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

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
NORTH CAROLINA, 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>	1707347 (A)	312376 (E)	1394971 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	1603745 (B)	240499 (F)	1363246 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	1603745 (C)	240499 (G)	1363246 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	13292 (D)	12376 (H)	916 (L)

Source: Data for this table are from the MAX 2007 file for North Carolina, 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 North Carolina in 2007 was \$978,782,636, of which \$13,514,116 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>**  
**NORTH CAROLINA, 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>1,603,745</b>	<b>134,696</b>	<b>267,397</b>	<b>299,044</b>	<b>902,608</b>	<b>0</b>	<b>15,306,033</b>	<b>1,467,852</b>	<b>2,912,970</b>	<b>2,330,967</b>	<b>8,594,244</b>	<b>0</b>
<b>Age</b>												
5 and younger	415,138	0	9,570	6	405,562	0	3,969,135	0	101,097	22	3,868,016	0
6-14	369,794	0	25,336	89	344,369	0	3,613,718	0	289,020	387	3,324,311	0
15-20	195,267	6	20,248	23,711	151,302	0	1,794,785	48	227,428	170,957	1,396,352	0
21-44	333,952	100	81,000	251,480	1,372	0	2,857,935	603	886,937	1,964,833	5,562	0
45-64	154,539	271	130,565	23,703	0	0	1,598,927	1,905	1,402,668	194,354	0	0
65-74	55,428	54,872	506	50	0	0	611,615	607,335	3,887	393	0	0
75-84	48,138	48,010	125	3	0	0	530,196	528,761	1,418	17	0	0
85 and older	31,486	31,437	47	2	0	0	329,719	329,200	515	4	0	0
Unknown	3	0	0	0	3	0	3	0	0	0	3	0
<b>Gender</b>												
Female	953,643	101,470	135,558	262,726	453,889	0	8,999,400	1,110,778	1,491,791	2,070,155	4,326,676	0
Male	650,102	33,226	131,839	36,318	448,719	0	6,306,633	357,074	1,421,179	260,812	4,267,568	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	674,423	68,565	119,565	138,045	348,248	0	6,373,098	736,830	1,287,119	1,072,652	3,276,497	0
African American	630,256	48,141	109,806	125,616	346,693	0	6,155,636	535,406	1,208,539	1,044,860	3,366,831	0
Other/unknown	299,066	17,990	38,026	35,383	207,667	0	2,777,299	195,616	417,312	213,455	1,950,916	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	13,292	11,273	2,019	0	0	0	148,531	125,244	23,287	0	0	0
Part year	14,666	11,681	2,958	22	5	0	146,402	115,591	30,547	216	48	0
None	1,575,787	111,742	262,420	299,022	902,603	0	15,011,100	1,227,017	2,859,136	2,330,751	8,594,196	0
<b>Maintenance Assistance Status</b>												
Cash	540,303	59,924	177,568	157,795	145,016	0	5,405,827	671,393	2,003,233	1,309,797	1,421,404	0
Medically needy	10,733	5,716	2,370	2,040	607	0	98,560	55,403	22,855	15,427	4,875	0
Poverty-related	914,691	69,055	87,454	64,216	693,966	0	8,515,190	741,048	886,853	356,146	6,531,143	0
Other/unknown	138,018	1	5	74,993	63,019	0	1,286,456	8	29	649,597	636,822	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	231,806	126,785	102,790	2,206	25	0	2,566,589	1,393,846	1,151,761	20,743	239	0
Full dual, part year	8,693	4,455	4,222	16	0	0	97,822	49,748	47,898	176	0	0
Non-dual, all year	1,363,246	3,456	160,385	296,822	902,583	0	12,641,622	24,258	1,713,311	2,310,048	8,594,005	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	1,603,745	134,696	267,397	299,044	902,608	0	15,306,033	1,467,852	2,912,970	2,330,967	8,594,244	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for North Carolina, 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<sup>a, b</sup>**  
**NORTH CAROLINA, 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>63.7</b>	<b>8.2</b>	<b>\$602</b>	<b>\$73</b>	<b>\$5,229</b>	<b>11.5</b>	<b>1,603,745</b>
<b>Age</b>							
5 and younger	69.4	4.5	266	59	2,312	11.5	415,138
6-14	62.5	5.3	496	93	3,552	14.0	369,794
15-20	63.9	6.3	516	82	4,748	10.9	195,267
21-44	65.9	11.2	831	74	5,943	14.0	333,952
45-64	67.5	25.2	1,817	72	11,930	15.2	154,539
65-74	40.3	4.5	165	37	7,142	2.3	55,428
75-84	38.9	2.7	40	15	9,976	0.4	48,138
85 and older	40.3	2.6	34	13	15,262	0.2	31,486
Unknown	0.0	0.0	0	0	0	0.0	3
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	39.9	3.4	91	27	10,075	0.9	134,696
Disabled	68.2	21.3	1,941	91	14,695	13.2	267,397
Adults	66.5	9.5	537	57	3,272	16.4	299,044
Children	65.0	4.6	303	66	2,350	12.9	902,608
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	64.9	8.9	577	65	5,024	11.5	953,643
Male	62.0	7.3	638	87	5,529	11.5	650,102
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	69.0	10.7	765	72	5,820	13.2	674,423
African American	60.2	6.7	496	74	5,300	9.3	630,256
Other/unknown	59.4	5.9	457	78	3,744	12.2	299,066
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	53.9	10.9	520	48	42,304	1.2	13,292
Part year	61.3	11.7	663	57	26,063	2.5	14,666
None	63.8	8.2	602	74	4,722	12.7	1,575,787
<b>Maintenance Assistance Status</b>							
Cash	68.4	13.7	1,100	80	7,810	14.1	540,303
Medically needy	59.5	10.0	658	66	22,984	2.9	10,733
Poverty related	61.5	5.2	328	63	3,784	8.7	914,691
Other/unknown	60.2	6.7	459	68	3,319	13.8	138,018

Source: Data for this table are from the MAX 2007 file for North Carolina, 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<sup>a, b</sup>**  
**NORTH CAROLINA, 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>0.9</b>	<b>\$63</b>	<b>11.5</b>	<b>36.3</b>	<b>49.2</b>	<b>6.4</b>	<b>5.6</b>	<b>2.1</b>	<b>0.5</b>	<b>\$548</b>	<b>1,603,745</b>	<b>15,306,033</b>
<b>Age</b>												
5 and younger	0.5	28	11.5	30.6	63.2	4.5	1.6	0.1	0.0	242	415,138	3,969,135
6-14	0.5	51	14.0	37.5	52.6	5.7	3.8	0.4	0.0	364	369,794	3,613,718
15-20	0.7	56	10.9	36.1	51.7	6.8	4.5	0.8	0.1	517	195,267	1,794,785
21-44	1.3	97	14.0	34.1	41.8	9.9	10.3	3.4	0.5	695	333,952	2,857,935
45-64	2.4	176	15.2	32.5	28.3	8.4	15.6	11.7	3.5	1,153	154,539	1,598,927
65-74	0.4	15	2.3	59.7	34.3	3.1	1.9	0.8	0.2	647	55,428	611,615
75-84	0.2	4	0.4	61.1	36.2	2.2	0.4	0.0	0.0	906	48,138	530,196
85 and older	0.2	3	0.2	59.7	37.7	2.2	0.3	0.0	0.0	1,457	31,486	329,719
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	3	3
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.3	8	0.9	60.1	35.8	2.6	1.0	0.4	0.1	925	134,696	1,467,852
Disabled	2.0	178	13.2	31.8	34.2	8.9	14.0	8.7	2.5	1,349	267,397	2,912,970
Adults	1.2	69	16.4	33.5	43.8	10.1	9.7	2.6	0.2	420	299,044	2,330,967
Children	0.5	32	12.9	35.0	57.5	5.0	2.4	0.2	0.0	247	902,608	8,594,244
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	0.9	61	11.5	35.1	49.3	6.7	5.9	2.4	0.6	532	953,643	8,999,400
Male	0.8	66	11.5	38.0	49.1	5.9	5.0	1.6	0.3	570	650,102	6,306,633
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	1.1	81	13.2	31.0	49.3	8.1	7.8	3.1	0.7	616	674,423	6,373,098
African American	0.7	51	9.3	39.8	48.7	5.4	4.3	1.4	0.3	543	630,256	6,155,636
Other/unknown	0.6	49	12.2	40.6	50.1	4.5	3.3	1.2	0.3	403	299,066	2,777,299
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	1.0	47	1.2	46.1	41.6	5.4	2.1	2.5	2.3	3,786	13,292	148,531
Part year	1.2	66	2.5	38.7	47.2	4.1	3.5	4.2	2.3	2,611	14,666	146,402
None	0.9	63	12.7	36.2	49.3	6.4	5.6	2.1	0.4	496	1,575,787	15,011,100
<b>Maintenance Assistance Status</b>												
Cash	1.4	110	14.1	31.6	44.2	8.5	10.0	4.6	1.1	781	540,303	5,405,827
Medically needy	1.1	72	2.9	40.5	38.8	7.4	8.7	3.9	0.7	2,503	10,733	98,560
Poverty related	0.6	35	8.7	38.5	52.7	5.0	2.9	0.7	0.1	407	914,691	8,515,190
Other/unknown	0.7	49	13.8	39.8	46.6	7.2	5.5	0.9	0.1	356	138,018	1,286,456

Source: Data for this table are from the MAX 2007 file for North Carolina, 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<sup>a, b, c</sup>**  
**NORTH CAROLINA, 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>0.9</b>	<b>\$63</b>	<b>\$73</b>	<b>0.3</b>	<b>\$48</b>	<b>\$166</b>	<b>0.0</b>	<b>\$4</b>	<b>\$92</b>	<b>0.5</b>	<b>\$11</b>	<b>\$21</b>
<b>Age</b>												
5 and younger	0.5	28	59	0.1	19	139	0.0	2	63	0.3	7	23
6-14	0.5	51	93	0.3	42	155	0.0	3	86	0.2	7	27
15-20	0.7	56	82	0.3	44	169	0.0	3	96	0.4	9	24
21-44	1.3	97	74	0.4	74	187	0.1	5	105	0.9	17	20
45-64	2.4	176	72	0.8	132	171	0.1	13	99	1.5	30	20
65-74	0.4	15	37	0.1	10	123	0.0	1	74	0.3	4	12
75-84	0.2	4	15	0.0	2	62	0.0	0	48	0.2	2	9
85 and older	0.2	3	13	0.0	1	54	0.0	0	35	0.2	2	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.3	8	27	0.0	5	105	0.0	1	67	0.3	3	10
Disabled	2.0	178	91	0.7	142	209	0.1	11	106	1.2	25	21
Adults	1.2	69	57	0.4	49	139	0.0	4	94	0.8	16	19
Children	0.5	32	66	0.2	23	129	0.0	2	73	0.3	7	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	0.9	61	65	0.3	45	152	0.0	4	91	0.6	12	20
Male	0.8	66	87	0.3	52	188	0.0	4	92	0.4	10	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	1.1	81	72	0.4	61	161	0.1	5	98	0.7	15	21
African American	0.7	51	74	0.2	40	169	0.0	3	83	0.4	8	20
Other/unknown	0.6	49	78	0.2	38	184	0.0	3	85	0.4	9	22
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	1.0	47	48	0.2	32	158	0.0	2	65	0.7	12	16
Part year	1.2	66	57	0.3	47	173	0.0	4	86	0.9	16	18
None	0.9	63	74	0.3	48	166	0.0	4	92	0.5	11	21
<b>Maintenance Assistance Status</b>												
Cash	1.4	110	80	0.5	86	187	0.1	7	101	0.8	17	21
Medically needy	1.1	72	66	0.3	52	194	0.0	5	104	0.8	15	19
Poverty related	0.6	35	63	0.2	26	139	0.0	2	79	0.3	7	22
Other/unknown	0.7	49	68	0.3	38	139	0.0	3	83	0.4	9	21

Source: Data for this table are from the MAX 2007 file for North Carolina, 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 North Carolina, 0.2 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>  
NORTH CAROLINA, 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	0.2	0.0	0.0	0.2	\$15	\$8	\$1	\$5	\$61	\$301	\$108	\$25	1,574,373	\$95,609,891	612,613	38.2	6,491,997
Biologicals	0.4	0.4	0.0	0.0	541	541	0	0	1511	1,511	0	0	15,153	22,898,184	4,430	0.3	42,309
Antineoplastic Agents	0.4	0.1	0.0	0.3	142	128	1	14	330	964	352	46	25,802	8,520,093	5,583	0.3	59,822
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	25	19	1	5	62	129	31	20	1,018,735	63,027,646	242,470	15.1	2,566,639
Cardiovascular Agents	1.0	0.3	0.1	0.7	43	28	6	10	42	100	67	15	1,355,991	56,944,018	124,657	7.8	1,328,605
Respiratory Agents	0.4	0.2	0.0	0.2	27	21	2	4	66	98	64	26	2,297,084	152,507,728	525,156	32.7	5,656,829
Gastrointestinal Agents	0.4	0.1	0.0	0.2	37	22	4	11	95	168	145	46	637,240	60,449,691	153,095	9.5	1,627,273
Genitourinary Agents	0.2	0.1	0.0	0.1	13	8	0	4	56	95	79	30	142,915	8,042,819	62,069	3.9	641,984
CNS Drugs	0.7	0.3	0.0	0.5	67	59	1	7	91	229	112	15	1,916,779	175,208,573	242,039	15.1	2,607,857
Stimulants/Anti-obesity/Aorexia	0.6	0.5	0.0	0.1	78	76	1	2	123	139	67	22	448,715	55,228,017	64,883	4.0	707,077
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	56	54	0	2	242	250	101	137	55,458	13,407,190	22,276	1.4	240,129
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	18	8	2	7	43	302	351	19	1,357,207	58,262,524	314,750	19.6	3,267,387
Neuromuscular Agents	0.6	0.2	0.0	0.4	58	47	5	6	92	198	170	17	914,729	83,808,184	132,708	8.3	1,432,742
Nutritional Products	0.3	0.1	0.0	0.2	5	3	0	3	17	31	15	11	282,426	4,684,684	88,530	5.5	902,486
Hematological Agents	0.4	0.2	0.0	0.3	95	92	1	3	215	550	32	11	228,387	49,142,696	48,222	3.0	514,718
Topical Products	0.2	0.1	0.0	0.1	12	8	1	3	54	115	81	20	867,918	46,726,318	372,985	23.3	4,009,113
Miscellaneous Products	0.6	0.4	0.0	0.2	213	197	4	11	349	481	189	63	25,857	9,021,968	3,855	0.2	42,392
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	15	0	0	0	94	0	0	0	18,931	1,778,296	10,902	0.7	121,606
<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.	13,183,700	965,268,520	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for North Carolina, 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 North Carolina, 0.2 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>**  
**NORTH CAROLINA, 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	\$119,132,212	69,350	4.3	773,483	0.5	\$294	\$154	
ANTIASTHMATIC	90,515,757	327,618	20.4	3,578,300	0.3	96	25	
ANTICONVULSANT	75,663,096	106,345	6.6	1,170,668	0.6	114	65	
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	55,228,017	80,006	5.0	880,540	0.5	123	63	
ULCER DRUGS	43,253,242	137,221	8.6	1,467,051	0.4	84	29	
ANTIDEPRESSANTS	42,072,536	146,272	9.1	1,558,632	0.4	65	27	
ANTIVIRAL	41,534,173	38,048	2.4	407,720	0.2	411	102	
ANALGESICS - Narcotic	37,424,951	362,235	22.6	3,807,332	0.2	40	10	
MISC. HEMATOLOGICAL	37,361,577	8,135	0.5	88,765	0.6	756	421	
DERMATOLOGICAL	33,419,040	344,132	21.5	3,758,790	0.1	60	9	
Total	575,604,601	1,619,362	n.a.	17,491,281	n.a.	n.a.	n.a.	

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