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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, TEXAS, 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	382,152	261,340	118,352	2,096	247	117	4,114,036	2,816,134	1,282,941	11,500	2,289	1,172
Age												
5 and younger	29	0	25	0	4	0	283	0	258	0	25	0
6-14	98	0	86	0	12	0	1,020	0	925	0	95	0
15-20	729	0	700	6	23	0	7,836	0	7,602	35	199	0
21-44	47,057	2	45,655	1,259	135	6	502,078	9	493,335	7,408	1,266	60
45-64	70,471	28	69,532	793	67	51	764,910	209	759,677	3,843	645	536
65-74	102,117	100,476	1,541	34	6	60	1,114,227	1,098,309	15,097	186	59	576
75-84	99,276	98,700	573	3	0	0	1,085,038	1,080,293	4,724	21	0	0
85 and older	62,375	62,134	240	1	0	0	638,644	637,314	1,323	7	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	249,303	183,029	64,644	1,348	165	117	2,698,865	1,984,490	704,226	7,471	1,506	1,172
Male	132,849	78,311	53,708	748	82	0	1,415,171	831,644	578,715	4,029	783	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	165,636	110,932	53,953	609	86	56	1,759,471	1,162,596	591,920	3,624	766	565
African American	64,675	35,271	28,431	887	53	33	677,848	375,981	297,381	3,707	458	321
Other/unknown	151,841	115,137	35,968	600	108	28	1,676,717	1,277,557	393,640	4,169	1,065	286
Use of Nursing Facilities^c												
Entire year	45,058	40,567	4,491	0	0	0	464,082	414,487	49,595	0	0	0
Part year	37,951	33,519	4,428	1	0	3	386,881	339,769	47,082	2	0	28
None	299,143	187,254	109,433	2,095	247	114	3,263,073	2,061,878	1,186,264	11,498	2,289	1,144
Maintenance Assistance Status												
Cash	250,379	163,601	86,260	438	80	0	2,761,308	1,827,366	930,366	2,915	661	0
Medically needy	601	0	0	489	112	0	5,070	0	0	3,922	1,148	0
Poverty-related	4,370	1,446	2,328	453	26	117	42,036	15,247	23,019	2,408	190	1,172
Other/unknown	126,802	96,293	29,764	716	29	0	1,305,622	973,521	329,556	2,255	290	0
Dual Medicare Status^d												
Full dual, all year	371,490	254,572	114,490	2,067	244	117	4,005,356	2,747,033	1,243,678	11,217	2,256	1,172
Full dual, part year	10,662	6,768	3,862	29	3	0	108,680	69,101	39,263	283	33	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	353,919	243,816	108,112	1,689	185	117	3,849,274	2,642,942	1,193,808	9,463	1,889	1,172
FFS part year, with Rx claims	5,573	2,343	2,906	274	50	0	25,032	9,235	14,350	1,181	266	0
FFS part year, no Rx claims	3,176	1,719	1,413	43	1	0	12,651	6,426	6,071	150	4	0

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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, TEXAS, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS ^c	Rx \$ as a Percentage of All Medicaid		Number of Beneficiaries
	One Rx	Mean Number of Rx				FFS ^d	Number of Beneficiaries	
All	49.4	3.8	\$223	\$58	\$10,160	2.2	382,152	
Age								
5 and younger	75.9	14.8	2,112	143	34,369	6.1	29	
6-14	75.5	10.9	1,592	146	15,295	10.4	98	
15-20	70.8	12.0	1,532	127	11,826	13.0	729	
21-44	51.0	4.4	390	88	9,491	4.1	47,057	
45-64	55.1	5.1	330	64	11,465	2.9	70,471	
65-74	47.9	3.4	196	58	6,436	3.0	102,117	
75-84	47.0	3.1	133	43	9,977	1.3	99,276	
85 and older	47.7	3.6	145	40	15,541	0.9	62,375	
Unknown	0.0	0.0	0	0	0	0.0	0	
Basis of Eligibility^e								
Aged	47.5	3.3	158	48	9,928	1.6	261,340	
Disabled	53.1	4.8	347	72	10,779	3.2	118,352	
Adults	71.8	10.3	1,025	100	3,878	26.4	2,096	
Children	89.9	24.2	2,479	103	14,896	16.6	247	
Unknown	47.9	7.6	1,170	154	6,267	18.7	117	
Gender								
Female	51.4	4.0	221	55	10,139	2.2	249,303	
Male	45.6	3.4	226	66	10,201	2.2	132,849	
Unknown	0.0	0.0	0	0	0	0.0	0	
Race								
White	50.9	4.7	247	53	13,477	1.8	165,636	
African American	48.0	3.9	242	63	8,841	2.7	64,675	
Other/unknown	48.3	2.9	188	65	7,104	2.6	151,841	
Use of Nursing Facilities^f								
Entire year	56.7	6.8	288	42	25,010	1.2	45,058	
Part year	57.0	6.2	280	46	19,002	1.5	37,951	
None	47.3	3.1	206	67	6,802	3.0	299,143	
Maintenance Assistance Status								
Cash	47.6	3.0	206	68	4,452	4.6	250,379	
Medically needy	90.2	15.0	1,708	114	7,729	22.1	601	
Poverty related	48.7	3.9	340	87	2,742	12.4	4,370	
Other/unknown	52.7	5.4	245	46	21,699	1.1	126,802	

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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, 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 eight states (DE, IA, IL, IN, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 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 10	Mean \$, All Medicaid FFS ^d	Beneficiaries	Benefit Months
			None	None	Less	Less	Less	Less						
All	0.4	\$21	2.2	50.6	42.8	3.4	2.1	0.7	0.3	\$944	382,152	4,114,036		
Age														
5 and younger	1.5	216	6.1	24.1	41.4	6.9	17.2	3.4	6.9	3,522	29	283		
6-14	1.1	153	10.4	24.5	49.0	12.2	9.2	4.1	1.0	1,470	98	1,020		
15-20	1.1	143	13.0	29.2	44.6	12.3	9.9	3.4	0.5	1,100	729	7,836		
21-44	0.4	37	4.1	49.0	42.6	4.5	2.7	0.7	0.5	890	47,057	502,078		
45-64	0.5	30	2.9	44.9	45.8	5.1	2.8	0.9	0.5	1,056	70,471	764,910		
65-74	0.3	18	3.0	52.1	42.5	2.9	1.7	0.6	0.2	590	102,117	1,114,227		
75-84	0.3	12	1.3	53.0	42.3	2.3	1.6	0.6	0.2	913	99,276	1,085,038		
85 and older	0.4	14	0.9	52.3	41.1	3.1	2.3	0.9	0.2	1,518	62,375	638,644		
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0		
Basis of Eligibility^e														
Aged	0.3	15	1.6	52.5	42.1	2.7	1.8	0.6	0.2	921	261,340	2,816,134		
Disabled	0.4	32	3.2	46.9	44.7	4.6	2.6	0.8	0.4	994	118,352	1,282,941		
Adults	1.9	187	26.4	28.2	28.7	19.6	17.1	2.9	3.4	707	2,096	11,500		
Children	2.6	268	16.6	10.1	26.7	22.7	27.1	6.5	6.9	1,607	247	2,289		
Unknown	0.8	117	18.7	52.1	29.1	11.1	7.7	0.0	0.0	626	117	1,172		
Gender														
Female	0.4	20	2.2	48.6	44.7	3.6	2.2	0.7	0.3	937	249,303	2,698,865		
Male	0.3	21	2.2	54.4	39.4	3.1	2.1	0.7	0.2	958	132,849	1,415,171		
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0		
Race														
White	0.4	23	1.8	49.1	42.5	4.2	2.8	1.0	0.4	1,269	165,636	1,759,471		
African American	0.4	23	2.7	52.0	40.5	3.8	2.5	0.8	0.4	844	64,675	677,848		
Other/unknown	0.3	17	2.6	51.7	44.2	2.3	1.3	0.4	0.2	643	151,841	1,676,717		
Use of Nursing Facilities^f														
Entire year	0.7	28	1.2	43.3	43.7	5.9	4.3	2.2	0.7	2,428	45,058	464,082		
Part year	0.6	28	1.5	43.0	45.1	5.3	4.7	1.5	0.3	1,864	37,951	386,881		
None	0.3	19	3.0	52.7	42.4	2.8	1.5	0.4	0.2	624	299,143	3,263,073		
Maintenance Assistance Status														
Cash	0.3	19	4.6	52.4	43.2	2.6	1.3	0.4	0.2	404	250,379	2,761,308		
Medically needy	1.8	203	22.1	9.8	31.4	36.3	21.0	0.5	1.0	916	601	5,070		
Poverty related	0.4	35	12.4	51.3	39.9	4.4	2.6	0.9	0.8	285	4,370	42,036		
Other/unknown	0.5	24	1.1	47.3	42.4	4.9	3.6	1.4	0.4	2,107	126,802	1,305,622		

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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, TEXAS, 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	\$58	0.1	\$14	\$147	0.0	\$2	\$114	0.2	\$5	\$19
Age												
5 and younger	1.5	216	143	0.4	162	367	0.2	23	137	0.9	31	34
6-14	1.1	153	146	0.4	134	306	0.1	7	121	0.6	12	22
15-20	1.1	143	127	0.4	116	263	0.1	9	132	0.6	18	29
21-44	0.4	37	88	0.1	28	232	0.0	3	136	0.3	6	23
45-64	0.5	30	64	0.1	21	165	0.0	3	133	0.3	7	20
65-74	0.3	18	58	0.1	12	133	0.0	2	121	0.2	4	20
75-84	0.3	12	43	0.1	8	104	0.0	1	89	0.2	3	17
85 and older	0.4	14	40	0.1	9	98	0.0	1	75	0.3	5	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	15	48	0.1	9	115	0.0	2	99	0.2	4	18
Disabled	0.4	32	72	0.1	23	191	0.0	3	131	0.3	6	21
Adults	1.9	187	100	0.7	135	199	0.1	19	206	1.1	33	30
Children	2.6	268	103	1.0	196	191	0.2	24	157	1.4	47	33
Unknown	0.8	117	154	0.4	103	278	0.0	5	142	0.4	9	25
Gender												
Female	0.4	20	55	0.1	14	139	0.0	2	112	0.3	5	19
Male	0.3	21	66	0.1	15	163	0.0	2	117	0.2	4	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.4	23	53	0.1	15	138	0.0	2	108	0.3	6	19
African American	0.4	23	63	0.1	17	159	0.0	2	113	0.2	5	19
Other/unknown	0.3	17	65	0.1	12	153	0.0	2	121	0.2	4	21
Use of Nursing Facilities^e												
Entire year	0.7	28	42	0.2	18	109	0.0	2	85	0.5	8	17
Part year	0.6	28	46	0.2	17	110	0.0	2	84	0.4	8	19
None	0.3	19	67	0.1	13	167	0.0	2	126	0.2	4	20
Maintenance Assistance Status												
Cash	0.3	19	68	0.1	13	170	0.0	2	130	0.2	4	20
Medically needy	1.8	203	114	0.6	141	225	0.1	23	256	1.1	38	36
Poverty related	0.4	35	87	0.1	26	189	0.0	3	141	0.2	6	24
Other/unknown	0.5	24	46	0.1	15	115	0.0	2	89	0.4	7	18

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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 Witters Kluwer Health, <http://www.med-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, TEXAS, 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 Benes	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.1	0.0	0.1	\$17	\$13	\$1	\$3	\$94	\$240	\$144	\$27	49,293	\$4,610,353	26,700	7.0	277,359
Biologicals	0.2	0.2	0.0	0.0	1,087	1,087	0	0	4,890	4,890	0	0	4	19,559	3	0.0	18
Antineoplastic Agents	0.2	0.0	0.0	0.2	42	15	0	27	180	694	197	126	11,489	2,069,186	4,907	1.3	49,232
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.1	21	16	1	4	81	160	80	25	87,420	7,049,858	32,231	8.4	340,377
Cardiovascular Agents	0.4	0.1	0.0	0.2	22	13	5	4	60	95	147	19	210,102	12,502,444	54,969	14.4	580,005
Respiratory Agents	0.2	0.1	0.0	0.1	9	5	1	2	41	95	43	17	145,039	5,932,058	61,978	16.2	697,302
Gastrointestinal Agents	0.3	0.2	0.0	0.1	24	21	1	2	92	128	193	21	66,777	6,121,615	24,838	6.5	258,070
Genitourinary Agents	0.2	0.1	0.0	0.1	16	12	2	2	76	95	96	33	16,284	1,238,913	7,589	2.0	77,888
CNS Drugs	0.5	0.1	0.0	0.4	22	14	2	6	45	185	124	15	489,290	21,990,093	91,100	23.8	996,690
Stimulants/Anti-obesity/Anorexia	0.3	0.2	0.0	0.1	46	42	1	3	169	200	146	51	1,892	318,947	668	0.2	6,962
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	50	49	0	1	153	156	148	69	20,310	3,108,385	6,327	1.7	62,646
Analgesics and Anesthetics	0.3	0.0	0.0	0.2	14	6	3	5	53	234	210	22	94,206	4,946,092	34,748	9.1	365,213
Neuromuscular Agents	0.4	0.1	0.0	0.2	22	13	1	8	55	197	129	24	120,865	6,672,546	28,410	7.4	306,686
Nutritional Products	0.2	0.0	0.0	0.2	5	1	0	3	20	28	35	17	27,822	544,683	11,300	3.0	117,639
Hematological Agents	0.3	0.1	0.0	0.2	20	17	0	3	58	181	44	11	79,083	4,582,154	21,264	5.6	228,693
Topical Products	0.2	0.1	0.0	0.1	11	8	2	2	59	90	66	22	38,809	2,274,518	18,937	5.0	198,504
Miscellaneous Products	0.3	0.1	0.0	0.1	102	89	7	6	397	660	351	59	2,772	1,101,581	1,038	0.3	10,767
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	8	0	0	0	62	0	0	0	743	45,954	533	0.1	5,835
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.	1,462,200	85,128,939	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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.medi-span.com/master-drug-database.aspx>.
 d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Texas, 1.0 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 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	\$9,999,372	13,778	3.6	141,092	0.3	\$270	\$71
ANTICONVULSANT	5,634,379	24,176	6.3	264,187	0.4	57	21
ANTIHYPERTENSIVE	5,286,851	20,316	5.3	218,424	0.2	135	24
ANTIANGIENOSIS AGENTS	5,200,963	64,978	17.0	722,385	0.4	16	7
ANTIARRHYTHMIC	5,113,984	29,471	7.7	313,800	0.2	81	16
ULCER DRUGS	4,706,153	20,626	5.4	215,505	0.2	99	22
ANTIDEPRESSANTS	4,332,856	23,516	6.2	241,372	0.2	77	18
COUGH/COLD/ALLERGY	3,219,003	72,952	19.1	842,268	0.1	26	4
ANTIHYPERTENSIVE	3,175,053	30,311	7.9	318,254	0.2	52	10
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	3,140,714	8,085	2.1	80,095	0.3	151	39
Total	49,809,328	308,209	n.a.	3,357,382	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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, TEXAS, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS							ANTICONVULSANT						
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	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	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	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month				
All	862,424	\$49,809,328	13,778	3.6	141,092	0.3	\$71	24,176	6.3	264,187	0.4	\$21									
Female																					
All Females	595,756	32,209,915	7,943	3.2	80,763	0.3	66	15,620	6.3	171,096	0.4	19									
Female, Disabled																					
All Ages	207,716	14,374,227	3,836	5.9	40,679	0.2	82	8,203	12.7	91,348	0.4	24									
5 and younger	26	1,194	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
6-14	88	4,242	0	0.0	0	0.0	0	3	6.7	36	0.1	2									
15-20	1,508	205,173	50	16.3	561	0.4	132	86	28.0	984	0.4	80									
21-44	61,070	5,194,852	1,766	8.2	18,638	0.3	90	3,079	14.2	34,308	0.4	32									
45-64	140,057	8,577,583	1,954	4.8	20,906	0.2	73	4,915	12.0	54,858	0.4	18									
65-74	4,156	352,070	48	5.0	481	0.3	88	99	10.4	1,012	0.4	33									
75-84	599	28,833	9	2.1	47	0.3	68	16	3.7	126	0.3	9									
85 and older	212	10,280	9	4.5	46	0.2	19	5	2.5	24	0.5	40									
Female, Other Eligibles																					
All Ages	388,040	17,835,688	4,107	2.2	40,084	0.3	49	7,417	4.0	79,748	0.4	14									
5 and younger	4	200	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
6-14	21	376	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
15-20	80	7,568	2	11.1	9	0.7	148	5	27.8	25	0.4	29									
21-44	4,799	620,764	162	15.5	1,189	0.4	139	233	22.3	1,954	0.4	62									
45-64	2,430	266,653	50	10.1	280	0.4	91	87	17.6	700	0.4	57									
65-74	140,377	7,798,063	1,172	1.8	12,307	0.3	64	3,002	4.6	33,882	0.4	15									
75-84	136,820	5,371,352	1,341	2.0	13,224	0.3	40	2,529	3.7	27,381	0.4	10									
85 and older	103,509	3,770,712	1,380	2.8	13,075	0.3	35	1,561	3.1	16,006	0.4	11									
Male																					
All Males	266,668	17,599,413	5,835	4.4	60,329	0.3	78	8,556	6.4	93,091	0.4	25									
Male, Disabled																					
All Ages	130,819	10,323,459	3,854	7.2	41,593	0.3	91	5,708	10.6	63,227	0.4	29									
5 and younger	43	1,947	0	0.0	0	0.0	0	2	11.1	24	0.2	26									
6-14	105	5,701	1	2.4	12	0.1	0	2	4.9	16	0.9	38									
15-20	2,010	319,883	83	21.1	908	0.4	155	94	23.9	1,041	0.6	106									
21-44	52,481	5,298,342	2,178	9.1	23,419	0.3	105	2,797	11.6	31,058	0.4	37									
45-64	73,656	4,534,243	1,550	5.4	16,858	0.2	68	2,767	9.7	30,630	0.4	19									
65-74	2,294	152,780	39	6.6	381	0.4	80	44	7.5	445	0.5	20									
75-84	188	6,216	2	1.4	3	0.7	69	2	1.4	13	1.0	12									
85 and older	42	4,347	1	2.6	12	0.3	138	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, TEXAS, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	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	135,849	7,275,954	1,981	2.5	18,736	0.3	50	2,848	3.6	29,864	0.4	16
5 and younger	3	150	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	21	602	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	101	7,800	1	9.1	12	0.7	33	1	9.1	12	0.9	200
21-44	1,425	211,358	49	13.7	332	0.4	128	84	23.5	684	0.4	67
45-64	1,961	282,677	37	8.3	284	0.3	186	65	14.6	564	0.4	49
65-74	61,992	3,507,123	726	2.0	7,352	0.3	56	1,397	3.9	15,243	0.4	17
75-84	49,349	2,312,740	754	2.5	7,080	0.3	40	948	3.1	9,923	0.4	11
85 and older	20,997	953,504	414	3.4	3,676	0.3	37	353	2.9	3,438	0.4	12
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 Texas, released by CMS in 9/2009. 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.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.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, TEXAS, 2006

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANTIANSXIETY AGENTS					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	20,316	5.3	218,424	0.2	\$24	64,978	17.0	722,385	0.4	\$7	29,471	7.7	313,800	0.2	\$16
Female															
All Females	13,363	5.4	144,417	0.2	24	47,229	18.9	526,757	0.4	7	20,157	8.1	216,550	0.2	16
Female, Disabled															
All Ages	3,573	5.5	38,879	0.2	29	13,880	21.5	156,883	0.5	9	5,886	9.1	63,279	0.2	22
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	2.2	12	0.2	12	1	2.2	12	0.1	1	2	4.4	24	0.4	20
15-20	8	2.6	96	0.1	13	40	13.0	449	0.3	8	8	2.6	96	0.6	64
21-44	500	2.3	5,520	0.2	27	3,992	18.4	44,784	0.5	10	997	4.6	10,517	0.2	20
45-64	2,907	7.1	31,724	0.2	29	9,607	23.4	109,128	0.5	9	4,625	11.3	50,299	0.2	22
65-74	124	13.0	1,322	0.3	45	177	18.6	1,882	0.5	7	204	21.4	2,013	0.3	33
75-84	26	6.1	176	0.2	25	45	10.5	469	0.4	6	44	10.3	306	0.2	12
85 and older	7	3.5	29	0.3	41	18	8.9	159	0.5	7	6	3.0	24	0.3	22
Female, Other Eligibles															
All Ages	9,790	5.3	105,538	0.2	22	33,349	18.1	369,874	0.4	6	14,271	7.7	153,271	0.2	14
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	5.6	12	0.1	1	0	0.0	0	0.0	0
21-44	61	5.8	506	0.3	52	183	17.5	1,532	0.4	8	133	12.7	1,091	0.4	45
45-64	86	17.4	619	0.3	49	75	15.2	596	0.4	8	125	25.3	918	0.4	46
65-74	4,930	7.6	53,641	0.2	25	10,379	16.0	118,219	0.4	7	6,942	10.7	75,959	0.2	16
75-84	3,298	4.8	36,102	0.2	17	12,403	18.1	139,142	0.4	6	4,825	7.1	52,168	0.2	10
85 and older	1,415	2.8	14,670	0.2	19	10,308	20.7	110,373	0.4	5	2,246	4.5	23,135	0.2	11
Male															
All Males	6,953	5.2	74,007	0.2	25	17,749	13.4	195,628	0.4	8	9,314	7.0	97,250	0.2	17
Male, Disabled															
All Ages	2,552	4.8	27,643	0.2	28	7,948	14.8	89,247	0.5	10	3,290	6.1	34,949	0.2	20
5 and younger	1	5.6	12	0.1	5	1	5.6	7	0.1	2	0	0.0	0	0.0	0
6-14	2	4.9	24	0.2	17	1	2.4	7	0.1	2	0	0.0	0	0.0	0
15-20	6	1.5	67	0.4	30	45	11.5	492	0.4	14	18	4.6	195	0.4	47
21-44	690	2.9	7,595	0.2	29	3,129	13.0	35,164	0.5	11	748	3.1	7,946	0.2	23
45-64	1,774	6.2	19,136	0.2	27	4,661	16.4	52,422	0.5	10	2,432	8.5	25,921	0.2	19
65-74	71	12.1	741	0.3	30	96	16.4	992	0.4	7	81	13.8	808	0.4	24
75-84	6	4.2	44	0.2	18	13	9.0	149	0.5	5	9	6.3	55	0.2	23
85 and older	2	5.3	24	0.1	23	2	5.3	14	0.4	6	2	5.3	24	0.2	6

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, TEXAS, 2006

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANTIANSXIETY AGENTS					ANTIDIABETIC				
	Number of Users	Users as %	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as %	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as %	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
		Benes		Benes			Benes		Benes						
Male, Other Eligibles															
All Ages	4,401	5.6	46,364	0.2	24	9,801	12.4	106,381	0.4	6	6,024	7.6	62,301	0.2	15
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	2	33.3	6	0.3	5	0	0.0	0	0.0	0
15-20	1	9.1	12	0.6	44	1	9.1	12	0.1	1	0	0.0	0	0.0	0
21-44	37	10.3	347	0.2	44	56	15.6	439	0.4	6	53	14.8	437	0.3	59
45-64	107	24.1	892	0.3	55	55	12.4	423	0.4	9	152	34.2	1,227	0.3	53
65-74	2,315	6.5	24,858	0.2	25	4,044	11.3	45,038	0.4	7	3,158	8.8	33,657	0.2	16
75-84	1,518	5.0	15,985	0.2	20	3,770	12.4	41,072	0.4	5	2,027	6.7	20,684	0.2	12
85 and older	423	3.4	4,270	0.2	21	1,873	15.2	19,391	0.4	5	634	5.2	6,296	0.2	11
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 Texas, released by CMS in 9/2009. 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, TEXAS, 2006

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					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	20,626	5.4	215,505	0.2	\$22	23,516	6.2	241,372	0.2	\$18	72,952	19.1	842,268	0.1	\$4
Female															
All Females	14,228	5.7	149,606	0.2	22	16,561	6.6	170,870	0.2	18	50,802	20.4	587,214	0.1	4
Female, Disabled															
All Ages	4,470	6.9	47,680	0.2	27	7,145	11.1	76,189	0.2	21	15,579	24.1	179,332	0.1	4
5 and younger	4	57.1	24	0.4	38	0	0.0	0	0.0	0	5	71.4	42	0.2	4
6-14	10	22.2	93	0.2	13	1	2.2	12	0.4	32	14	31.1	157	0.1	3
15-20	46	15.0	528	0.3	24	87	28.3	1,002	0.3	23	113	36.8	1,284	0.1	3
21-44	1,210	5.6	12,845	0.2	27	2,581	11.9	27,380	0.2	23	5,365	24.8	61,293	0.1	3
45-64	3,068	7.5	32,982	0.2	26	4,329	10.5	46,542	0.2	20	9,780	23.8	113,116	0.2	4
65-74	108	11.3	1,074	0.4	40	112	11.7	1,123	0.3	27	212	22.2	2,433	0.1	4
75-84	13	3.0	86	0.2	23	23	5.4	95	0.4	20	80	18.6	916	0.1	4
85 and older	11	5.4	48	0.3	37	12	5.9	35	0.7	28	10	5.0	91	0.1	5
Female, Other Eligibles															
All Ages	9,758	5.3	101,926	0.2	20	9,416	5.1	94,681	0.2	16	35,223	19.1	407,882	0.1	4
5 and younger	2	100.0	6	0.3	27	0	0.0	0	0.0	0	2	100.0	10	0.2	4
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	83.3	57	0.1	4
15-20	6	33.3	43	0.2	21	3	16.7	23	0.9	111	2	11.1	15	0.1	3
21-44	171	16.4	1,391	0.4	47	442	42.3	3,509	0.3	38	200	19.2	1,698	0.2	4
45-64	100	20.2	831	0.3	42	176	35.6	1,294	0.3	39	85	17.2	721	0.2	6
65-74	3,957	6.1	42,400	0.2	22	2,958	4.6	31,450	0.2	17	14,982	23.1	174,192	0.1	4
75-84	3,103	4.5	32,882	0.2	16	3,092	4.5	31,419	0.2	13	13,306	19.5	155,706	0.1	4
85 and older	2,419	4.9	24,373	0.2	18	2,745	5.5	26,986	0.3	13	6,641	13.3	75,483	0.2	4
Male															
All Males	6,398	4.8	65,899	0.2	22	6,955	5.2	70,502	0.2	18	22,150	16.7	255,054	0.1	4
Male, Disabled															
All Ages	2,603	4.8	27,820	0.2	23	3,714	6.9	39,598	0.2	19	7,916	14.7	91,207	0.1	4
5 and younger	5	27.8	48	0.3	15	0	0.0	0	0.0	0	8	44.4	83	0.1	2
6-14	7	17.1	73	0.3	24	1	2.4	12	0.1	0	12	29.3	138	0.1	3
15-20	53	13.5	610	0.2	28	69	17.6	779	0.4	31	71	18.1	834	0.1	4
21-44	856	3.6	9,275	0.2	25	1,697	7.1	18,281	0.2	21	3,526	14.7	40,492	0.1	4
45-64	1,614	5.7	17,128	0.2	22	1,876	6.6	19,808	0.2	17	4,179	14.7	48,331	0.2	4
65-74	64	10.9	659	0.3	29	64	10.9	695	0.4	27	85	14.5	974	0.2	4
75-84	3	2.1	26	0.2	24	5	3.5	18	0.4	30	27	18.8	289	0.2	3
85 and older	1	2.6	1	1.0	129	2	5.3	5	0.4	16	8	21.1	66	0.1	3

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, TEXAS, 2006

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					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	3,795	4.8	38,079	0.2	21	3,241	4.1	30,904	0.3	16	14,234	18.0	163,847	0.1	4
5 and younger	1	50.0	5	0.6	30	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	16.7	12	0.5	9	0	0.0	0	0.0	0	2	33.3	24	0.1	1
15-20	4	36.4	44	0.5	55	5	45.5	56	0.5	31	3	27.3	31	0.1	2
21-44	53	14.8	440	0.4	41	115	32.1	966	0.3	33	37	10.3	330	0.1	4
45-64	75	16.9	589	0.3	40	115	25.9	986	0.3	39	30	6.8	256	0.2	4
65-74	1,813	5.1	18,850	0.2	21	1,180	3.3	12,098	0.2	16	6,471	18.1	74,339	0.1	4
75-84	1,245	4.1	12,495	0.2	18	1,161	3.8	11,036	0.3	14	5,810	19.2	67,715	0.1	4
85 and older	603	4.9	5,644	0.2	21	665	5.4	5,762	0.3	15	1,881	15.3	21,152	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 Texas, released by CMS in 9/2009. 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, TEXAS, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	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	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	30,311	7.9	318,254	0.2	\$10	8,085	2.1	80,095	0.3	\$39	382,152	4,114,036
Female												
All Females	20,515	8.2	217,622	0.2	10	5,623	2.3	56,572	0.3	40	249,303	2,698,865
Female, Disabled												
All Ages	5,465	8.5	57,937	0.2	12	585	0.9	6,177	0.2	101	64,644	704,226
5 and younger	2	28.6	2	4.5	68	0	0.0	0	0.0	0	7	66
6-14	14	31.1	156	0.2	10	0	0.0	0	0.0	0	45	498
15-20	35	11.4	398	0.2	5	0	0.0	0	0.0	0	307	3,389
21-44	975	4.5	10,108	0.2	11	139	0.6	1,484	0.3	227	21,641	234,598
45-64	4,201	10.2	45,114	0.2	12	399	1.0	4,395	0.2	59	41,059	451,641
65-74	178	18.7	1,815	0.3	18	22	2.3	197	0.3	111	954	9,382
75-84	45	10.5	249	0.2	11	13	3.0	70	0.4	50	429	3,588
85 and older	15	7.4	95	0.3	7	12	5.9	31	0.5	58	202	1,064
Female, Other Eligibles												
All Ages	15,050	8.2	159,685	0.2	9	5,038	2.7	50,395	0.3	33	184,659	1,994,639
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	8
6-14	2	33.3	17	0.8	9	0	0.0	0	0.0	0	6	51
15-20	7	38.9	57	0.6	34	0	0.0	0	0.0	0	18	128
21-44	112	10.7	1,005	0.3	18	11	1.1	91	0.3	254	1,044	6,518
45-64	152	30.7	1,082	0.3	22	8	1.6	56	0.3	193	495	2,837
65-74	6,485	10.0	70,155	0.2	11	800	1.2	8,263	0.2	31	64,870	715,463
75-84	4,989	7.3	53,942	0.2	8	2,084	3.0	21,073	0.3	31	68,399	754,515
85 and older	3,303	6.6	33,427	0.2	8	2,135	4.3	20,912	0.3	33	49,825	515,119
Male												
All Males	9,796	7.4	100,632	0.2	10	2,462	1.9	23,523	0.3	37	132,849	1,415,171
Male, Disabled												
All Ages	3,586	6.7	36,925	0.2	11	368	0.7	3,868	0.3	44	53,708	578,715
5 and younger	5	27.8	50	0.3	8	0	0.0	0	0.0	0	18	192
6-14	17	41.5	173	0.3	15	0	0.0	0	0.0	0	41	427
15-20	57	14.5	624	0.3	9	3	0.8	25	0.2	18	393	4,213
21-44	974	4.1	9,925	0.2	11	98	0.4	1,075	0.2	39	24,014	258,737
45-64	2,433	8.5	25,217	0.2	11	240	0.8	2,521	0.3	44	28,473	308,036
65-74	89	15.2	860	0.3	10	21	3.6	217	0.5	68	587	5,715
75-84	6	4.2	35	0.3	18	2	1.4	4	0.8	106	144	1,136
85 and older	5	13.2	41	0.2	11	4	10.5	26	0.3	43	38	259

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, TEXAS, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	6,210	7.8	63,707	0.2	9	2,094	2.6	19,655	0.3	36	79,141	836,456
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	17
6-14	5	83.3	34	0.3	13	0	0.0	0	0.0	0	6	44
15-20	4	36.4	39	0.5	7	0	0.0	0	0.0	0	11	106
21-44	60	16.8	480	0.3	30	7	2.0	65	0.3	218	358	2,225
45-64	112	25.2	866	0.3	22	5	1.1	47	0.2	56	444	2,396
65-74	3,167	8.9	33,182	0.2	10	526	1.5	5,187	0.3	33	35,706	383,667
75-84	2,096	6.9	21,690	0.2	8	1,000	3.3	9,448	0.3	34	30,304	325,799
85 and older	766	6.2	7,416	0.2	8	556	4.5	4,908	0.3	39	12,310	122,202
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 Texas, released by CMS in 9/2009. 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.

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 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
	\$28	0.7	45,058	464,082
All				
Age				
0-64	54	1.1	4,265	47,320
65-74	37	0.8	6,950	74,364
75-84	26	0.7	14,677	151,628
85 and older	20	0.5	19,166	190,770
Unknown	0	0.0	0	0
Gender				
Female	26	0.6	32,020	331,733
Male	32	0.7	13,038	132,349
Unknown	0	0.0	0	0
Race				
White	29	0.7	31,409	317,786
African American	26	0.5	6,153	66,182
Other/unknown	24	0.6	7,496	80,114
Basis of Eligibility^c				
Aged	25	0.6	40,567	414,487
Disabled	55	1.1	4,491	49,595
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 Texas, released by CMS in 9/2009. 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 37,951 beneficiaries who were in nursing facilities for part of their enrollment and their 386,881 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

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

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
	Patented Brand-Name Total	Patent Brand-Name	Off-Brand-Name Generic	Patented Brand-Name Total	Patent Brand-Name	Off-Brand-Name Generic	Patented Brand-Name Total	Patent Brand-Name	Off-Brand-Name Generic								
Anti-infective Agents	0.2	0.1	0.0	0.1	\$13	\$8	\$1	\$4	\$59	\$129	\$165	\$26	6,090	\$359,637	3,017	6.7	28,495
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	0.3	0.0	0.0	0.3	39	2	0	37	144	319	144	140	3,888	560,625	1,470	3.3	14,349
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.3	22	17	1	4	52	107	86	15	15,121	786,756	3,670	8.1	35,036
Cardiovascular Agents	0.7	0.2	0.1	0.4	25	13	6	7	36	63	98	16	41,046	1,487,034	6,154	13.7	59,195
Respiratory Agents	0.3	0.1	0.0	0.2	9	5	1	3	36	86	42	17	16,309	582,117	5,772	12.8	61,807
Gastrointestinal Agents	0.4	0.2	0.0	0.2	26	21	1	4	71	118	165	24	13,086	930,337	3,670	8.1	35,748
Genitourinary Agents	0.3	0.2	0.0	0.1	21	16	2	3	66	79	77	35	4,298	281,526	1,410	3.1	13,494
CNS Drugs	0.6	0.1	0.0	0.5	21	13	1	7	33	126	85	13	114,834	3,822,828	17,226	38.2	183,414
Stimulants/Anti-obesity/Anorexia	0.3	0.2	0.0	0.1	39	38	0	2	131	170	0	19	216	28,342	76	0.2	720
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	53	52	0	0	132	132	0	88	9,464	1,248,618	2,497	5.5	23,776
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	14	5	3	6	37	106	176	18	11,221	418,434	3,063	6.8	29,277
Neuromuscular Agents	0.6	0.1	0.0	0.5	23	11	1	11	36	129	81	21	24,195	882,412	3,687	8.2	38,266
Nutritional Products	0.3	0.1	0.0	0.3	6	1	0	5	17	23	26	16	8,569	144,445	2,518	5.6	24,518
Hematological Agents	0.6	0.1	0.0	0.5	19	15	0	4	34	136	42	9	30,018	1,006,218	4,935	11.0	51,656
Topical Products	0.3	0.1	0.1	0.1	15	8	4	2	53	80	66	21	8,086	426,970	2,885	6.4	28,234
Miscellaneous Products	0.2	0.0	0.0	0.2	11	7	0	4	56	188	0	24	375	20,885	200	0.4	1,962
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	9	0	0	0	63	0	0	0	102	6,430	63	0.1	702
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.	306,918	12,993,614	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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 37,951 beneficiaries who were in nursing facilities for part of their enrollment and their 386,881 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 Texas, 1.0 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, TEXAS, 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
ANTIPSYCHOTICS	\$1,618,470	2,816	6.2	27,251	0.3	\$178	\$59
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,248,705	3,193	7.1	30,288	0.3	132	41
ANTI-ANXIETY AGENTS	987,090	13,188	29.3	143,713	0.5	13	7
ANTI-DEPRESSANTS	801,858	4,431	9.8	42,595	0.3	59	19
ULCER DRUGS	746,902	3,072	6.8	30,169	0.3	85	25
ANTI-CONVULSANTS	700,930	3,432	7.6	36,148	0.6	34	19
ANTI-DIABETIC	578,875	4,185	9.3	42,549	0.3	46	14
HEMATOPOIETIC AGENTS	564,810	3,454	7.7	37,723	0.6	24	15
ANTI-NEOPLASTICS	560,625	1,476	3.3	14,393	0.3	144	39
ANTI-HYPERLIPIDEMIC	554,815	2,086	4.6	20,523	0.3	90	27
Total	8,363,080	41,333	n.a.	425,352	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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 37,951 beneficiaries who were in nursing facilities for part of their enrollment and their 386,881 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-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

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

Beneficiary Characteristics	All Top 10 Drug Groups								MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	
All	182,699	\$8,363,080	2,816	6.2	27,251	0.3	\$59	3,193	7.1	30,288	0.3	\$41	
Female													
All Females	127,318	5,590,542	1,763	5.5	17,205	0.3	58	2,218	6.9	21,390	0.3	41	
Female, Disabled													
All Ages	16,627	986,017	199	9.5	2,140	0.4	106	85	4.0	878	0.4	119	
64 or younger	15,569	922,977	183	9.2	1,987	0.4	106	77	3.9	810	0.4	124	
65-74	952	60,240	14	14.7	138	0.4	100	6	6.3	50	0.5	66	
75-84	82	2,030	0	0.0	0	0.0	0	2	18.2	18	0.4	45	
85 and older	24	770	2	13.3	15	0.1	29	0	0.0	0	0.0	0	
Female, Other Eligibles													
All Ages	110,691	4,604,525	1,564	5.2	15,065	0.3	52	2,133	7.1	20,512	0.3	38	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	21,559	1,050,238	318	8.4	3,243	0.4	83	240	6.3	2,249	0.3	44	
75-84	42,408	1,695,839	581	5.7	5,628	0.3	47	854	8.4	8,363	0.3	37	
85 and older	46,724	1,858,448	665	4.2	6,194	0.3	40	1,039	6.5	9,900	0.3	37	
Male													
All Males	55,381	2,772,538	1,053	8.1	10,046	0.3	61	975	7.5	8,898	0.3	42	
Male, Disabled													
All Ages	15,881	850,618	269	11.3	2,885	0.4	83	88	3.7	928	0.4	54	
64 or younger	14,842	779,830	252	11.0	2,702	0.4	81	80	3.5	836	0.3	52	
65-74	1,018	70,565	17	17.5	183	0.5	105	8	8.2	92	0.6	76	
75-84	19	157	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	2	66	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Male, Other Eligibles													
All Ages	39,500	1,921,920	784	7.4	7,161	0.3	53	887	8.3	7,970	0.3	41	
64 or younger	14	113	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	14,155	643,914	244	8.2	2,354	0.3	64	184	6.2	1,800	0.3	38	
75-84	16,705	845,058	358	8.1	3,244	0.3	51	443	10.0	3,985	0.3	41	
85 and older	8,626	432,835	182	5.6	1,563	0.3	39	260	8.1	2,185	0.3	43	
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 Texas, released by CMS in 9/2009. 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 37,951 beneficiaries who were in nursing facilities for part of their enrollment and their 386,881 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-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					ANTIDEPRESSANTS					ULCER DRUGS							
	Number of Users	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
		Residents	Benefit Months					Residents	Benefit Months					Residents	Benefit Months			
All	13,188	29.3	143,713	0.5	\$7	4,431	9.8	42,595	0.3	\$19	3,072	6.8	30,169	0.3	\$25			
Female																		
All Females	9,646	30.1	105,176	0.5	7	3,045	9.5	29,546	0.3	19	2,128	6.6	20,974	0.3	24			
Female, Disabled																		
All Ages	881	41.9	10,119	0.6	9	325	15.5	3,413	0.4	30	212	10.1	2,302	0.4	40			
64 or younger	834	42.1	9,604	0.6	9	301	15.2	3,186	0.4	30	190	9.6	2,082	0.4	41			
65-74	41	43.2	444	0.5	8	22	23.2	205	0.4	32	21	22.1	209	0.4	31			
75-84	4	36.4	47	1.0	10	2	18.2	22	0.4	13	1	9.1	11	0.1	1			
85 and older	2	13.3	24	0.8	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Female, Other Eligibles																		
All Ages	8,765	29.3	95,057	0.5	6	2,720	9.1	26,133	0.3	17	1,916	6.4	18,672	0.3	23			
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	1,364	36.1	15,027	0.6	9	431	11.4	4,237	0.3	24	300	7.9	3,049	0.3	26			
75-84	3,229	31.6	35,526	0.5	7	1,057	10.3	10,162	0.3	17	704	6.9	6,832	0.3	23			
85 and older	4,172	26.2	44,504	0.5	5	1,232	7.7	11,734	0.3	15	912	5.7	8,791	0.3	22			
Male																		
All Males	3,542	27.2	38,537	0.5	7	1,386	10.6	13,049	0.3	19	944	7.2	9,195	0.3	26			
Male, Disabled																		
All Ages	858	35.9	9,861	0.6	10	316	13.2	3,426	0.4	24	213	8.9	2,319	0.4	33			
64 or younger	827	36.2	9,524	0.6	10	288	12.6	3,099	0.3	22	193	8.5	2,107	0.4	31			
65-74	30	30.9	325	0.4	4	28	28.9	327	0.6	37	20	20.6	212	0.6	48			
75-84	1	14.3	12	1.0	9	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	2,684	25.2	28,676	0.5	7	1,070	10.0	9,623	0.3	18	731	6.9	6,876	0.3	23			
64 or younger	1	50.0	12	1.0	8	0	0.0	0	0.0	0	1	50.0	7	0.3	3			
65-74	848	28.5	9,377	0.5	9	293	9.8	2,935	0.3	19	217	7.3	2,167	0.3	22			
75-84	1,149	25.9	12,289	0.4	6	467	10.5	4,154	0.3	18	307	6.9	2,842	0.3	24			
85 and older	686	21.2	6,998	0.4	5	310	9.6	2,534	0.3	16	206	6.4	1,860	0.3	23			
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 Texas, released by CMS in 9/2009. 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 37,951 beneficiaries who were in nursing facilities for part of their enrollment and their 386,881 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); DOE = 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, TEXAS, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIDIABETIC					HEMATOPOIETIC AGENTS								
	Number of Users	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	
		Benefit Months	Residents					Benefit Months	Residents					Benefit Months	Residents				
All	3,432	7.6	36,148	0.6	\$19	4,185	9.3	42,549	0.3	\$14		3,454	7.7	37,723	0.6	\$15			
Female																			
All Females	2,250	7.0	23,633	0.6	19	2,827	8.8	29,081	0.3	13		2,243	7.0	24,544	0.6	15			
Female, Disabled																			
All Ages	465	22.1	5,265	0.7	28	318	15.1	3,421	0.4	18		200	9.5	2,295	0.6	34			
64 or younger	444	22.4	5,040	0.7	28	286	14.4	3,122	0.4	17		193	9.7	2,222	0.6	34			
65-74	19	20.0	204	0.8	38	30	31.6	284	0.6	32		5	5.3	50	0.7	6			
75-84	2	18.2	21	0.3	7	0	0.0	0	0.0	0		2	18.2	23	0.6	15			
85 and older	0	0.0	0	0.0	0	2	13.3	15	0.1	4		0	0.0	0	0.0	0			
Female, Other Eligibles																			
All Ages	1,785	6.0	18,368	0.5	16	2,509	8.4	25,660	0.3	12		2,043	6.8	22,249	0.6	13			
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0		0	0.0	0	0.0	0			
65-74	454	12.0	4,953	0.6	24	598	15.8	6,250	0.3	15		346	9.1	3,853	0.6	10			
75-84	701	6.9	7,186	0.5	14	1,072	10.5	10,999	0.3	11		769	7.5	8,492	0.6	12			
85 and older	630	4.0	6,229	0.5	14	839	5.3	8,411	0.3	12		928	5.8	9,904	0.6	15			
Male																			
All Males	1,182	9.1	12,515	0.6	20	1,358	10.4	13,468	0.3	15		1,211	9.3	13,179	0.6	16			
Male, Disabled																			
All Ages	438	18.3	4,910	0.6	26	315	13.2	3,449	0.4	18		231	9.7	2,596	0.7	16			
64 or younger	424	18.6	4,758	0.6	26	296	13.0	3,242	0.4	18		213	9.3	2,394	0.7	16			
65-74	14	14.4	152	0.6	27	18	18.6	195	0.6	30		17	17.5	190	0.8	7			
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0		1	14.3	12	0.6	4			
85 and older	0	0.0	0	0.0	0	1	25.0	12	0.2	6		0	0.0	0	0.0	0			
Male, Other Eligibles																			
All Ages	744	7.0	7,605	0.5	17	1,043	9.8	10,019	0.3	14		980	9.2	10,583	0.6	16			
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	324	10.9	3,503	0.6	19	360	12.1	3,767	0.3	14		335	11.3	3,784	0.7	12			
75-84	296	6.7	2,957	0.5	15	469	10.6	4,327	0.3	15		406	9.1	4,366	0.6	18			
85 and older	124	3.8	1,145	0.5	14	214	6.6	1,925	0.3	12		239	7.4	2,433	0.6	18			
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 Texas, released by CMS in 9/2009. 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 37,951 beneficiaries who were in nursing facilities for part of their enrollment and their 386,881 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); DOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	ANTINEOPLASTICS					ANTHYPERLIPIDEMIC					Benefit Months Among All-Year	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	1,476	3.3	14,393	0.3	\$39	2,086	4.6	20,523	0.3	\$27	45,058	464,082
Female												
All Females	1,123	3.5	11,017	0.3	37	1,327	4.1	13,238	0.3	26	32,020	331,733
Female, Disabled												
All Ages	40	1.9	438	0.2	30	159	7.6	1,733	0.4	40	2,101	23,290
64 or younger	39	2.0	426	0.2	31	141	7.1	1,531	0.4	40	1,980	22,108
65-74	1	1.1	12	0.1	4	18	18.9	202	0.5	45	95	954
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	123
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	15	105
Female, Other Eligibles												
All Ages	1,083	3.6	10,579	0.3	38	1,168	3.9	11,505	0.3	24	29,919	308,443
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	117	3.1	1,240	0.3	37	253	6.7	2,611	0.3	29	3,782	40,632
75-84	333	3.3	3,294	0.3	36	511	5.0	4,995	0.3	23	10,218	106,963
85 and older	633	4.0	6,045	0.3	39	404	2.5	3,899	0.3	23	15,918	160,847
Male												
All Males	353	2.7	3,376	0.3	44	759	5.8	7,285	0.3	28	13,038	132,349
Male, Disabled												
All Ages	41	1.7	446	0.2	38	173	7.2	1,840	0.3	32	2,390	26,305
64 or younger	39	1.7	422	0.2	34	160	7.0	1,691	0.3	31	2,282	25,192
65-74	2	2.1	24	0.5	103	13	13.4	149	0.5	50	97	1,001
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	75
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	37
Male, Other Eligibles												
All Ages	312	2.9	2,930	0.3	45	586	5.5	5,445	0.3	27	10,648	106,044
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	19
65-74	73	2.5	766	0.2	35	174	5.8	1,762	0.3	30	2,976	31,777
75-84	137	3.1	1,295	0.3	45	278	6.3	2,506	0.3	26	4,441	44,467
85 and older	102	3.2	869	0.3	54	134	4.1	1,177	0.3	25	3,229	29,781
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 Texas, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 37,951 beneficiaries who were in nursing facilities for part of their enrollment and their 386,881 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); DOE = 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}
 TEXAS, 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
		Least One Part D Excluded Rx	Excluded Rx per Beneficiary							
All	143,208	37.5	1.9	717,525	\$30	\$11,316,019	\$16	13.3	382,152	
Age										
5 and younger	24	82.8	8.0	231	247	7,164	31	11.7	29	
6-14	63	64.3	4.2	414	99	9,709	23	6.2	98	
15-20	281	38.5	2.1	1,559	41	29,535	19	2.6	729	
21-44	16,468	35.0	1.9	87,697	32	1,519,706	17	8.3	47,057	
45-64	28,852	40.9	2.5	173,858	41	2,879,729	17	12.4	70,471	
65-74	37,172	36.4	1.7	170,321	27	2,769,382	16	13.9	102,117	
75-84	37,642	37.9	1.8	174,079	27	2,631,186	15	20.0	99,276	
85 and older	22,706	36.4	1.8	109,366	24	1,469,608	13	16.3	62,375	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	96,673	37.0	1.7	449,533	26	6,800,365	15	16.5	261,340	
Disabled	45,773	38.7	2.2	265,098	38	4,464,524	17	10.9	118,352	
Adults	606	28.9	1.0	2,058	16	32,877	16	1.5	2,096	
Children	130	52.6	3.0	752	65	16,064	21	2.6	247	
Unknown	26	22.2	0.7	84	19	2,189	26	1.6	117	
Gender										
Female	98,816	39.6	2.0	501,637	32	7,866,441	16	14.3	249,303	
Male	44,392	33.4	1.6	215,888	26	3,449,578	16	11.5	132,849	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	64,554	39.0	2.3	377,286	34	5,664,579	15	13.8	165,636	
African American	19,674	30.4	1.4	93,506	23	1,509,425	16	9.6	64,675	
Other/unknown	58,980	38.8	1.6	246,733	27	4,142,015	17	14.5	151,841	
Use of Nursing Facilities^d										
Entire year	18,688	41.5	2.7	120,264	37	1,680,396	14	12.9	45,058	
Part year	16,178	42.6	2.2	84,173	30	1,138,402	14	10.7	37,951	
None	108,342	36.2	1.7	513,088	28	8,497,221	17	13.8	299,143	
Maintenance Assistance Status										
Cash	91,937	36.7	1.6	405,368	28	6,913,636	17	13.4	250,379	
Medically needy	254	42.3	1.3	755	23	13,997	19	1.4	601	
Poverty related	1,023	23.4	0.7	3,145	14	59,325	19	4.0	4,370	
Other/unknown	49,994	39.4	2.4	308,257	34	4,329,061	14	14.0	126,802	

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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.
 Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 TEXAS, 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	\$16	\$0	\$2	4,114,036
Age						
5 and younger	0.8	25	31	0	2	283
6-14	0.4	10	23	0	0	1,020
15-20	0.2	4	19	0	1	7,836
21-44	0.2	3	17	0	2	502,078
45-64	0.2	4	17	0	2	764,910
65-74	0.2	2	16	0	1	1,114,227
75-84	0.2	2	15	0	1	1,085,038
85 and older	0.2	2	13	0	1	638,644
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	2	15	0	1	2,816,134
Disabled	0.2	3	17	0	2	1,282,941
Adults	0.2	3	16	0	2	11,500
Children	0.3	7	21	0	3	2,289
Unknown	0.1	2	26	0	1	1,172
Gender						
Female	0.2	3	16	0	2	2,698,865
Male	0.2	2	16	0	1	1,415,171
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	3	15	0	2	1,759,471
African American	0.1	2	16	0	1	677,848
Other/unknown	0.1	2	17	0	1	1,676,717
Use of Nursing Facilities^d						
Entire year	0.3	4	14	0	3	464,082
Part year	0.2	3	14	0	2	386,881
None	0.2	3	17	0	1	3,263,073
Maintenance Assistance Status						
Cash	0.1	3	17	0	1	2,761,308
Medically needy	0.1	3	19	0	2	5,070
Poverty related	0.1	1	19	0	1	42,036
Other/unknown	0.2	3	14	0	2	1,305,622

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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 1 on Table 1 for methodology used to determine use of nursing facilities.
 Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 TEXAS, 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	186,301	\$61	\$11,316,019	100.0	717,525	\$16	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	6	13	77	0.0	7	11	0.0
Cough and cold medications	43,140	57	2,451,171	21.7	88,291	28	12.3
Vitamins and minerals	10,637	47	505,080	4.5	26,303	19	3.7
Non-prescription drugs	51,131	34	1,750,318	15.5	162,064	11	22.6
Barbiturates	2,625	68	178,164	1.6	19,924	9	2.8
Benzodiazepines	76,145	82	6,243,760	55.2	415,083	15	57.8
Other Part D Excl Rx Drugs	2,617	72	187,449	1.7	5,853	32	0.8

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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 D.11.
 b. Includes OTC drugs as well as prescription drugs.
 c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
 Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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

Total Number of Dual Eligible Beneficiaries: 382,152
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$85,128,939
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$222

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	193,424	50.6	\$0	0.0
1-500	153,195	40.1	17,734,738	20.8
501-1,000	16,493	4.3	11,599,073	13.6
1,001-1,500	6,449	1.7	7,883,370	9.3
1,501-2,000	3,467	0.9	6,012,587	7.1
2,001-2,500	2,195	0.6	4,905,731	5.8
2,501-3,000	1,512	0.4	4,140,871	4.9
3,001-3,500	1,082	0.3	3,503,207	4.1
3,501-4,000	791	0.2	2,957,078	3.5
4,001-4,500	620	0.2	2,627,788	3.1
4,501-5,000	484	0.1	2,293,020	2.7
5,001-5,500	396	0.1	2,074,451	2.4
5,501-6,000	290	0.1	1,661,325	2.0
6,001-6,500	250	0.1	1,558,302	1.8
6,501-7,000	214	0.1	1,441,091	1.7
7,001-7,500	161	0.0	1,166,300	1.4
7,501-8,000	147	0.0	1,136,788	1.3
8,001-8,500	112	0.0	922,656	1.1
8,501-9,000	100	0.0	872,788	1.0
9,001-9,500	95	0.0	876,800	1.0
9,501-10,000	80	0.0	778,694	0.9
10,001+	595	0.2	8,982,281	10.6

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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}
 TEXAS, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 115,998
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$40,134,538
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$346

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	54,324	46.8	\$0	0.0	
1-500	46,713	40.3	5,726,715	14.3	
501-1,000	5,891	5.1	4,169,806	10.4	
1,001-1,500	2,659	2.3	3,265,021	8.1	
1,501-2,000	1,563	1.3	2,709,093	6.8	
2,001-2,500	1,039	0.9	2,324,562	5.8	
2,501-3,000	731	0.6	1,995,749	5.0	
3,001-3,500	542	0.5	1,756,414	4.4	
3,501-4,000	414	0.4	1,546,635	3.9	
4,001-4,500	355	0.3	1,503,859	3.7	
4,501-5,000	266	0.2	1,261,600	3.1	
5,001-5,500	199	0.2	1,041,952	2.6	
5,501-6,000	176	0.2	1,008,847	2.5	
6,001-6,500	153	0.1	955,076	2.4	
6,501-7,000	122	0.1	820,506	2.0	
7,001-7,500	99	0.1	719,632	1.8	
7,501-8,000	83	0.1	642,127	1.6	
8,001-8,500	79	0.1	652,031	1.6	
8,501-9,000	69	0.1	601,158	1.5	
9,001-9,500	66	0.1	608,179	1.5	
9,501-10,000	58	0.1	565,166	1.4	
10,001+	397	0.3	6,260,410	15.6	

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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}
 TEXAS, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 263,768
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$42,168,825
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$159

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	138,462	52.5	0	0.0
1-500	105,666	40.1	11,869,347	28.1
501-1,000	10,348	3.9	7,245,571	17.2
1,001-1,500	3,641	1.4	4,431,544	10.5
1,501-2,000	1,784	0.7	3,094,104	7.3
2,001-2,500	1,077	0.4	2,405,929	5.7
2,501-3,000	728	0.3	1,999,122	4.7
3,001-3,500	490	0.2	1,585,826	3.8
3,501-4,000	351	0.1	1,313,100	3.1
4,001-4,500	237	0.1	1,005,080	2.4
4,501-5,000	190	0.1	897,092	2.1
5,001-5,500	175	0.1	917,272	2.2
5,501-6,000	100	0.0	572,324	1.4
6,001-6,500	83	0.0	516,133	1.2
6,501-7,000	77	0.0	519,050	1.2
7,001-7,500	52	0.0	374,858	0.9
7,501-8,000	52	0.0	401,635	1.0
8,001-8,500	26	0.0	213,210	0.5
8,501-9,000	29	0.0	254,134	0.6
9,001-9,500	26	0.0	240,859	0.6
9,501-10,000	15	0.0	145,833	0.3
10,001+	159	0.1	2,166,802	5.1

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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.

All Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 65-74: 102,117
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$19,977,519
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$195

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	53,176	52.1	\$0	0.0
1-500	40,234	39.4	4,724,910	23.7
501-1,000	4,284	4.2	2,996,640	15.0
1,001-1,500	1,510	1.5	1,843,486	9.2
1,501-2,000	785	0.8	1,359,356	6.8
2,001-2,500	510	0.5	1,141,109	5.7
2,501-3,000	380	0.4	1,044,765	5.2
3,001-3,500	288	0.3	932,648	4.7
3,501-4,000	190	0.2	711,564	3.6
4,001-4,500	147	0.1	623,466	3.1
4,501-5,000	121	0.1	571,771	2.9
5,001-5,500	105	0.1	550,521	2.8
5,501-6,000	63	0.1	361,579	1.8
6,001-6,500	50	0.0	311,185	1.6
6,501-7,000	46	0.0	309,156	1.5
7,001-7,500	33	0.0	237,138	1.2
7,501-8,000	35	0.0	270,311	1.4
8,001-8,500	15	0.0	123,444	0.6
8,501-9,000	15	0.0	131,368	0.7
9,001-9,500	7	0.0	64,301	0.3
9,501-10,000	12	0.0	116,962	0.6
10,001+	111	0.1	1,551,839	7.8

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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.

All Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 75-84: 99,276
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$13,164,995
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$132

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	52,645	53.0	\$0	0.0
1-500	40,241	40.5	4,425,288	33.6
501-1,000	3,598	3.6	2,510,431	19.1
1,001-1,500	1,236	1.2	1,496,681	11.4
1,501-2,000	556	0.6	966,578	7.3
2,001-2,500	314	0.3	700,161	5.3
2,501-3,000	203	0.2	556,339	4.2
3,001-3,500	116	0.1	374,560	2.8
3,501-4,000	95	0.1	355,265	2.7
4,001-4,500	53	0.1	225,097	1.7
4,501-5,000	45	0.0	212,699	1.6
5,001-5,500	38	0.0	198,557	1.5
5,501-6,000	20	0.0	114,007	0.9
6,001-6,500	20	0.0	124,347	0.9
6,501-7,000	18	0.0	121,735	0.9
7,001-7,500	9	0.0	65,704	0.5
7,501-8,000	11	0.0	84,822	0.6
8,001-8,500	7	0.0	57,087	0.4
8,501-9,000	8	0.0	69,631	0.5
9,001-9,500	13	0.0	120,846	0.9
9,501-10,000	2	0.0	19,267	0.1
10,001+	28	0.0	365,893	2.8

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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.

All Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 85+ 62,375
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$9,026,311
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$144

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	32,641	52.3	\$0	0.0
1-500	25,191	40.4	2,719,149	30.1
501-1,000	2,466	4.0	1,738,500	19.3
1,001-1,500	895	1.4	1,091,377	12.1
1,501-2,000	443	0.7	768,170	8.5
2,001-2,500	253	0.4	564,659	6.3
2,501-3,000	145	0.2	398,018	4.4
3,001-3,500	86	0.1	278,618	3.1
3,501-4,000	66	0.1	246,271	2.7
4,001-4,500	37	0.1	156,517	1.7
4,501-5,000	24	0.0	112,622	1.2
5,001-5,500	32	0.1	168,194	1.9
5,501-6,000	17	0.0	96,738	1.1
6,001-6,500	13	0.0	80,601	0.9
6,501-7,000	13	0.0	88,159	1.0
7,001-7,500	10	0.0	72,016	0.8
7,501-8,000	6	0.0	46,502	0.5
8,001-8,500	4	0.0	32,679	0.4
8,501-9,000	6	0.0	53,135	0.6
9,001-9,500	6	0.0	55,712	0.6
9,501-10,000	1	0.0	9,604	0.1
10,001+	20	0.0	249,070	2.8

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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.

All Medicaid Beneficiaries

APPENDIX TABLE A.3
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL BENEFICIARIES, TEXAS, 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	392,692	268,974	121,244	2,108	248	118	4,288,441	2,929,840	1,341,844	12,991	2,586	1,180
Age												
5 and younger	30	0	25	0	5	0	321	0	279	0	42	0
6-14	98	0	86	0	12	0	1,051	0	951	0	100	0
15-20	737	0	708	6	23	0	8,257	0	7,972	38	247	0
21-44	48,534	2	47,125	1,266	135	6	533,523	9	523,528	8,489	1,437	60
45-64	71,847	28	70,903	798	67	51	793,044	223	787,334	4,250	701	536
65-74	105,485	103,815	1,569	34	6	61	1,169,942	1,153,603	15,510	186	59	584
75-84	102,482	101,894	585	3	0	0	1,129,121	1,124,189	4,911	21	0	0
85 and older	63,479	63,235	243	1	0	0	653,182	651,816	1,359	7	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	255,836	188,142	66,056	1,355	165	118	2,807,720	2,060,721	735,500	8,561	1,758	1,180
Male	136,856	80,832	55,188	753	83	0	1,480,721	869,119	606,344	4,430	828	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	168,034	112,535	54,743	614	86	56	1,798,599	1,185,618	607,427	4,117	872	565
African American	67,703	36,940	29,786	891	53	33	732,666	401,650	325,927	4,236	532	321
Other/unknown	156,955	119,499	36,715	603	109	29	1,757,176	1,342,572	408,490	4,638	1,182	294
Use of Nursing Facilities^c												
Entire year	45,058	40,567	4,491	0	0	0	464,094	414,487	49,607	0	0	0
Part year	37,951	33,519	4,428	1	0	3	388,670	341,253	47,387	2	0	28
None	309,683	194,888	112,325	2,107	248	115	3,435,677	2,174,100	1,244,850	12,989	2,586	1,152
Maintenance Assistance Status												
Cash	260,467	171,037	88,906	444	80	0	2,924,591	1,936,642	983,349	3,749	851	0
Medically needy	601	0	0	489	112	0	5,150	0	0	3,983	1,167	0
Poverty related	4,375	1,446	2,328	457	26	118	44,027	15,671	24,100	2,828	248	1,180
Other/unknown	127,249	96,491	30,010	718	30	0	1,314,673	977,527	334,395	2,431	320	0
Dual Status^d												
Full dual, all year	382,030	262,206	117,382	2,079	245	118	4,177,511	2,859,819	1,301,256	12,703	2,553	1,180
Full dual, part year	10,662	6,768	3,862	29	3	0	110,930	70,021	40,588	288	33	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	353,919	243,816	108,112	1,689	185	117	3,849,274	2,642,942	1,193,808	9,463	1,889	1,172
FFS part year, with Rx claims	5,573	2,343	2,906	274	50	0	60,732	25,322	32,335	2,516	559	0
FFS part year, no Rx claims	3,176	1,719	1,413	43	1	0	32,585	17,574	14,751	254	6	0
MC all year, with Rx claims	19,484	13,462	5,921	90	11	0	227,079	157,531	68,712	706	130	0
MC all year, no Rx claims	10,540	7,634	2,892	12	1	1	118,771	86,471	32,238	52	2	8

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. 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(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL BENEFICIARIES, TEXAS, 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	392,692	4,288,441	382,152	4,114,036	0	174,405
Fee-for-service (FFS) all year	353,919	3,849,274	353,919	3,849,274	0	0
FFS part year, with Rx claims	5,573	60,732	5,573	25,032	0	35,700
FFS part year, with no Rx claims	3,176	32,585	3,176	12,651	0	19,934
Managed care (MC) all year, with Rx claims	19,484	227,079	19,484	227,079	0	0
MC all year, with no Rx claims	10,540	118,771	0	0	0	118,771

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

All Medicaid Beneficiaries