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

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

Inclusion Criteria (2005)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	1217929 (A)	187827 (E)	1030102 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	1210284 (B)	180245 (F)	1030039 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	783620 (C)	179618 (G)	604002 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	22728 (D)	20884 (H)	1844 (L)

Source: Data for this table are from the MAX 2005 file for Missouri, released by CMS in 1/2009. 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 Missouri in 2005 was \$1,232,024,937, of which \$7,923,259 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

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

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

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

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

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

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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>783,620</b>	<b>95,118</b>	<b>191,129</b>	<b>164,998</b>	<b>331,814</b>	<b>561</b>	<b>6,739,882</b>	<b>967,055</b>	<b>1,961,754</b>	<b>1,118,603</b>	<b>2,687,426</b>	<b>5,044</b>
<b>Age</b>												
5 and younger	125,857	0	818	15	125,024	0	972,720	0	7,248	40	965,432	0
6-14	142,667	0	2,752	38	139,877	0	1,240,443	0	28,843	197	1,211,403	0
15-20	89,564	0	5,270	17,713	66,581	0	670,760	0	52,378	110,082	508,300	0
21-44	211,183	0	73,611	137,086	304	182	1,700,381	0	759,772	936,943	2,087	1,579
45-64	117,460	0	106,983	10,092	15	370	1,172,734	0	1,098,230	71,010	112	3,382
65-74	39,180	37,892	1,230	47	2	9	403,959	393,382	10,196	282	16	83
75-84	33,455	33,162	286	7	0	0	342,871	339,581	3,241	49	0	0
85 and older	24,245	24,064	179	0	2	0	235,962	234,092	1,846	0	24	0
Unknown	9	0	0	0	9	0	52	0	0	0	52	0
<b>Gender</b>												
Female	459,568	68,276	100,533	129,544	160,654	561	3,936,842	705,149	1,049,034	873,731	1,303,884	5,044
Male	324,050	26,842	90,594	35,454	171,160	0	2,803,030	261,906	912,710	244,872	1,383,542	0
Unknown	2	0	2	0	0	0	10	0	10	0	0	0
<b>Race</b>												
White	636,135	74,708	144,434	136,883	279,694	416	5,617,903	756,278	1,480,431	981,272	2,396,304	3,618
African American	119,327	15,838	40,075	20,617	42,685	112	907,749	164,140	416,319	92,163	233,997	1,130
Other/unknown	28,158	4,572	6,620	7,498	9,435	33	214,230	46,637	65,004	45,168	57,125	296
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	22,728	18,945	3,782	0	1	0	236,331	194,247	42,072	0	12	0
Part year	15,661	11,884	3,771	4	1	1	151,710	111,918	39,722	48	12	10
None	745,231	64,289	183,576	164,994	331,812	560	6,351,841	660,890	1,879,960	1,118,555	2,687,402	5,034
<b>Maintenance Assistance Status</b>												
Cash	341,791	17,273	69,665	117,166	137,687	0	2,996,407	197,574	776,856	844,154	1,177,823	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	140,041	1,539	2,760	27,338	107,843	561	1,035,274	15,829	29,041	123,196	862,164	5,044
Other/unknown	301,788	76,306	118,704	20,494	86,284	0	2,708,201	753,652	1,155,857	151,253	647,439	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	173,061	88,046	83,527	1,421	41	26	1,793,278	894,709	886,719	11,194	377	279
Full dual, part year	6,557	2,665	3,872	20	0	0	71,843	28,462	43,179	202	0	0
Non-dual, all year	604,002	4,407	103,730	163,557	331,773	535	4,874,761	43,884	1,031,856	1,107,207	2,687,049	4,765
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	648,928	95,053	187,716	119,494	246,109	556	6,297,487	966,680	1,942,457	990,827	2,392,511	5,012
FFS part year, with Rx claims	43,996	49	2,680	16,266	24,998	3	225,630	316	16,189	55,266	153,840	19
FFS part year, no Rx claims	90,696	16	733	29,238	60,707	2	216,765	59	3,108	72,510	141,075	13

Source: Data for this table are from the MAX 2005 file for Missouri, released by CMS in 1/2009. This table was produced on 04/23/2009.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

All Medicaid Beneficiaries

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

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>69.2</b>	<b>22.7</b>	<b>\$1,562</b>	<b>\$69</b>	<b>\$5,692</b>	<b>27.4</b>	<b>783,620</b>
<b>Age</b>							
5 and younger	60.9	4.1	214	52	2,016	10.6	125,857
6-14	58.3	5.0	372	75	1,519	24.5	142,667
15-20	57.0	5.9	474	80	2,653	17.9	89,564
21-44	68.4	18.1	1,489	82	5,330	27.9	211,183
45-64	85.8	54.7	4,036	74	11,312	35.7	117,460
65-74	87.2	59.2	3,428	58	10,076	34.0	39,180
75-84	89.5	61.7	3,296	53	13,690	24.1	33,455
85 and older	91.9	58.3	2,831	49	18,376	15.4	24,245
Unknown	11.1	0.2	2	11	219	1.1	9
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	89.2	60.1	3,243	54	13,465	24.1	95,118
Disabled	85.6	48.6	3,943	81	11,943	33.0	191,129
Adults	60.7	7.7	371	48	1,944	19.1	164,998
Children	58.3	4.6	294	64	1,715	17.2	331,814
Unknown	87.3	31.9	5,628	176	13,453	41.8	561
<b>Gender</b>							
Female	72.1	25.7	1,614	63	5,861	27.5	459,568
Male	65.2	18.5	1,488	81	5,453	27.3	324,050
Unknown	100.0	47.0	2,974	63	4,262	69.8	2
<b>Race</b>							
White	71.9	23.5	1,606	68	5,619	28.6	636,135
African American	57.3	19.3	1,408	73	6,405	22.0	119,327
Other/unknown	59.1	18.8	1,219	65	4,336	28.1	28,158
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	97.8	85.4	5,055	59	33,173	15.2	22,728
Part year	96.9	69.3	4,169	60	24,035	17.3	15,661
None	67.8	19.8	1,401	71	4,469	31.3	745,231
<b>Maintenance Assistance Status</b>							
Cash	69.0	19.0	1,306	69	4,405	29.6	341,791
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	57.7	4.6	279	61	1,643	17.0	140,041
Other/unknown	74.8	35.3	2,448	69	9,030	27.1	301,788

Source: Data for this table are from the MAX 2005 file for Missouri, released by CMS in 1/2009. This table was produced on 04/23/2009.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. In eight states (DE, IA, IL, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In eight states (DE, IA, IL, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability

or blindness. The children's group includes children receiving foster care and adoptive services.

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

All Medicaid Beneficiaries



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

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
<b>All</b>	<b>2.6</b>	<b>\$182</b>	<b>27.4</b>	<b>30.8</b>	<b>35.5</b>	<b>7.4</b>	<b>11.9</b>	<b>10.2</b>	<b>4.2</b>	<b>\$662</b>	<b>783,620</b>	<b>6,739,882</b>
<b>Age</b>												
5 and younger	0.5	28	10.6	39.1	54.1	4.8	1.8	0.1	0.0	261	125,857	972,720
6-14	0.6	43	24.5	41.7	49.1	5.0	3.6	0.5	0.1	175	142,667	1,240,443
15-20	0.8	63	17.9	43.0	43.8	7.1	4.8	1.1	0.2	354	89,564	670,760
21-44	2.3	185	27.9	31.6	35.4	10.0	13.3	7.4	2.3	662	211,183	1,700,381
45-64	5.5	404	35.7	14.2	14.3	8.7	24.0	26.1	12.7	1,133	117,460	1,172,734
65-74	5.7	333	34.0	12.8	11.1	8.0	24.8	29.7	13.5	977	39,180	403,959
75-84	6.0	322	24.1	10.5	8.8	7.0	25.9	34.1	13.6	1,336	33,455	342,871
85 and older	6.0	291	15.4	8.1	6.9	7.3	29.4	36.7	11.6	1,888	24,245	235,962
Unknown	0.0	0	1.1	88.9	11.1	0.0	0.0	0.0	0.0	38	9	52
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	5.9	319	24.1	10.8	9.2	7.5	26.3	33.0	13.1	1,324	95,118	967,055
Disabled	4.7	384	33.0	14.4	18.8	9.9	24.0	22.7	10.2	1,164	191,129	1,961,754
Adults	1.1	55	19.1	39.3	41.3	8.9	7.9	2.3	0.3	287	164,998	1,118,603
Children	0.6	36	17.2	41.7	49.7	5.2	2.9	0.4	0.1	212	331,814	2,687,426
Unknown	3.6	626	41.8	12.7	25.8	14.4	23.5	17.6	5.9	1,496	561	5,044
<b>Gender</b>												
Female	3.0	188	27.5	27.9	34.9	7.8	12.7	11.7	5.0	684	459,568	3,936,842
Male	2.1	172	27.3	34.8	36.3	6.9	10.9	8.1	3.0	630	324,050	2,803,030
Unknown	9.4	595	69.8	0.0	50.0	0.0	0.0	50.0	0.0	852	2	10
<b>Race</b>												
White	2.7	182	28.6	28.1	37.7	7.5	11.8	10.5	4.5	636	636,135	5,617,903
African American	2.5	185	22.0	42.7	25.7	7.2	12.7	9.2	2.6	842	119,327	907,749
Other/unknown	2.5	160	28.1	40.9	27.4	7.3	12.7	9.2	2.5	570	28,158	214,230
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	8.2	486	15.2	2.2	2.7	4.0	22.0	43.7	25.4	3,190	22,728	236,331
Part year	7.2	430	17.3	3.1	5.6	6.4	27.1	39.0	18.7	2,481	15,661	151,710
None	2.3	164	31.3	32.2	37.1	7.5	11.3	8.6	3.2	524	745,231	6,351,841
<b>Maintenance Assistance Status</b>												
Cash	2.2	149	29.6	31.0	39.6	8.2	10.8	7.4	3.0	503	341,791	2,996,407
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.6	38	17.0	42.3	48.2	5.6	3.2	0.6	0.1	222	140,041	1,035,274
Other/unknown	3.9	273	27.1	25.2	24.8	7.4	17.3	17.9	7.4	1,006	301,788	2,708,201

Source: Data for this table are from the MAX 2005 file for Missouri, released by CMS in 1/2009. This table was produced on 04/23/2009.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. In eight states (DE, IA, IL, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In eight states (DE, IA, IL, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

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

All Medicaid Beneficiaries

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

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>2.6</b>	<b>\$182</b>	<b>\$69</b>	<b>0.9</b>	<b>\$133</b>	<b>\$141</b>	<b>0.1</b>	<b>\$10</b>	<b>\$84</b>	<b>1.6</b>	<b>\$38</b>	<b>\$24</b>
<b>Age</b>												
5 and younger	0.5	28	52	0.2	20	121	0.0	2	42	0.3	6	19
6-14	0.6	43	75	0.3	34	131	0.0	3	71	0.3	6	23
15-20	0.8	63	80	0.3	49	169	0.1	4	65	0.4	10	23
21-44	2.3	185	82	0.8	138	179	0.1	11	101	1.4	36	26
45-64	5.5	404	74	2.0	293	149	0.2	24	109	3.3	87	27
65-74	5.7	333	58	2.1	237	114	0.2	17	71	3.4	78	23
75-84	6.0	322	53	2.2	230	106	0.3	16	56	3.6	76	21
85 and older	6.0	291	49	2.0	200	102	0.3	17	52	3.7	74	20
Unknown	0.0	0	11	0.0	0	0	0.0	0	0	0.0	0	11
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.9	319	54	2.1	226	108	0.3	17	60	3.5	76	22
Disabled	4.7	384	81	1.7	285	166	0.2	22	111	2.8	76	27
Adults	1.1	55	48	0.3	35	111	0.1	4	66	0.8	16	21
Children	0.6	36	64	0.2	28	127	0.0	2	57	0.3	7	21
Unknown	3.6	626	176	1.2	530	437	0.2	29	154	2.1	59	28
<b>Gender</b>												
Female	3.0	188	63	1.0	135	129	0.1	11	77	1.8	43	24
Male	2.1	172	81	0.8	130	164	0.1	9	100	1.2	33	26
Unknown	9.4	595	63	4.1	470	115	0.6	19	32	4.7	106	23
<b>Race</b>												
White	2.7	182	68	0.9	132	139	0.1	11	85	1.6	39	25
African American	2.5	185	73	0.9	141	155	0.1	8	83	1.5	36	24
Other/unknown	2.5	160	65	0.9	118	131	0.1	8	77	1.5	34	24
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	8.2	486	59	2.9	353	121	0.4	24	63	4.9	109	22
Part year	7.2	430	60	2.4	308	126	0.3	24	74	4.4	98	23
None	2.3	164	71	0.8	120	145	0.1	10	88	1.4	34	25
<b>Maintenance Assistance Status</b>												
Cash	2.2	149	69	0.8	110	144	0.1	8	80	1.3	31	24
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.6	38	61	0.2	28	130	0.0	2	61	0.4	8	21
Other/unknown	3.9	273	69	1.4	198	140	0.2	16	89	2.3	58	25

Source: Data for this table are from the MAX 2005 file for Missouri, released by CMS in 1/2009. 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 Missouri, 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007)

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

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

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

All Medicaid Beneficiaries

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Off-Brand-		Generic	Total	Off-Brand-		Generic	Total	Off-Brand-		Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Patented Brand-Name	Patent Brand-Name			Patented Brand-Name	Patent Brand-Name			Patented Brand-Name	Patent Brand-Name						
Anti-infective Agents	0.3	0.1	0.0	0.2	\$24	\$16	\$3	\$5	\$77	\$189	\$74	\$27	1,230,857	\$95,217,821	376,949	48.1	3,976,921
Biologicals	0.1	0.1	0.0	0.0	60	44	5	11	456	408	1,078	568	21,829	9,961,272	15,009	1.9	165,222
Antineoplastic Agents	0.6	0.2	0.0	0.4	205	166	13	27	321	870	542	62	66,722	21,400,892	10,067	1.3	104,288
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.4	45	32	5	8	57	107	47	21	1,723,733	97,563,534	206,205	26.3	2,181,671
Cardiovascular Agents	1.8	0.6	0.0	1.2	75	52	1	22	41	83	24	19	3,638,899	150,298,810	187,814	24.0	2,011,646
Respiratory Agents	0.6	0.3	0.0	0.3	36	30	1	5	63	105	52	18	1,633,091	102,896,121	270,111	34.5	2,887,265
Gastrointestinal Agents	0.6	0.1	0.0	0.5	35	26	0	8	56	199	49	17	907,928	50,816,984	136,033	17.4	1,470,738
Genitourinary Agents	0.4	0.3	0.0	0.1	32	27	1	4	74	93	71	30	272,102	20,030,764	59,119	7.5	631,276
CNS Drugs	1.3	0.6	0.0	0.7	124	105	1	18	95	173	81	27	3,047,362	289,223,704	219,796	28.0	2,330,291
Stimulants/Anti-obesity/Aorexia	0.7	0.6	0.0	0.1	73	67	0	5	101	114	59	40	146,932	14,781,291	19,214	2.5	203,120
Miscellaneous Psychological/Neurological Agents	0.9	0.8	0.0	0.0	165	164	0	1	192	195	130	35	168,276	32,252,082	18,421	2.4	195,838
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	41	15	11	15	59	161	230	27	1,914,157	112,374,767	257,123	32.8	2,724,991
Neuromuscular Agents	0.9	0.3	0.0	0.5	72	46	3	23	85	172	91	41	1,252,822	105,998,656	136,080	17.4	1,468,848
Nutritional Products	0.5	0.0	0.0	0.5	10	0	0	9	19	25	20	19	492,396	9,276,986	92,783	11.8	947,280
Hematological Agents	0.8	0.3	0.1	0.4	102	90	2	9	120	267	33	20	539,533	64,574,077	59,130	7.5	634,936
Topical Products	0.3	0.1	0.0	0.2	16	11	1	4	55	100	56	26	657,599	36,029,776	206,573	26.4	2,233,621
Miscellaneous Products	0.4	0.2	0.0	0.2	80	59	7	13	206	393	272	63	47,221	9,737,648	11,417	1.5	122,316
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	38	0	0	0	43,762	1,666,493	16,343	2.1	180,407
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>17,805,221</b>	<b>1,224,101,678</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2005 file for Missouri, released by CMS in 1/2009. 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.medspan.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 Missouri, 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2005.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 MISSOURI, 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	\$170,473,367	105,131	13.4	1,159,937	0.7	\$221	\$147
ANTIDEPRESSANTS	92,679,849	232,513	29.7	2,516,562	0.6	64	37
ANTICONVULSANT	87,522,863	102,385	13.1	1,122,876	0.7	109	78
ANTIASTHMATIC	68,563,328	211,343	27.0	2,305,090	0.4	78	30
ANALGESICS - Narcotic	66,928,881	315,279	40.2	3,413,863	0.4	54	20
ANTIHYPERLIPIDEMIC	60,186,177	96,995	12.4	1,074,693	0.6	87	56
ANTIDIABETIC	55,129,142	106,990	13.7	1,166,614	0.7	67	47
ANTIVIRAL	42,295,170	24,842	3.2	270,336	0.4	446	156
MISC. HEMATOLOGICAL	34,283,533	25,557	3.3	279,652	0.7	184	123
ANTIHYPERTENSIVE	32,403,224	131,859	16.8	1,436,976	0.7	34	23
Total	710,465,534	1,352,894		14,746,599	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Missouri, released by CMS in 1/2009. 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