STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
WYOMING

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLES

APPENDIX TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
WYOMING, 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]	78,233	(A)	9,405	(E)	68,828	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	74,813	(B)	6,729	(F)	68,084	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	74,813	(C)	6,729	(G)	68,084	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	1,626	(D)	1,529	(H)	97	(L)

Source: Data for this table are from the MAX 2004 file for Wyoming, 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 Wyoming in 2004 was $49,336,009, of which $107,103 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]

WYOMING, 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	**74,813**	**3,766**	**7,785**	**13,531**	**49,603**	**128**	**672,718**	**37,247**	**82,060**	**99,711**	**452,556**	**1,144**
Age												
5 and younger	21,596	0	266	0	21,330	0	193,923	0	2,613	0	191,310	0
6-14	20,394	0	725	0	19,669	0	195,685	0	7,948	0	187,737	0
15-20	10,281	0	584	1,310	8,385	2	89,144	0	6,347	9,964	72,820	13
21-44	14,543	0	3,027	11,316	135	65	115,915	0	32,301	82,490	587	537
45-64	4,108	1	3,150	899	0	58	40,372	1	32,591	7,214	0	566
65-74	1,196	1,162	27	4	0	3	12,578	12,290	223	37	0	28
75-84	1,346	1,342	4	0	0	0	13,370	13,339	31	0	0	0
85 and older	1,263	1,261	2	0	0	0	11,623	11,617	6	0	0	0
Unknown	86	0	0	2	84	0	108	0	0	6	102	0
Gender												
Female	42,204	2,725	4,146	10,940	24,265	128	373,918	27,198	44,141	80,875	220,560	1,144
Male	32,451	1,041	3,639	2,591	25,180	0	298,482	10,049	37,919	18,836	231,678	0
Unknown	158	0	0	0	158	0	318	0	0	0	318	0
Race												
White	59,058	3,261	6,451	10,789	38,434	123	527,600	31,881	68,138	78,272	348,207	1,102
African American	1,400	33	157	184	1,026	0	12,696	343	1,620	1,313	9,420	0
Other/unknown	14,355	472	1,177	2,558	10,143	5	132,422	5,023	12,302	20,126	94,929	42
Use of Nursing Facilities[c]												
Entire year	1,626	1,436	190	0	0	0	16,096	14,207	1,889	0	0	0
Part year	829	665	163	1	0	0	7,263	5,733	1,521	9	0	0
None	72,358	1,665	7,432	13,530	49,603	128	649,359	17,307	78,650	99,702	452,556	1,144
Maintenance Assistance Status												
Cash	19,651	885	5,281	6,329	7,156	0	180,082	9,772	55,306	47,303	67,701	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	36,406	23	36	3,706	32,513	128	328,130	243	367	23,045	303,331	1,144
Other/unknown	18,756	2,858	2,468	3,496	9,934	0	164,506	27,232	26,387	29,363	81,524	0
Dual Medicare Status[d]							0					
Full dual, all year	6,522	3,543	2,897	73	3	6	67,439	35,183	31,633	526	36	61
Full dual, part year	207	131	74	2	0	0	2,199	1,413	764	22	0	0
Non-dual, all year	68,084	92	4,814	13,456	49,600	122	603,080	651	49,663	99,163	452,520	1,083
Managed Care (MC) Status												
Fee-for-service (FFS) all year	74,813	3,766	7,785	13,531	49,603	128	672,718	37,247	82,060	99,711	452,556	1,144
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for Wyoming, 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]

WYOMING, 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	**63.9 %**	**10.2**	**$658**	**$65**	**$4,873**	**13.5 %**	**74,813**
Age							
5 and younger	63.2	3.5	153	44	1,979	7.7	21,596
6-14	55.4	4.2	287	68	1,850	15.5	20,394
15-20	60.8	5.8	403	69	3,209	12.6	10,281
21-44	68.8	11.8	875	74	7,197	12.2	14,543
45-64	78.7	39.1	3,017	77	16,440	18.4	4,108
65-74	83.4	51.4	3,053	59	16,291	18.7	1,196
75-84	89.8	58.2	3,002	52	21,199	14.2	1,346
85 and older	93.4	53.4	2,472	46	24,458	10.1	1,263
Unknown	0.0	0.0	0	0	69	0.0	86
Basis of Eligibility[e]							
Aged	89.2	54.7	2,856	52	20,889	13.7	3,766
Disabled	80.4	33.7	2,926	87	20,098	14.6	7,785
Adults	66.4	7.5	383	51	3,217	11.9	13,531
Children	58.7	3.8	208	55	1,708	12.2	49,603
Unknown	65.6	14.5	1,569	108	9,411	16.7	128
Gender							
Female	67.3	12.0	725	61	5,187	14.0	42,204
Male	59.8	7.9	574	73	4,486	12.8	32,451
Unknown	5.7	0.1	2	21	480	0.4	158
Race							
White	66.7	11.3	735	65	5,280	13.9	59,058
African American	59.1	7.3	445	61	3,010	14.8	1,400
Other/unknown	52.9	5.6	361	64	3,380	10.7	14,355
Use of Nursing Facilities[f]							
Entire year	97.5	74.0	3,881	52	35,580	10.9	1,626
Part year	93.7	55.5	3,100	56	23,721	13.1	829
None	62.8	8.2	558	68	3,967	14.1	72,358
Maintenance Assistance Status							
Cash	64.4	13.4	973	73	4,391	22.2	19,651
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	60.7	3.8	199	52	1,504	13.2	36,406
Other/unknown	69.8	19.1	1,219	64	11,918	10.2	18,756

Source: Data for this table are from the MAX 2004 file for Wyoming, 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]

WYOMING, 2004

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**1.1**	**$73**	**13.5 %**	**36.1 %**	**46.8 %**	**5.9 %**	**6.4 %**	**3.7 %**	**1.2 %**	**$542**	**74,813**	**672,718**
Age												
5 and younger	0.4	17	7.7	36.8	59.1	3.1	0.9	0.1	0.0	220	21,596	193,923
6-14	0.4	30	15.5	44.6	48.1	4.1	2.9	0.4	0.0	193	20,394	195,685
15-20	0.7	47	12.6	39.2	48.0	7.1	4.8	0.7	0.1	370	10,281	89,144
21-44	1.5	110	12.2	31.2	43.1	10.1	10.7	4.1	0.8	903	14,543	115,915
45-64	4.0	307	18.4	21.3	20.3	9.3	22.5	19.9	6.7	1,673	4,108	40,372
65-74	4.9	290	18.7	16.6	14.5	8.4	23.1	26.5	11.0	1,549	1,196	12,578
75-84	5.9	302	14.2	10.2	9.1	7.6	27.6	31.4	14.2	2,134	1,346	13,370
85 and older	5.8	269	10.1	6.6	7.8	9.5	30.8	34.8	10.6	2,658	1,263	11,623
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	55	86	108
Basis of Eligibility[e]												
Aged	5.5	289	13.7	10.8	10.3	8.5	27.3	31.1	12.1	2,112	3,766	37,247
Disabled	3.2	278	14.6	19.6	27.0	10.7	22.5	15.4	4.8	1,907	7,785	82,060
Adults	1.0	52	11.9	33.6	47.2	9.6	7.4	2.0	0.3	437	13,531	99,711
Children	0.4	23	12.2	41.3	52.6	3.9	2.0	0.2	0.0	187	49,603	452,556
Unknown	1.6	176	16.7	34.4	33.6	12.5	13.3	5.5	0.8	1,053	128	1,144
Gender												
Female	1.3	82	14.0	32.7	47.1	6.6	7.4	4.5	1.6	585	42,204	373,918
Male	0.9	62	12.8	40.2	46.5	5.0	5.1	2.6	0.6	488	32,451	298,482
Unknown	0.1	1	0.4	94.3	5.7	0.0	0.0	0.0	0.0	239	158	318
Race												
White	1.3	82	13.9	33.3	47.6	6.4	7.1	4.2	1.4	591	59,058	527,600
African American	0.8	49	14.8	40.9	46.4	4.9	5.5	1.9	0.4	332	1,400	12,696
Other/unknown	0.6	39	10.7	47.1	43.3	4.1	3.7	1.6	0.3	366	14,355	132,422
Use of Nursing Facilities[f]												
Entire year	7.5	392	10.9	2.5	4.6	5.8	25.5	41.0	20.6	3,594	1,626	16,096
Part year	6.3	354	13.1	6.3	8.3	8.2	30.8	31.8	14.6	2,708	829	7,263
None	0.9	62	14.1	37.2	48.2	5.9	5.7	2.5	0.6	442	72,358	649,359
Maintenance Assistance Status												
Cash	1.5	106	22.2	35.6	40.0	7.6	10.5	4.9	1.3	479	19,651	180,082
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	22	13.2	39.3	53.9	4.5	2.1	0.2	0.0	167	36,406	328,130
Other/unknown	2.2	139	10.2	30.2	40.0	6.9	10.6	9.1	3.2	1,359	18,756	164,506

Source: Data for this table are from the MAX 2004 file for Wyoming, 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]

WYOMING, 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	**1.1**	**$73**	**$65**	**0.4**	**$54**	**$122**	**0.1**	**$5**	**$69**	**0.6**	**$14**	**$23**
Age												
5 and younger	0.4	17	44	0.1	13	85	0.0	1	39	0.2	4	17
6-14	0.4	30	68	0.2	25	103	0.0	1	58	0.2	4	23
15-20	0.7	47	69	0.3	36	121	0.0	2	66	0.3	8	24
21-44	1.5	110	74	0.5	82	151	0.1	8	83	0.8	20	23
45-64	4.0	307	77	1.5	222	147	0.3	28	97	2.2	57	27
65-74	4.9	290	59	1.8	204	112	0.3	21	67	2.7	65	24
75-84	5.9	302	52	2.0	207	102	0.4	21	50	3.4	74	22
85 and older	5.8	269	46	2.0	186	95	0.4	16	36	3.3	66	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	5.5	289	52	1.9	200	103	0.4	19	50	3.2	69	22
Disabled	3.2	278	87	1.3	210	160	0.2	22	94	1.6	45	28
Adults	1.0	52	51	0.3	36	114	0.1	4	68	0.6	13	20
Children	0.4	23	55	0.2	18	92	0.0	1	47	0.2	4	20
Unknown	1.6	176	108	0.6	142	240	0.1	6	71	0.9	28	29
Gender												
Female	1.3	82	61	0.5	59	118	0.1	6	65	0.8	17	22
Male	0.9	62	73	0.4	48	128	0.1	4	77	0.4	10	24
Unknown	0.1	1	21	0.0	1	36	0.0	0	0	0.0	1	16
Race												
White	1.3	82	65	0.5	61	122	0.1	6	69	0.7	16	23
African American	0.8	49	61	0.3	37	116	0.0	2	59	0.4	9	21
Other/unknown	0.6	39	64	0.2	29	123	0.0	3	70	0.3	8	23
Use of Nursing Facilities[e]												
Entire year	7.5	392	52	2.5	271	109	0.5	25	48	4.4	94	22
Part year	6.3	354	56	2.2	246	114	0.4	23	54	3.7	85	23
None	0.9	62	68	0.4	47	125	0.1	4	74	0.5	11	23
Maintenance Assistance Status												
Cash	1.5	106	73	0.6	79	138	0.1	8	89	0.8	20	25
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	22	52	0.2	17	92	0.0	1	46	0.2	4	19
Other/unknown	2.2	139	64	0.8	102	123	0.2	10	63	1.2	27	23

Source: Data for this table are from the MAX 2004 file for Wyoming, 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 Wyoming, 1.3 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]

WYOMING, 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	$12	$7	$1	$3	$47	$81	$61	$23	84,517	$3,942,822	32,524	43.5 %	336,446
Biologicals	0.2	0.2	0.0	0.0	196	160	5	30	864	835	864	1,051	683	589,887	311	0.4	3,016
Antineoplastic Agents	0.5	0.1	0.0	0.4	125	97	2	26	230	674	194	66	1,869	429,313	339	0.5	3,431
Endocrine/Metabolic Drugs	0.6	0.2	0.1	0.3	31	22	3	6	53	100	34	22	67,233	3,592,745	11,388	15.2	116,421
Cardiovascular Agents	1.3	0.4	0.1	0.9	47	30	2	15	36	79	30	17	95,876	3,429,682	7,003	9.4	72,827
Respiratory Agents	0.4	0.2	0.0	0.2	23	19	0	3	55	83	29	19	92,244	5,111,059	21,479	28.7	225,116
Gastrointestinal Agents	0.5	0.1	0.0	0.3	37	25	2	10	75	166	52	33	36,723	2,744,246	7,184	9.6	73,864
Genitourinary Agents	0.4	0.2	0.0	0.1	26	21	2	3	66	89	49	25	15,156	994,013	3,822	5.1	38,240
CNS Drugs	1.0	0.5	0.1	0.4	96	77	7	12	98	153	108	30	116,849	11,478,038	11,744	15.7	119,771
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	71	66	1	4	96	106	67	44	24,329	2,346,753	3,136	4.2	32,968
Miscellaneous Psychological/ Neurological Agents	0.7	0.7	0.0	0.0	215	215	0	0	295	299	0	20	4,885	1,440,516	650	0.9	6,702
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	27	19	1	7	51	170	129	17	84,963	4,327,738	15,833	21.2	158,581
Neuromuscular Agents	0.8	0.3	0.1	0.4	78	50	16	12	97	162	120	33	50,526	4,888,180	5,923	7.9	62,604
Nutritional Products	0.3	0.0	0.0	0.3	7	0	0	6	20	26	28	19	23,425	458,972	7,128	9.5	68,653
Hematological Agents	0.8	0.2	0.1	0.5	69	56	4	8	86	328	40	16	16,971	1,456,779	2,044	2.7	21,127
Topical Products	0.2	0.1	0.0	0.1	9	6	1	3	41	74	47	21	37,453	1,550,635	16,447	22.0	173,630
Miscellaneous Products	0.2	0.1	0.0	0.1	30	24	3	4	137	208	270	39	2,602	357,147	1,102	1.5	11,838
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	23	0	0	0	3,878	90,381	1,114	1.5	12,109
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.	760,182	49,228,906	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Wyoming, 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 Wyoming, 1.3 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]

WYOMING, 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	$6,531,899	4,306	5.8 %	46,080	0.7	$215	$142
ANTIDEPRESSANTS	4,493,860	11,434	15.3	118,140	0.5	69	38
ANTICONVULSANT	4,133,949	4,422	5.9	47,762	0.7	119	87
ANTIASTHMATIC	3,065,654	13,909	18.6	147,991	0.3	71	21
ANALGESICS - Narcotic	2,490,916	18,340	24.5	185,129	0.3	42	13
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,346,753	3,845	5.1	40,824	0.6	96	57
ULCER DRUGS	1,875,687	6,948	9.3	72,143	0.4	61	26
ANTIDIABETIC	1,552,986	3,171	4.2	33,427	0.7	69	46
NEUROLOGICAL	1,440,516	734	1.0	7,528	0.6	295	191
ANALGESICS - ANTI-INFLAMMATORY	1,346,065	7,134	9.5	73,522	0.3	71	18
Total	29,278,285	74,243		772,546	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Wyoming, 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.