

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

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DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>173,213</b>	<b>90,046</b>	<b>80,902</b>	<b>2,215</b>	<b>30</b>	<b>20</b>	<b>1,802,346</b>	<b>907,858</b>	<b>874,210</b>	<b>19,806</b>	<b>284</b>	<b>188</b>
<b>Age</b>												
5 and younger	3	0	3	0	0	0	35	0	35	0	0	0
6-14	22	0	11	0	11	0	213	0	105	0	108	0
15-20	244	0	225	5	14	0	2,629	0	2,469	28	132	0
21-44	31,552	0	29,979	1,569	4	0	344,345	0	330,048	14,265	32	0
45-64	49,690	0	49,115	566	0	9	531,399	0	526,430	4,870	0	99
65-74	35,428	34,263	1,086	68	0	11	361,775	351,388	9,718	580	0	89
75-84	32,495	32,196	292	7	0	0	331,058	327,666	3,329	63	0	0
85 and older	23,779	23,587	191	0	1	0	230,892	228,804	2,076	0	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	107,726	65,222	41,210	1,260	14	20	1,130,774	668,932	450,239	11,279	136	188
Male	65,487	24,824	39,692	955	16	0	671,572	238,926	423,971	8,527	148	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	137,433	72,067	63,665	1,663	23	15	1,426,650	722,491	688,628	15,158	236	137
African American	30,493	14,722	15,292	467	7	5	321,553	152,413	165,082	3,959	48	51
Other/unknown	5,287	3,257	1,945	85	0	0	54,143	32,954	20,500	689	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	21,257	18,998	2,259	0	0	0	218,834	193,520	25,314	0	0	0
Part year	13,281	11,327	1,949	4	1	0	127,610	106,803	20,756	39	12	0
None	138,675	59,721	76,694	2,211	29	20	1,455,902	607,535	828,140	19,767	272	188
<b>Maintenance Assistance Status</b>												
Cash	44,056	17,828	24,120	2,096	12	0	501,061	204,567	277,539	18,847	108	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	2,225	852	1,289	59	5	20	16,535	6,333	9,563	396	55	188
Other/unknown	126,932	71,366	55,493	60	13	0	1,284,750	696,958	587,108	563	121	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	167,707	87,464	78,000	2,193	30	20	1,748,975	882,257	846,685	19,561	284	188
Full dual, part year	5,506	2,582	2,902	22	0	0	53,371	25,601	27,525	245	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	172,417	90,043	80,497	1,832	25	20	1,798,090	907,835	871,636	18,173	258	188
FFS part year, with Rx claims	649	3	360	281	5	0	3,752	23	2,392	1,311	26	0
FFS part year, no Rx claims	147	0	45	102	0	0	504	0	182	322	0	0

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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, MISSOURI, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>89.9 %</b>	<b>58.1</b>	<b>\$3,789</b>	<b>\$65</b>	<b>\$12,656</b>	<b>29.9 %</b>	<b>173,213</b>
<b>Age</b>							
5 and younger	100.0	48.3	4,490	93	11,630	38.6	3
6-14	95.5	66.4	13,747	207	32,287	42.6	22
15-20	84.0	27.5	3,134	114	12,817	24.5	244
21-44	87.9	44.6	4,254	95	11,771	36.1	31,552
45-64	91.4	66.2	4,832	73	12,257	39.4	49,690
65-74	87.1	57.4	3,219	56	9,588	33.6	35,428
75-84	90.3	60.5	3,132	52	13,420	23.3	32,495
85 and older	93.0	57.6	2,738	48	18,169	15.1	23,779
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	89.9	58.7	3,070	52	13,231	23.2	90,046
Disabled	90.2	58.3	4,630	79	12,243	37.8	80,902
Adults	83.1	30.6	2,223	73	4,129	53.9	2,215
Children	86.7	42.4	8,926	211	25,681	34.8	30
Unknown	100.0	49.7	5,653	114	16,519	34.2	20
<b>Gender</b>							
Female	92.4	63.5	3,808	60	13,083	29.1	107,726
Male	85.8	49.3	3,758	76	11,953	31.4	65,487
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	90.9	61.8	4,016	65	13,146	30.6	137,433
African American	86.0	44.1	2,935	67	11,086	26.5	30,493
Other/unknown	86.2	44.9	2,809	63	8,960	31.4	5,287
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	98.1	80.5	4,477	56	30,929	14.5	21,257
Part year	97.1	66.8	3,766	56	20,149	18.7	13,281
None	88.0	53.9	3,686	68	9,137	40.3	138,675
<b>Maintenance Assistance Status</b>							
Cash	91.9	59.2	3,962	67	10,110	39.2	44,056
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	65.5	18.4	1,306	71	3,076	42.4	2,225
Other/unknown	89.7	58.5	3,773	65	13,707	27.5	126,932

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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, MISSOURI, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
<b>All</b>	<b>5.6</b>	<b>\$364</b>	<b>29.9 %</b>	<b>10.1 %</b>	<b>12.3 %</b>	<b>8.5 %</b>	<b>26.3 %</b>	<b>30.5 %</b>	<b>12.4 %</b>	<b>\$1,216</b>	<b>173,213</b>	<b>1,802,346</b>
<b>Age</b>												
5 and younger	4.1	385	38.6	0.0	0.0	0.0	66.7	33.3	0.0	997	3	35
6-14	6.9	1,420	42.6	4.5	4.5	0.0	31.8	50.0	9.1	3,335	22	213
15-20	2.6	291	24.5	16.0	40.2	10.7	19.3	8.6	5.3	1,190	244	2,629
21-44	4.1	390	36.1	12.1	22.4	11.6	25.8	20.9	7.2	1,079	31,552	344,345
45-64	6.2	452	39.4	8.6	11.0	8.1	25.0	31.4	15.9	1,146	49,690	531,399
65-74	5.6	315	33.6	12.9	11.7	8.0	25.4	29.6	12.4	939	35,428	361,775
75-84	5.9	307	23.3	9.7	8.7	7.6	26.6	34.4	13.0	1,317	32,495	331,058
85 and older	5.9	282	15.1	7.0	7.1	7.4	30.5	37.0	11.0	1,871	23,779	230,892
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	5.8	305	23.2	10.1	9.4	7.7	27.1	33.3	12.3	1,312	90,046	907,858
Disabled	5.4	428	37.8	9.8	15.1	9.4	25.4	27.6	12.6	1,133	80,902	874,210
Adults	3.4	249	53.9	16.9	24.3	12.7	25.1	16.4	4.6	462	2,215	19,806
Children	4.5	943	34.8	13.3	10.0	3.3	43.3	23.3	6.7	2,713	30	284
Unknown	5.3	601	34.2	0.0	10.0	20.0	40.0	15.0	15.0	1,757	20	188
<b>Gender</b>												
Female	6.0	363	29.1	7.6	10.0	8.1	26.9	33.4	14.1	1,246	107,726	1,130,774
Male	4.8	367	31.4	14.2	16.0	9.3	25.3	25.6	9.6	1,166	65,487	671,572
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	6.0	387	30.6	9.1	10.9	8.0	25.8	32.2	14.1	1,266	137,433	1,426,650
African American	4.2	278	26.5	14.0	17.5	10.6	28.3	23.9	5.7	1,051	30,493	321,553
Other/unknown	4.4	274	31.4	13.8	16.8	10.7	28.2	23.4	7.0	875	5,287	54,143
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	7.8	435	14.5	1.9	3.2	4.3	23.7	44.0	23.0	3,004	21,257	218,834
Part year	6.9	392	18.7	2.9	5.7	6.5	28.1	40.0	16.7	2,097	13,281	127,610
None	5.1	351	40.3	12.0	14.3	9.4	26.5	27.5	10.3	870	138,675	1,455,902
<b>Maintenance Assistance Status</b>												
Cash	5.2	348	39.2	8.1	15.2	9.5	26.9	28.8	11.5	889	44,056	501,061
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.5	176	42.4	34.5	20.9	10.6	20.8	11.4	1.8	414	2,225	16,535
Other/unknown	5.8	373	27.5	10.3	11.1	8.2	26.2	31.4	12.9	1,354	126,932	1,284,750

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>5.6</b>	<b>\$364</b>	<b>\$65</b>	<b>2.1</b>	<b>\$267</b>	<b>\$127</b>	<b>0.4</b>	<b>\$25</b>	<b>\$70</b>	<b>3.1</b>	<b>\$72</b>	<b>\$23</b>
<b>Age</b>												
5 and younger	4.1	385	93	2.2	321	146	0.2	34	150	1.7	29	17
6-14	6.9	1,420	207	3.2	1,257	389	0.5	36	73	3.1	126	41
15-20	2.6	291	114	1.1	232	218	0.2	19	99	1.3	38	30
21-44	4.1	390	95	1.6	302	188	0.3	27	105	2.2	61	27
45-64	6.2	452	73	2.4	331	140	0.4	34	91	3.4	86	25
65-74	5.6	315	56	2.1	226	107	0.3	20	59	3.2	69	22
75-84	5.9	307	52	2.2	221	100	0.4	19	48	3.3	67	20
85 and older	5.9	282	48	2.1	198	96	0.4	18	42	3.4	66	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.8	305	52	2.1	218	102	0.4	19	50	3.3	68	21
Disabled	5.4	428	79	2.1	321	154	0.3	31	94	3.0	77	26
Adults	3.4	249	73	1.2	176	145	0.2	21	116	2.0	51	25
Children	4.5	943	211	2.3	857	375	0.3	17	59	1.9	69	36
Unknown	5.3	601	114	2.0	481	245	0.3	46	156	3.0	75	25
<b>Gender</b>												
Female	6.0	363	60	2.3	263	116	0.4	25	64	3.4	75	22
Male	4.8	367	76	1.8	275	150	0.3	25	85	2.7	66	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	6.0	387	65	2.2	283	126	0.4	27	71	3.3	77	23
African American	4.2	278	67	1.6	209	135	0.2	15	69	2.4	53	22
Other/unknown	4.4	274	63	1.7	203	118	0.2	17	70	2.4	54	23
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.8	435	56	2.9	316	110	0.6	29	50	4.3	89	21
Part year	6.9	392	56	2.5	285	113	0.5	25	53	3.9	82	21
None	5.1	351	68	1.9	258	133	0.3	24	78	2.9	68	24
<b>Maintenance Assistance Status</b>												
Cash	5.2	348	67	2.0	259	131	0.3	21	71	2.9	68	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	2.5	176	71	0.9	129	143	0.2	14	85	1.4	32	23
Other/unknown	5.8	373	65	2.2	272	126	0.4	26	70	3.2	74	23

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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 Missouri, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.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, MISSOURI, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users <sup>e</sup>		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$38	\$29	\$2	\$6	\$99	\$190	\$135	\$28	432,511	\$42,909,056	102,710	59.3 %	1,139,789
Biologicals	0.1	0.1	0.0	0.0	28	2	1	25	268	26	141	739	3,862	1,036,512	3,197	1.8	36,851
Antineoplastic Agents	0.6	0.1	0.0	0.4	111	82	4	24	193	645	362	56	39,087	7,548,774	6,504	3.8	68,287
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.5	56	43	4	9	53	95	29	19	963,672	51,207,787	82,741	47.8	908,149
Cardiovascular Agents	2.0	0.7	0.1	1.3	77	49	3	25	38	75	34	20	2,505,736	95,142,036	114,330	66.0	1,239,612
Respiratory Agents	0.8	0.5	0.0	0.3	53	47	1	6	65	94	37	19	691,413	45,147,773	76,105	43.9	847,410
Gastrointestinal Agents	0.7	0.1	0.0	0.6	37	26	2	10	51	195	52	17	590,807	30,318,203	73,240	42.3	811,370
Genitourinary Agents	0.5	0.4	0.0	0.1	41	35	2	4	75	89	74	31	174,561	13,099,524	28,624	16.5	318,844
CNS Drugs	1.5	0.7	0.1	0.8	140	111	7	22	92	167	89	29	1,713,548	158,345,753	103,340	59.7	1,127,322
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	62	44	1	17	109	173	68	57	2,885	314,144	454	0.3	5,102
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	143	142	0	0	170	173	0	29	123,159	20,957,323	13,899	8.0	147,038
Analgesics and Anesthetics	0.9	0.3	0.0	0.6	65	47	4	15	70	149	337	24	1,049,808	73,505,244	102,119	59.0	1,123,539
Neuromuscular Agents	1.0	0.3	0.2	0.5	83	46	22	16	83	155	116	30	684,369	56,740,808	61,585	35.6	685,448
Nutritional Products	0.7	0.0	0.0	0.6	13	0	1	12	20	39	20	19	326,075	6,427,257	45,459	26.2	494,489
Hematological Agents	0.9	0.3	0.1	0.4	68	55	5	8	78	177	41	18	381,984	29,887,858	40,477	23.4	438,516
Topical Products	0.4	0.2	0.0	0.2	22	14	2	5	52	84	59	25	322,694	16,843,974	69,332	40.0	775,679
Miscellaneous Products	0.4	0.2	0.0	0.2	90	66	11	13	216	399	259	62	26,712	5,773,783	5,866	3.4	63,804
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	10	0	0	0	28	0	0	0	39,429	1,099,287	9,927	5.7	111,807
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>10,072,312</b>	<b>656,305,096</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 Missouri, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$92,382,698	56,515	32.6 %	629,912	0.7	\$207	\$147
ANTIDEPRESSANTS	52,610,297	110,085	63.6	1,217,830	0.7	66	43
ANTICONVULSANT	46,108,123	52,194	30.1	584,206	0.8	102	79
ANALGESICS - Narcotic	38,611,176	129,662	74.9	1,442,083	0.4	61	27
ANTIHYPERLIPIDEMIC	33,307,350	54,276	31.3	610,533	0.7	81	55
ANTIDIABETIC	32,188,514	64,089	37.0	706,176	0.7	62	46
ANTIASTHMATIC	30,601,648	76,073	43.9	846,265	0.5	76	36
ANALGESICS - ANTI-INFLAMMATORY	28,717,834	64,674	37.3	733,740	0.4	87	39
ANTIHYPERTENSIVE	21,889,130	83,300	48.1	916,689	0.7	34	24
ANTIVIRAL	21,477,116	8,835	5.1	99,730	0.5	451	215
Total	397,893,886	699,703		7,787,164	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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.

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.medispn.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.

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, MISSOURI, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>4,678,594</b>	<b>\$397,893,886</b>	<b>56,515</b>	<b>32.6 %</b>	<b>629,912</b>	<b>0.7</b>	<b>\$147</b>	<b>110,085</b>	<b>63.6 %</b>	<b>1,217,830</b>	<b>0.7</b>	<b>\$43</b>
<b>Female</b>	3,044,584	236,932,864	32,703	30.4	363,397	0.7	128	74,952	69.6	830,237	0.7	44
<b>Disabled</b>	1,371,722	126,798,596	17,434	42.3	200,708	0.7	147	38,413	93.2	437,603	0.6	45
5 and younger	6	1,576	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	62	7,285	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,371	152,347	37	36.6	421	0.6	168	52	51.5	587	0.6	40
21-44	356,767	38,256,663	7,112	53.3	82,023	0.6	145	12,205	91.5	139,300	0.6	44
45-64	990,743	86,830,771	10,130	37.8	116,539	0.7	149	25,687	95.9	292,648	0.7	46
65-74	15,177	1,085,962	105	16.7	1,154	0.6	117	334	53.2	3,531	0.6	37
75-84	4,845	303,687	29	14.3	330	0.5	84	86	42.4	992	0.7	41
85 and older	2,751	160,305	21	14.0	241	0.5	68	49	32.7	545	0.6	38
<b>Other Eligibles</b>	1,672,862	110,134,268	15,269	23.0	162,689	0.6	104	36,539	54.9	392,634	0.7	42
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	44	4,591	0	0.0	0	0.0	0	1	16.7	12	1.5	125
15-20	65	4,740	1	9.1	12	1.0	191	0	0.0	0	0.0	0
21-44	15,449	1,352,020	299	30.0	3,175	0.4	88	741	74.4	7,520	0.5	38
45-64	5,169	448,043	58	23.5	590	0.5	84	209	84.6	2,247	0.5	39
65-74	638,075	44,383,062	4,107	18.5	45,653	0.7	125	11,930	53.9	132,754	0.7	41
75-84	615,245	39,623,316	5,344	22.7	57,108	0.7	106	12,551	53.4	135,506	0.7	43
85 and older	398,815	24,318,496	5,460	27.9	56,151	0.6	86	11,107	56.7	114,595	0.7	44
<b>Male</b>	1,634,010	160,961,022	23,812	36.4	266,515	0.8	173	35,133	53.6	387,593	0.6	42
<b>Disabled</b>	1,094,697	124,359,604	18,185	45.8	208,797	0.8	189	24,648	62.1	278,673	0.6	43
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	44	3,870	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,523	218,597	55	44.4	651	0.7	220	41	33.1	474	0.6	37
21-44	394,129	53,173,296	9,424	56.7	108,666	0.8	187	10,610	63.8	121,317	0.6	43
45-64	687,632	70,176,408	8,614	38.6	98,474	0.8	193	13,795	61.7	154,802	0.7	43
65-74	8,845	623,849	72	15.7	781	0.8	114	163	35.6	1,653	0.6	42
75-84	1,722	122,822	15	16.9	165	0.5	115	28	31.5	303	0.6	38
85 and older	802	40,762	5	12.2	60	0.3	28	11	26.8	124	0.5	30
<b>Other Eligibles</b>	539,313	36,601,418	5,627	21.8	57,718	0.7	112	10,485	40.6	108,920	0.7	40
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	61	19,209	0	0.0	0	0.0	0	2	40.0	24	0.3	6
15-20	102	24,894	3	37.5	36	1.3	476	2	25.0	24	0.5	13
21-44	9,957	921,321	99	17.2	1,007	0.5	119	347	60.1	3,694	0.5	34
45-64	6,078	502,433	35	10.7	341	0.5	91	163	49.7	1,682	0.6	43
65-74	274,637	19,392,332	2,165	17.8	23,283	0.7	136	4,305	35.3	46,750	0.7	39
75-84	178,949	11,562,032	2,143	24.7	21,739	0.7	100	3,630	41.8	37,026	0.7	41
85 and older	69,529	4,179,197	1,182	29.6	11,312	0.6	84	2,036	51.0	19,720	0.7	41
<b>Unknown</b>	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 Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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.medispain.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, MISSOURI, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>52,194</b>	<b>30.1 %</b>	<b>584,206</b>	<b>0.8</b>	<b>\$79</b>	<b>129,662</b>	<b>74.9 %</b>	<b>1,442,083</b>	<b>0.4</b>	<b>\$27</b>	<b>54,276</b>	<b>31.3 %</b>	<b>610,533</b>	<b>0.7</b>	<b>\$55</b>
<b>Female</b>	31,854	29.6	356,953	0.8	75	86,942	80.7	971,500	0.4	24	34,894	32.4	394,095	0.7	55
<b>Disabled</b>	19,379	47.0	221,320	0.8	88	42,262	102.6	483,230	0.4	28	13,700	33.2	156,884	0.6	51
	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	33.3	24	1.5	251	1	16.7	3	0.3	3	0	0.0	0	0.0	0
6-14	40	39.6	441	0.6	81	51	50.5	605	0.4	11	1	1.0	12	0.2	27
15-20	7,199	53.9	82,783	0.8	96	13,013	97.5	149,452	0.4	26	2,067	15.5	23,836	0.6	44
21-44	11,956	44.7	136,068	0.8	84	28,600	106.8	326,685	0.4	30	11,294	42.2	129,373	0.6	53
45-64	130	20.7	1,394	0.7	66	425	67.7	4,522	0.4	18	241	38.4	2,535	0.7	54
65-74	39	19.2	464	0.7	56	108	53.2	1,256	0.4	12	70	34.5	828	0.7	62
75-84	13	8.7	146	0.9	72	64	42.7	707	0.3	12	27	18.0	300	0.8	61
85 and older	12,475	18.8	135,633	0.7	53	44,680	67.2	488,270	0.4	20	21,194	31.9	237,211	0.7	57
<b>Other Eligibles</b>	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	3	50.0	36	0.1	2	0	0.0	0	0.0	0
6-14	2	18.2	24	0.3	35	4	36.4	33	0.2	2	1	9.1	12	0.5	24
15-20	350	35.1	3,606	0.6	73	1,020	102.4	10,807	0.4	19	97	9.7	1,030	0.4	34
21-44	81	32.8	864	0.5	60	237	96.0	2,593	0.4	26	50	20.2	510	0.5	44
45-64	4,686	21.2	52,463	0.7	60	16,562	74.8	185,541	0.4	20	10,035	45.3	113,206	0.7	57
65-74	4,589	19.5	49,968	0.8	50	15,528	66.0	171,256	0.5	20	8,102	34.5	90,824	0.7	58
75-84	2,767	14.1	28,708	0.8	42	11,326	57.8	118,004	0.5	22	2,909	14.8	31,629	0.7	54
85 and older															
<b>Male</b>	20,340	31.1	227,253	0.8	85	42,720	65.2	470,583	0.4	32	19,382	29.6	216,438	0.7	55
<b>Disabled</b>	15,591	39.3	177,166	0.8	93	29,269	73.7	328,570	0.4	37	11,801	29.7	133,574	0.7	53
	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	2	40.0	24	0.2	5	0	0.0	0	0.0	0
6-14	31	25.0	347	0.7	93	38	30.6	441	0.1	7	2	1.6	24	0.1	11
15-20	7,111	42.8	81,572	0.8	99	11,291	67.9	128,327	0.4	33	2,914	17.5	33,637	0.6	47
21-44	8,331	37.3	94,017	0.8	89	17,614	78.8	196,471	0.5	40	8,706	39.0	97,984	0.7	55
45-64	104	22.7	1,066	0.7	64	272	59.4	2,720	0.4	19	149	32.5	1,576	0.7	53
65-74	7	7.9	80	1.4	210	33	37.1	378	0.2	5	18	20.2	209	0.8	62
75-84	7	17.1	84	0.8	41	19	46.3	209	0.4	15	12	29.3	144	0.8	59
85 and older	4,749	18.4	50,087	0.8	58	13,451	52.1	142,013	0.4	21	7,581	29.4	82,864	0.7	57
<b>Other Eligibles</b>	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	4	80.0	48	0.3	7	0	0.0	0	0.0	0
6-14	1	12.5	4	1.0	25	3	37.5	36	0.1	1	0	0.0	0	0.0	0
15-20	193	33.4	1,989	0.5	68	572	99.1	6,125	0.5	47	99	17.2	1,101	0.5	40
21-44	84	25.6	822	0.6	76	276	84.1	2,882	0.5	39	109	33.2	1,073	0.5	44
45-64	2,396	19.7	26,280	0.8	63	6,671	54.7	72,345	0.4	22	4,393	36.0	48,668	0.7	58
65-74	1,486	17.1	15,316	0.8	53	4,097	47.2	42,765	0.4	16	2,431	28.0	26,361	0.7	56
75-84	589	14.7	5,676	0.8	46	1,828	45.8	17,812	0.4	16	549	13.7	5,661	0.7	54
85 and older															
<b>Unknown</b>	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 Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 Medicare & 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, MISSOURI, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					ANALGESICS - ANTI-INFLAMMATORY				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>64,089</b>	<b>37.0 %</b>	<b>706,176</b>	<b>0.7</b>	<b>\$46</b>	<b>76,073</b>	<b>43.9 %</b>	<b>846,265</b>	<b>0.5</b>	<b>\$36</b>	<b>64,674</b>	<b>37.3 %</b>	<b>733,740</b>	<b>0.4</b>	<b>\$39</b>
<b>Female</b>	43,105	40.0	477,608	0.7	45	50,811	47.2	569,026	0.5	35	44,648	41.4	507,386	0.5	42
<b>Disabled</b>	15,937	38.7	180,564	0.7	50	23,840	57.9	273,325	0.4	35	21,340	51.8	245,720	0.4	39
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	16.7	12	0.1	5	1	16.7	9	0.8	10	0	0.0	0	0.0	0
15-20	11	10.9	122	0.5	33	17	16.8	197	0.4	28	30	29.7	325	0.2	3
21-44	2,665	20.0	30,473	0.6	46	5,994	44.9	69,063	0.4	28	6,043	45.3	69,783	0.3	25
45-64	12,827	47.9	145,267	0.7	51	17,448	65.2	199,883	0.5	37	14,896	55.6	171,490	0.4	45
65-74	283	45.1	2,987	0.7	44	280	44.6	3,046	0.5	41	245	39.0	2,652	0.5	55
75-84	101	49.8	1,159	0.8	42	63	31.0	728	0.4	33	76	37.4	901	0.5	40
85 and older	49	32.7	544	0.7	35	37	24.7	399	0.6	43	50	33.3	569	0.5	39
<b>Other Eligibles</b>	27,168	40.8	297,044	0.7	41	26,971	40.5	295,701	0.5	36	23,308	35.0	261,666	0.5	45
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	2	33.3	24	0.1	5	0	0.0	0	0.0	0
15-20	2	18.2	24	0.2	17	6	54.5	56	0.1	9	2	18.2	16	0.3	2
21-44	108	10.8	1,108	0.5	41	377	37.9	3,720	0.3	20	437	43.9	4,583	0.3	22
45-64	72	29.1	716	0.6	51	91	36.8	938	0.4	36	120	48.6	1,293	0.3	26
65-74	11,709	52.9	130,399	0.7	45	11,489	51.9	128,856	0.5	40	9,464	42.7	107,891	0.5	44
75-84	10,230	43.5	112,331	0.7	40	9,118	38.8	100,539	0.5	36	8,229	35.0	93,099	0.5	46
85 and older	5,047	25.8	52,466	0.7	34	5,888	30.1	61,568	0.4	30	5,056	25.8	54,784	0.6	49
<b>Male</b>	20,984	32.0	228,568	0.7	48	25,262	38.6	277,239	0.5	38	20,026	30.6	226,354	0.4	32
<b>Disabled</b>	11,569	29.1	128,929	0.7	51	13,771	34.7	155,277	0.5	37	13,382	33.7	152,976	0.4	28
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	2	40.0	24	0.3	21	0	0.0	0	0.0	0
15-20	6	4.8	67	0.4	15	36	29.0	410	0.5	37	21	16.9	234	0.2	11
21-44	2,548	15.3	29,087	0.7	50	4,022	24.2	45,998	0.4	29	4,972	29.9	57,277	0.3	19
45-64	8,808	39.4	97,664	0.7	52	9,490	42.5	106,565	0.5	40	8,209	36.7	93,499	0.4	34
65-74	168	36.7	1,673	0.7	43	165	36.0	1,629	0.6	41	133	29.0	1,427	0.4	46
75-84	25	28.1	270	0.7	39	44	49.4	507	0.6	41	32	36.0	359	0.5	42
85 and older	14	34.1	168	0.7	37	12	29.3	144	0.4	27	15	36.6	180	0.4	31
<b>Other Eligibles</b>	9,415	36.5	99,639	0.7	43	11,491	44.5	121,962	0.5	39	6,644	25.8	73,378	0.5	40
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	20.0	12	0.2	4	2	40.0	24	0.2	56
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12.5	12	0.1	1
21-44	90	15.6	987	0.7	51	153	26.5	1,684	0.4	29	213	36.9	2,314	0.3	16
45-64	126	38.4	1,244	0.7	50	82	25.0	864	0.4	26	129	39.3	1,315	0.4	25
65-74	4,967	40.7	54,081	0.7	46	5,708	46.8	62,338	0.5	42	3,422	28.1	38,408	0.5	40
75-84	3,181	36.6	32,962	0.7	40	3,893	44.8	40,824	0.5	39	2,078	23.9	22,946	0.5	43
85 and older	1,051	26.3	10,365	0.7	34	1,654	41.4	16,240	0.5	33	799	20.0	8,359	0.5	43
<b>Unknown</b>	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 Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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.medispain.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, MISSOURI, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIVIRAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>83,300</b>	<b>48.1 %</b>	<b>916,689</b>	<b>0.7</b>	<b>\$24</b>	<b>8,835</b>	<b>5.1 %</b>	<b>99,730</b>	<b>0.5</b>	<b>\$215</b>	<b>173,213</b>	<b>1,802,346</b>
<b>Female</b>	55,459	51.5	612,151	0.7	25	3,875	3.6	43,858	0.3	98	107,726	1,130,774
<b>Disabled</b>	16,527	40.1	187,368	0.7	24	2,262	5.5	25,972	0.4	146	41,210	450,239
0	0	0.0	0	0.0	0	1	50.0	11	0.5	143	2	23
5 and younger	4	66.7	36	0.4	10	1	16.7	12	0.2	63	6	51
6-14	13	12.9	151	0.5	18	3	3.0	36	0.1	70	101	1,097
15-20	2,586	19.4	29,536	0.6	19	917	6.9	10,512	0.4	164	13,346	147,566
21-44	13,365	49.9	151,599	0.7	24	1,316	4.9	15,151	0.3	136	26,774	291,827
45-64	344	54.8	3,558	0.7	26	16	2.5	154	0.4	103	628	5,725
65-74	114	56.2	1,356	0.7	24	7	3.4	84	0.1	13	203	2,317
75-84	101	67.3	1,132	0.7	25	1	0.7	12	0.1	14	150	1,633
85 and older	38,932	58.5	424,783	0.7	26	1,613	2.4	17,886	0.2	28	66,516	680,535
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	4	66.7	48	0.2	11	2	33.3	24	0.3	100	6	56
6-14	3	27.3	15	1.1	20	1	9.1	12	0.3	3	11	84
15-20	135	13.6	1,264	0.5	15	59	5.9	634	0.3	70	996	8,977
21-44	86	34.8	880	0.6	21	15	6.1	169	0.4	289	247	2,192
45-64	13,973	63.1	155,645	0.7	26	557	2.5	6,289	0.2	45	22,149	231,584
65-74	14,820	63.0	163,105	0.7	26	511	2.2	5,636	0.1	13	23,514	244,679
75-84	9,911	50.6	103,826	0.8	25	468	2.4	5,122	0.1	10	19,593	192,963
85 and older	27,841	42.5	304,538	0.7	22	4,960	7.6	55,872	0.6	308	65,487	671,572
<b>Male</b>	14,846	37.4	165,888	0.7	22	4,483	11.3	50,648	0.7	333	39,692	423,971
<b>Disabled</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
5 and younger	5	100.0	60	0.4	10	3	60.0	36	0.2	73	5	54
6-14	31	25.0	344	0.5	9	4	3.2	48	0.1	9	124	1,372
15-20	3,821	23.0	43,570	0.6	20	2,396	14.4	27,194	0.7	335	16,633	182,482
21-44	10,687	47.8	118,748	0.7	23	2,071	9.3	23,274	0.7	332	22,341	234,603
45-64	229	50.0	2,310	0.7	22	5	1.1	48	0.3	171	458	3,993
65-74	50	56.2	582	0.7	24	3	3.4	36	0.1	4	89	1,012
75-84	23	56.1	274	0.8	17	1	2.4	12	0.1	6	41	443
85 and older	12,995	50.4	138,650	0.7	21	477	1.8	5,224	0.2	65	25,795	247,601
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	3	60.0	36	0.2	2	4	80.0	48	0.5	360	5	52
6-14	3	37.5	36	0.7	8	2	25.0	24	0.4	292	8	76
15-20	151	26.2	1,634	0.6	22	15	2.6	146	0.6	273	577	5,320
21-44	130	39.6	1,272	0.7	22	14	4.3	149	0.5	212	328	2,777
45-64	6,523	53.5	70,940	0.7	22	227	1.9	2,519	0.3	81	12,193	120,473
65-74	4,453	51.2	47,458	0.7	21	156	1.8	1,721	0.1	18	8,689	83,050
75-84	1,732	43.4	17,274	0.7	19	59	1.5	617	0.1	14	3,995	35,853
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Unknown</b>	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 Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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.medispn.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, MISSOURI, 2004

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$435</b>	<b>7.8</b>	<b>21,257</b>	<b>218,834</b>
<b>Age</b>				
0-64	648	8.9	2,193	24,631
65-74	539	8.8	2,738	29,063
75-84	448	8.2	6,854	70,138
85 and older	338	7.0	9,472	95,002
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	419	7.8	15,583	161,280
Male	479	7.8	5,674	57,554
Unknown	0	0.0	0	0
<b>Race</b>				
White	440	8	18,264	187,013
African American	413	6.8	2,530	27,062
Other/unknown	356	7	463	4,759
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	408	7.7	18,998	193,520
Disabled	644	8.9	2,259	25,314
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 13,281 beneficiaries who were in nursing facilities for part of their enrollment and their 127,610 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 because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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.

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	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			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$21	\$14	\$2	\$5	\$56	\$99	\$93	\$23	59,942	\$3,330,264	14,888	70.0 %	160,199
Biologicals	0.1	0.0	0.0	0.0	12	1	0	11	120	16	28	237	877	104,805	791	3.7	9,058
Antineoplastic Agents	0.6	0.1	0.0	0.5	65	26	1	38	112	436	133	74	8,085	909,293	1,357	6.4	13,901
Endocrine/Metabolic Drugs	1.2	0.5	0.2	0.5	53	40	4	8	43	78	22	16	143,893	6,199,356	11,093	52.2	117,525
Cardiovascular Agents	2.2	0.5	0.1	1.6	61	32	3	26	28	65	28	17	381,315	10,734,069	16,672	78.4	174,566
Respiratory Agents	0.7	0.4	0.0	0.3	41	36	1	5	55	84	34	17	74,258	4,117,421	9,236	43.4	99,262
Gastrointestinal Agents	1.0	0.2	0.1	0.7	35	21	3	11	36	138	39	15	119,177	4,273,331	11,357	53.4	122,571
Genitourinary Agents	0.7	0.5	0.0	0.2	50	43	2	6	73	87	60	33	41,005	2,972,883	5,483	25.8	59,207
CNS Drugs	1.8	0.9	0.1	0.8	158	126	10	22	89	141	76	30	312,207	27,904,000	16,654	78.3	176,093
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.1	0.4	41	30	3	9	63	175	34	22	166	10,471	24	0.1	254
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	141	141	0	0	141	141	0	33	61,558	8,672,956	5,795	27.3	61,354
Analgesics and Anesthetics	1.1	0.5	0.0	0.6	61	52	1	9	57	114	64	15	134,459	7,711,730	11,862	55.8	125,405
Neuromuscular Agents	1.4	0.4	0.3	0.7	93	45	23	26	68	118	82	36	115,034	7,799,294	7,758	36.5	83,787
Nutritional Products	0.8	0.0	0.0	0.8	15	0	1	14	19	26	19	19	77,311	1,449,651	9,021	42.4	95,256
Hematological Agents	1.2	0.3	0.2	0.7	66	51	5	9	57	149	31	14	92,442	5,242,232	7,578	35.6	79,974
Topical Products	0.5	0.2	0.0	0.3	24	15	2	6	44	69	54	23	76,808	3,367,259	12,901	60.7	140,628
Miscellaneous Products	0.3	0.1	0.0	0.2	13	7	1	5	47	79	175	29	4,275	201,511	1,452	6.8	15,572
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	10	0	0	0	23	0	0	0	7,574	173,312	1,628	7.7	17,698
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.	1,710,386	95,173,838	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 13,281 beneficiaries who were in nursing facilities for part of their enrollment and their 127,610 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.medspan.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 Missouri, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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, MISSOURI, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$16,853,132	11,342	53.4 %	123,487	0.8	\$172	\$136
ANTIDEPRESSANTS	9,761,123	17,326	81.5	186,215	0.8	63	52
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	8,672,956	7,019	33.0	74,795	0.8	141	116
ANTICONVULSANT	5,817,413	7,212	33.9	79,117	1.0	73	74
ANALGESICS - Narcotic	4,123,328	12,182	57.3	128,844	0.7	48	32
ANTIDIABETIC	3,664,956	8,386	39.5	89,881	0.9	48	41
MISC. HEMATOLOGICAL	3,007,175	3,107	14.6	33,819	0.8	109	89
ULCER DRUGS	2,966,057	10,267	48.3	111,245	0.8	35	27
ANALGESICS - ANTI-INFLAMMATORY	2,965,814	5,223	24.6	57,515	0.6	80	52
ANTIASTHMATIC	2,939,720	8,496	40.0	90,873	0.5	63	32
Total	60,771,674	90,560		975,791	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 13,281 beneficiaries who were in nursing facilities for part of their enrollment and their 127,610 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.



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, MISSOURI, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	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 \$
<b>All</b>	<b>754,125</b>	<b>\$60,771,674</b>	<b>11,342</b>	<b>53.4 %</b>	<b>123,487</b>	<b>0.8</b>	<b>\$137</b>	<b>17,326</b>	<b>81.5 %</b>	<b>186,215</b>	<b>0.8</b>	<b>\$52</b>
<b>Female</b>	546,593	42,926,909	7,864	50.5	85,616	0.8	128	12,831	82.3	138,129	0.8	52
<b>Disabled</b>	55,757	5,450,676	905	83.3	10,386	1.0	201	1,038	95.5	11,792	0.9	56
64 or younger	54,095	5,313,853	881	84.5	10,119	1.0	203	998	95.7	11,336	0.9	57
65-74	904	85,610	15	93.8	168	1.0	200	25	156.3	294	0.7	41
75-84	414	29,263	7	53.8	75	0.6	94	6	46.2	72	0.9	58
85 and older	344	21,950	2	13.3	24	0.5	40	9	60.0	90	0.6	34
<b>Other Eligibles</b>	490,836	37,476,233	6,959	48.0	75,230	0.7	118	11,793	81.4	126,337	0.8	52
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	75,090	6,317,604	1,127	72.7	12,699	0.8	165	1,553	100.2	17,263	0.9	56
75-84	195,308	15,120,738	2,678	53.5	29,086	0.8	124	4,416	88.3	47,605	0.8	53
85 and older	220,438	16,037,891	3,154	39.7	33,445	0.7	95	5,824	73.3	61,469	0.8	50
<b>Male</b>	207,532	17,844,765	3,478	61.3	37,871	0.8	156	4,495	79.2	48,086	0.8	53
<b>Disabled</b>	57,341	5,874,306	1,044	89.1	12,199	1.0	218	1,063	90.7	12,236	0.9	58
64 or younger	56,673	5,812,083	1,031	89.7	12,043	1.0	218	1,049	91.2	12,081	0.9	58
65-74	429	43,383	8	57.1	96	1.1	208	8	57.1	83	0.8	63
75-84	151	14,262	5	83.3	60	0.5	128	6	100.0	72	0.6	48
85 and older	88	4,578	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	150,191	11,970,459	2,434	54.1	25,672	0.8	127	3,432	76.2	35,850	0.8	51
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	47,777	4,099,367	767	66.2	8,407	0.9	156	954	82.4	10,407	0.8	54
75-84	61,864	4,877,367	1,025	55.9	10,841	0.8	122	1,423	77.6	14,855	0.8	52
85 and older	40,550	2,993,725	642	42.5	6,424	0.7	95	1,055	69.8	10,588	0.8	47
<b>Unknown</b>	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 Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 13,281 beneficiaries who were in nursing facilities for part of their enrollment and their 127,610 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).

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.

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, MISSOURI, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT					ANALGESICS - Narcotic				
	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 \$
<b>All</b>	<b>7,019</b>	<b>33.0 %</b>	<b>74,795</b>	<b>0.8</b>	<b>\$116</b>	<b>7,212</b>	<b>33.9 %</b>	<b>79,117</b>	<b>1.0</b>	<b>\$74</b>	<b>12,182</b>	<b>57.3 %</b>	<b>128,844</b>	<b>0.7</b>	<b>\$32</b>
<b>Female</b>	5,296	34.0	56,851	0.8	116	4,724	30.3	51,683	1.0	68	9,449	60.6	100,243	0.7	34
<b>Disabled</b>	158	14.5	1,783	0.8	252	903	83.1	10,307	1.2	105	718	66.1	7,963	0.7	34
64 or younger	146	14.0	1,639	0.8	264	887	85.0	10,123	1.2	105	693	66.4	7,691	0.7	35
65-74	3	18.8	36	0.9	125	9	56.3	100	1.1	107	13	81.3	146	0.7	52
75-84	4	30.8	48	0.8	106	4	30.8	48	1.0	20	6	46.2	63	0.3	4
85 and older	5	33.3	60	0.8	113	3	20.0	36	0.9	72	6	40.0	63	0.5	7
<b>Other Eligibles</b>	5,138	35.4	55,068	0.8	112	3,821	26.4	41,376	0.9	58	8,731	60.2	92,280	0.7	34
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	464	29.9	5,187	0.8	116	846	54.6	9,450	1.0	73	1,058	68.3	11,562	0.8	38
75-84	2,123	42.4	22,825	0.8	111	1,667	33.3	18,274	0.9	60	3,148	62.9	33,814	0.7	36
85 and older	2,551	32.1	27,056	0.8	111	1,308	16.5	13,652	0.9	46	4,525	57.0	46,904	0.6	31
<b>Male</b>	1,723	30.4	17,944	0.8	116	2,488	43.8	27,434	1.1	85	2,733	48.2	28,601	0.6	26
<b>Disabled</b>	123	10.5	1,406	0.8	183	996	85.0	11,571	1.2	105	578	49.3	6,604	0.6	27
64 or younger	120	10.4	1,378	0.8	185	991	86.2	11,524	1.2	105	568	49.4	6,503	0.6	27
65-74	2	14.3	16	0.5	60	5	35.7	47	1.3	57	7	50.0	76	0.7	54
75-84	1	16.7	12	1.0	142	0	0.0	0	0.0	0	1	16.7	12	0.1	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	13	0.2	4
<b>Other Eligibles</b>	1,600	35.5	16,538	0.8	110	1,492	33.1	15,863	1.0	70	2,155	47.9	21,997	0.6	25
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	304	26.3	3,268	0.8	117	616	53.2	6,871	1.1	83	556	48.0	6,081	0.6	32
75-84	717	39.1	7,470	0.8	109	576	31.4	6,034	0.9	63	875	47.7	8,895	0.6	24
85 and older	579	38.3	5,800	0.8	106	300	19.9	2,958	0.9	54	724	47.9	7,021	0.5	22
<b>Unknown</b>	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 Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 13,281 beneficiaries who were in nursing facilities for part of their enrollment and their 127,610 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

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, MISSOURI, 2004

Beneficiary Characteristics	ANTIDIABETIC					MISC. HEMATOLOGICAL					ULCER DRUGS				
	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 \$
<b>All</b>	<b>8,386</b>	<b>39.5 %</b>	<b>89,881</b>	<b>0.9</b>	<b>\$41</b>	<b>3,107</b>	<b>14.6 %</b>	<b>33,819</b>	<b>0.8</b>	<b>\$89</b>	<b>10,267</b>	<b>48.3 %</b>	<b>111,245</b>	<b>0.8</b>	<b>\$27</b>
<b>Female</b>	5,969	38.3	64,177	0.9	41	2,243	14.4	24,405	0.8	89	7,541	48.4	81,773	0.8	27
<b>Disabled</b>	525	48.3	5,818	0.9	46	74	6.8	812	0.8	95	553	50.9	6,269	0.8	30
64 or younger	496	47.6	5,520	0.9	47	65	6.2	710	0.9	96	526	50.4	5,975	0.8	30
65-74	10	62.5	106	0.5	14	5	31.3	54	0.8	101	13	81.3	144	0.6	10
75-84	11	84.6	105	0.7	38	1	7.7	12	1.0	125	9	69.2	90	0.9	40
85 and older	8	53.3	87	0.9	29	3	20.0	36	0.4	46	5	33.3	60	0.7	34
<b>Other Eligibles</b>	5,444	37.6	58,359	0.8	40	2,169	15.0	23,593	0.8	89	6,988	48.2	75,504	0.8	26
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	951	61.4	10,514	0.9	46	230	14.8	2,580	0.8	90	857	55.3	9,619	0.8	27
75-84	2,409	48.2	26,061	0.9	41	821	16.4	8,963	0.8	90	2,488	49.7	27,117	0.8	26
85 and older	2,084	26.2	21,784	0.8	36	1,118	14.1	12,050	0.8	88	3,643	45.9	38,768	0.8	26
<b>Male</b>	2,417	42.6	25,704	0.9	42	864	15.2	9,414	0.8	89	2,726	48.0	29,472	0.8	27
<b>Disabled</b>	508	43.3	5,802	0.9	47	112	9.6	1,285	0.8	91	586	50.0	6,770	0.8	28
64 or younger	499	43.4	5,702	0.9	47	110	9.6	1,261	0.8	91	572	49.7	6,623	0.8	29
65-74	3	21.4	28	0.7	22	2	14.3	24	1.0	123	6	42.9	72	0.8	46
75-84	2	33.3	24	0.8	20	0	0.0	0	0.0	0	5	83.3	50	0.7	7
85 and older	4	200.0	48	0.8	45	0	0.0	0	0.0	0	3	150.0	25	0.6	6
<b>Other Eligibles</b>	1,909	42.4	19,902	0.8	40	752	16.7	8,129	0.8	88	2,140	47.5	22,702	0.8	26
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	607	52.4	6,727	0.8	42	220	19.0	2,466	0.8	89	603	52.1	6,769	0.7	27
75-84	835	45.6	8,585	0.8	40	275	15.0	3,016	0.8	85	858	46.8	9,067	0.8	26
85 and older	467	30.9	4,590	0.8	36	257	17.0	2,647	0.8	91	679	44.9	6,866	0.8	27
<b>Unknown</b>	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 Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 13,281 beneficiaries who were in nursing facilities for part of their enrollment and their 127,610 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

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, MISSOURI, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIASTHMATIC					Benefit Months	
	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-Year Nursing Facility Residents	Among All-Year Nursing Facility Residents
<b>All</b>	<b>5,223</b>	<b>24.6 %</b>	<b>57,515</b>	<b>0.6</b>	<b>\$52</b>	<b>8,496</b>	<b>40.0 %</b>	<b>90,873</b>	<b>0.5</b>	<b>\$32</b>	<b>21,257</b>	<b>218,834</b>
<b>Female</b>	3,991	25.6	43,999	0.7	53	5,932	38.1	63,861	0.5	31	15,583	161,280
<b>Disabled</b>	319	29.3	3,707	0.6	42	498	45.8	5,547	0.6	37	1,087	12,075
64 or younger	303	29.1	3,515	0.6	43	483	46.3	5,393	0.6	37	1,043	11,600
65-74	10	62.5	120	0.5	35	7	43.8	76	0.7	61	16	176
75-84	4	30.8	48	0.5	35	4	30.8	39	0.3	25	13	138
85 and older	2	13.3	24	0.7	59	4	26.7	39	0.2	14	15	161
<b>Other Eligibles</b>	3,672	25.3	40,292	0.7	54	5,434	37.5	58,314	0.5	31	14,496	149,205
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	450	29.0	5,111	0.6	50	711	45.9	7,623	0.6	40	1,550	16,565
75-84	1,413	28.2	15,611	0.7	55	1,969	39.4	21,496	0.5	33	5,002	51,995
85 and older	1,809	22.8	19,570	0.7	55	2,754	34.7	29,195	0.4	26	7,944	80,645
<b>Male</b>	1,232	21.7	13,516	0.6	46	2,564	45.2	27,012	0.6	35	5,674	57,554
<b>Disabled</b>	275	23.5	3,173	0.5	31	460	39.2	5,324	0.5	36	1,172	13,239
64 or younger	270	23.5	3,113	0.6	31	450	39.1	5,209	0.5	36	1,150	13,031
65-74	3	21.4	36	0.6	64	5	35.7	55	0.3	24	14	133
75-84	1	16.7	12	0.2	4	1	16.7	12	0.5	45	6	62
85 and older	1	50.0	12	0.1	2	4	200.0	48	0.6	46	2	13
<b>Other Eligibles</b>	957	21.3	10,343	0.6	51	2,104	46.7	21,688	0.6	35	4,502	44,315
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	271	23.4	3,087	0.7	52	532	45.9	5,906	0.6	39	1,158	12,189
75-84	378	20.6	4,041	0.6	52	885	48.3	9,026	0.6	37	1,833	17,943
85 and older	308	20.4	3,215	0.6	49	687	45.5	6,756	0.5	30	1,511	14,183
<b>Unknown</b>	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 Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 13,281 beneficiaries who were in nursing facilities for part of their enrollment and their 127,610 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

TABLE D.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
MISSOURI, 2004

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>112,209</b>	<b>64.8 %</b>	<b>7.2</b>	<b>1,254,237</b>	<b>\$126</b>	<b>\$21,744,495</b>	<b>\$17</b>	<b>3.3 %</b>	<b>173,213</b>
<b>Age</b>									
5 and younger	3	100.0	15.7	47	625	1,874	40	13.9	3
6-14	19	86.4	12.9	283	310	6,810	24	2.3	22
15-20	115	47.1	3.5	850	67	16,410	19	2.1	244
21-44	18,347	58.1	6.0	188,067	111	3,506,549	19	2.6	31,552
45-64	33,839	68.1	8.4	419,382	153	7,616,644	18	3.2	49,690
65-74	21,924	61.9	6.9	245,638	123	4,355,419	18	3.8	35,428
75-84	21,461	66.0	7.2	233,408	113	3,674,449	16	3.6	32,495
85 and older	16,501	69.4	7.0	166,562	108	2,566,340	15	3.9	23,779
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	58,896	65.4	7.1	635,025	116	10,435,376	16	3.8	90,046
Disabled	52,155	64.5	7.6	611,025	138	11,167,731	18	3.0	80,902
Adults	1,122	50.7	3.5	7,827	61	134,932	17	2.7	2,215
Children	22	73.3	6.7	201	154	4,631	23	1.7	30
Unknown	14	70.0	8.0	159	91	1,825	11	1.6	20
<b>Gender</b>									
Female	74,745	69.4	8.0	856,907	139	14,955,551	17	3.6	107,726
Male	37,464	57.2	6.1	397,330	104	6,788,944	17	2.8	65,487
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	91,422	66.5	7.7	1,052,227	135	18,586,118	18	3.4	137,433
African American	17,737	58.2	5.7	174,967	90	2,737,146	16	3.1	30,493
Other/unknown	3,050	57.7	5.1	27,043	80	421,231	16	2.8	5,287
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	16,130	75.9	8.3	175,381	142	3,017,603	17	3.2	21,257
Part year	10,610	79.9	8.0	106,353	137	1,815,385	17	3.6	13,281
None	85,469	61.6	7.0	972,503	122	16,911,507	17	3.3	138,675
<b>Maintenance Assistance Status</b>									
Cash	29,305	66.5	8.5	375,611	135	5,968,499	16	3.4	44,056
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	836	37.6	2.2	4,788	37	81,599	17	2.8	2,225
Other/unknown	82,068	64.7	6.9	873,838	124	15,694,397	18	3.3	126,932

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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>  
MISSOURI, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.7</b>	<b>\$12</b>	<b>\$17</b>	<b>\$0</b>	<b>\$3</b>	<b>1,802,346</b>
<b>Age</b>						
5 and younger	1.3	54	40	0	0	35
6-14	1.3	32	24	0	0	213
15-20	0.3	6	19	0	1	2,629
21-44	0.5	10	19	0	4	344,345
45-64	0.8	14	18	0	4	531,399
65-74	0.7	12	18	0	3	361,775
75-84	0.7	11	16	0	2	331,058
85 and older	0.7	11	15	0	2	230,892
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.7	11	16	0	2	907,858
Disabled	0.7	13	18	0	4	874,210
Adults	0.4	7	17	0	3	19,806
Children	0.7	16	23	0	0	284
Unknown	0.8	10	11	0	5	188
<b>Gender</b>						
Female	0.8	13	17	0	3	1,130,774
Male	0.6	10	17	0	3	671,572
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.7	13	18	0	4	1,426,650
African American	0.5	9	16	0	1	321,553
Other/unknown	0.5	8	16	0	2	54,143
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.8	14	17	0	3	218,834
Part year	0.8	14	17	0	3	127,610
None	0.7	12	17	0	3	1,455,902
<b>Maintenance Assistance Status</b>						
Cash	0.7	12	16	0	3	501,061
Medically needy	0.0	0	0	0	0	0
Poverty related	0.3	5	17	0	2	16,535
Other/unknown	0.7	12	18	0	3	1,284,750

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 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.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
MISSOURI, 2004

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
<b>All</b>	<b>196,745</b>	<b>\$111</b>	<b>\$21,744,495</b>	<b>100.0 %</b>	<b>1,254,237</b>	<b>\$17</b>	<b>100.0 %</b>
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	82	23	1,914	0.0	136	14	0.0
Cough and cold medications	34,390	84	2,878,352	13.2	105,993	27	8.5
Vitamins and minerals	40,653	140	5,676,895	26.1	291,940	19	23.3
Non-prescription drugs	65,836	82	5,395,210	24.8	440,879	12	35.2
Barbiturates	1,540	106	163,939	0.8	16,702	10	1.3
Benzodiazepines	48,657	119	5,790,466	26.6	375,276	15	29.9
Other Part D Excl Rx Drugs	5,587	329	1,837,719	8.5	23,311	79	1.9

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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.

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.

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

Total Number of Dual Eligible Beneficiaries	173,213
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$656,305,096
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,789

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	17,471	10.1 %	\$0	0.0 %
1-500	23,418	13.5	4,977,276	0.8
501-1,000	14,792	8.5	10,960,076	1.7
1,001-1,500	12,668	7.3	15,754,721	2.4
1,501-2,000	10,973	6.3	19,176,577	2.9
2,001-2,500	10,073	5.8	22,631,444	3.4
2,501-3,000	9,110	5.3	25,003,097	3.8
3,001-3,500	8,287	4.8	26,916,671	4.1
3,501-4,000	7,440	4.3	27,859,711	4.2
4,001-4,500	6,798	3.9	28,852,396	4.4
4,501-5,000	6,077	3.5	28,828,827	4.4
5,001-5,500	5,339	3.1	28,031,401	4.3
5,501-6,000	4,817	2.8	27,666,111	4.2
6,001-6,500	4,166	2.4	26,018,542	4.0
6,501-7,000	3,790	2.2	25,543,821	3.9
7,001-7,500	3,184	1.8	23,070,364	3.5
7,501-8,000	2,786	1.6	21,582,750	3.3
8,001-8,500	2,548	1.5	21,000,123	3.2
8,501-9,000	2,071	1.2	18,119,693	2.8
9,001-9,500	1,855	1.1	17,148,983	2.6
9,501-10,000	1,619	0.9	15,774,474	2.4
10,001+	13,931	8.0	221,388,038	33.7

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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>  
 MISSOURI, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	79,333
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$370,203,680
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$4,667

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,746	9.8 %	0	0.0 %
1-500	11,179	14.1	2,263,980	0.6
501-1,000	6,115	7.7	4,512,411	1.2
1,001-1,500	5,004	6.3	6,232,990	1.7
1,501-2,000	4,261	5.4	7,437,395	2.0
2,001-2,500	3,743	4.7	8,420,504	2.3
2,501-3,000	3,422	4.3	9,392,227	2.5
3,001-3,500	3,234	4.1	10,508,509	2.8
3,501-4,000	2,953	3.7	11,061,047	3.0
4,001-4,500	2,758	3.5	11,711,951	3.2
4,501-5,000	2,523	3.2	11,964,401	3.2
5,001-5,500	2,364	3.0	12,422,138	3.4
5,501-6,000	2,147	2.7	12,338,308	3.3
6,001-6,500	1,902	2.4	11,879,706	3.2
6,501-7,000	1,857	2.3	12,523,515	3.4
7,001-7,500	1,557	2.0	11,286,468	3.0
7,501-8,000	1,436	1.8	11,127,161	3.0
8,001-8,500	1,440	1.8	11,868,131	3.2
8,501-9,000	1,194	1.5	10,454,735	2.8
9,001-9,500	1,090	1.4	10,076,981	2.7
9,501-10,000	962	1.2	9,378,798	2.5
10,001+	10,446	13.2	173,342,324	46.8

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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.

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>  
 MISSOURI, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	91,702
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$280,915,238
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$3,063

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,369	10.2 %	0	0.0 %
1-500	11,646	12.7	2,593,529	0.9
501-1,000	8,421	9.2	6,256,493	2.2
1,001-1,500	7,520	8.2	9,343,881	3.3
1,501-2,000	6,596	7.2	11,537,351	4.1
2,001-2,500	6,230	6.8	13,987,208	5.0
2,501-3,000	5,598	6.1	15,364,390	5.5
3,001-3,500	4,997	5.4	16,227,084	5.8
3,501-4,000	4,434	4.8	16,602,579	5.9
4,001-4,500	3,988	4.3	16,921,022	6.0
4,501-5,000	3,512	3.8	16,664,764	5.9
5,001-5,500	2,946	3.2	15,456,678	5.5
5,501-6,000	2,635	2.9	15,127,512	5.4
6,001-6,500	2,237	2.4	13,971,077	5.0
6,501-7,000	1,915	2.1	12,898,310	4.6
7,001-7,500	1,604	1.7	11,618,152	4.1
7,501-8,000	1,323	1.4	10,246,282	3.6
8,001-8,500	1,090	1.2	8,983,616	3.2
8,501-9,000	858	0.9	7,498,922	2.7
9,001-9,500	754	0.8	6,971,338	2.5
9,501-10,000	651	0.7	6,337,448	2.3
10,001+	3,378	3.7	46,307,602	16.5

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 <sup>a, b</sup>  
 MISSOURI, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	35,428
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$114,047,253
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$3,219

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,569	12.9 %	0	0.0 %
1-500	4,813	13.6	1,028,188	0.9
501-1,000	3,037	8.6	2,256,040	2.0
1,001-1,500	2,583	7.3	3,199,260	2.8
1,501-2,000	2,258	6.4	3,947,093	3.5
2,001-2,500	2,101	5.9	4,715,218	4.1
2,501-3,000	1,948	5.5	5,342,521	4.7
3,001-3,500	1,732	4.9	5,618,687	4.9
3,501-4,000	1,539	4.3	5,765,420	5.1
4,001-4,500	1,448	4.1	6,147,961	5.4
4,501-5,000	1,241	3.5	5,890,684	5.2
5,001-5,500	1,072	3.0	5,627,859	4.9
5,501-6,000	995	2.8	5,711,545	5.0
6,001-6,500	853	2.4	5,325,271	4.7
6,501-7,000	735	2.1	4,955,086	4.3
7,001-7,500	618	1.7	4,471,057	3.9
7,501-8,000	538	1.5	4,164,860	3.7
8,001-8,500	451	1.3	3,718,271	3.3
8,501-9,000	361	1.0	3,156,169	2.8
9,001-9,500	366	1.0	3,386,576	3.0
9,501-10,000	304	0.9	2,959,471	2.6
10,001+	1,866	5.3	26,660,016	23.4

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 MISSOURI, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	32,495
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$101,765,134
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$3,132

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,142	9.7 %	0	0.0 %
1-500	3,760	11.6	848,971	0.8
501-1,000	2,856	8.8	2,118,410	2.1
1,001-1,500	2,619	8.1	3,248,388	3.2
1,501-2,000	2,335	7.2	4,081,509	4.0
2,001-2,500	2,236	6.9	5,015,338	4.9
2,501-3,000	2,029	6.2	5,583,701	5.5
3,001-3,500	1,834	5.6	5,963,177	5.9
3,501-4,000	1,662	5.1	6,220,967	6.1
4,001-4,500	1,455	4.5	6,174,329	6.1
4,501-5,000	1,322	4.1	6,270,846	6.2
5,001-5,500	1,113	3.4	5,839,427	5.7
5,501-6,000	1,026	3.2	5,895,379	5.8
6,001-6,500	855	2.6	5,341,269	5.2
6,501-7,000	757	2.3	5,095,414	5.0
7,001-7,500	628	1.9	4,554,616	4.5
7,501-8,000	501	1.5	3,883,056	3.8
8,001-8,500	423	1.3	3,485,630	3.4
8,501-9,000	343	1.1	2,998,874	2.9
9,001-9,500	266	0.8	2,456,872	2.4
9,501-10,000	239	0.7	2,325,475	2.3
10,001+	1,094	3.4	14,363,486	14.1

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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

Total Number of Dual Eligible Beneficiaries, Age 85+	23,779
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$65,102,851
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,738

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,658	7.0 %	0	0.0 %
1-500	3,073	12.9	716,370	1.1
501-1,000	2,528	10.6	1,882,043	2.9
1,001-1,500	2,318	9.7	2,896,233	4.4
1,501-2,000	2,003	8.4	3,508,749	5.4
2,001-2,500	1,893	8.0	4,256,652	6.5
2,501-3,000	1,621	6.8	4,438,168	6.8
3,001-3,500	1,431	6.0	4,645,220	7.1
3,501-4,000	1,233	5.2	4,616,192	7.1
4,001-4,500	1,085	4.6	4,598,732	7.1
4,501-5,000	949	4.0	4,503,234	6.9
5,001-5,500	761	3.2	3,989,392	6.1
5,501-6,000	614	2.6	3,520,588	5.4
6,001-6,500	529	2.2	3,304,537	5.1
6,501-7,000	423	1.8	2,847,810	4.4
7,001-7,500	358	1.5	2,592,479	4.0
7,501-8,000	284	1.2	2,198,366	3.4
8,001-8,500	216	0.9	1,779,715	2.7
8,501-9,000	154	0.6	1,343,879	2.1
9,001-9,500	122	0.5	1,127,890	1.7
9,501-10,000	108	0.5	1,052,502	1.6
10,001+	418	1.8	5,284,100	8.1

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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.

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, MISSOURI, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>173,835</b>	<b>90,047</b>	<b>80,933</b>	<b>2,793</b>	<b>42</b>	<b>20</b>	<b>1,813,187</b>	<b>907,871</b>	<b>876,567</b>	<b>28,132</b>	<b>429</b>	<b>188</b>
<b>Age</b>												
5 and younger	5	0	3	0	2	0	60	0	36	0	24	0
6-14	22	0	11	0	11	0	258	0	126	0	132	0
15-20	257	0	226	9	22	0	2,848	0	2,531	97	220	0
21-44	31,981	0	30,005	1,970	6	0	352,028	0	331,780	20,207	41	0
45-64	49,857	0	49,119	729	0	9	534,107	0	526,971	7,037	0	99
65-74	35,439	34,264	1,086	78	0	11	361,936	351,401	9,718	728	0	89
75-84	32,495	32,196	292	7	0	0	331,058	327,666	3,329	63	0	0
85 and older	23,779	23,587	191	0	1	0	230,892	228,804	2,076	0	12	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	108,139	65,223	41,237	1,640	19	20	1,138,246	668,940	452,104	16,803	211	188
Male	65,696	24,824	39,696	1,153	23	0	674,941	238,931	424,463	11,329	218	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	137,803	72,067	63,686	2,006	29	15	1,433,182	722,496	690,155	20,100	294	137
African American	30,712	14,723	15,299	672	13	5	325,307	152,416	165,793	6,912	135	51
Other/unknown	5,320	3,257	1,948	115	0	0	54,698	32,959	20,619	1,120	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	21,257	18,998	2,259	0	0	0	218,834	193,520	25,314	0	0	0
Part year	13,281	11,327	1,949	4	1	0	127,627	106,808	20,768	39	12	0
None	139,297	59,722	76,725	2,789	41	20	1,466,726	607,543	830,485	28,093	417	188
<b>Maintenance Assistance Status</b>												
Cash	44,643	17,828	24,131	2,669	15	0	509,998	204,572	278,198	27,066	162	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	2,227	852	1,290	60	5	20	16,592	6,333	9,575	441	55	188
Other/unknown	126,965	71,367	55,512	64	22	0	1,286,597	696,966	588,794	625	212	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	168,328	87,465	78,030	2,771	42	20	1,759,797	882,270	849,023	27,887	429	188
Full dual, part year	5,507	2,582	2,903	22	0	0	53,390	25,601	27,544	245	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	172,417	90,043	80,497	1,832	25	20	1,798,090	907,835	871,636	18,173	258	188
FFS part year, with Rx claims	649	3	360	281	5	0	7,281	35	4,128	3,065	53	0
FFS part year, no Rx claims	147	0	45	102	0	0	1,400	0	444	956	0	0
MC all year, with Rx claims	56	0	17	35	4	0	640	0	195	397	48	0
MC all year, no Rx claims	566	1	14	543	8	0	5,776	1	164	5,541	70	0



Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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, MISSOURI, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>173,835</b>	<b>1,813,187</b>	<b>173,213</b>	<b>1,802,346</b>	<b>0</b>	<b>10,841</b>
Fee-for-service (FFS) all year	172,417	1,798,090	172,417	1,798,090	0	0
FFS part year, with Rx claims	649	7,281	649	3,752	0	3,529
FFS part year, with no Rx claims	147	1,400	147	504	0	896
Managed care (MC) all year, with Rx claims	56	640	0	0	0	640
MC all year, with no Rx claims	566	5,776	0	0	0	5,776

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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

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.