The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all.
Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI
through e-mail at ORDI_508_Compliance@cms.hhs.gov.

STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
PENNSYLVANIA

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

- TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

- TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

- TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY

BENEFICIARY CHARACTERISTIC
TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES
SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES
APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
PENNSYLVANIA, 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]	2091220 (A)	382224 (E)	1708996 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	2009671 (B)	324597 (F)	1685074 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	1007080 (C)	319842 (G)	687238 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	43040 (D)	40128 (H)	2912 (L)

Source: Data for this table are from the MAX 2007 file for Pennsylvania, 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 beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
d. The total Medicaid pharmacy reimbursement for Pennsylvania in 2007 was $358,748,035, of which $4,741,675 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.

All Medicaid Beneficiaries

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

PENNSYLVANIA, 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	**1,007,080**	**185,027**	**266,653**	**170,682**	**382,956**	**1,762**	**7,608,642**	**1,888,245**	**2,542,174**	**854,942**	**2,309,875**	**13,406**
Age												
5 and younger	148,256	0	9,153	0	139,103	0	882,210	0	61,036	0	821,174	0
6-14	160,690	0	25,013	0	135,677	0	1,092,979	0	220,744	0	872,235	0
15-20	120,283	0	16,701	0	103,555	27	743,442	0	146,133	0	597,169	140
21-44	246,679	1	91,425	149,980	4,530	743	1,664,281	12	886,523	753,807	19,167	4,772
45-64	145,137	16	123,454	20,692	0	975	1,331,728	124	1,222,098	101,106	0	8,400
65-74	72,421	71,522	872	10	0	17	757,113	751,658	5,332	29	0	94
75-84	61,935	61,935	0	0	0	0	642,278	642,278	0	0	0	0
85 and older	51,588	51,553	35	0	0	0	494,481	494,173	308	0	0	0
Unknown	91	0	0	0	91	0	130	0	0	0	130	0
Gender												
Female	590,864	135,382	131,449	127,647	194,624	1,762	4,500,095	1,391,900	1,276,550	651,585	1,166,654	13,406
Male	416,216	49,645	135,204	43,035	188,332	0	3,108,547	496,345	1,265,624	203,357	1,143,221	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	705,390	130,208	201,855	115,321	256,690	1,316	5,834,579	1,322,273	1,994,080	692,220	1,815,986	10,020
African American	168,818	31,286	40,564	29,731	66,980	257	1,028,947	327,052	352,891	84,657	262,412	1,935
Other/unknown	132,872	23,533	24,234	25,630	59,286	189	745,116	238,920	195,203	78,065	231,477	1,451
Use of Nursing Facilities[c]												
Entire year	43,040	38,254	4,784	1	0	1	453,384	401,397	51,982	3	0	2
Part year	28,367	23,848	4,398	113	3	5	244,292	206,533	37,106	596	24	33
None	935,673	122,925	257,471	170,568	382,953	1,756	6,910,966	1,280,315	2,453,086	854,343	2,309,851	13,371
Maintenance Assistance Status												
Cash	400,538	65,215	125,572	92,231	117,520	0	3,105,194	728,434	1,281,973	432,379	662,408	0
Medically needy	20,430	458	518	8,606	10,848	0	125,678	4,515	3,122	53,154	64,887	0
Poverty-related	374,486	43,095	111,718	18,944	198,967	1,762	2,681,640	436,930	955,409	67,664	1,208,231	13,406
Other/unknown	211,626	76,259	28,845	50,901	55,621	0	1,696,130	718,366	301,670	301,745	374,349	0
Dual Medicare Status[d]												
Full dual, all year	306,125	169,679	134,886	1,465	23	72	3,229,360	1,766,387	1,453,476	8,723	183	591
Full dual, part year	13,717	6,846	6,854	17	0	0	143,681	72,255	71,278	148	0	0
Non-dual, all year	687,238	8,502	124,913	169,200	382,933	1,690	4,235,601	49,603	1,017,420	846,071	2,309,692	12,815
Managed Care (MC) Status												
Fee-for-service (FFS) all year	728,821	178,611	221,289	94,222	233,018	1,681	6,928,870	1,854,007	2,381,241	703,435	1,977,244	12,943
FFS part year, with Rx claims	49,120	1,809	14,566	14,942	17,750	53	190,478	10,713	62,530	41,190	75,715	330
FFS part year, no Rx claims	229,139	4,607	30,798	61,518	132,188	28	489,294	23,525	98,403	110,317	256,916	133

Source: Data for this table are from the MAX 2007 file for Pennsylvania, 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.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

PENNSYLVANIA, 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	**41.3**	**5.9**	**$352**	**$59**	**$6,530**	**5.4**	**1,007,080**
Age							
5 and younger	40.9	2.1	110	51	2,593	4.3	148,256
6-14	40.8	3.9	295	75	2,467	11.9	160,690
15-20	41.9	4.6	344	75	2,970	11.6	120,283
21-44	42.1	6.6	427	65	4,377	9.8	246,679
45-64	49.2	14.8	885	60	9,511	9.3	145,137
65-74	32.6	3.9	115	29	8,328	1.4	72,421
75-84	34.9	3.6	67	19	16,155	0.4	61,935
85 and older	37.2	3.4	54	16	26,647	0.2	51,588
Unknown	0.0	0.0	0	0	0	0.0	91
Basis of Eligibility[e]							
Aged	34.6	3.6	79	22	16,056	0.5	185,027
Disabled	50.3	12.9	884	68	8,902	9.9	266,653
Adults	41.3	5.1	251	49	3,015	8.3	170,682
Children	38.3	2.5	141	58	1,838	7.7	382,956
Unknown	64.6	17.0	3,782	222	7,719	49.0	1,762
Gender							
Female	42.6	6.2	333	53	7,144	4.7	590,864
Male	39.6	5.5	378	69	5,659	6.7	416,216
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	49.2	7.4	439	59	7,128	6.2	705,390
African American	22.3	2.6	153	59	6,017	2.5	168,818
Other/unknown	24.0	2.3	140	62	4,007	3.5	132,872
Use of Nursing Facilities[f]							
Entire year	48.9	10.9	412	38	50,491	0.8	43,040
Part year	53.8	9.5	417	44	26,313	1.6	28,367
None	40.6	5.6	347	62	3,908	8.9	935,673
Maintenance Assistance Status							
Cash	41.8	7.7	490	63	4,599	10.6	400,538
Medically needy	38.5	3.2	153	47	2,926	5.2	20,430
Poverty related	38.4	4.0	248	63	2,429	10.2	374,486
Other/unknown	46.0	6.2	292	47	17,790	1.6	211,626

Source: Data for this table are from the MAX 2007 file for Pennsylvania, 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.

TABLE 4

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

PENNSYLVANIA, 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**	**$47**	**5.4**	**58.7**	**29.8**	**4.7**	**4.4**	**1.8**	**0.6**	**$864**	**1,007,080**	**7,608,642**
Age												
5 and younger	0.4	19	4.3	59.1	37.8	2.1	0.9	0.1	0.0	436	148,256	882,210
6-14	0.6	43	11.9	59.2	32.6	4.2	3.4	0.5	0.0	363	160,690	1,092,979
15-20	0.7	56	11.6	58.1	31.4	5.2	4.3	0.9	0.1	481	120,283	743,442
21-44	1.0	63	9.8	57.9	27.0	6.3	6.2	2.2	0.5	649	246,679	1,664,281
45-64	1.6	96	9.3	50.8	24.3	6.5	9.2	6.6	2.6	1,037	145,137	1,331,728
65-74	0.4	11	1.4	67.4	26.1	3.3	1.9	0.9	0.3	797	72,421	757,113
75-84	0.3	7	0.4	65.1	28.3	3.5	2.1	0.8	0.2	1,558	61,935	642,278
85 and older	0.4	6	0.2	62.8	29.9	3.7	2.6	0.9	0.2	2,780	51,588	494,481
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	91	130
Basis of Eligibility[e]												
Aged	0.4	8	0.5	65.4	28.0	3.5	2.2	0.8	0.2	1,573	185,027	1,888,245
Disabled	1.4	93	9.9	49.7	27.4	7.2	9.0	5.0	1.8	934	266,653	2,542,174
Adults	1.0	50	8.3	58.7	26.8	6.4	6.1	1.7	0.2	602	170,682	854,942
Children	0.4	23	7.7	61.7	33.7	2.8	1.6	0.2	0.0	305	382,956	2,309,875
Unknown	2.2	497	49.0	35.4	27.5	10.7	16.9	7.9	1.5	1,015	1,762	13,406
Gender												
Female	0.8	44	4.7	57.4	30.7	4.9	4.4	2.0	0.6	938	590,864	4,500,095
Male	0.7	51	6.7	60.4	28.4	4.5	4.4	1.7	0.5	758	416,216	3,108,547
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.9	53	6.2	50.8	35.1	5.7	5.4	2.3	0.7	862	705,390	5,834,579
African American	0.4	25	2.5	77.7	16.5	2.4	2.2	0.9	0.4	987	168,818	1,028,947
Other/unknown	0.4	25	3.5	76.0	18.7	2.5	1.9	0.7	0.2	715	132,872	745,116
Use of Nursing Facilities[f]												
Entire year	1.0	39	0.8	51.1	32.1	5.8	5.0	3.5	2.5	4,793	43,040	453,384
Part year	1.1	48	1.6	46.2	36.3	5.2	5.4	3.7	3.2	3,055	28,367	244,292
None	0.8	47	8.9	59.4	29.5	4.7	4.4	1.7	0.4	529	935,673	6,910,966
Maintenance Assistance Status												
Cash	1.0	63	10.6	58.2	28.2	4.9	5.1	2.6	0.9	593	400,538	3,105,194
Medically needy	0.5	25	5.2	61.5	31.2	4.5	2.4	0.3	0.1	476	20,430	125,678
Poverty related	0.6	35	10.2	61.6	30.3	3.8	3.1	1.0	0.2	339	374,486	2,681,640
Other/unknown	0.8	36	1.6	54.0	31.7	5.9	5.7	2.0	0.6	2,220	211,626	1,696,130

Source: Data for this table are from the MAX 2007 file for Pennsylvania, 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.

TABLE 5

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

PENNSYLVANIA, 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**	**$47**	**$59**	**0.2**	**$36**	**$161**	**0.0**	**$3**	**$96**	**0.5**	**$8**	**$15**
Age												
5 and younger	0.4	19	51	0.1	13	180	0.0	2	73	0.3	4	15
6-14	0.6	43	75	0.3	36	129	0.0	2	91	0.3	5	19
15-20	0.7	56	75	0.3	45	151	0.0	3	88	0.4	7	18
21-44	1.0	63	65	0.3	48	188	0.0	4	115	0.7	11	16
45-64	1.6	96	60	0.4	72	176	0.1	7	105	1.1	17	15
65-74	0.4	11	29	0.1	8	113	0.0	1	61	0.3	3	9
75-84	0.3	7	19	0.1	4	73	0.0	0	31	0.3	2	7
85 and older	0.4	6	16	0.1	3	59	0.0	0	32	0.3	2	7
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	0.4	8	22	0.1	5	85	0.0	1	44	0.3	2	8
Disabled	1.4	93	68	0.4	73	178	0.1	6	107	0.9	14	16
Adults	1.0	50	49	0.2	36	143	0.0	3	98	0.7	11	15
Children	0.4	23	58	0.1	18	131	0.0	2	79	0.3	4	17
Unknown	2.2	497	222	0.7	435	603	0.1	23	210	1.4	35	25
Gender												
Female	0.8	44	53	0.2	33	153	0.0	3	94	0.6	8	14
Male	0.7	51	69	0.2	40	172	0.0	3	99	0.5	7	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.9	53	59	0.3	40	159	0.0	4	97	0.6	9	15
African American	0.4	25	59	0.1	20	168	0.0	1	92	0.3	4	14
Other/unknown	0.4	25	62	0.1	20	185	0.0	1	87	0.3	4	13
Use of Nursing Facilities[e]												
Entire year	1.0	39	38	0.2	29	129	0.0	3	76	0.8	8	10
Part year	1.1	48	44	0.2	35	148	0.0	3	84	0.8	10	12
None	0.8	47	62	0.2	36	164	0.0	3	98	0.5	8	15
Maintenance Assistance Status												
Cash	1.0	63	63	0.3	48	171	0.0	4	103	0.7	10	16
Medically needy	0.5	25	47	0.2	18	114	0.0	2	66	0.3	5	16
Poverty related	0.6	35	63	0.2	27	162	0.0	2	91	0.4	6	15
Other/unknown	0.8	36	47	0.2	27	138	0.0	2	85	0.5	7	13

Source: Data for this table are from the MAX 2007 file for Pennsylvania, 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 Pennsylvania, 0.7 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]

PENNSYLVANIA, 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	$13	$8	$1	$4	$51	$303	$99	$20	506,250	$26,048,416	197,038	19.6	1,996,766
Biologicals	0.1	0.1	0.0	0.0	68	68	0	0	463	463	0	0	13,772	6,371,714	8,862	0.9	93,886
Antineoplastic Agents	0.7	0.3	0.0	0.3	378	344	9	25	553	1,097	401	71	29,584	16,352,223	4,487	0.4	43,264
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	26	20	1	5	54	116	53	18	490,811	26,425,859	99,787	9.9	1,004,050
Cardiovascular Agents	0.9	0.2	0.1	0.6	27	15	5	7	29	81	62	11	711,745	20,958,663	77,945	7.7	777,282
Respiratory Agents	0.4	0.2	0.0	0.2	30	25	2	2	69	101	81	14	451,138	30,929,637	102,237	10.2	1,048,394
Gastrointestinal Agents	0.4	0.1	0.0	0.3	28	20	3	6	65	155	122	19	257,363	16,725,894	58,561	5.8	591,148
Genitourinary Agents	0.3	0.1	0.0	0.2	13	9	1	3	45	81	73	18	61,277	2,782,431	21,631	2.1	217,705
CNS Drugs	0.9	0.2	0.0	0.6	49	40	2	7	56	172	97	12	1,439,095	80,417,734	160,414	15.9	1,636,817
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.1	67	64	1	2	84	100	48	17	211,507	17,686,628	25,538	2.5	262,689
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	59	58	0	2	214	220	0	118	43,806	9,386,586	15,533	1.5	158,176
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	20	9	3	8	39	266	308	17	582,246	22,970,884	114,893	11.4	1,127,962
Neuromuscular Agents	0.7	0.2	0.0	0.5	45	35	3	7	61	158	159	14	548,032	33,222,482	72,698	7.2	744,403
Nutritional Products	0.3	0.0	0.0	0.2	5	2	0	3	17	46	15	13	135,714	2,307,901	48,891	4.9	481,368
Hematological Agents	0.6	0.1	0.0	0.5	85	82	0	3	137	545	27	7	200,895	27,470,832	31,745	3.2	322,679
Topical Products	0.2	0.1	0.0	0.2	8	5	1	3	37	97	59	17	233,341	8,655,127	102,667	10.2	1,060,957
Miscellaneous Products	0.3	0.2	0.0	0.1	59	52	2	5	172	210	174	62	23,785	4,094,773	6,704	0.7	69,449
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	18	0	0	0	78	0	0	0	15,448	1,198,576	6,270	0.6	66,840
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.	5,955,809	354,006,360	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Pennsylvania, 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 Pennsylvania, 0.7 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]

PENNSYLVANIA, 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	$55,760,073	50,156	5.0	508,160	0.6	$183	$110
ANTICONVULSANT	29,131,968	60,907	6.0	638,347	0.7	68	46
ANTIASTHMATIC	23,945,557	98,150	9.7	1,019,411	0.3	75	23
ANTIDEPRESSANTS	17,787,569	96,853	9.6	979,803	0.5	38	18
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	17,620,035	28,641	2.8	302,498	0.7	84	58
ANTINEOPLASTICS	16,224,127	6,031	0.6	58,230	0.5	552	279
ANALGESICS - Narcotic	14,953,686	123,224	12.2	1,249,643	0.3	37	12
MISC. HEMATOLOGICAL	14,093,525	6,948	0.7	68,856	0.5	434	205
ANTIDIABETIC	12,695,547	34,781	3.5	349,705	0.6	66	36
ANTIVIRAL	10,896,378	7,066	0.7	70,056	0.4	444	156
Total	213,108,465	512,757	n.a.	5,244,709	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Pennsylvania, 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.