

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

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TABLE ND.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NONDUAL BENEFICIARIES, CALIFORNIA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>5,642,718</b>	<b>74,413</b>	<b>463,123</b>	<b>2,936,193</b>	<b>2,163,000</b>	<b>5,989</b>	<b>37,644,944</b>	<b>694,514</b>	<b>4,873,512</b>	<b>20,604,975</b>	<b>11,412,232</b>	<b>59,711</b>
<b>Age</b>												
5 and younger	974,623	1	15,534	4	959,084	0	4,524,994	12	141,392	6	4,383,584	0
6-14	772,516	0	41,025	188	731,303	0	4,618,088	0	439,192	511	4,178,385	0
15-20	898,823	0	34,287	412,320	452,188	28	6,074,316	0	365,986	2,947,910	2,760,179	241
21-44	2,458,046	6	139,228	2,296,802	20,338	1,672	17,829,163	22	1,476,810	16,246,544	89,724	16,063
45-64	455,109	19	224,359	226,445	60	4,226	3,807,105	107	2,355,959	1,408,083	248	42,708
65-74	52,866	44,749	7,708	346	0	63	507,888	420,786	84,808	1,595	0	699
75-84	23,622	22,799	779	42	2	0	226,339	218,370	7,742	212	15	0
85 and older	7,097	6,839	203	46	9	0	57,024	55,217	1,623	114	70	0
Unknown	16	0	0	0	16	0	27	0	0	0	27	0
<b>Gender</b>												
Female	3,831,525	46,365	226,531	2,421,357	1,131,286	5,986	26,473,161	435,733	2,411,896	17,513,895	6,051,962	59,675
Male	1,811,185	28,048	236,592	514,836	1,031,706	3	11,171,750	258,781	2,461,616	3,091,080	5,360,237	36
Unknown	8	0	0	0	8	0	33	0	0	0	33	0
<b>Race</b>												
White	1,267,500	14,251	175,345	625,619	450,947	1,338	9,642,029	126,718	1,842,675	4,449,748	3,209,874	13,014
African American	468,867	2,648	84,177	208,487	173,181	374	3,149,575	22,096	881,325	1,289,861	952,662	3,631
Other/unknown	3,906,351	57,514	203,601	2,102,087	1,538,872	4,277	24,853,340	545,700	2,149,512	14,865,366	7,249,696	43,066
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	6,886	1,357	5,460	29	36	4	74,877	14,335	59,907	191	402	42
Part year	8,832	1,521	6,903	294	82	32	87,668	14,920	69,812	1,986	621	329
None	5,627,000	71,535	450,760	2,935,870	2,162,882	5,953	37,482,399	665,259	4,743,793	20,602,798	11,411,209	59,340
<b>Maintenance Assistance Status</b>												
Cash	1,842,658	9,475	400,086	509,502	923,595	0	12,434,242	102,246	4,341,960	2,739,444	5,250,592	0
Medically needy	299,782	49,712	30,251	62,877	156,942	0	1,689,783	459,367	251,361	247,678	731,377	0
Poverty-related	317,673	14,334	14,459	91,721	191,170	5,989	1,639,436	125,714	118,368	454,059	881,584	59,711
Other/unknown	3,182,605	892	18,327	2,272,093	891,293	0	21,881,483	7,187	161,823	17,163,794	4,548,679	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	4,499,194	72,003	437,337	2,593,052	1,390,873	5,929	33,714,274	682,284	4,737,742	19,450,678	8,784,118	59,452
FFS part year, with Rx claims	329,512	1,390	17,294	103,606	207,182	40	1,407,465	8,063	100,438	438,147	860,620	197
FFS part year, no Rx claims	814,012	1,020	8,492	239,535	564,945	20	2,523,205	4,167	35,332	716,150	1,767,494	62

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

- a. Table ND.2 includes the beneficiaries represented by Cell K 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.

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

TABLE ND.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
NONDUAL BENEFICIARIES, CALIFORNIA, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>32.5 %</b>	<b>3.2</b>	<b>\$281</b>	<b>\$87</b>	<b>\$1,773</b>	<b>15.8 %</b>	<b>5,642,718</b>
<b>Age</b>							
5 and younger	33.2	1.2	45	36	1,165	3.9	974,623
6-14	27.7	1.7	138	83	1,505	9.2	772,516
15-20	25.7	1.3	107	82	1,188	9.0	898,823
21-44	30.9	2.2	208	94	1,313	15.9	2,458,046
45-64	54.5	16.8	1,562	93	6,284	24.8	455,109
65-74	70.5	17.3	1,398	81	6,233	22.4	52,866
75-84	66.8	18.0	1,419	79	7,180	19.8	23,622
85 and older	47.2	14.4	1,006	70	7,691	13.1	7,097
Unknown	0.0	0.0	0	0	34	0.0	16
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	66.4	15.8	1,262	80	5,966	21.1	74,413
Disabled	75.2	23.7	2,410	102	12,267	19.6	463,123
Adults	27.6	1.2	78	68	590	13.3	2,936,193
Children	28.7	1.2	63	53	972	6.5	2,163,000
Unknown	68.1	11.3	1,243	110	7,893	15.7	5,989
<b>Gender</b>							
Female	33.1	3.0	241	81	1,447	16.6	3,831,525
Male	31.2	3.8	365	97	2,463	14.8	1,811,185
Unknown	0.0	0.0	0	0	108	0.0	8
<b>Race</b>							
White	38.4	5.8	540	94	2,917	18.5	1,267,500
African American	32.8	4.5	414	92	2,884	14.4	468,867
Other/unknown	30.5	2.2	180	81	1,269	14.2	3,906,351
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	93.2	73.0	5,290	73	74,643	7.1	6,886
Part year	95.5	53.6	4,386	82	55,860	7.9	8,832
None	32.3	3.1	268	88	1,599	16.8	5,627,000
<b>Maintenance Assistance Status</b>							
Cash	44.5	7.1	647	92	3,720	17.4	1,842,658
Medically needy	37.5	5.3	448	84	3,861	11.6	299,782
Poverty related	33.5	2.3	180	77	1,996	9.0	317,673
Other/unknown	24.9	0.9	63	71	428	14.6	3,182,605

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

a. Table ND.3 includes beneficiaries represented by Cell K 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 ND.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, CALIFORNIA, 2004

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>0.5</b>	<b>\$42</b>	<b>15.8 %</b>	<b>67.5 %</b>	<b>26.0 %</b>	<b>2.6 %</b>	<b>2.8 %</b>	<b>0.9 %</b>	<b>0.2 %</b>	<b>\$266</b>	<b>5,642,718</b>	<b>37,644,944</b>
<b>Age</b>												
5 and younger	0.3	10	3.9	66.8	29.9	2.3	0.8	0.1	0.0	251	974,623	4,524,994
6-14	0.3	23	9.2	72.3	24.2	2.1	1.2	0.2	0.0	252	772,516	4,618,088
15-20	0.2	16	9.0	74.3	23.3	1.4	0.9	0.1	0.0	176	898,823	6,074,316
21-44	0.3	29	15.9	69.1	26.9	1.8	1.7	0.5	0.1	181	2,458,046	17,829,163
45-64	2.0	187	24.8	45.5	21.0	8.8	16.8	6.8	1.2	751	455,109	3,807,105
65-74	1.8	146	22.4	29.5	32.3	14.6	18.1	4.8	0.7	649	52,866	507,888
75-84	1.9	148	19.8	33.2	28.4	13.2	18.9	5.5	0.8	749	23,622	226,339
85 and older	1.8	125	13.1	52.8	17.8	8.5	14.0	6.0	1.0	957	7,097	57,024
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	20	16	27
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	1.7	135	21.1	33.6	31.0	13.7	16.8	4.3	0.6	639	74,413	694,514
Disabled	2.2	229	19.6	24.8	29.9	12.3	22.4	9.0	1.6	1,166	463,123	4,873,512
Adults	0.2	11	13.3	72.4	25.4	1.2	0.9	0.1	0.0	84	2,936,193	20,604,975
Children	0.2	12	6.5	71.3	25.9	2.0	0.8	0.1	0.0	184	2,163,000	11,412,232
Unknown	1.1	125	15.7	31.9	39.9	12.9	13.1	2.1	0.2	792	5,989	59,711
<b>Gender</b>												
Female	0.4	35	16.6	66.9	27.4	2.3	2.5	0.8	0.1	210	3,831,525	26,473,161
Male	0.6	59	14.8	68.8	23.1	3.3	3.5	1.1	0.2	399	1,811,185	11,171,750
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	26	8	33
<b>Race</b>												
White	0.8	71	18.5	61.6	27.4	3.7	5.0	2.0	0.4	383	1,267,500	9,642,029
African American	0.7	62	14.4	67.2	23.6	3.4	4.2	1.4	0.3	429	468,867	3,149,575
Other/unknown	0.4	28	14.2	69.5	25.9	2.1	2.0	0.5	0.1	200	3,906,351	24,853,340
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	6.7	487	7.1	6.8	5.6	6.4	26.0	36.5	18.7	6,865	6,886	74,877
Part year	5.4	442	7.9	4.5	11.8	10.5	32.6	29.6	11.1	5,628	8,832	87,668
None	0.5	40	16.8	67.7	26.1	2.6	2.7	0.8	0.1	240	5,627,000	37,482,399
<b>Maintenance Assistance Status</b>												
Cash	1.0	96	17.4	55.5	30.2	5.1	6.6	2.3	0.4	551	1,842,658	12,434,242
Medically needy	0.9	79	11.6	62.5	24.0	5.5	6.0	1.7	0.3	685	299,782	1,689,783
Poverty related	0.5	35	9.0	66.5	27.8	2.8	2.3	0.5	0.1	387	317,673	1,639,436
Other/unknown	0.1	9	14.6	75.1	23.6	0.8	0.4	0.1	0.0	62	3,182,605	21,881,483

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

- a. Table ND.4 includes the beneficiaries represented by Cell K 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 ND.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, CALIFORNIA, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>0.5</b>	<b>\$42</b>	<b>\$87</b>	<b>0.2</b>	<b>\$31</b>	<b>\$164</b>	<b>0.0</b>	<b>\$5</b>	<b>\$110</b>	<b>0.3</b>	<b>\$7</b>	<b>\$26</b>
<b>Age</b>												
5 and younger	0.3	10	36	0.0	6	122	0.0	1	49	0.2	3	14
6-14	0.3	23	83	0.1	18	158	0.0	2	103	0.1	3	21
15-20	0.2	16	82	0.1	12	147	0.0	2	94	0.1	2	25
21-44	0.3	29	94	0.1	20	176	0.0	4	104	0.2	5	30
45-64	2.0	187	93	0.8	136	171	0.2	22	128	1.0	28	28
65-74	1.8	146	81	0.9	114	131	0.1	11	94	0.8	21	25
75-84	1.9	148	79	0.9	117	125	0.1	10	86	0.8	21	25
85 and older	1.8	125	70	0.8	95	118	0.1	10	78	0.9	21	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	1.7	135	80	0.8	107	126	0.1	9	88	0.7	18	25
Disabled	2.2	229	102	0.9	171	190	0.2	25	130	1.1	32	28
Adults	0.2	11	68	0.1	7	112	0.0	2	85	0.1	2	30
Children	0.2	12	53	0.1	8	126	0.0	1	78	0.1	2	16
Unknown	1.1	125	110	0.4	95	227	0.1	8	95	0.6	22	35
<b>Gender</b>												
Female	0.4	35	81	0.2	25	149	0.0	4	102	0.2	6	27
Male	0.6	59	97	0.2	45	189	0.0	6	127	0.3	8	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.8	71	94	0.3	52	171	0.1	9	125	0.4	11	27
African American	0.7	62	92	0.2	46	191	0.1	6	114	0.4	9	24
Other/unknown	0.4	28	81	0.1	20	152	0.0	3	97	0.2	5	26
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.7	487	73	2.2	329	147	0.6	52	83	3.8	104	27
Part year	5.4	442	82	1.9	313	168	0.5	47	102	3.0	81	27
None	0.5	40	88	0.2	29	165	0.0	5	111	0.2	6	26
<b>Maintenance Assistance Status</b>												
Cash	1.0	96	92	0.4	71	177	0.1	11	123	0.6	14	25
Medically needy	0.9	79	84	0.4	61	152	0.1	7	98	0.5	12	25
Poverty related	0.5	35	77	0.2	26	166	0.0	3	100	0.3	6	23
Other/unknown	0.1	9	71	0.1	6	113	0.0	1	79	0.1	2	33

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

- a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In California, 1.0 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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 ND.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, CALIFORNIA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$21	\$15	\$3	\$3	\$82	\$214	\$119	\$18	2,100,512	\$171,767,698	913,332	16.2 %	8,281,365
Biologicals	0.2	0.2	0.0	0.0	245	201	9	35	1033	1,026	3,790	898	10,733	11,084,056	4,578	0.1	45,321
Antineoplastic Agents	0.4	0.1	0.0	0.3	139	103	5	31	321	825	288	107	60,850	19,548,827	13,296	0.2	140,353
Endocrine/Metabolic Drugs	0.4	0.2	0.1	0.1	29	17	6	6	82	115	82	45	2,356,915	193,475,995	697,898	12.4	6,606,239
Cardiovascular Agents	0.9	0.4	0.1	0.5	62	47	3	12	66	114	57	25	2,393,822	157,391,433	243,726	4.3	2,558,766
Respiratory Agents	0.4	0.2	0.0	0.2	24	19	0	5	59	97	76	23	1,838,945	108,585,574	473,403	8.4	4,523,940
Gastrointestinal Agents	0.4	0.2	0.0	0.2	52	41	7	5	117	180	168	26	981,336	114,991,962	212,296	3.8	2,203,264
Genitourinary Agents	0.2	0.1	0.0	0.1	11	7	2	2	59	81	47	35	370,692	21,944,460	206,093	3.7	1,965,050
CNS Drugs	0.9	0.4	0.1	0.4	124	99	13	12	134	226	115	32	2,975,841	399,882,714	308,138	5.5	3,228,684
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	60	50	6	4	124	136	138	53	166,013	20,560,378	32,093	0.6	343,985
Miscellaneous Psychological/																	
Neurological Agents	0.4	0.4	0.0	0.1	130	127	1	2	292	355	113	22	34,169	9,979,801	6,890	0.1	76,885
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	25	17	2	6	63	187	394	19	2,167,149	135,993,286	554,122	9.8	5,352,251
Neuromuscular Agents	0.7	0.2	0.1	0.4	73	42	18	12	98	182	146	32	1,196,804	117,072,518	147,684	2.6	1,607,418
Nutritional Products	0.2	0.0	0.0	0.2	4	0	0	4	17	38	31	16	205,250	3,442,275	102,152	1.8	902,663
Hematological Agents	0.4	0.1	0.0	0.3	77	69	2	6	174	520	71	22	235,122	40,919,391	51,222	0.9	529,336
Topical Products	0.2	0.1	0.0	0.2	9	5	1	3	37	84	67	18	949,561	35,131,962	420,879	7.5	3,833,405
Miscellaneous Products	0.3	0.2	0.0	0.1	65	50	8	6	236	320	348	66	76,835	18,137,582	30,768	0.5	279,511
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	13	0	0	0	69	0	0	0	46,648	3,221,237	23,246	0.4	243,119
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	18,167,197	1,583,131,149	n.a.	n.a.	n.a.

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

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In California, 1.0 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispans.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 ND.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, CALIFORNIA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$264,963,470	162,623	2.9 %	1,820,741	0.6	\$254	\$146
ANTICONVULSANT	106,302,354	140,511	2.5	1,545,827	0.6	117	69
ANTIDEPRESSANTS	100,716,047	258,551	4.6	2,782,841	0.5	80	36
ANTIVIRAL	97,687,507	55,040	1.0	562,857	0.4	394	174
CONTRACEPTIVES	96,592,536	541,215	9.6	5,044,302	0.2	83	19
ULCER DRUGS	91,996,197	207,391	3.7	2,194,778	0.3	126	42
ANTIASTHMATIC	68,261,951	361,035	6.4	3,549,252	0.3	68	19
ANTIHYPERLIPIDEMIC	67,261,143	120,179	2.1	1,308,669	0.4	130	51
ANALGESICS - ANTI-INFLAMMATORY	65,744,762	428,977	7.6	4,255,018	0.2	69	15
ANTIDIABETIC	64,338,131	149,988	2.7	1,569,724	0.5	87	41
Total	1,023,864,098	2,425,510		24,634,009	n.a.	n.a.	n.a.

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

a. Table ND.7 includes the beneficiaries represented by Cell K 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.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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, CALIFORNIA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>8,544,804</b>	<b>\$1,023,864,098</b>	<b>162,623</b>	<b>2.9 %</b>	<b>1,820,741</b>	<b>0.6</b>	<b>\$146</b>	<b>140,511</b>	<b>2.5 %</b>	<b>1,545,827</b>	<b>0.6</b>	<b>\$69</b>
<b>Female</b>	5,455,386	596,097,277	81,705	2.1	911,620	0.5	128	79,730	2.1	875,117	0.6	65
<b>Disabled</b>	3,092,941	391,210,609	65,190	28.8	748,795	0.6	141	61,638	27.2	701,191	0.6	70
	18,794	1,640,712	46	0.7	542	0.5	88	644	9.8	7,105	0.6	74
5 and younger	62,426	8,000,583	1,181	8.2	13,453	0.5	125	2,540	17.7	29,176	0.7	105
6-14	72,858	9,346,247	2,242	17.1	25,458	0.5	124	2,681	20.4	30,314	0.7	105
15-20	781,273	109,172,961	25,278	39.7	288,535	0.6	142	20,982	33.0	236,980	0.6	80
21-44	2,083,226	254,679,675	35,453	28.7	409,410	0.6	141	33,916	27.4	387,632	0.6	59
45-64	69,087	7,845,382	922	19.4	10,617	0.7	157	810	17.0	9,254	0.6	46
65-74	4,771	485,368	65	14.9	744	0.7	92	58	13.3	656	0.6	43
75-84	506	39,681	3	2.5	36	0.3	36	7	5.9	74	0.5	31
85 and older	2,362,445	204,886,668	16,515	0.5	162,825	0.4	67	18,092	0.5	173,926	0.4	44
<b>Other Eligibles</b>	99,212	3,824,856	179	0.0	1,875	0.2	41	372	0.1	3,244	0.5	45
5 and younger	131,065	11,118,394	3,035	0.8	33,378	0.5	109	1,858	0.5	19,229	0.5	68
6-14	325,488	26,404,564	3,411	0.5	34,615	0.4	84	2,326	0.4	22,678	0.5	65
15-20	1,335,555	113,263,629	6,428	0.3	58,153	0.3	43	8,110	0.4	73,953	0.4	40
21-44	190,431	19,302,292	1,732	1.1	15,873	0.3	43	2,589	1.7	22,899	0.4	40
45-64	169,433	19,195,524	802	2.8	8,929	0.3	63	1,667	5.9	18,711	0.3	26
65-74	91,554	9,883,325	626	4.6	6,830	0.4	60	960	7.0	10,884	0.4	25
75-84	19,707	1,894,084	302	6.8	3,172	0.5	68	210	4.7	2,328	0.4	26
85 and older												
<b>Male</b>	3,089,418	427,766,821	80,918	4.5	909,121	0.6	164	60,781	3.4	670,710	0.6	74
<b>Disabled</b>	2,348,964	357,727,551	67,660	28.6	771,247	0.6	172	50,474	21.3	571,333	0.7	78
	25,727	2,342,569	132	1.5	1,454	0.4	61	745	8.3	8,120	0.6	84
5 and younger	116,617	15,421,415	3,891	14.6	44,334	0.5	134	4,100	15.4	46,916	0.7	97
6-14	108,620	16,492,829	4,540	21.4	51,353	0.6	155	3,653	17.3	41,531	0.7	106
15-20	773,418	139,246,101	32,385	42.8	368,536	0.6	182	20,003	26.5	226,368	0.7	86
21-44	1,286,619	180,000,388	26,185	26.0	299,549	0.6	170	21,501	21.3	242,958	0.6	62
45-64	34,168	3,847,794	474	16.1	5,430	0.7	163	436	14.8	5,012	0.6	45
65-74	3,452	340,226	44	12.8	511	0.6	122	32	9.3	380	0.6	26
75-84	343	36,229	9	10.6	80	0.3	40	4	4.7	48	0.3	15
85 and older	740,454	70,039,270	13,258	0.8	137,874	0.5	115	10,307	0.7	99,377	0.5	53
<b>Other Eligibles</b>	134,690	5,993,004	324	0.1	3,416	0.3	58	511	0.1	4,548	0.5	51
5 and younger	179,589	18,554,883	5,977	1.6	65,685	0.6	131	2,795	0.8	29,314	0.6	67
6-14	107,703	11,275,388	4,088	1.8	42,148	0.5	122	2,170	1.0	21,549	0.5	64
15-20	103,728	10,425,275	1,442	0.4	12,089	0.3	73	2,237	0.6	18,369	0.4	43
21-44	65,877	7,460,093	423	0.6	3,555	0.3	59	1,025	1.4	8,249	0.4	43
45-64	87,271	9,626,691	484	2.9	5,326	0.4	76	936	5.6	10,253	0.4	29
65-74	49,792	5,555,806	358	3.9	3,969	0.4	68	520	5.7	5,862	0.4	30
75-84	11,804	1,148,130	162	6.6	1,686	0.5	72	113	4.6	1,233	0.4	26
85 and older												
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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

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

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

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

TABLE ND.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, CALIFORNIA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIVIRAL					CONTRACEPTIVES				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>258,551</b>	<b>4.6 %</b>	<b>2,782,841</b>	<b>0.5</b>	<b>\$36</b>	<b>55,040</b>	<b>1.0 %</b>	<b>562,857</b>	<b>0.4</b>	<b>\$174</b>	<b>541,215</b>	<b>9.6 %</b>	<b>5,044,302</b>	<b>0.2</b>	<b>\$19</b>
<b>Female</b>	172,284	4.5	1,843,417	0.4	36	30,439	0.8	309,502	0.3	115	541,064	14.1	5,042,916	0.2	19
<b>Disabled</b>	110,116	48.6	1,252,767	0.5	39	10,709	4.7	121,957	0.5	212	9,291	4.1	107,649	0.3	19
	28	0.4	317	0.3	12	58	0.9	642	0.5	56	1	0.0	12	0.1	5
5 and younger	971	6.8	10,999	0.5	32	265	1.9	3,119	0.6	244	129	0.9	1,490	0.2	14
6-14	2,403	18.3	26,851	0.4	34	183	1.4	2,092	0.3	106	1,550	11.8	17,844	0.2	16
15-20	31,425	49.4	353,811	0.5	39	4,100	6.4	46,142	0.5	219	6,622	10.4	76,781	0.3	20
21-44	73,709	59.6	842,581	0.5	39	6,002	4.9	68,807	0.5	211	989	0.8	11,522	0.3	21
45-64	1,486	31.2	17,118	0.5	33	94	2.0	1,074	0.3	133	0	0.0	0	0.0	0
65-74	83	19.0	964	0.5	36	7	1.6	81	0.1	8	0	0.0	0	0.0	0
75-84	11	9.3	126	0.4	30	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	62,168	1.7	590,650	0.3	29	19,730	0.5	187,545	0.2	51	531,773	14.8	4,935,267	0.2	19
<b>Other Eligibles</b>	98	0.0	971	0.3	11	218	0.0	1,730	0.3	48	66	0.0	446	0.2	16
5 and younger	4,088	1.1	43,607	0.4	30	622	0.2	6,367	0.3	112	1,519	0.4	12,017	0.2	16
6-14	8,398	1.3	82,958	0.4	28	2,560	0.4	23,739	0.2	31	107,422	16.8	940,290	0.2	17
15-20	34,159	1.8	313,714	0.3	29	14,249	0.7	135,125	0.3	48	413,319	21.5	3,892,829	0.2	20
21-44	9,804	6.3	86,871	0.4	33	1,492	1.0	13,880	0.3	100	9,437	6.0	89,576	0.2	20
45-64	3,390	11.9	37,602	0.3	23	382	1.3	4,337	0.2	59	7	0.0	75	0.2	18
65-74	1,789	13.0	20,196	0.3	26	163	1.2	1,856	0.1	17	3	0.0	34	0.2	14
75-84	442	10.0	4,731	0.5	33	44	1.0	511	0.1	10	0	0.0	0	0.0	0
85 and older															
<b>Male</b>	86,267	4.8	939,424	0.5	37	24,601	1.4	253,355	0.6	246	151	0.0	1,386	0.2	22
<b>Disabled</b>	64,497	27.3	726,648	0.5	39	17,987	7.6	196,176	0.6	296	41	0.0	482	0.3	31
	45	0.5	505	0.4	18	66	0.7	718	0.5	67	0	0.0	0	0.0	0
5 and younger	2,505	9.4	28,172	0.5	34	345	1.3	4,026	0.6	198	0	0.0	0	0.0	0
6-14	3,264	15.4	36,756	0.5	41	234	1.1	2,676	0.4	215	1	0.0	12	0.1	10
15-20	22,098	29.2	247,753	0.5	41	8,425	11.1	90,029	0.6	282	24	0.0	284	0.3	26
21-44	35,898	35.6	405,499	0.5	38	8,817	8.7	97,585	0.7	317	16	0.0	186	0.4	42
45-64	615	20.9	7,141	0.5	33	96	3.3	1,094	0.5	232	0	0.0	0	0.0	0
65-74	59	17.2	676	0.5	31	4	1.2	48	0.1	7	0	0.0	0	0.0	0
75-84	13	15.3	146	0.3	20	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older															
<b>Other Eligibles</b>	21,770	1.4	212,776	0.4	31	6,614	0.4	57,179	0.3	75	110	0.0	904	0.2	16
	182	0.0	1,900	0.3	14	225	0.0	1,903	0.3	37	3	0.0	8	0.4	30
5 and younger	5,762	1.6	62,144	0.5	34	469	0.1	4,952	0.4	145	1	0.0	12	0.1	4
6-14	5,750	2.6	57,494	0.4	34	742	0.3	6,331	0.2	60	44	0.0	351	0.2	17
15-20	5,369	1.4	45,619	0.3	28	4,035	1.0	33,506	0.3	58	58	0.0	500	0.2	16
21-44	2,373	3.2	19,831	0.3	30	770	1.0	6,247	0.4	159	4	0.0	33	0.1	12
45-64	1,286	7.7	14,269	0.3	26	240	1.4	2,711	0.2	50	0	0.0	0	0.0	0
65-74	786	8.6	8,744	0.4	27	111	1.2	1,270	0.1	33	0	0.0	0	0.0	0
75-84	262	10.6	2,775	0.4	31	22	0.9	259	0.2	34	0	0.0	0	0.0	0
85 and older															
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.7B includes the beneficiaries represented by Cell K 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 ND.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, CALIFORNIA, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIASTHMATIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>207,391</b>	<b>3.7 %</b>	<b>2,194,778</b>	<b>0.3</b>	<b>\$42</b>	<b>361,035</b>	<b>6.4 %</b>	<b>3,549,252</b>	<b>0.3</b>	<b>\$19</b>	<b>120,179</b>	<b>2.1 %</b>	<b>1,308,669</b>	<b>0.4</b>	<b>\$51</b>
<b>Female</b>	133,266	3.5	1,415,360	0.3	42	198,451	5.2	1,985,993	0.3	19	72,515	1.9	794,364	0.4	51
<b>Disabled</b>	78,968	34.9	904,497	0.4	48	86,472	38.2	988,979	0.3	25	47,667	21.0	547,863	0.4	53
5 and younger	677	10.3	7,208	0.4	29	2,786	42.5	30,337	0.3	26	8	0.1	91	0.2	13
6-14	1,128	7.9	13,074	0.4	41	4,411	30.8	51,212	0.3	25	27	0.2	316	0.4	36
15-20	1,343	10.2	15,527	0.3	32	2,849	21.7	33,154	0.3	20	61	0.5	720	0.4	37
21-44	16,231	25.5	185,572	0.3	42	19,613	30.8	224,225	0.3	21	5,098	8.0	58,404	0.4	45
45-64	57,375	46.4	657,835	0.4	50	54,925	44.4	628,735	0.4	27	40,523	32.8	465,706	0.4	53
65-74	2,050	43.1	23,427	0.4	51	1,766	37.1	19,930	0.4	27	1,820	38.2	21,109	0.4	59
75-84	139	31.9	1,580	0.4	55	109	25.0	1,252	0.4	29	118	27.1	1,390	0.5	60
85 and older	25	21.2	274	0.5	49	13	11.0	134	0.4	20	12	10.2	127	0.6	67
<b>Other Eligibles</b>	54,298	1.5	510,863	0.3	31	111,979	3.1	997,014	0.2	14	24,848	0.7	246,501	0.3	47
5 and younger	2,602	0.5	18,053	0.2	9	35,677	7.5	278,814	0.2	10	58	0.0	614	0.1	7
6-14	3,506	1.0	32,777	0.2	11	22,934	6.3	217,043	0.2	14	50	0.0	542	0.2	22
15-20	5,192	0.8	48,431	0.2	15	12,861	2.0	120,929	0.2	12	136	0.0	1,273	0.2	25
21-44	20,243	1.1	182,045	0.2	28	26,950	1.4	244,136	0.2	14	4,161	0.2	37,197	0.3	35
45-64	8,588	5.5	72,533	0.3	40	6,573	4.2	58,084	0.3	21	6,289	4.0	50,729	0.3	46
65-74	8,743	30.8	96,311	0.3	39	3,664	12.9	40,878	0.3	23	9,698	34.1	106,101	0.4	51
75-84	4,440	32.3	49,953	0.3	45	2,645	19.3	29,771	0.3	24	3,986	29.0	44,792	0.4	53
85 and older	984	22.2	10,760	0.4	47	675	15.2	7,359	0.3	21	470	10.6	5,253	0.4	55
<b>Male</b>	74,125	4.1	779,418	0.3	43	162,584	9.0	1,563,259	0.3	19	47,664	2.6	514,305	0.4	52
<b>Disabled</b>	48,485	20.5	548,232	0.4	47	58,901	24.9	669,001	0.4	26	33,204	14.0	378,609	0.4	53
5 and younger	809	9.0	8,734	0.4	31	4,338	48.3	47,432	0.3	25	15	0.2	161	0.3	13
6-14	1,647	6.2	19,001	0.4	39	8,284	31.0	95,645	0.3	23	37	0.1	428	0.4	34
15-20	1,509	7.1	17,416	0.3	38	4,134	19.5	48,020	0.3	21	133	0.6	1,525	0.4	35
21-44	12,266	16.2	138,721	0.4	45	11,097	14.7	126,316	0.3	20	6,144	8.1	70,692	0.4	46
45-64	31,120	30.9	351,348	0.4	49	29,997	29.8	339,723	0.4	29	25,883	25.7	294,266	0.4	55
65-74	1,013	34.4	11,656	0.4	45	940	31.9	10,668	0.4	29	885	30.0	10,305	0.4	57
75-84	105	30.6	1,194	0.4	49	92	26.8	1,016	0.3	19	96	28.0	1,114	0.5	58
85 and older	16	18.8	162	0.4	54	19	22.4	181	0.3	24	11	12.9	118	0.7	83
<b>Other Eligibles</b>	25,640	1.6	231,186	0.3	32	103,683	6.6	894,258	0.2	14	14,460	0.9	135,696	0.4	49
5 and younger	3,329	0.7	23,417	0.2	11	50,456	10.4	392,777	0.2	12	65	0.0	706	0.1	5
6-14	2,891	0.8	26,995	0.2	11	30,861	8.4	288,461	0.2	15	59	0.0	536	0.3	24
15-20	2,599	1.2	24,059	0.2	18	9,613	4.3	92,527	0.2	15	148	0.1	1,289	0.3	27
21-44	6,366	1.6	52,925	0.3	36	5,396	1.4	45,663	0.3	17	2,964	0.8	23,896	0.3	38
45-64	3,552	4.8	27,646	0.3	44	2,197	3.0	18,256	0.3	22	3,924	5.3	29,242	0.4	47
65-74	4,033	24.1	44,283	0.3	42	2,769	16.5	30,153	0.3	26	4,777	28.5	51,687	0.4	53
75-84	2,294	25.2	25,520	0.3	46	1,882	20.7	20,784	0.3	25	2,229	24.5	24,997	0.4	55
85 and older	576	23.4	6,341	0.4	46	509	20.7	5,637	0.3	24	294	11.9	3,343	0.4	56
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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

a. Table ND.7C includes the beneficiaries represented by Cell K 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 ND.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, CALIFORNIA, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIDIABETIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>428,977</b>	<b>7.6 %</b>	<b>4,255,018</b>	<b>0.2</b>	<b>\$16</b>	<b>149,988</b>	<b>2.7 %</b>	<b>1,569,724</b>	<b>0.5</b>	<b>\$41</b>	<b>5,642,718</b>	<b>37,644,944</b>
<b>Female</b>	276,629	7.2	2,742,907	0.2	17	94,399	2.5	992,099	0.5	41	3,831,518	26,473,149
<b>Disabled</b>	106,100	46.8	1,224,640	0.3	28	60,249	26.6	684,526	0.5	44	226,531	2,411,896
765	765	11.7	8,558	0.2	2	16	0.2	175	0.6	68	6,557	59,922
5 and younger	2,090	14.6	24,524	0.2	8	163	1.1	1,857	0.6	61	14,324	154,991
6-14	2,567	19.6	29,594	0.2	7	391	3.0	4,426	0.5	44	13,111	140,262
15-20	24,318	38.2	279,017	0.2	18	7,868	12.4	89,504	0.5	40	63,649	681,724
21-44	73,641	59.6	851,044	0.3	32	49,439	40.0	561,273	0.5	44	123,576	1,316,764
45-64	2,534	53.2	29,716	0.3	33	2,215	46.5	25,568	0.5	42	4,760	52,715
65-74	166	38.1	1,960	0.3	37	145	33.3	1,607	0.6	46	436	4,543
75-84	19	16.1	227	0.3	22	12	10.2	116	0.5	24	118	975
85 and older	170,529	4.7	1,518,267	0.2	9	34,150	0.9	307,573	0.4	36	3,604,987	24,061,253
<b>Other Eligibles</b>	26,890	5.7	223,656	0.2	2	93	0.0	776	0.5	49	473,681	2,159,582
5 and younger	20,872	5.7	189,591	0.1	2	608	0.2	5,000	0.6	56	363,053	2,073,993
6-14	23,007	3.6	199,739	0.2	2	993	0.2	8,375	0.5	44	639,791	4,350,968
15-20	65,885	3.4	569,656	0.2	6	10,283	0.5	83,190	0.4	32	1,925,136	14,002,701
21-44	15,485	9.9	132,219	0.2	19	9,188	5.9	69,562	0.4	40	156,749	1,036,892
45-64	12,106	42.6	132,978	0.3	28	8,504	29.9	91,002	0.4	36	28,407	269,292
65-74	5,444	39.6	60,964	0.3	32	3,934	28.6	43,610	0.4	33	13,737	132,716
75-84	840	18.9	9,464	0.3	34	547	12.3	6,058	0.5	30	4,433	35,109
85 and older	152,348	8.4	1,512,111	0.2	13	55,589	3.1	577,625	0.5	41	1,811,176	11,171,735
<b>Male</b>	62,638	26.5	719,569	0.3	19	38,018	16.1	425,790	0.5	42	236,592	2,461,616
<b>Disabled</b>	1,061	11.8	12,056	0.1	2	24	0.3	249	0.7	62	8,977	81,470
5 and younger	3,161	11.8	36,807	0.1	4	187	0.7	2,116	0.7	56	26,701	284,201
6-14	2,814	13.3	32,541	0.1	4	359	1.7	3,992	0.6	46	21,176	225,724
15-20	16,509	21.8	189,172	0.2	13	6,404	8.5	72,084	0.5	39	75,579	795,086
21-44	37,725	37.4	432,975	0.3	24	29,929	29.7	334,570	0.5	42	100,783	1,039,195
45-64	1,236	41.9	14,467	0.3	26	985	33.4	11,291	0.5	40	2,948	32,093
65-74	120	35.0	1,410	0.4	36	123	35.9	1,424	0.5	38	343	3,199
75-84	12	14.1	141	0.3	35	7	8.2	64	0.3	23	85	648
85 and older	89,710	5.7	792,542	0.2	7	17,571	1.1	151,835	0.4	39	1,574,584	8,710,119
<b>Other Eligibles</b>	30,011	6.2	249,814	0.2	2	88	0.0	679	0.5	39	485,401	2,223,991
5 and younger	18,906	5.1	172,379	0.1	2	523	0.1	4,451	0.7	63	368,437	2,104,899
6-14	12,266	5.5	112,416	0.1	2	621	0.3	5,110	0.6	58	224,745	1,357,362
15-20	13,972	3.5	114,946	0.2	7	4,242	1.1	31,748	0.4	37	393,682	2,349,652
21-44	6,001	8.1	48,312	0.2	16	5,500	7.4	38,449	0.4	40	74,001	414,254
45-64	5,328	31.8	58,687	0.2	25	4,181	25.0	44,717	0.4	36	16,751	153,788
65-74	2,753	30.2	30,713	0.3	30	2,061	22.6	22,855	0.4	36	9,106	85,881
75-84	473	19.2	5,275	0.3	31	355	14.4	3,826	0.5	32	2,461	20,292
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	24	60
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	24	60

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

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

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

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

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

TABLE ND.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, CALIFORNIA, 2004

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$487</b>	<b>6.7</b>	<b>6,886</b>	<b>74,877</b>
<b>Age</b>				
0-64	525	7.0	5,082	55,696
65-74	459	6.7	794	8,697
75-84	324	5.7	559	5,982
85 and older	283	5.1	451	4,502
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	493	6.9	3,353	36,818
Male	480	6.5	3,533	38,059
Unknown	0	0.0	0	0
<b>Race</b>				
White	511	6.8	2,993	32,144
African American	480	6.8	1,193	13,052
Other/unknown	463	6.6	2,700	29,681
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	337	5.8	1,357	14,335
Disabled	523	6.9	5,460	59,907
Adults	509	7.8	29	191
Children	382	6.9	36	402
Unknown	764	11.9	4	42

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

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 8,832 beneficiaries who were in nursing facilities for part of their enrollment and their 87,668 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 ND.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 NONDUAL BENEFICIARIES, CALIFORNIA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$51	\$36	\$8	\$7	\$120	\$200	\$177	\$35	19,081	\$2,290,424	3,995	58.0 %	44,590
Biologicals	0.1	0.1	0.0	0.0	11	10	0	1	113	180	88	30	1,140	128,522	957	13.9	11,185
Antineoplastic Agents	0.5	0.1	0.0	0.5	84	24	3	57	156	429	273	121	3,022	471,873	523	7.6	5,615
Endocrine/Metabolic Drugs	1.3	0.4	0.2	0.7	61	38	9	14	48	92	48	21	36,494	1,764,185	2,631	38.2	29,132
Cardiovascular Agents	1.9	0.6	0.1	1.2	74	46	5	23	38	76	40	19	86,198	3,302,539	4,034	58.6	44,373
Respiratory Agents	1.3	0.4	0.0	0.9	61	33	1	26	46	88	58	29	37,523	1,734,573	2,558	37.1	28,327
Gastrointestinal Agents	1.2	0.5	0.1	0.6	86	66	6	14	74	129	89	24	46,395	3,419,225	3,629	52.7	39,582
Genitourinary Agents	0.6	0.3	0.0	0.3	39	23	3	12	60	83	70	37	8,805	525,856	1,204	17.5	13,602
CNS Drugs	1.9	0.9	0.2	0.7	229	183	21	25	123	211	87	34	99,281	12,255,983	4,805	69.8	53,560
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.4	41	31	0	10	75	170	31	28	188	14,084	30	0.4	343
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	203	203	0	0	248	249	0	11	3,879	962,185	432	6.3	4,749
Analgesics and Anesthetics	1.0	0.4	0.0	0.6	67	50	4	13	68	140	142	22	30,702	2,093,874	2,857	41.5	31,195
Neuromuscular Agents	1.6	0.3	0.3	1.0	109	41	29	39	68	130	106	38	67,036	4,562,257	3,710	53.9	41,874
Nutritional Products	0.6	0.0	0.0	0.6	12	0	0	12	19	21	40	19	11,149	216,955	1,591	23.1	17,475
Hematological Agents	1.2	0.2	0.1	0.9	75	62	2	11	61	264	27	12	25,593	1,564,026	1,949	28.3	20,944
Topical Products	0.6	0.1	0.1	0.4	21	9	5	7	37	69	70	19	21,102	784,696	3,337	48.5	37,893
Miscellaneous Products	0.4	0.0	0.0	0.3	26	12	1	14	73	261	382	43	2,973	215,959	759	11.0	8,288
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	21	0	0	0	54	0	0	0	2,204	119,546	514	7.5	5,723
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>502,765</b>	<b>36,426,762</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 8,832 beneficiaries who were in nursing facilities for part of their enrollment and their 87,668 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.medispn.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.medispanspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

TABLE ND.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, CALIFORNIA, 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	\$9,561,906	4,388	63.7 %	50,103	0.9	\$211	\$191
ANTICONVULSANT	3,641,564	4,022	58.4	45,665	1.1	75	80
ULCER DRUGS	2,794,378	3,729	54.2	41,088	0.8	87	68
ANTIDEPRESSANTS	2,053,510	3,319	48.2	37,177	0.8	66	55
ANTIDIABETIC	1,602,652	3,246	47.1	36,318	0.9	49	44
ANTIASTHMATIC	1,451,335	3,560	51.7	39,531	0.8	45	37
ANALGESICS - Narcotic	1,111,391	2,835	41.2	30,753	0.6	58	36
ANTIHYPERTENSIVE	1,055,348	2,888	41.9	32,179	0.8	42	33
ANTIHYPERLIPIDEMIC	1,006,056	1,243	18.1	14,133	0.8	87	71
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	962,346	457	6.6	5,062	0.8	248	190
Total	25,240,486	29,687		332,009	n.a.	n.a.	n.a.

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

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 8,832 beneficiaries who were in nursing facilities for part of their enrollment and their 87,668 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 ND.10A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST  
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, CALIFORNIA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>281,952</b>	<b>\$25,240,486</b>	<b>4,388</b>	<b>63.7 %</b>	<b>50,103</b>	<b>0.9</b>	<b>\$191</b>	<b>4,022</b>	<b>58.4 %</b>	<b>45,665</b>	<b>1.1</b>	<b>\$80</b>
<b>Female</b>	142,147	12,837,803	2,234	66.6	25,663	0.9	187	1,875	55.9	21,472	1.1	80
<b>Disabled</b>	115,844	10,935,266	1,878	75.3	21,780	0.9	200	1,634	65.5	18,768	1.1	84
64 or younger	103,488	9,734,535	1,618	72.9	18,782	0.9	201	1,472	66.4	16,924	1.1	85
65-74	11,176	1,116,299	237	99.2	2,723	0.9	206	144	60.3	1,657	1.0	71
75-84	1,122	80,441	21	63.6	251	0.8	118	17	51.5	185	1.1	61
85 and older	58	3,991	2	40.0	24	0.1	11	1	20.0	2	1.0	28
<b>Other Eligibles</b>	26,303	1,902,537	356	41.5	3,883	0.7	115	241	28.1	2,704	0.9	52
64 or younger	1,025	62,444	7	31.8	74	0.3	40	12	54.5	130	0.9	52
65-74	8,932	668,231	119	53.6	1,348	0.8	147	92	41.4	1,075	0.9	56
75-84	9,825	728,470	127	41.0	1,364	0.7	107	91	29.4	1,008	0.9	51
85 and older	6,521	443,392	103	33.9	1,097	0.7	90	46	15.1	491	0.8	43
<b>Male</b>	139,805	12,402,683	2,154	61.0	24,440	0.9	195	2,147	60.8	24,193	1.1	80
<b>Disabled</b>	121,923	11,086,554	1,934	65.2	22,053	0.9	201	1,969	66.4	22,243	1.1	81
64 or younger	115,579	10,496,571	1,819	65.1	20,746	0.9	200	1,879	67.2	21,201	1.1	82
65-74	5,488	529,276	102	70.8	1,165	0.9	231	78	54.2	900	1.1	62
75-84	822	58,447	12	54.5	140	0.7	117	12	54.5	142	0.8	37
85 and older	34	2,260	1	25.0	2	1.0	185	0	0.0	0	0.0	0
<b>Other Eligibles</b>	17,882	1,316,129	220	38.7	2,387	0.8	134	178	31.3	1,950	0.9	62
64 or younger	1,400	92,683	2	4.3	11	0.6	55	24	51.1	254	1.0	135
65-74	7,413	546,422	81	42.9	929	1.0	162	82	43.4	937	1.0	55
75-84	5,647	423,277	81	41.8	875	0.8	128	51	26.3	534	0.8	53
85 and older	3,422	253,747	56	40.6	572	0.7	97	21	15.2	225	0.7	32
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 8,832 beneficiaries who were in nursing facilities for part of their enrollment and their 87,668 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 ND.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, CALIFORNIA, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>3,729</b>	<b>54.2 %</b>	<b>41,088</b>	<b>0.8</b>	<b>\$68</b>	<b>3,319</b>	<b>48.2 %</b>	<b>37,177</b>	<b>0.8</b>	<b>\$55</b>	<b>3,246</b>	<b>47.1 %</b>	<b>36,318</b>	<b>0.9</b>	<b>\$44</b>
<b>Female</b>	1,817	54.2	20,199	0.8	69	1,805	53.8	20,345	0.8	57	1,697	50.6	18,981	0.9	46
<b>Disabled</b>	1,345	53.9	15,095	0.8	70	1,451	58.2	16,454	0.9	58	1,311	52.5	14,694	0.9	47
64 or younger	1,205	54.3	13,614	0.8	69	1,317	59.4	14,967	0.9	58	1,141	51.4	12,813	0.9	47
65-74	123	51.5	1,312	0.8	84	121	50.6	1,342	0.8	53	152	63.6	1,692	0.9	46
75-84	15	45.5	145	0.8	66	12	36.4	133	0.7	62	17	51.5	187	1.0	46
85 and older	2	40.0	24	1.1	72	1	20.0	12	0.9	69	1	20.0	2	1.0	21
<b>Other Eligibles</b>	472	55.0	5,104	0.8	66	354	41.3	3,891	0.8	51	386	45.0	4,287	0.9	40
64 or younger	20	90.9	216	0.6	47	7	31.8	78	1.5	80	2	9.1	23	0.7	40
65-74	127	57.2	1,423	0.8	67	112	50.5	1,292	0.8	48	151	68.0	1,732	0.9	44
75-84	171	55.2	1,866	0.8	72	134	43.2	1,488	0.8	56	160	51.6	1,711	0.8	39
85 and older	154	50.7	1,599	0.8	59	101	33.2	1,033	0.7	45	73	24.0	821	0.8	35
<b>Male</b>	1,912	54.1	20,889	0.8	67	1,514	42.9	16,832	0.8	54	1,549	43.8	17,337	0.9	43
<b>Disabled</b>	1,587	53.5	17,307	0.8	67	1,308	44.1	14,579	0.8	54	1,235	41.7	13,838	0.9	43
64 or younger	1,508	54.0	16,449	0.8	67	1,247	44.6	13,903	0.8	54	1,145	41.0	12,837	0.9	43
65-74	61	42.4	666	0.8	80	50	34.7	566	0.8	56	76	52.8	857	1.0	46
75-84	17	77.3	190	0.6	41	8	36.4	84	0.8	48	12	54.5	140	0.9	42
85 and older	1	25.0	2	1.0	172	3	75.0	26	0.2	15	2	50.0	4	1.0	90
<b>Other Eligibles</b>	325	57.2	3,582	0.8	67	206	36.3	2,253	0.8	51	314	55.3	3,499	0.8	39
64 or younger	29	61.7	286	0.6	52	7	14.9	54	1.4	114	7	14.9	59	0.7	25
65-74	110	58.2	1,247	0.8	69	64	33.9	743	0.9	58	143	75.7	1,636	0.8	43
75-84	108	55.7	1,155	0.7	72	72	37.1	800	0.8	44	110	56.7	1,198	0.8	38
85 and older	78	56.5	894	0.7	64	63	45.7	656	0.7	47	54	39.1	606	0.7	34
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 8,832 beneficiaries who were in nursing facilities for part of their enrollment and their 87,668 benefit months were excluded from the analysis.

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

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

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

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

TABLE ND.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, CALIFORNIA, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - Narcotic					ANTIHYPERTENSIVE				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>3,560</b>	<b>51.7 %</b>	<b>39,531</b>	<b>0.8</b>	<b>\$37</b>	<b>2,835</b>	<b>41.2 %</b>	<b>30,753</b>	<b>0.6</b>	<b>\$36</b>	<b>2,888</b>	<b>41.9 %</b>	<b>32,179</b>	<b>0.8</b>	<b>\$33</b>
<b>Female</b>	1,731	51.6	19,220	0.7	35	1,507	44.9	16,505	0.6	36	1,431	42.7	15,945	0.8	32
<b>Disabled</b>	1,342	53.8	14,956	0.8	37	1,169	46.9	12,939	0.7	41	975	39.1	10,912	0.8	32
64 or younger	1,186	53.5	13,284	0.8	38	1,075	48.5	11,976	0.7	43	860	38.8	9,641	0.8	33
65-74	141	59.0	1,511	0.7	32	85	35.6	875	0.6	15	101	42.3	1,115	0.8	32
75-84	15	45.5	161	0.5	19	9	27.3	88	0.5	12	13	39.4	154	0.8	18
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	2	0.5	64
<b>Other Eligibles</b>	389	45.3	4,264	0.6	27	338	39.4	3,566	0.5	19	456	53.1	5,033	0.8	31
64 or younger	30	136.4	324	1.1	68	14	63.6	144	1.2	61	13	59.1	134	0.7	35
65-74	87	39.2	988	0.6	30	102	45.9	1,097	0.4	14	144	64.9	1,629	0.8	33
75-84	162	52.3	1,810	0.5	26	119	38.4	1,282	0.4	18	164	52.9	1,835	0.7	29
85 and older	110	36.2	1,142	0.4	16	103	33.9	1,043	0.5	17	135	44.4	1,435	0.8	32
<b>Male</b>	1,829	51.8	20,311	0.9	39	1,328	37.6	14,248	0.6	37	1,457	41.2	16,234	0.8	34
<b>Disabled</b>	1,520	51.3	16,831	0.9	41	1,142	38.5	12,316	0.6	41	1,169	39.4	13,076	0.8	35
64 or younger	1,442	51.6	15,961	1.0	42	1,096	39.2	11,801	0.7	42	1,086	38.9	12,153	0.8	35
65-74	67	46.5	764	0.8	30	39	27.1	436	0.4	21	64	44.4	714	0.8	32
75-84	9	40.9	92	0.3	8	6	27.3	72	0.3	4	16	72.7	188	0.7	27
85 and older	2	50.0	14	0.5	15	1	25.0	7	0.4	3	3	75.0	21	0.4	14
<b>Other Eligibles</b>	309	54.4	3,480	0.6	27	186	32.7	1,932	0.4	12	288	50.7	3,158	0.7	30
64 or younger	63	134.0	714	1.0	42	11	23.4	67	0.8	11	8	17.0	53	0.8	27
65-74	89	47.1	1,028	0.7	28	57	30.2	665	0.4	11	112	59.3	1,282	0.8	34
75-84	75	38.7	803	0.5	21	64	33.0	637	0.4	17	104	53.6	1,130	0.7	25
85 and older	82	59.4	935	0.4	18	54	39.1	563	0.3	7	64	46.4	693	0.7	30
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 8,832 beneficiaries who were in nursing facilities for part of their enrollment and their 87,668 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 ND.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, CALIFORNIA, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					Benefit Months	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Among All-Year Nursing Facility Residents
<b>All</b>	<b>1,243</b>	<b>18.1 %</b>	<b>14,133</b>	<b>0.8</b>	<b>\$71</b>	<b>457</b>	<b>6.6 %</b>	<b>5,062</b>	<b>0.8</b>	<b>\$190</b>	<b>6,886</b>	<b>74,877</b>
<b>Female</b>	623	18.6	7,132	0.9	73	254	7.6	2,803	0.7	219	3,353	36,818
<b>Disabled</b>	475	19.0	5,456	0.9	73	118	4.7	1,360	0.8	342	2,495	27,776
64 or younger	411	18.5	4,728	0.9	73	101	4.6	1,161	0.8	373	2,218	24,772
65-74	57	23.8	644	0.9	79	14	5.9	168	0.7	171	239	2,596
75-84	6	18.2	72	0.6	38	3	9.1	31	0.9	115	33	368
85 and older	1	20.0	12	1.1	79	0	0.0	0	0.0	0	5	40
<b>Other Eligibles</b>	148	17.2	1,676	0.8	74	136	15.9	1,443	0.7	104	858	9,042
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	22	221
65-74	62	27.9	719	0.8	71	24	10.8	255	0.6	105	222	2,422
75-84	59	19.0	661	0.8	74	64	20.6	688	0.8	107	310	3,327
85 and older	27	8.9	296	0.9	79	48	15.8	500	0.7	99	304	3,072
<b>Male</b>	620	17.5	7,001	0.8	69	203	5.7	2,259	0.8	154	3,533	38,059
<b>Disabled</b>	517	17.4	5,845	0.8	69	120	4.0	1,358	0.8	189	2,965	32,131
64 or younger	485	17.4	5,479	0.8	70	106	3.8	1,208	0.8	197	2,795	30,289
65-74	26	18.1	299	0.7	53	6	4.2	66	1.0	140	144	1,567
75-84	5	22.7	60	0.8	67	7	31.8	82	0.8	110	22	252
85 and older	1	25.0	7	0.1	19	1	25.0	2	0.5	73	4	23
<b>Other Eligibles</b>	103	18.1	1,156	0.8	70	83	14.6	901	0.8	101	568	5,928
64 or younger	4	8.5	30	0.7	88	1	2.1	7	0.6	82	47	414
65-74	48	25.4	538	0.8	73	23	12.2	232	0.9	112	189	2,112
75-84	38	19.6	432	0.8	64	33	17.0	381	0.7	94	194	2,035
85 and older	13	9.4	156	0.8	74	26	18.8	281	0.7	102	138	1,367
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 8,832 beneficiaries who were in nursing facilities for part of their enrollment and their 87,668 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 ND.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
CALIFORNIA, 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 Nondual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>1,005,622</b>	<b>17.8 %</b>	<b>0.6</b>	<b>3,297,966</b>	<b>\$14</b>	<b>\$78,883,516</b>	<b>\$24</b>	<b>5.0 %</b>	<b>5,642,718</b>
<b>Age</b>									
5 and younger	272,180	27.9	0.7	724,807	19	18,890,415	26	43.2	974,623
6-14	110,361	14.3	0.4	288,215	19	14,398,599	50	13.5	772,516
15-20	94,078	10.5	0.2	204,410	7	6,254,391	31	6.5	898,823
21-44	330,388	13.4	0.3	843,001	7	16,062,424	19	3.1	2,458,046
45-64	158,953	34.9	2.2	1,015,613	43	19,779,539	19	2.8	455,109
65-74	26,197	49.6	2.7	144,243	41	2,164,571	15	2.9	52,866
75-84	11,196	47.4	2.7	63,785	45	1,055,261	17	3.1	23,622
85 and older	2,268	32.0	2.0	13,889	39	278,289	20	3.9	7,097
Unknown	1	6.3	0.2	3	2	27	9	0.0	16
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	34,360	46.2	2.4	182,250	38	2,833,566	16	3.0	74,413
Disabled	222,077	48.0	3.3	1,524,176	109	50,337,447	33	4.5	463,123
Adults	341,329	11.6	0.2	633,467	3	8,264,923	13	3.6	2,936,193
Children	405,693	18.8	0.4	950,390	8	17,337,458	18	12.8	2,163,000
Unknown	2,163	36.1	1.3	7,683	18	110,122	14	1.5	5,989
<b>Gender</b>									
Female	661,583	17.3	0.5	2,088,199	11	43,034,421	21	4.7	3,831,525
Male	344,038	19.0	0.7	1,209,762	20	35,849,047	30	5.4	1,811,185
Unknown	1	12.5	0.6	5	6	48	10	0.0	8
<b>Race</b>									
White	208,439	16.4	0.7	910,603	18	22,822,281	25	3.3	1,267,500
African American	80,076	17.1	0.7	313,839	18	8,670,913	28	4.5	468,867
Other/unknown	717,107	18.4	0.5	2,073,524	12	47,390,322	23	6.7	3,906,351
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	3,817	55.4	5.5	37,953	120	825,201	22	2.3	6,886
Part year	6,283	71.1	5.4	47,565	154	1,363,747	29	3.5	8,832
None	995,522	17.7	0.6	3,212,448	14	76,694,568	24	5.1	5,627,000
<b>Maintenance Assistance Status</b>									
Cash	499,418	27.1	1.2	2,165,548	31	57,342,995	26	4.8	1,842,658
Medically needy	59,456	19.8	0.8	228,278	18	5,476,480	24	4.1	299,782
Poverty related	67,645	21.3	0.5	174,204	9	3,004,966	17	5.3	317,673
Other/unknown	379,103	11.9	0.2	729,936	4	13,059,075	18	6.5	3,182,605

Table ND11

Nondual Beneficiaries

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

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

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

TABLE ND.12  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
CALIFORNIA, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.1</b>	<b>\$2</b>	<b>\$24</b>	<b>\$0</b>	<b>\$0</b>	<b>37,644,944</b>
<b>Age</b>						
5 and younger	0.2	4	26	0	0	4,524,994
6-14	0.1	3	50	0	0	4,618,088
15-20	0.0	1	31	0	0	6,074,316
21-44	0.0	1	19	0	0	17,829,163
45-64	0.3	5	19	0	1	3,807,105
65-74	0.3	4	15	0	1	507,888
75-84	0.3	5	17	0	0	226,339
85 and older	0.2	5	20	0	1	57,024
Unknown	0.1	1	9	0	0	27
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	4	16	0	0	694,514
Disabled	0.3	10	33	0	2	4,873,512
Adults	0.0	0	13	0	0	20,604,975
Children	0.1	2	18	0	0	11,412,232
Unknown	0.1	2	14	0	1	59,711
<b>Gender</b>						
Female	0.1	2	21	0	0	26,473,161
Male	0.1	3	30	0	0	11,171,750
Unknown	0.2	1	10	0	0	33
<b>Race</b>						
White	0.1	2	25	0	1	9,642,029
African American	0.1	3	28	0	0	3,149,575
Other/unknown	0.1	2	23	0	0	24,853,340
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.5	11	22	1	5	74,877
Part year	0.5	16	29	0	4	87,668
None	0.1	2	24	0	0	37,482,399
<b>Maintenance Assistance Status</b>						
Cash	0.2	5	26	0	1	12,434,242
Medically needy	0.1	3	24	0	0	1,689,783
Poverty related	0.1	2	17	0	0	1,639,436
Other/unknown	0.0	1	18	0	0	21,881,483

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

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

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



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

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
<b>All</b>	<b>1,236,887</b>	<b>\$64</b>	<b>\$78,883,516</b>	<b>100.0 %</b>	<b>3,297,966</b>	<b>\$24</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	187	268	50,174	0.1	619	81	0.0
Fertility drugs	10	126	1,256	0.0	22	57	0.0
Drugs for cosmetic purposes	16	17	269	0.0	20	13	0.0
Cough and cold medications	188,494	28	5,323,171	6.7	316,762	17	9.6
Vitamins and minerals	74,670	40	2,950,458	3.7	167,656	18	5.1
Non-prescription drugs	876,744	65	57,232,470	72.6	2,288,612	25	69.4
Barbiturates	8,091	59	480,044	0.6	58,123	8	1.8
Benzodiazepines	85,711	122	10,423,650	13.2	457,227	23	13.9
Other Part D Excl Rx Drugs	2,964	817	2,422,024	3.1	8,925	271	0.3

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

a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.

b. Includes OTC drugs as well as prescription drugs.

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

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

APPENDIX TABLE A.1  
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NONDUAL BENEFICIARIES, CALIFORNIA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>8,520,405</b>	<b>86,592</b>	<b>600,899</b>	<b>3,720,096</b>	<b>4,105,961</b>	<b>6,857</b>	<b>74,698,518</b>	<b>823,881</b>	<b>6,601,547</b>	<b>30,501,103</b>	<b>36,703,428</b>	<b>68,559</b>
<b>Age</b>												
5 and younger	1,654,177	1	24,749	4	1,629,423	0	13,984,087	12	265,941	6	13,718,128	0
6-14	1,717,718	0	67,629	188	1,649,901	0	16,586,683	0	775,640	545	15,810,498	0
15-20	1,306,550	0	49,088	471,833	785,586	43	11,189,742	0	552,276	3,695,422	6,941,669	375
21-44	3,074,507	7	175,990	2,855,638	40,938	1,934	25,564,530	45	1,936,779	23,376,494	232,529	18,683
45-64	669,819	22	273,369	391,534	83	4,811	6,431,077	128	2,960,288	3,421,454	477	48,730
65-74	62,223	52,417	8,996	741	0	69	610,288	503,080	100,211	6,226	0	771
75-84	27,407	26,484	853	68	2	0	266,997	257,928	8,545	509	15	0
85 and older	7,986	7,661	225	90	10	0	65,082	62,688	1,867	447	80	0
Unknown	18	0	0	0	18	0	32	0	0	0	32	0
<b>Gender</b>												
Female	5,431,783	54,035	299,198	2,976,594	2,095,102	6,854	47,182,392	517,466	3,328,249	24,652,253	18,615,901	68,523
Male	3,088,612	32,557	301,701	743,502	2,010,849	3	27,516,086	306,415	3,273,298	5,848,850	18,087,487	36
Unknown	10	0	0	0	10	0	40	0	0	0	40	0
<b>Race</b>												
White	1,753,163	16,703	214,233	793,054	727,622	1,551	15,740,943	151,390	2,320,116	6,509,771	6,744,371	15,295
African American	860,117	2,817	111,811	328,044	417,050	395	8,230,773	23,937	1,235,231	2,817,781	4,149,951	3,873
Other/unknown	5,907,125	67,072	274,855	2,598,998	2,961,289	4,911	50,726,802	648,554	3,046,200	21,173,551	25,809,106	49,391
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	7,095	1,383	5,635	34	39	4	77,098	14,596	61,834	216	410	42
Part year	9,280	1,548	7,247	333	118	34	95,655	15,413	75,899	2,955	1,035	353
None	8,504,030	83,661	588,017	3,719,729	4,105,804	6,819	74,525,765	793,872	6,463,814	30,497,932	36,701,983	68,164
<b>Maintenance Assistance Status</b>												
Cash	4,038,831	10,689	525,743	1,130,058	2,372,341	0	41,547,986	117,170	5,941,225	10,890,348	24,599,243	0
Medically needy	567,801	58,714	35,349	135,097	338,641	0	4,451,961	551,288	304,263	925,434	2,670,976	0
Poverty related	463,399	16,229	16,688	91,733	331,892	6,857	3,504,796	147,551	144,235	474,206	2,670,245	68,559
Other/unknown	3,450,374	960	23,119	2,363,208	1,063,087	0	25,193,775	7,872	211,824	18,211,115	6,762,964	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	4,499,194	72,003	437,337	2,593,052	1,390,873	5,929	33,714,274	682,284	4,737,742	19,450,678	8,784,118	59,452
FFS part year, with Rx claims	329,512	1,390	17,294	103,606	207,182	40	3,246,744	14,581	195,552	1,016,159	2,020,030	422
FFS part year, no Rx claims	814,012	1,020	8,492	239,535	564,945	20	7,620,929	9,452	89,081	2,199,581	5,322,611	204
MC all year, with Rx claims	52,203	224	26,006	11,896	14,061	16	593,357	2,458	305,712	133,507	151,508	172
MC all year, no Rx claims	2,825,484	11,955	111,770	772,007	1,928,900	852	29,523,214	115,106	1,273,460	7,701,178	20,425,161	8,309

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

- a. Table A.1 includes the beneficiaries represented by Cell J 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.

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.2  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 NONDUAL BENEFICIARIES, CALIFORNIA, 2004

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>8,520,405</b>	<b>74,698,518</b>	<b>5,642,718</b>	<b>37,644,944</b>	<b>0</b>	<b>37,053,574</b>
Fee-for-service (FFS) all year	4,499,194	33,714,274	4,499,194	33,714,274	0	0
FFS part year, with Rx claims	329,512	3,246,744	329,512	1,407,465	0	1,839,279
FFS part year, with no Rx claims	814,012	7,620,929	814,012	2,523,205	0	5,097,724
Managed care (MC) all year, with Rx claims	52,203	593,357	0	0	0	593,357
MC all year, with no Rx claims	2,825,484	29,523,214	0	0	0	29,523,214

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

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.