

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

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

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

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

FOR ALL NONDUAL BENEFICIARIES

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

FOR DUAL ELIGIBLE BENEFICIARIES

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

SUPPLEMENTAL TABLES

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

APPENDIX TABLES

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

TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	745,269	2,793	79,243	221,370	441,111	752	6,874,749	18,818	829,402	1,984,437	4,035,684	6,408
Age												
5 and younger	181,438	0	5,821	1	175,616	0	1,558,717	0	58,764	4	1,499,949	0
6-14	195,030	0	12,122	15	182,893	0	1,888,502	0	133,359	68	1,755,075	0
15-20	120,042	0	9,423	28,374	82,236	9	1,126,700	0	101,438	247,626	777,566	70
21-44	201,555	0	20,234	180,752	355	214	1,848,513	0	214,695	1,629,004	3,057	1,757
45-64	43,866	0	31,125	12,219	1	521	428,890	0	316,671	107,681	12	4,526
65-74	1,247	769	464	6	0	8	10,223	6,067	4,056	45	0	55
75-84	1,184	1,149	32	3	0	0	8,411	8,135	267	9	0	0
85 and older	897	875	22	0	0	0	4,768	4,616	152	0	0	0
Unknown	10	0	0	0	10	0	25	0	0	0	25	0
Gender												
Female	464,126	1,858	38,643	203,031	219,842	752	4,272,046	12,197	408,298	1,832,127	2,013,016	6,408
Male	281,130	934	40,599	18,336	221,261	0	2,602,640	6,618	421,092	152,297	2,022,633	0
Unknown	13	1	1	3	8	0	63	3	12	13	35	0
Race												
White	309,936	1,000	26,405	104,415	177,719	397	2,861,362	4,572	273,907	927,701	1,651,876	3,306
African American	368,555	1,458	33,425	109,501	223,848	323	3,400,124	11,259	349,937	998,295	2,037,807	2,826
Other/unknown	66,778	335	19,413	7,454	39,544	32	613,263	2,987	205,558	58,441	346,001	276
Use of Nursing Facilities^c												
Entire year	475	93	382	0	0	0	5,227	879	4,348	0	0	0
Part year	331	85	245	0	1	0	3,182	736	2,439	0	7	0
None	744,463	2,615	78,616	221,370	441,110	752	6,866,340	17,203	822,615	1,984,437	4,035,677	6,408
Maintenance Assistance Status												
Cash	221,536	1,003	68,991	65,671	85,871	0	2,116,830	10,122	736,162	568,758	801,788	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	352,467	1,107	5,954	26,382	318,272	752	3,114,238	6,094	48,636	199,530	2,853,570	6,408
Other/unknown	171,266	683	4,298	129,317	36,968	0	1,643,681	2,602	44,604	1,216,149	380,326	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	671,098	2,793	74,194	208,205	385,179	727	6,475,894	18,818	795,170	1,910,161	3,745,498	6,247
FFS part year, with Rx claims	40,101	0	3,886	9,012	27,181	22	263,797	0	28,381	57,681	177,591	144
FFS part year, no Rx claims	34,070	0	1,163	4,153	28,751	3	135,058	0	5,851	16,595	112,595	17

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

a. Table ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	61.1	6.7	\$440	\$65	\$2,695	16.3	745,269
Age							
5 and younger	67.2	4.3	188	44	2,120	8.9	181,438
6-14	61.4	5.0	374	74	1,737	21.5	195,030
15-20	58.9	5.2	336	65	2,478	13.6	120,042
21-44	54.2	7.0	450	65	2,742	16.4	201,555
45-64	74.5	27.6	2,023	73	9,543	21.2	43,866
65-74	43.4	13.9	798	58	6,964	11.5	1,247
75-84	27.3	5.1	291	57	4,100	7.1	1,184
85 and older	17.1	2.4	95	39	3,517	2.7	897
Unknown	0.0	0.0	0	0	0	0.0	10
Basis of Eligibility^e							
Aged	26.0	5.6	301	54	4,192	7.2	2,793
Disabled	75.7	22.9	2,030	89	10,793	18.8	79,243
Adults	52.7	5.7	268	47	1,732	15.5	221,370
Children	62.9	4.3	241	56	1,692	14.2	441,111
Unknown	79.0	18.1	1,214	67	15,964	7.6	752
Gender							
Female	59.9	6.9	409	60	2,476	16.5	464,126
Male	63.0	6.5	492	75	3,058	16.1	281,130
Unknown	30.8	1.3	20	15	803	2.5	13
Race							
White	65.2	8.1	511	63	2,727	18.7	309,936
African American	57.6	5.4	350	65	2,468	14.2	368,555
Other/unknown	61.1	7.7	613	79	3,803	16.1	66,778
Use of Nursing Facilities^f							
Entire year	89.1	63.8	4,133	65	55,039	7.5	475
Part year	83.7	39.9	2,351	59	55,252	4.3	331
None	61.1	6.7	437	66	2,639	16.6	744,463
Maintenance Assistance Status							
Cash	70.0	12.0	901	75	4,572	19.7	221,536
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	63.6	4.6	248	54	1,917	12.9	352,467
Other/unknown	44.4	4.3	242	56	1,869	12.9	171,266

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

a. Table ND.3 includes beneficiaries represented by Cell K of Table 1.

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

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

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

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

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

Benef(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.

Nondual Medicaid Beneficiaries

TABLE ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.7	\$48	16.3	38.9	48.4	6.1	5.1	1.3	0.2	\$292	745,269	6,874,749
Age												
5 and younger	0.5	22	8.9	32.8	60.3	5.0	1.8	0.1	0.0	247	181,438	1,558,717
6-14	0.5	39	21.5	38.6	52.4	5.4	3.2	0.3	0.0	179	195,030	1,888,502
15-20	0.6	36	13.6	41.1	49.5	5.6	3.3	0.5	0.0	264	120,042	1,126,700
21-44	0.8	49	16.4	45.8	39.6	7.0	6.3	1.2	0.1	299	201,555	1,848,513
45-64	2.8	207	21.2	25.5	21.8	11.7	26.1	13.0	1.8	976	43,866	428,890
65-74	1.7	97	11.5	56.6	17.0	5.9	12.9	6.4	1.2	850	1,247	10,223
75-84	0.7	41	7.1	72.7	17.1	2.9	5.3	2.0	0.0	577	1,184	8,411
85 and older	0.5	18	2.7	82.9	11.4	2.3	2.6	0.7	0.1	662	897	4,768
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	10	25
Basis of Eligibility^e												
Aged	0.8	45	7.2	74.0	14.9	3.3	5.4	2.1	0.3	622	2,793	18,818
Disabled	2.2	194	18.8	24.3	32.1	11.8	21.2	9.3	1.3	1,031	79,243	829,402
Adults	0.6	30	15.5	47.3	40.5	6.5	5.1	0.7	0.0	193	221,370	1,984,437
Children	0.5	26	14.2	37.1	55.6	5.0	2.2	0.2	0.0	185	441,111	4,035,684
Unknown	2.1	142	7.6	21.0	31.4	17.2	25.3	4.8	0.4	1,873	752	6,408
Gender												
Female	0.7	45	16.5	40.1	47.1	6.1	5.1	1.4	0.2	269	464,126	4,272,046
Male	0.7	53	16.1	37.0	50.6	6.3	5.0	1.1	0.1	330	281,130	2,602,640
Unknown	0.3	4	2.5	69.2	30.8	0.0	0.0	0.0	0.0	166	13	63
Race												
White	0.9	55	18.7	34.8	49.1	7.6	6.6	1.6	0.2	295	309,936	2,861,362
African American	0.6	38	14.2	42.4	48.1	4.9	3.6	0.9	0.1	268	368,555	3,400,124
Other/unknown	0.8	67	16.1	38.9	47.1	5.8	6.1	1.9	0.3	414	66,778	613,263
Use of Nursing Facilities^f												
Entire year	5.8	376	7.5	10.9	8.6	6.5	26.5	34.9	12.4	5,002	475	5,227
Part year	4.2	245	4.3	16.3	14.8	10.9	29.0	23.6	5.4	5,747	331	3,182
None	0.7	47	16.6	38.9	48.4	6.1	5.1	1.3	0.1	286	744,463	6,866,340
Maintenance Assistance Status												
Cash	1.3	94	19.7	30.0	45.7	9.2	11.0	3.5	0.5	479	221,536	2,116,830
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	28	12.9	36.4	55.6	5.2	2.5	0.3	0.0	217	352,467	3,114,238
Other/unknown	0.5	25	12.9	55.6	37.2	4.0	2.8	0.4	0.0	195	171,266	1,643,681

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.
 a. Table ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. In ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 d. In ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.7	\$48	\$65	0.3	\$37	\$136	0.0	\$3	\$91	0.4	\$8	\$19
Age												
5 and younger	0.5	22	44	0.2	15	94	0.0	2	48	0.3	6	18
6-14	0.5	39	74	0.3	32	126	0.0	1	66	0.2	6	22
15-20	0.6	36	65	0.2	28	132	0.0	2	90	0.3	6	19
21-44	0.8	49	65	0.2	37	148	0.0	3	116	0.5	9	18
45-64	2.8	207	73	1.0	160	160	0.1	12	134	1.7	35	20
65-74	1.7	97	58	0.6	74	125	0.1	5	96	1.0	18	17
75-84	0.7	41	57	0.3	32	127	0.0	2	97	0.4	7	16
85 and older	0.5	18	39	0.1	12	90	0.0	1	66	0.3	5	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.8	45	54	0.3	34	115	0.0	3	94	0.5	8	16
Disabled	2.2	194	89	0.8	157	186	0.1	9	124	1.3	27	22
Adults	0.6	30	47	0.2	20	102	0.0	3	112	0.4	7	16
Children	0.5	26	56	0.2	20	107	0.0	1	58	0.3	5	20
Unknown	2.1	142	67	0.7	109	159	0.1	11	172	1.4	22	16
Gender												
Female	0.7	45	60	0.3	33	128	0.0	3	96	0.5	8	18
Male	0.7	53	75	0.3	42	148	0.0	2	83	0.4	8	21
Unknown	0.3	4	15	0.0	2	38	0.0	1	35	0.2	2	8
Race												
White	0.9	55	63	0.3	41	128	0.0	4	96	0.5	11	20
African American	0.6	38	65	0.2	30	138	0.0	2	85	0.3	6	18
Other/unknown	0.8	67	79	0.3	54	164	0.0	3	89	0.5	10	21
Use of Nursing Facilities^e												
Entire year	5.8	376	65	1.8	268	148	0.3	30	117	3.7	78	21
Part year	4.2	245	59	1.3	176	133	0.2	18	110	2.6	50	19
None	0.7	47	66	0.3	36	136	0.0	3	91	0.4	8	19
Maintenance Assistance Status												
Cash	1.3	94	75	0.5	74	163	0.0	5	110	0.8	15	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	28	54	0.2	21	107	0.0	2	69	0.3	6	19
Other/unknown	0.5	25	56	0.2	19	104	0.0	2	85	0.2	5	18

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In South Carolina, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see [Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx](http://www.medi-span.com/master-drug-database.aspx).

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

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

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

TABLE ND.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users				\$ per Rx				Users ^e					
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.0	0.0	0.2	\$13	\$9	\$1	\$4	\$58	\$204	\$61	\$21	686,260	\$39,699,574	284,423	38.2	2,992,680
Biologicals	0.2	0.2	0.0	0.0	325	320	5	0	1340	1,368	1,291	60	1,075	1,440,772	582	0.1	4,431
Antineoplastic Agents	0.4	0.2	0.0	0.3	156	142	0	14	358	842	151	53	10,404	3,728,707	2,237	0.3	23,841
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	22	16	1	5	54	97	69	21	513,361	27,905,352	119,390	16.0	1,267,023
Cardiovascular Agents	0.9	0.3	0.0	0.6	40	30	3	7	43	87	124	12	554,003	23,777,996	55,874	7.5	598,369
Respiratory Agents	0.4	0.2	0.0	0.2	20	16	1	3	56	96	45	19	886,430	49,672,945	235,136	31.6	2,476,566
Gastrointestinal Agents	0.3	0.1	0.0	0.2	23	17	3	3	71	134	348	15	220,477	15,708,214	65,073	8.7	688,721
Genitourinary Agents	0.2	0.1	0.0	0.1	10	6	1	3	49	81	72	24	64,658	3,191,636	31,789	4.3	335,559
CNS Drugs	0.7	0.3	0.0	0.3	71	58	5	7	107	218	106	21	538,179	57,495,981	76,102	10.2	815,135
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	68	64	0	3	106	118	202	35	232,605	24,595,755	33,726	4.5	363,626
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	175	172	0	2	439	483	87	56	6,439	2,829,814	1,478	0.2	16,206
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	13	6	2	5	41	216	340	18	520,665	21,209,526	148,955	20.0	1,583,613
Neuromuscular Agents	0.5	0.2	0.0	0.3	48	39	1	8	89	183	79	27	264,195	23,563,164	45,000	6.0	486,766
Nutritional Products	0.3	0.1	0.0	0.1	5	4	0	1	20	32	18	10	104,237	2,076,520	38,398	5.2	393,009
Hematological Agents	0.4	0.2	0.0	0.2	57	51	0	6	163	328	33	31	56,136	9,160,456	15,042	2.0	159,684
Topical Products	0.2	0.1	0.0	0.1	10	7	0	2	50	94	59	21	339,393	16,980,946	158,048	21.2	1,659,875
Miscellaneous Products	0.5	0.3	0.0	0.2	321	293	5	22	615	943	235	119	7,640	4,698,730	1,338	0.2	14,645
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	54	0	0	0	9,455	509,584	5,238	0.7	57,626
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.	5,015,612	328,245,672	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In South Carolina, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Top 10 Drug Groups	Users		Among Users					
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$37,968,659	22,273	3.0	246,723	0.6	\$273	\$154	
ANTIASTHMATIC	29,113,847	127,529	17.1	1,368,210	0.2	85	21	
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	24,595,405	39,336	5.3	427,392	0.5	106	58	
ANTICONVULSANT	21,167,361	29,512	4.0	324,064	0.6	116	65	
ANTIVIRAL	16,550,129	17,508	2.3	189,346	0.2	382	87	
ANTIDEPRESSANTS	15,566,311	56,310	7.6	605,650	0.4	66	26	
DERMATOLOGICAL	12,029,473	145,216	19.5	1,549,291	0.1	54	8	
ANTIDIABETIC	11,706,192	26,548	3.6	286,938	0.5	77	41	
ANALGESICS - Narcotic	11,283,139	158,426	21.3	1,701,628	0.2	33	7	
ULCER DRUGS	10,574,171	54,354	7.3	576,482	0.3	68	18	
Total	190,554,687	677,012	n.a.	7,275,724	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

a. Table ND.7 includes the beneficiaries represented by Cell K 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.

Nondual Medicaid Beneficiaries

TABLE ND.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}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTIASTHMATIC				
	Number of Rx	Rx \$	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,053,321	\$190,554,687	22,273	3.0	246,723	0.6	\$154	127,529	17.1	1,368,210	0.2	\$21
Female												
All Females	1,197,302	102,267,712	11,708	2.5	128,809	0.5	143	64,575	13.9	693,000	0.2	21
Female, Disabled												
All Ages	488,759	53,313,361	7,022	18.2	79,152	0.6	184	13,545	35.1	153,260	0.4	34
5 and younger	9,817	846,032	28	1.2	330	0.4	69	1,221	50.2	13,752	0.2	23
6-14	30,943	3,430,977	370	9.3	4,258	0.6	131	1,614	40.8	18,532	0.3	31
15-20	24,773	3,036,912	481	14.5	5,445	0.6	160	720	21.7	8,219	0.3	27
21-44	123,558	15,656,380	2,449	23.4	27,624	0.6	182	2,399	22.9	27,299	0.3	26
45-64	297,157	30,137,171	3,666	20.2	41,183	0.7	195	7,519	41.4	84,695	0.4	40
65-74	2,501	205,718	28	10.2	312	0.7	239	71	25.8	751	0.4	37
75-84	8	101	0	0.0	0	0.0	0	1	5.3	12	0.1	1
85 and older	2	70	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	708,543	48,954,351	4,686	1.1	49,657	0.3	77	51,030	12.0	539,740	0.2	17
5 and younger	94,860	5,708,938	41	0.0	460	0.4	85	16,880	19.7	174,475	0.2	16
6-14	156,308	12,986,412	788	0.9	8,762	0.4	89	16,215	17.8	176,178	0.2	19
15-20	107,793	7,471,134	1,041	1.5	11,372	0.4	80	6,617	9.7	71,264	0.2	15
21-44	293,422	18,703,229	2,453	1.5	25,265	0.3	69	9,627	5.7	100,121	0.2	14
45-64	52,682	3,856,285	310	3.2	3,204	0.4	88	1,616	16.5	16,875	0.3	25
65-74	1,974	142,064	29	5.9	327	0.7	128	41	8.3	445	0.4	39
75-84	1,132	71,593	17	2.3	192	0.6	59	24	3.2	262	0.3	38
85 and older	372	14,696	7	1.1	75	0.3	36	10	1.6	120	0.2	11
Male												
All Males	856,013	88,286,866	10,565	3.8	117,914	0.6	166	62,954	22.4	675,210	0.3	22
Male, Disabled												
All Ages	354,450	46,431,315	6,963	17.2	78,623	0.7	201	10,371	25.5	117,354	0.3	32
5 and younger	14,030	1,236,786	58	1.7	652	0.4	68	1,935	57.1	21,976	0.3	26
6-14	70,715	8,075,236	1,260	15.4	14,312	0.5	135	3,337	40.9	38,619	0.3	30
15-20	42,345	5,615,335	1,097	17.9	12,478	0.6	167	1,108	18.1	12,598	0.3	26
21-44	93,110	15,286,786	2,579	26.4	29,147	0.8	238	1,057	10.8	12,033	0.4	29
45-64	133,232	16,117,216	1,957	15.1	21,905	0.7	216	2,904	22.4	31,818	0.4	43
65-74	1,007	99,912	12	6.3	129	0.9	311	30	15.9	310	0.5	56
75-84	11	44	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

Nondual Medicaid Beneficiaries

TABLE ND.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}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS					ANTIASTHMATIC				
	Number of Rx	Rx \$	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	
Male, Other Eligibles													
All Ages	501,563	41,855,551	3,602	1.5	39,291	0.4	98	52,583	21.9	557,856	0.2	20	
5 and younger	117,351	7,832,609	93	0.1	1,044	0.4	87	23,811	26.5	245,977	0.2	18	
6-14	244,208	22,437,308	1,966	2.1	21,789	0.5	97	22,373	24.3	243,881	0.3	21	
15-20	79,657	7,106,028	1,036	2.5	11,295	0.5	107	5,068	12.0	54,480	0.3	18	
21-44	41,857	3,067,567	416	3.3	4,205	0.3	79	886	7.1	9,080	0.3	20	
45-64	17,235	1,310,753	63	2.1	640	0.3	70	411	13.9	4,074	0.3	30	
65-74	651	58,259	17	5.9	192	0.8	139	16	5.5	161	0.3	25	
75-84	479	38,619	10	2.5	114	0.7	146	10	2.5	112	0.3	40	
85 and older	125	4,408	1	0.4	12	0.3	78	8	3.3	91	0.4	22	
Unknown	6	109	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 South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

a. Table ND.7A includes the beneficiaries represented by Cell K 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.

Nondual Medicaid Beneficiaries

TABLE ND.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}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTICONSULSANT					ANTIVIRAL				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	39,336	5.3	427,392	0.5	\$58	29,512	4.0	324,064	0.6	\$65	17,508	2.3	189,346	0.2	\$87
Female															
All Females	11,952	2.6	129,890	0.5	54	18,556	4.0	202,906	0.5	58	11,067	2.4	119,330	0.2	80
Female, Disabled															
All Ages	1,797	4.7	20,321	0.5	58	9,484	24.5	107,629	0.7	75	2,049	5.3	22,958	0.4	228
5 and younger	67	2.8	753	0.3	34	258	10.6	2,942	0.7	80	73	3.0	829	0.2	27
6-14	1,016	25.7	11,473	0.6	56	776	19.6	8,989	0.7	106	163	4.1	1,901	0.3	82
15-20	400	12.1	4,525	0.6	65	628	19.0	7,225	0.8	123	108	3.3	1,267	0.3	140
21-44	187	1.8	2,135	0.5	57	3,082	29.4	35,003	0.7	90	801	7.6	8,848	0.4	244
45-64	127	0.7	1,435	0.5	71	4,714	26.0	53,171	0.6	53	904	5.0	10,113	0.5	270
65-74	0	0.0	0	0.0	0	26	9.5	299	0.6	35	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	10,155	2.4	109,569	0.5	53	9,072	2.1	95,277	0.4	40	9,018	2.1	96,372	0.2	45
5 and younger	383	0.4	4,020	0.3	37	252	0.3	2,624	0.4	54	1,466	1.7	15,706	0.1	6
6-14	7,116	7.8	76,977	0.5	55	840	0.9	9,165	0.4	62	2,137	2.4	23,624	0.1	20
15-20	1,731	2.5	18,955	0.5	51	1,218	1.8	13,426	0.4	52	1,412	2.1	15,283	0.2	40
21-44	847	0.5	8,865	0.4	49	5,797	3.4	60,022	0.4	34	3,754	2.2	39,273	0.2	71
45-64	78	0.8	752	0.5	74	903	9.2	9,363	0.4	33	244	2.5	2,426	0.3	150
65-74	0	0.0	0	0.0	0	30	6.1	344	0.5	21	1	0.2	12	0.1	6
75-84	0	0.0	0	0.0	0	25	3.4	274	0.4	14	4	0.5	48	0.1	10
85 and older	0	0.0	0	0.0	0	7	1.1	59	0.8	14	0	0.0	0	0.0	0
Male															
All Males	27,384	9.7	297,502	0.6	59	10,956	3.9	121,158	0.6	77	6,441	2.3	70,016	0.2	100
Male, Disabled															
All Ages	5,118	12.6	58,170	0.6	65	7,475	18.4	84,729	0.7	89	1,894	4.7	20,735	0.5	282
5 and younger	174	5.1	1,932	0.4	40	289	8.5	3,295	0.6	68	103	3.0	1,197	0.2	22
6-14	3,458	42.4	39,180	0.6	65	1,340	16.4	15,519	0.7	98	279	3.4	3,267	0.2	30
15-20	1,270	20.8	14,611	0.6	68	921	15.1	10,515	0.8	125	124	2.0	1,417	0.2	80
21-44	170	1.7	1,946	0.6	72	2,431	24.9	27,719	0.8	107	630	6.5	6,505	0.6	349
45-64	46	0.4	501	0.6	76	2,474	19.1	27,480	0.6	54	755	5.8	8,313	0.6	401
65-74	0	0.0	0	0.0	0	20	10.6	201	0.9	92	3	1.6	36	0.3	40
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Nondual Medicaid Beneficiaries

TABLE ND.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}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTICONSULSANT					ANTIVIRAL					
	Number of Users	Users	Number of Benefit Months Among Users	Mean Number of Rx per Mean Rx \$ Benefit per Benefit Month		Number of Users	Users	Number of Benefit Months Among Users	Mean Number of Rx per Mean Rx \$ Benefit per Benefit Month		Number of Users	Users	Number of Benefit Months Among Users	Mean Number of Rx per Mean Rx \$ Benefit per Benefit Month		
		as % of All Benes		as % of All Benes	Benefit per Month		Benefit Month		Benefit per Month	Benefit Month		Benefit per Month		Benefit Month		
Male, Other Eligibles																
All Ages	22,266	9.3	239,332	0.5	58	3,481	1.4	36,429	0.4	50	4,547	1.9	49,281	0.1	23	
5 and younger	977	1.1	10,253	0.4	34	300	0.3	3,101	0.4	42	1,547	1.7	16,541	0.1	6	
6-14	17,526	19.1	188,636	0.6	59	1,216	1.3	13,211	0.5	60	2,069	2.2	22,812	0.1	16	
15-20	3,583	8.5	38,652	0.5	60	658	1.6	7,029	0.4	63	671	1.6	7,276	0.1	34	
21-44	140	1.1	1,387	0.5	61	949	7.6	9,413	0.4	37	204	1.6	2,050	0.3	141	
45-64	40	1.4	404	0.7	75	335	11.3	3,432	0.4	30	54	1.8	578	0.4	255	
65-74	0	0.0	0	0.0	0	11	3.8	126	0.9	61	0	0.0	0	0.0	0	
75-84	0	0.0	0	0.0	0	9	2.2	81	0.7	37	1	0.2	12	0.2	78	
85 and older	0	0.0	0	0.0	0	3	1.2	36	0.4	5	1	0.4	12	0.1	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 South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

a. Table ND.7B includes the beneficiaries represented by Cell K 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.

Nondual Medicaid Beneficiaries

TABLE ND.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}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					DERMATOLOGICAL					ANTIDIABETIC				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	56,310	7.6	605,650	0.4	\$26	145,216	19.5	1,549,291	0.1	\$8	26,548	3.6	286,938	0.5	\$41
Female															
All Females	42,079	9.1	450,412	0.4	26	84,749	18.3	906,006	0.1	8	19,593	4.2	212,474	0.5	40
Female, Disabled															
All Ages	13,906	36.0	156,181	0.5	33	9,682	25.1	111,944	0.2	9	10,630	27.5	119,439	0.6	45
5 and younger	10	0.4	112	0.3	7	965	39.7	10,975	0.1	5	11	0.5	128	0.5	46
6-14	369	9.3	4,235	0.5	24	1,461	36.9	17,053	0.2	8	88	2.2	1,039	0.5	37
15-20	644	19.5	7,299	0.5	26	959	29.0	11,064	0.2	9	182	5.5	2,071	0.5	43
21-44	4,292	41.0	48,279	0.5	32	2,393	22.8	27,865	0.2	9	1,675	16.0	19,021	0.5	43
45-64	8,530	47.0	95,646	0.5	34	3,868	21.3	44,559	0.2	11	8,567	47.2	95,981	0.6	46
65-74	61	22.2	610	0.6	34	35	12.7	416	0.2	9	107	38.9	1,199	0.6	37
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	6.7	12	0.2	6	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	28,173	6.6	294,231	0.3	22	75,067	17.6	794,062	0.1	8	8,963	2.1	93,035	0.4	33
5 and younger	98	0.1	1,042	0.3	11	30,152	35.2	304,937	0.1	6	53	0.1	561	0.5	41
6-14	2,124	2.3	23,560	0.4	18	20,589	22.6	226,516	0.1	9	799	0.9	8,729	0.5	47
15-20	4,758	7.0	51,139	0.3	18	11,638	17.0	127,456	0.1	10	888	1.3	9,596	0.4	39
21-44	18,468	10.9	191,042	0.3	23	11,366	6.7	121,224	0.1	7	5,129	3.0	52,653	0.4	30
45-64	2,642	27.0	26,521	0.4	29	1,260	12.9	13,238	0.1	9	1,909	19.5	19,489	0.5	34
65-74	41	8.3	467	0.5	25	26	5.3	297	0.2	24	109	22.1	1,198	0.6	31
75-84	29	3.9	331	0.5	29	21	2.8	242	0.2	16	62	8.3	689	0.5	34
85 and older	13	2.1	129	0.6	18	15	2.4	152	0.2	7	14	2.2	120	0.5	22
Male															
All Males	14,231	5.1	155,238	0.4	25	60,465	21.5	643,274	0.1	8	6,955	2.5	74,464	0.6	43
Male, Disabled															
All Ages	6,726	16.6	75,225	0.5	31	8,018	19.7	92,821	0.2	9	4,433	10.9	48,651	0.6	42
5 and younger	27	0.8	313	0.3	9	1,135	33.5	13,091	0.1	6	9	0.3	99	0.8	54
6-14	921	11.3	10,572	0.5	21	2,101	25.7	24,601	0.1	7	92	1.1	1,065	0.5	36
15-20	922	15.1	10,564	0.5	29	1,366	22.3	15,896	0.2	10	139	2.3	1,583	0.6	51
21-44	1,979	20.3	22,245	0.5	38	1,649	16.9	19,236	0.2	10	845	8.7	9,327	0.6	43
45-64	2,862	22.1	31,405	0.5	30	1,747	13.5	19,791	0.2	12	3,319	25.6	36,296	0.6	42
65-74	15	7.9	126	0.7	34	20	10.6	206	0.2	19	28	14.8	269	0.5	20
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7.7	12	0.9	4
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Nondual Medicaid Beneficiaries

TABLE ND.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}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					DERMATOLOGICAL					ANTIDIABETIC				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	7,505	3.1	80,013	0.4	20	52,447	21.8	550,453	0.1	7	2,522	1.0	25,813	0.5	45
5 and younger	109	0.1	1,197	0.3	8	29,239	32.5	295,062	0.1	6	81	0.1	813	0.5	40
6-14	2,928	3.2	32,337	0.4	17	15,452	16.8	170,863	0.1	8	504	0.5	5,501	0.6	53
15-20	2,159	5.1	23,280	0.3	21	6,540	15.5	71,931	0.2	12	428	1.0	4,504	0.6	59
21-44	1,711	13.6	17,026	0.3	25	883	7.0	9,068	0.1	10	841	6.7	8,245	0.5	37
45-64	573	19.3	5,905	0.4	26	308	10.4	3,237	0.2	12	627	21.2	6,310	0.5	38
65-74	11	3.8	128	0.5	20	11	3.8	128	0.2	6	19	6.6	210	0.6	58
75-84	11	2.7	106	0.5	33	11	2.7	129	0.3	40	21	5.1	218	0.4	13
85 and older	3	1.2	34	0.2	10	3	1.2	35	0.2	4	1	0.4	12	1.0	5
Unknown	0	0.0	0	0.0	0	2	8.7	11	0.3	9	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

a. Table ND.7C includes the beneficiaries represented by Cell K 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.

Nondual Medicaid Beneficiaries

TABLE ND.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}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	ANALGESICS - Narcotic					ULCER DRUGS					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	158,426	21.3	1,701,628	0.2	\$7	54,354	7.3	576,482	0.3	\$18	745,269	6,874,749
Female												
All Females	116,950	25.2	1,256,297	0.2	6	35,181	7.6	376,388	0.3	17	464,121	4,272,039
Female, Disabled												
All Ages	23,137	59.9	261,871	0.3	16	10,117	26.2	115,238	0.4	28	38,643	408,298
5 and younger	239	9.8	2,775	0.1	1	534	21.9	5,716	0.3	27	2,433	24,535
6-14	602	15.2	6,999	0.1	2	574	14.5	6,686	0.4	37	3,959	43,530
15-20	1,174	35.5	13,477	0.2	4	470	14.2	5,431	0.3	30	3,311	35,875
21-44	7,245	69.2	82,096	0.3	15	2,384	22.8	27,260	0.3	24	10,475	111,809
45-64	13,759	75.8	155,294	0.3	19	6,096	33.6	69,511	0.4	29	18,156	189,725
65-74	117	42.5	1,218	0.3	9	58	21.1	622	0.5	21	275	2,553
75-84	1	5.3	12	0.1	0	1	5.3	12	0.5	8	19	170
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	15	101
Female, Other Eligibles												
All Ages	93,813	22.0	994,426	0.2	3	25,064	5.9	261,150	0.2	13	425,478	3,863,741
5 and younger	2,933	3.4	31,954	0.1	1	5,338	6.2	48,759	0.2	12	85,761	732,726
6-14	7,176	7.9	79,035	0.1	1	4,045	4.4	44,817	0.2	15	90,905	870,278
15-20	19,204	28.1	205,022	0.1	1	4,374	6.4	47,595	0.2	10	68,389	631,831
21-44	59,244	35.1	623,935	0.2	4	9,634	5.7	102,565	0.2	12	168,773	1,530,242
45-64	5,109	52.2	52,895	0.3	9	1,577	16.1	16,336	0.3	23	9,779	86,380
65-74	74	15.0	825	0.2	7	50	10.1	558	0.4	25	494	4,042
75-84	57	7.7	598	0.3	7	38	5.1	424	0.3	12	744	5,179
85 and older	16	2.5	162	0.2	7	8	1.3	96	0.7	28	633	3,063
Male												
All Males	41,473	14.8	445,303	0.2	9	19,173	6.8	200,094	0.3	20	281,125	2,602,622
Male, Disabled												
All Ages	13,486	33.2	150,216	0.3	18	5,795	14.3	65,650	0.4	29	40,599	421,092
5 and younger	358	10.6	4,116	0.1	1	655	19.3	7,296	0.3	28	3,388	34,229
6-14	1,044	12.8	12,187	0.1	1	752	9.2	8,823	0.4	41	8,163	89,829
15-20	1,323	21.6	15,322	0.2	2	563	9.2	6,492	0.4	34	6,112	65,563
21-44	3,819	39.1	42,751	0.3	19	1,231	12.6	14,089	0.4	27	9,758	102,874
45-64	6,910	53.3	75,514	0.4	23	2,569	19.8	28,684	0.4	26	12,969	126,946
65-74	32	16.9	326	0.4	8	25	13.2	266	0.5	24	189	1,503
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	97
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	51

Nondual Medicaid Beneficiaries

TABLE ND.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}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	ANALGESICS - Narcotic						ULCER DRUGS					
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	27,987	11.6	295,087	0.2	5	13,378	5.6	134,444	0.2	16	240,526	2,181,530
5 and younger	4,154	4.6	44,576	0.1	1	6,407	7.1	58,790	0.2	14	89,852	767,212
6-14	7,269	7.9	80,344	0.1	1	3,589	3.9	40,072	0.2	18	92,000	884,853
15-20	8,003	19.0	85,482	0.1	1	1,848	4.4	20,130	0.2	12	42,227	393,412
21-44	6,783	54.1	66,426	0.3	12	1,079	8.6	10,784	0.3	22	12,547	103,574
45-64	1,738	58.7	17,831	0.4	18	429	14.5	4,385	0.3	25	2,962	25,839
65-74	14	4.8	147	0.4	4	10	3.5	106	0.6	37	289	2,125
75-84	19	4.7	213	0.3	8	10	2.5	110	0.4	4	408	2,965
85 and older	7	2.9	68	0.2	2	6	2.5	67	0.4	9	241	1,550
Unknown	3	13.0	28	0.1	1	0	0.0	0	0.0	0	23	88

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

a. Table ND.7D includes the beneficiaries represented by Cell K 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.

Nondual Medicaid Beneficiaries

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$376	5.8	475	5,227
Age				
0-64	432	6.6	364	4,164
65-74	363	5.8	32	316
75-84	86	1.7	39	380
85 and older	52	1.3	40	367
Unknown	0	0.0	0	0
Gender				
Female	405	6.1	251	2,740
Male	343	5.5	224	2,487
Unknown	0	0.0	0	0
Race				
White	405	5.9	156	1,666
African American	362	5.9	273	3,058
Other/unknown	362	5.1	46	503
Basis of Eligibility^c				
Aged	115	2.3	93	879
Disabled	428	6.5	382	4,348
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 South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 331 beneficiaries who were in nursing facilities for part of their enrollment and their 3,182 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.

Nondual Medicaid Beneficiaries

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.3	\$20	\$13	\$0	\$7	\$59	\$173	\$89	\$25	961	\$56,292	244	51.4	2,803
Biologicals	0.1	0.0	0.0	0.1	2	0	0	1	22	16	0	25	3	66	3	0.6	36
Antineoplastic Agents	0.4	0.0	0.0	0.4	23	0	0	23	64	0	0	64	52	3,327	13	2.7	143
Endocrine/Metabolic Drugs	1.2	0.4	0.0	0.7	60	49	1	10	50	111	46	13	2,321	116,634	171	36.0	1,943
Cardiovascular Agents	2.0	0.6	0.1	1.4	74	46	7	21	36	79	129	15	6,206	225,175	267	56.2	3,031
Respiratory Agents	0.5	0.3	0.0	0.2	34	27	2	5	63	105	72	19	878	55,491	144	30.3	1,646
Gastrointestinal Agents	1.0	0.1	0.0	0.9	40	28	0	12	40	186	55	14	2,357	93,150	203	42.7	2,316
Genitourinary Agents	0.8	0.5	0.0	0.3	51	39	1	11	62	85	52	32	681	42,367	71	14.9	837
CNS Drugs	1.7	0.8	0.1	0.9	186	155	13	18	107	206	91	21	6,285	669,659	314	66.1	3,594
Stimulants/Anti-obesity/Anorexia	0.4	0.0	0.0	0.4	41	0	0	41	99	0	0	99	5	495	1	0.2	12
Miscellaneous Psychological/ Neurological Agents	0.9	0.9	0.0	0.0	180	180	0	0	190	190	0	0	355	67,539	33	6.9	376
Analgesics and Anesthetics	0.8	0.2	0.1	0.5	64	27	26	10	83	165	373	19	1,846	152,320	207	43.6	2,377
Neuromuscular Agents	1.5	0.4	0.0	1.1	107	67	1	39	71	161	38	36	4,526	319,525	261	54.9	2,986
Nutritional Products	0.7	0.0	0.1	0.6	9	0	1	8	13	21	11	13	862	11,097	110	23.2	1,240
Hematological Agents	1.2	0.2	0.0	0.9	63	45	0	17	53	187	18	19	1,445	76,265	104	21.9	1,206
Topical Products	0.5	0.2	0.1	0.3	25	14	4	7	50	93	66	24	1,337	67,089	231	48.6	2,670
Miscellaneous Products	0.2	0.1	0.0	0.1	13	5	0	8	64	76	0	58	44	2,824	20	4.2	222
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	30	0	0	0	133	4,005	41	8.6	466
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.	30,297	1,963,320	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 331 beneficiaries who were in nursing facilities for part of their enrollment and their 3,182 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 South Carolina, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.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
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$490,181	207	43.6	2,403	0.9	\$230	\$204	
ANTICONVULSANT	277,530	286	60.2	3,293	1.1	80	84	
ANTIDEPRESSANTS	143,052	271	57.1	3,129	0.8	55	46	
ANTIDIABETIC	107,575	205	43.2	2,330	0.9	53	46	
ANTHYPERLIPIDEMIC	89,104	107	22.5	1,226	0.8	92	73	
ANALGESICS - Narcotic	86,350	206	43.4	2,349	0.5	73	37	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	67,539	37	7.8	424	0.8	190	159	
ANTIHYPERTENSIVE	53,666	191	40.2	2,154	0.8	31	25	
MIGRAINE PRODUCTS	53,098	28	5.9	335	0.9	181	159	
ULCER DRUGS	50,514	158	33.3	1,793	0.7	39	28	
Total	1,418,609	1,696	n.a.	19,436	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 331 beneficiaries who were in nursing facilities for part of their enrollment and their 3,182 benefit months were excluded from the analysis.

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

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

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

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

Nondual Medicaid Beneficiaries

TABLE ND.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}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	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	16,109	\$1,418,609	207	43.6	2,403	0.9	\$204	286	60.2	3,293	1.1	\$84
Female												
All Females	9,084	827,710	128	51.0	1,481	0.9	206	152	60.6	1,735	1.0	79
Female, Disabled												
All Ages	8,606	793,410	116	57.4	1,352	0.9	216	143	70.8	1,661	1.1	82
64 or younger	8,230	763,691	111	57.5	1,292	0.9	217	137	71.0	1,589	1.1	83
65-74	376	29,719	5	71.4	60	0.9	182	6	85.7	72	0.8	57
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	478	34,300	12	24.5	129	0.8	108	9	18.4	74	0.8	19
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	222	19,057	6	60.0	65	1.0	176	4	40.0	41	0.8	14
75-84	178	9,181	3	15.8	28	0.9	78	3	15.8	29	0.9	25
85 and older	78	6,062	3	15.0	36	0.3	8	2	10.0	4	0.8	27
Male												
All Males	7,025	590,899	79	35.3	922	0.8	200	134	59.8	1,558	1.1	90
Male, Disabled												
All Ages	6,637	561,994	73	40.6	856	0.8	199	123	68.3	1,445	1.1	94
64 or younger	6,456	544,895	72	42.1	844	0.8	193	116	67.8	1,383	1.1	94
65-74	181	17,099	1	11.1	12	0.8	654	7	77.8	62	1.0	92
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	388	28,905	6	13.6	66	1.0	213	11	25.0	113	0.9	37
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	218	15,040	2	33.3	24	1.1	202	5	83.3	60	1.0	37
75-84	117	11,685	4	22.2	42	1.0	219	5	27.8	41	0.8	43
85 and older	53	2,180	0	0.0	0	0.0	0	1	5.0	12	0.9	11
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 South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 331 beneficiaries who were in nursing facilities for part of their enrollment and their 3,182 benefit months were excluded from the analysis.

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

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

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

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

TABLE ND.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}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS						ANTIDIABETIC					ANTIHYPERTENSIVE				
	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		Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents		Mean Number of Rx	Mean Rx \$
		Residents	Benefit Months					Residents	Benefit Months				Residents	Benefit Months		
All	271	57.1	3,129	0.8	\$46	205	43.2	2,330	0.9	\$46	107	22.5	1,226	0.8	\$73	
Female																
All Females	159	63.3	1,809	0.8	51	118	47.0	1,323	0.9	48	58	23.1	638	0.8	70	
Female, Disabled																
All Ages	150	74.3	1,724	0.8	50	114	56.4	1,292	0.9	48	55	27.2	620	0.7	70	
64 or younger	148	76.7	1,700	0.8	50	107	55.4	1,208	0.9	47	52	26.9	584	0.7	70	
65-74	2	28.6	24	1.0	52	7	100.0	84	1.1	54	3	42.9	36	0.8	63	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Female, Other Eligibles																
All Ages	9	18.4	85	0.9	73	4	8.2	31	1.2	39	3	6.1	18	1.1	83	
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	3	30.0	30	1.0	114	3	30.0	22	1.3	50	1	10.0	6	1.3	75	
75-84	4	21.1	40	0.8	68	1	5.3	9	1.0	13	1	5.3	9	0.9	90	
85 and older	2	10.0	15	0.9	4	0	0.0	0	0.0	0	1	5.0	3	1.0	79	
Male																
All Males	112	50.0	1,320	0.8	38	87	38.8	1,007	0.8	44	49	21.9	588	0.8	76	
Male, Disabled																
All Ages	105	58.3	1,249	0.8	40	84	46.7	971	0.8	43	47	26.1	564	0.8	76	
64 or younger	104	60.8	1,237	0.8	40	83	48.5	959	0.8	44	45	26.3	540	0.8	76	
65-74	1	11.1	12	0.8	26	1	11.1	12	0.6	3	2	22.2	24	1.0	77	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Male, Other Eligibles																
All Ages	7	15.9	71	0.6	10	3	6.8	36	1.0	72	2	4.5	24	0.8	68	
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	2	33.3	24	0.5	4	3	50.0	36	1.0	72	2	33.3	24	0.8	68	
75-84	5	27.8	47	0.6	13	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	
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 South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.
 a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 331 beneficiaries who were in nursing facilities for part of their enrollment and their 3,182 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.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}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIHYPERTENSIVE				
	Number of Users	Users as %	Number of	Mean	Mean Rx \$	Number of Users	Users as %	Number of	Mean	Mean Rx \$	Number of Users	Users as %	Number of	Mean	Mean Rx \$
		of All-Year Nursing Facility Residents					Benefit Months Among Users					of Rx			
All	206	43.4	2,349	0.5	\$37	37	7.8	424	0.8	\$159	191	40.2	2,154	0.8	\$25
Female															
All Females	125	49.8	1,388	0.6	42	26	10.4	293	0.8	161	96	38.2	1,056	0.8	25
Female, Disabled															
All Ages	114	56.4	1,304	0.6	44	18	8.9	216	0.8	184	89	44.1	1,008	0.8	26
64 or younger	109	56.5	1,244	0.6	46	17	8.8	204	0.8	190	81	42.0	912	0.8	23
65-74	5	71.4	60	0.1	3	1	14.3	12	0.4	75	8	114.3	96	0.9	48
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	11	22.4	84	0.4	14	8	16.3	77	0.7	98	7	14.3	48	0.7	11
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2	20.0	12	0.2	13	1	10.0	12	1.1	93	1	10.0	11	1.0	8
75-84	5	26.3	33	0.6	7	2	10.5	14	1.1	129	5	26.3	25	0.8	17
85 and older	4	20.0	39	0.3	19	5	25.0	51	0.5	90	1	5.0	12	0.1	1
Male															
All Males	81	36.2	961	0.4	30	11	4.9	131	1.0	155	95	42.4	1,098	0.8	25
Male, Disabled															
All Ages	80	44.4	949	0.4	30	10	5.6	119	1.0	156	90	50.0	1,044	0.8	26
64 or younger	79	46.2	937	0.4	30	10	5.8	119	1.0	156	88	51.5	1,020	0.8	26
65-74	1	11.1	12	0.1	0	0	0.0	0	0.0	0	2	22.2	24	1.1	15
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	1	2.3	12	1.3	18	1	2.3	12	1.0	152	5	11.4	54	0.8	8
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	16.7	12	1.3	18	0	0.0	0	0.0	0	2	33.3	24	1.0	12
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	11.1	18	0.5	4
85 and older	0	0.0	0	0.0	0	1	5.0	12	1.0	152	1	5.0	12	0.9	8
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 South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.
 a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 331 beneficiaries who were in nursing facilities for part of their enrollment and their 3,182 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.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}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	MIGRAINE PRODUCTS					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 \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	28	5.9	335	0.9	\$159	158	33.3	1,793	0.7	\$28	475	5,227
Female												
All Females	16	6.4	191	0.9	146	84	33.5	911	0.7	28	251	2,740
Female, Disabled												
All Ages	15	7.4	180	0.9	151	78	38.6	852	0.7	29	202	2,286
64 or younger	14	7.3	168	0.9	158	75	38.9	816	0.7	30	193	2,183
65-74	1	14.3	12	0.3	64	3	42.9	36	0.6	5	7	84
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	19
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	1	2.0	11	1.0	50	6	12.2	59	0.8	5	49	454
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1	10.0	11	1.0	50	2	20.0	21	0.9	7	10	90
75-84	0	0.0	0	0.0	0	3	15.8	26	0.9	5	19	184
85 and older	0	0.0	0	0.0	0	1	5.0	12	0.7	2	20	180
Male												
All Males	12	5.4	144	0.9	176	74	33.0	882	0.7	29	224	2,487
Male, Disabled												
All Ages	12	6.7	144	0.9	176	69	38.3	822	0.7	27	180	2,062
64 or younger	11	6.4	132	0.9	188	66	38.6	786	0.7	28	171	1,981
65-74	1	11.1	12	1.0	43	3	33.3	36	0.9	14	9	81
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	0	0.0	0	0.0	0	5	11.4	60	0.8	56	44	425
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	2	33.3	24	0.9	132	6	61
75-84	0	0.0	0	0.0	0	1	5.6	12	0.3	3	18	177
85 and older	0	0.0	0	0.0	0	2	10.0	24	0.8	6	20	187
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 South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 331 beneficiaries who were in nursing facilities for part of their enrollment and their 3,182 benefit months were excluded from the analysis.

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

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

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

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

TABLE ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 SOUTH CAROLINA, 2006

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Nondual Rx \$	Total Number of Beneficiaries	
All	163,708	22.0	0.6	456,455	\$9	\$6,418,900	\$14	2.0	745,269	
Age										
5 and younger	49,179	27.1	0.5	92,490	7	1,281,812	14	3.8	181,438	
6-14	41,908	21.5	0.4	84,948	7	1,367,100	16	1.9	195,030	
15-20	21,798	18.2	0.4	47,735	7	875,729	18	2.2	120,042	
21-44	33,366	16.6	0.6	120,666	8	1,529,330	13	1.7	201,555	
45-64	16,815	38.3	2.4	106,800	30	1,323,694	12	1.5	43,866	
65-74	319	25.6	1.6	2,053	16	20,448	10	2.1	1,247	
75-84	216	18.2	1.0	1,179	13	15,389	13	4.5	1,184	
85 and older	107	11.9	0.7	584	6	5,398	9	6.4	897	
Unknown	0	0.0	0.0	0	0	0	0	0.0	10	
Basis of Eligibility^c										
Aged	463	16.6	1.0	2,676	11	30,580	11	3.6	2,793	
Disabled	28,259	35.7	2.1	162,660	28	2,203,878	14	1.4	79,243	
Adults	32,879	14.9	0.4	98,270	6	1,238,224	13	2.1	221,370	
Children	101,824	23.1	0.4	191,701	7	2,934,041	15	2.8	441,111	
Unknown	283	37.6	1.5	1,148	16	12,177	11	1.3	752	
Gender										
Female	98,350	21.2	0.6	287,893	9	3,984,073	14	2.1	464,126	
Male	65,356	23.2	0.6	168,558	9	2,434,766	14	1.8	281,130	
Unknown	2	15.4	0.3	4	5	61	15	23.7	13	
Race										
White	77,685	25.1	0.8	243,315	11	3,481,426	14	2.2	309,936	
African American	69,475	18.9	0.4	162,990	6	2,212,226	14	1.7	368,555	
Other/unknown	16,548	24.8	0.8	50,150	11	725,248	14	1.8	66,778	
Use of Nursing Facilities^d										
Entire year	241	50.7	5.0	2,355	67	31,858	14	1.6	475	
Part year	180	54.4	3.3	1,096	43	14,144	13	1.8	331	
None	163,287	21.9	0.6	453,004	9	6,372,898	14	2.0	744,463	
Maintenance Assistance Status										
Cash	65,206	29.4	1.1	253,450	15	3,399,050	13	1.7	221,536	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	77,986	22.1	0.4	152,653	7	2,295,826	15	2.6	352,467	
Other/unknown	20,516	12.0	0.3	50,352	4	724,024	14	1.7	171,266	

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 SOUTH CAROLINA, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$1	\$14	\$0	\$0	6,874,749
Age						
5 and younger	0.1	1	14	0	0	1,558,717
6-14	0.0	1	16	0	0	1,888,502
15-20	0.0	1	18	0	0	1,126,700
21-44	0.1	1	13	0	0	1,848,513
45-64	0.2	3	12	0	1	428,890
65-74	0.2	2	10	0	1	10,223
75-84	0.1	2	13	0	1	8,411
85 and older	0.1	1	9	0	1	4,768
Unknown	0.0	0	0	0	0	25
Basis of Eligibility^c						
Aged	0.1	2	11	0	1	18,818
Disabled	0.2	3	14	0	1	829,402
Adults	0.0	1	13	0	0	1,984,437
Children	0.0	1	15	0	0	4,035,684
Unknown	0.2	2	11	0	1	6,408
Gender						
Female	0.1	1	14	0	0	4,272,046
Male	0.1	1	14	0	0	2,602,640
Unknown	0.1	1	15	0	0	63
Race						
White	0.1	1	14	0	0	2,861,362
African American	0.0	1	14	0	0	3,400,124
Other/unknown	0.1	1	14	0	0	613,263
Use of Nursing Facilities^d						
Entire year	0.5	6	14	0	3	5,227
Part year	0.3	4	13	0	2	3,182
None	0.1	1	14	0	0	6,866,340
Maintenance Assistance Status						
Cash	0.1	2	13	0	1	2,116,830
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	1	15	0	0	3,114,238
Other/unknown	0.0	0	14	0	0	1,643,681

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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.

TABLE ND.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
 SOUTH CAROLINA, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	193,754	\$33	\$6,418,900	100.0	456,455	\$14	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	7	128	898	0.0	7	128	0.0
Drugs for cosmetic purposes	257	13	3,366	0.1	368	9	0.1
Cough and cold medications	108,040	31	3,377,231	52.6	178,991	19	39.2
Vitamins and minerals	10,781	43	460,864	7.2	36,995	12	8.1
Non-prescription drugs	41,586	19	788,881	12.3	88,585	9	19.4
Barbiturates	1,117	42	46,760	0.7	8,746	5	1.9
Benzodiazepines	26,017	55	1,432,300	22.3	131,372	11	28.8
Other Part D Excl Rx Drugs	5,949	52	308,600	4.8	11,391	27	2.5

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.

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.

Nondual Medicaid Beneficiaries

APPENDIX TABLE A.1
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	798,196	2,793	84,588	227,814	482,243	758	7,839,196	18,818	916,223	2,112,984	4,784,620	6,551
Age												
5 and younger	196,235	0	6,217	1	190,017	0	1,846,553	0	65,900	4	1,780,649	0
6-14	216,270	0	13,906	15	202,349	0	2,264,163	0	159,426	72	2,104,665	0
15-20	129,369	0	10,565	29,293	89,502	9	1,278,429	0	118,176	264,070	896,113	70
21-44	207,462	0	21,287	185,595	364	216	1,967,606	0	233,347	1,729,296	3,156	1,807
45-64	45,521	0	32,094	12,901	1	525	458,987	0	334,868	119,488	12	4,619
65-74	1,248	769	465	6	0	8	10,254	6,067	4,087	45	0	55
75-84	1,184	1,149	32	3	0	0	8,411	8,135	267	9	0	0
85 and older	897	875	22	0	0	0	4,768	4,616	152	0	0	0
Unknown	10	0	0	0	10	0	25	0	0	0	25	0
Gender												
Female	492,986	1,858	41,374	208,469	240,527	758	4,807,586	12,197	453,565	1,944,912	2,390,361	6,551
Male	305,197	934	43,213	19,342	241,708	0	3,031,547	6,618	462,646	168,059	2,394,224	0
Unknown	13	1	1	3	8	0	63	3	12	13	35	0
Race												
White	322,087	1,000	27,036	106,331	187,323	397	3,094,187	4,572	285,737	966,820	1,833,748	3,310
African American	404,468	1,458	36,166	113,828	252,687	329	4,045,481	11,259	393,974	1,084,279	2,553,008	2,961
Other/unknown	71,641	335	21,386	7,655	42,233	32	699,528	2,987	236,512	61,885	397,864	280
Use of Nursing Facilities^c												
Entire year	475	93	382	0	0	0	5,227	879	4,348	0	0	0
Part year	331	85	245	0	1	0	3,187	736	2,444	0	7	0
None	797,390	2,615	83,961	227,814	482,242	758	7,830,782	17,203	909,431	2,112,984	4,784,613	6,551
Maintenance Assistance Status												
Cash	241,834	1,003	74,258	69,783	96,790	0	2,494,776	10,122	820,832	652,559	1,011,263	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	378,280	1,107	6,018	26,482	343,915	758	3,592,728	6,094	50,337	206,735	3,323,011	6,551
Other/unknown	178,082	683	4,312	131,549	41,538	0	1,751,692	2,602	45,054	1,253,690	450,346	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	671,098	2,793	74,194	208,205	385,179	727	6,475,894	18,818	795,170	1,910,161	3,745,498	6,247
FFS part year, with Rx claims	40,101	0	3,886	9,012	27,181	22	446,015	0	45,462	97,993	302,341	219
FFS part year, no Rx claims	34,070	0	1,163	4,153	28,751	3	361,532	0	13,217	42,473	305,820	22
MC all year, with Rx claims	1,623	0	136	676	811	0	17,476	0	1,599	7,381	8,496	0
MC all year, no Rx claims	51,304	0	5,209	5,768	40,321	6	538,279	0	60,775	54,976	422,465	63

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

a. Table A.1 includes the beneficiaries represented by Cell J 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.
 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.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2006

	Beneficiaries and		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1	Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	798,196	7,839,196	745,269	6,874,749	0	964,447
Fee-for-service (FFS) all year	671,098	6,475,894	671,098	6,475,894	0	0
FFS part year, with Rx claims	40,101	446,015	40,101	263,797	0	182,218
FFS part year, with no Rx claims	34,070	361,532	34,070	135,058	0	226,474
Managed care (MC) all year, with Rx claims	1,623	17,476	0	0	0	17,476
MC all year, with no Rx claims	51,304	538,279	0	0	0	538,279

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract;

MC = managed care; Rx = pharmacy benefit.

Nondual Medicaid Beneficiaries