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

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TABLE D.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>969,691</b>	<b>552,105</b>	<b>407,411</b>	<b>9,596</b>	<b>77</b>	<b>502</b>	<b>10,482,463</b>	<b>5,895,076</b>	<b>4,513,157</b>	<b>68,522</b>	<b>543</b>	<b>5,165</b>
<b>Age</b>												
5 and younger	16	0	13	0	3	0	149	0	125	0	24	0
6-14	47	0	38	0	9	0	472	0	406	0	66	0
15-20	748	0	692	7	49	0	8,007	0	7,583	51	373	0
21-44	91,326	1	87,457	3,838	16	14	986,685	10	959,045	27,394	80	156
45-64	183,973	20	179,241	4,523	0	189	1,972,454	147	1,937,616	32,662	0	2,029
65-74	318,078	219,783	96,964	1,032	0	299	3,446,283	2,318,400	1,117,900	7,003	0	2,980
75-84	259,568	223,688	35,701	179	0	0	2,864,224	2,453,013	409,928	1,283	0	0
85 and older	115,935	108,613	7,305	17	0	0	1,204,189	1,123,506	80,554	129	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	569,670	347,990	216,663	4,470	45	502	6,203,251	3,739,617	2,426,589	31,562	318	5,165
Male	400,021	204,115	190,748	5,126	32	0	4,279,212	2,155,459	2,086,568	36,960	225	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	380,589	181,999	194,647	3,719	23	201	4,059,914	1,878,538	2,150,055	29,057	202	2,062
African American	91,150	32,649	57,140	1,304	9	48	970,421	336,367	625,596	7,891	71	496
Other/unknown	497,952	337,457	155,624	4,573	45	253	5,452,128	3,680,171	1,737,506	31,574	270	2,607
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	51,357	43,692	7,652	9	0	4	523,005	440,870	82,025	84	0	26
Part year	44,159	32,058	12,023	70	1	7	434,156	305,406	128,110	566	3	71
None	874,175	476,355	387,736	9,517	76	491	9,525,302	5,148,800	4,303,022	67,872	540	5,068
<b>Maintenance Assistance Status</b>												
Cash	646,980	330,248	308,459	8,260	13	0	7,333,806	3,738,017	3,535,567	60,147	75	0
Medically needy	139,875	112,119	27,097	625	34	0	1,316,001	1,061,601	250,910	3,304	186	0
Poverty-related	146,604	93,552	52,473	73	4	502	1,457,282	927,081	524,653	356	27	5,165
Other/unknown	36,232	16,186	19,382	638	26	0	375,374	168,377	202,027	4,715	255	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	957,386	543,236	404,126	9,446	76	502	10,369,135	5,812,368	4,483,650	67,413	539	5,165
Full dual, part year	12,305	8,869	3,285	150	1	0	113,328	82,708	29,507	1,109	4	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	941,991	539,256	396,553	5,632	53	497	10,344,745	5,830,343	4,456,361	52,461	435	5,145
FFS part year, with Rx claims	10,602	4,478	4,610	1,492	19	3	63,545	27,719	28,240	7,481	92	13
FFS part year, no Rx claims	17,098	8,371	6,248	2,472	5	2	74,173	37,014	28,556	8,580	16	7

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

- a. Table D.2 includes the beneficiaries represented by Cell G 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 contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS <sup>d</sup>		Number of Beneficiaries
	One Rx						FFS <sup>d</sup>		
<b>All</b>	<b>33.6</b>		<b>2.7</b>	<b>\$173</b>	<b>\$64</b>	<b>\$8,542</b>	<b>2.0</b>		<b>969,691</b>
<b>Age</b>									
5 and younger	62.5		8.1	908	112	29,647	3.1		16
6-14	68.1		17.7	4,183	237	25,239	16.6		47
15-20	61.6		10.5	3,189	304	24,517	13.0		748
21-44	34.3		3.7	367	100	9,990	3.7		91,326
45-64	38.1		4.0	272	68	9,264	2.9		183,973
65-74	33.7		2.9	179	63	4,964	3.6		318,078
75-84	31.4		1.8	72	40	8,499	0.8		259,568
85 and older	30.6		1.7	53	31	16,057	0.3		115,935
Unknown	0.0		0.0	0	0	0	0.0		0
<b>Basis of Eligibility<sup>e</sup></b>									
Aged	30.2		1.9	92	49	8,181	1.1		552,105
Disabled	38.2		3.8	277	72	9,166	3.0		407,411
Adults	35.2		3.9	378	98	3,031	12.5		9,596
Children	66.2		9.0	1,943	216	12,220	15.9		77
Unknown	52.0		8.4	886	106	4,345	20.4		502
<b>Gender</b>									
Female	35.1		2.8	162	58	9,006	1.8		569,670
Male	31.6		2.6	189	72	7,881	2.4		400,021
Unknown	0.0		0.0	0	0	0	0.0		0
<b>Race</b>									
White	33.6		3.2	198	62	11,269	1.8		380,589
African American	31.2		2.8	210	74	10,239	2.0		91,150
Other/unknown	34.1		2.3	148	63	6,147	2.4		497,952
<b>Use of Nursing Facilities<sup>f</sup></b>									
Entire year	40.7		4.2	163	39	44,361	0.4		51,357
Part year	48.0		4.1	190	47	23,594	0.8		44,159
None	32.5		2.6	173	67	5,677	3.0		874,175
<b>Maintenance Assistance Status</b>									
Cash	34.9		2.7	171	63	6,659	2.6		646,980
Medically needy	36.3		3.7	224	60	22,062	1.0		139,875
Poverty related	26.7		2.0	140	70	4,114	3.4		146,604
Other/unknown	29.1		2.3	158	67	7,894	2.0		36,232

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

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

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

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

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All 10 Medicaid FFS \$ <sup>d</sup>	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
<b>All</b>	<b>0.3</b>	<b>\$16</b>	<b>2.0</b>	<b>66.4</b>	<b>29.3</b>	<b>2.2</b>	<b>1.7</b>	<b>0.4</b>	<b>0.1</b>	<b>\$790</b>	<b>969,691</b>	<b>10,482,463</b>
<b>Age</b>												
5 and younger	0.9	98	3.1	37.5	43.8	12.5	6.3	0.0	0.0	3,184	16	149
6-14	1.8	417	16.6	31.9	29.8	8.5	21.3	6.4	2.1	2,513	47	472
15-20	1.0	298	13.0	38.4	38.5	10.2	10.0	2.4	0.5	2,290	748	8,007
21-44	0.3	34	3.7	65.7	27.8	3.1	2.6	0.6	0.1	925	91,326	986,685
45-64	0.4	25	2.9	61.9	31.3	3.4	2.6	0.7	0.1	864	183,973	1,972,454
65-74	0.3	17	3.6	66.3	29.0	2.3	1.9	0.4	0.1	458	318,078	3,446,283
75-84	0.2	7	0.8	68.6	29.3	1.2	0.7	0.2	0.0	770	259,568	2,864,224
85 and older	0.2	5	0.3	69.4	28.3	1.4	0.7	0.2	0.0	1,546	115,935	1,204,189
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.2	9	1.1	69.8	27.4	1.5	1.0	0.2	0.0	766	552,105	5,895,076
Disabled	0.3	25	3.0	61.8	32.0	3.0	2.4	0.6	0.1	827	407,411	4,513,157
Adults	0.5	53	12.5	64.8	23.7	4.7	5.5	1.2	0.2	424	9,596	68,522
Children	1.3	276	15.9	33.8	32.5	15.6	11.7	3.9	2.6	1,733	77	543
Unknown	0.8	86	20.4	48.0	33.5	8.8	8.0	1.8	0.0	422	502	5,165
<b>Gender</b>												
Female	0.3	15	1.8	64.9	30.7	2.2	1.7	0.4	0.1	827	569,670	6,203,251
Male	0.2	18	2.4	68.4	27.3	2.2	1.7	0.4	0.1	737	400,021	4,279,212
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.3	19	1.8	66.4	28.4	2.6	1.9	0.6	0.1	1,056	380,589	4,059,914
African American	0.3	20	2.0	68.8	26.5	2.3	1.8	0.5	0.1	962	91,150	970,421
Other/unknown	0.2	14	2.4	65.9	30.5	1.9	1.4	0.3	0.0	561	497,952	5,452,128
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.4	16	0.4	59.3	33.5	3.7	2.2	0.9	0.3	4,356	51,357	523,005
Part year	0.4	19	0.8	52.0	41.1	3.3	2.5	0.9	0.2	2,400	44,159	434,156
None	0.2	16	3.0	67.5	28.5	2.0	1.6	0.3	0.0	521	874,175	9,525,302
<b>Maintenance Assistance Status</b>												
Cash	0.2	15	2.6	65.1	31.0	1.9	1.5	0.4	0.1	587	646,980	7,333,806
Medically needy	0.4	24	1.0	63.7	28.6	3.8	3.0	0.8	0.1	2,345	139,875	1,316,001
Poverty related	0.2	14	3.4	73.3	23.3	1.9	1.3	0.2	0.0	414	146,604	1,457,282
Other/unknown	0.2	15	2.0	70.9	25.7	1.8	1.3	0.3	0.0	762	36,232	375,374

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.  
 a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.  
 b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.  
 c. In ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.  
 d. In ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.  
 e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.  
 f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.  
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>0.3</b>	<b>\$16</b>	<b>\$64</b>	<b>0.1</b>	<b>\$10</b>	<b>\$175</b>	<b>0.0</b>	<b>\$1</b>	<b>\$139</b>	<b>0.2</b>	<b>\$5</b>	<b>\$24</b>
<b>Age</b>												
5 and younger	0.9	98	112	0.4	79	187	0.0	4	149	0.4	14	34
6-14	1.8	417	237	0.9	387	433	0.0	2	54	0.8	27	33
15-20	1.0	298	304	0.4	272	658	0.1	7	124	0.5	18	36
21-44	0.3	34	100	0.1	25	271	0.0	2	153	0.2	7	29
45-64	0.4	25	68	0.1	16	199	0.0	2	158	0.3	7	27
65-74	0.3	17	63	0.1	11	144	0.0	1	131	0.2	4	24
75-84	0.2	7	40	0.0	4	124	0.0	0	117	0.1	3	20
85 and older	0.2	5	31	0.0	2	100	0.0	0	83	0.1	3	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.2	9	49	0.0	5	129	0.0	1	123	0.1	3	21
Disabled	0.3	25	72	0.1	17	203	0.0	2	146	0.3	7	26
Adults	0.5	53	98	0.2	36	218	0.0	6	191	0.3	11	32
Children	1.3	276	216	0.6	244	394	0.0	2	72	0.6	30	48
Unknown	0.8	86	106	0.3	65	188	0.0	8	183	0.4	14	31
<b>Gender</b>												
Female	0.3	15	58	0.1	9	156	0.0	1	134	0.2	5	24
Male	0.2	18	72	0.1	12	200	0.0	1	148	0.2	5	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.3	19	62	0.1	12	168	0.0	2	140	0.2	6	25
African American	0.3	20	74	0.1	14	235	0.0	1	157	0.2	5	24
Other/unknown	0.2	14	63	0.1	9	169	0.0	1	135	0.2	4	24
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.4	16	39	0.1	9	114	0.0	1	94	0.3	7	20
Part year	0.4	19	47	0.1	12	135	0.0	1	113	0.3	7	21
None	0.2	16	67	0.1	10	182	0.0	1	143	0.2	4	25
<b>Maintenance Assistance Status</b>												
Cash	0.2	15	63	0.1	10	182	0.0	1	140	0.2	4	24
Medically needy	0.4	24	60	0.1	16	141	0.0	2	127	0.3	6	23
Poverty related	0.2	14	70	0.0	9	199	0.0	1	157	0.1	4	26
Other/unknown	0.2	15	67	0.0	10	209	0.0	1	140	0.2	4	26

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table D.5 includes the beneficiaries represented by Cell G 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 combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

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

TABLE D.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name			Brand-Name	Brand-Name						
Anti-infective Agents	0.2	0.1	0.0	0.1	\$34	\$28	\$3	\$4	\$138	\$364	\$100	\$29	91,837	\$12,705,852	34,511	3.6	369,629
Biologicals	0.1	0.1	0.0	0.1	21	18	1	2	186	314	9,166	37	791	146,785	680	0.1	6,937
Antineoplastic Agents	0.3	0.1	0.0	0.2	93	72	0	20	311	744	367	101	7,615	2,370,101	2,538	0.3	25,506
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.2	37	28	2	8	82	148	80	31	157,455	12,870,242	32,632	3.4	343,338
Cardiovascular Agents	0.7	0.3	0.0	0.3	48	33	6	9	72	110	146	27	389,636	27,906,242	55,590	5.7	582,330
Respiratory Agents	0.2	0.0	0.0	0.2	8	3	0	4	36	128	83	22	310,337	11,123,406	125,921	13.0	1,456,337
Gastrointestinal Agents	0.3	0.2	0.0	0.1	34	31	1	2	114	189	264	16	126,551	14,459,296	38,549	4.0	424,916
Genitourinary Agents	0.3	0.2	0.0	0.1	24	18	3	3	89	106	120	38	24,129	2,155,019	8,413	0.9	90,387
CNS Drugs	0.5	0.1	0.0	0.4	27	16	2	9	54	200	121	23	749,661	40,717,725	135,850	14.0	1,514,459
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	65	59	2	4	185	211	161	67	2,604	480,478	650	0.1	7,393
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	65	65	0	0	201	201	133	66	9,628	1,934,559	2,930	0.3	29,834
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	25	10	7	8	69	216	250	28	152,563	10,595,174	39,768	4.1	424,670
Neuromuscular Agents	0.5	0.0	0.0	0.5	24	9	1	15	48	206	106	33	275,329	13,122,661	47,850	4.9	537,905
Nutritional Products	0.2	0.0	0.0	0.2	6	1	0	5	24	37	47	22	16,232	394,615	6,488	0.7	69,185
Hematological Agents	0.4	0.0	0.0	0.3	15	10	0	5	42	520	45	15	244,619	10,342,718	59,807	6.2	673,985
Topical Products	0.3	0.1	0.0	0.1	14	10	0	4	54	92	69	24	67,232	3,638,405	23,185	2.4	253,638
Miscellaneous Products	0.2	0.1	0.0	0.1	35	31	1	3	181	393	280	24	15,513	2,809,425	7,223	0.7	81,122
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	12	0	0	0	68	0	0	0	3,040	205,751	1,482	0.2	16,912
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,644,772	167,978,454	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories 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. 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 California, 1.8 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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Top 10 Drug Groups	Users			Among Users				
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
DIAGNOSTIC PRODUCTS	\$34,030,401	100,037	10.3	1,146,556	0.3	\$95	\$30	
ANTIPSYCHOTICS	18,385,307	15,730	1.6	166,896	0.4	276	110	
DIETARY PRODUCTS	15,949,917	10,264	1.1	113,381	0.5	265	141	
ANTIHYPERLIPIDEMIC	12,975,868	32,276	3.3	353,260	0.3	133	37	
ANTICONVULSANT	12,117,214	46,537	4.8	524,787	0.5	48	23	
ULCER DRUGS	11,063,173	36,916	3.8	411,203	0.2	113	27	
ANTIANKXIETY AGENTS	8,825,752	78,076	8.1	876,894	0.4	26	10	
ANTIVIRAL	8,587,510	3,889	0.4	41,584	0.4	530	207	
ANTIDIABETIC	8,566,332	30,587	3.2	323,544	0.3	83	26	
ANALGESICS - NonNarcotic	8,425,519	280,087	28.9	3,276,499	0.3	10	3	
Total	138,926,993	634,399	n.a.	7,234,604	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table D.7 includes the beneficiaries represented by Cell G 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.

Dual Medicaid Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		DIAGNOSTIC PRODUCTS					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>2,261,882</b>	<b>\$138,926,993</b>	<b>100,037</b>	<b>10.3</b>	<b>1,146,556</b>	<b>0.3</b>	<b>\$30</b>	<b>15,730</b>	<b>1.6</b>	<b>166,896</b>	<b>0.4</b>	<b>\$110</b>
<b>Female</b>												
All Females	1,370,663	75,749,842	61,785	10.8	710,756	0.3	30	7,610	1.3	80,943	0.4	95
<b>Female, Disabled</b>												
All Ages	677,495	43,308,789	26,743	12.3	311,081	0.3	31	5,637	2.6	62,629	0.4	109
5 and younger	57	13,340	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	45	5,669	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,134	199,027	12	4.6	144	0.5	66	42	16.0	493	0.5	127
21-44	76,497	7,750,366	1,574	4.6	18,067	0.3	33	2,274	6.7	25,132	0.4	115
45-64	247,980	16,742,383	9,524	10.8	109,530	0.3	30	2,236	2.5	24,330	0.4	102
65-74	256,959	14,938,239	11,000	17.7	129,385	0.3	32	1,069	1.7	12,517	0.4	112
75-84	81,377	3,080,555	4,054	15.6	47,369	0.3	32	13	0.1	126	0.4	74
85 and older	13,446	579,210	579	9.5	6,586	0.3	30	3	0.0	31	0.2	28
<b>Female, Other Eligibles</b>												
All Ages	693,168	32,441,053	35,042	9.9	399,675	0.3	29	1,973	0.6	18,314	0.3	48
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	6	1,794	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	72	10,789	3	9.1	25	0.5	91	1	3.0	3	0.3	4
21-44	3,500	388,970	89	4.0	834	0.3	37	111	5.0	993	0.4	89
45-64	3,988	382,272	163	8.3	1,525	0.3	34	61	3.1	463	0.4	84
65-74	259,173	13,673,358	13,919	10.8	158,734	0.3	27	628	0.5	6,361	0.3	57
75-84	295,385	12,189,450	14,904	10.6	172,106	0.3	29	593	0.4	5,535	0.3	41
85 and older	131,044	5,794,420	5,964	7.5	66,451	0.4	31	579	0.7	4,959	0.3	35
<b>Male</b>												
All Males	891,219	63,177,151	38,252	9.6	435,800	0.3	30	8,120	2.0	85,953	0.4	124
<b>Male, Disabled</b>												
All Ages	501,260	44,107,444	17,514	9.2	201,428	0.3	32	6,869	3.6	74,738	0.4	134
5 and younger	16	1,419	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	86	19,792	0	0.0	0	0.0	0	1	4.5	12	0.2	29
15-20	1,945	450,930	11	2.6	125	0.5	74	120	27.9	1,352	0.5	184
21-44	111,474	15,282,252	2,017	3.8	23,091	0.3	33	3,883	7.3	42,331	0.4	140
45-64	230,634	19,424,722	8,916	9.8	101,632	0.3	31	2,316	2.5	24,623	0.4	126
65-74	125,273	7,690,505	5,142	14.8	59,974	0.3	31	534	1.5	6,240	0.4	114
75-84	28,948	1,072,966	1,314	13.5	15,331	0.3	32	15	0.2	180	0.3	76
85 and older	2,884	164,858	114	9.4	1,275	0.4	35	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		DIAGNOSTIC PRODUCTS					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>												
All Ages	389,959	19,069,707	20,738	9.9	234,372	0.3	28	1,251	0.6	11,215	0.3	60
5 and younger	3	172	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	354	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	24	10,436	0	0.0	0	0.0	0	4	17.4	18	0.4	116
21-44	2,538	320,088	87	5.3	857	0.3	34	64	3.9	563	0.3	136
45-64	5,108	553,632	284	10.2	2,717	0.3	31	38	1.4	370	0.3	68
65-74	161,421	8,706,397	9,404	10.2	106,229	0.3	27	462	0.5	4,444	0.3	69
75-84	167,630	7,103,793	8,567	10.2	97,826	0.3	29	431	0.5	3,788	0.3	51
85 and older	53,230	2,374,835	2,396	8.2	26,743	0.3	29	252	0.9	2,032	0.3	32
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table D.7A includes the beneficiaries represented by Cell G 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 drug 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	DIETARY PRODUCTS					ANTIHYPERTENSIVE					ANTICONVULSANT				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ Benefit per Month
<b>All</b>	<b>10,264</b>	<b>1.1</b>	<b>113,381</b>	<b>0.5</b>	<b>\$141</b>	<b>32,276</b>	<b>3.3</b>	<b>353,260</b>	<b>0.3</b>	<b>\$37</b>	<b>46,537</b>	<b>4.8</b>	<b>524,787</b>	<b>0.5</b>	<b>\$23</b>
<b>Female</b>															
All Females	5,426	1.0	60,203	0.5	133	18,401	3.2	202,745	0.3	37	27,350	4.8	310,328	0.5	21
<b>Female, Disabled</b>															
All Ages	2,554	1.2	28,603	0.5	130	8,413	3.9	96,451	0.3	38	18,744	8.7	214,861	0.5	25
5 and younger	6	100.0	58	0.7	195	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	12.5	24	0.3	39	1	6.3	12	0.2	13	2	12.5	24	0.5	116
15-20	11	4.2	132	0.5	154	3	1.1	36	0.3	53	62	23.7	727	0.5	82
21-44	306	0.9	3,469	0.5	133	495	1.4	5,583	0.3	37	4,382	12.8	49,608	0.5	38
45-64	946	1.1	10,644	0.5	126	3,502	4.0	38,873	0.3	37	9,104	10.4	103,473	0.5	24
65-74	668	1.1	7,426	0.5	141	4,223	6.8	49,766	0.3	40	4,059	6.5	47,761	0.4	19
75-84	431	1.7	4,815	0.5	123	173	0.7	2,003	0.2	27	1,001	3.9	11,755	0.4	10
85 and older	184	3.0	2,035	0.5	115	16	0.3	178	0.2	23	134	2.2	1,513	0.5	10
<b>Female, Other Eligibles</b>															
All Ages	2,872	0.8	31,600	0.5	137	9,988	2.8	106,294	0.3	36	8,606	2.4	95,467	0.4	12
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	2	0.5	394
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	6.1	24	1.0	177
21-44	12	0.5	125	0.3	76	45	2.0	422	0.4	36	260	11.7	2,429	0.4	44
45-64	15	0.8	153	0.5	81	130	6.7	1,161	0.3	43	190	9.7	1,756	0.4	33
65-74	536	0.4	5,967	0.5	134	6,533	5.1	69,290	0.3	37	3,237	2.5	36,243	0.4	13
75-84	1,166	0.8	12,935	0.5	137	2,677	1.9	29,382	0.3	34	3,440	2.5	39,171	0.4	10
85 and older	1,143	1.4	12,420	0.6	139	603	0.8	6,039	0.3	28	1,476	1.9	15,842	0.4	10
<b>Male</b>															
All Males	4,838	1.2	53,178	0.5	149	13,875	3.5	150,515	0.3	37	19,187	4.8	214,459	0.5	26
<b>Male, Disabled</b>															
All Ages	2,921	1.5	32,681	0.5	158	7,251	3.8	81,242	0.3	38	14,899	7.8	167,873	0.5	29
5 and younger	4	57.1	29	0.3	39	0	0.0	0	0.0	0	1	14.3	2	0.5	8
6-14	4	18.2	44	0.5	94	2	9.1	20	0.3	30	0	0.0	0	0.0	0
15-20	13	3.0	148	0.4	267	6	1.4	72	0.4	33	92	21.4	1,028	0.6	81
21-44	677	1.3	7,720	0.5	147	1,106	2.1	12,365	0.3	35	5,292	9.9	59,583	0.5	37
45-64	1,541	1.7	17,145	0.6	163	3,651	4.0	39,701	0.3	37	7,363	8.1	82,104	0.6	25
65-74	485	1.4	5,407	0.6	159	2,382	6.9	27,868	0.3	40	1,801	5.2	21,083	0.5	20
75-84	163	1.7	1,826	0.5	128	99	1.0	1,161	0.2	29	325	3.3	3,792	0.4	9
85 and older	34	2.8	362	0.6	249	5	0.4	55	0.2	17	25	2.1	281	0.4	8

Dual Medicaid Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	DIETARY PRODUCTS					ANTIHYPERTENSIVE					ANTICONVULSANT				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>															
All Ages	1,917	0.9	20,497	0.5	135	6,624	3.2	69,273	0.3	36	4,288	2.0	46,586	0.4	14
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.1	1
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	7	0.4	58	0.4	91	69	4.2	607	0.3	31	153	9.3	1,418	0.5	39
45-64	40	1.4	347	0.5	149	221	8.0	1,929	0.3	40	146	5.3	1,385	0.4	29
65-74	570	0.6	6,089	0.5	130	4,079	4.4	42,382	0.3	36	1,877	2.0	20,507	0.4	15
75-84	810	1.0	8,734	0.5	128	1,926	2.3	20,992	0.3	36	1,623	1.9	18,145	0.4	11
85 and older	490	1.7	5,269	0.6	153	329	1.1	3,363	0.3	28	488	1.7	5,119	0.4	11
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table D.7B includes the beneficiaries represented by Cell G 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 drug 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	ULCER DRUGS					ANTIANSXIETY AGENTS					ANTIVIRAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ Benefit Month
<b>All</b>	<b>36,916</b>	<b>3.8</b>	<b>411,203</b>	<b>0.2</b>	<b>\$27</b>	<b>78,076</b>	<b>8.1</b>	<b>876,894</b>	<b>0.4</b>	<b>\$10</b>	<b>3,889</b>	<b>0.4</b>	<b>41,584</b>	<b>0.4</b>	<b>\$207</b>
<b>Female</b>															
All Females	24,089	4.2	270,659	0.2	26	51,402	9.0	579,681	0.4	10	1,186	0.2	13,147	0.3	124
<b>Female, Disabled</b>															
All Ages	11,890	5.5	137,069	0.3	30	25,361	11.7	292,492	0.4	11	835	0.4	9,453	0.3	148
5 and younger	1	16.7	12	0.6	52	0	0.0	0	0.0	0	1	16.7	12	0.3	114
6-14	5	31.3	60	0.2	26	2	12.5	24	0.5	5	2	12.5	24	0.1	6
15-20	32	12.2	368	0.3	33	24	9.2	285	0.4	14	10	3.8	113	0.5	150
21-44	1,285	3.8	14,494	0.3	29	4,021	11.8	45,951	0.4	12	277	0.8	3,032	0.4	158
45-64	4,560	5.2	51,296	0.3	32	11,690	13.3	133,923	0.4	13	365	0.4	4,136	0.3	179
65-74	5,251	8.4	61,959	0.3	31	6,611	10.6	77,406	0.4	10	177	0.3	2,100	0.2	77
75-84	659	2.5	7,726	0.2	5	2,443	9.4	28,501	0.4	10	3	0.0	36	0.1	4
85 and older	97	1.6	1,154	0.2	5	570	9.4	6,402	0.4	9	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	12,199	3.5	133,590	0.2	22	26,041	7.4	287,189	0.4	9	351	0.1	3,694	0.2	63
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	40.0	9	0.2	4	0	0.0	0	0.0	0	1	20.0	7	0.1	137
15-20	8	24.2	64	0.3	20	1	3.0	12	0.1	1	1	3.0	4	0.5	436
21-44	136	6.1	1,315	0.3	36	214	9.6	2,049	0.4	12	32	1.4	261	0.3	156
45-64	168	8.6	1,583	0.3	48	178	9.1	1,697	0.4	12	25	1.3	237	0.2	61
65-74	6,341	4.9	69,355	0.2	25	7,839	6.1	88,685	0.3	9	212	0.2	2,317	0.2	64
75-84	4,032	2.9	45,380	0.2	18	10,431	7.4	117,017	0.4	9	61	0.0	673	0.1	34
85 and older	1,512	1.9	15,884	0.2	14	7,378	9.3	77,729	0.4	8	19	0.0	195	0.1	8
<b>Male</b>															
All Males	12,827	3.2	140,544	0.2	29	26,674	6.7	297,213	0.4	10	2,703	0.7	28,437	0.4	245
<b>Male, Disabled</b>															
All Ages	7,055	3.7	79,310	0.3	32	16,109	8.4	183,043	0.4	12	2,436	1.3	25,777	0.5	255
5 and younger	2	28.6	23	0.3	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	6	27.3	72	0.4	32	4	18.2	38	0.4	30	3	13.6	36	0.3	312
15-20	59	13.7	691	0.3	31	25	5.8	269	0.4	11	11	2.6	132	0.3	247
21-44	1,493	2.8	16,697	0.3	32	4,429	8.3	50,377	0.4	13	1,212	2.3	12,793	0.5	251
45-64	3,103	3.4	33,720	0.3	34	8,593	9.4	97,063	0.4	12	1,057	1.2	11,032	0.5	269
65-74	2,224	6.4	26,102	0.3	32	2,352	6.8	27,196	0.4	10	152	0.4	1,773	0.4	199
75-84	155	1.6	1,852	0.2	7	626	6.4	7,219	0.4	9	1	0.0	11	0.1	2
85 and older	13	1.1	153	0.1	5	80	6.6	881	0.4	11	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	ULCER DRUGS					ANTI-ANXIETY AGENTS					ANTIVIRAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>															
All Ages	5,772	2.8	61,234	0.2	25	10,565	5.0	114,170	0.3	8	267	0.1	2,660	0.3	144
5 and younger	1	100.0	12	0.2	14	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	50.0	16	0.3	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	13.0	17	0.4	19	0	0.0	0	0.0	0	2	8.7	14	0.6	572
21-44	118	7.2	987	0.3	43	85	5.2	786	0.4	10	24	1.5	161	0.6	294
45-64	170	6.1	1,502	0.3	47	147	5.3	1,434	0.4	10	14	0.5	125	0.8	738
65-74	2,987	3.3	31,688	0.2	27	3,909	4.3	43,036	0.3	8	171	0.2	1,755	0.3	121
75-84	1,934	2.3	21,300	0.2	21	4,362	5.2	47,752	0.3	8	48	0.1	521	0.1	43
85 and older	557	1.9	5,712	0.2	17	2,062	7.0	21,162	0.3	8	8	0.0	84	0.1	6
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.  
 a. Table D.7C includes the beneficiaries represented by Cell G 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 drug 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - NonNarcotic						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>30,587</b>	<b>3.2</b>	<b>323,544</b>	<b>0.3</b>	<b>\$27</b>	<b>280,087</b>	<b>28.9</b>	<b>3,276,499</b>	<b>0.3</b>	<b>\$3</b>	<b>969,691</b>	<b>10,482,463</b>
<b>Female</b>												
All Females	17,926	3.1	192,349	0.3	27	172,139	30.2	2,019,668	0.3	3	569,670	6,203,251
<b>Female, Disabled</b>												
All Ages	8,913	4.1	100,664	0.3	30	63,224	29.2	746,210	0.3	3	216,663	2,426,589
5 and younger	0	0.0	0	0.0	0	4	66.7	42	0.1	1	6	59
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	16	177
15-20	12	4.6	144	0.7	82	17	6.5	201	0.1	1	262	2,872
21-44	635	1.9	6,958	0.4	30	2,218	6.5	25,873	0.2	2	34,144	375,123
45-64	3,979	4.5	43,481	0.3	29	14,421	16.4	168,191	0.3	3	87,840	959,846
65-74	4,207	6.8	49,229	0.3	30	31,687	50.8	376,335	0.3	3	62,318	721,967
75-84	74	0.3	782	0.2	19	12,855	49.5	152,103	0.3	3	25,988	299,212
85 and older	6	0.1	70	0.1	9	2,022	33.2	23,465	0.3	3	6,089	67,333
<b>Female, Other Eligibles</b>												
All Ages	9,013	2.6	91,685	0.3	23	108,915	30.9	1,273,458	0.3	3	353,007	3,776,662
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	12
6-14	0	0.0	0	0.0	0	2	40.0	15	0.1	1	5	26
15-20	1	3.0	12	0.7	97	4	12.1	39	0.1	1	33	269
21-44	64	2.9	531	0.4	47	77	3.5	771	0.2	2	2,220	15,893
45-64	185	9.5	1,487	0.4	38	132	6.8	1,262	0.3	3	1,954	14,481
65-74	5,912	4.6	60,612	0.3	24	40,913	31.6	474,964	0.2	2	129,294	1,377,548
75-84	2,226	1.6	23,309	0.3	21	49,345	35.2	581,994	0.3	3	140,195	1,545,713
85 and older	625	0.8	5,734	0.3	16	18,442	23.3	214,413	0.3	3	79,304	822,720
<b>Male</b>												
All Males	12,661	3.2	131,195	0.3	26	107,948	27.0	1,256,831	0.3	3	400,021	4,279,212
<b>Male, Disabled</b>												
All Ages	6,996	3.7	76,517	0.3	29	40,526	21.2	473,452	0.3	3	190,748	2,086,568
5 and younger	0	0.0	0	0.0	0	1	14.3	12	0.1	1	7	66
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	22	229
15-20	13	3.0	150	0.6	73	22	5.1	264	0.2	1	430	4,711
21-44	1,003	1.9	10,838	0.4	33	3,378	6.3	39,233	0.2	2	53,313	583,922
45-64	3,927	4.3	41,691	0.3	27	14,856	16.3	171,040	0.3	2	91,401	977,770
65-74	2,017	5.8	23,438	0.3	30	16,687	48.2	197,147	0.3	3	34,646	395,933
75-84	34	0.4	376	0.3	30	5,082	52.3	59,927	0.3	3	9,713	110,716
85 and older	2	0.2	24	0.2	10	500	41.1	5,829	0.3	3	1,216	13,221

Dual Medicaid Beneficiaries



TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - NonNarcotic						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>Male, Other Eligibles</b>												
All Ages	5,665	2.7	54,678	0.3	23	67,422	32.2	783,379	0.3	2	209,273	2,192,644
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	1	25.0	12	0.1	1	4	40
15-20	0	0.0	0	0.0	0	1	4.3	5	0.2	2	23	155
21-44	94	5.7	765	0.4	47	87	5.3	796	0.2	2	1,649	11,747
45-64	284	10.2	2,324	0.3	38	352	12.7	3,365	0.3	3	2,778	20,357
65-74	3,610	3.9	35,005	0.3	22	26,451	28.8	304,098	0.2	2	91,820	950,835
75-84	1,350	1.6	13,682	0.3	21	31,067	37.1	365,258	0.3	3	83,672	908,583
85 and older	327	1.1	2,902	0.3	17	9,463	32.3	109,845	0.3	3	29,326	300,915
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table D.7D includes the beneficiaries represented by Cell G 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 drug 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$16</b>	<b>0.4</b>	<b>51,357</b>	<b>523,005</b>
<b>Age</b>				
0-64	38	0.8	4,998	54,666
65-74	33	0.7	7,510	78,539
75-84	11	0.4	16,806	171,180
85 and older	8	0.3	22,043	218,620
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	14	0.4	35,124	361,798
Male	20	0.5	16,233	161,207
Unknown	0	0.0	0	0
<b>Race</b>				
White	15	0.4	32,194	324,619
African American	21	0.4	5,016	52,667
Other/unknown	17	0.4	14,147	145,719
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	12	0.4	43,692	440,870
Disabled	39	0.7	7,652	82,025
Adults	8	0.2	9	84
Children	0	0.0	0	0
Unknown	217	4.0	4	26

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 44,159 beneficiaries who were in nursing facilities for part of their enrollment and their 434,156 benefit months were excluded from the analysis. 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. 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.

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

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									Users				
	Total	Patented Brand-Name	Off-Brand-Name Generic	Total	Patented Brand-Name	Off-Brand-Name Generic	Total	Patented Brand-Name	Off-Brand-Name Generic	Total	Patented Brand-Name	Off-Brand-Name Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$17	\$10	\$1	\$6	\$64	\$131	\$77	\$33	3,382	\$215,388	1,358	2.6	12,722
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	31	22	0	36	304	9,298	277	0.5	2,878
Antineoplastic Agents	0.4	0.0	0.0	0.3	41	6	0	35	116	260	140	105	1,016	117,563	333	0.6	2,839
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	25	17	1	7	40	84	44	17	8,527	342,343	1,490	2.9	13,966
Cardiovascular Agents	0.9	0.3	0.0	0.6	33	19	3	12	36	68	79	19	22,556	821,680	2,635	5.1	24,818
Respiratory Agents	0.3	0.1	0.0	0.2	10	5	0	5	35	90	66	21	8,375	294,719	2,777	5.4	29,892
Gastrointestinal Agents	0.5	0.2	0.0	0.3	38	32	1	4	73	131	154	17	7,676	563,313	1,513	2.9	15,008
Genitourinary Agents	0.4	0.2	0.0	0.1	24	16	3	5	65	81	90	38	2,048	133,745	591	1.2	5,578
CNS Drugs	0.6	0.1	0.0	0.5	24	13	1	10	42	117	77	23	80,473	3,378,048	13,397	26.1	141,138
Stimulants/Anti-obesity/Anorexia	0.4	0.4	0.0	0.0	84	82	0	2	192	199	0	70	20	3,849	5	0.0	46
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	52	52	0	0	134	134	0	0	2,095	280,377	613	1.2	5,407
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	25	7	11	8	51	101	221	21	5,634	289,695	1,250	2.4	11,635
Neuromuscular Agents	0.7	0.1	0.0	0.6	27	9	0	18	38	122	53	28	19,224	724,916	2,517	4.9	26,614
Nutritional Products	0.3	0.0	0.0	0.3	6	1	0	6	21	18	40	21	2,539	52,235	851	1.7	8,311
Hematological Agents	0.7	0.0	0.0	0.7	14	7	0	7	21	434	14	11	46,625	995,130	6,494	12.6	68,988
Topical Products	0.3	0.1	0.0	0.2	11	5	2	5	34	65	63	20	3,525	119,913	1,094	2.1	10,848
Miscellaneous Products	0.2	0.0	0.0	0.2	3	0	0	2	15	25	0	14	1,724	26,205	873	1.7	9,471
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	13	0	0	0	51	0	0	0	412	21,039	144	0.3	1,571
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.	216,155	8,389,456	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.  
 a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 44,159 beneficiaries who were in nursing facilities for part of their enrollment and their 434,156 benefit months were excluded from the analysis.  
 b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006. 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.  
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.  
 d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 e. 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>.  
 In California, 1.8 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.  
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Top 10 Drug Groups in Nursing Facilities	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
DIAGNOSTIC PRODUCTS	\$3,633,553	7,598	14.8	84,324	0.5	\$81	\$43
MEDICAL DEVICES	1,283,336	7,004	13.6	77,883	0.5	31	16
ANTI-ANXIETY AGENTS	1,164,298	9,774	19.0	104,346	0.4	25	11
ANTI-PSYCHOTICS	1,071,474	1,363	2.7	13,065	0.4	186	82
HEMATOPOIETIC AGENTS	815,741	6,021	11.7	64,964	0.6	20	13
HYPNOTICS	787,891	3,893	7.6	41,686	0.5	36	19
ANTI-CONVULSANTS	621,602	2,440	4.8	26,014	0.7	36	24
ULCER DRUGS	453,451	1,377	2.7	13,956	0.4	80	32
ANTI-DEPRESSANTS	354,385	1,741	3.4	16,655	0.4	53	21
ANTI-DIABETIC	304,324	1,423	2.8	14,107	0.5	46	22
<b>Total</b>	<b>10,490,055</b>	<b>42,634</b>	<b>n.a.</b>	<b>457,000</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.  
 a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 44,159 beneficiaries who were in nursing facilities for part of their enrollment and their 434,156 benefit months were excluded from the analysis.  
 b. 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 drug 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.  
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.  
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.10A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST  
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		DIAGNOSTIC PRODUCTS					MEDICAL DEVICES				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>237,024</b>	<b>\$10,490,055</b>	<b>7,598</b>	<b>14.8</b>	<b>84,324</b>	<b>0.5</b>	<b>\$43</b>	<b>7,004</b>	<b>13.6</b>	<b>77,883</b>	<b>0.5</b>	<b>\$17</b>
<b>Female</b>												
All Females	154,436	6,736,119	4,971	14.2	55,546	0.5	43	4,602	13.1	51,568	0.5	16
<b>Female, Disabled</b>												
All Ages	31,756	1,808,223	786	19.6	8,950	0.6	45	721	18.0	8,240	0.5	17
64 or younger	17,051	956,511	330	15.7	3,765	0.5	45	294	14.0	3,359	0.5	18
65-74	8,173	579,661	181	26.7	2,071	0.6	48	169	25.0	1,946	0.6	18
75-84	4,918	211,616	205	26.9	2,337	0.6	44	190	25.0	2,176	0.5	17
85 and older	1,614	60,435	70	15.1	777	0.5	41	68	14.6	759	0.5	15
<b>Female, Other Eligibles</b>												
All Ages	122,680	4,927,896	4,185	13.4	46,596	0.5	43	3,881	12.5	43,328	0.5	16
64 or younger	119	5,790	3	60.0	31	1.0	82	3	60.0	31	1.2	27
65-74	22,678	1,053,552	696	20.9	7,913	0.6	46	661	19.9	7,565	0.5	17
75-84	47,552	1,919,277	1,755	16.7	19,654	0.5	43	1,619	15.4	18,193	0.5	16
85 and older	52,331	1,949,277	1,731	10.0	18,998	0.5	41	1,598	9.2	17,539	0.5	16
<b>Male</b>												
All Males	82,588	3,753,936	2,627	16.2	28,778	0.5	43	2,402	14.8	26,315	0.5	17
<b>Male, Disabled</b>												
All Ages	26,145	1,259,569	569	15.6	6,316	0.5	45	509	14.0	5,648	0.5	18
64 or younger	20,972	960,600	408	14.2	4,625	0.5	45	365	12.7	4,132	0.5	18
65-74	3,647	235,662	104	24.9	1,094	0.5	40	90	21.5	944	0.5	16
75-84	1,255	52,535	47	17.7	496	0.6	45	44	16.6	471	0.6	18
85 and older	271	10,772	10	12.7	101	0.8	66	10	12.7	101	0.8	23
<b>Male, Other Eligibles</b>												
All Ages	56,443	2,494,367	2,058	16.3	22,462	0.5	43	1,893	15.0	20,667	0.5	16
64 or younger	8	189	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	19,297	963,577	646	20.9	7,221	0.5	45	581	18.8	6,507	0.5	17
75-84	23,276	987,861	891	16.9	9,703	0.5	43	813	15.4	8,858	0.5	16
85 and older	13,862	542,740	521	12.3	5,538	0.5	40	499	11.8	5,302	0.5	15
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.  
 a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 44,159 beneficiaries who were in nursing facilities for part of their enrollment and their 434,156 benefit months were excluded from the analysis.  
 b. 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 drug 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.  
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.  
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					ANTI-PSYCHOTICS					HEMATOPOIETIC AGENTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>9,774</b>	<b>19.0</b>	<b>104,346</b>	<b>0.4</b>	<b>\$11</b>	<b>1,363</b>	<b>2.7</b>	<b>13,065</b>	<b>0.4</b>	<b>\$82</b>	<b>6,021</b>	<b>11.7</b>	<b>64,964</b>	<b>0.6</b>	<b>\$13</b>
<b>Female</b>															
All Females	6,770	19.3	72,581	0.5	11	833	2.4	8,110	0.4	81	3,875	11.0	42,118	0.6	12
<b>Female, Disabled</b>															
All Ages	1,042	26.0	11,738	0.6	16	211	5.3	2,432	0.6	162	476	11.9	5,331	0.7	32
64 or younger	604	28.7	6,847	0.6	18	93	4.4	1,020	0.7	170	249	11.8	2,842	0.7	52
65-74	195	28.8	2,221	0.5	15	115	17.0	1,380	0.6	157	76	11.2	837	0.7	8
75-84	164	21.6	1,860	0.5	12	2	0.3	22	0.5	164	97	12.7	1,062	0.6	15
85 and older	79	17.0	810	0.4	9	1	0.2	10	0.1	6	54	11.6	590	0.6	6
<b>Female, Other Eligibles</b>															
All Ages	5,728	18.4	60,843	0.4	10	622	2.0	5,678	0.3	46	3,399	10.9	36,787	0.6	9
64 or younger	2	40.0	19	0.2	4	2	40.0	24	0.2	4	0	0.0	0	0.0	0
65-74	866	26.0	9,550	0.5	13	139	4.2	1,354	0.4	79	393	11.8	4,320	0.6	12
75-84	2,076	19.8	22,292	0.4	11	220	2.1	1,930	0.3	41	1,187	11.3	12,942	0.6	8
85 and older	2,784	16.1	28,982	0.4	9	261	1.5	2,370	0.3	32	1,819	10.5	19,525	0.6	8
<b>Male</b>															
All Males	3,004	18.5	31,765	0.4	11	530	3.3	4,955	0.4	84	2,146	13.2	22,846	0.6	15
<b>Male, Disabled</b>															
All Ages	861	23.6	9,590	0.5	16	127	3.5	1,393	0.6	129	443	12.2	4,853	0.7	23
64 or younger	732	25.4	8,252	0.5	16	90	3.1	957	0.6	123	319	11.1	3,540	0.7	20
65-74	83	19.9	856	0.5	15	32	7.7	376	0.5	139	69	16.5	738	0.7	55
75-84	36	13.6	384	0.4	9	5	1.9	60	0.5	155	44	16.6	451	0.6	6
85 and older	10	12.7	98	0.4	10	0	0.0	0	0.0	0	11	13.9	124	0.4	4
<b>Male, Other Eligibles</b>															
All Ages	2,143	17.0	22,175	0.4	9	403	3.2	3,562	0.4	67	1,703	13.5	17,993	0.6	12
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	16.7	4	0.5	6
65-74	612	19.8	6,630	0.4	12	125	4.0	1,199	0.5	108	447	14.5	4,829	0.7	17
75-84	909	17.2	9,478	0.4	9	168	3.2	1,442	0.4	51	703	13.3	7,491	0.6	12
85 and older	622	14.7	6,067	0.3	8	110	2.6	921	0.3	36	552	13.1	5,669	0.6	9
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.  
 a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 44,159 beneficiaries who were in nursing facilities for part of their enrollment and their 434,156 benefit months were excluded from the analysis.  
 b. 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 drug 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.  
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.  
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	HYPNOTICS					ANTICONVULSANT					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>3,893</b>	<b>7.6</b>	<b>41,686</b>	<b>0.5</b>	<b>\$19</b>	<b>2,440</b>	<b>4.8</b>	<b>26,014</b>	<b>0.7</b>	<b>\$24</b>	<b>1,377</b>	<b>2.7</b>	<b>13,956</b>	<b>0.4</b>	<b>\$33</b>
<b>Female</b>															
All Females	2,500	7.1	26,789	0.5	21	1,474	4.2	15,740	0.6	22	849	2.4	8,582	0.4	31
<b>Female, Disabled</b>															
All Ages	482	12.0	5,374	0.6	18	431	10.8	4,963	0.8	34	170	4.2	1,938	0.6	55
64 or younger	287	13.6	3,196	0.6	16	283	13.4	3,268	0.8	31	87	4.1	950	0.6	54
65-74	98	14.5	1,093	0.6	18	107	15.8	1,237	0.8	47	71	10.5	844	0.6	65
75-84	71	9.3	809	0.7	26	36	4.7	419	0.7	17	9	1.2	108	0.4	10
85 and older	26	5.6	276	0.4	17	5	1.1	39	0.8	17	3	0.6	36	0.7	6
<b>Female, Other Eligibles</b>															
All Ages	2,018	6.5	21,415	0.5	22	1,043	3.4	10,777	0.6	16	679	2.2	6,644	0.4	24
64 or younger	3	60.0	31	0.1	10	1	20.0	12	1.1	22	1	20.0	12	0.3	13
65-74	347	10.4	3,800	0.5	20	280	8.4	3,052	0.7	23	137	4.1	1,434	0.4	36
75-84	786	7.5	8,255	0.5	22	401	3.8	4,100	0.6	14	241	2.3	2,369	0.3	22
85 and older	882	5.1	9,329	0.4	22	361	2.1	3,613	0.6	13	300	1.7	2,829	0.3	21
<b>Male</b>															
All Males	1,393	8.6	14,897	0.6	16	966	6.0	10,274	0.7	27	528	3.3	5,374	0.4	34
<b>Male, Disabled</b>															
All Ages	492	13.5	5,497	0.7	12	466	12.8	5,183	0.8	32	166	4.6	1,833	0.5	47
64 or younger	400	13.9	4,505	0.7	12	403	14.0	4,487	0.8	32	127	4.4	1,389	0.5	45
65-74	67	16.0	742	0.5	11	52	12.4	573	0.7	33	36	8.6	411	0.6	55
75-84	22	8.3	228	0.7	19	9	3.4	102	0.5	16	2	0.8	24	0.4	6
85 and older	3	3.8	22	0.3	6	2	2.5	21	0.4	11	1	1.3	9	0.1	1
<b>Male, Other Eligibles</b>															
All Ages	901	7.2	9,400	0.5	17	500	4.0	5,091	0.6	23	362	2.9	3,541	0.4	28
64 or younger	0	0.0	0	0.0	0	1	16.7	12	0.5	14	0	0.0	0	0.0	0
65-74	294	9.5	3,192	0.6	18	224	7.3	2,421	0.6	28	119	3.9	1,217	0.5	36
75-84	354	6.7	3,605	0.5	17	191	3.6	1,909	0.5	17	149	2.8	1,456	0.3	24
85 and older	253	6.0	2,603	0.4	17	84	2.0	749	0.5	19	94	2.2	868	0.3	23
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.  
 a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 44,159 beneficiaries who were in nursing facilities for part of their enrollment and their 434,156 benefit months were excluded from the analysis.  
 b. 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 drug 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.  
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.  
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIDIABETIC					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
<b>All</b>	<b>1,741</b>	<b>3.4</b>	<b>16,655</b>	<b>0.4</b>	<b>\$21</b>	<b>1,423</b>	<b>2.8</b>	<b>14,107</b>	<b>0.5</b>	<b>\$22</b>	<b>51,357</b>	<b>523,005</b>
<b>Female</b>												
All Females	1,103	3.1	10,606	0.4	21	795	2.3	7,805	0.5	21	35,124	361,798
<b>Female, Disabled</b>												
All Ages	177	4.4	2,008	0.6	38	140	3.5	1,625	0.7	38	4,008	43,398
64 or younger	107	5.1	1,177	0.6	34	78	3.7	881	0.7	42	2,105	23,300
65-74	65	9.6	775	0.7	44	58	8.6	696	0.7	33	677	7,323
75-84	4	0.5	46	0.3	28	4	0.5	48	0.5	26	761	8,094
85 and older	1	0.2	10	0.4	18	0	0.0	0	0.0	0	465	4,681
<b>Female, Other Eligibles</b>												
All Ages	926	3.0	8,598	0.3	17	655	2.1	6,180	0.4	17	31,116	318,400
64 or younger	3	60.0	36	0.4	34	1	20.0	12	0.7	25	5	44
65-74	151	4.5	1,519	0.4	24	179	5.4	1,796	0.5	24	3,327	35,379
75-84	349	3.3	3,204	0.3	16	245	2.3	2,269	0.4	13	10,508	109,048
85 and older	423	2.4	3,839	0.3	15	230	1.3	2,103	0.4	14	17,276	173,929
<b>Male</b>												
All Males	638	3.9	6,049	0.4	22	628	3.9	6,302	0.5	22	16,233	161,207
<b>Male, Disabled</b>												
All Ages	157	4.3	1,703	0.5	32	168	4.6	1,871	0.6	33	3,644	38,627
64 or younger	129	4.5	1,393	0.5	35	136	4.7	1,497	0.6	30	2,882	31,269
65-74	28	6.7	310	0.5	22	30	7.2	350	0.8	42	418	4,143
75-84	0	0.0	0	0.0	0	2	0.8	24	0.4	17	265	2,497
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	79	718
<b>Male, Other Eligibles</b>												
All Ages	481	3.8	4,346	0.4	18	460	3.7	4,431	0.4	18	12,589	122,580
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	53
65-74	153	5.0	1,501	0.4	22	168	5.4	1,668	0.5	23	3,088	31,694
75-84	189	3.6	1,712	0.4	16	192	3.6	1,847	0.4	15	5,272	51,541
85 and older	139	3.3	1,133	0.4	16	100	2.4	916	0.4	14	4,223	39,292
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.  
 a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 44,159 beneficiaries who were in nursing facilities for part of their enrollment and their 434,156 benefit months were excluded from the analysis.  
 b. 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 drug 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.  
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.  
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 CALIFORNIA, 2006

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>481,022</b>	<b>49.6</b>	<b>3.5</b>	<b>3,357,269</b>	<b>\$70</b>	<b>\$68,131,122</b>	<b>\$20</b>	<b>40.6</b>	<b>969,691</b>
<b>Age</b>									
5 and younger	13	81.3	8.9	143	919	14,703	103	101.2	16
6-14	32	68.1	8.7	407	272	12,791	31	6.5	47
15-20	252	33.7	2.4	1,779	121	90,792	51	3.8	748
21-44	33,087	36.2	2.3	214,009	61	5,545,316	26	16.5	91,326
45-64	86,513	47.0	3.5	645,846	82	15,131,554	23	30.3	183,973
65-74	166,470	52.3	3.5	1,110,466	61	19,487,744	18	34.1	318,078
75-84	140,260	54.0	3.9	1,003,214	72	18,660,188	19	100.1	259,568
85 and older	54,395	46.9	3.3	381,405	79	9,188,034	24	150.1	115,935
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	268,739	48.7	3.2	1,746,470	61	33,896,117	19	66.6	552,105
Disabled	209,168	51.3	3.9	1,596,392	83	33,907,329	21	30.0	407,411
Adults	2,887	30.1	1.4	13,183	32	305,806	23	8.4	9,596
Children	34	44.2	2.8	213	48	3,691	17	2.5	77
Unknown	194	38.6	2.0	1,011	36	18,179	18	4.1	502
<b>Gender</b>									
Female	297,291	52.2	3.7	2,130,590	73	41,534,377	19	45.0	569,670
Male	183,731	45.9	3.1	1,226,679	66	26,596,745	22	35.1	400,021
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	164,471	43.2	3.4	1,287,436	70	26,741,055	21	35.5	380,589
African American	40,002	43.9	2.9	265,110	78	7,104,772	27	37.2	91,150
Other/unknown	276,549	55.5	3.6	1,804,723	69	34,285,295	19	46.6	497,952
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	20,109	39.2	3.2	163,878	123	6,331,696	39	75.5	51,357
Part year	24,877	56.3	3.8	167,086	108	4,748,143	28	56.5	44,159
None	436,036	49.9	3.5	3,026,305	65	57,051,283	19	37.7	874,175
<b>Maintenance Assistance Status</b>									
Cash	363,957	56.3	4.1	2,650,701	78	50,240,817	19	45.5	646,980
Medically needy	53,675	38.4	2.4	340,868	70	9,725,276	29	31.0	139,875
Poverty related	49,278	33.6	1.9	274,969	42	6,109,098	22	29.9	146,604
Other/unknown	14,112	38.9	2.5	90,731	57	2,055,931	23	36.0	36,232

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 CALIFORNIA, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.3</b>	<b>\$6</b>	<b>\$20</b>	<b>\$0</b>	<b>\$2</b>	<b>10,482,463</b>
<b>Age</b>						
5 and younger	1.0	99	103	0	0	149
6-14	0.9	27	31	1	3	472
15-20	0.2	11	51	0	1	8,007
21-44	0.2	6	26	0	2	986,685
45-64	0.3	8	23	0	3	1,972,454
65-74	0.3	6	18	0	1	3,446,283
75-84	0.4	7	19	0	1	2,864,224
85 and older	0.3	8	24	0	1	1,204,189
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	6	19	0	1	5,895,076
Disabled	0.4	8	21	0	2	4,513,157
Adults	0.2	4	23	0	2	68,522
Children	0.4	7	17	0	0	543
Unknown	0.2	4	18	0	1	5,165
<b>Gender</b>						
Female	0.3	7	19	0	2	6,203,251
Male	0.3	6	22	0	1	4,279,212
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.3	7	21	0	3	4,059,914
African American	0.3	7	27	0	1	970,421
Other/unknown	0.3	6	19	0	1	5,452,128
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.3	12	39	0	4	523,005
Part year	0.4	11	28	0	3	434,156
None	0.3	6	19	0	1	9,525,302
<b>Maintenance Assistance Status</b>						
Cash	0.4	7	19	0	2	7,333,806
Medically needy	0.3	7	29	0	2	1,316,001
Poverty related	0.2	4	22	0	1	1,457,282
Other/unknown	0.2	5	23	0	2	375,374

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 CALIFORNIA, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	
<b>All</b>	<b>645,977</b>	<b>\$105</b>	<b>\$68,131,122</b>	<b>100.0</b>	<b>3,357,269</b>	<b>\$20</b>	<b>100.0</b>
Anorexia or weight loss/gain	48	274	13,133	0.0	161	82	0.0
Fertility drugs	3	219	658	0.0	6	110	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	109,983	47	5,205,906	7.6	234,707	22	7.0
Vitamins and minerals	6,138	55	340,022	0.5	15,339	22	0.5
Non-prescription drugs	391,415	115	44,827,672	65.8	2,339,777	19	69.7
Barbiturates	4,883	83	405,058	0.6	37,796	11	1.1
Benzodiazepines	132,444	128	16,993,351	24.9	726,037	23	21.6
Other Part D Excl Rx Drugs	1,063	325	345,322	0.5	3,446	100	0.1

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 CALIFORNIA, 2006

Total Number of Dual Eligible Beneficiaries: 969,691  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$167,978,454  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$173

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	643,533	66.4	\$0	0.0
1-500	271,991	28.0	26,783,190	15.9
501-1,000	18,970	2.0	13,399,528	8.0
1,001-1,500	9,221	1.0	11,347,331	6.8
1,501-2,000	5,748	0.6	9,974,225	5.9
2,001-2,500	4,079	0.4	9,137,679	5.4
2,501-3,000	3,004	0.3	8,213,414	4.9
3,001-3,500	2,281	0.2	7,389,564	4.4
3,501-4,000	1,804	0.2	6,751,220	4.0
4,001-4,500	1,481	0.2	6,277,262	3.7
4,501-5,000	1,095	0.1	5,195,398	3.1
5,001-5,500	889	0.1	4,657,709	2.8
5,501-6,000	769	0.1	4,418,153	2.6
6,001-6,500	659	0.1	4,118,804	2.5
6,501-7,000	525	0.1	3,542,903	2.1
7,001-7,500	451	0.0	3,265,773	1.9
7,501-8,000	353	0.0	2,735,016	1.6
8,001-8,500	310	0.0	2,556,090	1.5
8,501-9,000	284	0.0	2,486,777	1.5
9,001-9,500	242	0.0	2,236,295	1.3
9,501-10,000	188	0.0	1,831,992	1.1
10,001+	1,814	0.2	31,660,131	18.8

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 CALIFORNIA, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 267,441  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$82,283,399  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$307

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	168,782	63.1	\$0	0.0	
1-500	75,704	28.3	9,234,741	11.2	
501-1,000	7,598	2.8	5,330,512	6.5	
1,001-1,500	3,523	1.3	4,347,467	5.3	
1,501-2,000	2,271	0.8	3,946,884	4.8	
2,001-2,500	1,571	0.6	3,522,923	4.3	
2,501-3,000	1,233	0.5	3,375,854	4.1	
3,001-3,500	1,008	0.4	3,267,691	4.0	
3,501-4,000	797	0.3	2,985,441	3.6	
4,001-4,500	696	0.3	2,950,850	3.6	
4,501-5,000	496	0.2	2,349,356	2.9	
5,001-5,500	430	0.2	2,257,816	2.7	
5,501-6,000	366	0.1	2,102,780	2.6	
6,001-6,500	307	0.1	1,919,898	2.3	
6,501-7,000	275	0.1	1,854,552	2.3	
7,001-7,500	253	0.1	1,831,619	2.2	
7,501-8,000	200	0.1	1,550,097	1.9	
8,001-8,500	178	0.1	1,467,775	1.8	
8,501-9,000	170	0.1	1,489,031	1.8	
9,001-9,500	145	0.1	1,339,885	1.6	
9,501-10,000	114	0.0	1,110,029	1.3	
10,001+	1,324	0.5	24,048,198	29.2	

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 CALIFORNIA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 693,581  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$81,824,488  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$118

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	469,368	67.7	\$0	0.0
1-500	194,135	28.0	17,272,499	21.1
501-1,000	11,064	1.6	7,844,657	9.6
1,001-1,500	5,513	0.8	6,770,540	8.3
1,501-2,000	3,362	0.5	5,825,731	7.1
2,001-2,500	2,400	0.3	5,373,665	6.6
2,501-3,000	1,710	0.2	4,669,209	5.7
3,001-3,500	1,207	0.2	3,905,705	4.8
3,501-4,000	972	0.1	3,635,018	4.4
4,001-4,500	754	0.1	3,195,437	3.9
4,501-5,000	564	0.1	2,680,035	3.3
5,001-5,500	438	0.1	2,291,673	2.8
5,501-6,000	386	0.1	2,216,826	2.7
6,001-6,500	340	0.0	2,124,392	2.6
6,501-7,000	232	0.0	1,567,256	1.9
7,001-7,500	182	0.0	1,318,498	1.6
7,501-8,000	139	0.0	1,076,953	1.3
8,001-8,500	118	0.0	972,310	1.2
8,501-9,000	109	0.0	953,345	1.2
9,001-9,500	86	0.0	795,124	1.0
9,501-10,000	69	0.0	673,273	0.8
10,001+	433	0.1	6,662,342	8.1

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 CALIFORNIA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 318,078  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$57,069,555  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$179

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	210,939	66.3	\$0	0.0
1-500	86,045	27.1	8,219,852	14.4
501-1,000	6,993	2.2	4,987,241	8.7
1,001-1,500	3,819	1.2	4,693,709	8.2
1,501-2,000	2,430	0.8	4,214,620	7.4
2,001-2,500	1,774	0.6	3,976,508	7.0
2,501-3,000	1,307	0.4	3,571,241	6.3
3,001-3,500	946	0.3	3,060,628	5.4
3,501-4,000	742	0.2	2,774,124	4.9
4,001-4,500	592	0.2	2,509,689	4.4
4,501-5,000	444	0.1	2,108,551	3.7
5,001-5,500	334	0.1	1,748,068	3.1
5,501-6,000	309	0.1	1,775,786	3.1
6,001-6,500	273	0.1	1,706,594	3.0
6,501-7,000	186	0.1	1,254,242	2.2
7,001-7,500	144	0.0	1,042,335	1.8
7,501-8,000	110	0.0	852,906	1.5
8,001-8,500	100	0.0	823,385	1.4
8,501-9,000	85	0.0	743,500	1.3
9,001-9,500	67	0.0	620,089	1.1
9,501-10,000	64	0.0	624,515	1.1
10,001+	375	0.1	5,761,972	10.1

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 CALIFORNIA, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 259,568  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$18,634,606  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$71

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	178,022	68.6	\$0	0.0
1-500	74,911	28.9	6,211,744	33.3
501-1,000	2,841	1.1	1,995,873	10.7
1,001-1,500	1,205	0.5	1,478,559	7.9
1,501-2,000	686	0.3	1,190,344	6.4
2,001-2,500	495	0.2	1,105,865	5.9
2,501-3,000	334	0.1	911,183	4.9
3,001-3,500	214	0.1	692,393	3.7
3,501-4,000	200	0.1	748,698	4.0
4,001-4,500	138	0.1	584,936	3.1
4,501-5,000	107	0.0	509,465	2.7
5,001-5,500	92	0.0	481,128	2.6
5,501-6,000	65	0.0	372,091	2.0
6,001-6,500	56	0.0	348,873	1.9
6,501-7,000	36	0.0	245,505	1.3
7,001-7,500	30	0.0	218,369	1.2
7,501-8,000	27	0.0	208,723	1.1
8,001-8,500	18	0.0	148,925	0.8
8,501-9,000	22	0.0	192,661	1.0
9,001-9,500	15	0.0	138,034	0.7
9,501-10,000	3	0.0	28,845	0.2
10,001+	51	0.0	822,392	4.4

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries



SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 CALIFORNIA, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 115,935  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$6,120,327  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$52

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	80,407	69.4	\$0	0.0
1-500	33,179	28.6	2,840,903	46.4
501-1,000	1,230	1.1	861,543	14.1
1,001-1,500	489	0.4	598,272	9.8
1,501-2,000	246	0.2	420,767	6.9
2,001-2,500	131	0.1	291,292	4.8
2,501-3,000	69	0.1	186,785	3.1
3,001-3,500	47	0.0	152,684	2.5
3,501-4,000	30	0.0	112,196	1.8
4,001-4,500	24	0.0	100,812	1.6
4,501-5,000	13	0.0	62,019	1.0
5,001-5,500	12	0.0	62,477	1.0
5,501-6,000	12	0.0	68,949	1.1
6,001-6,500	11	0.0	68,925	1.1
6,501-7,000	10	0.0	67,509	1.1
7,001-7,500	8	0.0	57,794	0.9
7,501-8,000	2	0.0	15,324	0.3
8,001-8,500	0	0.0	0	0.0
8,501-9,000	2	0.0	17,184	0.3
9,001-9,500	4	0.0	37,001	0.6
9,501-10,000	2	0.0	19,913	0.3
10,001+	7	0.0	77,978	1.3

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3  
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>1,139,383</b>	<b>639,131</b>	<b>481,247</b>	<b>18,309</b>	<b>113</b>	<b>583</b>	<b>12,529,731</b>	<b>6,916,627</b>	<b>5,420,412</b>	<b>185,574</b>	<b>1,092</b>	<b>6,026</b>
<b>Age</b>												
5 and younger	26	0	22	0	4	0	274	0	236	0	38	0
6-14	73	0	56	0	17	0	829	0	654	0	175	0
15-20	1,071	0	991	9	71	0	12,327	0	11,480	93	754	0
21-44	115,103	1	107,946	7,118	21	17	1,286,446	10	1,213,559	72,552	125	200
45-64	220,368	20	211,365	8,756	0	227	2,419,693	147	2,328,281	88,805	0	2,460
65-74	371,644	256,679	112,507	2,119	0	339	4,090,864	2,755,471	1,310,765	21,262	0	3,366
75-84	298,893	258,399	40,211	283	0	0	3,333,153	2,865,530	464,990	2,633	0	0
85 and older	132,205	124,032	8,149	24	0	0	1,386,145	1,295,469	90,447	229	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	669,452	402,339	257,886	8,583	61	583	7,408,581	4,379,956	2,935,385	86,634	580	6,026
Male	469,931	236,792	223,361	9,726	52	0	5,121,150	2,536,671	2,485,027	98,940	512	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	440,798	207,358	226,981	6,190	34	235	4,766,900	2,160,520	2,542,179	61,462	322	2,417
African American	104,115	35,359	65,968	2,726	12	50	1,135,751	369,743	737,759	27,608	121	520
Other/unknown	594,470	396,414	188,298	9,393	67	298	6,627,080	4,386,364	2,140,474	96,504	649	3,089
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	52,612	44,596	8,001	11	0	4	536,861	450,695	86,041	99	0	26
Part year	45,075	32,663	12,333	71	1	7	452,100	317,251	134,057	718	3	71
None	1,041,696	561,872	460,913	18,227	112	572	11,540,770	6,148,681	5,200,314	184,757	1,089	5,929
<b>Maintenance Assistance Status</b>												
Cash	766,145	384,729	365,428	15,963	25	0	8,810,472	4,401,230	4,244,156	164,815	271	0
Medically needy	161,974	128,908	31,869	1,150	47	0	1,551,352	1,237,518	303,892	9,531	411	0
Poverty related	168,467	107,000	60,806	73	5	583	1,717,240	1,083,299	627,469	397	49	6,026
Other/unknown	42,797	18,494	23,144	1,123	36	0	450,667	194,580	244,895	10,831	361	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	1,127,026	630,233	477,940	18,158	112	583	12,401,158	6,823,603	5,386,491	183,950	1,088	6,026
Full dual, part year	12,357	8,898	3,307	151	1	0	128,573	93,024	33,921	1,624	4	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	941,991	539,256	396,553	5,632	53	497	10,344,745	5,830,343	4,456,361	52,461	435	5,145
FFS part year, with Rx claims	10,602	4,478	4,610	1,492	19	3	119,388	50,547	52,899	15,696	210	36
FFS part year, no Rx claims	17,098	8,371	6,248	2,472	5	2	184,417	90,389	69,071	24,887	46	24
MC all year, with Rx claims	6,030	2,536	3,164	310	19	1	69,485	28,936	36,792	3,526	219	12
MC all year, no Rx claims	163,662	84,490	70,672	8,403	17	80	1,811,696	916,412	805,289	89,004	182	809

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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 contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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.

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2006

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>1,139,383</b>	<b>12,529,731</b>	<b>969,691</b>	<b>10,482,463</b>	<b>0</b>	<b>2,047,268</b>
Fee-for-service (FFS) all year	941,991	10,344,745	941,991	10,344,745	0	0
FFS part year, with Rx claims	10,602	119,388	10,602	63,545	0	55,843
FFS part year, with no Rx claims	17,098	184,417	17,098	74,173	0	110,244
Managed care (MC) all year, with Rx claims	6,030	69,485	0	0	0	69,485
MC all year, with no Rx claims	163,662	1,811,696	0	0	0	1,811,696

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

Dual Medicaid Beneficiaries