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

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

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ^g	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	80397 (A)	9918 (E)	70479 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	76515 (B)	6900 (F)	69615 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	76515 (C)	6900 (G)	69615 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	1523 (D)	1452 (H)	71 (L)

Source: Data for this table are from the MAX 2006 file for Wyoming, released by CMS in 7/2009. This table was produced on 02/12/2010.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2006 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2006, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Wyoming in 2006 was \$32,522,701, of which \$60,613 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.

All Medicaid Beneficiaries

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
WYOMING, 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	76,515	3,692	8,309	11,911	52,412	191	698,122	37,038	88,725	86,552	484,134	1,673
Age												
5 and younger	22,377	0	281	0	22,096	0	209,723	0	2,945	0	206,778	0
6-14	20,179	0	775	0	19,404	0	195,886	0	8,716	0	187,170	0
15-20	10,854	0	659	53	10,132	10	95,224	0	7,165	144	87,825	90
21-44	14,350	0	3,148	11,013	93	96	114,391	0	33,769	79,305	576	741
45-64	4,336	0	3,413	841	0	82	43,750	0	35,868	7,066	0	816
65-74	1,182	1,148	27	4	0	3	12,531	12,253	215	37	0	26
75-84	1,254	1,248	6	0	0	0	12,579	12,532	47	0	0	0
85 and older	1,296	1,296	0	0	0	0	12,253	12,253	0	0	0	0
Unknown	687	0	0	0	687	0	1,785	0	0	0	1,785	0
Gender												
Female	42,485	2,661	4,430	9,715	25,488	191	384,260	26,937	47,719	70,316	237,615	1,673
Male	32,730	1,031	3,879	2,195	25,625	0	309,164	10,101	41,006	16,234	241,823	0
Unknown	1,300	0	0	1	1,299	0	4,698	0	0	2	4,696	0
Race												
White	59,745	3,225	6,887	9,489	39,970	174	541,478	31,908	73,778	67,979	366,297	1,516
African American	1,419	27	161	159	1,071	1	13,069	303	1,712	1,121	9,921	12
Other/unknown	15,351	440	1,261	2,263	11,371	16	143,575	4,827	13,235	17,452	107,916	145
Use of Nursing Facilities^c												
Entire year	1,523	1,370	153	0	0	0	15,377	13,802	1,575	0	0	0
Part year	772	631	141	0	0	0	6,981	5,601	1,380	0	0	0
None	74,220	1,691	8,015	11,911	52,412	191	675,764	17,635	85,770	86,552	484,134	1,673
Maintenance Assistance Status												
Cash	17,556	857	5,440	5,166	6,093	0	164,709	9,561	57,171	39,301	58,676	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	37,500	23	41	3,337	33,908	191	339,154	240	399	19,358	317,484	1,673
Other/unknown	21,459	2,812	2,828	3,408	12,411	0	194,259	27,237	31,155	27,893	107,974	0
Dual Medicare Status^d												
Full dual, all year	6,678	3,488	3,112	66	7	5	70,375	35,169	34,487	596	82	41
Full dual, part year	222	137	85	0	0	0	2,320	1,450	870	0	0	0
Non-dual, all year	69,615	67	5,112	11,845	52,405	186	625,427	419	53,368	85,956	484,052	1,632
Managed Care (MC) Status												
Fee-for-service (FFS) all year	76,515	3,692	8,309	11,911	52,412	191	698,122	37,038	88,725	86,552	484,134	1,673
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2006 file for Wyoming, released by CMS in 7/2009. This table was produced on 02/12/2010.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full

dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

All Medicaid Beneficiaries

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
WYOMING, 2006

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	59.7	6.1	\$424	\$70	\$5,459	7.8	76,515
Age							
5 and younger	63.4	3.3	166	50	2,363	7.0	22,377
6-14	57.6	4.4	347	79	2,253	15.4	20,179
15-20	62.6	6.2	463	75	3,992	11.6	10,854
21-44	64.2	9.1	651	71	8,211	7.9	14,350
45-64	62.4	21.4	1,600	75	17,371	9.2	4,336
65-74	32.1	5.0	251	50	17,432	1.4	1,182
75-84	30.1	2.5	62	25	22,358	0.3	1,254
85 and older	31.1	2.5	60	24	26,320	0.2	1,296
Unknown	0.0	0.0	0	0	181	0.0	687
Basis of Eligibility^e							
Aged	30.9	3.2	113	35	22,309	0.5	3,692
Disabled	63.3	19.0	1,768	93	21,348	8.3	8,309
Adults	65.9	7.8	411	53	3,631	11.3	11,911
Children	59.7	3.9	235	61	2,159	10.9	52,412
Unknown	70.2	13.3	910	69	8,106	11.2	191
Gender							
Female	62.9	7.0	439	63	5,787	7.6	42,485
Male	57.9	5.2	423	81	5,241	8.1	32,730
Unknown	0.5	0.0	0	18	236	0.1	1,300
Race							
White	61.6	6.6	463	70	5,894	7.9	59,745
African American	59.3	5.7	410	72	3,735	11.0	1,419
Other/unknown	52.4	4.0	276	68	3,924	7.0	15,351
Use of Nursing Facilities^f							
Entire year	38.5	6.8	326	48	37,967	0.9	1,523
Part year	43.1	7.8	431	55	25,927	1.7	772
None	60.3	6.1	426	70	4,579	9.3	74,220
Maintenance Assistance Status							
Cash	60.0	10.7	833	78	5,377	15.5	17,556
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	62.0	3.8	219	57	1,793	12.2	37,500
Other/unknown	55.5	6.3	449	72	11,932	3.8	21,459

Source: Data for this table are from the MAX 2006 file for Wyoming, released by CMS in 7/2009. This table was produced on 02/12/2010.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. In ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

f. Please refer to footnote 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^{a, b}
 WYOMING, 2006

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	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
All	0.7	\$47	7.8	40.3	48.3	5.4	4.4	1.4	0.3	\$598	76,515	698,122
Age												
5 and younger	0.4	18	7.0	36.6	59.7	2.9	0.8	0.0	0.0	252	22,377	209,723
6-14	0.5	36	15.4	42.4	49.9	4.3	3.1	0.4	0.0	232	20,179	195,886
15-20	0.7	53	11.6	37.4	49.2	7.4	5.1	0.9	0.0	455	10,854	95,224
21-44	1.1	82	7.9	35.8	42.6	9.5	8.9	2.8	0.4	1,030	14,350	114,391
45-64	2.1	159	9.2	37.6	26.1	8.0	14.9	10.6	2.8	1,722	4,336	43,750
65-74	0.5	24	1.4	67.9	23.4	3.4	3.3	1.5	0.5	1,644	1,182	12,531
75-84	0.2	6	0.3	69.9	24.0	3.3	2.2	0.6	0.0	2,229	1,254	12,579
85 and older	0.3	6	0.2	68.9	25.7	2.5	2.2	0.6	0.0	2,784	1,296	12,253
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	70	687	1,785
Basis of Eligibility^e												
Aged	0.3	11	0.5	69.1	24.4	3.0	2.5	0.8	0.1	2,224	3,692	37,038
Disabled	1.8	166	8.3	36.7	30.1	8.8	14.3	8.3	1.9	1,999	8,309	88,725
Adults	1.1	57	11.3	34.1	45.2	9.9	8.4	2.0	0.3	500	11,911	86,552
Children	0.4	25	10.9	40.3	53.6	3.9	2.0	0.2	0.0	234	52,412	484,134
Unknown	1.5	104	11.2	29.8	35.6	15.7	16.2	2.1	0.5	925	191	1,673
Gender												
Female	0.8	49	7.6	37.1	49.6	6.2	5.0	1.8	0.4	640	42,485	384,260
Male	0.6	45	8.1	42.1	48.4	4.6	3.9	0.9	0.1	555	32,730	309,164
Unknown	0.0	0	0.1	99.5	0.5	0.0	0.0	0.0	0.0	65	1,300	4,698
Race												
White	0.7	51	7.9	38.4	48.9	5.9	5.0	1.6	0.3	650	59,745	541,478
African American	0.6	45	11.0	40.7	50.4	3.8	3.5	1.4	0.2	406	1,419	13,069
Other/unknown	0.4	30	7.0	47.6	45.7	3.6	2.4	0.7	0.1	420	15,351	143,575
Use of Nursing Facilities^f												
Entire year	0.7	32	0.9	61.5	26.7	4.4	3.8	2.4	1.2	3,760	1,523	15,377
Part year	0.9	48	1.7	56.9	27.8	4.7	6.1	3.2	1.3	2,867	772	6,981
None	0.7	47	9.3	39.7	48.9	5.4	4.4	1.4	0.2	503	74,220	675,764
Maintenance Assistance Status												
Cash	1.1	89	15.5	40.0	39.5	7.1	8.7	3.9	0.8	573	17,556	164,709
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	24	12.2	38.0	55.2	4.5	2.1	0.2	0.0	198	37,500	339,154
Other/unknown	0.7	50	3.8	44.5	43.3	5.5	5.0	1.4	0.2	1,318	21,459	194,259

Source: Data for this table are from the MAX 2006 file for Wyoming, released by CMS in 7/2009. This table was produced on 02/12/2010.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. In ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability

or blindness. The children's group includes children receiving foster care and adoptive services.

f. Please refer to footnote 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}
 WYOMING, 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	0.7	\$47	\$70	0.2	\$35	\$153	0.0	\$2	\$94	0.4	\$9	\$22
Age												
5 and younger	0.4	18	50	0.1	12	121	0.0	1	44	0.2	4	19
6-14	0.5	36	79	0.2	29	135	0.0	1	72	0.2	5	23
15-20	0.7	53	75	0.3	41	147	0.0	3	122	0.4	9	23
21-44	1.1	82	71	0.3	61	182	0.0	5	124	0.8	16	21
45-64	2.1	159	75	0.6	113	176	0.1	10	137	1.4	36	26
65-74	0.5	24	50	0.1	16	147	0.0	1	88	0.4	6	18
75-84	0.2	6	25	0.0	3	90	0.0	0	56	0.2	2	12
85 and older	0.3	6	24	0.0	4	93	0.0	0	49	0.2	3	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	11	35	0.1	7	125	0.0	1	69	0.3	4	14
Disabled	1.8	166	93	0.6	130	203	0.1	8	124	1.1	28	26
Adults	1.1	57	53	0.3	37	136	0.0	4	131	0.8	15	19
Children	0.4	25	61	0.2	19	123	0.0	1	64	0.2	5	21
Unknown	1.5	104	69	0.5	75	158	0.1	7	122	1.0	20	20
Gender												
Female	0.8	49	63	0.2	35	149	0.0	3	104	0.5	11	21
Male	0.6	45	81	0.2	36	160	0.0	2	77	0.3	7	24
Unknown	0.0	0	18	0.0	0	33	0.0	0	0	0.0	0	12
Race												
White	0.7	51	70	0.3	38	151	0.0	3	97	0.5	10	22
African American	0.6	45	72	0.2	34	157	0.0	2	83	0.4	9	24
Other/unknown	0.4	30	68	0.1	22	168	0.0	1	78	0.3	6	21
Use of Nursing Facilities^e												
Entire year	0.7	32	48	0.2	23	148	0.0	1	60	0.5	8	16
Part year	0.9	48	55	0.2	32	154	0.0	2	104	0.6	14	22
None	0.7	47	70	0.2	35	154	0.0	2	95	0.4	9	22
Maintenance Assistance Status												
Cash	1.1	89	78	0.4	67	180	0.0	4	118	0.7	17	24
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	24	57	0.1	18	119	0.0	1	73	0.3	5	20
Other/unknown	0.7	50	72	0.2	38	155	0.0	2	93	0.4	9	21

Source: Data for this table are from the MAX 2006 file for Wyoming, released by CMS in 7/2009. This table was produced on 02/12/2010.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Wyoming, 1.6 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}
 WYOMING, 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
Anti-infective Agents	0.2	0.0	0.0	0.2	\$10	\$4	\$1	\$5	\$41	\$125	\$44	\$25	75,456	\$3,100,187	31,341	41.0	323,383
Biologicals	0.3	0.3	0.0	0.0	287	286	0	0	1026	1,031	0	58	866	888,563	310	0.4	3,101
Antineoplastic Agents	0.5	0.2	0.0	0.3	219	209	1	9	470	1,152	1,472	33	1,035	486,470	206	0.3	2,217
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.2	28	20	1	7	70	159	55	27	36,177	2,544,666	9,194	12.0	92,325
Cardiovascular Agents	0.8	0.2	0.0	0.6	34	20	3	12	43	108	101	20	30,473	1,307,555	3,767	4.9	38,269
Respiratory Agents	0.3	0.2	0.0	0.2	19	16	0	3	56	98	49	19	70,568	3,960,549	19,678	25.7	205,684
Gastrointestinal Agents	0.3	0.2	0.0	0.2	35	25	7	3	100	138	464	21	19,338	1,931,845	5,470	7.1	55,802
Genitourinary Agents	0.2	0.1	0.0	0.1	11	6	2	3	49	102	91	22	5,668	274,963	2,612	3.4	25,225
CNS Drugs	0.8	0.3	0.1	0.4	76	61	6	8	98	184	117	21	73,628	7,236,542	9,425	12.3	95,320
Stimulants/Anti-obesity/Anorexia	0.8	0.7	0.0	0.1	86	83	0	3	114	125	180	29	24,195	2,747,862	3,043	4.0	32,028
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	274	274	0	0	599	600	0	50	896	536,777	194	0.3	1,956
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	14	6	0	7	34	236	159	19	51,257	1,750,459	12,959	16.9	127,298
Neuromuscular Agents	0.7	0.3	0.0	0.3	69	55	1	12	104	186	80	34	31,648	3,280,365	4,594	6.0	47,869
Nutritional Products	0.2	0.0	0.0	0.2	4	1	0	3	17	54	25	13	10,875	179,578	5,217	6.8	50,243
Hematological Agents	0.5	0.1	0.0	0.4	86	77	0	8	177	788	35	21	5,177	915,318	1,054	1.4	10,694
Topical Products	0.2	0.1	0.0	0.1	7	5	0	2	41	85	58	18	26,786	1,088,768	14,009	18.3	149,490
Miscellaneous Products	0.2	0.1	0.0	0.1	16	13	1	2	92	119	217	40	2,209	203,722	1,195	1.6	12,852
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	10	0	0	0	66	0	0	0	423	27,899	256	0.3	2,709
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.	466,675	32,462,088	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Wyoming, released by CMS in 7/2009. This table was produced on 02/12/2010.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Wyoming, 1.6 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^{a, b, c}
 WYOMING, 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	\$4,291,108	2,946	3.9	31,370	0.6	\$248	\$137
ANTICONVULSANT	3,078,013	3,478	4.5	37,249	0.6	129	83
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,747,862	3,591	4.7	38,137	0.6	114	72
ANTIASTHMATIC	2,668,083	13,605	17.8	143,501	0.3	74	19
ANTIDEPRESSANTS	2,523,511	7,801	10.2	79,233	0.5	70	32
ULCER DRUGS	1,265,772	5,012	6.6	51,611	0.3	79	25
MISC. ENDOCRINE	1,186,995	466	0.6	5,061	0.4	542	235
ANALGESICS - Narcotic	946,949	15,152	19.8	150,340	0.3	25	6
PASSIVE IMMUNIZING AGENTS	884,423	250	0.3	2,428	0.3	1,104	364
MACROLIDE ANTIBIOTICS	758,944	13,274	17.3	140,764	0.1	41	5
Total	20,351,660	65,575	n.a.	679,694	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Wyoming, released by CMS in 7/2009. This table was produced on 02/12/2010.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

All Medicaid Beneficiaries