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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
IOWA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
IOWA, 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]	428814 (A)	75263 (E)	353551 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	418750 (B)	65961 (F)	352789 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	416927 (C)	65961 (G)	350966 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	11992 (D)	11433 (H)	559 (L)

Source: Data for this table are from the MAX 2005 file for Iowa, released by CMS in 11/2008. 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 beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Iowa in 2005 was $419,706,362, of which $1,600,608 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 nonduals 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 seperately 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 ND.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]

IOWA, 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	**416,927**	**34,786**	**64,907**	**95,897**	**221,107**	**230**	**3,707,786**	**348,371**	**706,546**	**672,153**	**1,978,484**	**2,232**
Age												
5 and younger	92,893	0	2,099	192	90,602	0	799,100	0	20,840	1,528	776,732	0
6-14	95,306	0	5,561	83	89,662	0	914,617	0	62,338	753	851,526	0
15-20	50,187	0	4,385	6,948	38,854	0	435,670	0	48,516	50,481	336,673	0
21-44	102,079	0	23,532	76,558	1,938	51	819,979	0	259,237	547,082	13,185	475
45-64	41,212	0	28,912	12,079	46	175	386,172	0	311,978	72,113	356	1,725
65-74	10,386	9,985	358	35	4	4	109,195	105,815	3,165	172	11	32
75-84	11,966	11,923	43	0	0	0	120,565	120,220	345	0	0	0
85 and older	12,897	12,878	17	2	0	0	122,487	122,336	127	24	0	0
Unknown	1	0	0	0	1	0	1	0	0	0	1	0
Gender												
Female	239,741	25,331	32,803	71,618	109,759	230	2,121,200	256,608	358,998	522,319	981,043	2,232
Male	177,186	9,455	32,104	24,279	111,348	0	1,586,586	91,763	347,548	149,834	997,441	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	256,548	22,034	47,925	59,542	127,015	32	2,384,089	228,544	537,543	446,086	1,171,606	310
African American	29,736	667	4,448	7,106	17,511	4	274,078	7,221	47,487	53,884	165,444	42
Other/unknown	130,643	12,085	12,534	29,249	76,581	194	1,049,619	112,606	121,516	172,183	641,434	1,880
Use of Nursing Facilities[c]												
Entire year	11,992	10,645	1,341	3	3	0	126,538	111,352	15,142	8	36	0
Part year	7,338	6,315	989	22	11	1	64,944	54,333	10,268	222	109	12
None	397,597	17,826	62,577	95,872	221,093	229	3,516,304	182,686	681,136	671,923	1,978,339	2,220
Maintenance Assistance Status												
Cash	156,081	6,588	37,945	45,971	65,577	0	1,459,060	74,176	411,609	366,135	607,140	0
Medically needy	9,031	1,462	1,385	5,099	1,085	0	74,285	14,229	12,108	39,120	8,828	0
Poverty-related	126,430	584	662	14,016	110,938	230	1,046,657	6,169	6,629	77,945	953,682	2,232
Other/unknown	125,385	26,152	24,915	30,811	43,507	0	1,127,784	253,797	276,200	188,953	408,834	0
Dual Medicare Status[d]												
Full dual, all year	62,540	31,771	29,953	785	25	6	660,728	319,749	335,279	5,425	211	64
Full dual, part year	3,421	1,853	1,544	24	0	0	36,711	19,941	16,543	227	0	0
Non-dual, all year	350,966	1,162	33,410	95,088	221,082	224	3,010,347	8,681	354,724	666,501	1,978,273	2,168
Managed Care (MC) Status												
Fee-for-service (FFS) all year	386,681	34,786	64,718	87,924	199,024	229	3,446,436	348,371	704,817	609,578	1,781,444	2,226
FFS part year, with Rx claims	19,538	0	177	5,864	13,496	1	173,285	0	1,646	47,311	124,322	6
FFS part year, no Rx claims	7,760	0	12	1,245	6,503	0	58,224	0	83	7,350	50,791	0

Source: Data for this table are from the MAX 2005 file for Iowa, released by CMS in 11/2008. 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.

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
IOWA, 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	**69.1**	**15.8**	**$1,003**	**$64**	**$5,825**	**17.2**	**416,927**
Age							
5 and younger	69.2	3.9	201	52	2,116	9.5	92,893
6-14	60.4	5.3	436	82	2,318	18.8	95,306
15-20	63.5	7.0	505	72	4,063	12.4	50,187
21-44	70.3	14.3	1,047	74	6,327	16.6	102,079
45-64	73.5	43.0	3,053	71	13,132	23.3	41,212
65-74	88.8	61.6	3,331	54	14,620	22.8	10,386
75-84	91.1	62.2	2,927	47	17,429	16.8	11,966
85 and older	93.7	57.9	2,339	40	20,149	11.6	12,897
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility[e]							
Aged	91.7	60.7	2,837	47	17,638	16.1	34,786
Disabled	87.9	43.4	3,525	81	18,743	18.8	64,907
Adults	61.6	7.2	351	49	2,413	14.5	95,897
Children	63.2	4.3	256	59	1,643	15.6	221,107
Unknown	90.0	27.7	1,896	68	16,539	11.5	230
Gender							
Female	72.2	18.0	1,039	58	5,768	18.0	239,741
Male	64.8	12.7	954	75	5,903	16.2	177,186
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	73.2	18.9	1,231	65	6,944	17.7	256,548
African American	64.3	8.6	575	67	3,376	17.0	29,736
Other/unknown	62.1	11.4	652	57	4,185	15.6	130,643
Use of Nursing Facilities[f]							
Entire year	95.7	79.3	3,824	48	33,605	11.4	11,992
Part year	97.7	65.7	3,198	49	22,074	14.5	7,338
None	67.7	12.9	877	68	4,687	18.7	397,597
Maintenance Assistance Status							
Cash	75.2	16.4	1,112	68	5,004	22.2	156,081
Medically needy	54.8	17.2	1,147	67	4,138	27.7	9,031
Poverty related	59.5	3.6	185	52	1,401	13.2	126,430
Other/unknown	72.1	27.2	1,681	62	11,429	14.7	125,385

Source: Data for this table are from the MAX 2005 file for Iowa, released by CMS in 11/2008. 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.

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]

IOWA, 2005

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	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	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**1.8**	**$113**	**17.2**	**30.9**	**44.0**	**6.9**	**9.1**	**6.6**	**2.4**	**$655**	**416,927**	**3,707,786**
Age												
5 and younger	0.5	23	9.5	30.8	63.9	3.8	1.3	0.2	0.0	246	92,893	799,100
6-14	0.6	45	18.8	39.6	50.5	5.1	4.1	0.7	0.1	242	95,306	914,617
15-20	0.8	58	12.4	36.5	48.8	7.4	5.8	1.4	0.1	468	50,187	435,670
21-44	1.8	130	16.6	29.7	41.5	10.6	11.7	5.1	1.3	788	102,079	819,979
45-64	4.6	326	23.3	26.5	14.6	8.1	21.3	20.6	8.8	1,401	41,212	386,172
65-74	5.9	317	22.8	11.2	11.6	7.9	23.9	29.7	15.8	1,391	10,386	109,195
75-84	6.2	291	16.8	8.9	8.8	6.8	24.5	35.8	15.3	1,730	11,966	120,565
85 and older	6.1	246	11.6	6.3	6.8	7.5	28.9	38.3	12.1	2,122	12,897	122,487
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	1
Basis of Eligibility[e]												
Aged	6.1	283	16.1	8.3	8.9	7.4	26.0	35.1	14.3	1,761	34,786	348,371
Disabled	4.0	324	18.8	12.1	24.4	11.2	25.2	19.7	7.3	1,722	64,907	706,546
Adults	1.0	50	14.5	38.4	42.9	9.4	7.2	1.8	0.3	344	95,897	672,153
Children	0.5	29	15.6	36.8	55.8	4.5	2.5	0.3	0.0	184	221,107	1,978,484
Unknown	2.9	195	11.5	10.0	30.9	20.4	25.2	11.7	1.7	1,704	230	2,232
Gender												
Female	2.0	117	18.0	27.8	44.1	7.5	9.8	7.8	3.0	652	239,741	2,121,200
Male	1.4	107	16.2	35.2	43.9	6.1	8.2	5.0	1.6	659	177,186	1,586,586
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.0	133	17.7	26.8	43.8	7.8	10.8	7.8	3.0	747	256,548	2,384,089
African American	0.9	62	17.0	35.7	49.6	5.6	5.5	2.8	0.7	366	29,736	274,078
Other/unknown	1.4	81	15.6	37.9	43.2	5.4	6.5	5.1	1.8	521	130,643	1,049,619
Use of Nursing Facilities[f]												
Entire year	7.5	362	11.4	4.3	4.2	4.7	22.6	41.6	22.6	3,185	11,992	126,538
Part year	7.4	361	14.5	2.3	5.0	6.3	24.7	41.4	20.4	2,494	7,338	64,944
None	1.5	99	18.7	32.3	45.9	7.0	8.4	4.9	1.5	530	397,597	3,516,304
Maintenance Assistance Status												
Cash	1.8	119	22.2	24.8	47.9	8.5	10.7	6.1	2.0	535	156,081	1,459,060
Medically needy	2.1	140	27.7	45.2	23.3	7.0	12.9	9.2	2.4	503	9,031	74,285
Poverty related	0.4	22	13.2	40.5	52.7	4.4	2.0	0.3	0.1	169	126,430	1,046,657
Other/unknown	3.0	187	14.7	27.9	31.9	7.4	14.0	13.4	5.4	1,271	125,385	1,127,784

Source: Data for this table are from the MAX 2005 file for Iowa, released by CMS in 11/2008. 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.

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

IOWA, 2005

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**1.8**	**$113**	**$64**	**0.6**	**$82**	**$131**	**0.1**	**$12**	**$79**	**1.0**	**$19**	**$19**
Age												
5 and younger	0.5	23	52	0.1	17	122	0.0	2	54	0.3	5	17
6-14	0.6	45	82	0.3	38	137	0.0	3	82	0.2	5	19
15-20	0.8	58	72	0.3	45	140	0.1	6	64	0.4	7	18
21-44	1.8	130	74	0.6	96	158	0.2	15	86	1.0	20	20
45-64	4.6	326	71	1.7	236	140	0.3	35	106	2.6	55	21
65-74	5.9	317	54	2.1	227	110	0.4	30	71	3.4	60	18
75-84	6.2	291	47	2.1	201	98	0.5	31	60	3.6	59	16
85 and older	6.1	246	40	1.7	157	90	0.6	32	55	3.7	57	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	6.1	283	47	2.0	194	99	0.5	31	61	3.6	58	16
Disabled	4.0	324	81	1.5	244	159	0.3	32	104	2.1	47	22
Adults	1.0	50	49	0.3	33	114	0.1	7	67	0.6	9	15
Children	0.5	29	59	0.2	22	114	0.0	3	64	0.2	4	17
Unknown	2.9	195	68	0.9	144	152	0.2	16	92	1.7	36	21
Gender												
Female	2.0	117	58	0.7	83	121	0.2	13	73	1.2	21	18
Male	1.4	107	75	0.6	81	147	0.1	10	95	0.8	16	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.0	133	65	0.7	97	133	0.2	14	80	1.1	21	19
African American	0.9	62	67	0.3	47	144	0.1	6	90	0.5	10	18
Other/unknown	1.4	81	57	0.5	58	121	0.1	9	74	0.8	14	17
Use of Nursing Facilities[e]												
Entire year	7.5	362	48	2.3	242	105	0.7	43	63	4.5	77	17
Part year	7.4	361	49	2.3	242	105	0.6	42	67	4.5	77	17
None	1.5	99	68	0.5	74	137	0.1	10	84	0.8	15	19
Maintenance Assistance Status												
Cash	1.8	119	68	0.6	88	139	0.1	13	89	1.0	19	19
Medically needy	2.1	140	67	0.8	103	136	0.2	15	89	1.2	22	19
Poverty related	0.4	22	52	0.1	16	107	0.0	2	59	0.2	4	16
Other/unknown	3.0	187	62	1.1	136	127	0.3	19	75	1.7	31	19

Source: Data for this table are from the MAX 2005 file for Iowa, released by CMS in 11/2008. 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 Iowa, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

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

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

CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
IOWA, 2005

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$13	$8	$3	$3	$48	$109	$69	$18	584,115	$27,964,393	203,252	48.8	2,086,401
Biologicals	0.2	0.1	0.0	0.0	113	106	1	6	673	733	1,274	273	7,864	5,290,668	4,303	1.0	46,749
Antineoplastic Agents	0.6	0.1	0.0	0.5	120	98	1	21	194	652	183	46	16,655	3,223,075	2,574	0.6	26,877
Endocrine/Metabolic Drugs	0.7	0.2	0.1	0.3	34	22	7	5	50	101	50	15	624,280	31,045,036	86,930	20.9	901,401
Cardiovascular Agents	1.7	0.6	0.1	1.0	58	43	3	12	34	74	47	12	1,171,936	40,261,410	65,390	15.7	692,439
Respiratory Agents	0.4	0.2	0.0	0.2	25	21	1	4	57	104	41	16	564,745	32,314,789	125,081	30.0	1,302,890
Gastrointestinal Agents	0.6	0.2	0.0	0.4	40	31	1	8	61	156	86	18	398,328	24,330,570	58,199	14.0	614,762
Genitourinary Agents	0.4	0.2	0.1	0.1	28	22	4	3	67	92	55	22	99,377	6,629,482	22,314	5.4	233,532
CNS Drugs	1.3	0.6	0.1	0.6	122	100	9	14	95	161	112	23	1,243,164	118,613,067	93,259	22.4	970,788
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.1	75	68	4	3	100	111	95	33	170,805	16,998,223	21,172	5.1	226,270
Miscellaneous Psychological/ Neurological Agents	0.9	0.9	0.0	0.0	189	188	0	0	205	208	0	32	50,687	10,412,608	5,373	1.3	55,131
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	29	11	9	9	51	175	239	18	613,826	31,305,780	104,443	25.1	1,068,629
Neuromuscular Agents	0.9	0.3	0.1	0.5	75	48	10	17	87	168	98	36	428,366	37,107,246	46,019	11.0	495,052
Nutritional Products	0.5	0.0	0.1	0.4	10	0	3	7	20	32	34	17	140,682	2,797,068	27,753	6.7	271,758
Hematological Agents	0.8	0.2	0.2	0.4	84	72	5	7	99	297	33	15	146,324	14,546,143	16,459	3.9	172,532
Topical Products	0.3	0.1	0.0	0.1	10	6	1	3	41	81	52	17	289,944	11,784,229	108,325	26.0	1,140,795
Miscellaneous Products	0.4	0.2	0.0	0.2	80	61	6	13	208	370	265	66	14,953	3,113,304	3,606	0.9	38,833
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	25	0	0	0	15,001	368,663	4,982	1.2	54,600
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.	6,581,052	418,105,754	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Iowa, released by CMS in 11/2008. 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.medispan.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 Iowa, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, http://www.medispan.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]

IOWA, 2005

		Users		Among Users			
Top 10 Drug Groups	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	$75,497,073	43,642	10.5	480,665	0.8	$208	$157
ANTIDEPRESSANTS	35,846,003	91,750	22.0	973,656	0.6	59	37
ANTICONVULSANT	32,135,699	32,983	7.9	364,148	0.8	109	88
ANTIASTHMATIC	23,669,322	91,870	22.0	978,763	0.3	70	24
ANALGESICS - Narcotic	17,369,457	107,834	25.9	1,122,485	0.3	46	15
ANTIHYPERLIPIDEMIC	17,128,387	26,716	6.4	296,753	0.7	84	58
ULCER DRUGS	16,878,440	56,107	13.5	601,873	0.5	59	28
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	16,752,342	24,145	5.8	261,708	0.6	100	64
ANTIDIABETIC	16,527,182	32,229	7.7	348,134	0.8	63	47
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	10,405,554	6,286	1.5	65,536	0.8	205	159
Total	262,209,459	513,562		5,493,721	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Iowa, released by CMS in 11/2008. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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