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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
TEXAS, 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	4249695 (A)	619983 (E)	3629712 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	3930136 (B)	392754 (F)	3537382 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	3696827 (C)	374366 (G)	3322461 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	55637 (D)	50717 (H)	4920 (L)

Source: Data for this table are from the MAX 2007 file for Texas, released by CMS in 4/2010. 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 Texas in 2007 was \$1,802,476,127, of which \$4,671,024 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

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

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

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

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

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

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

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
TEXAS, 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	3,696,827	261,262	472,079	485,003	2,477,263	1,220	25,635,814	2,484,159	4,309,877	2,501,927	16,330,643	9,208
Age												
5 and younger	1,214,825	0	22,498	1,027	1,191,300	0	8,079,765	0	213,834	6,512	7,859,419	0
6-14	1,034,575	3	64,888	1,309	968,374	1	7,121,512	27	674,103	7,579	6,439,801	2
15-20	447,142	0	42,483	88,214	316,437	8	2,878,087	0	432,994	422,074	2,022,985	34
21-44	513,729	15	138,020	374,580	735	379	3,154,671	90	1,208,054	1,939,045	5,169	2,313
45-64	223,164	68	202,100	19,784	403	809	1,898,745	366	1,762,482	126,032	3,172	6,693
65-74	101,910	100,178	1,621	81	7	23	960,838	946,171	13,818	629	54	166
75-84	97,990	97,626	359	4	1	0	944,300	940,675	3,582	37	6	0
85 and older	63,491	63,372	110	3	6	0	597,895	596,830	1,010	18	37	0
Unknown	1	0	0	1	0	0	1	0	0	1	0	0
Gender												
Female	2,100,737	181,603	236,075	459,402	1,222,438	1,219	14,313,226	1,731,049	2,143,495	2,358,640	8,070,836	9,206
Male	1,596,001	79,654	236,001	25,597	1,254,748	1	11,322,054	753,086	2,166,358	143,260	8,259,348	2
Unknown	89	5	3	4	77	0	534	24	24	27	459	0
Race												
White	885,067	109,612	156,960	141,741	476,184	570	6,473,405	1,042,220	1,436,246	744,056	3,246,750	4,133
African American	663,433	33,762	118,315	99,020	412,189	147	4,442,469	331,106	1,094,061	490,806	2,525,378	1,118
Other/unknown	2,148,327	117,888	196,804	244,242	1,588,890	503	14,719,940	1,110,833	1,779,570	1,267,065	10,558,515	3,957
Use of Nursing Facilities^c												
Entire year	55,637	46,485	9,149	2	0	1	583,400	483,894	99,495	7	0	4
Part year	36,631	28,504	8,093	24	10	0	346,440	269,782	76,391	210	57	0
None	3,604,559	186,273	454,837	484,977	2,477,253	1,219	24,705,974	1,730,483	4,133,991	2,501,710	16,330,586	9,204
Maintenance Assistance Status												
Cash	793,679	162,225	431,595	59,728	140,131	0	6,752,481	1,520,307	3,897,103	284,325	1,050,746	0
Medically needy	67,024	0	0	65,954	1,070	0	438,444	0	0	432,089	6,355	0
Poverty-related	2,380,902	1,560	2,405	331,227	2,044,490	1,220	14,722,639	15,820	22,913	1,595,243	13,079,455	9,208
Other/unknown	455,222	97,477	38,079	28,094	291,572	0	3,722,250	948,032	389,861	190,270	2,194,087	0
Dual Medicare Status^d												
Full dual, all year	363,567	247,414	114,271	1,561	244	77	3,435,208	2,358,786	1,063,520	10,229	2,020	653
Full dual, part year	10,799	6,662	4,096	39	2	0	107,877	67,100	40,380	376	21	0
Non-dual, all year	3,322,461	7,186	353,712	483,403	2,477,017	1,143	22,092,729	58,273	3,205,977	2,491,322	16,328,602	8,555
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,907,807	213,227	325,040	289,414	1,078,947	1,179	16,671,640	2,288,629	3,407,105	1,851,628	9,115,272	9,006
FFS part year, with Rx claims	842,099	14,619	77,516	114,260	635,678	26	2,287,781	34,679	280,453	257,041	1,715,521	87
FFS part year, no Rx claims	373,142	24,594	22,629	24,684	301,230	5	1,046,933	56,826	74,212	56,382	859,498	15

Source: Data for this table are from the MAX 2007 file for Texas, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

All Medicaid Beneficiaries

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
TEXAS, 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	69.6	6.6	\$486	\$74	\$3,526	13.8	3,696,827
Age							
5 and younger	77.9	6.3	298	48	2,116	14.1	1,214,825
6-14	69.8	5.5	429	78	1,681	25.5	1,034,575
15-20	67.3	5.2	448	85	2,428	18.5	447,142
21-44	67.4	6.9	663	96	4,661	14.2	513,729
45-64	69.8	19.1	1,852	97	11,062	16.7	223,164
65-74	39.3	3.7	220	59	7,337	3.0	101,910
75-84	37.5	2.6	95	37	10,636	0.9	97,990
85 and older	38.2	2.9	105	36	15,527	0.7	63,491
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility^e							
Aged	38.3	3.1	142	46	10,523	1.3	261,262
Disabled	71.5	16.4	1,891	115	11,697	16.2	472,079
Adults	69.0	4.7	255	55	2,047	12.4	485,003
Children	72.7	5.4	300	55	1,514	19.8	2,477,263
Unknown	82.5	11.9	1,762	148	16,247	10.8	1,220
Gender							
Female	69.6	6.5	453	70	3,523	12.8	2,100,737
Male	69.6	6.6	531	80	3,529	15.0	1,596,001
Unknown	27.0	1.8	203	115	1,674	12.1	89
Race							
White	67.4	7.5	648	87	5,516	11.7	885,067
African American	63.8	6.0	474	79	3,236	14.7	663,433
Other/unknown	72.3	6.3	424	67	2,796	15.2	2,148,327
Use of Nursing Facilities^f							
Entire year	53.9	12.6	784	62	28,135	2.8	55,637
Part year	55.1	11.0	739	67	20,315	3.6	36,631
None	70.0	6.4	479	75	2,975	16.1	3,604,559
Maintenance Assistance Status							
Cash	65.8	11.4	1,196	105	6,853	17.5	793,679
Medically needy	71.1	6.8	510	75	3,009	16.9	67,024
Poverty related	71.0	5.0	258	52	1,366	18.9	2,380,902
Other/unknown	68.7	6.2	438	70	9,099	4.8	455,222

Source: Data for this table are from the MAX 2007 file for Texas, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

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

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

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

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

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

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

All Medicaid Beneficiaries

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

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		Number of Rx, Percentage with:					Mean \$, All Medicaid FFS \$ ^d	Number	
			None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Beneficiaries		Benefit Months	
All	0.9	\$70	13.8	30.4	46.1	9.6	8.3	3.2	2.4	\$508	3,696,827	25,635,814
Age												
5 and younger	0.9	45	14.1	22.1	53.1	10.8	8.7	3.3	2.1	318	1,214,825	8,079,765
6-14	0.8	62	25.5	30.2	49.5	8.7	7.5	2.6	1.6	244	1,034,575	7,121,512
15-20	0.8	70	18.5	32.7	46.4	8.5	8.0	3.0	1.5	377	447,142	2,878,087
21-44	1.1	108	14.2	32.6	38.8	11.3	9.7	4.3	3.3	759	513,729	3,154,671
45-64	2.2	218	16.7	30.2	26.1	13.6	14.9	6.1	9.1	1,300	223,164	1,898,745
65-74	0.4	23	3.0	60.7	30.5	3.4	2.8	1.4	1.1	778	101,910	960,838
75-84	0.3	10	0.9	62.5	32.1	2.2	1.9	1.0	0.4	1,104	97,990	944,300
85 and older	0.3	11	0.7	61.8	32.5	2.3	2.1	1.0	0.3	1,649	63,491	597,895
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	1
Basis of Eligibility^e												
Aged	0.3	15	1.3	61.7	31.6	2.7	2.3	1.1	0.6	1,107	261,262	2,484,159
Disabled	1.8	207	16.2	28.5	33.5	12.4	13.5	5.3	6.7	1,281	472,079	4,309,877
Adults	0.9	49	12.4	31.0	41.8	11.4	9.4	4.2	2.2	397	485,003	2,501,927
Children	0.8	46	19.8	27.3	50.9	9.4	7.7	2.8	1.8	230	2,477,263	16,330,643
Unknown	1.6	234	10.8	17.5	35.7	28.7	17.0	0.4	0.7	2,153	1,220	9,208
Gender												
Female	1.0	66	12.8	30.4	45.8	9.6	8.4	3.4	2.5	517	2,100,737	14,313,226
Male	0.9	75	15.0	30.4	46.6	9.6	8.2	3.0	2.2	498	1,596,001	11,322,054
Unknown	0.3	34	12.1	73.0	22.5	3.4	1.1	0.0	0.0	279	89	534
Race												
White	1.0	89	11.7	32.6	43.9	9.4	8.3	3.1	2.7	754	885,067	6,473,405
African American	0.9	71	14.7	36.2	42.2	8.3	7.9	3.3	2.2	483	663,433	4,442,469
Other/unknown	0.9	62	15.2	27.7	48.2	10.1	8.5	3.3	2.3	408	2,148,327	14,719,940
Use of Nursing Facilities^f												
Entire year	1.2	75	2.8	46.1	37.5	4.3	4.4	4.8	2.8	2,683	55,637	583,400
Part year	1.2	78	3.6	44.9	36.7	4.4	6.6	4.5	2.8	2,148	36,631	346,440
None	0.9	70	16.1	30.0	46.3	9.7	8.4	3.2	2.3	434	3,604,559	24,705,974
Maintenance Assistance Status												
Cash	1.3	141	17.5	34.2	36.5	10.4	10.4	4.0	4.6	806	793,679	6,752,481
Medically needy	1.0	78	16.9	28.9	44.4	17.8	8.2	0.5	0.2	460	67,024	438,444
Poverty related	0.8	42	18.9	29.0	48.0	9.5	8.2	3.3	2.0	221	2,380,902	14,722,639
Other/unknown	0.8	54	4.8	31.3	53.1	7.6	5.5	1.7	0.8	1,113	455,222	3,722,250

Source: Data for this table are from the MAX 2007 file for Texas, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

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

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

term-care services, were included.

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

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

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

All Medicaid Beneficiaries

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

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.9	\$70	\$74	0.3	\$51	\$159	0.1	\$6	\$96	0.6	\$13	\$23
Age												
5 and younger	0.9	45	48	0.2	27	107	0.1	5	62	0.6	13	21
6-14	0.8	62	78	0.3	47	138	0.1	6	93	0.4	10	24
15-20	0.8	70	85	0.3	54	169	0.0	6	121	0.4	10	22
21-44	1.1	108	96	0.4	83	218	0.0	8	169	0.7	17	24
45-64	2.2	218	97	0.8	164	217	0.1	18	143	1.4	36	26
65-74	0.4	23	59	0.1	16	158	0.0	2	107	0.3	5	20
75-84	0.3	10	37	0.1	6	111	0.0	1	72	0.2	3	16
85 and older	0.3	11	36	0.1	7	107	0.0	1	66	0.2	4	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	15	46	0.1	10	133	0.0	1	90	0.2	4	17
Disabled	1.8	207	115	0.7	164	243	0.1	15	148	1.0	28	27
Adults	0.9	49	55	0.3	33	115	0.0	4	147	0.6	12	20
Children	0.8	46	55	0.3	30	112	0.1	5	72	0.5	11	22
Unknown	1.6	234	148	0.6	189	307	0.1	19	222	0.9	25	28
Gender												
Female	1.0	66	70	0.3	47	151	0.1	6	100	0.6	13	23
Male	0.9	75	80	0.3	56	169	0.1	6	92	0.5	13	24
Unknown	0.3	34	115	0.2	31	178	0.0	0	24	0.1	3	24
Race												
White	1.0	89	87	0.4	66	182	0.1	7	122	0.6	15	25
African American	0.9	71	79	0.3	54	171	0.0	5	103	0.5	12	22
Other/unknown	0.9	62	67	0.3	43	144	0.1	6	85	0.6	13	23
Use of Nursing Facilities^e												
Entire year	1.2	75	62	0.3	54	161	0.0	4	103	0.8	17	20
Part year	1.2	78	67	0.3	55	178	0.1	6	112	0.8	17	22
None	0.9	70	75	0.3	51	159	0.1	6	96	0.6	13	23
Maintenance Assistance Status												
Cash	1.3	141	105	0.5	110	226	0.1	11	135	0.8	20	26
Medically needy	1.0	78	75	0.3	56	183	0.0	6	136	0.7	15	22
Poverty related	0.8	42	52	0.3	27	102	0.1	5	75	0.5	10	21
Other/unknown	0.8	54	70	0.2	39	163	0.0	4	86	0.5	10	22

Source: Data for this table are from the MAX 2007 file for Texas, released by CMS in 4/2010. 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 Texas, 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}
 TEXAS, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name/Generic		Patented Brand-Name		Off-Patent Brand-Name/Generic		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
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic							
Anti-infective Agents	0.3	0.0	0.0	0.2	\$17	\$7	\$4	\$6	\$55	\$195	\$101	\$26	4,118,627	\$224,480,890	1,682,344	45.5	12,976,775
Biologicals	0.4	0.4	0.0	0.0	642	642	0	0	1435	1,435	0	0	24,534	35,200,822	7,377	0.2	54,791
Antineoplastic Agents	0.4	0.1	0.0	0.3	137	118	2	18	335	973	660	63	39,955	13,391,991	10,898	0.3	97,659
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	29	22	1	6	86	202	61	29	1,389,960	119,885,237	516,819	14.0	4,084,020
Cardiovascular Agents	0.8	0.2	0.1	0.6	47	26	9	12	56	139	101	21	1,440,479	81,319,745	198,383	5.4	1,713,719
Respiratory Agents	0.5	0.2	0.0	0.2	28	22	2	5	59	91	46	23	5,965,804	350,466,519	1,578,014	42.7	12,439,233
Gastrointestinal Agents	0.4	0.2	0.0	0.2	34	26	4	4	96	148	203	25	947,985	91,276,139	323,321	8.7	2,678,468
Genitourinary Agents	0.3	0.1	0.0	0.2	19	12	1	6	63	102	99	33	252,429	15,819,931	130,184	3.5	842,868
CNS Drugs	0.7	0.3	0.0	0.4	91	80	2	9	128	291	162	21	2,436,806	311,007,720	391,165	10.6	3,402,932
Stimulants/Anti-obesity/Anorexia	0.6	0.6	0.0	0.1	87	83	1	2	135	146	82	39	683,280	91,981,894	118,309	3.2	1,058,354
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.0	88	86	0	2	243	248	164	109	60,697	14,722,517	18,814	0.5	167,770
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	10	4	1	5	30	414	367	15	2,527,297	76,003,767	1,015,875	27.5	7,869,484
Neuromuscular Agents	0.7	0.3	0.1	0.4	87	62	13	13	125	228	228	35	1,170,614	146,582,842	190,163	5.1	1,685,407
Nutritional Products	0.3	0.1	0.0	0.1	10	7	0	2	33	54	38	14	486,029	16,096,417	252,718	6.8	1,690,239
Hematological Agents	0.4	0.2	0.0	0.2	98	94	0	4	237	464	55	17	275,419	65,161,903	91,834	2.5	667,917
Topical Products	0.3	0.1	0.0	0.2	15	10	1	3	54	97	75	21	2,360,749	126,368,737	1,071,015	29.0	8,511,342
Miscellaneous Products	0.5	0.3	0.0	0.2	266	235	16	15	530	871	412	76	30,623	16,231,720	6,636	0.2	61,081
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	9	0	0	0	60	0	0	0	30,321	1,806,312	23,415	0.6	210,608
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.	24,241,608	1,797,805,103	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Texas, released by CMS in 4/2010. 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 Texas, 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}
 TEXAS, 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	\$220,534,472	130,383	3.5	1,198,976	0.5	\$338	\$184	
ANTIASTHMATIC	171,333,616	848,118	22.9	7,060,702	0.3	92	24	
ANTICONVULSANT	130,866,683	147,325	4.0	1,361,597	0.6	158	96	
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	87,760,251	135,347	3.7	1,238,884	0.5	135	71	
COUGH/COLD/ALLERGY	83,971,670	1,584,057	42.8	13,449,102	0.2	32	6	
DERMATOLOGICAL	80,995,208	1,097,808	29.7	9,365,804	0.2	52	9	
ULCER DRUGS	65,802,997	228,806	6.2	1,946,428	0.3	109	34	
CEPHALOSPORINS	57,954,002	586,009	15.9	4,996,728	0.2	72	12	
ANTIDEPRESSANTS	52,840,192	191,685	5.2	1,638,795	0.4	74	32	
ANTIDIABETIC	50,763,358	105,331	2.8	900,000	0.5	119	56	
Total	1,002,822,449	5,054,869	n.a.	43,157,016	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Texas, released by CMS in 4/2010. 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