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

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

Inclusion Criteria (2005)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ^g	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	10593523 (A)	1131099 (E)	9462424 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	9573646 (B)	1115204 (F)	8458442 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	6543298 (C)	954217 (G)	5589081 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	58282 (D)	50492 (H)	7790 (L)

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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 California in 2005 was \$5,032,847,278, of which \$235,085,021 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^{a, b}
CALIFORNIA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	6,543,298	618,656	883,567	2,938,229	2,095,146	7,700	48,218,812	6,541,323	9,565,897	20,786,976	11,247,513	77,103
Age												
5 and younger	956,867	0	15,436	8	941,420	3	4,577,759	0	139,809	30	4,437,904	16
6-14	722,170	2	40,598	176	681,392	2	4,387,102	3	433,390	503	3,953,195	11
15-20	902,218	0	35,786	413,433	452,966	33	6,125,804	0	382,513	2,968,853	2,774,198	240
21-44	2,543,138	5	228,899	2,292,888	19,320	2,026	18,931,210	21	2,466,296	16,363,321	81,982	19,590
45-64	648,554	37	413,225	229,951	27	5,314	5,923,337	233	4,425,811	1,443,454	129	53,710
65-74	367,102	259,501	105,825	1,453	1	322	3,927,003	2,696,228	1,218,229	9,008	2	3,536
75-84	282,738	246,511	35,993	233	1	0	3,097,929	2,682,613	413,793	1,511	12	0
85 and older	120,497	112,600	7,805	87	5	0	1,248,637	1,162,225	86,056	296	60	0
Unknown	14	0	0	0	14	0	31	0	0	0	31	0
Gender												
Female	4,371,737	390,269	450,451	2,427,301	1,096,027	7,689	32,800,974	4,151,998	4,938,329	17,670,740	5,962,898	77,009
Male	2,171,553	228,385	433,116	510,926	999,115	11	15,417,793	2,389,303	4,627,568	3,116,222	5,284,606	94
Unknown	8	2	0	2	4	0	45	22	0	14	9	0
Race												
White	1,645,669	198,756	378,660	636,669	429,829	1,755	13,819,532	2,049,341	4,108,447	4,566,121	3,077,793	17,830
African American	561,201	35,931	147,650	207,484	169,692	444	4,195,764	370,127	1,584,819	1,290,680	945,640	4,498
Other/unknown	4,336,428	383,969	357,257	2,094,076	1,495,625	5,501	30,203,516	4,121,855	3,872,631	14,930,175	7,224,080	54,775
Use of Nursing Facilities^c												
Entire year	58,282	44,278	13,915	47	38	4	609,294	456,940	151,606	333	387	28
Part year	55,003	35,363	19,160	367	81	32	542,867	337,938	201,488	2,548	552	341
None	6,430,013	539,015	850,492	2,937,815	2,095,027	7,664	47,066,651	5,746,445	9,212,803	20,784,095	11,246,574	76,734
Maintenance Assistance Status												
Cash	2,471,979	336,477	719,648	503,947	911,907	0	19,703,752	3,808,847	8,025,972	2,705,261	5,163,672	0
Medically needy	428,518	160,329	62,851	57,184	148,154	0	2,974,416	1,511,441	557,307	216,389	689,279	0
Poverty-related	447,541	105,300	65,703	83,461	185,377	7,700	3,028,327	1,048,369	647,728	408,378	846,749	77,103
Other/unknown	3,195,260	16,550	35,365	2,293,637	849,708	0	22,512,317	172,666	334,890	17,456,948	4,547,813	0
Dual Medicare Status^d												
Full dual, all year	943,398	534,723	399,314	8,915	64	382	10,290,728	5,759,016	4,460,692	66,239	476	4,305
Full dual, part year	10,819	8,201	2,519	99	0	0	102,100	77,668	23,715	717	0	0
Non-dual, all year	5,589,081	75,732	481,734	2,929,215	2,095,082	7,318	37,825,984	704,639	5,081,490	20,720,020	11,247,037	72,798
Managed Care (MC) Status												
Fee-for-service (FFS) all year	5,391,708	604,934	846,654	2,602,867	1,329,639	7,614	44,180,698	6,470,911	9,373,132	19,658,877	8,601,116	76,662
FFS part year, with Rx claims	374,394	8,403	26,022	112,718	227,193	58	1,662,543	50,153	149,292	483,634	979,128	336
FFS part year, no Rx claims	777,196	5,319	10,891	222,644	538,314	28	2,375,571	20,259	43,473	644,465	1,667,269	105

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^{a, b}
CALIFORNIA, 2005

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	41.3	8.1	\$733	\$91	\$3,302	22.2	6,543,298
Age							
5 and younger	34.4	1.3	44	34	1,311	3.3	956,867
6-14	29.8	1.8	154	86	1,616	9.5	722,170
15-20	26.4	1.3	116	87	1,266	9.2	902,218
21-44	33.4	3.2	363	113	1,840	19.7	2,543,138
45-64	64.8	24.3	2,507	103	8,718	28.8	648,554
65-74	82.9	30.0	2,502	84	7,189	34.8	367,102
75-84	86.3	34.8	2,750	79	10,620	25.9	282,738
85 and older	85.9	35.3	2,457	70	17,162	14.3	120,497
Unknown	0.0	0.0	0	0	26	0.0	14
Basis of Eligibility^e							
Aged	82.9	30.0	2,343	78	9,670	24.2	618,656
Disabled	81.6	31.6	3,329	105	13,056	25.5	883,567
Adults	28.4	1.2	87	71	622	14.0	2,938,229
Children	30.1	1.2	67	55	1,053	6.4	2,095,146
Unknown	67.9	11.5	1,230	107	7,522	16.3	7,700
Gender							
Female	41.2	7.5	633	84	2,867	22.1	4,371,737
Male	41.6	9.1	936	103	4,180	22.4	2,171,553
Unknown	25.0	2.6	171	65	7,632	2.2	8
Race							
White	50.2	14.4	1,350	94	5,776	23.4	1,645,669
African American	42.1	9.7	903	93	4,824	18.7	561,201
Other/unknown	37.9	5.5	477	87	2,167	22.0	4,336,428
Use of Nursing Facilities^f							
Entire year	94.4	65.7	4,260	65	49,825	8.5	58,282
Part year	94.8	49.5	3,657	74	31,341	11.7	55,003
None	40.4	7.2	676	94	2,641	25.6	6,430,013
Maintenance Assistance Status							
Cash	57.4	14.9	1,397	94	5,518	25.3	2,471,979
Medically needy	53.0	16.6	1,328	80	10,634	12.5	428,518
Poverty related	49.4	10.9	1,017	94	3,607	28.2	447,541
Other/unknown	26.2	1.3	101	80	563	17.9	3,195,260

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^{a, b}
 CALIFORNIA, 2005

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	1.1	\$100	22.2	58.7	26.2	4.4	7.1	3.0	0.6	\$448	6,543,298	48,218,812
Age												
5 and younger	0.3	9	3.3	65.6	31.3	2.2	0.8	0.1	0.0	274	956,867	4,577,759
6-14	0.3	25	9.5	70.2	26.1	2.2	1.3	0.2	0.0	266	722,170	4,387,102
15-20	0.2	17	9.2	73.6	23.9	1.4	0.9	0.2	0.0	187	902,218	6,125,804
21-44	0.4	49	19.7	66.6	27.7	2.1	2.5	0.9	0.2	247	2,543,138	18,931,210
45-64	2.7	275	28.8	35.2	20.5	10.0	21.4	10.7	2.3	955	648,554	5,923,337
65-74	2.8	234	34.8	17.1	25.2	15.5	28.7	11.4	2.0	672	367,102	3,927,003
75-84	3.2	251	25.9	13.7	21.3	15.6	32.4	14.4	2.6	969	282,738	3,097,929
85 and older	3.4	237	14.3	14.1	18.9	14.3	32.8	17.0	2.9	1,656	120,497	1,248,637
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	12	14	31
Basis of Eligibility^e												
Aged	2.8	222	24.2	17.1	24.2	15.6	29.1	12.0	2.0	915	618,656	6,541,323
Disabled	2.9	308	25.5	18.4	25.5	12.8	27.2	13.4	2.8	1,206	883,567	9,565,897
Adults	0.2	12	14.0	71.6	26.1	1.3	0.9	0.2	0.0	88	2,938,229	20,786,976
Children	0.2	13	6.4	69.9	27.3	2.0	0.8	0.1	0.0	196	2,095,146	11,247,513
Unknown	1.1	123	16.3	32.1	39.9	12.5	13.5	1.9	0.2	751	7,700	77,103
Gender												
Female	1.0	84	22.1	58.8	27.3	3.9	6.5	2.8	0.5	382	4,371,737	32,800,974
Male	1.3	132	22.4	58.4	24.0	5.3	8.2	3.4	0.7	589	2,171,553	15,417,793
Unknown	0.5	31	2.2	75.0	25.0	0.0	0.0	0.0	0.0	1,357	8	45
Race												
White	1.7	161	23.4	49.8	25.5	5.7	11.2	6.3	1.5	688	1,645,669	13,819,532
African American	1.3	121	18.7	57.9	23.7	5.1	8.7	3.8	0.7	645	561,201	4,195,764
Other/unknown	0.8	69	22.0	62.1	26.8	3.8	5.3	1.7	0.2	311	4,336,428	30,203,516
Use of Nursing Facilities^f												
Entire year	6.3	408	8.5	5.6	6.5	7.0	29.8	37.1	13.9	4,766	58,282	609,294
Part year	5.0	371	11.7	5.2	12.1	11.4	35.0	28.7	7.6	3,175	55,003	542,867
None	1.0	92	25.6	59.6	26.5	4.3	6.7	2.5	0.4	361	6,430,013	47,066,651
Maintenance Assistance Status												
Cash	1.9	175	25.3	42.6	29.2	7.9	13.6	5.6	1.0	692	2,471,979	19,703,752
Medically needy	2.4	191	12.5	47.0	22.0	7.5	13.2	8.1	2.2	1,532	428,518	2,974,416
Poverty related	1.6	150	28.2	50.6	27.2	6.7	10.7	4.1	0.6	533	447,541	3,028,327
Other/unknown	0.2	14	17.9	73.8	24.3	0.9	0.7	0.2	0.0	80	3,195,260	22,512,317

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^{a, b, c}
 CALIFORNIA, 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
All	1.1	\$100	\$91	0.5	\$75	\$162	0.1	\$7	\$124	0.6	\$17	\$30
Age												
5 and younger	0.3	9	34	0.0	5	108	0.0	1	59	0.2	3	16
6-14	0.3	25	86	0.1	20	171	0.0	2	111	0.2	4	23
15-20	0.2	17	87	0.1	13	164	0.0	2	92	0.1	3	27
21-44	0.4	49	113	0.2	37	214	0.0	4	129	0.2	8	35
45-64	2.7	275	103	1.1	203	190	0.1	24	166	1.5	48	33
65-74	2.8	234	84	1.3	182	139	0.1	12	102	1.4	40	29
75-84	3.2	251	79	1.5	196	131	0.1	11	87	1.5	43	28
85 and older	3.4	237	70	1.5	178	122	0.2	13	81	1.8	46	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.8	222	78	1.3	173	131	0.1	10	88	1.4	39	28
Disabled	2.9	308	105	1.2	233	191	0.2	24	152	1.5	51	33
Adults	0.2	12	71	0.1	8	123	0.0	2	92	0.1	3	32
Children	0.2	13	55	0.1	9	135	0.0	1	88	0.2	3	18
Unknown	1.1	123	107	0.4	95	219	0.1	6	125	0.7	21	32
Gender												
Female	1.0	84	84	0.4	63	148	0.1	6	113	0.5	15	29
Male	1.3	132	103	0.5	102	186	0.1	9	143	0.7	21	32
Unknown	0.5	31	65	0.2	28	125	0.0	0	0	0.2	3	11
Race												
White	1.7	161	94	0.7	119	167	0.1	13	137	0.9	28	31
African American	1.3	121	93	0.5	91	184	0.1	9	146	0.7	21	28
Other/unknown	0.8	69	87	0.3	53	154	0.0	4	101	0.4	12	30
Use of Nursing Facilities^e												
Entire year	6.3	408	65	2.3	283	121	0.3	29	91	3.6	95	26
Part year	5.0	371	74	1.9	265	140	0.3	27	107	2.9	79	28
None	1.0	92	94	0.4	70	166	0.1	7	127	0.5	16	31
Maintenance Assistance Status												
Cash	1.9	175	94	0.8	134	166	0.1	12	130	1.0	29	30
Medically needy	2.4	191	80	1.0	142	149	0.1	13	107	1.3	36	28
Poverty related	1.6	150	94	0.6	113	175	0.1	11	147	0.9	26	30
Other/unknown	0.2	14	80	0.1	10	135	0.0	1	93	0.1	3	33

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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 California, 0.9 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^{a, b, c, d}
 CALIFORNIA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic							
Anti-infective Agents	0.3	0.1	0.0	0.2	\$30	\$23	\$3	\$4	\$106	\$288	\$99	\$24	4,132,354	\$436,133,614	1,457,299	22.3	14,449,218
Biologicals	0.1	0.1	0.0	0.0	34	14	5	14	302	197	3,440	396	41,336	12,483,014	32,609	0.5	371,524
Antineoplastic Agents	0.4	0.1	0.0	0.3	105	74	1	29	261	702	294	101	247,766	64,745,032	56,914	0.9	618,776
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	44	31	4	9	82	130	76	37	6,328,764	519,732,062	1,157,758	17.7	11,813,390
Cardiovascular Agents	1.2	0.6	0.0	0.6	84	67	1	16	69	113	51	27	12,043,624	827,797,365	886,243	13.5	9,816,127
Respiratory Agents	0.4	0.2	0.0	0.2	30	25	0	5	67	112	84	21	3,718,880	248,046,813	804,863	12.3	8,349,315
Gastrointestinal Agents	0.5	0.3	0.0	0.2	67	61	2	4	125	184	150	20	3,634,146	456,051,807	617,420	9.4	6,830,587
Genitourinary Agents	0.3	0.2	0.0	0.1	23	18	2	3	80	105	68	37	1,036,445	82,710,879	349,685	5.3	3,623,938
CNS Drugs	1.0	0.5	0.0	0.4	125	102	6	17	129	216	120	38	7,665,506	990,658,339	722,173	11.0	7,909,832
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	69	60	5	4	135	151	143	53	208,801	28,204,669	37,918	0.6	409,129
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.0	115	114	0	1	200	208	118	26	352,661	70,524,199	54,672	0.8	614,631
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	35	18	9	9	75	189	389	24	5,217,355	390,495,652	1,053,498	16.1	11,017,018
Neuromuscular Agents	0.8	0.2	0.1	0.5	74	40	10	24	97	192	124	52	3,027,420	295,152,164	358,727	5.5	4,001,583
Nutritional Products	0.3	0.0	0.0	0.3	6	0	0	6	19	39	35	19	625,334	12,118,252	196,046	3.0	1,966,712
Hematological Agents	0.6	0.2	0.0	0.3	74	64	2	8	133	317	77	25	1,348,322	179,967,497	220,793	3.4	2,443,300
Topical Products	0.3	0.1	0.0	0.2	17	12	1	4	50	86	72	22	2,858,918	142,017,120	813,926	12.4	8,374,270
Miscellaneous Products	0.3	0.1	0.0	0.1	59	47	5	6	226	367	314	56	160,294	36,253,411	62,771	1.0	617,828
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	52	0	0	0	90,611	4,670,368	36,993	0.6	415,740
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.	52,738,537	4,797,762,257	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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 California, 0.9 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^{a, b, c}
 CALIFORNIA, 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	\$646,828,201	361,264	5.5	4,073,493	0.6	\$258	\$159
ULCER DRUGS	364,391,494	620,755	9.5	6,943,070	0.4	134	52
ANTIHYPERTENSIVE	354,946,524	533,359	8.2	6,080,272	0.4	133	58
ANTIVIRAL	274,140,760	115,956	1.8	1,252,745	0.5	445	219
ANTIDIABETIC	263,023,122	559,413	8.5	6,223,347	0.5	85	42
ANTICONVULSANT	255,539,150	333,073	5.1	3,742,812	0.6	115	68
ANTIDEPRESSANTS	234,633,616	573,485	8.8	6,357,906	0.5	76	37
ANTIHYPERTENSIVE	234,026,813	690,490	10.6	7,774,556	0.5	65	30
ANTIASTHMATIC	187,037,835	727,084	11.1	7,675,821	0.3	80	24
ANALGESICS - Narcotic	182,524,068	772,532	11.8	8,356,906	0.3	68	22
Total	2,997,091,583	5,287,411		58,480,928	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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