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

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}

NONDUAL BENEFICIARIES, HAWAII, 2004

			Number of Ber	neficiaries					Number of Ben	efit Months		
Beneficiary						Other/						Other/
Characteristics	All	Aged	Disabled	Adults	Children	Unknown		All Aged	Disabled	Adults	Children	Unknown
All	75,190	1,487	13,436	32,189	28,040	38	253,2	271 13,806	132,737	57,528	48,889	311
Age												
5 and younger	12,315	0	684	0	11,631	0	26,4	127 0	6,502	0	19,925	0
6-14	12,777	0	1,015	0	11,762	0	31,	40 0	10,471	0	20,669	0
15-20	8,598	0	766	3,187	4,645	0	21,3	356 C	7,645	5,432	8,279	0
21-44	26,969	0	4,245	22,716	2	6	80,6	30 C	40,303	40,272	16	39
45-64	12,974	2	6,657	6,283	0	32	79,2	270 12	67,166	11,820	0	272
65-74	924	866	55	3	0	0	8,4	188 7,963	521	4	0	0
75-84	471	459	12	0	0	0	4,5	552 4,437	115	0	0	0
85 and older	162	160	2	0	0	0	1,4	1,394	14	0	0	0
Unknown	0	0	0	0	0	0		C	0	0	0	0
Gender												
Female	38,402	963	6,430	17,055	13,916	38	126,	02 9,091	63,420	29,155	24,125	311
Male	36,788	524	7,006	15,134	14,124	0	0 127,	69 4,715	69,317	28,373	24,764	0
Unknown	0	0	0	0	0	0		C	0	0	0	0
Race												
White	21,203	102	4,639	10,234	6,214	14	74,8	327 938	44,790	18,223	10,774	102
African American	1,467	6	273	712	476	0	0 4,8	394	2,625	1,384	828	0
Other/unknown	52,520	1,379	8,524	21,243	21,350	24	173,	550 12,811	85,322	37,921	37,287	209
Use of Nursing Facilities ^c												
Entire year	206	63	136	7	0	0	2,0	31 628	1,393	10	0	0
Part year	651	47	473	113	17	1	5,3	882 452	4,610	277	34	9
None	74,333	1,377	12,827	32,069	28,023	37	245,8	358 12,726	126,734	57,241	48,855	302
Maintenance Assistance Status												
Cash	35,573	775	10,420	10,148	14,230	0	158,6	•	•	17,062	23,973	0
Medically needy	237	61	156	18	2	0	1,5			25	2	0
Poverty-related	14,348	635	2,270	0	11,405	38	46,			0	20,064	311
Other/unknown	25,032	16	590	22,023	2,403	0	46,	589 18	1,280	40,441	4,850	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	18,610	1,457	11,256	3,693	2,167	37	148,8		-	6,842	6,021	305
FFS part year, with Rx claims	4,710	24	1,363	2,534	788	1	15,7			5,443	1,638	6
FFS part year, no Rx claims	51,870	6	817	25,962	25,085	0	88,6	81 26	2,182	45,243	41,230	0

Table ND2 Nondual Beneficiaries

- 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^{9, b} NONDUAL BENEFICIARIES, HAWAII, 2004

Beneficiary	Percentage with at	Mean Number			Mean \$, All Medicaid	Rx \$ as a Percentage of All Medicaid	Number of
Characteristics	Least One Rx	of Rx	Mean Rx \$	\$ per Rx	FFS \$°	FFS \$ ^d	Beneficiaries
All	20.4 %	5.9	\$515	\$87	\$3,812	13.5 %	75,190
Age							
5 and younger	7.7	0.9	98	116	3,163	3.1	12,315
6-14	8.0	1.0	130	126	1,671	7.8	12,777
15-20	9.5	1.1	124	115	2,579	4.8	8,598
21-44	17.7	3.8	414	109	3,675	11.3	26,969
45-64	51.3	21.4	1,664	78	7,206	23.1	12,974
65-74	70.1	20.1	1,276	63	5,892	21.6	924
75-84	75.6	22.3	1,306	59	7,304	17.9	471
85 and older	66.0	21.4	1,266	59	16,216	7.8	162
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility ^e							
Aged	71.4	20.6	1,257	61	7,264	17.3	1,487
Disabled	79.6	29.9	2,685	90	12,879	20.8	13,436
Adults	8.4	0.3	15	52	2,030	0.8	32,189
Children	3.0	0.1	7	64	1,323	0.5	28,040
Unknown	84.2	23.7	1,526	65	8,609	17.7	38
Gender							
Female	20.2	6.3	481	76	3,651	13.2	38,402
Male	20.6	5.5	549	100	3,979	13.8	36,788
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	23.4	7.6	716	95	4,033	17.7	21,203
African American	20.8	5.2	461	89	2,774	16.6	1,467
Other/unknown	19.2	5.3	435	82	3,751	11.6	52,520
Use of Nursing							
Facilities ^f							
Entire year	93.2	45.8	3,043	67	75,647	4.0	206
Part year	87.6	45.9	3,460	75	48,359	7.2	651
None	19.6	5.5	482	88	3,223	15.0	74,333
Maintenance Assistance Status							
Cash	28.9	10.4	908	88	4,728	19.2	35,573
Medically needy	57.8	21.2	1,736	82	19,271	9.0	237
Poverty related	17.6	4.3	373	88	4,199	8.9	14,348
Other/unknown	9.6	0.4	25	60	2,141	1.2	25,032

Table ND3 Nondual Beneficiaries

- 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 fost 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 ${\tt MEDICAID\ PHARMACY\ BENEFIT\ USE\ AND\ REIMBURSEMENT\ PER\ BENEFIT\ MONTH,\ BY\ BENEFICIARY\ CHARACTERISTIC^{a,\,b}}$ NONDUAL BENEFICIARIES, HAWAII, 2004

					N	umber of Rx, Per	centage with:			_	Numbe	r
Beneficiary Characteristics	Mean Number of Rx	A Mean Rx \$	Rx \$ as a centage of II Medicaid FFS \$°	None	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	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	1.8	\$153	13.5 %	79.6 %	8.4 %	3.3 %	5.2 %	2.8 %	0.7 %	\$1,132	75,190	253,271
Age												
5 and younger	0.4	46	3.1	92.3	5.3	1.2	1.0	0.2	0.1	1,474	12,315	26,427
6-14	0.4	53	7.8	92.0	5.5	1.2	1.0	0.3	0.1	686	12,777	31,140
15-20	0.4	50	4.8	90.5	6.6	1.5	0.9	0.4	0.1	1,038	8,598	21,356
21-44	1.3	139	11.3	82.3	8.3	3.3	4.1	1.7	0.4	1,229	26,969	80,630
45-64	3.5	272	23.1	48.7	13.8	7.4	16.2	10.9	3.0	1,179	12,974	79,270
65-74	2.2	139	21.6	29.9	26.2	14.6	20.8	7.5	1.1	641	924	8,488
75-84	2.3	135	17.9	24.4	25.9	15.1	25.7	8.7	0.2	756	471	4,552
85 and older	2.5	146	7.8	34.0	19.1	11.7	21.0	14.2	0.0	1,866	162	1,408
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility ^e												
Aged	2.2	135	17.3	28.6	25.4	14.5	22.7	8.3	0.5	782	1,487	13,806
Disabled	3.0	272	20.8	20.4	27.9	11.6	22.4	13.8	3.8	1,304	13,436	132,737
Adults	0.2	9	0.8	91.6	4.9	1.8	1.4	0.3	0.1	1,136	32,189	57,528
Children	0.1	4	0.5	97.0	2.2	0.5	0.3	0.0	0.0	759	28,040	48,889
Unknown	2.9	186	17.7	15.8	31.6	10.5	34.2	7.9	0.0	1,052	38	311
Gender												
Female	1.9	147	13.2	79.8	8.0	3.3	5.1	3.0	0.9	1,112	38,402	126,102
Male	1.6	159	13.8	79.4	8.9	3.4	5.2	2.5	0.6	1,151	36,788	127,169
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.1	203	17.7	76.6	8.9	3.6	6.0	3.7	1.2	1,143	21,203	74,827
African American	1.5	138	16.6	79.2	9.5	4.0	4.6	1.8	0.9	831	1,467	4,894
Other/unknown	1.6	132	11.6	80.8	8.2	3.2	4.9	2.4	0.5	1,135	52,520	173,550
Use of Nursing Facilities ^f												
Entire year	4.6	309	4.0	6.8	10.2	10.2	35.0	32.5	5.3	7,673	206	2,031
Part year	5.5	419	7.2	12.4	12.6	11.4	27.0	24.9	11.7	5,850	651	5,382
None	1.7	146	15.0	80.4	8.4	3.2	4.9	2.5	0.6	974	74,333	245,858
Maintenance Assistance Status												
Cash	2.3	204	19.2	71.1	10.7	4.3	7.9	4.6	1.3	1,060	35,573	158,636
Medically needy	3.3	269	9.0	42.2	10.1	8.0	21.1	16.5	2.1	2,983	237	1,531
Poverty related	1.3	115	8.9	82.4	7.9	3.1	4.2	2.0	0.3	1,295	14,348	46,515
Other/unknown	0.2	13	1.2	90.4	5.5	2.0	1.6	0.3	0.1	1,151	25,032	46,589

Table ND4 Nondual Beneficiaries

- 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^{6, b, c} NONDUAL BENEFICIARIES, HAWAII, 2004

Beneficiary		All Rx		Patented Br	and-Name	Drugs	Off-Patent B	Brand-Name	Drugs	Gen	eric Drugs	
<u>-</u>	Number			Number			Number			Number		
Beneficiary Characteristics	of Rx	Rx\$	\$ per Rx	of Rx	Rx\$	\$ per Rx	of Rx	Rx\$	\$ per Rx	of Rx	Rx\$	\$ per Rx
All	1.8	\$153	\$87	0.6	\$110	\$184	0.1	\$9	\$101	1.1	\$33	\$31
Age												
5 and younger	0.4	46	116	0.1	40	345	0.0	1	43	0.3	5	19
6-14	0.4	53	126	0.2	42	260	0.0	3	90	0.2	8	36
15-20	0.4	50	115	0.1	37	248	0.0	4	92	0.2	9	38
21-44	1.3	139	109	0.4	108	244	0.1	8	102	0.7	23	31
45-64	3.5	272	78	1.1	183	161	0.2	19	109	2.2	70	32
65-74	2.2	139	63	1.0	106	110	0.1	5	54	1.1	29	25
75-84	2.3	135	59	1.1	103	94	0.1	5	55	1.1	28	25
85 and older	2.5	146	59	1.1	110	101	0.1	8	70	1.3	28	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility ^d												
Aged	2.2	135	61	1.0	103	102	0.1	5	57	1.1	28	25
Disabled	3.0	272	90	1.0	196	193	0.2	17	104	1.8	59	32
Adults	0.2	9	52	0.0	5	137	0.0	1	79	0.1	3	23
Children	0.1	4	64	0.0	3	163	0.0	0	69	0.0	1	21
Unknown	2.9	186	65	0.7	119	165	0.1	9	76	2.0	58	28
Gender												
Female	1.9	147	76	0.7	103	156	0.1	10	94	1.2	34	30
Male	1.6	159	100	0.5	118	218	0.1	9	109	1.0	32	33
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.1	203	95	0.7	142	214	0.1	14	120	1.4	47	35
African American	1.5	138	89	0.5	105	202	0.1	7	97	1.0	26	27
Other/unknown	1.6	132	82	0.6	97	169	0.1	7	89	0.9	28	29
Use of Nursing Facilities ^e												
Entire year	4.6	309	67	1.5	206	140	0.3	26	79	2.8	77	27
Part year	5.5	419	75	1.6	283	173	0.3	29	93	3.6	105	29
None	1.7	146	88	0.6	106	186	0.1	9	102	1.0	31	32
Maintenance Assistance												
Status												
Cash	2.3	204	88	8.0	146	184	0.1	13	105	1.4	45	32
Medically needy	3.3	269	82	1.2	203	165	0.2	18	84	1.8	48	26
Poverty related	1.3	115	88	0.5	88	190	0.1	6	81	0.8	22	28
Other/unknown	0.2	13	60	0.1	9	154	0.0	1	81	0.2	3	22

Table ND5 Nondual Beneficiaries

- 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 Hawaii, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
- 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. HAWAII. 2004

		er of Rx	•		\$ per Benefit Month Among Users					\$ pe	r Rx			_		Users ^e	
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$39	\$29	\$2	\$8	\$110	\$273	\$148	\$34	28,866	\$3,175,022	8,355	11.1 %	80,664
Biologicals	0.2	0.1	0.0	0.0	118	90	1	27	592	608	157	605	748	443,103	357	0.5	3,749
Antineoplastic Agents	0.6	0.2	0.0	0.4	288	231	17	40	450	1,048	624	101	2,460	1,106,948	386	0.5	3,850
Endocrine/Metabolic Drugs	8.0	0.3	0.1	0.4	57	44	2	11	70	128	40	26	41,571	2,892,213	5,065	6.7	50,815
Cardiovascular Agents	1.3	0.5	0.0	8.0	61	38	2	21	46	78	55	26	79,483	3,629,081	5,936	7.9	59,471
Respiratory Agents	0.7	0.3	0.0	0.4	36	29	0	7	56	102	52	21	39,459	2,206,227	5,989	8.0	60,682
Gastrointestinal Agents	0.5	0.1	0.0	0.4	40	30	2	8	80	240	88	23	18,899	1,503,188	3,652	4.9	37,931
Genitourinary Agents	0.4	0.2	0.0	0.1	24	19	2	4	64	88	60	27	3,979	256,053	1,005	1.3	10,618
CNS Drugs	1.2	0.5	0.0	0.6	149	122	5	22	120	222	106	35	83,212	9,994,625	6,809	9.1	67,238
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.7	0.3	0.0	0.4	54	34	2	19	74	120	103	43	2,516	187,166	357	0.5	3,461
Neurological Agents	0.6	0.6	0.0	0.0	195	192	1	2	314	335	95	55	1,326	416,590	193	0.3	2,141
Analgesics and Anesthetics	0.8	0.1	0.0	0.7	61	30	4	28	73	224	187	41	61,690	4,529,488	7,775	10.3	73,741
Neuromuscular Agents	0.9	0.3	0.2	0.4	81	45	23	13	90	169	112	31	39,587	3,568,563	4,257	5.7	43,857
Nutritional Products	0.4	0.0	0.0	0.4	7	0	1	6	17	22	28	16	8,012	135,211	1,965	2.6	18,587
Hematological Agents	0.7	0.3	0.0	0.4	212	204	1	7	309	690	53	18	10,418	3,222,180	1,532	2.0	15,171
Topical Products	0.4	0.1	0.0	0.2	15	8	1	6	42	83	61	24	20,634	856,453	5,569	7.4	58,179
Miscellaneous Products	0.6	0.2	0.1	0.4	161	99	17	45	273	580	335	122	2,025	552,622	341	0.5	3,435
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	27	0	0	0	599	16,204	238	0.3	2,521
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.	445,484	38,690,937	n.a.	n.a.	n.a.

- 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Hawaii, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
- e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

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

TABLE ND.7 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{9, b, c} NONDUAL BENEFICIARIES, HAWAII, 2004

			Users		Ar	mong Users	
Top 10 Drug Groups	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Rx	\$ per Benefit Month
ANTIPSYCHOTICS	\$7,102,610	3,771	5.0 %	39,500	0.7	\$254	\$180
ANALGESICS - Narcotic	3,458,247	8,007	10.6	78,462	0.5	86	44
ANTICONVULSANT	3,089,883	3,469	4.6	36,772	0.7	117	84
MISC. HEMATOLOGICAL	2,237,188	570	0.8	5,923	0.6	646	378
ANTIDEPRESSANTS	2,103,455	5,031	6.7	50,655	0.6	71	42
ANTIVIRAL	1,734,455	848	1.1	8,667	0.4	451	200
ANTIASTHMATIC	1,681,289	6,005	8.0	61,900	0.4	70	27
ANTIDIABETIC	1,668,464	3,610	4.8	36,657	0.6	74	46
ANTIHYPERLIPIDEMIC	1,666,286	3,150	4.2	33,443	0.6	87	50
ANTINEOPLASTICS	1,106,003	513	0.7	5,146	0.5	451	215
Total	25,847,880	34,974		357,125	n.a.	n.a.	n.a.

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

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

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

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 $^{\rm e,\,b,\,c}$ NONDUAL BENEFICIARIES, HAWAII, 2004

	All Top 10 Dru	g Groups		ANTIPS	SYCHOTICS				ANALGES	SICS - Narcot	ic	
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	of Rx	Rx \$ per
All	199,368	\$25,847,880	3,771	5.0 %	39,500	0.7	\$180	8,007	10.6 %	78,462	0.5	
Female	105,521	11,645,737	1,826	4.8	19,497	0.7	161	4,171	10.9	42,227	0.5	38
Disabled	96,686	10,936,021	1,695	26.4	18,741	0.7	163	3,529	54.9	38,827	0.5	40
5 d	1,026	132,008	2	0.7	24	0.3	35	18	6.1	202	0.1	1
5 and younger	1,374	200,014	20	5.5	218	0.4	79	24	6.6	281	0.1	1
6-14	1,359	116,716	40	13.0	409	0.5	63	53	17.3	610	0.2	2
15-20	25,527	3,282,070	742	35.6	7,978	0.7	170	1,013	48.5	10,934	0.4	29
21-44	67,037	7,175,152	889	26.6	10,094	0.7	165	2,403	71.9	26,624	0.5	47
45-64	308	26,338	2	7.4	18	0.4	103	13	48.1	125	0.7	37
65-74	55	3,723	0	0.0	0	0.0	0	5	71.4	51	0.1	2
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	8,835	709,716	131	0.4	756	0.6	108	642	2.0	3,400	0.3	10
Other Eligibles	164	7,263	0	0.0	0	0.0	0	1	0.0	12	0.1	1
5 and younger	208	18,017	2	0.0	15	0.1	12	12	0.2	82	0.2	
6-14	210	33,699	6	0.1	53	1.1	301	28	0.6	68	0.4	
15-20	901	55,695	52	0.4	163	0.4	83	257	2.1	577	0.6	
21-44	1,211	95,666	39	1.4	161	0.5	55	163	5.6	658	0.5	
45-64	3,747	311,212	21	3.7	239	0.8	120	116	20.5	1,277	0.2	
65-74	1,910	153,212	7	2.3	80	0.7	150	45	15.0	517	0.2	
75-84	484	34,952	4	4.1	45	0.4	45	20	20.6	209	0.2	
85 and older	404	04,502	7	7.1	40	0.4	40	20	20.0	200	0.0	10
Male	93,847	14,202,143	1,945	5.3	20,003	0.7	198	3,836	10.4	36,235	0.6	51
Disabled	87,668	13,609,695	1,778	25.4	19,274	0.7	198	3,115	44.5	33,636	0.6	54
	1,695	488,941	6	1.5	64	0.5	116	25	6.4	268	0.1	1
5 and younger	2,658	596,851	65	10.0	636	0.5	132	49	7.5	561	0.1	1
6-14	1,893	347,888	87	19.0	907	0.6	132	75	16.3	818	0.2	14
15-20	24,693	5,074,284	778	36.1	8,363	0.8	220	807	37.4	8,568	0.5	32
21-44	56,380	7,066,586	840	25.3	9,280	0.7	190	2,150	64.8	23,329	0.6	65
45-64	338	34,159	2	7.1	24	1.1	343	7	25.0	74	0.9	49
65-74	11	986	0	0.0	0	0.0	0	2	40.0	18	0.1	1
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	6,179	592,448	167	0.6	729	0.7	187	721	2.4	2,599	0.5	
Other Lingibles	182	8,131	0	0.0	0	0.0	0	2	0.0	3	1.0	
5 and younger	239	16,696	4	0.1	26	1.0	215	6	0.1	23	0.3	
6-14	159	16,656	9	0.3	27	0.4	82	33	1.0	97	0.4	
15-20	1,362	114,780	86	0.8	208	0.7	182	379	3.6	853	0.7	
21-44	851	72,196	31	0.9	79	0.6	131	197	5.7	551	0.6	
45-64	2,006	222,074	20	6.6	202	0.8	295	53	17.5	530	0.0	
65-74	838	79,958	7	4.4	67	0.6	149	38	23.9	421	0.2	
75-84	542	61,957	10	15.9	120	0.5	88	13	20.6	121	0.2	
85 and older	042	01,501	10	10.8	120	0.5	00	13	20.0	121	0.5	42
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7A Nondual Beneficiaries

- 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.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 ND7A Nondual Beneficiaries

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, HAWAII, 2004

		ANTICO	ONVULSANT				MISC. HEN	MATOLOGICA	AL			ANTIDE	PRESSANTS		
Beneficiary	Number of Users	Users as % of All	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per Benefit Month	Number of	Users as % of All	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per Benefit Month	Number of	Users as % of All	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per Benefit
Characteristics All	3,469	Benes 4.6 %	36,772	0.7	\$84	Users 570	Benes 0.8 %	5,923	0.6	\$378	Users 5,031	Benes 6.7 %	50,655	0.6	Month \$42
Female	1,785	4.6	19,084	0.7	79	289	0.8	3,040	0.5	67	2,912	7.6	29,848	0.6	42
Disabled	1,638	25.5	18,199	0.7	80	212	3.3	2,282	0.6	69	2,588	40.2	28,183	0.6	43
	28	9.5	327	0.8	230	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	56	15.4	648	0.6	63	2	0.5	17	0.3	20	18	4.9	188	0.6	36
6-14	62	20.2	680	0.7	76	0	0.0	0	0.0	0	40	13.0	415	0.4	33
15-20	585	28.0	6,368	0.7	89	28	1.3	289	0.6	69	803	38.5	8,504	0.5	42
21-44	904	27.1	10,141	0.7	71	177	5.3	1,917	0.6	70	1,721	51.5	19,010	0.6	43
45-64	2	7.4	24	0.2	26	3	11.1	35	0.6	56	5	18.5	54	0.6	51
65-74	1	14.3	11	1.0	22	2	28.6	24	0.7	85	1	14.3	12	0.1	1
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	147	0.5	885	0.6	60	77	0.2	758	0.5	59	324	1.0	1,665	0.5	27
_	2	0.0	20	0.9	24	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	5	0.1	50	1.1	116	0	0.0	0	0.0	0	5	0.1	47	0.5	19
6-14	6	0.1	36	1.6	397	0	0.0	0	0.0	0	12	0.3	47	0.4	26
15-20	52	0.4	137	0.6	50	3	0.0	10	0.4	59	129	1.1	327	0.5	32
21-44	36	1.2	97	0.6	63	11	0.4	36	0.4	41	95	3.3	324	0.6	44
45-64	29	5.1	346	0.4	36	29	5.1	326	0.4	49	46	8.1	519	0.3	16
65-74	10	3.3	120	0.6	37	24	8.0	269	0.6	73	23	7.7	259	0.5	23
75-84	7	7.2	79	0.5	28	10	10.3	117	0.6	63	14	14.4	142	0.5	
85 and older															
Male	1,684	4.6	17,688	0.7	90	281	8.0	2,883	0.6	706	2,119	5.8	20,807	0.6	41
Disabled	1,540	22.0	16,939	8.0	92	225	3.2	2,389	0.6	836	1,856	26.5	19,804	0.6	42
5 and younger	27	7.0	318	0.8	396	3	8.0	28	2.9	8,954	3	0.8	36	0.7	8
6-14	114	17.5	1,306	0.8	108	4	0.6	48	2.2	5,939	38	5.8	429	0.4	34
15-20	72	15.7	789	0.7	68	2	0.4	24	0.8	4,971	48	10.5	525	0.4	35
21-44	569	26.4	6,237	0.9	100	31	1.4	332	0.8	3,606	563	26.1	5,939	0.6	39
45-64	757	22.8	8,282	0.7	74	181	5.5	1,909	0.5	71	1,197	36.1	12,801	0.6	43
65-74	1	3.6	7	0.6	11	4	14.3	48	0.8	152	7	25.0	74	0.6	47
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	144	0.5	749	0.6	43	56	0.2	494	0.6	77	263	0.9	1,003	0.6	32
5 and younger	0	0.0	0	0.0	0	1	0.0	12	0.8	16	1	0.0	12	0.1	5
6-14	10	0.2	90	0.5	45	0	0.0	0	0.0	0	1	0.0	12	1.3	18
15-20	8	0.2	71	0.6	40	1	0.0	11	0.2	571	9	0.3	42	0.5	
21-44	56	0.5	128	0.7	67	4	0.0	14	0.3	27	137	1.3	305	0.6	33
45-64	35	1.0	100	0.7	52	10	0.3	17	8.0	84	72	2.1	171	0.6	37
	19	6.3	187	0.5	24	19	6.3	194	0.6	73	17	5.6	184	0.5	22
65-74	8	5.0	82	0.5	25	18	11.3	210	0.5	59	10	6.3	91	0.4	24
75-84	8	12.7	91	0.5	54	3	4.8	36	0.8	95	16	25.4	186	0.6	35
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	U	0	0.0	0	0.0	U	U	0.0	0	0.0	0

Table ND7B

- 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 Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table ND7B Nondual Beneficiaries

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, HAWAII, 2004

		AN ⁻	TIVIRAL				ANTIA	STHMATIC				ANTI	DIABETIC		
Beneficiary	Number of	Users as % of All	Number of Benefit Months Among	of Rx	Mean Rx \$ per Benefit	Number of	Users as % of All	Number of Benefit Months Among	of Rx	Mean Rx \$ per Benefit	Number of	Users as % of All	Number of Benefit Months Among	of Rx	Mean Rx \$ per
Characteristics	Users	Benes	Users	Month	Month	Users	Benes	Users	Month	Month	Users	Benes	Users	Month	Month
All	848	1.1 %	8,667	0.4	\$200	6,005	8.0 %	61,900	0.4	\$27	3,610	4.8 %	36,657	0.6	\$46
Female	358	0.9	3,789	0.3	118	3,352	8.7	35,060	0.4	28	2,005	5.2	20,984	0.6	47
Disabled	311	4.8	3,454	0.3	126	2,881	44.8	32,044	0.4	28	1,613	25.1	17,819	0.6	49
5 and younger	3	1.0	34	0.1	4	222	75.0	2,497	0.3	20	1	0.3	12	0.1	2
6-14	25	6.9	300	0.6	134	120	33.0	1,379	0.3	16	9	2.5	86	0.8	76
15-20	8	2.6	90	0.2	44	73	23.8	822	0.3	19	9	2.9	90	0.8	43
21-44	107	5.1	1,111	0.4	181	647	31.0	7,052	0.3	21	291	13.9	3,170	0.6	42
45-64	168	5.0	1,919	0.3	99	1,805	54.0	20,160	0.4	32	1,290	38.6	14,321	0.6	50
65-74	0	0.0	0	0.0	0	11	40.7	114	0.3	23	11	40.7	116	0.5	44
75-84	0	0.0	0	0.0	0	3	42.9	20	0.2	5	2	28.6	24	0.1	3
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	47	0.1	335	0.2	29	471	1.5	3,016	0.4	26	392	1.2	3,165	0.6	36
5 and younger	2	0.0	4	0.5	19	77	1.4	368	0.4	18	0	0.0	0	0.0	0
6-14	4	0.1	18	0.2	70	37	0.6	186	0.3	22	0	0.0	0	0.0	0
15-20	1	0.0	1	1.0	22	22	0.5	70	0.4	19	7	0.2	18	0.4	33
21-44	7	0.1	12	0.7	171	93	8.0	255	0.4	19	49	0.4	106	0.7	45
45-64	11	0.4	51	0.3	13	77	2.7	319	0.6	46	75	2.6	211	0.7	36
65-74	9	1.6	108	0.1	28	105	18.5	1,172	0.4	26	177	31.2	1,932	0.6	36
75-84	7	2.3	84	0.1	8	45	15.0	503	0.3	24	72	24.0	793	0.6	36
85 and older	6	6.2	57	0.1	36	15	15.5	143	0.4	27	12	12.4	105	0.5	19
Male	490	1.3	4,878	0.5	264	2,653	7.2	26,840	0.4	27	1,605	4.4	15,673	0.6	44
Disabled	441	6.3	4,596	0.6	275	2,217	31.6	24,403	0.4	26	1,333	19.0	14,130	0.6	44
Disableu	8	2.1	86	0.5	126	351	90.5	3,692	0.3	24	0	0.0	0	0.0	0
5 and younger	7	1.1	71	0.2	5	256	39.3	2,921	0.3	23	5	0.8	43	0.7	46
6-14	2	0.4	24	0.1	4	91	19.8	1,045	0.3	21	7	1.5	84	0.3	19
15-20	172	8.0	1,710	0.6	284	364	16.9	3,904	0.4	22	266	12.3	2,762	0.6	41
21-44	252	7.6	2,705	0.5	284	1,144	34.5	12,714	0.4	29	1,048	31.6	11,162	0.6	45
45-64	0	0.0	0	0.0	0	, 11	39.3	127	0.5	31	7	25.0	79	0.6	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	49	0.2	282	0.3	86	436	1.5	2,437	0.4	29	272	0.9	1,543	0.6	45
Other Lingibles	1	0.0	2	0.5	21	93	1.5	376	0.4	21	1	0.0	3	0.3	11
5 and younger	4	0.1	7	0.6	25	61	1.0	322	0.4	20	1	0.0	1	2.0	180
6-14	0	0.0	0	0.0	0	16	0.5	47	0.4	13	0	0.0	0	0.0	0
15-20	24	0.2	86	0.6	200	93	0.9	270	0.5	25	83	0.8	229	0.6	35
21-44	5	0.1	15	0.9	388	47	1.4	112	0.6	27	85	2.5	228	0.5	34
45-64	7	2.3	76	0.1	7	77	25.5	815	0.4	36	73	24.2	775	0.6	50
65-74	5	3.1	60	0.1	8	31	19.5	331	0.4	28	24	15.1	257	0.6	43
75-84	3	4.8	36	0.1	4	18	28.6	164	0.4	46	5	7.9	50	0.7	90
85 and older					•										
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7C Nondual Beneficiaries

- 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 ND7C Nondual Beneficiaries

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, HAWAII, 2004

		ANTIHYP	ERLIPIDEMIC)			ANTINE	OPLASTICS				
Beneficiary Characteristics	Number of Users 3,150	Users as % of All Benes 4.2 %	Number of Benefit Months Among Users 33,443	of Rx	Mean Rx \$ per Benefit Month \$50	Number of Users 513	Users as % of All Benes 0.7 %	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per Benefit Month	Number of Beneficiaries 75,190	Benefit Months
Female	1.748	4.6	18,707	0.6	50	318	0.8	3,314	0.5	192	38,402	126,102
Disabled	1,323	20.6	14,667	0.6	50	244	3.8	2,575	0.5	224	6,430	,
Disableu	0	0.0	0	0.0	0	5	1.7	51	0.8	103	296	,
5 and younger	2	0.5	24	0.6	69	9	2.5	107	0.7	601	364	•
6-14	2	0.7	14	0.5	15	1	0.3	12	0.3	48	307	·
15-20	192	9.2	2,158	0.5	40	53	2.5	536	0.5	197	2,087	,
21-44	1,112	33.3	12,315	0.6	52	174	5.2	1,851	0.5	216	3,340	,
45-64	13	48.1	133	0.5	42	2	7.4	18	0.2	68	27	·
65-74	2	28.6	23	0.7	52	0	0.0	0	0.0	0	7	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	
85 and older Other Eligibles	425	1.3	4,040	0.5	47	74	0.2	739	0.4	81	31,972	
Other Eligibles	1	0.0	12	0.1	4	0	0.0	0	0.0	0	5,605	,
5 and younger	0	0.0	0	0.0	0	4	0.1	46	1.0	117	5,798	,
6-14	1	0.0	2	0.5	5	0	0.0	0	0.0	0	4,448	*
15-20	16	0.0	41	0.7	51	6	0.0	40	0.3	109	12,272	
21-44	56	1.9	189	0.7	46	30	1.0	291	0.3	75	2,885	·
45-64	220	38.8	2,367	0.5	45	21	3.7	228	0.4	111	2,863 567	·
65-74	113	37.7	1,251	0.5	53	9	3.0	108	0.4	20	300	,
75-84	18		1,231		47	4				34	97	,
85 and older	18	18.6	178	0.6	47	4	4.1	26	0.2	34	97	811
Male	1,402	3.8	14,736	0.6	50	195	0.5	1,832	0.5	257	36,788	127,169
Disabled	1,174	16.8	12,896	0.6	50	151	2.2	1,465	0.5	288	7,006	69,317
	0	0.0	0	0.0	0	4	1.0	34	0.6	99	388	3,645
5 and younger	1	0.2	12	0.4	31	1	0.2	12	0.8	87	651	6,701
6-14	3	0.7	36	0.2	13	3	0.7	33	0.8	19	459	·
15-20	234	10.8	2,567	0.5	44	29	1.3	296	0.4	372	2,158	,
21-44	925	27.9	10,149	0.6	52	113	3.4	1,078	0.5	284	3,317	*
45-64	10	35.7	120	0.4	27	0	0.0	0	0.0	0	28	·
65-74	1	20.0	12	0.7	70	1	20.0	12	0.1	11	5	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	
85 and older Other Eligibles	228	0.8	1,840	0.6	49	44	0.1	367	0.4	132	29,782	
Other Eligibles	1	0.0	11	0.1	4	0	0.0	0	0.0	0	6,026	,
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5,964	,
6-14	0	0.0	0	0.0	0	2	0.1	13	2.0	145	3,384	·
15-20	33	0.3	105	0.6	41	4	0.0	8	1.0	1,270	10,452	·
21-44	52	1.5	125	0.6	42	3	0.0	10	0.7	79	3,432	
45-64	90	29.8	1,007	0.6	52	13	4.3	115	0.7	131	302	
65-74	90 41	29.6 25.8	469	0.5	52 50	10	4.3 6.3	107	0.3	66	159	
75-84	11			0.5	50 48	10	19.0	107		118	63	
85 and older	11	17.5	123	0.0	40	12	13.0	114	0.3	110	03	303
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table ND7D Nondual Beneficiaries

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

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

Table ND7D Nondual Beneficiaries

TABLE ND.8 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC^{a, b} NONDUAL BENEFICIARIES, HAWAII, 2004

D (; ;		N 1 (D D ()	NI I (All V NI :	Benefit Months Among All-
Beneficiary	Dy C nor Donofit Month	Number of Rx per Benefit	Number of All-Year Nursing	Year Nursing Facility
Characteristics	Rx \$ per Benefit Month	Month	Facility Residents	Residents
All	\$309	4.6	206	2,031
Age				
0-64	346	5.0	141	1,384
65-74	301	3.9	14	136
75-84	337	5.1	12	140
85 and older	162	3.3	39	371
Unknown	0	0.0	0	0
Gender				
Female	287	4.6	88	911
Male	326	4.7	118	1,120
Unknown	0	0.0	0	0
	0	0.0	•	· ·
Race				
White	395	5.1	51	464
African American	0	0	0	0
Other/unknown	283	4.5	155	1,567
Basis of Eligibility ^c				
Aged	230	3.9	63	628
Disabled	346	5.0	136	1,393
Adults	91	3.2	7	10
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

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

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 651 beneficiaries who were in nursing facilities for part of their enrollment and their 5,382 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.

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, HAWAII, 2004

		er of Ra	ng Use			er Bene Among		th		\$ per						Users	
Therapeutic Category	Total	Patented Brand- Name	Off-Patent Brand- Name	Generic	Total	Patented Brand- Name	Off-Patent Brand- Name	Generic	Total	Patented Brand- Name	Off-Patent Brand- Name	Generic	Total Number of Rx	Total Rx \$	P Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.3	\$41	\$21	\$6	\$14	\$98	\$156	\$301	\$52	538	\$52,504	124	60.2 %	1,291
Biologicals	0.1	0.0	0.0	0.1	6	0	0	6	43	0	0	43	5	216	5	2.4	36
Antineoplastic Agents	0.5	0.1	0.0	0.4	62	22	0	41	127	234	0	102	32	4,062	7	3.4	65
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	45	35	2	8	45	83	20	17	872	39,020	85	41.3	866
Cardiovascular Agents	1.3	0.3	0.0	1.0	41	22	2	17	31	67	72	17	1,649	50,804	126	61.2	1,253
Respiratory Agents	0.8	0.4	0.0	0.4	63	49	1	13	79	119	60	35	641	50,393	75	36.4	805
Gastrointestinal Agents	0.9	0.2	0.1	0.6	54	33	4	17	61	169	82	26	923	56,000	102	49.5	1,038
Genitourinary Agents	0.5	0.2	0.0	0.3	22	9	5	8	45	53	126	28	120	5,345	21	10.2	240
CNS Drugs	1.3	0.5	0.0	0.7	130	102	4	24	98	189	91	32	1,642	160,463	119	57.8	1,234
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Neurological Agents	0.6	0.6	0.0	0.0	90	90	0	0	139	139	0	0	66	9,151	9	4.4	102
Analgesics and Anesthetics	0.6	0.3	0.0	0.4	42	38	0	4	67	147	12	13	453	30,253	78	37.9	713
Neuromuscular Agents	1.1	0.3	0.3	0.5	94	55	23	16	89	182	82	34	1,087	97,153	94	45.6	1,034
Nutritional Products	0.7	0.0	0.0	0.6	9	0	1	8	13	23	23	13	413	5,530	61	29.6	595
Hematological Agents	0.7	0.2	0.0	0.5	76	68	0	8	112	313	0	17	296	33,112	48	23.3	436
Topical Products	0.5	0.1	0.0	0.3	22	6	3	13	47	67	78	39	666	31,325	134	65.0	1,432
Miscellaneous Products	0.2	0.0	0.0	0.2	13	0	0	12	63	5	42	67	24	1,515	13	6.3	119
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	4	0	0	0	14	0	0	0	7	99	4	1.9	26
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.	9,434	626,945	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Hawaii, 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 651 beneficiaries who were in nursing facilities for part of their enrollment and their 5,382 benefit months were excluded from the analysis.

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

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

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

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

In Hawaii, 0.2 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 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 ND9 Nondual Beneficiaries

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, HAWAII, 2004

			Users			Among Users	
Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	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	\$102,908	63	30.6 %	675	0.7	\$234	\$152
ANTICONVULSANT	67,451	90	43.7	1,001	0.8	85	67
ANTIASTHMATIC	46,677	89	43.2	1,000	0.5	90	47
ANTIDEPRESSANTS	45,101	89	43.2	964	0.7	65	47
ULCER DRUGS	44,033	91	44.2	965	0.6	73	46
ANTIDIABETIC	31,406	85	41.3	816	0.7	51	38
DERMATOLOGICAL	28,998	302	146.6	3,302	0.2	40	9
ANALGESICS - Narcotic	19,009	66	32.0	545	0.5	69	35
ANTIHYPERLIPIDEMIC	18,934	35	17.0	346	0.7	77	55
ANTIHYPERTENSIVE	15,671	78	37.9	781	0.7	29	20
Total	420,188	988		10,395	n.a.	n.a.	n.a.

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

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.

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 651 beneficiaries who were in nursing facilities for part of their enrollment and their 5,382 benefit months were excluded from the analysis.

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

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

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

TABLE 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, HAWAII, 2004

	All Top 10 Drug	g Groups		ANTIPS	SYCHOTICS			ANTICONVULSANT				
Beneficiary Characteristics	Number of Rx	Rx\$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	5,456	\$420,188	63	30.6 %	675	0.7	\$153	90	43.7 %	1,001	0.8	\$67
Female	2,459	179,043	23	26.1	249	0.6	153	35	39.8	391	0.8	66
Disabled	1,823	139,279	16	27.6	171	0.6	154	28	48.3	310	0.9	73
Disabled	1,823	139,279	16	28.1	171	0.6	154	28	49.1	310	0.9	73
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	636	39,764	7	23.3	78	0.7	150	7	23.3	81	0.7	39
•	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	85	8,313	3	60.0	30	0.5	149	2	40.0	24	0.5	14
65-74	316	23,292	2	25.0	24	1.0	294	1	12.5	12	1.0	74
75-84	235	8,159	2	13.3	24	0.5	9	4	26.7	45	0.7	43
85 and older	0.007	044.445	40	00.0	400	0.7	450		40.0	040	0.0	
Male	2,997	241,145	40	33.9	426	0.7	152	55	46.6	610	0.8	69
Disabled	2,261	179,199	27	34.6	279	0.6	133	46	59.0	510	0.7	74
64 or younger	2,222	175,853	27	35.1	279	0.6	133	45	58.4	503	0.7	75
65-74	39	3,346	0	0.0	0	0.0	0	1	100.0	7	0.6	11
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	736	61,946	13	32.5	147	8.0	189	9	22.5	100	0.9	42
64 or younger	3	/	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	209	20,797	5	71.4	55	0.9	248	4	57.1	40	1.0	26
75-84	91	12,504	3	75.0	32	1.0	308	1	25.0	12	1.8	86
85 and older	433	28,638	5	20.8	60	0.6	72	4	16.7	48	0.6	45
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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.

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 651 beneficiaries who were in nursing facilities for part of their enrollment and their 5,382 benefit months were excluded from the analysis.

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

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

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

TABLE 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, HAWAII, 2004

		ANTIA	STHMATIC				ANTIDE	PRESSANTS	3		ULCER DRUGS				
Beneficiary Characteristics	Number of Users	Users as % of All-Year Nursing Facility Residents 43.2 %	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents 43.2 %	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents 44.2 %	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$ \$46
	89		•		·						91				
Female	45	51.1	498	0.5	35	32	36.4	367	0.7	52	32	36.4	346	0.7	44
Disabled	34	58.6	386	0.5	40	24	41.4	280	0.7	52	23	39.7	256	0.7	48
r 64 or younge	34	59.6	386	0.5	40	24	42.1	280	0.7	52	23	40.4	256	0.7	48
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	11	36.7	112	0.4	20	8	26.7	87	0.7	51	9	30.0	90	0.5	32
r 64 or younge	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1	20.0	1	1.0	59	1	20.0	12	0.6	45	2	40.0	24	0.4	94
75-84	5	62.5	60	0.3	19	4	50.0	48	8.0	60	2	25.0	24	0.4	8
85 and older	5	33.3	51	0.4	21	3	20.0	27	0.6	37	5	33.3	42	0.6	11
Male	44	37.3	502	0.6	58	57	48.3	597	0.7	44	59	50.0	619	0.6	47
Disabled	37	47.4	425	0.6	59	40	51.3	400	0.8	49	43	55.1	432	0.6	57
r	36	46.8	418	0.6	57	38	49.4	386	0.8	47	43	55.8	432	0.6	57
64 or younge	1	100.0	7	1.1	155	2	200.0	14	0.6	90	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	7	17.5	77	0.5	55	17	42.5	197	0.6	34	16	40.0	187	0.6	24
r	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younge	0	0.0	0	0.0	0	3	42.9	33	0.8	57	4	57.1	43	8.0	32
65-74	0	0.0	0	0.0	0	3	75.0	32	0.4	17	0	0.0	0	0.0	0
75-84	7	29.2	77	0.5	55	11	45.8	132	0.7	33	12	50.0	144	0.5	21
85 and older Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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.

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 651 beneficiaries who were in nursing facilities for part of their enrollment and their 5,382 benefit months were excluded from the analysis.

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

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

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

TABLE 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, HAWAII, 2004

	ANTIDIABETIC						DERMA	TOLOGICAL			ANALGESICS - Narcotic				
Beneficiary Characteristics	Number of Users 85	Users as % of All-Year Nursing Facility Residents 41.3 %	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users 302	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users 3,302	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents 32.0 %	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
Female	50	56.8	499	0.8	45	133	151.1	1,499	0.2	8	27	30.7	264	0.5	36
	37	63.8	358	0.8	43 52	101	174.1	1,499	0.2	8	18	31.0	169	0.5	47
Disabled	37	64.9	358	0.9	52 52	101	174.1	1,141	0.2	8	18	31.6	169	0.5	47
64 or younge '	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	13	43.3	141	0.6	29	32	106.7	358	0.2	8	9	30.0	95	0.5	16
r	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younge	0	0.0	0	0.0	0	4	80.0	45	0.1	3	2	40.0	21	0.6	6
65-74 75-84	8	100.0	96	0.8	41	15	187.5	180	0.3	11	4	50.0	48	0.3	17
75-84 85 and older	5	33.3	45	0.3	5	13	86.7	133	0.1	5	3	20.0	26	0.6	22
Male	35	29.7	317	0.7	28	169	143.2	1,803	0.2	9	39	33.1	281	0.5	34
Disabled	32	41.0	285	0.7	25	141	180.8	1,488	0.2	10	28	35.9	199	0.4	23
r	32	41.6	285	0.7	25	139	180.5	1,474	0.2	10	26	33.8	185	0.4	20
64 or younge	0	0.0	0	0.0	0	2	200.0	14	0.3	3	2	200.0	14	0.6	55
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	3	7.5	32	0.7	52	28	70.0	315	0.1	6	11	27.5	82	8.0	61
r 64 or younge	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	40.0	3	1.0	2
65-74	2	28.6	24	0.6	44	5	71.4	46	0.2	4	0	0.0	0	0.0	0
75-84	1	25.0	8	0.9	77	1	25.0	12	0.1	1	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	22	91.7	257	0.1	7	9	37.5	79	0.8	63
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Hawaii, 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 651 beneficiaries who were in nursing facilities for part of their enrollment and their 5,382 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 ND10C Nondual Beneficiaries

TABLE ND.10D DICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT

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^{6, b, c, d}
NONDUAL BENEFICIARIES, HAWAII, 2004

		ANTIHYP	ERLIPIDEMI	0		1	ANTIHY	PERTENSIVE				
Beneficiary Characteristics	Number of Users	Users as % of All-Year Nursing Facility Residents	Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Users	Mean Number of Rx	Mean Rx \$	Facility Residents	Benefit Months Among All- Year Nursing Facility Residents
All	35	17.0 %	346	0.7	\$55	78	37.9 %	781	0.7	\$20	206	2,031
Female	16	18.2	158	8.0	61	39	44.3	412	0.7	23	88	911
Disabled	11	19.0	108	0.7	61	22	37.9	232	0.7	25	58	635
64 or younger	11	19.3	108	0.7	61	22	38.6	232	0.7	25	57	623
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older Other Eligibles	5	16.7	50	0.8	62	17	56.7	180	0.7	21	30	276
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	3
65-74	0	0.0	0	0.0	0	3	60.0	33	0.6	12	5	46
75-84	3	37.5	36	0.7	60	4	50.0	48	0.9	47	8	96
85 and older	2	13.3	14	0.9	65	10	66.7	99	0.7	11	15	131
Male	19	16.1	188	0.7	49	39	33.1	369	0.7	17	118	1,120
Disabled	11	14.1	94	0.8	53	28	35.9	249	0.7	18	78	758
	11	14.3	94	0.8	53	27	35.1	242	0.7	18	77	751
64 or younger	0	0.0	0	0.0	0	1	100.0	7	0.7	16	1	7
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older Other Eligibles	8	20.0	94	0.6	45	11	27.5	120	0.7	14	40	362
•	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	7
64 or younger	3	42.9	34	0.5	38	4	57.1	40	0.5	8	7	71
65-74	2	50.0	24	0.1	2	2	50.0	20	0.7	21	4	44
75-84 85 and older	3	12.5	36	0.9	80	5	20.8	60	8.0	16	24	240
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

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.

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 651 beneficiaries who were in nursing facilities for part of their enrollment and their 5,382 benefit months were excluded from the analysis.

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

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

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

TABLE ND.11

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}

HAWAII, 2004

	Number of	Dorontono of							
		Percentage of Beneficiaries with at	Number of Part	Total Number Pa	art D Evoluded			Part D Excluded Rx	
Beneficiary	at Least One Part	Least One Part D	D Excluded Rx	Part D	Rx \$ per	Total Part D		as a Percentage of	Total Number of
Characteristics	D Excluded Rx	Excluded Rx	per Beneficiary	Excluded Rx			Excluded Rx	All Nondual Rx \$	Beneficiaries
All	9,653	12.8 %	1.2	87,005	\$19	\$1,402,526	\$16	3.6 %	75,190
Age									
5 and younger	681	5.5	0.3	3,347	17	214,059	64	17.7	12,315
6-14	617	4.8	0.3	3,300	11	143,874	44	8.7	12,777
15-20	338	3.9	0.2	1,870	7	59,590	32	5.6	8,598
21-44	2,426	9.0	0.7	17,560	9	254,756	15	2.3	26,969
45-64	4,700	36.2	4.1	52,798	51	665,117	13	3.1	12,974
65-74	502	54.3	4.3	3,961	35	32,380	8	2.7	924
75-84	291	61.8	5.5	2,602	45	21,167	8	3.4	471
85 and older	98	60.5	9.7	1,567	72	11,583	7	5.6	162
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility ^c									
Aged	847	57.0	5.2	7,692	42	61,763	8	3.3	1,487
Disabled	7,570	56.3	5.7	76,828	98	1,316,707	17	3.7	13,436
Adults	794	2.5	0.0	1,592	0	14,873	9	3.0	32,189
Children	419	1.5	0.0	763	0	7,667	10	3.9	28,040
Unknown	23	60.5	3.4	130	40	1,516	12	2.6	38
Gender									
Female	5,205	13.6	1.3	49,418	19	733,320	15	4.0	38,402
Male	4,448	12.1	1.0	37,587	18	669,206	18	3.3	36,788
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	2,938	13.9	1.4	30,205	24	510,986	17	3.4	21,203
African American	169	11.5	0.9	1,265	10	14,931	12	2.2	1,467
Other/unknown	6,546	12.5	1.1	55,535	17	876,609	16	3.8	52,520
Use of Nursing									
Facilities ^d									
Entire year	191	92.7	25.8	5,312	247	50,875	10	8.1	206
Part year	526	80.8	11.9	7,763	180	117,442	15	5.2	651
None	8,936	12.0	1.0	73,930	17	1,234,209	17	3.4	74,333
Maintenance									
Assistance Status	_ ,								
Cash	7,115	20.0	2.0	70,623	30	1,053,465	15	3.3	35,573
Medically needy	117	49.4	7.6	1,812	60	14,105	8	3.4	237
Poverty related	1,668	11.6	0.9	12,655	22	316,191	25	5.9	14,348
Other/unknown	753	3.0	0.1	1,915	1	18,765	10	3.0	25,032

Table ND11 Nondual Beneficiaries

- 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 CHARACTERISTICa,b HAWAII, 2004

Beneficiary	Number Rx per	Rx \$ per		Barbiturate \$ per Ber	nzodiazepine \$ per	Number of	
Characteristics	Benefit Month	Benefit Month	\$ per Rx	Benefit Month	Benefit Month	Benefit Months	
All	0.3	\$6	\$16	\$0	\$2	253,271	
Age							
5 and younger	0.1	8	64	0	7	26,427	
6-14	0.1	5	44	0	2	31,140	
15-20	0.1	3	32	0	1	21,356	
21-44	0.2	3	15	0	2	80,630	
45-64	0.7	8	13	0	3	79,270	
65-74	0.5	4	8	0	0	8,488	
75-84	0.6	5	8	0	0	4,552	
85 and older	1.1	8	7	0	0	1,408	
Unknown	0.0	0	0	0	0	0	
Basis of Eligibility ^c							
Aged	0.6	4	8	0	0	13,806	
Disabled	0.6	10	17	0	5	132,737	
Adults	0.0	0	9	0	0	57,528	
Children	0.0	0	10	0	0	48,889	
Unknown	0.4	5	12	0	2	311	
Gender							
Female	0.4	6	15	0	2	126,102	
Male	0.3	5	18	0	3	127,169	
Unknown	0.0	0	0	0	0	0	
Race							
White	0.4	7	17	0	4	74,827	
African American	0.3	3	12	0	1	4,894	
Other/unknown	0.3	5	16	0	2	173,550	
Use of Nursing							
Facilities ^d							
Entire year	2.6	25	10	1	5	2,031	
Part year	1.4	22	15	0	10	5,382	
None	0.3	5	17	0	2	245,858	
Maintenance							
Assistance Status							
Cash	0.4	7	15	0	3	158,636	
Medically needy	1.2	9	8	0	1	1,531	
Poverty related	0.3	7	25	0	4	46,515	
Other/unknown	0.0	0	10	0	0	46,589	

Table ND12 Nondual Beneficiaries

- a. Table ND.12 includes the beneficaries 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 beneficaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE ND.13 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c} HAWAII, 2004

				Rx \$ as a			Number Rx as a
				Percentage of All		l	Percentage of All
				Part D			Part D
Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx
All	15,415	\$91	\$1,402,526	100.0 %	87,005	\$16	100.0 %
Anorexia or weight loss/gain	7	279	1,954	0.1	32	61	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	5	79	394	0.0	31	13	0.0
Cough and cold medications	2,501	63	158,431	11.3	6,949	23	8.0
Vitamins and minerals	1,688	72	121,952	8.7	7,151	17	8.2
Non-prescription drugs	7,375	42	312,719	22.3	46,723	7	53.7
Barbiturates	214	78	16,695	1.2	1,915	9	2.2
Benzodiazepines	2,996	207	619,696	44.2	21,521	29	24.7
Other Part D Excl Rx Drugs	629	271	170,685	12.2	2,683	64	3.1

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

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

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

a. Table ND.13 includes the beneficaries 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.

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, HAWAII, 2004

Beneficiary			Number of Ber	neficiaries				N	lumber of Ben	efit Months		
Characteristics	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	194,463	1,487	15,002	74,616	103,320	38	1,892,119	13,946	161,532	664,211	1,052,114	316
Age												
5 and younger	41,333	0	684	0	40,649	0	402,492	0	7,078	0	395,414	0
6-14	46,659	0	1,030	0	45,629	0	495,522	0	11,477	0	484,045	0
15-20	23,702	0	812	5,857	17,033	0	230,447	0	8,810	49,058	172,579	0
21-44	58,071	0	5,113	52,943	9	6	523,214	0	54,222	468,872	76	44
45-64	23,124	2	7,291	15,799	0	32	225,718	17	79,259	146,170	0	272
65-74	941	866	58	17	0	0	8,765	8,097	557	111	0	0
75-84	471	459	12	0	0	0	4,553	4,438	115	0	0	0
85 and older	162	160	2	0	0	0	1,408	1,394	14	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	102,889	963	7,461	43,968	50,459	38	1,013,804	9,188	80,745	409,541	514,014	316
Male	91,574	524	7,541	30,648	52,861	0	0 878,315	4,758	80,787	254,670	538,100	0
Unknown	0	0	0	0	0	0	·	0	0	0	0	0
Race												
White	45,829	102	5,170	21,063	19,480	14	423,425	945	54,573	178,798	189,007	102
African American	3,324	6	301	1,438	1,579	0	0 30,522	57	3,103	11,996	15,366	0
Other/unknown	145,310	1,379	9,531	52,115	82,261	24	1,438,172	12,944	103,856	473,417	847,741	214
Use of Nursing Facilities ^c												
Entire year	207	63	137	7	0	0	2,038	628	1,399	11	0	0
Part year	657	47	477	115	17	1	6,431	452	4,954	899	117	9
None	193,599	1,377	14,388	74,494	103,303	37	1,883,650	12,866	155,179	663,301	1,051,997	307
Maintenance Assistance Status												
Cash	98,393	775	10,765	30,113	56,740	0	1,013,180	7,654	120,034	295,748	589,744	0
Medically needy	238	61	157	18	2	0	1,618	536	1,047	33	2	0
Poverty related	36,772	635	2,286	0	33,813	38	358,085	5,738	22,916	0	329,115	316
Other/unknown	59,060	16	1,794	44,485	12,765	0	519,236	18	17,535	368,430	133,253	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	18,610	1,457	11,256	3,693	2,167	37	148,933	13,621	122,092	6,882	6,033	305
FFS part year, with Rx claims	4,710	24	1,363	2,534	788	1	44,166	267	15,200	21,449	7,239	11
FFS part year, no Rx claims	51,870	6	817	25,962	25,085	0	442,549	58	8,216	212,722	221,553	0
MC all year, with Rx claims	382	0	288	52	42	0	4,320	0	3,348	501	471	0
MC all year, no Rx claims	118,891	0	1,278	42,375	75,238	0	1,252,151	0	12,676	422,657	816,818	0

- 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, HAWAII, 2004

	Beneficiaries Benefit Months in Ce		Included in Cell K of	Table 1	Excluded from Cell	K of Table 1
	Number of Nu Beneficiaries	mber of Benefit Months	Number of Nun Beneficiaries	nber of Benefit Months	Number of Nu Beneficiaries	mber of Benefit Months
All	194,463	1,892,119	75,190	253,271	0	1,638,848
Fee-for-service (FFS) all year	18,610	148,933	18,610	148,845	0	88
FFS part year, with Rx claims	4,710	44,166	4,710	15,745	0	28,421
FFS part year, with no Rx claims	51,870	442,549	51,870	88,681	0	353,868
Managed care (MC) all year, with Rx claims	382	4,320	0	0	0	4,320
MC all year, with no Rx claims	118,891	1,252,151	0	0	0	1,252,151

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

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

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