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

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>164,052</b>	<b>110,152</b>	<b>52,861</b>	<b>940</b>	<b>18</b>	<b>81</b>	<b>1,517,657</b>	<b>1,022,872</b>	<b>488,085</b>	<b>5,782</b>	<b>124</b>	<b>794</b>
<b>Age</b>												
5 and younger	7	0	6	0	1	0	56	0	44	0	12	0
6-14	12	0	11	0	1	0	113	0	101	0	12	0
15-20	270	0	256	0	14	0	2,477	0	2,381	0	96	0
21-44	21,238	6	20,631	592	2	7	194,273	20	190,410	3,762	4	77
45-64	32,113	7	31,700	345	0	61	296,152	29	293,482	2,015	0	626
65-74	30,915	30,643	257	2	0	13	283,708	281,947	1,667	3	0	91
75-84	39,274	39,273	0	1	0	0	370,052	370,050	0	2	0	0
85 and older	40,223	40,223	0	0	0	0	370,826	370,826	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	110,089	83,345	26,166	489	8	81	1,032,897	785,283	243,780	2,994	46	794
Male	53,963	26,807	26,695	451	10	0	484,760	237,589	244,305	2,788	78	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	136,918	90,850	45,282	718	12	56	1,309,529	861,186	442,603	5,097	87	556
African American	17,605	12,680	4,753	147	6	19	140,965	111,937	28,390	419	37	182
Other/unknown	9,529	6,622	2,826	75	0	6	67,163	49,749	17,092	266	0	56
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	36,981	34,523	2,458	0	0	0	387,356	359,375	27,981	0	0	0
Part year	25,198	23,182	2,013	2	0	1	204,052	187,709	16,331	7	0	5
None	101,873	52,447	48,390	938	18	80	926,249	475,788	443,773	5,775	124	789
<b>Maintenance Assistance Status</b>												
Cash	41,337	22,486	18,601	249	1	0	405,782	219,313	184,826	1,642	1	0
Medically needy	371	182	171	9	9	0	3,137	1,690	1,323	57	67	0
Poverty-related	38,242	16,743	21,326	91	1	81	323,396	144,150	178,069	382	1	794
Other/unknown	84,102	70,741	12,763	591	7	0	785,342	657,719	123,867	3,701	55	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	156,912	106,126	49,757	930	18	81	1,457,804	987,313	463,872	5,701	124	794
Full dual, part year	7,140	4,026	3,104	10	0	0	59,853	35,559	24,213	81	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	141,966	99,946	41,377	554	11	78	1,440,144	984,177	450,233	4,861	105	768
FFS part year, with Rx claims	10,804	5,244	5,358	197	2	3	46,491	24,891	20,981	584	9	26
FFS part year, no Rx claims	11,282	4,962	6,126	189	5	0	31,022	13,804	16,871	337	10	0

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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

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

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

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

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>83.1</b>	<b>53.0</b>	<b>\$3,322</b>	<b>\$63</b>	<b>\$21,397</b>	<b>15.5</b>	<b>164,052</b>
<b>Age</b>							
5 and younger	85.7	38.4	4,478	117	11,142	40.2	7
6-14	91.7	60.3	6,186	103	22,354	27.7	12
15-20	71.9	20.2	2,701	134	8,908	30.3	270
21-44	75.5	32.4	3,214	99	8,802	36.5	21,238
45-64	79.9	51.1	4,076	80	16,179	25.2	32,113
65-74	78.1	53.3	3,256	61	17,219	18.9	30,915
75-84	86.2	61.1	3,286	54	25,651	12.8	39,274
85 and older	90.6	57.7	2,865	50	31,358	9.1	40,223
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	85.6	57.7	3,124	54	25,394	12.3	110,152
Disabled	78.3	43.9	3,754	86	13,373	28.1	52,861
Adults	69.6	22.2	1,856	84	5,556	33.4	940
Children	61.1	17.2	3,244	189	12,344	26.3	18
Unknown	86.4	44.5	6,329	142	9,283	68.2	81
<b>Gender</b>							
Female	86.0	57.5	3,404	59	23,276	14.6	110,089
Male	77.2	43.9	3,153	72	17,565	17.9	53,963
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	86.1	56.2	3,536	63	21,496	16.4	136,918
African American	68.7	39.2	2,335	60	23,626	9.9	17,605
Other/unknown	67.0	33.7	2,067	61	15,861	13.0	9,529
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	97.3	85.6	4,520	53	49,988	9.0	36,981
Part year	94.2	54.7	2,978	54	25,473	11.7	25,198
None	75.2	40.8	2,971	73	10,011	29.7	101,873
<b>Maintenance Assistance Status</b>							
Cash	83.3	48.9	3,402	70	10,117	33.6	41,337
Medically needy	60.6	38.3	2,017	53	42,975	4.7	371
Poverty related	70.3	35.1	2,675	76	4,496	59.5	38,242
Other/unknown	89.0	63.3	3,582	57	34,532	10.4	84,102

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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

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

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

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

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

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

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2005

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid		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	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
			FFS \$ <sup>c</sup>	None								
All	5.7	\$359	15.5	16.9	9.8	7.6	24.1	28.7	12.8	\$2,313	164,052	1,517,657
Age												
5 and younger	4.8	560	40.2	14.3	14.3	0.0	28.6	42.9	0.0	1,393	7	56
6-14	6.4	657	27.7	8.3	0.0	8.3	25.0	50.0	8.3	2,374	12	113
15-20	2.2	294	30.3	28.1	27.4	13.3	21.1	9.6	0.4	971	270	2,477
21-44	3.5	351	36.5	24.5	20.7	11.1	22.9	15.8	4.9	962	21,238	194,273
45-64	5.5	442	25.2	20.1	10.5	8.0	23.0	25.8	12.5	1,754	32,113	296,152
65-74	5.8	355	18.9	21.9	8.9	6.9	21.8	26.9	13.7	1,876	30,915	283,708
75-84	6.5	349	12.8	13.8	7.0	6.4	23.6	32.8	16.3	2,722	39,274	370,052
85 and older	6.3	311	9.1	9.4	6.9	7.1	27.9	35.4	13.3	3,401	40,223	370,826
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility <sup>e</sup>												
Aged	6.2	337	12.3	14.4	7.5	6.8	24.7	32.1	14.5	2,735	110,152	1,022,872
Disabled	4.8	407	28.1	21.7	14.6	9.2	22.9	21.9	9.6	1,448	52,861	488,085
Adults	3.6	302	33.4	30.4	17.0	11.5	24.1	14.1	2.8	903	940	5,782
Children	2.5	471	26.3	38.9	16.7	16.7	16.7	11.1	0.0	1,792	18	124
Unknown	4.5	646	68.2	13.6	8.6	13.6	32.1	27.2	4.9	947	81	794
Gender												
Female	6.1	363	14.6	14.0	8.4	7.2	25.0	31.2	14.2	2,481	110,089	1,032,897
Male	4.9	351	17.9	22.8	12.8	8.4	22.4	23.7	10.0	1,955	53,963	484,760
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.9	370	16.4	13.9	9.9	7.6	24.6	30.1	13.8	2,248	136,918	1,309,529
African American	4.9	292	9.9	31.3	9.3	7.0	22.0	22.0	8.4	2,951	17,605	140,965
Other/unknown	4.8	293	13.0	33.0	10.0	8.1	20.8	20.5	7.5	2,250	9,529	67,163
Use of Nursing Facilities <sup>f</sup>												
Entire year	8.2	432	9.0	2.7	3.5	4.3	22.4	41.3	25.8	4,772	36,981	387,356
Part year	6.8	368	11.7	5.8	7.1	7.5	28.1	35.1	16.4	3,146	25,198	204,052
None	4.5	327	29.7	24.8	12.8	8.8	23.8	22.5	7.2	1,101	101,873	926,249
Maintenance Assistance Status												
Cash	5.0	347	33.6	16.7	13.2	8.9	25.3	26.0	9.9	1,031	41,337	405,782
Medically needy	4.5	239	4.7	39.4	11.6	5.7	13.7	18.3	11.3	5,083	371	3,137
Poverty related	4.2	316	59.5	29.7	13.2	9.2	22.7	19.7	5.5	532	38,242	323,396
Other/unknown	6.8	384	10.4	11.0	6.7	6.3	24.2	34.2	17.6	3,698	84,102	785,342

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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

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

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

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

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

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

TABLE D.5  
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>5.7</b>	<b>\$359</b>	<b>\$63</b>	<b>2.2</b>	<b>\$260</b>	<b>\$116</b>	<b>0.2</b>	<b>\$18</b>	<b>\$76</b>	<b>3.3</b>	<b>\$82</b>	<b>\$25</b>
<b>Age</b>												
5 and younger	4.8	560	117	2.5	493	194	0.0	3	159	2.2	63	29
6-14	6.4	657	103	2.6	555	212	0.2	12	49	3.5	89	25
15-20	2.2	294	134	1.0	247	252	0.1	7	92	1.1	40	35
21-44	3.5	351	99	1.4	255	179	0.2	25	141	1.9	71	37
45-64	5.5	442	80	2.2	316	145	0.2	28	118	3.1	98	32
65-74	5.8	355	61	2.3	260	113	0.2	14	68	3.3	80	24
75-84	6.5	349	54	2.6	254	100	0.2	13	53	3.7	81	22
85 and older	6.3	311	50	2.4	222	94	0.3	13	50	3.6	76	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	6.2	337	54	2.4	244	101	0.2	13	55	3.5	79	22
Disabled	4.8	407	86	1.9	293	155	0.2	26	124	2.6	87	33
Adults	3.6	302	84	1.4	197	141	0.1	30	203	2.1	75	36
Children	2.5	471	189	1.1	415	376	0.0	4	77	1.3	52	39
Unknown	4.5	646	142	2.1	429	209	0.1	16	141	2.3	154	66
<b>Gender</b>												
Female	6.1	363	59	2.4	261	110	0.3	17	68	3.5	84	24
Male	4.9	351	72	2.0	256	131	0.2	19	99	2.7	76	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	5.9	370	63	2.3	267	116	0.2	19	77	3.3	84	25
African American	4.9	292	60	1.9	215	113	0.1	10	75	2.8	66	23
Other/unknown	4.8	293	61	1.9	217	113	0.2	11	67	2.7	65	24
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	8.2	432	53	3.2	312	99	0.3	17	52	4.7	102	22
Part year	6.8	368	54	2.5	263	104	0.3	16	58	3.9	88	22
None	4.5	327	73	1.8	237	132	0.2	18	101	2.5	72	29
<b>Maintenance Assistance Status</b>												
Cash	5.0	347	70	2.0	254	128	0.2	18	88	2.8	74	27
Medically needy	4.5	239	53	1.8	172	93	0.2	9	57	2.5	57	23
Poverty related	4.2	316	76	1.7	228	136	0.2	19	113	2.3	70	30
Other/unknown	6.8	384	57	2.6	276	106	0.3	17	62	3.9	90	23

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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

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

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

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

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

TABLE D.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Patented Brand-		Off-Patent Brand-		Patented Brand-		Off-Patent Brand-		Patented Brand-		Off-Patent Brand-		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	0.1	0.0	0.2	\$24	\$16	\$3	\$5	\$69	\$162	\$80	\$25	321,755	\$22,127,826	85,106	51.9	906,540
Biologicals	0.1	0.0	0.0	0.1	23	1	3	19	219	26	794	308	3,425	749,302	2,935	1.8	32,088
Antineoplastic Agents	0.6	0.1	0.0	0.4	122	83	2	37	208	578	366	85	42,208	8,764,944	7,353	4.5	71,796
Endocrine/Metabolic Drugs	1.1	0.4	0.1	0.6	54	37	7	10	48	95	55	16	845,066	40,398,749	72,818	44.4	752,409
Cardiovascular Agents	2.1	0.8	0.0	1.3	79	55	1	23	37	73	25	17	2,208,558	82,391,844	102,811	62.7	1,042,456
Respiratory Agents	0.7	0.4	0.0	0.3	49	43	2	4	66	95	64	16	463,580	30,367,607	59,117	36.0	624,728
Gastrointestinal Agents	0.7	0.3	0.0	0.4	45	35	1	10	67	127	70	25	461,207	30,903,038	64,827	39.5	683,729
Genitourinary Agents	0.6	0.4	0.0	0.2	42	35	1	5	68	79	84	34	179,994	12,150,674	27,549	16.8	291,310
CNS Drugs	1.5	0.8	0.0	0.7	125	101	2	22	83	132	125	30	1,426,096	117,833,326	92,074	56.1	939,818
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	79	70	2	7	125	181	128	30	18,274	2,287,626	2,710	1.7	29,042
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	141	140	0	1	146	146	122	102	229,594	33,508,384	23,407	14.3	236,965
Analgesics and Anesthetics	0.9	0.1	0.1	0.7	59	21	12	27	66	148	189	38	688,273	45,350,874	74,253	45.3	766,037
Neuromuscular Agents	1.1	0.3	0.1	0.7	85	47	5	33	76	145	101	45	561,588	42,762,925	48,129	29.3	503,134
Nutritional Products	0.7	0.0	0.0	0.7	13	0	0	13	19	26	21	19	241,999	4,577,502	34,564	21.1	352,008
Hematological Agents	1.2	0.4	0.1	0.7	102	92	2	8	87	229	17	12	498,957	43,589,652	42,388	25.8	428,390
Topical Products	0.6	0.3	0.0	0.3	30	21	1	8	48	75	53	24	469,340	22,379,931	71,145	43.4	757,630
Miscellaneous Products	0.3	0.2	0.0	0.2	64	52	3	9	185	318	237	55	22,638	4,189,118	6,205	3.8	65,144
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	28	0	0	0	20,070	566,700	6,059	3.7	65,229
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>8,702,622</b>	<b>544,900,022</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Pennsylvania, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Dual Eligible Beneficiaries



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

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$66,096,399	47,630	29.0	498,519	0.8	\$171	\$133
ANTIDEPRESSANTS	41,618,129	87,244	53.2	907,406	0.8	61	46
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	33,601,580	29,718	18.1	303,351	0.8	145	111
ANTICONVULSANT	33,004,381	41,455	25.3	438,294	0.9	85	75
ANTIHYPERLIPIDEMIC	32,253,713	48,883	29.8	522,026	0.7	90	62
ANALGESICS - Narcotic	29,424,432	84,955	51.8	890,814	0.5	64	33
ANTIDIABETIC	27,014,391	57,260	34.9	597,398	0.8	56	45
ULCER DRUGS	26,589,736	75,386	46.0	799,685	0.6	55	33
ANTIASTHMATIC	23,463,535	62,394	38.0	655,369	0.5	72	36
HEMATOPOIETIC AGENTS	21,124,619	25,270	15.4	259,956	0.6	130	81
Total	334,190,915	560,195		5,872,818	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx \$ per Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx \$ per Month	Mean Benefit per Rx \$ per Month
<b>All</b>	<b>3,959,148</b>	<b>\$334,190,915</b>	<b>47,630</b>	<b>29.0</b>	<b>498,519</b>	<b>0.8</b>	<b>\$133</b>	<b>87,244</b>	<b>53.2</b>	<b>907,406</b>	<b>0.8</b>	<b>\$46</b>
<b>Female</b>												
All Females	2,820,012	227,976,278	31,787	28.9	333,753	0.8	119	64,033	58.2	668,279	0.8	46
<b>Female, Disabled</b>												
All Ages	681,344	71,193,800	8,940	34.2	96,213	0.8	155	18,093	69.1	193,791	0.7	49
5 and younger	3	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	53	3,406	0	0.0	0	0.0	0	1	20.0	12	0.1	4
15-20	1,305	134,258	34	34.0	329	0.5	124	55	55.0	614	0.5	37
21-44	189,719	22,094,208	3,622	39.3	39,028	0.7	153	6,239	67.7	67,169	0.6	46
45-64	487,625	48,720,838	5,252	31.5	56,620	0.8	158	11,732	70.3	125,480	0.7	51
65-74	2,639	241,068	32	23.4	236	0.7	100	66	48.2	516	0.8	54
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	2,138,668	156,782,478	22,847	27.2	237,540	0.7	105	45,940	54.7	474,488	0.8	45
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	287	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	4,292	432,469	72	19.9	687	0.5	105	223	61.8	2,187	0.5	42
45-64	3,393	348,653	33	16.3	298	0.6	74	142	70.3	1,336	0.6	47
65-74	516,265	40,956,376	4,345	22.0	46,788	0.8	135	9,486	48.1	101,696	0.7	44
75-84	808,817	58,942,432	8,205	27.9	86,172	0.8	108	16,257	55.4	168,618	0.8	45
85 and older	805,896	56,102,250	10,192	29.7	103,595	0.7	89	19,832	57.9	200,651	0.8	45
<b>Male</b>												
All Males	1,139,136	106,214,637	15,843	29.4	164,766	0.8	159	23,211	43.0	239,127	0.7	45
<b>Male, Disabled</b>												
All Ages	535,007	59,584,613	8,767	32.8	93,427	0.9	193	11,578	43.4	123,166	0.7	47
5 and younger	38	1,890	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	72	10,245	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,206	127,771	44	28.2	461	0.7	137	40	25.6	440	0.6	41
21-44	187,442	23,008,983	4,134	36.2	44,084	0.8	185	4,829	42.3	52,185	0.6	47
45-64	343,729	36,228,198	4,565	30.4	48,677	0.9	200	6,653	44.4	70,086	0.7	47
65-74	2,520	207,526	24	20.0	205	0.7	154	56	46.7	455	0.8	42
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

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

All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	
						Number of Rx	Mean \$ per Rx				Number of Rx	Mean \$ per Rx
<b>Male, Other Eligibles</b>												
All Ages	604,129	46,630,024	7,076	25.9	71,339	0.8	116	11,633	42.7	115,961	0.8	43
5 and younger	28	5,989	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	86	9,003	6	75.0	42	0.7	116	5	62.5	40	0.8	37
21-44	3,242	340,297	45	18.3	415	0.6	126	130	52.8	1,293	0.5	40
45-64	2,323	198,742	24	11.4	190	0.5	112	94	44.5	793	0.5	35
65-74	236,772	19,454,647	2,377	21.7	25,251	0.8	146	3,785	34.6	39,933	0.7	43
75-84	232,254	17,172,633	2,799	28.2	28,040	0.8	107	4,554	46.0	44,921	0.8	45
85 and older	129,424	9,448,713	1,825	30.6	17,401	0.7	86	3,065	51.4	28,981	0.8	42
<b>Unknown</b>	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 Pennsylvania, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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

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

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

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>29,718</b>	<b>18.1</b>	<b>303,351</b>	<b>0.8</b>	<b>\$111</b>	<b>41,455</b>	<b>25.3</b>	<b>438,294</b>	<b>0.9</b>	<b>\$75</b>	<b>48,883</b>	<b>29.8</b>	<b>522,026</b>	<b>0.7</b>	<b>\$62</b>
<b>Female</b>															
All Females	22,867	20.8	234,855	0.8	112	27,313	24.8	289,093	0.9	70	33,201	30.2	355,171	0.7	62
<b>Female, Disabled</b>															
All Ages	1,866	7.1	20,681	0.5	240	10,614	40.6	113,470	0.9	102	8,085	30.9	88,048	0.6	59
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	1	20.0	12	0.6	19
15-20	1	1.0	12	0.1	14	20	20.0	216	0.9	147	5	5.0	60	0.7	55
21-44	560	6.1	6,230	0.4	261	3,874	42.0	41,647	0.9	113	1,227	13.3	13,463	0.6	54
45-64	1,301	7.8	14,391	0.5	230	6,678	40.0	71,268	0.9	96	6,809	40.8	74,152	0.6	60
65-74	4	2.9	48	0.9	428	42	30.7	339	0.9	74	43	31.4	361	0.8	79
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	21,001	25.0	214,174	0.8	100	16,699	19.9	175,623	0.9	50	25,116	29.9	267,123	0.7	63
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	16.7	12	0.3	24
21-44	19	5.3	218	0.2	162	94	26.0	942	0.6	92	26	7.2	293	0.5	54
45-64	5	2.5	57	0.2	28	65	32.2	582	0.6	67	68	33.7	681	0.5	59
65-74	2,071	10.5	21,976	0.7	104	4,670	23.7	50,241	0.9	60	9,019	45.7	98,569	0.7	63
75-84	7,783	26.5	79,789	0.8	98	6,532	22.2	68,836	0.9	49	10,353	35.3	110,241	0.7	64
85 and older	11,123	32.5	112,134	0.8	100	5,338	15.6	55,022	0.8	40	5,649	16.5	57,327	0.7	60
<b>Male</b>															
All Males	6,851	12.7	68,496	0.7	106	14,142	26.2	149,201	0.9	85	15,682	29.1	166,855	0.7	62
<b>Male, Disabled</b>															
All Ages	1,207	4.5	13,135	0.4	152	8,555	32.0	92,004	0.9	104	7,516	28.2	81,716	0.6	60
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	33.3	24	0.2	105	2	33.3	24	1.0	78
15-20	4	2.6	41	0.4	39	20	12.8	222	1.0	94	0	0.0	0	0.0	0
21-44	400	3.5	4,397	0.3	144	3,629	31.8	39,558	0.9	112	1,979	17.3	21,741	0.6	54
45-64	794	5.3	8,615	0.5	158	4,870	32.5	51,927	0.9	97	5,483	36.6	59,430	0.7	62
65-74	9	7.5	82	0.6	63	34	28.3	273	0.9	68	52	43.3	521	0.7	60
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONSULSANT					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>															
All Ages	5,644	20.7	55,361	0.8	95	5,587	20.5	57,197	0.9	55	8,166	29.9	85,139	0.7	64
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	12.5	12	1.2	202	0	0.0	0	0.0	0
21-44	3	1.2	36	0.1	12	67	27.2	654	0.6	78	45	18.3	470	0.5	43
45-64	8	3.8	77	0.2	22	43	20.4	385	0.7	80	56	26.5	468	0.6	48
65-74	1,029	9.4	10,719	0.7	97	2,399	21.9	25,436	0.9	63	4,068	37.2	43,616	0.7	65
75-84	2,536	25.6	24,796	0.8	93	2,134	21.5	21,638	0.9	50	2,988	30.2	30,601	0.7	64
85 and older	2,068	34.7	19,733	0.8	96	943	15.8	9,072	0.8	42	1,009	16.9	9,984	0.7	59
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. 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.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.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ULCER DRUGS				
	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
<b>All</b>	<b>84,955</b>	<b>51.8</b>	<b>890,814</b>	<b>0.5</b>	<b>\$33</b>	<b>57,260</b>	<b>34.9</b>	<b>597,398</b>	<b>0.8</b>	<b>\$45</b>	<b>75,386</b>	<b>46.0</b>	<b>799,685</b>	<b>0.6</b>	<b>\$33</b>
<b>Female</b>															
All Females	60,720	55.2	638,693	0.5	30	40,544	36.8	425,644	0.8	45	54,916	49.9	584,192	0.6	33
<b>Female, Disabled</b>															
All Ages	18,307	70.0	200,301	0.5	41	7,920	30.3	84,314	0.7	54	11,930	45.6	131,250	0.5	38
5 and younger	1	33.3	12	0.1	0	0	0.0	0	0.0	0	1	33.3	5	0.2	2
6-14	1	20.0	12	0.1	2	0	0.0	0	0.0	0	4	80.0	38	0.3	23
15-20	51	51.0	577	0.2	12	12	12.0	144	0.6	34	35	35.0	396	0.5	30
21-44	6,187	67.1	68,452	0.4	37	1,329	14.4	14,346	0.7	51	3,285	35.6	36,524	0.5	33
45-64	11,995	71.8	130,742	0.5	43	6,535	39.1	69,469	0.8	55	8,551	51.2	93,854	0.6	39
65-74	72	52.6	506	0.7	61	44	32.1	355	0.9	57	54	39.4	433	0.6	47
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	42,413	50.5	438,392	0.5	25	32,624	38.9	341,330	0.8	42	42,986	51.2	452,942	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	1	100.0	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	238	65.9	2,416	0.5	31	28	7.8	285	0.7	37	63	17.5	669	0.4	31
45-64	168	83.2	1,626	0.4	54	63	31.2	626	0.6	44	79	39.1	769	0.4	36
65-74	10,782	54.7	116,827	0.5	25	10,277	52.1	109,977	0.8	48	9,650	48.9	105,103	0.6	34
75-84	15,113	51.5	157,933	0.5	25	13,060	44.5	137,367	0.8	42	15,409	52.5	164,042	0.6	32
85 and older	16,111	47.0	159,578	0.5	24	9,196	26.8	93,075	0.8	36	17,785	51.9	182,359	0.7	30
<b>Male</b>															
All Males	24,235	44.9	252,121	0.5	41	16,716	31.0	171,754	0.8	47	20,470	37.9	215,493	0.6	34
<b>Male, Disabled</b>															
All Ages	13,284	49.8	142,878	0.5	55	6,371	23.9	66,780	0.8	55	8,578	32.1	93,360	0.6	37
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	24	0.4	13
6-14	3	50.0	36	0.1	1	3	50.0	36	0.4	55	3	50.0	36	0.6	106
15-20	31	19.9	354	0.1	2	4	2.6	36	0.6	17	26	16.7	292	0.5	28
21-44	5,326	46.7	58,359	0.5	56	1,361	11.9	14,267	0.7	56	2,896	25.4	31,917	0.5	36
45-64	7,871	52.5	83,661	0.6	54	4,932	32.9	51,797	0.8	55	5,605	37.4	60,654	0.6	38
65-74	53	44.2	468	0.6	42	71	59.2	644	0.7	51	46	38.3	437	0.6	42
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	ANALGESICS - Narcotic						ANTIDIABETIC				ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>															
All Ages	10,951	40.2	109,243	0.5	24	10,345	37.9	104,974	0.8	42	11,892	43.6	122,133	0.6	32
5 and younger	1	100.0	12	0.1	1	0	0.0	0	0.0	0	2	200.0	24	0.3	18
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	1	12.5	2	0.5	86	0	0.0	0	0.0	0	1	12.5	12	0.8	6
21-44	174	70.7	1,751	0.6	70	25	10.2	236	0.7	67	56	22.8	570	0.4	31
45-64	145	68.7	1,256	0.6	45	44	20.9	339	0.6	32	45	21.3	431	0.5	39
65-74	4,218	38.6	44,901	0.5	28	4,611	42.2	48,330	0.8	47	4,339	39.7	46,641	0.6	34
75-84	3,942	39.8	38,663	0.5	20	3,912	39.5	39,105	0.8	38	4,602	46.4	46,746	0.6	31
85 and older	2,470	41.4	22,658	0.4	17	1,753	29.4	16,964	0.8	36	2,847	47.8	27,709	0.6	28
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2005

Beneficiary Characteristics	ANTIASTHMATIC					HEMATOPOIETIC AGENTS					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>62,394</b>	<b>38.0</b>	<b>655,369</b>	<b>0.5</b>	<b>\$36</b>	<b>25,270</b>	<b>15.4</b>	<b>259,956</b>	<b>0.6</b>	<b>\$81</b>	<b>164,052</b>	<b>1,517,657</b>
<b>Female</b>												
All Females	44,184	40.1	466,838	0.5	35	18,700	17.0	193,576	0.6	79	110,089	1,032,897
<b>Female, Disabled</b>												
All Ages	10,963	41.9	119,129	0.5	38	2,808	10.7	29,960	0.5	90	26,166	243,780
5 and younger	0	0.0	0	0.0	0	1	33.3	5	0.2	1	3	19
6-14	0	0.0	0	0.0	0	6	120.0	62	0.5	36	5	40
15-20	36	36.0	406	0.2	11	13	13.0	156	0.5	49	100	986
21-44	3,007	32.6	33,061	0.4	35	684	7.4	7,377	0.4	49	9,222	85,566
45-64	7,849	47.0	85,100	0.5	40	2,088	12.5	22,258	0.6	104	16,699	156,377
65-74	71	51.8	562	0.8	55	16	11.7	102	0.7	139	137	792
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Female, Other Eligibles</b>												
All Ages	33,221	39.6	347,709	0.5	34	15,892	18.9	163,616	0.6	77	83,923	789,117
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	31
21-44	95	26.3	1,007	0.3	25	23	6.4	231	0.3	2	361	2,237
45-64	58	28.7	578	0.4	30	11	5.4	98	0.4	237	202	1,481
65-74	8,566	43.4	92,459	0.5	42	3,076	15.6	32,881	0.6	92	19,728	184,335
75-84	11,727	39.9	123,157	0.5	35	5,753	19.6	59,468	0.6	78	29,364	281,197
85 and older	12,775	37.3	130,508	0.4	27	7,029	20.5	70,938	0.7	69	34,261	319,824
<b>Male</b>												
All Males	18,210	33.7	188,531	0.5	38	6,570	12.2	66,380	0.6	88	53,963	484,760
<b>Male, Disabled</b>												
All Ages	6,764	25.3	72,399	0.5	37	1,739	6.5	18,375	0.6	92	26,695	244,305
5 and younger	2	66.7	24	0.6	35	5	166.7	49	0.3	15	3	25
6-14	0	0.0	0	0.0	0	1	16.7	12	0.3	3	6	61
15-20	31	19.9	350	0.4	21	6	3.8	54	0.5	129	156	1,395
21-44	1,976	17.3	21,499	0.4	30	419	3.7	4,458	0.5	59	11,409	104,844
45-64	4,692	31.3	50,047	0.5	40	1,295	8.6	13,711	0.6	102	15,001	137,105
65-74	63	52.5	479	0.7	41	13	10.8	91	0.6	128	120	875
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Dual Eligible Beneficiaries



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

Table 1. Clinical Outcomes for Users, by Age Group												
Beneficiary Characteristics	ANTIASTHMATIC						HEMATOPOIETIC AGENTS					
	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 Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	11,446	42.0	116,132	0.5	39	4,831	17.7	48,005	0.7	87	27,268	240,455
5 and younger	0	0.0	0	0.0	0	3	300.0	36	0.6	154	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	65
21-44	29	11.8	292	0.4	25	1	0.4	11	0.2	120	246	1,626
45-64	30	14.2	284	0.5	35	9	4.3	47	0.4	3	211	1,189
65-74	4,513	41.3	48,104	0.6	44	1,538	14.1	15,900	0.6	84	10,930	97,706
75-84	4,237	42.8	42,215	0.5	37	1,883	19.0	18,685	0.6	81	9,910	88,855
85 and older	2,637	44.2	25,237	0.5	32	1,397	23.4	13,326	0.7	99	5,962	51,002
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 Pennsylvania, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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

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

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

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$432</b>	<b>8.2</b>	<b>36,981</b>	<b>387,356</b>
<b>Age</b>				
0-64	653	9.9	2,437	27,789
65-74	566	9.7	4,075	44,262
75-84	451	8.6	12,084	125,659
85 and older	355	7.3	18,385	189,646
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	417	8.1	29,127	306,632
Male	486	8.5	7,854	80,724
Unknown	0	0.0	0	0
<b>Race</b>				
White	433	8.3	32,208	334,492
African American	423	7.6	3,421	38,429
Other/unknown	419	7.7	1,352	14,435
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	414	8.0	34,523	359,375
Disabled	653	9.9	2,458	27,981
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 Pennsylvania, released by CMS in 1/2009. 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 25,198 beneficiaries who were in nursing facilities for part of their enrollment and their 204,052 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Dual Eligible Beneficiaries

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 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	0.0	0.2	\$19	\$11	\$3	\$5	\$53	\$107	\$83	\$22	102,780	\$5,406,681	25,270	68.3	280,350
Biologicals	0.1	0.0	0.0	0.1	3	1	0	3	35	24	60	42	1,842	64,898	1,695	4.6	18,914
Antineoplastic Agents	0.6	0.1	0.0	0.5	92	47	0	45	143	392	114	86	15,739	2,250,636	2,317	6.3	24,406
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.7	54	36	9	9	41	79	53	13	285,015	11,571,138	19,777	53.5	213,930
Cardiovascular Agents	2.4	0.7	0.0	1.7	68	41	1	26	29	61	18	16	725,022	20,706,356	28,615	77.4	305,163
Respiratory Agents	0.8	0.4	0.0	0.3	42	36	1	4	54	83	52	14	133,906	7,291,935	15,751	42.6	174,274
Gastrointestinal Agents	0.8	0.3	0.0	0.5	42	30	0	12	52	102	57	23	163,322	8,549,756	18,448	49.9	204,710
Genitourinary Agents	0.7	0.5	0.0	0.2	45	37	1	7	62	73	76	33	74,612	4,639,458	9,462	25.6	104,164
CNS Drugs	1.8	1.0	0.0	0.8	134	112	1	22	75	112	58	28	541,159	40,408,823	27,875	75.4	301,124
Stimulants/Anti-obesity/Anorexia	0.8	0.3	0.0	0.5	61	55	0	6	72	160	79	13	4,486	324,274	484	1.3	5,301
Miscellaneous Psychological/Neurological Agents	1.2	1.2	0.0	0.0	149	149	0	0	129	129	64	53	137,479	17,668,310	11,093	30.0	118,745
Analgesics and Anesthetics	1.1	0.2	0.1	0.8	51	16	9	26	48	85	109	33	200,651	9,694,056	17,669	47.8	190,250
Neuromuscular Agents	1.4	0.4	0.0	1.0	82	38	3	41	59	108	79	41	204,532	12,099,183	13,282	35.9	147,520
Nutritional Products	0.8	0.0	0.0	0.8	14	0	0	14	18	19	24	18	103,613	1,825,413	11,738	31.7	126,584
Hematological Agents	1.7	0.5	0.2	1.0	104	94	2	9	63	193	9	9	235,177	14,787,305	13,256	35.8	141,816
Topical Products	0.8	0.4	0.0	0.4	34	23	2	9	43	66	50	22	220,214	9,366,299	25,181	68.1	278,842
Miscellaneous Products	0.2	0.1	0.0	0.1	12	8	0	4	50	80	175	29	6,717	336,754	2,463	6.7	27,715
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	19	0	0	0	9,416	176,083	2,568	6.9	29,000
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.	3,165,682	167,167,358	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. 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 25,198 beneficiaries who were in nursing facilities for part of their enrollment and their 204,052 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.medspan.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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Pennsylvania, 0.3 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2005

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$22,452,335	16,184	43.8	179,320	0.9	\$145	\$125
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	17,671,439	13,941	37.7	149,280	0.9	128	118
ANTIDEPRESSANTS	15,933,776	27,928	75.5	305,594	0.9	56	52
ANTICONVULSANT	8,174,009	11,222	30.3	125,855	1.1	59	65
ULCER DRUGS	7,908,499	22,042	59.6	244,636	0.7	44	32
HEMATOPOIETIC AGENTS	7,369,085	8,618	23.3	93,699	0.8	101	79
ANTIDIABETIC	7,263,646	14,763	39.9	162,030	1.0	44	45
DERMATOLOGICAL	6,494,932	47,391	128.1	535,123	0.3	38	12
ANALGESICS - Narcotic	6,393,244	17,740	48.0	190,216	0.7	47	34
ANTIHYPERLIPIDEMIC	5,981,962	8,335	22.5	89,876	0.9	77	67
Total	105,642,927	188,164		2,075,629	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. 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 25,198 beneficiaries who were in nursing facilities for part of their enrollment and their 204,052 benefit months were excluded from the analysis.

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

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

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

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

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,519,430</b>	<b>\$105,642,927</b>	<b>16,184</b>	<b>43.8</b>	<b>179,320</b>	<b>0.9</b>	<b>\$125</b>	<b>13,941</b>	<b>37.7</b>	<b>149,280</b>	<b>0.9</b>	<b>\$118</b>
<b>Female</b>												
All Females	1,179,525	81,074,521	12,427	42.7	138,055	0.9	120	11,226	38.5	121,000	0.9	118
<b>Female, Disabled</b>												
All Ages	78,808	6,572,634	723	57.4	8,368	1.0	169	242	19.2	2,736	0.9	369
64 or younger	78,364	6,533,241	719	57.5	8,322	1.0	169	240	19.2	2,712	0.9	365
65-74	444	39,393	4	44.4	46	0.9	74	2	22.2	24	1.1	778
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	1,100,717	74,501,887	11,704	42.0	129,687	0.8	117	10,984	39.4	118,264	0.9	112
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	147,699	10,929,833	1,503	59.0	17,226	1.0	166	720	28.3	7,990	0.9	129
75-84	414,774	28,305,486	4,333	46.7	48,138	0.9	124	3,920	42.2	41,883	0.9	111
85 and older	538,244	35,266,568	5,868	36.6	64,323	0.8	99	6,344	39.6	68,391	0.9	110
<b>Male</b>												
All Males	339,905	24,568,406	3,757	47.8	41,265	0.9	142	2,715	34.6	28,280	0.9	122
<b>Male, Disabled</b>												
All Ages	67,933	5,542,648	648	54.1	7,512	1.0	189	127	10.6	1,475	0.9	314
64 or younger	67,381	5,490,189	640	54.0	7,428	1.0	188	125	10.5	1,451	0.9	317
65-74	552	52,459	8	66.7	84	1.0	260	2	16.7	24	1.1	136
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	271,972	19,025,758	3,109	46.7	33,753	0.9	131	2,588	38.9	26,805	0.9	111
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	75,430	5,758,255	856	56.8	9,762	0.9	169	368	24.4	4,100	0.9	126
75-84	118,184	8,103,109	1,359	48.6	14,596	0.9	126	1,182	42.2	12,123	0.9	108
85 and older	78,358	5,164,394	894	38.0	9,395	0.8	99	1,038	44.1	10,582	0.9	109
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. 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 25,198 beneficiaries who were in nursing facilities for part of their enrollment and their 204,052 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	27,928	75.5	305,594	0.9	\$52	11,222	30.3	125,855	1.1	\$65	22,042	59.6	244,636	0.7	\$32
Female															
All Females	22,267	76.4	244,251	0.9	52	8,129	27.9	91,148	1.1	62	17,292	59.4	192,244	0.7	32
Female, Disabled															
All Ages	1,135	90.1	13,087	1.0	63	960	76.2	11,149	1.3	102	904	71.7	10,537	0.7	37
64 or younger	1,126	90.0	12,996	1.0	63	953	76.2	11,082	1.3	102	899	71.9	10,503	0.7	37
65-74	9	100.0	91	0.8	62	7	77.8	67	1.4	31	5	55.6	34	0.7	30
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	21,132	75.8	231,164	0.9	51	7,169	25.7	79,999	1.0	56	16,388	58.8	181,707	0.7	32
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	2,216	87.0	24,921	1.0	56	1,343	52.7	15,421	1.2	73	1,684	66.1	19,172	0.7	33
75-84	7,520	81.0	82,099	0.9	52	2,888	31.1	32,180	1.1	59	5,650	60.8	62,714	0.7	32
85 and older	11,396	71.1	124,144	0.9	50	2,938	18.3	32,398	0.9	45	9,054	56.5	99,821	0.7	31
Male															
All Males	5,661	72.1	61,343	0.9	53	3,093	39.4	34,707	1.2	74	4,750	60.5	52,392	0.7	34
Male, Disabled															
All Ages	916	76.5	10,601	1.0	60	919	76.7	10,765	1.3	101	847	70.7	9,846	0.8	41
64 or younger	907	76.5	10,510	1.0	60	913	77.0	10,693	1.3	101	842	71.0	9,786	0.8	41
65-74	9	75.0	91	0.9	75	6	50.0	72	1.3	119	5	41.7	60	0.5	33
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	4,745	71.3	50,742	0.9	51	2,174	32.7	23,942	1.1	62	3,903	58.6	42,546	0.7	33
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	1,151	76.4	12,954	0.9	54	782	51.9	8,897	1.2	73	962	63.9	10,983	0.7	37
75-84	2,039	72.9	21,559	0.9	53	940	33.6	10,244	1.1	59	1,678	60.0	18,097	0.7	34
85 and older	1,555	66.1	16,229	0.9	47	452	19.2	4,801	0.9	48	1,263	53.7	13,466	0.7	29
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. 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 25,198 beneficiaries who were in nursing facilities for part of their enrollment and their 204,052 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIDIABETIC					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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>8,618</b>	<b>23.3</b>	<b>93,699</b>	<b>0.8</b>	<b>\$79</b>	<b>14,763</b>	<b>39.9</b>	<b>162,030</b>	<b>1.0</b>	<b>\$45</b>	<b>47,391</b>	<b>128.1</b>	<b>535,123</b>	<b>0.3</b>	<b>\$12</b>
<b>Female</b>															
All Females	6,651	22.8	72,539	0.8	76	11,316	38.9	124,834	1.0	45	36,398	125.0	412,155	0.3	12
<b>Female, Disabled</b>															
All Ages	328	26.0	3,767	0.8	78	585	46.4	6,744	1.1	52	2,318	184.0	27,274	0.4	15
64 or younger	326	26.1	3,758	0.8	78	580	46.4	6,701	1.1	52	2,309	184.6	27,197	0.4	15
65-74	2	22.2	9	0.9	5	5	55.6	43	1.3	75	9	100.0	77	0.2	7
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	6,323	22.7	68,772	0.8	76	10,731	38.5	118,090	1.0	44	34,080	122.3	384,881	0.3	12
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	646	25.4	7,273	0.8	115	1,761	69.1	20,101	1.1	51	3,739	146.7	43,168	0.4	14
75-84	2,154	23.2	23,299	0.8	80	4,587	49.4	50,207	1.0	46	11,701	126.0	132,156	0.3	12
85 and older	3,523	22.0	38,200	0.8	65	4,383	27.3	47,782	1.0	40	18,640	116.3	209,557	0.3	11
<b>Male</b>															
All Males	1,967	25.0	21,160	0.8	89	3,447	43.9	37,196	1.0	45	10,993	140.0	122,968	0.3	13
<b>Male, Disabled</b>															
All Ages	250	20.9	2,903	0.8	84	477	39.8	5,516	1.1	54	2,129	177.7	24,765	0.4	14
64 or younger	249	21.0	2,891	0.8	85	471	39.7	5,444	1.1	54	2,114	178.2	24,613	0.4	14
65-74	1	8.3	12	0.5	3	6	50.0	72	1.3	58	15	125.0	152	0.5	18
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	1,717	25.8	18,257	0.8	90	2,970	44.6	31,680	1.0	43	8,864	133.2	98,203	0.3	12
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	414	27.5	4,573	0.8	103	895	59.4	9,946	1.0	48	2,092	138.9	23,967	0.3	12
75-84	694	24.8	7,262	0.8	82	1,310	46.8	13,793	1.0	41	3,728	133.2	41,127	0.4	13
85 and older	609	25.9	6,422	0.9	90	765	32.5	7,941	1.0	42	3,044	129.4	33,109	0.3	11
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. 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 25,198 beneficiaries who were in nursing facilities for part of their enrollment and their 204,052 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIHYPERTENSIVE					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	17,740	48.0	190,216	0.7	\$34	8,335	22.5	89,876	0.9	\$67	36,981	387,356
Female												
All Females	14,319	49.2	154,376	0.7	34	6,285	21.6	67,993	0.9	66	29,127	306,632
Female, Disabled												
All Ages	765	60.7	8,798	0.9	51	385	30.6	4,440	0.9	68	1,260	14,376
64 or younger	756	60.4	8,724	0.9	51	380	30.4	4,386	0.9	68	1,251	14,300
65-74	9	100.0	74	0.7	18	5	55.6	54	0.9	62	9	76
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	13,554	48.6	145,578	0.7	33	5,900	21.2	63,553	0.9	66	27,867	292,256
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1,533	60.2	17,020	0.9	41	940	36.9	10,522	0.9	70	2,548	27,798
75-84	4,782	51.5	51,555	0.8	35	2,604	28.0	28,023	0.9	68	9,286	97,490
85 and older	7,239	45.2	77,003	0.7	30	2,356	14.7	25,008	0.8	62	16,033	166,968
Male												
All Males	3,421	43.6	35,840	0.7	31	2,050	26.1	21,883	0.9	68	7,854	80,724
Male, Disabled												
All Ages	591	49.3	6,637	0.9	55	352	29.4	4,061	0.9	71	1,198	13,605
64 or younger	587	49.5	6,606	0.9	55	344	29.0	3,971	0.9	72	1,186	13,489
65-74	4	33.3	31	0.7	5	8	66.7	90	0.5	32	12	116
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	2,830	42.5	29,203	0.6	26	1,698	25.5	17,822	0.9	67	6,656	67,119
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	665	44.2	7,283	0.7	31	504	33.5	5,572	0.8	68	1,506	16,272
75-84	1,225	43.8	12,486	0.7	27	799	28.6	8,169	0.9	68	2,798	28,169
85 and older	940	40.0	9,434	0.5	20	395	16.8	4,081	0.9	63	2,352	22,678
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 Pennsylvania, released by CMS in 1/2009. 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 25,198 beneficiaries who were in nursing facilities for part of their enrollment and their 204,052 benefit months were excluded from the analysis.

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

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

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

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



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

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>102,078</b>	<b>62.2</b>	<b>7.6</b>	<b>1,242,956</b>	<b>\$115</b>	<b>\$18,806,609</b>	<b>\$15</b>	<b>3.5</b>	<b>164,052</b>
<b>Age</b>									
5 and younger	4	57.1	5.0	35	184	1,290	37	4.1	7
6-14	9	75.0	11.8	141	169	2,023	14	2.7	12
15-20	87	32.2	2.2	585	59	15,955	27	2.2	270
21-44	10,093	47.5	4.6	98,178	102	2,166,728	22	3.2	21,238
45-64	19,002	59.2	7.5	240,306	136	4,379,417	18	3.3	32,113
65-74	18,158	58.7	7.5	232,168	115	3,563,513	15	3.5	30,915
75-84	26,201	66.7	8.5	333,412	113	4,442,823	13	3.4	39,274
85 and older	28,524	70.9	8.4	338,131	105	4,234,860	13	3.7	40,223
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	72,742	66.0	8.2	902,133	111	12,210,566	14	3.5	110,152
Disabled	28,923	54.7	6.4	338,147	124	6,541,984	19	3.3	52,861
Adults	362	38.5	2.4	2,209	49	45,882	21	2.6	940
Children	5	27.8	2.1	38	66	1,188	31	2.0	18
Unknown	46	56.8	5.3	429	86	6,989	16	1.4	81
<b>Gender</b>									
Female	73,581	66.8	8.4	929,691	124	13,695,689	15	3.7	110,089
Male	28,497	52.8	5.8	313,265	95	5,110,920	16	3.0	53,963
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	88,967	65.0	8.1	1,104,307	124	16,997,913	15	3.5	136,918
African American	8,651	49.1	5.2	91,419	64	1,134,077	12	2.8	17,605
Other/unknown	4,460	46.8	5.0	47,230	71	674,619	14	3.4	9,529
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	29,160	78.9	11.1	410,704	145	5,358,872	13	3.2	36,981
Part year	19,083	75.7	7.3	184,043	105	2,641,523	14	3.5	25,198
None	53,835	52.8	6.4	648,209	106	10,806,214	17	3.6	101,873
<b>Maintenance Assistance Status</b>									
Cash	25,397	61.4	8.5	351,196	126	5,219,812	15	3.7	41,337
Medically needy	163	43.9	4.5	1,659	65	24,168	15	3.2	371
Poverty related	17,692	46.3	4.4	169,894	91	3,495,218	21	3.4	38,242
Other/unknown	58,826	69.9	8.6	720,207	120	10,067,411	14	3.3	84,102

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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

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

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

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

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

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.8</b>	<b>\$12</b>	<b>\$15</b>	<b>\$0</b>	<b>\$3</b>	<b>1,517,657</b>
<b>Age</b>						
5 and younger	0.6	23	37	0	0	56
6-14	1.2	18	14	1	2	113
15-20	0.2	6	27	0	2	2,477
21-44	0.5	11	22	0	4	194,273
45-64	0.8	15	18	0	5	296,152
65-74	0.8	13	15	0	3	283,708
75-84	0.9	12	13	0	3	370,052
85 and older	0.9	11	13	0	2	370,826
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.9	12	14	0	3	1,022,872
Disabled	0.7	13	19	0	5	488,085
Adults	0.4	8	21	0	4	5,782
Children	0.3	10	31	0	0	124
Unknown	0.5	9	16	0	3	794
<b>Gender</b>						
Female	0.9	13	15	0	4	1,032,897
Male	0.6	11	16	0	3	484,760
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.8	13	15	0	4	1,309,529
African American	0.6	8	12	0	1	140,965
Other/unknown	0.7	10	14	0	2	67,163
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	1.1	14	13	0	3	387,356
Part year	0.9	13	14	0	3	204,052
None	0.7	12	17	0	4	926,249
<b>Maintenance Assistance Status</b>						
Cash	0.9	13	15	0	4	405,782
Medically needy	0.5	8	15	0	2	3,137
Poverty related	0.5	11	21	0	4	323,396
Other/unknown	0.9	13	14	0	3	785,342

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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

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

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

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

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

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	Total Number Rx.
<b>All</b>	<b>173,076</b>	<b>\$109</b>	<b>\$18,806,609</b>	<b>100.0</b>	<b>1,242,956</b>	<b>\$15</b>	<b>100.0</b>	<b>1,242,956</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0
Fertility drugs	11	763	8,398	0.0	19	442	0.0	19
Drugs for cosmetic purposes	77	107	8,207	0.0	215	38	0.0	215
Cough and cold medications	17,328	63	1,098,933	5.8	41,956	26	3.4	41,956
Vitamins and minerals	34,188	131	4,482,193	23.8	239,794	19	19.3	239,794
Non-prescription drugs	75,619	90	6,829,393	36.3	638,603	11	51.4	638,603
Barbiturates	1,821	74	134,436	0.7	20,249	7	1.6	20,249
Benzodiazepines	41,061	126	5,162,123	27.4	291,127	18	23.4	291,127
Other Part D Excl Rx Drugs	2,971	364	1,082,926	5.8	10,993	99	0.9	10,993

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

b. Includes OTC drugs as well as prescription drugs.

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

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

Dual Eligible Beneficiaries

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

Total Number of Dual Eligible Beneficiaries: 164,052  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$544,900,022  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,321

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	27,697	16.9	\$0	0.0
1-500	21,731	13.2	4,577,766	0.8
501-1,000	13,235	8.1	9,801,752	1.8
1,001-1,500	11,028	6.7	13,707,304	2.5
1,501-2,000	9,671	5.9	16,870,807	3.1
2,001-2,500	8,985	5.5	20,190,210	3.7
2,501-3,000	8,057	4.9	22,152,579	4.1
3,001-3,500	7,392	4.5	24,005,231	4.4
3,501-4,000	6,706	4.1	25,125,854	4.6
4,001-4,500	5,816	3.5	24,689,170	4.5
4,501-5,000	5,417	3.3	25,713,650	4.7
5,001-5,500	4,670	2.8	24,501,441	4.5
5,501-6,000	4,261	2.6	24,468,033	4.5
6,001-6,500	3,717	2.3	23,211,820	4.3
6,501-7,000	3,281	2.0	22,120,131	4.1
7,001-7,500	2,746	1.7	19,890,882	3.7
7,501-8,000	2,498	1.5	19,331,033	3.5
8,001-8,500	1,983	1.2	16,360,328	3.0
8,501-9,000	1,795	1.1	15,700,812	2.9
9,001-9,500	1,504	0.9	13,908,878	2.6
9,501-10,000	1,311	0.8	12,777,411	2.3
10,001+	10,551	6.4	165,794,930	30.4

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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

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

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 52,604  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$197,708,323  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$3,758

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	11,432	21.7	0	0.0
1-500	8,060	15.3	1,562,654	0.8
501-1,000	3,878	7.4	2,863,738	1.4
1,001-1,500	2,968	5.6	3,682,921	1.9
1,501-2,000	2,390	4.5	4,174,352	2.1
2,001-2,500	2,105	4.0	4,724,220	2.4
2,501-3,000	1,947	3.7	5,363,060	2.7
3,001-3,500	1,711	3.3	5,566,140	2.8
3,501-4,000	1,607	3.1	6,014,027	3.0
4,001-4,500	1,346	2.6	5,721,155	2.9
4,501-5,000	1,320	2.5	6,269,464	3.2
5,001-5,500	1,189	2.3	6,239,632	3.2
5,501-6,000	1,180	2.2	6,777,503	3.4
6,001-6,500	1,013	1.9	6,327,177	3.2
6,501-7,000	941	1.8	6,347,173	3.2
7,001-7,500	821	1.6	5,951,583	3.0
7,501-8,000	776	1.5	6,007,698	3.0
8,001-8,500	665	1.3	5,487,428	2.8
8,501-9,000	606	1.2	5,301,404	2.7
9,001-9,500	574	1.1	5,307,630	2.7
9,501-10,000	504	1.0	4,913,799	2.5
10,001+	5,571	10.6	93,105,565	47.1

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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

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

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

Total Number of Dual Eligible Beneficiaries, Age 65+: 110,412  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$344,933,600  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$3,124

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	15,960	14.5	0	0.0
1-500	13,414	12.1	2,972,901	0.9
501-1,000	9,280	8.4	6,881,101	2.0
1,001-1,500	8,012	7.3	9,964,961	2.9
1,501-2,000	7,246	6.6	12,636,795	3.7
2,001-2,500	6,843	6.2	15,383,638	4.5
2,501-3,000	6,085	5.5	16,720,091	4.8
3,001-3,500	5,644	5.1	18,319,182	5.3
3,501-4,000	5,068	4.6	18,996,240	5.5
4,001-4,500	4,449	4.0	18,879,302	5.5
4,501-5,000	4,076	3.7	19,344,119	5.6
5,001-5,500	3,469	3.1	18,198,156	5.3
5,501-6,000	3,070	2.8	17,627,547	5.1
6,001-6,500	2,694	2.4	16,821,469	4.9
6,501-7,000	2,328	2.1	15,691,576	4.5
7,001-7,500	1,913	1.7	13,853,011	4.0
7,501-8,000	1,709	1.5	13,222,961	3.8
8,001-8,500	1,309	1.2	10,798,404	3.1
8,501-9,000	1,183	1.1	10,347,116	3.0
9,001-9,500	927	0.8	8,573,413	2.5
9,501-10,000	802	0.7	7,814,530	2.3
10,001+	4,931	4.5	71,887,087	20.8

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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

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

Total Number of Dual Eligible Beneficiaries, Age 65-74: 30,915  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$100,666,191  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$3,256

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	6,768	21.9		0	0.0
1-500	3,618	11.7		739,049	0.7
501-1,000	2,139	6.9		1,584,049	1.6
1,001-1,500	1,829	5.9		2,268,578	2.3
1,501-2,000	1,608	5.2		2,805,421	2.8
2,001-2,500	1,598	5.2		3,594,367	3.6
2,501-3,000	1,380	4.5		3,802,661	3.8
3,001-3,500	1,327	4.3		4,305,398	4.3
3,501-4,000	1,225	4.0		4,596,028	4.6
4,001-4,500	1,127	3.6		4,780,287	4.7
4,501-5,000	978	3.2		4,647,121	4.6
5,001-5,500	867	2.8		4,555,033	4.5
5,501-6,000	787	2.5		4,512,302	4.5
6,001-6,500	696	2.3		4,342,544	4.3
6,501-7,000	666	2.2		4,490,217	4.5
7,001-7,500	512	1.7		3,710,038	3.7
7,501-8,000	506	1.6		3,918,474	3.9
8,001-8,500	386	1.2		3,184,750	3.2
8,501-9,000	364	1.2		3,183,757	3.2
9,001-9,500	288	0.9		2,664,200	2.6
9,501-10,000	251	0.8		2,443,901	2.4
10,001+	1,995	6.5		30,538,016	30.3

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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

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

Total Number of Dual Eligible Beneficiaries, Age 75-84: 39,274  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$129,046,628  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$3,285

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,416	13.8	0	0.0
1-500	4,279	10.9	966,206	0.7
501-1,000	3,161	8.0	2,355,695	1.8
1,001-1,500	2,698	6.9	3,364,818	2.6
1,501-2,000	2,517	6.4	4,384,314	3.4
2,001-2,500	2,476	6.3	5,567,475	4.3
2,501-3,000	2,207	5.6	6,069,145	4.7
3,001-3,500	2,067	5.3	6,715,394	5.2
3,501-4,000	1,887	4.8	7,069,920	5.5
4,001-4,500	1,606	4.1	6,812,891	5.3
4,501-5,000	1,504	3.8	7,132,117	5.5
5,001-5,500	1,317	3.4	6,901,175	5.3
5,501-6,000	1,160	3.0	6,661,628	5.2
6,001-6,500	1,072	2.7	6,699,317	5.2
6,501-7,000	889	2.3	5,985,369	4.6
7,001-7,500	765	1.9	5,538,802	4.3
7,501-8,000	651	1.7	5,038,850	3.9
8,001-8,500	545	1.4	4,495,474	3.5
8,501-9,000	473	1.2	4,139,119	3.2
9,001-9,500	386	1.0	3,569,516	2.8
9,501-10,000	323	0.8	3,147,786	2.4
10,001+	1,875	4.8	26,431,617	20.5

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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



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

Total Number of Dual Eligible Beneficiaries, Age 85+: 40,223  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$115,220,781  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,864

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	3,776	9.4	0	0.0
1-500	5,517	13.7	1,267,646	1.1
501-1,000	3,980	9.9	2,941,357	2.6
1,001-1,500	3,485	8.7	4,331,565	3.8
1,501-2,000	3,121	7.8	5,447,060	4.7
2,001-2,500	2,769	6.9	6,221,796	5.4
2,501-3,000	2,498	6.2	6,848,285	5.9
3,001-3,500	2,250	5.6	7,298,390	6.3
3,501-4,000	1,956	4.9	7,330,292	6.4
4,001-4,500	1,716	4.3	7,286,124	6.3
4,501-5,000	1,594	4.0	7,564,881	6.6
5,001-5,500	1,285	3.2	6,741,948	5.9
5,501-6,000	1,123	2.8	6,453,617	5.6
6,001-6,500	926	2.3	5,779,608	5.0
6,501-7,000	773	1.9	5,215,990	4.5
7,001-7,500	636	1.6	4,604,171	4.0
7,501-8,000	552	1.4	4,265,637	3.7
8,001-8,500	378	0.9	3,118,180	2.7
8,501-9,000	346	0.9	3,024,240	2.6
9,001-9,500	253	0.6	2,339,697	2.0
9,501-10,000	228	0.6	2,222,843	1.9
10,001+	1,061	2.6	14,917,454	12.9

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>308,823</b>	<b>172,307</b>	<b>134,088</b>	<b>2,306</b>	<b>41</b>	<b>81</b>	<b>3,330,606</b>	<b>1,803,219</b>	<b>1,504,890</b>	<b>21,296</b>	<b>397</b>	<b>804</b>
<b>Age</b>												
5 and younger	16	0	15	0	1	0	187	0	175	0	12	0
6-14	44	0	39	0	5	0	517	0	457	0	60	0
15-20	697	0	666	0	31	0	8,018	0	7,717	0	301	0
21-44	58,137	7	56,774	1,345	4	7	654,490	24	641,619	12,743	24	80
45-64	77,183	11	76,166	945	0	61	860,667	89	851,488	8,457	0	633
65-74	66,610	66,155	428	14	0	13	730,645	727,032	3,434	88	0	91
75-84	59,689	59,688	0	1	0	0	625,666	625,664	0	2	0	0
85 and older	46,447	46,446	0	1	0	0	450,416	450,410	0	6	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	196,867	127,522	68,093	1,153	18	81	2,120,268	1,339,998	768,358	10,942	166	804
Male	111,956	44,785	65,995	1,153	23	0	1,210,338	463,221	736,532	10,354	231	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	223,692	123,926	98,166	1,517	27	56	2,398,597	1,277,974	1,105,456	14,355	248	564
African American	53,802	28,876	24,346	550	11	19	592,403	314,465	272,768	4,874	114	182
Other/unknown	31,329	19,505	11,576	239	3	6	339,606	210,780	126,666	2,067	35	58
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	36,982	34,524	2,458	0	0	0	387,409	359,420	27,989	0	0	0
Part year	25,301	23,258	2,040	2	0	1	219,888	199,678	20,186	19	0	5
None	246,540	114,525	129,590	2,304	41	80	2,723,309	1,244,121	1,456,715	21,277	397	799
<b>Maintenance Assistance Status</b>												
Cash	123,268	64,178	58,522	563	5	0	1,410,586	730,156	674,846	5,541	43	0
Medically needy	467	207	228	17	15	0	4,852	2,058	2,467	180	147	0
Poverty related	87,587	36,027	51,349	123	7	81	954,313	390,579	561,896	962	72	804
Other/unknown	97,501	71,895	23,989	1,603	14	0	960,855	680,426	265,681	14,613	135	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	301,431	168,191	130,822	2,296	41	81	3,251,692	1,760,054	1,469,246	21,191	397	804
Full dual, part year	7,392	4,116	3,266	10	0	0	78,914	43,165	35,644	105	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	141,966	99,946	41,377	554	11	78	1,440,144	984,177	450,233	4,861	105	768
FFS part year, with Rx claims	10,804	5,244	5,358	197	2	3	111,213	54,836	54,665	1,655	21	36
FFS part year, no Rx claims	11,282	4,962	6,126	189	5	0	105,313	44,952	58,859	1,468	34	0
MC all year, with Rx claims	481	183	292	6	0	0	5,325	2,032	3,248	45	0	0
MC all year, no Rx claims	144,290	61,972	80,935	1,360	23	0	1,668,611	717,222	937,885	13,267	237	0

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. This table was produced on 04/23/2009.

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

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status. Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

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

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>308,823</b>	<b>3,330,606</b>	<b>164,052</b>	<b>1,517,657</b>	<b>0</b>	<b>1,812,949</b>
Fee-for-service (FFS) all year	141,966	1,440,144	141,966	1,440,144	0	0
FFS part year, with Rx claims	10,804	111,213	10,804	46,491	0	64,722
FFS part year, with no Rx claims	11,282	105,313	11,282	31,022	0	74,291
Managed care (MC) all year, with Rx claims	481	5,325	0	0	0	5,325
MC all year, with no Rx claims	144,290	1,668,611	0	0	0	1,668,611

Source: Data for this table are from the MAX 2005 file for Pennsylvania, released by CMS in 1/2009. 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