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

**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  
SOUTH 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>	917274 (A)	147976 (E)	769298 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	896068 (B)	130545 (F)	765523 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	831927 (C)	130414 (G)	701513 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	8879 (D)	8459 (H)	420 (L)

Source: Data for this table are from the MAX 2007 file for South Carolina, 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 beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for South Carolina in 2007 was \$365,122,145, of which \$569,110 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>**  
**SOUTH 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>831,927</b>	<b>68,096</b>	<b>138,801</b>	<b>199,151</b>	<b>424,850</b>	<b>1,029</b>	<b>7,572,460</b>	<b>727,443</b>	<b>1,495,028</b>	<b>1,627,482</b>	<b>3,713,365</b>	<b>9,142</b>
<b>Age</b>												
5 and younger	180,034	1	5,755	1	174,277	0	1,491,340	12	58,056	1	1,433,271	0
6-14	184,732	2	11,599	30	173,101	0	1,710,576	22	127,334	108	1,583,112	0
15-20	113,194	0	9,360	26,744	77,079	11	1,013,722	0	101,178	218,642	693,789	113
21-44	199,715	26	38,470	160,562	384	273	1,731,829	290	417,654	1,308,355	3,166	2,364
45-64	79,697	102	67,101	11,778	1	715	824,161	983	716,721	100,069	7	6,381
65-74	31,161	24,881	6,220	30	0	30	340,447	269,020	70,879	264	0	284
75-84	25,973	25,754	214	5	0	0	281,782	279,349	2,391	42	0	0
85 and older	17,411	17,330	81	0	0	0	178,581	177,767	814	0	0	0
Unknown	10	0	1	1	8	0	22	0	1	1	20	0
<b>Gender</b>												
Female	517,650	51,199	71,640	182,812	210,973	1,026	4,681,353	552,349	779,335	1,495,289	1,845,267	9,113
Male	314,264	16,897	67,159	16,339	213,866	3	2,891,017	175,094	715,686	132,193	1,868,015	29
Unknown	13	0	2	0	11	0	90	0	7	0	83	0
<b>Race</b>												
White	349,107	30,571	54,267	92,897	170,842	530	3,182,073	318,175	583,163	752,917	1,523,135	4,683
African American	402,402	31,644	59,886	99,259	211,158	455	3,653,799	345,441	648,218	825,233	1,830,799	4,108
Other/unknown	80,418	5,881	24,648	6,995	42,850	44	736,588	63,827	263,647	49,332	359,431	351
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	8,879	7,808	1,071	0	0	0	95,920	83,752	12,168	0	0	0
Part year	7,272	6,455	815	1	1	0	68,772	60,416	8,338	12	6	0
None	815,776	53,833	136,915	199,150	424,849	1,029	7,407,768	583,275	1,474,522	1,627,470	3,713,359	9,142
<b>Maintenance Assistance Status</b>												
Cash	263,872	20,737	97,283	63,193	82,659	0	2,558,214	234,610	1,058,836	532,151	732,617	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	399,259	28,456	31,493	30,389	307,892	1,029	3,485,795	307,883	327,242	207,399	2,634,129	9,142
Other/unknown	168,796	18,903	10,025	105,569	34,299	0	1,528,451	184,950	108,950	887,932	346,619	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	128,694	65,223	61,893	1,494	8	76	1,405,913	703,022	688,077	13,970	89	755
Full dual, part year	1,720	889	829	2	0	0	17,951	9,237	8,699	15	0	0
Non-dual, all year	701,513	1,984	76,079	197,655	424,842	953	6,148,596	15,184	798,252	1,613,497	3,713,276	8,387
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	755,778	68,084	134,363	186,080	366,249	1,002	7,190,784	727,361	1,465,794	1,556,838	3,431,804	8,987
FFS part year, with Rx claims	39,267	7	3,262	8,713	27,262	23	244,447	55	23,449	53,115	167,680	148
FFS part year, no Rx claims	36,882	5	1,176	4,358	31,339	4	137,229	27	5,785	17,529	113,881	7

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

All Medicaid Beneficiaries

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
SOUTH 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>58.2</b>	<b>6.5</b>	<b>\$438</b>	<b>\$67</b>	<b>\$3,714</b>	<b>11.8</b>	<b>831,927</b>
<b>Age</b>							
5 and younger	65.4	4.2	213	51	2,308	9.2	180,034
6-14	60.5	5.1	415	81	1,865	22.3	184,732
15-20	59.5	5.4	386	72	2,685	14.4	113,194
21-44	55.3	7.3	490	67	3,546	13.8	199,715
45-64	61.7	17.8	1,268	71	8,767	14.5	79,697
65-74	38.2	4.0	154	38	5,376	2.9	31,161
75-84	35.4	2.5	55	22	8,022	0.7	25,973
85 and older	36.1	2.5	42	17	13,974	0.3	17,411
Unknown	0.0	0.0	0	0	0	0.0	10
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	36.1	2.8	70	25	8,689	0.8	68,096
Disabled	61.8	15.3	1,322	87	9,349	14.1	138,801
Adults	55.5	6.2	311	50	2,071	15.0	199,151
Children	61.7	4.3	266	61	1,816	14.6	424,850
Unknown	82.5	20.9	1,545	74	16,275	9.5	1,029
<b>Gender</b>							
Female	57.9	6.7	405	61	3,551	11.4	517,650
Male	58.5	6.2	492	79	3,982	12.4	314,264
Unknown	38.5	2.4	107	45	2,276	4.7	13
<b>Race</b>							
White	63.2	8.0	503	63	4,112	12.2	349,107
African American	53.9	5.1	350	68	3,269	10.7	402,402
Other/unknown	57.4	7.1	598	84	4,217	14.2	80,418
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	52.1	8.2	311	38	38,135	0.8	8,879
Part year	50.5	5.2	190	36	22,822	0.8	7,272
None	58.3	6.5	442	68	3,169	13.9	815,776
<b>Maintenance Assistance Status</b>							
Cash	63.6	10.9	837	77	4,916	17.0	263,872
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	59.6	4.4	249	57	2,243	11.1	399,259
Other/unknown	46.2	4.6	263	57	5,314	5.0	168,796

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

All Medicaid Beneficiaries

**TABLE 4**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**SOUTH CAROLINA, 2007**

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:							More than 10	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
			Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>		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	Beneficiaries			Benefit Months	
			None	FFS \$ <sup>c</sup>									
<b>All</b>	<b>0.7</b>	<b>\$48</b>	<b>11.8</b>	<b>41.8</b>	<b>45.9</b>	<b>6.0</b>	<b>4.8</b>	<b>1.3</b>	<b>0.2</b>	<b>\$408</b>	<b>831,927</b>	<b>7,572,460</b>	
<b>Age</b>													
5 and younger	0.5	26	9.2	34.6	58.3	5.1	1.9	0.1	0.0	279	180,034	1,491,340	
6-14	0.6	45	22.3	39.5	50.8	5.6	3.6	0.4	0.0	201	184,732	1,710,576	
15-20	0.6	43	14.4	40.5	49.1	6.1	3.7	0.5	0.1	300	113,194	1,013,722	
21-44	0.8	57	13.8	44.7	39.7	7.4	6.7	1.4	0.2	409	199,715	1,731,829	
45-64	1.7	123	14.5	38.3	29.8	8.2	14.7	7.9	1.2	848	79,697	824,161	
65-74	0.4	14	2.9	61.8	32.6	2.7	2.0	0.8	0.1	492	31,161	340,447	
75-84	0.2	5	0.7	64.6	32.7	2.0	0.6	0.1	0.0	739	25,973	281,782	
85 and older	0.2	4	0.3	63.9	33.4	2.1	0.5	0.1	0.0	1,362	17,411	178,581	
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	10	22	
<b>Basis of Eligibility<sup>e</sup></b>													
Aged	0.3	7	0.8	63.9	32.9	2.1	0.8	0.2	0.0	813	68,096	727,443	
Disabled	1.4	123	14.1	38.2	34.4	8.2	12.6	5.8	0.9	868	138,801	1,495,028	
Adults	0.8	38	15.0	44.5	41.3	7.4	5.9	0.9	0.1	253	199,151	1,627,482	
Children	0.5	30	14.6	38.3	53.9	5.2	2.4	0.2	0.0	208	424,850	3,713,365	
Unknown	2.4	174	9.5	17.5	32.7	17.4	24.7	7.3	0.5	1,832	1,029	9,142	
<b>Gender</b>													
Female	0.7	45	11.4	42.1	45.4	6.0	4.9	1.4	0.2	393	517,650	4,681,353	
Male	0.7	54	12.4	41.5	46.7	5.9	4.7	1.1	0.1	433	314,264	2,891,017	
Unknown	0.3	16	4.7	61.5	30.8	0.0	7.7	0.0	0.0	329	13	90	
<b>Race</b>													
White	0.9	55	12.2	36.8	47.5	7.5	6.3	1.7	0.2	451	349,107	3,182,073	
African American	0.6	39	10.7	46.1	44.7	4.8	3.5	0.9	0.1	360	402,402	3,653,799	
Other/unknown	0.8	65	14.2	42.6	44.7	5.4	5.3	1.8	0.2	460	80,418	736,588	
<b>Use of Nursing Facilities<sup>f</sup></b>													
Entire year	0.8	29	0.8	47.9	40.5	5.6	2.8	2.2	0.9	3,530	8,879	95,920	
Part year	0.6	20	0.8	49.5	43.6	3.1	1.9	1.6	0.4	2,413	7,272	68,772	
None	0.7	49	13.9	41.7	46.0	6.0	4.9	1.3	0.2	349	815,776	7,407,768	
<b>Maintenance Assistance Status</b>													
Cash	1.1	86	17.0	36.4	42.3	8.1	9.5	3.3	0.5	507	263,872	2,558,214	
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Poverty related	0.5	29	11.1	40.4	51.5	5.2	2.5	0.3	0.0	257	399,259	3,485,795	
Other/unknown	0.5	29	5.0	53.8	38.3	4.4	3.0	0.5	0.1	587	168,796	1,528,451	

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

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>**  
**SOUTH 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>0.7</b>	<b>\$48</b>	<b>\$67</b>	<b>0.2</b>	<b>\$36</b>	<b>\$153</b>	<b>0.0</b>	<b>\$3</b>	<b>\$93</b>	<b>0.4</b>	<b>\$9</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	0.5	26	51	0.1	16	119	0.0	2	59	0.3	8	23
6-14	0.6	45	81	0.3	35	138	0.0	3	79	0.3	7	25
15-20	0.6	43	72	0.2	33	151	0.0	3	88	0.3	7	21
21-44	0.8	57	67	0.3	43	166	0.0	3	115	0.6	10	19
45-64	1.7	123	71	0.5	93	177	0.1	9	124	1.1	20	18
65-74	0.4	14	38	0.1	9	122	0.0	1	87	0.3	4	14
75-84	0.2	5	22	0.0	2	81	0.0	0	62	0.2	2	12
85 and older	0.2	4	17	0.0	2	52	0.0	0	52	0.2	2	12
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	7	25	0.0	3	94	0.0	0	72	0.2	3	12
Disabled	1.4	123	87	0.5	97	204	0.1	7	121	0.9	18	20
Adults	0.8	38	50	0.2	27	117	0.0	2	101	0.5	9	17
Children	0.5	30	61	0.2	22	121	0.0	2	70	0.3	7	23
Unknown	2.4	174	74	0.7	137	189	0.1	9	123	1.6	27	18
<b>Gender</b>												
Female	0.7	45	61	0.2	33	143	0.0	3	95	0.5	9	19
Male	0.7	54	79	0.2	41	168	0.0	3	92	0.4	9	22
Unknown	0.3	16	45	0.1	11	167	0.0	0	0	0.3	4	16
<b>Race</b>												
White	0.9	55	63	0.3	40	144	0.0	4	97	0.6	11	20
African American	0.6	39	68	0.2	30	156	0.0	2	87	0.3	7	19
Other/unknown	0.8	65	84	0.3	51	187	0.0	4	99	0.5	10	22
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.8	29	38	0.1	18	131	0.0	2	108	0.6	9	14
Part year	0.6	20	36	0.1	13	132	0.0	1	112	0.4	6	14
None	0.7	49	68	0.2	37	154	0.0	3	93	0.4	9	20
<b>Maintenance Assistance Status</b>												
Cash	1.1	86	77	0.4	67	181	0.0	5	111	0.7	14	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	29	57	0.2	20	123	0.0	2	75	0.3	6	20
Other/unknown	0.5	29	57	0.2	21	119	0.0	2	83	0.3	6	19

Source: Data for this table are from the MAX 2007 file for South Carolina, 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 South Carolina, 0.4 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>  
SOUTH 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	\$334	\$104	\$25	672,296	\$41,313,106	275,277	33.1	2,846,989
Biologicals	0.3	0.3	0.0	0.0	331	331	0	0	1318	1,318	0	0	3,200	4,217,151	1,377	0.2	12,752
Antineoplastic Agents	0.5	0.2	0.0	0.3	170	157	0	13	370	817	472	47	12,953	4,797,129	2,648	0.3	28,210
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	24	19	0	5	59	112	39	21	499,198	29,287,053	116,385	14.0	1,212,174
Cardiovascular Agents	0.9	0.3	0.1	0.6	38	25	5	7	40	96	89	12	595,729	23,750,410	59,254	7.1	630,761
Respiratory Agents	0.4	0.2	0.0	0.2	23	17	3	3	63	100	64	22	895,283	56,326,107	236,722	28.5	2,481,110
Gastrointestinal Agents	0.3	0.1	0.0	0.2	23	16	2	5	72	157	136	24	226,796	16,305,193	66,415	8.0	694,424
Genitourinary Agents	0.2	0.1	0.0	0.1	11	8	0	3	53	91	61	26	65,210	3,446,597	30,924	3.7	318,974
CNS Drugs	0.7	0.2	0.0	0.5	55	47	0	8	83	227	133	17	744,946	61,571,787	103,066	12.4	1,112,229
Stimulants/Anti-obesity/Aorexia	0.7	0.5	0.0	0.1	75	70	1	3	114	129	64	34	229,872	26,136,919	33,013	4.0	350,592
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	108	107	0	2	373	406	81	63	9,306	3,470,621	2,955	0.4	32,028
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	13	5	2	6	38	318	380	18	517,896	19,890,045	145,612	17.5	1,523,157
Neuromuscular Agents	0.6	0.2	0.0	0.3	54	43	4	8	91	193	175	21	349,750	31,963,069	54,259	6.5	588,738
Nutritional Products	0.3	0.1	0.0	0.2	6	4	0	2	22	33	14	12	123,952	2,701,834	42,552	5.1	426,322
Hematological Agents	0.4	0.2	0.0	0.2	47	44	0	3	117	256	33	13	101,584	11,910,802	23,920	2.9	255,177
Topical Products	0.2	0.1	0.0	0.1	12	8	1	3	55	104	81	23	340,332	18,774,595	154,803	18.6	1,608,754
Miscellaneous Products	0.7	0.5	0.0	0.2	379	362	4	13	562	765	105	79	13,198	7,419,301	1,772	0.2	19,575
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	21	0	0	0	116	0	0	0	10,935	1,271,316	5,398	0.6	59,313
<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.	5,412,436	364,553,035	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for South Carolina, 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 South Carolina, 0.4 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>  
 SOUTH 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	\$41,737,003	23,321	2.8	258,196	0.6	\$285	\$162
ANTIASTHMATIC	32,928,805	127,773	15.4	1,353,768	0.3	95	24
ANTICONVULSANT	29,575,421	41,257	5.0	454,356	0.6	113	65
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	26,133,059	38,787	4.7	416,302	0.6	114	63
ANTIVIRAL	18,794,249	16,518	2.0	176,148	0.2	439	107
ANTIDEPRESSANTS	13,748,143	56,573	6.8	604,061	0.4	57	23
ANTIDIABETIC	13,600,529	28,472	3.4	307,775	0.5	85	44
DERMATOLOGICAL	13,521,900	147,572	17.7	1,560,640	0.1	59	9
ANALGESICS - Narcotic	13,024,172	159,280	19.1	1,687,472	0.2	36	8
ULCER DRUGS	11,697,849	55,967	6.7	588,485	0.3	72	20
Total	214,761,130	695,520	n.a.	7,407,203	n.a.	n.a.	n.a.

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

All Medicaid Beneficiaries