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

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OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
UNITED STATES, 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) <sup>h</sup>
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	59283430 (A)	9008083 (E)	50275347 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	54729422 (B)	7109292 (F)	47620130 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	41732102 (C)	6671265 (G)	35060837 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	815617 (D)	738798 (H)	76819 (L)

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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 the U.S. in 2007 was \$21,447,403,014, of which \$912,537,542 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, which represents the dual study population. 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. Characteristics of dual eligible beneficiaries represented by

Cell F are shown in Appendix Table A.4, 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.5.

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.

h. Characteristics of non-dual eligible beneficiaries represented in 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.

All Medicaid Beneficiaries

**TABLE 2**  
**CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**UNITED STATES, 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>41,732,102</b>	<b>3,759,409</b>	<b>7,444,242</b>	<b>10,164,183</b>	<b>20,325,087</b>	<b>39,181</b>	<b>331,245,273</b>	<b>38,698,250</b>	<b>76,611,146</b>	<b>68,415,406</b>	<b>147,210,132</b>	<b>310,339</b>
<b>Age</b>												
5 and younger	8,794,995	10	220,105	6,515	8,568,361	4	61,224,452	76	2,098,750	32,627	59,092,980	19
6-14	8,384,975	15	578,375	2,682	7,803,902	1	65,592,476	127	6,121,976	14,994	59,455,377	2
15-20	5,258,682	20	467,709	999,256	3,791,009	688	39,425,545	152	4,877,973	6,669,132	27,874,109	4,179
21-44	10,455,668	532	2,220,298	8,150,355	71,169	13,314	77,927,370	3,114	22,780,138	54,689,071	367,029	88,018
45-64	4,408,691	2,414	3,388,352	992,948	725	24,252	41,601,086	18,544	34,416,673	6,949,739	5,197	210,933
65-74	1,781,933	1,364,716	410,873	5,390	34	920	18,685,391	14,089,731	4,549,405	38,801	280	7,174
75-84	1,512,067	1,379,762	131,489	791	23	2	15,969,747	14,487,100	1,476,200	6,227	206	14
85 and older	1,039,164	1,011,884	27,027	218	35	0	10,391,106	10,099,213	289,956	1,694	243	0
Unknown	95,927	56	14	6,028	89,829	0	428,100	193	75	13,121	414,711	0
<b>Gender</b>												
Female	25,081,282	2,632,116	3,824,501	8,415,525	10,169,981	39,159	198,711,659	27,312,301	39,686,916	57,691,934	73,710,317	310,191
Male	16,561,412	1,127,159	3,619,615	1,744,528	10,070,088	22	132,108,971	11,385,208	36,923,360	10,714,782	73,085,473	148
Unknown	89,408	134	126	4,130	85,018	0	424,643	741	870	8,690	414,342	0
<b>Race</b>												
White	18,084,325	2,001,353	3,794,554	4,132,868	8,133,063	22,487	148,790,300	20,319,942	39,063,738	27,458,413	61,774,746	173,461
African American	9,406,424	563,064	1,817,992	2,082,729	4,937,058	5,581	75,389,149	5,912,121	18,642,768	13,857,273	36,933,456	43,531
Other/unknown	14,241,353	1,194,992	1,831,696	3,948,586	7,254,966	11,113	107,065,824	12,466,187	18,904,640	27,099,720	48,501,930	93,347
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	815,617	660,775	153,912	620	303	7	8,477,532	6,784,388	1,686,344	4,176	2,589	35
Part year	565,946	403,861	151,479	5,750	4,765	91	5,516,280	3,892,856	1,539,889	45,108	37,587	840
None	40,350,539	2,694,773	7,138,851	10,157,813	20,320,019	39,083	317,251,461	28,021,006	73,384,913	68,366,122	147,169,956	309,464
<b>Maintenance Assistance Status</b>												
Cash	14,373,889	1,526,524	5,467,473	2,750,778	4,629,114	0	121,819,611	16,702,320	57,075,672	16,647,281	31,394,338	0
Medically needy	2,256,761	524,191	391,870	771,773	568,927	0	18,164,312	5,019,078	3,664,771	5,679,895	3,800,568	0
Poverty-related	14,156,491	496,109	671,378	1,285,779	11,664,044	39,181	107,781,827	5,214,561	6,787,200	6,758,389	88,711,338	310,339
Other/unknown	10,944,961	1,212,585	913,521	5,355,853	3,463,002	0	83,479,523	11,762,291	9,083,503	39,329,841	23,303,888	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	6,362,629	3,352,300	2,924,709	82,325	1,408	1,887	67,353,939	34,853,261	31,799,297	672,142	12,855	16,384
Full dual, part year	308,636	151,895	153,983	2,739	16	3	3,204,994	1,561,417	1,617,220	26,187	147	23
Non-dual, all year	35,060,837	255,214	4,365,550	10,079,119	20,323,663	37,291	260,686,340	2,283,572	43,194,629	67,717,077	147,197,130	293,932
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	29,236,245	3,567,290	6,481,446	6,991,238	12,159,960	36,311	272,221,086	37,694,664	70,746,783	54,153,136	109,327,173	299,330
FFS part year, with Rx claims	4,113,439	67,737	509,309	1,208,763	2,325,645	1,985	15,759,331	328,516	2,620,519	4,323,343	8,479,260	7,693
FFS part year, no Rx claims	5,744,538	96,381	253,768	1,331,355	4,062,426	608	17,211,390	371,109	1,015,528	3,877,962	11,944,890	1,901

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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>**  
**UNITED STATES, 2007**  
Beneficiary Characteristics

<b>All</b>	<b>50.3</b>	<b>6.5</b>	<b>\$492</b>	<b>\$75</b>	<b>\$5,207</b>	<b>9.5</b>	<b>41,732,102</b>	
<b>Age</b>								
5 and younger	54.7	3.4	196	58	2,282	8.6	8,794,995	
6-14	51.1	4.0	355	88	2,032	17.5	8,384,975	
15-20	48.4	4.2	370	89	2,903	12.7	5,258,682	
21-44	48.8	6.6	531	81	4,772	11.1	10,455,668	
45-64	60.9	21.5	1,689	78	12,389	13.6	4,408,691	
65-74	37.1	6.5	317	49	8,961	3.5	1,781,933	
75-84	34.9	4.7	153	33	13,831	1.1	1,512,067	
85 and older	34.9	4.0	96	24	22,598	0.4	1,039,164	
Unknown	5.8	0.2	13	63	438	2.9	95,927	
<b>Basis of Eligibility<sup>e</sup></b>								
Aged	35.7	5.1	186	36	14,522	1.3	3,759,409	
Disabled	61.1	18.7	1,704	91	14,234	12.0	7,444,242	
Adults	46.3	4.5	273	60	2,093	13.0	10,164,183	
Children	51.0	3.3	212	64	1,724	12.3	20,325,087	
Unknown	73.1	16.1	1,649	103	10,589	15.6	39,181	
<b>Gender</b>								
Female	50.9	6.7	450	67	5,018	9.0	25,081,282	
Male	49.6	6.2	558	90	5,518	10.1	16,561,412	
Unknown	9.9	0.4	28	67	635	4.3	89,408	
<b>Race</b>								
White	54.3	8.3	586	71	6,659	8.8	18,084,325	
African American	49.4	5.8	463	80	4,823	9.6	9,406,424	
Other/unknown	45.8	4.8	392	81	3,617	10.8	14,241,353	
<b>Use of Nursing Facilities<sup>f</sup></b>								
Entire year	46.7	11.5	657	57	45,547	1.4	815,617	
Part year	55.0	12.9	833	65	30,628	2.7	565,946	
None	50.3	6.3	484	76	4,035	12.0	40,350,539	
<b>Maintenance Assistance Status</b>								
Cash	53.4	10.5	886	85	6,630	13.4	14,373,889	
Medically needy	51.5	6.9	487	71	11,840	4.1	2,256,761	
Poverty related	53.5	3.7	216	58	2,162	10.0	14,156,491	
Other/unknown	41.8	4.9	333	68	5,909	5.6	10,944,961	

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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; 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>**  
**UNITED STATES, 2007**

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	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 \$ <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>0.8</b>	<b>\$62</b>	<b>9.5</b>	<b>49.7</b>	<b>36.2</b>	<b>5.4</b>	<b>5.4</b>	<b>2.3</b>	<b>1.0</b>	<b>\$656</b>	<b>41,732,102</b>	<b>331,245,273</b>
<b>Age</b>												
5 and younger	0.5	28	8.6	45.3	46.0	4.8	2.8	0.7	0.4	328	8,794,995	61,224,452
6-14	0.5	45	17.5	48.9	41.3	4.9	3.7	0.8	0.4	260	8,384,975	65,592,476
15-20	0.6	49	12.7	51.6	38.2	5.0	3.9	1.0	0.3	387	5,258,682	39,425,545
21-44	0.9	71	11.1	51.2	32.4	6.3	6.6	2.5	1.0	640	10,455,668	77,927,370
45-64	2.3	179	13.6	39.1	23.7	8.0	14.8	9.7	4.6	1,313	4,408,691	41,601,086
65-74	0.6	30	3.5	62.9	25.7	3.7	4.5	2.3	0.8	855	1,781,933	18,685,391
75-84	0.4	15	1.1	65.1	26.8	3.0	3.2	1.5	0.3	1,310	1,512,067	15,969,747
85 and older	0.4	10	0.4	65.1	27.9	2.9	2.7	1.2	0.2	2,260	1,039,164	10,391,106
Unknown	0.0	3	2.9	94.2	3.9	0.7	0.8	0.3	0.1	98	95,927	428,100
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.5	18	1.3	64.3	26.5	3.3	3.6	1.8	0.4	1,411	3,759,409	38,698,250
Disabled	1.8	166	12.0	38.9	28.8	8.1	13.2	7.6	3.3	1,383	7,444,242	76,611,146
Adults	0.7	41	13.0	53.7	32.7	5.8	5.4	1.7	0.7	311	10,164,183	68,415,406
Children	0.5	29	12.3	49.0	42.5	4.5	2.9	0.7	0.3	238	20,325,087	147,210,132
Unknown	2.0	208	15.6	26.9	31.6	14.5	19.6	6.2	1.3	1,337	39,181	310,339
<b>Gender</b>												
Female	0.9	57	9.0	49.1	36.5	5.4	5.5	2.4	1.1	633	25,081,282	198,711,659
Male	0.8	70	10.1	50.4	36.0	5.4	5.4	2.1	0.8	692	16,561,412	132,108,971
Unknown	0.1	6	4.3	90.1	8.1	1.0	0.6	0.1	0.0	134	89,408	424,643
<b>Race</b>												
White	1.0	71	8.8	45.7	37.1	6.2	6.7	3.0	1.2	809	18,084,325	148,790,300
African American	0.7	58	9.6	50.6	37.0	5.0	4.8	1.9	0.7	602	9,406,424	75,389,149
Other/unknown	0.6	52	10.8	54.2	34.5	4.5	4.3	1.7	0.8	481	14,241,353	107,065,824
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	1.1	63	1.4	53.3	31.7	4.7	4.0	3.6	2.7	4,382	815,617	8,477,532
Part year	1.3	85	2.7	45.0	36.2	4.7	6.0	5.0	3.0	3,142	565,946	5,516,280
None	0.8	62	12.0	49.7	36.3	5.4	5.4	2.2	0.9	513	40,350,539	317,251,461
<b>Maintenance Assistance Status</b>												
Cash	1.2	105	13.4	46.6	33.3	6.3	8.1	4.0	1.7	782	14,373,889	121,819,611
Medically needy	0.9	61	4.1	48.5	35.0	6.4	6.5	2.5	1.1	1,471	2,256,761	18,164,312
Poverty related	0.5	28	10.0	46.5	43.7	5.0	3.3	1.0	0.5	284	14,156,491	107,781,827
Other/unknown	0.6	44	5.6	58.2	30.7	4.4	4.4	1.7	0.6	775	10,944,961	83,479,523

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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>**  
**UNITED STATES, 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>0.8</b>	<b>\$62</b>	<b>\$75</b>	<b>0.3</b>	<b>\$47</b>	<b>\$177</b>	<b>0.0</b>	<b>\$4</b>	<b>\$104</b>	<b>0.5</b>	<b>\$12</b>	<b>\$22</b>
<b>Age</b>												
5 and younger	0.5	28	58	0.1	19	156	0.0	2	62	0.3	7	21
6-14	0.5	45	88	0.2	37	158	0.0	2	94	0.3	6	25
15-20	0.6	49	89	0.2	39	189	0.0	3	111	0.3	7	23
21-44	0.9	71	81	0.3	54	203	0.0	4	126	0.6	13	23
45-64	2.3	179	78	0.7	132	185	0.1	12	119	1.5	34	24
65-74	0.6	30	49	0.2	21	122	0.0	3	83	0.4	7	16
75-84	0.4	15	33	0.1	9	89	0.0	1	60	0.3	4	12
85 and older	0.4	10	24	0.1	6	76	0.0	1	47	0.3	3	10
Unknown	0.0	3	63	0.0	2	256	0.0	0	79	0.0	1	26
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.5	18	36	0.1	12	98	0.0	1	67	0.4	5	13
Disabled	1.8	166	91	0.6	128	214	0.1	10	124	1.1	27	24
Adults	0.7	41	60	0.2	28	148	0.0	2	108	0.5	10	21
Children	0.5	29	64	0.2	21	137	0.0	2	76	0.3	6	22
Unknown	2.0	208	103	0.6	162	266	0.1	14	155	1.3	32	24
<b>Gender</b>												
Female	0.9	57	67	0.3	41	160	0.0	4	102	0.6	12	21
Male	0.8	70	90	0.3	55	202	0.0	4	107	0.5	11	24
Unknown	0.1	6	67	0.0	4	266	0.0	0	56	0.1	1	21
<b>Race</b>												
White	1.0	71	71	0.3	53	168	0.0	5	109	0.6	14	21
African American	0.7	58	80	0.2	44	194	0.0	3	100	0.5	10	22
Other/unknown	0.6	52	81	0.2	40	184	0.0	3	98	0.4	9	24
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	1.1	63	57	0.3	46	171	0.0	3	94	0.8	14	18
Part year	1.3	85	65	0.3	62	186	0.0	5	103	0.9	18	20
None	0.8	62	76	0.3	46	177	0.0	4	104	0.5	11	22
<b>Maintenance Assistance Status</b>												
Cash	1.2	105	85	0.4	80	200	0.1	6	117	0.8	18	24
Medically needy	0.9	61	71	0.3	44	173	0.0	4	112	0.6	12	22
Poverty related	0.5	28	58	0.2	20	132	0.0	2	78	0.3	7	21
Other/unknown	0.6	44	68	0.2	33	158	0.0	3	94	0.4	8	20

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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 the U.S., 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**  
**UNITED STATES, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		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	\$22	\$14	\$2	\$6	\$78	\$373	\$104	\$26	30,847,834	\$2,416,986,892	11,860,275	28.4	112,048,020
Biologicals	0.3	0.3	0.0	0.0	358	358	0	0	1254	1,254	0	0	357,499	448,345,167	130,384	0.3	1,251,947
Antineoplastic Agents	0.5	0.2	0.0	0.3	188	166	3	20	368	914	534	61	736,968	271,088,227	144,322	0.3	1,442,125
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	32	24	1	7	67	134	57	24	23,630,236	1,585,696,614	5,237,509	12.6	50,071,434
Cardiovascular Agents	1.2	0.3	0.1	0.8	47	27	7	13	41	98	80	17	34,697,207	1,424,851,410	3,034,636	7.3	30,016,657
Respiratory Agents	0.4	0.2	0.0	0.2	29	24	2	4	67	102	61	22	34,436,810	2,302,111,310	8,224,310	19.7	79,020,847
Gastrointestinal Agents	0.4	0.2	0.0	0.2	39	29	4	6	90	162	148	26	12,861,016	1,159,675,902	3,011,915	7.2	29,480,327
Genitourinary Agents	0.3	0.1	0.0	0.1	15	10	1	5	57	91	85	31	3,322,914	188,940,875	1,354,338	3.2	12,557,102
CNS Drugs	0.9	0.3	0.0	0.5	84	70	3	11	96	229	125	20	44,927,988	4,309,997,142	5,171,161	12.4	51,473,225
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	77	73	1	3	112	129	66	31	7,235,229	813,928,841	1,064,950	2.6	10,525,401
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	80	78	0	2	246	257	136	93	1,018,156	250,944,622	313,655	0.8	3,142,907
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	17	7	3	8	41	280	360	21	28,435,410	1,156,961,155	7,092,874	17.0	66,614,255
Neuromuscular Agents	0.7	0.3	0.0	0.4	67	48	6	13	91	185	172	28	20,342,118	1,846,366,327	2,757,753	6.6	27,705,235
Nutritional Products	0.3	0.1	0.0	0.3	6	2	0	4	19	41	21	14	5,546,167	107,999,936	1,897,762	4.5	16,989,563
Hematological Agents	0.5	0.2	0.0	0.4	103	98	0	5	190	596	32	13	5,828,287	1,105,852,489	1,068,750	2.6	10,754,283
Topical Products	0.2	0.1	0.0	0.2	13	8	1	4	50	109	75	22	16,575,856	834,801,574	6,893,758	16.5	66,348,250
Miscellaneous Products	0.3	0.2	0.0	0.1	83	74	3	6	299	409	255	69	884,951	264,194,850	310,936	0.7	3,186,653
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	15	0	0	0	80	0	0	0	577,989	46,122,139	297,758	0.7	3,061,309
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>272,262,635</b>	<b>20,534,865,472</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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 the U.S., 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<sup>a, b, c</sup>  
 UNITED STATES, 2007  
 &READFLD

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$2,936,569,797	1,800,805	4.3	18,788,196	0.6	\$258	\$156
ANTICONVULSANT	1,638,705,223	2,177,122	5.2	22,714,124	0.6	111	72
ANTIASTHMATIC	1,555,948,711	6,191,431	14.8	61,523,386	0.3	87	25
ANTIVIRAL	1,322,126,940	719,074	1.7	7,256,747	0.4	482	182
ULCER DRUGS	878,306,377	2,801,847	6.7	28,275,125	0.4	82	31
ANTIDEPRESSANTS	862,659,584	3,263,373	7.8	32,631,967	0.5	55	26
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	787,265,251	1,198,860	2.9	12,248,985	0.6	113	64
ANTIDIABETIC	728,981,956	1,621,423	3.9	16,297,316	0.6	78	45
MISC. HEMATOLOGICAL	715,041,909	227,468	0.5	2,314,045	0.6	558	309
ANALGESICS - Narcotic	696,862,306	6,034,836	14.5	58,738,206	0.3	40	12
Total	12,122,468,054	26,036,239	n.a.	260,788,097	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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; n.a. = not applicable.

All Medicaid Beneficiaries

**NATIONAL COMPARISON TABLE N.1<sup>a</sup>**  
 OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE  
 ALL MEDICAID BENEFICIARIES, 2007<sup>a</sup>

	Total Rx \$ for Beneficiaries Included in this Study (TOTAL) c		Rx \$ Excluded from this Study by Reason	Rx \$ for Dual Eligible Beneficiaries Included in this Study <sup>f</sup>							
	Total Rx \$ for All Beneficiaries in MAX 2007 (GRAND TOTAL) <sup>b</sup>	Pharmacy Reimbursement		As % of GRAND TOTAL	Beneficiaries Not Eligible for Medicaid or Not Having Rx Benefits <sup>d</sup>	Beneficiaries Not Having Fee-for-Service Rx Benefits <sup>e</sup>	Pharmacy Reimbursement	As % of Residents GRAND TOTAL <sup>g</sup>	Rx \$ for All-Year Nursing Facility Included in this Study <sup>g</sup>	Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study <sup>i</sup>	Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study <sup>h</sup>
<b>All States</b>	<b>\$21,447,403,014</b>	<b>\$20,534,865,472</b>	<b>95.7</b>	<b>\$359,709,384</b>	<b>\$552,828,158</b>	<b>\$1,264,398,123</b>	<b>5.9</b>	<b>\$535,825,416</b>	<b>\$471,242,296</b>	<b>\$84,021,628</b>	<b>\$67,387,826</b>
Alabama	411,291,632	410,532,385	99.8	651,354	107,893	14,803,026	3.6	8,065,743	4,557,708	1,415,976	548,103
Alaska	74,356,842	73,991,572	99.5	365,270	0	3,054,479	4.1	651,152	989,625	93,640	102,225
Arizona	3,497,405	3,161,446	90.4	333,429	2,530	80,633	2.3	3,233	163,774	7	2,814
Arkansas	319,177,665	312,909,834	98.0	6,267,831	0	17,532,763	5.5	6,520,500	3,939,069	2,591,502	1,289,497
California	2,504,988,218	2,246,177,361	89.7	64,728,594	194,082,263	140,555,197	5.6	59,067,571	55,858,770	6,675,335	6,197,784
Colorado	223,328,636	220,895,061	98.9	2,391,746	41,829	12,631,971	5.7	4,725,095	3,571,993	728,735	622,465
Connecticut	210,447,858	209,094,366	99.4	135,797	1,217,695	39,920,456	19.0	16,097,284	14,159,083	5,950,162	4,245,619
Delaware	104,202,586	102,268,012	98.1	1,934,574	0	5,096,845	4.9	1,082,317	506,498	194,204	106,264
D.C.	73,374,220	72,019,926	98.2	1,343,132	11,162	3,991,422	5.4	2,127,769	1,680,796	145,553	135,560
Florida	1,009,096,771	955,045,720	94.6	51,146,074	2,904,977	45,103,316	4.5	22,492,672	15,217,008	3,755,468	2,126,382
Georgia	421,464,050	413,721,483	98.2	5,290,890	2,451,677	26,121,134	6.2	9,588,420	6,040,782	2,137,437	1,615,916
Hawaii	76,671,989	76,053,191	99.2	378,598	240,200	5,853,187	7.6	1,063,402	4,714,784	117,718	438,622
Idaho	101,873,308	101,802,249	99.9	71,059	0	4,828,378	4.7	1,416,751	1,673,122	137,239	242,009
Illinois	993,051,574	992,117,222	99.9	934,352	0	50,849,534	5.1	52,987,572	32,260,681	4,582,311	3,624,794
Indiana	291,958,910	291,056,965	99.7	491,604	410,341	26,416,295	9.0	11,677,365	11,179,660	1,770,201	1,520,150
Iowa	221,022,273	220,932,504	100.0	89,769	0	10,636,124	4.8	3,298,502	3,775,101	573,487	598,592
Kansas	137,926,997	135,543,989	98.3	1,818,541	564,467	7,549,793	5.5	3,364,279	2,580,148	423,251	441,120
Kentucky	491,810,293	487,660,613	99.2	4,068,388	81,292	17,481,229	3.6	8,739,149	14,442,148	1,644,168	1,492,790
Louisiana	702,554,153	698,594,904	99.4	3,959,249	0	23,454,067	3.3	20,184,900	9,628,013	3,028,163	1,925,022
Maine											
Maryland	199,809,957	97,947,892	49.0	894,891	100,967,174	9,650,327	4.8	13,179,686	8,434,699	2,218,469	1,721,653
Massachusetts	462,951,555	414,796,250	89.6	46,948,184	1,207,121	31,309,980	6.8	10,494,857	14,823,220	1,268,581	1,859,497
Michigan	562,886,617	404,569,433	71.9	3,059,272	155,257,912	24,983,517	4.4	8,188,066	6,171,179	1,089,451	790,824
Minnesota	223,067,154	218,589,779	98.0	3,914,106	563,269	13,030,987	5.8	3,579,691	10,085,683	309,793	708,259
Mississippi	288,951,997	287,814,610	99.6	1,137,387	0	16,139,416	5.6	5,983,510	2,854,591	1,213,612	496,747
Missouri	579,300,350	551,118,181	95.1	1,592,548	26,589,621	44,241,460	7.6	18,025,929	14,795,936	2,837,053	2,371,717
Montana	62,617,582	54,818,245	87.5	7,799,337	0	2,798,316	4.5	1,161,103	1,387,839	238,372	131,766
Nebraska	143,250,319	142,402,695	99.4	847,624	0	6,618,197	4.6	3,793,890	3,525,841	494,559	437,091
Nevada	83,002,882	82,570,106	99.5	431,588	1,188	5,450,012	6.6	2,258,037	2,992,293	529,279	367,983
New Hampshire	70,086,729	70,067,328	100.0	19,401	0	4,349,139	6.2	1,078,079	1,355,895	229,955	171,834
New Jersey	500,850,711	458,871,396	91.6	35,329,695	6,649,620	40,046,656	8.0	22,107,643	17,805,707	3,184,001	2,277,604

All Medicaid Beneficiaries



**NATIONAL COMPARISON TABLE N.1<sup>a</sup>**  
 OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE  
 ALL MEDICAID BENEFICIARIES, 2007<sup>a</sup>

	Total Rx \$ for Beneficiaries Included in this Study (TOTAL) <sub>c</sub>			Rx \$ Excluded from this Study by Reason		Rx \$ for Dual Eligible Beneficiaries Included in this Study <sup>f</sup>					
	Total Rx \$ for All Beneficiaries in MAX 2007 (GRAND TOTAL) <sub>b</sub>	Pharmacy Reimbursement	As % of GRAND TOTAL	Beneficiaries Not Eligible for Medicaid or Not Having Rx Benefits <sup>d</sup>	Beneficiaries Not Having Fee-for-Service Rx Benefits <sup>e</sup>	Pharmacy Reimbursement	As % of Residents GRAND Inclusion in this Study <sup>g</sup>	Rx \$ for All-Year Nursing Facility Residents Excluded from this Study <sup>h</sup>	Rx \$ for Part-Year Nursing Facility Residents Included in this Study <sup>i</sup>	Rx \$ for Dual Eligible All-Year Nursing Facility Residents Excluded from this Study <sup>j</sup>	Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study <sup>j</sup>
New Mexico	13,313,499	13,188,275	99.1	36,071	89,153	950,952	7.1	1,704,765	796,750	306,459	210,895
New York	3,113,873,636	3,084,272,965	99.0	29,600,671	0	141,418,226	4.5	41,882,100	70,567,798	4,296,966	4,071,273
North Carolina	978,782,636	965,268,520	98.6	13,514,116	0	57,774,511	5.9	6,912,868	9,718,425	1,117,202	1,359,190
North Dakota	29,670,230	29,492,839	99.4	177,391	0	1,311,799	4.4	620,202	572,947	132,731	66,032
Ohio	574,986,751	574,743,540	100.0	241,078	2,133	50,234,348	8.7	47,547,414	33,539,221	5,671,601	5,291,446
Oklahoma	308,614,435	308,229,065	99.9	385,370	0	10,124,907	3.3	8,925,184	4,584,749	994,129	409,890
Oregon	127,257,496	67,083,114	52.7	11,785,041	48,389,341	4,763,678	3.7	1,557,600	1,943,946	368,091	378,618
Pennsylvania	358,748,035	354,006,360	98.7	4,412,092	329,583	31,030,028	8.6	17,739,598	11,815,026	3,842,585	2,730,637
Rhode Island	67,078,575	66,239,155	98.7	619,442	219,978	6,932,190	10.3	2,440,046	2,039,865	237,181	265,547
South Carolina	365,122,145	364,553,035	99.8	266,659	302,451	19,393,361	5.3	2,764,936	1,380,412	736,042	427,506
South Dakota	48,647,457	48,618,251	99.9	29,206	0	1,540,994	3.2	912,964	813,076	218,564	102,352
Tennessee	664,804,937	654,680,800	98.5	10,124,137	0	28,474,908	4.3	9,626,051	4,249,477	1,098,586	598,585
Texas	1,802,476,127	1,797,805,103	99.7	4,671,024	0	64,339,486	3.6	43,611,388	27,079,810	10,684,962	6,880,650
Utah	136,717,377	127,872,163	93.5	8,539,340	305,874	9,200,105	6.7	3,228,538	3,130,986	563,274	480,691
Vermont	105,577,195	99,727,302	94.5	5,849,893	0	11,777,955	11.2	632,753	748,562	206,692	207,466
Virginia	213,132,314	206,261,771	96.8	6,367,073	503,470	12,452,626	5.8	9,063,137	6,366,452	1,399,485	1,061,834
Washington	381,803,768	360,108,367	94.3	13,027,728	8,667,673	30,235,089	7.9	4,842,633	8,857,830	659,333	1,029,572
West Virginia	354,441,824	353,744,590	99.8	697,234	0	13,241,067	3.7	3,137,978	3,632,081	380,949	249,190
Wisconsin	348,740,427	347,131,039	99.5	943,117	666,271	117,708,266	33.8	5,209,351	7,852,265	1,416,059	2,907,319
Wyoming	32,404,614	32,356,197	99.9	48,417	0	1,406,948	4.3	396,387	370,890	97,432	40,253

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

- a. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.
  - b. This column represents the amount of Medicaid pharmacy benefit reimbursement for all pharmacy claims contained in the MAX 2007 files, some of which were excluded from this study because those claims were made for beneficiaries who did not meet the inclusion criteria (see Table 1) or took place during months that were excluded from the analysis (see footnote c of Table 1).
  - c. These columns include beneficiaries represented by Cell C of Table 1.
  - d. These columns include beneficiaries who did not meet either of the first two inclusion criteria (see Table 1).
  - e. These columns include beneficiaries who satisfied the first two inclusion criteria but failed to meet the third criterion (see Table 1).
  - f, g, h. These columns include beneficiaries represented by Cells G, D, and H of Table 1, respectively.
  - i. Refer to footnote f of Table 1 for information about how we determined part-year nursing facility residents.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; FFS = fee-for-service; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx \$ = pharmacy reimbursement.

**NATIONAL COMPARISON TABLE N.1<sup>b</sup>**  
**OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE**  
**PERCENTAGE COMPARISONS, ALL MEDICAID BENEFICIARIES, 2007<sup>a</sup>**

	Total Rx \$ for All Beneficiaries in MAX 2007 (GRAND TOTAL) b		Total Rx \$ for Beneficiaries Included in this Study (TOTAL) <sup>c</sup>		Rx \$ Excluded from this Study by Reason as a Percentage of GRAND TOTAL						
					Benes Not Eligible for Medicaid or Not Having Rx Benefits <sup>d</sup>	Benes Not Having FFS Rx Benefits <sup>e</sup>	Rx \$ for Dual Eligible Beneficiaries Included in this Study as a Percentage of TOTAL	Rx \$ for All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL <sup>g</sup>	Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL <sup>i</sup>	Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL <sup>h</sup>	Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL <sup>j</sup>
<b>All States</b>	<b>\$21,447,403,014</b>	<b>\$20,534,865,472</b>	<b>1.7</b>	<b>2.6</b>	<b>6.2</b>	<b>2.6</b>	<b>2.3</b>	<b>0.4</b>	<b>0.3</b>		
Alabama	\$411,291,632	\$410,532,385	0.2	0.0	3.6	2.0	1.1	0.3	0.1		
Alaska	\$74,356,842	\$73,991,572	0.5	0.0	4.1	0.9	1.3	0.1	0.1		
Arizona	\$3,497,405	\$3,161,446	9.5	0.1	2.6	0.1	5.2	0.0	0.1		
Arkansas	\$319,177,665	\$312,909,834	2.0	0.0	5.6	2.1	1.3	0.8	0.4		
California	\$2,504,988,218	\$2,246,177,361	2.6	7.7	6.3	2.6	2.5	0.3	0.3		
Colorado	\$223,328,636	\$220,895,061	1.1	0.0	5.7	2.1	1.6	0.3	0.3		
Connecticut	\$210,447,858	\$209,094,366	0.1	0.6	19.1	7.7	6.8	2.8	2.0		
Delaware	\$104,202,586	\$102,268,012	1.9	0.0	5.0	1.1	0.5	0.2	0.1		
D.C.	\$73,374,220	\$72,019,926	1.8	0.0	5.5	3.0	2.3	0.2	0.2		
Florida	\$1,009,096,771	\$955,045,720	5.1	0.3	4.7	2.4	1.6	0.4	0.2		
Georgia	\$421,464,050	\$413,721,483	1.3	0.6	6.3	2.3	1.5	0.5	0.4		
Hawaii	\$76,671,989	\$76,053,191	0.5	0.3	7.7	1.4	6.2	0.2	0.6		
Idaho	\$101,873,308	\$101,802,249	0.1	0.0	4.7	1.4	1.6	0.1	0.2		
Illinois	\$993,051,574	\$992,117,222	0.1	0.0	5.1	5.3	3.3	0.5	0.4		
Indiana	\$291,958,910	\$291,056,965	0.2	0.1	9.1	4.0	3.8	0.6	0.5		
Iowa	\$221,022,273	\$220,932,504	0.0	0.0	4.8	1.5	1.7	0.3	0.3		
Kansas	\$137,926,997	\$135,543,989	1.3	0.4	5.6	2.5	1.9	0.3	0.3		
Kentucky	\$491,810,293	\$487,660,613	0.8	0.0	3.6	1.8	3.0	0.3	0.3		
Louisiana	\$702,554,153	\$698,594,904	0.6	0.0	3.4	2.9	1.4	0.4	0.3		
Maine	\$0	\$0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
Maryland	\$199,809,957	\$97,947,892	0.4	50.5	9.9	13.5	8.6	2.3	1.8		
Massachusetts	\$462,951,555	\$414,796,250	10.1	0.3	7.5	2.5	3.6	0.3	0.4		
Michigan	\$562,886,617	\$404,569,433	0.5	27.6	6.2	2.0	1.5	0.3	0.2		
Minnesota	\$223,067,154	\$218,589,779	1.8	0.3	6.0	1.6	4.6	0.1	0.3		
Mississippi	\$288,951,997	\$287,814,610	0.4	0.0	5.6	2.1	1.0	0.4	0.2		
Missouri	\$579,300,350	\$551,118,181	0.3	4.6	8.0	3.3	2.7	0.5	0.4		
Montana	\$62,617,582	\$54,818,245	12.5	0.0	5.1	2.1	2.5	0.4	0.2		
Nebraska	\$143,250,319	\$142,402,695	0.6	0.0	4.6	2.7	2.5	0.3	0.3		
Nevada	\$83,002,882	\$82,570,106	0.5	0.0	6.6	2.7	3.6	0.6	0.4		
New Hampshire	\$70,086,729	\$70,067,328	0.0	0.0	6.2	1.5	1.9	0.3	0.2		
New Jersey	\$500,850,711	\$458,871,396	7.1	1.3	8.7	4.8	3.9	0.7	0.5		
New Mexico	\$13,313,499	\$13,188,275	0.3	0.7	7.2	12.9	6.0	2.3	1.6		

All Medicaid Beneficiaries

**NATIONAL COMPARISON TABLE N.1<sup>b</sup>**  
**OVERVIEW OF MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE**  
**PERCENTAGE COMPARISONS, ALL MEDICAID BENEFICIARIES, 2007<sup>a</sup>**

	Total Rx \$ for All Beneficiaries in MAX 2007 (GRAND TOTAL) b	Total Rx \$ for Beneficiaries Included in this Study (TOTAL) <sup>c</sup>	Rx \$ Excluded from this Study by Reason as a Percentage of GRAND TOTAL							
			Benes Not Eligible for Medicaid or Not Having Rx Benefits <sup>d</sup>	Benes Not Having FFS Rx Benefits <sup>e</sup>	Rx \$ for Dual Eligible Beneficiaries Included in this Study as a Percentage of TOTAL	Rx \$ for All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL <sup>g</sup>	Rx \$ for Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL <sup>i</sup>	Rx \$ for Dual Eligible All-Year Nursing Facility Residents Included in this Study as a Percentage of TOTAL <sup>h</sup>	Rx \$ for Dual Eligible Part-Year Nursing Facility Residents Excluded from this Study as a Percentage of TOTAL <sup>j</sup>	
New York	\$3,113,873,636	\$3,084,272,965	1.0	0.0	4.6	1.4	2.3	0.1	0.1	
North Carolina	\$978,782,636	\$965,268,520	1.4	0.0	6.0	0.7	1.0	0.1	0.1	
North Dakota	\$29,670,230	\$29,492,839	0.6	0.0	4.4	2.1	1.9	0.5	0.2	
Ohio	\$574,986,751	\$574,743,540	0.0	0.0	8.7	8.3	5.8	1.0	0.9	
Oklahoma	\$308,614,435	\$308,229,065	0.1	0.0	3.3	2.9	1.5	0.3	0.1	
Oregon	\$127,257,496	\$67,083,114	9.3	38.0	7.1	2.3	2.9	0.5	0.6	
Pennsylvania	\$358,748,035	\$354,006,360	1.2	0.1	8.8	5.0	3.3	1.1	0.8	
Rhode Island	\$67,078,575	\$66,239,155	0.9	0.3	10.5	3.7	3.1	0.4	0.4	
South Carolina	\$365,122,145	\$364,553,035	0.1	0.1	5.3	0.8	0.4	0.2	0.1	
South Dakota	\$48,647,457	\$48,618,251	0.1	0.0	3.2	1.9	1.7	0.4	0.2	
Tennessee	\$664,804,937	\$654,680,800	1.5	0.0	4.3	1.5	0.6	0.2	0.1	
Texas	\$1,802,476,127	\$1,797,805,103	0.3	0.0	3.6	2.4	1.5	0.6	0.4	
Utah	\$136,717,377	\$127,872,163	6.2	0.2	7.2	2.5	2.4	0.4	0.4	
Vermont	\$105,577,195	\$99,727,302	5.5	0.0	11.8	0.6	0.8	0.2	0.2	
Virginia	\$213,132,314	\$206,261,771	3.0	0.2	6.0	4.4	3.1	0.7	0.5	
Washington	\$381,803,768	\$360,108,367	3.4	2.3	8.4	1.3	2.5	0.2	0.3	
West Virginia	\$354,441,824	\$353,744,590	0.2	0.0	3.7	0.9	1.0	0.1	0.1	
Wisconsin	\$348,740,427	\$347,131,039	0.3	0.2	33.9	1.5	2.3	0.4	0.8	
Wyoming	\$32,404,614	\$32,356,197	0.1	0.0	4.3	1.2	1.1	0.3	0.1	

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

- a. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.
  - b. This column represents the amount of Medicaid pharmacy benefit reimbursement for all pharmacy claims contained in the MAX 2007 files, some of which were excluded from this study because those claims were made for beneficiaries who did not meet the inclusion criteria (see Table 1) or took place during months that were excluded from the analysis (see footnote c of Table 1).
  - c. These columns include beneficiaries represented by Cell C of Table 1.
  - d. These columns include beneficiaries who did not meet either of the first two inclusion criteria (see Table 1).
  - e. These columns include beneficiaries who satisfied the first two inclusion criteria but failed to meet the third criterion (see Table 1).
  - f, g, h. These columns include beneficiaries represented by Cells G, D, and H of Table 1, respectively.
  - i. Refer to footnote f of Table 1 for information about how we determined part-year nursing facility residents.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; FFS = fee-for-service; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx \$ = pharmacy reimbursement.