

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC
TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NORTH CAROLINA, 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	1673629 (A)	308725 (E)	1364904 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	1575404 (B)	241608 (F)	1333796 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	1574489 (C)	241608 (G)	1332881 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	13941 (D)	12964 (H)	977 (L)

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 8/2009. This table was produced on 02/12/2010.

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 North Carolina in 2006 was \$931,893,121, of which \$14,359,893 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, IN, 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^{a, b}
NORTH CAROLINA, 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	1,574,489	137,074	263,177	293,873	880,365	0	15,088,070	1,495,669	2,870,682	2,336,134	8,385,585	0
Age												
5 and younger	401,502	0	9,169	3	392,330	0	3,827,176	0	97,377	11	3,729,788	0
6-14	362,992	0	24,627	82	338,283	0	3,555,448	0	280,105	279	3,275,064	0
15-20	190,004	2	18,902	22,857	148,243	0	1,754,129	11	212,164	167,383	1,374,571	0
21-44	330,529	74	81,188	247,768	1,499	0	2,870,242	468	890,375	1,973,272	6,127	0
45-64	151,954	227	128,612	23,115	0	0	1,581,033	1,562	1,384,665	194,806	0	0
65-74	55,814	55,279	496	39	0	0	617,557	613,232	3,994	331	0	0
75-84	49,683	49,546	131	6	0	0	546,948	545,436	1,466	46	0	0
85 and older	32,001	31,946	52	3	0	0	335,502	334,960	536	6	0	0
Unknown	10	0	0	0	10	0	35	0	0	0	35	0
Gender												
Female	936,958	103,629	133,823	256,619	442,887	0	8,894,579	1,136,595	1,473,932	2,056,622	4,227,430	0
Male	637,531	33,445	129,354	37,254	437,478	0	6,193,491	359,074	1,396,750	279,512	4,158,155	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	671,778	70,356	117,721	136,495	347,206	0	6,384,156	756,823	1,269,605	1,082,453	3,275,275	0
African American	627,703	48,891	107,625	124,353	346,834	0	6,159,612	544,256	1,184,728	1,054,499	3,376,129	0
Other/unknown	275,008	17,827	37,831	33,025	186,325	0	2,544,302	194,590	416,349	199,182	1,734,181	0
Use of Nursing Facilities^c												
Entire year	13,941	11,844	2,096	1	0	0	155,517	131,406	24,110	1	0	0
Part year	14,682	11,746	2,903	30	3	0	146,968	116,644	30,004	287	33	0
None	1,545,866	113,484	258,178	293,842	880,362	0	14,785,585	1,247,619	2,816,568	2,335,846	8,385,552	0
Maintenance Assistance Status												
Cash	556,066	60,730	173,389	162,820	159,127	0	5,580,386	681,117	1,959,530	1,369,827	1,569,912	0
Medically needy	11,153	6,081	2,624	1,928	520	0	103,359	59,511	25,236	14,518	4,094	0
Poverty-related	874,472	70,253	87,157	62,837	654,225	0	8,128,950	755,005	885,896	347,572	6,140,477	0
Other/unknown	132,798	10	7	66,288	66,493	0	1,275,375	36	20	604,217	671,102	0
Dual Medicare Status^d												
Full dual, all year	231,815	128,595	100,976	2,219	25	0	2,570,646	1,414,782	1,134,954	20,674	236	0
Full dual, part year	9,793	5,006	4,772	15	0	0	110,209	56,051	54,012	146	0	0
Non-dual, all year	1,332,881	3,473	157,429	291,639	880,340	0	12,407,215	24,836	1,681,716	2,315,314	8,385,349	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,564,221	137,070	262,632	291,973	872,546	0	15,023,882	1,495,641	2,867,181	2,324,962	8,336,098	0
FFS part year, with Rx claims	6,524	3	453	1,457	4,611	0	43,098	19	3,021	9,141	30,917	0
FFS part year, no Rx claims	3,350	1	78	266	3,005	0	19,303	9	424	1,286	17,584	0

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.

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}
NORTH CAROLINA, 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	64.1	8.1	\$583	\$72	\$4,820	12.1	1,574,489
Age							
5 and younger	69.7	4.5	242	54	2,170	11.1	401,502
6-14	62.4	5.2	455	87	2,784	16.3	362,992
15-20	63.9	6.1	480	78	4,204	11.4	190,004
21-44	67.9	11.3	837	74	5,667	14.8	330,529
45-64	67.7	24.6	1,816	74	11,167	16.3	151,954
65-74	40.9	4.1	145	36	6,802	2.1	55,814
75-84	39.1	2.6	42	16	9,688	0.4	49,683
85 and older	40.0	2.5	35	14	14,920	0.2	32,001
Unknown	10.0	0.2	1	6	115	1.0	10
Basis of Eligibility^e							
Aged	40.1	3.2	84	26	9,755	0.9	137,074
Disabled	68.0	20.8	1,888	91	13,459	14.0	263,177
Adults	69.1	9.7	562	58	3,253	17.3	293,873
Children	65.1	4.5	277	61	1,992	13.9	880,365
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	65.6	8.8	572	65	4,715	12.1	936,958
Male	62.0	7.1	599	84	4,975	12.0	637,531
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	69.4	10.4	737	71	5,523	13.3	671,778
African American	60.5	6.6	474	72	4,625	10.2	627,703
Other/unknown	59.5	6.0	456	76	3,549	12.9	275,008
Use of Nursing Facilities^f							
Entire year	54.0	10.7	519	49	41,666	1.2	13,941
Part year	60.2	11.0	663	60	25,782	2.6	14,682
None	64.3	8.1	583	72	4,289	13.6	1,545,866
Maintenance Assistance Status							
Cash	68.4	13.0	1,032	79	6,802	15.2	556,066
Medically needy	58.7	9.9	662	67	23,032	2.9	11,153
Poverty related	61.5	5.1	313	61	3,580	8.7	874,472
Other/unknown	64.4	7.1	474	67	3,157	15.0	132,798

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 8/2009. This table was produced on 02/12/2010.
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 1 of Table 1 for methodology used to determine nursing facility residence.
Benef(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}
 NORTH CAROLINA, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of 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 or More	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months	
All	0.8	\$61	12.1	35.9	49.7	6.4	5.6	2.0	0.5	\$503	1,574,489	15,088,070
Age												
5 and younger	0.5	25	11.1	30.3	63.7	4.4	1.5	0.1	0.0	228	401,502	3,827,176
6-14	0.5	47	16.3	37.6	52.9	5.4	3.6	0.4	0.0	284	362,992	3,555,448
15-20	0.7	52	11.4	36.1	52.1	6.8	4.3	0.7	0.1	455	190,004	1,754,129
21-44	1.3	96	14.8	32.1	43.2	10.4	10.7	3.1	0.5	653	330,529	2,870,242
45-64	2.4	175	16.3	32.3	28.7	8.3	16.1	11.1	3.5	1,073	151,954	1,581,033
65-74	0.4	13	2.1	59.1	35.6	2.8	1.6	0.7	0.2	615	55,814	617,557
75-84	0.2	4	0.4	60.9	36.5	2.1	0.4	0.1	0.0	880	49,683	546,948
85 and older	0.2	3	0.2	60.0	37.5	2.1	0.3	0.0	0.0	1,423	32,001	335,502
Unknown	0.1	0	1.0	90.0	10.0	0.0	0.0	0.0	0.0	33	10	35
Basis of Eligibility^e												
Aged	0.3	8	0.9	59.9	36.4	2.4	0.9	0.3	0.1	894	137,074	1,495,669
Disabled	1.9	173	14.0	32.0	34.4	8.7	14.2	8.3	2.4	1,234	263,177	2,870,682
Adults	1.2	71	17.3	30.9	45.6	10.8	10.2	2.3	0.2	409	293,873	2,336,134
Children	0.5	29	13.9	34.9	57.8	4.9	2.3	0.2	0.0	209	880,365	8,385,585
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.9	60	12.1	34.4	50.0	6.8	6.0	2.3	0.6	497	936,958	8,894,579
Male	0.7	62	12.0	38.0	49.4	5.8	5.0	1.5	0.3	512	637,531	6,193,491
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.1	78	13.3	30.6	50.1	8.1	7.7	2.8	0.7	581	671,778	6,384,156
African American	0.7	48	10.2	39.5	49.2	5.4	4.3	1.4	0.3	471	627,703	6,159,612
Other/unknown	0.6	49	12.9	40.5	50.0	4.5	3.4	1.2	0.3	384	275,008	2,544,302
Use of Nursing Facilities^f												
Entire year	1.0	47	1.2	46.0	41.6	5.4	2.3	2.6	2.1	3,735	13,941	155,517
Part year	1.1	66	2.6	39.8	46.8	3.9	3.5	3.8	2.2	2,576	14,682	146,968
None	0.8	61	13.6	35.7	49.8	6.4	5.7	1.9	0.4	448	1,545,866	14,785,585
Maintenance Assistance Status												
Cash	1.3	103	15.2	31.6	45.2	8.4	9.7	4.1	1.0	678	556,066	5,580,386
Medically needy	1.1	71	2.9	41.3	38.3	7.5	8.5	3.6	0.9	2,485	11,153	103,359
Poverty related	0.6	34	8.7	38.5	52.7	4.9	2.9	0.7	0.1	385	874,472	8,128,950
Other/unknown	0.7	49	15.0	35.6	50.0	7.6	5.8	0.9	0.1	329	132,798	1,275,375

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 1 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}
 NORTH CAROLINA, 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	\$61	\$72	0.3	\$47	\$147	0.0	\$4	\$104	0.5	\$11	\$22
Age												
5 and younger	0.5	25	54	0.2	18	120	0.0	1	47	0.3	6	21
6-14	0.5	47	87	0.3	39	142	0.0	1	76	0.2	6	26
15-20	0.7	52	78	0.3	41	152	0.0	3	117	0.4	9	23
21-44	1.3	96	74	0.4	73	164	0.1	7	136	0.8	17	21
45-64	2.4	175	74	0.9	132	147	0.1	11	114	1.4	31	23
65-74	0.4	13	36	0.1	9	107	0.0	1	79	0.3	4	13
75-84	0.2	4	16	0.0	2	67	0.0	0	48	0.2	2	9
85 and older	0.2	3	14	0.0	1	56	0.0	0	36	0.2	2	9
Unknown	0.1	0	6	0.0	0	0	0.0	0	0	0.1	0	6
Basis of Eligibility^d												
Aged	0.3	8	26	0.0	5	96	0.0	1	71	0.2	3	11
Disabled	1.9	173	91	0.8	138	182	0.1	10	119	1.1	26	24
Adults	1.2	71	58	0.4	50	124	0.0	6	136	0.8	15	19
Children	0.5	29	61	0.2	22	115	0.0	1	61	0.3	6	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.9	60	65	0.3	45	135	0.0	4	110	0.6	12	21
Male	0.7	62	84	0.3	50	166	0.0	3	92	0.4	10	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.1	78	71	0.4	58	142	0.0	5	113	0.6	14	22
African American	0.7	48	72	0.3	38	149	0.0	2	96	0.4	8	21
Other/unknown	0.6	49	76	0.2	38	163	0.0	2	86	0.4	9	22
Use of Nursing Facilities^e												
Entire year	1.0	47	49	0.2	32	143	0.0	2	65	0.7	12	17
Part year	1.1	66	60	0.3	47	156	0.0	4	93	0.8	16	21
None	0.8	61	72	0.3	47	147	0.0	4	105	0.5	11	22
Maintenance Assistance Status												
Cash	1.3	103	79	0.5	80	163	0.1	6	115	0.8	17	22
Medically needy	1.1	71	67	0.3	52	167	0.0	5	135	0.7	14	20
Poverty related	0.6	34	61	0.2	25	124	0.0	2	88	0.3	7	21
Other/unknown	0.7	49	67	0.3	38	129	0.0	3	91	0.4	9	21

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 North Carolina, 0.1 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}
 NORTH CAROLINA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									\$ per Rx		Users ^e		
	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	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	0.2	0.0	0.0	0.2	\$15	\$10	\$1	\$5	\$61	\$201	\$56	\$25	1,547,456	\$95,011,431	604,750	38.4	6,394,125
Biologicals	0.3	0.3	0.0	0.0	488	488	0	0	1426	1,428	1,040	15	13,326	19,004,121	4,163	0.3	38,959
Antineoplastic Agents	0.4	0.1	0.0	0.3	129	114	1	15	298	891	235	48	25,234	7,522,370	5,460	0.3	58,141
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.2	23	17	1	5	58	113	43	23	994,543	57,935,022	234,381	14.9	2,473,558
Cardiovascular Agents	1.0	0.4	0.0	0.6	47	34	3	9	46	82	87	16	1,311,822	60,532,924	122,110	7.8	1,300,945
Respiratory Agents	0.4	0.2	0.0	0.2	24	19	1	4	60	93	43	24	2,230,275	133,891,949	526,644	33.4	5,643,579
Gastrointestinal Agents	0.4	0.3	0.0	0.1	49	39	7	3	117	153	523	22	664,400	78,029,264	150,569	9.6	1,593,587
Genitourinary Agents	0.2	0.1	0.0	0.1	12	7	2	3	56	85	90	28	142,119	8,016,712	63,415	4.0	655,973
CNS Drugs	0.7	0.3	0.0	0.4	64	53	5	7	90	197	118	16	1,850,179	166,117,821	241,224	15.3	2,599,614
Stimulants/Anti-obesity/Anorexia	0.6	0.6	0.0	0.1	72	70	1	2	114	126	131	26	421,747	47,993,100	60,915	3.9	663,662
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.0	84	78	0	6	331	372	83	137	27,594	9,142,070	9,978	0.6	108,518
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	19	9	3	8	47	222	239	21	1,368,410	63,759,896	317,853	20.2	3,299,816
Neuromuscular Agents	0.6	0.2	0.0	0.4	52	39	2	11	88	190	113	30	805,639	71,056,354	125,673	8.0	1,358,001
Nutritional Products	0.3	0.1	0.0	0.2	5	2	0	3	17	29	17	13	276,867	4,591,081	88,171	5.6	897,845
Hematological Agents	0.4	0.1	0.0	0.3	88	82	1	5	207	618	29	19	213,214	44,112,920	46,839	3.0	499,822
Topical Products	0.2	0.1	0.0	0.1	11	8	0	3	51	103	63	21	829,296	42,044,696	359,654	22.8	3,852,350
Miscellaneous Products	0.6	0.4	0.0	0.2	189	169	7	14	333	468	226	77	23,807	7,922,783	3,781	0.2	41,832
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	10	0	0	0	66	0	0	0	12,897	848,714	7,375	0.5	81,725
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.	12,758,825	917,533,228	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 North Carolina, 0.1 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}
 NORTH CAROLINA, 2006

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of All Beneficiaries	As a Percentage	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$102,307,676	65,364	4.2	727,978	0.5	\$273	\$141
ANTIASTHMATIC	75,151,048	308,912	19.6	3,364,731	0.3	85	22
ANTICONVULSANT	63,585,884	94,093	6.0	1,036,971	0.6	111	61
ULCER DRUGS	58,740,881	139,055	8.8	1,480,185	0.4	109	40
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	47,992,874	71,728	4.6	786,931	0.5	114	61
ANTIDEPRESSANTS	46,397,236	150,147	9.5	1,599,842	0.4	72	29
ANTIVIRAL	38,853,591	42,799	2.7	461,256	0.2	368	84
ANALGESICS - Narcotic	35,428,774	358,577	22.8	3,769,252	0.2	39	9
MISC. HEMATOLOGICAL	33,821,357	8,298	0.5	90,490	0.5	713	374
DERMATOLOGICAL	29,738,080	327,305	20.8	3,561,093	0.1	56	8
Total	532,017,401	1,566,278	n.a.	16,878,729	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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.