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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 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	391,223	223,974	165,332	1,868	35	14	4,039,020	2,269,102	1,757,565	11,887	335	131
Age												
5 and younger	15	0	13	0	2	0	166	0	147	0	19	0
6-14	75	0	65	0	10	0	818	0	717	0	101	0
15-20	607	0	581	9	17	0	6,170	0	5,945	45	180	0
21-44	50,199	0	49,124	1,069	6	0	515,792	0	508,050	7,707	35	0
45-64	74,810	7	74,301	489	0	13	788,721	41	785,546	3,015	0	119
65-74	106,743	78,555	27,929	258	0	1	1,111,918	801,371	309,566	969	0	12
75-84	96,471	86,708	9,721	42	0	0	1,013,537	904,506	108,881	150	0	0
85 and older	62,302	58,703	3,598	1	0	0	601,897	563,183	38,713	1	0	0
Unknown	1	1	0	0	0	0	1	1	0	0	0	0
Gender												
Female	252,595	156,795	94,507	1,263	16	14	2,625,550	1,605,094	1,012,239	7,939	147	131
Male	138,628	67,179	70,825	605	19	0	1,413,470	664,008	745,326	3,948	188	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	183,812	99,289	83,503	996	14	10	1,855,763	963,123	886,216	6,193	138	93
African American	74,878	34,920	39,371	572	11	4	779,944	359,380	416,688	3,740	98	38
Other/unknown	132,533	89,765	42,458	300	10	0	1,403,313	946,599	454,661	1,954	99	0
Use of Nursing Facilities^c												
Entire year	45,214	40,646	4,568	0	0	0	442,148	392,897	49,251	0	0	0
Part year	26,899	21,655	5,243	0	1	0	250,439	196,562	53,865	0	12	0
None	319,110	161,673	155,521	1,868	34	14	3,346,433	1,679,643	1,654,449	11,887	323	131
Maintenance Assistance Status												
Cash	202,347	94,666	106,595	1,083	3	0	2,193,533	1,036,982	1,150,312	6,222	17	0
Medically needy	1,606	408	1,074	120	4	0	15,618	3,878	10,775	923	42	0
Poverty-related	116,766	73,450	42,929	360	13	14	1,175,080	737,456	434,737	2,617	139	131
Other/unknown	70,504	55,450	14,734	305	15	0	654,789	490,786	161,741	2,125	137	0
Dual Medicare Status^d												
Full dual, all year	374,852	213,987	159,073	1,745	33	14	3,872,024	2,166,254	1,694,667	10,657	315	131
Full dual, part year	16,371	9,987	6,259	123	2	0	166,996	102,848	62,898	1,230	20	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	369,022	213,447	154,138	1,389	34	14	3,924,603	2,216,745	1,697,218	10,181	328	131
FFS part year, with Rx claims	14,096	6,467	7,336	292	1	0	82,772	37,931	43,500	1,334	7	0
FFS part year, no Rx claims	8,105	4,060	3,858	187	0	0	31,645	14,426	16,847	372	0	0

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

a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 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	84.8	49.0	\$3,238	\$66	\$11,859	27.3	391,223
Age							
5 and younger	100.0	48.3	7,967	165	67,683	11.8	15
6-14	96.0	57.9	9,886	171	29,453	33.6	75
15-20	72.5	22.2	2,836	128	13,476	21.0	607
21-44	79.0	34.0	3,679	108	10,629	34.6	50,199
45-64	86.6	56.0	4,655	83	12,284	37.9	74,810
65-74	82.8	47.7	2,828	59	7,419	38.1	106,743
75-84	85.9	51.5	2,812	55	11,831	23.8	96,471
85 and older	88.8	51.3	2,537	49	19,938	12.7	62,302
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility^e							
Aged	84.3	47.6	2,575	54	12,703	20.3	223,974
Disabled	85.6	51.2	4,155	81	10,803	38.5	165,332
Adults	63.2	19.4	1,454	75	3,890	37.4	1,868
Children	82.9	41.0	6,268	153	18,634	33.6	35
Unknown	100.0	40.1	3,039	76	11,675	26.0	14
Gender							
Female	87.0	52.5	3,155	60	11,950	26.4	252,595
Male	80.7	42.7	3,389	79	11,693	29.0	138,628
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	86.1	53.7	3,514	65	15,458	22.7	183,812
African American	81.7	40.9	2,825	69	11,004	25.7	74,878
Other/unknown	84.6	47.1	3,088	66	7,349	42.0	132,533
Use of Nursing Facilities^f							
Entire year	95.6	74.3	3,807	51	41,463	9.2	45,214
Part year	91.1	54.2	2,901	54	22,413	12.9	26,899
None	82.7	45.0	3,186	71	6,774	47.0	319,110
Maintenance Assistance Status							
Cash	84.8	47.4	3,140	66	6,570	47.8	202,347
Medically needy	91.8	74.8	6,930	93	11,183	62.0	1,606
Poverty related	83.3	47.0	3,061	65	12,055	25.4	116,766
Other/unknown	86.8	56.4	3,727	66	26,728	13.9	70,504

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

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

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

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

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

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10			
All	4.7	\$314	27.3	15.2	12.9	9.0	27.5	26.9	8.4	\$1,149	391,223	4,039,020
Age												
5 and younger	4.4	720	11.8	0.0	13.3	26.7	13.3	46.7	0.0	6,116	15	166
6-14	5.3	907	33.6	4.0	6.7	14.7	34.7	34.7	5.3	2,701	75	818
15-20	2.2	279	21.0	27.5	31.3	10.4	20.6	8.6	1.6	1,326	607	6,170
21-44	3.3	358	34.6	21.0	23.2	11.2	24.3	15.8	4.5	1,034	50,199	515,792
45-64	5.3	442	37.9	13.4	12.4	8.7	26.1	27.7	11.6	1,165	74,810	788,721
65-74	4.6	272	38.1	17.2	13.0	9.3	27.4	25.5	7.7	712	106,743	1,111,918
75-84	4.9	268	23.8	14.1	10.3	8.5	29.0	29.7	8.4	1,126	96,471	1,013,537
85 and older	5.3	263	12.7	11.2	8.6	8.1	30.0	33.1	9.0	2,064	62,302	601,897
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	1
Basis of Eligibility^e												
Aged	4.7	254	20.3	15.7	11.4	9.0	28.6	27.6	7.7	1,254	223,974	2,269,102
Disabled	4.8	391	38.5	14.4	14.7	9.1	26.2	26.1	9.4	1,016	165,332	1,757,565
Adults	3.1	229	37.4	36.8	19.8	9.2	19.7	10.9	3.7	611	1,868	11,887
Children	4.3	655	33.6	17.1	11.4	17.1	34.3	11.4	8.6	1,947	35	335
Unknown	4.3	325	26.0	0.0	7.1	28.6	28.6	28.6	7.1	1,248	14	131
Gender												
Female	5.0	304	26.4	13.0	11.3	8.8	28.5	29.1	9.2	1,150	252,595	2,625,550
Male	4.2	332	29.0	19.3	15.6	9.4	25.7	23.0	7.0	1,147	138,628	1,413,470
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.3	348	22.7	13.9	11.0	8.1	26.4	29.4	11.2	1,531	183,812	1,855,763
African American	3.9	271	25.7	18.3	16.8	10.3	27.5	21.7	5.4	1,056	74,878	779,944
Other/unknown	4.4	292	42.0	15.4	13.3	9.6	29.1	26.4	6.3	694	132,533	1,403,313
Use of Nursing Facilities^f												
Entire year	7.6	389	9.2	4.4	3.3	4.5	24.8	42.4	20.6	4,240	45,214	442,148
Part year	5.8	312	12.9	8.9	8.1	8.4	29.3	34.0	11.4	2,407	26,899	250,439
None	4.3	304	47.0	17.3	14.6	9.7	27.8	24.1	6.4	646	319,110	3,346,433
Maintenance Assistance Status												
Cash	4.4	290	47.8	15.2	14.3	9.5	28.5	25.9	6.5	606	202,347	2,193,533
Medically needy	7.7	713	62.0	8.2	5.4	5.1	21.4	37.4	22.5	1,150	1,606	15,618
Poverty related	4.7	304	25.4	16.7	13.4	9.4	27.2	25.2	8.1	1,198	116,766	1,175,080
Other/unknown	6.1	401	13.9	13.2	7.9	7.1	25.6	32.2	14.0	2,878	70,504	654,789

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

a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

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

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

TABLE D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 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	4.7	\$314	\$66	2.0	\$251	\$123	0.2	\$12	\$64	2.5	\$50	\$20
Age												
5 and younger	4.4	720	165	1.9	618	321	0.3	34	120	2.1	68	32
6-14	5.3	907	171	2.4	830	343	0.2	9	58	2.7	67	25
15-20	2.2	279	128	0.9	237	257	0.1	8	107	1.2	34	29
21-44	3.3	358	108	1.4	298	211	0.1	13	102	1.8	46	26
45-64	5.3	442	83	2.2	356	159	0.2	18	93	2.9	67	23
65-74	4.6	272	59	2.0	218	106	0.2	9	56	2.4	45	19
75-84	4.9	268	55	2.2	212	99	0.2	9	49	2.5	45	18
85 and older	5.3	263	49	2.1	199	94	0.3	12	47	2.9	51	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.7	254	54	2.0	200	98	0.2	10	50	2.5	44	18
Disabled	4.8	391	81	2.1	318	154	0.2	15	84	2.6	58	23
Adults	3.1	229	75	1.2	174	147	0.1	11	101	1.8	43	25
Children	4.3	655	153	1.7	578	345	0.2	11	54	2.4	66	28
Unknown	4.3	325	76	2.2	275	123	0.1	6	105	2.0	44	22
Gender												
Female	5.0	304	60	2.2	239	111	0.2	12	58	2.7	51	19
Male	4.2	332	79	1.8	273	149	0.1	11	82	2.2	48	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.3	348	65	2.2	273	124	0.2	15	66	2.9	59	21
African American	3.9	271	69	1.6	220	133	0.1	9	74	2.1	42	20
Other/unknown	4.4	292	66	2.1	240	117	0.2	8	55	2.2	43	19
Use of Nursing Facilities^e												
Entire year	7.6	389	51	3.0	291	98	0.4	22	55	4.2	76	18
Part year	5.8	312	54	2.2	234	105	0.3	16	59	3.3	61	19
None	4.3	304	71	1.9	247	130	0.1	10	67	2.2	46	21
Maintenance Assistance Status												
Cash	4.4	290	66	2.0	235	120	0.1	9	63	2.3	46	20
Medically needy	7.7	713	93	3.4	583	170	0.2	27	114	4.0	102	26
Poverty related	4.7	304	65	2.0	240	122	0.2	12	67	2.5	51	21
Other/unknown	6.1	401	66	2.5	319	130	0.3	19	61	3.3	63	19

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

a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name Generic		Patented Brand-Name		Off-Patent Brand-Name Generic		Patented Brand-Name		Off-Patent Brand-Name Generic		Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Name	Name	Generic	Total	Name	Name	Generic	Total	Name	Name	Generic					
Anti-infective Agents	0.4	0.2	0.0	0.2	\$65	\$55	\$4	\$5	\$157	\$343	\$103	\$24	950,793	\$149,388,205	208,324	53.2	2,314,190
Biologicals	0.1	0.1	0.0	0.0	4	3	0	0	44	37	1,581	118	9,480	417,513	9,073	2.3	101,261
Antineoplastic Agents	0.5	0.1	0.0	0.3	88	56	1	32	195	518	204	93	100,967	19,694,397	21,125	5.4	222,666
Endocrine/Metabolic Drugs	1.0	0.4	0.2	0.4	54	40	5	9	55	104	29	21	1,840,081	101,538,526	170,803	43.7	1,876,643
Cardiovascular Agents	1.9	0.8	0.0	1.0	77	62	0	16	42	74	31	15	5,221,272	217,845,650	258,345	66.0	2,812,610
Respiratory Agents	0.7	0.5	0.0	0.2	47	42	2	3	67	92	65	15	1,080,366	72,301,539	139,684	35.7	1,545,850
Gastrointestinal Agents	0.7	0.5	0.0	0.3	71	67	0	4	95	142	40	15	1,485,357	141,763,127	180,211	46.1	1,990,797
Genitourinary Agents	0.4	0.3	0.0	0.1	27	23	1	3	63	79	58	26	273,364	17,215,358	56,089	14.3	626,779
CNS Drugs	1.3	0.5	0.0	0.7	96	81	0	15	74	150	71	20	2,906,530	215,417,417	207,087	52.9	2,249,744
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.3	38	26	1	11	72	136	94	34	13,889	999,594	2,359	0.6	26,331
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	102	101	0	1	147	150	97	52	295,512	43,513,945	39,909	10.2	425,848
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	40	19	7	13	54	143	163	24	1,593,054	86,576,006	199,359	51.0	2,191,445
Neuromuscular Agents	0.8	0.2	0.0	0.6	56	36	2	18	68	158	92	32	955,872	64,916,693	104,433	26.7	1,154,612
Nutritional Products	0.6	0.0	0.0	0.5	8	0	0	8	15	16	14	15	424,012	6,202,561	69,429	17.7	743,328
Hematological Agents	0.8	0.3	0.0	0.4	60	53	1	7	77	158	30	16	854,379	65,452,854	100,046	25.6	1,091,726
Topical Products	0.5	0.3	0.0	0.3	29	22	1	6	54	83	56	22	1,051,021	56,716,374	173,255	44.3	1,935,757
Miscellaneous Products	0.3	0.1	0.0	0.2	43	36	1	6	143	338	164	32	33,866	4,851,070	10,669	2.7	112,989
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	22	0	0	0	84,286	1,867,337	22,012	5.6	247,049
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.	19,174,101	1,266,678,166	n.a.	n.a.	n.a.

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

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Florida, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Dual Eligible Beneficiaries

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2005

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		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	\$133,375,318	101,741	26.0	1,117,007	0.6	\$202	\$119
ULCER DRUGS	117,914,304	193,084	49.4	2,149,749	0.6	99	55
ANTIVIRAL	110,051,872	31,891	8.2	360,709	0.6	488	305
ANTIHYPERLIPIDEMIC	89,282,891	156,415	40.0	1,775,403	0.5	92	50
ANTIDEPRESSANTS	65,279,436	178,107	45.5	1,954,690	0.6	58	33
ANTIDIABETIC	65,114,321	150,842	38.6	1,664,612	0.7	59	39
ANTIHYPERTENSIVE	54,477,270	209,928	53.7	2,330,160	0.6	38	23
ANTICONVULSANT	50,622,816	81,808	20.9	908,753	0.7	84	56
ANTIASTHMATIC	49,564,117	146,787	37.5	1,620,217	0.4	74	31
MISC. HEMATOLOGICAL	45,249,740	64,640	16.5	720,537	0.6	105	63
Total	780,932,085	1,315,243		14,601,837	n.a.	n.a.	n.a.

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

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

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

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

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

Dual Eligible Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Month	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Month	Mean \$ per Benefit Month
All	8,430,942	\$780,932,085	101,741	26.0	1,117,007	0.6	\$119	193,084	49.4	2,149,749	0.6	\$55
Female												
All Females	5,621,914	467,152,793	60,149	23.8	658,965	0.6	108	136,777	54.1	1,528,179	0.6	55
Female, Disabled												
All Ages	2,404,605	236,299,383	31,506	33.3	357,954	0.6	131	53,201	56.3	607,586	0.5	59
5 and younger	81	13,478	0	0.0	0	0.0	0	6	120.0	72	0.5	31
6-14	327	41,929	0	0.0	0	0.0	0	13	61.9	151	0.6	48
15-20	2,444	344,738	49	18.3	506	0.4	106	84	31.3	942	0.5	40
21-44	361,757	48,508,046	9,440	43.5	106,280	0.6	137	7,404	34.1	83,595	0.5	51
45-64	1,160,846	117,367,336	15,320	36.6	174,550	0.6	139	23,864	57.0	271,092	0.6	62
65-74	593,182	48,267,221	4,355	22.2	50,403	0.5	111	14,137	72.1	163,801	0.6	60
75-84	211,358	16,237,790	1,568	20.3	17,780	0.5	93	5,447	70.5	62,970	0.6	57
85 and older	74,610	5,518,845	774	23.7	8,435	0.5	77	2,246	68.8	24,963	0.6	58
Female, Other Eligibles												
All Ages	3,217,309	230,853,410	28,643	18.1	301,011	0.6	81	83,576	52.9	920,593	0.6	53
5 and younger	4	235	0	0.0	0	0.0	0	1	100.0	7	0.1	13
6-14	34	4,229	2	40.0	20	0.4	124	3	60.0	25	0.4	56
15-20	48	2,764	1	6.7	9	0.2	2	6	40.0	60	0.3	7
21-44	5,505	710,224	150	19.4	1,395	0.4	81	137	17.7	1,233	0.4	46
45-64	3,326	276,214	41	14.4	342	0.5	74	97	34.0	878	0.5	56
65-74	1,008,162	76,688,943	5,699	11.5	63,093	0.5	96	25,675	51.7	290,063	0.5	55
75-84	1,320,035	94,611,284	10,647	17.7	113,216	0.6	81	33,235	55.1	372,236	0.6	53
85 and older	880,195	58,559,517	12,103	25.7	122,936	0.6	73	24,422	51.9	256,091	0.6	49
Male												
All Males	2,809,028	313,779,292	41,592	30.0	458,042	0.6	136	56,307	40.6	621,570	0.6	54
Male, Disabled												
All Ages	1,557,235	221,484,688	29,751	42.0	337,152	0.6	155	26,426	37.3	299,182	0.6	58
5 and younger	55	4,927	0	0.0	0	0.0	0	5	62.5	51	0.5	40
6-14	606	95,415	1	2.3	6	0.3	48	22	50.0	246	0.7	53
15-20	2,669	383,887	93	29.7	1,098	0.6	168	67	21.4	740	0.5	44
21-44	459,881	81,260,638	13,674	49.9	153,472	0.6	159	6,941	25.3	77,962	0.5	56
45-64	812,922	115,953,000	13,682	42.2	156,336	0.7	155	13,441	41.5	151,755	0.6	60
65-74	223,734	19,394,309	1,801	21.6	20,637	0.6	131	4,545	54.6	52,449	0.6	58
75-84	50,558	3,880,725	423	21.2	4,817	0.5	92	1,201	60.3	13,710	0.6	58
85 and older	6,810	511,787	77	23.1	786	0.6	96	204	61.1	2,269	0.5	52

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, FLORIDA, 2005

All Top 10 Drug Groups					ANTIPSYCHOTICS				ULCER DRUGS			
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean	Mean	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Mean	Mean	
					Number of Benefit Months Among Users	of Rx per Benefit Month				Number of Benefit Months Among Users	of Rx per Benefit Month	
Male, Other Eligibles												
All Ages	1,251,793	92,294,604	11,841	17.5	120,890	0.5	84	29,881	44.1	322,388	0.5	51
5 and younger	1	16	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	75	14,153	0	0.0	0	0.0	0	5	100.0	60	0.5	45
15-20	134	20,498	2	18.2	24	0.3	78	4	36.4	39	0.6	26
21-44	2,488	253,974	33	10.9	322	0.3	60	65	21.5	602	0.6	63
45-64	2,395	261,976	11	4.9	110	0.6	119	57	25.4	510	0.5	47
65-74	522,675	41,179,301	3,877	13.3	41,991	0.5	99	11,673	40.0	129,166	0.5	51
75-84	519,362	37,091,435	4,892	18.5	49,943	0.5	81	12,399	46.8	134,933	0.6	51
85 and older	204,663	13,473,251	3,026	26.0	28,500	0.5	69	5,678	48.8	57,078	0.6	47
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 Florida, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.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); 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, FLORIDA, 2005

Beneficiary Characteristics	ANTIVIRAL					ANTIHYPERTENSIVE					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	31,891	8.2	360,709	0.6	\$305	156,415	40.0	1,775,403	0.5	\$50	178,107	45.5	1,954,690	0.6	\$33
Female															
All Females	11,516	4.6	130,833	0.5	209	107,441	42.5	1,221,938	0.5	50	126,014	49.9	1,386,324	0.6	34
Female, Disabled															
All Ages	8,561	9.1	97,486	0.5	258	42,149	44.6	483,671	0.5	50	58,911	62.3	665,121	0.6	35
5 and younger	2	40.0	24	0.8	329	1	20.0	12	0.3	20	0	0.0	0	0.0	0
6-14	7	33.3	84	0.3	259	1	4.8	12	0.1	6	1	4.8	12	0.3	16
15-20	39	14.6	421	0.6	276	7	2.6	71	0.4	36	64	23.9	675	0.5	28
21-44	3,350	15.4	37,837	0.6	271	3,451	15.9	39,020	0.5	44	12,916	59.5	143,476	0.5	34
45-64	4,384	10.5	50,091	0.6	273	19,975	47.7	227,242	0.5	50	30,934	73.8	348,276	0.6	37
65-74	599	3.1	6,968	0.4	138	13,211	67.4	153,442	0.5	51	10,372	52.9	120,141	0.6	33
75-84	135	1.7	1,556	0.2	64	4,388	56.8	51,014	0.6	53	3,312	42.8	38,079	0.6	30
85 and older	45	1.4	505	0.1	9	1,115	34.2	12,858	0.5	52	1,312	40.2	14,462	0.6	31
Female, Other Eligibles															
All Ages	2,955	1.9	33,347	0.2	68	65,292	41.3	738,267	0.5	50	67,103	42.4	721,203	0.6	32
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	13.3	14	0.1	65	0	0.0	0	0.0	0	2	13.3	15	0.3	18
21-44	84	10.9	808	0.5	287	55	7.1	554	0.5	46	328	42.4	3,001	0.5	36
45-64	11	3.9	111	0.5	201	84	29.5	776	0.4	40	152	53.3	1,339	0.6	34
65-74	1,110	2.2	12,756	0.3	127	26,035	52.4	295,212	0.5	48	18,316	36.9	204,541	0.5	32
75-84	977	1.6	11,261	0.2	27	27,984	46.4	319,374	0.6	51	25,279	41.9	275,574	0.6	32
85 and older	771	1.6	8,397	0.1	8	11,134	23.7	122,351	0.6	52	23,026	48.9	236,733	0.6	33
Male															
All Males	20,375	14.7	229,876	0.7	360	48,974	35.3	553,465	0.6	51	52,093	37.6	568,366	0.6	33
Male, Disabled															
All Ages	18,603	26.3	209,976	0.7	372	23,697	33.5	271,368	0.6	51	30,815	43.5	346,194	0.6	34
5 and younger	1	12.5	12	0.1	19	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	20	45.5	228	0.6	300	6	13.6	70	0.5	29	0	0.0	0	0.0	0
15-20	21	6.7	230	0.2	163	14	4.5	162	0.5	29	50	16.0	561	0.6	33
21-44	7,824	28.5	87,428	0.7	356	5,076	18.5	57,876	0.5	46	11,529	42.1	128,501	0.5	34
45-64	10,184	31.4	115,636	0.8	389	12,793	39.5	146,013	0.6	51	15,698	48.5	176,525	0.6	35
65-74	500	6.0	5,831	0.6	314	4,707	56.6	54,584	0.6	54	2,806	33.7	32,317	0.5	30
75-84	49	2.5	565	0.4	152	1,005	50.5	11,601	0.6	55	611	30.7	6,974	0.5	30
85 and older	4	1.2	46	0.1	21	96	28.7	1,062	0.5	51	121	36.2	1,316	0.6	30

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, FLORIDA, 2005

Beneficiary Characteristics	ANTIVIRAL					ANTIHYPERTENSIVE					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month
		Benes	Users	Benefit	Benefit										
Male, Other Eligibles															
All Ages	1,772	2.6	19,900	0.5	226	25,277	37.3	282,097	0.5	50	21,278	31.4	222,172	0.6	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	3	60.0	36	0.4	274	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	7	63.6	75	0.5	190	2	18.2	24	0.6	47	1	9.1	12	0.8	55
21-44	21	7.0	207	0.6	282	65	21.5	611	0.5	44	119	39.4	1,108	0.4	26
45-64	13	5.8	152	0.9	535	84	37.5	688	0.6	52	78	34.8	694	0.5	30
65-74	1,080	3.7	12,132	0.6	285	12,104	41.5	135,828	0.5	49	7,540	25.9	82,515	0.6	31
75-84	495	1.9	5,645	0.4	144	10,396	39.3	117,020	0.6	51	8,735	33.0	91,827	0.6	31
85 and older	153	1.3	1,653	0.2	33	2,626	22.6	27,926	0.6	52	4,805	41.3	46,016	0.6	32
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 Florida, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

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

Dual Eligible Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANTICONVULSANT				
	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	150,842	38.6	1,664,612	0.7	\$39	209,928	53.7	2,330,160	0.6	\$23	81,808	20.9	908,753	0.7	\$56
Female															
All Females	103,533	41.0	1,146,740	0.7	39	140,802	55.7	1,566,035	0.6	25	50,860	20.1	565,386	0.6	51
Female, Disabled															
All Ages	41,945	44.4	473,792	0.7	43	48,363	51.2	547,885	0.6	24	29,884	31.6	337,886	0.7	63
5 and younger	0	0.0	0	0.0	0	2	40.0	24	0.3	3	2	40.0	24	0.3	50
6-14	2	9.5	24	0.1	11	26	123.8	307	0.5	18	3	14.3	36	0.6	71
15-20	13	4.9	137	0.3	21	61	22.8	692	0.5	16	59	22.0	661	0.7	115
21-44	3,675	16.9	40,475	0.6	42	4,150	19.1	45,545	0.5	19	8,503	39.2	95,174	0.7	81
45-64	19,449	46.4	217,753	0.7	45	21,001	50.1	235,891	0.6	23	15,538	37.1	175,759	0.7	64
65-74	13,201	67.3	151,506	0.7	43	14,906	76.0	171,645	0.6	26	4,073	20.8	47,016	0.6	34
75-84	4,423	57.2	50,676	0.7	39	5,992	77.5	68,853	0.6	26	1,270	16.4	14,472	0.6	30
85 and older	1,182	36.2	13,221	0.7	33	2,225	68.2	24,928	0.6	26	436	13.4	4,744	0.6	25
Female, Other Eligibles															
All Ages	61,588	39.0	672,948	0.7	36	92,439	58.5	1,018,150	0.6	25	20,976	13.3	227,500	0.6	33
5 and younger	0	0.0	0	0.0	0	2	200.0	14	0.1	2	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	20.0	8	0.8	9	1	20.0	10	0.8	20
15-20	1	6.7	9	0.4	74	2	13.3	18	0.3	5	1	6.7	9	0.7	4
21-44	95	12.3	840	0.6	38	107	13.8	1,034	0.5	17	158	20.4	1,503	0.5	58
45-64	91	31.9	800	0.7	46	96	33.7	864	0.5	21	51	17.9	479	0.5	51
65-74	22,744	45.8	252,329	0.7	39	29,568	59.5	330,458	0.6	26	6,809	13.7	75,610	0.6	37
75-84	25,527	42.3	281,239	0.7	36	37,937	62.9	424,847	0.6	26	8,546	14.2	93,278	0.6	32
85 and older	13,130	27.9	137,731	0.7	31	24,726	52.5	260,907	0.7	24	5,410	11.5	56,611	0.6	30
Male															
All Males	47,309	34.1	517,872	0.7	39	69,126	49.9	764,125	0.6	20	30,948	22.3	343,367	0.7	64
Male, Disabled															
All Ages	20,603	29.1	231,163	0.7	43	28,510	40.3	320,092	0.6	21	22,200	31.3	250,975	0.7	73
5 and younger	0	0.0	0	0.0	0	5	62.5	60	0.3	12	0	0.0	0	0.0	0
6-14	2	4.5	24	0.1	3	28	63.6	319	0.6	18	5	11.4	51	0.7	26
15-20	6	1.9	69	0.3	15	72	23.0	775	0.5	15	68	21.7	784	0.7	91
21-44	3,500	12.8	39,196	0.6	44	5,547	20.2	61,446	0.6	19	9,568	34.9	107,782	0.7	81
45-64	11,384	35.1	126,458	0.7	44	14,846	45.8	165,458	0.6	21	10,780	33.3	122,096	0.7	71
65-74	4,646	55.8	53,281	0.7	44	6,258	75.2	71,937	0.6	22	1,430	17.2	16,365	0.6	40
75-84	965	48.5	11,043	0.7	39	1,554	78.1	17,868	0.6	22	303	15.2	3,427	0.6	33
85 and older	100	29.9	1,092	0.7	36	200	59.9	2,229	0.6	23	46	13.8	470	0.6	21

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, FLORIDA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANTICONVULSANT				
	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	26,706	39.4	286,709	0.7	36	40,616	59.9	444,033	0.6	20	8,748	12.9	92,392	0.6	39
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	2	40.0	24	0.4	10	1	20.0	12	1.0	56
15-20	0	0.0	0	0.0	0	7	63.6	75	0.4	9	0	0.0	0	0.0	0
21-44	41	13.6	348	0.6	43	64	21.2	546	0.6	24	61	20.2	530	0.5	56
45-64	67	29.9	565	0.7	58	97	43.3	782	0.6	24	33	14.7	269	0.5	54
65-74	12,296	42.2	134,328	0.6	38	17,316	59.4	191,464	0.6	20	3,710	12.7	40,730	0.7	44
75-84	10,720	40.5	115,962	0.7	35	16,799	63.5	185,647	0.6	20	3,480	13.1	36,549	0.6	35
85 and older	3,582	30.8	35,506	0.7	31	6,331	54.4	65,495	0.6	19	1,463	12.6	14,302	0.6	32
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 Florida, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.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, FLORIDA, 2005

Beneficiary Characteristics	ANTIASTHMATIC					MISC. HEMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	146,787	37.5	1,620,217	0.4	\$31	64,640	16.5	720,537	0.6	\$63	391,223	4,039,020
Female												
All Females	101,594	40.2	1,126,014	0.4	30	43,049	17.0	481,053	0.6	62	252,594	2,625,549
Female, Disabled												
All Ages	45,818	48.5	520,103	0.4	33	13,028	13.8	149,001	0.6	61	94,507	1,012,239
5 and younger	1	20.0	12	0.6	154	0	0.0	0	0.0	0	5	60
6-14	9	42.9	108	0.3	40	0	0.0	0	0.0	0	21	247
15-20	75	28.0	866	0.4	30	0	0.0	0	0.0	0	268	2,687
21-44	7,275	33.5	81,836	0.4	27	471	2.2	5,171	0.5	63	21,710	224,580
45-64	22,618	54.0	255,762	0.4	34	4,626	11.0	52,199	0.6	64	41,901	444,672
65-74	11,111	56.7	128,060	0.4	34	4,783	24.4	55,684	0.6	58	19,608	218,182
75-84	3,427	44.3	39,218	0.4	32	2,142	27.7	24,693	0.6	62	7,730	86,578
85 and older	1,302	39.9	14,241	0.4	27	1,006	30.8	11,254	0.6	64	3,264	35,233
Female, Other Eligibles												
All Ages	55,776	35.3	605,911	0.4	29	30,021	19.0	332,052	0.6	63	158,087	1,613,310
5 and younger	1	100.0	7	0.1	17	0	0.0	0	0.0	0	1	7
6-14	1	20.0	12	0.1	8	0	0.0	0	0.0	0	5	41
15-20	4	26.7	36	0.1	9	0	0.0	0	0.0	0	15	121
21-44	178	23.0	1,665	0.3	22	8	1.0	76	0.3	34	773	5,583
45-64	88	30.9	737	0.4	25	13	4.6	121	0.4	44	285	1,723
65-74	17,012	34.3	190,846	0.4	33	8,016	16.1	90,645	0.6	58	49,664	511,999
75-84	21,437	35.6	236,006	0.4	30	12,831	21.3	144,219	0.6	62	60,280	636,436
85 and older	17,055	36.2	176,602	0.4	23	9,153	19.4	96,991	0.7	68	47,064	457,400
Male												
All Males	45,193	32.6	494,203	0.4	31	21,591	15.6	239,484	0.6	64	138,628	1,413,470
Male, Disabled												
All Ages	21,049	29.7	236,930	0.4	32	7,054	10.0	79,964	0.6	70	70,825	745,326
5 and younger	5	62.5	60	0.2	33	0	0.0	0	0.0	0	8	87
6-14	18	40.9	192	0.3	23	0	0.0	0	0.0	0	44	470
15-20	68	21.7	773	0.4	29	1	0.3	12	0.2	3	313	3,258
21-44	5,045	18.4	56,953	0.4	27	514	1.9	5,699	0.5	190	27,414	283,470
45-64	10,553	32.6	117,846	0.4	32	3,469	10.7	38,841	0.6	62	32,400	340,874
65-74	4,258	51.2	48,584	0.5	36	2,282	27.4	26,407	0.6	60	8,321	91,384
75-84	970	48.7	11,113	0.4	32	651	32.7	7,499	0.6	57	1,991	22,303
85 and older	132	39.5	1,409	0.4	27	137	41.0	1,506	0.6	57	334	3,480

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, FLORIDA, 2005

Beneficiary Characteristics	ANTIASTHMATIC					MISC. HEMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	24,144	35.6	257,273	0.4	31	14,537	21.4	159,520	0.6	61	67,803	668,144
5 and younger	1	100.0	12	0.1	1	0	0.0	0	0.0	0	1	12
6-14	6	120.0	72	0.1	10	0	0.0	0	0.0	0	5	60
15-20	2	18.2	24	0.3	39	0	0.0	0	0.0	0	11	104
21-44	62	20.5	598	0.5	34	8	2.6	82	0.6	63	302	2,159
45-64	43	19.2	431	0.4	27	19	8.5	145	0.7	68	224	1,452
65-74	9,294	31.9	101,828	0.4	33	5,361	18.4	59,810	0.6	60	29,150	290,353
75-84	9,721	36.7	104,258	0.4	30	6,463	24.4	71,738	0.6	60	26,470	268,220
85 and older	5,015	43.1	50,050	0.4	25	2,686	23.1	27,745	0.6	64	11,640	105,784
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1

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

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

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

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

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

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 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	\$389	7.6	45,214	442,148
Age				
0-64	574	9.1	3,481	37,666
65-74	463	8.5	5,823	59,723
75-84	401	7.9	14,834	145,254
85 and older	324	6.8	21,076	199,505
Unknown	0	0.0	0	0
Gender				
Female	380	7.6	32,119	318,221
Male	413	7.6	13,095	123,927
Unknown	0	0.0	0	0
Race				
White	392	7.8	32,423	311,264
African American	386	7	7,228	75,721
Other/unknown	377	7.2	5,563	55,163
Basis of Eligibility^c				
Aged	371	7.4	40,646	392,897
Disabled	536	8.8	4,568	49,251
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 26,899 beneficiaries who were in nursing facilities for part of their enrollment and their 250,439 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, FLORIDA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.1	0.2	\$25	\$16	\$5	\$4	\$62	\$123	\$103	\$17	131,186	\$8,197,505	31,103	68.8	326,357
Biologicals	0.1	0.1	0.0	0.0	1	1	0	0	15	15	0	32	6,721	102,424	6,506	14.4	73,511
Antineoplastic Agents	0.5	0.0	0.0	0.4	62	21	0	41	135	448	59	99	20,215	2,731,198	4,525	10.0	43,908
Endocrine/Metabolic Drugs	1.1	0.4	0.3	0.4	48	33	9	6	43	84	29	15	265,153	11,332,146	22,831	50.5	236,310
Cardiovascular Agents	2.1	0.7	0.0	1.4	64	44	0	20	31	67	35	14	761,081	23,296,152	35,597	78.7	362,084
Respiratory Agents	0.7	0.4	0.0	0.3	35	30	2	4	51	81	58	13	152,007	7,750,787	20,892	46.2	218,664
Gastrointestinal Agents	0.9	0.5	0.0	0.4	58	51	0	8	67	111	36	18	234,462	15,612,175	25,699	56.8	267,826
Genitourinary Agents	0.6	0.4	0.0	0.2	34	28	0	6	59	74	51	30	63,999	3,767,880	10,397	23.0	110,916
CNS Drugs	1.7	0.9	0.0	0.8	110	93	0	17	64	105	58	21	607,310	38,835,951	34,425	76.1	352,432
Stimulants/Anti-obesity/Anorexia	0.8	0.1	0.0	0.7	14	6	0	8	18	81	23	12	1,890	33,620	222	0.5	2,350
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	120	120	0	0	136	136	82	63	118,750	16,116,862	13,061	28.9	134,392
Analgesics and Anesthetics	1.1	0.2	0.2	0.7	44	16	17	10	40	87	104	14	257,682	10,345,097	23,388	51.7	237,634
Neuromuscular Agents	1.2	0.3	0.0	0.8	68	37	2	29	59	119	80	35	180,677	10,607,150	14,708	32.5	156,065
Nutritional Products	0.7	0.0	0.0	0.7	11	0	0	10	15	17	12	16	119,708	1,850,260	17,005	37.6	173,642
Hematological Agents	1.1	0.4	0.1	0.7	67	58	1	7	59	160	14	10	207,517	12,172,241	17,809	39.4	182,782
Topical Products	0.7	0.3	0.0	0.3	29	20	2	7	43	68	42	21	204,019	8,745,271	28,845	63.8	305,562
Miscellaneous Products	0.2	0.0	0.0	0.2	8	5	0	3	34	146	167	15	10,358	351,693	4,189	9.3	43,431
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	19	0	0	0	14,639	280,977	4,077	9.0	43,915
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.	3,357,374	172,129,389	n.a.	n.a.	n.a.

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

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 26,899 beneficiaries who were in nursing facilities for part of their enrollment and their 250,439 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 Florida, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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.

Dual Eligible Beneficiaries

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, FLORIDA, 2005

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users		Among Users		\$ per Rx	Rx \$ per Benefit Month
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month		
ANTIPSYCHOTICS	\$21,798,498	21,148	46.8	223,756	0.6	\$152	\$97
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	16,121,461	16,568	36.6	171,357	0.7	136	94
ANTIDEPRESSANTS	14,253,405	34,730	76.8	365,103	0.7	53	39
ULCER DRUGS	13,011,798	26,990	59.7	282,749	0.7	67	46
ANTIDIABETIC	8,284,997	20,896	46.2	220,235	0.9	44	38
ANTICONVULSANT	7,492,454	13,233	29.3	142,664	0.8	62	53
ANTIHYPERLIPIDEMIC	7,127,304	11,482	25.4	123,231	0.7	83	58
MISC. HEMATOLOGICAL	7,004,476	8,494	18.8	88,914	0.7	107	79
ANALGESICS - Narcotic	6,465,609	25,726	56.9	260,621	0.7	34	25
DERMATOLOGICAL	5,652,514	47,306	104.6	514,062	0.3	43	11
Total	107,212,516	226,573		2,392,692	n.a.	n.a.	n.a.

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

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 26,899 beneficiaries who were in nursing facilities for part of their enrollment and their 250,439 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, FLORIDA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,511,703	\$107,212,516	21,148	46.8	223,756	0.6	\$97	16,568	36.6	171,357	0.7	\$94
Female												
All Females	1,078,261	75,463,095	14,622	45.5	156,070	0.6	94	12,005	37.4	125,967	0.7	95
Female, Disabled												
All Ages	120,889	9,361,045	1,487	60.4	16,828	0.7	129	583	23.7	6,612	0.6	176
64 or younger	87,218	6,900,250	930	58.1	10,571	0.7	142	286	17.9	3,212	0.6	275
65-74	13,302	998,987	192	74.4	2,238	0.7	135	48	18.6	569	0.7	96
75-84	11,101	812,228	215	71.4	2,379	0.6	100	88	29.2	1,016	0.6	77
85 and older	9,268	649,580	150	50.0	1,640	0.6	79	161	53.7	1,815	0.6	81
Female, Other Eligibles												
All Ages	957,372	66,102,050	13,135	44.3	139,242	0.6	90	11,422	38.5	119,355	0.7	90
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	134,140	9,558,011	1,615	55.5	17,958	0.7	116	911	31.3	9,937	0.7	96
75-84	364,365	25,311,603	4,833	49.1	51,681	0.6	95	4,174	42.4	43,846	0.7	90
85 and older	458,867	31,232,436	6,687	39.6	69,603	0.6	79	6,337	37.5	65,572	0.7	89
Male												
All Males	433,442	31,749,421	6,526	49.8	67,686	0.7	105	4,563	34.8	45,390	0.7	93
Male, Disabled												
All Ages	94,612	7,801,915	1,295	61.4	14,625	0.7	150	272	12.9	3,058	0.6	156
64 or younger	85,951	7,100,055	1,139	60.6	12,877	0.7	153	222	11.8	2,478	0.6	172
65-74	5,232	429,637	83	69.7	950	0.7	151	23	19.3	271	0.7	99
75-84	2,753	217,674	56	70.9	631	0.6	106	21	26.6	246	0.6	83
85 and older	676	54,549	17	54.8	167	0.7	109	6	19.4	63	0.6	74
Male, Other Eligibles												
All Ages	338,830	23,947,506	5,231	47.6	53,061	0.6	93	4,291	39.1	42,332	0.7	88
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	98,057	7,062,637	1,391	54.9	15,176	0.7	108	711	28.0	7,616	0.7	90
75-84	147,856	10,492,490	2,263	49.2	23,012	0.6	93	1,959	42.6	19,501	0.7	87
85 and older	92,917	6,392,379	1,577	41.0	14,873	0.6	76	1,621	42.1	15,215	0.7	89
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 Florida, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 26,899 beneficiaries who were in nursing facilities for part of their enrollment and their 250,439 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, FLORIDA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS						ULCER DRUGS						ANTIDIABETIC			
	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	34,730	76.8	365,103	0.7	\$39	26,990	59.7	282,749	0.7	\$46	20,896	46.2	220,235	0.9	\$38	
Female																
All Females	25,370	79.0	268,448	0.7	39	19,369	60.3	204,281	0.7	46	14,505	45.2	154,439	0.9	38	
Female, Disabled																
All Ages	2,195	89.2	24,697	0.7	42	1,734	70.5	19,317	0.7	47	1,681	68.3	18,793	0.9	42	
64 or younger	1,585	99.0	17,941	0.8	45	1,129	70.5	12,731	0.7	48	1,092	68.2	12,261	0.9	44	
65-74	221	85.7	2,554	0.7	39	196	76.0	2,231	0.7	50	224	86.8	2,593	1.0	48	
75-84	201	66.8	2,195	0.7	36	206	68.4	2,189	0.7	47	209	69.4	2,212	0.9	36	
85 and older	188	62.7	2,007	0.7	35	203	67.7	2,166	0.7	43	156	52.0	1,727	0.7	29	
Female, Other Eligibles																
All Ages	23,175	78.1	243,751	0.7	39	17,635	59.5	184,964	0.7	46	12,824	43.2	135,646	0.9	37	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	2,640	90.7	29,030	0.7	41	1,958	67.3	21,374	0.7	47	2,154	74.0	23,754	0.9	42	
75-84	8,112	82.3	86,067	0.7	40	6,138	62.3	65,151	0.7	47	5,409	54.9	56,886	0.9	39	
85 and older	12,423	73.5	128,654	0.7	37	9,539	56.5	98,439	0.7	46	5,261	31.1	55,006	0.8	33	
Male																
All Males	9,360	71.5	96,655	0.7	39	7,621	58.2	78,468	0.7	45	6,391	48.8	65,796	0.8	37	
Male, Disabled																
All Ages	1,606	76.2	17,889	0.8	44	1,355	64.3	15,038	0.7	48	1,050	49.8	11,540	0.9	45	
64 or younger	1,452	77.3	16,136	0.8	45	1,214	64.6	13,499	0.7	48	924	49.2	10,059	0.9	44	
65-74	82	68.9	957	0.8	45	77	64.7	884	0.7	51	65	54.6	780	0.9	46	
75-84	54	68.4	600	0.6	35	45	57.0	462	0.7	48	51	64.6	589	1.0	53	
85 and older	18	58.1	196	0.6	32	19	61.3	193	0.6	33	10	32.3	112	0.8	37	
Male, Other Eligibles																
All Ages	7,754	70.6	78,766	0.7	38	6,266	57.0	63,430	0.7	45	5,341	48.6	54,256	0.8	36	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	1,902	75.0	20,772	0.7	41	1,583	62.4	17,028	0.7	45	1,526	60.2	16,576	0.9	39	
75-84	3,355	72.9	34,396	0.7	37	2,648	57.6	27,019	0.7	45	2,390	51.9	24,309	0.8	35	
85 and older	2,497	64.8	23,598	0.7	37	2,035	52.8	19,383	0.7	45	1,425	37.0	13,371	0.8	32	
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 Florida, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 26,899 beneficiaries who were in nursing facilities for part of their enrollment and their 250,439 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	ANTICONSULSANT					ANTIHYPERLIPIDEMIC					MISC. HEMATOLOGICAL				
	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	13,233	29.3	142,664	0.8	\$53	11,482	25.4	123,231	0.7	\$58	8,494	18.8	88,914	0.7	\$79
Female															
All Females	8,464	26.4	91,637	0.8	48	7,941	24.7	85,774	0.7	58	5,821	18.1	61,314	0.7	79
Female, Disabled															
All Ages	1,517	61.7	17,225	1.0	69	866	35.2	9,906	0.7	58	437	17.8	4,900	0.7	78
64 or younger	1,187	74.1	13,563	1.0	74	628	39.2	7,215	0.7	58	270	16.9	3,051	0.7	82
65-74	138	53.5	1,605	0.9	59	90	34.9	1,045	0.7	58	49	19.0	576	0.8	83
75-84	111	36.9	1,187	0.8	47	87	28.9	947	0.7	58	49	16.3	530	0.7	75
85 and older	81	27.0	870	0.7	31	61	20.3	699	0.6	54	69	23.0	743	0.6	60
Female, Other Eligibles															
All Ages	6,947	23.4	74,412	0.8	44	7,075	23.9	75,868	0.7	58	5,384	18.2	56,414	0.7	79
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,372	47.1	15,186	0.9	59	1,154	39.6	12,657	0.7	61	588	20.2	6,391	0.8	84
75-84	2,919	29.6	31,419	0.8	43	3,084	31.3	33,050	0.7	59	1,984	20.1	21,040	0.7	79
85 and older	2,656	15.7	27,807	0.7	36	2,837	16.8	30,161	0.7	55	2,812	16.6	28,983	0.7	78
Male															
All Males	4,769	36.4	51,027	0.9	60	3,541	27.0	37,457	0.7	59	2,673	20.4	27,600	0.7	78
Male, Disabled															
All Ages	1,535	72.8	17,463	1.0	81	717	34.0	8,065	0.7	61	347	16.5	3,863	0.7	82
64 or younger	1,426	75.9	16,245	1.0	83	653	34.8	7,325	0.7	60	292	15.5	3,239	0.7	84
65-74	69	58.0	787	0.9	59	33	27.7	388	0.9	81	28	23.5	336	0.8	79
75-84	31	39.2	343	0.8	41	27	34.2	304	0.5	49	19	24.1	200	0.7	65
85 and older	9	29.0	88	0.8	49	4	12.9	48	0.8	61	8	25.8	88	0.6	74
Male, Other Eligibles															
All Ages	3,234	29.4	33,564	0.8	49	2,824	25.7	29,392	0.7	58	2,326	21.2	23,737	0.7	78
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,183	46.7	13,013	0.9	55	864	34.1	9,415	0.7	60	593	23.4	6,483	0.8	81
75-84	1,337	29.1	13,747	0.8	49	1,277	27.8	13,137	0.7	59	1,061	23.1	10,918	0.7	76
85 and older	714	18.5	6,804	0.7	38	683	17.7	6,840	0.7	54	672	17.5	6,336	0.7	77
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 Florida, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 26,899 beneficiaries who were in nursing facilities for part of their enrollment and their 250,439 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, FLORIDA, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic						DERMATOLOGICAL					
	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	25,726	56.9	260,621	0.7	\$25	47,306	104.6	514,062	0.3	\$11	45,214	442,148
Female												
All Females	19,073	59.4	194,622	0.8	25	32,965	102.6	359,850	0.3	11	32,119	318,221
Female, Disabled												
All Ages	1,783	72.5	19,969	1.0	35	3,326	135.2	37,899	0.3	11	2,460	26,714
64 or younger	1,339	83.6	15,133	1.0	38	2,324	145.2	26,755	0.3	12	1,601	17,595
65-74	181	70.2	2,086	0.8	31	325	126.0	3,632	0.3	11	258	2,909
75-84	149	49.5	1,581	0.7	30	337	112.0	3,719	0.3	10	301	3,123
85 and older	114	38.0	1,169	0.6	14	340	113.3	3,793	0.3	9	300	3,087
Female, Other Eligibles												
All Ages	17,290	58.3	174,653	0.7	24	29,639	99.9	321,951	0.3	11	29,659	291,507
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4
65-74	1,977	67.9	21,177	0.9	33	3,413	117.2	38,290	0.3	11	2,911	30,071
75-84	6,153	62.4	63,433	0.8	24	10,034	101.8	110,351	0.3	11	9,853	98,320
85 and older	9,160	54.2	90,043	0.7	22	16,192	95.8	173,310	0.3	11	16,894	163,112
Male												
All Males	6,653	50.8	65,999	0.7	23	14,341	109.5	154,212	0.3	11	13,095	123,927
Male, Disabled												
All Ages	1,248	59.2	13,693	1.0	39	2,734	129.7	31,441	0.3	11	2,108	22,537
64 or younger	1,164	61.9	12,794	1.0	40	2,535	134.9	29,145	0.3	11	1,879	20,067
65-74	59	49.6	673	0.8	27	120	100.8	1,423	0.3	9	119	1,333
75-84	20	25.3	200	0.6	30	61	77.2	684	0.3	12	79	814
85 and older	5	16.1	26	0.5	7	18	58.1	189	0.1	6	31	323
Male, Other Eligibles												
All Ages	5,405	49.2	52,306	0.6	19	11,607	105.6	122,771	0.3	11	10,987	101,390
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1,409	55.6	14,950	0.7	21	2,865	113.0	31,873	0.3	11	2,535	25,410
75-84	2,248	48.9	21,805	0.7	21	5,019	109.1	53,323	0.3	11	4,601	42,997
85 and older	1,748	45.4	15,551	0.5	15	3,723	96.7	37,575	0.3	11	3,851	32,983
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 Florida, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 26,899 beneficiaries who were in nursing facilities for part of their enrollment and their 250,439 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}
FLORIDA, 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	201,989	51.6	5.0	1,960,173	\$69	\$27,118,479	\$14	2.1	391,223
Age									
5 and younger	13	86.7	12.3	184	757	11,352	62	9.5	15
6-14	57	76.0	11.9	893	394	29,555	33	4.0	75
15-20	206	33.9	2.6	1,569	89	54,060	34	3.1	607
21-44	20,216	40.3	3.5	176,293	68	3,417,212	19	1.9	50,199
45-64	40,913	54.7	5.8	436,347	94	7,001,265	16	2.0	74,810
65-74	52,731	49.4	4.8	507,262	59	6,250,333	12	2.1	106,743
75-84	51,952	53.9	5.2	500,301	62	5,981,496	12	2.2	96,471
85 and older	35,901	57.6	5.4	337,324	70	4,373,206	13	2.8	62,302
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Basis of Eligibility^c									
Aged	114,891	51.3	4.7	1,062,704	58	13,009,698	12	2.3	223,974
Disabled	86,494	52.3	5.4	893,433	85	14,039,159	16	2.0	165,332
Adults	576	30.8	2.0	3,728	33	62,431	17	2.3	1,868
Children	20	57.1	7.9	275	192	6,714	24	3.1	35
Unknown	8	57.1	2.4	33	34	477	14	1.1	14
Gender									
Female	138,717	54.9	5.4	1,368,174	73	18,565,453	14	2.3	252,595
Male	63,272	45.6	4.3	591,999	62	8,553,026	14	1.8	138,628
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	99,750	54.3	5.5	1,014,541	80	14,737,300	15	2.3	183,812
African American	31,483	42.0	3.3	247,806	49	3,649,342	15	1.7	74,878
Other/unknown	70,756	53.4	5.3	697,826	66	8,731,837	13	2.1	132,533
Use of Nursing Facilities^d									
Entire year	29,162	64.5	7.1	319,169	96	4,343,357	14	2.5	45,214
Part year	18,110	67.3	5.9	159,191	81	2,168,360	14	2.8	26,899
None	154,717	48.5	4.6	1,481,813	65	20,606,762	14	2.0	319,110
Maintenance Assistance Status									
Cash	104,682	51.7	5.1	1,032,865	68	13,802,187	13	2.2	202,347
Medically needy	1,089	67.8	7.6	12,268	121	194,860	16	1.8	1,606
Poverty related	56,555	48.4	4.5	528,943	64	7,487,634	14	2.1	116,766
Other/unknown	39,663	56.3	5.5	386,097	80	5,633,798	15	2.1	70,504

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

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

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

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

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

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

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
FLORIDA, 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	0.5	\$7	\$14	\$0	\$3	4,039,020
Age						
5 and younger	1.1	68	62	0	6	166
6-14	1.1	36	33	0	1	818
15-20	0.3	9	34	0	2	6,170
21-44	0.3	7	19	0	4	515,792
45-64	0.6	9	16	0	5	788,721
65-74	0.5	6	12	0	3	1,111,918
75-84	0.5	6	12	0	3	1,013,537
85 and older	0.6	7	13	0	3	601,897
Unknown	0.0	0	0	0	0	1
Basis of Eligibility^c						
Aged	0.5	6	12	0	3	2,269,102
Disabled	0.5	8	16	0	4	1,757,565
Adults	0.3	5	17	0	3	11,887
Children	0.8	20	24	0	0	335
Unknown	0.3	4	14	0	3	131
Gender						
Female	0.5	7	14	0	4	2,625,550
Male	0.4	6	14	0	3	1,413,470
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	8	15	0	4	1,855,763
African American	0.3	5	15	0	1	779,944
Other/unknown	0.5	6	13	0	3	1,403,313
Use of Nursing Facilities^d						
Entire year	0.7	10	14	0	4	442,148
Part year	0.6	9	14	0	4	250,439
None	0.4	6	14	0	3	3,346,433
Maintenance Assistance Status						
Cash	0.5	6	13	0	3	2,193,533
Medically needy	0.8	12	16	0	5	15,618
Poverty related	0.5	6	14	0	3	1,175,080
Other/unknown	0.6	9	15	0	4	654,789

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

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

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

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
FLORIDA, 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 Rx
All	295,087	\$92	\$27,118,479	100.0	1,960,173	\$14	100.0	
Anorexia or weight loss/gain	1	36	36	0.0	2	18	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	
Drugs for cosmetic purposes	144	25	3,563	0.0	272	13	0.0	
Cough and cold medications	10,773	115	1,236,709	4.6	26,174	47	1.3	
Vitamins and minerals	67,856	89	6,020,416	22.2	413,689	15	21.1	
Non-prescription drugs	73,571	69	5,063,668	18.7	389,662	13	19.9	
Barbiturates	2,569	71	182,230	0.7	26,691	7	1.4	
Benzodiazepines	130,419	104	13,528,266	49.9	1,066,250	13	54.4	
Other Part D Excl Rx Drugs	9,754	111	1,083,591	4.0	37,433	29	1.9	

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

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 FLORIDA, 2005

Total Number of Dual Eligible Beneficiaries: 391,223
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$1,266,678,166
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,237

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	59,654	15.2	\$0	0.0
1-500	52,087	13.3	11,012,818	0.9
501-1,000	32,827	8.4	24,344,244	1.9
1,001-1,500	28,023	7.2	34,888,504	2.8
1,501-2,000	25,689	6.6	44,839,372	3.5
2,001-2,500	22,999	5.9	51,659,533	4.1
2,501-3,000	20,876	5.3	57,352,130	4.5
3,001-3,500	19,045	4.9	61,866,312	4.9
3,501-4,000	17,216	4.4	64,486,138	5.1
4,001-4,500	15,414	3.9	65,435,459	5.2
4,501-5,000	13,308	3.4	63,130,325	5.0
5,001-5,500	11,821	3.0	61,994,703	4.9
5,501-6,000	10,141	2.6	58,260,519	4.6
6,001-6,500	8,411	2.1	52,530,719	4.1
6,501-7,000	7,169	1.8	48,355,528	3.8
7,001-7,500	6,087	1.6	44,072,786	3.5
7,501-8,000	5,193	1.3	40,206,978	3.2
8,001-8,500	4,342	1.1	35,792,761	2.8
8,501-9,000	3,720	1.0	32,525,497	2.6
9,001-9,500	3,063	0.8	28,315,311	2.2
9,501-10,000	2,682	0.7	26,140,612	2.1
10,001+	21,456	5.5	359,467,917	28.4

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

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

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 FLORIDA, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 124,084
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$532,557,064
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$4,291

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	20,328	16.4	0	0.0
1-500	18,649	15.0	3,617,982	0.7
501-1,000	9,200	7.4	6,763,425	1.3
1,001-1,500	7,149	5.8	8,864,551	1.7
1,501-2,000	6,296	5.1	10,986,364	2.1
2,001-2,500	5,453	4.4	12,245,822	2.3
2,501-3,000	4,883	3.9	13,397,633	2.5
3,001-3,500	4,618	3.7	14,990,765	2.8
3,501-4,000	4,132	3.3	15,483,651	2.9
4,001-4,500	3,888	3.1	16,504,673	3.1
4,501-5,000	3,469	2.8	16,454,986	3.1
5,001-5,500	3,381	2.7	17,733,054	3.3
5,501-6,000	3,015	2.4	17,331,082	3.3
6,001-6,500	2,652	2.1	16,565,660	3.1
6,501-7,000	2,412	1.9	16,276,888	3.1
7,001-7,500	2,146	1.7	15,548,795	2.9
7,501-8,000	1,958	1.6	15,160,988	2.8
8,001-8,500	1,794	1.4	14,805,209	2.8
8,501-9,000	1,615	1.3	14,129,492	2.7
9,001-9,500	1,381	1.1	12,771,063	2.4
9,501-10,000	1,275	1.0	12,426,750	2.3
10,001+	14,390	11.6	260,498,231	48.9

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

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

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

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 FLORIDA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 265,516
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$731,201,278
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,753

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			+		
\$0	38,869		14.6	0	0.0
1-500	32,949		12.4	7,310,868	1.0
501-1,000	23,497		8.8	17,487,750	2.4
1,001-1,500	20,788		7.8	25,920,143	3.5
1,501-2,000	19,337		7.3	33,756,935	4.6
2,001-2,500	17,484		6.6	39,275,775	5.4
2,501-3,000	15,954		6.0	43,846,313	6.0
3,001-3,500	14,381		5.4	46,726,117	6.4
3,501-4,000	13,057		4.9	48,901,073	6.7
4,001-4,500	11,496		4.3	48,803,139	6.7
4,501-5,000	9,821		3.7	46,590,498	6.4
5,001-5,500	8,422		3.2	44,167,345	6.0
5,501-6,000	7,107		2.7	40,820,608	5.6
6,001-6,500	5,744		2.2	35,870,950	4.9
6,501-7,000	4,743		1.8	31,983,905	4.4
7,001-7,500	3,927		1.5	28,422,836	3.9
7,501-8,000	3,227		1.2	24,984,396	3.4
8,001-8,500	2,545		1.0	20,962,792	2.9
8,501-9,000	2,095		0.8	18,308,732	2.5
9,001-9,500	1,678		0.6	15,507,095	2.1
9,501-10,000	1,397		0.5	13,616,017	1.9
10,001+	6,998		2.6	97,937,991	13.4

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

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

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 FLORIDA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 106,743
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$301,900,497
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,828

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	18,359	17.2		0	0.0
1-500	13,755	12.9		2,910,602	1.0
501-1,000	8,860	8.3		6,591,881	2.2
1,001-1,500	7,728	7.2		9,640,555	3.2
1,501-2,000	7,234	6.8		12,613,234	4.2
2,001-2,500	6,401	6.0		14,369,040	4.8
2,501-3,000	5,834	5.5		16,037,612	5.3
3,001-3,500	5,307	5.0		17,255,333	5.7
3,501-4,000	4,846	4.5		18,144,743	6.0
4,001-4,500	4,260	4.0		18,076,930	6.0
4,501-5,000	3,799	3.6		18,009,194	6.0
5,001-5,500	3,150	3.0		16,521,104	5.5
5,501-6,000	2,754	2.6		15,820,852	5.2
6,001-6,500	2,263	2.1		14,134,388	4.7
6,501-7,000	1,894	1.8		12,770,980	4.2
7,001-7,500	1,658	1.6		11,995,694	4.0
7,501-8,000	1,325	1.2		10,263,442	3.4
8,001-8,500	1,105	1.0		9,102,273	3.0
8,501-9,000	925	0.9		8,086,072	2.7
9,001-9,500	783	0.7		7,234,960	2.4
9,501-10,000	657	0.6		6,402,950	2.1
10,001+	3,846	3.6		55,918,658	18.5

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

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

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

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 FLORIDA, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 96,471
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$271,251,125
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,811

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,556	14.1	0	0.0
1-500	10,786	11.2	2,462,429	0.9
501-1,000	8,234	8.5	6,141,922	2.3
1,001-1,500	7,470	7.7	9,295,400	3.4
1,501-2,000	7,025	7.3	12,274,103	4.5
2,001-2,500	6,498	6.7	14,616,711	5.4
2,501-3,000	6,068	6.3	16,673,051	6.1
3,001-3,500	5,572	5.8	18,099,542	6.7
3,501-4,000	5,006	5.2	18,745,640	6.9
4,001-4,500	4,484	4.6	19,036,387	7.0
4,501-5,000	3,768	3.9	17,889,115	6.6
5,001-5,500	3,296	3.4	17,287,983	6.4
5,501-6,000	2,747	2.8	15,781,824	5.8
6,001-6,500	2,239	2.3	13,982,741	5.2
6,501-7,000	1,847	1.9	12,450,567	4.6
7,001-7,500	1,515	1.6	10,966,428	4.0
7,501-8,000	1,283	1.3	9,930,196	3.7
8,001-8,500	942	1.0	7,761,756	2.9
8,501-9,000	786	0.8	6,867,565	2.5
9,001-9,500	615	0.6	5,686,901	2.1
9,501-10,000	486	0.5	4,738,843	1.7
10,001+	2,248	2.3	30,562,021	11.3

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

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

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 FLORIDA, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 62,302
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$158,049,656
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,536

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	6,954	11.2	0	0.0
1-500	8,408	13.5	1,937,837	1.2
501-1,000	6,403	10.3	4,753,947	3.0
1,001-1,500	5,590	9.0	6,984,188	4.4
1,501-2,000	5,078	8.2	8,869,598	5.6
2,001-2,500	4,585	7.4	10,290,024	6.5
2,501-3,000	4,052	6.5	11,135,650	7.0
3,001-3,500	3,502	5.6	11,371,242	7.2
3,501-4,000	3,205	5.1	12,010,690	7.6
4,001-4,500	2,752	4.4	11,689,822	7.4
4,501-5,000	2,254	3.6	10,692,189	6.8
5,001-5,500	1,976	3.2	10,358,258	6.6
5,501-6,000	1,606	2.6	9,217,932	5.8
6,001-6,500	1,242	2.0	7,753,821	4.9
6,501-7,000	1,002	1.6	6,762,358	4.3
7,001-7,500	754	1.2	5,460,714	3.5
7,501-8,000	619	1.0	4,790,758	3.0
8,001-8,500	498	0.8	4,098,763	2.6
8,501-9,000	384	0.6	3,355,095	2.1
9,001-9,500	280	0.4	2,585,234	1.6
9,501-10,000	254	0.4	2,474,224	1.6
10,001+	904	1.5	11,457,312	7.2

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

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

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 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	422,660	238,242	182,132	2,235	37	14	4,508,091	2,483,067	2,007,010	17,526	357	131
Age												
5 and younger	15	0	13	0	2	0	166	0	147	0	19	0
6-14	78	0	67	0	11	0	856	0	747	0	109	0
15-20	708	0	681	9	18	0	7,934	0	7,671	69	194	0
21-44	56,760	0	55,479	1,275	6	0	614,233	0	603,304	10,894	35	0
45-64	81,025	7	80,390	615	0	13	882,304	41	877,208	4,936	0	119
65-74	115,305	83,898	31,117	289	0	1	1,247,350	889,571	356,327	1,440	0	12
75-84	102,152	91,689	10,417	46	0	0	1,095,661	977,295	118,180	186	0	0
85 and older	66,616	62,647	3,968	1	0	0	659,586	616,159	43,426	1	0	0
Unknown	1	1	0	0	0	0	1	1	0	0	0	0
Gender												
Female	273,741	167,244	104,985	1,481	17	14	2,938,751	1,760,036	1,167,065	11,364	155	131
Male	148,919	70,998	77,147	754	20	0	1,569,340	723,031	839,945	6,162	202	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	196,066	104,653	90,197	1,190	16	10	2,034,961	1,038,727	986,986	8,997	158	93
African American	83,146	37,353	45,096	682	11	4	901,425	395,954	499,818	5,515	100	38
Other/unknown	143,448	96,236	46,839	363	10	0	1,571,705	1,048,386	520,206	3,014	99	0
Use of Nursing Facilities^c												
Entire year	45,218	40,646	4,572	0	0	0	442,271	392,970	49,301	0	0	0
Part year	27,049	21,730	5,318	0	1	0	257,859	201,653	56,194	0	12	0
None	350,393	175,866	172,242	2,235	36	14	3,807,961	1,888,444	1,901,515	17,526	345	131
Maintenance Assistance Status												
Cash	223,104	102,110	119,623	1,368	3	0	2,491,847	1,147,324	1,334,044	10,462	17	0
Medically needy	1,606	408	1,074	120	4	0	16,609	4,037	11,389	1,141	42	0
Poverty related	123,464	76,531	46,534	372	13	14	1,289,336	789,630	496,596	2,838	141	131
Other/unknown	74,486	59,193	14,901	375	17	0	710,299	542,076	164,981	3,085	157	0
Dual Status^d												
Full dual, all year	406,287	228,254	175,872	2,112	35	14	4,334,356	2,377,269	1,940,350	16,269	337	131
Full dual, part year	16,373	9,988	6,260	123	2	0	173,735	105,798	66,660	1,257	20	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	369,022	213,447	154,138	1,389	34	14	3,924,603	2,216,745	1,697,218	10,181	328	131
FFS part year, with Rx claims	14,096	6,467	7,336	292	1	0	151,924	69,262	79,865	2,788	9	0
FFS part year, no Rx claims	8,105	4,060	3,858	187	0	0	79,169	38,174	39,727	1,268	0	0
MC all year, with Rx claims	491	212	265	14	0	0	5,551	2,359	3,057	135	0	0
MC all year, no Rx claims	30,946	14,056	16,535	353	2	0	346,844	156,527	187,143	3,154	20	0

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

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

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of					
	Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	422,660	4,508,091	391,223	4,039,020	0	469,071
Fee-for-service (FFS) all year	369,022	3,924,603	369,022	3,924,603	0	0
FFS part year, with Rx claims	14,096	151,924	14,096	82,772	0	69,152
FFS part year, with no Rx claims	8,105	79,169	8,105	31,645	0	47,524
Managed care (MC) all year, with Rx claims	491	5,551	0	0	0	5,551
MC all year, with no Rx claims	30,946	346,844	0	0	0	346,844

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

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

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

Dual Eligible Beneficiaries