

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

## LIST OF TABLES

### **OVERVIEW OF STUDY POPULATION**

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

### **FOR ALL MEDICAID BENEFICIARIES**

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

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

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

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

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

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

### **FOR ALL NONDUAL BENEFICIARIES**

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

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

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

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

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

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

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

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

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

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

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

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

**FOR DUAL ELIGIBLE BENEFICIARIES**

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

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

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

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

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

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

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

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

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

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

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

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

**SUPPLEMENTAL TABLES**

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

**APPENDIX TABLES**

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

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

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

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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>3,109,338</b>	<b>35,195</b>	<b>422,618</b>	<b>987,343</b>	<b>1,663,459</b>	<b>723</b>	<b>26,041,145</b>	<b>328,669</b>	<b>4,592,552</b>	<b>7,578,435</b>	<b>13,536,447</b>	<b>5,042</b>
<b>Age</b>												
5 and younger	652,028	6	20,981	0	631,041	0	5,221,063	39	207,056	0	5,013,968	0
6-14	649,807	0	55,010	0	594,797	0	5,853,786	0	600,828	0	5,252,958	0
15-20	377,562	0	37,514	0	340,003	45	3,215,492	0	406,722	0	2,808,494	276
21-44	883,019	0	121,131	756,571	4,940	377	7,001,137	0	1,325,528	5,651,583	21,721	2,305
45-64	413,156	0	182,189	230,661	6	300	3,920,808	0	1,991,967	1,926,345	47	2,449
65-74	21,106	16,326	4,668	111	0	1	201,909	151,932	49,458	507	0	12
75-84	11,062	10,186	876	0	0	0	104,553	95,905	8,648	0	0	0
85 and older	8,718	8,473	245	0	0	0	82,500	80,162	2,338	0	0	0
Unknown	92,880	204	4	0	92,672	0	439,897	631	7	0	439,259	0
<b>Gender</b>												
Female	1,739,646	23,263	214,401	671,307	829,952	723	14,735,249	219,688	2,354,112	5,333,408	6,822,999	5,042
Male	1,315,367	11,901	208,215	316,036	779,215	0	10,994,298	108,820	2,238,435	2,245,027	6,402,016	0
Unknown	54,325	31	2	0	54,292	0	311,598	161	5	0	311,432	0
<b>Race</b>												
White	970,791	10,065	131,889	321,733	506,553	551	8,235,692	92,629	1,426,307	2,465,871	4,247,026	3,859
African American	775,629	5,994	102,142	289,717	377,706	70	6,342,160	54,301	1,100,595	2,194,207	2,992,591	466
Other/unknown	1,362,918	19,136	188,587	375,893	779,200	102	11,463,293	181,739	2,065,650	2,918,357	6,296,830	717
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	8,669	1,628	6,878	130	33	0	95,700	16,770	77,380	1,219	331	0
Part year	9,088	917	7,191	885	95	0	94,006	8,877	75,901	8,287	941	0
None	3,091,581	32,650	408,549	986,328	1,663,331	723	25,851,439	303,022	4,439,271	7,568,929	13,535,175	5,042
<b>Maintenance Assistance Status</b>												
Cash	1,399,365	9,165	365,770	286,362	738,068	0	12,819,455	86,400	4,053,817	2,365,331	6,313,907	0
Medically needy	529,163	21,838	54,292	166,159	286,874	0	4,033,506	203,318	515,790	1,199,739	2,114,659	0
Poverty-related	538,881	6	1	828	537,323	723	4,190,198	44	12	5,537	4,179,563	5,042
Other/unknown	641,929	4,186	2,555	533,994	101,194	0	4,997,986	38,907	22,933	4,007,828	928,318	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	1,219,934	30,789	335,600	336,859	515,973	713	10,613,900	288,978	3,717,520	2,552,588	4,049,824	4,990
FFS part year, with Rx claims	460,461	969	19,730	189,824	249,930	8	1,704,326	4,857	102,649	701,409	895,363	48
FFS part year, no Rx claims	309,687	582	3,276	104,369	201,458	2	1,023,940	1,934	13,903	342,628	665,471	4
MC all year, with FFS Rx claims	1,119,256	2,855	64,012	356,291	696,098	0	12,698,979	32,900	758,480	3,981,810	7,925,789	0

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. 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<sup>a, b</sup>  
NONDUAL BENEFICIARIES, NEW YORK, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>68.2 %</b>	<b>9.5</b>	<b>\$845</b>	<b>\$89</b>	<b>\$4,766</b>	<b>17.7 %</b>	<b>3,109,338</b>
<b>Age</b>							
5 and younger	69.0	3.7	208	57	2,025	10.3	652,028
6-14	69.2	4.5	361	80	2,073	17.4	649,807
15-20	61.8	4.3	351	81	3,113	11.3	377,562
21-44	70.3	10.2	986	97	6,326	15.6	883,019
45-64	82.5	31.3	2,906	93	11,872	24.5	413,156
65-74	68.2	23.1	1,683	73	11,515	14.6	21,106
75-84	50.6	17.4	1,213	70	11,940	10.2	11,062
85 and older	18.0	5.8	404	70	9,375	4.3	8,718
Unknown	4.2	0.1	9	74	323	2.8	92,880
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	51.8	16.4	1,158	71	10,349	11.2	35,195
Disabled	80.8	32.3	3,447	107	21,286	16.2	422,618
Adults	71.3	9.8	796	81	3,298	24.1	987,343
Children	63.5	3.4	207	61	1,323	15.6	1,663,459
Unknown	62.0	9.1	1,574	172	5,886	26.7	723
<b>Gender</b>							
Female	71.5	10.4	836	80	4,142	20.2	1,739,646
Male	66.3	8.7	891	102	5,766	15.5	1,315,367
Unknown	6.8	0.2	15	75	544	2.8	54,325
<b>Race</b>							
White	69.9	10.3	856	83	4,922	17.4	970,791
African American	67.4	8.9	868	97	5,016	17.3	775,629
Other/unknown	67.5	9.3	824	89	4,513	18.3	1,362,918
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	54.8	22.5	3,720	165	92,611	4.0	8,669
Part year	81.3	38.2	5,626	147	86,755	6.5	9,088
None	68.2	9.4	823	88	4,279	19.2	3,091,581
<b>Maintenance Assistance Status</b>							
Cash	74.1	13.0	1,211	93	6,739	18.0	1,399,365
Medically needy	62.1	6.5	494	76	4,187	11.8	529,163
Poverty related	65.5	3.3	192	58	1,033	18.6	538,881
Other/unknown	62.7	9.7	886	92	4,079	21.7	641,929

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. 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<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2004

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>1.1</b>	<b>\$101</b>	<b>17.7 %</b>	<b>31.8 %</b>	<b>48.2 %</b>	<b>6.9 %</b>	<b>7.9 %</b>	<b>3.7 %</b>	<b>1.4 %</b>	<b>\$569</b>	<b>3,109,338</b>	<b>26,041,145</b>
<b>Age</b>												
5 and younger	0.5	26	10.3	31.0	59.5	5.0	3.3	0.9	0.4	253	652,028	5,221,063
6-14	0.5	40	17.4	30.8	59.7	5.0	3.5	0.8	0.3	230	649,807	5,853,786
15-20	0.5	41	11.3	38.2	52.0	4.8	3.7	1.0	0.3	366	377,562	3,215,492
21-44	1.3	124	15.6	29.7	46.1	9.0	9.7	3.9	1.6	798	883,019	7,001,137
45-64	3.3	306	24.5	17.5	26.7	11.8	23.4	15.0	5.6	1,251	413,156	3,920,808
65-74	2.4	176	14.6	31.8	22.7	12.0	21.4	9.9	2.2	1,204	21,106	201,909
75-84	1.8	128	10.2	49.4	16.7	8.4	16.6	7.5	1.4	1,263	11,062	104,553
85 and older	0.6	43	4.3	82.0	7.3	2.9	4.5	2.9	0.4	991	8,718	82,500
Unknown	0.0	2	2.8	95.8	3.7	0.3	0.1	0.0	0.0	68	92,880	439,897
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	1.8	124	11.2	48.2	18.5	9.1	15.9	6.9	1.4	1,108	35,195	328,669
Disabled	3.0	317	16.2	19.2	28.6	11.1	22.1	14.5	4.6	1,959	422,618	4,592,552
Adults	1.3	104	24.1	28.7	45.6	9.5	10.3	3.9	1.9	430	987,343	7,578,435
Children	0.4	25	15.6	36.5	55.4	4.3	2.8	0.7	0.3	163	1,663,459	13,536,447
Unknown	1.3	226	26.7	38.0	37.3	10.9	10.2	3.3	0.1	844	723	5,042
<b>Gender</b>												
Female	1.2	99	20.2	28.5	49.9	7.3	8.6	4.1	1.6	489	1,739,646	14,735,249
Male	1.0	107	15.5	33.7	47.8	6.6	7.5	3.3	1.2	690	1,315,367	10,994,298
Unknown	0.0	3	2.8	93.2	6.1	0.5	0.2	0.0	0.0	95	54,325	311,598
<b>Race</b>												
White	1.2	101	17.4	30.1	48.3	7.3	8.5	4.1	1.7	580	970,791	8,235,692
African American	1.1	106	17.3	32.6	48.1	6.8	7.7	3.5	1.3	614	775,629	6,342,160
Other/unknown	1.1	98	18.3	32.5	48.3	6.8	7.7	3.5	1.2	537	1,362,918	11,463,293
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	2.0	337	4.0	45.2	22.1	8.9	12.3	7.9	3.6	8,389	8,669	95,700
Part year	3.7	544	6.5	18.7	22.0	11.3	23.2	18.4	6.4	8,387	9,088	94,006
None	1.1	98	19.2	31.8	48.4	6.9	7.9	3.6	1.4	512	3,091,581	25,851,439
<b>Maintenance Assistance Status</b>												
Cash	1.4	132	18.0	25.9	50.5	7.3	9.5	5.1	1.7	736	1,399,365	12,819,455
Medically needy	0.9	65	11.8	37.9	45.8	6.6	6.4	2.3	1.0	549	529,163	4,033,506
Poverty related	0.4	25	18.6	34.5	56.7	4.6	3.0	0.8	0.4	133	538,881	4,190,198
Other/unknown	1.2	114	21.7	37.3	38.3	8.3	10.1	4.0	2.0	524	641,929	4,997,986

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 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
<b>All</b>	<b>1.1</b>	<b>\$101</b>	<b>\$89</b>	<b>0.5</b>	<b>\$80</b>	<b>\$149</b>	<b>0.1</b>	<b>\$6</b>	<b>\$84</b>	<b>0.5</b>	<b>\$15</b>	<b>\$29</b>
<b>Age</b>												
5 and younger	0.5	26	57	0.2	20	130	0.0	1	42	0.3	5	17
6-14	0.5	40	80	0.2	33	133	0.0	2	67	0.2	6	25
15-20	0.5	41	81	0.2	32	138	0.0	2	76	0.3	8	30
21-44	1.3	124	97	0.6	98	167	0.1	8	92	0.6	18	30
45-64	3.3	306	93	1.6	242	147	0.2	18	93	1.4	46	32
65-74	2.4	176	73	1.3	141	108	0.1	8	61	1.0	27	28
75-84	1.8	128	70	1.0	103	103	0.1	5	52	0.7	20	28
85 and older	0.6	43	70	0.3	34	109	0.0	2	54	0.3	7	26
Unknown	0.0	2	74	0.0	2	225	0.0	0	37	0.0	0	16
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	1.8	124	71	1.0	100	104	0.1	5	56	0.7	19	27
Disabled	3.0	317	107	1.5	254	172	0.2	19	104	1.3	43	34
Adults	1.3	104	81	0.6	81	136	0.1	6	77	0.6	17	28
Children	0.4	25	61	0.2	19	114	0.0	1	50	0.2	5	22
Unknown	1.3	226	172	0.5	181	339	0.1	3	42	0.7	42	60
<b>Gender</b>												
Female	1.2	99	80	0.6	76	135	0.1	6	76	0.6	17	28
Male	1.0	107	102	0.5	87	170	0.1	6	100	0.5	14	30
Unknown	0.0	3	75	0.0	2	231	0.0	0	37	0.0	0	15
<b>Race</b>												
White	1.2	101	83	0.6	77	136	0.1	6	86	0.6	17	30
African American	1.1	106	97	0.5	86	170	0.1	6	88	0.5	14	28
Other/unknown	1.1	98	89	0.5	78	148	0.1	5	82	0.5	14	29
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	2.0	337	165	1.4	304	217	0.1	9	119	0.5	23	41
Part year	3.7	544	147	2.0	467	236	0.2	27	120	1.5	49	33
None	1.1	98	88	0.5	78	147	0.1	6	84	0.5	15	29
<b>Maintenance Assistance Status</b>												
Cash	1.4	132	93	0.7	104	156	0.1	8	91	0.7	20	30
Medically needy	0.9	65	76	0.4	50	128	0.1	4	65	0.4	11	28
Poverty related	0.4	25	58	0.2	19	108	0.0	1	49	0.2	5	21
Other/unknown	1.2	114	92	0.6	92	149	0.1	6	87	0.6	16	29

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. 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 New York, 0.6 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	\$44	\$38	\$2	\$4	\$146	\$269	\$123	\$27	3,836,460	\$558,592,104	1,283,352	41.3 %	12,636,968
Biologicals	0.4	0.4	0.0	0.0	498	391	4	103	1216	1,116	307	2,205	39,251	47,742,474	10,491	0.3	95,924
Antineoplastic Agents	0.6	0.2	0.0	0.4	185	133	11	42	333	770	342	118	88,931	29,619,688	15,432	0.5	159,954
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	34	24	3	7	65	114	40	30	2,758,291	177,980,268	529,750	17.0	5,224,549
Cardiovascular Agents	1.2	0.6	0.1	0.6	61	46	2	13	49	75	43	22	4,509,940	222,526,403	353,843	11.4	3,634,476
Respiratory Agents	0.5	0.3	0.0	0.2	33	29	0	4	66	95	60	22	3,423,738	225,507,906	667,727	21.5	6,752,387
Gastrointestinal Agents	0.5	0.3	0.0	0.2	49	40	1	7	108	146	73	46	1,592,767	171,432,754	339,821	10.9	3,482,590
Genitourinary Agents	0.2	0.1	0.0	0.1	14	10	2	1	57	72	42	27	381,424	21,607,529	164,653	5.3	1,595,163
CNS Drugs	1.0	0.6	0.1	0.4	116	96	5	14	120	173	107	39	4,263,113	509,644,246	425,988	13.7	4,392,193
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	59	53	0	5	103	113	106	53	393,184	40,492,609	65,548	2.1	686,399
Miscellaneous Psychological/																	
Neurological Agents	0.3	0.2	0.0	0.1	78	66	2	11	293	377	105	139	77,029	22,541,546	27,769	0.9	289,544
Analgesics and Anesthetics	0.4	0.1	0.0	0.2	22	16	1	5	62	144	375	20	2,973,592	183,163,703	836,020	26.9	8,313,207
Neuromuscular Agents	0.6	0.2	0.1	0.3	57	34	15	8	90	146	119	29	1,491,140	134,304,255	225,839	7.3	2,348,573
Nutritional Products	0.2	0.0	0.0	0.2	5	1	0	4	19	28	30	18	372,082	7,180,310	163,704	5.3	1,511,679
Hematological Agents	0.5	0.2	0.1	0.3	116	108	3	5	221	590	47	17	457,593	101,096,336	86,020	2.8	872,749
Topical Products	0.3	0.1	0.0	0.2	16	10	1	5	55	91	60	31	2,727,936	148,998,086	915,644	29.4	9,157,526
Miscellaneous Products	0.5	0.2	0.1	0.2	145	101	26	17	273	459	442	69	73,621	20,110,438	14,247	0.5	139,136
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	38	0	0	0	142,018	5,432,152	55,129	1.8	583,805
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>29,602,110</b>	<b>2,627,972,807</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. 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 New York, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

TABLE ND.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 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
ANTIVIRAL	\$422,220,697	138,030	4.4 %	1,473,204	0.6	\$467	\$287
ANTIPSYCHOTICS	318,680,166	214,185	6.9	2,304,486	0.6	227	138
ANTIASTHMATIC	173,761,272	794,582	25.6	8,116,660	0.3	67	21
ANTIDEPRESSANTS	143,063,245	362,978	11.7	3,741,785	0.5	75	38
ULCER DRUGS	139,243,206	321,751	10.3	3,319,151	0.4	112	42
ANTICONVULSANT	118,832,432	161,901	5.2	1,726,043	0.6	112	69
DERMATOLOGICAL	114,413,205	1,131,102	36.4	11,528,745	0.2	54	10
ANALGESICS - ANTI-INFLAMMATORY	92,331,586	790,800	25.4	8,014,241	0.2	53	12
ANTIDIABETIC	90,473,800	198,057	6.4	2,058,665	0.6	69	44
ANTIHYPERTENSIVE	88,781,742	163,089	5.2	1,733,715	0.5	94	51
Total	1,701,801,351	4,276,475		44,016,695	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIVIRAL					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>15,190,572</b>	<b>\$1,701,801,351</b>	<b>138,030</b>	<b>4.4 %</b>	<b>1,473,204</b>	<b>0.6</b>	<b>\$287</b>	<b>214,185</b>	<b>6.9 %</b>	<b>2,304,486</b>	<b>0.6</b>	<b>\$138</b>
<b>Female</b>	9,031,686	920,909,853	69,499	4.0	741,641	0.5	241	107,556	6.3	1,163,185	0.6	123
<b>Disabled</b>	4,530,930	537,679,221	30,671	14.3	352,044	0.6	300	68,422	31.9	781,756	0.6	140
5 and younger	34,852	2,763,749	146	1.8	1,611	0.6	146	70	0.9	761	0.4	75
6-14	120,309	15,391,622	1,155	6.4	13,370	0.8	342	2,853	15.7	32,207	0.5	108
15-20	102,217	12,983,146	896	6.3	10,262	0.5	261	3,055	21.5	34,136	0.5	110
21-44	1,182,982	161,750,690	13,106	21.1	149,918	0.6	284	26,482	42.7	300,489	0.6	141
45-64	3,040,640	339,926,507	15,284	14.1	175,887	0.7	314	35,451	32.7	408,264	0.7	145
65-74	46,027	4,503,236	78	2.7	924	0.5	238	483	17.0	5,586	0.8	150
75-84	3,615	338,528	6	1.1	72	0.5	174	27	4.8	311	0.6	142
85 and older	288	21,743	0	0.0	0	0.0	0	1	0.5	2	2.0	415
<b>Other Eligibles</b>	4,500,670	383,227,262	38,828	2.6	389,597	0.4	189	39,134	2.6	381,429	0.4	87
5 and younger	489,738	21,375,429	1,376	0.4	13,638	0.2	33	191	0.1	1,980	0.3	54
6-14	537,130	33,804,352	1,886	0.6	19,989	0.4	135	4,207	1.4	44,471	0.5	91
15-20	326,890	23,017,229	3,364	1.6	33,059	0.3	85	4,425	2.2	44,924	0.4	73
21-44	1,726,464	167,145,289	24,389	4.5	241,019	0.4	185	21,128	3.9	199,212	0.4	84
45-64	1,262,119	123,986,496	7,591	5.8	79,457	0.6	284	8,067	6.2	78,688	0.5	98
65-74	97,673	8,587,786	171	1.7	1,872	0.3	141	414	4.1	4,638	0.5	112
75-84	48,070	4,162,552	41	0.6	457	0.2	80	397	6.1	4,307	0.6	87
85 and older	12,586	1,148,129	10	0.2	106	0.1	24	305	4.7	3,209	0.6	81
<b>Male</b>	6,153,087	780,695,158	68,493	5.3	731,279	0.7	333	106,626	8.2	1,141,287	0.6	154
<b>Disabled</b>	2,972,746	452,119,092	34,726	16.7	392,338	0.8	360	67,463	32.4	767,941	0.7	172
5 and younger	57,954	4,460,980	144	1.1	1,589	0.6	128	283	2.2	3,078	0.4	74
6-14	242,192	30,267,597	1,285	3.5	14,758	0.8	326	9,366	25.4	105,364	0.6	119
15-20	151,122	20,889,165	764	3.3	8,812	0.6	307	5,890	25.3	67,097	0.6	137
21-44	889,373	152,714,209	11,936	20.2	133,173	0.7	334	27,425	46.4	311,211	0.7	188
45-64	1,610,141	241,424,750	20,525	27.8	233,251	0.8	381	24,185	32.8	277,590	0.7	185
65-74	20,430	2,216,253	71	3.9	743	0.8	292	295	16.2	3,386	0.8	174
75-84	1,403	132,000	1	0.3	12	0.1	2	15	4.8	173	0.8	175
85 and older	131	14,138	0	0.0	0	0.0	0	4	7.0	42	0.6	123
<b>Other Eligibles</b>	3,180,296	328,574,814	33,767	3.1	338,941	0.6	301	39,163	3.6	373,346	0.5	117
5 and younger	588,910	28,739,096	1,494	0.5	14,702	0.2	25	481	0.1	4,838	0.4	71
6-14	622,247	44,372,413	1,459	0.5	15,140	0.5	154	9,347	3.1	98,503	0.6	104
15-20	237,300	20,145,997	1,260	0.9	12,825	0.3	135	4,833	3.6	49,449	0.5	107
21-44	824,642	119,203,081	17,651	8.1	173,699	0.6	305	16,813	7.7	147,168	0.5	124
45-64	829,614	108,952,245	11,726	11.7	120,736	0.7	367	7,070	7.1	66,695	0.5	133
65-74	50,222	4,691,523	151	2.4	1,560	0.6	224	310	5.0	3,386	0.6	125
75-84	22,252	2,013,383	21	0.6	234	0.1	28	212	5.8	2,299	0.6	124
85 and older	5,109	457,076	5	0.2	45	0.2	11	97	4.8	1,008	0.7	106
<b>Unknown</b>	5,930	200,962	38	0.0	284	0.2	58	3	0.0	14	0.5	33

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDEPRESSANTS					ULCER DRUGS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>794,582</b>	<b>25.6 %</b>	<b>8,116,660</b>	<b>0.3</b>	<b>\$21</b>	<b>362,978</b>	<b>11.7 %</b>	<b>3,741,785</b>	<b>0.5</b>	<b>\$38</b>	<b>321,751</b>	<b>10.3 %</b>	<b>3,319,151</b>	<b>0.4</b>	<b>\$42</b>
<b>Female</b>	440,605	25.6	4,544,121	0.3	22	242,326	14.1	2,522,590	0.5	38	210,521	12.2	2,199,147	0.4	42
<b>Disabled</b>	121,470	56.7	1,391,269	0.4	32	112,832	52.6	1,287,889	0.6	45	81,112	37.8	928,059	0.5	53
5 and younger	4,619	57.3	50,421	0.3	27	27	0.3	304	0.3	10	984	12.2	10,528	0.4	32
6-14	8,156	45.0	94,109	0.4	26	1,291	7.1	14,500	0.5	32	1,205	6.6	14,026	0.4	39
15-20	4,478	31.5	51,185	0.3	23	2,697	19.0	30,344	0.5	36	1,388	9.8	15,875	0.3	31
21-44	30,693	49.5	349,205	0.4	27	37,025	59.7	417,819	0.5	43	19,785	31.9	224,814	0.4	47
45-64	72,561	67.0	835,440	0.5	35	71,023	65.6	816,056	0.6	46	56,612	52.3	649,893	0.5	57
65-74	897	31.5	10,174	0.4	30	716	25.2	8,301	0.5	37	1,026	36.1	11,731	0.5	54
75-84	65	11.5	730	0.5	35	42	7.4	465	0.5	33	98	17.4	1,065	0.5	55
85 and older	1	0.5	5	1.8	40	11	5.9	100	0.4	43	14	7.4	127	0.4	35
<b>Other Eligibles</b>	319,117	21.2	3,152,768	0.3	18	129,494	8.6	1,234,701	0.4	32	129,407	8.6	1,271,080	0.3	33
5 and younger	79,870	25.9	762,690	0.2	14	83	0.0	812	0.3	15	6,380	2.1	56,162	0.2	12
6-14	79,824	27.0	829,174	0.2	16	4,046	1.4	41,643	0.4	27	6,644	2.2	70,606	0.2	12
15-20	30,372	14.9	307,649	0.2	14	9,943	4.9	97,173	0.4	25	8,491	4.2	84,361	0.2	16
21-44	88,408	16.2	847,812	0.3	20	79,369	14.6	742,854	0.4	31	62,754	11.5	605,125	0.3	31
45-64	37,973	29.0	376,472	0.4	28	33,987	25.9	329,419	0.5	35	39,760	30.3	396,722	0.4	45
65-74	1,569	15.4	16,865	0.4	25	1,261	12.3	13,874	0.4	27	3,351	32.8	36,051	0.4	43
75-84	856	13.1	9,376	0.4	30	622	9.5	6,996	0.5	31	1,584	24.2	17,249	0.4	45
85 and older	245	3.8	2,730	0.4	31	183	2.8	1,930	0.5	30	443	6.9	4,804	0.5	53
<b>Male</b>	353,076	27.3	3,566,544	0.3	21	120,642	9.3	1,219,096	0.5	38	111,053	8.6	1,118,805	0.4	43
<b>Disabled</b>	70,437	33.8	798,584	0.4	29	55,960	26.9	631,450	0.6	43	42,109	20.2	474,272	0.5	53
5 and younger	8,388	64.9	91,911	0.3	26	92	0.7	1,048	0.3	16	1,311	10.1	14,080	0.4	31
6-14	17,723	48.1	203,428	0.3	24	3,141	8.5	35,384	0.5	34	1,734	4.7	20,038	0.4	39
15-20	6,192	26.6	71,665	0.3	21	3,247	13.9	36,914	0.5	40	1,483	6.4	17,007	0.4	38
21-44	11,851	20.1	134,085	0.4	26	19,648	33.2	219,758	0.6	46	11,077	18.7	124,386	0.4	51
45-64	25,899	35.1	293,144	0.5	36	29,507	40.0	334,581	0.6	43	26,036	35.3	293,482	0.5	57
65-74	351	19.2	3,982	0.5	34	304	16.7	3,538	0.5	38	429	23.5	4,848	0.5	56
75-84	30	9.6	333	0.4	27	20	6.4	217	0.6	38	35	11.2	385	0.4	51
85 and older	3	5.3	36	0.1	3	1	1.8	10	0.1	8	4	7.0	46	0.5	54
<b>Other Eligibles</b>	282,635	26.0	2,767,934	0.3	18	64,680	5.9	587,638	0.5	33	68,942	6.3	644,527	0.3	35
5 and younger	109,998	34.1	1,043,228	0.2	16	146	0.0	1,382	0.3	12	7,932	2.5	69,527	0.2	15
6-14	105,351	35.2	1,086,230	0.3	18	5,364	1.8	55,199	0.5	30	5,846	2.0	61,851	0.2	14
15-20	22,965	16.9	235,478	0.3	16	5,062	3.7	49,872	0.4	31	4,346	3.2	43,485	0.2	18
21-44	25,361	11.6	221,521	0.4	23	33,716	15.5	289,583	0.4	33	25,850	11.9	229,433	0.3	40
45-64	17,180	17.2	162,422	0.4	29	19,469	19.5	181,403	0.5	35	22,606	22.7	215,130	0.4	46
65-74	1,032	16.6	11,047	0.4	32	601	9.7	6,621	0.4	30	1,513	24.3	15,966	0.4	44
75-84	611	16.8	6,543	0.4	34	254	7.0	2,806	0.4	31	689	18.9	7,414	0.4	48
85 and older	137	6.8	1,465	0.4	24	68	3.4	772	0.4	31	160	8.0	1,721	0.5	55
<b>Unknown</b>	923	1.0	6,105	0.2	11	12	0.0	107	0.3	22	181	0.2	1,213	0.2	10

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2004

Beneficiary Characteristics	ANTICONVULSANT					DERMATOLOGICAL					ANALGESICS - ANTI-INFLAMMATORY				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>161,901</b>	<b>5.2 %</b>	<b>1,726,043</b>	<b>0.6</b>	<b>\$69</b>	<b>1,131,102</b>	<b>36.4 %</b>	<b>11,528,745</b>	<b>0.2</b>	<b>\$10</b>	<b>790,800</b>	<b>25.4 %</b>	<b>8,014,241</b>	<b>0.2</b>	<b>\$12</b>
<b>Female</b>	93,530	5.4	1,003,002	0.6	66	663,447	38.6	6,811,000	0.2	10	508,334	29.5	5,178,722	0.2	13
<b>Disabled</b>	56,460	26.3	644,739	0.7	75	140,679	65.6	1,630,597	0.2	14	115,999	54.1	1,332,243	0.3	26
5 and younger	582	7.2	6,394	0.6	69	3,648	45.3	40,216	0.2	6	1,468	18.2	16,149	0.2	3
6-14	2,684	14.8	30,801	0.7	93	7,721	42.6	89,354	0.2	7	3,318	18.3	38,297	0.2	5
15-20	2,416	17.0	27,640	0.7	97	5,891	41.4	68,450	0.2	9	3,401	23.9	39,172	0.2	6
21-44	20,357	32.8	230,904	0.7	86	36,576	59.0	422,819	0.2	12	31,454	50.7	358,929	0.3	17
45-64	30,059	27.7	344,823	0.6	64	85,313	78.7	991,961	0.2	15	75,018	69.2	864,176	0.3	32
65-74	336	11.8	3,896	0.6	49	1,408	49.5	16,442	0.2	15	1,228	43.2	14,232	0.3	32
75-84	20	3.5	219	0.4	26	103	18.3	1,152	0.2	13	105	18.6	1,211	0.3	31
85 and older	6	3.2	62	0.6	26	19	10.1	203	0.2	5	7	3.7	77	0.4	29
<b>Other Eligibles</b>	37,069	2.5	358,258	0.5	49	522,748	34.7	5,180,312	0.2	9	392,325	26.0	3,846,430	0.2	8
5 and younger	558	0.2	5,432	0.5	50	146,647	47.6	1,361,772	0.2	6	52,021	16.9	514,661	0.2	2
6-14	2,131	0.7	21,781	0.6	62	110,676	37.5	1,168,412	0.1	7	53,395	18.1	567,330	0.1	2
15-20	2,610	1.3	25,768	0.5	62	58,780	28.8	602,453	0.2	9	40,978	20.1	405,470	0.2	3
21-44	20,329	3.7	191,681	0.4	50	141,845	26.1	1,371,917	0.2	11	169,912	31.2	1,592,225	0.2	8
45-64	10,405	7.9	102,232	0.5	43	57,633	43.9	595,392	0.2	14	69,645	53.1	697,146	0.3	20
65-74	606	5.9	6,619	0.4	33	4,342	42.5	48,277	0.2	16	4,286	41.9	46,445	0.3	27
75-84	344	5.3	3,817	0.5	30	2,197	33.6	25,054	0.2	16	1,752	26.8	19,446	0.3	28
85 and older	86	1.3	928	0.5	35	628	9.7	7,035	0.2	17	336	5.2	3,707	0.3	30
<b>Male</b>	68,364	5.3	723,020	0.6	73	465,068	35.9	4,699,695	0.2	10	282,014	21.8	2,832,791	0.2	9
<b>Disabled</b>	41,820	20.1	475,998	0.7	84	92,492	44.4	1,063,611	0.2	13	59,599	28.6	676,775	0.3	18
5 and younger	867	6.7	9,628	0.6	75	5,718	44.2	62,560	0.2	6	2,681	20.7	29,477	0.2	2
6-14	4,723	12.8	53,933	0.7	84	12,955	35.1	149,650	0.2	7	5,819	15.8	67,359	0.2	3
15-20	3,576	15.4	41,001	0.7	99	7,741	33.2	90,169	0.2	10	3,548	15.2	41,095	0.1	4
21-44	16,059	27.2	182,396	0.8	97	24,301	41.1	280,637	0.2	14	15,543	26.3	175,835	0.2	14
45-64	16,402	22.2	186,808	0.7	70	41,071	55.6	472,290	0.3	17	31,521	42.7	357,338	0.3	26
65-74	177	9.7	2,062	0.7	53	650	35.6	7,663	0.2	16	438	24.0	5,114	0.3	25
75-84	13	4.2	138	0.6	76	53	17.0	608	0.2	12	46	14.7	523	0.3	21
85 and older	3	5.3	32	0.3	29	3	5.3	34	0.1	4	3	5.3	34	0.4	41
<b>Other Eligibles</b>	26,544	2.4	247,022	0.5	52	372,553	34.3	3,635,962	0.2	9	222,408	20.5	2,155,961	0.2	7
5 and younger	770	0.2	7,369	0.4	44	146,474	45.4	1,349,940	0.2	6	58,652	18.2	578,022	0.2	2
6-14	3,072	1.0	31,769	0.6	55	93,422	31.2	986,312	0.1	7	50,032	16.7	530,799	0.1	2
15-20	2,284	1.7	22,764	0.6	63	41,794	30.8	435,480	0.2	11	21,064	15.5	215,975	0.1	2
21-44	12,407	5.7	108,308	0.5	53	51,314	23.6	468,998	0.2	13	52,341	24.0	448,792	0.2	11
45-64	7,447	7.5	70,770	0.5	49	35,570	35.6	350,987	0.2	15	37,694	37.8	354,185	0.3	18
65-74	361	5.8	3,826	0.5	46	2,561	41.2	28,240	0.2	16	1,836	29.5	19,496	0.3	23
75-84	156	4.3	1,682	0.5	31	1,128	31.0	12,720	0.2	15	663	18.2	7,288	0.3	26
85 and older	47	2.3	534	0.4	34	290	14.4	3,285	0.2	16	126	6.3	1,404	0.3	24
<b>Unknown</b>	8	0.0	26	0.5	32	2,630	2.8	18,263	0.2	5	469	0.5	2,832	0.2	2

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>198,057</b>	<b>6.4 %</b>	<b>2,058,665</b>	<b>0.6</b>	<b>\$44</b>	<b>163,089</b>	<b>5.2 %</b>	<b>1,733,715</b>	<b>0.5</b>	<b>\$51</b>	<b>3,109,338</b>	<b>26,041,145</b>
<b>Female</b>	123,818	7.2	1,309,037	0.6	44	98,493	5.7	1,064,452	0.5	51	1,720,786	14,672,100
<b>Disabled</b>	63,195	29.5	722,567	0.7	47	52,163	24.3	599,492	0.6	54	214,400	2,354,111
	36	0.4	393	0.5	71	19	0.2	200	0.3	21	8,057	79,075
5 and younger	263	1.4	2,983	0.7	62	32	0.2	359	0.4	28	18,140	197,941
6-14	456	3.2	5,180	0.6	51	83	0.6	951	0.4	30	14,230	154,094
15-20	9,156	14.8	104,059	0.6	41	6,078	9.8	69,634	0.5	46	62,033	684,473
21-44	52,008	48.0	595,549	0.7	48	44,840	41.4	515,568	0.6	55	108,344	1,200,788
45-64	1,138	40.0	12,900	0.7	49	1,002	35.2	11,539	0.6	58	2,844	30,467
65-74	128	22.7	1,390	0.6	42	103	18.3	1,176	0.6	57	564	5,467
75-84	10	5.3	113	0.4	31	6	3.2	65	0.6	56	188	1,806
85 and older	60,620	4.0	586,456	0.6	39	46,330	3.1	464,960	0.5	47	1,506,386	12,317,989
<b>Other Eligibles</b>	153	0.0	1,251	0.6	53	50	0.0	476	0.2	5	308,148	2,448,108
5 and younger	1,234	0.4	12,564	0.6	58	101	0.0	1,109	0.3	31	295,451	2,614,073
6-14	1,674	0.8	16,456	0.5	41	234	0.1	2,361	0.3	25	204,329	1,683,801
15-20	21,100	3.9	196,919	0.5	35	10,617	2.0	104,780	0.4	37	544,066	4,209,394
21-44	31,212	23.8	303,447	0.6	42	29,996	22.9	298,545	0.5	49	131,165	1,142,944
45-64	3,490	34.2	36,662	0.6	35	3,516	34.4	37,844	0.5	51	10,217	96,044
65-74	1,491	22.8	16,242	0.6	32	1,563	23.9	17,123	0.5	51	6,546	62,000
75-84	266	4.1	2,915	0.5	28	253	3.9	2,722	0.5	53	6,464	61,625
85 and older												
<b>Male</b>	74,232	5.7	749,562	0.6	45	64,593	5.0	669,244	0.6	52	1,295,667	10,929,124
<b>Disabled</b>	33,357	16.0	374,168	0.7	47	30,707	14.7	347,998	0.6	55	208,214	2,238,434
	37	0.3	442	0.6	71	15	0.1	163	0.2	8	12,924	127,981
5 and younger	310	0.8	3,498	0.7	65	37	0.1	433	0.4	25	36,870	402,887
6-14	345	1.5	3,901	0.6	67	109	0.5	1,232	0.5	36	23,284	252,628
15-20	5,787	9.8	64,936	0.6	43	5,985	10.1	68,263	0.5	46	59,098	641,055
21-44	26,402	35.8	295,919	0.7	47	24,070	32.6	272,240	0.6	57	73,845	791,179
45-64	432	23.7	4,994	0.6	44	450	24.7	5,207	0.6	55	1,824	18,991
65-74	38	12.2	410	0.5	28	39	12.5	438	0.6	55	312	3,181
75-84	6	10.5	68	0.5	28	2	3.5	22	0.8	91	57	532
85 and older												
<b>Other Eligibles</b>	40,875	3.8	375,394	0.6	43	33,886	3.1	321,246	0.5	48	1,087,453	8,690,690
	167	0.1	1,507	0.6	66	53	0.0	525	0.2	9	322,894	2,565,875
5 and younger	1,000	0.3	9,956	0.6	59	127	0.0	1,359	0.3	23	299,346	2,638,885
6-14	980	0.7	10,014	0.6	58	241	0.2	2,440	0.3	27	135,719	1,124,969
15-20	12,029	5.5	104,393	0.6	41	10,019	4.6	91,434	0.4	41	217,822	1,466,215
21-44	24,314	24.4	224,779	0.6	43	20,887	20.9	198,116	0.5	52	99,802	785,897
45-64	1,710	27.5	17,375	0.6	36	1,765	28.4	18,672	0.5	52	6,221	56,407
65-74	574	15.8	6,266	0.6	36	686	18.8	7,526	0.5	52	3,640	33,905
75-84	101	5.0	1,104	0.6	29	108	5.4	1,174	0.5	51	2,009	18,537
85 and older												
<b>Unknown</b>	10	0.0	80	0.3	13	3	0.0	19	0.3	13	92,885	439,921

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. 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<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2004

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$337</b>	<b>2.0</b>	<b>8,669</b>	<b>95,700</b>
<b>Age</b>				
0-64	393	2.3	6,646	74,507
65-74	206	1.6	678	7,518
75-84	141	1.3	665	7,040
85 and older	67	0.5	680	6,635
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	291	2.0	4,192	46,174
Male	380	2.1	4,477	49,526
Unknown	0	0.0	0	0
<b>Race</b>				
White	260	1.7	3,390	36,331
African American	418	2.4	1,990	21,990
Other/unknown	365	2.2	3,289	37,379
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	123	1.1	1,628	16,770
Disabled	371	2.2	6,878	77,380
Adults	1,038	4.4	130	1,219
Children	728	2.3	33	331
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. 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 9,088 beneficiaries who were in nursing facilities for part of their enrollment and their 94,006 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 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	2.5	2.3	0.1	0.1	###	\$653	\$16	\$6	\$266	\$279	\$223	\$49	39,992	\$10,649,076	1,373	15.8 %	15,782
Biologicals	0.4	0.3	0.0	0.1	607	462	3	142	1684	1,562	1,871	####	428	720,731	103	1.2	1,187
Antineoplastic Agents	0.5	0.1	0.0	0.5	72	26	0	46	133	446	0	95	344	45,590	55	0.6	632
Endocrine/Metabolic Drugs	1.1	0.4	0.1	0.5	77	54	5	18	73	121	49	36	8,402	616,779	679	7.8	7,972
Cardiovascular Agents	1.8	0.9	0.1	0.9	90	67	3	20	49	74	45	23	21,521	1,053,535	1,000	11.5	11,667
Respiratory Agents	0.8	0.5	0.0	0.3	48	41	0	7	63	89	38	22	4,929	308,340	548	6.3	6,383
Gastrointestinal Agents	0.7	0.3	0.0	0.3	70	52	2	15	98	154	78	44	5,958	582,543	716	8.3	8,337
Genitourinary Agents	0.5	0.4	0.0	0.1	39	33	2	4	71	83	82	34	1,983	141,465	311	3.6	3,643
CNS Drugs	1.5	1.2	0.0	0.3	273	251	4	18	178	210	122	60	62,846	11,208,495	3,566	41.1	41,059
Stimulants/Anti-obesity/Anorexia	0.4	0.4	0.0	0.0	74	73	0	0	199	202	30	17	112	22,290	26	0.3	303
Miscellaneous Psychological/																	
Neurological Agents	0.7	0.6	0.0	0.0	347	344	0	2	524	533	102	154	1,774	929,210	229	2.6	2,681
Analgesics and Anesthetics	0.7	0.5	0.0	0.2	74	62	6	6	107	133	529	29	8,739	938,470	1,076	12.4	12,621
Neuromuscular Agents	1.1	0.6	0.1	0.5	96	68	11	17	84	123	115	35	22,400	1,877,627	1,686	19.4	19,624
Nutritional Products	0.6	0.0	0.0	0.5	13	1	0	11	22	58	21	21	1,019	22,638	154	1.8	1,786
Hematological Agents	0.8	0.6	0.0	0.2	330	325	2	3	392	556	46	13	6,623	2,594,081	700	8.1	7,859
Topical Products	0.6	0.3	0.0	0.3	38	25	3	10	61	97	60	31	6,461	391,215	884	10.2	10,322
Miscellaneous Products	0.4	0.1	0.1	0.2	85	36	36	12	235	275	520	77	140	32,872	33	0.4	388
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	43	0	0	0	73	0	0	0	1,612	117,303	230	2.7	2,698
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>195,283</b>	<b>32,252,260</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. 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 9,088 beneficiaries who were in nursing facilities for part of their enrollment and their 94,006 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 New York, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE ND.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 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	\$10,581,162	3,856	44.5 %	44,452	1.2	\$204	\$238
ANTIVIRAL	10,344,875	2,236	25.8	25,323	1.4	283	409
HEMATOPOIETIC AGENTS	2,418,524	665	7.7	7,446	0.7	454	325
ANTICONVULSANT	1,776,726	1,652	19.1	19,289	1.0	93	92
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	933,695	297	3.4	3,495	0.5	509	267
PASSIVE IMMUNIZING AGENTS	719,417	57	0.7	638	0.6	1903	1,128
MIGRAINE PRODUCTS	448,809	350	4.0	4,141	0.9	124	108
ANTIDIABETIC	449,458	763	8.8	8,986	0.7	68	50
ANTIHYPERTENSIVE	448,693	612	7.1	7,177	0.7	93	63
ULCER DRUGS	440,879	655	7.6	7,641	0.6	102	58
Total	28,562,238	11,143		128,588	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. 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 9,088 beneficiaries who were in nursing facilities for part of their enrollment and their 94,006 benefit months were excluded from the analysis.

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

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

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

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



TABLE ND.10A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST  
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIVIRAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>134,628</b>	<b>\$28,562,238</b>	<b>3,856</b>	<b>44.5 %</b>	<b>44,452</b>	<b>1.2</b>	<b>\$238</b>	<b>2,236</b>	<b>25.8 %</b>	<b>25,323</b>	<b>1.4</b>	<b>\$409</b>
<b>Female</b>	58,332	11,342,880	1,825	43.5	21,055	1.1	218	665	15.9	7,552	1.4	365
<b>Disabled</b>	51,838	10,086,077	1,484	48.6	17,314	1.2	236	606	19.8	6,904	1.5	368
	49,596	9,701,649	1,386	48.9	16,163	1.2	236	601	21.2	6,844	1.5	368
64 or younger	2,151	356,802	96	50.0	1,127	1.2	222	5	2.6	60	0.9	408
65-74	90	27,489	2	9.1	24	1.6	703	0	0.0	0	0.0	0
75-84	1	137	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	6,494	1,256,803	341	30.0	3,741	0.8	136	59	5.2	648	0.8	326
<b>Other Eligibles</b>	844	417,193	9	18.8	92	1.0	223	54	112.5	588	0.8	353
64 or younger	1,783	273,233	78	46.4	901	0.9	195	1	0.6	12	0.1	14
65-74	2,519	344,361	121	30.3	1,344	0.8	138	4	1.0	48	0.1	67
75-84	1,348	222,016	133	25.6	1,404	0.7	91	0	0.0	0	0.0	0
85 and older												
<b>Male</b>	76,296	17,219,358	2,031	45.4	23,397	1.2	256	1,571	35.1	17,771	1.5	427
<b>Disabled</b>	69,382	15,645,605	1,796	47.0	20,820	1.3	264	1,405	36.8	15,944	1.5	428
	67,293	15,237,926	1,709	46.9	19,823	1.3	266	1,388	38.1	15,788	1.5	429
64 or younger	2,019	381,336	81	50.0	931	1.1	228	17	10.5	156	1.2	418
65-74	44	11,322	5	45.5	54	0.8	208	0	0.0	0	0.0	0
75-84	26	15,021	1	33.3	12	1.5	222	0	0.0	0	0.0	0
85 and older	6,914	1,573,753	235	35.9	2,577	0.9	191	166	25.3	1,827	1.2	416
<b>Other Eligibles</b>	2,815	893,317	23	20.0	247	0.8	211	165	143.5	1,815	1.2	419
64 or younger	1,591	261,829	75	48.1	850	1.0	203	0	0.0	0	0.0	0
65-74	1,701	297,183	87	37.5	972	0.9	195	1	0.4	12	0.1	14
75-84	807	121,424	50	32.9	508	0.9	155	0	0.0	0	0.0	0
85 and older												
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. 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 2003. A total of 9,088 beneficiaries who were in nursing facilities for part of their enrollment and their 94,006 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTICONVULSANT					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 \$
<b>All</b>	<b>665</b>	<b>7.7 %</b>	<b>7,446</b>	<b>0.7</b>	<b>\$325</b>	<b>1,652</b>	<b>19.1 %</b>	<b>19,289</b>	<b>1.0</b>	<b>\$92</b>	<b>297</b>	<b>3.4 %</b>	<b>3,495</b>	<b>0.5</b>	<b>\$267</b>
<b>Female</b>	331	7.9	3,725	0.7	264	836	19.9	9,745	1.0	90	178	4.2	2,105	0.6	329
<b>Disabled</b>	264	8.6	2,999	0.7	284	752	24.6	8,792	1.0	94	120	3.9	1,422	0.6	460
64 or younger	251	8.8	2,852	0.7	292	722	25.4	8,453	1.0	94	113	4.0	1,338	0.6	485
65-74	10	5.2	111	0.5	87	29	15.1	338	0.9	92	5	2.6	60	0.5	66
75-84	3	13.6	36	0.6	208	1	4.5	1	1.0	113	1	4.5	12	0.8	105
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	0.1	11
<b>Other Eligibles</b>	67	5.9	726	0.5	180	84	7.4	953	0.8	53	58	5.1	683	0.4	56
64 or younger	4	8.3	46	0.5	4	11	22.9	116	0.6	63	5	10.4	57	0.3	41
65-74	17	10.1	177	0.3	109	28	16.7	329	1.2	86	14	8.3	168	0.4	58
75-84	23	5.8	259	0.5	152	32	8.0	357	0.7	30	38	9.5	446	0.4	56
85 and older	23	4.4	244	0.6	296	13	2.5	151	0.6	26	1	0.2	12	0.8	115
<b>Male</b>	334	7.5	3,721	0.7	386	816	18.2	9,544	1.0	94	119	2.7	1,390	0.5	174
<b>Disabled</b>	282	7.4	3,139	0.8	431	742	19.4	8,710	1.0	98	76	2.0	883	0.5	244
64 or younger	276	7.6	3,083	0.8	423	711	19.5	8,340	1.0	99	73	2.0	856	0.5	249
65-74	5	3.1	49	1.3	770	29	17.9	348	1.0	76	3	1.9	27	0.5	78
75-84	0	0.0	0	0.0	0	1	9.1	10	0.2	7	0	0.0	0	0.0	0
85 and older	1	33.3	7	0.9	1,749	1	33.3	12	0.2	9	0	0.0	0	0.0	0
<b>Other Eligibles</b>	52	7.9	582	0.4	143	74	11.3	834	0.8	59	43	6.6	507	0.4	52
64 or younger	14	12.2	151	0.4	71	13	11.3	156	0.7	65	9	7.8	105	0.1	15
65-74	11	7.1	130	0.4	147	21	13.5	232	0.9	79	8	5.1	96	0.3	44
75-84	18	7.8	206	0.4	181	29	12.5	329	0.8	45	18	7.8	210	0.5	65
85 and older	9	5.9	95	0.6	169	11	7.2	117	0.8	48	8	5.3	96	0.6	70
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. 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 2003. A total of 9,088 beneficiaries who were in nursing facilities for part of their enrollment and their 94,006 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	PASSIVE IMMUNIZING AGENTS					MIGRAINE PRODUCTS					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>57</b>	<b>0.7 %</b>	<b>638</b>	<b>0.6</b>	<b>\$1,128</b>	<b>350</b>	<b>4.0 %</b>	<b>4,141</b>	<b>0.9</b>	<b>\$108</b>	<b>763</b>	<b>8.8 %</b>	<b>8,986</b>	<b>0.7</b>	<b>\$50</b>
<b>Female</b>	30	0.7	344	0.6	1,337	160	3.8	1,893	0.8	96	454	10.8	5,368	0.8	52
<b>Disabled</b>	26	0.9	297	0.6	983	153	5.0	1,812	0.8	96	372	12.2	4,414	0.8	54
64 or younger	26	0.9	297	0.6	983	150	5.3	1,776	0.8	97	355	12.5	4,210	0.8	54
65-74	0	0.0	0	0.0	0	3	1.6	36	0.5	60	15	7.8	180	0.7	57
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	9.1	24	0.5	27
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	4	0.4	47	1.1	3,576	7	0.6	81	0.9	91	82	7.2	954	0.6	44
64 or younger	4	8.3	47	1.1	3,576	1	2.1	9	1.2	191	7	14.6	54	0.6	59
65-74	0	0.0	0	0.0	0	3	1.8	36	0.8	62	25	14.9	300	0.7	50
75-84	0	0.0	0	0.0	0	3	0.8	36	1.0	96	44	11.0	528	0.6	42
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	1.2	72	0.6	20
<b>Male</b>	27	0.6	294	0.5	882	190	4.2	2,248	0.9	119	309	6.9	3,618	0.7	47
<b>Disabled</b>	24	0.6	258	0.6	877	177	4.6	2,092	0.9	120	258	6.8	3,021	0.7	45
64 or younger	24	0.7	258	0.6	877	168	4.6	1,984	0.9	119	239	6.6	2,811	0.7	45
65-74	0	0.0	0	0.0	0	9	5.6	108	1.3	146	19	11.7	210	0.7	51
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
<b>Other Eligibles</b>	3	0.5	36	0.4	922	13	2.0	156	0.9	106	51	7.8	597	0.7	57
64 or younger	3	2.6	36	0.4	922	2	1.7	24	0.7	110	9	7.8	93	0.8	57
65-74	0	0.0	0	0.0	0	7	4.5	84	1.1	146	26	16.7	312	0.7	51
75-84	0	0.0	0	0.0	0	4	1.7	48	0.5	33	13	5.6	156	0.6	70
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	2.0	36	0.8	56
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. 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 2003. A total of 9,088 beneficiaries who were in nursing facilities for part of their enrollment and their 94,006 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE					ULCER DRUGS					Benefit Months	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Among All-Year Nursing Facility Residents
<b>All</b>	<b>612</b>	<b>7.1 %</b>	<b>7,177</b>	<b>0.7</b>	<b>\$63</b>	<b>655</b>	<b>7.6 %</b>	<b>7,641</b>	<b>0.6</b>	<b>\$58</b>	<b>8,669</b>	<b>95,700</b>
<b>Female</b>	361	8.6	4,257	0.7	65	396	9.4	4,654	0.6	56	4,192	46,174
<b>Disabled</b>	274	9.0	3,255	0.7	67	327	10.7	3,855	0.6	56	3,056	34,587
	260	9.2	3,087	0.7	67	308	10.9	3,627	0.6	55	2,837	32,111
64 or younger	13	6.8	156	0.6	62	19	9.9	228	0.7	70	192	2,202
65-74	1	4.5	12	0.9	93	0	0.0	0	0.0	0	22	221
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	53
85 and older	87	7.7	1,002	0.6	58	69	6.1	799	0.5	53	1,136	11,587
<b>Other Eligibles</b>	4	8.3	27	1.2	118	7	14.6	70	0.3	42	48	449
64 or younger	26	15.5	312	0.5	49	14	8.3	168	0.4	46	168	1,832
65-74	47	11.8	543	0.6	58	37	9.3	429	0.5	57	400	4,211
75-84	10	1.9	120	0.6	64	11	2.1	132	0.4	56	520	5,095
85 and older												
<b>Male</b>	251	5.6	2,920	0.7	60	259	5.8	2,987	0.6	61	4,477	49,526
<b>Disabled</b>	191	5.0	2,236	0.7	60	207	5.4	2,392	0.6	60	3,822	42,793
	179	4.9	2,101	0.7	62	196	5.4	2,260	0.6	61	3,646	40,846
64 or younger	12	7.4	135	0.5	38	11	6.8	132	0.6	50	162	1,806
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	110
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	31
85 and older	60	9.2	684	0.6	58	52	7.9	595	0.5	65	655	6,733
<b>Other Eligibles</b>	18	15.7	186	0.7	58	14	12.2	153	0.4	44	115	1,101
64 or younger	12	7.7	144	0.6	60	13	8.3	150	0.5	74	156	1,678
65-74	23	9.9	270	0.6	56	18	7.8	208	0.5	67	232	2,498
75-84	7	4.6	84	0.7	61	7	4.6	84	0.7	84	152	1,456
85 and older												
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. 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 2003. A total of 9,088 beneficiaries who were in nursing facilities for part of their enrollment and their 94,006 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 2003. 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 2003 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<sup>a,b</sup>  
NEW YORK, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Nondual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>1,237,064</b>	<b>39.8 %</b>	<b>1.8</b>	<b>5,708,708</b>	<b>\$19</b>	<b>\$59,596,510</b>	<b>\$10</b>	<b>2.3 %</b>	<b>3,109,338</b>
<b>Age</b>									
5 and younger	354,468	54.4	2.0	1,280,103	12	7,649,455	6	5.6	652,028
6-14	252,249	38.8	1.1	706,749	10	6,807,590	10	2.9	649,807
15-20	94,669	25.1	0.7	251,802	9	3,436,380	14	2.6	377,562
21-44	284,740	32.2	1.4	1,253,499	20	18,095,918	14	2.1	883,019
45-64	231,884	56.1	5.0	2,068,592	55	22,775,986	11	1.9	413,156
65-74	10,329	48.9	4.4	91,873	25	537,785	6	1.5	21,106
75-84	3,895	35.2	3.2	35,741	17	187,321	5	1.4	11,062
85 and older	987	11.3	1.2	10,277	6	53,812	5	1.5	8,718
Unknown	3,843	4.1	0.1	10,072	1	52,263	5	6.1	92,880
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	12,802	36.4	3.2	111,141	17	612,591	6	1.5	35,195
Disabled	228,373	54.0	5.1	2,140,585	72	30,596,241	14	2.1	422,618
Adults	334,892	33.9	1.4	1,418,917	15	14,622,836	10	1.9	987,343
Children	660,858	39.7	1.2	2,037,596	8	13,758,540	7	4.0	1,663,459
Unknown	139	19.2	0.6	469	9	6,302	13	0.6	723
<b>Gender</b>									
Female	729,054	41.9	2.0	3,512,831	22	37,435,796	11	2.6	1,739,646
Male	504,249	38.3	1.7	2,185,942	17	22,109,014	10	1.9	1,315,367
Unknown	3,761	6.9	0.2	9,935	1	51,700	5	6.2	54,325
<b>Race</b>									
White	308,328	31.8	1.5	1,444,845	20	19,564,715	14	2.4	970,791
African American	295,491	38.1	1.6	1,239,122	16	12,433,487	10	1.8	775,629
Other/unknown	633,245	46.5	2.2	3,024,741	20	27,598,308	9	2.5	1,362,918
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	1,216	14.0	2.3	19,700	39	340,625	17	1.1	8,669
Part year	5,318	58.5	6.0	54,808	63	574,653	10	1.1	9,088
None	1,230,530	39.8	1.8	5,634,200	19	58,681,232	10	2.3	3,091,581
<b>Maintenance Assistance Status</b>									
Cash	652,577	46.6	2.5	3,440,247	28	38,638,847	11	2.3	1,399,365
Medically needy	192,151	36.3	1.4	758,523	15	7,681,403	10	2.9	529,163
Poverty related	199,320	37.0	1.1	602,678	8	4,258,165	7	4.1	538,881
Other/unknown	193,016	30.1	1.4	907,260	14	9,018,095	10	1.6	641,929

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. 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 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE ND.12  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
NEW YORK, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.2</b>	<b>\$2</b>	<b>\$10</b>	<b>\$0</b>	<b>\$0</b>	<b>26,041,145</b>
<b>Age</b>						
5 and younger	0.2	1	6	0	0	5,221,063
6-14	0.1	1	10	0	0	5,853,786
15-20	0.1	1	14	0	0	3,215,492
21-44	0.2	3	14	0	1	7,001,137
45-64	0.5	6	11	0	2	3,920,808
65-74	0.5	3	6	0	0	201,909
75-84	0.3	2	5	0	0	104,553
85 and older	0.1	1	5	0	0	82,500
Unknown	0.0	0	5	0	0	439,897
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	2	6	0	0	328,669
Disabled	0.5	7	14	0	2	4,592,552
Adults	0.2	2	10	0	0	7,578,435
Children	0.2	1	7	0	0	13,536,447
Unknown	0.1	1	13	0	1	5,042
<b>Gender</b>						
Female	0.2	3	11	0	0	14,735,249
Male	0.2	2	10	0	0	10,994,298
Unknown	0.0	0	5	0	0	311,598
<b>Race</b>						
White	0.2	2	14	0	1	8,235,692
African American	0.2	2	10	0	0	6,342,160
Other/unknown	0.3	2	9	0	0	11,463,293
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.2	4	17	0	1	95,700
Part year	0.6	6	10	0	1	94,006
None	0.2	2	10	0	0	25,851,439
<b>Maintenance Assistance Status</b>						
Cash	0.3	3	11	0	1	12,819,455
Medically needy	0.2	2	10	0	0	4,033,506
Poverty related	0.1	1	7	0	0	4,190,198
Other/unknown	0.2	2	10	0	0	4,997,986

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. 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 2003.

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

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

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

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



TABLE ND.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS<sup>a,b,c</sup>  
NEW YORK, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
<b>All</b>	<b>1,368,516</b>	<b>\$44</b>	<b>\$59,596,510</b>	<b>100.0 %</b>	<b>5,708,708</b>	<b>\$10</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	71	206	14,651	0.0	171	86	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	36,487	75	2,740,797	4.6	61,724	44	1.1
Vitamins and minerals	92,320	51	4,707,706	7.9	238,700	20	4.2
Non-prescription drugs	1,142,389	24	27,711,060	46.5	4,918,160	6	86.2
Barbiturates	5,591	66	370,529	0.6	46,016	8	0.8
Benzodiazepines	68,253	173	11,782,008	19.8	371,718	32	6.5
Other Part D Excl Rx Drugs	23,405	524	12,269,759	20.6	72,219	170	1.3

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. 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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table ND11.

b. Includes OTC drugs as well as prescription drugs.

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

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

APPENDIX TABLE A.1  
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NONDUAL BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>3,734,091</b>	<b>38,320</b>	<b>432,531</b>	<b>1,179,223</b>	<b>2,083,294</b>	<b>723</b>	<b>36,384,449</b>	<b>366,998</b>	<b>4,836,481</b>	<b>10,905,143</b>	<b>20,270,741</b>	<b>5,086</b>
<b>Age</b>												
5 and younger	753,876	8	21,781	0	732,087	0	7,354,403	67	229,508	0	7,124,828	0
6-14	850,047	2	58,127	0	791,918	0	8,811,880	24	654,926	0	8,156,930	0
15-20	495,137	0	39,165	0	455,927	45	4,895,241	0	434,310	0	4,460,655	276
21-44	1,033,280	0	123,261	902,123	7,519	377	9,636,085	0	1,385,693	8,212,250	35,795	2,347
45-64	461,550	0	184,329	276,915	6	300	4,764,620	0	2,070,156	2,691,954	59	2,451
65-74	23,731	18,811	4,734	185	0	1	233,442	181,771	50,720	939	0	12
75-84	11,618	10,735	883	0	0	0	111,607	102,836	8,771	0	0	0
85 and older	8,800	8,553	247	0	0	0	83,979	81,595	2,384	0	0	0
Unknown	96,052	211	4	0	95,837	0	493,192	705	13	0	492,474	0
<b>Gender</b>												
Female	2,061,045	25,057	218,434	785,781	1,031,050	723	20,255,221	242,039	2,468,339	7,424,962	10,114,795	5,086
Male	1,615,754	13,232	214,095	393,442	994,985	0	15,778,577	124,775	2,368,131	3,480,181	9,805,490	0
Unknown	57,292	31	2	0	57,259	0	350,651	184	11	0	350,456	0
<b>Race</b>												
White	1,121,295	10,537	133,829	371,904	604,474	551	10,891,449	98,729	1,490,960	3,414,965	5,882,892	3,903
African American	959,317	6,409	106,154	339,908	506,776	70	9,324,808	59,963	1,186,053	3,108,976	4,969,350	466
Other/unknown	1,653,479	21,374	192,548	467,411	972,044	102	16,168,192	208,306	2,159,468	4,381,202	9,418,499	717
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	8,671	1,628	6,878	132	33	0	95,882	16,770	77,509	1,272	331	0
Part year	9,093	917	7,194	886	96	0	97,088	9,041	77,964	9,081	1,002	0
None	3,716,327	35,775	418,459	1,178,205	2,083,165	723	36,191,479	341,187	4,681,008	10,894,790	20,269,408	5,086
<b>Maintenance Assistance Status</b>												
Cash	1,654,854	9,250	374,448	330,052	941,104	0	16,966,705	88,965	4,262,611	3,183,714	9,431,415	0
Medically needy	637,238	23,997	55,491	199,447	358,303	0	5,828,559	228,896	548,396	1,817,032	3,234,235	0
Poverty related	677,421	6	1	1,585	675,106	723	6,558,100	44	12	9,478	6,543,480	5,086
Other/unknown	764,578	5,067	2,591	648,139	108,781	0	7,031,085	49,093	25,462	5,894,919	1,061,611	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	1,219,934	30,789	335,600	336,859	515,973	713	10,617,145	288,989	3,717,832	2,554,021	4,051,313	4,990
FFS part year, with Rx claims	460,461	969	19,730	189,824	249,930	8	4,616,334	10,361	219,577	1,843,023	2,543,297	76
FFS part year, no Rx claims	309,687	582	3,276	104,369	201,458	2	2,665,481	5,630	33,008	878,400	1,748,423	20
MC all year, with Rx claims	1,119,256	2,855	64,012	356,291	696,098	0	12,699,755	32,900	758,513	3,982,073	7,926,269	0
MC all year, no Rx claims	624,655	3,125	9,913	191,837	419,780	0	5,785,107	29,118	107,551	1,647,376	4,001,062	0

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. 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<sup>a</sup>  
 NONDUAL BENEFICIARIES, NEW YORK, 2003

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>3,734,091</b>	<b>36,384,449</b>	<b>3,109,338</b>	<b>26,041,145</b>	<b>0</b>	<b>10,343,304</b>
Fee-for-service (FFS) all year	1,219,934	10,617,145	1,219,934	10,613,900	0	3,245
FFS part year, with Rx claims	460,461	4,616,334	460,461	1,704,326	0	2,912,008
FFS part year, with no Rx claims	309,687	2,665,481	309,687	1,023,940	0	1,641,541
Managed care (MC) all year, with Rx claims	1,119,256	12,699,755	1,119,256	12,698,979	0	776
MC all year, with no Rx claims	624,655	5,785,107	0	0	0	5,785,107
	30	627	0	0	0	627

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. 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.