

# **STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 UNITED STATES**

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UNITED STATES, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>		Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	58,239,316	(A)	8,647,662	(E)	49,591,654 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	54,481,875	(B)	7,398,039	(F)	46,919,923 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	42,398,568	(C)	6,915,521	(G)	35,483,047 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	890,266	(D)	813,550	(H)	76,716 (L)

Source: Data for this table are from the MAX 2004 file for the U.S., released by CMS in 03/2008. This table was produced on 09/25/2008.

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 beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for the U.S. in 2004 was \$40,285,601,260, of which \$1,814,504,736 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.

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 separately 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. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. The dual eligible tables include all dual eligible benefit months in which the beneficiary 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<sup>a, b</sup>  
UNITED STATES, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>42,398,568</b>	<b>4,150,690</b>	<b>7,192,535</b>	<b>10,346,693</b>	<b>20,686,764</b>	<b>21,886</b>	<b>349,692,177</b>	<b>42,500,119</b>	<b>75,422,604</b>	<b>72,444,725</b>	<b>159,132,703</b>	<b>192,026</b>
<b>Age</b>												
5 and younger	8,863,391	71	209,524	952	8,652,841	3	65,187,620	391	2,035,019	4,445	63,147,752	13
6-14	8,749,442	56	544,686	2,230	8,202,470	0	72,737,786	285	5,791,541	11,977	66,933,983	0
15-20	5,110,338	110	410,766	1,022,687	3,676,389	386	39,505,282	712	4,278,496	6,900,962	28,322,576	2,536
21-44	10,597,995	680	2,271,123	8,258,724	59,773	7,695	81,874,144	4,582	23,821,843	57,706,589	279,275	61,855
45-64	4,233,508	3,358	3,171,453	1,044,655	722	13,320	40,866,318	29,875	32,970,271	7,739,443	3,699	123,030
65-74	1,911,664	1,483,635	421,521	6,002	30	476	20,139,398	15,381,843	4,711,404	41,406	195	4,550
75-84	1,712,415	1,582,329	129,259	816	8	3	17,954,247	16,500,247	1,448,450	5,467	56	27
85 and older	1,114,678	1,080,227	34,194	214	41	2	10,948,365	10,581,423	365,546	1,065	320	11
Unknown	105,137	224	9	10,413	94,490	1	479,017	761	34	33,371	444,847	4
<b>Gender</b>												
Female	25,440,946	2,946,108	3,729,067	8,400,170	10,343,728	21,873	209,940,800	30,450,695	39,586,670	60,057,335	79,654,194	191,906
Male	16,863,136	1,204,342	3,463,254	1,942,341	10,253,188	11	139,191,703	12,047,482	35,834,226	12,377,766	78,932,123	106
Unknown	94,486	240	214	4,182	89,848	2	559,674	1,942	1,708	9,624	546,386	14
<b>Race</b>												
White	19,393,886	2,370,136	3,774,315	4,428,859	8,808,729	11,847	166,397,234	23,781,484	39,557,250	31,484,458	71,474,575	99,467
African American	9,716,164	637,955	1,746,844	2,132,537	5,195,361	3,467	82,822,050	6,666,672	18,258,143	15,389,750	42,477,326	30,159
Other/unknown	13,288,518	1,142,599	1,671,376	3,785,297	6,682,674	6,572	100,472,893	12,051,963	17,607,211	25,570,517	45,180,802	62,400
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	890,266	734,950	154,722	358	229	7	9,086,273	7,390,792	1,690,434	2,977	2,013	57
Part year	540,448	393,058	142,747	3,614	971	58	5,129,332	3,642,532	1,449,367	29,713	7,155	565
None	40,967,854	3,022,682	6,895,066	10,342,721	20,685,564	21,821	335,476,572	31,466,795	72,282,803	72,412,035	159,123,535	191,404
<b>Maintenance Assistance Status</b>												
Cash	14,795,288	1,535,437	5,262,255	2,963,340	5,034,256	0	131,214,153	17,048,341	56,614,275	19,391,488	38,160,049	0
Medically needy	2,512,163	588,784	457,704	832,242	633,433	0	19,831,056	5,538,790	4,199,558	5,918,178	4,174,530	0
Poverty-related	13,565,055	527,950	631,178	1,256,942	11,127,099	21,886	106,810,503	5,392,980	6,223,378	6,613,581	88,388,538	192,026
Other/unknown	11,526,062	1,498,519	841,398	5,294,169	3,891,976	0	91,836,465	14,520,008	8,385,393	40,521,478	28,409,586	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	6,700,027	3,748,261	2,864,622	85,089	1,105	950	70,695,801	38,703,212	31,272,450	701,485	9,344	9,310
Full dual, part year	215,494	121,345	92,256	1,888	4	1	2,198,538	1,242,684	937,937	17,877	28	12
Non-dual, all year	35,483,047	281,084	4,235,657	10,259,716	20,685,655	20,935	276,797,838	2,554,223	43,212,217	71,725,363	159,123,331	182,704
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	33,302,954	4,035,770	6,678,523	7,832,078	14,734,980	21,603	306,797,008	41,793,554	72,175,728	61,111,137	131,526,177	190,412
FFS part year, with Rx claims	2,960,231	51,417	245,417	938,051	1,725,152	194	11,678,327	261,297	1,280,885	3,499,901	6,635,141	1,103
FFS part year, no Rx claims	4,398,863	34,527	140,470	1,117,207	3,106,603	56	12,301,135	113,980	467,388	2,996,278	8,723,319	170
MC all year, with FFS Rx claims	1,736,520	28,976	128,125	459,357	1,120,029	33	18,915,707	331,288	1,498,603	4,837,409	12,248,066	341

Source: Data for this table are from the MAX 2004 file for the U.S., released by CMS in 03/2008. This table was produced on 09/25/2008.

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<sup>a, b</sup>  
UNITED STATES, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>60.4 %</b>	<b>13.4</b>	<b>\$907</b>	<b>\$68</b>	<b>\$4,912</b>	<b>18.5 %</b>	<b>42,398,568</b>
<b>Age</b>							
5 and younger	57.7	3.6	167	46	1,886	8.8	8,863,391
6-14	52.5	4.1	292	72	1,743	16.8	8,749,442
15-20	50.3	4.4	307	71	2,544	12.1	5,110,338
21-44	56.7	10.4	835	80	4,590	18.2	10,597,995
45-64	78.4	38.6	2,923	76	11,837	24.7	4,233,508
65-74	83.6	41.6	2,556	62	9,409	27.2	1,911,664
75-84	85.1	44.8	2,519	56	13,650	18.5	1,712,415
85 and older	84.7	44.4	2,191	49	20,757	10.6	1,114,678
Unknown	10.0	0.5	20	43	523	3.7	105,137
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	83.8	42.2	2,349	56	13,821	17.0	4,150,690
Disabled	81.3	36.3	2,981	82	13,845	21.5	7,192,535
Adults	50.7	5.9	333	57	1,998	16.7	10,346,693
Children	53.3	3.5	183	52	1,471	12.5	20,686,764
Unknown	76.6	17.5	1,716	98	10,319	16.6	21,886
<b>Gender</b>							
Female	61.9	14.8	918	62	4,850	18.9	25,440,946
Male	58.5	11.5	897	78	5,031	17.8	16,863,136
Unknown	11.9	0.6	35	58	698	5.0	94,486
<b>Race</b>							
White	66.9	18.1	1,187	66	6,269	18.9	19,393,886
African American	58.7	10.6	721	68	4,235	17.0	9,716,164
Other/unknown	52.3	8.7	635	73	3,427	18.5	13,288,518
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	90.0	68.3	3,771	55	42,191	8.9	890,266
Part year	92.8	57.0	3,362	59	29,491	11.4	540,448
None	59.4	11.7	813	70	3,778	21.5	40,967,854
<b>Maintenance Assistance Status</b>							
Cash	67.3	19.1	1,413	74	6,217	22.7	14,795,288
Medically needy	64.3	17.9	1,246	70	10,444	11.9	2,512,163
Poverty related	59.0	6.5	377	58	2,132	17.7	13,565,055
Other/unknown	52.4	13.4	810	60	5,304	15.3	11,526,062



Source: Data for this table are from the MAX 2004 file for the U.S., released by CMS in 03/2008. This table was produced on 09/25/2008.

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; 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<sup>a, b</sup>  
 UNITED STATES, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				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		Beneficiaries	Benefit Months
<b>All</b>	<b>1.6</b>	<b>\$110</b>	<b>18.5 %</b>	<b>39.6 %</b>	<b>36.5 %</b>	<b>6.9 %</b>	<b>9.6 %</b>	<b>5.6 %</b>	<b>1.9 %</b>	<b>\$596</b>	<b>42,398,568</b>	<b>349,692,177</b>
<b>Age</b>												
5 and younger	0.5	23	8.8	42.3	49.6	4.9	2.5	0.5	0.2	257	8,863,391	65,187,620
6-14	0.5	35	16.8	47.5	43.9	4.6	3.3	0.6	0.2	210	8,749,442	72,737,786
15-20	0.6	40	12.1	49.7	40.4	5.2	3.6	0.8	0.2	329	5,110,338	39,505,282
21-44	1.3	108	18.2	43.3	34.7	7.9	9.2	3.8	1.2	594	10,597,995	81,874,144
45-64	4.0	303	24.7	21.6	18.4	10.7	24.4	18.0	6.9	1,226	4,233,508	40,866,318
65-74	3.9	243	27.2	16.4	17.6	12.3	27.9	19.6	6.3	893	1,911,664	20,139,398
75-84	4.3	240	18.5	14.9	14.3	11.5	29.3	22.8	7.1	1,302	1,712,415	17,954,247
85 and older	4.5	223	10.6	15.3	11.8	9.9	29.5	26.3	7.2	2,113	1,114,678	10,948,365
Unknown	0.1	4	3.7	90.0	6.5	1.3	1.4	0.6	0.2	115	105,137	479,017
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	4.1	229	17.0	16.2	15.3	11.6	28.5	21.7	6.7	1,350	4,150,690	42,500,119
Disabled	3.5	284	21.5	18.7	24.2	11.5	23.8	16.1	5.7	1,320	7,192,535	75,422,604
Adults	0.8	48	16.7	49.3	35.3	6.7	6.2	2.0	0.6	285	10,346,693	72,444,725
Children	0.5	24	12.5	46.7	45.6	4.5	2.5	0.5	0.2	191	20,686,764	159,132,703
Unknown	2.0	196	16.6	23.4	34.4	15.1	19.4	6.7	1.0	1,176	21,886	192,026
<b>Gender</b>												
Female	1.8	111	18.9	38.1	36.1	7.1	10.2	6.3	2.2	588	25,440,946	209,940,800
Male	1.4	109	17.8	41.5	37.2	6.7	8.7	4.5	1.4	610	16,863,136	139,191,703
Unknown	0.1	6	5.0	88.1	9.7	1.2	0.7	0.2	0.0	118	94,486	559,674
<b>Race</b>												
White	2.1	138	18.9	33.1	36.5	7.8	11.8	7.9	2.9	731	19,393,886	166,397,234
African American	1.2	85	17.0	41.3	38.9	6.4	8.2	4.1	1.1	497	9,716,164	82,822,050
Other/unknown	1.2	84	18.5	47.7	34.7	6.0	7.3	3.3	0.9	453	13,288,518	100,472,893
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	6.7	370	8.9	10.0	6.6	5.3	22.9	36.3	19.0	4,134	890,266	9,086,273
Part year	6.0	354	11.4	7.2	9.3	8.3	28.7	32.7	13.8	3,107	540,448	5,129,332
None	1.4	99	21.5	40.6	37.5	6.9	9.0	4.6	1.3	461	40,967,854	335,476,572
<b>Maintenance Assistance Status</b>												
Cash	2.2	159	22.7	32.7	34.2	8.9	14.0	7.8	2.4	701	14,795,288	131,214,153
Medically needy	2.3	158	11.9	35.7	31.5	8.3	12.9	8.7	2.9	1,323	2,512,163	19,831,056
Poverty related	0.8	48	17.7	41.0	45.7	5.7	5.0	2.1	0.6	271	13,565,055	106,810,503
Other/unknown	1.7	102	15.3	47.6	29.7	5.5	8.6	6.2	2.4	666	11,526,062	91,836,465

Table 4

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2004 file for the U.S., released by CMS in 03/2008. This table was produced on 09/25/2008.

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<sup>a,b,c</sup>  
UNITED STATES, 2004

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>1.6</b>	<b>\$110</b>	<b>\$68</b>	<b>0.7</b>	<b>\$84</b>	<b>\$126</b>	<b>0.1</b>	<b>\$7</b>	<b>\$72</b>	<b>0.9</b>	<b>\$19</b>	<b>\$22</b>
<b>Age</b>												
5 and younger	0.5	23	46	0.2	16	99	0.1	2	36	0.3	4	16
6-14	0.5	35	72	0.2	29	116	0.0	2	58	0.2	5	22
15-20	0.6	40	71	0.2	31	129	0.0	2	66	0.3	6	22
21-44	1.3	108	80	0.5	83	159	0.1	8	92	0.7	17	24
45-64	4.0	303	76	1.6	229	140	0.2	22	96	2.1	51	24
65-74	3.9	243	62	1.7	185	109	0.2	14	66	2.0	43	21
75-84	4.3	240	56	1.8	182	101	0.3	13	54	2.2	44	20
85 and older	4.5	223	49	1.7	164	95	0.3	13	44	2.5	46	19
Unknown	0.1	4	43	0.0	3	135	0.0	0	38	0.1	1	14
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.1	229	56	1.7	173	101	0.2	13	53	2.1	43	20
Disabled	3.5	284	82	1.4	219	152	0.2	20	96	1.8	45	25
Adults	0.8	48	57	0.3	35	111	0.1	4	69	0.5	9	20
Children	0.5	24	52	0.2	18	97	0.0	2	43	0.2	4	18
Unknown	2.0	196	98	0.7	154	215	0.1	10	99	1.2	31	26
<b>Gender</b>												
Female	1.8	111	62	0.7	83	116	0.1	8	67	1.0	20	21
Male	1.4	109	78	0.6	85	143	0.1	7	84	0.7	17	24
Unknown	0.1	6	58	0.0	5	141	0.0	0	37	0.1	1	17
<b>Race</b>												
White	2.1	138	66	0.9	104	123	0.1	10	74	1.1	24	22
African American	1.2	85	68	0.5	65	130	0.1	5	67	0.7	14	21
Other/unknown	1.2	84	73	0.5	65	130	0.1	6	72	0.6	13	23
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.7	370	55	2.6	274	107	0.5	23	50	3.6	72	20
Part year	6.0	354	59	2.3	264	115	0.4	22	58	3.3	68	21
None	1.4	99	70	0.6	76	128	0.1	7	77	0.7	17	22
<b>Maintenance Assistance Status</b>												
Cash	2.2	159	74	0.9	122	136	0.1	11	84	1.1	26	23
Medically needy	2.3	158	70	0.9	120	129	0.1	11	72	1.2	27	23
Poverty related	0.8	48	58	0.3	36	109	0.1	3	56	0.4	9	20
Other/unknown	1.7	102	60	0.7	77	114	0.1	7	63	0.9	18	20

Source: Data for this table are from the MAX 2004 file for the U.S., released by CMS in 03/2008. This table was produced on 09/25/2008.

- 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 the U.S., 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health <http://www.medispans.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<sup>a,b,c,d</sup>  
 UNITED STATES, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	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 Beneficiaries	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$23	\$18	\$2	\$4	\$80	\$159	\$92	\$22	46,213,951	\$3,712,081,272	15,899,362	37.5 %	160,775,271
Biologicals	0.2	0.2	0.0	0.0	245	197	5	43	1004	967	1,199	1,195	342,883	344,393,657	138,246	0.3	1,404,078
Antineoplastic Agents	0.5	0.1	0.0	0.4	108	74	4	30	217	638	304	82	2,043,472	444,071,408	394,932	0.9	4,125,562
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.3	35	26	3	6	55	98	36	22	53,155,167	2,931,604,089	8,020,961	18.9	82,704,090
Cardiovascular Agents	1.5	0.6	0.1	0.9	64	47	2	15	43	80	41	18	113,098,117	4,816,395,553	6,995,450	16.5	75,034,531
Respiratory Agents	0.5	0.3	0.0	0.2	27	22	1	4	55	86	31	18	55,081,182	3,035,951,454	11,070,813	26.1	113,123,810
Gastrointestinal Agents	0.6	0.3	0.0	0.3	50	41	2	7	85	139	82	26	35,868,321	3,039,166,421	5,742,387	13.5	61,071,256
Genitourinary Agents	0.3	0.2	0.0	0.1	22	18	2	3	63	82	50	26	8,662,337	547,365,735	2,440,655	5.8	25,043,409
CNS Drugs	1.1	0.5	0.1	0.5	102	83	6	14	95	164	96	26	85,435,621	8,093,813,910	7,587,231	17.9	79,333,664
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	58	52	1	5	90	101	84	40	7,733,149	692,228,048	1,161,379	2.7	11,994,689
Miscellaneous Psychological/																	
Neurological Agents	0.6	0.6	0.0	0.0	116	113	0	2	181	187	107	69	4,289,952	776,208,389	630,817	1.5	6,718,709
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	30	21	2	7	55	149	245	18	60,145,849	3,297,597,438	10,852,889	25.6	111,187,915
Neuromuscular Agents	0.8	0.3	0.1	0.4	64	37	15	11	81	147	118	27	35,140,455	2,833,941,028	4,155,130	9.8	44,505,324
Nutritional Products	0.4	0.0	0.0	0.4	8	1	1	6	18	28	23	17	12,758,277	225,878,632	3,085,024	7.3	30,060,772
Hematological Agents	0.7	0.3	0.1	0.4	85	75	3	7	123	291	43	20	14,922,844	1,836,843,838	2,042,643	4.8	21,615,898
Topical Products	0.3	0.1	0.0	0.2	15	10	1	4	47	80	55	23	31,388,184	1,486,320,998	9,895,358	23.3	102,166,504
Miscellaneous Products	0.3	0.1	0.0	0.2	67	49	9	10	206	345	304	62	1,456,022	300,138,020	426,325	1.0	4,475,614
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	28	0	0	0	2,062,370	57,096,634	660,376	1.6	7,223,690
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>569,798,153</b>	<b>38,471,096,524</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for the U.S., released by CMS in 03/2008. This table was produced on 09/25/2008.

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In the U.S., 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispans.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<sup>a, b, c</sup>  
 UNITED STATES, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$4,946,041,198	3,408,098	8.0 %	37,333,655	0.7	\$203	\$132
ANTIDEPRESSANTS	2,428,330,813	6,528,686	15.4	69,574,724	0.5	64	35
ULCER DRUGS	2,405,869,407	5,515,401	13.0	59,519,582	0.5	89	40
ANTICONVULSANT	2,386,411,140	3,195,347	7.5	34,969,429	0.7	100	68
ANTIASTHMATIC	1,943,579,163	8,367,597	19.7	87,983,774	0.3	68	22
ANTIHYPERLIPIDEMIC	1,936,152,120	3,184,776	7.5	35,539,581	0.6	97	54
ANTIVIRAL	1,834,351,867	918,646	2.2	9,819,511	0.4	424	187
ANTIDIABETIC	1,670,082,330	3,748,694	8.8	40,871,760	0.6	65	41
ANALGESICS - Narcotic	1,545,508,872	9,883,348	23.3	103,534,226	0.3	46	15
ANALGESICS - ANTI-INFLAMMATORY	1,323,147,905	7,212,466	17.0	76,283,380	0.3	64	17
Total	22,419,474,815	51,963,059		555,429,622	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for the U.S., released by CMS in 03/2008. This table was produced on 09/25/2008.

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; n.a. = not applicable.

NATIONAL COMPARISON TABLE N.1a  
OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE  
ALL MEDICAID BENEFICIARIES, 2004a

Rx \$ for Dual Eligible											
Total Rx \$ for Beneficiaries Included in this Study (TOTAL) <sup>c</sup>			Rx \$ Excluded from this Study by Reason		Beneficiaries Included in this Study <sup>f</sup>						
Total Rx \$ for All Beneficiaries in MAX 2004 (GRAND TOTAL) <sup>b</sup>	Pharmacy Reimbursement	As % of GRAND TOTAL	Beneficiaries Not Eligible for Medicaid or Not Having Rx Benefits <sup>d</sup>	Beneficiaries Not Having Fee-for- Service Rx Benefits <sup>e</sup>	Pharmacy Reimbursement	As % of GRAND TOTAL	Rx \$ for All-Year Nursing Facility Residents Included in this Study <sup>g</sup>	Rx \$ for Part- Year Nursing Facility Residents Excluded from this Study <sup>i</sup>	Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study <sup>h</sup>	Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study <sup>j</sup>	
All States	\$40,285,601,260	\$38,471,096,524	95.5 %	\$1,178,440,807	\$636,063,929	\$20,607,095,070	51.2 %	\$3,357,173,969	\$1,817,023,292	\$2,944,199,497	\$1,437,569,184
Alabama	587,538,183	581,467,668	99.0	1,472,439	4,598,076	263,264,837	44.8	67,288,325	22,948,087	62,406,467	19,433,757
Alaska	117,840,805	113,886,862	96.6	3,953,943	0	53,057,544	45.0	2,937,558	2,381,974	2,468,088	1,606,292
Arizona	4,171,898	4,063,370	97.4	100,127	8,401	1,487,234	35.6	815,718	611,472	445,093	266,955
Arkansas	406,334,677	397,572,212	97.8	8,762,465	0	162,519,438	40.0	52,792,414	13,986,665	46,683,231	12,059,015
California	4,645,732,678	4,224,749,994	90.9	260,141,938	160,840,746	2,641,618,845	56.9	223,351,527	175,154,777	186,924,765	136,418,467
Colorado	306,375,249	298,246,203	97.3	7,594,320	534,726	160,905,108	52.5	33,126,549	17,543,973	29,099,781	14,887,277
Connecticut	446,622,625	446,463,698	100.0	47,705	111,222	314,852,900	70.5	82,890,551	40,505,304	74,254,818	30,924,129
Delaware	121,211,670	120,998,721	99.8	212,949	0	38,625,679	31.9	7,815,238	2,588,146	7,261,258	2,222,081
D.C.	105,459,322	103,294,850	97.9	2,144,021	20,451	44,357,794	42.1	1,978,818	3,561,508	1,247,666	1,598,802
Florida	2,425,147,568	2,164,141,435	89.2	238,233,086	22,773,047	1,228,317,316	50.6	190,718,185	93,469,353	172,218,316	76,540,284
Georgia	1,181,536,164	1,138,813,769	96.4	42,722,395	0	458,516,943	38.8	95,859,268	45,554,378	85,822,208	39,765,945
Hawaii	109,170,615	108,243,674	99.2	125,011	801,930	69,552,737	63.7	6,966,190	5,304,167	6,339,245	3,051,518
Idaho	165,293,092	165,185,565	99.9	107,527	0	78,522,608	47.5	10,793,496	7,337,239	9,710,187	5,821,928
Illinois	1,789,740,408	1,735,434,539	97.0	54,110,231	195,638	961,541,454	53.7	217,777,060	92,319,127	171,331,802	63,544,226
Indiana	754,838,123	719,126,700	95.3	35,574,659	136,764	399,791,789	53.0	94,905,404	59,727,160	84,837,914	50,704,496
Iowa	382,241,513	381,547,083	99.8	694,430	0	211,321,483	55.3	44,528,908	22,978,218	41,705,482	20,061,891
Kansas	286,806,154	273,515,510	95.4	13,222,322	68,322	159,815,628	55.7	39,029,489	18,215,071	36,683,084	16,292,156
Kentucky	776,392,996	747,274,046	96.2	2,618,520	26,500,430	320,311,323	41.3	69,235,814	45,391,360	62,011,042	31,802,413
Louisiana	928,737,554	902,862,934	97.2	25,874,620	0	374,242,175	40.3	108,032,658	46,976,476	90,966,147	40,073,494
Maine	298,252,738	296,745,378	99.5	1,507,360	0	148,643,379	49.8	10,631,745	16,687,547	10,066,530	14,561,853
Maryland	433,705,123	333,805,917	77.0	1,471,739	98,427,467	274,497,125	63.3	63,275,565	26,278,939	54,004,630	19,729,332
Massachusetts	971,560,964	944,400,262	97.2	25,914,180	1,246,522	574,569,147	59.1	91,873,059	54,907,275	82,595,465	42,391,100
Michigan	868,136,765	739,375,370	85.2	22,837,944	105,923,451	561,573,077	64.7	76,615,339	44,007,465	70,245,968	39,505,459
Minnesota	390,962,262	385,993,137	98.7	3,028,174	1,940,951	222,979,929	57.0	17,846,234	27,010,458	14,537,201	18,606,370
Mississippi	676,408,901	666,336,178	98.5	10,072,723	0	397,436,277	58.8	59,883,762	20,785,320	55,594,895	18,551,861
Missouri	1,133,741,169	1,127,571,343	99.5	844,684	5,325,142	656,305,096	57.9	107,403,634	60,820,098	95,173,838	50,020,004
Montana	97,925,893	91,869,318	93.8	6,056,575	0	52,510,703	53.6	11,461,943	5,170,793	10,687,642	4,174,079
Nebraska	231,623,820	230,439,840	99.5	1,183,980	0	124,446,226	53.7	28,261,211	12,380,230	25,533,427	10,429,692
Nevada	128,054,897	127,701,491	99.7	194,707	158,699	56,280,687	44.0	8,552,162	6,228,844	6,974,746	4,547,221
New Hampshire	127,939,336	127,839,518	99.9	99,818	0	74,844,266	58.5	17,268,923	7,140,645	16,442,449	6,267,745
New Jersey	1,019,808,415	779,273,322	76.4	103,633,059	136,902,034	554,663,850	54.4	117,150,907	57,504,261	99,258,913	44,317,233
New Mexico	99,486,545	99,283,420	99.8	175,995	27,130	80,576,299	81.0	15,441,503	6,214,824	13,676,642	5,501,837
New York	4,731,529,219	4,722,392,384	99.8	9,136,835	0	2,094,419,577	44.3	140,633,696	138,829,370	108,381,436	87,697,612
North Carolina	1,604,871,075	1,533,883,536	95.6	68,864,563	2,122,976	825,965,979	51.5	67,216,068	60,832,504	62,230,599	52,640,520
North Dakota	65,928,318	65,258,975	99.0	449,396	219,947	39,356,792	59.7	13,894,566	4,432,914	13,253,371	3,789,952
Ohio	1,886,905,495	1,882,403,288	99.8	4,481,639	20,568	898,881,097	47.6	256,975,417	103,170,808	220,275,961	72,932,583
Oklahoma	430,041,676	425,894,895	99.0	4,146,781	0	212,656,889	49.5	59,009,779	21,982,529	51,369,598	18,706,487
Oregon	234,875,384	147,545,462	62.8	27,798,423	59,531,499	92,838,204	39.5	12,062,467	8,859,090	11,111,002	7,116,017
Pennsylvania	960,752,282	891,900,435	92.8	68,851,847	0	533,110,539	55.5	171,689,780	90,971,694	155,158,202	77,773,192
Rhode Island	162,778,318	150,851,966	92.7	11,698,347	228,005	98,189,627	60.3	20,554,389	10,425,197	18,425,196	8,741,886
South Carolina	665,474,598	663,504,456	99.7	704,306	1,265,836	365,491,802	54.9	16,519,366	11,255,637	15,402,560	10,447,425
South Dakota	84,619,368	84,548,158	99.9	71,210	0	45,605,378	53.9	16,053,460	5,183,023	15,243,298	4,420,751
Tennessee	2,449,866,729	2,443,265,636	99.7	6,601,093	0	1,218,313,383	49.7	98,708,268	50,942,151	89,835,530	44,661,915
Texas	2,226,988,554	2,219,868,279	99.7	7,120,275	0	963,684,098	43.3	278,074,813	108,924,743	249,361,819	91,456,013
Utah	197,319,842	197,255,528	100.0	56,314	8,000	87,512,826	44.4	14,004,007	9,414,759	11,660,203	7,193,759
Vermont	173,849,836	163,330,547	93.9	10,519,289	0	92,103,404	53.0	8,295,750	4,322,837	7,750,880	3,678,799

Table N.1a

All Medicaid Beneficiaries



Total Rx \$ for Beneficiaries Included in this Study (TOTAL) <sup>c</sup>						Rx \$ Excluded from this Study by Reason		Rx \$ for Dual Eligible Beneficiaries Included in this Study <sup>i</sup>				Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study <sup>h</sup>	Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study <sup>j</sup>
Total Rx \$ for All Beneficiaries in MAX 2004 (GRAND TOTAL) <sup>b</sup>			Pharmacy Reimbursement	As % of GRAND TOTAL	Beneficiaries Not Eligible for Medicaid or Not Having Rx Benefits <sup>d</sup>	Beneficiaries Not Having Fee-for- Service Rx Benefits <sup>e</sup>	Pharmacy Reimbursement	As % of GRAND TOTAL	Rx \$ for All-Year Nursing Facility Residents Included in this Study <sup>g</sup>	Rx \$ for Part- Year Nursing Facility Residents Excluded from this Study <sup>j</sup>			
Virginia	573,875,634	556,751,045	97.0	16,930,860	193,729	353,949,561	61.7	65,433,404	38,602,081	57,428,363	31,966,238		
Washington	651,423,421	583,848,374	89.6	61,993,453	5,581,594	294,229,288	45.2	32,318,133	31,912,658	27,897,150	22,490,145		
West Virginia	394,692,484	391,232,622	99.1	3,459,862	0	147,160,347	37.3	24,052,170	14,578,235	22,014,519	11,658,147		
Wisconsin	721,674,896	720,608,705	99.9	715,565	350,626	499,292,969	69.2	78,858,173	38,122,456	74,307,226	32,331,720		
Wyoming	49,336,009	49,228,906	99.8	107,103	0	22,384,414	45.4	6,311,106	2,569,452	5,883,644	2,187,111		

Source: Data for this table are from the MAX 2004 file for the U.S., released by CMS in 03/2008. This table was produced on 09/25/2008.

a. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

b. This column represents the amount of Medicaid pharmacy benefit reimbursement for all pharmacy claims contained in the MAX 2004 files, some of which were excluded from this study because those claims were made for beneficiaries who did not meet the inclusion criteria (see Table 1) or took place during months that were excluded from the analysis (see footnote c of Table 1).

c. These columns include beneficiaries represented by Cell C of Table 1.

d. These columns include beneficiaries who did not meet either of the first two inclusion criteria (see Table 1).

e. These columns include beneficiaries who satisfied the first two inclusion criteria but failed to meet the third criterion (see Table 1).

f, g, h. These columns include beneficiaries represented by Cells G, D, and H of Table 1, respectively.

i. Refer to footnote f of Table 1 for information about how we determined part-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; FFS = fee-for-service; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx \$ = pharmacy reimbursement.

NATIONAL COMPARISON TABLE N.1b  
OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE  
PERCENTAGE COMPARISONS, ALL MEDICAID BENEFICIARIES, 2004a

	Total Rx \$ for All Beneficiaries in MAX 2004 (GRAND TOTAL)b	Total Rx \$ for Beneficiaries Included in this Study (TOTAL) <sup>c</sup>	Rx \$ Excluded from this Study by Reason as a Percentage of GRAND TOTAL		Rx \$ for Dual Eligible Beneficiaries Included in this Study as a Percentage of TOTAL	Rx \$ for All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL <sup>g</sup>	Rx \$ for Part- Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL <sup>i</sup>	Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL <sup>h</sup>	Rx \$ for Dual Eligible Part- Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL <sup>i</sup>
			Benes Not Eligible for Medicaid or Not Having Rx Benefits <sup>d</sup>	Benes Not Having FFS Rx Benefits <sup>e</sup>					
<b>All States</b>	<b>\$40,285,601,260</b>	<b>\$38,471,096,524</b>	<b>2.9 %</b>	<b>1.6 %</b>	<b>53.6 %</b>	<b>8.7 %</b>	<b>4.7 %</b>	<b>7.7 %</b>	<b>3.7 %</b>
Alabama	\$587,538,183	\$581,467,668	0.3	0.8	45.3	11.6	3.9	10.7	3.3
Alaska	\$117,840,805	\$113,886,862	3.4	0.0	46.6	2.6	2.1	2.2	1.4
Arizona	\$4,171,898	\$4,063,370	2.4	0.2	36.6	20.1	15.0	11.0	6.6
Arkansas	\$406,334,677	\$397,572,212	2.2	0.0	40.9	13.3	3.5	11.7	3.0
California	\$4,645,732,678	\$4,224,749,994	5.6	3.5	62.5	5.3	4.1	4.4	3.2
Colorado	\$306,375,249	\$298,246,203	2.5	0.2	54.0	11.1	5.9	9.8	5.0
Connecticut	\$446,622,625	\$446,463,698	0.0	0.0	70.5	18.6	9.1	16.6	6.9
Delaware	\$121,211,670	\$120,998,721	0.2	0.0	31.9	6.5	2.1	6.0	1.8
D.C.	\$105,459,322	\$103,294,850	2.0	0.0	42.9	1.9	3.4	1.2	1.5
Florida	\$2,425,147,568	\$2,164,141,435	9.8	0.9	56.8	8.8	4.3	8.0	3.5
Georgia	\$1,181,536,164	\$1,138,813,769	3.6	0.0	40.3	8.4	4.0	7.5	3.5
Hawaii	\$109,170,615	\$108,243,674	0.1	0.7	64.3	6.4	4.9	5.9	2.8
Idaho	\$165,293,092	\$165,185,565	0.1	0.0	47.5	6.5	4.4	5.9	3.5
Illinois	\$1,789,740,408	\$1,735,434,539	3.0	0.0	55.4	12.5	5.3	9.9	3.7
Indiana	\$754,838,123	\$719,126,700	4.7	0.0	55.6	13.2	8.3	11.8	7.1
Iowa	\$382,241,513	\$381,547,083	0.2	0.0	55.4	11.7	6.0	10.9	5.3
Kansas	\$286,806,154	\$273,515,510	4.6	0.0	58.4	14.3	6.7	13.4	6.0
Kentucky	\$776,392,996	\$747,274,046	0.3	3.4	42.9	9.3	6.1	8.3	4.3
Louisiana	\$928,737,554	\$902,862,934	2.8	0.0	41.5	12.0	5.2	10.1	4.4
Maine	\$298,252,738	\$296,745,378	0.5	0.0	50.1	3.6	5.6	3.4	4.9
Maryland	\$433,705,123	\$333,805,917	0.3	22.7	82.2	19.0	7.9	16.2	5.9
Massachusetts	\$971,560,964	\$944,400,262	2.7	0.1	60.8	9.7	5.8	8.7	4.5
Michigan	\$868,136,765	\$739,375,370	2.6	12.2	76.0	10.4	6.0	9.5	5.3
Minnesota	\$390,962,262	\$385,993,137	0.8	0.5	57.8	4.6	7.0	3.8	4.8
Mississippi	\$676,408,901	\$666,336,178	1.5	0.0	59.6	9.0	3.1	8.3	2.8
Missouri	\$1,133,741,169	\$1,127,571,343	0.1	0.5	58.2	9.5	5.4	8.4	4.4
Montana	\$97,925,893	\$91,869,318	6.2	0.0	57.2	12.5	5.6	11.6	4.5
Nebraska	\$231,623,820	\$230,439,840	0.5	0.0	54.0	12.3	5.4	11.1	4.5
Nevada	\$128,054,897	\$127,701,491	0.2	0.1	44.1	6.7	4.9	5.5	3.6
New Hampshire	\$127,939,336	\$127,839,518	0.1	0.0	58.5	13.5	5.6	12.9	4.9
New Jersey	\$1,019,808,415	\$779,273,322	10.2	13.4	71.2	15.0	7.4	12.7	5.7
New Mexico	\$99,486,545	\$99,283,420	0.2	0.0	81.2	15.6	6.3	13.8	5.5
New York	\$4,731,529,219	\$4,722,392,384	0.2	0.0	44.4	3.0	2.9	2.3	1.9

			Rx \$ Excluded from this Study by Reason as a Percentage of GRAND TOTAL		Rx \$ for Dual Eligible Beneficiaries Included in this Study as a Percentage of TOTAL	Rx \$ for All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL <sup>g</sup>	Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL <sup>i</sup>	Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL <sup>h</sup>	Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL <sup>i</sup>
	Total Rx \$ for All Beneficiaries in MAX 2004 (GRAND TOTAL) <sup>b</sup>	Total Rx \$ for Beneficiaries Included in this Study (TOTAL) <sup>c</sup>	Benes Not Eligible for Medicaid or Not Having Rx Benefits <sup>d</sup>	Benes Not Having FFS Rx Benefits <sup>e</sup>					
North Carolina	\$1,604,871,075	\$1,533,883,536	4.3	0.1	53.8	4.4	4.0	4.1	3.4
North Dakota	\$65,928,318	\$65,258,975	0.7	0.3	60.3	21.3	6.8	20.3	5.8
Ohio	\$1,886,905,495	\$1,882,403,288	0.2	0.0	47.8	13.7	5.5	11.7	3.9
Oklahoma	\$430,041,676	\$425,894,895	1.0	0.0	49.9	13.9	5.2	12.1	4.4
Oregon	\$234,875,384	\$147,545,462	11.8	25.3	62.9	8.2	6.0	7.5	4.8
Pennsylvania	\$960,752,282	\$891,900,435	7.2	0.0	59.8	19.2	10.2	17.4	8.7
Rhode Island	\$162,778,318	\$150,851,966	7.2	0.1	65.1	13.6	6.9	12.2	5.8
South Carolina	\$665,474,598	\$663,504,456	0.1	0.2	55.1	2.5	1.7	2.3	1.6
South Dakota	\$84,619,368	\$84,548,158	0.1	0.0	53.9	19.0	6.1	18.0	5.2
Tennessee	\$2,449,866,729	\$2,443,265,636	0.3	0.0	49.9	4.0	2.1	3.7	1.8
Texas	\$2,226,988,554	\$2,219,868,279	0.3	0.0	43.4	12.5	4.9	11.2	4.1
Utah	\$197,319,842	\$197,255,528	0.0	0.0	44.4	7.1	4.8	5.9	3.6
Vermont	\$173,849,836	\$163,330,547	6.1	0.0	56.4	5.1	2.6	4.7	2.3
Virginia	\$573,875,634	\$556,751,045	3.0	0.0	63.6	11.8	6.9	10.3	5.7
Washington	\$651,423,421	\$583,848,374	9.5	0.9	50.4	5.5	5.5	4.8	3.9
West Virginia	\$394,692,484	\$391,232,622	0.9	0.0	37.6	6.1	3.7	5.6	3.0
Wisconsin	\$721,674,896	\$720,608,705	0.1	0.0	69.3	10.9	5.3	10.3	4.5
Wyoming	\$49,336,009	\$49,228,906	0.2	0.0	45.5	12.8	5.2	12.0	4.4

Source: Data for this table are from the MAX 2004 file for the U.S., released by CMS in 03/2008. This table was produced on 09/25/2008.

a. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

b. This column represents the amount of Medicaid pharmacy benefit reimbursement for all pharmacy claims contained in the MAX 2004 files, some of which were excluded from this study because those claims were made for beneficiaries who did not meet the inclusion criteria (see Table 1) or took place during months that were excluded from the analysis (see footnote c of Table 1).

c. These columns include beneficiaries represented by Cell C of Table 1.

d. These columns include beneficiaries who did not meet either of the first two inclusion criteria (see Table 1).

e. These columns include beneficiaries who satisfied the first two inclusion criteria but failed to meet the third criterion (see Table 1).

f, g, h. These columns include beneficiaries represented by Cells G, D, and H of Table 1, respectively.

i. Refer to footnote f of Table 1 for information about how we determined part-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; FFS = fee-for-service; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx \$ = pharmacy reimbursement.

NATIONAL COMPARISON TABLE N.2  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE  
 NONDUAL BENEFICIARIES, 2004a,b

	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx Paid per Benefit Month	Rx \$ per Benefit Month	Percentage of All Rx			Rx \$ as a Percentage of Total Medicaid \$ <sup>d</sup>	Among All-Year Nursing Facility Residents <sup>e</sup>	
						Patented Brand-Name <sup>c</sup>	Off-Patent Brand-Name	Generic		Number of Rx per Benefit Month	Rx \$ per Benefit Month
All States	35,483,047	276,797,838	55.5 %	0.9	\$65	40.4 %	6.5 %	52.8 %	16.3 %	7.6	\$513
Alabama	732,910	7,310,862	60.0	0.8	44	34.5	7.4	57.9	19.6	7.4	430
Alaska	117,291	1,005,986	54.0	0.8	61	42.6	7.8	49.4	9.2	9.0	715
Arizona	273,077	1,413,072	2.1	0.0	2	21.5	3.7	74.5	0.2	6.9	333
Arkansas	609,734	6,073,857	58.5	0.6	39	42.2	6.4	51.2	16.4	7.6	477
California	5,642,718	37,644,944	32.5	0.5	42	38.6	9.1	52.1	15.8	6.7	487
Colorado	394,622	3,109,467	46.2	0.7	44	36.8	5.5	57.5	12.0	8.2	570
Connecticut	129,617	569,062	34.3	2.6	231	44.9	5.3	49.6	15.5	8.4	670
Delaware	98,368	974,862	94.9	1.3	85	42.5	5.6	51.8	87.4	9.0	459
D.C.	54,340	360,125	40.7	1.6	164	41.8	4.7	53.4	10.4	1.9	135
Florida	1,753,704	12,176,930	51.5	1.0	77	42.5	5.7	51.4	17.3	8.7	541
Georgia	1,503,848	13,324,267	64.1	0.9	51	40.1	7.3	52.2	16.8	7.3	447
Hawaii	75,190	253,271	20.4	1.8	153	34.1	5.2	60.5	13.5	4.6	309
Idaho	198,401	1,830,056	60.4	0.8	47	39.8	4.9	55.0	13.7	9.9	623
Illinois	1,721,451	16,067,635	59.9	0.8	48	35.9	4.9	58.7	14.9	7.5	536
Indiana	611,951	4,230,658	55.5	1.1	76	38.0	4.7	57.1	16.0	9.6	569
Iowa	313,848	2,557,266	68.7	1.1	67	39.4	5.7	54.6	15.6	8.1	480
Kansas	239,108	1,769,660	55.7	0.9	64	44.0	4.8	51.0	12.6	8.4	559
Kentucky	531,006	5,047,400	76.2	1.5	85	39.0	5.7	55.0	21.3	11.9	641
Louisiana	989,334	9,693,288	67.0	0.9	55	42.6	8.2	48.9	20.6	8.7	634
Maine	249,409	2,469,557	68.5	1.1	60	37.1	9.2	53.5	10.9	9.0	424
Maryland	290,774	1,455,176	22.9	0.6	41	44.0	6.0	49.9	4.9	8.9	527
Massachusetts	583,746	4,833,159	57.8	1.1	77	35.9	3.4	60.4	13.3	6.8	387
Michigan	763,781	3,581,921	39.2	0.8	50	38.9	4.1	57.0	9.4	8.1	411
Minnesota	374,382	1,686,352	37.7	1.2	97	41.5	5.7	52.6	7.9	8.5	598
Mississippi	615,137	5,955,238	64.7	0.8	45	41.6	8.1	49.8	17.8	7.3	509
Missouri	614,336	5,026,597	62.4	1.4	94	37.3	5.8	56.5	23.6	8.8	614
Montana	81,086	727,452	56.1	0.8	54	37.5	5.0	57.4	13.2	7.5	443
Nebraska	193,764	1,223,912	80.4	1.4	87	39.9	5.8	54.2	25.4	8.3	519
Nevada	159,385	783,860	37.1	1.1	91	37.5	4.4	58.0	13.4	9.3	498
New Hampshire	111,044	1,006,952	62.9	0.9	53	40.6	5.4	54.0	13.7	8.4	448
New Jersey	315,914	1,482,390	35.7	1.7	152	47.5	5.0	47.2	12.8	10.1	616
New Mexico	261,950	1,352,498	26.8	0.3	14	29.0	9.0	61.0	2.9	8.6	457
New York	3,109,338	26,041,145	68.2	1.1	101	47.0	5.9	46.6	17.7	2.0	337
North Carolina	1,217,949	11,158,988	67.4	0.9	63	43.2	6.0	50.6	16.6	7.8	518
North Dakota	59,318	485,328	57.4	0.9	53	40.9	5.9	52.9	12.9	8.1	497

Table N.2

Nondual Beneficiaries

	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx Paid per Benefit Month	Rx \$ per Benefit Month	Percentage of All Rx			Rx \$ as a Percentage of Total Medicaid \$ <sup>d</sup>	Among All-Year Nursing Facility Residents <sup>e</sup>	
						Patented Brand-Name <sup>c</sup>	Off-Patent Brand-Name	Generic		Number of Rx per Benefit Month	Rx \$ per Benefit Month
Ohio	1,346,554	10,941,250	63.2	1.4	90	42.0	7.2	50.4	18.2	10.8	658
Oklahoma	584,645	5,276,092	61.3	0.6	40	35.1	5.4	59.1	15.8	8.7	561
Oregon	187,331	902,957	38.2	1.0	61	32.0	4.3	63.5	9.4	7.6	415
Pennsylvania	628,524	3,836,211	45.7	1.2	94	44.5	5.9	49.3	16.7	9.5	622
Rhode Island	58,731	351,569	41.9	1.9	150	42.9	5.4	51.6	12.4	5.3	414
South Carolina	776,575	7,553,580	59.7	0.7	40	43.0	6.1	50.7	15.9	3.0	175
South Dakota	106,737	976,958	54.9	0.6	40	45.9	6.3	47.6	11.7	8.5	517
Tennessee	1,312,222	13,295,178	70.2	1.6	92	40.1	4.9	54.9	26.5	10.3	559
Texas	3,159,111	23,005,662	73.1	0.9	55	37.5	9.9	52.4	16.1	8.3	567
Utah	269,734	2,154,804	62.7	0.9	51	35.0	5.6	59.3	16.0	10.5	704
Vermont	128,292	1,202,367	66.6	0.9	59	39.2	5.8	54.9	15.9	8.8	650
Virginia	438,592	2,645,003	47.3	1.1	77	39.6	6.2	53.7	14.2	8.5	515
Washington	639,542	3,916,583	42.6	1.2	74	33.6	4.5	61.8	15.5	8.1	530
West Virginia	303,605	2,312,563	76.7	1.8	106	38.1	5.8	55.8	24.0	9.2	488
Wisconsin	482,937	3,140,788	45.2	1.0	71	40.4	5.5	53.9	14.2	8.7	489
Wyoming	68,084	603,080	61.6	0.7	45	41.0	5.8	53.0	12.5	8.1	500

Source: Data for this table are from the MAX 2004 file for the U.S., released by CMS in 03/2008. This table was produced on 09/25/2008.

a. Table N.2, except for the last two columns, includes beneficiaries represented by Cell K of Table 1 in the national table set and the table set for each state. The last two columns include beneficiaries represented by Cell L 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 states.

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. 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. 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. All-year nursing facility residents are beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2004. Part-year residents were excluded from the analysis. See footnote f of Table 1 for more information about how we determined all-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; NF = nursing facility.

NATIONAL COMPARISON TABLE N.3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE  
 NONDUAL BENEFICIARIES, 2004a,b,c

	Share of Benefit Months (percent)					Rx \$ per Benefit Month (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
<b>All States</b>	<b>100</b>	<b>0.9</b>	<b>15.6</b>	<b>25.9</b>	<b>57.5</b>	<b>\$65</b>	<b>\$151</b>	<b>\$241</b>	<b>\$45</b>	<b>\$24</b>	<b>100</b>	<b>2.2</b>	<b>58.3</b>	<b>18.2</b>	<b>21.2</b>
Alabama	100	0.1	16.3	24.5	59.1	44	171	168	12	22	100	0.3	63.0	6.7	29.8
Alaska	100	0.7	8.0	19.0	72.2	61	198	390	67	21	100	2.2	51.7	21.0	24.7
Arizona	100	0.8	18.7	41.0	39.5	2	10	7	1	1	100	4.3	69.8	12.9	13.1
Arkansas	100	0.8	11.3	25.8	62.0	39	102	180	14	22	100	2.1	52.6	9.5	35.7
California	100	1.8	12.9	54.7	30.3	42	135	229	11	12	100	5.9	70.5	14.5	8.6
Colorado	100	1.1	11.1	18.5	69.3	44	119	225	32	17	100	3.0	56.4	13.2	27.2
Connecticut	100	5.3	53.3	12.0	29.0	231	209	386	45	28	100	4.8	89.1	2.3	3.5
Delaware	100	0.2	11.1	40.8	47.9	85	239	275	94	32	100	0.5	36.1	45.4	17.9
D.C.	100	2.9	53.6	14.6	28.8	164	86	244	152	28	100	1.5	79.9	13.6	5.0
Florida	100	1.1	17.8	17.7	63.4	77	205	279	45	26	100	3.0	64.7	10.4	21.8
Georgia	100	0.3	12.5	16.2	70.8	51	181	206	46	24	100	0.9	50.3	14.7	33.5
Hawaii	100	5.5	52.4	22.7	19.3	153	135	272	9	4	100	4.8	93.2	1.3	0.5
Idaho	100	0.2	10.7	13.2	75.8	47	236	249	59	16	100	1.0	56.5	16.6	25.9
Illinois	100	1.0	11.7	19.9	67.4	48	136	224	42	18	100	2.8	54.4	17.5	25.2
Indiana	100	0.6	16.2	16.3	66.8	76	194	292	45	29	100	1.5	62.8	9.7	26.0
Iowa	100	0.4	13.9	20.4	65.2	67	198	246	58	30	100	1.3	51.5	17.8	29.4
Kansas	100	0.7	18.1	15.5	65.6	64	185	215	37	28	100	1.9	60.7	9.0	28.3
Kentucky	100	0.2	24.2	15.4	60.1	85	260	229	64	31	100	0.6	65.5	11.6	22.2
Louisiana	100	0.3	14.5	10.3	74.9	55	272	203	46	26	100	1.5	53.9	8.7	35.5
Maine	100	0.4	10.9	38.6	50.0	60	143	236	56	24	100	0.9	43.0	36.0	20.1
Maryland	100	3.6	11.2	65.4	19.6	41	146	204	8	37	100	12.8	56.0	12.7	17.6
Massachusetts	100	2.5	25.6	24.2	47.6	77	91	210	44	21	100	3.0	70.2	13.9	12.9
Michigan	100	0.6	12.0	21.4	65.8	50	108	228	36	21	100	1.4	55.1	15.3	27.7
Minnesota	100	0.4	33.3	20.1	46.2	97	110	237	37	21	100	0.5	81.6	7.7	10.2
Mississippi	100	0.2	17.1	18.0	64.6	45	179	149	30	21	100	0.9	56.7	12.1	30.3
Missouri	100	0.9	20.3	24.2	54.5	94	204	297	54	33	100	2.0	64.3	14.0	19.2
Montana	100	0.2	15.2	7.7	76.9	54	250	236	50	18	100	0.8	66.3	7.1	25.8
Nebraska	100	1.0	10.8	16.4	71.8	87	225	316	94	49	100	2.5	39.3	17.7	40.4
Nevada	100	0.8	28.1	17.8	53.1	91	161	258	34	21	100	1.5	79.6	6.6	12.1
New Hampshire	100	0.8	7.8	13.9	77.5	53	203	276	68	26	100	3.0	40.9	17.8	38.3
New Jersey	100	4.7	39.1	11.3	44.7	152	203	321	27	29	100	6.3	82.8	2.0	8.7
New Mexico	100	0.2	6.2	44.3	49.1	14	126	110	8	6	100	2.1	49.2	25.3	21.9
New York	100	1.3	17.6	29.1	52.0	101	124	317	104	25	100	1.6	55.4	29.9	13.1
North Carolina	100	0.1	14.1	19.0	66.8	63	162	236	69	25	100	0.4	52.5	20.5	26.6
North Dakota	100	0.6	9.6	24.8	65.0	53	220	244	52	24	100	2.4	43.9	24.2	29.5
Ohio	100	1.1	18.7	22.1	58.0	90	248	299	66	28	100	3.2	62.4	16.3	18.2
Oklahoma	100	0.3	10.2	11.4	78.1	40	152	199	37	20	100	1.0	50.2	10.3	38.5
Oregon	100	0.3	14.9	20.8	63.7	61	178	265	53	15	100	0.9	65.3	18.1	15.2
Pennsylvania	100	0.9	22.4	16.7	59.7	94	257	278	75	26	100	2.5	66.5	13.3	16.4

Table N.3

Nondual Beneficiaries

	Share of Benefit Months (percent)					Rx \$ per Benefit Month (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
Rhode Island	100	2.6	62.6	10.9	23.3	150	137	225	16	12	100	2.4	94.2	1.2	1.8
South Carolina	100	1.4	11.4	27.9	59.2	40	39	160	26	22	100	1.4	46.2	18.6	33.7
South Dakota	100	0.1	9.1	15.9	74.8	40	221	201	41	20	100	0.6	45.7	16.4	37.1
Tennessee	100	0.2	14.9	31.7	53.1	92	187	248	131	25	100	0.5	40.2	45.0	14.2
Texas	100	0.2	12.9	10.7	76.2	55	234	202	53	30	100	0.8	47.5	10.4	41.2
Utah	100	0.6	8.5	27.6	63.1	51	162	277	51	19	100	1.9	46.5	27.6	23.7
Vermont	100	0.2	8.2	35.5	56.1	59	205	258	70	23	100	0.8	35.5	41.8	21.6
Virginia	100	1.8	16.1	13.6	68.3	77	241	286	49	28	100	5.6	60.2	8.7	25.1
Washington	100	2.4	25.9	38.9	32.9	74	145	234	13	16	100	4.6	81.8	6.7	6.9
West Virginia	100	0.2	31.9	13.5	54.2	106	170	226	84	39	100	0.3	68.3	10.8	20.1
Wisconsin	100	0.8	25.8	34.7	38.5	71	117	197	29	22	100	1.4	72.4	14.3	11.8
Wyoming	100	0.1	8.2	16.4	75.0	45	220	225	51	23	100	0.5	41.6	18.9	38.3

Source: Data for this table are from the MAX 2004 file for the U.S., released by CMS in 03/2008. This table was produced on 09/25/2008.

a. Table N.3 includes beneficiaries represented by Cell K of Table 1 in the national table set and the table set for each state. 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 states.

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. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

NATIONAL COMPARISON TABLE N.4  
TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE  
NONDUAL BENEFICIARIES, 2004a,b,c

	ANTIPSYCHOTI CS	ANTICONVULS ANT	ANTIASTHMATI C	ANTIDEPRESS ANTS	ANTIVIRAL	ULCERDRUGS	ANALGESICS- Narcotic	STIMULANTS- ANTI-OBESITY- ANOREX	ANTIDIABETIC	DERMATOLOGICA L
<b>All States</b>	1	2	3	4	5	6	7	8	9	10
Alabama	1	3	2	4	.	7	10	5	9	8
Alaska	1	3	6	2	.	7	4	8	.	.
Arizona	2	3	6	7	.	.	5	.	8	.
Arkansas	1	4	3	5	.	.	7	2	.	9
California	1	2	7	3	4	6	.	.	10	.
Colorado	1	2	4	3	8	9	5	6	10	.
Connecticut	1	3	9	5	2	6	4	.	7	.
Delaware	2	5	4	3	1	.	6	7	9	10
D.C.	2	3	8	4	1	.	9	.	7	.
Florida	1	5	3	7	2	6	10	.	.	9
Georgia	1	3	2	4	7	.	9	5	.	6
Hawaii	1	3	7	5	6	.	2	.	8	.
Idaho	1	3	4	2	.	7	6	5	8	.
Illinois	1	3	2	6	5	4	.	8	9	.
Indiana	1	3	6	4	.	8	7	5	9	.
Iowa	1	3	5	2	.	7	6	4	8	10
Kansas	1	2	4	3	10	6	7	5	8	.
Kentucky	2	3	1	4	.	7	9	5	8	10
Louisiana	1	4	2	9	.	6	10	3	.	5
Maine	2	4	5	1	10	3	6	7	.	.
Maryland	1	2	.	6	3	4	8	.	10	.
Massachusetts	1	4	7	3	2	5	6	9	.	.
Michigan	1	3	4	5	.	9	7	6	10	.
Minnesota	1	2	7	3	10	5	6	8	9	.
Mississippi	1	3	2	4	.	8	.	6	7	5
Missouri	1	3	4	2	6	.	5	.	7	.
Montana	1	2	6	3	.	8	4	5	10	.
Nebraska	1	2	3	4	.	.	9	5	10	7
Nevada	1	4	6	5	7	.	2	9	.	.
New Hampshire	1	3	5	2	10	7	6	4	.	9
New Jersey	1	3	6	7	2	5	4	.	9	8
New Mexico	2	3	5	4	.	6	9	.	7	.
New York	2	6	3	4	1	5	.	.	9	7
North Carolina	1	4	2	5	8	3	7	6	.	9
North Dakota	1	3	5	2	.	8	6	4	9	10
Ohio	1	3	5	2	.	4	7	6	9	10
Oklahoma	1	4	2	3	.	10	7	6	.	9
Oregon	1	4	6	2	8	9	3	7	10	.

Table N.4

Nondual Beneficiaries



	ANTIPSYCHOTI CS	ANTICONVULS ANT	ANTIASTHMATI C	ANTIDEPRESS ANTS	ANTIVIRAL	ULCERDRUGS	ANALGESICS- Narcotic	STIMULANTS- ANTI-OBESITY- ANOREX	ANTIDIABETIC	DERMATOLOGICA L
Pennsylvania	1	3	6	2	.	4	5	7	8	.
Rhode Island	1	3	7	2	4	5	6	.	9	.
South Carolina	1	4	2	5	6	.	8	3	9	7
South Dakota	1	3	5	4	.	6	8	2	.	7
Tennessee	1	4	5	2	8	3	7	.	9	.
Texas	1	3	2	5	.	10	.	7	.	4
Utah	1	3	6	2	.	4	5	7	9	10
Vermont	2	3	4	1	9	7	5	6	10	.
Virginia	1	2	3	4	.	5	8	6	10	.
Washington	1	2	6	3	7	5	4	.	8	.
West Virginia	2	1	4	3	.	5	6	8	9	10
Wisconsin	1	2	6	3	10	7	4	5	8	.
Wyoming	1	3	5	2	.	8	6	4	.	9

Source: Data for this table are from the MAX 2004 file for the U.S., released by CMS in 03/2008. This table was produced on 09/25/2008.

a. Table N.4 is based on beneficiaries represented by Cell K of Table 1 in the national table set and the table set for each state.

b. The top 10 drug groups were determined based on total Medicaid reimbursement in each state for 2004. The Medicaid reimbursement amounts do not reflect federally required rebates from drug manufacturers to states. 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).

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