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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	954,217	542,924	401,833	9,014	64	382	10,392,828	5,836,684	4,484,407	66,956	476	4,305
Age												
5 and younger	14	0	12	0	2	0	123	0	120	0	3	0
6-14	53	1	46	0	6	0	529	2	479	0	48	0
15-20	756	0	711	3	42	0	8,210	0	7,851	21	338	0
21-44	92,098	1	88,535	3,534	14	14	1,002,986	12	976,201	26,531	87	155
45-64	176,953	17	172,640	4,145	0	151	1,919,618	134	1,886,439	31,345	0	1,700
65-74	314,727	215,818	97,571	1,121	0	217	3,431,372	2,291,845	1,129,430	7,647	0	2,450
75-84	257,084	222,093	34,800	191	0	0	2,849,721	2,447,758	400,655	1,308	0	0
85 and older	112,532	104,994	7,518	20	0	0	1,180,269	1,096,933	83,232	104	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	561,281	343,378	213,349	4,144	28	382	6,153,567	3,713,725	2,404,754	30,569	214	4,305
Male	392,936	199,546	188,484	4,870	36	0	4,239,261	2,122,959	2,079,653	36,387	262	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	384,946	185,314	195,879	3,565	26	162	4,136,534	1,927,250	2,177,975	29,299	204	1,806
African American	90,451	32,823	56,399	1,179	7	43	974,136	343,181	623,036	7,386	40	493
Other/unknown	478,820	324,787	149,555	4,270	31	177	5,282,158	3,566,253	1,683,396	30,271	232	2,006
Use of Nursing Facilities^c												
Entire year	50,492	42,643	7,831	18	0	0	525,108	439,510	85,456	142	0	0
Part year	45,427	33,533	11,833	56	0	5	447,266	319,782	126,940	484	0	60
None	858,298	466,748	382,169	8,940	64	377	9,420,454	5,077,392	4,272,011	66,330	476	4,245
Maintenance Assistance Status												
Cash	637,172	326,331	303,221	7,614	6	0	7,240,439	3,698,820	3,483,247	58,327	45	0
Medically needy	140,678	109,784	30,140	722	32	0	1,346,702	1,051,128	291,421	3,962	191	0
Poverty-related	141,870	90,998	50,422	62	6	382	1,444,952	920,007	520,292	316	32	4,305
Other/unknown	34,497	15,811	18,050	616	20	0	360,735	166,729	189,447	4,351	208	0
Dual Medicare Status^d												
Full dual, all year	943,398	534,723	399,314	8,915	64	382	10,290,728	5,759,016	4,460,692	66,239	476	4,305
Full dual, part year	10,819	8,201	2,519	99	0	0	102,100	77,668	23,715	717	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	930,227	532,266	391,935	5,597	49	380	10,268,154	5,780,075	4,430,643	52,728	414	4,294
FFS part year, with Rx claims	16,472	6,726	7,633	2,100	12	1	96,640	41,178	44,996	10,399	57	10
FFS part year, no Rx claims	7,518	3,932	2,265	1,317	3	1	28,034	15,431	8,768	3,829	5	1

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	86.1	34.8	\$3,179	\$91	\$11,122	28.6	954,217
Age							
5 and younger	71.4	27.2	3,378	124	25,016	13.5	14
6-14	96.2	49.2	10,349	210	32,061	32.3	53
15-20	68.8	16.7	2,563	154	20,397	12.6	756
21-44	80.7	28.4	4,070	143	13,191	30.9	92,098
45-64	86.7	40.0	4,485	112	13,046	34.4	176,953
65-74	84.9	32.0	2,672	84	7,259	36.8	314,727
75-84	88.0	36.2	2,862	79	10,889	26.3	257,084
85 and older	88.2	36.5	2,542	70	17,666	14.4	112,532
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	85.0	31.8	2,480	78	10,103	24.5	542,924
Disabled	87.8	39.2	4,145	106	12,646	32.8	401,833
Adults	70.5	19.4	2,285	118	4,808	47.5	9,014
Children	70.3	17.1	2,756	162	11,541	23.9	64
Unknown	82.7	23.9	2,522	106	6,076	41.5	382
Gender							
Female	88.5	36.9	3,109	84	11,503	27.0	561,281
Male	82.6	31.7	3,280	104	10,577	31.0	392,936
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	85.8	40.6	3,773	93	14,222	26.5	384,946
African American	82.5	33.1	2,973	90	12,431	23.9	90,451
Other/unknown	86.9	30.4	2,741	90	8,382	32.7	478,820
Use of Nursing Facilities^f							
Entire year	94.6	64.0	4,034	63	45,425	8.9	50,492
Part year	94.7	47.9	3,423	71	25,315	13.5	45,427
None	85.1	32.4	3,116	96	8,353	37.3	858,298
Maintenance Assistance Status							
Cash	88.7	35.4	3,313	94	9,474	35.0	637,172
Medically needy	81.6	38.6	3,010	78	23,380	12.9	140,678
Poverty related	79.8	28.6	2,752	96	6,498	42.4	141,870
Other/unknown	81.1	32.9	3,163	96	10,597	29.8	34,497

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:								Number		
			Rx \$ as a Percentage of All Medicaid		More than 0, but 1 or 1, but 2 or 2, but 5 or 5, but 10 or More than 10					Mean \$, All Medicaid	Beneficiaries	Benefit Months	
			FFS \$ ^c	None	Less	Less	Less	Less	10				FFS \$ ^d
All	3.2	\$292	28.6	13.9	22.2	14.8	31.4	14.8	2.8	\$1,021	954,217	10,392,828	
Age													
5 and younger	3.1	385	13.5	28.6	14.3	7.1	21.4	21.4	7.1	2,847	14	123	
6-14	4.9	1,037	32.3	3.8	9.4	11.3	37.7	24.5	13.2	3,212	53	529	
15-20	1.5	236	12.6	31.2	34.9	11.1	15.3	5.6	1.9	1,878	756	8,210	
21-44	2.6	374	30.9	19.3	29.3	12.9	24.7	11.4	2.4	1,211	92,098	1,002,986	
45-64	3.7	413	34.4	13.3	19.4	12.6	31.9	18.6	4.2	1,203	176,953	1,919,618	
65-74	2.9	245	36.8	15.1	24.1	15.8	30.5	12.4	2.2	666	314,727	3,431,372	
75-84	3.3	258	26.3	12.0	20.6	15.8	33.7	15.2	2.7	982	257,084	2,849,721	
85 and older	3.5	242	14.4	11.8	18.9	14.7	34.0	17.6	3.0	1,684	112,532	1,180,269	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Basis of Eligibility ^e													
Aged	3.0	231	24.5	15.0	23.3	15.8	30.8	12.9	2.2	940	542,924	5,836,684	
Disabled	3.5	371	32.8	12.2	20.6	13.4	32.5	17.5	3.7	1,133	401,833	4,484,407	
Adults	2.6	308	47.5	29.5	23.2	12.9	23.2	9.8	1.4	647	9,014	66,956	
Children	2.3	371	23.9	29.7	31.3	7.8	20.3	9.4	1.6	1,552	64	476	
Unknown	2.1	224	41.5	17.3	28.5	18.8	29.8	5.2	0.3	539	382	4,305	
Gender													
Female	3.4	284	27.0	11.5	20.7	15.4	33.5	15.9	3.0	1,049	561,281	6,153,567	
Male	2.9	304	31.0	17.4	24.2	14.0	28.5	13.3	2.6	980	392,936	4,239,261	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	3.8	351	26.5	14.2	18.2	12.3	31.1	19.6	4.7	1,324	384,946	4,136,534	
African American	3.1	276	23.9	17.5	22.2	13.2	29.9	14.6	2.6	1,154	90,451	974,136	
Other/unknown	2.8	249	32.7	13.1	25.4	17.0	32.0	11.0	1.4	760	478,820	5,282,158	
Use of Nursing Facilities ^f													
Entire year	6.2	388	8.9	5.4	6.9	7.2	30.6	37.0	12.9	4,368	50,492	525,108	
Part year	4.9	348	13.5	5.3	12.2	11.8	35.8	28.3	6.6	2,571	45,427	447,266	
None	2.9	284	37.3	14.9	23.6	15.4	31.3	12.8	2.1	761	858,298	9,420,454	
Maintenance Assistance Status													
Cash	3.1	292	35.0	11.3	23.1	15.7	33.2	14.2	2.4	834	637,172	7,240,439	
Medically needy	4.0	314	12.9	18.4	16.8	11.1	27.2	20.7	5.8	2,442	140,678	1,346,702	
Poverty related	2.8	270	42.4	20.2	23.4	14.6	28.3	11.7	1.8	638	141,870	1,444,952	
Other/unknown	3.1	303	29.8	18.9	21.4	12.9	29.1	15.0	2.7	1,013	34,497	360,735	

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	3.2	\$292	\$91	1.4	\$224	\$157	0.1	\$18	\$124	1.6	\$49	\$31
Age												
5 and younger	3.1	385	124	1.4	341	241	0.2	8	50	1.5	36	24
6-14	4.9	1,037	210	2.4	921	390	0.2	23	141	2.4	88	37
15-20	1.5	236	154	0.7	197	290	0.1	9	107	0.8	30	39
21-44	2.6	374	143	1.1	292	263	0.2	30	177	1.3	51	39
45-64	3.7	413	112	1.5	307	205	0.2	37	177	2.0	69	35
65-74	2.9	245	84	1.4	190	139	0.1	13	104	1.4	42	29
75-84	3.3	258	79	1.5	202	131	0.1	12	87	1.6	45	28
85 and older	3.5	242	70	1.5	182	122	0.2	13	81	1.8	47	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.0	231	78	1.4	180	131	0.1	11	89	1.5	40	28
Disabled	3.5	371	106	1.5	282	187	0.2	28	152	1.8	61	34
Adults	2.6	308	118	1.0	216	210	0.2	38	237	1.4	52	37
Children	2.3	371	162	1.0	288	291	0.1	7	67	1.2	76	64
Unknown	2.1	224	106	0.9	167	179	0.1	21	173	1.1	35	33
Gender												
Female	3.4	284	84	1.5	216	144	0.2	18	115	1.7	50	29
Male	2.9	304	104	1.3	236	179	0.1	19	139	1.5	49	33
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.8	351	93	1.6	262	162	0.2	28	135	1.9	61	31
African American	3.1	276	90	1.2	208	171	0.1	19	140	1.7	49	29
Other/unknown	2.8	249	90	1.3	197	150	0.1	11	103	1.3	40	30
Use of Nursing Facilities^e												
Entire year	6.2	388	63	2.3	270	117	0.3	28	88	3.5	90	26
Part year	4.9	348	71	1.9	249	133	0.2	24	102	2.7	74	27
None	2.9	284	96	1.4	220	162	0.1	18	130	1.4	46	32
Maintenance Assistance Status												
Cash	3.1	292	94	1.5	227	156	0.1	17	122	1.5	47	31
Medically needy	4.0	314	78	1.6	231	145	0.2	22	107	2.2	61	28
Poverty related	2.8	270	96	1.2	204	174	0.1	20	153	1.5	46	31
Other/unknown	3.1	303	96	1.3	224	174	0.2	24	144	1.7	55	33

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name		Off-Brand-Name Generic	Total	Patented Brand-Name		Off-Brand-Name Generic	Total	Patented Brand-Name		Off-Brand-Name Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Name	Name			Name	Name			Name	Name						
Anti-infective Agents	0.3	0.1	0.0	0.2	\$43	\$34	\$4	\$5	\$130	\$300	\$103	\$27	1,903,759	\$247,056,186	506,579	53.1	5,803,760
Biologicals	0.1	0.1	0.0	0.0	19	2	3	14	180	27	3,819	356	28,622	5,152,865	23,795	2.5	273,738
Antineoplastic Agents	0.4	0.1	0.0	0.3	92	62	1	30	237	663	243	101	179,411	42,577,121	42,197	4.4	462,254
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.4	63	47	4	12	82	140	66	32	3,704,197	304,272,298	421,313	44.2	4,796,216
Cardiovascular Agents	1.3	0.6	0.0	0.6	91	72	1	18	69	113	51	27	9,251,676	640,450,238	622,264	65.2	7,046,598
Respiratory Agents	0.5	0.3	0.0	0.2	36	31	1	5	72	113	87	22	1,979,593	142,720,557	342,612	35.9	3,933,951
Gastrointestinal Agents	0.6	0.4	0.0	0.2	72	66	2	4	127	184	155	20	2,553,399	325,417,790	395,224	41.4	4,514,147
Genitourinary Agents	0.4	0.3	0.0	0.1	35	31	1	4	90	108	88	37	647,087	58,200,045	142,774	15.0	1,643,085
CNS Drugs	1.0	0.5	0.0	0.5	116	93	6	18	120	203	120	38	4,416,636	531,077,298	404,948	42.4	4,574,294
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.1	94	78	7	9	188	237	172	68	27,535	5,169,952	4,768	0.5	54,856
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	111	110	0	0	188	193	116	26	310,342	58,454,717	46,948	4.9	527,643
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	45	24	11	10	83	184	372	26	2,988,719	248,375,995	484,329	50.8	5,534,509
Neuromuscular Agents	0.8	0.2	0.1	0.5	72	35	11	26	95	190	123	54	1,718,019	163,285,603	199,643	20.9	2,272,512
Nutritional Products	0.4	0.0	0.0	0.4	8	0	0	7	19	40	36	19	416,133	8,080,047	94,882	9.9	1,064,319
Hematological Agents	0.6	0.2	0.0	0.3	73	62	2	9	126	284	79	26	1,075,686	135,152,684	164,661	17.3	1,860,562
Topical Products	0.4	0.2	0.0	0.2	23	17	1	5	54	85	73	23	1,857,816	101,237,271	381,285	40.0	4,411,773
Miscellaneous Products	0.3	0.1	0.0	0.2	55	43	4	8	213	516	303	49	67,194	14,309,382	23,330	2.4	258,215
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	10	0	0	0	45	0	0	0	60,214	2,715,790	22,859	2.4	263,260
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.	33,186,038	3,033,705,839	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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 California, 0.9 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 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	\$328,974,051	185,123	19.4	2,099,189	0.6	\$248	\$157
ANTIHYPERTENSIVE	273,375,951	390,840	41.0	4,523,421	0.4	135	60
ULCER DRUGS	261,640,321	403,432	42.3	4,629,058	0.4	136	57
ANTIDIABETIC	190,196,797	389,753	40.8	4,445,526	0.5	85	43
ANTIHYPERTENSIVE	183,020,982	508,928	53.3	5,822,108	0.5	67	31
ANTIVIRAL	161,673,717	57,728	6.0	656,705	0.5	471	246
ANTICONVULSANT	136,311,866	185,287	19.4	2,113,194	0.6	110	65
ANTIDEPRESSANTS	134,491,293	311,169	32.6	3,527,217	0.5	76	38
ANALGESICS - ANTI-INFLAMMATORY	118,769,141	362,111	37.9	4,214,084	0.3	99	28
ANALGESICS - Narcotic	111,031,803	394,770	41.4	4,500,893	0.3	73	25
Total	1,899,485,922	3,189,141		36,531,395	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIHYPERLIPIDEMIC				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Month	Mean Benefit \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Month	Mean Benefit \$ per Month
All	16,288,251	\$1,899,485,922	185,123	19.4	2,099,189	0.6	\$157	390,840	41.0	4,523,421	0.4	\$60
Female												
All Females	9,878,145	1,050,664,689	98,118	17.5	1,110,988	0.6	131	240,770	42.9	2,795,101	0.4	60
Female, Disabled												
All Ages	4,730,460	561,671,809	61,362	28.8	709,165	0.6	157	91,522	42.9	1,071,181	0.5	61
5 and younger	11	1,294	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	305	53,503	2	8.7	22	0.8	140	2	8.7	24	0.6	76
15-20	1,982	255,549	63	21.0	687	0.5	92	3	1.0	36	0.8	100
21-44	607,941	93,319,250	17,302	50.8	199,565	0.7	173	4,191	12.3	48,461	0.5	53
45-64	2,007,285	252,555,656	30,187	35.8	348,914	0.6	169	31,885	37.8	368,271	0.4	58
65-74	1,459,316	152,034,723	9,092	14.5	106,166	0.5	119	39,344	62.7	465,033	0.4	62
75-84	551,473	54,168,914	3,647	14.3	41,964	0.5	98	14,088	55.3	166,123	0.5	65
85 and older	102,147	9,282,920	1,069	17.0	11,847	0.5	80	2,009	31.9	23,233	0.5	65
Female, Other Eligibles												
All Ages	5,147,685	488,992,880	36,756	10.6	401,823	0.5	85	149,248	42.9	1,723,920	0.4	60
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	30	7,776	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	113	7,825	0	0.0	0	0.0	0	1	5.9	12	0.7	44
21-44	20,134	2,830,356	391	19.5	3,777	0.4	99	199	9.9	2,057	0.4	45
45-64	22,789	2,960,425	261	15.0	2,703	0.5	104	407	23.4	3,945	0.4	53
65-74	1,725,565	172,613,884	8,480	6.7	95,386	0.5	93	62,166	48.9	713,374	0.4	57
75-84	2,247,864	215,038,864	14,465	10.4	160,553	0.5	85	66,663	47.7	778,179	0.4	62
85 and older	1,131,190	95,533,750	13,159	17.0	139,404	0.5	80	19,812	25.6	226,353	0.5	64
Male												
All Males	6,410,106	848,821,233	87,005	22.1	988,201	0.7	186	150,070	38.2	1,728,320	0.5	61
Male, Disabled												
All Ages	3,799,933	592,032,744	69,968	37.1	806,079	0.7	207	64,999	34.5	753,722	0.5	61
5 and younger	47	9,657	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	347	23,443	1	4.3	9	0.7	128	6	26.1	72	0.8	69
15-20	3,351	504,617	114	27.7	1,341	0.6	150	11	2.7	122	0.4	50
21-44	956,836	189,075,342	29,929	54.9	345,576	0.7	210	9,021	16.6	104,682	0.5	54
45-64	1,955,078	311,159,527	34,218	38.8	393,488	0.8	215	31,058	35.2	355,788	0.5	60
65-74	692,115	72,743,550	4,446	12.8	51,574	0.6	153	19,692	56.6	231,919	0.5	63
75-84	173,841	16,888,956	1,072	11.5	12,074	0.5	106	4,864	52.2	57,196	0.5	66
85 and older	18,318	1,627,652	188	15.4	2,017	0.5	76	347	28.4	3,943	0.5	69

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIHYPERLIPIDEMIC				
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	
					Benefit Months Among Users	Number of Rx per Rx				Benefit Months Among Users	Number of Rx per Rx	
Male, Other Eligibles												
All Ages	2,610,173	256,788,489	17,037	8.3	182,122	0.5	92	85,071	41.6	974,598	0.4	61
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	9	1,210	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	192	37,883	3	10.7	36	0.9	242	0	0.0	0	0.0	0
21-44	15,517	2,390,236	206	13.3	2,041	0.4	130	265	17.1	2,631	0.4	50
45-64	31,111	4,199,883	213	8.3	2,164	0.5	108	876	34.0	8,501	0.4	54
65-74	1,067,710	107,690,789	5,691	6.3	62,366	0.5	113	38,599	42.9	438,901	0.4	58
75-84	1,141,094	110,711,527	7,129	8.6	76,873	0.5	83	37,186	45.0	431,728	0.4	63
85 and older	354,540	31,756,961	3,795	13.8	38,642	0.5	73	8,145	29.6	92,837	0.5	65
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 California, released by CMS in 12/2008. 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					ANTIHYPERTENSIVE				
	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	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
All	403,432	42.3	4,629,058	0.4	\$57	389,753	40.8	4,445,526	0.5	\$43	508,928	53.3	5,822,108	0.5	\$31
Female															
All Females	263,807	47.0	3,036,292	0.4	56	238,912	42.6	2,736,919	0.5	42	309,786	55.2	3,554,384	0.5	33
Female, Disabled															
All Ages	108,106	50.7	1,259,841	0.4	60	99,076	46.4	1,150,912	0.5	46	108,628	50.9	1,263,441	0.5	33
5 and younger	1	25.0	12	0.7	79	0	0.0	0	0.0	0	2	50.0	24	0.1	3
6-14	15	65.2	168	0.5	70	0	0.0	0	0.0	0	15	65.2	158	0.5	39
15-20	53	17.7	627	0.3	50	11	3.7	123	0.7	55	42	14.0	437	0.6	36
21-44	9,687	28.4	112,051	0.4	52	5,310	15.6	60,948	0.5	45	4,998	14.7	57,200	0.4	24
45-64	39,660	47.0	457,943	0.4	62	35,809	42.4	411,072	0.5	46	35,397	41.9	406,104	0.5	29
65-74	39,699	63.3	468,056	0.4	59	41,245	65.7	484,750	0.5	47	44,953	71.6	529,113	0.5	35
75-84	15,679	61.5	183,394	0.4	60	14,569	57.2	170,193	0.5	44	19,150	75.2	224,083	0.5	36
85 and older	3,312	52.6	37,590	0.4	60	2,132	33.9	23,826	0.5	37	4,071	64.7	46,322	0.5	33
Female, Other Eligibles															
All Ages	155,701	44.8	1,776,451	0.4	54	139,836	40.2	1,586,007	0.5	40	201,158	57.8	2,290,943	0.5	33
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	2	50.0	15	0.3	9
15-20	5	29.4	54	0.8	53	1	5.9	12	2.5	318	2	11.8	24	1.0	23
21-44	459	22.8	4,527	0.3	45	226	11.2	2,205	0.5	41	296	14.7	2,895	0.4	24
45-64	540	31.1	5,485	0.4	57	498	28.7	4,553	0.5	48	541	31.1	5,108	0.5	28
65-74	54,393	42.8	624,759	0.4	51	56,882	44.8	644,906	0.5	40	69,486	54.7	790,639	0.4	32
75-84	66,654	47.7	770,034	0.4	55	61,020	43.7	700,427	0.5	40	88,923	63.7	1,026,362	0.5	34
85 and older	33,650	43.4	371,592	0.5	59	21,209	27.4	233,904	0.6	36	41,908	54.1	465,900	0.5	32
Male															
All Males	139,625	35.5	1,592,766	0.4	57	150,841	38.4	1,708,607	0.5	44	199,142	50.7	2,267,724	0.5	30
Male, Disabled															
All Ages	63,726	33.8	734,302	0.4	60	67,055	35.6	768,639	0.5	47	77,691	41.2	891,771	0.5	29
5 and younger	2	25.0	24	0.3	26	0	0.0	0	0.0	0	1	12.5	12	0.6	21
6-14	15	65.2	166	0.7	55	0	0.0	0	0.0	0	15	65.2	177	0.5	27
15-20	88	21.4	1,008	0.4	40	10	2.4	113	0.4	34	73	17.8	796	0.5	28
21-44	11,683	21.5	134,554	0.4	56	7,637	14.0	87,780	0.5	45	9,401	17.3	107,279	0.5	25
45-64	29,780	33.8	339,649	0.5	63	33,822	38.3	382,694	0.5	47	36,340	41.2	411,308	0.5	28
65-74	16,818	48.3	197,227	0.4	58	20,335	58.4	237,342	0.5	47	24,309	69.8	284,547	0.5	32
75-84	4,740	50.9	54,934	0.4	60	4,834	51.9	56,020	0.5	45	6,809	73.1	79,342	0.5	33
85 and older	600	49.1	6,740	0.5	61	417	34.1	4,690	0.5	43	743	60.8	8,310	0.5	31

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					ANTIHYPERTENSIVE				
	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
Male, Other Eligibles															
All Ages	75,899	37.1	858,464	0.4	54	83,786	41.0	939,968	0.5	41	121,451	59.4	1,375,953	0.4	30
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	1	33.3	7	0.9	154	0	0.0	0	0.0	0	1	33.3	7	0.3	6
15-20	6	21.4	43	0.7	66	4	14.3	17	0.8	69	10	35.7	72	0.7	25
21-44	385	24.8	3,975	0.4	54	299	19.2	2,779	0.5	44	427	27.5	4,149	0.5	28
45-64	708	27.5	6,957	0.4	64	1,067	41.4	9,702	0.5	48	1,103	42.8	10,604	0.5	27
65-74	30,057	33.4	340,770	0.4	51	38,753	43.0	433,924	0.5	41	49,512	55.0	557,301	0.4	29
75-84	33,268	40.2	380,692	0.4	55	35,138	42.5	400,044	0.5	42	54,153	65.5	622,108	0.4	31
85 and older	11,474	41.6	126,020	0.5	58	8,525	30.9	93,502	0.5	39	16,245	58.9	181,712	0.5	30
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 California, released by CMS in 12/2008. 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

Beneficiary Characteristics	ANTIVIRAL					ANTICONVULSANT					ANTIDEPRESSANTS				
	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	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
All	57,728	6.0	656,705	0.5	\$246	185,287	19.4	2,113,194	0.6	\$65	311,169	32.6	3,527,217	0.5	\$38
Female															
All Females	19,662	3.5	228,085	0.3	95	108,616	19.4	1,241,839	0.6	60	205,055	36.5	2,328,628	0.5	38
Female, Disabled															
All Ages	10,725	5.0	124,401	0.4	147	65,574	30.7	756,541	0.6	74	113,341	53.1	1,306,227	0.5	41
5 and younger	1	25.0	12	0.1	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	6	26.1	72	0.3	232	5	21.7	60	0.8	217	2	8.7	24	1.0	37
15-20	12	4.0	144	0.3	163	69	23.0	793	0.6	91	67	22.3	728	0.4	35
21-44	2,409	7.1	27,625	0.5	215	14,364	42.2	164,500	0.7	103	20,049	58.8	228,812	0.5	46
45-64	4,907	5.8	56,401	0.4	181	31,600	37.4	362,614	0.6	83	56,861	67.4	650,971	0.5	44
65-74	2,508	4.0	29,695	0.2	62	13,840	22.1	162,411	0.5	43	26,302	41.9	308,929	0.5	34
75-84	745	2.9	8,863	0.2	25	4,826	18.9	56,361	0.5	37	8,317	32.6	97,038	0.5	32
85 and older	137	2.2	1,589	0.1	15	870	13.8	9,802	0.5	34	1,743	27.7	19,725	0.5	32
Female, Other Eligibles															
All Ages	8,937	2.6	103,684	0.2	33	43,042	12.4	485,298	0.5	38	91,714	26.4	1,022,401	0.5	33
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	1	25.0	12	1.1	549	1	25.0	12	1.1	88
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	137	6.8	1,365	0.5	223	541	26.9	5,263	0.6	79	1,034	51.5	9,801	0.4	43
45-64	88	5.1	918	0.5	216	413	23.8	4,115	0.5	70	942	54.2	9,674	0.5	47
65-74	3,542	2.8	41,074	0.2	42	14,358	11.3	163,667	0.5	40	29,695	23.4	336,765	0.4	30
75-84	3,645	2.6	42,809	0.1	22	18,567	13.3	211,864	0.5	35	36,875	26.4	417,427	0.5	32
85 and older	1,525	2.0	17,518	0.1	12	9,162	11.8	100,377	0.6	35	23,167	29.9	248,722	0.6	37
Male															
All Males	38,066	9.7	428,620	0.7	327	76,671	19.5	871,355	0.6	71	106,114	27.0	1,198,589	0.5	39
Male, Disabled															
All Ages	32,343	17.2	363,306	0.7	367	54,474	28.9	624,497	0.7	83	71,634	38.0	819,613	0.5	43
5 and younger	0	0.0	0	0.0	0	3	37.5	36	0.9	243	0	0.0	0	0.0	0
6-14	1	4.3	12	0.1	69	5	21.7	60	0.9	37	1	4.3	12	0.9	25
15-20	21	5.1	240	0.3	280	80	19.5	947	0.8	123	87	21.2	993	0.5	36
21-44	12,837	23.6	143,296	0.7	372	18,312	33.6	209,941	0.7	97	22,392	41.1	256,063	0.6	46
45-64	17,684	20.0	198,974	0.8	385	28,045	31.8	320,230	0.7	85	37,241	42.2	423,686	0.6	44
65-74	1,510	4.3	17,391	0.4	177	6,335	18.2	73,798	0.5	46	9,572	27.5	111,926	0.5	34
75-84	269	2.9	3,165	0.2	63	1,537	16.5	17,712	0.5	39	2,078	22.3	23,996	0.5	31
85 and older	21	1.7	228	0.2	10	157	12.8	1,773	0.5	33	263	21.5	2,937	0.5	36

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

Beneficiary Characteristics	ANTIVIRAL					ANTICONVULSANT					ANTIDEPRESSANTS				
	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	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
Male, Other Eligibles															
All Ages	5,723	2.8	65,314	0.3	104	22,197	10.9	246,858	0.5	41	34,480	16.9	378,976	0.5	31
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	1	33.3	7	0.1	13	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	10.7	21	0.2	445	3	10.7	36	0.9	327	3	10.7	30	0.7	74
21-44	141	9.1	1,471	0.6	317	324	20.8	3,216	0.5	65	495	31.9	4,865	0.4	37
45-64	163	6.3	1,715	0.6	326	426	16.5	4,124	0.5	65	730	28.3	7,119	0.5	39
65-74	2,823	3.1	31,940	0.3	140	8,859	9.8	99,460	0.5	45	13,088	14.5	146,287	0.4	31
75-84	2,049	2.5	23,862	0.2	47	9,437	11.4	106,006	0.5	36	14,318	17.3	159,435	0.5	31
85 and older	543	2.0	6,298	0.1	25	3,148	11.4	34,016	0.5	35	5,846	21.2	61,240	0.5	33
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 California, released by CMS in 12/2008. 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.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.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANALGESICS - Narcotic					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		
All	362,111	37.9	4,214,084	0.3	\$28	394,770	41.4	4,500,893	0.3	\$25	954,217	10,392,828
Female												
All Females	235,762	42.0	2,750,091	0.3	31	250,337	44.6	2,864,100	0.3	23	561,281	6,153,567
Female, Disabled												
All Ages	102,186	47.9	1,198,691	0.3	34	126,493	59.3	1,465,695	0.4	32	213,349	2,404,754
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	35
6-14	0	0.0	0	0.0	0	5	21.7	60	0.3	2	23	222
15-20	64	21.3	727	0.1	12	88	29.3	1,017	0.2	5	300	3,243
21-44	11,496	33.7	133,295	0.3	26	17,154	50.4	197,079	0.4	49	34,069	376,624
45-64	37,558	44.5	436,229	0.3	37	55,663	65.9	641,101	0.4	44	84,418	931,253
65-74	37,848	60.3	448,821	0.3	34	36,505	58.2	428,584	0.3	16	62,760	729,305
75-84	13,011	51.1	153,986	0.3	34	14,221	55.8	165,626	0.3	13	25,480	294,212
85 and older	2,209	35.1	25,633	0.3	31	2,857	45.4	32,228	0.3	12	6,295	69,860
Female, Other Eligibles												
All Ages	133,576	38.4	1,551,400	0.3	28	123,844	35.6	1,398,405	0.3	13	347,932	3,748,813
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	4	29
15-20	2	11.8	18	0.1	1	3	17.6	30	0.2	2	17	147
21-44	602	30.0	5,968	0.3	34	1,043	51.9	10,378	0.4	64	2,009	14,932
45-64	583	33.5	5,887	0.3	49	911	52.4	9,272	0.4	61	1,738	13,701
65-74	54,536	42.9	630,483	0.3	26	42,056	33.1	480,790	0.3	12	127,089	1,361,247
75-84	57,170	40.9	671,710	0.3	29	52,009	37.3	595,996	0.3	12	139,619	1,547,173
85 and older	20,683	26.7	237,334	0.3	32	27,822	35.9	301,939	0.3	15	77,455	811,583
Male												
All Males	126,349	32.2	1,463,993	0.3	23	144,433	36.8	1,636,793	0.3	28	392,936	4,239,261
Male, Disabled												
All Ages	60,587	32.1	704,482	0.3	24	84,532	44.8	968,120	0.4	38	188,484	2,079,653
5 and younger	1	12.5	12	0.1	1	1	12.5	12	0.1	1	8	85
6-14	1	4.3	9	0.1	2	4	17.4	48	0.1	1	23	257
15-20	55	13.4	636	0.2	11	96	23.4	1,108	0.2	4	411	4,608
21-44	12,968	23.8	149,945	0.2	16	19,598	36.0	224,392	0.3	39	54,466	599,577
45-64	27,229	30.9	313,761	0.3	25	43,176	48.9	491,123	0.4	49	88,222	955,186
65-74	16,011	46.0	189,231	0.3	27	16,907	48.6	196,831	0.3	17	34,811	400,125
75-84	3,945	42.3	46,512	0.3	27	4,282	45.9	49,363	0.3	12	9,320	106,443
85 and older	377	30.8	4,376	0.3	28	468	38.3	5,243	0.3	8	1,223	13,372

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANALGESICS - Narcotic					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		
Male, Other Eligibles												
All Ages	65,762	32.2	759,511	0.3	23	59,901	29.3	668,673	0.3	13	204,452	2,159,608
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	21
15-20	1	3.6	6	0.2	2	2	7.1	19	0.1	1	28	212
21-44	325	20.9	3,248	0.3	28	641	41.2	6,470	0.5	91	1,554	11,853
45-64	640	24.9	6,315	0.3	39	1,178	45.7	11,695	0.5	81	2,575	19,478
65-74	28,937	32.1	331,663	0.2	21	25,090	27.9	282,026	0.3	12	90,067	940,695
75-84	28,301	34.2	331,097	0.3	24	24,751	29.9	279,328	0.3	9	82,665	901,893
85 and older	7,558	27.4	87,182	0.3	27	8,239	29.9	89,135	0.3	10	27,559	285,454
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 California, released by CMS in 12/2008. 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 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
All	\$388	6.2	50,492	525,108
Age				
0-64	556	6.7	4,886	54,440
65-74	497	7.2	7,370	78,503
75-84	387	6.4	16,770	173,737
85 and older	308	5.4	21,466	218,428
Unknown	0	0.0	0	0
Gender				
Female	375	6.1	34,729	364,462
Male	416	6.2	15,763	160,646
Unknown	0	0.0	0	0
Race				
White	377	6.1	32,462	334,782
African American	403	6	5,043	53,977
Other/unknown	408	6.3	12,987	136,349
Basis of Eligibility^c				
Aged	359	6.0	42,643	439,510
Disabled	536	6.9	7,831	85,456
Adults	451	7.6	18	142
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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 45,427 beneficiaries who were in nursing facilities for part of their enrollment and their 447,266 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 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	0.3	0.1	0.0	0.2	\$18	\$10	\$4	\$5	\$62	\$102	\$100	\$29	99,292	\$6,123,497	30,841	61.1	336,816
Biologicals	0.1	0.1	0.0	0.0	3	1	0	1	28	23	86	36	17,127	476,704	14,572	28.9	169,128
Antineoplastic Agents	0.5	0.0	0.0	0.5	70	20	0	50	138	424	133	109	30,897	4,267,198	5,918	11.7	60,803
Endocrine/Metabolic Drugs	1.2	0.4	0.1	0.7	55	36	5	13	45	87	44	19	316,017	14,200,941	23,817	47.2	258,122
Cardiovascular Agents	2.0	0.6	0.1	1.3	72	45	1	26	36	72	27	19	772,923	27,788,209	36,138	71.6	386,660
Respiratory Agents	0.7	0.3	0.0	0.4	38	29	1	8	51	91	63	20	136,165	6,916,932	16,803	33.3	181,890
Gastrointestinal Agents	1.0	0.5	0.0	0.4	81	71	2	8	81	130	121	19	271,949	22,005,867	25,082	49.7	270,694
Genitourinary Agents	0.6	0.3	0.0	0.2	38	29	1	8	65	82	89	37	67,001	4,363,155	10,461	20.7	115,162
CNS Drugs	1.5	0.8	0.1	0.6	144	115	7	22	99	150	82	36	540,618	53,379,411	34,270	67.9	370,432
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.3	65	56	0	8	118	208	35	30	1,168	137,529	192	0.4	2,125
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	139	139	0	0	151	151	0	18	90,556	13,691,906	9,018	17.9	98,194
Analgesics and Anesthetics	0.8	0.2	0.1	0.5	52	20	21	11	65	101	216	21	193,397	12,549,714	22,381	44.3	240,721
Neuromuscular Agents	1.3	0.3	0.1	0.8	84	35	10	40	67	117	88	47	244,769	16,412,986	17,688	35.0	195,250
Nutritional Products	0.6	0.0	0.0	0.6	10	0	0	10	17	26	28	17	81,699	1,392,134	13,050	25.8	140,601
Hematological Agents	1.3	0.3	0.0	1.0	85	70	1	14	68	255	38	15	200,080	13,584,919	14,915	29.5	159,541
Topical Products	0.5	0.2	0.0	0.3	20	11	2	7	38	64	65	21	151,959	5,782,267	25,526	50.6	283,479
Miscellaneous Products	0.2	0.0	0.0	0.2	10	3	0	7	45	229	332	34	9,672	440,048	3,991	7.9	42,351
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	24	0	0	0	7,816	190,364	2,133	4.2	23,420
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.	3,233,105	203,703,781	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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 45,427 beneficiaries who were in nursing facilities for part of their enrollment and their 447,266 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.medispn.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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In California, 0.9 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 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	\$34,963,345	22,772	45.1	251,884	0.8	\$180	\$139
ULCER DRUGS	19,111,458	25,480	50.5	276,721	0.8	90	69
ANTIDEPRESSANTS	14,729,549	27,848	55.2	303,994	0.8	61	48
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	13,692,079	10,186	20.2	111,245	0.8	151	123
ANTICONVULSANT	11,759,459	16,221	32.1	180,496	0.9	71	65
ANTIDIABETIC	10,392,180	22,923	45.4	250,079	0.9	48	42
ANTIHYPERLIPIDEMIC	8,309,866	10,623	21.0	117,960	0.8	87	70
ANTIHYPERTENSIVE	7,883,076	23,787	47.1	257,240	0.8	39	31
HEMATOPOIETIC AGENTS	7,583,155	7,911	15.7	85,627	0.7	131	89
ANALGESICS - Narcotic	7,259,375	21,738	43.1	232,083	0.5	61	31
Total	135,683,542	189,489		2,067,329	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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 45,427 beneficiaries who were in nursing facilities for part of their enrollment and their 447,266 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS					ULCER DRUGS			
Beneficiary Characteristics	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 \$
All	1,592,914	\$135,683,542	22,772	45.1	251,884	0.8	\$139	25,480	50.5	276,721	0.8	\$69
Female												
All Females	1,077,431	90,508,996	15,004	43.2	166,575	0.7	128	17,421	50.2	190,236	0.8	69
Female, Disabled												
All Ages	170,172	17,247,085	2,767	66.3	31,662	0.9	181	2,299	55.1	25,610	0.8	71
64 or younger	85,145	9,431,119	1,380	67.1	16,015	0.9	201	1,038	50.5	11,838	0.8	70
65-74	39,142	3,749,856	691	84.5	7,917	0.9	187	469	57.3	5,222	0.8	73
75-84	31,286	2,807,187	471	58.8	5,319	0.8	145	497	62.0	5,384	0.8	73
85 and older	14,599	1,258,923	225	45.4	2,411	0.7	112	295	59.5	3,166	0.8	73
Female, Other Eligibles												
All Ages	907,259	73,261,911	12,237	40.0	134,913	0.7	116	15,122	49.5	164,626	0.8	69
64 or younger	139	13,158	5	125.0	60	0.8	137	2	50.0	24	0.6	17
65-74	135,407	11,937,474	1,839	58.7	20,892	0.8	158	1,784	56.9	19,957	0.8	70
75-84	355,173	28,650,915	4,639	43.9	51,731	0.7	120	5,481	51.9	60,011	0.8	69
85 and older	416,540	32,660,364	5,754	34.1	62,230	0.7	98	7,855	46.6	84,634	0.8	69
Male												
All Males	515,483	45,174,546	7,768	49.3	85,309	0.8	160	8,059	51.1	86,485	0.8	69
Male, Disabled												
All Ages	145,096	15,320,517	2,489	68.0	28,413	1.0	227	1,847	50.5	20,556	0.8	72
64 or younger	113,462	12,414,914	2,009	71.3	23,096	1.0	237	1,383	49.1	15,497	0.8	71
65-74	20,843	2,033,031	313	62.0	3,567	0.9	207	285	56.4	3,177	0.7	72
75-84	8,355	678,263	121	47.8	1,291	0.8	133	135	53.4	1,425	0.7	79
85 and older	2,436	194,309	46	54.8	459	0.7	111	44	52.4	457	0.7	66
Male, Other Eligibles												
All Ages	370,387	29,854,029	5,279	43.6	56,896	0.7	126	6,212	51.3	65,929	0.8	68
64 or younger	270	17,920	7	87.5	72	0.3	36	7	87.5	72	0.6	52
65-74	112,182	9,677,911	1,598	54.9	17,845	0.8	165	1,602	55.0	17,545	0.8	68
75-84	160,025	12,528,079	2,294	44.6	24,768	0.7	117	2,651	51.5	28,204	0.7	67
85 and older	97,910	7,630,119	1,380	34.2	14,211	0.7	95	1,952	48.4	20,108	0.7	68
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 California, released by CMS in 12/2008. 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 45,427 beneficiaries who were in nursing facilities for part of their enrollment and their 447,266 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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 \$
All	27,848	55.2	303,994	0.8	\$49	10,186	20.2	111,245	0.8	\$123	16,221	32.1	180,496	0.9	\$65
Female															
All Females	19,837	57.1	217,838	0.8	49	7,259	20.9	79,923	0.8	126	9,927	28.6	110,640	0.9	62
Female, Disabled															
All Ages	2,489	59.7	28,201	0.8	53	470	11.3	5,310	0.8	300	2,265	54.3	25,819	1.0	82
64 or younger	1,296	63.0	14,755	0.8	56	135	6.6	1,569	0.8	746	1,380	67.1	15,963	1.1	91
65-74	548	67.0	6,238	0.8	50	87	10.6	1,015	0.8	116	465	56.8	5,199	1.0	74
75-84	405	50.6	4,584	0.8	54	156	19.5	1,733	0.8	111	301	37.6	3,367	0.9	61
85 and older	240	48.4	2,624	0.8	48	92	18.5	993	0.8	112	119	24.0	1,290	0.9	48
Female, Other Eligibles															
All Ages	17,348	56.8	189,637	0.8	48	6,789	22.2	74,613	0.8	113	7,662	25.1	84,821	0.9	55
64 or younger	2	50.0	24	0.6	18	0	0.0	0	0.0	0	5	125.0	60	0.4	48
65-74	2,190	69.9	24,464	0.8	51	539	17.2	6,009	0.8	135	1,604	51.2	18,204	0.9	70
75-84	6,381	60.4	70,319	0.8	49	2,567	24.3	28,415	0.8	113	3,097	29.3	34,414	0.9	56
85 and older	8,775	52.1	94,830	0.8	47	3,683	21.9	40,189	0.8	110	2,956	17.5	32,143	0.8	46
Male															
All Males	8,011	50.8	86,156	0.8	48	2,927	18.6	31,322	0.8	117	6,294	39.9	69,856	0.9	71
Male, Disabled															
All Ages	1,926	52.6	21,716	0.8	52	256	7.0	2,867	0.8	198	2,416	66.0	27,608	1.0	88
64 or younger	1,476	52.4	16,757	0.8	54	150	5.3	1,693	0.8	255	2,020	71.7	23,174	1.0	93
65-74	288	57.0	3,229	0.8	49	49	9.7	555	0.8	127	291	57.6	3,327	0.9	61
75-84	118	46.6	1,280	0.7	46	44	17.4	471	0.8	109	81	32.0	860	1.0	61
85 and older	44	52.4	450	0.8	45	13	15.5	148	0.8	101	24	28.6	247	1.0	62
Male, Other Eligibles															
All Ages	6,085	50.3	64,440	0.8	46	2,671	22.1	28,455	0.8	109	3,878	32.0	42,248	0.9	60
64 or younger	7	87.5	72	0.5	39	0	0.0	0	0.0	0	5	62.5	60	1.0	74
65-74	1,654	56.8	17,972	0.8	49	473	16.2	5,076	0.8	116	1,503	51.6	16,686	1.0	70
75-84	2,579	50.1	27,582	0.8	46	1,214	23.6	13,071	0.8	106	1,606	31.2	17,482	0.9	56
85 and older	1,845	45.7	18,814	0.8	45	984	24.4	10,308	0.8	109	764	18.9	8,020	0.8	48
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 California, released by CMS in 12/2008. 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 45,427 beneficiaries who were in nursing facilities for part of their enrollment and their 447,266 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.medicspan.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANTIHYPERTENSIVE				
	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 \$
All	22,923	45.4	250,079	0.9	\$42	10,623	21.0	117,960	0.8	\$70	23,787	47.1	257,240	0.8	\$31
Female															
All Females	15,112	43.5	165,677	0.9	42	6,931	20.0	77,276	0.8	71	15,896	45.8	172,270	0.8	31
Female, Disabled															
All Ages	2,417	57.9	26,863	0.9	45	1,012	24.3	11,459	0.8	74	1,840	44.1	20,390	0.8	32
64 or younger	941	45.8	10,722	0.9	48	459	22.3	5,287	0.8	72	691	33.6	7,863	0.8	32
65-74	678	82.9	7,664	0.9	46	242	29.6	2,738	0.8	77	425	52.0	4,748	0.8	32
75-84	547	68.3	5,945	0.9	44	226	28.2	2,480	0.8	76	472	58.9	5,170	0.8	33
85 and older	251	50.6	2,532	0.8	36	85	17.1	954	0.8	73	252	50.8	2,609	0.8	34
Female, Other Eligibles															
All Ages	12,695	41.5	138,814	0.9	41	5,919	19.4	65,817	0.8	70	14,056	46.0	151,880	0.8	31
64 or younger	1	25.0	12	0.9	25	0	0.0	0	0.0	0	2	50.0	14	1.0	46
65-74	2,175	69.4	24,343	0.9	46	964	30.7	10,862	0.8	73	1,674	53.4	18,609	0.8	31
75-84	5,615	53.1	61,889	0.9	41	2,596	24.6	29,056	0.8	70	5,269	49.9	57,389	0.8	31
85 and older	4,904	29.1	52,570	0.8	38	2,359	14.0	25,899	0.8	68	7,111	42.2	75,868	0.8	31
Male															
All Males	7,811	49.6	84,402	0.8	42	3,692	23.4	40,684	0.8	70	7,891	50.1	84,970	0.8	30
Male, Disabled															
All Ages	1,764	48.2	19,675	0.9	46	887	24.2	10,156	0.8	69	1,529	41.8	17,122	0.8	32
64 or younger	1,210	42.9	13,663	0.9	48	665	23.6	7,628	0.8	69	1,031	36.6	11,660	0.8	33
65-74	344	68.1	3,829	0.9	44	142	28.1	1,625	0.8	69	298	59.0	3,349	0.8	33
75-84	167	66.0	1,696	0.9	46	66	26.1	750	0.8	64	157	62.1	1,656	0.7	31
85 and older	43	51.2	487	0.8	40	14	16.7	153	0.6	60	43	51.2	457	0.8	28
Male, Other Eligibles															
All Ages	6,047	50.0	64,727	0.8	40	2,805	23.2	30,528	0.8	70	6,362	52.6	67,848	0.8	30
64 or younger	2	25.0	24	0.6	18	2	25.0	24	0.8	72	5	62.5	60	0.6	21
65-74	1,763	60.5	19,209	0.8	41	896	30.8	9,957	0.8	72	1,750	60.1	19,116	0.8	30
75-84	2,740	53.2	29,334	0.9	41	1,218	23.7	13,285	0.8	71	2,709	52.6	28,808	0.8	30
85 and older	1,542	38.2	16,160	0.8	38	689	17.1	7,262	0.8	67	1,898	47.0	19,864	0.8	29
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 California, released by CMS in 12/2008. 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 45,427 beneficiaries who were in nursing facilities for part of their enrollment and their 447,266 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANALGESICS - Narcotic						
	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-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	7,911	15.7	85,627	0.7	\$89	21,738	43.1	232,083	0.5	\$31	50,492	525,108
Female												
All Females	5,215	15.0	56,936	0.7	93	15,773	45.4	169,374	0.5	33	34,729	364,462
Female, Disabled												
All Ages	709	17.0	7,764	0.7	106	2,111	50.6	23,228	0.6	40	4,171	45,522
64 or younger	311	15.1	3,516	0.7	76	1,017	49.5	11,561	0.7	46	2,056	23,123
65-74	172	21.0	1,857	0.6	91	469	57.3	5,133	0.6	38	818	8,917
75-84	152	19.0	1,615	0.7	142	427	53.3	4,505	0.5	34	801	8,448
85 and older	74	14.9	776	0.8	202	198	39.9	2,029	0.4	26	496	5,034
Female, Other Eligibles												
All Ages	4,506	14.7	49,172	0.7	91	13,662	44.7	146,146	0.5	32	30,558	318,940
64 or younger	1	25.0	12	0.8	12	4	100.0	19	0.3	7	4	29
65-74	472	15.1	5,213	0.7	117	1,754	55.9	19,320	0.6	43	3,135	33,636
75-84	1,627	15.4	17,814	0.7	95	4,991	47.2	54,224	0.5	32	10,569	111,297
85 and older	2,406	14.3	26,133	0.7	83	6,913	41.0	72,583	0.5	29	16,850	173,978
Male												
All Males	2,696	17.1	28,691	0.7	80	5,965	37.8	62,709	0.5	27	15,763	160,646
Male, Disabled												
All Ages	531	14.5	5,896	0.7	82	1,485	40.6	16,333	0.6	39	3,660	39,934
64 or younger	361	12.8	4,031	0.7	60	1,108	39.3	12,319	0.6	45	2,818	31,204
65-74	106	21.0	1,179	0.8	159	245	48.5	2,694	0.5	23	505	5,407
75-84	48	19.0	536	0.8	67	96	37.9	970	0.4	19	253	2,514
85 and older	16	19.0	150	0.6	109	36	42.9	350	0.4	15	84	809
Male, Other Eligibles												
All Ages	2,165	17.9	22,795	0.7	79	4,480	37.0	46,376	0.4	23	12,103	120,712
64 or younger	3	37.5	24	0.5	27	5	62.5	48	0.5	6	8	84
65-74	565	19.4	5,986	0.7	69	1,203	41.3	12,887	0.5	32	2,912	30,543
75-84	910	17.7	9,636	0.7	79	1,818	35.3	18,784	0.4	20	5,147	51,478
85 and older	687	17.0	7,149	0.6	89	1,454	36.0	14,657	0.4	18	4,036	38,607
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 California, released by CMS in 12/2008. 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 45,427 beneficiaries who were in nursing facilities for part of their enrollment and their 447,266 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.medispain.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^{a,b}
CALIFORNIA, 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
All	569,515	59.7	4.6	4,436,503	\$98	\$93,734,595	\$21	3.1	954,217
Age									
5 and younger	10	71.4	13.9	194	1,229	17,206	89	36.4	14
6-14	40	75.5	12.3	651	499	26,423	41	4.8	53
15-20	281	37.2	2.4	1,808	80	60,363	33	3.1	756
21-44	41,490	45.0	3.2	290,391	101	9,344,090	32	2.5	92,098
45-64	101,634	57.4	4.8	841,668	123	21,733,734	26	2.7	176,953
65-74	193,781	61.6	4.6	1,454,376	83	26,260,486	18	3.1	314,727
75-84	165,484	64.4	5.1	1,322,198	96	24,805,714	19	3.4	257,084
85 and older	66,795	59.4	4.7	525,217	102	11,486,579	22	4.0	112,532
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	321,055	59.1	4.3	2,330,718	82	44,549,678	19	3.3	542,924
Disabled	244,804	60.9	5.2	2,086,064	121	48,659,698	23	2.9	401,833
Adults	3,446	38.2	2.1	18,611	55	499,599	27	2.4	9,014
Children	27	42.2	3.0	195	89	5,688	29	3.2	64
Unknown	183	47.9	2.4	915	52	19,932	22	2.1	382
Gender									
Female	355,090	63.3	5.1	2,846,688	100	56,300,283	20	3.2	561,281
Male	214,425	54.6	4.0	1,589,815	95	37,434,312	24	2.9	392,936
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	210,379	54.7	4.7	1,820,271	102	39,272,205	22	2.7	384,946
African American	49,301	54.5	4.1	369,817	109	9,899,605	27	3.7	90,451
Other/unknown	309,835	64.7	4.7	2,246,415	93	44,562,785	20	3.4	478,820
Use of Nursing Facilities^d									
Entire year	26,566	52.6	4.6	230,500	127	6,433,107	28	3.2	50,492
Part year	30,796	67.8	5.1	233,407	133	6,047,605	26	3.9	45,427
None	512,153	59.7	4.6	3,972,596	95	81,253,883	20	3.0	858,298
Maintenance Assistance Status									
Cash	418,005	65.6	5.3	3,403,978	108	68,606,371	20	3.3	637,172
Medically needy	68,444	48.7	3.5	485,756	90	12,671,560	26	3.0	140,678
Poverty related	65,615	46.3	2.9	417,532	67	9,455,162	23	2.4	141,870
Other/unknown	17,451	50.6	3.7	129,237	87	3,001,502	23	2.8	34,497

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^{a,b}
CALIFORNIA, 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
All	0.4	\$9	\$21	\$0	\$2	10,392,828
Age						
5 and younger	1.6	140	89	0	1	123
6-14	1.2	50	41	0	4	529
15-20	0.2	7	33	0	1	8,210
21-44	0.3	9	32	0	3	1,002,986
45-64	0.4	11	26	0	4	1,919,618
65-74	0.4	8	18	0	1	3,431,372
75-84	0.5	9	19	0	1	2,849,721
85 and older	0.4	10	22	0	2	1,180,269
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	8	19	0	1	5,836,684
Disabled	0.5	11	23	0	3	4,484,407
Adults	0.3	7	27	0	2	66,956
Children	0.4	12	29	0	1	476
Unknown	0.2	5	22	0	2	4,305
Gender						
Female	0.5	9	20	0	2	6,153,567
Male	0.4	9	24	0	2	4,239,261
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	9	22	0	3	4,136,534
African American	0.4	10	27	0	1	974,136
Other/unknown	0.4	8	20	0	1	5,282,158
Use of Nursing Facilities^d						
Entire year	0.4	12	28	0	4	525,108
Part year	0.5	14	26	0	3	447,266
None	0.4	9	20	0	2	9,420,454
Maintenance Assistance Status						
Cash	0.5	9	20	0	2	7,240,439
Medically needy	0.4	9	26	0	2	1,346,702
Poverty related	0.3	7	23	0	2	1,444,952
Other/unknown	0.4	8	23	0	3	360,735

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^{a,b,c}
CALIFORNIA, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	Total Number Rx.
All	851,895	\$110	\$93,734,595	100.0	4,436,503	\$21	100.0	4,436,503
Anorexia or weight loss/gain	126	304	38,332	0.0	463	83	0.0	463
Fertility drugs	10	427	4,266	0.0	61	70	0.0	61
Drugs for cosmetic purposes	18	30	536	0.0	29	18	0.0	29
Cough and cold medications	149,192	48	7,137,437	7.6	322,761	22	7.3	322,761
Vitamins and minerals	94,215	83	7,820,688	8.3	412,003	19	9.3	412,003
Non-prescription drugs	444,202	121	53,541,408	57.1	2,760,348	19	62.2	2,760,348
Barbiturates	5,584	87	487,552	0.5	46,129	11	1.0	46,129
Benzodiazepines	152,066	131	19,845,280	21.2	874,530	23	19.7	874,530
Other Part D Excl Rx Drugs	6,482	750	4,859,096	5.2	20,179	241	0.5	20,179

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^{a, b}
 CALIFORNIA, 2005

Total Number of Dual Eligible Beneficiaries: 954,217
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$3,033,705,839
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,179

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	133,096	13.9	\$0	0.0
1-500	142,731	15.0	28,995,797	1.0
501-1,000	84,395	8.8	62,735,555	2.1
1,001-1,500	72,370	7.6	90,176,850	3.0
1,501-2,000	64,656	6.8	112,920,052	3.7
2,001-2,500	58,048	6.1	130,384,669	4.3
2,501-3,000	51,684	5.4	141,906,502	4.7
3,001-3,500	46,068	4.8	149,493,506	4.9
3,501-4,000	40,318	4.2	151,002,507	5.0
4,001-4,500	35,408	3.7	150,336,561	5.0
4,501-5,000	30,790	3.2	146,104,425	4.8
5,001-5,500	26,065	2.7	136,674,341	4.5
5,501-6,000	22,436	2.4	128,863,131	4.2
6,001-6,500	19,030	2.0	118,781,036	3.9
6,501-7,000	16,266	1.7	109,699,745	3.6
7,001-7,500	13,837	1.5	100,218,577	3.3
7,501-8,000	11,567	1.2	89,558,635	3.0
8,001-8,500	9,878	1.0	81,416,964	2.7
8,501-9,000	8,499	0.9	74,319,483	2.4
9,001-9,500	7,223	0.8	66,784,715	2.2
9,501-10,000	6,198	0.6	60,384,548	2.0
10,001+	53,654	5.6	902,948,240	29.8

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^{a, b, c}
 CALIFORNIA, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 261,944
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$1,150,927,541
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$4,393

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	39,365	15.0	0	0.0
1-500	42,061	16.1	7,944,800	0.7
501-1,000	19,617	7.5	14,474,502	1.3
1,001-1,500	15,930	6.1	19,811,064	1.7
1,501-2,000	13,535	5.2	23,627,368	2.1
2,001-2,500	11,962	4.6	26,858,212	2.3
2,501-3,000	10,680	4.1	29,321,279	2.5
3,001-3,500	9,742	3.7	31,621,095	2.7
3,501-4,000	8,609	3.3	32,247,937	2.8
4,001-4,500	7,899	3.0	33,546,750	2.9
4,501-5,000	7,248	2.8	34,409,184	3.0
5,001-5,500	6,464	2.5	33,901,259	2.9
5,501-6,000	5,911	2.3	33,970,010	3.0
6,001-6,500	5,139	2.0	32,082,223	2.8
6,501-7,000	4,814	1.8	32,477,135	2.8
7,001-7,500	4,375	1.7	31,702,874	2.8
7,501-8,000	3,890	1.5	30,116,714	2.6
8,001-8,500	3,615	1.4	29,804,758	2.6
8,501-9,000	3,248	1.2	28,401,587	2.5
9,001-9,500	2,894	1.1	26,758,634	2.3
9,501-10,000	2,607	1.0	25,408,142	2.2
10,001+	32,339	12.3	592,442,014	51.5

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^{a, b}
 CALIFORNIA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 684,343
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$1,862,680,654
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,721

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			+		
\$0	91,618		13.4	0	0.0
1-500	98,816		14.4	20,714,213	1.1
501-1,000	64,143		9.4	47,790,593	2.6
1,001-1,500	55,963		8.2	69,774,113	3.7
1,501-2,000	50,744		7.4	88,633,909	4.8
2,001-2,500	45,780		6.7	102,840,475	5.5
2,501-3,000	40,740		6.0	111,860,986	6.0
3,001-3,500	36,128		5.3	117,229,162	6.3
3,501-4,000	31,525		4.6	118,064,079	6.3
4,001-4,500	27,336		4.0	116,051,535	6.2
4,501-5,000	23,382		3.4	110,936,594	6.0
5,001-5,500	19,474		2.8	102,105,822	5.5
5,501-6,000	16,426		2.4	94,327,096	5.1
6,001-6,500	13,805		2.0	86,160,348	4.6
6,501-7,000	11,379		1.7	76,730,289	4.1
7,001-7,500	9,383		1.4	67,944,502	3.6
7,501-8,000	7,614		1.1	58,953,515	3.2
8,001-8,500	6,214		0.9	51,208,302	2.7
8,501-9,000	5,191		0.8	45,391,443	2.4
9,001-9,500	4,295		0.6	39,711,631	2.1
9,501-10,000	3,550		0.5	34,577,298	1.9
10,001+	20,837		3.0	301,674,749	16.2

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^{a, b}
 CALIFORNIA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 314,727
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$840,860,746
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,671

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	47,499	15.1		0	0.0
1-500	48,805	15.5		9,887,991	1.2
501-1,000	29,298	9.3		21,815,006	2.6
1,001-1,500	25,036	8.0		31,201,792	3.7
1,501-2,000	22,381	7.1		39,091,688	4.6
2,001-2,500	19,975	6.3		44,872,639	5.3
2,501-3,000	17,646	5.6		48,468,848	5.8
3,001-3,500	15,462	4.9		50,183,263	6.0
3,501-4,000	13,471	4.3		50,446,104	6.0
4,001-4,500	11,809	3.8		50,119,905	6.0
4,501-5,000	10,046	3.2		47,667,533	5.7
5,001-5,500	8,460	2.7		44,353,593	5.3
5,501-6,000	7,059	2.2		40,540,528	4.8
6,001-6,500	5,990	1.9		37,368,512	4.4
6,501-7,000	4,919	1.6		33,191,804	3.9
7,001-7,500	4,147	1.3		30,026,469	3.6
7,501-8,000	3,368	1.1		26,075,502	3.1
8,001-8,500	2,766	0.9		22,805,403	2.7
8,501-9,000	2,367	0.8		20,704,748	2.5
9,001-9,500	1,949	0.6		18,026,221	2.1
9,501-10,000	1,667	0.5		16,241,724	1.9
10,001+	10,607	3.4		157,771,473	18.8

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^{a, b}
 CALIFORNIA, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 257,084
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$735,810,886
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,862

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	30,873	12.0	0	0.0
1-500	33,142	12.9	7,099,739	1.0
501-1,000	23,153	9.0	17,279,717	2.3
1,001-1,500	20,808	8.1	25,972,676	3.5
1,501-2,000	19,418	7.6	33,924,875	4.6
2,001-2,500	17,763	6.9	39,910,166	5.4
2,501-3,000	16,139	6.3	44,302,547	6.0
3,001-3,500	14,657	5.7	47,554,253	6.5
3,501-4,000	12,778	5.0	47,851,601	6.5
4,001-4,500	11,064	4.3	46,991,691	6.4
4,501-5,000	9,467	3.7	44,901,000	6.1
5,001-5,500	7,956	3.1	41,712,478	5.7
5,501-6,000	6,796	2.6	39,035,924	5.3
6,001-6,500	5,594	2.2	34,938,994	4.7
6,501-7,000	4,803	1.9	32,370,440	4.4
7,001-7,500	3,852	1.5	27,888,010	3.8
7,501-8,000	3,161	1.2	24,478,651	3.3
8,001-8,500	2,567	1.0	21,142,074	2.9
8,501-9,000	2,070	0.8	18,097,676	2.5
9,001-9,500	1,791	0.7	16,554,071	2.2
9,501-10,000	1,440	0.6	14,023,077	1.9
10,001+	7,792	3.0	109,781,226	14.9

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^{a, b}
 CALIFORNIA, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 112,532
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$286,009,022
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,541

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	13,246	11.8	0	0.0
1-500	16,869	15.0	3,726,483	1.3
501-1,000	11,692	10.4	8,695,870	3.0
1,001-1,500	10,119	9.0	12,599,645	4.4
1,501-2,000	8,945	7.9	15,617,346	5.5
2,001-2,500	8,042	7.1	18,057,670	6.3
2,501-3,000	6,955	6.2	19,089,591	6.7
3,001-3,500	6,009	5.3	19,491,646	6.8
3,501-4,000	5,276	4.7	19,766,374	6.9
4,001-4,500	4,463	4.0	18,939,939	6.6
4,501-5,000	3,869	3.4	18,368,061	6.4
5,001-5,500	3,058	2.7	16,039,751	5.6
5,501-6,000	2,571	2.3	14,750,644	5.2
6,001-6,500	2,221	2.0	13,852,842	4.8
6,501-7,000	1,657	1.5	11,168,045	3.9
7,001-7,500	1,384	1.2	10,030,023	3.5
7,501-8,000	1,085	1.0	8,399,362	2.9
8,001-8,500	881	0.8	7,260,825	2.5
8,501-9,000	754	0.7	6,589,019	2.3
9,001-9,500	555	0.5	5,131,339	1.8
9,501-10,000	443	0.4	4,312,497	1.5
10,001+	2,438	2.2	34,122,050	11.9

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 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
All	1,115,204	625,539	471,966	17,162	100	437	12,328,764	6,801,043	5,345,570	176,277	927	4,947
Age												
5 and younger	24	0	21	0	3	0	259	0	233	0	26	0
6-14	81	1	66	0	14	0	937	12	768	0	157	0
15-20	1,027	0	958	6	63	0	11,675	0	10,995	63	617	0
21-44	114,947	1	108,181	6,727	20	18	1,291,216	12	1,221,349	69,525	127	203
45-64	210,540	19	202,374	7,974	0	173	2,334,025	154	2,249,606	82,307	0	1,958
65-74	365,450	250,175	112,875	2,154	0	246	4,038,916	2,697,586	1,316,796	21,748	0	2,786
75-84	295,024	255,687	39,066	271	0	0	3,298,574	2,844,029	452,119	2,426	0	0
85 and older	128,111	119,656	8,425	30	0	0	1,353,162	1,259,250	93,704	208	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	656,112	395,413	252,268	7,946	48	437	7,293,086	4,322,354	2,883,715	81,634	436	4,947
Male	459,092	230,126	219,698	9,216	52	0	5,035,678	2,478,689	2,461,855	94,643	491	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	444,635	210,720	227,714	5,978	38	185	4,836,748	2,209,237	2,564,624	60,477	318	2,092
African American	102,350	35,338	64,426	2,532	10	44	1,124,414	373,780	724,305	25,722	102	505
Other/unknown	568,219	379,481	179,826	8,652	52	208	6,367,602	4,218,026	2,056,641	90,078	507	2,350
Use of Nursing Facilities^c												
Entire year	51,733	43,510	8,205	18	0	0	539,033	449,038	89,853	142	0	0
Part year	46,457	34,225	12,169	58	0	5	465,460	331,605	133,183	612	0	60
None	1,017,014	547,804	451,592	17,086	100	432	11,324,271	6,020,400	5,122,534	175,523	927	4,887
Maintenance Assistance Status												
Cash	749,513	378,359	356,442	14,697	15	0	8,623,286	4,324,559	4,144,131	154,431	165	0
Medically needy	162,023	125,632	35,047	1,294	50	0	1,575,167	1,216,997	346,599	11,149	422	0
Poverty related	162,785	103,445	58,832	62	9	437	1,697,668	1,067,972	624,350	321	78	4,947
Other/unknown	40,883	18,103	21,645	1,109	26	0	432,643	191,515	230,490	10,376	262	0
Dual Status^d												
Full dual, all year	1,104,054	617,084	469,371	17,062	100	437	12,211,266	6,711,707	5,318,436	175,249	927	4,947
Full dual, part year	11,150	8,455	2,595	100	0	0	117,498	89,336	27,134	1,028	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	930,227	532,266	391,935	5,597	49	380	10,268,154	5,780,075	4,430,643	52,728	414	4,294
FFS part year, with Rx claims	16,472	6,726	7,633	2,100	12	1	185,934	75,917	87,731	22,152	122	12
FFS part year, no Rx claims	7,518	3,932	2,265	1,317	3	1	77,278	40,733	24,005	12,496	32	12
MC all year, with Rx claims	22,973	7,361	14,632	957	22	1	264,113	82,355	170,574	10,932	244	8
MC all year, no Rx claims	138,014	75,254	55,501	7,191	14	54	1,533,285	821,963	632,617	77,969	115	621

Source: Data for this table are from the MAX 2005 file for California, released by CMS in 12/2008. 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^a
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	1,115,204	12,328,764	954,217	10,392,828	0	1,935,936
Fee-for-service (FFS) all year	930,227	10,268,154	930,227	10,268,154	0	0
FFS part year, with Rx claims	16,472	185,934	16,472	96,640	0	89,294
FFS part year, with no Rx claims	7,518	77,278	7,518	28,034	0	49,244
Managed care (MC) all year, with Rx claims	22,973	264,113	0	0	0	264,113
MC all year, with no Rx claims	138,014	1,533,285	0	0	0	1,533,285

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