

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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>290,774</b>	<b>5,469</b>	<b>28,547</b>	<b>129,247</b>	<b>127,182</b>	<b>329</b>	<b>1,455,176</b>	<b>52,039</b>	<b>162,926</b>	<b>952,327</b>	<b>284,597</b>	<b>3,287</b>
<b>Age</b>												
5 and younger	49,475	4	782	0	48,689	0	92,313	28	3,626	0	88,659	0
6-14	50,401	2	1,261	24	49,114	0	99,749	17	6,518	47	93,167	0
15-20	33,604	3	1,592	3,252	28,757	0	116,705	30	8,541	7,540	100,594	0
21-44	119,198	11	9,936	108,594	612	45	875,562	90	52,218	820,737	2,121	396
45-64	30,676	65	13,032	17,296	0	283	198,358	382	71,541	123,556	0	2,879
65-74	4,168	2,647	1,462	58	0	1	40,619	25,112	15,200	295	0	12
75-84	2,447	2,016	411	20	0	0	24,670	19,984	4,562	124	0	0
85 and older	794	721	70	3	0	0	7,138	6,396	714	28	0	0
Unknown	11	0	1	0	10	0	62	0	6	0	56	0
<b>Gender</b>												
Female	193,205	3,817	13,372	108,923	66,764	329	1,106,105	36,823	79,485	822,498	164,012	3,287
Male	97,569	1,652	15,175	20,324	60,418	0	349,071	15,216	83,441	129,829	120,585	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	94,932	1,435	10,451	49,488	33,380	178	538,217	13,390	56,805	384,164	82,028	1,830
African American	152,714	1,784	15,228	66,478	69,126	98	721,723	16,948	89,009	459,752	155,073	941
Other/unknown	43,128	2,250	2,868	13,281	24,676	53	195,236	21,701	17,112	108,411	47,496	516
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	1,742	517	1,222	2	1	0	17,606	5,041	12,547	6	12	0
Part year	1,530	216	1,278	32	2	2	11,596	1,970	9,405	188	14	19
None	287,502	4,736	26,047	129,213	127,179	327	1,425,974	45,028	140,974	952,133	284,571	3,268
<b>Maintenance Assistance Status</b>												
Cash	50,151	2,556	13,168	15,973	18,454	0	198,936	28,377	86,216	44,409	39,934	0
Medically needy	35,429	2,010	14,735	9,970	8,714	0	146,928	17,029	71,989	31,637	26,273	0
Poverty-related	104,309	27	8	13,746	90,199	329	207,290	166	65	44,101	159,671	3,287
Other/unknown	100,885	876	636	89,558	9,815	0	902,022	6,467	4,656	832,180	58,719	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	117,387	5,414	12,836	83,856	14,960	321	1,001,230	51,732	99,032	778,110	69,114	3,242
FFS part year, with Rx claims	45,006	41	10,206	17,344	17,408	7	153,837	259	42,339	70,983	40,214	42
FFS part year, no Rx claims	128,381	14	5,505	28,047	94,814	1	300,109	48	21,555	103,234	175,269	3

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

- a. Table ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

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

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>22.9 %</b>	<b>2.9</b>	<b>\$204</b>	<b>\$70</b>	<b>\$4,161</b>	<b>4.9 %</b>	<b>290,774</b>
<b>Age</b>							
5 and younger	12.0	0.3	23	68	2,536	0.9	49,475
6-14	15.0	1.3	119	95	2,243	5.3	50,401
15-20	24.4	2.3	207	92	4,977	4.2	33,604
21-44	24.7	1.9	142	73	3,589	4.0	119,198
45-64	33.2	8.5	561	66	9,344	6.0	30,676
65-74	69.8	27.8	1,553	56	12,152	12.8	4,168
75-84	68.7	27.4	1,507	55	11,541	13.1	2,447
85 and older	60.5	24.7	1,191	48	13,531	8.8	794
Unknown	9.1	1.2	40	34	995	4.0	11
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	65.2	25.1	1,384	55	11,667	11.9	5,469
Disabled	55.4	15.6	1,164	74	19,510	6.0	28,547
Adults	21.2	1.0	58	56	2,153	2.7	129,247
Children	15.3	1.0	82	85	2,412	3.4	127,182
Unknown	87.5	24.4	1,716	70	12,132	14.1	329
<b>Gender</b>							
Female	24.2	2.7	171	63	3,610	4.7	193,205
Male	20.1	3.4	270	81	5,252	5.1	97,569
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	29.0	3.9	267	69	4,645	5.7	94,932
African American	20.2	2.5	180	73	4,061	4.4	152,714
Other/unknown	18.7	2.4	150	63	3,448	4.4	43,128
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	96.6	90.2	5,322	59	68,282	7.8	1,742
Part year	95.6	63.4	4,281	68	63,199	6.8	1,530
None	22.0	2.1	151	73	3,458	4.4	287,502
<b>Maintenance Assistance Status</b>							
Cash	36.4	8.2	574	70	8,388	6.8	50,151
Medically needy	40.5	7.8	559	72	10,854	5.2	35,429
Poverty related	15.8	0.6	39	67	2,047	1.9	104,309
Other/unknown	17.2	1.0	66	64	1,895	3.5	100,885

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

a. Table ND.3 includes beneficiaries represented by Cell K of Table 1.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, MARYLAND, 2004

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>0.6</b>	<b>\$41</b>	<b>4.9 %</b>	<b>77.1 %</b>	<b>13.6 %</b>	<b>2.8 %</b>	<b>3.3 %</b>	<b>1.9 %</b>	<b>1.3 %</b>	<b>\$831</b>	<b>290,774</b>	<b>1,455,176</b>
<b>Age</b>												
5 and younger	0.2	12	0.9	88.0	8.6	2.0	1.1	0.2	0.1	1,359	49,475	92,313
6-14	0.6	60	5.3	85.0	6.9	2.4	2.7	1.8	1.3	1,134	50,401	99,749
15-20	0.7	60	4.2	75.6	15.2	3.1	3.2	1.7	1.1	1,433	33,604	116,705
21-44	0.3	19	4.0	75.3	18.0	2.3	2.3	1.2	0.9	489	119,198	875,562
45-64	1.3	87	6.0	66.8	12.7	4.8	6.9	4.8	4.0	1,445	30,676	198,358
65-74	2.8	159	12.8	30.2	20.6	11.9	21.0	12.4	3.9	1,247	4,168	40,619
75-84	2.7	149	13.1	31.3	19.8	11.2	22.5	11.9	3.4	1,145	2,447	24,670
85 and older	2.8	133	8.8	39.5	14.5	8.3	21.2	12.8	3.7	1,505	794	7,138
Unknown	0.2	7	4.0	90.9	9.1	0.0	0.0	0.0	0.0	177	11	62
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	2.6	146	11.9	34.8	19.9	10.9	20.3	11.0	3.2	1,226	5,469	52,039
Disabled	2.7	204	6.0	44.6	19.0	7.6	12.2	9.0	7.6	3,418	28,547	162,926
Adults	0.1	8	2.7	78.8	16.5	2.0	1.6	0.7	0.4	292	129,247	952,327
Children	0.4	37	3.4	84.7	9.2	2.3	2.1	1.1	0.7	1,078	127,182	284,597
Unknown	2.4	172	14.1	12.5	35.3	17.9	26.1	7.3	0.9	1,214	329	3,287
<b>Gender</b>												
Female	0.5	30	4.7	75.8	16.0	2.7	2.9	1.6	1.0	631	193,205	1,106,105
Male	0.9	76	5.1	79.9	9.0	3.1	3.9	2.4	1.7	1,468	97,569	349,071
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.7	47	5.7	71.0	16.4	3.4	4.4	2.7	2.1	819	94,932	538,217
African American	0.5	38	4.4	79.8	12.4	2.6	2.7	1.5	0.9	859	152,714	721,723
Other/unknown	0.5	33	4.4	81.3	11.9	2.5	2.6	1.1	0.5	762	43,128	195,236
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	8.9	527	7.8	3.4	2.9	3.7	21.1	36.1	32.7	6,756	1,742	17,606
Part year	8.4	565	6.8	4.4	6.2	7.0	20.7	29.3	32.5	8,339	1,530	11,596
None	0.4	31	4.4	78.0	13.7	2.8	3.1	1.5	0.9	697	287,502	1,425,974
<b>Maintenance Assistance Status</b>												
Cash	2.1	145	6.8	63.6	14.9	5.4	7.5	4.8	3.7	2,115	50,151	198,936
Medically needy	1.9	135	5.2	59.5	17.5	6.2	8.5	5.1	3.2	2,617	35,429	146,928
Poverty related	0.3	19	1.9	84.2	10.1	2.5	1.9	0.8	0.5	1,030	104,309	207,290
Other/unknown	0.1	7	3.5	82.8	15.2	0.7	0.7	0.3	0.2	212	100,885	902,022

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

- a. Table ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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



TABLE ND.5

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

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>0.6</b>	<b>\$41</b>	<b>\$70</b>	<b>0.3</b>	<b>\$33</b>	<b>\$128</b>	<b>0.0</b>	<b>\$2</b>	<b>\$66</b>	<b>0.3</b>	<b>\$6</b>	<b>\$19</b>
<b>Age</b>												
5 and younger	0.2	12	68	0.1	10	171	0.0	0	43	0.1	2	14
6-14	0.6	60	95	0.4	55	130	0.0	2	68	0.2	4	20
15-20	0.7	60	92	0.4	51	137	0.0	3	77	0.2	5	22
21-44	0.3	19	73	0.1	15	134	0.0	1	75	0.1	3	22
45-64	1.3	87	66	0.5	68	139	0.1	6	65	0.7	13	18
65-74	2.8	159	56	1.2	128	105	0.1	7	51	1.5	24	16
75-84	2.7	149	55	1.2	121	101	0.1	6	44	1.4	22	16
85 and older	2.8	133	48	1.2	104	88	0.2	8	42	1.4	21	15
Unknown	0.2	7	34	0.1	5	38	0.0	0	0	0.1	2	27
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	2.6	146	55	1.2	118	100	0.1	6	46	1.3	21	16
Disabled	2.7	204	74	1.1	165	150	0.2	12	70	1.5	27	18
Adults	0.1	8	56	0.1	6	92	0.0	1	65	0.1	2	23
Children	0.4	37	85	0.3	32	127	0.0	1	67	0.2	3	19
Unknown	2.4	172	70	0.9	138	154	0.1	9	94	1.5	25	17
<b>Gender</b>												
Female	0.5	30	63	0.2	24	116	0.0	2	63	0.2	5	19
Male	0.9	76	81	0.4	63	148	0.1	4	71	0.5	9	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.7	47	69	0.3	38	124	0.0	3	70	0.3	7	20
African American	0.5	38	73	0.2	31	138	0.0	2	64	0.3	5	18
Other/unknown	0.5	33	63	0.2	27	111	0.0	2	59	0.3	5	18
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	8.9	527	59	3.3	410	124	0.8	39	51	4.8	78	16
Part year	8.4	565	68	3.0	446	149	0.6	37	61	4.8	81	17
None	0.4	31	73	0.2	25	127	0.0	2	73	0.2	4	20
<b>Maintenance Assistance Status</b>												
Cash	2.1	145	70	0.9	117	136	0.1	8	67	1.1	20	18
Medically needy	1.9	135	72	0.8	111	136	0.1	7	68	1.0	17	17
Poverty related	0.3	19	67	0.1	16	114	0.0	1	70	0.1	3	18
Other/unknown	0.1	7	64	0.1	6	93	0.0	1	58	0.0	1	28

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

- a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Maryland, 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 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, MARYLAND, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.5	0.2	0.0	0.2	\$66	\$56	\$4	\$6	\$129	\$245	\$116	\$25	52,832	\$6,825,471	17,560	6.0 %	103,138
Biologicals	0.3	0.2	0.0	0.0	203	201	0	2	804	928	0	60	495	397,802	266	0.1	1,962
Antineoplastic Agents	0.5	0.1	0.0	0.4	105	80	1	24	205	544	137	67	3,792	777,991	876	0.3	7,381
Endocrine/Metabolic Drugs	0.5	0.3	0.1	0.2	25	16	3	6	47	65	44	28	101,834	4,834,013	22,134	7.6	189,571
Cardiovascular Agents	1.3	0.5	0.0	0.8	50	39	1	11	38	75	31	14	130,671	5,003,367	12,928	4.4	99,541
Respiratory Agents	0.6	0.3	0.0	0.3	30	26	0	4	48	89	26	11	44,337	2,140,238	12,031	4.1	71,965
Gastrointestinal Agents	0.7	0.4	0.0	0.3	55	48	2	5	74	126	68	15	47,324	3,509,502	8,308	2.9	64,157
Genitourinary Agents	0.4	0.2	0.0	0.2	18	14	2	3	46	71	43	16	9,167	422,877	3,542	1.2	23,870
CNS Drugs	1.6	0.9	0.1	0.7	149	131	4	13	92	153	77	18	195,132	17,999,685	23,412	8.1	121,129
Stimulants/Anti-obesity/Anorexia	1.8	1.4	0.0	0.4	152	138	1	12	86	100	60	33	31,464	2,698,091	5,473	1.9	17,777
Miscellaneous Psychological/																	
Neurological Agents	0.6	0.5	0.0	0.1	108	100	1	7	186	199	106	102	3,366	624,761	758	0.3	5,759
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	30	20	2	8	43	128	154	16	67,082	2,903,971	14,545	5.0	96,054
Neuromuscular Agents	1.2	0.5	0.2	0.5	83	57	17	10	70	119	84	19	72,413	5,087,720	9,424	3.2	61,079
Nutritional Products	0.5	0.0	0.0	0.5	12	2	1	10	24	45	50	21	24,430	574,595	8,065	2.8	46,281
Hematological Agents	0.9	0.3	0.1	0.4	105	98	3	5	119	316	20	11	28,245	3,364,105	4,063	1.4	32,029
Topical Products	0.5	0.2	0.0	0.3	20	13	2	5	42	78	53	19	33,541	1,407,041	10,859	3.7	71,631
Miscellaneous Products	0.4	0.2	0.0	0.2	119	92	12	15	272	537	372	65	2,656	722,494	666	0.2	6,049
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	6	0	0	0	17	0	0	0	864	15,068	250	0.1	2,420
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.	849,645	59,308,792	n.a.	n.a.	n.a.

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

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Maryland, 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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

TABLE ND.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, MARYLAND, 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	\$7,111,082	5,765	2.0 %	52,409	0.8	\$164	\$136
ANTICONVULSANT	3,719,020	5,575	1.9	48,903	0.9	85	76
ANTIVIRAL	3,458,210	2,129	0.7	16,396	0.5	408	211
ULCER DRUGS	2,529,895	6,502	2.2	57,640	0.5	86	44
CONTRACEPTIVES	2,500,056	15,089	5.2	146,048	0.4	46	17
ANTIDEPRESSANTS	2,039,521	7,528	2.6	63,483	0.6	51	32
ANTIHYPERLIPIDEMIC	1,823,446	3,932	1.4	36,847	0.6	87	49
ANALGESICS - Narcotic	1,694,110	10,403	3.6	79,581	0.5	42	21
HEMATOPOIETIC AGENTS	1,599,520	2,460	0.8	20,183	0.4	180	79
ANTIDIABETIC	1,453,269	5,844	2.0	51,386	0.6	47	28
Total	27,928,129	65,227		572,876	n.a.	n.a.	n.a.

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

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

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>319,699</b>	<b>\$27,928,129</b>	<b>5,765</b>	<b>2.0 %</b>	<b>52,409</b>	<b>0.8</b>	<b>\$136</b>	<b>5,575</b>	<b>1.9 %</b>	<b>48,903</b>	<b>0.9</b>	<b>\$76</b>
<b>Female</b>	203,378	15,809,380	2,841	1.5	25,875	0.8	123	2,965	1.5	25,470	0.8	70
<b>Disabled</b>	84,117	7,650,998	1,436	10.7	12,955	0.8	129	1,725	12.9	15,090	0.9	74
	206	15,418	0	0.0	0	0.0	0	4	1.2	33	0.7	66
5 and younger	998	174,928	21	4.8	125	1.0	255	55	12.5	572	0.9	155
6-14	1,870	209,278	83	13.5	742	0.9	158	50	8.1	441	1.1	104
15-20	16,883	1,914,190	424	10.3	3,370	0.6	105	502	12.2	3,863	0.9	95
21-44	46,042	3,907,047	702	11.0	6,511	0.8	129	913	14.3	8,033	0.9	63
45-64	14,728	1,166,837	166	15.5	1,770	1.0	146	170	15.8	1,802	0.8	53
65-74	2,988	228,987	34	10.4	381	0.8	155	28	8.5	310	0.5	26
75-84	402	34,313	6	11.1	56	0.8	154	3	5.6	36	0.4	94
85 and older	119,248	8,157,944	1,405	0.8	12,920	0.7	118	1,240	0.7	10,380	0.7	64
<b>Other Eligibles</b>	200	20,185	2	0.0	7	0.6	113	6	0.0	9	1.2	155
5 and younger	3,302	418,201	158	0.6	1,505	1.1	166	88	0.4	690	1.4	165
6-14	16,213	1,449,210	466	2.2	4,380	0.9	154	262	1.3	2,374	1.1	126
15-20	58,561	3,170,413	321	0.3	2,372	0.3	50	438	0.5	2,881	0.4	36
21-44	6,181	503,144	99	0.9	836	0.3	55	136	1.3	1,088	0.3	26
45-64	16,234	1,258,136	148	7.9	1,620	0.9	138	140	7.5	1,524	0.9	41
65-74	13,865	1,031,173	139	9.8	1,492	0.7	116	132	9.3	1,410	0.7	31
75-84	4,692	307,482	72	13.5	708	0.6	57	38	7.1	404	0.8	41
85 and older												
<b>Male</b>	116,321	12,118,749	2,924	3.0	26,534	0.9	148	2,610	2.7	23,433	1.0	83
<b>Disabled</b>	79,393	8,094,695	1,598	10.5	14,198	0.8	141	1,763	11.6	15,915	1.0	81
	290	24,307	0	0.0	0	0.0	0	10	2.3	88	0.9	145
5 and younger	3,720	450,502	138	16.8	1,421	1.2	186	106	12.9	1,018	1.1	110
6-14	3,178	452,301	146	14.9	1,417	0.9	182	112	11.5	1,110	0.9	97
15-20	22,162	2,541,856	567	9.8	4,345	0.8	135	637	11.0	5,372	1.0	89
21-44	44,410	4,165,444	651	9.8	5,917	0.8	127	822	12.4	7,449	1.0	71
45-64	4,860	397,415	80	20.6	930	0.8	131	71	18.3	822	0.8	54
65-74	700	60,302	16	19.3	168	0.5	113	5	6.0	56	0.8	101
75-84	73	2,568	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	36,928	4,024,054	1,326	1.6	12,336	0.9	156	847	1.0	7,518	1.0	86
<b>Other Eligibles</b>	286	24,519	3	0.0	16	0.4	55	4	0.0	10	1.0	84
5 and younger	6,868	927,870	356	1.5	3,243	1.2	208	156	0.6	1,287	1.4	130
6-14	13,473	1,594,244	710	6.4	6,754	0.9	148	368	3.3	3,475	1.0	103
15-20	2,128	250,377	73	0.5	520	0.4	67	99	0.7	628	0.4	39
21-44	1,504	137,914	35	0.5	239	0.3	45	50	0.7	345	0.4	32
45-64	6,927	654,831	78	9.3	854	0.8	145	90	10.7	961	0.8	50
65-74	4,900	378,530	63	10.2	628	0.8	112	70	11.4	720	1.0	49
75-84	842	55,769	8	4.2	82	0.8	67	10	5.3	92	0.8	22
85 and older												
<b>Unknown</b>	13	438	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 Maryland, released by CMS in 00/2007. This table was produced on 04/10/2008.

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

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

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

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

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

Beneficiary Characteristics	ANTIVIRAL					ULCER DRUGS					CONTRACEPTIVES				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>2,129</b>	<b>0.7 %</b>	<b>16,396</b>	<b>0.5</b>	<b>\$211</b>	<b>6,502</b>	<b>2.2 %</b>	<b>57,640</b>	<b>0.5</b>	<b>\$44</b>	<b>15,089</b>	<b>5.2 %</b>	<b>146,048</b>	<b>0.4</b>	<b>\$17</b>
<b>Female</b>	1,016	0.5	7,733	0.4	183	4,057	2.1	36,385	0.5	43	15,089	7.8	146,048	0.4	17
<b>Disabled</b>	604	4.5	4,788	0.5	213	2,004	15.0	17,871	0.5	47	155	1.2	1,333	0.4	16
5 and younger	0	0.0	0	0.0	0	46	13.5	377	0.5	35	0	0.0	0	0.0	0
6-14	9	2.0	87	0.8	242	31	7.0	354	0.6	67	1	0.2	1	1.0	26
15-20	5	0.8	30	0.6	184	25	4.1	262	0.6	65	36	5.9	355	0.4	14
21-44	320	7.8	2,350	0.5	220	374	9.1	3,008	0.5	43	105	2.5	853	0.4	17
45-64	249	3.9	2,083	0.5	220	1,042	16.3	8,510	0.6	52	13	0.2	124	0.5	19
65-74	18	1.7	202	0.3	81	388	36.1	4,256	0.5	43	0	0.0	0	0.0	0
75-84	1	0.3	12	0.1	9	84	25.6	952	0.4	36	0	0.0	0	0.0	0
85 and older	2	3.7	24	0.1	1	14	25.9	152	0.4	48	0	0.0	0	0.0	0
<b>Other Eligibles</b>	412	0.2	2,945	0.3	134	2,053	1.1	18,514	0.4	38	14,932	8.3	144,691	0.4	17
5 and younger	12	0.0	36	0.8	206	70	0.3	293	0.4	27	1	0.0	7	0.3	11
6-14	20	0.1	156	0.4	111	17	0.1	108	0.4	23	27	0.1	175	0.4	17
15-20	26	0.1	126	0.3	66	81	0.4	563	0.4	31	2,274	10.9	18,229	0.4	16
21-44	245	0.3	1,635	0.3	147	493	0.5	3,024	0.3	24	12,600	13.2	126,005	0.4	17
45-64	53	0.5	389	0.3	137	266	2.5	2,179	0.3	29	29	0.3	263	0.4	20
65-74	32	1.7	347	0.4	153	526	28.2	5,803	0.4	38	1	0.1	12	0.1	9
75-84	18	1.3	195	0.3	80	444	31.3	4,948	0.5	46	0	0.0	0	0.0	0
85 and older	6	1.1	61	0.1	5	156	29.2	1,596	0.6	57	0	0.0	0	0.0	0
<b>Male</b>	1,113	1.1	8,663	0.6	236	2,445	2.5	21,255	0.6	46	0	0.0	0	0.0	0
<b>Disabled</b>	947	6.2	7,305	0.6	244	1,726	11.4	15,033	0.6	49	0	0.0	0	0.0	0
5 and younger	1	0.2	8	0.3	12	55	12.5	408	0.4	26	0	0.0	0	0.0	0
6-14	1	0.1	12	0.1	0	60	7.3	630	0.6	83	0	0.0	0	0.0	0
15-20	12	1.2	111	0.6	247	37	3.8	377	0.8	79	0	0.0	0	0.0	0
21-44	443	7.6	3,120	0.6	223	463	8.0	3,987	0.6	48	0	0.0	0	0.0	0
45-64	483	7.3	3,972	0.7	263	973	14.7	8,094	0.6	47	0	0.0	0	0.0	0
65-74	7	1.8	82	0.3	137	114	29.4	1,255	0.6	46	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	20	24.1	234	0.5	46	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	4	25.0	48	0.3	11	0	0.0	0	0.0	0
<b>Other Eligibles</b>	166	0.2	1,358	0.4	196	719	0.9	6,222	0.5	40	0	0.0	0	0.0	0
5 and younger	11	0.0	55	0.8	180	87	0.4	393	0.5	32	0	0.0	0	0.0	0
6-14	13	0.1	97	0.6	245	24	0.1	113	0.5	40	0	0.0	0	0.0	0
15-20	14	0.1	90	0.6	250	59	0.5	504	0.4	30	0	0.0	0	0.0	0
21-44	68	0.5	477	0.3	150	72	0.5	459	0.4	27	0	0.0	0	0.0	0
45-64	24	0.3	221	0.3	150	78	1.1	521	0.3	34	0	0.0	0	0.0	0
65-74	29	3.4	340	0.6	283	209	24.8	2,195	0.5	44	0	0.0	0	0.0	0
75-84	6	1.0	66	0.3	140	152	24.7	1,631	0.5	44	0	0.0	0	0.0	0
85 and older	1	0.5	12	0.1	1	38	20.0	406	0.6	48	0	0.0	0	0.0	0
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	18.2	24	0.5	18

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

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

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

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

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



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

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>7,528</b>	<b>2.6 %</b>	<b>63,483</b>	<b>0.6</b>	<b>\$32</b>	<b>3,932</b>	<b>1.4 %</b>	<b>36,847</b>	<b>0.6</b>	<b>\$50</b>	<b>10,403</b>	<b>3.6 %</b>	<b>79,581</b>	<b>0.5</b>	<b>\$21</b>
<b>Female</b>	4,671	2.4	39,606	0.6	32	2,702	1.4	26,215	0.6	49	7,036	3.6	54,165	0.4	18
<b>Disabled</b>	2,163	16.2	18,748	0.7	33	1,333	10.0	12,210	0.6	51	2,957	22.1	24,082	0.6	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	1.5	35	0.2	1
6-14	11	2.5	68	0.5	54	0	0.0	0	0.0	0	12	2.7	115	0.1	1
15-20	40	6.5	364	0.8	43	2	0.3	23	0.8	37	15	2.4	112	0.2	13
21-44	606	14.7	4,807	0.6	28	85	2.1	646	0.6	47	830	20.1	5,974	0.6	27
45-64	1,233	19.3	10,427	0.7	36	718	11.2	5,532	0.6	47	1,619	25.3	12,619	0.7	30
65-74	214	19.9	2,403	0.7	31	423	39.4	4,784	0.6	55	376	35.0	4,067	0.4	14
75-84	48	14.6	563	0.7	31	98	29.9	1,146	0.6	53	84	25.6	973	0.3	8
85 and older	11	20.4	116	0.7	41	7	13.0	79	0.7	70	16	29.6	187	0.2	3
<b>Other Eligibles</b>	2,508	1.4	20,858	0.5	30	1,369	0.8	14,005	0.5	48	4,079	2.3	30,083	0.3	12
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	14	0.1	55	0.4	3
6-14	76	0.3	500	0.8	43	0	0.0	0	0.0	0	34	0.1	160	0.3	5
15-20	382	1.8	3,077	0.8	47	1	0.0	12	0.2	12	240	1.1	1,166	0.3	4
21-44	1,068	1.1	7,467	0.4	24	126	0.1	858	0.4	31	2,222	2.3	13,380	0.3	13
45-64	358	3.4	3,045	0.4	26	235	2.2	1,915	0.4	34	580	5.5	4,619	0.3	14
65-74	271	14.5	3,016	0.5	27	547	29.4	6,046	0.6	51	454	24.4	5,042	0.3	10
75-84	232	16.3	2,514	0.6	29	380	26.8	4,320	0.6	53	372	26.2	4,042	0.4	10
85 and older	121	22.7	1,239	0.8	39	80	15.0	854	0.6	51	163	30.5	1,619	0.4	12
<b>Male</b>	2,857	2.9	23,877	0.7	33	1,230	1.3	10,632	0.6	50	3,367	3.5	25,416	0.6	29
<b>Disabled</b>	1,754	11.6	15,086	0.7	30	752	5.0	6,059	0.6	51	2,410	15.9	18,742	0.7	35
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	1.8	71	0.2	2
6-14	53	6.5	514	1.0	41	0	0.0	0	0.0	0	18	2.2	203	0.1	1
15-20	86	8.8	831	0.6	34	2	0.2	21	0.7	31	25	2.6	244	0.1	1
21-44	586	10.1	4,607	0.6	27	124	2.1	936	0.6	45	814	14.0	5,859	0.7	40
45-64	944	14.2	8,192	0.7	31	491	7.4	3,670	0.6	49	1,413	21.3	10,887	0.8	37
65-74	72	18.6	796	0.7	30	120	30.9	1,256	0.7	59	106	27.3	1,189	0.3	9
75-84	13	15.7	146	0.4	27	14	16.9	164	0.5	52	22	26.5	241	0.3	6
85 and older	0	0.0	0	0.0	0	1	6.3	12	1.0	74	4	25.0	48	0.1	1
<b>Other Eligibles</b>	1,103	1.3	8,791	0.7	38	478	0.6	4,573	0.6	50	957	1.2	6,674	0.3	13
5 and younger	0	0.0	0	0.0	0	1	0.0	3	0.3	5	10	0.0	28	0.4	3
6-14	157	0.6	1,154	0.8	47	2	0.0	11	0.6	64	46	0.2	221	0.2	3
15-20	551	5.0	4,389	0.7	43	6	0.1	53	1.4	54	136	1.2	715	0.2	3
21-44	143	1.1	831	0.4	27	44	0.3	282	0.4	37	300	2.2	1,530	0.5	25
45-64	72	1.0	516	0.3	16	93	1.3	594	0.4	35	172	2.4	1,070	0.3	14
65-74	93	11.0	1,032	0.6	32	198	23.5	2,141	0.6	51	150	17.8	1,668	0.3	10
75-84	75	12.2	755	0.7	36	117	19.0	1,307	0.6	57	112	18.2	1,129	0.3	11
85 and older	12	6.3	114	0.7	21	17	8.9	182	0.5	41	31	16.3	313	0.2	4
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, MARYLAND, 2004

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIDIABETIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>2,460</b>	<b>0.8 %</b>	<b>20,183</b>	<b>0.4</b>	<b>\$79</b>	<b>5,844</b>	<b>2.0 %</b>	<b>51,386</b>	<b>0.6</b>	<b>\$28</b>	<b>290,774</b>	<b>1,455,176</b>
<b>Female</b>	1,562	0.8	12,468	0.4	72	3,953	2.0	35,594	0.6	28	193,199	1,106,061
<b>Disabled</b>	682	5.1	5,907	0.5	105	1,985	14.8	17,078	0.6	30	13,371	79,479
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	342	1,612
6-14	8	1.8	79	0.7	72	3	0.7	14	0.3	33	441	2,332
15-20	6	1.0	46	0.3	18	4	0.7	32	0.6	7	615	3,034
21-44	183	4.4	1,445	0.4	112	206	5.0	1,426	0.6	30	4,123	21,875
45-64	370	5.8	3,120	0.5	120	1,192	18.6	9,390	0.7	29	6,394	35,158
65-74	94	8.8	986	0.4	69	462	43.0	4,851	0.6	31	1,074	11,271
75-84	16	4.9	186	0.3	36	107	32.6	1,233	0.6	29	328	3,647
85 and older	5	9.3	45	0.5	32	11	20.4	132	0.6	20	54	550
<b>Other Eligibles</b>	880	0.5	6,561	0.3	43	1,968	1.1	18,516	0.5	26	179,828	1,026,582
5 and younger	6	0.0	18	0.4	108	2	0.0	4	0.8	151	24,062	43,952
6-14	9	0.0	55	0.5	143	10	0.0	31	0.8	55	24,719	46,655
15-20	106	0.5	518	0.2	5	33	0.2	173	0.7	39	20,913	79,794
21-44	420	0.4	2,512	0.2	17	327	0.3	2,104	0.4	23	95,799	742,985
45-64	80	0.8	620	0.3	77	354	3.4	2,681	0.4	20	10,518	76,414
65-74	102	5.5	1,138	0.5	67	631	33.9	6,835	0.6	27	1,863	17,753
75-84	116	8.2	1,288	0.4	64	499	35.1	5,505	0.6	26	1,420	14,294
85 and older	41	7.7	412	0.5	45	112	21.0	1,183	0.6	26	534	4,735
<b>Male</b>	898	0.9	7,715	0.5	91	1,891	1.9	15,792	0.6	30	97,564	349,053
<b>Disabled</b>	715	4.7	6,056	0.5	93	1,276	8.4	10,318	0.7	31	15,175	83,441
5 and younger	2	0.5	21	0.4	28	0	0.0	0	0.0	0	440	2,014
6-14	6	0.7	56	0.5	2	0	0.0	0	0.0	0	820	4,186
15-20	6	0.6	61	0.3	2	1	0.1	3	0.3	6	977	5,507
21-44	176	3.0	1,417	0.5	97	230	4.0	1,678	0.6	32	5,813	30,343
45-64	487	7.3	4,093	0.6	100	902	13.6	7,186	0.7	30	6,638	36,383
65-74	33	8.5	348	0.5	54	106	27.3	1,033	0.7	33	388	3,929
75-84	4	4.8	48	0.2	2	33	39.8	370	0.6	29	83	915
85 and older	1	6.3	12	0.5	3	4	25.0	48	0.8	23	16	164
<b>Other Eligibles</b>	183	0.2	1,659	0.5	84	615	0.7	5,474	0.5	28	82,389	265,612
5 and younger	9	0.0	28	0.3	9	1	0.0	1	1.0	12	24,631	44,735
6-14	3	0.0	10	0.4	2	15	0.1	48	0.6	51	24,421	46,576
15-20	6	0.1	45	0.6	49	22	0.2	104	0.5	27	11,099	28,370
21-44	19	0.1	135	0.4	187	76	0.6	457	0.4	27	13,463	80,359
45-64	19	0.3	126	0.4	64	114	1.6	696	0.4	20	7,126	50,403
65-74	62	7.4	658	0.5	75	225	26.7	2,397	0.6	34	843	7,666
75-84	46	7.5	463	0.5	88	140	22.7	1,526	0.6	25	616	5,814
85 and older	19	10.0	194	0.7	67	22	11.6	245	0.4	19	190	1,689
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	62

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

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

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

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

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

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

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$527</b>	<b>8.9</b>	<b>1,742</b>	<b>17,606</b>
<b>Age</b>				
0-64	603	9.8	1,111	11,360
65-74	478	8.3	251	2,578
75-84	361	7.1	227	2,240
85 and older	271	6.1	153	1,428
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	516	9.1	952	9,613
Male	540	8.8	790	7,993
Unknown	0	0.0	0	0
<b>Race</b>				
White	501	9.4	664	6,684
African American	560	8.6	902	9,189
Other/unknown	448	8.8	176	1,733
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	368	7.1	517	5,041
Disabled	591	9.7	1,222	12,547
Adults	446	5.5	2	6
Children	0	0.0	1	12
Unknown	0	0.0	0	0

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

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 1,530 beneficiaries who were in nursing facilities for part of their enrollment and their 11,596 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

TABLE ND.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 NONDUAL BENEFICIARIES, MARYLAND, 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	0.9	0.5	0.1	0.3	###	\$126	\$8	\$8	\$156	\$244	\$110	\$26	10,328	\$1,614,391	1,080	62.0 %	11,351
Biologicals	0.1	0.0	0.0	0.1	4	1	0	3	47	155	0	37	36	1,678	36	2.1	394
Antineoplastic Agents	0.5	0.1	0.0	0.4	68	24	1	43	133	362	185	98	595	78,856	122	7.0	1,167
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.6	52	40	4	8	40	79	20	13	9,951	399,447	748	42.9	7,756
Cardiovascular Agents	2.2	0.7	0.0	1.5	65	44	1	20	29	65	15	14	26,342	775,510	1,174	67.4	11,955
Respiratory Agents	0.9	0.3	0.0	0.5	29	24	0	5	35	76	13	9	6,203	214,545	709	40.7	7,290
Gastrointestinal Agents	1.4	0.7	0.0	0.7	80	70	1	9	59	106	35	14	16,116	956,934	1,145	65.7	11,892
Genitourinary Agents	0.5	0.2	0.0	0.3	21	17	1	4	40	74	43	13	2,322	93,820	416	23.9	4,469
CNS Drugs	1.9	1.0	0.1	0.9	148	126	6	16	77	131	61	19	26,016	2,013,202	1,291	74.1	13,574
Stimulants/Anti-obesity/Anorexia	1.0	0.2	0.0	0.7	37	29	0	7	38	127	9	10	465	17,894	46	2.6	487
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	171	169	0	2	207	208	116	138	1,186	245,237	138	7.9	1,435
Analgesics and Anesthetics	1.6	0.4	0.0	1.2	59	40	4	15	37	100	94	13	15,393	564,504	940	54.0	9,577
Neuromuscular Agents	1.8	0.5	0.5	0.8	101	48	33	20	56	96	68	25	17,785	999,592	920	52.8	9,892
Nutritional Products	0.9	0.0	0.0	0.8	11	0	1	10	13	17	15	13	5,767	73,274	645	37.0	6,595
Hematological Agents	1.3	0.4	0.3	0.6	115	105	4	5	86	241	15	9	10,564	912,271	786	45.1	7,956
Topical Products	0.6	0.2	0.1	0.4	24	14	4	6	37	66	52	18	7,338	273,505	1,052	60.4	11,322
Miscellaneous Products	0.3	0.0	0.0	0.2	17	5	4	7	61	216	443	30	527	32,370	175	10.0	1,886
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	8	0	0	0	16	0	0	0	242	3,905	49	2.8	512
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>157,176</b>	<b>9,270,935</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,530 beneficiaries who were in nursing facilities for part of their enrollment and their 11,596 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Maryland, 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 Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, MARYLAND, 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	\$1,374,982	931	53.4 %	10,163	0.9	\$150	\$135
ANTIVIRAL	1,009,245	298	17.1	3,060	0.8	404	330
ANTICONVULSANT	854,437	1,056	60.6	11,427	1.2	63	75
ULCER DRUGS	769,927	1,097	63.0	11,404	0.8	83	68
ANTIDEPRESSANTS	521,500	1,158	66.5	12,456	0.9	48	42
HEMATOPOIETIC AGENTS	476,463	451	25.9	4,588	0.7	145	104
ANALGESICS - Narcotic	459,259	1,133	65.0	11,522	1.1	38	40
ANTIDIABETIC	365,421	952	54.6	10,075	0.9	40	36
ANTICOAGULANTS	254,776	523	30.0	5,262	1.1	46	48
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	245,237	153	8.8	1,592	0.7	207	154
Total	6,331,247	7,752		81,549	n.a.	n.a.	n.a.

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

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,530 beneficiaries who were in nursing facilities for part of their enrollment and their 11,596 benefit months were excluded from the analysis.

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

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

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

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



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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIVIRAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>76,868</b>	<b>\$6,331,247</b>	<b>931</b>	<b>53.4 %</b>	<b>10,163</b>	<b>0.9</b>	<b>\$135</b>	<b>298</b>	<b>17.1 %</b>	<b>3,060</b>	<b>0.8</b>	<b>\$330</b>
<b>Female</b>	41,521	3,333,732	544	57.1	5,899	0.9	135	120	12.6	1,222	0.7	290
<b>Disabled</b>	30,077	2,539,580	370	62.7	4,086	1.0	146	104	17.6	1,069	0.7	316
64 or younger	26,940	2,252,757	319	61.8	3,534	0.9	141	99	19.2	1,009	0.7	322
65-74	2,823	263,889	44	66.7	491	1.1	182	5	7.6	60	0.5	221
75-84	247	17,234	6	100.0	54	1.2	126	0	0.0	0	0.0	0
85 and older	67	5,700	1	50.0	7	1.4	104	0	0.0	0	0.0	0
<b>Other Eligibles</b>	11,444	794,152	174	48.1	1,813	0.9	109	16	4.4	153	0.5	110
64 or younger	109	7,024	2	66.7	24	0.6	72	0	0.0	0	0.0	0
65-74	3,466	265,537	51	64.6	568	1.1	130	9	11.4	78	0.9	212
75-84	4,973	327,162	76	52.4	779	0.8	118	4	2.8	42	0.1	5
85 and older	2,896	194,429	45	33.3	442	0.7	68	3	2.2	33	0.1	2
<b>Male</b>	35,347	2,997,515	387	49.0	4,264	0.9	136	178	22.5	1,838	0.9	356
<b>Disabled</b>	30,361	2,584,451	310	49.1	3,446	0.9	138	165	26.1	1,684	0.9	364
64 or younger	28,733	2,465,262	278	47.0	3,065	0.9	143	164	27.7	1,672	0.9	366
65-74	1,562	110,956	30	76.9	357	0.6	96	1	2.6	12	0.1	26
75-84	66	8,233	2	100.0	24	0.6	147	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	4,986	413,064	77	48.7	818	0.8	129	13	8.2	154	0.6	271
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,509	215,096	39	58.2	423	0.8	152	8	11.9	96	0.8	341
75-84	2,136	172,426	34	45.9	349	0.8	111	4	5.4	46	0.4	195
85 and older	341	25,542	4	25.0	46	0.9	48	1	6.3	12	0.1	1
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,530 beneficiaries who were in nursing facilities for part of their enrollment and their 11,596 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	ANTICONVULSANT					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 \$
<b>All</b>	<b>1,056</b>	<b>60.6 %</b>	<b>11,427</b>	<b>1.2</b>	<b>\$75</b>	<b>1,097</b>	<b>63.0 %</b>	<b>11,404</b>	<b>0.8</b>	<b>\$68</b>	<b>1,158</b>	<b>66.5 %</b>	<b>12,456</b>	<b>0.9</b>	<b>\$42</b>
<b>Female</b>	556	58.4	6,005	1.1	68	583	61.2	6,095	0.8	70	673	70.7	7,229	0.9	44
<b>Disabled</b>	441	74.7	4,790	1.1	72	372	63.1	3,967	0.8	71	463	78.5	5,077	0.9	45
64 or younge r	399	77.3	4,365	1.1	73	322	62.4	3,452	0.9	73	415	80.4	4,570	0.9	44
65-74	40	60.6	410	1.0	64	43	65.2	453	0.8	63	44	66.7	477	0.9	45
75-84	2	33.3	15	1.9	38	5	83.3	43	0.2	15	2	33.3	11	1.3	51
85 and older	0	0.0	0	0.0	0	2	100.0	19	0.7	54	2	100.0	19	1.1	68
<b>Other Eligibles</b>	115	31.8	1,215	1.0	50	211	58.3	2,128	0.8	68	210	58.0	2,152	0.9	42
64 or younge r	2	66.7	14	1.2	180	1	33.3	2	1.5	23	1	33.3	12	1.0	64
65-74	44	55.7	488	1.0	58	50	63.3	503	0.8	65	50	63.3	522	0.8	44
75-84	52	35.9	541	0.9	35	88	60.7	936	0.8	67	88	60.7	912	0.8	37
85 and older	17	12.6	172	1.0	66	72	53.3	687	0.9	71	71	52.6	706	0.9	47
<b>Male</b>	500	63.3	5,422	1.3	83	514	65.1	5,309	0.8	65	485	61.4	5,227	0.9	39
<b>Disabled</b>	420	66.5	4,543	1.3	86	422	66.8	4,359	0.8	63	409	64.7	4,431	0.9	39
64 or younge r	396	67.0	4,258	1.3	87	393	66.5	4,028	0.8	63	383	64.8	4,131	0.9	39
65-74	23	59.0	273	1.2	75	28	71.8	319	0.9	72	26	66.7	300	0.9	46
75-84	1	50.0	12	1.0	224	1	50.0	12	0.9	101	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	80	50.6	879	1.2	65	92	58.2	950	0.8	71	76	48.1	796	0.8	38
64 or younge r	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	39	58.2	432	1.1	70	43	64.2	449	0.8	70	38	56.7	427	0.7	36
75-84	37	50.0	399	1.2	66	40	54.1	399	0.8	74	35	47.3	344	0.9	40
85 and older	4	25.0	48	0.9	25	9	56.3	102	0.6	66	3	18.8	25	0.8	32
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,530 beneficiaries who were in nursing facilities for part of their enrollment and their 11,596 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANALGESICS - Narcotic					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>451</b>	<b>25.9 %</b>	<b>4,588</b>	<b>0.7</b>	<b>\$104</b>	<b>1,133</b>	<b>65.0 %</b>	<b>11,522</b>	<b>1.1</b>	<b>\$40</b>	<b>952</b>	<b>54.6 %</b>	<b>10,075</b>	<b>0.9</b>	<b>\$36</b>
<b>Female</b>	207	21.7	2,120	0.7	117	649	68.2	6,637	1.0	37	572	60.1	6,115	0.9	35
<b>Disabled</b>	144	24.4	1,484	0.7	110	442	74.9	4,662	1.1	43	381	64.6	4,112	1.0	37
64 or younger	124	24.0	1,299	0.7	103	404	78.3	4,281	1.1	44	320	62.0	3,450	1.0	36
65-74	16	24.2	152	0.6	178	35	53.0	350	0.8	34	52	78.8	558	0.9	41
75-84	1	16.7	12	0.2	1	2	33.3	24	0.3	4	9	150.0	104	0.8	39
85 and older	3	150.0	21	0.4	64	1	50.0	7	0.7	12	0	0.0	0	0.0	0
<b>Other Eligibles</b>	63	17.4	636	0.8	135	207	57.2	1,975	0.7	22	191	52.8	2,003	0.8	32
64 or younger	0	0.0	0	0.0	0	2	66.7	14	1.1	26	0	0.0	0	0.0	0
65-74	17	21.5	163	1.2	240	57	72.2	550	0.8	32	55	69.6	569	0.8	28
75-84	29	20.0	309	0.6	121	74	51.0	737	0.8	19	100	69.0	1,100	0.8	33
85 and older	17	12.6	164	0.7	59	74	54.8	674	0.5	18	36	26.7	334	0.9	36
<b>Male</b>	244	30.9	2,468	0.7	92	484	61.3	4,885	1.2	44	380	48.1	3,960	0.9	38
<b>Disabled</b>	197	31.2	1,953	0.7	93	427	67.6	4,332	1.3	47	308	48.7	3,188	0.9	39
64 or younger	189	32.0	1,867	0.7	95	401	67.9	4,038	1.4	50	285	48.2	2,952	0.9	39
65-74	8	20.5	86	0.3	36	26	66.7	294	0.4	13	21	53.8	212	1.0	29
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	24	1.2	34
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	47	29.7	515	0.7	90	57	36.1	553	0.4	15	72	45.6	772	0.9	35
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	17	25.4	191	0.7	19	24	35.8	266	0.3	4	36	53.7	396	1.0	47
75-84	23	31.1	260	0.6	118	26	35.1	226	0.7	30	32	43.2	340	0.8	23
85 and older	7	43.8	64	1.2	190	7	43.8	61	0.3	9	4	25.0	36	0.5	14
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,530 beneficiaries who were in nursing facilities for part of their enrollment and their 11,596 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	ANTICOAGULANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					Benefit Months	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Among All-Year Nursing Facility Residents
<b>All</b>	<b>523</b>	<b>30.0 %</b>	<b>5,262</b>	<b>1.1</b>	<b>\$48</b>	<b>153</b>	<b>8.8 %</b>	<b>1,592</b>	<b>0.7</b>	<b>\$154</b>	<b>1,742</b>	<b>17,606</b>
<b>Female</b>	274	28.8	2,729	1.1	47	102	10.7	1,087	0.8	183	952	9,613
<b>Disabled</b>	180	30.5	1,861	1.1	54	41	6.9	458	0.8	301	590	6,125
64 or younger	162	31.4	1,672	1.1	57	30	5.8	340	0.8	334	516	5,369
65-74	15	22.7	153	0.7	29	5	7.6	56	0.9	338	66	678
75-84	3	50.0	36	0.3	15	4	66.7	48	0.6	82	6	59
85 and older	0	0.0	0	0.0	0	2	100.0	14	0.7	86	2	19
<b>Other Eligibles</b>	94	26.0	868	1.1	33	61	16.9	629	0.8	97	362	3,488
64 or younger	2	66.7	14	3.4	114	0	0.0	0	0.0	0	3	18
65-74	20	25.3	180	1.1	23	11	13.9	121	1.0	121	79	785
75-84	46	31.7	447	1.1	29	24	16.6	241	0.7	80	145	1,418
85 and older	26	19.3	227	0.9	43	26	19.3	267	0.8	101	135	1,267
<b>Male</b>	249	31.5	2,533	1.1	50	51	6.5	505	0.6	92	790	7,993
<b>Disabled</b>	220	34.8	2,232	1.0	51	25	4.0	274	0.6	109	632	6,422
64 or younger	210	35.5	2,115	1.1	52	22	3.7	238	0.5	114	591	5,961
65-74	10	25.6	117	0.8	28	3	7.7	36	0.7	81	39	437
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	29	18.4	301	1.1	43	26	16.5	231	0.6	72	158	1,571
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	18	26.9	202	1.2	56	10	14.9	88	0.6	78	67	678
75-84	8	10.8	63	0.9	24	12	16.2	115	0.6	76	74	739
85 and older	3	18.8	36	1.1	5	4	25.0	28	0.8	41	16	142
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,530 beneficiaries who were in nursing facilities for part of their enrollment and their 11,596 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Nondual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>13,929</b>	<b>4.8 %</b>	<b>0.2</b>	<b>66,077</b>	<b>\$6</b>	<b>\$1,662,458</b>	<b>\$25</b>	<b>2.8 %</b>	<b>290,774</b>
<b>Age</b>									
5 and younger	1,129	2.3	0.0	2,251	4	221,753	99	19.8	49,475
6-14	787	1.6	0.0	2,509	6	290,671	116	4.9	50,401
15-20	951	2.8	0.1	3,129	5	183,617	59	2.6	33,604
21-44	4,804	4.0	0.2	20,761	3	355,911	17	2.1	119,198
45-64	4,019	13.1	0.8	23,994	14	431,140	18	2.5	30,676
65-74	1,293	31.0	1.9	7,943	25	102,366	13	1.6	4,168
75-84	735	30.0	1.8	4,285	25	60,667	14	1.6	2,447
85 and older	211	26.6	1.5	1,205	21	16,333	14	1.7	794
Unknown	0	0.0	0.0	0	0	0	0	0.0	11
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	1,497	27.4	1.5	8,460	21	116,925	14	1.5	5,469
Disabled	6,320	22.1	1.5	42,563	43	1,218,327	29	3.7	28,547
Adults	3,577	2.8	0.1	10,016	1	134,653	13	1.8	129,247
Children	2,413	1.9	0.0	4,380	1	173,883	40	1.7	127,182
Unknown	122	37.1	2.0	658	57	18,670	28	3.3	329
<b>Gender</b>									
Female	9,311	4.8	0.2	41,656	5	884,014	21	2.7	193,205
Male	4,618	4.7	0.3	24,421	8	778,444	32	3.0	97,569
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	6,314	6.7	0.3	32,642	8	743,360	23	2.9	94,932
African American	5,861	3.8	0.2	26,238	5	716,419	27	2.6	152,714
Other/unknown	1,754	4.1	0.2	7,197	5	202,679	28	3.1	43,128
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	1,070	61.4	6.9	12,044	82	142,012	12	1.5	1,742
Part year	1,010	66.0	6.0	9,237	131	199,695	22	3.0	1,530
None	11,849	4.1	0.2	44,796	5	1,320,751	29	3.0	287,502
<b>Maintenance Assistance Status</b>									
Cash	5,890	11.7	0.7	35,698	18	900,564	25	3.1	50,151
Medically needy	4,732	13.4	0.6	22,164	10	353,266	16	1.8	35,429
Poverty related	1,915	1.8	0.0	3,294	1	108,450	33	2.7	104,309
Other/unknown	1,392	1.4	0.0	4,921	3	300,178	61	4.5	100,885

Table ND11

Nondual Beneficiaries

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

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

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

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

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.0</b>	<b>\$1</b>	<b>\$25</b>	<b>\$0</b>	<b>\$0</b>	<b>1,455,176</b>
<b>Age</b>						
5 and younger	0.0	2	99	0	0	92,313
6-14	0.0	3	116	0	0	99,749
15-20	0.0	2	59	0	0	116,705
21-44	0.0	0	17	0	0	875,562
45-64	0.1	2	18	0	1	198,358
65-74	0.2	3	13	0	1	40,619
75-84	0.2	2	14	0	1	24,670
85 and older	0.2	2	14	0	1	7,138
Unknown	0.0	0	0	0	0	62
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.2	2	14	0	1	52,039
Disabled	0.3	7	29	0	2	162,926
Adults	0.0	0	13	0	0	952,327
Children	0.0	1	40	0	0	284,597
Unknown	0.2	6	28	0	1	3,287
<b>Gender</b>						
Female	0.0	1	21	0	0	1,106,105
Male	0.1	2	32	0	0	349,071
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.1	1	23	0	1	538,217
African American	0.0	1	27	0	0	721,723
Other/unknown	0.0	1	28	0	0	195,236
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.7	8	12	0	3	17,606
Part year	0.8	17	22	0	4	11,596
None	0.0	1	29	0	0	1,425,974
<b>Maintenance Assistance Status</b>						
Cash	0.2	5	25	0	1	198,936
Medically needy	0.2	2	16	0	1	146,928
Poverty related	0.0	1	33	0	0	207,290
Other/unknown	0.0	0	61	0	0	902,022

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

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

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



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

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
<b>All</b>	<b>16,998</b>	<b>\$98</b>	<b>\$1,662,458</b>	<b>100.0 %</b>	<b>66,077</b>	<b>\$25</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	85	108	9,197	0.6	186	49	0.3
Fertility drugs	8	23	182	0.0	10	18	0.0
Drugs for cosmetic purposes	6	9	54	0.0	6	9	0.0
Cough and cold medications	3,481	32	110,413	6.6	5,651	20	8.6
Vitamins and minerals	3,237	84	271,277	16.3	18,144	15	27.5
Non-prescription drugs	2,698	224	604,835	36.4	6,812	89	10.3
Barbiturates	268	61	16,319	1.0	2,238	7	3.4
Benzodiazepines	6,613	66	436,435	26.3	31,248	14	47.3
Other Part D Excl Rx Drugs	602	355	213,746	12.9	1,782	120	2.7

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

a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table ND11.

b. Includes OTC drugs as well as prescription drugs.

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

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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>719,460</b>	<b>5,508</b>	<b>85,165</b>	<b>163,998</b>	<b>464,460</b>	<b>329</b>	<b>7,037,056</b>	<b>52,801</b>	<b>904,242</b>	<b>1,518,828</b>	<b>4,557,868</b>	<b>3,317</b>
<b>Age</b>												
5 and younger	179,780	7	3,266	0	176,507	0	1,708,015	64	35,872	0	1,672,079	0
6-14	204,900	7	9,555	30	195,308	0	2,105,015	77	110,301	194	1,994,443	0
15-20	101,789	7	7,363	3,691	90,728	0	987,365	78	82,405	25,123	879,759	0
21-44	169,830	17	28,519	139,349	1,900	45	1,632,083	162	297,752	1,322,318	11,447	404
45-64	55,682	79	34,477	20,843	0	283	530,160	593	355,953	170,713	0	2,901
65-74	4,219	2,653	1,503	62	0	1	42,435	25,434	16,661	328	0	12
75-84	2,447	2,016	411	20	0	0	24,684	19,984	4,576	124	0	0
85 and older	795	722	70	3	0	0	7,151	6,409	714	28	0	0
Unknown	18	0	1	0	17	0	148	0	8	0	140	0
<b>Gender</b>												
Female	421,288	3,845	41,505	140,503	235,106	329	4,155,095	37,381	447,401	1,350,310	2,316,686	3,317
Male	298,172	1,663	43,660	23,495	229,354	0	2,881,961	15,420	456,841	168,518	2,241,182	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	221,253	1,456	30,732	57,626	131,261	178	2,146,682	13,702	322,067	539,980	1,269,099	1,834
African American	394,854	1,797	47,478	91,527	253,954	98	3,903,196	17,242	511,185	836,936	2,536,868	965
Other/unknown	103,353	2,255	6,955	14,845	79,245	53	987,178	21,857	70,990	141,912	751,901	518
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	1,743	517	1,223	2	1	0	17,643	5,041	12,584	6	12	0
Part year	1,575	216	1,322	32	3	2	15,276	1,975	12,962	288	32	19
None	716,142	4,775	82,620	163,964	464,456	327	7,004,137	45,785	878,696	1,518,534	4,557,824	3,298
<b>Maintenance Assistance Status</b>												
Cash	171,610	2,590	63,917	33,725	71,378	0	1,797,004	29,047	728,108	298,649	741,200	0
Medically needy	72,629	2,015	19,931	21,361	29,322	0	618,185	17,113	162,304	161,387	277,381	0
Poverty related	347,419	27	8	14,892	332,163	329	3,314,758	166	81	111,266	3,199,928	3,317
Other/unknown	127,802	876	1,309	94,020	31,597	0	1,307,109	6,475	13,749	947,526	339,359	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	117,387	5,414	12,836	83,856	14,960	321	1,001,230	51,732	99,032	778,110	69,114	3,242
FFS part year, with Rx claims	45,006	41	10,206	17,344	17,408	7	438,659	465	104,668	168,432	165,026	68
FFS part year, no Rx claims	128,381	14	5,505	28,047	94,814	1	1,158,442	150	52,278	252,655	853,352	7
MC all year, with Rx claims	67,679	16	28,228	7,412	32,023	0	768,016	192	329,737	77,397	360,690	0
MC all year, no Rx claims	361,007	23	28,390	27,339	305,255	0	3,670,709	262	318,527	242,234	3,109,686	0

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

- a. Table A.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

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

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>719,460</b>	<b>7,037,056</b>	<b>290,774</b>	<b>1,455,176</b>	<b>0</b>	<b>5,581,880</b>
Fee-for-service (FFS) all year	117,387	1,001,230	117,387	1,001,230	0	0
FFS part year, with Rx claims	45,006	438,659	45,006	153,837	0	284,822
FFS part year, with no Rx claims	128,381	1,158,442	128,381	300,109	0	858,333
Managed care (MC) all year, with Rx claims	67,679	768,016	0	0	0	768,016
MC all year, with no Rx claims	361,007	3,670,709	0	0	0	3,670,709

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

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

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