

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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, MISSOURI, 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	614,336	4,524	101,312	176,387	331,609	504	5,026,597	45,156	1,020,696	1,217,744	2,738,655	4,346
Age												
5 and younger	123,861	0	703	14	123,144	0	976,186	0	6,417	37	969,732	0
6-14	143,727	0	2,594	41	141,092	0	1,276,849	0	28,084	217	1,248,548	0
15-20	90,853	0	5,029	18,704	67,118	2	684,314	0	49,781	115,908	518,613	12
21-44	188,835	0	41,686	146,679	249	221	1,447,193	0	421,693	1,021,883	1,734	1,883
45-64	62,347	0	51,127	10,936	4	280	595,184	0	513,104	79,619	22	2,439
65-74	2,724	2,555	157	11	0	1	28,818	27,290	1,449	67	0	12
75-84	1,172	1,163	8	1	0	0	10,948	10,848	88	12	0	0
85 and older	815	806	8	1	0	0	7,099	7,018	80	1	0	0
Unknown	2	0	0	0	2	0		0	0	0	6	0
Gender												
Female	353,113	3,032	54,387	134,977	160,213	504	2,854,802	30,433	558,746	934,251	1,327,026	4,346
Male	261,215	1,488	46,921	41,410	171,396	0	2,171,738	14,695	461,921	283,493	1,411,629	0
Unknown	8	4	4	0	0	0	57	28	29	0	0	0
Race												
White	498,213	2,416	73,998	144,323	277,103	373	4,253,397	23,555	741,489	1,058,571	2,426,540	3,242
African American	87,086	1,000	22,930	21,286	41,772	98	573,930	10,045	237,416	93,457	232,162	850
Other/unknown	29,037	1,108	4,384	10,778	12,734	33	199,270	11,556	41,791	65,716	79,953	254
Use of Nursing Facilities^c												
Entire year	1,839	513	1,326	0	0	0	19,916	5,515	14,401	0	0	0
Part year	1,863	265	1,592	6	0	0	18,851	2,520	16,280	51	0	0
None	610,634	3,746	98,394	176,381	331,609	504	4,987,830	37,121	990,015	1,217,693	2,738,655	4,346
Maintenance Assistance Status												
Cash	374,612	1,747	56,455	134,808	181,602	0	3,140,744	19,921	613,611	978,714	1,528,498	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	92,854	46	34	23,286	68,984	504	646,632	264	225	101,710	540,087	4,346
Other/unknown	146,870	2,731	44,823	18,293	81,023	0	1,239,221	24,971	406,860	137,320	670,070	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	491,208	4,515	99,296	126,135	260,764	498	4,712,339	45,106	1,009,297	1,084,811	2,568,818	4,307
FFS part year, with Rx claims	34,230	4	1,576	17,692	14,953	5	125,610	35	9,521	57,784	58,238	32
FFS part year, no Rx claims	88,898	5	440	32,560	55,892	1	188,648	15	1,878	75,149	111,599	7

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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, MISSOURI, 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	62.4 %	11.3	\$767	\$68	\$3,250	23.6 %	614,336
Age							
5 and younger	60.7	4.0	204	50	1,848	11.0	123,861
6-14	57.9	4.8	340	71	1,420	23.9	143,727
15-20	56.1	5.6	431	76	2,367	18.2	90,853
21-44	64.0	12.8	887	69	3,772	23.5	188,835
45-64	79.6	42.2	2,902	69	9,427	30.8	62,347
65-74	76.8	42.1	2,385	57	10,961	21.8	2,724
75-84	61.9	32.3	1,707	53	9,056	18.9	1,172
85 and older	49.1	25.8	1,250	48	9,954	12.6	815
Unknown	0.0	0.0	0	0	0	0.0	2
Basis of Eligibility^e							
Aged	68.1	37.1	2,035	55	10,293	19.8	4,524
Disabled	80.9	38.5	2,992	78	10,835	27.6	101,312
Adults	60.1	7.8	375	48	1,852	20.2	176,387
Children	57.8	4.5	273	61	1,569	17.4	331,609
Unknown	83.1	27.0	4,265	158	10,577	40.3	504
Gender							
Female	65.2	12.7	784	62	3,220	24.3	353,113
Male	58.5	9.4	745	80	3,291	22.6	261,215
Unknown	87.5	54.4	3,100	57	7,664	40.4	8
Race							
White	65.7	11.7	782	67	3,113	25.1	498,213
African American	46.9	9.6	743	77	4,235	17.5	87,086
Other/unknown	51.9	9.3	583	63	2,657	22.0	29,037
Use of Nursing Facilities^f							
Entire year	98.6	95.1	6,650	70	45,285	14.7	1,839
Part year	98.5	78.5	5,797	74	43,788	13.2	1,863
None	62.1	10.8	734	68	3,000	24.5	610,634
Maintenance Assistance Status							
Cash	64.1	12.3	805	65	3,228	24.9	374,612
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	55.5	3.7	213	57	1,498	14.2	92,854
Other/unknown	62.2	13.4	1,021	76	4,415	23.1	146,870

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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, MISSOURI, 2004

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	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 \$ ^d	Beneficiaries	Benefit Months
All	1.4	\$94	23.6 %	37.6 %	42.5 %	7.2 %	7.6 %	3.8 %	1.3 %	\$397	614,336	5,026,597
Age												
5 and younger	0.5	26	11.0	39.3	54.3	4.6	1.7	0.1	0.0	235	123,861	976,186
6-14	0.5	38	23.9	42.1	49.2	4.8	3.3	0.5	0.1	160	143,727	1,276,849
15-20	0.7	57	18.2	43.9	43.6	6.8	4.5	1.0	0.1	314	90,853	684,314
21-44	1.7	116	23.5	36.0	37.8	9.9	10.8	4.5	1.1	492	188,835	1,447,193
45-64	4.4	304	30.8	20.4	18.3	10.1	23.3	19.8	8.1	988	62,347	595,184
65-74	4.0	226	21.8	23.2	18.0	9.4	22.0	19.9	7.4	1,036	2,724	28,818
75-84	3.5	183	18.9	38.1	12.4	7.9	18.7	17.2	5.6	970	1,172	10,948
85 and older	3.0	144	12.6	50.9	6.6	5.6	16.3	16.9	3.6	1,143	815	7,099
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	6
Basis of Eligibility^e												
Aged	3.7	204	19.8	31.9	14.4	8.4	20.3	18.7	6.4	1,031	4,524	45,156
Disabled	3.8	297	27.6	19.1	23.0	11.2	22.9	17.3	6.6	1,075	101,312	1,020,696
Adults	1.1	54	20.2	39.9	40.9	9.0	7.7	2.2	0.3	268	176,387	1,217,744
Children	0.5	33	17.4	42.2	49.7	4.9	2.7	0.4	0.1	190	331,609	2,738,655
Unknown	3.1	495	40.3	16.9	28.4	12.7	21.8	15.3	5.0	1,227	504	4,346
Gender												
Female	1.6	97	24.3	34.8	43.1	7.9	8.3	4.4	1.6	398	353,113	2,854,802
Male	1.1	90	22.6	41.5	41.7	6.2	6.8	3.0	0.8	396	261,215	2,171,738
Unknown	7.6	435	40.4	12.5	12.5	0.0	37.5	12.5	25.0	1,076	8	57
Race												
White	1.4	92	25.1	34.3	45.4	7.4	7.7	3.9	1.3	365	498,213	4,253,397
African American	1.5	113	17.5	53.1	29.1	6.1	7.1	3.7	1.0	643	87,086	573,930
Other/unknown	1.4	85	22.0	48.1	33.2	6.7	7.8	3.4	0.8	387	29,037	199,270
Use of Nursing Facilities^f												
Entire year	8.8	614	14.7	1.4	2.1	4.4	19.8	41.8	30.5	4,182	1,839	19,916
Part year	7.8	573	13.2	1.5	6.5	8.0	23.3	36.3	24.3	4,327	1,863	18,851
None	1.3	90	24.5	37.9	42.7	7.2	7.5	3.6	1.1	367	610,634	4,987,830
Maintenance Assistance Status												
Cash	1.5	96	24.9	35.9	42.7	7.7	8.2	4.1	1.4	385	374,612	3,140,744
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	31	14.2	44.5	47.2	5.2	2.7	0.3	0.1	215	92,854	646,632
Other/unknown	1.6	121	23.1	37.8	38.9	7.0	9.3	5.4	1.7	523	146,870	1,239,221

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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, MISSOURI, 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	1.4	\$94	\$68	0.5	\$70	\$135	0.1	\$6	\$77	0.8	\$18	\$23
Age												
5 and younger	0.5	26	50	0.2	19	106	0.0	2	38	0.3	5	18
6-14	0.5	38	71	0.3	31	118	0.0	2	57	0.2	6	23
15-20	0.7	57	76	0.3	44	148	0.0	3	60	0.4	10	24
21-44	1.7	116	69	0.6	85	145	0.1	8	81	1.0	23	23
45-64	4.4	304	69	1.6	220	136	0.2	23	99	2.6	61	24
65-74	4.0	226	57	1.5	164	109	0.2	13	68	2.3	48	21
75-84	3.5	183	53	1.3	133	101	0.2	10	52	1.9	39	20
85 and older	3.0	144	48	1.0	101	98	0.2	8	42	1.7	34	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.7	204	55	1.4	148	106	0.2	11	60	2.1	44	21
Disabled	3.8	297	78	1.4	222	155	0.2	21	99	2.2	54	25
Adults	1.1	54	48	0.4	36	100	0.1	4	60	0.7	14	20
Children	0.5	33	61	0.2	26	113	0.0	2	46	0.3	6	20
Unknown	3.1	495	158	1.0	407	393	0.2	33	172	1.9	48	26
Gender												
Female	1.6	97	62	0.6	70	123	0.1	7	72	0.9	20	22
Male	1.1	90	80	0.4	69	154	0.1	5	90	0.6	15	24
Unknown	7.6	435	57	2.6	281	107	0.5	37	76	4.4	115	26
Race												
White	1.4	92	67	0.5	68	132	0.1	6	77	0.8	18	23
African American	1.5	113	77	0.5	86	158	0.1	7	83	0.8	19	23
Other/unknown	1.4	85	63	0.5	62	124	0.1	6	81	0.8	17	22
Use of Nursing Facilities^e												
Entire year	8.8	614	70	3.3	466	143	0.6	39	67	4.9	108	22
Part year	7.8	573	74	2.8	421	152	0.5	46	96	4.5	104	23
None	1.3	90	68	0.5	67	134	0.1	6	77	0.7	17	23
Maintenance Assistance Status												
Cash	1.5	96	65	0.5	71	131	0.1	6	74	0.8	19	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	31	57	0.2	23	113	0.0	2	50	0.3	6	20
Other/unknown	1.6	121	76	0.6	91	148	0.1	8	92	0.9	21	24

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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 Missouri, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, MISSOURI, 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	\$17	\$12	\$1	\$4	\$64	\$117	\$90	\$25	755,733	\$48,286,488	265,116	43.2 %	2,798,759
Biologicals	0.1	0.1	0.0	0.0	82	66	1	15	563	532	168	951	13,027	7,336,108	8,316	1.4	88,993
Antineoplastic Agents	0.7	0.3	0.1	0.4	350	268	55	27	483	1,051	645	69	24,882	12,006,937	3,321	0.5	34,331
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	28	20	3	6	52	91	37	23	651,591	34,208,336	116,324	18.9	1,219,875
Cardiovascular Agents	1.3	0.4	0.0	0.8	48	31	1	16	38	75	39	19	887,680	33,921,302	66,077	10.8	704,832
Respiratory Agents	0.4	0.2	0.0	0.2	23	19	1	4	55	93	28	18	842,487	45,942,777	184,838	30.1	1,987,533
Gastrointestinal Agents	0.4	0.1	0.0	0.3	25	18	2	6	58	207	80	18	296,970	17,179,936	63,642	10.4	681,361
Genitourinary Agents	0.3	0.1	0.0	0.1	16	13	1	2	62	89	49	24	79,225	4,907,859	29,544	4.8	305,777
CNS Drugs	1.0	0.5	0.0	0.5	94	77	4	13	93	163	92	27	1,231,776	114,616,687	116,565	19.0	1,221,377
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	64	58	0	6	92	104	68	43	135,020	12,375,017	18,092	2.9	193,073
Miscellaneous Psychological/																	
Neurological Agents	0.5	0.5	0.0	0.0	189	188	0	1	369	396	67	32	13,238	4,887,601	2,361	0.4	25,836
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	27	17	2	9	51	147	210	21	879,864	44,737,402	155,373	25.3	1,639,135
Neuromuscular Agents	0.7	0.2	0.1	0.4	57	37	11	9	84	157	130	25	499,026	42,040,580	69,094	11.2	740,925
Nutritional Products	0.3	0.0	0.0	0.3	6	1	0	5	19	33	25	18	151,527	2,936,276	47,639	7.8	462,118
Hematological Agents	0.7	0.3	0.1	0.3	161	149	3	9	220	450	43	27	122,696	26,988,807	15,800	2.6	167,594
Topical Products	0.2	0.1	0.0	0.1	10	6	1	3	49	95	54	25	306,948	14,910,138	136,312	22.2	1,473,935
Miscellaneous Products	0.3	0.1	0.0	0.2	52	32	8	12	156	315	273	60	19,356	3,022,611	5,469	0.9	57,996
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	35	0	0	0	27,717	961,385	13,108	2.1	144,569
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.	6,938,763	471,266,247	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 Missouri, 0.4 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, MISSOURI, 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	\$63,842,671	48,491	7.9 %	533,282	0.6	\$217	\$120
ANTIDEPRESSANTS	41,396,018	121,765	19.8	1,314,192	0.5	67	31
ANTICONVULSANT	34,771,311	46,965	7.6	515,292	0.6	112	67
ANTIASTHMATIC	28,617,761	119,585	19.5	1,312,254	0.3	73	22
ANALGESICS - Narcotic	24,717,265	181,143	29.5	1,967,348	0.3	45	13
ANTIVIRAL	16,692,468	10,429	1.7	113,583	0.3	440	147
ANTIDIABETIC	15,319,886	32,899	5.4	358,001	0.6	66	43
MISC. HEMATOLOGICAL	13,921,070	5,260	0.9	57,892	0.6	420	240
ANALGESICS - ANTI-INFLAMMATORY	13,429,282	93,460	15.2	1,023,570	0.2	54	13
ANTHYPERLIPIDEMIC	12,367,353	25,841	4.2	286,940	0.6	77	43
Total	265,075,085	685,838		7,482,354	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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, MISSOURI, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	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	2,871,977	\$265,075,085	48,491	7.9 %	533,282	0.6	\$120	121,765	19.8 %	1,314,192	0.5	\$32
Female	1,831,247	149,311,663	25,964	7.4	286,721	0.5	108	85,011	24.1	918,928	0.5	32
Disabled	1,180,763	107,622,538	17,304	31.8	196,159	0.6	126	42,245	77.7	473,080	0.5	38
	889	77,714	0	0.0	0	0.0	0	2	0.7	24	0.5	29
5 and younger	6,418	811,444	151	16.4	1,686	0.6	128	147	15.9	1,661	0.6	26
6-14	16,508	1,913,043	523	26.2	5,695	0.5	119	778	38.9	8,422	0.5	31
15-20	389,897	38,104,502	8,527	40.5	96,599	0.5	118	17,072	81.0	190,564	0.5	36
21-44	765,599	66,612,414	8,091	27.0	92,064	0.6	135	24,209	80.7	272,020	0.6	40
45-64	1,411	100,659	12	12.1	115	0.7	100	36	36.4	377	0.6	29
65-74	11	1,212	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	30	1,550	0	0.0	0	0.0	0	1	20.0	12	0.1	1
85 and older	650,484	41,689,125	8,660	2.9	90,562	0.4	67	42,766	14.3	445,848	0.4	25
Other Eligibles	28,692	2,089,165	116	0.2	1,298	0.3	51	98	0.2	1,118	0.2	9
5 and younger	71,548	5,691,775	1,577	2.3	16,851	0.5	85	3,324	4.8	36,488	0.4	22
6-14	83,238	5,583,959	1,830	3.8	18,423	0.4	72	6,527	13.5	68,541	0.3	22
15-20	375,603	21,774,425	4,257	3.8	44,438	0.3	52	29,347	26.2	303,439	0.4	25
21-44	46,446	3,129,664	351	5.5	3,577	0.4	62	2,456	38.4	24,855	0.5	33
45-64	31,030	2,448,790	317	19.2	3,711	0.7	152	598	36.2	6,913	0.6	37
65-74	9,155	651,439	101	13.3	1,094	0.6	78	232	30.4	2,538	0.7	40
75-84	4,772	319,908	111	17.8	1,170	0.5	68	184	29.5	1,956	0.7	41
85 and older												
Male	1,040,542	115,747,990	22,523	8.6	246,525	0.6	134	36,751	14.1	395,237	0.5	31
Disabled	695,510	85,094,700	14,462	30.8	162,118	0.6	153	21,822	46.5	240,165	0.5	34
	1,777	410,884	17	4.3	189	0.6	92	7	1.8	74	0.4	23
5 and younger	13,984	2,165,012	537	32.1	6,114	0.6	145	349	20.9	3,926	0.6	29
6-14	24,745	6,985,013	1,140	37.6	12,466	0.6	141	968	32.0	10,612	0.5	35
15-20	278,214	38,018,534	8,043	39.0	90,410	0.6	153	10,511	51.0	115,279	0.5	33
21-44	376,207	37,473,350	4,716	22.3	52,831	0.7	156	9,977	47.2	110,170	0.6	35
45-64	548	40,088	9	15.5	108	0.7	91	9	15.5	92	0.9	58
65-74	35	1,819	0	0.0	0	0.0	0	1	20.0	12	0.4	8
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	345,032	30,653,290	8,061	3.8	84,407	0.5	97	14,929	7.0	155,072	0.4	27
Other Eligibles	40,228	3,239,549	289	0.5	3,285	0.4	64	172	0.3	1,939	0.3	12
5 and younger	109,655	11,405,754	3,964	5.5	42,957	0.5	100	4,961	6.8	54,328	0.5	26
6-14	61,496	6,688,008	2,375	6.4	23,760	0.5	107	3,636	9.7	37,131	0.4	28
15-20	90,698	6,002,596	1,058	3.0	10,451	0.3	67	4,837	13.8	48,122	0.4	26
21-44	24,636	1,863,690	144	3.0	1,375	0.4	63	938	19.5	9,317	0.4	30
45-64	13,199	1,073,215	158	17.3	1,825	0.8	164	268	29.4	2,989	0.6	37
65-74	3,898	283,550	43	10.7	449	0.7	105	84	20.9	886	0.7	43
75-84	1,222	96,928	30	16.5	305	0.7	108	33	18.1	360	0.7	39
85 and older												
Unknown	188	15,432	4	40.0	36	1.6	176	3	30.0	27	0.9	64

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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, MISSOURI, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					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
All	46,965	7.6 %	515,292	0.6	\$68	119,585	19.5 %	1,312,254	0.3	\$22	181,143	29.5 %	1,967,348	0.3	\$13
Female	28,824	8.2	317,238	0.6	65	71,076	20.1	781,490	0.3	22	123,909	35.1	1,352,332	0.3	11
Disabled	18,782	34.5	211,443	0.7	74	28,092	51.7	317,743	0.4	31	48,635	89.4	547,903	0.4	20
5 and younger	55	18.0	590	0.7	77	128	42.0	1,400	0.3	22	20	6.6	213	0.2	2
6-14	264	28.6	3,006	0.8	128	308	33.4	3,503	0.4	30	131	14.2	1,527	0.2	3
15-20	579	29.0	6,395	0.7	102	510	25.5	5,641	0.3	25	759	38.0	8,428	0.2	8
21-44	8,586	40.8	96,644	0.6	76	9,237	43.8	104,814	0.3	25	19,681	93.4	221,788	0.3	16
45-64	9,280	30.9	104,640	0.7	68	17,863	59.6	201,990	0.5	35	28,002	93.4	315,522	0.4	23
65-74	18	18.2	168	0.9	59	45	45.5	383	0.6	38	40	40.4	401	0.3	15
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	0.1	1
85 and older	0	0.0	0	0.0	0	1	20.0	12	0.9	16	1	20.0	12	0.4	8
Other Eligibles	10,042	3.4	105,795	0.4	47	42,984	14.4	463,747	0.2	16	75,274	25.2	804,429	0.2	5
5 and younger	304	0.5	3,370	0.5	76	10,591	17.6	115,834	0.2	14	1,788	3.0	20,418	0.1	1
6-14	1,215	1.8	13,213	0.6	75	10,205	14.9	113,922	0.2	17	4,951	7.2	56,754	0.1	1
15-20	1,428	2.9	14,802	0.5	61	5,571	11.5	59,457	0.2	14	12,029	24.8	129,571	0.1	2
21-44	6,124	5.5	63,955	0.4	37	14,337	12.8	150,162	0.2	15	52,106	46.5	551,268	0.2	6
45-64	609	9.5	6,289	0.5	39	1,392	21.8	14,308	0.4	25	3,234	50.5	33,255	0.3	13
65-74	237	14.3	2,772	0.8	61	629	38.1	7,315	0.5	37	746	45.1	8,642	0.4	16
75-84	87	11.4	1,006	0.8	56	167	21.9	1,833	0.5	34	249	32.7	2,737	0.4	18
85 and older	38	6.1	388	0.7	39	92	14.7	916	0.3	18	171	27.4	1,784	0.4	20
Male	18,140	6.9	198,045	0.6	72	48,503	18.6	530,726	0.3	21	57,227	21.9	614,961	0.3	16
Disabled	12,709	27.1	141,183	0.7	79	13,000	27.7	144,096	0.4	33	28,106	59.9	307,680	0.4	25
5 and younger	95	23.9	1,027	0.8	89	230	57.8	2,570	0.3	20	42	10.6	454	0.1	1
6-14	486	29.1	5,570	0.8	111	607	36.3	6,947	0.4	30	206	12.3	2,398	0.1	2
15-20	812	26.8	8,971	0.8	115	520	17.2	5,863	0.3	23	733	24.2	8,166	0.2	6
21-44	6,530	31.7	72,687	0.7	81	3,717	18.0	41,397	0.3	23	12,228	59.3	133,915	0.4	21
45-64	4,781	22.6	52,878	0.7	66	7,906	37.4	87,134	0.5	39	14,864	70.3	162,438	0.4	29
65-74	4	6.9	38	0.4	15	19	32.8	173	0.6	47	31	53.4	287	0.4	14
75-84	1	20.0	12	0.8	25	1	20.0	12	0.3	17	2	40.0	22	0.3	5
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	5,431	2.5	56,862	0.5	54	35,503	16.6	386,630	0.2	17	29,121	13.6	307,281	0.2	6
5 and younger	394	0.6	4,339	0.4	55	14,827	23.5	161,193	0.2	15	2,389	3.8	26,911	0.1	1
6-14	1,933	2.7	21,084	0.5	60	13,218	18.2	147,458	0.3	19	5,033	6.9	57,394	0.1	1
15-20	1,169	3.1	11,931	0.5	66	3,811	10.2	40,594	0.3	16	5,587	15.0	59,966	0.1	2
21-44	1,498	4.3	14,969	0.4	40	2,645	7.5	26,909	0.3	16	13,651	38.9	137,700	0.3	9
45-64	264	5.5	2,616	0.5	48	602	12.5	6,100	0.4	26	2,008	41.7	20,362	0.3	18
65-74	126	13.8	1,444	0.8	51	292	32.1	3,241	0.6	42	298	32.7	3,340	0.4	20
75-84	36	9.0	368	0.7	36	76	18.9	830	0.5	42	108	26.9	1,121	0.3	14
85 and older	11	6.0	111	0.6	37	32	17.6	305	0.4	35	47	25.8	487	0.3	20
Unknown	1	10.0	9	0.1	5	6	60.0	38	0.2	12	7	70.0	55	0.3	21

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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, MISSOURI, 2004

Beneficiary Characteristics	ANTIVIRAL					ANTIDIABETIC					MISC. HEMATOLOGICAL				
	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	10,429	1.7 %	113,583	0.3	\$147	32,899	5.4 %	358,001	0.6	\$43	5,260	0.9 %	57,892	0.6	\$241
Female	6,244	1.8	67,834	0.3	90	22,132	6.3	242,037	0.6	43	2,930	0.8	32,559	0.6	78
Disabled	2,382	4.4	26,845	0.4	173	16,478	30.3	185,026	0.7	45	2,521	4.6	28,173	0.6	69
5 and younger	3	1.0	29	0.1	4	0	0.0	0	0.0	0	1	0.3	6	0.3	82
6-14	28	3.0	326	0.3	128	15	1.6	180	0.8	71	0	0.0	0	0.0	0
15-20	39	2.0	439	0.3	68	113	5.7	1,286	0.5	38	4	0.2	48	0.6	46
21-44	1,112	5.3	12,497	0.4	166	3,476	16.5	38,851	0.6	40	300	1.4	3,258	0.5	81
45-64	1,198	4.0	13,530	0.3	185	12,850	42.9	144,474	0.7	47	2,213	7.4	24,833	0.6	67
65-74	2	2.0	24	0.4	20	24	24.2	235	0.8	51	2	2.0	16	1.1	135
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	1	20.0	12	0.6	66
Other Eligibles	3,862	1.3	40,989	0.2	35	5,654	1.9	57,011	0.5	35	409	0.1	4,386	0.6	137
5 and younger	307	0.5	3,392	0.1	5	30	0.0	264	0.8	42	1	0.0	10	0.1	28
6-14	522	0.8	5,944	0.1	13	250	0.4	2,788	0.7	48	7	0.0	72	0.5	949
15-20	643	1.3	6,893	0.2	20	421	0.9	4,267	0.5	37	7	0.0	65	0.4	3,999
21-44	2,234	2.0	23,152	0.2	47	3,230	2.9	31,503	0.5	30	123	0.1	1,293	0.4	47
45-64	117	1.8	1,169	0.3	90	740	11.6	7,027	0.6	41	86	1.3	840	0.5	54
65-74	24	1.5	262	0.2	39	719	43.5	8,343	0.7	42	110	6.7	1,287	0.7	78
75-84	11	1.4	129	0.1	6	197	25.9	2,110	0.7	34	51	6.7	573	0.7	79
85 and older	4	0.6	48	0.1	7	67	10.7	709	0.8	37	24	3.8	246	0.7	80
Male	4,185	1.6	45,749	0.5	232	10,765	4.1	115,946	0.7	43	2,330	0.9	25,333	0.6	450
Disabled	2,883	6.1	31,670	0.6	310	8,401	17.9	92,416	0.7	43	1,985	4.2	21,792	0.6	375
5 and younger	1	0.3	12	0.2	13	0	0.0	0	0.0	0	5	1.3	58	0.7	4,257
6-14	40	2.4	473	0.4	177	18	1.1	187	1.0	66	2	0.1	24	0.6	9,086
15-20	28	0.9	310	0.2	43	50	1.7	468	0.6	49	11	0.4	132	0.8	27,092
21-44	1,683	8.2	18,316	0.6	300	2,191	10.6	24,318	0.6	42	242	1.2	2,658	0.5	955
45-64	1,131	5.4	12,559	0.6	337	6,132	29.0	67,323	0.7	43	1,720	8.1	18,863	0.6	84
65-74	0	0.0	0	0.0	0	10	17.2	120	0.5	13	4	6.9	45	0.3	32
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	0.6	75
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,302	0.6	14,079	0.2	57	2,364	1.1	23,530	0.6	45	345	0.2	3,541	0.6	912
5 and younger	325	0.5	3,640	0.1	4	28	0.0	316	1.0	61	13	0.0	113	0.6	1,769
6-14	437	0.6	4,923	0.1	15	246	0.3	2,666	0.7	57	19	0.0	217	0.6	6,372
15-20	216	0.6	2,230	0.2	27	183	0.5	1,731	0.8	70	15	0.0	137	0.8	9,306
21-44	258	0.7	2,572	0.3	178	977	2.8	9,399	0.6	41	112	0.3	1,130	0.5	207
45-64	50	1.0	535	0.4	341	507	10.5	4,664	0.6	45	95	2.0	913	0.5	65
65-74	14	1.5	162	0.3	99	279	30.6	3,164	0.7	39	60	6.6	685	0.7	71
75-84	1	0.2	5	0.2	13	124	30.8	1,359	0.7	38	21	5.2	247	0.8	94
85 and older	1	0.5	12	0.1	1	20	11.0	231	0.7	28	10	5.5	99	0.6	52
Unknown	0	0.0	0	0.0	0	2	20.0	18	0.8	68	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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, MISSOURI, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERLIPIDEMIC					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	93,460	15.2 %	1,023,570	0.2	\$13	25,841	4.2 %	286,940	0.6	\$43	614,336	5,026,597
Female	64,500	18.3	706,256	0.2	14	15,901	4.5	177,819	0.6	43	353,111	2,854,796
Disabled	24,931	45.8	283,835	0.4	26	12,632	23.2	142,841	0.6	45	54,387	558,746
	13	4.3	144	0.1	2	0	0.0	0	0.0	0	305	2,626
5 and younger	80	8.7	910	0.2	4	0	0.0	0	0.0	0	922	9,999
6-14	430	21.5	4,773	0.2	7	26	1.3	287	0.4	26	2,000	19,535
15-20	9,133	43.4	103,745	0.3	16	2,274	10.8	25,662	0.5	37	21,066	217,980
21-44	15,232	50.8	173,784	0.4	33	10,303	34.4	116,581	0.6	47	29,987	307,594
45-64	39	39.4	431	0.5	36	28	28.3	299	0.6	59	99	932
65-74	1	33.3	12	0.2	29	1	33.3	12	0.7	71	3	31
75-84	3	60.0	36	0.2	13	0	0.0	0	0.0	0	5	49
85 and older	39,569	13.2	422,421	0.2	6	3,269	1.1	34,978	0.5	34	298,724	2,296,050
Other Eligibles	2,113	3.5	23,857	0.1	2	76	0.1	802	0.1	2	60,040	472,728
5 and younger	3,968	5.8	45,312	0.1	3	16	0.0	165	0.3	20	68,672	606,364
6-14	7,581	15.6	81,583	0.1	3	52	0.1	559	0.3	20	48,512	353,610
15-20	23,182	20.7	242,282	0.2	6	1,726	1.5	18,212	0.4	27	112,061	786,408
21-44	1,774	27.7	18,391	0.3	18	679	10.6	6,992	0.5	38	6,400	46,468
45-64	690	41.7	7,995	0.4	32	538	32.5	6,259	0.7	53	1,653	17,839
65-74	190	24.9	2,214	0.5	42	146	19.2	1,604	0.7	55	762	7,181
75-84	71	11.4	787	0.5	43	36	5.8	385	0.6	38	624	5,452
85 and older												
Male	28,958	11.1	317,296	0.2	11	9,935	3.8	109,076	0.6	43	261,215	2,171,738
Disabled	12,478	26.6	139,770	0.3	20	7,902	16.8	87,884	0.6	45	46,921	461,921
	10	2.5	105	0.2	3	2	0.5	23	0.1	2	398	3,791
5 and younger	86	5.1	993	0.2	17	8	0.5	96	0.5	32	1,672	18,085
6-14	372	12.3	4,149	0.2	4	17	0.6	183	0.4	27	3,029	30,246
15-20	5,159	25.0	57,413	0.3	13	1,981	9.6	22,282	0.5	39	20,618	203,702
21-44	6,839	32.4	76,971	0.4	26	5,883	27.8	65,176	0.6	47	21,138	205,492
45-64	9	15.5	105	0.4	45	11	19.0	124	0.5	38	58	517
65-74	3	60.0	34	0.1	6	0	0.0	0	0.0	0	5	57
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	31
85 and older	16,480	7.7	177,526	0.2	5	2,033	0.9	21,192	0.5	36	214,294	1,709,817
Other Eligibles	2,254	3.6	25,282	0.1	2	56	0.1	600	0.1	3	63,118	497,041
5 and younger	3,500	4.8	40,026	0.1	2	16	0.0	183	0.2	18	72,461	642,401
6-14	3,911	10.5	42,421	0.1	2	30	0.1	312	0.4	27	37,312	280,923
15-20	5,510	15.7	56,205	0.2	7	1,055	3.0	10,796	0.4	30	35,088	239,092
21-44	1,015	21.1	10,314	0.3	15	560	11.6	5,678	0.5	42	4,820	35,612
45-64	211	23.2	2,394	0.4	27	234	25.7	2,690	0.7	52	911	9,511
65-74	62	15.4	702	0.4	31	67	16.7	763	0.7	50	402	3,679
75-84	17	9.3	182	0.4	28	15	8.2	170	0.6	51	182	1,558
85 and older												
Unknown	2	20.0	18	1.2	99	5	50.0	45	1.0	57	10	63

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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, MISSOURI, 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	\$614	8.8	1,839	19,916
Age				
0-64	682	9.2	1,321	14,353
65-74	539	8.2	204	2,341
75-84	426	8.2	157	1,610
85 and older	305	6.3	157	1,612
Unknown	0	0.0	0	0
Gender				
Female	618	9.3	988	10,813
Male	609	8.1	851	9,103
Unknown	0	0.0	0	0
Race				
White	612	9.2	1,242	13,338
African American	619	8	542	5,990
Other/unknown	609	8.1	55	588
Basis of Eligibility^c				
Aged	438	7.6	513	5,515
Disabled	682	9.2	1,326	14,401
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 1,863 beneficiaries who were in nursing facilities for part of their enrollment and their 18,851 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, MISSOURI, 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	\$47	\$36	\$3	\$7	\$98	\$192	\$120	\$28	6,412	\$631,023	1,209	65.7 %	13,538
Biologicals	0.1	0.0	0.0	0.0	3	1	0	1	29	26	19	33	192	5,504	179	9.7	2,087
Antineoplastic Agents	0.6	0.1	0.0	0.5	99	48	7	45	173	843	787	89	547	94,779	87	4.7	957
Endocrine/Metabolic Drugs	1.4	0.6	0.2	0.6	67	51	5	10	48	82	28	17	14,171	676,610	915	49.8	10,170
Cardiovascular Agents	2.1	0.5	0.1	1.5	66	38	2	26	31	70	30	17	29,217	906,784	1,252	68.1	13,792
Respiratory Agents	0.9	0.5	0.0	0.3	53	47	1	6	59	87	37	18	8,366	496,194	831	45.2	9,296
Gastrointestinal Agents	1.1	0.2	0.1	0.8	38	22	3	12	36	142	44	15	11,590	411,828	995	54.1	10,970
Genitourinary Agents	0.7	0.5	0.0	0.2	52	43	2	6	72	90	72	31	3,211	231,535	399	21.7	4,491
CNS Drugs	2.4	1.2	0.1	1.0	285	242	11	32	119	203	76	30	40,859	4,874,363	1,549	84.2	17,120
Stimulants/Anti-obesity/Anorexia	0.3	0.0	0.0	0.3	4	0	0	4	13	0	0	13	4	52	1	0.1	12
Miscellaneous Psychological/																	
Neurological Agents	0.9	0.9	0.0	0.0	150	150	0	0	160	160	0	0	2,607	416,834	250	13.6	2,781
Analgesics and Anesthetics	1.2	0.4	0.0	0.8	60	47	1	12	49	115	93	14	14,205	690,624	1,037	56.4	11,496
Neuromuscular Agents	1.7	0.5	0.3	0.9	131	74	28	29	75	137	105	31	21,156	1,589,792	1,083	58.9	12,160
Nutritional Products	0.8	0.0	0.1	0.7	18	1	1	16	22	56	22	22	6,153	137,563	693	37.7	7,611
Hematological Agents	1.2	0.4	0.1	0.7	106	93	3	10	87	218	31	15	7,858	687,371	597	32.5	6,475
Topical Products	0.6	0.2	0.0	0.3	28	18	3	7	49	90	59	23	6,833	337,998	1,060	57.6	12,007
Miscellaneous Products	0.4	0.1	0.0	0.3	11	2	1	8	27	35	83	24	843	22,650	193	10.5	2,018
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	12	0	0	0	30	0	0	0	612	18,292	138	7.5	1,578
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.	174,836	12,229,796	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 1,863 beneficiaries who were in nursing facilities for part of their enrollment and their 18,851 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 Missouri, 0.4 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, MISSOURI, 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	\$3,652,646	1,602	87.1 %	18,293	0.9	\$227	\$200
ANTICONVULSANT	1,350,327	1,234	67.1	13,902	1.1	87	97
ANTIDEPRESSANTS	1,005,856	1,678	91.2	18,878	0.9	62	53
ANTIDIABETIC	481,736	965	52.5	10,833	0.9	49	44
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	416,834	299	16.3	3,362	0.8	160	124
HEMATOPOIETIC AGENTS	385,311	419	22.8	4,600	0.8	106	84
ANTIASTHMATIC	363,490	818	44.5	9,020	0.6	69	40
ANALGESICS - Narcotic	321,450	1,148	62.4	12,632	0.7	37	25
ANTIHYPERLIPIDEMIC	291,551	477	25.9	5,414	0.8	71	54
ANTIVIRAL	274,996	106	5.8	1,218	0.5	426	226
Total	8,544,197	8,746		98,152	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 1,863 beneficiaries who were in nursing facilities for part of their enrollment and their 18,851 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, MISSOURI, 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	82,573	\$8,544,197	1,602	87.1 %	18,293	0.9	\$200	1,234	67.1 %	13,902	1.1	\$97
Female	46,079	4,582,625	910	92.1	10,426	0.9	194	646	65.4	7,366	1.1	96
Disabled	34,510	3,589,591	680	106.8	7,798	1.0	212	533	83.7	6,049	1.1	102
64 or younger	34,378	3,579,253	678	107.1	7,775	1.0	212	530	83.7	6,014	1.1	102
65-74	132	10,338	2	50.0	23	1.0	249	3	75.0	35	1.0	50
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	0.0	0	0	0.0	0	0.0	0
Other Eligibles	11,569	993,034	230	65.5	2,628	0.7	140	113	32.2	1,317	1.1	67
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5,258	556,536	118	100.0	1,382	0.8	192	67	56.8	776	1.1	74
75-84	3,377	232,053	50	46.3	567	0.6	88	31	28.7	365	1.1	63
85 and older	2,934	204,445	62	49.6	679	0.6	78	15	12.0	176	0.9	48
Male	36,494	3,961,572	692	81.3	7,867	0.9	207	588	69.1	6,536	1.1	99
Disabled	30,797	3,445,386	591	85.8	6,713	0.9	215	524	76.1	5,833	1.1	103
64 or younger	30,765	3,443,425	588	85.5	6,677	0.9	216	524	76.2	5,833	1.1	103
65-74	32	1,961	3	300.0	36	0.4	42	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	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5,697	516,186	101	62.3	1,154	0.7	161	64	39.5	703	1.0	67
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,327	323,578	65	80.2	760	0.7	175	39	48.1	453	1.1	75
75-84	1,750	138,978	21	42.9	229	0.9	139	19	38.8	183	0.9	56
85 and older	620	53,630	15	46.9	165	0.8	126	6	18.8	67	0.7	43
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 Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 1,863 beneficiaries who were in nursing facilities for part of their enrollment and their 18,851 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, MISSOURI, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIDIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	1,678	91.2 %	18,878	0.9	\$53	965	52.5 %	10,833	0.9	\$45	299	16.3 %	3,362	0.8	\$124
Female	943	95.4	10,651	0.9	55	559	56.6	6,264	0.9	45	179	18.1	1,981	0.8	128
Disabled	674	105.8	7,671	0.9	56	393	61.7	4,433	0.9	47	66	10.4	760	0.7	168
64 or younge	673	106.3	7,659	0.9	55	393	62.1	4,433	0.9	47	65	10.3	749	0.7	171
65-74	1	25.0	12	1.1	82	0	0.0	0	0.0	0	1	25.0	11	0.1	10
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	269	76.6	2,980	0.9	52	166	47.3	1,831	0.9	41	113	32.2	1,221	0.8	104
64 or younge	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	88	74.6	1,007	0.9	60	77	65.3	898	0.9	46	30	25.4	340	0.7	102
75-84	84	77.8	910	0.9	44	57	52.8	580	0.9	36	37	34.3	394	0.8	103
85 and older	97	77.6	1,063	0.8	52	32	25.6	353	0.9	35	46	36.8	487	0.9	105
Male	735	86.4	8,227	0.8	52	406	47.7	4,569	0.9	44	120	14.1	1,381	0.8	118
Disabled	613	89.0	6,882	0.8	51	322	46.7	3,606	0.9	42	77	11.2	915	0.8	117
64 or younge	612	89.0	6,870	0.8	51	322	46.8	3,606	0.9	42	77	11.2	915	0.8	117
65-74	1	100.0	12	0.3	24	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	122	75.3	1,345	0.9	54	84	51.9	963	0.9	51	43	26.5	466	0.9	119
64 or younge	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	74	91.4	839	0.9	52	43	53.1	494	1.0	55	20	24.7	219	0.9	125
75-84	35	71.4	355	0.9	64	33	67.3	373	0.9	49	15	30.6	158	0.9	112
85 and older	13	40.6	151	0.7	40	8	25.0	96	0.8	39	8	25.0	89	0.8	115
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 Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 1,863 beneficiaries who were in nursing facilities for part of their enrollment and their 18,851 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, MISSOURI, 2004

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIASTHMATIC					ANALGESICS - Narcotic				
	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	419	22.8 %	4,600	0.8	\$84	818	44.5 %	9,020	0.6	\$40	1,148	62.4 %	12,632	0.7	\$25
Female	219	22.2	2,433	0.7	65	453	45.9	5,074	0.6	37	650	65.8	7,237	0.7	24
Disabled	139	21.8	1,552	0.7	73	329	51.6	3,697	0.6	38	461	72.4	5,137	0.8	24
64 or younger	139	22.0	1,552	0.7	73	325	51.3	3,650	0.6	39	458	72.4	5,101	0.8	24
65-74	0	0.0	0	0.0	0	4	100.0	47	0.9	17	3	75.0	36	0.3	19
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	80	22.8	881	0.6	52	124	35.3	1,377	0.5	33	189	53.8	2,100	0.6	23
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	23	19.5	260	0.7	137	50	42.4	592	0.6	43	61	51.7	722	0.6	25
75-84	23	21.3	240	0.6	35	42	38.9	422	0.6	34	61	56.5	651	0.6	26
85 and older	34	27.2	381	0.5	5	32	25.6	363	0.3	13	67	53.6	727	0.5	18
Male	200	23.5	2,167	0.9	104	365	42.9	3,946	0.6	45	498	58.5	5,395	0.7	28
Disabled	169	24.5	1,837	1.0	119	292	42.4	3,140	0.6	40	426	61.8	4,607	0.7	29
64 or younger	169	24.6	1,837	1.0	119	292	42.4	3,140	0.6	40	425	61.8	4,595	0.7	29
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	1.3	14
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	31	19.1	330	0.6	25	73	45.1	806	0.8	65	72	44.4	788	0.6	21
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	13	16.0	148	0.6	44	40	49.4	458	0.8	65	37	45.7	422	0.5	11
75-84	11	22.4	120	0.6	11	20	40.8	229	1.0	76	24	49.0	239	0.6	38
85 and older	7	21.9	62	0.5	5	13	40.6	119	0.5	43	11	34.4	127	0.6	24
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 Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 1,863 beneficiaries who were in nursing facilities for part of their enrollment and their 18,851 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, MISSOURI, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIVIRAL					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	477	25.9 %	5,414	0.8	\$54	106	5.8 %	1,218	0.5	\$226	1,839	19,916
Female	265	26.8	2,971	0.8	56	31	3.1	372	0.4	149	988	10,813
Disabled	196	30.8	2,222	0.8	56	22	3.5	264	0.6	208	637	7,041
	193	30.5	2,198	0.8	57	22	3.5	264	0.6	208	633	7,005
64 or younger	3	75.0	24	0.3	11	0	0.0	0	0.0	0	4	36
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	69	19.7	749	0.8	55	9	2.6	108	0.1	6	351	3,772
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
64 or younger	28	23.7	322	0.8	59	1	0.8	12	0.1	6	118	1,361
65-74	28	25.9	292	0.8	60	5	4.6	60	0.1	5	108	1,115
75-84	13	10.4	135	0.6	34	3	2.4	36	0.1	6	125	1,296
85 and older												
Male	212	24.9	2,443	0.7	52	75	8.8	846	0.6	260	851	9,103
Disabled	170	24.7	1,972	0.7	49	74	10.7	834	0.6	263	689	7,360
	170	24.7	1,972	0.7	49	74	10.8	834	0.6	263	688	7,348
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
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	42	25.9	471	0.8	62	1	0.6	12	0.1	1	162	1,743
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
64 or younger	25	30.9	281	0.7	61	0	0.0	0	0.0	0	81	932
65-74	14	28.6	159	0.9	66	0	0.0	0	0.0	0	49	495
75-84	3	9.4	31	0.7	47	1	3.1	12	0.1	1	32	316
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 Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 1,863 beneficiaries who were in nursing facilities for part of their enrollment and their 18,851 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}
MISSOURI, 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	200,888	32.7 %	1.5	938,965	\$29	\$17,896,041	\$19	3.8 %	614,336
Age									
5 and younger	44,901	36.3	0.9	117,227	16	2,036,664	17	8.1	123,861
6-14	40,637	28.3	0.7	103,106	15	2,185,936	21	4.5	143,727
15-20	21,322	23.5	0.6	58,279	14	1,257,310	22	3.2	90,853
21-44	59,121	31.3	1.7	316,343	34	6,367,901	20	3.8	188,835
45-64	32,781	52.6	5.2	323,319	92	5,737,431	18	3.2	62,347
65-74	1,381	50.7	5.3	14,416	80	218,262	15	3.4	2,724
75-84	458	39.1	3.3	3,886	50	58,486	15	2.9	1,172
85 and older	287	35.2	2.9	2,389	42	34,051	14	3.3	815
Unknown	0	0.0	0.0	0	0	0	0	0.0	2
Basis of Eligibility^c									
Aged	2,042	45.1	4.4	19,815	66	298,503	15	3.2	4,524
Disabled	52,555	51.9	4.9	492,019	97	9,818,076	20	3.2	101,312
Adults	46,072	26.1	1.0	171,323	17	2,961,912	17	4.5	176,387
Children	99,963	30.1	0.8	253,924	14	4,794,503	19	5.3	331,609
Unknown	256	50.8	3.7	1,884	46	23,047	12	1.1	504
Gender									
Female	123,753	35.0	1.8	618,688	33	11,682,162	19	4.2	353,113
Male	77,130	29.5	1.2	320,198	24	6,212,885	19	3.2	261,215
Unknown	5	62.5	9.9	79	124	994	13	4.0	8
Race									
White	172,458	34.6	1.6	793,860	31	15,372,480	19	3.9	498,213
African American	20,754	23.8	1.3	109,752	22	1,909,754	17	3.0	87,086
Other/unknown	7,676	26.4	1.2	35,353	21	613,807	17	3.6	29,037
Use of Nursing Facilities^d									
Entire year	1,417	77.1	10.1	18,598	190	350,249	19	2.9	1,839
Part year	1,563	83.9	10.0	18,571	197	366,344	20	3.4	1,863
None	197,908	32.4	1.5	901,796	28	17,179,448	19	3.8	610,634
Maintenance Assistance Status									
Cash	131,881	35.2	1.7	648,220	31	11,647,440	18	3.9	374,612
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	23,401	25.2	0.6	55,417	10	943,216	17	4.8	92,854
Other/unknown	45,606	31.1	1.6	235,328	36	5,305,385	23	3.5	146,870

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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}
MISSOURI, 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	\$4	\$19	\$0	\$1	5,026,597
Age						
5 and younger	0.1	2	17	0	0	976,186
6-14	0.1	2	21	0	0	1,276,849
15-20	0.1	2	22	0	0	684,314
21-44	0.2	4	20	0	1	1,447,193
45-64	0.5	10	18	0	3	595,184
65-74	0.5	8	15	0	2	28,818
75-84	0.4	5	15	0	1	10,948
85 and older	0.3	5	14	0	1	7,099
Unknown	0.0	0	0	0	0	6
Basis of Eligibility^c						
Aged	0.4	7	15	0	1	45,156
Disabled	0.5	10	20	0	3	1,020,696
Adults	0.1	2	17	0	1	1,217,744
Children	0.1	2	19	0	0	2,738,655
Unknown	0.4	5	12	0	1	4,346
Gender						
Female	0.2	4	19	0	1	2,854,802
Male	0.1	3	19	0	1	2,171,738
Unknown	1.4	17	13	0	5	57
Race						
White	0.2	4	19	0	1	4,253,397
African American	0.2	3	17	0	0	573,930
Other/unknown	0.2	3	17	0	1	199,270
Use of Nursing Facilities^d						
Entire year	0.9	18	19	0	6	19,916
Part year	1.0	19	20	0	5	18,851
None	0.2	3	19	0	1	4,987,830
Maintenance Assistance Status						
Cash	0.2	4	18	0	1	3,140,744
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	17	0	0	646,632
Other/unknown	0.2	4	23	0	1	1,239,221

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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}
MISSOURI, 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	288,683	\$62	\$17,896,041	100.0 %	938,965	\$19	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	259	18	4,658	0.0	336	14	0.0
Cough and cold medications	116,297	44	5,149,682	28.8	239,869	21	25.5
Vitamins and minerals	20,844	91	1,888,723	10.6	97,485	19	10.4
Non-prescription drugs	98,576	43	4,230,024	23.6	299,702	14	31.9
Barbiturates	1,143	93	105,750	0.6	10,130	10	1.1
Benzodiazepines	40,009	104	4,145,291	23.2	257,150	16	27.4
Other Part D Excl Rx Drugs	11,555	205	2,371,913	13.3	34,293	69	3.7

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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, MISSOURI, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	1,041,473	4,527	101,538	275,907	658,997	504	10,401,340	45,184	1,034,083	2,559,055	6,758,646	4,372
Age												
5 and younger	241,076	0	722	21	240,333	0	2,373,148	0	7,117	91	2,365,940	0
6-14	297,664	0	2,628	56	294,980	0	3,190,099	0	29,594	417	3,160,088	0
15-20	152,947	0	5,078	24,558	123,309	2	1,505,648	0	53,065	222,614	1,229,957	12
21-44	274,380	0	41,773	232,022	364	221	2,588,835	0	427,224	2,157,147	2,564	1,900
45-64	70,685	0	51,164	19,232	9	280	696,622	0	515,466	178,617	91	2,448
65-74	2,731	2,557	157	16	0	1	28,932	27,315	1,449	156	0	12
75-84	1,172	1,163	8	1	0	0	10,950	10,850	88	12	0	0
85 and older	816	807	8	1	0	0	7,100	7,019	80	1	0	0
Unknown	2	0	0	0	2	0		0	0	0	6	0
Gender												
Female	596,074	3,032	54,525	217,001	321,012	504	5,954,000	30,447	567,067	2,051,081	3,301,033	4,372
Male	445,391	1,491	47,009	58,906	337,985	0	4,447,283	14,709	466,987	507,974	3,457,613	0
Unknown	8	4	4	0	0	0	57	28	29	0	0	0
Race												
White	718,992	2,416	74,134	196,742	445,327	373	7,060,581	23,556	749,846	1,786,964	4,496,961	3,254
African American	270,348	1,000	23,013	60,947	185,290	98	2,846,932	10,060	241,760	609,322	1,984,932	858
Other/unknown	52,133	1,111	4,391	18,218	28,380	33	493,827	11,568	42,477	162,769	276,753	260
Use of Nursing Facilities^c												
Entire year	1,839	513	1,326	0	0	0	19,916	5,515	14,401	0	0	0
Part year	1,866	265	1,594	7	0	0	18,967	2,520	16,368	79	0	0
None	1,037,768	3,749	98,618	275,900	658,997	504	10,362,457	37,149	1,003,314	2,558,976	6,758,646	4,372
Maintenance Assistance Status												
Cash	672,778	1,748	56,574	231,607	382,849	0	6,871,620	19,933	620,536	2,228,333	4,002,818	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	146,846	46	34	24,809	121,453	504	1,354,894	264	225	151,494	1,198,539	4,372
Other/unknown	221,849	2,733	44,930	19,491	154,695	0	2,174,826	24,987	413,322	179,228	1,557,289	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	491,208	4,515	99,296	126,135	260,764	498	4,712,339	45,106	1,009,297	1,084,811	2,568,818	4,307
FFS part year, with Rx claims	34,230	4	1,576	17,692	14,953	5	328,009	44	17,849	162,585	147,474	57
FFS part year, no Rx claims	88,898	5	440	32,560	55,892	1	750,466	31	4,324	272,087	474,016	8
MC all year, with Rx claims	7,646	0	90	2,822	4,734	0	81,764	0	1,061	28,589	52,114	0
MC all year, no Rx claims	419,491	3	136	96,698	322,654	0	4,528,762	3	1,552	1,010,983	3,516,224	0

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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, MISSOURI, 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	1,041,473	10,401,340	614,336	5,026,597	0	5,374,743
Fee-for-service (FFS) all year	491,208	4,712,339	491,208	4,712,339	0	0
FFS part year, with Rx claims	34,230	328,009	34,230	125,610	0	202,399
FFS part year, with no Rx claims	88,898	750,466	88,898	188,648	0	561,818
Managed care (MC) all year, with Rx claims	7,646	81,764	0	0	0	81,764
MC all year, with no Rx claims	419,491	4,528,762	0	0	0	4,528,762

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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.