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

LIST OF TABLES

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]
NONDUAL 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
All	**126,454**	**278**	**9,117**	**49,443**	**67,516**	**100**	**1,187,862**	**2,547**	**101,325**	**420,132**	**663,025**	**833**
Age												
5 and younger	22,612	0	351	0	22,261	0	214,363	0	3,869	0	210,494	0
6-14	31,853	1	1,345	1	30,506	0	328,438	12	15,369	5	313,052	0
15-20	17,630	0	1,206	2,078	14,343	3	165,768	0	13,617	15,950	136,186	15
21-44	38,707	0	2,854	35,401	400	52	330,978	0	31,636	295,713	3,221	408
45-64	15,212	3	3,300	11,860	5	44	144,229	36	36,180	107,545	60	408
65-74	221	85	50	85	0	1	2,065	782	522	759	0	2
75-84	127	101	9	16	1	0	1,180	921	108	139	12	0
85 and older	92	88	2	2	0	0	841	796	24	21	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	68,603	160	4,788	30,240	33,315	100	651,930	1,482	53,578	268,496	327,541	833
Male	57,851	118	4,329	19,203	34,201	0	535,932	1,065	47,747	151,636	335,484	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	72,333	142	7,025	33,157	31,957	52	700,429	1,290	78,900	289,574	330,240	425
African American	1,474	3	87	633	751	0	13,764	36	948	5,307	7,473	0
Other/unknown	52,647	133	2,005	15,653	34,808	48	473,669	1,221	21,477	125,251	325,312	408
Use of Nursing Facilities[c]												
Entire year	87	33	53	0	0	1	844	302	541	0	0	1
Part year	132	12	101	19	0	0	1,368	133	1,064	171	0	0
None	126,235	233	8,963	49,424	67,516	99	1,185,650	2,112	99,720	419,961	663,025	832
Maintenance Assistance Status												
Cash	20,192	31	7,719	3,990	8,452	0	213,130	341	87,546	39,126	86,117	0
Medically needy	8,588	116	578	5,557	2,337	0	75,110	1,028	5,264	50,340	18,478	0
Poverty-related	49,405	0	0	2,532	46,773	100	473,322	0	0	17,874	454,615	833
Other/unknown	48,269	131	820	37,364	9,954	0	426,300	1,178	8,515	312,792	103,815	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	126,454	278	9,117	49,443	67,516	100	1,187,862	2,547	101,325	420,132	663,025	833
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 ND.2 includes the beneficiaries represented by Cell K 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.
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.

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL BENEFICIARIES, VERMONT, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**67.6**	**9.3**	**$622**	**$67**	**$3,841**	**16.2**	**126,454**
Age							
5 and younger	67.6	3.3	159	48	2,049	7.8	22,612
6-14	60.8	4.5	341	77	3,579	9.5	31,853
15-20	64.5	6.4	457	72	5,060	9.0	17,630
21-44	70.5	11.5	732	64	3,661	20.0	38,707
45-64	78.0	25.6	1,775	69	5,970	29.7	15,212
65-74	74.2	28.7	1,719	60	6,029	28.5	221
75-84	70.1	28.2	1,739	62	7,187	24.2	127
85 and older	63.0	32.3	1,745	54	15,499	11.3	92
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	64.0	31.6	1,818	58	10,362	17.5	278
Disabled	86.3	37.1	3,009	81	18,820	16.0	9,117
Adults	70.5	11.3	690	61	2,824	24.4	49,443
Children	62.9	4.0	244	62	2,532	9.6	67,516
Unknown	74.0	11.9	712	60	7,378	9.6	100
Gender							
Female	71.9	10.9	674	62	3,700	18.2	68,603
Male	62.4	7.4	560	75	4,009	14.0	57,851
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	73.2	12.3	816	67	4,677	17.5	72,333
African American	65.3	6.4	444	70	3,354	13.2	1,474
Other/unknown	59.9	5.3	359	68	2,707	13.3	52,647
Use of Nursing Facilities[f]							
Entire year	95.4	96.0	6,542	68	58,576	11.2	87
Part year	99.2	89.9	5,727	64	59,385	9.6	132
None	67.5	9.1	612	67	3,745	16.3	126,235
Maintenance Assistance Status							
Cash	78.6	19.8	1,485	75	9,045	16.4	20,192
Medically needy	70.0	11.2	688	62	3,564	19.3	8,588
Poverty related	61.1	3.4	189	56	1,719	11.0	49,405
Other/unknown	69.1	10.6	692	65	3,886	17.8	48,269

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 ND.3 includes beneficiaries represented by Cell K 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 fost 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL BENEFICIARIES, VERMONT, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with:						Mean $, All Medicaid FFS $[d]	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	**1.0**	**$66**	**16.2**	**32.4**	**49.7**	**7.3**	**7.6**	**2.4**	**0.5**	**$409**	**126,454**	**1,187,862**
Age												
5 and younger	0.3	17	7.8	32.4	64.5	2.3	0.9	0.0	0.0	216	22,612	214,363
6-14	0.4	33	9.5	39.2	53.2	4.4	2.9	0.3	0.0	347	31,853	328,438
15-20	0.7	49	9.0	35.5	51.9	6.9	5.0	0.7	0.1	538	17,630	165,768
21-44	1.3	86	20.0	29.5	45.3	10.9	10.8	3.0	0.5	428	38,707	330,978
45-64	2.7	187	29.7	22.0	30.4	12.4	21.6	10.7	2.8	630	15,212	144,229
65-74	3.1	184	28.5	25.8	22.6	8.1	27.1	12.2	4.1	645	221	2,065
75-84	3.0	187	24.2	29.9	17.3	13.4	22.0	15.7	1.6	774	127	1,180
85 and older	3.5	191	11.3	37.0	8.7	9.8	18.5	20.7	5.4	1,696	92	841
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility[e]												
Aged	3.5	198	17.5	36.0	11.5	9.0	21.2	18.0	4.3	1,131	278	2,547
Disabled	3.3	271	16.0	13.7	30.0	12.3	24.4	14.3	5.3	1,693	9,117	101,325
Adults	1.3	81	24.4	29.5	43.8	11.2	12.0	3.2	0.3	332	49,443	420,132
Children	0.4	25	9.6	37.1	56.9	3.8	2.0	0.2	0.0	258	67,516	663,025
Unknown	1.4	85	9.6	26.0	40.0	15.0	16.0	2.0	1.0	886	100	833
Gender												
Female	1.1	71	18.2	28.1	51.3	8.4	8.5	3.0	0.7	389	68,603	651,930
Male	0.8	60	14.0	37.6	47.9	6.1	6.4	1.7	0.3	433	57,851	535,932
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.3	84	17.5	26.8	49.8	9.0	10.1	3.5	0.8	483	72,333	700,429
African American	0.7	48	13.2	34.7	53.5	5.6	4.5	1.6	0.0	359	1,474	13,764
Other/unknown	0.6	40	13.3	40.1	49.6	5.1	4.1	0.9	0.1	301	52,647	473,669
Use of Nursing Facilities[f]												
Entire year	9.9	674	11.2	4.6	0.0	4.6	20.7	31.0	39.1	6,038	87	844
Part year	8.7	553	9.6	0.8	9.8	6.1	22.7	28.8	31.8	5,730	132	1,368
None	1.0	65	16.3	32.5	49.8	7.3	7.5	2.4	0.5	399	126,235	1,185,650
Maintenance Assistance Status												
Cash	1.9	141	16.4	21.4	47.1	9.4	13.5	6.6	2.1	857	20,192	213,130
Medically needy	1.3	79	19.3	30.0	47.1	9.8	9.3	3.2	0.6	408	8,588	75,110
Poverty related	0.4	20	11.0	38.9	56.2	3.4	1.4	0.1	0.0	179	49,405	473,322
Other/unknown	1.2	78	17.8	30.9	44.7	10.0	11.0	3.0	0.4	440	48,269	426,300

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 ND.4 includes the beneficiaries represented by Cell K 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 ND.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

NONDUAL 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
All	**1.0**	**$66**	**$67**	**0.4**	**$50**	**$134**	**0.0**	**$3**	**$91**	**0.6**	**$13**	**$23**
Age												
5 and younger	0.3	17	48	0.1	13	118	0.0	0	33	0.2	4	15
6-14	0.4	33	77	0.2	28	124	0.0	1	87	0.2	4	22
15-20	0.7	49	72	0.3	39	132	0.0	2	71	0.4	8	23
21-44	1.3	86	64	0.5	62	137	0.0	4	91	0.8	19	23
45-64	2.7	187	69	1.0	137	139	0.1	10	111	1.6	41	25
65-74	3.1	184	60	1.2	139	118	0.1	8	80	1.8	37	21
75-84	3.0	187	62	1.2	148	125	0.1	4	47	1.8	35	20
85 and older	3.5	191	54	1.2	144	122	0.2	11	52	2.1	35	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	3.5	198	58	1.2	150	121	0.2	9	55	2.0	40	20
Disabled	3.3	271	81	1.3	207	156	0.1	14	115	1.9	49	26
Adults	1.3	81	61	0.4	58	130	0.0	4	86	0.8	19	23
Children	0.4	25	62	0.2	20	115	0.0	1	70	0.2	4	19
Unknown	1.4	85	60	0.5	70	135	0.0	2	57	0.9	13	15
Gender												
Female	1.1	71	62	0.4	52	127	0.0	3	80	0.7	16	22
Male	0.8	60	75	0.3	47	144	0.0	3	115	0.5	11	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.3	84	67	0.5	63	134	0.0	4	96	0.8	18	23
African American	0.7	48	70	0.3	37	142	0.0	3	129	0.4	8	21
Other/unknown	0.6	40	68	0.2	31	132	0.0	2	76	0.3	7	22
Use of Nursing Facilities[e]												
Entire year	9.9	674	68	3.4	494	145	0.4	41	113	6.1	138	23
Part year	8.7	553	64	2.7	357	133	0.3	25	95	5.7	171	30
None	1.0	65	67	0.4	49	134	0.0	3	91	0.6	13	23
Maintenance Assistance Status												
Cash	1.9	141	75	0.7	107	151	0.1	7	109	1.1	27	24
Medically needy	1.3	79	62	0.4	56	128	0.0	5	95	0.8	18	23
Poverty related	0.4	20	56	0.1	15	107	0.0	1	62	0.2	4	19
Other/unknown	1.2	78	65	0.4	58	131	0.0	4	86	0.7	16	23

TABLE ND.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
NONDUAL BENEFICIARIES, VERMONT, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total 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			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.0	0.0	0.2	$12	$7	$2	$3	$53	$153	$78	$21	120,432	$6,430,074	50,318	39.8	533,039
Biologicals	0.2	0.2	0.0	0.0	150	131	2	17	717	662	1,789	1,674	1,598	1,145,250	758	0.6	7,650
Antineoplastic Agents	0.5	0.2	0.0	0.4	128	109	2	16	235	678	162	43	2,873	675,527	505	0.4	5,297
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	28	18	3	7	55	101	61	26	110,329	6,035,897	20,787	16.4	215,292
Cardiovascular Agents	1.0	0.4	0.0	0.6	48	38	0	9	47	103	42	15	128,869	6,066,819	12,286	9.7	127,467
Respiratory Agents	0.4	0.2	0.0	0.2	27	23	1	3	65	103	68	15	113,000	7,309,466	25,690	20.3	273,445
Gastrointestinal Agents	0.5	0.3	0.0	0.2	49	46	0	3	101	153	80	18	58,991	5,956,223	11,447	9.1	120,684
Genitourinary Agents	0.2	0.1	0.0	0.1	15	11	2	2	60	93	62	21	12,040	720,540	4,591	3.6	49,105
CNS Drugs	0.9	0.4	0.0	0.5	76	61	1	13	84	149	152	27	228,238	19,159,179	24,587	19.4	252,545
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.1	75	69	1	5	96	109	95	37	48,925	4,685,390	5,723	4.5	62,297
Miscellaneous Psychological/ Neurological Agents	0.2	0.1	0.0	0.1	53	46	0	6	255	408	112	70	3,790	965,742	1,761	1.4	18,328
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	28	14	3	11	48	143	231	23	171,352	8,177,643	28,750	22.7	295,113
Neuromuscular Agents	0.6	0.2	0.0	0.4	50	35	2	13	81	168	88	34	77,758	6,324,762	11,956	9.5	125,555
Nutritional Products	0.2	0.0	0.0	0.2	2	0	0	2	13	50	13	13	19,614	263,649	9,902	7.8	107,169
Hematological Agents	0.6	0.2	0.0	0.4	87	78	2	7	145	405	75	19	10,676	1,550,097	1,703	1.3	17,784
Topical Products	0.2	0.1	0.0	0.1	8	5	0	3	44	94	58	21	60,152	2,620,680	28,737	22.7	308,614
Miscellaneous Products	0.1	0.1	0.0	0.0	12	9	1	2	91	88	201	79	5,375	491,473	3,650	2.9	39,741
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	41	0	0	0	837	34,093	431	0.3	4,659
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.	1,174,849	78,612,504	n.a.	n.a.	n.a.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
NONDUAL BENEFICIARIES, VERMONT, 2005

Top 10 Drug Groups	Total Medicaid Rx $	Users			Among Users		
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$9,503,263	7,277	5.8	79,176	0.6	$192	$120
ANTIDEPRESSANTS	8,492,957	26,063	20.6	271,607	0.5	64	31
ANTICONVULSANT	5,736,112	8,199	6.5	88,052	0.6	102	65
ANTIASTHMATIC	5,192,217	25,719	20.3	276,478	0.3	68	19
ANALGESICS - Narcotic	5,180,963	33,312	26.3	348,277	0.3	43	15
ULCER DRUGS	4,889,263	10,475	8.3	111,014	0.4	99	44
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	4,685,390	6,766	5.4	74,416	0.7	96	63
ANTIHYPERLIPIDEMIC	3,424,516	5,044	4.0	53,639	0.6	110	64
ANTIVIRAL	2,658,097	2,298	1.8	24,034	0.3	361	111
ANTIDIABETIC	2,464,980	4,544	3.6	47,618	0.7	76	52
Total	52,227,758	129,697		1,374,311	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 ND.7 includes the beneficiaries represented by Cell K 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.

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx $	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**605,756**	**$52,227,758**	**7,277**	**5.8**	**79,176**	**0.6**	**$120**	**26,063**	**20.6**	**271,607**	**0.5**	**$31**
Female												
All Females	365,422	29,584,167	3,967	5.8	43,352	0.6	105	18,220	26.6	191,443	0.5	32
Female, Disabled												
All Ages	123,730	11,688,174	1,608	33.6	18,587	0.8	157	3,674	76.7	42,379	0.6	40
5 and younger	666	60,502	6	4.8	72	0.8	124	3	2.4	36	0.7	31
6-14	4,709	561,715	98	21.4	1,153	0.7	149	94	20.6	1,100	0.6	27
15-20	5,909	565,763	125	29.1	1,466	0.9	122	226	52.6	2,637	0.6	35
21-44	42,711	4,100,284	718	42.8	8,320	0.7	136	1,498	89.2	17,404	0.6	40
45-64	69,052	6,353,734	658	31.9	7,556	0.9	189	1,840	89.3	21,066	0.7	41
65-74	665	44,666	3	9.4	20	2.8	428	13	40.6	136	0.7	42
75-84	16	1,495	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	15	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	241,692	17,895,993	2,359	3.7	24,765	0.4	66	14,546	22.8	149,064	0.4	30
5 and younger	4,848	301,122	7	0.1	76	0.4	53	8	0.1	68	0.2	11
6-14	20,744	1,666,643	263	1.8	3,021	0.5	97	632	4.2	7,071	0.4	22
15-20	22,663	1,623,495	452	5.3	4,954	0.5	85	1,719	20.0	18,080	0.4	23
21-44	127,152	8,790,800	1,290	5.7	13,226	0.3	50	8,977	39.6	91,609	0.4	29
45-64	64,262	5,346,382	333	5.1	3,357	0.5	70	3,165	48.7	31,776	0.6	38
65-74	1,064	89,022	3	3.2	36	0.8	213	22	23.4	214	0.7	33
75-84	410	32,530	4	6.1	38	0.5	59	13	19.7	145	0.6	18
85 and older	549	45,999	7	12.5	57	0.8	203	10	17.9	101	0.9	46
Male												
All Males	240,334	22,643,591	3,310	5.7	35,824	0.7	138	7,843	13.6	80,164	0.5	30
Male, Disabled												
All Ages	73,559	8,147,336	1,356	31.3	15,555	0.8	174	1,747	40.4	19,953	0.6	35
5 and younger	917	84,648	7	3.1	84	0.7	98	8	3.5	96	0.4	8
6-14	11,578	1,374,993	334	37.6	3,913	0.7	150	233	26.2	2,765	0.6	29
15-20	9,071	1,116,819	265	34.1	3,103	0.7	153	268	34.5	3,172	0.6	37
21-44	20,794	2,351,398	432	36.8	4,867	0.9	195	560	47.7	6,338	0.6	36
45-64	30,798	3,175,047	314	25.3	3,558	0.9	189	672	54.2	7,519	0.7	37
65-74	332	38,156	4	22.2	30	0.8	288	5	27.8	51	0.7	31
75-84	69	6,275	0	0.0	0	0.0	0	1	16.7	12	0.3	6
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Nondual Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, VERMONT, 2005

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx $	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles												
All Ages	166,775	14,496,255	1,954	3.7	20,269	0.6	111	6,096	11.4	60,211	0.4	28
5 and younger	8,568	585,361	31	0.3	360	0.5	85	24	0.2	282	0.3	6
6-14	40,964	3,620,163	619	4.0	7,073	0.6	115	852	5.5	9,549	0.5	26
15-20	19,609	1,777,103	381	4.9	4,122	0.7	132	867	11.1	9,348	0.5	28
21-44	55,321	4,622,828	679	5.2	6,329	0.5	98	2,869	21.8	26,475	0.4	27
45-64	40,425	3,722,864	227	4.2	2,208	0.5	89	1,448	26.8	14,196	0.5	32
65-74	728	58,727	4	5.2	36	0.7	208	9	11.7	93	0.8	46
75-84	640	56,304	6	11.5	65	0.7	67	11	21.2	120	0.5	22
85 and older	520	52,905	7	20.6	76	1.3	293	16	47.1	148	0.8	44
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 ND.7A includes the beneficiaries represented by Cell K 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.

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**8,199**	**6.5**	**88,052**	**0.6**	**$65**	**25,719**	**20.3**	**276,478**	**0.3**	**$19**	**33,312**	**26.3**	**348,277**	**0.3**	**$15**
Female															
All Females	5,245	7.6	57,110	0.6	62	15,026	21.9	162,211	0.3	19	21,532	31.4	230,408	0.3	13
Female, Disabled															
All Ages	1,890	39.5	21,770	0.8	85	2,514	52.5	29,101	0.4	31	3,501	73.1	40,586	0.5	26
5 and younger	25	20.0	298	0.6	81	65	52.0	751	0.2	17	12	9.6	141	0.1	1
6-14	119	26.0	1,379	0.9	148	140	30.6	1,629	0.3	16	42	9.2	497	0.1	1
15-20	101	23.5	1,193	1.0	103	124	28.8	1,456	0.2	18	108	25.1	1,265	0.1	2
21-44	829	49.4	9,621	0.8	86	819	48.8	9,573	0.3	23	1,537	91.5	17,899	0.4	21
45-64	811	39.3	9,219	0.9	74	1,353	65.6	15,566	0.4	39	1,789	86.8	20,656	0.6	34
65-74	5	15.6	60	1.4	26	13	40.6	126	0.6	62	13	40.6	128	0.6	11
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	3,355	5.3	35,340	0.5	48	12,512	19.6	133,110	0.3	17	18,031	28.3	189,822	0.3	10
5 and younger	44	0.4	501	0.3	46	1,737	16.1	18,960	0.2	12	266	2.5	2,910	0.1	1
6-14	140	0.9	1,604	0.6	86	2,593	17.3	28,766	0.2	14	750	5.0	8,456	0.1	1
15-20	258	3.0	2,684	0.4	48	1,635	19.0	17,540	0.2	12	2,321	27.0	24,390	0.2	3
21-44	2,139	9.4	22,453	0.5	43	4,721	20.8	48,830	0.3	16	11,853	52.3	123,987	0.3	12
45-64	758	11.7	7,927	0.6	55	1,771	27.2	18,470	0.4	32	2,795	43.0	29,585	0.4	13
65-74	5	5.3	60	0.6	9	34	36.2	354	0.6	57	23	24.5	273	0.4	29
75-84	6	9.1	53	0.3	10	15	22.7	140	0.3	32	12	18.2	120	0.2	9
85 and older	5	8.9	58	0.8	45	6	10.7	50	0.4	50	11	19.6	101	0.8	38
Male															
All Males	2,954	5.1	30,942	0.7	71	10,693	18.5	114,267	0.3	18	11,780	20.4	117,869	0.4	19
Male, Disabled															
All Ages	1,090	25.2	12,501	0.8	92	1,243	28.7	14,360	0.3	27	1,665	38.5	18,906	0.5	33
5 and younger	33	14.6	383	0.5	73	105	46.5	1,223	0.3	25	18	8.0	211	0.1	1
6-14	169	19.0	1,971	0.7	93	238	26.8	2,801	0.3	16	66	7.4	786	0.2	2
15-20	141	18.2	1,646	0.9	135	156	20.1	1,846	0.3	12	143	18.4	1,681	0.2	5
21-44	376	32.0	4,277	0.9	102	238	20.3	2,706	0.3	20	592	50.4	6,668	0.5	27
45-64	368	29.7	4,188	0.8	66	496	40.0	5,664	0.4	39	837	67.6	9,460	0.6	45
65-74	3	16.7	36	0.8	34	8	44.4	96	0.9	110	8	44.4	88	0.5	64
75-84	0	0.0	0	0.0	0	2	33.3	24	0.3	48	1	16.7	12	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

Nondual Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, VERMONT, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles															
All Ages	1,864	3.5	18,441	0.6	57	9,450	17.7	99,907	0.3	17	10,115	18.9	98,963	0.4	16
5 and younger	52	0.5	569	0.6	81	2,696	23.5	29,463	0.2	13	426	3.7	4,802	0.1	1
6-14	222	1.4	2,472	0.7	85	3,396	21.9	37,581	0.2	14	843	5.4	9,508	0.1	1
15-20	184	2.4	1,957	0.6	78	1,036	13.2	10,739	0.2	13	1,314	16.8	13,514	0.2	3
21-44	900	6.8	8,380	0.5	44	1,388	10.5	12,785	0.3	20	5,402	41.0	49,751	0.5	23
45-64	492	9.1	4,910	0.6	52	894	16.5	8,899	0.4	38	2,095	38.7	21,010	0.4	18
65-74	7	9.1	84	0.9	37	18	23.4	216	0.4	32	14	18.2	145	0.3	13
75-84	4	7.7	44	1.0	212	8	15.4	92	0.9	62	12	23.1	127	0.3	4
85 and older	3	8.8	25	0.8	28	14	41.2	132	0.5	36	9	26.5	106	0.4	6
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.
a. Table ND.7B includes the beneficiaries represented by Cell K 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.

Nondual Beneficiaries

Beneficiary Characteristics	ULCER DRUGS					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**10,475**	**8.3**	**111,014**	**0.4**	**$44**	**6,766**	**5.4**	**74,416**	**0.7**	**$63**	**5,044**	**4.0**	**53,639**	**0.6**	**$64**
Female															
All Females	6,797	9.9	73,286	0.4	44	2,235	3.3	24,528	0.6	60	2,752	4.0	29,779	0.6	65
Female, Disabled															
All Ages	1,804	37.7	20,916	0.6	58	382	8.0	4,455	0.7	73	972	20.3	11,268	0.7	70
5 and younger	21	16.8	246	0.7	45	4	3.2	48	0.5	41	0	0.0	0	0.0	0
6-14	29	6.3	337	0.5	37	127	27.8	1,484	0.8	76	1	0.2	12	0.6	20
15-20	62	14.4	718	0.5	31	73	17.0	857	0.7	77	0	0.0	0	0.0	0
21-44	605	36.0	7,087	0.5	50	111	6.6	1,311	0.6	55	167	9.9	1,970	0.6	65
45-64	1,073	52.1	12,381	0.7	65	67	3.3	755	0.7	94	790	38.3	9,143	0.7	71
65-74	13	40.6	135	0.5	47	0	0.0	0	0.0	0	12	37.5	119	0.5	52
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	24	0.4	33
85 and older	1	100.0	12	0.2	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	4,993	7.8	52,370	0.4	39	1,853	2.9	20,073	0.6	57	1,780	2.8	18,511	0.5	62
5 and younger	222	2.1	1,998	0.3	19	26	0.2	303	0.2	19	21	0.2	226	0.1	2
6-14	301	2.0	3,429	0.2	17	883	5.9	9,835	0.6	57	3	0.0	35	0.4	22
15-20	475	5.5	5,082	0.2	15	352	4.1	3,799	0.6	55	8	0.1	81	0.4	37
21-44	2,511	11.1	26,411	0.3	35	459	2.0	4,789	0.5	59	463	2.0	4,885	0.4	52
45-64	1,427	22.0	14,854	0.5	61	132	2.0	1,343	0.6	65	1,240	19.1	12,798	0.6	67
65-74	26	27.7	274	0.6	49	1	1.1	4	0.5	65	28	29.8	300	0.7	71
75-84	15	22.7	153	0.6	59	0	0.0	0	0.0	0	11	16.7	117	0.6	77
85 and older	16	28.6	169	0.6	55	0	0.0	0	0.0	0	6	10.7	69	0.8	129
Male															
All Males	3,678	6.4	37,728	0.4	43	4,531	7.8	49,888	0.7	65	2,292	4.0	23,860	0.6	62
Male, Disabled															
All Ages	920	21.3	10,495	0.6	53	813	18.8	9,518	0.8	77	591	13.7	6,841	0.7	65
5 and younger	27	11.9	316	0.5	37	22	9.7	256	0.3	19	3	1.3	36	0.3	13
6-14	61	6.9	722	0.4	27	469	52.8	5,487	0.8	81	2	0.2	24	0.3	21
15-20	71	9.1	840	0.4	29	234	30.2	2,760	0.8	78	4	0.5	48	0.7	56
21-44	274	23.3	3,108	0.6	52	58	4.9	670	0.6	57	128	10.9	1,472	0.7	53
45-64	481	38.8	5,445	0.7	62	30	2.4	345	0.7	94	442	35.7	5,125	0.7	69
65-74	4	22.2	40	0.6	58	0	0.0	0	0.0	0	10	55.6	112	0.6	58
75-84	2	33.3	24	0.9	58	0	0.0	0	0.0	0	2	33.3	24	1.0	135
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Nondual Beneficiaries

Beneficiary Characteristics	ULCER DRUGS					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles															
All Ages	2,758	5.2	27,233	0.4	40	3,718	6.9	40,370	0.7	62	1,701	3.2	17,019	0.5	61
5 and younger	324	2.8	3,011	0.3	21	91	0.8	1,046	0.4	34	24	0.2	258	0.1	3
6-14	236	1.5	2,644	0.3	20	2,481	16.0	27,637	0.7	61	2	0.0	23	0.3	13
15-20	243	3.1	2,566	0.3	24	771	9.8	8,193	0.6	65	11	0.1	115	0.3	30
21-44	1,090	8.3	10,264	0.4	42	299	2.3	2,733	0.6	61	458	3.5	4,494	0.5	56
45-64	816	15.1	8,228	0.5	54	75	1.4	756	0.5	72	1,161	21.5	11,658	0.6	65
65-74	19	24.7	192	0.5	48	1	1.3	5	0.4	23	21	27.3	208	0.6	69
75-84	17	32.7	182	0.7	58	0	0.0	0	0.0	0	19	36.5	213	0.7	76
85 and older	13	38.2	146	0.7	77	0	0.0	0	0.0	0	5	14.7	50	0.6	85
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.
a. Table ND.7C includes the beneficiaries represented by Cell K 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.

	ANTIVIRAL					ANTIDIABETIC						
Beneficiary Characteristics	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	**2,298**	**1.8**	**24,034**	**0.3**	**$111**	**4,544**	**3.6**	**47,618**	**0.7**	**$52**	**126,454**	**1,187,862**
Female												
All Females	1,640	2.4	17,287	0.3	66	2,747	4.0	29,254	0.7	50	68,603	651,930
Female, Disabled												
All Ages	256	5.3	2,950	0.4	105	1,013	21.2	11,555	0.7	53	4,788	53,578
5 and younger	2	1.6	24	0.2	17	1	0.8	12	0.4	7	125	1,406
6-14	5	1.1	60	0.1	3	8	1.8	96	0.7	44	457	5,245
15-20	16	3.7	192	0.5	204	20	4.7	234	0.6	71	430	4,840
21-44	125	7.4	1,448	0.4	120	244	14.5	2,815	0.6	47	1,679	18,882
45-64	107	5.2	1,222	0.3	78	724	35.1	8,215	0.8	55	2,061	22,834
65-74	1	3.1	4	0.3	13	15	46.9	171	0.9	42	32	323
75-84	0	0.0	0	0.0	0	1	33.3	12	0.6	60	3	36
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Female, Other Eligibles												
All Ages	1,384	2.2	14,337	0.3	58	1,734	2.7	17,699	0.6	48	63,815	598,352
5 and younger	39	0.4	416	0.1	6	5	0.0	59	0.5	51	10,798	101,809
6-14	95	0.6	1,064	0.2	14	52	0.3	572	0.7	79	15,026	154,146
15-20	167	1.9	1,701	0.2	26	91	1.1	973	0.6	58	8,595	79,819
21-44	854	3.8	8,655	0.3	61	706	3.1	7,057	0.6	45	22,680	199,952
45-64	224	3.4	2,447	0.3	100	845	13.0	8,631	0.7	48	6,500	60,655
65-74	0	0.0	0	0.0	0	16	17.0	182	0.8	59	94	872
75-84	0	0.0	0	0.0	0	9	13.6	108	0.6	33	66	594
85 and older	5	8.9	54	0.1	5	10	17.9	117	0.9	21	56	505
Male												
All Males	658	1.1	6,747	0.4	224	1,797	3.1	18,364	0.7	54	57,851	535,932
Male, Disabled												
All Ages	132	3.0	1,495	0.6	365	505	11.7	5,727	0.7	54	4,329	47,747
5 and younger	4	1.8	39	0.1	5	0	0.0	0	0.0	0	226	2,463
6-14	6	0.7	71	0.1	5	17	1.9	204	0.6	62	888	10,124
15-20	10	1.3	120	0.5	164	15	1.9	176	0.7	52	776	8,777
21-44	55	4.7	618	0.5	267	106	9.0	1,188	0.7	54	1,175	12,754
45-64	57	4.6	647	0.7	558	363	29.3	4,111	0.7	54	1,239	13,346
65-74	0	0.0	0	0.0	0	2	11.1	24	0.8	68	18	199
75-84	0	0.0	0	0.0	0	2	33.3	24	0.5	17	6	72
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, VERMONT, 2005

Beneficiary Characteristics	ANTIVIRAL					ANTIDIABETIC						
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	526	1.0	5,252	0.3	184	1,292	2.4	12,637	0.7	55	53,522	488,185
5 and younger	51	0.4	580	0.1	5	25	0.2	259	0.6	85	11,463	108,685
6-14	69	0.4	796	0.2	15	60	0.4	670	0.6	63	15,482	158,923
15-20	59	0.8	610	0.2	11	49	0.6	473	0.7	84	7,829	72,332
21-44	226	1.7	2,012	0.4	219	395	3.0	3,700	0.7	60	13,173	99,390
45-64	117	2.2	1,206	0.5	420	728	13.5	7,141	0.7	48	5,412	47,394
65-74	0	0.0	0	0.0	0	22	28.6	241	0.8	48	77	671
75-84	2	3.8	24	0.1	2	10	19.2	119	0.9	59	52	478
85 and older	2	5.9	24	0.3	6	3	8.8	34	1.0	68	34	312
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 ND.7D includes the beneficiaries represented by Cell K 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; $ = Medicaid reimbursement.

Nondual Beneficiaries

Beneficiary Characteristics	Rx $ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	**$674**	**9.9**	**87**	**844**
Age				
0-64	861	12.1	51	535
65-74	380	5.4	6	43
75-84	250	5.7	8	67
85 and older	379	6.4	22	199
Unknown	0	0.0	0	0
Gender				
Female	643	9.6	61	618
Male	761	10.7	26	226
Unknown	0	0.0	0	0
Race				
White	722	10	67	681
African American	0	0	0	0
Other/unknown	475	9.6	20	163
Basis of Eligibility[c]				
Aged	338	6.0	33	302
Disabled	858	12.1	53	541
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	3,002	12.0	1	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. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 132 beneficiaries who were
in nursing facilities for part of their enrollment and their 1,368 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.

Nondual Beneficiaries

TABLE ND.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d, e]
NONDUAL BENEFICIARIES, VERMONT, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total 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			Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.7	0.2	0.0	0.5	$30	$15	$5	$9	$40	$85	$118	$18	556	$22,474	70	80.5	750
Biologicals	0.1	0.0	0.0	0.1	4	0	0	4	29	0	0	29	5	146	5	5.7	38
Antineoplastic Agents	1.0	0.4	0.0	0.6	137	118	0	19	133	268	0	33	35	4,672	4	4.6	34
Endocrine/Metabolic Drugs	1.6	0.6	0.2	0.8	113	46	51	16	68	74	218	20	758	51,849	45	51.7	460
Cardiovascular Agents	2.0	0.3	0.0	1.6	49	27	0	22	25	79	17	13	1,057	26,045	55	63.2	530
Respiratory Agents	0.8	0.5	0.0	0.3	64	60	0	4	76	113	7	13	290	21,936	34	39.1	343
Gastrointestinal Agents	1.3	0.7	0.1	0.5	110	95	3	12	82	130	38	23	610	49,973	47	54.0	455
Genitourinary Agents	1.0	0.5	0.0	0.4	56	41	1	14	58	77	39	34	235	13,616	25	28.7	243
CNS Drugs	2.4	1.3	0.0	1.1	290	267	1	22	123	208	60	21	1,773	218,101	75	86.2	752
Stimulants/Anti-obesity/Anorexia	0.3	0.3	0.0	0.0	42	42	0	0	168	168	0	0	1	168	1	1.1	4
Miscellaneous Psychological/ Neurological Agents	0.9	0.9	0.0	0.0	195	194	0	1	217	218	0	85	115	24,931	13	14.9	128
Analgesics and Anesthetics	1.5	0.2	0.1	1.1	62	23	7	32	42	97	76	28	717	30,422	51	58.6	489
Neuromuscular Agents	1.8	0.4	0.0	1.3	121	65	1	55	69	162	23	42	970	66,505	51	58.6	548
Nutritional Products	1.1	0.0	0.0	1.1	23	0	0	23	21	3	0	21	263	5,393	23	26.4	230
Hematological Agents	2.0	0.2	0.1	1.8	45	26	2	17	23	153	27	10	609	13,708	31	35.6	302
Topical Products	0.6	0.3	0.0	0.3	33	22	1	11	56	82	51	34	316	17,768	48	55.2	532
Miscellaneous Products	0.1	0.0	0.0	0.1	2	1	0	0	14	28	0	4	5	68	4	4.6	43
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	11	0	0	0	38	0	0	0	35	1,336	11	12.6	121
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.	8,350	569,111	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 132 beneficiaries who were in nursing facilities for part of their enrollment and their 1,368 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.medispan.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.medispan.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.

Nondual Beneficiaries

TABLE ND.10
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
BY TOP-10 DRUG GROUP[a, b, c, d]
NONDUAL BENEFICIARIES, VERMONT, 2005

		Users					Among Users
Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx $	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$168,232	62	71.3	682	1.0	$242	$247
ANTICONVULSANT	52,159	50	57.5	546	1.2	82	96
ANTIDEPRESSANTS	41,591	76	87.4	788	1.0	55	53
ULCER DRUGS	39,189	49	56.3	495	0.9	91	79
MISC. ENDOCRINE	26,068	11	12.6	106	0.8	310	246
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	25,374	16	18.4	169	0.8	195	150
ANTIDIABETIC	20,506	34	39.1	377	1.0	53	54
ANTIASTHMATIC	18,273	40	46.0	377	0.5	91	48
ANALGESICS - Narcotic	18,480	59	67.8	605	0.8	36	31
DERMATOLOGICAL	14,540	93	106.9	1,027	0.3	54	14
Total	424,412	490		5,172	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 132 beneficiaries who were in nursing facilities for part of their enrollment and their 1,368 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.

Nondual Beneficiaries

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**4,103**	**$424,412**	**62**	**71.3**	**682**	**1.0**	**$247**	**50**	**57.5**	**546**	**1.2**	**$96**
Female												
All Females	3,010	302,585	49	80.3	538	1.0	245	37	60.7	403	1.1	82
Female, Disabled												
All Ages	2,448	259,688	40	102.6	460	1.0	246	30	76.9	344	1.2	93
64 or younger	2,418	254,655	38	105.6	452	1.0	243	30	83.3	344	1.2	93
65-74	30	5,033	2	66.7	8	0.9	391	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	562	42,897	9	40.9	78	1.0	243	7	31.8	59	0.9	22
64 or younger	5	974	0	0.0	0	0.0	0	1	100.0	1	2.0	92
65-74	67	5,850	1	100.0	12	1.5	435	1	100.0	12	0.9	21
75-84	94	5,140	2	33.3	15	1.1	145	2	33.3	12	0.8	8
85 and older	396	30,933	6	42.9	51	0.8	226	3	21.4	34	1.0	25
Male												
All Males	1,093	121,827	13	50.0	144	1.1	252	13	50.0	143	1.3	133
Male, Disabled												
All Ages	813	91,396	6	42.9	72	1.0	240	8	57.1	94	1.5	184
64 or younger	813	91,396	6	42.9	72	1.0	240	8	57.1	94	1.5	184
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	280	30,431	7	58.3	72	1.1	264	5	41.7	49	0.9	34
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	55	2,249	0	0.0	0	0.0	0	3	150.0	36	1.0	44
75-84	53	2,390	2	100.0	18	0.3	10	1	50.0	9	0.2	5
85 and older	172	25,792	5	62.5	54	1.4	348	1	12.5	4	1.3	6
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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 132 beneficiaries who were in nursing facilities for part of their enrollment and their 1,368 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
NONDUAL BENEFICIARIES, VERMONT, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					MISC. ENDOCRINE				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**76**	**87.4**	**788**	**1.0**	**$53**	**49**	**56.3**	**495**	**0.9**	**$79**	**11**	**12.6**	**106**	**0.8**	**$246**
Female															
All Females	47	77.0	521	1.0	59	37	60.7	382	0.8	68	8	13.1	79	0.8	84
Female, Disabled															
All Ages	38	97.4	429	1.1	61	26	66.7	269	0.9	84	5	12.8	52	0.9	103
64 or younger	36	100.0	424	1.1	61	24	66.7	264	0.9	83	4	11.1	48	0.9	105
65-74	2	66.7	5	0.4	62	2	66.7	5	1.2	141	1	33.3	4	1.0	76
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	9	40.9	92	1.0	48	11	50.0	113	0.6	29	3	13.6	27	0.6	46
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	0	0.0	0	0.0	0	1	100.0	12	1.0	13	0	0.0	0	0.0	0
75-84	2	33.3	15	0.9	49	2	33.3	24	0.2	6	0	0.0	0	0.0	0
85 and older	7	50.0	77	1.0	48	8	57.1	77	0.7	38	3	21.4	27	0.6	46
Male															
All Males	29	111.5	267	0.8	41	12	46.2	113	1.1	119	3	11.5	27	0.7	721
Male, Disabled															
All Ages	19	135.7	182	0.9	47	11	78.6	107	1.1	125	1	7.1	12	1.0	1,582
64 or younger	19	135.7	182	0.9	47	11	78.6	107	1.1	125	1	7.1	12	1.0	1,582
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	10	83.3	85	0.7	30	1	8.3	6	1.0	9	2	16.7	15	0.5	33
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1	50.0	12	0.8	42	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	4	200.0	36	0.7	11	0	0.0	0	0.0	0	1	50.0	9	0.8	46
85 and older	5	62.5	37	0.7	45	1	12.5	6	1.0	9	1	12.5	6	0.2	13
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Vermont, released by CMS in 12/2008. This table was produced on 04/23/2009.
a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 132 beneficiaries who were in nursing facilities for part of their enrollment and their 1,368 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
NONDUAL BENEFICIARIES, VERMONT, 2005

| Beneficiary Characteristics | MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL | | | | | ANTIDIABETIC | | | | | ANTIASTHMATIC | | | | |
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**16**	**18.4**	**169**	**0.8**	**$150**	**34**	**39.1**	**377**	**1.0**	**$54**	**40**	**46.0**	**377**	**0.5**	**$49**
Female															
All Females	11	18.0	115	0.8	176	22	36.1	263	1.1	57	25	41.0	248	0.5	48
Female, Disabled															
All Ages	7	17.9	76	0.6	196	15	38.5	180	1.1	70	19	48.7	198	0.5	58
64 or younger	6	16.7	72	0.7	205	15	41.7	180	1.1	70	16	44.4	192	0.5	58
65-74	1	33.3	4	0.3	39	0	0.0	0	0.0	0	3	100.0	6	0.7	60
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	4	18.2	39	1.1	137	7	31.8	83	1.0	29	6	27.3	50	0.2	7
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	1	16.7	3	1.3	16	1	16.7	12	1.8	85	1	16.7	12	0.2	1
85 and older	3	21.4	36	1.0	147	6	42.9	71	0.9	19	5	35.7	38	0.2	8
Male															
All Males	5	19.2	54	0.8	95	12	46.2	114	0.9	49	15	57.7	129	0.7	49
Male, Disabled															
All Ages	1	7.1	12	0.2	13	11	78.6	102	1.0	53	9	64.3	93	0.7	56
64 or younger	1	7.1	12	0.2	13	11	78.6	102	1.0	53	9	64.3	93	0.7	56
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	4	33.3	42	0.9	119	1	8.3	12	0.8	12	6	50.0	36	0.6	33
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	1	50.0	12	0.8	12	0	0.0	0	0.0	0
75-84	2	100.0	18	0.7	74	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	25.0	24	1.1	152	0	0.0	0	0.0	0	6	75.0	36	0.6	33
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 132 beneficiaries who were in nursing facilities for part of their enrollment and their 1,368 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
NONDUAL BENEFICIARIES, VERMONT, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					DERMATOLOGICAL					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $		
All	**59**	**67.8**	**605**	**0.8**	**$31**	**93**	**106.9**	**1,027**	**0.3**	**$14**	**87**	**844**
Female												
All Females	48	78.7	495	0.9	35	64	104.9	710	0.3	15	61	618
Female, Disabled												
All Ages	35	89.7	372	0.9	31	57	146.2	636	0.3	16	39	411
64 or younger	32	88.9	363	0.9	32	57	158.3	636	0.3	16	36	404
65-74	3	100.0	9	0.7	7	0	0.0	0	0.0	0	3	7
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	13	59.1	123	0.9	45	7	31.8	74	0.2	4	22	207
64 or younger	1	100.0	1	3.0	882	0	0.0	0	0.0	0	1	1
65-74	1	100.0	12	2.0	15	1	100.0	12	0.2	4	1	12
75-84	5	83.3	60	0.3	13	1	16.7	12	0.4	11	6	57
85 and older	6	42.9	50	1.3	73	5	35.7	50	0.2	2	14	137
Male												
All Males	11	42.3	110	0.7	13	29	111.5	317	0.3	13	26	226
Male, Disabled												
All Ages	10	71.4	98	0.7	14	25	178.6	269	0.3	14	14	130
64 or younger	10	71.4	98	0.7	14	25	178.6	269	0.3	14	14	130
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	1	8.3	12	0.3	2	4	33.3	48	0.2	7	12	96
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	10
85 and older	1	12.5	12	0.3	2	4	50.0	48	0.2	7	8	62
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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 132 beneficiaries who were in nursing facilities for part of their enrollment and their 1,368 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.

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 $	Part D Excluded Rx $ per Part D Excluded Rx	Part D Excluded Rx $ as a Percentage of All Nondual Rx $	Total Number of Beneficiaries
All	**26,029**	**20.6**	**0.9**	**109,093**	**$15**	**$1,925,964**	**$18**	**2.4**	**126,454**
Age									
5 and younger	3,289	14.5	0.3	6,220	5	114,930	18	3.2	22,612
6-14	4,335	13.6	0.3	9,940	10	323,024	32	3.0	31,853
15-20	2,805	15.9	0.4	7,272	7	119,530	16	1.5	17,630
21-44	9,938	25.7	1.1	44,014	19	732,842	17	2.6	38,707
45-64	5,498	36.1	2.7	40,411	41	619,357	15	2.3	15,212
65-74	78	35.3	2.4	540	34	7,582	14	2.0	221
75-84	50	39.4	2.7	343	37	4,748	14	2.1	127
85 and older	36	39.1	3.8	353	43	3,951	11	2.5	92
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility[c]									
Aged	102	36.7	3.2	899	41	11,336	13	2.2	278
Disabled	4,225	46.3	4.4	39,859	74	674,774	17	2.5	9,117
Adults	12,329	24.9	1.0	49,281	16	797,564	16	2.3	49,443
Children	9,344	13.8	0.3	18,926	7	439,649	23	2.7	67,516
Unknown	29	29.0	1.3	128	26	2,641	21	3.7	100
Gender									
Female	16,839	24.5	1.1	74,849	18	1,268,754	17	2.7	68,603
Male	9,190	15.9	0.6	34,244	11	657,210	19	2.0	57,851
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	18,560	25.7	1.2	87,035	21	1,501,958	17	2.5	72,333
African American	309	21.0	0.6	880	9	12,725	14	1.9	1,474
Other/unknown	7,160	13.6	0.4	21,178	8	411,281	19	2.2	52,647
Use of Nursing Facilities[d]									
Entire year	61	70.1	11.3	983	164	14,234	14	2.5	87
Part year	117	88.6	12.7	1,677	432	57,070	34	7.5	132
None	25,851	20.5	0.8	106,433	15	1,854,660	17	2.4	126,235
Maintenance Assistance Status									
Cash	6,845	33.9	2.2	44,913	37	754,327	17	2.5	20,192
Medically needy	2,123	24.7	1.0	8,937	16	133,964	15	2.3	8,588
Poverty related	6,202	12.6	0.2	12,002	6	287,849	24	3.1	49,405
Other/unknown	10,859	22.5	0.9	43,241	16	749,824	17	2.2	48,269

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a,b]
VERMONT, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx $ per Benefit Month	$ per Rx	Barbiturate $ per Benefit Month	Benzodiazepine $ per Benefit Month	Number of Benefit Months
All	**0.1**	**$2**	**$18**	**$0**	**$1**	**1,187,862**
Age						
5 and younger	0.0	1	18	0	0	214,363
6-14	0.0	1	32	0	0	328,438
15-20	0.0	1	16	0	0	165,768
21-44	0.1	2	17	0	1	330,978
45-64	0.3	4	15	0	2	144,229
65-74	0.3	4	14	0	1	2,065
75-84	0.3	4	14	0	1	1,180
85 and older	0.4	5	11	0	1	841
Unknown	0.0	0	0	0	0	0
Basis of Eligibility[c]						
Aged	0.4	4	13	0	1	2,547
Disabled	0.4	7	17	0	3	101,325
Adults	0.1	2	16	0	1	420,132
Children	0.0	1	23	0	0	663,025
Unknown	0.2	3	21	0	1	833
Gender						
Female	0.1	2	17	0	1	651,930
Male	0.1	1	19	0	0	535,932
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	2	17	0	1	700,429
African American	0.1	1	14	0	0	13,764
Other/unknown	0.0	1	19	0	0	473,669
Use of Nursing Facilities[d]						
Entire year	1.2	17	14	0	5	844
Part year	1.2	42	34	0	4	1,368
None	0.1	2	17	0	1	1,185,650
Maintenance Assistance Status						
Cash	0.2	4	17	0	1	213,130
Medically needy	0.1	2	15	0	1	75,110
Poverty related	0.0	1	24	0	0	473,322
Other/unknown	0.1	2	17	0	1	426,300

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 ND.12 includes the beneficaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 beneficaries 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS[a,b,c]
VERMONT, 2005

Drug Category	Number of Users	Rx $ per User	Total Rx $	Rx $ as a Percentage of All Part D Excluded Rx $	Total Number Rx.	$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	**32,146**	**$60**	**$1,925,964**	**100.0**	**109,093**	**$18**	**100.0**
Anorexia or weight loss/gain	54	285	15,371	0.8	155	99	0.1
Fertility drugs	5	46	229	0.0	5	46	0.0
Drugs for cosmetic purposes	152	17	2,604	0.1	207	13	0.2
Cough and cold medications	5,402	45	244,771	12.7	8,719	28	8.0
Vitamins and minerals	1,955	57	111,658	5.8	6,058	18	5.6
Non-prescription drugs	14,722	46	679,547	35.3	41,674	16	38.2
Barbiturates	144	52	7,466	0.4	1,191	6	1.1
Benzodiazepines	9,109	74	672,738	34.9	49,000	14	44.9
Other Part D Excl Rx Drugs	603	318	191,580	9.9	2,084	92	1.9

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 ND.13 includes the beneficaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.
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.

Nondual Beneficiaries

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL 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
All	**126,454**	**278**	**9,117**	**49,443**	**67,516**	**100**	**1,187,862**	**2,547**	**101,325**	**420,132**	**663,025**	**833**
Age												
5 and younger	22,612	0	351	0	22,261	0	214,363	0	3,869	0	210,494	0
6-14	31,853	1	1,345	1	30,506	0	328,438	12	15,369	5	313,052	0
15-20	17,630	0	1,206	2,078	14,343	3	165,768	0	13,617	15,950	136,186	15
21-44	38,707	0	2,854	35,401	400	52	330,978	0	31,636	295,713	3,221	408
45-64	15,212	3	3,300	11,860	5	44	144,229	36	36,180	107,545	60	408
65-74	221	85	50	85	0	1	2,065	782	522	759	0	2
75-84	127	101	9	16	1	0	1,180	921	108	139	12	0
85 and older	92	88	2	2	0	0	841	796	24	21	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	68,603	160	4,788	30,240	33,315	100	651,930	1,482	53,578	268,496	327,541	833
Male	57,851	118	4,329	19,203	34,201	0	535,932	1,065	47,747	151,636	335,484	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	72,333	142	7,025	33,157	31,957	52	700,429	1,290	78,900	289,574	330,240	425
African American	1,474	3	87	633	751	0	13,764	36	948	5,307	7,473	0
Other/unknown	52,647	133	2,005	15,653	34,808	48	473,669	1,221	21,477	125,251	325,312	408
Use of Nursing Facilities[c]												
Entire year	87	33	53	0	0	1	844	302	541	0	0	1
Part year	132	12	101	19	0	0	1,368	133	1,064	171	0	0
None	126,235	233	8,963	49,424	67,516	99	1,185,650	2,112	99,720	419,961	663,025	832
Maintenance Assistance Status												
Cash	20,192	31	7,719	3,990	8,452	0	213,130	341	87,546	39,126	86,117	0
Medically needy	8,588	116	578	5,557	2,337	0	75,110	1,028	5,264	50,340	18,478	0
Poverty related	49,405	0	0	2,532	46,773	100	473,322	0	0	17,874	454,615	833
Other/unknown	48,269	131	820	37,364	9,954	0	426,300	1,178	8,515	312,792	103,815	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	126,454	278	9,117	49,443	67,516	100	1,187,862	2,547	101,325	420,132	663,025	833
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.1 includes the beneficiaries represented by Cell J 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.
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.

Nondual Beneficiaries

APPENDIX TABLE A.2

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]

NONDUAL BENEFICIARIES, VERMONT, 2005

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	**126,454**	**1,187,862**	**126,454**	**1,187,862**	**0**	**0**
Fee-for-service (FFS) all year	126,454	1,187,862	126,454	1,187,862	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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract;

MC = managed care; Rx = pharmacy benefit.

Nondual Beneficiaries