

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 NORTH CAROLINA

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	1,217,949	2,943	149,635	271,030	794,341	0	11,158,988	16,486	1,574,762	2,117,080	7,450,660	0
Age												
5 and younger	353,013	0	9,275	3	343,735	0	3,238,956	0	96,339	4	3,142,613	0
6-14	340,725	1	22,931	77	317,716	0	3,344,883	1	258,716	327	3,085,839	0
15-20	166,607	6	15,839	19,211	131,551	0	1,526,374	36	176,571	133,194	1,216,573	0
21-44	276,434	70	42,830	232,202	1,332	0	2,279,482	393	451,779	1,821,693	5,617	0
45-64	78,365	141	58,698	19,526	0	0	753,801	883	591,125	161,793	0	0
65-74	947	884	56	7	0	0	6,190	5,943	202	45	0	0
75-84	957	952	3	2	0	0	5,487	5,456	15	16	0	0
85 and older	894	889	3	2	0	0	3,797	3,774	15	8	0	0
Unknown	7	0	0	0	7	0	18	0	0	0	18	0
Gender												
Female	711,952	2,107	74,138	236,044	399,663	0	6,420,579	11,494	791,177	1,862,495	3,755,413	0
Male	505,997	836	75,497	34,986	394,678	0	4,738,409	4,992	783,585	254,585	3,695,247	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	512,129	1,475	58,897	127,506	324,251	0	4,577,718	7,620	601,640	980,841	2,987,617	0
African American	508,178	865	59,889	116,036	331,388	0	4,841,480	4,761	637,695	976,149	3,222,875	0
Other/unknown	197,642	603	30,849	27,488	138,702	0	1,739,790	4,105	335,427	160,090	1,240,168	0
Use of Nursing Facilities^c												
Entire year	856	75	781	0	0	0	9,624	786	8,838	0	0	0
Part year	1,504	87	1,389	27	1	0	14,777	836	13,672	264	5	0
None	1,215,589	2,781	147,465	271,003	794,340	0	11,134,587	14,864	1,552,252	2,116,816	7,450,655	0
Maintenance Assistance Status												
Cash	465,993	1,069	116,282	167,602	181,040	0	4,462,844	6,767	1,295,094	1,393,983	1,767,000	0
Medically needy	3,842	161	1,182	1,956	543	0	29,438	558	10,556	14,243	4,081	0
Poverty-related	632,302	1,713	32,169	58,008	540,412	0	5,542,921	9,161	269,102	310,985	4,953,673	0
Other/unknown	115,812	0	2	43,464	72,346	0	1,123,785	0	10	397,869	725,906	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,200,814	2,942	149,042	266,878	781,952	0	11,053,375	16,481	1,570,426	2,092,327	7,374,141	0
FFS part year, with Rx claims	11,282	1	534	3,434	7,313	0	74,816	5	4,003	21,315	49,493	0
FFS part year, no Rx claims	5,853	0	59	718	5,076	0	30,797	0	333	3,438	27,026	0

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

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

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, NORTH CAROLINA, 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	67.4 %	8.6	\$581	\$67	\$3,497	16.6 %	1,217,949
Age							
5 and younger	67.4	4.1	213	52	1,938	11.0	353,013
6-14	59.9	4.9	364	75	2,175	16.7	340,725
15-20	63.6	6.0	426	71	3,626	11.8	166,607
21-44	74.8	12.2	826	67	4,772	17.3	276,434
45-64	82.6	37.7	2,640	70	11,445	23.1	78,365
65-74	46.8	16.3	886	54	5,810	15.3	947
75-84	38.8	19.9	1,033	52	4,631	22.3	957
85 and older	27.1	14.5	708	49	4,121	17.2	894
Unknown	0.0	0.0	0	0	0	0.0	7
Basis of Eligibility^e							
Aged	40.9	17.0	908	53	5,556	16.3	2,943
Disabled	80.3	29.3	2,484	85	13,772	18.0	149,635
Adults	74.0	10.0	536	54	3,138	17.1	271,030
Children	62.8	4.2	237	56	1,676	14.1	794,341
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	69.9	9.6	594	62	3,363	17.7	711,952
Male	63.8	7.2	563	78	3,685	15.3	505,997
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	73.4	11.0	746	68	3,986	18.7	512,129
African American	64.3	6.9	451	66	3,143	14.3	508,178
Other/unknown	59.8	6.8	491	72	3,140	15.6	197,642
Use of Nursing Facilities^f							
Entire year	95.4	87.3	5,824	67	55,522	10.5	856
Part year	96.3	71.1	5,447	77	55,069	9.9	1,504
None	67.3	8.5	572	67	3,396	16.8	1,215,589
Maintenance Assistance Status							
Cash	72.4	13.5	981	73	5,194	18.9	465,993
Medically needy	80.5	21.3	1,691	80	13,166	12.8	3,842
Poverty related	62.6	5.1	295	59	2,259	13.1	632,302
Other/unknown	72.8	8.0	496	62	3,106	16.0	115,812

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

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

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

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

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

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

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

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

TABLE ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, NORTH CAROLINA, 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	0.9	\$63	16.6 %	32.6 %	51.0 %	7.2 %	6.6 %	2.1 %	0.5 %	\$382	1,217,949	11,158,988
Age												
5 and younger	0.4	23	11.0	32.6	61.4	4.3	1.6	0.1	0.0	211	353,013	3,238,956
6-14	0.5	37	16.7	40.1	51.2	5.0	3.3	0.4	0.0	222	340,725	3,344,883
15-20	0.7	47	11.8	36.4	51.8	6.9	4.3	0.6	0.1	396	166,607	1,526,374
21-44	1.5	100	17.3	25.2	46.3	12.3	12.7	3.0	0.5	579	276,434	2,279,482
45-64	3.9	275	23.1	17.4	20.5	12.0	27.2	17.5	5.6	1,190	78,365	753,801
65-74	2.5	136	15.3	53.2	15.1	6.9	15.6	7.9	1.3	889	947	6,190
75-84	3.5	180	22.3	61.2	8.0	3.9	13.5	10.9	2.5	808	957	5,487
85 and older	3.4	167	17.2	72.9	2.2	4.5	10.0	8.8	1.6	970	894	3,797
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	7	18
Basis of Eligibility ^e												
Aged	3.0	162	16.3	59.1	9.8	6.2	14.2	9.1	1.7	992	2,943	16,486
Disabled	2.8	236	18.0	19.7	31.3	11.7	21.9	11.9	3.5	1,309	149,635	1,574,762
Adults	1.3	69	17.1	26.0	48.4	12.1	11.2	2.0	0.3	402	271,030	2,117,080
Children	0.5	25	14.1	37.2	55.8	4.6	2.1	0.2	0.0	179	794,341	7,450,660
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.1	66	17.7	30.1	51.4	8.0	7.5	2.4	0.7	373	711,952	6,420,579
Male	0.8	60	15.3	36.2	50.5	6.1	5.4	1.5	0.3	394	505,997	4,738,409
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.2	83	18.7	26.6	51.4	9.2	9.2	2.9	0.8	446	512,129	4,577,718
African American	0.7	47	14.3	35.7	51.8	5.9	4.9	1.4	0.3	330	508,178	4,841,480
Other/unknown	0.8	56	15.6	40.2	48.1	5.1	4.5	1.6	0.4	357	197,642	1,739,790
Use of Nursing Facilities ^f												
Entire year	7.8	518	10.5	4.6	2.5	4.8	22.2	41.1	24.9	4,938	856	9,624
Part year	7.2	554	9.9	3.7	6.0	6.4	26.9	36.2	20.8	5,605	1,504	14,777
None	0.9	62	16.8	32.7	51.1	7.2	6.6	2.0	0.5	371	1,215,589	11,134,587
Maintenance Assistance Status												
Cash	1.4	102	18.9	27.6	47.1	9.3	11.0	4.1	1.1	542	465,993	4,462,844
Medically needy	2.8	221	12.8	19.5	31.8	14.5	22.4	9.3	2.5	1,718	3,842	29,438
Poverty related	0.6	34	13.1	37.4	53.3	5.2	3.2	0.7	0.2	258	632,302	5,542,921
Other/unknown	0.8	51	16.0	27.2	55.4	9.1	7.2	1.0	0.1	320	115,812	1,123,785

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

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

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

TABLE ND.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, NORTH CAROLINA, 2004

Beneficiary Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.9	\$63	\$67	0.4	\$49	\$122	0.1	\$4	\$67	0.5	\$10	\$22
Age												
5 and younger	0.4	23	52	0.2	17	107	0.0	2	41	0.2	4	18
6-14	0.5	37	75	0.3	31	111	0.0	2	63	0.2	4	22
15-20	0.7	47	71	0.3	36	123	0.0	2	65	0.3	8	24
21-44	1.5	100	67	0.6	77	133	0.1	6	74	0.8	17	21
45-64	3.9	275	70	1.7	210	124	0.2	18	83	2.0	46	23
65-74	2.5	136	54	1.0	102	98	0.1	7	45	1.3	27	21
75-84	3.5	180	52	1.5	137	90	0.2	10	46	1.7	33	19
85 and older	3.4	167	49	1.4	122	89	0.2	9	37	1.8	35	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.0	162	53	1.3	122	96	0.2	9	48	1.6	31	20
Disabled	2.8	236	85	1.2	187	150	0.2	15	89	1.4	34	25
Adults	1.3	69	54	0.5	51	106	0.1	4	60	0.7	14	19
Children	0.5	25	56	0.2	20	96	0.0	1	46	0.2	4	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.1	66	62	0.4	50	114	0.1	4	64	0.6	12	21
Male	0.8	60	78	0.4	48	134	0.0	3	73	0.4	8	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.2	83	68	0.5	64	120	0.1	5	72	0.6	14	22
African American	0.7	47	66	0.3	38	121	0.0	3	58	0.4	7	20
Other/unknown	0.8	56	72	0.3	43	132	0.1	4	66	0.4	9	24
Use of Nursing Facilities^e												
Entire year	7.8	518	67	2.9	372	127	0.8	44	57	4.0	98	24
Part year	7.2	554	77	2.8	406	144	0.6	42	72	3.8	106	28
None	0.9	62	67	0.4	49	121	0.1	4	67	0.5	10	21
Maintenance Assistance Status												
Cash	1.4	102	73	0.6	80	132	0.1	6	77	0.7	16	23
Medically needy	2.8	221	80	1.1	172	156	0.2	13	79	1.5	35	24
Poverty related	0.6	34	59	0.2	26	104	0.0	2	52	0.3	6	20
Other/unknown	0.8	51	62	0.4	41	110	0.0	3	54	0.4	8	19

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

- a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In North Carolina, 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, NORTH CAROLINA, 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	0.2	0.1	0.0	0.1	\$14	\$10	\$1	\$3	\$60	\$121	\$66	\$22	1,309,457	\$78,489,915	522,767	42.9 %	5,438,464
Biologicals	0.4	0.4	0.0	0.0	458	421	2	34	1225	1,165	2,448	3,119	13,755	16,845,312	3,957	0.3	36,812
Antineoplastic Agents	0.4	0.1	0.0	0.3	115	93	2	21	268	812	177	67	21,121	5,660,977	4,677	0.4	49,274
Endocrine/Metabolic Drugs	0.4	0.2	0.1	0.2	21	15	2	4	51	87	33	23	863,770	43,956,074	203,889	16.7	2,115,979
Cardiovascular Agents	1.0	0.5	0.0	0.6	42	33	1	8	41	72	38	15	1,105,011	44,832,658	101,502	8.3	1,067,212
Respiratory Agents	0.4	0.2	0.0	0.2	21	18	1	3	52	79	33	17	1,821,793	95,624,506	428,626	35.2	4,499,872
Gastrointestinal Agents	0.4	0.3	0.0	0.1	46	38	2	6	108	150	85	38	566,158	60,953,271	127,117	10.4	1,326,599
Genitourinary Agents	0.2	0.1	0.0	0.1	10	7	1	2	50	71	42	23	130,293	6,477,470	62,161	5.1	630,411
CNS Drugs	0.7	0.4	0.0	0.3	69	58	3	8	96	164	105	24	1,307,271	124,970,501	172,199	14.1	1,799,374
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	52	48	1	3	93	103	69	39	402,166	37,333,718	66,203	5.4	715,356
Miscellaneous Psychological/																	
Neurological Agents	0.3	0.2	0.0	0.1	104	98	1	5	349	410	111	105	15,801	5,513,817	4,902	0.4	52,820
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	20	13	1	6	47	167	176	17	1,228,517	57,974,143	290,061	23.8	2,966,881
Neuromuscular Agents	0.6	0.2	0.1	0.3	52	35	11	6	90	162	128	23	592,132	53,334,995	97,039	8.0	1,029,978
Nutritional Products	0.3	0.0	0.0	0.2	5	1	0	4	17	18	16	17	225,230	3,888,036	77,842	6.4	761,442
Hematological Agents	0.4	0.1	0.1	0.2	103	93	2	8	251	618	35	40	124,985	31,414,763	29,887	2.5	306,014
Topical Products	0.2	0.1	0.0	0.1	11	7	1	3	48	84	54	23	734,094	35,331,976	314,357	25.8	3,311,575
Miscellaneous Products	0.6	0.2	0.1	0.3	165	109	27	30	287	552	345	99	15,321	4,403,070	2,476	0.2	26,664
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	35	0	0	0	25,989	912,355	12,238	1.0	134,106
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.	10,502,864	707,917,557	n.a.	n.a.	n.a.

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

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In North Carolina, 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, NORTH CAROLINA, 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	\$70,668,423	54,526	4.5 %	606,560	0.5	\$234	\$117
ANTIASTHMATIC	48,967,939	249,947	20.5	2,698,572	0.3	69	18
ULCER DRUGS	48,357,077	116,113	9.5	1,220,411	0.4	110	40
ANTICONVULSANT	45,914,239	65,247	5.4	710,570	0.6	116	65
ANTIDEPRESSANTS	42,710,640	140,772	11.6	1,482,761	0.4	71	29
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	37,258,009	80,805	6.6	882,031	0.5	93	42
ANALGESICS - Narcotic	30,245,005	319,199	26.2	3,323,359	0.2	39	9
ANTIVIRAL	28,124,409	22,351	1.8	236,547	0.3	366	119
DERMATOLOGICAL	25,945,759	294,911	24.2	3,171,239	0.2	54	8
ANTIHISTAMINES	23,715,200	222,610	18.3	2,402,124	0.2	46	10
Total	401,906,700	1,566,481		16,734,174	n.a.	n.a.	n.a.

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

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

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

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

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

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NORTH CAROLINA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIASTHMATIC				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	4,709,000	\$401,906,700	54,526	4.5 %	606,560	0.5	\$117	249,947	20.5 %	2,698,572	0.3	\$18
Female	2,872,300	231,146,897	29,988	4.2	331,770	0.5	105	132,170	18.6	1,425,477	0.3	18
Disabled	1,168,526	119,574,249	17,699	23.9	203,221	0.5	131	31,624	42.7	363,254	0.4	27
	18,212	1,523,793	48	1.3	548	0.4	77	1,725	46.0	19,663	0.3	22
5 and younger	63,941	7,052,246	1,099	14.7	12,751	0.5	119	2,556	34.3	29,913	0.3	27
6-14	48,194	5,651,565	1,004	17.4	11,567	0.5	134	1,385	24.0	16,238	0.3	24
15-20	358,135	40,419,736	7,379	32.6	84,955	0.5	123	7,885	34.8	90,870	0.3	22
21-44	679,972	64,920,514	8,166	23.7	93,388	0.6	139	18,067	52.4	206,541	0.4	31
45-64	72	6,395	3	13.0	12	0.3	108	6	26.1	29	0.3	27
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	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,703,774	111,572,648	12,289	1.9	128,549	0.3	64	100,546	15.8	1,062,223	0.2	15
	226,582	11,222,495	144	0.1	1,624	0.3	68	32,365	19.1	347,347	0.2	13
5 and younger	332,070	24,140,162	2,094	1.3	23,339	0.4	86	28,426	18.0	309,031	0.2	17
6-14	205,299	12,865,582	2,077	2.3	22,283	0.3	65	11,137	12.5	118,069	0.2	13
15-20	824,262	54,231,041	7,143	3.5	72,877	0.3	56	25,085	12.3	251,829	0.2	14
21-44	107,265	8,527,956	724	5.1	7,327	0.4	63	3,341	23.4	33,784	0.3	21
45-64	2,448	171,833	32	6.1	350	0.6	89	72	13.7	796	0.4	29
65-74	3,450	254,859	40	6.1	363	0.6	78	78	11.9	887	0.5	40
75-84	2,398	158,720	35	4.9	386	0.7	87	42	5.8	480	0.4	20
85 and older												
Male	1,836,700	170,759,803	24,538	4.8	274,790	0.5	131	117,777	23.3	1,273,095	0.3	18
Disabled	806,447	95,742,748	16,387	21.7	187,083	0.6	151	22,398	29.7	254,947	0.4	27
	28,763	2,442,600	185	3.3	2,171	0.4	85	3,173	57.4	36,687	0.3	24
5 and younger	160,155	17,843,118	3,616	23.4	41,995	0.6	123	6,021	38.9	70,135	0.3	24
6-14	81,565	10,272,087	2,361	23.5	27,472	0.6	144	2,073	20.6	24,222	0.3	23
15-20	222,326	31,396,921	6,015	29.8	68,424	0.6	168	2,917	14.4	33,145	0.3	23
21-44	313,551	33,780,994	4,208	17.4	47,013	0.6	157	8,210	33.9	90,745	0.5	32
45-64	74	5,435	2	6.1	8	0.3	66	4	12.1	13	0.5	65
65-74	13	1,593	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	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,030,253	75,017,055	8,151	1.9	87,707	0.4	88	95,379	22.2	1,018,148	0.2	16
	278,452	15,312,423	384	0.2	4,302	0.4	71	46,180	26.5	493,800	0.2	15
5 and younger	481,381	38,132,392	4,537	2.8	50,254	0.5	93	38,063	23.9	410,377	0.3	18
6-14	130,318	10,728,969	2,012	3.3	21,734	0.4	90	7,756	12.6	82,647	0.3	16
15-20	103,863	7,671,972	984	3.4	9,088	0.3	70	2,480	8.6	22,571	0.3	18
21-44	32,600	2,898,686	196	3.6	1,948	0.3	64	787	14.5	7,569	0.4	34
45-64	1,648	143,663	17	4.7	158	0.9	175	66	18.1	682	0.3	20
65-74	1,281	79,976	13	4.3	132	0.7	104	30	10.0	337	0.4	26
75-84	710	48,974	8	4.7	91	0.7	115	17	9.9	165	0.4	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 North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.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, NORTH CAROLINA, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTIDEPRESSANTS				
	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	116,113	9.5 %	1,220,411	0.4	\$40	65,247	5.4 %	710,570	0.6	\$65	140,772	11.6 %	1,482,761	0.4	\$29
Female	81,322	11.4	858,048	0.4	40	42,254	5.9	459,088	0.5	59	106,367	14.9	1,113,270	0.4	29
Disabled	29,133	39.3	333,140	0.5	57	21,620	29.2	247,271	0.6	76	36,783	49.6	418,159	0.5	35
5 and younger	674	18.0	7,197	0.4	30	487	13.0	5,617	0.7	92	33	0.9	378	0.4	21
6-14	683	9.2	7,998	0.4	45	1,443	19.3	16,741	0.8	116	870	11.7	10,103	0.5	31
15-20	870	15.1	10,180	0.4	37	1,163	20.1	13,482	0.8	126	1,373	23.8	15,970	0.4	33
21-44	8,254	36.5	95,041	0.4	49	7,942	35.1	90,894	0.6	81	12,957	57.2	147,680	0.4	33
45-64	18,648	54.1	212,707	0.5	64	10,583	30.7	120,535	0.6	59	21,542	62.5	243,990	0.5	36
65-74	4	17.4	17	0.6	75	2	8.7	2	1.0	32	8	34.8	38	0.3	17
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	52,189	8.2	524,908	0.3	28	20,634	3.2	211,817	0.4	40	69,584	10.9	695,111	0.3	25
5 and younger	6,080	3.6	55,841	0.2	11	533	0.3	5,751	0.4	51	97	0.1	1,117	0.3	13
6-14	4,619	2.9	50,808	0.2	19	1,622	1.0	17,551	0.5	69	4,187	2.6	45,968	0.4	24
15-20	6,644	7.4	69,930	0.2	17	2,230	2.5	23,760	0.4	46	9,435	10.6	98,442	0.3	22
21-44	30,283	14.8	302,584	0.3	33	14,425	7.0	146,074	0.4	35	49,948	24.4	490,893	0.3	25
45-64	4,234	29.7	42,240	0.4	50	1,734	12.2	17,680	0.4	43	5,701	40.0	56,409	0.4	31
65-74	122	23.2	1,262	0.5	45	34	6.5	387	0.6	33	59	11.2	598	0.5	28
75-84	123	18.8	1,339	0.6	63	37	5.7	413	0.7	46	93	14.2	997	0.7	37
85 and older	84	11.7	904	0.6	58	19	2.6	201	0.7	33	64	8.9	687	0.7	37
Male	34,791	6.9	362,363	0.4	40	22,993	4.5	251,482	0.6	75	34,405	6.8	369,491	0.4	30
Disabled	15,821	21.0	176,237	0.5	54	15,962	21.1	180,014	0.7	85	18,584	24.6	208,453	0.5	32
5 and younger	873	15.8	9,552	0.4	29	595	10.8	6,825	0.7	94	62	1.1	699	0.4	17
6-14	1,169	7.6	13,644	0.4	48	2,634	17.0	30,522	0.7	104	2,325	15.0	27,070	0.5	31
15-20	884	8.8	10,266	0.4	39	1,740	17.3	20,021	0.8	117	1,832	18.2	21,316	0.5	38
21-44	4,190	20.8	47,303	0.5	53	5,567	27.6	62,487	0.7	91	6,238	30.9	69,727	0.5	33
45-64	8,699	35.9	95,429	0.5	60	5,425	22.4	60,147	0.6	56	8,124	33.6	89,617	0.5	31
65-74	5	15.2	31	0.7	94	1	3.0	12	1.0	22	3	9.1	24	0.6	10
75-84	1	100.0	12	1.0	132	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	18,970	4.4	186,126	0.3	26	7,031	1.6	71,468	0.4	50	15,821	3.7	161,038	0.4	26
5 and younger	7,036	4.0	65,800	0.2	13	751	0.4	8,145	0.4	49	175	0.1	2,002	0.2	10
6-14	4,001	2.5	43,532	0.2	20	2,140	1.3	23,323	0.5	58	5,470	3.4	60,422	0.4	26
15-20	2,578	4.2	27,287	0.2	23	1,232	2.0	12,742	0.5	58	3,741	6.1	39,246	0.4	27
21-44	3,891	13.5	35,605	0.4	47	2,216	7.7	20,540	0.4	36	4,993	17.3	45,597	0.3	24
45-64	1,295	23.9	12,067	0.4	56	656	12.1	6,340	0.4	47	1,347	24.9	12,753	0.4	28
65-74	81	22.2	866	0.5	57	15	4.1	143	0.7	58	35	9.6	382	0.7	46
75-84	61	20.3	693	0.5	41	12	4.0	137	0.6	55	39	13.0	416	0.6	22
85 and older	27	15.7	276	0.6	49	9	5.2	98	0.5	42	21	12.2	220	0.7	46
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 North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

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

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

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

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANALGESICS - Narcotic					ANTIVIRAL				
	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	80,805	6.6 %	882,031	0.5	\$42	319,199	26.2 %	3,323,359	0.2	\$9	22,351	1.8 %	236,547	0.3	\$119
Female	31,171	4.4	337,883	0.4	36	237,307	33.3	2,464,346	0.2	8	15,696	2.2	165,012	0.3	95
Disabled	6,055	8.2	70,467	0.4	41	54,853	74.0	627,682	0.3	19	4,372	5.9	49,985	0.4	179
116	116	3.1	1,310	0.3	48	313	8.3	3,627	0.1	1	53	1.4	620	0.4	87
5 and younger	2,202	29.5	25,576	0.5	48	917	12.3	10,813	0.1	2	163	2.2	1,893	0.5	177
6-14	684	11.8	7,928	0.4	41	1,799	31.1	21,082	0.1	4	179	3.1	2,078	0.3	112
15-20	1,430	6.3	16,714	0.3	32	19,417	85.8	223,261	0.3	17	2,233	9.9	25,540	0.4	186
21-44	1,623	4.7	18,939	0.3	37	32,399	94.0	368,858	0.4	21	1,743	5.1	19,850	0.4	182
45-64	0	0.0	0	0.0	0	8	34.8	41	0.5	32	1	4.3	4	0.5	102
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	25,116	3.9	267,416	0.4	35	182,454	28.6	1,836,664	0.2	5	11,324	1.8	115,027	0.2	58
Other Eligibles	750	0.4	8,424	0.3	26	5,203	3.1	57,730	0.1	1	798	0.5	8,604	0.1	7
5 and younger	12,722	8.0	138,329	0.5	43	11,266	7.1	123,510	0.1	1	1,019	0.6	11,204	0.2	55
6-14	2,451	2.7	26,448	0.4	36	28,427	31.9	293,527	0.1	2	1,693	1.9	17,612	0.2	33
15-20	8,561	4.2	87,676	0.3	22	127,507	62.3	1,259,943	0.2	5	7,350	3.6	73,030	0.3	67
21-44	629	4.4	6,503	0.3	32	9,686	68.0	97,948	0.3	12	452	3.2	4,445	0.3	129
45-64	2	0.4	24	0.1	13	130	24.7	1,391	0.3	10	3	0.6	33	0.1	18
65-74	1	0.2	12	0.6	67	138	21.1	1,547	0.4	16	6	0.9	72	0.1	12
75-84	0	0.0	0	0.0	0	97	13.5	1,068	0.4	11	3	0.4	27	0.1	5
85 and older	49,634	9.8	544,148	0.5	46	81,892	16.2	859,013	0.2	12	6,655	1.3	71,535	0.4	174
Male	11,241	14.9	130,642	0.5	50	31,214	41.3	346,282	0.3	21	4,031	5.3	44,178	0.5	245
Disabled	433	7.8	5,027	0.3	27	574	10.4	6,627	0.1	1	67	1.2	782	0.2	25
5 and younger	7,801	50.4	90,719	0.5	52	1,565	10.1	18,426	0.1	2	242	1.6	2,843	0.4	162
6-14	2,195	21.8	25,569	0.5	51	2,103	20.9	24,441	0.1	3	125	1.2	1,421	0.3	120
15-20	527	2.6	6,112	0.4	47	10,264	50.8	114,383	0.3	20	1,855	9.2	19,916	0.5	249
21-44	285	1.2	3,215	0.4	38	16,702	69.0	182,347	0.4	26	1,742	7.2	19,216	0.5	271
45-64	0	0.0	0	0.0	0	5	15.2	46	0.2	6	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	1	100.0	12	0.1	1	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	38,393	8.9	413,506	0.5	45	50,678	11.8	512,731	0.2	6	2,624	0.6	27,357	0.2	61
Other Eligibles	2,261	1.3	25,260	0.3	27	7,262	4.2	80,156	0.1	1	885	0.5	9,478	0.1	9
5 and younger	31,413	19.7	338,244	0.5	46	11,479	7.2	126,638	0.1	1	792	0.5	8,656	0.2	35
6-14	4,231	6.9	45,414	0.5	47	11,377	18.5	118,393	0.1	2	388	0.6	4,023	0.2	77
15-20	423	1.5	3,943	0.3	33	16,727	57.8	150,921	0.3	12	450	1.6	4,246	0.3	172
21-44	65	1.2	645	0.3	37	3,633	67.1	34,454	0.4	22	106	2.0	918	0.4	240
45-64	0	0.0	0	0.0	0	86	23.6	952	0.3	7	2	0.5	24	0.5	365
65-74	0	0.0	0	0.0	0	74	24.7	801	0.3	6	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	40	23.3	416	0.3	8	1	0.6	12	0.1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	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 North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.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, NORTH CAROLINA, 2004

Beneficiary Characteristics	DERMATOLOGICAL					ANTI-HISTAMINES					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	294,911	24.2 %	3,171,239	0.2	\$8	222,610	18.3 %	2,402,124	0.2	\$10	1,217,949	11,158,988
Female	177,833	25.0	1,908,538	0.2	8	137,806	19.4	1,474,148	0.2	10	711,950	6,420,574
Disabled	25,853	34.9	301,077	0.2	11	23,891	32.2	276,683	0.3	16	74,138	791,177
	1,652	44.1	18,950	0.2	7	792	21.1	9,260	0.2	6	3,750	38,268
5 and younger	2,577	34.6	30,234	0.2	8	1,933	25.9	22,696	0.3	13	7,458	84,100
6-14	2,186	37.8	25,789	0.2	9	1,570	27.2	18,446	0.2	13	5,776	64,535
15-20	7,378	32.6	86,264	0.2	11	7,497	33.1	86,910	0.3	13	22,643	244,936
21-44	12,057	35.0	139,818	0.2	12	12,095	35.1	139,347	0.4	18	34,484	359,237
45-64	3	13.0	22	0.1	9	4	17.4	24	0.3	17	23	85
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	3
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	13
85 and older	151,980	23.8	1,607,461	0.1	8	113,915	17.9	1,197,465	0.2	8	637,812	5,629,397
Other Eligibles	61,736	36.4	650,012	0.1	6	25,259	14.9	277,105	0.2	5	169,417	1,549,979
5 and younger	36,122	22.8	397,613	0.1	9	30,089	19.0	328,273	0.2	11	158,309	1,538,613
6-14	18,708	21.0	200,119	0.2	9	17,165	19.2	179,865	0.2	9	89,250	786,755
15-20	32,265	15.8	326,883	0.2	9	38,137	18.6	378,967	0.2	8	204,688	1,622,743
21-44	2,883	20.2	29,863	0.2	11	3,122	21.9	31,650	0.3	15	14,249	121,077
45-64	75	14.3	842	0.2	9	52	9.9	563	0.4	17	526	3,586
65-74	94	14.4	1,067	0.2	9	50	7.6	570	0.4	26	654	3,695
75-84	97	13.5	1,062	0.2	11	41	5.7	472	0.3	17	719	2,949
85 and older	117,078	23.1	1,262,701	0.2	8	84,804	16.8	927,976	0.2	10	505,992	4,738,396
Male	18,660	24.7	215,869	0.2	10	14,249	18.9	164,037	0.3	15	75,497	783,585
Disabled	2,147	38.9	24,733	0.1	7	1,430	25.9	16,737	0.2	7	5,525	58,071
5 and younger	4,212	27.2	49,557	0.1	8	4,087	26.4	48,000	0.3	15	15,473	174,616
6-14	2,734	27.2	32,142	0.2	10	1,788	17.8	20,926	0.3	16	10,063	112,036
15-20	4,398	21.8	50,913	0.2	12	3,157	15.6	36,147	0.3	16	20,187	206,843
21-44	5,168	21.3	58,512	0.2	13	3,785	15.6	42,217	0.3	17	24,214	231,888
45-64	1	3.0	12	0.2	6	2	6.1	10	0.5	30	33	117
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
85 and older	98,418	22.9	1,046,832	0.1	8	70,555	16.4	763,939	0.2	9	430,495	3,954,811
Other Eligibles	58,017	33.3	608,735	0.1	7	29,022	16.6	317,140	0.2	5	174,321	1,592,638
5 and younger	26,826	16.8	296,019	0.1	7	30,941	19.4	337,297	0.2	12	159,485	1,547,554
6-14	10,221	16.6	110,121	0.2	12	7,290	11.9	78,288	0.2	13	61,518	563,048
15-20	2,516	8.7	23,690	0.2	12	2,604	9.0	24,370	0.2	10	28,916	204,960
21-44	735	13.6	7,159	0.2	11	613	11.3	5,910	0.3	15	5,418	41,599
45-64	32	8.8	345	0.2	12	38	10.4	428	0.4	20	365	2,402
65-74	50	16.7	565	0.2	7	33	11.0	355	0.2	11	300	1,777
75-84	21	12.2	198	0.2	10	14	8.1	151	0.2	5	172	833
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	18
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	18

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

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

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

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

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

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, NORTH CAROLINA, 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	\$518	7.8	856	9,624
Age				
0-64	531	7.9	779	8,836
65-74	375	5.2	19	159
75-84	504	9.4	25	265
85 and older	287	5.4	33	364
Unknown	0	0.0	0	0
Gender				
Female	523	7.9	487	5,513
Male	512	7.6	369	4,111
Unknown	0	0.0	0	0
Race				
White	533	8	391	4,345
African American	497	7.3	375	4,250
Other/unknown	540	8.7	90	1,029
Basis of Eligibility^c				
Aged	378	6.7	75	786
Disabled	530	7.9	781	8,838
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 North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 1,504 beneficiaries who were in nursing facilities for part of their enrollment and their 14,777 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, NORTH CAROLINA, 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	0.6	0.2	0.0	0.3	\$57	\$44	\$4	\$8	\$104	\$184	\$100	\$32	3,600	\$373,084	575	67.2 %	6,542
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.5	0.1	0.0	0.5	81	15	0	65	151	255	0	138	310	46,818	53	6.2	579
Endocrine/Metabolic Drugs	1.3	0.7	0.2	0.5	73	61	4	8	56	92	28	16	5,712	322,449	385	45.0	4,394
Cardiovascular Agents	2.0	0.6	0.1	1.3	69	48	2	19	35	76	21	15	12,700	441,695	571	66.7	6,419
Respiratory Agents	0.8	0.4	0.0	0.3	46	39	0	6	60	88	23	21	3,637	219,043	419	48.9	4,766
Gastrointestinal Agents	1.2	0.4	0.1	0.7	78	53	4	21	65	135	45	29	7,654	494,761	561	65.5	6,338
Genitourinary Agents	0.6	0.4	0.0	0.2	43	35	3	6	69	95	57	27	1,320	90,453	183	21.4	2,089
CNS Drugs	1.8	0.9	0.1	0.8	163	133	8	22	90	148	78	27	13,382	1,202,552	652	76.2	7,371
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.0	0.3	24	16	2	5	49	144	48	16	88	4,350	16	1.9	185
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	197	195	0	2	234	236	0	130	722	168,732	78	9.1	856
Analgesics and Anesthetics	1.1	0.4	0.0	0.7	72	58	2	12	63	141	58	18	6,122	385,854	476	55.6	5,354
Neuromuscular Agents	1.5	0.4	0.4	0.7	122	55	37	30	80	147	86	42	8,939	714,015	507	59.2	5,854
Nutritional Products	0.8	0.0	0.0	0.7	15	0	1	14	18	18	14	19	2,578	47,648	280	32.7	3,172
Hematological Agents	1.2	0.3	0.4	0.5	79	65	7	7	65	214	18	13	3,949	256,891	290	33.9	3,246
Topical Products	0.6	0.2	0.1	0.3	29	18	4	7	51	78	58	26	3,547	181,064	535	62.5	6,156
Miscellaneous Products	0.2	0.0	0.0	0.2	7	1	0	5	28	53	7	25	123	3,446	47	5.5	523
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	35	0	0	0	97	0	0	0	335	32,614	81	9.5	945
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.	74,718	4,985,469	n.a.	n.a.	n.a.

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

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,504 beneficiaries who were in nursing facilities for part of their enrollment and their 14,777 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.medispanspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In North Carolina, 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, NORTH CAROLINA, 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	\$686,894	378	44.2 %	4,270	0.8	\$203	\$161
ANTICONVULSANT	557,100	554	64.7	6,418	1.0	86	87
ANTIDEPRESSANTS	424,056	690	80.6	7,848	0.8	66	54
ULCER DRUGS	386,242	576	67.3	6,540	0.7	80	59
ANTIDIABETIC	269,802	496	57.9	5,764	0.9	53	47
ANALGESICS - Narcotic	251,248	547	63.9	6,105	0.7	61	41
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	168,732	93	10.9	1,014	0.7	234	166
ANTIASTHMATIC	140,520	347	40.5	3,930	0.5	74	36
ANTIVIRAL	140,100	46	5.4	513	0.6	477	273
ANTIHYPERTENSIVE	135,579	181	21.1	2,113	0.7	91	64
Total	3,160,273	3,908		44,515	n.a.	n.a.	n.a.

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

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,504 beneficiaries who were in nursing facilities for part of their enrollment and their 14,777 benefit months were excluded from the analysis.

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

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

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

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

TABLE ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NORTH CAROLINA, 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	34,696	\$3,160,273	378	44.2 %	4,270	0.8	\$161	554	64.7 %	6,418	1.0	\$87
Female	20,252	1,885,312	236	48.5	2,676	0.8	165	313	64.3	3,662	1.0	85
Disabled	19,110	1,793,287	217	49.9	2,516	0.8	168	307	70.6	3,590	1.0	85
64 or younger	19,106	1,793,205	217	50.0	2,516	0.8	168	306	70.5	3,589	1.0	85
65-74	4	82	0	0.0	0	0.0	0	1	100.0	1	1.0	33
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	1,142	92,025	19	36.5	160	0.8	117	6	11.5	72	1.0	61
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	82	10,312	3	33.3	25	0.9	244	0	0.0	0	0.0	0
75-84	623	50,238	10	58.8	63	0.7	85	5	29.4	60	1.0	64
85 and older	437	31,475	6	23.1	72	0.7	102	1	3.8	12	0.9	51
Male	14,444	1,274,961	142	38.5	1,594	0.8	154	241	65.3	2,756	1.0	89
Disabled	13,557	1,198,484	130	37.6	1,486	0.8	151	230	66.5	2,640	1.0	89
64 or younger	13,557	1,198,484	130	37.7	1,486	0.8	151	230	66.7	2,640	1.0	89
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	0.0	0	0	0.0	0	0.0	0
Other Eligibles	887	76,477	12	52.2	108	0.8	186	11	47.8	116	1.2	107
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	293	30,799	6	75.0	44	1.0	244	5	62.5	44	1.4	123
75-84	401	26,836	3	37.5	30	0.5	95	4	50.0	48	1.2	100
85 and older	193	18,842	3	42.9	34	0.8	192	2	28.6	24	0.8	91
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 North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,504 beneficiaries who were in nursing facilities for part of their enrollment and their 14,777 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, NORTH CAROLINA, 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	690	80.6 %	7,848	0.8	\$54	576	67.3 %	6,540	0.7	\$59	496	57.9 %	5,764	0.9	\$47
Female	395	81.1	4,456	0.8	56	323	66.3	3,658	0.7	60	304	62.4	3,554	0.9	47
Disabled	369	84.8	4,218	0.8	56	297	68.3	3,386	0.7	61	281	64.6	3,287	0.9	48
Other Eligibles	368	84.8	4,217	0.8	56	297	68.4	3,386	0.7	61	280	64.5	3,286	0.9	48
64 or younger	1	100.0	1	1.0	7	0	0.0	0	0.0	0	1	100.0	1	1.0	31
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	26	50.0	238	0.9	55	26	50.0	272	0.7	51	23	44.2	267	0.7	35
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	5	55.6	13	0.5	21	4	44.4	19	0.8	39	3	33.3	27	1.0	94
65-74	12	70.6	126	1.0	71	5	29.4	60	1.0	76	16	94.1	192	0.7	25
75-84	9	34.6	99	0.8	37	17	65.4	193	0.6	44	4	15.4	48	0.8	40
85 and older															
Male	295	79.9	3,392	0.8	51	253	68.6	2,882	0.7	58	192	52.0	2,210	0.9	47
Disabled	274	79.2	3,160	0.8	51	243	70.2	2,772	0.7	59	179	51.7	2,060	0.9	46
Other Eligibles	274	79.4	3,160	0.8	51	243	70.4	2,772	0.7	59	179	51.9	2,060	0.9	46
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	21	91.3	232	0.8	56	10	43.5	110	0.8	30	13	56.5	150	0.9	59
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	4	50.0	38	1.4	130	2	25.0	14	1.0	132	6	75.0	72	0.8	39
65-74	10	125.0	114	0.7	35	6	75.0	72	0.6	11	6	75.0	66	1.0	88
75-84	7	100.0	80	0.7	51	2	28.6	24	1.0	28	1	14.3	12	0.7	21
85 and older															
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,504 beneficiaries who were in nursing facilities for part of their enrollment and their 14,777 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, NORTH CAROLINA, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	547	63.9 %	6,105	0.7	\$41	93	10.9 %	1,014	0.7	\$166	347	40.5 %	3,930	0.5	\$36
Female	331	68.0	3,703	0.6	43	63	12.9	698	0.7	188	180	37.0	2,076	0.5	39
Disabled	308	70.8	3,474	0.7	45	44	10.1	509	0.7	223	166	38.2	1,917	0.5	40
64 or younger	308	71.0	3,474	0.7	45	44	10.1	509	0.7	223	165	38.0	1,916	0.5	40
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	1	1.0	11
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	44.2	229	0.4	23	19	36.5	189	0.7	93	14	26.9	159	0.4	37
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	4	44.4	12	0.7	35	2	22.2	4	0.5	53	1	11.1	3	0.3	4
75-84	9	52.9	97	0.4	36	11	64.7	113	0.9	106	6	35.3	72	0.5	66
85 and older	10	38.5	120	0.5	11	6	23.1	72	0.6	76	7	26.9	84	0.2	12
Male	216	58.5	2,402	0.7	38	30	8.1	316	0.6	118	167	45.3	1,854	0.5	32
Disabled	201	58.1	2,238	0.7	39	25	7.2	264	0.6	119	157	45.4	1,759	0.4	32
64 or younger	201	58.3	2,238	0.7	39	25	7.2	264	0.6	119	157	45.5	1,759	0.4	32
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	15	65.2	164	0.6	25	5	21.7	52	0.7	114	10	43.5	95	0.5	28
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	4	50.0	40	0.9	67	0	0.0	0	0.0	0	3	37.5	20	0.3	17
75-84	7	87.5	78	0.6	15	1	12.5	6	1.0	155	7	87.5	75	0.6	31
85 and older	4	57.1	46	0.5	5	4	57.1	46	0.7	108	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 North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,504 beneficiaries who were in nursing facilities for part of their enrollment and their 14,777 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, NORTH CAROLINA, 2004

Beneficiary Characteristics	ANTIVIRAL					ANTIHYPERTENSIVE					Benefit Months	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Among All-Year Nursing Facility Residents
All	46	5.4 %	513	0.6	\$273	181	21.1 %	2,113	0.7	\$64	856	9,624
Female	21	4.3	252	0.5	166	101	20.7	1,176	0.7	70	487	5,513
Disabled	19	4.4	228	0.5	182	97	22.3	1,128	0.7	69	435	4,968
64 or younger	19	4.4	228	0.5	182	97	22.4	1,128	0.7	69	434	4,967
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
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	2	3.8	24	0.1	9	4	7.7	48	0.9	84	52	545
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	79
75-84	1	5.9	12	0.1	14	3	17.6	36	0.9	66	17	184
85 and older	1	3.8	12	0.1	3	1	3.8	12	0.9	138	26	282
Male	25	6.8	261	0.7	377	80	21.7	937	0.7	57	369	4,111
Disabled	25	7.2	261	0.7	377	75	21.7	877	0.7	54	346	3,870
64 or younger	25	7.2	261	0.7	377	75	21.7	877	0.7	54	345	3,869
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
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	0	0.0	0	0.0	0	5	21.7	60	0.9	105	23	241
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	2	25.0	24	0.8	85	8	78
75-84	0	0.0	0	0.0	0	3	37.5	36	0.9	118	8	81
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	82
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 North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,504 beneficiaries who were in nursing facilities for part of their enrollment and their 14,777 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}
NORTH CAROLINA, 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	317,909	26.1 %	0.8	1,003,756	\$21	\$26,065,279	\$26	3.7 %	1,217,949
Age									
5 and younger	113,293	32.1	0.7	233,684	15	5,395,785	23	7.2	353,013
6-14	62,546	18.4	0.4	120,352	11	3,651,268	30	2.9	340,725
15-20	28,770	17.3	0.4	64,848	14	2,274,865	35	3.2	166,607
21-44	77,422	28.0	1.2	326,281	31	8,706,097	27	3.8	276,434
45-64	35,365	45.1	3.3	254,869	76	5,970,554	23	2.9	78,365
65-74	205	21.6	1.2	1,156	23	21,719	19	2.6	947
75-84	178	18.6	1.6	1,515	29	27,613	18	2.8	957
85 and older	130	14.5	1.2	1,051	19	17,378	17	2.7	894
Unknown	0	0.0	0.0	0	0	0	0	0.0	7
Basis of Eligibility^c									
Aged	570	19.4	1.4	4,001	25	72,527	18	2.7	2,943
Disabled	58,299	39.0	2.5	374,841	73	10,854,884	29	2.9	149,635
Adults	69,728	25.7	0.9	256,101	23	6,198,891	24	4.3	271,030
Children	189,312	23.8	0.5	368,813	11	8,938,977	24	4.7	794,341
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	195,201	27.4	0.9	668,271	24	17,238,970	26	4.1	711,952
Male	122,708	24.3	0.7	335,485	17	8,826,309	26	3.1	505,997
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	163,280	31.9	1.2	591,563	28	14,514,869	25	3.8	512,129
African American	103,693	20.4	0.5	265,712	14	7,159,442	27	3.1	508,178
Other/unknown	50,936	25.8	0.7	146,481	22	4,390,968	30	4.5	197,642
Use of Nursing Facilities^d									
Entire year	542	63.3	7.7	6,567	158	135,124	21	2.7	856
Part year	1,097	72.9	6.2	9,310	278	418,649	45	5.1	1,504
None	316,270	26.0	0.8	987,879	21	25,511,506	26	3.7	1,215,589
Maintenance Assistance Status									
Cash	138,782	29.8	1.3	588,005	33	15,471,663	26	3.4	465,993
Medically needy	1,519	39.5	1.9	7,372	47	179,919	24	2.8	3,842
Poverty related	147,004	23.2	0.5	327,927	13	8,339,275	25	4.5	632,302
Other/unknown	30,604	26.4	0.7	80,452	18	2,074,422	26	3.6	115,812

Table ND11

Nondual Beneficiaries

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

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

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

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

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$2	\$26	\$0	\$1	11,158,988
Age						
5 and younger	0.1	2	23	0	0	3,238,956
6-14	0.0	1	30	0	0	3,344,883
15-20	0.0	1	35	0	0	1,526,374
21-44	0.1	4	27	0	1	2,279,482
45-64	0.3	8	23	0	3	753,801
65-74	0.2	4	19	0	1	6,190
75-84	0.3	5	18	0	2	5,487
85 and older	0.3	5	17	0	1	3,797
Unknown	0.0	0	0	0	0	18
Basis of Eligibility^c						
Aged	0.2	4	18	0	1	16,486
Disabled	0.2	7	29	0	2	1,574,762
Adults	0.1	3	24	0	1	2,117,080
Children	0.0	1	24	0	0	7,450,660
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	3	26	0	1	6,420,579
Male	0.1	2	26	0	0	4,738,409
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	3	25	0	1	4,577,718
African American	0.1	1	27	0	0	4,841,480
Other/unknown	0.1	3	30	0	0	1,739,790
Use of Nursing Facilities^d						
Entire year	0.7	14	21	0	4	9,624
Part year	0.6	28	45	0	5	14,777
None	0.1	2	26	0	1	11,134,587
Maintenance Assistance Status						
Cash	0.1	3	26	0	1	4,462,844
Medically needy	0.3	6	24	0	2	29,438
Poverty related	0.1	2	25	0	0	5,542,921
Other/unknown	0.1	2	26	0	0	1,123,785

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

a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

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

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
NORTH CAROLINA, 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	375,041	\$69	\$26,065,279	100.0 %	1,003,756	\$26	100.0 %
Anorexia or weight loss/gain	6,766	161	1,090,574	4.2	17,916	61	1.8
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	566	16	9,120	0.0	820	11	0.1
Cough and cold medications	246,280	52	12,817,954	49.2	476,461	27	47.5
Vitamins and minerals	26,991	84	2,258,828	8.7	103,897	22	10.4
Non-prescription drugs	15,913	33	530,580	2.0	29,226	18	2.9
Barbiturates	2,141	61	130,917	0.5	16,781	8	1.7
Benzodiazepines	59,443	97	5,764,630	22.1	319,185	18	31.8
Other Part D Excl Rx Drugs	16,941	204	3,462,676	13.3	39,470	88	3.9

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

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

b. Includes OTC drugs as well as prescription drugs.

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

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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	1,227,366	2,943	149,984	273,386	801,053	0	11,317,952	16,487	1,580,817	2,155,201	7,565,447	0
Age												
5 and younger	355,494	0	9,282	3	346,209	0	3,284,515	0	96,499	4	3,188,012	0
6-14	343,724	1	22,989	77	320,657	0	3,395,614	1	259,755	327	3,135,531	0
15-20	168,017	6	15,888	19,298	132,825	0	1,548,696	36	177,285	135,210	1,236,165	0
21-44	278,633	70	42,954	234,254	1,355	0	2,314,726	393	453,791	1,854,821	5,721	0
45-64	78,692	141	58,809	19,742	0	0	758,901	884	593,255	164,762	0	0
65-74	948	884	56	8	0	0	6,198	5,943	202	53	0	0
75-84	957	952	3	2	0	0	5,487	5,456	15	16	0	0
85 and older	894	889	3	2	0	0	3,797	3,774	15	8	0	0
Unknown	7	0	0	0	7	0	18	0	0	0	18	0
Gender												
Female	717,531	2,107	74,294	238,138	402,992	0	6,515,905	11,495	793,942	1,897,074	3,813,394	0
Male	509,835	836	75,690	35,248	398,061	0	4,802,047	4,992	786,875	258,127	3,752,053	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	513,415	1,475	58,961	127,870	325,109	0	4,597,899	7,620	602,825	986,377	3,001,077	0
African American	514,945	865	60,100	117,837	336,143	0	4,956,984	4,762	641,347	1,005,966	3,304,909	0
Other/unknown	199,006	603	30,923	27,679	139,801	0	1,763,069	4,105	336,645	162,858	1,259,461	0
Use of Nursing Facilities^c												
Entire year	856	75	781	0	0	0	9,624	786	8,838	0	0	0
Part year	1,504	87	1,389	27	1	0	14,813	836	13,708	264	5	0
None	1,225,006	2,781	147,814	273,359	801,052	0	11,293,515	14,865	1,558,271	2,154,937	7,565,442	0
Maintenance Assistance Status												
Cash	470,267	1,069	116,580	169,157	183,461	0	4,531,867	6,767	1,299,629	1,418,335	1,807,136	0
Medically needy	3,842	161	1,182	1,956	543	0	29,602	558	10,606	14,322	4,116	0
Poverty related	635,888	1,713	32,220	58,117	543,838	0	5,603,990	9,162	270,572	312,892	5,011,364	0
Other/unknown	117,369	0	2	44,156	73,211	0	1,152,493	0	10	409,652	742,831	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,200,814	2,942	149,042	266,878	781,952	0	11,053,375	16,481	1,570,426	2,092,327	7,374,141	0
FFS part year, with Rx claims	11,282	1	534	3,434	7,313	0	120,445	6	5,850	35,668	78,921	0
FFS part year, no Rx claims	5,853	0	59	718	5,076	0	57,112	0	579	6,169	50,364	0
MC all year, with Rx claims	4,836	0	244	1,643	2,949	0	50,026	0	2,817	16,376	30,833	0
MC all year, no Rx claims	4,581	0	105	713	3,763	0	36,994	0	1,145	4,661	31,188	0

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

a. Table A.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

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

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, NORTH CAROLINA, 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	1,227,366	11,317,952	1,217,949	11,158,988	0	158,964
Fee-for-service (FFS) all year	1,200,814	11,053,375	1,200,814	11,053,375	0	0
FFS part year, with Rx claims	11,282	120,445	11,282	74,816	0	45,629
FFS part year, with no Rx claims	5,853	57,112	5,853	30,797	0	26,315
Managed care (MC) all year, with Rx claims	4,836	50,026	0	0	0	50,026
MC all year, with no Rx claims	4,581	36,994	0	0	0	36,994

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

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

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