

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

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL BENEFICIARIES, VERMONT, 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	126,756	431	8,652	48,683	68,990	0	1,201,849	3,640	95,636	427,427	675,146	0
Age												
5 and younger	22,849	0	322	2	22,525	0	215,893	0	3,512	13	212,368	0
6-14	33,382	1	1,226	3	32,152	0	341,440	12	13,892	29	327,507	0
15-20	16,947	3	1,013	2,080	13,851	0	158,877	10	11,312	16,258	131,297	0
21-44	39,197	18	2,823	35,903	453	0	347,802	93	30,985	312,852	3,872	0
45-64	13,869	30	3,204	10,631	4	0	133,111	214	35,213	97,636	48	0
65-74	228	126	54	47	1	0	2,254	1,156	613	473	12	0
75-84	170	145	9	16	0	0	1,529	1,278	97	154	0	0
85 and older	110	108	1	1	0	0	901	877	12	12	0	0
Unknown	4	0	0	0	4	0	42	0	0	0	42	0
Gender												
Female	68,771	278	4,606	29,756	34,131	0	660,193	2,291	51,493	271,647	334,762	0
Male	57,985	153	4,046	18,927	34,859	0	541,656	1,349	44,143	155,780	340,384	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	71,282	215	6,673	32,478	31,916	0	698,741	1,917	74,702	292,663	329,459	0
African American	991	3	79	422	487	0	9,076	33	833	3,477	4,733	0
Other/unknown	54,483	213	1,900	15,783	36,587	0	494,032	1,690	20,101	131,287	340,954	0
Use of Nursing Facilities^c												
Entire year	86	40	46	0	0	0	835	370	465	0	0	0
Part year	101	16	72	13	0	0	1,053	158	766	129	0	0
None	126,569	375	8,534	48,670	68,990	0	1,199,961	3,112	94,405	427,298	675,146	0
Maintenance Assistance Status												
Cash	21,015	38	7,298	4,407	9,272	0	219,563	390	82,357	42,680	94,136	0
Medically needy	8,258	112	595	5,240	2,311	0	74,019	1,010	5,444	48,830	18,735	0
Poverty-related	49,918	46	0	2,490	47,382	0	477,689	281	0	17,872	459,536	0
Other/unknown	47,565	235	759	36,546	10,025	0	430,578	1,959	7,835	318,045	102,739	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	126,756	431	8,652	48,683	68,990	0	1,201,849	3,640	95,636	427,427	675,146	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

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

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

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

TABLE ND.3

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

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	66.6 %	8.1	\$418	\$52	\$2,991	14.0 %	126,756
Age							
5 and younger	68.1	3.4	144	43	1,819	7.9	22,849
6-14	62.0	4.3	263	61	2,861	9.2	33,382
15-20	64.7	5.8	375	64	4,151	9.0	16,947
21-44	68.0	9.9	458	46	2,692	17.0	39,197
45-64	73.8	21.9	1,150	53	4,492	25.6	13,869
65-74	70.6	29.7	1,439	49	7,291	19.7	228
75-84	65.3	28.4	1,487	52	7,111	20.9	170
85 and older	61.8	27.1	1,106	41	8,876	12.5	110
Unknown	75.0	2.8	23	8	614	3.7	4
Basis of Eligibility^e							
Aged	63.8	26.0	1,285	49	8,192	15.7	431
Disabled	85.8	34.4	2,536	74	15,438	16.4	8,652
Adults	67.1	9.1	334	37	1,894	17.7	48,683
Children	63.9	3.9	206	52	2,171	9.5	68,990
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	71.1	9.5	449	48	2,825	15.9	68,771
Male	61.3	6.5	381	59	3,187	12.0	57,985
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	72.3	10.8	559	52	3,671	15.2	71,282
African American	58.9	7.3	482	66	2,964	16.2	991
Other/unknown	59.4	4.6	232	50	2,101	11.0	54,483
Use of Nursing Facilities^f							
Entire year	97.7	71.5	5,073	71	46,521	10.9	86
Part year	98.0	80.6	4,388	54	49,182	8.9	101
None	66.6	8.0	412	52	2,924	14.1	126,569
Maintenance Assistance Status							
Cash	78.4	17.5	1,162	66	7,079	16.4	21,015
Medically needy	71.2	10.6	585	55	2,990	19.6	8,258
Poverty related	62.1	3.4	168	50	1,494	11.2	49,918
Other/unknown	65.4	8.5	323	38	2,755	11.7	47,565

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

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

TABLE ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	Number of Rx. Percentage with:										Beneficiaries	Number
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS ^d		
All	0.9	\$44	14.0 %	33.4 %	52.2 %	6.5 %	5.6 %	1.9 %	0.5 %	\$315	126,756	1,201,849
Age												
5 and younger	0.4	15	7.9	31.9	64.8	2.5	0.8	0.1	0.0	193	22,849	215,893
6-14	0.4	26	9.2	38.0	55.2	4.1	2.5	0.2	0.0	280	33,382	341,440
15-20	0.6	40	9.0	35.3	53.3	7.0	3.9	0.5	0.0	443	16,947	158,877
21-44	1.1	52	17.0	32.0	48.5	9.0	7.6	2.3	0.6	303	39,197	347,802
45-64	2.3	120	25.6	26.2	34.4	11.5	16.4	8.9	2.5	468	13,869	133,111
65-74	3.0	146	19.7	29.4	21.1	10.1	20.6	14.9	3.9	738	228	2,254
75-84	3.2	165	20.9	34.7	12.9	8.8	22.9	18.2	2.4	791	170	1,529
85 and older	3.3	135	12.5	38.2	9.1	5.5	23.6	19.1	4.5	1,084	110	901
Unknown	0.3	2	3.7	25.0	75.0	0.0	0.0	0.0	0.0	59	4	42
Basis of Eligibility^e												
Aged	3.1	152	15.7	36.2	14.4	9.3	20.2	16.7	3.2	970	431	3,640
Disabled	3.1	229	16.4	14.2	29.8	13.5	23.5	14.7	4.3	1,397	8,652	95,636
Adults	1.0	38	17.7	32.9	47.9	9.1	7.6	2.0	0.5	216	48,683	427,427
Children	0.4	21	9.5	36.1	58.2	3.8	1.8	0.1	0.0	222	68,990	675,146
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.0	47	15.9	28.9	54.3	7.5	6.3	2.4	0.6	294	68,771	660,193
Male	0.7	41	12.0	38.7	49.6	5.4	4.7	1.3	0.3	341	57,985	541,656
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.1	57	15.2	27.7	52.9	8.2	7.6	2.8	0.8	374	71,282	698,741
African American	0.8	53	16.2	41.1	46.5	5.4	4.2	2.3	0.4	324	991	9,076
Other/unknown	0.5	26	11.0	40.6	51.2	4.4	2.9	0.7	0.1	232	54,483	494,032
Use of Nursing Facilities^f												
Entire year	7.4	523	10.9	2.3	5.8	4.7	22.1	44.2	20.9	4,791	86	835
Part year	7.7	421	8.9	2.0	5.9	9.9	17.8	40.6	23.8	4,717	101	1,053
None	0.8	43	14.1	33.4	52.2	6.5	5.5	1.8	0.5	308	126,569	1,199,961
Maintenance Assistance Status												
Cash	1.7	111	16.4	21.6	49.1	9.5	12.2	5.9	1.6	678	21,015	219,563
Medically needy	1.2	65	19.6	28.8	49.0	10.0	9.0	2.7	0.5	334	8,258	74,019
Poverty related	0.4	18	11.2	37.9	57.7	3.2	1.2	0.1	0.0	156	49,918	477,689
Other/unknown	0.9	36	11.7	34.6	48.3	8.1	6.6	1.9	0.5	304	47,565	430,578

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

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

TABLE ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, VERMONT, 2003

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.9	\$44	\$52	0.4	\$35	\$97	0.0	\$1	\$53	0.5	\$8	\$16
Age												
5 and younger	0.4	15	43	0.1	12	94	0.0	1	39	0.2	3	13
6-14	0.4	26	61	0.2	21	94	0.0	1	82	0.2	3	19
15-20	0.6	40	64	0.3	32	102	0.0	1	82	0.3	6	22
21-44	1.1	52	46	0.4	40	93	0.0	2	49	0.6	10	16
45-64	2.3	120	53	0.9	95	103	0.1	3	44	1.3	21	17
65-74	3.0	146	49	1.3	114	90	0.1	2	25	1.6	28	17
75-84	3.2	165	52	1.4	134	96	0.1	2	23	1.7	29	17
85 and older	3.3	135	41	1.3	102	77	0.1	4	35	1.9	29	16
Unknown	0.3	2	8	0.0	1	14	0.1	1	6	0.1	1	8
Basis of Eligibility^d												
Aged	3.1	152	49	1.3	119	93	0.1	3	27	1.7	30	18
Disabled	3.1	229	74	1.4	187	130	0.1	8	75	1.6	34	22
Adults	1.0	38	37	0.4	29	75	0.0	1	32	0.6	8	13
Children	0.4	21	52	0.2	17	89	0.0	1	61	0.2	3	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.0	47	48	0.4	36	89	0.0	2	48	0.5	9	16
Male	0.7	41	59	0.3	33	110	0.0	1	64	0.4	6	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.1	57	52	0.5	45	99	0.0	2	53	0.6	10	17
African American	0.8	53	66	0.4	44	124	0.0	1	37	0.4	7	17
Other/unknown	0.5	26	50	0.2	21	91	0.0	1	51	0.3	4	16
Use of Nursing Facilities^e												
Entire year	7.4	523	71	3.0	412	138	0.2	14	58	4.1	96	23
Part year	7.7	421	54	3.1	319	103	0.3	13	44	4.3	87	20
None	0.8	43	52	0.4	35	97	0.0	1	53	0.5	8	16
Maintenance Assistance Status												
Cash	1.7	111	66	0.7	90	121	0.1	4	72	0.9	18	20
Medically needy	1.2	65	55	0.5	51	105	0.0	2	49	0.6	12	19
Poverty related	0.4	18	50	0.2	14	88	0.0	1	59	0.2	3	17
Other/unknown	0.9	36	38	0.4	28	75	0.0	1	34	0.5	7	13

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

- a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Vermont, 0.5 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^{a, b, c, d}
 NONDUAL BENEFICIARIES, VERMONT, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	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	0.2	0.1	0.0	0.1	\$10	\$8	\$0	\$2	\$46	\$91	\$61	\$17	118,467	\$5,465,473	50,446	39.8 %	540,430
Biologicals	0.2	0.2	0.0	0.0	174	157	0	17	788	740	0	2,047	1,442	1,136,511	634	0.5	6,544
Antineoplastic Agents	0.5	0.3	0.0	0.2	161	150	3	8	301	570	107	33	2,380	715,580	416	0.3	4,442
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	22	16	2	4	44	69	30	21	101,706	4,511,764	19,260	15.2	202,113
Cardiovascular Agents	1.0	0.3	0.0	0.6	30	22	0	7	31	68	31	12	99,935	3,134,978	9,946	7.8	104,672
Respiratory Agents	0.4	0.2	0.0	0.2	19	17	0	2	50	73	52	15	107,265	5,313,818	25,343	20.0	273,872
Gastrointestinal Agents	0.5	0.2	0.0	0.2	31	24	2	5	68	101	277	23	44,424	3,019,519	9,043	7.1	96,834
Genitourinary Agents	0.2	0.2	0.0	0.1	10	9	0	1	46	57	51	13	9,895	452,472	4,036	3.2	43,904
CNS Drugs	0.8	0.5	0.0	0.4	57	50	1	6	68	105	159	18	192,039	13,132,699	21,987	17.3	229,843
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	54	46	1	6	72	85	62	34	38,722	2,790,876	4,788	3.8	52,098
Miscellaneous Psychological/Neurological Agents	0.2	0.1	0.0	0.1	32	22	0	10	169	220	57	110	2,514	424,418	1,233	1.0	13,442
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	17	11	0	6	31	131	54	13	146,286	4,597,414	26,134	20.6	273,818
Neuromuscular Agents	0.6	0.3	0.0	0.3	41	34	1	5	65	121	52	17	65,785	4,300,767	9,937	7.8	105,596
Nutritional Products	0.2	0.0	0.0	0.2	2	0	0	2	10	34	14	10	21,971	228,869	9,887	7.8	106,869
Hematological Agents	0.5	0.2	0.1	0.3	107	101	2	5	195	627	28	14	7,958	1,549,576	1,363	1.1	14,497
Topical Products	0.2	0.1	0.0	0.1	6	3	0	2	31	60	54	16	54,680	1,683,335	26,684	21.1	288,405
Miscellaneous Products	0.1	0.1	0.0	0.0	10	8	1	1	80	79	219	36	4,505	360,106	3,203	2.5	35,621
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	4	0	0	0	30	0	0	0	5,503	165,293	3,823	3.0	41,781
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,025,477	52,983,468	n.a.	n.a.	n.a.

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

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medspan.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 Vermont, 0.5 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, VERMONT, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit
						Month
ANTIDEPRESSANTS	\$6,444,649	22,276	17.6 %	236,184	0.5	\$56
ANTIPSYCHOTICS	5,892,803	5,728	4.5	62,967	0.6	158
ANTICONVULSANT	3,891,990	6,673	5.3	72,143	0.7	82
ANTIASTHMATIC	3,188,870	22,443	17.7	244,196	0.3	50
ANALGESICS - Narcotic	2,823,618	29,687	23.4	315,332	0.3	27
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,790,876	5,982	4.7	65,733	0.6	72
ULCER DRUGS	2,329,663	8,160	6.4	88,244	0.4	67
ANTIVIRAL	2,090,030	1,660	1.3	17,731	0.3	360
CONTRACEPTIVES	1,585,376	9,136	7.2	95,226	0.4	40
ANTIHYPERTENSIVE	1,523,090	2,933	2.3	31,909	0.6	84
Total	32,560,965	114,678		1,229,665	n.a.	n.a.

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

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

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

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

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

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIDEPRESSANTS					ANTIPSYCHOTICS						
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month
All	503,348	\$32,560,965	22,276	17.6 %	236,184	0.5	\$27	5,728	4.5 %	62,967	0.6	\$94					
Female																	
Disabled	315,956	18,877,325	15,573	22.6	166,160	0.5	27	3,196	4.6	35,300	0.5	82					
5 and younger	100,303	8,516,499	3,357	72.9	38,979	0.6	41	1,506	32.7	17,346	0.7	118					
6-14	469	34,684	3	2.1	32	0.3	13	6	4.3	68	0.1	20					
15-20	4,077	353,970	104	24.5	1,208	0.6	29	86	20.3	983	0.7	99					
21-44	4,594	337,128	186	51.0	2,146	0.6	35	123	33.7	1,376	0.6	77					
45-64	38,254	3,305,521	1,380	83.4	16,015	0.6	40	660	39.9	7,651	0.6	111					
65-74	52,009	4,422,691	1,667	84.1	19,388	0.6	44	623	31.4	7,204	0.7	138					
75-84	800	47,268	15	45.5	180	1.0	38	5	15.2	46	0.3	22					
85 and older	100	15,237	2	33.3	10	0.6	21	3	50.0	18	0.4	69					
0	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	215,653	10,360,826	12,216	19.0	127,181	0.4	23	1,690	2.6	17,954	0.4	47					
5 and younger	4,716	238,572	7	0.1	78	0.1	2	13	0.1	155	0.4	33					
6-14	19,746	1,306,393	745	4.7	8,397	0.5	27	246	1.6	2,796	0.6	79					
15-20	29,670	1,551,621	1,666	19.8	17,388	0.4	25	296	3.5	3,149	0.4	59					
21-44	122,396	5,424,954	7,628	33.2	79,233	0.4	21	888	3.9	9,355	0.3	35					
45-64	37,121	1,700,761	2,114	36.6	21,534	0.6	23	222	3.8	2,293	0.5	39					
65-74	808	47,749	21	20.0	239	0.6	21	9	8.6	86	0.9	127					
75-84	699	49,445	15	16.0	159	0.7	53	8	8.5	82	0.4	30					
85 and older	497	41,331	20	31.7	153	0.8	63	8	12.7	38	0.8	203					
Male																	
Disabled	187,392	13,683,640	6,703	11.6	70,024	0.5	28	2,532	4.4	27,667	0.7	108					
5 and younger	57,919	5,972,435	1,624	40.1	18,569	0.5	39	1,144	28.3	13,069	0.8	142					
6-14	706	50,309	9	5.0	108	0.6	16	3	1.7	29	0.4	30					
15-20	9,833	902,951	244	30.4	2,884	0.6	36	267	33.3	3,135	0.7	113					
21-44	6,747	679,041	245	37.8	2,827	0.6	38	193	29.8	2,244	0.7	127					
45-64	16,536	1,813,779	506	43.3	5,708	0.6	40	375	32.1	4,240	0.8	163					
65-74	23,766	2,496,962	616	50.4	6,994	0.6	40	302	24.7	3,373	0.8	155					
75-84	305	26,765	4	19.0	48	0.5	34	4	19.0	48	0.3	63					
85 and older	26	2,628	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
0	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	129,473	7,711,205	5,079	9.4	51,455	0.5	24	1,388	2.6	14,598	0.6	78					
5 and younger	7,552	409,064	25	0.2	282	0.3	8	19	0.2	216	0.3	36					
6-14	38,713	2,788,984	1,189	7.3	13,361	0.5	31	524	3.2	5,973	0.6	95					
15-20	16,028	1,108,340	893	11.9	9,306	0.4	30	294	3.9	3,092	0.5	82					
21-44	42,046	1,963,567	2,037	15.2	19,174	0.4	19	399	3.0	3,803	0.5	59					
45-64	23,611	1,339,307	892	18.2	8,871	0.6	22	135	2.8	1,338	0.5	52					
65-74	540	38,170	13	18.8	140	0.7	41	7	10.1	68	1.0	104					
75-84	646	44,358	17	25.4	188	0.7	27	8	11.9	92	0.6	107					
85 and older	337	19,415	13	28.3	133	0.9	49	2	4.3	16	0.2	29					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

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

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

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

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

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

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a,b,c}
 NONDUAL BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	ANTICONVULSANT						ANTIASTHMATIC						ANALGESICS - Narcotic					
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month		
																	22,443	17.7 %
All	6,673	5.3 %	72,143	0.7	\$54	22,443	17.7 %	244,196	0.3	\$13	29,687	23.4 %	315,332	0.3	\$9			
Female	4,222	6.1	46,097	0.6	51	12,879	18.7	140,759	0.3	13	19,308	28.1	209,118	0.3	7			
Disabled	1,760	38.2	20,352	0.8	71	2,324	50.5	26,966	0.4	24	3,213	69.8	37,257	0.5	19			
5 and younger	30	21.3	336	0.7	61	51	36.2	590	0.2	9	10	7.1	118	0.1	1			
6-14	109	25.7	1,262	0.8	92	127	30.0	1,488	0.3	14	39	9.2	451	0.1	1			
15-20	122	33.4	1,404	0.6	59	89	24.4	1,032	0.3	14	120	32.9	1,355	0.2	2			
21-44	765	46.2	8,902	0.8	79	791	47.8	9,262	0.3	19	1,441	87.1	16,792	0.5	17			
45-64	726	36.6	8,359	0.8	62	1,241	62.6	14,298	0.5	28	1,579	79.7	18,286	0.5	23			
65-74	6	18.2	72	1.6	132	24	72.7	288	0.6	36	22	66.7	231	0.3	7			
75-84	2	33.3	17	1.2	214	1	16.7	8	0.1	7	2	33.3	24	0.3	232			
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	2,462	3.8	25,745	0.5	36	10,555	16.5	113,793	0.2	11	16,095	25.1	171,861	0.3	5			
5 and younger	32	0.3	336	0.5	46	1,741	15.9	18,987	0.2	10	283	2.6	3,219	0.1	1			
6-14	158	1.0	1,811	0.7	65	2,438	15.4	27,259	0.2	10	809	5.1	9,099	0.1	1			
15-20	194	2.3	2,066	0.5	50	1,419	16.9	15,090	0.2	9	2,269	26.9	23,989	0.2	1			
21-44	1,604	7.0	16,702	0.5	30	3,875	16.9	41,045	0.3	10	10,704	46.6	114,107	0.3	5			
45-64	455	7.9	4,646	0.7	36	1,021	17.7	10,770	0.4	16	1,956	33.9	20,787	0.4	7			
65-74	7	6.7	78	0.6	22	26	24.8	295	0.5	33	32	30.5	301	0.4	13			
75-84	8	8.5	75	0.7	46	23	24.5	244	0.4	25	25	26.6	242	0.5	17			
85 and older	4	6.3	31	1.2	60	12	19.0	103	0.5	28	17	27.0	117	0.5	13			
Male	2,451	4.2	26,046	0.7	59	9,564	16.5	103,437	0.3	13	10,379	17.9	106,214	0.4	12			
Disabled	978	24.2	11,195	0.8	82	1,083	26.8	12,435	0.4	22	1,591	39.3	18,020	0.5	38			
5 and younger	26	14.4	306	0.6	63	91	50.3	1,057	0.3	19	14	7.7	167	0.1	1			
6-14	148	18.5	1,706	0.8	91	196	24.4	2,291	0.3	15	68	8.5	807	0.1	1			
15-20	142	21.9	1,651	0.8	89	99	15.3	1,172	0.2	9	135	20.8	1,549	0.2	6			
21-44	343	29.4	3,918	0.9	83	236	20.2	2,710	0.3	17	587	50.3	6,719	0.4	18			
45-64	314	25.7	3,564	0.8	76	446	36.5	5,025	0.5	31	779	63.7	8,682	0.6	63			
65-74	5	23.8	50	0.8	83	13	61.9	156	0.4	37	8	38.1	96	0.6	35			
75-84	0	0.0	0	0.0	0	2	66.7	24	0.1	7	0	0.0	0	0.0	0			
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	1,473	2.7	14,851	0.6	41	8,481	15.7	91,002	0.2	12	8,788	16.3	88,194	0.3	7			
5 and younger	60	0.5	629	0.4	38	2,588	22.3	28,311	0.2	11	390	3.4	4,321	0.1	1			
6-14	266	1.6	2,929	0.7	62	3,197	19.6	35,501	0.2	12	902	5.5	10,136	0.1	1			
15-20	144	1.9	1,501	0.6	52	1,066	14.2	11,251	0.2	10	1,238	16.5	12,846	0.1	1			
21-44	683	5.1	6,560	0.6	35	1,016	7.6	9,772	0.3	11	4,754	35.4	45,715	0.4	9			
45-64	307	6.3	3,090	0.6	28	572	11.7	5,715	0.5	19	1,470	30.1	14,814	0.5	12			
65-74	7	10.1	75	1.0	36	17	24.6	189	0.3	15	14	20.3	144	0.2	5			
75-84	4	6.0	44	0.9	54	15	22.4	168	0.8	54	14	20.9	166	0.4	9			
85 and older	2	4.3	23	1.3	30	10	21.7	95	0.3	21	6	13.0	52	0.6	21			
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

Table ND7B

Nondual Beneficiaries

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

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

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

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

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

TABLE ND.7C

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

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ULCER DRUGS					ANTIVIRAL				
	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Benefit per Rx per Month	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Benefit per Rx per Month	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Benefit per Rx per Month
All	5,982	4.7 %	65,733	0.6	\$43	8,160	6.4 %	88,244	0.4	\$26	1,660	1.3 %	17,731	0.3	\$118
Female	1,842	2.7	20,364	0.5	41	5,433	7.9	59,494	0.4	27	1,125	1.6	12,143	0.3	71
Disabled	335	7.3	3,866	0.6	48	1,746	37.9	20,209	0.5	42	203	4.4	2,377	0.4	151
5 and younger	4	2.8	48	0.4	37	14	9.9	143	0.5	31	3	2.1	36	0.2	16
6-14	131	30.9	1,519	0.7	47	26	6.1	302	0.4	31	12	2.8	144	0.4	13
15-20	47	12.9	547	0.7	46	46	12.6	522	0.4	14	9	2.5	104	0.2	6
21-44	93	5.6	1,066	0.6	49	604	36.5	7,044	0.4	37	90	5.4	1,044	0.4	181
45-64	60	3.0	686	0.5	52	1,038	52.4	12,007	0.5	46	89	4.5	1,049	0.4	158
65-74	0	0.0	0	0.0	0	15	45.5	166	0.8	43	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	3	50.0	25	0.8	83	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,507	2.3	16,498	0.5	39	3,687	5.7	39,285	0.3	19	922	1.4	9,766	0.3	52
5 and younger	32	0.3	344	0.3	18	136	1.2	1,254	0.3	12	47	0.4	484	0.1	6
6-14	834	5.3	9,338	0.6	42	226	1.4	2,542	0.2	11	81	0.5	891	0.2	15
15-20	276	3.3	3,009	0.6	41	399	4.7	4,209	0.2	11	123	1.5	1,312	0.2	30
21-44	313	1.4	3,296	0.4	32	2,033	8.9	21,888	0.3	18	548	2.4	5,808	0.3	55
45-64	51	0.9	499	0.5	31	822	14.2	8,696	0.4	26	122	2.1	1,259	0.4	106
65-74	0	0.0	0	0.0	0	27	25.7	280	0.5	24	1	1.0	12	0.1	6
75-84	1	1.1	12	0.4	8	27	28.7	264	0.6	42	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	17	27.0	152	0.8	67	0	0.0	0	0.0	0
Male	4,140	7.1	45,369	0.6	43	2,727	4.7	28,750	0.4	26	535	0.9	5,588	0.4	219
Disabled	644	15.9	7,499	0.7	52	788	19.5	8,957	0.5	38	123	3.0	1,388	0.6	356
5 and younger	12	6.6	144	0.4	28	23	12.7	248	0.4	18	1	0.6	12	0.1	3
6-14	400	49.9	4,674	0.7	53	39	4.9	452	0.4	17	7	0.9	84	0.2	5
15-20	165	25.5	1,929	0.7	50	50	7.7	588	0.4	23	10	1.5	109	0.4	98
21-44	47	4.0	527	0.6	38	233	19.9	2,672	0.5	34	59	5.1	645	0.6	393
45-64	20	1.6	225	0.6	86	434	35.5	4,889	0.6	45	46	3.8	538	0.6	427
65-74	0	0.0	0	0.0	0	7	33.3	84	0.5	46	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	2	66.7	24	0.5	42	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	3,496	6.5	37,870	0.6	42	1,939	3.6	19,793	0.4	20	412	0.8	4,200	0.4	174
5 and younger	119	1.0	1,321	0.4	23	201	1.7	1,934	0.3	14	43	0.4	457	0.2	18
6-14	2,484	15.2	27,272	0.6	43	194	1.2	2,126	0.2	16	74	0.5	840	0.1	8
15-20	676	9.0	7,307	0.6	46	201	2.7	2,185	0.2	13	33	0.4	346	0.1	7
21-44	165	1.2	1,487	0.5	22	819	6.1	8,092	0.4	22	167	1.2	1,575	0.5	207
45-64	52	1.1	483	0.6	40	476	9.7	4,926	0.5	23	92	1.9	946	0.7	410
65-74	0	0.0	0	0.0	0	15	21.7	162	0.5	46	1	1.4	12	0.1	12
75-84	0	0.0	0	0.0	0	21	31.3	239	0.6	40	2	3.0	24	0.1	8
85 and older	0	0.0	0	0.0	0	12	26.1	129	0.8	55	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7C

Nondual Beneficiaries

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

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

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

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

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

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

Beneficiary Characteristics	CONTRACEPTIVES				ANTIHYPERTENSIVES				Number of Beneficiaries	Mean Benefit per Month	Mean Rx \$ per Benefit Month	Number of Benefit Months	Mean Benefit per Rx \$ per Benefit Month	Number of Benefit Months	Mean Benefit per Rx \$ per Benefit Month
	Number of Users	Users as % of All Bases	Number of Benefit Months Among Users	Mean Benefit per Month	Number of Users	Users as % of All Bases	Number of Benefit Months Among Users	Mean Benefit per Month							
All	9,136	7.2 %	95,226	0.4	2,933	2.3 %	31,909	0.6	448	126,756	1,201,849				
Female	9,130	13.3	95,175	0.4	1,655	2.4	18,378	0.6	50	68,768	660,163				
Disabled	496	10.8	5,745	0.4	768	16.7	8,937	0.6	64	4,606	51,493				
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	141	1,527				
6-14	17	4.0	191	0.4	0	0.0	0	0.0	0	424	4,779				
15-20	128	35.1	1,471	0.4	1	0.3	12	0.1	1	365	4,069				
21-44	319	19.3	3,702	0.4	132	8.0	1,558	0.6	59	1,655	18,435				
45-64	32	1.6	381	0.5	618	31.2	7,167	0.6	65	1,982	22,256				
65-74	0	0.0	0	0.0	14	42.4	168	0.5	65	33	366				
75-84	0	0.0	0	0.0	3	50.0	32	0.9	76	6	61				
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0				
Other Eligibles	8,634	13.5	89,430	0.4	887	1.4	9,441	0.5	37	64,162	608,670				
5 and younger	1	0.0	10	0.2	9	0.1	102	0.1	1	10,944	103,264				
6-14	162	1.0	1,834	0.3	3	0.0	28	0.6	48	15,805	161,060				
15-20	2,767	32.9	28,599	0.4	7	0.1	66	0.3	34	8,420	78,110				
21-44	5,559	24.2	57,498	0.4	262	1.1	2,752	0.4	32	22,955	209,628				
45-64	145	2.5	1,489	0.6	562	9.7	6,001	0.6	38	5,776	54,290				
65-74	0	0.0	0	0.0	17	16.2	194	0.6	50	105	969				
75-84	0	0.0	0	0.0	18	19.1	205	0.6	67	94	827				
85 and older	0	0.0	0	0.0	9	14.3	93	0.8	81	63	522				
Male	6	0.0	51	0.5	1,278	2.2	13,531	0.6	44	57,984	541,644				
Disabled	0	0.0	0	0.0	422	10.4	4,841	0.6	62	4,046	44,143				
5 and younger	0	0.0	0	0.0	1	0.6	12	0.1	3	181	1,985				
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	802	9,113				
15-20	0	0.0	0	0.0	2	0.3	24	0.1	3	648	7,243				
21-44	0	0.0	0	0.0	79	6.8	921	0.5	43	1,168	12,550				
45-64	0	0.0	0	0.0	332	27.2	3,793	0.7	67	1,222	12,957				
65-74	0	0.0	0	0.0	7	33.3	79	0.9	62	21	247				
75-84	0	0.0	0	0.0	1	33.3	12	1.0	122	3	36				
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	1	12				
Other Eligibles	6	0.0	51	0.5	856	1.6	8,690	0.5	35	53,938	497,501				
5 and younger	0	0.0	0	0.0	13	0.1	147	0.1	3	11,583	109,117				
6-14	0	0.0	0	0.0	7	0.0	78	0.4	23	16,351	166,488				
15-20	6	0.1	51	0.5	1	0.0	12	0.1	11	7,514	69,455				
21-44	0	0.0	0	0.0	274	2.0	2,724	0.5	35	13,419	107,189				
45-64	0	0.0	0	0.0	532	10.9	5,431	0.6	34	4,889	43,608				
65-74	0	0.0	0	0.0	16	23.2	165	0.8	70	69	672				
75-84	0	0.0	0	0.0	10	14.9	97	0.7	71	67	605				
85 and older	0	0.0	0	0.0	3	6.5	36	0.4	44	46	367				
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	4	42				

Table ND7D

Nondual Beneficiaries

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

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

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

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

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$523	7.4	86	835
Age				
0-64	729	8.5	46	465
65-74	452	9.8	8	78
75-84	255	5.5	13	132
85 and older	176	4.4	19	160
Unknown	0	0.0	0	0
Gender				
Female	508	7.0	61	575
Male	555	8.1	25	260
Unknown	0	0.0	0	0
Race				
White	562	7.6	70	709
African American	0	0	0	0
Other/unknown	303	6.1	16	126
Basis of Eligibility^c				
Aged	262	5.9	40	370
Disabled	729	8.5	46	465
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 101 beneficiaries who were in nursing facilities for part of their enrollment and their 1,053 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e} NONDUAL BENEFICIARIES, VERMONT, 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 Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	
															Residents	Months
Anti-infective Agents	0.6	0.3	0.0	0.3	\$21	\$14	\$2	\$5	\$37	\$126	\$17	322	\$11,854	55	64.0	%
Biologicals	0.1	0.0	0.0	0.1	2	0	1	18	10	0	22	8	141	7	8.1	
Antineoplastic Agents	1.3	1.1	0.0	0.2	###	1,069	0	20	843	950	0	121	26,132	2	2.3	
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.7	72	60	1	10	54	106	15	477	25,722	39	45.3	
Cardiovascular Agents	1.9	0.5	0.0	1.4	50	34	0	16	27	75	11	886	23,939	51	59.3	
Respiratory Agents	0.8	0.5	0.0	0.3	49	44	0	5	58	82	6	263	15,356	30	34.9	
Gastrointestinal Agents	1.1	0.5	0.0	0.6	53	44	0	9	50	93	0	488	24,532	45	52.3	
Genitourinary Agents	1.0	0.4	0.0	0.6	37	27	0	10	36	67	0	183	6,590	18	20.9	
CNS Drugs	2.0	1.1	0.0	0.9	221	202	2	17	110	190	69	1,303	143,341	63	73.3	
Stimulants/Anti-obesity/Anorexia	0.9	0.2	0.0	0.7	35	21	2	12	38	112	35	19	731	2	2.3	
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	265	265	0	0	298	298	0	66	19,636	8	9.3	
Analgesics and Anesthetics	1.1	0.3	0.0	0.8	39	20	1	19	35	66	23	517	18,121	47	54.7	
Neuromuscular Agents	1.8	0.6	0.0	1.1	167	86	12	69	95	137	408	765	72,724	40	46.5	
Nutritional Products	0.7	0.1	0.0	0.6	12	0	0	12	17	3	0	153	2,672	23	26.7	
Hematological Agents	1.1	0.3	0.3	0.4	56	50	3	3	53	156	9	246	12,935	22	25.6	
Topical Products	0.7	0.3	0.1	0.3	56	43	4	9	79	150	49	397	31,310	53	61.6	
Miscellaneous Products	0.2	0.2	0.0	0.0	6	5	0	0	26	29	0	13	332	5	5.8	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	27	0	0	8	218	2	2.3	
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	6,145	436,286	n.a.	n.a.	n.a.

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

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 101 beneficiaries who were in nursing facilities for part of their enrollment and their 1,053 benefit months were excluded from the analysis.

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

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

d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Vermont, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, VERMONT, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$109,917	54	62.8 %	555	0.9	\$214	\$198	
ANTICONVULSANT	46,423	37	43.0	399	1.3	92	116	
DERMATOLOGICAL	30,454	99	115.1	1,086	0.4	80	28	
ANTIDEPRESSANTS	29,779	49	57.0	528	0.9	60	56	
ANTINEOPLASTICS	26,132	2	2.3	24	1.3	843	1,089	
ULCER DRUGS	22,954	45	52.3	478	0.8	61	48	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	19,636	7	8.1	70	0.9	298	281	
ANTIPARKINSONIAN	19,101	14	16.3	145	1.0	137	132	
MISC. ENDOCRINE	15,855	11	12.8	120	0.7	182	132	
ANTIASTHMATIC	12,528	29	33.7	302	0.6	72	41	
Total	332,779	347		3,707	n.a.	n.a.	n.a.	

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

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 101 beneficiaries who were in nursing facilities for part of their enrollment and their 1,053 benefit months were excluded from the analysis.

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

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

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

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

TABLE ND.10A

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

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT						
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	2,764	\$332,779	54	62.8 %	555	0.9	\$198	37	43.0 %	399	1.3	\$116					
Female	1,837	226,442	40	65.6	390	0.9	215	27	44.3	282	1.1	96					
Disabled	1,291	178,640	31	88.6	326	0.8	210	21	60.0	237	1.1	109					
64 or younger	1,291	178,640	31	88.6	326	0.8	210	21	60.0	237	1.1	109					
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	546	47,802	9	34.6	64	1.3	240	6	23.1	45	0.8	29					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	194	16,380	3	75.0	19	2.6	416	1	25.0	12	0.4	26					
75-84	184	14,737	2	20.0	24	0.5	25	3	30.0	20	1.0	29					
85 and older	168	16,685	4	33.3	21	1.0	326	2	16.7	13	1.1	33					
Male	927	106,337	14	56.0	165	1.0	158	10	40.0	117	1.7	165					
Disabled	626	90,060	6	54.5	69	1.2	275	7	63.6	81	1.8	214					
64 or younger	626	90,060	6	54.5	69	1.2	275	7	63.6	81	1.8	214					
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	301	16,277	8	57.1	96	0.8	73	3	21.4	36	1.3	54					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	159	6,145	3	75.0	36	1.3	59	3	75.0	36	1.3	54					
75-84	72	7,906	5	166.7	60	0.5	81	0	0.0	0	0.0	0					
85 and older	70	2,226	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

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

- a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 101 beneficiaries who were in nursing facilities for part of their enrollment and their 1,053 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.medispanspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	DERMATOLOGICAL				ANTIDEPRESSANTS				ANTINEOPLASTICS			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$
All	99	115.1 %	1,086	0.4	49	57.0 %	528	0.9	2	2.3 %	24	1.3
Female												
Disabled	59	96.7	647	0.3	32	52.5	327	0.9	2	3.3	24	1.3
64 or younger	43	122.9	480	0.3	16	45.7	192	0.9	1	2.9	12	2,137
65-74	43	122.9	480	0.3	16	45.7	192	0.9	1	2.9	12	2,137
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Other Eligibles	16	61.5	167	0.3	16	61.5	135	1.0	1	3.8	12	0.3
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
65-74	7	175.0	72	0.5	2	50.0	23	1.6	0	0.0	0	0
75-84	0	0.0	0	0.0	5	50.0	53	0.8	1	10.0	12	40
85 and older	9	75.0	95	0.2	9	75.0	59	0.9	0	0.0	0	0
Male	40	160.0	439	0.4	17	68.0	201	0.9	0	0.0	0	0
Disabled	27	245.5	295	0.4	12	109.1	141	1.0	0	0.0	0	0
64 or younger	27	245.5	295	0.4	12	109.1	141	1.0	0	0.0	0	0
65-74	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Other Eligibles	13	92.9	144	0.3	5	35.7	60	0.8	0	0.0	0	0
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
65-74	6	150.0	72	0.2	2	50.0	24	0.6	0	0.0	0	0
75-84	2	66.7	24	0.3	1	33.3	12	0.4	0	0.0	0	0
85 and older	5	71.4	48	0.3	2	28.6	24	1.0	0	0.0	0	0
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0

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

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 101 beneficiaries who were in nursing facilities for part of their enrollment and their 1,053 benefit months were excluded from the analysis.

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

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

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0ffed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Beneficiary Characteristics	ULCER DRUGS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				ANTIPARKINSONIAN			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$
All	45	52.3 %	478	0.8	7	8.1 %	70	0.9	14	16.3 %	145	1.0
Female	31	50.8	319	0.8	4	6.6	40	1.1	11	18.0	109	0.7
Disabled	18	51.4	202	0.8	2	5.7	16	1.1	6	17.1	72	0.7
64 or younger	18	51.4	202	0.8	2	5.7	16	1.1	6	17.1	72	0.7
65-74	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Eligibles	13	50.0	117	0.8	2	7.7	24	1.1	5	19.2	37	0.9
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
65-74	3	75.0	34	0.9	0	0.0	0	0.0	1	25.0	11	0.4
75-84	5	50.0	41	0.8	2	20.0	24	0.9	2	20.0	24	1.1
85 and older	5	41.7	42	0.9	0	0.0	0	0.0	2	16.7	2	1.0
Male	14	56.0	159	0.8	3	12.0	30	0.8	3	12.0	36	1.6
Disabled	7	63.6	75	0.9	0	0.0	0	0.0	2	18.2	24	2.0
64 or younger	7	63.6	75	0.9	0	0.0	0	0.0	2	18.2	24	2.0
65-74	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Eligibles	7	50.0	84	0.6	3	21.4	30	0.8	1	7.1	12	0.8
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
65-74	3	75.0	36	0.6	0	0.0	0	0.0	1	25.0	12	0.8
75-84	1	33.3	12	0.7	2	66.7	24	0.8	0	0.0	0	0.0
85 and older	3	42.9	36	0.6	1	14.3	6	0.8	0	0.0	0	0.0
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 101 beneficiaries who were in nursing facilities for part of their enrollment and their 1,053 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	MISC. ENDOCRINE				ANTIASTHMATIC				Mean Rx \$	Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx					
All	11	12.8 %	120	0.7	29	33.7 %	302	0.6	\$42	86	835		
Female	9	14.8	107	0.7	23	37.7	236	0.7	53	61	575		
Disabled	4	11.4	48	0.9	16	45.7	169	0.7	54	35	356		
64 or younger	4	11.4	48	0.9	16	45.7	169	0.7	54	35	356		
65-74	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0		
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0		
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0		
Other Eligibles	5	19.2	59	0.5	7	26.9	67	0.7	50	26	219		
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0		
65-74	0	0.0	0	0.0	3	75.0	35	0.9	66	4	30		
75-84	2	20.0	23	0.6	3	30.0	29	0.4	20	10	96		
85 and older	3	25.0	36	0.4	1	8.3	3	2.3	158	12	93		
Male	2	8.0	13	1.3	6	24.0	66	0.1	2	25	260		
Disabled	1	9.1	12	1.3	1	9.1	12	0.1	1	11	109		
64 or younger	1	9.1	12	1.3	1	9.1	12	0.1	1	11	109		
65-74	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0		
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0		
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0		
Other Eligibles	1	7.1	1	2.0	5	35.7	54	0.1	2	14	151		
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0		
65-74	0	0.0	0	0.0	1	25.0	12	0.1	1	4	48		
75-84	0	0.0	0	0.0	2	66.7	24	0.1	3	3	36		
85 and older	1	14.3	1	2.0	2	28.6	18	0.1	2	7	67		
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0		

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

- a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 101 beneficiaries who were in nursing facilities for part of their enrollment and their 1,053 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 VERMONT, 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
				Excluded Rx	Beneficiary			Excluded Rx	%	
All	22,179	17.5%	0.7	84,737	\$11	\$1,367,330	\$16	2.6%	126,756	
Age										
5 and younger	3,323	14.5	0.3	6,435	5	112,100	17	3.4	22,849	
6-14	4,129	12.4	0.2	8,094	7	221,338	27	2.5	33,382	
15-20	2,388	14.1	0.3	4,877	9	151,429	31	2.4	16,947	
21-44	8,167	20.8	0.9	34,829	12	479,904	14	2.7	39,197	
45-64	4,013	28.9	2.1	29,065	28	386,018	13	2.4	13,869	
65-74	73	32.0	2.7	614	28	6,456	11	2.0	228	
75-84	49	28.8	2.0	338	24	4,060	12	1.6	170	
85 and older	36	32.7	4.4	483	55	6,011	12	4.9	110	
Unknown	1	25.0	0.5	2	4	14	7	15.6	4	
Basis of Eligibility^c										
Aged	128	29.7	2.6	1,126	33	14,201	13	2.6	431	
Disabled	3,706	42.8	3.5	30,595	67	575,563	19	2.6	8,652	
Adults	9,394	19.3	0.8	36,929	9	440,056	12	2.7	48,683	
Children	8,951	13.0	0.2	16,087	5	337,510	21	2.4	68,990	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	14,510	21.1	0.8	57,718	12	850,940	15	2.8	68,771	
Male	7,669	13.2	0.5	27,019	9	516,390	19	2.3	57,985	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	15,508	21.8	0.9	67,204	16	1,113,464	17	2.8	71,282	
African American	138	13.9	0.5	533	6	6,092	11	1.3	991	
Other/unknown	6,533	12.0	0.3	17,000	5	247,774	15	2.0	54,483	
Use of Nursing Facilities^d										
Entire year	60	69.8	8.8	757	97	8,302	11	1.9	86	
Part year	84	83.2	10.5	1,062	131	13,199	12	3.0	101	
None	22,035	17.4	0.7	82,918	11	1,345,829	16	2.6	126,569	
Maintenance Assistance Status										
Cash	6,436	30.6	1.7	35,771	32	670,873	19	2.7	21,015	
Medically needy	1,826	22.1	0.8	6,902	14	114,721	17	2.4	8,258	
Poverty related	5,788	11.6	0.2	10,049	4	206,318	21	2.5	49,918	
Other/unknown	8,129	17.1	0.7	32,015	8	375,418	12	2.4	47,565	

Table ND11

Nondual Beneficiaries

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

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

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

TABLE ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 VERMONT, 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	\$1	\$16	\$0	\$0	1,201,849
Age						
5 and younger	0.0	1	17	0	0	215,893
6-14	0.0	1	27	0	0	341,440
15-20	0.0	1	31	0	0	158,877
21-44	0.1	1	14	0	1	347,802
45-64	0.2	3	13	0	1	133,111
65-74	0.3	3	11	0	1	2,254
75-84	0.2	3	12	0	1	1,529
85 and older	0.5	7	12	0	1	901
Unknown	0.0	0	7	0	0	42
Basis of Eligibility^c						
Aged	0.3	4	13	0	1	3,640
Disabled	0.3	6	19	0	3	95,636
Adults	0.1	1	12	0	0	427,427
Children	0.0	0	21	0	0	675,146
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	1	15	0	1	660,193
Male	0.0	1	19	0	0	541,656
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	2	17	0	1	698,741
African American	0.1	1	11	0	0	9,076
Other/unknown	0.0	1	15	0	0	494,032
Use of Nursing Facilities^d						
Entire year	0.9	10	11	0	3	835
Part year	1.0	13	12	0	6	1,053
None	0.1	1	16	0	0	1,199,961
Maintenance Assistance Status						
Cash	0.2	3	19	0	1	219,563
Medically needy	0.1	2	17	0	1	74,019
Poverty related	0.0	0	21	0	0	477,689
Other/unknown	0.1	1	12	0	0	430,578

Table ND12

Nondual Beneficiaries

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

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

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

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
VERMONT, 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	
			\$	%	\$	%				%
All	26,819	\$51	\$1,367,330	100.0	\$16	84,737	\$16	100.0	100.0	
Anorexia or weight loss/gain	76	235	17,858	1.3	215	83	83	0.3	0.3	
Fertility drugs	7	124	870	0.1	16	54	54	0.0	0.0	
Drugs for cosmetic purposes	94	11	1,076	0.1	122	9	9	0.1	0.1	
Cough and cold medications	6,467	44	283,393	20.7	11,121	25	25	13.1	13.1	
Vitamins and minerals	1,660	46	76,880	5.6	5,221	15	15	6.2	6.2	
Non-prescription drugs	10,278	29	301,897	22.1	22,674	13	13	26.8	26.8	
Barbiturates	161	48	7,735	0.6	1,445	5	5	1.7	1.7	
Benzodiazepines	7,241	69	497,429	36.4	40,550	12	12	47.9	47.9	
Other Part D Excl Rx Drugs	835	216	180,192	13.2	3,373	53	53	4.0	4.0	

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

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

APPENDIX TABLE A.1

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

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	126,756	431	8,652	48,683	68,990	1,201,849	3,640	95,636	427,427	675,146	0
Age											
5 and younger	22,849	0	322	2	22,525	0	0	3,512	13	212,368	0
6-14	33,382	1	1,226	3	32,152	0	0	13,892	29	327,507	0
15-20	16,947	3	1,013	2,080	13,851	0	0	11,312	16,258	131,297	0
21-44	39,197	18	2,823	35,903	453	0	0	30,985	312,852	3,872	0
45-64	13,869	30	3,204	10,631	4	0	0	35,213	97,636	48	0
65-74	228	126	54	47	1	0	0	613	473	12	0
75-84	170	145	9	16	0	0	0	97	154	0	0
85 and older	110	108	1	1	0	0	0	12	12	0	0
Unknown	4	0	0	0	4	0	0	0	0	42	0
Gender											
Female	68,771	278	4,606	29,756	34,131	0	0	51,493	271,647	334,762	0
Male	57,985	153	4,046	18,927	34,859	0	0	44,143	155,780	340,384	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	71,282	215	6,673	32,478	31,916	0	0	74,702	292,663	329,459	0
African American	991	3	79	422	487	0	0	833	3,477	4,733	0
Other/unknown	54,483	213	1,900	15,783	36,587	0	0	20,101	131,287	340,954	0
Use of Nursing Facilities^c											
Entire year	86	40	46	0	0	0	0	465	0	0	0
Part year	101	16	72	13	0	0	0	766	129	0	0
None	126,569	375	8,534	48,670	68,990	0	0	94,405	427,298	675,146	0
Maintenance Assistance Status											
Cash	21,015	38	7,298	4,407	9,272	0	0	82,357	42,680	94,136	0
Medically needy	8,258	112	595	5,240	2,311	0	0	5,444	48,830	18,735	0
Poverty related	49,918	46	0	2,490	47,382	0	0	0	17,872	459,536	0
Other/unknown	47,565	235	759	36,546	10,025	0	0	7,835	318,045	102,739	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	126,756	431	8,652	48,683	68,990	0	0	95,636	427,427	675,146	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0

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

- a. Table A.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

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

	Beneficiaries and		
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Included in Cell K of Table 1 Number of Beneficiaries	Excluded from Cell K of Table 1 Number of Beneficiaries
All	126,756	126,756	0
Fee-for-service (FFS) all year	126,756	126,756	0
FFS part year, with Rx claims	0	0	0
FFS part year, with no Rx claims	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0
MC all year, with no Rx claims	0	0	0

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

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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