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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
CALIFORNIA**

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
CALIFORNIA, 2007

Inclusion Criteria (2007)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ^g	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	10658532 (A)	1177512 (E)	9481020 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	9633048 (B)	1158028 (F)	8475020 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	6639665 (C)	980082 (G)	5659583 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	59273 (D)	51613 (H)	7660 (L)

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2007 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2007, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for California in 2007 was \$2,504,988,218, of which \$258,810,857 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TN, TX, and WV). These lists were constructed from the CMS 2007 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2007. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2007. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
CALIFORNIA, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	6,639,665	633,702	896,909	3,039,619	2,061,529	7,906	48,966,962	6,687,413	9,670,249	21,575,808	10,959,085	74,407
Age												
5 and younger	952,868	0	16,204	1	936,661	2	4,557,453	0	143,732	3	4,413,714	4
6-14	683,683	0	40,036	38	643,609	0	4,124,082	0	426,502	144	3,697,436	0
15-20	911,934	0	37,621	410,554	463,740	19	6,148,999	0	401,331	2,969,662	2,777,886	120
21-44	2,622,949	0	220,321	2,383,385	17,488	1,755	19,504,017	0	2,370,117	17,049,084	69,958	14,858
45-64	680,635	27	430,650	244,118	14	5,826	6,183,654	186	4,579,295	1,547,212	52	56,909
65-74	375,095	266,876	106,646	1,269	0	304	3,990,494	2,750,806	1,229,128	8,044	0	2,516
75-84	286,797	248,584	37,999	213	1	0	3,145,389	2,706,189	437,719	1,479	2	0
85 and older	125,696	118,215	7,432	41	8	0	1,312,862	1,230,232	82,425	180	25	0
Unknown	8	0	0	0	8	0	12	0	0	0	12	0
Gender												
Female	4,439,874	397,486	454,998	2,502,389	1,077,102	7,899	33,351,948	4,223,749	4,974,063	18,280,246	5,799,537	74,353
Male	2,199,787	236,216	441,909	537,230	984,425	7	15,614,998	2,463,664	4,696,178	3,295,562	5,159,540	54
Unknown	4	0	2	0	2	0	16	0	8	0	8	0
Race												
White	1,613,886	185,588	372,807	653,769	399,733	1,989	13,486,780	1,915,081	4,035,249	4,667,112	2,849,874	19,464
African American	578,276	34,721	147,758	221,853	173,435	509	4,267,975	355,802	1,579,622	1,383,497	944,229	4,825
Other/unknown	4,447,503	413,393	376,344	2,163,997	1,488,361	5,408	31,212,207	4,416,530	4,055,378	15,525,199	7,164,982	50,118
Use of Nursing Facilities^c												
Entire year	59,273	45,402	13,768	44	55	4	606,712	457,474	148,358	293	559	28
Part year	52,732	32,902	19,394	330	69	37	523,411	316,208	203,983	2,341	539	340
None	6,527,660	555,398	863,747	3,039,245	2,061,405	7,865	47,836,839	5,913,731	9,317,908	21,573,174	10,957,987	74,039
Maintenance Assistance Status												
Cash	2,484,560	341,399	727,752	506,127	909,282	0	19,653,769	3,865,854	8,101,848	2,621,288	5,064,779	0
Medically needy	431,430	170,665	65,892	57,612	137,261	0	3,044,003	1,611,004	569,249	220,822	642,928	0
Poverty-related	485,698	105,571	70,332	79,095	222,794	7,906	3,231,873	1,045,692	685,754	404,053	1,021,967	74,407
Other/unknown	3,237,977	16,067	32,933	2,396,785	792,192	0	23,037,317	164,863	313,398	18,329,645	4,229,411	0
Dual Medicare Status^d												
Full dual, all year	965,086	546,569	408,774	9,234	66	443	10,484,467	5,866,309	4,547,897	65,619	487	4,155
Full dual, part year	14,996	10,737	4,129	128	1	1	140,848	101,492	38,459	873	12	12
Non-dual, all year	5,659,583	76,396	484,006	3,030,257	2,061,462	7,462	38,341,647	719,612	5,083,893	21,509,316	10,958,586	70,240
Managed Care (MC) Status												
Fee-for-service (FFS) all year	5,463,868	616,880	859,182	2,701,155	1,278,900	7,751	44,991,590	6,602,688	9,477,023	20,490,017	8,348,220	73,642
FFS part year, with Rx claims	347,311	6,334	22,161	104,090	214,616	110	1,458,514	37,728	125,823	420,640	873,724	599
FFS part year, no Rx claims	828,486	10,488	15,566	234,374	568,013	45	2,516,858	46,997	67,403	665,151	1,737,141	166

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table 2 includes the beneficiaries represented by Cell C 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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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.

All Medicaid Beneficiaries

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
CALIFORNIA, 2007

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	31.6	3.3	\$338	\$104	\$3,203	10.6	6,639,665
Age							
5 and younger	32.4	1.2	66	58	1,512	4.4	952,868
6-14	27.5	1.7	225	135	1,840	12.2	683,683
15-20	24.8	1.3	162	126	1,400	11.6	911,934
21-44	29.1	2.1	244	116	1,804	13.5	2,622,949
45-64	49.4	14.4	1,533	106	8,581	17.9	680,635
65-74	36.8	4.6	355	77	5,588	6.3	375,095
75-84	33.7	3.0	183	62	8,865	2.1	286,797
85 and older	31.2	2.2	95	44	16,520	0.6	125,696
Unknown	0.0	0.0	0	0	6	0.0	8
Basis of Eligibility^e							
Aged	33.0	3.3	226	69	8,394	2.7	633,702
Disabled	56.8	15.4	1,843	120	12,818	14.4	896,909
Adults	26.1	1.1	85	77	632	13.4	3,039,619
Children	28.2	1.1	88	77	1,191	7.3	2,061,529
Unknown	68.5	12.5	1,547	124	9,124	17.0	7,906
Gender							
Female	32.3	3.0	277	92	2,756	10.1	4,439,874
Male	30.2	3.7	462	124	4,105	11.2	2,199,787
Unknown	0.0	0.0	0	0	1,208	0.0	4
Race							
White	36.4	5.5	582	106	5,475	10.6	1,613,886
African American	31.5	4.6	522	114	4,843	10.8	578,276
Other/unknown	29.9	2.3	226	100	2,165	10.4	4,447,503
Use of Nursing Facilities^f							
Entire year	46.3	13.0	997	76	51,436	1.9	59,273
Part year	54.5	12.7	1,059	83	32,649	3.2	52,732
None	31.3	3.1	327	106	2,527	12.9	6,527,660
Maintenance Assistance Status							
Cash	41.0	6.2	679	109	5,321	12.8	2,484,560
Medically needy	38.5	5.6	543	97	11,109	4.9	431,430
Poverty related	29.3	2.0	172	87	3,025	5.7	485,698
Other/unknown	23.8	0.9	75	88	550	13.6	3,237,977

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table 3 includes beneficiaries represented by Cell C 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 eight states (DE, IA, IL, NE, NY, TN, TX, 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, NE, NY, TN, TX, 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.

All Medicaid Beneficiaries

TABLE 4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
CALIFORNIA, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.4	\$46	10.6	68.4	25.6	2.3	2.6	0.9	0.2	\$434	6,639,665	48,966,962
Age												
5 and younger	0.2	14	4.4	67.6	29.8	1.9	0.7	0.1	0.0	316	952,868	4,557,453
6-14	0.3	37	12.2	72.5	24.1	2.0	1.2	0.2	0.0	305	683,683	4,124,082
15-20	0.2	24	11.6	75.2	22.4	1.3	0.9	0.2	0.0	208	911,934	6,148,999
21-44	0.3	33	13.5	70.9	25.4	1.6	1.6	0.5	0.1	243	2,622,949	19,504,017
45-64	1.6	169	17.9	50.6	22.7	6.9	12.5	5.9	1.3	945	680,635	6,183,654
65-74	0.4	33	6.3	63.2	28.2	3.5	3.8	1.1	0.2	525	375,095	3,990,494
75-84	0.3	17	2.1	66.3	29.0	2.1	2.0	0.5	0.1	808	286,797	3,145,389
85 and older	0.2	9	0.6	68.8	28.2	1.5	1.1	0.3	0.1	1,582	125,696	1,312,862
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	4	8	12
Basis of Eligibility^e												
Aged	0.3	21	2.7	67.0	27.1	2.6	2.5	0.6	0.1	796	633,702	6,687,413
Disabled	1.4	171	14.4	43.2	29.6	7.4	12.7	5.9	1.3	1,189	896,909	9,670,249
Adults	0.2	12	13.4	73.9	24.0	1.1	0.8	0.1	0.0	89	3,039,619	21,575,808
Children	0.2	17	7.3	71.8	25.6	1.7	0.7	0.1	0.0	224	2,061,529	10,959,085
Unknown	1.3	164	17.0	31.5	36.6	14.1	15.2	2.4	0.2	970	7,906	74,407
Gender												
Female	0.4	37	10.1	67.7	27.0	2.0	2.3	0.9	0.2	367	4,439,874	33,351,948
Male	0.5	65	11.2	69.8	22.8	2.9	3.2	1.1	0.2	578	2,199,787	15,614,998
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	302	4	16
Race												
White	0.7	70	10.6	63.6	26.8	3.1	4.1	1.9	0.4	655	1,613,886	13,486,780
African American	0.6	71	10.8	68.5	22.7	3.1	3.9	1.5	0.3	656	578,276	4,267,975
Other/unknown	0.3	32	10.4	70.1	25.5	1.9	1.8	0.5	0.1	309	4,447,503	31,212,207
Use of Nursing Facilities^f												
Entire year	1.3	97	1.9	53.7	30.9	3.4	3.8	5.1	3.2	5,025	59,273	606,712
Part year	1.3	107	3.2	45.5	36.7	3.7	6.0	5.7	2.5	3,289	52,732	523,411
None	0.4	45	12.9	68.7	25.4	2.3	2.5	0.9	0.2	345	6,527,660	47,836,839
Maintenance Assistance Status												
Cash	0.8	86	12.8	59.0	29.5	3.9	5.1	2.1	0.4	673	2,484,560	19,653,769
Medically needy	0.8	77	4.9	61.5	25.4	5.3	5.7	1.7	0.4	1,575	431,430	3,044,003
Poverty related	0.3	26	5.7	70.7	25.3	2.0	1.6	0.4	0.1	455	485,698	3,231,873
Other/unknown	0.1	11	13.6	76.2	22.6	0.7	0.4	0.1	0.0	77	3,237,977	23,037,317

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table 4 includes the beneficiaries represented by Cell C 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 eight states (DE, IA, IL, NE, NY, TN, TX, 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, NE, NY, TN, TX, 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.

All Medicaid Beneficiaries

TABLE 5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
CALIFORNIA, 2007

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	\$46	\$104	0.1	\$33	\$223	0.0	\$5	\$132	0.3	\$8	\$32
Age												
5 and younger	0.2	14	58	0.0	10	216	0.0	1	61	0.2	3	17
6-14	0.3	37	135	0.1	31	272	0.0	2	109	0.1	4	28
15-20	0.2	24	126	0.1	19	250	0.0	2	121	0.1	3	30
21-44	0.3	33	116	0.1	24	239	0.0	3	136	0.2	6	36
45-64	1.6	169	106	0.5	117	218	0.1	20	142	0.9	31	34
65-74	0.4	33	77	0.1	22	164	0.0	4	122	0.3	7	26
75-84	0.3	17	62	0.1	10	150	0.0	2	115	0.2	4	22
85 and older	0.2	9	44	0.0	5	133	0.0	1	104	0.2	3	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	21	69	0.1	14	154	0.0	3	117	0.2	5	24
Disabled	1.4	171	120	0.5	125	255	0.1	17	144	0.8	28	34
Adults	0.2	12	77	0.1	7	140	0.0	2	118	0.1	3	34
Children	0.2	17	77	0.1	12	197	0.0	1	88	0.1	3	20
Unknown	1.3	164	124	0.5	120	265	0.1	20	160	0.7	25	33
Gender												
Female	0.4	37	92	0.1	25	189	0.0	4	127	0.2	7	31
Male	0.5	65	124	0.2	49	277	0.0	6	140	0.3	10	32
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.7	70	106	0.2	49	217	0.1	8	137	0.4	12	33
African American	0.6	71	114	0.2	52	263	0.1	7	145	0.4	12	31
Other/unknown	0.3	32	100	0.1	23	218	0.0	3	123	0.2	6	30
Use of Nursing Facilities^e												
Entire year	1.3	97	76	0.3	64	187	0.1	8	110	0.9	25	29
Part year	1.3	107	83	0.3	71	206	0.1	10	126	0.8	25	29
None	0.4	45	106	0.1	32	224	0.0	5	132	0.2	8	32
Maintenance Assistance Status												
Cash	0.8	86	109	0.3	62	241	0.1	9	136	0.5	15	31
Medically needy	0.8	77	97	0.3	55	207	0.1	9	125	0.5	13	28
Poverty related	0.3	26	87	0.1	18	238	0.0	3	133	0.2	5	26
Other/unknown	0.1	11	88	0.0	7	150	0.0	1	110	0.1	2	38

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table 5 includes the beneficiaries represented by Cell C 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 California, 2.7 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>

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

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

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

All Medicaid Beneficiaries

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 CALIFORNIA, 2007

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	\$26	\$19	\$3	\$4	\$104	\$435	\$98	\$24	2,017,641	\$209,661,230	878,532	13.2	8,093,541
Biologicals	0.2	0.2	0.0	0.0	202	202	0	0	1059	1,059	0	0	21,325	22,584,365	11,360	0.2	111,647
Antineoplastic Agents	0.4	0.2	0.0	0.3	192	163	3	27	433	975	939	97	77,184	33,455,736	16,577	0.2	174,224
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	37	25	3	8	92	141	96	44	2,761,106	252,713,465	719,445	10.8	6,906,406
Cardiovascular Agents	1.0	0.3	0.2	0.5	74	40	20	14	73	133	109	26	3,239,461	235,079,634	303,711	4.6	3,170,995
Respiratory Agents	0.4	0.2	0.0	0.2	26	21	2	4	74	116	106	22	1,870,382	138,198,754	515,409	7.8	5,241,223
Gastrointestinal Agents	0.5	0.3	0.0	0.2	62	54	4	4	136	200	269	24	1,225,626	166,073,021	255,454	3.8	2,680,129
Genitourinary Agents	0.2	0.1	0.0	0.1	15	9	2	4	72	104	109	41	403,623	29,008,112	198,621	3.0	1,912,080
CNS Drugs	0.8	0.3	0.1	0.4	121	93	13	15	143	291	141	34	3,919,688	559,778,870	432,635	6.5	4,639,955
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	78	70	2	5	144	163	162	57	181,336	26,183,038	31,454	0.5	337,249
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	138	138	0	0	316	318	154	136	50,300	15,907,622	10,395	0.2	115,062
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	26	9	5	11	62	424	459	29	2,270,331	140,440,108	566,745	8.5	5,476,885
Neuromuscular Agents	0.7	0.2	0.0	0.5	78	49	5	24	108	219	172	52	1,668,457	180,619,766	210,833	3.2	2,307,515
Nutritional Products	0.2	0.0	0.0	0.2	5	0	0	4	20	47	27	19	209,267	4,280,736	95,029	1.4	880,888
Hematological Agents	0.4	0.1	0.0	0.4	115	108	0	7	264	1,362	42	19	539,880	142,589,256	114,691	1.7	1,241,597
Topical Products	0.3	0.1	0.0	0.2	12	8	0	4	47	108	81	22	983,771	46,129,262	421,498	6.3	3,872,692
Miscellaneous Products	0.2	0.2	0.0	0.1	74	66	3	4	309	418	312	63	110,872	34,208,851	49,011	0.7	461,987
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	29	0	0	0	130	0	0	0	71,125	9,265,535	29,199	0.4	315,366
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.	21,621,375	2,246,177,361	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table 6 includes the beneficiaries represented by Cell C 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 California, 2.7 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 2007.

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 7
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
CALIFORNIA, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$379,056,903	180,027	2.7	2,009,583	0.6	\$315	\$189
ANTICONVULSANT	164,280,022	200,670	3.0	2,219,142	0.6	127	74
ANTIVIRAL	134,007,760	56,002	0.8	573,150	0.5	497	234
ULCER DRUGS	128,529,933	246,706	3.7	2,643,025	0.4	138	49
ANTIDEPRESSANTS	110,326,066	263,346	4.0	2,848,675	0.5	84	39
CONTRACEPTIVES	109,870,617	531,100	8.0	5,014,475	0.2	94	22
ANTIASTHMATIC	103,881,079	370,878	5.6	3,699,275	0.3	99	28
ANTIHYPERTENSIVE	101,128,212	170,240	2.6	1,858,707	0.4	129	54
MISC. HEMATOLOGICAL	96,490,960	16,966	0.3	187,041	0.5	1,132	516
ANALGESICS - Narcotic	93,948,923	397,552	6.0	4,062,083	0.3	72	23
Total	1,421,520,475	2,433,487	n.a.	25,115,156	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 2007. 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.

All Medicaid Beneficiaries