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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
UNITED STATES, 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) ^h
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	59302212 (A)	8938774 (E)	50363438 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	55309428 (B)	7550278 (F)	47759150 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	42599571 (C)	7018285 (G)	35581286 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	865173 (D)	786599 (H)	78574 (L)

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2005 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2005, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for the U.S. in 2005 was \$41,994,889,667, of which \$1,807,568,051 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

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

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2005. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and 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, which represents the dual study population. 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. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.4, 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.5.

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.

h. Characteristics of non-dual eligible beneficiaries represented in 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.

All Medicaid Beneficiaries

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
UNITED STATES, 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	42,599,571	4,188,143	7,294,919	10,335,137	20,749,664	31,708	352,160,164	42,838,325	76,573,477	72,174,123	160,301,012	273,227
Age												
5 and younger	8,901,974	29	211,651	919	8,689,371	4	65,858,299	108	2,050,199	4,330	63,803,634	28
6-14	8,706,080	33	549,412	2,019	8,154,614	2	72,572,978	139	5,843,731	11,271	66,717,826	11
15-20	5,214,651	37	426,100	1,034,439	3,753,304	771	40,627,190	220	4,464,408	7,087,335	29,069,888	5,339
21-44	10,565,169	288	2,257,116	8,234,354	61,462	11,949	81,554,267	2,061	23,702,453	57,471,011	285,256	93,486
45-64	4,352,317	2,610	3,284,780	1,045,565	1,094	18,268	41,862,321	24,453	34,150,713	7,515,129	4,501	167,525
65-74	1,919,504	1,502,540	409,413	6,624	217	710	20,189,113	15,527,732	4,608,067	45,749	764	6,801
75-84	1,715,462	1,587,193	127,310	836	120	3	18,018,943	16,571,073	1,441,636	5,716	482	36
85 and older	1,124,715	1,095,272	29,123	257	62	1	11,025,697	10,711,924	312,185	1,219	368	1
Unknown	99,699	141	14	10,124	89,420	0	451,356	615	85	32,363	418,293	0
Gender												
Female	25,590,528	2,960,539	3,766,548	8,455,656	10,376,099	31,686	211,482,165	30,561,724	40,025,473	60,413,752	80,208,159	273,057
Male	16,924,667	1,227,360	3,528,138	1,875,188	10,293,959	22	140,167,133	12,274,639	36,546,117	11,750,683	79,595,524	170
Unknown	84,376	244	233	4,293	79,606	0	510,866	1,962	1,887	9,688	497,329	0
Race												
White	19,218,492	2,353,747	3,785,498	4,364,459	8,697,670	17,118	164,239,623	23,570,830	39,679,766	30,553,225	70,293,902	141,900
African American	9,870,206	656,511	1,797,455	2,196,033	5,215,573	4,634	84,394,067	6,834,485	18,776,867	15,801,129	42,940,928	40,658
Other/unknown	13,510,873	1,177,885	1,711,966	3,774,645	6,836,421	9,956	103,526,474	12,433,010	18,116,844	25,819,769	47,066,182	90,669
Use of Nursing Facilities^c												
Entire year	865,173	708,477	155,973	460	258	5	8,771,164	7,065,567	1,699,970	3,471	2,127	29
Part year	571,412	413,497	151,181	4,914	1,733	87	5,441,406	3,852,313	1,537,118	38,788	12,324	863
None	41,162,986	3,066,169	6,987,765	10,329,763	20,747,673	31,616	337,947,594	31,920,445	73,336,389	72,131,864	160,286,561	272,335
Maintenance Assistance Status												
Cash	14,506,124	1,532,690	5,294,511	2,823,728	4,855,195	0	129,397,005	17,001,012	57,048,305	18,555,878	36,791,810	0
Medically needy	2,345,046	561,652	425,084	771,198	587,112	0	18,561,127	5,305,802	3,908,746	5,397,084	3,949,495	0
Poverty-related	13,940,285	561,770	664,228	1,306,304	11,376,275	31,708	110,235,595	5,645,093	6,453,830	6,989,955	90,873,490	273,227
Other/unknown	11,808,116	1,532,031	911,096	5,433,907	3,931,082	0	93,966,437	14,886,418	9,162,596	41,231,206	28,686,217	0
Dual Medicare Status^d												
Full dual, all year	6,741,518	3,754,080	2,898,999	85,557	1,518	1,364	71,215,641	38,720,593	31,752,569	717,770	11,001	13,708
Full dual, part year	276,767	151,295	123,109	2,340	23	0	2,863,441	1,561,150	1,279,781	22,354	156	0
Non-dual, all year	35,581,286	282,768	4,272,811	10,247,240	20,748,123	30,344	278,081,082	2,556,582	43,541,127	71,433,999	160,289,855	259,519
Managed Care (MC) Status												
Fee-for-service (FFS) all year	33,036,203	4,056,731	6,747,688	7,762,113	14,438,294	31,377	304,690,492	42,018,787	72,934,811	60,050,829	129,414,792	271,273
FFS part year, with Rx claims	3,247,570	70,742	278,111	1,003,138	1,895,371	208	13,473,123	361,394	1,463,584	3,860,475	7,786,347	1,323
FFS part year, no Rx claims	4,334,334	30,005	120,979	1,060,718	3,122,539	93	12,345,426	106,766	439,602	2,860,914	8,937,799	345

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/15/2009.

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}
UNITED STATES, 2005
Beneficiary Characteristics

All	61.1	13.5	\$943	\$70	\$5,113	18.5	42,599,571
Age							
5 and younger	58.4	3.6	172	47	1,999	8.6	8,901,974
6-14	54.3	4.2	312	75	1,790	17.4	8,706,080
15-20	51.2	4.4	325	75	2,596	12.5	5,214,651
21-44	56.6	10.1	839	83	4,712	17.8	10,565,169
45-64	78.6	38.4	3,017	79	12,391	24.3	4,352,317
65-74	83.4	42.1	2,672	63	9,811	27.2	1,919,504
75-84	84.9	45.7	2,649	58	14,100	18.8	1,715,462
85 and older	84.5	45.3	2,286	51	21,433	10.7	1,124,715
Unknown	9.4	0.4	19	43	515	3.7	99,699
Basis of Eligibility^e							
Aged	83.6	43.1	2,459	57	14,319	17.2	4,188,143
Disabled	81.5	36.3	3,096	85	14,439	21.4	7,294,919
Adults	50.6	5.5	314	57	1,996	15.7	10,335,137
Children	54.5	3.6	193	55	1,522	12.7	20,749,664
Unknown	72.2	16.2	1,558	96	9,238	16.9	31,708
Gender							
Female	62.3	14.8	945	64	5,012	18.9	25,590,528
Male	59.4	11.7	945	81	5,288	17.9	16,924,667
Unknown	12.7	0.7	37	56	694	5.3	84,376
Race							
White	67.3	18.2	1,234	68	6,536	18.9	19,218,492
African American	59.2	10.7	752	70	4,423	17.0	9,870,206
Other/unknown	53.5	8.9	670	75	3,592	18.7	13,510,873
Use of Nursing Facilities^f							
Entire year	89.7	69.9	3,972	57	44,362	9.0	865,173
Part year	92.7	57.6	3,476	60	30,786	11.3	571,412
None	60.0	11.7	845	72	3,931	21.5	41,162,986
Maintenance Assistance Status							
Cash	68.1	19.4	1,492	77	6,539	22.8	14,506,124
Medically needy	64.6	18.1	1,296	72	11,533	11.2	2,345,046
Poverty related	60.2	6.6	399	60	2,216	18.0	13,940,285
Other/unknown	52.6	13.5	842	62	5,506	15.3	11,808,116

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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.

Benef(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; 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}
 UNITED STATES, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	1.6	\$114	18.5	38.9	37.0	6.9	9.6	5.7	1.9	\$619	42,599,571	352,160,164
Age												
5 and younger	0.5	23	8.6	41.6	50.4	4.8	2.4	0.5	0.2	270	8,901,974	65,858,299
6-14	0.5	37	17.4	45.7	45.4	4.7	3.3	0.6	0.2	215	8,706,080	72,572,978
15-20	0.6	42	12.5	48.8	41.3	5.2	3.7	0.8	0.2	333	5,214,651	40,627,190
21-44	1.3	109	17.8	43.4	34.9	7.8	9.1	3.8	1.1	610	10,565,169	81,554,267
45-64	4.0	314	24.3	21.4	18.4	10.7	24.5	18.1	6.9	1,288	4,352,317	41,862,321
65-74	4.0	254	27.2	16.6	17.0	12.0	27.8	20.0	6.6	933	1,919,504	20,189,113
75-84	4.3	252	18.8	15.1	13.9	11.1	29.0	23.4	7.6	1,342	1,715,462	18,018,943
85 and older	4.6	233	10.7	15.5	11.4	9.5	29.0	26.9	7.7	2,186	1,124,715	11,025,697
Unknown	0.1	4	3.7	90.6	5.8	1.3	1.4	0.6	0.2	114	99,699	451,356
Basis of Eligibility^e												
Aged	4.2	240	17.2	16.4	14.8	11.2	28.1	22.3	7.1	1,400	4,188,143	42,838,325
Disabled	3.5	295	21.4	18.5	24.3	11.4	23.8	16.3	5.7	1,376	7,294,919	76,573,477
Adults	0.8	45	15.7	49.4	35.5	6.6	6.0	1.9	0.6	286	10,335,137	72,174,123
Children	0.5	25	12.7	45.5	46.7	4.5	2.5	0.5	0.2	197	20,749,664	160,301,012
Unknown	1.9	181	16.9	27.8	33.7	13.5	18.2	6.1	0.7	1,072	31,708	273,227
Gender												
Female	1.8	114	18.9	37.7	36.5	7.0	10.1	6.4	2.2	606	25,590,528	211,482,165
Male	1.4	114	17.9	40.6	37.9	6.7	8.7	4.6	1.5	639	16,924,667	140,167,133
Unknown	0.1	6	5.3	87.3	10.4	1.3	0.7	0.2	0.0	115	84,376	510,866
Race												
White	2.1	144	18.9	32.7	36.7	7.7	11.9	8.1	3.0	765	19,218,492	164,239,623
African American	1.3	88	17.0	40.8	39.5	6.3	8.2	4.1	1.1	517	9,870,206	84,394,067
Other/unknown	1.2	88	18.7	46.5	35.8	6.0	7.3	3.4	1.0	469	13,510,873	103,526,474
Use of Nursing Facilities^f												
Entire year	6.9	392	9.0	10.3	6.3	4.9	21.7	36.5	20.3	4,376	865,173	8,771,164
Part year	6.1	365	11.3	7.3	9.3	8.1	28.2	32.9	14.1	3,233	571,412	5,441,406
None	1.4	103	21.5	40.0	38.1	6.9	9.0	4.7	1.4	479	41,162,986	337,947,594
Maintenance Assistance Status												
Cash	2.2	167	22.8	31.9	34.4	8.9	14.2	8.1	2.4	733	14,506,124	129,397,005
Medically needy	2.3	164	11.2	35.4	31.7	8.2	12.8	9.0	3.0	1,457	2,345,046	18,561,127
Poverty related	0.8	51	18.0	39.8	46.7	5.7	5.0	2.1	0.7	280	13,940,285	110,235,595
Other/unknown	1.7	106	15.3	47.4	29.9	5.4	8.5	6.3	2.5	692	11,808,116	93,966,437

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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}
UNITED STATES, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	1.6	\$114	\$70	0.6	\$87	\$136	0.1	\$6	\$84	0.9	\$21	\$23
Age												
5 and younger	0.5	23	47	0.2	17	110	0.0	1	40	0.3	5	17
6-14	0.5	37	75	0.2	30	129	0.0	2	70	0.2	5	21
15-20	0.6	42	75	0.2	33	147	0.0	2	69	0.3	6	21
21-44	1.3	109	83	0.5	84	174	0.1	6	104	0.8	19	25
45-64	4.0	314	79	1.6	237	152	0.1	17	118	2.3	59	26
65-74	4.0	254	63	1.7	196	117	0.1	10	74	2.2	48	22
75-84	4.3	252	58	1.8	194	108	0.2	9	60	2.4	49	20
85 and older	4.6	233	51	1.7	172	100	0.2	11	54	2.7	51	19
Unknown	0.1	4	43	0.0	3	149	0.0	0	45	0.1	1	14
Basis of Eligibility^d												
Aged	4.2	240	57	1.7	183	108	0.2	10	61	2.4	47	20
Disabled	3.5	295	85	1.4	229	165	0.1	15	115	1.9	51	26
Adults	0.8	45	57	0.3	32	121	0.0	3	77	0.5	10	21
Children	0.5	25	55	0.2	19	108	0.0	2	53	0.3	5	19
Unknown	1.9	181	96	0.7	144	217	0.1	7	109	1.2	28	24
Gender												
Female	1.8	114	64	0.7	86	125	0.1	6	78	1.0	23	22
Male	1.4	114	81	0.6	90	155	0.1	5	97	0.8	19	25
Unknown	0.1	6	56	0.0	5	148	0.0	0	41	0.1	1	18
Race												
White	2.1	144	68	0.8	109	133	0.1	8	87	1.2	28	23
African American	1.3	88	70	0.5	68	143	0.0	4	82	0.7	16	22
Other/unknown	1.2	88	75	0.5	68	140	0.1	4	77	0.6	15	24
Use of Nursing Facilities^e												
Entire year	6.9	392	57	2.6	291	113	0.3	18	62	4.0	82	21
Part year	6.1	365	60	2.2	270	122	0.2	18	73	3.6	77	22
None	1.4	103	72	0.6	79	140	0.1	5	87	0.8	19	23
Maintenance Assistance Status												
Cash	2.2	167	77	0.9	129	148	0.1	8	97	1.2	30	25
Medically needy	2.3	164	72	0.9	125	138	0.1	8	88	1.3	31	24
Poverty related	0.8	51	60	0.3	38	120	0.0	3	64	0.5	10	21
Other/unknown	1.7	106	62	0.7	80	123	0.1	5	76	1.0	20	21

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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 the U.S., 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.medspan.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
 UNITED STATES, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$23	\$17	\$2	\$4	\$80	\$202	\$78	\$23	47,751,428	\$3,799,574,454	16,471,650	38.7	166,092,645
Biologicals	0.2	0.2	0.0	0.0	171	138	12	22	882	856	2,501	759	418,539	369,190,824	203,316	0.5	2,152,932
Antineoplastic Agents	0.5	0.1	0.0	0.4	116	86	2	28	235	646	316	79	2,087,067	490,029,467	403,323	0.9	4,209,138
Endocrine/Metabolic Drugs	0.6	0.2	0.1	0.3	38	27	3	7	58	110	52	21	55,324,394	3,221,957,864	8,323,823	19.5	85,589,415
Cardiovascular Agents	1.5	0.6	0.0	0.9	69	53	1	15	45	85	37	17	116,799,138	5,241,459,137	7,153,609	16.8	76,388,988
Respiratory Agents	0.5	0.2	0.0	0.2	28	23	1	3	58	97	41	16	54,732,761	3,173,318,214	11,302,801	26.5	115,014,662
Gastrointestinal Agents	0.6	0.3	0.0	0.3	51	44	1	6	88	148	77	21	35,240,878	3,096,934,933	5,772,373	13.6	61,246,003
Genitourinary Agents	0.4	0.2	0.0	0.1	23	19	1	3	65	87	62	28	9,000,927	586,318,282	2,467,898	5.8	25,275,430
CNS Drugs	1.1	0.5	0.0	0.5	106	91	2	14	98	174	119	26	85,147,269	8,376,502,525	7,550,471	17.7	78,705,582
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	64	59	1	4	98	111	98	37	7,844,969	767,438,446	1,169,437	2.7	11,981,010
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	130	128	0	2	182	187	111	69	5,139,987	934,085,923	677,969	1.6	7,201,452
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	27	12	5	10	52	169	239	24	57,987,911	3,013,325,392	10,876,960	25.5	110,919,464
Neuromuscular Agents	0.8	0.3	0.0	0.5	64	41	4	19	82	163	98	39	35,547,361	2,915,481,953	4,275,935	10.0	45,575,184
Nutritional Products	0.4	0.0	0.0	0.4	8	1	0	6	18	32	24	16	12,582,106	223,355,101	3,045,476	7.1	29,612,085
Hematological Agents	0.7	0.3	0.0	0.4	90	82	1	6	128	297	36	17	15,659,470	2,005,764,929	2,110,545	5.0	22,318,803
Topical Products	0.3	0.1	0.0	0.2	16	11	1	4	51	89	57	24	31,769,696	1,609,350,784	9,986,227	23.4	103,086,133
Miscellaneous Products	0.3	0.1	0.0	0.1	66	51	6	9	211	344	303	65	1,545,473	325,592,197	470,053	1.1	4,932,935
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	33	0	0	0	1,130,641	37,641,191	417,971	1.0	4,559,379
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.	575,710,015	40,187,321,616	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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.medispain.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 the U.S., 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.medispain.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.

All Medicaid Beneficiaries

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 UNITED STATES, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$5,368,327,942	3,427,620	8.0	37,402,344	0.7	\$217	\$144
ANTICONVULSANT	2,475,287,377	3,250,262	7.6	35,423,149	0.7	103	70
ULCER DRUGS	2,421,872,880	5,623,125	13.2	60,559,121	0.5	89	40
ANTIDEPRESSANTS	2,258,353,352	6,435,321	15.1	68,352,004	0.5	61	33
ANTIHYPERTENSIVE	2,236,186,236	3,618,933	8.5	40,208,988	0.6	100	56
ANTIASTHMATIC	2,166,483,222	8,855,628	20.8	92,854,254	0.3	72	23
ANTIVIRAL	1,977,017,886	1,100,515	2.6	11,717,207	0.4	427	169
ANTIDIABETIC	1,812,124,599	4,018,893	9.4	43,684,517	0.6	67	41
ANALGESICS - Narcotic	1,589,882,949	10,111,644	23.7	105,412,729	0.3	46	15
ANTIHYPERTENSIVE	1,265,480,551	5,125,175	12.0	55,975,971	0.6	39	23
Total	23,571,016,994	51,567,116		551,590,284	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

All Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.1a
OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
ALL MEDICAID BENEFICIARIES, 2005^a

	Total Rx \$ for Beneficiaries Included in this Study (TOTAL) ^c		Rx \$ Excluded from this Study by Reason		Rx \$ for Dual Eligible Beneficiaries Included in this Study ^f						
	Total Rx \$ for All Beneficiaries in MAX 2005 (GRAND TOTAL) ^b	Pharmacy Reimbursement	As % of GRAND TOTAL	Beneficiaries Not Eligible for Medicaid or Not Having Rx Benefits ^d	Beneficiaries Not Having Fee- for-Service Rx Benefits ^e	Pharmacy Reimbursement	As % of GRAND TOTAL	Rx \$ for All-Year Nursing Facility Residents Included in this Study ^g	Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study ⁱ	Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study ^h	Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study ^j
All States	\$41,994,889,667	\$40,187,321,616	95.7	\$1,074,404,350	\$733,163,701	\$21,853,827,875	52.0	\$3,436,030,924	\$1,986,346,294	\$2,998,521,051	\$1,577,050,821
Alabama	614,942,832	608,301,583	98.9	1,412,642	5,228,607	272,705,964	44.3	72,343,257	23,469,315	66,256,954	20,029,379
Alaska	133,393,848	129,800,019	97.3	3,593,829	0	61,963,188	46.5	3,637,103	2,507,028	3,136,971	1,893,376
Arizona	4,348,255	4,139,267	95.2	204,646	4,342	1,249,520	28.7	615,959	378,312	388,821	182,210
Arkansas	456,316,481	444,263,878	97.4	12,052,603	0	186,770,603	40.9	12,856,488	62,136,570	11,868,376	56,124,024
California	5,032,847,278	4,797,762,257	95.3	52,559,424	182,525,597	3,033,705,839	60.3	248,269,220	201,146,653	203,703,781	155,489,826
Colorado	335,710,953	322,635,336	96.1	9,885,441	3,190,176	175,997,000	52.4	35,199,326	19,284,766	30,771,119	16,593,210
Connecticut	487,208,293	486,103,881	99.8	987,809	116,603	340,902,509	70.0	89,714,252	44,802,702	80,004,032	35,031,352
Delaware	121,251,725	121,019,113	99.8	232,612	0	38,439,780	31.7	7,712,669	2,604,491	7,157,022	2,234,826
D.C.	110,894,071	109,458,952	98.7	1,419,874	15,245	49,645,121	44.8	1,599,909	3,103,338	951,830	1,249,493
Florida	2,470,551,221	2,179,667,235	88.2	262,828,087	28,055,899	1,266,678,166	51.3	190,370,252	92,511,066	172,129,389	78,037,296
Georgia	1,168,983,066	1,149,067,429	98.3	19,915,637	0	473,948,603	40.5	99,026,577	46,857,760	88,021,223	40,385,010
Hawaii	141,814,428	141,503,924	99.8	203,056	107,448	93,832,060	66.2	8,929,971	5,873,881	8,175,584	3,321,622
Idaho	177,098,048	176,976,077	99.9	121,971	0	84,315,788	47.6	10,993,007	7,547,098	10,037,182	5,681,762
Illinois	1,904,278,329	1,854,945,046	97.4	49,333,283	0	1,043,349,376	54.8	208,809,461	100,834,628	162,013,855	73,345,193
Indiana	744,872,363	735,956,365	98.8	8,707,585	208,413	449,258,635	60.3	97,900,302	60,358,864	87,783,615	50,387,245
Iowa	419,706,362	418,105,754	99.6	1,600,608	0	232,327,465	55.4	45,857,859	23,468,988	42,836,738	20,780,328
Kansas	320,173,762	308,023,663	96.2	12,134,603	15,496	180,422,679	56.4	40,884,635	19,693,902	38,481,213	17,516,427
Kentucky	750,754,245	724,907,773	96.6	4,644,260	21,202,212	303,045,090	40.4	61,930,051	46,085,192	54,645,051	31,620,638
Louisiana	989,536,717	952,631,547	96.3	36,905,170	0	397,534,475	40.2	105,287,853	54,973,555	88,850,307	46,751,992
Maine											
Maryland	464,618,391	357,872,029	77.0	1,090,795	105,655,567	296,535,746	63.8	64,358,194	27,093,165	53,983,287	20,631,739
Massachusetts	1,054,271,915	1,015,671,503	96.3	37,245,418	1,354,994	627,221,941	59.5	96,901,851	56,747,766	86,341,828	43,329,352
Michigan	970,604,024	835,155,823	86.0	12,854,321	122,593,880	630,416,115	65.0	87,166,446	50,651,779	79,586,180	44,888,217
Minnesota	434,358,200	430,499,159	99.1	3,261,618	597,423	251,678,176	57.9	20,242,699	24,840,435	16,446,070	16,230,548
Mississippi	624,254,482	616,489,567	98.8	7,764,915	0	361,824,870	58.0	61,153,158	19,849,130	56,659,979	17,530,025
Missouri	1,232,024,937	1,224,101,678	99.4	1,153,384	6,769,875	726,829,171	59.0	114,891,102	65,290,373	101,285,381	54,897,021
Montana	105,241,000	99,091,799	94.2	6,149,201	0	56,743,449	53.9	11,803,674	5,705,617	11,100,543	4,657,498
Nebraska	251,793,540	250,906,115	99.6	887,425	0	136,619,329	54.3	30,019,567	13,950,705	26,984,935	11,579,408
Nevada	134,420,404	134,143,902	99.8	275,182	1,320	62,195,328	46.3	8,773,471	6,980,710	7,445,576	4,898,743
New Hampshire	133,718,313	133,704,094	100.0	14,219	0	78,305,307	58.6	18,059,180	7,258,539	17,124,530	6,265,342
New Jersey	1,155,348,710	865,292,596	74.9	117,258,296	172,797,818	619,974,708	53.7	126,734,635	64,569,255	108,702,174	50,149,928
New Mexico	44,023,959	43,779,463	99.4	159,659	84,837	25,702,646	58.4	15,164,860	5,106,546	13,466,765	4,199,579
New York	5,050,011,308	4,921,197,899	97.4	128,813,409	0	2,194,483,446	43.5	149,892,913	154,678,859	114,319,692	97,294,271
North Carolina	1,803,981,591	1,724,653,302	95.6	77,122,338	2,205,951	931,427,154	51.6	73,179,945	64,749,855	66,835,384	56,026,476
North Dakota	63,715,988	63,384,785	99.5	164,651	166,552	38,724,238	60.8	13,668,459	4,322,987	12,992,791	3,847,302
Ohio	2,030,110,442	2,029,238,107	100.0	700,196	172,139	991,062,832	48.8	248,908,249	138,898,483	211,089,588	98,093,862
Oklahoma	504,976,082	503,321,463	99.7	1,654,619	0	250,751,351	49.7	62,517,992	23,524,054	54,442,773	19,829,159
Oregon	240,837,952	152,932,597	63.5	19,547,331	68,358,024	94,731,169	39.3	12,562,583	8,712,219	11,379,737	7,132,462
Pennsylvania	936,802,053	892,557,492	95.3	43,651,085	593,476	544,900,022	58.2	185,714,299	87,447,671	167,167,358	75,040,142

All Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.1a
OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
ALL MEDICAID BENEFICIARIES, 2005^a

	Total Rx \$ for Beneficiaries Included in this Study (TOTAL) ^c	Rx \$ Excluded from this Study by Reason		Rx \$ for Dual Eligible Beneficiaries Included in this Study ^f							
	Total Rx \$ for All Beneficiaries in MAX 2005 (GRAND TOTAL) ^b	Pharmacy Reimbursement	As % of GRAND TOTAL	Beneficiaries Not Eligible for Medicaid or Not Having Rx Benefits ^d	Beneficiaries Not Having Fee- for-Service Rx Benefits ^e	Pharmacy Reimbursement	As % of GRAND TOTAL	Rx \$ for All-Year Nursing Facility Residents Included in this Study ^g	Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study ⁱ	Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study ^h	Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study ⁱ
Rhode Island	177,635,375	164,493,071	92.6	12,864,141	278,163	107,412,045	60.5	21,357,226	10,878,195	19,173,267	9,010,296
South Carolina	724,218,287	722,399,391	99.7	469,685	1,349,211	399,682,084	55.2	19,161,217	14,370,553	17,810,191	13,341,982
South Dakota	90,177,406	90,135,116	100.0	42,290	0	48,380,880	53.7	16,773,665	5,556,688	16,066,597	4,765,940
Tennessee	1,956,215,432	1,950,650,109	99.7	5,565,323	0	1,011,523,823	51.7	102,141,512	50,503,765	91,768,016	44,745,563
Texas	2,419,943,278	2,410,621,229	99.6	9,322,049	0	1,032,998,157	42.7	291,460,495	114,314,885	260,456,029	96,286,040
Utah	225,767,957	218,033,341	96.6	7,734,616	0	104,217,575	46.2	15,019,724	11,162,923	12,792,252	8,330,912
Vermont	193,690,013	181,090,535	93.5	12,599,478	0	102,478,031	52.9	8,614,736	4,727,589	8,045,625	3,971,614
Virginia	615,992,976	597,335,645	97.0	18,232,362	424,969	389,689,111	63.3	69,902,881	38,859,081	61,891,261	33,130,364
Washington	688,801,986	614,241,625	89.2	66,027,961	8,532,400	315,347,423	45.8	32,574,043	31,943,775	28,362,570	22,702,151
West Virginia	470,169,969	468,030,297	99.5	2,139,672	0	175,731,176	37.4	29,854,758	14,846,865	27,142,035	11,876,886
Wisconsin	761,689,006	760,344,322	99.8	787,620	557,064	537,905,757	70.6	79,712,139	38,718,788	75,062,288	33,535,698
Wyoming	50,792,414	50,684,463	99.8	107,951	0	22,242,954	43.8	5,807,100	2,446,930	5,383,286	2,177,092

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

a. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

b. This column represents the amount of Medicaid pharmacy benefit reimbursement for all pharmacy claims contained in the MAX 2005 files, some of which were excluded from this study because those claims were made for beneficiaries who did not meet the inclusion criteria (see Table 1) or took place during months that were excluded from the analysis (see footnote c of Table 1).

c. These columns include beneficiaries represented by Cell C of Table 1.

d. These columns include beneficiaries who did not meet either of the first two inclusion criteria (see Table 1).

e. These columns include beneficiaries who satisfied the first two inclusion criteria but failed to meet the third criterion (see Table 1).

f, g, h. These columns include beneficiaries represented by Cells G, D, and H of Table 1, respectively.

i. Refer to footnote f of Table 1 for information about how we determined part-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; FFS = fee-for-service; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx \$ = pharmacy reimbursement.

All Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.1b
OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
PERCENTAGE COMPARISONS, ALL MEDICAID BENEFICIARIES, 2005^a

			Rx \$ Excluded from this Study by Reason as a Percentage of GRAND TOTAL							
	Total Rx \$ for All Beneficiaries in MAX 2005 (GRAND TOTAL) ^b	Total Rx \$ for Beneficiaries Included in this Study (TOTAL) ^c	Benes Not Eligible for Medicaid or Not Having Rx Benefits ^d	Benes Not Having FFS Rx Benefits ^e	Rx \$ for Dual Eligible Beneficiaries Included in this Study as a Percentage of TOTAL	Rx \$ for All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL ^g	Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL ⁱ	Rx \$ for Dual Eligible All- Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL ^h	Rx \$ for Dual Eligible Part- Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL ⁱ	
All States	\$41,994,889,667	\$40,187,321,616	2.6	1.7	54.4	8.6	4.9	7.5	3.9	
Alabama	\$614,942,832	\$608,301,583	0.2	0.9	44.8	11.9	3.9	10.9	3.3	
Alaska	\$133,393,848	\$129,800,019	2.7	0.0	47.7	2.8	1.9	2.4	1.5	
Arizona	\$4,348,255	\$4,139,267	4.7	0.1	30.2	14.9	9.1	9.4	4.4	
Arkansas	\$456,316,481	\$444,263,878	2.6	0.0	42.0	2.9	14.0	2.7	12.6	
California	\$5,032,847,278	\$4,797,762,257	1.0	3.6	63.2	5.2	4.2	4.2	3.2	
Colorado	\$335,710,953	\$322,635,336	2.9	1.0	54.5	10.9	6.0	9.5	5.1	
Connecticut	\$487,208,293	\$486,103,881	0.2	0.0	70.1	18.5	9.2	16.5	7.2	
Delaware	\$121,251,725	\$121,019,113	0.2	0.0	31.8	6.4	2.2	5.9	1.8	
D.C.	\$110,894,071	\$109,458,952	1.3	0.0	45.4	1.5	2.8	0.9	1.1	
Florida	\$2,470,551,221	\$2,179,667,235	10.6	1.1	58.1	8.7	4.2	7.9	3.6	
Georgia	\$1,168,983,066	\$1,149,067,429	1.7	0.0	41.2	8.6	4.1	7.7	3.5	
Hawaii	\$141,814,428	\$141,503,924	0.1	0.1	66.3	6.3	4.2	5.8	2.3	
Idaho	\$177,098,048	\$176,976,077	0.1	0.0	47.6	6.2	4.3	5.7	3.2	
Illinois	\$1,904,278,329	\$1,854,945,046	2.6	0.0	56.2	11.3	5.4	8.7	4.0	
Indiana	\$744,872,363	\$735,956,365	1.2	0.0	61.0	13.3	8.2	11.9	6.8	
Iowa	\$419,706,362	\$418,105,754	0.4	0.0	55.6	11.0	5.6	10.2	5.0	
Kansas	\$320,173,762	\$308,023,663	3.8	0.0	58.6	13.3	6.4	12.5	5.7	
Kentucky	\$750,754,245	\$724,907,773	0.6	2.8	41.8	8.5	6.4	7.5	4.4	
Louisiana	\$989,536,717	\$952,631,547	3.7	0.0	41.7	11.1	5.8	9.3	4.9	
Maine										
Maryland	\$464,618,391	\$357,872,029	0.2	22.7	82.9	18.0	7.6	15.1	5.8	
Massachusetts	\$1,054,271,915	\$1,015,671,503	3.5	0.1	61.8	9.5	5.6	8.5	4.3	
Michigan	\$970,604,024	\$835,155,823	1.3	12.6	75.5	10.4	6.1	9.5	5.4	
Minnesota	\$434,358,200	\$430,499,159	0.8	0.1	58.5	4.7	5.8	3.8	3.8	
Mississippi	\$624,254,482	\$616,489,567	1.2	0.0	58.7	9.9	3.2	9.2	2.8	
Missouri	\$1,232,024,937	\$1,224,101,678	0.1	0.5	59.4	9.4	5.3	8.3	4.5	
Montana	\$105,241,000	\$99,091,799	5.8	0.0	57.3	11.9	5.8	11.2	4.7	
Nebraska	\$251,793,540	\$250,906,115	0.4	0.0	54.5	12.0	5.6	10.8	4.6	
Nevada	\$134,420,404	\$134,143,902	0.2	0.0	46.4	6.5	5.2	5.6	3.7	
New Hampshire	\$133,718,313	\$133,704,094	0.0	0.0	58.6	13.5	5.4	12.8	4.7	
New Jersey	\$1,155,348,710	\$865,292,596	10.1	15.0	71.6	14.6	7.5	12.6	5.8	
New Mexico	\$44,023,959	\$43,779,463	0.4	0.2	58.7	34.6	11.7	30.8	9.6	
New York	\$5,050,011,308	\$4,921,197,899	2.6	0.0	44.6	3.0	3.1	2.3	2.0	

All Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.1b
OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
PERCENTAGE COMPARISONS, ALL MEDICAID BENEFICIARIES, 2005^a

			Rx \$ Excluded from this Study by Reason as a Percentage of GRAND TOTAL							
	Total Rx \$ for All Beneficiaries in MAX 2005 (GRAND TOTAL) ^b	Total Rx \$ for Beneficiaries Included in this Study (TOTAL) ^c	Benes Not Eligible for Medicaid or Not Having Rx Benefits ^d	Benes Not Having FFS Rx Benefits ^e	Rx \$ for Dual Eligible Beneficiaries Included in this Study as a Percentage of TOTAL	Rx \$ for All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL ^g	Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL ⁱ	Rx \$ for Dual Eligible All- Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL ^h	Rx \$ for Dual Eligible Part- Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL ⁱ	
North Carolina	\$1,803,981,591	\$1,724,653,302	4.3	0.1	54.0	4.2	3.8	3.9	3.2	
North Dakota	\$63,715,988	\$63,384,785	0.3	0.3	61.1	21.6	6.8	20.5	6.1	
Ohio	\$2,030,110,442	\$2,029,238,107	0.0	0.0	48.8	12.3	6.8	10.4	4.8	
Oklahoma	\$504,976,082	\$503,321,463	0.3	0.0	49.8	12.4	4.7	10.8	3.9	
Oregon	\$240,837,952	\$152,932,597	8.1	28.4	61.9	8.2	5.7	7.4	4.7	
Pennsylvania	\$936,802,053	\$892,557,492	4.7	0.1	61.0	20.8	9.8	18.7	8.4	
Rhode Island	\$177,635,375	\$164,493,071	7.2	0.2	65.3	13.0	6.6	11.7	5.5	
South Carolina	\$724,218,287	\$722,399,391	0.1	0.2	55.3	2.7	2.0	2.5	1.8	
South Dakota	\$90,177,406	\$90,135,116	0.0	0.0	53.7	18.6	6.2	17.8	5.3	
Tennessee	\$1,956,215,432	\$1,950,650,109	0.3	0.0	51.9	5.2	2.6	4.7	2.3	
Texas	\$2,419,943,278	\$2,410,621,229	0.4	0.0	42.9	12.1	4.7	10.8	4.0	
Utah	\$225,767,957	\$218,033,341	3.4	0.0	47.8	6.9	5.1	5.9	3.8	
Vermont	\$193,690,013	\$181,090,535	6.5	0.0	56.6	4.8	2.6	4.4	2.2	
Virginia	\$615,992,976	\$597,335,645	3.0	0.1	65.2	11.7	6.5	10.4	5.5	
Washington	\$688,801,986	\$614,241,625	9.6	1.2	51.3	5.3	5.2	4.6	3.7	
West Virginia	\$470,169,969	\$468,030,297	0.5	0.0	37.5	6.4	3.2	5.8	2.5	
Wisconsin	\$761,689,006	\$760,344,322	0.1	0.1	70.7	10.5	5.1	9.9	4.4	
Wyoming	\$50,792,414	\$50,684,463	0.2	0.0	43.9	11.5	4.8	10.6	4.3	

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

a. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

b. This column represents the amount of Medicaid pharmacy benefit reimbursement for all pharmacy claims contained in the MAX 2005 files, some of which were excluded from this study because those claims were made for beneficiaries who did not meet the inclusion criteria (see Table 1) or took place during months that were excluded from the analysis (see footnote c of Table 1).

c. These columns include beneficiaries represented by Cell C of Table 1.

d. These columns include beneficiaries who did not meet either of the first two inclusion criteria (see Table 1).

e. These columns include beneficiaries who satisfied the first two inclusion criteria but failed to meet the third criterion (see Table 1).

f, g, h. These columns include beneficiaries represented by Cells G, D, and H of Table 1, respectively.

i. Refer to footnote f of Table 1 for information about how we determined part-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; FFS = fee-for-service; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx \$ = pharmacy reimbursement.

All Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.2
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 NONDUAL BENEFICIARIES, 2005^{a,b}

	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx Paid per Benefit Month	Rx \$ per Benefit Month	Patented Brand-Name ^c	Off-Patent Brand-Name	Generic	Rx \$ as a Percentage of Total Medicaid \$d	Number of Rx per Benefit Month	Rx \$ per Benefit Month
All States	35,581,286	278,081,082	56.2	0.9	\$66	38.1	4.6	57.1	16.0	7.6	\$534
Alabama	756,938	7,577,314	59.6	0.8	44	30.2	5.0	64.7	19.4	7.6	475
Alaska	119,692	1,019,186	54.4	0.8	67	40.2	5.7	54.0	9.5	8.9	752
Arizona	161,396	1,215,017	4.0	0.0	2	18.9	3.1	77.8	0.3	4.8	213
Arkansas	642,724	6,376,495	59.9	0.6	40	39.3	5.5	55.1	16.2	8.0	512
California	5,589,081	37,825,984	33.7	0.5	47	38.5	6.0	55.4	16.0	7.1	529
Colorado	427,523	3,366,262	42.9	0.6	44	35.4	3.7	60.7	11.9	8.3	622
Connecticut	125,997	553,045	35.7	2.9	263	43.6	3.1	53.2	16.0	8.4	695
Delaware	103,704	1,020,449	95.2	1.2	81	39.5	3.7	56.8	86.9	8.0	445
D.C.	54,688	364,156	42.3	1.7	164	44.1	2.9	52.9	9.5	1.4	119
Florida	1,783,846	12,170,604	50.2	1.0	75	39.8	4.0	55.9	16.2	8.9	552
Georgia	1,574,358	13,818,465	64.2	0.8	49	35.5	4.8	59.4	16.2	7.2	472
Hawaii	66,910	244,539	24.6	2.2	195	31.3	2.9	65.7	15.3	5.7	372
Idaho	201,907	1,853,031	61.9	0.8	50	38.2	2.9	58.8	14.1	9.5	603
Illinois	1,878,746	17,557,033	62.7	0.8	46	32.7	3.1	64.0	14.7	7.6	543
Indiana	584,774	2,978,801	49.6	1.3	96	37.2	3.1	59.6	14.2	9.9	596
Iowa	350,966	3,010,347	64.9	0.9	62	36.6	8.7	54.6	15.1	8.4	510
Kansas	252,368	1,795,911	54.7	1.0	71	41.5	3.0	55.4	12.9	9.4	616
Kentucky	554,370	5,111,115	75.9	1.5	83	35.1	3.1	61.6	19.6	10.7	530
Louisiana	979,374	10,163,499	67.3	0.8	55	40.3	7.1	52.4	22.1	8.6	651
Maine											
Maryland	292,319	1,491,936	22.1	0.6	41	42.9	3.7	53.3	4.5	9.1	550
Massachusetts	570,863	4,542,720	56.5	1.2	86	34.8	1.8	63.2	13.0	6.9	403
Michigan	780,328	3,779,024	40.9	0.8	54	38.3	2.5	59.2	11.0	8.8	465
Minnesota	373,172	1,655,576	38.1	1.2	108	40.1	3.4	56.4	8.4	8.7	634
Mississippi	606,010	6,080,926	64.2	0.7	42	36.8	4.5	58.4	16.2	7.3	524
Missouri	604,002	4,874,761	62.9	1.4	102	34.9	4.8	60.0	23.4	9.2	678
Montana	81,710	733,317	57.2	0.8	58	35.5	3.9	60.5	12.4	7.3	458
Nebraska	193,940	1,224,393	80.4	1.5	93	38.6	4.4	57.0	23.8	8.8	579
Nevada	150,971	747,318	37.7	1.2	96	33.2	4.2	62.6	13.1	9.6	498
New Hampshire	113,437	1,036,407	62.8	0.8	54	36.2	3.8	60.0	14.6	9.2	544
New Jersey	324,856	1,498,123	36.2	1.7	164	45.7	3.9	50.4	13.7	10.0	672
New Mexico	298,044	1,421,263	24.9	0.3	13	25.5	8.1	65.5	2.5	8.0	442
New York	3,049,175	26,217,087	70.1	1.1	104	45.0	4.0	50.7	18.0	1.8	336
North Carolina	1,259,725	11,095,854	67.9	1.0	72	41.2	4.5	54.1	16.7	8.3	593
North Dakota	58,832	485,138	59.7	0.9	51	37.9	4.4	57.6	11.7	7.6	510
Ohio	1,392,800	11,202,244	63.0	1.4	93	38.9	5.1	55.8	17.7	11.1	697
Oklahoma	618,593	5,595,400	62.1	0.7	45	35.4	3.5	60.8	15.7	9.0	587

Nondual Beneficiaries

NATIONAL COMPARISON TABLE N.2
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 NONDUAL BENEFICIARIES, 2005^{a,b}

	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx Paid per Benefit Month	Rx \$ per Benefit Month	Patented Brand-Name ^c	Off-Patent Brand-Name	Generic	Rx \$ as a Percentage of Total Medicaid \$d	Number of Rx per Benefit Month	Rx \$ per Benefit Month
Oregon	176,316	889,854	39.7	1.0	65	31.6	2.8	65.5	9.6	8.4	475
Pennsylvania	631,856	3,920,977	45.9	1.2	89	40.5	4.2	55.1	14.8	9.5	606
Rhode Island	59,785	357,987	41.8	2.0	159	41.2	3.6	55.1	11.9	5.6	438
South Carolina	777,890	7,507,369	61.1	0.7	43	38.8	4.1	56.9	16.3	3.4	199
South Dakota	109,338	1,004,619	56.9	0.6	42	42.0	5.7	52.1	11.8	8.4	493
Tennessee	1,281,414	12,979,252	71.0	1.2	72	37.8	3.4	58.8	20.8	10.8	611
Texas	3,253,138	23,839,465	73.2	0.9	58	35.3	8.3	56.3	17.0	8.2	600
Utah	249,807	2,026,941	63.8	0.9	56	33.8	2.5	63.6	15.8	11.4	763
Vermont	126,454	1,187,862	67.6	1.0	66	37.6	3.5	58.9	16.2	9.9	674
Virginia	430,449	2,605,585	47.6	1.1	80	37.9	4.0	58.0	12.8	8.4	538
Washington	618,726	3,933,858	43.7	1.2	76	32.0	2.5	65.4	14.7	8.4	516
West Virginia	303,826	2,148,556	79.4	2.2	136	37.3	4.2	58.3	26.0	10.4	544
Wisconsin	513,461	3,346,645	47.0	1.0	67	38.1	3.2	58.6	13.3	9.6	572
Wyoming	70,687	629,372	61.7	0.7	45	38.6	4.4	56.9	11.5	8.4	560

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

a. Table N.2, except for the last two columns, includes beneficiaries represented by Cell K of Table 1 in the national table set and the table set for each state. The last two columns include beneficiaries represented by Cell L 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 states.

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

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. All-year nursing facility residents are beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2005. Part-year residents were excluded from the analysis. See footnote f of Table 1 for more information about how we determined all-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; NF = nursing facility.

Nondual Beneficiaries

NATIONAL COMPARISON TABLE N.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE
 NONDUAL BENEFICIARIES, 2005^{a,b,c}

	Share of Benefit Months (percent)					Rx \$ per Benefit Month (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
All States	100	0.9	15.7	25.7	57.6	\$66	\$157	\$249	\$43	\$25	100	2.2	59.1	16.6	21.9
Alabama	100	0.1	15.9	27.6	56.4	44	179	177	11	23	100	0.4	63.2	6.7	29.6
Alaska	100	0.8	8.4	19.5	71.2	67	210	399	63	27	100	2.5	50.2	18.4	28.3
Arizona	100	0.7	20.0	38.0	41.3	2	7	9	1	1	100	1.9	72.6	10.9	14.6
Arkansas	100	0.6	11.2	24.2	63.9	40	72	190	16	23	100	1.1	52.6	9.6	36.5
California	100	1.9	13.4	54.8	29.7	47	146	251	11	13	100	5.8	72.3	13.4	8.0
Colorado	100	1.1	11.0	18.1	69.8	44	112	224	31	17	100	2.7	56.4	13.0	27.7
Connecticut	100	5.7	54.4	12.6	27.0	263	227	427	56	36	100	4.9	88.4	2.7	3.7
Delaware	100	0.2	10.8	41.2	47.9	81	197	262	87	34	100	0.4	34.9	44.4	20.1
D.C.	100	2.9	56.5	13.3	27.2	164	100	238	141	29	100	1.8	82.0	11.4	4.8
Florida	100	1.0	17.1	17.8	64.2	75	188	285	43	27	100	2.4	64.7	10.1	22.7
Georgia	100	0.3	12.0	16.2	71.3	49	177	207	44	23	100	1.0	50.8	14.5	33.1
Hawaii	100	4.1	57.3	21.6	16.8	195	171	319	12	11	100	3.6	93.8	1.3	1.0
Idaho	100	0.3	11.1	13.3	75.4	50	253	256	60	17	100	1.3	56.8	15.8	26.0
Illinois	100	1.0	10.6	21.1	67.2	46	121	224	40	19	100	2.6	51.5	18.1	27.6
Indiana	100	0.7	22.8	16.2	60.3	96	197	304	35	33	100	1.5	72.0	5.9	20.5
Iowa	100	0.3	11.8	22.1	65.7	62	176	267	49	29	100	0.8	50.9	17.6	30.4
Kansas	100	0.7	18.2	15.3	65.7	71	188	235	43	31	100	2.0	60.1	9.2	28.6
Kentucky	100	0.2	23.8	15.6	60.4	83	288	221	62	32	100	0.8	63.9	11.6	23.5
Louisiana	100	0.3	14.1	10.9	74.7	55	296	204	48	26	100	1.5	52.5	9.6	35.8
Maine															
Maryland	100	3.5	11.0	66.3	18.9	41	151	211	8	37	100	12.8	56.7	12.4	16.9
Massachusetts	100	3.0	27.0	24.0	46.0	86	98	227	46	22	100	3.5	71.8	12.9	11.9
Michigan	100	0.8	11.5	22.4	65.1	54	137	243	37	25	100	2.1	51.5	15.4	30.4
Minnesota	100	0.3	34.0	20.5	45.0	108	103	259	41	25	100	0.3	81.6	7.7	10.2
Mississippi	100	0.3	16.7	20.8	62.3	42	145	143	23	21	100	1.0	56.7	11.2	30.9
Missouri	100	0.9	21.2	22.7	55.1	102	215	319	53	36	100	1.9	66.2	11.8	19.6
Montana	100	0.1	15.6	7.9	76.5	58	257	246	53	20	100	0.4	66.3	7.2	26.0
Nebraska	100	1.0	11.0	14.2	73.6	93	245	336	103	53	100	2.6	39.4	15.7	42.1
Nevada	100	0.5	28.2	16.6	54.6	96	157	275	35	22	100	0.8	80.5	6.0	12.5
New Hampshire	100	0.8	8.1	13.8	77.3	54	206	269	67	27	100	2.9	41.0	17.3	38.7
New Jersey	100	4.5	39.3	12.8	43.2	164	218	347	29	31	100	6.0	83.3	2.3	8.2
New Mexico	100	0.3	6.6	42.0	50.9	13	99	95	8	5	100	2.1	49.3	25.3	21.1
New York	100	1.3	17.5	29.1	52.1	104	141	330	105	27	100	1.7	55.4	29.4	13.4
North Carolina	100	0.2	14.4	18.2	67.2	72	234	264	76	28	100	0.7	53.1	19.4	26.7
North Dakota	100	0.2	9.6	24.4	65.8	51	187	244	47	24	100	0.7	46.0	22.7	30.6
Ohio	100	1.2	19.1	22.4	57.3	93	258	304	66	29	100	3.3	62.5	16.0	18.2
Oklahoma	100	0.3	10.1	12.6	76.5	45	177	218	35	23	100	1.0	49.0	9.9	39.7
Oregon	100	0.3	15.8	19.5	64.1	65	200	273	55	17	100	1.0	65.7	16.4	16.2
Pennsylvania	100	1.0	22.6	17.1	59.0	89	236	259	66	26	100	2.7	65.9	12.7	17.1

NATIONAL COMPARISON TABLE N.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE
 NONDUAL BENEFICIARIES, 2005^{a,b,c}

	Share of Benefit Months (percent)					Rx \$ per Benefit Month (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
Rhode Island	100	2.8	62.0	10.9	23.6	159	152	241	18	12	100	2.7	93.8	1.2	1.7
South Carolina	100	1.4	11.5	28.5	58.5	43	51	178	28	24	100	1.7	47.4	18.4	32.3
South Dakota	100	0.1	8.9	16.1	74.9	42	162	204	43	22	100	0.3	43.6	16.5	39.5
Tennessee	100	0.2	15.3	28.4	55.9	72	171	204	95	24	100	0.5	43.0	37.4	18.7
Texas	100	0.2	13.3	9.9	76.5	58	217	210	54	31	100	0.9	48.4	9.3	41.4
Utah	100	0.2	9.5	20.3	69.9	56	146	296	61	22	100	0.6	50.2	21.9	27.0
Vermont	100	0.2	8.5	35.4	55.8	66	198	271	81	25	100	0.6	34.9	43.4	21.0
Virginia	100	1.1	16.2	14.7	67.9	80	253	295	51	32	100	3.4	60.0	9.4	26.8
Washington	100	2.2	25.4	39.9	32.4	76	155	245	12	17	100	4.5	81.8	6.1	7.4
West Virginia	100	0.2	34.9	12.5	52.2	136	211	266	121	52	100	0.3	68.3	11.1	20.0
Wisconsin	100	0.6	24.5	36.9	37.9	67	144	191	28	23	100	1.2	70.4	15.2	12.9
Wyoming	100	0.1	8.3	15.0	76.4	45	199	229	53	23	100	0.4	42.0	17.5	39.6

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

a. Table N.3 includes beneficiaries represented by Cell K of Table 1 in the national table set and the table set for each state. 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 states.

c. 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.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

Nondual Beneficiaries

NATIONAL COMPARISON TABLE N.4
TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
NONDUAL BENEFICIARIES, 2005^{a,b,c}

	ANTI- PSYCHOTICS	ANTI- ASTHMATIC	ANTI- CONVULSANT	ANTI-VIRAL	ANTI-DEPRES- SANTS	ULCER DRUGS	STIMULANTS- ANTI-OBESITY- ANOREXIANTS	ANALGESICS- Narcotic	ANTI-DIABETIC	ANTI- HYPERLIPIDEMIC
All States	1	2	3	4	5	6	7	8	9	10
Alabama	1	2	3	.	6	7	4	.	8	9
Alaska	1	7	2	.	4	6	8	5	.	.
Arizona	2	7	3	.	.	.	.	8	10	.
Arkansas	1	3	4	.	5	7	2	10	.	.
California	1	8	2	3	6	5	.	10	9	7
Colorado	1	3	2	8	4	10	6	5	9	.
Connecticut	1	9	3	2	4	5	.	6	7	8
Delaware	1	3	5	2	4	9	7	6	10	8
D.C.	2	7	3	1	4	.	.	8	6	5
Florida	1	3	6	2	7	5	10	.	.	.
Georgia	1	2	3	6	5	8	4	.	.	.
Hawaii	1	6	3	9	5	.	.	2	7	8
Idaho	1	4	3	.	2	6	5	7	8	.
Illinois	1	2	3	4	5	10	6	.	9	7
Indiana	1	5	3	.	4	8	6	7	9	10
Iowa	1	5	4	.	3	6	2	7	9	.
Kansas	1	5	2	.	3	6	4	7	9	10
Kentucky	2	1	3	.	4	9	6	8	7	5
Louisiana	1	2	4	.	8	5	3	9	.	.
Maine	.	.	.	.	.	.	.	.	.	.
Maryland	1	.	3	2	7	5	.	8	9	6
Massachusetts	1	7	3	2	4	5	10	8	.	9
Michigan	1	4	3	.	5	7	6	9	10	.
Minnesota	1	6	2	.	4	5	7	8	9	10
Mississippi	1	2	3	8	6	.	5	.	7	.
Missouri	1	4	3	6	2	.	10	5	7	8
Montana	1	6	2	.	3	10	4	5	9	.
Nebraska	1	3	2	.	5	.	4	10	9	.
Nevada	1	5	3	7	6	.	9	2	.	10
New Hampshire	1	5	2	.	3	7	4	6	.	10
New Jersey	2	5	3	1	7	6	.	4	10	.
New Mexico	2	4	3	.	6	7	.	10	5	9
New York	2	3	6	1	4	5	.	10	9	8
North Carolina	1	2	4	8	5	3	6	7	.	.
North Dakota	1	5	2	.	3	10	4	6	7	.
Ohio	1	4	2	.	5	3	7	6	9	8
Oklahoma	1	2	3	.	5	8	6	7	.	.
Oregon	1	6	5	8	4	10	7	2	9	.

Nondual Beneficiaries

NATIONAL COMPARISON TABLE N.4
TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
NONDUAL BENEFICIARIES, 2005^{a,b,c}

	ANTI- PSYCHOTICS	ANTI- ASTHMATIC	ANTI- CONVULSANT	ANTI-VIRAL	ANTI-DEPRES- SANTS	ULCER DRUGS	STIMULANTS- ANTI-OBESITY- ANOREXIANTS	ANALGESICS- Narcotic	ANTI-DIABETIC	ANTI- HYPERLIPIDEMIC
Pennsylvania	1	4	2	.	3	7	6	5	8	9
Rhode Island	1	7	3	4	2	5	.	6	9	8
South Carolina	1	2	4	6	5	.	3	9	8	.
South Dakota	1	3	4	.	5	6	2	7	.	.
Tennessee	1	2	5	9	3	4	10	7	8	6
Texas	1	2	3	10	7	9	4	.	.	.
Utah	1	6	2	.	3	4	8	5	9	.
Vermont	1	4	3	9	2	6	7	5	10	8
Virginia	1	3	2	.	5	4	6	8	10	9
Washington	1	4	2	8	3	6	.	7	10	9
West Virginia	2	3	1	.	4	5	6	8	9	7
Wisconsin	1	5	2	9	3	7	4	6	8	10
Wyoming	1	4	3	.	5	6	2	7	.	.

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

a. Table N.4 is based on beneficiaries represented by Cell K of Table 1 in the national table set and the table set for each state.

b. The top 10 drug groups were determined based on total Medicaid reimbursement in each state for 2005. The Medicaid reimbursement amounts do not reflect federally required rebates from drug manufacturers to states. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26 2007).

c. The top 10 drug groups were determined based on total Medicaid reimbursement in each state for 2005. The Medicaid reimbursement amounts do not reflect federally required rebates from drug manufacturers to states. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26 2007).

CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

Nondual Beneficiaries