

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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	1,312,222	3,284	179,654	422,871	705,569	844	13,295,178	31,032	1,985,199	4,218,291	7,054,066	6,590
Age												
5 and younger	257,256	1	7,711	2	249,542	0	2,492,792	4	84,071	6	2,408,711	0
6-14	311,028	0	20,634	4	290,390	0	3,253,640	0	237,727	13	3,015,900	0
15-20	179,210	4	17,066	654	161,463	23	1,798,262	38	196,533	2,006	1,599,565	120
21-44	383,123	10	63,842	314,688	4,174	409	3,807,997	92	709,552	3,065,573	29,890	2,890
45-64	176,973	261	68,841	107,459	0	412	1,897,622	2,308	741,340	1,150,394	0	3,580
65-74	2,666	1,389	1,231	46	0	0	26,829	13,662	12,904	263	0	0
75-84	1,265	992	257	16	0	0	12,111	9,583	2,496	32	0	0
85 and older	700	626	72	2	0	0	5,920	5,340	576	4	0	0
Unknown	1	1	0	0	0	0		5	0	0	0	0
Gender												
Female	757,020	2,118	87,732	309,403	356,925	842	7,676,465	20,023	976,584	3,101,359	3,571,933	6,566
Male	555,200	1,166	91,921	113,467	348,644	2	5,618,689	11,009	1,008,603	1,116,920	3,482,133	24
Unknown	2	0	1	1	0	0	24	0	12	12	0	0
Race												
White	829,196	1,680	99,974	303,477	423,463	602	8,327,064	15,480	1,088,542	3,040,028	4,178,300	4,714
African American	391,217	528	48,640	105,560	236,363	126	4,082,114	4,724	549,380	1,072,627	2,454,364	1,019
Other/unknown	91,809	1,076	31,040	13,834	45,743	116	886,000	10,828	347,277	105,636	421,402	857
Use of Nursing Facilities^c												
Entire year	1,562	269	1,291	2	0	0	15,865	2,415	13,434	16	0	0
Part year	1,251	145	1,070	35	1	0	12,405	1,399	10,635	368	3	0
None	1,309,409	2,870	177,293	422,834	705,568	844	13,266,908	27,218	1,961,130	4,217,907	7,054,063	6,590
Maintenance Assistance Status												
Cash	457,671	781	162,340	85,954	208,596	0	4,951,315	8,010	1,846,631	877,777	2,218,897	0
Medically needy	162,543	1,459	9,418	68,825	82,841	0	1,439,649	13,500	63,917	592,076	770,156	0
Poverty-related	262,535	43	9	21,700	239,939	844	2,377,144	377	92	147,077	2,223,008	6,590
Other/unknown	429,473	1,001	7,887	246,392	174,193	0	4,527,070	9,145	74,559	2,601,361	1,842,005	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,312,222	3,284	179,654	422,871	705,569	844	13,295,178	31,032	1,985,199	4,218,291	7,054,066	6,590
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	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 Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, TENNESSEE, 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	70.2 %	15.7	\$934	\$59	\$3,526	26.5 %	1,312,222
Age							
5 and younger	65.6	4.5	253	56	1,688	15.0	257,256
6-14	59.5	5.0	328	65	1,677	19.5	311,028
15-20	65.7	7.2	398	55	2,756	14.4	179,210
21-44	77.0	20.3	1,196	59	4,366	27.4	383,123
45-64	85.7	49.1	2,937	60	8,269	35.5	176,973
65-74	74.5	40.2	2,093	52	8,718	24.0	2,666
75-84	67.0	35.7	1,709	48	8,726	19.6	1,265
85 and older	60.4	33.2	1,434	43	9,945	14.4	700
Unknown	0.0	0.0	0	0	486	0.0	1
Basis of Eligibility^e							
Aged	71.5	35.4	1,767	50	7,896	22.4	3,284
Disabled	75.6	39.5	2,743	70	10,034	27.3	179,654
Adults	80.4	23.6	1,303	55	3,950	33.0	422,871
Children	62.7	4.8	247	51	1,586	15.6	705,569
Unknown	86.1	22.9	1,475	65	10,422	14.2	844
Gender							
Female	74.5	18.4	1,022	56	3,676	27.8	757,020
Male	64.4	12.0	813	68	3,322	24.5	555,200
Unknown	100.0	95.0	4,644	49	12,998	35.7	2
Race							
White	75.2	19.0	1,120	59	3,868	29.0	829,196
African American	61.7	8.9	499	56	2,549	19.6	391,217
Other/unknown	61.3	15.5	1,102	71	4,599	24.0	91,809
Use of Nursing Facilities^f							
Entire year	98.1	105.1	5,680	54	47,222	12.0	1,562
Part year	97.7	85.3	5,020	59	46,645	10.8	1,251
None	70.2	15.5	924	59	3,433	26.9	1,309,409
Maintenance Assistance Status							
Cash	71.5	20.0	1,277	64	4,953	25.8	457,671
Medically needy	67.1	11.7	613	53	2,445	25.0	162,543
Poverty related	62.9	4.7	229	48	1,624	14.1	262,535
Other/unknown	74.5	19.4	1,119	58	3,577	31.3	429,473

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, TENNESSEE, 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	1.6	\$92	26.5 %	29.8 %	45.0 %	8.1 %	9.8 %	5.3 %	1.9 %	\$348	1,312,222	13,295,178
Age												
5 and younger	0.5	26	15.0	34.4	59.4	4.3	1.7	0.2	0.0	174	257,256	2,492,792
6-14	0.5	31	19.5	40.5	51.3	4.6	3.1	0.4	0.0	160	311,028	3,253,640
15-20	0.7	40	14.4	34.3	52.0	7.9	4.8	0.8	0.1	275	179,210	1,798,262
21-44	2.0	120	27.4	23.0	40.2	12.6	15.2	7.0	2.0	439	383,123	3,807,997
45-64	4.6	274	35.5	14.3	17.3	10.6	26.4	22.1	9.3	771	176,973	1,897,622
65-74	4.0	208	24.0	25.5	13.8	9.3	23.7	19.4	8.2	866	2,666	26,829
75-84	3.7	179	19.6	33.0	12.3	7.1	19.8	21.1	6.7	912	1,265	12,111
85 and older	3.9	170	14.4	39.6	7.7	6.0	16.6	23.3	6.9	1,176	700	5,920
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	97	1	5
Basis of Eligibility^e												
Aged	3.7	187	22.4	28.5	14.1	9.3	21.3	20.6	6.3	836	3,284	31,032
Disabled	3.6	248	27.3	24.4	24.2	8.7	18.2	16.0	8.5	908	179,654	1,985,199
Adults	2.4	131	33.0	19.6	37.6	13.1	18.3	9.1	2.2	396	422,871	4,218,291
Children	0.5	25	15.6	37.3	54.9	5.0	2.5	0.3	0.0	159	705,569	7,054,066
Unknown	2.9	189	14.2	13.9	31.6	15.5	26.5	10.2	2.3	1,335	844	6,590
Gender												
Female	1.8	101	27.8	25.5	45.3	9.4	11.0	6.3	2.5	363	757,020	7,676,465
Male	1.2	80	24.5	35.6	44.6	6.5	8.2	4.0	1.1	328	555,200	5,618,689
Unknown	7.9	387	35.7	0.0	0.0	0.0	0.0	100.0	0.0	1,083	2	24
Race												
White	1.9	112	29.0	24.8	44.8	9.3	12.0	6.8	2.4	385	829,196	8,327,064
African American	0.9	48	19.6	38.3	46.8	6.3	5.7	2.3	0.6	244	391,217	4,082,114
Other/unknown	1.6	114	24.0	38.7	39.8	5.9	7.9	5.1	2.6	477	91,809	886,000
Use of Nursing Facilities^f												
Entire year	10.3	559	12.0	1.9	1.4	2.3	15.7	36.0	42.7	4,649	1,562	15,865
Part year	8.6	506	10.8	2.3	4.8	5.0	22.7	34.5	30.7	4,704	1,251	12,405
None	1.5	91	26.9	29.8	45.1	8.2	9.8	5.3	1.8	339	1,309,409	13,266,908
Maintenance Assistance Status												
Cash	1.9	118	25.8	28.5	43.5	7.8	10.0	6.8	3.4	458	457,671	4,951,315
Medically needy	1.3	69	25.0	32.9	43.4	9.0	9.6	4.1	1.0	276	162,543	1,439,649
Poverty related	0.5	25	14.1	37.1	54.1	5.7	2.8	0.3	0.0	179	262,535	2,377,144
Other/unknown	1.8	106	31.3	25.5	41.6	9.7	14.0	7.3	1.8	339	429,473	4,527,070

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, TENNESSEE, 2004

Beneficiary Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	1.6	\$92	\$59	0.6	\$72	\$116	0.1	\$5	\$70	0.9	\$15	\$17
Age												
5 and younger	0.5	26	56	0.2	21	115	0.0	1	42	0.2	4	15
6-14	0.5	31	65	0.2	26	106	0.0	1	59	0.2	4	19
15-20	0.7	40	55	0.3	31	116	0.0	2	56	0.4	7	16
21-44	2.0	120	59	0.7	92	125	0.1	8	74	1.2	21	17
45-64	4.6	274	60	1.9	214	111	0.2	16	78	2.4	44	18
65-74	4.0	208	52	1.6	163	102	0.2	9	53	2.2	36	16
75-84	3.7	179	48	1.4	139	96	0.2	7	38	2.1	32	15
85 and older	3.9	170	43	1.4	126	89	0.3	9	35	2.2	34	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.7	187	50	1.5	147	96	0.2	8	43	2.0	33	16
Disabled	3.6	248	70	1.4	196	136	0.2	15	87	2.0	38	19
Adults	2.4	131	55	0.9	101	108	0.1	8	68	1.3	22	17
Children	0.5	25	51	0.2	19	96	0.0	1	47	0.3	4	16
Unknown	2.9	189	65	1.1	152	139	0.1	6	49	1.7	31	18
Gender												
Female	1.8	101	56	0.7	78	110	0.1	6	63	1.0	17	17
Male	1.2	80	68	0.5	64	127	0.1	4	87	0.6	12	19
Unknown	7.9	387	49	3.2	279	87	0.8	22	29	4.0	86	22
Race												
White	1.9	112	59	0.8	87	113	0.1	7	72	1.0	18	18
African American	0.9	48	56	0.3	38	119	0.0	3	59	0.5	8	16
Other/unknown	1.6	114	71	0.7	92	136	0.1	6	76	0.8	16	19
Use of Nursing Facilities^e												
Entire year	10.3	559	54	3.5	418	121	0.7	40	57	6.2	101	16
Part year	8.6	506	59	3.1	387	125	0.5	31	60	5.0	88	18
None	1.5	91	59	0.6	71	116	0.1	5	70	0.8	15	17
Maintenance Assistance Status												
Cash	1.9	118	64	0.7	92	128	0.1	7	78	1.0	19	18
Medically needy	1.3	69	53	0.5	53	107	0.1	4	62	0.8	13	17
Poverty related	0.5	25	48	0.2	20	97	0.0	1	45	0.3	4	15
Other/unknown	1.8	106	58	0.8	84	108	0.1	6	67	1.0	17	17

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

- 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 Tennessee, 0.3 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^{a, b, c, d}
 NONDUAL BENEFICIARIES, TENNESSEE, 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	\$18	\$12	\$2	\$4	\$62	\$128	\$82	\$22	2,085,677	\$128,735,335	653,154	49.8 %	7,229,233
Biologicals	0.3	0.3	0.0	0.0	378	359	4	15	1105	1,082	2,144	1,772	19,032	21,032,394	5,479	0.4	55,647
Antineoplastic Agents	0.5	0.1	0.0	0.4	124	102	3	19	230	686	149	51	41,271	9,487,360	6,959	0.5	76,441
Endocrine/Metabolic Drugs	0.6	0.2	0.1	0.3	27	20	2	5	46	83	30	17	2,034,531	92,707,668	312,327	23.8	3,470,907
Cardiovascular Agents	1.4	0.6	0.0	0.7	60	49	1	10	44	81	30	13	3,025,568	132,867,891	199,426	15.2	2,230,427
Respiratory Agents	0.5	0.3	0.0	0.2	26	23	0	3	56	81	31	17	2,166,412	120,763,314	414,343	31.6	4,623,564
Gastrointestinal Agents	0.6	0.3	0.0	0.2	46	42	1	3	84	127	73	17	1,373,359	115,521,147	222,406	16.9	2,485,764
Genitourinary Agents	0.2	0.1	0.0	0.1	11	8	1	2	49	76	48	20	221,669	10,869,260	85,612	6.5	957,357
CNS Drugs	1.0	0.5	0.0	0.5	78	66	3	10	77	136	89	19	3,238,373	249,255,613	285,605	21.8	3,175,553
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	63	58	1	4	93	104	65	40	351,366	32,545,207	45,933	3.5	515,996
Miscellaneous Psychological/																	
Neurological Agents	0.5	0.4	0.0	0.1	158	156	1	1	344	388	99	26	30,278	10,406,717	5,886	0.4	65,878
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	22	14	1	7	37	162	151	15	3,072,428	113,325,887	475,192	36.2	5,267,339
Neuromuscular Agents	0.7	0.2	0.1	0.4	45	26	11	8	69	144	125	20	1,391,920	96,025,703	188,765	14.4	2,120,671
Nutritional Products	0.4	0.0	0.0	0.3	5	1	0	4	14	27	22	13	340,513	4,795,045	87,336	6.7	938,529
Hematological Agents	0.6	0.3	0.1	0.3	89	82	3	4	145	320	36	14	256,374	37,094,065	37,712	2.9	417,201
Topical Products	0.2	0.1	0.0	0.1	11	8	1	3	47	96	53	20	923,382	43,416,435	343,560	26.2	3,846,208
Miscellaneous Products	0.2	0.1	0.0	0.1	34	24	5	5	159	185	272	81	36,373	5,793,029	15,194	1.2	170,539
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	4	0	0	0	13	0	0	0	23,470	310,183	6,571	0.5	75,328
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.	20,631,996	1,224,952,253	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 Tennessee, 0.3 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, TENNESSEE, 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	\$115,500,041	90,184	6.9 %	1,026,879	0.6	\$204	\$112
ANTIDEPRESSANTS	106,314,898	286,064	21.8	3,210,986	0.5	67	33
ULCER DRUGS	92,889,290	230,188	17.5	2,593,873	0.4	86	36
ANTICONVULSANT	83,279,862	118,510	9.0	1,344,422	0.6	103	62
ANTIASTHMATIC	81,031,982	321,171	24.5	3,620,896	0.3	70	22
ANTIHYPERLIPIDEMIC	67,476,586	104,831	8.0	1,201,586	0.6	100	56
ANALGESICS - Narcotic	54,174,782	575,550	43.9	6,448,661	0.3	29	8
ANTIVIRAL	48,786,729	29,197	2.2	327,637	0.4	422	149
ANTIDIABETIC	48,426,656	101,765	7.8	1,151,835	0.7	63	42
ANTIHYPERTENSIVE	35,155,156	139,806	10.7	1,578,280	0.6	36	22
Total	733,035,982	1,997,266		22,505,055	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, TENNESSEE, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Months Among Users	Number of Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Months Among Users	Number of Rx per Month	Mean Rx \$ per Month
All	9,646,563	\$733,035,982	90,184	6.9 %	1,026,879	0.6	\$113	286,064	21.8 %	3,210,986	0.5	\$33
Female	6,257,202	453,547,639	52,844	7.0	604,692	0.5	103	208,418	27.5	2,344,471	0.5	34
Disabled	2,330,361	190,512,976	24,362	27.8	284,107	0.6	134	57,038	65.0	659,904	0.6	40
5 and younger	12,816	1,122,941	47	1.4	562	0.4	71	29	0.9	341	0.3	16
6-14	40,170	4,156,525	819	11.0	9,567	0.6	121	812	10.9	9,609	0.5	27
15-20	44,070	4,355,742	958	15.7	11,313	0.6	126	1,541	25.3	18,151	0.5	30
21-44	710,560	64,058,595	10,840	35.0	126,538	0.6	130	21,996	71.0	256,299	0.5	38
45-64	1,497,758	115,161,973	11,514	29.6	134,075	0.7	139	32,289	83.1	371,347	0.7	42
65-74	21,287	1,411,590	134	16.9	1,521	0.9	163	323	40.7	3,635	0.7	32
75-84	3,260	224,979	43	25.7	490	0.9	170	39	23.4	437	0.9	36
85 and older	440	20,631	7	13.5	41	1.2	111	9	17.3	85	0.9	45
Other Eligibles	3,926,841	263,034,663	28,482	4.3	320,585	0.4	76	151,380	22.6	1,684,567	0.5	31
5 and younger	80,399	5,182,619	143	0.1	1,648	0.4	69	210	0.2	2,394	0.2	10
6-14	158,160	10,021,637	1,926	1.3	22,009	0.5	82	4,309	3.0	49,111	0.4	20
15-20	206,994	11,025,311	2,691	3.0	30,222	0.4	59	12,328	13.8	136,540	0.3	20
21-44	1,930,170	126,881,536	17,842	7.3	200,174	0.4	72	94,296	38.5	1,039,935	0.4	30
45-64	1,520,956	108,114,335	5,678	8.4	64,540	0.5	92	39,734	59.0	451,417	0.6	40
65-74	15,524	973,734	55	6.1	572	0.8	116	214	23.6	2,298	0.6	30
75-84	8,903	523,424	76	13.0	756	0.8	105	144	24.6	1,398	0.7	34
85 and older	5,735	312,067	71	16.0	664	0.7	81	145	32.7	1,474	0.8	42
Male	3,389,259	279,481,761	37,340	6.7	422,187	0.6	126	77,641	14.0	866,455	0.5	31
Disabled	1,452,408	133,183,535	19,972	21.7	230,421	0.7	152	30,265	32.9	344,652	0.6	34
5 and younger	20,836	1,890,596	146	3.3	1,710	0.6	111	70	1.6	831	0.4	15
6-14	88,457	9,187,319	2,591	19.6	30,339	0.7	139	1,854	14.1	21,756	0.6	27
15-20	72,694	8,325,802	2,206	20.1	26,000	0.7	153	2,160	19.7	25,471	0.5	32
21-44	448,955	47,124,770	8,686	26.4	100,183	0.7	154	11,713	35.7	133,075	0.5	34
45-64	810,336	65,960,484	6,262	20.9	71,373	0.7	157	14,319	47.8	161,971	0.6	35
65-74	9,250	600,424	67	15.3	678	0.8	125	122	27.9	1,295	0.7	30
75-84	1,566	79,193	13	14.4	126	0.9	110	19	21.1	165	0.8	28
85 and older	314	14,947	1	5.0	12	0.1	15	8	40.0	88	1.2	40
Other Eligibles	1,936,851	146,298,226	17,368	3.7	191,766	0.5	94	47,376	10.2	521,803	0.5	30
5 and younger	116,248	7,881,315	360	0.3	4,129	0.4	83	307	0.2	3,504	0.3	11
6-14	229,757	15,998,901	4,239	2.9	48,109	0.5	96	5,628	3.8	63,992	0.4	22
15-20	133,638	8,919,334	2,774	3.8	30,639	0.5	89	5,955	8.2	65,059	0.4	24
21-44	633,642	51,717,435	7,188	9.7	78,142	0.5	93	21,227	28.6	229,612	0.4	29
45-64	807,931	60,818,713	2,698	6.6	29,756	0.5	99	14,036	34.4	157,411	0.5	36
65-74	7,246	470,004	32	6.0	306	0.6	113	91	17.2	981	0.6	26
75-84	5,777	329,486	36	8.5	346	0.7	87	79	18.7	753	0.6	30
85 and older	2,612	163,038	41	22.2	339	0.8	116	53	28.6	491	0.7	33
Unknown	102	6,582	0	0.0	0	0.0	0	5	166.7	60	0.6	31

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, TENNESSEE, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTIASTHMATIC				
	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	230,188	17.5 %	2,593,873	0.4	\$36	118,510	9.0 %	1,344,422	0.6	\$62	321,171	24.5 %	3,620,896	0.3	\$22
Female	158,981	21.0	1,799,487	0.4	35	77,251	10.2	879,581	0.6	60	191,552	25.3	2,168,701	0.3	22
Disabled	44,174	50.4	512,827	0.5	45	29,728	33.9	345,467	0.7	75	48,896	55.7	568,982	0.5	32
5 and younger	527	15.8	5,840	0.4	27	309	9.3	3,557	0.9	104	1,585	47.6	18,589	0.3	26
6-14	556	7.5	6,576	0.4	28	1,122	15.1	13,287	0.9	127	2,018	27.1	23,956	0.3	25
15-20	1,009	16.6	12,001	0.3	24	1,145	18.8	13,548	0.8	109	1,246	20.5	14,664	0.3	17
21-44	14,444	46.6	169,296	0.4	38	12,209	39.4	142,383	0.7	78	14,507	46.8	170,240	0.4	27
45-64	27,182	69.9	314,146	0.6	50	14,788	38.1	170,946	0.7	66	29,079	74.8	336,591	0.5	35
65-74	388	48.9	4,252	0.6	45	139	17.5	1,571	0.6	45	402	50.6	4,314	0.5	31
75-84	60	35.9	641	0.7	49	14	8.4	160	0.8	38	50	29.9	529	0.5	35
85 and older	8	15.4	75	0.7	33	2	3.8	15	1.1	17	9	17.3	99	0.6	31
Other Eligibles	114,807	17.2	1,286,660	0.4	31	47,523	7.1	534,114	0.5	51	142,656	21.3	1,599,719	0.3	19
5 and younger	4,063	3.3	40,994	0.2	11	383	0.3	4,255	0.5	70	24,613	20.1	271,484	0.2	15
6-14	6,002	4.2	68,612	0.2	11	1,597	1.1	18,078	0.5	57	24,117	16.8	272,233	0.2	17
15-20	9,896	11.1	109,963	0.2	11	3,077	3.5	34,298	0.4	49	13,156	14.8	146,613	0.2	13
21-44	59,843	24.4	665,805	0.3	28	29,719	12.1	331,613	0.5	48	52,468	21.4	585,338	0.3	18
45-64	34,332	51.0	394,094	0.5	48	12,555	18.6	143,895	0.6	55	27,804	41.3	318,863	0.4	29
65-74	347	38.3	3,819	0.5	42	100	11.0	1,059	0.6	43	233	25.7	2,540	0.5	37
75-84	192	32.8	2,068	0.6	45	59	10.1	592	0.8	44	164	28.0	1,680	0.4	26
85 and older	132	29.8	1,305	0.7	59	33	7.4	324	0.9	34	101	22.8	968	0.3	15
Male	71,206	12.8	794,374	0.4	38	41,258	7.4	464,829	0.6	65	129,617	23.3	1,452,171	0.3	22
Disabled	24,880	27.1	283,637	0.5	44	20,536	22.3	235,618	0.7	77	30,727	33.4	353,430	0.5	32
5 and younger	698	15.9	7,897	0.4	31	434	9.9	5,032	0.8	94	2,564	58.6	29,992	0.3	30
6-14	909	6.9	10,766	0.4	32	2,026	15.4	23,816	0.8	101	4,012	30.4	47,358	0.3	26
15-20	1,019	9.3	11,986	0.4	29	1,752	16.0	20,678	0.8	110	1,900	17.3	22,505	0.3	23
21-44	8,187	24.9	94,163	0.5	39	8,259	25.1	94,657	0.7	79	6,378	19.4	73,634	0.4	24
45-64	13,862	46.2	156,630	0.6	49	7,977	26.6	90,499	0.7	60	15,609	52.1	177,146	0.6	38
65-74	165	37.8	1,760	0.6	49	74	16.9	768	0.9	67	206	47.1	2,218	0.6	38
75-84	32	35.6	339	0.5	37	11	12.2	132	0.6	28	54	60.0	529	0.5	31
85 and older	8	40.0	96	0.6	41	3	15.0	36	0.8	14	4	20.0	48	0.2	22
Other Eligibles	46,326	10.0	510,737	0.4	34	20,722	4.5	229,211	0.5	53	98,890	21.3	1,098,741	0.3	19
5 and younger	4,779	3.8	48,141	0.2	12	569	0.4	6,361	0.5	55	34,729	27.3	380,448	0.2	17
6-14	5,341	3.6	61,070	0.2	14	2,389	1.6	26,916	0.6	57	32,206	21.9	363,153	0.3	18
15-20	4,409	6.0	48,813	0.2	14	2,050	2.8	22,540	0.5	56	8,999	12.3	100,085	0.3	16
21-44	16,304	21.9	177,327	0.4	36	9,841	13.2	106,985	0.5	51	10,867	14.6	118,374	0.3	21
45-64	15,143	37.1	171,708	0.6	51	5,794	14.2	65,568	0.6	54	11,805	28.9	133,685	0.4	31
65-74	152	28.7	1,650	0.5	40	37	7.0	403	0.6	28	129	24.4	1,422	0.5	35
75-84	134	31.7	1,390	0.6	50	23	5.4	268	0.7	47	105	24.8	1,104	0.6	32
85 and older	64	34.6	638	0.7	59	19	10.3	170	0.7	51	50	27.0	470	0.6	31
Unknown	1	33.3	12	1.3	229	1	33.3	12	1.0	4	2	66.7	24	0.5	27

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, TENNESSEE, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - Narcotic					ANTIVIRAL				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	104,831	8.0 %	1,201,586	0.6	\$56	575,550	43.9 %	6,448,661	0.3	\$8	29,197	2.2 %	327,637	0.4	\$149
Female	63,975	8.5	736,848	0.6	56	397,872	52.6	4,470,761	0.3	7	19,833	2.6	222,954	0.3	100
Disabled	23,553	26.8	273,352	0.6	60	81,186	92.5	943,050	0.4	16	3,886	4.4	45,174	0.4	166
5 and younger	16	0.5	177	0.2	7	442	13.3	5,202	0.1	1	55	1.7	647	0.4	52
6-14	13	0.2	156	0.3	20	1,182	15.9	14,052	0.1	1	105	1.4	1,230	0.4	117
15-20	64	1.1	741	0.4	29	2,701	44.4	32,081	0.2	3	142	2.3	1,685	0.4	74
21-44	4,491	14.5	52,885	0.5	50	33,016	106.5	386,235	0.4	14	1,876	6.1	21,702	0.4	188
45-64	18,619	47.9	215,431	0.6	62	43,237	111.3	498,931	0.5	19	1,682	4.3	19,621	0.3	157
65-74	305	38.4	3,462	0.6	66	515	64.9	5,600	0.4	14	23	2.9	264	0.3	162
75-84	42	25.1	464	0.7	70	81	48.5	843	0.4	5	3	1.8	25	0.1	4
85 and older	3	5.8	36	0.4	34	12	23.1	106	0.3	4	0	0.0	0	0.0	0
Other Eligibles	40,422	6.0	463,496	0.5	53	316,686	47.3	3,527,711	0.3	5	15,947	2.4	177,780	0.3	83
5 and younger	190	0.2	2,100	0.1	5	7,966	6.5	90,716	0.1	1	592	0.5	6,707	0.2	18
6-14	84	0.1	974	0.2	16	17,433	12.1	198,673	0.1	1	825	0.6	9,293	0.1	16
15-20	296	0.3	3,360	0.2	22	41,707	46.8	460,362	0.2	1	1,821	2.0	20,110	0.2	21
21-44	11,992	4.9	135,608	0.4	42	198,534	81.1	2,195,438	0.3	5	10,029	4.1	110,813	0.3	88
45-64	27,356	40.6	315,988	0.6	59	50,293	74.7	574,635	0.3	10	2,657	3.9	30,612	0.3	140
65-74	336	37.1	3,628	0.6	63	377	41.6	4,086	0.3	9	18	2.0	193	0.1	10
75-84	125	21.4	1,383	0.6	63	222	37.9	2,276	0.4	12	3	0.5	28	0.1	8
85 and older	43	9.7	455	0.7	62	154	34.8	1,525	0.4	9	2	0.5	24	0.1	3
Male	40,855	7.4	464,726	0.6	57	177,676	32.0	1,977,876	0.3	11	9,364	1.7	104,683	0.5	254
Disabled	15,032	16.4	172,107	0.6	59	52,747	57.4	598,959	0.4	18	3,443	3.7	38,898	0.6	297
5 and younger	17	0.4	197	0.2	6	651	14.9	7,681	0.1	1	55	1.3	641	0.4	43
6-14	19	0.1	228	0.2	14	1,991	15.1	23,689	0.1	1	131	1.0	1,529	0.5	114
15-20	115	1.0	1,369	0.4	33	3,166	28.8	37,485	0.2	3	100	0.9	1,160	0.2	55
21-44	3,446	10.5	39,917	0.5	50	21,171	64.4	240,829	0.4	16	1,724	5.2	19,376	0.6	290
45-64	11,297	37.7	128,842	0.6	62	25,502	85.1	286,485	0.5	24	1,427	4.8	16,120	0.6	353
65-74	120	27.5	1,358	0.7	68	216	49.4	2,288	0.5	23	5	1.1	60	0.1	7
75-84	14	15.6	155	0.5	55	44	48.9	438	0.5	6	1	1.1	12	0.5	68
85 and older	4	20.0	41	0.9	84	6	30.0	64	0.2	3	0	0.0	0	0.0	0
Other Eligibles	25,823	5.6	292,619	0.6	56	124,929	27.0	1,378,917	0.3	8	5,921	1.3	65,785	0.4	228
5 and younger	217	0.2	2,361	0.1	6	10,290	8.1	117,013	0.1	1	539	0.4	6,050	0.1	9
6-14	147	0.1	1,691	0.2	19	18,151	12.4	207,180	0.1	1	685	0.5	7,756	0.2	21
15-20	245	0.3	2,781	0.3	28	20,658	28.3	226,445	0.2	1	444	0.6	4,857	0.2	27
21-44	7,031	9.5	77,466	0.5	45	49,587	66.7	533,194	0.3	10	2,637	3.5	28,870	0.6	301
45-64	17,889	43.9	205,026	0.6	61	25,838	63.4	290,946	0.4	15	1,600	3.9	18,074	0.5	330
65-74	172	32.5	1,938	0.6	63	185	35.0	1,959	0.3	8	8	1.5	96	0.4	177
75-84	101	23.9	1,146	0.6	71	143	33.8	1,414	0.5	12	5	1.2	60	0.1	4
85 and older	21	11.4	210	0.8	84	77	41.6	766	0.5	10	3	1.6	22	0.2	14
Unknown	1	33.3	12	0.8	92	2	66.7	24	0.2	1	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

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.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.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, TENNESSEE, 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 Benefit Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Benefit Rx \$ per Month		
All	101,765	7.8 %	1,151,835	0.7	\$42	139,806	10.7 %	1,578,280	0.6	\$22	1,312,222	13,295,178
Female	65,875	8.7	749,330	0.6	40	81,792	10.8	927,615	0.6	23	757,019	7,676,460
Disabled	25,369	28.9	292,852	0.7	44	28,229	32.2	325,340	0.6	24	87,732	976,584
5 and younger	16	0.5	192	0.6	41	107	3.2	1,238	0.7	15	3,333	36,093
6-14	105	1.4	1,220	0.8	64	427	5.7	5,052	0.6	8	7,446	86,044
15-20	261	4.3	3,069	0.5	34	281	4.6	3,320	0.5	12	6,086	69,804
21-44	5,396	17.4	63,091	0.6	42	5,434	17.5	63,594	0.5	20	30,990	348,912
45-64	19,126	49.2	220,152	0.7	45	21,411	55.1	245,811	0.7	26	38,864	425,402
45-64	400	50.4	4,487	0.7	37	484	61.0	5,391	0.7	26	794	8,327
65-74	54	32.3	560	0.8	26	72	43.1	799	0.7	24	167	1,613
75-84	11	21.2	81	0.7	25	13	25.0	135	0.6	21	52	389
85 and older	40,506	6.1	456,478	0.6	38	53,563	8.0	602,275	0.6	22	669,287	6,699,876
Other Eligibles	102	0.1	1,139	0.8	52	268	0.2	3,015	0.4	5	122,274	1,180,990
5 and younger	794	0.6	8,985	0.7	48	1,323	0.9	14,988	0.5	5	143,611	1,493,943
6-14	1,532	1.7	17,064	0.5	34	834	0.9	9,368	0.3	8	89,184	880,231
15-20	15,950	6.5	177,049	0.5	34	19,648	8.0	217,356	0.5	18	244,932	2,401,446
21-44	21,543	32.0	246,027	0.7	41	30,614	45.5	348,161	0.7	26	67,352	725,053
45-64	359	39.6	3,859	0.7	35	492	54.3	5,318	0.6	26	906	8,894
65-74	153	26.2	1,640	0.7	31	248	42.4	2,653	0.7	26	585	5,555
75-84	73	16.5	715	0.7	28	136	30.7	1,416	0.7	22	443	3,764
85 and older	35,890	6.5	402,505	0.7	45	58,013	10.4	650,653	0.6	22	555,200	5,618,689
Male	13,485	14.7	152,391	0.7	43	21,931	23.9	248,375	0.6	22	91,921	1,008,603
Disabled	7	0.2	84	0.7	136	220	5.0	2,536	0.6	15	4,378	47,978
5 and younger	87	0.7	1,020	0.7	50	1,467	11.1	17,203	0.7	8	13,188	151,683
6-14	209	1.9	2,471	0.6	45	706	6.4	8,322	0.6	11	10,980	126,729
15-20	2,954	9.0	33,795	0.6	44	4,998	15.2	56,867	0.6	21	32,852	360,640
21-44	10,047	33.5	113,025	0.7	43	14,305	47.7	160,899	0.7	24	29,976	315,926
45-64	155	35.5	1,701	0.7	34	190	43.5	2,093	0.7	25	437	4,577
65-74	22	24.4	254	0.8	36	37	41.1	374	0.7	19	90	883
75-84	4	20.0	41	0.4	9	8	40.0	81	0.6	22	20	187
85 and older	22,405	4.8	250,114	0.7	46	36,082	7.8	402,278	0.6	21	463,279	4,610,086
Other Eligibles	118	0.1	1,312	0.6	46	507	0.4	5,634	0.4	5	127,271	1,227,731
5 and younger	651	0.4	7,264	0.8	60	3,311	2.3	37,449	0.5	5	146,783	1,521,970
6-14	753	1.0	8,178	0.7	64	1,169	1.6	13,011	0.4	10	72,960	721,498
15-20	6,310	8.5	68,345	0.7	47	10,445	14.0	113,169	0.5	21	74,349	696,999
21-44	14,281	35.0	161,936	0.7	45	20,174	49.5	227,939	0.7	26	40,779	431,217
45-64	165	31.2	1,797	0.6	35	245	46.3	2,679	0.7	25	529	5,031
65-74	91	21.5	992	0.7	28	177	41.8	1,895	0.7	18	423	4,060
75-84	36	19.5	290	0.6	32	54	29.2	502	0.8	23	185	1,580
85 and older	0	0.0	0	0.0	0	1	33.3	12	1.0	10	3	29
Unknown	0	0.0	0	0.0	0	1	33.3	12	1.0	10	3	29

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, TENNESSEE, 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	\$559	10.3	1,562	15,865
Age				
0-64	611	11.0	1,181	12,341
65-74	446	8.6	117	1,160
75-84	355	7.9	120	1,131
85 and older	334	7.8	144	1,233
Unknown	0	0.0	0	0
Gender				
Female	586	10.7	827	8,627
Male	527	9.9	735	7,238
Unknown	0	0.0	0	0
Race				
White	586	11.1	994	9,805
African American	497	8.6	434	4,607
Other/unknown	579	11	134	1,453
Basis of Eligibility^c				
Aged	352	8.0	269	2,415
Disabled	595	10.8	1,291	13,434
Adults	1,687	18.8	2	16
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 1,251 beneficiaries who were in nursing facilities for part of their enrollment and their 12,405 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, TENNESSEE, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per 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	Total Number of Rx	Total Rx \$	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	\$53	\$40	\$5	\$8	\$88	\$158	\$95	\$27	7,145	\$629,271	1,138	72.9 %	11,851
Biologicals	0.1	0.1	0.0	0.0	2	2	0	1	21	20	0	25	172	3,560	139	8.9	1,615
Antineoplastic Agents	0.5	0.0	0.0	0.5	49	5	3	41	94	463	121	85	592	55,895	115	7.4	1,141
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.6	54	43	3	8	42	75	24	14	10,317	432,068	755	48.3	7,968
Cardiovascular Agents	2.3	0.6	0.1	1.7	66	42	2	23	29	74	29	14	25,908	740,715	1,085	69.5	11,165
Respiratory Agents	0.9	0.3	0.0	0.6	35	22	0	13	38	81	28	20	8,011	304,025	837	53.6	8,712
Gastrointestinal Agents	1.4	0.6	0.1	0.8	74	60	2	12	54	109	37	16	14,987	804,325	1,050	67.2	10,846
Genitourinary Agents	0.7	0.3	0.0	0.3	32	23	3	7	49	77	56	22	2,662	129,172	377	24.1	4,024
CNS Drugs	2.8	1.2	0.2	1.4	217	184	10	22	79	152	64	16	37,777	2,972,938	1,319	84.4	13,727
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/ Neurological Agents	1.1	0.5	0.0	0.6	105	96	0	9	94	201	0	14	156	14,740	15	1.0	141
Neurological Agents	0.9	0.9	0.0	0.0	153	153	0	0	166	166	0	0	2,346	388,505	243	15.6	2,534
Analgesics and Anesthetics	1.6	0.4	0.0	1.2	55	40	2	12	34	111	77	10	17,327	580,938	1,036	66.3	10,633
Neuromuscular Agents	2.0	0.5	0.3	1.2	112	58	27	27	57	119	93	23	19,040	1,084,230	894	57.2	9,642
Nutritional Products	0.8	0.0	0.1	0.7	14	0	3	10	17	11	29	15	5,055	84,930	589	37.7	6,147
Hematological Agents	1.1	0.4	0.2	0.6	73	65	3	6	64	184	15	10	6,819	437,148	591	37.8	5,964
Topical Products	0.5	0.2	0.1	0.3	21	12	3	6	39	73	41	20	5,032	196,671	884	56.6	9,475
Miscellaneous Products	0.3	0.0	0.0	0.3	6	1	0	5	19	19	0	19	403	7,666	134	8.6	1,360
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	8	0	0	0	14	0	0	0	434	5,941	68	4.4	748
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.	164,183	8,872,738	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,251 beneficiaries who were in nursing facilities for part of their enrollment and their 12,405 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 Tennessee, 0.3 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, TENNESSEE, 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	\$2,066,175	1,072	68.6 %	11,575	1.0	\$177	\$179
ANTICONVULSANT	956,390	1,043	66.8	11,409	1.3	65	84
ANTIDEPRESSANTS	762,272	1,417	90.7	15,106	0.9	54	50
ULCER DRUGS	623,772	1,091	69.8	11,394	0.9	64	55
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	388,505	286	18.3	3,021	0.8	166	129
ANALGESICS - Narcotic	375,740	1,253	80.2	12,744	1.0	29	29
ANTIDIABETIC	359,835	881	56.4	9,508	0.9	44	38
ANTIHYPERTENSIVE	271,314	347	22.2	3,840	0.8	88	71
ANTIHYPERTENSIVE	203,382	808	51.7	8,555	0.9	27	24
ANTIASTHMATIC	190,750	870	55.7	8,944	0.5	42	21
Total	6,198,135	9,068		96,096	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,251 beneficiaries who were in nursing facilities for part of their enrollment and their 12,405 benefit months were excluded from the analysis.

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

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

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

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

TABLE ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, TENNESSEE, 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	88,947	\$6,198,135	1,072	68.6 %	11,575	1.0	\$179	1,043	66.8 %	11,409	1.3	\$84
Female	49,599	3,536,577	608	73.5	6,704	1.0	175	549	66.4	6,099	1.3	83
Disabled	43,239	3,142,305	524	81.4	5,884	1.1	184	500	77.6	5,626	1.3	86
64 or younger	40,089	2,920,622	470	81.3	5,285	1.1	189	476	82.4	5,348	1.3	87
65-74	2,471	165,074	33	70.2	367	1.0	145	21	44.7	242	1.0	57
75-84	563	48,327	17	113.3	204	0.8	134	3	20.0	36	1.3	93
85 and older	116	8,282	4	100.0	28	1.5	138	0	0.0	0	0.0	0
Other Eligibles	6,360	394,272	84	45.9	820	0.9	107	49	26.8	473	1.1	51
64 or younger	141	20,673	1	50.0	12	0.5	32	3	150.0	20	1.3	119
65-74	1,049	73,877	17	70.8	187	0.9	131	13	54.2	134	1.0	52
75-84	2,212	126,880	26	43.3	263	1.1	126	14	23.3	139	1.2	57
85 and older	2,958	172,842	40	41.2	358	0.8	83	19	19.6	180	1.1	37
Male	39,348	2,661,558	464	63.1	4,871	1.0	184	494	67.2	5,310	1.3	85
Disabled	36,524	2,496,548	422	65.2	4,496	1.0	190	481	74.3	5,202	1.3	85
64 or younger	34,742	2,376,033	395	65.7	4,242	1.0	190	462	76.9	5,013	1.3	85
65-74	1,400	99,542	19	54.3	182	1.2	209	17	48.6	165	1.4	90
75-84	273	16,070	8	88.9	72	0.9	115	1	11.1	12	0.1	1
85 and older	109	4,903	0	0.0	0	0.0	0	1	50.0	12	1.2	10
Other Eligibles	2,824	165,010	42	47.7	375	0.9	109	13	14.8	108	0.9	67
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	364	24,833	7	63.6	64	0.8	150	2	18.2	24	1.0	32
75-84	1,412	76,222	14	38.9	152	0.9	89	3	8.3	36	1.1	81
85 and older	1,048	63,955	21	51.2	159	0.8	111	8	19.5	48	0.8	74
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 Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,251 beneficiaries who were in nursing facilities for part of their enrollment and their 12,405 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.medspan.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, TENNESSEE, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,417	90.7 %	15,106	0.9	\$51	1,091	69.8 %	11,394	0.9	\$55	286	18.3 %	3,021	0.8	\$129
Female	779	94.2	8,385	0.9	52	591	71.5	6,383	0.8	55	182	22.0	1,966	0.8	151
Disabled	642	99.7	7,064	0.9	53	484	75.2	5,289	0.8	54	123	19.1	1,385	0.8	169
64 or younger	598	103.5	6,613	0.9	53	446	77.2	4,884	0.8	55	102	17.6	1,155	0.8	181
65-74	33	70.2	341	0.9	56	28	59.6	307	0.8	47	16	34.0	179	0.9	104
75-84	9	60.0	97	0.8	37	10	66.7	98	0.7	42	3	20.0	36	0.9	131
85 and older	2	50.0	13	2.1	136	0	0.0	0	0.0	0	2	50.0	15	0.9	99
Other Eligibles	137	74.9	1,321	1.0	50	107	58.5	1,094	0.8	59	59	32.2	581	0.8	110
64 or younger	2	100.0	24	0.9	93	3	150.0	28	0.6	46	2	100.0	24	0.5	556
65-74	19	79.2	199	0.9	52	8	33.3	90	1.0	98	9	37.5	86	0.8	89
75-84	47	78.3	438	0.9	40	39	65.0	408	0.7	42	18	30.0	176	0.8	91
85 and older	69	71.1	660	1.0	55	57	58.8	568	0.8	65	30	30.9	295	0.8	91
Male	638	86.8	6,721	0.9	48	500	68.0	5,011	0.9	54	104	14.1	1,055	0.8	86
Disabled	578	89.3	6,201	0.9	48	444	68.6	4,504	0.9	52	79	12.2	827	0.7	82
64 or younger	541	90.0	5,867	0.9	49	416	69.2	4,239	0.9	52	72	12.0	756	0.7	82
65-74	25	71.4	230	0.9	43	21	60.0	193	1.0	69	4	11.4	41	0.8	78
75-84	9	100.0	68	1.0	44	6	66.7	60	0.6	13	2	22.2	18	1.1	129
85 and older	3	150.0	36	2.0	72	1	50.0	12	1.1	112	1	50.0	12	0.3	24
Other Eligibles	60	68.2	520	0.9	45	56	63.6	507	1.0	70	25	28.4	228	0.9	104
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	11	100.0	103	0.8	43	6	54.5	53	0.9	48	4	36.4	34	0.9	95
75-84	25	69.4	234	0.9	52	28	77.8	262	1.0	70	13	36.1	116	0.9	109
85 and older	24	58.5	183	0.9	37	22	53.7	192	1.0	77	8	19.5	78	0.9	99
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 Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,251 beneficiaries who were in nursing facilities for part of their enrollment and their 12,405 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, TENNESSEE, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIHYPERLIPIDEMIC				
	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	1,253	80.2 %	12,744	1.0	\$30	881	56.4 %	9,508	0.9	\$38	347	22.2 %	3,840	0.8	\$71
Female	664	80.3	6,909	1.0	28	502	60.7	5,486	0.9	39	180	21.8	2,023	0.8	70
Disabled	552	85.7	5,855	1.1	28	442	68.6	4,883	0.9	40	162	25.2	1,827	0.8	71
64 or younger	513	88.8	5,478	1.1	29	381	65.9	4,283	0.9	41	152	26.3	1,709	0.8	70
65-74	29	61.7	290	0.8	21	43	91.5	473	0.9	38	7	14.9	82	1.0	108
75-84	9	60.0	86	0.6	7	11	73.3	88	0.7	32	2	13.3	24	0.5	16
85 and older	1	25.0	1	1.0	15	7	175.0	39	0.7	24	1	25.0	12	0.3	17
Other Eligibles	112	61.2	1,054	0.7	24	60	32.8	603	0.8	30	18	9.8	196	1.0	64
64 or younger	4	200.0	32	1.8	31	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	16	66.7	157	0.9	39	13	54.2	132	0.9	36	2	8.3	18	0.4	27
75-84	41	68.3	395	0.6	25	21	35.0	216	0.8	25	7	11.7	80	0.9	64
85 and older	51	52.6	470	0.7	18	26	26.8	255	0.9	31	9	9.3	98	1.1	71
Male	589	80.1	5,835	1.0	32	379	51.6	4,022	0.8	36	167	22.7	1,817	0.8	71
Disabled	529	81.8	5,319	1.1	34	349	53.9	3,781	0.8	37	153	23.6	1,687	0.8	72
64 or younger	504	83.9	5,091	1.1	34	333	55.4	3,645	0.9	37	149	24.8	1,653	0.8	73
65-74	19	54.3	171	1.0	33	14	40.0	118	0.7	35	3	8.6	28	0.5	31
75-84	6	66.7	57	0.5	3	2	22.2	18	0.5	8	1	11.1	6	0.5	17
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	60	68.2	516	0.8	14	30	34.1	241	0.7	21	14	15.9	130	0.6	60
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5	45.5	52	0.2	1	4	36.4	48	0.4	10	3	27.3	33	0.7	64
75-84	28	77.8	235	0.9	16	13	36.1	122	0.7	17	8	22.2	79	0.6	64
85 and older	27	65.9	229	0.8	15	13	31.7	71	0.8	36	3	7.3	18	0.6	38
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 Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,251 beneficiaries who were in nursing facilities for part of their enrollment and their 12,405 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); 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, TENNESSEE, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIASTHMATIC					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	808	51.7 %	8,555	0.9	\$24	870	55.7 %	8,944	0.5	\$21	1,562	15,865
Female	420	50.8	4,574	0.9	24	497	60.1	5,156	0.5	21	827	8,627
Disabled	332	51.6	3,681	0.9	25	406	63.0	4,288	0.5	23	644	6,908
64 or younger	299	51.7	3,308	0.9	24	371	64.2	4,023	0.5	24	578	6,235
65-74	28	59.6	313	0.9	31	29	61.7	215	0.5	15	47	487
75-84	5	33.3	60	0.9	24	6	40.0	50	0.1	3	15	158
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	28
Other Eligibles	88	48.1	893	0.8	23	91	49.7	868	0.4	13	183	1,719
64 or younger	0	0.0	0	0.0	0	1	50.0	12	0.1	5	2	16
65-74	14	58.3	159	0.9	22	5	20.8	44	0.3	18	24	243
75-84	37	61.7	355	0.9	29	33	55.0	315	0.5	14	60	579
85 and older	37	38.1	379	0.8	18	52	53.6	497	0.3	13	97	881
Male	388	52.8	3,981	0.9	23	373	50.7	3,788	0.5	21	735	7,238
Disabled	334	51.6	3,507	0.9	24	335	51.8	3,468	0.5	22	647	6,526
64 or younger	314	52.2	3,309	0.9	24	312	51.9	3,259	0.5	21	601	6,090
65-74	15	42.9	157	0.9	20	16	45.7	159	0.7	41	35	329
75-84	4	44.4	29	1.0	13	7	77.8	50	0.4	19	9	83
85 and older	1	50.0	12	0.5	47	0	0.0	0	0.0	0	2	24
Other Eligibles	54	61.4	474	0.8	17	38	43.2	320	0.7	20	88	712
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	8	72.7	84	0.9	18	4	36.4	32	0.2	2	11	101
75-84	27	75.0	261	0.8	14	13	36.1	139	0.9	16	36	311
85 and older	19	46.3	129	1.0	21	21	51.2	149	0.6	29	41	300
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 Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,251 beneficiaries who were in nursing facilities for part of their enrollment and their 12,405 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.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 TENNESSEE, 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	446,369	34.0 %	2.1	2,693,193	\$25	\$32,970,569	\$12	2.7 %	1,312,222
Age									
5 and younger	69,336	27.0	0.7	168,539	7	1,714,350	10	2.6	257,256
6-14	67,537	21.7	0.6	177,444	8	2,501,290	14	2.5	311,028
15-20	46,350	25.9	0.8	138,875	10	1,797,885	13	2.5	179,210
21-44	158,363	41.3	2.7	1,020,320	36	13,891,411	14	3.0	383,123
45-64	102,376	57.8	6.5	1,157,409	72	12,811,956	11	2.5	176,973
65-74	1,464	54.9	6.9	18,419	59	158,461	9	2.8	2,666
75-84	619	48.9	6.3	7,953	48	60,588	8	2.8	1,265
85 and older	324	46.3	6.0	4,234	49	34,628	8	3.5	700
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Basis of Eligibility^c									
Aged	1,634	49.8	5.6	18,359	46	150,133	8	2.6	3,284
Disabled	88,801	49.4	5.8	1,043,104	77	13,796,376	13	2.8	179,654
Adults	184,775	43.7	2.9	1,205,548	35	14,663,910	12	2.7	422,871
Children	170,802	24.2	0.6	424,065	6	4,336,434	10	2.5	705,569
Unknown	357	42.3	2.5	2,117	28	23,716	11	1.9	844
Gender									
Female	294,036	38.8	2.5	1,884,051	31	23,108,081	12	3.0	757,020
Male	152,331	27.4	1.5	809,113	18	9,861,709	12	2.2	555,200
Unknown	2	100.0	14.5	29	390	779	27	8.4	2
Race									
White	310,224	37.4	2.4	2,014,306	31	25,905,078	13	2.8	829,196
African American	107,774	27.5	1.2	476,016	11	4,190,263	9	2.1	391,217
Other/unknown	28,371	30.9	2.2	202,871	31	2,875,228	14	2.8	91,809
Use of Nursing Facilities^d									
Entire year	1,284	82.2	17.1	26,646	166	258,960	10	2.9	1,562
Part year	1,101	88.0	13.8	17,253	129	161,467	9	2.6	1,251
None	443,984	33.9	2.0	2,649,294	25	32,550,142	12	2.7	1,309,409
Maintenance Assistance Status									
Cash	175,797	38.4	2.9	1,334,178	37	16,743,212	13	2.9	457,671
Medically needy	49,689	30.6	1.5	237,483	19	3,010,405	13	3.0	162,543
Poverty related	64,385	24.5	0.6	159,828	6	1,625,898	10	2.7	262,535
Other/unknown	156,498	36.4	2.2	961,704	27	11,591,054	12	2.4	429,473

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

- 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}
 TENNESSEE, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$2	\$12	\$0	\$1	13,295,178
Age						
5 and younger	0.1	1	10	0	0	2,492,792
6-14	0.1	1	14	0	0	3,253,640
15-20	0.1	1	13	0	0	1,798,262
21-44	0.3	4	14	0	2	3,807,997
45-64	0.6	7	11	0	3	1,897,622
65-74	0.7	6	9	0	1	26,829
75-84	0.7	5	8	0	1	12,111
85 and older	0.7	6	8	0	1	5,920
Unknown	0.0	0	0	0	0	5
Basis of Eligibility^c						
Aged	0.6	5	8	0	1	31,032
Disabled	0.5	7	13	0	3	1,985,199
Adults	0.3	3	12	0	2	4,218,291
Children	0.1	1	10	0	0	7,054,066
Unknown	0.3	4	11	0	2	6,590
Gender						
Female	0.2	3	12	0	1	7,676,465
Male	0.1	2	12	0	1	5,618,689
Unknown	1.2	32	27	0	31	24
Race						
White	0.2	3	13	0	1	8,327,064
African American	0.1	1	9	0	0	4,082,114
Other/unknown	0.2	3	14	0	1	886,000
Use of Nursing Facilities^d						
Entire year	1.7	16	10	0	6	15,865
Part year	1.4	13	9	0	5	12,405
None	0.2	2	12	0	1	13,266,908
Maintenance Assistance Status						
Cash	0.3	3	13	0	2	4,951,315
Medically needy	0.2	2	13	0	1	1,439,649
Poverty related	0.1	1	10	0	0	2,377,144
Other/unknown	0.2	3	12	0	1	4,527,070

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

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}
 TENNESSEE, 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	609,138	\$54	\$32,970,569	100.0 %	2,693,193	\$12	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	219	55	12,006	0.0	423	28	0.0
Drugs for cosmetic purposes	609	39	23,918	0.1	1,322	18	0.0
Cough and cold medications	74,213	35	2,605,140	7.9	125,559	21	4.7
Vitamins and minerals	35,438	87	3,088,181	9.4	191,694	16	7.1
Non-prescription drugs	354,687	29	10,183,678	30.9	1,407,665	7	52.3
Barbiturates	2,868	47	135,567	0.4	24,936	5	0.9
Benzodiazepines	110,722	126	13,915,776	42.2	844,833	16	31.4
Other Part D Excl Rx Drugs	30,382	99	3,006,303	9.1	96,761	31	3.6

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, TENNESSEE, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	1,312,222	3,284	179,654	422,871	705,569	844	13,295,206	31,053	1,985,206	4,218,291	7,054,066	6,590
Age												
5 and younger	257,256	1	7,711	2	249,542	0	2,492,792	4	84,071	6	2,408,711	0
6-14	311,028	0	20,634	4	290,390	0	3,253,640	0	237,727	13	3,015,900	0
15-20	179,210	4	17,066	654	161,463	23	1,798,262	38	196,533	2,006	1,599,565	120
21-44	383,123	10	63,842	314,688	4,174	409	3,807,997	92	709,552	3,065,573	29,890	2,890
45-64	176,973	261	68,841	107,459	0	412	1,897,629	2,308	741,347	1,150,394	0	3,580
65-74	2,666	1,389	1,231	46	0	0	26,833	13,666	12,904	263	0	0
75-84	1,265	992	257	16	0	0	12,119	9,591	2,496	32	0	0
85 and older	700	626	72	2	0	0	5,929	5,349	576	4	0	0
Unknown	1	1	0	0	0	0		5	0	0	0	0
Gender												
Female	757,020	2,118	87,732	309,403	356,925	842	7,676,484	20,037	976,589	3,101,359	3,571,933	6,566
Male	555,200	1,166	91,921	113,467	348,644	2	5,618,698	11,016	1,008,605	1,116,920	3,482,133	24
Unknown	2	0	1	1	0	0	24	0	12	12	0	0
Race												
White	829,196	1,680	99,974	303,477	423,463	602	8,327,089	15,499	1,088,548	3,040,028	4,178,300	4,714
African American	391,217	528	48,640	105,560	236,363	126	4,082,117	4,726	549,381	1,072,627	2,454,364	1,019
Other/unknown	91,809	1,076	31,040	13,834	45,743	116	886,000	10,828	347,277	105,636	421,402	857
Use of Nursing Facilities^c												
Entire year	1,562	269	1,291	2	0	0	15,870	2,420	13,434	16	0	0
Part year	1,251	145	1,070	35	1	0	12,410	1,404	10,635	368	3	0
None	1,309,409	2,870	177,293	422,834	705,568	844	13,266,926	27,229	1,961,137	4,217,907	7,054,063	6,590
Maintenance Assistance Status												
Cash	457,671	781	162,340	85,954	208,596	0	4,951,315	8,010	1,846,631	877,777	2,218,897	0
Medically needy	162,543	1,459	9,418	68,825	82,841	0	1,439,661	13,506	63,923	592,076	770,156	0
Poverty related	262,535	43	9	21,700	239,939	844	2,377,160	392	93	147,077	2,223,008	6,590
Other/unknown	429,473	1,001	7,887	246,392	174,193	0	4,527,070	9,145	74,559	2,601,361	1,842,005	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,312,222	3,284	179,654	422,871	705,569	844	13,295,206	31,053	1,985,206	4,218,291	7,054,066	6,590
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0

0
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Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, TENNESSEE, 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	1,312,222	13,295,206	1,312,222	13,295,178	0
Fee-for-service (FFS) all year	1,312,222	13,295,206	1,312,222	13,295,178	0	28
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

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.