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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006  
MISSOURI**

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

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	1111398 (A)	177450 (E)	933948 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	1100766 (B)	166864 (F)	933902 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	720089 (C)	166495 (G)	553594 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	22212 (D)	20339 (H)	1873 (L)

Source: Data for this table are from the MAX 2006 file for Missouri, 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 beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Missouri in 2006 was \$550,375,182, of which \$17,606,748 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 separately 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<sup>a, b</sup>  
 MISSOURI, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>720,089</b>	<b>89,002</b>	<b>179,457</b>	<b>143,256</b>	<b>307,755</b>	<b>619</b>	<b>5,991,062</b>	<b>893,239</b>	<b>1,806,131</b>	<b>861,035</b>	<b>2,425,277</b>	<b>5,380</b>
<b>Age</b>												
5 and younger	122,487	0	878	20	121,589	0	916,483	0	8,170	61	908,252	0
6-14	130,769	0	3,007	31	127,731	0	1,103,905	0	31,686	157	1,072,062	0
15-20	81,510	0	5,274	18,009	58,227	0	604,994	0	52,289	109,155	443,550	0
21-44	186,131	0	67,897	117,878	185	171	1,401,300	0	690,394	708,318	1,273	1,315
45-64	108,669	0	100,918	7,301	12	438	1,058,065	0	1,010,767	43,244	62	3,992
65-74	36,398	35,290	1,082	15	1	10	368,064	359,511	8,401	76	3	73
75-84	30,878	30,629	247	2	0	0	312,632	309,806	2,802	24	0	0
85 and older	23,239	23,083	154	0	2	0	225,568	223,922	1,622	0	24	0
Unknown	8	0	0	0	8	0	51	0	0	0	51	0
<b>Gender</b>												
Female	429,006	64,020	95,417	119,856	149,094	619	3,547,147	653,323	979,208	730,553	1,178,683	5,380
Male	291,082	24,982	84,039	23,400	158,661	0	2,443,913	239,916	826,921	130,482	1,246,594	0
Unknown	1	0	1	0	0	0	2	0	2	0	0	0
<b>Race</b>												
White	577,816	69,897	134,373	115,607	257,490	449	4,938,836	698,923	1,350,763	739,586	2,145,683	3,881
African American	116,273	14,691	38,559	21,318	41,566	139	858,165	149,543	393,278	88,502	225,590	1,252
Other/unknown	26,000	4,414	6,525	6,331	8,699	31	194,061	44,773	62,090	32,947	54,004	247
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	22,212	18,213	3,997	0	2	0	232,222	187,624	44,574	0	24	0
Part year	15,512	11,651	3,857	2	0	2	149,804	109,948	39,818	14	0	24
None	682,365	59,138	171,603	143,254	307,753	617	5,609,036	595,667	1,721,739	861,021	2,425,253	5,356
<b>Maintenance Assistance Status</b>												
Cash	272,602	19,054	77,712	85,103	90,733	0	2,331,173	218,160	871,536	513,839	727,638	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	183,155	1,647	3,080	32,250	145,559	619	1,383,921	17,151	32,586	149,960	1,178,844	5,380
Other/unknown	264,332	68,301	98,665	25,903	71,463	0	2,275,968	657,928	902,009	197,236	518,795	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	156,917	81,498	74,458	884	43	34	1,591,595	816,854	766,989	6,977	434	341
Full dual, part year	9,578	3,457	6,096	25	0	0	100,124	35,753	64,132	239	0	0
Non-dual, all year	553,594	4,047	98,903	142,347	307,712	585	4,299,343	40,632	975,010	853,819	2,424,843	5,039
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	596,645	88,985	176,946	98,140	231,958	616	5,625,262	893,140	1,790,870	723,082	2,212,805	5,365
FFS part year, with Rx claims	41,410	11	1,884	17,448	22,064	3	165,815	71	12,247	59,994	93,488	15
FFS part year, no Rx claims	82,034	6	627	27,668	53,733	0	199,985	28	3,014	77,959	118,984	0

Source: Data for this table are from the MAX 2006 file for Missouri, 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.

## All Medicaid Beneficiaries

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
MISSOURI, 2006

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>58.0</b>	<b>10.4</b>	<b>\$740</b>	<b>\$71</b>	<b>\$5,329</b>	<b>13.9</b>	<b>720,089</b>
<b>Age</b>							
5 and younger	59.4	3.9	211	54	2,134	9.9	122,487
6-14	57.1	4.9	395	80	1,614	24.5	130,769
15-20	57.8	6.0	501	83	3,072	16.3	81,510
21-44	60.2	12.1	914	75	5,378	17.0	186,131
45-64	67.2	28.9	2,070	72	10,260	20.2	108,669
65-74	44.6	8.3	395	48	7,687	5.1	36,398
75-84	41.1	4.0	107	27	11,131	1.0	30,878
85 and older	40.3	3.3	72	22	16,148	0.4	23,239
Unknown	0.0	0.0	0	0	0	0.0	8
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	42.2	5.4	204	37	11,063	1.8	89,002
Disabled	67.4	26.3	2,095	80	10,907	19.2	179,457
Adults	57.3	6.4	297	47	2,227	13.3	143,256
Children	57.4	4.5	302	68	1,844	16.4	307,755
Unknown	83.5	31.3	5,521	176	14,543	38.0	619
<b>Gender</b>							
Female	59.7	11.2	714	64	5,405	13.2	429,006
Male	55.5	9.3	777	84	5,218	14.9	291,082
Unknown	0.0	0.0	0	0	98	0.0	1
<b>Race</b>							
White	61.3	10.9	754	69	5,214	14.5	577,816
African American	43.9	8.3	674	81	6,137	11.0	116,273
Other/unknown	49.1	10.3	717	70	4,264	16.8	26,000
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	54.1	13.7	785	57	29,434	2.7	22,212
Part year	58.5	13.4	810	60	21,328	3.8	15,512
None	58.1	10.3	737	72	4,181	17.6	682,365
<b>Maintenance Assistance Status</b>							
Cash	62.7	15.0	1,076	72	5,189	20.7	272,602
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	57.1	4.0	243	60	1,673	14.5	183,155
Other/unknown	53.8	10.1	737	73	8,006	9.2	264,332

Source: Data for this table are from the MAX 2006 file for Missouri, 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.

All Medicaid Beneficiaries



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 MISSOURI, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	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 Medicaid FFS \$ <sup>d</sup>	Mean \$, All	Beneficiaries	Benefit Months
<b>All</b>	<b>1.3</b>	<b>\$89</b>	<b>13.9</b>	<b>42.0</b>	<b>39.8</b>	<b>6.4</b>	<b>6.8</b>	<b>3.7</b>	<b>1.4</b>	<b>\$641</b>	<b>720,089</b>	<b>5,991,062</b>
<b>Age</b>												
5 and younger	0.5	28	9.9	40.6	52.2	4.8	2.0	0.2	0.1	285	122,487	916,483
6-14	0.6	47	24.5	42.9	47.2	5.0	4.0	0.7	0.2	191	130,769	1,103,905
15-20	0.8	68	16.3	42.2	43.8	7.0	5.3	1.3	0.3	414	81,510	604,994
21-44	1.6	122	17.0	39.8	35.4	8.5	10.1	4.8	1.4	714	186,131	1,401,300
45-64	3.0	213	20.2	32.8	26.1	7.8	14.6	12.9	5.8	1,054	108,669	1,058,065
65-74	0.8	39	5.1	55.4	32.5	4.5	3.9	2.7	1.1	760	36,398	368,064
75-84	0.4	11	1.0	58.9	35.1	3.4	1.8	0.7	0.2	1,099	30,878	312,632
85 and older	0.3	7	0.4	59.7	35.1	2.8	1.6	0.6	0.1	1,664	23,239	225,568
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	8	51
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.5	20	1.8	57.8	34.2	3.7	2.5	1.4	0.5	1,102	89,002	893,239
Disabled	2.6	208	19.2	32.6	28.4	8.3	14.7	11.3	4.7	1,084	179,457	1,806,131
Adults	1.1	49	13.3	42.7	39.2	8.1	7.3	2.3	0.5	371	143,256	861,035
Children	0.6	38	16.4	42.6	48.4	5.2	3.2	0.5	0.1	234	307,755	2,425,277
Unknown	3.6	635	38.0	16.5	23.6	15.2	23.3	17.0	4.5	1,673	619	5,380
<b>Gender</b>												
Female	1.4	86	13.2	40.3	40.6	6.6	6.9	4.0	1.7	654	429,006	3,547,147
Male	1.1	93	14.9	44.5	38.6	6.0	6.7	3.2	1.0	622	291,082	2,443,913
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	49	1	2
<b>Race</b>												
White	1.3	88	14.5	38.7	42.5	6.6	6.9	3.8	1.5	610	577,816	4,938,836
African American	1.1	91	11.0	56.1	28.4	5.2	6.1	3.1	1.0	832	116,273	858,165
Other/unknown	1.4	96	16.8	50.9	29.8	5.5	8.0	4.4	1.3	571	26,000	194,061
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	1.3	75	2.7	45.9	37.8	5.0	3.8	4.1	3.4	2,815	22,212	232,222
Part year	1.4	84	3.8	41.5	41.0	4.9	4.9	4.5	3.2	2,209	15,512	149,804
None	1.2	90	17.6	41.9	39.8	6.4	7.0	3.6	1.3	509	682,365	5,609,036
<b>Maintenance Assistance Status</b>												
Cash	1.8	126	20.7	37.3	37.8	7.7	9.4	5.5	2.3	607	272,602	2,331,173
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	32	14.5	42.9	48.5	5.2	2.9	0.4	0.1	222	183,155	1,383,921
Other/unknown	1.2	86	9.2	46.2	35.8	5.7	6.9	4.0	1.4	930	264,332	2,275,968

Source: Data for this table are from the MAX 2006 file for Missouri, 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.

All Medicaid Beneficiaries

TABLE 5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 MISSOURI, 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
<b>All</b>	<b>1.3</b>	<b>\$89</b>	<b>\$71</b>	<b>0.4</b>	<b>\$64</b>	<b>\$171</b>	<b>0.1</b>	<b>\$6</b>	<b>\$110</b>	<b>0.8</b>	<b>\$19</b>	<b>\$23</b>
<b>Age</b>												
5 and younger	0.5	28	54	0.1	19	154	0.0	2	45	0.4	7	20
6-14	0.6	47	80	0.2	38	152	0.0	2	65	0.3	7	24
15-20	0.8	68	83	0.3	52	191	0.0	3	83	0.5	12	24
21-44	1.6	122	75	0.5	88	194	0.1	8	123	1.1	25	23
45-64	3.0	213	72	0.9	150	166	0.1	18	140	1.9	45	23
65-74	0.8	39	48	0.2	26	126	0.0	3	86	0.6	10	18
75-84	0.4	11	27	0.1	6	96	0.0	1	50	0.3	4	13
85 and older	0.3	7	22	0.0	3	81	0.0	0	45	0.3	4	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.5	20	37	0.1	13	115	0.0	1	69	0.4	6	16
Disabled	2.6	208	80	0.8	153	187	0.1	15	136	1.7	40	24
Adults	1.1	49	47	0.2	29	122	0.0	4	103	0.8	16	21
Children	0.6	38	68	0.2	29	149	0.0	2	57	0.3	8	22
Unknown	3.6	635	176	1.2	537	444	0.2	37	218	2.2	61	27
<b>Gender</b>												
Female	1.4	86	64	0.4	60	156	0.1	6	106	0.9	20	22
Male	1.1	93	84	0.4	70	194	0.0	6	117	0.7	17	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	1.3	88	69	0.4	63	167	0.1	6	111	0.8	19	23
African American	1.1	91	81	0.4	70	196	0.0	5	99	0.7	16	23
Other/unknown	1.4	96	70	0.4	70	162	0.1	6	110	0.9	20	22
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	1.3	75	57	0.3	54	158	0.0	4	93	0.9	17	19
Part year	1.4	84	60	0.3	58	170	0.1	6	116	1.0	20	20
None	1.2	90	72	0.4	65	172	0.1	6	110	0.8	19	23
<b>Maintenance Assistance Status</b>												
Cash	1.8	126	72	0.5	91	170	0.1	9	115	1.1	27	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	32	60	0.2	23	143	0.0	2	64	0.3	7	21
Other/unknown	1.2	86	73	0.3	63	180	0.0	6	120	0.8	17	22

Source: Data for this table are from the MAX 2006 file for Missouri, 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 Missouri, 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.

All Medicaid Beneficiaries

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 MISSOURI, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$20	\$12	\$1	\$6	\$70	\$236	\$63	\$30	687,442	\$48,293,107	240,752	33.4	2,433,483
Biologicals	0.1	0.1	0.0	0.0	78	76	0	1	534	553	4,419	156	14,387	7,680,770	9,249	1.3	98,772
Antineoplastic Agents	0.8	0.3	0.0	0.4	438	389	17	33	581	1,202	672	80	27,652	16,053,249	3,673	0.5	36,675
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.3	35	25	2	8	61	120	47	24	649,463	39,786,410	112,960	15.7	1,139,621
Cardiovascular Agents	1.3	0.4	0.0	0.9	59	39	5	15	44	91	112	17	986,103	43,808,628	71,783	10.0	744,033
Respiratory Agents	0.4	0.2	0.0	0.2	27	21	1	5	62	117	56	21	868,967	53,485,214	187,889	26.1	1,965,779
Gastrointestinal Agents	0.5	0.1	0.0	0.4	28	20	3	5	60	194	302	15	316,439	18,967,507	65,394	9.1	680,772
Genitourinary Agents	0.3	0.1	0.0	0.1	20	13	3	4	67	99	98	27	82,781	5,569,296	27,688	3.8	277,209
CNS Drugs	1.0	0.3	0.0	0.6	85	67	4	13	83	205	110	20	1,522,673	127,058,173	143,907	20.0	1,499,624
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	79	76	0	4	107	122	141	29	139,182	14,855,423	18,030	2.5	187,006
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	184	183	0	1	346	354	61	69	19,126	6,611,008	3,445	0.5	35,884
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	30	10	9	11	52	181	300	22	865,148	44,616,547	145,204	20.2	1,474,478
Neuromuscular Agents	0.8	0.2	0.0	0.5	59	42	1	15	78	180	84	30	613,214	47,738,824	77,359	10.7	812,139
Nutritional Products	0.4	0.0	0.0	0.3	6	0	0	6	17	24	18	16	184,606	3,084,241	51,384	7.1	487,984
Hematological Agents	0.7	0.3	0.0	0.4	116	107	1	9	161	403	27	21	215,309	34,668,126	27,927	3.9	297,699
Topical Products	0.2	0.1	0.0	0.2	12	8	0	3	53	122	59	22	291,225	15,470,500	124,186	17.2	1,296,508
Miscellaneous Products	0.3	0.2	0.0	0.2	81	68	4	9	249	439	296	60	17,832	4,446,613	5,123	0.7	55,056
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	57	0	0	0	10,027	574,798	5,890	0.8	63,386
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>7,511,576</b>	<b>532,768,434</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2006 file for Missouri, 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 Missouri, 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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 MISSOURI, 2006

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	\$77,204,627	50,078	7.0	545,539	0.6	\$237	\$142
ANTICONVULSANT	40,260,772	58,518	8.1	634,799	0.6	100	63
ANTIASTHMATIC	35,113,613	119,876	16.6	1,288,086	0.3	85	27
ANTIDEPRESSANTS	34,494,298	109,779	15.2	1,164,418	0.5	59	30
ANALGESICS - Narcotic	27,620,608	164,780	22.9	1,736,239	0.3	49	16
ANTIVIRAL	20,045,258	14,564	2.0	155,204	0.3	456	129
ANTIDIABETIC	19,643,335	39,078	5.4	417,695	0.6	74	47
ANTIHYPERLIPIDEMIC	18,947,485	33,844	4.7	367,594	0.6	90	52
MISC. HEMATOLOGICAL	17,063,461	6,436	0.9	69,205	0.6	425	247
ANTINEOPLASTICS	15,981,264	5,119	0.7	50,989	0.5	581	313
Total	306,374,721	602,072	n.a.	6,429,768	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Missouri, 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.

All Medicaid Beneficiaries