# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 CALIFORNIA

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TABLE D.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>

DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

			Number of Ben	eficiaries				1	Number of Ben	efit Months		
Beneficiary						Other/						Other/
Characteristics	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	914,207	527,104	378,018	8,771	53	261	9,927,883	5,663,137	4,199,275	62,181	376	2,914
Age												
5 and younger	18	0	15	0	3	0	183	0	153	0	30	0
6-14	57	0	48	0	9	0	599	0	535	0	64	0
15-20	727	0	694	6	27	0	7,906	0	7,659	45	202	0
21-44	89,234	1	85,745	3,463	14	11	968,907	12	943,702	25,004	80	109
45-64	164,165	20	160,096	3,942	0	107	1,767,035	170	1,737,265	28,394	0	1,206
65-74	301,979	208,641	92,004	1,191	0	143	3,285,558	2,216,199	1,060,226	7,534	0	1,599
75-84	249,666	217,649	31,863	154	0	0	2,762,834	2,395,489	366,224	1,121	0	0
85 and older	108,361	100,793	7,553	15	0	0	1,134,861	1,051,267	83,511	83	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	538,380	333,973	200,200	3,926	20	261	5,888,590	3,611,552	2,246,649	27,337	138	2,914
Male	375,827	193,131	177,818	4,845	33	0	0 4,039,293	2,051,585	1,952,626	34,844	238	0
Unknown	0	0	0	0	0	0	-	0	0	0	0	0
Race												
White	377,994	185,587	188,801	3,479	19	108	4,043,852	1,927,028	2,088,632	26,860	135	1,197
African American	83,301	31,018	51,137	1,116	8	22	0 892,762	324,798	561,016	6,658	46	244
Other/unknown	452,912	310,499	138,080	4,176	26	131	4,991,269	3,411,311	1,549,627	28,663	195	1,473
Use of Nursing Facilities <sup>c</sup>												
Entire year	51,132	43,526	7,600	6	0	0	530,858	447,886	82,905	67	0	0
Part year	43,435	32,670	10,708	54	0	3	425,432	311,016	113,933	448	0	35
None	819,640	450,908	359,710	8,711	53	258	8,971,593	4,904,235	4,002,437	61,666	376	2,879
Maintenance Assistance Status												
Cash	605,048	320,191	277,538	7,307	12	0	6,867,599	3,629,187	3,184,940	53,387	85	0
Medically needy	152,659	114,607	37,149	880	23	0	1,480,957	1,108,842	367,259	4,717	139	0
Poverty-related	117,004	73,858	42,796	85	4	261	1,168,127	731,042	433,671	468	32	2,914
Other/unknown	39,496	18,448	20,535	499	14	0	411,200	194,066	213,405	3,609	120	0
Dual Medicare Status <sup>d</sup>												
Full dual, all year	903,380	518,813	375,599	8,655	52	261	9,825,235	5,584,113	4,176,555	61,278	375	2,914
Full dual, part year	10,827	8,291	2,419	116	1	0	102,648	79,024	22,720	903	1	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	893,105	518,064	369,450	5,291	40	260	9,816,178	5,613,762	4,151,988	47,194	321	2,913
FFS part year, with Rx claims	14,513	5,764	6,613	2,124	11	1	85,717	35,520	39,407	10,745	44	1
FFS part year, no Rx claims	6,589	3,276	1,955	1,356	2	0	25,988	13,855	7,880	4,242	11	0

- a. Table D.2 includes the beneficiaries represented by Cell G 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 contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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; Rx = pharmacy benefit.

TABLE D.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>

DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

Beneficiary	Percentage with at	and Da	Mara Dorf	ф <b>В</b>	Mean \$, All	Rx \$ as a Percentage of All Medicaid	Number of
Characteristics  All	Least One Rx Mean N 85.2 %	32.8	Mean Rx \$ \$2,890	\$ per Rx <b>\$88</b>	Medicaid FFS \$ <sup>c</sup> \$10,167	FFS \$ <sup>d</sup> 28.4 %	Beneficiaries 914,207
All	65.2 %	32.0	\$2,090	\$00	\$10,167	20.4 %	914,207
Age							
5 and younger	83.3	34.0	4,148	122	31,839	13.0	18
6-14	89.5	43.8	9,540	218	26,714	35.7	57
15-20	68.4	16.3	2,551	156	14,603	17.5	727
21-44	79.8	27.5	3,794	138	12,394	30.6	89,234
45-64	85.6	37.7	4,059	108	12,132	33.5	164,165
65-74	84.0	29.7	2,416	81	6,542	36.9	301,979
75-84	87.4	34.4	2,618	76	9,939	26.3	249,666
85 and older	88.0	35.0	2,315	66	15,939	14.5	108,361
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility <sup>e</sup>							
Aged	84.5	30.3	2,289	75	9,149	25.0	527,104
Disabled	86.7	36.7	3,748	102	11,727	32.0	378,018
Adults	67.3	16.9	1,995	118	4,143	48.2	8,771
Children	62.3	16.2	2,570	159	15,127	17.0	53
Unknown	83.9	24.2	3,044	126	7,580	40.2	261
Gender							
Female	87.8	35.0	2,844	81	10,524	27.0	538,380
Male	81.5	29.7	2,954	100	9,655	30.6	375,827
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	85.0	37.5	3,342	89	12,901	25.9	377,994
African American	81.0	30.8	2,627	85	11,230	23.4	83,301
Other/unknown	86.2	29.3	2,561	88	7,689	33.3	452,912
Use of Nursing							
Facilities <sup>f</sup>							
Entire year	94.5	61.0	3,656	60	40,171	9.1	51,132
Part year	94.5	45.9	3,141	69	22,800	13.8	43,435
None	84.2	30.4	2,828	93	7,626	37.1	819,640
Maintenance Assistance Status							
Cash	88.0	33.2	2,990	90	8,570	34.9	605,048
Medically needy	81.3	37.5	2,860	76	20,782	13.8	152,659
Poverty related	77.9	25.5	2,433	95	5,071	48.0	117,004
Other/unknown	79.8	30.3	2,826	93	8,689	32.5	39,496

- a. Table D.3 includes beneficiaries represented by Cell G 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 D.4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>

DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

					N	umber of Rx, Per	centage with:			_	Numb	er
Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a ercentage of All Medicaid FFS \$°	None	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	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months 9,927,883
All	3.0	\$266	28.4 %	14.8 %	22.8 %	15.2 %	31.4 %	13.5 %	2.3 %	\$936	914,207	9,927,883
Age												
5 and younger	3.3	408	13.0	16.7	33.3	0.0	16.7	27.8	5.6	3,132	18	183
6-14	4.2	908	35.7	10.5	8.8	19.3	36.8	14.0	10.5	2,542	57	599
15-20	1.5	235	17.5	31.6	34.4	9.9	19.1	4.4	0.6	1,343	727	7,906
21-44	2.5	349	30.6	20.2	29.0	13.2	24.6	10.9	2.2	1,142	89,234	968,907
45-64	3.5	377	33.5	14.4	19.6	13.1	32.1	17.3	3.5	1,127	164,165	1,767,035
65-74	2.7	222	36.9	16.0	25.0	16.2	30.2	10.9	1.6	601	301,979	3,285,558
75-84	3.1	237	26.3	12.6	21.4	16.1	33.8	13.8	2.3	898	249,666	2,762,834
85 and older	3.3	221	14.5	12.0	19.8	15.0	34.0	16.5	2.7	1,522	108,361	1,134,861
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility <sup>e</sup>												
Aged	2.8	213	25.0	15.5	24.0	16.1	30.7	11.8	1.9	852	527,104	5,663,137
Disabled	3.3	337	32.0	13.3	21.1	14.0	32.6	16.1	2.9	1,056	378,018	4,199,275
Adults	2.4	281	48.2	32.7	23.2	12.3	22.5	8.1	1.1	584	8,771	62,181
Children	2.3	362	17.0	37.7	11.3	9.4	26.4	9.4	5.7	2,132	53	376
Unknown	2.2	273	40.2	16.1	28.7	16.9	33.3	4.2	0.8	679	261	2,914
Gender												
Female	3.2	260	27.0	12.2	21.4	15.8	33.6	14.6	2.5	962	538,380	5,888,590
Male	2.8	275	30.6	18.5	24.8	14.3	28.3	12.0	2.1	898	375,827	4,039,293
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.5	312	25.9	15.0	19.2	12.9	31.4	17.7	3.7	1,206	377,994	4,043,852
African American	2.9	245	23.4	19.0	22.6	13.5	29.7	13.0	2.1	1,048	83,301	892,762
Other/unknown	2.7	232	33.3	13.8	25.9	17.3	31.7	10.1	1.2	698	452,912	4,991,269
Use of Nursing												
Facilities <sup>f</sup>												
Entire year	5.9	352	9.1	5.5	7.9	7.9	31.7	35.2	11.8	3,869	51,132	530,858
Part year	4.7	321	13.8	5.5	12.9	12.3	36.8	26.4	6.1	2,328	43,435	425,432
None	2.8	258	37.1	15.8	24.3	15.8	31.1	11.5	1.5	697	819,640	8,971,593
Maintenance Assistance Status												
Cash	2.9	263	34.9	12.0	23.9	16.4	33.2	12.7	1.8	755	605,048	6,867,599
Medically needy	3.9	295	13.8	18.7	16.6	11.3	28.4	19.8	5.2	2,142	152,659	1,480,957
Poverty related	2.6	244	48.0	22.1	25.1	14.7	26.9	9.8	1.3	508	117,004	1,168,127
Other/unknown	2.9	271	32.5	20.2	22.4	13.5	28.8	13.0	2.1	835	39,496	411,200

Table D4

**Dual Eligible Beneficiaries** 

- a. Table D.4 includes the beneficiaries represented by Cell G 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 D.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>6, b, c</sup>

DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

Beneficiary		All Rx		Patented Br	and-Name	Drugs	Off-Patent E	Brand-Name	Drugs	Gen	eric Drugs	
_	Number			Number			Number			Number		
Characteristics	of Rx	Rx\$	\$ per Rx	of Rx	Rx\$	\$ per Rx	of Rx	Rx\$	\$ per Rx	of Rx	Rx\$	\$ per Rx
All	3.0	\$266	\$88	1.3	\$202	\$149	0.2	\$26	\$109	1.4	\$39	\$27
Age												
5 and younger	3.3	408	122	1.6	364	226	0.1	12	108	1.6	33	20
6-14	4.2	908	218	1.9	781	420	0.3	41	160	2.1	86	42
15-20	1.5	235	156	0.7	188	277	0.1	13	109	0.7	31	46
21-44	2.5	349	138	1.1	271	250	0.2	37	150	1.2	41	34
45-64	3.5	377	108	1.4	279	195	0.3	44	141	1.7	53	31
65-74	2.7	222	81	1.3	170	133	0.2	20	100	1.2	32	26
75-84	3.1	237	76	1.4	181	125	0.2	19	89	1.4	36	25
85 and older	3.3	221	66	1.4	163	116	0.3	19	76	1.7	38	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility <sup>d</sup>												
Aged	2.8	213	75	1.3	163	125	0.2	18	88	1.3	32	25
Disabled	3.3	337	102	1.4	254	179	0.3	36	129	1.6	47	30
Adults	2.4	281	118	1.0	206	211	0.2	36	174	1.2	38	32
Children	2.3	362	159	0.8	261	313	0.3	36	134	1.2	66	56
Unknown	2.2	273	126	0.9	203	226	0.2	34	153	1.0	35	34
Gender												
Female	3.2	260	81	1.4	196	137	0.2	25	101	1.5	39	26
Male	2.8	275	100	1.2	210	171	0.2	26	122	1.3	39	30
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.5	312	89	1.5	231	155	0.3	34	113	1.7	47	27
African American	2.9	245	85	1.1	184	162	0.2	23	107	1.5	38	25
Other/unknown	2.7	232	88	1.3	181	142	0.2	19	104	1.2	32	27
Use of Nursing Facilities <sup>e</sup>												
Entire year	5.9	352	60	2.2	247	114	0.5	35	68	3.2	70	22
Part year	4.7	321	69	1.8	232	129	0.4	30	80	2.5	58	24
None	2.8	258	93	1.3	197	154	0.2	25	117	1.3	36	28
Maintenance Assistance Status												
Cash	2.9	263	90	1.4	202	148	0.2	24	112	1.3	37	28
Medically needy	3.9	295	76	1.5	216	142	0.3	30	89	2.0	49	25
Poverty related	2.6	244	95	1.1	184	170	0.2	26	127	1.3	34	27
Other/unknown	2.9	271	93	1.2	200	165	0.2	30	122	1.4	41	28

- a. Table D.5 includes the beneficiaries represented by Cell G 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 California, 1.0 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 D.6

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

DUAL ELIGIBLE BENEFICIARIES. CALIFORNIA, 2004

		er of Rx	•		Users					\$ pei	· Rx					Users <sup>e</sup>	
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	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$41	\$33	\$4	\$4	\$127	\$242	\$149	\$23	1,715,846	\$218,430,790	468,355	51.2 %	5,360,565
Biologicals	0.1	0.0	0.0	0.1	39	2	2	35	389	57	2,932	548	9,375	3,644,811	8,342	0.9	94,268
Antineoplastic Agents	0.4	0.1	0.0	0.3	89	57	2	31	228	642	261	105	167,815	38,229,357	39,123	4.3	427,322
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	58	43	7	8	80	128	73	28	3,176,141	253,006,323	385,037	42.1	4,378,389
Cardiovascular Agents	1.2	0.6	0.1	0.6	82	62	4	16	66	111	59	26	8,104,024	537,794,868	582,446	63.7	6,586,307
Respiratory Agents	0.5	0.3	0.0	0.2	35	30	0	5	68	99	83	24	2,035,647	138,553,674	341,592	37.4	3,924,371
Gastrointestinal Agents	0.5	0.3	0.0	0.2	67	53	8	5	122	176	174	27	2,307,635	281,305,705	370,264	40.5	4,216,772
Genitourinary Agents	0.4	0.3	0.0	0.1	32	28	2	3	86	105	77	31	542,072	46,810,985	127,070	13.9	1,461,363
CNS Drugs	0.9	0.4	0.1	0.4	106	80	13	12	114	196	111	31	3,967,519	453,883,794	381,391	41.7	4,299,570
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.5	0.3	0.0	0.1	76	59	8	10	162	204	160	71	21,687	3,503,892	4,034	0.4	46,190
Neurological Agents	0.5	0.5	0.0	0.0	100	100	0	0	186	193	111	21	249,201	46,456,067	41,449	4.5	464,209
Analgesics and Anesthetics	0.5	0.2	0.0	0.3	48	37	3	8	88	173	446	24	2,973,219	260,780,006	477,794	52.3	5,454,552
Neuromuscular Agents	0.8	0.2	0.2	0.4	69	31	23	14	91	174	135	35	1,551,589	141,076,044	180,965	19.8	2,053,337
Nutritional Products	0.4	0.0	0.0	0.4	6	0	0	6	16	41	45	16	394,419	6,383,602	91,468	10.0	1,024,825
Hematological Agents	0.6	0.2	0.0	0.3	66	56	4	7	119	282	77	21	949,705	112,874,917	150,615	16.5	1,698,182
Topical Products	0.4	0.2	0.0	0.2	20	15	1	4	50	78	70	21	1,689,054	83,682,119	357,972	39.2	4,139,540
Miscellaneous Products	0.3	0.1	0.0	0.2	51	36	6	8	199	500	343	50	56,971	11,325,039	20,347	2.2	224,197
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	40	0	0	0	96,424	3,876,852	35,468	3.9	408,655
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.	30,008,343	2,641,618,845	n.a.	n.a.	n.a.

- a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories 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. 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 California, 1.0 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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>9, b, c</sup>

DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

			Users		Ar	nong Users	
Top 10 Drug Groups	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx :	\$ per Benefit Month
ANTIPSYCHOTICS	\$276,106,026	173,617	19.0 %	1,961,716	0.6	\$230	\$141
ULCER DRUGS	230,239,100	376,281	41.2	4,303,035	0.4	132	54
ANTIHYPERLIPIDEMIC	222,883,279	328,075	35.9	3,789,700	0.4	136	59
ANTIDIABETIC	164,641,876	344,759	37.7	3,927,091	0.5	85	42
ANTIHYPERTENSIVE	159,553,653	468,831	51.3	5,360,076	0.5	66	30
ANALGESICS - ANTI-INFLAMMATORY	156,556,795	403,185	44.1	4,686,633	0.3	112	33
ANTIVIRAL	134,214,258	53,527	5.9	606,503	0.5	438	221
ANTIDEPRESSANTS	125,572,639	290,738	31.8	3,286,345	0.5	78	38
ANTICONVULSANT	117,951,689	170,339	18.6	1,937,685	0.6	105	61
ANALGESICS - Narcotic	90,788,701	367,628	40.2	4,184,429	0.3	67	22
Total	1,678,508,016	2,976,980		34,043,213	n.a.	n.a.	n.a.

- 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.

a. Table D.7 includes the beneficiaries represented by Cell G 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.

TABLE D.7A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED

AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>

DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

	All Top 10 [	Orug Groups		ANTIPS	SYCHOTICS				ULCE	R DRUGS		
Beneficiary Characteristics	Number of Rx	Rx\$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	14,725,901	\$1,678,508,016	173,617	19.0 %	1,961,716	0.6	\$141	376,281	41.2 %	4,303,035	0.4	\$54
Female	8,981,998	942,652,003	93,323	17.3	1,053,211	0.6	117	246,305	45.7	2,826,020	0.4	54
Disabled	4,165,009	485,615,808	56,094	28.0	647,528	0.6	139	97,918	48.9	1,137,122	0.4	56
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	216	30,147	2	8.3	10	0.6	322	15	62.5	172	0.4	30
15-20	1,975	272,698	51	18.3	562	0.4	104	54	19.4	611	0.4	35
21-44	566,325	83,366,623	16,304	49.8	188,437	0.6	155	9,254	28.3	106,386	0.4	50
45-64	1,765,561	217,174,482	26,995	34.4	311,026	0.6	149	36,579	46.6	420,574	0.4	59
65-74	1,262,087	130,267,434	8,225	14.0	96,036	0.5	106	35,191	59.7	413,781	0.4	55
75-84	470,859	45,610,105	3,465	14.7	39,752	0.5	89	13,703	58.3	160,047	0.4	57
	97,986	8,894,319	1,052	16.8	11,705	0.5	76	3,122	49.7	35,551	0.5	59
85 and older <b>Other Eligibles</b>	4,816,989	457,036,195	37,229	11.0	405,683	0.5	81	148,387	43.9	1,688,898	0.4	52
5 and younger	15	1,102	0	0.0	0	0.0	0	1	100.0	12	0.7	88
6-14	36	5,308	1	25.0	12	0.9	138	0	0.0	0	0.0	0
15-20	30	2,672	1	10.0	12	0.3	100	1	10.0	5	1.0	41
21-44	16,811	2,239,412	317	16.5	2,962	0.4	94	343	17.9	3,418	0.3	49
45-64	18,205	2,475,810	217	13.9	2,116	0.4	100	474	30.5	4,639	0.4	52
65-74	1,586,666	159,917,081	8,094	6.6	90,587	0.5	87	51,412	41.9	588,981	0.3	48
75-84	2,133,426	203,711,324	15,142	11.0	167,073	0.5	81	64,265	46.8	740,615	0.4	52
85 and older	1,061,800	88,683,486	13,457	18.0	142,921	0.5	76	31,891	42.7	351,228	0.5	56
Male	5,743,903	735,856,013	80,294	21.4	908,505	0.7	169	129,976	34.6	1,477,015	0.4	54
Disabled	3,356,359	503,065,617	63,527	35.7	730,624	0.7	188	57,947	32.6	665,434	0.4	57
Disabled	104	7,376	1	7.1	12	0.3	63	2	14.3	18	0.7	120
5 and younger	400	38,497	0	0.0	0	0.0	0	18	75.0	210	0.6	31
6-14	3,365	518,104	110	26.5	1,267	0.6	169	68	16.4	783	0.5	48
15-20	904,653	169,905,733	28,231	53.3	325,463	0.7	192	11,503	21.7	132,238	0.4	55
21-44	1,695,273	256,650,900	30,076	36.8	345,366	0.8	196	26,995	33.1	306,821	0.5	61
45-64	593,118	61,083,032	3,932	11.9	45,269	0.6	130	14,888	45.0	173,573	0.4	53
65-74	141,791	13,339,182	980	11.7	11,130	0.6	101	3,904	46.8	45,338	0.4	55
75-84	17,655	1,522,793	197	15.5	2,117	0.5	71	569	44.6	6,453	0.4	54
85 and older Other Eligibles	2,387,544	232,790,396	16,767	8.5	177,881	0.5	88	72,029	36.4	811,581	0.4	51
•	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	2	32	0	0.0	0	0.0	0	1	20.0	2	1.0	16
6-14	110	14,539	7	30.4	67	0.2	56	3	13.0	30	0.6	59
15-20	14,038	2,085,456	187	11.9	1,690	0.4	103	350	22.3	3,392	0.4	55
21-44	26,493	3,570,639	199	7.9	1,934	0.4	121	683	27.2	6,649	0.4	58
45-64	968,094	97,098,181	5,424	6.2	59,725	0.5	109	28,421	32.6	321,322	0.4	49
65-74	1,062,391	102,362,975	7,213	8.9	76,884	0.5	80	31,915	39.6	364,136	0.4	52
75-84	316,416	27,658,574	3,737	14.3	37,581	0.5	71	10,656	40.8	116,050	0.5	54
85 and older	,	, ,	,					•		,		
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

- a. Table D.7A includes the beneficiaries represented by Cell G 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 drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS

SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>

DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

		ANTIHYP	ERLIPIDEMIC	;			ANTI	DIABETIC				ANTIHY	PERTENSIVE		
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per
All	328,075	35.9 %	3,789,700	0.4	\$59	344,759	37.7 %	3,927,091	0.5	\$42	468,831	51.3 %	5,360,076	0.5	\$30
Female	202,922	37.7	2,352,148	0.4	59	212,296	39.4	2,428,611	0.5	41	284,789	52.9	3,265,767	0.5	31
Disabled	75,066	37.5	877,285	0.4	59	86,201	43.1	999,433	0.5	45	97,138	48.5	1,127,792	0.5	31
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	8.3	24	0.6	75	0	0.0	0	0.0	0	10	41.7	120	0.5	30
15-20	6	2.2	67	0.3	44	11	3.9	123	0.7	61	29	10.4	327	0.4	24
21-44	3,698	11.3	42,807	0.4	50	4,857	14.8	55,659	0.5	44	4,707	14.4	53,578	0.4	24
45-64	26,510	33.8	305,420	0.4	57	31,305	39.9	358,672	0.5	46	31,849	40.6	364,208	0.5	28
65-74	32,030	54.4	378,139	0.4	60	35,772	60.7	419,757	0.5	46	39,955	67.8	469,720	0.5	
75-84	11,179	47.5	131,795	0.5	63	12,289	52.3	143,003	0.5	42	16,698	71.0	195,411	0.5	
	1,641	26.1	19,033	0.5	61	1,967	31.3	22,219	0.5	35	3,890	62.0	44,428	0.5	30
85 and older Other Eligibles	127,856	37.8	1,474,863	0.4	59	126,095	37.3	1,429,178	0.5	39	187,651	55.5	2,137,975	0.5	
_	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.3	2
5 and younger 6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	9	0.3	21
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	20.0	13	0.5	28
15-20	162	8.5	1,602	0.4	44	178	9.3	1,690	0.5	43	267	13.9	2,554	0.4	25
21-44 45-64	310	19.9	2,930	0.4	51	384	24.7	3,381	0.5	48	435	28.0	4,092	0.4	28
65-74	54,065	44.0	619,620	0.4	56	50,918	41.5	577,229	0.5	40	64,319	52.4	731,888	0.4	30
75-84	57,495	41.9	670,020	0.4	61	55,880	40.7	640,664	0.5	39	84,328	61.5	972,936	0.5	32
	15,824	21.2	180,691	0.5	61	18,735	25.1	206,214	0.5	34	38,298	51.3	426,471	0.5	30
85 and older Male	125,153	33.3	1,437,552	0.4	59	132,463	35.2	1,498,480	0.5	43	184,042	49.0	2,094,309	0.4	28
	53,294	30.0	616,089	0.4	59	58,122	32.7	665,038	0.5	45 45	69,841	39.3	800,451	0.4	28
Disabled	2	14.3	24	0.8	53	1	7.1	12	0.2	21	6	42.9	55	0.6	14
5 and younger	5	20.8	60	0.6	44	1	4.2	12	0.2	37	17	70.8	204	0.6	23
6-14	8	1.9	96	0.8	33	18	4.2	213	0.5	44	58	14.0	624	0.6	25 25
15-20	7,814	14.7	90,339	0.5	52	6,769	12.8	77,615	0.5	45	8,707	16.4	99.093	0.5	26
21-44	25,715	31.5	293,484	0.5	52 58	29,479	36.1	332,798	0.5	46	32,433	39.7	366,112	0.5	28
45-64	15,926	48.2	187,140	0.3	62	17,604	53.2	205,132	0.5	46	22,059	66.7	258,002	0.3	30
65-74	3,514	42.1	41,332	0.4	64	3,898	46.7	45,221	0.5	43	5,779	69.2	67,442	0.4	30
75-84	3,314	24.3	3,614	0.5	66	3,090	27.6	4,035	0.5	39	782	61.3	8,919	0.5	29
85 and older <b>Other Eligibles</b>	71,859	36.3	821,463	0.5	59	74,341	37.5	833,442	0.5	41	114,201	57.7	1,293,858	0.3	28
Other Eligibles	71,859	0.0	021,403	0.4	0	74,341	0.0	033,442	0.0	0	114,201	0.0	1,293,636	0.4	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	4.3	12	0.0	3	5	21.7	57	0.6	24
15-20	265	16.8	2,528	0.0	48	274	4.3 17.4	2,569	0.1	3 42	5 411	26.1	3,875	0.6	24 27
21-44	763	30.4	2,526 7,123	0.4	40 54	274 974	38.8	8,922	0.5	42 49	1,001	39.8	9,445	0.4	28
45-64	32,948	30. <del>4</del> 37.8	374,007	0.4	54 57	34,077	39.1	381,351	0.5	49 41	46,199	53.0	521,112	0.4	28 28
65-74	32,946 31,595	37.6 39.2	366,521	0.4	61	34,077 31,804	39.1	361,798	0.5	41	51,766	64.2	521,112	0.4	20 29
75-84	6,288	39.2 24.1	71,284	0.4	61	31,804 7,211	39.5 27.6	78,790	0.5	37	14,819	56.7	164,957	0.4	29 28
85 and older	ნ,∠88	∠4.1	11,284	0.5	юі	1,211	21.0	18,190	0.5	31	14,819	30.7	104,957	0.5	28
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

- a. Table D.7B includes the beneficiaries represented by Cell G 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 drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 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); BOE = basis of eligibility; CMS = Centers for Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS

SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>

DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

	ANALGESICS - ANTI-INFLAMMATORY						AN <sup>*</sup>	TIVIRAL				ANTIDE	PRESSANTS	}	
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	403,185	44.1 %	4,686,633	0.3	\$33	53,527	5.9 %	606,503	0.5	\$221	290,738	31.8 %	3,286,345	0.5	\$38
Female	265,235	49.3	3,089,460	0.3	36	17,243	3.2	199,738	0.3	92	191,872	35.6	2,173,953	0.5	
Disabled	110,585	55.2	1,295,515	0.3	37	9,657	4.8	111,802	0.3	139	103,969	51.9	1,195,967	0.5	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	
6-14	0	0.0	0	0.0	0	2	8.3	24	0.2	109	3	12.5	29	0.6	
15-20	63	22.6	745	0.1	14	14	5.0	154	0.2	419	77	27.6	893	0.4	
21-44	11,985	36.6	138,736	0.3	25	2,443	7.5	27,829	0.5	192	19,025	58.1	217,144	0.5	
45-64	41,250	52.6	478,499	0.3	39	4,495	5.7	51,832	0.4	167	51,818	66.1	591,794	0.5	
65-74	40,516	68.8	479,914	0.3	38	1,921	3.3	22,758	0.2	57	23,974	40.7	280,865	0.4	
75-84	14,000	59.5	165,499	0.3	38	664	2.8	7,834	0.2	23	7,389	31.4	86,085	0.4	
85 and older	2,771	44.1	32,122	0.4	41	118	1.9	1,371	0.1	14	1,683	26.8	19,157	0.5	
85 and older <b>Other Eligibles</b>	154,650	45.7	1,793,945	0.3	35	7,586	2.2	87,936	0.2	33	87,903	26.0	977,986	0.5	
5 and younger	1	100.0	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	1.1	
15-20	1	10.0	12	0.1	1	0	0.0	0	0.0	0	2	20.0	20	0.5	
21-44	533	27.8	5,336	0.3	25	133	6.9	1,384	0.5	226	901	47.0	8,409	0.4	
45-64	551	35.4	5,411	0.3	45	87	5.6	918	0.4	213	805	51.7	7,691	0.5	
65-74	62,170	50.6	718,082	0.3	32 36	2,951	2.4	34,168	0.2	42 21	28,012	22.8 26.2	316,542	0.4 0.5	
75-84	66,953	48.8 32.7	785,400	0.3 0.4		3,140	2.3	36,890	0.1 0.1	∠ı 11	35,891	26.2 29.8	405,456	0.5 0.6	
85 and older	24,441	32.1	279,692	0.4	39	1,275	1.7	14,576	0.1	11	22,291	29.0	239,856	0.6	38
Male	137,950	36.7	1,597,173	0.3	29	36,284	9.7	406,765	0.6	285	98,866	26.3	1,112,392	0.5	39
Disabled	63,829	35.9	742,055	0.3	28	31,195	17.5	348,906	0.7	317	65,956	37.1	751,572	0.5	43
	3	21.4	36	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	5	20.8	60	0.5	358	2	8.3	24	0.5	6
6-14	47	11.3	553	0.1	2	19	4.6	217	0.4	352	83	20.0	965	0.5	44
15-20	13,656	25.8	158,062	0.2	19	13,670	25.8	152,079	0.7	318	21,757	41.1	248,033	0.5	46
21-44	28,664	35.1	330,225	0.3	29	16,059	19.7	179,707	0.7	331	33,465	41.0	378,945	0.5	44
45-64	17,074	51.6	201,518	0.3	31	1,253	3.8	14,591	0.4	177	8,544	25.8	99,434	0.4	33
65-74	3,918	46.9	46,266	0.3	32	170	2.0	2,031	0.2	56	1,835	22.0	21,157	0.4	31
75-84	467	36.6	5,395	0.3	33	19	1.5	221	0.1	18	270	21.2	3,014	0.5	33
85 and older Other Eligibles	74,121	37.4	855,118	0.3	30	5,089	2.6	57,859	0.2	88	32,910	16.6	360,820	0.4	31
_	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	4.3	8	0.1	1	2	8.7	24	0.2	169	5	21.7	45	0.4	
15-20 21-44	379	24.1	3,642	0.3	37	157	10.0	1,505	0.6	288	479	30.5	4,583	0.4	
45-64	741	29.5	7,019	0.3	37	114	4.5	1,151	0.6	352	659	26.2	6,317	0.4	
	31,986	36.7	367,028	0.3	27	2,464	2.8	27,760	0.3	118	12,441	14.3	138,728	0.4	
65-74	32,477	40.3	380,111	0.3	31	1,869	2.3	21,880	0.2	42	13,889	17.2	153,866	0.4	31
75-84	8,537	32.7	97,310	0.3	33	483	1.8	5,539	0.1	13	5,437	20.8	57,281	0.5	34
85 and older Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

- a. Table D.7C includes the beneficiaries represented by Cell G 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 drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

## TABLE D.7D MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>

DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

		ANTICC	NVULSANT				ANALGES	SICS - Narcoti	ic			
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per Benefit Month		Number of Benefit Months
All	170,339	18.6 %	1,937,685	0.6	\$61	367,628	40.2 %	4,184,429	0.3	\$22	914,207	9,927,883
Female	99,564	18.5	1,135,813	0.6	57	231,831	43.1	2,647,973	0.3	20	538,380	5,888,590
Disabled	59,560	29.8	685,906	0.6	70	114,311	57.1	1,322,981	0.4	29	200,200	2,246,649
F	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
5 and younger	3	12.5	36	1.2	348	4	16.7	48	0.2	2	24	253
6-14	73	26.2	808	0.7	84	82	29.4	963	0.2	2	279	3,067
15-20	13,838	42.3	158,525	0.7	95	15,907	48.6	182,490	0.4	48	32,750	361,145
21-44	28,776	36.7	329,363	0.6	77	49,826	63.5	572,940	0.4	39	78,422	859,253
45-64	11,995	20.4	140,653	0.5	41	33,152	56.3	388,795	0.3	14	58,931	682,589
65-74	4,098	17.4	47,604	0.5	35	12,589	53.5	146,731	0.3	11	23,515	270,770
75-84	777	12.4	8,917	0.5	32	2,751	43.8	31,014	0.3	12	6,278	69,560
85 and older Other Eligibles	40,004	11.8	449,907	0.5	36	117,520	34.8	1,324,992	0.3	12	338,180	3,641,941
Other Lingibles	0	0.0	0	0.0	0	2	200.0	24	0.1	1	1	12
5 and younger	1	25.0	12	0.8	204	0	0.0	0	0.0	0	4	36
6-14	0	0.0	0	0.0	0	2	20.0	20	0.2	1	10	69
15-20	465	24.3	4,427	0.6	79	- 881	46.0	8,511	0.4	48	1,916	13,691
21-44	362	23.3	3,507	0.5	67	735	47.2	7,317	0.4	76	1,556	11,592
45-64	12,920	10.5	146,917	0.4	38	39,956	32.5	456,159	0.3	10	122,793	1,315,016
65-74	17,710	12.9	201,564	0.5	34	49,980	36.4	571,630	0.3	10	137,205	1,518,153
75-84	8,546	11.4	93,480	0.6	33	25,964	34.8	281,331	0.3	14	74,695	783,372
85 and older	0,540	11.4	93,400	0.0	33	25,904	34.0	201,331	0.5	14	74,093	700,572
Male	70,775	18.8	801,872	0.6	67	135,797	36.1	1,536,456	0.3	24	375,827	4,039,293
Disabled	50,246	28.3	574,533	0.7	78	77,938	43.8	891,841	0.4	34	177,818	1,952,626
	4	28.6	48	0.6	42	3	21.4	36	0.1	2	14	141
5 and younger	4	16.7	48	1.2	53	7	29.2	84	0.1	1	24	282
6-14	107	25.8	1,266	0.7	92	94	22.7	1,095	0.2	2	415	4,592
15-20	17,900	33.8	204,905	0.7	91	19,241	36.3	220,412	0.3	37	52,995	582,557
21-44	25,346	31.0	288,520	0.7	79	38,941	47.7	442,098	0.4	44	81,674	878,012
45-64	5,485	16.6	63,570	0.5	44	15,502	46.9	180,178	0.3	13	33,073	377,637
65-74	1,271	15.2	14,748	0.5	36	3,685	44.1	42,762	0.3	9	8,348	95,454
75-84	129	10.1	1,428	0.5	33	465	36.5	5,176	0.3	8	1,275	13,951
85 and older <b>Other Eligibles</b>	20,529	10.4	227,339	0.5	39	57,859	29.2	644,615	0.3	10	198,009	2,086,667
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0 1 1,0 10	0.0	0	2	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	28
6-14	2	8.7	19	0.7	151	1	4.3	6	0.3	2	23	178
15-20	296	0. <i>1</i> 18.8	2,731	0.7	79	628	4.3 39.9	6,091	0.5	71	23 1,573	-
21-44	391	15.6	3,748	0.6	63	1,021	39.9 40.6	10,192	0.5	71	2,513	18,178
45-64	8,029	9.2	3,748 89,984	0.5	63 42	1,021 24,167	40.6 27.7	271,299	0.4	70 10	2,513 87,182	910,316
65-74	,	9.2 11.2	,	0.5	42 35	,	30.1	,	0.3	8	,	,
75-84	9,005		100,944			24,286		274,512		_	80,598	878,457
85 and older	2,806	10.7	29,913	0.5	33	7,756	29.7	82,515	0.3	8	26,113	267,978
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

- a. Table D.7D includes the beneficiaries represented by Cell G 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 drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>

DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

				Benefit Months Among All-
Beneficiary		Number of Rx per Benefit	Number of All-Year Nursing	Year Nursing Facility
Characteristics	Rx \$ per Benefit Month	Month	Facility Residents	Residents
All	\$352	5.9	51,132	530,858
Age				
0-64	508	6.4	4,614	51,367
65-74	454	6.9	7,324	77,809
75-84	356	6.1	17,348	179,535
85 and older	277	5.2	21,846	222,147
Unknown	0	0.0	0	0
Gender				
Female	338	5.9	35,461	371,572
Male	384	5.9	15,671	159,286
Unknown	0	0.0	0	0
Race				
White	346	5.9	34,026	350,733
African American	358	5.7	5,125	55,115
Other/unknown	368	6	11,981	125,010
Basis of Eligibility <sup>c</sup>				
Aged	328	5.8	43,526	447,886
Disabled	482	6.5	7,600	82,905
Adults	644	8.0	6	67
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 43,435 beneficiaries who were in nursing facilities for part of their enrollment and their 425,432 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

TABLE D.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

### BY BRAND STATUS AND THERAPEUTIC CATEGORY DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

		Number of Rx per Benefit \$ per Benefit Month  Month Among Users Among Users								¢ nor	Dv					Users	
	IVIC	nın Amo	ong Use	18	-	Among	Users			\$ per	KX			-			
Therapeutic	<del>-</del>	Patented Brand- Name	Off-Patent Brand- Name	Generic	le.	Patented Brand- Vame	Off-Patent Brand- Name	Generic	<del>-</del>	atented Brand- ame	Patent Brand- ne	Generic	Total Number		Number of	As a Percentage of Dual All- Year Nursing Facility	Number of Benefit
Category	Total	Patent Name	Off-Pa Name	Ger	Total	Patent Name	Off-Pa Name	Ger	Total	Patent Name	Off-Pa Name	Ger	of Rx	Total Rx \$	Users	Residents	Months
Anti-infective Agents	0.3	0.1	0.0	0.1	\$20	\$13	\$4	\$3	\$68	\$110	\$110	\$23	96,397	\$6,554,251	30,236	59.1 %	329,748
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	31	25	46	33	4,723	145,043	4,483	8.8	50,876
Antineoplastic Agents	0.5	0.0	0.0	0.5	72	17	1	54	136	435	170	111	32,725	4,437,961	5,921	11.6	61,222
Endocrine/Metabolic Drugs	1.2	0.4	0.1	0.6	51	35	5	10	42	82	35	16	296,120	12,567,853	23,008	45.0	248,139
Cardiovascular Agents	1.9	0.5	0.1	1.3	63	37	4	22	33	69	34	17	727,872	23,745,111	35,629	69.7	379,676
Respiratory Agents	0.8	0.3	0.0	0.5	36	26	0	10	46	79	54	22	146,322	6,725,782	17,229	33.7	186,549
Gastrointestinal Agents	1.0	0.5	0.0	0.5	78	61	5	11	76	122	115	23	267,486	20,410,878	24,608	48.1	263,225
Genitourinary Agents	0.6	0.3	0.0	0.2	36	27	3	6	63	82	71	31	61,735	3,881,672	9,758	19.1	107,039
CNS Drugs	1.4	0.7	0.3	0.4	141	108	20	12	98	149	80	27	525,321	51,648,034	34,077	66.6	367,051
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.6	0.2	0.0	0.3	55	43	2	11	96	177	54	37	862	83,065	138	0.3	1,502
Neurological Agents	8.0	0.8	0.0	0.0	126	126	0	0	148	149	120	14	71,649	10,638,956	7,838	15.3	84,420
Analgesics and Anesthetics	8.0	0.4	0.0	0.5	53	44	1	9	64	121	96	19	200,160	12,771,902	22,497	44.0	240,330
Neuromuscular Agents	1.3	0.3	0.2	0.7	79	31	20	28	63	110	90	37	241,080	15,302,259	17,524	34.3	192,544
Nutritional Products	0.6	0.0	0.0	0.6	8	0	0	8	13	23	28	13	80,863	1,089,445	12,965	25.4	139,108
Hematological Agents	1.3	0.3	0.1	0.9	73	59	3	11	57	230	32	12	193,026	11,078,619	14,234	27.8	152,059
Topical Products	0.5	0.2	0.0	0.3	18	10	2	6	35	59	61	19	145,642	5,118,432	25,215	49.3	280,180
Miscellaneous Products	0.2	0.0	0.0	0.2	10	2	1	7	44	224	302	32	9,170	401,273	3,924	7.7	41,779
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	10	0	0	0	21	0	0	0	15,593	324,229	2,933	5.7	32,145
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.	3,116,746	186,924,765	n.a.	n.a.	n.a.

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 43,435 beneficiaries who were in nursing facilities for part of their enrollment and their 425,432 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

In California, 1.0 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10

### BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>

### DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS.

			Users		A	mong Users		
	_	As a Percentage of All-Year						
		Number of	Nursing Facility	Number of	Number of Rx per		Rx \$ per Benefit	
Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users	Residents	Benefit Months	Benefit Month	\$ per Rx	Month	
ANTIPSYCHOTICS	\$33,741,513	23,440	45.8 %	257,971	0.8	\$173	\$131	
ULCER DRUGS	17,966,630	24,879	48.7	268,005	0.8	86	67	
ANTIDEPRESSANTS	14,775,224	27,115	53.0	294,755	0.8	64	50	
ANTICONVULSANT	10,975,041	16,126	31.5	178,647	0.9	67	61	
MISC PSYCHOTHERAPEUTIC AND								
NEUROLOGICAL	10,639,028	8,405	16.4	90,988	0.8	148	117	
ANTIDIABETIC	9,237,475	21,491	42.0	233,861	0.8	47	39	
ANTIHYPERTENSIVE	7,428,932	23,105	45.2	249,739	0.8	38	30	
ANTIHYPERLIPIDEMIC	6,400,103	8,518	16.7	93,656	0.8	85	68	
ANALGESICS - Narcotic	6,105,759	20,754	40.6	219,618	0.5	55	28	
ANALGESICS - ANTI-INFLAMMATORY	5,746,834	9,908	19.4	110,429	0.6	83	52	
Total	123,016,539	183,741		1,997,669	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2004 file for California, released by CMS in 00/2007. This table was produced on 04/10/2008.

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

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 43,435 beneficiaries who were in nursing facilities for part of their enrollment and their 425,432 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST

AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>

DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

	All Top 10 D	rug Groups		ANTIPS	SYCHOTICS				ULCE	R DRUGS		
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,517,639	\$123,016,539	23,440	45.8 %	257,971	0.8	\$131	24,879	48.7 %	268,005	0.8	\$67
Female	1,039,339	82,373,060	15,569	43.9	172,354	0.7	119	17.189	48.5	186,214	0.8	67
Disabled	152,434	14.448.056	2.620	65.0	29,978	0.9	171	2.104	52.2	23,236	0.8	68
r	73,864	7,744,045	1,280	66.8	14.802	0.9	190	914	47.7	10.409	0.8	68
64 or younge	35,307	3.167.065	620	75.4	7,138	0.9	178	452	55.0	4,902	0.8	67
65-74	29,434	2,442,556	490	61.8	5,563	0.8	138	478	60.3	5,207	0.8	69
75-84	13,829	1,094,390	230	46.0	2,475	0.7	115	260	52.0	2,718	0.8	68
85 and older Other Eligibles	886,905	67,925,004	12,949	41.2	142,376	0.7	108	15,085	48.0	162,978	0.8	67
r	194	26,414	3	100.0	36	1.1	141	0	0.0	. 0	0.0	0
64 or younge	130,570	10,819,088	1,865	59.9	20,976	0.8	144	1,743	56.0	19,159	0.8	68
65-74	353,779	27,214,974	5,107	46.3	56,577	0.7	113	5,537	50.2	60,289	0.8	67
75-84	402,362	29,864,528	5,974	34.6	64,787	0.7	92	7,805	45.2	83,530	0.8	66
85 and older <b>Male</b>	478,300	40.643.479	7.871	50.2	85,617	0.8	154	7.690	49.1	81.791	0.8	67
	133,756	40,643,479 13,813,755	2,443	50.2 68.4	27,869	1.0	215	1,701	49.1 47.6	18,921	0.8	70
Disabled	102,766	11,126,691	1,894	70.3	21,764	1.0	213	1,701	47.6 45.5	13,860	0.8	69
64 or younge	21,011	1,878,455	367	66.6	4,114	0.9	173	1,225	43.5 53.9	3,192	0.8	73
65-74	7.884	650.372	143	60.1	1.591	0.9	173	132	55.5	1.396	0.8	73
75-84	2,095	158,237	39	44.3	400	0.7	127	47	53.4	473	0.7	59
85 and older <b>Other Eligibles</b>	344,544	26,829,724	5,428	44.9	57,748	0.7	127	5,989	49.5	62,870	0.7	67
Other Eligibles	110	8,778	2,428	66.7	20	0.7	64	3,989	49.3 66.7	24	0.8	102
64 or younge	102,315	8,683,533	1,582	55.7	17.700	0.8	163	1,507	53.1	16,384	0.9	69
65-74	153,624	11,633,929	2,425	45.9	25,688	0.8	115	2,619	49.6	27,584	0.8	65
75-84	88,495	6,503,484	1,419	35.6	14,340	0.7	95	1,861	46.7	18,878	0.8	67
85 and older	•	0,000,404	,		14,540	_		1,001	-	10,070		-
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 43,435 beneficiaries who were in nursing facilities for part of their enrollment and their 425,432 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had feefor-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

TABLE D.10B

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY

AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>

DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

		ANTIDE	PRESSANTS				ANTICO	NVULSANT			MISC PSYC	HOTHERAPI	EUTIC AND N	NEUROLO	GICAL
Beneficiary Characteristics	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Users	of Rx	Mean Rx \$
All	27,115	53.0 %	294,755	8.0	\$50	16,126	31.5 %	178,647	0.9	\$61	8,405	16.4 %	90,988	8.0	\$117
Female	19,435	54.8	212,572	0.8	50	9,991	28.2	111,127	0.9	57	5,959	16.8	65,277	0.8	117
Disabled	2,253	55.9	25,606	8.0	55	2,136	53.0	24,354	1.0	74	362	9.0	4,085	8.0	235
r 64 or younge	1,155	60.3	13,305	0.8	59	1,253	65.4	14,469	1.0	83	125	6.5	1,439	0.7	459
65-74	481	58.5	5,358	0.8	50	461	56.1	5,201	1.0	69	63	7.7	688	0.8	125
75-84	382	48.2	4,298	0.8	52	315	39.7	3,466	0.9	56	106	13.4	1,195	0.8	112
85 and older	235	47.0	2,645	0.8	48	107	21.4	1,218	0.9	47	68	13.6	763	0.7	102
Other Eligibles	17,182	54.7	186,966	8.0	50	7,855	25.0	86,773	0.9	52	5,597	17.8	61,192	0.8	109
r 64 or younge	4	133.3	43	0.9	44	3	100.0	36	1.3	96	1	33.3	12	1.0	1,150
65-74	2,163	69.5	23,834	8.0	51	1,594	51.2	18,017	0.9	67	471	15.1	5,260	0.8	127
75-84	6,475	58.7	70,976	8.0	50	3,363	30.5	37,230	0.9	53	2,172	19.7	23,881	8.0	109
85 and older	8,540	49.4	92,113	8.0	49	2,895	16.8	31,490	0.8	44	2,953	17.1	32,039	8.0	105
Male	7,680	49.0	82,183	0.8	49	6,135	39.1	67,520	1.0	69	2,446	15.6	25,711	0.8	118
Disabled	1,747	48.9	19,511	0.8	54	2,304	64.5	26,289	1.1	87	230	6.4	2,542	0.7	216
r C4 an visuo ma	1,300	48.3	14,585	0.8	55	1,876	69.7	21,493	1.1	93	138	5.1	1,526	0.7	280
64 or younge	291	52.8	3,231	0.8	49	308	55.9	3,461	1.0	68	46	8.3	489	8.0	135
65-74 75-84	123	51.7	1,361	0.7	50	103	43.3	1,168	0.9	51	34	14.3	394	8.0	105
	33	37.5	334	0.8	47	17	19.3	167	1.0	58	12	13.6	133	0.7	98
85 and older <b>Other Eligibles</b>	5,933	49.0	62,672	0.8	48	3,831	31.7	41,231	0.9	56	2,216	18.3	23,169	8.0	107
r 64 or younge	2	66.7	20	0.7	61	2	66.7	24	0.8	59	0	0.0	0	0.0	0
65-74	1,522	53.6	16,583	0.8	52	1,403	49.4	15,584	0.9	65	384	13.5	4,160	0.8	116
75-84	2,670	50.6	28,226	8.0	47	1,691	32.0	18,157	0.9	54	1,061	20.1	11,066	8.0	105
85 and older	1,739	43.7	17,843	8.0	46	735	18.5	7,466	8.0	45	771	19.4	7,943	8.0	105
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 43,435 beneficiaries who were in nursing facilities for part of their enrollment and their 425,432 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

### TABLE D.10C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>

DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

		ANTI	DIABETIC				ANTIHY	PERTENSIVE				ANTIHYP	ERLIPIDEMIC	2	
Beneficiary Characteristics	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	21,491	42.0 %	233,861	8.0	\$40	23,105	45.2 %	249,739	0.8	\$30	8,518	16.7 %	93,656	8.0	\$68
Female	14,328	40.4	156,771	8.0	39	15,553	43.9	168,589	8.0	30	5,614	15.8	62,164	8.0	69
Disabled	2,077	51.5	23,321	0.9	44	1,641	40.7	18,218	8.0	31	800	19.9	9,147	0.8	71
r 64 or younge	791	41.3	9,024	0.9	46	575	30.0	6,560	8.0	30	358	18.7	4,163	0.8	71
65-74	573	69.7	6,459	0.9	46	382	46.5	4,183	8.0	32	208	25.3	2,390	0.8	72
75-84	494	62.3	5,527	0.9	41	448	56.5	4,925	8.0	32	173	21.8	1,939	8.0	73
85 and older	219	43.8	2,311	0.8	37	236	47.2	2,550	8.0	29	61	12.2	655	0.8	67
Other Eligibles	12,251	39.0	133,450	8.0	38	13,912	44.3	150,371	0.8	30	4,814	15.3	53,017	8.0	68
64 or younge	0 2.114	0.0 67.9	0 23,254	0.0 0.9	0 43	2 1,654	66.7 53.1	19 18,246	0.9 0.8	12 30	2 824	66.7 26.5	19 9,269	0.9 0.8	66 69
65-74	5.450	49.4	59,953	0.9	43 39	5,214	47.2	56,860	0.8	30	2.195	26.5 19.9	24,238	0.8	69
75-84	4.687	27.1	50,243	0.8	36	7,042	40.8	75,246	0.8	29	1,793	10.4	19,491	0.8	66
85 and older	,		00,240			,		70,240		-	,		10,401		
Male	7,163	45.7	77,090	0.8	40	7,552	48.2	81,150	8.0	30	2,904	18.5	31,492	0.8	68
Disabled	1,529	42.8	16,908	0.9	46	1,468	41.1	16,328	8.0	32	699	19.6	7,919	0.8	68
r 64 or younge	1,071	39.8	11,941	0.9	49	1,011	37.5	11,359	8.0	33	523	19.4	5,948	0.8	68
65-74	309	56.1	3,394	0.9	41	286	51.9	3,140	8.0	32	125	22.7	1,393	0.8	68
75-84	123 26	51.7	1,273 300	0.8	42 34	124 47	52.1 53.4	1,347 482	0.8	31 28	42	17.6 10.2	475 103	8.0	61 74
85 and older <b>Other Eligibles</b>	5,634	29.5 46.6	60,182	0.8 0.8	34 39	6,084	53.4 50.3	64,822	0.8 0.8	26 29	9 2,205	18.2	23,573	0.9 0.8	68
Other Eligibles	2,034	66.7	20	0.6	39 12	0,064	33.3	8	1.0	31	2,203	66.7	23,373	0.8	75
64 or younge	1.629	57.4	17.756	0.8	40	1,570	55.3	17,220	0.8	30	698	24.6	7.690	0.8	70
65-74	2.660	50.4	28,480	0.8	39	2,752	52.1	29,306	0.8	29	1,019	19.3	10,866	0.8	68
75-84	1,343	33.7	13,926	0.8	35	1,761	44.2	18,288	0.8	29	486	12.2	4,997	0.8	66
85 and older	•		•			•							•		
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for California, released by CMS in 00/2007. This table was produced on 04/10/2008.

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

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 43,435 beneficiaries who were in nursing facilities for part of their enrollment and their 425,432 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

### TABLE D.10D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>

DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

		ANALGES	SICS - Narcot	ic		ANA	LGESICS - A	NTI-INFLAM	MATORY			Benefit
		Users as % of All-Year	Number of Benefit				Users as % of All-Year	Number of Benefit			All-Year	Months Among All- Year
		Nursing	Months	Mean			Nursing	Months	Mean		Nursing	Nursing
Beneficiary	Number of	Facility	Among	Number	Mean	Number of	Facility	Among	Number	Mean	Facility	Facility
Characteristics	Users	Residents	Users	of Rx	Rx\$	Users	Residents	Users	of Rx	Rx\$	Residents	Residents
All	20,754	40.6 %	219,618	0.5	\$28	9,908	19.4 %	110,429	0.6	\$52	51,132	530,858
Female	15,205	42.9	162,113	0.5	29	7,407	20.9	82,970	0.6	54	35,461	371,572
Disabled	1,911	47.4	20,866	0.6	37	899	22.3	10,339	0.6	55	4,030	43,922
r	925	48.3	10,420	0.6	42	352	18.4	4,122	0.6	57	1,915	21,488
64 or younge	419	51.0	4,504	0.6	27	230	28.0	2,634	0.6	55	822	8,962
65-74	367	46.3	3,853	0.5	34	197	24.8	2,268	0.6	51	793	8,412
75-84	200	40.0	2,089	0.5	40	120	24.0	1,315	0.7	59	500	5,060
85 and older Other Eligibles	13,294	42.3	141,247	0.5	28	6,508	20.7	72,631	0.6	54	31,431	327,650
r	1	33.3	12	0.8	7	2	66.7	19	0.9	33	3	31
64 or younge	1,694	54.4	18,580	0.6	36	790	25.4	9,030	0.6	58	3,113	33,242
65-74	4,849	43.9	52,181	0.5	29	2,307	20.9	25,930	0.6	55	11,039	116,006
75-84	6,750	39.1	70,474	0.5	26	3,409	19.7	37,652	0.7	53	17,276	178,371
85 and older												
Male	5,549	35.4	57,505	0.5	23	2,501	16.0	27,459	0.6	45	15,671	159,286
Disabled	1,294	36.2	14,200	0.6	37	551	15.4	6,247	0.5	41	3,570	38,983
r 64 or younge	947	35.2	10,532	0.6	39	380	14.1	4,322	0.5	37	2,693	29,816
65-74	234	42.5	2,456	0.6	34	101	18.3	1,147	0.6	52	551	5,805
75-84	77	32.4	857	0.5	26	51	21.4	579	0.6	43	238	2,480
	36	40.9	355	0.4	9	19	21.6	199	0.6	36	88	882
85 and older Other Eligibles	4,255	35.2	43,305	0.4	19	1,950	16.1	21,212	0.6	46	12,101	120,303
r	1	33.3	12	0.8	8	1	33.3	8	0.5	44	3	32
64 or younge	1,099	38.7	11,794	0.5	25	467	16.5	5,253	0.6	45	2,838	29,800
65-74	1,814	34.4	18,534	0.4	17	827	15.7	9,040	0.6	45	5,278	52,637
75-84	1,341	33.7	12,965	0.4	16	655	16.4	6,911	0.6	50	3,982	37,834
85 and older Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
OHRHOWH	0	0.0	0	0.0	- 0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2004 file for California, released by CMS in 00/2007. This table was produced on 04/10/2008.

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

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 43,435 beneficiaries who were in nursing facilities for part of their enrollment and their 425,432 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

TABLE D.11

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>

CALIFORNIA, 2004

	Number of	Percentage of						Part D Excluded	
	Beneficiaries with	Beneficiaries with			Part D			Rx \$ as a	
Beneficiary	at Least One Part	at Least One Part			Excluded Rx \$	Total Part D	\$ per Part D	Percentage of All	Total Number
Characteristics	D Excluded Rx	D Excluded Rx	· · · · · · · · · · · · · · · · · · ·	Excluded Rx	per Beneficiary	Excluded Rx \$	Excluded Rx		of Beneficiaries
All	524,959	57.4 %	4.0	3,696,740	\$79	\$72,130,102	\$20	2.7 %	914,207
Age									
5 and younger	13	72.2	13.2	238	861	15,503	65	20.8	18
6-14	41	71.9	11.6	662	364	20,764	31	3.8	57
15-20	278	38.2	2.6	1,863	144	104,927	56	5.7	727
21-44	38,360	43.0	2.9	257,693	90	8,037,929	31	2.4	89,234
45-64	90,123	54.9	4.2	684,305	105	17,248,421	25	2.6	164,165
65-74	178,808	59.2	4.0	1,194,690	64	19,306,297	16	2.6	301,979
75-84	155,498	62.3	4.5	1,118,524	75	18,732,346	17	2.9	249,666
85 and older	61,838	57.1	4.0	438,765	80	8,663,915	20	3.5	108,361
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility <sup>c</sup>									
Aged	301,475	57.2	3.8	1,982,656	64	33,679,106	17	2.8	527,104
Disabled	220,326	58.3	4.5	1,698,637	101	38,069,046	22	2.7	378,018
Adults	3,013	34.4	1.7	14,638	42	365,322	25	2.1	8,771
Children	23	43.4	3.2	171	92	4,893	29	3.6	53
Unknown	122	46.7	2.4	638	45	11,735	18	1.5	261
Gender									
Female	328,276	61.0	4.4	2,369,503	79	42,421,989	18	2.8	538,380
Male	196,683	52.3	3.5	1,327,237	79	29,708,113	22	2.7	375,827
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	197,001	52.1	4.0	1,504,993	79	29,781,294	20	2.4	377,994
African American	43,253	51.9	3.5	290,802	87	7,234,230	25	3.3	83,301
Other/unknown	284,705	62.9	4.2	1,900,945	78	35,114,578	18	3.0	452,912
Use of Nursing									
Facilities <sup>d</sup>									
Entire year	24,762	48.4	3.4	173,436	64	3,264,304	19	1.7	51,132
Part year	27,862	64.1	4.3	185,756	96	4,169,146	22	3.1	43,435
None	472,335	57.6	4.1	3,337,548	79	64,696,652	19	2.8	819,640
Maintenance									
Assistance Status	204 == :	00.5		0.000.015		50 507 653		0.5	005.010
Cash	384,751	63.6	4.7	2,829,616	87	52,507,950	19	2.9	605,048
Medically needy	71,129	46.6	3.0	457,402	74	11,260,828	25	2.6	152,659
Poverty related	49,671	42.5	2.4	280,488	48	5,591,558	20	2.0	117,004
Other/unknown	19,408	49.1	3.3	129,234	70	2,769,766	21	2.5	39,496

Table D11

Dual Eligible Beneficiaries

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>

CALIFORNIA, 2004

Beneficiary	Number Rx per	Rx \$ per Benefit		Barbiturate \$ per Be		Number of Benefit
Characteristics	Benefit Month	Month	\$ per Rx	Benefit Month	Benefit Month	Months
All	0.4	\$7	\$20	\$0	\$2	9,927,883
Age						
5 and younger	1.3	85	65	0	1	183
6-14	1.1	35	31	0	5	599
15-20	0.2	13	56	0	1	7,906
21-44	0.3	8	31	0	3	968,907
45-64	0.4	10	25	0	3	1,767,035
65-74	0.4	6	16	0	1	3,285,558
75-84	0.4	7	17	0	1	2,762,834
85 and older	0.4	8	20	0	1	1,134,861
Unknown	0.0	0	0	0	0	0
Basis of Eligibility <sup>c</sup>						
Aged	0.4	6	17	0	1	5,663,137
Disabled	0.4	9	22	0	2	4,199,275
Adults	0.2	6	25	0	2	62,181
Children	0.5	13	29	0	1	376
Unknown	0.2	4	18	0	2	2,914
Gender						
Female	0.4	7	18	0	2	5,888,590
Male	0.3	7	22	0	1	4,039,293
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	7	20	0	2	4,043,852
African American	0.3	8	25	0	1	892,762
Other/unknown	0.4	7	18	0	1	4,991,269
Use of Nursing						
Facilities <sup>d</sup>						
Entire year	0.3	6	19	0	3	530,858
Part year	0.4	10	22	0	3	425,432
None	0.4	7	19	0	1	8,971,593
Maintenance						
Assistance Status						
Cash	0.4	8	19	0	1	6,867,599
Medically needy	0.3	8	25	0	2	1,480,957
Poverty related	0.2	5	20	0	1	1,168,127
Other/unknown	0.3	7	21	0	2	411,200

- a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13

### USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup> CALIFORNIA, 2004

				Rx \$ as a Percentage of All Part D			Number Rx as a Percentage of All Part D
Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx
All	777,077	\$93	\$72,130,102	100.0 %	3,696,740	\$20	100.0 %
Anorexia or weight loss/gain	146	338	49,331	0.1	582	85	0.0
Fertility drugs	12	495	5,942	0.0	45	132	0.0
Drugs for cosmetic purposes	16	24	389	0.0	25	16	0.0
Cough and cold medications	136,822	45	6,186,451	8.6	297,135	21	8.0
Vitamins and minerals	90,940	67	6,132,922	8.5	391,284	16	10.6
Non-prescription drugs	397,521	100	39,642,844	55.0	2,166,702	18	58.6
Barbiturates	5,661	68	386,081	0.5	46,642	8	1.3
Benzodiazepines	142,349	110	15,713,282	21.8	782,739	20	21.2
Other Part D Excl Rx Drugs	3,610	1,112	4,012,860	5.6	11,586	346	0.3

Source: Data for this table are from the MAX 2004 file for California, released by CMS in 00/2007. This table was produced on 04/10/2008.

- b. Includes OTC drugs as well as prescription drugs.
- c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

## SUPPLEMENTAL TABLE 1 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup> CALIFORNIA, 2004

Total Number of Dual Eligible Beneficiaries

Total Pharmacy Reimbursement for Dual Eligible Beneficiaries

Mean Pharmacy Reimbursement per Dual Eligible Beneficiary

914,207 \$2,641,618,845 \$2,890

Annual Pharmacy Reimbursement per				Percent of Total Pharmacy
Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Reimbursement
\$0	134,866	14.8 %	\$0	0.0 %
1-500	138,426	15.1	28,355,190	1.1
501-1,000	84,965	9.3	63,053,398	2.4
1,001-1,500	72,150	7.9	89,890,331	3.4
1,501-2,000	64,933	7.1	113,404,701	4.3
2,001-2,500	57,922	6.3	130,065,267	4.9
2,501-3,000	51,424	5.6	141,196,806	5.3
3,001-3,500	45,397	5.0	147,285,700	5.6
3,501-4,000	39,411	4.3	147,536,164	5.6
4,001-4,500	33,647	3.7	142,808,548	5.4
4,501-5,000	28,403	3.1	134,736,273	5.1
5,001-5,500	24,224	2.6	127,014,080	4.8
5,501-6,000	20,262	2.2	116,349,830	4.4
6,001-6,500	16,763	1.8	104,638,590	4.0
6,501-7,000	14,082	1.5	94,956,237	3.6
7,001-7,500	11,534	1.3	83,556,701	3.2
7,501-8,000	9,943	1.1	76,992,258	2.9
8,001-8,500	8,158	0.9	67,263,999	2.5
8,501-9,000	6,959	0.8	60,851,568	2.3
9,001-9,500	5,760	0.6	53,259,258	2.0
9,501-10,000	4,829	0.5	47,054,754	1.8
10,001+	40,149	4.4	671,349,192	25.4

Source: Data for this table are from the MAX 2004 file for California, released by CMS in 00/2007. This table was produced on 04/10/2008.

Supp Table 1 10/16/2008

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

## SUPPLEMENTAL TABLE 1A MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup> CALIFORNIA, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65

Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65

Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65

246,598 \$990,329,000 \$4,016

Annual Pharmacy Reimbursement	Percent	of Disabled Dual Beneficiaries,		Percent of Total Pharmacy
per Beneficiary	Number of Beneficiaries	Age < 65	Pharmacy Reimbursement	Reimbursement
\$0	39,754	16.1 %	0	0.0 %
1-500	39,116	15.9	7,374,749	0.7
501-1,000	19,631	8.0	14,458,218	1.5
1,001-1,500	15,326	6.2	19,059,853	1.9
1,501-2,000	13,393	5.4	23,386,374	2.4
2,001-2,500	11,693	4.7	26,244,764	2.7
2,501-3,000	10,476	4.2	28,772,932	2.9
3,001-3,500	9,471	3.8	30,745,392	3.1
3,501-4,000	8,433	3.4	31,604,909	3.2
4,001-4,500	7,598	3.1	32,245,892	3.3
4,501-5,000	6,637	2.7	31,502,756	3.2
5,001-5,500	6,198	2.5	32,500,029	3.3
5,501-6,000	5,473	2.2	31,436,374	3.2
6,001-6,500	4,845	2.0	30,270,388	3.1
6,501-7,000	4,341	1.8	29,298,921	3.0
7,001-7,500	3,941	1.6	28,558,932	2.9
7,501-8,000	3,546	1.4	27,465,900	2.8
8,001-8,500	3,167	1.3	26,118,638	2.6
8,501-9,000	2,842	1.2	24,858,589	2.5
9,001-9,500	2,584	1.0	23,912,076	2.4
9,501-10,000	2,292	0.9	22,333,386	2.3
10,001+	25,841	10.5	468,179,928	47.3

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

## SUPPLEMENTAL TABLE 1B MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup> CALIFORNIA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+

660,006 \$1,634,235,182 \$2,476

Annual Pharmacy Reimbursement				Percent of Total Pharmacy
per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Reimbursement
\$0	92,863	14.1 %	0	0.0 %
1-500	97,591	14.8	20,672,608	1.3
501-1,000	64,633	9.8	48,076,747	2.9
1,001-1,500	56,386	8.5	70,284,308	4.3
1,501-2,000	51,198	7.8	89,423,938	5.5
2,001-2,500	45,957	7.0	103,212,670	6.3
2,501-3,000	40,691	6.2	111,719,013	6.8
3,001-3,500	35,718	5.4	115,863,959	7.1
3,501-4,000	30,801	4.7	115,269,079	7.1
4,001-4,500	25,895	3.9	109,910,286	6.7
4,501-5,000	21,656	3.3	102,712,801	6.3
5,001-5,500	17,927	2.7	93,995,572	5.8
5,501-6,000	14,696	2.2	84,378,221	5.2
6,001-6,500	11,835	1.8	73,849,999	4.5
6,501-7,000	9,663	1.5	65,128,945	4.0
7,001-7,500	7,526	1.1	54,512,472	3.3
7,501-8,000	6,345	1.0	49,124,441	3.0
8,001-8,500	4,946	0.7	40,774,716	2.5
8,501-9,000	4,081	0.6	35,677,983	2.2
9,001-9,500	3,137	0.5	28,986,694	1.8
9,501-10,000	2,502	0.4	24,380,540	1.5
10,001+	13,959	2.1	196,280,190	12.0

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

## SUPPLEMENTAL TABLE 1C MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 $^{\rm a,\,b}$ CALIFORNIA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74

Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74

Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74

301,979 \$729,695,144 \$2,416

Annual Pharmacy Reimbursement per				Percent of Total Pharmacy
Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Reimbursement
\$0	48,380	16.0 %	0	0.0 %
1-500	47,570	15.8	9,754,544	1.3
501-1,000	29,211	9.7	21,695,818	3.0
1,001-1,500	25,013	8.3	31,145,627	4.3
1,501-2,000	22,355	7.4	39,049,293	5.4
2,001-2,500	19,711	6.5	44,260,659	6.1
2,501-3,000	17,696	5.9	48,566,285	6.7
3,001-3,500	15,198	5.0	49,300,794	6.8
3,501-4,000	13,151	4.4	49,212,673	6.7
4,001-4,500	11,089	3.7	47,054,610	6.4
4,501-5,000	9,287	3.1	44,055,188	6.0
5,001-5,500	7,775	2.6	40,767,972	5.6
5,501-6,000	6,251	2.1	35,901,020	4.9
6,001-6,500	5,032	1.7	31,406,230	4.3
6,501-7,000	4,273	1.4	28,802,455	3.9
7,001-7,500	3,312	1.1	23,990,049	3.3
7,501-8,000	2,834	0.9	21,946,019	3.0
8,001-8,500	2,243	0.7	18,484,054	2.5
8,501-9,000	1,812	0.6	15,833,020	2.2
9,001-9,500	1,453	0.5	13,424,020	1.8
9,501-10,000	1,186	0.4	11,551,183	1.6
10,001+	7,147	2.4	103,493,631	14.2

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

## SUPPLEMENTAL TABLE 1D MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup> CALIFORNIA, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84

Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84

Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84

249,666 \$653,689,396 \$2,618

Annual Pharmacy Reimbursement per				Percent of Total Pharmacy
Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Reimbursement
\$0	31,452	12.6 %	0	0.0 %
1-500	32,719	13.1	7,075,222	1.1
501-1,000	23,461	9.4	17,510,492	2.7
1,001-1,500	21,248	8.5	26,540,615	4.1
1,501-2,000	19,948	8.0	34,840,604	5.3
2,001-2,500	18,126	7.3	40,712,063	6.2
2,501-3,000	16,263	6.5	44,670,534	6.8
3,001-3,500	14,558	5.8	47,214,371	7.2
3,501-4,000	12,617	5.1	47,195,474	7.2
4,001-4,500	10,601	4.2	44,993,368	6.9
4,501-5,000	8,998	3.6	42,680,934	6.5
5,001-5,500	7,410	3.0	38,852,710	5.9
5,501-6,000	6,299	2.5	36,164,521	5.5
6,001-6,500	4,975	2.0	31,043,701	4.7
6,501-7,000	4,019	1.6	27,077,675	4.1
7,001-7,500	3,144	1.3	22,775,829	3.5
7,501-8,000	2,652	1.1	20,522,337	3.1
8,001-8,500	2,003	0.8	16,520,894	2.5
8,501-9,000	1,722	0.7	15,062,756	2.3
9,001-9,500	1,256	0.5	11,606,230	1.8
9,501-10,000	968	0.4	9,438,894	1.4
10,001+	5,227	2.1	71,190,172	10.9

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

## SUPPLEMENTAL TABLE 1E MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup> CALIFORNIA, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+

108,361 \$250,850,642 \$2,315

Annual Pharmacy Reimbursement per				Percent of Total Pharmacy
Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Reimbursement
\$0	13,031	12.0 %	0	0.0 %
1-500	17,302	16.0	3,842,842	1.5
501-1,000	11,961	11.0	8,870,437	3.5
1,001-1,500	10,125	9.3	12,598,066	5.0
1,501-2,000	8,895	8.2	15,534,041	6.2
2,001-2,500	8,120	7.5	18,239,948	7.3
2,501-3,000	6,732	6.2	18,482,194	7.4
3,001-3,500	5,962	5.5	19,348,794	7.7
3,501-4,000	5,033	4.6	18,860,932	7.5
4,001-4,500	4,205	3.9	17,862,308	7.1
4,501-5,000	3,371	3.1	15,976,679	6.4
5,001-5,500	2,742	2.5	14,374,890	5.7
5,501-6,000	2,146	2.0	12,312,680	4.9
6,001-6,500	1,828	1.7	11,400,068	4.5
6,501-7,000	1,371	1.3	9,248,815	3.7
7,001-7,500	1,070	1.0	7,746,594	3.1
7,501-8,000	859	0.8	6,656,085	2.7
8,001-8,500	700	0.6	5,769,768	2.3
8,501-9,000	547	0.5	4,782,207	1.9
9,001-9,500	428	0.4	3,956,444	1.6
9,501-10,000	348	0.3	3,390,463	1.4
10,001+	1,585	1.5	21,596,387	8.6

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>
DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

Beneficiary			Number of Ber	neficiaries				ı	Number of Ben	efit Months		
Characteristics	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	1,065,851	605,984	443,667	15,812	86	302	11,729,094	6,572,636	4,996,667	155,693	730	3,368
Age												
5 and younger	30	0	26	0	4	0	333	0	297	0	36	0
6-14	89	1	72	0	16	0	995	12	828	0	155	0
15-20	968	0	915	7	46	0	10,899	0	10,406	69	424	0
21-44	110,471	1	104,244	6,192	20	14	1,234,712	12	1,172,406	62,023	115	156
45-64	194,435	20	187,030	7,260	0	125	2,135,905	170	2,062,239	72,104	0	1,392
65-74	350,525	241,213	107,035	2,114	0	163	3,858,583	2,595,019	1,242,433	19,311	0	1,820
75-84	285,992	249,878	35,893	221	0	0	3,189,251	2,773,121	414,085	2,045	0	0
85 and older	123,341	114,871	8,452	18	0	0	1,298,416	1,204,302	93,973	141	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	627,866	383,838	236,576	7,117	33	302	6,951,331	4,187,572	2,690,871	69,239	281	3,368
Male	437,985	222,146	207,091	8,695	53	0	0 4,777,763	2,385,064	2,305,796	86,454	449	0
Unknown	0	0	0	0	0	0	•	0	0	0	0	0
Race												
White	436,486	211,053	219,620	5,657	27	129	4,720,078	2,205,305	2,458,379	54,751	213	1,430
African American	93,703	33,289	58,138	2,242	11	23	0 1,022,815	351,834	648,763	21,879	83	256
Other/unknown	535,662	361,642	165,909	7,913	48	150	5,986,201	4,015,497	1,889,525	79,063	434	1,682
Use of Nursing Facilities <sup>c</sup>												
Entire year	52,361	44,404	7,951	6	0	0	544,344	457,278	86,999	67	0	0
Part year	44,439	33,334	11,048	54	0	3	442,127	321,718	119,808	566	0	35
None	969,051	528,246	424,668	15,752	86	299	10,742,623	5,793,640	4,789,860	155,060	730	3,333
Maintenance Assistance Status												
Cash	709,900	370,327	326,523	13,032	18	0	8,151,934	4,230,789	3,789,037	131,931	177	0
Medically needy	174,883	130,355	42,781	1,705	42	0	1,712,208	1,268,671	429,528	13,708	301	0
Poverty related	134,237	84,084	49,758	85	8	302	1,370,904	848,243	518,734	486	73	3,368
Other/unknown	46,831	21,218	24,605	990	18	0	494,048	224,933	259,368	9,568	179	0
Dual Status <sup>d</sup>												
Full dual, all year	1,054,793	597,517	441,197	15,692	85	302	11,614,239	6,484,587	4,971,160	154,402	722	3,368
Full dual, part year	11,058	8,467	2,470	120	1	0	114,855	88,049	25,507	1,291	8	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	893,105	518,064	369,450	5,291	40	260	9,816,178	5,613,762	4,151,988	47,194	321	2,913
FFS part year, with Rx claims	14,513	5,764	6,613	2,124	11	1	163,912	65,318	75,864	22,592	126	12
FFS part year, no Rx claims	6,589	3,276	1,955	1,356	2	0	67,146	33,558	20,772	12,798	18	0
MC all year, with Rx claims	19,656	5,732	13,138	770	14	2	225,192	63,236	153,060	8,737	144	15
MC all year, no Rx claims	131,988	73,148	52,511	6,271	19	39	1,456,666	796,762	594,983	64,372	121	428

- a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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.

## APPENDIX TABLE A.4 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup> DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2004

Beneficiary	Beneficiarie Benefit Months in Ce		Included in Cell G	of Table 1	Excluded from Cell G of Table 1		
Characteristics	Number of Number	umber of Benefit Months	Number of Nu Beneficiaries	mber of Benefit Months	Number of Nu Beneficiaries	mber of Benefit Months	
All	1,065,851	11,729,094	914,207	9,927,883	0	1,801,211	
Fee-for-service (FFS) all year	893,105	9,816,178	893,105	9,816,178	0	0	
FFS part year, with Rx claims	14,513	163,912	14,513	85,717	0	78,195	
FFS part year, with no Rx claims	6,589	67,146	6,589	25,988	0	41,158	
Managed care (MC) all year, with Rx claims	19,656	225,192	0	0	0	225,192	
MC all year, with no Rx claims	131,988	1,456,666	0	0	0	1,456,666	

Source: Data for this table are from the MAX 2004 file for California, released by CMS in 00/2007. This table was produced on 04/10/2008.

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

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