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

**LIST OF TABLES**

**OVERVIEW OF STUDY POPULATION**

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

**FOR ALL MEDICAID BENEFICIARIES**

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

**FOR ALL NONDUAL BENEFICIARIES**

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND

BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND

THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY  
BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH,  
BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES  
AMONG NONDUALS

**FOR DUAL ELIGIBLE BENEFICIARIES**

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND

BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND

THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY

BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

**SUPPLEMENTAL TABLES**

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLES**

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS  
OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES  
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES  
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 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>178,750</b>	<b>113,775</b>	<b>63,317</b>	<b>1,634</b>	<b>8</b>	<b>16</b>	<b>1,988,169</b>	<b>1,266,370</b>	<b>706,013</b>	<b>15,579</b>	<b>78</b>	<b>129</b>
<b>Age</b>												
5 and younger	9	0	9	0	0	0	84	0	84	0	0	0
6-14	22	0	22	0	0	0	260	0	260	0	0	0
15-20	224	0	213	6	5	0	2,405	0	2,309	39	57	0
21-44	21,116	0	20,027	1,087	2	0	234,144	0	223,377	10,753	14	0
45-64	36,136	0	35,614	508	0	14	401,805	0	397,218	4,470	0	117
65-74	48,607	41,734	6,839	32	0	2	541,201	464,497	76,385	307	0	12
75-84	47,674	47,249	423	1	1	0	536,781	532,234	4,530	10	7	0
85 and older	24,962	24,792	170	0	0	0	271,489	269,639	1,850	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	119,282	83,374	34,746	1,142	4	16	1,332,914	932,396	389,250	11,098	41	129
Male	59,468	30,401	28,571	492	4	0	655,255	333,974	316,763	4,481	37	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	81,230	51,061	29,300	857	4	8	890,597	557,424	324,766	8,305	35	67
African American	64,022	34,374	28,908	728	4	8	713,208	381,568	324,677	6,858	43	62
Other/unknown	33,498	28,340	5,109	49	0	0	384,364	327,378	56,570	416	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	8,756	7,865	891	0	0	0	94,130	83,926	10,204	0	0	0
Part year	7,178	6,524	654	0	0	0	69,713	62,910	6,803	0	0	0
None	162,816	99,386	61,772	1,634	8	16	1,824,326	1,119,534	689,006	15,579	78	129
<b>Maintenance Assistance Status</b>												
Cash	52,866	22,814	29,156	895	1	0	596,598	259,686	328,194	8,706	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	54,772	26,286	28,405	62	3	16	605,886	291,807	313,433	489	28	129
Other/unknown	71,112	64,675	5,756	677	4	0	785,685	714,877	64,386	6,384	38	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	176,788	112,686	62,451	1,627	8	16	1,966,968	1,254,554	696,692	15,515	78	129
Full dual, part year	1,962	1,089	866	7	0	0	21,201	11,816	9,321	64	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	178,387	113,768	63,011	1,584	8	16	1,985,759	1,266,339	703,939	15,274	78	129
FFS part year, with Rx claims	317	7	267	43	0	0	2,182	31	1,879	272	0	0
FFS part year, no Rx claims	46	0	39	7	0	0	228	0	195	33	0	0

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

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

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

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

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

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

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 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>79.4</b>	<b>34.7</b>	<b>\$2,236</b>	<b>\$64</b>	<b>\$7,222</b>	<b>31.0</b>	<b>178,750</b>
<b>Age</b>							
5 and younger	88.9	36.3	3,417	94	14,241	24.0	9
6-14	90.9	56.5	8,321	147	16,082	51.7	22
15-20	76.3	21.8	2,397	110	10,430	23.0	224
21-44	84.4	29.5	2,983	101	9,227	32.3	21,116
45-64	90.2	44.9	3,352	75	9,615	34.9	36,136
65-74	75.5	33.5	1,912	57	4,711	40.6	48,607
75-84	75.0	32.6	1,750	54	5,671	30.9	47,674
85 and older	75.9	31.0	1,541	50	9,878	15.6	24,962
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	74.4	31.9	1,725	54	6,098	28.3	113,775
Disabled	88.6	40.2	3,163	79	9,319	33.9	63,317
Adults	74.2	23.1	1,874	81	4,295	43.6	1,634
Children	62.5	20.5	3,205	156	10,530	30.4	8
Unknown	75.0	24.6	1,714	70	5,084	33.7	16
<b>Gender</b>							
Female	81.9	37.6	2,270	60	7,034	32.3	119,282
Male	74.6	28.9	2,167	75	7,601	28.5	59,468
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	79.6	38.0	2,483	65	8,629	28.8	81,230
African American	85.5	35.5	2,283	64	7,635	29.9	64,022
Other/unknown	67.6	25.2	1,547	61	3,023	51.2	33,498
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	68.4	37.9	2,034	54	35,136	5.8	8,756
Part year	76.6	32.6	1,859	57	20,093	9.3	7,178
None	80.2	34.6	2,264	65	5,154	43.9	162,816
<b>Maintenance Assistance Status</b>							
Cash	88.6	39.7	2,570	65	6,753	38.1	52,866
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	91.1	41.8	2,681	64	5,162	51.9	54,772
Other/unknown	63.7	25.5	1,645	65	9,159	18.0	71,112

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

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

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

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

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

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

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

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

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

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:								Number		
			Rx \$ as a Percentage of All Medicaid		More than 0, but 1 or 1, but 2 or 2, but 5 or 5, but 10 or More than 10					Mean \$, All Medicaid	Beneficiaries	Benefit Months	
			FFS \$ <sup>c</sup>	None	Less	Less	Less	Less	Less				10
All	3.1	\$201	31.0	20.6	17.4	12.2	31.1	16.5	2.2	\$649	178,750	1,988,169	
Age													
5 and younger	3.9	366	24.0	11.1	22.2	11.1	22.2	33.3	0.0	1,526	9	84	
6-14	4.8	704	51.7	9.1	4.5	4.5	40.9	40.9	0.0	1,361	22	260	
15-20	2.0	223	23.0	23.7	30.4	15.6	22.3	7.6	0.4	971	224	2,405	
21-44	2.7	269	32.3	15.6	27.9	14.6	28.6	11.8	1.5	832	21,116	234,144	
45-64	4.0	302	34.9	9.8	15.8	11.9	35.6	23.0	3.9	865	36,136	401,805	
65-74	3.0	172	40.6	24.5	15.9	11.7	30.0	15.9	2.0	423	48,607	541,201	
75-84	2.9	155	30.9	25.0	15.7	12.0	30.3	15.1	1.8	504	47,674	536,781	
85 and older	2.8	142	15.6	24.1	17.3	11.9	30.5	14.7	1.5	908	24,962	271,489	
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	2.9	155	28.3	25.6	16.2	11.9	29.8	14.9	1.7	548	113,775	1,266,370	
Disabled	3.6	284	33.9	11.4	19.6	12.8	33.6	19.5	3.1	836	63,317	706,013	
Adults	2.4	197	43.6	25.8	23.4	10.8	28.4	10.8	0.8	451	1,634	15,579	
Children	2.1	329	30.4	37.5	0.0	37.5	25.0	0.0	0.0	1,080	8	78	
Unknown	3.0	213	33.7	25.0	18.8	6.3	31.3	18.8	0.0	631	16	129	
Gender													
Female	3.4	203	32.3	18.1	15.6	12.3	33.2	18.4	2.4	629	119,282	1,332,914	
Male	2.6	197	28.5	25.4	21.2	12.1	26.9	12.6	1.8	690	59,468	655,255	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	3.5	227	28.8	20.4	15.4	11.0	30.6	19.3	3.3	787	81,230	890,597	
African American	3.2	205	29.9	14.5	19.9	13.3	34.2	16.5	1.5	685	64,022	713,208	
Other/unknown	2.2	135	51.2	32.4	17.8	12.9	26.4	9.5	0.9	264	33,498	384,364	
Use of Nursing Facilities <sup>f</sup>													
Entire year	3.5	189	5.8	31.6	17.0	4.8	17.6	22.2	6.9	3,268	8,756	94,130	
Part year	3.4	191	9.3	23.4	18.1	9.9	26.5	18.9	3.1	2,069	7,178	69,713	
None	3.1	202	43.9	19.8	17.4	12.7	32.0	16.1	1.9	460	162,816	1,824,326	
Maintenance Assistance Status													
Cash	3.5	228	38.1	11.4	18.8	12.9	35.0	19.5	2.4	598	52,866	596,598	
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Poverty related	3.8	242	51.9	8.9	16.9	13.1	38.0	20.7	2.4	467	54,772	605,886	
Other/unknown	2.3	149	18.0	36.3	16.9	11.0	22.9	11.0	1.9	829	71,112	785,685	

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

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

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

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

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

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

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

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

TABLE D.5  
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 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>3.1</b>	<b>\$201</b>	<b>\$64</b>	<b>1.3</b>	<b>\$159</b>	<b>\$125</b>	<b>0.1</b>	<b>\$7</b>	<b>\$83</b>	<b>1.8</b>	<b>\$35</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	3.9	366	94	1.7	282	168	0.3	21	77	1.9	63	33
6-14	4.8	704	147	1.8	634	348	0.2	9	57	2.8	62	22
15-20	2.0	223	110	0.9	185	199	0.1	4	63	1.0	34	33
21-44	2.7	269	101	1.0	215	208	0.1	13	134	1.5	41	27
45-64	4.0	302	75	1.5	232	150	0.1	13	116	2.4	56	24
65-74	3.0	172	57	1.3	137	108	0.1	5	65	1.7	30	18
75-84	2.9	155	54	1.3	125	100	0.1	4	51	1.6	27	17
85 and older	2.8	142	50	1.1	111	97	0.1	4	50	1.6	27	17
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	2.9	155	54	1.2	123	102	0.1	4	55	1.6	27	18
Disabled	3.6	284	79	1.4	222	160	0.1	12	115	2.1	49	23
Adults	2.4	197	81	0.8	136	164	0.1	15	197	1.5	45	30
Children	2.1	329	156	0.8	279	335	0.0	1	21	1.2	49	40
Unknown	3.0	213	70	0.9	157	176	0.1	6	69	2.1	50	24
<b>Gender</b>												
Female	3.4	203	60	1.4	160	116	0.1	7	73	1.9	36	19
Male	2.6	197	75	1.1	155	147	0.1	7	108	1.5	34	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	3.5	227	65	1.4	173	126	0.1	10	93	2.0	43	22
African American	3.2	205	64	1.3	167	131	0.1	5	71	1.8	33	18
Other/unknown	2.2	135	61	1.0	110	106	0.1	4	65	1.1	21	19
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	3.5	189	54	1.3	140	110	0.1	8	61	2.1	41	20
Part year	3.4	191	57	1.2	143	115	0.1	8	65	2.0	41	20
None	3.1	202	65	1.3	160	126	0.1	7	85	1.7	35	20
<b>Maintenance Assistance Status</b>												
Cash	3.5	228	65	1.4	182	133	0.1	7	81	2.1	39	19
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	3.8	242	64	1.5	188	129	0.1	9	94	2.2	45	20
Other/unknown	2.3	149	65	1.1	118	111	0.1	5	71	1.2	25	22

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

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

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

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

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

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

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

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>			
	Off-Brand- Patented Brand- Patented Brand- Off-Brand- Patented Brand															

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

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispn.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 South Carolina, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.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, SOUTH CAROLINA, 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	\$43,565,251	25,428	14.2	290,293	0.7	\$227	\$150
ANTIHYPERLIPIDEMIC	37,968,355	59,748	33.4	696,399	0.6	94	55
ANTIDIABETIC	29,342,746	63,244	35.4	730,969	0.6	65	40
ANTIHYPERTENSIVE	23,891,616	89,944	50.3	1,040,808	0.6	38	23
ANTIDEPRESSANTS	21,620,009	56,821	31.8	649,578	0.5	61	33
ANTICONVULSANT	21,275,905	32,396	18.1	371,943	0.6	91	57
ANALGESICS - Narcotic	20,896,358	92,958	52.0	1,070,948	0.3	57	20
ANTIVIRAL	16,971,637	6,609	3.7	76,073	0.5	492	223
ULCER DRUGS	15,293,933	47,153	26.4	546,231	0.5	62	28
ANTIASTHMATIC	15,253,382	40,918	22.9	470,762	0.4	82	32
Total	246,079,192	515,219		5,944,004	n.a.	n.a.	n.a.

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

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

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

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); 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, SOUTH CAROLINA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIHYPERTENSIVE			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Month	Mean \$ per Rx Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Month	Mean \$ per Rx Month
<b>All</b>	<b>3,098,131</b>	<b>\$246,079,192</b>	<b>25,428</b>	<b>14.2</b>	<b>290,293</b>	<b>0.7</b>	<b>\$150</b>	<b>59,748</b>	<b>33.4</b>	<b>696,399</b>	<b>0.6</b>	<b>\$55</b>
<b>Female</b>												
All Females	2,181,908	159,913,603	15,572	13.1	177,498	0.6	132	42,743	35.8	499,530	0.6	54
<b>Female, Disabled</b>												
All Ages	842,042	76,277,045	8,011	23.1	92,611	0.7	169	12,799	36.8	148,730	0.6	55
5 and younger	23	1,652	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	121	17,148	0	0.0	0	0.0	0	1	10.0	12	0.9	29
15-20	803	125,047	13	17.1	152	1.0	328	3	3.9	36	0.4	29
21-44	170,470	19,506,667	2,955	31.3	34,257	0.6	170	1,386	14.7	16,161	0.5	46
45-64	553,465	48,698,054	4,568	22.3	52,749	0.7	171	8,993	44.0	104,362	0.6	56
65-74	110,097	7,473,200	427	9.9	4,918	0.7	140	2,267	52.3	26,500	0.6	59
75-84	5,304	344,793	30	10.2	335	0.5	86	114	38.6	1,293	0.6	57
85 and older	1,759	110,484	18	13.6	200	0.5	78	35	26.5	366	0.7	74
<b>Female, Other Eligibles</b>												
All Ages	1,339,866	83,636,558	7,561	8.9	84,887	0.6	91	29,944	35.4	350,800	0.6	54
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	21	4,125	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	9,120	857,159	153	18.4	1,699	0.4	102	74	8.9	804	0.4	34
45-64	4,016	330,033	21	7.0	203	0.5	149	63	21.1	626	0.5	48
65-74	497,561	32,664,745	1,890	6.7	21,659	0.6	111	12,331	43.8	144,389	0.6	53
75-84	570,952	35,035,878	3,027	8.7	34,173	0.6	90	13,385	38.4	157,439	0.6	55
85 and older	258,196	14,744,618	2,470	12.1	27,153	0.5	76	4,091	20.0	47,542	0.6	55
<b>Male</b>												
All Males	916,223	86,165,589	9,856	16.6	112,795	0.7	179	17,005	28.6	196,869	0.6	55
<b>Male, Disabled</b>												
All Ages	553,465	62,742,541	7,547	26.4	87,557	0.8	203	8,089	28.3	93,498	0.6	58
5 and younger	47	3,900	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	151	13,310	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,267	148,122	30	21.9	348	0.7	180	4	2.9	41	0.6	37
21-44	167,105	23,733,955	3,530	33.4	40,994	0.8	205	1,632	15.4	18,967	0.6	52
45-64	333,621	35,143,861	3,713	24.5	43,070	0.8	205	5,401	35.6	62,375	0.6	59
65-74	48,753	3,536,275	252	10.1	2,915	0.7	158	1,004	40.1	11,580	0.6	65
75-84	2,007	138,031	15	11.7	157	0.6	84	40	31.3	448	0.6	58
85 and older	514	25,087	7	18.4	73	0.6	52	8	21.1	87	0.8	49

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, SOUTH CAROLINA, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIHYPERTENSIVE				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Mean	Mean \$ per Benefit Month	
						Number of Rx per Benefit Month				Number of Rx per Benefit Month		
Male, Other Eligibles												
All Ages	362,758	23,423,048	2,309	7.5	25,238	0.6	97	8,916	28.9	103,371	0.6	53
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	40	3,450	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	4,081	432,244	38	14.8	376	0.3	89	64	24.9	703	0.4	41
45-64	3,556	351,894	19	8.5	147	0.5	211	75	33.6	756	0.6	55
65-74	181,106	12,120,040	917	6.7	10,144	0.6	122	4,630	33.9	53,892	0.6	53
75-84	135,714	8,323,850	904	7.3	9,973	0.5	82	3,421	27.5	39,757	0.6	52
85 and older	38,261	2,191,570	431	9.9	4,598	0.5	71	726	16.7	8,263	0.6	51
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 South Carolina, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

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

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>63,244</b>	<b>35.4</b>	<b>730,969</b>	<b>0.6</b>	<b>\$40</b>	<b>89,944</b>	<b>50.3</b>	<b>1,040,808</b>	<b>0.6</b>	<b>\$23</b>	<b>56,821</b>	<b>31.8</b>	<b>649,578</b>	<b>0.5</b>	<b>\$33</b>
<b>Female</b>															
All Females	46,209	38.7	535,903	0.6	40	65,049	54.5	755,056	0.6	24	42,848	35.9	490,663	0.5	33
<b>Female, Disabled</b>															
All Ages	16,128	46.4	187,110	0.6	46	18,494	53.2	213,859	0.6	24	20,581	59.2	236,205	0.5	36
5 and younger	0	0.0	0	0.0	0	1	33.3	5	0.6	46	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	7	70.0	84	0.5	7	1	10.0	12	0.3	11
15-20	7	9.2	80	0.8	72	20	26.3	235	0.3	11	25	32.9	278	0.5	40
21-44	2,139	22.6	24,942	0.5	43	2,432	25.7	28,044	0.5	19	5,779	61.1	66,428	0.5	36
45-64	11,044	54.0	127,888	0.6	47	12,422	60.8	143,679	0.6	24	13,051	63.8	149,570	0.5	38
65-74	2,776	64.1	32,347	0.6	44	3,338	77.0	38,733	0.6	27	1,619	37.4	18,742	0.6	30
75-84	140	47.5	1,596	0.6	37	199	67.5	2,249	0.6	27	74	25.1	840	0.5	26
85 and older	22	16.7	257	0.5	25	75	56.8	830	0.6	23	32	24.2	335	0.6	20
<b>Female, Other Eligibles</b>															
All Ages	30,081	35.6	348,793	0.6	37	46,555	55.1	541,197	0.6	24	22,267	26.3	254,458	0.6	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	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	0.3	25	0	0.0	0	0.0	0
21-44	129	15.5	1,379	0.4	45	122	14.7	1,272	0.4	18	451	54.2	4,724	0.4	33
45-64	81	27.1	759	0.5	32	120	40.1	1,214	0.5	21	162	54.2	1,604	0.5	40
65-74	12,714	45.2	148,085	0.6	41	16,462	58.5	192,047	0.6	25	7,718	27.4	89,143	0.5	30
75-84	12,681	36.4	147,684	0.6	36	20,044	57.6	234,285	0.6	25	8,820	25.3	101,601	0.6	31
85 and older	4,476	21.9	50,886	0.6	30	9,806	47.9	112,367	0.6	23	5,116	25.0	57,386	0.6	30
<b>Male</b>															
All Males	17,035	28.6	195,066	0.6	40	24,895	41.9	285,752	0.6	20	13,973	23.5	158,915	0.5	34
<b>Male, Disabled</b>															
All Ages	8,234	28.8	94,231	0.6	45	12,105	42.4	138,645	0.6	21	9,288	32.5	106,675	0.5	36
5 and younger	0	0.0	0	0.0	0	1	16.7	12	1.3	29	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	10	83.3	120	0.6	19	1	8.3	12	0.1	11
15-20	6	4.4	64	0.8	34	31	22.6	339	0.5	10	26	19.0	308	0.5	26
21-44	1,560	14.8	17,859	0.6	45	2,597	24.6	29,540	0.6	19	3,570	33.8	41,002	0.5	37
45-64	5,635	37.1	64,508	0.6	45	7,887	52.0	90,583	0.6	21	5,139	33.9	59,014	0.6	36
65-74	982	39.2	11,232	0.7	44	1,476	58.9	16,928	0.6	22	522	20.8	6,003	0.6	27
75-84	45	35.2	496	0.6	47	85	66.4	924	0.6	23	24	18.8	264	0.5	23
85 and older	6	15.8	72	0.9	55	18	47.4	199	0.6	19	6	15.8	72	0.3	15

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, SOUTH CAROLINA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>															
All Ages	8,801	28.5	100,835	0.6	36	12,790	41.4	147,107	0.6	19	4,685	15.2	52,240	0.5	29
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	2	66.7	24	0.6	15	1	33.3	9	0.6	47
21-44	76	29.6	822	0.4	32	79	30.7	866	0.5	21	134	52.1	1,386	0.4	31
45-64	93	41.7	909	0.5	46	94	42.2	899	0.6	25	100	44.8	960	0.4	32
65-74	4,605	33.7	53,031	0.6	38	6,165	45.2	71,184	0.6	20	2,042	15.0	23,186	0.5	30
75-84	3,291	26.5	37,941	0.6	34	4,952	39.8	57,190	0.6	19	1,710	13.8	19,063	0.5	29
85 and older	736	17.0	8,132	0.6	31	1,498	34.5	16,944	0.6	16	698	16.1	7,636	0.5	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 South Carolina, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

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

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ANTIVIRAL				
	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>32,396</b>	<b>18.1</b>	<b>371,943</b>	<b>0.6</b>	<b>\$57</b>	<b>92,958</b>	<b>52.0</b>	<b>1,070,948</b>	<b>0.3</b>	<b>\$20</b>	<b>6,609</b>	<b>3.7</b>	<b>76,073</b>	<b>0.5</b>	<b>\$223</b>
<b>Female</b>															
All Females	21,387	17.9	245,854	0.6	53	66,487	55.7	768,980	0.3	17	3,522	3.0	40,791	0.3	138
<b>Female, Disabled</b>															
All Ages	11,171	32.2	128,482	0.6	69	29,916	86.1	346,119	0.3	23	2,128	6.1	24,684	0.4	206
5 and younger	1	33.3	5	0.6	9	1	33.3	12	0.3	3	1	33.3	12	0.3	12
6-14	2	20.0	24	0.4	26	5	50.0	60	0.1	1	5	50.0	60	0.2	236
15-20	14	18.4	157	0.7	73	33	43.4	350	0.3	49	4	5.3	48	0.4	334
21-44	3,653	38.6	42,035	0.7	83	8,001	84.6	92,449	0.3	22	842	8.9	9,833	0.4	220
45-64	6,670	32.6	76,680	0.6	65	18,499	90.5	213,880	0.4	25	1,146	5.6	13,245	0.4	208
65-74	777	17.9	8,980	0.6	45	3,163	73.0	36,924	0.3	12	119	2.7	1,354	0.3	103
75-84	44	14.9	481	0.6	30	149	50.5	1,693	0.3	20	8	2.7	96	0.1	12
85 and older	10	7.6	120	0.6	41	65	49.2	751	0.3	14	3	2.3	36	0.1	6
<b>Female, Other Eligibles</b>															
All Ages	10,216	12.1	117,372	0.5	35	36,571	43.3	422,861	0.3	13	1,394	1.6	16,107	0.2	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	12.5	7	0.4	95	4	50.0	33	0.3	5	1	12.5	12	0.2	247
21-44	227	27.3	2,416	0.5	59	669	80.4	7,218	0.3	24	38	4.6	412	0.3	82
45-64	68	22.7	674	0.5	63	224	74.9	2,278	0.4	32	4	1.3	39	0.2	29
65-74	3,674	13.1	42,538	0.5	39	13,175	46.9	153,515	0.3	13	477	1.7	5,564	0.2	66
75-84	4,225	12.1	48,937	0.5	32	14,946	42.9	174,161	0.3	11	539	1.5	6,277	0.1	17
85 and older	2,021	9.9	22,800	0.6	30	7,553	36.9	85,656	0.3	12	335	1.6	3,803	0.1	12
<b>Male</b>															
All Males	11,009	18.5	126,089	0.7	66	26,471	44.5	301,968	0.4	26	3,087	5.2	35,282	0.6	321
<b>Male, Disabled</b>															
All Ages	7,978	27.9	91,989	0.7	77	17,099	59.8	195,829	0.4	31	2,675	9.4	30,657	0.7	353
5 and younger	0	0.0	0	0.0	0	3	50.0	32	0.3	29	2	33.3	24	0.3	58
6-14	2	16.7	24	0.8	77	5	41.7	60	0.2	3	3	25.0	36	0.4	189
15-20	32	23.4	362	0.8	128	59	43.1	688	0.2	5	1	0.7	12	0.1	99
21-44	3,177	30.0	36,572	0.8	90	5,683	53.7	65,142	0.4	32	1,242	11.7	14,194	0.6	358
45-64	4,302	28.4	49,717	0.7	71	9,868	65.0	112,929	0.4	33	1,362	9.0	15,663	0.7	354
65-74	438	17.5	5,026	0.7	48	1,414	56.4	16,276	0.3	15	60	2.4	668	0.5	280
75-84	19	14.8	201	0.6	34	51	39.8	540	0.3	8	5	3.9	60	0.5	213
85 and older	8	21.1	87	0.6	18	16	42.1	162	0.3	17	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, SOUTH CAROLINA, 2005

Beneficiary Characteristics	ANTICONVULSANT						ANALGESICS - Narcotic				ANTIVIRAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per 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 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 Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>															
All Ages	3,031	9.8	34,100	0.6	35	9,372	30.3	106,139	0.3	16	412	1.3	4,625	0.3	112
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	1	33.3	9	0.3	4	3	100.0	33	0.2	1	1	33.3	12	0.1	156
21-44	77	30.0	824	0.4	44	277	107.8	2,924	0.5	66	7	2.7	69	0.6	369
45-64	50	22.4	477	0.5	56	175	78.5	1,806	0.5	46	9	4.0	94	0.5	430
65-74	1,457	10.7	16,528	0.6	39	4,606	33.8	52,643	0.3	17	219	1.6	2,440	0.3	133
75-84	1,103	8.9	12,528	0.6	30	3,208	25.8	36,615	0.3	13	127	1.0	1,456	0.2	82
85 and older	343	7.9	3,734	0.5	28	1,103	25.4	12,118	0.3	9	49	1.1	554	0.1	9
<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 South Carolina, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

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

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	ULCER DRUGS					ANTIASTHMATIC					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>47,153</b>	<b>26.4</b>	<b>546,231</b>	<b>0.5</b>	<b>\$28</b>	<b>40,918</b>	<b>22.9</b>	<b>470,762</b>	<b>0.4</b>	<b>\$32</b>	<b>178,750</b>	<b>1,988,169</b>
<b>Female</b>												
All Females	34,302	28.8	398,125	0.4	28	28,718	24.1	331,347	0.4	32	119,282	1,332,914
<b>Female, Disabled</b>												
All Ages	13,174	37.9	153,138	0.4	28	12,276	35.3	141,770	0.4	30	34,746	389,250
5 and younger	3	100.0	29	0.2	25	2	66.7	24	0.1	20	3	22
6-14	6	60.0	68	0.5	16	2	20.0	24	0.1	4	10	116
15-20	22	28.9	254	0.4	38	8	10.5	87	0.2	6	76	807
21-44	2,694	28.5	31,340	0.4	24	2,423	25.6	27,901	0.3	22	9,453	105,852
45-64	8,537	41.8	99,251	0.4	29	8,120	39.7	93,859	0.4	31	20,444	229,120
65-74	1,764	40.7	20,554	0.4	28	1,642	37.9	18,995	0.4	36	4,333	48,686
75-84	99	33.6	1,104	0.5	29	66	22.4	737	0.3	25	295	3,196
85 and older	49	37.1	538	0.4	27	13	9.8	143	0.3	37	132	1,451
<b>Female, Other Eligibles</b>												
All Ages	21,128	25.0	244,987	0.5	29	16,442	19.4	189,577	0.4	33	84,536	943,664
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	2	25.0	24	0.2	2	0	0.0	0	0.0	0	8	63
21-44	159	19.1	1,725	0.3	21	163	19.6	1,770	0.3	17	832	8,270
45-64	78	26.1	855	0.4	24	63	21.1	639	0.4	32	299	2,728
65-74	7,241	25.7	84,679	0.4	29	6,650	23.6	77,201	0.4	35	28,121	314,834
75-84	8,744	25.1	101,939	0.5	30	6,587	18.9	76,377	0.4	33	34,822	394,205
85 and older	4,904	24.0	55,765	0.5	26	2,979	14.6	33,590	0.4	29	20,454	223,564
<b>Male</b>												
All Males	12,851	21.6	148,106	0.5	27	12,200	20.5	139,415	0.4	34	59,468	655,255
<b>Male, Disabled</b>												
All Ages	7,340	25.7	85,216	0.5	28	6,039	21.1	69,468	0.4	33	28,571	316,763
5 and younger	3	50.0	36	0.4	32	1	16.7	12	0.1	8	6	62
6-14	2	16.7	24	1.0	66	3	25.0	36	0.1	13	12	144
15-20	29	21.2	332	0.4	44	20	14.6	236	0.3	22	137	1,502
21-44	2,075	19.6	24,089	0.4	27	1,370	13.0	15,878	0.3	25	10,574	117,525
45-64	4,429	29.2	51,428	0.5	28	3,782	24.9	43,302	0.4	34	15,170	168,098
65-74	754	30.1	8,779	0.5	29	823	32.8	9,552	0.5	40	2,506	27,699
75-84	36	28.1	394	0.4	21	36	28.1	411	0.4	39	128	1,334
85 and older	12	31.6	134	0.5	17	4	10.5	41	0.6	41	38	399

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, SOUTH CAROLINA, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIASTHMATIC					Number of Beneficiaries	Number of Benefit Months
	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	5,511	17.8	62,890	0.5	27	6,161	19.9	69,947	0.4	36	30,897	338,492
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	2	66.7	21	0.4	22	1	33.3	9	0.3	27	3	33
21-44	61	23.7	675	0.4	25	45	17.5	508	0.3	22	257	2,497
45-64	47	21.1	499	0.4	27	66	29.6	658	0.4	30	223	1,859
65-74	2,512	18.4	28,920	0.5	27	2,994	21.9	34,257	0.4	38	13,647	149,982
75-84	2,111	17.0	24,170	0.5	27	2,308	18.6	26,286	0.4	33	12,429	138,046
85 and older	778	17.9	8,605	0.5	25	747	17.2	8,229	0.4	33	4,338	46,075
<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 South Carolina, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

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

Dual Eligible Beneficiaries

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 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>\$189</b>	<b>3.5</b>	<b>8,756</b>	<b>94,130</b>
<b>Age</b>				
0-64	243	3.6	719	8,191
65-74	240	4.1	1,222	13,397
75-84	203	3.8	2,863	30,807
85 and older	152	3.1	3,952	41,735
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	184	3.5	6,623	71,545
Male	206	3.6	2,133	22,585
Unknown	0	0.0	0	0
<b>Race</b>				
White	185	3.5	5,663	59,722
African American	194	3.5	2,753	30,827
Other/unknown	218	3.6	340	3,581
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	183	3.5	7,865	83,926
Disabled	244	3.7	891	10,204
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 South Carolina, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 7,178 beneficiaries who were in nursing facilities for part of their enrollment and their 69,713 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, SOUTH CAROLINA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$20	\$10	\$5	\$4	\$62	\$110	\$121	\$24	12,941	\$804,327	3,662	41.8	40,740
Biologicals	0.1	0.1	0.0	0.0	1	1	0	0	13	13	0	21	140	1,874	137	1.6	1,616
Antineoplastic Agents	0.4	0.1	0.0	0.4	82	38	0	44	185	602	41	118	1,584	293,384	331	3.8	3,590
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	48	37	5	6	50	94	47	13	28,596	1,416,191	2,669	30.5	29,704
Cardiovascular Agents	1.7	0.5	0.0	1.2	50	35	0	15	29	71	14	12	84,488	2,439,857	4,385	50.1	48,583
Respiratory Agents	0.5	0.3	0.0	0.2	32	28	0	4	64	103	41	17	12,229	784,238	2,206	25.2	24,610
Gastrointestinal Agents	0.8	0.1	0.0	0.7	31	21	1	9	37	152	29	13	25,004	916,221	2,633	30.1	29,486
Genitourinary Agents	0.6	0.3	0.0	0.2	35	26	1	8	64	80	91	37	7,244	463,289	1,178	13.5	13,143
CNS Drugs	1.2	0.7	0.0	0.6	91	78	0	13	74	118	44	22	54,557	4,014,069	3,967	45.3	43,985
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.0	0.4	22	16	0	6	38	107	0	14	168	6,324	26	0.3	287
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	121	121	0	0	143	144	0	24	12,708	1,820,867	1,357	15.5	15,043
Analgesics and Anesthetics	0.7	0.1	0.0	0.5	40	16	6	18	56	109	165	34	21,195	1,194,687	2,683	30.6	29,603
Neuromuscular Agents	1.0	0.3	0.0	0.7	59	30	2	27	61	113	63	40	19,963	1,215,149	1,840	21.0	20,738
Nutritional Products	0.6	0.0	0.0	0.6	8	0	0	8	13	21	22	13	12,477	165,276	1,766	20.2	19,736
Hematological Agents	0.9	0.3	0.1	0.6	67	60	1	6	71	190	14	11	19,168	1,363,551	1,832	20.9	20,296
Topical Products	0.5	0.2	0.0	0.3	23	15	1	7	49	78	41	27	15,530	758,607	2,900	33.1	32,772
Miscellaneous Products	0.3	0.1	0.0	0.2	25	17	0	8	89	149	0	49	809	72,182	262	3.0	2,895
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	12	0	0	0	29	0	0	0	2,771	80,098	599	6.8	6,772
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.	331,572	17,810,191	n.a.	n.a.	n.a.

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

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 7,178 beneficiaries who were in nursing facilities for part of their enrollment and their 69,713 benefit months were excluded from the analysis.

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

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

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

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

In South Carolina, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

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, SOUTH CAROLINA, 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	\$2,303,743	2,019	23.1	22,469	0.7	\$149	\$103
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,820,867	1,674	19.1	18,536	0.7	143	98
ANTIDEPRESSANTS	1,498,906	3,464	39.6	38,599	0.7	55	39
ANTIDIABETIC	1,066,181	2,354	26.9	26,371	0.8	51	40
ANTICONVULSANT	927,401	1,714	19.6	19,420	0.7	64	48
ANALGESICS - Narcotic	716,357	2,573	29.4	28,163	0.5	53	25
MISC. HEMATOLOGICAL	691,513	789	9.0	8,734	0.7	108	79
ANTIHYPERTENSIVE	680,290	2,816	32.2	31,591	0.7	31	22
ANTIHYPERLIPIDEMIC	656,698	1,077	12.3	12,092	0.7	80	54
ANTIASTHMATIC	639,796	1,750	20.0	19,503	0.4	82	33
Total	11,001,752	20,230		225,478	n.a.	n.a.	n.a.

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

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 7,178 beneficiaries who were in nursing facilities for part of their enrollment and their 69,713 benefit months were excluded from the analysis.

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

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

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

Bene Mo(s) = benefit month(s); 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, SOUTH CAROLINA, 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>148,878</b>	<b>\$11,001,752</b>	<b>2,019</b>	<b>23.1</b>	<b>22,469</b>	<b>0.7</b>	<b>\$103</b>	<b>1,674</b>	<b>19.1</b>	<b>18,536</b>	<b>0.7</b>	<b>\$98</b>
<b>Female</b>												
All Females	110,818	8,182,676	1,481	22.4	16,596	0.7	101	1,306	19.7	14,617	0.7	100
<b>Female, Disabled</b>												
All Ages	9,100	779,661	94	22.1	1,084	0.7	107	45	10.6	511	0.6	277
64 or younger	6,966	625,391	73	21.7	832	0.7	121	28	8.3	307	0.6	404
65-74	1,677	117,613	14	21.2	168	0.6	68	8	12.1	96	0.6	77
75-84	291	25,666	4	30.8	48	0.5	71	5	38.5	60	1.1	149
85 and older	166	10,991	3	30.0	36	0.4	37	4	40.0	48	0.3	21
<b>Female, Other Eligibles</b>												
All Ages	101,718	7,403,015	1,387	22.4	15,512	0.7	101	1,261	20.3	14,106	0.7	93
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	14,537	1,082,098	185	29.6	2,072	0.7	109	100	16.0	1,109	0.7	110
75-84	41,757	3,092,720	533	24.9	5,979	0.7	109	531	24.8	6,002	0.7	90
85 and older	45,424	3,228,197	669	19.5	7,461	0.7	92	630	18.4	6,995	0.7	94
<b>Male</b>												
All Males	38,060	2,819,076	538	25.2	5,873	0.7	106	368	17.3	3,919	0.7	92
<b>Male, Disabled</b>												
All Ages	9,211	769,331	120	25.8	1,402	0.8	129	37	8.0	392	0.6	123
64 or younger	7,237	624,702	101	26.4	1,194	0.8	132	28	7.3	305	0.6	125
65-74	1,713	124,234	13	18.1	142	0.8	122	4	5.6	39	0.9	127
75-84	192	16,192	5	62.5	54	0.8	93	5	62.5	48	0.7	104
85 and older	69	4,203	1	33.3	12	1.0	109	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	28,849	2,049,745	418	25.1	4,471	0.7	99	331	19.8	3,527	0.7	89
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	9,480	671,748	119	26.0	1,265	0.6	105	66	14.4	703	0.7	87
75-84	12,314	866,337	174	24.9	1,912	0.7	101	151	21.6	1,648	0.7	89
85 and older	7,055	511,660	125	24.4	1,294	0.6	91	114	22.3	1,176	0.7	90
<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 South Carolina, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 7,178 beneficiaries who were in nursing facilities for part of their enrollment and their 69,713 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, SOUTH CAROLINA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIDIABETIC					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	3,464	39.6	38,599	0.7	\$39	2,354	26.9	26,371	0.8	\$40	1,714	19.6	19,420	0.7	\$48
Female															
All Females	2,657	40.1	29,758	0.7	38	1,756	26.5	19,808	0.8	41	1,193	18.0	13,619	0.7	44
Female, Disabled															
All Ages	186	43.7	2,157	0.8	41	175	41.1	2,022	0.9	49	166	39.0	1,937	0.8	68
64 or younger	147	43.6	1,689	0.7	39	129	38.3	1,477	0.9	50	136	40.4	1,577	0.9	71
65-74	29	43.9	348	0.8	47	43	65.2	516	0.8	49	27	40.9	324	0.7	46
75-84	6	46.2	72	1.0	62	3	23.1	29	0.7	30	2	15.4	24	1.2	150
85 and older	4	40.0	48	0.9	18	0	0.0	0	0.0	0	1	10.0	12	0.4	8
Female, Other Eligibles															
All Ages	2,471	39.9	27,601	0.7	38	1,581	25.5	17,786	0.8	40	1,027	16.6	11,682	0.7	40
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	301	48.1	3,387	0.7	43	283	45.2	3,150	0.9	45	178	28.4	2,047	0.8	50
75-84	943	44.0	10,628	0.7	40	699	32.6	7,941	0.8	43	425	19.8	4,883	0.7	38
85 and older	1,227	35.8	13,586	0.7	36	599	17.5	6,695	0.7	34	424	12.4	4,752	0.7	38
Male															
All Males	807	37.8	8,841	0.7	40	598	28.0	6,563	0.8	39	521	24.4	5,801	0.8	57
Male, Disabled															
All Ages	169	36.3	1,978	0.7	44	115	24.7	1,353	0.9	51	179	38.5	2,078	0.9	73
64 or younger	140	36.6	1,645	0.7	43	88	23.0	1,036	0.9	50	151	39.5	1,754	0.8	73
65-74	27	37.5	315	0.7	49	24	33.3	281	1.0	49	26	36.1	300	1.0	79
75-84	2	25.0	18	0.7	42	2	25.0	24	1.1	107	1	12.5	12	0.5	27
85 and older	0	0.0	0	0.0	0	1	33.3	12	0.9	61	1	33.3	12	1.2	47
Male, Other Eligibles															
All Ages	638	38.2	6,863	0.7	39	483	29.0	5,210	0.8	36	342	20.5	3,723	0.8	48
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	195	42.6	2,129	0.7	41	150	32.8	1,700	0.8	42	150	32.8	1,672	0.8	51
75-84	269	38.5	2,867	0.7	39	231	33.1	2,501	0.8	34	125	17.9	1,365	0.8	49
85 and older	174	34.0	1,867	0.6	37	102	19.9	1,009	0.7	32	67	13.1	686	0.7	41
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 South Carolina, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 7,178 beneficiaries who were in nursing facilities for part of their enrollment and their 69,713 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, SOUTH CAROLINA, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC. HEMATOLOGICAL					ANTIHYPERTENSIVE				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>2,573</b>	<b>29.4</b>	<b>28,163</b>	<b>0.5</b>	<b>\$25</b>	<b>789</b>	<b>9.0</b>	<b>8,734</b>	<b>0.7</b>	<b>\$79</b>	<b>2,816</b>	<b>32.2</b>	<b>31,591</b>	<b>0.7</b>	<b>\$22</b>
<b>Female</b>															
All Females	1,988	30.0	21,913	0.5	26	551	8.3	6,150	0.7	81	2,055	31.0	23,052	0.7	22
<b>Female, Disabled</b>															
All Ages	140	32.9	1,649	0.5	31	26	6.1	289	0.8	94	116	27.2	1,314	0.7	28
64 or younger	107	31.8	1,253	0.5	31	17	5.0	181	0.8	94	81	24.0	901	0.8	28
65-74	26	39.4	312	0.4	30	7	10.6	84	0.9	102	26	39.4	312	0.7	27
75-84	3	23.1	36	0.6	3	0	0.0	0	0.0	0	3	23.1	29	0.8	31
85 and older	4	40.0	48	0.7	65	2	20.0	24	0.5	72	6	60.0	72	0.6	38
<b>Female, Other Eligibles</b>															
All Ages	1,848	29.8	20,264	0.5	26	525	8.5	5,861	0.7	80	1,939	31.3	21,738	0.7	22
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	221	35.3	2,432	0.5	30	57	9.1	632	0.7	80	254	40.6	2,879	0.7	25
75-84	689	32.1	7,699	0.5	29	195	9.1	2,198	0.7	79	727	33.9	8,282	0.7	23
85 and older	938	27.4	10,133	0.5	22	273	8.0	3,031	0.7	81	958	28.0	10,577	0.7	21
<b>Male</b>															
All Males	585	27.4	6,250	0.5	23	238	11.2	2,584	0.7	75	761	35.7	8,539	0.7	19
<b>Male, Disabled</b>															
All Ages	124	26.7	1,442	0.5	40	47	10.1	535	0.7	79	148	31.8	1,731	0.7	23
64 or younger	95	24.9	1,106	0.5	44	35	9.2	403	0.7	75	113	29.6	1,329	0.6	21
65-74	23	31.9	276	0.6	32	12	16.7	132	0.8	89	31	43.1	354	0.8	28
75-84	3	37.5	24	0.6	13	0	0.0	0	0.0	0	2	25.0	24	1.0	10
85 and older	3	100.0	36	0.2	6	0	0.0	0	0.0	0	2	66.7	24	1.1	58
<b>Male, Other Eligibles</b>															
All Ages	461	27.6	4,808	0.4	18	191	11.5	2,049	0.7	74	613	36.8	6,808	0.7	18
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	142	31.0	1,529	0.4	23	63	13.8	735	0.7	69	178	38.9	1,993	0.7	20
75-84	192	27.5	2,063	0.5	18	69	9.9	726	0.7	73	283	40.5	3,184	0.7	19
85 and older	127	24.8	1,216	0.4	12	59	11.5	588	0.8	81	152	29.7	1,631	0.7	16
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 7,178 beneficiaries who were in nursing facilities for part of their enrollment and their 69,713 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	ANTIHYPERTENSIVE						ANTI-ASTHMATIC					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>1,077</b>	<b>12.3</b>	<b>12,092</b>	<b>0.7</b>	<b>\$54</b>	<b>1,750</b>	<b>20.0</b>	<b>19,503</b>	<b>0.4</b>	<b>\$33</b>	<b>8,756</b>	<b>94,130</b>
<b>Female</b>												
All Females	751	11.3	8,466	0.7	54	1,257	19.0	14,159	0.4	32	6,623	71,545
<b>Female, Disabled</b>												
All Ages	79	18.5	906	0.7	63	68	16.0	792	0.4	38	426	4,832
64 or younger	64	19.0	733	0.7	60	49	14.5	564	0.5	42	337	3,782
65-74	14	21.2	168	0.8	77	13	19.7	156	0.4	21	66	781
75-84	1	7.7	5	1.0	114	5	38.5	60	0.6	48	13	149
85 and older	0	0.0	0	0.0	0	1	10.0	12	0.2	10	10	120
<b>Female, Other Eligibles</b>												
All Ages	672	10.8	7,560	0.7	53	1,189	19.2	13,367	0.4	32	6,197	66,713
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	123	19.6	1,376	0.7	56	147	23.5	1,661	0.4	44	626	6,865
75-84	322	15.0	3,677	0.7	54	451	21.0	5,106	0.4	35	2,144	23,374
85 and older	227	6.6	2,507	0.7	50	591	17.2	6,600	0.3	26	3,427	36,474
<b>Male</b>												
All Males	326	15.3	3,626	0.7	55	493	23.1	5,344	0.5	35	2,133	22,585
<b>Male, Disabled</b>												
All Ages	79	17.0	904	0.6	50	103	22.2	1,186	0.5	40	465	5,372
64 or younger	66	17.3	751	0.6	46	83	21.7	952	0.5	40	382	4,409
65-74	11	15.3	129	0.8	73	17	23.6	204	0.5	44	72	837
75-84	2	25.0	24	0.8	57	3	37.5	30	0.4	21	8	90
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
<b>Male, Other Eligibles</b>												
All Ages	247	14.8	2,722	0.7	56	390	23.4	4,158	0.4	34	1,668	17,213
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	83	18.1	960	0.7	57	121	26.4	1,359	0.5	40	458	4,914
75-84	107	15.3	1,176	0.7	56	158	22.6	1,692	0.4	27	698	7,194
85 and older	57	11.1	586	0.7	56	111	21.7	1,107	0.4	35	512	5,105
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 7,178 beneficiaries who were in nursing facilities for part of their enrollment and their 69,713 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>  
SOUTH CAROLINA, 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>74,805</b>	<b>41.8</b>	<b>2.9</b>	<b>526,852</b>	<b>\$45</b>	<b>\$7,992,049</b>	<b>\$15</b>	<b>2.0</b>	<b>178,750</b>
<b>Age</b>									
5 and younger	6	66.7	4.9	44	227	2,041	46	6.6	9
6-14	12	54.5	5.5	120	91	2,004	17	1.1	22
15-20	85	37.9	2.5	549	50	11,165	20	2.1	224
21-44	9,673	45.8	3.2	67,111	60	1,258,737	19	2.0	21,116
45-64	19,986	55.3	4.4	157,521	72	2,599,995	17	2.1	36,136
65-74	18,439	37.9	2.6	125,146	40	1,955,739	16	2.1	48,607
75-84	17,272	36.2	2.4	114,854	30	1,421,957	12	1.7	47,674
85 and older	9,332	37.4	2.5	61,507	30	740,411	12	1.9	24,962
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	41,214	36.2	2.4	273,580	33	3,755,081	14	1.9	113,775
Disabled	32,945	52.0	3.9	249,487	65	4,146,278	17	2.1	63,317
Adults	632	38.7	2.3	3,711	54	88,749	24	2.9	1,634
Children	4	50.0	4.5	36	186	1,485	41	5.8	8
Unknown	10	62.5	2.4	38	29	456	12	1.7	16
<b>Gender</b>									
Female	54,213	45.4	3.2	386,029	47	5,653,595	15	2.1	119,282
Male	20,592	34.6	2.4	140,823	39	2,338,454	17	1.8	59,468
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	36,898	45.4	3.6	293,399	56	4,536,306	15	2.2	81,230
African American	28,221	44.1	2.7	172,874	42	2,689,440	16	1.8	64,022
Other/unknown	9,686	28.9	1.8	60,579	23	766,303	13	1.5	33,498
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	2,915	33.3	2.7	23,665	35	302,948	13	1.7	8,756
Part year	3,181	44.3	2.6	18,721	34	246,025	13	1.8	7,178
None	68,709	42.2	3.0	484,466	46	7,443,076	15	2.0	162,816
<b>Maintenance Assistance Status</b>									
Cash	26,640	50.4	3.7	196,151	50	2,648,065	14	1.9	52,866
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	28,586	52.2	3.6	199,606	58	3,149,548	16	2.1	54,772
Other/unknown	19,579	27.5	1.8	131,095	31	2,194,436	17	1.9	71,112

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

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

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

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

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

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

TABLE D.12  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
SOUTH CAROLINA, 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>0.3</b>	<b>\$4</b>	<b>\$15</b>	<b>\$0</b>	<b>\$1</b>	<b>1,988,169</b>
<b>Age</b>						
5 and younger	0.5	24	46	0	0	84
6-14	0.5	8	17	0	0	260
15-20	0.2	5	20	0	1	2,405
21-44	0.3	5	19	0	3	234,144
45-64	0.4	6	17	0	2	401,805
65-74	0.2	4	16	0	1	541,201
75-84	0.2	3	12	0	1	536,781
85 and older	0.2	3	12	0	1	271,489
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.2	3	14	0	1	1,266,370
Disabled	0.4	6	17	0	2	706,013
Adults	0.2	6	24	0	2	15,579
Children	0.5	19	41	0	1	78
Unknown	0.3	4	12	0	1	129
<b>Gender</b>						
Female	0.3	4	15	0	2	1,332,914
Male	0.2	4	17	0	1	655,255
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.3	5	15	0	2	890,597
African American	0.2	4	16	0	1	713,208
Other/unknown	0.2	2	13	0	1	384,364
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.3	3	13	0	1	94,130
Part year	0.3	4	13	0	1	69,713
None	0.3	4	15	0	1	1,824,326
<b>Maintenance Assistance Status</b>						
Cash	0.3	4	14	0	2	596,598
Medically needy	0.0	0	0	0	0	0
Poverty related	0.3	5	16	0	2	605,886
Other/unknown	0.2	3	17	0	1	785,685

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

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

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

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

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

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

TABLE D.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
SOUTH CAROLINA, 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	
<b>All</b>	<b>105,796</b>	<b>\$76</b>	<b>\$7,992,049</b>	<b>100.0</b>	<b>526,852</b>	<b>\$15</b>	<b>100.0</b>	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	
Drugs for cosmetic purposes	36	14	511	0.0	64	8	0.0	
Cough and cold medications	21,935	48	1,058,719	13.2	44,226	24	8.4	
Vitamins and minerals	27,221	73	1,997,709	25.0	160,122	12	30.4	
Non-prescription drugs	18,035	42	749,645	9.4	74,605	10	14.2	
Barbiturates	1,298	58	75,515	0.9	12,036	6	2.3	
Benzodiazepines	33,754	85	2,854,385	35.7	224,509	13	42.6	
Other Part D Excl Rx Drugs	3,517	357	1,255,565	15.7	11,290	111	2.1	

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

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

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

b. Includes OTC drugs as well as prescription drugs.

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

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

Dual Eligible Beneficiaries

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

Total Number of Dual Eligible Beneficiaries: 178,750  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$399,682,084  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$2,236

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	36,737	20.6	\$0	0.0
1-500	28,993	16.2	6,145,372	1.5
501-1,000	19,015	10.6	14,146,642	3.5
1,001-1,500	15,865	8.9	19,724,424	4.9
1,501-2,000	13,365	7.5	23,311,855	5.8
2,001-2,500	11,205	6.3	25,153,565	6.3
2,501-3,000	9,309	5.2	25,541,399	6.4
3,001-3,500	7,603	4.3	24,654,336	6.2
3,501-4,000	6,154	3.4	23,018,889	5.8
4,001-4,500	4,984	2.8	21,123,250	5.3
4,501-5,000	4,106	2.3	19,448,503	4.9
5,001-5,500	3,267	1.8	17,119,621	4.3
5,501-6,000	2,678	1.5	15,369,612	3.8
6,001-6,500	2,242	1.3	13,985,113	3.5
6,501-7,000	1,815	1.0	12,234,967	3.1
7,001-7,500	1,484	0.8	10,742,821	2.7
7,501-8,000	1,191	0.7	9,218,888	2.3
8,001-8,500	1,074	0.6	8,848,957	2.2
8,501-9,000	857	0.5	7,493,289	1.9
9,001-9,500	721	0.4	6,665,601	1.7
9,501-10,000	585	0.3	5,697,199	1.4
10,001+	5,500	3.1	90,037,781	22.5

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

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

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

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

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 55,885  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$181,795,935  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$3,253

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	6,460	11.6	0	0.0
1-500	10,551	18.9	2,046,458	1.1
501-1,000	5,655	10.1	4,193,025	2.3
1,001-1,500	4,411	7.9	5,485,521	3.0
1,501-2,000	3,737	6.7	6,513,968	3.6
2,001-2,500	3,232	5.8	7,263,369	4.0
2,501-3,000	2,670	4.8	7,329,016	4.0
3,001-3,500	2,302	4.1	7,477,150	4.1
3,501-4,000	2,051	3.7	7,675,931	4.2
4,001-4,500	1,758	3.1	7,454,190	4.1
4,501-5,000	1,449	2.6	6,866,042	3.8
5,001-5,500	1,308	2.3	6,857,371	3.8
5,501-6,000	1,146	2.1	6,584,212	3.6
6,001-6,500	971	1.7	6,061,427	3.3
6,501-7,000	874	1.6	5,895,773	3.2
7,001-7,500	752	1.3	5,448,251	3.0
7,501-8,000	622	1.1	4,818,252	2.7
8,001-8,500	601	1.1	4,954,594	2.7
8,501-9,000	471	0.8	4,119,496	2.3
9,001-9,500	437	0.8	4,045,550	2.2
9,501-10,000	355	0.6	3,459,583	1.9
10,001+	4,072	7.3	67,246,756	37.0

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

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

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

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

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

Total Number of Dual Eligible Beneficiaries, Age 65+: 121,243  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$214,817,042  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$1,771

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	29,852	24.6	0	0.0
1-500	18,025	14.9	4,024,452	1.9
501-1,000	13,194	10.9	9,835,007	4.6
1,001-1,500	11,347	9.4	14,105,772	6.6
1,501-2,000	9,541	7.9	16,645,430	7.7
2,001-2,500	7,910	6.5	17,746,663	8.3
2,501-3,000	6,586	5.4	18,066,546	8.4
3,001-3,500	5,258	4.3	17,038,788	7.9
3,501-4,000	4,069	3.4	15,215,874	7.1
4,001-4,500	3,199	2.6	13,555,129	6.3
4,501-5,000	2,629	2.2	12,448,743	5.8
5,001-5,500	1,938	1.6	10,152,402	4.7
5,501-6,000	1,515	1.2	8,687,748	4.0
6,001-6,500	1,256	1.0	7,829,815	3.6
6,501-7,000	923	0.8	6,217,643	2.9
7,001-7,500	726	0.6	5,251,226	2.4
7,501-8,000	555	0.5	4,293,539	2.0
8,001-8,500	466	0.4	3,836,655	1.8
8,501-9,000	378	0.3	3,304,432	1.5
9,001-9,500	280	0.2	2,582,834	1.2
9,501-10,000	225	0.2	2,189,288	1.0
10,001+	1,371	1.1	21,789,056	10.1

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

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

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

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

Total Number of Dual Eligible Beneficiaries, Age 65-74: 48,607  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$92,928,687  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$1,911

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	11,903	24.5		0	0.0
1-500	7,009	14.4		1,522,400	1.6
501-1,000	5,025	10.3		3,760,511	4.0
1,001-1,500	4,372	9.0		5,443,965	5.9
1,501-2,000	3,831	7.9		6,693,635	7.2
2,001-2,500	3,049	6.3		6,840,201	7.4
2,501-3,000	2,604	5.4		7,141,112	7.7
3,001-3,500	2,140	4.4		6,927,600	7.5
3,501-4,000	1,653	3.4		6,184,299	6.7
4,001-4,500	1,337	2.8		5,664,795	6.1
4,501-5,000	1,139	2.3		5,394,065	5.8
5,001-5,500	859	1.8		4,502,992	4.8
5,501-6,000	684	1.4		3,923,744	4.2
6,001-6,500	539	1.1		3,360,303	3.6
6,501-7,000	444	0.9		2,991,060	3.2
7,001-7,500	344	0.7		2,490,814	2.7
7,501-8,000	280	0.6		2,165,815	2.3
8,001-8,500	212	0.4		1,742,867	1.9
8,501-9,000	193	0.4		1,685,933	1.8
9,001-9,500	124	0.3		1,143,480	1.2
9,501-10,000	113	0.2		1,099,767	1.2
10,001+	753	1.5		12,249,329	13.2

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

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

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

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

Total Number of Dual Eligible Beneficiaries, Age 75-84: 47,674  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$83,428,793  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$1,750

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,931	25.0	0	0.0
1-500	6,680	14.0	1,526,241	1.8
501-1,000	5,161	10.8	3,844,039	4.6
1,001-1,500	4,530	9.5	5,637,557	6.8
1,501-2,000	3,738	7.8	6,515,935	7.8
2,001-2,500	3,262	6.8	7,315,480	8.8
2,501-3,000	2,697	5.7	7,402,207	8.9
3,001-3,500	2,118	4.4	6,873,685	8.2
3,501-4,000	1,656	3.5	6,188,812	7.4
4,001-4,500	1,274	2.7	5,396,479	6.5
4,501-5,000	1,018	2.1	4,820,394	5.8
5,001-5,500	743	1.6	3,891,584	4.7
5,501-6,000	597	1.3	3,426,004	4.1
6,001-6,500	510	1.1	3,179,548	3.8
6,501-7,000	330	0.7	2,223,156	2.7
7,001-7,500	260	0.5	1,878,902	2.3
7,501-8,000	191	0.4	1,478,102	1.8
8,001-8,500	184	0.4	1,516,535	1.8
8,501-9,000	123	0.3	1,076,500	1.3
9,001-9,500	110	0.2	1,014,245	1.2
9,501-10,000	86	0.2	836,338	1.0
10,001+	475	1.0	7,387,050	8.9

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

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

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



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

Total Number of Dual Eligible Beneficiaries, Age 85+: 24,962  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$38,459,562  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$1,540

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	6,018	24.1	0	0.0
1-500	4,336	17.4	975,811	2.5
501-1,000	3,008	12.1	2,230,457	5.8
1,001-1,500	2,445	9.8	3,024,250	7.9
1,501-2,000	1,972	7.9	3,435,860	8.9
2,001-2,500	1,599	6.4	3,590,982	9.3
2,501-3,000	1,285	5.1	3,523,227	9.2
3,001-3,500	1,000	4.0	3,237,503	8.4
3,501-4,000	760	3.0	2,842,763	7.4
4,001-4,500	588	2.4	2,493,855	6.5
4,501-5,000	472	1.9	2,234,284	5.8
5,001-5,500	336	1.3	1,757,826	4.6
5,501-6,000	234	0.9	1,338,000	3.5
6,001-6,500	207	0.8	1,289,964	3.4
6,501-7,000	149	0.6	1,003,427	2.6
7,001-7,500	122	0.5	881,510	2.3
7,501-8,000	84	0.3	649,622	1.7
8,001-8,500	70	0.3	577,253	1.5
8,501-9,000	62	0.2	541,999	1.4
9,001-9,500	46	0.2	425,109	1.1
9,501-10,000	26	0.1	253,183	0.7
10,001+	143	0.6	2,152,677	5.6

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

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

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

APPENDIX TABLE A.3  
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 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>178,955</b>	<b>113,790</b>	<b>63,465</b>	<b>1,676</b>	<b>8</b>	<b>16</b>	<b>1,992,325</b>	<b>1,266,600</b>	<b>709,241</b>	<b>16,277</b>	<b>78</b>	<b>129</b>
<b>Age</b>												
5 and younger	9	0	9	0	0	0	84	0	84	0	0	0
6-14	22	0	22	0	0	0	260	0	260	0	0	0
15-20	227	0	216	6	5	0	2,490	0	2,394	39	57	0
21-44	21,201	0	20,083	1,116	2	0	235,843	0	224,607	11,222	14	0
45-64	36,227	0	35,692	521	0	14	403,674	0	398,858	4,699	0	117
65-74	48,628	41,745	6,849	32	0	2	541,618	464,653	76,646	307	0	12
75-84	47,677	47,251	424	1	1	0	536,839	532,280	4,542	10	7	0
85 and older	24,964	24,794	170	0	0	0	271,517	269,667	1,850	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	119,409	83,385	34,833	1,171	4	16	1,335,670	932,566	391,345	11,589	41	129
Male	59,546	30,405	28,632	505	4	0	656,655	334,034	317,896	4,688	37	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	81,272	51,064	29,325	871	4	8	891,595	557,479	325,475	8,539	35	67
African American	64,175	34,384	29,023	756	4	8	716,074	381,708	326,941	7,320	43	62
Other/unknown	33,508	28,342	5,117	49	0	0	384,656	327,413	56,825	418	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	8,756	7,865	891	0	0	0	94,130	83,926	10,204	0	0	0
Part year	7,179	6,525	654	0	0	0	69,725	62,922	6,803	0	0	0
None	163,020	99,400	61,920	1,676	8	16	1,828,470	1,119,752	692,234	16,277	78	129
<b>Maintenance Assistance Status</b>												
Cash	53,017	22,825	29,259	932	1	0	599,498	259,819	330,369	9,298	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	54,817	26,289	28,447	62	3	16	606,943	291,892	314,405	489	28	129
Other/unknown	71,121	64,676	5,759	682	4	0	785,884	714,889	64,467	6,490	38	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	176,993	112,701	62,599	1,669	8	16	1,971,107	1,254,784	699,903	16,213	78	129
Full dual, part year	1,962	1,089	866	7	0	0	21,218	11,816	9,338	64	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	178,387	113,768	63,011	1,584	8	16	1,985,759	1,266,339	703,939	15,274	78	129
FFS part year, with Rx claims	317	7	267	43	0	0	3,694	84	3,142	468	0	0
FFS part year, no Rx claims	46	0	39	7	0	0	496	0	423	73	0	0
MC all year, with Rx claims	109	15	92	2	0	0	1,304	177	1,103	24	0	0
MC all year, no Rx claims	96	0	56	40	0	0	1,072	0	634	438	0	0

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

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

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

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

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

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

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

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>178,955</b>	<b>1,992,325</b>	<b>178,750</b>	<b>1,988,169</b>	<b>0</b>	<b>4,156</b>
Fee-for-service (FFS) all year	178,387	1,985,759	178,387	1,985,759	0	0
FFS part year, with Rx claims	317	3,694	317	2,182	0	1,512
FFS part year, with no Rx claims	46	496	46	228	0	268
Managed care (MC) all year, with Rx claims	109	1,304	0	0	0	1,304
MC all year, with no Rx claims	96	1,072	0	0	0	1,072

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

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

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

Dual Eligible Beneficiaries