

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

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

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

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, FLORIDA, 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	1,753,704	17,079	224,771	399,616	1,112,032	206	12,176,930	138,986	2,167,143	2,154,048	7,715,017	1,736
Age												
5 and younger	517,424	0	14,456	0	502,968	0	3,555,135	0	137,171	0	3,417,964	0
6-14	472,019	0	39,576	0	432,443	0	3,497,560	0	409,780	0	3,087,780	0
15-20	238,406	0	25,759	38,151	174,496	0	1,684,329	0	261,057	224,374	1,198,898	0
21-44	393,893	0	59,170	332,835	1,887	1	2,345,851	0	561,148	1,775,253	9,440	10
45-64	112,452	59	83,599	28,570	20	204	931,549	185	775,523	154,051	65	1,725
65-74	11,485	9,627	1,805	51	1	1	94,360	75,509	18,521	319	10	1
75-84	5,792	5,459	327	6	0	0	49,916	46,689	3,193	34	0	0
85 and older	2,015	1,934	78	3	0	0	17,369	16,603	749	17	0	0
Unknown	218	0	1	0	217	0	861	0	1	0	860	0
Gender												
Female	1,006,968	11,186	108,331	333,383	553,862	206	6,831,505	91,540	1,056,143	1,843,932	3,838,154	1,736
Male	745,460	5,866	116,425	66,230	556,939	0	5,339,159	47,280	1,110,918	310,102	3,870,859	0
Unknown	1,276	27	15	3	1,231	0	6,266	166	82	14	6,004	0
Race												
White	616,923	2,089	78,975	156,682	379,053	124	4,360,882	17,337	743,535	894,573	2,704,360	1,077
African American	510,077	2,294	56,971	117,052	333,715	45	3,545,058	17,303	549,465	634,141	2,343,782	367
Other/unknown	626,704	12,696	88,825	125,882	399,264	37	4,270,990	104,346	874,143	625,334	2,666,875	292
Use of Nursing Facilities^c												
Entire year	3,399	747	2,646	1	5	0	34,207	7,053	27,102	2	50	0
Part year	3,802	415	3,345	28	14	0	32,935	3,390	29,205	210	130	0
None	1,746,503	15,917	218,780	399,587	1,112,013	206	12,109,788	128,543	2,110,836	2,153,836	7,714,837	1,736
Maintenance Assistance Status												
Cash	754,985	6,615	206,241	203,053	339,076	0	5,621,363	65,724	2,031,289	1,072,233	2,452,117	0
Medically needy	21,701	18	1,716	14,887	5,080	0	121,726	126	13,696	79,874	28,030	0
Poverty-related	679,787	9,623	11,825	93,165	564,968	206	4,482,370	66,679	74,648	544,838	3,794,469	1,736
Other/unknown	297,231	823	4,989	88,511	202,908	0	1,951,471	6,457	47,510	457,103	1,440,401	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,202,638	13,334	184,622	274,572	729,906	204	10,117,089	123,709	1,939,451	1,728,918	6,323,289	1,722
FFS part year, with Rx claims	192,603	2,195	25,714	51,500	113,192	2	1,014,165	10,763	164,088	240,373	598,927	14
FFS part year, no Rx claims	358,463	1,550	14,435	73,544	268,934	0	1,045,676	4,514	63,604	184,757	792,801	0

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

- a. Table 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^{a, b}
NONDUAL BENEFICIARIES, FLORIDA, 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	51.5 %	6.9	\$534	\$77	\$3,090	17.3 %	1,753,704
Age							
5 and younger	54.0	3.7	224	61	2,251	10.0	517,424
6-14	43.4	3.6	314	87	1,635	19.2	472,019
15-20	45.5	3.9	327	84	2,487	13.1	238,406
21-44	55.1	7.8	632	81	3,941	16.0	393,893
45-64	70.7	34.9	2,743	79	10,322	26.6	112,452
65-74	75.7	30.9	1,943	63	8,249	23.6	11,485
75-84	76.3	32.2	1,820	57	9,285	19.6	5,792
85 and older	75.4	33.7	1,679	50	14,070	11.9	2,015
Unknown	5.0	0.1	5	43	960	0.5	218
Basis of Eligibility^e							
Aged	74.9	29.1	1,669	57	8,142	20.5	17,079
Disabled	72.7	27.9	2,694	97	12,692	21.2	224,771
Adults	52.7	4.9	244	50	2,232	10.9	399,616
Children	46.5	3.1	183	60	1,379	13.3	1,112,032
Unknown	84.0	26.3	2,536	96	11,315	22.4	206
Gender							
Female	53.7	7.3	496	68	2,987	16.6	1,006,968
Male	48.7	6.4	586	92	3,231	18.1	745,460
Unknown	22.8	1.2	63	52	2,293	2.8	1,276
Race							
White	54.8	8.2	591	72	3,233	18.3	616,923
African American	45.7	4.9	389	80	2,803	13.9	510,077
Other/unknown	53.1	7.3	595	82	3,184	18.7	626,704
Use of Nursing Facilities^f							
Entire year	97.2	87.3	5,443	62	61,624	8.8	3,399
Part year	96.2	63.9	4,453	70	53,800	8.3	3,802
None	51.3	6.6	516	78	2,866	18.0	1,746,503
Maintenance Assistance Status							
Cash	55.1	10.8	913	84	4,472	20.4	754,985
Medically needy	56.9	10.1	908	90	4,479	20.3	21,701
Poverty related	48.7	3.6	199	55	1,721	11.6	679,787
Other/unknown	48.5	4.3	308	72	2,613	11.8	297,231

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

a. Table 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^{a, b}
 NONDUAL BENEFICIARIES, FLORIDA, 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	1.0	\$77	17.3 %	48.5 %	37.5 %	5.7 %	5.3 %	2.3 %	0.7 %	\$445	1,753,704	12,176,930
Age												
5 and younger	0.5	33	10.0	46.0	46.0	5.2	2.4	0.3	0.0	328	517,424	3,555,135
6-14	0.5	42	19.2	56.6	35.9	4.2	2.8	0.4	0.1	221	472,019	3,497,560
15-20	0.5	46	13.1	54.5	37.2	4.6	3.0	0.5	0.1	352	238,406	1,684,329
21-44	1.3	106	16.0	44.9	35.9	7.9	7.8	2.9	0.7	662	393,893	2,345,851
45-64	4.2	331	26.6	29.3	15.5	8.8	21.1	18.3	6.9	1,246	112,452	931,549
65-74	3.8	237	23.6	24.3	16.8	11.3	26.9	17.4	3.4	1,004	11,485	94,360
75-84	3.7	211	19.6	23.7	15.6	11.3	28.2	17.7	3.6	1,077	5,792	49,916
85 and older	3.9	195	11.9	24.6	12.5	9.2	26.2	23.1	4.4	1,632	2,015	17,369
Unknown	0.0	1	0.5	95.0	4.1	0.5	0.0	0.5	0.0	243	218	861
Basis of Eligibility^e												
Aged	3.6	205	20.5	25.1	16.6	11.5	27.3	16.7	2.8	1,001	17,079	138,986
Disabled	2.9	279	21.2	27.3	26.7	10.0	18.5	13.0	4.5	1,316	224,771	2,167,143
Adults	0.9	45	10.9	47.3	37.8	7.3	5.8	1.5	0.2	414	399,616	2,154,048
Children	0.4	26	13.3	53.5	39.9	4.2	2.1	0.2	0.0	199	1,112,032	7,715,017
Unknown	3.1	301	22.4	16.0	27.2	14.1	27.7	13.6	1.5	1,343	206	1,736
Gender												
Female	1.1	73	16.6	46.3	38.9	6.0	5.5	2.5	0.8	440	1,006,968	6,831,505
Male	0.9	82	18.1	51.3	35.7	5.4	5.0	2.0	0.5	451	745,460	5,339,159
Unknown	0.2	13	2.8	77.2	19.7	1.8	1.0	0.2	0.1	467	1,276	6,266
Race												
White	1.2	84	18.3	45.2	38.1	6.5	6.4	2.9	0.9	457	616,923	4,360,882
African American	0.7	56	13.9	54.3	35.9	4.4	3.6	1.4	0.4	403	510,077	3,545,058
Other/unknown	1.1	87	18.7	46.9	38.3	6.1	5.6	2.4	0.6	467	626,704	4,270,990
Use of Nursing Facilities^f												
Entire year	8.7	541	8.8	2.8	3.1	3.7	21.9	38.6	29.9	6,123	3,399	34,207
Part year	7.4	514	8.3	3.8	6.7	7.3	26.2	34.8	21.1	6,211	3,802	32,935
None	1.0	74	18.0	48.7	37.7	5.7	5.2	2.2	0.6	413	1,746,503	12,109,788
Maintenance Assistance Status												
Cash	1.5	123	20.4	44.9	34.6	6.7	8.1	4.3	1.3	601	754,985	5,621,363
Medically needy	1.8	162	20.3	43.1	32.3	8.2	10.3	4.9	1.3	798	21,701	121,726
Poverty related	0.5	30	11.6	51.3	40.5	4.7	2.7	0.6	0.1	261	679,787	4,482,370
Other/unknown	0.7	47	11.8	51.5	38.3	5.4	3.7	0.8	0.2	398	297,231	1,951,471

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

- a. Table 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^{a, b, c}
 NONDUAL BENEFICIARIES, FLORIDA, 2004

Beneficiary Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	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	1.0	\$77	\$77	0.4	\$61	\$145	0.1	\$4	\$72	0.5	\$11	\$22
Age												
5 and younger	0.5	33	61	0.2	26	133	0.1	2	41	0.3	5	17
6-14	0.5	42	87	0.3	35	134	0.0	2	70	0.2	5	26
15-20	0.5	46	84	0.2	38	152	0.0	2	78	0.3	6	22
21-44	1.3	106	81	0.5	84	166	0.1	6	87	0.7	16	22
45-64	4.2	331	79	1.8	260	145	0.2	18	91	2.2	53	24
65-74	3.8	237	63	1.8	186	106	0.2	10	59	1.8	40	22
75-84	3.7	211	57	1.7	165	96	0.2	8	50	1.8	38	21
85 and older	3.9	195	50	1.6	144	89	0.2	8	43	2.1	42	20
Unknown	0.0	1	43	0.0	1	70	0.0	0	77	0.0	0	17
Basis of Eligibility^d												
Aged	3.6	205	57	1.7	160	96	0.2	8	53	1.7	36	21
Disabled	2.9	279	97	1.3	227	177	0.1	14	100	1.5	38	26
Adults	0.9	45	50	0.3	33	105	0.0	3	56	0.5	10	18
Children	0.4	26	60	0.2	21	110	0.0	2	46	0.2	4	18
Unknown	3.1	301	96	1.2	259	209	0.1	6	48	1.8	36	21
Gender												
Female	1.1	73	68	0.4	57	130	0.1	4	67	0.6	12	21
Male	0.9	82	92	0.4	67	165	0.0	4	80	0.4	11	25
Unknown	0.2	13	52	0.1	9	122	0.0	1	44	0.2	3	19
Race												
White	1.2	84	72	0.5	65	135	0.1	5	75	0.6	14	22
African American	0.7	56	80	0.3	45	156	0.0	3	78	0.4	8	21
Other/unknown	1.1	87	82	0.5	71	149	0.1	4	65	0.5	12	23
Use of Nursing Facilities^e												
Entire year	8.7	541	62	3.2	402	124	0.5	34	70	4.9	102	21
Part year	7.4	514	70	2.7	384	144	0.4	33	84	4.3	95	22
None	1.0	74	78	0.4	59	145	0.1	4	72	0.5	11	22
Maintenance Assistance Status												
Cash	1.5	123	84	0.6	98	157	0.1	6	85	0.7	18	24
Medically needy	1.8	162	90	0.8	133	177	0.1	7	83	1.0	22	23
Poverty related	0.5	30	55	0.2	23	105	0.0	2	47	0.3	5	18
Other/unknown	0.7	47	72	0.3	38	134	0.0	2	57	0.3	6	19

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

- a. Table 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 Florida, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.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^{a, b, c, d}
 NONDUAL BENEFICIARIES, FLORIDA, 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 of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	\$30	\$25	\$2	\$3	\$101	\$194	\$96	\$23	1,585,246	\$160,316,457	561,762	32.0 %	5,323,896
Biologicals	0.5	0.4	0.0	0.0	504	477	9	19	1090	1,076	2,159	1,192	31,352	34,168,015	7,815	0.4	67,769
Antineoplastic Agents	0.5	0.1	0.0	0.3	149	108	5	36	309	880	320	105	36,889	11,409,172	7,675	0.4	76,448
Endocrine/Metabolic Drugs	0.4	0.2	0.1	0.2	27	20	3	4	62	127	30	23	852,319	53,088,248	212,840	12.1	1,998,849
Cardiovascular Agents	1.2	0.5	0.0	0.7	49	36	1	12	40	71	42	17	1,408,349	56,729,653	120,056	6.8	1,163,877
Respiratory Agents	0.5	0.2	0.0	0.2	25	20	1	4	56	85	37	22	1,925,409	107,052,233	438,837	25.0	4,217,292
Gastrointestinal Agents	0.5	0.3	0.0	0.2	46	40	2	4	92	135	114	20	643,823	59,069,773	131,876	7.5	1,282,492
Genitourinary Agents	0.2	0.1	0.0	0.1	12	8	2	2	49	69	42	25	152,059	7,486,578	73,047	4.2	645,769
CNS Drugs	1.0	0.4	0.0	0.5	100	87	2	11	103	192	85	23	1,728,206	177,227,052	180,634	10.3	1,763,883
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	52	49	1	3	84	93	77	35	321,356	27,036,455	50,642	2.9	516,264
Miscellaneous Psychological/																	
Neurological Agents	0.4	0.4	0.0	0.1	100	96	0	4	230	255	101	70	29,069	6,696,215	6,316	0.4	66,634
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	22	14	2	7	49	133	285	20	1,206,954	59,048,914	290,443	16.6	2,706,181
Neuromuscular Agents	0.7	0.3	0.1	0.4	58	41	9	9	81	154	127	23	700,256	57,029,462	98,664	5.6	980,998
Nutritional Products	0.3	0.0	0.0	0.3	4	1	0	3	13	22	19	12	307,897	4,128,726	113,111	6.4	961,136
Hematological Agents	0.5	0.2	0.0	0.3	160	142	2	15	301	777	67	49	213,208	64,073,000	43,058	2.5	401,666
Topical Products	0.3	0.1	0.0	0.1	12	8	1	3	45	78	58	21	898,370	40,620,240	354,687	20.2	3,428,134
Miscellaneous Products	0.4	0.1	0.0	0.2	78	49	14	15	191	367	388	62	48,037	9,171,124	12,189	0.7	117,182
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	32	0	0	0	46,571	1,472,802	17,869	1.0	188,115
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.	12,135,370	935,824,119	n.a.	n.a.	n.a.

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

a. Table 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 Florida, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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^{a, b, c}
 NONDUAL BENEFICIARIES, FLORIDA, 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	\$123,162,266	85,444	4.9 %	911,932	0.5	\$248	\$135
ANTIVIRAL	92,696,782	41,486	2.4	421,424	0.5	423	220
ANTIASTHMATIC	62,924,960	321,728	18.3	3,172,461	0.3	71	20
MISC. HEMATOLOGICAL	49,412,656	16,055	0.9	168,135	0.5	586	294
ANTICONVULSANT	49,111,295	73,166	4.2	764,012	0.6	105	64
ULCER DRUGS	47,141,758	129,351	7.4	1,286,390	0.4	95	37
ANTIDEPRESSANTS	42,870,944	141,027	8.0	1,404,317	0.5	64	31
PASSIVE IMMUNIZING AGENTS	33,915,950	7,076	0.4	59,715	0.5	1,117	568
DERMATOLOGICAL	29,101,075	354,802	20.2	3,576,792	0.2	50	8
ANALGESICS - Narcotic	28,436,814	259,826	14.8	2,456,747	0.3	43	12
Total	558,774,500	1,429,961		14,221,925	n.a.	n.a.	n.a.

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

a. Table 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^{a, b, c}
 NONDUAL BENEFICIARIES, FLORIDA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIVIRAL				
	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
All	4,583,102	\$558,774,500	85,444	4.9 %	911,932	0.5	\$135	41,486	2.4 %	421,424	0.5	\$220
Female	2,719,664	281,597,170	44,812	4.5	476,212	0.5	129	24,100	2.4	240,878	0.5	187
Disabled	1,545,766	187,940,853	33,070	30.5	364,235	0.6	142	12,752	11.8	139,119	0.5	235
	32,215	7,836,766	79	1.3	868	0.4	84	142	2.4	1,602	0.6	133
5 and younger	71,960	8,982,445	1,758	13.5	19,787	0.5	99	620	4.8	7,163	0.7	263
6-14	61,048	7,673,517	1,785	18.4	19,659	0.5	115	475	4.9	5,359	0.5	186
15-20	440,075	60,331,621	11,937	39.0	129,426	0.5	139	6,261	20.5	67,286	0.5	229
21-44	918,978	101,098,304	17,103	35.7	190,026	0.6	152	5,200	10.9	57,131	0.5	247
45-64	18,412	1,745,425	344	31.8	3,782	0.6	141	48	4.4	517	0.4	185
65-74	2,749	244,679	56	26.8	600	0.6	122	5	2.4	49	0.6	274
75-84	329	28,096	8	17.4	87	0.4	105	1	2.2	12	0.1	2
85 and older	1,173,894	93,656,167	11,742	1.3	111,977	0.4	87	11,348	1.3	101,759	0.4	121
Other Eligibles	234,327	22,376,197	195	0.1	2,033	0.3	49	874	0.4	8,943	0.2	33
5 and younger	177,355	14,041,105	2,294	1.1	24,624	0.4	84	1,089	0.5	11,649	0.5	145
6-14	128,405	9,437,772	2,128	1.7	21,549	0.4	86	1,519	1.2	14,124	0.3	87
15-20	468,917	33,972,682	5,259	1.9	45,122	0.3	87	7,189	2.5	60,557	0.4	131
21-44	74,499	6,677,217	787	4.1	7,188	0.4	119	522	2.7	4,766	0.5	223
45-64	47,228	3,971,040	543	8.6	5,837	0.4	97	83	1.3	907	0.2	63
65-74	30,260	2,312,267	332	9.3	3,617	0.5	81	60	1.7	680	0.2	68
75-84	12,903	867,887	204	15.3	2,007	0.5	68	12	0.9	133	0.1	7
85 and older	1,862,878	277,129,819	40,626	5.5	435,657	0.6	141	17,384	2.3	180,527	0.6	264
Male	1,144,402	202,195,166	31,336	26.9	342,075	0.6	154	14,262	12.2	149,617	0.6	291
Disabled	47,203	13,335,885	272	3.2	2,950	0.4	81	146	1.7	1,717	0.5	120
5 and younger	136,444	33,795,272	5,471	20.6	61,013	0.5	107	690	2.6	7,973	0.7	261
6-14	88,182	17,783,622	3,614	22.5	39,676	0.6	132	275	1.7	3,042	0.5	248
15-20	335,661	62,974,392	11,270	39.4	121,747	0.6	165	6,201	21.7	62,940	0.6	283
21-44	520,544	72,254,094	10,292	28.8	112,103	0.6	174	6,885	19.3	73,242	0.7	308
45-64	13,897	1,752,733	367	50.9	4,036	0.6	203	56	7.8	603	0.6	267
65-74	2,264	282,492	48	40.7	534	0.7	274	9	7.6	100	0.2	107
75-84	207	16,676	2	6.5	16	0.5	122	0	0.0	0	0.0	0
85 and older	718,473	74,934,592	9,290	1.5	93,582	0.5	96	3,121	0.5	30,909	0.4	134
Other Eligibles	279,169	30,785,056	460	0.2	4,733	0.4	70	923	0.4	9,294	0.2	22
5 and younger	211,729	20,551,016	4,917	2.3	51,383	0.5	91	954	0.4	10,470	0.5	167
6-14	90,446	11,351,627	2,325	2.6	23,448	0.5	99	415	0.5	4,114	0.4	141
15-20	65,669	5,536,295	754	1.4	5,828	0.4	112	467	0.9	3,710	0.4	193
21-44	26,974	2,797,125	214	2.2	1,809	0.4	129	254	2.6	2,197	0.5	353
45-64	24,243	2,339,421	340	10.1	3,574	0.5	156	66	2.0	700	0.3	142
65-74	14,533	1,175,269	204	10.7	2,063	0.4	82	34	1.8	373	0.2	58
75-84	5,710	398,783	76	12.6	744	0.5	68	8	1.3	51	0.2	53
85 and older	567	47,722	6	0.4	63	0.5	92	3	0.2	20	0.2	2
Unknown												

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

a. Table 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.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 ND.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}
 NONDUAL BENEFICIARIES, FLORIDA, 2004

Beneficiary Characteristics	ANTIASTHMATIC					MISC. HEMATOLOGICAL					ANTICONVULSANT				
	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
All	321,728	18.3 %	3,172,461	0.3	\$20	16,055	0.9 %	168,135	0.5	\$294	73,166	4.2 %	764,012	0.6	\$64
Female	166,705	16.6	1,642,715	0.3	20	9,639	1.0	102,304	0.5	53	43,134	4.3	445,389	0.6	60
Disabled	46,838	43.2	513,879	0.4	29	6,204	5.7	68,272	0.5	53	29,505	27.2	322,263	0.6	67
5 and younger	3,570	61.0	39,381	0.3	29	10	0.2	117	0.5	204	616	10.5	6,775	0.6	84
6-14	4,438	34.1	49,738	0.3	25	11	0.1	122	0.5	47	2,242	17.3	25,430	0.7	98
15-20	2,073	21.4	23,445	0.3	26	14	0.1	155	0.2	116	1,928	19.9	21,658	0.7	98
21-44	9,948	32.5	107,954	0.4	24	610	2.0	6,733	0.4	77	10,254	33.5	110,935	0.7	76
45-64	26,166	54.7	286,522	0.5	31	5,311	11.1	58,391	0.5	50	14,167	29.6	154,253	0.6	52
65-74	563	52.0	5,961	0.5	31	194	17.9	2,161	0.6	51	261	24.1	2,821	0.7	38
75-84	73	34.9	801	0.5	33	44	21.1	474	0.7	69	35	16.7	378	0.6	33
85 and older	7	15.2	77	0.2	16	10	21.7	119	0.5	59	2	4.3	13	0.8	30
Other Eligibles	119,867	13.3	1,128,836	0.2	16	3,435	0.4	34,032	0.4	52	13,629	1.5	123,126	0.4	41
5 and younger	53,589	21.8	516,197	0.2	15	14	0.0	145	0.3	1,682	559	0.2	5,569	0.4	45
6-14	29,413	13.7	286,742	0.2	16	30	0.0	323	0.3	152	1,685	0.8	17,040	0.5	60
15-20	9,519	7.6	90,038	0.2	13	21	0.0	209	0.2	697	1,728	1.4	16,836	0.4	54
21-44	21,524	7.6	180,378	0.3	15	930	0.3	8,361	0.3	26	7,500	2.7	63,189	0.4	36
45-64	2,961	15.6	25,638	0.4	25	466	2.5	4,123	0.4	42	1,205	6.3	10,595	0.4	40
65-74	1,476	23.4	15,397	0.4	31	1,094	17.4	11,639	0.5	40	563	8.9	5,889	0.5	24
75-84	986	27.8	10,446	0.4	27	629	17.7	6,658	0.5	48	277	7.8	2,939	0.5	23
85 and older	399	30.0	4,000	0.4	21	251	18.8	2,574	0.6	57	112	8.4	1,069	0.6	26
Male	154,952	20.8	1,529,263	0.3	20	6,413	0.9	65,806	0.5	669	30,028	4.0	318,587	0.6	70
Disabled	35,121	30.2	382,589	0.4	28	4,475	3.8	47,325	0.5	737	23,599	20.3	257,140	0.7	75
5 and younger	5,889	68.5	64,360	0.3	29	33	0.4	369	0.9	9,442	905	10.5	10,057	0.7	88
6-14	8,920	33.6	99,554	0.3	25	69	0.3	785	0.8	21,080	3,680	13.8	41,511	0.7	88
15-20	2,816	17.5	31,648	0.3	24	46	0.3	509	0.6	11,957	2,696	16.8	30,039	0.7	97
21-44	4,336	15.2	46,779	0.4	25	404	1.4	4,229	0.5	1,544	8,248	28.9	89,668	0.8	83
45-64	12,627	35.3	134,417	0.5	32	3,687	10.3	38,826	0.5	55	7,879	22.0	83,871	0.6	52
65-74	453	62.8	4,969	0.5	33	190	26.4	2,129	0.5	45	163	22.6	1,699	0.6	34
75-84	76	64.4	814	0.4	25	36	30.5	386	0.6	57	25	21.2	270	0.7	52
85 and older	4	12.9	48	0.2	4	10	32.3	92	0.7	66	3	9.7	25	0.4	15
Other Eligibles	119,831	19.1	1,146,674	0.2	17	1,938	0.3	18,481	0.5	495	6,429	1.0	61,447	0.5	50
5 and younger	70,389	27.5	671,961	0.2	16	75	0.0	731	0.5	3,402	725	0.3	7,304	0.4	41
6-14	37,721	17.4	365,600	0.2	18	58	0.0	559	0.4	3,704	2,338	1.1	23,866	0.5	60
15-20	6,847	7.8	66,274	0.3	17	49	0.1	502	0.6	6,719	1,287	1.5	12,618	0.5	60
21-44	2,299	4.4	18,024	0.3	19	260	0.5	1,915	0.4	253	1,196	2.3	9,217	0.4	35
45-64	896	9.1	7,656	0.4	27	347	3.5	2,709	0.5	56	437	4.4	3,797	0.4	31
65-74	917	27.2	9,423	0.4	33	606	18.0	6,421	0.5	47	253	7.5	2,671	0.6	37
75-84	556	29.2	5,881	0.4	27	407	21.4	4,334	0.5	46	130	6.8	1,375	0.5	22
85 and older	206	34.3	1,855	0.4	22	136	22.6	1,310	0.6	57	63	10.5	599	0.6	29
Unknown	71	4.8	483	0.2	12	3	0.2	25	0.9	48	4	0.3	36	0.4	36

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

a. Table 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^{a, b, c}
 NONDUAL BENEFICIARIES, FLORIDA, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					PASSIVE IMMUNIZING AGENTS				
	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
All	129,351	7.4 %	1,286,390	0.4	\$37	141,027	8.0 %	1,404,317	0.5	\$31	7,076	0.4 %	59,715	0.5	\$568
Female	84,877	8.4	845,078	0.4	37	97,868	9.7	961,260	0.5	31	3,911	0.4	32,725	0.4	465
Disabled	39,025	36.0	428,442	0.5	48	49,856	46.0	540,053	0.5	36	915	0.8	9,035	0.6	669
5 and younger	1,168	20.0	12,264	0.4	27	46	0.8	530	0.3	13	855	14.6	8,332	0.6	632
6-14	1,123	8.6	12,800	0.4	42	1,498	11.5	16,880	0.5	24	11	0.1	131	0.4	319
15-20	1,170	12.1	13,344	0.3	34	2,061	21.2	22,614	0.5	29	11	0.1	131	0.5	1,053
21-44	9,402	30.7	102,790	0.4	42	15,611	51.0	166,503	0.5	34	26	0.1	300	0.8	1,278
45-64	25,392	53.1	278,883	0.5	52	30,140	63.0	328,160	0.6	38	12	0.0	141	0.5	1,509
65-74	674	62.2	7,311	0.5	47	443	40.9	4,740	0.6	37	0	0.0	0	0.0	0
75-84	83	39.7	910	0.5	42	50	23.9	543	0.6	41	0	0.0	0	0.0	0
85 and older	13	28.3	140	0.7	42	7	15.2	83	0.7	36	0	0.0	0	0.0	0
Other Eligibles	45,849	5.1	416,609	0.3	25	48,012	5.3	421,207	0.4	24	2,996	0.3	23,690	0.4	388
5 and younger	7,014	2.8	59,117	0.2	11	230	0.1	2,329	0.3	15	1,860	0.8	14,404	0.6	625
6-14	4,573	2.1	47,209	0.2	16	4,002	1.9	41,879	0.4	21	9	0.0	100	0.3	88
15-20	4,852	3.9	47,097	0.2	15	6,710	5.4	64,230	0.4	22	271	0.2	2,198	0.1	26
21-44	20,376	7.2	176,039	0.3	26	29,971	10.6	247,868	0.4	24	856	0.3	6,988	0.1	16
45-64	3,805	20.0	32,881	0.4	41	4,311	22.7	35,915	0.5	31	0	0.0	0	0.0	0
65-74	3,040	48.3	31,427	0.5	46	1,549	24.6	16,045	0.5	30	0	0.0	0	0.0	0
75-84	1,618	45.6	17,051	0.5	46	868	24.4	9,259	0.5	28	0	0.0	0	0.0	0
85 and older	571	42.9	5,788	0.6	46	371	27.9	3,682	0.6	28	0	0.0	0	0.0	0
Male	44,436	6.0	441,021	0.4	37	43,149	5.8	442,942	0.5	30	3,160	0.4	26,970	0.6	692
Disabled	22,979	19.7	246,233	0.5	47	27,916	24.0	298,799	0.5	33	957	0.8	9,514	0.6	748
5 and younger	1,465	17.0	15,754	0.4	26	94	1.1	1,022	0.4	15	897	10.4	8,839	0.6	678
6-14	1,536	5.8	17,753	0.4	42	3,445	13.0	38,776	0.5	24	20	0.1	232	0.7	717
15-20	1,209	7.5	13,691	0.4	42	2,689	16.7	29,697	0.5	31	1	0.0	12	0.1	7
21-44	5,632	19.7	60,777	0.5	46	8,611	30.1	90,866	0.5	35	21	0.1	235	0.6	2,245
45-64	12,627	35.3	132,643	0.5	51	12,740	35.6	134,736	0.6	34	17	0.0	184	0.8	2,327
65-74	438	60.7	4,858	0.5	45	286	39.7	3,134	0.6	39	1	0.1	12	0.1	195
75-84	62	52.5	665	0.6	57	45	38.1	518	0.7	39	0	0.0	0	0.0	0
85 and older	10	32.3	92	0.6	52	6	19.4	50	0.5	32	0	0.0	0	0.0	0
Other Eligibles	21,457	3.4	194,788	0.3	23	15,233	2.4	144,143	0.4	24	2,203	0.4	17,456	0.6	662
5 and younger	8,311	3.3	70,613	0.2	12	301	0.1	3,135	0.3	11	2,185	0.9	17,269	0.6	661
6-14	3,740	1.7	38,582	0.2	18	5,510	2.5	56,927	0.4	21	12	0.0	132	1.0	773
15-20	2,317	2.6	23,087	0.2	19	4,103	4.7	40,018	0.4	27	4	0.0	38	0.4	527
21-44	3,333	6.4	26,543	0.3	36	3,190	6.1	24,484	0.4	27	1	0.0	5	0.2	16
45-64	1,408	14.3	11,928	0.4	43	1,081	11.0	8,934	0.4	28	1	0.0	12	0.5	1,326
65-74	1,370	40.7	14,009	0.5	43	564	16.7	5,815	0.5	32	0	0.0	0	0.0	0
75-84	724	38.0	7,564	0.5	47	333	17.5	3,417	0.5	29	0	0.0	0	0.0	0
85 and older	254	42.3	2,462	0.6	49	151	25.1	1,413	0.6	30	0	0.0	0	0.0	0
Unknown	41	2.7	318	0.3	11	10	0.7	115	0.4	17	5	0.3	20	0.8	955

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

a. Table 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.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 ND.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}
 NONDUAL BENEFICIARIES, FLORIDA, 2004

Beneficiary Characteristics	DERMATOLOGICAL					ANALGESICS - Narcotic					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		
All	354,802	20.2 %	3,576,792	0.2	\$8	259,826	14.8 %	2,456,747	0.3	\$12	1,753,704	12,176,930
Female	203,422	20.2	2,048,779	0.2	8	189,700	18.8	1,768,001	0.3	10	1,006,866	6,831,101
Disabled	44,211	40.8	502,308	0.2	10	56,567	52.2	614,536	0.4	20	108,330	1,056,142
5 and younger	2,611	44.6	28,901	0.2	7	425	7.3	4,703	0.1	1	5,854	55,401
6-14	4,351	33.5	50,025	0.2	8	1,237	9.5	14,179	0.1	1	12,996	136,189
15-20	3,062	31.6	35,241	0.2	9	2,202	22.7	25,018	0.2	4	9,705	98,868
21-44	10,807	35.3	122,134	0.2	10	19,421	63.5	209,582	0.3	18	30,595	294,421
45-64	22,682	47.4	258,232	0.2	11	32,620	68.2	354,047	0.4	23	47,842	457,750
65-74	588	54.3	6,573	0.2	11	565	52.2	5,952	0.4	20	1,083	11,072
75-84	96	45.9	1,044	0.2	11	87	41.6	941	0.4	15	209	2,002
85 and older	14	30.4	158	0.2	6	10	21.7	114	0.2	5	46	439
Other Eligibles	159,210	17.7	1,546,468	0.2	8	133,133	14.8	1,153,465	0.2	5	898,536	5,774,959
5 and younger	70,496	28.6	681,622	0.1	6	4,249	1.7	44,415	0.1	1	246,146	1,674,408
6-14	35,563	16.5	365,620	0.1	8	7,443	3.5	77,274	0.1	1	215,188	1,537,741
15-20	18,295	14.7	182,132	0.2	9	19,972	16.0	181,594	0.1	2	124,445	816,537
21-44	26,943	9.5	236,104	0.2	9	92,706	32.8	771,552	0.2	5	282,568	1,550,089
45-64	3,050	16.0	28,050	0.2	10	6,396	33.6	54,269	0.3	14	19,008	104,602
65-74	2,616	41.5	28,364	0.2	10	1,114	17.7	11,487	0.2	5	6,298	49,263
75-84	1,562	44.0	17,342	0.2	10	883	24.9	9,247	0.3	10	3,551	30,754
85 and older	685	51.4	7,234	0.2	9	370	27.8	3,627	0.4	10	1,332	11,565
Male	151,257	20.3	1,527,102	0.2	8	70,107	9.4	688,550	0.3	16	745,346	5,338,711
Disabled	34,730	29.8	389,812	0.2	10	33,736	29.0	354,080	0.4	25	116,425	1,110,918
5 and younger	3,509	40.8	38,998	0.2	7	712	8.3	8,081	0.1	1	8,602	81,770
6-14	6,374	24.0	73,064	0.2	8	2,026	7.6	23,346	0.1	2	26,580	273,591
15-20	4,095	25.5	47,125	0.2	10	2,333	14.5	26,445	0.2	4	16,054	162,189
21-44	7,635	26.7	85,568	0.2	11	10,096	35.3	105,419	0.4	25	28,572	266,709
45-64	12,550	35.1	138,770	0.2	11	18,239	51.0	187,235	0.5	32	35,747	317,723
65-74	480	66.6	5,324	0.2	10	283	39.3	3,017	0.4	19	721	7,437
75-84	78	66.1	871	0.2	9	39	33.1	451	0.4	7	118	1,191
85 and older	9	29.0	92	0.2	5	8	25.8	86	0.3	14	31	308
Other Eligibles	116,525	18.5	1,137,281	0.2	7	36,371	5.8	334,470	0.2	6	628,921	4,227,793
6-14	69,142	27.1	661,356	0.1	6	6,436	2.5	67,080	0.1	1	255,600	1,737,604
15-20	27,697	12.7	283,531	0.1	7	7,953	3.7	82,527	0.1	2	217,251	1,550,021
21-44	13,050	14.8	131,216	0.2	12	6,836	7.8	67,608	0.1	2	88,198	606,703
45-64	3,021	5.8	24,733	0.2	11	11,455	22.0	85,356	0.3	13	52,153	234,607
65-74	1,193	12.1	10,556	0.2	12	2,576	26.2	20,687	0.4	20	9,845	51,424
75-84	1,273	37.8	13,633	0.2	11	587	17.4	5,841	0.2	8	3,368	26,505
85 and older	816	42.8	8,953	0.2	11	388	20.4	4,027	0.3	11	1,905	15,894
Unknown	333	55.4	3,303	0.2	11	140	23.3	1,344	0.4	10	601	5,035
Unknown	126	8.4	923	0.2	6	19	1.3	196	0.4	17	1,492	7,118

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

a. Table 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^{a, b}
 NONDUAL BENEFICIARIES, FLORIDA, 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	\$541	8.7	3,399	34,207
Age				
0-64	601	9.2	2,500	25,566
65-74	456	7.8	278	2,817
75-84	352	7.0	282	2,775
85 and older	286	6.3	339	3,049
Unknown	0	0.0	0	0
Gender				
Female	533	8.9	1,714	17,793
Male	549	8.4	1,681	16,394
Unknown	112	2.4	4	20
Race				
White	540	9.2	1,684	16,541
African American	542	8.1	1,028	10,644
Other/unknown	541	8.4	687	7,022
Basis of Eligibility^c				
Aged	337	6.8	747	7,053
Disabled	594	9.2	2,646	27,102
Adults	338	16.0	1	2
Children	599	8.6	5	50
Unknown	0	0.0	0	0

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

a. Table 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 3,802 beneficiaries who were in nursing facilities for part of their enrollment and their 32,935 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^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, FLORIDA, 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	0.7	0.4	0.1	0.3	###	\$92	\$7	\$9	\$151	\$251	\$125	\$31	18,063	\$2,719,251	2,413	71.0 %	25,199
Biologicals	0.1	0.1	0.0	0.0	27	27	0	1	226	272	0	27	517	116,657	373	11.0	4,270
Antineoplastic Agents	0.5	0.1	0.0	0.4	65	21	0	44	136	406	192	103	1,445	195,886	303	8.9	2,993
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.5	58	43	5	9	51	91	31	19	17,067	864,030	1,436	42.2	15,020
Cardiovascular Agents	2.1	0.7	0.1	1.4	73	47	2	24	34	68	36	17	51,488	1,754,496	2,349	69.1	24,109
Respiratory Agents	1.1	0.5	0.0	0.6	53	42	0	10	49	87	44	17	18,234	898,840	1,631	48.0	17,022
Gastrointestinal Agents	1.1	0.5	0.0	0.6	71	55	3	12	66	115	109	22	23,613	1,551,661	2,111	62.1	21,785
Genitourinary Agents	0.7	0.4	0.0	0.2	41	32	3	6	62	78	61	30	4,510	281,023	645	19.0	6,925
CNS Drugs	2.0	0.9	0.1	1.0	151	127	5	18	75	134	69	19	54,397	4,084,301	2,610	76.8	27,134
Stimulants/Anti-obesity/Anorexia	0.8	0.2	0.0	0.7	33	19	0	14	40	108	34	21	253	10,001	31	0.9	302
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	147	146	0	1	187	188	117	93	3,273	612,305	392	11.5	4,164
Analgesics and Anesthetics	1.6	0.5	0.0	1.0	73	56	4	14	47	103	103	14	30,163	1,424,507	1,898	55.8	19,456
Neuromuscular Agents	1.5	0.3	0.2	1.0	98	46	21	31	66	137	106	33	29,049	1,908,714	1,802	53.0	19,493
Nutritional Products	0.8	0.0	0.0	0.7	16	0	1	16	21	15	16	21	9,700	205,000	1,209	35.6	12,443
Hematological Agents	1.1	0.3	0.1	0.7	78	67	3	9	72	206	30	13	16,418	1,174,247	1,477	43.5	14,995
Topical Products	0.6	0.2	0.1	0.4	26	13	4	9	40	65	50	24	15,352	614,951	2,223	65.4	23,867
Miscellaneous Products	0.3	0.0	0.0	0.3	5	1	0	4	18	92	133	15	1,021	18,601	358	10.5	3,795
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	13	0	0	0	29	0	0	0	2,225	65,398	465	13.7	5,008
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.	296,788	18,499,869	n.a.	n.a.	n.a.

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

a. Table 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 3,802 beneficiaries who were in nursing facilities for part of their enrollment and their 32,935 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Florida, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE ND.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}
 NONDUAL BENEFICIARIES, FLORIDA, 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	\$2,653,222	1,806	53.1 %	19,604	0.7	\$194	\$135
ANTICONVULSANT	1,510,640	1,930	56.8	21,110	1.0	73	72
ANTIVIRAL	1,380,506	429	12.6	4,478	0.7	421	308
ULCER DRUGS	1,278,689	2,324	68.4	24,147	0.7	71	53
ANTIDEPRESSANTS	1,087,324	2,354	69.3	24,998	0.8	56	43
ANALGESICS - Narcotic	955,852	2,227	65.5	22,677	1.0	41	42
ANTIDIABETIC	771,563	1,831	53.9	19,159	0.9	44	40
ANTIASTHMATIC	638,079	1,881	55.3	19,534	0.6	50	33
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	614,372	473	13.9	5,048	0.7	184	122
ANTIHYPERTENSIVE	507,778	850	25.0	9,097	0.7	79	56
Total	11,398,025	16,105		169,852	n.a.	n.a.	n.a.

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

a. Table 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 3,802 beneficiaries who were in nursing facilities for part of their enrollment and their 32,935 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^{a, b, c, d}
 NONDUAL BENEFICIARIES, FLORIDA, 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 \$
All	138,442	\$11,398,025	1,806	53.1 %	19,604	0.7	\$135	1,930	56.8 %	21,110	1.0	\$72
Female	73,223	5,809,524	997	58.2	11,009	0.7	132	941	54.9	10,376	1.0	68
Disabled	60,093	4,915,852	784	63.2	8,750	0.7	142	813	65.6	9,018	1.0	70
64 or younger	55,694	4,547,256	699	61.5	7,791	0.7	142	753	66.2	8,327	1.0	72
65-74	3,589	294,446	60	83.3	662	0.8	156	50	69.4	572	0.9	54
75-84	667	65,621	21	91.3	249	0.6	128	9	39.1	107	0.5	31
85 and older	143	8,529	4	50.0	48	0.4	66	1	12.5	12	0.8	29
Other Eligibles	13,130	893,672	213	44.9	2,259	0.7	95	128	27.0	1,358	0.9	51
64 or younger	45	1,925	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,050	236,431	47	55.3	495	0.7	115	45	52.9	497	1.0	79
75-84	5,119	334,482	75	48.1	836	0.7	106	46	29.5	515	0.9	38
85 and older	4,916	320,834	91	39.9	928	0.6	75	37	16.2	346	0.8	30
Male	65,204	5,587,288	809	48.1	8,595	0.7	139	988	58.8	10,733	1.0	76
Disabled	58,239	5,132,491	710	50.5	7,613	0.7	144	906	64.4	9,884	1.0	78
64 or younger	56,512	4,991,734	677	50.0	7,280	0.7	143	882	65.1	9,667	1.0	78
65-74	1,512	119,862	31	68.9	309	0.7	142	20	44.4	169	0.8	27
75-84	215	20,895	2	28.6	24	2.0	543	4	57.1	48	1.1	84
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	6,965	454,797	99	36.0	982	0.6	100	82	29.8	849	0.9	53
64 or younger	159	10,643	0	0.0	0	0.0	0	3	75.0	36	0.4	16
65-74	2,617	171,901	25	33.3	275	0.7	135	40	53.3	455	1.0	71
75-84	2,314	147,053	47	49.5	461	0.5	85	20	21.1	171	0.9	40
85 and older	1,875	125,200	27	26.7	246	0.7	88	19	18.8	187	0.7	30
Unknown	15	1,213	0	0.0	0	0.0	0	1	25.0	1	1.0	25

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

a. Table 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 3,802 beneficiaries who were in nursing facilities for part of their enrollment and their 32,935 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.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}
 NONDUAL BENEFICIARIES, FLORIDA, 2004

Beneficiary Characteristics	ANTIVIRAL					ULCER DRUGS					ANTIDEPRESSANTS				
	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	429	12.6 %	4,478	0.7	\$308	2,324	68.4 %	24,147	0.7	\$53	2,354	69.3 %	24,998	0.8	\$44
Female	172	10.0	1,877	0.6	268	1,206	70.4	12,740	0.7	52	1,260	73.5	13,631	0.8	45
Disabled	156	12.6	1,695	0.7	288	929	74.9	10,013	0.7	53	973	78.5	10,666	0.8	47
64 or younger	146	12.8	1,593	0.7	292	860	75.6	9,246	0.8	54	910	80.0	9,940	0.8	47
65-74	10	13.9	102	0.5	232	54	75.0	594	0.6	41	49	68.1	561	0.7	41
75-84	0	0.0	0	0.0	0	10	43.5	116	0.7	42	11	47.8	129	1.0	61
85 and older	0	0.0	0	0.0	0	5	62.5	57	0.8	35	3	37.5	36	0.6	14
Other Eligibles	16	3.4	182	0.2	76	277	58.4	2,727	0.7	47	287	60.5	2,965	0.8	39
64 or younger	0	0.0	0	0.0	0	4	80.0	17	1.0	64	2	40.0	4	0.5	29
65-74	6	7.1	72	0.4	182	57	67.1	579	0.7	43	50	58.8	564	0.8	43
75-84	7	4.5	81	0.1	6	81	51.9	848	0.8	51	98	62.8	1,031	0.8	41
85 and older	3	1.3	29	0.1	9	135	59.2	1,283	0.7	47	137	60.1	1,366	0.7	36
Male	257	15.3	2,601	0.8	338	1,117	66.4	11,406	0.7	54	1,094	65.1	11,367	0.8	42
Disabled	256	18.2	2,589	0.8	339	956	68.0	9,853	0.7	55	931	66.2	9,886	0.8	42
64 or younger	251	18.5	2,549	0.8	340	920	67.9	9,492	0.7	55	898	66.3	9,543	0.8	42
65-74	5	11.1	40	0.6	255	34	75.6	337	0.6	38	32	71.1	331	0.8	47
75-84	0	0.0	0	0.0	0	2	28.6	24	0.9	12	1	14.3	12	0.9	26
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1	0.4	12	0.1	13	161	58.5	1,553	0.8	51	163	59.3	1,481	0.7	36
64 or younger	0	0.0	0	0.0	0	7	175.0	84	0.9	79	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	46	61.3	473	0.9	52	36	48.0	389	0.8	41
75-84	0	0.0	0	0.0	0	57	60.0	564	0.7	40	59	62.1	544	0.7	35
85 and older	1	1.0	12	0.1	13	51	50.5	432	0.7	59	68	67.3	548	0.7	34
Unknown	0	0.0	0	0.0	0	1	25.0	1	1.0	30	0	0.0	0	0.0	0

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

a. Table 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 3,802 beneficiaries who were in nursing facilities for part of their enrollment and their 32,935 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^{a, b, c, d}
 NONDUAL BENEFICIARIES, FLORIDA, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIASTHMATIC				
	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	2,227	65.5 %	22,677	1.0	\$42	1,831	53.9 %	19,159	0.9	\$40	1,881	55.3 %	19,534	0.6	\$33
Female	1,216	70.9	12,702	0.9	35	1,034	60.3	11,046	0.9	41	961	56.1	10,184	0.6	28
Disabled	957	77.2	10,179	1.0	40	797	64.3	8,579	1.0	42	751	60.6	8,090	0.6	31
64 or younger	896	78.8	9,527	1.0	41	724	63.7	7,770	1.0	42	687	60.4	7,351	0.6	31
65-74	45	62.5	473	0.9	21	63	87.5	692	1.0	46	45	62.5	522	0.6	33
75-84	12	52.2	137	0.7	52	7	30.4	84	0.8	20	16	69.6	184	0.2	18
85 and older	4	50.0	42	0.2	2	3	37.5	33	0.9	26	3	37.5	33	0.3	26
Other Eligibles	259	54.6	2,523	0.6	15	237	50.0	2,467	0.8	34	210	44.3	2,094	0.4	17
64 or younger	4	80.0	17	1.1	12	2	40.0	4	0.5	16	2	40.0	4	1.0	81
65-74	47	55.3	465	0.5	16	69	81.2	746	0.8	33	38	44.7	376	0.5	14
75-84	92	59.0	926	0.7	14	84	53.8	954	0.9	38	77	49.4	828	0.5	22
85 and older	116	50.9	1,115	0.6	15	82	36.0	763	0.7	30	93	40.8	886	0.3	14
Male	1,010	60.1	9,974	1.1	52	797	47.4	8,113	0.9	40	917	54.6	9,347	0.7	38
Disabled	900	64.0	8,977	1.2	55	646	45.9	6,611	0.9	42	793	56.4	8,191	0.7	40
64 or younger	881	65.1	8,790	1.2	55	617	45.6	6,338	0.9	43	760	56.1	7,875	0.8	41
65-74	19	42.2	187	1.1	52	25	55.6	232	0.9	33	26	57.8	253	0.7	24
75-84	0	0.0	0	0.0	0	4	57.1	41	1.0	38	7	100.0	63	0.6	25
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	110	40.0	997	0.7	20	151	54.9	1,502	0.8	29	124	45.1	1,156	0.5	21
64 or younger	1	25.0	12	0.1	1	0	0.0	0	0.0	0	7	175.0	84	0.8	40
65-74	28	37.3	273	0.7	20	66	88.0	693	0.8	29	43	57.3	464	0.4	23
75-84	41	43.2	367	0.8	16	60	63.2	583	0.8	31	37	38.9	354	0.3	16
85 and older	40	39.6	345	0.8	24	25	24.8	226	0.7	25	37	36.6	254	0.6	16
Unknown	1	25.0	1	1.0	42	0	0.0	0	0.0	0	3	75.0	3	1.0	28

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

a. Table 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 3,802 beneficiaries who were in nursing facilities for part of their enrollment and their 32,935 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^{a, b, c, d}
 NONDUAL BENEFICIARIES, FLORIDA, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIHYPERTENSIVE					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
All	473	13.9 %	5,048	0.7	\$122	850	25.0 %	9,097	0.7	\$56	3,399	34,207
Female	280	16.3	3,028	0.7	140	451	26.3	4,938	0.7	56	1,714	17,793
Disabled	145	11.7	1,583	0.6	179	359	29.0	3,978	0.7	55	1,240	13,196
	122	10.7	1,312	0.6	203	328	28.8	3,641	0.7	55	1,137	12,102
64 or younger	15	20.8	177	0.6	79	25	34.7	265	0.7	60	72	762
65-74	6	26.1	70	0.4	44	6	26.1	72	0.5	39	23	239
75-84	2	25.0	24	0.3	29	0	0.0	0	0.0	0	8	93
85 and older	135	28.5	1,445	0.7	97	92	19.4	960	0.7	57	474	4,597
Other Eligibles	0	0.0	0	0.0	0	1	20.0	2	0.5	63	5	19
64 or younger	15	17.6	178	0.7	145	25	29.4	260	0.8	57	85	858
65-74	53	34.0	582	0.7	90	35	22.4	385	0.7	53	156	1,592
75-84	67	29.4	685	0.7	89	31	13.6	313	0.8	61	228	2,128
85 and older												
Male	192	11.4	2,014	0.7	95	398	23.7	4,153	0.7	56	1,681	16,394
Disabled	119	8.5	1,264	0.6	100	352	25.0	3,664	0.7	56	1,406	13,906
	114	8.4	1,220	0.6	101	336	24.8	3,500	0.7	57	1,354	13,408
64 or younger	4	8.9	32	0.5	94	16	35.6	164	0.6	40	45	431
65-74	1	14.3	12	0.2	12	0	0.0	0	0.0	0	7	67
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	73	26.5	750	0.7	86	46	16.7	489	0.7	54	275	2,488
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	37
64 or younger	17	22.7	198	0.6	79	17	22.7	187	0.8	57	75	765
65-74	21	22.1	209	0.8	96	19	20.0	198	0.6	48	95	865
75-84	35	34.7	343	0.7	85	10	9.9	104	0.8	62	101	821
85 and older												
Unknown	1	25.0	6	0.5	68	1	25.0	6	1.0	104	4	20

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

a. Table 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 3,802 beneficiaries who were in nursing facilities for part of their enrollment and their 32,935 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^{a,b}
FLORIDA, 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
All	352,797	20.1 %	0.8	1,331,122	\$20	\$35,801,448	\$27	3.8 %	1,753,704
Age									
5 and younger	149,031	28.8	0.7	350,453	15	7,619,519	22	6.6	517,424
6-14	66,770	14.1	0.3	155,941	17	8,081,957	52	5.4	472,019
15-20	24,851	10.4	0.3	63,773	13	3,089,692	48	4.0	238,406
21-44	59,581	15.1	0.7	287,217	19	7,463,442	26	3.0	393,893
45-64	44,598	39.7	3.6	409,857	76	8,588,448	21	2.8	112,452
65-74	4,714	41.0	3.4	38,475	50	579,480	15	2.6	11,485
75-84	2,359	40.7	3.2	18,622	43	251,689	14	2.4	5,792
85 and older	891	44.2	3.4	6,781	63	127,201	19	3.8	2,015
Unknown	2	0.9	0.0	3	0	20	7	1.9	218
Basis of Eligibility^c									
Aged	6,793	39.8	3.0	51,389	42	723,219	14	2.5	17,079
Disabled	80,872	36.0	3.0	665,580	102	22,987,212	35	3.8	224,771
Adults	49,397	12.4	0.4	160,314	7	2,761,182	17	2.8	399,616
Children	215,654	19.4	0.4	453,377	8	9,323,501	21	4.6	1,112,032
Unknown	81	39.3	2.2	462	31	6,334	14	1.2	206
Gender									
Female	202,752	20.1	0.8	802,927	20	19,673,101	25	3.9	1,006,968
Male	149,944	20.1	0.7	528,000	22	16,125,158	31	3.7	745,460
Unknown	101	7.9	0.2	195	2	3,189	16	3.9	1,276
Race									
White	125,726	20.4	0.8	518,800	21	12,740,555	25	3.5	616,923
African American	74,524	14.6	0.4	219,696	11	5,771,041	26	2.9	510,077
Other/unknown	152,547	24.3	0.9	592,626	28	17,289,852	29	4.6	626,704
Use of Nursing Facilities^d									
Entire year	2,250	66.2	9.7	32,801	169	573,887	17	3.1	3,399
Part year	2,798	73.6	7.5	28,683	195	740,260	26	4.4	3,802
None	347,749	19.9	0.7	1,269,638	20	34,487,301	27	3.8	1,746,503
Maintenance Assistance Status									
Cash	173,295	23.0	1.2	888,504	35	26,169,414	29	3.8	754,985
Medically needy	4,405	20.3	0.9	20,277	22	476,271	23	2.4	21,701
Poverty related	127,843	18.8	0.4	298,312	8	5,658,058	19	4.2	679,787
Other/unknown	47,254	15.9	0.4	124,029	12	3,497,705	28	3.8	297,231

Table ND11

Nondual Beneficiaries

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

- a. Table 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^{a,b}
FLORIDA, 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
All	0.1	\$3	\$27	\$0	\$1	12,176,930
Age						
5 and younger	0.1	2	22	0	0	3,555,135
6-14	0.0	2	52	0	0	3,497,560
15-20	0.0	2	48	0	0	1,684,329
21-44	0.1	3	26	0	1	2,345,851
45-64	0.4	9	21	0	4	931,549
65-74	0.4	6	15	0	3	94,360
75-84	0.4	5	14	0	2	49,916
85 and older	0.4	7	19	0	2	17,369
Unknown	0.0	0	7	0	0	861
Basis of Eligibility^c						
Aged	0.4	5	14	0	2	138,986
Disabled	0.3	11	35	0	3	2,167,143
Adults	0.1	1	17	0	1	2,154,048
Children	0.1	1	21	0	0	7,715,017
Unknown	0.3	4	14	0	2	1,736
Gender						
Female	0.1	3	25	0	1	6,831,505
Male	0.1	3	31	0	1	5,339,159
Unknown	0.0	1	16	0	0	6,266
Race						
White	0.1	3	25	0	1	4,360,882
African American	0.1	2	26	0	0	3,545,058
Other/unknown	0.1	4	29	0	1	4,270,990
Use of Nursing Facilities^d						
Entire year	1.0	17	17	1	8	34,207
Part year	0.9	22	26	0	6	32,935
None	0.1	3	27	0	1	12,109,788
Maintenance Assistance Status						
Cash	0.2	5	29	0	1	5,621,363
Medically needy	0.2	4	23	0	1	121,726
Poverty related	0.1	1	19	0	0	4,482,370
Other/unknown	0.1	2	28	0	0	1,951,471

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

a. Table 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^{a,b,c}
FLORIDA, 2004

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a	Total Number Rx.	\$ per Rx	Number Rx as a
				Percentage of All Part D Excluded Rx \$			Percentage of All Part D Excluded Rx
All	426,149	\$84	\$35,801,448	100.0 %	1,331,122	\$27	100.0 %
Anorexia or weight loss/gain	2	29	57	0.0	2	29	0.0
Fertility drugs	13	146	1,896	0.0	23	82	0.0
Drugs for cosmetic purposes	247	17	4,269	0.0	375	11	0.0
Cough and cold medications	220,326	45	9,920,191	27.7	417,900	24	31.4
Vitamins and minerals	48,289	52	2,506,976	7.0	156,195	16	11.7
Non-prescription drugs	61,101	165	10,072,812	28.1	180,788	56	13.6
Barbiturates	3,639	71	256,808	0.7	30,282	8	2.3
Benzodiazepines	75,048	124	9,273,554	25.9	493,967	19	37.1
Other Part D Excl Rx Drugs	17,484	215	3,764,885	10.5	51,590	73	3.9

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

a. Table 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^{a, b}
NONDUAL BENEFICIARIES, FLORIDA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	2,277,811	20,872	292,796	480,516	1,483,421	206	20,373,382	199,875	3,144,930	3,480,711	13,546,120	1,746
Age												
5 and younger	670,745	0	17,024	0	653,721	0	6,123,356	0	182,194	0	5,941,162	0
6-14	652,187	0	56,334	0	595,853	0	6,212,184	0	644,500	0	5,567,684	0
15-20	311,052	0	35,843	44,367	230,842	0	2,742,297	0	400,211	322,353	2,019,733	0
21-44	480,189	0	77,156	400,280	2,752	1	3,727,273	0	820,399	2,890,447	16,417	10
45-64	139,748	62	103,661	35,797	24	204	1,337,440	253	1,067,936	267,374	142	1,735
65-74	14,169	11,792	2,312	63	1	1	137,306	111,867	24,942	486	10	1
75-84	7,152	6,766	380	6	0	0	70,564	66,623	3,907	34	0	0
85 and older	2,340	2,252	85	3	0	0	21,989	21,132	840	17	0	0
Unknown	229	0	1	0	228	0	973	0	1	0	972	0
Gender												
Female	1,294,486	13,723	141,742	398,214	740,601	206	11,356,627	132,427	1,535,000	2,921,082	6,766,372	1,746
Male	981,800	7,122	151,039	82,299	741,340	0	9,007,156	67,282	1,609,845	559,613	6,770,416	0
Unknown	1,525	27	15	3	1,480	0	9,599	166	85	16	9,332	0
Race												
White	759,639	2,404	96,289	182,866	477,956	124	6,594,844	22,107	997,801	1,328,457	4,245,402	1,077
African American	727,898	2,858	82,701	151,698	490,596	45	6,874,828	26,784	905,125	1,193,425	4,749,117	377
Other/unknown	790,274	15,610	113,806	145,952	514,869	37	6,903,710	150,984	1,242,004	958,829	4,551,601	292
Use of Nursing Facilities^c												
Entire year	3,405	749	2,650	1	5	0	34,384	7,074	27,258	2	50	0
Part year	3,900	421	3,437	28	14	0	37,165	3,760	33,031	238	136	0
None	2,270,506	19,702	286,709	480,487	1,483,402	206	20,301,833	189,041	3,084,641	3,480,471	13,545,934	1,746
Maintenance Assistance Status												
Cash	1,013,718	8,462	273,154	254,849	477,253	0	9,753,106	91,215	2,982,989	1,977,024	4,701,878	0
Medically needy	21,704	18	1,716	14,890	5,080	0	150,399	126	15,152	98,405	36,716	0
Poverty related	860,884	11,562	12,793	97,025	739,298	206	7,306,720	101,819	96,676	597,746	6,508,733	1,746
Other/unknown	381,505	830	5,133	113,752	261,790	0	3,163,157	6,715	50,113	807,536	2,298,793	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,202,638	13,334	184,622	274,572	729,906	204	10,117,089	123,709	1,939,451	1,728,918	6,323,289	1,722
FFS part year, with Rx claims	192,603	2,195	25,714	51,500	113,192	2	1,901,023	21,405	277,666	469,322	1,132,606	24
FFS part year, no Rx claims	358,463	1,550	14,435	73,544	268,934	0	3,160,762	12,936	143,559	563,808	2,440,459	0
MC all year, with Rx claims	6,556	250	3,871	628	1,807	0	73,204	2,802	45,327	5,930	19,145	0
MC all year, no Rx claims	517,551	3,543	64,154	80,272	369,582	0	5,121,304	39,023	738,927	712,733	3,630,621	0

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

- a. Table 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^a
 NONDUAL BENEFICIARIES, FLORIDA, 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
All	2,277,811	20,373,382	1,753,704	12,176,930	0	8,196,452
Fee-for-service (FFS) all year	1,202,638	10,117,089	1,202,638	10,117,089	0	0
FFS part year, with Rx claims	192,603	1,901,023	192,603	1,014,165	0	886,858
FFS part year, with no Rx claims	358,463	3,160,762	358,463	1,045,676	0	2,115,086
Managed care (MC) all year, with Rx claims	6,556	73,204	0	0	0	73,204
MC all year, with no Rx claims	517,551	5,121,304	0	0	0	5,121,304

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

a. 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.