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

LIST OF TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
PENNSYLVANIA, 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]	2094047 (A)	376963 (E)	1717084 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	2004775 (B)	320948 (F)	1683827 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	978762 (C)	314787 (G)	663975 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	42502 (D)	39599 (H)	2903 (L)

Source: Data for this table are from the MAX 2006 file for Pennsylvania, released by CMS in 7/2009. 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 Pennsylvania in 2006 was $355,280,149, of which $4,044,637 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]

PENNSYLVANIA, 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	**978,762**	**185,023**	**255,054**	**161,092**	**376,031**	**1,562**	**7,405,211**	**1,867,547**	**2,407,917**	**790,989**	**2,326,935**	**11,823**
Age												
5 and younger	141,124	0	8,504	0	132,620	0	860,476	0	57,516	0	802,960	0
6-14	159,206	0	23,251	0	135,955	0	1,108,979	0	207,108	0	901,871	0
15-20	118,420	0	15,475	0	102,923	22	738,076	0	134,902	0	603,049	125
21-44	235,446	2	88,675	141,641	4,454	674	1,567,709	24	847,392	697,115	18,941	4,237
45-64	138,777	24	118,450	19,448	0	855	1,257,546	210	1,156,041	93,870	0	7,425
65-74	71,556	70,865	677	3	0	11	736,502	731,764	4,698	4	0	36
75-84	63,001	63,001	0	0	0	0	646,351	646,351	0	0	0	0
85 and older	51,154	51,131	22	0	1	0	489,460	489,198	260	0	2	0
Unknown	78	0	0	0	78	0	112	0	0	0	112	0
Gender												
Female	573,508	135,882	125,428	119,905	190,731	1,562	4,370,785	1,382,770	1,206,290	598,944	1,170,958	11,823
Male	405,254	49,141	129,626	41,187	185,300	0	3,034,426	484,777	1,201,627	192,045	1,155,977	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	694,447	130,963	194,566	109,458	258,298	1,162	5,743,576	1,319,934	1,903,728	645,610	1,865,391	8,913
African American	160,328	31,337	38,152	27,691	62,918	230	978,520	323,084	327,928	76,495	249,327	1,686
Other/unknown	123,987	22,723	22,336	23,943	54,815	170	683,115	224,529	176,261	68,884	212,217	1,224
Use of Nursing Facilities[c]												
Entire year	42,502	37,801	4,699	2	0	0	450,175	399,125	51,040	10	0	0
Part year	28,454	23,987	4,364	89	9	5	242,506	205,782	36,128	484	61	51
None	907,806	123,235	245,991	161,001	376,022	1,557	6,712,530	1,262,640	2,320,749	790,495	2,326,874	11,772
Maintenance Assistance Status												
Cash	394,451	65,834	123,596	88,588	116,433	0	3,035,335	720,443	1,240,572	411,204	663,116	0
Medically needy	20,854	313	577	8,119	11,845	0	125,087	3,146	3,414	50,083	68,444	0
Poverty-related	358,367	42,253	102,733	18,133	193,686	1,562	2,613,198	424,780	876,003	65,069	1,235,523	11,823
Other/unknown	205,090	76,623	28,148	46,252	54,067	0	1,631,591	719,178	287,928	264,633	359,852	0
Dual Medicare Status[d]												
Full dual, all year	300,901	168,974	130,451	1,381	22	73	3,134,464	1,740,895	1,383,983	8,869	176	541
Full dual, part year	13,886	7,307	6,563	16	0	0	145,583	77,418	68,025	140	0	0
Non-dual, all year	663,975	8,742	118,040	159,695	376,009	1,489	4,125,164	49,234	955,909	781,980	2,326,759	11,282
Managed Care (MC) Status												
Fee-for-service (FFS) all year	705,169	175,436	208,657	87,615	231,988	1,473	6,691,956	1,816,056	2,237,004	640,224	1,987,342	11,330
FFS part year, with Rx claims	57,016	3,189	17,347	15,897	20,527	56	241,524	19,690	79,137	48,241	94,092	364
FFS part year, no Rx claims	216,577	6,398	29,050	57,580	123,516	33	471,731	31,801	91,776	102,524	245,501	129

Source: Data for this table are from the MAX 2006 file for Pennsylvania, released by CMS in 7/2009. 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]
PENNSYLVANIA, 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	**43.3**	**6.4**	**$359**	**$56**	**$6,346**	**5.7**	**978,762**
Age							
5 and younger	43.3	2.3	120	51	2,324	5.1	141,124
6-14	42.5	4.0	291	74	2,776	10.5	159,206
15-20	42.5	4.6	337	74	2,997	11.2	118,420
21-44	43.0	6.7	422	63	4,017	10.5	235,446
45-64	52.0	15.8	942	60	8,963	10.5	138,777
65-74	37.3	6.1	130	21	8,238	1.6	71,556
75-84	39.2	5.7	86	15	15,712	0.6	63,001
85 and older	39.4	4.4	67	16	25,747	0.3	51,154
Unknown	0.0	0.0	0	0	23	0.0	78
Basis of Eligibility[e]							
Aged	38.5	5.5	96	18	15,627	0.6	185,023
Disabled	52.7	13.8	909	66	8,669	10.5	255,054
Adults	41.2	4.8	250	52	2,679	9.3	161,092
Children	40.2	2.6	147	57	1,766	8.3	376,031
Unknown	66.7	17.3	3,984	231	8,051	49.5	1,562
Gender							
Female	44.7	6.9	339	49	6,914	4.9	573,508
Male	41.4	5.8	388	66	5,542	7.0	405,254
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	50.9	7.9	442	56	6,887	6.4	694,447
African American	24.4	3.2	164	52	5,912	2.8	160,328
Other/unknown	25.2	2.7	144	54	3,877	3.7	123,987
Use of Nursing Facilities[f]							
Entire year	49.2	10.9	445	41	49,082	0.9	42,502
Part year	54.8	10.0	437	44	25,226	1.7	28,454
None	42.7	6.1	352	58	3,753	9.4	907,806
Maintenance Assistance Status							
Cash	44.0	8.4	500	60	4,386	11.4	394,451
Medically needy	38.5	3.1	162	51	2,341	6.9	20,854
Poverty related	40.9	4.5	245	55	2,280	10.7	358,367
Other/unknown	46.9	6.5	306	47	17,627	1.7	205,090

Source: Data for this table are from the MAX 2006 file for Pennsylvania, released by CMS in 7/2009. 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]
PENNSYLVANIA, 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**	**$47**	**5.7**	**56.7**	**30.2**	**5.3**	**5.3**	**2.0**	**0.6**	**$839**	**978,762**	**7,405,211**
Age												
5 and younger	0.4	20	5.1	56.7	40.0	2.3	0.9	0.1	0.0	381	141,124	860,476
6-14	0.6	42	10.5	57.5	34.3	4.3	3.3	0.5	0.0	399	159,206	1,108,979
15-20	0.7	54	11.2	57.5	32.0	5.2	4.3	0.8	0.1	481	118,420	738,076
21-44	1.0	63	10.5	57.0	27.0	6.6	6.6	2.3	0.5	603	235,446	1,567,709
45-64	1.7	104	10.5	48.0	23.1	7.7	11.5	7.1	2.6	989	138,777	1,257,546
65-74	0.6	13	1.6	62.7	25.0	5.5	5.2	1.3	0.3	800	71,556	736,502
75-84	0.6	8	0.6	60.8	27.4	5.3	5.1	1.2	0.2	1,532	63,001	646,351
85 and older	0.5	7	0.3	60.6	30.2	4.3	3.8	1.0	0.1	2,691	51,154	489,460
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	16	78	112
Basis of Eligibility[e]												
Aged	0.5	10	0.6	61.5	27.3	5.1	4.8	1.2	0.2	1,548	185,023	1,867,547
Disabled	1.5	96	10.5	47.3	26.5	8.3	10.7	5.3	1.8	918	255,054	2,407,917
Adults	1.0	51	9.3	58.8	27.0	6.2	6.0	1.7	0.2	546	161,092	790,989
Children	0.4	24	8.3	59.8	35.4	2.9	1.6	0.2	0.0	285	376,031	2,326,935
Unknown	2.3	526	49.5	33.3	30.1	10.2	16.6	8.2	1.6	1,064	1,562	11,823
Gender												
Female	0.9	44	4.9	55.3	31.0	5.5	5.5	2.1	0.6	907	573,508	4,370,785
Male	0.8	52	7.0	58.6	29.1	5.0	5.1	1.8	0.5	740	405,254	3,034,426
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.0	54	6.4	49.1	35.3	6.2	6.4	2.4	0.7	833	694,447	5,743,576
African American	0.5	27	2.8	75.6	16.9	3.1	2.9	1.1	0.4	969	160,328	978,520
Other/unknown	0.5	26	3.7	74.8	18.7	3.0	2.6	0.8	0.2	704	123,987	683,115
Use of Nursing Facilities[f]												
Entire year	1.0	42	0.9	50.8	33.3	5.2	4.8	3.4	2.4	4,634	42,502	450,175
Part year	1.2	51	1.7	45.2	36.4	5.5	5.9	3.8	3.1	2,960	28,454	242,506
None	0.8	48	9.4	57.3	29.8	5.3	5.3	1.9	0.4	508	907,806	6,712,530
Maintenance Assistance Status												
Cash	1.1	65	11.4	56.0	28.2	5.7	6.4	2.8	0.9	570	394,451	3,035,335
Medically needy	0.5	27	6.9	61.5	31.6	4.0	2.5	0.4	0.1	390	20,854	125,087
Poverty related	0.6	34	10.7	59.1	31.3	4.5	3.9	1.1	0.2	313	358,367	2,613,198
Other/unknown	0.8	39	1.7	53.1	31.9	6.1	6.2	2.2	0.6	2,216	205,090	1,631,591

Source: Data for this table are from the MAX 2006 file for Pennsylvania, released by CMS in 7/2009. 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]
PENNSYLVANIA, 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**	**$47**	**$56**	**0.3**	**$35**	**$132**	**0.0**	**$3**	**$79**	**0.6**	**$10**	**$18**
Age												
5 and younger	0.4	20	51	0.1	15	155	0.0	1	46	0.3	4	15
6-14	0.6	42	74	0.3	35	124	0.0	2	69	0.3	6	21
15-20	0.7	54	74	0.3	43	145	0.0	3	73	0.4	8	21
21-44	1.0	63	63	0.3	45	161	0.0	4	92	0.7	15	21
45-64	1.7	104	60	0.5	74	147	0.1	7	97	1.2	24	20
65-74	0.6	13	21	0.2	8	49	0.0	1	44	0.4	4	10
75-84	0.6	8	15	0.1	5	34	0.0	0	26	0.4	3	8
85 and older	0.5	7	16	0.1	4	37	0.0	0	30	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	10	18	0.1	6	40	0.0	1	34	0.4	3	9
Disabled	1.5	96	66	0.5	72	152	0.1	5	92	0.9	19	21
Adults	1.0	51	52	0.2	33	132	0.0	4	90	0.7	14	21
Children	0.4	24	57	0.1	18	125	0.0	1	58	0.2	5	18
Unknown	2.3	526	231	0.8	449	574	0.1	23	235	1.4	48	35
Gender												
Female	0.9	44	49	0.3	31	121	0.0	3	78	0.6	11	17
Male	0.8	52	66	0.3	40	148	0.0	2	82	0.5	10	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.0	54	56	0.3	39	133	0.0	3	80	0.6	11	19
African American	0.5	27	52	0.2	20	125	0.0	1	73	0.3	6	17
Other/unknown	0.5	26	54	0.1	20	138	0.0	1	73	0.3	5	15
Use of Nursing Facilities[e]												
Entire year	1.0	42	41	0.3	30	112	0.0	2	63	0.7	10	14
Part year	1.2	51	44	0.3	36	118	0.0	3	64	0.8	13	15
None	0.8	48	58	0.3	35	134	0.0	3	81	0.5	10	19
Maintenance Assistance Status												
Cash	1.1	65	60	0.3	47	142	0.0	4	87	0.7	14	20
Medically needy	0.5	27	51	0.2	19	121	0.0	2	70	0.3	6	18
Poverty related	0.6	34	55	0.2	25	127	0.0	2	73	0.4	7	17
Other/unknown	0.8	39	47	0.2	28	115	0.0	2	69	0.5	9	16

Source: Data for this table are from the MAX 2006 file for Pennsylvania, released by CMS in 7/2009. 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 Pennsylvania, 0.7 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]

PENNSYLVANIA, 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	0.0	0.0	0.2	$13	$8	$1	$4	$51	$211	$57	$22	541,491	$27,542,652	210,304	21.5	2,129,263
Biologicals	0.2	0.1	0.0	0.0	103	99	1	3	643	666	2,788	257	10,634	6,840,394	6,409	0.7	66,546
Antineoplastic Agents	0.6	0.3	0.0	0.3	336	293	11	32	521	1,031	464	94	27,774	14,480,191	4,418	0.5	43,136
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	24	17	1	6	47	97	61	19	544,171	25,796,889	106,819	10.9	1,080,466
Cardiovascular Agents	1.0	0.3	0.0	0.6	28	18	4	6	28	51	86	10	944,556	26,855,997	94,381	9.6	960,366
Respiratory Agents	0.4	0.2	0.0	0.2	24	21	1	3	59	99	66	14	459,130	27,145,719	109,636	11.2	1,118,770
Gastrointestinal Agents	0.4	0.2	0.0	0.2	26	20	3	3	62	126	224	13	239,548	14,797,303	56,882	5.8	578,421
Genitourinary Agents	0.3	0.1	0.0	0.1	11	7	1	3	39	57	57	20	67,817	2,624,435	23,509	2.4	237,802
CNS Drugs	0.9	0.2	0.1	0.6	47	35	4	8	54	143	79	14	1,464,587	78,555,343	163,568	16.7	1,664,191
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.1	65	61	0	3	82	94	91	25	203,730	16,708,248	25,072	2.6	256,965
Miscellaneous Psychological/ Neurological Agents	0.4	0.3	0.0	0.0	87	82	0	5	244	261	124	118	27,707	6,767,205	7,823	0.8	77,944
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	21	10	0	12	42	179	112	26	627,984	26,648,687	126,058	12.9	1,246,691
Neuromuscular Agents	0.7	0.2	0.0	0.5	42	27	1	14	60	140	105	28	528,803	31,648,571	73,119	7.5	752,766
Nutritional Products	0.3	0.0	0.0	0.2	4	1	0	3	16	42	18	12	132,839	2,120,364	49,347	5.0	482,038
Hematological Agents	0.6	0.2	0.0	0.4	97	94	0	3	164	535	21	8	175,934	28,858,523	29,368	3.0	296,526
Topical Products	0.2	0.1	0.0	0.2	8	5	1	3	35	75	51	18	268,674	9,518,692	111,716	11.4	1,155,668
Miscellaneous Products	0.3	0.2	0.0	0.1	50	43	2	5	164	213	151	60	21,589	3,548,383	6,880	0.7	70,993
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	16	0	0	0	83	0	0	0	9,327	777,916	4,797	0.5	49,961
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.	6,296,295	351,235,512	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Pennsylvania, released by CMS in 7/2009. 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 Pennsylvania, 0.7 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]

PENNSYLVANIA, 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	$49,162,153	52,543	5.4	534,222	0.6	$162	$92
ANTICONVULSANT	27,538,412	60,062	6.1	633,194	0.6	68	43
ANTIDEPRESSANTS	21,987,775	107,124	10.9	1,089,301	0.5	43	20
ANTIASTHMATIC	20,560,574	98,171	10.0	1,011,168	0.3	66	20
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	16,649,960	28,292	2.9	296,520	0.7	82	56
ANALGESICS - Narcotic	15,395,819	129,570	13.2	1,322,988	0.3	37	12
ANTINEOPLASTICS	14,325,763	5,751	0.6	56,223	0.5	519	255
HEMATOPOIETIC AGENTS	13,365,407	40,806	4.2	428,919	0.5	67	31
ANTIDIABETIC	13,252,106	48,810	5.0	502,728	0.5	53	26
MISC. HEMATOLOGICAL	12,994,835	8,210	0.8	84,783	0.4	344	153
Total	205,232,804	579,339	n.a.	5,960,046	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Pennsylvania, released by CMS in 7/2009. 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.