

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 UNITED STATES

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
NONDUAL BENEFICIARIES, UNITED STATES, 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>34,019,639</b>	<b>299,117</b>	<b>4,074,072</b>	<b>10,062,703</b>	<b>19,583,594</b>	<b>153</b>	<b>265,799,390</b>	<b>2,697,269</b>	<b>41,815,422</b>	<b>70,389,669</b>	<b>150,896,569</b>	<b>461</b>						
<b>Age</b>																		
5 and younger	8,347,084	35	197,832	3,505	8,145,711	1	61,689,302	203	1,918,769	21,836	59,748,493	1						
6-14	8,395,073	22	516,681	4,957	7,873,412	1	69,670,016	175	5,492,069	29,571	64,148,200	1						
15-20	4,779,405	365	370,831	1,012,414	3,395,780	15	36,950,621	2,449	3,887,139	6,897,586	26,163,400	47						
21-44	9,409,125	6,111	1,294,304	8,053,858	54,749	103	69,895,476	45,833	13,301,487	56,300,745	247,106	305						
45-64	2,641,580	10,390	1,653,578	976,089	1,492	31	23,977,216	87,281	16,782,014	7,100,065	7,754	102						
65-74	172,762	137,179	34,211	1,359	11	2	1,642,650	1,270,696	364,236	7,635	78	5						
75-84	96,569	90,960	5,310	297	2	0	897,171	839,049	56,617	1,481	24	0						
85 and older	55,280	53,706	1,312	214	48	0	464,766	450,148	13,038	1,193	387	0						
Unknown	122,761	349	13	10,010	112,389	0	612,172	1,435	53	29,557	581,127	0						
<b>Gender</b>																		
Female	20,204,245	190,362	2,072,847	8,162,859	9,778,084	93	157,027,321	1,742,743	21,574,973	58,284,634	75,424,663	308						
Male	13,716,540	108,521	2,001,073	1,896,053	9,710,833	60	108,228,650	953,039	20,239,474	12,096,372	74,939,612	153						
Unknown	98,854	234	152	3,791	94,677	0	543,419	1,487	975	8,663	532,294	0						
<b>Race</b>																		
White	15,017,443	115,046	1,958,962	4,321,419	8,621,951	65	120,884,548	998,255	19,926,694	30,561,401	69,397,996	202						
African American	8,318,464	41,197	1,061,564	2,079,468	5,136,186	49	68,013,276	363,098	10,933,422	14,928,201	41,788,420	135						
Other/unknown	10,683,732	142,874	1,053,546	3,661,816	5,825,457	39	76,901,566	1,335,916	10,955,306	24,900,067	39,710,153	124						
<b>Use of Nursing Facilities<sup>c</sup></b>																		
Entire year	75,555	19,655	55,386	262	252	0	790,541	195,110	591,429	1,865	2,137	0						
Part year	77,285	11,265	62,314	2,675	1,031	0	737,767	102,664	606,922	20,825	7,356	0						
None	33,866,799	268,197	3,956,372	10,059,766	19,582,311	153	264,271,082	2,399,495	40,617,071	70,366,979	150,887,076	461						
<b>Maintenance Assistance Status</b>																		
Cash	11,087,090	83,665	3,414,252	2,745,877	4,843,149	147	91,954,718	864,538	36,240,236	18,135,773	36,713,738	433						
Medically needy	1,798,589	89,855	182,365	818,179	708,190	0	12,416,622	810,349	1,480,953	5,620,213	4,505,107	0						
Poverty-related	12,066,450	46,843	153,536	1,224,839	10,641,232	0	91,942,768	381,533	1,230,581	6,593,330	83,737,324	0						
Other/unknown	9,067,510	78,754	323,919	5,273,808	3,391,023	6	69,485,282	640,849	2,863,652	40,040,353	25,940,400	28						
<b>Managed Care (MC) Status</b>																		
Fee-for-service (FFS) all year	25,469,885	283,429	3,681,140	7,704,830	13,800,334	152	226,153,076	2,603,579	39,240,447	59,940,950	124,367,640	460						
FFS part year, with Rx claims	3,028,629	8,002	204,875	989,445	1,826,307	0	12,501,959	40,766	1,089,367	3,963,588	7,408,238	0						
FFS part year, no Rx claims	4,133,709	4,231	89,768	1,022,135	3,017,574	1	12,104,564	13,850	334,256	2,914,477	8,841,980	1						
MC all year, with FFS Rx claims	1,387,415	3,455	98,289	346,292	939,379	0	15,039,782	39,074	1,151,352	3,570,645	10,278,711	0						

Table ND2

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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; MC = managed care; Rx = pharmacy benefit.

TABLE ND.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
NONDUAL BENEFICIARIES, UNITED STATES, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid		Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
					FFS \$ <sup>c</sup>	15.5 %		
<b>All</b>	<b>56.4 %</b>	<b>7.3</b>	<b>\$459</b>	<b>\$63</b>	<b>\$2,972</b>	<b>15.5 %</b>	<b>34,019,639</b>	
<b>Age</b>								
5 and younger	59.6	3.9	157	41	1,851	8.5	8,347,084	
6-14	54.5	4.1	262	63	1,689	15.5	8,395,073	
15-20	51.0	4.3	270	63	2,433	11.1	4,779,405	
21-44	53.5	7.7	516	67	3,432	15.0	9,409,125	
45-64	73.6	30.5	2,094	69	9,283	22.6	2,641,580	
65-74	69.1	24.8	1,483	60	8,931	16.6	172,762	
75-84	59.2	22.6	1,261	56	8,926	14.1	96,569	
85 and older	40.5	17.4	843	48	9,510	8.9	55,280	
Unknown	14.2	0.6	28	49	760	3.7	122,761	
<b>Basis of Eligibility<sup>e</sup></b>								
Aged	60.2	20.7	1,201	58	8,385	14.3	299,117	
Disabled	78.4	28.5	2,243	79	12,638	17.7	4,074,072	
Adults	49.9	5.4	279	52	1,873	14.9	10,062,703	
Children	55.1	3.6	169	47	1,442	11.7	19,583,594	
Unknown	3.3	0.4	28	66	182	15.3	153	
<b>Gender</b>								
Female	57.2	7.7	445	58	2,764	16.1	20,204,245	
Male	55.5	6.7	484	72	3,291	14.7	13,716,540	
Unknown	18.1	0.8	41	54	986	4.2	98,854	
<b>Race</b>								
White	62.5	9.4	578	62	3,347	17.3	15,017,443	
African American	55.4	6.2	394	63	2,924	13.5	8,318,464	
Other/unknown	48.5	5.2	343	66	2,481	13.8	10,683,732	
<b>Use of Nursing Facilities<sup>f</sup></b>								
Entire year	90.4	74.4	4,764	64	58,276	8.2	75,555	
Part year	93.6	60.4	4,269	71	53,632	8.0	77,285	
None	56.2	7.0	441	63	2,733	16.1	33,866,799	
<b>Maintenance Assistance Status</b>								
Cash	63.5	12.5	882	71	4,972	17.7	11,087,090	
Medically needy	55.0	7.1	439	62	3,733	11.8	1,798,589	
Poverty related	58.3	4.0	182	45	1,547	11.7	12,066,450	
Other/unknown	45.4	5.3	315	60	2,271	13.9	9,067,510	

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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, UNITED STATES, 2003

Beneficiary Characteristics	Number of Rx. Percentage with:										Beneficiaries	Mean \$, All Medicaid FFS <sup>d</sup>	Benefit Months
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS <sup>c</sup>	43.6 %	None	More than 0, but 1 or Less	6.2 %	More than 1, but 2 or Less	5.9 %	More than 2, but 5 or Less			
<b>All</b>	<b>0.9</b>	<b>\$59</b>	<b>15.5 %</b>	<b>43.6 %</b>	<b>41.3 %</b>	<b>6.2 %</b>	<b>5.9 %</b>	<b>2.3 %</b>	<b>0.8 %</b>	<b>\$380</b>	<b>34,019,639</b>	<b>265,799,390</b>	
<b>Age</b>													
5 and younger	0.5	21	8.5	40.4	50.9	5.3	2.6	0.5	0.2	251	8,347,084	61,689,302	
6-14	0.5	32	15.5	45.5	45.8	4.7	3.2	0.6	0.2	204	8,395,073	69,670,016	
15-20	0.6	35	11.1	49.0	41.2	5.2	3.6	0.8	0.2	315	4,779,405	36,950,621	
21-44	1.0	70	15.0	46.5	35.5	7.3	7.3	2.6	0.8	462	9,409,125	69,895,476	
45-64	3.4	231	22.6	26.4	21.0	11.1	22.3	14.2	5.0	1,023	2,641,580	23,977,216	
65-74	2.6	156	16.6	30.9	23.7	11.7	20.1	10.5	3.0	939	172,762	1,642,650	
75-84	2.4	136	14.1	40.8	18.0	9.7	18.2	10.5	2.8	961	96,569	897,171	
85 and older	2.1	100	8.9	59.5	8.7	5.6	13.5	10.2	2.5	1,131	55,280	464,766	
Unknown	0.1	6	3.7	85.8	10.9	1.5	1.2	0.4	0.1	152	122,761	612,172	
<b>Basis of Eligibility<sup>e</sup></b>													
Aged	2.3	133	14.3	39.8	20.7	10.3	17.5	9.2	2.5	930	299,117	2,697,269	
Disabled	2.8	219	17.7	21.6	29.5	12.0	21.1	11.8	3.9	1,231	4,074,072	41,815,422	
Adults	0.8	40	14.9	50.1	35.3	6.5	5.7	1.8	0.6	268	10,062,703	70,389,669	
Children	0.5	22	11.7	44.9	47.1	4.7	2.6	0.5	0.2	187	19,583,594	150,896,569	
Unknown	0.1	9	15.3	96.7	1.3	1.3	0.7	0.0	0.0	61	153	461	
<b>Gender</b>													
Female	1.0	57	16.1	42.8	41.3	6.3	6.1	2.5	0.9	356	20,204,245	157,027,321	
Male	0.8	61	14.7	44.5	41.3	6.0	5.6	2.0	0.6	417	13,716,540	108,228,650	
Unknown	0.1	8	4.2	81.9	15.4	1.7	0.8	0.2	0.0	179	98,854	543,419	
<b>Race</b>													
White	1.2	72	17.3	37.5	43.6	7.3	7.4	3.1	1.1	416	15,017,443	120,884,548	
African American	0.8	48	13.5	44.6	42.8	5.5	4.9	1.8	0.5	358	8,318,464	68,013,276	
Other/unknown	0.7	48	13.8	51.5	36.8	5.1	4.5	1.6	0.5	345	10,683,732	76,901,566	
<b>Use of Nursing Facilities<sup>f</sup></b>													
Entire year	7.1	455	8.2	9.6	6.1	5.3	22.1	34.4	22.5	5,570	75,555	790,541	
Part year	6.3	447	8.0	6.4	10.9	8.8	26.7	29.6	17.6	5,618	77,285	737,767	
None	0.9	57	16.1	43.8	41.4	6.2	5.8	2.2	0.7	350	33,866,799	264,271,082	
<b>Maintenance Assistance Status</b>													
Cash	1.5	106	17.7	36.5	39.7	8.0	9.8	4.5	1.5	600	11,087,090	91,954,718	
Medically needy	1.0	64	11.8	45.0	37.5	7.3	7.0	2.5	0.8	541	1,798,589	12,416,622	
Poverty related	0.5	24	11.7	41.7	48.8	5.4	3.1	0.7	0.3	203	12,066,450	91,942,768	
Other/unknown	0.7	41	13.9	54.6	33.9	4.8	4.6	1.6	0.6	296	9,067,510	69,485,282	



Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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, UNITED STATES, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.9	\$59	\$63	0.4	\$47	\$111	0.0	\$2	\$52	0.5	\$10	\$21
<b>Age</b>												
5 and younger	0.5	21	41	0.2	16	75	0.0	1	33	0.3	4	15
6-14	0.5	32	63	0.3	26	98	0.0	1	58	0.2	5	21
15-20	0.6	35	63	0.3	28	105	0.0	1	59	0.3	6	21
21-44	1.0	70	67	0.4	56	125	0.0	2	56	0.5	12	21
45-64	3.4	231	69	1.5	185	120	0.1	5	55	1.7	39	23
65-74	2.6	156	60	1.3	124	99	0.1	4	48	1.3	28	22
75-84	2.4	136	56	1.2	107	92	0.1	3	39	1.2	25	21
85 and older	2.1	100	48	0.9	76	85	0.1	3	31	1.1	21	19
Unknown	0.1	6	49	0.0	5	125	0.0	0	32	0.1	1	14
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	2.3	133	58	1.1	106	96	0.1	3	43	1.1	23	21
Disabled	2.8	219	79	1.3	179	138	0.1	6	64	1.4	34	24
Adults	0.8	40	52	0.3	31	94	0.0	1	42	0.4	8	19
Children	0.5	22	47	0.2	17	78	0.0	1	43	0.2	4	17
Unknown	0.1	9	66	0.1	8	94	0.0	1	40	0.0	1	16
<b>Gender</b>												
Female	1.0	57	58	0.4	45	102	0.0	2	48	0.5	10	20
Male	0.8	61	72	0.4	50	125	0.0	2	59	0.4	9	22
Unknown	0.1	8	54	0.0	6	125	0.0	0	32	0.1	1	14
<b>Race</b>												
White	1.2	72	62	0.5	57	108	0.0	2	52	0.6	12	21
African American	0.8	48	63	0.3	39	114	0.0	1	48	0.4	8	20
Other/unknown	0.7	48	66	0.3	38	115	0.0	2	54	0.4	8	22
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.1	455	64	3.0	356	120	0.3	14	43	3.8	85	22
Part year	6.3	447	71	2.6	358	136	0.2	12	47	3.4	76	22
None	0.9	57	63	0.4	45	110	0.0	2	52	0.4	9	21
<b>Maintenance Assistance Status</b>												
Cash	1.5	106	71	0.7	86	126	0.0	3	59	0.8	17	23
Medically needy	1.0	64	62	0.5	51	110	0.0	2	52	0.5	11	21
Poverty related	0.5	24	45	0.2	18	77	0.0	1	40	0.3	4	17
Other/unknown	0.7	41	60	0.3	33	102	0.0	1	49	0.3	7	20

Table ND5

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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 the U.S., 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6

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

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users <sup>e</sup>							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	\$18	\$15	\$0	\$3	\$65	\$114	\$71	\$20	\$2,170,234,568	12,492,721	36.7	36.7	122,111,197
Biologicals	0.3	0.3	0.0	0.0	281	244	8	29	995	937	2,095	1,598	265,710,743	96,408	0.3	0.3	945,295
Antineoplastic Agents	0.5	0.2	0.0	0.2	166	142	4	20	338	614	203	83	199,946,103	117,623	0.3	0.3	1,205,895
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	24	18	2	4	53	78	35	24	1,133,928,629	4,821,016	14.2	14.2	47,453,074
Cardiovascular Agents	1.1	0.5	0.0	0.6	46	35	1	11	42	72	38	18	1,157,399,491	2,432,391	7.1	7.1	24,984,565
Respiratory Agents	0.4	0.2	0.0	0.2	20	16	1	3	48	72	38	19	1,789,380,840	8,953,539	26.3	26.3	88,898,748
Gastrointestinal Agents	0.4	0.2	0.0	0.2	37	30	1	6	83	128	192	30	1,010,088,098	2,679,538	7.9	7.9	27,252,960
Genitourinary Agents	0.2	0.2	0.0	0.1	11	10	0	1	49	58	40	19	150,251,153	1,406,795	4.1	4.1	13,492,542
CNS Drugs	0.9	0.5	0.0	0.4	82	72	2	9	93	145	116	24	3,311,596,654	4,003,661	11.8	11.8	40,155,095
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	47	41	1	5	78	88	69	42	455,018,413	936,298	2.8	2.8	9,616,622
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	55	46	0	9	177	222	48	85	69,649,546	120,965	0.4	0.4	1,262,566
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	17	12	0	5	42	145	50	15	1,197,798,190	7,102,383	20.9	20.9	69,713,682
Neuromuscular Agents	0.7	0.3	0.0	0.3	49	40	1	8	76	134	50	24	1,141,181,059	2,230,287	6.6	6.6	23,080,090
Nutritional Products	0.3	0.0	0.0	0.2	5	1	1	4	17	27	20	16	83,643,736	1,821,107	5.4	5.4	16,441,848
Hematological Agents	0.5	0.2	0.0	0.3	113	103	1	9	224	558	31	33	690,136,332	613,837	1.8	1.8	6,090,557
Topical Products	0.2	0.1	0.0	0.1	9	6	0	3	39	64	55	20	624,565,389	6,840,194	20.1	20.1	68,102,065
Miscellaneous Products	0.3	0.1	0.0	0.1	52	41	5	6	176	272	285	45	116,030,111	218,585	0.6	0.6	2,251,879
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	5	0	0	0	36	0	0	0	53,651,627	1,022,034	3.0	3.0	10,395,929
<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.	247,705,224	15,620,210,682	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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.medisp.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 the U.S., 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.medisp.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, UNITED STATES, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,897,791,197	1,536,863	4.5 %	16,646,432	0.6	\$199
ANTIDEPRESSANTS	1,084,760,876	3,422,400	10.1	35,317,963	0.5	66
ANTIASTHMATIC	985,868,723	5,655,824	16.6	57,963,288	0.3	61
ANTICONVULSANT	966,436,108	1,509,071	4.4	16,147,057	0.6	96
ANTIVIRAL	949,715,039	745,263	2.2	7,834,753	0.3	378
ULCER DRUGS	784,519,389	2,498,639	7.3	25,955,242	0.3	87
ANALGESICS - Narcotic	560,740,321	5,795,898	17.0	58,525,369	0.3	36
ANTIDIABETIC	507,870,855	1,242,511	3.7	12,976,579	0.6	66
ANALGESICS - ANTI-INFLAMMATORY	441,943,439	4,852,171	14.3	49,211,321	0.2	42
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	440,964,708	1,118,209	3.3	11,853,189	0.5	78
Total	8,620,610,655	28,376,849		292,431,193	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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

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

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

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

TABLE ND.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH 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, UNITED STATES, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All Beneficiaries	Number of Users	Users as % of All Beneficiaries	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All Beneficiaries	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>103,173,189</b>	<b>\$8,620,610,655</b>	<b>1,536,963</b>	<b>4.5 %</b>	<b>16,646,432</b>	<b>0.6</b>	<b>\$114</b>	<b>3,422,400</b>	<b>10.1 %</b>	<b>35,317,963</b>	<b>0.5</b>	<b>\$31</b>
<b>Female</b>	62,608,738	4,821,999,797	810,804	4.0	8,772,999	0.5	102	2,390,647	11.8	24,554,098	0.5	31
<b>Disabled</b>	34,384,740	3,141,305,156	538,575	26.0	6,065,305	0.6	120	1,070,951	51.7	11,984,555	0.5	36
5 and younger	286,288	23,106,918	976	1.2	10,898	0.4	67	707	0.9	7,936	0.4	13
6-14	1,133,966	110,034,875	21,030	12.0	236,195	0.5	91	22,359	12.8	251,821	0.5	26
15-20	1,023,248	99,472,880	26,513	18.7	296,347	0.5	99	36,475	25.7	406,995	0.5	31
21-44	10,626,746	1,059,867,113	228,094	33.9	2,553,389	0.6	117	392,859	58.4	4,370,051	0.5	35
45-64	20,922,967	1,819,415,192	257,477	26.4	2,918,068	0.6	126	611,130	62.6	6,863,859	0.6	37
65-74	347,522	26,296,384	3,926	17.6	44,173	0.7	123	6,645	29.8	75,145	0.6	32
75-84	39,519	2,814,064	498	14.1	5,579	0.7	107	674	19.1	7,647	0.6	32
85 and older	4,484	297,730	61	6.8	656	0.6	79	102	11.4	1,101	0.5	29
<b>Other Eligibles</b>	28,221,506	1,680,629,158	272,214	1.5	2,707,645	0.4	64	1,319,585	7.3	12,569,197	0.4	26
5 and younger	2,373,671	108,473,270	3,674	0.1	38,949	0.3	46	4,368	0.1	45,483	0.3	12
6-14	4,265,915	269,856,948	49,075	1.3	527,397	0.5	76	107,930	2.8	1,139,205	0.4	23
15-20	3,406,518	180,791,425	50,584	1.8	513,447	0.4	64	199,600	7.3	1,970,711	0.3	22
21-44	13,145,219	754,632,318	129,412	1.9	1,230,907	0.3	54	821,134	12.3	7,589,869	0.4	25
45-64	3,683,135	270,365,478	24,573	4.0	239,282	0.4	71	156,143	25.2	1,497,151	0.5	33
65-74	712,028	52,986,175	6,183	7.2	68,053	0.7	107	14,835	17.4	163,719	0.5	29
75-84	433,268	30,473,387	4,926	9.1	51,821	0.6	79	9,779	18.0	105,027	0.5	32
85 and older	201,752	13,050,157	3,787	10.6	37,789	0.6	72	5,796	16.2	58,032	0.7	36
<b>Male</b>	40,547,771	3,797,930,759	725,991	5.3	7,872,904	0.6	127	1,031,552	7.5	10,762,632	0.5	31
<b>Disabled</b>	22,465,421	2,484,096,125	495,149	24.7	5,528,337	0.7	143	557,390	27.9	6,137,367	0.5	34
5 and younger	466,034	37,463,301	3,346	2.9	36,882	0.4	69	1,947	1.7	21,654	0.4	15
6-14	2,679,121	259,788,817	71,066	20.8	800,605	0.6	103	56,260	16.5	633,796	0.5	28
15-20	1,611,884	175,902,115	52,128	22.8	583,926	0.6	123	47,312	20.7	529,496	0.5	34
21-44	7,275,787	935,309,786	214,571	34.5	2,385,688	0.7	156	204,912	32.9	2,236,764	0.5	36
45-64	10,264,099	1,061,397,920	151,463	22.4	1,692,603	0.7	151	244,061	36.0	2,683,204	0.5	35
65-74	148,475	12,721,526	2,266	19.0	25,163	0.8	143	2,557	21.4	28,592	0.6	33
75-84	17,598	1,355,720	268	15.0	3,054	0.7	119	293	16.4	3,334	0.5	29
85 and older	2,423	156,940	41	9.9	416	0.7	84	48	11.6	527	0.7	33
<b>Other Eligibles</b>	18,079,688	1,313,755,944	230,827	2.0	2,344,515	0.5	90	474,038	4.1	4,624,879	0.4	27
5 and younger	3,277,868	165,963,840	8,282	0.2	88,509	0.3	55	6,866	0.2	71,973	0.3	12
6-14	6,923,636	501,141,314	106,069	2.7	1,130,472	0.5	90	152,106	3.8	1,606,619	0.4	25
15-20	2,497,830	182,864,790	56,773	3.4	576,149	0.5	95	105,909	6.4	1,047,581	0.4	28
21-44	2,974,070	250,275,638	39,956	2.8	355,290	0.4	88	139,140	9.7	1,224,762	0.4	27
45-64	1,799,435	168,350,425	12,550	3.4	118,277	0.5	96	57,686	15.6	543,041	0.5	31
65-74	334,785	25,882,183	3,427	6.4	37,346	0.7	114	6,294	11.8	68,280	0.5	30
75-84	196,158	14,287,325	2,434	6.6	25,397	0.6	86	4,056	11.0	42,976	0.5	32
85 and older	75,906	4,970,429	1,336	7.3	13,075	0.6	75	1,981	10.9	19,647	0.6	35
<b>Unknown</b>	21,834	824,272	98	0.1	630	0.7	72	436	0.3	1,965	0.6	32

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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

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

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

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

TABLE ND.7B

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

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTI-CONVULSANT					ANTI-VIRAL				
	Number of Users	Users as % of All Benes	Number of Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All Benes	Number of Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All Benes	Number of Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>5,655,824</b>	<b>16.6 %</b>	<b>57,963,288</b>	<b>0.3</b>	<b>\$17</b>	<b>1,509,071</b>	<b>4.4 %</b>	<b>16,147,057</b>	<b>0.6</b>	<b>\$60</b>	<b>745,263</b>	<b>2.2 %</b>	<b>7,834,753</b>	<b>0.3</b>	<b>\$121</b>
<b>Female</b>	3,069,863	15.2	31,556,853	0.3	17	899,061	4.5	9,596,256	0.6	57	418,586	2.1	4,377,738	0.3	96
<b>Disabled</b>	904,226	43.6	10,213,790	0.4	25	569,763	27.5	6,392,475	0.7	65	132,126	6.4	1,487,332	0.4	181
5 and younger	41,527	51.4	461,492	0.3	22	8,409	10.4	92,812	0.7	76	2,308	2.9	26,207	0.3	36
6-14	57,918	33.1	664,964	0.3	22	32,714	18.7	372,741	0.8	89	6,867	3.9	79,698	0.4	127
15-20	33,477	23.6	382,522	0.3	19	30,293	21.4	341,659	0.7	88	4,846	3.4	55,374	0.3	81
21-44	246,304	36.6	2,779,770	0.3	21	225,909	33.6	2,522,857	0.7	70	60,825	9.0	676,924	0.4	184
45-64	514,951	52.7	5,812,473	0.4	28	268,635	27.5	3,019,838	0.6	55	56,780	5.8	643,384	0.4	199
65-74	8,988	40.4	100,392	0.5	28	3,433	15.4	38,448	0.7	42	455	2.0	5,222	0.3	126
75-84	963	27.4	11,135	0.4	27	335	9.5	3,718	0.6	35	40	1.1	463	0.2	56
85 and older	98	10.9	1,042	0.4	24	35	3.9	402	0.6	49	5	0.6	60	0.1	7
<b>Other Eligibles</b>	2,165,365	12.0	21,341,772	0.2	13	329,288	1.8	3,203,756	0.5	40	286,429	1.6	2,890,281	0.2	53
5 and younger	707,523	17.8	7,001,156	0.2	12	9,466	0.2	95,500	0.5	42	53,471	1.3	562,962	0.1	6
6-14	555,321	14.2	5,711,249	0.2	14	37,434	1.0	391,791	0.5	54	57,225	1.5	613,683	0.1	20
15-20	237,185	8.6	2,345,814	0.2	12	42,598	1.5	425,391	0.5	51	40,344	1.5	409,170	0.1	21
21-44	520,762	7.8	4,841,856	0.3	14	186,538	2.8	1,758,697	0.4	35	117,012	1.8	1,116,909	0.3	86
45-64	112,797	18.2	1,096,626	0.4	23	40,578	6.6	395,324	0.5	38	16,201	2.6	163,373	0.4	193
65-74	16,852	19.7	185,922	0.4	26	6,745	7.9	74,381	0.6	38	1,152	1.3	12,784	0.2	52
75-84	10,300	19.0	111,737	0.4	25	4,208	7.7	45,263	0.6	32	646	1.2	7,272	0.1	21
85 and older	4,625	13.0	47,412	0.4	20	1,721	4.8	17,409	0.6	31	378	1.1	4,128	0.1	8
<b>Male</b>	2,581,083	18.8	26,369,248	0.3	17	609,928	4.5	6,550,114	0.7	65	326,513	2.4	3,455,689	0.4	153
<b>Disabled</b>	562,713	28.1	6,290,730	0.4	25	427,816	21.4	4,762,578	0.7	72	146,806	7.3	1,594,987	0.5	243
5 and younger	68,402	58.4	758,864	0.3	23	11,543	9.9	127,652	0.6	73	3,094	2.6	35,028	0.2	32
6-14	118,526	34.7	1,359,243	0.3	21	57,297	16.8	650,417	0.7	76	9,203	2.7	106,871	0.4	101
15-20	46,551	20.3	533,290	0.3	19	43,130	18.8	486,963	0.7	87	4,704	2.1	54,018	0.3	86
21-44	99,906	16.1	1,115,134	0.4	21	171,403	27.6	1,903,169	0.8	80	64,378	10.4	679,844	0.5	240
45-64	224,708	33.2	2,473,444	0.5	30	142,479	21.0	1,572,504	0.7	56	65,081	9.6	715,266	0.6	290
65-74	4,026	33.7	44,085	0.5	32	1,767	14.8	19,659	0.7	43	321	2.7	3,678	0.5	223
75-84	526	29.4	5,965	0.4	28	169	9.4	1,923	0.7	38	24	1.3	270	0.3	49
85 and older	68	16.4	705	0.3	16	28	6.8	291	0.7	43	1	0.2	12	0.1	6
<b>Other Eligibles</b>	2,018,103	17.3	20,077,180	0.2	13	182,098	1.6	1,787,475	0.5	46	179,660	1.5	1,860,462	0.2	75
5 and younger	975,681	23.5	9,593,312	0.2	14	13,662	0.3	138,987	0.4	41	56,861	1.4	600,000	0.1	6
6-14	727,526	18.3	7,435,393	0.2	15	56,791	1.4	596,674	0.6	50	54,434	1.4	585,450	0.1	18
15-20	167,688	10.1	1,684,903	0.2	14	34,342	2.1	341,318	0.6	56	19,363	1.2	201,315	0.1	25
21-44	84,701	5.9	745,912	0.3	18	50,404	3.5	447,513	0.5	39	32,034	2.2	302,694	0.5	225
45-64	43,823	11.9	417,675	0.4	25	20,568	5.6	195,038	0.5	40	15,748	4.3	157,524	0.6	327
65-74	9,924	18.7	107,226	0.4	28	3,615	6.8	39,179	0.6	40	770	1.4	8,483	0.3	108
75-84	6,394	17.3	68,380	0.4	26	1,995	5.4	21,362	0.6	34	315	0.9	3,505	0.1	25
85 and older	2,366	13.0	24,379	0.4	21	721	4.0	7,404	0.6	31	135	0.7	1,491	0.1	12
<b>Unknown</b>	5,417	3.7	39,816	0.2	11	106	0.1	773	0.5	31	242	0.2	1,691	0.2	22

Table ND7B

Nondual Beneficiaries



Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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

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

TABLE ND.7C

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

Beneficiary Characteristics	ULCER DRUGS						ANALGESICS - Narcotic						ANTIDIABETIC								
	Number of Users	Users as % of All Benefes	Number of Benefit Months			Mean Rx \$	Mean Number of Rx	Number of Users	Users as % of All Benefes	Number of Benefit Months			Mean Rx \$	Mean Number of Rx	Number of Users	Users as % of All Benefes	Number of Benefit Months			Mean Rx \$	Mean Number of Rx
			Users	Months	Among Users					Users	Months	Among Users					Users	Months	Among Users		
<b>All</b>	<b>2,498,639</b>	<b>7.3 %</b>	<b>25,955,242</b>	<b>0.3</b>	<b>\$30</b>	<b>0.3</b>	<b>5,795,898</b>	<b>17.0 %</b>	<b>58,525,369</b>	<b>0.3</b>	<b>\$10</b>	<b>0.3</b>	<b>1,242,511</b>	<b>3.7 %</b>	<b>12,976,579</b>	<b>0.6</b>	<b>\$39</b>				
<b>Female</b>	1,668,047	8.3	17,413,106	0.3	30	0.3	4,115,073	20.4	41,295,922	0.3	9	0.3	838,448	4.2	8,824,305	0.6	39				
<b>Disabled</b>	743,826	35.9	8,413,154	0.4	39	0.4	1,239,587	59.8	13,937,136	0.4	17	0.4	526,894	25.4	5,908,067	0.6	41				
5 and younger	11,829	14.6	125,888	0.4	23	0.4	6,210	7.7	70,671	0.1	1	0.1	287	0.4	3,069	0.7	48				
6-14	14,814	8.5	171,343	0.4	31	0.4	18,698	10.7	216,172	0.1	2	0.1	2,375	1.4	26,921	0.7	52				
15-20	17,862	12.6	204,195	0.3	25	0.3	37,641	26.5	428,889	0.2	4	0.2	4,532	3.2	50,703	0.6	40				
21-44	210,550	31.3	2,381,810	0.4	34	0.4	464,948	69.2	5,218,629	0.3	16	0.3	93,195	13.9	1,048,103	0.6	37				
45-64	478,091	49.0	5,408,916	0.5	43	0.5	701,449	71.9	7,883,413	0.4	19	0.4	414,615	42.5	4,645,128	0.6	42				
65-74	9,369	42.1	106,002	0.5	42	0.5	9,378	42.1	104,922	0.3	12	0.3	10,609	47.7	119,638	0.6	38				
75-84	1,142	32.4	13,153	0.5	42	0.5	1,112	31.6	12,736	0.3	8	0.3	1,167	33.2	13,249	0.6	35				
85 and older	169	18.9	1,847	0.5	37	0.5	151	16.9	1,704	0.3	13	0.3	114	12.7	1,256	0.6	29				
<b>Other Eligibles</b>	924,022	5.1	8,999,201	0.3	22	0.3	2,874,894	15.9	27,356,443	0.2	4	0.2	311,526	1.7	2,916,119	0.6	34				
5 and younger	97,469	2.4	870,332	0.2	8	0.2	97,877	2.5	1,029,195	0.1	1	0.1	1,686	0.0	16,334	0.6	41				
6-14	97,782	2.5	1,039,950	0.2	10	0.2	214,525	5.5	2,281,303	0.1	1	0.1	12,284	0.3	122,678	0.7	47				
15-20	114,064	4.1	1,144,537	0.2	11	0.2	489,913	17.8	4,735,251	0.2	2	0.2	17,046	0.6	162,867	0.5	38				
21-44	437,501	6.5	4,155,377	0.3	23	0.3	1,837,525	27.5	16,971,480	0.2	5	0.2	141,327	2.1	1,261,298	0.5	30				
45-64	125,975	20.4	1,232,669	0.4	39	0.4	193,608	31.3	1,891,160	0.3	10	0.3	94,616	15.3	875,888	0.6	38				
65-74	27,993	32.8	306,528	0.4	38	0.4	21,907	25.7	241,724	0.3	8	0.3	26,816	31.4	287,393	0.6	35				
75-84	16,349	30.1	178,549	0.4	40	0.4	13,283	24.5	144,051	0.3	10	0.3	13,939	25.7	150,345	0.6	32				
85 and older	6,889	19.3	71,259	0.6	44	0.6	6,246	17.5	62,279	0.4	14	0.4	3,812	10.7	39,316	0.6	28				
<b>Male</b>	829,482	6.1	8,534,341	0.4	31	0.4	1,680,188	12.3	17,225,623	0.3	12	0.3	403,988	3.0	4,151,790	0.6	40				
<b>Disabled</b>	398,083	19.9	4,403,319	0.4	39	0.4	693,181	34.6	7,591,996	0.4	21	0.4	259,293	13.0	2,833,316	0.6	40				
5 and younger	15,379	13.1	165,165	0.4	24	0.4	10,290	8.8	116,934	0.1	1	0.1	355	0.3	3,902	0.7	54				
6-14	20,961	6.1	242,257	0.4	32	0.4	31,301	9.2	361,935	0.1	2	0.1	2,643	0.8	29,585	0.7	47				
15-20	18,749	8.2	213,478	0.4	30	0.4	40,551	17.7	463,043	0.2	4	0.2	3,768	1.6	42,369	0.6	48				
21-44	117,393	18.9	1,301,354	0.4	38	0.4	249,337	40.1	2,721,481	0.3	20	0.3	52,049	8.4	571,442	0.6	38				
45-64	220,987	32.6	2,429,316	0.5	42	0.5	357,277	52.8	3,879,920	0.4	26	0.4	196,206	29.0	2,138,195	0.6	40				
65-74	4,022	33.7	45,057	0.5	41	0.5	3,882	32.5	42,607	0.4	14	0.4	3,786	31.7	42,425	0.6	38				
75-84	514	28.7	5,875	0.5	46	0.5	473	26.4	5,321	0.3	9	0.3	440	24.6	4,905	0.6	37				
85 and older	78	18.8	817	0.6	43	0.6	70	16.9	755	0.3	15	0.3	46	11.1	493	0.6	25				
<b>Other Eligibles</b>	431,153	3.7	4,129,979	0.3	22	0.3	986,384	8.4	9,631,223	0.2	5	0.2	144,673	1.2	1,318,376	0.6	39				
5 and younger	115,352	2.8	1,032,077	0.2	9	0.2	133,174	3.2	1,395,117	0.1	1	0.1	4,073	0.0	20,058	0.6	38				
6-14	82,205	2.1	875,412	0.2	11	0.2	218,811	5.5	2,322,515	0.1	1	0.1	10,176	0.3	100,361	0.7	49				
15-20	50,627	3.1	514,183	0.2	14	0.2	201,934	12.2	2,024,478	0.1	2	0.1	8,891	0.5	84,400	0.7	55				
21-44	101,365	7.1	906,190	0.3	33	0.3	317,547	22.2	2,782,541	0.3	10	0.3	43,819	3.1	366,644	0.6	37				
45-64	58,516	15.8	553,327	0.4	42	0.4	96,195	26.0	906,853	0.4	15	0.4	59,936	16.2	536,451	0.6	39				
65-74	12,859	24.2	139,573	0.4	38	0.4	10,518	19.8	113,538	0.3	9	0.3	12,006	22.6	127,026	0.6	35				
75-84	7,544	20.5	81,667	0.4	41	0.4	5,860	15.9	62,790	0.3	9	0.3	6,226	16.9	67,453	0.6	32				
85 and older	2,685	14.7	27,550	0.5	44	0.5	2,345	12.9	23,391	0.4	13	0.4	1,546	8.5	15,983	0.6	28				
<b>Unknown</b>	1,555	1.1	9,589	0.3	10	0.3	1,862	1.3	8,571	0.3	5	0.3	125	0.1	701	0.8	39				

Table ND7C

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26 2007).

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

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

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					STIMULANTS/ANTI-OBESITY/ANOREXIANTS						
	Number of Users	Users as % of All Benes	Number of Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All Benes	Number of Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>4,852,171</b>	<b>14.3 %</b>	<b>49,211,321</b>	<b>0.2</b>	<b>\$9</b>	<b>1,118,209</b>	<b>3.3 %</b>	<b>11,953,189</b>	<b>0.5</b>	<b>\$37</b>	<b>34,019,639</b>	<b>265,799,390</b>
<b>Female</b>	3,233,482	16.0	32,667,649	0.2	10	332,544	1.6	3,539,464	0.4	36	20,181,559	156,948,653
<b>Disabled</b>	837,386	40.4	9,551,817	0.3	21	77,705	3.7	877,239	0.5	40	2,072,844	21,574,956
5 and younger	7,865	9.7	88,702	0.2	4	1,894	2.3	20,602	0.3	29	80,777	783,803
6-14	21,903	12.5	253,300	0.2	7	36,018	20.6	406,045	0.5	38	174,971	1,867,909
15-20	30,754	21.7	352,800	0.2	6	11,223	7.9	127,500	0.5	39	141,868	1,488,649
21-44	267,690	39.8	3,040,419	0.2	13	14,891	2.2	167,617	0.4	41	672,317	7,015,589
45-64	497,799	51.0	5,684,675	0.3	26	13,621	1.4	154,820	0.4	45	976,231	10,132,458
65-74	10,077	45.3	116,912	0.4	26	54	0.2	607	0.4	42	22,264	239,769
75-84	1,174	33.4	13,617	0.4	29	3	0.1	36	0.7	80	3,520	37,872
85 and older	124	13.8	1,392	0.4	30	1	0.1	12	0.1	1	896	8,907
<b>Other Eligibles</b>	2,395,619	13.2	23,113,715	0.2	5	254,837	1.4	2,662,219	0.4	34	18,108,715	135,373,697
5 and younger	336,970	8.5	3,325,967	0.2	2	11,903	0.3	125,655	0.3	24	3,979,124	29,205,600
6-14	355,698	9.1	3,680,748	0.2	2	176,812	4.5	1,869,135	0.5	35	3,904,643	31,812,416
15-20	382,743	13.9	3,749,384	0.2	2	32,603	1.2	340,109	0.4	36	2,749,483	20,384,002
21-44	1,079,975	16.2	9,975,180	0.2	5	29,387	0.4	286,355	0.3	31	6,681,505	47,738,706
45-64	186,633	30.2	1,792,245	0.3	17	3,823	0.6	37,616	0.4	42	618,572	4,611,830
65-74	32,665	38.3	358,480	0.3	26	133	0.2	1,488	0.4	26	85,369	803,251
75-84	16,270	29.9	181,323	0.3	29	106	0.2	1,145	0.4	19	54,325	513,751
85 and older	4,665	13.1	50,388	0.4	33	70	0.2	716	0.4	24	35,694	304,141
<b>Male</b>	1,616,207	11.8	16,525,476	0.2	7	785,597	5.7	8,313,098	0.5	38	13,692,883	108,146,655
<b>Disabled</b>	442,142	22.1	4,985,715	0.3	14	190,606	9.5	2,141,093	0.5	41	2,001,066	20,239,449
5 and younger	12,335	10.5	137,992	0.2	2	7,382	6.3	81,291	0.3	25	117,044	1,134,890
6-14	35,694	10.4	412,725	0.2	3	132,063	38.6	1,483,252	0.5	41	341,702	3,624,095
15-20	32,458	14.2	372,255	0.2	4	35,894	15.7	407,632	0.5	43	228,962	2,398,481
21-44	137,231	22.1	1,537,969	0.2	10	10,391	1.7	115,228	0.5	43	621,965	6,285,755
45-64	220,021	32.5	2,474,056	0.3	21	4,846	0.7	53,362	0.5	49	677,251	6,648,990
65-74	3,853	32.3	44,465	0.3	24	26	0.2	280	0.5	48	11,938	124,382
75-84	475	26.5	5,479	0.4	27	4	0.2	48	0.2	14	1,790	18,745
85 and older	75	18.1	774	0.4	28	0	0.0	0	0.0	0	414	4,111
<b>Other Eligibles</b>	1,173,576	10.0	11,537,506	0.2	4	594,984	5.1	6,171,951	0.5	37	11,691,817	87,907,206
5 and younger	370,106	8.9	3,639,175	0.2	2	33,254	0.8	351,879	0.3	24	4,149,043	30,483,141
6-14	323,747	8.1	3,349,014	0.1	2	475,308	12.0	4,941,960	0.5	37	3,973,083	32,360,287
15-20	184,368	11.1	1,858,320	0.1	2	77,913	4.7	802,436	0.5	40	1,658,852	12,677,640
21-44	189,287	13.2	1,661,929	0.2	8	6,699	0.5	58,376	0.4	38	1,433,168	8,854,294
45-64	83,409	22.6	780,415	0.3	16	1,656	0.4	15,665	0.4	46	369,397	2,583,197
65-74	13,883	26.1	151,284	0.3	23	74	0.1	779	0.4	42	53,142	474,827
75-84	6,951	18.8	77,685	0.3	26	58	0.2	653	0.5	31	36,883	326,413
85 and older	1,825	10.0	19,684	0.4	30	22	0.1	203	0.5	23	18,249	147,407
<b>Unknown</b>	3,448	2.4	22,568	0.2	2	77	0.1	687	0.4	35	145,197	704,082

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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.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; \$ = 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, UNITED STATES, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
					75,555	790,541
<b>All</b>	<b>\$455</b>	<b>7.1</b>		<b>75,555</b>		<b>790,541</b>
<b>Age</b>						
0-64	509	7.5		53,201		566,367
65-74	403	6.8		6,872		73,090
75-84	315	6.2		7,466		74,407
85 and older	241	5.3		8,016		76,677
Unknown	0	0.0		0		0
<b>Gender</b>						
Female	456	7.4		41,096		432,760
Male	455	6.7		34,423		357,538
Unknown	311	5.9		36		243
<b>Race</b>						
White	468	7.7		42,890		440,974
African American	462	6.8		19,355		206,802
Other/unknown	405	5.7		13,310		142,765
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	311	6.1		19,655		195,110
Disabled	502	7.5		55,386		591,429
Adults	726	6.1		262		1,865
Children	393	5.5		252		2,137
Unknown	0	0.0		0		0

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 77,285 beneficiaries who were in nursing facilities for part of their enrollment and their 737,767 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, UNITED STATES, 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	0.6	0.4	0.0	0.2	\$70	\$62	\$1	\$6	\$116	\$171	\$86	\$29	289,678	\$33,535,857	44,475	58.9 %	479,013
Biologicals	0.1	0.1	0.0	0.0	22	12	2	8	194	155	5,434	215	5,966	1,158,341	4,690	6.2	53,412
Antineoplastic Agents	0.6	0.1	0.0	0.4	134	84	2	48	232	609	174	112	30,354	7,052,705	5,097	6.7	52,571
Endocrine/Metabolic Drugs	1.2	0.6	0.1	0.5	56	43	3	10	45	74	25	18	395,477	17,796,819	29,624	39.2	317,188
Cardiovascular Agents	2.0	0.6	0.0	1.4	63	39	1	23	31	64	25	17	914,355	28,533,115	42,875	56.7	451,269
Respiratory Agents	0.9	0.4	0.0	0.5	43	29	2	12	45	73	64	23	312,663	14,146,439	30,666	40.6	330,876
Gastrointestinal Agents	1.2	0.5	0.0	0.7	69	53	1	15	59	108	66	22	476,036	27,998,462	38,631	51.1	408,427
Genitourinary Agents	0.7	0.4	0.0	0.2	39	32	0	7	59	77	39	30	105,421	6,267,793	14,481	19.2	158,885
CNS Drugs	2.1	1.1	0.1	0.9	201	174	5	22	97	152	78	25	1,204,988	117,078,196	54,145	71.7	581,303
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.0	0.5	43	33	1	9	58	128	52	19	6,990	405,520	883	1.2	9,422
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	116	114	0	1	155	156	0	78	48,881	7,555,643	6,141	8.1	65,398
Analgesics and Anesthetics	1.2	0.4	0.0	0.7	55	42	1	11	47	111	42	14	430,785	20,228,457	35,200	46.6	370,852
Neuromuscular Agents	1.6	0.6	0.1	0.9	104	72	4	28	65	115	40	31	664,908	43,055,829	37,657	49.8	415,334
Nutritional Products	0.8	0.0	0.1	0.8	16	1	1	14	20	50	24	18	182,680	3,593,331	20,828	27.6	218,093
Hematological Agents	1.1	0.4	0.2	0.6	87	77	3	8	76	217	16	12	260,057	19,779,753	22,042	29.2	227,425
Topical Products	0.6	0.2	0.0	0.3	23	14	3	6	40	61	57	20	250,587	9,899,704	38,503	51.0	421,917
Miscellaneous Products	0.4	0.0	0.0	0.4	21	6	1	14	48	115	234	38	25,820	1,231,021	5,694	7.5	59,629
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	17	0	0	0	49	0	0	0	12,725	618,147	3,353	4.4	36,686
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>5,618,371</b>	<b>359,935,132</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 77,285 beneficiaries who were in nursing facilities for part of their enrollment and their 737,767 benefit months were excluded from the analysis.

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

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

d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=0950f1ed-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 the U.S., 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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



TABLE ND.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, UNITED STATES, 2003

Top 10 Drug Groups in Nursing Facilities	Users						Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year		Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
			Nursing Facility Residents	60.9 %					
ANTIPSYCHOTICS	\$82,407,799	45,988	60.9 %	514,980	0.9	\$173	\$160		
ANTICONVULSANT	32,985,651	38,649	51.2	430,499	1.1	71	77		
ANTIDEPRESSANTS	23,013,473	42,418	56.1	457,980	0.8	59	50		
ULCER DRUGS	20,707,821	36,028	47.7	383,810	0.7	73	54		
ANTIVIRAL	16,958,686	6,279	8.3	68,880	0.9	280	246		
ANTIDIABETIC	12,604,424	28,479	37.7	305,965	0.9	47	41		
ANALGESICS - Narcotic	10,989,528	33,890	44.9	351,465	0.8	41	31		
ANTIASTHMATIC	8,997,774	29,643	39.2	317,082	0.6	48	28		
HEMATOPOIETIC AGENTS	8,423,642	14,366	19.0	152,141	0.7	80	55		
ANTHYPERLIPIDEMIC	7,626,146	11,385	15.1	124,881	0.8	79	61		
<b>Total</b>	<b>224,714,944</b>	<b>287,125</b>		<b>3,107,683</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>		

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 77,285 beneficiaries who were in nursing facilities for part of their enrollment and their 737,767 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, UNITED STATES, 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 Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx
<b>All</b>	<b>2,597,225</b>	<b>\$224,714,944</b>	<b>45,988</b>	<b>60.9 %</b>	<b>514,980</b>	<b>0.9</b>	<b>\$160</b>	<b>38,649</b>	<b>51.2 %</b>	<b>430,499</b>	<b>1.1</b>	<b>\$77</b>
<b>Female</b>	1,448,034	119,737,406	25,388	61.8	284,760	0.9	155	20,559	50.0	229,563	1.1	75
<b>Disabled</b>	1,132,344	97,977,277	19,387	70.7	220,639	0.9	169	17,188	62.7	193,484	1.1	80
64 or younger	1,079,822	93,729,601	18,253	70.9	207,822	0.9	170	16,484	64.0	185,710	1.1	81
65-74	45,393	3,746,979	988	70.9	11,105	0.9	155	631	45.3	6,966	1.0	61
75-84	6,316	457,881	131	55.5	1,537	0.9	137	69	29.2	766	1.1	55
85 and older	813	42,816	15	25.4	175	0.6	82	4	6.8	42	0.8	30
<b>Other Eligibles</b>	315,690	21,760,129	6,001	43.9	64,121	0.8	109	3,371	24.7	36,079	0.9	50
64 or younger	5,099	544,058	53	21.8	516	0.7	95	83	34.2	751	1.1	86
65-74	100,110	7,684,581	1,871	68.3	20,979	0.9	143	1,310	47.8	14,552	1.0	61
75-84	114,341	7,582,036	2,144	44.9	22,899	0.7	100	1,242	26.0	13,178	0.9	45
85 and older	96,140	5,949,454	1,933	32.7	19,727	0.7	84	736	12.4	7,598	0.8	36
<b>Male</b>	1,148,668	104,946,765	20,587	59.8	230,117	0.9	166	18,085	52.5	200,886	1.1	78
<b>Disabled</b>	996,453	93,510,444	17,669	63.2	198,910	1.0	173	16,290	58.3	181,408	1.1	81
64 or younger	968,101	91,140,083	16,980	63.1	191,351	1.0	174	15,863	58.9	176,719	1.1	82
65-74	24,327	2,061,916	586	67.9	6,416	1.0	156	378	43.8	4,148	1.0	59
75-84	3,485	271,602	94	63.1	1,047	0.8	132	43	28.9	480	1.0	43
85 and older	540	36,843	9	33.3	96	1.2	145	6	22.2	61	1.1	66
<b>Other Eligibles</b>	152,215	11,436,321	2,918	45.1	31,207	0.8	124	1,795	27.7	19,478	1.0	55
64 or younger	7,057	968,466	49	16.3	445	0.9	150	95	31.6	1,024	1.0	83
65-74	58,698	4,708,686	1,159	61.9	12,991	0.8	148	832	44.4	9,287	1.0	63
75-84	53,185	3,691,109	1,045	45.6	11,128	0.8	112	584	25.5	6,223	0.9	46
85 and older	33,275	2,068,060	665	33.1	6,643	0.7	93	284	14.1	2,944	0.8	37
<b>Unknown</b>	523	30,773	13	36.1	103	0.7	118	5	13.9	50	0.6	15

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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 77,285 beneficiaries who were in nursing facilities for part of their enrollment and their 737,767 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26 2007).

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

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

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTIVIRAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	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>42,418</b>	<b>56.1 %</b>	<b>457,980</b>	<b>0.8</b>	<b>\$50</b>	<b>36,028</b>	<b>47.7 %</b>	<b>383,810</b>	<b>0.7</b>	<b>\$54</b>	<b>6,279</b>	<b>8.3 %</b>	<b>68,980</b>	<b>0.9</b>	<b>\$246</b>
<b>Female</b>	25,139	61.2	272,772	0.9	51	19,869	48.3	213,603	0.7	54	2,489	6.1	27,869	0.7	179
<b>Disabled</b>	18,098	66.0	199,320	0.9	53	14,032	51.2	152,825	0.7	54	1,973	7.2	22,146	0.8	210
64 or younger	17,375	67.5	191,335	0.9	53	13,285	51.6	144,748	0.7	55	1,940	7.5	21,770	0.8	213
65-74	612	43.9	6,713	0.8	47	626	44.9	6,717	0.7	52	28	2.0	316	0.3	90
75-84	93	39.4	1,078	0.8	41	96	40.7	1,112	0.7	43	5	2.1	60	0.2	11
85 and older	18	30.5	194	0.6	33	25	42.4	248	0.6	39	0	0.0	0	0.0	0
<b>Other Eligibles</b>	7,041	51.5	73,452	0.8	46	5,837	42.7	60,778	0.7	52	516	3.8	5,723	0.3	58
64 or younger	84	34.6	615	0.9	49	88	36.2	806	0.7	47	71	29.2	813	1.2	308
65-74	1,662	60.7	18,406	0.8	50	1,387	50.6	15,085	0.7	56	94	3.4	1,042	0.2	54
75-84	2,570	53.9	26,945	0.8	47	2,103	44.1	21,782	0.7	51	129	2.7	1,440	0.1	8
85 and older	2,725	46.1	27,486	0.8	43	2,259	38.2	23,105	0.7	50	222	3.8	2,428	0.1	6
<b>Male</b>	17,257	50.1	185,057	0.8	49	16,143	46.9	170,097	0.7	55	3,789	11.0	40,999	1.0	292
<b>Disabled</b>	14,165	50.7	153,148	0.8	49	13,314	47.6	141,066	0.7	55	3,458	12.4	37,320	1.0	304
64 or younger	13,783	51.2	149,144	0.8	50	12,898	47.9	136,646	0.7	55	3,428	12.7	37,000	1.0	304
65-74	323	37.4	3,350	0.8	46	346	40.1	3,666	0.7	53	26	3.0	272	1.1	277
75-84	47	31.5	523	0.8	41	59	39.6	646	0.7	57	4	2.7	48	0.1	6
85 and older	12	44.4	131	1.0	47	11	40.7	108	0.7	55	0	0.0	0	0.0	0
<b>Other Eligibles</b>	3,092	47.8	31,909	0.8	46	2,829	43.7	29,031	0.7	52	331	5.1	3,679	0.7	172
64 or younger	82	27.2	703	0.8	49	90	29.9	876	0.7	51	144	47.8	1,575	1.2	347
65-74	1,016	54.3	11,097	0.8	48	897	47.9	9,695	0.7	53	69	3.7	780	0.7	90
75-84	1,092	47.6	11,177	0.8	47	1,051	45.9	10,738	0.7	53	53	2.3	624	0.1	20
85 and older	902	44.9	8,932	0.8	43	791	39.4	7,722	0.7	51	65	3.2	700	0.1	5
<b>Unknown</b>	22	61.1	151	0.8	43	16	44.4	110	0.6	34	1	2.8	12	0.1	13

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 77,285 beneficiaries who were in nursing facilities for part of their enrollment and their 737,767 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.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, UNITED STATES, 2003**

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTIASTHMATIC				
	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>28,479</b>	<b>37.7 %</b>	<b>305,965</b>	<b>0.9</b>	<b>\$41</b>	<b>33,890</b>	<b>44.9 %</b>	<b>351,465</b>	<b>0.8</b>	<b>\$31</b>	<b>29,643</b>	<b>39.2 %</b>	<b>317,082</b>	<b>0.6</b>	<b>\$28</b>
<b>Female</b>	17,295	42.1	186,426	0.9	42	19,929	48.5	209,534	0.8	30	16,712	40.7	180,560	0.6	27
<b>Disabled</b>	12,687	46.3	138,301	0.9	44	14,472	52.8	154,651	0.8	33	12,118	44.2	132,408	0.6	29
64 or younger	11,861	46.1	129,297	0.9	44	13,870	53.9	148,397	0.8	34	11,448	44.5	125,256	0.6	30
65-74	711	51.0	7,714	0.9	40	515	36.9	5,259	0.6	24	569	40.8	6,038	0.6	25
75-84	92	39.0	1,038	0.9	39	78	33.1	900	0.5	20	86	36.4	970	0.6	28
85 and older	23	39.0	252	0.6	15	9	15.3	95	0.6	24	15	25.4	144	0.7	24
<b>Other Eligibles</b>	4,608	33.7	48,125	0.8	36	5,457	39.9	54,883	0.6	22	4,594	33.6	48,152	0.5	22
64 or younger	30	12.3	242	1.2	63	72	29.6	468	0.7	24	102	42.0	1,056	0.8	46
65-74	1,555	56.8	16,979	0.9	41	1,230	44.9	13,166	0.7	21	1,175	42.9	12,977	0.5	25
75-84	1,817	38.1	18,612	0.8	36	1,967	41.2	19,912	0.6	24	1,631	34.2	17,107	0.5	23
85 and older	1,206	20.4	12,292	0.8	30	2,188	37.0	21,337	0.6	21	1,686	28.5	17,012	0.4	17
<b>Male</b>	11,177	32.5	119,506	0.9	40	13,945	40.5	141,799	0.8	33	12,924	37.5	136,447	0.6	30
<b>Disabled</b>	9,226	33.0	98,993	0.9	41	11,728	42.0	119,668	0.8	35	10,376	37.1	110,329	0.7	31
64 or younger	8,871	33.0	95,105	0.9	41	11,450	42.5	116,944	0.8	35	10,034	37.3	106,899	0.7	31
65-74	300	34.8	3,304	0.8	38	233	27.0	2,279	0.6	16	276	32.0	2,760	0.6	28
75-84	48	32.2	500	0.8	35	37	24.8	355	0.5	9	58	38.9	589	0.6	33
85 and older	7	25.9	84	0.6	21	8	29.6	90	0.4	16	8	29.6	81	0.7	37
<b>Other Eligibles</b>	1,951	30.1	20,513	0.8	36	2,217	34.2	22,131	0.6	21	2,548	39.4	26,118	0.5	25
64 or younger	30	10.0	298	0.7	43	52	17.3	475	0.7	67	110	36.5	1,192	1.3	53
65-74	769	41.1	8,344	0.8	38	637	34.0	6,713	0.6	21	834	44.6	8,704	0.5	25
75-84	763	33.3	8,029	0.8	37	806	35.2	8,006	0.6	22	927	40.4	9,386	0.5	24
85 and older	389	19.4	3,842	0.8	31	722	36.0	6,937	0.5	18	677	33.7	6,836	0.5	22
<b>Unknown</b>	7	19.4	33	1.0	44	16	44.4	132	0.9	19	7	19.4	75	0.3	17

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 77,285 beneficiaries who were in nursing facilities for part of their enrollment and their 737,767 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<sup>a, b, c, d</sup> NONDUAL BENEFICIARIES, UNITED STATES, 2003

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTHYPERLIPIDEMIC					Benefit Months Among All-Year Nursing Facility Residents	
	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	All-Year Nursing Facility Residents
<b>All</b>	<b>14,366</b>	<b>19.0 %</b>	<b>152,141</b>	<b>0.7</b>	<b>\$55</b>	<b>11,385</b>	<b>15.1 %</b>	<b>124,881</b>	<b>0.8</b>	<b>\$61</b>	<b>75,555</b>	<b>790,541</b>
<b>Female</b>	7,499	18.2	80,556	0.7	54	6,640	16.2	72,861	0.8	62	41,096	432,760
<b>Disabled</b>	5,140	18.7	55,768	0.7	60	4,892	17.8	54,357	0.8	63	27,430	297,078
64 or younger	4,799	18.6	52,065	0.7	61	4,618	17.9	51,390	0.8	63	25,741	278,805
65-74	283	20.3	3,073	0.7	50	242	17.4	2,619	0.8	64	1,394	15,036
75-84	46	19.5	514	0.6	9	29	12.3	317	0.8	70	236	2,669
85 and older	12	20.3	116	0.7	12	3	5.1	31	0.6	17	59	568
<b>Other Eligibles</b>	2,359	17.3	24,788	0.7	41	1,748	12.8	18,504	0.8	58	13,666	135,682
64 or younger	24	9.9	229	1.0	119	15	6.2	131	0.6	76	243	1,910
65-74	554	20.2	6,040	0.6	43	599	21.9	6,520	0.8	63	2,739	29,263
75-84	838	17.6	8,793	0.6	40	728	15.3	7,702	0.8	56	4,771	47,627
85 and older	943	15.9	9,726	0.6	38	406	6.9	4,151	0.8	51	5,913	56,882
<b>Male</b>	6,859	19.9	71,527	0.7	57	4,743	13.8	52,002	0.8	60	34,423	357,538
<b>Disabled</b>	5,598	20.0	58,493	0.7	60	3,966	14.2	43,776	0.8	61	27,950	294,307
64 or younger	5,394	20.0	56,383	0.7	61	3,832	14.2	42,255	0.8	61	26,911	283,271
65-74	172	19.9	1,778	0.7	42	118	13.7	1,340	0.7	56	863	9,152
75-84	29	19.5	302	0.6	22	14	9.4	157	0.7	58	149	1,584
85 and older	3	11.1	30	0.2	1	2	7.4	24	0.3	26	27	300
<b>Other Eligibles</b>	1,261	19.5	13,034	0.7	42	777	12.0	8,226	0.8	58	6,473	63,231
64 or younger	37	12.3	383	0.7	184	22	7.3	237	0.7	50	301	2,349
65-74	396	21.2	4,177	0.7	53	307	16.4	3,338	0.8	60	1,872	19,607
75-84	454	19.8	4,679	0.7	35	303	13.2	3,207	0.8	58	2,292	22,412
85 and older	374	18.6	3,795	0.7	23	145	7.2	1,444	0.7	52	2,008	18,863
<b>Unknown</b>	8	22.2	58	0.7	6	2	5.6	18	0.9	96	36	243

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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 77,285 beneficiaries who were in nursing facilities for part of their enrollment and their 737,767 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=09e0f1fed-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 ND10D

Nondual Beneficiaries

TABLE ND.11

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
UNITED STATES, 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
<b>All</b>	<b>9,295,881</b>	<b>27.3 %</b>	<b>1.1</b>	<b>35,875,748</b>	<b>\$18</b>	<b>\$606,306,318</b>	<b>\$17</b>	<b>34,019,639</b>
<b>Age</b>								
5 and younger	3,038,809	36.4	1.1	9,436,225	16	137,712,670	15	8,347,084
6-14	2,047,836	24.4	0.6	4,946,874	12	103,561,078	21	8,395,073
15-20	885,278	18.5	0.4	2,136,946	10	47,307,943	22	4,779,405
21-44	2,018,982	21.5	0.9	8,471,712	16	149,655,737	18	9,409,125
45-64	1,165,334	44.1	3.7	9,760,341	59	155,261,902	16	2,641,580
65-74	74,782	43.3	3.5	612,355	43	7,356,732	12	172,762
75-84	35,438	36.7	3.2	308,735	35	3,397,598	11	96,569
85 and older	14,294	25.9	2.8	154,215	32	1,787,861	12	55,280
Unknown	15,128	12.3	0.4	48,345	2	264,797	5	122,761
<b>Basis of Eligibility<sup>c</sup></b>								
Aged	108,873	36.4	2.9	879,121	34	10,080,283	11	299,117
Disabled	1,818,253	44.6	3.5	14,307,962	73	296,459,627	21	4,074,072
Adults	1,896,931	18.9	0.6	6,115,167	9	87,074,592	14	10,062,703
Children	5,471,821	27.9	0.7	14,573,493	11	212,691,741	15	19,583,594
Unknown	3	2.0	0.0	5	0	75	15	153
<b>Gender</b>								
Female	5,554,500	27.5	1.1	22,109,540	18	363,028,890	16	20,204,245
Male	3,726,194	27.2	1.0	13,719,240	18	242,976,971	18	13,716,540
Unknown	15,187	15.4	0.5	46,968	3	300,457	6	98,854
<b>Race</b>								
White	4,186,233	27.9	1.1	17,256,824	20	300,905,178	17	15,017,443
African American	2,109,763	25.4	0.9	7,104,634	14	116,183,170	16	8,318,464
Other/unknown	2,999,885	28.1	1.1	11,514,290	18	189,217,970	16	10,683,732
<b>Use of Nursing Facilities<sup>d</sup></b>								
Entire year	48,513	64.2	12.4	933,438	163	12,320,442	13	75,555
Part year	56,931	73.7	8.9	685,280	154	11,883,537	17	77,285
None	9,190,437	27.1	1.0	34,257,030	17	582,102,339	17	33,866,799
<b>Maintenance Assistance Status</b>								
Cash	3,693,340	33.3	1.7	18,779,886	31	342,777,661	18	11,087,090
Medically needy	487,150	27.1	1.1	1,912,988	15	26,691,728	14	1,798,589
Poverty related	3,324,483	27.6	0.7	8,891,331	11	136,434,332	15	12,066,450
Other/unknown	1,790,908	19.8	0.7	6,291,543	11	100,402,597	16	9,067,510

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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 excluded 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 or 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>  
 UNITED STATES, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$2	\$17	\$0	\$0	265,799,390
<b>Age</b>						
5 and younger	0.2	2	15	0	0	61,689,302
6-14	0.1	1	21	0	0	69,670,016
15-20	0.1	1	22	0	0	36,950,621
21-44	0.1	2	18	0	1	69,895,476
45-64	0.4	6	16	0	2	23,977,216
65-74	0.4	4	12	0	1	1,642,650
75-84	0.3	4	11	0	1	897,171
85 and older	0.3	4	12	0	1	464,766
Unknown	0.1	0	5	0	0	612,172
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	4	11	0	1	2,697,269
Disabled	0.3	7	21	0	2	41,815,422
Adults	0.1	1	14	0	0	70,389,669
Children	0.1	1	15	0	0	150,896,569
Unknown	0.0	0	15	0	0	461
<b>Gender</b>						
Female	0.1	2	16	0	1	157,027,321
Male	0.1	2	18	0	0	108,228,650
Unknown	0.1	1	6	0	0	543,419
<b>Race</b>						
White	0.1	2	17	0	1	120,884,548
African American	0.1	2	16	0	0	68,013,276
Other/unknown	0.1	2	16	0	0	76,901,566
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	1.2	16	13	0	5	790,541
Part year	0.9	16	17	0	4	737,767
None	0.1	2	17	0	0	264,271,082
<b>Maintenance Assistance Status</b>						
Cash	0.2	4	18	0	1	91,954,718
Medically needy	0.2	2	14	0	0	12,416,622
Poverty related	0.1	1	15	0	0	91,942,768
Other/unknown	0.1	1	16	0	0	69,485,282



Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

- 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 excluded 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>  
UNITED STATES, 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
				100.0 %	100.0 %			
<b>All</b>	<b>11,854,926</b>	<b>\$51</b>	<b>\$606,306,318</b>	<b>100.0 %</b>	<b>100.0 %</b>	<b>35,875,748</b>	<b>\$17</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	8,228	169	1,390,915	0.2		23,234	60	0.1
Fertility drugs	419	134	56,290	0.0		729	77	0.0
Drugs for cosmetic purposes	5,766	15	86,865	0.0		8,285	10	0.0
Cough and cold medications	4,717,155	43	201,356,872	33.2		9,625,188	21	26.8
Vitamins and minerals	778,822	60	47,087,045	7.8		2,673,863	18	7.5
Non-prescription drugs	4,816,087	35	166,584,257	27.5		15,505,123	11	43.2
Barbiturates	72,352	58	4,214,412	0.7		580,437	7	1.6
Benzodiazepines	1,138,930	108	123,208,695	20.3		6,548,675	19	18.3
Other Part D Excl Rx Drugs	317,167	196	62,320,967	10.3		910,214	68	2.5

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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 excluded 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, UNITED STATES, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					Unknown	
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children		
<b>All</b>	<b>45,332,374</b>	<b>334,478</b>	<b>4,876,505</b>	<b>12,767,001</b>	<b>27,354,237</b>	<b>153</b>	<b>424,366,399</b>	<b>3,127,284</b>	<b>52,679,625</b>	<b>107,531,235</b>	<b>261,027,795</b>	<b>460</b>
<b>Age</b>												
5 and younger	11,282,454	44	237,935	4,699	11,039,775	1	104,311,660	337	2,525,597	42,809	101,742,916	1
6-14	12,069,895	27	661,694	6,968	11,401,205	1	121,648,411	252	7,484,986	64,140	114,099,032	1
15-20	6,341,281	378	455,776	1,184,747	4,700,365	15	58,469,833	2,643	5,037,734	9,454,064	43,975,346	46
21-44	11,791,020	6,316	1,535,604	10,155,157	93,840	103	102,584,534	48,253	16,567,394	85,414,791	553,791	305
45-64	3,354,133	10,979	1,939,438	1,402,095	1,590	31	33,149,287	93,947	20,565,788	12,480,703	8,747	102
65-74	199,211	158,139	38,904	2,155	11	2	1,969,062	1,530,696	422,198	16,084	79	5
75-84	107,798	101,662	5,759	374	3	0	1,031,415	967,170	61,961	2,248	36	0
85 and older	58,331	56,575	1,382	323	51	0	498,884	482,395	13,914	2,164	411	0
Unknown	128,251	358	13	10,483	117,397	0	703,313	1,591	53	54,232	647,437	0
<b>Gender</b>												
Female	26,492,701	213,520	2,486,087	10,159,023	13,633,978	93	246,239,380	2,025,944	27,184,387	86,728,586	130,300,156	307
Male	18,735,014	120,715	2,390,263	2,603,977	13,619,999	60	177,520,349	1,099,750	25,494,227	20,790,019	130,136,200	153
Unknown	104,659	243	155	4,001	100,260	0	606,670	1,590	1,011	12,630	591,439	0
<b>Race</b>												
White	18,945,888	124,090	2,298,028	5,364,876	11,158,829	65	175,824,668	1,106,746	24,537,667	44,826,627	105,353,432	196
African American	11,370,061	45,345	1,319,268	2,727,018	7,278,381	49	112,130,424	417,504	14,443,171	24,383,724	72,885,890	135
Other/unknown	15,016,425	165,043	1,259,209	4,675,107	8,917,027	39	136,411,307	1,603,034	13,698,787	38,320,884	82,788,473	129
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	76,185	19,769	55,876	277	263	0	798,994	196,672	598,184	1,945	2,193	0
Part year	78,867	11,482	63,351	2,891	1,143	0	791,978	107,119	646,964	27,470	10,425	0
None	45,177,322	303,227	4,757,278	12,763,833	27,352,831	153	422,775,427	2,823,493	51,434,477	107,501,820	261,015,177	460
<b>Maintenance Assistance Status</b>												
Cash	16,346,277	98,254	4,135,812	4,105,184	8,006,880	147	165,259,965	1,057,984	45,955,944	37,289,252	80,956,352	433
Medically needy	2,467,788	100,259	193,467	1,020,131	1,153,931	0	21,492,282	918,609	1,660,429	8,516,846	10,396,398	0
Poverty related	15,018,263	53,006	189,138	1,305,503	13,470,616	0	136,729,170	463,630	1,731,524	8,164,416	126,369,600	0
Other/unknown	11,500,046	82,959	358,088	6,336,183	4,722,810	6	100,884,982	687,061	3,331,728	53,560,721	43,305,445	27
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	25,469,885	283,429	3,681,140	7,704,830	13,800,334	152	226,159,676	2,603,623	39,240,713	59,942,741	124,372,145	454
FFS part year, with Rx claims	3,028,632	8,002	204,875	989,445	1,826,310	0	30,421,237	84,037	2,240,641	9,447,158	18,649,401	0
FFS part year, no Rx claims	4,133,776	4,238	89,818	1,022,138	3,017,581	1	37,891,058	38,263	890,480	8,817,743	28,144,566	6
MC all year, with Rx claims	1,777,124	6,201	249,841	433,529	1,087,553	0	19,352,929	70,924	2,930,428	4,469,663	11,881,914	0
MC all year, no Rx claims	10,922,777	32,607	650,825	2,617,059	7,622,286	0	110,541,162	330,434	7,377,297	24,853,930	77,979,501	0

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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(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, UNITED STATES, 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
	Months	Months	Months
<b>All</b>	<b>45,332,374</b>	<b>34,019,639</b>	<b>11,312,555</b>
Fee-for-service (FFS) all year	25,469,885	25,469,885	0
FFS part year, with Rx claims	3,028,632	3,028,629	3
FFS part year, with no Rx claims	4,133,776	4,133,709	67
Managed care (MC) all year, with Rx claims	1,777,124	1,387,415	389,709
MC all year, with no Rx claims	10,922,777	1	10,922,776
Unknown	180	0	0
	337	0	337

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

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.

APPENDIX TABLE A.3  
MANAGED CARE PENETRATION RATES, ALL STATES COMBINED AND BY STATE, BY BASIS OF ELIGIBILITY  
NONDUAL BENEFICIARIES, UNITED STATES, 2003<sup>a,b</sup>

	All Nonduals			Aged/Disabled			Adults/Children		
	Number of Beneficiaries	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	
<b>All States</b>	<b>45,332,374</b>	<b>28.0 %</b>	<b>5,210,983</b>	<b>939,474</b>	<b>18.0 %</b>	<b>40,121,238</b>	<b>11,760,427</b>	<b>29.3 %</b>	
Alabama	706,571	0.0	110,055	26	0.0	596,516	3	0.0	
Alaska	116,481	0.0	8,237	0	0.0	108,244	0	0.0	
Arizona	1,106,687	88.5	75,589	68,229	90.3	1,031,098	911,016	88.4	
Arkansas	587,603	0.0	75,699	0	0.0	511,757	0	0.0	
California	8,179,308	35.8	687,048	143,310	20.9	7,492,257	2,780,960	37.1	
Colorado	398,908	19.9	41,065	10,952	26.7	357,843	68,391	19.1	
Connecticut	414,656	67.8	32,836	14	0.0	381,820	281,023	73.6	
D.C.	133,567	94.0	11,312	11,271	99.6	122,255	114,237	93.4	
Delaware	137,029	61.4	21,695	2,384	11.0	115,334	81,730	70.9	
Florida	2,295,750	21.2	299,691	63,825	21.3	1,996,059	423,104	21.2	
Georgia	1,397,022	0.0	156,988	0	0.0	1,240,034	0	0.0	
Hawaii	187,914	55.2	16,209	1,560	9.6	171,705	102,238	59.5	
Idaho	187,445	0.0	18,012	0	0.0	169,433	0	0.0	
Illinois	1,750,980	6.0	207,423	24	0.0	1,543,557	104,932	6.8	
Indiana	794,204	24.0	76,466	5,377	7.0	717,738	184,901	25.8	
Iowa	310,937	11.3	33,833	0	0.0	277,104	34,984	12.6	
Kansas	271,708	12.3	30,712	6	0.0	240,996	33,442	13.9	
Kentucky	655,152	21.2	135,081	22,075	16.3	520,071	116,846	22.5	
Louisiana	885,105	0.0	126,443	0	0.0	758,662	0	0.0	
Maine	234,274	0.0	25,856	0	0.0	208,418	0	0.0	
Maryland	723,405	59.1	87,523	54,360	62.1	635,882	372,890	58.6	
Massachusetts	822,338	26.7	146,387	13,469	9.2	675,951	206,234	30.5	
Michigan	1,338,238	45.5	179,477	109,800	61.2	1,158,761	499,460	43.1	
Minnesota	589,487	42.2	57,190	2,092	3.7	532,297	246,601	46.3	
Mississippi	604,843	0.0	96,734	0	0.0	508,109	0	0.0	
Missouri	993,402	38.5	98,837	203	0.2	894,565	382,641	42.8	
Montana	78,758	0.0	10,851	0	0.0	67,907	0	0.0	
Nebraska	225,922	53.3	16,329	9,341	57.2	209,593	111,168	53.0	
Nevada	208,742	30.0	21,986	95	0.4	186,753	62,506	33.5	
New Hampshire	106,480	1.1	8,379	0	0.0	98,101	1,133	1.2	
New Jersey	805,422	60.8	108,492	37,460	34.5	696,930	452,062	64.9	
New Mexico	447,772	46.6	34,308	21,426	62.5	413,464	187,059	45.2	
New York	3,671,786	36.5	474,056	65,220	13.8	3,197,730	1,276,805	39.9	
North Carolina	1,171,140	0.5	145,380	362	0.2	1,025,760	5,862	0.6	
North Dakota	61,080	1.0	4,878	0	0.0	56,202	622	1.1	

Nondual Beneficiaries

Appendix Table A.3

	All Nonduals			Aged/Disabled			Adults/Children		
	Number of Beneficiaries	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	
Ohio	1,695,954	21.1	210,470	1,638	0.8	1,485,484	357,045	24.0	
Oklahoma	564,206	19.0	50,319	13,351	26.5	513,887	93,898	18.3	
Oregon	460,557	40.9	40,193	21,822	54.3	420,364	166,712	39.7	
Pennsylvania	1,429,014	58.8	295,076	190,426	64.5	1,133,938	650,433	57.4	
Rhode Island	172,947	64.9	24,677	724	2.9	148,270	111,497	75.2	
South Carolina	843,386	6.4	89,276	4,336	4.9	754,110	49,928	6.6	
South Dakota	103,224	0.0	8,648	0	0.0	94,576	0	0.0	
Tennessee	1,290,605	0.0	165,137	0	0.0	1,125,468	0	0.0	
Texas	3,079,966	13.8	278,722	33,286	11.9	2,801,244	390,709	13.9	
Utah	252,814	6.9	18,517	614	3.3	234,297	16,896	7.2	
Vermont	126,756	0.0	9,083	0	0.0	117,673	0	0.0	
Virginia	612,777	32.3	85,905	29,860	34.8	526,872	168,000	31.9	
Washington	1,009,501	39.5	103,597	253	0.2	905,904	398,428	44.0	
West Virginia	308,024	11.5	67,178	185	0.3	240,846	35,385	14.7	
Wisconsin	716,553	38.9	78,225	98	0.1	638,328	278,646	43.7	
Wyoming	65,974	0.0	4,903	0	0.0	61,071	0	0.0	

Source: Data for this table are from the MAX 2003 file for the U.S., released by CMS in 07/2007. This table was produced on 12/28/2007.

a. Appendix Table A.3 was derived from data contained in Appendix Table A.1 for each state.

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.

CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; MC = managed care.