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

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

Inclusion Criteria (2005)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>9</sup>	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	81199 (A)	9664 (E)	71535 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	77534 (B)	6847 (F)	70687 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	77534 (C)	6847 (G)	70687 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	1573 (D)	1488 (H)	85 (L)

Source: Data for this table are from the MAX 2005 file for Wyoming, released by CMS in 12/2008. 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 beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Wyoming in 2005 was \$50,792,414, of which \$107,951 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

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

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

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

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

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

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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>77,534</b>	<b>3,733</b>	<b>8,157</b>	<b>13,082</b>	<b>52,406</b>	<b>156</b>	<b>700,691</b>	<b>37,127</b>	<b>86,074</b>	<b>95,280</b>	<b>480,884</b>	<b>1,326</b>
<b>Age</b>												
5 and younger	22,164	0	293	0	21,871	0	207,073	0	3,002	0	204,071	0
6-14	20,569	0	750	0	19,819	0	197,784	0	8,269	0	189,515	0
15-20	10,754	0	632	716	9,402	4	93,986	0	6,776	4,794	82,389	27
21-44	14,746	0	3,136	11,492	38	80	117,520	0	33,187	83,418	258	657
45-64	4,255	0	3,314	872	0	69	42,273	0	34,591	7,064	0	618
65-74	1,176	1,148	25	0	0	3	12,430	12,199	207	0	0	24
75-84	1,324	1,319	5	0	0	0	13,145	13,106	39	0	0	0
85 and older	1,268	1,265	2	1	0	0	11,826	11,821	3	2	0	0
Unknown	1,278	1	0	1	1,276	0	4,654	1	0	2	4,651	0
<b>Gender</b>												
Female	42,763	2,679	4,340	10,662	24,926	156	383,734	27,001	46,198	77,568	231,641	1,326
Male	32,970	1,054	3,817	2,420	25,679	0	309,259	10,126	39,876	17,712	241,545	0
Unknown	1,801	0	0	0	1,801	0	7,698	0	0	0	7,698	0
<b>Race</b>												
White	61,003	3,255	6,758	10,477	40,368	145	547,405	32,016	71,581	74,781	367,775	1,252
African American	1,455	27	170	175	1,083	0	13,221	295	1,677	1,239	10,010	0
Other/unknown	15,076	451	1,229	2,430	10,955	11	140,065	4,816	12,816	19,260	103,099	74
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	1,573	1,409	164	0	0	0	15,617	13,941	1,676	0	0	0
Part year	849	658	190	1	0	0	7,572	5,729	1,831	12	0	0
None	75,112	1,666	7,803	13,081	52,406	156	677,502	17,457	82,567	95,268	480,884	1,326
<b>Maintenance Assistance Status</b>												
Cash	18,903	869	5,391	5,936	6,707	0	175,353	9,639	56,688	44,719	64,307	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	37,363	26	43	3,534	33,604	156	336,633	277	381	20,815	313,834	1,326
Other/unknown	21,268	2,838	2,723	3,612	12,095	0	188,705	27,211	29,005	29,746	102,743	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	6,615	3,524	3,000	82	5	4	68,961	35,185	33,066	623	51	36
Full dual, part year	232	136	90	6	0	0	2,358	1,433	883	42	0	0
Non-dual, all year	70,687	73	5,067	12,994	52,401	152	629,372	509	52,125	94,615	480,833	1,290
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	77,534	3,733	8,157	13,082	52,406	156	700,691	37,127	86,074	95,280	480,884	1,326
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2005 file for Wyoming, released by CMS in 12/2008. 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.

All Medicaid Beneficiaries

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

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>63.9</b>	<b>10.0</b>	<b>\$654</b>	<b>\$66</b>	<b>\$5,189</b>	<b>12.6</b>	<b>77,534</b>
<b>Age</b>							
5 and younger	64.0	3.5	153	44	2,476	6.2	22,164
6-14	58.0	4.3	312	72	2,054	15.2	20,569
15-20	61.1	6.0	437	73	3,630	12.0	10,754
21-44	68.8	11.8	871	74	7,664	11.4	14,746
45-64	80.3	39.3	3,058	78	17,258	17.7	4,255
65-74	82.7	51.9	3,071	59	16,811	18.3	1,176
75-84	88.1	55.2	2,838	51	20,973	13.5	1,324
85 and older	93.3	52.6	2,324	44	25,313	9.2	1,268
Unknown	0.2	0.0	1	119	100	1.4	1,278
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	88.5	53.6	2,744	51	21,294	12.9	3,733
Disabled	80.7	33.3	2,932	88	20,837	14.1	8,157
Adults	66.2	7.6	387	51	3,497	11.1	13,082
Children	59.0	3.8	216	57	2,022	10.7	52,406
Unknown	63.5	13.6	1,065	78	7,771	13.7	156
<b>Gender</b>							
Female	68.3	11.9	728	61	5,506	13.2	42,763
Male	61.7	8.0	593	74	5,048	11.8	32,970
Unknown	1.1	0.0	2	90	267	0.7	1,801
<b>Race</b>							
White	66.6	11.1	733	66	5,613	13.1	61,003
African American	64.0	7.4	526	71	4,230	12.4	1,455
Other/unknown	53.3	5.4	344	63	3,568	9.6	15,076
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	97.1	71.6	3,692	52	36,596	10.1	1,573
Part year	94.8	53.6	2,882	54	24,374	11.8	849
None	62.9	8.2	565	69	4,315	13.1	75,112
<b>Maintenance Assistance Status</b>							
Cash	66.1	14.1	1,023	73	4,901	20.9	18,903
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	61.9	3.9	204	52	1,655	12.3	37,363
Other/unknown	65.6	17.0	1,116	66	11,655	9.6	21,268

Source: Data for this table are from the MAX 2005 file for Wyoming, released by CMS in 12/2008. 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.

All Medicaid Beneficiaries



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

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS <sup>d</sup>	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
<b>All</b>	<b>1.1</b>	<b>\$72</b>	<b>12.6</b>	<b>36.1</b>	<b>47.0</b>	<b>5.8</b>	<b>6.4</b>	<b>3.7</b>	<b>1.0</b>	<b>\$574</b>	<b>77,534</b>	<b>700,691</b>
<b>Age</b>												
5 and younger	0.4	16	6.2	36.0	60.1	3.0	0.9	0.0	0.0	265	22,164	207,073
6-14	0.5	33	15.2	42.0	50.7	4.0	3.0	0.4	0.0	214	20,569	197,784
15-20	0.7	50	12.0	38.9	48.2	7.3	4.7	0.9	0.0	415	10,754	93,986
21-44	1.5	109	11.4	31.2	42.5	10.3	10.9	4.4	0.6	962	14,746	117,520
45-64	4.0	308	17.7	19.7	20.1	9.5	24.0	20.0	6.7	1,737	4,255	42,273
65-74	4.9	291	18.3	17.3	13.1	7.7	23.0	27.6	11.2	1,591	1,176	12,430
75-84	5.6	286	13.5	11.9	9.0	6.7	27.3	32.5	12.7	2,112	1,324	13,145
85 and older	5.6	249	9.2	6.7	8.8	8.8	30.7	36.4	8.7	2,714	1,268	11,826
Unknown	0.0	0	1.4	99.8	0.2	0.0	0.0	0.1	0.0	27	1,278	4,654
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	5.4	276	12.9	11.5	10.1	7.7	27.2	32.4	11.0	2,141	3,733	37,127
Disabled	3.2	278	14.1	19.3	26.5	11.3	22.8	15.7	4.4	1,975	8,157	86,074
Adults	1.0	53	11.1	33.8	45.9	9.8	8.0	2.3	0.2	480	13,082	95,280
Children	0.4	24	10.7	41.0	53.1	3.8	1.9	0.2	0.0	220	52,406	480,884
Unknown	1.6	125	13.7	36.5	32.1	11.5	13.5	5.8	0.6	914	156	1,326
<b>Gender</b>												
Female	1.3	81	13.2	31.7	48.0	6.7	7.5	4.7	1.4	614	42,763	383,734
Male	0.9	63	11.8	38.3	48.2	4.9	5.4	2.6	0.6	538	32,970	309,259
Unknown	0.0	0	0.7	98.9	1.1	0.0	0.0	0.0	0.0	62	1,801	7,698
<b>Race</b>												
White	1.2	82	13.1	33.4	47.6	6.4	7.1	4.3	1.2	626	61,003	547,405
African American	0.8	58	12.4	36.0	51.2	4.6	5.5	2.4	0.3	466	1,455	13,221
Other/unknown	0.6	37	9.6	46.7	44.3	3.5	3.6	1.6	0.2	384	15,076	140,065
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	7.2	372	10.1	2.9	4.7	6.4	24.9	43.9	17.2	3,686	1,573	15,617
Part year	6.0	323	11.8	5.2	9.5	7.5	29.9	35.7	12.1	2,733	849	7,572
None	0.9	63	13.1	37.1	48.3	5.7	5.8	2.5	0.6	478	75,112	677,502
<b>Maintenance Assistance Status</b>												
Cash	1.5	110	20.9	33.9	40.3	7.9	11.0	5.6	1.3	528	18,903	175,353
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	23	12.3	38.1	55.2	4.4	2.1	0.2	0.0	184	37,363	336,633
Other/unknown	1.9	126	9.6	34.4	38.5	6.4	9.9	8.3	2.6	1,314	21,268	188,705

Source: Data for this table are from the MAX 2005 file for Wyoming, released by CMS in 12/2008. 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.

All Medicaid Beneficiaries

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

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	1.1	\$72	\$66	0.4	\$55	\$134	0.0	\$4	\$72	0.6	\$14	\$21
<b>Age</b>												
5 and younger	0.4	16	44	0.1	12	87	0.0	1	48	0.2	4	17
6-14	0.5	33	72	0.2	27	115	0.0	2	72	0.2	4	21
15-20	0.7	50	73	0.3	40	138	0.0	3	67	0.4	8	21
21-44	1.5	109	74	0.5	84	166	0.1	5	78	0.9	20	22
45-64	4.0	308	78	1.4	229	164	0.2	17	103	2.4	61	26
65-74	4.9	291	59	1.7	212	122	0.2	14	71	3.0	64	22
75-84	5.6	286	51	1.8	207	113	0.2	12	51	3.5	67	19
85 and older	5.6	249	44	1.7	172	99	0.3	14	44	3.5	63	18
Unknown	0.0	0	119	0.0	0	287	0.0	0	9	0.0	0	6
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.4	276	51	1.8	197	111	0.2	13	53	3.3	65	19
Disabled	3.2	278	88	1.2	217	176	0.1	14	98	1.8	47	26
Adults	1.0	53	51	0.3	37	129	0.0	3	64	0.7	13	18
Children	0.4	24	57	0.2	18	102	0.0	1	61	0.2	4	18
Unknown	1.6	125	78	0.6	93	157	0.0	4	84	1.0	29	30
<b>Gender</b>												
Female	1.3	81	61	0.5	60	131	0.1	4	68	0.8	17	21
Male	0.9	63	74	0.4	50	138	0.0	3	81	0.5	10	23
Unknown	0.0	0	90	0.0	0	483	0.0	0	0	0.0	0	11
<b>Race</b>												
White	1.2	82	66	0.5	62	134	0.1	4	72	0.7	16	22
African American	0.8	58	71	0.3	46	142	0.0	3	93	0.5	9	20
Other/unknown	0.6	37	63	0.2	28	133	0.0	2	72	0.3	7	21
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.2	372	52	2.3	266	115	0.3	18	51	4.5	88	19
Part year	6.0	323	54	1.9	227	121	0.3	16	63	3.8	79	21
None	0.9	63	69	0.3	48	138	0.0	3	77	0.5	11	22
<b>Maintenance Assistance Status</b>												
Cash	1.5	110	73	0.5	84	154	0.1	5	89	0.9	21	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	23	52	0.2	17	98	0.0	1	58	0.2	4	18
Other/unknown	1.9	126	66	0.7	96	136	0.1	6	68	1.1	24	21

Source: Data for this table are from the MAX 2005 file for Wyoming, released by CMS in 12/2008. 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 Wyoming, 1.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

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

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

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

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

All Medicaid Beneficiaries

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

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									\$ per Rx					Users <sup>e</sup>	
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months		
Anti-infective Agents	0.3	0.1	0.0	0.2	\$11	\$6	\$2	\$3	\$43	\$85	\$64	\$21	91,328	\$3,930,757	34,941	45.1	363,549		
Biologicals	0.2	0.2	0.0	0.0	155	134	9	12	785	745	1,861	960	849	666,889	436	0.6	4,299		
Antineoplastic Agents	0.6	0.2	0.0	0.4	127	108	1	19	221	645	159	46	1,996	440,927	332	0.4	3,460		
Endocrine/Metabolic Drugs	0.6	0.2	0.1	0.3	32	22	3	6	56	114	49	20	70,413	3,926,666	12,154	15.7	124,257		
Cardiovascular Agents	1.3	0.4	0.0	0.9	48	34	1	13	36	93	26	15	97,449	3,554,693	7,184	9.3	74,623		
Respiratory Agents	0.4	0.2	0.0	0.2	22	18	1	3	57	93	57	17	90,347	5,164,104	22,277	28.7	234,060		
Gastrointestinal Agents	0.5	0.2	0.0	0.3	40	34	1	6	82	169	36	21	37,818	3,088,211	7,405	9.6	76,353		
Genitourinary Agents	0.4	0.2	0.0	0.2	25	20	1	4	66	95	66	25	15,081	989,042	3,900	5.0	38,852		
CNS Drugs	1.0	0.5	0.0	0.4	99	85	2	11	100	163	152	24	119,529	11,966,661	11,937	15.4	121,393		
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	79	75	0	4	106	116	60	39	26,272	2,781,154	3,314	4.3	35,240		
Miscellaneous Psychological/ Neurological Agents	0.8	0.8	0.0	0.0	243	243	0	0	300	303	0	31	5,796	1,739,749	693	0.9	7,164		
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	23	10	3	10	44	223	183	22	83,561	3,637,948	16,128	20.8	161,187		
Neuromuscular Agents	0.8	0.3	0.0	0.4	75	54	4	17	100	180	93	42	51,783	5,162,411	6,515	8.4	68,522		
Nutritional Products	0.3	0.0	0.0	0.3	5	1	0	4	16	40	30	15	21,077	347,293	6,934	8.9	67,681		
Hematological Agents	0.8	0.2	0.1	0.5	57	48	2	8	74	263	30	15	16,930	1,253,911	2,126	2.7	21,810		
Topical Products	0.2	0.1	0.0	0.1	9	6	0	3	42	81	46	21	37,628	1,598,411	16,630	21.4	177,626		
Miscellaneous Products	0.2	0.1	0.0	0.1	26	21	2	4	117	192	287	36	3,262	382,334	1,355	1.7	14,569		
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	30	0	0	0	1,786	53,302	693	0.9	7,402		
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	772,905	50,684,463	n.a.	n.a.	n.a.		

Source: Data for this table are from the MAX 2005 file for Wyoming, released by CMS in 12/2008. 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than

the original patent holder. In Wyoming, 1.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

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

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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 WYOMING, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$7,332,913	4,630	6.0	49,371	0.6	\$230	\$149
ANTICONVULSANT	4,585,444	4,750	6.1	50,819	0.7	125	90
ANTIDEPRESSANTS	4,167,177	11,458	14.8	117,946	0.5	65	35
ANTIASTHMATIC	3,511,850	15,229	19.6	162,016	0.3	75	22
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,781,160	3,954	5.1	42,460	0.6	106	66
ULCER DRUGS	2,109,335	7,353	9.5	76,804	0.4	62	27
ANALGESICS - Narcotic MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,995,440	19,057	24.6	192,305	0.3	33	10
ANTIDIABETIC	1,739,749	818	1.1	8,529	0.7	300	204
ANTIHYPERTENSIVE	1,584,857	3,432	4.4	35,984	0.6	69	44
ANTIHYPERTENSIVE	1,490,464	2,182	2.8	23,795	0.6	108	63
Total	\$31,298,389	72,863		760,029	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Wyoming, released by CMS in 12/2008. 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

All Medicaid Beneficiaries