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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>31,392</b>	<b>18,577</b>	<b>12,202</b>	<b>604</b>	<b>8</b>	<b>1</b>	<b>329,992</b>	<b>191,607</b>	<b>132,476</b>	<b>5,833</b>	<b>73</b>	<b>3</b>
<b>Age</b>												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	1	0	1	0	0	0	12	0	12	0	0	0
15-20	50	0	42	2	6	0	551	0	474	21	56	0
21-44	4,408	0	4,124	283	1	0	47,340	0	44,566	2,769	5	0
45-64	6,874	3	6,636	234	1	0	73,850	29	71,606	2,203	12	0
65-74	7,341	6,190	1,069	81	0	1	77,203	64,239	12,163	798	0	3
75-84	7,887	7,604	280	3	0	0	82,725	79,582	3,113	30	0	0
85 and older	4,830	4,780	49	1	0	0	48,299	47,757	530	12	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	19,291	12,944	6,042	299	5	1	205,259	135,994	66,227	2,989	46	3
Male	12,101	5,633	6,160	305	3	0	124,733	55,613	66,249	2,844	27	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	21,119	10,468	10,182	464	5	0	226,649	110,444	111,525	4,628	52	0
African American	93	12	76	5	0	0	949	123	775	51	0	0
Other/unknown	10,180	8,097	1,944	135	3	1	102,394	81,040	20,176	1,154	21	3
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,265	2,147	118	0	0	0	21,475	20,261	1,214	0	0	0
Part year	1,055	891	161	3	0	0	10,388	8,695	1,662	31	0	0
None	28,072	15,539	11,923	601	8	1	298,129	162,651	129,600	5,802	73	3
<b>Maintenance Assistance Status</b>												
Cash	7,063	1,402	5,606	54	1	0	80,296	15,574	64,127	583	12	0
Medically needy	6,571	3,366	3,110	92	3	0	69,597	36,003	32,689	883	22	0
Poverty-related	14	0	0	13	0	1	106	0	0	103	0	3
Other/unknown	17,744	13,809	3,486	445	4	0	179,993	140,030	35,660	4,264	39	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	31,392	18,577	12,202	604	8	1	329,992	191,607	132,476	5,833	73	3
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	31,392	18,577	12,202	604	8	1	329,992	191,607	132,476	5,833	73	3
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

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

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

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

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>92.4</b>	<b>48.6</b>	<b>\$3,265</b>	<b>\$67</b>	<b>\$11,439</b>	<b>28.5</b>	<b>31,392</b>
<b>Age</b>							
5 and younger	100.0	79.0	15,889	201	48,177	33.0	1
6-14	100.0	150.0	14,870	99	16,644	89.3	1
15-20	80.0	21.1	2,083	99	17,763	11.7	50
21-44	88.9	38.1	3,675	97	14,308	25.7	4,408
45-64	92.9	56.1	4,512	80	12,437	36.3	6,874
65-74	91.5	46.8	2,940	63	7,374	39.9	7,341
75-84	93.3	49.3	2,804	57	10,027	28.0	7,887
85 and older	94.9	49.0	2,368	48	15,813	15.0	4,830
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	93.1	47.6	2,688	56	10,380	25.9	18,577
Disabled	91.6	50.6	4,150	82	13,232	31.4	12,202
Adults	87.4	36.7	3,108	85	7,820	39.7	604
Children	100.0	28.6	2,657	93	12,755	20.8	8
Unknown	100.0	3.0	705	235	792	89.0	1
<b>Gender</b>							
Female	94.9	52.4	3,287	63	11,471	28.7	19,291
Male	88.4	42.5	3,229	76	11,389	28.4	12,101
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	92.8	52.4	3,549	68	12,997	27.3	21,119
African American	84.9	37.2	3,670	99	7,980	46.0	93
Other/unknown	91.7	40.8	2,670	65	8,239	32.4	10,180
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	97.0	68.1	3,552	52	41,479	8.6	2,265
Part year	96.6	70.6	3,765	53	28,345	13.3	1,055
None	91.9	46.2	3,223	70	8,380	38.5	28,072
<b>Maintenance Assistance Status</b>							
Cash	90.8	50.4	3,623	72	13,839	26.2	7,063
Medically needy	90.3	49.0	3,542	72	6,979	50.7	6,571
Poverty related	92.9	13.4	736	55	4,608	16.0	14
Other/unknown	93.8	47.7	3,021	63	12,141	24.9	17,744

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

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

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

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

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

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

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				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		Beneficiaries	Benefit Months
All	4.6	\$311	28.5	7.6	15.1	12.4	33.2	24.8	6.9	\$1,088	31,392	329,992
Age												
5 and younger	6.6	1,324	33.0	0.0	0.0	0.0	0.0	100.0	0.0	4,015	1	12
6-14	12.5	1,239	89.3	0.0	0.0	0.0	0.0	0.0	100.0	1,387	1	12
15-20	1.9	189	11.7	20.0	40.0	16.0	12.0	10.0	2.0	1,612	50	551
21-44	3.5	342	25.7	11.1	25.4	15.0	28.5	15.5	4.5	1,332	4,408	47,340
45-64	5.2	420	36.3	7.1	14.8	10.0	31.1	27.8	9.1	1,158	6,874	73,850
65-74	4.4	280	39.9	8.5	15.1	13.4	32.5	24.2	6.3	701	7,341	77,203
75-84	4.7	267	28.0	6.7	12.2	12.7	35.6	26.3	6.6	956	7,887	82,725
85 and older	4.9	237	15.0	5.1	11.0	11.2	37.7	27.9	7.2	1,581	4,830	48,299
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility <sup>e</sup>												
Aged	4.6	261	25.9	6.9	13.0	12.7	35.3	25.7	6.4	1,006	18,577	191,607
Disabled	4.7	382	31.4	8.4	18.0	12.0	30.1	23.8	7.8	1,219	12,202	132,476
Adults	3.8	322	39.7	12.6	22.5	11.8	29.5	21.4	2.3	810	604	5,833
Children	3.1	291	20.8	0.0	25.0	25.0	25.0	25.0	0.0	1,398	8	73
Unknown	1.0	235	89.0	0.0	100.0	0.0	0.0	0.0	0.0	264	1	3
Gender												
Female	4.9	309	28.7	5.1	13.1	12.4	35.0	26.8	7.5	1,078	19,291	205,259
Male	4.1	313	28.4	11.6	18.4	12.3	30.3	21.7	5.8	1,105	12,101	124,733
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.9	331	27.3	7.2	14.7	11.4	32.0	26.5	8.1	1,211	21,119	226,649
African American	3.6	360	46.0	15.1	28.0	8.6	28.0	17.2	3.2	782	93	949
Other/unknown	4.1	266	32.4	8.3	15.8	14.3	35.7	21.5	4.4	819	10,180	102,394
Use of Nursing Facilities <sup>f</sup>												
Entire year	7.2	375	8.6	3.0	5.0	5.6	25.3	39.4	21.7	4,375	2,265	21,475
Part year	7.2	382	13.3	3.4	6.4	5.7	29.6	37.7	17.2	2,879	1,055	10,388
None	4.3	303	38.5	8.1	16.3	13.2	34.0	23.2	5.3	789	28,072	298,129
Maintenance Assistance Status												
Cash	4.4	319	26.2	9.2	19.1	12.4	29.7	22.2	7.2	1,217	7,063	80,296
Medically needy	4.6	334	50.7	9.7	16.0	11.5	30.8	25.2	6.7	659	6,571	69,597
Poverty related	1.8	97	16.0	7.1	50.0	21.4	14.3	7.1	0.0	609	14	106
Other/unknown	4.7	298	24.9	6.2	13.2	12.7	35.5	25.8	6.7	1,197	17,744	179,993

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

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

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

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

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

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

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>4.6</b>	<b>\$311</b>	<b>\$67</b>	<b>1.8</b>	<b>\$234</b>	<b>\$131</b>	<b>0.2</b>	<b>\$16</b>	<b>\$94</b>	<b>2.7</b>	<b>\$61</b>	<b>\$23</b>
<b>Age</b>												
5 and younger	6.6	1,324	201	4.6	1,302	284	0.1	1	16	1.9	20	11
6-14	12.5	1,239	99	7.6	1,142	151	0.3	5	19	4.7	93	20
15-20	1.9	189	99	1.0	161	159	0.0	1	42	0.9	27	30
21-44	3.5	342	97	1.4	254	181	0.2	26	168	2.0	62	31
45-64	5.2	420	80	2.0	310	153	0.2	27	133	3.0	83	28
65-74	4.4	280	63	1.8	216	122	0.1	11	74	2.5	53	21
75-84	4.7	267	57	1.8	206	114	0.2	9	54	2.7	52	19
85 and older	4.9	237	48	1.8	176	101	0.2	9	48	3.0	52	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.6	261	56	1.8	200	113	0.2	9	58	2.7	52	19
Disabled	4.7	382	82	1.8	285	156	0.2	25	133	2.6	72	27
Adults	3.8	322	85	1.3	210	161	0.1	30	210	2.4	81	35
Children	3.1	291	93	1.9	266	140	0.0	0	0	1.2	25	20
Unknown	1.0	235	235	1.0	235	235	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	4.9	309	63	1.9	233	123	0.2	15	81	2.8	61	22
Male	4.1	313	76	1.6	236	147	0.1	17	123	2.4	60	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	4.9	331	68	1.9	248	133	0.2	17	97	2.8	65	23
African American	3.6	360	99	1.5	285	189	0.1	21	186	2.0	54	27
Other/unknown	4.1	266	65	1.6	204	128	0.1	12	84	2.3	50	22
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.2	375	52	2.6	277	108	0.3	15	55	4.3	83	19
Part year	7.2	382	53	2.6	286	108	0.2	15	62	4.3	82	19
None	4.3	303	70	1.7	229	135	0.2	16	100	2.5	58	23
<b>Maintenance Assistance Status</b>												
Cash	4.4	319	72	1.7	242	140	0.2	18	108	2.5	58	23
Medically needy	4.6	334	72	1.8	249	139	0.2	20	109	2.7	66	25
Poverty related	1.8	97	55	0.4	65	151	0.0	0	47	1.3	31	24
Other/unknown	4.7	298	63	1.8	225	125	0.2	13	80	2.7	60	22

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

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

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

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

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$22	\$14	\$3	\$4	\$65	\$206	\$82	\$19	58,653	\$3,784,970	15,899	50.6	174,415
Biologicals	0.1	0.1	0.0	0.1	93	5	31	57	681	80	3,409	817	341	232,084	226	0.7	2,504
Antineoplastic Agents	0.7	0.2	0.0	0.5	124	103	1	21	183	507	185	44	6,236	1,139,196	874	2.8	9,163
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.6	53	38	5	10	51	107	42	18	157,191	8,056,800	14,106	44.9	152,990
Cardiovascular Agents	1.9	0.7	0.0	1.2	86	67	1	18	46	101	33	16	431,329	19,863,368	21,349	68.0	230,296
Respiratory Agents	0.8	0.5	0.0	0.2	63	57	2	4	82	112	70	18	88,259	7,280,104	10,492	33.4	114,840
Gastrointestinal Agents	0.8	0.5	0.0	0.3	75	69	1	6	91	141	92	17	110,986	10,130,619	12,441	39.6	135,162
Genitourinary Agents	0.6	0.5	0.0	0.1	42	38	1	3	71	85	74	23	29,443	2,080,181	4,556	14.5	49,790
CNS Drugs	1.4	0.6	0.0	0.8	126	102	4	20	87	162	185	25	259,280	22,647,496	16,716	53.2	179,685
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	85	69	4	12	122	189	130	39	5,086	617,988	668	2.1	7,309
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	120	117	0	3	171	177	60	69	15,541	2,658,711	2,074	6.6	22,169
Analgesics and Anesthetics	0.9	0.2	0.0	0.7	57	23	11	23	65	150	263	34	139,591	9,105,483	14,601	46.5	158,587
Neuromuscular Agents	1.0	0.3	0.1	0.7	82	49	5	28	82	165	95	43	93,529	7,650,225	8,573	27.3	93,640
Nutritional Products	0.6	0.0	0.0	0.6	11	0	0	10	18	25	25	17	23,278	412,578	3,669	11.7	39,205
Hematological Agents	0.8	0.3	0.0	0.5	63	52	2	9	75	203	41	17	51,664	3,875,430	5,812	18.5	61,980
Topical Products	0.4	0.2	0.0	0.2	20	14	1	5	51	88	53	23	49,850	2,520,818	11,431	36.4	126,266
Miscellaneous Products	0.2	0.1	0.0	0.1	35	23	4	8	149	168	464	90	2,514	375,595	973	3.1	10,618
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	28	0	0	0	1,673	46,385	534	1.7	5,878
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>1,524,444</b>	<b>102,478,031</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Vermont, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$13,540,751	7,027	22.4	76,610	0.9	\$195	\$177
ANTIHYPERTENSIVE	10,904,083	12,166	38.8	135,787	0.7	118	80
ULCER DRUGS	8,901,536	11,940	38.0	131,434	0.7	96	68
ANTIDEPRESSANTS	7,369,367	15,753	50.2	172,233	0.7	58	43
ANTICONVULSANT	6,528,032	7,216	23.0	79,599	0.9	95	82
ANTIASTHMATIC	5,921,282	12,110	38.6	133,082	0.5	92	44
ANALGESICS - Narcotic	5,081,422	15,686	50.0	172,195	0.5	59	30
ANTIDIABETIC	5,017,611	9,237	29.4	100,973	0.8	65	50
ANTIHYPERTENSIVE	3,332,596	12,634	40.2	138,775	0.7	34	24
ANALGESICS - ANTI-INFLAMMATORY	3,062,729	7,470	23.8	83,565	0.4	82	37
Total	69,659,409	111,239		1,224,253	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

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

Dual Eligible Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 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 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 of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>812,057</b>	<b>\$69,659,409</b>	<b>7,027</b>	<b>22.4</b>	<b>76,610</b>	<b>0.9</b>	<b>\$177</b>	<b>12,166</b>	<b>38.8</b>	<b>135,787</b>	<b>0.7</b>	<b>\$80</b>
<b>Female</b>												
All Females	517,780	42,091,365	3,998	20.7	43,581	0.9	149	7,539	39.1	84,737	0.7	81
<b>Female, Disabled</b>												
All Ages	208,250	19,085,942	2,185	36.2	24,662	1.0	182	2,046	33.9	23,309	0.7	76
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	43	2,379	0	0.0	0	0.0	0	1	100.0	12	0.8	27
15-20	324	27,157	4	30.8	48	2.1	323	0	0.0	0	0.0	0
21-44	51,291	5,109,027	828	45.0	9,287	0.8	170	252	13.7	2,884	0.6	64
45-64	124,800	11,385,280	1,178	36.2	13,321	1.0	194	1,260	38.8	14,228	0.7	75
65-74	25,126	2,053,348	136	19.6	1,578	0.9	168	418	60.1	4,858	0.7	82
75-84	5,945	461,210	35	17.2	388	0.7	127	100	49.3	1,151	0.8	83
85 and older	721	47,541	4	10.5	40	0.3	19	15	39.5	176	0.8	89
<b>Female, Other Eligibles</b>												
All Ages	309,530	23,005,423	1,813	13.7	18,919	0.7	106	5,493	41.5	61,428	0.7	84
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	48	4,145	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	3,632	300,796	46	31.9	453	0.6	117	12	8.3	114	0.5	59
45-64	3,513	337,779	35	31.3	395	0.6	143	35	31.3	380	0.6	75
65-74	96,111	7,834,050	413	10.5	4,463	0.8	122	2,128	54.3	23,641	0.7	83
75-84	126,939	9,413,689	604	11.4	6,415	0.7	107	2,468	46.7	27,886	0.7	85
85 and older	79,287	5,114,964	715	18.9	7,193	0.7	91	850	22.5	9,407	0.7	83
<b>Male</b>												
All Males	294,277	27,568,044	3,029	25.0	33,029	1.0	214	4,627	38.2	51,050	0.7	79
<b>Male, Disabled</b>												
All Ages	170,241	18,017,975	2,299	37.3	25,860	1.0	242	1,995	32.4	22,538	0.7	75
5 and younger	10	1,037	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	178	17,247	4	13.8	48	0.6	59	0	0.0	0	0.0	0
21-44	51,172	6,173,240	1,085	47.5	12,196	1.0	237	344	15.1	3,878	0.6	65
45-64	106,108	10,712,423	1,129	33.3	12,689	1.1	250	1,445	42.7	16,302	0.7	76
65-74	10,675	950,473	67	17.9	780	1.1	233	179	47.9	2,073	0.7	83
75-84	1,943	153,893	14	18.2	147	0.8	154	23	29.9	237	0.7	76
85 and older	155	9,662	0	0.0	0	0.0	0	4	36.4	48	0.6	70

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS					ANTIHYPERTENSIVE				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean \$ 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 \$ per Benefit Month	
<b>Male, Other Eligibles</b>													
All Ages	124,036	9,550,069	730	12.3	7,169	0.8	109	2,632	44.3	28,512	0.7	81	
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	12	457	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
21-44	3,326	364,597	32	22.9	349	0.5	120	37	26.4	421	0.5	69	
45-64	2,844	233,116	13	10.3	137	0.6	119	58	46.0	630	0.7	71	
65-74	54,074	4,206,134	189	8.0	1,997	0.8	131	1,298	55.2	14,019	0.7	81	
75-84	47,308	3,609,580	314	13.6	3,097	0.8	105	1,020	44.0	11,136	0.7	83	
85 and older	16,472	1,136,185	182	18.1	1,589	0.7	87	219	21.8	2,306	0.7	84	
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

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

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTICONVULSANT				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>11,940</b>	<b>38.0</b>	<b>131,434</b>	<b>0.7</b>	<b>\$68</b>	<b>15,753</b>	<b>50.2</b>	<b>172,233</b>	<b>0.7</b>	<b>\$43</b>	<b>7,216</b>	<b>23.0</b>	<b>79,599</b>	<b>0.9</b>	<b>\$82</b>
<b>Female</b>															
All Females	7,999	41.5	88,610	0.7	68	10,717	55.6	117,765	0.7	43	4,380	22.7	48,395	0.8	77
<b>Female, Disabled</b>															
All Ages	2,733	45.2	31,065	0.7	69	5,027	83.2	56,437	0.7	47	2,550	42.2	28,617	0.9	98
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	100.0	12	1.0	103	0	0.0	0	0.0	0	1	100.0	12	0.3	9
15-20	3	23.1	35	0.6	40	8	61.5	89	1.2	59	6	46.2	72	1.0	64
21-44	616	33.4	6,973	0.6	57	1,589	86.3	17,925	0.7	47	919	49.9	10,358	0.9	103
45-64	1,613	49.6	18,247	0.7	73	2,954	90.9	32,918	0.8	49	1,443	44.4	16,064	0.9	97
65-74	375	54.0	4,350	0.7	69	385	55.4	4,453	0.7	37	136	19.6	1,582	0.9	85
75-84	106	52.2	1,236	0.8	69	80	39.4	926	0.8	41	40	19.7	469	0.7	53
85 and older	19	50.0	212	0.7	65	11	28.9	126	0.8	34	5	13.2	60	0.9	70
<b>Female, Other Eligibles</b>															
All Ages	5,266	39.7	57,545	0.7	67	5,690	42.9	61,328	0.8	40	1,830	13.8	19,778	0.8	47
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	50.0	24	0.2	22	1	25.0	12	0.7	10
21-44	45	31.3	467	0.5	54	160	111.1	1,706	0.6	45	65	45.1	701	0.7	88
45-64	46	41.1	502	0.6	73	129	115.2	1,405	0.7	53	48	42.9	496	0.7	76
65-74	1,522	38.8	16,775	0.7	73	1,588	40.5	17,407	0.7	40	566	14.4	6,122	0.8	54
75-84	2,129	40.2	23,627	0.7	65	2,192	41.4	23,808	0.7	38	721	13.6	7,885	0.7	41
85 and older	1,524	40.3	16,174	0.8	65	1,619	42.9	16,978	0.9	40	429	11.4	4,562	0.8	39
<b>Male</b>															
All Males	3,941	32.6	42,824	0.7	68	5,036	41.6	54,468	0.7	42	2,836	23.4	31,204	0.9	90
<b>Male, Disabled</b>															
All Ages	1,972	32.0	22,095	0.7	66	3,259	52.9	36,267	0.7	44	2,069	33.6	23,200	0.9	101
5 and younger	1	100.0	12	0.3	25	0	0.0	0	0.0	0	1	100.0	12	0.6	62
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	10.3	36	0.4	117	8	27.6	87	0.5	22	7	24.1	84	0.6	90
21-44	539	23.6	6,023	0.6	55	1,195	52.4	13,310	0.7	42	809	35.5	9,169	0.9	114
45-64	1,235	36.5	13,788	0.8	69	1,918	56.6	21,293	0.7	46	1,161	34.3	12,924	0.9	94
65-74	159	42.5	1,842	0.7	71	113	30.2	1,293	0.8	43	81	21.7	907	0.8	82
75-84	33	42.9	370	0.8	92	23	29.9	260	0.7	37	9	11.7	92	0.8	42
85 and older	2	18.2	24	1.0	117	2	18.2	24	1.0	52	1	9.1	12	0.9	47

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTICONVULSANT				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>															
All Ages	1,969	33.1	20,729	0.7	70	1,777	29.9	18,201	0.7	38	767	12.9	8,004	0.8	58
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	25.0	5	0.2	44	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	47	33.6	512	0.5	59	97	69.3	1,057	0.5	37	60	42.9	671	0.6	66
45-64	31	24.6	328	0.6	63	68	54.0	728	0.6	40	31	24.6	313	0.8	72
65-74	747	31.8	8,012	0.7	73	635	27.0	6,778	0.7	38	306	13.0	3,286	0.9	62
75-84	804	34.7	8,530	0.7	69	638	27.5	6,572	0.7	37	267	11.5	2,791	0.8	52
85 and older	339	33.8	3,342	0.7	69	339	33.8	3,066	0.8	41	103	10.3	943	0.9	46
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

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

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - Narcotic					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>12,110</b>	<b>38.6</b>	<b>133,082</b>	<b>0.5</b>	<b>\$45</b>	<b>15,686</b>	<b>50.0</b>	<b>172,195</b>	<b>0.5</b>	<b>\$30</b>	<b>9,237</b>	<b>29.4</b>	<b>100,973</b>	<b>0.8</b>	<b>\$50</b>
<b>Female</b>															
All Females	7,679	39.8	84,905	0.5	43	10,147	52.6	112,166	0.5	25	5,688	29.5	62,717	0.8	49
<b>Female, Disabled</b>															
All Ages	3,076	50.9	34,733	0.4	36	4,446	73.6	50,247	0.5	33	1,747	28.9	19,708	0.8	55
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	300.0	36	0.4	19	2	200.0	24	0.1	1	0	0.0	0	0.0	0
15-20	3	23.1	36	0.1	2	7	53.8	84	0.1	1	2	15.4	24	0.1	5
21-44	738	40.1	8,336	0.3	24	1,472	79.9	16,572	0.5	32	246	13.4	2,794	0.7	57
45-64	1,792	55.1	20,105	0.4	38	2,439	75.0	27,465	0.6	37	1,083	33.3	12,135	0.8	56
65-74	440	63.3	5,082	0.5	45	410	59.0	4,751	0.4	20	336	48.3	3,875	0.8	54
75-84	92	45.3	1,050	0.5	49	104	51.2	1,221	0.4	14	73	36.0	806	0.8	44
85 and older	8	21.1	88	0.6	38	12	31.6	130	0.4	9	7	18.4	74	0.5	20
<b>Female, Other Eligibles</b>															
All Ages	4,603	34.7	50,172	0.5	48	5,701	43.0	61,919	0.4	19	3,941	29.7	43,009	0.8	46
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	50.0	10	0.3	26	4	100.0	34	1.0	96	0	0.0	0	0.0	0
21-44	56	38.9	640	0.3	21	158	109.7	1,706	0.6	26	17	11.8	193	0.6	54
45-64	57	50.9	654	0.4	36	108	96.4	1,202	0.6	29	25	22.3	282	0.6	65
65-74	1,582	40.3	17,237	0.5	52	1,656	42.2	18,177	0.4	17	1,460	37.2	16,047	0.8	54
75-84	1,932	36.5	21,226	0.5	48	2,250	42.5	24,797	0.4	17	1,723	32.6	18,995	0.8	44
85 and older	974	25.8	10,405	0.5	42	1,525	40.4	16,003	0.5	21	716	19.0	7,492	0.8	35
<b>Male</b>															
All Males	4,431	36.6	48,177	0.5	48	5,539	45.8	60,029	0.5	38	3,549	29.3	38,256	0.7	51
<b>Male, Disabled</b>															
All Ages	2,034	33.0	22,805	0.5	43	3,411	55.4	37,653	0.6	46	1,525	24.8	16,831	0.7	58
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	17.2	60	0.2	8	11	37.9	128	0.1	1	0	0.0	0	0.0	0
21-44	431	18.9	4,897	0.3	25	1,208	52.9	13,426	0.5	41	274	12.0	3,035	0.7	59
45-64	1,354	40.0	15,108	0.5	47	1,997	59.0	21,936	0.6	51	1,066	31.5	11,693	0.8	58
65-74	188	50.3	2,105	0.6	55	171	45.7	1,889	0.5	28	153	40.9	1,777	0.7	55
75-84	55	71.4	623	0.6	46	18	23.4	202	0.4	7	30	39.0	302	0.8	68
85 and older	1	9.1	12	0.1	1	6	54.5	72	0.3	2	2	18.2	24	0.8	8

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	ANTIASTHMATIC						ANALGESICS - Narcotic						ANTIDIABETIC			
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	
<b>Male, Other Eligibles</b>																
All Ages	2,397	40.3	25,372	0.5	52	2,128	35.8	22,376	0.4	25	2,024	34.1	21,425	0.7	45	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
21-44	32	22.9	364	0.3	24	137	97.9	1,479	0.8	96	10	7.1	110	0.9	72	
45-64	27	21.4	292	0.3	25	94	74.6	982	0.6	44	43	34.1	455	0.8	53	
65-74	1,013	43.1	10,930	0.6	53	844	35.9	8,944	0.4	20	1,016	43.2	10,958	0.7	50	
75-84	986	42.6	10,472	0.5	53	749	32.3	8,004	0.4	18	747	32.2	7,883	0.7	42	
85 and older	339	33.8	3,314	0.5	51	304	30.3	2,967	0.4	16	208	20.7	2,019	0.8	30	
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.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.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>12,634</b>	<b>40.2</b>	<b>138,775</b>	<b>0.7</b>	<b>\$24</b>	<b>7,470</b>	<b>23.8</b>	<b>83,565</b>	<b>0.4</b>	<b>\$37</b>	<b>31,392</b>	<b>329,992</b>
<b>Female</b>												
All Females	8,044	41.7	88,980	0.7	26	4,967	25.7	55,835	0.5	38	19,291	205,259
<b>Female, Disabled</b>												
All Ages	1,698	28.1	19,151	0.7	21	2,084	34.5	23,686	0.4	37	6,042	66,227
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	100.0	12	0.2	2	0	0.0	0	0.0	0	1	12
15-20	1	7.7	9	0.4	10	2	15.4	24	0.3	2	13	144
21-44	198	10.7	2,217	0.7	15	607	33.0	6,893	0.3	18	1,842	20,031
45-64	1,010	31.1	11,262	0.7	21	1,194	36.7	13,493	0.5	43	3,250	35,380
65-74	364	52.4	4,217	0.8	25	226	32.5	2,632	0.5	57	695	7,948
75-84	110	54.2	1,275	0.7	25	49	24.1	572	0.5	56	203	2,305
85 and older	14	36.8	159	0.7	14	6	15.8	72	0.2	10	38	407
<b>Female, Other Eligibles</b>												
All Ages	6,346	47.9	69,829	0.7	27	2,883	21.8	32,149	0.5	38	13,249	139,032
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	38
21-44	12	8.3	129	0.6	25	63	43.8	667	0.4	12	144	1,424
45-64	29	25.9	330	0.4	16	55	49.1	604	0.3	38	112	1,118
65-74	1,870	47.7	20,509	0.7	28	947	24.2	10,631	0.4	42	3,921	41,282
75-84	2,777	52.5	31,030	0.7	28	1,158	21.9	13,127	0.5	37	5,290	56,602
85 and older	1,658	43.9	17,831	0.8	26	660	17.5	7,120	0.6	37	3,778	38,568
<b>Male</b>												
All Males	4,590	37.9	49,795	0.7	21	2,503	20.7	27,730	0.4	34	12,101	124,733
<b>Male, Disabled</b>												
All Ages	1,723	28.0	19,164	0.7	20	1,506	24.4	16,874	0.4	35	6,160	66,249
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	3.4	12	1.0	8	2	6.9	24	0.1	1	29	330
21-44	319	14.0	3,539	0.6	17	497	21.8	5,570	0.3	33	2,282	24,535
45-64	1,173	34.6	12,983	0.7	20	897	26.5	10,010	0.5	37	3,386	36,226
65-74	183	48.9	2,088	0.7	20	86	23.0	986	0.5	27	374	4,215
75-84	41	53.2	470	0.6	17	23	29.9	272	0.5	25	77	808
85 and older	6	54.5	72	0.4	19	1	9.1	12	0.1	1	11	123

Dual Eligible Beneficiaries



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

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month		
<b>Male, Other Eligibles</b>												
All Ages	2,867	48.3	30,631	0.7	21	997	16.8	10,856	0.5	33	5,941	58,484
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	25.0	11	0.8	20	1	25.0	11	0.2	2	4	39
21-44	32	22.9	362	0.5	19	47	33.6	520	0.3	29	140	1,350
45-64	36	28.6	369	0.7	21	32	25.4	353	0.4	52	126	1,126
65-74	1,236	52.6	13,305	0.7	23	449	19.1	4,890	0.5	34	2,351	23,758
75-84	1,136	49.0	12,319	0.7	21	336	14.5	3,728	0.5	30	2,317	23,010
85 and older	426	42.5	4,265	0.7	19	132	13.2	1,354	0.5	35	1,003	9,201
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

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

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All- Year Nursing Facility Residents
<b>All</b>	<b>\$375</b>	<b>7.2</b>	<b>2,265</b>	<b>21,475</b>
<b>Age</b>				
0-64	708	9.3	104	1,087
65-74	532	9.0	234	2,376
75-84	403	7.7	745	7,200
85 and older	288	6.2	1,182	10,812
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	361	7.0	1,609	15,714
Male	411	7.8	656	5,761
Unknown	0	0.0	0	0
<b>Race</b>				
White	381	7.3	1,599	15,494
African American	520	7.8	2	17
Other/unknown	358	6.9	664	5,964
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	357	7.1	2,147	20,261
Disabled	675	9.2	118	1,214
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 1,055 beneficiaries who were in nursing facilities for part of their enrollment and their 10,388 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Dual Eligible Beneficiaries

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.1	0.1	0.3	\$17	\$8	\$4	\$5	\$37	\$74	\$67	\$17	7,528	\$275,573	1,653	73.0	16,493
Biologicals	0.1	0.0	0.0	0.1	4	1	0	3	43	178	0	33	93	4,044	85	3.8	949
Antineoplastic Agents	0.8	0.1	0.0	0.6	132	90	1	40	168	658	223	63	603	101,017	84	3.7	768
Endocrine/Metabolic Drugs	1.3	0.4	0.2	0.7	47	33	6	9	38	84	37	12	12,471	468,546	1,011	44.6	9,883
Cardiovascular Agents	2.1	0.5	0.0	1.6	55	34	1	20	26	73	19	12	33,083	861,355	1,629	71.9	15,736
Respiratory Agents	0.7	0.5	0.0	0.2	49	43	2	4	67	93	59	17	5,900	395,278	801	35.4	8,044
Gastrointestinal Agents	1.0	0.5	0.0	0.6	68	57	1	10	65	122	28	18	11,629	754,178	1,129	49.8	11,078
Genitourinary Agents	0.7	0.5	0.0	0.2	45	40	0	4	64	81	75	22	3,777	240,829	530	23.4	5,378
CNS Drugs	1.8	0.9	0.0	0.8	131	115	0	16	75	124	31	19	30,250	2,262,249	1,771	78.2	17,230
Stimulants/Anti-obesity/Anorexia	0.8	0.1	0.0	0.6	36	26	0	10	47	176	19	16	310	14,487	42	1.9	405
Miscellaneous Psychological/Neurological Agents	1.1	1.1	0.0	0.0	146	145	0	1	132	133	0	79	5,011	663,384	457	20.2	4,559
Analgesics and Anesthetics	1.1	0.2	0.1	0.8	59	19	9	31	54	97	124	37	12,185	655,830	1,138	50.2	11,096
Neuromuscular Agents	1.2	0.3	0.1	0.8	69	35	3	31	57	117	53	37	10,287	591,336	849	37.5	8,536
Nutritional Products	0.7	0.0	0.0	0.7	11	0	0	10	14	11	28	14	3,788	54,508	529	23.4	5,155
Hematological Agents	1.5	0.3	0.1	1.1	61	49	2	10	40	172	22	9	9,284	372,278	634	28.0	6,150
Topical Products	0.6	0.2	0.0	0.4	24	15	1	8	42	78	86	21	7,198	302,353	1,246	55.0	12,846
Miscellaneous Products	0.3	0.2	0.0	0.1	17	10	0	7	52	47	27	60	449	23,222	138	6.1	1,380
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	14	0	0	0	359	5,158	101	4.5	1,044
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.	154,205	8,045,625	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,055 beneficiaries who were in nursing facilities for part of their enrollment and their 10,388 benefit months were excluded from the analysis.

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

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

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

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

In Vermont, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2005

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,402,799	1,087	48.0	10,810	0.9	\$150	\$130
ANTIDEPRESSANTS	768,757	1,643	72.5	16,472	0.9	50	47
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	665,387	556	24.5	5,602	0.9	132	119
ULCER DRUGS	638,673	1,015	44.8	10,108	0.8	77	63
ANALGESICS - Narcotic	427,344	1,067	47.1	10,566	0.8	50	40
ANTICONVULSANT	368,440	579	25.6	5,932	1.1	55	62
ANTIHYPERLIPIDEMIC	358,649	406	17.9	4,185	0.9	94	86
ANTIASTHMATIC	321,027	810	35.8	8,062	0.5	77	40
ANTIDIABETIC	277,589	695	30.7	6,750	0.9	44	41
ANALGESICS - ANTI-INFLAMMATORY	200,592	382	16.9	4,128	0.7	74	49
Total	5,429,257	8,240		82,615	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,055 beneficiaries who were in nursing facilities for part of their enrollment and their 10,388 benefit months were excluded from the analysis.

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

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

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

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

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>70,140</b>	<b>\$5,429,257</b>	<b>1,087</b>	<b>48.0</b>	<b>10,810</b>	<b>0.9</b>	<b>\$130</b>	<b>1,643</b>	<b>72.5</b>	<b>16,472</b>	<b>0.9</b>	<b>\$47</b>
<b>Female</b>												
All Females	49,687	3,855,548	751	46.7	7,658	0.8	130	1,186	73.7	12,109	0.9	46
<b>Female, Disabled</b>												
All Ages	2,931	335,801	38	66.7	434	1.1	237	49	86.0	536	1.0	61
64 or younger	2,594	312,274	34	70.8	386	1.1	247	44	91.7	476	1.0	62
65-74	240	14,810	1	16.7	12	1.1	159	4	66.7	48	0.8	59
75-84	97	8,717	3	150.0	36	0.6	151	1	50.0	12	1.4	55
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	46,756	3,519,747	713	45.9	7,224	0.8	123	1,137	73.3	11,573	0.9	45
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6,104	503,904	86	72.3	936	1.1	179	99	83.2	1,049	1.0	49
75-84	17,079	1,338,467	224	46.5	2,361	0.8	135	417	86.5	4,306	0.9	44
85 and older	23,573	1,677,376	403	42.4	3,927	0.8	103	621	65.3	6,218	0.9	46
<b>Male</b>												
All Males	20,453	1,573,709	336	51.2	3,152	0.9	130	457	69.7	4,363	0.9	48
<b>Male, Disabled</b>												
All Ages	2,474	225,203	32	52.5	325	0.9	173	46	75.4	463	1.0	57
64 or younger	2,347	210,936	32	57.1	325	0.9	173	44	78.6	439	1.0	58
65-74	64	10,194	0	0.0	0	0.0	0	1	25.0	12	1.0	72
75-84	63	4,073	0	0.0	0	0.0	0	1	100.0	12	0.9	15
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	17,979	1,348,506	304	51.1	2,827	0.9	125	411	69.1	3,900	0.9	47
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4,569	348,889	49	46.7	539	1.1	192	88	83.8	954	0.9	50
75-84	8,399	628,985	145	55.8	1,396	0.9	110	182	70.0	1,780	0.9	45
85 and older	5,011	370,632	110	47.8	892	0.8	108	141	61.3	1,166	1.0	49
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,055 beneficiaries who were in nursing facilities for part of their enrollment and their 10,388 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS					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 \$
<b>All</b>	<b>556</b>	<b>24.5</b>	<b>5,602</b>	<b>0.9</b>	<b>\$119</b>	<b>1,015</b>	<b>44.8</b>	<b>10,108</b>	<b>0.8</b>	<b>\$63</b>	<b>1,067</b>	<b>47.1</b>	<b>10,566</b>	<b>0.8</b>	<b>\$40</b>
<b>Female</b>															
All Females	406	25.2	4,197	0.9	120	722	44.9	7,299	0.8	63	785	48.8	7,904	0.8	39
<b>Female, Disabled</b>															
All Ages	8	14.0	93	0.5	345	30	52.6	320	1.0	109	34	59.6	352	1.1	105
64 or younger	7	14.6	81	0.6	393	27	56.3	284	1.0	113	28	58.3	300	1.2	122
65-74	1	16.7	12	0.2	21	3	50.0	36	1.1	78	5	83.3	40	0.5	8
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.3	2
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	398	25.6	4,104	0.9	115	692	44.6	6,979	0.8	61	751	48.4	7,552	0.8	36
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	29	24.4	325	1.1	127	58	48.7	613	0.9	71	59	49.6	645	1.0	27
75-84	142	29.5	1,523	0.9	115	222	46.1	2,293	0.8	66	234	48.5	2,356	0.9	43
85 and older	227	23.9	2,256	0.9	112	412	43.3	4,073	0.8	57	458	48.2	4,551	0.7	34
<b>Male</b>															
All Males	150	22.9	1,405	0.9	116	293	44.7	2,809	0.8	64	282	43.0	2,662	0.9	45
<b>Male, Disabled</b>															
All Ages	5	8.2	55	0.6	179	38	62.3	417	0.8	65	40	65.6	412	1.0	89
64 or younger	5	8.9	55	0.6	179	34	60.7	369	0.8	63	35	62.5	363	1.0	84
65-74	0	0.0	0	0.0	0	2	50.0	24	0.6	82	3	75.0	25	0.9	239
75-84	0	0.0	0	0.0	0	2	200.0	24	0.9	86	2	200.0	24	0.1	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	145	24.4	1,350	0.9	114	255	42.9	2,392	0.8	63	242	40.7	2,250	0.8	37
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	17	16.2	191	0.9	101	44	41.9	444	0.8	72	52	49.5	517	1.0	41
75-84	54	20.8	526	0.9	122	118	45.4	1,171	0.8	69	110	42.3	1,091	0.8	35
85 and older	74	32.2	633	0.9	111	93	40.4	777	0.7	51	80	34.8	642	0.7	37
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,055 beneficiaries who were in nursing facilities for part of their enrollment and their 10,388 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.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIHYPERTENSIVE					ASTHMA				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>579</b>	<b>25.6</b>	<b>5,932</b>	<b>1.1</b>	<b>\$62</b>	<b>406</b>	<b>17.9</b>	<b>4,185</b>	<b>0.9</b>	<b>\$86</b>	<b>810</b>	<b>35.8</b>	<b>8,062</b>	<b>0.5</b>	<b>\$40</b>
<b>Female</b>															
All Females	364	22.6	3,776	1.1	58	272	16.9	2,885	0.9	86	519	32.3	5,317	0.5	37
<b>Female, Disabled</b>															
All Ages	34	59.6	383	1.4	128	16	28.1	168	0.8	74	34	59.6	363	0.7	61
64 or younger	30	62.5	335	1.4	136	13	27.1	132	0.8	79	31	64.6	327	0.7	60
65-74	4	66.7	48	1.1	68	2	33.3	24	0.7	42	2	33.3	24	0.7	73
75-84	0	0.0	0	0.0	0	1	50.0	12	1.1	82	1	50.0	12	1.1	81
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	330	21.3	3,393	1.1	50	256	16.5	2,717	0.9	86	485	31.3	4,954	0.5	36
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	68	57.1	750	1.2	62	43	36.1	475	1.0	94	48	40.3	523	0.5	39
75-84	135	28.0	1,367	1.0	55	116	24.1	1,239	0.9	85	186	38.6	1,962	0.5	44
85 and older	127	13.4	1,276	1.0	39	97	10.2	1,003	0.9	85	251	26.4	2,469	0.4	28
<b>Male</b>															
All Males	215	32.8	2,156	1.2	69	134	20.4	1,300	0.9	86	291	44.4	2,745	0.6	45
<b>Male, Disabled</b>															
All Ages	39	63.9	399	1.3	84	4	6.6	45	0.8	92	44	72.1	451	0.4	35
64 or younger	37	66.1	386	1.3	85	4	7.1	45	0.8	92	40	71.4	403	0.5	35
65-74	1	25.0	1	1.0	272	0	0.0	0	0.0	0	1	25.0	12	0.2	2
75-84	1	100.0	12	1.0	19	0	0.0	0	0.0	0	3	300.0	36	0.4	44
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	176	29.6	1,757	1.2	66	130	21.8	1,255	0.9	86	247	41.5	2,294	0.6	47
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	56	53.3	602	1.3	69	44	41.9	453	1.0	94	41	39.0	403	0.6	36
75-84	74	28.5	750	1.1	72	62	23.8	571	0.9	83	129	49.6	1,250	0.7	51
85 and older	46	20.0	405	1.1	49	24	10.4	231	0.9	76	77	33.5	641	0.5	44
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,055 beneficiaries who were in nursing facilities for part of their enrollment and their 10,388 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - ANTI-INFLAMMATORY							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		
All	695	30.7	6,750	0.9	\$41	382	16.9	4,128	0.7	\$49	2,265	21,475	
Female													
All Females	482	30.0	4,905	0.9	43	294	18.3	3,227	0.7	49	1,609	15,714	
Female, Disabled													
All Ages	17	29.8	192	1.0	54	12	21.1	136	0.5	18	57	615	
64 or younger	11	22.9	120	1.1	77	11	22.9	124	0.5	18	48	528	
65-74	4	66.7	48	0.7	9	1	16.7	12	0.7	21	6	62	
75-84	2	100.0	24	1.2	27	0	0.0	0	0.0	0	2	24	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1	
Female, Other Eligibles													
All Ages	465	30.0	4,713	0.9	43	282	18.2	3,091	0.7	50	1,552	15,099	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	63	52.9	674	1.1	64	22	18.5	257	0.7	110	119	1,237	
75-84	192	39.8	1,973	0.9	46	102	21.2	1,122	0.6	40	482	4,857	
85 and older	210	22.1	2,066	0.9	32	158	16.6	1,712	0.7	49	951	9,005	
Male													
All Males	213	32.5	1,845	1.0	36	88	13.4	901	0.7	47	656	5,761	
Male, Disabled													
All Ages	13	21.3	132	1.3	83	9	14.8	87	0.8	58	61	599	
64 or younger	13	23.2	132	1.3	83	7	12.5	63	0.9	62	56	559	
65-74	0	0.0	0	0.0	0	1	25.0	12	1.0	91	4	28	
75-84	0	0.0	0	0.0	0	1	100.0	12	0.1	1	1	12	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
Male, Other Eligibles													
All Ages	200	33.6	1,713	0.9	32	79	13.3	814	0.7	46	595	5,162	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	51	48.6	478	1.0	38	16	15.2	185	0.6	50	105	1,049	
75-84	93	35.8	819	0.9	34	37	14.2	408	0.7	46	260	2,307	
85 and older	56	24.3	416	0.9	22	26	11.3	221	0.6	43	230	1,806	
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,055 beneficiaries who were in nursing facilities for part of their enrollment and their 10,388 benefit months were excluded from the analysis.

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

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

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

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



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

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>15,864</b>	<b>50.5</b>	<b>5.3</b>	<b>165,995</b>	<b>\$79</b>	<b>\$2,478,137</b>	<b>\$15</b>	<b>2.4</b>	<b>31,392</b>
<b>Age</b>									
5 and younger	1	100.0	33.0	33	275	275	8	1.7	1
6-14	1	100.0	15.0	15	520	520	35	3.5	1
15-20	13	26.0	1.5	75	26	1,299	17	1.2	50
21-44	2,174	49.3	4.7	20,566	118	518,867	25	3.2	4,408
45-64	3,919	57.0	6.8	46,658	107	734,488	16	2.4	6,874
65-74	3,275	44.6	4.4	31,937	61	444,954	14	2.1	7,341
75-84	3,848	48.8	4.8	37,737	59	465,208	12	2.1	7,887
85 and older	2,633	54.5	6.0	28,974	65	312,526	11	2.7	4,830
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	8,896	47.9	4.7	88,100	59	1,094,477	12	2.2	18,577
Disabled	6,661	54.6	6.2	75,536	108	1,311,975	17	2.6	12,202
Adults	301	49.8	3.8	2,314	118	71,174	31	3.8	604
Children	6	75.0	5.6	45	64	511	11	2.4	8
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
<b>Gender</b>									
Female	10,632	55.1	5.9	114,362	86	1,656,848	14	2.6	19,291
Male	5,232	43.2	4.3	51,633	68	821,289	16	2.1	12,101
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	11,396	54.0	6.1	128,047	87	1,847,653	14	2.5	21,119
African American	44	47.3	4.0	373	82	7,666	21	2.2	93
Other/unknown	4,424	43.5	3.7	37,575	61	622,818	17	2.3	10,180
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	1,568	69.2	7.9	17,873	84	189,967	11	2.4	2,265
Part year	843	79.9	11.3	11,939	110	116,163	10	2.9	1,055
None	13,453	47.9	4.9	136,183	77	2,172,007	16	2.4	28,072
<b>Maintenance Assistance Status</b>									
Cash	3,830	54.2	6.5	46,217	96	677,579	15	2.6	7,063
Medically needy	3,514	53.5	5.9	38,720	92	604,650	16	2.6	6,571
Poverty related	6	42.9	1.3	18	20	277	15	2.7	14
Other/unknown	8,514	48.0	4.6	81,040	67	1,195,631	15	2.2	17,744

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

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

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

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

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.5</b>	<b>\$8</b>	<b>\$15</b>	<b>\$0</b>	<b>\$3</b>	<b>329,992</b>
<b>Age</b>						
5 and younger	2.8	23	8	0	0	12
6-14	1.3	43	35	0	1	12
15-20	0.1	2	17	0	1	551
21-44	0.4	11	25	0	4	47,340
45-64	0.6	10	16	0	4	73,850
65-74	0.4	6	14	0	2	77,203
75-84	0.5	6	12	0	2	82,725
85 and older	0.6	6	11	0	2	48,299
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.5	6	12	0	2	191,607
Disabled	0.6	10	17	0	4	132,476
Adults	0.4	12	31	0	3	5,833
Children	0.6	7	11	0	6	73
Unknown	0.0	0	0	0	0	3
<b>Gender</b>						
Female	0.6	8	14	0	3	205,259
Male	0.4	7	16	0	3	124,733
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.6	8	14	0	3	226,649
African American	0.4	8	21	0	2	949
Other/unknown	0.4	6	17	0	2	102,394
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.8	9	11	0	2	21,475
Part year	1.1	11	10	0	3	10,388
None	0.5	7	16	0	3	298,129
<b>Maintenance Assistance Status</b>						
Cash	0.6	8	15	0	3	80,296
Medically needy	0.6	9	16	0	3	69,597
Poverty related	0.2	3	15	0	1	106
Other/unknown	0.5	7	15	0	2	179,993

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

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

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

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

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	
<b>All</b>	<b>23,087</b>	<b>\$107</b>	<b>\$2,478,137</b>	<b>100.0</b>	<b>165,995</b>	<b>\$15</b>		<b>100.0</b>
Anorexia or weight loss/gain	21	438	9,190	0.4	98	94		0.1
Fertility drugs	0	0	0	0.0	0	0		0.0
Drugs for cosmetic purposes	10	21	212	0.0	16	13		0.0
Cough and cold medications	2,173	64	140,059	5.7	4,792	29		2.9
Vitamins and minerals	3,665	114	419,626	16.9	23,854	18		14.4
Non-prescription drugs	8,286	92	765,559	30.9	68,198	11		41.1
Barbiturates	230	59	13,621	0.5	2,540	5		1.5
Benzodiazepines	8,225	106	868,340	35.0	64,308	14		38.7
Other Part D Excl Rx Drugs	477	548	261,530	10.6	2,189	119		1.3

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

b. Includes OTC drugs as well as prescription drugs.

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

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

Dual Eligible Beneficiaries

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

Total Number of Dual Eligible Beneficiaries: 31,392  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$102,478,031  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,264

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,388	7.6	\$0	0.0
1-500	4,526	14.4	958,355	0.9
501-1,000	3,127	10.0	2,333,408	2.3
1,001-1,500	2,776	8.8	3,450,992	3.4
1,501-2,000	2,497	8.0	4,367,517	4.3
2,001-2,500	2,196	7.0	4,937,288	4.8
2,501-3,000	1,925	6.1	5,281,089	5.2
3,001-3,500	1,657	5.3	5,371,226	5.2
3,501-4,000	1,489	4.7	5,568,727	5.4
4,001-4,500	1,258	4.0	5,338,948	5.2
4,501-5,000	1,045	3.3	4,958,058	4.8
5,001-5,500	898	2.9	4,709,020	4.6
5,501-6,000	784	2.5	4,501,999	4.4
6,001-6,500	644	2.1	4,022,607	3.9
6,501-7,000	512	1.6	3,455,992	3.4
7,001-7,500	483	1.5	3,496,122	3.4
7,501-8,000	388	1.2	3,006,939	2.9
8,001-8,500	329	1.0	2,707,881	2.6
8,501-9,000	302	1.0	2,641,052	2.6
9,001-9,500	237	0.8	2,190,734	2.1
9,501-10,000	202	0.6	1,968,963	1.9
10,001+	1,729	5.5	27,211,114	26.6

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 10,804  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$45,562,767  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$4,217

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65			
\$0	932	8.6	0	0.0	
1-500	1,723	15.9	335,904	0.7	
501-1,000	880	8.1	644,059	1.4	
1,001-1,500	741	6.9	923,187	2.0	
1,501-2,000	609	5.6	1,059,452	2.3	
2,001-2,500	600	5.6	1,348,024	3.0	
2,501-3,000	527	4.9	1,446,146	3.2	
3,001-3,500	478	4.4	1,545,498	3.4	
3,501-4,000	443	4.1	1,658,983	3.6	
4,001-4,500	394	3.6	1,676,422	3.7	
4,501-5,000	326	3.0	1,548,996	3.4	
5,001-5,500	293	2.7	1,538,643	3.4	
5,501-6,000	277	2.6	1,591,992	3.5	
6,001-6,500	227	2.1	1,418,683	3.1	
6,501-7,000	212	2.0	1,430,605	3.1	
7,001-7,500	203	1.9	1,470,368	3.2	
7,501-8,000	168	1.6	1,301,649	2.9	
8,001-8,500	159	1.5	1,309,136	2.9	
8,501-9,000	149	1.4	1,304,376	2.9	
9,001-9,500	133	1.2	1,228,547	2.7	
9,501-10,000	107	1.0	1,043,614	2.3	
10,001+	1,223	11.3	19,738,483	43.3	

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

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

Total Number of Dual Eligible Beneficiaries, Age 65+: 20,058  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$55,130,720  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,748

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	1,398	7.0	0	0.0
1-500	2,699	13.5	603,974	1.1
501-1,000	2,196	10.9	1,652,505	3.0
1,001-1,500	1,993	9.9	2,476,103	4.5
1,501-2,000	1,854	9.2	3,248,709	5.9
2,001-2,500	1,562	7.8	3,513,295	6.4
2,501-3,000	1,375	6.9	3,772,198	6.8
3,001-3,500	1,159	5.8	3,760,821	6.8
3,501-4,000	1,021	5.1	3,816,504	6.9
4,001-4,500	856	4.3	3,628,713	6.6
4,501-5,000	704	3.5	3,337,700	6.1
5,001-5,500	592	3.0	3,101,667	5.6
5,501-6,000	497	2.5	2,852,147	5.2
6,001-6,500	405	2.0	2,528,950	4.6
6,501-7,000	292	1.5	1,972,436	3.6
7,001-7,500	269	1.3	1,945,299	3.5
7,501-8,000	215	1.1	1,666,594	3.0
8,001-8,500	165	0.8	1,357,393	2.5
8,501-9,000	149	0.7	1,302,103	2.4
9,001-9,500	98	0.5	906,224	1.6
9,501-10,000	90	0.4	876,435	1.6
10,001+	469	2.3	6,810,950	12.4

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

Total Number of Dual Eligible Beneficiaries, Age 65-74: 7,341  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$21,578,878  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,939

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Percent of Total Pharmacy Reimbursement
		65-74	Pharmacy Reimbursement	
\$0	625	8.5	0	0.0
1-500	978	13.3	205,594	1.0
501-1,000	744	10.1	560,358	2.6
1,001-1,500	680	9.3	851,837	3.9
1,501-2,000	645	8.8	1,132,087	5.2
2,001-2,500	534	7.3	1,200,859	5.6
2,501-3,000	478	6.5	1,309,004	6.1
3,001-3,500	406	5.5	1,317,139	6.1
3,501-4,000	373	5.1	1,394,014	6.5
4,001-4,500	289	3.9	1,225,666	5.7
4,501-5,000	242	3.3	1,147,354	5.3
5,001-5,500	195	2.7	1,020,912	4.7
5,501-6,000	195	2.7	1,121,053	5.2
6,001-6,500	151	2.1	942,603	4.4
6,501-7,000	132	1.8	893,500	4.1
7,001-7,500	106	1.4	767,885	3.6
7,501-8,000	90	1.2	699,301	3.2
8,001-8,500	64	0.9	526,715	2.4
8,501-9,000	70	1.0	611,782	2.8
9,001-9,500	50	0.7	462,371	2.1
9,501-10,000	45	0.6	438,845	2.0
10,001+	249	3.4	3,749,999	17.4

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

Total Number of Dual Eligible Beneficiaries, Age 75-84: 7,887  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$22,116,138  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,804

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	529	6.7	0	0.0
1-500	951	12.1	217,606	1.0
501-1,000	824	10.4	622,998	2.8
1,001-1,500	792	10.0	977,377	4.4
1,501-2,000	716	9.1	1,254,066	5.7
2,001-2,500	625	7.9	1,405,573	6.4
2,501-3,000	561	7.1	1,542,187	7.0
3,001-3,500	483	6.1	1,570,039	7.1
3,501-4,000	413	5.2	1,542,982	7.0
4,001-4,500	379	4.8	1,605,387	7.3
4,501-5,000	301	3.8	1,426,644	6.5
5,001-5,500	262	3.3	1,373,263	6.2
5,501-6,000	208	2.6	1,190,814	5.4
6,001-6,500	182	2.3	1,135,851	5.1
6,501-7,000	105	1.3	708,118	3.2
7,001-7,500	114	1.4	823,872	3.7
7,501-8,000	84	1.1	651,217	2.9
8,001-8,500	72	0.9	591,216	2.7
8,501-9,000	45	0.6	392,725	1.8
9,001-9,500	32	0.4	295,757	1.3
9,501-10,000	32	0.4	310,741	1.4
10,001+	177	2.2	2,477,705	11.2

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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



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

Total Number of Dual Eligible Beneficiaries, Age 85+: 4,830  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$11,435,704  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,367

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	244	5.1	0	0.0
1-500	770	15.9	180,774	1.6
501-1,000	628	13.0	469,149	4.1
1,001-1,500	521	10.8	646,889	5.7
1,501-2,000	493	10.2	862,556	7.5
2,001-2,500	403	8.3	906,863	7.9
2,501-3,000	336	7.0	921,007	8.1
3,001-3,500	270	5.6	873,643	7.6
3,501-4,000	235	4.9	879,508	7.7
4,001-4,500	188	3.9	797,660	7.0
4,501-5,000	161	3.3	763,702	6.7
5,001-5,500	135	2.8	707,492	6.2
5,501-6,000	94	1.9	540,280	4.7
6,001-6,500	72	1.5	450,496	3.9
6,501-7,000	55	1.1	370,818	3.2
7,001-7,500	49	1.0	353,542	3.1
7,501-8,000	41	0.8	316,076	2.8
8,001-8,500	29	0.6	239,462	2.1
8,501-9,000	34	0.7	297,596	2.6
9,001-9,500	16	0.3	148,096	1.3
9,501-10,000	13	0.3	126,849	1.1
10,001+	43	0.9	583,246	5.1

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>31,401</b>	<b>18,579</b>	<b>12,209</b>	<b>604</b>	<b>8</b>	<b>1</b>	<b>330,019</b>	<b>191,613</b>	<b>132,497</b>	<b>5,833</b>	<b>73</b>	<b>3</b>
<b>Age</b>												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	1	0	1	0	0	0	12	0	12	0	0	0
15-20	50	0	42	2	6	0	551	0	474	21	56	0
21-44	4,408	0	4,124	283	1	0	47,340	0	44,566	2,769	5	0
45-64	6,877	3	6,639	234	1	0	73,859	29	71,615	2,203	12	0
65-74	7,344	6,190	1,072	81	0	1	77,212	64,239	12,172	798	0	3
75-84	7,889	7,605	281	3	0	0	82,731	79,585	3,116	30	0	0
85 and older	4,831	4,781	49	1	0	0	48,302	47,760	530	12	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	19,296	12,946	6,045	299	5	1	205,274	136,000	66,236	2,989	46	3
Male	12,105	5,633	6,164	305	3	0	124,745	55,613	66,261	2,844	27	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	21,124	10,468	10,187	464	5	0	226,664	110,444	111,540	4,628	52	0
African American	93	12	76	5	0	0	949	123	775	51	0	0
Other/unknown	10,184	8,099	1,946	135	3	1	102,406	81,046	20,182	1,154	21	3
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,265	2,147	118	0	0	0	21,475	20,261	1,214	0	0	0
Part year	1,055	891	161	3	0	0	10,388	8,695	1,662	31	0	0
None	28,081	15,541	11,930	601	8	1	298,156	162,657	129,621	5,802	73	3
<b>Maintenance Assistance Status</b>												
Cash	7,063	1,402	5,606	54	1	0	80,296	15,574	64,127	583	12	0
Medically needy	6,571	3,366	3,110	92	3	0	69,597	36,003	32,689	883	22	0
Poverty related	14	0	0	13	0	1	106	0	0	103	0	3
Other/unknown	17,753	13,811	3,493	445	4	0	180,020	140,036	35,681	4,264	39	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	31,401	18,579	12,209	604	8	1	330,019	191,613	132,497	5,833	73	3
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	31,392	18,577	12,202	604	8	1	329,992	191,607	132,476	5,833	73	3
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

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

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

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>31,401</b>	<b>330,019</b>	<b>31,392</b>	<b>329,992</b>	<b>0</b>	<b>27</b>
Fee-for-service (FFS) all year	31,392	329,992	31,392	329,992	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

Dual Eligible Beneficiaries