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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NORTH DAKOTA, 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]	73449 (A)	15508 (E)	57941 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	70391 (B)	12453 (F)	57938 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	70391 (C)	12453 (G)	57938 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	3622 (D)	3507 (H)	115 (L)

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.
a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2007 (based on MAX data element "Eligible Restricted Benefits Flag").
c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2007, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
d. The total Medicaid pharmacy reimbursement for North Dakota in 2007 was $29,670,230, of which $177,391 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 seperately 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]
NORTH DAKOTA, 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	**70,391**	**7,386**	**9,856**	**15,486**	**37,663**	**0**	**606,542**	**72,360**	**103,091**	**114,565**	**316,526**	**0**
Age												
5 and younger	17,474	0	233	0	17,241	0	144,321	0	2,346	0	141,975	0
6-14	14,718	0	516	2	14,200	0	129,705	0	5,551	19	124,135	0
15-20	7,826	0	496	1,328	6,002	0	64,671	0	5,143	10,151	49,377	0
21-44	16,793	0	3,619	12,954	220	0	135,280	0	38,389	95,852	1,039	0
45-64	6,131	0	4,930	1,201	0	0	59,620	0	51,083	8,537	0	0
65-74	1,879	1,816	62	1	0	0	19,340	18,755	579	6	0	0
75-84	2,276	2,276	0	0	0	0	22,513	22,513	0	0	0	0
85 and older	3,294	3,294	0	0	0	0	31,092	31,092	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	41,434	5,206	5,047	12,894	18,287	0	357,433	51,625	53,301	97,877	154,630	0
Male	28,955	2,180	4,809	2,592	19,374	0	249,099	20,735	49,790	16,688	161,886	0
Unknown	2	0	0	0	2	0	10	0	0	0	10	0
Race												
White	46,467	6,843	7,781	9,596	22,247	0	398,943	66,750	81,695	68,708	181,790	0
African American	2,076	24	155	531	1,366	0	16,710	247	1,478	3,679	11,306	0
Other/unknown	21,848	519	1,920	5,359	14,050	0	190,889	5,363	19,918	42,178	123,430	0
Use of Nursing Facilities[c]												
Entire year	3,622	3,275	347	0	0	0	35,755	31,999	3,756	0	0	0
Part year	1,322	1,077	233	7	5	0	12,342	9,802	2,422	66	52	0
None	65,447	3,034	9,276	15,479	37,658	0	558,445	30,559	96,913	114,499	316,474	0
Maintenance Assistance Status												
Cash	29,929	1,666	6,594	7,654	14,015	0	268,302	18,810	71,569	56,467	121,456	0
Medically needy	11,828	5,398	2,344	1,546	2,540	0	100,878	50,095	21,735	8,139	20,909	0
Poverty-related	13,510	321	408	1,288	11,493	0	98,814	3,443	4,146	7,095	84,130	0
Other/unknown	15,124	1	510	4,998	9,615	0	138,548	12	5,641	42,864	90,031	0
Dual Medicare Status[d]												
Full dual, all year	11,364	6,769	4,522	66	7	0	115,245	65,907	48,734	538	66	0
Full dual, part year	1,089	526	560	3	0	0	11,413	5,595	5,782	36	0	0
Non-dual, all year	57,938	91	4,774	15,417	37,656	0	479,884	858	48,575	113,991	316,460	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	70,391	7,386	9,856	15,486	37,663	0	606,542	72,360	103,091	114,565	316,526	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 Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
NORTH DAKOTA, 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	**56.3**	**6.9**	**$419**	**$60**	**$7,403**	**5.7**	**70,391**
Age							
5 and younger	58.9	3.0	141	48	2,128	6.6	17,474
6-14	56.1	4.5	321	71	2,261	14.2	14,718
15-20	61.4	6.7	431	65	4,609	9.4	7,826
21-44	63.8	10.1	613	61	7,274	8.4	16,793
45-64	55.6	21.0	1,347	64	18,702	7.2	6,131
65-74	28.9	3.6	110	30	18,780	0.6	1,879
75-84	29.7	2.6	37	15	22,457	0.2	2,276
85 and older	28.1	2.0	28	14	27,730	0.1	3,294
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	28.7	2.6	49	19	23,913	0.2	7,386
Disabled	55.8	19.5	1,498	77	22,286	6.7	9,856
Adults	67.4	8.7	404	46	2,886	14.0	15,486
Children	57.2	3.8	215	57	2,127	10.1	37,663
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	58.6	7.7	419	55	7,377	5.7	41,434
Male	52.9	5.9	419	71	7,439	5.6	28,955
Unknown	50.0	5.0	600	120	2,489	24.1	2
Race							
White	54.1	7.2	463	64	9,277	5.0	46,467
African American	58.8	4.9	252	51	2,418	10.4	2,076
Other/unknown	60.7	6.5	341	53	3,889	8.8	21,848
Use of Nursing Facilities[f]							
Entire year	37.1	5.3	171	32	40,649	0.4	3,622
Part year	41.5	7.9	433	55	27,689	1.6	1,322
None	57.6	7.0	432	62	5,153	8.4	65,447
Maintenance Assistance Status							
Cash	60.3	9.8	636	65	5,996	10.6	29,929
Medically needy	40.2	5.4	305	57	23,686	1.3	11,828
Poverty related	49.4	2.6	136	52	1,204	11.2	13,510
Other/unknown	67.1	6.5	332	51	2,988	11.1	15,124

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.
a. Table 3 includes beneficiaries represented by Cell C of Table 1.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
d. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age

who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]
NORTH DAKOTA, 2007

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	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	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**0.8**	**$49**	**5.7**	**43.7**	**43.3**	**5.6**	**5.0**	**1.9**	**0.5**	**$859**	**70,391**	**606,542**
Age												
5 and younger	0.4	17	6.6	41.1	55.6	2.4	0.8	0.1	0.0	258	17,474	144,321
6-14	0.5	36	14.2	43.9	47.0	4.9	3.7	0.4	0.0	257	14,718	129,705
15-20	0.8	52	9.4	38.6	46.5	7.5	6.2	1.0	0.1	558	7,826	64,671
21-44	1.3	76	8.4	36.2	41.0	9.9	9.0	3.3	0.5	903	16,793	135,280
45-64	2.2	139	7.2	44.4	23.3	6.6	12.1	10.0	3.6	1,923	6,131	59,620
65-74	0.4	11	0.6	71.1	23.1	2.8	2.1	0.7	0.2	1,825	1,879	19,340
75-84	0.3	4	0.2	70.3	26.4	2.4	0.7	0.3	0.0	2,270	2,276	22,513
85 and older	0.2	3	0.1	71.9	25.9	1.6	0.5	0.1	0.0	2,938	3,294	31,092
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility[e]												
Aged	0.3	5	0.2	71.3	25.3	2.2	0.9	0.3	0.1	2,441	7,386	72,360
Disabled	1.9	143	6.7	44.2	25.3	7.3	12.1	8.4	2.7	2,131	9,856	103,091
Adults	1.2	55	14.0	32.6	45.6	10.4	8.5	2.6	0.3	390	15,486	114,565
Children	0.4	26	10.1	42.8	50.6	3.9	2.5	0.2	0.0	253	37,663	316,526
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.9	49	5.7	41.4	44.3	6.1	5.4	2.2	0.6	855	41,434	357,433
Male	0.7	49	5.6	47.1	41.9	4.9	4.4	1.4	0.3	865	28,955	249,099
Unknown	1.0	120	24.1	50.0	50.0	0.0	0.0	0.0	0.0	498	2	10
Race												
White	0.8	54	5.0	45.9	40.4	5.8	5.3	2.1	0.5	1,081	46,467	398,943
African American	0.6	31	10.4	41.2	49.3	4.8	3.7	1.0	0.1	300	2,076	16,710
Other/unknown	0.7	39	8.8	39.3	49.0	5.3	4.4	1.6	0.4	445	21,848	190,889
Use of Nursing Facilities[f]												
Entire year	0.5	17	0.4	62.9	30.2	3.5	1.4	1.3	0.7	4,118	3,622	35,755
Part year	0.8	46	1.6	58.5	31.5	3.1	2.5	2.8	1.6	2,966	1,322	12,342
None	0.8	51	8.4	42.4	44.3	5.8	5.2	1.9	0.4	604	65,447	558,445
Maintenance Assistance Status												
Cash	1.1	71	10.6	39.7	43.3	6.1	6.7	3.3	0.9	669	29,929	268,302
Medically needy	0.6	36	1.3	59.8	29.7	4.6	3.9	1.7	0.3	2,777	11,828	100,878
Poverty related	0.4	19	11.2	50.6	44.1	3.5	1.6	0.1	0.0	165	13,510	98,814
Other/unknown	0.7	36	11.1	32.9	53.3	7.2	5.5	0.9	0.1	326	15,124	138,548

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.
a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
d. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-

term-care services, were included.
e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]
NORTH DAKOTA, 2007

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	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	**0.8**	**$49**	**$60**	**0.2**	**$35**	**$150**	**0.0**	**$3**	**$87**	**0.5**	**$11**	**$20**
Age												
5 and younger	0.4	17	48	0.1	11	143	0.0	1	58	0.3	5	20
6-14	0.5	36	71	0.2	29	128	0.0	1	87	0.3	6	23
15-20	0.8	52	65	0.3	39	133	0.0	3	112	0.5	9	20
21-44	1.3	76	61	0.3	54	161	0.0	4	99	0.9	18	21
45-64	2.2	139	64	0.6	100	167	0.1	8	82	1.5	31	21
65-74	0.4	11	30	0.1	6	108	0.0	1	67	0.3	4	14
75-84	0.3	4	15	0.0	1	80	0.0	0	45	0.2	2	10
85 and older	0.2	3	14	0.0	1	80	0.0	0	35	0.2	2	10
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	0.3	5	19	0.0	2	92	0.0	0	57	0.2	3	11
Disabled	1.9	143	77	0.6	108	184	0.1	7	95	1.2	27	23
Adults	1.2	55	46	0.3	35	129	0.0	3	90	0.9	16	19
Children	0.4	26	57	0.2	19	122	0.0	1	76	0.3	6	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.9	49	55	0.2	34	144	0.0	3	85	0.6	12	20
Male	0.7	49	71	0.2	37	159	0.0	3	90	0.4	9	22
Unknown	1.0	120	120	0.9	116	129	0.0	0	0	0.1	4	38
Race												
White	0.8	54	64	0.3	40	153	0.0	3	92	0.6	11	21
African American	0.6	31	51	0.2	22	121	0.0	2	90	0.4	7	18
Other/unknown	0.7	39	53	0.2	26	144	0.0	3	77	0.5	10	20
Use of Nursing Facilities[e]												
Entire year	0.5	17	32	0.1	10	131	0.0	1	72	0.4	6	14
Part year	0.8	46	55	0.2	34	200	0.0	2	69	0.6	11	16
None	0.8	51	62	0.2	37	149	0.0	3	88	0.5	11	21
Maintenance Assistance Status												
Cash	1.1	71	65	0.3	52	163	0.0	4	90	0.7	15	21
Medically needy	0.6	36	57	0.2	26	158	0.0	2	84	0.4	8	18
Poverty related	0.4	19	52	0.1	13	120	0.0	1	76	0.2	5	20
Other/unknown	0.7	36	51	0.2	25	119	0.0	2	85	0.5	9	19

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.
a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In North Dakota, 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.

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
NORTH DAKOTA, 2007

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	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	0.3	0.0	0.0	0.2	$9	$4	$1	$5	$37	$184	$81	$23	64,195	$2,364,970	25,230	35.8	253,468
Biologicals	0.2	0.2	0.0	0.0	196	196	0	0	897	897	0	0	613	549,590	278	0.4	2,807
Antineoplastic Agents	0.6	0.2	0.0	0.4	235	221	1	13	418	1,316	399	32	936	391,311	159	0.2	1,667
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	25	17	1	7	50	108	30	21	44,153	2,189,499	8,897	12.6	89,226
Cardiovascular Agents	1.0	0.2	0.1	0.8	33	18	4	11	32	95	57	14	46,414	1,494,292	4,454	6.3	45,527
Respiratory Agents	0.4	0.2	0.0	0.2	23	19	1	3	63	102	77	19	49,130	3,106,170	13,014	18.5	134,066
Gastrointestinal Agents	0.4	0.1	0.0	0.3	24	13	4	7	64	156	115	27	15,538	988,767	4,060	5.8	41,424
Genitourinary Agents	0.2	0.1	0.0	0.2	12	7	0	5	51	92	58	31	5,188	262,376	2,187	3.1	22,168
CNS Drugs	0.9	0.3	0.0	0.6	67	53	3	10	77	183	123	19	96,297	7,385,251	10,959	15.6	110,899
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	71	65	1	5	93	114	56	30	26,280	2,450,542	3,371	4.8	34,480
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	234	231	0	3	528	578	59	66	752	396,776	163	0.2	1,696
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	17	7	0	9	35	210	60	21	52,527	1,838,060	11,200	15.9	110,684
Neuromuscular Agents	0.7	0.3	0.0	0.4	65	50	6	9	89	164	141	23	42,343	3,757,209	5,522	7.8	57,585
Nutritional Products	0.3	0.0	0.0	0.3	5	1	0	4	13	27	15	13	7,333	98,173	2,118	3.0	21,243
Hematological Agents	0.6	0.1	0.0	0.5	62	57	0	5	99	513	17	10	9,064	897,749	1,381	2.0	14,464
Topical Products	0.2	0.1	0.0	0.1	8	5	0	3	38	89	68	18	25,687	969,665	12,415	17.6	127,449
Miscellaneous Products	0.3	0.2	0.0	0.1	62	52	1	9	220	320	182	78	1,259	276,544	423	0.6	4,458
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	16	0	0	0	86	0	0	0	881	75,895	450	0.6	4,821
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.	488,590	29,492,839	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.
a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
d. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In North Dakota, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
For information about this classification method, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
NORTH DAKOTA, 2007

		Users		Among Users			
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$4,575,119	2,748	3.9	29,468	0.7	$224	$155
ANTICONVULSANT	3,467,798	4,215	6.0	45,004	0.7	108	77
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,450,542	3,973	5.6	41,204	0.6	93	59
ANTIASTHMATIC	2,375,021	9,592	13.6	98,258	0.3	82	24
ANTIDEPRESSANTS	2,200,738	9,002	12.8	90,917	0.5	50	24
ANTIDIABETIC	1,203,811	2,195	3.1	22,461	0.7	82	54
ANALGESICS - Narcotic	1,052,884	13,928	19.8	140,335	0.3	27	8
ULCER DRUGS	732,545	3,893	5.5	39,873	0.4	49	18
DERMATOLOGICAL	615,561	8,942	12.7	94,137	0.2	43	7
ANTIHYPERLIPIDEMIC	609,751	1,388	2.0	14,796	0.6	68	41
Total	19,283,770	59,876	n.a.	616,453	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.
a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.