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

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TABLE 1  
 OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
 SOUTH CAROLINA, 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>	949561 (A)	147532 (E)	802029 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	929779 (B)	131583 (F)	798196 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	876765 (C)	131496 (G)	745269 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	9169 (D)	8694 (H)	475 (L)

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. 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 South Carolina in 2006 was \$350,238,608, of which \$500,937 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>  
 SOUTH 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
<b>All</b>	<b>876,765</b>	<b>67,685</b>	<b>144,185</b>	<b>222,993</b>	<b>441,116</b>	<b>786</b>	<b>8,309,133</b>	<b>716,977</b>	<b>1,549,774</b>	<b>1,999,911</b>	<b>4,035,743</b>	<b>6,728</b>
<b>Age</b>												
5 and younger	181,443	0	5,826	1	175,616	0	1,558,777	0	58,824	4	1,499,949	0
6-14	195,047	0	12,139	15	182,893	0	1,888,695	0	133,552	68	1,755,075	0
15-20	120,238	0	9,616	28,376	82,237	9	1,128,850	0	103,552	247,650	777,578	70
21-44	222,406	0	39,984	181,849	359	214	2,077,652	0	433,203	1,639,588	3,104	1,757
45-64	80,942	0	67,683	12,711	1	547	839,228	0	722,185	112,260	12	4,771
65-74	31,692	23,383	8,257	36	0	16	344,248	252,383	91,427	308	0	130
75-84	27,097	26,604	488	5	0	0	290,616	285,479	5,104	33	0	0
85 and older	17,890	17,698	192	0	0	0	181,042	179,115	1,927	0	0	0
Unknown	10	0	0	0	10	0	25	0	0	0	25	0
<b>Gender</b>												
Female	550,818	51,390	74,615	204,183	219,844	786	5,222,637	549,875	809,802	1,843,193	2,013,039	6,728
Male	325,934	16,294	69,569	18,807	221,264	0	3,086,433	167,099	739,960	156,705	2,022,669	0
Unknown	13	1	1	3	8	0	63	3	12	13	35	0
<b>Race</b>												
White	369,759	30,037	56,311	105,270	177,723	418	3,504,529	309,586	603,585	935,939	1,651,924	3,495
African American	429,220	31,612	63,198	110,226	223,849	335	4,070,771	342,288	682,581	1,005,134	2,037,818	2,950
Other/unknown	77,786	6,036	24,676	7,497	39,544	33	733,833	65,103	263,608	58,838	346,001	283
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	9,169	7,897	1,272	0	0	0	99,422	84,859	14,563	0	0	0
Part year	7,049	6,181	867	0	1	0	66,758	57,988	8,763	0	7	0
None	860,547	53,607	142,046	222,993	441,115	786	8,142,953	574,130	1,526,448	1,999,911	4,035,736	6,728
<b>Maintenance Assistance Status</b>												
Cash	274,485	22,426	99,562	66,626	85,871	0	2,712,297	252,697	1,079,699	578,113	801,788	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	406,887	26,999	34,372	26,458	318,272	786	3,707,072	287,628	359,034	200,112	2,853,570	6,728
Other/unknown	195,393	18,260	10,251	129,909	36,973	0	1,889,764	176,652	111,041	1,221,686	380,385	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	129,344	63,762	63,927	1,616	5	34	1,411,791	686,333	709,678	15,401	59	320
Full dual, part year	2,152	1,130	1,015	7	0	0	22,593	11,826	10,694	73	0	0
Non-dual, all year	745,269	2,793	79,243	221,370	441,111	752	6,874,749	18,818	829,402	1,984,437	4,035,684	6,408
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	802,036	67,663	138,692	209,737	385,184	760	7,906,165	716,759	1,512,229	1,925,064	3,745,557	6,556
FFS part year, with Rx claims	40,461	10	4,157	9,090	27,181	23	266,627	101	30,572	58,208	177,591	155
FFS part year, no Rx claims	34,268	12	1,336	4,166	28,751	3	136,341	117	6,973	16,639	112,595	17

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. 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>  
SOUTH CAROLINA, 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>6.3</b>	<b>\$399</b>	<b>\$63</b>	<b>\$3,365</b>	<b>11.9</b>	<b>876,765</b>
<b>Age</b>							
5 and younger	67.2	4.3	188	44	2,121	8.9	181,443
6-14	61.4	5.0	374	74	1,737	21.5	195,047
15-20	58.9	5.2	338	65	2,489	13.6	120,238
21-44	53.3	6.8	441	65	3,089	14.3	222,406
45-64	61.9	17.3	1,197	69	8,132	14.7	80,942
65-74	38.0	3.9	153	39	4,827	3.2	31,692
75-84	34.6	2.4	53	23	7,398	0.7	27,097
85 and older	35.0	2.2	40	18	12,805	0.3	17,890
Unknown	0.0	0.0	0	0	0	0.0	10
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	35.1	2.5	58	24	7,942	0.7	67,685
Disabled	62.0	14.8	1,225	83	8,768	14.0	144,185
Adults	52.8	5.8	277	48	1,748	15.9	222,993
Children	62.9	4.3	241	56	1,692	14.2	441,116
Unknown	79.5	18.4	1,237	67	15,886	7.8	786
<b>Gender</b>							
Female	57.3	6.4	369	58	3,180	11.6	550,818
Male	59.3	6.1	449	73	3,679	12.2	325,934
Unknown	30.8	1.3	20	15	803	2.5	13
<b>Race</b>							
White	62.6	7.6	458	60	3,704	12.4	369,759
African American	54.1	5.0	320	64	2,971	10.8	429,220
Other/unknown	57.9	7.2	552	77	3,933	14.0	77,786
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	48.4	7.5	294	39	36,282	0.8	9,169
Part year	49.9	5.0	184	37	21,357	0.9	7,049
None	58.2	6.3	402	64	2,867	14.0	860,547
<b>Maintenance Assistance Status</b>							
Cash	64.1	10.5	767	73	4,536	16.9	274,485
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	60.5	4.4	233	53	2,022	11.5	406,887
Other/unknown	44.3	4.3	228	53	4,518	5.0	195,393

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. 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>  
 SOUTH CAROLINA, 2006

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
<b>All</b>	<b>0.7</b>	<b>\$42</b>	<b>11.9</b>	<b>42.0</b>	<b>46.4</b>	<b>5.6</b>	<b>4.6</b>	<b>1.2</b>	<b>0.1</b>	<b>\$355</b>	<b>876,765</b>	<b>8,309,133</b>
<b>Age</b>												
5 and younger	0.5	22	8.9	32.8	60.3	5.0	1.8	0.1	0.0	247	181,443	1,558,777
6-14	0.5	39	21.5	38.6	52.4	5.4	3.2	0.3	0.0	179	195,047	1,888,695
15-20	0.6	36	13.6	41.1	49.5	5.6	3.3	0.5	0.0	265	120,238	1,128,850
21-44	0.7	47	14.3	46.7	39.2	6.8	6.1	1.2	0.1	331	222,406	2,077,652
45-64	1.7	116	14.7	38.1	29.8	8.2	15.4	7.5	1.0	784	80,942	839,228
65-74	0.4	14	3.2	62.0	32.7	2.3	2.0	0.9	0.1	444	31,692	344,248
75-84	0.2	5	0.7	65.4	32.2	1.6	0.6	0.2	0.0	690	27,097	290,616
85 and older	0.2	4	0.3	65.0	32.6	1.8	0.5	0.1	0.0	1,265	17,890	181,042
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	10	25
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.2	6	0.7	64.9	32.6	1.7	0.7	0.2	0.0	750	67,685	716,977
Disabled	1.4	114	14.0	38.0	34.6	8.3	12.9	5.5	0.7	816	144,185	1,549,774
Adults	0.6	31	15.9	47.2	40.3	6.5	5.2	0.7	0.0	195	222,993	1,999,911
Children	0.5	26	14.2	37.1	55.6	5.0	2.2	0.2	0.0	185	441,116	4,035,743
Unknown	2.1	145	7.8	20.5	31.2	17.3	26.0	4.7	0.4	1,856	786	6,728
<b>Gender</b>												
Female	0.7	39	11.6	42.7	45.6	5.6	4.6	1.3	0.2	335	550,818	5,222,637
Male	0.6	47	12.2	40.7	47.8	5.8	4.6	1.0	0.1	389	325,934	3,086,433
Unknown	0.3	4	2.5	69.2	30.8	0.0	0.0	0.0	0.0	166	13	63
<b>Race</b>												
White	0.8	48	12.4	37.4	47.9	7.0	5.9	1.5	0.2	391	369,759	3,504,529
African American	0.5	34	10.8	45.9	45.4	4.5	3.3	0.8	0.1	313	429,220	4,070,771
Other/unknown	0.8	59	14.0	42.1	45.2	5.3	5.5	1.7	0.2	417	77,786	733,833
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.7	27	0.8	51.6	38.1	4.7	2.8	2.2	0.7	3,346	9,169	99,422
Part year	0.5	19	0.9	50.1	42.8	3.1	2.3	1.4	0.3	2,255	7,049	66,758
None	0.7	43	14.0	41.8	46.6	5.7	4.6	1.2	0.1	303	860,547	8,142,953
<b>Maintenance Assistance Status</b>												
Cash	1.1	78	16.9	35.9	43.3	8.0	9.4	3.0	0.4	459	274,485	2,712,297
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	26	11.5	39.5	52.9	4.9	2.4	0.3	0.0	222	406,887	3,707,072
Other/unknown	0.4	24	5.0	55.7	37.3	4.0	2.6	0.4	0.0	467	195,393	1,889,764

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. 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>  
 SOUTH 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
<b>All</b>	<b>0.7</b>	<b>\$42</b>	<b>\$63</b>	<b>0.2</b>	<b>\$32</b>	<b>\$137</b>	<b>0.0</b>	<b>\$2</b>	<b>\$91</b>	<b>0.4</b>	<b>\$8</b>	<b>\$19</b>
<b>Age</b>												
5 and younger	0.5	22	44	0.2	15	94	0.0	2	48	0.3	6	18
6-14	0.5	39	74	0.3	32	126	0.0	1	66	0.2	6	22
15-20	0.6	36	65	0.2	28	132	0.0	2	90	0.3	6	19
21-44	0.7	47	65	0.2	35	151	0.0	3	117	0.5	9	18
45-64	1.7	116	69	0.6	88	159	0.1	7	130	1.1	20	19
65-74	0.4	14	39	0.1	9	116	0.0	1	85	0.3	4	14
75-84	0.2	5	23	0.0	2	90	0.0	0	51	0.2	2	12
85 and older	0.2	4	18	0.0	2	73	0.0	0	42	0.2	2	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	0.2	6	24	0.0	3	91	0.0	0	58	0.2	3	12
Disabled	1.4	114	83	0.5	91	184	0.0	6	120	0.8	17	20
Adults	0.6	31	48	0.2	21	104	0.0	3	114	0.4	7	17
Children	0.5	26	56	0.2	20	107	0.0	1	58	0.3	5	20
Unknown	2.1	145	67	0.7	111	158	0.1	11	170	1.4	22	16
<b>Gender</b>												
Female	0.7	39	58	0.2	29	128	0.0	3	95	0.4	8	18
Male	0.6	47	73	0.3	38	149	0.0	2	84	0.4	8	21
Unknown	0.3	4	15	0.0	2	38	0.0	1	35	0.2	2	8
<b>Race</b>												
White	0.8	48	60	0.3	36	129	0.0	3	96	0.5	10	19
African American	0.5	34	64	0.2	26	138	0.0	2	84	0.3	6	18
Other/unknown	0.8	59	77	0.3	47	164	0.0	3	89	0.4	9	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.7	27	39	0.1	17	131	0.0	2	102	0.5	8	15
Part year	0.5	19	37	0.1	12	123	0.0	1	90	0.4	6	14
None	0.7	43	64	0.2	32	137	0.0	2	91	0.4	8	19
<b>Maintenance Assistance Status</b>												
Cash	1.1	78	73	0.4	61	163	0.0	4	109	0.7	13	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	26	53	0.2	19	109	0.0	2	70	0.3	5	18
Other/unknown	0.4	24	53	0.2	17	106	0.0	2	86	0.3	5	18

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. 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 South Carolina, 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>  
 SOUTH CAROLINA, 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	0.2	0.0	0.0	0.2	\$14	\$9	\$1	\$4	\$59	\$209	\$61	\$21	697,461	\$41,303,321	288,481	32.9	3,036,873
Biologicals	0.2	0.2	0.0	0.0	315	309	6	0	1327	1,353	1,414	58	1,092	1,448,733	597	0.1	4,594
Antineoplastic Agents	0.4	0.2	0.0	0.3	150	136	0	14	353	827	104	53	11,273	3,978,699	2,493	0.3	26,570
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	22	16	1	5	55	99	68	21	533,852	29,221,754	123,060	14.0	1,306,564
Cardiovascular Agents	0.9	0.3	0.0	0.5	40	30	3	7	43	87	124	12	609,254	26,393,033	61,858	7.1	661,575
Respiratory Agents	0.3	0.2	0.0	0.2	19	15	1	3	55	96	45	19	933,384	51,420,341	253,811	28.9	2,691,859
Gastrointestinal Agents	0.3	0.1	0.0	0.2	23	17	3	3	71	135	347	15	231,051	16,426,025	67,839	7.7	718,848
Genitourinary Agents	0.2	0.1	0.0	0.1	10	6	1	2	50	81	72	24	67,140	3,367,844	32,552	3.7	343,832
CNS Drugs	0.6	0.2	0.0	0.4	55	44	4	7	85	215	107	18	749,229	63,641,182	106,534	12.2	1,158,177
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	68	64	0	3	106	118	202	35	233,361	24,697,112	33,897	3.9	365,479
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	168	166	0	2	427	464	84	56	7,609	3,250,263	1,787	0.2	19,338
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	14	7	2	5	42	218	340	18	549,696	22,971,713	155,223	17.7	1,651,388
Neuromuscular Agents	0.5	0.2	0.0	0.3	44	35	1	8	80	184	78	24	317,422	25,445,524	53,457	6.1	581,527
Nutritional Products	0.3	0.1	0.0	0.2	5	3	0	2	19	31	17	11	120,026	2,292,220	42,654	4.9	440,827
Hematological Agents	0.4	0.1	0.0	0.2	43	38	0	5	112	280	30	20	92,143	10,310,893	22,115	2.5	239,039
Topical Products	0.2	0.1	0.0	0.1	10	8	0	2	50	94	59	21	344,281	17,292,613	160,025	18.3	1,681,452
Miscellaneous Products	0.6	0.4	0.0	0.2	294	269	6	19	468	663	118	110	12,253	5,730,970	1,767	0.2	19,480
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	52	0	0	0	10,449	545,431	5,666	0.6	62,429
<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>5,520,976</b>	<b>349,737,671</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 South Carolina, released by CMS in 6/2009. 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 South Carolina, 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>  
 SOUTH CAROLINA, 2006

Top 10 Drug Groups	Users			Among Users			
	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	\$40,322,063	24,060	2.7	265,866	0.6	\$275	\$152
ANTIASTHMATIC	29,879,037	130,149	14.8	1,396,980	0.3	86	21
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	24,696,762	39,520	4.5	429,388	0.5	106	58
ANTICONVULSANT	22,842,119	37,416	4.3	413,103	0.6	99	55
ANTIVIRAL	17,728,908	18,098	2.1	195,748	0.2	389	91
ANTIDEPRESSANTS	16,659,281	60,346	6.9	648,944	0.4	66	26
ANTIDIABETIC	12,724,940	29,902	3.4	323,389	0.5	77	39
ANALGESICS - Narcotic	12,376,830	164,563	18.8	1,767,839	0.2	34	7
DERMATOLOGICAL	12,238,430	147,580	16.8	1,576,007	0.1	54	8
ULCER DRUGS	11,016,310	56,609	6.5	601,669	0.3	67	18
Total	200,484,680	708,243	n.a.	7,618,933	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. 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