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

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

NATIONAL TABLES

NATIONAL COMPARISON TABLE N.1a. OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE, ALL MEDICAID BENEFICIARIES

NATIONAL COMPARISON TABLE N.1b. OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE, PERCENTAGE COMPARISONS, ALL MEDICAID BENEFICIARIES
NATIONAL COMPARISON TABLE N.2. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE, ALL MEDICAID BENEFICIARIES
NATIONAL COMPARISON TABLE N.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE, ALL MEDICAID BENEFICIARIES
NATIONAL COMPARISON TABLE N.4. TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE, ALL MEDICAID BENEFICIARIES
NATIONAL COMPARISON TABLE N.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE, DUAL ELIGIBLE BENEFICIARIES
NATIONAL COMPARISON TABLE N.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE, DUAL ELIGIBLE BENEFICIARIES
NATIONAL COMPARISON TABLE N.7. TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE, DUAL ELIGIBLE BENEFICIARIES

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. MANAGED CARE PENETRATION RATES, ALL STATES COMBINED AND BY STATE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
APPENDIX TABLE A.4. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
APPENDIX TABLE A.5. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES
APPENDIX TABLE A.6. MANAGED CARE PENETRATION RATES, ALL STATES COMBINED AND BY STATE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
UNITED STATES, 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) ^h
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	59438410 (A)	8909758 (E)	50528652 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	55190479 (B)	7188912 (F)	48001567 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	42226545 (C)	6769852 (G)	35456693 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	834060 (D)	757812 (H)	76248 (L)

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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 the U.S. in 2006 was \$21,071,231,548, of which \$1,040,243,161 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, which represents the dual study population. 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. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.4, 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.5.

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.

h. Characteristics of non-dual eligible beneficiaries represented in 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.

All Medicaid Beneficiaries

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
UNITED STATES, 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	42,226,545	3,876,728	7,317,849	10,424,258	20,569,598	38,112	340,719,165	39,515,830	76,974,433	70,375,566	153,548,044	305,292
Age												
5 and younger	8,850,935	19	211,244	1,114	8,638,554	4	63,017,958	94	2,045,821	6,564	60,965,451	28
6-14	8,545,289	15	557,399	2,416	7,985,456	3	69,129,689	96	5,945,379	12,708	63,171,479	27
15-20	5,263,738	24	441,028	1,033,125	3,788,719	842	40,132,516	182	4,634,982	6,815,703	28,676,117	5,532
21-44	10,634,702	405	2,229,773	8,326,600	63,785	14,139	80,058,245	2,300	23,495,555	56,159,781	301,187	99,422
45-64	4,388,327	3,267	3,318,113	1,043,299	1,477	22,171	42,091,993	25,689	34,565,082	7,299,331	9,530	192,361
65-74	1,808,952	1,397,130	404,472	6,303	96	951	18,981,857	14,392,646	4,539,394	41,344	575	7,898
75-84	1,569,394	1,440,543	127,938	855	56	2	16,435,085	14,979,276	1,449,385	6,060	340	24
85 and older	1,063,359	1,035,243	27,875	202	39	0	10,415,538	10,115,249	298,782	1,249	258	0
Unknown	101,849	82	7	10,344	91,416	0	456,284	298	53	32,826	423,107	0
Gender												
Female	25,380,567	2,729,010	3,769,931	8,551,935	10,291,593	38,098	204,283,964	28,072,533	40,130,539	58,850,564	76,925,184	305,144
Male	16,772,836	1,147,563	3,547,753	1,868,810	10,208,696	14	136,054,715	11,442,427	36,842,551	11,517,479	76,252,110	148
Unknown	73,142	155	165	3,513	69,309	0	380,486	870	1,343	7,523	370,750	0
Race												
White	18,555,837	2,107,617	3,747,066	4,270,745	8,409,193	21,216	155,549,719	21,024,785	39,451,963	28,643,652	66,265,276	164,043
African American	9,763,087	593,906	1,787,094	2,198,364	5,178,233	5,490	79,638,762	6,143,258	18,719,282	14,750,333	39,983,430	42,459
Other/unknown	13,907,621	1,175,205	1,783,689	3,955,149	6,982,172	11,406	105,530,684	12,347,787	18,803,188	26,981,581	47,299,338	98,790
Use of Nursing Facilities^c												
Entire year	834,060	680,670	152,645	487	251	7	8,562,574	6,882,576	1,673,805	3,853	2,309	31
Part year	572,113	414,363	152,028	4,251	1,386	85	5,501,303	3,908,421	1,547,756	34,126	10,205	795
None	40,820,372	2,781,695	7,013,176	10,419,520	20,567,961	38,020	326,655,288	28,724,833	73,752,872	70,337,587	153,535,530	304,466
Maintenance Assistance Status												
Cash	14,168,954	1,535,442	5,259,496	2,742,545	4,631,471	0	124,541,440	17,087,208	56,704,601	17,294,338	33,455,293	0
Medically needy	2,288,302	545,826	402,780	772,265	567,431	0	17,997,666	5,048,200	3,634,962	5,520,433	3,794,071	0
Poverty-related	14,172,890	539,676	686,016	1,329,855	11,579,231	38,112	108,710,085	5,498,161	6,743,706	6,791,646	89,371,280	305,292
Other/unknown	11,596,399	1,255,784	969,557	5,579,593	3,791,465	0	89,469,974	11,882,261	9,891,164	40,769,149	26,927,400	0
Dual Medicare Status^d												
Full dual, all year	6,416,916	3,436,196	2,890,524	86,966	1,497	1,733	67,662,363	35,288,912	31,667,784	676,927	12,816	15,924
Full dual, part year	352,936	182,919	167,255	2,739	21	2	3,705,108	1,912,136	1,766,920	25,832	196	24
Non-dual, all year	35,456,693	257,613	4,260,070	10,334,553	20,568,080	36,377	269,351,694	2,314,782	43,539,729	69,672,807	153,535,032	289,344
Managed Care (MC) Status												
Fee-for-service (FFS) all year	31,106,055	3,751,410	6,717,933	7,482,699	13,118,649	35,364	283,884,092	38,704,396	72,871,158	56,423,688	115,595,737	289,113
FFS part year, with Rx claims	4,019,547	43,279	285,912	1,194,217	2,493,948	2,191	18,909,949	243,091	1,616,006	4,860,644	12,177,033	13,175
FFS part year, no Rx claims	5,056,574	53,985	157,072	1,206,740	3,638,252	525	15,854,943	244,349	650,777	3,448,688	11,508,379	2,750

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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^{a, b}
UNITED STATES, 2006
Beneficiary Characteristics

All	52.4	6.6	\$474	\$71	\$4,854	9.8	42,226,545
Age							
5 and younger	57.1	3.5	177	51	2,114	8.4	8,850,935
6-14	52.8	4.0	328	81	1,872	17.5	8,545,289
15-20	50.0	4.2	344	82	2,722	12.6	5,263,738
21-44	50.9	6.9	527	77	4,500	11.7	10,634,702
45-64	62.4	21.6	1,647	76	11,540	14.3	4,388,327
65-74	40.8	6.8	333	49	8,187	4.1	1,808,952
75-84	38.6	5.1	179	35	12,830	1.4	1,569,394
85 and older	38.7	4.4	122	28	21,077	0.6	1,063,359
Unknown	9.0	0.4	19	44	593	3.2	101,849
Basis of Eligibility^e							
Aged	39.5	5.5	210	38	13,407	1.6	3,876,728
Disabled	62.8	19.0	1,663	87	13,460	12.4	7,317,849
Adults	48.3	4.8	277	58	2,010	13.8	10,424,258
Children	53.1	3.4	200	59	1,612	12.4	20,569,598
Unknown	71.9	14.8	1,464	99	9,972	14.7	38,112
Gender							
Female	53.1	6.9	442	64	4,703	9.4	25,380,567
Male	51.5	6.3	526	84	5,099	10.3	16,772,836
Unknown	12.8	0.5	30	55	791	3.7	73,142
Race							
White	56.9	8.4	575	68	6,184	9.3	18,555,837
African American	51.2	5.7	431	75	4,347	9.9	9,763,087
Other/unknown	47.1	4.9	370	76	3,434	10.8	13,907,621
Use of Nursing Facilities^f							
Entire year	49.9	11.7	656	56	43,325	1.5	834,060
Part year	57.4	13.6	862	64	29,482	2.9	572,113
None	52.3	6.4	465	72	3,723	12.5	40,820,372
Maintenance Assistance Status							
Cash	55.6	10.4	841	81	6,135	13.7	14,168,954
Medically needy	52.0	6.8	461	68	11,262	4.1	2,288,302
Poverty related	55.7	3.8	208	55	2,128	9.8	14,172,890
Other/unknown	44.4	5.5	355	65	5,356	6.6	11,596,399

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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; 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^{a, b}
 UNITED STATES, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	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	0.8	\$59	9.8	47.6	38.6	5.6	5.4	2.1	0.7	\$602	42,226,545	340,719,165
Age												
5 and younger	0.5	25	8.4	42.9	49.1	4.8	2.4	0.5	0.2	297	8,850,935	63,017,958
6-14	0.5	41	17.5	47.2	43.9	4.7	3.3	0.6	0.2	232	8,545,289	69,129,689
15-20	0.6	45	12.6	50.0	40.3	5.1	3.6	0.8	0.2	357	5,263,738	40,132,516
21-44	0.9	70	11.7	49.1	34.3	6.7	6.8	2.3	0.7	598	10,634,702	80,058,245
45-64	2.3	172	14.3	37.6	25.2	8.6	15.6	9.4	3.6	1,203	4,388,327	42,091,993
65-74	0.6	32	4.1	59.2	28.6	4.4	5.0	2.1	0.6	780	1,808,952	18,981,857
75-84	0.5	17	1.4	61.4	29.4	3.6	3.8	1.5	0.3	1,225	1,569,394	16,435,085
85 and older	0.4	13	0.6	61.3	30.3	3.5	3.4	1.3	0.2	2,152	1,063,359	10,415,538
Unknown	0.1	4	3.2	91.0	5.5	1.3	1.4	0.6	0.2	132	101,849	456,284
Basis of Eligibility^e												
Aged	0.5	21	1.6	60.5	29.4	3.9	4.2	1.7	0.3	1,315	3,876,728	39,515,830
Disabled	1.8	158	12.4	37.2	30.3	8.6	13.8	7.4	2.6	1,280	7,317,849	76,974,433
Adults	0.7	41	13.8	51.7	34.4	6.2	5.6	1.6	0.5	298	10,424,258	70,375,566
Children	0.5	27	12.4	46.9	45.4	4.5	2.5	0.5	0.2	216	20,569,598	153,548,044
Unknown	1.8	183	14.7	28.1	33.1	14.2	18.7	5.2	0.7	1,245	38,112	305,292
Gender												
Female	0.9	55	9.4	46.9	38.8	5.7	5.5	2.2	0.8	584	25,380,567	204,283,964
Male	0.8	65	10.3	48.5	38.3	5.5	5.2	1.8	0.6	629	16,772,836	136,054,715
Unknown	0.1	6	3.7	87.2	10.7	1.2	0.7	0.1	0.0	152	73,142	380,486
Race												
White	1.0	69	9.3	43.1	39.9	6.6	6.8	2.8	1.0	738	18,555,837	155,549,719
African American	0.7	53	9.9	48.8	39.3	5.1	4.6	1.7	0.5	533	9,763,087	79,638,762
Other/unknown	0.6	49	10.8	52.9	36.3	4.6	4.2	1.5	0.5	453	13,907,621	105,530,684
Use of Nursing Facilities^f												
Entire year	1.1	64	1.5	50.1	33.5	5.3	4.6	3.8	2.7	4,220	834,060	8,562,574
Part year	1.4	90	2.9	42.6	36.9	5.4	6.8	5.3	3.0	3,066	572,113	5,501,303
None	0.8	58	12.5	47.7	38.7	5.6	5.4	2.0	0.7	465	40,820,372	326,655,288
Maintenance Assistance Status												
Cash	1.2	96	13.7	44.4	36.0	6.6	8.2	3.6	1.2	698	14,168,954	124,541,440
Medically needy	0.9	59	4.1	48.0	35.9	6.5	6.4	2.3	0.8	1,432	2,288,302	17,997,666
Poverty related	0.5	27	9.8	44.3	46.4	5.1	3.1	0.8	0.3	277	14,172,890	108,710,085
Other/unknown	0.7	46	6.6	55.6	32.6	4.7	4.7	1.8	0.6	694	11,596,399	89,469,974

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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^{a,b,c}
 UNITED STATES, 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	\$59	\$71	0.3	\$44	\$159	0.0	\$4	\$97	0.5	\$11	\$22
Age												
5 and younger	0.5	25	51	0.1	18	133	0.0	1	43	0.3	6	18
6-14	0.5	41	81	0.2	33	147	0.0	2	68	0.3	6	23
15-20	0.6	45	82	0.2	36	172	0.0	2	92	0.3	7	22
21-44	0.9	70	77	0.3	52	183	0.0	5	118	0.6	13	23
45-64	2.3	172	76	0.8	125	164	0.1	12	126	1.4	34	25
65-74	0.6	32	49	0.2	22	108	0.0	3	93	0.4	7	17
75-84	0.5	17	35	0.1	11	83	0.0	1	74	0.3	4	13
85 and older	0.4	13	28	0.1	8	75	0.0	1	59	0.3	4	11
Unknown	0.1	4	44	0.0	2	141	0.0	1	208	0.1	1	15
Basis of Eligibility^d												
Aged	0.5	21	38	0.2	14	90	0.0	2	78	0.4	5	14
Disabled	1.8	158	87	0.6	121	191	0.1	10	123	1.1	27	25
Adults	0.7	41	58	0.2	28	134	0.0	3	111	0.5	10	21
Children	0.5	27	59	0.2	20	126	0.0	1	55	0.3	6	20
Unknown	1.8	183	99	0.6	141	237	0.1	14	166	1.2	28	24
Gender												
Female	0.9	55	64	0.3	39	144	0.0	4	99	0.5	12	21
Male	0.8	65	84	0.3	51	181	0.0	3	95	0.5	11	24
Unknown	0.1	6	55	0.0	4	183	0.0	0	89	0.1	2	19
Race												
White	1.0	69	68	0.3	50	151	0.0	5	103	0.6	14	22
African American	0.7	53	75	0.2	40	171	0.0	3	97	0.4	10	22
Other/unknown	0.6	49	76	0.2	37	165	0.0	3	88	0.4	9	23
Use of Nursing Facilities^e												
Entire year	1.1	64	56	0.3	46	152	0.0	4	87	0.8	15	18
Part year	1.4	90	64	0.4	65	163	0.1	6	103	1.0	19	20
None	0.8	58	72	0.3	43	159	0.0	4	98	0.5	11	22
Maintenance Assistance Status												
Cash	1.2	96	81	0.4	72	179	0.1	6	114	0.7	17	24
Medically needy	0.9	59	68	0.3	43	155	0.0	4	111	0.6	12	22
Poverty related	0.5	27	55	0.2	19	121	0.0	2	63	0.3	6	19
Other/unknown	0.7	46	65	0.2	34	143	0.0	3	93	0.4	9	20

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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 the U.S., 0.5 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 a,b,c,d
 UNITED STATES, 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 Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Name	Name	Name		Name	Name	Name		Name							
Anti-infective Agents	0.3	0.1	0.0	0.2	\$20	\$14	\$1	\$5	\$74	\$257	\$62	\$25	32,723,171	\$2,414,572,666	12,629,458	29.9	121,679,972
Biologicals	0.3	0.3	0.0	0.0	322	317	3	1	1169	1,196	2,689	152	322,961	377,406,966	120,686	0.3	1,172,542
Antineoplastic Agents	0.5	0.2	0.0	0.3	159	135	2	22	335	832	354	72	754,650	252,444,058	156,392	0.4	1,592,584
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	28	20	2	6	62	121	64	25	24,467,770	1,520,064,713	5,518,293	13.1	53,924,954
Cardiovascular Agents	1.1	0.4	0.1	0.6	47	30	6	11	45	82	116	17	36,005,201	1,613,643,005	3,337,387	7.9	34,181,442
Respiratory Agents	0.4	0.2	0.0	0.2	24	19	1	4	59	103	47	19	35,723,254	2,092,784,841	8,829,505	20.9	86,346,115
Gastrointestinal Agents	0.4	0.2	0.0	0.2	37	30	3	4	89	146	334	18	13,257,676	1,180,949,070	3,167,537	7.5	31,896,391
Genitourinary Agents	0.2	0.1	0.0	0.1	14	8	3	3	55	83	84	27	3,478,165	191,847,395	1,477,873	3.5	14,032,622
CNS Drugs	0.8	0.3	0.1	0.5	78	62	5	10	93	205	105	21	45,787,053	4,277,894,647	5,415,147	12.8	55,079,642
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	70	66	1	3	105	118	139	33	7,314,497	765,268,757	1,080,360	2.6	10,862,552
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.0	101	97	0	4	279	300	126	100	798,633	222,843,277	212,896	0.5	2,206,482
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	18	8	2	8	43	201	269	21	30,804,454	1,313,716,903	7,613,251	18.0	73,667,816
Neuromuscular Agents	0.7	0.2	0.0	0.4	55	40	2	14	82	177	103	32	19,163,468	1,574,777,399	2,775,986	6.6	28,730,890
Nutritional Products	0.3	0.1	0.0	0.2	6	2	0	4	19	37	21	15	5,684,903	108,092,909	1,998,743	4.7	18,052,783
Hematological Agents	0.5	0.1	0.0	0.4	92	86	0	6	179	595	31	17	5,857,782	1,050,713,355	1,108,794	2.6	11,391,422
Topical Products	0.2	0.1	0.0	0.2	12	8	0	3	48	98	59	22	17,242,845	821,310,331	7,283,101	17.2	71,372,409
Miscellaneous Products	0.3	0.2	0.0	0.1	72	61	4	7	263	365	284	74	866,404	227,874,806	307,804	0.7	3,172,808
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	61	0	0	0	407,087	24,783,289	219,759	0.5	2,271,602
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.	280,659,974	20,030,988,387	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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 the U.S., 0.5 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}
 UNITED STATES, 2006

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$2,776,399,577	1,898,995	4.5	20,305,178	0.6	\$241	\$137
ANTIASTHMATIC	1,409,765,558	6,452,729	15.3	65,074,407	0.3	76	22
ANTICONVULSANT	1,395,325,685	2,088,800	4.9	22,315,817	0.6	103	63
ANTIVIRAL	1,254,786,443	753,532	1.8	7,722,023	0.4	442	162
ANTIDEPRESSANTS	1,025,080,284	3,631,237	8.6	37,202,851	0.5	61	28
ULCER DRUGS	881,751,256	3,039,135	7.2	31,310,868	0.4	79	28
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	751,285,463	1,215,972	2.9	12,536,380	0.6	105	60
ANTIHYPERLIPIDEMIC	718,648,326	1,486,663	3.5	15,943,571	0.5	95	45
ANTIDIABETIC	707,550,543	1,782,938	4.2	18,542,084	0.5	72	38
ANALGESICS - Narcotic	692,803,230	6,556,071	15.5	64,968,879	0.3	38	11
Total	11,613,396,365	28,906,072	n.a.	295,922,058	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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; n.a. = not applicable.

All Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.1a
 OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 ALL MEDICAID BENEFICIARIES, 2006a

	Total Rx \$ for Beneficiaries		Beneficiaries Not		Beneficiaries Not		Rx \$ for Dual Eligible		Beneficiaries Included in this		Rx \$ for Dual Eligible All-Year		Rx \$ for Dual Eligible Part-Year	
	Included in this Study (TOTAL) ^c	Rx \$ Excluded from this Study by Reason	Eligible for Medicaid or Not Having Rx Benefits ^d	Having Fee-for-Service Rx Benefits ^e	Pharmacy Reimbursement	As % of GRAND TOTAL	Facility Residents Included in this Study ^g	Facility Residents Excluded from this Study ^h	Included in this Study ^h	Excluded from this Study ⁱ	Nursing Facility Residents Included in this Study ^h	Nursing Facility Residents Excluded from this Study ⁱ		
All States	\$21,071,231,548	\$20,030,988,387	95.1	\$354,030,885	\$686,212,276	\$1,590,486,651	7.5	\$546,822,988	\$493,013,995	\$117,389,373	\$93,554,915			
Alabama	375,760,080	374,996,862	99.8	691,269	71,949	13,146,609	3.5	7,575,017	3,854,092	1,381,426	515,021			
Alaska	72,283,563	71,822,819	99.4	460,744	0	3,281,622	4.5	551,064	881,397	25,350	126,406			
Arizona	2,657,506	2,408,412	90.6	245,017	4,077	49,243	1.9	65	104,553	0	3,448			
Arkansas	299,145,434	293,281,591	98.0	5,863,843	0	19,607,074	6.6	6,744,502	4,703,621	3,385,365	1,888,696			
California	2,232,016,969	2,024,608,630	90.7	54,835,663	152,572,676	167,978,454	7.5	56,595,731	53,835,222	8,389,456	8,403,470			
Colorado	205,457,672	203,551,435	99.1	1,875,495	30,742	16,358,377	8.0	6,298,539	4,148,524	1,722,465	1,157,815			
Connecticut	213,864,463	212,530,448	99.4	8,358	1,325,657	59,026,252	27.6	17,716,192	16,649,739	8,095,846	6,372,589			
Delaware	95,024,456	94,054,678	99.0	969,778	0	4,663,948	4.9	903,840	587,208	187,016	116,462			
D.C.	71,474,465	70,231,717	98.3	1,221,961	20,787	4,834,166	6.8	2,492,841	2,023,005	264,178	210,794			
Florida	1,024,843,875	923,105,976	90.1	47,899,714	53,838,185	53,583,270	5.2	23,460,911	16,393,503	6,098,840	3,476,940			
Georgia	620,965,215	610,020,659	98.2	10,785,144	159,412	36,975,039	6.0	14,062,138	7,307,981	3,791,025	2,162,889			
Hawaii	51,394,226	51,052,511	99.3	147,187	194,528	6,824,972	13.3	754,388	2,161,216	154,778	269,754			
Idaho	101,285,818	101,220,901	99.9	64,917	0	4,895,788	4.8	1,289,779	1,823,512	183,140	273,417			
Illinois	939,722,885	938,445,501	99.9	1,277,384	0	64,541,041	6.9	52,808,283	31,243,145	6,234,815	4,756,844			
Indiana	281,432,700	280,819,750	99.8	124,086	488,864	32,502,663	11.5	12,023,353	12,505,496	2,293,887	2,238,454			
Iowa	214,716,073	214,567,857	99.9	148,216	0	11,368,116	5.3	3,404,849	3,554,008	866,154	654,870			
Kansas	149,893,987	144,800,922	96.6	4,362,618	730,447	10,189,392	6.8	3,600,496	2,623,983	982,644	585,736			
Kentucky	454,535,840	449,991,735	99.0	4,435,351	108,754	17,558,755	3.9	8,293,629	15,209,300	1,780,751	1,563,976			
Louisiana	619,151,050	586,085,765	94.7	33,065,285	0	25,493,866	4.1	19,065,844	8,279,571	3,514,731	1,883,092			
Maine														
Maryland	190,599,129	77,194,801	40.5	1,009,308	112,395,020	14,746,662	7.7	12,747,860	8,836,981	2,132,827	1,505,466			
Massachusetts	475,456,749	468,936,851	98.6	5,426,919	1,092,979	48,930,257	10.3	11,800,674	15,078,778	2,802,616	2,710,284			
Michigan	385,120,426	243,529,689	63.2	5,782,037	135,808,700	19,863,788	5.2	7,934,668	6,437,269	1,152,519	876,049			
Minnesota	213,274,459	209,108,924	98.0	3,648,913	516,622	13,547,782	6.4	4,002,808	9,470,942	378,769	830,080			
Mississippi	263,971,577	262,104,932	99.3	1,866,645	0	15,730,938	6.0	5,350,190	2,461,213	1,205,364	502,765			
Missouri	550,375,182	532,768,434	96.8	979,272	16,627,476	47,715,328	8.7	17,446,074	12,556,344	2,954,270	2,026,119			
Montana	55,077,342	48,035,425	87.2	7,041,917	0	2,504,862	4.5	864,962	1,431,209	191,661	142,647			
Nebraska	134,288,808	133,685,168	99.6	603,640	0	6,724,416	5.0	3,668,274	3,280,089	557,647	427,824			
Nevada	77,609,385	76,981,448	99.2	625,571	2,366	5,537,521	7.1	2,248,380	2,446,155	628,175	495,392			
New Hampshire	88,127,444	88,124,743	100.0	2,701	0	4,584,569	5.2	1,497,446	1,575,388	300,048	209,568			
New Jersey	559,403,334	363,787,674	65.0	41,592,987	154,022,673	102,697,326	18.4	27,001,879	20,639,628	9,772,803	6,424,601			
New Mexico	14,337,398	14,270,115	99.5	15,372	51,911	1,445,485	10.1	1,960,545	901,992	526,716	286,872			
New York	3,004,641,798	2,974,560,409	99.0	30,081,389	0	166,113,919	5.5	40,909,404	64,776,863	5,816,342	5,342,326			
North Carolina	931,893,121	917,533,228	98.5	14,359,893	0	57,425,821	6.2	7,230,022	9,736,335	1,288,293	1,297,594			

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

b. This column represents the amount of Medicaid pharmacy benefit reimbursement for all pharmacy claims contained in the MAX 2006 files, some of which were excluded from this study because those claims were made for beneficiaries who did not meet the inclusion criteria (see Table 1) or took place during months that were excluded from the analysis (see footnote c of Table 1).

c. These columns include beneficiaries represented by Cell C of Table 1.

d. These columns include beneficiaries who did not meet either of the first two inclusion criteria (see Table 1).

e. These columns include beneficiaries who satisfied the first two inclusion criteria but failed to meet the third criterion (see Table 1).

f, g, h. These columns include beneficiaries represented by Cells G, D, and H of Table 1, respectively.

i. Refer to footnote f of Table 1 for information about how we determined part-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; FFS = fee-for-service; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx \$ = pharmacy reimbursement.

NATIONAL COMPARISON TABLE N.1a
 OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 ALL MEDICAID BENEFICIARIES, 2006a

	Total Rx \$ for Beneficiaries Included in this Study (TOTAL) ^c		Rx \$ Excluded from this Study by Reason		Rx \$ for Dual Eligible Beneficiaries Included in this Study ^f		As % of GRAND TOTAL	Rx \$ for All-Year Nursing Facility Residents Included in this Study ^g	Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study ^h	Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study ^h	Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study ⁱ
	Total Rx \$ for All Beneficiaries in MAX 2006 (GRAND TOTAL) ^b	Pharmacy Reimbursement	Beneficiaries Not Eligible for Medicaid or Not Having Rx Benefits ^d	Beneficiaries Not Having Fee-for- Service Rx Benefits ^e	Pharmacy Reimbursement	As % of GRAND TOTAL					
North Dakota	28,963,739	28,766,202	99.3	160,630	36,907	1,770,554	6.1	847,768	658,354	300,784	114,546
Ohio	1,045,619,249	1,045,304,458	100.0	296,153	18,638	78,484,320	7.5	47,390,175	49,329,865	7,160,400	7,080,513
Oklahoma	310,009,565	309,340,832	99.8	668,733	0	16,308,873	5.3	10,042,764	5,421,095	2,178,977	908,360
Oregon	124,310,015	63,919,530	51.4	14,832,603	45,557,882	4,353,451	3.5	1,410,001	2,027,544	327,914	301,283
Pennsylvania	355,280,149	351,235,512	98.9	3,641,325	403,312	37,677,203	10.6	18,899,671	12,427,553	4,481,271	3,083,078
Rhode Island	69,410,390	68,259,096	98.3	918,466	232,828	8,957,186	12.9	2,579,379	2,206,518	507,286	457,266
South Carolina	350,238,608	349,737,671	99.9	194,742	306,195	21,491,999	6.1	2,695,349	1,293,903	732,029	515,597
South Dakota	44,774,368	44,714,289	99.9	60,079	0	1,681,721	3.8	1,031,244	676,150	270,342	144,911
Tennessee	631,910,262	626,429,867	99.1	5,480,395	0	36,505,241	5.8	10,176,200	5,079,802	1,740,834	1,471,809
Texas	1,588,780,617	1,580,649,391	99.5	8,131,226	0	85,128,939	5.4	40,217,479	32,528,955	12,993,614	10,626,075
Utah	135,982,454	128,170,437	94.3	7,812,017	0	10,043,875	7.4	3,013,216	3,371,061	607,715	583,394
Vermont	115,316,270	108,432,723	94.0	6,883,547	0	25,113,769	21.8	1,092,124	1,221,493	676,228	584,322
Virginia	223,384,916	215,903,150	96.7	6,942,137	539,629	20,885,616	9.3	9,914,873	6,687,285	2,347,522	1,757,967
Washington	368,051,961	345,245,769	93.8	14,336,903	8,469,289	33,404,037	9.1	5,322,565	9,774,472	995,436	1,380,701
West Virginia	327,446,113	326,254,421	99.6	1,191,692	0	13,571,493	4.1	2,971,571	3,164,046	399,226	236,044
Wisconsin	349,427,742	347,942,941	99.6	901,030	583,771	132,910,135	38.0	6,418,107	9,295,206	2,468,323	4,497,352
Wyoming	32,522,701	32,462,088	99.8	60,613	0	1,750,918	5.4	495,855	332,431	141,555	73,437

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

- a. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.
- b. This column represents the amount of Medicaid pharmacy benefit reimbursement for all pharmacy claims contained in the MAX 2006 files, some of which were excluded from this study because those claims were made for beneficiaries who did not meet the inclusion criteria (see Table 1) or took place during months that were excluded from the analysis (see footnote c of Table 1).
- c. These columns include beneficiaries represented by Cell C of Table 1.
- d. These columns include beneficiaries who did not meet either of the first two inclusion criteria (see Table 1).
- e. These columns include beneficiaries who satisfied the first two inclusion criteria but failed to meet the third criterion (see Table 1).
- f, g, h. These columns include beneficiaries represented by Cells G, D, and H of Table 1, respectively.
- i. Refer to footnote f of Table 1 for information about how we determined part-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; FFS = fee-for-service; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx \$ = pharmacy reimbursement.

All Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.1b
 OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 PERCENTAGE COMPARISONS, ALL MEDICAID BENEFICIARIES, 2006a

	<u>Rx \$ Excluded from this Study by Reason as a Percentage of GRAND TOTAL</u>									
	Total Rx \$ for All Beneficiaries in MAX 2006 (GRAND TOTAL) b	Total Rx \$ for Beneficiaries Included in this Study (TOTAL) ^c	Benes Not Eligible for Medicaid or Not Having Rx Benefits ^d	Benes Not Having FFS Benefits ^e	Rx \$ for Dual Eligible Beneficiaries Included in this Study as a Percentage of TOTAL	Rx \$ for All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL ^g	Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL ⁱ	Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL ^h	Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL ⁱ	
All States	\$21,071,231,548	\$20,030,988,387	1.7	3.3	7.9	2.7	2.5	0.6	0.5	
Alabama	\$375,760,080	\$374,996,862	0.2	0.0	3.5	2.0	1.0	0.4	0.1	
Alaska	\$72,283,563	\$71,822,819	0.6	0.0	4.6	0.8	1.2	0.0	0.2	
Arizona	\$2,657,506	\$2,408,412	9.2	0.2	2.0	0.0	4.3	0.0	0.1	
Arkansas	\$299,145,434	\$293,281,591	2.0	0.0	6.7	2.3	1.6	1.2	0.6	
California	\$2,232,016,969	\$2,024,608,630	2.5	6.8	8.3	2.8	2.7	0.4	0.4	
Colorado	\$205,457,672	\$203,551,435	0.9	0.0	8.0	3.1	2.0	0.8	0.6	
Connecticut	\$213,864,463	\$212,530,448	0.0	0.6	27.8	8.3	7.8	3.8	3.0	
Delaware	\$95,024,456	\$94,054,678	1.0	0.0	5.0	1.0	0.6	0.2	0.1	
D.C.	\$71,474,465	\$70,231,717	1.7	0.0	6.9	3.5	2.9	0.4	0.3	
Florida	\$1,024,843,875	\$923,105,976	4.7	5.3	5.8	2.5	1.8	0.7	0.4	
Georgia	\$620,965,215	\$610,020,659	1.7	0.0	6.1	2.3	1.2	0.6	0.4	
Hawaii	\$51,394,226	\$51,052,511	0.3	0.4	13.4	1.5	4.2	0.3	0.5	
Idaho	\$101,285,818	\$101,220,901	0.1	0.0	4.8	1.3	1.8	0.2	0.3	
Illinois	\$939,722,885	\$938,445,501	0.1	0.0	6.9	5.6	3.3	0.7	0.5	
Indiana	\$281,432,700	\$280,819,750	0.0	0.2	11.6	4.3	4.5	0.8	0.8	
Iowa	\$214,716,073	\$214,567,857	0.1	0.0	5.3	1.6	1.7	0.4	0.3	
Kansas	\$149,893,987	\$144,800,922	2.9	0.5	7.0	2.5	1.8	0.7	0.4	
Kentucky	\$454,535,840	\$449,991,735	1.0	0.0	3.9	1.8	3.4	0.4	0.3	
Louisiana	\$619,151,050	\$586,085,765	5.3	0.0	4.3	3.3	1.4	0.6	0.3	
Maine	\$0	\$0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Maryland	\$190,599,129	\$77,194,801	0.5	59.0	19.1	16.5	11.4	2.8	2.0	
Massachusetts	\$475,456,749	\$468,936,851	1.1	0.2	10.4	2.5	3.2	0.6	0.6	

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

b. This column represents the amount of Medicaid pharmacy benefit reimbursement for all pharmacy claims contained in the MAX 2006 files, some of which were excluded from this study because those claims were made for beneficiaries who did not meet the inclusion criteria (see Table 1) or took place during months that were excluded from the analysis (see footnote c of Table 1).

c. These columns include beneficiaries represented by Cell C of Table 1.

d. These columns include beneficiaries who did not meet either of the first two inclusion criteria (see Table 1).

e. These columns include beneficiaries who satisfied the first two inclusion criteria but failed to meet the third criterion (see Table 1).

f, g, h. These columns include beneficiaries represented by Cells G, D, and H of Table 1, respectively.

i. Refer to footnote f of Table 1 for information about how we determined part-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; FFS = fee-for-service; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx \$ = pharmacy reimbursement.

NATIONAL COMPARISON TABLE N.1b
OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
PERCENTAGE COMPARISONS, ALL MEDICAID BENEFICIARIES, 2006a

	Total Rx \$ for All Beneficiaries in MAX 2006 (GRAND TOTAL) b		Rx \$ Excluded from this Study by Reason as a Percentage of GRAND TOTAL		Rx \$ for Dual Eligible Beneficiaries Included in this Study as a Percentage of TOTAL	Rx \$ for All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL ^g	Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL ⁱ	Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL ^h	Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL ⁱ
			Benes Not Eligible for Medicaid or Not Having Rx Benefits ^d	Benes Not Having FFS Benefits ^e					
Michigan	\$385,120,426	\$243,529,689	1.5	35.3	8.2	3.3	2.6	0.5	0.4
Minnesota	\$213,274,459	\$209,108,924	1.7	0.2	6.5	1.9	4.5	0.2	0.4
Mississippi	\$263,971,577	\$262,104,932	0.7	0.0	6.0	2.0	0.9	0.5	0.2
Missouri	\$550,375,182	\$532,768,434	0.2	3.0	9.0	3.3	2.4	0.6	0.4
Montana	\$55,077,342	\$48,035,425	12.8	0.0	5.2	1.8	3.0	0.4	0.3
Nebraska	\$134,288,808	\$133,685,168	0.4	0.0	5.0	2.7	2.5	0.4	0.3
Nevada	\$77,609,385	\$76,981,448	0.8	0.0	7.2	2.9	3.2	0.8	0.6
New Hampshire	\$88,127,444	\$88,124,743	0.0	0.0	5.2	1.7	1.8	0.3	0.2
New Jersey	\$559,403,334	\$363,787,674	7.4	27.5	28.2	7.4	5.7	2.7	1.8
New Mexico	\$14,337,398	\$14,270,115	0.1	0.4	10.1	13.7	6.3	3.7	2.0
New York	\$3,004,641,798	\$2,974,560,409	1.0	0.0	5.6	1.4	2.2	0.2	0.2
North Carolina	\$931,893,121	\$917,533,228	1.5	0.0	6.3	0.8	1.1	0.1	0.1
North Dakota	\$28,963,739	\$28,766,202	0.6	0.1	6.2	2.9	2.3	1.0	0.4
Ohio	\$1,045,619,249	\$1,045,304,458	0.0	0.0	7.5	4.5	4.7	0.7	0.7
Oklahoma	\$310,009,565	\$309,340,832	0.2	0.0	5.3	3.2	1.8	0.7	0.3
Oregon	\$124,310,015	\$63,919,530	11.9	36.6	6.8	2.2	3.2	0.5	0.5
Pennsylvania	\$355,280,149	\$351,235,512	1.0	0.1	10.7	5.4	3.5	1.3	0.9
Rhode Island	\$69,410,390	\$68,259,096	1.3	0.3	13.1	3.8	3.2	0.7	0.7
South Carolina	\$350,238,608	\$349,737,671	0.1	0.1	6.1	0.8	0.4	0.2	0.1
South Dakota	\$44,774,368	\$44,714,289	0.1	0.0	3.8	2.3	1.5	0.6	0.3
Tennessee	\$631,910,262	\$626,429,867	0.9	0.0	5.8	1.6	0.8	0.3	0.2
Texas	\$1,588,780,617	\$1,580,649,391	0.5	0.0	5.4	2.5	2.1	0.8	0.7
Utah	\$135,982,454	\$128,170,437	5.7	0.0	7.8	2.4	2.6	0.5	0.5
Vermont	\$115,316,270	\$108,432,723	6.0	0.0	23.2	1.0	1.1	0.6	0.5
Virginia	\$223,384,916	\$215,903,150	3.1	0.2	9.7	4.6	3.1	1.1	0.8
Washington	\$368,051,961	\$345,245,769	3.9	2.3	9.7	1.5	2.8	0.3	0.4
West Virginia	\$327,446,113	\$326,254,421	0.4	0.0	4.2	0.9	1.0	0.1	0.1
Wisconsin	\$349,427,742	\$347,942,941	0.3	0.2	38.2	1.8	2.7	0.7	1.3
Wyoming	\$32,522,701	\$32,462,088	0.2	0.0	5.4	1.5	1.0	0.4	0.2

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

b. This column represents the amount of Medicaid pharmacy benefit reimbursement for all pharmacy claims contained in the MAX 2006 files, some of which were excluded from this study because those claims were made for beneficiaries who did not meet the inclusion criteria (see Table 1) or took place during months that were excluded from the analysis (see footnote c of Table 1).

c. These columns include beneficiaries represented by Cell C of Table 1.

d. These columns include beneficiaries who did not meet either of the first two inclusion criteria (see Table 1).

e. These columns include beneficiaries who satisfied the first two inclusion criteria but failed to meet the third criterion (see Table 1).

f, g, h. These columns include beneficiaries represented by Cells G, D, and H of Table 1, respectively.

i. Refer to footnote f of Table 1 for information about how we determined part-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; FFS = fee-for-service; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx \$ = pharmacy reimbursement.

All Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.2
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 NONDUAL BENEFICIARIES, 2006a,b

	Percentage of All Rx											Among All-Year Nursing Facility Residents ^e	
	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx Paid per Benefit Month	Rx \$ per Benefit Month	Patented Brand-Name ^c	Off-Patent Brand-Name	Generic	Rx \$ as a Percentage of Total Medicaid \$ ^d	Number of Rx per Benefit Month	Rx \$ per Benefit Month		
All States	35,456,693	269,351,694	54.6	0.9	\$69	34.7	4.8	60.4	15.5	7.1	\$533		
Alabama	762,893	7,054,555	59.2	0.9	51	27.5	3.6	68.8	19.5	7.0	473		
Alaska	117,172	1,041,773	54.0	0.8	66	36.9	6.3	56.7	9.9	8.4	781		
Arizona	167,974	1,201,133	3.6	0.0	2	18.6	1.5	79.9	0.4	0.0	0		
Arkansas	651,412	6,423,033	60.0	0.6	43	35.7	5.1	59.1	15.9	6.4	459		
California	5,599,418	37,967,691	32.3	0.5	49	36.2	6.4	57.2	15.9	6.8	600		
Colorado	458,139	3,410,228	46.3	0.7	55	32.0	3.6	64.2	13.2	8.3	671		
Connecticut	140,271	633,363	34.5	2.5	242	40.3	3.9	55.7	15.3	7.9	710		
Delaware	105,380	1,027,310	94.9	1.3	87	36.7	4.0	59.3	86.2	7.3	505		
D.C.	51,501	360,515	43.3	1.8	181	42.2	2.8	55.0	10.3	5.7	405		
Florida	1,722,641	11,649,889	49.6	0.9	75	34.7	5.1	59.9	14.9	8.5	533		
Georgia	1,444,692	8,767,898	57.4	1.0	65	33.2	5.5	61.1	13.6	6.5	442		
Hawaii	62,010	234,999	26.0	2.0	188	29.0	2.7	68.2	14.0	4.5	326		
Idaho	195,435	1,850,113	60.3	0.8	52	34.4	3.8	61.7	13.0	10.3	677		
Illinois	2,011,341	19,013,510	61.7	0.7	46	29.2	4.1	66.6	15.2	7.3	552		
Indiana	446,993	1,919,824	39.2	1.6	129	34.1	3.6	62.3	12.9	9.5	589		
Iowa	387,003	3,438,932	59.1	0.8	59	33.8	11.2	54.9	15.7	7.4	484		
Kansas	237,175	1,714,414	54.4	1.0	79	38.7	3.5	57.7	12.9	8.8	620		
Kentucky	548,051	5,164,685	76.1	1.5	84	30.5	2.5	66.9	18.9	8.7	474		
Louisiana	1,023,291	10,211,578	63.3	0.8	55	36.9	5.9	57.0	22.1	7.9	638		
Maine													
Maryland	282,535	1,287,552	21.6	0.6	49	39.2	3.9	56.7	4.3	8.5	562		
Massachusetts	636,557	5,021,285	55.0	1.2	84	30.8	1.6	67.5	12.8	5.7	357		
Michigan	843,083	4,090,410	39.4	0.8	55	35.2	3.2	61.6	11.1	7.8	444		
Minnesota	394,545	1,756,585	37.8	1.2	111	36.2	5.1	58.5	8.6	8.8	682		

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Table N.2, except for the last two columns, includes beneficiaries represented by Cell K of Table 1 in the national table set and the table set for each state. The last two columns include beneficiaries represented by Cell L 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 states.

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. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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. All-year nursing facility residents are beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2006. Part-year residents were excluded from the analysis. See footnote f of Table 1 for more information about how we determined all-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; NF = nursing facility.

NATIONAL COMPARISON TABLE N.2
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 NONDUAL BENEFICIARIES, 2006a,b

	Percentage of All Rx										Among All-Year Nursing Facility Residents ^e	
	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx Paid per Benefit Month	Rx \$ per Benefit Month	Patented Brand-Name ^c	Off-Patent Brand-Name	Generic	Rx \$ as a Percentage of Total Medicaid \$ ^d	Number of Rx per Benefit Month	Rx \$ per Benefit Month	
Mississippi	610,794	5,725,996	63.5	0.7	43	32.2	2.7	64.9	14.2	6.5	455	
Missouri	553,594	4,299,343	61.8	1.5	113	31.6	4.5	63.7	22.2	9.2	703	
Montana	81,374	725,076	56.4	0.8	63	32.1	5.4	62.4	12.8	6.2	451	
Nebraska	193,024	1,214,374	80.6	1.5	105	35.5	4.6	59.9	24.0	9.2	619	
Nevada	144,307	737,301	37.4	1.1	97	30.8	3.4	65.8	11.7	9.6	578	
New Hampshire	115,128	1,059,051	63.2	1.2	79	32.8	4.0	63.1	17.7	9.6	639	
New Jersey	343,630	1,524,384	33.1	1.6	171	43.3	4.0	52.6	13.2	8.0	620	
New Mexico	273,499	1,301,635	21.4	0.2	10	21.5	8.1	69.3	1.8	6.4	388	
New York	3,009,063	25,704,107	70.5	1.1	109	40.5	4.4	54.8	17.7	1.7	335	
North Carolina	1,332,881	12,407,215	67.8	0.9	69	38.9	4.0	57.1	16.3	7.5	537	
North Dakota	58,558	475,029	60.6	0.9	57	33.5	4.7	61.7	12.5	7.1	477	
Ohio	1,322,126	9,205,262	58.2	1.5	105	35.6	5.2	58.9	16.5	11.0	716	
Oklahoma	647,824	5,932,143	61.2	0.7	49	32.7	3.7	63.4	15.0	8.9	595	
Oregon	177,543	883,917	37.5	1.0	67	29.2	3.4	67.3	9.7	7.3	456	
Pennsylvania	663,975	4,125,164	45.1	1.1	76	33.7	4.5	61.7	12.7	7.8	481	
Rhode Island	59,364	357,766	42.4	2.0	166	37.9	5.3	56.7	12.2	5.0	423	
South Carolina	745,269	6,874,749	61.1	0.7	48	37.0	4.1	58.7	16.3	5.8	376	
South Dakota	110,258	1,015,818	56.4	0.6	42	36.5	5.0	58.4	11.5	7.8	552	
Tennessee	1,177,660	12,143,787	67.5	0.8	49	28.3	3.4	68.3	15.9	8.6	496	
Texas	3,267,871	22,934,401	72.1	0.9	65	34.5	7.5	57.9	17.8	7.7	610	
Utah	241,985	1,946,358	62.4	0.9	61	31.1	3.0	65.9	17.2	11.6	774	
Vermont	125,402	1,179,427	67.8	1.0	71	34.1	3.9	61.9	16.4	9.2	523	
Virginia	403,803	2,281,121	44.6	1.1	86	33.5	6.5	60.0	11.5	7.6	525	
Washington	611,238	3,924,160	43.0	1.2	80	30.1	2.4	67.4	14.9	8.7	550	
West Virginia	292,615	2,192,686	83.0	2.3	143	33.9	5.6	60.4	28.3	8.8	527	
Wisconsin	534,781	3,314,722	44.2	0.9	65	35.4	3.9	60.6	12.3	8.5	531	
Wyoming	69,615	625,427	62.2	0.7	49	34.9	3.9	61.1	12.1	7.7	538	

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Table N.2, except for the last two columns, includes beneficiaries represented by Cell K of Table 1 in the national table set and the table set for each state. The last two columns include beneficiaries represented by Cell L 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 states.

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. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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. All-year nursing facility residents are beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2006. Part-year residents were excluded from the analysis. See footnote f of Table 1 for more information about how we determined all-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; NF = nursing facility.

NATIONAL COMPARISON TABLE N.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE
 NONDUAL BENEFICIARIES, 2006a,b,c

	Share of Benefit Months (percent)					Rx \$ per Benefit Month (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
All States	100	0.9	16.2	25.9	57.0	\$69	\$130	\$257	\$40	\$27	100	1.6	60.6	15.2	22.2
Alabama	100	0.1	17.3	22.9	59.7	51	33	190	15	25	100	0.1	63.9	6.7	29.1
Alaska	100	0.8	8.6	20.2	70.3	66	194	401	63	24	100	2.3	52.6	19.3	25.5
Arizona	100	0.7	21.0	37.6	40.6	2	1	6	1	1	100	0.2	65.0	15.4	19.4
Arkansas	100	0.6	11.6	20.7	67.0	43	28	195	16	24	100	0.4	53.0	8.0	38.3
California	100	1.8	13.4	55.6	29.0	49	129	268	11	14	100	4.9	73.3	12.8	8.5
Colorado	100	0.9	10.3	18.1	70.6	55	109	287	47	22	100	1.9	53.8	15.5	28.5
Connecticut	100	5.1	48.1	15.1	31.3	242	195	445	50	31	100	4.1	88.4	3.1	4.0
Delaware	100	0.1	10.9	41.3	47.6	87	171	281	95	35	100	0.3	35.2	45.2	19.3
D.C.	100	2.7	58.9	11.7	26.7	181	117	252	186	30	100	1.7	81.9	12.0	4.4
Florida	100	0.9	16.8	18.0	64.3	75	176	289	40	27	100	2.1	64.9	9.6	23.2
Georgia	100	0.3	18.7	15.5	65.3	65	102	220	46	26	100	0.5	62.9	10.8	25.5
Hawaii	100	2.9	61.2	20.1	15.7	188	88	296	16	5	100	1.4	96.2	1.7	0.4
Idaho	100	0.3	11.7	12.6	75.4	52	240	264	61	17	100	1.2	59.7	14.8	24.4
Illinois	100	0.8	9.9	21.3	68.0	46	87	229	40	21	100	1.5	49.3	18.6	30.3
Indiana	100	1.1	33.7	16.0	49.1	129	156	320	21	33	100	1.3	83.3	2.6	12.6
Iowa	100	0.2	10.7	27.9	61.0	59	88	287	38	29	100	0.3	52.1	17.9	29.5
Kansas	100	1.0	19.9	14.2	64.9	79	150	247	43	34	100	1.9	62.5	7.8	27.7
Kentucky	100	0.2	24.2	15.8	59.7	84	60	224	62	33	100	0.2	64.5	11.7	23.4
Louisiana	100	0.3	13.0	11.8	74.9	55	165	218	49	27	100	0.8	51.7	10.4	36.6
Maine															
Maryland	100	3.9	12.3	62.6	20.9	49	140	233	9	37	100	11.2	59.1	12.1	16.1
Massachusetts	100	1.9	24.4	33.9	39.8	84	79	231	48	24	100	1.8	67.2	19.6	11.4
Michigan	100	0.6	11.2	25.0	62.8	55	23	252	36	27	100	0.3	51.8	16.5	30.5
Minnesota	100	0.3	32.7	21.4	45.3	111	106	276	42	26	100	0.3	81.0	8.0	10.5
Mississippi	100	0.2	17.4	21.4	60.9	43	42	141	20	23	100	0.2	57.3	10.1	32.3
Missouri	100	0.9	22.7	19.9	56.4	113	235	347	48	38	100	2.0	69.7	8.5	19.1
Montana	100	0.1	16.1	8.4	75.3	63	49	258	57	22	100	0.1	66.2	7.6	26.0
Nebraska	100	1.0	11.2	14.1	73.6	105	268	373	112	60	100	2.5	39.7	15.0	42.5

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Table N.3 includes beneficiaries represented by Cell K of Table 1 in the national table set and the table set for each state. 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 states.

c. 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.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

NATIONAL COMPARISON TABLE N.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE
 NONDUAL BENEFICIARIES, 2006a,b,c

	Share of Benefit Months (percent)					Rx \$ per Benefit Month (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
Nevada	100	0.3	28.9	15.8	54.8	97	120	271	34	23	100	0.4	81.0	5.5	12.8
New Hampshire	100	0.8	8.3	13.7	77.3	79	283	402	92	40	100	2.9	42.1	16.0	39.0
New Jersey	100	4.8	38.7	15.5	40.8	171	152	378	27	32	100	4.3	85.4	2.5	7.5
New Mexico	100	0.3	7.0	39.0	53.5	10	44	72	6	4	100	1.3	50.7	25.4	18.9
New York	100	1.1	17.3	30.1	51.5	109	122	350	108	29	100	1.3	55.3	29.8	13.6
North Carolina	100	0.2	13.6	18.7	67.6	69	56	271	68	29	100	0.2	53.0	18.4	28.4
North Dakota	100	0.2	10.0	24.2	65.7	57	123	264	56	26	100	0.4	46.3	23.7	29.7
Ohio	100	1.6	23.4	21.1	53.9	105	233	303	62	33	100	3.5	67.4	12.3	16.8
Oklahoma	100	0.2	9.9	14.3	74.8	49	155	245	36	26	100	0.8	49.2	10.4	38.8
Oregon	100	0.3	15.8	19.1	64.3	67	81	279	56	18	100	0.4	65.6	15.7	17.3
Pennsylvania	100	1.2	23.2	19.0	56.4	76	87	219	50	24	100	1.4	66.7	12.4	17.6
Rhode Island	100	2.9	62.5	10.7	23.0	166	128	250	20	12	100	2.2	94.1	1.3	1.7
South Carolina	100	0.3	12.1	28.9	58.7	48	45	194	30	26	100	0.3	49.0	18.1	32.4
South Dakota	100	0.1	9.0	15.8	75.0	42	118	203	44	22	100	0.2	43.4	16.6	39.5
Tennessee	100	0.2	15.6	22.4	61.6	49	73	149	46	24	100	0.3	47.9	21.2	30.1
Texas	100	0.3	14.8	9.4	75.5	65	115	222	56	36	100	0.5	50.2	8.1	41.1
Utah	100	0.1	10.2	19.9	69.7	61	54	318	63	22	100	0.1	53.2	20.5	25.7
Vermont	100	0.2	8.8	35.5	55.4	71	128	281	87	27	100	0.4	34.8	43.8	20.9
Virginia	100	1.0	16.9	14.9	67.0	86	140	314	51	34	100	1.6	62.1	8.9	26.9
Washington	100	1.9	25.8	39.3	32.9	80	164	255	12	18	100	3.8	82.8	5.9	7.2
West Virginia	100	0.2	34.6	11.6	53.6	143	58	283	144	52	100	0.1	68.5	11.7	19.5
Wisconsin	100	0.6	25.0	37.6	36.7	65	84	179	28	24	100	0.8	69.0	16.5	13.5
Wyoming	100	0.1	8.5	13.7	77.4	49	110	253	55	25	100	0.1	44.0	15.4	40.0

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Table N.3 includes beneficiaries represented by Cell K of Table 1 in the national table set and the table set for each state. 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 states.

c. 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.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

Nondual Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.4
 TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 NONDUAL BENEFICIARIES, 2006a,b,c

	ANTI- PSYCHOTICS	ANTI- ASTHMATIC	ANTI- CONVULSANT	ANTI-VIRAL	ANTI- DEPRESSANTS	ANTI- ULCER DRUGS	STIMULANTS OBESITY-ANOREX	ANTI- ANALGESICS NARCOTIC	ANTI- DIABETIC	ANTI- HYPERLIPIDEMIC
All States	1	2	3	4	5	6	7	8	9	10
Alabama	1	2	3	.	6	7	4	.	8	9
Alaska	1	6	2	.	3	5	9	4	10	.
Arizona	1	7	10	6	.	.	.	.	.	.
Arkansas	1	3	4	.	5	6	2	.	.	.
California	1	8	2	3	6	4	.	9	10	7
Colorado	1	3	2	10	4	9	6	5	8	.
Connecticut	1	9	3	2	4	5	.	6	7	8
Delaware	2	3	5	1	4	7	8	6	10	9
D.C.	2	4	3	1	5	10	.	8	7	6
Florida	1	3	6	2	8	5	9	.	.	.
Georgia	1	2	3	5	6	8	4	.	9	.
Hawaii	1	5	2	4	7	.	.	3	6	8
Idaho	1	4	2	.	3	6	5	8	7	9
Illinois	1	2	3	4	6	.	5	.	8	7
Indiana	1	5	2	.	4	10	9	6	8	7
Iowa	1	4	5	.	3	7	2	9	10	.
Kansas	1	4	2	.	5	6	3	7	8	9
Kentucky	1	2	3	.	4	10	6	9	7	5
Louisiana	1	2	4	10	8	5	3	9	.	.
Maine	.	.	.	.	.	.	.	.	.	.
Maryland	1	10	3	2	7	4	.	.	8	6
Massachusetts	1	5	3	2	4	.	9	8	10	7
Michigan	1	4	3	.	6	7	5	10	9	.
Minnesota	1	7	2	.	3	4	6	8	9	10
Mississippi	1	2	3	6	9	.	5	.	7	.
Missouri	1	3	2	6	4	.	.	5	7	8
Montana	1	5	2	.	3	9	4	6	8	10

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Table N.4 is based on beneficiaries represented by Cell K of Table 1 in the national table set and the table set for each state.

b. The top 10 drug groups were determined based on total Medicaid reimbursement in each state for 2006. The Medicaid reimbursement amounts do not reflect federally required rebates from drug manufacturers to states. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

Nondual Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.4
 TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 NONDUAL BENEFICIARIES, 2006a,b,c

	ANTI- PSYCHOTICS	ANTI- ASTHMATIC	ANTI- CONVULSANT	ANTI-VIRAL	ANTI- DEPRESSANTS	ANTI- ULCER DRUGS	STIMULANTS ANTI- OBESITY-ANOREX	ANALGESICS NARCOTIC	ANTI- DIABETIC	ANTI- HYPERLIPIDEMIC
Nebraska	1	3	2	.	6	.	4	10	8	.
Nevada	1	4	3	5	7	.	9	2	10	.
New Hampshire	1	4	2	.	5	7	3	6	10	9
New Jersey	1	5	3	2	8	6	.	4	9	.
New Mexico	2	4	3	.	6	8	.	10	5	7
New York	2	3	4	1	5	10	.	9	8	7
North Carolina	1	2	3	7	6	4	5	8	.	.
North Dakota	1	5	2	.	3	8	4	6	7	10
Ohio	1	4	2	.	5	3	6	9	8	7
Oklahoma	1	2	3	.	5	8	6	7	10	.
Oregon	1	6	4	9	5	10	7	3	8	.
Pennsylvania	1	4	2	.	3	.	5	6	9	.
Rhode Island	1	7	3	4	2	5	.	6	9	8
South Carolina	1	2	4	5	6	10	3	9	8	.
South Dakota	1	3	4	.	5	6	2	7	.	.
Tennessee	1	2	3	7	6	.	4	5	8	.
Texas	1	2	3	.	7	8	4	.	10	.
Utah	1	6	2	10	3	4	7	5	9	.
Vermont	1	4	3	9	2	7	5	6	10	8
Virginia	1	3	2	.	5	4	6	8	9	7
Washington	1	4	2	7	5	6	.	9	10	8
West Virginia	2	4	1	.	5	3	6	8	9	7
Wisconsin	1	5	2	.	4	6	3	7	8	10
Wyoming	1	4	2	.	5	6	3	9	.	.

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Table N.4 is based on beneficiaries represented by Cell K of Table 1 in the national table set and the table set for each state.

b. The top 10 drug groups were determined based on total Medicaid reimbursement in each state for 2006. The Medicaid reimbursement amounts do not reflect federally required rebates from drug manufacturers to states. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

Nondual Medicaid Beneficiaries