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

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**CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2007**

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>319,842</b>	<b>176,525</b>	<b>141,740</b>	<b>1,482</b>	<b>23</b>	<b>72</b>	<b>3,373,041</b>	<b>1,838,642</b>	<b>1,524,754</b>	<b>8,871</b>	<b>183</b>	<b>591</b>
<b>Age</b>												
5 and younger	4	0	3	0	1	0	20	0	8	0	12	0
6-14	15	0	14	0	1	0	114	0	102	0	12	0
15-20	280	0	261	0	19	0	2,728	0	2,579	0	149	0
21-44	58,169	1	57,380	782	2	4	619,541	12	614,569	4,908	10	42
45-64	84,099	10	83,338	697	0	54	907,008	93	902,505	3,946	0	464
65-74	68,799	68,068	714	3	0	14	736,214	731,417	4,695	17	0	85
75-84	59,346	59,346	0	0	0	0	626,081	626,081	0	0	0	0
85 and older	49,130	49,100	30	0	0	0	481,335	481,039	296	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	203,700	129,857	73,047	718	6	72	2,153,874	1,359,818	788,951	4,455	59	591
Male	116,142	46,668	68,693	764	17	0	1,219,167	478,824	735,803	4,416	124	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	229,606	125,831	102,704	1,005	18	48	2,423,117	1,296,763	1,119,229	6,581	162	382
African American	55,876	29,397	26,123	334	5	17	588,963	314,515	272,582	1,703	21	142
Other/unknown	34,360	21,297	12,913	143	0	7	360,961	227,364	132,943	587	0	67
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	40,128	37,335	2,793	0	0	0	423,124	391,591	31,533	0	0	0
Part year	25,551	23,306	2,241	4	0	0	224,400	202,242	22,138	20	0	0
None	254,163	115,884	136,706	1,478	23	72	2,725,517	1,244,809	1,471,083	8,851	183	591
<b>Maintenance Assistance Status</b>												
Cash	122,047	63,268	58,323	453	3	0	1,361,701	710,867	648,114	2,692	28	0
Medically needy	589	438	132	18	1	0	5,653	4,379	1,156	117	1	0
Poverty-related	99,451	39,976	59,344	56	3	72	1,035,469	424,345	610,133	376	24	591
Other/unknown	97,755	72,843	23,941	955	16	0	970,218	699,051	265,351	5,686	130	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	306,125	169,679	134,886	1,465	23	72	3,229,360	1,766,387	1,453,476	8,723	183	591
Full dual, part year	13,717	6,846	6,854	17	0	0	143,681	72,255	71,278	148	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	302,740	171,755	129,943	956	17	69	3,272,499	1,808,289	1,456,046	7,427	168	569
FFS part year, with Rx claims	4,715	1,350	3,190	173	0	2	30,391	9,264	20,491	622	0	14
FFS part year, no Rx claims	12,387	3,420	8,607	353	6	1	70,151	21,089	48,217	822	15	8

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. Table D.2 includes the beneficiaries represented by Cell G 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 contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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; Rx = pharmacy benefit.

**TABLE D.3**  
**ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 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>35.4</b>	<b>3.7</b>	<b>\$97</b>	<b>\$26</b>	<b>\$12,095</b>	<b>0.8</b>	<b>319,842</b>
<b>Age</b>							
5 and younger	25.0	5.5	415	75	6,964	6.0	4
6-14	60.0	12.7	1,239	98	7,266	17.1	15
15-20	65.7	12.5	1,265	101	9,605	13.2	280
21-44	31.6	3.6	145	40	4,916	2.9	58,169
45-64	39.0	4.7	136	29	8,464	1.6	84,099
65-74	32.4	3.3	79	24	8,073	1.0	68,799
75-84	35.2	3.3	51	15	16,298	0.3	59,346
85 and older	38.1	3.3	49	15	27,378	0.2	49,130
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	34.9	3.3	59	18	16,212	0.4	176,525
Disabled	35.9	4.2	134	32	7,049	1.9	141,740
Adults	47.6	14.6	901	62	4,397	20.5	1,482
Children	56.5	18.9	1,650	88	6,203	26.6	23
Unknown	77.8	21.8	3,599	165	8,345	43.1	72
<b>Gender</b>							
Female	37.7	3.9	91	23	13,346	0.7	203,700
Male	31.4	3.4	107	32	9,899	1.1	116,142
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	40.0	4.4	117	26	13,616	0.9	229,606
African American	22.3	1.8	46	25	9,459	0.5	55,876
Other/unknown	26.5	2.2	45	21	6,217	0.7	34,360
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	46.3	5.6	96	17	48,938	0.2	40,128
Part year	50.0	4.8	107	22	23,969	0.4	25,551
None	32.3	3.3	96	29	5,084	1.9	254,163
<b>Maintenance Assistance Status</b>							
Cash	32.8	3.5	87	25	3,810	2.3	122,047
Medically needy	44.3	6.0	181	30	25,343	0.7	589
Poverty related	31.8	3.2	110	34	1,502	7.3	99,451
Other/unknown	42.4	4.6	96	21	33,133	0.3	97,755

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

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

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

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

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

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

**TABLE D.4**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 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
			0.8	64.6									
<b>All</b>	<b>0.4</b>	<b>\$9</b>	<b>0.8</b>	<b>64.6</b>	<b>28.8</b>	<b>3.8</b>	<b>2.0</b>	<b>0.6</b>	<b>0.1</b>	<b>\$1,147</b>	<b>319,842</b>	<b>3,373,041</b>	
<b>Age</b>													
5 and younger	1.1	83	6.0	75.0	0.0	25.0	0.0	0.0	0.0	1,393	4	20	
6-14	1.7	163	17.1	40.0	33.3	6.7	13.3	6.7	0.0	956	15	114	
15-20	1.3	130	13.2	34.3	38.9	12.1	11.8	2.5	0.4	986	280	2,728	
21-44	0.3	14	2.9	68.4	25.6	3.6	1.8	0.6	0.1	462	58,169	619,541	
45-64	0.4	13	1.6	61.0	31.2	4.8	2.2	0.7	0.2	785	84,099	907,008	
65-74	0.3	7	1.0	67.6	27.0	3.3	1.6	0.5	0.1	755	68,799	736,214	
75-84	0.3	5	0.3	64.8	29.1	3.5	1.9	0.6	0.1	1,545	59,346	626,081	
85 and older	0.3	5	0.2	61.9	30.9	3.7	2.5	0.8	0.2	2,794	49,130	481,335	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Basis of Eligibility<sup>e</sup></b>													
Aged	0.3	6	0.4	65.1	28.8	3.5	1.9	0.6	0.1	1,557	176,525	1,838,642	
Disabled	0.4	12	1.9	64.1	29.0	4.3	1.9	0.6	0.1	655	141,740	1,524,754	
Adults	2.4	150	20.5	52.4	14.6	7.6	14.5	8.8	2.2	735	1,482	8,871	
Children	2.4	207	26.6	43.5	17.4	17.4	13.0	8.7	0.0	780	23	183	
Unknown	2.7	438	43.1	22.2	25.0	12.5	30.6	6.9	2.8	1,017	72	591	
<b>Gender</b>													
Female	0.4	9	0.7	62.3	30.8	4.1	2.1	0.6	0.1	1,262	203,700	2,153,874	
Male	0.3	10	1.1	68.6	25.5	3.4	1.8	0.6	0.1	943	116,142	1,219,167	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Race</b>													
White	0.4	11	0.9	60.0	32.0	4.6	2.5	0.8	0.2	1,290	229,606	2,423,117	
African American	0.2	4	0.5	77.7	19.5	1.7	0.8	0.2	0.0	897	55,876	588,963	
Other/unknown	0.2	4	0.7	73.5	23.2	2.2	0.8	0.2	0.1	592	34,360	360,961	
<b>Use of Nursing Facilities<sup>f</sup></b>													
Entire year	0.5	9	0.2	53.7	34.0	6.0	4.3	1.6	0.4	4,641	40,128	423,124	
Part year	0.5	12	0.4	50.0	39.4	5.2	3.9	1.2	0.3	2,729	25,551	224,400	
None	0.3	9	1.9	67.7	27.0	3.4	1.4	0.4	0.1	474	254,163	2,725,517	
<b>Maintenance Assistance Status</b>													
Cash	0.3	8	2.3	67.2	27.6	3.4	1.3	0.4	0.1	342	122,047	1,361,701	
Medically needy	0.6	19	0.7	55.7	30.9	5.6	5.4	2.2	0.2	2,641	589	5,653	
Poverty related	0.3	11	7.3	68.2	26.6	3.2	1.5	0.4	0.1	144	99,451	1,035,469	
Other/unknown	0.5	10	0.3	57.6	32.7	5.0	3.3	1.1	0.3	3,338	97,755	970,218	

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
  - d. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
  - e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
  - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

**TABLE D.5**  
**AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 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>0.4</b>	<b>\$9</b>	<b>\$26</b>	<b>0.1</b>	<b>\$6</b>	<b>\$112</b>	<b>0.0</b>	<b>\$1</b>	<b>\$59</b>	<b>0.3</b>	<b>\$3</b>	<b>\$9</b>
<b>Age</b>												
5 and younger	1.1	83	75	1.1	83	79	0.1	0	3	0.0	0	0
6-14	1.7	163	98	0.7	151	221	0.0	0	0	1.0	12	12
15-20	1.3	130	101	0.5	107	200	0.1	7	126	0.7	15	21
21-44	0.3	14	40	0.1	10	169	0.0	1	102	0.3	3	12
45-64	0.4	13	29	0.1	8	130	0.0	1	78	0.4	4	10
65-74	0.3	7	24	0.0	5	100	0.0	1	51	0.3	2	8
75-84	0.3	5	15	0.0	3	62	0.0	0	23	0.3	2	7
85 and older	0.3	5	15	0.1	3	56	0.0	0	28	0.3	2	7
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.3	6	18	0.0	4	74	0.0	0	36	0.3	2	7
Disabled	0.4	12	32	0.1	8	144	0.0	1	84	0.3	3	10
Adults	2.4	150	62	0.7	110	167	0.1	11	122	1.7	30	18
Children	2.4	207	88	1.2	190	155	0.0	3	122	1.1	14	12
Unknown	2.7	438	165	0.9	381	408	0.1	12	87	1.6	45	29
<b>Gender</b>												
Female	0.4	9	23	0.1	6	100	0.0	1	55	0.3	3	9
Male	0.3	10	32	0.1	7	132	0.0	1	67	0.3	3	10
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.4	11	26	0.1	7	113	0.0	1	61	0.3	3	9
African American	0.2	4	25	0.0	3	112	0.0	0	45	0.1	1	8
Other/unknown	0.2	4	21	0.0	3	96	0.0	0	48	0.2	1	8
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.5	9	17	0.1	6	73	0.0	1	40	0.4	3	7
Part year	0.5	12	22	0.1	8	85	0.0	1	42	0.4	3	8
None	0.3	9	29	0.0	6	126	0.0	1	66	0.3	3	10
<b>Maintenance Assistance Status</b>												
Cash	0.3	8	25	0.0	5	114	0.0	0	59	0.3	2	9
Medically needy	0.6	19	30	0.2	14	86	0.0	1	52	0.4	4	9
Poverty related	0.3	11	34	0.1	7	143	0.0	1	74	0.3	3	11
Other/unknown	0.5	10	21	0.1	6	87	0.0	1	49	0.4	3	8

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.5 includes the beneficiaries represented by Cell G 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 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.

TABLE D.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 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	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.0	0.0	0.2	\$12	\$9	\$0	\$3	\$61	\$243	\$102	\$18	21,694	\$1,319,971	10,450	3.3	107,756
Biologicals	0.2	0.2	0.0	0.0	57	57	0	0	361	361	0	0	361	130,356	214	0.1	2,292
Antineoplastic Agents	0.5	0.3	0.0	0.1	172	161	5	6	376	584	133	43	5,574	2,094,693	1,226	0.4	12,210
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	10	8	0	1	32	65	54	8	48,144	1,525,965	15,561	4.9	159,794
Cardiovascular Agents	0.4	0.1	0.0	0.3	8	4	2	2	19	48	36	8	121,611	2,320,145	27,875	8.7	289,947
Respiratory Agents	0.3	0.2	0.0	0.1	16	13	2	1	54	79	67	12	27,907	1,493,087	8,689	2.7	91,480
Gastrointestinal Agents	0.3	0.1	0.0	0.2	12	8	1	2	43	109	52	13	26,675	1,153,310	9,688	3.0	97,292
Genitourinary Agents	0.2	0.1	0.0	0.1	9	7	0	2	37	50	36	17	7,891	288,661	3,286	1.0	32,660
CNS Drugs	0.7	0.1	0.0	0.6	11	5	0	5	16	94	102	8	528,915	8,488,549	72,492	22.7	788,679
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.2	36	33	0	2	92	139	61	16	1,857	170,019	460	0.1	4,757
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	44	44	0	1	131	132	0	85	10,357	1,357,042	3,409	1.1	30,539
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	12	4	2	7	31	209	271	18	57,174	1,764,853	14,050	4.4	143,718
Neuromuscular Agents	0.6	0.1	0.0	0.6	12	7	0	5	20	134	104	8	167,127	3,280,591	24,440	7.6	267,863
Nutritional Products	0.4	0.0	0.0	0.3	4	1	0	3	12	24	13	11	33,975	414,967	9,290	2.9	96,453
Hematological Agents	0.5	0.1	0.0	0.5	16	14	0	2	30	212	19	5	107,008	3,208,448	18,528	5.8	196,808
Topical Products	0.2	0.1	0.0	0.1	8	6	0	2	34	65	49	12	18,432	620,563	8,008	2.5	81,757
Miscellaneous Products	0.8	0.6	0.0	0.1	98	88	2	7	127	144	105	53	9,734	1,235,573	1,196	0.4	12,627
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	14	0	0	0	49	0	0	0	3,312	163,235	1,077	0.3	11,696
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,197,748	31,030,028	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories 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. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Pennsylvania, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Rx	Rx \$ per Benefit Month	
ANTI-ANXIETY AGENTS	\$3,093,919	54,628	17.1	599,278	0.6	\$8	\$5	
ANTI-CONVULSANT	2,804,183	23,214	7.3	256,004	0.6	18	11	
ANTI-PSYCHOTICS	2,803,680	7,035	2.2	70,441	0.3	132	40	
HEMATOPOIETIC AGENTS	2,293,498	32,210	10.1	353,292	0.5	12	6	
ANTI-NEOPLASTICS	2,092,775	1,460	0.5	14,704	0.4	376	142	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,454,405	5,177	1.6	48,672	0.3	115	30	
ANTI-DEPRESSANTS	1,383,321	17,545	5.5	183,186	0.3	30	8	
ANTI-ASTHMATIC	1,248,343	7,790	2.4	80,278	0.3	60	16	
ASSORTED CLASSES	1,206,776	1,411	0.4	15,500	0.6	129	78	
HYPNOTICS	1,188,016	13,324	4.2	149,599	0.6	13	8	
Total	19,568,916	163,794	n.a.	1,770,954	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.7 includes the beneficiaries represented by Cell G 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.

**TABLE D.7A**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED**  
**AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2007**

Beneficiary Characteristics	All Top 10 Drug Groups		ANTI-ANXIETY AGENTS					ANTICONVULSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>918,048</b>	<b>\$19,568,916</b>	<b>54,628</b>	<b>17.1</b>	<b>599,278</b>	<b>0.6</b>	<b>\$5</b>	<b>23,214</b>	<b>7.3</b>	<b>256,004</b>	<b>0.6</b>	<b>\$11</b>
<b>Female</b>												
All Females	626,476	12,233,516	39,188	19.2	429,438	0.6	5	14,660	7.2	161,689	0.6	10
<b>Female, Disabled</b>												
All Ages	262,645	6,643,359	14,734	20.2	166,840	0.6	6	9,362	12.8	105,357	0.6	12
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	28	10,956	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	615	84,702	13	11.7	153	0.3	4	27	24.3	318	0.6	84
21-44	84,850	2,682,249	4,681	17.1	52,751	0.6	6	3,775	13.8	42,211	0.6	14
45-64	175,439	3,735,475	9,962	22.1	113,182	0.7	6	5,519	12.2	62,431	0.6	10
65-74	1,674	129,743	73	17.3	699	0.6	6	41	9.7	397	0.6	27
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	39	234	5	17.2	55	0.5	4	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	363,831	5,590,157	24,454	18.7	262,598	0.6	4	5,298	4.1	56,332	0.6	8
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	39	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	37	8,877	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,517	254,840	77	18.2	695	0.5	6	91	21.5	820	0.6	72
45-64	2,829	264,757	69	19.2	644	0.6	11	84	23.3	790	0.6	34
65-74	114,269	2,149,159	7,332	16.6	82,734	0.6	5	2,253	5.1	24,967	0.6	8
75-84	122,911	1,535,286	8,134	18.5	88,179	0.6	4	1,710	3.9	18,077	0.6	5
85 and older	121,265	1,377,199	8,842	21.2	90,346	0.6	4	1,160	2.8	11,678	0.6	6
<b>Male</b>												
All Males	291,572	7,335,400	15,440	13.3	169,840	0.6	6	8,554	7.4	94,315	0.6	12
<b>Male, Disabled</b>												
All Ages	183,630	5,194,649	9,234	13.4	104,584	0.7	6	6,712	9.8	75,141	0.6	13
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	53	5,391	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	924	127,455	9	6.0	108	0.3	4	40	26.7	470	0.5	62
21-44	67,271	2,219,579	3,415	11.4	38,637	0.6	7	3,028	10.1	33,842	0.6	16
45-64	114,782	2,805,478	5,785	15.1	65,662	0.7	6	3,626	9.5	40,665	0.6	10
65-74	600	36,746	25	8.6	177	0.7	5	18	6.2	164	0.8	18
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	107,942	2,140,751	6,206	13.1	65,256	0.6	4	1,842	3.9	19,174	0.6	9
5 and younger	29	1,704	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	196	22,496	3	20.0	32	0.2	1	3	20.0	36	0.8	111
21-44	1,556	104,625	50	13.7	453	0.6	12	65	17.8	562	0.5	35
45-64	2,133	152,256	56	14.0	469	0.7	7	73	18.2	615	0.6	48
65-74	49,810	955,472	2,781	11.6	30,573	0.6	5	976	4.1	10,773	0.6	7
75-84	35,926	586,543	2,050	13.4	21,546	0.5	4	552	3.6	5,682	0.6	6
85 and older	18,292	317,655	1,266	17.0	12,183	0.5	3	173	2.3	1,506	0.5	8
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.7A includes the beneficiaries represented by Cell G 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 drug 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

**TABLE D.7B**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS**  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2007

Beneficiary Characteristics	ANTIPSYCHOTICS					HEMATOPOIETIC AGENTS					ANTINEOPLASTICS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>7,035</b>	<b>2.2</b>	<b>70,441</b>	<b>0.3</b>	<b>\$40</b>	<b>32,210</b>	<b>10.1</b>	<b>353,292</b>	<b>0.5</b>	<b>\$7</b>	<b>1,460</b>	<b>0.5</b>	<b>14,704</b>	<b>0.4</b>	<b>\$142</b>
<b>Female</b>															
All Females	4,235	2.1	42,200	0.3	35	23,537	11.6	258,906	0.5	6	996	0.5	9,979	0.4	122
<b>Female, Disabled</b>															
All Ages	2,259	3.1	24,378	0.3	42	5,308	7.3	60,770	0.5	8	350	0.5	3,785	0.4	157
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	3	42.9	36	0.5	274	0	0.0	0	0.0	0
15-20	31	27.9	324	0.4	75	7	6.3	83	0.3	75	2	1.8	24	0.2	14
21-44	1,087	4.0	11,636	0.3	53	1,487	5.4	17,037	0.4	6	83	0.3	873	0.3	165
45-64	1,116	2.5	12,167	0.2	29	3,766	8.3	43,211	0.5	8	255	0.6	2,799	0.4	154
65-74	25	5.9	251	0.8	150	44	10.4	398	0.5	50	10	2.4	89	0.4	234
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	3.4	5	0.8	1	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	1,976	1.5	17,822	0.3	25	18,229	14.0	198,136	0.5	6	646	0.5	6,194	0.4	100
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	100.0	12	0.3	3	0	0.0	0	0.0	0
15-20	1	25.0	12	1.2	577	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	70	16.5	602	0.6	104	14	3.3	129	0.4	236	9	2.1	108	0.4	306
45-64	53	14.7	508	0.4	66	15	4.2	132	0.5	5	34	9.4	326	0.6	284
65-74	499	1.1	5,176	0.3	29	4,003	9.1	45,270	0.5	9	255	0.6	2,614	0.4	132
75-84	618	1.4	5,582	0.3	15	6,285	14.3	69,134	0.5	5	196	0.4	1,957	0.4	69
85 and older	735	1.8	5,942	0.3	18	7,911	19.0	83,459	0.6	4	152	0.4	1,189	0.3	12
<b>Male</b>															
All Males	2,800	2.4	28,241	0.3	47	8,673	7.5	94,386	0.5	8	464	0.4	4,725	0.4	186
<b>Male, Disabled</b>															
All Ages	1,971	2.9	21,028	0.3	51	2,974	4.3	33,728	0.5	10	159	0.2	1,696	0.4	315
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	3	42.9	36	0.5	18	0	0.0	0	0.0	0
15-20	42	28.0	479	0.5	116	7	4.7	82	0.5	171	2	1.3	24	0.1	50
21-44	1,026	3.4	10,986	0.3	56	695	2.3	7,969	0.5	7	41	0.1	467	0.4	178
45-64	898	2.4	9,521	0.3	41	2,258	5.9	25,572	0.6	10	113	0.3	1,193	0.5	374
65-74	5	1.7	42	0.6	74	11	3.8	69	0.6	133	3	1.0	12	0.5	283
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	829	1.7	7,213	0.3	37	5,699	12.0	60,658	0.6	7	305	0.6	3,029	0.3	114
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.7	4	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	7	46.7	84	0.8	159	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	58	15.8	499	0.5	80	10	2.7	78	0.4	4	0	0.0	0	0.0	0
45-64	39	9.7	309	0.6	182	10	2.5	69	0.3	16	5	1.2	25	0.4	102
65-74	252	1.1	2,539	0.3	31	2,088	8.7	23,171	0.5	8	134	0.6	1,399	0.4	133
75-84	270	1.8	2,228	0.3	21	2,145	14.0	22,986	0.6	6	113	0.7	1,156	0.3	96
85 and older	203	2.7	1,554	0.3	20	1,445	19.4	14,342	0.6	6	53	0.7	449	0.3	101
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.7B includes the beneficiaries represented by Cell G 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 drug 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDEPRESSANTS					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>5,177</b>	<b>1.6</b>	<b>48,672</b>	<b>0.3</b>	<b>\$30</b>	<b>17,545</b>	<b>5.5</b>	<b>183,186</b>	<b>0.3</b>	<b>\$8</b>	<b>7,790</b>	<b>2.4</b>	<b>80,278</b>	<b>0.3</b>	<b>\$16</b>
<b>Female</b>															
All Females	3,631	1.8	33,761	0.3	33	12,010	5.9	125,383	0.2	7	5,236	2.6	54,063	0.3	15
<b>Female, Disabled</b>															
All Ages	1,125	1.5	12,615	0.2	44	6,639	9.1	73,440	0.2	9	2,318	3.2	25,089	0.3	17
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	2.7	36	0.4	460	44	39.6	511	0.4	13	7	6.3	81	0.2	12
21-44	392	1.4	4,395	0.2	60	2,526	9.2	27,833	0.3	9	691	2.5	7,581	0.2	15
45-64	718	1.6	8,080	0.2	34	4,015	8.9	44,554	0.2	8	1,580	3.5	17,077	0.3	18
65-74	12	2.8	104	0.3	30	54	12.8	542	0.5	21	40	9.5	350	0.5	40
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	2,506	1.9	21,146	0.3	26	5,371	4.1	51,943	0.2	6	2,918	2.2	28,974	0.2	13
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	25.0	12	0.9	91	0	0.0	0	0.0	0
21-44	26	6.1	290	0.2	37	174	41.1	1,662	0.5	26	50	11.8	495	0.3	21
45-64	36	10.0	377	0.3	83	154	42.8	1,510	0.6	28	79	21.9	786	0.4	36
65-74	364	0.8	3,592	0.3	36	1,798	4.1	19,333	0.2	6	1,175	2.7	12,610	0.2	15
75-84	859	2.0	7,241	0.3	22	1,632	3.7	15,686	0.2	3	885	2.0	8,658	0.2	10
85 and older	1,221	2.9	9,646	0.3	22	1,612	3.9	13,740	0.3	4	729	1.8	6,425	0.2	9
<b>Male</b>															
All Males	1,546	1.3	14,911	0.3	24	5,535	4.8	57,803	0.3	8	2,554	2.2	26,215	0.3	17
<b>Male, Disabled</b>															
All Ages	716	1.0	7,899	0.2	23	3,813	5.6	41,739	0.3	8	1,321	1.9	14,173	0.3	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	2.0	36	0.1	8	34	22.7	390	0.5	25	21	14.0	252	0.3	16
21-44	273	0.9	3,038	0.2	32	1,657	5.5	18,180	0.2	8	412	1.4	4,445	0.3	16
45-64	432	1.1	4,729	0.2	16	2,107	5.5	23,021	0.2	8	861	2.3	9,223	0.3	20
65-74	8	2.7	96	0.3	41	15	5.1	148	0.6	14	27	9.2	253	0.5	42
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	830	1.7	7,012	0.3	25	1,722	3.6	16,064	0.3	8	1,233	2.6	12,042	0.3	14
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	6.7	12	0.8	11	6	40.0	70	0.8	61	0	0.0	0	0.0	0
21-44	22	6.0	243	0.2	21	112	30.6	1,006	0.5	25	34	9.3	316	0.3	22
45-64	36	9.0	346	0.3	29	145	36.2	1,276	0.6	22	58	14.5	507	0.4	38
65-74	216	0.9	2,132	0.3	22	620	2.6	6,515	0.3	7	562	2.4	6,008	0.3	15
75-84	293	1.9	2,285	0.3	25	524	3.4	4,751	0.2	4	387	2.5	3,613	0.2	10
85 and older	262	3.5	1,994	0.4	28	315	4.2	2,446	0.3	4	192	2.6	1,598	0.2	11
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.7C includes the beneficiaries represented by Cell G 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 drug 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

**TABLE D.7D**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS**  
**SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2007**

Beneficiary Characteristics	ASSORTED CLASSES					HYPNOTICS						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>1,411</b>	<b>0.4</b>	<b>15,500</b>	<b>0.6</b>	<b>\$78</b>	<b>13,324</b>	<b>4.2</b>	<b>149,599</b>	<b>0.6</b>	<b>\$8</b>	<b>319,842</b>	<b>3,373,041</b>
<b>Female</b>												
All Females	661	0.3	7,253	0.6	76	8,537	4.2	95,739	0.6	9	203,700	2,153,874
<b>Female, Disabled</b>												
All Ages	529	0.7	5,869	0.6	80	4,145	5.7	47,024	0.6	6	73,047	788,951
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
6-14	4	57.1	23	0.5	47	0	0.0	0	0.0	0	7	50
15-20	4	3.6	46	0.3	54	2	1.8	24	0.3	2	111	1,090
21-44	262	1.0	2,913	0.6	81	1,280	4.7	14,466	0.5	5	27,330	293,707
45-64	257	0.6	2,873	0.6	77	2,845	6.3	32,362	0.6	6	45,147	490,859
65-74	2	0.5	14	1.0	481	17	4.0	160	0.7	9	422	2,960
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	1	3.4	12	0.8	3	29	284
<b>Female, Other Eligibles</b>												
All Ages	132	0.1	1,384	0.5	62	4,392	3.4	48,715	0.6	12	130,653	1,364,923
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	2	50.0	24	0.5	36	0	0.0	0	0.0	0	4	40
21-44	5	1.2	25	0.3	32	24	5.7	244	0.4	6	423	2,741
45-64	1	0.3	12	0.1	1	26	7.2	229	0.4	16	360	2,290
65-74	77	0.2	892	0.6	84	1,753	4.0	19,837	0.6	7	44,204	479,210
75-84	28	0.1	289	0.4	27	1,561	3.5	17,447	0.6	12	44,007	468,207
85 and older	19	0.0	142	0.2	6	1,028	2.5	10,958	0.6	19	41,654	412,423
<b>Male</b>												
All Males	750	0.6	8,247	0.6	79	4,787	4.1	53,860	0.6	7	116,142	1,219,167
<b>Male, Disabled</b>												
All Ages	654	1.0	7,269	0.6	85	3,042	4.4	34,613	0.7	6	68,693	735,803
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	7
6-14	4	57.1	48	0.8	99	0	0.0	0	0.0	0	7	52
15-20	14	9.3	155	0.4	82	6	4.0	72	0.6	5	150	1,489
21-44	301	1.0	3,370	0.6	84	1,046	3.5	11,972	0.6	6	30,050	320,862
45-64	335	0.9	3,696	0.7	86	1,983	5.2	22,512	0.7	6	38,191	411,646
65-74	0	0.0	0	0.0	0	7	2.4	57	0.7	12	292	1,735
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
<b>Male, Other Eligibles</b>												
All Ages	96	0.2	978	0.5	37	1,745	3.7	19,247	0.6	8	47,449	483,364
5 and younger	2	200.0	24	0.9	69	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	3	20.0	30	0.9	22	1	6.7	10	0.1	0	15	109
21-44	3	0.8	15	0.2	94	17	4.6	171	0.3	2	366	2,231
45-64	1	0.2	11	0.3	31	21	5.2	171	0.7	6	401	2,213
65-74	65	0.3	690	0.5	42	938	3.9	10,528	0.6	7	23,881	252,309
75-84	14	0.1	145	0.4	18	602	3.9	6,643	0.6	10	15,339	157,874
85 and older	8	0.1	63	0.2	4	166	2.2	1,724	0.6	12	7,446	68,616
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.7D includes the beneficiaries represented by Cell G 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 drug 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

**TABLE D.8**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,**  
**BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2007**

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$9</b>	<b>0.5</b>	<b>40,128</b>	<b>423,124</b>
<b>Age</b>				
0-64	24	1.0	2,768	31,302
65-74	16	0.8	4,530	49,120
75-84	8	0.5	12,328	129,617
85 and older	6	0.4	20,502	213,085
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	8	0.5	31,258	331,157
Male	13	0.6	8,870	91,967
Unknown	0	0.0	0	0
<b>Race</b>				
White	9	0.5	34,823	364,120
African American	11	0.4	3,734	41,836
Other/unknown	9	0.5	1,571	17,168
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	8	0.5	37,335	391,591
Disabled	24	1.0	2,793	31,533
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 25,551 beneficiaries who were in nursing facilities for part of their enrollment and their 224,400 benefit months were excluded from the analysis. 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. 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.

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

**TABLE D.9**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,**  
**BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									\$ per Rx			Users		
	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 Dual All-Year Nursing Facility Residents	Number of Benefit Months	
Anti-infective Agents	0.3	0.1	0.0	0.2	\$10	\$6	\$0	\$3	\$35	\$98	\$62	\$16	3,137	\$111,339	1,288	3.2	10,940	
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	24	24	0	0	29	686	29	0.1	251	
Antineoplastic Agents	0.3	0.1	0.0	0.2	51	42	0	9	146	368	0	38	427	62,387	155	0.4	1,234	
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	13	10	1	2	26	56	57	7	7,256	189,217	1,835	4.6	14,657	
Cardiovascular Agents	0.8	0.1	0.1	0.7	13	5	3	6	16	43	38	9	20,029	311,664	2,959	7.4	23,593	
Respiratory Agents	0.4	0.2	0.1	0.2	19	15	2	2	43	71	45	10	3,637	158,027	927	2.3	8,254	
Gastrointestinal Agents	0.4	0.1	0.1	0.3	12	7	2	3	29	67	36	12	4,838	141,341	1,450	3.6	11,895	
Genitourinary Agents	0.4	0.2	0.0	0.1	15	12	0	3	39	52	44	20	2,261	88,468	714	1.8	5,914	
CNS Drugs	0.7	0.1	0.0	0.7	9	5	0	4	12	66	60	6	99,616	1,158,447	12,772	31.8	134,810	
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	18	14	0	3	32	79	0	8	162	5,126	35	0.1	290	
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	42	42	0	0	87	87	0	103	4,590	398,730	1,191	3.0	9,564	
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	9	1	2	6	16	45	148	11	5,961	96,697	1,392	3.5	11,100	
Neuromuscular Agents	0.9	0.1	0.0	0.8	15	9	0	6	17	111	96	7	21,204	352,578	2,320	5.8	23,899	
Nutritional Products	0.4	0.0	0.0	0.3	4	1	0	3	10	16	12	9	8,979	88,204	2,204	5.5	21,829	
Hematological Agents	0.7	0.0	0.0	0.6	9	5	0	3	13	122	19	5	38,848	497,916	5,318	13.3	56,024	
Topical Products	0.4	0.2	0.0	0.2	13	9	1	3	33	59	58	13	4,525	150,926	1,427	3.6	11,958	
Miscellaneous Products	0.3	0.2	0.0	0.1	22	20	0	3	80	123	0	22	201	16,133	86	0.2	727	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	23	0	0	0	639	14,699	224	0.6	2,442	
<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>226,339</b>	<b>3,842,585</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 Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 25,551 beneficiaries who were in nursing facilities for part of their enrollment and their 224,400 benefit months were excluded from the analysis.
  - b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007. 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.
  - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
  - e. 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. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- In Pennsylvania, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

**TABLE D.10**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,**  
**BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2007**

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
HEMATOPOIETIC AGENTS	\$514,165	10,156	25.3	111,993	0.6	\$7	\$5	
ANTI-ANXIETY AGENTS	451,980	10,615	26.5	114,839	0.7	6	4	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	402,058	1,601	4.0	12,935	0.4	85	31	
ANTIPSYCHOTICS	311,264	1,106	2.8	9,219	0.4	83	34	
DERMATOLOGICAL	283,875	11,556	28.8	128,308	0.2	10	2	
MINERALS & ELECTROLYTES	282,905	8,429	21.0	91,302	0.7	5	3	
ANTICONVULSANT	271,471	2,172	5.4	22,694	0.9	14	12	
HYPNOTICS	271,321	1,420	3.5	15,657	0.8	21	17	
ANTI-ASTHMATIC	142,620	917	2.3	8,044	0.4	50	18	
ANTI-DEPRESSANTS	123,882	2,018	5.0	17,068	0.3	21	7	
<b>Total</b>	<b>3,055,541</b>	<b>49,990</b>	<b>n.a.</b>	<b>532,059</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 Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 25,551 beneficiaries who were in nursing facilities for part of their enrollment and their 224,400 benefit months were excluded from the analysis.

b. 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 drug 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.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

**TABLE D.10A**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST**  
**AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2007**

Beneficiary Characteristics	All Top 10 Drug Groups				HEMATOPOIETIC AGENTS				ANTI-ANXIETY AGENTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>286,104</b>	<b>\$3,055,541</b>	<b>10,156</b>	<b>25.3</b>	<b>111,993</b>	<b>0.6</b>	<b>\$5</b>	<b>10,615</b>	<b>26.5</b>	<b>114,839</b>	<b>0.7</b>	<b>\$4</b>
<b>Female</b>												
All Females	226,134	2,253,100	7,946	25.4	87,908	0.6	4	8,404	26.9	91,248	0.7	4
<b>Female, Disabled</b>												
All Ages	17,837	246,008	343	24.1	3,974	0.6	5	507	35.6	5,778	0.9	6
64 or younger	17,692	238,707	342	24.3	3,962	0.6	5	506	35.9	5,773	0.9	6
65-74	145	7,301	1	6.3	12	0.3	2	1	6.3	5	1.4	19
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	208,297	2,007,092	7,603	25.5	83,934	0.6	4	7,897	26.5	85,470	0.7	4
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	26,352	348,841	713	25.7	8,020	0.6	6	891	32.2	9,899	0.8	5
75-84	68,611	633,019	2,402	25.8	26,728	0.6	5	2,552	27.4	27,735	0.7	4
85 and older	113,334	1,025,232	4,488	25.3	49,186	0.6	4	4,454	25.1	47,836	0.6	4
<b>Male</b>												
All Males	59,970	802,441	2,210	24.9	24,085	0.7	5	2,211	24.9	23,591	0.7	4
<b>Male, Disabled</b>												
All Ages	14,496	248,419	257	18.8	2,945	0.7	9	444	32.5	5,037	0.9	6
64 or younger	14,348	242,569	256	18.8	2,933	0.7	9	442	32.5	5,024	0.9	6
65-74	148	5,850	1	11.1	12	1.1	5	2	22.2	13	1.8	12
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	45,474	554,022	1,953	26.0	21,140	0.7	5	1,767	23.6	18,554	0.6	4
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	13,834	178,944	458	26.4	5,213	0.7	6	467	26.9	5,138	0.8	4
75-84	17,625	213,786	773	25.7	8,455	0.6	4	687	22.8	7,151	0.6	4
85 and older	14,015	161,292	722	26.2	7,472	0.7	5	613	22.3	6,265	0.5	3
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 25,551 beneficiaries who were in nursing facilities for part of their enrollment and their 224,400 benefit months were excluded from the analysis.

b. 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 drug 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.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

**TABLE D.10B**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY**  
**AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2007**

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIPSYCHOTICS					DERMATOLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,601</b>	<b>4.0</b>	<b>12,935</b>	<b>0.4</b>	<b>\$31</b>	<b>1,106</b>	<b>2.8</b>	<b>9,219</b>	<b>0.4</b>	<b>\$34</b>	<b>11,556</b>	<b>28.8</b>	<b>128,308</b>	<b>0.2</b>	<b>\$2</b>
<b>Female</b>															
All Females	1,259	4.0	10,287	0.4	29	794	2.5	6,648	0.4	32	8,613	27.6	95,922	0.2	2
<b>Female, Disabled</b>															
All Ages	32	2.2	336	0.4	69	47	3.3	484	0.7	88	634	44.5	7,394	0.2	2
64 or younger	31	2.2	331	0.4	69	44	3.1	462	0.6	83	630	44.7	7,368	0.2	2
65-74	1	6.3	5	0.6	90	3	18.8	22	2.0	203	4	25.0	26	0.2	9
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	1,227	4.1	9,951	0.4	27	747	2.5	6,164	0.4	27	7,979	26.7	88,528	0.2	2
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	95	3.4	827	0.4	57	110	4.0	1,033	0.5	55	897	32.4	10,166	0.2	2
75-84	411	4.4	3,390	0.3	25	244	2.6	2,022	0.3	22	2,523	27.1	28,122	0.2	2
85 and older	721	4.1	5,734	0.3	24	393	2.2	3,109	0.4	21	4,559	25.7	50,240	0.2	2
<b>Male</b>															
All Males	342	3.9	2,648	0.4	41	312	3.5	2,571	0.4	40	2,943	33.2	32,386	0.2	3
<b>Male, Disabled</b>															
All Ages	30	2.2	290	0.5	115	54	3.9	523	0.6	68	590	43.1	6,812	0.2	4
64 or younger	28	2.1	266	0.5	119	52	3.8	499	0.6	65	584	43.0	6,740	0.2	4
65-74	2	22.2	24	0.5	76	2	22.2	24	0.9	117	6	66.7	72	0.2	2
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	312	4.2	2,358	0.4	32	258	3.4	2,048	0.4	32	2,353	31.4	25,574	0.2	3
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	44	2.5	411	0.5	44	50	2.9	418	0.4	47	580	33.4	6,612	0.2	3
75-84	127	4.2	920	0.4	27	114	3.8	936	0.4	32	902	29.9	9,749	0.2	3
85 and older	141	5.1	1,027	0.4	32	94	3.4	694	0.4	24	871	31.6	9,213	0.2	2
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 25,551 beneficiaries who were in nursing facilities for part of their enrollment and their 224,400 benefit months were excluded from the analysis.

b. 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 drug 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.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

**TABLE D.10C**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY**  
**AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2007**

Beneficiary Characteristics	MINERALS & ELECTROLYTES					ANTICONVULSANT					HYPNOTICS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>8,429</b>	<b>21.0</b>	<b>91,302</b>	<b>0.7</b>	<b>\$3</b>	<b>2,172</b>	<b>5.4</b>	<b>22,694</b>	<b>0.9</b>	<b>\$12</b>	<b>1,420</b>	<b>3.5</b>	<b>15,657</b>	<b>0.8</b>	<b>\$17</b>
<b>Female</b>															
All Females	7,387	23.6	80,210	0.7	3	1,589	5.1	16,596	0.9	11	1,026	3.3	11,292	0.8	19
<b>Female, Disabled</b>															
All Ages	347	24.4	4,066	0.7	4	244	17.1	2,805	1.1	19	138	9.7	1,585	1.1	10
64 or younger	344	24.4	4,039	0.7	4	241	17.1	2,769	1.1	19	137	9.7	1,573	1.1	10
65-74	3	18.8	27	0.6	3	3	18.8	36	1.1	46	1	6.3	12	1.0	4
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	7,040	23.6	76,144	0.7	3	1,345	4.5	13,791	0.8	9	888	3.0	9,707	0.8	20
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	627	22.6	6,890	0.6	3	276	10.0	2,930	1.0	13	148	5.3	1,617	0.9	17
75-84	2,199	23.6	23,982	0.7	3	512	5.5	5,188	0.8	8	338	3.6	3,708	0.8	16
85 and older	4,214	23.7	45,272	0.7	3	557	3.1	5,673	0.8	8	402	2.3	4,382	0.7	26
<b>Male</b>															
All Males	1,042	11.7	11,092	0.6	3	583	6.6	6,098	0.8	16	394	4.4	4,365	0.9	13
<b>Male, Disabled</b>															
All Ages	180	13.2	2,076	0.6	4	199	14.5	2,219	1.0	21	128	9.4	1,484	1.0	12
64 or younger	179	13.2	2,064	0.6	4	197	14.5	2,195	1.0	21	128	9.4	1,484	1.0	12
65-74	1	11.1	12	1.1	10	2	22.2	24	0.9	16	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	862	11.5	9,016	0.6	3	384	5.1	3,879	0.8	13	266	3.5	2,881	0.8	14
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	215	12.4	2,423	0.6	3	159	9.2	1,720	0.8	16	101	5.8	1,090	1.0	10
75-84	333	11.1	3,449	0.6	3	149	4.9	1,500	0.8	11	117	3.9	1,309	0.8	18
85 and older	314	11.4	3,144	0.6	3	76	2.8	659	0.6	9	48	1.7	482	0.6	11
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 25,551 beneficiaries who were in nursing facilities for part of their enrollment and their 224,400 benefit months were excluded from the analysis.

b. 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 drug 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.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

**TABLE D.10D**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS**  
**SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a</sup>, b, c, d**  
**DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2007**

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDEPRESSANTS					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
<b>All</b>	<b>917</b>	<b>2.3</b>	<b>8,044</b>	<b>0.4</b>	<b>\$18</b>	<b>2,018</b>	<b>5.0</b>	<b>17,068</b>	<b>0.3</b>	<b>\$7</b>	<b>40,128</b>	<b>423,124</b>
<b>Female</b>												
All Females	664	2.1	5,885	0.3	15	1,542	4.9	13,063	0.3	7	31,258	331,157
<b>Female, Disabled</b>												
All Ages	42	2.9	490	0.5	22	79	5.5	874	0.5	16	1,425	16,085
64 or younger	41	2.9	478	0.4	22	78	5.5	869	0.5	16	1,409	15,920
65-74	1	6.3	12	0.8	11	1	6.3	5	0.8	23	16	165
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Female, Other Eligibles</b>												
All Ages	622	2.1	5,395	0.3	15	1,463	4.9	12,189	0.3	6	29,833	315,072
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	96	3.5	913	0.4	26	188	6.8	1,783	0.5	12	2,769	30,084
75-84	217	2.3	1,873	0.3	14	458	4.9	3,771	0.3	5	9,315	98,780
85 and older	309	1.7	2,609	0.3	12	817	4.6	6,635	0.3	5	17,749	186,208
<b>Male</b>												
All Males	253	2.9	2,159	0.5	24	476	5.4	4,005	0.4	9	8,870	91,967
<b>Male, Disabled</b>												
All Ages	50	3.7	539	0.6	35	72	5.3	782	0.5	12	1,368	15,448
64 or younger	50	3.7	539	0.6	35	68	5.0	734	0.5	12	1,359	15,382
65-74	0	0.0	0	0.0	0	4	44.4	48	0.6	8	9	66
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Male, Other Eligibles</b>												
All Ages	203	2.7	1,620	0.4	21	404	5.4	3,223	0.4	9	7,502	76,519
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	36	2.1	360	0.6	39	85	4.9	801	0.4	15	1,736	18,805
75-84	102	3.4	782	0.4	16	176	5.8	1,408	0.3	7	3,013	30,837
85 and older	65	2.4	478	0.2	14	143	5.2	1,014	0.3	6	2,753	26,877
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 25,551 beneficiaries who were in nursing facilities for part of their enrollment and their 224,400 benefit months were excluded from the analysis.

b. 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 drug 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.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

**TABLE D.11**  
**USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D**  
**AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>**  
**PENNSYLVANIA, 2007**

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries	
<b>All</b>	<b>120,258</b>	<b>37.6</b>	<b>4.0</b>	<b>1,281,659</b>	<b>\$27</b>	<b>\$8,789,470</b>	<b>\$7</b>	<b>28.3</b>	<b>319,842</b>	
<b>Age</b>										
5 and younger	1	25.0	2.0	8	12	48	6	2.9	4	
6-14	7	46.7	3.6	54	37	559	10	3.0	15	
15-20	80	28.6	1.8	494	20	5,678	11	1.6	280	
21-44	16,400	28.2	2.7	159,696	22	1,299,968	8	15.5	58,169	
45-64	32,750	38.9	4.5	381,966	33	2,766,472	7	24.2	84,099	
65-74	23,825	34.6	3.9	268,095	25	1,710,100	6	31.6	68,799	
75-84	23,774	40.1	4.4	261,104	28	1,656,393	6	55.0	59,346	
85 and older	23,421	47.7	4.3	210,242	27	1,350,252	6	56.3	49,130	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	70,797	40.1	4.2	737,527	27	4,700,811	6	45.0	176,525	
Disabled	49,019	34.6	3.8	541,245	29	4,057,338	7	21.4	141,740	
Adults	400	27.0	1.8	2,619	20	28,915	11	2.2	1,482	
Children	9	39.1	2.5	58	18	411	7	1.1	23	
Unknown	33	45.8	2.9	210	28	1,995	10	0.8	72	
<b>Gender</b>										
Female	83,425	41.0	4.4	888,069	30	6,092,215	7	32.7	203,700	
Male	36,833	31.7	3.4	393,590	23	2,697,255	7	21.7	116,142	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	95,990	41.8	4.6	1,064,095	32	7,422,542	7	27.6	229,606	
African American	13,878	24.8	2.2	124,279	14	783,977	6	30.3	55,876	
Other/unknown	10,390	30.2	2.7	93,285	17	582,951	6	37.8	34,360	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	24,259	60.5	6.0	242,043	39	1,546,006	6	40.2	40,128	
Part year	14,462	56.6	3.9	100,317	27	689,904	7	25.3	25,551	
None	81,537	32.1	3.7	939,299	26	6,553,560	7	26.8	254,163	
<b>Maintenance Assistance Status</b>										
Cash	43,341	35.5	4.5	543,357	29	3,583,799	7	33.7	122,047	
Medically needy	267	45.3	3.3	1,939	26	15,577	8	14.6	589	
Poverty related	27,364	27.5	2.4	238,829	19	1,892,492	8	17.4	99,451	
Other/unknown	49,286	50.4	5.1	497,534	34	3,297,602	7	35.1	97,755	

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

c. 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.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

**TABLE D.12**  
**USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D**  
**AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>**  
**PENNSYLVANIA, 2007**

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.4</b>	<b>\$3</b>	<b>\$7</b>	<b>\$0</b>	<b>\$1</b>	<b>3,373,041</b>
<b>Age</b>						
5 and younger	0.4	2	6	0	0	20
6-14	0.5	5	10	0	0	114
15-20	0.2	2	11	0	0	2,728
21-44	0.3	2	8	0	1	619,541
45-64	0.4	3	7	0	2	907,008
65-74	0.4	2	6	0	1	736,214
75-84	0.4	3	6	0	1	626,081
85 and older	0.4	3	6	0	1	481,335
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.4	3	6	0	1	1,838,642
Disabled	0.4	3	7	0	2	1,524,754
Adults	0.3	3	11	0	2	8,871
Children	0.3	2	7	0	0	183
Unknown	0.4	3	10	0	1	591
<b>Gender</b>						
Female	0.4	3	7	0	1	2,153,874
Male	0.3	2	7	0	1	1,219,167
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.4	3	7	0	2	2,423,117
African American	0.2	1	6	0	1	588,963
Other/unknown	0.3	2	6	0	1	360,961
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.6	4	6	0	2	423,124
Part year	0.4	3	7	0	2	224,400
None	0.3	2	7	0	1	2,725,517
<b>Maintenance Assistance Status</b>						
Cash	0.4	3	7	0	1	1,361,701
Medically needy	0.3	3	8	0	1	5,653
Poverty related	0.2	2	8	0	1	1,035,469
Other/unknown	0.5	3	7	0	2	970,218

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

c. 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.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

**TABLE D.13**  
**USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>**  
**PENNSYLVANIA, 2007**

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx
<b>All</b>	<b>155,937</b>	<b>\$56</b>	<b>\$8,789,470</b>	<b>100.0</b>	<b>1,281,659</b>	<b>\$7</b>	<b>100.0</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	6	76	458	0.0	15	31	0.0
Drugs for cosmetic purposes	6	21	127	0.0	12	11	0.0
Cough and cold medications	277	50	13,879	0.2	569	24	0.0
Vitamins and minerals	8,535	43	369,200	4.2	30,985	12	2.4
Non-prescription drugs	74,381	48	3,536,964	40.2	682,745	5	53.3
Barbiturates	2,876	69	198,965	2.3	31,441	6	2.5
Benzodiazepines	67,779	66	4,490,765	51.1	526,214	9	41.1
Other Part D Excl Rx Drugs	2,077	86	179,112	2.0	9,678	19	0.8

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 PENNSYLVANIA, 2007

Total Number of Dual Eligible Beneficiaries: 319,842  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$31,030,028  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$97

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	206,502	64.6	\$0	0.0
1-500	104,226	32.6	7,348,789	23.7
501-1,000	3,327	1.0	2,360,496	7.6
1,001-1,500	1,646	0.5	2,009,910	6.5
1,501-2,000	1,026	0.3	1,766,584	5.7
2,001-2,500	635	0.2	1,419,168	4.6
2,501-3,000	469	0.1	1,282,438	4.1
3,001-3,500	347	0.1	1,124,310	3.6
3,501-4,000	255	0.1	951,100	3.1
4,001-4,500	216	0.1	913,867	2.9
4,501-5,000	155	0.0	733,603	2.4
5,001-5,500	145	0.0	759,814	2.4
5,501-6,000	96	0.0	552,339	1.8
6,001-6,500	88	0.0	549,436	1.8
6,501-7,000	90	0.0	606,516	2.0
7,001-7,500	66	0.0	478,789	1.5
7,501-8,000	59	0.0	457,758	1.5
8,001-8,500	60	0.0	494,715	1.6
8,501-9,000	43	0.0	375,993	1.2
9,001-9,500	41	0.0	381,204	1.2
9,501-10,000	44	0.0	427,025	1.4
10,001+	306	0.1	6,036,174	19.5

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 PENNSYLVANIA, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 140,996  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$18,602,198  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$131

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
\$0	90,343	64.1		\$0	0.0
1-500	45,653	32.4		3,543,340	19.0
501-1,000	1,594	1.1		1,136,968	6.1
1,001-1,500	838	0.6		1,020,474	5.5
1,501-2,000	549	0.4		947,791	5.1
2,001-2,500	397	0.3		887,479	4.8
2,501-3,000	296	0.2		807,811	4.3
3,001-3,500	216	0.2		701,059	3.8
3,501-4,000	162	0.1		603,772	3.2
4,001-4,500	138	0.1		586,186	3.2
4,501-5,000	101	0.1		477,336	2.6
5,001-5,500	86	0.1		450,127	2.4
5,501-6,000	67	0.0		385,815	2.1
6,001-6,500	53	0.0		332,348	1.8
6,501-7,000	58	0.0		391,107	2.1
7,001-7,500	49	0.0		355,913	1.9
7,501-8,000	47	0.0		364,832	2.0
8,001-8,500	39	0.0		322,062	1.7
8,501-9,000	26	0.0		227,355	1.2
9,001-9,500	28	0.0		259,918	1.4
9,501-10,000	34	0.0		330,295	1.8
10,001+	222	0.2		4,470,210	24.0

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 PENNSYLVANIA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 177,275  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$10,816,303  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$61

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	115,353	65.1	\$0	0.0
1-500	58,219	32.8	3,755,005	34.7
501-1,000	1,644	0.9	1,158,057	10.7
1,001-1,500	749	0.4	916,793	8.5
1,501-2,000	425	0.2	727,582	6.7
2,001-2,500	207	0.1	461,535	4.3
2,501-3,000	154	0.1	422,186	3.9
3,001-3,500	111	0.1	359,036	3.3
3,501-4,000	74	0.0	276,838	2.6
4,001-4,500	60	0.0	252,094	2.3
4,501-5,000	45	0.0	213,281	2.0
5,001-5,500	47	0.0	247,384	2.3
5,501-6,000	16	0.0	92,177	0.9
6,001-6,500	29	0.0	179,691	1.7
6,501-7,000	20	0.0	134,960	1.2
7,001-7,500	11	0.0	79,774	0.7
7,501-8,000	6	0.0	46,070	0.4
8,001-8,500	19	0.0	156,264	1.4
8,501-9,000	14	0.0	122,642	1.1
9,001-9,500	8	0.0	74,294	0.7
9,501-10,000	6	0.0	58,505	0.5
10,001+	58	0.0	1,082,135	10.0

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 PENNSYLVANIA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 68,799  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$5,406,726  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$78

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	46,492	67.6	\$0	0.0
1-500	20,774	30.2	1,361,476	25.2
501-1,000	535	0.8	376,892	7.0
1,001-1,500	278	0.4	342,037	6.3
1,501-2,000	159	0.2	275,513	5.1
2,001-2,500	110	0.2	243,752	4.5
2,501-3,000	88	0.1	241,339	4.5
3,001-3,500	61	0.1	197,512	3.7
3,501-4,000	50	0.1	187,495	3.5
4,001-4,500	38	0.1	159,433	2.9
4,501-5,000	35	0.1	166,187	3.1
5,001-5,500	34	0.0	179,014	3.3
5,501-6,000	12	0.0	69,434	1.3
6,001-6,500	19	0.0	117,908	2.2
6,501-7,000	14	0.0	94,665	1.8
7,001-7,500	9	0.0	65,240	1.2
7,501-8,000	6	0.0	46,070	0.9
8,001-8,500	14	0.0	115,258	2.1
8,501-9,000	10	0.0	87,673	1.6
9,001-9,500	5	0.0	46,311	0.9
9,501-10,000	4	0.0	38,850	0.7
10,001+	52	0.1	994,667	18.4

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 PENNSYLVANIA, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 59,346  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$3,011,637  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$50

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	38,455	64.8	\$0	0.0
1-500	19,741	33.3	1,273,819	42.3
501-1,000	561	0.9	393,630	13.1
1,001-1,500	246	0.4	298,381	9.9
1,501-2,000	145	0.2	249,470	8.3
2,001-2,500	52	0.1	116,861	3.9
2,501-3,000	42	0.1	115,105	3.8
3,001-3,500	25	0.0	80,444	2.7
3,501-4,000	16	0.0	59,932	2.0
4,001-4,500	14	0.0	58,913	2.0
4,501-5,000	6	0.0	28,445	0.9
5,001-5,500	10	0.0	52,746	1.8
5,501-6,000	1	0.0	5,785	0.2
6,001-6,500	8	0.0	49,422	1.6
6,501-7,000	6	0.0	40,295	1.3
7,001-7,500	2	0.0	14,534	0.5
7,501-8,000	0	0.0	0	0.0
8,001-8,500	3	0.0	24,532	0.8
8,501-9,000	3	0.0	26,056	0.9
9,001-9,500	3	0.0	27,983	0.9
9,501-10,000	2	0.0	19,655	0.7
10,001+	5	0.0	75,629	2.5

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 PENNSYLVANIA, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 49,130  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$2,397,940  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$48

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	30,406	61.9	\$0	0.0
1-500	17,704	36.0	1,119,710	46.7
501-1,000	548	1.1	387,535	16.2
1,001-1,500	225	0.5	276,375	11.5
1,501-2,000	121	0.2	202,599	8.4
2,001-2,500	45	0.1	100,922	4.2
2,501-3,000	24	0.0	65,742	2.7
3,001-3,500	25	0.1	81,080	3.4
3,501-4,000	8	0.0	29,411	1.2
4,001-4,500	8	0.0	33,748	1.4
4,501-5,000	4	0.0	18,649	0.8
5,001-5,500	3	0.0	15,624	0.7
5,501-6,000	3	0.0	16,958	0.7
6,001-6,500	2	0.0	12,361	0.5
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	2	0.0	16,474	0.7
8,501-9,000	1	0.0	8,913	0.4
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	1	0.0	11,839	0.5

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

**APPENDIX TABLE A.3**  
**CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2007**

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>324,597</b>	<b>177,086</b>	<b>144,813</b>	<b>2,580</b>	<b>46</b>	<b>72</b>	<b>3,507,985</b>	<b>1,863,359</b>	<b>1,620,400</b>	<b>23,163</b>	<b>459</b>	<b>604</b>
<b>Age</b>												
5 and younger	16	0	15	0	1	0	186	0	174	0	12	0
6-14	43	0	39	0	4	0	480	0	432	0	48	0
15-20	720	0	685	0	35	0	8,345	0	7,981	0	364	0
21-44	60,221	1	58,888	1,322	6	4	674,031	12	661,693	12,245	35	46
45-64	85,696	10	84,379	1,253	0	54	954,311	98	942,845	10,895	0	473
65-74	69,316	68,520	777	5	0	14	760,133	753,046	6,979	23	0	85
75-84	59,426	59,426	0	0	0	0	628,330	628,330	0	0	0	0
85 and older	49,159	49,129	30	0	0	0	482,169	481,873	296	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	206,270	130,242	74,626	1,316	14	72	2,229,381	1,376,041	840,324	12,274	138	604
Male	118,327	46,844	70,187	1,264	32	0	1,278,604	487,318	780,076	10,889	321	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	232,096	126,008	104,356	1,656	28	48	2,496,051	1,307,343	1,173,180	14,853	290	385
African American	57,333	29,545	27,114	643	14	17	628,500	321,071	301,325	5,811	141	152
Other/unknown	35,168	21,533	13,343	281	4	7	383,434	234,945	145,895	2,499	28	67
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	40,128	37,335	2,793	0	0	0	423,129	391,595	31,534	0	0	0
Part year	25,552	23,306	2,241	5	0	0	225,068	202,551	22,481	36	0	0
None	258,917	116,445	139,779	2,575	46	72	2,859,788	1,269,213	1,566,385	23,127	459	604
<b>Maintenance Assistance Status</b>												
Cash	125,044	63,648	60,654	733	9	0	1,435,698	728,020	700,912	6,671	95	0
Medically needy	597	438	132	20	7	0	5,916	4,380	1,304	171	61	0
Poverty related	100,203	40,130	59,934	61	6	72	1,079,060	431,274	646,668	458	56	604
Other/unknown	98,753	72,870	24,093	1,766	24	0	987,311	699,685	271,516	15,863	247	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	310,878	170,239	137,958	2,563	46	72	3,360,188	1,790,589	1,545,529	23,007	459	604
Full dual, part year	13,719	6,847	6,855	17	0	0	147,797	72,770	74,871	156	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	302,740	171,755	129,943	956	17	69	3,272,499	1,808,289	1,456,046	7,427	168	569
FFS part year, with Rx claims	4,715	1,350	3,190	173	0	2	51,449	14,477	35,455	1,494	0	23
FFS part year, no Rx claims	12,387	3,420	8,607	353	6	1	132,342	34,573	94,560	3,144	53	12
MC all year, with Rx claims	12	5	6	1	0	0	119	42	65	12	0	0
MC all year, no Rx claims	4,743	556	3,067	1,097	23	0	51,576	5,978	34,274	11,086	238	0
	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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 contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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.

**APPENDIX TABLE A.4**  
**MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2007**

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>324,597</b>	<b>3,507,985</b>	<b>319,842</b>	<b>3,373,041</b>	<b>0</b>	<b>134,944</b>
Fee-for-service (FFS) all year	302,740	3,272,499	302,740	3,272,499	0	0
FFS part year, with Rx claims	4,715	51,449	4,715	30,391	0	21,058
FFS part year, with no Rx claims	12,387	132,342	12,387	70,151	0	62,191
Managed care (MC) all year, with Rx claims	12	119	0	0	0	119
MC all year, with no Rx claims	4,743	51,576	0	0	0	51,576

Source: Data for this table are from the MAX 2007 file for Pennsylvania, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

Dual Medicaid Beneficiaries