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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	316,856	180,702	134,187	1,919	34	14	3,258,326	1,804,517	1,441,064	12,362	286	97
Age												
5 and younger	15	0	13	0	2	0	166	0	142	0	24	0
6-14	78	0	67	0	11	0	848	0	752	0	96	0
15-20	558	0	538	4	16	0	5,684	0	5,504	42	138	0
21-44	38,762	0	37,562	1,196	4	0	403,336	0	394,831	8,478	27	0
45-64	55,318	8	54,823	478	1	8	585,691	46	582,692	2,883	1	69
65-74	82,413	54,504	27,707	196	0	6	860,105	551,216	308,042	819	0	28
75-84	81,372	71,261	10,070	41	0	0	849,765	737,002	112,640	123	0	0
85 and older	58,339	54,928	3,407	4	0	0	552,730	516,252	36,461	17	0	0
Unknown	1	1	0	0	0	0	1	1	0	0	0	0
Gender												
Female	206,153	126,782	77,982	1,363	12	14	2,131,792	1,278,428	844,289	8,889	89	97
Male	110,703	53,920	56,205	556	22	0	1,126,534	526,089	596,775	3,473	197	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	147,586	81,583	64,989	996	10	8	1,471,773	768,809	696,692	6,148	71	53
African American	57,783	25,487	31,678	601	12	5	601,729	259,948	337,570	4,054	122	35
Other/unknown	111,487	73,632	37,520	322	12	1	1,184,824	775,760	406,802	2,160	93	9
Use of Nursing Facilities^c												
Entire year	43,133	38,509	4,623	1	0	0	426,601	376,514	50,085	2	0	0
Part year	27,048	21,735	5,309	3	1	0	248,677	194,897	53,737	31	12	0
None	246,675	120,458	124,255	1,915	33	14	2,583,048	1,233,106	1,337,242	12,329	274	97
Maintenance Assistance Status												
Cash	201,104	95,733	104,333	1,037	1	0	2,187,567	1,048,474	1,132,816	6,266	11	0
Medically needy	1,132	688	310	134	0	0	9,414	6,063	2,421	930	0	0
Poverty-related	35,233	22,993	11,798	417	11	14	330,446	214,274	112,869	3,131	75	97
Other/unknown	79,387	61,288	17,746	331	22	0	730,899	535,706	192,958	2,035	200	0
Dual Medicare Status^d												
Full dual, all year	295,972	168,897	125,413	1,615	33	14	3,056,237	1,689,609	1,356,851	9,405	275	97
Full dual, part year	20,884	11,805	8,774	304	1	0	202,089	114,908	84,213	2,957	11	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	295,268	169,411	124,355	1,456	32	14	3,143,975	1,749,069	1,384,089	10,439	281	97
FFS part year, with Rx claims	7,134	3,210	3,638	284	2	0	46,066	19,781	24,844	1,436	5	0
FFS part year, no Rx claims	14,454	8,081	6,194	179	0	0	68,285	35,667	32,131	487	0	0

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage	Number of Beneficiaries
	One Rx						of All Medicaid FFS \$ ^d	
All	36.8		4.3	\$169	\$39	\$10,911	1.5	316,856
Age								
5 and younger	73.3		22.9	2,370	104	51,916	4.6	15
6-14	69.2		17.5	3,278	187	23,141	14.2	78
15-20	57.7		10.0	1,587	158	13,084	12.1	558
21-44	33.9		4.3	335	77	9,519	3.5	38,762
45-64	41.2		5.6	255	46	10,824	2.4	55,318
65-74	35.8		4.7	185	39	6,084	3.0	82,413
75-84	35.2		3.5	79	23	10,624	0.7	81,372
85 and older	38.1		3.5	64	19	19,091	0.3	58,339
Unknown	0.0		0.0	0	0	508	0.0	1
Basis of Eligibility^e								
Aged	35.3		3.7	97	26	12,723	0.8	180,702
Disabled	38.8		5.0	254	51	8,581	3.0	134,187
Adults	47.5		13.2	934	71	3,253	28.7	1,919
Children	61.8		10.2	2,501	245	12,153	20.6	34
Unknown	71.4		20.7	1,329	64	9,438	14.1	14
Gender								
Female	38.1		4.4	156	36	10,981	1.4	206,153
Male	34.5		4.1	193	47	10,782	1.8	110,703
Unknown	0.0		0.0	0	0	0	0.0	0
Race								
White	39.9		4.7	160	34	15,140	1.1	147,586
African American	26.1		3.0	168	57	10,892	1.5	57,783
Other/unknown	38.4		4.5	182	40	5,322	3.4	111,487
Use of Nursing Facilities^f								
Entire year	49.8		6.6	141	21	39,113	0.4	43,133
Part year	49.6		5.0	129	26	20,863	0.6	27,048
None	33.2		3.8	178	47	4,889	3.6	246,675
Maintenance Assistance Status								
Cash	34.6		3.9	165	42	3,628	4.6	201,104
Medically needy	51.3		11.3	913	81	5,520	16.5	1,132
Poverty related	42.3		5.7	249	44	23,269	1.1	35,233
Other/unknown	39.9		4.5	133	29	23,953	0.6	79,387

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.4	\$16	1.5	63.2	28.7	4.0	2.8	1.0	0.3	\$1,061	316,856	3,258,326
Age												
5 and younger	2.1	214	4.6	26.7	33.3	6.7	26.7	6.7	0.0	4,691	15	166
6-14	1.6	302	14.2	30.8	32.1	14.1	15.4	7.7	0.0	2,129	78	848
15-20	1.0	156	12.1	42.3	36.7	9.7	8.6	2.2	0.5	1,284	558	5,684
21-44	0.4	32	3.5	66.1	25.9	3.7	3.0	1.0	0.3	915	38,762	403,336
45-64	0.5	24	2.4	58.8	31.2	4.9	3.3	1.3	0.5	1,022	55,318	585,691
65-74	0.5	18	3.0	64.2	27.5	3.8	2.9	1.2	0.5	583	82,413	860,105
75-84	0.3	8	0.7	64.8	28.5	3.6	2.2	0.7	0.2	1,017	81,372	849,765
85 and older	0.4	7	0.3	61.9	30.1	4.2	2.8	0.7	0.2	2,015	58,339	552,730
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	508	1	1
Basis of Eligibility^e												
Aged	0.4	10	0.8	64.7	27.6	3.8	2.7	0.9	0.3	1,274	180,702	1,804,517
Disabled	0.5	24	3.0	61.2	30.3	4.3	2.7	1.0	0.4	799	134,187	1,441,064
Adults	2.0	145	28.7	52.5	17.1	7.2	12.6	7.6	3.0	505	1,919	12,362
Children	1.2	297	20.6	38.2	32.4	17.6	8.8	2.9	0.0	1,445	34	286
Unknown	3.0	192	14.1	28.6	14.3	14.3	28.6	14.3	0.0	1,362	14	97
Gender												
Female	0.4	15	1.4	61.9	29.9	4.1	2.8	1.0	0.3	1,062	206,153	2,131,792
Male	0.4	19	1.8	65.5	26.5	3.9	2.8	1.0	0.3	1,060	110,703	1,126,534
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.5	16	1.1	60.1	30.2	4.8	3.4	1.1	0.4	1,518	147,586	1,471,773
African American	0.3	16	1.5	73.9	20.4	2.5	2.1	0.8	0.2	1,046	57,783	601,729
Other/unknown	0.4	17	3.4	61.6	31.0	3.8	2.3	0.9	0.3	501	111,487	1,184,824
Use of Nursing Facilities^f												
Entire year	0.7	14	0.4	50.2	33.4	7.5	6.5	1.8	0.6	3,955	43,133	426,601
Part year	0.5	14	0.6	50.4	37.6	6.1	4.4	1.2	0.3	2,269	27,048	248,677
None	0.4	17	3.6	66.8	26.9	3.2	2.0	0.8	0.3	467	246,675	2,583,048
Maintenance Assistance Status												
Cash	0.4	15	4.6	65.4	28.6	3.1	1.8	0.8	0.3	334	201,104	2,187,567
Medically needy	1.4	110	16.5	48.7	27.1	6.9	10.1	5.4	1.9	664	1,132	9,414
Poverty related	0.6	27	1.1	57.7	29.5	6.2	5.0	1.3	0.4	2,481	35,233	330,446
Other/unknown	0.5	14	0.6	60.1	28.7	5.3	4.2	1.3	0.4	2,602	79,387	730,899

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.
 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.4	\$16	\$39	0.1	\$11	\$147	0.0	\$1	\$83	0.3	\$4	\$13
Age												
5 and younger	2.1	214	104	1.0	186	195	0.1	9	118	1.0	19	18
6-14	1.6	302	187	1.0	284	284	0.0	2	104	0.6	15	26
15-20	1.0	156	158	0.4	139	352	0.1	4	80	0.5	13	24
21-44	0.4	32	77	0.1	25	247	0.0	2	103	0.3	5	18
45-64	0.5	24	46	0.1	17	168	0.0	2	98	0.4	6	14
65-74	0.5	18	39	0.1	12	120	0.0	1	84	0.3	4	13
75-84	0.3	8	23	0.0	4	93	0.0	1	63	0.3	3	11
85 and older	0.4	7	19	0.0	3	79	0.0	0	46	0.3	3	10
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.4	10	26	0.1	6	98	0.0	1	65	0.3	3	11
Disabled	0.5	24	51	0.1	17	186	0.0	1	96	0.4	5	14
Adults	2.0	145	71	0.6	105	162	0.1	12	109	1.3	28	22
Children	1.2	297	245	0.8	288	378	0.0	0	7	0.4	9	21
Unknown	3.0	192	64	1.2	167	145	0.1	2	21	1.7	23	13
Gender												
Female	0.4	15	36	0.1	10	133	0.0	1	81	0.3	4	12
Male	0.4	19	47	0.1	14	172	0.0	1	86	0.3	4	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.5	16	34	0.1	10	141	0.0	1	80	0.4	5	12
African American	0.3	16	57	0.1	12	190	0.0	1	88	0.2	3	14
Other/unknown	0.4	17	40	0.1	12	137	0.0	1	84	0.3	4	12
Use of Nursing Facilities^e												
Entire year	0.7	14	21	0.1	8	91	0.0	1	55	0.6	6	10
Part year	0.5	14	26	0.1	8	97	0.0	1	53	0.4	5	11
None	0.4	17	47	0.1	12	164	0.0	1	94	0.3	4	14
Maintenance Assistance Status												
Cash	0.4	15	42	0.1	11	155	0.0	1	93	0.3	4	13
Medically needy	1.4	110	81	0.5	84	171	0.1	6	94	0.8	19	24
Poverty related	0.6	27	44	0.1	19	151	0.0	2	85	0.5	6	13
Other/unknown	0.5	14	29	0.1	9	123	0.0	1	59	0.4	4	11

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$56	\$49	\$1	\$6	\$170	\$444	\$106	\$29	37,676	\$6,397,579	11,916	3.8	114,696
Biologicals	0.2	0.1	0.0	0.1	57	55	0	2	347	498	0	36	355	123,034	293	0.1	2,156
Antineoplastic Agents	0.3	0.1	0.0	0.2	79	65	0	13	266	755	479	64	4,168	1,108,613	1,512	0.5	14,099
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	26	20	1	5	53	107	23	19	57,211	3,033,113	12,466	3.9	116,735
Cardiovascular Agents	0.8	0.3	0.1	0.4	34	21	7	6	42	69	109	14	159,286	6,686,606	20,992	6.6	195,112
Respiratory Agents	0.5	0.2	0.0	0.2	34	28	2	3	71	116	73	16	36,849	2,606,855	8,145	2.6	77,731
Gastrointestinal Agents	0.4	0.3	0.0	0.1	40	38	1	2	99	141	197	12	47,826	4,751,564	12,113	3.8	117,815
Genitourinary Agents	0.2	0.1	0.0	0.1	12	8	1	3	49	72	70	24	7,873	385,846	3,428	1.1	33,239
CNS Drugs	0.7	0.0	0.0	0.6	14	7	1	6	21	149	90	10	663,003	13,655,089	89,216	28.2	960,207
Stimulants/Anti-obesity/Anorexia	0.3	0.1	0.0	0.2	25	20	0	5	75	134	90	28	650	48,572	196	0.1	1,951
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	47	47	0	0	137	138	52	64	11,229	1,534,815	3,681	1.2	32,624
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	17	7	2	8	40	186	183	22	64,632	2,611,954	15,662	4.9	152,172
Neuromuscular Agents	0.5	0.1	0.0	0.5	16	9	0	7	30	188	57	14	116,606	3,532,236	20,324	6.4	216,248
Nutritional Products	0.3	0.0	0.0	0.3	5	1	0	4	15	61	12	13	23,243	354,989	7,446	2.3	71,242
Hematological Agents	0.5	0.1	0.0	0.4	17	14	0	3	37	242	17	8	89,385	3,320,481	18,285	5.8	190,747
Topical Products	0.3	0.1	0.0	0.2	18	13	1	4	53	98	52	20	29,984	1,601,246	9,158	2.9	88,458
Miscellaneous Products	0.5	0.3	0.0	0.1	136	128	1	6	284	385	139	47	6,003	1,704,169	1,267	0.4	12,573
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	29	0	0	0	4,381	126,509	1,704	0.5	18,316
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.	1,360,360	53,583,270	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.
 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 Florida, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 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
ANTIPSYCHOTICS	\$4,880,262	7,317	2.3	70,222	0.3	\$204	\$69
ANTIANKXIETY AGENTS	4,606,978	65,779	20.8	714,618	0.6	12	6
ANTIVIRAL	4,368,081	2,067	0.7	21,226	0.4	516	206
ULCER DRUGS	3,526,229	10,854	3.4	109,146	0.3	106	32
ANTICONVULSANT	2,913,763	17,961	5.7	194,888	0.5	29	15
ANTIHYPERLIPIDEMIC	2,563,204	8,822	2.8	88,437	0.3	94	29
ANTIDEPRESSANTS	2,314,119	13,266	4.2	127,464	0.3	58	18
ANTIDIABETIC	1,983,118	10,255	3.2	97,479	0.4	57	20
ANTIASTHMATIC	1,942,770	9,064	2.9	88,550	0.3	76	22
MISC. HEMATOLOGICAL	1,528,555	3,801	1.2	37,532	0.3	131	41
Total	30,627,079	149,186	n.a.	1,549,562	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS							ANTIANKXIETY AGENTS				
	Number of Rx	Rx \$	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
All	706,044	\$30,627,079	7,317	2.3	70,222	0.3	\$70	65,779	20.8	714,618	0.6	\$6
Female												
All Females	477,999	17,987,825	4,253	2.1	40,919	0.3	64	46,330	22.5	505,463	0.6	6
Female, Disabled												
All Ages	219,885	10,969,386	2,105	2.7	22,244	0.4	86	18,231	23.4	207,307	0.5	7
5 and younger	15	684	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	45	16,560	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	831	126,883	36	15.8	408	0.5	123	15	6.6	174	0.4	5
21-44	40,019	3,272,867	850	5.1	9,036	0.3	85	2,848	17.1	32,101	0.5	7
45-64	96,730	4,521,805	784	2.6	8,030	0.4	82	7,671	25.0	86,579	0.6	7
65-74	60,617	2,725,145	416	2.1	4,589	0.4	92	4,851	25.1	56,074	0.5	7
75-84	14,915	223,223	14	0.2	137	0.4	46	1,938	24.5	22,290	0.6	7
85 and older	6,713	82,219	5	0.2	44	0.4	50	908	29.4	10,089	0.6	7
Female, Other Eligibles												
All Ages	258,114	7,018,439	2,148	1.7	18,675	0.3	39	28,099	21.9	298,156	0.6	6
5 and younger	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	0.0	0
15-20	33	6,575	2	25.0	24	0.5	245	1	12.5	12	0.3	5
21-44	4,487	442,915	107	11.9	970	0.4	98	183	20.4	1,554	0.5	6
45-64	2,615	205,378	33	10.9	298	0.4	72	85	28.0	709	0.5	6
65-74	72,793	2,796,659	444	1.3	4,309	0.3	50	6,334	18.5	70,372	0.5	6
75-84	96,380	2,132,321	724	1.5	6,076	0.3	33	10,848	22.2	117,826	0.6	6
85 and older	81,806	1,434,591	838	1.9	6,998	0.3	26	10,648	24.3	107,683	0.6	6
Male												
All Males	228,045	12,639,254	3,064	2.8	29,303	0.4	77	19,449	17.6	209,155	0.6	7
Male, Disabled												
All Ages	136,380	9,435,698	1,944	3.5	20,432	0.4	94	10,016	17.8	112,746	0.6	7
5 and younger	35	4,173	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	142	30,203	0	0.0	0	0.0	0	1	2.4	11	0.2	15
15-20	1,156	225,597	70	22.6	805	0.4	121	25	8.1	286	0.3	5
21-44	43,758	4,274,642	1,076	5.2	11,352	0.4	95	2,950	14.1	33,254	0.5	8
45-64	64,301	3,515,998	581	2.4	5,836	0.4	79	4,964	20.6	55,477	0.6	8
65-74	22,998	1,308,591	209	2.5	2,343	0.5	116	1,574	18.8	18,031	0.6	7
75-84	3,504	68,471	7	0.3	84	0.5	109	426	19.7	4,854	0.6	7
85 and older	486	8,023	1	0.3	12	0.6	56	76	23.6	833	0.5	7

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS						ANTIANKXIETY AGENTS					
	Number of Rx	Rx \$	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		
Male, Other Eligibles																			
All Ages	91,665	3,203,556	1,120	2.1	8,871	0.3	38	9,433	17.3	96,409	0.5	6							
5 and younger	8	1,354	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	4	48	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
15-20	27	4,285	4	33.3	48	0.1	22	1	8.3	12	0.1	1							
21-44	1,457	151,591	24	8.0	221	0.3	39	53	17.6	454	0.5	6							
45-64	1,081	116,117	16	8.4	137	0.4	140	33	17.3	259	0.5	7							
65-74	36,114	1,572,299	311	1.5	2,791	0.3	48	2,977	14.5	31,800	0.6	6							
75-84	35,849	958,966	472	2.1	3,549	0.3	33	4,027	18.0	41,862	0.5	6							
85 and older	17,125	398,896	293	2.6	2,125	0.3	26	2,342	21.1	22,022	0.5	5							
Unknown	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 Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Beneficiary Characteristics	ANTIVIRAL					ULCER DRUGS					ANTICONVULSANT				
	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
All	2,067	0.7	21,226	0.4	\$206	10,854	3.4	109,146	0.3	\$32	17,961	5.7	194,888	0.5	\$15
Female															
All Females	840	0.4	8,717	0.4	195	7,199	3.5	72,734	0.3	33	11,577	5.6	126,092	0.5	13
Female, Disabled															
All Ages	729	0.9	7,685	0.4	204	3,254	4.2	34,703	0.3	36	6,732	8.6	75,324	0.5	16
5 and younger	0	0.0	0	0.0	0	2	40.0	24	0.5	22	0	0.0	0	0.0	0
6-14	5	20.0	60	0.5	241	4	16.0	46	0.2	29	2	8.0	24	0.3	32
15-20	7	3.1	84	0.2	205	40	17.5	434	0.3	29	35	15.4	375	0.4	59
21-44	407	2.4	4,295	0.4	202	670	4.0	7,164	0.3	33	1,780	10.7	19,638	0.5	28
45-64	274	0.9	2,840	0.4	211	1,439	4.7	14,873	0.3	36	3,060	10.0	33,946	0.5	14
65-74	35	0.2	394	0.4	176	1,059	5.5	11,761	0.4	40	1,413	7.3	16,374	0.5	9
75-84	1	0.0	12	0.1	1	38	0.5	378	0.3	20	331	4.2	3,757	0.5	5
85 and older	0	0.0	0	0.0	0	2	0.1	23	0.1	12	111	3.6	1,210	0.6	5
Female, Other Eligibles															
All Ages	111	0.1	1,032	0.3	128	3,945	3.1	38,031	0.3	29	4,845	3.8	50,768	0.5	8
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	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	3	37.5	25	0.4	14	0	0.0	0	0.0	0
21-44	39	4.3	345	0.4	206	124	13.8	1,088	0.4	48	135	15.0	1,165	0.5	44
45-64	7	2.3	44	0.5	190	95	31.3	815	0.4	47	57	18.8	525	0.5	44
65-74	44	0.1	455	0.3	114	1,632	4.8	16,572	0.3	36	1,643	4.8	17,857	0.5	8
75-84	12	0.0	115	0.1	2	1,137	2.3	11,173	0.3	26	1,864	3.8	19,851	0.5	6
85 and older	9	0.0	73	0.2	7	954	2.2	8,358	0.2	15	1,146	2.6	11,370	0.5	7
Male															
All Males	1,227	1.1	12,509	0.4	213	3,655	3.3	36,412	0.3	32	6,384	5.8	68,796	0.5	19
Male, Disabled															
All Ages	1,108	2.0	11,355	0.4	218	1,825	3.2	19,422	0.3	34	4,556	8.1	50,673	0.5	22
5 and younger	0	0.0	0	0.0	0	5	62.5	55	0.3	21	2	25.0	24	0.7	125
6-14	9	21.4	100	0.3	178	10	23.8	103	0.4	45	6	14.3	61	0.8	104
15-20	9	2.9	103	0.5	407	26	8.4	311	0.3	35	50	16.1	575	0.4	65
21-44	521	2.5	5,312	0.4	238	540	2.6	5,787	0.3	33	1,918	9.2	21,354	0.5	26
45-64	513	2.1	5,178	0.4	202	803	3.3	8,186	0.3	33	2,045	8.5	22,581	0.6	20
65-74	56	0.7	662	0.3	156	427	5.1	4,826	0.3	39	440	5.3	5,004	0.5	11
75-84	0	0.0	0	0.0	0	13	0.6	142	0.3	30	89	4.1	1,018	0.5	6
85 and older	0	0.0	0	0.0	0	1	0.3	12	0.7	63	6	1.9	56	1.0	7

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Beneficiary Characteristics	ANTIVIRAL					ULCER DRUGS					ANTICONVULSANT				
	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
Male, Other Eligibles															
All Ages	119	0.2	1,154	0.3	167	1,830	3.4	16,990	0.3	29	1,828	3.4	18,123	0.5	10
5 and younger	1	50.0	12	0.3	101	1	50.0	12	0.4	12	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	14.3	6	0.2	2	1	14.3	6	0.5	6
15-20	0	0.0	0	0.0	0	2	16.7	15	0.1	19	1	8.3	12	0.2	22
21-44	18	6.0	146	0.4	252	52	17.3	465	0.5	68	32	10.6	281	0.5	64
45-64	10	5.2	92	0.3	271	32	16.8	280	0.5	65	20	10.5	160	0.5	21
65-74	80	0.4	823	0.3	156	838	4.1	8,359	0.3	32	755	3.7	7,817	0.5	10
75-84	7	0.0	50	0.2	12	571	2.5	5,185	0.3	25	727	3.2	7,075	0.5	7
85 and older	3	0.0	31	0.1	8	333	3.0	2,668	0.2	18	292	2.6	2,772	0.4	6
Unknown	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 Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANTIDEPRESSANTS					ANTIDIABETIC				
	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
All	8,822	2.8	88,437	0.3	\$29	13,266	4.2	127,464	0.3	\$18	10,255	3.2	97,479	0.4	\$20
Female															
All Females	5,458	2.6	54,811	0.3	29	8,855	4.3	85,603	0.3	18	6,401	3.1	62,081	0.3	20
Female, Disabled															
All Ages	2,424	3.1	25,675	0.3	32	4,183	5.4	43,398	0.3	21	2,868	3.7	29,816	0.4	25
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	0	0.0	0	0.0	0
15-20	1	0.4	12	0.2	8	32	14.0	331	0.4	29	8	3.5	92	0.6	84
21-44	277	1.7	2,885	0.3	33	1,177	7.0	12,181	0.3	20	383	2.3	3,900	0.4	31
45-64	1,169	3.8	12,020	0.3	33	2,043	6.7	20,579	0.3	20	1,404	4.6	14,090	0.4	24
65-74	920	4.8	10,160	0.3	31	902	4.7	10,041	0.4	25	1,016	5.3	11,181	0.4	23
75-84	54	0.7	571	0.3	22	25	0.3	232	0.3	13	56	0.7	541	0.3	10
85 and older	3	0.1	27	0.4	31	4	0.1	34	0.3	20	1	0.0	12	0.1	1
Female, Other Eligibles															
All Ages	3,034	2.4	29,136	0.3	27	4,672	3.6	42,205	0.3	15	3,533	2.8	32,265	0.3	17
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	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	37.5	33	0.2	8
21-44	53	5.9	550	0.4	34	277	30.8	2,430	0.5	32	72	8.0	646	0.6	48
45-64	56	18.4	444	0.5	49	123	40.5	1,057	0.5	37	72	23.7	528	0.6	36
65-74	1,433	4.2	14,463	0.3	29	1,314	3.8	13,119	0.3	19	1,534	4.5	14,864	0.3	19
75-84	951	1.9	9,083	0.3	25	1,427	2.9	12,743	0.3	13	1,181	2.4	10,655	0.3	14
85 and older	541	1.2	4,596	0.2	18	1,531	3.5	12,856	0.2	10	671	1.5	5,539	0.3	11
Male															
All Males	3,364	3.0	33,626	0.3	29	4,411	4.0	41,861	0.3	18	3,854	3.5	35,398	0.4	20
Male, Disabled															
All Ages	1,675	3.0	17,777	0.3	30	2,403	4.3	24,997	0.3	20	1,715	3.1	17,450	0.4	23
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	1	2.4	12	0.3	8	1	2.4	11	0.1	7	0	0.0	0	0.0	0
15-20	7	2.3	75	0.4	29	45	14.5	493	0.4	22	5	1.6	36	0.8	43
21-44	387	1.9	4,141	0.3	32	947	4.5	9,919	0.3	20	293	1.4	2,996	0.4	28
45-64	802	3.3	8,230	0.3	29	1,073	4.4	10,771	0.3	20	936	3.9	9,188	0.4	21
65-74	466	5.6	5,177	0.3	32	329	3.9	3,719	0.4	21	462	5.5	5,036	0.4	24
75-84	11	0.5	130	0.2	18	7	0.3	83	0.3	19	19	0.9	194	0.2	14
85 and older	1	0.3	12	0.3	43	1	0.3	1	1.0	81	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^a, b, c
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDEPRESSANTS					ANTIDIABETIC				
	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
Male, Other Eligibles															
All Ages	1,689	3.1	15,849	0.3	27	2,008	3.7	16,864	0.3	15	2,139	3.9	17,948	0.4	18
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	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	8.3	12	0.1	0	2	16.7	24	0.6	111
21-44	43	14.3	391	0.4	41	75	24.9	596	0.5	27	41	13.6	296	0.5	29
45-64	41	21.5	310	0.3	33	55	28.8	431	0.5	33	45	23.6	368	0.6	48
65-74	874	4.3	8,620	0.3	29	640	3.1	6,162	0.3	17	1,042	5.1	9,561	0.3	19
75-84	537	2.4	4,990	0.3	26	762	3.4	6,069	0.3	12	664	3.0	5,173	0.4	15
85 and older	194	1.8	1,538	0.3	21	475	4.3	3,594	0.3	11	345	3.1	2,526	0.3	12
Unknown	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 Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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.

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Beneficiary Characteristics	ANTIASTHMATIC					MISC. HEMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	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		
All	9,064	2.9	88,550	0.3	\$22	3,801	1.2	37,532	0.3	\$41	316,856	3,258,326
Female												
All Females	6,036	2.9	59,549	0.3	23	2,334	1.1	23,479	0.3	29	206,152	2,131,791
Female, Disabled												
All Ages	3,102	4.0	32,754	0.3	25	796	1.0	8,420	0.3	36	77,982	844,289
5 and younger	1	20.0	12	0.2	12	0	0.0	0	0.0	0	5	60
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	25	282
15-20	33	14.5	384	0.2	16	0	0.0	0	0.0	0	228	2,317
21-44	739	4.4	7,825	0.3	23	49	0.3	493	0.3	31	16,698	175,324
45-64	1,416	4.6	14,372	0.3	26	395	1.3	4,017	0.3	38	30,677	328,183
65-74	887	4.6	9,952	0.3	25	333	1.7	3,712	0.4	35	19,351	216,207
75-84	26	0.3	209	0.3	23	16	0.2	163	0.3	38	7,913	88,748
85 and older	0	0.0	0	0.0	0	3	0.1	35	0.1	8	3,085	33,168
Female, Other Eligibles												
All Ages	2,934	2.3	26,795	0.3	21	1,538	1.2	15,059	0.3	25	128,170	1,287,502
5 and younger	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	4	32
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	70
21-44	125	13.9	1,124	0.4	30	9	1.0	65	0.4	44	899	6,456
45-64	94	30.9	750	0.5	34	12	3.9	92	0.5	48	304	1,838
65-74	1,049	3.1	10,617	0.3	26	628	1.8	6,570	0.3	24	34,228	349,845
75-84	868	1.8	7,745	0.3	19	481	1.0	4,655	0.3	25	48,880	511,155
85 and older	798	1.8	6,559	0.2	12	408	0.9	3,677	0.2	23	43,847	418,106
Male												
All Males	3,028	2.7	29,001	0.3	20	1,467	1.3	14,053	0.3	61	110,703	1,126,534
Male, Disabled												
All Ages	1,534	2.7	16,205	0.3	21	541	1.0	5,582	0.4	112	56,205	596,775
5 and younger	1	12.5	12	0.1	2	0	0.0	0	0.0	0	8	82
6-14	6	14.3	61	0.3	18	0	0.0	0	0.0	0	42	470
15-20	20	6.5	225	0.2	20	1	0.3	12	0.2	1,429	310	3,187
21-44	436	2.1	4,763	0.3	19	48	0.2	492	0.3	856	20,864	219,507
45-64	642	2.7	6,301	0.3	20	266	1.1	2,630	0.4	39	24,146	254,509
65-74	409	4.9	4,629	0.3	25	220	2.6	2,392	0.4	34	8,356	91,835
75-84	20	0.9	214	0.4	32	6	0.3	56	0.3	17	2,157	23,892
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	322	3,293

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^a, b, c
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Beneficiary Characteristics	ANTIASTHMATIC					MISC. HEMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	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		
Male, Other Eligibles												
All Ages	1,494	2.7	12,796	0.3	19	926	1.7	8,471	0.3	27	54,498	529,759
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	64
15-20	1	8.3	12	0.1	1	0	0.0	0	0.0	0	12	110
21-44	43	14.3	355	0.4	30	8	2.7	65	0.4	43	301	2,049
45-64	26	13.6	187	0.3	22	6	3.1	45	0.5	61	191	1,161
65-74	581	2.8	5,471	0.3	21	424	2.1	4,174	0.3	31	20,478	202,218
75-84	514	2.3	4,168	0.3	20	293	1.3	2,601	0.3	23	22,422	225,970
85 and older	329	3.0	2,603	0.2	11	195	1.8	1,586	0.3	21	11,085	98,163
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 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
All	\$14	0.7	43,133	426,601
Age				
0-64	31	1.2	3,585	39,009
65-74	21	0.9	5,794	59,583
75-84	13	0.7	13,819	137,101
85 and older	10	0.5	19,934	190,907
Unknown	0	0.0	1	1
Gender				
Female	13	0.6	30,388	304,841
Male	19	0.7	12,745	121,760
Unknown	0	0.0	0	0
Race				
White	15	0.7	30,479	296,293
African American	13	0.5	7,151	74,881
Other/unknown	15	0.7	5,503	55,427
Basis of Eligibility^c				
Aged	12	0.6	38,509	376,514
Disabled	31	1.1	4,623	50,085
Adults	0	0.0	1	2
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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 27,048 beneficiaries who were in nursing facilities for part of their enrollment and their 248,677 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.

Dual Medicaid Beneficiaries

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
Anti-infective Agents	0.3	0.1	0.0	0.2	\$24	\$15	\$1	\$8	\$81	\$188	\$85	\$39	4,519	\$364,876	1,850	4.3	15,499
Biologicals	0.2	0.1	0.0	0.1	4	2	0	2	23	16	0	36	182	4,245	166	0.4	1,142
Antineoplastic Agents	0.3	0.0	0.0	0.2	33	16	0	17	126	619	0	73	708	89,087	348	0.8	2,687
Endocrine/Metabolic Drugs	0.4	0.1	0.1	0.2	14	10	2	2	35	78	17	12	7,518	260,942	2,234	5.2	19,020
Cardiovascular Agents	0.7	0.2	0.0	0.4	19	9	4	5	29	55	90	12	23,491	684,354	4,146	9.6	35,553
Respiratory Agents	0.4	0.2	0.0	0.2	16	13	1	2	43	78	67	11	3,978	172,186	1,273	3.0	10,661
Gastrointestinal Agents	0.3	0.2	0.0	0.2	20	18	0	2	58	99	52	11	5,911	345,078	1,948	4.5	17,560
Genitourinary Agents	0.3	0.1	0.0	0.1	13	8	1	3	44	62	64	24	1,778	78,434	768	1.8	6,273
CNS Drugs	0.9	0.1	0.0	0.9	13	5	0	7	13	87	57	8	166,602	2,221,483	17,396	40.3	176,726
Stimulants/Anti-obesity/Anorexia	0.4	0.0	0.0	0.4	5	0	0	5	10	0	0	10	63	657	16	0.0	144
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	37	37	0	0	106	106	0	95	4,747	503,862	1,611	3.7	13,496
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	11	3	4	4	24	76	107	11	7,679	180,638	1,926	4.5	16,261
Neuromuscular Agents	0.8	0.1	0.0	0.7	15	6	0	9	19	104	42	12	20,414	391,114	2,700	6.3	26,512
Nutritional Products	0.3	0.0	0.0	0.3	5	0	0	4	13	21	11	13	6,634	89,363	2,133	4.9	19,506
Hematological Agents	0.6	0.0	0.0	0.5	11	7	0	4	18	146	9	7	25,776	472,111	4,512	10.5	44,884
Topical Products	0.3	0.1	0.1	0.2	12	7	2	3	39	76	50	17	4,839	190,867	1,785	4.1	15,339
Miscellaneous Products	0.3	0.1	0.0	0.3	18	12	0	6	53	170	0	23	695	36,843	258	0.6	2,091
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	25	0	0	0	504	12,700	249	0.6	2,492
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.	286,038	6,098,840	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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 27,048 beneficiaries who were in nursing facilities for part of their enrollment and their 248,677 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 Florida, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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^a, b, c, d
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 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
ANTIANKXIETY AGENTS	\$1,016,109	13,835	32.1	142,503	0.8	\$9	\$7
ANTIPSYCHOTICS	600,727	1,753	4.1	14,936	0.3	129	40
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	503,930	2,020	4.7	16,716	0.3	106	30
ANTIDEPRESSANTS	333,136	3,013	7.0	26,199	0.3	44	13
ANTICONVULSANT	308,429	2,413	5.6	24,210	0.8	17	13
ULCER DRUGS	274,928	1,677	3.9	15,559	0.3	68	18
HYPNOTICS	271,438	4,454	10.3	47,712	1.0	6	6
ANTIHYPERLIPIDEMIC	241,236	1,167	2.7	10,441	0.3	83	23
ANTIDIABETIC	222,888	1,843	4.3	15,849	0.4	39	14
HEMATOPOIETIC AGENTS	192,871	3,439	8.0	35,607	0.6	9	5
Total	3,965,692	35,614	n.a.	349,732	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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 27,048 beneficiaries who were in nursing facilities for part of their enrollment and their 248,677 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.

Dual Medicaid Beneficiaries

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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIAXIETY AGENTS				ANTIPSYCHOTICS			
	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 \$
All	223,157	\$3,965,692	13,835	32.1	142,503	0.8	\$7	1,753	4.1	14,936	0.3	\$40
Female												
All Females	155,942	2,576,373	10,000	32.9	104,081	0.8	7	1,106	3.6	9,586	0.3	37
Female, Disabled												
All Ages	24,010	510,802	990	40.1	11,122	0.9	9	93	3.8	985	0.5	88
64 or younger	18,248	361,848	709	42.6	7,949	1.0	10	64	3.8	667	0.4	62
65-74	2,569	112,312	97	41.1	1,122	0.8	10	22	9.3	236	0.6	177
75-84	1,763	22,371	103	36.4	1,136	0.8	8	4	1.4	46	0.5	38
85 and older	1,430	14,271	81	28.8	915	0.8	8	3	1.1	36	0.4	55
Female, Other Eligibles												
All Ages	131,932	2,065,571	9,010	32.3	92,959	0.7	7	1,013	3.6	8,601	0.3	31
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	22,364	363,989	1,116	39.3	12,114	0.9	8	124	4.4	1,139	0.4	48
75-84	49,289	786,167	3,069	33.6	32,029	0.8	7	387	4.2	3,209	0.3	32
85 and older	60,279	915,415	4,825	30.2	48,816	0.7	6	502	3.1	4,253	0.3	27
Male												
All Males	67,215	1,389,319	3,835	30.1	38,422	0.7	7	647	5.1	5,350	0.3	46
Male, Disabled												
All Ages	19,693	452,870	786	36.4	8,692	0.9	10	105	4.9	1,124	0.4	87
64 or younger	17,614	365,205	726	37.8	8,038	0.9	10	81	4.2	836	0.4	68
65-74	1,522	70,582	30	23.4	323	1.0	11	17	13.3	204	0.7	158
75-84	501	13,696	25	30.9	271	0.7	5	6	7.4	72	0.5	114
85 and older	56	3,387	5	17.2	60	0.4	5	1	3.4	12	0.6	56
Male, Other Eligibles												
All Ages	47,522	936,449	3,049	28.8	29,730	0.7	7	542	5.1	4,226	0.3	35
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	15,166	302,391	753	29.1	7,809	0.8	8	130	5.0	1,170	0.3	43
75-84	19,999	383,269	1,277	29.5	12,548	0.7	7	252	5.8	1,904	0.3	34
85 and older	12,357	250,789	1,019	27.8	9,373	0.6	6	160	4.4	1,152	0.3	28
Unknown	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 Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.
 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 27,048 beneficiaries who were in nursing facilities for part of their enrollment and their 248,677 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						ANTIDEPRESSANTS						ANTICONVULSANT					
	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 \$	
All	2,020	4.7	16,716	0.3	\$30		3,013	7.0	26,199	0.3	\$13		2,413	5.6	24,210	0.8	\$13	
Female																		
All Females	1,299	4.3	11,069	0.3	30		1,986	6.5	17,573	0.3	12		1,543	5.1	15,602	0.8	11	
Female, Disabled																		
All Ages	49	2.0	497	0.3	63		185	7.5	1,909	0.4	23		318	12.9	3,467	0.9	15	
64 or younger	41	2.5	410	0.3	64		150	9.0	1,500	0.4	22		257	15.4	2,807	1.0	14	
65-74	6	2.5	65	0.5	70		29	12.3	337	0.6	31		27	11.4	314	0.8	28	
75-84	2	0.7	22	0.3	37		5	1.8	60	0.5	17		20	7.1	211	0.8	7	
85 and older	0	0.0	0	0.0	0		1	0.4	12	0.5	38		14	5.0	135	0.9	8	
Female, Other Eligibles																		
All Ages	1,250	4.5	10,572	0.3	29		1,801	6.5	15,664	0.3	11		1,225	4.4	12,135	0.7	10	
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
65-74	81	2.9	743	0.3	34		200	7.0	1,845	0.3	17		268	9.4	2,815	0.9	14	
75-84	500	5.5	4,139	0.3	29		674	7.4	5,790	0.3	10		501	5.5	4,911	0.8	10	
85 and older	669	4.2	5,690	0.3	28		927	5.8	8,029	0.2	10		456	2.9	4,409	0.6	8	
Male																		
All Males	721	5.7	5,647	0.3	30		1,027	8.1	8,626	0.3	14		870	6.8	8,608	0.7	16	
Male, Disabled																		
All Ages	29	1.3	275	0.4	55		179	8.3	1,860	0.4	21		316	14.6	3,494	0.9	19	
64 or younger	24	1.3	215	0.3	51		157	8.2	1,596	0.4	20		287	15.0	3,163	0.9	19	
65-74	4	3.1	48	0.6	64		18	14.1	216	0.5	30		19	14.8	218	0.8	21	
75-84	0	0.0	0	0.0	0		4	4.9	48	0.4	17		10	12.3	113	0.7	12	
85 and older	1	3.4	12	0.8	93		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
Male, Other Eligibles																		
All Ages	692	6.5	5,372	0.3	28		848	8.0	6,766	0.3	12		554	5.2	5,114	0.6	13	
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
65-74	87	3.4	763	0.3	31		186	7.2	1,746	0.3	13		214	8.3	2,175	0.7	16	
75-84	334	7.7	2,558	0.3	28		387	8.9	2,902	0.3	11		223	5.2	1,896	0.6	12	
85 and older	271	7.4	2,051	0.3	28		275	7.5	2,118	0.3	11		117	3.2	1,043	0.5	10	
Unknown	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 Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.
 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 27,048 beneficiaries who were in nursing facilities for part of their enrollment and their 248,677 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Beneficiary Characteristics	ULCER DRUGS					HYPNOTICS					ANTIHYPERLIPIDEMIC				
	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 \$
All	1,677	3.9	15,559	0.3	\$18	4,454	10.3	47,712	1.0	\$6	1,167	2.7	10,441	0.3	\$23
Female															
All Females	1,034	3.4	9,802	0.3	16	3,076	10.1	33,216	1.0	6	714	2.3	6,388	0.3	23
Female, Disabled															
All Ages	131	5.3	1,455	0.4	31	434	17.6	4,974	1.2	7	86	3.5	946	0.4	40
64 or younger	101	6.1	1,097	0.3	30	336	20.2	3,838	1.2	7	61	3.7	659	0.4	41
65-74	23	9.7	276	0.4	35	30	12.7	352	1.1	6	20	8.5	227	0.4	39
75-84	7	2.5	82	0.4	34	39	13.8	464	1.1	6	4	1.4	48	0.3	33
85 and older	0	0.0	0	0.0	0	29	10.3	320	0.8	4	1	0.4	12	0.6	40
Female, Other Eligibles															
All Ages	903	3.2	8,347	0.2	14	2,642	9.5	28,242	0.9	6	628	2.2	5,442	0.3	20
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	113	4.0	1,139	0.3	20	456	16.1	5,061	1.0	6	93	3.3	917	0.3	25
75-84	320	3.5	2,972	0.2	13	980	10.7	10,572	0.9	5	270	3.0	2,361	0.3	21
85 and older	470	2.9	4,236	0.2	12	1,206	7.6	12,609	0.9	6	265	1.7	2,164	0.2	17
Male															
All Males	643	5.0	5,757	0.3	20	1,378	10.8	14,496	0.9	6	453	3.6	4,053	0.3	23
Male, Disabled															
All Ages	139	6.4	1,548	0.3	32	332	15.4	3,710	1.1	7	82	3.8	897	0.3	31
64 or younger	121	6.3	1,341	0.3	28	295	15.4	3,339	1.1	7	73	3.8	789	0.3	31
65-74	15	11.7	180	0.6	57	25	19.5	261	1.3	7	7	5.5	84	0.3	31
75-84	2	2.5	15	0.5	50	11	13.6	108	0.8	4	1	1.2	12	0.3	5
85 and older	1	3.4	12	0.7	63	1	3.4	2	3.0	15	1	3.4	12	0.3	43
Male, Other Eligibles															
All Ages	504	4.8	4,209	0.3	16	1,046	9.9	10,786	0.9	5	371	3.5	3,156	0.3	21
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	135	5.2	1,317	0.3	19	315	12.2	3,460	0.9	5	107	4.1	1,047	0.3	25
75-84	207	4.8	1,646	0.3	15	449	10.4	4,640	0.9	5	174	4.0	1,408	0.3	18
85 and older	162	4.4	1,246	0.3	14	282	7.7	2,686	0.9	5	90	2.5	701	0.3	21
Unknown	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 Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.
 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 27,048 beneficiaries who were in nursing facilities for part of their enrollment and their 248,677 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Beneficiary Characteristics	ANTIDIABETIC					HEMATOPOIETIC AGENTS					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 \$		
All	1,843	4.3	15,849	0.4	\$14	3,439	8.0	35,607	0.6	\$5	43,133	426,601
Female												
All Females	1,071	3.5	9,456	0.3	14	2,215	7.3	23,207	0.6	6	30,387	304,840
Female, Disabled												
All Ages	137	5.6	1,454	0.5	19	268	10.9	3,009	0.6	16	2,466	26,800
64 or younger	91	5.5	925	0.4	18	182	10.9	2,060	0.6	21	1,666	18,208
65-74	42	17.8	481	0.6	24	23	9.7	261	0.7	17	236	2,592
75-84	4	1.4	48	0.5	11	17	6.0	173	0.5	3	283	3,028
85 and older	0	0.0	0	0.0	0	46	16.4	515	0.5	4	281	2,972
Female, Other Eligibles												
All Ages	934	3.3	8,002	0.3	13	1,947	7.0	20,198	0.6	4	27,921	278,040
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	161	5.7	1,459	0.4	18	244	8.6	2,615	0.6	4	2,840	29,578
75-84	438	4.8	3,675	0.3	13	679	7.4	7,181	0.6	4	9,127	92,520
85 and older	335	2.1	2,868	0.3	10	1,024	6.4	10,402	0.6	4	15,954	155,942
Male												
All Males	772	6.1	6,393	0.4	15	1,224	9.6	12,400	0.6	5	12,745	121,760
Male, Disabled												
All Ages	153	7.1	1,609	0.5	21	240	11.1	2,603	0.6	6	2,157	23,285
64 or younger	134	7.0	1,390	0.5	21	213	11.1	2,300	0.6	6	1,919	20,801
65-74	18	14.1	216	0.7	24	17	13.3	190	0.6	4	128	1,335
75-84	1	1.2	3	0.7	34	10	12.3	113	0.7	5	81	836
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	29	313
Male, Other Eligibles												
All Ages	619	5.8	4,784	0.3	13	984	9.3	9,797	0.6	5	10,588	98,475
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	190	7.3	1,764	0.3	14	286	11.0	3,028	0.6	5	2,590	26,078
75-84	257	5.9	1,769	0.4	12	372	8.6	3,680	0.6	5	4,328	40,717
85 and older	172	4.7	1,251	0.3	12	326	8.9	3,089	0.5	5	3,670	31,680
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.
 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 27,048 beneficiaries who were in nursing facilities for part of their enrollment and their 248,677 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^{a,b}
 FLORIDA, 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
All	107,017	33.8	2.7	840,901	\$24	\$7,589,236	\$9	14.2	316,856
Age									
5 and younger	10	66.7	5.7	86	108	1,622	19	4.6	15
6-14	45	57.7	4.2	328	53	4,101	13	1.6	78
15-20	134	24.0	1.3	749	35	19,674	26	2.2	558
21-44	9,690	25.0	1.8	69,150	20	775,212	11	6.0	38,762
45-64	20,068	36.3	3.1	170,359	32	1,743,970	10	12.4	55,318
65-74	28,011	34.0	2.8	226,875	24	1,966,326	9	12.9	82,413
75-84	28,491	35.0	2.7	223,549	23	1,844,959	8	28.8	81,372
85 and older	20,568	35.3	2.6	149,805	21	1,233,372	8	33.1	58,339
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Basis of Eligibility^c									
Aged	59,997	33.2	2.5	454,037	21	3,716,294	8	21.2	180,702
Disabled	46,499	34.7	2.9	383,750	29	3,840,933	10	11.3	134,187
Adults	506	26.4	1.6	3,012	16	31,254	10	1.7	1,919
Children	12	35.3	2.6	87	18	623	7	0.7	34
Unknown	3	21.4	1.1	15	9	132	9	0.7	14
Gender									
Female	72,889	35.4	2.8	577,508	25	5,188,013	9	16.1	206,153
Male	34,128	30.8	2.4	263,393	22	2,401,223	9	11.3	110,703
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	52,447	35.5	2.9	429,656	27	4,019,145	9	17.0	147,586
African American	12,659	21.9	1.3	76,999	12	691,703	9	7.1	57,783
Other/unknown	41,911	37.6	3.0	334,246	26	2,878,388	9	14.2	111,487
Use of Nursing Facilities^d									
Entire year	17,839	41.4	4.1	175,439	34	1,482,777	8	24.3	43,133
Part year	11,688	43.2	2.8	76,696	24	662,659	9	19.1	27,048
None	77,490	31.4	2.4	588,766	22	5,443,800	9	12.4	246,675
Maintenance Assistance Status									
Cash	68,149	33.9	2.6	530,569	24	4,758,229	9	14.3	201,104
Medically needy	380	33.6	1.9	2,138	17	19,315	9	1.9	1,132
Poverty related	11,562	32.8	2.7	94,261	25	888,879	9	10.2	35,233
Other/unknown	26,926	33.9	2.7	213,933	24	1,922,813	9	18.2	79,387

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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.

Benef(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^{a,b}
 FLORIDA, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.3	\$2	\$9	\$0	\$2	3,258,326
Age						
5 and younger	0.5	10	19	0	0	166
6-14	0.4	5	13	0	0	848
15-20	0.1	3	26	0	0	5,684
21-44	0.2	2	11	0	2	403,336
45-64	0.3	3	10	0	2	585,691
65-74	0.3	2	9	0	2	860,105
75-84	0.3	2	8	0	2	849,765
85 and older	0.3	2	8	0	2	552,730
Unknown	0.0	0	0	0	0	1
Basis of Eligibility^c						
Aged	0.3	2	8	0	2	1,804,517
Disabled	0.3	3	10	0	2	1,441,064
Adults	0.2	3	10	0	2	12,362
Children	0.3	2	7	0	0	286
Unknown	0.2	1	9	0	1	97
Gender						
Female	0.3	2	9	0	2	2,131,792
Male	0.2	2	9	0	2	1,126,534
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	3	9	0	2	1,471,773
African American	0.1	1	9	0	1	601,729
Other/unknown	0.3	2	9	0	2	1,184,824
Use of Nursing Facilities^d						
Entire year	0.4	3	8	0	3	426,601
Part year	0.3	3	9	0	2	248,677
None	0.2	2	9	0	2	2,583,048
Maintenance Assistance Status						
Cash	0.2	2	9	0	2	2,187,567
Medically needy	0.2	2	9	0	1	9,414
Poverty related	0.3	3	9	0	2	330,446
Other/unknown	0.3	3	9	0	2	730,899

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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.

Benef(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^{a,b,c}
 FLORIDA, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Total Number Rx.	\$ per Rx	Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Percentage of All Part D Excluded Rx				
All	128,627	\$59	\$7,589,236	100.0		840,901	\$9	100.0	
Anorexia or weight loss/gain	0	0	0	0.0		0	0	0.0	
Fertility drugs	0	0	0	0.0		0	0	0.0	
Drugs for cosmetic purposes	6	19	114	0.0		9	13	0.0	
Cough and cold medications	181	47	8,588	0.1		321	27	0.0	
Vitamins and minerals	6,817	38	261,150	3.4		20,899	12	2.5	
Non-prescription drugs	31,126	26	820,039	10.8		150,269	5	17.9	
Barbiturates	1,838	60	110,160	1.5		17,558	6	2.1	
Benzodiazepines	86,238	72	6,174,572	81.4		644,184	10	76.6	
Other Part D Excl Rx Drugs	2,421	89	214,613	2.8		7,661	28	0.9	

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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^{a, b}
 FLORIDA, 2006

Total Number of Dual Eligible Beneficiaries: 316,856
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$53,583,270
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$169

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	200,113	63.2	\$0	0.0
1-500	100,026	31.6	9,252,749	17.3
501-1,000	5,993	1.9	4,264,499	8.0
1,001-1,500	2,844	0.9	3,492,863	6.5
1,501-2,000	1,742	0.5	3,018,506	5.6
2,001-2,500	1,188	0.4	2,660,442	5.0
2,501-3,000	872	0.3	2,385,647	4.5
3,001-3,500	639	0.2	2,075,650	3.9
3,501-4,000	534	0.2	1,997,658	3.7
4,001-4,500	437	0.1	1,849,414	3.5
4,501-5,000	337	0.1	1,596,989	3.0
5,001-5,500	290	0.1	1,519,749	2.8
5,501-6,000	239	0.1	1,374,604	2.6
6,001-6,500	209	0.1	1,307,801	2.4
6,501-7,000	177	0.1	1,193,904	2.2
7,001-7,500	143	0.0	1,035,117	1.9
7,501-8,000	128	0.0	991,644	1.9
8,001-8,500	116	0.0	956,659	1.8
8,501-9,000	79	0.0	688,767	1.3
9,001-9,500	85	0.0	785,405	1.5
9,501-10,000	70	0.0	680,453	1.3
10,001+	595	0.2	10,454,750	19.5

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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^{a, b, c}
 FLORIDA, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 93,003
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$26,372,684
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$283

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	57,618	62.0	\$0	0.0	
1-500	28,464	30.6	2,931,220	11.1	
501-1,000	2,042	2.2	1,454,367	5.5	
1,001-1,500	1,091	1.2	1,350,344	5.1	
1,501-2,000	711	0.8	1,235,493	4.7	
2,001-2,500	499	0.5	1,116,685	4.2	
2,501-3,000	398	0.4	1,091,762	4.1	
3,001-3,500	298	0.3	969,345	3.7	
3,501-4,000	270	0.3	1,009,136	3.8	
4,001-4,500	214	0.2	905,473	3.4	
4,501-5,000	162	0.2	768,302	2.9	
5,001-5,500	140	0.2	736,296	2.8	
5,501-6,000	114	0.1	657,428	2.5	
6,001-6,500	109	0.1	681,420	2.6	
6,501-7,000	100	0.1	675,047	2.6	
7,001-7,500	75	0.1	544,188	2.1	
7,501-8,000	70	0.1	542,192	2.1	
8,001-8,500	70	0.1	577,759	2.2	
8,501-9,000	42	0.0	366,976	1.4	
9,001-9,500	44	0.0	407,389	1.5	
9,501-10,000	44	0.0	428,790	1.6	
10,001+	428	0.5	7,923,072	30.0	

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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^{a, b}
 FLORIDA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 222,124
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$25,335,607
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$114

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	141,690	63.8	\$0	0.0
1-500	71,130	32.0	6,256,344	24.7
501-1,000	3,831	1.7	2,722,729	10.7
1,001-1,500	1,683	0.8	2,054,216	8.1
1,501-2,000	989	0.4	1,711,978	6.8
2,001-2,500	653	0.3	1,462,403	5.8
2,501-3,000	446	0.2	1,217,302	4.8
3,001-3,500	322	0.1	1,044,781	4.1
3,501-4,000	243	0.1	910,840	3.6
4,001-4,500	200	0.1	846,959	3.3
4,501-5,000	161	0.1	762,575	3.0
5,001-5,500	132	0.1	689,080	2.7
5,501-6,000	113	0.1	648,654	2.6
6,001-6,500	85	0.0	533,109	2.1
6,501-7,000	70	0.0	471,849	1.9
7,001-7,500	60	0.0	432,939	1.7
7,501-8,000	51	0.0	394,933	1.6
8,001-8,500	42	0.0	346,399	1.4
8,501-9,000	31	0.0	269,129	1.1
9,001-9,500	34	0.0	313,601	1.2
9,501-10,000	21	0.0	203,366	0.8
10,001+	137	0.1	2,042,421	8.1

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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^{a, b}
 FLORIDA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 82,413
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$15,209,503
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$184

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	52,868	64.2	\$0	0.0
1-500	24,432	29.6	2,306,716	15.2
501-1,000	1,648	2.0	1,179,352	7.8
1,001-1,500	851	1.0	1,044,089	6.9
1,501-2,000	592	0.7	1,030,168	6.8
2,001-2,500	418	0.5	939,253	6.2
2,501-3,000	297	0.4	812,139	5.3
3,001-3,500	217	0.3	702,920	4.6
3,501-4,000	177	0.2	663,167	4.4
4,001-4,500	157	0.2	665,454	4.4
4,501-5,000	123	0.1	582,306	3.8
5,001-5,500	100	0.1	521,954	3.4
5,501-6,000	88	0.1	504,525	3.3
6,001-6,500	70	0.1	439,056	2.9
6,501-7,000	52	0.1	351,102	2.3
7,001-7,500	46	0.1	332,101	2.2
7,501-8,000	38	0.0	294,272	1.9
8,001-8,500	36	0.0	297,074	2.0
8,501-9,000	27	0.0	234,369	1.5
9,001-9,500	32	0.0	295,341	1.9
9,501-10,000	18	0.0	174,560	1.1
10,001+	126	0.2	1,839,585	12.1

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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^{a, b}
 FLORIDA, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 81,372
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$6,404,482
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$78

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	52,698	64.8	\$0	0.0
1-500	26,192	32.2	2,233,323	34.9
501-1,000	1,141	1.4	806,362	12.6
1,001-1,500	509	0.6	620,306	9.7
1,501-2,000	250	0.3	427,655	6.7
2,001-2,500	156	0.2	348,415	5.4
2,501-3,000	106	0.1	289,433	4.5
3,001-3,500	84	0.1	272,699	4.3
3,501-4,000	52	0.1	194,560	3.0
4,001-4,500	30	0.0	126,709	2.0
4,501-5,000	34	0.0	161,004	2.5
5,001-5,500	22	0.0	114,713	1.8
5,501-6,000	21	0.0	121,261	1.9
6,001-6,500	11	0.0	69,287	1.1
6,501-7,000	14	0.0	93,928	1.5
7,001-7,500	14	0.0	100,838	1.6
7,501-8,000	13	0.0	100,661	1.6
8,001-8,500	6	0.0	49,325	0.8
8,501-9,000	4	0.0	34,760	0.5
9,001-9,500	2	0.0	18,260	0.3
9,501-10,000	3	0.0	28,806	0.4
10,001+	10	0.0	192,177	3.0

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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^{a, b}
 FLORIDA, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 58,339
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$3,721,622
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$63

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	36,124	61.9	\$0	0.0
1-500	20,506	35.1	1,716,305	46.1
501-1,000	1,042	1.8	737,015	19.8
1,001-1,500	323	0.6	389,821	10.5
1,501-2,000	147	0.3	254,155	6.8
2,001-2,500	79	0.1	174,735	4.7
2,501-3,000	43	0.1	115,730	3.1
3,001-3,500	21	0.0	69,162	1.9
3,501-4,000	14	0.0	53,113	1.4
4,001-4,500	13	0.0	54,796	1.5
4,501-5,000	4	0.0	19,265	0.5
5,001-5,500	10	0.0	52,413	1.4
5,501-6,000	4	0.0	22,868	0.6
6,001-6,500	4	0.0	24,766	0.7
6,501-7,000	4	0.0	26,819	0.7
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	1	0.0	10,659	0.3

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 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
All	343,970	192,880	148,679	2,360	37	14	3,675,513	2,000,252	1,656,475	18,373	316	97
Age												
5 and younger	15	0	13	0	2	0	166	0	142	0	24	0
6-14	78	0	67	0	11	0	867	0	771	0	96	0
15-20	683	0	662	4	17	0	7,626	0	7,433	43	150	0
21-44	44,385	0	42,952	1,428	5	0	487,241	0	475,168	12,042	31	0
45-64	59,905	8	59,234	654	1	8	656,119	46	650,992	5,006	6	69
65-74	89,583	58,198	31,156	222	1	6	976,619	617,690	357,821	1,071	9	28
75-84	86,671	75,821	10,804	46	0	0	930,109	807,247	122,671	191	0	0
85 and older	62,649	58,852	3,791	6	0	0	616,765	575,268	41,477	20	0	0
Unknown	1	1	0	0	0	0	1	1	0	0	0	0
Gender												
Female	224,715	135,820	87,216	1,653	12	14	2,416,313	1,422,967	980,212	12,943	94	97
Male	119,255	57,060	61,463	707	25	0	1,259,200	577,285	676,263	5,430	222	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	157,587	85,960	70,380	1,227	12	8	1,626,236	838,887	777,936	9,271	89	53
African American	64,608	27,249	36,603	739	12	5	702,790	287,527	409,065	6,041	122	35
Other/unknown	121,775	79,671	41,696	394	13	1	1,346,487	873,838	469,474	3,061	105	9
Use of Nursing Facilities^c												
Entire year	43,139	38,512	4,626	1	0	0	426,726	376,602	50,122	2	0	0
Part year	27,149	21,777	5,368	3	1	0	257,982	201,937	56,002	31	12	0
None	273,682	132,591	138,685	2,356	36	14	2,990,805	1,421,713	1,550,351	18,340	304	97
Maintenance Assistance Status												
Cash	223,305	103,508	118,413	1,383	1	0	2,508,227	1,166,863	1,330,575	10,778	11	0
Medically needy	1,132	688	310	134	0	0	10,785	6,940	2,724	1,121	0	0
Poverty related	36,129	23,573	12,104	427	11	14	357,444	227,429	126,508	3,335	75	97
Other/unknown	83,404	65,111	17,852	416	25	0	799,057	599,020	196,668	3,139	230	0
Dual Status^d												
Full dual, all year	323,085	181,074	139,905	2,056	36	14	3,455,334	1,876,815	1,562,856	15,261	305	97
Full dual, part year	20,885	11,806	8,774	304	1	0	220,179	123,437	93,619	3,112	11	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	295,268	169,411	124,355	1,456	32	14	3,143,975	1,749,069	1,384,089	10,439	281	97
FFS part year, with Rx claims	7,134	3,210	3,638	284	2	0	78,609	35,234	40,558	2,804	13	0
FFS part year, no Rx claims	14,454	8,081	6,194	179	0	0	150,889	81,381	68,111	1,397	0	0
MC all year, with Rx claims	200	50	136	14	0	0	2,242	579	1,520	143	0	0
MC all year, no Rx claims	26,914	12,128	14,356	427	3	0	299,798	133,989	162,197	3,590	22	0

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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^a
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2006

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	343,970	3,675,513	316,856	3,258,326	0	417,187
Fee-for-service (FFS) all year	295,268	3,143,975	295,268	3,143,975	0	0
FFS part year, with Rx claims	7,134	78,609	7,134	46,066	0	32,543
FFS part year, with no Rx claims	14,454	150,889	14,454	68,285	0	82,604
Managed care (MC) all year, with Rx claims	200	2,242	0	0	0	2,242
MC all year, with no Rx claims	26,914	299,798	0	0	0	299,798

Source: Data for this table are from the MAX 2006 file for Florida, released by CMS in 8/2009. This table was produced on 02/11/2010.

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