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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005  
ALABAMA**

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
ALABAMA, 2005

Inclusion Criteria (2005)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	955590 (A)	195567 (E)	760023 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	862964 (B)	105971 (F)	756993 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	860455 (C)	103517 (G)	756938 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	17479 (D)	16250 (H)	1229 (L)

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2005 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2005, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Alabama in 2005 was \$614,942,832, of which \$6,641,249 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for non-duals but not for duals. These lists were constructed from the CMS 2005 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.pdf> and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2005. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and N+B18D.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2005. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
ALABAMA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>860,455</b>	<b>39,336</b>	<b>175,568</b>	<b>202,890</b>	<b>442,279</b>	<b>382</b>	<b>8,689,705</b>	<b>405,765</b>	<b>1,903,544</b>	<b>2,101,736</b>	<b>4,275,245</b>	<b>3,415</b>
<b>Age</b>												
5 and younger	191,821	1	6,727	2	185,091	0	1,807,639	9	71,919	10	1,735,701	0
6-14	200,529	0	17,859	22	182,648	0	2,041,472	0	204,076	111	1,837,285	0
15-20	105,353	0	13,537	17,792	74,024	0	1,006,144	0	151,025	155,931	699,188	0
21-44	233,788	0	52,191	180,964	516	117	2,481,822	0	565,150	1,912,606	3,071	995
45-64	68,951	2	64,595	4,093	0	261	715,817	24	680,412	32,978	0	2,403
65-74	22,281	8,388	13,874	15	0	4	243,113	87,031	155,973	92	0	17
75-84	20,788	15,509	5,278	1	0	0	222,359	163,493	58,862	4	0	0
85 and older	16,944	15,436	1,507	1	0	0	171,339	155,208	16,127	4	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	547,095	31,051	97,558	199,506	218,598	382	5,600,631	323,662	1,070,549	2,076,396	2,126,609	3,415
Male	307,012	8,283	78,008	3,384	217,337	0	3,052,581	82,085	832,971	25,340	2,112,185	0
Unknown	6,348	2	2	0	6,344	0	36,493	18	24	0	36,451	0
<b>Race</b>												
White	385,369	22,681	73,676	96,335	192,468	209	3,843,106	227,909	791,408	989,435	1,832,549	1,805
African American	415,457	13,352	83,458	98,938	219,549	160	4,276,591	142,238	922,322	1,050,100	2,160,429	1,502
Other/unknown	59,629	3,303	18,434	7,617	30,262	13	570,008	35,618	189,814	62,201	282,267	108
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	17,479	13,267	4,211	1	0	0	175,792	130,914	44,873	5	0	0
Part year	8,068	5,638	2,428	0	1	1	80,127	54,936	25,177	0	11	3
None	834,908	20,431	168,929	202,889	442,278	381	8,433,786	219,915	1,833,494	2,101,731	4,275,234	3,412
<b>Maintenance Assistance Status</b>												
Cash	263,908	18,719	163,938	29,387	51,864	0	2,786,462	207,131	1,783,771	277,811	517,749	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	405,696	964	2,194	24,474	377,682	382	3,861,240	9,309	19,318	185,211	3,643,987	3,415
Other/unknown	190,851	19,653	9,436	149,029	12,733	0	2,042,003	189,325	100,455	1,638,714	113,509	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	97,668	35,869	60,681	1,087	6	25	1,054,678	370,415	673,596	10,360	45	262
Full dual, part year	5,849	2,726	3,090	33	0	0	57,713	28,539	28,913	261	0	0
Non-dual, all year	756,938	741	111,797	201,770	442,273	357	7,577,314	6,811	1,201,035	2,091,115	4,275,200	3,153
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	857,992	38,712	174,186	202,566	442,146	382	8,673,175	402,526	1,894,505	2,098,613	4,274,116	3,415
FFS part year, with Rx claims	2,230	543	1,259	310	118	0	15,318	2,867	8,442	2,999	1,010	0
FFS part year, no Rx claims	233	81	123	14	15	0	1,212	372	597	124	119	0

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 2 includes the beneficiaries represented by Cell C 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.

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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.

All Medicaid Beneficiaries

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
ALABAMA, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>63.2</b>	<b>12.7</b>	<b>\$707</b>	<b>\$56</b>	<b>\$3,608</b>	<b>19.6</b>	<b>860,455</b>
<b>Age</b>							
5 and younger	74.8	5.5	244	44	1,749	13.9	191,821
6-14	65.3	5.5	377	69	1,934	19.5	200,529
15-20	60.5	5.4	342	63	2,555	13.4	105,353
21-44	38.8	8.0	512	64	2,303	22.2	233,788
45-64	86.4	44.5	2,509	56	8,404	29.9	68,951
65-74	89.6	52.4	2,578	49	10,846	23.8	22,281
75-84	92.8	56.3	2,746	49	16,877	16.3	20,788
85 and older	94.2	54.2	2,524	47	23,700	10.6	16,944
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	91.2	52.7	2,571	49	19,448	13.2	39,336
Disabled	84.2	34.4	2,185	64	7,684	28.4	175,568
Adults	28.7	3.2	116	36	1,102	10.5	202,890
Children	68.1	4.9	225	46	1,724	13.0	442,279
Unknown	87.7	26.3	1,748	67	10,974	15.9	382
<b>Gender</b>							
Female	59.1	13.7	702	51	3,614	19.4	547,095
Male	70.7	11.1	728	66	3,640	20.0	307,012
Unknown	50.3	2.4	122	51	1,566	7.8	6,348
<b>Race</b>							
White	67.6	16.0	888	56	4,478	19.8	385,369
African American	58.8	9.5	523	55	2,884	18.1	415,457
Other/unknown	64.8	14.4	818	57	3,031	27.0	59,629
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	97.3	75.7	4,139	55	42,179	9.8	17,479
Part year	94.3	54.3	2,909	54	25,936	11.2	8,068
None	62.2	11.0	614	56	2,585	23.7	834,908
<b>Maintenance Assistance Status</b>							
Cash	80.6	26.2	1,553	59	5,032	30.9	263,908
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	67.8	4.9	218	44	1,617	13.5	405,696
Other/unknown	29.3	10.6	576	54	5,872	9.8	190,851

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 3 includes beneficiaries represented by Cell C 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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 ALABAMA, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	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
<b>All</b>	<b>1.3</b>	<b>\$70</b>	<b>19.6</b>	<b>36.8</b>	<b>42.4</b>	<b>6.5</b>	<b>8.0</b>	<b>5.0</b>	<b>1.3</b>	<b>\$357</b>	<b>860,455</b>	<b>8,689,705</b>
<b>Age</b>												
5 and younger	0.6	26	13.9	25.2	65.8	6.8	2.1	0.1	0.0	186	191,821	1,807,639
6-14	0.5	37	19.5	34.7	56.0	5.6	3.3	0.4	0.0	190	200,529	2,041,472
15-20	0.6	36	13.4	39.5	50.8	5.7	3.4	0.6	0.0	268	105,353	1,006,144
21-44	0.8	48	22.2	61.2	23.2	5.3	7.0	2.9	0.4	217	233,788	2,481,822
45-64	4.3	242	29.9	13.6	16.8	11.3	28.6	23.5	6.1	810	68,951	715,817
65-74	4.8	236	23.8	10.4	13.2	9.6	29.4	28.9	8.4	994	22,281	243,113
75-84	5.3	257	16.3	7.2	10.2	9.0	31.5	32.4	9.8	1,578	20,788	222,359
85 and older	5.4	250	10.6	5.8	9.3	8.8	33.2	33.9	9.1	2,344	16,944	171,339
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	5.1	249	13.2	8.8	10.9	9.1	31.0	30.8	9.4	1,885	39,336	405,765
Disabled	3.2	202	28.4	15.8	28.2	11.7	23.7	16.6	4.0	709	175,568	1,903,544
Adults	0.3	11	10.5	71.3	22.0	3.2	2.7	0.7	0.1	106	202,890	2,101,736
Children	0.5	23	13.0	31.9	60.1	5.7	2.2	0.1	0.0	178	442,279	4,275,245
Unknown	2.9	196	15.9	12.3	25.1	20.9	28.5	12.8	0.3	1,228	382	3,415
<b>Gender</b>												
Female	1.3	69	19.4	40.9	37.3	6.0	8.3	5.9	1.6	353	547,095	5,600,631
Male	1.1	73	20.0	29.3	51.3	7.5	7.6	3.5	0.7	366	307,012	3,052,581
Unknown	0.4	21	7.8	49.7	43.4	5.3	1.5	0.0	0.0	272	6,348	36,493
<b>Race</b>												
White	1.6	89	19.8	32.4	41.8	7.6	9.5	6.7	2.0	449	385,369	3,843,106
African American	0.9	51	18.1	41.2	43.0	5.5	6.5	3.3	0.6	280	415,457	4,276,591
Other/unknown	1.5	86	27.0	35.2	41.6	6.4	9.4	6.0	1.4	317	59,629	570,008
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	7.5	412	9.8	2.7	3.4	4.9	24.9	43.3	20.9	4,194	17,479	175,792
Part year	5.5	293	11.2	5.7	9.1	9.1	32.5	33.8	9.9	2,612	8,068	80,127
None	1.1	61	23.7	37.8	43.5	6.5	7.4	4.0	0.8	256	834,908	8,433,786
<b>Maintenance Assistance Status</b>												
Cash	2.5	147	30.9	19.4	36.2	10.8	19.2	12.0	2.5	477	263,908	2,786,462
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	23	13.5	32.2	59.6	5.7	2.2	0.2	0.0	170	405,696	3,861,240
Other/unknown	1.0	54	9.8	70.7	14.3	2.3	4.8	5.6	2.2	549	190,851	2,042,003

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 4 includes the beneficiaries represented by Cell C 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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries

TABLE 5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 ALABAMA, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>1.3</b>	<b>\$70</b>	<b>\$56</b>	<b>0.4</b>	<b>\$48</b>	<b>\$128</b>	<b>0.1</b>	<b>\$3</b>	<b>\$60</b>	<b>0.8</b>	<b>\$19</b>	<b>\$23</b>
<b>Age</b>												
5 and younger	0.6	26	44	0.2	17	107	0.0	1	29	0.4	7	19
6-14	0.5	37	69	0.2	29	124	0.0	2	57	0.3	6	23
15-20	0.6	36	63	0.2	27	142	0.0	2	62	0.3	7	20
21-44	0.8	48	64	0.2	34	168	0.0	2	79	0.5	12	23
45-64	4.3	242	56	1.2	158	136	0.1	8	84	3.0	75	25
65-74	4.8	236	49	1.4	151	110	0.1	7	62	3.3	78	24
75-84	5.3	257	49	1.6	167	104	0.1	8	53	3.5	82	23
85 and older	5.4	250	47	1.6	156	100	0.2	10	54	3.6	84	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.1	249	49	1.6	161	103	0.2	9	54	3.4	80	24
Disabled	3.2	202	64	0.9	141	153	0.1	8	87	2.2	53	25
Adults	0.3	11	36	0.1	6	96	0.0	1	43	0.2	4	18
Children	0.5	23	46	0.2	16	95	0.0	2	38	0.3	6	20
Unknown	2.9	196	67	0.8	139	169	0.1	8	88	2.0	48	24
<b>Gender</b>												
Female	1.3	69	51	0.4	45	118	0.1	3	58	0.9	21	23
Male	1.1	73	66	0.4	54	146	0.0	3	62	0.7	17	24
Unknown	0.4	21	51	0.1	16	188	0.0	1	24	0.3	5	16
<b>Race</b>												
White	1.6	89	56	0.5	60	124	0.1	4	60	1.1	25	24
African American	0.9	51	55	0.3	36	132	0.0	2	60	0.6	13	22
Other/unknown	1.5	86	57	0.4	59	137	0.1	3	55	1.0	24	23
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.5	412	55	2.4	270	112	0.3	17	57	4.8	125	26
Part year	5.5	293	54	1.6	187	114	0.2	12	63	3.6	94	26
None	1.1	61	56	0.3	42	131	0.0	3	60	0.7	16	23
<b>Maintenance Assistance Status</b>												
Cash	2.5	147	59	0.7	102	143	0.1	6	77	1.7	40	24
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	23	44	0.2	15	94	0.0	2	38	0.3	6	20
Other/unknown	1.0	54	54	0.3	36	113	0.0	2	58	0.6	16	25

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 5 includes the beneficiaries represented by Cell C 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 Alabama, 0.1 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.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.

All Medicaid Beneficiaries

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 ALABAMA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users <sup>e</sup>							
	Total	Patented Brand-	Off-Patent Brand-	Total	Patented Brand-	Off-Patent Brand-	Total	Patented Brand-	Off-Patent Brand-	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months			
		Name	Name		Name	Name		Name	Name								
Anti-infective Agents	0.3	0.1	0.0	0.2	\$12	\$6	\$1	\$4	\$46	\$115	\$65	\$23	1,049,575	\$48,366,674	374,324	43.5	4,053,397
Biologicals	0.2	0.2	0.0	0.0	204	176	17	11	917	913	2,616	461	10,560	9,679,416	4,559	0.5	47,477
Antineoplastic Agents	0.5	0.1	0.0	0.4	80	47	0	33	169	538	200	85	39,791	6,719,720	8,051	0.9	83,793
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	26	17	2	7	50	106	54	21	881,677	43,757,182	155,215	18.0	1,709,777
Cardiovascular Agents	1.5	0.4	0.0	1.1	56	36	0	20	38	88	43	19	2,032,517	76,577,346	124,003	14.4	1,358,969
Respiratory Agents	0.4	0.1	0.0	0.2	18	13	1	4	43	88	28	16	1,463,196	62,314,106	327,617	38.1	3,547,043
Gastrointestinal Agents	0.5	0.1	0.0	0.4	34	19	0	15	64	127	48	39	720,806	46,066,244	124,280	14.4	1,355,468
Genitourinary Agents	0.3	0.2	0.0	0.1	18	13	1	4	58	85	67	26	145,863	8,503,939	43,725	5.1	478,322
CNS Drugs	0.9	0.4	0.0	0.5	79	65	0	13	89	170	102	27	1,299,689	116,318,719	134,598	15.6	1,475,720
Stimulants/Anti-obesity/Aorexia	0.6	0.5	0.0	0.1	53	47	0	5	86	99	71	39	219,932	18,825,225	31,915	3.7	355,927
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	128	127	0	1	159	166	0	25	85,093	13,533,869	9,964	1.2	105,933
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	16	6	2	8	34	160	189	20	1,123,023	38,119,188	224,754	26.1	2,452,947
Neuromuscular Agents	0.7	0.2	0.0	0.5	50	31	2	17	70	164	78	35	703,206	49,481,181	88,991	10.3	984,040
Nutritional Products	0.5	0.0	0.0	0.4	9	2	1	6	19	40	31	15	330,640	6,197,234	66,352	7.7	707,159
Hematological Agents	0.6	0.2	0.0	0.4	79	71	1	6	135	386	28	18	257,300	34,810,331	41,046	4.8	442,995
Topical Products	0.2	0.1	0.0	0.2	10	6	0	4	42	82	39	23	541,205	22,683,674	211,497	24.6	2,302,663
Miscellaneous Products	0.6	0.2	0.1	0.3	135	84	33	17	238	529	364	55	25,968	6,178,964	4,403	0.5	45,882
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	4	0	0	0	15	0	0	0	11,406	168,571	3,866	0.4	43,378
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>10,941,447</b>	<b>608,301,583</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 6 includes the beneficiaries represented by Cell C 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.medispn.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 Alabama, 0.1 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.medispn.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 2005.

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 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 ALABAMA, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$77,207,496	55,906	6.5	624,289	0.6	\$211	\$124
ANTICONVULSANT	43,096,867	64,675	7.5	721,034	0.6	95	60
ANTIASTHMATIC	36,946,226	199,296	23.2	2,201,040	0.3	63	17
ULCER DRUGS	35,857,339	114,876	13.4	1,265,997	0.4	69	28
ANTIDEPRESSANTS	32,840,212	111,016	12.9	1,226,606	0.5	53	27
ANTIHYPERLIPIDEMIC	29,038,087	42,452	4.9	481,187	0.6	103	60
ANTIDIABETIC	26,872,753	65,321	7.6	729,432	0.6	59	37
MISC. HEMATOLOGICAL	26,228,796	12,967	1.5	143,532	0.6	307	183
ANTIHYPERTENSIVE	19,923,822	94,893	11.0	1,059,447	0.6	32	19
ANALGESICS - Narcotic	19,369,140	226,065	26.3	2,485,663	0.3	28	8
Total	347,380,738	987,467		10,938,227	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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.

All Medicaid Beneficiaries