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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
FLORIDA

LIST OF TABLES

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	2997801 (A)	567862 (E)	2429939 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	2689320 (B)	343970 (F)	2345350 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	2039497 (C)	316856 (G)	1722641 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	46297 (D)	43133 (H)	3164 (L)

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2006 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2006, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Florida in 2006 was $1,024,843,875, of which $101,737,899 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI. In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2006. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell E. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2006. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

All Medicaid Beneficiaries

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

FLORIDA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**2,039,497**	**195,290**	**343,802**	**398,227**	**1,101,839**	**339**	**14,908,215**	**1,909,549**	**3,397,947**	**2,109,246**	**7,488,662**	**2,811**
Age												
5 and younger	516,651	0	13,439	0	503,212	0	3,394,881	0	125,955	0	3,268,926	0
6-14	453,600	0	36,969	0	416,631	0	3,363,584	0	389,827	0	2,973,757	0
15-20	246,187	0	27,462	38,816	179,909	0	1,744,201	0	284,253	224,179	1,235,769	0
21-44	422,932	0	88,989	331,919	2,016	8	2,620,525	0	869,129	1,741,414	9,928	54
45-64	161,217	17	133,672	27,187	21	320	1,397,220	83	1,251,901	142,448	84	2,704
65-74	92,193	62,617	29,314	251	0	11	931,062	606,956	323,005	1,048	0	53
75-84	86,566	76,062	10,456	48	0	0	889,833	773,134	116,564	135	0	0
85 and older	60,100	56,593	3,501	6	0	0	566,710	529,375	37,313	22	0	0
Unknown	51	1	0	0	50	0	199	1	0	0	198	0
Gender												
Female	1,201,088	136,255	177,074	337,788	549,632	339	8,682,180	1,346,916	1,768,462	1,828,961	3,735,030	2,811
Male	836,531	58,946	166,671	60,411	550,503	0	6,216,908	562,301	1,629,159	280,178	3,745,270	0
Unknown	1,878	89	57	28	1,704	0	9,127	332	326	107	8,362	0
Race												
White	729,177	83,143	134,228	150,806	360,779	221	5,507,115	780,282	1,318,382	859,950	2,546,668	1,833
African American	553,487	28,080	82,569	115,795	326,988	55	3,967,392	278,191	813,081	619,320	2,256,378	422
Other/unknown	756,833	84,067	127,005	131,626	414,072	63	5,433,708	851,076	1,266,484	629,976	2,685,616	556
Use of Nursing Facilities[c]												
Entire year	46,297	39,021	7,265	4	7	0	459,172	381,162	77,918	13	79	0
Part year	30,299	22,054	8,201	27	16	1	275,816	197,337	78,134	195	144	6
None	1,962,901	134,215	328,336	398,196	1,101,816	338	14,173,227	1,331,050	3,241,895	2,109,038	7,488,439	2,805
Maintenance Assistance Status												
Cash	873,863	101,658	292,088	174,374	305,743	0	7,139,270	1,097,721	2,933,723	911,836	2,195,990	0
Medically needy	26,298	750	2,156	17,702	5,690	0	137,039	6,437	15,448	87,149	28,005	0
Poverty-related	738,756	30,916	24,633	109,758	573,110	339	4,893,687	265,287	188,676	652,031	3,784,882	2,811
Other/unknown	400,580	61,966	24,925	96,393	217,296	0	2,738,219	540,104	260,100	458,230	1,479,785	0
Dual Medicare Status[d]												
Full dual, all year	295,972	168,897	125,413	1,615	33	14	3,056,237	1,689,609	1,356,851	9,405	275	97
Full dual, part year	20,884	11,805	8,774	304	1	0	202,089	114,908	84,213	2,957	11	0
Non-dual, all year	1,722,641	14,588	209,615	396,308	1,101,805	325	11,649,889	105,032	1,956,883	2,096,884	7,488,376	2,714
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,484,462	179,019	283,254	288,032	733,821	336	12,885,097	1,832,712	3,039,557	1,757,606	6,252,442	2,780
FFS part year, with Rx claims	188,116	6,020	39,704	42,442	99,947	3	1,004,671	35,485	266,870	199,366	502,919	31
FFS part year, no Rx claims	366,919	10,251	20,844	67,753	268,071	0	1,018,447	41,352	91,520	152,274	733,301	0

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

a. Table 2 includes the beneficiaries represented by Cell C 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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full

dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
FLORIDA, 2006

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	**47.6**	**5.9**	**$453**	**$77**	**$4,565**	**9.9**	**2,039,497**
Age							
5 and younger	51.3	3.3	224	69	2,518	8.9	516,651
6-14	42.7	3.3	330	101	1,750	18.8	453,600
15-20	43.9	3.5	367	105	2,833	12.9	246,187
21-44	51.1	6.5	513	79	4,831	10.6	422,932
45-64	60.6	24.3	1,873	77	11,432	16.4	161,217
65-74	39.0	6.9	330	48	6,356	5.2	92,193
75-84	36.8	4.6	149	32	10,516	1.4	86,566
85 and older	38.7	4.0	95	24	18,884	0.5	60,100
Unknown	5.9	0.3	7	20	983	0.7	51
Basis of Eligibility[e]							
Aged	37.4	5.0	185	37	12,384	1.5	195,290
Disabled	59.5	18.1	1,741	96	12,193	14.3	343,802
Adults	50.3	4.4	214	48	2,571	8.3	398,227
Children	44.8	2.7	184	67	1,517	12.1	1,101,839
Unknown	84.4	24.6	2,543	103	13,241	19.2	339
Gender							
Female	49.1	6.1	400	65	4,592	8.7	1,201,088
Male	45.5	5.5	530	96	4,531	11.7	836,531
Unknown	27.2	1.5	124	81	1,783	7.0	1,878
Race							
White	50.7	6.9	472	69	5,881	8.0	729,177
African American	42.2	4.2	353	83	3,924	9.0	553,487
Other/unknown	48.6	6.1	507	83	3,765	13.5	756,833
Use of Nursing Facilities[f]							
Entire year	52.9	12.2	507	42	40,957	1.2	46,297
Part year	54.2	10.6	541	51	25,092	2.2	30,299
None	47.4	5.6	450	80	3,390	13.3	1,962,901
Maintenance Assistance Status							
Cash	49.5	8.9	752	85	4,786	15.7	873,863
Medically needy	50.9	8.6	754	88	4,930	15.3	26,298
Poverty related	46.9	3.3	199	60	2,944	6.8	738,756
Other/unknown	44.9	3.9	248	64	7,047	3.5	400,580

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.
a. Table 3 includes beneficiaries represented by Cell C 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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.

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	**0.8**	**$62**	**9.9**	**52.4**	**35.9**	**5.0**	**4.2**	**1.8**	**0.8**	**$625**	**2,039,497**	**14,908,215**
Age												
5 and younger	0.5	34	8.9	48.7	44.4	4.6	2.0	0.3	0.1	383	516,651	3,394,881
6-14	0.4	45	18.8	57.3	36.0	3.7	2.5	0.4	0.1	236	453,600	3,363,584
15-20	0.5	52	12.9	56.1	36.8	4.1	2.6	0.5	0.1	400	246,187	1,744,201
21-44	1.0	83	10.6	48.9	35.1	6.8	6.3	2.2	0.7	780	422,932	2,620,525
45-64	2.8	216	16.4	39.4	21.3	7.3	14.0	11.4	6.5	1,319	161,217	1,397,220
65-74	0.7	33	5.2	61.0	26.4	4.5	4.7	2.5	1.0	629	92,193	931,062
75-84	0.4	15	1.4	63.2	27.9	3.9	3.2	1.4	0.5	1,023	86,566	889,833
85 and older	0.4	10	0.5	61.3	29.8	4.3	3.2	1.1	0.3	2,003	60,100	566,710
Unknown	0.1	2	0.7	94.1	5.9	0.0	0.0	0.0	0.0	252	51	199
Basis of Eligibility[e]												
Aged	0.5	19	1.5	62.6	26.9	4.2	4.0	1.7	0.5	1,267	195,290	1,909,549
Disabled	1.8	176	14.3	40.5	29.2	7.7	11.5	7.3	3.8	1,234	343,802	3,397,947
Adults	0.8	40	8.3	49.7	37.2	6.5	5.0	1.3	0.3	485	398,227	2,109,246
Children	0.4	27	12.1	55.2	39.2	3.7	1.7	0.2	0.1	223	1,101,839	7,488,662
Unknown	3.0	307	19.2	15.6	28.0	18.6	24.5	11.5	1.8	1,597	339	2,811
Gender												
Female	0.8	55	8.7	50.9	37.0	5.1	4.3	1.9	0.9	635	1,201,088	8,682,180
Male	0.7	71	11.7	54.5	34.4	4.8	4.1	1.6	0.6	610	836,531	6,216,908
Unknown	0.3	26	7.0	72.8	23.2	2.1	1.3	0.4	0.2	367	1,878	9,127
Race												
White	0.9	63	8.0	49.3	36.7	5.8	5.2	2.2	0.9	779	729,177	5,507,115
African American	0.6	49	9.0	57.8	33.7	3.8	3.0	1.2	0.5	547	553,487	3,967,392
Other/unknown	0.8	71	13.5	51.4	36.8	5.1	4.1	1.8	0.8	524	756,833	5,433,708
Use of Nursing Facilities[f]												
Entire year	1.2	51	1.2	47.1	31.4	7.3	7.4	4.2	2.6	4,130	46,297	459,172
Part year	1.2	59	2.2	45.8	34.4	6.3	6.7	4.4	2.4	2,757	30,299	275,816
None	0.8	62	13.3	52.6	36.0	4.9	4.1	1.7	0.7	469	1,962,901	14,173,227
Maintenance Assistance Status												
Cash	1.1	92	15.7	50.5	33.2	5.5	6.1	3.2	1.5	586	873,863	7,139,270
Medically needy	1.6	145	15.3	49.1	29.2	6.9	9.2	4.2	1.3	946	26,298	137,039
Poverty related	0.5	30	6.8	53.1	39.5	4.3	2.3	0.5	0.2	444	738,756	4,893,687
Other/unknown	0.6	36	3.5	55.1	35.6	4.9	3.3	0.8	0.3	1,031	400,580	2,738,219

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.
a. Table 4 includes the beneficiaries represented by Cell C 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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.

All Medicaid Beneficiaries

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]
FLORIDA, 2006

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	**0.8**	**$62**	**$77**	**0.3**	**$49**	**$187**	**0.0**	**$3**	**$84**	**0.5**	**$9**	**$19**
Age												
5 and younger	0.5	34	69	0.1	27	203	0.0	1	48	0.3	6	17
6-14	0.4	45	101	0.2	38	193	0.0	1	71	0.2	5	23
15-20	0.5	52	105	0.2	44	239	0.0	2	78	0.3	6	21
21-44	1.0	83	79	0.3	65	209	0.1	4	88	0.7	13	19
45-64	2.8	216	77	1.0	168	171	0.2	16	100	1.7	32	19
65-74	0.7	33	48	0.2	24	119	0.0	3	87	0.5	6	14
75-84	0.4	15	32	0.1	10	101	0.0	1	72	0.3	4	12
85 and older	0.4	10	24	0.1	6	89	0.0	1	54	0.3	4	10
Unknown	0.1	2	20	0.0	1	57	0.0	0	0	0.1	1	12
Basis of Eligibility[d]												
Aged	0.5	19	37	0.1	13	104	0.0	1	74	0.4	4	12
Disabled	1.8	176	96	0.7	145	218	0.1	9	98	1.1	22	21
Adults	0.8	40	48	0.2	27	131	0.0	3	82	0.6	10	17
Children	0.4	27	67	0.1	21	163	0.0	1	56	0.2	5	18
Unknown	3.0	307	103	1.1	260	232	0.2	18	95	1.7	27	17
Gender												
Female	0.8	55	65	0.3	42	161	0.0	4	83	0.5	10	18
Male	0.7	71	96	0.3	60	222	0.0	3	86	0.4	9	20
Unknown	0.3	26	81	0.1	16	153	0.0	2	101	0.2	8	41
Race												
White	0.9	63	69	0.3	48	168	0.0	4	87	0.6	11	19
African American	0.6	49	83	0.2	40	210	0.0	2	83	0.4	7	19
Other/unknown	0.8	71	83	0.3	58	195	0.0	3	80	0.5	9	18
Use of Nursing Facilities[e]												
Entire year	1.2	51	42	0.3	35	131	0.1	4	78	0.9	12	13
Part year	1.2	59	51	0.3	43	152	0.1	4	76	0.8	13	15
None	0.8	62	80	0.3	50	190	0.0	3	84	0.5	9	19
Maintenance Assistance Status												
Cash	1.1	92	85	0.4	74	199	0.1	5	91	0.7	13	19
Medically needy	1.6	145	88	0.6	114	205	0.1	9	100	1.0	21	21
Poverty related	0.5	30	60	0.1	23	153	0.0	2	65	0.3	6	17
Other/unknown	0.6	36	64	0.2	29	169	0.0	2	69	0.4	6	16

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.
a. Table 5 includes the beneficiaries represented by Cell C 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 other than the original patent holder. In Florida, 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.medi-span.com/master-drug-database.aspx
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.

All Medicaid Beneficiaries

TABLE 6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
FLORIDA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		Number of Benefit Months
	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	
Anti-infective Agents	0.3	0.1	0.0	0.2	$28	$22	$1	$5	$97	$336	$60	$25	1,490,740	$144,230,159	550,788	27.0	5,129,022
Biologicals	0.4	0.4	0.0	0.0	480	478	1	0	1158	1,173	1,812	63	33,461	38,760,660	9,160	0.4	80,782
Antineoplastic Agents	0.5	0.2	0.0	0.3	164	139	1	24	342	921	281	74	35,630	12,185,673	7,836	0.4	74,343
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.2	29	22	1	6	68	155	30	23	865,473	58,545,684	216,695	10.6	1,988,117
Cardiovascular Agents	1.2	0.4	0.1	0.7	51	32	10	9	43	75	115	13	1,420,511	61,249,714	131,643	6.5	1,199,153
Respiratory Agents	0.4	0.2	0.0	0.2	27	22	1	3	63	121	62	16	1,533,927	97,162,357	387,247	19.0	3,654,659
Gastrointestinal Agents	0.5	0.3	0.0	0.2	52	48	1	3	101	144	208	14	664,806	66,936,212	138,204	6.8	1,293,989
Genitourinary Agents	0.2	0.1	0.0	0.1	10	5	2	3	44	78	68	24	138,722	6,101,298	69,079	3.4	592,236
CNS Drugs	0.9	0.2	0.1	0.6	68	54	6	8	78	220	98	14	2,159,622	168,253,782	249,539	12.2	2,482,056
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	59	56	0	3	94	107	162	28	296,341	27,963,344	46,553	2.3	472,473
Miscellaneous Psychological/ Neurological Agents	0.5	0.4	0.0	0.0	107	105	0	2	223	233	71	65	38,424	8,579,883	8,515	0.4	80,291
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	16	7	2	8	38	193	247	20	1,098,726	41,839,443	282,056	13.8	2,564,550
Neuromuscular Agents	0.7	0.2	0.0	0.5	53	41	1	11	75	182	104	23	767,586	57,504,165	110,542	5.4	1,080,159
Nutritional Products	0.3	0.1	0.0	0.3	6	2	0	3	17	34	23	12	281,211	4,694,626	103,648	5.1	850,873
Hematological Agents	0.6	0.2	0.0	0.4	164	160	0	4	296	971	24	11	272,849	80,747,272	52,280	2.6	492,140
Topical Products	0.3	0.1	0.0	0.2	11	8	0	3	43	100	56	18	802,466	34,369,372	328,887	16.1	3,109,019
Miscellaneous Products	0.6	0.3	0.0	0.3	203	171	6	27	350	579	228	102	36,410	12,745,770	6,243	0.3	62,821
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	39	0	0	0	31,396	1,236,562	13,213	0.6	131,727
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.	11,968,301	923,105,976	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.
a. Table 6 includes the beneficiaries represented by Cell C of Table 1. 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.
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.medi-span.com/master-drug-database.aspx.
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 Florida, 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.medi-span.com/master-drug-database.aspx.
e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
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.

All Medicaid Beneficiaries

Top 10 Drug Groups	Total Medicaid Rx $	Users			Among Users		
		Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$112,469,185	80,723	4.0	822,558	0.5	$249	$137
ANTIVIRAL	83,247,918	33,221	1.6	315,413	0.5	485	264
ANTIASTHMATIC	68,572,701	321,527	15.8	3,116,408	0.3	81	22
MISC. HEMATOLOGICAL	63,857,353	16,486	0.8	157,843	0.5	797	405
ULCER DRUGS	50,102,441	125,700	6.2	1,201,210	0.4	107	42
ANTICONVULSANT	48,938,208	79,706	3.9	819,917	0.6	95	60
PASSIVE IMMUNIZING AGENTS	38,067,525	7,449	0.4	62,950	0.5	1,214	605
ANTIDEPRESSANTS	34,185,465	123,243	6.0	1,188,274	0.5	61	29
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	27,662,582	52,275	2.6	538,915	0.5	94	51
MISC. ENDOCRINE	24,459,820	14,390	0.7	148,155	0.5	351	165
Total	551,563,198	854,720	n.a.	8,371,643	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.
a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
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.

All Medicaid Beneficiaries