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

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DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	7,018,285	3,905,375	3,022,108	87,897	1,541	1,364	74,079,082	40,281,743	33,032,350	740,124	11,157	13,708
Age												
5 and younger	348	1	273	0	74	0	3,395	2	2,801	0	592	0
6-14	814	4	648	0	162	0	8,675	20	7,083	0	1,572	0
15-20	10,624	0	9,889	159	576	0	111,876	0	105,295	1,248	5,333	0
21-44	1,017,150	98	968,986	47,699	261	106	10,949,154	885	10,543,565	401,810	1,843	1,051
45-64	1,554,051	1,438	1,516,740	35,017	135	721	16,742,788	14,879	16,419,411	300,530	597	7,371
65-74	1,747,547	1,365,771	376,748	4,300	194	534	18,592,367	14,274,375	4,280,546	31,512	673	5,261
75-84	1,616,416	1,494,503	121,170	634	107	2	17,095,368	15,714,407	1,376,002	4,522	413	24
85 and older	1,071,325	1,043,550	27,654	88	32	1	10,575,397	10,277,113	297,647	502	134	1
Unknown	10	10	0	0	0	0	62	62	0	0	0	0
Gender												
Female	4,455,499	2,778,491	1,623,206	51,685	753	1,364	47,242,359	28,908,734	17,874,262	440,290	5,365	13,708
Male	2,562,785	1,126,883	1,398,902	36,212	788	0	26,836,721	11,373,007	15,158,088	299,834	5,792	0
Unknown	1	1	0	0	0	0	2	2	0	0	0	0
Race												
White	4,085,647	2,261,961	1,772,575	49,611	728	772	42,560,633	22,767,913	19,353,610	425,610	5,889	7,611
African American	1,293,959	610,830	660,301	21,940	582	306	13,788,205	6,422,768	7,176,653	182,177	3,481	3,126
Other/unknown	1,638,679	1,032,584	589,232	16,346	231	286	17,730,244	11,091,062	6,502,087	132,337	1,787	2,971
Use of Nursing Facilities^c												
Entire year	786,599	689,680	96,786	119	14	0	7,951,334	6,878,163	1,071,916	1,160	95	0
Part year	484,103	401,937	81,779	365	12	10	4,609,193	3,746,322	859,143	3,537	89	102
None	5,747,583	2,813,758	2,843,543	87,413	1,515	1,354	61,518,555	29,657,258	31,101,291	735,427	10,973	13,606
Maintenance Assistance Status												
Cash	3,236,906	1,449,373	1,758,191	29,216	126	0	36,153,989	16,162,582	19,748,558	241,777	1,072	0
Medically needy	722,785	471,954	237,103	13,602	126	0	6,998,802	4,484,815	2,396,871	116,222	894	0
Poverty-related	1,020,367	524,188	490,409	3,685	721	1,364	10,520,001	5,346,918	5,130,539	24,722	4,114	13,708
Other/unknown	2,038,227	1,459,860	536,405	41,394	568	0	20,406,290	14,287,428	5,756,382	357,403	5,077	0
Dual Medicare Status^d												
Full dual, all year	6,741,518	3,754,080	2,898,999	85,557	1,518	1,364	71,215,641	38,720,593	31,752,569	717,770	11,001	13,708
Full dual, part year	276,767	151,295	123,109	2,340	23	0	2,863,441	1,561,150	1,279,781	22,354	156	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	6,769,307	3,792,948	2,904,433	69,219	1,353	1,354	72,528,503	39,573,323	32,298,050	633,369	10,129	13,632
FFS part year, with Rx claims	148,765	62,734	75,499	10,398	127	7	797,584	322,172	424,117	50,585	651	59
FFS part year, no Rx claims	51,562	23,577	23,630	4,316	38	1	195,298	87,425	94,826	12,927	119	1

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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; MC = managed care; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	85.7	45.2	\$3,114	\$69	\$14,754	21.1	7,018,285
Age							
5 and younger	88.5	41.8	4,896	117	31,948	15.3	348
6-14	92.8	53.9	9,414	175	27,460	34.3	814
15-20	77.8	22.5	2,782	124	14,608	19.0	10,624
21-44	82.9	33.9	3,471	102	14,396	24.1	1,017,150
45-64	87.6	51.8	4,208	81	16,060	26.2	1,554,051
65-74	84.7	43.7	2,771	63	9,805	28.3	1,747,547
75-84	86.1	46.9	2,717	58	14,333	19.0	1,616,416
85 and older	86.3	46.5	2,345	50	21,892	10.7	1,071,325
Unknown	70.0	36.9	1,445	39	22,024	6.6	10
Basis of Eligibility^e							
Aged	85.0	44.5	2,534	57	14,654	17.3	3,905,375
Disabled	86.8	46.7	3,886	83	15,153	25.6	3,022,108
Adults	75.0	27.1	2,358	87	5,577	42.3	87,897
Children	68.7	21.6	3,343	155	12,908	25.9	1,541
Unknown	88.1	34.6	3,326	96	10,850	30.7	1,364
Gender							
Female	87.8	48.8	3,108	64	14,732	21.1	4,455,499
Male	81.9	39.0	3,124	80	14,791	21.1	2,562,785
Unknown	0.0	0.0	0	0	0	0.0	1
Race							
White	86.5	50.5	3,373	67	17,199	19.6	4,085,647
African American	84.6	39.5	2,714	69	12,246	22.2	1,293,959
Other/unknown	84.3	36.6	2,784	76	10,636	26.2	1,638,679
Use of Nursing Facilities^f							
Entire year	89.7	68.9	3,812	55	42,230	9.0	786,599
Part year	92.5	56.9	3,258	57	25,866	12.6	484,103
None	84.5	41.0	3,006	73	10,058	29.9	5,747,583
Maintenance Assistance Status							
Cash	87.7	42.9	3,201	75	10,244	31.3	3,236,906
Medically needy	77.3	40.6	2,969	73	27,196	10.9	722,785
Poverty related	83.3	39.8	2,825	71	9,246	30.6	1,020,367
Other/unknown	86.6	53.3	3,171	60	20,261	15.6	2,038,227

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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

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

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

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

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

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

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

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

DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2005												
Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	4.3	\$295	21.1	14.3	15.9	11.2	28.4	22.6	7.5	\$1,398	7,018,285	74,079,082
Age												
5 and younger	4.3	502	15.3	11.5	10.6	10.3	37.9	25.3	4.3	3,275	348	3,395
6-14	5.1	883	34.3	7.2	7.0	9.6	38.0	31.4	6.8	2,577	814	8,675
15-20	2.1	264	19.0	22.2	34.9	12.2	19.7	8.8	2.1	1,387	10,624	111,876
21-44	3.2	322	24.1	17.1	26.0	12.8	25.2	14.6	4.3	1,337	1,017,150	10,949,154
45-64	4.8	391	26.2	12.4	14.3	10.4	28.5	24.7	9.7	1,491	1,554,051	16,742,788
65-74	4.1	260	28.3	15.3	16.4	12.0	28.5	20.9	6.9	922	1,747,547	18,592,367
75-84	4.4	257	19.0	13.9	13.6	11.2	29.5	24.1	7.8	1,355	1,616,416	17,095,368
85 and older	4.7	238	10.7	13.7	11.4	9.6	29.7	27.6	8.0	2,218	1,071,325	10,575,397
Unknown	6.0	233	6.6	30.0	0.0	0.0	20.0	40.0	10.0	3,552	10	62
Basis of Eligibility ^e												
Aged	4.3	246	17.3	15.0	14.4	11.2	28.8	23.2	7.5	1,421	3,905,375	40,281,743
Disabled	4.3	356	25.6	13.2	17.8	11.2	28.1	22.1	7.7	1,386	3,022,108	33,032,350
Adults	3.2	280	42.3	25.0	20.7	11.3	23.9	14.8	4.3	662	87,897	740,124
Children	3.0	462	25.9	31.3	21.3	11.6	20.6	12.3	2.9	1,783	1,541	11,157
Unknown	3.4	331	30.7	11.9	20.2	14.5	32.8	18.1	2.5	1,080	1,364	13,708
Gender												
Female	4.6	293	21.1	12.2	14.0	11.1	29.7	24.6	8.4	1,389	4,455,499	47,242,359
Male	3.7	298	21.1	18.1	19.3	11.4	26.2	19.1	6.0	1,413	2,562,785	26,836,721
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	2
Race												
White	4.8	324	19.6	13.5	13.3	9.7	27.8	26.0	9.8	1,651	4,085,647	42,560,633
African American	3.7	255	22.2	15.4	18.7	12.1	29.8	19.3	4.7	1,149	1,293,959	13,788,205
Other/unknown	3.4	257	26.2	15.7	20.4	14.3	28.9	16.7	4.0	983	1,638,679	17,730,244
Use of Nursing Facilities ^f												
Entire year	6.8	377	9.0	10.3	6.4	4.9	21.9	36.8	19.7	4,178	786,599	7,951,334
Part year	6.0	342	12.6	7.5	8.9	8.1	28.7	33.6	13.2	2,717	484,103	4,609,193
None	3.8	281	29.9	15.5	17.8	12.3	29.3	19.7	5.4	940	5,747,583	61,518,555
Maintenance Assistance Status												
Cash	3.8	287	31.3	12.3	19.1	13.2	29.8	20.1	5.5	917	3,236,906	36,153,989
Medically needy	4.2	307	10.9	22.7	14.8	9.0	23.8	22.5	7.3	2,809	722,785	6,998,802
Poverty related	3.9	274	30.6	16.7	17.7	11.4	29.1	19.1	6.0	897	1,020,367	10,520,001
Other/unknown	5.3	317	15.6	13.4	10.5	8.7	27.4	28.4	11.5	2,024	2,038,227	20,406,290

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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

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

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

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

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

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

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

TABLE D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	4.3	\$295	\$69	1.7	\$226	\$131	0.2	\$14	\$86	2.4	\$55	\$23
Age												
5 and younger	4.3	502	117	1.8	415	230	0.3	22	87	2.2	65	29
6-14	5.1	883	175	2.3	787	345	0.2	20	99	2.6	77	30
15-20	2.1	264	124	0.9	224	239	0.1	9	99	1.1	30	28
21-44	3.2	322	102	1.3	254	200	0.1	17	132	1.7	51	29
45-64	4.8	391	81	1.9	297	156	0.2	21	120	2.7	73	27
65-74	4.1	260	63	1.7	201	117	0.1	10	74	2.2	50	22
75-84	4.4	257	58	1.8	197	108	0.2	10	60	2.4	50	20
85 and older	4.7	238	50	1.7	175	100	0.2	11	54	2.7	52	19
Unknown	6.0	233	39	2.3	188	82	0.1	4	51	3.6	41	11
Basis of Eligibility^d												
Aged	4.3	246	57	1.7	187	108	0.2	10	61	2.4	49	20
Disabled	4.3	356	83	1.7	273	159	0.2	18	114	2.4	63	27
Adults	3.2	280	87	1.3	208	164	0.1	20	162	1.8	53	29
Children	3.0	462	155	1.3	399	307	0.1	17	132	1.5	46	30
Unknown	3.4	331	96	1.4	250	183	0.1	18	142	1.9	58	30
Gender												
Female	4.6	293	64	1.8	222	122	0.2	14	78	2.6	57	22
Male	3.7	298	80	1.5	233	151	0.1	14	104	2.1	52	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.8	324	67	1.9	244	129	0.2	17	87	2.8	63	23
African American	3.7	255	69	1.5	198	135	0.1	10	85	2.1	47	22
Other/unknown	3.4	257	76	1.5	204	133	0.1	10	83	1.7	44	25
Use of Nursing Facilities^e												
Entire year	6.8	377	55	2.5	280	110	0.3	18	60	4.0	80	20
Part year	6.0	342	57	2.2	253	114	0.2	16	67	3.5	73	21
None	3.8	281	73	1.6	217	137	0.1	13	95	2.1	51	24
Maintenance Assistance Status												
Cash	3.8	287	75	1.6	223	137	0.1	13	93	2.1	51	25
Medically needy	4.2	307	73	1.7	234	137	0.2	16	89	2.3	57	25
Poverty related	3.9	274	71	1.5	209	137	0.1	13	94	2.2	52	24
Other/unknown	5.3	317	60	2.0	238	119	0.2	15	74	3.1	64	21

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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

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

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

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

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

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

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Off-Patent				Off-Patent				Off-Patent				Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Patented Brand-Name	Patented Brand-Name	Generic	Off-Patent	Patented Brand-Name	Patented Brand-Name	Generic	Off-Patent	Patented Brand-Name	Patented Brand-Name	Generic	Off-Patent					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$35	\$27	\$3	\$5	\$102	\$257	\$86	\$24	13,947,368	\$1,424,845,687	3,625,693	51.7	40,463,786
Biologicals	0.1	0.1	0.0	0.0	35	2	12	21	325	34	3,274	525	110,434	35,941,057	90,288	1.3	1,028,353
Antineoplastic Agents	0.5	0.1	0.0	0.4	98	69	1	29	200	558	253	79	1,434,316	287,262,203	277,752	4.0	2,928,740
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	54	41	4	9	57	110	44	19	32,403,726	1,839,781,083	3,069,086	43.7	33,928,372
Cardiovascular Agents	1.8	0.7	0.0	1.0	78	60	1	17	44	85	36	17	86,034,319	3,825,361,648	4,479,527	63.8	49,135,479
Respiratory Agents	0.7	0.4	0.0	0.3	44	38	1	4	66	100	62	17	18,295,918	1,210,095,181	2,480,743	35.3	27,655,618
Gastrointestinal Agents	0.7	0.4	0.0	0.3	61	54	1	7	87	147	79	21	22,437,870	1,949,307,653	2,869,464	40.9	31,798,865
Genitourinary Agents	0.5	0.4	0.0	0.1	35	31	1	4	71	88	64	29	5,758,857	409,348,669	1,038,081	14.8	11,570,610
CNS Drugs	1.3	0.6	0.0	0.7	120	101	2	17	94	169	121	26	48,161,000	4,546,198,950	3,462,877	49.3	37,860,095
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	76	65	2	9	128	185	130	40	497,853	63,587,715	75,471	1.1	839,818
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	131	129	0	1	166	169	110	60	4,581,867	760,832,732	546,296	7.8	5,824,589
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	44	19	9	16	61	164	231	28	28,333,257	1,731,420,804	3,520,428	50.2	38,962,517
Neuromuscular Agents	0.9	0.3	0.0	0.6	70	41	4	24	78	160	93	41	19,512,372	1,522,004,099	1,954,454	27.8	21,705,820
Nutritional Products	0.6	0.0	0.0	0.5	10	0	1	9	17	34	23	16	7,724,181	132,000,289	1,219,871	17.4	13,214,281
Hematological Agents	0.8	0.3	0.0	0.4	72	63	2	7	93	208	34	16	12,139,412	1,128,573,878	1,446,407	20.6	15,746,406
Topical Products	0.5	0.2	0.0	0.2	26	19	1	6	55	88	58	25	14,576,771	805,307,024	2,729,235	38.9	30,669,771
Miscellaneous Products	0.4	0.2	0.0	0.2	87	70	6	12	224	431	250	58	724,278	162,550,043	172,870	2.5	1,869,628
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	28	0	0	0	691,904	19,409,160	203,454	2.9	2,286,617
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.	317,365,703	21,853,827,875	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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

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

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

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

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

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

Dual Eligible Beneficiaries

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

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$2,902,387,256	1,728,596	24.6	19,133,560	0.7	\$208	\$152
ANTIHYPERLIPIDEMIC	1,626,499,897	2,484,776	35.4	28,103,659	0.6	100	58
ULCER DRUGS	1,554,408,243	2,944,155	41.9	32,866,437	0.5	89	47
ANTICONVULSANT	1,254,548,260	1,628,486	23.2	18,184,700	0.7	94	69
ANTIDEPRESSANTS	1,238,217,085	3,053,752	43.5	33,659,485	0.6	59	37
ANTIDIABETIC	1,199,308,285	2,593,179	36.9	28,888,821	0.6	65	42
ANALGESICS - Narcotic	923,151,236	3,804,622	54.2	42,263,982	0.4	53	22
ANTIHYPERTENSIVE	917,361,533	3,386,764	48.3	37,771,010	0.6	40	24
ANTIASTHMATIC	893,565,102	2,527,833	36.0	28,073,762	0.4	76	32
ANTIVIRAL	837,641,539	376,085	5.4	4,224,996	0.4	449	198
Total	13,347,088,436	24,528,248		273,170,412	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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 Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	153,938,711	\$13,347,088,436	1,728,596	24.6	19,133,560	0.7	\$152	2,484,776	35.4	28,103,659	0.6	\$58
Female												
All Females	101,631,569	8,057,816,957	1,006,767	22.6	11,101,934	0.7	132	1,643,828	36.9	18,648,048	0.6	58
Female, Disabled												
All Ages	44,013,796	4,151,240,895	526,648	32.4	6,018,488	0.7	158	608,027	37.5	6,999,185	0.6	57
5 and younger	1,005	101,070	0	0.0	0	0.0	0	9	9.1	94	0.4	21
6-14	4,114	484,014	12	4.2	140	0.5	72	36	12.5	420	0.5	43
15-20	42,652	5,002,081	1,000	24.3	11,251	0.6	134	160	3.9	1,826	0.5	41
21-44	9,158,698	1,043,392,654	188,941	43.5	2,154,052	0.7	159	60,983	14.1	697,843	0.5	49
45-64	25,182,109	2,348,848,991	278,077	33.8	3,180,284	0.7	165	345,599	42.0	3,943,303	0.6	56
65-74	6,911,075	550,784,390	39,062	15.8	451,713	0.7	128	148,628	60.1	1,740,135	0.6	60
75-84	2,273,074	172,038,196	15,021	16.4	171,566	0.6	110	46,315	50.5	543,112	0.6	62
85 and older	441,069	30,589,499	4,535	19.2	49,482	0.6	91	6,297	26.7	72,452	0.6	62
Female, Other Eligibles												
All Ages	57,617,675	3,906,570,644	480,115	17.0	5,083,419	0.7	102	1,035,801	36.6	11,648,863	0.6	58
5 and younger	134	10,080	1	3.1	2	0.5	26	3	9.4	30	0.5	59
6-14	847	127,517	8	9.5	90	0.4	131	5	6.0	49	0.9	64
15-20	3,318	376,060	82	20.0	877	0.7	124	13	3.2	141	0.6	44
21-44	425,158	43,200,503	7,904	24.5	79,842	0.5	105	2,934	9.1	30,274	0.4	42
45-64	358,773	33,164,098	3,361	17.9	34,840	0.6	116	6,079	32.3	61,670	0.5	52
65-74	18,588,505	1,363,701,263	105,162	12.0	1,162,261	0.7	124	426,757	48.9	4,813,421	0.6	57
75-84	22,674,431	1,531,561,785	174,658	16.5	1,872,621	0.7	102	436,413	41.3	4,947,503	0.6	59
85 and older	15,566,509	934,429,338	188,939	22.2	1,932,886	0.7	87	163,597	19.3	1,795,775	0.6	60
Male												
All Males	52,307,142	5,289,271,479	721,829	28.2	8,031,626	0.8	179	840,948	32.8	9,455,611	0.6	58
Male, Disabled												
All Ages	32,108,623	3,816,149,475	541,589	38.7	6,177,568	0.8	199	429,682	30.7	4,908,912	0.6	58
5 and younger	1,468	137,885	0	0.0	0	0.0	0	5	2.9	55	0.3	19
6-14	5,043	565,316	11	3.0	112	0.6	121	44	12.2	511	0.6	48
15-20	59,916	8,047,933	1,870	32.4	20,984	0.7	170	215	3.7	2,480	0.4	38
21-44	10,030,035	1,420,667,947	250,616	46.8	2,859,547	0.8	198	89,850	16.8	1,031,116	0.6	51
45-64	18,194,644	2,071,288,401	263,749	38.0	3,008,614	0.9	205	258,424	37.2	2,930,220	0.6	58
65-74	3,112,450	260,827,708	20,078	15.5	229,665	0.7	153	67,058	51.8	780,662	0.6	62
75-84	640,867	50,070,908	4,517	15.3	50,847	0.7	120	13,200	44.7	154,004	0.6	64
85 and older	64,200	4,543,377	748	18.5	7,799	0.6	92	886	21.9	9,864	0.6	64

Dual Eligible Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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 Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	20,198,454	1,473,119,881	180,240	15.5	1,854,058	0.7	111	411,266	35.3	4,546,699	0.6	59
5 and younger	235	27,647	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	715	95,725	0	0.0	0	0.0	0	4	4.9	48	0.7	28
15-20	3,797	626,209	87	26.7	887	0.7	161	23	7.1	257	0.7	56
21-44	219,375	25,509,747	3,378	21.3	33,712	0.6	137	2,902	18.3	29,218	0.5	45
45-64	317,414	33,383,175	2,473	13.4	24,692	0.6	143	6,939	37.5	68,464	0.6	55
65-74	8,854,235	676,988,432	61,950	12.5	669,987	0.7	136	203,294	40.9	2,257,791	0.6	58
75-84	7,760,632	546,414,911	70,415	16.1	722,202	0.7	101	159,302	36.4	1,777,394	0.6	60
85 and older	3,042,051	190,074,035	41,937	21.6	402,578	0.6	84	38,802	20.0	413,527	0.6	59
Unknown	163	7,541	4	36.4	27	0.5	50	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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

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

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

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

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,944,155	41.9	32,866,437	0.5	\$47	1,628,486	23.2	18,184,700	0.7	\$69	3,053,752	43.5	33,659,485	0.6	\$37
Female															
All Females	2,040,305	45.8	22,827,453	0.5	47	1,012,614	22.7	11,308,383	0.7	64	2,141,537	48.1	23,637,188	0.6	37
Female, Disabled															
All Ages	809,084	49.8	9,286,089	0.5	48	582,771	35.9	6,637,897	0.7	80	1,040,063	64.1	11,826,645	0.6	39
5 and younger	61	61.6	657	0.6	31	9	9.1	99	0.6	33	3	3.0	32	0.4	15
6-14	190	66.2	2,171	0.5	43	51	17.8	583	0.6	69	33	11.5	387	0.6	28
15-20	1,101	26.8	12,557	0.4	32	1,051	25.6	11,910	0.7	98	1,421	34.6	16,073	0.5	31
21-44	152,481	35.1	1,744,475	0.4	42	186,336	42.9	2,118,036	0.8	97	288,924	66.6	3,273,832	0.6	39
45-64	432,734	52.6	4,935,856	0.5	50	323,304	39.3	3,673,391	0.7	78	603,805	73.4	6,845,776	0.6	40
65-74	154,685	62.6	1,807,072	0.5	49	52,518	21.2	610,031	0.6	45	107,488	43.5	1,250,070	0.6	33
75-84	55,412	60.5	644,137	0.5	49	16,499	18.0	190,537	0.6	38	31,328	34.2	362,150	0.6	31
85 and older	12,420	52.6	139,164	0.5	50	3,003	12.7	33,310	0.6	33	7,061	29.9	78,325	0.6	32
Female, Other Eligibles															
All Ages	1,231,218	43.5	13,541,338	0.6	47	429,841	15.2	4,670,470	0.7	42	1,101,471	38.9	11,810,523	0.7	35
5 and younger	14	43.8	120	0.5	25	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	34	40.5	368	0.5	29	6	7.1	61	0.6	152	8	9.5	84	0.6	28
15-20	82	20.0	881	0.4	33	73	17.8	777	0.7	95	105	25.7	1,060	0.5	38
21-44	8,593	26.6	87,692	0.4	35	9,988	30.9	99,875	0.6	74	19,720	61.1	195,617	0.5	35
45-64	7,684	40.9	79,141	0.5	45	5,185	27.6	52,521	0.6	64	12,000	63.8	121,146	0.5	40
65-74	383,583	43.9	4,321,702	0.5	47	143,610	16.4	1,601,389	0.6	47	311,097	35.6	3,454,895	0.6	33
75-84	471,210	44.5	5,258,705	0.5	47	165,301	15.6	1,811,868	0.7	39	398,604	37.7	4,331,247	0.7	35
85 and older	360,018	42.4	3,792,729	0.6	46	105,678	12.4	1,103,979	0.7	35	359,937	42.4	3,706,474	0.7	36
Male															
All Males	903,850	35.3	10,038,984	0.5	47	615,872	24.0	6,876,317	0.8	78	912,215	35.6	10,022,297	0.6	37
Male, Disabled															
All Ages	476,962	34.1	5,425,945	0.5	48	448,596	32.1	5,098,674	0.8	88	591,645	42.3	6,686,395	0.6	38
5 and younger	98	56.3	1,075	0.6	41	14	8.0	152	0.7	107	2	1.1	24	0.2	2
6-14	183	50.7	2,112	0.6	46	41	11.4	462	0.6	39	25	6.9	277	0.6	34
15-20	1,104	19.1	12,547	0.5	36	1,455	25.2	16,588	0.8	111	1,582	27.4	17,970	0.6	34
21-44	132,861	24.8	1,516,719	0.5	45	184,122	34.4	2,099,577	0.8	100	228,040	42.6	2,584,968	0.6	39
45-64	262,763	37.8	2,969,818	0.6	50	233,459	33.6	2,643,502	0.8	85	316,799	45.6	3,563,662	0.6	39
65-74	63,226	48.8	731,940	0.5	48	24,222	18.7	278,399	0.7	50	37,146	28.7	427,920	0.6	33
75-84	14,885	50.4	171,636	0.5	51	4,746	16.1	54,221	0.7	42	7,133	24.2	81,751	0.6	32
85 and older	1,842	45.5	20,098	0.5	50	537	13.3	5,773	0.6	34	918	22.7	9,823	0.6	33

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	426,888	36.7	4,613,039	0.5	46	167,275	14.4	1,777,632	0.7	46	320,569	27.5	3,335,891	0.6	34
5 and younger	24	55.8	238	0.5	27	1	2.3	12	0.8	33	0	0.0	0	0.0	0
6-14	37	45.1	380	0.4	38	4	4.9	46	0.7	28	7	8.5	77	0.7	36
15-20	84	25.8	873	0.6	39	73	22.4	814	0.7	114	95	29.1	998	0.6	38
21-44	4,085	25.8	41,065	0.4	45	4,262	26.9	42,256	0.6	73	7,274	45.9	72,029	0.5	35
45-64	5,727	31.0	57,700	0.5	50	4,062	22.0	40,205	0.6	69	7,773	42.0	76,430	0.5	37
65-74	174,049	35.0	1,923,790	0.5	46	73,077	14.7	799,657	0.7	52	117,828	23.7	1,279,633	0.6	33
75-84	167,113	38.2	1,819,893	0.5	47	61,510	14.1	653,516	0.7	41	121,156	27.7	1,262,881	0.6	34
85 and older	75,769	39.0	769,100	0.6	46	24,286	12.5	241,126	0.7	35	66,436	34.2	643,843	0.7	34
Unknown	3	27.3	26	0.6	70	3	27.3	27	1.0	23	4	36.4	31	1.1	51

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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

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

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,593,179	36.9	28,888,821	0.6	\$42	3,804,622	54.2	42,263,982	0.4	\$22	3,386,764	48.3	37,771,010	0.6	\$24
Female															
All Females	1,748,655	39.2	19,563,913	0.6	41	2,625,690	58.9	29,254,914	0.4	20	2,275,077	51.1	25,439,222	0.6	25
Female, Disabled															
All Ages	662,185	40.8	7,567,402	0.6	45	1,235,262	76.1	14,096,591	0.4	25	720,724	44.4	8,247,794	0.6	25
5 and younger	4	4.0	48	0.3	38	33	33.3	372	0.2	2	36	36.4	384	0.4	7
6-14	9	3.1	108	0.4	26	109	38.0	1,260	0.2	3	219	76.3	2,490	0.5	18
15-20	289	7.0	3,264	0.5	41	2,049	49.9	23,264	0.2	6	656	16.0	7,315	0.5	17
21-44	77,653	17.9	883,635	0.6	44	324,258	74.7	3,683,844	0.4	25	76,490	17.6	866,888	0.5	18
45-64	370,940	45.1	4,203,619	0.6	47	685,211	83.3	7,791,034	0.5	29	382,480	46.5	4,335,873	0.6	23
65-74	157,350	63.7	1,830,468	0.6	45	158,564	64.1	1,846,341	0.4	15	179,769	72.7	2,095,977	0.6	29
75-84	48,625	53.1	564,353	0.6	41	53,986	58.9	626,355	0.4	13	67,108	73.2	781,305	0.6	29
85 and older	7,315	31.0	81,907	0.6	35	11,052	46.8	124,121	0.4	12	13,966	59.2	157,562	0.6	28
Female, Other Eligibles															
All Ages	1,086,469	38.4	11,996,510	0.7	38	1,390,424	49.1	15,158,297	0.4	16	1,554,352	54.9	17,191,418	0.6	25
5 and younger	0	0.0	0	0.0	0	2	6.3	20	0.1	1	8	25.0	78	0.3	12
6-14	1	1.2	4	0.8	11	28	33.3	287	0.2	2	34	40.5	373	0.6	12
15-20	23	5.6	226	0.5	52	158	38.6	1,617	0.2	5	68	16.6	714	0.5	15
21-44	4,162	12.9	41,719	0.5	41	24,621	76.2	246,276	0.4	29	4,415	13.7	43,571	0.5	17
45-64	6,417	34.1	64,544	0.6	45	13,269	70.5	135,500	0.4	33	7,114	37.8	70,753	0.6	24
65-74	431,382	49.4	4,826,505	0.6	41	452,613	51.8	5,084,357	0.4	15	512,416	58.7	5,743,123	0.6	25
75-84	439,302	41.5	4,891,790	0.7	38	517,196	48.9	5,730,928	0.4	15	631,137	59.7	7,079,223	0.6	26
85 and older	205,182	24.2	2,171,722	0.7	33	382,537	45.0	3,959,312	0.5	17	399,160	47.0	4,253,583	0.7	24
Male															
All Males	844,524	33.0	9,324,908	0.6	43	1,178,932	46.0	13,009,068	0.4	25	1,111,687	43.4	12,331,788	0.6	23
Male, Disabled															
All Ages	408,026	29.2	4,605,616	0.6	46	738,236	52.8	8,312,008	0.4	31	506,968	36.2	5,729,137	0.6	22
5 and younger	1	0.6	12	0.5	22	42	24.1	441	0.1	3	47	27.0	529	0.4	10
6-14	17	4.7	204	0.5	43	105	29.1	1,174	0.1	1	246	68.1	2,805	0.6	21
15-20	191	3.3	2,161	0.6	50	1,792	31.0	20,308	0.2	5	1,043	18.0	11,640	0.5	16
21-44	74,520	13.9	844,492	0.6	46	255,968	47.8	2,891,252	0.4	29	103,700	19.4	1,170,609	0.6	20
45-64	252,022	36.3	2,821,871	0.6	47	401,257	57.8	4,490,680	0.5	36	295,404	42.5	3,311,584	0.6	22
65-74	67,331	52.0	776,836	0.6	45	64,373	49.7	740,464	0.4	17	85,117	65.7	984,963	0.6	27
75-84	12,875	43.6	148,314	0.6	43	13,221	44.8	151,666	0.3	11	19,390	65.7	224,557	0.6	27
85 and older	1,069	26.4	11,726	0.6	38	1,478	36.5	16,023	0.4	10	2,021	50.0	22,450	0.6	26

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	ANTIDIABETIC						ANALGESICS - Narcotic						ANTIHYPERTENSIVE					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month			
Male, Other Eligibles																		
All Ages	436,496	37.5	4,719,270	0.6	39	440,696	37.9	4,697,060	0.4	15	604,718	52.0	6,602,640	0.6	23			
5 and younger	0	0.0	0	0.0	0	10	23.3	111	0.1	1	7	16.3	71	0.3	12			
6-14	3	3.7	30	0.2	2	24	29.3	272	0.1	2	48	58.5	481	0.5	15			
15-20	13	4.0	123	0.4	22	84	25.8	890	0.2	3	99	30.4	1,014	0.5	15			
21-44	2,674	16.9	25,933	0.6	48	10,900	68.7	106,183	0.5	49	3,498	22.1	34,121	0.5	22			
45-64	6,900	37.3	66,518	0.6	49	10,755	58.1	106,155	0.5	50	7,452	40.3	72,315	0.6	24			
65-74	211,523	42.5	2,319,001	0.6	41	193,355	38.9	2,123,757	0.4	15	267,054	53.7	2,944,204	0.6	23			
75-84	165,344	37.8	1,799,884	0.6	38	156,987	35.9	1,683,035	0.4	12	240,359	54.9	2,653,427	0.6	23			
85 and older	50,039	25.8	507,781	0.7	34	68,581	35.3	676,657	0.4	12	86,201	44.4	897,007	0.6	21			
Unknown	3	27.3	23	1.0	53	4	36.4	26	0.9	10	2	18.2	21	0.7	15			

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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

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

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

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

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2005

Beneficiary Characteristics	ANTIASTHMATIC						ANTIVIRAL					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	2,527,833	36.0	28,073,762	0.4	\$32	376,085	5.4	4,224,996	0.4	\$198	7,018,285	74,079,082
Female												
All Females	1,709,012	38.4	19,050,779	0.4	31	185,718	4.2	2,094,819	0.3	103	4,455,491	47,242,317
Female, Disabled												
All Ages	769,731	47.4	8,796,281	0.4	32	96,885	6.0	1,109,526	0.4	169	1,623,206	17,874,262
5 and younger	46	46.5	541	0.3	27	29	29.3	342	0.4	162	99	991
6-14	83	28.9	974	0.3	17	98	34.1	1,147	0.3	212	287	3,133
15-20	1,045	25.4	11,705	0.3	23	319	7.8	3,606	0.4	191	4,109	43,506
21-44	155,631	35.9	1,773,976	0.3	25	34,511	8.0	392,834	0.4	183	433,901	4,735,012
45-64	435,028	52.9	4,950,251	0.4	34	50,393	6.1	576,438	0.4	182	822,364	8,969,887
65-74	130,244	52.7	1,511,500	0.4	35	8,749	3.5	102,506	0.3	88	247,193	2,822,556
75-84	40,092	43.7	463,493	0.4	32	2,323	2.5	27,326	0.2	30	91,643	1,043,924
85 and older	7,562	32.0	83,841	0.4	28	463	2.0	5,327	0.1	11	23,610	255,253
Female, Other Eligibles												
All Ages	939,279	33.2	10,254,485	0.4	31	88,832	3.1	985,281	0.2	29	2,832,285	29,368,055
5 and younger	15	46.9	159	0.2	20	2	6.3	23	0.3	53	32	242
6-14	23	27.4	247	0.2	13	36	42.9	410	0.5	200	84	797
15-20	70	17.1	696	0.3	21	35	8.6	366	0.4	199	409	3,589
21-44	9,428	29.2	96,297	0.3	23	2,276	7.0	23,212	0.4	184	32,301	274,621
45-64	7,549	40.1	77,707	0.4	34	1,080	5.7	11,297	0.5	228	18,809	167,306
65-74	321,451	36.8	3,591,499	0.4	34	23,917	2.7	272,982	0.2	50	873,292	9,227,742
75-84	349,843	33.1	3,862,468	0.4	31	29,832	2.8	337,667	0.1	17	1,057,746	11,240,713
85 and older	250,900	29.5	2,625,412	0.4	25	31,654	3.7	339,324	0.1	8	849,612	8,453,045
Male												
All Males	818,821	32.0	9,022,983	0.4	33	190,367	7.4	2,130,177	0.6	292	2,562,783	26,836,701
Male, Disabled												
All Ages	406,318	29.0	4,598,750	0.4	33	156,327	11.2	1,758,506	0.7	332	1,398,902	15,158,088
5 and younger	97	55.7	1,117	0.3	22	30	17.2	341	0.4	134	174	1,810
6-14	128	35.5	1,487	0.3	24	126	34.9	1,474	0.4	202	361	3,950
15-20	1,032	17.9	11,919	0.3	26	272	4.7	3,079	0.3	252	5,780	61,789
21-44	100,601	18.8	1,146,436	0.4	25	67,887	12.7	760,525	0.6	326	535,085	5,808,553
45-64	226,616	32.6	2,544,727	0.5	34	81,576	11.7	918,961	0.7	350	694,376	7,449,524
65-74	62,245	48.0	715,380	0.5	38	5,557	4.3	63,969	0.5	215	129,555	1,457,990
75-84	14,148	47.9	161,965	0.4	35	803	2.7	9,298	0.2	75	29,527	332,078
85 and older	1,451	35.9	15,719	0.4	32	76	1.9	859	0.1	9	4,044	42,394

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2005

ANTIASTHMATIC													ANTIVIRAL				
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months					
Male, Other Eligibles																	
All Ages	412,502	35.4	4,424,222	0.4	34	34,040	2.9	371,671	0.3	99	1,163,881	11,678,613					
5 and younger	17	39.5	186	0.2	11	13	30.2	117	0.4	154	43	352					
6-14	28	34.1	321	0.2	16	21	25.6	234	0.3	270	82	795					
15-20	56	17.2	631	0.4	33	61	18.7	625	0.6	420	326	2,992					
21-44	3,202	20.2	32,195	0.4	28	1,299	8.2	12,757	0.6	312	15,863	130,968					
45-64	5,002	27.0	50,556	0.4	36	1,451	7.8	15,022	0.7	368	18,502	156,071					
65-74	171,190	34.4	1,875,777	0.5	36	14,157	2.8	158,397	0.3	135	497,506	5,084,077					
75-84	161,429	36.9	1,739,830	0.4	33	11,132	2.5	123,392	0.2	38	437,500	4,478,653					
85 and older	71,578	36.9	724,726	0.4	29	5,906	3.0	61,127	0.1	11	194,059	1,824,705					
Unknown	3	27.3	24	0.2	6	1	9.1	12	0.5	20	11	64					

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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

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

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

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

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2005

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$377	6.8	786,599	7,951,334
Age				
0-64	586	8.1	69,933	776,749
65-74	478	7.9	103,003	1,085,329
75-84	388	7.1	249,856	2,525,641
85 and older	294	6.0	363,802	3,563,569
Unknown	261	6.5	5	46
Gender				
Female	365	6.8	571,910	5,819,309
Male	411	6.8	214,689	2,132,025
Unknown	0	0.0	0	0
Race				
White	380	7	608,074	6,091,687
African American	382	6.3	97,746	1,034,592
Other/unknown	354	5.9	80,779	825,055
Basis of Eligibility^c				
Aged	352	6.7	689,680	6,878,163
Disabled	540	7.7	96,786	1,071,916
Adults	311	3.0	119	1,160
Children	485	7.4	14	95
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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 484,103 beneficiaries who were in nursing facilities for part of their enrollment and their 4,609,193 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Dual Eligible Beneficiaries

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$21	\$12	\$4	\$5	\$55	\$114	\$87	\$21	1,903,564	\$104,444,129	473,426	60.2	5,042,175
Biologicals	0.1	0.1	0.0	0.0	6	1	3	2	61	20	4,811	44	48,699	2,954,813	43,208	5.5	491,297
Antineoplastic Agents	0.6	0.1	0.0	0.5	74	28	0	45	133	413	98	94	312,459	41,577,496	57,167	7.3	564,987
Endocrine/Metabolic Drugs	1.3	0.4	0.2	0.6	53	37	8	9	42	84	41	14	4,766,425	201,663,115	361,658	46.0	3,794,028
Cardiovascular Agents	2.2	0.6	0.0	1.6	65	42	1	23	29	69	28	14	12,294,560	361,670,496	537,303	68.3	5,555,002
Respiratory Agents	0.7	0.4	0.0	0.4	38	32	1	6	52	89	52	16	2,282,673	119,074,573	294,139	37.4	3,124,100
Gastrointestinal Agents	1.0	0.4	0.0	0.6	60	48	1	12	59	119	45	20	4,194,222	249,164,523	391,166	49.7	4,122,326
Genitourinary Agents	0.7	0.4	0.0	0.2	42	35	1	6	64	80	54	31	1,265,435	81,089,291	179,303	22.8	1,925,020
CNS Drugs	1.7	0.9	0.0	0.8	140	120	2	18	82	131	70	24	9,662,244	793,952,506	544,005	69.2	5,687,160
Stimulants/Anti-obesity/Anorexia	0.8	0.3	0.0	0.5	53	45	0	7	68	161	43	15	53,810	3,671,329	6,517	0.8	69,193
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	146	146	0	0	139	140	94	44	2,017,343	281,297,561	184,565	23.5	1,930,161
Analgesics and Anesthetics	1.0	0.2	0.1	0.7	47	18	12	17	46	96	128	23	3,898,995	177,763,771	365,300	46.4	3,795,247
Neuromuscular Agents	1.3	0.3	0.1	0.9	76	39	3	34	60	117	67	38	3,443,590	208,269,999	255,008	32.4	2,733,897
Nutritional Products	0.8	0.0	0.0	0.7	13	0	1	11	16	27	20	16	1,940,172	31,363,332	240,396	30.6	2,491,606
Hematological Agents	1.2	0.4	0.1	0.8	83	73	1	9	68	190	18	12	3,053,171	208,534,002	243,116	30.9	2,522,608
Topical Products	0.6	0.3	0.0	0.3	27	19	1	7	44	71	49	21	2,809,371	122,611,162	415,833	52.9	4,489,072
Miscellaneous Products	0.3	0.1	0.0	0.2	14	7	0	6	49	116	168	29	132,041	6,522,860	45,457	5.8	478,068
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	20	0	0	0	147,742	2,896,093	37,382	4.8	404,305
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.	54,226,516	2,998,521,051	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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 484,103 beneficiaries who were in nursing facilities for part of their enrollment and their 4,609,193 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.medispans.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.Medi-Span.com/products/product_mddb.asp (May 13 2005).

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

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

Dual Eligible Beneficiaries

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP 10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$511,639,751	349,652	44.5	3,764,362	0.8	\$162	\$136
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	281,126,786	230,378	29.3	2,421,891	0.8	139	116
ANTIDEPRESSANTS	241,504,515	504,175	64.1	5,348,178	0.8	54	45
ULCER DRUGS	205,832,791	381,467	48.5	4,051,092	0.8	66	51
ANTICONVULSANT	152,262,568	225,095	28.6	2,442,103	1.0	65	62
ANTIDIABETIC	128,540,453	288,678	36.7	3,080,684	0.9	46	42
ANTIHYPERTENSIVE	115,037,570	158,078	20.1	1,706,256	0.8	83	67
ANALGESICS - Narcotic	105,191,012	368,571	46.9	3,814,969	0.7	40	28
ANTIASTHMATIC	91,687,756	313,651	39.9	3,312,276	0.5	58	28
MISC. HEMATOLOGICAL	89,367,662	99,863	12.7	1,051,245	0.8	105	85
Total	1,922,190,864	2,919,608		30,993,056	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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 484,103 beneficiaries who were in nursing facilities for part of their enrollment and their 4,609,193 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	24,369,293	\$1,922,190,864	349,652	44.5	3,764,362	0.8	\$136	230,378	29.3	2,421,891	0.8	\$116
Female												
All Females	17,522,635	1,350,109,724	241,122	42.2	2,603,478	0.8	128	173,295	30.3	1,839,720	0.8	116
Female, Disabled												
All Ages	2,147,423	203,420,882	32,154	65.1	369,467	1.0	187	7,759	15.7	88,404	0.8	261
64 or younger	1,503,216	148,115,707	21,529	68.2	247,829	1.0	198	4,429	14.0	50,497	0.8	373
65-74	354,389	31,364,114	5,667	66.4	65,625	1.0	182	1,239	14.5	14,279	0.8	123
75-84	208,633	17,645,318	3,545	59.1	40,486	0.9	152	1,325	22.1	15,155	0.8	108
85 and older	81,185	6,295,743	1,413	42.9	15,527	0.8	124	766	23.3	8,473	0.8	104
Female, Other Eligibles												
All Ages	15,375,161	1,146,685,662	208,965	40.0	2,233,985	0.8	118	165,535	31.7	1,751,312	0.8	109
64 or younger	1,419	150,274	29	43.3	326	0.9	193	4	6.0	48	0.5	376
65-74	2,224,338	179,142,278	28,865	57.9	320,564	0.9	160	13,315	26.7	144,099	0.8	120
75-84	5,905,684	447,009,397	77,514	45.2	839,443	0.8	124	62,418	36.4	663,479	0.8	109
85 and older	7,243,720	520,383,713	102,557	34.1	1,073,652	0.7	100	89,798	29.8	943,686	0.8	107
Male												
All Males	6,846,658	572,081,140	108,530	50.6	1,160,884	0.9	154	57,083	26.6	582,171	0.8	115
Male, Disabled												
All Ages	1,977,655	194,583,506	34,113	72.0	390,591	1.0	207	5,452	11.5	61,286	0.8	187
64 or younger	1,673,430	167,397,461	28,439	74.4	326,195	1.0	213	4,072	10.7	45,679	0.8	215
65-74	223,855	20,304,074	4,104	64.5	47,012	1.0	184	845	13.3	9,637	0.8	106
75-84	67,211	5,838,646	1,273	57.3	14,318	0.9	153	436	19.6	4,900	0.8	109
85 and older	13,159	1,043,325	297	49.8	3,066	0.8	117	99	16.6	1,070	0.8	105
Male, Other Eligibles												
All Ages	4,868,935	377,493,869	74,417	44.5	770,293	0.8	128	51,629	30.9	520,867	0.8	107
64 or younger	1,842	165,918	25	29.4	279	1.2	156	4	4.7	48	0.6	708
65-74	1,447,105	119,919,498	21,106	55.2	231,012	0.9	161	9,354	24.5	99,642	0.8	109
75-84	2,102,348	161,267,423	31,840	45.4	329,666	0.8	123	23,466	33.5	238,094	0.8	106
85 and older	1,317,640	96,141,030	21,446	36.4	209,336	0.7	98	18,805	32.0	183,083	0.8	106
Unknown	119	6,945	3	60.0	26	0.5	39	3	60.0	22	0.7	81

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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 484,103 beneficiaries who were in nursing facilities for part of their enrollment and their 4,609,193 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	ANTIDEPRESSANTS						ULCER DRUGS					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	
All	504,175	64.1	5,348,178	0.8	\$45	381,467	48.5	4,051,092	0.8	\$51	225,095	28.6	2,442,103	1.0	\$62	
Female																
All Females	374,882	65.5	3,993,819	0.8	45	278,513	48.7	2,969,681	0.8	51	147,394	25.8	1,601,144	0.9	58	
Female, Disabled																
All Ages	35,056	71.0	398,209	0.9	52	26,812	54.3	303,070	0.8	54	28,419	57.5	324,695	1.1	88	
64 or younger	25,404	80.5	288,874	0.9	54	17,287	54.7	196,260	0.8	53	21,782	69.0	249,491	1.1	95	
65-74	5,151	60.3	58,980	0.9	49	4,500	52.7	51,214	0.7	55	4,028	47.2	46,085	1.1	73	
75-84	3,117	52.0	35,270	0.8	48	3,339	55.7	37,299	0.7	55	1,985	33.1	22,387	1.0	56	
85 and older	1,384	42.0	15,085	0.8	45	1,686	51.2	18,297	0.7	52	624	18.9	6,732	0.9	43	
Female, Other Eligibles																
All Ages	339,824	65.0	3,595,596	0.8	44	251,699	48.2	2,666,591	0.8	50	118,974	22.8	1,276,439	0.9	50	
64 or younger	18	26.9	186	0.9	37	17	25.4	176	0.8	28	26	38.8	276	0.8	56	
65-74	39,853	79.9	435,906	0.9	48	28,158	56.5	308,843	0.8	53	23,822	47.8	264,289	1.0	67	
75-84	121,869	71.1	1,303,076	0.8	46	87,312	50.9	935,821	0.8	51	48,363	28.2	521,735	0.9	51	
85 and older	178,084	59.2	1,856,428	0.8	43	136,212	45.2	1,421,751	0.8	49	46,763	15.5	490,139	0.9	40	
Male																
All Males	129,293	60.2	1,354,359	0.8	45	102,954	48.0	1,081,411	0.8	52	77,701	36.2	840,959	1.0	71	
Male, Disabled																
All Ages	30,132	63.6	340,507	0.9	50	24,213	51.1	271,716	0.8	55	29,995	63.3	342,032	1.1	92	
64 or younger	25,790	67.5	291,766	0.9	51	19,931	52.2	224,154	0.8	55	26,234	68.7	299,554	1.1	96	
65-74	3,142	49.4	35,351	0.8	46	2,898	45.5	32,397	0.8	56	2,900	45.6	32,916	1.1	68	
75-84	979	44.1	11,041	0.8	48	1,119	50.4	12,398	0.7	56	725	32.7	8,152	1.0	63	
85 and older	221	37.1	2,349	0.8	44	265	44.5	2,767	0.8	53	136	22.8	1,410	1.0	52	
Male, Other Eligibles																
All Ages	99,160	59.3	1,013,841	0.8	44	78,741	47.1	809,695	0.8	51	47,705	28.5	498,916	0.9	56	
64 or younger	27	31.8	306	0.9	58	22	25.9	251	0.8	53	21	24.7	242	1.1	75	
65-74	25,623	67.0	276,447	0.8	47	19,918	52.1	215,748	0.8	52	17,427	45.6	190,339	1.0	67	
75-84	42,279	60.3	433,515	0.8	44	33,260	47.4	343,281	0.8	51	20,026	28.6	208,696	0.9	53	
85 and older	31,231	53.1	303,573	0.8	41	25,541	43.4	250,415	0.8	49	10,231	17.4	99,639	0.8	43	
Unknown	3	60.0	25	1.1	47	2	40.0	20	0.6	71	2	40.0	21	1.0	49	

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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 484,103 beneficiaries who were in nursing facilities for part of their enrollment and their 4,609,193 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	288,678	36.7	3,080,684	0.9	\$42	158,078	20.1	1,706,256	0.8	\$67	368,571	46.9	3,814,969	0.7	\$28
Female															
All Females	204,139	35.7	2,191,954	0.9	42	109,015	19.1	1,182,163	0.8	67	281,395	49.2	2,928,571	0.7	29
Female, Disabled															
All Ages	23,272	47.1	262,278	0.9	48	13,468	27.3	154,338	0.8	69	25,884	52.4	289,439	0.8	36
64 or younger	14,597	46.2	164,766	1.0	50	8,913	28.2	102,082	0.8	69	18,236	57.8	204,998	0.9	38
65-74	4,704	55.1	53,588	0.9	47	2,712	31.8	31,311	0.8	70	3,822	44.8	42,918	0.8	36
75-84	2,846	47.5	31,802	0.9	42	1,456	24.3	16,635	0.8	71	2,603	43.4	28,559	0.7	32
85 and older	1,125	34.2	12,122	0.8	34	387	11.7	4,310	0.8	67	1,223	37.1	12,964	0.7	24
Female, Other Eligibles															
All Ages	180,867	34.6	1,929,676	0.9	41	95,547	18.3	1,027,825	0.8	67	255,509	48.9	2,639,118	0.7	28
64 or younger	23	34.3	244	0.9	58	10	14.9	115	0.9	63	29	43.3	244	0.9	65
65-74	30,820	61.8	339,047	1.0	47	16,660	33.4	184,248	0.8	70	30,232	60.6	326,254	0.8	33
75-84	76,796	44.8	823,889	0.9	42	42,609	24.8	459,002	0.8	68	88,544	51.6	931,741	0.7	29
85 and older	73,228	24.3	766,496	0.9	37	36,268	12.0	384,460	0.8	64	136,704	45.4	1,380,879	0.6	26
Male															
All Males	84,539	39.4	888,730	0.9	42	49,063	22.9	524,093	0.8	68	87,176	40.6	886,398	0.7	24
Male, Disabled															
All Ages	18,746	39.6	210,563	0.9	48	12,986	27.4	148,500	0.8	69	19,595	41.4	216,770	0.8	34
64 or younger	14,952	39.1	168,214	1.0	49	10,847	28.4	124,044	0.8	69	16,783	43.9	186,265	0.8	36
65-74	2,814	44.2	31,701	0.9	44	1,637	25.7	18,775	0.8	71	1,983	31.2	21,684	0.7	24
75-84	813	36.6	8,900	0.9	44	446	20.1	5,095	0.8	67	654	29.5	7,139	0.6	21
85 and older	167	28.0	1,748	0.8	40	56	9.4	586	0.7	59	175	29.4	1,682	0.6	16
Male, Other Eligibles															
All Ages	65,791	39.3	678,145	0.9	40	36,077	21.6	375,593	0.8	68	67,581	40.4	669,628	0.6	21
64 or younger	19	22.4	227	1.0	45	9	10.6	107	0.7	70	28	32.9	274	0.9	33
65-74	19,832	51.9	214,298	0.9	44	11,476	30.0	124,899	0.8	71	16,934	44.3	179,009	0.7	25
75-84	29,517	42.1	303,807	0.9	40	16,667	23.8	172,184	0.8	68	28,010	39.9	278,592	0.6	21
85 and older	16,423	27.9	159,813	0.8	36	7,925	13.5	78,403	0.8	63	22,609	38.4	211,753	0.5	18
Unknown	2	40.0	22	1.0	52	0	0.0	0	0.0	0	2	40.0	14	0.1	1

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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 484,103 beneficiaries who were in nursing facilities for part of their enrollment and their 4,609,193 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	ANTIASTHMATIC					MISC. HEMATOLOGICAL					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	313,651	39.9	3,312,276	0.5	\$28	99,863	12.7	1,051,245	0.8	\$85	786,599	7,951,334
Female												
All Females	222,325	38.9	2,365,712	0.5	27	70,440	12.3	745,631	0.8	85	571,907	5,819,283
Female, Disabled												
All Ages	20,501	41.5	229,520	0.5	32	4,743	9.6	53,685	0.8	85	49,403	548,263
64 or younger	13,095	41.5	147,812	0.5	33	2,650	8.4	30,022	0.8	88	31,577	352,377
65-74	3,670	43.0	41,274	0.6	34	1,008	11.8	11,617	0.8	83	8,537	95,802
75-84	2,510	41.9	27,679	0.5	27	718	12.0	8,058	0.8	82	5,995	65,741
85 and older	1,226	37.2	12,755	0.4	21	367	11.1	3,988	0.8	75	3,294	34,343
Female, Other Eligibles												
All Ages	201,823	38.6	2,136,180	0.5	26	65,696	12.6	691,942	0.8	85	522,504	5,271,020
64 or younger	8	11.9	51	0.5	27	5	7.5	43	0.7	76	67	662
65-74	24,093	48.3	261,841	0.5	33	7,442	14.9	81,469	0.8	88	49,865	524,630
75-84	71,174	41.5	759,403	0.5	29	23,568	13.7	251,342	0.8	85	171,506	1,756,728
85 and older	106,548	35.4	1,114,885	0.4	23	34,681	11.5	359,088	0.8	84	301,066	2,989,000
Male												
All Males	91,326	42.5	946,564	0.5	30	29,423	13.7	305,614	0.8	85	214,687	2,132,005
Male, Disabled												
All Ages	17,591	37.1	195,981	0.6	32	4,567	9.6	50,943	0.8	95	47,383	523,653
64 or younger	14,023	36.7	156,884	0.6	31	3,392	8.9	37,903	0.8	99	38,204	422,854
65-74	2,480	39.0	27,539	0.6	33	827	13.0	9,287	0.8	84	6,363	70,679
75-84	874	39.4	9,385	0.5	28	282	12.7	3,098	0.7	75	2,220	24,063
85 and older	214	35.9	2,173	0.5	30	66	11.1	655	0.7	82	596	6,057
Male, Other Eligibles												
All Ages	73,734	44.1	750,572	0.5	29	24,856	14.9	254,671	0.8	83	167,304	1,608,352
64 or younger	18	21.2	199	0.8	48	4	4.7	44	0.7	74	85	856
65-74	17,611	46.1	188,284	0.6	33	6,270	16.4	67,613	0.8	86	38,238	394,218
75-84	31,314	44.6	319,760	0.5	30	10,759	15.3	110,892	0.8	83	70,135	679,109
85 and older	24,791	42.1	242,329	0.5	26	7,823	13.3	76,122	0.8	81	58,846	534,169
Unknown	2	40.0	23	0.2	4	1	20.0	4	0.5	36	5	46

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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 484,103 beneficiaries who were in nursing facilities for part of their enrollment and their 4,609,193 benefit months were excluded from the analysis.

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

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

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

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

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
UNITED STATES, 2005

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	3,897,021	55.5	6.0	41,802,292	\$82	\$575,974,995	\$14	2.6	7,018,285
Age									
5 and younger	263	75.6	10.5	3,638	424	147,658	41	8.7	348
6-14	606	74.4	10.1	8,253	283	230,348	28	3.0	814
15-20	4,121	38.8	2.9	30,535	70	746,061	24	2.5	10,624
21-44	477,774	47.0	4.2	4,278,510	80	81,025,391	19	2.3	1,017,150
45-64	914,710	58.9	6.7	10,361,343	105	162,520,019	16	2.5	1,554,051
65-74	962,807	55.1	5.5	9,632,879	72	125,072,381	13	2.6	1,747,547
75-84	916,571	56.7	6.2	9,970,910	75	121,501,903	12	2.8	1,616,416
85 and older	620,164	57.9	7.0	7,516,067	79	84,730,050	11	3.4	1,071,325
Unknown	5	50.0	15.7	157	118	1,184	8	8.2	10
Basis of Eligibility^c									
Aged	2,140,060	54.8	5.9	23,077,057	71	278,988,181	12	2.8	3,905,375
Disabled	1,717,247	56.8	6.1	18,444,099	97	292,019,077	16	2.5	3,022,108
Adults	38,456	43.8	3.1	271,723	54	4,753,993	17	2.3	87,897
Children	574	37.2	3.5	5,395	96	147,707	27	2.9	1,541
Unknown	684	50.1	2.9	4,018	48	66,037	16	1.5	1,364
Gender									
Female	2,636,157	59.2	6.5	29,146,041	88	393,236,140	13	2.8	4,455,499
Male	1,260,864	49.2	4.9	12,656,251	71	182,738,855	14	2.3	2,562,785
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Race									
White	2,323,151	56.9	6.8	27,848,367	92	374,423,034	13	2.7	4,085,647
African American	655,035	50.6	4.6	5,922,248	66	85,886,585	15	2.4	1,293,959
Other/unknown	918,835	56.1	4.9	8,031,677	71	115,665,376	14	2.5	1,638,679
Use of Nursing Facilities^d									
Entire year	496,316	63.1	10.5	8,286,394	119	93,569,085	11	3.1	786,599
Part year	343,890	71.0	8.5	4,091,684	104	50,475,090	12	3.2	484,103
None	3,056,815	53.2	5.1	29,424,214	75	431,930,820	15	2.5	5,747,583
Maintenance Assistance Status									
Cash	1,861,981	57.5	5.6	18,140,754	81	263,777,046	15	2.5	3,236,906
Medically needy	366,792	50.7	6.0	4,368,057	80	58,175,597	13	2.7	722,785
Poverty related	500,369	49.0	4.2	4,254,776	65	66,824,661	16	2.3	1,020,367
Other/unknown	1,167,879	57.3	7.4	15,038,705	92	187,197,691	12	2.9	2,038,227

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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 excluded 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 or adoptive services.

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

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

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
UNITED STATES, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.6	\$8	\$14	\$0	\$2	74,079,082
Age						
5 and younger	1.1	43	41	0	2	3,395
6-14	1.0	27	28	0	1	8,675
15-20	0.3	7	24	0	1	111,876
21-44	0.4	7	19	0	3	10,949,154
45-64	0.6	10	16	0	3	16,742,788
65-74	0.5	7	13	0	2	18,592,367
75-84	0.6	7	12	0	1	17,095,368
85 and older	0.7	8	11	0	1	10,575,397
Unknown	2.5	19	8	0	1	62
Basis of Eligibility^c						
Aged	0.6	7	12	0	1	40,281,743
Disabled	0.6	9	16	0	3	33,032,350
Adults	0.4	6	17	0	2	740,124
Children	0.5	13	27	0	1	11,157
Unknown	0.3	5	16	0	2	13,708
Gender						
Female	0.6	8	13	0	2	47,242,359
Male	0.5	7	14	0	2	26,836,721
Unknown	0.0	0	0	0	0	2
Race						
White	0.7	9	13	0	3	42,560,633
African American	0.4	6	15	0	1	13,788,205
Other/unknown	0.5	7	14	0	1	17,730,244
Use of Nursing Facilities^d						
Entire year	1.0	12	11	0	2	7,951,334
Part year	0.9	11	12	0	2	4,609,193
None	0.5	7	15	0	2	61,518,555
Maintenance Assistance Status						
Cash	0.5	7	15	0	2	36,153,989
Medically needy	0.6	8	13	0	2	6,998,802
Poverty related	0.4	6	16	0	2	10,520,001
Other/unknown	0.7	9	12	0	2	20,406,290

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
UNITED STATES, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All		Percentage of All Part	
				Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx
All	5,957,512	\$97	\$575,974,995	100.0	41,802,292	\$14	100.0
Anorexia or weight loss/gain	556	280	155,729	0.0	2,194	71	0.0
Fertility drugs	73	442	32,291	0.0	261	124	0.0
Drugs for cosmetic purposes	1,740	32	56,099	0.0	3,429	16	0.0
Cough and cold medications	709,592	62	44,148,654	7.7	1,711,374	26	4.1
Vitamins and minerals	1,184,308	103	121,822,825	21.2	7,464,047	16	17.9
Non-prescription drugs	2,327,402	87	201,521,674	35.0	20,924,787	10	50.1
Barbiturates	57,009	74	4,236,169	0.7	585,059	7	1.4
Benzodiazepines	1,530,337	101	153,958,394	26.7	10,568,415	15	25.3
Other Part D Excl Rx Drugs	146,495	342	50,043,160	8.7	542,726	92	1.3

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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 excluded 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

NATIONAL COMPARISON TABLE N.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 DUAL ELIGIBLE BENEFICIARIES, 2005^{a,b,c}

	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx per Benefit Month	Rx \$ per Benefit Month	Patented Brand-Name ^d	Off-Patent Brand-Name	Generic	Rx \$ as a Percentage of Total Medicaid \$e	Number of Rx per Benefit Month	Rx \$ per Benefit Month
All States	7,018,285	74,079,082	85.7	4.3	\$295	40.2	3.7	55.8	21.1	6.8	\$377
Alabama	103,517	1,112,391	89.6	4.5	245	29.0	2.8	68.0	19.9	7.5	407
Alaska	12,967	135,028	88.2	6.8	459	43.8	6.5	49.5	21.3	10.9	686
Arizona	40,903	357,980	4.3	0.1	4	20.7	4.1	74.9	0.2	3.3	121
Arkansas	71,366	747,557	88.9	3.7	250	39.1	3.8	56.9	17.6	7.7	443
California	954,217	10,392,828	86.1	3.2	292	44.7	4.7	50.4	28.6	6.2	388
Colorado	59,043	611,709	78.5	4.4	288	36.6	3.8	59.5	17.2	7.0	377
Connecticut	81,091	860,347	91.5	5.2	396	43.4	3.2	52.9	14.8	7.1	433
Delaware	11,275	114,977	97.4	5.0	334	39.8	4.3	55.9	82.3	7.6	354
D.C.	19,507	207,888	69.0	3.2	239	43.1	2.8	54.1	15.0	0.8	45
Florida	391,223	4,039,020	84.8	4.7	314	43.0	3.9	52.7	27.3	7.6	389
Georgia	165,179	1,742,956	87.9	4.6	272	37.7	3.3	58.6	24.0	7.2	384
Hawaii	29,510	312,869	88.2	4.1	300	38.9	2.3	58.7	23.9	5.3	293
Idaho	22,649	236,910	89.9	5.6	356	38.4	3.4	58.0	21.4	7.6	398
Illinois	475,446	4,907,372	84.8	4.1	213	35.2	3.4	61.3	26.9	7.0	400
Indiana	124,346	1,299,238	88.7	5.4	346	37.9	3.2	58.7	20.4	8.5	426
Iowa	65,961	697,439	91.3	5.4	333	34.7	8.2	56.8	19.4	7.5	355
Kansas	52,480	530,728	84.6	5.2	340	39.0	2.7	58.0	19.4	8.0	417
Kentucky	99,594	1,041,752	89.2	5.6	291	33.9	2.0	64.0	22.5	9.7	437
Louisiana	111,676	1,227,498	89.5	4.7	324	41.5	4.9	53.4	25.9	8.3	566
Maine											
Maryland	112,662	1,183,660	80.9	4.0	251	41.3	4.1	54.6	16.7	7.8	390
Massachusetts	218,317	2,367,479	89.0	4.0	265	35.9	1.6	62.3	16.4	6.4	296
Michigan	226,056	2,321,665	87.5	4.6	272	36.0	2.5	61.5	26.9	7.5	325
Minnesota	78,425	725,912	85.4	4.3	347	39.3	3.1	57.4	13.6	7.4	396
Mississippi	154,176	1,714,888	90.8	3.2	211	38.6	2.5	58.5	25.5	7.2	439
Missouri	179,618	1,865,121	90.3	5.8	390	36.0	4.5	59.2	31.2	8.1	468
Montana	17,714	172,860	86.7	5.0	328	32.8	5.3	61.7	21.5	7.0	352
Nebraska	38,042	285,032	92.0	7.7	479	37.5	4.3	58.0	20.9	8.0	398
Nevada	22,509	229,600	86.7	4.5	271	34.1	3.7	62.1	18.6	7.9	342
New Hampshire	22,760	233,568	90.0	5.1	335	35.9	4.2	59.9	17.7	7.6	375
New Jersey	140,537	1,483,796	90.7	5.6	418	47.9	3.8	48.2	20.0	8.6	492
New Mexico	38,012	404,322	30.4	1.2	64	34.9	6.6	57.9	3.9	6.9	364
New York	624,999	6,768,948	77.6	3.6	324	50.9	3.9	44.8	12.7	1.0	125
North Carolina	240,333	2,550,559	92.1	5.2	365	43.1	5.0	51.7	30.1	7.7	476

Dual Eligible Beneficiaries

NATIONAL COMPARISON TABLE N.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 DUAL ELIGIBLE BENEFICIARIES, 2005^{a,b,c}

	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx per Benefit Month	Rx \$ per Benefit Month	Patented Brand-Name ^d	Off-Patent Brand-Name	Generic	Rx \$ as a Percentage of Total Medicaid \$	Number of Rx per Benefit Month	Rx \$ per Benefit Month
North Dakota	13,230	134,426	86.8	5.0	288	36.3	3.9	59.6	11.9	7.4	362
Ohio	268,049	2,745,229	84.2	5.8	361	39.2	5.0	55.5	17.8	8.9	465
Oklahoma	91,755	967,588	89.7	3.8	259	34.3	2.5	62.8	22.7	7.8	416
Oregon	36,340	334,406	86.0	5.2	283	30.7	2.6	66.5	18.1	7.1	332
Pennsylvania	164,052	1,517,657	83.1	5.7	359	39.0	4.0	56.7	15.5	8.2	432
Rhode Island	30,014	326,750	89.8	4.3	329	42.3	3.4	54.2	16.6	6.6	402
South Carolina	178,750	1,988,169	79.4	3.1	201	40.8	2.7	56.2	31.0	3.5	189
South Dakota	14,267	149,946	87.1	5.2	323	37.7	5.9	56.0	18.3	7.8	414
Tennessee	283,400	3,135,425	91.5	5.2	323	38.1	3.4	58.4	35.9	9.4	473
Texas	384,216	4,113,410	89.0	3.0	251	44.4	3.6	51.9	22.2	7.5	468
Utah	27,992	286,627	87.7	5.1	364	39.0	2.6	58.3	26.6	8.5	490
Vermont	31,392	329,992	92.4	4.6	311	38.6	3.6	57.7	28.5	7.2	375
Virginia	116,632	1,232,884	88.8	4.9	316	38.0	3.6	58.3	23.7	8.0	436
Washington	105,061	1,116,308	89.9	5.0	283	32.6	2.5	64.8	22.2	6.8	332
West Virginia	50,520	535,380	89.8	5.6	328	36.4	3.8	59.6	22.4	8.7	414
Wisconsin	209,658	2,209,669	88.7	4.6	243	36.2	2.5	61.1	21.7	7.9	350
Wyoming	6,847	71,319	86.9	4.7	312	35.2	4.7	59.7	14.3	7.2	362

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

a. Table N.5, except for the last two columns, includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. The last two columns include beneficiaries represented by Cell H of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2005. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

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

e. 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.

f. All-year nursing facility residents are beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2005. Part-year residents were excluded from the analysis. See footnote f of Table 1 for more information about how we determined all-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; NF = nursing facility.

Dual Eligible Beneficiaries

NATIONAL COMPARISON TABLE N.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE
 DUAL ELIGIBLE BENEFICIARIES, 2005^{a,b,c,d}

	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
All States	100	54.4	44.6	1.0	0.0	295	246	356	280	462	100	45.3	53.7	0.9	0.0
Alabama	100	35.9	63.2	1.0	0.0	245	250	245	89	185	100	36.6	63.0	0.3	0.0
Alaska	100	48.6	50.4	0.9	0.0	459	337	578	381	720	100	35.7	63.5	0.8	0.0
Arizona	100	61.3	36.7	2.0	0.0	4	3	5	9	87	100	45.9	49.2	4.9	0.0
Arkansas	100	57.5	41.0	1.5	0.0	250	257	245	92	653	100	59.1	40.3	0.5	0.0
California	100	56.2	43.1	0.6	0.0	292	231	371	308	371	100	44.4	54.9	0.7	0.0
Colorado	100	59.9	39.6	0.4	0.0	288	241	359	143	3,018	100	50.2	49.4	0.2	0.1
Connecticut	100	58.0	39.6	2.3	0.0	396	327	498	390	526	100	47.9	49.8	2.3	0.1
Delaware	100	48.4	44.0	7.6	0.0	334	280	405	270	28	100	40.6	53.3	6.1	0.0
D.C.	100	43.5	52.8	3.7	0.0	239	138	319	270	411	100	25.2	70.6	4.2	0.0
Florida	100	56.2	43.5	0.3	0.0	314	254	391	229	655	100	45.5	54.2	0.2	0.0
Georgia	100	41.9	57.4	0.5	0.0	272	258	282	230	430	100	39.7	59.6	0.4	0.0
Hawaii	100	66.9	33.0	0.1	0.0	300	242	418	103	0	100	53.9	46.0	0.0	0.0
Idaho	100	49.5	50.0	0.6	0.0	356	301	410	369	240	100	41.8	57.6	0.6	0.0
Illinois	100	65.9	32.9	1.1	0.1	213	160	319	195	198	100	49.6	49.4	1.0	0.1
Indiana	100	51.0	48.7	0.2	0.0	346	296	398	217	506	100	43.7	56.1	0.2	0.0
Iowa	100	48.7	50.4	0.8	0.0	333	286	381	167	211	100	41.8	57.8	0.4	0.0
Kansas	100	52.3	47.3	0.4	0.0	340	311	373	230	827	100	47.8	51.9	0.2	0.1
Kentucky	100	36.1	63.2	0.6	0.0	291	289	293	215	546	100	35.8	63.7	0.5	0.0
Louisiana	100	57.8	41.8	0.3	0.0	324	337	306	225	434	100	60.3	39.5	0.2	0.0
Maine															
Maryland	100	53.2	43.0	3.8	0.0	251	209	321	30	350	100	44.4	55.1	0.5	0.0
Massachusetts	100	50.5	49.0	0.6	0.0	265	209	323	234	739	100	39.8	59.7	0.5	0.0
Michigan	100	51.6	47.8	0.6	0.0	272	236	311	242	696	100	44.8	54.7	0.5	0.0
Minnesota	100	23.7	74.6	1.6	0.0	347	214	390	304	266	100	14.6	83.9	1.4	0.0
Mississippi	100	51.5	48.0	0.4	0.0	211	208	214	132	826	100	50.9	48.8	0.3	0.0
Missouri	100	49.5	49.9	0.6	0.0	390	324	456	234	1,020	100	41.1	58.4	0.4	0.1
Montana	100	47.8	44.1	8.0	0.1	328	279	393	267	181	100	40.7	52.8	6.5	0.0
Nebraska	100	57.0	42.7	0.3	0.0	479	370	626	436	433	100	44.0	55.7	0.3	0.0
Nevada	100	60.8	38.3	0.9	0.0	271	222	349	221	425	100	49.9	49.4	0.7	0.0
New Hampshire	100	47.6	47.9	4.5	0.0	335	294	380	291	658	100	41.7	54.3	3.9	0.1
New Jersey	100	49.4	50.5	0.1	0.0	418	347	487	263	467	100	41.0	58.9	0.1	0.0
New Mexico	100	41.5	57.2	1.2	0.0	64	93	43	13	1,406	100	60.7	38.8	0.3	0.2
New York	100	52.2	46.1	1.8	0.0	324	231	427	404	671	100	37.1	60.7	2.2	0.0
North Carolina	100	55.8	43.5	0.7	0.0	365	330	410	415	509	100	50.4	48.8	0.8	0.0
North Dakota	100	58.7	40.9	0.4	0.0	288	272	312	236	111	100	55.3	44.4	0.3	0.0
Ohio	100	52.7	46.0	1.3	0.0	361	320	410	292	502	100	46.6	52.2	1.1	0.0
Oklahoma	100	57.3	42.0	0.6	0.0	259	236	292	192	453	100	52.1	47.3	0.5	0.1
Oregon	100	61.1	38.4	0.4	0.0	283	241	351	290	127	100	51.9	47.6	0.4	0.0

Dual Eligible Beneficiaries

NATIONAL COMPARISON TABLE N.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE
 DUAL ELIGIBLE BENEFICIARIES, 2005^{a,b,c,d}

	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
Pennsylvania	100	67.4	32.2	0.4	0.0	359	337	407	302	471	100	63.2	36.4	0.3	0.0
Rhode Island	100	42.9	56.6	0.4	0.0	329	266	377	228	0	100	34.7	65.0	0.3	0.0
South Carolina	100	63.7	35.5	0.8	0.0	201	155	284	197	329	100	49.1	50.1	0.8	0.0
South Dakota	100	46.9	52.2	0.8	0.0	323	319	327	239	367	100	46.4	52.9	0.6	0.0
Tennessee	100	33.5	63.9	2.6	0.0	323	281	342	378	388	100	29.1	67.8	3.0	0.0
Texas	100	69.4	30.2	0.3	0.0	251	245	266	203	783	100	67.7	32.0	0.3	0.0
Utah	100	42.9	56.0	1.0	0.1	364	285	425	341	124	100	33.6	65.4	0.9	0.0
Vermont	100	58.1	40.1	1.8	0.0	311	261	382	322	291	100	48.7	49.4	1.8	0.0
Virginia	100	57.7	41.9	0.4	0.0	316	286	359	236	410	100	52.1	47.6	0.3	0.0
Washington	100	54.2	45.3	0.5	0.0	283	238	337	169	541	100	45.7	53.9	0.3	0.0
West Virginia	100	45.4	53.8	0.8	0.0	328	322	334	341	348	100	44.5	54.7	0.8	0.0
Wisconsin	100	65.1	32.6	2.2	0.0	243	192	341	328	951	100	51.3	45.7	3.0	0.0
Wyoming	100	51.3	47.6	0.9	0.1	312	277	353	141	574	100	45.6	53.8	0.4	0.1

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

a. Table N.6 includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2005. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

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. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

Dual Eligible Beneficiaries

NATIONAL COMPARISON TABLE N.7
TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
DUAL ELIGIBLE BENEFICIARIES, 2005^{a,b,c}

	ANTI- PSYCHOTICS	ANTI- HYPERLIPIDEMIC	ULCER DRUGS	ANTI- CONVULSANT	ANTI- DEPRESSANTS	ANTI-DIABETIC	ANALGESICS- Narcotic	ANTI- HYPERTENSIVE	ANTI- ASTHMATIC	ANTI-VIRAL
All States	1	2	3	4	5	6	7	8	9	10
Alabama	1	3	2	4	5	6	9	7	.	.
Alaska	1	5	2	6	3	8	4	10	7	.
Arizona	1	8	.	3	9	2	5	7	.	.
Arkansas	1	5	4	3	2	7	9	8	10	.
California	1	2	3	7	8	4	10	5	.	6
Colorado	1	4	9	2	3	7	5	10	8	.
Connecticut	1	5	2	4	3	7	6	.	10	8
Delaware	1	3	8	4	5	7	6	10	9	2
D.C.	1	3	9	6	10	4	.	5	8	2
Florida	1	4	2	8	5	6	.	7	9	3
Georgia	1	2	3	6	5	4	9	7	10	.
Hawaii	1	2	.	6	10	3	8	5	7	9
Idaho	1	7	4	3	2	6	5	.	8	.
Illinois	1	2	6	4	7	3	.	5	8	.
Indiana	1	4	8	2	3	5	7	.	9	.
Iowa	1	4	8	3	2	5	6	10	7	.
Kansas	1	5	2	4	3	7	6	10	9	.
Kentucky	1	2	8	3	5	6	.	10	4	.
Louisiana	1	3	2	7	6	4	9	5	.	.
Maine	.	.	.	.	.	.	.	.	.	.
Maryland	1	3	2	4	7	6	8	10	9	5
Massachusetts	1	4	2	3	5	8	7	.	9	6
Michigan	1	4	3	2	5	6	7	.	9	.
Minnesota	1	5	4	2	3	6	7	.	8	10
Mississippi	1	4	10	5	6	2	9	3	.	.
Missouri	1	4	.	3	2	6	5	10	7	9
Montana	1	6	9	3	2	7	4	.	5	.
Nebraska	1	4	.	2	3	5	6	9	7	.
Nevada	1	3	.	4	5	7	2	9	6	.
New Hampshire	1	5	6	3	2	9	4	.	8	.
New Jersey	1	3	2	7	5	4	9	6	.	8
New Mexico	1	6	2	7	3	5	10	.	9	.
New York	1	2	3	6	9	5	.	7	10	4
North Carolina	1	3	2	6	5	4	7	8	9	.
North Dakota	1	4	9	2	3	5	8	10	6	.
Ohio	1	4	2	3	5	6	9	.	7	10
Oklahoma	1	3	2	6	5	7	4	10	9	.

Dual Eligible Beneficiaries

NATIONAL COMPARISON TABLE N.7
TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
DUAL ELIGIBLE BENEFICIARIES, 2005^{a,b,c}

	ANTI- PSYCHOTICS	ANTI- HYPERLIPIDEMIC	ULCER DRUGS	ANTI- CONVULSANT	ANTI- DEPRESSANTS	ANTI-DIABETIC	ANALGESICS- Narcotic	ANTI- HYPERTENSIVE	ANTI- ASTHMATIC	ANTI-VIRAL
Oregon	1	5	9	4	2	8	3	10	7	.
Pennsylvania	1	5	8	4	2	7	6	.	9	.
Rhode Island	1	4	3	5	2	6	8	9	7	10
South Carolina	1	2	9	6	5	3	7	4	10	8
South Dakota	1	8	2	3	4	7	6	.	5	.
Tennessee	1	2	3	7	5	6	4	9	8	.
Texas	1	2	3	7	5	4	.	6	.	.
Utah	1	6	4	2	3	7	5	10	8	.
Vermont	1	2	3	5	4	8	7	9	6	.
Virginia	1	3	2	4	5	6	8	9	7	.
Washington	1	5	4	2	3	6	8	.	7	10
West Virginia	1	4	2	3	5	6	8	10	7	.
Wisconsin	1	2	9	3	4	8	5	10	6	.
Wyoming	1	8	6	2	3	9	7	.	5	.

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

a. Table N.7 is based on beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2005. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in each state for 2005. The Medicaid reimbursement amounts do not reflect federally required rebates from drug manufacturers to states. 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).

CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

Dual Eligible Beneficiaries

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

Total Number of Dual Eligible Beneficiaries: 7,018,285
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$21,853,827,875
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,113

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,006,367	14.3	\$0	0.0
1-500	1,042,694	14.9	217,997,331	1.0
501-1,000	649,080	9.2	481,992,359	2.2
1,001-1,500	548,228	7.8	682,130,943	3.1
1,501-2,000	482,273	6.9	841,784,660	3.9
2,001-2,500	426,307	6.1	957,132,130	4.4
2,501-3,000	372,361	5.3	1,022,078,108	4.7
3,001-3,500	326,367	4.7	1,059,027,162	4.8
3,501-4,000	284,076	4.0	1,063,815,724	4.9
4,001-4,500	245,771	3.5	1,043,219,396	4.8
4,501-5,000	212,605	3.0	1,008,658,346	4.6
5,001-5,500	182,990	2.6	959,646,419	4.4
5,501-6,000	157,596	2.2	905,247,737	4.1
6,001-6,500	135,517	1.9	846,246,229	3.9
6,501-7,000	116,279	1.7	784,178,912	3.6
7,001-7,500	100,308	1.4	726,590,193	3.3
7,501-8,000	86,464	1.2	669,528,754	3.1
8,001-8,500	74,652	1.1	615,434,727	2.8
8,501-9,000	63,919	0.9	559,005,458	2.6
9,001-9,500	55,539	0.8	513,416,519	2.3
9,501-10,000	47,754	0.7	465,318,301	2.1
10,001+	401,138	5.7	6,431,378,467	29.4

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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

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

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

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 2,496,536
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$9,892,531,086
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$3,962

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65			
\$0	347,940	13.9	0	0.0	
1-500	406,396	16.3	78,161,444	0.8	
501-1,000	203,699	8.2	150,295,942	1.5	
1,001-1,500	162,280	6.5	201,636,027	2.0	
1,501-2,000	138,539	5.5	241,656,903	2.4	
2,001-2,500	121,759	4.9	273,384,298	2.8	
2,501-3,000	107,791	4.3	295,985,649	3.0	
3,001-3,500	96,844	3.9	314,359,695	3.2	
3,501-4,000	86,808	3.5	325,178,774	3.3	
4,001-4,500	78,084	3.1	331,554,588	3.4	
4,501-5,000	70,708	2.8	335,582,562	3.4	
5,001-5,500	63,575	2.5	333,493,019	3.4	
5,501-6,000	57,112	2.3	328,179,057	3.3	
6,001-6,500	51,273	2.1	320,281,584	3.2	
6,501-7,000	45,946	1.8	309,977,099	3.1	
7,001-7,500	41,801	1.7	302,875,434	3.1	
7,501-8,000	37,692	1.5	291,943,732	3.0	
8,001-8,500	34,110	1.4	281,293,289	2.8	
8,501-9,000	30,372	1.2	265,659,437	2.7	
9,001-9,500	27,358	1.1	252,938,626	2.6	
9,501-10,000	24,389	1.0	237,715,462	2.4	
10,001+	262,060	10.5	4,420,378,465	44.7	

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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

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

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

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

Total Number of Dual Eligible Beneficiaries, Age 65+: 4,435,288
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$11,745,552,430
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,648

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	637,843	14.4	0	0.0
1-500	616,472	13.9	136,169,884	1.2
501-1,000	437,606	9.9	325,993,758	2.8
1,001-1,500	380,363	8.6	473,562,811	4.0
1,501-2,000	339,431	7.7	592,650,020	5.0
2,001-2,500	300,980	6.8	675,750,583	5.8
2,501-3,000	261,553	5.9	717,806,701	6.1
3,001-3,500	226,889	5.1	736,122,058	6.3
3,501-4,000	195,008	4.4	730,175,157	6.2
4,001-4,500	165,747	3.7	703,424,845	6.0
4,501-5,000	140,237	3.2	665,206,923	5.7
5,001-5,500	117,928	2.7	618,351,315	5.3
5,501-6,000	99,238	2.2	569,912,119	4.9
6,001-6,500	83,119	1.9	518,936,499	4.4
6,501-7,000	69,374	1.6	467,736,398	4.0
7,001-7,500	57,621	1.3	417,296,927	3.6
7,501-8,000	48,061	1.1	372,078,229	3.2
8,001-8,500	39,915	0.9	328,973,755	2.8
8,501-9,000	32,945	0.7	288,080,527	2.5
9,001-9,500	27,712	0.6	256,142,638	2.2
9,501-10,000	22,911	0.5	223,176,890	1.9
10,001+	134,335	3.0	1,928,004,393	16.4

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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

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

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

Total Number of Dual Eligible Beneficiaries, Age 65-74: 1,747,547
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$4,841,994,917
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,770

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Percent of Total Pharmacy Reimbursement
		65-74	Pharmacy Reimbursement	
\$0	267,178	15.3	0	0.0
1-500	246,699	14.1	52,273,852	1.1
501-1,000	162,892	9.3	121,448,620	2.5
1,001-1,500	142,029	8.1	176,860,579	3.7
1,501-2,000	127,568	7.3	222,758,414	4.6
2,001-2,500	113,458	6.5	254,781,740	5.3
2,501-3,000	99,094	5.7	272,058,053	5.6
3,001-3,500	86,559	5.0	280,873,214	5.8
3,501-4,000	74,452	4.3	278,754,861	5.8
4,001-4,500	64,132	3.7	272,157,508	5.6
4,501-5,000	54,546	3.1	258,762,889	5.3
5,001-5,500	45,706	2.6	239,688,180	5.0
5,501-6,000	38,751	2.2	222,564,262	4.6
6,001-6,500	32,769	1.9	204,573,778	4.2
6,501-7,000	27,729	1.6	186,969,632	3.9
7,001-7,500	23,344	1.3	169,051,758	3.5
7,501-8,000	19,833	1.1	153,561,649	3.2
8,001-8,500	16,740	1.0	138,008,851	2.9
8,501-9,000	14,039	0.8	122,780,673	2.5
9,001-9,500	12,035	0.7	111,248,207	2.3
9,501-10,000	10,131	0.6	98,705,493	2.0
10,001+	67,863	3.9	1,004,112,704	20.7

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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

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

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

Total Number of Dual Eligible Beneficiaries, Age 75-84: 1,616,416
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$4,391,727,808
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,717

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	223,971	13.9	0	0.0
1-500	206,457	12.8	46,312,519	1.1
501-1,000	155,142	9.6	115,802,158	2.6
1,001-1,500	138,526	8.6	172,601,237	3.9
1,501-2,000	125,611	7.8	219,357,960	5.0
2,001-2,500	112,833	7.0	253,294,789	5.8
2,501-3,000	98,662	6.1	270,745,628	6.2
3,001-3,500	85,990	5.3	278,999,408	6.4
3,501-4,000	74,248	4.6	278,030,377	6.3
4,001-4,500	63,109	3.9	267,852,594	6.1
4,501-5,000	52,914	3.3	251,010,633	5.7
5,001-5,500	45,149	2.8	236,736,574	5.4
5,501-6,000	38,264	2.4	219,758,351	5.0
6,001-6,500	32,037	2.0	200,055,170	4.6
6,501-7,000	26,956	1.7	181,733,236	4.1
7,001-7,500	22,415	1.4	162,341,497	3.7
7,501-8,000	18,631	1.2	144,246,036	3.3
8,001-8,500	15,427	1.0	127,131,547	2.9
8,501-9,000	12,673	0.8	110,817,343	2.5
9,001-9,500	10,748	0.7	99,342,792	2.3
9,501-10,000	8,785	0.5	85,564,452	1.9
10,001+	47,868	3.0	669,993,507	15.3

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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

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

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

Total Number of Dual Eligible Beneficiaries, Age 85+: 1,071,325
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$2,511,829,705
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,344

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	146,694	13.7	0	0.0
1-500	163,316	15.2	37,583,513	1.5
501-1,000	119,572	11.2	88,742,980	3.5
1,001-1,500	99,808	9.3	124,100,995	4.9
1,501-2,000	86,252	8.1	150,533,646	6.0
2,001-2,500	74,689	7.0	167,674,054	6.7
2,501-3,000	63,797	6.0	175,003,020	7.0
3,001-3,500	54,340	5.1	176,249,436	7.0
3,501-4,000	46,308	4.3	173,389,919	6.9
4,001-4,500	38,506	3.6	163,414,743	6.5
4,501-5,000	32,777	3.1	155,433,401	6.2
5,001-5,500	27,073	2.5	141,926,561	5.7
5,501-6,000	22,223	2.1	127,589,506	5.1
6,001-6,500	18,313	1.7	114,307,551	4.6
6,501-7,000	14,689	1.4	99,033,530	3.9
7,001-7,500	11,862	1.1	85,903,672	3.4
7,501-8,000	9,597	0.9	74,270,544	3.0
8,001-8,500	7,748	0.7	63,833,357	2.5
8,501-9,000	6,233	0.6	54,482,511	2.2
9,001-9,500	4,929	0.5	45,551,639	1.8
9,501-10,000	3,995	0.4	38,906,945	1.5
10,001+	18,604	1.7	253,898,182	10.1

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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.4
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2005

	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	7,550,278	4,157,203	3,275,335	114,616	1,702	1,422	81,180,388	43,581,033	36,481,966	1,089,272	13,705	14,412
Age												
5 and younger	388	1	307	0	80	0	4,056	2	3,309	0	745	0
6-14	904	4	713	0	187	0	10,018	30	8,034	0	1,954	0
15-20	12,043	1	11,189	188	665	0	134,633	12	125,992	1,691	6,938	0
21-44	1,124,643	131	1,063,619	60,484	299	110	12,445,528	1,176	11,860,590	580,441	2,219	1,102
45-64	1,683,935	1,542	1,635,534	45,978	138	743	18,503,733	15,837	18,040,165	439,450	627	7,654
65-74	1,893,383	1,479,411	406,339	6,873	194	566	20,533,425	15,804,041	4,663,712	59,366	675	5,631
75-84	1,715,699	1,586,263	128,359	968	107	2	18,372,876	16,901,776	1,463,146	7,517	413	24
85 and older	1,119,273	1,089,840	29,275	125	32	1	11,176,057	10,858,097	317,018	807	134	1
Unknown	10	10	0	0	0	0	62	62	0	0	0	0
Gender												
Female	4,780,353	2,950,297	1,762,185	65,619	830	1,422	51,607,032	31,174,081	19,781,645	630,310	6,584	14,412
Male	2,769,924	1,206,905	1,513,150	48,997	872	0	29,573,354	12,406,950	16,700,321	458,962	7,121	0
Unknown	1	1	0	0	0	0	2	2	0	0	0	0
Race												
White	4,364,507	2,384,607	1,915,516	62,773	813	798	46,281,927	24,378,077	21,297,560	591,189	7,153	7,948
African American	1,372,084	637,415	707,072	26,674	616	307	14,911,795	6,801,260	7,851,851	251,455	4,082	3,147
Other/unknown	1,813,687	1,135,181	652,747	25,169	273	317	19,986,666	12,401,696	7,332,555	246,628	2,470	3,317
Use of Nursing Facilities^c												
Entire year	801,004	703,347	97,524	119	14	0	8,136,671	7,053,646	1,081,770	1,160	95	0
Part year	490,022	407,026	82,601	373	12	10	4,732,460	3,846,329	882,019	3,920	90	102
None	6,259,252	3,046,830	3,095,210	114,124	1,676	1,412	68,311,257	32,681,058	34,518,177	1,084,192	13,520	14,310
Maintenance Assistance Status												
Cash	3,558,820	1,592,867	1,920,475	45,324	154	0	40,400,041	18,033,522	21,910,336	454,623	1,560	0
Medically needy	751,986	494,401	242,926	14,499	160	0	7,371,468	4,754,316	2,483,288	132,479	1,385	0
Poverty related	1,131,946	580,335	545,495	3,937	757	1,422	12,109,009	6,122,521	5,938,879	28,383	4,814	14,412
Other/unknown	2,107,526	1,489,600	566,439	50,856	631	0	21,299,870	14,670,674	6,149,463	473,787	5,946	0
Dual Status^d												
Full dual, all year	7,272,676	4,005,456	3,151,857	112,263	1,678	1,422	78,227,902	41,977,585	35,157,535	1,064,852	13,518	14,412
Full dual, part year	277,602	151,747	123,478	2,353	24	0	2,952,486	1,603,448	1,324,431	24,420	187	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	6,769,307	3,792,948	2,904,433	69,219	1,353	1,354	72,533,572	39,575,674	32,300,755	633,376	10,129	13,638
FFS part year, with Rx claims	148,765	62,734	75,499	10,398	127	7	1,651,526	691,031	850,048	108,993	1,371	83
FFS part year, no Rx claims	51,562	23,577	23,630	4,316	38	1	513,825	232,021	242,124	39,306	362	12
MC all year, with Rx claims	108,856	44,592	57,676	6,525	60	3	1,245,442	504,517	668,561	71,680	660	24
MC all year, no Rx claims	471,777	233,350	214,089	24,158	123	57	5,235,982	2,577,784	2,420,445	235,917	1,181	655

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

a. Table A.4 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.5
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	7,550,278	81,180,388	7,018,285	74,079,082	60,205	7,101,306
Fee-for-service (FFS) all year	6,769,307	72,533,572	6,769,307	72,528,503	0	5,069
FFS part year, with Rx claims	148,765	1,651,526	148,765	797,584	0	853,942
FFS part year, with no Rx claims	51,562	513,825	51,562	195,298	0	318,527
Managed care (MC) all year, with Rx claims	108,856	1,245,442	48,651	557,697	60,205	687,745
MC all year, with no Rx claims	471,777	5,235,982	0	0	0	5,235,982
Unknown	11	41	0	0	0	41

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract;

MC = managed care; Rx = pharmacy benefit.

Dual Eligible Beneficiaries

APPENDIX TABLE A.6
MANAGED CARE PENETRATION RATES, ALL STATES COMBINED AND BY STATE, BY BASIS OF ELIGIBILITY
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2005^{a,b}

	All Duals		Aged			Disabled/Adults/Children		
	Number of Beneficiaries	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year
All States	7,550,278	7.7	4,157,203	277,942	6.7	3,391,653	302,631	8.9
Alabama	105,971	2.3	39,568	973	2.5	66,378	1,481	2.2
Alaska	12,967	0.0	6,374	0	0.0	6,590	0	0.0
Arizona	117,299	65.1	55,146	29,191	52.9	62,150	47,202	75.9
Arkansas	71,366	0.0	41,105	0	0.0	30,234	0	0.0
California	1,115,204	14.4	625,539	82,615	13.2	489,228	78,317	16.0
Colorado	65,371	9.7	39,357	3,465	8.8	26,011	2,863	11.0
Connecticut	81,349	0.3	47,993	0	0.0	33,332	258	0.8
Delaware	12,596	89.8	6,207	5,755	92.7	6,387	5,550	86.9
D.C.	19,737	1.2	8,595	1	0.0	11,142	229	2.1
Florida	422,660	7.4	238,242	14,268	6.0	184,404	17,169	9.3
Georgia	165,179	0.0	71,822	0	0.0	93,120	0	0.0
Hawaii	29,706	0.7	19,797	1	0.0	9,908	195	2.0
Idaho	22,649	0.0	11,734	0	0.0	10,915	0	0.0
Illinois	475,575	0.0	322,054	96	0.0	153,496	77	0.1
Indiana	124,701	0.3	66,650	3	0.0	58,036	352	0.6
Iowa	65,961	0.0	33,624	0	0.0	32,331	3	0.0
Kansas	52,674	0.4	28,585	112	0.4	24,083	82	0.3
Kentucky	113,072	11.9	41,446	3,064	7.4	71,617	10,414	14.5
Louisiana	111,676	0.0	66,181	0	0.0	45,462	0	0.0
Maine								
Maryland	115,595	2.5	60,973	151	0.2	54,603	2,782	5.1
Massachusetts	218,954	0.3	113,225	34	0.0	105,729	603	0.6
Michigan	230,157	1.8	117,810	228	0.2	112,322	3,873	3.4
Minnesota	114,332	31.4	62,587	34,857	55.7	51,741	1,050	2.0
Mississippi	154,176	0.0	80,409	0	0.0	73,758	0	0.0
Missouri	180,245	0.3	90,855	144	0.2	89,364	483	0.5
Montana	17,714	0.0	8,881	0	0.0	8,833	0	0.0
Nebraska	38,117	2.0	20,926	117	0.6	17,187	645	3.8
Nevada	22,583	0.3	13,727	0	0.0	8,852	74	0.8
New Hampshire	22,760	0.0	11,299	0	0.0	11,461	0	0.0
New Jersey	152,524	7.9	74,401	2,679	3.6	78,105	9,308	11.9
New Mexico	38,320	0.8	16,182	28	0.2	22,129	280	1.3
New York	626,299	2.0	334,840	2,594	0.8	291,424	10,171	3.5

Appendix Table A.6

Dual Eligible Beneficiaries

APPENDIX TABLE A.6
MANAGED CARE PENETRATION RATES, ALL STATES COMBINED AND BY STATE, BY BASIS OF ELIGIBILITY
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2005^{a,b}

	All Duals		Aged			Disabled/Adults/Children		
	Number of Beneficiaries	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year
North Carolina	240,536	0.1	135,618	150	0.1	104,918	53	0.1
North Dakota	13,230	0.0	8,040	0	0.0	5,190	0	0.0
Ohio	268,781	0.3	144,908	2	0.0	123,873	730	0.6
Oklahoma	91,755	0.0	53,507	0	0.0	38,182	0	0.0
Oregon	63,163	42.5	36,155	13,501	37.3	26,994	13,322	49.4
Pennsylvania	308,823	46.9	172,307	62,155	36.1	136,435	82,616	60.6
Rhode Island	31,321	4.2	13,335	0	0.0	17,963	1,307	7.3
South Carolina	178,955	0.1	113,790	15	0.0	65,149	190	0.3
South Dakota	14,267	0.0	7,119	0	0.0	7,144	0	0.0
Tennessee	283,400	0.0	101,325	0	0.0	182,003	0	0.0
Texas	386,704	7.5	268,302	20,436	7.6	118,352	8,449	7.1
Utah	27,992	0.0	12,623	1	0.0	15,354	0	0.0
Vermont	31,401	0.0	18,579	0	0.0	12,821	0	0.0
Virginia	117,811	1.0	69,054	155	0.2	48,743	1,024	2.1
Washington	106,018	0.9	58,440	233	0.4	47,554	724	1.5
West Virginia	50,524	0.1	23,347	0	0.0	27,175	70	0.3
Wisconsin	211,261	0.8	140,960	918	0.7	70,288	685	1.0
Wyoming	6,847	0.0	3,660	0	0.0	3,183	0	0.0

Source: Data for this table are from the MAX 2005 file for the U.S., released by CMS in 03/2009. This table was produced on 05/01/2009.

a. Appendix Table A.6 was derived from data contained in Appendix Table A.4 for each state.

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.

CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; MC = managed care.

Appendix Table A.6

Dual Eligible Beneficiaries