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

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TABLE D.2

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

DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2004

			Number of Ben	eficiaries				1	Number of Bene	efit Months		
Beneficiary						Other/						Other/
Characteristics	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	381,885	219,720	160,568	1,553	33	11	3,942,532	2,211,447	1,721,235	9,449	324	77
Age												
5 and younger	20	0	18	0	2	0	217	0	194	0	23	0
6-14	75	0	67	0	8	0	844	0	760	0	84	0
15-20	589	0	564	6	19	0	5,920	0	5,705	29	186	0
21-44	49,839	0	48,922	913	4	0	519,080	0	512,941	6,108	31	0
45-64	70,831	16	70,402	406	0	7	751,811	144	749,160	2,448	0	59
65-74	103,516	76,009	27,302	201	0	4	1,081,036	774,583	305,639	796	0	18
75-84	94,822	85,349	9,447	26	0	0	989,939	884,178	105,694	67	0	0
85 and older	62,193	58,346	3,846	1	0	0	593,685	552,542	41,142	1	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	247,191	154,361	91,763	1,043	13	11	2,568,804	1,570,978	991,318	6,306	125	77
Male	134,690	65,359	68,801	510	20	0	0 1,373,719	640,469	729,908	3,143	199	0
Unknown	4	0	4	0	0	0		0	9	0	0	0
Race												
White	184,890	101,823	82,195	848	15	9	1,862,766	978,155	879,031	5,374	146	60
African American	73,229	34,515	38,248	455	9	2	9 768,406	355,920	409,851	2,538	80	17
Other/unknown	123,766	83,382	40,125	250	9	0	1,311,360	877,372	432,353	1,537	98	0
Use of Nursing Facilities <sup>c</sup>												
Entire year	46,212	41,820	4,392	0	0	0	448,832	401,614	47,218	0	0	0
Part year	26,317	21,348	4,965	4	0	0	242,673	191,571	51,057	45	0	0
None	309,356	156,552	151,211	1,549	33	11	3,251,027	1,618,262	1,622,960	9,404	324	77
Maintenance Assistance Status												
Cash	198,102	91,989	105,203	909	1	0	2,167,716	1,012,442	1,150,058	5,204	12	0
Medically needy	1,501	411	1,005	84	1	0	14,290	3,844	9,870	564	12	0
Poverty-related	113,122	71,266	41,497	339	9	11	1,136,239	712,400	421,410	2,274	78	77
Other/unknown	69,160	56,054	12,863	221	22	0	624,287	482,761	139,897	1,407	222	0
Dual Medicare Status <sup>d</sup>												
Full dual, all year	366,444	210,031	154,915	1,454	33	11	3,784,058	2,112,801	1,662,380	8,476	324	77
Full dual, part year	15,441	9,689	5,653	99	0	0	158,474	98,646	58,855	973	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	361,635	209,078	151,309	1,208	29	11	3,837,330	2,159,262	1,669,567	8,125	299	77
FFS part year, with Rx claims	14,273	7,197	6,858	215	3	0	83,131	40,519	41,596	995	21	0
FFS part year, no Rx claims	5,977	3,445	2,401	130	1	0	22,071	11,666	10,072	329	4	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, FLORIDA, 2004

Beneficiary	Percentage with at				Mean \$, All	Rx \$ as a Percentage of All Medicaid	Number of
Characteristics	Least One Rx Mean N		Mean Rx \$	\$ per Rx	Medicaid FFS \$ <sup>c</sup>	FFS \$ <sup>d</sup>	Beneficiaries
All	85.5 %	48.4	\$3,217	\$67	\$12,083	26.6 %	381,885
Age							
5 and younger	85.0	47.0	6,487	138	69,607	9.3	20
6-14	96.0	64.8	10,579	163	32,406	32.6	75
15-20	71.5	23.5	3,294	140	13,639	24.1	589
21-44	80.2	35.8	3,962	111	10,854	36.5	49,839
45-64	87.4	56.2	4,674	83	12,273	38.1	70,831
65-74	83.7	46.5	2,739	59	7,483	36.6	103,516
75-84	86.5	50.3	2,733	54	12,198	22.4	94,822
85 and older	89.3	50.0	2,480	50	20,272	12.2	62,193
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility <sup>e</sup>							
Aged	85.1	46.5	2,504	54	13,028	19.2	219,720
Disabled	86.4	51.2	4,209	82	10,871	38.7	160,568
Adults	64.0	17.9	1,338	75	3,382	39.6	1,553
Children	75.8	39.1	6,194	159	18,861	32.8	33
Unknown	90.9	40.5	2,811	70	15,969	17.6	11
Gender							
Female	87.7	51.5	3,101	60	12,181	25.5	247,191
Male	81.6	42.7	3,429	80	11,902	28.8	134,690
Unknown	25.0	2.0	53	27	11,383	0.5	4
Race							
White	86.7	53.1	3,486	66	15,522	22.5	184,890
African American	82.7	40.8	2,811	69	11,166	25.2	73,229
Other/unknown	85.4	45.9	3,053	67	7,488	40.8	123,766
Use of Nursing							
Facilities <sup>f</sup>							
Entire year	96.1	72.1	3,727	52	41,490	9.0	46,212
Part year	92.3	53.7	2,908	54	22,672	12.8	26,317
None	83.4	44.4	3,166	71	6,789	46.6	309,356
Maintenance Assistance Status							
Cash	85.3	46.6	3,123	67	6,610	47.2	198,102
Medically needy	92.1	74.2	6,927	93	11,703	59.2	1,501
Poverty related	84.8	47.3	3,129	66	12,719	24.6	113,122
Other/unknown	87.2	54.7	3,546	65	26,725	13.3	69,160

- 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, FLORIDA, 2004

					N	umber of Rx, Per	rcentage with:			_	Numb	er
Beneficiary Characteristics	Mean Number of Rx 4.7		Rx \$ as a ercentage of All Medicaid FFS \$^c	None 14.5 %		More than 1, but 2 or Less 9.3 %	More than 2, but 5 or Less 28.3 %	More than 5, but 10 or Less 27.0 %	More than 10 8.0 %	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries 381,885	Benefit Months 3,942,532
All	4.7	\$31Z	20.0 %	14.5 %	12.9 %	9.3 %	20.3 %	27.0 %	<b>6.U</b> %	\$1,170	361,665	3,942,532
Age												
5 and younger	4.3	598	9.3	15.0	5.0	10.0	35.0	35.0	0.0	6,415	20	217
6-14	5.8	940	32.6	4.0	8.0	8.0	32.0	41.3	6.7	2,880	75	844
15-20	2.3	328	24.1	28.5	30.4	8.8	19.5	10.4	2.4	1,357	589	5,920
21-44	3.4	380	36.5	19.8	22.2	11.3	24.8	16.9	4.8	1,042	49,839	519,080
45-64	5.3	440	38.1	12.6	12.2	9.0	26.4	28.5	11.4	1,156	70,831	751,811
65-74	4.5	262	36.6	16.3	13.4	9.7	28.5	25.2	7.0	717	103,516	1,081,036
75-84	4.8	262	22.4	13.5	10.6	8.8	29.9	29.3	8.0	1,168	94,822	989,939
85 and older	5.2	260	12.2	10.7	8.8	8.5	30.7	32.9	8.4	2,124	62,193	593,685
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	4.6	249	19.2	14.9	11.7	9.3	29.5	27.2	7.3	1,295	219,720	2,211,447
Disabled	4.8	393	38.7	13.6	14.4	9.3	26.8	26.9	9.0	1,014	160,568	1,721,235
Adults	2.9	220	39.6	36.0	20.2	10.5	18.7	12.0	2.6	556	1,553	9,449
Children	4.0	631	32.8	24.2	12.1	15.2	27.3	18.2	3.0	1,921	33	324
Unknown	5.8	402	17.6	9.1	0.0	27.3	9.1	45.5	9.1	2,281	11	77
Gender												
Female	5.0	298	25.5	12.3	11.5	9.2	29.3	29.0	8.7	1,172	247,191	2,568,804
Male	4.2	336	28.8	18.4	15.4	9.7	26.4	23.3	6.8	1,167	134,690	1,373,719
Unknown	0.9	24	0.5	75.0	0.0	0.0	25.0	0.0	0.0	5,059	4	9
Race												
White	5.3	346	22.5	13.3	10.9	8.3	27.0	29.7	10.7	1,541	184,890	1,862,766
African American	3.9	268	25.2	17.3	16.6	10.8	28.5	21.8	5.1	1,064	73,229	768,406
Other/unknown	4.3	288	40.8	14.6	13.7	10.0	30.2	26.0	5.7	707	123,766	1,311,360
use or nursing Facilities <sup>f</sup>												
Entire year	7.4	384	9.0	3.9	3.6	5.0	25.6	42.1	19.7	4,272	46,212	448,832
Part year	5.8	315	12.8	3. <del>9</del> 7.7	8.2	8.3	30.6	33.9	11.3	2,459	26,317	242,673
None	4.2	301	46.6	16.6	14.7	10.1	28.5	24.1	6.0	646	309,356	3,251,027
											,	-,,
Maintenance Assistance Status												
Cash	4.3	285	47.2	14.7	14.4	9.8	29.4	25.8	5.9	604	198,102	2,167,716
Medically needy	7.8	728	59.2	7.9	5.8	5.1	21.7	36.3	23.3	1,229	1,501	14,290
Poverty related	4.7	312	24.6	15.2	13.4	9.7	27.9	25.9	8.0	1,266	113,122	1,136,239
Other/unknown	6.1	393	13.3	12.8	7.9	7.6	26.0	32.0	13.7	2,961	69,160	624,287

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, FLORIDA, 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	4.7	\$312	\$67	2.1	\$245	\$118	0.2	\$16	\$65	2.3	\$51	\$22
Age												
5 and younger	4.3	598	138	1.7	491	297	0.5	61	132	2.2	46	21
6-14	5.8	940	163	2.5	793	318	0.4	70	163	2.8	77	28
15-20	2.3	328	140	1.1	287	264	0.1	12	98	1.1	29	26
21-44	3.4	380	111	1.5	313	202	0.2	21	116	1.7	46	27
45-64	5.3	440	83	2.3	350	151	0.3	25	92	2.7	65	24
65-74	4.5	262	59	2.0	205	101	0.2	12	56	2.2	45	21
75-84	4.8	262	54	2.2	202	94	0.2	12	48	2.4	47	20
85 and older	5.2	260	50	2.2	195	90	0.3	12	42	2.8	52	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility <sup>d</sup>												
Aged	4.6	249	54	2.0	191	94	0.2	11	48	2.3	45	20
Disabled	4.8	393	82	2.1	314	149	0.2	21	88	2.4	57	24
Adults	2.9	220	75	1.2	168	143	0.1	11	92	1.6	41	25
Children	4.0	631	159	1.8	499	282	0.4	80	227	1.8	52	29
Unknown	5.8	402	70	1.9	298	155	0.3	19	60	3.5	85	24
Gender												
Female	5.0	298	60	2.2	231	107	0.3	15	57	2.5	52	21
Male	4.2	336	80	1.9	270	144	0.2	17	87	2.1	48	23
Unknown	0.9	24	27	0.1	6	51	0.0	0	0	0.8	18	23
Race												
White	5.3	346	66	2.3	268	119	0.3	18	65	2.7	59	22
African American	3.9	268	69	1.7	212	127	0.2	13	75	2.0	42	21
Other/unknown	4.3	288	67	2.0	231	113	0.2	13	62	2.1	44	21
Use of Nursing Facilities <sup>e</sup>												
Entire year	7.4	384	52	3.0	287	95	0.4	20	47	3.9	75	19
Part year	5.8	315	54	2.3	235	101	0.4	16	52	3.1	63	20
None	4.2	301	71	1.9	240	125	0.2	15	72	2.1	46	22
Maintenance Assistance Status												
Cash	4.3	285	67	1.9	225	116	0.2	14	67	2.1	46	22
Medically needy	7.8	728	93	3.6	587	165	0.4	39	105	3.8	100	26
Poverty related	4.7	312	66	2.0	243	119	0.2	16	67	2.4	52	22
Other/unknown	6.1	393	65	2.5	308	121	0.4	22	60	3.1	63	20

- 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 Florida, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.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, FLORIDA, 2004

		er of Rx	•		\$ per Benefit Month Among Users					\$ pe	· 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	0.4	0.2	0.0	0.2	\$66	\$58	\$4	\$5	\$158	\$265	\$161	\$27	936,504	\$147,699,438	201,981	52.9 %	2,233,958
Biologicals	0.1	0.1	0.0	0.0	11	4	2	5	110	47	1,418	306	3,622	397,103	3,364	0.9	36,754
Antineoplastic Agents	0.4	0.1	0.0	0.4	78	42	1	35	175	489	207	98	98,642	17,307,122	21,286	5.6	221,519
Endocrine/Metabolic Drugs	0.9	0.4	0.2	0.4	50	38	4	8	53	96	26	21	1,671,911	89,420,538	162,494	42.6	1,778,794
Cardiovascular Agents	1.8	0.8	0.1	1.0	73	53	2	18	40	70	40	18	4,963,920	200,441,584	252,450	66.1	2,732,250
Respiratory Agents	0.7	0.5	0.0	0.2	42	37	0	5	61	81	46	20	1,062,567	64,313,408	138,174	36.2	1,523,088
Gastrointestinal Agents	0.7	0.4	0.0	0.3	67	60	1	6	91	138	83	21	1,408,388	128,139,752	174,669	45.7	1,916,540
Genitourinary Agents	0.5	0.3	0.0	0.1	30	26	1	3	65	78	56	27	276,832	18,065,576	54,458	14.3	604,401
CNS Drugs	1.3	0.5	0.0	0.7	101	82	4	16	79	154	77	22	2,836,379	223,814,868	204,568	53.6	2,210,259
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.5	0.2	0.0	0.3	42	30	2	10	81	134	94	37	14,585	1,184,040	2,534	0.7	28,210
, ,	0.7	0.6	0.0	0.0	95	93	0	1	144	148	98	50	254,190	36,612,003	36,547	9.6	387,327
Neurological Agents Analgesics and Anesthetics	0.8	0.3	0.0	0.5	49	36	2	10	64	122	275	23	1,682,169	107,903,098	202,326	53.0	2,217,769
Neuromuscular Agents	0.8	0.2	0.1	0.5	58	32	13	13	70	143	113	26	951,387	66,524,104	105,081	27.5	1,156,888
Nutritional Products	0.6	0.0	0.0	0.5	9	0	0	9	16	25	15	16	421,659	6,642,426	69,298	18.1	737,038
Hematological Agents	0.8	0.3	0.1	0.4	57	48	4	5	76	157	53	14	779,163	59,196,881	95,857	25.1	1,038,586
Topical Products	0.5	0.2	0.0	0.2	25	18	2	5	49	72	57	23	958,188	46,871,710	168,024	44.0	1,871,012
Miscellaneous Products	0.4	0.2	0.0	0.2	103	87	5	11	253	511	231	51	43,608	11,051,814	10,054	2.6	107,050
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	9	0	0	0	23	0	0	0	117,693	2,731,851	28,209	7.4	312,913
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.	18,481,407	1,228,317,316	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 Florida, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.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, FLORIDA, 2004

			Users		Ar	mong 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 Rx	\$ per Benefit Month
ANTIPSYCHOTICS	\$137,565,678	101,693	26.6 %	1,108,236	0.6	\$207	\$124
ULCER DRUGS	106,688,778	187,459	49.1	2,072,881	0.5	94	51
ANTIVIRAL	103,169,616	34,953	9.2	395,935	0.6	445	261
ANTIHYPERLIPIDEMIC	75,563,782	132,112	34.6	1,487,889	0.6	88	51
ANTIDEPRESSANTS	66,970,049	172,178	45.1	1,873,987	0.6	60	36
ANTIDIABETIC	57,493,754	137,982	36.1	1,512,200	0.7	57	38
ANALGESICS - ANTI-INFLAMMATORY	52,997,210	154,766	40.5	1,760,204	0.4	82	30
ANTICONVULSANT	52,947,272	87,145	22.8	963,227	0.6	85	55
ANTIHYPERTENSIVE	52,365,883	197,513	51.7	2,178,023	0.6	39	24
ANALGESICS - Narcotic	47,911,572	201,651	52.8	2,212,526	0.4	53	22
Total	753,673,594	1,407,452		15,565,108	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, FLORIDA, 2004

	All Top 10 D	rug 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	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
All	8,512,651	\$753,673,594	101,693	26.6 %	1,108,236	0.6	\$124	187,459	49.1 %	2,072,881	0.5	\$52
Female	5,733,740	453,146,906	60,220	24.4	655,939	0.6	110	132,251	53.5	1,468,178	0.5	52
Disabled	2,530,601	238,499,509	30,557	33.3	346,479	0.6	132	52,141	56.8	594,139	0.5	55
F and variance	43	2,740	0	0.0	0	0.0	0	4	57.1	48	0.5	16
5 and younger	468	33,811	0	0.0	0	0.0	0	22	81.5	261	0.6	44
6-14	2,223	260,656	37	15.6	409	0.5	128	68	28.7	760	0.5	47
15-20	434,942	53,859,564	9,532	44.7	106,871	0.6	137	7,720	36.2	87,465	0.5	48
21-44	1,227,942	118,628,599	14,254	35.7	162,680	0.6	138	23,144	58.0	261,878	0.5	57
45-64	583,948	45,722,930	4,285	22.3	49,477	0.6	124	13,591	70.9	157,326	0.5	55
65-74	205,940	14,784,507	1,596	21.1	17,962	0.5	102	5,276	69.6	60,882	0.6	53
75-84	75,095	5,206,702	853	24.7	9,080	0.5	84	2,316	67.0	25,519	0.6	52
85 and older Other Eligibles	3,203,139	214,647,397	29,663	19.1	309,460	0.6	85	80,110	51.5	874,039	0.6	50
_	2	110	0	0.0	0	0.0	0	1	50.0	11	0.2	10
5 and younger	31	4,763	1	25.0	12	0.8	258	2	50.0	23	0.5	64
6-14	28	1,895	1	8.3	4	0.8	209	1	8.3	12	0.1	1
15-20	5,333	536,968	125	19.3	1,174	0.4	79	137	21.2	1,235	0.4	41
21-44	3,548	285,884	33	13.6	279	0.5	98	81	33.3	760	0.5	56
45-64	986,463	70,235,355	5,852	12.2	63,532	0.5	97	23,874	49.8	267,698	0.5	50
65-74	1,315,286	88,016,762	11,247	18.8	118,724	0.6	87	32,159	53.8	357,441	0.6	50
75-84	892,448	55,565,660	12,404	26.5	125,735	0.6	78	23,855	50.9	246,859	0.6	49
85 and older Male	2,778,907	300,526,596	41,473	30.8	452,297	0.6	145	55,208	41.0	604,703	0.5	51
	1,634,479	221,230,480	28,921	30.6 42.0	326,742	0.6	163	26,208	38.1	296,400	0.5	51 54
Disabled	1,034,479	10,032	20,921	0.0	320,742	0.7	0	20,208 7	63.6	290,400	0.5	32
5 and younger	472	41,919	1	2.5	12	0.0	50	22	55.0	264	0.6	37
6-14	3,038	382,729	102	2.5 31.2	1,083	0.5	137	63	19.3	729	0.5	39
15-20	545,704	88,964,996	13,911	50.4	156,269	0.6	163	7,428	26.9	83,893	0.5	53
21-44	830,989	111,079,267	12,629	41.4	143,611	0.7	167	12,908	42.4	145,160	0.5	56
45-64	205,070	17,065,246	1,739	21.4	19,881	0.7	153	4,463	55.0	51,301	0.5	52
65-74	41,989	3,177,429	427	22.8	4,746	0.6	135	1,099	58.8	12,590	0.5	50
75-84	7,132	508,862	112	28.9	1,140	0.5	78	218	56.2	2,379	0.6	57
85 and older <b>Other Eligibles</b>	1,144,428	79,296,116	12,552	19.1	125,555	0.5	95	29,000	44.0	308,303	0.5	47
Other Eligibles	1,144,428	79,290,110	12,332	0.0	125,555	0.0	0	29,000	0.0	300,303	0.0	0
5 and younger	91	12,707	0	0.0	0	0.0	0	5	125.0	60	0.8	55
6-14	146	18,805	2	15.4	24	0.0	120	6	46.2	64	0.4	6
15-20	3,114	328,998	44	16.2	397	0.8	116	62	22.9	535	0.4	51
21-44	2,293	177,486	20	10.2	194	0.4	63	48	25.8	380	0.5	46
45-64	485,179	35,753,993	3,955	14.0	41,871	0.5	113	11,393	40.2	124,052	0.5	47
65-74	471,452	31,712,075	5,362	21.0	53,328	0.5	92	12,079	47.2	129,804	0.5	48
75-84	182,153	11,292,052	3,169	27.5	29,741	0.5	92 77	5,407	47.2 47.0	53,408	0.5	47
85 and older	102,133	11,232,032	3,109	۵. اے	23,141	0.5	11	5,407	41.0	J3, <del>4</del> U0	0.0	47
Unknown	4	92	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, FLORIDA, 2004

		AN	TIVIRAL				ANTIHYP	ERLIPIDEMIC	2			ANTIDE	PRESSANTS		
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 Benefit
All	34,953	9.2 %	395,935	0.6	\$261	132,112	34.6 %	1,487,889	0.6	\$51	172,178	45.1 %	1,873,987	0.6	\$36
Female	12,282	5.0	139,468	0.4	182	90,997	36.8	1,028,024	0.6	51	121,442	49.1	1,326,021	0.6	36
Disabled	9,079	9.9	103,601	0.5	225	35,857	39.1	409,968	0.6	51	56,875	62.0	639,588	0.6	38
Fandyayan	1	14.3	12	0.3	126	1	14.3	12	0.8	31	0	0.0	0	0.0	0
5 and younger	4	14.8	48	0.5	242	3	11.1	35	0.4	29	4	14.8	48	0.4	16
6-14	22	9.3	253	0.5	274	13	5.5	149	0.6	60	55	23.2	632	0.5	30
15-20	3,688	17.3	41,618	0.5	238	3,045	14.3	34,490	0.5	44	13,237	62.0	146,648	0.5	38
21-44	4,447	11.1	50,903	0.5	240	16,827	42.1	190,504	0.6	51	29,026	72.7	325,335	0.6	40
45-64	681	3.6	7,964	0.3	125	11,332	59.1	131,232	0.6	52	9,999	52.1	115,407	0.6	34
65-74	175	2.3	2,078	0.2	57	3,630	47.9	42,127	0.6	55	3,204	42.3	36,834	0.6	32
75-84	61	1.8	725	0.1	15	1,006	29.1	11,419	0.6	53	1,350	39.0	14,684	0.6	33
85 and older Other Eligibles	3,203	2.1	35,867	0.2	56	55,140	35.5	618,056	0.6	51	64,567	41.5	686,433	0.6	34
	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	47	7.3	459	0.5	215	43	6.7	365	0.4	34	289	44.7	2,483	0.5	33
21-44	7	2.9	68	0.4	123	62	25.5	548	0.6	56	108	44.4	936	0.7	47
45-64	1,258	2.6	14,290	0.3	104	22.330	46.6	251,031	0.6	49	17,182	35.9	189,673	0.6	
65-74	1,127	1.9	12,730	0.2	25	23,834	39.9	269,818	0.6	52	24,805	41.5	267,820	0.6	
75-84	764	1.6	8,320	0.1	12	8,871	18.9	96,294	0.6	51	22,183	47.4	225,521	0.7	
85 and older			5,5_5			2,211		,			,				
Male	22,671	16.8	256,467	0.7	304	41,115	30.5	459,865	0.6	51	50,736	37.7	547,966	0.6	
Disabled	20,700	30.1	234,394	0.7	316	19,991	29.1	227,923	0.6	51	30,352	44.1	339,127	0.6	
F and waveness	4	36.4	48	0.4	147	2	18.2	24	0.4	8	0	0.0	0	0.0	0
5 and younger	13	32.5	156	0.4	122	3	7.5	36	0.7	72	0	0.0	0	0.0	0
6-14	15	4.6	179	0.6	284	18	5.5	204	0.5	40	85	26.0	892	0.5	33
15-20	9,708	35.2	108,773	0.7	307	4,589	16.6	52,353	0.6	46	12,300	44.6	136,269	0.6	37
21-44	10,348	34.0	118,238	0.7	328	10,484	34.4	118,847	0.6	53	14,613	48.0	163,752	0.6	38
45-64	540	6.6	6,191	0.6	261	4,018	49.5	46,409	0.6	54	2,700	33.2	30,809	0.5	31
65-74	64	3.4	718	0.3	94	785	42.0	9,006	0.6	53	534	28.6	6,062	0.6	33
75-84	8	2.1	91	0.1	12	92	23.7	1,044	0.5	47	120	30.9	1,343	0.6	34
85 and older Other Eligibles	1,971	3.0	22,073	0.4	174	21,124	32.1	231,942	0.6	50	20,384	30.9	208,839	0.6	33
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	2	50.0	24	0.7	328	0	0.0	0	0.0	0	1	25.0	12	0.2	2
6-14	5	38.5	60	0.7	198	1	7.7	12	0.7	33	3	23.1	36	0.6	28
15-20	9	3.3	98	0.7	414	44	16.2	360	0.5	49	115	42.4	1,040	0.5	
21-44	4	2.2	41	1.0	270	71	38.2	587	0.5	47	71	38.2	629	0.4	
45-64	1,247	4.4	13,950	0.5	216	10,418	36.8	115,220	0.6	49	7,195	25.4	77,342	0.6	
65-74	540	2.1	6,168	0.3	113	8,567	33.5	94,997	0.6	51	8,405	32.8	86,113	0.6	
75-84	164	1.4	1,732	0.2	36	2,023	17.6	20,766	0.6	50	4,594	39.9	43,667	0.6	
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.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, FLORIDA, 2004

		ANTI	DIABETIC			ANAL	GESICS - A	NTI-INFLAMI	MATORY			ANTICO	ONVULSANT		
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	Rx \$ per Benefit Month
All	137,982	36.1 %	1,512,200	0.7	\$38	154,766	40.5 %	1,760,204	0.4	\$30	87,145	22.8 %	963,227	0.6	\$55
Female	94,902	38.4	1,045,892	0.7	38	110,409	44.7	1,258,361	0.4	32	54,297	22.0	602,165	0.6	51
Disabled	38,344	41.8	433,499	0.7	42	48,422	52.8	556,781	0.4	34	31,446	34.3	355,345	0.6	62
5 and younger	0	0.0	0 36	0.0	0 9	0	0.0	0	0.0	0	0	0.0	0 70	0.0	0
6-14	3 16	11.1 6.8	166	0.1 0.7	9 51	49	0.0 20.7	0 539	0.0 0.2	0 3	6 45	22.2 19.0	70 494	0.3 0.7	30 94
15-20	3.534	16.6	39.437	0.7	41	8.298	38.9	93.831	0.2	23	9.134	42.8	102.038	0.7	80
21-44	17,479	43.8	196,068	0.6	44	21,074	52.8	240,843	0.3	23 37	15,894	39.8	179,538	0.7	64
45-64	12,171	63.5	139,585	0.7	44	12,866	67.1	150,410	0.4	36	4,369	22.8	50,485	0.7	36
65-74	3,957	52.2	45,420	0.7	36	4,434	58.5	51,706	0.4	34	1,485	19.6	16,942	0.5	29
75-84	1,184	34.2	12,787	0.7	34	1,701	49.2	19,452	0.4	32	513	14.8	5,778	0.5	24
85 and older Other Eligibles	56.558	36.4	612,393	0.7	35	61,987	39.9	701,580	0.4	32	22,851	14.7	246.820	0.6	34
Other Eligibles	0	0.0	012,333	0.0	0	01,907	0.0	0 1,300	0.0	0	0	0.0	240,020	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.8	17
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	51	7.9	431	0.5	36	201	31.1	1,840	0.3	25	136	21.1	1,189	0.5	53
21-44	79	32.5	636	0.6	46	96	39.5	874	0.3	18	45	18.5	388	0.6	56
45-64	20,627	43.1	226,536	0.7	38	22.209	46.4	253,531	0.4	29	7,164	15.0	79.095	0.6	38
65-74	23,754	39.7	260,058	0.7	35	25,380	42.5	290,931	0.4	32	9,406	15.7	102,714	0.6	34
75-84	12,047	25.7	124,732	0.7	30	14,101	30.1	154,404	0.4	35	6,099	13.0	63,422	0.6	31
85 and older															
Male	43,080	32.0	466,308	0.7	38	44,356	32.9	501,841	0.3	24	32,848	24.4	361,062	0.7	62
Disabled	18,732	27.2	209,241	0.7	42	23,271	33.8	265,131	0.3	23	23,288	33.8	261,796	0.7	71
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9.1	12	0.1	2
6-14	2	5.0	24	0.2	14	1	2.5	12	0.3	1	9	22.5	107	0.7	50
15-20	6	1.8	72	0.8	36 43	35	10.7	411	0.1	3	79	24.2	874	0.7	104 79
21-44	3,282 10,188	11.9 33.4	36,675 112,847	0.6 0.7	43 43	7,256 10,951	26.3 35.9	81,758	0.3 0.4	18 25	10,413 10,800	37.8 35.4	116,611 121,674	0.7 0.7	79 70
45-64	4,294	52.9	48,878	0.7	43 41	3,990	35.9 49.1	124,601 46,290	0.4	25 28	1,598	35. <del>4</del> 19.7	18,263	0.7	39
65-74	4,294 844	45.2	9,418	0.7	37	3,990 863	46.2	10,065	0.4	25 25	328	17.5	3,619	0.6	35
75-84	116	29.9	1,327	0.7	34	175	46.2 45.1	1,994	0.4	29	60	15.5	636	0.6	19
85 and older <b>Other Eligibles</b>	24,348	37.0	257,067	0.6	35	21,085	32.0	236,710	0.4	2 <del>9</del> 26	9,560	14.5	99,266	0.5	38
Other Eligibles	24,540	0.0	237,007	0.0	0	21,003	0.0	230,710	0.0	0	9,300	0.0	99,200	0.0	0
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.0	1	3	75.0	36	0.5	35
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7.7	12	0.5	121
15-20	35	12.9	261	0.8	62	94	34.7	830	0.3	18	70	25.8	613	0.7	53
21-44	51	27.4	405	0.7	43	48	25.8	417	0.3	20	34	18.3	294	0.5	43
45-64	11,288	39.9	121,603	0.6	36	9,507	33.6	107,123	0.3	24	4,017	14.2	43,233	0.6	43
65-74	9,823	38.4	104,022	0.7	34	8,602	33.6	97,759	0.4	27	3,803	14.9	39,181	0.6	36
75-84	3,151	27.4	30,776	0.7	30	2,833	24.6	30,569	0.4	29	1,632	14.2	15,897	0.6	32
85 and older	,					•					•		•		
Unknown	0	0.0	0	0.0	0	1	25.0	2	1.0	8	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, FLORIDA, 2004

		ANTIHY	PERTENSIVE			_	ANALGES	SICS - Narcot	c			
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 Beneficiaries	
All	197,513	51.7 %	2,178,023	0.6	\$24	201,651	52.8 %	2,212,526	0.4	\$22	381,885	3,942,532
Female	134,873	54.6	1,492,345	0.6	25	140,578	56.9	1,548,894	0.4	20	247,191	2,568,804
Disabled	46,336	50.5	525,160	0.6	25	70,412	76.7	797,380	0.4	25	91,763	991,318
5 and younger	1	14.3	12	0.5	7	0	0.0	0	0.0	0	7	72
6-14	32	118.5	381	0.6	17	7	25.9	84	0.1	1	27	320
15-20	59	24.9	614	0.5	18	106	44.7	1,146	0.2	7	237	2,405
21-44	4,038	18.9	44,890	0.5	20	16,388	76.8	183,391	0.4	28	21,343	224,022
45-64	19,878	49.8	222,864	0.6	24	35,693	89.4	403,081	0.4	30	39,932	426,867
65-74	14,400	75.1	166,253	0.6	26	12,722	66.3	146,954	0.3	13	19,181	215,414
75-84	5,704	75.3	65,486	0.6	26	4,214	55.6	48,440	0.3	11	7,578	85,135
85 and older <b>Other Eligibles</b>	2,224	64.3	24,660	0.6	26	1,282	37.1	14,284	0.3	12	3,458	37,083
Other Eligibles	88,537 0	57.0 0.0	967,185 0	0.6 0.0	25 0	70,166 0	45.1 0.0	751,514 0	0.4 0.0	15 0	155,428 2	1,577,486 23
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	36
6-14	3	25.0	36	0.6	29	1	8.3	9	0.0	1	12	92
15-20	72	11.1	649	0.6	17	474	73.4	4,129	0.1	16	646	4,342
21-44	85	35.0	696	0.4	24	155	63.8	1,284	0.5	39	243	1,439
45-64	28,142	58.8	311,912	0.6	26	21,206	44.3	236,004	0.4	14	47,892	494,096
65-74	36,533	61.1	405,665	0.6	26	27,255	45.6	296,945	0.4	15	59,787	627,013
75-84	23,702	50.6	248,227	0.7	24	21,075	45.0	213,143	0.5	17	46,842	450,445
85 and older	•		•			•		•			,	•
Male	62,640	46.5	685,678	0.6	22	61,072	45.3	663,630	0.4	25	134,690	1,373,719
Disabled	26,065	37.9	292,012	0.6	23	37,922	55.1	423,353	0.4	32	68,801	729,908
5 and younger	1	9.1	12	0.4	6	2	18.2	24	0.1	1	11	122
6-14	18	45.0	196	0.6	21	9	22.5	107	0.1	1	40	440
15-20	69	21.1	778	0.5	14	98	30.0	1,098	0.2	12	327	3,300
21-44	5,243	19.0	58,394	0.6	21	14,139	51.3	157,195	0.4	31	27,575	288,910
45-64	13,596	44.6	151,062	0.6	23	18,655	61.2	207,873	0.5	38	30,470	322,293
65-74	5,658	69.7	64,801	0.6	24	4,106	50.6	46,886	0.4	15	8,121	90,225
75-84	1,243	66.5	14,150	0.6	24	779	41.7	8,747	0.3	12	1,869	20,559
	237	61.1	2,619	0.5	21	134	34.5	1,423	0.3	13	388	4,059
85 and older <b>Other Eligibles</b>	36,575	55.5	393,666	0.6	22 0	23,150	35.1	240,277	0.4	13	65,889	643,811
5 and younger	0	0.0	0	0.0	-	0 1	0.0	0	0.0	0	0	0
6-14	4	25.0	12	0.5	16	3	25.0	12	0.3	2 1	4	48 123
15-20	· ·	30.8	48	0.4	17 25		23.1 71.6	36 1.706	0.1	49	13 271	1,797
21-44	61 66	22.5	439 550	0.5	23	194	73.1	1,706	0.6	36	186	-
45-64	15,834	35.5 55.9	172,770	0.6	23 22	136 10,124	75.1 35.7	1,175 109,106	0.4	36 14	28,322	1,212 281,301
65-74	15,057	58.8	163,867	0.6	22	8,753	34.2	91,133	0.4	12	25,588	257,232
75-84	5,552	48.3	55,980	0.6	21	3,939	34.2	37,109	0.4	11	25,566 11,505	102,098
85 and older	3,332	40.5	55,500	0.0	۷.	5,959	J4.Z	31,109	0.4		11,505	,
Unknown	0	0.0	0	0.0	0	1	25.0	2	1.0	38	4	9

- 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, FLORIDA, 2004

Beneficiary		Number of Rx per Benefit	Number of All-Year Nursing	Benefit Months Among All- Year Nursing Facility
Characteristics	Rx \$ per Benefit Month	Month	Facility Residents	Residents
All	\$384	7.4	46,212	448,832
Age				
0-64	572	9.0	3,335	35,750
65-74	452	8.3	5,815	59,103
75-84	398	7.7	15,465	149,785
85 and older	321	6.7	21,597	204,194
Unknown	0	0.0	0	0
Gender				
Female	374	7.4	32,957	325,049
Male	409	7.4	13,255	123,783
Unknown	0	0.0	0	0
Race				
White	389	7.6	33,610	320,870
African American	371	6.8	7,105	74,154
Other/unknown	370	7.1	5,497	53,808
Basis of Eligibility <sup>c</sup>				
Aged	366	7.3	41,820	401,614
Disabled	531	8.6	4,392	47,218
Adults	0	0.0	0	0
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 26,317 beneficiaries who were in nursing facilities for part of their enrollment and their 242,673 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, FLORIDA, 2004

		per of Ranth Amo	•			er Bene Among		th		\$ per	Rx			_		Users	
Therapeutic Category	Total	Patented Brand- Name	Off-Patent Brand- Name	Generic	Total	Patented Brand- Name	Off-Patent Brand- Name	Generic	Total	Patented Brand- Name	Off-Patent Brand- Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All- Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$27	\$20	\$2	\$4	\$65	\$106	\$88	\$22	136,503	\$8,826,149	31,807	68.8 %	330,969
Biologicals	0.1	0.1	0.0	0.0	1	1	0	0	14	13	0	24	2,501	36,237	2,442	5.3	27,032
Antineoplastic Agents	0.5	0.0	0.0	0.4	64	20	0	43	135	460	72	102	21,685	2,928,888	4,759	10.3	45,922
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	46	36	4	7	42	78	19	15	250,515	10,502,208	22,213	48.1	228,400
Cardiovascular Agents	2.1	0.6	0.1	1.4	61	36	2	23	30	63	32	16	747,321	22,125,542	35,925	77.7	361,880
Respiratory Agents	0.7	0.4	0.0	0.3	33	28	0	5	48	74	35	16	155,021	7,416,395	21,354	46.2	221,683
Gastrointestinal Agents	0.9	0.4	0.0	0.4	62	51	1	10	69	115	67	23	238,307	16,397,987	25,852	55.9	265,031
Genitourinary Agents	0.6	0.4	0.0	0.2	39	32	2	5	64	77	56	32	64,843	4,166,564	10,182	22.0	107,558
CNS Drugs	1.7	0.9	0.1	0.7	114	92	7	15	67	105	67	21	595,808	40,187,530	34,766	75.2	352,661
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.8	0.1	0.0	0.6	29	19	1	9	35	129	28	15	2,107	74,327	245	0.5	2,546
Neurological Agents	0.8	0.8	0.0	0.0	113	113	0	0	134	134	95	63	100,267	13,414,179	11,570	25.0	118,249
Analgesics and Anesthetics	1.1	0.5	0.0	0.6	53	45	1	7	47	90	59	12	277,698	13,099,189	24,361	52.7	247,005
Neuromuscular Agents	1.1	0.3	0.2	0.7	67	31	15	22	59	109	89	32	182,753	10,832,717	15,277	33.1	160,568
Nutritional Products	0.7	0.0	0.0	0.7	11	0	0	10	15	16	13	15	125,584	1,933,650	17,603	38.1	178,098
Hematological Agents	1.1	0.3	0.1	0.6	62	52	3	6	58	153	28	10	198,190	11,475,162	18,105	39.2	184,726
Topical Products	0.6	0.3	0.1	0.3	26	15	3	7	40	61	46	23	197,799	7,972,333	29,299	63.4	309,575
Miscellaneous Products	0.2	0.0	0.0	0.2	9	4	1	4	36	318	218	18	8,578	312,272	3,416	7.4	35,048
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	9	0	0	0	20	0	0	0	25,581	516,987	5,444	11.8	57,793
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.	3,331,061	172,218,316	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 26,317 beneficiaries who were in nursing facilities for part of their enrollment and their 242,673 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 Florida, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>

DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2004

			Users		А	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	\$22,582,321	21,547	46.6 %	225,208	0.7	\$152	\$100	
ANTIDEPRESSANTS	14,375,987	33,451	72.4	347,767	0.8	55	41	
ULCER DRUGS	14,039,537	26,889	58.2	277,232	0.7	71	51	
MISC PSYCHOTHERAPEUTIC AND								
NEUROLOGICAL	13,417,784	13,739	29.7	140,677	0.7	134	95	
ANTICONVULSANT	7,692,230	13,744	29.7	146,393	0.8	63	53	
ANTIDIABETIC	7,541,968	20,162	43.6	209,446	0.8	43	36	
ANALGESICS - Narcotic	7,092,181	25,036	54.2	252,951	0.7	37	28	
MISC. HEMATOLOGICAL	6,726,142	8,473	18.3	88,051	0.7	106	76	
ANTIHYPERTENSIVE	5,764,770	23,804	51.5	244,985	0.7	32	24	
ANTIHYPERLIPIDEMIC	5,239,220	9,313	20.2	97,269	0.7	77	54	
Total	104,472,140	196,158		2,029,979	n.a.	n.a.	n.a.	

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

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 26,317 beneficiaries who were in nursing facilities for part of their enrollment and their 242,673 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, FLORIDA, 2004

	All Top 10 D	rug Groups		ANTIPS	SYCHOTICS				ANTIDE	PRESSANTS		
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	1,507,649	\$104,472,140	21,547	46.6 %	225,208	0.7	\$100	33,451	72.4 %	347,767	0.8	\$41
Female	1,079,162	73,882,378	14,950	45.4	158,137	0.7	97	24,437	74.1	256,151	0.8	41
Disabled	110,699	8,586,067	1,454	61.6	16,600	0.7	130	1,962	83.1	22,030	0.8	46
r	77,558	6,234,561	886	58.0	10,117	8.0	147	1,419	92.9	15,922	8.0	48
64 or younge	11,924	875,672	174	74.4	2,011	0.7	134	175	74.8	1,981	8.0	43
65-74	11,713	817,255	204	72.1	2,335	0.6	103	187	66.1	2,123	0.7	42
75-84	9,504	658,579	190	59.9	2,137	0.6	76	181	57.1	2,004	0.7	37
85 and older Other Eligibles	968,463	65,296,311	13,496	44.1	141,537	0.7	93	22,475	73.5	234,121	0.8	41
r	23	4,194	1	100.0	12	1.0	248	0	0.0	0	0.0	0
64 or younge	132,271	9,124,018	1,641	55.7	17,833	0.7	110	2,456	83.4	26,397	0.8	43
65-74	376,592	25,543,157	5,082	49.1	53,861	0.7	97	8,129	78.6	85,414	0.8	42
75-84 85 and older	459,577	30,624,942	6,772	39.1	69,831	0.6	86	11,890	68.7	122,310	0.7	39
Male	428,487	30,589,762	6,597	49.8	67,071	0.7	107	9,014	68.0	91,616	0.7	42
Disabled	90,549	7,326,214	1,214	59.8	13,620	0.8	147	1,517	74.7	16,822	0.8	46
r	81,791	6,663,698	1,076	59.6	12,014	0.8	150	1,373	76.0	15,179	0.8	47
64 or younge	4,739	353,682	71	64.5	829	0.7	139	76	69.1	859	0.6	36
65-74	3,264	250,139	50	60.2	591	0.7	131	52	62.7	598	0.7	41
75-84	755	58,695	17	53.1	186	0.6	92	16	50.0	186	0.6	34
85 and older Other Eligibles	337,938	23,263,548	5,383	48.0	53,451	0.6	97	7,497	66.8	74,794	0.7	41
r	9	493	0	0.0	0	0.0	0	1	100.0	5	0.2	15
64 or younge	98,341	6,817,480	1,357	53.7	14,471	0.7	112	1,845	73.0	19,835	8.0	43
65-74	148,662	10,254,365	2,369	49.8	23,294	0.6	97	3,254	68.4	32,110	0.7	41
75-84	90,926	6,191,210	1,657	42.0	15,686	0.6	85	2,397	60.8	22,844	0.7	39
85 and older <b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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 26,317 beneficiaries who were in nursing facilities for part of their enrollment and their 242,673 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, FLORIDA, 2004

		ULCE	R DRUGS			MISC PSYC	HOTHERAP	RAPEUTIC AND NEUROLOGICAL			ANTICONVULSANT				
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	26,889	58.2 %	277,232	0.7	\$51	13,739	29.7 %	140,677	0.7	\$95	13,744	29.7 %	146,393	0.8	\$53
Female	19,310	58.6	200,831	0.7	51	9,854	29.9	102,630	0.7	96	8,839	26.8	95,044	0.8	49
Disabled	1,582 990	67.0 64.8	17,645 10,944	0.7 0.7	50 50	451 217	19.1 14.2	5,156 2,487	0.7 0.7	186 296	1,460 1,112	61.8 72.8	16,619 12,624	1.0 1.0	70 77
64 or younge	180	76.9	2,077	0.7	53	49	20.9	574	0.7	86	135	57.7	1,556	0.9	58
65-74 75-84	209	73.9	2,373	0.7	51	68	24.0	789	0.7	82	129	45.6	1,461	8.0	42
75-84 85 and older	203	64.0	2,251	0.7	44	117	36.9	1,306	0.7	81	84	26.5	978	8.0	36
Other Eligibles	17,728	57.9	183,186	0.7	51	9,403	30.7	97,474	0.7	91	7,379	24.1	78,425	8.0	45
r 64 or younge	0	0.0	0	0.0	0	1	100.0	12	0.9	101	0	0.0	0	0.0	0
65-74	1,919	65.2	20,400	0.7 0.7	51 52	772	26.2	8,194	0.7	102	1,425	48.4	15,449	0.9	58 46
75-84	6,277 9,532	60.7 55.1	66,021 96,765	0.7	52 51	3,532 5,098	34.1 29.5	36,891 52,377	0.7 0.7	92 89	3,097 2,857	29.9 16.5	33,191 29,785	0.8 0.7	46 37
85 and older	,		•	-	-	,					•		•	-	
Male	7,579	57.2	76,401	0.7	50	3,885	29.3	38,047	0.7	94	4,905	37.0	51,349	0.9	59
Disabled	1,306	64.3	14,331	0.7	52	225	11.1	2,420	0.7	172	1,474	72.6	16,464	1.0	83
r 64 or younge	1,149	63.6	12,571	0.7	53	184	10.2	1,967	0.7	195	1,361	75.4	15,195	1.0	85
65-74	74	67.3	837	0.7	49	19	17.3	212	0.6	67	67	60.9	769	0.9	57
75-84	64 19	77.1 59.4	736 187	0.7 0.7	42 62	15 7	18.1 21.9	175 66	0.7 0.4	89 37	34 12	41.0 37.5	383 117	0.9 0.8	68 26
85 and older <b>Other Eligibles</b>	6,273	55.9	62,070	0.7	49	3,660	32.6	35,627	0.4	88	3,431	30.6	34,885	0.8	48
Other Eligibles	0,273	100.0	5	0.7	21	3,000	0.0	035,027	0.0	0	0,431	0.0	0	0.0	0
64 or younge	1,568	62.0	16,558	0.2	50	606	24.0	6,321	0.7	85	1,220	48.3	13,152	0.0	56
65-74	2,681	56.4	26,454	0.7	49	1.721	36.2	16.779	0.7	91	1,440	30.3	14,347	0.8	47
75-84	2,023	51.3	19,053	0.7	49	1,333	33.8	12,527	0.7	87	771	19.6	7,386	0.7	37
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.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 26,317 beneficiaries who were in nursing facilities for part of their enrollment and their 242,673 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, FLORIDA, 2004

		ANTI	DIABETIC			ANALGESICS - Narcotic			ic		MISC. HEMATOLOGICAL				
Beneficiary Characteristics	Number of Users	Users as % of All-Year Nursing Facility Residents	Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Users	Mean Number of Rx	Mean Rx \$
All	20,162	43.6 %	209,446	8.0	\$36	25,036	54.2 %	252,951	0.7	\$28	8,473	18.3 %	88,051	0.7	\$76
Female	14,002	42.5	147,185	0.9	36	18,650	56.6	190,013	8.0	29	5,788	17.6	60,920	0.7	77
Disabled	1,480	62.7	16,507	0.9	40	1,582	67.0	17,665	1.0	40	390	16.5	4,394	0.7	73
r 64 or younge	931	61.0	10,304	0.9	43	1,200	78.6	13,389	1.1	43	222	14.5	2,518	0.7	79
65-74	192	82.1	2,183	0.9	38	147	62.8	1,671	0.9	36	51	21.8	571	0.7	76
75-84	199	70.3	2,262	0.9	35	139	49.1	1,556	0.7	29	52	18.4	591	0.6	67
85 and older Other Eligibles	158 12,522	49.8 40.9	1,758 130,678	0.7 0.8	32 36	96 17,068	30.3 55.8	1,049 172,348	0.6 0.7	24 28	65 5.398	20.5 17.6	714 56,526	0.6 0.7	57 77
Other Eligibles	12,522	0.0	130,676	0.0	0	0 0	0.0	172,340	0.7	0	0,396	0.0	00,520	0.7	0
64 or younge	2.128	72.3	22.715	0.0	41	1,989	67.6	20,985	0.0	36	598	20.3	6.495	0.7	78
65-74	5,373	51.9	56,459	0.9	37	6,064	58.6	62,161	0.8	29	1,991	19.2	21,194	0.7	78
75-84	5,021	29.0	51,504	0.8	32	9,015	52.1	89,202	0.7	25	2,809	16.2	28,837	0.7	77
85 and older	•					•		,	-		•		•		
Male	6,160	46.5	62,261	0.8	36	6,386	48.2	62,938	0.7	26	2,685	20.3	27,131	0.7	75
Disabled	987	48.6	10,758	0.9	45	1,196	58.9	12,964	1.0	46	316	15.6	3,518	0.7	80
r 64 or younge	851	47.1	9,267	0.9	45	1,107	61.3	12,003	1.0	48	260	14.4	2,880	0.7	81
65-74	69 54	62.7 65.1	750 585	0.9 0.9	38 44	56 25	50.9 30.1	642 236	0.8 0.4	37 9	25 22	22.7 26.5	292 244	0.6 0.8	65 81
75-84	13	40.6	156	0.9	33	23 8	25.0	83	0.4	3	9	28.1	102	0.8	92
85 and older <b>Other Eligibles</b>	5,173	46.1	51,503	0.8	34	5,190	46.2	49,974	0.6	21	2,369	21.1	23,613	0.7	74
Other Eligibles	2,110	200.0	10	0.3	11	0,100	0.0	0	0.0	0	1	100.0	5	0.2	24
64 or younge	1,500	59.4	15,883	0.8	37	1,329	52.6	13,785	0.8	27	605	23.9	6,537	0.7	77
65-74	2,387	50.2	23,299	0.8	34	2,201	46.3	21,015	0.7	22	1,048	22.0	10,376	0.7	74
75-84 85 and older	1,284	32.6	12,311	8.0	31	1,660	42.1	15,174	0.5	14	715	18.1	6,695	0.7	73
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 Florida, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 26,317 beneficiaries who were in nursing facilities for part of their enrollment and their 242,673 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 ICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFI

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, FLORIDA, 2004

		ANTIHYI	PERTENSIVE				ANTIHYP	PERLIPIDEMI	С			Benefit
Beneficiary	Number of	Users as % of All-Year Nursing Facility	Number of Benefit Months Among	Mean Number	Mean	Number of	Users as % of All-Year Nursing Facility	Number of Benefit Months Among	Mean Number	Mean	All-Year Nursing Facility	Months Among All- Year Nursing Facility
Characteristics	Users	Residents	Users	of Rx	Rx\$	Users	Residents	Users	of Rx	Rx\$	Residents	Residents
All	23,804	51.5 %	244,985	0.7	\$24	9,313	20.2 %	97,269	0.7	\$54	46,212	448,832
Female	16,631	50.5	172,524	0.7	24	6,347	19.3	67,153	0.7	54	32,957	325,049
Disabled	1,264	53.5	14,099	0.7	24	622	26.3	6,998	0.7	56	2,361	25,528
r C4 an viscon as	804	52.7	8,931	0.7	25	453	29.7	5,065	0.7	57	1,527	16,488
64 or younge	154	65.8	1,764	0.7	26	53	22.6	611	0.7	65	234	2,610
65-74	159	56.2	1,756	0.7	23	67	23.7	771	0.6	48	283	3,121
75-84	147	46.4	1,648	0.6	19	49	15.5	551	0.7	52	317	3,309
85 and older Other Eligibles	15,367	50.2	158,425	0.7	24	5,725	18.7	60,155	0.7	54	30,596	299,521
r	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
64 or younge	1,778	60.4	18,799	0.8	26	944	32.1	10,249	0.7	57	2,944	30,120
65-74	5,628	54.4	58,800	0.7	25	2,500	24.2	26,295	0.7	55	10,345	102,531
75-84	7,961	46.0	80,826	0.7	23	2,281	13.2	23,611	0.7	51	17,306	166,858
85 and older	7 170	54.1	70.464	0.7	22	2.066	22.4	20.446	0.7	54	12.055	100 700
Male	7,173	-	72,461	_	22	2,966		30,116	_	_	13,255	123,783
Disabled	1,148	56.5 55.5	12,529	0.7 0.7	25	586	28.9 29.7	6,599	0.7 0.7	53	2,031	21,690
64 or younge	1,003		10,892	_	25	537	-	6,021	_	53	1,806	19,245
65-74	75	68.2	844	0.8	26	27	24.5	314	0.6	46	110	1,224
75-84	55	66.3	624	0.7	24	18	21.7	216	0.7	60	83	898
	15	46.9	169	0.5	13	4	12.5	48	0.3	25	32	323
85 and older <b>Other Eligibles</b>	6,025	53.7	59,932	0.7	22	2,380	21.2	23,517	0.7	54	11,224	102,093
r 64 or younge	2	200.0	10	0.2	2	1	100.0	5	0.2	14	1	5
65-74	1,629	64.5	17,200	0.7	23	721	28.5	7,588	0.7	55	2,527	25,149
75-84	2,604	54.8	25,746	0.7	21	1,139	24.0	11,055	0.7	56	4,754	43,235
85 and older	1,790	45.4	16,976	0.7	21	519	13.2	4,869	0.7	50	3,942	33,704
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

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 26,317 beneficiaries who were in nursing facilities for part of their enrollment and their 242,673 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>

FLORIDA, 2004

	Number of	Percentage of						Part D Excluded	
	Beneficiaries with	Beneficiaries with		Total Number	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		per Beneficiary	Excluded Rx	per Beneficiary	Excluded Rx \$	Excluded Rx		of Beneficiaries
All	193,978	50.8 %	4.7	1,812,302	\$78	\$29,656,077	\$16	2.4 %	381,885
Age									
5 and younger	14	70.0	13.4	267	547	10,947	41	8.4	20
6-14	58	77.3	12.3	919	751	56,293	61	7.1	75
15-20	191	32.4	2.5	1,481	115	68,028	46	3.5	589
21-44	20,114	40.4	3.6	178,393	84	4,185,184	23	2.1	49,839
45-64	38,352	54.1	5.6	398,224	106	7,518,430	19	2.3	70,831
65-74	49,820	48.1	4.4	455,456	65	6,682,925	15	2.4	103,516
75-84	50,074	52.8	4.9	461,259	69	6,510,236	14	2.5	94,822
85 and older	35,355	56.8	5.1	316,303	74	4,624,034	15	3.0	62,193
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility <sup>c</sup>									
Aged	110,319	50.2	4.4	971,484	63	13,823,901	14	2.5	219,720
Disabled	83,165	51.8	5.2	837,891	98	15,762,609	19	2.3	160,568
Adults	469	30.2	1.7	2,611	30	47,132	18	2.3	1,553
Children	17	51.5	8.6	285	659	21,763	76	10.6	33
Unknown	8	72.7	2.8	31	61	672	22	2.2	11
Gender									
Female	133,272	53.9	5.1	1,259,301	81	19,981,840	16	2.6	247,191
Male	60,706	45.1	4.1	553,001	72	9,674,237	17	2.1	134,690
Unknown	0	0.0	0.0	0	0	0	0	0.0	4
Race									
White	98,807	53.4	5.2	970,496	88	16,293,413	17	2.5	184,890
African American	30,445	41.6	3.2	234,818	55	4,014,010	17	2.0	73,229
Other/unknown	64,726	52.3	4.9	606,988	76	9,348,654	15	2.5	123,766
Use of Nursing									
Facilities <sup>d</sup>									
Entire year	29,138	63.1	6.6	303,024	98	4,508,277	15	2.6	46,212
Part year	17,587	66.8	5.6	148,016	91	2,386,685	16	3.1	26,317
None	147,253	47.6	4.4	1,361,262	74	22,761,115	17	2.3	309,356
Maintenance									
Assistance Status									
Cash	100,448	50.7	4.8	954,616	78	15,395,870	16	2.5	198,102
Medically needy	1,011	67.4	7.4	11,145	159	239,205	21	2.3	1,501
Poverty related	54,745	48.4	4.4	497,073	74	8,324,894	17	2.4	113,122
Other/unknown	37,774	54.6	5.1	349,468	82	5,696,108	16	2.3	69,160

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>

FLORIDA, 2004

Beneficiary	Number Rx per	Rx \$ per Benefit		Barbiturate \$ per Ber		Number of Benefit
Characteristics	Benefit Month	Month	\$ per Rx	Benefit Month	Benefit Month	Months
All	0.5	\$8	\$16	\$0	\$4	3,942,532
Age						
5 and younger	1.2	50	41	0	0	217
6-14	1.1	67	61	0	4	844
15-20	0.3	11	46	0	3	5,920
21-44	0.3	8	23	0	4	519,080
45-64	0.5	10	19	0	5	751,811
65-74	0.4	6	15	0	3	1,081,036
75-84	0.5	7	14	0	3	989,939
85 and older	0.5	8	15	0	3	593,685
Unknown	0.0	0	0	0	0	0
Basis of Eligibility <sup>c</sup>						
Aged	0.4	6	14	0	3	2,211,447
Disabled	0.5	9	19	0	5	1,721,235
Adults	0.3	5	18	0	2	9,449
Children	0.9	67	76	0	0	324
Unknown	0.4	9	22	0	2	77
Gender						
Female	0.5	8	16	0	4	2,568,804
Male	0.4	7	17	0	3	1,373,719
Unknown	0.0	0	0	0	0	9
Race						
White	0.5	9	17	0	5	1,862,766
African American	0.3	5	17	0	1	768,406
Other/unknown	0.5	7	15	0	4	1,311,360
Use of Nursing						
Facilities <sup>d</sup>						
Entire year	0.7	10	15	0	4	448,832
Part year	0.6	10	16	0	4	242,673
None	0.4	7	17	0	4	3,251,027
Maintenance						
Assistance Status						
Cash	0.4	7	16	0	4	2,167,716
Medically needy	0.8	17	21	0	8	14,290
Poverty related	0.4	7	17	0	4	1,136,239
Other/unknown	0.6	9	16	0	4	624,287

- 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> FLORIDA, 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	281,095	\$106	\$29,656,077	100.0 %	1,812,302	\$16	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	184	20	3,629	0.0	336	11	0.0
Cough and cold medications	13,294	119	1,587,504	5.4	33,397	48	1.8
Vitamins and minerals	68,132	94	6,402,735	21.6	414,031	15	22.8
Non-prescription drugs	60,607	81	4,897,711	16.5	308,135	16	17.0
Barbiturates	2,689	72	192,819	0.7	27,856	7	1.5
Benzodiazepines	124,740	119	14,889,775	50.2	984,322	15	54.3
Other Part D Excl Rx Drugs	11,449	147	1,681,904	5.7	44,225	38	2.4

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

- 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> FLORIDA, 2004

Total Number of Dual Eligible Beneficiaries

Total Pharmacy Reimbursement for Dual Eligible Beneficiaries

Mean Pharmacy Reimbursement per Dual Eligible Beneficiary

381,885 \$1,228,317,316 \$3,217

Annual Pharmacy Reimbursement per				Percent of Total Pharmacy
Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Reimbursement
\$0	55,224	14.5 %	\$0	0.0 %
1-500	50,327	13.2	10,941,393	0.9
501-1,000	33,317	8.7	24,761,538	2.0
1,001-1,500	28,749	7.5	35,844,043	2.9
1,501-2,000	25,850	6.8	45,166,056	3.7
2,001-2,500	23,340	6.1	52,465,236	4.3
2,501-3,000	21,128	5.5	57,999,412	4.7
3,001-3,500	19,304	5.1	62,673,156	5.1
3,501-4,000	17,412	4.6	65,261,162	5.3
4,001-4,500	15,478	4.1	65,705,592	5.3
4,501-5,000	12,914	3.4	61,251,359	5.0
5,001-5,500	11,222	2.9	58,868,583	4.8
5,501-6,000	9,507	2.5	54,588,952	4.4
6,001-6,500	8,029	2.1	50,134,023	4.1
6,501-7,000	6,514	1.7	43,936,949	3.6
7,001-7,500	5,548	1.5	40,188,873	3.3
7,501-8,000	4,670	1.2	36,148,278	2.9
8,001-8,500	4,035	1.1	33,247,708	2.7
8,501-9,000	3,420	0.9	29,895,684	2.4
9,001-9,500	2,781	0.7	25,700,662	2.1
9,501-10,000	2,370	0.6	23,089,064	1.9
10,001+	20,746	5.4	350,449,593	28.5

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

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 $65^{a, b, c}$ FLORIDA, 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

119,973 \$529,099,503 \$4,410

Annual Pharmacy Reimbursement	Percent of	Disabled Dual Beneficiaries,		Percent of Total Pharmacy
per Beneficiary	Number of Beneficiaries	Age < 65	Pharmacy Reimbursement	Reimbursement
\$0	18,557	15.5 %	0	0.0 %
1-500	17,216	14.3	3,472,413	0.7
501-1,000	9,203	7.7	6,785,841	1.3
1,001-1,500	7,152	6.0	8,889,172	1.7
1,501-2,000	6,097	5.1	10,644,977	2.0
2,001-2,500	5,513	4.6	12,395,530	2.3
2,501-3,000	4,960	4.1	13,611,470	2.6
3,001-3,500	4,542	3.8	14,747,562	2.8
3,501-4,000	4,215	3.5	15,790,914	3.0
4,001-4,500	3,872	3.2	16,446,260	3.1
4,501-5,000	3,488	2.9	16,550,281	3.1
5,001-5,500	3,113	2.6	16,346,312	3.1
5,501-6,000	2,900	2.4	16,662,708	3.1
6,001-6,500	2,591	2.2	16,197,188	3.1
6,501-7,000	2,228	1.9	15,027,699	2.8
7,001-7,500	2,096	1.7	15,199,249	2.9
7,501-8,000	1,872	1.6	14,494,071	2.7
8,001-8,500	1,741	1.5	14,348,939	2.7
8,501-9,000	1,597	1.3	13,964,949	2.6
9,001-9,500	1,334	1.1	12,331,672	2.3
9,501-10,000	1,252	1.0	12,195,729	2.3
10,001+	14,434	12.0	262,996,567	49.7

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> FLORIDA, 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+

260,531 \$696,913,997 \$2,675

Annual Pharmacy Reimbursement				Percent of Total Pharmacy
per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Reimbursement
\$0	36,270	13.9 %	0	0.0 %
1-500	32,691	12.5	7,394,865	1.1
501-1,000	23,988	9.2	17,883,360	2.6
1,001-1,500	21,521	8.3	26,861,584	3.9
1,501-2,000	19,689	7.6	34,410,367	4.9
2,001-2,500	17,799	6.8	40,006,246	5.7
2,501-3,000	16,137	6.2	44,303,834	6.4
3,001-3,500	14,738	5.7	47,848,402	6.9
3,501-4,000	13,174	5.1	49,383,538	7.1
4,001-4,500	11,582	4.4	49,157,627	7.1
4,501-5,000	9,404	3.6	44,595,921	6.4
5,001-5,500	8,094	3.1	42,444,426	6.1
5,501-6,000	6,595	2.5	37,857,364	5.4
6,001-6,500	5,417	2.1	33,805,536	4.9
6,501-7,000	4,269	1.6	28,794,015	4.1
7,001-7,500	3,442	1.3	24,916,893	3.6
7,501-8,000	2,788	1.1	21,576,985	3.1
8,001-8,500	2,289	0.9	18,857,454	2.7
8,501-9,000	1,817	0.7	15,877,957	2.3
9,001-9,500	1,442	0.6	13,322,715	1.9
9,501-10,000	1,115	0.4	10,864,054	1.6
10,001+	6,270	2.4	86,750,854	12.4

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 $^{\rm a,\,b}$ FLORIDA, 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

103,516 \$283,549,216 \$2,739

Annual Pharmacy Reimbursement per				Percent of Total Pharmacy
Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Reimbursement
\$0	16,825	16.3 %	0	0.0 %
1-500	13,514	13.1	2,961,302	1.0
501-1,000	9,123	8.8	6,802,929	2.4
1,001-1,500	8,033	7.8	10,026,026	3.5
1,501-2,000	7,183	6.9	12,536,723	4.4
2,001-2,500	6,541	6.3	14,700,290	5.2
2,501-3,000	5,874	5.7	16,126,633	5.7
3,001-3,500	5,411	5.2	17,572,345	6.2
3,501-4,000	4,892	4.7	18,341,401	6.5
4,001-4,500	4,343	4.2	18,430,805	6.5
4,501-5,000	3,506	3.4	16,626,355	5.9
5,001-5,500	3,099	3.0	16,254,767	5.7
5,501-6,000	2,542	2.5	14,591,987	5.1
6,001-6,500	2,058	2.0	12,856,250	4.5
6,501-7,000	1,651	1.6	11,141,188	3.9
7,001-7,500	1,385	1.3	10,022,180	3.5
7,501-8,000	1,091	1.1	8,443,253	3.0
8,001-8,500	993	1.0	8,179,792	2.9
8,501-9,000	790	0.8	6,906,359	2.4
9,001-9,500	646	0.6	5,968,989	2.1
9,501-10,000	526	0.5	5,125,745	1.8
10,001+	3,490	3.4	49,933,897	17.6

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.

## SUPPLEMENTAL TABLE 1D MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO $84^{a,\,b}$ FLORIDA, 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

94,822 \$259,123,313 \$2,733

Annual Pharmacy Reimbursement per				Percent of Total Pharmacy
Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Reimbursement
\$0	12,779	13.5 %	0	0.0 %
1-500	10,657	11.2	2,458,835	0.9
501-1,000	8,363	8.8	6,241,377	2.4
1,001-1,500	7,748	8.2	9,668,204	3.7
1,501-2,000	7,211	7.6	12,625,016	4.9
2,001-2,500	6,601	7.0	14,833,508	5.7
2,501-3,000	6,183	6.5	16,979,828	6.6
3,001-3,500	5,683	6.0	18,450,254	7.1
3,501-4,000	5,060	5.3	18,972,148	7.3
4,001-4,500	4,455	4.7	18,911,359	7.3
4,501-5,000	3,675	3.9	17,432,844	6.7
5,001-5,500	3,086	3.3	16,182,958	6.2
5,501-6,000	2,560	2.7	14,696,732	5.7
6,001-6,500	2,162	2.3	13,477,777	5.2
6,501-7,000	1,661	1.8	11,196,607	4.3
7,001-7,500	1,335	1.4	9,669,875	3.7
7,501-8,000	1,128	1.2	8,731,035	3.4
8,001-8,500	852	0.9	7,020,854	2.7
8,501-9,000	661	0.7	5,774,304	2.2
9,001-9,500	532	0.6	4,912,537	1.9
9,501-10,000	422	0.4	4,112,020	1.6
10,001+	2,008	2.1	26,775,241	10.3

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.

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

62,193 \$154,241,468 \$2,480

Annual Pharmacy Reimbursement per				Percent of Total Pharmacy
Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Reimbursement
\$0	6,666	10.7 %	0	0.0 %
1-500	8,520	13.7	1,974,728	1.3
501-1,000	6,502	10.5	4,839,054	3.1
1,001-1,500	5,740	9.2	7,167,354	4.6
1,501-2,000	5,295	8.5	9,248,628	6.0
2,001-2,500	4,657	7.5	10,472,448	6.8
2,501-3,000	4,080	6.6	11,197,373	7.3
3,001-3,500	3,644	5.9	11,825,803	7.7
3,501-4,000	3,222	5.2	12,069,989	7.8
4,001-4,500	2,784	4.5	11,815,463	7.7
4,501-5,000	2,223	3.6	10,536,722	6.8
5,001-5,500	1,909	3.1	10,006,701	6.5
5,501-6,000	1,493	2.4	8,568,645	5.6
6,001-6,500	1,197	1.9	7,471,509	4.8
6,501-7,000	957	1.5	6,456,220	4.2
7,001-7,500	722	1.2	5,224,838	3.4
7,501-8,000	569	0.9	4,402,697	2.9
8,001-8,500	444	0.7	3,656,808	2.4
8,501-9,000	366	0.6	3,197,294	2.1
9,001-9,500	264	0.4	2,441,189	1.6
9,501-10,000	167	0.3	1,626,289	1.1
10,001+	772	1.2	10,041,716	6.5

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, FLORIDA, 2004

Beneficiary	Number of Beneficiaries					Number of Benefit Months						
Characteristics	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	406,357	229,384	175,108	1,820	34	11	4,319,849	2,372,779	1,933,440	13,200	353	77
Age												
5 and younger	20	0	18	0	2	0	217	0	194	0	23	0
6-14	76	0	67	0	9	0	865	0	768	0	97	0
15-20	683	0	657	7	19	0	7,488	0	7,252	42	194	0
21-44	55,601	0	54,529	1,068	4	0	603,417	0	595,095	8,283	39	0
45-64	75,947	16	75,424	500	0	7	827,981	148	824,069	3,705	0	59
65-74	110,174	79,756	30,198	216	0	4	1,186,594	839,324	346,191	1,061	0	18
75-84	99,011	88,922	10,061	28	0	0	1,056,148	941,725	114,315	108	0	0
85 and older	64,845	60,690	4,154	1	0	0	637,139	591,582	45,556	1	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	263,550	161,424	100,902	1,199	14	11	2,821,221	1,687,965	1,124,575	8,465	139	77
Male	142,803	67,960	74,202	621	20	0	0 1,498,610	684,814	808,847	4,735	214	0
Unknown	4	0	4	0	0	0	18	0	18	0	0	0
Race												
White	194,004	104,997	87,993	989	16	9	2,006,928	1,034,218	965,242	7,249	159	60
African American	80,293	36,411	43,336	535	9	2	871,803	386,304	481,609	3,785	88	17
Other/unknown	132,060	87,976	43,779	296	9	0	1,441,118	952,257	486,589	2,166	106	0
Use of Nursing Facilities <sup>c</sup>												
Entire year	46,217	41,823	4,394	0	0	0	448,949	401,691	47,258	0	0	0
Part year	26,424	21,398	5,022	4	0	0	249,670	196,768	52,857	45	0	0
None	333,716	166,163	165,692	1,816	34	11	3,621,230	1,774,320	1,833,325	13,155	353	77
Maintenance Assistance Status												
Cash	216,113	98,068	116,946	1,098	1	0	2,423,131	1,102,846	1,312,368	7,905	12	0
Medically needy	1,501	411	1,005	84	1	0	15,010	3,938	10,368	692	12	0
Poverty related	118,061	73,555	44,138	348	9	11	1,225,211	754,171	468,450	2,427	86	77
Other/unknown	70,682	57,350	13,019	290	23	0	656,497	511,824	142,254	2,176	243	0
Dual Status <sup>d</sup>												
Full dual, all year	390,914	219,694	169,454	1,721	34	11	4,154,814	2,270,129	1,872,079	12,176	353	77
Full dual, part year	15,443	9,690	5,654	99	0	0	165,035	102,650	61,361	1,024	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	361,635	209,078	151,309	1,208	29	11	3,837,330	2,159,262	1,669,567	8,125	299	77
FFS part year, with Rx claims	14,273	7,197	6,858	215	3	0	152,194	75,584	74,575	2,005	30	0
FFS part year, no Rx claims	5,977	3,445	2,401	130	1	0	54,442	29,804	23,701	925	12	0
MC all year, with Rx claims	615	290	316	9	0	0	7,010	3,220	3,713	77	0	0
MC all year, no Rx claims	23,857	9,374	14,224	258	1	0	268,873	104,909	161,884	2,068	12	0

- 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, FLORIDA, 2004

Beneficiary	Beneficiaries Benefit Months in Ce		Included in Cell G	of Table 1	Excluded from Cell G of Table 1		
Characteristics	Number of Number of Benefit Beneficiaries Months		Number of Number of Benefit Beneficiaries Months		Number of Number of Benefit Beneficiaries Months		
All	406,357	4,319,849	381,885	3,942,532	0	377,317	
Fee-for-service (FFS) all year	361,635	3,837,330	361,635	3,837,330	0	0	
FFS part year, with Rx claims	14,273	152,194	14,273	83,131	0	69,063	
FFS part year, with no Rx claims	5,977	54,442	5,977	22,071	0	32,371	
Managed care (MC) all year, with Rx claims	615	7,010	0	0	0	7,010	
MC all year, with no Rx claims	23,857	268,873	0	0	0	268,873	

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

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.