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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
NORTH CAROLINA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NORTH CAROLINA, 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]	1601887 (A)	303568 (E)	1298319 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1507779 (B)	240536 (F)	1267243 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	1500058 (C)	240333 (G)	1259725 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	14330 (D)	13343 (H)	987 (L)

Source: Data for this table are from the MAX 2005 file for North Carolina, 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 beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for North Carolina in 2005 was $1,803,981,591, of which $79,328,289 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 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]

NORTH CAROLINA, 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	**1,500,058**	**139,113**	**259,576**	**277,036**	**824,333**	**0**	**13,646,413**	**1,449,467**	**2,703,106**	**2,036,007**	**7,457,833**	**0**
Age												
5 and younger	366,532	0	9,597	5	356,930	0	3,289,905	0	96,802	12	3,193,091	0
6-14	348,561	0	23,992	91	324,478	0	3,272,229	0	260,605	370	3,011,254	0
15-20	179,189	6	17,569	20,237	141,377	0	1,569,869	17	189,169	133,431	1,247,252	0
21-44	318,935	86	81,877	235,435	1,537	0	2,600,746	484	857,542	1,736,521	6,199	0
45-64	147,305	209	125,889	21,206	1	0	1,459,967	1,427	1,293,342	165,186	12	0
65-74	55,943	55,434	454	55	0	0	594,656	590,707	3,516	433	0	0
75-84	51,263	51,112	147	4	0	0	538,538	536,914	1,581	43	0	0
85 and older	32,319	32,266	51	2	0	0	320,475	319,918	549	8	0	0
Unknown	11	0	0	1	10	0	28	0	0	3	25	0
Gender												
Female	895,046	105,725	132,463	241,720	415,138	0	8,058,973	1,105,360	1,392,924	1,799,453	3,761,236	0
Male	605,012	33,388	127,113	35,316	409,195	0	5,587,440	344,107	1,310,182	236,554	3,696,597	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	647,680	71,837	115,924	129,887	330,032	0	5,733,017	726,709	1,175,548	929,813	2,900,947	0
African American	610,066	49,558	105,691	117,643	337,174	0	5,794,017	535,434	1,126,631	941,722	3,190,230	0
Other/unknown	242,312	17,718	37,961	29,506	157,127	0	2,119,379	187,324	400,927	164,472	1,366,656	0
Use of Nursing Facilities[c]												
Entire year	14,330	12,239	2,090	1	0	0	151,064	127,956	23,106	2	0	0
Part year	15,072	12,181	2,853	35	3	0	144,162	115,375	28,413	338	36	0
None	1,470,656	114,693	254,633	277,000	824,330	0	13,351,187	1,206,136	2,651,587	2,035,667	7,457,797	0
Maintenance Assistance Status												
Cash	566,763	61,984	170,395	165,885	168,499	0	5,430,809	671,405	1,846,168	1,311,079	1,602,157	0
Medically needy	11,424	6,127	2,724	1,998	575	0	98,444	55,264	25,248	13,836	4,096	0
Poverty-related	802,382	70,974	86,413	61,399	583,596	0	7,025,627	722,702	831,541	314,286	5,157,098	0
Other/unknown	119,489	28	44	47,754	71,663	0	1,091,533	96	149	396,806	694,482	0
Dual Medicare Status[d]												
Full dual, all year	233,353	131,729	99,637	1,962	25	0	2,475,190	1,384,320	1,073,399	17,225	246	0
Full dual, part year	6,980	3,739	3,217	24	0	0	75,369	39,900	35,241	228	0	0
Non-dual, all year	1,259,725	3,645	156,722	275,050	824,308	0	11,095,854	25,247	1,594,466	2,018,554	7,457,587	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,413,609	131,565	245,355	259,449	777,240	0	13,308,704	1,423,765	2,647,792	1,967,799	7,269,348	0
FFS part year, with Rx claims	67,031	7,197	12,942	14,874	32,018	0	266,166	24,456	50,363	59,682	131,665	0
FFS part year, no Rx claims	19,418	351	1,279	2,713	15,075	0	71,543	1,246	4,951	8,526	56,820	0

Source: Data for this table are from the MAX 2005 file for North Carolina, 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.

TABLE 3

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

NORTH CAROLINA, 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	**71.8**	**16.2**	**$1,150**	**$71**	**$5,231**	**22.0**	**1,500,058**
Age							
5 and younger	68.5	4.3	227	53	2,151	10.5	366,532
6-14	61.8	5.1	413	81	2,355	17.5	348,561
15-20	64.1	6.1	454	74	3,839	11.8	179,189
21-44	75.3	15.5	1,258	81	5,931	21.2	318,935
45-64	86.1	47.4	3,654	77	12,545	29.1	147,305
65-74	91.2	56.6	3,598	64	10,016	35.9	55,943
75-84	93.0	58.7	3,471	59	13,116	26.5	51,263
85 and older	93.8	55.3	3,022	55	17,884	16.9	32,319
Unknown	18.2	0.4	12	32	360	3.2	11
Basis of Eligibility[e]							
Aged	92.5	57.0	3,417	60	12,997	26.3	139,113
Disabled	84.1	38.3	3,375	88	14,044	24.0	259,576
Adults	72.7	10.3	582	57	3,308	17.6	277,036
Children	64.1	4.4	257	58	1,792	14.4	824,333
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	74.4	18.9	1,246	66	5,305	23.5	895,046
Male	67.9	12.4	1,008	82	5,122	19.7	605,012
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	77.5	21.0	1,496	71	6,177	24.2	647,680
African American	68.9	13.0	907	70	4,740	19.1	610,066
Other/unknown	64.0	11.6	835	72	3,940	21.2	242,312
Use of Nursing Facilities[f]							
Entire year	97.2	81.8	5,107	62	46,219	11.0	14,330
Part year	98.0	66.2	4,296	65	28,767	14.9	15,072
None	71.3	15.1	1,079	72	4,591	23.5	1,470,656
Maintenance Assistance Status							
Cash	77.0	22.4	1,674	75	6,825	24.5	566,763
Medically needy	86.6	47.3	3,243	69	24,322	13.3	11,424
Poverty related	68.0	12.6	844	67	4,128	20.5	802,382
Other/unknown	71.2	8.1	515	64	3,252	15.8	119,489

Source: Data for this table are from the MAX 2005 file for North Carolina, 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.

TABLE 4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]
NORTH CAROLINA, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: 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]	Number: Beneficiaries	Number: Benefit Months
All	**1.8**	**$126**	**22.0**	**28.2**	**44.2**	**7.8**	**10.8**	**6.4**	**2.7**	**$575**	**1,500,058**	**13,646,413**
Age												
5 and younger	0.5	25	10.5	31.5	61.6	4.8	1.9	0.2	0.0	240	366,532	3,289,905
6-14	0.5	44	17.5	38.2	51.1	5.6	4.1	0.8	0.2	251	348,561	3,272,229
15-20	0.7	52	11.8	35.9	50.3	7.2	5.2	1.1	0.3	438	179,189	1,569,869
21-44	1.9	154	21.2	24.7	41.1	12.3	14.6	5.3	2.0	727	318,935	2,600,746
45-64	4.8	369	29.1	13.9	16.2	10.3	27.2	21.6	10.7	1,266	147,305	1,459,967
65-74	5.3	338	35.9	8.8	11.8	9.1	30.5	27.8	12.2	942	55,943	594,656
75-84	5.6	330	26.5	7.0	9.2	8.5	31.8	31.1	12.4	1,249	51,263	538,538
85 and older	5.6	305	16.9	6.2	8.5	8.6	33.6	31.6	11.4	1,804	32,319	320,475
Unknown	0.1	5	3.2	81.8	18.2	0.0	0.0	0.0	0.0	141	11	28
Basis of Eligibility[e]												
Aged	5.5	328	26.3	7.5	10.1	8.8	31.7	29.8	12.1	1,247	139,113	1,449,467
Disabled	3.7	324	24.0	15.9	24.9	10.9	23.9	16.6	7.8	1,349	259,576	2,703,106
Adults	1.4	79	17.6	27.3	45.1	12.1	11.7	2.9	0.9	450	277,036	2,036,007
Children	0.5	28	14.4	35.9	55.7	5.1	2.8	0.4	0.1	198	824,333	7,457,833
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.1	138	23.5	25.6	43.1	8.2	12.0	7.7	3.4	589	895,046	8,058,973
Male	1.3	109	19.7	32.1	45.9	7.0	8.9	4.5	1.7	555	605,012	5,587,440
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.4	169	24.2	22.5	42.0	9.2	13.5	8.5	4.3	698	647,680	5,733,017
African American	1.4	96	19.1	31.1	46.2	7.1	9.2	5.0	1.4	499	610,066	5,794,017
Other/unknown	1.3	96	21.2	36.0	45.1	5.7	7.3	4.3	1.6	450	242,312	2,119,379
Use of Nursing Facilities[f]												
Entire year	7.8	484	11.0	2.8	3.1	4.4	24.5	40.1	25.1	4,384	14,330	151,064
Part year	6.9	449	14.9	2.0	6.0	7.4	29.7	36.9	18.0	3,008	15,072	144,162
None	1.7	119	23.5	28.7	45.0	7.8	10.4	5.8	2.3	506	1,470,656	13,351,187
Maintenance Assistance Status												
Cash	2.3	175	24.5	23.0	39.3	9.5	15.3	9.1	3.8	712	566,763	5,430,809
Medically needy	5.5	376	13.3	13.4	15.7	9.1	24.4	24.1	13.5	2,822	11,424	98,444
Poverty related	1.4	96	20.5	32.0	46.8	6.3	7.8	4.9	2.1	471	802,382	7,025,627
Other/unknown	0.9	56	15.8	28.8	52.5	9.2	7.6	1.5	0.4	356	119,489	1,091,533

Source: Data for this table are from the MAX 2005 file for North Carolina, 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.

TABLE 5

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

NORTH CAROLINA, 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**	**$126**	**$71**	**0.8**	**$98**	**$130**	**0.1**	**$6**	**$73**	**0.9**	**$22**	**$24**
Age												
5 and younger	0.5	25	53	0.2	19	112	0.0	1	49	0.3	6	20
6-14	0.5	44	81	0.3	37	125	0.0	2	76	0.2	5	24
15-20	0.7	52	74	0.3	41	137	0.0	3	72	0.4	8	22
21-44	1.9	154	81	0.7	120	163	0.1	8	94	1.1	26	24
45-64	4.8	369	77	2.0	282	138	0.2	20	93	2.5	66	26
65-74	5.3	338	64	2.4	263	112	0.2	14	57	2.7	61	23
75-84	5.6	330	59	2.4	255	105	0.3	13	45	2.9	62	22
85 and older	5.6	305	55	2.2	227	102	0.3	14	42	3.0	64	21
Unknown	0.1	5	32	0.1	4	37	0.0	0	0	0.0	1	16
Basis of Eligibility[d]												
Aged	5.5	328	60	2.4	252	107	0.3	14	48	2.8	62	22
Disabled	3.7	324	88	1.6	255	159	0.2	17	99	1.9	52	27
Adults	1.4	79	57	0.5	58	118	0.1	4	70	0.8	17	20
Children	0.5	28	58	0.2	22	104	0.0	1	60	0.3	5	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	2.1	138	66	0.9	106	122	0.1	7	67	1.1	26	23
Male	1.3	109	82	0.6	87	147	0.1	5	86	0.7	17	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.4	169	71	1.0	129	129	0.1	9	76	1.2	31	25
African American	1.4	96	70	0.6	76	130	0.1	4	66	0.7	16	22
Other/unknown	1.3	96	72	0.6	74	134	0.1	5	73	0.7	17	24
Use of Nursing Facilities[e]												
Entire year	7.8	484	62	3.0	354	117	0.5	25	47	4.2	105	25
Part year	6.9	449	65	2.7	334	122	0.4	22	52	3.7	93	25
None	1.7	119	72	0.7	92	131	0.1	6	76	0.9	21	24
Maintenance Assistance Status												
Cash	2.3	175	75	1.0	137	138	0.1	8	78	1.2	30	24
Medically needy	5.5	376	69	2.2	283	130	0.3	18	55	3.0	75	25
Poverty related	1.4	96	67	0.6	74	121	0.1	5	68	0.8	18	24
Other/unknown	0.9	56	64	0.4	44	118	0.0	2	64	0.5	10	20

Source: Data for this table are from the MAX 2005 file for North Carolina, 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 North Carolina, 25,854.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

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

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]

NORTH CAROLINA, 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	$19	$13	$2	$4	$70	$174	$75	$23	1,966,080	$137,304,912	699,224	46.6	7,138,159
Biologicals	0.4	0.3	0.0	0.0	485	412	34	39	1345	1,214	3,517	3,319	13,146	17,680,660	3,916	0.3	36,458
Antineoplastic Agents	0.5	0.1	0.0	0.3	101	73	0	28	213	586	132	80	76,463	16,253,568	15,412	1.0	160,886
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	37	27	3	6	56	104	38	21	2,237,595	125,348,572	332,427	22.2	3,425,660
Cardiovascular Agents	1.6	0.8	0.0	0.9	72	58	1	13	44	78	25	15	4,858,068	213,023,530	278,892	18.6	2,947,739
Respiratory Agents	0.5	0.3	0.0	0.2	30	24	2	4	60	89	59	18	2,950,662	176,250,516	577,268	38.5	5,937,974
Gastrointestinal Agents	0.6	0.4	0.0	0.2	69	60	1	8	109	158	74	33	1,671,284	182,848,330	254,688	17.0	2,661,636
Genitourinary Agents	0.3	0.2	0.0	0.1	22	18	1	3	67	86	64	31	342,364	22,785,257	99,957	6.7	1,018,660
CNS Drugs	1.0	0.5	0.0	0.5	100	87	1	12	100	176	148	24	3,202,362	319,201,802	308,243	20.5	3,192,749
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	68	64	1	3	104	115	92	34	412,603	42,747,890	61,664	4.1	630,212
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	125	122	0	4	195	201	103	97	177,228	34,573,432	26,121	1.7	275,553
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	33	16	5	12	58	178	224	27	2,542,588	148,281,158	441,388	29.4	4,494,658
Neuromuscular Agents	0.7	0.2	0.0	0.4	62	40	4	19	86	175	82	42	1,369,333	118,198,073	181,107	12.1	1,900,100
Nutritional Products	0.4	0.0	0.0	0.4	7	1	0	6	17	23	17	16	585,353	9,815,309	131,223	8.7	1,320,067
Hematological Agents	0.7	0.3	0.1	0.3	90	83	2	5	135	291	27	17	590,362	79,429,276	84,461	5.6	880,133
Topical Products	0.3	0.1	0.0	0.2	15	11	0	4	54	92	55	25	1,271,578	69,047,317	433,969	28.9	4,517,131
Miscellaneous Products	0.5	0.2	0.0	0.2	124	95	11	19	246	410	313	79	41,213	10,152,301	7,675	0.5	81,559
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	39	0	0	0	44,376	1,711,399	17,483	1.2	190,099
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.	24,352,658	1,724,653,302	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for North Carolina, 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.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 North Carolina, 25,854.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

NORTH CAROLINA, 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	$182,422,197	114,285	7.6	1,251,325	0.6	$245	$146
ULCER DRUGS	141,426,543	236,192	15.7	2,528,391	0.5	114	56
ANTICONVULSANT	95,537,326	130,288	8.7	1,411,282	0.6	110	68
ANTIASTHMATIC	94,396,650	361,614	24.1	3,890,739	0.3	79	24
ANTIDEPRESSANTS	88,537,758	248,875	16.6	2,641,644	0.5	67	34
ANTIHYPERLIPIDEMIC	81,967,392	127,910	8.5	1,411,186	0.6	98	58
ANALGESICS - Narcotic	76,120,168	500,096	33.3	5,300,806	0.3	49	14
ANTIDIABETIC	74,014,149	154,580	10.3	1,686,633	0.6	69	44
ANTIVIRAL	57,295,352	43,608	2.9	464,073	0.3	405	123
ANTIHYPERTENSIVE	51,869,960	200,547	13.4	2,186,883	0.6	39	24
Total	943,587,495	2,117,995		22,772,962	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for North Carolina, 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.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.