

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC
TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	241,608	133,601	105,748	2,234	25	0	2,680,855	1,470,833	1,188,966	20,820	236	0
Age												
5 and younger	17	0	16	0	1	0	187	0	175	0	12	0
6-14	34	0	28	0	6	0	363	0	314	0	49	0
15-20	535	0	515	2	18	0	6,122	0	5,933	14	175	0
21-44	39,703	1	38,199	1,503	0	0	443,036	4	429,000	14,032	0	0
45-64	67,162	13	66,455	694	0	0	754,761	106	748,201	6,454	0	0
65-74	54,631	54,241	359	31	0	0	608,746	605,071	3,395	280	0	0
75-84	48,451	48,320	127	4	0	0	537,506	536,038	1,428	40	0	0
85 and older	31,075	31,026	49	0	0	0	330,134	329,614	520	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	159,981	101,211	57,223	1,532	15	0	1,780,418	1,119,512	646,261	14,498	147	0
Male	81,627	32,390	48,525	702	10	0	900,437	351,321	542,705	6,322	89	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	124,638	69,007	54,377	1,245	9	0	1,369,549	748,914	608,886	11,665	84	0
African American	90,373	47,445	42,079	836	13	0	1,016,282	532,386	475,924	7,837	135	0
Other/unknown	26,597	17,149	9,292	153	3	0	295,024	189,533	104,156	1,318	17	0
Use of Nursing Facilities^c												
Entire year	12,964	11,698	1,266	0	0	0	144,447	129,727	14,720	0	0	0
Part year	13,099	11,623	1,473	3	0	0	131,110	115,391	15,696	23	0	0
None	215,545	110,280	103,009	2,231	25	0	2,405,298	1,225,715	1,158,550	20,797	236	0
Maintenance Assistance Status												
Cash	109,868	59,257	48,940	1,662	9	0	1,248,123	668,736	562,964	16,331	92	0
Medically needy	7,327	5,947	1,319	61	0	0	73,238	58,992	13,708	538	0	0
Poverty-related	124,051	68,390	55,488	165	8	0	1,356,529	743,093	612,293	1,090	53	0
Other/unknown	362	7	1	346	8	0	2,965	12	1	2,861	91	0
Dual Medicare Status^d												
Full dual, all year	231,815	128,595	100,976	2,219	25	0	2,570,646	1,414,782	1,134,954	20,674	236	0
Full dual, part year	9,793	5,006	4,772	15	0	0	110,209	56,051	54,012	146	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	241,531	133,597	105,678	2,231	25	0	2,680,294	1,470,805	1,188,454	20,799	236	0
FFS part year, with Rx claims	65	3	59	3	0	0	484	19	444	21	0	0
FFS part year, no Rx claims	11	1	10	0	0	0	71	9	62	0	0	0

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.

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, NORTH CAROLINA, 2006

Beneficiary Characteristics	Percentage with at Least				Mean \$, All Medicaid		Rx \$ as a Percentage	Number of Beneficiaries
	One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	FFS ^c	of All Medicaid FFS ^d		
All	44.2	4.9	\$238	\$49	\$9,539	2.5	241,608	
Age								
5 and younger	76.5	11.2	880	79	39,839	2.2	17	
6-14	73.5	21.5	2,425	113	13,554	17.9	34	
15-20	73.3	13.4	1,391	104	16,115	8.6	535	
21-44	46.4	6.6	537	81	9,353	5.7	39,703	
45-64	50.3	7.2	373	52	9,036	4.1	67,162	
65-74	40.9	3.9	134	34	6,807	2.0	54,631	
75-84	39.3	2.6	38	15	9,767	0.4	48,451	
85 and older	40.7	2.6	34	13	15,172	0.2	31,075	
Unknown	0.0	0.0	0	0	0	0.0	0	
Basis of Eligibility^e								
Aged	40.3	3.1	75	24	9,815	0.8	133,601	
Disabled	48.3	6.4	385	60	9,199	4.2	105,748	
Adults	79.0	33.8	2,965	88	9,092	32.6	2,234	
Children	72.0	19.8	1,588	80	9,240	17.2	25	
Unknown	0.0	0.0	0	0	0	0.0	0	
Gender								
Female	46.7	5.0	226	45	9,537	2.4	159,981	
Male	39.1	4.5	260	58	9,542	2.7	81,627	
Unknown	0.0	0.0	0	0	0	0.0	0	
Race								
White	50.0	5.9	277	47	10,383	2.7	124,638	
African American	36.5	3.5	199	57	9,221	2.2	90,373	
Other/unknown	42.7	4.3	184	43	6,661	2.8	26,597	
Use of Nursing Facilities^f								
Entire year	51.5	5.1	99	20	40,158	0.2	12,964	
Part year	56.1	4.3	99	23	21,699	0.5	13,099	
None	43.0	4.9	254	52	6,958	3.7	215,545	
Maintenance Assistance Status								
Cash	44.8	5.0	243	49	7,550	3.2	109,868	
Medically needy	48.3	4.2	120	28	27,394	0.4	7,327	
Poverty related	43.3	4.7	236	50	10,260	2.3	124,051	
Other/unknown	48.1	15.7	1,520	97	4,429	34.3	362	

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.

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, IN, MD, 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 eight states (DE, IA, IL, IN, MD, 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.

Benefit(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, NORTH CAROLINA, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number				
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		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		Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
			None	Less	Less	Less	Less	Less							
All	0.4	\$21	2.5	55.8	37.5	3.3	2.2	1.0	0.2	\$860	241,608	2,680,855			
Age															
5 and younger	1.0	80	2.2	23.5	52.9	11.8	11.8	0.0	0.0	3,622	17	187			
6-14	2.0	227	17.9	26.5	29.4	11.8	17.6	14.7	0.0	1,270	34	363			
15-20	1.2	122	8.6	26.7	45.2	13.6	11.4	2.8	0.2	1,408	535	6,122			
21-44	0.6	48	5.7	53.6	35.9	4.3	4.1	1.8	0.3	838	39,703	443,036			
45-64	0.6	33	4.1	49.7	39.7	4.6	3.7	1.9	0.4	804	67,162	754,761			
65-74	0.4	12	2.0	59.1	35.9	2.8	1.5	0.6	0.1	611	54,631	608,746			
75-84	0.2	3	0.4	60.7	36.9	2.1	0.3	0.0	0.0	880	48,451	537,506			
85 and older	0.2	3	0.2	59.3	38.2	2.2	0.3	0.0	0.0	1,428	31,075	330,134			
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
Basis of Eligibility															
Aged	0.3	7	0.8	59.7	36.8	2.4	0.8	0.2	0.1	892	133,601	1,470,833			
Disabled	0.6	34	4.2	51.7	38.6	4.4	3.4	1.5	0.3	818	105,748	1,168,966			
Adults	3.6	318	32.6	21.0	20.3	10.5	25.3	19.0	3.8	976	2,234	20,820			
Children	2.1	168	17.2	28.0	16.0	24.0	24.0	8.0	0.0	979	25	236			
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
Gender															
Female	0.5	20	2.4	53.3	39.9	3.5	2.1	1.0	0.2	857	159,981	1,780,418			
Male	0.4	24	2.7	60.9	32.6	3.1	2.3	1.0	0.2	865	81,627	900,437			
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	25	2.7	50.0	41.9	4.1	2.5	1.2	0.3	945	124,638	1,369,549			
African American	0.3	18	2.2	63.5	31.6	2.3	1.8	0.7	0.1	820	90,373	1,016,282			
Other/unknown	0.4	17	2.8	57.3	36.7	3.2	1.9	0.8	0.2	601	26,597	295,024			
Use of Nursing Facilities^f															
Entire year	0.5	9	0.2	48.5	44.2	5.5	1.3	0.3	0.1	3,604	12,964	144,447			
Part year	0.4	10	0.5	43.9	51.2	3.5	0.8	0.4	0.1	2,168	13,099	131,110			
None	0.4	23	3.7	57.0	36.2	3.2	2.3	1.1	0.2	624	215,545	2,405,298			
Maintenance Assistance Status															
Cash	0.4	21	3.2	55.2	38.0	3.5	2.1	1.0	0.2	665	109,868	1,248,123			
Medically needy	0.4	12	0.4	51.7	42.2	4.1	1.3	0.6	0.1	2,741	7,327	73,238			
Poverty related	0.4	22	2.3	56.7	36.7	3.2	2.3	1.0	0.2	938	124,051	1,356,529			
Other/unknown	1.9	186	34.3	51.9	16.0	6.6	15.5	9.1	0.8	541	362	2,965			

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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, IN, 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, IN, 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 1 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, NORTH CAROLINA, 2006

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.4	\$21	\$49	0.1	\$15	\$149	0.0	\$2	\$102	0.3	\$5	\$15
Age												
5 and younger	1.0	80	79	0.6	57	102	0.1	7	95	0.4	16	42
6-14	2.0	227	113	1.1	196	176	0.1	7	55	0.8	25	32
15-20	1.2	122	104	0.5	101	194	0.1	5	93	0.6	16	27
21-44	0.6	48	81	0.2	38	212	0.0	3	133	0.4	8	19
45-64	0.6	33	52	0.2	23	137	0.0	3	108	0.4	7	17
65-74	0.4	12	34	0.1	8	106	0.0	1	79	0.3	3	13
75-84	0.2	3	15	0.0	1	59	0.0	0	47	0.2	2	9
85 and older	0.2	3	13	0.0	1	55	0.0	0	35	0.2	2	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	7	24	0.0	4	91	0.0	1	65	0.2	2	11
Disabled	0.6	34	60	0.2	25	166	0.0	2	112	0.4	7	17
Adults	3.6	318	88	1.4	236	166	0.2	23	154	2.0	58	29
Children	2.1	168	80	0.9	135	151	0.1	6	87	1.1	27	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.5	20	45	0.1	14	138	0.0	2	99	0.3	5	14
Male	0.4	24	58	0.1	17	169	0.0	2	107	0.3	5	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.5	25	47	0.1	17	148	0.0	2	113	0.4	6	15
African American	0.3	18	57	0.1	14	158	0.0	1	82	0.2	3	15
Other/unknown	0.4	17	43	0.1	11	123	0.0	1	87	0.3	4	14
Use of Nursing Facilities^e												
Entire year	0.5	9	20	0.0	5	96	0.0	1	49	0.4	4	10
Part year	0.4	10	23	0.1	6	98	0.0	1	60	0.4	4	11
None	0.4	23	52	0.1	16	151	0.0	2	105	0.3	5	15
Maintenance Assistance Status												
Cash	0.4	21	49	0.1	15	149	0.0	2	97	0.3	5	14
Medically needy	0.4	12	28	0.1	7	115	0.0	1	111	0.4	4	11
Poverty related	0.4	22	50	0.1	15	148	0.0	2	105	0.3	5	15
Other/unknown	1.9	186	97	0.8	151	201	0.1	7	121	1.1	27	24

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 1 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, NORTH CAROLINA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx			Users ^e					
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Dual Benef.	As a Percentage of Total Users	Number of Benefit Months
		Generic	Generic	Generic		Generic	Generic	Generic		Generic							
Anti-infective Agents	0.3	0.1	0.0	0.2	\$34	\$28	\$1	\$5	\$122	\$330	\$164	\$28	27,867	\$3,402,451	8,967	3.7	100,172
Biologicals	0.7	0.6	0.0	0.0	4,461	4,392	70	0	6,789	7,094	1,826	0	69	468,422	9	0.0	105
Antineoplastic Agents	0.3	0.1	0.0	0.2	63	57	0	6	193	455	66	30	2,487	481,165	686	0.3	7,658
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	33	28	1	5	61	123	30	17	49,895	3,054,470	8,213	3.4	91,391
Cardiovascular Agents	0.9	0.4	0.0	0.5	49	38	4	7	54	93	90	16	116,097	6,302,834	11,538	4.8	127,652
Respiratory Agents	0.3	0.1	0.0	0.2	12	9	0	3	46	89	40	20	126,200	5,811,340	40,395	16.7	469,149
Gastrointestinal Agents	0.5	0.3	0.0	0.1	57	50	4	3	125	161	421	22	40,156	5,031,059	7,994	3.3	88,791
Genitourinary Agents	0.3	0.2	0.0	0.1	22	15	4	3	76	92	100	32	5,746	436,628	1,757	0.7	19,777
CNS Drugs	0.6	0.1	0.0	0.5	19	12	2	5	32	170	137	9	425,640	13,446,271	61,149	25.3	695,528
Stimulants/Anti-obesity/Aorexia	0.4	0.3	0.0	0.1	65	59	2	4	160	224	95	30	1,888	301,491	415	0.2	4,643
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	85	81	0	5	357	395	68	139	2,317	826,601	859	0.4	9,675
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	36	16	6	15	65	280	228	31	83,392	5,403,815	13,391	5.5	149,180
Neuromuscular Agents	0.6	0.1	0.0	0.5	23	14	1	8	40	202	101	16	131,412	5,299,335	20,017	8.3	228,183
Nutritional Products	0.4	0.0	0.0	0.3	6	1	0	5	14	20	16	14	54,274	776,850	11,555	4.8	130,884
Hematological Agents	0.5	0.1	0.0	0.4	21	18	0	3	47	200	24	9	79,980	3,770,506	15,450	6.4	175,828
Topical Products	0.3	0.1	0.0	0.1	19	15	1	3	76	133	72	25	14,932	1,130,149	5,155	2.1	58,019
Miscellaneous Products	0.9	0.7	0.0	0.1	133	124	2	7	156	180	63	56	8,937	1,396,133	907	0.4	10,459
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	12	0	0	0	61	0	0	0	1,411	86,301	620	0.3	7,094
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.	1,172,700	57,425,821	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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.med-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 North Carolina, 0.1 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.med-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.
 Benefits = beneficiary (or beneficiaries); Bene Moths = 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, NORTH CAROLINA, 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	\$5,508,160	4,506	1.9	50,696	0.4	\$279	\$109
ULCER DRUGS	4,751,369	14,370	5.9	162,162	0.4	75	29
ANTICONVULSANT	4,692,182	18,914	7.8	216,274	0.5	41	22
ANTIDEPRESSANTS	3,437,088	10,751	4.4	120,229	0.4	78	29
ANTIANKXIETY AGENTS	3,322,336	51,377	21.3	585,709	0.5	11	6
ANALGESICS - Narcotic	3,286,940	15,410	6.4	172,170	0.3	59	19
ANTHYPERLIPIDEMIC	2,603,328	6,438	2.7	72,155	0.4	99	36
COUGH/COLD/ALLERGY	2,513,764	44,154	18.3	517,128	0.2	31	5
ANTI-DIABETIC	2,444,045	6,761	2.8	75,308	0.4	79	32
ANTI-ASTHMATIC	2,298,383	9,505	3.9	107,923	0.3	78	21
Total	34,857,595	182,186	n.a.	2,079,754	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.

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 Eligible 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, NORTH CAROLINA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	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	773,721	\$34,857,595	4,506	1.9	50,696	0.4	\$109	14,370	5.9	162,162	0.4	\$29
Female												
All Females	538,511	22,439,276	2,696	1.7	30,512	0.4	96	9,960	6.2	113,021	0.4	29
Female, Disabled												
All Ages	279,729	14,510,583	2,036	3.6	23,169	0.4	94	4,553	8.0	52,118	0.3	38
5 and younger	8	647	0	0.0	0	0.0	0	2	40.0	22	0.2	16
6-14	12	1,379	0	0.0	0	0.0	0	2	22.2	16	0.4	70
15-20	1,403	163,808	56	25.7	672	0.5	102	40	18.3	472	0.2	26
21-44	80,597	4,876,300	994	5.6	11,372	0.3	94	1,277	7.1	14,670	0.3	34
45-64	195,830	9,359,290	976	2.5	11,025	0.4	93	3,201	8.3	36,625	0.4	39
65-74	1,616	105,275	10	4.2	100	0.5	160	22	9.2	224	0.5	64
75-84	193	2,813	0	0.0	0	0.0	0	6	5.9	62	0.2	5
85 and older	70	1,071	0	0.0	0	0.0	0	3	7.1	27	0.9	26
Female, Other Eligibles												
All Ages	258,782	7,928,693	660	0.6	7,343	0.4	102	5,407	5.3	60,903	0.4	21
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	8	672	0	0.0	0	0.0	0	1	25.0	3	0.3	35
15-20	47	1,969	1	7.7	6	0.2	10	2	15.4	22	0.1	8
21-44	20,227	2,027,148	297	26.8	3,222	0.4	109	401	36.2	4,426	0.4	58
45-64	10,065	920,250	85	20.4	924	0.4	95	196	47.1	2,098	0.5	64
65-74	99,368	3,190,645	221	0.6	2,588	0.5	116	1,731	4.7	20,033	0.4	25
75-84	76,209	1,066,788	32	0.1	360	0.1	21	1,529	4.1	17,287	0.4	12
85 and older	52,858	721,221	24	0.1	243	0.1	12	1,547	5.7	17,034	0.5	12
Male												
All Males	235,210	12,418,319	1,810	2.2	20,184	0.4	128	4,410	5.4	49,141	0.4	31
Male, Disabled												
All Ages	160,735	9,266,115	1,561	3.2	17,476	0.4	129	2,616	5.4	29,284	0.4	35
5 and younger	10	158	0	0.0	0	0.0	0	1	9.1	12	0.6	8
6-14	27	3,696	2	10.5	24	0.1	72	4	21.1	48	0.1	15
15-20	1,837	264,549	87	29.3	1,032	0.6	141	32	10.8	374	0.3	36
21-44	61,409	4,164,759	918	4.5	10,288	0.4	135	939	4.6	10,585	0.3	34
45-64	97,087	4,816,743	552	2.0	6,108	0.4	117	1,632	5.9	18,172	0.4	35
65-74	304	14,826	2	1.7	24	0.7	50	8	6.7	93	0.4	28
75-84	59	1,151	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	233	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible 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, NORTH CAROLINA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	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
Male, Other Eligibles												
All Ages	74,475	3,152,204	249	0.8	2,708	0.4	122	1,794	5.4	19,857	0.4	25
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	10	347	0	0.0	0	0.0	0	1	50.0	9	0.4	21
15-20	116	7,363	2	28.6	24	0.6	128	2	28.6	24	0.1	19
21-44	7,465	886,210	99	25.1	1,044	0.4	138	149	37.7	1,574	0.5	65
45-64	5,352	514,047	32	11.0	333	0.4	118	103	35.4	1,027	0.5	64
65-74	39,230	1,377,550	106	0.6	1,198	0.4	118	854	4.8	9,772	0.4	23
75-84	16,294	270,913	8	0.1	89	0.1	23	475	4.4	5,154	0.4	12
85 and older	6,008	95,774	2	0.0	20	0.1	21	210	5.2	2,297	0.5	14
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 North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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.med-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.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, NORTH CAROLINA, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANTIANSXIETY AGENTS				
	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	18,914	7.8	216,274	0.5	\$22	10,751	4.4	120,229	0.4	\$29	51,377	21.3	585,709	0.5	\$6
Female															
All Females	12,794	8.0	146,621	0.5	21	7,412	4.6	83,306	0.4	29	37,900	23.7	432,542	0.5	6
Female, Disabled															
All Ages	8,252	14.4	94,969	0.5	23	5,383	9.4	60,934	0.4	29	15,047	26.3	173,985	0.5	7
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	0.1	4
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	56	25.7	661	0.5	77	50	22.9	580	0.3	20	25	11.5	289	0.2	2
21-44	2,909	16.3	33,527	0.5	30	1,882	10.5	21,490	0.3	28	4,265	23.9	49,474	0.5	8
45-64	5,263	13.6	60,557	0.5	19	3,429	8.9	38,640	0.4	29	10,679	27.6	123,450	0.6	7
65-74	22	9.2	200	0.7	24	22	9.2	224	0.6	29	54	22.5	507	0.5	7
75-84	2	2.0	24	0.5	3	0	0.0	0	0.0	0	16	15.8	178	0.6	5
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	16.7	75	0.5	4
Female, Other Eligibles															
All Ages	4,542	4.4	51,652	0.5	16	2,029	2.0	22,372	0.4	31	22,853	22.2	258,557	0.5	5
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	4	30.8	48	0.1	1	4	30.8	42	0.3	25	1	7.7	12	0.2	2
21-44	464	41.8	5,082	0.5	70	824	74.3	8,940	0.4	40	389	35.1	4,175	0.5	7
45-64	172	41.3	1,858	0.6	69	352	84.6	3,778	0.5	42	133	32.0	1,401	0.5	7
65-74	1,989	5.4	22,999	0.5	10	732	2.0	8,413	0.3	19	7,786	21.2	89,990	0.5	5
75-84	1,293	3.4	14,741	0.6	4	71	0.2	707	0.2	7	8,211	21.9	93,616	0.5	4
85 and older	620	2.3	6,924	0.5	6	46	0.2	492	0.2	8	6,333	23.5	69,363	0.5	4
Male															
All Males	6,120	7.5	69,653	0.5	24	3,339	4.1	36,923	0.4	27	13,477	16.5	153,167	0.5	6
Male, Disabled															
All Ages	4,735	9.8	54,217	0.5	26	2,658	5.5	29,510	0.4	27	8,222	16.9	94,627	0.6	7
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	5.3	12	0.2	66	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	50	16.8	598	0.6	108	52	17.5	615	0.4	29	32	10.8	374	0.4	8
21-44	2,166	10.7	24,920	0.5	31	1,228	6.0	13,805	0.3	25	3,067	15.1	35,322	0.5	8
45-64	2,513	9.1	28,631	0.5	19	1,375	5.0	15,054	0.4	28	5,107	18.4	58,766	0.6	6
65-74	5	4.2	56	0.6	14	3	2.5	36	1.0	57	9	7.6	90	0.8	6
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	23.1	63	0.7	6
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	14.3	12	0.1	1

Dual Eligible 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, NORTH CAROLINA, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANTIANKXIETY AGENTS				
	Number of Users	Users as %	Number of Benefit Months Among Users	Mean	Mean Rx \$ per Benefit Month	Number of Users	Users as %	Number of Benefit Months Among Users	Mean	Mean Rx \$ per Benefit Month	Number of Users	Users as %	Number of Benefit Months Among Users	Mean	Mean Rx \$ per Benefit Month
		of Dual Benes		Number of Rx per Benefit Month			Number of Rx per Benefit Month		Number of Rx per Benefit Month			Number of Rx per Benefit Month			
Male, Other Eligibles															
All Ages	1,385	4.2	15,436	0.5	17	681	2.1	7,413	0.4	29	5,255	15.9	58,540	0.5	5
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	1	50.0	9	0.3	3	0	0.0	0	0.0	0
15-20	2	28.6	24	1.0	18	2	28.6	24	0.3	34	2	28.6	24	0.1	1
21-44	172	43.5	1,804	0.4	55	234	59.2	2,444	0.4	36	105	26.6	1,101	0.6	12
45-64	90	30.9	919	0.5	53	160	55.0	1,722	0.4	39	71	24.4	699	0.5	6
65-74	737	4.2	8,472	0.5	11	257	1.5	2,944	0.4	20	2,721	15.4	31,009	0.5	5
75-84	296	2.8	3,293	0.5	4	22	0.2	226	0.2	8	1,648	15.3	18,241	0.5	4
85 and older	88	2.2	924	0.5	7	5	0.1	44	0.2	13	708	17.5	7,466	0.4	4
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 North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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.

Dual Eligible 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, NORTH CAROLINA, 2006

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTHYPERLIPIDEMIC					COUGH/COLD/ALLERGY				
	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	15,410	6.4	172,170	0.3	\$19	6,438	2.7	72,155	0.4	\$36	44,154	18.3	517,128	0.2	\$5
Female															
All Females	9,652	6.0	108,857	0.3	17	3,827	2.4	43,401	0.4	35	33,079	20.7	388,174	0.2	5
Female, Disabled															
All Ages	6,943	12.1	78,983	0.3	15	2,362	4.1	26,959	0.4	36	16,276	28.4	191,566	0.2	5
5 and younger	0	0.0	0	0.0	0	1	20.0	12	0.3	21	0	0.0	0	0.0	0
6-14	1	11.1	12	0.1	1	1	11.1	12	0.3	21	1	11.1	4	0.3	1
15-20	68	31.2	791	0.2	2	4	1.8	46	0.5	48	44	20.2	508	0.1	5
21-44	2,494	14.0	28,475	0.3	16	383	2.1	4,394	0.3	32	4,758	26.6	55,978	0.1	4
45-64	4,342	11.2	49,292	0.3	15	1,945	5.0	22,194	0.4	36	11,393	29.4	134,173	0.2	5
65-74	37	15.4	401	0.5	14	28	11.7	301	0.6	65	57	23.8	636	0.2	8
75-84	1	1.0	12	0.1	0	0	0.0	0	0.0	0	18	17.8	211	0.2	5
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	11.9	56	0.1	2
Female, Other Eligibles															
All Ages	2,709	2.6	29,874	0.3	23	1,465	1.4	16,442	0.3	34	16,803	16.4	196,608	0.2	5
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	2	50.0	24	0.1	3
15-20	11	84.6	118	0.1	1	1	7.7	11	0.1	5	1	7.7	12	0.2	11
21-44	1,156	104.2	12,636	0.4	31	158	14.2	1,723	0.4	37	400	36.1	4,477	0.2	6
45-64	498	119.7	5,322	0.4	29	134	32.2	1,425	0.5	51	148	35.6	1,578	0.2	7
65-74	935	2.6	10,737	0.3	14	970	2.6	11,167	0.3	34	7,506	20.5	88,429	0.2	5
75-84	75	0.2	722	0.1	3	160	0.4	1,678	0.2	20	5,604	14.9	65,771	0.2	5
85 and older	34	0.1	339	0.1	5	42	0.2	438	0.2	16	3,142	11.6	36,317	0.2	5
Male															
All Males	5,758	7.1	63,313	0.3	22	2,611	3.2	28,754	0.4	37	11,075	13.6	128,954	0.2	5
Male, Disabled															
All Ages	4,453	9.2	49,222	0.3	18	1,782	3.7	19,591	0.4	37	6,766	13.9	79,182	0.1	5
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27.3	36	0.1	2
6-14	4	21.1	48	0.1	1	0	0.0	0	0.0	0	1	5.3	12	0.2	2
15-20	67	22.6	787	0.1	1	6	2.0	65	0.2	18	42	14.1	494	0.1	6
21-44	1,884	9.3	21,074	0.3	17	488	2.4	5,398	0.4	36	2,667	13.1	31,293	0.1	4
45-64	2,487	9.0	27,181	0.3	19	1,281	4.6	14,044	0.4	38	4,034	14.6	47,131	0.2	5
65-74	11	9.2	132	0.2	13	7	5.9	84	0.5	52	14	11.8	165	0.1	3
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	15.4	39	0.3	20
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	14.3	12	0.1	19

Dual Eligible 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, NORTH CAROLINA, 2006

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTHYPERLIPIDEMIC					COUGH/COLD/ALLERGY				
	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	1,305	3.9	14,091	0.4	36	829	2.5	9,163	0.4	38	4,309	13.0	49,772	0.2	5
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	9	0.1	2
15-20	8	114.3	96	0.5	5	1	14.3	12	1.0	144	3	42.9	36	0.1	9
21-44	436	110.4	4,641	0.5	67	84	21.3	874	0.4	44	87	22.0	938	0.1	5
45-64	308	105.8	3,210	0.5	42	117	40.2	1,215	0.5	51	53	18.2	545	0.2	5
65-74	510	2.9	5,732	0.3	10	534	3.0	6,072	0.3	36	2,434	13.8	28,441	0.2	5
75-84	37	0.3	352	0.2	3	79	0.7	848	0.3	25	1,308	12.2	15,013	0.2	5
85 and older	6	0.1	60	0.3	5	14	0.3	142	0.4	31	423	10.5	4,790	0.2	3
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 North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 Eligible 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, NORTH CAROLINA, 2006

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	6,761	2.8	75,308	0.4	\$33	9,505	3.9	107,923	0.3	\$21	241,608	2,680,855
Female												
All Females	4,352	2.7	49,178	0.4	32	6,547	4.1	74,853	0.3	21	159,981	1,780,418
Female, Disabled												
All Ages	2,804	4.9	31,899	0.4	33	3,964	6.9	45,545	0.3	22	57,223	646,261
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	58
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	100
15-20	20	9.2	238	0.4	35	32	14.7	376	0.2	14	218	2,500
21-44	550	3.1	6,259	0.4	36	1,066	6.0	12,353	0.2	23	17,868	201,552
45-64	2,198	5.7	25,028	0.4	32	2,834	7.3	32,485	0.3	21	38,740	438,184
65-74	34	14.2	360	0.7	37	31	12.9	319	0.5	52	240	2,275
75-84	2	2.0	14	0.2	32	1	1.0	12	0.1	1	101	1,138
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	42	454
Female, Other Eligibles												
All Ages	1,548	1.5	17,279	0.4	29	2,583	2.5	29,308	0.3	18	102,758	1,134,157
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	1	25.0	12	0.4	42	4	39
15-20	0	0.0	0	0.0	0	3	23.1	36	0.1	7	13	122
21-44	204	18.4	2,252	0.5	41	360	32.5	4,018	0.3	25	1,109	10,463
45-64	169	40.6	1,814	0.5	39	194	46.6	2,081	0.4	45	416	3,957
65-74	1,055	2.9	12,030	0.4	28	1,217	3.3	14,093	0.3	19	36,659	411,830
75-84	86	0.2	864	0.2	11	523	1.4	5,840	0.2	7	37,576	419,657
85 and older	34	0.1	319	0.2	5	285	1.1	3,228	0.2	6	26,981	288,089
Male												
All Males	2,409	3.0	26,130	0.4	34	2,958	3.6	33,070	0.3	23	81,627	900,437
Male, Disabled												
All Ages	1,736	3.6	18,819	0.4	35	1,794	3.7	20,141	0.3	25	48,525	542,705
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	117
6-14	1	5.3	12	0.2	6	3	15.8	36	0.1	8	19	214
15-20	18	6.1	216	0.3	23	42	14.1	503	0.3	22	297	3,433
21-44	455	2.2	5,066	0.4	38	567	2.8	6,522	0.2	20	20,331	227,448
45-64	1,259	4.5	13,507	0.4	34	1,178	4.3	13,032	0.3	27	27,715	310,017
65-74	3	2.5	18	0.7	19	4	3.4	48	0.2	17	119	1,120
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	26	290
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	66

Dual Eligible 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, NORTH CAROLINA, 2006

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	673	2.0	7,311	0.4	30	1,164	3.5	12,929	0.3	21	33,102	357,732
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	2	100.0	18	0.1	7	2	10
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	67
21-44	109	27.6	1,120	0.5	40	90	22.8	925	0.3	43	395	3,573
45-64	90	30.9	896	0.5	50	111	38.1	1,185	0.3	38	291	2,603
65-74	418	2.4	4,695	0.4	26	668	3.8	7,553	0.3	22	17,613	193,521
75-84	44	0.4	465	0.3	10	224	2.1	2,514	0.2	7	10,748	116,421
85 and older	12	0.3	135	0.3	18	69	1.7	734	0.3	7	4,045	41,525
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 North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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	\$9	0.5	12,964	144,447
Age				
0-64	28	0.8	1,235	14,373
65-74	17	0.6	1,937	22,127
75-84	5	0.4	4,207	46,834
85 and older	4	0.4	5,585	61,113
Unknown	0	0.0	0	0
Gender				
Female	8	0.4	10,077	112,356
Male	12	0.5	2,887	32,091
Unknown	0	0.0	0	0
Race				
White	9	0.5	8,278	91,170
African American	10	0.4	3,814	43,449
Other/unknown	8	0.4	872	9,828
Basis of Eligibility^c				
Aged	7	0.4	11,698	129,727
Disabled	27	0.8	1,266	14,720
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 13,099 beneficiaries who were in nursing facilities for part of their enrollment and their 131,110 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.
 Benef(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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	\$29	\$21	\$1	\$7	\$85	\$234	\$94	\$29	369	\$31,244	91	0.7	1,067
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.4	0.2	0.0	0.1	90	76	0	14	242	314	0	108	20	4,841	6	0.0	54
Endocrine/Metabolic Drugs	0.6	0.4	0.0	0.3	49	44	1	3	77	125	59	13	612	47,138	83	0.6	965
Cardiovascular Agents	0.9	0.3	0.0	0.5	37	26	3	8	42	79	83	16	1,959	82,556	189	1.5	2,202
Respiratory Agents	0.2	0.1	0.0	0.2	8	4	1	3	33	74	44	20	2,740	90,708	1,013	7.8	11,723
Gastrointestinal Agents	0.6	0.3	0.0	0.3	49	40	1	8	80	140	41	28	872	70,169	122	0.9	1,423
Genitourinary Agents	0.5	0.2	0.1	0.2	39	19	9	11	76	89	101	53	213	16,268	37	0.3	415
CNS Drugs	0.6	0.0	0.0	0.6	9	4	0	5	14	106	79	8	33,507	467,902	4,560	35.2	51,787
Stimulants/Anti-obesity/Anorexia	0.1	0.1	0.0	0.0	3	3	0	0	33	33	0	0	1	33	1	0.0	12
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	50	49	0	1	149	148	0	174	143	21,268	36	0.3	425
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	25	7	2	16	44	129	66	33	747	32,922	115	0.9	1,337
Neuromuscular Agents	0.8	0.0	0.0	0.7	19	9	1	9	24	225	80	12	5,808	141,423	657	5.1	7,512
Nutritional Products	0.5	0.1	0.0	0.4	8	2	0	6	15	19	19	14	5,999	90,040	974	7.5	11,139
Hematological Agents	0.7	0.1	0.0	0.6	10	5	0	5	14	80	22	7	12,393	168,486	1,519	11.7	17,284
Topical Products	0.4	0.2	0.1	0.2	23	13	7	3	54	86	64	17	384	20,807	77	0.6	894
Miscellaneous Products	0.1	0.0	0.0	0.1	4	3	0	1	40	187	0	8	11	444	9	0.1	108
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	23	0	0	0	88	2,044	23	0.2	272
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.	65,866	1,288,293	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 13,099 beneficiaries who were in nursing facilities for part of their enrollment and their 131,110 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 North Carolina, 0.1 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, NORTH CAROLINA, 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
ULCER DRUGS	\$336,630	1,782	13.7	20,485	0.6	\$28	\$16
ANTIANKXIETY AGENTS	223,560	4,203	32.4	47,636	0.6	8	5
HEMATOPOIETIC AGENTS	127,378	1,589	12.3	18,060	0.7	11	7
ANTICONVULSANT	120,988	655	5.1	7,483	0.7	22	16
HYPNOTICS	105,724	590	4.6	6,836	0.7	22	15
ANTIPSYCHOTICS	95,187	58	0.4	682	0.5	263	140
MULTIVITAMINS	77,461	677	5.2	7,766	0.6	15	10
COUGH/COLD/ALLERGY	62,912	1,031	8.0	11,988	0.2	28	5
ANTIDEPRESSANTS	43,431	138	1.1	1,616	0.4	67	27
ANTIHYPERLIPIDEMIC	38,527	88	0.7	1,014	0.4	99	38
Total	1,231,798	10,811	n.a.	123,566	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 13,099 beneficiaries who were in nursing facilities for part of their enrollment and their 131,110 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 Eligible 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, NORTH CAROLINA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ULCER DRUGS				ANTIANXIETY AGENTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean of Rx	Mean Rx \$
All	70,583	\$1,231,798	1,782	13.7	20,485	0.6	\$16	4,203	32.4	47,636	0.6	\$5
Female												
All Females	54,627	929,528	1,370	13.6	15,762	0.6	16	3,364	33.4	38,167	0.6	5
Female, Disabled												
All Ages	5,466	171,194	99	15.0	1,155	0.6	25	235	35.6	2,729	0.7	6
64 or younger	5,255	162,033	95	14.9	1,107	0.6	24	230	36.2	2,679	0.7	6
65-74	122	7,866	1	10.0	12	1.1	148	3	30.0	26	0.6	6
75-84	66	596	1	9.1	12	0.2	4	2	18.2	24	1.3	8
85 and older	23	699	2	50.0	24	1.0	29	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	49,161	758,334	1,271	13.5	14,607	0.6	15	3,129	33.2	35,438	0.6	5
64 or younger	36	4,107	1	100.0	12	1.0	161	1	100.0	12	0.6	13
65-74	8,099	181,509	155	13.0	1,814	0.6	19	438	36.7	5,058	0.6	5
75-84	18,269	256,884	481	14.8	5,573	0.6	15	1,125	34.7	12,827	0.6	5
85 and older	22,757	315,834	634	12.7	7,208	0.6	14	1,565	31.4	17,541	0.5	4
Male												
All Males	15,956	302,270	412	14.3	4,723	0.6	18	839	29.1	9,469	0.6	5
Male, Disabled												
All Ages	4,538	88,236	77	12.7	904	0.5	19	210	34.7	2,465	0.7	6
64 or younger	4,469	86,963	77	12.9	904	0.5	19	207	34.6	2,429	0.7	6
65-74	46	539	0	0.0	0	0.0	0	1	50.0	12	1.0	8
75-84	21	501	0	0.0	0	0.0	0	1	33.3	12	1.4	9
85 and older	2	233	0	0.0	0	0.0	0	1	50.0	12	0.1	1
Male, Other Eligibles												
All Ages	11,418	214,034	335	14.7	3,819	0.6	17	629	27.6	7,004	0.5	4
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4,079	100,940	95	13.0	1,092	0.6	19	199	27.3	2,295	0.6	5
75-84	4,618	71,922	150	15.8	1,724	0.6	17	253	26.6	2,794	0.5	4
85 and older	2,721	41,172	90	15.0	1,003	0.6	17	177	29.5	1,915	0.5	4
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 North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 13,099 beneficiaries who were in nursing facilities for part of their enrollment and their 131,110 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.meds-spn.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, NORTH CAROLINA, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTICONVULSANT					HYPNOTICS							
	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 \$
		12.3	18,060					0.7	\$7					5.1	7,483			
All	1,589	12.3	18,060	0.7	\$7	655	5.1	7,483	0.7	\$16	590	4.6	6,836	0.7	\$16			
Female																		
All Females	1,236	12.3	14,058	0.7	7	490	4.9	5,605	0.7	15	427	4.2	4,924	0.7	17			
Female, Disabled																		
All Ages	68	10.3	812	0.8	18	85	12.9	1,000	0.9	36	64	9.7	757	0.8	10			
64 or younger	67	10.5	800	0.8	18	82	12.9	972	0.8	35	59	9.3	697	0.9	10			
65-74	1	10.0	12	1.1	18	2	20.0	16	1.5	141	2	20.0	24	1.0	7			
75-84	0	0.0	0	0.0	0	1	9.1	12	0.9	6	3	27.3	36	0.6	8			
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Female, Other Eligibles																		
All Ages	1,168	12.4	13,246	0.7	7	405	4.3	4,605	0.7	11	363	3.9	4,167	0.7	19			
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.4	90			
65-74	130	10.9	1,461	0.7	12	110	9.2	1,236	0.8	23	80	6.7	931	0.7	14			
75-84	426	13.1	4,890	0.7	7	155	4.8	1,752	0.8	6	130	4.0	1,476	0.7	18			
85 and older	612	12.3	6,895	0.6	6	140	2.8	1,617	0.6	7	152	3.1	1,748	0.6	21			
Male																		
All Males	353	12.2	4,002	0.7	6	165	5.7	1,878	0.7	18	163	5.6	1,912	0.8	11			
Male, Disabled																		
All Ages	53	8.8	628	0.6	6	68	11.2	780	0.7	20	60	9.9	720	0.8	10			
64 or younger	52	8.7	616	0.6	6	68	11.4	780	0.7	20	58	9.7	696	0.9	10			
65-74	1	50.0	12	0.7	11	0	0.0	0	0.0	0	2	100.0	24	0.5	4			
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Male, Other Eligibles																		
All Ages	300	13.1	3,374	0.7	6	97	4.3	1,098	0.7	17	103	4.5	1,192	0.7	11			
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	85	11.6	976	0.7	7	48	6.6	545	0.7	26	49	6.7	578	0.8	11			
75-84	128	13.4	1,431	0.6	6	38	4.0	430	0.7	9	36	3.8	414	0.7	10			
85 and older	87	14.5	967	0.7	6	11	1.8	123	0.8	6	18	3.0	200	0.4	15			
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 North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 13,099 beneficiaries who were in nursing facilities for part of their enrollment and their 131,110 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.meds-spien.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, NORTH CAROLINA, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS					MULTIVITAMINS					COUGH/COLD/ALLERGY				
	Number of Users	Users as %	Number of	Mean	Mean Rx \$	Number of Users	Users as %	Number of	Mean	Mean Rx \$	Number of Users	Users as %	Number of	Mean	Mean Rx \$
		of All-Year					of All-Year					Benefit Months			
All	58	0.4	682	0.5	\$140	677	5.2	7,766	0.6	\$10	1,031	8.0	11,968	0.2	\$5
Female															
All Females	38	0.4	450	0.5	152	507	5.0	5,851	0.6	10	843	8.4	9,828	0.2	5
Female, Disabled															
All Ages	7	1.1	84	1.1	421	38	5.7	456	0.6	10	44	6.7	525	0.3	8
64 or younger	6	0.9	72	1.2	450	36	5.7	432	0.6	9	43	6.8	513	0.3	8
65-74	1	10.0	12	1.1	246	2	20.0	24	0.8	14	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9.1	12	0.1	2
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	31	0.3	366	0.4	90	469	5.0	5,395	0.6	10	799	8.5	9,303	0.2	5
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	18	1.5	214	0.6	144	86	7.2	1,018	0.7	10	95	7.9	1,106	0.1	3
75-84	7	0.2	84	0.1	21	171	5.3	1,973	0.6	10	275	8.5	3,227	0.2	6
85 and older	6	0.1	68	0.1	8	212	4.3	2,404	0.6	10	429	8.6	4,970	0.2	5
Male															
All Males	20	0.7	232	0.5	115	170	5.9	1,915	0.7	10	188	6.5	2,160	0.2	7
Male, Disabled															
All Ages	7	1.2	76	0.5	74	41	6.8	478	0.7	9	43	7.1	507	0.3	12
64 or younger	7	1.2	76	0.5	74	40	6.7	466	0.7	9	41	6.9	492	0.3	11
65-74	0	0.0	0	0.0	0	1	50.0	12	1.1	19	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	3	1.3	132
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.1	19
Male, Other Eligibles															
All Ages	13	0.6	156	0.5	136	129	5.7	1,437	0.7	10	145	6.4	1,653	0.2	5
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	12	1.6	144	0.5	143	44	6.0	517	0.7	10	43	5.9	496	0.2	5
75-84	1	0.1	12	0.3	45	53	5.6	562	0.7	10	61	6.4	684	0.2	7
85 and older	0	0.0	0	0.0	0	32	5.3	358	0.8	12	41	6.8	473	0.2	4
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 North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 13,099 beneficiaries who were in nursing facilities for part of their enrollment and their 131,110 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.meds-spien.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.100
 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, NORTH CAROLINA, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTHYPERLIPIDEMIC					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	All-Year Nursing Facility Residents
All	138	1.1	1,616	0.4	\$27	88	0.7	1,014	0.4	\$38	12,964	144,447
Female												
All Females	92	0.9	1,091	0.4	27	49	0.5	576	0.4	34	10,077	112,356
Female, Disabled												
All Ages	29	4.4	348	0.6	47	14	2.1	168	0.5	52	661	7,640
64 or younger	29	4.6	348	0.6	47	14	2.2	168	0.5	52	636	7,356
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	104
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	132
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
Female, Other Eligibles												
All Ages	63	0.7	743	0.3	18	35	0.4	408	0.3	27	9,416	104,716
64 or younger	1	100.0	12	1.0	78	0	0.0	0	0.0	0	1	12
65-74	36	3.0	421	0.4	25	17	1.4	204	0.4	31	1,195	13,706
75-84	9	0.3	108	0.1	4	12	0.4	132	0.3	23	3,241	36,294
85 and older	17	0.3	202	0.2	7	6	0.1	72	0.2	21	4,979	54,704
Male												
All Males	46	1.6	525	0.4	27	39	1.4	438	0.4	43	2,887	32,091
Male, Disabled												
All Ages	22	3.6	248	0.5	28	12	2.0	136	0.4	49	605	7,080
64 or younger	22	3.7	248	0.5	28	12	2.0	136	0.4	49	598	7,005
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
Male, Other Eligibles												
All Ages	24	1.1	277	0.4	26	27	1.2	302	0.4	40	2,282	25,011
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	17	2.3	204	0.4	30	16	2.2	187	0.4	40	730	8,293
75-84	6	0.6	72	0.2	14	6	0.6	72	0.4	41	952	10,381
85 and older	1	0.2	1	1.0	19	5	0.8	43	0.4	40	600	6,337
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 North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 a. Table D.100 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 13,099 beneficiaries who were in nursing facilities for part of their enrollment and their 131,110 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.med-span.com/master-drug-database.aspx>.
 Bene Mo(b) = 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}
 NORTH CAROLINA, 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	92,890	38.4	2.5	608,528	\$34	\$8,224,029	\$14	14.3	241,608
Age									
5 and younger	8	47.1	2.2	37	208	3,544	96	23.7	17
6-14	13	38.2	2.2	76	77	2,627	35	3.2	34
15-20	149	27.9	1.2	636	22	11,999	19	1.6	535
21-44	14,502	36.5	2.4	94,606	36	1,435,007	15	6.7	39,703
45-64	29,092	43.3	3.1	208,050	42	2,816,698	14	11.2	67,162
65-74	19,619	35.9	2.3	124,968	29	1,596,230	13	21.8	54,631
75-84	17,602	36.3	2.2	108,845	29	1,396,371	13	75.7	48,451
85 and older	11,905	38.3	2.3	71,310	31	961,553	13	90.1	31,075
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	48,932	36.6	2.3	303,941	29	3,936,647	13	39.1	133,601
Disabled	42,891	40.6	2.8	297,649	39	4,156,383	14	10.2	105,748
Adults	1,055	47.2	3.1	6,882	58	129,777	19	2.0	2,234
Children	12	48.0	2.2	56	49	1,222	22	3.1	25
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	66,591	41.6	2.7	437,111	37	5,970,144	14	16.5	159,981
Male	26,299	32.2	2.1	171,417	28	2,253,885	13	10.6	81,627
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	56,325	45.2	3.3	412,562	44	5,425,659	13	15.7	124,638
African American	26,879	29.7	1.5	136,313	21	1,937,529	14	10.8	90,373
Other/unknown	9,686	36.4	2.2	59,653	32	860,841	14	17.6	26,597
Use of Nursing Facilities^d									
Entire year	6,747	52.0	4.5	58,546	63	814,044	14	63.2	12,964
Part year	7,153	54.6	3.3	43,498	44	575,000	13	44.3	13,099
None	78,990	36.6	2.3	506,484	32	6,834,985	13	12.5	215,545
Maintenance Assistance Status									
Cash	42,611	38.8	2.6	285,415	35	3,889,711	14	14.5	109,868
Medically needy	3,386	46.2	3.2	23,172	43	314,919	14	35.9	7,327
Poverty related	46,806	37.7	2.4	299,373	32	4,010,610	13	13.7	124,051
Other/unknown	87	24.0	1.6	568	24	8,789	15	1.6	362

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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.
 Benets) = 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}
 NORTH CAROLINA, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$3	\$14	\$0	\$1	2,680,855
Age						
5 and younger	0.2	19	96	0	0	187
6-14	0.2	7	35	0	0	363
15-20	0.1	2	19	0	1	6,122
21-44	0.2	3	15	0	2	443,036
45-64	0.3	4	14	0	2	754,761
65-74	0.2	3	13	0	1	608,746
75-84	0.2	3	13	0	1	537,506
85 and older	0.2	3	13	0	1	330,134
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	3	13	0	1	1,470,833
Disabled	0.3	3	14	0	2	1,188,966
Adults	0.3	6	19	0	2	20,820
Children	0.2	5	22	0	1	236
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	3	14	0	2	1,780,418
Male	0.2	3	13	0	1	900,437
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	4	13	0	2	1,369,549
African American	0.1	2	14	0	1	1,016,282
Other/unknown	0.2	3	14	0	1	295,024
Use of Nursing Facilities^d						
Entire year	0.4	6	14	0	2	144,447
Part year	0.3	4	13	0	2	131,110
None	0.2	3	13	0	1	2,405,288
Maintenance Assistance Status						
Cash	0.2	3	14	0	1	1,248,123
Medically needy	0.3	4	14	0	2	73,238
Poverty related	0.2	3	13	0	1	1,356,529
Other/unknown	0.2	3	15	0	1	2,965

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.

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.

Benefit(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}
 NORTH CAROLINA, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx
All	119,457	\$69	\$8,224,029	100.0	608,528	\$14	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	9	12	112	0.0	14	8	0.0
Cough and cold medications	31,171	70	2,176,700	26.5	70,671	31	11.6
Vitamins and minerals	10,827	65	707,963	8.6	50,613	14	8.3
Non-prescription drugs	11,092	94	1,042,704	12.7	48,366	22	7.9
Barbiturates	2,098	59	124,168	1.5	18,187	7	3.0
Benzodiazepines	62,038	62	3,861,317	47.0	414,083	9	68.0
Other Part D Excl Rx Drugs	2,222	140	311,065	3.8	6,594	47	1.1

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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.
 Beneficiaries = 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 Eligible Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 NORTH CAROLINA, 2006

Total Number of Dual Eligible Beneficiaries: 241,608
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$57,425,821
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$237

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	134,914	55.8	\$0	0.0
1-500	92,202	38.2	7,264,702	12.7
501-1,000	4,178	1.7	2,978,790	5.2
1,001-1,500	2,113	0.9	2,606,076	4.5
1,501-2,000	1,425	0.6	2,463,660	4.3
2,001-2,500	1,079	0.4	2,419,943	4.2
2,501-3,000	849	0.4	2,329,653	4.1
3,001-3,500	658	0.3	2,137,966	3.7
3,501-4,000	573	0.2	2,143,293	3.7
4,001-4,500	465	0.2	1,970,625	3.4
4,501-5,000	382	0.2	1,810,437	3.2
5,001-5,500	338	0.1	1,772,625	3.1
5,501-6,000	261	0.1	1,498,565	2.6
6,001-6,500	261	0.1	1,631,251	2.8
6,501-7,000	228	0.1	1,535,775	2.7
7,001-7,500	183	0.1	1,329,394	2.3
7,501-8,000	166	0.1	1,286,214	2.2
8,001-8,500	140	0.1	1,155,523	2.0
8,501-9,000	130	0.1	1,137,900	2.0
9,001-9,500	108	0.0	996,255	1.7
9,501-10,000	91	0.0	890,703	1.6
10,001+	864	0.4	16,066,481	28.0

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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.

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 NORTH CAROLINA, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 105,213
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$40,509,762
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$385

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			Age < 65		
\$0	54,340		51.6	\$0	0.0
1-500	40,721		38.7	3,527,851	8.7
501-1,000	2,615		2.5	1,879,120	4.6
1,001-1,500	1,543		1.5	1,908,143	4.7
1,501-2,000	1,021		1.0	1,767,221	4.4
2,001-2,500	791		0.8	1,775,771	4.4
2,501-3,000	627		0.6	1,721,520	4.2
3,001-3,500	500		0.5	1,623,442	4.0
3,501-4,000	422		0.4	1,581,546	3.9
4,001-4,500	349		0.3	1,479,832	3.7
4,501-5,000	275		0.3	1,303,364	3.2
5,001-5,500	243		0.2	1,275,229	3.1
5,501-6,000	188		0.2	1,079,706	2.7
6,001-6,500	189		0.2	1,181,701	2.9
6,501-7,000	169		0.2	1,138,244	2.8
7,001-7,500	134		0.1	972,329	2.4
7,501-8,000	120		0.1	928,416	2.3
8,001-8,500	94		0.1	776,576	1.9
8,501-9,000	84		0.1	734,331	1.8
9,001-9,500	83		0.1	765,915	1.9
9,501-10,000	70		0.1	685,952	1.7
10,001+	635		0.6	12,403,553	30.6

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NORTH CAROLINA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 134,157
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$10,217,245
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$76

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	80,105	59.7	0	0.0
1-500	51,041	38.0	3,661,901	35.8
501-1,000	1,386	1.0	968,815	9.5
1,001-1,500	433	0.3	528,186	5.2
1,501-2,000	277	0.2	476,163	4.7
2,001-2,500	180	0.1	401,308	3.9
2,501-3,000	144	0.1	394,968	3.9
3,001-3,500	93	0.1	304,541	3.0
3,501-4,000	85	0.1	316,885	3.1
4,001-4,500	60	0.0	254,290	2.5
4,501-5,000	53	0.0	250,927	2.5
5,001-5,500	48	0.0	252,592	2.5
5,501-6,000	26	0.0	149,474	1.5
6,001-6,500	29	0.0	179,845	1.8
6,501-7,000	25	0.0	168,143	1.6
7,001-7,500	25	0.0	182,919	1.8
7,501-8,000	19	0.0	148,334	1.5
8,001-8,500	14	0.0	116,204	1.1
8,501-9,000	21	0.0	183,753	1.8
9,001-9,500	8	0.0	74,180	0.7
9,501-10,000	8	0.0	78,044	0.8
10,001+	77	0.1	1,125,773	11.0

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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.

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 NORTH CAROLINA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 54,631
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$7,306,674
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$133

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	32,281	59.1	\$0	0.0
1-500	20,130	36.8	1,553,035	21.3
501-1,000	801	1.5	567,220	7.8
1,001-1,500	308	0.6	379,075	5.2
1,501-2,000	245	0.4	423,334	5.8
2,001-2,500	163	0.3	363,695	5.0
2,501-3,000	128	0.2	351,471	4.8
3,001-3,500	89	0.2	291,534	4.0
3,501-4,000	83	0.2	309,391	4.2
4,001-4,500	59	0.1	249,832	3.4
4,501-5,000	52	0.1	246,093	3.4
5,001-5,500	46	0.1	242,024	3.3
5,501-6,000	25	0.0	143,798	2.0
6,001-6,500	29	0.1	179,845	2.5
6,501-7,000	24	0.0	161,422	2.2
7,001-7,500	25	0.0	182,919	2.5
7,501-8,000	18	0.0	140,495	1.9
8,001-8,500	14	0.0	116,204	1.6
8,501-9,000	21	0.0	183,753	2.5
9,001-9,500	8	0.0	74,180	1.0
9,501-10,000	8	0.0	78,044	1.1
10,001+	74	0.1	1,069,310	14.6

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 NORTH CAROLINA, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 48,451
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$1,843,661
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$38

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	29,386	60.7	\$0	0.0
1-500	18,560	38.3	1,299,529	70.5
501-1,000	357	0.7	245,368	13.3
1,001-1,500	85	0.2	100,903	5.5
1,501-2,000	20	0.0	32,487	1.8
2,001-2,500	16	0.0	35,169	1.9
2,501-3,000	14	0.0	38,318	2.1
3,001-3,500	4	0.0	13,007	0.7
3,501-4,000	2	0.0	7,494	0.4
4,001-4,500	1	0.0	4,458	0.2
4,501-5,000	0	0.0	0	0.0
5,001-5,500	2	0.0	10,568	0.6
5,501-6,000	1	0.0	5,676	0.3
6,001-6,500	0	0.0	0	0.0
6,501-7,000	1	0.0	6,721	0.4
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+	2	0.0	43,963	2.4

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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.

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NORTH CAROLINA, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 31,075
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$1,066,910
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$34

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	18,438	59.3	\$0	0.0
1-500	12,351	39.7	809,337	75.9
501-1,000	228	0.7	156,227	14.6
1,001-1,500	40	0.1	48,208	4.5
1,501-2,000	12	0.0	20,342	1.9
2,001-2,500	1	0.0	2,444	0.2
2,501-3,000	2	0.0	5,179	0.5
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	1	0.0	4,834	0.5
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	1	0.0	7,839	0.7
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	12,500	1.2

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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.

APPENDIX TABLE A.3
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL BENEFICIARIES, NORTH CAROLINA, 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	241,608	133,601	105,748	2,234	25	0	2,681,155	1,470,852	1,189,234	20,833	236	0
Age												
5 and younger	17	0	16	0	1	0	187	0	175	0	12	0
6-14	34	0	28	0	6	0	363	0	314	0	49	0
15-20	535	0	515	2	18	0	6,122	0	5,933	14	175	0
21-44	39,703	1	38,199	1,503	0	0	443,144	4	429,102	14,038	0	0
45-64	67,162	13	66,455	694	0	0	754,934	106	748,367	6,461	0	0
65-74	54,631	54,241	359	31	0	0	608,765	605,090	3,395	280	0	0
75-84	48,451	48,320	127	4	0	0	537,506	536,038	1,428	40	0	0
85 and older	31,075	31,026	49	0	0	0	330,134	329,614	520	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	159,981	101,211	57,223	1,532	15	0	1,780,571	1,119,531	646,384	14,509	147	0
Male	81,627	32,390	48,525	702	10	0	900,584	351,321	542,850	6,324	89	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	124,638	69,007	54,377	1,245	9	0	1,369,636	748,930	608,953	11,669	84	0
African American	90,373	47,445	42,079	836	13	0	1,016,452	532,386	476,085	7,846	135	0
Other/unknown	26,597	17,149	9,292	153	3	0	295,067	189,536	104,196	1,318	17	0
Use of Nursing Facilities^c												
Entire year	12,964	11,698	1,266	0	0	0	144,447	129,727	14,720	0	0	0
Part year	13,099	11,623	1,473	3	0	0	131,114	115,391	15,700	23	0	0
None	215,545	110,280	103,009	2,231	25	0	2,405,594	1,225,734	1,158,814	20,810	236	0
Maintenance Assistance Status												
Cash	109,868	59,257	48,940	1,662	9	0	1,248,244	668,739	563,073	16,340	92	0
Medically needy	7,327	5,947	1,319	61	0	0	73,241	58,992	13,711	538	0	0
Poverty related	124,051	68,390	55,488	165	8	0	1,356,705	743,109	612,449	1,094	53	0
Other/unknown	362	7	1	346	8	0	2,965	12	1	2,861	91	0
Dual Status^d												
Full dual, all year	231,815	128,595	100,976	2,219	25	0	2,570,933	1,414,801	1,135,209	20,687	236	0
Full dual, part year	9,793	5,006	4,772	15	0	0	110,222	56,051	54,025	146	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	241,531	133,597	105,678	2,231	25	0	2,680,294	1,470,805	1,188,454	20,799	236	0
FFS part year, with Rx claims	65	3	59	3	0	0	744	35	675	34	0	0
FFS part year, no Rx claims	11	1	10	0	0	0	111	12	99	0	0	0
MC all year, with Rx claims	1	0	1	0	0	0	6	0	6	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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(i) = beneficiary (or beneficiaries); Bene Mo(i) = 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 BENEFICIARIES, NORTH CAROLINA, 2006

Beneficiary Characteristics	Beneficiaries and					
	Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	241,608	2,681,155	241,608	2,680,855	0	300
Fee-for-service (FFS) all year	241,531	2,680,294	241,531	2,680,294	0	0
FFS part year, with Rx claims	65	744	65	484	0	260
FFS part year, with no Rx claims	11	111	11	71	0	40
Managed care (MC) all year, with Rx claims	1	6	1	6	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2006 file for North Carolina, released by CMS in 6/2009. This table was produced on 02/12/2010.

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

All Medicaid Beneficiaries