

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

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
NONDUAL BENEFICIARIES, TEXAS, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months						Other/ Unknown
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	2,956,134	5,023	269,691	475,001	2,206,419	0	21,830,615	46,401	2,763,225	2,647,026	16,373,963	0	
Age													
5 and younger	1,095,961	5	15,899	42	1,080,015	0	8,039,892	27	158,835	380	7,880,650	0	
6-14	903,376	2	39,327	511	863,536	0	7,015,740	19	422,476	3,105	6,590,140	0	
15-20	367,927	20	26,274	78,992	262,641	0	2,598,711	100	278,769	417,806	1,902,036	0	
21-44	449,808	248	80,513	368,840	207	0	2,881,839	1,461	829,193	2,050,171	1,014	0	
45-64	134,542	403	107,570	26,559	10	0	1,251,507	2,901	1,073,335	175,196	75	0	
65-74	1,998	1,852	97	46	3	0	18,679	17,784	553	323	19	0	
75-84	1,408	1,396	5	7	0	0	13,868	13,793	37	38	0	0	
85 and older	1,111	1,097	6	4	4	0	10,373	10,316	27	7	23	0	
Unknown	3	0	0	0	3	6	0	0	0	0	6	0	
Gender													
Female	1,654,433	3,464	137,402	428,619	1,084,948	0	11,894,300	31,754	1,425,730	2,377,298	8,059,518	0	
Male	1,301,669	1,554	132,287	46,381	1,121,447	0	9,936,207	14,628	1,337,493	269,727	8,314,359	0	
Unknown	32	5	2	1	24	0	108	19	2	1	86	0	
Race													
White	707,479	2,221	94,463	142,056	468,739	0	5,168,158	20,548	967,504	770,520	3,409,586	0	
African American	555,344	782	71,042	99,377	384,143	0	3,939,416	7,545	728,379	545,988	2,657,524	0	
Other/unknown	1,693,311	2,020	104,186	233,568	1,353,537	0	12,723,041	18,308	1,067,342	1,330,538	10,306,853	0	
Use of Nursing Facilities^c													
Entire year	4,731	1,133	3,594	3	1	0	49,284	11,337	37,941	4	2	0	
Part year	3,687	485	3,151	42	9	0	35,623	4,515	30,705	322	81	0	
None	2,947,716	3,405	262,946	474,956	2,206,409	0	21,745,708	30,549	2,694,579	2,646,700	16,373,880	0	
Maintenance Assistance Status													
Cash	645,468	2,479	262,741	127,558	252,690	0	5,400,701	23,776	2,691,477	721,670	1,963,778	0	
Medically needy	75,744	0	0	75,273	471	0	473,713	0	0	471,985	1,728	0	
Poverty-related	1,859,101	579	12	209,054	1,649,456	0	13,050,829	3,968	105	955,450	12,091,306	0	
Other/unknown	375,821	1,965	6,938	63,116	303,802	0	2,905,372	18,657	71,643	497,921	2,317,151	0	
Managed Care (MC) Status													
Fee-for-service (FFS) all year	1,933,924	4,484	223,804	321,589	1,384,067	0	16,670,217	41,177	2,348,235	2,086,861	12,193,944	0	
FFS part year, with Rx claims	504,732	145	15,022	93,304	396,261	0	1,523,314	560	68,911	260,229	1,193,614	0	
FFS part year, no Rx claims	217,314	18	1,982	23,595	191,719	0	628,418	78	8,587	59,283	560,470	0	
MC all year, with FFS Rx claims	300,164	396	28,883	36,513	234,372	0	3,008,666	4,586	337,492	240,653	2,425,935	0	

Table ND2

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, TEXAS, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	73.9 %	7.0	\$384	\$55	\$2,443	15.7 %	2,956,134
Age							
5 and younger	77.7	6.5	202	31	1,929	10.5	1,095,961
6-14	69.0	5.3	294	55	1,347	21.8	903,376
15-20	68.7	5.4	334	62	2,173	15.4	367,927
21-44	76.5	7.9	573	72	3,945	14.5	449,808
45-64	81.1	22.7	1,914	84	9,302	20.6	134,542
65-74	79.5	24.2	1,688	70	11,148	15.1	1,998
75-84	86.8	40.0	2,457	61	15,279	16.1	1,408
85 and older	88.3	43.8	2,339	53	18,795	12.4	1,111
Unknown	33.3	1.3	65	49	708	9.2	3
Basis of Eligibility^e							
Aged	83.3	31.3	1,944	62	14,537	13.4	5,023
Disabled	81.5	20.2	1,906	94	10,997	17.3	269,691
Adults	76.6	5.9	281	48	2,365	11.9	475,001
Children	72.4	5.6	216	39	1,386	15.6	2,206,419
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	75.4	7.2	375	53	2,430	15.4	1,654,433
Male	72.0	6.8	395	58	2,459	16.1	1,301,669
Unknown	28.1	3.3	172	52	1,521	11.3	32
Race							
White	74.0	8.3	569	68	3,318	17.1	707,479
African American	68.8	6.5	381	59	2,430	15.7	555,344
Other/unknown	75.5	6.6	308	47	2,081	14.8	1,693,311
Use of Nursing Facilities^f							
Entire year	98.7	82.0	5,329	65	40,154	13.3	4,731
Part year	97.8	59.5	4,219	71	41,351	10.2	3,687
None	73.8	6.8	371	55	2,334	15.9	2,947,716
Maintenance Assistance Status							
Cash	76.3	11.8	926	78	5,238	17.7	645,468
Medically needy	68.8	6.2	385	62	2,744	14.0	75,744
Poverty related	72.6	5.3	200	38	1,317	15.2	1,859,101
Other/unknown	77.1	7.2	363	51	3,148	11.5	375,821

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

TABLE ND.4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, TEXAS, 2003

Beneficiary Characteristics	Number of Rx. Percentage with:										Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c	None	More than 0, but 1 or Less	1, but 2 or Less	2, but 5 or Less	5, but 10 or Less	More than 10	More than 1.3 %			
All	0.9	\$52	15.7 %	26.1 %	52.1 %	10.5 %	7.7 %	2.4 %	1.3 %	\$331	2,956,134	21,830,615	
Age													
5 and younger	0.9	28	10.5	22.3	56.3	10.8	7.1	2.2	1.3	263	1,095,961	8,039,892	
6-14	0.7	38	21.8	31.0	53.4	7.6	5.6	1.6	0.8	173	903,376	7,015,740	
15-20	0.8	47	15.4	31.3	50.8	8.3	6.6	2.1	0.9	308	367,927	2,598,711	
21-44	1.2	89	14.5	23.5	47.7	13.8	9.8	3.2	1.9	616	449,808	2,881,839	
45-64	2.4	206	20.6	18.9	27.3	21.6	22.3	6.1	3.7	1,000	134,542	1,251,507	
65-74	2.6	181	15.1	20.5	27.5	18.8	18.7	10.1	4.5	1,192	1,998	18,679	
75-84	4.1	249	16.1	13.2	18.3	15.5	24.9	20.2	8.0	1,551	1,408	13,868	
85 and older	4.7	251	12.4	11.7	11.7	12.7	28.4	29.3	6.2	2,013	1,111	10,373	
Unknown	0.7	33	9.2	66.7	0.0	0.0	33.3	0.0	0.0	354	3	6	
Basis of Eligibility^e													
Aged	3.4	211	13.4	16.7	22.7	18.0	21.3	15.9	5.4	1,574	5,023	46,401	
Disabled	2.0	186	17.3	18.5	36.3	18.3	18.9	5.2	2.8	1,073	269,691	2,763,225	
Adults	1.1	51	11.9	23.4	50.0	13.1	8.7	3.1	1.7	425	475,001	2,647,026	
Children	0.8	29	15.6	27.6	54.5	8.9	6.1	1.8	1.0	187	2,206,419	16,373,963	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Gender													
Female	1.0	52	15.4	24.6	52.5	10.9	8.0	2.6	1.4	338	1,654,433	11,894,300	
Male	0.9	52	16.1	28.0	51.6	9.9	7.2	2.1	1.1	322	1,301,669	9,936,207	
Unknown	1.0	51	11.3	71.9	12.5	9.4	3.1	0.0	3.1	451	32	108	
Race													
White	1.1	78	17.1	26.0	49.4	11.4	9.1	2.7	1.5	454	707,479	5,168,158	
African American	0.9	54	15.7	31.2	47.5	9.0	7.8	2.9	1.6	343	555,344	3,939,416	
Other/unknown	0.9	41	14.8	24.5	54.7	10.6	7.1	2.1	1.1	277	1,693,311	12,723,041	
Use of Nursing Facilities^f													
Entire year	7.9	512	13.3	1.3	2.6	4.1	24.2	43.3	24.4	3,855	4,731	49,284	
Part year	6.2	437	10.2	2.2	7.1	9.2	35.3	31.1	15.1	4,280	3,687	35,623	
None	0.9	50	15.9	26.2	52.2	10.5	7.6	2.3	1.2	316	2,947,716	21,745,708	
Maintenance Assistance Status													
Cash	1.4	111	17.7	23.7	44.9	13.7	12.2	3.4	2.0	626	645,468	5,400,701	
Medically needy	1.0	62	14.0	31.2	44.6	16.0	7.3	0.6	0.3	439	75,744	473,713	
Poverty related	0.8	29	15.2	27.4	53.6	9.3	6.4	2.2	1.1	188	1,859,101	13,050,829	
Other/unknown	0.9	47	11.5	22.9	58.1	9.6	6.4	2.0	1.0	407	375,821	2,905,372	

Table ND4

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. 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 Texas, 0.8 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).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, TEXAS, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users ^e							
	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 Rx \$	Number of Users	Percentage of All Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months			
															Generic	Generic	Generic
Anti-infective Agents	0.3	0.1	0.0	0.1	\$14	\$11	\$1	\$3	\$47	\$72	\$67	\$19	3,985,331	1,556,461	52.7	13,406,903	
Biologicals	0.7	0.0	0.1	0.5	####	781	202	999	2687	17,738	1,389	1,822	335	900,171	42	0.0	454
Antineoplastic Agents	0.4	0.2	0.0	0.2	133	114	4	15	341	684	198	75	27,550	9,388,800	7,087	0.2	70,679
Endocrine/Metabolic Drugs	0.3	0.2	0.0	0.1	19	16	1	2	64	95	39	23	1,084,688	69,875,338	410,270	13.9	3,604,233
Cardiovascular Agents	0.7	0.3	0.0	0.4	38	30	1	7	54	98	57	19	1,016,950	55,302,861	149,970	5.1	1,461,407
Respiratory Agents	0.4	0.2	0.0	0.2	17	14	1	3	40	64	30	14	5,555,927	221,549,801	1,455,403	49.2	12,669,402
Gastrointestinal Agents	0.3	0.2	0.0	0.1	23	19	1	3	76	113	183	23	689,946	52,725,777	249,588	8.4	2,292,698
Genitourinary Agents	0.2	0.2	0.0	0.0	11	10	0	1	48	55	43	19	216,127	10,401,521	120,542	4.1	917,054
CNS Drugs	0.6	0.4	0.0	0.3	71	64	2	6	114	182	171	22	1,668,774	189,442,706	284,118	9.6	2,652,516
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.1	50	44	2	4	90	99	83	46	443,022	39,839,448	82,534	2.8	794,823
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	67	63	0	4	187	220	0	61	15,251	2,858,720	4,267	0.1	42,678
Analgesics and Anesthetics	0.3	0.0	0.0	0.2	10	6	1	3	33	155	21	13	2,333,798	77,455,376	919,527	31.1	8,088,029
Neuromuscular Agents	0.5	0.2	0.0	0.3	47	39	2	6	91	166	76	22	835,361	75,646,625	166,306	5.6	1,620,348
Nutritional Products	0.2	0.1	0.0	0.1	5	2	1	2	20	28	25	14	449,002	8,765,084	249,352	8.4	1,923,657
Hematological Agents	0.3	0.1	0.0	0.2	97	89	1	7	317	717	45	45	154,050	48,827,794	60,724	2.1	501,635
Topical Products	0.2	0.1	0.0	0.1	9	6	0	2	37	58	53	17	2,011,682	74,310,889	933,236	31.6	8,289,540
Miscellaneous Products	0.4	0.2	0.1	0.2	137	103	21	13	323	608	394	65	18,842	6,083,906	4,373	0.1	44,517
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	4	0	0	0	25	0	0	0	169,398	4,261,006	134,089	4.5	1,155,900
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	20,676,034	1,134,518,774	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. 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 Texas, 0.8 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

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

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

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, TEXAS, 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	\$116,173,901	92,128	3.1 %	964,243	0.5	\$261
ANTIASTHMATIC	93,143,203	639,426	21.6	5,984,928	0.2	67
ANTICONVULSANT	65,921,152	95,321	3.2	988,398	0.5	123
ANTIDEPRESSANTS	54,908,100	191,507	6.5	1,834,384	0.4	81
COUGH/COLD/ALLERGY	52,495,709	1,672,885	56.6	15,624,228	0.2	20
DERMATOLOGICAL	48,801,321	946,876	32.0	8,880,350	0.1	37
ANTIHISTAMINES	43,347,262	672,673	22.8	6,331,951	0.2	40
CEPHALOSPORINS	39,698,439	624,862	21.1	5,902,186	0.1	48
ANALGESICS - ANTI-INFLAMMATORY	39,341,053	676,972	22.9	6,315,664	0.2	31
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	38,635,777	100,233	3.4	991,266	0.4	90
Total	592,465,917	5,712,883		53,817,598	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. 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.medisp.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^{a, b, c}
 NONDUAL BENEFICIARIES, TEXAS, 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
All	10,629,078	\$592,465,917	92,128	3.1 %	964,243	0.5	\$121	639,426	21.6 %	5,984,928	0.2	\$16					
Female	5,552,797	305,101,925	45,717	2.8	471,696	0.4	111	306,909	18.6	2,856,571	0.2	15					
Disabled	1,194,719	131,369,764	28,949	21.1	316,749	0.4	129	41,695	30.3	460,539	0.3	23					
5 and younger	52,272	2,863,061	101	1.5	1,169	0.4	60	4,309	64.7	47,446	0.3	26					
6-14	131,492	10,922,809	1,936	14.0	21,184	0.5	100	5,527	39.9	63,006	0.3	23					
15-20	87,424	8,935,594	2,142	20.4	23,727	0.4	106	2,515	24.0	28,650	0.3	20					
21-44	355,879	44,931,123	11,954	28.5	129,595	0.4	132	9,077	21.6	99,102	0.3	19					
45-64	567,342	63,696,007	12,808	19.9	141,032	0.5	135	20,253	31.5	222,219	0.3	24					
65-74	269	19,560	7	12.5	39	0.4	46	14	25.0	116	0.5	26					
75-84	36	1,544	1	33.3	3	3.3	154	0	0.0	0	0.0	0					
85 and older	5	66	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	4,358,078	173,732,161	16,768	1.1	154,947	0.4	75	265,214	17.5	2,396,032	0.2	13					
5 and younger	1,988,900	58,100,242	604	0.1	6,044	0.4	56	134,158	25.4	1,249,217	0.2	13					
6-14	1,248,767	56,122,366	5,379	1.3	56,165	0.5	86	76,769	17.9	719,487	0.2	15					
15-20	449,473	22,371,458	3,991	1.9	38,364	0.4	75	22,866	11.1	195,718	0.2	13					
21-44	583,160	30,302,651	5,511	1.7	41,994	0.3	60	28,153	8.4	202,509	0.3	13					
45-64	58,899	4,568,687	589	3.2	5,027	0.3	63	2,416	13.1	20,101	0.3	20					
65-74	8,721	773,057	194	17.2	2,098	0.6	120	278	24.7	2,987	0.3	23					
75-84	10,522	807,489	249	28.0	2,678	0.6	93	334	37.6	3,492	0.4	22					
85 and older	9,636	686,211	251	29.4	2,577	0.6	86	240	28.1	2,521	0.3	17					
Male	5,076,239	287,361,245	46,409	3.6	492,542	0.5	129	332,511	25.5	3,128,324	0.2	16					
Disabled	994,515	114,275,308	29,679	22.4	325,726	0.5	147	33,818	25.6	374,557	0.3	24					
5 and younger	80,508	4,852,669	388	4.2	4,315	0.4	72	6,727	72.8	74,447	0.3	27					
6-14	268,162	24,490,133	6,059	23.8	67,195	0.5	108	10,464	41.1	119,362	0.3	23					
15-20	131,378	15,058,372	3,896	24.7	43,166	0.5	133	3,716	23.5	42,149	0.3	22					
21-44	265,583	41,510,811	12,030	31.2	131,881	0.5	170	4,077	10.6	44,264	0.3	20					
45-64	248,763	28,356,251	7,300	16.9	79,146	0.5	152	8,825	20.4	94,265	0.3	25					
65-74	118	6,907	6	14.6	23	0.5	34	8	19.5	58	0.5	39					
75-84	3	165	0	0.0	0	0.0	0	1	50.0	12	0.1	2					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	4,081,724	173,085,937	16,730	1.4	166,816	0.5	95	298,693	25.5	2,753,767	0.2	15					
5 and younger	2,259,675	71,589,046	1,320	0.2	13,388	0.4	63	178,932	32.4	1,651,460	0.2	15					
6-14	1,423,847	76,197,236	10,306	2.4	104,765	0.5	98	99,186	22.8	919,413	0.2	16					
15-20	324,193	19,925,342	3,982	2.9	39,196	0.5	102	17,505	12.9	158,512	0.2	15					
21-44	46,492	3,150,882	633	1.8	4,706	0.3	78	1,972	5.5	14,887	0.3	16					
45-64	15,583	1,228,405	171	2.0	1,424	0.3	67	668	7.8	5,179	0.3	22					
65-74	4,890	435,346	115	14.8	1,240	0.6	111	167	21.5	1,751	0.3	22					
75-84	4,649	402,396	134	26.1	1,413	0.6	102	162	31.5	1,598	0.3	19					
85 and older	2,395	157,284	69	27.9	684	0.7	72	101	40.9	967	0.3	16					
Unknown	42	2,747	2	5.7	5	0.6	111	6	17.1	33	0.3	22					

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. 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=09e0ffed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7B

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

Beneficiary Characteristics	ANTICONVULSANT				ANTIDEPRESSANTS				COUGH/COLD/ALLERGY			
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month
All	95,321	3.2 %	988,398	0.5	191,507	6.5 %	1,834,384	0.4	1,672,885	56.6 %	15,624,228	0.2
Female	54,744	3.3	559,357	0.5	132,445	8.0	1,237,576	0.4	876,816	53.0	8,137,287	0.2
Disabled	34,980	25.5	387,422	0.5	54,651	39.8	598,910	0.4	61,743	44.9	696,325	0.2
5 and younger	822	12.3	9,039	0.6	60	0.9	665	0.4	6,202	93.2	69,737	0.2
6-14	3,045	22.0	34,216	0.7	1,997	14.4	22,229	0.4	9,645	69.6	110,518	0.1
15-20	2,676	25.5	30,009	0.7	2,874	27.4	31,830	0.4	5,354	51.1	61,637	0.1
21-44	13,421	32.0	148,511	0.5	19,306	46.0	209,407	0.4	16,898	40.3	188,866	0.1
45-64	15,012	23.3	165,608	0.5	30,400	47.2	334,681	0.4	23,631	36.7	265,458	0.2
65-74	3	5.4	36	0.5	13	23.2	95	0.6	13	23.2	109	0.3
75-84	1	33.3	3	2.7	1	33.3	3	3.3	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
Other Eligibles	19,764	1.3	171,935	0.4	77,794	5.1	638,666	0.3	815,073	53.7	7,440,962	0.2
5 and younger	1,204	0.2	11,413	0.5	658	0.1	6,786	0.3	440,038	83.3	4,026,923	0.2
6-14	3,860	0.9	37,949	0.5	11,640	2.7	115,893	0.4	226,235	52.8	2,179,095	0.1
15-20	3,544	1.7	32,893	0.5	15,639	7.6	138,346	0.3	66,168	32.2	599,118	0.1
21-44	9,349	2.8	73,254	0.3	43,851	13.2	325,381	0.3	76,294	22.9	579,375	0.2
45-64	1,334	7.2	11,476	0.3	4,951	26.9	41,279	0.3	5,572	30.2	48,055	0.2
65-74	188	16.7	2,012	0.7	289	25.7	2,968	0.5	332	29.5	3,621	0.2
75-84	157	17.7	1,641	0.6	384	43.2	4,066	0.6	265	29.8	2,954	0.2
85 and older	128	15.0	1,297	0.6	382	44.7	3,947	0.7	169	19.8	1,821	0.2
Male	40,575	3.1	429,034	0.6	59,058	4.5	596,790	0.4	796,067	61.2	7,486,932	0.2
Disabled	28,450	21.5	315,171	0.6	29,803	22.5	322,239	0.4	48,758	36.9	550,784	0.2
5 and younger	1,124	12.2	12,317	0.6	210	2.3	2,348	0.3	8,970	97.1	99,469	0.2
6-14	5,294	20.8	59,422	0.7	4,713	18.5	52,228	0.4	16,035	63.0	183,572	0.1
15-20	3,689	23.4	41,276	0.7	3,644	23.1	40,219	0.4	6,828	43.2	78,557	0.1
21-44	10,759	27.9	119,742	0.6	10,190	26.4	109,632	0.4	8,710	22.6	98,211	0.2
45-64	7,583	17.6	82,406	0.5	11,038	25.6	117,756	0.4	8,211	19.0	90,950	0.2
65-74	1	2.4	8	0.8	7	17.1	44	0.6	4	9.8	25	0.2
75-84	0	0.0	0	0.0	1	50.0	12	0.2	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
Other Eligibles	12,125	1.0	113,863	0.5	29,255	2.5	274,551	0.4	747,309	63.9	6,936,148	0.2
5 and younger	1,817	0.3	16,861	0.4	995	0.2	9,995	0.3	475,909	86.3	4,344,943	0.2
6-14	5,619	1.3	55,605	0.5	15,005	3.4	148,421	0.4	218,652	50.2	2,103,015	0.1
15-20	2,588	1.9	24,177	0.5	8,259	6.1	76,547	0.4	45,141	33.2	426,740	0.1
21-44	1,400	3.9	10,825	0.4	3,427	9.6	26,034	0.3	5,863	16.4	45,962	0.2
45-64	482	5.6	4,057	0.3	1,145	13.4	9,292	0.3	1,350	15.8	11,290	0.2
65-74	108	13.9	1,178	0.7	168	21.7	1,716	0.5	201	25.9	2,110	0.1
75-84	75	14.6	776	0.6	180	35.0	1,776	0.6	123	23.9	1,349	0.2
85 and older	36	14.6	384	0.7	76	30.8	770	0.6	70	28.3	739	0.2
Unknown	2	5.7	7	0.6	4	11.4	18	0.8	2	5.7	9	0.7

Table ND7B

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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

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

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

TABLE ND.7C

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

Beneficiary Characteristics	DERMATOLOGICAL				ANTIHISTAMINES				CEPHALOSPORINS						
	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			
All	946,876	32.0 %	8,880,350	0.1	\$6	672,673	22.8 %	6,331,951	0.2	\$7	624,862	21.1 %	5,902,186	0.1	\$7
Female	516,785	31.2	4,806,300	0.2	6	366,320	22.1	3,388,647	0.2	7	334,782	20.2	3,113,045	0.1	7
Disabled	46,553	33.9	524,933	0.2	8	36,440	26.5	406,959	0.2	12	26,892	19.6	303,670	0.1	6
5 and younger	3,995	60.0	44,697	0.1	5	2,389	35.9	27,118	0.2	5	3,262	49.0	36,836	0.1	7
6-14	6,459	46.6	73,865	0.1	6	4,965	35.8	56,767	0.2	9	4,610	33.3	52,769	0.1	8
15-20	4,312	41.1	49,517	0.1	7	3,019	28.8	34,408	0.2	10	2,434	23.2	27,984	0.1	7
21-44	12,068	28.8	135,969	0.2	8	10,412	24.8	115,081	0.2	12	7,116	17.0	79,682	0.1	4
45-64	19,698	30.6	220,720	0.2	8	15,642	24.3	173,467	0.3	15	9,465	14.7	106,350	0.1	5
65-74	18	32.1	137	0.2	6	13	23.2	118	0.3	19	4	7.1	37	0.1	20
75-84	2	66.7	24	0.1	7	0	0.0	0	0.0	0	1	33.3	12	0.1	1
85 and older	1	50.0	4	0.3	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	470,232	31.0	4,281,367	0.2	5	329,880	21.7	2,981,688	0.2	6	307,890	20.3	2,809,375	0.1	7
5 and younger	248,439	47.0	2,277,788	0.2	4	133,272	25.2	1,267,060	0.1	4	153,204	29.0	1,451,724	0.1	7
6-14	127,206	29.7	1,228,960	0.1	6	104,830	24.5	997,165	0.2	8	80,238	18.7	775,768	0.1	8
15-20	44,860	21.8	400,938	0.2	8	38,393	18.7	329,437	0.2	8	30,088	14.6	256,408	0.1	6
21-44	45,046	13.5	330,395	0.2	8	49,753	14.9	355,496	0.2	8	41,735	12.5	301,408	0.2	5
45-64	3,460	18.8	30,297	0.2	8	2,860	15.5	24,158	0.2	13	2,116	11.5	18,601	0.1	5
65-74	374	33.2	4,085	0.2	10	244	21.7	2,627	0.2	13	124	11.0	1,397	0.1	6
75-84	410	46.2	4,407	0.2	10	250	28.2	2,754	0.3	13	186	20.9	2,014	0.1	6
85 and older	437	51.2	4,497	0.2	9	278	32.6	2,991	0.3	13	199	23.3	2,055	0.1	7
Male	430,089	33.0	4,074,041	0.1	5	306,352	23.5	2,943,298	0.2	7	290,080	22.3	2,789,141	0.1	7
Disabled	37,667	28.5	424,170	0.2	8	26,562	20.1	297,155	0.2	11	23,446	17.7	264,807	0.1	6
5 and younger	4,988	54.0	55,700	0.1	5	3,554	38.5	39,944	0.2	6	4,619	50.0	51,388	0.1	7
6-14	9,273	36.4	106,233	0.1	6	8,666	34.0	98,498	0.2	10	6,841	26.9	78,634	0.1	7
15-20	5,343	33.8	61,528	0.2	8	3,567	22.6	40,673	0.2	13	2,921	18.5	33,474	0.1	7
21-44	8,677	22.5	97,557	0.2	10	5,515	14.3	61,357	0.2	14	4,536	11.8	51,048	0.1	5
45-64	9,377	21.7	103,101	0.2	9	5,254	12.2	56,644	0.3	14	4,524	10.5	50,232	0.1	5
65-74	9	22.0	51	0.4	32	6	14.6	39	0.2	5	5	12.2	31	0.2	4
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	392,422	33.6	3,649,871	0.1	5	279,790	23.9	2,646,143	0.2	6	266,634	22.8	2,524,334	0.1	7
5 and younger	249,268	45.2	2,281,472	0.2	5	149,082	27.0	1,415,716	0.1	4	171,207	31.0	1,615,829	0.1	7
6-14	105,141	24.1	1,016,618	0.1	5	107,077	24.6	1,015,408	0.2	8	75,320	17.3	726,804	0.1	7
15-20	32,512	23.9	306,593	0.2	9	20,195	14.8	187,287	0.2	10	16,364	12.0	151,564	0.1	6
21-44	3,620	10.1	28,235	0.2	8	2,496	7.0	19,328	0.2	10	2,851	8.0	22,281	0.1	5
45-64	1,260	14.8	10,472	0.2	9	618	7.2	5,006	0.2	13	683	8.0	5,605	0.1	5
65-74	265	34.2	2,709	0.2	10	132	17.0	1,449	0.2	16	89	11.5	964	0.1	6
75-84	246	47.9	2,668	0.2	11	124	24.1	1,263	0.2	13	75	14.6	814	0.1	5
85 and older	110	44.5	1,104	0.2	7	66	26.7	686	0.3	14	45	18.2	473	0.1	7
Unknown	2	5.7	9	0.2	6	1	2.9	6	0.2	5	0	0.0	0	0.0	0

Table ND7C

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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

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

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

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

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				STIMULANTS/ANTI-OBESITY/ANOREXIANTS							
	Number of Users	Users as % of All Benefes	Number of Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Months Among Users	Users as % of All Benefes	Number of Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Beneficiaries
All	676,972	22.9 %	6,315,664	0.2	\$6	100,233	3.4 %	991,266	0.4	\$39	2,956,134	21,830,615
Female	396,186	23.9	3,608,554	0.2	8	28,170	1.7	279,614	0.4	39	1,654,432	11,894,299
Disabled	49,692	36.2	556,295	0.2	28	5,671	4.1	62,607	0.4	42	137,402	1,425,730
5 and younger	1,513	22.7	17,100	0.2	3	166	2.5	1,831	0.3	28	6,658	66,427
6-14	3,512	25.3	40,343	0.2	6	3,214	23.2	35,586	0.4	40	13,856	149,654
15-20	2,719	25.9	31,010	0.2	11	893	8.5	9,849	0.4	42	10,484	111,838
21-44	13,688	32.6	151,744	0.2	21	780	1.9	8,548	0.4	49	41,975	437,143
45-64	28,246	43.9	315,956	0.3	37	618	1.0	6,793	0.4	53	64,368	660,290
65-74	11	19.6	119	0.3	34	0	0.0	0	0.0	0	56	349
75-84	2	66.7	19	0.2	29	0	0.0	0	0.0	0	3	22
85 and older	1	50.0	4	1.0	6	0	0.0	0	0.0	0	2	7
Other Eligibles	346,494	22.8	3,052,259	0.2	4	22,499	1.5	217,007	0.4	37	1,517,030	10,468,569
5 and younger	116,468	22.0	1,104,692	0.2	3	1,681	0.3	16,414	0.3	27	528,368	3,852,086
6-14	95,581	22.3	925,371	0.2	3	16,674	3.9	162,557	0.4	38	428,296	3,268,667
15-20	47,602	23.2	398,918	0.2	3	2,918	1.4	28,398	0.4	40	205,607	1,346,949
21-44	78,861	23.6	553,343	0.2	7	1,120	0.3	8,743	0.3	43	333,455	1,848,415
45-64	6,996	37.9	59,382	0.2	22	93	0.5	747	0.4	52	18,436	124,699
65-74	470	41.7	5,023	0.3	31	3	0.3	30	0.2	41	1,126	10,840
75-84	284	32.0	3,111	0.5	45	4	0.5	48	0.4	13	888	8,846
85 and older	232	27.2	2,419	0.5	45	6	0.7	70	0.3	44	854	8,067
Male	280,785	21.6	2,707,106	0.2	4	72,063	5.5	711,652	0.4	39	1,301,667	9,936,202
Disabled	28,488	21.5	317,738	0.2	15	15,670	11.8	173,467	0.4	42	132,287	1,337,493
5 and younger	2,255	24.4	25,417	0.2	3	813	8.8	8,899	0.3	27	9,241	92,408
6-14	5,461	21.4	62,515	0.2	4	11,311	44.4	124,905	0.5	42	25,471	272,822
15-20	2,986	18.9	33,925	0.2	6	2,682	17.0	30,162	0.4	43	15,790	166,931
21-44	6,652	17.3	73,348	0.2	14	647	1.7	7,167	0.4	49	38,537	392,049
45-64	11,130	25.8	122,507	0.3	26	216	0.5	2,333	0.4	54	43,201	413,044
65-74	4	9.8	26	0.2	6	1	2.4	1	1.0	109	41	204
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	15
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	20
Other Eligibles	252,297	21.6	2,389,368	0.2	3	56,393	4.8	538,185	0.4	38	1,169,380	8,598,709
5 and younger	125,500	22.7	1,185,124	0.2	3	4,698	0.9	46,586	0.3	27	551,681	4,028,928
6-14	90,838	20.8	882,057	0.2	2	45,359	10.4	431,202	0.5	39	435,743	3,324,558
15-20	26,430	19.4	246,226	0.2	3	6,102	4.5	58,566	0.4	43	136,045	972,989
21-44	6,815	19.0	52,662	0.2	12	179	0.5	1,415	0.3	38	35,839	204,230
45-64	2,263	26.5	18,381	0.2	21	50	0.6	379	0.4	58	8,536	53,473
65-74	229	29.5	2,468	0.3	32	3	0.4	21	0.3	66	775	7,286
75-84	155	30.2	1,737	0.3	38	1	0.2	12	0.5	77	514	4,980
85 and older	67	27.1	713	0.5	43	1	0.4	4	0.5	21	247	2,265
Unknown	1	2.9	4	0.3	39	0	0.0	0	0.0	0	35	114

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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

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

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$512	7.9	4,731	49,284
Age				
0-64	554	8.2	3,588	37,898
65-74	463	7.4	233	2,355
75-84	399	7.0	397	3,997
85 and older	308	6.1	513	5,034
Unknown	0	0.0	0	0
Gender				
Female	523	8.2	2,687	28,336
Male	496	7.5	2,043	20,943
Unknown	531	11.6	1	5
Race				
White	523	8.1	2,747	28,182
African American	503	7.7	953	10,201
Other/unknown	490	7.4	1,031	10,901
Basis of Eligibility^c				
Aged	372	6.7	1,133	11,337
Disabled	553	8.2	3,594	37,941
Adults	1,514	15.0	3	4
Children	93	1.5	1	2
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. 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 3,687 beneficiaries who were in nursing facilities for part of their enrollment and their 35,623 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, TEXAS, 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		
		Generic	Generic		Generic	Generic		Generic	Generic							
Anti-infective Agents	0.4	0.2	0.0	0.2	\$41	\$34	\$1	\$6	\$95	\$103	\$31	15,732	\$1,487,334	3,397	71.8 %	36,649
Biologicals	1.0	0.0	0.0	1.0	###	0	0	####	1791	0	####	12	21,494	1	0.0	12
Antineoplastic Agents	0.5	0.1	0.0	0.4	110	49	1	61	214	612	150	2,179	467,301	408	8.6	4,230
Endocrine/Metabolic Drugs	1.3	0.7	0.1	0.5	62	49	3	10	49	75	22	32,076	1,563,445	2,347	49.6	25,288
Cardiovascular Agents	2.0	0.7	0.0	1.3	68	46	0	22	33	68	22	67,210	2,235,505	3,153	66.6	32,990
Respiratory Agents	0.8	0.4	0.0	0.4	39	30	3	7	49	76	58	24,467	1,199,255	2,828	59.8	30,635
Gastrointestinal Agents	1.2	0.6	0.0	0.6	72	59	1	13	61	101	117	37,179	2,259,701	2,959	62.5	31,409
Genitourinary Agents	0.6	0.4	0.0	0.2	38	33	0	4	66	82	55	6,978	457,166	1,089	23.0	11,976
CNS Drugs	1.9	1.1	0.0	0.7	193	174	2	16	101	153	69	79,495	8,005,661	3,883	82.1	41,525
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	71	62	2	6	120	177	56	447	53,742	69	1.5	758
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	107	106	0	1	142	143	0	4,662	663,717	578	12.2	6,197
Analgesics and Anesthetics	1.0	0.4	0.0	0.6	51	41	1	9	49	112	61	29,073	1,438,989	2,667	56.4	28,302
Neuromuscular Agents	1.5	0.6	0.0	0.9	101	73	2	27	67	126	51	43,815	2,949,549	2,674	56.5	29,227
Nutritional Products	0.7	0.0	0.0	0.7	12	0	0	11	16	43	33	11,432	178,364	1,444	30.5	15,413
Hematological Agents	0.9	0.4	0.1	0.5	87	80	1	6	92	202	18	14,766	1,355,250	1,510	31.9	15,545
Topical Products	0.5	0.3	0.1	0.2	25	16	4	5	48	63	66	17,054	810,635	2,937	62.1	32,059
Miscellaneous Products	0.3	0.0	0.0	0.3	16	6	0	10	57	266	121	784	44,399	270	5.7	2,834
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	14	0	0	0	52	0	0	408	21,170	133	2.8	1,473
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	387,769	25,212,677	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. 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 3,687 beneficiaries who were in nursing facilities for part of their enrollment and their 35,623 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).

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 Texas, 0.8 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, TEXAS, 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	\$5,549,485	3,288	69.5 %	36,413	0.8	\$197	\$152
ANTICONVULSANT	2,428,201	3,029	64.0	33,503	1.0	76	72
ANTIDEPRESSANTS	1,965,838	3,476	73.5	37,590	0.8	65	52
ULCER DRUGS	1,737,432	2,933	62.0	31,203	0.7	76	56
ANTI-DIABETIC	1,184,367	2,437	51.5	25,866	0.9	50	46
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	663,409	582	12.3	6,246	0.7	142	106
ANTHYPERTENSIVE	659,381	2,294	48.5	24,329	0.8	36	27
ANALGESICS - ANTI-INFLAMMATORY	636,722	1,230	26.0	13,641	0.6	79	47
ASTHMA	628,452	2,369	50.1	25,065	0.5	53	25
ANTHYPERLIPIDEMIC	621,128	885	18.7	9,453	0.8	85	66
Total	16,074,415	22,523		243,309	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. 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 3,687 beneficiaries who were in nursing facilities for part of their enrollment and their 35,623 benefit months were excluded from the analysis.

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

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

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

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

TABLE ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, TEXAS, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT						
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	187,174	\$16,074,415	3,288	69.5 %	36,413	0.8	\$152	3,029	64.0 %	33,503	1.0	\$73					
Female	109,831	9,487,852	1,958	72.9	21,786	0.8	147	1,683	62.6	18,628	0.9	72					
Disabled	85,760	7,625,551	1,522	81.8	17,120	0.8	158	1,452	78.1	16,214	1.0	76					
64 or younger	85,618	7,617,584	1,520	82.0	17,113	0.8	158	1,450	78.2	16,199	1.0	76					
65-74	114	7,151	1	20.0	4	0.5	76	1	20.0	12	0.9	24					
75-84	28	816	1	100.0	3	3.3	154	1	100.0	3	2.7	93					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	24,071	1,862,301	436	52.7	4,666	0.7	107	231	27.9	2,414	0.8	46					
64 or younger	32	1,709	0	0.0	0	0.0	0	1	50.0	2	1.5	114					
65-74	4,959	405,534	98	78.4	1,105	0.7	136	82	65.6	878	0.9	56					
75-84	9,735	744,080	172	60.6	1,867	0.7	104	85	29.9	896	0.8	42					
85 and older	9,345	710,978	166	39.9	1,694	0.6	91	63	15.1	638	0.7	38					
Male	77,318	6,584,557	1,330	65.1	14,627	0.8	161	1,346	65.9	14,875	1.0	73					
Disabled	68,029	5,859,873	1,132	65.3	12,510	0.8	169	1,240	71.5	13,734	1.0	75					
64 or younger	67,961	5,856,059	1,130	65.4	12,508	0.8	169	1,239	71.7	13,726	1.0	75					
65-74	68	3,814	2	40.0	2	1.5	47	1	20.0	8	0.8	33					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	9,289	724,684	198	64.1	2,117	0.7	110	106	34.3	1,141	0.9	49					
64 or younger	35	4,469	1	33.3	12	1.0	230	1	33.3	12	0.5	9					
65-74	3,418	283,005	84	85.7	920	0.6	116	52	53.1	567	1.0	63					
75-84	3,459	278,797	72	64.9	787	0.7	113	29	26.1	294	0.8	46					
85 and older	2,377	158,413	41	42.3	398	0.8	88	24	24.7	268	0.7	26					
Unknown	25	2,006	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 Texas, released by CMS in 04/2007. 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 3,687 beneficiaries who were in nursing facilities for part of their enrollment and their 35,623 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					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 \$
All	3,476	73.5 %	37,590	0.8	\$52	2,933	62.0 %	31,203	0.7	\$56	2,437	51.5 %	25,366	0.9	\$46
Female	2,093	77.9	22,839	0.8	54	1,652	61.5	17,739	0.7	57	1,456	54.2	15,483	0.9	47
Disabled	1,572	84.5	17,269	0.8	55	1,186	63.8	12,878	0.7	59	1,168	62.8	12,593	1.0	50
64 or younger	1,568	84.6	17,238	0.8	55	1,183	63.8	12,860	0.7	59	1,167	62.9	12,589	1.0	50
65-74	3	60.0	28	0.4	17	3	60.0	18	0.4	56	1	20.0	4	0.8	21
75-84	1	100.0	3	3.3	25	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	521	63.0	5,570	0.8	51	466	56.3	4,861	0.7	52	288	34.8	2,890	0.8	37
64 or younger	2	100.0	14	0.2	8	2	100.0	14	0.6	68	0	0.0	0	0.0	0
65-74	96	76.8	1,051	0.7	51	88	70.4	917	0.7	45	66	52.8	662	0.8	37
75-84	203	71.5	2,180	0.8	55	166	58.5	1,706	0.7	55	127	44.7	1,290	0.9	41
85 and older	220	52.9	2,325	0.8	48	210	50.5	2,224	0.7	53	95	22.8	938	0.7	31
Male	1,381	67.6	14,741	0.8	49	1,279	62.6	13,454	0.7	54	981	48.0	10,383	0.9	44
Disabled	1,198	69.1	12,908	0.8	50	1,110	64.0	11,715	0.7	55	856	49.4	9,050	0.9	44
64 or younger	1,196	69.2	12,899	0.8	50	1,107	64.0	11,699	0.7	55	853	49.3	9,033	0.9	44
65-74	2	40.0	9	1.1	81	3	60.0	16	0.9	79	3	60.0	17	0.4	10
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	183	59.2	1,833	0.7	46	169	54.7	1,739	0.7	46	125	40.5	1,333	0.9	43
64 or younger	1	33.3	12	1.1	111	3	100.0	5	0.6	48	0	0.0	0	0.0	0
65-74	61	62.2	633	0.7	41	42	42.9	448	0.8	49	47	48.0	532	1.1	51
75-84	74	66.7	696	0.8	56	75	67.6	782	0.7	44	52	46.8	567	0.7	36
85 and older	47	48.5	492	0.6	37	49	50.5	504	0.7	47	26	26.8	234	0.9	37
Unknown	2	200.0	10	1.1	49	2	200.0	10	0.8	124	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. 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 3,687 beneficiaries who were in nursing facilities for part of their enrollment and their 35,623 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0ffed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10C

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

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				ANTIHYPERTENSIVE				ANALGESICS - ANTI-INFLAMMATORY					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users
All	582	12.3 %	0.7	\$106	\$27	2,294	48.5 %	0.8	\$27	1,230	26.0 %	0.6	13,641	\$47
Female														
Disabled	361	13.4	0.8	109	27	1,299	48.3	0.8	27	826	30.7	0.6	9,198	49
64 or younger	174	9.4	0.7	111	28	898	48.3	0.8	28	588	31.6	0.6	6,617	47
65-74	173	9.3	0.7	111	28	895	48.3	0.8	28	587	31.7	0.6	6,605	47
75-84	1	20.0	1.0	130	33	3	60.0	0.9	33	1	20.0	0.3	12	20
85 and older	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0
Other Eligibles														
64 or younger	187	22.6	0.8	108	26	401	48.5	0.7	26	238	28.8	0.7	2,581	53
65-74	1	50.0	0.5	89	0	0	0.0	0.0	0	0	0.0	0.0	0	0
75-84	17	13.6	0.7	87	24	76	60.8	0.8	24	40	32.0	0.6	448	41
85 and older	72	25.4	0.8	111	29	144	50.7	0.8	29	83	29.2	0.7	912	57
Male														
Disabled	97	23.3	0.8	109	25	181	43.5	0.7	25	115	27.6	0.7	1,221	54
64 or younger	221	10.8	0.7	101	27	993	48.6	0.8	27	404	19.8	0.6	4,443	43
65-74	145	8.4	0.7	99	27	851	49.1	0.8	27	331	19.1	0.6	3,623	41
75-84	145	8.4	0.7	99	27	848	49.0	0.8	27	330	19.1	0.6	3,622	41
85 and older	0	0.0	0.0	0	0	3	60.0	0.9	10	1	20.0	1.0	1	43
Other Eligibles														
64 or younger	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	0	0.0	0.0	0	0	0.0	0.0	0	0
75-84	76	24.6	0.8	105	25	142	46.0	0.7	25	73	23.6	0.6	820	49
85 and older	19	19.4	0.9	115	27	38	38.8	0.8	27	14	14.3	0.7	158	59
Unknown	32	28.8	0.8	106	22	62	55.9	0.7	22	33	29.7	0.6	371	39
	25	25.8	0.7	96	27	42	43.3	0.7	27	26	26.8	0.7	291	56
	0	0.0	0.0	0	28	2	200.0	0.6	28	0	0.0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. 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 3,687 beneficiaries who were in nursing facilities for part of their enrollment and their 35,623 benefit months were excluded from the analysis.

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

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

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

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

Table ND10C

Nondual Beneficiaries

TABLE ND.10D

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

Beneficiary Characteristics	ANTIASTHMATIC					ANTIHYPERTENSIVE						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	2,369	50.1 %	25,065	0.5	\$25	885	18.7 %	9,453	0.8	\$66	4,731	49,284
Female	1,314	48.9	14,165	0.4	24	528	19.7	5,641	0.8	66	2,687	28,336
Disabled	961	51.7	10,411	0.5	25	413	22.2	4,449	0.8	66	1,860	19,952
64 or younger	953	51.4	10,337	0.5	25	413	22.3	4,449	0.8	66	1,854	19,910
65-74	8	160.0	74	0.6	35	0	0.0	0	0.0	0	5	39
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	353	42.7	3,754	0.4	20	115	13.9	1,192	0.8	65	827	8,384
64 or younger	1	50.0	12	1.4	20	0	0.0	0	0.0	0	2	14
65-74	64	51.2	697	0.4	22	26	20.8	272	0.8	66	125	1,308
75-84	144	50.7	1,494	0.4	23	52	18.3	546	0.8	64	284	2,934
85 and older	144	34.6	1,551	0.3	17	37	8.9	374	0.7	64	416	4,128
Male	1,055	51.6	10,900	0.5	27	357	17.5	3,812	0.8	66	2,043	20,943
Disabled	883	50.9	9,280	0.5	29	312	18.0	3,357	0.8	66	1,734	17,989
64 or younger	882	51.0	9,273	0.5	29	310	17.9	3,343	0.8	66	1,729	17,959
65-74	1	20.0	7	0.6	31	2	40.0	14	0.8	62	5	30
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	172	55.7	1,620	0.3	18	45	14.6	455	0.7	64	309	2,954
64 or younger	1	33.3	1	1.0	17	0	0.0	0	0.0	0	3	15
65-74	52	53.1	541	0.4	21	15	15.3	149	0.9	78	98	978
75-84	61	55.0	540	0.3	13	19	17.1	203	0.6	64	111	1,055
85 and older	58	59.8	538	0.4	19	11	11.3	103	0.7	43	97	906
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	5

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. 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 3,687 beneficiaries who were in nursing facilities for part of their enrollment and their 35,623 benefit months were excluded from the analysis.

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

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

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

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

TABLE ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 TEXAS, 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 \$	Total Number of Beneficiaries
All	1,417,967	48.0 %	1.8	5,298,088	\$28	\$84,173,553	\$16	7.4 %	2,956,134
Age									
5 and younger	691,935	63.1	2.9	3,171,753	40	43,575,609	14	19.7	1,095,961
6-14	393,556	43.6	1.2	1,088,725	22	19,668,623	18	7.4	903,376
15-20	121,425	33.0	0.8	283,322	16	5,963,473	21	4.8	367,927
21-44	150,825	33.5	1.0	438,454	19	8,435,951	19	3.3	449,808
45-64	58,063	43.2	2.3	302,918	47	6,317,203	21	2.5	134,542
65-74	837	41.9	2.1	4,200	39	78,698	19	2.3	1,998
75-84	732	52.0	3.4	4,760	55	77,679	16	2.2	1,408
85 and older	594	53.5	3.6	3,956	51	56,317	14	2.2	1,111
Unknown	0	0.0	0.0	0	0	0	0	0.0	3
Basis of Eligibility^c									
Aged	2,310	46.0	2.6	13,111	43	214,768	16	2.2	5,023
Disabled	123,860	45.9	2.4	637,514	54	14,525,930	23	2.8	269,691
Adults	152,392	32.1	0.7	345,750	12	5,810,291	17	4.4	475,001
Children	1,139,405	51.6	1.9	4,301,713	29	63,622,564	15	13.3	2,206,419
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	780,783	47.2	1.7	2,822,876	27	45,346,309	16	7.3	1,654,433
Male	637,181	49.0	1.9	2,475,202	30	38,827,014	16	7.6	1,301,669
Unknown	3	9.4	0.3	10	7	230	23	4.2	32
Race									
White	286,324	40.5	1.2	852,989	23	16,618,260	19	4.1	707,479
African American	204,016	36.7	1.1	592,873	18	9,825,934	17	4.6	555,344
Other/unknown	927,627	54.8	2.3	3,852,226	34	57,729,359	15	11.1	1,693,311
Use of Nursing Facilities^d									
Entire year	3,193	67.5	7.2	33,955	123	579,763	17	2.3	4,731
Part year	2,605	70.7	5.3	19,398	97	358,531	18	2.3	3,687
None	1,412,169	47.9	1.8	5,244,735	28	83,235,259	16	7.6	2,947,716
Maintenance Assistance Status									
Cash	299,789	46.4	2.1	1,328,778	38	24,673,192	19	4.1	645,468
Medically needy	22,568	29.8	0.7	56,790	14	1,089,478	19	3.7	75,744
Poverty related	894,810	48.1	1.7	3,153,953	26	47,516,244	15	12.8	1,859,101
Other/unknown	200,800	53.4	2.0	758,567	29	10,894,639	14	8.0	375,821

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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

TABLE ND.12

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

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$4	\$16	\$0	\$0	21,830,615
Age						
5 and younger	0.4	5	14	0	0	8,039,892
6-14	0.2	3	18	0	0	7,015,740
15-20	0.1	2	21	0	0	2,598,711
21-44	0.2	3	19	0	1	2,881,839
45-64	0.2	5	21	0	2	1,251,507
65-74	0.2	4	19	0	1	18,679
75-84	0.3	6	16	0	2	13,868
85 and older	0.4	5	14	0	1	10,373
Unknown	0.0	0	0	0	0	6
Basis of Eligibility^c						
Aged	0.3	5	16	0	1	46,401
Disabled	0.2	5	23	0	2	2,763,225
Adults	0.1	2	17	0	0	2,647,026
Children	0.3	4	15	0	0	16,373,963
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	4	16	0	0	11,894,300
Male	0.2	4	16	0	0	9,936,207
Unknown	0.1	2	23	0	0	108
Race						
White	0.2	3	19	0	1	5,168,158
African American	0.2	2	17	0	0	3,939,416
Other/unknown	0.3	5	15	0	0	12,723,041
Use of Nursing Facilities^d						
Entire year	0.7	12	17	1	6	49,284
Part year	0.5	10	18	0	5	35,623
None	0.2	4	16	0	0	21,745,708
Maintenance Assistance Status						
Cash	0.2	5	19	0	1	5,400,701
Medically needy	0.1	2	19	0	1	473,713
Poverty related	0.2	4	15	0	0	13,050,829
Other/unknown	0.3	4	14	0	0	2,905,372

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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

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

Drug Category	Number of Users	Rx \$ per User	Total Rx \$		Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	Number Rx as a Percentage of All Part D Excluded Rx	
			Total Rx \$	Excluded Rx \$	100.0 %	Excluded Rx		\$ per Rx	100.0 %
All	2,062,832	\$41	\$84,173,553	0	100.0 %	5,298,088	\$16	100.0 %	
Anorexia or weight loss/gain	0	0	0	0	0.0	0	0	0.0	0.0
Fertility drugs	37	106	3,909	0	0.0	45	87	0.0	0.0
Drugs for cosmetic purposes	421	14	5,766	0	0.0	547	11	0.0	0.0
Cough and cold medications	1,133,678	48	54,117,119	0	64.3	2,657,478	20	50.2	50.2
Vitamins and minerals	122,695	26	3,215,639	0	3.8	242,911	13	4.6	4.6
Non-prescription drugs	701,733	25	17,374,995	0	20.6	1,981,509	9	37.4	37.4
Barbiturates	5,863	52	305,946	0	0.4	37,166	8	0.7	0.7
Benzodiazepines	75,836	98	7,408,559	0	8.8	336,106	22	6.3	6.3
Other Part D Excl Rx Drugs	22,569	77	1,741,620	0	2.1	42,326	41	0.8	0.8

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

APPENDIX TABLE A.1

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

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	3,079,966	5,081	273,641	488,558	2,312,686	0	27,065,686	47,872	2,913,370	3,284,543	20,819,901	0
Age												
5 and younger	1,147,399	6	16,045	42	1,131,306	0	10,160,553	31	171,125	427	9,988,970	0
6-14	944,552	2	40,056	519	903,975	0	8,873,336	23	450,598	3,984	8,418,731	0
15-20	384,727	20	26,770	80,782	277,155	0	3,244,142	105	293,087	540,271	2,410,679	0
21-44	462,716	248	82,109	380,136	223	0	3,425,339	1,515	879,331	2,543,144	1,349	0
45-64	135,988	403	108,548	27,022	15	0	1,317,972	2,936	1,118,581	196,337	118	0
65-74	2,036	1,885	102	46	3	0	19,692	18,757	584	332	19	0
75-84	1,426	1,414	5	7	0	0	14,187	14,112	37	38	0	0
85 and older	1,117	1,103	6	4	4	0	10,453	10,393	27	10	23	0
Unknown	5	0	0	0	5	0	12	0	0	0	12	0
Gender												
Female	1,720,097	3,501	138,923	441,029	1,136,644	0	14,761,835	32,722	1,497,789	2,980,345	10,250,979	0
Male	1,359,837	1,575	134,716	47,528	1,176,018	0	12,303,731	15,131	1,415,579	304,197	10,568,824	0
Unknown	32	5	2	1	24	0	120	19	2	1	98	0
Race												
White	733,152	2,233	95,382	145,386	490,151	0	6,109,967	20,873	1,006,803	928,154	4,154,137	0
African American	589,305	795	73,014	103,309	412,187	0	5,356,406	7,855	794,297	753,069	3,801,185	0
Other/unknown	1,757,509	2,053	105,245	239,863	1,410,348	0	15,599,313	19,144	1,112,270	1,603,320	12,864,579	0
Use of Nursing Facilities^c												
Entire year	4,731	1,133	3,594	3	1	0	49,336	11,337	37,993	4	2	0
Part year	3,687	485	3,151	42	9	0	36,825	4,557	31,857	322	89	0
None	3,071,548	3,463	266,896	488,513	2,312,676	0	26,979,525	31,978	2,843,520	3,284,217	20,819,810	0
Maintenance Assistance Status												
Cash	663,499	2,535	266,648	130,800	263,516	0	6,356,307	25,175	2,840,046	935,924	2,555,162	0
Medically needy	75,745	0	0	75,274	471	0	494,641	0	0	492,252	2,389	0
Poverty related	1,932,107	580	12	215,700	1,715,815	0	16,770,573	4,008	105	1,249,483	15,516,977	0
Other/unknown	408,615	1,966	6,981	66,784	332,884	0	3,444,165	18,689	73,219	606,884	2,745,373	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,933,924	4,464	223,804	321,589	1,384,067	0	16,670,223	41,183	2,348,235	2,086,861	12,193,944	0
FFS part year, with Rx claims	504,732	145	15,022	93,304	396,261	0	4,828,585	1,457	165,593	758,837	3,902,698	0
FFS part year, no Rx claims	217,314	18	1,982	23,595	191,719	0	1,742,126	145	20,094	145,684	1,576,203	0
MC all year, with Rx claims	300,164	396	28,883	36,513	234,372	0	3,008,666	4,586	337,492	240,653	2,425,935	0
MC all year, no Rx claims	123,831	57	3,950	13,557	106,267	0	816,083	498	41,956	52,508	721,121	0

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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

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

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

APPENDIX TABLE A.2
MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
NONDUAL BENEFICIARIES, TEXAS, 2003

	Beneficiaries and Benefit Months in Cell J of Table 1	Included in Cell K of Table 1	Excluded from Cell K of Table 1
	Number of Beneficiaries	Number of Beneficiaries	Number of Beneficiaries
	Number of Beneficiaries	Number of Beneficiaries	Number of Beneficiaries
	Months	Months	Months
All	3,079,966	2,956,134	0
Fee-for-service (FFS) all year	1,933,924	1,933,924	0
FFS part year, with Rx claims	504,732	504,732	0
FFS part year, with no Rx claims	217,314	217,314	0
Managed care (MC) all year, with Rx claims	300,164	300,164	0
MC all year, with no Rx claims	123,831	0	0
	816,083	0	0
	21,830,615	16,670,217	5,235,071
	1,523,314	1,523,314	0
	628,418	628,418	0
	3,008,666	3,008,666	0
	816,083	0	816,083

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 04/2007. 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.