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STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007  
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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, TEXAS, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>374,366</b>	<b>254,076</b>	<b>118,367</b>	<b>1,600</b>	<b>246</b>	<b>77</b>	<b>3,543,085</b>	<b>2,425,886</b>	<b>1,103,900</b>	<b>10,605</b>	<b>2,041</b>	<b>653</b>
<b>Age</b>												
5 and younger	34	0	29	0	5	0	335	0	300	0	35	0
6-14	94	0	81	0	13	0	979	0	867	0	112	0
15-20	798	0	766	15	17	0	8,354	0	8,117	94	143	0
21-44	46,170	7	44,873	1,167	120	3	419,759	36	411,198	7,521	983	21
45-64	71,363	25	70,811	390	85	52	670,563	162	666,444	2,769	713	475
65-74	98,333	96,929	1,351	26	5	22	931,425	918,509	12,507	203	49	157
75-84	95,857	95,504	350	2	1	0	926,773	923,254	3,495	18	6	0
85 and older	61,717	61,611	106	0	0	0	584,897	583,925	972	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	243,532	177,045	65,021	1,221	168	77	2,308,366	1,694,241	604,118	7,938	1,416	653
Male	130,834	77,031	53,346	379	78	0	1,234,719	731,645	499,782	2,667	625	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	161,590	107,073	53,824	584	72	37	1,546,836	1,023,049	519,002	3,861	651	273
African American	60,358	32,424	27,448	415	57	14	584,348	319,200	261,914	2,665	440	129
Other/unknown	152,418	114,579	37,095	601	117	26	1,411,901	1,083,637	322,984	4,079	950	251
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	50,717	45,518	5,198	0	0	1	531,557	473,952	57,601	0	0	4
Part year	32,302	28,044	4,255	3	0	0	307,653	265,541	42,082	30	0	0
None	291,347	180,514	108,914	1,597	246	76	2,703,875	1,686,393	1,004,217	10,575	2,041	649
<b>Maintenance Assistance Status</b>												
Cash	244,225	157,779	86,000	362	84	0	2,252,328	1,481,976	767,539	2,232	581	0
Medically needy	601	0	0	486	115	0	4,989	0	0	3,897	1,092	0
Poverty-related	4,650	1,545	2,366	646	16	77	42,671	15,671	22,587	3,669	91	653
Other/unknown	124,890	94,752	30,001	106	31	0	1,243,097	928,239	313,774	807	277	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	363,567	247,414	114,271	1,561	244	77	3,435,208	2,358,786	1,063,520	10,229	2,020	653
Full dual, part year	10,799	6,662	4,096	39	2	0	107,877	67,100	40,380	376	21	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	298,544	207,807	89,319	1,174	171	73	3,240,473	2,240,120	989,544	8,569	1,623	617
FFS part year, with Rx claims	26,831	13,897	12,614	262	56	2	70,243	32,754	36,194	1,053	230	12
FFS part year, no Rx claims	36,789	24,117	12,603	68	1	0	89,409	55,618	33,549	239	3	0

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

a. Table 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, TEXAS, 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>40.0</b>	<b>3.3</b>	<b>\$172</b>	<b>\$53</b>	<b>\$10,973</b>	<b>1.6</b>	<b>374,366</b>
<b>Age</b>							
5 and younger	55.9	10.8	1,270	118	33,875	3.8	34
6-14	56.4	10.2	1,847	181	17,852	10.3	94
15-20	69.3	12.0	1,678	140	11,617	14.4	798
21-44	42.1	4.0	329	83	10,678	3.1	46,170
45-64	45.3	4.5	254	56	12,685	2.0	71,363
65-74	38.1	3.1	159	52	7,205	2.2	98,333
75-84	37.5	2.4	82	34	10,651	0.8	95,857
85 and older	38.5	2.8	96	34	15,688	0.6	61,717
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	37.9	2.7	113	41	10,528	1.1	254,076
Disabled	43.8	4.3	278	65	12,016	2.3	118,367
Adults	70.5	11.3	1,262	111	4,439	28.4	1,600
Children	89.0	23.2	3,012	130	12,390	24.3	246
Unknown	80.5	11.4	1,535	134	7,244	21.2	77
<b>Gender</b>							
Female	42.2	3.5	172	50	10,815	1.6	243,532
Male	35.8	2.9	171	58	11,268	1.5	130,834
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	42.0	3.9	190	48	14,287	1.3	161,590
African American	36.2	3.3	190	57	10,056	1.9	60,358
Other/unknown	39.3	2.5	146	57	7,824	1.9	152,418
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	50.1	5.7	211	37	26,302	0.8	50,717
Part year	49.9	4.9	213	44	17,300	1.2	32,302
None	37.1	2.7	161	60	7,604	2.1	291,347
<b>Maintenance Assistance Status</b>							
Cash	38.1	2.7	166	61	4,985	3.3	244,225
Medically needy	90.3	15.5	1,897	122	8,194	23.1	601
Poverty related	40.4	3.5	323	93	2,900	11.1	4,650
Other/unknown	43.3	4.3	169	39	22,997	0.7	124,890

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

a. Table 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, TX, UT, 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, TEXAS, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>0.3</b>	<b>\$18</b>	<b>1.6</b>	<b>60.0</b>	<b>32.1</b>	<b>3.1</b>	<b>2.5</b>	<b>1.3</b>	<b>0.9</b>	<b>\$1,159</b>	<b>374,366</b>	<b>3,543,085</b>
<b>Age</b>												
5 and younger	1.1	129	3.8	44.1	32.4	8.8	8.8	2.9	2.9	3,438	34	335
6-14	1.0	177	10.3	43.6	36.2	5.3	6.4	6.4	2.1	1,714	94	979
15-20	1.1	160	14.4	30.7	44.6	8.8	9.4	3.5	3.0	1,110	798	8,354
21-44	0.4	36	3.1	57.9	30.7	4.3	3.6	1.9	1.6	1,174	46,170	419,759
45-64	0.5	27	2.0	54.7	33.5	4.5	3.5	2.1	1.7	1,350	71,363	670,563
65-74	0.3	17	2.2	61.9	30.8	3.0	2.3	1.1	0.8	761	98,333	931,425
75-84	0.3	9	0.8	62.5	32.4	2.2	1.7	0.9	0.3	1,102	95,857	926,773
85 and older	0.3	10	0.6	61.5	33.0	2.3	2.0	0.9	0.3	1,655	61,717	584,897
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	12	1.1	62.1	31.9	2.5	2.0	1.0	0.5	1,103	254,076	2,425,886
Disabled	0.5	30	2.3	56.2	32.5	4.2	3.4	2.0	1.7	1,288	118,367	1,103,900
Adults	1.7	190	28.4	29.5	29.1	18.5	14.9	3.6	4.4	670	1,600	10,605
Children	2.8	363	24.3	11.0	20.3	25.2	28.0	6.9	8.5	1,493	246	2,041
Unknown	1.3	181	21.2	19.5	35.1	22.1	23.4	0.0	0.0	854	77	653
<b>Gender</b>												
Female	0.4	18	1.6	57.8	33.9	3.3	2.6	1.3	1.0	1,141	243,532	2,308,366
Male	0.3	18	1.5	64.2	28.7	2.8	2.4	1.2	0.7	1,194	130,834	1,234,719
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	20	1.3	58.0	33.3	3.6	2.9	1.4	0.9	1,492	161,590	1,546,836
African American	0.3	20	1.9	63.8	28.6	3.0	2.5	1.2	0.9	1,039	60,358	584,348
Other/unknown	0.3	16	1.9	60.7	32.2	2.7	2.2	1.2	0.9	845	152,418	1,411,901
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.5	20	0.8	49.9	40.6	4.4	3.2	1.5	0.5	2,510	50,717	531,557
Part year	0.5	22	1.2	50.1	40.4	4.0	3.7	1.5	0.5	1,816	32,302	307,653
None	0.3	17	2.1	62.9	29.7	2.8	2.3	1.3	1.0	819	291,347	2,703,875
<b>Maintenance Assistance Status</b>												
Cash	0.3	18	3.3	61.9	30.6	2.8	2.4	1.3	1.0	541	244,225	2,252,328
Medically needy	1.9	229	23.1	9.7	27.1	36.3	24.8	1.5	0.7	987	601	4,989
Poverty related	0.4	35	11.1	59.6	31.5	4.2	2.6	1.1	1.0	316	4,650	42,671
Other/unknown	0.4	17	0.7	56.7	35.1	3.5	2.7	1.3	0.6	2,310	124,890	1,243,097

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

- a. Table 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, TEXAS, 2007**

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
	<b>All</b>	<b>0.3</b>	<b>\$18</b>	<b>\$53</b>	<b>0.1</b>	<b>\$12</b>	<b>\$164</b>	<b>0.0</b>	<b>\$1</b>	<b>\$105</b>	<b>0.3</b>	<b>\$5</b>
<b>Age</b>												
5 and younger	1.1	129	118	0.3	102	333	0.1	5	93	0.7	22	30
6-14	1.0	177	181	0.4	140	379	0.1	25	216	0.5	12	25
15-20	1.1	160	140	0.5	133	289	0.1	11	144	0.6	16	26
21-44	0.4	36	83	0.1	27	254	0.0	3	151	0.3	7	22
45-64	0.5	27	56	0.1	18	183	0.0	2	113	0.4	7	19
65-74	0.3	17	52	0.1	11	148	0.0	2	104	0.2	4	19
75-84	0.3	9	34	0.0	5	105	0.0	1	68	0.2	3	16
85 and older	0.3	10	34	0.1	6	104	0.0	1	65	0.2	4	15
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	12	41	0.1	7	124	0.0	1	85	0.2	4	17
Disabled	0.5	30	65	0.1	21	209	0.0	2	125	0.3	7	20
Adults	1.7	190	111	0.6	141	248	0.1	17	185	1.1	33	31
Children	2.8	363	130	1.0	288	277	0.1	26	174	1.6	45	28
Unknown	1.3	181	134	0.6	155	243	0.0	8	162	0.7	19	28
<b>Gender</b>												
Female	0.4	18	50	0.1	12	158	0.0	1	102	0.3	5	18
Male	0.3	18	58	0.1	12	178	0.0	1	111	0.2	4	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.4	20	48	0.1	13	157	0.0	2	108	0.3	6	18
African American	0.3	20	57	0.1	14	184	0.0	2	104	0.3	5	18
Other/unknown	0.3	16	57	0.1	11	165	0.0	1	101	0.2	4	19
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.5	20	37	0.1	13	117	0.0	1	76	0.4	7	15
Part year	0.5	22	44	0.1	14	131	0.0	1	83	0.4	7	17
None	0.3	17	60	0.1	12	187	0.0	2	114	0.2	4	19
<b>Maintenance Assistance Status</b>												
Cash	0.3	18	61	0.1	12	188	0.0	2	113	0.2	4	20
Medically needy	1.9	229	122	0.7	172	261	0.1	18	191	1.1	39	35
Poverty related	0.4	35	93	0.1	27	212	0.0	3	134	0.2	6	24
Other/unknown	0.4	17	39	0.1	10	125	0.0	1	85	0.3	6	16

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

a. Table 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, TEXAS, 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-	Patent Brand-	Off-Brand-Name Generic	Total	Patented Brand-	Patent Brand-	Off-Brand-Name Generic	Total	Patented Brand-	Patent Brand-	Off-Brand-Name Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Name	Name	Name		Name	Name	Name		Name							
Anti-infective Agents	0.3	0.1	0.0	0.2	\$30	\$22	\$2	\$6	\$111	\$328	\$216	\$29	30,815	\$3,435,322	13,133	3.5	115,550
Biologicals	2.5	2.5	0.0	0.0	10,125	10,125	0	0	4050	4,050	0	0	10	40,499	2	0.0	4
Antineoplastic Agents	0.3	0.0	0.0	0.2	46	26	0	20	166	732	205	82	6,942	1,152,844	2,731	0.7	25,182
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.2	45	38	1	6	99	197	68	23	55,627	5,490,329	13,907	3.7	123,343
Cardiovascular Agents	0.8	0.2	0.1	0.5	40	20	9	11	53	126	93	21	129,550	6,812,406	19,678	5.3	170,820
Respiratory Agents	0.3	0.1	0.0	0.2	11	6	1	3	42	93	57	18	148,726	6,254,235	59,617	15.9	594,622
Gastrointestinal Agents	0.4	0.3	0.0	0.2	45	38	3	4	103	149	129	26	43,004	4,430,090	11,206	3.0	98,722
Genitourinary Agents	0.3	0.2	0.0	0.1	25	20	1	5	80	103	90	40	10,379	828,118	3,686	1.0	32,594
CNS Drugs	0.6	0.1	0.0	0.5	22	13	1	8	36	206	152	15	476,275	17,286,693	81,990	21.9	800,262
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	87	82	1	4	183	218	108	46	1,777	324,376	438	0.1	3,731
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	68	67	0	1	154	157	138	61	15,252	2,347,552	3,760	1.0	34,327
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	19	8	3	9	47	412	299	22	65,128	3,043,085	17,854	4.8	159,170
Neuromuscular Agents	0.6	0.1	0.0	0.5	30	18	3	9	52	207	199	20	116,472	6,096,853	21,500	5.7	201,887
Nutritional Products	0.3	0.1	0.0	0.2	7	3	0	3	22	31	22	17	24,174	542,958	8,025	2.1	77,732
Hematological Agents	0.4	0.1	0.0	0.3	20	16	0	3	46	137	39	11	78,174	3,557,424	18,037	4.8	180,879
Topical Products	0.3	0.1	0.0	0.1	18	13	1	4	63	103	77	24	20,607	1,288,293	8,035	2.1	71,044
Miscellaneous Products	0.4	0.3	0.0	0.1	185	165	13	6	439	603	316	61	3,041	1,336,372	813	0.2	7,222
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	17	0	0	0	115	0	0	0	627	72,037	424	0.1	4,142
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,226,580	64,339,486	n.a.	n.a.	n.a.

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

a. Table 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 Texas, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

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

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



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

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$7,200,595	6,981	1.9	61,337	0.4	\$290	\$117
ANTIANKXIETY AGENTS	5,478,070	65,503	17.5	647,138	0.5	16	8
ANTICONVULSANT	5,280,627	19,621	5.2	186,784	0.5	52	28
COUGH/COLD/ALLERGY	4,066,464	81,652	21.8	827,415	0.2	29	5
ANTIDIABETIC	3,449,070	11,280	3.0	100,088	0.3	98	34
ULCER DRUGS	3,347,756	9,654	2.6	86,557	0.4	110	39
ANTIDEPRESSANTS	2,859,348	12,725	3.4	111,760	0.4	73	26
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,328,282	4,781	1.3	43,680	0.3	153	53
HEMATOPOIETIC AGENTS	2,171,490	18,441	4.9	190,212	0.4	29	11
ANTIHYPERLIPIDEMIC	2,142,948	8,602	2.3	75,927	0.3	89	28
Total	38,324,650	239,240	n.a.	2,330,898	n.a.	n.a.	n.a.

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

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS						ANTI-ANXIETY AGENTS					
	Number of Rx	Rx \$	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>829,022</b>	<b>\$38,324,650</b>	<b>6,981</b>	<b>1.9</b>	<b>61,337</b>	<b>0.4</b>	<b>\$117</b>	<b>65,503</b>	<b>17.5</b>	<b>647,138</b>	<b>0.5</b>	<b>\$9</b>							
<b>Female</b>																			
All Females	575,991	24,854,504	4,155	1.7	36,625	0.4	106	47,695	19.6	472,330	0.5	8							
<b>Female, Disabled</b>																			
All Ages	209,339	11,866,225	2,082	3.2	17,783	0.4	138	14,366	22.1	134,728	0.6	12							
5 and younger	27	4,613	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	113	15,209	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
15-20	1,823	253,927	62	17.3	643	0.4	116	39	10.9	415	0.4	8							
21-44	62,831	4,600,325	1,125	5.2	9,408	0.4	152	4,149	19.2	38,032	0.6	12							
45-64	140,109	6,679,768	859	2.1	7,407	0.4	122	9,945	23.8	93,945	0.6	12							
65-74	3,951	298,734	33	4.0	319	0.6	126	189	23.1	1,901	0.5	8							
75-84	337	9,780	1	0.4	3	1.3	424	29	10.9	270	0.4	6							
85 and older	148	3,869	2	2.4	3	0.7	83	15	18.1	165	0.5	6							
<b>Female, Other Eligibles</b>																			
All Ages	366,652	12,988,279	2,073	1.2	18,842	0.4	77	33,329	18.7	337,602	0.5	7							
5 and younger	6	143	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	21	3,356	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
15-20	134	32,195	5	22.7	50	0.6	313	1	4.5	12	0.2	14							
21-44	3,751	508,608	116	10.7	902	0.3	107	168	15.5	1,303	0.5	8							
45-64	2,358	313,824	45	14.2	389	0.4	153	67	21.1	535	0.5	9							
65-74	133,265	5,832,334	638	1.0	6,078	0.4	106	10,396	16.8	103,370	0.5	8							
75-84	129,250	3,571,124	646	1.0	5,814	0.4	58	12,335	18.7	126,023	0.5	7							
85 and older	97,867	2,726,695	623	1.3	5,609	0.4	53	10,362	21.1	106,359	0.5	5							
<b>Male</b>																			
All Males	253,031	13,470,146	2,826	2.2	24,712	0.4	134	17,808	13.6	174,808	0.5	9							
<b>Male, Disabled</b>																			
All Ages	120,579	7,802,269	1,693	3.2	14,597	0.5	175	7,934	14.9	75,614	0.6	13							
5 and younger	43	4,005	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	139	9,347	1	2.6	12	0.2	13	1	2.6	12	0.1	0							
15-20	2,280	406,922	100	24.6	1,139	0.5	192	37	9.1	400	0.5	14							
21-44	47,670	4,149,792	1,090	4.7	9,079	0.5	197	2,997	12.9	27,388	0.6	14							
45-64	68,101	3,088,975	483	1.7	4,187	0.4	126	4,798	16.5	46,748	0.6	12							
65-74	2,153	138,701	18	3.4	172	0.6	100	85	15.9	878	0.5	9							
75-84	156	2,724	0	0.0	0	0.0	0	13	15.7	156	0.5	5							
85 and older	37	1,803	1	4.3	8	0.3	34	3	13.0	32	0.1	1							
<b>Male, Other Eligibles</b>																			
All Ages	132,452	5,667,877	1,133	1.5	10,115	0.4	75	9,874	12.7	99,194	0.4	7							
5 and younger	3	1,355	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	30	2,504	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
15-20	61	14,592	4	40.0	48	0.7	263	0	0.0	0	0.0	0							
21-44	1,305	209,463	26	12.4	194	0.5	176	57	27.1	432	0.4	11							
45-64	1,284	219,782	24	10.2	150	0.4	146	39	16.6	301	0.4	12							
65-74	60,643	2,766,215	406	1.2	3,749	0.4	94	4,053	11.6	40,754	0.5	8							
75-84	47,913	1,691,600	425	1.4	3,802	0.4	61	3,854	13.1	39,109	0.4	6							
85 and older	21,213	762,366	248	2.0	2,172	0.4	49	1,871	15.1	18,598	0.4	5							
<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 Texas, released by CMS in 4/2010. 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.

Dual Eligible Beneficiaries

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, TEXAS, 2007

Beneficiary Characteristics	ANTICONVULSANT					COUGH/ COLD/ ALLERGY					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of 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 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 Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>19,621</b>	<b>5.2</b>	<b>186,784</b>	<b>0.5</b>	<b>\$28</b>	<b>81,652</b>	<b>21.8</b>	<b>827,415</b>	<b>0.2</b>	<b>\$5</b>	<b>11,280</b>	<b>3.0</b>	<b>100,088</b>	<b>0.3</b>	<b>\$35</b>
<b>Female</b>															
All Females	12,989	5.3	123,633	0.5	26	57,309	23.5	576,888	0.2	5	7,286	3.0	64,891	0.4	36
<b>Female, Disabled</b>															
All Ages	7,102	10.9	65,505	0.6	34	18,309	28.2	176,351	0.2	5	3,018	4.6	26,784	0.4	42
5 and younger	1	10.0	12	0.1	22	1	10.0	12	0.3	3	0	0.0	0	0.0	0
6-14	5	11.9	60	0.4	36	9	21.4	99	0.1	2	0	0.0	0	0.0	0
15-20	78	21.7	816	0.6	115	132	36.8	1,403	0.1	5	12	3.3	127	0.6	83
21-44	2,684	12.4	24,089	0.5	47	6,117	28.3	58,396	0.2	5	554	2.6	4,578	0.4	45
45-64	4,241	10.1	39,615	0.6	24	11,729	28.1	113,168	0.2	5	2,357	5.6	21,162	0.3	41
65-74	86	10.5	867	0.6	38	220	26.9	2,173	0.2	6	93	11.4	913	0.5	52
75-84	6	2.2	43	0.6	36	79	29.6	878	0.2	5	0	0.0	0	0.0	0
85 and older	1	1.2	3	0.3	3	22	26.5	222	0.2	8	2	2.4	4	1.0	11
<b>Female, Other Eligibles</b>															
All Ages	5,887	3.3	58,128	0.5	17	39,000	21.8	400,537	0.2	5	4,268	2.4	38,107	0.4	32
5 and younger	0	0.0	0	0.0	0	2	100.0	17	0.2	7	0	0.0	0	0.0	0
6-14	2	28.6	13	0.3	41	5	71.4	60	0.1	4	0	0.0	0	0.0	0
15-20	4	18.2	37	1.2	341	5	22.7	34	0.1	3	0	0.0	0	0.0	0
21-44	209	19.2	1,776	0.4	68	149	13.7	1,178	0.2	5	126	11.6	1,047	0.3	35
45-64	96	30.3	819	0.4	57	102	32.2	854	0.2	6	103	32.5	937	0.3	49
65-74	2,521	4.1	24,978	0.5	18	16,897	27.3	172,199	0.2	5	2,658	4.3	23,961	0.3	36
75-84	1,843	2.8	18,484	0.5	11	14,905	22.6	154,124	0.2	5	862	1.3	7,634	0.4	22
85 and older	1,212	2.5	12,021	0.5	12	6,935	14.1	72,071	0.2	5	519	1.1	4,528	0.4	22
<b>Male</b>															
All Males	6,632	5.1	63,151	0.6	33	24,343	18.6	250,527	0.2	5	3,994	3.1	35,197	0.3	31
<b>Male, Disabled</b>															
All Ages	4,307	8.1	40,722	0.6	40	8,453	15.8	84,492	0.2	5	1,652	3.1	14,663	0.3	35
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	2	5.1	18	0.2	27	7	17.9	84	0.1	5	0	0.0	0	0.0	0
15-20	99	24.3	1,125	0.5	101	99	24.3	1,033	0.2	6	16	3.9	160	0.3	25
21-44	2,156	9.3	19,812	0.6	52	3,641	15.7	35,923	0.2	4	339	1.5	2,963	0.3	38
45-64	2,003	6.9	19,250	0.6	24	4,587	15.8	46,141	0.2	5	1,247	4.3	11,020	0.3	34
65-74	46	8.6	505	0.5	42	86	16.1	929	0.2	6	49	9.2	519	0.5	47
75-84	1	1.2	12	1.0	12	20	24.1	236	0.1	3	1	1.2	1	1.0	18
85 and older	0	0.0	0	0.0	0	13	56.5	146	0.2	8	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	2,325	3.0	22,429	0.5	20	15,890	20.5	166,035	0.2	5	2,342	3.0	20,534	0.3	29
5 and younger	0	0.0	0	0.0	0	1	33.3	1	1.0	8	0	0.0	0	0.0	0
6-14	1	16.7	12	0.8	12	2	33.3	24	0.1	2	0	0.0	0	0.0	0
15-20	1	10.0	12	0.8	62	1	10.0	12	0.1	2	0	0.0	0	0.0	0
21-44	70	33.3	582	0.4	91	43	20.5	356	0.2	5	53	25.2	492	0.3	64
45-64	62	26.4	488	0.4	76	29	12.3	221	0.2	8	102	43.4	851	0.4	48
65-74	1,202	3.4	11,784	0.5	20	7,318	20.9	75,529	0.2	5	1,371	3.9	12,188	0.3	31
75-84	706	2.4	6,870	0.5	13	6,333	21.4	67,100	0.2	5	598	2.0	5,114	0.4	19
85 and older	283	2.3	2,681	0.5	13	2,163	17.4	22,792	0.2	4	218	1.8	1,889	0.3	17
<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 Texas, released by CMS in 4/2010. 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.

Dual Eligible Beneficiaries

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, TEXAS, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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>9,654</b>	<b>2.6</b>	<b>86,557</b>	<b>0.4</b>	<b>\$39</b>	<b>12,725</b>	<b>3.4</b>	<b>111,760</b>	<b>0.4</b>	<b>\$26</b>	<b>4,781</b>	<b>1.3</b>	<b>43,680</b>	<b>0.3</b>	<b>\$53</b>
<b>Female</b>															
All Females	6,446	2.6	57,773	0.4	39	8,895	3.7	78,480	0.3	26	3,183	1.3	29,493	0.3	54
<b>Female, Disabled</b>															
All Ages	2,758	4.2	24,268	0.4	44	4,307	6.6	36,934	0.3	31	491	0.8	4,682	0.3	86
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	6	14.3	43	0.3	30	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	58	16.2	639	0.3	33	91	25.3	930	0.3	21	2	0.6	24	0.1	6
21-44	779	3.6	6,572	0.4	44	1,669	7.7	14,030	0.4	33	142	0.7	1,252	0.3	120
45-64	1,828	4.4	16,194	0.4	44	2,458	5.9	21,084	0.3	29	324	0.8	3,166	0.3	69
65-74	86	10.5	819	0.5	59	89	10.9	890	0.5	39	22	2.7	238	0.5	133
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	1	1.2	1	1.0	11	0	0.0	0	0.0	0	1	1.2	2	1.0	107
<b>Female, Other Eligibles</b>															
All Ages	3,688	2.1	33,505	0.3	36	4,588	2.6	41,546	0.3	22	2,692	1.5	24,811	0.4	48
5 and younger	1	50.0	11	0.1	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	42.9	25	0.3	38	1	14.3	1	1.0	19	0	0.0	0	0.0	0
15-20	5	22.7	30	0.3	43	7	31.8	42	0.5	29	0	0.0	0	0.0	0
21-44	125	11.5	1,032	0.4	49	332	30.5	2,729	0.3	35	26	2.4	255	0.3	284
45-64	93	29.3	747	0.4	55	188	59.3	1,535	0.3	44	11	3.5	110	0.3	39
65-74	1,798	2.9	16,670	0.3	42	1,592	2.6	14,939	0.3	26	467	0.8	4,554	0.3	42
75-84	794	1.2	7,194	0.3	27	1,214	1.8	10,925	0.3	16	1,058	1.6	9,525	0.4	46
85 and older	869	1.8	7,796	0.3	27	1,254	2.5	11,375	0.4	16	1,130	2.3	10,367	0.4	47
<b>Male</b>															
All Males	3,208	2.5	28,784	0.4	38	3,830	2.9	33,280	0.4	25	1,598	1.2	14,187	0.4	52
<b>Male, Disabled</b>															
All Ages	1,405	2.6	12,786	0.4	41	1,941	3.6	16,680	0.4	29	242	0.5	2,185	0.3	59
5 and younger	7	36.8	74	0.3	32	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	7.7	30	0.8	71	1	2.6	8	0.9	5	0	0.0	0	0.0	0
15-20	49	12.0	505	0.3	32	87	21.4	973	0.4	28	5	1.2	51	0.3	25
21-44	519	2.2	4,652	0.4	43	929	4.0	7,831	0.4	31	86	0.4	763	0.2	66
45-64	781	2.7	7,048	0.4	40	881	3.0	7,444	0.4	26	141	0.5	1,280	0.3	53
65-74	46	8.6	477	0.4	50	42	7.9	416	0.5	33	9	1.7	90	0.7	102
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1.2	1	1.0	157
85 and older	0	0.0	0	0.0	0	1	4.3	8	0.4	4	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	1,803	2.3	15,998	0.3	36	1,889	2.4	16,600	0.4	20	1,356	1.7	12,002	0.4	51
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	1	16.7	7	1.0	126	1	16.7	7	0.1	15	0	0.0	0	0.0	0
15-20	1	10.0	12	0.3	25	1	10.0	12	0.3	15	0	0.0	0	0.0	0
21-44	41	19.5	311	0.4	63	99	47.1	822	0.4	40	10	4.8	82	0.3	200
45-64	56	23.8	464	0.3	37	86	36.6	703	0.3	39	12	5.1	108	0.2	26
65-74	939	2.7	8,419	0.4	40	678	1.9	6,139	0.4	22	348	1.0	3,234	0.4	52
75-84	482	1.6	4,355	0.3	28	642	2.2	5,674	0.4	16	598	2.0	5,147	0.4	49
85 and older	283	2.3	2,430	0.3	28	382	3.1	3,243	0.4	15	388	3.1	3,431	0.4	50
<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 Texas, released by CMS in 4/2010. 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.

Dual Eligible Beneficiaries

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, TEXAS, 2007

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIHYPERTENSIVES						
	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>18,441</b>	<b>4.9</b>	<b>190,212</b>	<b>0.4</b>	<b>\$11</b>	<b>8,602</b>	<b>2.3</b>	<b>75,927</b>	<b>0.3</b>	<b>\$28</b>	<b>374,366</b>	<b>3,543,085</b>
<b>Female</b>												
All Females	12,828	5.3	131,761	0.4	11	5,489	2.3	48,512	0.3	29	243,532	2,308,366
<b>Female, Disabled</b>												
All Ages	2,986	4.6	29,831	0.3	13	2,051	3.2	18,022	0.3	32	65,021	604,118
5 and younger	7	70.0	84	0.3	51	0	0.0	0	0.0	0	10	116
6-14	18	42.9	177	0.4	65	1	2.4	12	0.3	6	42	434
15-20	51	14.2	553	0.2	43	7	1.9	81	0.4	15	359	3,815
21-44	923	4.3	9,185	0.3	10	346	1.6	2,896	0.3	31	21,632	198,063
45-64	1,916	4.6	19,126	0.4	13	1,629	3.9	14,413	0.3	32	41,810	390,796
65-74	50	6.1	518	0.4	23	67	8.2	618	0.4	40	818	7,520
75-84	17	6.4	171	0.3	6	0	0.0	0	0.0	0	267	2,634
85 and older	4	4.8	17	0.3	22	1	1.2	2	0.5	44	83	740
<b>Female, Other Eligibles</b>												
All Ages	9,842	5.5	101,930	0.4	10	3,438	1.9	30,490	0.3	27	178,511	1,704,248
5 and younger	1	50.0	11	0.1	1	0	0.0	0	0.0	0	2	17
6-14	3	42.9	25	0.1	66	0	0.0	0	0.0	0	7	68
15-20	5	22.7	55	0.4	20	0	0.0	0	0.0	0	22	144
21-44	86	7.9	590	0.2	12	53	4.9	442	0.3	35	1,087	7,079
45-64	18	5.7	123	0.2	92	77	24.3	681	0.4	40	317	2,449
65-74	2,952	4.8	30,934	0.3	11	2,087	3.4	18,685	0.3	31	61,917	588,050
75-84	3,945	6.0	41,095	0.4	9	748	1.1	6,306	0.3	20	65,977	637,288
85 and older	2,832	5.8	29,097	0.5	11	473	1.0	4,376	0.3	18	49,182	469,153
<b>Male</b>												
All Males	5,613	4.3	58,451	0.4	13	3,113	2.4	27,415	0.3	27	130,834	1,234,719
<b>Male, Disabled</b>												
All Ages	1,491	2.8	15,364	0.4	18	1,304	2.4	11,792	0.3	29	53,346	499,782
5 and younger	7	36.8	70	0.3	20	1	5.3	12	0.2	24	19	184
6-14	16	41.0	180	0.4	33	2	5.1	24	0.6	10	39	433
15-20	20	4.9	212	0.4	58	8	2.0	86	0.2	21	407	4,302
21-44	346	1.5	3,577	0.4	22	328	1.4	3,010	0.3	30	23,241	213,135
45-64	1,055	3.6	10,824	0.4	16	916	3.2	8,174	0.3	28	29,001	275,648
65-74	39	7.3	405	0.4	7	48	9.0	485	0.5	27	533	4,987
75-84	7	8.4	84	0.4	10	1	1.2	1	1.0	20	83	861
85 and older	1	4.3	12	0.3	24	0	0.0	0	0.0	0	23	232
<b>Male, Other Eligibles</b>												
All Ages	4,122	5.3	43,087	0.4	11	1,809	2.3	15,623	0.3	26	77,488	734,937
5 and younger	1	33.3	1	2.0	1,347	0	0.0	0	0.0	0	3	18
6-14	2	33.3	9	0.3	38	2	33.3	11	0.6	91	6	44
15-20	1	10.0	12	0.8	41	2	20.0	21	0.1	12	10	93
21-44	3	1.4	22	0.1	104	37	17.6	346	0.3	40	210	1,482
45-64	8	3.4	80	0.2	617	70	29.8	596	0.3	30	235	1,670
65-74	1,565	4.5	16,338	0.4	10	1,091	3.1	9,524	0.3	29	35,065	330,868
75-84	1,726	5.8	18,222	0.4	10	417	1.4	3,511	0.3	17	29,530	285,990
85 and older	816	6.6	8,403	0.4	10	190	1.5	1,614	0.3	18	12,429	114,772
<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 Texas, released by CMS in 4/2010. 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 Eligible 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, TEXAS, 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>\$20</b>	<b>0.5</b>	<b>50,717</b>	<b>531,557</b>
<b>Age</b>				
0-64	36	0.9	4,950	55,042
65-74	30	0.7	8,008	86,275
75-84	18	0.5	16,433	172,423
85 and older	14	0.4	21,326	217,817
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	18	0.5	36,024	379,707
Male	25	0.6	14,693	151,850
Unknown	0	0.0	0	0
<b>Race</b>				
White	21	0.6	34,806	360,449
African American	19	0.5	7,003	75,851
Other/unknown	18	0.5	8,908	95,257
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	18	0.5	45,518	473,952
Disabled	39	0.9	5,198	57,601
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	4	0.5	1	4

Source: Data for this table are from the MAX 2007 file for Texas, released by CMS in 4/2010. This table was produced on 10/06/2010.  
 a. Table 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 32,302 beneficiaries who were in nursing facilities for part of their enrollment and their 307,653 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, TEXAS, 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	0.2	0.1	0.0	0.2	\$14	\$9	\$1	\$5	\$59	\$148	\$159	\$26	4,008	\$236,094	1,758	3.5	16,534
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.3	0.0	0.0	0.3	32	5	0	27	104	584	0	90	2,161	225,226	738	1.5	6,949
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.3	39	34	1	4	71	143	68	14	11,574	826,175	2,276	4.5	20,960
Cardiovascular Agents	1.0	0.1	0.1	0.7	32	11	7	13	31	77	67	17	31,379	987,256	3,436	6.8	31,333
Respiratory Agents	0.3	0.1	0.0	0.2	10	6	1	3	37	93	53	17	15,890	592,748	5,413	10.7	58,889
Gastrointestinal Agents	0.5	0.2	0.0	0.3	36	25	3	8	71	131	95	28	9,364	668,567	1,987	3.9	18,720
Genitourinary Agents	0.4	0.3	0.0	0.1	28	22	1	6	72	86	74	44	3,313	237,166	911	1.8	8,322
CNS Drugs	0.6	0.1	0.0	0.6	17	9	0	7	27	134	78	13	125,277	3,342,777	18,332	36.1	197,638
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	78	75	0	3	165	199	0	30	218	36,057	50	0.1	463
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	76	76	0	0	135	135	0	63	7,996	1,080,057	1,564	3.1	14,126
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	14	2	4	8	29	93	268	18	7,732	226,404	1,791	3.5	16,764
Neuromuscular Agents	0.7	0.1	0.0	0.6	25	13	1	11	35	128	135	18	24,630	862,792	3,256	6.4	34,144
Nutritional Products	0.4	0.1	0.0	0.3	8	3	0	4	18	24	18	15	8,105	148,606	1,952	3.8	19,438
Hematological Agents	0.6	0.1	0.0	0.5	17	13	0	5	28	110	58	9	31,950	907,577	4,927	9.7	52,493
Topical Products	0.3	0.1	0.0	0.2	18	13	2	4	53	87	73	23	4,792	253,908	1,473	2.9	13,838
Miscellaneous Products	0.2	0.1	0.0	0.1	41	39	0	3	239	721	0	21	180	43,012	111	0.2	1,048
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	12	0	0	0	78	0	0	0	135	10,540	80	0.2	854
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	288,704	10,684,962	n.a.	n.a.	n.a.

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

- a. Table 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 32,302 beneficiaries who were in nursing facilities for part of their enrollment and their 307,653 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 Texas, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
- 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, TEXAS, 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	
ANTIPSYCHOTICS	\$1,298,650	1,657	3.3	15,624	0.5	\$183	\$83	
ANTIANKXIETY AGENTS	1,129,000	15,355	30.3	168,458	0.5	13	7	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,080,057	2,148	4.2	19,297	0.4	135	56	
ANTICONVULSANT	716,403	3,126	6.2	33,230	0.7	33	22	
ANTIDEPRESSANTS	556,227	2,784	5.5	25,838	0.4	52	22	
HEMATOPOIETIC AGENTS	539,712	3,847	7.6	42,291	0.6	20	13	
ULCER DRUGS	539,296	1,728	3.4	16,482	0.4	86	33	
ANTIDIABETIC	409,248	1,647	3.2	15,462	0.5	55	26	
HYPNOTICS	356,685	3,132	6.2	34,019	0.5	19	10	
PROGESTINS	327,094	305	0.6	3,092	0.2	433	106	
Total	6,952,372	35,729	n.a.	373,793	n.a.	n.a.	n.a.	

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

a. Table 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 32,302 beneficiaries who were in nursing facilities for part of their enrollment and their 307,653 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.

Dual Eligible Beneficiaries

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, TEXAS, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTIANSIETY 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>196,123</b>	<b>\$6,952,372</b>	<b>1,657</b>	<b>3.3</b>	<b>15,624</b>	<b>0.5</b>	<b>\$83</b>	<b>15,355</b>	<b>30.3</b>	<b>168,458</b>	<b>0.5</b>	<b>\$7</b>	
<b>Female</b>													
All Females	136,054	4,559,879	1,039	2.9	9,836	0.5	82	11,241	31.2	123,866	0.5	7	
<b>Female, Disabled</b>													
All Ages	18,652	788,454	117	4.8	1,215	0.6	139	1,043	42.9	11,983	0.6	9	
64 or younger	17,239	689,879	98	4.3	1,050	0.5	129	983	42.8	11,309	0.6	9	
65-74	1,352	95,305	17	14.4	161	0.7	193	55	46.6	624	0.6	8	
75-84	41	2,816	1	11.1	3	1.3	424	3	33.3	30	0.6	6	
85 and older	20	454	1	11.1	1	1.0	133	2	22.2	20	0.7	5	
<b>Female, Other Eligibles</b>													
All Ages	117,402	3,771,425	922	2.7	8,621	0.5	73	10,198	30.4	111,883	0.5	6	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	23,956	860,484	217	5.0	2,195	0.5	99	1,602	36.7	17,990	0.6	8	
75-84	44,681	1,394,161	347	3.0	3,162	0.5	68	3,755	32.7	41,465	0.5	7	
85 and older	48,765	1,516,780	358	2.0	3,264	0.4	62	4,841	27.3	52,428	0.5	5	
<b>Male</b>													
All Males	60,069	2,392,493	618	4.2	5,788	0.4	86	4,114	28.0	44,592	0.5	7	
<b>Male, Disabled</b>													
All Ages	18,013	728,929	117	4.2	1,194	0.5	128	1,015	36.7	11,610	0.6	10	
64 or younger	17,014	668,423	112	4.2	1,134	0.5	130	974	36.7	11,164	0.6	10	
65-74	968	60,054	5	4.9	60	1.0	94	37	36.3	398	0.5	7	
75-84	31	452	0	0.0	0	0.0	0	4	44.4	48	0.4	4	
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	42,056	1,663,564	501	4.2	4,594	0.4	75	3,099	26.0	32,982	0.5	7	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	16,091	669,656	164	4.8	1,629	0.4	98	1,001	29.2	10,984	0.5	8	
75-84	16,774	643,524	204	4.1	1,786	0.4	71	1,297	26.2	13,738	0.5	6	
85 and older	9,191	350,384	133	3.7	1,179	0.4	49	801	22.5	8,260	0.4	5	
<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 Texas, released by CMS in 4/2010. 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 32,302 beneficiaries who were in nursing facilities for part of their enrollment and their 307,653 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, TEXAS, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT					ANTIDEPRESSANTS				
	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>2,148</b>	<b>4.2</b>	<b>19,297</b>	<b>0.4</b>	<b>\$56</b>	<b>3,126</b>	<b>6.2</b>	<b>33,230</b>	<b>0.7</b>	<b>\$22</b>	<b>2,784</b>	<b>5.5</b>	<b>25,838</b>	<b>0.4</b>	<b>\$22</b>
<b>Female</b>															
All Females	1,453	4.0	13,144	0.4	55	2,029	5.6	21,613	0.7	20	1,872	5.2	17,491	0.4	21
<b>Female, Disabled</b>															
All Ages	63	2.6	645	0.5	121	412	16.9	4,626	0.8	33	217	8.9	2,266	0.5	36
64 or younger	52	2.3	538	0.5	131	388	16.9	4,367	0.8	32	186	8.1	1,968	0.5	33
65-74	11	9.3	107	0.5	71	22	18.6	253	0.8	51	31	26.3	298	0.7	56
75-84	0	0.0	0	0.0	0	2	22.2	6	1.2	215	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	1,390	4.1	12,499	0.4	52	1,617	4.8	16,987	0.6	16	1,655	4.9	15,225	0.4	19
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	172	3.9	1,590	0.4	51	467	10.7	5,108	0.7	21	322	7.4	3,170	0.4	25
75-84	577	5.0	4,997	0.4	52	594	5.2	6,159	0.6	16	630	5.5	5,584	0.4	18
85 and older	641	3.6	5,912	0.4	52	556	3.1	5,720	0.6	13	703	4.0	6,471	0.4	17
<b>Male</b>															
All Males	695	4.7	6,153	0.4	58	1,097	7.5	11,617	0.7	25	912	6.2	8,347	0.4	22
<b>Male, Disabled</b>															
All Ages	53	1.9	503	0.5	69	432	15.6	4,892	0.8	30	193	7.0	1,996	0.5	28
64 or younger	45	1.7	426	0.4	61	413	15.6	4,673	0.8	29	173	6.5	1,784	0.4	28
65-74	7	6.9	76	0.7	113	19	18.6	219	0.7	53	20	19.6	212	0.6	33
75-84	1	11.1	1	1.0	157	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	642	5.4	5,650	0.4	57	665	5.6	6,725	0.6	20	719	6.0	6,351	0.4	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	132	3.9	1,286	0.4	63	305	8.9	3,219	0.6	25	222	6.5	2,126	0.4	25
75-84	315	6.4	2,656	0.4	56	247	5.0	2,411	0.6	16	291	5.9	2,510	0.4	19
85 and older	195	5.5	1,708	0.4	53	113	3.2	1,095	0.5	15	206	5.8	1,715	0.4	16
<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 Texas, released by CMS in 4/2010. 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 32,302 beneficiaries who were in nursing facilities for part of their enrollment and their 307,653 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, TEXAS, 2007

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ULCER DRUGS					ANTIDIABETIC				
	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>3,847</b>	<b>7.6</b>	<b>42,291</b>	<b>0.6</b>	<b>\$13</b>	<b>1,728</b>	<b>3.4</b>	<b>16,482</b>	<b>0.4</b>	<b>\$33</b>	<b>1,647</b>	<b>3.2</b>	<b>15,462</b>	<b>0.5</b>	<b>\$27</b>
<b>Female</b>															
All Females	2,515	7.0	27,827	0.6	13	1,077	3.0	10,235	0.4	32	977	2.7	9,297	0.5	28
<b>Female, Disabled</b>															
All Ages	249	10.2	2,801	0.6	16	142	5.8	1,548	0.4	40	133	5.5	1,449	0.6	36
64 or younger	237	10.3	2,689	0.6	16	119	5.2	1,324	0.4	38	119	5.2	1,311	0.6	36
65-74	11	9.3	111	0.7	8	22	18.6	223	0.6	51	14	11.9	138	0.7	35
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	1	11.1	1	1.0	9	1	11.1	1	1.0	11	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	2,266	6.7	25,026	0.6	13	935	2.8	8,687	0.4	30	844	2.5	7,848	0.5	26
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	359	8.2	4,123	0.6	13	174	4.0	1,770	0.4	34	221	5.1	2,247	0.5	30
75-84	855	7.5	9,575	0.6	11	320	2.8	2,979	0.4	30	358	3.1	3,154	0.5	25
85 and older	1,052	5.9	11,328	0.6	14	441	2.5	3,938	0.3	28	265	1.5	2,447	0.5	23
<b>Male</b>															
All Males	1,332	9.1	14,464	0.6	12	651	4.4	6,247	0.4	35	670	4.6	6,165	0.5	25
<b>Male, Disabled</b>															
All Ages	253	9.2	2,816	0.7	18	159	5.8	1,690	0.4	41	138	5.0	1,462	0.6	36
64 or younger	240	9.1	2,683	0.7	18	143	5.4	1,507	0.4	40	122	4.6	1,289	0.6	33
65-74	12	11.8	121	0.8	6	16	15.7	183	0.5	56	15	14.7	172	0.7	59
75-84	1	11.1	12	0.9	7	0	0.0	0	0.0	0	1	11.1	1	1.0	18
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	1,079	9.0	11,648	0.6	11	492	4.1	4,557	0.4	32	532	4.5	4,703	0.4	21
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	382	11.2	4,234	0.7	11	162	4.7	1,597	0.4	39	195	5.7	1,766	0.5	27
75-84	424	8.6	4,567	0.6	11	198	4.0	1,832	0.3	29	227	4.6	2,004	0.4	19
85 and older	273	7.7	2,847	0.6	10	132	3.7	1,128	0.3	28	110	3.1	933	0.4	15
<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 Texas, released by CMS in 4/2010. 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 32,302 beneficiaries who were in nursing facilities for part of their enrollment and their 307,653 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, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 2007

Beneficiary Characteristics	HYPNOTICS					PROGESTINS					All-Year Nursing Facility Residents	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 \$		
<b>All</b>	<b>3,132</b>	<b>6.2</b>	<b>34,019</b>	<b>0.5</b>	<b>\$11</b>	<b>305</b>	<b>0.6</b>	<b>3,092</b>	<b>0.2</b>	<b>\$106</b>	<b>50,717</b>	<b>531,557</b>
<b>Female</b>												
All Females	2,097	5.8	22,720	0.5	11	217	0.6	2,176	0.2	106	36,024	379,707
<b>Female, Disabled</b>												
All Ages	314	12.9	3,640	0.6	10	8	0.3	75	0.3	88	2,434	27,058
64 or younger	293	12.8	3,414	0.6	10	7	0.3	70	0.2	84	2,298	25,661
65-74	19	16.1	210	0.6	21	1	0.8	5	0.8	133	118	1,241
75-84	1	11.1	12	1.0	7	0	0.0	0	0.0	0	9	90
85 and older	1	11.1	4	1.0	52	0	0.0	0	0.0	0	9	66
<b>Female, Other Eligibles</b>												
All Ages	1,783	5.3	19,080	0.5	11	209	0.6	2,101	0.2	107	33,590	352,649
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	384	8.8	4,202	0.6	10	12	0.3	101	0.2	71	4,362	47,591
75-84	726	6.3	7,751	0.5	11	79	0.7	793	0.2	108	11,468	121,732
85 and older	673	3.8	7,127	0.5	12	118	0.7	1,207	0.2	109	17,760	183,326
<b>Male</b>												
All Males	1,035	7.0	11,299	0.5	9	88	0.6	916	0.3	104	14,693	151,850
<b>Male, Disabled</b>												
All Ages	320	11.6	3,642	0.6	8	18	0.7	212	0.3	119	2,764	30,543
64 or younger	309	11.7	3,526	0.6	8	17	0.6	200	0.3	116	2,651	29,380
65-74	11	10.8	116	0.5	11	1	1.0	12	0.3	160	102	1,062
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	86
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	15
<b>Male, Other Eligibles</b>												
All Ages	715	6.0	7,657	0.5	10	70	0.6	704	0.3	100	11,929	121,307
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	249	7.3	2,816	0.6	9	21	0.6	217	0.3	113	3,426	36,381
75-84	279	5.6	2,868	0.5	11	22	0.4	227	0.2	99	4,947	50,515
85 and older	187	5.3	1,973	0.4	10	27	0.8	260	0.3	91	3,555	34,410
<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 Texas, released by CMS in 4/2010. 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 32,302 beneficiaries who were in nursing facilities for part of their enrollment and their 307,653 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>  
 TEXAS, 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>140,086</b>	<b>37.4</b>	<b>2.0</b>	<b>755,797</b>	<b>\$31</b>	<b>\$11,765,931</b>	<b>\$16</b>	<b>18.3</b>	<b>374,366</b>
<b>Age</b>									
5 and younger	21	61.8	4.4	151	163	5,539	37	12.8	34
6-14	66	70.2	4.1	383	57	5,319	14	3.1	94
15-20	298	37.3	1.9	1,500	30	24,191	16	1.8	798
21-44	15,847	34.3	2.0	93,077	34	1,550,362	17	10.2	46,170
45-64	29,253	41.0	2.7	192,473	43	3,063,807	16	16.9	71,363
65-74	36,258	36.9	1.8	181,504	30	2,902,544	16	18.6	98,333
75-84	36,541	38.1	1.9	179,415	29	2,733,985	15	34.6	95,857
85 and older	21,802	35.3	1.7	107,294	24	1,480,184	14	25.0	61,717
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	93,846	36.9	1.8	463,830	28	7,047,061	15	24.6	254,076
Disabled	45,540	38.5	2.4	289,518	39	4,667,037	16	14.2	118,367
Adults	536	33.5	1.1	1,802	20	31,230	17	1.5	1,600
Children	138	56.1	2.3	555	73	17,966	32	2.4	246
Unknown	26	33.8	1.2	92	34	2,637	29	2.2	77
<b>Gender</b>									
Female	96,624	39.7	2.2	526,609	34	8,182,691	16	19.5	243,532
Male	43,462	33.2	1.8	229,188	27	3,583,240	16	16.0	130,834
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	61,704	38.2	2.4	380,689	35	5,655,931	15	18.5	161,590
African American	18,103	30.0	1.6	97,031	26	1,554,180	16	13.5	60,358
Other/unknown	60,279	39.5	1.8	278,077	30	4,555,820	16	20.5	152,418
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	20,551	40.5	2.7	135,694	37	1,860,681	14	17.4	50,717
Part year	13,349	41.3	2.0	65,536	28	888,836	14	12.9	32,302
None	106,186	36.4	1.9	554,567	31	9,016,414	16	19.3	291,347
<b>Maintenance Assistance Status</b>									
Cash	91,263	37.4	1.8	450,812	31	7,515,156	17	18.5	244,225
Medically needy	273	45.4	1.5	881	26	15,577	18	1.4	601
Poverty related	1,014	21.8	0.7	3,161	11	51,231	16	3.4	4,650
Other/unknown	47,536	38.1	2.4	300,943	34	4,183,967	14	19.8	124,890

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

a. Table 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>  
 TEXAS, 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>0.2</b>	<b>\$3</b>	<b>\$16</b>	<b>\$0</b>	<b>\$2</b>	<b>3,543,085</b>
<b>Age</b>						
5 and younger	0.5	17	37	0	0	335
6-14	0.4	5	14	0	0	979
15-20	0.2	3	16	0	1	8,354
21-44	0.2	4	17	0	2	419,759
45-64	0.3	5	16	0	3	670,563
65-74	0.2	3	16	0	1	931,425
75-84	0.2	3	15	0	1	926,773
85 and older	0.2	3	14	0	1	584,897
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.2	3	15	0	1	2,425,886
Disabled	0.3	4	16	0	3	1,103,900
Adults	0.2	3	17	0	1	10,605
Children	0.3	9	32	0	2	2,041
Unknown	0.1	4	29	0	1	653
<b>Gender</b>						
Female	0.2	4	16	0	2	2,308,366
Male	0.2	3	16	0	2	1,234,719
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.2	4	15	0	2	1,546,836
African American	0.2	3	16	0	2	584,348
Other/unknown	0.2	3	16	0	1	1,411,901
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.3	4	14	0	3	531,557
Part year	0.2	3	14	0	2	307,653
None	0.2	3	16	0	2	2,703,875
<b>Maintenance Assistance Status</b>						
Cash	0.2	3	17	0	2	2,252,328
Medically needy	0.2	3	18	0	2	4,989
Poverty related	0.1	1	16	0	1	42,671
Other/unknown	0.2	3	14	0	2	1,243,097

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

a. Table 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>  
 TEXAS, 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>182,987</b>	<b>\$64</b>	<b>\$11,765,931</b>	<b>100.0</b>	<b>755,797</b>	<b>\$16</b>	<b>100.0</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	41,878	62	2,614,708	22.2	91,497	29	12.1
Vitamins and minerals	6,950	67	464,280	3.9	21,338	22	2.8
Non-prescription drugs	51,141	36	1,841,337	15.6	174,631	11	23.1
Barbiturates	2,519	71	179,654	1.5	19,864	9	2.6
Benzodiazepines	77,560	83	6,420,185	54.6	441,089	15	58.4
Other Part D Excl Rx Drugs	2,939	84	245,767	2.1	7,378	33	1.0

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

a. Table 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.

Dual Eligible Beneficiaries

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

Total Number of Dual Eligible Beneficiaries: 374,366  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$64,339,486  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$171

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	224,788	60.0	\$0	0.0
1-500	127,815	34.1	12,072,375	18.8
501-1,000	8,077	2.2	5,705,612	8.9
1,001-1,500	3,777	1.0	4,645,954	7.2
1,501-2,000	2,315	0.6	4,020,714	6.2
2,001-2,500	1,662	0.4	3,718,317	5.8
2,501-3,000	1,173	0.3	3,207,911	5.0
3,001-3,500	863	0.2	2,792,459	4.3
3,501-4,000	689	0.2	2,578,261	4.0
4,001-4,500	553	0.1	2,345,741	3.6
4,501-5,000	403	0.1	1,912,706	3.0
5,001-5,500	295	0.1	1,544,439	2.4
5,501-6,000	253	0.1	1,455,054	2.3
6,001-6,500	207	0.1	1,293,624	2.0
6,501-7,000	160	0.0	1,081,229	1.7
7,001-7,500	148	0.0	1,071,977	1.7
7,501-8,000	147	0.0	1,140,099	1.8
8,001-8,500	126	0.0	1,037,842	1.6
8,501-9,000	84	0.0	736,323	1.1
9,001-9,500	99	0.0	914,229	1.4
9,501-10,000	81	0.0	788,846	1.2
10,001+	651	0.2	10,275,774	16.0

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

a. 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.

All Medicaid Beneficiaries

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

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 116,560  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$32,065,524  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$275

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	65,551	56.2		\$0	0.0
1-500	41,026	35.2		4,467,997	13.9
501-1,000	3,334	2.9		2,372,110	7.4
1,001-1,500	1,668	1.4		2,056,543	6.4
1,501-2,000	1,046	0.9		1,818,890	5.7
2,001-2,500	743	0.6		1,663,424	5.2
2,501-3,000	573	0.5		1,569,039	4.9
3,001-3,500	445	0.4		1,439,128	4.5
3,501-4,000	340	0.3		1,270,500	4.0
4,001-4,500	274	0.2		1,162,961	3.6
4,501-5,000	221	0.2		1,048,854	3.3
5,001-5,500	150	0.1		786,835	2.5
5,501-6,000	156	0.1		897,778	2.8
6,001-6,500	118	0.1		739,448	2.3
6,501-7,000	72	0.1		486,678	1.5
7,001-7,500	81	0.1		586,770	1.8
7,501-8,000	91	0.1		704,237	2.2
8,001-8,500	74	0.1		610,304	1.9
8,501-9,000	50	0.0		438,536	1.4
9,001-9,500	60	0.1		554,132	1.7
9,501-10,000	51	0.0		496,725	1.5
10,001+	436	0.4		6,894,635	21.5

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

- a. 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.

All Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 65+: 255,907  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$29,443,015  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$115

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	158,718	62.0	0	0.0
1-500	86,208	33.7	7,507,447	25.5
501-1,000	4,539	1.8	3,182,540	10.8
1,001-1,500	1,995	0.8	2,447,743	8.3
1,501-2,000	1,170	0.5	2,029,624	6.9
2,001-2,500	847	0.3	1,893,166	6.4
2,501-3,000	560	0.2	1,530,810	5.2
3,001-3,500	383	0.1	1,241,477	4.2
3,501-4,000	312	0.1	1,168,098	4.0
4,001-4,500	246	0.1	1,042,664	3.5
4,501-5,000	161	0.1	763,203	2.6
5,001-5,500	125	0.0	652,830	2.2
5,501-6,000	79	0.0	454,031	1.5
6,001-6,500	84	0.0	523,017	1.8
6,501-7,000	76	0.0	513,872	1.7
7,001-7,500	55	0.0	398,271	1.4
7,501-8,000	48	0.0	374,109	1.3
8,001-8,500	47	0.0	386,893	1.3
8,501-9,000	23	0.0	201,519	0.7
9,001-9,500	34	0.0	314,182	1.1
9,501-10,000	26	0.0	252,972	0.9
10,001+	171	0.1	2,564,547	8.7

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

a. 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.

All Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 65-74: 98,333  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$15,636,507  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$159

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	60,823	61.9	\$0	0.0
1-500	32,045	32.6	2,959,991	18.9
501-1,000	1,965	2.0	1,384,929	8.9
1,001-1,500	907	0.9	1,110,325	7.1
1,501-2,000	606	0.6	1,054,845	6.7
2,001-2,500	454	0.5	1,015,908	6.5
2,501-3,000	336	0.3	922,122	5.9
3,001-3,500	240	0.2	776,071	5.0
3,501-4,000	187	0.2	701,998	4.5
4,001-4,500	156	0.2	659,654	4.2
4,501-5,000	105	0.1	497,963	3.2
5,001-5,500	80	0.1	416,670	2.7
5,501-6,000	49	0.0	281,850	1.8
6,001-6,500	58	0.1	361,448	2.3
6,501-7,000	52	0.1	351,040	2.2
7,001-7,500	30	0.0	217,444	1.4
7,501-8,000	30	0.0	233,970	1.5
8,001-8,500	32	0.0	263,881	1.7
8,501-9,000	16	0.0	140,619	0.9
9,001-9,500	22	0.0	203,341	1.3
9,501-10,000	14	0.0	136,290	0.9
10,001+	126	0.1	1,946,148	12.4

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

a. 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.

All Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 75-84: 95,857  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$7,896,214  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$82

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	59,928	62.5	\$0	0.0
1-500	32,874	34.3	2,754,969	34.9
501-1,000	1,458	1.5	1,012,083	12.8
1,001-1,500	570	0.6	698,753	8.8
1,501-2,000	321	0.3	554,533	7.0
2,001-2,500	209	0.2	464,804	5.9
2,501-3,000	117	0.1	316,754	4.0
3,001-3,500	80	0.1	261,312	3.3
3,501-4,000	70	0.1	261,138	3.3
4,001-4,500	45	0.0	190,843	2.4
4,501-5,000	39	0.0	185,201	2.3
5,001-5,500	24	0.0	126,862	1.6
5,501-6,000	13	0.0	74,756	0.9
6,001-6,500	19	0.0	117,673	1.5
6,501-7,000	12	0.0	81,679	1.0
7,001-7,500	16	0.0	115,423	1.5
7,501-8,000	9	0.0	70,305	0.9
8,001-8,500	9	0.0	73,988	0.9
8,501-9,000	5	0.0	43,211	0.5
9,001-9,500	6	0.0	55,947	0.7
9,501-10,000	6	0.0	57,903	0.7
10,001+	27	0.0	378,077	4.8

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

a. 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.

All Medicaid Beneficiaries



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

Total Number of Dual Eligible Beneficiaries, Age 85+: 61,717  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$5,910,294  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$95

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	37,967	61.5	\$0	0.0
1-500	21,289	34.5	1,792,487	30.3
501-1,000	1,116	1.8	785,528	13.3
1,001-1,500	518	0.8	638,665	10.8
1,501-2,000	243	0.4	420,246	7.1
2,001-2,500	184	0.3	412,454	7.0
2,501-3,000	107	0.2	291,934	4.9
3,001-3,500	63	0.1	204,094	3.5
3,501-4,000	55	0.1	204,962	3.5
4,001-4,500	45	0.1	192,167	3.3
4,501-5,000	17	0.0	80,039	1.4
5,001-5,500	21	0.0	109,298	1.8
5,501-6,000	17	0.0	97,425	1.6
6,001-6,500	7	0.0	43,896	0.7
6,501-7,000	12	0.0	81,153	1.4
7,001-7,500	9	0.0	65,404	1.1
7,501-8,000	9	0.0	69,834	1.2
8,001-8,500	6	0.0	49,024	0.8
8,501-9,000	2	0.0	17,689	0.3
9,001-9,500	6	0.0	54,894	0.9
9,501-10,000	6	0.0	58,779	1.0
10,001+	18	0.0	240,322	4.1

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

a. 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.

All Medicaid Beneficiaries

**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 BENEFICIARIES, TEXAS, 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>392,754</b>	<b>267,240</b>	<b>123,572</b>	<b>1,618</b>	<b>247</b>	<b>77</b>	<b>4,320,179</b>	<b>2,923,076</b>	<b>1,381,790</b>	<b>12,238</b>	<b>2,416</b>	<b>659</b>
<b>Age</b>												
5 and younger	34	0	29	0	5	0	360	0	308	0	52	0
6-14	95	0	81	0	14	0	1,026	0	896	0	130	0
15-20	804	0	772	15	17	0	9,019	0	8,723	118	178	0
21-44	48,485	7	47,173	1,182	120	3	538,956	53	528,953	8,787	1,142	21
45-64	74,174	25	73,619	393	85	52	827,237	190	822,606	3,103	859	479
65-74	104,330	102,870	1,407	26	5	22	1,163,892	1,148,676	14,802	206	49	159
75-84	101,230	100,850	377	2	1	0	1,121,208	1,116,865	4,313	24	6	0
85 and older	63,602	63,488	114	0	0	0	658,481	657,292	1,189	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	255,359	186,123	67,756	1,235	168	77	2,819,671	2,045,737	762,373	9,209	1,693	659
Male	137,395	81,117	55,816	383	79	0	1,500,508	877,339	619,417	3,029	723	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	165,367	109,588	55,077	592	73	37	1,779,778	1,157,837	616,618	4,319	731	273
African American	66,292	35,722	30,079	420	57	14	731,771	393,415	334,487	3,154	582	133
Other/unknown	161,095	121,930	38,416	606	117	26	1,808,630	1,371,824	430,685	4,765	1,103	253
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	50,720	45,521	5,198	0	0	1	531,764	474,123	57,637	0	0	4
Part year	32,447	28,163	4,281	3	0	0	325,516	280,185	45,301	30	0	0
None	309,587	193,556	114,093	1,615	247	76	3,462,899	2,168,768	1,278,852	12,208	2,416	655
<b>Maintenance Assistance Status</b>												
Cash	261,745	170,575	90,718	368	84	0	2,950,190	1,935,847	1,010,518	2,991	834	0
Medically needy	601	0	0	486	115	0	5,114	0	0	3,984	1,130	0
Poverty related	4,662	1,545	2,366	657	17	77	46,971	17,042	24,834	4,294	142	659
Other/unknown	125,746	95,120	30,488	107	31	0	1,317,904	970,187	346,438	969	310	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	381,955	260,578	119,476	1,579	245	77	4,205,869	2,852,869	1,338,124	11,824	2,393	659
Full dual, part year	10,799	6,662	4,096	39	2	0	114,310	70,207	43,666	414	23	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	298,544	207,807	89,319	1,174	171	73	3,240,473	2,240,120	989,544	8,569	1,623	617
FFS part year, with Rx claims	26,831	13,897	12,614	262	56	2	306,823	159,063	144,789	2,354	599	18
FFS part year, no Rx claims	36,789	24,117	12,603	68	1	0	419,595	275,257	143,848	483	7	0
MC all year, with Rx claims	12,202	8,255	3,831	96	18	2	142,960	97,394	44,613	744	185	24
MC all year, no Rx claims	18,388	13,164	5,205	18	1	0	210,328	151,242	58,996	88	2	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 Texas, released by CMS in 4/2010. 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 BENEFICIARIES, TEXAS, 2007

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F 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>392,754</b>	<b>4,320,179</b>	<b>374,366</b>	<b>3,543,085</b>	<b>0</b>	<b>777,094</b>
Fee-for-service (FFS) all year	298,544	3,240,473	298,544	3,240,473	0	0
FFS part year, with Rx claims	26,831	306,823	26,831	70,243	0	236,580
FFS part year, with no Rx claims	36,789	419,595	36,789	89,409	0	330,186
Managed care (MC) all year, with Rx claims	12,202	142,960	12,202	142,960	0	0
MC all year, with no Rx claims	18,388	210,328	0	0	0	210,328

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

a. 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.

All Medicaid Beneficiaries