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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
FLORIDA, 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	3020102 (A)	558407 (E)	2461695 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	2800415 (B)	422660 (F)	2377755 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	2175069 (C)	391223 (G)	1783846 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	48527 (D)	45214 (H)	3313 (L)

Source: Data for this table are from the MAX 2005 file for Florida, 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 Florida in 2005 was \$2,470,551,221, of which \$290,883,986 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}
FLORIDA, 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	2,175,069	239,827	388,146	405,350	1,141,501	245	16,209,624	2,387,869	3,833,787	2,173,126	7,812,665	2,177
Age												
5 and younger	524,858	0	13,856	0	511,002	0	3,502,394	0	129,820	0	3,372,574	0
6-14	480,434	0	38,738	0	441,696	0	3,544,278	0	395,855	0	3,148,423	0
15-20	253,893	0	27,501	39,770	186,622	0	1,790,381	0	277,793	231,564	1,281,024	0
21-44	443,964	0	105,672	336,249	2,040	3	2,821,975	0	1,026,502	1,785,261	10,193	19
45-64	188,112	19	158,885	28,953	15	240	1,682,268	121	1,525,120	154,816	68	2,143
65-74	117,285	87,347	29,604	332	0	2	1,191,451	864,649	325,464	1,323	0	15
75-84	102,069	91,869	10,156	44	0	0	1,058,756	945,304	113,292	160	0	0
85 and older	64,326	60,591	3,733	2	0	0	617,736	577,794	39,940	2	0	0
Unknown	128	1	1	0	126	0	385	1	1	0	383	0
Gender												
Female	1,277,808	166,979	201,389	339,863	569,332	245	9,464,223	1,681,762	2,015,277	1,869,370	3,895,637	2,177
Male	895,829	72,797	186,719	65,480	570,833	0	6,739,433	705,821	1,818,345	303,733	3,911,534	0
Unknown	1,432	51	38	7	1,336	0	5,968	286	165	23	5,494	0
Race												
White	803,422	101,140	160,318	159,063	382,737	164	6,137,430	976,940	1,570,432	903,386	2,685,232	1,440
African American	582,663	37,568	95,001	116,782	333,269	43	4,276,741	378,013	936,333	631,227	2,330,769	399
Other/unknown	788,984	101,119	132,827	129,505	425,495	38	5,795,453	1,032,916	1,327,022	638,513	2,796,664	338
Use of Nursing Facilities^c												
Entire year	48,527	41,288	7,232	0	7	0	475,225	398,424	76,741	0	60	0
Part year	30,411	22,046	8,325	17	23	0	280,066	199,587	80,151	116	212	0
None	2,096,131	176,493	372,589	405,333	1,141,471	245	15,454,333	1,789,858	3,676,895	2,173,010	7,812,393	2,177
Maintenance Assistance Status												
Cash	921,027	101,553	308,035	188,739	322,700	0	7,483,050	1,094,579	3,080,624	987,834	2,320,013	0
Medically needy	26,234	441	2,952	16,909	5,932	0	145,816	4,037	24,790	86,389	30,600	0
Poverty-related	840,516	81,669	56,013	103,819	598,770	245	5,861,681	793,529	513,711	613,087	3,939,177	2,177
Other/unknown	387,292	56,164	21,146	95,883	214,099	0	2,719,077	495,724	214,662	485,816	1,522,875	0
Dual Medicare Status^d												
Full dual, all year	374,852	213,987	159,073	1,745	33	14	3,872,024	2,166,254	1,694,667	10,657	315	131
Full dual, part year	16,371	9,987	6,259	123	2	0	166,996	102,848	62,898	1,230	20	0
Non-dual, all year	1,783,846	15,853	222,814	403,482	1,141,466	231	12,170,604	118,767	2,076,222	2,161,239	7,812,330	2,046
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,612,586	225,201	336,137	288,854	762,149	245	14,302,161	2,320,183	3,559,869	1,820,141	6,599,791	2,177
FFS part year, with Rx claims	182,857	8,552	33,670	43,848	96,787	0	893,039	48,092	200,518	193,036	451,393	0
FFS part year, no Rx claims	379,626	6,074	18,339	72,648	282,565	0	1,014,424	19,594	73,400	159,949	761,481	0

Source: Data for this table are from the MAX 2005 file for Florida, 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^{a, b}
FLORIDA, 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	56.4	14.2	\$1,002	\$71	\$4,729	21.2	2,175,069
Age							
5 and younger	52.4	3.6	227	63	2,367	9.6	524,858
6-14	42.7	3.4	314	92	1,633	19.2	480,434
15-20	44.0	3.7	328	88	2,557	12.8	253,893
21-44	56.5	10.4	934	90	4,818	19.4	443,964
45-64	76.6	43.0	3,463	81	11,365	30.5	188,112
65-74	81.6	45.8	2,723	59	7,475	36.4	117,285
75-84	85.2	50.3	2,745	55	11,672	23.5	102,069
85 and older	88.3	50.6	2,504	50	19,669	12.7	64,326
Unknown	1.6	0.0	0	9	55	0.6	128
Basis of Eligibility^e							
Aged	83.3	46.2	2,498	54	12,383	20.2	239,827
Disabled	77.9	37.5	3,291	88	12,192	27.0	388,146
Adults	51.1	4.7	234	49	2,360	9.9	405,350
Children	45.2	3.0	182	62	1,423	12.8	1,141,501
Unknown	90.6	28.6	2,450	86	13,484	18.2	245
Gender							
Female	59.0	15.9	1,001	63	4,818	20.8	1,277,808
Male	52.6	11.8	1,005	85	4,606	21.8	895,829
Unknown	23.9	1.7	111	65	1,927	5.8	1,432
Race							
White	61.1	18.4	1,244	68	6,072	20.5	803,422
African American	49.4	9.4	698	74	3,967	17.6	582,663
Other/unknown	56.7	13.5	980	73	3,924	25.0	788,984
Use of Nursing Facilities^f							
Entire year	95.7	75.3	3,923	52	42,864	9.2	48,527
Part year	91.5	54.8	3,042	56	26,332	11.6	30,411
None	55.0	12.2	905	74	3,533	25.6	2,096,131
Maintenance Assistance Status							
Cash	61.1	18.9	1,408	75	5,158	27.3	921,027
Medically needy	56.0	13.6	1,191	88	5,031	23.7	26,234
Poverty related	51.8	9.4	589	63	3,198	18.4	840,516
Other/unknown	55.1	13.6	921	68	7,013	13.1	387,292

Source: Data for this table are from the MAX 2005 file for Florida, 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^{a, b}
 FLORIDA, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:							Mean \$, All Medicaid FFS \$ ^d	Number	
			Rx \$ as a Percentage of All Medicaid FFS \$ ^c	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	1.9	\$135	21.2	43.6	32.5	6.1	9.0	6.6	2.1	\$635	2,175,069	16,209,624
Age												
5 and younger	0.5	34	9.6	47.6	44.6	5.1	2.3	0.3	0.1	355	524,858	3,502,394
6-14	0.5	43	19.2	57.3	35.6	3.9	2.6	0.4	0.1	221	480,434	3,544,278
15-20	0.5	46	12.8	56.0	36.2	4.3	2.8	0.5	0.1	363	253,893	1,790,381
21-44	1.6	147	19.4	43.5	34.2	7.9	9.2	4.1	1.1	758	443,964	2,821,975
45-64	4.8	387	30.5	23.4	14.4	8.7	22.5	21.6	9.4	1,271	188,112	1,682,268
65-74	4.5	268	36.4	18.4	13.4	9.4	27.0	24.5	7.3	736	117,285	1,191,451
75-84	4.8	265	23.5	14.8	10.6	8.6	28.8	29.0	8.2	1,125	102,069	1,058,756
85 and older	5.3	261	12.7	11.7	8.8	8.1	29.8	32.7	8.9	2,048	64,326	617,736
Unknown	0.0	0	0.6	98.4	0.8	0.8	0.0	0.0	0.0	18	128	385
Basis of Eligibility^e												
Aged	4.6	251	20.2	16.7	11.8	9.1	28.3	26.7	7.4	1,244	239,827	2,387,869
Disabled	3.8	333	27.0	22.1	21.8	9.6	21.4	18.2	6.9	1,234	388,146	3,833,787
Adults	0.9	44	9.9	48.9	37.0	6.9	5.5	1.4	0.3	440	405,350	2,173,126
Children	0.4	27	12.8	54.8	39.0	4.0	1.9	0.2	0.1	208	1,141,501	7,812,665
Unknown	3.2	276	18.2	9.4	29.4	15.9	29.4	13.9	2.0	1,518	245	2,177
Gender												
Female	2.2	135	20.8	41.0	32.9	6.3	9.7	7.6	2.5	651	1,277,808	9,464,223
Male	1.6	134	21.8	47.4	32.1	5.9	8.0	5.1	1.6	612	895,829	6,739,433
Unknown	0.4	27	5.8	76.1	18.7	2.4	1.7	0.7	0.3	462	1,432	5,968
Race												
White	2.4	163	20.5	38.9	31.6	6.7	10.7	8.8	3.4	795	803,422	6,137,430
African American	1.3	95	17.6	50.6	32.8	5.0	6.6	4.0	1.1	541	582,663	4,276,741
Other/unknown	1.8	133	25.0	43.3	33.4	6.3	9.1	6.3	1.7	534	788,984	5,795,453
Use of Nursing Facilities^f												
Entire year	7.7	401	9.2	4.3	3.3	4.4	24.6	42.2	21.3	4,377	48,527	475,225
Part year	5.9	330	11.6	8.5	8.0	8.3	28.8	34.0	12.3	2,859	30,411	280,066
None	1.7	123	25.6	45.0	33.6	6.1	8.3	5.4	1.5	479	2,096,131	15,454,333
Maintenance Assistance Status												
Cash	2.3	173	27.3	38.9	29.8	7.3	12.4	9.0	2.6	635	921,027	7,483,050
Medically needy	2.4	214	23.7	44.0	28.8	7.2	10.5	6.8	2.8	905	26,234	145,816
Poverty related	1.4	85	18.4	48.2	35.6	5.1	5.8	4.0	1.3	459	840,516	5,861,681
Other/unknown	1.9	131	13.1	44.9	32.8	5.6	7.5	6.5	2.7	999	387,292	2,719,077

Source: Data for this table are from the MAX 2005 file for Florida, 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^{a, b, c}
 FLORIDA, 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	1.9	\$135	\$71	0.8	\$108	\$136	0.1	\$5	\$69	1.0	\$21	\$20
Age												
5 and younger	0.5	34	63	0.2	27	150	0.0	1	50	0.3	6	17
6-14	0.5	43	92	0.2	36	155	0.0	2	82	0.2	5	22
15-20	0.5	46	88	0.2	38	174	0.0	2	74	0.3	6	22
21-44	1.6	147	90	0.6	119	194	0.1	6	86	0.9	21	23
45-64	4.8	387	81	2.0	312	156	0.2	15	93	2.6	60	23
65-74	4.5	268	59	2.0	215	107	0.2	9	56	2.3	44	19
75-84	4.8	265	55	2.1	210	99	0.2	9	49	2.5	45	18
85 and older	5.3	261	50	2.1	198	94	0.3	12	47	2.9	50	18
Unknown	0.0	0	9	0.0	0	0	0.0	0	0	0.0	0	9
Basis of Eligibility^d												
Aged	4.6	251	54	2.0	198	98	0.2	9	50	2.4	44	18
Disabled	3.8	333	88	1.6	274	169	0.1	12	90	2.0	47	23
Adults	0.9	44	49	0.3	31	117	0.0	3	61	0.6	10	17
Children	0.4	27	62	0.2	21	123	0.0	1	60	0.2	4	18
Unknown	3.2	276	86	1.4	236	175	0.1	5	45	1.7	34	20
Gender												
Female	2.2	135	63	0.9	107	121	0.1	6	62	1.2	23	20
Male	1.6	134	85	0.7	111	163	0.1	5	87	0.8	18	22
Unknown	0.4	27	65	0.1	22	148	0.0	1	31	0.2	4	17
Race												
White	2.4	163	68	1.0	128	131	0.1	7	70	1.3	28	21
African American	1.3	95	74	0.5	77	150	0.0	4	79	0.7	14	20
Other/unknown	1.8	133	73	0.8	110	135	0.1	4	62	0.9	19	20
Use of Nursing Facilities^e												
Entire year	7.7	401	52	3.0	299	100	0.4	23	57	4.3	78	18
Part year	5.9	330	56	2.3	248	110	0.3	18	63	3.4	65	19
None	1.7	123	74	0.7	100	142	0.1	4	72	0.9	18	21
Maintenance Assistance Status												
Cash	2.3	173	75	1.0	141	142	0.1	6	74	1.2	26	21
Medically needy	2.4	214	88	1.0	174	174	0.1	9	106	1.3	31	23
Poverty related	1.4	85	63	0.5	66	121	0.1	4	64	0.7	15	20
Other/unknown	1.9	131	68	0.8	105	134	0.1	6	62	1.1	20	19

Source: Data for this table are from the MAX 2005 file for Florida, 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 Florida, 0.4 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}
 FLORIDA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-		Off-Patent Brand-		Patented Brand-		Off-Patent Brand-		Patented Brand-		Off-Patent Brand-		Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
	Total	Name	Name	Generic	Total	Name	Name	Generic	Total	Name	Name	Generic					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$40	\$33	\$3	\$4	\$121	\$284	\$93	\$24	2,545,236	\$308,944,926	775,959	35.7	7,671,996
Biologicals	0.2	0.2	0.0	0.0	206	199	4	3	873	877	1,628	463	42,802	37,364,847	18,011	0.8	181,095
Antineoplastic Agents	0.5	0.1	0.0	0.3	107	73	1	32	230	631	301	94	136,206	31,325,432	28,371	1.3	294,047
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	41	30	4	7	58	114	34	22	2,709,419	157,913,822	386,509	17.8	3,890,000
Cardiovascular Agents	1.7	0.7	0.0	0.9	70	55	0	14	42	75	31	15	6,594,619	275,131,369	376,627	17.3	3,934,072
Respiratory Agents	0.5	0.3	0.0	0.2	31	27	1	3	61	94	55	16	2,935,025	179,030,150	576,454	26.5	5,726,802
Gastrointestinal Agents	0.7	0.4	0.0	0.2	62	59	0	4	95	142	50	15	2,117,811	202,144,442	310,443	14.3	3,245,443
Genitourinary Agents	0.3	0.2	0.0	0.1	19	15	1	3	58	78	60	26	418,630	24,145,913	126,768	5.8	1,248,374
CNS Drugs	1.2	0.5	0.0	0.7	96	83	0	13	83	165	72	20	4,538,139	376,935,544	378,447	17.4	3,911,332
Stimulants/Anti-obesity/Aorexia	0.6	0.5	0.0	0.1	53	49	0	3	87	100	63	32	323,081	28,249,672	52,327	2.4	536,493
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.0	104	102	0	1	156	159	104	57	323,204	50,280,777	45,601	2.1	485,049
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	28	13	5	10	49	148	174	23	2,715,237	133,754,164	479,167	22.0	4,781,149
Neuromuscular Agents	0.8	0.2	0.0	0.5	57	40	2	15	74	164	98	30	1,626,058	119,547,164	198,924	9.1	2,083,845
Nutritional Products	0.4	0.0	0.0	0.4	6	1	0	5	14	18	17	14	709,097	9,853,936	173,027	8.0	1,606,079
Hematological Agents	0.7	0.3	0.0	0.4	90	83	1	6	124	278	31	15	1,054,497	130,836,886	138,335	6.4	1,446,465
Topical Products	0.4	0.2	0.0	0.2	18	14	1	4	50	85	57	21	1,923,000	96,777,668	518,162	23.8	5,264,278
Miscellaneous Products	0.4	0.1	0.0	0.2	62	44	5	13	165	372	330	55	87,797	14,478,963	23,246	1.1	233,047
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	25	0	0	0	120,457	2,951,560	36,509	1.7	398,055
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.	30,920,315	2,179,667,235	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Florida, 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 Florida, 0.4 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}
 FLORIDA, 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	\$246,956,092	185,448	8.5	2,004,356	0.6	\$218	\$123
ANTIVIRAL	201,184,904	69,626	3.2	730,459	0.6	473	275
ULCER DRUGS	165,465,413	317,299	14.6	3,373,102	0.5	99	49
ANTIASTHMATIC	115,513,304	476,049	21.9	4,851,808	0.3	75	24
ANTIHYPERLIPIDEMIC	111,981,945	206,978	9.5	2,290,049	0.5	92	49
ANTIDEPRESSANTS	101,903,110	307,482	14.1	3,238,395	0.5	59	31
ANTICONVULSANT	97,498,903	148,201	6.8	1,597,431	0.6	94	61
MISC. HEMATOLOGICAL	96,397,344	79,563	3.7	873,099	0.6	188	110
ANTIDIABETIC	87,534,222	209,793	9.6	2,228,779	0.7	60	39
ANTIHYPERTENSIVE	68,027,159	289,474	13.3	3,110,059	0.6	36	22
Total	1,292,462,396	2,289,913		24,297,537	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Florida, 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