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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
SOUTH 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]	1012287 (A)	188798 (E)	823489 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	999134 (B)	178955 (F)	820179 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	956640 (C)	178750 (G)	777890 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	9375 (D)	8756 (H)	619 (L)

Source: Data for this table are from the MAX 2005 file for South 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 South Carolina in 2005 was $724,218,287, of which $1,818,896 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]
SOUTH 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	**956,640**	**126,080**	**144,255**	**228,658**	**457,208**	**439**	**9,495,538**	**1,374,457**	**1,566,674**	**2,156,471**	**4,395,029**	**2,907**
Age												
5 and younger	185,076	0	5,980	4	179,092	0	1,686,914	0	61,851	18	1,625,045	0
6-14	205,864	0	12,477	11	193,376	0	2,083,931	0	139,236	73	1,944,622	0
15-20	124,561	0	9,533	30,634	84,391	3	1,209,213	0	104,545	282,014	822,624	30
21-44	226,356	0	41,208	184,742	338	68	2,211,299	0	451,361	1,756,821	2,704	413
45-64	80,673	0	67,079	13,227	2	365	841,610	0	721,955	117,200	5	2,450
65-74	51,933	44,558	7,333	38	1	3	571,336	490,181	80,803	334	4	14
75-84	52,900	52,436	462	1	1	0	583,523	578,570	4,936	10	7	0
85 and older	29,269	29,085	183	1	0	0	307,682	305,694	1,987	1	0	0
Unknown	8	1	0	0	7	0	30	12	0	0	18	0
Gender												
Female	600,991	90,845	74,470	207,387	227,851	438	5,990,531	997,354	817,044	1,980,046	2,193,192	2,895
Male	355,578	35,212	69,779	21,267	229,319	1	3,504,365	376,874	749,583	176,377	2,201,519	12
Unknown	71	23	6	4	38	0	642	229	47	48	318	0
Race												
White	403,024	54,769	56,285	107,272	184,489	209	3,973,035	585,699	606,885	1,001,425	1,777,630	1,396
African American	451,236	37,092	63,942	113,732	236,256	214	4,482,899	406,193	699,345	1,093,846	2,282,114	1,401
Other/unknown	102,380	34,219	24,028	7,654	36,463	16	1,039,604	382,565	260,444	61,200	335,285	110
Use of Nursing Facilities[c]												
Entire year	9,375	8,083	1,292	0	0	0	100,927	86,250	14,677	0	0	0
Part year	7,671	6,716	954	1	0	0	74,420	64,647	9,761	12	0	0
None	939,594	111,281	142,009	228,657	457,208	439	9,320,191	1,223,560	1,542,236	2,156,459	4,395,029	2,907
Maintenance Assistance Status												
Cash	287,096	24,038	98,783	71,898	92,377	0	2,880,477	272,853	1,084,621	632,259	890,744	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	413,948	28,113	35,409	24,066	325,921	439	3,963,825	305,371	373,181	184,617	3,097,749	2,907
Other/unknown	255,596	73,929	10,063	132,694	38,910	0	2,651,236	796,233	108,872	1,339,595	406,536	0
Dual Medicare Status[d]												
Full dual, all year	176,788	112,686	62,451	1,627	8	16	1,966,968	1,254,554	696,692	15,515	78	129
Full dual, part year	1,962	1,089	866	7	0	0	21,201	11,816	9,321	64	0	0
Non-dual, all year	777,890	12,305	80,938	227,024	457,200	423	7,507,369	108,087	860,661	2,140,892	4,394,951	2,778
Managed Care (MC) Status												
Fee-for-service (FFS) all year	908,432	126,073	141,453	219,786	420,690	430	9,227,579	1,374,426	1,547,977	2,105,067	4,197,250	2,859
FFS part year, with Rx claims	26,602	7	2,231	6,281	18,075	8	176,273	31	15,866	40,209	120,122	45
FFS part year, no Rx claims	21,606	0	571	2,591	18,443	1	91,686	0	2,831	11,195	77,657	3

Source: Data for this table are from the MAX 2005 file for South 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]
SOUTH 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	**64.6**	**12.0**	**$755**	**$63**	**$3,422**	**22.1**	**956,640**
Age							
5 and younger	68.3	4.4	186	42	2,013	9.2	185,076
6-14	61.5	5.0	345	69	1,650	20.9	205,864
15-20	58.7	5.2	305	59	2,399	12.7	124,561
21-44	57.9	9.3	675	73	3,259	20.7	226,356
45-64	81.9	35.2	2,542	72	9,273	27.4	80,673
65-74	73.1	32.3	1,840	57	4,661	39.5	51,933
75-84	69.9	30.2	1,625	54	5,308	30.6	52,900
85 and older	66.9	27.2	1,352	50	8,664	15.6	29,269
Unknown	0.0	0.0	0	0	0	0.0	8
Basis of Eligibility[e]							
Aged	69.3	29.6	1,600	54	5,707	28.0	126,080
Disabled	81.8	30.5	2,450	80	9,920	24.7	144,255
Adults	53.6	5.9	274	46	1,658	16.5	228,658
Children	63.3	4.4	228	52	1,617	14.1	457,208
Unknown	70.4	13.7	777	57	10,471	7.4	439
Gender							
Female	64.5	13.1	763	58	3,264	23.4	600,991
Male	64.6	10.2	741	72	3,688	20.1	355,578
Unknown	35.2	3.5	165	47	1,038	15.9	71
Race							
White	68.0	14.1	880	63	3,795	23.2	403,024
African American	62.4	9.9	615	62	3,103	19.8	451,236
Other/unknown	60.5	13.4	881	66	3,355	26.2	102,380
Use of Nursing Facilities[f]							
Entire year	68.1	37.9	2,044	54	35,921	5.7	9,375
Part year	76.7	32.6	1,873	57	21,957	8.5	7,671
None	64.4	11.6	733	63	2,946	24.9	939,594
Maintenance Assistance Status							
Cash	73.9	17.0	1,146	67	4,717	24.3	287,096
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	67.4	9.6	564	59	2,252	25.0	413,948
Other/unknown	49.5	10.3	625	61	3,861	16.2	255,596

Source: Data for this table are from the MAX 2005 file for South 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]
SOUTH CAROLINA, 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	**1.2**	**$76**	**22.1**	**35.4**	**42.8**	**7.2**	**9.9**	**4.1**	**0.5**	**$345**	**956,640**	**9,495,538**
Age												
5 and younger	0.5	20	9.2	31.7	61.7	4.8	1.6	0.1	0.0	221	185,076	1,686,914
6-14	0.5	34	20.9	38.5	53.1	5.1	3.0	0.3	0.0	163	205,864	2,083,931
15-20	0.5	31	12.7	41.3	49.5	5.6	3.1	0.4	0.0	247	124,561	1,209,213
21-44	1.0	69	20.7	42.1	39.0	7.9	8.5	2.2	0.2	334	226,356	2,211,299
45-64	3.4	244	27.4	18.1	19.6	12.0	30.3	17.3	2.7	889	80,673	841,610
65-74	2.9	167	39.5	26.9	15.5	11.3	29.0	15.3	1.9	424	51,933	571,336
75-84	2.7	147	30.6	30.1	14.7	11.3	28.3	14.0	1.6	481	52,900	583,523
85 and older	2.6	129	15.6	33.1	15.3	10.5	26.8	12.9	1.3	824	29,269	307,682
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	8	30
Basis of Eligibility[e]												
Aged	2.7	147	28.0	30.7	15.2	11.1	27.7	13.8	1.6	524	126,080	1,374,457
Disabled	2.8	226	24.7	18.2	27.1	12.4	26.5	13.7	2.1	913	144,255	1,566,674
Adults	0.6	29	16.5	46.4	40.9	6.7	5.3	0.7	0.0	176	228,658	2,156,471
Children	0.5	24	14.1	36.7	56.4	4.8	2.0	0.1	0.0	168	457,208	4,395,029
Unknown	2.1	117	7.4	29.6	28.7	13.9	22.6	4.8	0.5	1,581	439	2,907
Gender												
Female	1.3	77	23.4	35.5	41.1	7.3	10.7	4.8	0.6	328	600,991	5,990,531
Male	1.0	75	20.1	35.4	45.7	7.1	8.5	3.0	0.4	374	355,578	3,504,365
Unknown	0.4	18	15.9	64.8	28.2	2.8	4.2	0.0	0.0	115	71	642
Race												
White	1.4	89	23.2	32.0	42.5	8.2	11.3	5.1	0.8	385	403,024	3,973,035
African American	1.0	62	19.8	37.6	44.8	6.1	8.0	3.2	0.3	312	451,236	4,482,899
Other/unknown	1.3	87	26.2	39.5	34.9	8.1	12.6	4.4	0.5	330	102,380	1,039,604
Use of Nursing Facilities[f]												
Entire year	3.5	190	5.7	31.9	16.7	4.7	17.7	22.1	6.8	3,337	9,375	100,927
Part year	3.4	193	8.5	23.3	18.1	10.1	26.4	18.9	3.2	2,263	7,671	74,420
None	1.2	74	24.9	35.6	43.3	7.2	9.7	3.8	0.5	297	939,594	9,320,191
Maintenance Assistance Status												
Cash	1.7	114	24.3	26.1	41.6	9.9	15.2	6.4	0.8	470	287,096	2,880,477
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.0	59	25.0	32.6	50.8	6.1	7.1	3.0	0.3	235	413,948	3,963,825
Other/unknown	1.0	60	16.2	50.5	31.2	6.0	8.4	3.4	0.6	372	255,596	2,651,236

Source: Data for this table are from the MAX 2005 file for South 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]
SOUTH 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	**1.2**	**$76**	**$63**	**0.5**	**$59**	**$123**	**0.0**	**$3**	**$75**	**0.7**	**$14**	**$20**
Age												
5 and younger	0.5	20	42	0.2	14	84	0.0	1	50	0.3	6	19
6-14	0.5	34	69	0.2	28	114	0.0	2	69	0.2	5	21
15-20	0.5	31	59	0.2	25	115	0.0	2	57	0.3	5	18
21-44	1.0	69	73	0.3	54	156	0.0	3	92	0.6	12	21
45-64	3.4	244	72	1.3	189	148	0.1	10	110	2.0	45	22
65-74	2.9	167	57	1.2	133	108	0.1	4	64	1.6	30	18
75-84	2.7	147	54	1.2	118	100	0.1	4	51	1.5	25	17
85 and older	2.6	129	50	1.0	100	97	0.1	4	50	1.5	24	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	2.7	147	54	1.1	117	102	0.1	4	55	1.5	26	17
Disabled	2.8	226	80	1.1	179	163	0.1	9	108	1.6	37	23
Adults	0.6	29	46	0.2	21	97	0.0	2	64	0.4	7	17
Children	0.5	24	52	0.2	18	95	0.0	1	57	0.2	5	19
Unknown	2.1	117	57	0.7	92	136	0.0	2	62	1.3	23	17
Gender												
Female	1.3	77	58	0.5	59	115	0.0	3	69	0.7	14	19
Male	1.0	75	72	0.4	60	139	0.0	3	88	0.6	13	22
Unknown	0.4	18	47	0.2	13	86	0.0	1	49	0.2	4	19
Race												
White	1.4	89	63	0.6	68	121	0.1	4	81	0.8	17	21
African American	1.0	62	62	0.4	50	127	0.0	2	67	0.6	10	18
Other/unknown	1.3	87	66	0.6	70	119	0.0	3	71	0.7	14	20
Use of Nursing Facilities[e]												
Entire year	3.5	190	54	1.3	140	111	0.1	8	61	2.1	42	20
Part year	3.4	193	57	1.2	144	117	0.1	8	66	2.0	41	21
None	1.2	74	63	0.5	58	124	0.0	3	76	0.7	13	20
Maintenance Assistance Status												
Cash	1.7	114	67	0.6	90	140	0.1	4	83	1.0	20	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.0	59	59	0.4	45	116	0.0	3	73	0.6	11	20
Other/unknown	1.0	60	61	0.4	48	106	0.0	2	65	0.5	10	21

Source: Data for this table are from the MAX 2005 file for South 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 South Carolina, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

combined. For information about this classification method, see Wolters Kluwer Health, http://www.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]
SOUTH 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	0.2	0.1	0.0	0.1	$17	$13	$2	$3	$72	$178	$73	$19	968,106	$69,458,679	371,895	38.9	4,058,564
Biologicals	0.2	0.1	0.0	0.1	294	5	37	252	1862	80	1,491	3,858	679	1,264,464	368	0.0	4,294
Antineoplastic Agents	0.5	0.2	0.0	0.3	118	99	0	19	259	622	121	64	38,102	9,885,446	7,554	0.8	84,109
Endocrine/Metabolic Drugs	0.6	0.3	0.0	0.3	31	25	1	5	54	97	46	18	1,272,971	68,221,265	196,045	20.5	2,176,449
Cardiovascular Agents	1.4	0.6	0.0	0.8	60	50	0	10	42	81	20	12	2,669,508	113,310,861	168,260	17.6	1,893,703
Respiratory Agents	0.4	0.2	0.0	0.2	20	16	1	3	55	96	40	18	1,202,821	66,184,135	299,706	31.3	3,269,614
Gastrointestinal Agents	0.4	0.2	0.0	0.3	28	25	0	3	65	148	44	12	569,323	36,963,686	118,746	12.4	1,318,983
Genitourinary Agents	0.3	0.2	0.0	0.1	18	14	1	3	61	80	67	28	173,621	10,610,345	53,952	5.6	597,626
CNS Drugs	0.8	0.4	0.0	0.4	74	65	0	9	92	177	99	20	1,364,198	125,115,442	151,986	15.9	1,687,300
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	60	56	0	4	97	109	81	37	247,080	24,044,285	36,003	3.8	398,339
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	121	120	0	1	187	195	87	36	86,094	16,097,216	11,799	1.2	133,020
Analgesics and Anesthetics	0.4	0.1	0.0	0.4	23	10	4	9	53	180	242	26	1,115,739	59,069,353	235,848	24.7	2,600,009
Neuromuscular Agents	0.6	0.2	0.0	0.4	50	33	2	15	81	169	78	37	603,898	48,975,566	87,898	9.2	983,411
Nutritional Products	0.4	0.1	0.0	0.3	5	1	0	4	14	24	15	12	273,396	3,784,281	66,734	7.0	727,276
Hematological Agents	0.6	0.3	0.0	0.3	60	55	1	4	107	200	33	16	293,965	31,412,313	46,188	4.8	519,620
Topical Products	0.2	0.1	0.0	0.1	13	9	0	3	53	85	51	25	559,300	29,617,404	214,964	22.5	2,356,367
Miscellaneous Products	0.5	0.3	0.0	0.2	173	139	8	27	320	520	167	117	22,410	7,167,734	3,644	0.4	41,371
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	35	0	0	0	35,156	1,216,916	12,724	1.3	143,938
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.	11,496,367	722,399,391	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for South 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 South Carolina, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, http://www.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]
SOUTH 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	$78,280,184	48,329	5.1	546,766	0.6	$234	$143
ANTIHYPERLIPIDEMIC	47,581,468	77,785	8.1	896,093	0.6	94	53
ANTIASTHMATIC	42,410,981	171,941	18.0	1,904,502	0.3	78	22
ANTICONVULSANT	42,038,280	61,741	6.5	696,739	0.6	101	60
ANTIDIABETIC	41,320,695	91,623	9.6	1,040,619	0.6	67	40
ANTIDEPRESSANTS	38,219,453	117,381	12.3	1,306,331	0.5	63	29
ANTIVIRAL	33,449,096	22,865	2.4	254,056	0.3	423	132
ANALGESICS - Narcotic	32,685,107	254,431	26.6	2,824,588	0.3	46	12
ANTIHYPERTENSIVE	31,431,087	130,834	13.7	1,489,753	0.6	36	21
ULCER DRUGS	24,792,076	101,815	10.6	1,134,924	0.4	61	22
Total	412,208,427	1,078,745		12,094,371	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for South 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.