

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

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, PENNSYLVANIA, 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	628,524	6,520	107,583	137,268	376,082	1,071	3,836,211	35,188	859,979	642,173	2,290,852	8,019
Age												
5 and younger	141,149	27	8,577	0	132,545	0	841,273	103	55,775	0	785,395	0
6-14	163,317	38	22,147	0	141,132	0	1,107,131	162	185,432	0	921,537	0
15-20	113,083	37	14,033	0	98,984	29	687,479	200	117,325	0	569,798	156
21-44	154,661	57	28,667	122,048	3,418	471	816,160	231	227,439	571,215	14,118	3,157
45-64	49,980	84	34,108	15,219	0	569	350,024	516	273,851	70,957	0	4,700
65-74	2,536	2,483	50	1	0	2	14,699	14,536	156	1	0	6
75-84	1,966	1,966	0	0	0	0	11,224	11,224	0	0	0	0
85 and older	1,829	1,828	1	0	0	0	8,217	8,216	1	0	0	0
Unknown	3	0	0	0	3	0		0	0	0	4	0
Gender												
Female	351,835	4,410	50,476	105,592	190,286	1,071	2,093,349	23,324	415,855	496,635	1,149,516	8,019
Male	276,689	2,110	57,107	31,676	185,796	0	1,742,862	11,864	444,124	145,538	1,141,336	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	444,179	3,873	86,699	93,464	259,310	833	3,169,769	21,978	754,419	526,059	1,861,031	6,282
African American	104,517	1,190	12,213	25,152	65,814	148	381,312	7,073	62,763	65,602	244,766	1,108
Other/unknown	79,828	1,457	8,671	18,652	50,958	90	285,130	6,137	42,797	50,512	185,055	629
Use of Nursing Facilities^c												
Entire year	2,618	842	1,773	3	0	0	26,600	8,786	17,807	7	0	0
Part year	2,736	604	2,039	82	8	3	19,361	4,646	14,181	450	59	25
None	623,170	5,074	103,771	137,183	376,074	1,068	3,790,250	21,756	827,991	641,716	2,290,793	7,994
Maintenance Assistance Status												
Cash	224,493	1,892	65,344	62,530	94,727	0	1,412,189	14,571	580,767	289,631	527,220	0
Medically needy	26,510	34	283	7,153	19,040	0	147,792	105	1,397	46,857	99,433	0
Poverty-related	268,181	1,334	36,488	24,138	205,150	1,071	1,644,079	5,162	240,962	83,056	1,306,880	8,019
Other/unknown	109,340	3,260	5,468	43,447	57,165	0	632,151	15,350	36,853	222,629	357,319	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	363,685	5,000	75,780	68,049	213,852	1,004	3,163,665	31,013	763,088	489,872	1,872,077	7,615
FFS part year, with Rx claims	64,239	621	13,758	20,559	29,245	56	241,158	2,300	53,249	58,933	126,319	357
FFS part year, no Rx claims	200,600	899	18,045	48,660	132,985	11	431,388	1,875	43,642	93,368	292,456	47

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, PENNSYLVANIA, 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	45.7 %	7.3	\$571	\$79	\$3,416	16.7 %	628,524
Age							
5 and younger	42.4	2.3	128	55	1,801	7.1	141,149
6-14	41.3	4.0	301	76	2,447	12.3	163,317
15-20	42.4	4.6	368	79	2,744	13.4	113,083
21-44	48.1	8.3	695	84	3,793	18.3	154,661
45-64	69.3	32.9	2,676	81	10,103	26.5	49,980
65-74	51.9	26.7	1,672	63	16,026	10.4	2,536
75-84	47.9	25.4	1,423	56	15,280	9.3	1,966
85 and older	34.5	17.9	964	54	11,229	8.6	1,829
Unknown	0.0	0.0	0	0	0	0.0	3
Basis of Eligibility^e							
Aged	45.3	23.5	1,387	59	14,409	9.6	6,520
Disabled	68.4	25.0	2,219	89	10,433	21.3	107,583
Adults	44.5	5.3	349	66	2,621	13.3	137,268
Children	39.6	2.6	156	59	1,494	10.5	376,082
Unknown	68.0	17.1	4,045	237	8,223	49.2	1,071
Gender							
Female	46.9	7.9	581	73	3,326	17.5	351,835
Male	44.2	6.5	557	86	3,530	15.8	276,689
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	54.9	9.1	716	79	3,503	20.4	444,179
African American	23.2	3.2	246	76	3,583	6.9	104,517
Other/unknown	24.0	2.3	189	82	2,713	7.0	79,828
Use of Nursing Facilities^f							
Entire year	96.0	96.1	6,315	66	65,186	9.7	2,618
Part year	94.7	66.5	4,824	73	43,405	11.1	2,736
None	45.3	6.6	528	80	2,981	17.7	623,170
Maintenance Assistance Status							
Cash	49.2	11.6	953	82	4,680	20.4	224,493
Medically needy	38.6	3.3	193	58	1,827	10.6	26,510
Poverty related	42.5	3.8	281	73	2,217	12.7	268,181
Other/unknown	48.0	7.8	590	75	4,145	14.2	109,340

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

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

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

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

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

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

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

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	1.2	\$94	16.7 %	54.3 %	30.6 %	5.3 %	5.9 %	2.8 %	1.0 %	\$560	628,524	3,836,211
Age												
5 and younger	0.4	22	7.1	57.6	38.5	2.6	1.1	0.1	0.0	302	141,149	841,273
6-14	0.6	44	12.3	58.7	32.9	4.3	3.5	0.5	0.1	361	163,317	1,107,131
15-20	0.8	61	13.4	57.6	31.1	5.6	4.6	1.0	0.2	451	113,083	687,479
21-44	1.6	132	18.3	51.9	27.1	7.6	8.9	3.6	0.9	719	154,661	816,160
45-64	4.7	382	26.5	30.7	14.0	8.8	20.7	17.9	8.0	1,443	49,980	350,024
65-74	4.6	288	10.4	48.1	9.9	6.3	14.5	13.1	8.0	2,765	2,536	14,699
75-84	4.4	249	9.3	52.1	8.0	4.8	14.1	15.0	6.1	2,677	1,966	11,224
85 and older	4.0	215	8.6	65.5	4.6	3.9	10.3	11.1	4.5	2,500	1,829	8,217
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	3	4
Basis of Eligibility^e												
Aged	4.4	257	9.6	54.7	7.9	5.1	13.1	13.0	6.2	2,670	6,520	35,188
Disabled	3.1	278	21.3	31.6	23.9	10.3	18.0	11.5	4.7	1,305	107,583	859,979
Adults	1.1	75	13.3	55.5	27.2	7.1	7.4	2.4	0.4	560	137,268	642,173
Children	0.4	26	10.5	60.4	34.2	3.2	1.8	0.2	0.0	245	376,082	2,290,852
Unknown	2.3	540	49.2	32.0	30.5	10.2	17.5	8.0	1.8	1,098	1,071	8,019
Gender												
Female	1.3	98	17.5	53.1	31.0	5.5	6.1	3.1	1.2	559	351,835	2,093,349
Male	1.0	89	15.8	55.8	30.2	5.1	5.7	2.4	0.8	560	276,689	1,742,862
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.3	100	20.4	45.1	37.0	6.3	7.1	3.4	1.2	491	444,179	3,169,769
African American	0.9	67	6.9	76.8	14.5	3.1	3.3	1.5	0.7	982	104,517	381,312
Other/unknown	0.6	53	7.0	76.0	16.7	3.0	2.9	1.0	0.4	760	79,828	285,130
Use of Nursing Facilities^f												
Entire year	9.5	622	9.7	4.0	2.4	3.7	17.3	36.6	35.9	6,416	2,618	26,600
Part year	9.4	682	11.1	5.3	4.5	4.7	18.7	31.6	35.1	6,134	2,736	19,361
None	1.1	87	17.7	54.7	30.9	5.3	5.8	2.5	0.7	490	623,170	3,790,250
Maintenance Assistance Status												
Cash	1.8	152	20.4	50.8	27.8	6.2	8.5	4.8	1.9	744	224,493	1,412,189
Medically needy	0.6	35	10.6	61.4	29.6	5.1	3.2	0.5	0.1	328	26,510	147,792
Poverty related	0.6	46	12.7	57.5	34.1	4.0	3.2	1.0	0.2	362	268,181	1,644,079
Other/unknown	1.4	102	14.2	52.0	28.2	6.8	8.1	3.6	1.3	717	109,340	632,151

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

TABLE ND.5

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

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	1.2	\$94	\$79	0.5	\$71	\$134	0.1	\$6	\$86	0.6	\$17	\$28
Age												
5 and younger	0.4	22	55	0.1	16	118	0.0	1	44	0.2	4	18
6-14	0.6	44	76	0.3	37	109	0.0	2	70	0.2	6	26
15-20	0.8	61	79	0.4	48	125	0.0	3	71	0.3	9	28
21-44	1.6	132	84	0.6	98	152	0.1	10	97	0.8	24	30
45-64	4.7	382	81	2.0	280	141	0.3	28	98	2.4	74	31
65-74	4.6	288	63	1.9	213	113	0.3	16	58	2.4	59	24
75-84	4.4	249	56	1.8	181	102	0.3	12	43	2.4	56	24
85 and older	4.0	215	54	1.6	159	99	0.2	9	42	2.1	46	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.4	257	59	1.8	189	107	0.3	13	50	2.3	54	24
Disabled	3.1	278	89	1.4	211	148	0.2	19	97	1.5	47	31
Adults	1.1	75	66	0.4	53	122	0.1	5	81	0.6	16	26
Children	0.4	26	59	0.2	20	99	0.0	1	55	0.2	5	22
Unknown	2.3	540	237	0.9	448	503	0.1	42	287	1.2	49	40
Gender												
Female	1.3	98	73	0.6	73	127	0.1	7	78	0.7	19	28
Male	1.0	89	86	0.5	69	142	0.1	5	99	0.5	14	29
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.3	100	79	0.6	76	133	0.1	7	87	0.6	18	28
African American	0.9	67	76	0.4	52	137	0.0	4	79	0.5	12	26
Other/unknown	0.6	53	82	0.3	41	146	0.0	3	74	0.3	9	27
Use of Nursing Facilities^e												
Entire year	9.5	622	66	3.7	453	122	0.6	38	61	5.1	129	26
Part year	9.4	682	73	3.5	495	141	0.6	48	77	5.2	138	26
None	1.1	87	80	0.5	66	134	0.1	6	88	0.5	15	28
Maintenance Assistance Status												
Cash	1.8	152	82	0.8	114	141	0.1	10	91	0.9	27	30
Medically needy	0.6	35	58	0.2	25	101	0.0	3	65	0.3	8	24
Poverty related	0.6	46	73	0.3	35	122	0.0	3	79	0.3	8	26
Other/unknown	1.4	102	75	0.6	78	128	0.1	6	78	0.7	18	27

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$17	\$12	\$1	\$4	\$64	\$125	\$87	\$27	466,942	\$30,105,686	175,356	27.9 %	1,733,123
Biologicals	0.2	0.2	0.0	0.0	174	133	1	40	886	778	191	2,074	7,992	7,083,769	4,062	0.6	40,749
Antineoplastic Agents	0.7	0.2	0.1	0.4	346	250	48	47	480	1,059	674	115	18,421	8,844,670	2,818	0.4	25,578
Endocrine/Metabolic Drugs	0.6	0.2	0.1	0.2	33	23	3	7	60	110	37	26	376,708	22,681,949	70,694	11.2	681,988
Cardiovascular Agents	1.3	0.5	0.0	0.7	59	42	2	14	45	80	39	19	539,622	24,017,668	44,417	7.1	410,519
Respiratory Agents	0.5	0.3	0.0	0.2	29	25	0	4	61	84	49	21	532,015	32,653,219	112,815	17.9	1,124,520
Gastrointestinal Agents	0.6	0.3	0.0	0.2	63	48	4	11	106	147	115	47	273,607	29,076,983	48,195	7.7	462,526
Genitourinary Agents	0.3	0.2	0.0	0.1	19	14	2	3	60	83	52	26	50,896	3,074,814	17,164	2.7	164,932
CNS Drugs	1.1	0.6	0.1	0.5	104	82	5	16	94	147	92	34	834,006	78,609,573	82,325	13.1	754,704
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.1	64	58	1	6	85	93	78	43	184,041	15,553,450	24,123	3.8	241,416
Miscellaneous Psychological/																	
Neurological Agents	0.4	0.3	0.0	0.1	140	130	1	9	340	392	116	128	15,120	5,141,552	3,667	0.6	36,733
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	39	27	3	10	67	171	264	23	500,817	33,556,139	91,273	14.5	853,136
Neuromuscular Agents	0.8	0.3	0.1	0.4	76	50	15	12	92	148	130	31	328,265	30,194,547	41,618	6.6	395,810
Nutritional Products	0.3	0.0	0.0	0.2	6	1	0	4	21	33	28	19	96,593	2,019,566	39,476	6.3	365,870
Hematological Agents	0.8	0.3	0.1	0.4	213	202	3	8	262	662	37	18	85,471	22,351,642	11,718	1.9	104,875
Topical Products	0.2	0.1	0.0	0.1	11	7	1	4	46	80	53	26	233,211	10,827,309	94,029	15.0	949,768
Miscellaneous Products	0.3	0.1	0.0	0.1	47	36	4	8	172	248	244	67	14,191	2,442,193	5,135	0.8	51,455
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	11	0	0	0	39	0	0	0	14,318	555,167	5,009	0.8	52,356
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.	4,572,236	358,789,896	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Pennsylvania, 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^{a, b, c}
 NONDUAL BENEFICIARIES, PENNSYLVANIA, 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	\$43,495,934	37,107	5.9 %	368,267	0.6	\$185	\$118
ANTIDEPRESSANTS	28,586,519	76,595	12.2	734,459	0.5	71	39
ANTICONVULSANT	25,836,810	33,052	5.3	325,892	0.7	109	79
ULCER DRUGS	22,511,077	45,384	7.2	448,996	0.5	107	50
ANALGESICS - Narcotic	19,944,018	92,037	14.6	907,220	0.3	63	22
ANTIASTHMATIC	18,776,653	81,596	13.0	824,590	0.3	71	23
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	15,448,621	28,614	4.6	296,828	0.6	85	52
ANTIDIABETIC	10,823,677	21,373	3.4	203,870	0.7	74	53
MISC. HEMATOLOGICAL	10,676,867	3,753	0.6	35,354	0.6	465	302
ANTHYPERLIPIDEMIC	10,464,197	17,499	2.8	176,793	0.6	95	59
Total	206,564,373	437,010		4,322,269	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

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

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

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,129,231	\$206,564,373	37,107	5.9 %	368,267	0.6	\$118	76,595	12.2 %	734,459	0.5	\$39
Female	1,227,542	110,420,565	18,240	5.2	181,169	0.6	109	50,793	14.4	490,613	0.5	39
Disabled	796,886	77,794,294	11,439	22.7	118,407	0.7	127	24,556	48.6	252,427	0.6	46
	7,400	677,525	72	2.3	773	0.5	97	24	0.8	253	0.4	24
5 and younger	46,826	4,505,123	1,182	16.7	12,556	0.6	94	1,142	16.1	11,778	0.6	31
6-14	43,003	4,275,110	1,350	24.5	13,781	0.6	102	2,095	37.9	21,111	0.5	34
15-20	227,438	23,672,409	4,220	28.2	43,083	0.6	122	9,156	61.2	93,436	0.6	44
21-44	472,009	44,649,305	4,613	23.3	48,197	0.8	148	12,136	61.3	125,834	0.7	51
45-64	210	14,822	2	6.1	17	0.6	49	3	9.1	15	0.9	79
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	430,656	32,626,271	6,801	2.3	62,762	0.5	74	26,237	8.7	238,186	0.4	31
Other Eligibles	18,166	1,203,817	43	0.1	491	0.3	37	32	0.0	362	0.3	13
5 and younger	62,245	5,072,618	1,230	1.7	12,973	0.5	82	1,727	2.5	18,328	0.5	28
6-14	71,138	5,281,049	1,846	3.5	17,335	0.6	77	5,593	10.5	53,829	0.4	27
15-20	190,670	13,939,214	2,627	2.6	22,419	0.4	57	15,447	15.6	136,474	0.4	31
21-44	47,809	4,043,392	533	5.7	4,311	0.5	75	2,590	27.8	20,917	0.6	43
45-64	19,824	1,548,638	217	13.9	2,290	0.9	148	325	20.8	3,278	0.8	49
65-74	13,277	972,468	163	12.2	1,541	0.9	112	300	22.4	2,877	0.7	44
75-84	7,527	565,075	142	10.2	1,402	0.7	96	223	16.0	2,121	0.7	44
85 and older												
Male	901,689	96,143,808	18,867	6.8	187,098	0.7	127	25,802	9.3	243,846	0.6	39
Disabled	582,959	67,624,436	12,288	21.5	126,859	0.7	138	14,415	25.2	145,455	0.6	42
	11,783	1,026,370	143	2.6	1,480	0.5	79	37	0.7	427	0.5	18
5 and younger	120,598	13,056,559	3,760	24.9	40,979	0.6	102	2,515	16.7	27,132	0.6	32
6-14	67,487	9,540,937	2,274	26.7	23,929	0.7	123	2,217	26.0	23,360	0.6	38
15-20	141,062	19,351,711	3,445	25.1	33,692	0.7	171	4,563	33.3	44,554	0.6	44
21-44	241,847	24,625,695	2,660	18.6	26,716	0.8	168	5,083	35.5	49,982	0.7	48
45-64	182	23,164	6	35.3	63	0.9	193	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
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	318,730	28,519,372	6,579	3.0	60,239	0.6	105	11,387	5.2	98,391	0.5	34
Other Eligibles	28,092	2,156,713	174	0.3	1,844	0.4	56	77	0.1	804	0.3	17
5 and younger	108,679	9,651,578	2,308	3.3	24,320	0.6	106	2,078	2.9	21,818	0.5	30
6-14	72,113	6,948,174	2,266	4.9	20,420	0.6	112	3,902	8.5	34,579	0.5	34
15-20	59,601	5,518,987	1,194	4.5	8,243	0.5	94	3,571	13.4	26,935	0.4	35
21-44	29,958	2,696,257	346	5.3	2,449	0.5	83	1,356	20.7	10,174	0.5	39
45-64	10,150	790,778	110	11.9	1,139	1.0	154	154	16.7	1,577	0.9	58
65-74	6,568	490,629	112	17.9	1,205	0.7	113	123	19.6	1,300	0.8	49
75-84	3,569	266,256	69	16.0	619	0.7	97	126	29.3	1,204	0.8	47
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 Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

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

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

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

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	33,052	5.3 %	325,892	0.7	\$79	45,384	7.2 %	448,996	0.5	\$50	92,037	14.6 %	907,220	0.3	\$22
Female	19,442	5.5	192,362	0.7	78	28,921	8.2	289,777	0.5	50	62,054	17.6	620,123	0.3	19
Disabled	12,761	25.3	132,218	0.8	90	15,310	30.3	161,771	0.6	64	24,724	49.0	262,731	0.4	33
	202	6.6	2,112	0.7	94	444	14.4	4,080	0.5	35	117	3.8	1,302	0.1	1
5 and younger	1,003	14.2	10,960	0.8	99	642	9.1	7,174	0.4	43	449	6.3	5,050	0.1	3
6-14	1,094	19.8	11,427	0.8	97	743	13.5	8,182	0.4	35	1,033	18.7	11,483	0.2	5
15-20	4,942	33.0	50,571	0.8	97	4,473	29.9	47,633	0.5	58	9,713	64.9	102,999	0.4	30
21-44	5,514	27.8	57,105	0.8	80	8,998	45.4	94,672	0.6	72	13,399	67.7	141,839	0.5	38
45-64	6	18.2	43	1.4	78	10	30.3	30	0.7	71	13	39.4	58	0.8	75
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	6,681	2.2	60,144	0.5	53	13,611	4.5	128,006	0.3	33	37,330	12.4	357,392	0.2	9
Other Eligibles	127	0.2	1,300	0.4	44	1,319	2.0	11,410	0.3	16	621	1.0	6,887	0.1	2
5 and younger	567	0.8	6,065	0.6	63	1,410	2.0	15,362	0.2	20	1,957	2.8	21,639	0.1	1
6-14	1,203	2.3	11,386	0.5	55	2,313	4.4	23,592	0.2	19	6,497	12.2	66,356	0.2	3
15-20	3,620	3.6	31,591	0.5	49	6,166	6.2	56,330	0.3	36	24,436	24.6	228,795	0.3	11
21-44	762	8.2	5,674	0.6	61	1,456	15.6	12,180	0.5	59	2,972	31.9	25,600	0.4	20
45-64	209	13.4	2,208	1.1	60	414	26.5	4,013	0.6	58	393	25.2	3,836	0.5	24
65-74	134	10.0	1,320	0.9	55	327	24.4	3,208	0.7	61	268	20.0	2,532	0.5	24
75-84	59	4.2	600	0.8	42	206	14.7	1,911	0.7	63	186	13.3	1,747	0.4	19
85 and older															
Male	13,610	4.9	133,530	0.8	81	16,463	6.0	159,219	0.5	50	29,983	10.8	287,097	0.4	28
Disabled	9,396	16.5	96,916	0.8	90	9,260	16.2	94,138	0.6	61	14,417	25.2	145,459	0.5	40
	267	4.9	2,757	0.6	70	584	10.6	5,743	0.5	36	209	3.8	2,273	0.1	1
5 and younger	1,751	11.6	19,074	0.7	83	861	5.7	9,741	0.4	44	724	4.8	8,326	0.1	2
6-14	1,254	14.7	13,321	0.8	90	736	8.6	8,194	0.4	44	1,049	12.3	11,742	0.2	5
15-20	3,253	23.7	33,132	0.9	103	2,542	18.6	25,793	0.6	62	5,286	38.6	52,567	0.4	39
21-44	2,868	20.0	28,599	0.9	80	4,533	31.7	44,622	0.7	70	7,147	50.0	70,547	0.6	52
45-64	3	17.6	33	1.1	138	4	23.5	45	0.9	85	2	11.8	4	0.5	74
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	4,214	1.9	36,614	0.6	58	7,203	3.3	65,081	0.4	35	15,566	7.1	141,638	0.3	16
Other Eligibles	186	0.3	1,954	0.5	53	1,697	2.5	14,701	0.3	19	981	1.4	10,585	0.1	1
5 and younger	808	1.1	8,501	0.6	62	1,130	1.6	12,185	0.3	25	1,845	2.6	20,424	0.1	1
6-14	979	2.1	8,744	0.6	56	1,314	2.9	13,032	0.3	25	3,717	8.1	37,344	0.2	4
15-20	1,469	5.5	10,922	0.5	58	1,799	6.7	14,591	0.4	46	6,547	24.5	52,865	0.4	26
21-44	534	8.1	4,004	0.6	63	826	12.6	6,391	0.5	65	2,093	31.9	16,825	0.5	38
45-64	130	14.1	1,372	1.1	51	203	22.0	1,853	0.8	70	175	18.9	1,653	0.5	18
65-74	80	12.8	841	0.9	39	139	22.2	1,431	0.7	63	118	18.8	1,096	0.5	17
75-84	28	6.5	276	0.8	39	95	22.1	897	0.7	61	90	20.9	846	0.5	37
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 Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

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

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

TABLE ND.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, PENNSYLVANIA, 2004

Beneficiary Characteristics	ANTIASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIDIABETIC				
	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	81,596	13.0 %	824,590	0.3	\$23	28,614	4.6 %	296,828	0.6	\$52	21,373	3.4 %	203,870	0.7	\$53
Female	45,162	12.8	455,614	0.3	24	8,719	2.5	91,001	0.6	50	13,561	3.9	132,075	0.7	53
Disabled	17,693	35.1	187,981	0.4	33	3,858	7.6	41,623	0.6	54	9,548	18.9	97,940	0.7	56
5 and younger	798	25.9	8,217	0.3	24	106	3.4	1,153	0.4	34	47	1.5	454	0.7	40
6-14	1,555	22.0	17,159	0.3	23	1,874	26.5	20,172	0.6	51	225	3.2	2,362	0.6	52
15-20	1,017	18.4	11,055	0.3	19	676	12.2	7,335	0.6	51	177	3.2	1,850	0.6	53
21-44	4,863	32.5	51,402	0.4	29	654	4.4	6,982	0.5	58	1,716	11.5	17,672	0.6	49
45-64	9,456	47.8	100,136	0.5	39	548	2.8	5,981	0.5	69	7,376	37.3	75,577	0.8	58
65-74	4	12.1	12	0.6	50	0	0.0	0	0.0	0	7	21.2	25	1.3	40
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	27,469	9.1	267,633	0.3	17	4,861	1.6	49,378	0.5	47	4,013	1.3	34,135	0.6	43
5 and younger	6,629	10.2	68,093	0.2	13	147	0.2	1,563	0.3	27	34	0.1	329	0.5	40
6-14	7,014	10.0	73,667	0.2	17	2,870	4.1	30,421	0.6	47	187	0.3	1,872	0.7	61
15-20	4,335	8.2	42,389	0.2	15	952	1.8	9,185	0.5	48	288	0.5	2,494	0.6	53
21-44	7,420	7.5	65,832	0.3	18	759	0.8	7,049	0.4	47	1,670	1.7	13,774	0.5	39
45-64	1,359	14.6	10,890	0.4	30	124	1.3	1,081	0.5	69	1,012	10.9	7,644	0.6	46
65-74	330	21.1	3,179	0.6	35	4	0.3	39	0.5	78	453	29.0	4,426	0.8	45
75-84	239	17.8	2,293	0.6	34	2	0.1	15	0.3	10	255	19.0	2,511	0.8	38
85 and older	143	10.2	1,290	0.4	22	3	0.2	25	0.7	19	114	8.2	1,085	0.8	39
Male	36,434	13.2	368,976	0.3	22	19,895	7.2	205,827	0.6	53	7,812	2.8	71,795	0.7	54
Disabled	12,212	21.4	127,824	0.4	31	9,517	16.7	101,027	0.7	55	5,555	9.7	54,477	0.7	55
5 and younger	1,394	25.4	14,403	0.3	26	350	6.4	3,623	0.4	28	54	1.0	442	0.6	37
6-14	3,214	21.3	35,454	0.3	22	6,504	43.2	69,211	0.7	53	290	1.9	2,966	0.6	56
15-20	1,437	16.9	15,794	0.3	24	2,036	23.9	21,823	0.7	62	185	2.2	2,058	0.7	71
21-44	1,862	13.6	18,947	0.4	30	440	3.2	4,491	0.5	62	1,004	7.3	9,721	0.7	56
45-64	4,304	30.1	43,224	0.6	43	187	1.3	1,879	0.5	62	4,019	28.1	39,254	0.8	54
65-74	1	5.9	2	1.0	33	0	0.0	0	0.0	0	3	17.6	36	0.8	47
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	24,222	11.0	241,152	0.3	17	10,378	4.7	104,800	0.6	51	2,257	1.0	17,318	0.7	51
5 and younger	9,240	13.7	93,071	0.2	14	537	0.8	5,733	0.4	27	50	0.1	476	0.6	47
6-14	8,985	12.7	93,733	0.3	18	6,972	9.9	72,478	0.6	51	171	0.2	1,696	0.7	60
15-20	3,554	7.7	33,770	0.3	18	2,496	5.4	23,576	0.6	58	231	0.5	2,039	0.6	65
21-44	1,362	5.1	11,408	0.3	21	300	1.1	2,401	0.5	48	751	2.8	5,374	0.6	50
45-64	644	9.8	4,896	0.4	30	67	1.0	557	0.4	60	721	11.0	4,699	0.7	50
65-74	217	23.5	2,127	0.5	34	1	0.1	12	0.2	56	191	20.7	1,731	0.8	43
75-84	128	20.4	1,288	0.6	26	2	0.3	19	0.7	18	92	14.7	819	0.8	40
85 and older	92	21.4	859	0.4	21	3	0.7	24	0.5	6	50	11.6	484	0.6	25
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 Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

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

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

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

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIHYPERLIPIDEMIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	3,753	0.6 %	35,354	0.6	\$302	17,499	2.8 %	176,793	0.6	\$59	628,524	3,836,211
Female	2,011	0.6	19,583	0.6	73	10,548	3.0	109,219	0.6	60	351,833	2,093,346
Disabled	1,480	2.9	14,895	0.6	73	8,079	16.0	86,652	0.6	62	50,476	415,855
5 and younger	2	0.1	24	1.0	25	6	0.2	56	0.2	2	3,079	20,906
6-14	4	0.1	48	0.5	21	8	0.1	91	0.6	30	7,075	59,747
15-20	4	0.1	45	0.5	17	28	0.5	313	0.5	27	5,521	44,806
21-44	174	1.2	1,818	0.5	62	1,274	8.5	13,651	0.5	51	14,967	123,992
45-64	1,294	6.5	12,952	0.7	75	6,758	34.1	72,514	0.7	64	19,800	166,300
65-74	2	6.1	8	0.5	46	5	15.2	27	0.4	39	33	103
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	1	1
Other Eligibles	531	0.2	4,688	0.6	75	2,469	0.8	22,567	0.5	50	301,357	1,677,491
5 and younger	3	0.0	29	0.1	349	26	0.0	244	0.1	2	64,900	384,728
6-14	1	0.0	12	0.3	25	17	0.0	196	0.5	51	70,409	460,918
15-20	6	0.0	62	0.3	39	43	0.1	410	0.4	28	53,143	296,298
21-44	122	0.1	1,097	0.4	52	971	1.0	9,121	0.4	40	99,288	466,363
45-64	159	1.7	1,100	0.6	80	885	9.5	7,370	0.6	56	9,318	46,458
65-74	104	6.7	1,058	0.8	83	298	19.1	2,956	0.7	64	1,562	9,245
75-84	78	5.8	760	0.7	78	164	12.2	1,640	0.7	67	1,339	7,577
85 and older	58	4.1	570	0.8	80	65	4.6	630	0.8	68	1,398	5,904
Male	1,742	0.6	15,771	0.7	586	6,951	2.5	67,574	0.6	58	276,688	1,742,861
Disabled	1,316	2.3	12,491	0.7	649	5,199	9.1	53,037	0.7	61	57,107	444,124
5 and younger	3	0.1	36	0.1	200	6	0.1	69	0.1	1	5,498	34,869
6-14	16	0.1	165	0.6	8,098	21	0.1	218	0.5	31	15,072	125,685
15-20	16	0.2	187	1.5	11,774	38	0.4	421	0.4	22	8,512	72,519
21-44	169	1.2	1,605	0.5	1,592	1,093	8.0	11,223	0.6	53	13,700	103,447
45-64	1,110	7.8	10,484	0.7	191	4,040	28.2	41,094	0.7	64	14,308	107,551
65-74	2	11.8	14	0.3	28	1	5.9	12	1.2	19	17	53
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	426	0.2	3,280	0.6	346	1,752	0.8	14,537	0.5	50	219,581	1,298,737
5 and younger	11	0.0	102	1.7	1,788	30	0.0	300	0.1	5	67,672	400,770
6-14	9	0.0	99	0.2	674	17	0.0	180	0.3	30	70,761	460,781
15-20	8	0.0	95	0.2	4,516	43	0.1	398	0.4	35	45,907	273,856
21-44	101	0.4	688	0.5	421	666	2.5	5,632	0.5	42	26,706	122,358
45-64	167	2.5	1,031	0.6	64	750	11.4	5,651	0.6	54	6,554	29,715
65-74	72	7.8	709	0.8	77	146	15.8	1,419	0.7	66	924	5,298
75-84	36	5.7	369	0.9	89	77	12.3	773	0.8	67	627	3,647
85 and older	22	5.1	187	0.7	66	23	5.3	184	0.6	57	430	2,312
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	4

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

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

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

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, PENNSYLVANIA, 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	\$622	9.5	2,618	26,600
Age				
0-64	713	10.3	1,795	18,016
65-74	526	8.7	254	2,849
75-84	407	7.6	289	3,042
85 and older	356	6.7	280	2,693
Unknown	0	0.0	0	0
Gender				
Female	625	9.6	1,448	15,269
Male	617	9.3	1,170	11,331
Unknown	0	0.0	0	0
Race				
White	642	9.8	1,707	16,840
African American	591	9	730	7,792
Other/unknown	566	8.5	181	1,968
Basis of Eligibility^c				
Aged	432	7.7	842	8,786
Disabled	715	10.3	1,773	17,807
Adults	438	9.6	3	7
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 2,736 beneficiaries who were in nursing facilities for part of their enrollment and their 19,361 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, PENNSYLVANIA, 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	0.3	0.0	0.3	\$61	\$44	\$5	\$12	\$101	\$173	\$122	\$38	11,180	\$1,126,278	1,726	65.9 %	18,519
Biologicals	0.1	0.0	0.0	0.1	40	2	0	38	363	64	15	481	117	42,504	100	3.8	1,065
Antineoplastic Agents	0.7	0.1	0.0	0.5	134	64	8	63	197	528	266	118	967	190,531	134	5.1	1,418
Endocrine/Metabolic Drugs	1.4	0.6	0.2	0.6	66	50	4	13	48	84	21	21	16,623	805,653	1,144	43.7	12,164
Cardiovascular Agents	2.4	0.7	0.1	1.6	82	49	4	29	34	70	27	19	44,229	1,501,378	1,744	66.6	18,383
Respiratory Agents	1.0	0.6	0.0	0.5	50	41	1	8	49	74	48	18	11,883	583,976	1,104	42.2	11,670
Gastrointestinal Agents	1.2	0.7	0.0	0.6	90	70	1	18	73	108	87	32	19,814	1,437,653	1,520	58.1	15,924
Genitourinary Agents	0.8	0.5	0.0	0.3	53	41	4	8	63	79	79	29	5,249	329,080	558	21.3	6,234
CNS Drugs	2.2	1.2	0.1	1.0	200	162	9	29	89	140	80	30	47,700	4,255,400	2,002	76.5	21,280
Stimulants/Anti-obesity/Anorexia	0.8	0.3	0.0	0.5	55	46	0	10	67	135	0	20	511	34,107	55	2.1	615
Miscellaneous Psychological/																	
Neurological Agents	1.0	1.0	0.0	0.0	229	227	0	1	235	238	109	83	3,459	813,266	327	12.5	3,553
Analgesics and Anesthetics	1.4	0.5	0.0	0.8	82	66	3	13	59	129	95	15	18,434	1,096,742	1,324	50.6	13,456
Neuromuscular Agents	1.9	0.5	0.3	1.2	128	62	24	42	68	130	98	36	29,696	2,010,904	1,418	54.2	15,687
Nutritional Products	0.9	0.0	0.0	0.8	20	0	0	20	23	23	17	23	6,729	155,785	765	29.2	7,791
Hematological Agents	1.6	0.5	0.2	0.9	129	114	3	11	80	223	14	13	17,322	1,387,149	1,078	41.2	10,771
Topical Products	0.8	0.3	0.1	0.5	37	21	4	11	45	70	59	25	15,578	698,293	1,722	65.8	18,763
Miscellaneous Products	0.3	0.1	0.0	0.2	11	5	0	6	39	88	0	26	680	26,194	224	8.6	2,363
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	13	0	0	0	27	0	0	0	1,360	36,685	250	9.5	2,814
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.	251,531	16,531,578	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,736 beneficiaries who were in nursing facilities for part of their enrollment and their 19,361 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 Pennsylvania, 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^{a, b, c, d}
 NONDUAL BENEFICIARIES, PENNSYLVANIA, 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	\$2,698,780	1,427	54.5 %	15,808	1.0	\$169	\$171
ANTICONVULSANT	1,516,095	1,531	58.5	17,170	1.3	69	88
ANTIDEPRESSANTS	1,331,529	1,965	75.1	21,449	1.0	64	62
ULCER DRUGS	1,269,323	1,590	60.7	16,821	0.9	82	75
ANALGESICS - Narcotic	810,085	1,462	55.8	14,430	0.9	59	56
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	813,341	375	14.3	4,078	0.9	234	199
ANTIDIABETIC	620,929	1,183	45.2	12,730	1.0	47	49
HEMATOPOIETIC AGENTS	618,748	743	28.4	7,679	0.8	96	81
DERMATOLOGICAL	527,656	3,581	136.8	40,122	0.3	39	13
ANTIHYPERLIPIDEMIC	467,254	606	23.1	6,607	0.9	79	71
Total	10,673,740	14,463		156,894	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,736 beneficiaries who were in nursing facilities for part of their enrollment and their 19,361 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, PENNSYLVANIA, 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	130,599	\$10,673,740	1,427	54.5 %	15,808	1.0	\$171	1,531	58.5 %	17,170	1.3	\$88
Female	76,453	6,402,667	819	56.6	9,187	1.0	173	863	59.6	9,746	1.3	89
Disabled	55,414	4,798,400	540	58.8	6,100	1.0	187	676	73.6	7,628	1.3	97
64 or younger	55,358	4,794,383	540	58.8	6,100	1.0	187	675	73.5	7,616	1.3	97
65-74	56	4,017	0	0.0	0	0.0	0	1	100.0	12	3.3	183
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	21,039	1,604,267	279	52.7	3,087	0.9	143	187	35.3	2,118	1.1	59
64 or younger	476	42,779	5	38.5	60	1.5	293	7	53.8	84	1.3	91
65-74	8,485	691,003	96	64.4	1,129	1.0	180	88	59.1	1,023	1.3	57
75-84	6,873	486,374	91	47.4	978	1.0	125	61	31.8	673	1.0	62
85 and older	5,205	384,111	87	49.7	920	0.8	107	31	17.7	338	1.0	51
Male	54,146	4,271,073	608	52.0	6,621	1.0	168	668	57.1	7,424	1.3	88
Disabled	42,222	3,407,736	453	53.0	5,000	1.0	178	552	64.6	6,101	1.3	95
64 or younger	42,189	3,406,214	453	53.1	5,000	1.0	178	552	64.7	6,101	1.3	95
65-74	33	1,522	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	11,924	863,337	155	49.1	1,621	0.9	139	116	36.7	1,323	1.2	54
64 or younger	494	34,856	5	45.5	59	0.7	177	8	72.7	84	1.3	68
65-74	4,781	337,666	54	52.4	559	1.1	158	61	59.2	712	1.3	59
75-84	3,833	269,032	50	51.5	578	0.9	135	35	36.1	407	1.2	46
85 and older	2,816	221,783	46	43.8	425	0.7	114	12	11.4	120	0.9	39
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 Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,736 beneficiaries who were in nursing facilities for part of their enrollment and their 19,361 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, PENNSYLVANIA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,965	75.1 %	21,449	1.0	\$62	1,590	60.7 %	16,821	0.9	\$76	1,462	55.8 %	14,430	0.9	\$56
Female	1,142	78.9	12,606	1.0	63	877	60.6	9,544	0.9	75	850	58.7	8,870	0.9	57
Disabled	781	85.0	8,696	1.0	66	605	65.8	6,506	0.9	76	616	67.0	6,392	1.0	67
64 or younger	781	85.1	8,696	1.0	66	605	65.9	6,506	0.9	76	615	67.0	6,380	1.0	67
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	1.0	146
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	361	68.2	3,910	0.9	56	272	51.4	3,038	0.9	73	234	44.2	2,478	0.7	31
64 or younger	5	38.5	60	1.5	127	7	53.8	83	1.0	89	5	38.5	29	0.5	8
65-74	104	69.8	1,196	0.9	61	95	63.8	1,093	0.9	77	80	53.7	906	0.8	36
75-84	136	70.8	1,452	0.9	54	96	50.0	1,060	0.9	73	79	41.1	835	0.7	33
85 and older	116	66.3	1,202	0.8	49	74	42.3	802	0.9	67	70	40.0	708	0.5	23
Male	823	70.3	8,843	1.0	61	713	60.9	7,277	0.9	76	612	52.3	5,560	1.0	55
Disabled	586	68.6	6,297	1.0	62	540	63.2	5,465	0.9	77	489	57.3	4,386	1.1	63
64 or younger	586	68.7	6,297	1.0	62	538	63.1	5,441	0.9	77	489	57.3	4,386	1.1	63
65-74	0	0.0	0	0.0	0	2	200.0	24	0.7	54	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	237	75.0	2,546	1.0	59	173	54.7	1,812	0.9	72	123	38.9	1,174	0.6	26
64 or younger	11	100.0	123	1.0	58	6	54.5	71	0.9	78	2	18.2	23	0.7	7
65-74	78	75.7	873	1.0	65	66	64.1	702	0.9	71	41	39.8	390	0.5	22
75-84	67	69.1	744	1.0	58	58	59.8	631	0.9	74	38	39.2	365	0.7	17
85 and older	81	77.1	806	0.9	53	43	41.0	408	0.9	71	42	40.0	396	0.7	40
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 Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,736 beneficiaries who were in nursing facilities for part of their enrollment and their 19,361 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, PENNSYLVANIA, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC					HEMATOPOIETIC AGENTS				
	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	375	14.3 %	4,078	0.9	\$199	1,183	45.2 %	12,730	1.0	\$49	743	28.4 %	7,679	0.8	\$81
Female	230	15.9	2,551	0.9	228	689	47.6	7,602	1.1	50	397	27.4	4,338	0.8	88
Disabled	122	13.3	1,390	0.9	334	463	50.4	4,997	1.1	53	273	29.7	2,958	0.8	82
64 or younger	122	13.3	1,390	0.9	334	463	50.4	4,997	1.1	53	273	29.7	2,958	0.8	82
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	108	20.4	1,161	0.8	102	226	42.7	2,605	1.0	44	124	23.4	1,380	0.9	101
64 or younger	1	7.7	12	0.1	12	3	23.1	36	0.8	21	3	23.1	25	1.1	7
65-74	25	16.8	292	0.9	119	100	67.1	1,188	1.1	49	48	32.2	553	0.9	138
75-84	38	19.8	403	0.7	87	78	40.6	902	1.0	36	37	19.3	407	0.8	70
85 and older	44	25.1	454	0.9	106	45	25.7	479	0.9	45	36	20.6	395	0.9	87
Male	145	12.4	1,527	0.8	151	494	42.2	5,128	1.0	48	346	29.6	3,341	0.8	71
Disabled	70	8.2	751	0.8	204	367	43.0	3,762	1.0	51	270	31.6	2,528	0.8	75
64 or younger	70	8.2	751	0.8	204	367	43.0	3,762	1.0	51	270	31.7	2,528	0.8	75
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	75	23.7	776	0.8	101	127	40.2	1,366	0.9	39	76	24.1	813	0.8	60
64 or younger	0	0.0	0	0.0	0	9	81.8	98	0.7	38	3	27.3	26	1.0	5
65-74	18	17.5	198	0.8	101	53	51.5	597	0.9	42	28	27.2	308	0.8	49
75-84	20	20.6	226	0.8	94	39	40.2	403	0.9	42	18	18.6	209	1.0	58
85 and older	37	35.2	352	0.8	105	26	24.8	268	0.8	30	27	25.7	270	0.8	80
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 Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,736 beneficiaries who were in nursing facilities for part of their enrollment and their 19,361 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, PENNSYLVANIA, 2004

Beneficiary Characteristics	DERMATOLOGICAL					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	3,581	136.8 %	40,122	0.3	\$13	606	23.1 %	6,607	0.9	\$71	2,618	26,600
Female	2,103	145.2	23,941	0.3	13	358	24.7	4,058	0.9	72	1,448	15,269
Disabled	1,475	160.5	16,892	0.4	14	259	28.2	2,967	0.9	71	919	9,723
	1,474	160.6	16,880	0.4	14	259	28.2	2,967	0.9	71	918	9,711
64 or younger	1	100.0	12	0.3	6	0	0.0	0	0.0	0	1	12
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	628	118.7	7,049	0.3	10	99	18.7	1,091	0.9	75	529	5,546
Other Eligibles	6	46.2	72	0.3	5	1	7.7	12	1.1	73	13	116
64 or younger	201	134.9	2,336	0.3	12	47	31.5	543	0.9	79	149	1,691
65-74	226	117.7	2,498	0.3	9	30	15.6	312	1.0	69	192	2,023
75-84	195	111.4	2,143	0.3	9	21	12.0	224	0.9	73	175	1,716
85 and older												
Male	1,478	126.3	16,181	0.3	14	248	21.2	2,549	0.9	69	1,170	11,331
Disabled	1,135	132.9	12,443	0.4	15	195	22.8	2,013	0.9	69	854	8,084
	1,134	132.9	12,431	0.4	15	194	22.7	2,001	0.9	69	853	8,072
64 or younger	1	100.0	12	0.2	1	1	100.0	12	1.2	19	1	12
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	343	108.5	3,738	0.3	10	53	16.8	536	0.9	70	316	3,247
Other Eligibles	17	154.5	187	0.1	4	2	18.2	14	1.4	86	11	117
64 or younger	119	115.5	1,335	0.3	14	18	17.5	195	0.8	69	103	1,134
65-74	105	108.2	1,165	0.3	9	19	19.6	209	1.0	79	97	1,019
75-84	102	97.1	1,051	0.3	8	14	13.3	118	0.6	53	105	977
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 Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,736 beneficiaries who were in nursing facilities for part of their enrollment and their 19,361 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}
PENNSYLVANIA, 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	114,426	18.2 %	0.8	497,524	\$19	\$12,088,540	\$24	3.4 %	628,524
Age									
5 and younger	27,665	19.6	0.5	65,399	8	1,108,210	17	6.1	141,149
6-14	20,997	12.9	0.3	50,506	8	1,343,150	27	2.7	163,317
15-20	14,668	13.0	0.4	39,663	9	978,017	25	2.4	113,083
21-44	29,083	18.8	0.9	141,934	26	4,077,770	29	3.8	154,661
45-64	20,204	40.4	3.6	181,990	87	4,347,028	24	3.3	49,980
65-74	781	30.8	3.1	7,809	43	108,906	14	2.6	2,536
75-84	615	31.3	3.0	5,934	36	71,440	12	2.6	1,966
85 and older	413	22.6	2.3	4,289	30	54,019	13	3.1	1,829
Unknown	0	0.0	0.0	0	0	0	0	0.0	3
Basis of Eligibility^c									
Aged	1,852	28.4	2.8	18,376	37	240,986	13	2.7	6,520
Disabled	36,839	34.2	2.7	285,800	74	7,914,366	28	3.3	107,583
Adults	21,446	15.6	0.5	73,595	13	1,793,943	24	3.7	137,268
Children	53,951	14.3	0.3	117,972	6	2,107,782	18	3.6	376,082
Unknown	338	31.6	1.7	1,781	29	31,463	18	0.7	1,071
Gender									
Female	69,076	19.6	0.9	320,653	22	7,766,386	24	3.8	351,835
Male	45,350	16.4	0.6	176,871	16	4,322,154	24	2.8	276,689
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	98,354	22.1	1.0	440,638	25	10,964,787	25	3.4	444,179
African American	8,766	8.4	0.3	35,274	6	607,609	17	2.4	104,517
Other/unknown	7,306	9.2	0.3	21,612	6	516,144	24	3.4	79,828
Use of Nursing Facilities^d									
Entire year	1,877	71.7	10.3	26,961	174	455,372	17	2.8	2,618
Part year	2,076	75.9	7.8	21,338	155	425,358	20	3.2	2,736
None	110,473	17.7	0.7	449,225	18	11,207,810	25	3.4	623,170
Maintenance Assistance Status									
Cash	50,967	22.7	1.3	295,995	32	7,107,845	24	3.3	224,493
Medically needy	2,949	11.1	0.3	7,019	6	151,429	22	3.0	26,510
Poverty related	40,062	14.9	0.4	106,705	10	2,604,868	24	3.5	268,181
Other/unknown	20,448	18.7	0.8	87,805	20	2,224,398	25	3.5	109,340

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

TABLE ND.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
PENNSYLVANIA, 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	\$3	\$24	\$0	\$1	3,836,211
Age						
5 and younger	0.1	1	17	0	0	841,273
6-14	0.0	1	27	0	0	1,107,131
15-20	0.1	1	25	0	0	687,479
21-44	0.2	5	29	0	2	816,160
45-64	0.5	12	24	0	5	350,024
65-74	0.5	7	14	0	2	14,699
75-84	0.5	6	12	0	2	11,224
85 and older	0.5	7	13	0	2	8,217
Unknown	0.0	0	0	0	0	4
Basis of Eligibility^c						
Aged	0.5	7	13	0	2	35,188
Disabled	0.3	9	28	0	3	859,979
Adults	0.1	3	24	0	1	642,173
Children	0.1	1	18	0	0	2,290,852
Unknown	0.2	4	18	0	2	8,019
Gender						
Female	0.2	4	24	0	1	2,093,349
Male	0.1	2	24	0	1	1,742,862
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	3	25	0	1	3,169,769
African American	0.1	2	17	0	0	381,312
Other/unknown	0.1	2	24	0	0	285,130
Use of Nursing Facilities^d						
Entire year	1.0	17	17	0	6	26,600
Part year	1.1	22	20	0	6	19,361
None	0.1	3	25	0	1	3,790,250
Maintenance Assistance Status						
Cash	0.2	5	24	0	2	1,412,189
Medically needy	0.0	1	22	0	0	147,792
Poverty related	0.1	2	24	0	0	1,644,079
Other/unknown	0.1	4	25	0	1	632,151

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

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

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

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

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
PENNSYLVANIA, 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	151,731	\$80	\$12,088,540	100.0 %	497,524	\$24	100.0 %
Anorexia or weight loss/gain	8	66	530	0.0	16	33	0.0
Fertility drugs	77	293	22,599	0.2	147	154	0.0
Drugs for cosmetic purposes	378	29	11,045	0.1	599	18	0.1
Cough and cold medications	48,372	58	2,803,466	23.2	91,569	31	18.4
Vitamins and minerals	14,708	85	1,252,608	10.4	53,780	23	10.8
Non-prescription drugs	56,441	31	1,745,774	14.4	167,607	10	33.7
Barbiturates	1,267	63	80,397	0.7	11,289	7	2.3
Benzodiazepines	26,580	142	3,774,002	31.2	158,234	24	31.8
Other Part D Excl Rx Drugs	3,900	615	2,398,119	19.8	14,283	168	2.9

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

b. Includes OTC drugs as well as prescription drugs.

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

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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	1,529,848	13,215	304,794	295,641	915,125	1,073	15,164,028	114,410	3,316,977	2,644,804	9,079,522	8,315
Age												
5 and younger	351,922	44	18,768	0	333,110	0	3,399,687	333	195,284	0	3,204,070	0
6-14	427,672	88	61,845	0	365,739	0	4,500,232	925	693,806	0	3,805,501	0
15-20	246,525	65	37,151	0	209,280	29	2,441,855	663	412,904	0	2,028,120	168
21-44	350,105	86	83,277	259,278	6,993	471	3,276,830	727	899,692	2,331,315	41,827	3,269
45-64	140,635	118	103,590	36,356	0	571	1,433,678	1,077	1,114,284	313,445	0	4,872
65-74	7,065	6,897	159	7	0	2	68,933	67,892	991	44	0	6
75-84	3,588	3,588	0	0	0	0	29,996	29,996	0	0	0	0
85 and older	2,333	2,329	4	0	0	0	12,813	12,797	16	0	0	0
Unknown	3	0	0	0	3	0		0	0	0	4	0
Gender												
Female	862,457	8,841	149,723	237,001	465,819	1,073	8,551,965	75,607	1,646,321	2,185,519	4,636,203	8,315
Male	667,391	4,374	155,071	58,640	449,306	0	6,612,063	38,803	1,670,656	459,285	4,443,319	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	850,890	6,062	187,984	165,003	491,006	835	8,342,688	46,567	2,033,962	1,452,170	4,803,511	6,478
African American	441,108	2,967	75,557	86,585	275,851	148	4,539,855	28,000	837,356	821,258	2,852,095	1,146
Other/unknown	237,850	4,186	41,253	44,053	148,268	90	2,281,485	39,843	445,659	371,376	1,423,916	691
Use of Nursing Facilities^c												
Entire year	2,618	842	1,773	3	0	0	26,657	8,795	17,854	8	0	0
Part year	2,811	610	2,101	89	8	3	26,590	5,536	20,198	762	69	25
None	1,524,419	11,763	300,920	295,549	915,117	1,070	15,110,781	100,079	3,278,925	2,644,034	9,079,453	8,290
Maintenance Assistance Status												
Cash	687,097	6,113	227,970	143,049	309,965	0	7,186,189	63,330	2,573,730	1,348,341	3,200,788	0
Medically needy	45,113	35	314	14,162	30,602	0	407,995	128	2,685	141,742	263,440	0
Poverty related	525,630	3,136	67,939	31,885	421,597	1,073	4,938,269	27,235	661,877	197,342	4,043,500	8,315
Other/unknown	272,008	3,931	8,571	106,545	152,961	0	2,631,575	23,717	78,685	957,379	1,571,794	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	363,685	5,000	75,780	68,049	213,852	1,004	3,163,665	31,013	763,088	489,872	1,872,077	7,615
FFS part year, with Rx claims	64,239	621	13,758	20,559	29,245	56	583,152	5,735	130,517	166,073	280,254	573
FFS part year, no Rx claims	200,600	899	18,045	48,660	132,985	11	1,674,280	7,366	159,744	380,243	1,126,824	103
MC all year, with Rx claims	4,758	45	1,159	1,097	2,457	0	47,711	477	12,634	10,075	24,525	0
MC all year, no Rx claims	896,566	6,650	196,052	157,276	536,586	2	9,695,220	69,819	2,250,994	1,598,541	5,775,842	24

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, PENNSYLVANIA, 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	1,529,848	15,164,028	628,524	3,836,211	0	11,327,817
Fee-for-service (FFS) all year	363,685	3,163,665	363,685	3,163,665	0	0
FFS part year, with Rx claims	64,239	583,152	64,239	241,158	0	341,994
FFS part year, with no Rx claims	200,600	1,674,280	200,600	431,388	0	1,242,892
Managed care (MC) all year, with Rx claims	4,758	47,711	0	0	0	47,711
MC all year, with no Rx claims	896,566	9,695,220	0	0	0	9,695,220

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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