

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

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at [ORDI\\_508\\_Compliance@cms.hhs.gov](mailto:ORDI_508_Compliance@cms.hhs.gov).

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

**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  
WYOMING, 2007

Inclusion Criteria (2007)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>9</sup>	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	77782 (A)	10033 (E)	67749 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	73822 (B)	6975 (F)	66847 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	73822 (C)	6975 (G)	66847 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	1458 (D)	1391 (H)	67 (L)

Source: Data for this table are from the MAX 2007 file for Wyoming, 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 Wyoming in 2007 was \$32,404,614, of which \$48,417 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>**  
**WYOMING, 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>73,822</b>	<b>3,684</b>	<b>8,548</b>	<b>10,922</b>	<b>50,461</b>	<b>207</b>	<b>665,355</b>	<b>36,781</b>	<b>91,159</b>	<b>79,455</b>	<b>455,980</b>	<b>1,980</b>
<b>Age</b>												
5 and younger	21,672	0	301	0	21,371	0	193,675	0	3,188	0	190,487	0
6-14	19,731	0	797	0	18,934	0	188,678	0	8,802	0	179,876	0
15-20	10,722	0	674	44	9,992	12	92,316	0	7,315	100	84,811	90
21-44	13,504	3	3,146	10,094	163	98	108,425	36	33,793	72,842	803	951
45-64	4,460	0	3,590	780	0	90	45,107	0	37,717	6,487	0	903
65-74	1,205	1,162	33	3	0	7	12,707	12,376	270	25	0	36
75-84	1,249	1,242	6	1	0	0	12,493	12,420	72	1	0	0
85 and older	1,277	1,277	0	0	0	0	11,949	11,949	0	0	0	0
Unknown	2	0	1	0	1	0	5	0	2	0	3	0
<b>Gender</b>												
Female	41,670	2,655	4,529	9,001	25,278	207	369,419	26,783	48,665	65,161	226,830	1,980
Male	32,134	1,029	4,019	1,920	25,166	0	295,834	9,998	42,494	14,291	229,051	0
Unknown	18	0	0	1	17	0	102	0	0	3	99	0
<b>Race</b>												
White	56,918	3,235	7,043	8,567	37,884	189	509,334	32,014	75,348	61,428	338,757	1,787
African American	1,411	27	170	141	1,072	1	13,260	275	1,804	988	10,181	12
Other/unknown	15,493	422	1,335	2,214	11,505	17	142,761	4,492	14,007	17,039	107,042	181
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	1,458	1,318	140	0	0	0	14,558	13,117	1,441	0	0	0
Part year	804	633	170	0	0	1	7,155	5,457	1,693	0	0	5
None	71,560	1,733	8,238	10,922	50,461	206	643,642	18,207	88,025	79,455	455,980	1,975
<b>Maintenance Assistance Status</b>												
Cash	16,665	819	5,530	4,659	5,657	0	156,384	9,072	58,409	35,541	53,362	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	36,934	29	41	3,124	33,533	207	328,450	296	414	18,169	307,591	1,980
Other/unknown	20,223	2,836	2,977	3,139	11,271	0	180,521	27,413	32,336	25,745	95,027	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	6,735	3,467	3,179	72	8	9	70,826	34,797	35,304	572	72	81
Full dual, part year	240	141	99	0	0	0	2,466	1,455	1,011	0	0	0
Non-dual, all year	66,847	76	5,270	10,850	50,453	198	592,063	529	54,844	78,883	455,908	1,899
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	73,822	3,684	8,548	10,922	50,461	207	665,355	36,781	91,159	79,455	455,980	1,980
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for Wyoming, 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<sup>a, b</sup>**  
**WYOMING, 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>59.9</b>	<b>6.1</b>	<b>\$438</b>	<b>\$72</b>	<b>\$6,232</b>	<b>7.0</b>	<b>73,822</b>
<b>Age</b>							
5 and younger	63.6	3.2	171	53	2,440	7.0	21,672
6-14	56.5	4.2	358	84	2,471	14.5	19,731
15-20	61.8	6.1	502	83	4,677	10.7	10,722
21-44	65.1	9.5	651	68	9,501	6.9	13,504
45-64	61.7	21.5	1,591	74	19,684	8.1	4,460
65-74	30.9	3.9	193	49	21,358	0.9	1,205
75-84	29.3	2.0	29	15	24,274	0.1	1,249
85 and older	27.3	2.0	41	21	28,260	0.1	1,277
Unknown	0.0	0.0	0	0	490	0.0	2
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	29.0	2.5	77	31	24,908	0.3	3,684
Disabled	62.7	18.7	1,775	95	23,159	7.7	8,548
Adults	67.4	8.2	414	51	4,201	9.9	10,922
Children	60.0	3.8	241	64	2,427	9.9	50,461
Unknown	72.9	16.1	1,049	65	9,436	11.1	207
<b>Gender</b>							
Female	61.9	6.9	436	63	6,517	6.7	41,670
Male	57.2	5.2	441	86	5,863	7.5	32,134
Unknown	44.4	0.8	201	242	1,895	10.6	18
<b>Race</b>							
White	61.7	6.7	480	72	6,729	7.1	56,918
African American	62.0	6.0	447	74	4,846	9.2	1,411
Other/unknown	53.1	4.1	286	70	4,530	6.3	15,493
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	35.9	5.6	272	48	42,468	0.6	1,458
Part year	41.8	8.4	461	55	30,820	1.5	804
None	60.6	6.1	441	72	5,217	8.5	71,560
<b>Maintenance Assistance Status</b>							
Cash	60.0	10.9	858	78	6,041	14.2	16,665
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	60.5	3.7	220	59	1,989	11.1	36,934
Other/unknown	58.6	6.5	491	75	14,137	3.5	20,223

Source: Data for this table are from the MAX 2007 file for Wyoming, 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<sup>a, b</sup>**  
**WYOMING, 2007**

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:							Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
			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		Beneficiaries	Benefit Months
<b>All</b>	<b>0.7</b>	<b>\$49</b>	<b>7.0</b>	<b>40.1</b>	<b>48.3</b>	<b>5.3</b>	<b>4.5</b>	<b>1.4</b>	<b>0.3</b>	<b>\$691</b>	<b>73,822</b>	<b>665,355</b>
<b>Age</b>												
5 and younger	0.4	19	7.0	36.4	60.2	2.6	0.8	0.0	0.0	273	21,672	193,675
6-14	0.4	37	14.5	43.5	48.9	4.2	3.1	0.3	0.0	258	19,731	188,678
15-20	0.7	58	10.7	38.2	48.3	7.6	5.2	0.8	0.0	543	10,722	92,316
21-44	1.2	81	6.9	34.9	42.5	9.6	9.5	3.1	0.4	1,183	13,504	108,425
45-64	2.1	157	8.1	38.3	25.6	7.8	14.7	10.7	3.0	1,946	4,460	45,107
65-74	0.4	18	0.9	69.1	24.1	2.9	2.2	1.2	0.5	2,025	1,205	12,707
75-84	0.2	3	0.1	70.7	26.0	2.5	0.6	0.2	0.0	2,427	1,249	12,493
85 and older	0.2	4	0.1	72.7	23.7	2.3	0.8	0.4	0.2	3,020	1,277	11,949
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	196	2	5
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.2	8	0.3	71.0	24.7	2.5	1.1	0.5	0.2	2,495	3,684	36,781
Disabled	1.8	167	7.7	37.3	30.6	8.4	13.8	8.0	1.9	2,172	8,548	91,159
Adults	1.1	57	9.9	32.6	45.3	10.3	9.3	2.3	0.3	578	10,922	79,455
Children	0.4	27	9.9	40.0	53.8	3.9	2.1	0.2	0.0	269	50,461	455,980
Unknown	1.7	110	11.1	27.1	35.7	12.1	18.8	6.3	0.0	987	207	1,980
<b>Gender</b>												
Female	0.8	49	6.7	38.1	48.6	5.9	5.2	1.8	0.4	735	41,670	369,419
Male	0.6	48	7.5	42.8	47.9	4.5	3.7	0.9	0.1	637	32,134	295,834
Unknown	0.1	36	10.6	55.6	44.4	0.0	0.0	0.0	0.0	335	18	102
<b>Race</b>												
White	0.7	54	7.1	38.3	48.8	5.8	5.1	1.6	0.3	752	56,918	509,334
African American	0.6	48	9.2	38.0	51.3	5.6	3.8	1.1	0.2	516	1,411	13,260
Other/unknown	0.4	31	6.3	46.9	46.4	3.4	2.5	0.7	0.1	492	15,493	142,761
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.6	27	0.6	64.1	26.8	3.8	2.2	1.9	1.1	4,253	1,458	14,558
Part year	0.9	52	1.5	58.2	28.9	3.0	4.6	3.9	1.5	3,463	804	7,155
None	0.7	49	8.5	39.4	49.0	5.4	4.6	1.4	0.2	580	71,560	643,642
<b>Maintenance Assistance Status</b>												
Cash	1.2	91	14.2	40.0	39.4	7.0	8.8	3.9	1.0	644	16,665	156,384
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	25	11.1	39.5	53.7	4.3	2.2	0.2	0.0	224	36,934	328,450
Other/unknown	0.7	55	3.5	41.4	45.8	5.9	5.1	1.6	0.2	1,584	20,223	180,521

Source: Data for this table are from the MAX 2007 file for Wyoming, 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<sup>a, b, c</sup>**  
**WYOMING, 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>\$49</b>	<b>\$72</b>	<b>0.2</b>	<b>\$37</b>	<b>\$173</b>	<b>0.0</b>	<b>\$3</b>	<b>\$111</b>	<b>0.4</b>	<b>\$10</b>	<b>\$21</b>
<b>Age</b>												
5 and younger	0.4	19	53	0.1	13	160	0.0	1	70	0.3	6	21
6-14	0.4	37	84	0.2	31	150	0.0	1	97	0.2	5	22
15-20	0.7	58	83	0.3	46	175	0.0	3	121	0.4	10	24
21-44	1.2	81	68	0.3	60	187	0.0	5	119	0.8	17	20
45-64	2.1	157	74	0.6	113	193	0.1	12	126	1.4	32	22
65-74	0.4	18	49	0.1	13	179	0.0	1	121	0.3	4	14
75-84	0.2	3	15	0.0	1	84	0.0	0	44	0.2	2	9
85 and older	0.2	4	21	0.0	3	99	0.0	0	64	0.2	2	9
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	0.2	8	31	0.0	5	151	0.0	0	99	0.2	2	11
Disabled	1.8	167	95	0.6	130	225	0.1	9	124	1.1	27	24
Adults	1.1	57	51	0.3	38	144	0.0	4	112	0.8	15	19
Children	0.4	27	64	0.1	20	139	0.0	1	94	0.3	6	21
Unknown	1.7	110	65	0.5	83	171	0.1	6	119	1.1	20	18
<b>Gender</b>												
Female	0.8	49	63	0.2	35	164	0.0	3	111	0.5	11	21
Male	0.6	48	86	0.2	38	184	0.0	2	111	0.3	8	23
Unknown	0.1	36	242	0.0	34	1,171	0.0	0	0	0.1	1	9
<b>Race</b>												
White	0.7	54	72	0.2	40	170	0.0	3	110	0.5	10	22
African American	0.6	48	74	0.2	37	176	0.0	2	102	0.4	9	22
Other/unknown	0.4	31	70	0.1	23	192	0.0	1	117	0.3	6	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.6	27	48	0.1	20	191	0.0	1	82	0.4	7	15
Part year	0.9	52	55	0.2	36	173	0.0	4	96	0.7	12	18
None	0.7	49	72	0.2	37	172	0.0	3	112	0.4	10	22
<b>Maintenance Assistance Status</b>												
Cash	1.2	91	78	0.3	70	200	0.0	5	119	0.8	17	21
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	25	59	0.1	18	134	0.0	1	93	0.3	6	21
Other/unknown	0.7	55	75	0.2	42	177	0.0	3	114	0.5	10	22

Source: Data for this table are from the MAX 2007 file for Wyoming, 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 Wyoming, 1.6 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>  
WYOMING, 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	\$9	\$3	\$1	\$5	\$37	\$163	\$99	\$23	70,649	\$2,608,628	29,765	40.3	303,674
Biologicals	0.3	0.3	0.0	0.0	306	306	0	0	1082	1,082	0	0	940	1,016,796	348	0.5	3,323
Antineoplastic Agents	0.5	0.2	0.0	0.3	167	160	1	6	331	739	1,222	20	989	327,799	190	0.3	1,968
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.3	31	23	1	7	77	178	37	28	36,171	2,774,448	8,990	12.2	89,926
Cardiovascular Agents	0.8	0.1	0.0	0.7	27	14	3	10	33	117	78	15	29,780	970,511	3,615	4.9	36,521
Respiratory Agents	0.3	0.2	0.0	0.2	22	17	1	3	64	107	73	21	62,736	4,027,335	17,677	23.9	183,360
Gastrointestinal Agents	0.3	0.1	0.1	0.2	32	13	11	8	93	167	138	42	19,315	1,804,727	5,667	7.7	56,691
Genitourinary Agents	0.2	0.1	0.0	0.2	11	6	0	5	48	109	65	30	5,650	271,306	2,570	3.5	24,742
CNS Drugs	0.8	0.3	0.0	0.4	81	71	1	9	103	209	147	21	74,544	7,710,702	9,453	12.8	94,814
Stimulants/Anti-obesity//Anorexia	0.7	0.7	0.0	0.1	91	88	0	2	122	136	50	25	23,496	2,860,943	2,987	4.0	31,480
Miscellaneous Psychological/ Neurological Agents	0.2	0.2	0.0	0.0	59	59	0	0	268	269	0	92	2,286	612,665	1,014	1.4	10,360
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	13	6	0	7	30	252	241	16	50,794	1,531,249	12,324	16.7	120,080
Neuromuscular Agents	0.7	0.3	0.0	0.4	73	55	8	10	108	205	171	27	31,136	3,376,333	4,445	6.0	46,320
Nutritional Products	0.2	0.0	0.0	0.2	4	1	0	3	18	58	38	14	9,909	176,449	4,735	6.4	45,713
Hematological Agents	0.5	0.1	0.0	0.4	90	85	0	5	180	779	35	13	5,259	945,949	1,047	1.4	10,472
Topical Products	0.2	0.1	0.0	0.1	7	5	0	2	41	96	70	15	26,635	1,094,573	14,170	19.2	147,513
Miscellaneous Products	0.2	0.1	0.0	0.0	19	17	0	2	118	150	155	38	1,931	228,188	1,115	1.5	11,987
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	6	0	0	0	47	0	0	0	377	17,596	271	0.4	2,935
<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>452,597</b>	<b>32,356,197</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 Wyoming, 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 Wyoming, 1.6 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>  
 WYOMING, 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	\$5,058,826	3,240	4.4	34,395	0.5	\$271	\$147
ANTICONVULSANT	3,184,201	3,448	4.7	36,815	0.6	135	86
ANTIASTHMATIC	2,886,998	12,825	17.4	135,086	0.3	83	21
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,860,943	3,573	4.8	38,064	0.6	122	75
ANTIDEPRESSANTS	2,210,833	7,648	10.4	76,590	0.5	62	29
MISC. ENDOCRINE	1,324,792	449	0.6	4,887	0.5	593	271
ULCER DRUGS	1,310,502	5,014	6.8	50,185	0.3	83	26
PASSIVE IMMUNIZING AGENTS	997,592	244	0.3	2,199	0.4	1,256	454
ANALGESICS - Narcotic	870,526	14,750	20.0	145,371	0.3	22	6
ANTIDIABETIC	768,881	1,595	2.2	16,180	0.6	82	48
Total	21,474,094	52,786	n.a.	539,772	n.a.	n.a.	n.a.

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