

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

NATIONAL TABLES

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

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

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

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

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

NATIONAL COMPARISON TABLE N.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE, DUAL ELIGIBLE BENEFICIARIES

NATIONAL COMPARISON TABLE N.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE, DUAL ELIGIBLE BENEFICIARIES

NATIONAL COMPARISON TABLE N.7. TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE, DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. MANAGED CARE PENETRATION RATES, ALL STATES COMBINED AND BY STATE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.4. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

APPENDIX TABLE A.5. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

APPENDIX TABLE A.6. MANAGED CARE PENETRATION RATES, ALL STATES COMBINED AND BY STATE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	6,915,521	3,869,606	2,956,878	86,977	1,109	951	72,894,339	39,945,896	32,210,387	719,362	9,372	9,322
Age												
5 and younger	319	1	261	0	57	0	3,104	12	2,623	0	469	0
6-14	831	2	667	0	162	0	8,795	16	7,233	0	1,546	0
15-20	10,115	0	9,376	154	585	0	104,791	0	98,244	1,188	5,359	0
21-44	1,002,493	161	955,575	46,455	228	74	10,760,984	1,634	10,373,618	383,537	1,516	679
45-64	1,480,545	1,778	1,443,318	34,902	50	497	15,907,151	18,131	15,588,197	295,473	298	5,052
65-74	1,738,478	1,343,234	390,044	4,804	19	377	18,500,279	14,078,621	4,383,460	34,508	126	3,564
75-84	1,618,903	1,493,733	124,575	591	1	3	17,087,842	15,681,884	1,401,687	4,232	12	27
85 and older	1,063,819	1,030,683	33,061	71	4	0	10,521,272	10,165,498	355,313	424	37	0
Unknown	18	14	1	0	3	0	121	100	12	0	9	0
Gender												
Female	4,403,109	2,762,165	1,590,399	49,079	515	951	46,668,764	28,772,919	17,472,080	410,108	4,335	9,322
Male	2,512,367	1,107,439	1,366,438	37,896	594	0	26,225,174	11,172,968	14,737,920	309,249	5,037	0
Unknown	45	2	41	2	0	0	401	9	387	5	0	0
Race												
White	4,076,913	2,271,139	1,753,571	51,048	606	549	42,440,439	22,904,231	19,089,637	436,072	5,308	5,191
African American	1,254,797	599,855	634,796	19,664	286	196	13,386,849	6,327,174	6,895,020	160,444	2,288	1,923
Other/unknown	1,583,811	998,612	568,511	16,265	217	206	17,067,051	10,714,491	6,225,730	122,846	1,776	2,208
Use of Nursing Facilities^c												
Entire year	813,550	716,251	97,175	118	5	1	8,281,703	7,203,979	1,076,455	1,208	60	1
Part year	460,127	382,386	77,392	343	3	3	4,358,442	3,545,135	809,894	3,342	36	35
None	5,641,844	2,770,969	2,782,311	86,516	1,101	947	60,254,194	29,196,782	30,324,038	714,812	9,276	9,286
Maintenance Assistance Status												
Cash	3,200,210	1,451,321	1,719,645	29,125	119	0	35,691,900	16,198,141	19,263,742	229,084	933	0
Medically needy	778,438	499,485	265,191	13,648	114	0	7,464,510	4,722,619	2,631,024	110,039	828	0
Poverty-related	954,105	489,696	459,534	3,530	394	951	9,983,574	5,086,331	4,861,647	23,244	3,030	9,322
Other/unknown	1,982,768	1,429,104	512,508	40,674	482	0	19,754,355	13,938,805	5,453,974	356,995	4,581	0
Dual Medicare Status^d												
Full dual, all year	6,700,027	3,748,261	2,864,622	85,089	1,105	950	70,695,801	38,703,212	31,272,450	701,485	9,344	9,310
Full dual, part year	215,494	121,345	92,256	1,888	4	1	2,198,538	1,242,684	937,937	17,877	28	12
Managed Care (MC) Status												
Fee-for-service (FFS) all year	6,698,108	3,771,766	2,854,875	69,563	959	945	71,618,729	39,339,047	31,627,367	634,358	8,663	9,294
FFS part year, with Rx claims	111,281	43,999	57,542	9,640	97	3	599,764	225,912	327,832	45,550	464	6
FFS part year, no Rx claims	65,082	28,989	30,890	5,163	39	1	211,436	97,014	99,865	14,436	119	2
MC all year, with FFS Rx claims	41,050	24,852	13,571	2,611	14	2	464,410	283,923	155,323	25,018	126	20

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

- a. Table 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; MC = managed care; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	85.8 %	44.7	\$2,980	\$67	\$14,254	20.9 %	6,915,521
Age							
5 and younger	88.4	40.3	4,544	113	36,520	12.4	319
6-14	93.5	53.4	8,954	168	25,667	34.9	831
15-20	76.2	21.9	2,579	118	13,645	18.9	10,115
21-44	82.9	34.2	3,391	99	14,062	24.1	1,002,493
45-64	87.6	51.8	4,052	78	15,454	26.2	1,480,545
65-74	84.9	43.1	2,646	61	9,397	28.2	1,738,478
75-84	86.4	45.9	2,582	56	13,882	18.6	1,618,903
85 and older	86.6	45.6	2,249	49	21,259	10.6	1,063,819
Unknown	55.6	25.2	1,124	45	11,926	9.4	18
Basis of Eligibility^e							
Aged	85.3	43.6	2,420	56	14,171	17.1	3,869,606
Disabled	86.8	46.7	3,731	80	14,624	25.5	2,956,878
Adults	73.7	27.7	2,325	84	5,372	43.3	86,977
Children	73.2	26.3	3,617	138	15,602	23.2	1,109
Unknown	90.5	34.8	3,479	100	12,859	27.1	951
Gender							
Female	88.0	48.3	2,985	62	14,290	20.9	4,403,109
Male	81.9	38.5	2,970	77	14,191	20.9	2,512,367
Unknown	66.7	22.7	2,548	112	14,163	18.0	45
Race							
White	86.7	49.8	3,229	65	16,496	19.6	4,076,913
African American	84.8	39.3	2,597	66	11,961	21.7	1,254,797
Other/unknown	84.4	35.9	2,642	74	10,301	25.7	1,583,811
Use of Nursing Facilities^f							
Entire year	89.9	67.3	3,619	54	40,320	9.0	813,550
Part year	92.6	55.9	3,124	56	24,808	12.6	460,127
None	84.7	40.6	2,876	71	9,635	29.8	5,641,844
Maintenance Assistance Status							
Cash	88.0	42.9	3,068	72	9,958	30.8	3,200,210
Medically needy	77.5	39.9	2,847	71	24,695	11.5	778,438
Poverty related	84.0	39.9	2,740	69	9,170	29.9	954,105
Other/unknown	86.5	51.9	3,005	58	19,536	15.4	1,982,768

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

a. Table 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	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
All	4.2	\$283	20.9 %	14.2 %	16.3 %	11.5 %	28.6 %	22.2 %	7.3 %	\$1,352	6,915,521	72,894,339
Age												
5 and younger	4.1	467	12.4	11.6	14.4	11.0	35.4	24.5	3.1	3,753	319	3,104
6-14	5.0	846	34.9	6.5	7.7	10.1	37.5	32.3	5.9	2,425	831	8,795
15-20	2.1	249	18.9	23.8	34.1	11.2	20.3	8.6	2.0	1,317	10,115	104,791
21-44	3.2	316	24.1	17.1	25.8	12.9	25.2	14.7	4.4	1,310	1,002,493	10,760,984
45-64	4.8	377	26.2	12.4	14.4	10.5	28.5	24.5	9.7	1,438	1,480,545	15,907,151
65-74	4.1	249	28.2	15.1	17.0	12.4	28.6	20.4	6.6	883	1,738,478	18,500,279
75-84	4.4	245	18.6	13.6	14.1	11.6	29.9	23.5	7.4	1,315	1,618,903	17,087,842
85 and older	4.6	227	10.6	13.4	11.9	10.1	30.2	27.1	7.4	2,150	1,063,819	10,521,272
Unknown	3.8	167	9.4	44.4	5.6	0.0	27.8	22.2	0.0	1,774	18	121
Basis of Eligibility^e												
Aged	4.2	234	17.1	14.7	15.0	11.7	29.2	22.6	6.9	1,373	3,869,606	39,945,896
Disabled	4.3	343	25.5	13.2	17.8	11.3	28.0	21.9	7.7	1,342	2,956,878	32,210,387
Adults	3.3	281	43.3	26.3	20.1	11.1	23.0	14.4	5.2	650	86,977	719,362
Children	3.1	428	23.2	26.8	19.9	10.7	23.3	15.4	3.9	1,846	1,109	9,372
Unknown	3.6	355	27.1	9.5	20.0	15.7	34.4	16.9	3.6	1,312	951	9,322
Gender												
Female	4.6	282	20.9	12.0	14.4	11.4	30.0	24.2	8.1	1,348	4,403,109	46,668,764
Male	3.7	285	20.9	18.1	19.6	11.7	26.2	18.7	5.8	1,360	2,512,367	26,225,174
Unknown	2.5	286	18.0	33.3	20.0	8.9	24.4	13.3	0.0	1,589	45	401
Race												
White	4.8	310	19.6	13.3	13.7	10.1	28.0	25.4	9.5	1,585	4,076,913	42,440,439
African American	3.7	243	21.7	15.2	18.6	12.3	30.1	19.4	4.5	1,121	1,254,797	13,386,849
Other/unknown	3.3	245	25.7	15.6	20.9	14.6	29.0	16.2	3.7	956	1,583,811	17,067,051
Use or Nursing Facilities^f												
Entire year	6.6	356	9.0	10.1	6.7	5.3	23.1	36.5	18.4	3,961	813,550	8,281,703
Part year	5.9	330	12.6	7.4	9.1	8.3	29.2	33.1	12.8	2,619	460,127	4,358,442
None	3.8	269	29.8	15.3	18.2	12.7	29.3	19.2	5.2	902	5,641,844	60,254,194
Maintenance Assistance Status												
Cash	3.8	275	30.8	12.0	19.3	13.4	29.9	19.8	5.5	893	3,200,210	35,691,900
Medically needy	4.2	297	11.5	22.5	15.1	9.3	24.2	21.6	7.4	2,575	778,438	7,464,510
Poverty related	3.8	262	29.9	16.0	18.0	11.7	29.8	19.7	4.9	876	954,105	9,983,574
Other/unknown	5.2	302	15.4	13.5	11.0	9.2	27.6	27.5	11.1	1,961	1,982,768	19,754,355

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

- a. Table 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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
All	4.2	\$283	\$67	1.8	\$215	\$122	0.3	\$19	\$73	2.2	\$49	\$22
Age												
5 and younger	4.1	467	113	1.7	366	211	0.4	39	102	2.0	60	30
6-14	5.0	846	168	2.2	729	333	0.4	39	110	2.5	76	31
15-20	2.1	249	118	1.0	206	217	0.1	13	94	1.0	29	29
21-44	3.2	316	99	1.3	247	186	0.2	24	112	1.6	45	27
45-64	4.8	377	78	2.0	286	145	0.3	29	97	2.5	62	25
65-74	4.1	249	61	1.7	190	108	0.2	15	66	2.1	44	21
75-84	4.4	245	56	1.8	186	101	0.3	14	53	2.2	45	20
85 and older	4.6	227	49	1.8	167	95	0.3	13	44	2.5	47	19
Unknown	3.8	167	45	1.4	135	99	0.2	8	36	2.2	25	11
Basis of Eligibility^d												
Aged	4.2	234	56	1.7	177	101	0.3	13	53	2.2	44	20
Disabled	4.3	343	80	1.8	262	147	0.3	25	95	2.2	55	25
Adults	3.3	281	84	1.4	214	153	0.2	24	118	1.7	43	25
Children	3.1	428	138	1.4	362	264	0.2	23	104	1.5	43	29
Unknown	3.6	355	100	1.4	274	191	0.2	26	116	1.9	55	29
Gender												
Female	4.6	282	62	1.9	213	113	0.3	18	66	2.4	50	21
Male	3.7	285	77	1.5	219	142	0.2	19	89	1.9	46	24
Unknown	2.5	286	112	1.0	218	215	0.2	23	146	1.3	39	30
Race												
White	4.8	310	65	1.9	233	121	0.3	22	72	2.5	55	22
African American	3.7	243	66	1.5	187	125	0.2	14	69	2.0	42	21
Other/unknown	3.3	245	74	1.5	191	124	0.2	15	79	1.6	38	24
Use of Nursing Facilities^e												
Entire year	6.6	356	54	2.5	263	104	0.5	22	48	3.6	70	20
Part year	5.9	330	56	2.3	245	108	0.4	20	53	3.2	65	20
None	3.8	269	71	1.6	206	128	0.2	18	82	1.9	45	23
Maintenance Assistance Status												
Cash	3.8	275	72	1.7	211	127	0.2	18	82	1.9	46	23
Medically needy	4.2	297	71	1.7	226	130	0.3	20	71	2.1	50	24
Poverty related	3.8	262	69	1.6	199	127	0.2	17	81	2.0	45	22
Other/unknown	5.2	302	58	2.0	226	111	0.3	20	60	2.8	56	20

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

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$36	\$28	\$3	\$5	\$103	\$194	\$123	\$26	13,390,907	\$1,385,938,183	3,490,909	50.5 %	39,027,946
Biologicals	0.1	0.1	0.0	0.1	58	3	7	48	509	48	1,733	851	60,144	30,586,766	47,261	0.7	530,246
Antineoplastic Agents	0.5	0.1	0.0	0.4	90	57	2	31	184	546	261	83	1,411,495	259,384,625	273,404	4.0	2,878,733
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.4	50	38	4	8	54	96	31	20	30,474,870	1,633,626,472	2,948,690	42.6	32,650,555
Cardiovascular Agents	1.7	0.7	0.1	1.0	72	52	2	18	42	79	40	18	82,555,856	3,474,715,785	4,379,128	63.3	48,087,946
Respiratory Agents	0.7	0.4	0.0	0.3	41	36	0	5	61	88	39	19	18,306,537	1,124,956,256	2,450,175	35.4	27,405,013
Gastrointestinal Agents	0.7	0.4	0.0	0.3	60	49	2	8	83	138	77	26	22,651,242	1,887,788,393	2,849,764	41.2	31,578,158
Genitourinary Agents	0.5	0.3	0.0	0.1	34	29	2	3	70	85	60	28	5,404,461	375,728,339	989,837	14.3	11,056,189
CNS Drugs	1.3	0.6	0.1	0.6	116	92	7	17	92	161	95	27	47,258,543	4,331,745,041	3,404,298	49.2	37,260,021
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.2	61	50	2	9	110	158	106	40	466,270	51,329,201	75,247	1.1	841,258
Miscellaneous Psychological/																	
Neurological Agents	0.7	0.7	0.0	0.0	116	115	0	1	164	168	106	55	3,772,023	619,574,546	498,816	7.2	5,330,416
Analgesics and Anesthetics	0.7	0.3	0.0	0.5	49	36	3	10	65	145	262	21	29,470,189	1,927,368,478	3,544,891	51.3	39,304,030
Neuromuscular Agents	0.9	0.3	0.2	0.5	71	37	19	14	78	145	112	28	18,925,548	1,467,735,563	1,870,898	27.1	20,814,111
Nutritional Products	0.6	0.0	0.0	0.5	10	0	1	9	17	31	22	17	7,714,509	134,472,225	1,208,525	17.5	13,114,830
Hematological Agents	0.8	0.3	0.1	0.4	67	58	4	6	89	203	42	15	11,470,317	1,016,777,777	1,385,827	20.0	15,089,650
Topical Products	0.5	0.2	0.0	0.2	23	16	2	5	50	78	56	24	13,978,868	701,062,285	2,672,388	38.6	30,088,792
Miscellaneous Products	0.4	0.2	0.0	0.2	89	68	8	13	222	445	253	59	686,303	152,559,504	158,882	2.3	1,720,673
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	9	0	0	0	24	0	0	0	1,299,601	31,745,631	325,627	4.7	3,659,000
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.	309,297,683	20,607,095,070	n.a.	n.a.	n.a.

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

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

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

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$2,673,039,553	1,725,325	24.9 %	19,103,401	0.7	\$194	\$140
ULCER DRUGS	1,524,157,891	2,847,419	41.2	31,784,273	0.5	89	48
ANTIHYPERTENSIVE	1,384,137,501	2,158,945	31.2	24,456,318	0.6	97	57
ANTIDEPRESSANTS	1,277,237,536	2,962,011	42.8	32,673,936	0.6	62	39
ANTICONVULSANT	1,204,565,534	1,575,514	22.8	17,609,325	0.7	93	68
ANTIDIABETIC	1,092,548,896	2,415,376	34.9	26,904,178	0.6	63	41
ANALGESICS - Narcotic	893,902,625	3,643,551	52.7	40,510,418	0.4	54	22
ANTIHYPERTENSIVE	869,783,025	3,266,870	47.2	36,469,684	0.6	40	24
ANALGESICS - ANTI-INFLAMMATORY	853,448,101	2,376,517	34.4	27,135,116	0.4	85	31
ANTIASTHMATIC	776,733,823	2,365,837	34.2	26,319,995	0.4	70	30
Total	12,549,554,485	25,337,365		282,966,644	n.a.	n.a.	n.a.

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

a. Table 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	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
All	155,391,882	\$12,549,554,485	1,725,325	24.9 %	19,103,401	0.7	\$140	2,847,419	41.2 %	31,784,273	0.5	\$48
Female	104,029,103	8,016,865,749	1,011,210	23.0	11,160,927	0.7	122	1,974,545	44.8	22,102,622	0.5	48
Disabled	45,070,751	3,981,373,380	516,554	32.5	5,918,153	0.7	145	776,792	48.8	8,923,121	0.5	49
	629	32,104	1	1.2	5	0.6	47	53	63.9	610	0.5	28
5 and younger	3,391	212,333	6	2.1	58	0.8	200	172	59.5	1,908	0.5	38
6-14	41,718	3,950,057	932	23.6	10,373	0.6	124	981	24.8	11,121	0.4	31
15-20	9,305,797	961,035,138	187,283	44.2	2,141,766	0.7	146	148,567	35.1	1,702,892	0.5	42
21-44	24,989,869	2,204,525,031	264,793	33.8	3,036,559	0.7	151	407,351	52.0	4,657,319	0.5	51
45-64	7,654,911	590,344,375	41,473	16.2	479,966	0.7	122	151,975	59.2	1,769,198	0.5	50
65-74	2,515,248	183,951,748	16,548	17.4	189,101	0.7	106	53,900	56.8	625,836	0.5	50
75-84	559,188	37,322,594	5,518	19.7	60,325	0.6	89	13,793	49.2	154,237	0.6	49
85 and older	58,958,260	4,035,482,140	494,652	17.6	5,242,733	0.7	96	1,197,753	42.6	13,179,501	0.6	47
Other Eligibles	124	6,274	0	0.0	0	0.0	0	11	52.4	130	0.5	27
5 and younger	726	46,364	6	7.2	70	0.7	177	28	33.7	309	0.6	35
6-14	2,860	260,198	73	19.0	754	0.6	128	82	21.4	854	0.4	38
15-20	416,587	38,164,150	7,094	23.5	70,755	0.5	100	7,776	25.7	79,148	0.4	39
21-44	390,796	32,970,507	3,229	17.9	33,221	0.6	112	7,152	39.6	73,492	0.5	52
45-64	18,912,021	1,387,031,275	104,575	12.1	1,156,380	0.7	114	370,293	43.0	4,182,048	0.5	47
65-74	23,386,703	1,600,341,854	184,312	17.4	1,971,679	0.7	97	463,728	43.7	5,167,233	0.5	48
75-84	15,848,443	976,661,518	195,363	23.2	2,009,874	0.6	85	348,683	41.5	3,676,287	0.6	48
85 and older												
Male	51,362,248	4,532,626,315	714,102	28.4	7,942,322	0.8	165	872,870	34.7	9,681,606	0.5	48
Disabled	31,171,305	3,102,670,787	528,961	38.7	6,043,584	0.8	184	458,026	33.5	5,207,703	0.5	49
	1,411	87,995	3	1.7	36	0.5	175	106	59.6	1,121	0.5	37
5 and younger	4,406	228,855	5	1.3	60	0.7	120	195	51.6	2,243	0.5	35
6-14	54,033	6,327,201	1,717	31.6	19,199	0.7	161	984	18.1	11,100	0.4	36
15-20	9,848,006	1,148,434,851	252,760	47.5	2,890,344	0.8	184	132,812	25.0	1,518,887	0.5	46
21-44	17,225,421	1,640,735,339	247,857	37.5	2,831,497	0.9	190	246,663	37.4	2,785,863	0.6	51
45-64	3,294,108	253,150,590	20,728	15.5	237,063	0.7	144	61,299	46.0	706,129	0.5	49
65-74	659,637	48,113,197	4,908	16.6	54,955	0.7	117	13,826	46.6	158,741	0.5	50
75-84	84,283	5,592,759	983	19.6	10,430	0.6	88	2,141	42.6	23,619	0.6	47
85 and older	20,190,821	1,429,951,443	185,140	16.2	1,898,731	0.7	105	414,843	36.2	4,473,891	0.5	47
Other Eligibles	145	6,917	0	0.0	0	0.0	0	15	40.5	143	0.5	35
5 and younger	798	53,007	1	1.2	12	1.0	194	36	44.4	382	0.5	42
6-14	3,349	334,215	72	20.3	743	0.8	194	84	23.7	891	0.5	34
15-20	236,347	23,143,530	3,599	21.6	35,571	0.6	126	4,131	24.7	41,465	0.5	48
21-44	348,049	30,233,637	2,584	13.5	26,226	0.6	125	5,834	30.4	58,649	0.5	55
45-64	8,775,625	643,926,082	61,441	12.6	662,399	0.7	127	168,158	34.5	1,858,787	0.5	46
65-74	7,781,030	541,221,633	73,880	17.1	754,032	0.7	96	163,137	37.7	1,770,403	0.5	47
75-84	3,045,478	191,032,422	43,563	23.0	419,748	0.6	81	73,448	38.7	743,171	0.6	47
85 and older												
Unknown	745	76,735	18	28.6	200	0.6	155	5	7.9	57	0.5	50

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

a. Table 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDEPRESSANTS					ANTICONVULSANT				
	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
All	2,158,945	31.2 %	24,456,318	0.6	\$57	2,962,011	42.8 %	32,673,936	0.6	\$39	1,575,514	22.8 %	17,609,325	0.7	\$68
Female	1,436,685	32.6	16,330,926	0.6	56	2,074,979	47.1	22,933,681	0.6	39	974,736	22.1	10,901,554	0.7	64
Disabled	535,325	33.7	6,172,349	0.6	56	1,003,099	63.1	11,424,767	0.6	41	562,548	35.4	6,422,652	0.7	78
5 and younger	6	7.2	71	0.4	32	2	2.4	18	0.4	21	3	3.6	36	0.7	38
6-14	25	8.7	277	0.6	42	41	14.2	452	0.6	36	49	17.0	565	0.7	78
15-20	144	3.6	1,665	0.5	39	1,368	34.7	15,367	0.5	35	1,019	25.8	11,532	0.7	94
21-44	52,926	12.5	607,622	0.5	47	283,620	67.0	3,220,681	0.6	42	184,491	43.6	2,101,695	0.8	92
45-64	297,726	38.0	3,407,463	0.6	56	566,830	72.4	6,439,966	0.6	43	304,149	38.8	3,467,015	0.8	78
65-74	137,126	53.4	1,601,635	0.6	60	109,775	42.8	1,273,404	0.6	34	52,839	20.6	612,442	0.6	47
75-84	41,309	43.5	484,217	0.6	61	32,736	34.5	378,059	0.6	33	16,539	17.4	190,803	0.6	39
85 and older	6,063	21.6	69,399	0.6	59	8,727	31.1	96,820	0.6	34	3,459	12.3	38,564	0.6	33
Other Eligibles	901,360	32.0	10,158,577	0.6	57	1,071,878	38.1	11,508,902	0.7	37	412,188	14.7	4,478,902	0.7	43
5 and younger	0	0.0	0	0.0	0	1	4.8	1	1.0	11	0	0.0	0	0.0	0
6-14	8	9.6	92	0.5	34	8	9.6	93	0.9	50	6	7.2	72	0.4	54
15-20	18	4.7	162	0.6	44	118	30.7	1,195	0.5	30	67	17.4	649	0.7	90
21-44	2,467	8.2	24,949	0.5	43	17,998	59.6	178,038	0.5	39	9,186	30.4	90,793	0.6	77
45-64	5,306	29.4	54,457	0.6	57	11,314	62.6	114,736	0.6	45	5,045	27.9	51,447	0.6	71
65-74	379,299	44.1	4,291,152	0.6	56	300,589	34.9	3,349,529	0.6	35	135,450	15.7	1,511,558	0.6	48
75-84	382,562	36.0	4,340,800	0.6	57	394,739	37.2	4,282,279	0.6	37	161,301	15.2	1,767,154	0.7	41
85 and older	131,700	15.7	1,446,965	0.6	56	347,111	41.3	3,583,031	0.7	39	101,133	12.0	1,057,229	0.7	36
Male	722,257	28.7	8,125,363	0.6	57	887,015	35.3	9,740,062	0.6	39	600,756	23.9	6,707,538	0.8	76
Disabled	370,889	27.1	4,236,941	0.6	57	574,883	42.1	6,494,213	0.6	41	439,719	32.2	4,999,383	0.8	86
5 and younger	15	8.4	169	0.4	27	1	0.6	12	0.2	1	15	8.4	179	0.4	42
6-14	39	10.3	433	0.6	44	26	6.9	294	0.6	33	35	9.3	417	0.8	48
15-20	175	3.2	1,988	0.5	40	1,451	26.7	16,155	0.6	39	1,380	25.4	15,505	0.7	97
21-44	78,304	14.7	900,447	0.6	50	230,611	43.3	2,613,741	0.6	41	187,224	35.2	2,136,026	0.8	94
45-64	220,796	33.4	2,503,464	0.6	58	297,397	45.0	3,345,168	0.6	42	221,538	33.6	2,510,417	0.8	83
65-74	59,846	44.9	694,227	0.6	62	36,991	27.7	424,377	0.6	34	24,271	18.2	277,592	0.7	51
75-84	10,845	36.6	126,262	0.6	62	7,200	24.3	81,368	0.6	33	4,645	15.7	52,553	0.7	42
85 and older	869	17.3	9,951	0.6	60	1,206	24.0	13,098	0.6	32	611	12.2	6,694	0.7	36
Other Eligibles	351,367	30.7	3,888,410	0.6	57	312,129	27.2	3,245,829	0.6	36	161,035	14.1	1,708,140	0.7	47
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	6	7.4	67	0.6	40	9	11.1	101	0.4	17	10	12.3	109	0.6	49
15-20	19	5.4	184	0.6	44	75	21.1	803	0.6	44	63	17.7	634	0.9	110
21-44	2,688	16.1	26,583	0.5	47	7,794	46.7	76,313	0.5	38	4,479	26.8	43,878	0.6	74
45-64	6,586	34.4	65,526	0.6	58	7,815	40.8	77,722	0.6	40	4,057	21.2	40,715	0.6	75
65-74	177,058	36.3	1,972,208	0.6	57	113,434	23.3	1,230,380	0.6	35	69,137	14.2	756,544	0.7	52
75-84	135,031	31.2	1,504,515	0.6	58	119,045	27.5	1,238,019	0.6	36	59,802	13.8	633,165	0.7	42
85 and older	29,979	15.8	319,327	0.6	56	63,957	33.7	622,491	0.7	37	23,487	12.4	233,095	0.7	36
Unknown	4	6.3	41	0.6	53	22	34.9	225	0.5	33	24	38.1	248	0.6	82

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

a. Table 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTIHYPERTENSIVE				
	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
All	2,415,376	34.9 %	26,904,178	0.6	\$41	3,643,551	52.7 %	40,510,418	0.4	\$22	3,266,870	47.2 %	36,469,684	0.6	\$24
Female	1,639,614	37.2	18,355,878	0.6	40	2,514,353	57.1	28,052,051	0.4	21	2,207,421	50.1	24,720,619	0.6	25
Disabled	616,973	38.8	7,055,626	0.6	45	1,181,889	74.3	13,518,170	0.4	25	697,811	43.9	7,996,437	0.6	24
5 and younger	2	2.4	24	0.1	10	14	16.9	149	0.1	1	24	28.9	278	0.4	8
6-14	15	5.2	160	0.3	20	100	34.6	1,108	0.2	2	180	62.3	1,977	0.5	16
15-20	230	5.8	2,562	0.6	42	1,882	47.7	21,110	0.2	5	651	16.5	7,233	0.4	16
21-44	70,903	16.7	807,792	0.6	43	309,759	73.2	3,530,875	0.4	26	72,435	17.1	824,557	0.5	19
45-64	337,702	43.1	3,835,079	0.6	46	639,554	81.7	7,294,624	0.4	29	360,376	46.0	4,095,237	0.6	23
65-74	153,590	59.8	1,781,883	0.6	44	161,841	63.0	1,879,388	0.4	15	181,782	70.8	2,114,951	0.6	27
75-84	46,609	49.1	539,494	0.6	39	55,543	58.5	643,822	0.4	12	66,511	70.1	773,689	0.6	27
85 and older	7,922	28.3	88,632	0.6	33	13,196	47.1	147,094	0.4	13	15,852	56.5	178,515	0.6	26
Other Eligibles	1,022,637	36.4	11,300,234	0.6	37	1,332,460	47.4	14,533,868	0.4	16	1,509,608	53.7	16,724,178	0.6	25
5 and younger	0	0.0	0	0.0	0	8	38.1	88	0.1	1	9	42.9	103	0.3	5
6-14	2	2.4	16	0.5	49	15	18.1	180	0.1	2	43	51.8	481	0.5	15
15-20	24	6.3	231	0.4	28	140	36.5	1,408	0.2	3	51	13.3	503	0.5	15
21-44	3,328	11.0	32,730	0.6	42	22,107	73.2	221,413	0.4	32	3,994	13.2	39,123	0.5	18
45-64	5,800	32.1	57,183	0.7	47	12,446	68.9	128,512	0.5	32	6,728	37.3	67,178	0.6	25
65-74	402,016	46.7	4,509,552	0.6	40	427,311	49.6	4,815,576	0.4	15	496,845	57.7	5,587,348	0.6	25
75-84	418,470	39.4	4,658,803	0.7	37	500,696	47.1	5,538,642	0.4	15	619,479	58.3	6,948,824	0.6	25
85 and older	192,997	22.9	2,041,719	0.7	32	369,737	44.0	3,828,049	0.5	18	382,459	45.5	4,080,618	0.7	23
Male	775,755	30.9	8,548,235	0.6	42	1,129,179	44.9	12,458,155	0.4	26	1,059,441	42.2	11,748,987	0.6	23
Disabled	374,366	27.4	4,216,300	0.7	46	707,622	51.8	7,975,371	0.4	31	480,872	35.2	5,428,444	0.6	23
5 and younger	1	0.6	12	0.2	21	51	28.7	566	0.1	2	43	24.2	439	0.6	15
6-14	15	4.0	173	0.4	38	115	30.4	1,351	0.1	2	249	65.9	2,813	0.6	18
15-20	209	3.9	2,254	0.6	41	1,643	30.3	18,422	0.2	4	872	16.1	9,629	0.5	16
21-44	68,974	13.0	780,729	0.6	45	254,058	47.7	2,874,928	0.4	31	99,792	18.8	1,126,457	0.6	20
45-64	228,407	34.6	2,551,980	0.7	46	372,825	56.5	4,178,870	0.5	35	275,032	41.7	3,079,685	0.6	23
65-74	63,751	47.8	732,647	0.6	45	64,238	48.2	734,842	0.4	16	83,956	63.0	968,879	0.6	26
75-84	11,822	39.9	135,421	0.6	40	12,818	43.2	145,974	0.4	11	18,502	62.4	213,458	0.6	25
85 and older	1,187	23.6	13,084	0.6	35	1,874	37.3	20,418	0.3	10	2,426	48.3	27,084	0.6	23
Other Eligibles	401,381	35.0	4,331,857	0.6	38	421,554	36.8	4,482,758	0.4	15	578,566	50.5	6,320,516	0.6	22
5 and younger	3	8.1	17	0.4	9	6	16.2	68	0.3	3	6	16.2	44	0.6	6
6-14	1	1.2	12	0.7	38	18	22.2	213	0.2	2	50	61.7	544	0.5	15
15-20	13	3.7	125	0.6	47	94	26.5	1,002	0.1	3	109	30.7	1,132	0.6	20
21-44	2,420	14.5	22,997	0.6	49	11,104	66.5	109,136	0.5	50	3,447	20.6	32,625	0.6	23
45-64	6,503	33.9	63,006	0.7	51	10,889	56.8	108,742	0.5	49	7,518	39.2	73,455	0.6	24
65-74	193,471	39.7	2,123,150	0.6	40	182,148	37.4	1,999,743	0.4	15	254,929	52.3	2,819,662	0.6	23
75-84	153,138	35.4	1,658,682	0.6	37	150,796	34.9	1,611,251	0.4	12	231,112	53.5	2,547,946	0.6	23
85 and older	45,832	24.2	463,868	0.7	32	66,499	35.0	652,603	0.4	13	81,395	42.9	845,108	0.6	21
Unknown	19	30.2	161	0.5	22	26	41.3	251	0.4	22	13	20.6	109	0.7	16

Table D7C

Dual Eligible Beneficiaries

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

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIASTHMATIC					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		
All	2,376,517	34.4 %	27,135,116	0.4	\$32	2,365,837	34.2 %	26,319,995	0.4	\$30	6,915,521	72,894,339
Female	1,675,240	38.0	19,161,881	0.4	34	1,595,177	36.2	17,820,030	0.4	29	4,403,099	46,668,701
Disabled	725,945	45.6	8,404,019	0.4	32	720,369	45.3	8,245,000	0.4	30	1,590,398	17,472,068
5 and younger	2	2.4	21	0.2	13	41	49.4	463	0.2	17	83	836
6-14	11	3.8	118	0.3	5	79	27.3	908	0.3	20	289	3,078
15-20	960	24.3	10,797	0.2	12	915	23.2	10,257	0.3	17	3,948	41,372
21-44	156,032	36.9	1,793,124	0.3	21	144,787	34.2	1,654,566	0.3	24	423,393	4,613,647
45-64	361,522	46.2	4,165,500	0.4	35	397,147	50.7	4,528,692	0.4	31	783,008	8,536,356
65-74	150,212	58.5	1,763,910	0.4	36	129,701	50.5	1,502,941	0.4	32	256,708	2,901,573
75-84	47,378	49.9	557,663	0.4	36	39,409	41.5	455,004	0.4	29	94,928	1,072,307
85 and older	9,828	35.0	112,886	0.4	36	8,290	29.6	92,169	0.4	26	28,041	302,899
Other Eligibles	949,292	33.8	10,757,836	0.4	35	874,805	31.1	9,575,004	0.4	28	2,812,701	29,196,633
5 and younger	3	14.3	36	0.1	1	10	47.6	117	0.2	19	21	192
6-14	3	3.6	36	0.1	3	26	31.3	296	0.2	11	83	815
15-20	73	19.0	725	0.2	2	75	19.5	761	0.2	14	384	3,329
21-44	9,867	32.7	99,791	0.3	21	8,268	27.4	83,703	0.3	23	30,216	251,333
45-64	7,554	41.8	77,330	0.4	36	6,984	38.7	72,135	0.4	33	18,061	158,742
65-74	350,398	40.7	4,012,325	0.4	34	296,113	34.4	3,323,735	0.4	31	860,983	9,126,549
75-84	373,831	35.2	4,286,715	0.4	36	330,909	31.2	3,654,533	0.4	29	1,061,956	11,273,228
85 and older	207,563	24.7	2,280,878	0.5	38	232,420	27.6	2,439,724	0.4	23	840,997	8,382,445
Male	701,267	27.9	7,973,131	0.3	25	770,659	30.7	8,499,956	0.4	31	2,512,359	26,225,116
Disabled	392,172	28.7	4,503,182	0.3	22	381,402	27.9	4,318,476	0.4	31	1,366,438	14,737,920
5 and younger	7	3.9	77	0.2	2	79	44.4	912	0.3	22	178	1,787
6-14	9	2.4	103	0.3	15	118	31.2	1,358	0.4	25	378	4,155
15-20	720	13.3	8,201	0.2	4	918	16.9	10,431	0.3	24	5,428	56,872
21-44	124,888	23.5	1,430,765	0.3	15	95,789	18.0	1,090,900	0.4	24	532,152	5,759,703
45-64	198,302	30.0	2,268,275	0.4	25	208,175	31.5	2,342,856	0.5	33	660,299	7,051,722
65-74	55,610	41.7	648,465	0.4	29	61,375	46.0	702,324	0.5	35	133,336	1,481,887
75-84	11,226	37.9	131,368	0.4	30	13,299	44.9	151,627	0.4	32	29,647	329,380
85 and older	1,410	28.1	15,928	0.4	32	1,649	32.8	18,068	0.4	29	5,020	52,414
Other Eligibles	309,095	27.0	3,469,949	0.4	29	389,254	34.0	4,181,458	0.4	31	1,145,921	11,487,196
5 and younger	1	2.7	12	0.1	1	8	21.6	73	0.4	19	37	289
6-14	6	7.4	72	0.5	164	24	29.6	266	0.3	16	81	747
15-20	27	7.6	269	0.2	2	44	12.4	473	0.3	34	355	3,218
21-44	4,623	27.7	45,761	0.3	24	3,200	19.2	31,893	0.4	28	16,700	136,028
45-64	5,985	31.2	59,882	0.4	30	4,894	25.5	49,751	0.5	34	19,166	160,212
65-74	140,103	28.7	1,586,511	0.3	28	160,234	32.9	1,763,790	0.5	33	487,450	4,990,265
75-84	118,252	27.3	1,344,816	0.4	30	153,827	35.6	1,658,704	0.4	30	432,371	4,412,923
85 and older	40,098	21.1	432,626	0.4	33	67,023	35.3	676,508	0.4	26	189,761	1,783,514
Unknown	13	20.6	130	0.2	10	7	11.1	57	0.3	12	63	522

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

- a. Table 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.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; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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
All	\$356	6.6	813,550	8,281,703
Age				
0-64	552	7.8	68,588	760,766
65-74	450	7.7	105,484	1,113,074
75-84	368	6.9	262,941	2,675,837
85 and older	279	5.8	376,533	3,731,999
Unknown	189	6.2	4	27
Gender				
Female	344	6.6	594,061	6,089,486
Male	387	6.6	219,489	2,192,217
Unknown	0	0.0	0	0
Race				
White	359	6.8	633,370	6,392,095
African American	354	6.1	101,534	1,078,745
Other/unknown	327	5.6	78,646	810,863
Basis of Eligibility^c				
Aged	333	6.5	716,251	7,203,979
Disabled	505	7.4	97,175	1,076,455
Adults	295	3.4	118	1,208
Children	545	8.1	5	60
Unknown	0	0.0	1	1

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

a. Table 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 460,127 beneficiaries who were in nursing facilities for part of their enrollment and their 4,358,442 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$22	\$15	\$2	\$4	\$59	\$98	\$88	\$22	1,921,384	\$113,259,307	480,391	59.0 %	5,132,277
Biologicals	0.1	0.0	0.0	0.1	10	1	6	4	107	20	2,700	61	21,824	2,326,566	20,148	2.5	224,431
Antineoplastic Agents	0.6	0.1	0.0	0.5	72	23	1	49	128	400	146	97	341,795	43,773,702	61,004	7.5	607,339
Endocrine/Metabolic Drugs	1.2	0.5	0.2	0.5	50	39	4	8	41	76	20	14	4,643,855	190,777,327	363,977	44.7	3,832,636
Cardiovascular Agents	2.2	0.5	0.1	1.5	60	34	2	23	28	64	28	15	12,272,793	339,599,827	548,757	67.5	5,691,232
Respiratory Agents	0.7	0.4	0.0	0.4	36	29	0	7	49	78	36	19	2,400,402	117,132,660	305,621	37.6	3,259,504
Gastrointestinal Agents	1.0	0.4	0.1	0.6	61	45	2	14	58	113	38	23	4,449,836	259,183,025	405,138	49.8	4,267,970
Genitourinary Agents	0.7	0.4	0.0	0.2	41	33	3	6	63	78	54	31	1,254,966	79,626,612	179,182	22.0	1,926,580
CNS Drugs	1.7	0.9	0.1	0.7	137	112	8	17	82	128	71	25	9,828,157	803,116,353	558,731	68.7	5,856,702
Stimulants/Anti-obesity/Anorexia	0.8	0.2	0.0	0.5	40	32	1	8	54	131	40	16	53,538	2,869,243	6,698	0.8	70,912
Miscellaneous Psychological/																	
Neurological Agents	0.9	0.9	0.0	0.0	127	127	0	0	136	136	96	43	1,649,123	224,295,185	168,938	20.8	1,768,744
Analgesics and Anesthetics	1.0	0.4	0.0	0.6	53	45	1	8	51	103	64	13	4,151,732	211,270,953	381,943	46.9	3,975,766
Neuromuscular Agents	1.3	0.3	0.2	0.7	77	35	19	24	60	106	79	33	3,495,758	210,652,060	253,615	31.2	2,721,012
Nutritional Products	0.8	0.0	0.0	0.7	13	0	1	11	16	22	22	16	2,021,984	32,924,596	247,894	30.5	2,573,330
Hematological Agents	1.2	0.4	0.1	0.7	75	64	4	7	63	177	26	11	3,016,968	190,844,107	245,045	30.1	2,550,610
Topical Products	0.6	0.2	0.0	0.3	24	15	2	7	40	64	48	21	2,802,436	112,151,602	427,248	52.5	4,629,966
Miscellaneous Products	0.3	0.0	0.0	0.2	11	5	1	6	42	127	178	27	117,845	4,970,885	41,315	5.1	434,070
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	9	0	0	0	19	0	0	0	290,953	5,425,487	57,870	7.1	627,365
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.	54,735,349	2,944,199,497	n.a.	n.a.	n.a.

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

a. Table 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 460,127 beneficiaries who were in nursing facilities for part of their enrollment and their 4,358,442 benefit months were excluded from the analysis.

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

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

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

e. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdldb.asp (May 13 2004). In the U.S., 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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	\$506,099,725	369,254	45.4 %	3,976,569	0.8	\$155	\$127
ANTIDEPRESSANTS	254,499,454	501,853	61.7	5,325,402	0.8	57	48
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	223,876,250	199,374	24.5	2,098,288	0.8	136	107
ULCER DRUGS	214,461,038	382,749	47.0	4,058,423	0.8	68	53
ANTICONVULSANT	152,447,121	227,916	28.0	2,471,208	1.0	64	62
ANTIDIABETIC	119,082,904	285,192	35.1	3,043,981	0.9	45	39
ANALGESICS - Narcotic	109,753,559	371,229	45.6	3,839,731	0.7	43	29
ANTIHYPERTENSIVE	89,375,623	130,743	16.1	1,404,536	0.8	80	64
MISC. HEMATOLOGICAL	88,381,683	101,618	12.5	1,072,798	0.8	104	82
ANTIASTHMATIC	84,320,540	308,456	37.9	3,266,888	0.5	53	26
Total	1,842,297,897	2,878,384		30,557,824	n.a.	n.a.	n.a.

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

a. Table 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 460,127 beneficiaries who were in nursing facilities for part of their enrollment and their 4,358,442 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.medispain.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^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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 \$
All	23,756,118	\$1,842,297,897	369,254	45.4 %	3,976,569	0.8	\$127	501,853	61.7 %	5,325,402	0.8	\$48
Female	17,118,695	1,299,378,404	256,713	43.2	2,775,351	0.8	120	374,267	63.0	3,990,223	0.8	48
Disabled	2,057,063	188,747,053	32,053	64.2	367,974	1.0	175	33,718	67.5	382,286	0.9	54
64 or younge ^r	1,400,103	134,517,208	20,773	67.0	238,758	1.0	186	23,915	77.2	271,524	0.9	56
65-74	353,946	30,116,387	5,749	64.7	66,590	1.0	173	5,070	57.0	57,536	0.9	51
75-84	217,961	17,685,733	3,893	60.6	44,540	0.9	143	3,240	50.4	36,691	0.9	49
85 and older	85,053	6,427,725	1,638	45.0	18,086	0.8	114	1,493	41.0	16,535	0.8	45
Other Eligibles	15,061,612	1,110,630,302	224,659	41.3	2,407,365	0.8	112	340,548	62.6	3,607,935	0.8	47
64 or younge ^r	1,952	204,192	32	36.0	337	0.8	147	36	40.4	367	0.7	43
65-74	2,142,949	169,361,998	30,042	58.9	333,057	0.9	147	39,339	77.1	429,184	0.9	51
75-84	5,865,629	438,684,833	84,885	46.9	918,249	0.8	118	124,221	68.7	1,325,949	0.8	48
85 and older	7,051,082	502,379,279	109,700	35.1	1,155,722	0.7	97	176,952	56.7	1,852,435	0.8	46
Male	6,637,423	542,919,493	112,541	51.3	1,201,218	0.9	144	127,586	58.1	1,335,179	0.8	48
Disabled	1,875,386	180,639,915	33,566	71.1	383,292	1.0	195	28,420	60.2	319,215	0.9	53
64 or younge ^r	1,558,819	153,674,674	27,649	73.9	315,814	1.0	202	23,971	64.1	269,231	0.9	54
65-74	233,201	20,182,210	4,281	62.6	49,119	1.0	169	3,213	47.0	36,287	0.9	49
75-84	68,234	5,623,411	1,327	58.4	15,026	1.0	147	995	43.8	11,159	0.9	47
85 and older	15,132	1,159,620	309	44.1	3,333	0.8	126	241	34.4	2,538	0.8	42
Other Eligibles	4,761,977	362,277,578	78,975	45.8	817,926	0.8	120	99,165	57.6	1,015,952	0.8	46
64 or younge ^r	1,442	134,871	25	27.8	269	1.0	126	34	37.8	337	0.6	30
65-74	1,384,330	112,429,101	21,655	55.9	235,950	0.9	150	24,987	64.5	268,144	0.8	50
75-84	2,093,207	157,559,684	34,599	47.1	358,178	0.8	115	43,238	58.9	443,765	0.8	46
85 and older	1,282,998	92,153,922	22,696	37.8	223,529	0.7	95	30,906	51.5	303,706	0.8	44
Unknown	80	3,049	1	25.0	12	0.6	54	2	50.0	14	0.9	59

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

a. Table 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 460,127 beneficiaries who were in nursing facilities for part of their enrollment and their 4,358,442 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	199,374	24.5 %	2,098,288	0.8	\$107	382,749	47.0 %	4,058,423	0.8	\$53	227,916	28.0 %	2,471,208	1.0	\$62
Female	150,062	25.3	1,593,981	0.8	107	280,000	47.1	2,982,522	0.8	53	149,659	25.2	1,624,816	1.0	58
Disabled	6,767	13.5	76,909	0.8	252	25,867	51.8	291,416	0.8	57	28,495	57.0	324,771	1.1	84
64 or younger	3,830	12.4	43,522	0.8	366	16,201	52.3	183,216	0.8	56	21,329	68.8	243,701	1.1	91
65-74	1,081	12.2	12,389	0.8	112	4,491	50.5	50,944	0.8	58	4,294	48.3	48,864	1.1	71
75-84	1,179	18.3	13,385	0.8	98	3,448	53.6	38,478	0.8	59	2,197	34.2	24,768	1.0	54
85 and older	677	18.6	7,613	0.7	95	1,727	47.4	18,778	0.8	54	675	18.5	7,438	0.9	43
Other Eligibles	143,295	26.3	1,517,072	0.8	100	254,133	46.7	2,691,106	0.8	52	121,164	22.3	1,300,045	0.9	51
64 or younger	8	9.0	72	1.0	648	20	22.5	202	0.8	48	32	36.0	327	1.1	103
65-74	11,781	23.1	126,532	0.8	110	27,908	54.7	304,310	0.8	54	23,865	46.8	263,453	1.0	66
75-84	55,318	30.6	587,102	0.8	100	89,116	49.3	953,906	0.8	53	50,573	28.0	545,936	0.9	52
85 and older	76,188	24.4	803,366	0.8	98	137,089	43.9	1,432,688	0.8	51	46,694	15.0	490,329	0.9	42
Male	49,312	22.5	504,307	0.8	106	102,749	46.8	1,075,901	0.8	54	78,257	35.7	846,392	1.0	70
Disabled	4,687	9.9	52,699	0.7	175	22,977	48.7	257,358	0.8	58	30,048	63.6	341,292	1.1	89
64 or younger	3,399	9.1	38,013	0.7	206	18,486	49.4	207,336	0.8	58	26,037	69.6	295,925	1.1	93
65-74	821	12.0	9,434	0.7	96	3,064	44.8	34,428	0.8	60	3,065	44.8	34,887	1.1	68
75-84	368	16.2	4,167	0.8	99	1,098	48.3	12,181	0.8	58	790	34.8	8,812	1.1	60
85 and older	99	14.1	1,085	0.8	95	329	46.9	3,413	0.8	52	156	22.3	1,668	1.0	53
Other Eligibles	44,625	25.9	451,608	0.8	98	79,772	46.3	818,543	0.8	53	48,208	28.0	505,088	0.9	56
64 or younger	3	3.3	34	0.8	821	23	25.6	229	0.7	53	35	38.9	324	0.9	57
65-74	7,911	20.4	83,950	0.8	101	19,702	50.9	211,568	0.8	54	17,196	44.4	187,542	1.0	67
75-84	20,935	28.5	211,952	0.8	98	34,165	46.5	351,751	0.8	53	20,672	28.2	215,408	0.9	53
85 and older	15,776	26.3	155,672	0.8	97	25,882	43.1	254,995	0.8	51	10,305	17.2	101,814	0.9	44
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	1.5	6

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

a. Table 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 460,127 beneficiaries who were in nursing facilities for part of their enrollment and their 4,358,442 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.medispain.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	285,192	35.1 %	3,043,981	0.9	\$39	371,229	45.6 %	3,839,731	0.7	\$29	130,743	16.1 %	1,404,536	0.8	\$64
Female	203,063	34.2	2,182,566	0.9	39	284,581	47.9	2,963,709	0.7	30	90,584	15.2	978,301	0.8	64
Disabled	22,136	44.3	250,160	0.9	45	25,161	50.4	279,736	0.8	37	11,042	22.1	126,272	0.8	66
64 or younger	13,437	43.4	151,913	0.9	48	17,197	55.5	192,202	0.8	39	7,137	23.0	81,380	0.8	65
65-74	4,662	52.5	53,127	0.9	45	3,922	44.1	43,708	0.8	35	2,326	26.2	26,904	0.8	67
75-84	2,912	45.3	32,856	0.9	40	2,749	42.8	30,239	0.7	32	1,243	19.3	14,305	0.8	66
85 and older	1,125	30.9	12,264	0.8	33	1,293	35.5	13,587	0.6	27	336	9.2	3,683	0.7	60
Other Eligibles	180,925	33.3	1,932,402	0.9	38	259,417	47.7	2,683,967	0.7	29	79,542	14.6	852,029	0.8	63
64 or younger	35	39.3	384	0.8	42	34	38.2	357	0.7	33	19	21.3	201	0.8	69
65-74	30,426	59.6	333,038	0.9	44	29,780	58.3	320,154	0.8	35	14,253	27.9	156,317	0.8	67
75-84	78,337	43.3	842,742	0.9	39	90,477	50.0	950,462	0.7	31	36,281	20.1	389,972	0.8	64
85 and older	72,127	23.1	756,238	0.8	34	139,126	44.6	1,412,994	0.6	27	28,989	9.3	305,539	0.8	60
Male	82,129	37.4	861,415	0.9	40	86,648	39.5	876,022	0.6	25	40,159	18.3	426,235	0.8	64
Disabled	17,677	37.4	197,525	0.9	46	18,735	39.7	205,753	0.7	34	10,457	22.1	118,837	0.8	65
64 or younger	13,792	36.9	153,777	0.9	47	15,757	42.1	173,371	0.8	36	8,587	22.9	97,369	0.8	65
65-74	2,876	42.1	32,583	0.9	42	2,135	31.2	23,383	0.6	26	1,478	21.6	16,969	0.8	66
75-84	815	35.9	9,048	0.9	42	659	29.0	7,109	0.6	20	347	15.3	3,983	0.8	66
85 and older	194	27.7	2,117	0.8	35	184	26.2	1,890	0.6	16	45	6.4	516	0.8	68
Other Eligibles	64,450	37.4	663,866	0.9	38	67,913	39.4	670,269	0.6	22	29,702	17.2	307,398	0.8	64
64 or younger	20	22.2	194	0.7	36	20	22.2	180	0.4	9	16	17.8	157	0.7	67
65-74	18,940	48.9	202,863	0.9	42	16,487	42.6	172,721	0.7	27	9,477	24.5	102,025	0.8	67
75-84	29,737	40.5	305,543	0.9	38	28,646	39.0	283,861	0.6	22	14,160	19.3	145,598	0.8	63
85 and older	15,753	26.2	155,266	0.8	34	22,760	37.9	213,507	0.5	19	6,049	10.1	59,618	0.8	59
Unknown	4	100.0	28	1.1	43	3	75.0	6	0.8	16	0	0.0	0	0.0	0

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

a. Table 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 460,127 beneficiaries who were in nursing facilities for part of their enrollment and their 4,358,442 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.medispain.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2004

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIASTHMATIC					Benefit Months Among All-Year	
	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	Nursing Facility Residents
All	101,618	12.5 %	1,072,798	0.8	\$82	308,456	37.9 %	3,266,888	0.5	\$26	813,550	8,281,703
Female	71,886	12.1	763,290	0.8	82	217,671	36.6	2,324,629	0.5	25	594,059	6,089,472
Disabled	4,758	9.5	53,385	0.8	79	19,982	40.0	223,694	0.5	29	49,949	555,460
64 or younger	2,527	8.2	28,305	0.8	82	12,375	39.9	139,430	0.5	31	30,991	346,047
65-74	1,042	11.7	11,914	0.8	80	3,733	42.0	41,777	0.6	30	8,887	99,760
75-84	796	12.4	8,909	0.7	74	2,588	40.3	28,614	0.5	25	6,429	71,053
85 and older	393	10.8	4,257	0.7	72	1,286	35.3	13,873	0.4	20	3,642	38,600
Other Eligibles	67,127	12.3	709,903	0.8	82	197,688	36.3	2,100,923	0.5	25	544,110	5,534,012
64 or younger	6	6.7	50	0.6	76	19	21.3	184	0.4	20	89	929
65-74	7,352	14.4	80,116	0.8	84	23,379	45.8	254,458	0.6	32	51,046	538,563
75-84	24,406	13.5	260,948	0.8	83	70,600	39.0	754,913	0.5	27	180,818	1,863,295
85 and older	35,363	11.3	368,789	0.8	81	103,690	33.2	1,091,368	0.4	21	312,157	3,131,225
Male	29,732	13.5	309,508	0.8	84	90,785	41.4	942,259	0.5	28	219,487	2,192,204
Disabled	4,350	9.2	47,974	0.8	108	17,155	36.3	190,631	0.6	29	47,226	520,995
64 or younger	3,139	8.4	34,556	0.8	119	13,399	35.8	149,372	0.6	30	37,418	412,912
65-74	871	12.7	9,689	0.8	80	2,625	38.4	29,024	0.6	31	6,834	76,035
75-84	274	12.1	3,042	0.8	76	882	38.8	9,551	0.5	25	2,273	24,888
85 and older	66	9.4	687	0.8	85	249	35.5	2,684	0.5	25	701	7,160
Other Eligibles	25,382	14.7	261,534	0.8	80	73,629	42.7	751,616	0.5	28	172,261	1,671,209
64 or younger	8	8.9	76	0.6	71	19	21.1	202	0.6	38	90	878
65-74	6,252	16.1	67,703	0.8	83	17,320	44.7	184,355	0.6	32	38,717	398,716
75-84	11,185	15.2	115,721	0.8	79	31,790	43.3	325,568	0.5	28	73,421	716,601
85 and older	7,937	13.2	78,034	0.8	78	24,500	40.8	241,491	0.5	25	60,033	555,014
Unknown	1	25.0	2	0.5	49	2	50.0	24	0.2	4	4	27

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

a. Table 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 460,127 beneficiaries who were in nursing facilities for part of their enrollment and their 4,358,442 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.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
UNITED STATES, 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
All	3,766,859	54.5 %	5.9	40,470,910	\$80	\$553,880,350	\$14	2.7 %	6,915,521
Age									
5 and younger	240	75.2	10.8	3,449	477	152,233	44	10.5	319
6-14	630	75.8	10.5	8,742	304	252,946	29	3.4	831
15-20	3,758	37.2	2.7	27,447	78	789,668	29	3.0	10,115
21-44	462,195	46.1	4.2	4,186,356	81	81,521,399	19	2.4	1,002,493
45-64	855,474	57.8	6.6	9,766,210	105	155,266,197	16	2.6	1,480,545
65-74	937,368	53.9	5.4	9,366,404	68	118,455,013	13	2.6	1,738,478
75-84	900,322	55.6	6.0	9,755,805	72	116,045,682	12	2.8	1,618,903
85 and older	606,863	57.0	6.9	7,356,339	77	81,396,135	11	3.4	1,063,819
Unknown	9	50.0	8.8	158	60	1,077	7	5.3	18
Basis of Eligibility^c									
Aged	2,080,053	53.8	5.8	22,255,471	69	265,334,116	12	2.8	3,869,606
Disabled	1,649,204	55.8	6.1	17,932,454	96	283,740,990	16	2.6	2,956,878
Adults	36,621	42.1	3.2	275,183	53	4,637,590	17	2.3	86,977
Children	495	44.6	4.5	4,971	106	117,913	24	2.9	1,109
Unknown	486	51.1	3.0	2,831	52	49,741	18	1.5	951
Gender									
Female	2,555,755	58.0	6.4	28,236,380	86	378,660,690	13	2.9	4,403,109
Male	1,211,087	48.2	4.9	12,234,412	70	175,216,286	14	2.3	2,512,367
Unknown	17	37.8	2.6	118	75	3,374	29	2.9	45
Race									
White	2,265,476	55.6	6.7	27,149,459	90	365,565,827	13	2.8	4,076,913
African American	627,921	50.0	4.6	5,805,494	66	82,551,666	14	2.5	1,254,797
Other/unknown	873,462	55.1	4.7	7,515,957	67	105,762,857	14	2.5	1,583,811
Use of Nursing Facilities^d									
Entire year	508,178	62.5	10.5	8,544,539	114	92,754,222	11	3.2	813,550
Part year	322,793	70.2	8.2	3,793,852	101	46,520,939	12	3.2	460,127
None	2,935,888	52.0	5.0	28,132,519	73	414,605,189	15	2.6	5,641,844
Maintenance Assistance Status									
Cash	1,813,386	56.7	5.6	17,811,715	80	254,528,422	14	2.6	3,200,210
Medically needy	387,892	49.8	6.1	4,735,956	77	60,273,626	13	2.7	778,438
Poverty related	455,692	47.8	4.0	3,797,032	65	62,332,654	16	2.4	954,105
Other/unknown	1,109,889	56.0	7.1	14,126,207	89	176,745,648	13	3.0	1,982,768

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

a. Table 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 excluded 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 or 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^{a,b}
UNITED STATES, 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
All	0.6	\$8	\$14	\$0	\$2	72,894,339
Age						
5 and younger	1.1	49	44	0	2	3,104
6-14	1.0	29	29	0	1	8,795
15-20	0.3	8	29	0	2	104,791
21-44	0.4	8	19	0	3	10,760,984
45-64	0.6	10	16	0	3	15,907,151
65-74	0.5	6	13	0	2	18,500,279
75-84	0.6	7	12	0	2	17,087,842
85 and older	0.7	8	11	0	1	10,521,272
Unknown	1.3	9	7	0	1	121
Basis of Eligibility^c						
Aged	0.6	7	12	0	1	39,945,896
Disabled	0.6	9	16	0	3	32,210,387
Adults	0.4	6	17	0	2	719,362
Children	0.5	13	24	0	1	9,372
Unknown	0.3	5	18	0	2	9,322
Gender						
Female	0.6	8	13	0	2	46,668,764
Male	0.5	7	14	0	2	26,225,174
Unknown	0.3	8	29	0	5	401
Race						
White	0.6	9	13	0	3	42,440,439
African American	0.4	6	14	0	1	13,386,849
Other/unknown	0.4	6	14	0	1	17,067,051
Use of Nursing Facilities^d						
Entire year	1.0	11	11	0	3	8,281,703
Part year	0.9	11	12	0	3	4,358,442
None	0.5	7	15	0	2	60,254,194
Maintenance Assistance Status						
Cash	0.5	7	14	0	2	35,691,900
Medically needy	0.6	8	13	0	2	7,464,510
Poverty related	0.4	6	16	0	2	9,983,574
Other/unknown	0.7	9	13	0	2	19,754,355

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

a. Table 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 excluded 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^{a,b,c}
UNITED STATES, 2004

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Total Number Rx.	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	%		Excluded Rx	%
All	5,725,737	\$97	\$553,880,350		100.0	40,470,910		100.0
Anorexia or weight loss/gain	2,218	254	563,336	0.1		8,045	70	0.0
Fertility drugs	95	262	24,913	0.0		310	80	0.0
Drugs for cosmetic purposes	1,730	30	52,201	0.0		3,423	15	0.0
Cough and cold medications	700,656	68	47,551,911	8.6		1,751,036	27	4.3
Vitamins and minerals	1,179,448	108	127,210,075	23.0		7,526,263	17	18.6
Non-prescription drugs	2,167,530	78	168,906,930	30.5		19,830,811	9	49.0
Barbiturates	59,837	73	4,350,563	0.8		620,995	7	1.5
Benzodiazepines	1,460,341	107	156,123,860	28.2		10,139,911	15	25.1
Other Part D Excl Rx Drugs	153,882	319	49,096,561	8.9		590,116	83	1.5

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

a. Table 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 excluded 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.

NATIONAL COMPARISON TABLE N.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 DUAL ELIGIBLE BENEFICIARIES, 2004a,b,c

	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx per Benefit Month	Rx \$ per Benefit Month	Percentage of All Rx			Rx \$ as a Percentage of Total Medicaid \$ ^e	Among All-Year Nursing Facility Residents ^f	
						Patented Brand-Name ^d	Off-Patent Brand-Name	Generic		Number of Rx per Benefit Month	Rx \$ per Benefit Month
All States	6,915,521	72,894,339	85.8 %	4.2	\$283	41.5 %	6.0 %	52.1 %	20.9 %	6.6	\$356
Alabama	105,918	1,138,541	89.2	4.4	231	31.7	5.2	62.8	20.2	7.2	373
Alaska	12,370	129,731	88.6	6.2	409	44.9	9.2	45.6	20.3	9.9	608
Arizona	53,222	384,041	3.2	0.1	4	24.4	5.0	69.6	0.2	3.7	147
Arkansas	68,608	722,849	89.0	3.6	225	38.7	6.8	54.2	16.2	7.1	382
California	914,207	9,927,883	85.2	3.0	266	44.7	7.8	47.3	28.4	5.9	352
Colorado	55,829	568,975	81.4	4.5	283	37.8	6.0	56.0	16.8	6.9	356
Connecticut	80,995	859,448	91.2	5.0	366	43.6	5.2	50.6	14.8	6.8	395
Delaware	11,256	113,468	97.6	5.2	340	41.8	6.4	51.6	83.5	7.6	348
D.C.	18,188	193,796	70.9	3.0	229	41.8	4.5	53.5	13.9	1.0	56
Florida	381,885	3,942,532	85.5	4.7	312	44.2	5.1	50.1	26.6	7.4	384
Georgia	161,664	1,701,033	88.1	4.7	270	40.3	6.3	52.9	21.3	7.1	373
Hawaii	28,620	301,887	87.5	3.3	230	40.9	4.8	54.2	19.9	4.1	233
Idaho	21,807	227,334	89.8	5.6	345	39.2	6.2	53.9	20.9	7.5	380
Illinois	445,738	4,571,628	85.0	3.9	210	37.6	6.2	55.6	26.6	6.9	390
Indiana	120,351	1,243,143	86.7	5.2	322	38.4	5.6	55.6	22.4	8.2	404
Iowa	62,975	675,729	91.4	5.3	313	35.6	7.0	56.6	19.3	7.2	337
Kansas	48,566	504,092	89.4	5.1	317	39.7	5.6	54.2	18.4	7.5	379
Kentucky	100,127	1,052,217	89.3	5.7	304	37.0	5.8	56.8	25.1	10.0	466
Louisiana	110,889	1,213,053	89.5	4.7	309	41.9	7.1	50.4	26.3	8.1	520
Maine	51,833	567,162	92.1	4.7	262	38.0	6.3	55.4	18.9	7.9	324
Maryland	109,858	1,139,576	80.4	3.9	241	42.4	6.3	51.1	16.7	7.7	378
Massachusetts	211,174	2,294,258	89.5	4.0	250	36.4	3.5	59.8	15.9	6.1	278
Michigan	216,329	2,210,066	87.3	4.5	254	36.8	4.2	58.8	24.1	6.9	284
Minnesota	75,146	700,355	86.0	4.2	318	40.3	5.9	53.5	13.2	7.2	376
Mississippi	152,025	1,719,295	92.4	3.5	231	42.9	5.7	50.8	28.6	7.1	432
Missouri	173,213	1,802,346	89.9	5.6	364	37.6	6.3	55.7	29.9	7.8	435
Montana	17,486	171,512	87.2	4.9	306	34.7	7.0	57.8	21.4	6.8	331
Nebraska	37,360	384,136	92.1	5.4	324	37.9	6.5	55.3	22.0	7.6	369
Nevada	22,132	225,001	84.4	4.3	250	38.2	4.6	57.1	19.0	7.5	317
New Hampshire	22,119	225,145	90.8	5.2	332	39.4	6.3	54.0	17.0	7.2	353
New Jersey	138,597	1,463,626	90.6	5.4	379	48.6	5.0	46.0	19.3	8.6	442
New Mexico	36,989	381,453	81.5	3.7	211	37.7	7.0	54.6	12.5	6.9	354
New York	643,940	6,831,567	77.6	3.6	307	51.1	6.1	42.2	12.4	1.0	116
North Carolina	235,654	2,600,729	92.2	4.8	318	44.0	6.4	49.2	29.7	6.9	410

Table N.5

Dual Eligible Beneficiaries

	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx per Benefit Month	Rx \$ per Benefit Month	Percentage of All Rx				Among All-Year Nursing Facility Residents ^f	
						Patented Brand-Name ^d	Off-Patent Brand-Name	Generic	Rx \$ as a Percentage of Total Medicaid \$ ^e	Number of Rx per Benefit Month	Rx \$ per Benefit Month
North Dakota	12,918	130,809	87.8	5.4	301	37.9	6.7	55.1	12.7	7.7	369
Ohio	253,886	2,548,386	85.2	5.8	353	41.3	7.5	50.6	16.8	8.6	431
Oklahoma	87,580	923,717	89.8	3.5	230	33.6	5.7	60.3	21.4	7.3	385
Oregon	37,187	349,070	86.9	5.1	266	31.2	4.3	64.3	18.3	7.0	309
Pennsylvania	152,707	1,401,470	83.9	5.8	380	41.9	6.8	50.7	17.2	8.0	446
Rhode Island	29,659	323,531	89.4	4.1	304	43.4	5.2	51.1	16.8	6.0	361
South Carolina	182,637	2,024,811	77.2	2.9	181	44.2	5.3	50.1	29.7	2.9	152
South Dakota	14,161	148,977	86.6	5.0	306	39.6	8.2	51.7	18.3	7.5	389
Tennessee	289,884	3,202,595	91.1	6.3	380	40.3	5.4	54.1	43.0	9.0	443
Texas	375,060	4,038,545	90.1	3.1	239	45.1	6.4	48.4	20.8	7.4	439
Utah	25,381	258,133	87.0	5.0	339	40.4	6.6	52.8	25.6	8.1	452
Vermont	31,441	325,417	90.6	4.3	283	40.9	5.9	53.0	28.6	7.0	355
Virginia	111,331	1,181,216	88.9	4.8	300	38.6	5.9	54.8	24.3	7.8	406
Washington	101,583	1,079,506	89.5	4.8	273	34.2	4.7	60.9	23.8	6.7	320
West Virginia	50,314	527,132	89.2	5.0	279	35.6	6.4	57.6	20.3	7.6	357
Wisconsin	205,993	2,173,779	88.1	4.4	230	37.9	5.4	56.3	20.8	7.5	334
Wyoming	6,729	69,638	87.6	4.9	321	37.3	7.4	54.5	14.9	7.4	386

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

a. Table N.5, except for the last two columns, includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. The last two columns include beneficiaries represented by Cell H of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2004. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

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. 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. 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.

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

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

NATIONAL COMPARISON TABLE N.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE
 DUAL ELIGIBLE BENEFICIARIES, 2004a,b,c,d

	Share of Benefit Months (percent)					Medicaid Rx \$ per Benefit Month (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
All States	100	54.8	44.2	1.0	0.0	\$283	\$234	\$343	\$281	\$428	100	45.4	53.5	1.0	0.0
Alabama	100	37.5	61.7	0.8	0.0	231	232	233	90	107	100	37.5	62.1	0.3	0.0
Alaska	100	49.9	49.3	0.8	0.0	409	291	530	336	75	100	35.4	63.9	0.7	0.0
Arizona	100	57.7	40.0	2.3	0.0	4	4	5	2	0	100	52.6	46.5	0.9	0.0
Arkansas	100	59.9	38.6	1.5	0.0	225	227	226	95	837	100	60.5	38.8	0.6	0.0
California	100	57.0	42.3	0.6	0.0	266	213	337	281	362	100	45.7	53.6	0.7	0.0
Colorado	100	61.5	38.0	0.5	0.0	283	231	369	158	195	100	50.2	49.6	0.3	0.0
Connecticut	100	59.0	39.0	1.9	0.0	366	307	455	379	367	100	49.5	48.5	2.0	0.0
Delaware	100	49.3	43.7	6.9	0.0	340	278	424	260	0	100	40.2	54.4	5.3	0.0
D.C.	100	44.9	52.0	3.1	0.0	229	133	308	278	703	100	26.1	70.1	3.8	0.1
Florida	100	56.1	43.7	0.2	0.0	312	249	393	220	631	100	44.8	55.0	0.2	0.0
Georgia	100	42.8	56.7	0.4	0.0	270	256	280	247	379	100	40.7	58.8	0.3	0.0
Hawaii	100	67.3	32.5	0.2	0.0	230	182	330	91	0	100	53.3	46.6	0.1	0.0
Idaho	100	50.2	49.3	0.5	0.0	345	297	395	340	0	100	43.2	56.3	0.5	0.0
Illinois	100	66.0	33.0	1.0	0.0	210	155	320	201	331	100	48.7	50.3	0.9	0.0
Indiana	100	54.7	44.6	0.6	0.0	322	280	373	231	632	100	47.7	51.8	0.5	0.1
Iowa	100	48.0	51.4	0.5	0.0	313	276	347	296	365	100	42.5	57.0	0.5	0.0
Kansas	100	53.5	46.2	0.3	0.0	317	293	345	173	407	100	49.5	50.3	0.2	0.0
Kentucky	100	37.2	62.2	0.5	0.0	304	310	302	219	711	100	38.0	61.6	0.4	0.0
Louisiana	100	59.9	39.8	0.2	0.0	309	318	294	220	556	100	61.8	38.0	0.2	0.0
Maine	100	49.4	43.5	7.0	0.1	262	232	296	262	230	100	43.7	49.2	7.0	0.0
Maryland	100	54.0	42.0	4.0	0.0	241	200	313	31	416	100	44.8	54.6	0.5	0.0
Massachusetts	100	51.8	47.6	0.6	0.0	250	199	306	230	1460	100	41.3	58.2	0.5	0.0
Michigan	100	41.3	58.2	0.5	0.0	254	211	285	227	548	100	34.2	65.3	0.5	0.0
Minnesota	100	25.1	73.8	1.0	0.0	318	210	356	258	140	100	16.6	82.6	0.8	0.0
Mississippi	100	52.9	46.8	0.3	0.0	231	226	238	156	7	100	51.7	48.1	0.2	0.0
Missouri	100	50.4	48.5	1.1	0.0	364	305	428	249	943	100	42.1	57.1	0.8	0.0
Montana	100	48.4	43.6	8.0	0.0	306	262	369	231	231	100	41.3	52.6	6.0	0.0
Nebraska	100	54.5	45.1	0.4	0.0	324	273	385	355	917	100	45.9	53.6	0.4	0.0
Nevada	100	59.8	39.4	0.7	0.0	250	209	314	214	433	100	49.9	49.5	0.6	0.0
New Hampshire	100	49.9	45.9	4.2	0.0	332	287	385	289	734	100	43.2	53.1	3.6	0.1
New Jersey	100	50.0	50.0	0.1	0.0	379	316	442	265	248	100	41.6	58.3	0.1	0.0
New Mexico	100	43.3	55.6	1.1	0.0	211	179	240	50	2188	100	36.7	63.0	0.3	0.1
New York	100	52.9	45.5	1.6	0.0	307	219	405	398	320	100	37.7	60.2	2.1	0.0
North Carolina	100	57.4	42.0	0.6	0.0	318	289	356	355	443	100	52.2	47.1	0.6	0.0
North Dakota	100	59.4	40.1	0.4	0.0	301	285	325	277	173	100	56.2	43.4	0.4	0.0
Ohio	100	54.2	44.6	1.1	0.0	353	314	402	283	406	100	48.2	50.8	0.9	0.0
Oklahoma	100	59.0	40.4	0.6	0.0	230	212	258	167	439	100	54.3	45.2	0.4	0.1
Oregon	100	61.5	38.1	0.4	0.0	266	225	332	295	389	100	52.0	47.6	0.4	0.0

Table N.6

Dual Eligible Beneficiaries

	Share of Benefit Months (percent)					Medicaid Rx \$ per Benefit Month (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
Pennsylvania	100	67.0	32.6	0.3	0.0	380	357	429	293	318	100	62.9	36.8	0.2	0.0
Rhode Island	100	43.8	55.8	0.3	0.0	304	249	347	205	234	100	35.9	63.8	0.2	0.0
South Carolina	100	66.4	32.9	0.7	0.0	181	140	263	186	101	100	51.4	47.9	0.7	0.0
South Dakota	100	48.2	51.0	0.7	0.0	306	303	311	202	480	100	47.7	51.8	0.5	0.0
Tennessee	100	37.1	60.3	2.5	0.0	380	307	422	477	517	100	29.9	66.9	3.2	0.0
Texas	100	70.7	29.1	0.3	0.0	239	233	252	212	422	100	69.1	30.7	0.2	0.0
Utah	100	42.1	56.2	1.7	0.0	339	273	393	209	43	100	33.8	65.0	1.1	0.0
Vermont	100	59.3	39.0	1.7	0.0	283	240	351	235	297	100	50.2	48.4	1.4	0.0
Virginia	100	58.0	41.7	0.3	0.0	300	271	341	210	666	100	52.4	47.4	0.2	0.0
Washington	100	55.0	44.4	0.5	0.0	273	229	328	151	318	100	46.3	53.4	0.3	0.0
West Virginia	100	46.8	52.4	0.7	0.0	279	275	283	234	134	100	46.1	53.2	0.6	0.0
Wisconsin	100	60.6	37.4	2.0	0.0	230	172	318	322	573	100	45.5	51.7	2.8	0.0
Wyoming	100	52.6	46.5	0.8	0.1	321	290	358	211	697	100	47.4	51.8	0.5	0.1

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

a. Table N.6 includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2004. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

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

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

NATIONAL COMPARISON TABLE N.7
TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
DUAL ELIGIBLE BENEFICIARIES, 2004a,b,c

	ANTIPSYCHO- TICS	ULCERDRU GS	ANTIHYPERTEN- SIVE	ANTIDEPRESS- ANTS	ANTICONVULS- ANT	ANTIDIABETIC	ANALGESICS- Narcotic	ANTIHYPERTENS- IVE	ANALGESICS- ANTI- INFLAMMATORY	ANTIASTHMA TIC
All States	1	2	3	4	5	6	7	8	9	10
Alabama	1	5	6	3	2	4	8	7	.	.
Alaska	1	2	6	3	5	9	4	10	8	7
Arizona	2	9	.	6	3	1	5	8	10	.
Arkansas	1	5	8	2	3	4	9	6	.	10
California	1	2	3	8	9	4	10	5	6	.
Colorado	1	9	5	3	2	7	4	.	10	8
Connecticut	1	2	5	3	4	7	6	.	10	.
Delaware	1	.	5	3	4	7	6	9	.	8
D.C.	2	8	3	10	7	5	.	4	.	9
Florida	1	2	4	5	8	6	10	9	7	.
Georgia	1	7	3	2	4	5	8	6	9	.
Hawaii	1	.	2	8	5	3	7	4	.	9
Idaho	1	5	7	2	3	6	4	9	10	8
Illinois	1	3	2	6	5	4	.	7	8	9
Indiana	1	7	6	2	3	5	4	.	10	9
Iowa	1	4	7	2	3	6	5	10	.	8
Kansas	1	3	7	2	4	6	5	.	10	9
Kentucky	1	7	4	2	3	6	.	8	9	5
Louisiana	1	2	3	5	8	4	9	6	7	.
Maine	1	2	4	3	5	8	6	.	9	7
Maryland	1	2	3	5	4	6	7	9	.	10
Massachusetts	1	3	5	2	4	8	7	.	.	9
Michigan	1	5	3	4	2	7	6	.	9	8
Minnesota	1	4	5	3	2	7	6	.	10	8
Mississippi	1	7	4	5	6	2	10	3	8	.
Missouri	1	.	5	2	3	6	4	9	8	7
Montana	1	6	8	2	4	7	3	.	9	5
Nebraska	1	.	4	3	2	6	5	10	9	7
Nevada	1	10	3	5	4	7	2	8	9	6
New Hampshire	1	5	6	2	3	9	4	.	10	7
New Jersey	1	2	3	4	9	5	10	7	6	.
New Mexico	1	2	6	3	4	5	8	10	7	9
New York	1	2	3	7	6	5	.	8	9	.
North Carolina	1	2	3	4	6	5	7	9	8	10
North Dakota	1	7	6	2	3	5	4	.	9	8
Ohio	1	2	5	3	4	6	8	.	10	7
Oklahoma	1	7	5	2	4	6	3	10	.	9

Table N.7

Dual Eligible Beneficiaries

	ANTIPSYCHO TICS	ULCERDRU GS	ANTIHYPERLI PIDEMIC	ANTIDEPRESS ANTS	ANTICONVULS ANT	ANTIDIABETIC	ANALGESICS- Narcotic	ANTIHYPERTENS IVE	ANALGESICS- ANTI- INFLAMMATORY	ANTIASTHMA TIC
Oregon	1	8	6	2	4	5	3	10	.	7
Pennsylvania	1	2	6	3	4	8	5	10	.	9
Rhode Island	1	3	5	2	4	7	6	9	10	8
South Carolina	1	.	2	7	5	3	6	4	8	.
South Dakota	1	2	9	3	4	8	5	.	7	6
Tennessee	1	2	3	4	6	7	5	10	9	8
Texas	1	3	2	5	8	4	.	7	6	.
Utah	1	4	6	2	3	7	5	10	8	9
Vermont	1	3	2	4	5	8	7	10	9	6
Virginia	1	2	3	4	5	6	7	8	.	9
Washington	1	4	6	2	3	7	5	.	9	8
West Virginia	1	5	4	3	2	6	8	9	.	7
Wisconsin	1	6	3	2	4	7	5	.	10	8
Wyoming	1	5	10	2	3	7	4	.	9	8

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

a. Table N.7 is based on beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2004. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in each state for 2004. The Medicaid reimbursement amounts do not reflect federally required rebates from drug manufacturers to states. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26 2007).

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 UNITED STATES, 2004

Total Number of Dual Eligible Beneficiaries	6,915,521
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$20,607,095,070
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,980

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	981,232	14.2 %	\$0	0.0 %
1-500	1,031,980	14.9	219,536,865	1.1
501-1,000	667,990	9.7	495,585,586	2.4
1,001-1,500	561,816	8.1	699,223,781	3.4
1,501-2,000	491,730	7.1	858,058,492	4.2
2,001-2,500	430,920	6.2	967,424,775	4.7
2,501-3,000	374,328	5.4	1,027,476,741	5.0
3,001-3,500	325,055	4.7	1,054,745,556	5.1
3,501-4,000	280,490	4.1	1,050,146,832	5.1
4,001-4,500	242,519	3.5	1,029,280,141	5.0
4,501-5,000	207,999	3.0	986,762,796	4.8
5,001-5,500	178,208	2.6	934,560,786	4.5
5,501-6,000	151,537	2.2	870,392,070	4.2
6,001-6,500	130,000	1.9	811,705,919	3.9
6,501-7,000	110,709	1.6	746,654,333	3.6
7,001-7,500	94,427	1.4	683,994,345	3.3
7,501-8,000	80,895	1.2	626,406,760	3.0
8,001-8,500	69,067	1.0	569,359,298	2.8
8,501-9,000	59,167	0.9	517,394,855	2.5
9,001-9,500	50,906	0.7	470,644,026	2.3
9,501-10,000	44,026	0.6	428,976,367	2.1
10,001+	350,520	5.1	5,558,764,746	27.0

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

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

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 UNITED STATES, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	2,409,198
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$9,223,789,636
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,829

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	336,009	13.9 %	0	0.0 %
1-500	388,497	16.1	76,359,349	0.8
501-1,000	203,858	8.5	150,267,987	1.6
1,001-1,500	161,278	6.7	200,407,219	2.2
1,501-2,000	137,271	5.7	239,397,828	2.6
2,001-2,500	119,974	5.0	269,430,071	2.9
2,501-3,000	106,460	4.4	292,282,260	3.2
3,001-3,500	95,122	3.9	308,838,684	3.3
3,501-4,000	84,478	3.5	316,402,802	3.4
4,001-4,500	76,265	3.2	323,860,746	3.5
4,501-5,000	68,246	2.8	323,894,054	3.5
5,001-5,500	61,254	2.5	321,373,064	3.5
5,501-6,000	55,013	2.3	316,079,627	3.4
6,001-6,500	49,525	2.1	309,360,080	3.4
6,501-7,000	44,139	1.8	297,771,316	3.2
7,001-7,500	40,187	1.7	291,190,812	3.2
7,501-8,000	35,783	1.5	277,175,604	3.0
8,001-8,500	32,203	1.3	265,520,813	2.9
8,501-9,000	28,753	1.2	251,516,140	2.7
9,001-9,500	26,006	1.1	240,494,946	2.6
9,501-10,000	23,391	1.0	227,988,680	2.5
10,001+	235,486	9.8	3,924,177,554	42.5

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

a. 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^{a, b}
 UNITED STATES, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	4,421,200
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$11,172,772,791
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,527

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	624,086	14.1 %	0	0.0 %
1-500	624,643	14.1	139,662,249	1.3
501-1,000	456,116	10.3	339,425,146	3.0
1,001-1,500	395,125	8.9	492,111,711	4.4
1,501-2,000	350,099	7.9	611,063,251	5.5
2,001-2,500	307,574	7.0	690,438,481	6.2
2,501-3,000	264,917	6.0	727,087,569	6.5
3,001-3,500	227,487	5.1	737,974,598	6.6
3,501-4,000	193,883	4.4	725,768,426	6.5
4,001-4,500	164,341	3.7	697,286,991	6.2
4,501-5,000	138,182	3.1	655,412,830	5.9
5,001-5,500	115,600	2.6	606,092,512	5.4
5,501-6,000	95,299	2.2	547,275,050	4.9
6,001-6,500	79,371	1.8	495,451,668	4.4
6,501-7,000	65,632	1.5	442,558,276	4.0
7,001-7,500	53,413	1.2	386,814,054	3.5
7,501-8,000	44,412	1.0	343,812,865	3.1
8,001-8,500	36,248	0.8	298,760,997	2.7
8,501-9,000	29,877	0.7	261,177,627	2.3
9,001-9,500	24,400	0.6	225,526,783	2.0
9,501-10,000	20,177	0.5	196,524,787	1.8
10,001+	110,318	2.5	1,552,546,920	13.9

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

a. 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 ^{a, b}
 UNITED STATES, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	1,738,478
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$4,600,519,139
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,646

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	262,097	15.1 %	0	0.0 %
1-500	249,000	14.3	53,687,906	1.2
501-1,000	169,867	9.8	126,467,785	2.7
1,001-1,500	146,913	8.5	182,990,667	4.0
1,501-2,000	131,048	7.5	228,691,700	5.0
2,001-2,500	115,096	6.6	258,453,382	5.6
2,501-3,000	100,119	5.8	274,811,201	6.0
3,001-3,500	86,421	5.0	280,313,857	6.1
3,501-4,000	73,784	4.2	276,190,079	6.0
4,001-4,500	62,980	3.6	267,213,666	5.8
4,501-5,000	53,584	3.1	254,225,305	5.5
5,001-5,500	45,084	2.6	236,378,457	5.1
5,501-6,000	37,372	2.1	214,643,511	4.7
6,001-6,500	31,648	1.8	197,590,998	4.3
6,501-7,000	26,806	1.5	180,764,915	3.9
7,001-7,500	21,900	1.3	158,574,503	3.4
7,501-8,000	18,568	1.1	143,776,978	3.1
8,001-8,500	15,532	0.9	128,012,111	2.8
8,501-9,000	12,930	0.7	113,032,257	2.5
9,001-9,500	10,945	0.6	101,172,875	2.2
9,501-10,000	9,312	0.5	90,716,209	2.0
10,001+	57,472	3.3	832,810,777	18.1

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

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 UNITED STATES, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	1,618,903
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$4,179,998,327
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,582

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	219,778	13.6 %	0	0.0 %
1-500	211,434	13.1	48,027,945	1.1
501-1,000	163,510	10.1	121,867,867	2.9
1,001-1,500	145,288	9.0	181,142,394	4.3
1,501-2,000	130,651	8.1	228,108,696	5.5
2,001-2,500	116,082	7.2	260,546,063	6.2
2,501-3,000	100,230	6.2	275,121,084	6.6
3,001-3,500	86,073	5.3	279,270,503	6.7
3,501-4,000	74,049	4.6	277,188,232	6.6
4,001-4,500	62,672	3.9	265,938,226	6.4
4,501-5,000	52,929	3.3	251,019,635	6.0
5,001-5,500	44,531	2.8	233,465,204	5.6
5,501-6,000	37,156	2.3	213,367,210	5.1
6,001-6,500	30,594	1.9	190,941,836	4.6
6,501-7,000	25,290	1.6	170,529,391	4.1
7,001-7,500	20,661	1.3	149,668,195	3.6
7,501-8,000	17,293	1.1	133,844,126	3.2
8,001-8,500	13,837	0.9	114,075,914	2.7
8,501-9,000	11,608	0.7	101,479,537	2.4
9,001-9,500	9,255	0.6	85,536,549	2.0
9,501-10,000	7,557	0.5	73,592,443	1.8
10,001+	38,425	2.4	525,267,277	12.6

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

a. 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^{a, b}
 UNITED STATES, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	1,063,819
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$2,392,255,325
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,249

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	142,211	13.4 %	0	0.0 %
1-500	164,209	15.4	37,946,398	1.6
501-1,000	122,739	11.5	91,089,494	3.8
1,001-1,500	102,924	9.7	127,978,650	5.3
1,501-2,000	88,400	8.3	154,262,855	6.4
2,001-2,500	76,396	7.2	171,439,036	7.2
2,501-3,000	64,568	6.1	177,155,284	7.4
3,001-3,500	54,993	5.2	178,390,238	7.5
3,501-4,000	46,050	4.3	172,390,115	7.2
4,001-4,500	38,689	3.6	164,135,099	6.9
4,501-5,000	31,669	3.0	150,167,890	6.3
5,001-5,500	25,985	2.4	136,248,851	5.7
5,501-6,000	20,771	2.0	119,264,329	5.0
6,001-6,500	17,129	1.6	106,918,834	4.5
6,501-7,000	13,536	1.3	91,263,970	3.8
7,001-7,500	10,852	1.0	78,571,356	3.3
7,501-8,000	8,551	0.8	66,191,761	2.8
8,001-8,500	6,879	0.6	56,672,972	2.4
8,501-9,000	5,339	0.5	46,665,833	2.0
9,001-9,500	4,200	0.4	38,817,359	1.6
9,501-10,000	3,308	0.3	32,216,135	1.3
10,001+	14,421	1.4	194,468,866	8.1

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

a. 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.4
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	7,398,239	4,103,399	3,181,427	111,140	1,281	992	79,314,892	42,979,039	35,291,146	1,023,253	11,653	9,801
Age												
5 and younger	352	1	286	0	65	0	3,618	12	3,014	0	592	0
6-14	927	3	734	0	190	0	10,247	28	8,278	0	1,941	0
15-20	11,388	0	10,515	186	687	0	125,705	0	117,235	1,608	6,862	0
21-44	1,098,672	186	1,040,702	57,447	260	77	12,096,404	1,983	11,557,329	534,607	1,753	732
45-64	1,594,566	1,813	1,546,959	45,227	52	515	17,424,581	18,642	16,980,217	420,154	321	5,247
65-74	1,873,414	1,448,586	417,115	7,297	19	397	20,285,367	15,456,932	4,765,053	59,461	126	3,795
75-84	1,710,836	1,579,377	130,580	875	1	3	18,283,578	16,791,486	1,485,289	6,764	12	27
85 and older	1,108,066	1,073,419	34,535	108	4	0	11,085,271	10,709,856	374,719	659	37	0
Unknown	18	14	1	0	3	0	121	100	12	0	9	0
Gender												
Female	4,697,218	2,922,050	1,712,614	60,969	593	992	50,619,734	30,861,987	19,174,315	568,247	5,384	9,801
Male	2,700,976	1,181,347	1,468,772	50,169	688	0	28,694,748	12,117,043	16,116,435	455,001	6,269	0
Unknown	45	2	41	2	0	0	410	9	396	5	0	0
Race												
White	4,334,521	2,387,577	1,882,292	63,400	682	570	45,798,873	24,385,921	20,820,692	580,541	6,284	5,435
African American	1,325,746	624,928	676,421	23,861	339	197	14,395,612	6,674,731	7,495,299	220,596	3,037	1,949
Other/unknown	1,737,972	1,090,894	622,714	23,879	260	225	19,120,407	11,918,387	6,975,155	222,116	2,332	2,417
Use of Nursing Facilities^c												
Entire year	826,643	728,655	97,863	119	5	1	8,440,165	7,354,022	1,084,872	1,210	60	1
Part year	467,416	388,923	78,142	345	3	3	4,492,712	3,660,578	828,518	3,545	36	35
None	6,104,180	2,985,821	3,005,422	110,676	1,273	988	66,382,015	31,964,439	33,377,756	1,018,498	11,557	9,765
Maintenance Assistance Status												
Cash	3,494,577	1,588,092	1,864,460	41,879	146	0	39,629,191	17,983,761	21,241,671	402,343	1,416	0
Medically needy	808,463	521,869	271,626	14,819	149	0	7,865,765	5,009,526	2,727,406	127,614	1,219	0
Poverty related	1,049,948	539,163	505,576	3,771	446	992	11,251,519	5,711,008	5,500,739	26,272	3,699	9,801
Other/unknown	2,045,251	1,454,275	539,765	50,671	540	0	20,568,417	14,274,744	5,821,330	467,024	5,319	0
Dual Status^d												
Full dual, all year	7,182,249	3,981,754	3,088,984	109,243	1,277	991	77,043,053	41,698,472	34,319,421	1,003,753	11,618	9,789
Full dual, part year	215,990	121,645	92,443	1,897	4	1	2,271,839	1,280,567	971,725	19,500	35	12
Managed Care (MC) Status												
Fee-for-service (FFS) all year	6,698,108	3,771,766	2,854,875	69,563	959	945	71,624,032	39,343,247	31,628,381	634,438	8,666	9,300
FFS part year, with Rx claims	111,281	43,999	57,542	9,640	97	3	1,215,831	475,288	639,282	100,202	1,033	26
FFS part year, no Rx claims	65,092	28,989	30,898	5,165	39	1	680,074	300,166	331,795	47,759	342	12
MC all year, with Rx claims	92,577	40,453	47,433	4,634	53	4	1,049,418	456,417	545,817	46,644	505	35
MC all year, no Rx claims	431,172	218,188	190,676	22,136	133	39	4,745,508	2,403,901	2,145,864	194,208	1,107	428

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

- a. Table A.4 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.5
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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
All	7,398,239	79,314,892	6,915,521	72,894,339	51,537	6,420,553
Fee-for-service (FFS) all year	6,698,108	71,624,032	6,698,108	71,618,729	0	5,303
FFS part year, with Rx claims	111,281	1,215,831	111,281	599,764	0	616,067
FFS part year, with no Rx claims	65,092	680,074	65,082	211,436	10	468,638
Managed care (MC) all year, with Rx claims	92,577	1,049,418	41,050	464,410	51,527	585,008
MC all year, with no Rx claims	431,172	4,745,508	0	0	0	4,745,508
Unknown	9	29	0	0	0	29

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

a. 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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.6
MANAGED CARE PENETRATION RATES, ALL STATES COMBINED AND BY STATE, BY BASIS OF ELIGIBILITY
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2004a,b

	All Duals		Aged			Disabled/Adults/Children		
	Number of Beneficiaries	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year
All States	7,398,239	7.1 %	4,103,399	258,641	6.3 %	3,293,848	265,065	8.0 %
Alabama	108,126	2.0	42,065	954	2.3	66,039	1,254	1.9
Alaska	12,370	0.0	6,242	0	0.0	6,127	0	0.0
Arizona	109,333	51.3	50,571	23,103	45.7	58,762	32,993	56.1
Arkansas	68,608	0.0	40,780	0	0.0	27,797	0	0.0
California	1,065,851	14.2	605,984	78,880	13.0	459,565	72,723	15.8
Colorado	62,198	10.2	38,325	3,529	9.2	23,870	2,840	11.9
Connecticut	81,199	0.3	48,789	0	0.0	32,397	204	0.6
D.C.	12,486	88.4	6,177	5,680	92.0	6,307	5,355	84.9
Delaware	18,446	1.4	8,237	1	0.0	10,209	257	2.5
Florida	406,357	6.0	229,384	9,664	4.2	176,962	14,808	8.4
Georgia	161,664	0.0	71,677	0	0.0	89,816	0	0.0
Hawaii	29,041	1.4	19,333	13	0.1	9,708	408	4.2
Idaho	21,807	0.0	11,424	0	0.0	10,383	0	0.0
Illinois	445,903	0.0	302,099	94	0.0	143,785	71	0.0
Indiana	120,580	0.2	67,971	2	0.0	52,599	227	0.4
Iowa	62,975	0.0	31,534	0	0.0	31,441	22	0.1
Kansas	48,720	0.3	27,101	86	0.3	21,618	68	0.3
Kentucky	113,765	12.0	42,809	3,201	7.5	70,949	10,437	14.7
Louisiana	110,889	0.0	67,370	0	0.0	43,486	0	0.0
Maine	51,833	0.0	26,302	0	0.0	25,518	0	0.0
Maryland	112,367	2.2	60,292	143	0.2	52,068	2,366	4.5
Massachusetts	211,869	0.3	112,119	31	0.0	99,750	664	0.7
Michigan	221,317	2.3	90,878	184	0.2	130,423	4,804	3.7
Minnesota	110,343	31.9	61,117	34,058	55.7	49,226	1,139	2.3
Mississippi	152,025	0.0	81,329	0	0.0	70,687	0	0.0
Missouri	173,835	0.4	90,047	1	0.0	83,768	621	0.7
Montana	17,486	0.0	8,786	0	0.0	8,698	0	0.0
Nebraska	37,415	0.9	20,754	49	0.2	16,654	297	1.8
Nevada	22,192	0.3	13,228	0	0.0	8,956	60	0.7
New Hampshire	22,119	0.0	11,401	0	0.0	10,718	0	0.0
New Jersey	149,450	7.3	73,955	2,467	3.3	75,487	8,386	11.1
New Mexico	37,308	0.9	16,119	28	0.2	21,182	291	1.4

	All Duals		Aged			Disabled/Adults/Children		
	Number of Beneficiaries	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year
New York	645,243	1.0	350,379	1,839	0.5	294,832	4,470	1.5
North Carolina	235,680	0.0	136,047	0	0.0	99,633	26	0.0
North Dakota	12,919	0.0	7,893	0	0.0	5,026	1	0.0
Ohio	254,975	0.4	141,191	8	0.0	113,784	1,081	1.0
Oklahoma	87,580	0.0	52,338	0	0.0	35,242	0	0.0
Oregon	62,070	40.1	36,069	12,750	35.3	25,993	12,133	46.7
Pennsylvania	290,105	47.4	163,355	61,156	37.4	126,690	76,242	60.2
Rhode Island	30,885	4.0	13,391	1	0.0	17,479	1,225	7.0
South Carolina	182,856	0.1	121,430	17	0.0	61,410	202	0.3
South Dakota	14,161	0.0	7,253	0	0.0	6,906	0	0.0
Tennessee	289,884	0.0	113,303	0	0.0	176,562	0	0.0
Texas	377,580	7.5	267,467	20,110	7.5	110,077	8,051	7.3
Utah	25,387	1.0	11,148	192	1.7	14,226	54	0.4
Vermont	31,441	0.0	19,093	0	0.0	12,346	0	0.0
Virginia	112,262	0.8	65,879	256	0.4	46,372	675	1.5
Washington	102,039	0.4	57,224	144	0.3	44,815	312	0.7
West Virginia	50,317	0.1	23,852	0	0.0	26,430	42	0.2
Wisconsin	206,249	0.1	128,214	0	0.0	78,021	256	0.3
Wyoming	6,729	0.0	3,674	0	0.0	3,049	0	0.0

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

a. Appendix Table A.6 was derived from data contained in Appendix Table A.4 for each state.

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.

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