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

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
MARYLAND, 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>	853715 (A)	109044 (E)	744671 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	781257 (B)	76992 (F)	704265 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	468805 (C)	75386 (G)	393419 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	14727 (D)	12889 (H)	1838 (L)

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. This table was produced on 04/19/2011.

- 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 Maryland in 2007 was \$199,809,957, of which \$101,862,065 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>**  
**MARYLAND, 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>342,769</b>	<b>41,162</b>	<b>65,808</b>	<b>96,846</b>	<b>138,521</b>	<b>432</b>	<b>1,897,133</b>	<b>416,682</b>	<b>579,057</b>	<b>574,974</b>	<b>322,175</b>	<b>4,245</b>
<b>Age</b>												
5 and younger	58,422	1	1,113	0	57,308	0	122,487	2	7,121	0	115,364	0
6-14	53,143	1	1,892	12	51,238	0	121,266	12	14,987	19	106,248	0
15-20	35,148	2	1,962	3,807	29,377	0	122,105	24	13,854	9,515	98,712	0
21-44	108,397	19	20,258	87,501	592	27	719,932	195	172,412	545,261	1,822	242
45-64	34,989	78	29,075	5,450	1	385	269,144	614	244,929	19,699	2	3,900
65-74	19,551	12,888	6,578	65	0	20	204,102	132,689	70,898	412	0	103
75-84	19,117	15,558	3,549	10	0	0	201,975	161,633	40,286	56	0	0
85 and older	13,998	12,615	1,381	1	1	0	136,097	121,513	14,570	12	2	0
Unknown	4	0	0	0	4	0	25	0	0	0	25	0
<b>Gender</b>												
Female	227,036	29,582	33,577	91,249	72,196	432	1,355,085	302,954	307,910	560,130	179,846	4,245
Male	115,733	11,580	32,231	5,597	66,325	0	542,048	113,728	271,147	14,844	142,329	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	116,694	17,040	28,051	37,661	33,707	235	749,404	167,975	254,558	238,792	85,758	2,321
African American	162,394	13,296	31,134	47,038	70,799	127	824,400	135,990	267,510	256,686	162,976	1,238
Other/unknown	63,681	10,826	6,623	12,147	34,015	70	323,329	112,717	56,989	79,496	73,441	686
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	14,727	11,798	2,925	2	2	0	148,998	117,316	31,645	13	24	0
Part year	7,947	5,529	2,388	28	1	1	71,777	50,221	21,358	179	8	11
None	320,095	23,835	60,495	96,816	138,518	431	1,676,358	249,145	526,054	574,782	322,143	4,234
<b>Maintenance Assistance Status</b>												
Cash	99,919	19,011	43,291	17,574	20,043	0	724,928	214,869	421,851	46,294	41,914	0
Medically needy	56,208	21,262	16,353	10,252	8,341	0	343,755	193,952	95,550	31,187	23,066	0
Poverty-related	119,492	868	1,443	15,168	101,581	432	275,466	7,618	12,442	47,540	203,621	4,245
Other/unknown	67,150	21	4,721	53,852	8,556	0	552,984	243	49,214	449,953	53,574	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	71,899	34,880	36,318	667	26	8	747,699	354,211	388,928	4,276	215	69
Full dual, part year	3,298	1,418	1,851	29	0	0	32,171	14,197	17,699	275	0	0
Non-dual, all year	267,572	4,864	27,639	96,150	138,495	424	1,117,263	48,274	172,430	570,423	321,960	4,176
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	156,136	40,740	49,467	49,046	16,458	425	1,402,428	413,939	510,224	397,052	77,020	4,193
FFS part year, with Rx claims	44,570	316	9,597	17,296	17,354	7	151,136	2,073	40,742	67,174	41,095	52
FFS part year, no Rx claims	142,063	106	6,744	30,504	104,709	0	343,569	670	28,091	110,748	204,060	0

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. This table was produced on 04/19/2011.

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>**  
**MARYLAND, 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>25.9</b>	<b>3.3</b>	<b>\$286</b>	<b>\$86</b>	<b>\$9,694</b>	<b>2.9</b>	<b>342,769</b>
<b>Age</b>							
5 and younger	12.1	0.5	88	173	3,943	2.2	58,422
6-14	15.4	1.6	288	174	3,497	8.2	53,143
15-20	23.6	2.6	395	151	7,013	5.6	35,148
21-44	27.6	2.3	204	88	7,255	2.8	108,397
45-64	43.1	9.9	712	72	22,167	3.2	34,989
65-74	39.6	8.6	473	55	14,927	3.2	19,551
75-84	37.5	6.0	287	48	19,924	1.4	19,117
85 and older	38.2	3.9	135	35	30,391	0.4	13,998
Unknown	0.0	0.0	0	0	2,056	0.0	4
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	38.9	5.8	277	48	22,490	1.2	41,162
Disabled	41.6	9.6	891	92	24,009	3.7	65,808
Adults	25.9	1.3	76	61	3,833	2.0	96,846
Children	14.4	1.0	142	142	3,175	4.5	138,521
Unknown	91.2	26.3	2,183	83	14,005	15.6	432
<b>Gender</b>							
Female	26.7	3.0	212	70	8,641	2.5	227,036
Male	24.4	3.9	430	109	11,759	3.7	115,733
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	33.1	4.2	315	75	12,649	2.5	116,694
African American	23.2	3.1	288	94	8,871	3.2	162,394
Other/unknown	20.0	2.5	226	91	6,377	3.5	63,681
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	52.8	15.6	895	58	55,193	1.6	14,727
Part year	60.6	16.0	1,061	66	41,023	2.6	7,947
None	23.8	2.5	239	97	6,823	3.5	320,095
<b>Maintenance Assistance Status</b>							
Cash	32.8	6.0	540	89	12,199	4.4	99,919
Medically needy	39.8	6.3	429	68	23,920	1.8	56,208
Poverty related	15.0	0.7	87	129	2,793	3.1	119,492
Other/unknown	23.6	1.6	140	89	6,338	2.2	67,150

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. This table was produced on 04/19/2011.

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>  
 MARYLAND, 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>0.6</b>	<b>\$52</b>	<b>2.9</b>	<b>74.1</b>	<b>16.6</b>	<b>2.9</b>	<b>3.3</b>	<b>1.9</b>	<b>1.2</b>	<b>\$1,752</b>	<b>342,769</b>	<b>1,897,133</b>
<b>Age</b>												
5 and younger	0.2	42	2.2	87.9	8.9	1.8	1.2	0.2	0.1	1,881	58,422	122,487
6-14	0.7	126	8.2	84.6	7.3	2.4	2.8	1.7	1.2	1,533	53,143	121,266
15-20	0.8	114	5.6	76.4	14.4	2.9	3.4	2.0	1.0	2,019	35,148	122,105
21-44	0.3	31	2.8	72.4	19.8	2.6	2.8	1.4	1.1	1,092	108,397	719,932
45-64	1.3	93	3.2	56.9	21.4	5.3	7.3	5.1	4.1	2,882	34,989	269,144
65-74	0.8	45	3.2	60.4	24.2	4.7	6.3	3.4	1.1	1,430	19,551	204,102
75-84	0.6	27	1.4	62.5	26.6	3.4	4.7	2.2	0.6	1,886	19,117	201,975
85 and older	0.4	14	0.4	61.8	30.4	3.0	3.0	1.4	0.4	3,126	13,998	136,097
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	329	4	25
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.6	27	1.2	61.1	27.8	3.8	4.5	2.2	0.6	2,222	41,162	416,682
Disabled	1.1	101	3.7	58.4	21.9	4.7	7.0	4.6	3.4	2,729	65,808	579,057
Adults	0.2	13	2.0	74.1	19.4	2.5	2.4	1.0	0.6	646	96,846	574,974
Children	0.4	61	4.5	85.6	8.9	2.0	1.9	1.0	0.7	1,365	138,521	322,175
Unknown	2.7	222	15.6	8.8	32.6	19.2	28.7	9.0	1.6	1,425	432	4,245
<b>Gender</b>												
Female	0.5	36	2.5	73.3	18.4	2.8	3.0	1.6	1.0	1,448	227,036	1,355,085
Male	0.8	92	3.7	75.6	13.3	3.2	3.9	2.4	1.6	2,511	115,733	542,048
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	0.7	49	2.5	66.9	21.0	3.5	4.1	2.5	1.9	1,970	116,694	749,404
African American	0.6	57	3.2	76.8	14.7	2.7	3.1	1.7	0.9	1,747	162,394	824,400
Other/unknown	0.5	45	3.5	80.0	13.6	2.3	2.5	1.0	0.5	1,256	63,681	323,329
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	1.5	89	1.6	47.2	32.5	4.7	5.0	6.0	4.6	5,455	14,727	148,998
Part year	1.8	118	2.6	39.4	34.6	4.8	8.0	7.3	5.8	4,542	7,947	71,777
None	0.5	46	3.5	76.2	15.5	2.8	3.2	1.5	0.9	1,303	320,095	1,676,358
<b>Maintenance Assistance Status</b>												
Cash	0.8	75	4.4	67.2	18.7	3.8	5.1	3.1	2.1	1,681	99,919	724,928
Medically needy	1.0	70	1.8	60.2	22.6	5.2	6.4	3.6	2.0	3,911	56,208	343,755
Poverty related	0.3	38	3.1	85.0	9.9	2.2	1.8	0.7	0.5	1,212	119,492	275,466
Other/unknown	0.2	17	2.2	76.4	20.7	1.0	0.9	0.6	0.3	770	67,150	552,984

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. This table was produced on 04/19/2011.

- 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>**  
**MARYLAND, 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>0.6</b>	<b>\$52</b>	<b>\$86</b>	<b>0.2</b>	<b>\$42</b>	<b>\$212</b>	<b>0.0</b>	<b>\$2</b>	<b>\$108</b>	<b>0.4</b>	<b>\$8</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	0.2	42	173	0.1	37	499	0.0	1	88	0.2	4	24
6-14	0.7	126	174	0.4	112	285	0.0	3	123	0.3	11	36
15-20	0.8	114	151	0.4	99	268	0.0	4	155	0.4	11	30
21-44	0.3	31	88	0.1	25	210	0.0	1	131	0.2	5	23
45-64	1.3	93	72	0.4	73	201	0.0	3	100	0.9	16	18
65-74	0.8	45	55	0.2	34	144	0.0	2	90	0.6	9	16
75-84	0.6	27	48	0.2	21	127	0.0	1	80	0.4	5	14
85 and older	0.4	14	35	0.1	10	116	0.0	1	62	0.3	3	10
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	0.6	27	48	0.2	21	131	0.0	1	80	0.4	5	14
Disabled	1.1	101	92	0.3	83	246	0.0	3	113	0.7	15	20
Adults	0.2	13	61	0.1	9	124	0.0	0	116	0.1	3	24
Children	0.4	61	142	0.2	54	252	0.0	1	120	0.2	6	27
Unknown	2.7	222	83	0.9	181	196	0.1	10	137	1.7	32	19
<b>Gender</b>												
Female	0.5	36	70	0.2	28	175	0.0	1	105	0.3	6	19
Male	0.8	92	109	0.3	78	262	0.0	3	111	0.5	11	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.7	49	75	0.2	39	191	0.0	2	115	0.4	8	19
African American	0.6	57	94	0.2	47	231	0.0	2	104	0.4	8	21
Other/unknown	0.5	45	91	0.2	37	215	0.0	1	101	0.3	6	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	1.5	89	58	0.4	68	167	0.0	3	87	1.1	17	16
Part year	1.8	118	66	0.5	91	186	0.0	4	84	1.2	22	18
None	0.5	46	97	0.2	38	226	0.0	1	117	0.3	6	22
<b>Maintenance Assistance Status</b>												
Cash	0.8	75	89	0.3	61	237	0.0	2	109	0.6	11	20
Medically needy	1.0	70	68	0.3	56	176	0.0	3	98	0.7	12	17
Poverty related	0.3	38	129	0.1	34	263	0.0	1	132	0.2	4	23
Other/unknown	0.2	17	89	0.1	13	162	0.0	1	116	0.1	3	29

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 Maryland, 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>  
MARYLAND, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx			Users <sup>e</sup>					
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.5	0.2	0.0	0.3	\$107	\$95	\$1	\$11	\$203	\$482	\$145	\$34	70,955	\$14,376,746	20,181	5.9	133,830
Biologicals	0.3	0.3	0.0	0.0	658	658	0	0	2268	2,268	0	0	603	1,367,576	270	0.1	2,077
Antineoplastic Agents	0.5	0.3	0.0	0.3	173	157	2	15	327	610	2,497	55	4,296	1,404,060	951	0.3	8,100
Endocrine/Metabolic Drugs	0.6	0.3	0.0	0.3	38	29	1	8	67	115	85	27	108,628	7,258,948	23,012	6.7	191,779
Cardiovascular Agents	1.3	0.3	0.1	1.0	49	25	6	17	37	99	78	18	162,830	5,982,276	15,292	4.5	122,936
Respiratory Agents	0.5	0.2	0.0	0.3	37	32	1	4	74	139	78	15	65,371	4,820,285	16,674	4.9	129,690
Gastrointestinal Agents	0.7	0.3	0.0	0.4	62	46	4	12	87	152	143	32	61,648	5,381,917	10,203	3.0	86,983
Genitourinary Agents	0.5	0.2	0.0	0.3	25	14	1	10	54	81	62	37	13,384	725,989	3,999	1.2	29,034
CNS Drugs	1.1	0.4	0.0	0.7	90	79	1	10	81	204	97	14	285,809	23,149,750	36,506	10.7	256,702
Stimulants/Anti-obesity/Anorexia	1.7	1.3	0.0	0.3	187	175	1	12	113	133	57	35	32,661	3,688,940	5,468	1.6	19,696
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	95	91	0	3	180	185	0	105	6,454	1,159,048	1,545	0.5	12,207
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	22	5	3	14	34	145	241	23	70,577	2,420,228	15,703	4.6	109,803
Neuromuscular Agents	1.1	0.3	0.0	0.7	79	59	7	14	75	173	186	20	122,447	9,196,823	14,794	4.3	115,728
Nutritional Products	0.4	0.0	0.0	0.4	7	1	0	5	15	40	16	14	37,598	577,696	11,209	3.3	88,351
Hematological Agents	0.7	0.2	0.0	0.4	155	151	0	4	237	731	19	9	55,792	13,235,008	9,014	2.6	85,487
Topical Products	0.4	0.1	0.0	0.3	19	13	1	5	46	103	67	20	38,933	1,807,872	12,723	3.7	94,984
Miscellaneous Products	0.5	0.3	0.0	0.2	166	151	5	10	338	596	384	43	3,902	1,317,082	852	0.2	7,937
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	13	0	0	0	57	0	0	0	1,369	77,648	729	0.2	6,027
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>1,143,257</b>	<b>97,947,892</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 Maryland, 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.

All Medicaid Beneficiaries

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 MARYLAND, 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	\$9,877,131	6,989	2.0	61,154	0.8	\$203	\$162
ANTIVIRAL	9,406,004	2,910	0.8	25,994	0.7	535	362
MISC. HEMATOLOGICAL	8,311,414	1,636	0.5	14,770	0.6	1,005	563
ANTICONVULSANT	7,027,176	10,451	3.0	101,810	0.8	85	69
DIETARY PRODUCTS	4,212,397	1,057	0.3	11,763	0.7	512	358
ULCER DRUGS	3,942,296	8,108	2.4	75,783	0.5	105	52
HEMATOPOIETIC AGENTS	3,524,006	8,898	2.6	90,483	0.4	89	39
ANTIASTHMATIC	3,022,876	10,478	3.1	87,138	0.4	84	35
ANTIDIABETIC	2,482,239	7,805	2.3	70,757	0.6	63	35
MISC. ENDOCRINE	2,386,418	1,856	0.5	19,332	0.6	214	123
Total	54,191,957	60,188	n.a.	558,984	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. This table was produced on 04/19/2011.

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