,456	19,682	74,894	0	945,512	1,679	88,573	149,169	706,091	0	945,512	1,679	88,573	149,169	706,091	0	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	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 Dakota, 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, SOUTH DAKOTA, 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	56.5 %	5.4	\$325	\$60	\$3,009	10.8 %	103,224
<b>Age</b>							
5 and younger	61.6	3.6	148	41	2,005	7.4	30,035
6-14	52.7	3.6	223	62	1,668	13.3	33,301
15-20	51.8	4.5	280	62	3,600	7.8	16,455
21-44	57.9	7.8	523	67	4,608	11.3	19,125
45-64	61.5	24.4	1,643	67	10,814	15.2	4,080
65-74	71.6	26.8	1,283	48	13,264	9.7	102
75-84	71.8	45.1	2,399	53	16,822	14.3	71
85 and older	75.5	43.6	1,583	36	15,571	10.2	53
Unknown	0.0	0.0	0	0	14	0.0	2
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	77.1	34.5	1,584	46	14,555	10.9	192
Disabled	66.6	23.1	1,854	80	15,030	12.3	8,456
Adults	56.2	5.3	269	51	2,612	10.3	19,682
Children	55.4	3.4	164	48	1,727	9.5	74,894
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	58.5	5.9	336	57	2,984	11.3	57,180
Male	54.1	4.8	311	65	3,041	10.2	46,043
Unknown	0.0	0.0	0	0	5	0.0	1
<b>Race</b>							
White	68.8	7.2	444	62	2,931	15.2	58,215
African American	59.2	3.9	216	55	1,568	13.7	2,568
Other/unknown	39.4	3.1	168	54	3,204	5.2	42,441
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	96.3	84.2	5,080	60	42,492	12.0	162
Part year	93.2	62.3	3,691	59	55,170	6.7	177
None	56.4	5.2	312	60	2,857	10.9	102,885
<b>Maintenance Assistance Status</b>							
Cash	52.2	8.0	544	68	4,492	12.1	35,743
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	58.1	3.3	157	47	1,245	12.6	48,043
Other/unknown	60.5	5.7	338	59	4,642	7.3	19,438

Table ND3

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Dakota, 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, SOUTH DAKOTA, 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>		
<b>All</b>	<b>0.6</b>	<b>\$36</b>	<b>10.8 %</b>	<b>43.5 %</b>	<b>47.2 %</b>	<b>4.6 %</b>	<b>3.3 %</b>	<b>1.1 %</b>	<b>0.3 %</b>	<b>\$329</b>	<b>103,224</b>	<b>945,512</b>
<b>Age</b>												
5 and younger	0.4	16	7.4	38.4	57.2	3.3	1.0	0.1	0.0	220	30,035	273,937
6-14	0.4	22	13.3	47.3	46.8	3.5	2.1	0.2	0.0	167	33,301	331,876
15-20	0.5	32	7.8	48.2	42.7	5.2	3.2	0.7	0.0	406	16,455	146,079
21-44	1.0	65	11.3	42.1	41.6	7.1	6.4	2.2	0.5	577	19,125	152,732
45-64	2.6	173	15.2	38.5	22.7	8.1	14.5	11.5	4.6	1,136	4,080	38,824
65-74	2.8	135	9.7	28.4	27.5	4.9	19.6	15.7	3.9	1,391	102	973
75-84	4.9	262	14.3	28.2	11.3	7.0	15.5	28.2	9.9	1,838	71	650
85 and older	5.3	192	10.2	24.5	9.4	7.5	26.4	26.4	5.7	1,889	53	437
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	7	2	4
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	3.9	181	10.9	22.9	22.4	7.8	21.4	19.8	5.7	1,664	192	1,679
Disabled	2.2	177	12.3	33.4	29.2	9.2	15.1	9.6	3.3	1,435	8,456	88,573
Adults	0.7	36	10.3	43.8	43.6	6.8	4.6	1.1	0.2	345	19,682	149,169
Children	0.4	17	9.5	44.6	50.2	3.5	1.6	0.1	0.0	183	74,894	706,091
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	37	11.3	41.5	48.2	5.0	3.5	1.3	0.4	331	57,180	515,455
Male	0.5	33	10.2	45.9	45.9	4.1	3.0	0.9	0.2	326	46,043	430,056
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	5	1	1
<b>Race</b>												
White	0.8	49	15.2	31.2	56.1	6.2	4.5	1.6	0.5	326	58,215	524,148
African American	0.4	25	13.7	40.8	51.9	4.4	2.6	0.3	0.0	178	2,568	22,585
Other/unknown	0.3	18	5.2	60.6	34.7	2.4	1.6	0.6	0.1	341	42,441	398,779
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	8.1	488	12.0	3.7	6.2	6.2	20.4	39.5	24.1	4,085	162	1,685
Part year	6.8	404	6.7	6.8	9.6	11.9	29.4	24.3	18.1	6,043	177	1,616
None	0.6	34	10.9	43.6	47.3	4.6	3.2	1.0	0.3	312	102,885	942,211
<b>Maintenance Assistance Status</b>												
Cash	0.8	57	12.1	47.8	38.7	5.0	5.2	2.5	0.8	469	35,743	342,583
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	17	12.6	41.9	52.9	3.6	1.4	0.1	0.0	136	48,043	441,631
Other/unknown	0.7	41	7.3	39.5	48.6	6.3	4.2	1.1	0.2	559	19,438	161,298

Table ND4

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Dakota, 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, SOUTH DAKOTA, 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>0.6</b>	<b>\$36</b>	<b>\$60</b>	<b>0.3</b>	<b>\$29</b>	<b>\$98</b>	<b>0.0</b>	<b>\$1</b>	<b>\$51</b>	<b>0.3</b>	<b>\$5</b>	<b>\$19</b>
<b>Age</b>												
5 and younger	0.4	16	41	0.2	13	65	0.0	1	45	0.2	3	16
6-14	0.4	22	62	0.2	19	89	0.0	1	69	0.1	3	20
15-20	0.5	32	62	0.3	26	96	0.0	1	68	0.2	5	21
21-44	1.0	65	67	0.4	54	120	0.0	2	45	0.5	10	20
45-64	2.6	173	67	1.2	142	121	0.1	6	44	1.3	25	20
65-74	2.8	135	48	1.2	103	88	0.1	5	36	1.5	26	17
75-84	4.9	262	53	2.0	204	102	0.2	7	29	2.7	51	19
85 and older	5.3	192	36	1.9	133	71	0.5	12	25	2.9	48	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	3.9	181	46	1.5	139	90	0.3	7	26	2.1	36	17
Disabled	2.2	177	80	1.1	149	136	0.1	6	52	1.0	22	22
Adults	0.7	36	51	0.3	28	92	0.0	1	36	0.4	7	18
Children	0.4	17	48	0.2	14	73	0.0	1	60	0.2	3	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	0.7	37	57	0.3	30	96	0.0	1	48	0.3	6	19
Male	0.5	33	65	0.3	28	101	0.0	1	58	0.2	4	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.8	49	62	0.4	41	99	0.0	2	51	0.4	7	20
African American	0.4	25	55	0.2	20	88	0.0	1	51	0.2	3	17
Other/unknown	0.3	18	54	0.2	14	94	0.0	1	52	0.2	3	18
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	8.1	488	60	3.3	376	113	0.5	16	35	4.3	95	22
Part year	6.8	404	59	2.6	315	122	0.4	14	35	3.8	76	20
None	0.6	34	60	0.3	28	97	0.0	1	53	0.3	5	19
<b>Maintenance Assistance Status</b>												
Cash	0.8	57	68	0.4	47	116	0.0	2	50	0.4	8	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	17	47	0.2	13	71	0.0	1	59	0.2	3	19
Other/unknown	0.7	41	59	0.4	34	93	0.0	1	48	0.3	5	18

Table ND5

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Dakota, 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 South Dakota, 1.0 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 DAKOTA, 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			
															Patented Brand-Name	Off-Patent Brand-Name	Generic
Anti-infective Agents	0.3	0.1	0.0	0.1	\$10	\$7	\$0	\$2	\$41	\$59	\$63	\$20	111,261	\$4,522,766	42,631	41.3 %	442,298
Biologicals	0.1	0.1	0.0	0.0	72	64	0	8	505	458	0	2,981	1,458	735,821	955	0.9	10,276
Antineoplastic Agents	0.6	0.3	0.0	0.2	230	219	2	10	400	699	116	39	937	374,446	162	0.2	1,627
Endocrine/Metabolic Drugs	0.4	0.2	0.1	0.1	20	15	2	3	51	79	28	22	42,956	2,195,214	10,638	10.3	108,467
Cardiovascular Agents	0.9	0.3	0.0	0.6	29	21	1	8	32	65	25	14	33,531	1,084,262	3,640	3.5	37,323
Respiratory Agents	0.3	0.2	0.0	0.1	18	15	1	2	52	78	61	17	88,040	4,556,380	24,015	23.3	252,218
Gastrointestinal Agents	0.4	0.3	0.0	0.1	37	32	1	5	89	115	208	34	27,325	2,443,652	6,454	6.3	65,670
Genitourinary Agents	0.3	0.2	0.0	0.1	16	14	0	1	60	73	38	21	6,208	371,962	2,397	2.3	23,649
CNS Drugs	0.8	0.5	0.0	0.3	70	62	2	6	85	123	108	21	76,156	6,497,808	9,197	8.9	93,062
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	56	51	1	4	81	91	62	36	27,080	2,191,594	3,668	3.6	39,013
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	90	90	0	0	325	335	0	10	273	88,743	101	0.1	990
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	16	12	0	3	44	131	59	12	47,329	2,098,671	13,255	12.8	133,457
Neuromuscular Agents	0.5	0.3	0.0	0.2	47	40	1	6	89	153	50	24	35,510	3,169,969	6,362	6.2	67,273
Nutritional Products	0.3	0.0	0.0	0.3	5	0	1	4	15	26	30	14	9,357	143,639	3,351	3.2	30,231
Hematological Agents	0.6	0.1	0.1	0.3	146	139	2	5	258	1,193	23	14	4,810	1,241,793	849	0.8	8,486
Topical Products	0.2	0.1	0.0	0.1	7	5	0	2	37	63	60	18	41,519	1,552,917	20,410	19.8	215,835
Miscellaneous Products	0.2	0.1	0.0	0.1	22	16	4	2	124	146	293	34	1,332	165,371	697	0.7	7,469
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	3	0	0	0	24	0	0	0	4,007	95,846	3,216	3.1	34,525
<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.	559,089	33,530,854	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for South Dakota, 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 South Dakota, 1.0 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 DAKOTA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit
						Month
ANTIPSYCHOTICS	\$3,330,944	2,873	2.8 %	30,930	0.6	\$178
ANTIDEPRESSANTS	2,882,400	9,228	8.9	94,150	0.5	64
ANTICONVULSANT	2,783,535	3,100	3.0	33,216	0.8	111
ANTIASTHMATIC	2,415,038	15,358	14.9	161,745	0.3	59
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,191,594	4,779	4.6	51,439	0.5	81
ULCER DRUGS	1,828,910	5,007	4.9	50,936	0.4	100
CEPHALOSPORINS	1,055,282	16,683	16.2	180,195	0.1	46
DERMATOLOGICAL	1,035,383	15,778	15.3	169,429	0.1	42
MACROLIDE ANTIBIOTICS	1,013,809	17,444	16.9	186,301	0.1	40
ANTIHISTAMINES	1,004,579	8,627	8.4	93,458	0.2	48
<b>Total</b>	<b>19,541,474</b>	<b>98,877</b>		<b>1,051,799</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for South Dakota, 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.medispn.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, SOUTH DAKOTA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of 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>268,870</b>	<b>\$19,541,474</b>	<b>2,873</b>	<b>2.8 %</b>	<b>30,930</b>	<b>\$108</b>	<b>9,228</b>	<b>8.9 %</b>	<b>94,150</b>	<b>\$31</b>					
<b>Female</b>															
<b>Disabled</b>	145,747	10,370,667	1,498	2.6	15,970	96	6,432	11.2	64,925	31					
5 and younger	50,054	4,768,351	747	17.8	8,392	141	1,698	40.5	19,022	41					
6-14	1,879	144,205	2	0.7	18	297	0	0.0	0	0					
15-20	4,520	397,531	37	7.8	437	72	68	14.3	808	29					
21-44	3,321	305,455	61	13.6	687	85	106	23.7	1,182	34					
45-64	18,149	1,836,469	334	24.8	3,765	143	660	49.1	7,432	42					
65-74	21,820	2,055,297	308	19.4	3,429	158	851	53.6	9,466	42					
75-84	330	27,311	5	16.1	56	92	12	38.7	122	41					
85 and older	35	2,083	0	0.0	0	0	1	50.0	12	2					
<b>Other Eligibles</b>	0	0	0	0.0	0	0	0	0.0	0	0					
5 and younger	95,693	5,602,316	751	1.4	7,578	46	4,734	8.9	45,903	26					
6-14	22,024	932,386	11	0.1	132	58	22	0.2	254	8					
15-20	25,930	1,561,088	145	0.9	1,561	51	658	4.2	7,058	25					
21-44	16,730	1,022,702	220	2.6	2,203	49	1,145	13.4	11,344	25					
45-64	26,778	1,773,439	313	2.3	3,077	36	2,624	19.7	24,590	26					
65-74	3,119	235,962	37	4.1	341	63	247	27.5	2,251	34					
75-84	104	6,375	2	6.9	21	16	6	20.7	60	17					
85 and older	446	36,409	15	34.9	163	103	16	37.2	174	41					
<b>Unknown</b>	562	33,955	8	16.7	80	80	16	33.3	172	41					
<b>Male</b>															
<b>Disabled</b>	123,123	9,170,807	1,375	3.0	14,960	120	2,796	6.1	29,225	31					
5 and younger	39,638	3,993,046	778	18.2	8,728	156	944	22.1	10,445	38					
6-14	2,417	165,399	11	3.2	125	126	15	4.3	169	12					
15-20	8,210	723,770	138	17.1	1,546	104	156	19.4	1,760	31					
21-44	5,986	616,016	125	19.5	1,422	116	139	21.7	1,548	39					
45-64	13,063	1,445,581	295	23.0	3,324	178	345	26.8	3,856	41					
65-74	9,736	1,027,732	208	17.9	2,299	187	285	24.5	3,080	39					
75-84	181	11,587	1	4.3	12	248	4	17.4	32	65					
85 and older	45	2,961	0	0.0	0	0	0	0.0	0	0					
<b>Other Eligibles</b>	0	0	0	0.0	0	0	0	0.0	0	0					
5 and younger	83,485	5,177,761	597	1.4	6,232	70	1,852	4.4	18,780	27					
6-14	27,613	1,254,911	16	0.1	152	28	31	0.2	337	10					
15-20	37,699	2,559,409	307	1.9	3,288	71	900	5.5	9,606	25					
21-44	13,827	996,958	213	3.1	2,180	66	597	8.7	5,886	31					
45-64	3,236	262,251	48	1.5	483	60	254	8.1	2,265	26					
65-74	786	74,096	9	2.1	84	127	57	13.2	533	31					
75-84	49	3,394	0	0.0	0	0	4	21.1	48	1					
85 and older	228	24,884	4	19.0	45	330	7	33.3	84	22					
<b>Unknown</b>	47	1,858	0	0.0	0	0	2	40.0	21	22					
<b>Unknown</b>	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 Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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

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

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

TABLE ND.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a,b,c</sup>  
 NONDUAL BENEFICIARIES, SOUTH DAKOTA, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXICANTS				
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Number of Rx per Benefit Month
<b>Female</b>	1,822	3.2	19,460	0.7	80	7,865	13.8	82,421	0.3	15	1,377	2.4	14,784	0.5	41
<b>Disabled</b>	1,047	25.0	11,857	0.9	98	1,386	33.1	15,591	0.4	28	212	5.1	2,407	0.6	28
5 and younger	46	15.2	541	0.6	113	148	48.8	1,661	0.4	22	14	4.6	147	0.3	44
6-14	122	25.7	1,416	0.9	122	135	28.5	1,555	0.4	28	108	22.8	1,260	0.5	43
15-20	101	22.6	1,170	0.9	111	62	13.9	682	0.3	17	34	7.6	376	0.7	51
21-44	420	31.2	4,759	0.9	105	383	28.5	4,389	0.4	23	37	2.8	405	0.6	55
45-64	354	22.3	3,927	0.8	77	643	40.5	7,146	0.5	34	19	1.2	219	0.7	78
65-74	4	12.9	44	1.4	66	13	41.9	134	0.3	25	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	2	100.0	24	0.5	32	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>	775	1.5	7,603	0.5	51	6,479	12.2	66,830	0.2	11	1,165	2.2	12,377	0.5	39
5 and younger	34	0.2	349	0.7	79	2,479	17.3	26,139	0.2	9	40	0.3	441	0.3	26
6-14	142	0.9	1,566	0.6	66	1,557	9.9	16,903	0.2	14	817	5.2	8,789	0.5	39
15-20	122	1.4	1,215	0.5	53	913	10.7	9,160	0.2	12	162	1.9	1,672	0.5	40
21-44	406	3.0	3,787	0.5	42	1,389	10.4	13,335	0.2	12	131	1.0	1,336	0.4	44
45-64	64	7.1	608	0.6	56	122	13.6	1,082	0.3	18	15	1.7	139	0.6	60
65-74	1	3.4	12	0.5	5	3	10.3	36	0.2	5	0	0.0	0	0.0	0
75-84	3	7.0	36	0.9	53	10	23.3	106	0.5	20	0	0.0	0	0.0	0
85 and older	3	6.3	30	0.9	51	6	12.5	69	1.7	46	0	0.0	0	0.0	0
<b>Male</b>	1,278	2.8	13,756	0.8	89	7,493	16.3	79,324	0.3	15	3,402	7.4	36,655	0.5	43
<b>Disabled</b>	831	19.5	9,301	0.9	106	892	20.9	9,882	0.5	31	500	11.7	5,662	0.6	51
5 and younger	42	12.2	423	0.6	72	223	64.6	2,491	0.4	28	16	4.6	185	0.4	26
6-14	146	18.1	1,627	0.8	94	207	25.7	2,354	0.4	33	313	38.9	3,538	0.7	51
15-20	130	20.3	1,485	1.0	143	87	13.6	1,007	0.5	34	123	19.2	1,382	0.6	47
21-44	329	25.6	3,743	1.0	109	161	12.5	1,779	0.5	28	45	3.5	522	0.8	66
45-64	184	15.8	2,023	0.9	91	209	18.0	2,215	0.6	34	3	0.3	35	0.2	12
65-74	0	0.0	0	0.0	0	5	21.7	36	0.6	18	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>	447	1.1	4,455	0.5	55	6,601	15.8	69,442	0.2	13	2,902	6.9	30,993	0.5	42
5 and younger	57	0.4	620	0.4	40	3,653	24.2	38,446	0.2	11	173	1.1	1,913	0.3	26
6-14	182	1.1	1,913	0.6	62	2,088	12.9	22,652	0.3	16	2,260	13.9	24,285	0.5	42
15-20	110	1.6	1,008	0.6	53	667	9.7	6,651	0.3	16	441	6.4	4,541	0.5	47
21-44	75	2.4	701	0.5	49	149	4.7	1,295	0.3	21	25	0.8	229	0.7	92
45-64	20	4.6	182	0.5	61	31	7.2	269	0.3	29	3	0.7	25	1.0	73
65-74	2	10.5	19	0.4	24	3	15.8	27	0.1	3	0	0.0	0	0.0	0
75-84	1	4.8	12	0.8	55	7	33.3	75	0.4	19	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	3	60.0	27	0.9	26	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

Table ND7B

Nondual Beneficiaries

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

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

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

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

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

TABLE ND.7C

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

Beneficiary Characteristics	ULCER DRUGS					CEPHALOSPORINS					DERMATOLOGICAL				
	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
<b>All</b>	<b>5,007</b>	<b>4.9%</b>	<b>50,936</b>	<b>\$36</b>	<b>0.4</b>	<b>16,663</b>	<b>16.2%</b>	<b>180,195</b>	<b>\$6</b>	<b>0.1</b>	<b>15,778</b>	<b>15.3%</b>	<b>169,429</b>	<b>\$6</b>	<b>0.1</b>
<b>Female</b>	3,304	5.8	33,755	36	0.3	9,273	16.2	99,074	6	0.1	9,185	16.1	98,275	6	0.1
<b>Disabled</b>	1,049	25.0	11,776	59	0.5	927	22.1	10,661	7	0.1	1,253	29.9	14,546	8	0.2
5 and younger	51	16.8	565	23	0.4	122	40.3	1,429	9	0.2	95	31.4	1,096	4	0.1
6-14	56	11.8	643	42	0.5	135	28.5	1,591	10	0.1	145	30.6	1,722	0.1	8
15-20	43	9.6	486	33	0.4	74	16.6	860	6	0.1	126	28.2	1,464	0.2	8
21-44	324	24.1	3,670	61	0.5	286	21.3	3,289	5	0.1	434	32.3	5,037	10	0.2
45-64	564	35.5	6,298	64	0.5	306	19.3	3,454	6	0.1	449	28.3	5,187	7	0.2
65-74	9	29.0	90	91	0.8	4	12.9	38	15	0.2	4	12.9	40	11	0.2
75-84	2	100.0	24	53	0.6	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>	2,255	4.3	21,979	24	0.3	8,346	15.8	88,413	6	0.1	7,932	15.0	83,729	6	0.1
5 and younger	450	3.1	4,041	12	0.2	3,441	24.1	37,266	6	0.1	2,953	20.7	31,179	4	0.1
6-14	329	2.1	3,682	20	0.2	2,122	13.4	23,636	6	0.1	2,083	13.2	22,975	5	0.1
15-20	359	4.2	3,552	19	0.2	993	11.7	10,266	4	0.1	1,352	15.9	14,085	9	0.2
21-44	967	7.2	9,206	30	0.3	1,660	12.4	15,935	4	0.1	1,411	10.6	14,087	6	0.1
45-64	115	12.8	1,133	45	0.4	107	11.9	1,075	3	0.1	95	10.6	1,005	5	0.1
65-74	8	27.6	78	48	0.5	2	6.9	22	1	0.1	5	17.2	47	5	0.2
75-84	14	32.6	157	47	0.6	8	18.6	92	2	0.1	16	37.2	188	4	0.2
85 and older	13	27.1	130	76	0.8	13	27.1	121	7	0.2	17	35.4	163	18	0.5
<b>Male</b>	1,703	3.7	17,181	35	0.4	7,410	16.1	81,121	6	0.1	6,593	14.3	71,154	6	0.1
<b>Disabled</b>	592	13.9	6,363	55	0.6	672	15.8	7,743	6	0.1	968	22.7	11,048	9	0.2
5 and younger	51	14.8	584	27	0.6	133	38.6	1,533	9	0.2	95	27.5	1,071	3	0.1
6-14	46	5.7	503	50	0.5	168	20.9	1,971	7	0.1	160	19.9	1,863	8	0.2
15-20	55	8.6	633	46	0.6	93	14.5	1,098	7	0.1	187	29.2	2,151	8	0.2
21-44	168	13.1	1,815	61	0.6	163	12.7	1,883	5	0.1	312	24.3	3,610	11	0.3
45-64	261	22.5	2,716	60	0.6	110	9.5	1,205	5	0.1	205	17.7	2,259	12	0.3
65-74	10	43.5	100	51	0.7	4	17.4	41	2	0.1	7	30.4	70	8	0.5
75-84	1	20.0	12	160	0.8	1	20.0	12	1	0.1	2	40.0	24	1	0.1
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>	1,111	2.7	10,818	23	0.3	6,738	16.1	73,378	6	0.1	5,625	13.5	60,106	6	0.1
5 and younger	478	3.2	4,509	12	0.2	4,028	26.7	43,726	7	0.1	2,926	19.4	31,011	4	0.1
6-14	238	1.5	2,610	20	0.2	1,904	11.7	21,187	6	0.1	1,594	9.8	17,702	5	0.1
15-20	171	2.5	1,749	31	0.3	582	8.5	6,263	4	0.1	941	13.7	9,839	12	0.2
21-44	173	5.5	1,509	33	0.4	169	5.4	1,639	4	0.1	119	3.8	1,116	6	0.1
45-64	35	8.1	289	65	0.5	37	8.6	370	5	0.1	30	7.0	270	7	0.2
65-74	7	36.8	73	33	0.2	2	10.5	15	9	0.4	3	15.8	30	5	0.2
75-84	9	42.9	79	56	0.9	15	71.4	169	5	0.1	10	47.6	114	7	0.2
85 and older	0	0.0	0	0	0.0	1	20.0	9	32	0.2	2	40.0	24	17	0.5
<b>Unknown</b>	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0

Table ND7C

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Dakota, 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, SOUTH DAKOTA, 2003

Beneficiary Characteristics	MACROLIDE ANTIBIOTICS				ANTIHISTAMINES					
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>17,444</b>	<b>16.9 %</b>	<b>186,301</b>	<b>0.1 \$</b>	<b>8,627</b>	<b>8.4 %</b>	<b>93,458</b>	<b>0.2 \$</b>	<b>103,224</b>	<b>945,512</b>
<b>Female</b>	9,910	17.3	104,766	0.1	4,980	8.7	53,296	0.2	57,178	515,451
<b>Disabled</b>	878	20.9	10,100	0.1	658	15.7	7,522	0.4	4,191	44,528
5 and younger	78	25.7	897	0.2	43	14.2	498	0.2	7	3,107
6-14	118	24.9	1,402	0.1	61	12.9	717	0.3	474	5,276
15-20	70	15.7	795	0.1	52	11.6	593	0.3	17	4,801
21-44	284	21.1	3,257	0.1	232	17.2	2,660	0.4	1,345	14,461
45-64	323	20.3	3,703	0.1	267	16.8	3,018	0.4	1,589	16,547
65-74	5	16.1	46	0.2	2	6.5	24	0.9	31	323
75-84	0	0.0	0	0.0	1	50.0	12	0.3	2	13
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Other Eligibles</b>	9,032	17.0	94,666	0.1	4,322	8.2	45,774	0.2	9	470,923
5 and younger	3,199	22.4	34,242	0.1	1,171	8.2	12,913	0.2	5	14,298
6-14	2,298	14.5	25,425	0.1	1,402	8.9	15,557	0.2	11	15,805
15-20	1,364	16.0	13,976	0.1	671	7.9	6,817	0.2	10	73,305
21-44	2,036	15.3	19,727	0.1	1,006	7.5	9,752	0.2	10	102,391
45-64	130	14.5	1,236	0.1	66	7.3	663	0.3	899	7,673
65-74	2	6.9	24	0.1	2	6.9	24	0.6	29	276
75-84	0	0.0	0	0.0	0	0.0	0	0.0	43	389
85 and older	3	6.3	36	0.1	4	8.3	48	0.6	48	410
<b>Male</b>	7,534	16.4	81,535	0.1	3,647	7.9	40,162	0.2	46,043	430,056
<b>Disabled</b>	584	13.7	6,688	0.1	363	8.5	4,194	0.4	4,265	44,045
5 and younger	80	23.2	924	0.2	45	13.0	511	0.2	345	3,440
6-14	163	20.2	1,915	0.1	109	13.5	1,272	0.4	24	8,862
15-20	105	16.4	1,192	0.1	60	9.4	697	0.4	26	6,833
21-44	133	10.4	1,520	0.2	93	7.2	1,076	0.5	30	13,338
45-64	102	8.8	1,132	0.1	53	4.6	602	0.4	22	11,315
65-74	1	4.3	5	0.2	1	4.3	12	0.1	1	226
75-84	0	0.0	0	0.0	2	40.0	24	1.4	5	31
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Other Eligibles</b>	6,950	16.6	74,847	0.1	3,284	7.9	35,968	0.2	41,778	386,011
5 and younger	3,685	24.4	39,306	0.1	1,312	8.7	14,480	0.2	15,089	137,911
6-14	2,266	14.0	25,234	0.1	1,493	9.2	16,630	0.2	16,217	160,738
15-20	744	10.9	7,917	0.1	385	5.6	3,968	0.3	15	6,846
21-44	216	6.9	2,026	0.1	82	2.6	775	0.2	12	22,541
45-64	36	8.4	335	0.1	11	2.6	103	0.3	17	3,150
65-74	2	10.5	17	0.1	1	5.3	12	0.1	19	148
75-84	1	4.8	12	0.1	0	0.0	0	0.0	21	217
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	5	27
<b>Unknown</b>	0	0.0	0	0.0	0	0.0	0	0.0	3	5

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Dakota, 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, SOUTH DAKOTA, 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>\$488</b>	<b>8.1</b>	<b>162</b>	<b>1,685</b>
<b>Age</b>				
0-64	561	8.6	112	1,165
65-74	310	6.8	9	90
75-84	431	7.7	19	197
85 and older	243	6.4	22	233
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	479	8.1	97	1,042
Male	504	8.1	65	643
Unknown	0	0.0	0	0
<b>Race</b>				
White	498	8.3	120	1,235
African American	0	0	0	0
Other/unknown	462	7.5	42	450
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	317	6.9	45	471
Disabled	555	8.5	117	1,214
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 Dakota, 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 177 beneficiaries who were in nursing facilities for part of their enrollment and their 1,616 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 DAKOTA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Rx \$	Number of Users	Percentage of All-Year Nursing Facility Residents	Number of Benefit Months		
																Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.5	0.2	0.0	0.3	\$29	\$18	\$0	\$11	\$55	\$101	\$57	\$31	660	\$56,484	111	68.5 %	1,244
Biologicals	0.1	0.1	0.0	0.0	4	3	0	0	35	37	0	23	14	489	11	6.8	132
Antineoplastic Agents	0.8	0.4	0.0	0.4	510	502	0	8	607	1,141	0	19	42	25,493	5	3.1	50
Endocrine/Metabolic Drugs	1.4	0.7	0.1	0.5	69	51	3	15	50	71	21	29	1,221	61,092	81	50.0	885
Cardiovascular Agents	2.1	0.4	0.1	1.5	48	23	3	22	23	51	25	15	2,075	48,076	92	56.8	1,010
Respiratory Agents	1.5	0.7	0.0	0.7	75	58	3	14	51	80	82	20	965	49,227	59	36.4	659
Gastrointestinal Agents	1.3	0.6	0.0	0.7	92	76	1	14	70	119	79	22	1,271	88,365	85	52.5	961
Genitourinary Agents	1.1	0.8	0.0	0.3	70	61	1	8	65	81	23	28	579	37,365	47	29.0	537
CNS Drugs	2.0	1.2	0.0	0.8	202	182	4	16	100	155	90	21	2,495	250,013	114	70.4	1,239
Stimulants/Anti-obesity/Anorexia	1.0	0.7	0.0	0.3	279	272	0	7	268	384	0	21	25	6,700	2	1.2	24
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	83	83	0	0	123	123	0	0	25	3,085	4	2.5	37
Analgesics and Anesthetics	1.2	0.6	0.1	0.6	64	52	2	11	52	89	30	18	1,143	59,569	84	51.9	928
Neuromuscular Agents	1.5	0.5	0.1	0.9	108	70	6	32	70	129	42	37	1,429	99,689	80	49.4	924
Nutritional Products	1.0	0.0	0.1	0.9	24	0	4	21	24	23	51	22	573	13,664	54	33.3	563
Hematological Agents	1.2	0.2	0.4	0.6	36	23	6	7	31	125	15	13	517	15,959	39	24.1	439
Topical Products	0.5	0.2	0.0	0.3	24	14	2	8	45	91	47	23	554	25,078	93	57.4	1,067
Miscellaneous Products	0.3	0.0	0.0	0.3	9	6	0	3	31	201	0	10	37	1,144	12	7.4	127
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	62	0	0	0	185	0	0	0	8	1,477	2	1.2	24
<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.	13,633	822,969	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for South Dakota, 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 177 beneficiaries who were in nursing facilities for part of their enrollment and their 1,616 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.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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 Dakota, 1.0 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 DAKOTA, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$169,562	83	51.2 %	895	0.9	\$211	\$189
ULCER DRUGS	70,949	77	47.5	860	0.8	98	82
ANTIDEPRESSANTS	67,686	110	67.9	1,248	1.0	57	54
ANTICONVULSANT	60,509	65	40.1	766	1.1	73	79
ANTI-DIABETIC	37,449	64	39.5	702	1.0	51	53
ANTI-ASTHMATIC	33,226	60	37.0	693	1.0	50	48
ANALGESICS - ANTI-INFLAMMATORY	28,418	47	29.0	552	0.6	80	51
ANALGESICS - Narcotic	28,109	91	56.2	984	0.7	38	29
MUSCULOSKELETAL THERAPY AGENTS	26,901	28	17.3	325	1.2	72	83
ANTINEOPLASTICS	25,493	5	3.1	50	0.8	607	510
Total	548,302	630		7,075	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for South Dakota, 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 177 beneficiaries who were in nursing facilities for part of their enrollment and their 1,616 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 DAKOTA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	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 \$
<b>All</b>	<b>6,459</b>	<b>\$548,302</b>	<b>83</b>	<b>51.2 %</b>	<b>895</b>	<b>0.9</b>	<b>\$190</b>	<b>77</b>	<b>47.5 %</b>	<b>860</b>	<b>0.8</b>	<b>\$83</b>
<b>Female</b>	3,965	331,748	49	50.5	545	0.9	160	45	46.4	528	0.8	91
<b>Disabled</b>	3,028	272,793	38	61.3	435	0.9	170	31	50.0	360	0.9	97
64 or younger	2,910	263,003	36	62.1	411	0.9	175	29	50.0	336	0.8	95
65-74	118	9,790	2	66.7	24	1.0	81	2	66.7	24	1.0	130
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>	937	58,955	11	31.4	110	0.7	122	14	40.0	168	0.8	77
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	66	3,204	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	361	28,395	6	54.5	60	0.8	135	7	63.6	84	0.7	64
85 and older	510	27,356	5	23.8	50	0.7	107	7	33.3	84	1.0	90
<b>Male</b>	2,494	216,554	34	52.3	350	0.9	235	32	49.2	332	0.8	69
<b>Disabled</b>	2,288	190,726	31	56.4	317	1.0	214	29	52.7	299	0.8	71
64 or younger	2,200	184,939	30	55.6	305	0.9	212	28	51.9	287	0.8	74
65-74	88	5,787	1	100.0	12	2.0	248	1	100.0	12	1.1	10
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>	206	25,828	3	30.0	33	0.7	437	3	30.0	33	0.7	48
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	18	459	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	185	25,337	3	42.9	33	0.7	437	3	42.9	33	0.7	48
85 and older	3	32	0	0.0	0	0.0	0	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 South Dakota, 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 177 beneficiaries who were in nursing facilities for part of their enrollment and their 1,616 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 DAKOTA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>110</b>	<b>67.9 %</b>	<b>1,248</b>	<b>1.0</b>	<b>\$54</b>	<b>65</b>	<b>40.1 %</b>	<b>766</b>	<b>1.1</b>	<b>\$79</b>	<b>64</b>	<b>39.5 %</b>	<b>702</b>	<b>1.0</b>	<b>\$53</b>
<b>Female</b>	68	70.1	790	0.9	53	32	33.0	383	1.1	78	33	34.0	386	1.1	50
<b>Disabled</b>	49	79.0	570	1.0	58	29	46.8	347	1.2	81	21	33.9	245	1.1	54
64 or younger	48	82.8	558	1.0	57	27	46.6	323	1.1	83	21	36.2	245	1.1	54
65-74	1	33.3	12	0.8	78	2	66.7	24	1.6	54	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>	19	54.3	220	0.8	39	3	8.6	36	0.9	56	12	34.3	141	0.9	43
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	1	33.3	12	0.2	2	0	0.0	0	0.0	0	2	66.7	21	0.7	11
75-84	8	72.7	93	0.8	51	1	9.1	12	1.0	73	6	54.5	72	0.9	64
85 and older	10	47.6	115	0.8	34	2	9.5	24	0.9	48	4	19.0	48	1.1	27
<b>Male</b>	42	64.6	458	1.0	57	33	50.8	383	1.0	80	31	47.7	316	1.0	57
<b>Disabled</b>	37	67.3	398	1.0	62	31	56.4	364	1.0	81	27	49.1	276	1.0	57
64 or younger	36	66.7	386	1.0	61	31	57.4	364	1.0	81	24	44.4	240	1.0	59
65-74	1	100.0	12	1.0	93	0	0.0	0	0.0	0	3	300.0	36	1.1	44
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>	5	50.0	60	0.6	21	2	20.0	19	0.8	50	4	40.0	40	1.0	60
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	1	50.0	7	0.9	42	1	50.0	7	0.7	11
75-84	4	57.1	48	0.7	26	1	14.3	12	0.8	55	3	42.9	33	1.0	71
85 and older	1	100.0	12	0.3	3	0	0.0	0	0.0	0	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 Dakota, 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 177 beneficiaries who were in nursing facilities for part of their enrollment and their 1,616 benefit months were excluded from the analysis.
  - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0ffed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10C

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

Beneficiary Characteristics	ANTI-ASTHMATIC					ANALGESICS - ANTI-INFLAMMATORY					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>60</b>	<b>37.0 %</b>	<b>693</b>	<b>1.0</b>	<b>\$48</b>	<b>47</b>	<b>29.0 %</b>	<b>552</b>	<b>0.6</b>	<b>\$52</b>	<b>91</b>	<b>56.2 %</b>	<b>984</b>	<b>0.7</b>	<b>\$29</b>
<b>Female</b>	42	43.3	504	1.0	52	35	36.1	408	0.7	53	53	54.6	611	0.6	29
<b>Disabled</b>	31	50.0	372	1.0	60	26	41.9	309	0.7	53	36	58.1	416	0.6	27
64 or younger	31	53.4	372	1.0	60	24	41.4	285	0.6	49	35	60.3	404	0.6	28
65-74	0	0.0	0	0.0	0	2	66.7	24	0.8	103	1	33.3	12	0.1	1
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>	11	31.4	132	1.2	31	9	25.7	99	0.7	51	17	48.6	195	0.7	33
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	1	33.3	12	0.4	12	1	33.3	12	1.1	77	2	66.7	24	0.8	70
75-84	5	45.5	60	0.6	13	6	54.5	63	0.6	47	3	27.3	36	0.7	27
85 and older	5	23.8	60	2.0	52	2	9.5	24	0.8	50	12	57.1	135	0.7	28
<b>Male</b>	18	27.7	189	0.8	37	12	18.5	144	0.6	48	38	58.5	373	0.9	28
<b>Disabled</b>	12	21.8	122	1.1	46	11	20.0	132	0.5	39	34	61.8	340	0.9	25
64 or younger	12	22.2	122	1.1	46	11	20.4	132	0.5	39	34	63.0	340	0.9	25
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>	6	60.0	67	0.4	20	1	10.0	12	0.9	148	4	40.0	33	1.0	63
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	1	50.0	7	0.3	4	0	0.0	0	0.0	0	2	100.0	14	0.4	4
75-84	5	71.4	60	0.4	22	1	14.3	12	0.9	148	2	28.6	19	1.4	105
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>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 Dakota, released by CMS on 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 177 beneficiaries who were in nursing facilities for part of their enrollment and their 1,616 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, SOUTH DAKOTA, 2003

Beneficiary Characteristics	MUSCULOSKELETAL THERAPY AGENTS					ANTINEOPLASTICS						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>28</b>	<b>17.3 %</b>	<b>325</b>	<b>1.2</b>	<b>\$83</b>	<b>5</b>	<b>3.1 %</b>	<b>50</b>	<b>0.8</b>	<b>\$510</b>	<b>162</b>	<b>1,685</b>
<b>Female</b>	17	17.5	204	1.3	70	4	4.1	38	0.9	667	97	1,042
<b>Disabled</b>	16	25.8	192	1.3	75	3	4.8	26	0.9	966	62	668
64 or younger	16	27.6	192	1.3	75	3	5.2	26	0.9	966	58	631
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	1	2.9	12	0.2	3	1	2.9	12	1.1	19	35	374
64 or younger	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	1	33.3	12	1.1	19	3	33
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	120
85 and older	1	4.8	12	0.2	3	0	0.0	0	0.0	0	21	221
<b>Male</b>	11	16.9	121	1.0	104	1	1.5	12	0.5	12	65	643
<b>Disabled</b>	11	20.0	121	1.0	104	1	1.8	12	0.5	12	55	546
64 or younger	11	20.4	121	1.0	104	1	1.9	12	0.5	12	54	534
65-74	0	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	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	97
64 or younger	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	0	0.0	0	0.0	0	2	9
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	76
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
<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 Dakota, 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 177 beneficiaries who were in nursing facilities for part of their enrollment and their 1,616 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 DAKOTA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx		Percentage of Beneficiaries with at Least One Part D Excluded Rx		Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Nondual Rx \$		Total Number of Beneficiaries
	D Excluded Rx	17.1 %	0.4	44,131		\$9	\$961,799			\$22	2.9 %	
<b>Age</b>												
5 and younger	6,731	22.4	0.4	12,655	7	216,913	17	4.9	30,035			
6-14	4,543	13.6	0.2	7,976	5	182,969	23	2.5	33,301			
15-20	2,123	12.9	0.3	4,661	8	126,977	27	2.8	16,455			
21-44	3,087	16.1	0.5	10,482	15	288,341	28	2.9	19,125			
45-64	1,088	26.7	1.9	7,732	33	134,145	17	2.0	4,080			
65-74	25	24.5	1.9	189	35	3,526	19	2.7	102			
75-84	28	39.4	3.4	239	75	5,346	22	3.1	71			
85 and older	22	41.5	3.7	197	68	3,582	18	4.3	53			
Unknown	0	0.0	0.0	0	0	0	0	0.0	2			
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	66	34.4	2.6	491	49	9,419	19	3.1	192			
Disabled	2,302	27.2	1.8	15,450	40	334,719	22	2.1	8,456			
Adults	2,766	14.1	0.3	6,843	10	200,142	29	3.8	19,682			
Children	12,513	16.7	0.3	21,347	6	417,519	20	3.4	74,894			
Unknown	0	0.0	0.0	0	0	0	0	0.0	0			
<b>Gender</b>												
Female	10,162	17.8	0.5	26,746	11	608,507	23	3.2	57,180			
Male	7,485	16.3	0.4	17,385	8	353,292	20	2.5	46,043			
Unknown	0	0.0	0.0	0	0	0	0	0.0	1			
<b>Race</b>												
White	12,234	21.0	0.6	32,383	13	744,290	23	2.9	58,215			
African American	350	13.6	0.2	617	5	13,986	23	2.5	2,568			
Other/unknown	5,063	11.9	0.3	11,131	5	203,523	18	2.9	42,441			
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	86	53.1	7.0	1,127	165	26,806	24	3.3	162			
Part year	118	66.7	6.6	1,175	106	18,726	16	2.9	177			
None	17,443	17.0	0.4	41,829	9	916,267	22	2.9	102,885			
<b>Maintenance Assistance Status</b>												
Cash	6,388	17.9	0.6	22,895	12	444,818	19	2.3	35,743			
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0			
Poverty related	7,912	16.5	0.3	13,358	7	348,119	26	4.6	48,043			
Other/unknown	3,347	17.2	0.4	7,878	9	168,862	21	2.6	19,438			

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Dakota, 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>  
 SOUTH DAKOTA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.0	\$1	\$22	\$0	\$0	945,512
<b>Age</b>						
5 and younger	0.0	1	17	0	0	273,937
6-14	0.0	1	23	0	0	331,876
15-20	0.0	1	27	0	0	146,079
21-44	0.1	2	28	0	1	152,732
45-64	0.2	3	17	0	1	38,824
65-74	0.2	4	19	0	1	973
75-84	0.4	8	22	0	1	650
85 and older	0.5	8	18	0	1	437
Unknown	0.0	0	0	0	0	4
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	6	19	0	1	1,679
Disabled	0.2	4	22	0	2	88,573
Adults	0.0	1	29	0	0	149,169
Children	0.0	1	20	0	0	706,091
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.1	1	23	0	0	515,455
Male	0.0	1	20	0	0	430,056
Unknown	0.0	0	0	0	0	1
<b>Race</b>						
White	0.1	1	23	0	0	524,148
African American	0.0	1	23	0	0	22,585
Other/unknown	0.0	1	18	0	0	398,779
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.7	16	24	0	5	1,685
Part year	0.7	12	16	0	3	1,616
None	0.0	1	22	0	0	942,211
<b>Maintenance Assistance Status</b>						
Cash	0.1	1	19	0	0	342,583
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	1	26	0	0	441,631
Other/unknown	0.0	1	21	0	0	161,298

Source: Data for this table are from the MAX 2003 file for South Dakota, 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>  
 SOUTH DAKOTA, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$		Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
			Total Rx \$	Excluded Rx \$	Excluded Rx %	Part D Excluded Rx %				
<b>All</b>	<b>20,060</b>	<b>\$48</b>	<b>\$961,799</b>	<b>\$961,799</b>	<b>100.0</b>	<b>100.0</b>	<b>44,131</b>	<b>\$22</b>	<b>100.0</b>	<b>100.0</b>
Anorexia or weight loss/gain	3	97	292	292	0.0	0.0	6	49	0.0	0.0
Fertility drugs	0	0	0	0	0.0	0.0	0	0	0.0	0.0
Drugs for cosmetic purposes	71	15	1,089	1,089	0.1	0.1	102	11	0.2	0.2
Cough and cold medications	12,009	43	512,653	512,653	53.3	53.3	20,744	25	47.0	47.0
Vitamins and minerals	751	104	78,461	78,461	8.2	8.2	4,337	18	9.8	9.8
Non-prescription drugs	4,889	12	58,559	58,559	6.1	6.1	6,503	9	14.7	14.7
Barbiturates	151	61	9,222	9,222	1.0	1.0	1,329	7	3.0	3.0
Benzodiazepines	1,992	102	204,017	204,017	21.2	21.2	10,348	20	23.4	23.4
Other Part D Excl Rx Drugs	194	503	97,506	97,506	10.1	10.1	762	128	1.7	1.7

Source: Data for this table are from the MAX 2003 file for South Dakota, 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, SOUTH DAKOTA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
<b>All</b>	<b>103,224</b>	<b>192</b>	<b>8,456</b>	<b>19,682</b>	<b>74,894</b>	<b>945,512</b>	<b>1,679</b>	<b>88,573</b>	<b>149,169</b>	<b>706,091</b>	<b>0</b>
<b>Age</b>											
5 and younger	30,035	0	648	0	29,387	273,937	0	6,547	0	267,390	0
6-14	33,301	0	1,279	1	32,021	331,876	0	14,138	12	317,726	0
15-20	16,455	0	1,088	1,896	13,471	146,079	0	11,634	13,531	120,914	0
21-44	19,125	16	2,630	16,468	11	152,732	92	27,799	124,787	54	0
45-64	4,080	16	2,750	1,314	0	38,824	140	27,862	10,822	0	0
65-74	102	45	54	3	0	973	407	549	17	0	0
75-84	71	64	7	0	0	650	606	44	0	0	0
85 and older	53	51	0	0	2	437	434	0	0	3	0
Unknown	2	0	0	0	2	4	0	0	0	4	0
<b>Gender</b>											
Female	57,180	149	4,191	15,977	36,863	515,455	1,289	44,528	122,531	347,107	0
Male	46,043	43	4,265	3,704	38,031	430,056	390	44,045	26,637	358,984	0
Unknown	1	0	0	1	0	1	0	0	1	0	0
<b>Race</b>											
White	58,215	158	4,891	10,759	42,407	524,148	1,424	49,883	77,870	394,971	0
African American	2,568	3	145	391	2,029	22,585	25	1,365	2,723	18,472	0
Other/unknown	42,441	31	3,420	8,532	30,458	398,779	230	37,325	68,576	292,648	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	162	45	117	0	0	1,685	471	1,214	0	0	0
Part year	177	20	154	2	1	1,616	152	1,442	14	8	0
None	102,885	127	8,185	19,680	74,893	942,211	1,056	85,917	149,155	706,083	0
<b>Maintenance Assistance Status</b>											
Cash	35,743	87	7,795	10,329	17,532	342,583	790	82,855	83,853	175,085	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	48,043	33	0	4,361	43,649	441,631	244	0	23,920	417,467	0
Other/unknown	19,438	72	661	4,992	13,713	161,298	645	5,718	41,396	113,539	0
<b>Managed Care (MC) Status</b>											
Fee-for-service (FFS) all year	103,224	192	8,456	19,682	74,894	945,512	1,679	88,573	149,169	706,091	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for South Dakota, 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, SOUTH DAKOTA, 2003

	Beneficiaries and		
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Included in Cell K of Table 1 Number of Beneficiaries	Excluded from Cell K of Table 1 Number of Beneficiaries
<b>All</b>	<b>103,224</b>	<b>103,224</b>	<b>0</b>
Fee-for-service (FFS) all year	103,224	103,224	0
FFS part year, with Rx claims	0	0	0
FFS part year, with no Rx claims	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0
MC all year, with no Rx claims	0	0	0

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