

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 2007
FLORIDA**

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 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
FLORIDA, 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	2833759 (A)	565686 (E)	2268073 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	2543779 (B)	334350 (F)	2209429 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	1963649 (C)	303789 (G)	1659860 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	41334 (D)	38047 (H)	3287 (L)

Source: Data for this table are from the MAX 2007 file for Florida, released by CMS in 4/2010. 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 Florida in 2007 was \$1,009,096,771, of which \$54,051,051 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}
FLORIDA, 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	1,963,649	186,220	334,303	383,099	1,059,617	410	14,076,884	1,843,114	3,236,321	2,187,427	6,806,308	3,714
Age												
5 and younger	502,160	0	12,791	0	489,369	0	3,122,784	0	120,786	0	3,001,998	0
6-14	436,066	0	36,278	0	399,788	0	3,066,436	0	377,734	0	2,688,702	0
15-20	233,338	0	27,929	36,893	168,516	0	1,629,686	0	284,966	238,544	1,106,176	0
21-44	405,511	0	83,529	320,048	1,923	11	2,629,366	0	800,591	1,819,356	9,346	73
45-64	156,817	1	130,503	25,905	21	387	1,310,687	12	1,178,636	128,405	86	3,548
65-74	89,449	59,927	29,298	212	0	12	906,795	586,452	319,267	983	0	93
75-84	83,158	72,410	10,713	35	0	0	863,305	743,781	119,409	115	0	0
85 and older	57,150	53,882	3,262	6	0	0	547,825	512,869	34,932	24	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	1,159,650	129,853	172,518	328,154	528,715	410	8,330,494	1,296,391	1,680,161	1,950,514	3,399,714	3,714
Male	802,640	56,279	161,719	54,891	529,751	0	5,740,722	546,355	1,555,808	236,682	3,401,877	0
Unknown	1,359	88	66	54	1,151	0	5,668	368	352	231	4,717	0
Race												
White	681,672	75,985	127,299	142,508	335,607	273	5,098,049	725,252	1,222,913	889,609	2,257,842	2,433
African American	539,872	26,637	79,320	113,929	319,912	74	3,712,384	265,422	757,527	638,091	2,050,721	623
Other/unknown	742,105	83,598	127,684	126,662	404,098	63	5,266,451	852,440	1,255,881	659,727	2,497,745	658
Use of Nursing Facilities^c												
Entire year	41,334	34,255	7,067	2	10	0	409,928	335,350	74,481	4	93	0
Part year	27,433	20,482	6,909	24	18	0	256,045	190,253	65,464	157	171	0
None	1,894,882	131,483	320,327	383,073	1,059,589	410	13,410,911	1,317,511	3,096,376	2,187,266	6,806,044	3,714
Maintenance Assistance Status												
Cash	863,557	98,875	286,216	170,413	308,053	0	6,783,739	1,073,803	2,800,859	841,500	2,067,577	0
Medically needy	15,844	1,477	1,468	10,157	2,742	0	86,991	13,815	9,713	51,707	11,756	0
Poverty-related	606,266	4,545	5,993	63,613	531,705	410	3,769,426	41,453	53,864	369,670	3,300,725	3,714
Other/unknown	477,982	81,323	40,626	138,916	217,117	0	3,436,728	714,043	371,885	924,550	1,426,250	0
Dual Medicare Status^d												
Full dual, all year	286,006	162,296	122,203	1,454	35	18	2,977,892	1,651,274	1,317,069	9,062	334	153
Full dual, part year	17,783	9,756	7,754	271	1	1	166,801	91,594	72,555	2,640	9	3
Non-dual, all year	1,659,860	14,168	204,346	381,374	1,059,581	391	10,932,191	100,246	1,846,697	2,175,725	6,805,965	3,558
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,339,248	168,736	257,712	264,124	648,267	409	11,802,004	1,758,557	2,778,612	1,795,759	5,465,364	3,712
FFS part year, with Rx claims	220,886	7,277	54,601	47,240	111,767	1	1,193,074	46,688	373,213	222,167	551,004	2
FFS part year, no Rx claims	403,515	10,207	21,990	71,735	299,583	0	1,081,806	37,869	84,496	169,501	789,940	0

Source: Data for this table are from the MAX 2007 file for Florida, released by CMS in 4/2010. 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}
FLORIDA, 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	46.5	6.0	\$486	\$81	\$4,979	9.8	1,963,649
Age							
5 and younger	49.8	3.1	218	71	2,750	7.9	502,160
6-14	40.5	3.2	341	107	1,842	18.5	436,066
15-20	43.5	3.6	410	114	3,169	12.9	233,338
21-44	51.2	6.6	536	82	5,290	10.1	405,511
45-64	62.1	26.9	2,143	80	12,556	17.1	156,817
65-74	36.5	7.2	354	49	6,952	5.1	89,449
75-84	33.3	4.3	139	32	11,153	1.3	83,158
85 and older	35.3	3.6	78	22	20,830	0.4	57,150
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	34.4	4.8	176	37	13,534	1.3	186,220
Disabled	59.5	19.5	1,920	99	13,299	14.4	334,303
Adults	50.7	4.4	217	49	2,779	7.8	383,099
Children	43.1	2.6	185	72	1,643	11.3	1,059,617
Unknown	84.1	24.5	2,151	88	14,130	15.2	410
Gender							
Female	48.0	6.3	432	69	4,997	8.6	1,159,650
Male	44.5	5.7	566	100	4,958	11.4	802,640
Unknown	29.9	2.1	124	60	1,995	6.2	1,359
Race							
White	50.3	7.3	521	72	6,540	8.0	681,672
African American	40.6	4.3	374	87	4,221	8.9	539,872
Other/unknown	47.4	6.2	536	87	4,097	13.1	742,105
Use of Nursing Facilities^f							
Entire year	51.2	12.7	544	43	45,863	1.2	41,334
Part year	54.5	10.7	555	52	30,470	1.8	27,433
None	46.3	5.8	484	83	3,718	13.0	1,894,882
Maintenance Assistance Status							
Cash	48.0	9.2	811	88	5,108	15.9	863,557
Medically needy	54.7	11.2	1,210	108	5,520	21.9	15,844
Poverty related	43.6	2.6	161	63	1,532	10.5	606,266
Other/unknown	47.4	4.5	288	63	9,101	3.2	477,982

Source: Data for this table are from the MAX 2007 file for Florida, released by CMS in 4/2010. 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}
FLORIDA, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		Number of Rx, Percentage with:					Mean \$, All Medicaid FFS \$ ^d	Number	
			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	Beneficiaries		Benefit Months	
All	0.8	\$68	9.8	53.5	34.4	4.9	4.3	1.9	1.0	\$695	1,963,649	14,076,884
Age												
5 and younger	0.5	35	7.9	50.2	42.7	4.7	2.1	0.2	0.0	442	502,160	3,122,784
6-14	0.5	49	18.5	59.5	33.6	3.9	2.6	0.4	0.1	262	436,066	3,066,436
15-20	0.5	59	12.9	56.5	36.0	4.1	2.8	0.5	0.1	454	233,338	1,629,686
21-44	1.0	83	10.1	48.8	35.2	6.4	6.4	2.4	0.8	816	405,511	2,629,366
45-64	3.2	256	17.1	37.9	19.1	7.2	14.2	12.6	9.1	1,502	156,817	1,310,687
65-74	0.7	35	5.1	63.5	23.9	4.0	4.4	2.9	1.3	686	89,449	906,795
75-84	0.4	13	1.3	66.7	25.3	3.5	2.8	1.4	0.5	1,074	83,158	863,305
85 and older	0.4	8	0.4	64.7	27.8	3.8	2.6	0.9	0.2	2,173	57,150	547,825
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	0.5	18	1.3	65.6	24.8	3.7	3.5	1.7	0.5	1,367	186,220	1,843,114
Disabled	2.0	198	14.4	40.5	27.0	7.5	11.6	8.1	5.1	1,374	334,303	3,236,321
Adults	0.8	38	7.8	49.3	37.9	6.0	5.0	1.5	0.4	487	383,099	2,187,427
Children	0.4	29	11.3	56.9	37.2	3.8	1.8	0.2	0.0	256	1,059,617	6,806,308
Unknown	2.7	237	15.2	15.9	25.1	21.7	24.4	12.2	0.7	1,560	410	3,714
Gender												
Female	0.9	60	8.6	52.0	35.7	4.9	4.2	2.0	1.2	696	1,159,650	8,330,494
Male	0.8	79	11.4	55.5	32.7	4.9	4.3	1.8	0.8	693	802,640	5,740,722
Unknown	0.5	30	6.2	70.1	22.5	2.8	3.5	0.8	0.3	478	1,359	5,668
Race												
White	1.0	70	8.0	49.7	35.7	5.6	5.3	2.4	1.3	875	681,672	5,098,049
African American	0.6	54	8.9	59.4	31.7	3.8	3.1	1.4	0.6	614	539,872	3,712,384
Other/unknown	0.9	76	13.1	52.6	35.3	5.0	4.2	1.9	1.0	577	742,105	5,266,451
Use of Nursing Facilities^f												
Entire year	1.3	55	1.2	48.8	30.3	7.0	6.6	4.3	3.0	4,625	41,334	409,928
Part year	1.1	59	1.8	45.5	36.5	5.7	5.5	4.1	2.7	3,265	27,433	256,045
None	0.8	68	13.0	53.7	34.5	4.8	4.2	1.8	0.9	525	1,894,882	13,410,911
Maintenance Assistance Status												
Cash	1.2	103	15.9	52.0	31.0	5.4	6.2	3.5	2.0	650	863,557	6,783,739
Medically needy	2.0	220	21.9	45.3	25.7	7.8	12.3	7.0	2.0	1,005	15,844	86,991
Poverty related	0.4	26	10.5	56.4	37.5	4.0	1.8	0.2	0.0	246	606,266	3,769,426
Other/unknown	0.6	40	3.2	52.6	37.1	4.9	3.7	1.2	0.4	1,266	477,982	3,436,728

Source: Data for this table are from the MAX 2007 file for Florida, released by CMS in 4/2010. 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}
FLORIDA, 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	0.8	\$68	\$81	0.3	\$55	\$205	0.0	\$3	\$87	0.5	\$9	\$17
Age												
5 and younger	0.5	35	71	0.1	27	234	0.0	2	74	0.4	6	18
6-14	0.5	49	107	0.2	41	204	0.0	2	106	0.2	5	22
15-20	0.5	59	114	0.2	51	262	0.0	2	104	0.3	6	20
21-44	1.0	83	82	0.3	68	225	0.0	3	89	0.7	12	18
45-64	3.2	256	80	1.1	208	191	0.1	12	88	2.0	35	18
65-74	0.7	35	49	0.2	27	135	0.0	2	67	0.5	6	12
75-84	0.4	13	32	0.1	10	117	0.0	1	59	0.3	3	10
85 and older	0.4	8	22	0.0	5	101	0.0	0	49	0.3	3	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.5	18	37	0.1	13	118	0.0	1	59	0.4	4	10
Disabled	2.0	198	99	0.7	167	234	0.1	8	95	1.2	23	19
Adults	0.8	38	49	0.2	28	142	0.0	2	75	0.6	9	16
Children	0.4	29	72	0.1	23	180	0.0	1	80	0.3	5	18
Unknown	2.7	237	88	1.0	204	207	0.1	10	78	1.6	24	15
Gender												
Female	0.9	60	69	0.3	48	179	0.0	3	82	0.6	10	17
Male	0.8	79	100	0.3	67	241	0.0	3	95	0.5	9	19
Unknown	0.5	30	60	0.2	23	139	0.0	1	63	0.3	5	17
Race												
White	1.0	70	72	0.3	55	186	0.0	4	91	0.6	11	17
African American	0.6	54	87	0.2	45	234	0.0	2	83	0.4	7	18
Other/unknown	0.9	76	87	0.3	63	211	0.0	3	85	0.5	9	17
Use of Nursing Facilities^e												
Entire year	1.3	55	43	0.3	40	155	0.0	3	71	1.0	12	12
Part year	1.1	59	52	0.2	45	183	0.0	3	74	0.9	12	13
None	0.8	68	83	0.3	56	207	0.0	3	88	0.5	9	18
Maintenance Assistance Status												
Cash	1.2	103	88	0.4	86	217	0.0	4	91	0.7	13	18
Medically needy	2.0	220	108	0.7	188	280	0.1	7	92	1.3	25	19
Poverty related	0.4	26	63	0.1	20	164	0.0	1	80	0.3	5	18
Other/unknown	0.6	40	63	0.2	32	177	0.0	2	77	0.4	6	15

Source: Data for this table are from the MAX 2007 file for Florida, released by CMS in 4/2010. 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 Florida, 0.5 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}
 FLORIDA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name			Brand-Name	Brand-Name						
Anti-infective Agents	0.3	0.1	0.0	0.2	\$32	\$25	\$1	\$6	\$108	\$501	\$93	\$24	1,381,427	\$149,277,262	507,829	25.9	4,630,941
Biologicals	0.4	0.4	0.0	0.0	525	525	0	0	1271	1,271	0	0	28,845	36,662,363	8,107	0.4	69,852
Antineoplastic Agents	0.5	0.2	0.0	0.3	194	174	2	18	377	1,030	634	53	35,369	13,327,123	7,492	0.4	68,641
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	34	27	1	5	71	163	23	20	901,843	64,429,454	209,272	10.7	1,907,418
Cardiovascular Agents	1.4	0.3	0.1	0.9	53	32	8	13	39	93	72	15	1,499,097	59,154,963	128,393	6.5	1,107,496
Respiratory Agents	0.5	0.2	0.0	0.2	33	28	1	3	72	120	72	16	1,443,526	104,595,315	347,700	17.7	3,191,490
Gastrointestinal Agents	0.6	0.3	0.0	0.2	60	55	2	4	107	158	128	19	671,847	72,181,304	133,044	6.8	1,199,057
Genitourinary Agents	0.2	0.1	0.0	0.2	11	7	0	4	45	87	47	23	140,576	6,345,493	65,364	3.3	571,400
CNS Drugs	0.9	0.3	0.0	0.6	74	64	1	9	80	237	108	14	2,110,853	169,166,001	235,596	12.0	2,277,859
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	69	66	1	3	107	122	50	30	299,047	32,026,383	46,890	2.4	463,823
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	87	86	0	1	224	230	36	58	47,853	10,722,117	13,417	0.7	123,159
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	15	6	2	7	34	283	288	17	1,072,905	36,639,261	267,383	13.6	2,414,870
Neuromuscular Agents	0.8	0.3	0.0	0.5	66	51	6	9	82	187	203	17	854,802	69,809,845	112,831	5.7	1,054,389
Nutritional Products	0.3	0.1	0.0	0.3	4	1	0	3	13	19	28	11	267,314	3,493,528	95,530	4.9	802,439
Hematological Agents	0.6	0.2	0.0	0.4	171	167	0	4	285	877	19	9	263,257	74,944,553	47,894	2.4	438,621
Topical Products	0.3	0.1	0.0	0.2	12	8	0	3	43	113	70	17	781,509	33,611,464	311,726	15.9	2,867,762
Miscellaneous Products	0.6	0.4	0.0	0.2	263	241	4	18	436	677	228	77	35,783	15,594,296	5,976	0.3	59,371
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	24	0	0	0	100	0	0	0	30,731	3,064,995	12,904	0.7	126,415
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.	11,866,584	955,045,720	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Florida, released by CMS in 4/2010. 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 Florida, 0.5 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.

All Medicaid Beneficiaries

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 FLORIDA, 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	\$118,127,641	71,742	3.7	716,471	0.6	\$267	\$165
ANTIVIRAL	86,649,413	28,925	1.5	270,958	0.6	539	320
ANTIASTHMATIC	75,796,859	301,098	15.3	2,820,313	0.3	91	27
ANTICONVULSANT	60,106,922	82,387	4.2	821,838	0.7	105	73
MISC. HEMATOLOGICAL	56,572,689	12,556	0.6	114,760	0.7	743	493
ULCER DRUGS	52,490,700	110,821	5.6	1,031,811	0.4	114	51
PASSIVE IMMUNIZING AGENTS	35,774,978	6,894	0.4	58,317	0.5	1,313	613
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	31,606,516	54,598	2.8	551,445	0.5	107	57
ANTIDEPRESSANTS	27,051,115	105,137	5.4	986,177	0.5	53	27
MISC. ENDOCRINE	25,834,176	12,307	0.6	123,833	0.6	372	209
Total	570,011,009	786,465	n.a.	7,495,923	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Florida, released by CMS in 4/2010. 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