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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
TEXAS, 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]	4103270 (A)	585171 (E)	3518099 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	3812455 (B)	386704 (F)	3425751 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	3637354 (C)	384216 (G)	3253138 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	58978 (D)	54015 (H)	4963 (L)

Source: Data for this table are from the MAX 2005 file for Texas, 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 Texas in 2005 was $2,419,943,278, of which $9,322,049 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

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

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

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

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

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

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

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

TEXAS, 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	**3,637,354**	**272,739**	**432,319**	**466,662**	**2,465,039**	**595**	**27,952,875**	**2,913,134**	**4,412,568**	**2,380,246**	**18,242,780**	**4,147**
Age												
5 and younger	1,208,266	1	20,201	8	1,188,056	0	8,896,694	4	197,898	23	8,698,769	0
6-14	1,016,563	1	52,974	333	963,255	0	7,848,643	10	559,512	1,626	7,287,495	0
15-20	425,247	0	34,423	77,219	313,603	2	2,998,264	0	358,277	384,109	2,255,866	12
21-44	491,786	8	133,213	358,138	111	316	3,185,387	74	1,366,592	1,816,035	603	2,083
45-64	219,742	72	188,562	30,858	12	238	2,085,576	481	1,905,592	177,715	44	1,744
65-74	107,713	105,642	1,942	90	0	39	1,163,125	1,144,833	17,335	649	0	308
75-84	103,822	103,125	685	12	0	0	1,125,847	1,120,332	5,447	68	0	0
85 and older	64,213	63,890	319	4	0	0	649,336	647,400	1,915	21	0	0
Unknown	2	0	0	0	2	0	3	0	0	0	3	0
Gender												
Female	2,051,055	191,139	219,890	423,850	1,215,581	595	15,492,759	2,054,742	2,266,277	2,158,345	9,009,248	4,147
Male	1,586,239	81,594	212,426	42,810	1,249,409	0	12,459,784	858,325	2,146,285	221,897	9,233,277	0
Unknown	60	6	3	2	49	0	332	67	6	4	255	0
Race												
White	913,948	116,954	150,803	136,717	509,169	305	7,217,455	1,216,285	1,567,799	709,006	3,722,237	2,128
African American	687,959	37,567	112,430	109,844	428,021	97	4,879,436	394,416	1,099,100	506,312	2,878,907	701
Other/unknown	2,035,447	118,218	169,086	220,101	1,527,849	193	15,855,984	1,302,433	1,745,669	1,164,928	11,641,636	1,318
Use of Nursing Facilities[c]												
Entire year	58,978	50,085	8,883	9	1	0	608,144	511,641	96,441	58	4	0
Part year	34,661	27,466	7,135	50	8	2	340,094	268,268	71,378	371	60	17
None	3,543,715	195,188	416,301	466,603	2,465,030	593	27,004,637	2,133,225	4,244,749	2,379,817	18,242,716	4,130
Maintenance Assistance Status												
Cash	817,283	173,496	394,785	77,733	171,269	0	7,704,114	1,925,238	4,013,948	385,001	1,379,927	0
Medically needy	83,127	0	0	82,601	526	0	543,075	0	0	541,169	1,906	0
Poverty-related	2,211,707	1,351	2,072	240,473	1,967,216	595	15,688,286	14,315	20,261	1,081,413	14,568,150	4,147
Other/unknown	525,237	97,892	35,462	65,855	326,028	0	4,017,400	973,581	378,359	372,663	2,292,797	0
Dual Medicare Status[d]												
Full dual, all year	374,011	259,945	111,564	2,408	44	50	4,010,632	2,788,174	1,207,808	13,876	360	414
Full dual, part year	10,205	6,697	3,486	22	0	0	102,778	67,475	35,061	242	0	0
Non-dual, all year	3,253,138	6,097	317,269	464,232	2,464,995	545	23,839,465	57,485	3,169,699	2,366,128	18,242,420	3,733
Managed Care (MC) Status												
Fee-for-service (FFS) all year	2,417,827	249,302	364,485	318,036	1,485,417	587	21,339,189	2,671,647	3,801,073	1,870,971	12,991,388	4,110
FFS part year, with Rx claims	539,446	3,590	21,237	87,284	427,329	6	1,574,162	13,836	95,101	212,123	1,253,071	31
FFS part year, no Rx claims	240,780	527	3,468	20,240	216,543	2	679,122	1,935	14,153	44,262	618,766	6

Source: Data for this table are from the MAX 2005 file for Texas, 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]
TEXAS, 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	**74.9**	**9.4**	**$663**	**$70**	**$3,510**	**18.9**	**3,637,354**
Age							
5 and younger	77.3	6.1	213	35	1,980	10.8	1,208,266
6-14	69.1	5.3	338	64	1,434	23.5	1,016,563
15-20	68.0	5.3	378	72	2,241	16.9	425,247
21-44	75.6	8.6	813	94	4,813	16.9	491,786
45-64	81.2	24.7	2,419	98	10,834	22.3	219,742
65-74	88.5	28.2	2,411	86	8,301	29.0	107,713
75-84	91.0	36.0	2,719	76	11,877	22.9	103,822
85 and older	92.6	44.4	2,748	62	16,991	16.2	64,213
Unknown	0.0	0.0	0	0	277	0.0	2
Basis of Eligibility[e]							
Aged	90.5	35.0	2,611	75	11,685	22.3	272,739
Disabled	81.0	21.1	2,305	109	11,720	19.7	432,319
Adults	75.1	5.4	281	52	2,396	11.7	466,662
Children	72.1	5.3	231	44	1,377	16.8	2,465,039
Unknown	28.9	2.1	182	85	2,404	7.6	595
Gender							
Female	76.7	10.3	704	68	3,649	19.3	2,051,055
Male	72.6	8.3	609	73	3,332	18.3	1,586,239
Unknown	23.3	8.1	503	62	4,112	12.2	60
Race							
White	76.7	14.0	1,094	78	5,597	19.5	913,948
African American	66.3	7.9	573	72	3,014	19.0	687,959
Other/unknown	77.0	7.9	500	63	2,742	18.2	2,035,447
Use of Nursing Facilities[f]							
Entire year	97.1	77.5	4,942	64	29,071	17.0	58,978
Part year	91.9	50.1	3,298	66	22,098	14.9	34,661
None	74.4	7.9	566	72	2,903	19.5	3,543,715
Maintenance Assistance Status							
Cash	80.6	15.9	1,565	99	6,552	23.9	817,283
Medically needy	71.5	6.6	457	69	2,965	15.4	83,127
Poverty related	73.1	5.2	216	42	1,306	16.5	2,211,707
Other/unknown	74.1	17.8	1,172	66	8,148	14.4	525,237

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

TEXAS, 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**	**$86**	**18.9**	**25.1**	**49.1**	**11.4**	**9.4**	**3.4**	**1.6**	**$457**	**3,637,354**	**27,952,875**
Age												
5 and younger	0.8	29	10.8	22.7	57.1	10.1	6.7	2.1	1.2	269	1,208,266	8,896,694
6-14	0.7	44	23.5	30.9	53.5	7.6	5.6	1.6	0.8	186	1,016,563	7,848,643
15-20	0.7	54	16.9	32.0	50.6	7.9	6.4	2.1	0.9	318	425,247	2,998,264
21-44	1.3	126	16.9	24.4	45.1	14.5	10.8	3.4	1.8	743	491,786	3,185,387
45-64	2.6	255	22.3	18.8	25.3	21.6	23.4	6.9	4.0	1,142	219,742	2,085,576
65-74	2.6	223	29.0	11.5	26.8	26.3	23.7	7.8	3.9	769	107,713	1,163,125
75-84	3.3	251	22.9	9.0	22.1	23.4	25.5	14.5	5.5	1,095	103,822	1,125,847
85 and older	4.4	272	16.2	7.4	15.1	15.7	29.5	25.5	6.8	1,680	64,213	649,336
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	184	2	3
Basis of Eligibility[e]												
Aged	3.3	244	22.3	9.5	22.4	22.7	25.8	14.5	5.2	1,094	272,739	2,913,134
Disabled	2.1	226	19.7	19.0	34.2	18.8	19.6	5.5	2.9	1,148	432,319	4,412,568
Adults	1.1	55	11.7	24.9	48.0	13.1	9.0	3.2	1.7	470	466,662	2,380,246
Children	0.7	31	16.8	27.9	54.9	8.5	5.8	1.8	1.0	186	2,465,039	18,242,780
Unknown	0.3	26	7.6	71.1	24.5	3.9	0.3	0.0	0.2	345	595	4,147
Gender												
Female	1.4	93	19.3	23.3	48.6	12.1	10.3	3.9	1.8	483	2,051,055	15,492,759
Male	1.1	78	18.3	27.4	49.8	10.5	8.2	2.7	1.3	424	1,586,239	12,459,784
Unknown	1.5	91	12.2	76.7	13.3	1.7	0.0	8.3	0.0	743	60	332
Race												
White	1.8	139	19.5	23.3	44.1	12.3	12.1	5.5	2.6	709	913,948	7,217,455
African American	1.1	81	19.0	33.7	43.1	9.5	8.8	3.3	1.6	425	687,959	4,879,436
Other/unknown	1.0	64	18.2	23.0	53.4	11.6	8.3	2.4	1.2	352	2,035,447	15,855,984
Use of Nursing Facilities[f]												
Entire year	7.5	479	17.0	2.9	2.9	4.4	25.2	45.3	19.3	2,819	58,978	608,144
Part year	5.1	336	14.9	8.1	10.1	10.9	32.2	29.6	9.0	2,252	34,661	340,094
None	1.0	74	19.5	25.6	50.3	11.5	8.9	2.4	1.3	381	3,543,715	27,004,637
Maintenance Assistance Status												
Cash	1.7	166	23.9	19.4	39.0	19.1	17.0	3.6	1.9	695	817,283	7,704,114
Medically needy	1.0	70	15.4	28.5	45.9	17.0	8.0	0.4	0.2	454	83,127	543,075
Poverty related	0.7	30	16.5	26.9	54.5	9.0	6.3	2.2	1.2	184	2,211,707	15,688,286
Other/unknown	2.3	153	14.4	25.9	42.8	8.7	10.6	8.6	3.4	1,065	525,237	4,017,400

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

TEXAS, 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**	**$86**	**$70**	**0.5**	**$66**	**$140**	**0.1**	**$5**	**$64**	**0.7**	**$15**	**$22**
Age												
5 and younger	0.8	29	35	0.2	18	77	0.1	3	35	0.5	8	16
6-14	0.7	44	64	0.3	34	121	0.1	4	56	0.3	7	20
15-20	0.7	54	72	0.3	42	145	0.1	4	66	0.4	7	19
21-44	1.3	126	94	0.5	100	202	0.1	8	102	0.8	18	24
45-64	2.6	255	98	1.1	200	185	0.1	13	134	1.4	42	29
65-74	2.6	223	86	1.2	179	148	0.1	8	90	1.3	36	28
75-84	3.3	251	76	1.5	201	132	0.1	9	76	1.7	42	25
85 and older	4.4	272	62	1.8	210	114	0.2	11	64	2.4	51	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	3.3	244	75	1.5	194	132	0.1	9	76	1.7	42	25
Disabled	2.1	226	109	0.9	183	206	0.1	12	127	1.1	31	29
Adults	1.1	55	52	0.3	39	117	0.1	4	61	0.7	12	18
Children	0.7	31	44	0.2	21	91	0.1	3	42	0.4	7	17
Unknown	0.3	26	85	0.1	20	181	0.0	3	111	0.2	4	23
Gender												
Female	1.4	93	68	0.5	71	136	0.1	6	65	0.8	17	22
Male	1.1	78	73	0.4	60	147	0.1	5	62	0.6	12	22
Unknown	1.5	91	62	0.6	75	128	0.1	2	25	0.8	14	17
Race												
White	1.8	139	78	0.7	108	147	0.1	8	84	0.9	23	24
African American	1.1	81	72	0.4	63	147	0.1	4	74	0.6	13	21
Other/unknown	1.0	64	63	0.4	48	131	0.1	5	52	0.6	12	21
Use of Nursing Facilities[e]												
Entire year	7.5	479	64	3.2	373	117	0.2	17	70	4.1	89	22
Part year	5.1	336	66	2.1	257	123	0.2	14	83	2.9	65	23
None	1.0	74	72	0.4	57	145	0.1	5	63	0.6	13	22
Maintenance Assistance Status												
Cash	1.7	166	99	0.7	134	184	0.1	8	101	0.9	24	27
Medically needy	1.0	70	69	0.3	52	153	0.0	4	85	0.6	13	21
Poverty related	0.7	30	42	0.2	20	88	0.1	3	41	0.4	7	17
Other/unknown	2.3	153	66	1.0	118	124	0.1	7	71	1.3	28	22

Source: Data for this table are from the MAX 2005 file for Texas, 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 Texas, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

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

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

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

TABLE 6

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

TEXAS, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	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			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$15	$9	$2	$4	$54	$107	$70	$22	4,733,640	$254,883,593	1,870,199	51.4	16,571,602
Biologicals	0.3	0.2	0.0	0.0	730	527	163	41	2513	2,351	3,950	1,610	1,728	4,342,912	774	0.0	5,946
Antineoplastic Agents	0.4	0.1	0.0	0.3	92	60	1	30	240	706	190	104	105,453	25,257,588	26,744	0.7	275,392
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.2	33	23	3	6	79	163	68	28	2,485,335	196,962,342	637,878	17.5	6,007,788
Cardiovascular Agents	1.0	0.4	0.0	0.5	62	51	0	11	64	120	56	20	4,328,540	278,110,356	425,522	11.7	4,473,889
Respiratory Agents	0.4	0.1	0.1	0.2	19	14	2	3	45	93	30	15	6,291,766	282,490,355	1,666,846	45.8	14,825,850
Gastrointestinal Agents	0.4	0.3	0.0	0.2	39	35	0	3	90	140	59	18	1,855,737	167,618,794	437,981	12.0	4,304,530
Genitourinary Agents	0.3	0.2	0.0	0.1	22	17	1	4	71	99	63	32	490,549	34,914,219	182,551	5.0	1,569,883
CNS Drugs	0.7	0.4	0.0	0.3	91	81	1	9	122	202	152	26	3,556,066	432,769,262	477,796	13.1	4,750,683
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	65	62	1	3	112	122	109	39	616,136	68,897,343	110,108	3.0	1,060,400
Miscellaneous Psychological/ Neurological Agents	0.7	0.7	0.0	0.0	131	130	0	1	179	182	145	69	328,878	58,989,129	42,211	1.2	449,708
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	14	7	2	5	44	201	237	18	3,538,071	154,359,745	1,170,761	32.2	10,674,841
Neuromuscular Agents	0.6	0.2	0.0	0.4	61	41	5	16	104	203	149	44	1,599,081	166,390,019	263,408	7.2	2,709,584
Nutritional Products	0.3	0.1	0.0	0.2	6	2	0	4	21	40	36	15	790,423	16,778,460	316,122	8.7	2,589,375
Hematological Agents	0.5	0.2	0.0	0.2	84	78	1	5	180	334	71	23	655,291	117,688,843	146,604	4.0	1,406,236
Topical Products	0.3	0.1	0.0	0.1	13	9	0	3	48	82	54	21	2,842,176	136,334,332	1,174,297	32.3	10,734,099
Miscellaneous Products	0.3	0.1	0.0	0.2	106	82	13	11	321	708	429	62	39,737	12,749,644	11,469	0.3	120,442
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	27	0	0	0	40,440	1,084,293	27,024	0.7	260,907
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.	34,299,047	2,410,621,229	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Texas, 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 Texas, 0.7 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]
TEXAS, 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	$274,995,633	185,115	5.1	1,962,537	0.5	$275	$140
ANTIASTHMATIC	145,862,179	878,442	24.2	8,343,781	0.2	72	17
ANTICONVULSANT	140,956,840	181,734	5.0	1,945,439	0.5	135	72
ULCER DRUGS	127,306,900	346,653	9.5	3,506,158	0.4	100	36
ANTIHYPERLIPIDEMIC	113,586,895	185,124	5.1	2,053,647	0.3	160	55
ANTIDEPRESSANTS	111,593,216	322,107	8.9	3,288,180	0.4	79	34
ANTIDIABETIC	111,402,255	253,166	7.0	2,732,423	0.4	96	41
DERMATOLOGICAL	80,990,273	1,191,396	32.8	11,416,963	0.2	45	7
MISC. HEMATOLOGICAL	75,440,403	62,752	1.7	690,107	0.4	250	109
ANTIHYPERTENSIVE	73,119,891	299,137	8.2	3,239,164	0.4	56	23
Total	1,255,254,485	3,905,626		39,178,399	n.a.	n.a.	n.a.

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