

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

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

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

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

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

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

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

FOR ALL NONDUAL BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

APPENDIX TABLES

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

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

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

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

TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, MINNESOTA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	374,382	1,692	54,592	100,844	217,254	0	1,686,352	7,481	561,035	338,370	779,466	0
Age												
5 and younger	93,194	1	3,072	4	90,117	0	331,391	6	29,221	15	302,149	0
6-14	91,777	0	8,805	16	82,956	0	405,940	0	95,374	44	310,522	0
15-20	56,655	32	6,276	8,271	42,076	0	259,146	172	66,827	30,759	161,388	0
21-44	103,838	250	17,493	83,990	2,105	0	463,189	1,275	177,485	279,022	5,407	0
45-64	27,478	106	18,820	8,552	0	0	220,794	876	191,409	28,509	0	0
65-74	1,019	893	117	9	0	0	4,003	3,292	699	12	0	0
75-84	287	278	8	1	0	0	1,174	1,154	18	2	0	0
85 and older	133	132	1	0	0	0	708	706	2	0	0	0
Unknown	1	0	0	1	0	0		0	0	7	0	0
Gender												
Female	211,530	1,170	26,872	76,752	106,736	0	927,095	5,598	280,383	261,167	379,947	0
Male	162,852	522	27,720	24,092	110,518	0	759,257	1,883	280,652	77,203	399,519	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	194,715	617	33,657	59,336	101,105	0	924,289	3,639	348,779	197,098	374,773	0
African American	78,398	505	10,411	20,333	47,149	0	300,782	1,612	102,332	58,552	138,286	0
Other/unknown	101,269	570	10,524	21,175	69,000	0	461,281	2,230	109,924	82,720	266,407	0
Use of Nursing Facilities^c												
Entire year	617	75	481	10	51	0	5,531	453	4,932	15	131	0
Part year	2,488	83	1,644	323	438	0	20,158	450	15,941	1,396	2,371	0
None	371,277	1,534	52,467	100,511	216,765	0	1,660,663	6,578	540,162	336,959	776,964	0
Maintenance Assistance Status												
Cash	274,859	707	40,582	83,585	149,985	0	1,253,853	2,575	433,268	285,283	532,727	0
Medically needy	6,520	142	1,544	3,785	1,049	0	27,620	859	11,247	13,036	2,478	0
Poverty-related	38,414	448	7,327	3,870	26,769	0	189,083	2,620	67,500	14,109	104,854	0
Other/unknown	54,589	395	5,139	9,604	39,451	0	215,796	1,427	49,020	25,942	139,407	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	127,891	739	49,136	26,761	51,255	0	1,016,615	4,432	530,695	136,133	345,355	0
FFS part year, with Rx claims	71,420	615	4,384	29,916	36,505	0	239,697	2,223	25,762	92,651	119,061	0
FFS part year, no Rx claims	175,071	338	1,072	44,167	129,494	0	430,040	826	4,578	109,586	315,050	0

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, MINNESOTA, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	37.7 %	5.3	\$435	\$82	\$5,515	7.9 %	374,382
Age							
5 and younger	26.0	1.0	58	60	3,745	1.5	93,194
6-14	28.3	2.6	216	84	3,981	5.4	91,777
15-20	36.4	3.6	403	112	5,210	7.7	56,655
21-44	46.9	6.2	539	88	6,455	8.4	103,838
45-64	74.9	29.6	2,118	72	13,372	15.8	27,478
65-74	59.8	8.9	501	56	11,134	4.5	1,019
75-84	55.7	11.1	602	54	11,651	5.2	287
85 and older	74.4	23.6	690	29	22,679	3.0	133
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility^e							
Aged	56.7	9.0	487	54	9,983	4.9	1,692
Disabled	82.9	27.9	2,437	87	22,093	11.0	54,592
Adults	40.1	2.1	125	59	2,603	4.8	100,844
Children	25.0	1.1	76	67	2,667	2.9	217,254
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	39.8	5.6	404	72	4,975	8.1	211,530
Male	34.9	5.0	476	96	6,217	7.7	162,852
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	42.7	7.2	591	82	6,574	9.0	194,715
African American	30.6	3.2	253	79	4,476	5.6	78,398
Other/unknown	33.4	3.3	278	83	4,284	6.5	101,269
Use of Nursing Facilities^f							
Entire year	91.9	76.2	5,363	70	57,894	9.3	617
Part year	87.3	45.8	3,378	74	40,692	8.3	2,488
None	37.2	5.0	408	82	5,193	7.8	371,277
Maintenance Assistance Status							
Cash	38.5	5.6	451	80	5,354	8.4	274,859
Medically needy	40.8	7.4	513	70	7,628	6.7	6,520
Poverty related	37.0	5.0	379	76	6,320	6.0	38,414
Other/unknown	33.5	3.8	389	102	5,509	7.1	54,589

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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

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

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

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

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

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

TABLE ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, MINNESOTA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	1.2	\$97	7.9 %	62.3 %	24.4 %	5.2 %	5.5 %	2.1 %	0.6 %	\$1,224	374,382	1,686,352
Age												
5 and younger	0.3	16	1.5	74.0	22.9	2.1	0.9	0.1	0.0	1,053	93,194	331,391
6-14	0.6	49	5.4	71.7	20.9	3.8	3.3	0.4	0.0	900	91,777	405,940
15-20	0.8	88	7.7	63.6	25.6	5.4	4.5	0.8	0.1	1,139	56,655	259,146
21-44	1.4	121	8.4	53.1	28.4	7.5	7.9	2.6	0.6	1,447	103,838	463,189
45-64	3.7	264	15.8	25.1	23.1	11.0	20.8	14.4	5.5	1,664	27,478	220,794
65-74	2.3	128	4.5	40.2	26.0	10.2	13.6	7.8	2.2	2,834	1,019	4,003
75-84	2.7	147	5.2	44.3	17.8	10.5	16.4	7.7	3.5	2,848	287	1,174
85 and older	4.4	130	3.0	25.6	11.3	6.8	26.3	23.3	6.8	4,260	133	708
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	7
Basis of Eligibility^e												
Aged	2.0	110	4.9	43.3	24.6	9.5	13.1	7.2	2.2	2,258	1,692	7,481
Disabled	2.7	237	11.0	17.1	33.3	12.9	21.6	11.4	3.7	2,150	54,592	561,035
Adults	0.6	37	4.8	59.9	27.6	6.3	5.0	1.1	0.2	776	100,844	338,370
Children	0.3	21	2.9	75.0	20.6	2.7	1.6	0.1	0.0	743	217,254	779,466
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.3	92	8.1	60.2	25.7	5.4	5.7	2.3	0.7	1,135	211,530	927,095
Male	1.1	102	7.7	65.1	22.6	4.8	5.2	1.8	0.4	1,334	162,852	759,257
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.5	125	9.0	57.3	25.4	6.2	7.3	3.0	0.9	1,385	194,715	924,289
African American	0.8	66	5.6	69.4	21.2	4.3	3.6	1.2	0.3	1,167	78,398	300,782
Other/unknown	0.7	61	6.5	66.6	24.8	3.9	3.4	1.0	0.3	940	101,269	461,281
Use of Nursing Facilities^f												
Entire year	8.5	598	9.3	8.1	4.7	5.7	21.7	31.8	28.0	6,458	617	5,531
Part year	5.7	417	8.3	12.7	21.5	10.3	20.2	20.1	15.2	5,022	2,488	20,158
None	1.1	91	7.8	62.8	24.4	5.1	5.3	1.9	0.5	1,161	371,277	1,660,663
Maintenance Assistance Status												
Cash	1.2	99	8.4	61.5	24.9	5.2	5.6	2.2	0.7	1,174	274,859	1,253,853
Medically needy	1.7	121	6.7	59.2	21.1	6.2	7.6	4.3	1.5	1,801	6,520	27,620
Poverty related	1.0	77	6.0	63.0	24.8	4.6	5.1	1.9	0.5	1,284	38,414	189,083
Other/unknown	1.0	99	7.1	66.5	21.8	5.1	5.0	1.3	0.3	1,394	54,589	215,796

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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

TABLE ND.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, MINNESOTA, 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
All	1.2	\$97	\$82	0.5	\$75	\$152	0.1	\$6	\$87	0.6	\$16	\$25
Age												
5 and younger	0.3	16	60	0.1	12	118	0.0	1	50	0.2	4	24
6-14	0.6	49	84	0.3	40	127	0.0	2	72	0.2	6	26
15-20	0.8	88	112	0.4	75	193	0.0	4	71	0.4	10	28
21-44	1.4	121	88	0.5	92	170	0.1	8	92	0.8	21	28
45-64	3.7	264	72	1.4	197	139	0.2	18	97	2.1	48	23
65-74	2.3	128	56	0.8	94	112	0.1	7	58	1.3	27	20
75-84	2.7	147	54	1.1	117	108	0.1	6	48	1.5	25	16
85 and older	4.4	130	29	1.4	88	62	0.3	11	37	2.7	31	11
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.0	110	54	0.8	83	109	0.1	6	57	1.2	22	18
Disabled	2.7	237	87	1.1	189	165	0.2	14	89	1.4	34	24
Adults	0.6	37	59	0.2	22	110	0.0	3	87	0.4	12	31
Children	0.3	21	67	0.2	16	106	0.0	1	71	0.2	4	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.3	92	72	0.5	68	134	0.1	6	84	0.7	18	25
Male	1.1	102	96	0.5	83	175	0.1	5	91	0.5	14	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.5	125	82	0.7	99	152	0.1	8	83	0.8	18	23
African American	0.8	66	79	0.3	53	165	0.0	3	81	0.5	10	20
Other/unknown	0.7	61	83	0.3	40	143	0.0	4	104	0.4	16	39
Use of Nursing Facilities^e												
Entire year	8.5	598	70	3.1	441	141	0.6	47	80	4.8	110	23
Part year	5.7	417	74	2.0	313	153	0.3	31	92	3.3	73	22
None	1.1	91	82	0.5	71	152	0.1	5	86	0.6	15	26
Maintenance Assistance Status												
Cash	1.2	99	80	0.5	75	150	0.1	6	91	0.7	17	26
Medically needy	1.7	121	70	0.7	91	133	0.1	9	85	0.9	21	22
Poverty related	1.0	77	76	0.4	61	136	0.1	5	76	0.5	11	22
Other/unknown	1.0	99	102	0.5	84	182	0.1	4	71	0.4	10	23

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

- a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Minnesota, 0.5 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^{a, b, c, d}
 NONDUAL BENEFICIARIES, MINNESOTA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$22	\$15	\$2	\$5	\$73	\$153	\$96	\$29	166,340	\$12,197,429	69,808	18.6 %	542,704
Biologicals	0.3	0.2	0.0	0.1	234	140	7	87	901	831	827	1,051	2,062	1,858,029	890	0.2	7,938
Antineoplastic Agents	0.6	0.1	0.0	0.4	106	81	3	22	191	614	109	57	5,165	986,445	999	0.3	9,292
Endocrine/Metabolic Drugs	0.7	0.2	0.1	0.3	40	29	3	8	60	115	37	24	168,490	10,047,923	31,555	8.4	252,316
Cardiovascular Agents	1.2	0.4	0.0	0.7	41	30	0	11	36	75	35	14	244,310	8,700,704	22,846	6.1	209,940
Respiratory Agents	0.6	0.3	0.0	0.2	37	31	0	6	65	95	67	24	141,973	9,220,073	30,448	8.1	250,964
Gastrointestinal Agents	0.6	0.3	0.0	0.2	55	47	3	4	95	142	75	21	122,010	11,578,965	23,532	6.3	210,813
Genitourinary Agents	0.4	0.2	0.0	0.2	21	15	2	4	54	81	48	23	25,269	1,371,369	7,758	2.1	66,651
CNS Drugs	1.1	0.6	0.1	0.5	119	98	5	15	104	177	82	29	451,598	47,022,909	46,583	12.4	396,315
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.2	59	52	1	6	80	91	89	38	82,382	6,573,009	13,345	3.6	111,403
Miscellaneous Psychological/																	
Neurological Agents	0.3	0.2	0.0	0.1	92	81	3	9	305	438	109	92	6,862	2,090,958	2,487	0.7	22,656
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	35	22	2	11	58	172	213	23	222,059	12,911,777	44,849	12.0	365,541
Neuromuscular Agents	0.9	0.4	0.1	0.4	88	61	15	11	98	150	133	30	192,261	18,823,103	22,465	6.0	213,871
Nutritional Products	0.4	0.0	0.0	0.4	9	1	0	8	21	35	19	21	34,102	722,840	10,497	2.8	77,652
Hematological Agents	0.7	0.2	0.0	0.5	312	302	2	8	452	1,704	68	17	29,014	13,118,683	4,520	1.2	42,031
Topical Products	0.3	0.1	0.0	0.2	12	6	1	5	42	76	51	25	92,992	3,873,887	39,385	10.5	322,448
Miscellaneous Products	0.7	0.2	0.1	0.4	138	90	21	27	205	438	292	69	8,003	1,637,423	1,245	0.3	11,851
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	13	0	0	0	57	0	0	0	4,887	277,682	2,180	0.6	21,649
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.	1,999,779	163,013,208	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Minnesota, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, MINNESOTA, 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	\$31,011,347	22,362	6.0 %	225,261	0.7	\$204	\$138
ANTICONVULSANT	17,024,396	19,687	5.3	197,891	0.7	115	86
ANTIDEPRESSANTS	13,559,647	48,232	12.9	421,290	0.5	60	32
MISC. HEMATOLOGICAL	11,237,366	1,034	0.3	9,950	0.6	1,852	1,129
ULCER DRUGS	8,462,343	22,171	5.9	201,682	0.5	89	42
ANALGESICS - Narcotic	6,791,203	44,868	12.0	385,176	0.4	49	18
ANTIASTHMATIC	6,599,937	33,985	9.1	286,018	0.4	65	23
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	6,559,123	15,499	4.1	133,901	0.6	80	49
ANTIDIABETIC	4,546,743	11,418	3.0	105,556	0.7	66	43
ANTIVIRAL	4,325,266	3,375	0.9	29,718	0.4	369	146
Total	110,117,371	222,631		1,996,443	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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

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

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

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, MINNESOTA, 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
All	1,031,657	\$110,117,371	22,362	6.0 %	225,261	0.7	\$138	19,687	5.3 %	197,891	0.7	\$86
Female	584,673	52,974,902	11,320	5.4	113,036	0.6	126	11,288	5.3	110,778	0.7	82
Disabled	451,508	43,703,025	8,593	32.0	93,682	0.7	137	8,436	31.4	92,943	0.8	86
	4,483	338,286	15	1.3	169	0.6	59	184	16.1	1,959	0.7	59
5 and younger	22,550	1,909,701	390	13.7	4,460	0.6	96	745	26.2	8,561	0.8	80
6-14	25,066	2,317,254	632	26.2	6,982	0.6	103	722	30.0	8,211	0.8	88
15-20	152,896	16,493,075	3,887	42.3	41,522	0.7	133	3,337	36.3	36,317	0.8	100
21-44	245,954	22,608,003	3,660	32.6	40,485	0.7	152	3,442	30.7	37,834	0.7	76
45-64	551	35,858	8	12.7	61	0.6	172	6	9.5	61	0.7	48
65-74	8	848	1	50.0	3	0.3	50	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	133,165	9,271,877	2,727	1.5	19,354	0.5	73	2,852	1.5	17,835	0.5	60
Other Eligibles	4,981	279,508	25	0.1	211	0.4	51	94	0.2	588	0.6	54
5 and younger	24,423	1,820,308	517	1.3	4,913	0.6	89	349	0.9	2,956	0.7	71
6-14	25,544	1,813,700	718	2.5	6,108	0.5	72	461	1.6	3,650	0.5	62
15-20	62,326	4,153,452	1,244	1.9	6,608	0.4	61	1,597	2.5	8,529	0.5	54
21-44	12,375	990,873	172	3.2	1,105	0.5	66	282	5.3	1,697	0.6	66
45-64	1,790	133,164	26	5.1	221	0.8	181	42	8.2	275	0.8	56
65-74	729	45,008	10	6.0	73	0.5	53	13	7.8	64	1.1	66
75-84	997	35,864	15	14.6	115	0.6	43	14	13.6	76	0.9	31
85 and older	446,984	57,142,469	11,042	6.8	112,225	0.7	150	8,399	5.2	87,113	0.8	91
Male	348,417	48,858,560	8,573	30.9	92,008	0.7	160	6,859	24.7	75,346	0.8	95
Disabled	7,984	609,566	76	3.9	816	0.5	65	254	13.2	2,796	0.6	65
5 and younger	56,714	6,501,946	1,444	24.2	16,304	0.6	98	1,174	19.7	13,466	0.7	68
6-14	42,301	11,091,735	1,252	32.4	14,048	0.7	132	970	25.1	11,150	0.8	93
15-20	115,973	17,981,582	3,686	44.4	38,137	0.8	190	2,672	32.2	29,042	0.9	124
21-44	125,081	12,652,807	2,107	27.7	22,648	0.7	174	1,781	23.4	18,855	0.7	75
45-64	359	20,859	8	14.8	55	0.7	98	8	14.8	37	0.5	28
65-74	5	65	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	98,567	8,283,909	2,469	1.8	20,217	0.6	104	1,540	1.1	11,767	0.6	68
Other Eligibles	7,432	415,667	43	0.1	310	0.4	41	100	0.2	666	0.5	42
5 and younger	44,191	4,023,989	1,042	2.5	9,689	0.6	111	538	1.3	4,926	0.7	73
6-14	26,184	2,363,206	953	4.3	8,065	0.6	105	457	2.1	3,798	0.6	74
15-20	14,445	1,013,284	339	1.6	1,633	0.4	67	331	1.6	1,662	0.5	60
21-44	4,761	358,829	63	1.9	324	0.4	40	89	2.7	568	0.4	42
45-64	1,000	75,297	18	4.6	118	1.0	239	20	5.2	114	0.8	65
65-74	446	26,653	8	7.1	58	0.9	76	3	2.7	27	1.0	23
75-84	108	6,984	3	10.3	20	0.9	121	2	6.9	6	0.7	21
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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 Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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

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

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC. HEMATOLOGICAL					ULCER DRUGS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	48,232	12.9 %	421,290	0.5	\$32	1,034	0.3 %	9,950	0.6	\$1,129	22,171	5.9 %	201,682	0.5	\$42
Female	32,048	15.2	270,891	0.5	33	526	0.2	5,164	0.6	60	14,147	6.7	128,420	0.5	42
Disabled	17,092	63.6	185,672	0.6	36	446	1.7	4,696	0.6	61	9,070	33.8	100,545	0.5	46
	33	2.9	340	0.5	6	1	0.1	2	0.5	18	222	19.4	2,356	0.4	24
5 and younger	520	18.3	5,939	0.6	21	4	0.1	38	0.6	18	327	11.5	3,808	0.4	28
6-14	906	37.6	9,929	0.5	27	3	0.1	30	0.6	19	389	16.1	4,480	0.4	37
15-20	6,719	73.1	72,352	0.5	37	45	0.5	452	0.4	39	2,800	30.5	30,928	0.5	43
21-44	8,893	79.2	96,958	0.6	38	389	3.5	4,131	0.6	64	5,311	47.3	58,776	0.5	51
45-64	19	30.2	148	0.7	28	4	6.3	43	0.6	65	21	33.3	197	0.5	41
65-74	2	100.0	6	0.3	19	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	14,956	8.1	85,219	0.4	26	80	0.0	468	0.5	50	5,077	2.7	27,875	0.3	26
Other Eligibles	34	0.1	320	0.5	11	2	0.0	22	0.1	15	595	1.4	2,806	0.3	15
5 and younger	1,196	2.9	9,774	0.5	22	2	0.0	14	0.3	28	289	0.7	2,096	0.3	21
6-14	2,824	9.9	20,890	0.4	23	1	0.0	6	0.2	2	713	2.5	4,916	0.3	19
15-20	9,358	14.4	46,008	0.4	27	36	0.1	184	0.4	37	2,675	4.1	13,833	0.3	27
21-44	1,384	26.0	7,185	0.5	31	23	0.4	164	0.5	60	615	11.6	3,173	0.4	43
45-64	78	15.2	444	0.7	27	8	1.6	28	0.6	71	116	22.6	588	0.5	46
65-74	30	18.0	217	0.8	29	1	0.6	7	0.9	101	42	25.1	235	0.5	38
75-84	52	50.5	381	0.9	21	7	6.8	43	0.7	84	32	31.1	228	0.8	35
85 and older															
Male	16,184	9.9	150,399	0.6	31	508	0.3	4,786	0.6	2,283	8,024	4.9	73,262	0.5	42
Disabled	10,691	38.6	112,996	0.6	33	417	1.5	4,309	0.7	2,467	5,604	20.2	60,439	0.5	45
	70	3.6	760	0.4	8	1	0.1	12	0.3	30	329	17.1	3,563	0.4	26
5 and younger	1,460	24.5	16,422	0.6	21	24	0.4	267	1.1	5,947	501	8.4	5,825	0.5	37
6-14	1,308	33.8	14,642	0.6	33	11	0.3	124	1.2	53,089	401	10.4	4,630	0.5	39
15-20	3,889	46.8	40,002	0.6	38	47	0.6	484	0.9	4,639	1,702	20.5	18,305	0.5	48
21-44	3,948	52.0	41,077	0.6	33	332	4.4	3,412	0.6	62	2,655	34.9	27,999	0.5	49
45-64	15	27.8	88	0.5	22	2	3.7	10	0.7	78	16	29.6	117	0.5	36
65-74	1	16.7	5	0.4	2	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	5,493	4.1	37,403	0.5	26	91	0.1	477	0.5	627	2,420	1.8	12,823	0.4	29
Other Eligibles	38	0.1	306	0.4	7	1	0.0	12	0.1	69	751	1.6	3,481	0.4	16
5 and younger	1,734	4.1	14,517	0.5	24	6	0.0	36	0.9	7,753	254	0.6	1,954	0.4	28
6-14	1,828	8.3	13,779	0.5	25	1	0.0	12	1.0	10	318	1.4	2,138	0.3	26
15-20	1,442	6.8	6,466	0.4	29	28	0.1	127	0.5	41	755	3.6	3,531	0.4	37
21-44	388	11.6	1,997	0.4	27	45	1.3	257	0.5	48	240	7.2	1,234	0.4	41
45-64	40	10.3	189	0.8	32	4	1.0	9	0.9	50	75	19.3	347	0.5	43
65-74	15	13.4	118	0.6	27	3	2.7	6	0.7	21	17	15.2	103	0.9	60
75-84	8	27.6	31	1.0	23	3	10.3	18	0.3	39	10	34.5	35	0.6	65
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 Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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

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

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

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, MINNESOTA, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	44,868	12.0 %	385,176	0.4	\$18	33,985	9.1 %	286,018	0.4	\$23	15,499	4.1 %	133,901	0.6	\$49
Female	30,677	14.5	261,243	0.4	16	19,371	9.2	163,187	0.4	23	5,128	2.4	44,523	0.6	47
Disabled	15,097	56.2	166,131	0.4	19	9,774	36.4	107,987	0.4	26	1,951	7.3	21,768	0.6	49
5 and younger	86	7.5	970	0.2	2	527	46.1	5,488	0.3	24	43	3.8	413	0.4	28
6-14	268	9.4	3,108	0.1	1	741	26.0	8,456	0.3	21	724	25.4	8,120	0.6	43
15-20	567	23.5	6,400	0.1	6	639	26.5	7,249	0.3	21	378	15.7	4,288	0.6	50
21-44	5,885	64.1	64,190	0.3	16	2,914	31.7	32,075	0.3	21	477	5.2	5,327	0.6	54
45-64	8,267	73.7	91,218	0.4	22	4,942	44.0	54,628	0.4	31	329	2.9	3,620	0.5	57
65-74	23	36.5	244	0.6	13	10	15.9	88	0.3	19	0	0.0	0	0.0	0
75-84	1	50.0	1	2.0	531	1	50.0	3	0.3	6	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
Other Eligibles	15,580	8.4	95,112	0.3	12	9,597	5.2	55,200	0.3	17	3,177	1.7	22,755	0.6	45
5 and younger	223	0.5	1,620	0.1	4	1,875	4.3	11,088	0.3	14	105	0.2	828	0.4	27
6-14	548	1.3	4,087	0.2	5	2,050	5.0	12,397	0.3	18	1,806	4.4	13,619	0.6	44
15-20	2,441	8.6	16,775	0.2	6	1,578	5.6	10,325	0.3	14	707	2.5	5,817	0.6	44
21-44	11,016	16.9	64,521	0.3	12	3,477	5.3	17,790	0.3	19	496	0.8	2,188	0.5	53
45-64	1,193	22.4	7,082	0.4	30	511	9.6	2,910	0.4	25	62	1.2	291	0.5	45
65-74	90	17.5	595	0.4	4	61	11.9	380	0.5	32	1	0.2	12	0.6	181
75-84	35	21.0	214	0.6	51	26	15.6	162	0.5	35	0	0.0	0	0.0	0
85 and older	34	33.0	218	0.5	8	19	18.4	148	0.7	33	0	0.0	0	0.0	0
Male	14,191	8.7	123,933	0.4	21	14,614	9.0	122,831	0.4	23	10,371	6.4	89,378	0.6	50
Disabled	8,663	31.3	91,338	0.4	24	7,065	25.5	77,543	0.4	26	4,020	14.5	44,740	0.6	50
5 and younger	182	9.4	1,978	0.1	1	955	49.5	10,113	0.3	23	126	6.5	1,334	0.4	29
6-14	477	8.0	5,489	0.1	2	1,816	30.5	20,898	0.3	21	2,424	40.7	27,082	0.6	48
15-20	635	16.4	7,135	0.2	3	834	21.6	9,608	0.4	24	961	24.9	10,961	0.6	55
21-44	2,930	35.3	30,130	0.4	22	1,227	14.8	13,184	0.4	25	373	4.5	3,942	0.6	60
45-64	4,425	58.2	46,510	0.5	32	2,222	29.2	23,671	0.5	34	136	1.8	1,421	0.6	48
65-74	14	25.9	96	0.9	16	10	18.5	65	0.6	53	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	1	16.7	4	0.3	4	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
Other Eligibles	5,528	4.1	32,595	0.3	13	7,549	5.6	45,288	0.3	18	6,351	4.7	44,638	0.6	50
5 and younger	334	0.7	2,365	0.2	3	2,805	6.1	16,930	0.3	15	226	0.5	1,491	0.4	30
6-14	594	1.4	4,457	0.2	4	2,789	6.7	17,120	0.3	20	4,468	10.7	30,677	0.6	50
15-20	1,234	5.6	8,045	0.2	5	1,050	4.8	6,845	0.3	17	1,449	6.6	11,605	0.6	55
21-44	2,776	13.1	14,188	0.4	17	665	3.1	3,081	0.4	21	183	0.9	764	0.5	51
45-64	516	15.5	3,150	0.4	30	167	5.0	919	0.5	30	25	0.7	101	0.8	59
65-74	57	14.7	311	0.4	9	44	11.3	258	0.5	23	0	0.0	0	0.0	0
75-84	12	10.7	56	0.8	64	20	17.9	90	0.8	49	0	0.0	0	0.0	0
85 and older	5	17.2	23	0.5	4	9	31.0	45	0.3	14	0	0.0	0	0.0	0
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 Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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

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

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

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

Beneficiary Characteristics	ANTIDIABETIC					ANTIVIRAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	11,418	3.0 %	105,556	0.7	\$43	3,375	0.9 %	29,718	0.4	\$146	374,382	1,686,352
Female	7,344	3.5	69,276	0.6	43	2,161	1.0	18,337	0.4	114	211,529	927,088
Disabled	5,345	19.9	58,473	0.7	44	1,130	4.2	12,700	0.4	139	26,872	280,383
5 and younger	5	0.4	60	0.4	21	15	1.3	170	0.3	60	1,143	10,826
6-14	44	1.5	518	0.7	38	49	1.7	569	0.2	40	2,846	30,898
15-20	65	2.7	738	0.6	33	57	2.4	646	0.2	33	2,409	25,672
21-44	1,127	12.3	12,439	0.6	42	508	5.5	5,724	0.4	159	9,187	95,381
45-64	4,088	36.4	44,622	0.7	44	499	4.4	5,567	0.4	144	11,222	117,191
65-74	14	22.2	94	0.7	29	2	3.2	24	0.3	4	63	411
75-84	2	100.0	2	1.0	17	0	0.0	0	0.0	0	2	4
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	1,999	1.1	10,803	0.5	40	1,031	0.6	5,637	0.3	56	184,657	646,705
5 and younger	5	0.0	43	1.1	35	47	0.1	233	0.2	11	44,041	147,610
6-14	109	0.3	676	0.7	51	87	0.2	693	0.4	62	41,034	151,127
15-20	166	0.6	1,037	0.5	41	164	0.6	1,098	0.3	29	28,391	107,375
21-44	1,095	1.7	5,739	0.5	39	683	1.0	3,278	0.4	63	65,085	218,743
45-64	472	8.9	2,556	0.5	41	45	0.8	281	0.4	109	5,322	18,567
65-74	115	22.4	535	0.7	37	4	0.8	42	0.1	10	514	1,990
75-84	22	13.2	122	0.9	35	0	0.0	0	0.0	0	167	715
85 and older	15	14.6	95	0.9	27	1	1.0	12	0.1	1	103	578
Male	4,074	2.5	36,280	0.7	43	1,214	0.7	11,381	0.5	197	162,852	759,257
Disabled	2,950	10.6	31,121	0.7	44	969	3.5	9,946	0.5	216	27,720	280,652
5 and younger	7	0.4	75	0.8	26	17	0.9	186	0.1	4	1,929	18,395
6-14	41	0.7	485	0.6	34	70	1.2	790	0.4	86	5,959	64,476
15-20	66	1.7	733	0.7	54	51	1.3	580	0.3	111	3,867	41,155
21-44	616	7.4	6,480	0.7	45	453	5.5	4,517	0.5	222	8,306	82,104
45-64	2,202	29.0	23,231	0.7	44	376	4.9	3,853	0.5	263	7,598	74,218
65-74	17	31.5	113	0.5	22	2	3.7	20	0.2	4	54	288
75-84	1	16.7	4	0.5	10	0	0.0	0	0.0	0	6	14
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
Other Eligibles	1,124	0.8	5,159	0.6	39	245	0.2	1,435	0.3	63	135,132	478,605
5 and younger	12	0.0	69	0.4	27	58	0.1	325	0.2	6	46,081	154,560
6-14	83	0.2	436	0.7	37	47	0.1	319	0.3	35	41,938	159,439
15-20	99	0.5	556	0.7	49	40	0.2	319	0.2	31	21,988	84,944
21-44	484	2.3	2,194	0.6	40	74	0.3	336	0.5	120	21,260	66,961
45-64	353	10.6	1,500	0.6	36	22	0.7	118	0.5	220	3,336	10,818
65-74	72	18.6	310	0.6	29	3	0.8	11	0.5	37	388	1,314
75-84	19	17.0	79	1.2	51	1	0.9	7	0.3	7	112	441
85 and older	2	6.9	15	0.3	3	0	0.0	0	0.0	0	29	128
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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

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

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

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

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$598	8.5	617	5,531
Age				
0-64	628	8.7	536	5,025
65-74	618	9.4	19	126
75-84	318	6.8	22	117
85 and older	146	5.8	40	263
Unknown	0	0.0	0	0
Gender				
Female	623	9.1	312	2,918
Male	571	7.8	305	2,613
Unknown	0	0.0	0	0
Race				
White	604	8.6	458	4,000
African American	670	9.7	74	674
Other/unknown	518	7.1	85	857
Basis of Eligibility^c				
Aged	245	6.3	75	453
Disabled	647	8.9	481	4,932
Adults	65	1.5	10	15
Children	29	0.7	51	131
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 2,488 beneficiaries who were in nursing facilities for part of their enrollment and their 20,158 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, MINNESOTA, 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	0.5	0.2	0.0	0.3	\$48	\$31	\$7	\$10	\$90	\$157	\$199	\$32	1,977	\$178,053	361	58.5 %	3,674
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	29	31	0	27	79	2,276	69	11.2	757
Antineoplastic Agents	0.7	0.2	0.0	0.4	103	71	1	31	157	313	64	75	127	19,965	20	3.2	194
Endocrine/Metabolic Drugs	1.4	0.6	0.2	0.7	64	44	5	14	45	80	27	22	3,802	171,888	268	43.4	2,703
Cardiovascular Agents	1.9	0.6	0.0	1.3	60	44	0	16	31	76	19	12	7,271	227,047	373	60.5	3,769
Respiratory Agents	1.1	0.7	0.0	0.4	71	61	0	11	64	91	16	24	2,367	152,053	207	33.5	2,127
Gastrointestinal Agents	1.1	0.5	0.0	0.5	73	60	2	11	67	116	52	20	3,601	240,183	325	52.7	3,277
Genitourinary Agents	0.7	0.3	0.1	0.4	45	30	4	11	60	97	66	29	980	58,853	124	20.1	1,321
CNS Drugs	2.3	1.1	0.1	1.1	271	232	11	28	119	211	88	27	10,413	1,238,552	465	75.4	4,564
Stimulants/Anti-obesity/Anorexia	0.7	0.1	0.0	0.5	21	9	1	12	31	66	28	22	144	4,466	22	3.6	212
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.0	142	134	5	3	214	227	119	94	275	58,830	43	7.0	414
Analgesics and Anesthetics	1.4	0.5	0.0	1.0	73	56	3	15	51	121	88	15	4,658	236,513	334	54.1	3,220
Neuromuscular Agents	1.6	0.4	0.3	0.9	140	64	37	40	89	155	121	46	5,432	481,075	327	53.0	3,425
Nutritional Products	0.8	0.0	0.1	0.7	19	1	2	17	24	21	16	25	1,298	30,990	157	25.4	1,614
Hematological Agents	1.3	0.3	0.1	0.9	73	61	2	10	57	194	23	11	2,069	118,745	169	27.4	1,629
Topical Products	0.6	0.1	0.0	0.5	23	13	1	9	37	88	39	20	2,194	80,930	335	54.3	3,450
Miscellaneous Products	0.4	0.0	0.0	0.3	13	1	2	11	35	20	191	33	138	4,782	33	5.3	361
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	9	0	0	0	24	0	0	0	160	3,832	39	6.3	444
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.	46,985	3,309,033	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. 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 2,488 beneficiaries who were in nursing facilities for part of their enrollment and their 20,158 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 Minnesota, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, MINNESOTA, 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	\$994,222	407	66.0 %	4,433	1.1	\$211	\$224
ANTICONVULSANT	369,861	333	54.0	3,457	1.1	98	107
ANTIDEPRESSANTS	216,672	500	81.0	4,970	0.8	51	44
ULCER DRUGS	189,155	322	52.2	3,272	0.8	72	58
ANTIDIABETIC	136,159	250	40.5	2,604	1.0	51	52
ANALGESICS - Narcotic	130,317	335	54.3	3,247	1.0	39	40
ANTIASTHMATIC	130,371	285	46.2	2,996	0.6	69	44
ANTIHYPERLIPIDEMIC	109,012	147	23.8	1,599	0.8	80	68
MUSCULOSKELETAL THERAPY AGENTS	70,819	96	15.6	1,059	0.9	72	67
DERMATOLOGICAL	63,683	613	99.4	6,639	0.3	33	10
Total	2,410,271	3,288		34,276	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,488 beneficiaries who were in nursing facilities for part of their enrollment and their 20,158 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	27,453	\$2,410,271	407	66.0 %	4,433	1.1	\$224	333	54.0 %	3,457	1.1	\$107
Female	15,200	1,323,388	227	72.8	2,500	1.1	222	180	57.7	1,892	1.1	114
Disabled	14,047	1,269,583	213	88.0	2,404	1.1	225	157	64.9	1,769	1.1	117
	13,810	1,252,057	210	88.2	2,376	1.1	225	155	65.1	1,750	1.1	118
64 or younger	237	17,526	3	75.0	28	0.7	229	2	50.0	19	0.5	37
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	1,153	53,805	14	20.0	96	0.8	140	23	32.9	123	1.2	73
Other Eligibles	10	756	1	8.3	2	0.5	140	0	0.0	0	0.0	0
64 or younger	245	24,026	3	37.5	22	1.1	518	9	112.5	49	1.2	110
65-74	318	13,697	1	6.3	3	1.0	30	6	37.5	30	1.5	73
75-84	580	15,326	9	26.5	69	0.7	25	8	23.5	44	0.9	32
85 and older												
Male	12,253	1,086,883	180	59.0	1,933	1.0	227	153	50.2	1,565	1.1	98
Disabled	11,954	1,071,476	168	70.3	1,889	1.0	230	148	61.9	1,544	1.1	100
	11,779	1,064,643	165	69.6	1,855	1.0	234	147	62.0	1,533	1.1	100
64 or younger	175	6,833	3	150.0	34	0.4	15	1	50.0	11	0.5	14
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	299	15,407	12	18.2	44	0.8	99	5	7.6	21	0.5	23
Other Eligibles	63	2,174	4	8.2	16	0.4	21	3	6.1	16	0.3	17
64 or younger	67	3,935	4	80.0	9	1.0	175	2	40.0	5	1.0	43
65-74	104	5,042	2	33.3	9	0.6	28	0	0.0	0	0.0	0
75-84	65	4,256	2	33.3	10	1.2	218	0	0.0	0	0.0	0
85 and older												
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 Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,488 beneficiaries who were in nursing facilities for part of their enrollment and their 20,158 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					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 \$
All	500	81.0 %	4,970	0.8	\$44	322	52.2 %	3,272	0.8	\$58	250	40.5 %	2,604	1.0	\$52
Female	282	90.4	2,876	0.9	45	169	54.2	1,747	0.8	57	129	41.3	1,354	1.1	49
Disabled	228	94.2	2,495	0.9	48	139	57.4	1,534	0.8	61	118	48.8	1,269	1.1	50
64 or younger	224	94.1	2,455	0.9	47	138	58.0	1,522	0.8	61	118	49.6	1,269	1.1	50
65-74	4	100.0	40	1.0	74	1	25.0	12	1.1	111	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	54	77.1	381	1.0	27	30	42.9	213	0.8	31	11	15.7	85	1.1	31
64 or younger	4	33.3	7	0.6	20	2	16.7	3	0.7	38	0	0.0	0	0.0	0
65-74	6	75.0	52	0.9	26	3	37.5	29	0.9	50	2	25.0	11	2.1	58
75-84	14	87.5	79	1.0	44	11	68.8	72	0.6	33	2	12.5	15	0.9	27
85 and older	30	88.2	243	1.0	21	14	41.2	109	0.9	24	7	20.6	59	0.9	26
Male	218	71.5	2,094	0.8	42	153	50.2	1,525	0.8	58	121	39.7	1,250	1.0	56
Disabled	195	81.6	2,006	0.8	42	144	60.3	1,469	0.8	58	117	49.0	1,234	0.9	54
64 or younger	192	81.0	1,972	0.8	43	142	59.9	1,446	0.8	59	115	48.5	1,210	0.9	55
65-74	3	150.0	34	0.6	9	2	100.0	23	1.0	38	2	100.0	24	0.9	30
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	23	34.8	88	0.7	23	9	13.6	56	1.0	58	4	6.1	16	3.2	184
64 or younger	15	30.6	59	0.5	20	1	2.0	2	1.0	51	0	0.0	0	0.0	0
65-74	3	60.0	10	1.0	57	2	40.0	14	1.1	37	3	60.0	4	1.8	65
75-84	1	16.7	2	0.5	11	4	66.7	30	1.1	56	1	16.7	12	3.7	223
85 and older	4	66.7	17	1.1	17	2	33.3	10	0.9	97	0	0.0	0	0.0	0
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 Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,488 beneficiaries who were in nursing facilities for part of their enrollment and their 20,158 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIASTHMATIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	335	54.3 %	3,247	1.0	\$40	285	46.2 %	2,996	0.6	\$44	147	23.8 %	1,599	0.8	\$68
Female	176	56.4	1,733	0.9	27	167	53.5	1,761	0.6	48	74	23.7	794	0.9	71
Disabled	152	62.8	1,585	1.0	28	144	59.5	1,598	0.6	49	67	27.7	758	0.9	71
64 or younger	150	63.0	1,566	0.9	28	141	59.2	1,568	0.6	50	67	28.2	758	0.9	71
65-74	2	50.0	19	3.0	98	3	75.0	30	0.2	3	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	24	34.3	148	0.7	16	23	32.9	163	0.6	35	7	10.0	36	1.0	79
64 or younger	0	0.0	0	0.0	0	2	16.7	4	0.5	26	0	0.0	0	0.0	0
65-74	2	25.0	11	0.8	7	5	62.5	38	0.9	70	2	25.0	11	1.1	84
75-84	8	50.0	29	2.0	58	10	62.5	55	0.5	25	4	25.0	20	1.0	87
85 and older	14	41.2	108	0.3	6	6	17.6	66	0.5	25	1	2.9	5	1.0	38
Male	159	52.1	1,514	1.1	55	118	38.7	1,235	0.6	38	73	23.9	805	0.8	65
Disabled	149	62.3	1,483	1.1	56	108	45.2	1,189	0.7	39	71	29.7	788	0.8	65
64 or younger	147	62.0	1,461	1.1	56	104	43.9	1,145	0.7	38	70	29.5	776	0.8	65
65-74	2	100.0	22	2.0	36	4	200.0	44	0.8	59	1	50.0	12	1.0	66
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	10	15.2	31	0.5	4	10	15.2	46	0.3	14	2	3.0	17	1.2	53
64 or younger	4	8.2	7	0.7	4	3	6.1	11	0.3	5	0	0.0	0	0.0	0
65-74	2	40.0	3	0.7	5	5	100.0	31	0.3	18	0	0.0	0	0.0	0
75-84	1	16.7	4	0.3	3	1	16.7	1	1.0	9	1	16.7	12	1.1	22
85 and older	3	50.0	17	0.5	4	1	16.7	3	0.3	7	1	16.7	5	1.6	126
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 Minnesota, released by CMS in 12/2007. 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 2,488 beneficiaries who were in nursing facilities for part of their enrollment and their 20,158 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	MUSCULOSKELETAL THERAPY AGENTS					DERMATOLOGICAL					Benefit Months	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Among All-Year Nursing Facility Residents
All	96	15.6 %	1,059	0.9	\$67	613	99.4 %	6,639	0.3	\$10	617	5,531
Female	47	15.1	527	0.9	69	336	107.7	3,678	0.3	9	312	2,918
Disabled	47	19.4	527	0.9	69	301	124.4	3,432	0.3	9	242	2,535
	47	19.7	527	0.9	69	290	121.8	3,316	0.3	8	238	2,505
64 or younger	0	0.0	0	0.0	0	11	275.0	116	0.8	36	4	30
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	0	0.0	0	0.0	0	35	50.0	246	0.3	4	70	383
Other Eligibles	0	0.0	0	0.0	0	1	8.3	1	1.0	117	12	19
64 or younger	0	0.0	0	0.0	0	3	37.5	25	0.4	4	8	51
65-74	0	0.0	0	0.0	0	13	81.3	72	0.3	5	16	79
75-84	0	0.0	0	0.0	0	18	52.9	148	0.2	3	34	234
85 and older												
Male	49	16.1	532	0.9	65	277	90.8	2,961	0.3	11	305	2,613
Disabled	47	19.7	528	0.9	65	257	107.5	2,842	0.3	11	239	2,397
	47	19.8	528	0.9	65	256	108.0	2,830	0.3	11	237	2,374
64 or younger	0	0.0	0	0.0	0	1	50.0	12	0.1	7	2	23
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	2	3.0	4	0.8	13	20	30.3	119	0.3	6	66	216
Other Eligibles	2	4.1	4	0.8	13	8	16.3	27	0.3	7	49	127
64 or younger	0	0.0	0	0.0	0	4	80.0	32	0.3	8	5	22
65-74	0	0.0	0	0.0	0	4	66.7	40	0.2	4	6	38
75-84	0	0.0	0	0.0	0	4	66.7	20	0.4	4	6	29
85 and older												
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 Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,488 beneficiaries who were in nursing facilities for part of their enrollment and their 20,158 benefit months were excluded from the analysis.

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

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

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

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

TABLE ND.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
MINNESOTA, 2004

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Nondual Rx \$	Total Number of Beneficiaries
All	50,722	13.5 %	0.8	297,063	\$15	\$5,630,166	\$19	3.5 %	374,382
Age									
5 and younger	8,370	9.0	0.2	17,796	5	489,828	28	9.1	93,194
6-14	6,658	7.3	0.3	23,692	9	819,055	35	4.1	91,777
15-20	5,616	9.9	0.4	22,562	11	608,094	27	2.7	56,655
21-44	16,525	15.9	0.9	96,171	17	1,782,548	19	3.2	103,838
45-64	13,022	47.4	4.8	133,189	69	1,891,062	14	3.3	27,478
65-74	354	34.7	1.9	1,925	26	26,208	14	5.1	1,019
75-84	98	34.1	2.9	840	25	7,124	8	4.1	287
85 and older	79	59.4	6.7	888	47	6,247	7	6.8	133
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Basis of Eligibility^c									
Aged	530	31.3	2.0	3,392	24	39,990	12	4.9	1,692
Disabled	25,637	47.0	4.5	245,905	77	4,185,770	17	3.1	54,592
Adults	10,074	10.0	0.2	21,035	6	637,120	30	5.1	100,844
Children	14,481	6.7	0.1	26,731	4	767,286	29	4.6	217,254
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	31,405	14.8	0.9	184,554	17	3,592,381	19	4.2	211,530
Male	19,317	11.9	0.7	112,509	13	2,037,785	18	2.6	162,852
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	26,852	13.8	1.0	198,130	18	3,421,031	17	3.0	194,715
African American	9,549	12.2	0.5	42,150	7	557,437	13	2.8	78,398
Other/unknown	14,321	14.1	0.6	56,783	16	1,651,698	29	5.9	101,269
Use of Nursing Facilities^d									
Entire year	510	82.7	19.2	11,860	207	127,994	11	3.9	617
Part year	1,602	64.4	9.4	23,438	118	294,107	13	3.5	2,488
None	48,610	13.1	0.7	261,765	14	5,208,065	20	3.4	371,277
Maintenance Assistance Status									
Cash	39,636	14.4	0.9	241,168	17	4,546,741	19	3.7	274,859
Medically needy	1,077	16.5	1.3	8,467	17	107,771	13	3.2	6,520
Poverty related	4,811	12.5	0.7	26,029	13	494,674	19	3.4	38,414
Other/unknown	5,198	9.5	0.4	21,399	9	480,980	22	2.3	54,589

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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

TABLE ND.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
MINNESOTA, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$3	\$19	\$0	\$1	1,686,352
Age						
5 and younger	0.1	1	28	0	0	331,391
6-14	0.1	2	35	0	0	405,940
15-20	0.1	2	27	0	0	259,146
21-44	0.2	4	19	0	1	463,189
45-64	0.6	9	14	0	2	220,794
65-74	0.5	7	14	0	1	4,003
75-84	0.7	6	8	0	1	1,174
85 and older	1.3	9	7	0	1	708
Unknown	0.0	0	0	0	0	7
Basis of Eligibility^c						
Aged	0.5	5	12	0	1	7,481
Disabled	0.4	7	17	0	2	561,035
Adults	0.1	2	30	0	1	338,370
Children	0.0	1	29	0	0	779,466
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	4	19	0	1	927,095
Male	0.1	3	18	0	1	759,257
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	4	17	0	1	924,289
African American	0.1	2	13	0	0	300,782
Other/unknown	0.1	4	29	0	1	461,281
Use of Nursing Facilities^d						
Entire year	2.1	23	11	0	4	5,531
Part year	1.2	15	13	0	3	20,158
None	0.2	3	20	0	1	1,660,663
Maintenance Assistance Status						
Cash	0.2	4	19	0	1	1,253,853
Medically needy	0.3	4	13	0	1	27,620
Poverty related	0.1	3	19	0	1	189,083
Other/unknown	0.1	2	22	0	0	215,796

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
MINNESOTA, 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
All	62,897	\$90	\$5,630,166	100.0 %	297,063	\$19	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	11	198	2,182	0.0	17	128	0.0
Drugs for cosmetic purposes	144	13	1,823	0.0	180	10	0.1
Cough and cold medications	3,138	75	234,438	4.2	6,093	38	2.1
Vitamins and minerals	3,966	128	508,623	9.0	21,151	24	7.1
Non-prescription drugs	42,545	64	2,714,111	48.2	201,164	13	67.7
Barbiturates	578	63	36,452	0.6	5,191	7	1.7
Benzodiazepines	11,090	112	1,238,130	22.0	58,456	21	19.7
Other Part D Excl Rx Drugs	1,425	628	894,407	15.9	4,811	186	1.6

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

b. Includes OTC drugs as well as prescription drugs.

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

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

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, MINNESOTA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	603,358	2,739	55,764	164,787	380,068	0	5,552,819	24,998	594,445	1,362,238	3,571,138	0
Age												
5 and younger	148,440	1	3,097	6	145,336	0	1,343,842	6	32,549	59	1,311,228	0
6-14	158,377	0	8,832	21	149,524	0	1,583,662	0	98,737	172	1,484,753	0
15-20	95,613	32	6,297	10,190	79,094	0	898,790	178	68,900	86,676	743,036	0
21-44	159,062	250	17,880	134,822	6,110	0	1,335,726	1,299	188,654	1,113,666	32,107	0
45-64	39,312	108	19,483	19,721	0	0	366,033	884	203,732	161,417	0	0
65-74	1,714	1,524	165	25	0	0	16,806	14,808	1,764	234	0	0
75-84	563	553	9	1	0	0	5,368	5,254	107	7	0	0
85 and older	272	271	1	0	0	0	2,571	2,569	2	0	0	0
Unknown	5	0	0	1	4	0	21	0	0	7	14	0
Gender												
Female	339,231	1,817	27,451	123,014	186,949	0	3,125,299	16,218	297,124	1,049,550	1,762,407	0
Male	264,127	922	28,313	41,773	193,119	0	2,427,520	8,780	297,321	312,688	1,808,731	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	333,781	1,096	34,446	103,619	194,620	0	3,068,468	10,192	368,260	849,342	1,840,674	0
African American	112,110	849	10,657	29,424	71,180	0	1,065,239	8,531	111,063	260,682	684,963	0
Other/unknown	157,467	794	10,661	31,744	114,268	0	1,419,112	6,275	115,122	252,214	1,045,501	0
Use of Nursing Facilities^c												
Entire year	736	171	496	18	51	0	7,019	1,731	5,092	41	155	0
Part year	2,702	129	1,675	393	505	0	26,377	1,267	17,360	3,454	4,296	0
None	599,920	2,439	53,593	164,376	379,512	0	5,519,423	22,000	571,993	1,358,743	3,566,687	0
Maintenance Assistance Status												
Cash	379,031	1,364	41,238	114,693	221,736	0	3,533,156	14,293	455,394	965,610	2,097,859	0
Medically needy	7,466	211	1,647	4,549	1,059	0	50,591	1,838	13,207	32,130	3,416	0
Poverty related	51,901	507	7,617	4,118	39,659	0	477,980	3,513	73,207	25,084	376,176	0
Other/unknown	164,960	657	5,262	41,427	117,614	0	1,491,092	5,354	52,637	339,414	1,093,687	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	127,891	739	49,136	26,761	51,255	0	1,016,613	4,432	530,693	136,133	345,355	0
FFS part year, with Rx claims	71,420	615	4,384	29,916	36,505	0	702,952	6,279	45,165	287,496	364,012	0
FFS part year, no Rx claims	175,071	338	1,072	44,167	129,494	0	1,672,037	3,168	10,359	399,229	1,259,281	0
MC all year, with Rx claims	642	3	136	184	319	0	6,127	18	1,346	1,620	3,143	0
MC all year, no Rx claims	228,334	1,044	1,036	63,759	162,495	0	2,155,090	11,101	6,882	537,760	1,599,347	0

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, MINNESOTA, 2004

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	603,358	5,552,819	374,382	1,686,352	0	3,866,467
Fee-for-service (FFS) all year	127,891	1,016,613	127,891	1,016,615	0	-2
FFS part year, with Rx claims	71,420	702,952	71,420	239,697	0	463,255
FFS part year, with no Rx claims	175,071	1,672,037	175,071	430,040	0	1,241,997
Managed care (MC) all year, with Rx claims	642	6,127	0	0	0	6,127
MC all year, with no Rx claims	228,334	2,155,090	0	0	0	2,155,090

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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