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

LIST OF TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MASSACHUSETTS, 2006

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]	1256946 (A)	244479 (E)	1012467 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1180818 (B)	232347 (F)	948471 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	868188 (C)	231631 (G)	636557 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	29912 (D)	27492 (H)	2420 (L)

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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 Massachusetts in 2006 was $475,456,749, of which $6,519,898 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 G. 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.

TABLE 2

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

MASSACHUSETTS, 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	**868,188**	**130,682**	**223,775**	**237,912**	**275,819**	**0**	**7,523,512**	**1,375,867**	**2,428,251**	**1,720,714**	**1,998,680**	**0**
Age												
5 and younger	100,057	2	3,454	0	96,601	0	628,266	3	32,595	0	595,668	0
6-14	127,305	2	11,289	1	116,013	0	1,038,315	12	123,746	8	914,549	0
15-20	89,156	0	11,264	14,712	63,180	0	707,958	0	120,149	99,455	488,354	0
21-44	245,069	0	77,942	167,105	22	0	2,022,727	0	846,745	1,175,891	91	0
45-64	175,801	11	119,826	55,961	3	0	1,749,658	85	1,305,016	444,539	18	0
65-74	52,545	52,412	0	133	0	0	570,661	569,840	0	821	0	0
75-84	42,770	42,770	0	0	0	0	458,005	458,005	0	0	0	0
85 and older	35,485	35,485	0	0	0	0	347,922	347,922	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	480,481	92,265	112,239	140,201	135,776	0	4,202,646	977,847	1,229,781	1,014,087	980,931	0
Male	387,707	38,417	111,536	97,711	140,043	0	3,320,866	398,020	1,198,470	706,627	1,017,749	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	400,286	78,844	144,044	86,699	90,699	0	3,808,069	853,272	1,593,455	652,401	708,941	0
African American	72,876	6,436	17,112	21,963	27,365	0	602,524	71,197	186,246	152,577	192,504	0
Other/unknown	395,026	45,402	62,619	129,250	157,755	0	3,112,919	451,398	648,550	915,736	1,097,235	0
Use of Nursing Facilities[c]												
Entire year	29,912	26,667	3,232	7	6	0	303,144	267,174	35,858	55	57	0
Part year	20,836	15,636	4,999	130	71	0	203,494	148,447	53,384	1,141	522	0
None	817,440	88,379	215,544	237,775	275,742	0	7,016,874	960,246	2,339,009	1,719,518	1,998,101	0
Maintenance Assistance Status												
Cash	236,341	52,815	127,849	25,343	30,334	0	2,410,600	606,351	1,432,495	161,739	210,015	0
Medically needy	22,965	14,995	7,970	0	0	0	235,486	152,321	83,165	0	0	0
Poverty-related	330,614	40,677	66,487	0	223,450	0	2,709,823	412,659	690,848	0	1,606,316	0
Other/unknown	278,268	22,195	21,469	212,569	22,035	0	2,167,603	204,536	221,743	1,558,975	182,349	0
Dual Medicare Status[d]												
Full dual, all year	228,034	118,004	107,985	2,039	6	0	2,462,620	1,242,647	1,202,507	17,404	62	0
Full dual, part year	3,597	3,507	89	1	0	0	39,607	38,627	977	3	0	0
Non-dual, all year	636,557	9,171	115,701	235,872	275,813	0	5,021,285	94,593	1,224,767	1,703,307	1,998,618	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	702,535	130,235	212,062	180,589	179,649	0	6,907,138	1,373,011	2,364,582	1,516,549	1,652,996	0
FFS part year, with Rx claims	64,681	294	7,476	25,048	31,863	0	328,678	2,028	47,243	119,022	160,385	0
FFS part year, no Rx claims	100,972	153	4,237	32,275	64,307	0	287,696	828	16,426	85,143	185,299	0

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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]

MASSACHUSETTS, 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	**54.9**	**8.2**	**$540**	**$66**	**$7,682**	**7.0**	**868,188**
Age							
5 and younger	44.0	2.1	92	43	4,008	2.3	100,057
6-14	47.6	4.4	331	76	3,008	11.0	127,305
15-20	51.3	5.4	565	105	4,064	13.9	89,156
21-44	57.9	8.8	617	70	6,156	10.0	245,069
45-64	67.6	17.6	1,108	63	10,413	10.6	175,801
65-74	51.1	5.8	242	42	8,969	2.7	52,545
75-84	49.5	4.3	129	30	16,430	0.8	42,770
85 and older	50.5	3.9	84	22	28,463	0.3	35,485
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	50.4	4.8	162	34	16,710	1.0	130,682
Disabled	71.2	18.2	1,413	78	13,644	10.4	223,775
Adults	53.7	6.8	351	51	2,749	12.8	237,912
Children	44.9	2.9	174	60	2,823	6.2	275,819
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	58.3	9.0	511	57	8,085	6.3	480,481
Male	50.8	7.2	577	80	7,183	8.0	387,707
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	61.7	11.3	782	69	10,146	7.7	400,286
African American	50.1	6.9	489	71	6,132	8.0	72,876
Other/unknown	49.0	5.3	305	58	5,471	5.6	395,026
Use of Nursing Facilities[f]							
Entire year	57.3	9.2	395	43	51,033	0.8	29,912
Part year	66.1	12.6	724	58	33,622	2.2	20,836
None	54.6	8.1	541	67	5,435	10.0	817,440
Maintenance Assistance Status							
Cash	64.5	14.8	1,081	73	10,266	10.5	236,341
Medically needy	55.8	8.5	415	49	18,330	2.3	22,965
Poverty related	49.1	4.6	271	59	6,748	4.0	330,614
Other/unknown	53.7	6.9	410	59	5,719	7.2	278,268

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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.

TABLE 4

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

MASSACHUSETTS, 2006

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**0.9**	**$62**	**7.0**	**45.1**	**38.8**	**6.4**	**6.8**	**2.5**	**0.4**	**$887**	**868,188**	**7,523,512**
Age												
5 and younger	0.3	15	2.3	56.0	39.8	2.8	1.2	0.2	0.0	638	100,057	628,266
6-14	0.5	41	11.0	52.4	38.5	4.6	3.8	0.6	0.0	369	127,305	1,038,315
15-20	0.7	71	13.9	48.7	39.6	5.8	4.8	1.0	0.1	512	89,156	707,958
21-44	1.1	75	10.0	42.1	38.5	8.3	8.4	2.4	0.4	746	245,069	2,022,727
45-64	1.8	111	10.6	32.4	35.7	9.4	14.0	7.0	1.5	1,046	175,801	1,749,658
65-74	0.5	22	2.7	48.9	41.4	4.5	3.7	1.3	0.2	826	52,545	570,661
75-84	0.4	12	0.8	50.5	43.0	3.4	2.1	0.7	0.2	1,534	42,770	458,005
85 and older	0.4	9	0.3	49.5	44.1	3.6	2.1	0.7	0.2	2,903	35,485	347,922
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	0.5	15	1.0	49.6	42.6	3.9	2.8	0.9	0.2	1,587	130,682	1,375,867
Disabled	1.7	130	10.4	28.8	39.7	9.3	13.9	6.9	1.4	1,257	223,775	2,428,251
Adults	0.9	49	12.8	46.3	35.8	8.4	7.8	1.6	0.2	380	237,912	1,720,714
Children	0.4	24	6.2	55.1	38.9	3.6	2.2	0.3	0.0	390	275,819	1,998,680
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.0	58	6.3	41.7	40.8	6.8	7.3	2.8	0.6	924	480,481	4,202,646
Male	0.8	67	8.0	49.2	36.3	5.9	6.2	2.0	0.3	839	387,707	3,320,866
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.2	82	7.7	38.3	40.4	7.7	9.1	3.7	0.7	1,067	400,286	3,808,069
African American	0.8	59	8.0	49.9	36.6	5.4	5.7	2.1	0.3	742	72,876	602,524
Other/unknown	0.7	39	5.6	51.0	37.6	5.3	4.7	1.2	0.2	694	395,026	3,112,919
Use of Nursing Facilities[f]												
Entire year	0.9	39	0.8	42.7	44.5	5.2	3.4	2.7	1.6	5,036	29,912	303,144
Part year	1.3	74	2.2	33.9	47.6	5.8	5.6	4.9	2.2	3,443	20,836	203,494
None	0.9	63	10.0	45.4	38.4	6.5	7.0	2.4	0.4	633	817,440	7,016,874
Maintenance Assistance Status												
Cash	1.4	106	10.5	35.5	39.1	7.7	11.1	5.5	1.2	1,007	236,341	2,410,600
Medically needy	0.8	40	2.3	44.2	40.1	6.1	6.8	2.5	0.3	1,788	22,965	235,486
Poverty related	0.6	33	4.0	50.9	40.3	4.4	3.4	0.9	0.1	823	330,614	2,709,823
Other/unknown	0.9	53	7.2	46.3	36.7	7.8	7.2	1.7	0.2	734	278,268	2,167,603

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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.

TABLE 5

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

MASSACHUSETTS, 2006

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	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	**0.9**	**$62**	**$66**	**0.3**	**$48**	**$176**	**0.0**	**$1**	**$92**	**0.7**	**$13**	**$20**
Age												
5 and younger	0.3	15	43	0.1	11	141	0.0	1	48	0.3	3	13
6-14	0.5	41	76	0.2	34	145	0.0	1	72	0.3	6	20
15-20	0.7	71	105	0.3	61	235	0.0	1	86	0.4	9	22
21-44	1.1	75	70	0.3	57	200	0.0	2	105	0.8	16	21
45-64	1.8	111	63	0.5	83	169	0.0	3	104	1.3	26	21
65-74	0.5	22	42	0.1	16	118	0.0	1	78	0.4	5	14
75-84	0.4	12	30	0.1	9	98	0.0	0	51	0.3	3	10
85 and older	0.4	9	22	0.1	6	83	0.0	0	43	0.3	3	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	0.5	15	34	0.1	11	107	0.0	1	61	0.3	4	11
Disabled	1.7	130	78	0.5	103	204	0.0	3	106	1.1	25	22
Adults	0.9	49	51	0.2	35	145	0.0	1	91	0.7	13	19
Children	0.4	24	60	0.1	19	133	0.0	1	64	0.3	5	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.0	58	57	0.3	43	154	0.0	2	96	0.7	14	19
Male	0.8	67	80	0.3	54	205	0.0	1	85	0.6	12	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.2	82	69	0.3	63	183	0.0	2	98	0.8	17	21
African American	0.8	59	71	0.2	47	192	0.0	1	83	0.6	11	19
Other/unknown	0.7	39	58	0.2	30	155	0.0	1	82	0.5	8	18
Use of Nursing Facilities[e]												
Entire year	0.9	39	43	0.2	28	141	0.0	1	55	0.7	9	14
Part year	1.3	74	58	0.3	55	169	0.0	2	83	0.9	17	18
None	0.9	63	67	0.3	49	177	0.0	1	95	0.6	13	20
Maintenance Assistance Status												
Cash	1.4	106	73	0.4	82	190	0.0	2	103	1.0	21	22
Medically needy	0.8	40	49	0.2	31	127	0.0	1	80	0.6	9	15
Poverty related	0.6	33	59	0.2	26	156	0.0	1	81	0.4	7	17
Other/unknown	0.9	53	59	0.2	40	169	0.0	1	84	0.6	12	18

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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 Massachusetts, 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.
e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 6

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

MASSACHUSETTS, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users: Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	$ per Benefit Month Among Users: Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	$ per Rx: Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Users[e]: Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$30	$25	$0	$5	$112	$400	$51	$25	568,287	$63,917,536	207,592	23.9	2,144,267
Biologicals	0.2	0.2	0.0	0.0	124	124	0	0	711	747	0	32	4,631	3,291,936	2,543	0.3	26,514
Antineoplastic Agents	0.4	0.1	0.0	0.3	150	133	0	17	355	933	600	61	21,767	7,728,052	4,918	0.6	51,395
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	25	18	0	7	48	102	61	20	643,755	30,814,001	118,417	13.6	1,225,257
Cardiovascular Agents	0.8	0.2	0.0	0.6	27	20	0	7	33	80	36	12	1,088,449	35,769,427	122,781	14.1	1,323,011
Respiratory Agents	0.4	0.2	0.0	0.2	28	24	0	4	64	108	60	17	499,800	32,019,560	110,786	12.8	1,162,321
Gastrointestinal Agents	0.3	0.1	0.0	0.2	24	18	3	3	71	133	352	15	270,886	19,151,476	75,305	8.7	812,134
Genitourinary Agents	0.2	0.1	0.0	0.1	14	8	3	3	56	84	78	25	67,564	3,757,109	26,117	3.0	277,328
CNS Drugs	0.8	0.2	0.0	0.6	60	46	2	13	75	220	98	22	1,622,328	121,053,580	187,024	21.5	2,006,465
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	58	52	0	6	91	108	163	38	168,807	15,439,909	25,257	2.9	266,183
Miscellaneous Psychological/ Neurological Agents	0.2	0.2	0.0	0.1	59	55	0	4	252	311	0	70	28,791	7,262,002	11,310	1.3	123,896
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	18	9	0	9	38	181	181	21	811,002	30,667,686	165,637	19.1	1,729,275
Neuromuscular Agents	0.6	0.2	0.0	0.4	42	33	1	9	65	165	88	20	677,829	44,054,098	95,779	11.0	1,047,219
Nutritional Products	0.3	0.0	0.0	0.3	3	1	0	2	12	33	8	9	129,824	1,523,901	44,256	5.1	438,914
Hematological Agents	0.5	0.1	0.0	0.4	96	91	0	5	186	1,261	27	12	179,091	33,247,581	32,158	3.7	347,424
Topical Products	0.2	0.0	0.0	0.2	8	5	0	3	37	100	54	19	301,286	11,012,453	124,490	14.3	1,301,753
Miscellaneous Products	0.3	0.2	0.0	0.1	59	49	4	6	216	267	233	87	36,075	7,784,755	12,406	1.4	132,400
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	55	0	0	0	7,990	441,789	3,764	0.4	41,424
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.	7,128,162	468,936,851	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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 Massachusetts, 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.

TABLE 7

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

MASSACHUSETTS, 2006

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$87,365,063	76,683	8.8	850,619	0.5	$213	$103
ANTIVIRAL	47,316,885	19,368	2.2	211,416	0.5	497	224
ANTICONVULSANT	41,043,111	81,756	9.4	911,402	0.6	74	45
ANTIDEPRESSANTS	26,941,941	147,983	17.0	1,606,709	0.4	41	17
ANTIASTHMATIC	24,763,024	125,615	14.5	1,343,560	0.3	67	18
MISC. HEMATOLOGICAL	23,088,110	5,444	0.6	59,169	0.4	983	390
ANTIHYPERLIPIDEMIC	20,169,038	52,665	6.1	582,490	0.4	80	35
ANALGESICS - Narcotic	18,191,504	156,415	18.0	1,671,492	0.3	36	11
ULCER DRUGS	15,935,538	83,879	9.7	922,068	0.3	50	17
ANTIDIABETIC	15,879,560	52,146	6.0	568,210	0.5	58	28
Total	320,693,774	801,954	n.a.	8,727,135	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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.