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

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

Inclusion Criteria (2007)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	483479 (A)	79408 (E)	404071 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	470798 (B)	67938 (F)	402860 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	469537 (C)	67938 (G)	401599 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	11018 (D)	10570 (H)	448 (L)

Source: Data for this table are from the MAX 2007 file for Iowa, 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 Iowa in 2007 was \$221,022,273, of which \$89,769 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.

All Medicaid Beneficiaries

**TABLE 2**  
**CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**IOWA, 2007**

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>469,537</b>	<b>34,180</b>	<b>68,364</b>	<b>133,710</b>	<b>232,987</b>	<b>296</b>	<b>4,293,759</b>	<b>347,681</b>	<b>758,660</b>	<b>1,058,148</b>	<b>2,126,613</b>	<b>2,657</b>
<b>Age</b>												
5 and younger	97,492	0	2,325	199	94,968	0	859,375	0	23,584	1,658	834,133	0
6-14	97,677	0	5,913	97	91,667	0	956,134	0	66,682	846	888,606	0
15-20	62,363	0	4,904	13,007	44,450	2	552,532	0	54,434	107,129	390,960	9
21-44	126,365	3	23,180	101,290	1,842	50	1,066,864	36	260,386	793,641	12,442	359
45-64	50,940	19	31,714	18,912	59	236	507,043	168	350,815	153,375	465	2,220
65-74	10,765	10,249	309	198	1	8	114,455	110,375	2,580	1,424	7	69
75-84	11,517	11,498	13	6	0	0	117,896	117,706	127	63	0	0
85 and older	12,418	12,411	6	1	0	0	119,460	119,396	52	12	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	280,409	24,587	34,234	104,259	117,033	296	2,549,719	252,060	381,710	845,624	1,067,668	2,657
Male	189,128	9,593	34,130	29,451	115,954	0	1,744,040	95,621	376,950	212,524	1,058,945	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	252,612	19,809	48,692	62,750	121,304	57	2,413,837	209,235	552,308	512,084	1,139,722	488
African American	30,787	724	4,840	7,796	17,421	6	286,490	7,857	52,861	62,541	163,175	56
Other/unknown	186,138	13,647	14,832	63,164	94,262	233	1,593,432	130,589	153,491	483,523	823,716	2,113
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	11,018	9,759	1,251	2	6	0	117,592	103,370	14,143	7	72	0
Part year	7,352	6,163	1,166	14	8	1	67,652	55,318	12,107	130	85	12
None	451,167	18,258	65,947	133,694	232,973	295	4,108,515	188,993	732,410	1,058,011	2,126,456	2,645
<b>Maintenance Assistance Status</b>												
Cash	150,706	6,018	37,936	42,950	63,802	0	1,460,705	67,906	419,479	362,162	611,158	0
Medically needy	7,117	629	701	4,764	1,023	0	56,507	5,671	5,846	37,168	7,822	0
Poverty-related	135,372	559	843	12,627	121,047	296	1,170,575	6,182	8,826	81,796	1,071,114	2,657
Other/unknown	176,342	26,974	28,884	73,369	47,115	0	1,605,972	267,922	324,509	577,022	436,519	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	64,846	31,670	31,954	1,185	24	13	697,346	324,295	362,227	10,480	223	121
Full dual, part year	3,092	1,516	1,552	24	0	0	33,783	16,755	16,768	260	0	0
Non-dual, all year	401,599	994	34,858	132,501	232,963	283	3,562,630	6,631	379,665	1,047,408	2,126,390	2,536
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	463,253	34,180	68,311	131,861	228,607	294	4,253,041	347,681	758,329	1,047,185	2,097,203	2,643
FFS part year, with Rx claims	2,642	0	47	1,006	1,587	2	10,887	0	301	4,149	6,423	14
FFS part year, no Rx claims	1,179	0	6	227	946	0	4,193	0	30	789	3,374	0

Source: Data for this table are from the MAX 2007 file for Iowa, 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<sup>a, b</sup>  
IOWA, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>54.8</b>	<b>6.8</b>	<b>\$471</b>	<b>\$69</b>	<b>\$5,252</b>	<b>9.0</b>	<b>469,537</b>
<b>Age</b>							
5 and younger	67.0	3.5	214	60	2,251	9.5	97,492
6-14	59.4	5.3	464	88	2,316	20.0	97,677
15-20	54.0	6.1	499	81	3,520	14.2	62,363
21-44	51.0	7.9	511	65	5,291	9.7	126,365
45-64	45.5	16.7	1,098	66	10,832	10.1	50,940
65-74	37.9	5.2	191	37	13,308	1.4	10,765
75-84	34.3	3.0	55	18	16,351	0.3	11,517
85 and older	35.4	2.6	33	13	20,039	0.2	12,418
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	35.9	3.4	83	24	16,799	0.5	34,180
Disabled	63.9	20.5	1,712	84	17,922	9.6	68,364
Adults	44.2	5.5	280	51	1,986	14.1	133,710
Children	60.9	4.1	271	66	1,701	15.9	232,987
Unknown	86.8	25.7	1,647	64	16,278	10.1	296
<b>Gender</b>							
Female	54.9	7.2	437	61	4,996	8.7	280,409
Male	54.5	6.3	520	82	5,632	9.2	189,128
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	60.6	8.9	629	70	6,777	9.3	252,612
African American	56.9	5.8	416	72	3,485	11.9	30,787
Other/unknown	46.5	4.2	265	63	3,474	7.6	186,138
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	42.2	7.1	299	42	33,650	0.9	11,018
Part year	53.2	10.1	514	51	23,369	2.2	7,352
None	55.1	6.8	474	70	4,263	11.1	451,167
<b>Maintenance Assistance Status</b>							
Cash	68.9	11.7	832	71	5,053	16.5	150,706
Medically needy	37.7	6.7	449	67	3,619	12.4	7,117
Poverty related	57.4	3.3	190	57	1,486	12.8	135,372
Other/unknown	41.3	5.4	378	69	8,379	4.5	176,342

Source: Data for this table are from the MAX 2007 file for Iowa, 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<sup>a, b</sup>  
 IOWA, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:							Mean \$, All Medicaid FFS <sup>d</sup>	Number	
			Rx \$ as a Percentage of All Medicaid FFS <sup>c</sup>	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
<b>All</b>	<b>0.7</b>	<b>\$52</b>	<b>9.0</b>	<b>45.2</b>	<b>42.9</b>	<b>5.0</b>	<b>4.5</b>	<b>1.7</b>	<b>0.5</b>	<b>\$574</b>	<b>469,537</b>	<b>4,293,759</b>
<b>Age</b>												
5 and younger	0.4	24	9.5	33.0	62.7	3.1	1.1	0.1	0.0	255	97,492	859,375
6-14	0.5	47	20.0	40.6	49.7	4.8	4.2	0.7	0.1	237	97,677	956,134
15-20	0.7	56	14.2	46.0	41.8	5.9	5.0	1.2	0.1	397	62,363	552,532
21-44	0.9	61	9.7	49.0	34.9	6.8	6.4	2.3	0.5	627	126,365	1,066,864
45-64	1.7	110	10.1	54.5	21.9	5.1	8.6	7.0	3.0	1,088	50,940	507,043
65-74	0.5	18	1.4	62.1	30.0	3.7	2.3	1.3	0.5	1,252	10,765	114,455
75-84	0.3	5	0.3	65.7	29.6	3.0	1.3	0.4	0.1	1,597	11,517	117,896
85 and older	0.3	3	0.2	64.6	31.7	2.5	0.9	0.3	0.0	2,083	12,418	119,460
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.3	8	0.5	64.1	30.7	3.0	1.4	0.6	0.2	1,652	34,180	347,681
Disabled	1.8	154	9.6	36.1	33.0	7.8	12.5	7.9	2.8	1,615	68,364	758,660
Adults	0.7	35	14.1	55.8	31.8	5.9	4.9	1.4	0.3	251	133,710	1,058,148
Children	0.5	30	15.9	39.1	54.1	4.0	2.4	0.3	0.0	186	232,987	2,126,613
Unknown	2.9	184	10.1	13.2	25.3	21.3	28.7	10.8	0.7	1,813	296	2,657
<b>Gender</b>												
Female	0.8	48	8.7	45.1	42.6	5.3	4.5	1.9	0.6	549	280,409	2,549,719
Male	0.7	56	9.2	45.5	43.5	4.7	4.5	1.5	0.3	611	189,128	1,744,040
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.9	66	9.3	39.4	45.1	6.3	6.0	2.5	0.8	709	252,612	2,413,837
African American	0.6	45	11.9	43.1	47.0	4.4	3.8	1.3	0.4	375	30,787	286,490
Other/unknown	0.5	31	7.6	53.5	39.3	3.5	2.6	0.9	0.2	406	186,138	1,593,432
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.7	28	0.9	57.8	33.4	4.0	1.9	1.7	1.3	3,153	11,018	117,592
Part year	1.1	56	2.2	46.8	40.5	4.3	2.9	3.0	2.4	2,540	7,352	67,652
None	0.7	52	11.1	44.9	43.2	5.1	4.6	1.7	0.5	468	451,167	4,108,515
<b>Maintenance Assistance Status</b>												
Cash	1.2	86	16.5	31.1	49.4	7.1	7.6	3.7	1.2	521	150,706	1,460,705
Medically needy	0.8	57	12.4	62.3	23.0	5.9	6.0	2.2	0.6	456	7,117	56,507
Poverty related	0.4	22	12.8	42.6	52.0	3.6	1.7	0.2	0.0	172	135,372	1,170,575
Other/unknown	0.6	42	4.5	58.7	31.3	4.4	4.0	1.3	0.3	920	176,342	1,605,972

Source: Data for this table are from the MAX 2007 file for Iowa, 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<sup>a, b, c</sup>**  
**IOWA, 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
<b>All</b>	<b>0.7</b>	<b>\$52</b>	<b>\$69</b>	<b>0.2</b>	<b>\$38</b>	<b>\$163</b>	<b>0.1</b>	<b>\$7</b>	<b>\$90</b>	<b>0.4</b>	<b>\$7</b>	<b>\$16</b>
<b>Age</b>												
5 and younger	0.4	24	60	0.1	16	189	0.1	4	60	0.2	4	15
6-14	0.5	47	88	0.3	39	152	0.1	5	91	0.2	4	17
15-20	0.7	56	81	0.3	43	169	0.1	7	85	0.3	6	16
21-44	0.9	61	65	0.3	43	167	0.1	9	96	0.6	9	16
45-64	1.7	110	66	0.5	78	159	0.1	15	112	1.1	18	17
65-74	0.5	18	37	0.1	11	128	0.0	2	84	0.4	5	13
75-84	0.3	5	18	0.0	2	91	0.0	1	75	0.3	3	10
85 and older	0.3	3	13	0.0	1	76	0.0	0	56	0.2	2	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.3	8	24	0.0	4	111	0.0	1	77	0.3	3	11
Disabled	1.8	154	84	0.6	118	194	0.2	17	111	1.1	19	18
Adults	0.7	35	51	0.2	23	135	0.1	6	86	0.4	6	14
Children	0.5	30	66	0.2	22	137	0.1	4	73	0.2	4	16
Unknown	2.9	184	64	0.8	135	172	0.2	20	101	1.9	28	15
<b>Gender</b>												
Female	0.8	48	61	0.2	33	150	0.1	7	87	0.5	7	15
Male	0.7	56	82	0.2	44	179	0.1	6	96	0.4	6	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.9	66	70	0.3	48	162	0.1	9	94	0.5	9	16
African American	0.6	45	72	0.2	34	176	0.1	5	91	0.4	6	15
Other/unknown	0.5	31	63	0.1	22	160	0.1	5	79	0.3	5	15
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.7	28	42	0.1	18	160	0.0	3	101	0.5	7	13
Part year	1.1	56	51	0.2	37	157	0.1	7	107	0.8	12	14
None	0.7	52	70	0.2	38	163	0.1	7	89	0.4	7	16
<b>Maintenance Assistance Status</b>												
Cash	1.2	86	71	0.4	63	169	0.1	11	97	0.7	12	17
Medically needy	0.8	57	67	0.2	41	175	0.1	8	101	0.5	8	15
Poverty related	0.4	22	57	0.1	15	131	0.1	4	70	0.2	3	15
Other/unknown	0.6	42	69	0.2	31	165	0.1	5	89	0.4	5	15

Source: Data for this table are from the MAX 2007 file for Iowa, 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 Iowa, 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>

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<sup>a, b, c, d</sup>  
 IOWA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Patented Brand-Name		Off-Patent Brand-Name/Generic		Patented Brand-Name		Off-Patent Brand-Name/Generic		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
	Total	Name	Total	Name	Total	Name	Total	Name	Total	Name							
Anti-infective Agents	0.2	0.0	0.0	0.2	\$10	\$4	\$3	\$3	\$42	\$179	\$74	\$18	429,332	\$18,073,173	166,090	35.4	1,723,725
Biologicals	0.3	0.3	0.0	0.0	289	289	0	0	1095	1,095	0	0	6,472	7,085,292	2,335	0.5	24,536
Antineoplastic Agents	0.6	0.2	0.0	0.4	157	144	3	11	281	849	546	28	5,904	1,661,131	992	0.2	10,547
Endocrine/Metabolic Drugs	0.4	0.1	0.1	0.2	25	15	7	2	58	135	63	12	277,254	16,163,270	61,293	13.1	642,856
Cardiovascular Agents	1.1	0.2	0.1	0.7	38	22	8	8	36	97	66	11	307,581	11,124,321	27,478	5.9	292,784
Respiratory Agents	0.4	0.2	0.0	0.1	25	21	2	2	71	99	84	16	332,864	23,730,642	89,038	19.0	945,680
Gastrointestinal Agents	0.4	0.1	0.0	0.3	29	17	7	4	69	154	147	17	139,684	9,687,677	31,820	6.8	336,255
Genitourinary Agents	0.3	0.1	0.1	0.1	15	9	4	2	60	100	71	19	30,499	1,841,255	11,646	2.5	121,633
CNS Drugs	0.9	0.3	0.1	0.5	77	62	7	8	86	190	125	16	685,153	59,227,810	72,360	15.4	765,429
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.1	83	77	2	3	109	125	92	28	179,528	19,487,000	21,734	4.6	234,882
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	171	168	0	3	425	456	0	92	5,686	2,418,240	1,333	0.3	14,116
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	15	6	2	6	35	265	283	16	304,536	10,807,429	72,145	15.4	744,982
Neuromuscular Agents	0.7	0.3	0.0	0.4	61	46	8	7	85	177	164	18	238,103	20,296,937	30,985	6.6	334,198
Nutritional Products	0.3	0.0	0.0	0.3	5	0	0	4	15	26	65	13	50,076	747,735	14,953	3.2	148,121
Hematological Agents	0.6	0.1	0.0	0.5	134	128	1	5	216	1,030	36	10	46,425	10,012,478	6,987	1.5	74,870
Topical Products	0.2	0.0	0.0	0.1	7	4	1	2	38	95	70	14	165,423	6,268,842	83,043	17.7	878,297
Miscellaneous Products	0.4	0.2	0.0	0.1	116	102	4	10	290	426	224	70	6,603	1,918,038	1,474	0.3	16,538
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	15	0	0	0	78	0	0	0	4,878	381,234	2,367	0.5	25,849
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,216,001	220,932,504	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Iowa, 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 Iowa, 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 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<sup>a, b, c</sup>  
 IOWA, 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	\$37,031,128	22,969	4.9	252,566	0.6	\$226	\$147
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	19,316,555	25,561	5.4	279,294	0.6	109	69
ANTICONVULSANT	18,810,003	23,908	5.1	263,512	0.7	105	71
ANTIASTHMATIC	18,355,178	70,555	15.0	756,222	0.3	87	24
ANTIDEPRESSANTS	17,673,677	55,482	11.8	588,724	0.5	62	30
MISC. HEMATOLOGICAL	8,440,850	1,338	0.3	14,382	0.6	1,028	587
ULCER DRUGS	7,446,781	29,572	6.3	315,209	0.3	70	24
PASSIVE IMMUNIZING AGENTS	7,036,193	1,135	0.2	10,700	0.5	1,354	658
ANTIDIABETIC	6,464,938	11,998	2.6	128,621	0.6	79	50
ANALGESICS - Narcotic	5,687,664	75,416	16.1	791,502	0.3	28	7
Total	146,262,967	317,934	n.a.	3,400,732	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Iowa, 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