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

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TABLE D.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 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>103,517</b>	<b>38,595</b>	<b>63,771</b>	<b>1,120</b>	<b>6</b>	<b>25</b>	<b>1,112,391</b>	<b>398,954</b>	<b>702,509</b>	<b>10,621</b>	<b>45</b>	<b>262</b>
<b>Age</b>												
5 and younger	12	0	11	0	1	0	120	0	119	0	1	0
6-14	8	0	8	0	0	0	87	0	87	0	0	0
15-20	283	0	270	11	2	0	3,192	0	3,049	126	17	0
21-44	20,388	0	19,446	937	3	2	222,207	0	213,032	9,124	27	24
45-64	24,814	1	24,630	162	0	21	270,057	12	268,499	1,321	0	225
65-74	21,348	8,291	13,045	10	0	2	233,586	86,200	147,323	50	0	13
75-84	20,145	15,189	4,956	0	0	0	215,746	160,435	55,311	0	0	0
85 and older	16,519	15,114	1,405	0	0	0	167,396	152,307	15,089	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	70,824	30,581	39,249	964	5	25	764,839	319,395	435,870	9,279	33	262
Male	32,693	8,014	24,522	156	1	0	347,552	79,559	266,639	1,342	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	53,709	22,417	30,702	576	3	11	569,024	225,775	337,742	5,380	25	102
African American	41,033	12,969	27,520	527	3	14	448,003	138,464	304,274	5,085	20	160
Other/unknown	8,775	3,209	5,549	17	0	0	95,364	34,715	60,493	156	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	16,250	13,093	3,157	0	0	0	162,970	129,277	33,693	0	0	0
Part year	7,198	5,567	1,631	0	0	0	71,264	54,339	16,925	0	0	0
None	80,069	19,935	58,983	1,120	6	25	878,157	215,338	651,891	10,621	45	262
<b>Maintenance Assistance Status</b>												
Cash	71,974	18,311	53,285	378	0	0	799,182	202,845	592,753	3,584	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	3,351	953	2,171	198	4	25	30,017	9,219	19,158	1,357	21	262
Other/unknown	28,192	19,331	8,315	544	2	0	283,192	186,890	90,598	5,680	24	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	97,668	35,869	60,681	1,087	6	25	1,054,678	370,415	673,596	10,360	45	262
Full dual, part year	5,849	2,726	3,090	33	0	0	57,713	28,539	28,913	261	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	101,532	37,980	62,407	1,114	6	25	1,100,255	395,773	693,587	10,588	45	262
FFS part year, with Rx claims	1,787	537	1,244	6	0	0	11,193	2,818	8,342	33	0	0
FFS part year, no Rx claims	198	78	120	0	0	0	943	363	580	0	0	0

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.2 includes the beneficiaries represented by Cell G 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 contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 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>89.6</b>	<b>48.5</b>	<b>\$2,634</b>	<b>\$54</b>	<b>\$13,248</b>	<b>19.9</b>	<b>103,517</b>
<b>Age</b>							
5 and younger	91.7	52.6	7,380	140	23,762	31.1	12
6-14	100.0	69.0	29,180	423	35,954	81.2	8
15-20	77.7	18.2	5,061	279	8,458	59.8	283
21-44	81.1	28.7	2,197	77	6,732	32.6	20,388
45-64	89.8	50.4	2,927	58	10,506	27.9	24,814
65-74	89.9	52.9	2,600	49	10,834	24.0	21,348
75-84	93.2	56.8	2,775	49	17,044	16.3	20,145
85 and older	94.9	54.8	2,550	47	23,960	10.6	16,519
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	91.6	53.0	2,589	49	19,569	13.2	38,595
Disabled	89.0	46.3	2,693	58	9,622	28.0	63,771
Adults	50.5	15.4	844	55	1,963	43.0	1,120
Children	83.3	10.3	1,385	134	6,035	22.9	6
Unknown	100.0	55.8	3,571	64	10,673	33.5	25
<b>Gender</b>							
Female	92.3	53.6	2,753	51	13,786	20.0	70,824
Male	83.5	37.5	2,378	64	12,081	19.7	32,693
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	91.1	55.8	3,048	55	16,795	18.1	53,709
African American	87.7	39.7	2,152	54	10,274	21.0	41,033
Other/unknown	88.8	45.0	2,356	52	5,437	43.3	8,775
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	97.3	75.4	4,077	54	41,295	9.9	16,250
Part year	93.8	52.6	2,783	53	25,417	10.9	7,198
None	87.6	42.7	2,328	55	6,462	36.0	80,069
<b>Maintenance Assistance Status</b>							
Cash	89.2	44.6	2,406	54	6,392	37.6	71,974
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	78.9	20.5	1,125	55	3,807	29.6	3,351
Other/unknown	91.7	61.7	3,397	55	31,872	10.7	28,192

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In eight states (DE, IA, IL, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In eight states (DE, IA, IL, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.4  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 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>	Beneficiaries	Benefit Months
				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			
<b>All</b>	<b>4.5</b>	<b>\$245</b>	<b>19.9</b>	<b>10.4</b>	<b>15.7</b>	<b>10.3</b>	<b>29.5</b>	<b>26.7</b>	<b>7.5</b>	<b>\$1,233</b>	<b>103,517</b>	<b>1,112,391</b>
<b>Age</b>												
5 and younger	5.3	738	31.1	8.3	0.0	0.0	50.0	41.7	0.0	2,376	12	120
6-14	6.3	2,683	81.2	0.0	12.5	12.5	25.0	37.5	12.5	3,306	8	87
15-20	1.6	449	59.8	22.3	42.4	12.0	17.3	6.0	0.0	750	283	3,192
21-44	2.6	202	32.6	18.9	29.4	12.9	24.0	12.5	2.3	618	20,388	222,207
45-64	4.6	269	27.9	10.2	15.2	10.7	29.6	26.6	7.8	965	24,814	270,057
65-74	4.8	238	24.0	10.1	13.1	9.6	29.6	29.1	8.6	990	21,348	233,586
75-84	5.3	259	16.3	6.8	10.0	8.9	31.6	32.6	10.0	1,591	20,145	215,746
85 and older	5.4	252	10.6	5.1	9.3	8.7	33.4	34.2	9.2	2,364	16,519	167,396
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	5.1	250	13.2	8.4	10.9	9.1	31.2	31.0	9.5	1,893	38,595	398,954
Disabled	4.2	245	28.0	11.0	18.6	11.0	28.6	24.4	6.4	873	63,771	702,509
Adults	1.6	89	43.0	49.5	14.5	8.6	18.4	7.2	1.9	207	1,120	10,621
Children	1.4	185	22.9	16.7	33.3	16.7	16.7	16.7	0.0	805	6	45
Unknown	5.3	341	33.5	0.0	8.0	12.0	24.0	56.0	0.0	1,018	25	262
<b>Gender</b>												
Female	5.0	255	20.0	7.7	12.8	10.0	30.8	29.9	8.8	1,277	70,824	764,839
Male	3.5	224	19.7	16.5	21.8	10.8	26.4	19.8	4.8	1,136	32,693	347,552
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	5.3	288	18.1	8.9	12.0	8.8	28.2	31.6	10.5	1,585	53,709	569,024
African American	3.6	197	21.0	12.3	20.2	12.0	30.6	21.0	4.0	941	41,033	448,003
Other/unknown	4.1	217	43.3	11.2	16.8	11.5	31.6	23.4	5.5	500	8,775	95,364
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	7.5	407	9.9	2.7	3.3	4.9	24.8	43.6	20.7	4,118	16,250	162,970
Part year	5.3	281	10.9	6.2	9.4	9.3	32.8	33.1	9.1	2,567	7,198	71,264
None	3.9	212	36.0	12.4	18.7	11.4	30.1	22.7	4.7	589	80,069	878,157
<b>Maintenance Assistance Status</b>												
Cash	4.0	217	37.6	10.8	18.3	11.4	30.8	23.8	5.0	576	71,974	799,182
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.3	126	29.6	21.1	32.2	13.2	21.9	10.1	1.6	425	3,351	30,017
Other/unknown	6.1	338	10.7	8.3	7.1	7.0	26.9	36.1	14.6	3,173	28,192	283,192

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.4 includes the beneficiaries represented by Cell G 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 D.5  
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 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>	<b>4.5</b>	<b>\$245</b>	<b>\$54</b>	<b>1.3</b>	<b>\$162</b>	<b>\$124</b>	<b>0.1</b>	<b>\$9</b>	<b>\$70</b>	<b>3.1</b>	<b>\$75</b>	<b>\$24</b>
<b>Age</b>												
5 and younger	5.3	738	140	2.1	659	320	0.2	4	19	3.0	75	25
6-14	6.3	2,683	423	3.1	2,581	835	0.2	8	35	3.0	94	31
15-20	1.6	449	279	0.6	420	669	0.1	6	104	0.9	22	24
21-44	2.6	202	77	0.8	147	191	0.1	9	106	1.8	46	26
45-64	4.6	269	58	1.3	177	137	0.1	10	86	3.2	82	26
65-74	4.8	238	49	1.4	152	110	0.1	7	62	3.3	79	24
75-84	5.3	259	49	1.6	168	104	0.1	8	54	3.5	83	24
85 and older	5.4	252	47	1.6	157	100	0.2	10	54	3.6	85	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.1	250	49	1.6	161	103	0.2	9	54	3.4	80	24
Disabled	4.2	245	58	1.2	164	139	0.1	9	83	2.9	72	25
Adults	1.6	89	55	0.4	55	138	0.0	4	86	1.2	30	25
Children	1.4	185	134	0.5	125	268	0.1	44	391	0.8	16	20
Unknown	5.3	341	64	1.6	229	140	0.1	16	160	3.6	96	27
<b>Gender</b>												
Female	5.0	255	51	1.4	164	115	0.1	9	67	3.4	81	24
Male	3.5	224	64	1.0	156	149	0.1	8	80	2.4	60	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	5.3	288	55	1.5	186	122	0.2	12	71	3.6	90	25
African American	3.6	197	54	1.1	135	127	0.1	6	66	2.5	56	23
Other/unknown	4.1	217	52	1.1	142	125	0.1	6	71	2.9	68	23
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.5	407	54	2.4	266	110	0.3	16	56	4.8	124	26
Part year	5.3	281	53	1.6	180	111	0.2	12	61	3.5	89	26
None	3.9	212	55	1.1	141	131	0.1	7	79	2.7	64	24
<b>Maintenance Assistance Status</b>												
Cash	4.0	217	54	1.1	143	129	0.1	7	75	2.8	66	24
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	2.3	126	55	0.6	82	128	0.1	7	109	1.6	37	23
Other/unknown	6.1	338	55	1.9	222	114	0.2	14	62	4.0	102	26

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.5 includes the beneficiaries represented by Cell G 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 combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

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

TABLE D.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 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	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.0	0.0	0.3	\$18	\$9	\$3	\$6	\$55	\$216	\$80	\$24	222,985	\$12,202,666	60,494	58.4	676,006
Biologicals	0.1	0.1	0.0	0.0	21	1	11	9	182	18	4,043	247	2,785	506,815	2,091	2.0	23,860
Antineoplastic Agents	0.5	0.1	0.0	0.4	70	32	0	37	148	434	168	94	27,396	4,041,400	5,637	5.4	58,036
Endocrine/Metabolic Drugs	0.9	0.3	0.1	0.5	44	31	3	10	49	101	43	19	462,674	22,479,336	45,976	44.4	510,780
Cardiovascular Agents	1.8	0.5	0.0	1.3	67	42	0	24	37	85	42	19	1,354,483	50,393,800	68,659	66.3	755,779
Respiratory Agents	0.6	0.2	0.0	0.3	25	18	1	6	43	92	31	17	307,287	13,339,250	47,732	46.1	534,493
Gastrointestinal Agents	0.8	0.2	0.0	0.6	48	25	1	23	63	132	49	41	409,437	25,957,874	48,744	47.1	540,028
Genitourinary Agents	0.5	0.3	0.0	0.1	30	26	1	4	66	85	72	28	86,641	5,728,110	16,891	16.3	187,826
CNS Drugs	1.1	0.5	0.0	0.6	95	77	0	17	83	159	92	27	664,450	55,285,107	53,352	51.5	584,938
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	60	50	2	8	124	180	168	40	6,663	828,005	1,229	1.2	13,806
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	123	122	0	1	147	151	0	26	78,102	11,442,975	8,785	8.5	92,954
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	29	10	4	15	40	149	191	24	492,292	19,450,660	61,065	59.0	676,818
Neuromuscular Agents	0.8	0.2	0.0	0.6	54	28	3	22	64	157	70	37	335,370	21,578,758	36,189	35.0	402,835
Nutritional Products	0.6	0.0	0.0	0.6	12	1	1	9	18	102	48	15	197,411	3,535,511	28,019	27.1	306,151
Hematological Agents	0.7	0.2	0.0	0.5	59	50	1	8	81	211	28	18	181,699	14,761,247	22,685	21.9	248,268
Topical Products	0.4	0.2	0.0	0.2	19	13	0	5	48	77	41	24	173,203	8,239,485	39,353	38.0	442,321
Miscellaneous Products	0.4	0.2	0.0	0.2	120	92	13	15	274	536	381	65	10,296	2,824,622	2,184	2.1	23,564
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	14	0	0	0	7,734	110,343	2,035	2.0	22,714
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.	5,020,908	272,705,964	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories 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. 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 Alabama, 0.1 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.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.

Dual Eligible Beneficiaries

TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$35,030,565	24,842	24.0	275,084	0.6	\$198	\$127
ULCER DRUGS	20,132,182	48,238	46.6	541,269	0.5	69	37
ANTIHYPERTENSIVE	18,826,773	25,841	25.0	294,845	0.6	103	64
ANTICONVULSANT	17,986,786	28,517	27.5	319,383	0.7	83	56
ANTIDEPRESSANTS	16,586,913	48,234	46.6	535,671	0.6	52	31
ANTIDIABETIC	15,919,797	37,818	36.5	425,080	0.7	57	37
ANTIHYPERTENSIVE	12,742,952	53,908	52.1	606,221	0.6	33	21
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	11,387,778	10,329	10.0	110,585	0.7	147	103
ANALGESICS - Narcotic	10,593,546	71,500	69.1	803,512	0.4	34	13
MISC. HEMATOLOGICAL	9,659,180	9,684	9.4	107,301	0.6	147	90
Total	168,866,472	358,911		4,018,951	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

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

Dual Eligible Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean \$ per Benefit Month
<b>All</b>	<b>2,307,526</b>	<b>\$168,866,472</b>	<b>24,842</b>	<b>24.0</b>	<b>275,084</b>	<b>0.6</b>	<b>\$127</b>	<b>48,238</b>	<b>46.6</b>	<b>541,269</b>	<b>0.5</b>	<b>\$37</b>
<b>Female</b>												
All Females	1,709,005	118,218,939	16,136	22.8	178,246	0.6	116	36,437	51.4	409,782	0.5	37
<b>Female, Disabled</b>												
All Ages	966,200	68,954,244	9,202	23.4	104,924	0.6	129	21,460	54.7	246,634	0.5	34
5 and younger	40	1,471	0	0.0	0	0.0	0	3	75.0	29	0.5	23
6-14	33	3,617	0	0.0	0	0.0	0	4	80.0	48	0.5	73
15-20	950	90,480	25	21.2	280	0.3	107	47	39.8	530	0.3	24
21-44	156,487	13,750,703	2,869	29.6	32,652	0.5	126	3,918	40.5	45,139	0.4	28
45-64	412,538	30,274,348	3,873	25.3	44,534	0.6	140	9,067	59.2	104,157	0.5	35
65-74	267,209	16,943,230	1,482	16.4	16,952	0.7	124	5,564	61.6	64,422	0.5	37
75-84	101,219	6,239,923	716	18.5	7,970	0.6	101	2,186	56.4	24,815	0.6	36
85 and older	27,724	1,650,472	237	19.5	2,536	0.6	89	671	55.2	7,494	0.6	38
<b>Female, Other Eligibles</b>												
All Ages	742,805	49,264,695	6,934	22.0	73,322	0.6	97	14,977	47.4	163,148	0.6	41
5 and younger	1	59	0	0.0	0	0.0	0	1	100.0	1	1.0	59
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	13	1,070	1	7.7	12	0.3	61	2	15.4	23	0.1	10
21-44	3,889	256,236	59	7.0	569	0.3	42	135	15.9	1,396	0.3	26
45-64	2,401	170,212	23	18.5	232	0.4	75	60	48.4	658	0.4	32
65-74	122,777	8,210,693	920	16.6	9,990	0.7	119	2,297	41.4	25,628	0.5	40
75-84	319,981	21,245,403	2,653	22.1	28,593	0.7	102	5,944	49.6	66,136	0.6	42
85 and older	293,743	19,381,022	3,278	25.1	33,926	0.6	87	6,538	50.1	69,306	0.6	41
<b>Male</b>												
All Males	598,521	50,647,533	8,706	26.6	96,838	0.7	149	11,801	36.1	131,487	0.6	37
<b>Male, Disabled</b>												
All Ages	437,562	39,864,801	6,896	28.1	78,607	0.7	162	8,462	34.5	96,518	0.5	36
5 and younger	67	5,144	0	0.0	0	0.0	0	8	114.3	96	0.6	52
6-14	47	3,223	0	0.0	0	0.0	0	3	100.0	36	0.7	73
15-20	1,187	1,039,302	33	21.7	361	0.6	169	25	16.4	292	0.4	32
21-44	126,472	15,478,106	3,311	33.9	37,881	0.6	165	2,329	23.9	26,753	0.4	31
45-64	193,088	15,775,774	2,659	28.5	30,240	0.7	172	3,620	38.9	41,038	0.6	38
65-74	90,455	5,933,390	662	16.5	7,525	0.7	133	1,893	47.2	21,714	0.6	37
75-84	22,834	1,431,014	194	18.0	2,207	0.7	106	491	45.5	5,597	0.6	36
85 and older	3,412	198,848	37	19.5	393	0.6	92	93	48.9	992	0.6	32

Dual Eligible Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

All Top 10 Drug Groups					ANTIPSYCHOTICS				ULCER DRUGS			
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month
					Benefit Months Among Users	of Rx per Benefit Month				Benefit Months Among Users	of Rx per Benefit Month	
Male, Other Eligibles												
All Ages	160,959	10,782,732	1,810	22.2	18,231	0.6	92	3,339	40.9	34,969	0.6	42
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,600	106,372	21	22.1	198	0.5	91	39	41.1	371	0.4	35
45-64	818	54,274	5	8.3	46	0.8	193	23	38.3	220	0.5	38
65-74	47,537	3,166,203	453	16.4	4,796	0.6	102	922	33.5	9,946	0.6	41
75-84	69,678	4,711,204	775	24.2	7,729	0.6	95	1,360	42.5	14,344	0.6	43
85 and older	41,326	2,744,679	556	26.9	5,462	0.6	80	995	48.2	10,088	0.6	43
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.7A includes the beneficiaries represented by Cell G 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 drug 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTICONVULSANT					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>25,841</b>	<b>25.0</b>	<b>294,845</b>	<b>0.6</b>	<b>\$64</b>	<b>28,517</b>	<b>27.5</b>	<b>319,383</b>	<b>0.7</b>	<b>\$56</b>	<b>48,234</b>	<b>46.6</b>	<b>535,671</b>	<b>0.6</b>	<b>\$31</b>
<b>Female</b>															
All Females	19,281	27.2	220,485	0.6	64	19,596	27.7	219,434	0.7	52	36,936	52.2	411,176	0.6	31
<b>Female, Disabled</b>															
All Ages	11,875	30.3	137,098	0.6	62	13,372	34.1	152,456	0.6	58	22,292	56.8	254,526	0.5	29
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.1	3	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	2.5	36	0.2	27	36	30.5	417	0.6	71	45	38.1	513	0.4	21
21-44	1,050	10.8	12,076	0.4	45	3,885	40.1	44,051	0.6	72	5,586	57.7	63,734	0.5	27
45-64	5,254	34.3	60,423	0.6	58	5,995	39.1	68,524	0.6	59	10,665	69.6	121,936	0.6	30
65-74	4,007	44.4	46,516	0.6	68	2,417	26.8	27,755	0.6	44	4,159	46.0	47,839	0.6	28
75-84	1,317	34.0	15,236	0.7	69	855	22.1	9,724	0.7	38	1,422	36.7	15,991	0.6	28
85 and older	244	20.1	2,811	0.7	68	183	15.1	1,973	0.7	37	415	34.2	4,513	0.6	29
<b>Female, Other Eligibles</b>															
All Ages	7,406	23.5	83,387	0.7	68	6,224	19.7	66,978	0.7	37	14,644	46.4	156,650	0.7	35
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7.7	12	0.1	6
21-44	34	4.0	338	0.4	42	116	13.7	1,154	0.4	41	233	27.5	2,335	0.4	17
45-64	29	23.4	276	0.4	39	42	33.9	404	0.6	62	99	79.8	1,051	0.5	30
65-74	1,881	33.9	21,338	0.6	66	1,123	20.2	12,343	0.6	42	2,240	40.4	24,401	0.6	32
75-84	3,614	30.1	41,137	0.7	70	2,657	22.2	28,991	0.7	38	5,636	47.0	61,550	0.7	35
85 and older	1,848	14.2	20,298	0.7	67	2,286	17.5	24,086	0.7	33	6,435	49.3	67,301	0.7	36
<b>Male</b>															
All Males	6,560	20.1	74,360	0.6	63	8,921	27.3	99,949	0.7	66	11,298	34.6	124,495	0.6	31
<b>Male, Disabled</b>															
All Ages	4,891	19.9	56,210	0.6	62	7,266	29.6	82,716	0.7	72	8,208	33.5	92,762	0.6	29
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	14.3	12	0.1	1
6-14	1	33.3	12	0.1	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	1.3	24	0.8	61	42	27.6	492	0.6	73	31	20.4	355	0.4	23
21-44	998	10.2	11,507	0.5	49	3,091	31.7	35,209	0.7	86	3,195	32.7	36,331	0.5	28
45-64	2,287	24.5	26,218	0.6	64	2,953	31.7	33,520	0.8	67	3,440	36.9	38,479	0.6	31
65-74	1,281	31.9	14,762	0.7	68	945	23.5	10,840	0.7	46	1,219	30.4	13,960	0.6	29
75-84	291	26.9	3,356	0.7	71	201	18.6	2,274	0.7	36	272	25.2	3,085	0.6	32
85 and older	31	16.3	331	0.6	65	34	17.9	381	1.0	45	50	26.3	540	0.7	24

Dual Eligible Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTICONVULSANT					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>															
All Ages	1,669	20.4	18,150	0.7	66	1,655	20.3	17,233	0.7	41	3,090	37.8	31,733	0.6	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	23	24.2	241	0.4	45	41	43.2	395	0.5	46	74	77.9	721	0.4	25
45-64	12	20.0	108	0.3	38	25	41.7	258	0.5	38	29	48.3	268	0.5	30
65-74	667	24.2	7,351	0.6	62	518	18.8	5,521	0.7	45	798	29.0	8,455	0.6	32
75-84	700	21.9	7,655	0.7	71	709	22.2	7,430	0.7	42	1,306	40.8	13,356	0.7	35
85 and older	267	12.9	2,795	0.7	66	362	17.5	3,629	0.7	32	883	42.8	8,933	0.7	36
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.7B includes the beneficiaries represented by Cell G 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 drug 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Months Benefit Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Benefit Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Benefit Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>37,818</b>	<b>36.5</b>	<b>425,080</b>	<b>0.7</b>	<b>\$38</b>	<b>53,908</b>	<b>52.1</b>	<b>606,221</b>	<b>0.6</b>	<b>\$21</b>	<b>10,329</b>	<b>10.0</b>	<b>110,585</b>	<b>0.7</b>	<b>\$103</b>
<b>Female</b>															
All Females	29,095	41.1	328,089	0.7	37	40,048	56.5	451,523	0.6	22	8,252	11.7	89,018	0.7	103
<b>Female, Disabled</b>															
All Ages	17,292	44.1	198,662	0.6	38	22,183	56.5	254,172	0.6	21	1,588	4.0	18,058	0.6	126
5 and younger	0	0.0	0	0.0	0	3	75.0	36	0.7	22	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	20.0	12	0.5	9	0	0.0	0	0.0	0
15-20	8	6.8	94	0.5	31	15	12.7	178	0.3	9	1	0.8	12	0.1	20
21-44	1,866	19.3	21,591	0.5	34	2,406	24.8	27,399	0.5	16	134	1.4	1,554	0.5	361
45-64	7,271	47.5	83,159	0.6	38	8,895	58.1	101,621	0.6	20	329	2.1	3,712	0.6	168
65-74	5,782	64.0	66,731	0.7	40	7,179	79.5	82,920	0.7	22	503	5.6	5,773	0.7	83
75-84	1,921	49.6	22,043	0.7	38	2,908	75.0	33,274	0.7	23	432	11.1	4,896	0.6	85
85 and older	444	36.5	5,044	0.7	31	776	63.9	8,732	0.7	23	189	15.6	2,111	0.7	91
<b>Female, Other Eligibles</b>															
All Ages	11,803	37.4	129,427	0.7	36	17,865	56.6	197,351	0.7	23	6,664	21.1	70,960	0.7	98
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	82	9.7	838	0.4	28	77	9.1	728	0.4	15	4	0.5	48	0.5	462
45-64	55	44.4	524	0.5	41	66	53.2	673	0.6	21	1	0.8	5	0.4	146
65-74	2,502	45.1	27,856	0.7	37	3,423	61.7	38,398	0.7	22	558	10.1	6,050	0.7	94
75-84	5,510	46.0	61,382	0.7	37	7,686	64.1	86,744	0.7	24	2,631	21.9	28,515	0.7	98
85 and older	3,654	28.0	38,827	0.7	34	6,613	50.7	70,808	0.7	23	3,470	26.6	36,342	0.7	98
<b>Male</b>															
All Males	8,723	26.7	96,991	0.7	38	13,860	42.4	154,698	0.6	19	2,077	6.4	21,567	0.7	101
<b>Male, Disabled</b>															
All Ages	6,063	24.7	68,928	0.6	38	9,749	39.8	110,630	0.6	19	569	2.3	6,328	0.6	112
5 and younger	0	0.0	0	0.0	0	3	42.9	36	0.3	4	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	3	100.0	36	0.5	15	0	0.0	0	0.0	0
15-20	5	3.3	57	0.8	68	25	16.4	293	0.5	13	0	0.0	0	0.0	0
21-44	1,163	11.9	13,351	0.5	35	2,142	21.9	24,313	0.5	16	77	0.8	870	0.5	219
45-64	2,928	31.4	33,055	0.6	39	4,336	46.5	48,874	0.6	19	187	2.0	2,056	0.7	108
65-74	1,605	40.0	18,308	0.7	40	2,517	62.7	28,825	0.7	20	190	4.7	2,114	0.6	81
75-84	323	29.9	3,721	0.7	41	633	58.6	7,258	0.7	20	94	8.7	1,070	0.7	97
85 and older	39	20.5	436	0.8	38	90	47.4	995	0.6	18	21	11.1	218	0.6	93

Dual Eligible Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

Beneficiary Characteristics	ANTIDIABETIC										ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month					
Male, Other Eligibles																				
All Ages	2,660	32.6	28,063	0.7	37	4,111	50.3	44,068	0.7	20	1,508	18.5	15,239	0.7	97					
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	22	23.2	234	0.4	26	30	31.6	287	0.5	17	1	1.1	8	0.4	134					
45-64	17	28.3	135	0.6	34	18	30.0	139	0.6	20	0	0.0	0	0.0	0					
65-74	926	33.6	9,915	0.7	38	1,403	50.9	15,263	0.6	20	277	10.1	2,917	0.7	93					
75-84	1,178	36.8	12,471	0.7	38	1,722	53.8	18,689	0.7	21	700	21.9	6,943	0.7	96					
85 and older	517	25.0	5,308	0.7	35	938	45.4	9,690	0.7	19	530	25.7	5,371	0.7	100					
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.7C includes the beneficiaries represented by Cell G 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 drug 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC. HEMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>71,500</b>	<b>69.1</b>	<b>803,512</b>	<b>0.4</b>	<b>\$13</b>	<b>9,684</b>	<b>9.4</b>	<b>107,301</b>	<b>0.6</b>	<b>\$90</b>	<b>103,517</b>	<b>1,112,391</b>
<b>Female</b>												
All Females	53,403	75.4	601,725	0.4	13	7,221	10.2	80,306	0.6	62	70,824	764,839
<b>Female, Disabled</b>												
All Ages	34,485	87.9	396,069	0.4	13	3,183	8.1	36,442	0.6	59	39,249	435,870
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	41
6-14	1	20.0	12	0.1	1	0	0.0	0	0.0	0	5	51
15-20	75	63.6	891	0.2	2	0	0.0	0	0.0	0	118	1,351
21-44	8,607	88.9	98,636	0.3	11	145	1.5	1,678	0.5	47	9,685	106,961
45-64	14,460	94.4	165,963	0.4	15	1,171	7.6	13,403	0.5	58	15,314	168,616
65-74	7,562	83.7	87,531	0.4	11	1,147	12.7	13,239	0.6	61	9,032	102,465
75-84	2,980	76.9	34,151	0.4	9	535	13.8	6,092	0.6	61	3,876	43,309
85 and older	800	65.8	8,885	0.4	10	185	15.2	2,030	0.6	54	1,215	13,076
<b>Female, Other Eligibles</b>												
All Ages	18,918	59.9	205,656	0.4	14	4,038	12.8	43,864	0.6	65	31,575	328,969
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	2	15.4	23	0.2	2	0	0.0	0	0.0	0	13	143
21-44	374	44.2	3,590	0.3	10	2	0.2	24	0.1	16	847	8,316
45-64	116	93.5	1,164	0.4	21	4	3.2	48	0.7	89	124	1,079
65-74	3,237	58.3	36,011	0.4	12	567	10.2	6,241	0.6	65	5,549	58,450
75-84	7,597	63.4	84,530	0.4	14	1,601	13.4	17,881	0.6	65	11,991	128,409
85 and older	7,592	58.2	80,338	0.4	15	1,864	14.3	19,670	0.7	66	13,050	132,571
<b>Male</b>												
All Males	18,097	55.4	201,787	0.4	13	2,463	7.5	26,995	0.6	172	32,693	347,552
<b>Male, Disabled</b>												
All Ages	14,092	57.5	159,448	0.4	14	1,373	5.6	15,578	0.6	251	24,522	266,639
5 and younger	1	14.3	12	0.1	1	0	0.0	0	0.0	0	7	78
6-14	2	66.7	24	0.1	1	0	0.0	0	0.0	0	3	36
15-20	70	46.1	825	0.2	2	1	0.7	12	2.5	76,188	152	1,698
21-44	5,127	52.5	57,884	0.3	13	88	0.9	1,012	0.6	1,999	9,761	106,071
45-64	5,712	61.3	64,052	0.4	15	601	6.5	6,853	0.6	73	9,316	99,883
65-74	2,482	61.8	28,741	0.4	15	496	12.4	5,609	0.6	60	4,013	44,858
75-84	596	55.2	6,804	0.4	9	159	14.7	1,803	0.6	65	1,080	12,002
85 and older	102	53.7	1,106	0.4	7	28	14.7	289	0.6	59	190	2,013

Dual Eligible Beneficiaries

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

ANALGESICS - Narcotic													MISC. HEMATOLOGICAL			
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months				
Male, Other Eligibles																
All Ages	4,005	49.0	42,339	0.4	12	1,090	13.3	11,417	0.6	65	8,171	80,913				
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0				
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0				
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0				
21-44	117	123.2	1,138	0.4	13	1	1.1	12	0.5	63	95	859				
45-64	47	78.3	450	0.5	16	1	1.7	12	0.3	42	60	479				
65-74	1,216	44.2	13,181	0.4	11	307	11.1	3,278	0.6	64	2,754	27,813				
75-84	1,612	50.4	17,148	0.4	12	451	14.1	4,739	0.7	67	3,198	32,026				
85 and older	1,013	49.1	10,422	0.4	13	330	16.0	3,376	0.7	63	2,064	19,736				
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0				

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.7D includes the beneficiaries represented by Cell G 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 drug 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$407</b>	<b>7.5</b>	<b>16,250</b>	<b>162,970</b>
<b>Age</b>				
0-64	510	8.0	1,441	15,161
65-74	481	8.2	2,323	23,882
75-84	430	7.9	5,262	52,848
85 and older	342	6.9	7,224	71,079
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	407	7.6	12,376	125,291
Male	407	7.2	3,874	37,679
Unknown	0	0.0	0	0
<b>Race</b>				
White	417	7.9	12,158	120,727
African American	375	6.5	3,989	41,214
Other/unknown	416	7.1	103	1,029
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	390	7.4	13,093	129,277
Disabled	470	7.8	3,157	33,693
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 7,198 beneficiaries who were in nursing facilities for part of their enrollment and their 71,264 benefit months were excluded from the analysis. 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. 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.

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

Dual Eligible Beneficiaries

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	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 Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.0	0.0	0.3	\$19	\$4	\$5	\$10	\$52	\$110	\$106	\$35	42,940	\$2,252,553	11,348	69.8	120,673
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	19	17	0	25	1,993	38,540	1,564	9.6	17,781
Antineoplastic Agents	0.5	0.0	0.0	0.5	66	11	0	56	134	427	122	119	10,324	1,388,123	2,141	13.2	20,971
Endocrine/Metabolic Drugs	1.1	0.4	0.2	0.5	54	38	8	9	49	99	43	16	100,322	4,892,789	8,598	52.9	90,284
Cardiovascular Agents	2.1	0.5	0.0	1.6	64	36	0	28	31	76	39	17	277,191	8,460,575	12,796	78.7	131,825
Respiratory Agents	0.6	0.2	0.0	0.4	25	18	1	6	42	89	35	17	50,247	2,135,434	7,839	48.2	83,840
Gastrointestinal Agents	1.1	0.2	0.0	0.8	64	30	2	33	59	126	47	40	113,127	6,680,381	9,996	61.5	104,762
Genitourinary Agents	0.6	0.5	0.0	0.2	44	38	1	5	70	85	82	31	32,958	2,306,174	4,865	29.9	51,956
CNS Drugs	1.5	0.8	0.0	0.7	119	100	0	19	79	123	53	28	191,986	15,172,329	12,218	75.2	127,121
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	51	45	0	5	88	149	0	20	981	86,547	156	1.0	1,713
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	139	139	0	0	141	141	0	23	48,850	6,870,816	4,717	29.0	49,331
Analgesics and Anesthetics	0.9	0.1	0.0	0.7	41	13	6	22	46	103	143	31	86,983	4,031,487	9,376	57.7	98,170
Neuromuscular Agents	1.1	0.3	0.1	0.8	68	33	4	31	59	116	43	41	73,067	4,345,559	6,058	37.3	64,194
Nutritional Products	0.8	0.0	0.0	0.8	13	1	1	11	15	50	27	14	69,822	1,066,513	8,129	50.0	84,758
Hematological Agents	1.0	0.3	0.1	0.7	62	50	1	11	61	164	21	17	65,196	3,971,191	6,129	37.7	63,874
Topical Products	0.5	0.2	0.0	0.3	23	15	1	7	44	72	37	24	54,477	2,390,123	9,641	59.3	104,270
Miscellaneous Products	0.3	0.1	0.0	0.2	14	7	0	6	55	105	167	35	2,363	130,191	878	5.4	9,307
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	6	0	0	0	13	0	0	0	2,922	37,629	575	3.5	6,221
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.	1,225,749	66,256,954	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 7,198 beneficiaries who were in nursing facilities for part of their enrollment and their 71,264 benefit months were excluded from the analysis.

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

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

d. 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).

e. 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Alabama, 0.1 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.

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

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$8,805,915	6,731	41.4	72,280	0.8	\$160	\$122
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	6,846,294	5,600	34.5	59,626	0.8	141	115
ANTIDEPRESSANTS	5,524,070	11,742	72.3	125,895	0.8	56	44
ULCER DRUGS	5,091,907	9,333	57.4	99,874	0.8	68	51
ANTICONVULSANT	3,349,770	5,583	34.4	60,659	0.9	64	55
ANTIDIABETIC	3,250,171	6,981	43.0	74,844	0.9	49	43
ANALGESICS - Narcotic	2,473,214	9,557	58.8	101,433	0.6	43	24
ANTIHYPERLIPIDEMIC	2,294,293	2,894	17.8	31,267	0.8	92	73
ANTIHYPERTENSIVE	2,142,098	8,121	50.0	86,524	0.8	31	25
MISC. HEMATOLOGICAL	2,092,400	2,561	15.8	27,383	0.8	102	76
Total	41,870,132	69,103		739,785	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 7,198 beneficiaries who were in nursing facilities for part of their enrollment and their 71,264 benefit months were excluded from the analysis.

b. 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 drug 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.

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

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

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

Dual Eligible Beneficiaries

TABLE D.10A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST  
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>567,937</b>	<b>\$41,870,132</b>	<b>6,731</b>	<b>41.4</b>	<b>72,280</b>	<b>0.8</b>	<b>\$122</b>	<b>5,600</b>	<b>34.5</b>	<b>59,626</b>	<b>0.8</b>	<b>\$115</b>
<b>Female</b>												
All Females	436,753	32,167,282	5,070	41.0	54,746	0.8	122	4,481	36.2	48,127	0.8	115
<b>Female, Disabled</b>												
All Ages	79,387	6,431,498	939	51.1	10,614	0.8	161	413	22.5	4,578	0.8	147
64 or younger	31,184	2,659,076	335	49.6	3,813	0.8	173	83	12.3	907	0.9	256
65-74	25,752	2,060,542	304	56.8	3,513	0.8	170	121	22.6	1,388	0.8	126
75-84	15,146	1,191,393	214	54.5	2,385	0.8	141	134	34.1	1,481	0.8	115
85 and older	7,305	520,487	86	36.6	903	0.8	128	75	31.9	802	0.8	119
<b>Female, Other Eligibles</b>												
All Ages	357,366	25,735,784	4,131	39.2	44,132	0.7	113	4,068	38.6	43,549	0.8	112
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	40,822	3,160,701	483	54.5	5,306	0.8	143	316	35.7	3,407	0.8	111
75-84	143,651	10,527,024	1,609	43.8	17,473	0.8	120	1,573	42.8	17,046	0.8	114
85 and older	172,893	12,048,059	2,039	34.1	21,353	0.7	100	2,179	36.5	23,096	0.8	110
<b>Male</b>												
All Males	131,184	9,702,850	1,661	42.9	17,534	0.7	121	1,119	28.9	11,499	0.8	113
<b>Male, Disabled</b>												
All Ages	50,597	3,910,671	609	46.2	6,787	0.8	146	185	14.0	1,942	0.8	122
64 or younger	29,378	2,340,846	335	43.8	3,661	0.8	160	71	9.3	689	0.9	142
65-74	14,388	1,092,841	185	52.9	2,108	0.7	135	72	20.6	783	0.7	100
75-84	5,556	391,883	71	45.8	816	0.8	120	33	21.3	381	0.9	131
85 and older	1,275	85,101	18	37.5	202	0.6	110	9	18.8	89	0.8	122
<b>Male, Other Eligibles</b>												
All Ages	80,587	5,792,179	1,052	41.2	10,747	0.7	105	934	36.5	9,557	0.8	111
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	19,194	1,407,598	245	44.4	2,612	0.8	118	164	29.7	1,741	0.8	111
75-84	35,275	2,546,571	447	43.1	4,543	0.7	107	414	39.9	4,158	0.8	109
85 and older	26,118	1,838,010	360	37.3	3,592	0.7	92	356	36.9	3,658	0.8	114
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 7,198 beneficiaries who were in nursing facilities for part of their enrollment and their 71,264 benefit months were excluded from the analysis.

b. 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 drug 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.

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

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

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>11,742</b>	<b>72.3</b>	<b>125,895</b>	<b>0.8</b>	<b>\$44</b>	<b>9,333</b>	<b>57.4</b>	<b>99,874</b>	<b>0.8</b>	<b>\$51</b>	<b>5,583</b>	<b>34.4</b>	<b>60,659</b>	<b>0.9</b>	<b>\$55</b>
<b>Female</b>															
All Females	9,181	74.2	98,770	0.8	44	7,163	57.9	77,113	0.8	51	3,998	32.3	43,408	0.9	53
<b>Female, Disabled</b>															
All Ages	1,416	77.0	15,911	0.8	48	1,133	61.6	12,692	0.8	50	1,045	56.8	11,849	1.0	76
64 or younger	566	83.7	6,452	0.8	50	403	59.6	4,586	0.8	50	504	74.6	5,754	1.0	93
65-74	435	81.3	4,958	0.8	49	336	62.8	3,816	0.8	53	336	62.8	3,845	1.0	66
75-84	277	70.5	3,047	0.8	44	246	62.6	2,693	0.7	46	150	38.2	1,699	0.9	46
85 and older	138	58.7	1,454	0.8	41	148	63.0	1,597	0.8	51	55	23.4	551	0.8	49
<b>Female, Other Eligibles</b>															
All Ages	7,765	73.7	82,859	0.8	43	6,030	57.2	64,421	0.8	51	2,953	28.0	31,559	0.8	44
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	783	88.4	8,392	0.8	47	535	60.4	5,822	0.8	57	446	50.3	4,867	0.9	57
75-84	2,955	80.4	31,888	0.8	44	2,166	58.9	23,514	0.8	53	1,260	34.3	13,545	0.8	45
85 and older	4,027	67.4	42,579	0.8	42	3,329	55.7	35,085	0.7	48	1,247	20.9	13,147	0.8	39
<b>Male</b>															
All Males	2,561	66.1	27,125	0.8	44	2,170	56.0	22,761	0.7	53	1,585	40.9	17,251	0.9	62
<b>Male, Disabled</b>															
All Ages	923	70.0	10,124	0.8	45	837	63.5	9,115	0.7	51	771	58.5	8,712	1.0	77
64 or younger	549	71.8	5,896	0.8	45	478	62.5	5,143	0.7	49	498	65.1	5,576	1.0	89
65-74	256	73.1	2,884	0.8	43	235	67.1	2,615	0.7	56	207	59.1	2,384	0.9	59
75-84	92	59.4	1,065	0.8	52	96	61.9	1,080	0.8	50	50	32.3	565	0.9	40
85 and older	26	54.2	279	0.8	32	28	58.3	277	0.7	39	16	33.3	187	1.0	49
<b>Male, Other Eligibles</b>															
All Ages	1,638	64.1	17,001	0.8	43	1,333	52.2	13,646	0.8	53	814	31.8	8,539	0.8	47
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	348	63.0	3,660	0.8	45	297	53.8	3,049	0.7	52	230	41.7	2,454	0.9	52
75-84	714	68.8	7,406	0.8	44	537	51.7	5,552	0.8	57	359	34.6	3,785	0.8	50
85 and older	576	59.6	5,935	0.8	41	499	51.7	5,045	0.7	50	225	23.3	2,300	0.7	35
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 7,198 beneficiaries who were in nursing facilities for part of their enrollment and their 71,264 benefit months were excluded from the analysis.

b. 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 drug 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.

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

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

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>6,981</b>	<b>43.0</b>	<b>74,844</b>	<b>0.9</b>	<b>\$43</b>	<b>9,557</b>	<b>58.8</b>	<b>101,433</b>	<b>0.6</b>	<b>\$24</b>	<b>2,894</b>	<b>17.8</b>	<b>31,267</b>	<b>0.8</b>	<b>\$73</b>
<b>Female</b>															
All Females	5,241	42.3	56,507	0.9	43	7,584	61.3	80,700	0.6	25	2,155	17.4	23,399	0.8	74
<b>Female, Disabled</b>															
All Ages	1,047	56.9	11,651	0.9	48	1,173	63.8	12,973	0.6	29	418	22.7	4,680	0.8	74
64 or younger	383	56.7	4,331	1.0	51	483	71.4	5,405	0.6	31	160	23.7	1,824	0.8	69
65-74	336	62.8	3,732	1.0	53	328	61.3	3,687	0.6	29	159	29.7	1,783	0.8	75
75-84	230	58.5	2,506	0.8	43	235	59.8	2,517	0.6	29	70	17.8	758	0.8	79
85 and older	98	41.7	1,082	0.8	34	127	54.0	1,364	0.5	21	29	12.3	315	0.9	77
<b>Female, Other Eligibles</b>															
All Ages	4,194	39.8	44,856	0.9	42	6,411	60.8	67,727	0.6	25	1,737	16.5	18,719	0.8	74
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	581	65.6	6,238	0.9	47	649	73.3	6,868	0.6	31	265	29.9	2,868	0.8	77
75-84	1,806	49.1	19,464	0.9	43	2,404	65.4	25,869	0.6	27	813	22.1	8,775	0.8	75
85 and older	1,807	30.2	19,154	0.8	39	3,358	56.2	34,990	0.5	21	659	11.0	7,076	0.8	70
<b>Male</b>															
All Males	1,740	44.9	18,337	0.9	44	1,973	50.9	20,733	0.5	21	739	19.1	7,868	0.8	73
<b>Male, Disabled</b>															
All Ages	634	48.1	6,890	0.9	47	751	57.0	8,276	0.5	24	272	20.6	3,021	0.8	77
64 or younger	367	48.0	3,957	0.9	48	449	58.7	4,857	0.5	26	165	21.6	1,840	0.8	78
65-74	180	51.4	1,970	0.9	45	204	58.3	2,348	0.5	22	81	23.1	890	0.8	73
75-84	74	47.7	823	0.9	42	78	50.3	873	0.5	17	21	13.5	250	0.9	83
85 and older	13	27.1	140	0.9	45	20	41.7	198	0.7	17	5	10.4	41	0.7	48
<b>Male, Other Eligibles</b>															
All Ages	1,106	43.3	11,447	0.9	43	1,222	47.8	12,457	0.5	19	467	18.3	4,847	0.8	71
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	288	52.2	2,978	0.9	47	267	48.4	2,785	0.5	16	135	24.5	1,424	0.8	72
75-84	504	48.6	5,201	0.9	43	489	47.1	4,977	0.6	22	208	20.0	2,188	0.8	72
85 and older	314	32.5	3,268	0.8	38	466	48.2	4,695	0.5	18	124	12.8	1,235	0.8	66
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 7,198 beneficiaries who were in nursing facilities for part of their enrollment and their 71,264 benefit months were excluded from the analysis.

b. 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 drug 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.

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

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

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC. HEMATOLOGICAL					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	8,121	50.0	86,524	0.8	\$25	2,561	15.8	27,383	0.8	\$76	16,250	162,970
Female												
All Females	6,142	49.6	65,763	0.8	25	1,903	15.4	20,499	0.8	76	12,376	125,291
Female, Disabled												
All Ages	955	51.9	10,621	0.8	26	241	13.1	2,686	0.8	75	1,839	19,848
64 or younger	323	47.8	3,640	0.8	27	68	10.1	776	0.9	88	676	7,332
65-74	307	57.4	3,496	0.8	25	75	14.0	853	0.7	73	535	5,939
75-84	216	55.0	2,367	0.8	25	67	17.0	727	0.7	69	393	4,195
85 and older	109	46.4	1,118	0.8	28	31	13.2	330	0.7	61	235	2,382
Female, Other Eligibles												
All Ages	5,187	49.2	55,142	0.8	25	1,662	15.8	17,813	0.8	77	10,537	105,443
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	517	58.4	5,628	0.8	27	175	19.8	1,877	0.8	79	886	8,883
75-84	1,960	53.3	21,180	0.8	25	571	15.5	6,258	0.8	80	3,676	37,311
85 and older	2,710	45.4	28,334	0.8	24	916	15.3	9,678	0.7	74	5,975	59,249
Male												
All Males	1,979	51.1	20,761	0.8	24	658	17.0	6,884	0.8	77	3,874	37,679
Male, Disabled												
All Ages	690	52.4	7,573	0.8	25	185	14.0	2,041	0.7	78	1,318	13,845
64 or younger	397	51.9	4,281	0.8	25	85	11.1	961	0.8	77	765	7,829
65-74	207	59.1	2,321	0.8	24	64	18.3	702	0.7	81	350	3,829
75-84	73	47.1	835	0.9	26	25	16.1	269	0.7	77	155	1,697
85 and older	13	27.1	136	0.8	17	11	22.9	109	0.7	83	48	490
Male, Other Eligibles												
All Ages	1,289	50.4	13,188	0.8	24	473	18.5	4,843	0.8	76	2,556	23,834
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	313	56.7	3,299	0.8	26	98	17.8	1,012	0.8	82	552	5,231
75-84	542	52.2	5,591	0.8	23	195	18.8	2,011	0.7	77	1,038	9,645
85 and older	434	44.9	4,298	0.8	22	180	18.6	1,820	0.8	72	966	8,958
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 7,198 beneficiaries who were in nursing facilities for part of their enrollment and their 71,264 benefit months were excluded from the analysis.

b. 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 drug 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.

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

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

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
ALABAMA, 2005

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>64,384</b>	<b>62.2</b>	<b>5.7</b>	<b>594,247</b>	<b>\$91</b>	<b>\$9,462,850</b>	<b>\$16</b>	<b>3.5</b>	<b>103,517</b>
<b>Age</b>									
5 and younger	10	83.3	12.3	148	799	9,590	65	10.8	12
6-14	7	87.5	12.1	97	353	2,826	29	1.2	8
15-20	117	41.3	2.3	657	74	21,050	32	1.5	283
21-44	9,715	47.7	3.3	67,536	72	1,465,321	22	3.3	20,388
45-64	15,539	62.6	5.9	146,402	105	2,606,903	18	3.6	24,814
65-74	13,269	62.2	5.9	126,624	91	1,941,295	15	3.5	21,348
75-84	13,665	67.8	6.6	133,445	92	1,844,737	14	3.3	20,145
85 and older	12,062	73.0	7.2	119,338	95	1,571,128	13	3.7	16,519
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	25,634	66.4	6.3	245,061	87	3,341,459	14	3.3	38,595
Disabled	38,393	60.2	5.4	347,270	96	6,090,798	18	3.5	63,771
Adults	337	30.1	1.6	1,771	26	28,577	16	3.0	1,120
Children	2	33.3	3.0	18	66	398	22	4.8	6
Unknown	18	72.0	5.1	127	65	1,618	13	1.8	25
<b>Gender</b>									
Female	47,773	67.5	6.4	452,279	102	7,188,942	16	3.7	70,824
Male	16,611	50.8	4.3	141,968	70	2,273,908	16	2.9	32,693
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	36,083	67.2	6.7	362,101	107	5,733,445	16	3.5	53,709
African American	23,231	56.6	4.6	188,283	74	3,048,967	16	3.5	41,033
Other/unknown	5,070	57.8	5.0	43,863	78	680,438	16	3.3	8,775
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	13,046	80.3	9.5	154,838	132	2,146,909	14	3.2	16,250
Part year	5,444	75.6	6.5	46,535	102	735,048	16	3.7	7,198
None	45,894	57.3	4.9	392,874	82	6,580,893	17	3.5	80,069
<b>Maintenance Assistance Status</b>									
Cash	42,481	59.0	5.1	369,120	84	6,048,479	16	3.5	71,974
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	1,484	44.3	2.3	7,749	51	172,409	22	4.6	3,351
Other/unknown	20,419	72.4	7.7	217,378	115	3,241,962	15	3.4	28,192

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
ALABAMA, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.5</b>	<b>\$9</b>	<b>\$16</b>	<b>\$0</b>	<b>\$2</b>	<b>1,112,391</b>
<b>Age</b>						
5 and younger	1.2	80	65	0	0	120
6-14	1.1	32	29	0	0	87
15-20	0.2	7	32	0	1	3,192
21-44	0.3	7	22	0	2	222,207
45-64	0.5	10	18	0	3	270,057
65-74	0.5	8	15	0	2	233,586
75-84	0.6	9	14	0	2	215,746
85 and older	0.7	9	13	0	2	167,396
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.6	8	14	0	2	398,954
Disabled	0.5	9	18	0	2	702,509
Adults	0.2	3	16	0	1	10,621
Children	0.4	9	22	0	1	45
Unknown	0.5	6	13	0	2	262
<b>Gender</b>						
Female	0.6	9	16	0	2	764,839
Male	0.4	7	16	0	2	347,552
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.6	10	16	0	3	569,024
African American	0.4	7	16	0	1	448,003
Other/unknown	0.5	7	16	0	2	95,364
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	1.0	13	14	0	3	162,970
Part year	0.7	10	16	0	3	71,264
None	0.4	7	17	0	2	878,157
<b>Maintenance Assistance Status</b>						
Cash	0.5	8	16	0	2	799,182
Medically needy	0.0	0	0	0	0	0
Poverty related	0.3	6	22	0	1	30,017
Other/unknown	0.8	11	15	0	3	283,192

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
ALABAMA, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a	Total Number Rx.	\$ per Rx	Number Rx as a
				Percentage of All Part D Excluded Rx \$			Percentage of All Part D Excluded Rx
<b>All</b>	<b>110,071</b>	<b>\$86</b>	<b>\$9,462,850</b>	<b>100.0</b>	<b>594,247</b>	<b>\$16</b>	<b>100.0</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	5	12	62	0.0	6	10	0.0
Cough and cold medications	26,291	57	1,499,316	15.8	74,145	20	12.5
Vitamins and minerals	26,650	107	2,849,962	30.1	183,384	16	30.9
Non-prescription drugs	29,055	45	1,303,076	13.8	157,214	8	26.5
Barbiturates	1,551	69	107,315	1.1	14,555	7	2.4
Benzodiazepines	22,967	109	2,511,785	26.5	152,575	16	25.7
Other Part D Excl Rx Drugs	3,552	335	1,191,334	12.6	12,368	96	2.1

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 ALABAMA, 2005

Total Number of Dual Eligible Beneficiaries: 103,517  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$272,705,964  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$2,634

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,802	10.4	\$0	0.0
1-500	18,372	17.7	3,834,095	1.4
501-1,000	11,367	11.0	8,442,739	3.1
1,001-1,500	8,894	8.6	11,051,405	4.1
1,501-2,000	7,839	7.6	13,663,402	5.0
2,001-2,500	6,938	6.7	15,585,645	5.7
2,501-3,000	6,011	5.8	16,503,255	6.1
3,001-3,500	5,106	4.9	16,562,932	6.1
3,501-4,000	4,560	4.4	17,066,927	6.3
4,001-4,500	3,856	3.7	16,366,914	6.0
4,501-5,000	3,232	3.1	15,342,729	5.6
5,001-5,500	2,790	2.7	14,626,033	5.4
5,501-6,000	2,221	2.1	12,746,849	4.7
6,001-6,500	1,915	1.8	11,956,713	4.4
6,501-7,000	1,470	1.4	9,917,963	3.6
7,001-7,500	1,271	1.2	9,198,003	3.4
7,501-8,000	1,085	1.0	8,403,627	3.1
8,001-8,500	873	0.8	7,195,888	2.6
8,501-9,000	669	0.6	5,851,149	2.1
9,001-9,500	628	0.6	5,800,596	2.1
9,501-10,000	450	0.4	4,386,976	1.6
10,001+	3,168	3.1	48,202,124	17.7

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 ALABAMA, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 44,365  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$118,142,595  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$2,663

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	5,882	13.3	0	0.0
1-500	9,751	22.0	1,865,686	1.6
501-1,000	4,821	10.9	3,555,844	3.0
1,001-1,500	3,422	7.7	4,233,166	3.6
1,501-2,000	2,852	6.4	4,970,502	4.2
2,001-2,500	2,375	5.4	5,329,902	4.5
2,501-3,000	2,061	4.6	5,659,249	4.8
3,001-3,500	1,685	3.8	5,469,062	4.6
3,501-4,000	1,571	3.5	5,876,218	5.0
4,001-4,500	1,361	3.1	5,777,438	4.9
4,501-5,000	1,106	2.5	5,247,842	4.4
5,001-5,500	1,053	2.4	5,525,367	4.7
5,501-6,000	801	1.8	4,601,262	3.9
6,001-6,500	777	1.8	4,850,644	4.1
6,501-7,000	572	1.3	3,857,295	3.3
7,001-7,500	542	1.2	3,920,845	3.3
7,501-8,000	505	1.1	3,912,555	3.3
8,001-8,500	409	0.9	3,371,651	2.9
8,501-9,000	314	0.7	2,747,458	2.3
9,001-9,500	313	0.7	2,891,397	2.4
9,501-10,000	238	0.5	2,321,322	2.0
10,001+	1,954	4.4	32,157,890	27.2

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 ALABAMA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 58,012  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$153,533,343  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,646

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	4,369	7.5	0	0.0
1-500	8,394	14.5	1,926,572	1.3
501-1,000	6,449	11.1	4,814,058	3.1
1,001-1,500	5,413	9.3	6,744,915	4.4
1,501-2,000	4,937	8.5	8,608,062	5.6
2,001-2,500	4,533	7.8	10,187,872	6.6
2,501-3,000	3,929	6.8	10,785,930	7.0
3,001-3,500	3,402	5.9	11,032,026	7.2
3,501-4,000	2,973	5.1	11,131,416	7.3
4,001-4,500	2,479	4.3	10,521,139	6.9
4,501-5,000	2,120	3.7	10,066,419	6.6
5,001-5,500	1,732	3.0	9,074,969	5.9
5,501-6,000	1,417	2.4	8,128,377	5.3
6,001-6,500	1,130	1.9	7,056,532	4.6
6,501-7,000	892	1.5	6,019,798	3.9
7,001-7,500	719	1.2	5,205,292	3.4
7,501-8,000	579	1.0	4,483,089	2.9
8,001-8,500	463	0.8	3,815,977	2.5
8,501-9,000	352	0.6	3,077,481	2.0
9,001-9,500	314	0.5	2,899,740	1.9
9,501-10,000	212	0.4	2,065,654	1.3
10,001+	1,204	2.1	15,888,025	10.3

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 ALABAMA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 21,348  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$55,512,931  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,600

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	2,149	10.1		0	0.0
1-500	3,255	15.2		714,133	1.3
501-1,000	2,206	10.3		1,643,699	3.0
1,001-1,500	1,828	8.6		2,276,297	4.1
1,501-2,000	1,711	8.0		2,986,275	5.4
2,001-2,500	1,548	7.3		3,484,088	6.3
2,501-3,000	1,411	6.6		3,873,996	7.0
3,001-3,500	1,228	5.8		3,979,245	7.2
3,501-4,000	1,079	5.1		4,039,902	7.3
4,001-4,500	898	4.2		3,812,979	6.9
4,501-5,000	774	3.6		3,673,606	6.6
5,001-5,500	628	2.9		3,289,002	5.9
5,501-6,000	506	2.4		2,900,650	5.2
6,001-6,500	439	2.1		2,744,256	4.9
6,501-7,000	294	1.4		1,984,430	3.6
7,001-7,500	240	1.1		1,731,746	3.1
7,501-8,000	195	0.9		1,507,870	2.7
8,001-8,500	145	0.7		1,195,153	2.2
8,501-9,000	131	0.6		1,145,304	2.1
9,001-9,500	117	0.5		1,080,539	1.9
9,501-10,000	66	0.3		643,250	1.2
10,001+	500	2.3		6,806,511	12.3

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 ALABAMA, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 20,145  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$55,895,594  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,774

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,375	6.8	0	0.0
1-500	2,654	13.2	627,693	1.1
501-1,000	2,138	10.6	1,602,599	2.9
1,001-1,500	1,847	9.2	2,305,605	4.1
1,501-2,000	1,739	8.6	3,034,775	5.4
2,001-2,500	1,642	8.2	3,680,848	6.6
2,501-3,000	1,377	6.8	3,782,666	6.8
3,001-3,500	1,303	6.5	4,222,426	7.6
3,501-4,000	1,063	5.3	3,983,875	7.1
4,001-4,500	911	4.5	3,863,203	6.9
4,501-5,000	761	3.8	3,616,988	6.5
5,001-5,500	615	3.1	3,223,739	5.8
5,501-6,000	497	2.5	2,853,699	5.1
6,001-6,500	396	2.0	2,469,833	4.4
6,501-7,000	348	1.7	2,346,448	4.2
7,001-7,500	283	1.4	2,050,238	3.7
7,501-8,000	237	1.2	1,837,818	3.3
8,001-8,500	176	0.9	1,451,446	2.6
8,501-9,000	125	0.6	1,092,710	2.0
9,001-9,500	113	0.6	1,043,546	1.9
9,501-10,000	92	0.5	896,593	1.6
10,001+	453	2.2	5,908,846	10.6

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 ALABAMA, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 16,519  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$42,124,818  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,550

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	845	5.1	0	0.0
1-500	2,485	15.0	584,746	1.4
501-1,000	2,105	12.7	1,567,760	3.7
1,001-1,500	1,738	10.5	2,163,013	5.1
1,501-2,000	1,487	9.0	2,587,012	6.1
2,001-2,500	1,343	8.1	3,022,936	7.2
2,501-3,000	1,141	6.9	3,129,268	7.4
3,001-3,500	871	5.3	2,830,355	6.7
3,501-4,000	831	5.0	3,107,639	7.4
4,001-4,500	670	4.1	2,844,957	6.8
4,501-5,000	585	3.5	2,775,825	6.6
5,001-5,500	489	3.0	2,562,228	6.1
5,501-6,000	414	2.5	2,374,028	5.6
6,001-6,500	295	1.8	1,842,443	4.4
6,501-7,000	250	1.5	1,688,920	4.0
7,001-7,500	196	1.2	1,423,308	3.4
7,501-8,000	147	0.9	1,137,401	2.7
8,001-8,500	142	0.9	1,169,378	2.8
8,501-9,000	96	0.6	839,467	2.0
9,001-9,500	84	0.5	775,655	1.8
9,501-10,000	54	0.3	525,811	1.2
10,001+	251	1.5	3,172,668	7.5

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

APPENDIX TABLE A.3  
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>105,971</b>	<b>39,568</b>	<b>65,251</b>	<b>1,121</b>	<b>6</b>	<b>25</b>	<b>1,151,008</b>	<b>413,485</b>	<b>726,566</b>	<b>10,650</b>	<b>45</b>	<b>262</b>
<b>Age</b>												
5 and younger	12	0	11	0	1	0	120	0	119	0	1	0
6-14	8	0	8	0	0	0	87	0	87	0	0	0
15-20	283	0	270	11	2	0	3,206	0	3,063	126	17	0
21-44	20,698	0	19,756	937	3	2	227,507	0	218,313	9,143	27	24
45-64	25,432	1	25,247	163	0	21	280,046	12	278,483	1,326	0	225
65-74	21,970	8,547	13,411	10	0	2	244,284	90,637	153,579	55	0	13
75-84	20,787	15,678	5,109	0	0	0	224,937	167,543	57,394	0	0	0
85 and older	16,781	15,342	1,439	0	0	0	170,821	155,293	15,528	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	72,600	31,379	40,227	964	5	25	792,586	331,208	451,781	9,302	33	262
Male	33,371	8,189	25,024	157	1	0	358,422	82,277	274,785	1,348	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	54,344	22,658	31,096	576	3	11	579,534	229,521	344,494	5,392	25	102
African American	42,569	13,579	28,446	527	3	14	471,838	147,492	319,069	5,097	20	160
Other/unknown	9,058	3,331	5,709	18	0	0	99,636	36,472	63,003	161	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	16,407	13,221	3,186	0	0	0	165,251	131,134	34,117	0	0	0
Part year	7,282	5,632	1,650	0	0	0	72,669	55,375	17,294	0	0	0
None	82,282	20,715	60,415	1,121	6	25	913,088	226,976	675,155	10,650	45	262
<b>Maintenance Assistance Status</b>												
Cash	73,997	19,039	54,579	379	0	0	830,799	213,595	613,610	3,594	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	3,412	980	2,205	198	4	25	31,153	9,743	19,751	1,376	21	262
Other/unknown	28,562	19,549	8,467	544	2	0	289,056	190,147	93,205	5,680	24	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	100,037	36,803	62,116	1,087	6	25	1,091,472	384,032	696,751	10,382	45	262
Full dual, part year	5,934	2,765	3,135	34	0	0	59,536	29,453	29,815	268	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	101,532	37,980	62,407	1,114	6	25	1,100,255	395,773	693,587	10,588	45	262
FFS part year, with Rx claims	1,787	537	1,244	6	0	0	20,551	6,001	14,493	57	0	0
FFS part year, no Rx claims	198	78	120	0	0	0	2,120	813	1,307	0	0	0
MC all year, with Rx claims	2,141	852	1,288	1	0	0	24,660	9,625	15,030	5	0	0
MC all year, no Rx claims	313	121	192	0	0	0	3,422	1,273	2,149	0	0	0

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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 contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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.

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of					
	Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>105,971</b>	<b>1,151,008</b>	<b>103,517</b>	<b>1,112,391</b>	<b>0</b>	<b>38,617</b>
Fee-for-service (FFS) all year	101,532	1,100,255	101,532	1,100,255	0	0
FFS part year, with Rx claims	1,787	20,551	1,787	11,193	0	9,358
FFS part year, with no Rx claims	198	2,120	198	943	0	1,177
Managed care (MC) all year, with Rx claims	2,141	24,660	0	0	0	24,660
MC all year, with no Rx claims	313	3,422	0	0	0	3,422

Source: Data for this table are from the MAX 2005 file for Alabama, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

Dual Eligible Beneficiaries