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

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

Inclusion Criteria (2007)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ^g	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	1074974 (A)	176611 (E)	898363 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	1062680 (B)	164389 (F)	898291 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	709425 (C)	163952 (G)	545473 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	21746 (D)	19844 (H)	1902 (L)

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

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

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

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

d. The total Medicaid pharmacy reimbursement for Missouri in 2007 was \$579,300,350, of which \$28,182,169 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

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

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

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

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

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

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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	709,425	86,472	181,431	131,913	308,777	832	5,906,934	867,034	1,829,382	804,156	2,399,748	6,614
Age												
5 and younger	126,137	0	1,000	190	124,947	0	927,650	0	9,404	1,064	917,182	0
6-14	129,014	0	3,017	189	125,808	0	1,077,629	0	32,576	1,106	1,043,947	0
15-20	81,887	0	5,776	18,411	57,700	0	607,414	0	56,818	113,799	436,797	0
21-44	175,337	0	66,779	108,019	309	230	1,343,211	0	682,061	657,801	1,752	1,597
45-64	109,094	3	103,403	5,094	7	587	1,071,211	13	1,035,990	30,312	28	4,868
65-74	35,898	34,781	1,094	8	0	15	362,325	353,650	8,474	52	0	149
75-84	29,498	29,257	238	2	1	0	298,931	296,235	2,662	22	12	0
85 and older	22,556	22,431	124	0	1	0	218,545	217,136	1,397	0	12	0
Unknown	4	0	0	0	4	0	18	0	0	0	18	0
Gender												
Female	423,885	61,743	96,456	115,185	149,669	832	3,507,047	630,446	989,745	714,906	1,165,336	6,614
Male	285,538	24,728	84,974	16,728	159,108	0	2,399,876	236,586	839,628	89,250	1,234,412	0
Unknown	2	1	1	0	0	0	11	2	9	0	0	0
Race												
White	566,936	67,798	135,970	105,141	257,416	611	4,850,237	675,698	1,367,541	683,412	2,118,842	4,744
African American	116,141	14,171	38,605	21,180	42,002	183	862,311	145,268	396,365	93,115	225,992	1,571
Other/unknown	26,348	4,503	6,856	5,592	9,359	38	194,386	46,068	65,476	27,629	54,914	299
Use of Nursing Facilities^c												
Entire year	21,746	17,577	4,166	1	2	0	225,663	179,501	46,126	12	24	0
Part year	16,067	11,907	4,158	2	0	0	156,544	113,388	43,150	6	0	0
None	671,612	56,988	173,107	131,910	308,775	832	5,524,727	574,145	1,740,106	804,138	2,399,724	6,614
Maintenance Assistance Status												
Cash	279,079	19,486	80,761	65,997	112,835	0	2,412,196	220,378	897,517	397,206	897,095	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	189,748	1,279	2,607	32,628	152,402	832	1,420,696	12,917	26,640	151,660	1,222,865	6,614
Other/unknown	240,598	65,707	98,063	33,288	43,540	0	2,074,042	633,739	905,225	255,290	279,788	0
Dual Medicare Status^d												
Full dual, all year	154,891	79,069	75,064	669	38	51	1,574,114	791,864	775,995	5,391	355	509
Full dual, part year	9,061	3,226	5,804	29	1	1	93,621	32,792	60,547	272	2	8
Non-dual, all year	545,473	4,177	100,563	131,215	308,738	780	4,239,199	42,378	992,840	798,493	2,399,391	6,097
Managed Care (MC) Status												
Fee-for-service (FFS) all year	584,919	86,406	179,021	87,542	231,126	824	5,538,961	866,625	1,815,741	659,076	2,190,947	6,572
FFS part year, with Rx claims	42,309	35	1,845	17,461	22,961	7	164,258	267	11,103	64,106	88,744	38
FFS part year, no Rx claims	82,197	31	565	26,910	54,690	1	203,715	142	2,538	80,974	120,057	4

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

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

All Medicaid Beneficiaries

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

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	57.5	10.7	\$777	\$73	\$5,733	13.6	709,425
Age							
5 and younger	58.3	3.7	211	56	2,244	9.4	126,137
6-14	57.3	5.1	434	86	1,752	24.8	129,014
15-20	57.5	6.2	564	91	3,215	17.5	81,887
21-44	58.8	12.4	951	77	5,850	16.3	175,337
45-64	66.5	29.7	2,151	72	11,205	19.2	109,094
65-74	44.8	8.9	441	49	8,461	5.2	35,898
75-84	41.8	4.4	116	27	11,973	1.0	29,498
85 and older	41.2	3.7	79	21	17,295	0.5	22,556
Unknown	0.0	0.0	0	0	0	0.0	4
Basis of Eligibility^e							
Aged	42.8	5.9	227	38	11,946	1.9	86,472
Disabled	66.9	26.8	2,175	81	11,727	18.5	181,431
Adults	55.2	6.0	273	45	2,245	12.1	131,913
Children	57.0	4.5	312	70	1,940	16.1	308,777
Unknown	75.8	27.9	5,584	201	13,811	40.4	832
Gender							
Female	58.9	11.4	737	65	5,713	12.9	423,885
Male	55.4	9.7	835	87	5,762	14.5	285,538
Unknown	0.0	0.0	0	0	11,649	0.0	2
Race							
White	60.8	11.1	790	71	5,645	14.0	566,936
African American	44.0	8.7	729	84	6,437	11.3	116,141
Other/unknown	46.5	10.1	713	70	4,519	15.8	26,348
Use of Nursing Facilities^f							
Entire year	55.0	14.5	829	57	31,503	2.6	21,746
Part year	60.1	14.9	921	62	23,088	4.0	16,067
None	57.5	10.5	772	74	4,484	17.2	671,612
Maintenance Assistance Status							
Cash	61.8	15.2	1,115	74	5,554	20.1	279,079
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	57.2	4.1	274	66	1,680	16.3	189,748
Other/unknown	52.7	10.6	781	73	9,137	8.6	240,598

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

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age

who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

All Medicaid Beneficiaries

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

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		Number of Rx, Percentage with:					Mean \$, All Medicaid FFS \$ ^d	Number	
			None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Beneficiaries		Benefit Months	
All	1.3	\$93	13.6	42.5	39.3	6.2	6.6	3.8	1.6	\$689	709,425	5,906,934
Age												
5 and younger	0.5	29	9.4	41.7	51.1	4.7	2.1	0.3	0.1	305	126,137	927,650
6-14	0.6	52	24.8	42.7	46.9	5.1	4.2	0.9	0.2	210	129,014	1,077,629
15-20	0.8	76	17.5	42.5	43.1	7.1	5.4	1.5	0.4	433	81,887	607,414
21-44	1.6	124	16.3	41.2	34.7	8.0	9.7	4.8	1.6	764	175,337	1,343,211
45-64	3.0	219	19.2	33.5	25.9	7.7	13.8	12.8	6.3	1,141	109,094	1,071,211
65-74	0.9	44	5.2	55.2	32.0	4.5	4.1	3.0	1.2	838	35,898	362,325
75-84	0.4	12	1.0	58.2	34.8	3.6	2.0	1.1	0.3	1,182	29,498	298,931
85 and older	0.4	8	0.5	58.8	35.0	3.1	2.0	1.0	0.3	1,785	22,556	218,545
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	4	18
Basis of Eligibility^e												
Aged	0.6	23	1.9	57.2	33.8	3.8	2.8	1.7	0.6	1,191	86,472	867,034
Disabled	2.7	216	18.5	33.1	28.2	8.3	14.2	11.2	5.0	1,163	181,431	1,829,382
Adults	1.0	45	12.1	44.8	38.6	7.3	6.5	2.1	0.6	368	131,913	804,156
Children	0.6	40	16.1	43.0	47.8	5.1	3.3	0.7	0.2	250	308,777	2,399,748
Unknown	3.5	702	40.4	24.2	23.2	12.7	20.6	14.9	4.4	1,737	832	6,614
Gender												
Female	1.4	89	12.9	41.1	40.1	6.3	6.6	4.1	1.8	691	423,885	3,507,047
Male	1.1	99	14.5	44.6	38.2	6.0	6.6	3.4	1.2	686	285,538	2,399,876
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	2,118	2	11
Race												
White	1.3	92	14.0	39.2	42.1	6.5	6.7	3.9	1.6	660	566,936	4,850,237
African American	1.2	98	11.3	56.0	28.3	5.1	6.1	3.3	1.2	867	116,141	862,311
Other/unknown	1.4	97	15.8	53.5	28.4	5.3	7.2	4.2	1.4	613	26,348	194,386
Use of Nursing Facilities^f												
Entire year	1.4	80	2.6	45.0	37.2	5.2	4.0	4.8	3.8	3,036	21,746	225,663
Part year	1.5	95	4.0	39.9	41.2	4.8	5.4	5.1	3.6	2,370	16,067	156,544
None	1.3	94	17.2	42.5	39.4	6.3	6.7	3.7	1.4	545	671,612	5,524,727
Maintenance Assistance Status												
Cash	1.8	129	20.1	38.2	37.8	7.2	8.8	5.5	2.5	643	279,079	2,412,196
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.6	37	16.3	42.8	48.1	5.3	3.1	0.6	0.2	224	189,748	1,420,696
Other/unknown	1.2	91	8.6	47.3	34.3	5.8	6.8	4.3	1.5	1,060	240,598	2,074,042

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

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-

term-care services, were included.

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

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

All Medicaid Beneficiaries

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

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	1.3	\$93	\$73	0.4	\$69	\$194	0.1	\$6	\$126	0.9	\$18	\$21
Age												
5 and younger	0.5	29	56	0.1	18	182	0.0	2	73	0.4	9	23
6-14	0.6	52	86	0.2	41	167	0.0	2	95	0.3	9	25
15-20	0.8	76	91	0.3	61	222	0.0	3	103	0.5	13	24
21-44	1.6	124	77	0.4	93	218	0.1	7	145	1.1	24	21
45-64	3.0	219	72	0.8	158	189	0.1	19	140	2.0	41	20
65-74	0.9	44	49	0.2	29	147	0.0	4	91	0.6	11	17
75-84	0.4	12	27	0.1	6	102	0.0	1	57	0.4	5	13
85 and older	0.4	8	21	0.0	4	82	0.0	0	47	0.3	4	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.6	23	38	0.1	14	128	0.0	2	78	0.5	7	15
Disabled	2.7	216	81	0.8	162	212	0.1	16	143	1.8	37	21
Adults	1.0	45	45	0.2	28	139	0.0	3	110	0.8	14	19
Children	0.6	40	70	0.2	29	163	0.0	2	85	0.4	9	24
Unknown	3.5	702	201	1.0	585	573	0.2	60	289	2.2	57	25
Gender												
Female	1.4	89	65	0.4	64	176	0.1	6	120	1.0	19	20
Male	1.1	99	87	0.3	76	221	0.0	7	136	0.8	17	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.3	92	71	0.4	67	189	0.0	7	130	0.9	18	21
African American	1.2	98	84	0.3	76	227	0.1	6	111	0.8	16	21
Other/unknown	1.4	97	70	0.4	72	182	0.1	6	110	0.9	18	20
Use of Nursing Facilities^e												
Entire year	1.4	80	57	0.3	58	174	0.0	5	106	1.0	17	17
Part year	1.5	95	62	0.4	69	188	0.1	7	119	1.1	19	17
None	1.3	94	74	0.4	69	195	0.1	7	127	0.9	18	21
Maintenance Assistance Status												
Cash	1.8	129	74	0.5	95	191	0.1	9	129	1.2	25	21
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.6	37	66	0.2	26	167	0.0	2	93	0.4	9	23
Other/unknown	1.2	91	73	0.3	67	207	0.0	6	132	0.9	17	20

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

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Missouri, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>

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

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

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

All Medicaid Beneficiaries

TABLE 6

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

Therapeutic Category	Number of Rx per Benefit Month												Total Number of Rx		Total Rx \$		Users ^e	
	Among Users				\$ per Benefit Month Among Users				\$ per Rx									
	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	Number of Users	As a Percentage of All Benes	Number of Benefit Months			
Anti-infective Agents	0.3	0.0	0.0	0.2	\$19	\$11	\$1	\$7	\$67	\$368	\$107	\$29	681,172	\$45,585,940	237,804	33.5	2,416,230	
Biologicals	0.1	0.1	0.0	0.0	73	73	0	0	510	510	0	0	15,895	8,105,015	10,498	1.5	111,183	
Antineoplastic Agents	0.8	0.3	0.0	0.4	493	449	19	25	619	1,370	700	57	29,757	18,419,659	3,713	0.5	37,388	
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.3	38	29	1	7	66	136	35	22	642,258	42,166,827	110,332	15.6	1,123,558	
Cardiovascular Agents	1.3	0.3	0.1	0.9	56	32	9	15	42	108	80	16	996,042	41,430,083	70,409	9.9	738,071	
Respiratory Agents	0.4	0.2	0.0	0.2	31	24	1	6	69	119	79	25	849,006	58,851,061	180,315	25.4	1,901,446	
Gastrointestinal Agents	0.5	0.1	0.0	0.4	29	18	4	7	61	229	149	19	318,710	19,285,141	63,526	9.0	666,706	
Genitourinary Agents	0.3	0.1	0.0	0.2	21	16	1	5	69	107	92	30	83,443	5,716,449	26,772	3.8	268,011	
CNS Drugs	1.1	0.3	0.0	0.7	89	74	1	14	84	231	120	19	1,553,418	130,285,007	140,083	19.7	1,469,579	
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.1	87	83	1	3	114	133	57	24	141,934	16,155,831	18,067	2.5	185,352	
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	203	202	0	1	355	361	0	79	20,624	7,324,510	3,524	0.5	36,134	
Analgesics and Anesthetics	0.6	0.0	0.0	0.5	28	8	10	10	48	248	348	19	831,315	40,098,437	137,581	19.4	1,406,990	
Neuromuscular Agents	0.8	0.3	0.0	0.5	67	53	4	10	82	192	157	20	689,169	56,432,198	79,149	11.2	837,691	
Nutritional Products	0.4	0.0	0.0	0.4	6	1	0	6	16	30	20	16	188,880	3,081,751	50,453	7.1	479,289	
Hematological Agents	0.7	0.3	0.0	0.4	123	116	1	7	169	401	32	16	219,796	37,089,772	28,187	4.0	301,638	
Topical Products	0.2	0.1	0.0	0.2	12	8	0	3	53	131	70	22	286,208	15,068,289	122,899	17.3	1,283,893	
Miscellaneous Products	0.3	0.2	0.0	0.1	96	87	3	7	303	510	288	48	16,913	5,132,861	4,923	0.7	53,276	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	13	0	0	0	79	0	0	0	11,295	889,350	6,065	0.9	66,449	
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	7,575,835	551,118,181	n.a.	n.a.	n.a.	

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

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users.

Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Missouri, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

All Medicaid Beneficiaries

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 MISSOURI, 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	\$85,437,006	49,970	7.0	544,613	0.6	\$256	\$157
ANTICONVULSANT	47,102,554	63,790	9.0	696,936	0.7	102	68
ANTIASTHMATIC	40,546,327	120,972	17.1	1,312,558	0.3	95	31
ANTIDEPRESSANTS	29,690,526	104,044	14.7	1,115,817	0.5	52	27
ANALGESICS - Narcotic	27,986,427	158,685	22.4	1,691,207	0.3	49	17
ANTIDIABETIC	20,918,364	38,506	5.4	415,682	0.6	80	50
ANTIVIRAL	20,352,811	14,933	2.1	161,426	0.3	471	126
MISC. HEMATOLOGICAL	18,471,644	6,260	0.9	67,430	0.6	462	274
ANTINEOPLASTICS	18,333,932	5,278	0.7	53,006	0.6	621	346
ANTIHYPERLIPIDEMIC	16,331,373	34,315	4.8	376,135	0.6	75	43
Total	325,170,964	596,753	n.a.	6,434,810	n.a.	n.a.	n.a.

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

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

All Medicaid Beneficiaries