STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
NORTH CAROLINA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NORTH CAROLINA, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries	(Cell)	Number of Dual Eligible Beneficiaries	(Cell)[g]	Number of Non-dual Eligible Beneficiaries	(Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	1,550,676	(A)	294,459	(E)	1,256,217	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1,463,046	(B)	235,680	(F)	1,227,366	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	1,453,603	(C)	235,654	(G)	1,217,949	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	14,535	(D)	13,679	(H)	856	(L)

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for North Carolina in 2004 was $1,604,871,075, of which $70,987,539 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit pa

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the benficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

NORTH CAROLINA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**1,453,603**	**138,990**	**247,442**	**272,804**	**794,367**	**0**	**13,759,717**	**1,509,417**	**2,667,284**	**2,132,129**	**7,450,887**	**0**
Age												
5 and younger	353,029	0	9,289	3	343,737	0	3,239,107	0	96,473	4	3,142,630	0
6-14	340,756	1	22,958	77	317,720	0	3,345,210	1	259,005	327	3,085,877	0
15-20	166,988	6	16,201	19,213	131,568	0	1,530,604	36	180,625	133,209	1,216,734	0
21-44	314,414	70	79,585	233,424	1,335	0	2,699,967	393	861,851	1,832,095	5,628	0
45-64	138,961	154	118,776	20,031	0	0	1,430,527	986	1,263,500	166,041	0	0
65-74	55,334	54,855	428	51	0	0	611,301	607,302	3,576	423	0	0
75-84	51,817	51,669	145	3	0	0	567,647	565,973	1,652	22	0	0
85 and older	32,297	32,235	60	2	0	0	335,336	334,726	602	8	0	0
Unknown	7	0	0	0	7	0	18	0	0	0	18	0
Gender												
Female	869,677	105,997	126,776	237,229	399,675	0	8,167,339	1,156,873	1,382,324	1,872,619	3,755,523	0
Male	583,926	32,993	120,666	35,575	394,692	0	5,592,378	352,544	1,284,960	259,510	3,695,364	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	632,784	71,566	108,434	128,522	324,262	0	5,895,867	766,178	1,152,463	989,518	2,987,708	0
African American	595,616	49,297	98,266	116,654	331,399	0	0 5,820,401	546,370	1,069,643	981,411	3,222,977	0
Other/unknown	225,203	18,127	40,742	27,628	138,706	0	2,043,449	196,869	445,178	161,200	1,240,202	0
Use of Nursing Facilities[c]												
Entire year	14,535	12,581	1,954	0	0	0	161,448	139,052	22,396	0	0	0
Part year	14,986	12,098	2,859	28	1	0	148,836	119,125	29,430	276	5	0
None	1,424,082	114,311	242,629	272,776	794,366	0	13,449,433	1,251,240	2,615,458	2,131,853	7,450,882	0
Maintenance Assistance Status												
Cash	576,306	63,346	162,963	168,952	181,045	0	5,712,527	709,953	1,829,698	1,405,834	1,767,042	0
Medically needy	11,204	5,999	2,632	2,030	543	0	101,866	57,758	25,200	14,827	4,081	0
Poverty-related	750,068	69,645	81,845	58,158	540,420	0	6,819,711	741,706	812,376	311,870	4,953,759	0
Other/unknown	116,025	0	2	43,664	72,359	0	1,125,613	0	10	399,598	726,005	0
Dual Medicare Status[d]												
Full dual, all year	227,581	131,546	94,253	1,756	26	0	2,510,380	1,442,797	1,052,516	14,840	227	0
Full dual, part year	8,073	4,501	3,554	18	0	0	90,349	50,134	40,006	209	0	0
Non-dual, all year	1,217,949	2,943	149,635	271,030	794,341	0	11,158,988	16,486	1,574,762	2,117,080	7,450,660	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,436,331	138,981	246,742	268,632	781,976	0	13,653,078	1,509,360	2,662,106	2,107,256	7,374,356	0
FFS part year, with Rx claims	11,409	9	632	3,453	7,315	0	75,782	57	4,788	21,432	49,505	0
FFS part year, no Rx claims	5,863	0	68	719	5,076	0	30,857	0	390	3,441	27,026	0

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 2 includes the beneficiaries represented by Cell C 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.

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

NORTH CAROLINA, 2004

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	**71.4 %**	**15.8**	**$1,055**	**$67**	**$4,843**	**21.8 %**	**1,453,603**
Age							
5 and younger	67.4	4.1	214	52	1,939	11.0	353,029
6-14	59.9	4.9	365	75	2,176	16.7	340,756
15-20	63.7	6.0	431	71	3,644	11.8	166,988
21-44	76.4	15.2	1,161	77	5,539	21.0	314,414
45-64	86.8	45.9	3,324	72	11,525	28.8	138,961
65-74	91.4	54.8	3,280	60	9,164	35.8	55,334
75-84	93.1	56.5	3,172	56	12,050	26.3	51,817
85 and older	93.3	53.3	2,772	52	16,444	16.9	32,297
Unknown	0.0	0.0	0	0	0	0.0	7
Basis of Eligibility[e]							
Aged	92.5	55.1	3,123	57	11,937	26.2	138,990
Disabled	84.2	37.0	3,075	83	12,872	23.9	247,442
Adults	74.1	10.2	552	54	3,168	17.4	272,804
Children	62.8	4.2	237	56	1,676	14.1	794,367
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	74.4	18.4	1,148	62	4,932	23.3	869,677
Male	67.0	11.9	917	77	4,711	19.5	583,926
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	77.1	20.1	1,357	67	5,746	23.6	632,784
African American	68.3	12.5	819	65	4,258	19.2	595,616
Other/unknown	63.8	12.2	833	68	3,854	21.6	225,203
Use of Nursing Facilities[f]							
Entire year	97.5	77.6	4,624	60	42,053	11.0	14,535
Part year	97.6	64.7	4,059	63	27,232	14.9	14,986
None	70.9	14.6	987	67	4,228	23.4	1,424,082
Maintenance Assistance Status							
Cash	76.4	21.2	1,481	70	6,058	24.5	576,306
Medically needy	86.7	46.3	3,011	65	22,654	13.3	11,204
Poverty related	67.2	12.4	785	63	3,912	20.1	750,068
Other/unknown	72.8	8.0	500	63	3,113	16.1	116,025

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 3 includes beneficiaries represented by Cell C 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 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

NORTH CAROLINA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: 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]	Number: Beneficiaries	Number: Benefit Months
All	**1.7**	**$112**	**21.8 %**	**28.6 %**	**45.0 %**	**7.7 %**	**10.9 %**	**6.1 %**	**1.7 %**	**$512**	**1,453,603**	**13,759,717**
Age												
5 and younger	0.5	23	11.0	32.6	61.4	4.3	1.6	0.1	0.0	211	353,029	3,239,107
6-14	0.5	37	16.7	40.1	51.2	5.0	3.3	0.4	0.0	222	340,756	3,345,210
15-20	0.7	47	11.8	36.3	51.7	6.9	4.3	0.6	0.1	398	166,988	1,530,604
21-44	1.8	135	21.0	23.6	43.9	12.5	14.6	4.5	1.0	645	314,414	2,699,967
45-64	4.5	323	28.8	13.2	17.4	11.1	29.1	21.8	7.4	1,120	138,961	1,430,527
65-74	5.0	297	35.8	8.6	12.4	9.8	32.7	28.0	8.4	830	55,334	611,301
75-84	5.2	290	26.3	6.9	10.0	9.5	34.7	30.9	8.1	1,100	51,817	567,647
85 and older	5.1	267	16.9	6.7	9.1	9.6	36.1	31.8	6.7	1,584	32,297	335,336
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	7	18
Basis of Eligibility[e]												
Aged	5.1	288	26.2	7.5	10.8	9.7	34.2	30.0	7.9	1,099	138,990	1,509,417
Disabled	3.4	285	23.9	15.8	26.2	11.6	25.1	16.2	5.1	1,194	247,442	2,667,284
Adults	1.3	71	17.4	25.9	48.2	12.1	11.4	2.1	0.3	405	272,804	2,132,129
Children	0.5	25	14.1	37.2	55.8	4.6	2.1	0.2	0.0	179	794,367	7,450,887
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.0	122	23.3	25.6	44.1	8.3	12.3	7.5	2.2	525	869,677	8,167,339
Male	1.2	96	19.5	33.0	46.4	6.8	8.7	4.1	0.9	492	583,926	5,592,378
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.2	146	23.6	22.9	43.7	9.2	13.4	8.1	2.6	617	632,784	5,895,867
African American	1.3	84	19.2	31.7	46.8	6.8	9.2	4.6	0.8	436	595,616	5,820,401
Other/unknown	1.3	92	21.6	36.2	44.1	5.8	8.0	4.6	1.3	425	225,203	2,043,449
Use of Nursing Facilities[f]												
Entire year	7.0	416	11.0	2.5	4.1	5.8	27.9	41.5	18.2	3,786	14,535	161,448
Part year	6.5	409	14.9	2.4	5.8	7.8	31.8	38.0	14.1	2,742	14,986	148,836
None	1.6	105	23.4	29.1	45.9	7.7	10.5	5.4	1.4	448	1,424,082	13,449,433
Maintenance Assistance Status												
Cash	2.1	149	24.5	23.6	40.9	9.5	15.2	8.5	2.3	611	576,306	5,712,527
Medically needy	5.1	331	13.3	13.3	16.0	9.7	26.0	25.5	9.5	2,492	11,204	101,866
Poverty related	1.4	86	20.1	32.8	47.0	6.1	7.9	4.8	1.3	430	750,068	6,819,711
Other/unknown	0.8	52	16.1	27.2	55.4	9.1	7.2	1.0	0.1	321	116,025	1,125,613

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 4 includes the beneficiaries represented by Cell C 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 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

NORTH CAROLINA, 2004

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	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	**1.7**	**$112**	**$67**	**0.7**	**$87**	**$119**	**0.1**	**$7**	**$65**	**0.8**	**$18**	**$22**
Age												
5 and younger	0.5	23	52	0.2	17	107	0.0	2	41	0.2	4	18
6-14	0.5	37	75	0.3	31	111	0.0	2	63	0.2	4	22
15-20	0.7	47	71	0.3	37	124	0.0	2	65	0.3	8	24
21-44	1.8	135	77	0.7	105	147	0.1	9	85	0.9	21	23
45-64	4.5	323	72	2.0	249	127	0.3	22	84	2.2	52	24
65-74	5.0	297	60	2.2	230	102	0.3	16	54	2.4	51	21
75-84	5.2	290	56	2.3	223	98	0.3	15	43	2.5	51	20
85 and older	5.1	267	52	2.1	200	96	0.4	14	36	2.6	52	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	5.1	288	57	2.2	221	100	0.3	15	45	2.5	51	21
Disabled	3.4	285	83	1.5	224	146	0.2	19	90	1.7	42	25
Adults	1.3	71	54	0.5	52	107	0.1	4	61	0.7	14	19
Children	0.5	25	56	0.2	20	96	0.0	1	46	0.2	4	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	2.0	122	62	0.8	94	112	0.1	7	60	1.0	21	21
Male	1.2	96	77	0.6	76	134	0.1	6	75	0.6	14	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.2	146	67	0.9	112	119	0.1	9	68	1.1	24	23
African American	1.3	84	65	0.6	66	118	0.1	4	58	0.6	13	20
Other/unknown	1.3	92	68	0.6	71	121	0.1	6	65	0.7	15	23
Use of Nursing Facilities[e]												
Entire year	7.0	416	60	2.8	309	111	0.6	29	44	3.5	78	22
Part year	6.5	409	63	2.7	306	115	0.5	25	47	3.3	77	23
None	1.6	105	67	0.7	81	119	0.1	6	68	0.8	17	22
Maintenance Assistance Status												
Cash	2.1	149	70	0.9	117	125	0.1	9	71	1.1	24	22
Medically needy	5.1	331	65	2.1	249	120	0.4	21	50	2.6	60	23
Poverty related	1.4	86	63	0.6	66	111	0.1	6	60	0.7	14	21
Other/unknown	0.8	52	63	0.4	41	111	0.0	3	54	0.4	8	19

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 5 includes the beneficiaries represented by Cell C 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 North Carolina, 0.4 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 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

NORTH CAROLINA, 2004

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	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 Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	$18	$13	$1	$3	$70	$139	$74	$24	1,809,770	$125,805,801	655,179	45.1 %	6,951,242
Biologicals	0.4	0.4	0.0	0.0	476	417	7	52	1269	1,164	5,141	3,423	13,941	17,694,184	3,990	0.3	37,189
Antineoplastic Agents	0.5	0.1	0.0	0.3	89	60	1	27	195	560	159	80	72,128	14,060,293	14,712	1.0	158,769
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.3	32	24	2	6	52	89	28	21	2,080,827	107,261,778	315,269	21.7	3,381,746
Cardiovascular Agents	1.6	0.7	0.1	0.8	63	48	2	13	40	71	33	16	4,589,141	185,083,163	268,236	18.5	2,953,416
Respiratory Agents	0.5	0.3	0.0	0.2	26	22	1	3	55	81	33	17	2,707,991	150,123,542	539,545	37.1	5,768,677
Gastrointestinal Agents	0.6	0.3	0.0	0.2	62	51	2	9	104	148	70	39	1,585,398	164,100,392	244,627	16.8	2,661,837
Genitourinary Agents	0.3	0.2	0.0	0.1	19	16	2	2	62	80	49	25	318,350	19,806,849	96,989	6.7	1,029,715
CNS Drugs	0.9	0.4	0.0	0.5	87	72	4	11	93	165	103	25	3,016,334	281,984,861	300,245	20.7	3,242,505
Stimulants/Anti-obesity/Anorexia	0.5	0.5	0.0	0.1	51	47	1	3	94	105	70	39	425,863	40,035,976	71,585	4.9	777,661
Miscellaneous Psychological/ Neurological Agents	0.6	0.5	0.0	0.0	111	109	0	3	191	199	110	75	137,984	26,408,698	21,436	1.5	237,066
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	32	23	2	7	58	157	182	19	2,487,885	144,478,088	431,844	29.7	4,578,523
Neuromuscular Agents	0.7	0.2	0.1	0.3	57	33	15	8	84	159	117	25	1,265,107	106,391,913	170,918	11.8	1,873,276
Nutritional Products	0.4	0.0	0.0	0.4	8	1	0	7	18	18	16	18	582,435	10,291,066	131,464	9.0	1,367,749
Hematological Agents	0.6	0.2	0.1	0.3	78	68	4	6	124	276	33	23	555,683	69,168,975	81,491	5.6	887,598
Topical Products	0.3	0.1	0.0	0.1	14	9	1	3	50	82	54	24	1,191,201	60,122,282	410,309	28.2	4,414,096
Miscellaneous Products	0.5	0.2	0.0	0.2	116	84	13	18	244	440	300	77	36,606	8,914,882	6,937	0.5	76,915
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	28	0	0	0	77,922	2,150,793	26,130	1.8	292,776
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.	22,954,566	1,533,883,536	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

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

d. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In North Carolina, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

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 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

NORTH CAROLINA, 2004

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$162,890,645	111,884	7.7 %	1,257,129	0.6	$226	$130
ULCER DRUGS	136,320,541	233,732	16.1	2,562,636	0.5	111	53
ANTIDEPRESSANTS	90,235,754	250,598	17.2	2,726,789	0.5	68	33
ANTICONVULSANT	89,226,904	125,233	8.6	1,394,864	0.6	105	64
ANTIASTHMATIC	79,422,783	336,067	23.1	3,681,152	0.3	71	22
ANALGESICS - Narcotic	72,626,792	494,540	34.0	5,327,032	0.3	48	14
ANTIHYPERLIPIDEMIC	70,675,905	112,239	7.7	1,276,938	0.6	94	55
ANTIDIABETIC	67,761,087	144,870	10.0	1,619,792	0.6	65	42
ANALGESICS - ANTI-INFLAMMATORY	52,941,585	253,614	17.4	2,758,218	0.3	72	19
ANTIVIRAL	50,343,881	33,169	2.3	360,570	0.4	395	140
Total	872,445,877	2,095,946		22,965,120	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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.