

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](mailto:ORDI_508_Compliance@cms.hhs.gov).

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

**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  
ILLINOIS, 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>	2447527 (A)	330811 (E)	2116716 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	2423536 (B)	308263 (F)	2115273 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	2384688 (C)	308232 (G)	2076456 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	39089 (D)	31608 (H)	7481 (L)

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. 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 Illinois in 2007 was \$993,051,574, of which \$934,352 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<sup>a, b</sup>**  
**ILLINOIS, 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>2,384,688</b>	<b>150,909</b>	<b>336,209</b>	<b>511,959</b>	<b>1,384,696</b>	<b>915</b>	<b>23,155,353</b>	<b>1,474,068</b>	<b>3,704,307</b>	<b>4,203,775</b>	<b>13,765,428</b>	<b>7,775</b>
<b>Age</b>												
5 and younger	544,297	1	2,215	13	542,068	0	5,203,190	4	24,236	86	5,178,864	0
6-14	599,873	2	10,900	68	588,903	0	6,229,484	20	123,765	486	6,105,213	0
15-20	304,539	1	15,334	36,646	252,544	14	2,947,393	9	165,827	307,821	2,473,630	106
21-44	516,921	2	95,456	420,254	1,061	148	4,530,433	4	1,062,824	3,459,660	6,823	1,122
45-64	217,303	110	161,911	54,503	51	728	2,190,410	370	1,751,153	432,172	308	6,407
65-74	87,059	47,613	38,975	429	17	25	907,154	456,790	446,898	3,183	143	140
75-84	70,464	60,586	9,822	41	15	0	718,619	606,178	111,980	320	141	0
85 and older	44,200	42,594	1,594	4	8	0	428,389	410,693	17,610	35	51	0
Unknown	32	0	2	1	29	0	281	0	14	12	255	0
<b>Gender</b>												
Female	1,405,216	103,955	175,969	431,380	692,998	914	13,457,498	1,028,517	1,961,441	3,614,746	6,845,031	7,763
Male	979,472	46,954	160,240	80,579	691,698	1	9,697,855	445,551	1,742,866	589,029	6,920,397	12
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	909,300	84,862	150,091	213,302	460,496	549	8,747,122	808,522	1,639,074	1,717,653	4,577,172	4,701
African American	769,848	28,444	138,321	158,774	444,083	226	7,595,790	278,323	1,531,005	1,373,349	4,411,158	1,955
Other/unknown	705,540	37,603	47,797	139,883	480,117	140	6,812,441	387,223	534,228	1,112,773	4,777,098	1,119
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	39,089	21,983	17,088	9	9	0	425,391	229,632	195,616	46	97	0
Part year	34,143	20,122	13,754	251	11	5	342,118	192,006	147,498	2,453	119	42
None	2,311,456	108,804	305,367	511,699	1,384,676	910	22,387,844	1,052,430	3,361,193	4,201,276	13,765,212	7,733
<b>Maintenance Assistance Status</b>												
Cash	250,089	24,282	149,339	11,160	65,308	0	2,669,092	278,800	1,721,241	98,968	570,083	0
Medically needy	405,559	59,571	78,166	263,245	4,577	0	3,527,166	539,461	756,136	2,205,713	25,856	0
Poverty-related	1,362,891	30,623	67,358	33,534	1,230,461	915	13,634,503	335,812	754,698	211,273	12,324,945	7,775
Other/unknown	366,149	36,433	41,346	204,020	84,350	0	3,324,592	319,995	472,232	1,687,821	844,544	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	284,544	126,839	150,009	7,483	170	43	2,966,919	1,225,572	1,680,284	58,987	1,718	358
Full dual, part year	23,688	10,135	13,264	284	5	0	265,236	111,861	150,752	2,578	45	0
Non-dual, all year	2,076,456	13,935	172,936	504,192	1,384,521	872	19,923,198	136,635	1,873,271	4,142,210	13,763,665	7,417
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	2,209,801	150,737	335,747	470,767	1,251,636	914	21,815,939	1,472,383	3,700,880	3,901,315	12,733,589	7,772
FFS part year, with Rx claims	83,895	38	329	23,014	60,513	1	509,641	159	2,291	138,689	368,499	3
FFS part year, no Rx claims	35,327	12	79	5,584	29,652	0	197,330	70	512	28,401	168,347	0

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. 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>  
ILLINOIS, 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>58.2</b>	<b>6.6</b>	<b>\$416</b>	<b>\$63</b>	<b>\$3,756</b>	<b>11.1</b>	<b>2,384,688</b>
<b>Age</b>							
5 and younger	64.7	3.3	164	50	1,962	8.4	544,297
6-14	55.0	3.4	260	77	1,147	22.6	599,873
15-20	56.7	4.3	318	74	2,002	15.9	304,539
21-44	63.8	8.7	544	63	4,180	13.0	516,921
45-64	63.3	23.5	1,501	64	12,098	12.4	217,303
65-74	35.5	7.9	370	47	6,991	5.3	87,059
75-84	29.4	3.7	114	31	8,477	1.3	70,464
85 and older	32.2	2.7	52	19	13,480	0.4	44,200
Unknown	59.4	2.6	83	32	912	9.1	32
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	28.4	3.5	123	35	8,167	1.5	150,909
Disabled	59.2	20.2	1,473	73	13,909	10.6	336,209
Adults	64.5	7.4	351	48	1,894	18.5	511,959
Children	58.8	3.4	214	63	1,491	14.3	1,384,696
Unknown	85.0	26.8	3,268	122	15,519	21.1	915
<b>Gender</b>							
Female	60.0	7.1	390	55	3,509	11.1	1,405,216
Male	55.7	6.0	454	76	4,111	11.0	979,472
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	59.2	8.1	510	63	4,840	10.5	909,300
African American	57.3	6.6	434	66	3,958	11.0	769,848
Other/unknown	57.8	4.8	275	58	2,139	12.9	705,540
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	59.1	21.4	1,356	63	33,961	4.0	39,089
Part year	62.7	15.5	945	61	27,153	3.5	34,143
None	58.1	6.2	392	63	2,900	13.5	2,311,456
<b>Maintenance Assistance Status</b>							
Cash	62.4	16.0	1,143	71	6,354	18.0	250,089
Medically needy	60.5	9.5	543	57	7,942	6.8	405,559
Poverty related	57.8	3.5	201	57	1,677	12.0	1,362,891
Other/unknown	54.2	8.6	580	67	5,085	11.4	366,149

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. 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>  
 ILLINOIS, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS <sup>c</sup>		Number of Rx, Percentage with:					Mean \$, All Medicaid FFS <sup>d</sup>	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	
<b>All</b>	<b>0.7</b>	<b>\$43</b>	<b>11.1</b>	<b>41.8</b>	<b>47.2</b>	<b>4.5</b>	<b>4.2</b>	<b>1.8</b>	<b>0.5</b>	<b>\$387</b>	<b>2,384,688</b>	<b>23,155,353</b>
<b>Age</b>												
5 and younger	0.3	17	8.4	35.3	60.8	2.7	1.0	0.2	0.0	205	544,297	5,203,190
6-14	0.3	25	22.6	45.0	50.0	2.9	1.8	0.3	0.0	110	599,873	6,229,484
15-20	0.4	33	15.9	43.3	49.8	3.9	2.4	0.5	0.1	207	304,539	2,947,393
21-44	1.0	62	13.0	36.2	46.1	7.8	7.0	2.3	0.5	477	516,921	4,530,433
45-64	2.3	149	12.4	36.7	25.8	8.1	15.3	10.6	3.4	1,200	217,303	2,190,410
65-74	0.8	36	5.3	64.5	23.4	3.4	5.0	3.0	0.7	671	87,059	907,154
75-84	0.4	11	1.3	70.6	23.9	2.3	2.0	1.0	0.2	831	70,464	718,619
85 and older	0.3	5	0.4	67.8	28.4	2.2	1.0	0.5	0.1	1,391	44,200	428,389
Unknown	0.3	9	9.1	40.6	56.3	0.0	3.1	0.0	0.0	104	32	281
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.4	13	1.5	71.6	22.8	2.3	2.2	0.9	0.1	836	150,909	1,474,068
Disabled	1.8	134	10.6	40.8	28.7	7.0	12.4	8.4	2.6	1,262	336,209	3,704,307
Adults	0.9	43	18.5	35.5	48.0	7.8	6.6	1.8	0.4	231	511,959	4,203,775
Children	0.3	22	14.3	41.2	54.1	2.9	1.5	0.2	0.0	150	1,384,696	13,765,428
Unknown	3.1	385	21.1	15.0	24.5	15.3	30.1	12.5	2.7	1,826	915	7,775
<b>Gender</b>												
Female	0.7	41	11.1	40.0	48.1	4.9	4.4	1.9	0.6	366	1,405,216	13,457,498
Male	0.6	46	11.0	44.3	45.9	4.0	3.8	1.6	0.4	415	979,472	9,697,855
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	0.8	53	10.5	40.8	45.6	5.5	5.3	2.3	0.6	503	909,300	8,747,122
African American	0.7	44	11.0	42.7	46.3	4.4	4.2	1.9	0.5	401	769,848	7,595,790
Other/unknown	0.5	29	12.9	42.2	50.4	3.5	2.7	1.0	0.2	222	705,540	6,812,441
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	2.0	125	4.0	40.9	34.6	5.4	5.8	8.3	5.0	3,121	39,089	425,391
Part year	1.5	94	3.5	37.3	41.1	5.1	7.2	6.8	2.5	2,710	34,143	342,118
None	0.6	41	13.5	41.9	47.5	4.5	4.1	1.6	0.4	299	2,311,456	22,387,844
<b>Maintenance Assistance Status</b>												
Cash	1.5	107	18.0	37.6	37.3	6.6	10.3	6.4	1.8	595	250,089	2,669,092
Medically needy	1.1	62	6.8	39.5	41.5	7.4	7.6	3.1	0.8	913	405,559	3,527,166
Poverty related	0.3	20	12.0	42.2	53.0	2.9	1.5	0.3	0.1	168	1,362,891	13,634,503
Other/unknown	1.0	64	11.4	45.8	39.0	6.0	5.9	2.5	0.8	560	366,149	3,324,592

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. 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>**  
**ILLINOIS, 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>\$43</b>	<b>\$63</b>	<b>0.2</b>	<b>\$32</b>	<b>\$168</b>	<b>0.0</b>	<b>\$2</b>	<b>\$110</b>	<b>0.5</b>	<b>\$8</b>	<b>\$18</b>
<b>Age</b>												
5 and younger	0.3	17	50	0.1	12	167	0.0	1	76	0.3	5	18
6-14	0.3	25	77	0.1	20	148	0.0	1	108	0.2	4	21
15-20	0.4	33	74	0.2	26	166	0.0	1	119	0.3	5	20
21-44	1.0	62	63	0.3	47	177	0.0	3	117	0.7	12	17
45-64	2.3	149	64	0.6	110	181	0.1	8	119	1.7	30	18
65-74	0.8	36	47	0.2	24	138	0.0	2	91	0.6	9	16
75-84	0.4	11	31	0.1	7	111	0.0	1	75	0.3	4	12
85 and older	0.3	5	19	0.0	3	93	0.0	0	68	0.2	2	9
Unknown	0.3	9	32	0.1	4	61	0.0	1	79	0.2	4	20
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.4	13	35	0.1	8	120	0.0	1	88	0.3	4	14
Disabled	1.8	134	73	0.5	104	204	0.1	6	120	1.3	23	18
Adults	0.9	43	48	0.2	30	133	0.0	2	108	0.7	11	17
Children	0.3	22	63	0.1	17	148	0.0	1	96	0.2	4	19
Unknown	3.1	385	122	0.8	312	368	0.1	15	152	2.2	58	26
<b>Gender</b>												
Female	0.7	41	55	0.2	30	153	0.0	2	106	0.5	9	17
Male	0.6	46	76	0.2	36	191	0.0	2	115	0.4	8	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.8	53	63	0.3	41	160	0.0	3	113	0.6	10	17
African American	0.7	44	66	0.2	33	189	0.0	2	110	0.5	9	19
Other/unknown	0.5	29	58	0.1	21	158	0.0	1	103	0.3	6	18
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	2.0	125	63	0.5	99	190	0.0	4	117	1.4	21	15
Part year	1.5	94	61	0.4	72	199	0.0	5	126	1.1	18	16
None	0.6	41	63	0.2	31	166	0.0	2	109	0.4	8	18
<b>Maintenance Assistance Status</b>												
Cash	1.5	107	71	0.4	83	200	0.0	5	113	1.0	19	18
Medically needy	1.1	62	57	0.3	45	167	0.0	3	121	0.8	14	17
Poverty related	0.3	20	57	0.1	15	145	0.0	1	94	0.2	4	18
Other/unknown	1.0	64	67	0.3	49	168	0.0	3	114	0.6	11	18

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. 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 Illinois, 0.6 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>**  
**ILLINOIS, 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	\$13	\$8	\$1	\$4	\$58	\$329	\$122	\$21	2,108,477	\$122,669,462	860,847	36.1	9,286,295
Biologicals	0.2	0.2	0.0	0.0	283	283	0	0	1160	1,160	0	0	20,186	23,425,198	7,943	0.3	82,891
Antineoplastic Agents	0.5	0.2	0.0	0.4	228	204	4	19	423	1,179	439	54	45,767	19,362,405	7,988	0.3	84,987
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.3	25	19	1	6	57	119	67	21	1,559,109	89,544,866	339,631	14.2	3,597,966
Cardiovascular Agents	1.2	0.2	0.1	0.9	46	23	6	17	38	94	79	19	2,093,933	79,273,047	162,484	6.8	1,733,529
Respiratory Agents	0.4	0.2	0.0	0.2	26	23	0	3	71	110	72	18	1,764,771	125,994,215	441,950	18.5	4,803,855
Gastrointestinal Agents	0.4	0.1	0.0	0.3	19	12	1	6	55	170	142	21	610,700	33,569,877	160,067	6.7	1,723,497
Genitourinary Agents	0.2	0.1	0.0	0.1	11	7	1	3	51	89	87	23	190,271	9,657,011	83,800	3.5	882,770
CNS Drugs	0.8	0.3	0.0	0.5	67	58	1	8	82	209	80	15	2,326,555	190,665,705	262,841	11.0	2,849,297
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	73	70	1	2	102	119	48	21	445,938	45,576,802	55,835	2.3	623,754
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	67	60	0	7	260	304	90	113	59,011	15,361,525	21,198	0.9	230,852
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	8	3	1	4	25	297	316	13	1,724,690	43,133,353	514,314	21.6	5,498,755
Neuromuscular Agents	0.7	0.2	0.0	0.4	52	39	5	8	79	170	165	19	1,026,716	80,962,732	141,557	5.9	1,546,362
Nutritional Products	0.3	0.0	0.0	0.3	7	2	0	4	21	43	33	16	334,110	6,858,428	100,780	4.2	1,022,780
Hematological Agents	0.6	0.1	0.0	0.4	90	84	0	6	152	592	36	13	361,559	54,802,483	55,553	2.3	607,066
Topical Products	0.2	0.0	0.0	0.2	6	3	0	2	29	98	66	15	1,001,979	29,193,175	474,202	19.9	5,139,142
Miscellaneous Products	0.2	0.1	0.0	0.0	33	31	1	1	207	244	297	49	97,980	20,292,068	56,866	2.4	618,894
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	46	0	0	0	38,615	1,774,870	22,319	0.9	243,072
<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.	15,810,367	992,117,222	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. 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 Illinois, 0.6 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>  
 ILLINOIS, 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	\$145,308,361	102,777	4.3	1,155,121	0.6	\$210	\$126	
ANTIASTHMATIC	104,464,002	452,052	19.0	4,949,658	0.3	81	21	
ANTICONVULSANT	75,611,712	107,176	4.5	1,191,269	0.6	99	63	
ANTIVIRAL	63,032,150	29,975	1.3	323,220	0.4	494	195	
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	45,574,693	63,752	2.7	715,662	0.6	102	64	
ANTIDEPRESSANTS	37,828,999	178,270	7.5	1,921,190	0.5	44	20	
ANTIDIABETIC	37,624,751	92,532	3.9	994,658	0.6	63	38	
MISC. HEMATOLOGICAL	30,051,204	11,783	0.5	129,778	0.5	421	232	
ANTIHYPERLIPIDEMIC	29,353,524	72,325	3.0	789,726	0.5	69	37	
CONTRACEPTIVES	27,093,369	149,488	6.3	1,540,644	0.3	56	18	
Total	595,942,765	1,260,130	n.a.	13,710,926	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Illinois, released by CMS in 5/2010. 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