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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
D.C.**

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	53,553	1,070	23,690	8,451	20,333	9	370,807	10,430	230,920	31,056	98,294	107
Age												
5 and younger	8,911	0	617	4	8,290	0	35,880	0	4,559	16	31,305	0
6-14	8,604	1	1,667	3	6,933	0	51,040	10	14,812	14	36,204	0
15-20	7,342	0	1,562	791	4,989	0	48,472	0	15,389	2,817	30,266	0
21-44	13,672	2	7,162	6,393	115	0	92,635	8	69,103	23,068	456	0
45-64	13,463	3	12,199	1,253	0	8	127,442	13	122,223	5,111	0	95
65-74	896	471	418	6	0	1	8,853	4,631	4,182	28	0	12
75-84	423	371	51	1	0	0	4,164	3,641	521	2	0	0
85 and older	236	222	14	0	0	0	2,258	2,127	131	0	0	0
Unknown	6	0	0	0	6	0	63	0	0	0	63	0
Gender												
Female	28,269	698	10,569	6,850	10,143	9	185,574	6,957	105,423	24,265	48,822	107
Male	25,280	372	13,121	1,601	10,186	0	185,225	3,473	125,497	6,791	49,464	0
Unknown	4	0	0	0	4	0	8	0	0	0	8	0
Race												
White	1,250	53	928	131	137	1	10,369	498	8,763	460	636	12
African American	45,327	726	20,812	7,537	16,248	4	321,531	6,969	203,768	27,596	83,151	47
Other/unknown	6,976	291	1,950	783	3,948	4	38,907	2,963	18,389	3,000	14,507	48
Use of Nursing Facilities^c												
Entire year	455	171	276	8	0	0	5,161	1,894	3,171	96	0	0
Part year	376	77	292	7	0	0	3,913	783	3,073	57	0	0
None	52,722	822	23,122	8,436	20,333	9	361,733	7,753	224,676	30,903	98,294	107
Maintenance Assistance Status												
Cash	25,420	212	15,629	4,898	4,681	0	196,236	2,238	161,419	16,955	15,624	0
Medically needy	14,808	237	6,157	2,843	5,571	0	81,562	2,254	50,135	10,710	18,463	0
Poverty-related	6,850	137	466	317	5,921	9	26,797	1,208	4,061	1,121	20,300	107
Other/unknown	6,475	484	1,438	393	4,160	0	66,212	4,730	15,305	2,270	43,907	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	32,257	1,067	22,093	2,101	6,987	9	297,203	10,415	222,119	10,717	53,845	107
FFS part year, with Rx claims	4,492	1	721	1,716	2,054	0	19,056	8	4,749	6,237	8,062	0
FFS part year, no Rx claims	16,804	2	876	4,634	11,292	0	54,548	7	4,052	14,102	36,387	0

Source: Data for this table are from the MAX 2007 file for D.C., released by CMS in 3/2010. This table was produced on 10/06/2010.
a. Table ND.2 includes the beneficiaries represented by Cell K 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.
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 ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	42.7	11.9	\$1,270	\$107	\$12,657	10.0	53,553
Age							
5 and younger	19.2	0.8	83	106	5,959	1.4	8,911
6-14	23.9	2.1	244	116	4,579	5.3	8,604
15-20	30.2	2.4	282	115	7,726	3.7	7,342
21-44	45.7	10.3	1,314	128	12,272	10.7	13,672
45-64	72.6	31.1	3,188	103	23,825	13.4	13,463
65-74	61.4	26.5	1,850	70	26,248	7.0	896
75-84	51.5	17.5	1,080	62	22,871	4.7	423
85 and older	39.4	11.9	564	48	29,083	1.9	236
Unknown	0.0	0.0	0	0	0	0.0	6
Basis of Eligibility^e							
Aged	53.3	18.9	1,146	61	26,007	4.4	1,070
Disabled	67.0	24.0	2,615	109	21,799	12.0	23,690
Adults	27.3	2.4	255	109	3,267	7.8	8,451
Children	20.2	1.3	133	103	5,208	2.5	20,333
Unknown	66.7	7.3	1,012	138	5,894	17.2	9
Gender							
Female	43.8	12.6	1,224	97	11,527	10.6	28,269
Male	41.5	11.1	1,322	119	13,921	9.5	25,280
Unknown	0.0	0.0	0	0	0	0.0	4
Race							
White	51.7	19.2	2,259	118	19,060	11.9	1,250
African American	44.5	12.4	1,308	106	12,920	10.1	45,327
Other/unknown	29.1	7.3	849	116	9,795	8.7	6,976
Use of Nursing Facilities^f							
Entire year	88.4	55.1	4,357	79	87,890	5.0	455
Part year	88.6	46.0	4,110	89	123,434	3.3	376
None	42.0	11.3	1,223	109	11,217	10.9	52,722
Maintenance Assistance Status							
Cash	50.4	16.2	1,719	106	13,809	12.5	25,420
Medically needy	34.8	8.0	807	101	11,606	7.0	14,808
Poverty related	18.1	2.1	204	99	2,911	7.0	6,850
Other/unknown	56.6	14.0	1,695	121	20,847	8.1	6,475

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

a. Table ND.3 includes beneficiaries represented by Cell K of Table 1.

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

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

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

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

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

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

TABLE ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	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 \$ ^d	Beneficiaries	Benefit Months	
All	1.7	\$184	10.0	57.3	21.1	5.7	9.5	5.2	1.2	\$1,828	53,553	370,807	
Age													
5 and younger	0.2	21	1.4	80.8	17.0	1.5	0.6	0.1	0.0	1,480	8,911	35,880	
6-14	0.4	41	5.3	76.1	18.9	2.8	2.0	0.2	0.0	772	8,604	51,040	
15-20	0.4	43	3.7	69.8	25.3	2.7	1.9	0.4	0.0	1,170	7,342	48,472	
21-44	1.5	194	10.7	54.3	24.2	6.9	9.5	4.2	0.8	1,811	13,672	92,635	
45-64	3.3	337	13.4	27.4	20.1	10.6	23.5	14.6	3.8	2,517	13,463	127,442	
65-74	2.7	187	7.0	38.6	16.2	9.0	20.1	12.8	3.2	2,657	896	8,853	
75-84	1.8	110	4.7	48.5	18.7	8.0	15.8	8.3	0.7	2,323	423	4,164	
85 and older	1.2	59	1.9	60.6	17.8	4.7	9.7	6.4	0.8	3,040	236	2,258	
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	6	63	
Basis of Eligibility^e													
Aged	1.9	118	4.4	46.7	18.4	8.4	15.9	9.0	1.6	2,668	1,070	10,430	
Disabled	2.5	268	12.0	33.0	25.2	9.6	18.8	10.7	2.6	2,236	23,690	230,920	
Adults	0.6	70	7.8	72.7	19.2	3.9	2.9	1.1	0.2	889	8,451	31,056	
Children	0.3	27	2.5	79.8	17.2	1.8	1.1	0.1	0.0	1,077	20,333	98,294	
Unknown	0.6	85	17.2	33.3	44.4	22.2	0.0	0.0	0.0	496	9	107	
Gender													
Female	1.9	187	10.6	56.2	21.5	5.7	9.5	5.6	1.5	1,756	28,269	185,574	
Male	1.5	180	9.5	58.5	20.6	5.7	9.5	4.7	0.9	1,900	25,280	185,225	
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	4	8	
Race													
White	2.3	272	11.9	48.3	18.6	7.1	14.2	9.6	2.1	2,298	1,250	10,369	
African American	1.7	184	10.1	55.5	22.0	6.0	9.9	5.3	1.3	1,821	45,327	321,531	
Other/unknown	1.3	152	8.7	70.9	15.2	3.8	6.1	3.5	0.6	1,756	6,976	38,907	
Use of Nursing Facilities^f													
Entire year	4.9	384	5.0	11.6	13.8	8.6	29.7	26.2	10.1	7,749	455	5,161	
Part year	4.4	395	3.3	11.4	16.5	10.9	31.4	21.8	8.0	11,861	376	3,913	
None	1.6	178	10.9	58.0	21.2	5.7	9.2	4.9	1.1	1,635	52,722	361,733	
Maintenance Assistance Status													
Cash	2.1	223	12.5	49.6	22.7	6.9	12.0	6.9	1.9	1,789	25,420	196,236	
Medically needy	1.5	147	7.0	65.2	17.3	5.1	8.0	3.7	0.6	2,107	14,808	81,562	
Poverty related	0.5	52	7.0	81.9	13.2	1.8	2.0	0.9	0.2	744	6,850	26,797	
Other/unknown	1.4	166	8.1	43.4	31.5	6.7	11.4	6.1	1.0	2,039	6,475	66,212	

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

a. Table ND.4 includes the beneficiaries represented by Cell K 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 ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	1.7	\$184	\$107	0.7	\$141	\$214	0.0	\$6	\$117	1.0	\$37	\$37
Age												
5 and younger	0.2	21	106	0.1	17	282	0.0	0	61	0.1	3	27
6-14	0.4	41	116	0.2	35	173	0.0	1	136	0.1	6	38
15-20	0.4	43	115	0.2	34	206	0.0	2	172	0.2	7	34
21-44	1.5	194	128	0.7	159	235	0.0	5	150	0.8	29	37
45-64	3.3	337	103	1.2	250	212	0.1	11	111	2.0	76	38
65-74	2.7	187	70	0.8	131	156	0.1	8	76	1.7	49	28
75-84	1.8	110	62	0.6	76	128	0.1	4	80	1.1	30	26
85 and older	1.2	59	48	0.4	38	102	0.0	4	71	0.8	17	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	1.9	118	61	0.6	78	129	0.1	6	74	1.3	34	27
Disabled	2.5	268	109	0.9	205	219	0.1	8	119	1.5	55	37
Adults	0.6	70	109	0.3	59	195	0.0	1	107	0.3	10	30
Children	0.3	27	103	0.1	22	178	0.0	1	121	0.1	5	33
Unknown	0.6	85	138	0.4	58	162	0.0	0	0	0.3	28	105
Gender												
Female	1.9	187	97	0.7	140	203	0.1	6	111	1.2	41	35
Male	1.5	180	119	0.6	142	226	0.0	5	125	0.8	33	40
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.3	272	118	0.9	201	219	0.1	9	156	1.3	62	46
African American	1.7	184	106	0.7	141	213	0.0	6	116	1.0	38	37
Other/unknown	1.3	152	116	0.6	124	224	0.0	4	110	0.7	25	34
Use of Nursing Facilities^e												
Entire year	4.9	384	79	1.4	254	179	0.2	21	131	3.3	109	33
Part year	4.4	395	89	1.3	276	213	0.2	14	88	3.0	105	35
None	1.6	178	109	0.6	138	215	0.0	5	117	1.0	35	37
Maintenance Assistance Status												
Cash	2.1	223	106	0.8	170	219	0.1	7	118	1.3	45	36
Medically needy	1.5	147	101	0.5	106	216	0.0	4	94	0.9	37	40
Poverty related	0.5	52	99	0.2	38	208	0.0	3	153	0.3	12	36
Other/unknown	1.4	166	121	0.7	139	196	0.0	5	134	0.6	22	36

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

a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In D.C., 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
NONDUAL BENEFICIARIES, D.C., 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented	Off-Patent	Total	Total	Patented	Off-Patent	Total	Total	Patented	Off-Patent	Total	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Generic	Brand-Name			Brand-Name	Generic						
Anti-infective Agents	0.9	0.6	0.0	0.3	\$166	\$143	\$1	\$22	\$187	\$233	\$207	\$81	105,715	\$19,718,206	11,797	22.0	118,570
Biologicals	0.4	0.4	0.0	0.0	510	510	0	0	1438	1,438	0	0	269	386,892	113	0.2	758
Antineoplastic Agents	0.4	0.1	0.0	0.3	138	105	1	32	341	871	329	114	1,994	679,279	465	0.9	4,922
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	54	41	1	12	75	148	105	27	44,625	3,347,923	5,964	11.1	62,024
Cardiovascular Agents	1.4	0.3	0.1	1.0	70	35	6	29	49	113	75	28	136,500	6,731,946	9,031	16.9	95,565
Respiratory Agents	0.6	0.3	0.0	0.3	47	37	2	8	80	126	79	29	47,555	3,799,758	7,943	14.8	81,290
Gastrointestinal Agents	0.4	0.2	0.0	0.2	42	30	2	10	103	177	172	43	22,404	2,306,666	5,120	9.6	54,799
Genitourinary Agents	0.3	0.1	0.0	0.2	23	14	0	8	73	98	91	51	5,551	407,581	1,757	3.3	17,906
CNS Drugs	1.0	0.5	0.0	0.5	165	142	2	22	171	309	126	44	94,475	16,133,944	9,013	16.8	97,552
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	71	68	0	3	124	137	63	47	6,273	780,731	1,038	1.9	10,931
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	84	76	0	8	281	313	70	146	2,028	570,686	604	1.1	6,800
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	24	8	3	13	47	449	371	28	53,399	2,516,890	10,080	18.8	104,982
Neuromuscular Agents	0.7	0.2	0.0	0.4	68	43	6	18	96	185	181	42	51,232	4,923,084	6,634	12.4	72,860
Nutritional Products	0.4	0.0	0.0	0.4	6	0	0	6	14	30	22	14	17,470	249,069	3,973	7.4	41,417
Hematological Agents	0.6	0.2	0.0	0.3	101	95	0	6	183	421	29	19	14,842	2,713,556	2,487	4.6	26,888
Topical Products	0.4	0.1	0.0	0.2	24	14	2	8	66	120	105	35	28,805	1,886,843	7,884	14.7	79,753
Miscellaneous Products	0.3	0.2	0.0	0.1	143	127	0	15	473	699	275	127	1,748	826,509	563	1.1	5,791
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	14	0	0	0	68	0	0	0	719	48,941	307	0.6	3,385
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.	635,604	68,028,504	n.a.	n.a.	n.a.

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

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In D.C., 0.2 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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, D.C., 2007

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Rx	Rx \$ per Benefit Month
ANTIVIRAL	\$17,489,309	5,257	9.8	56,173	1.3	\$239	\$311
ANTIPSYCHOTICS	13,072,085	6,826	12.7	76,245	0.5	320	171
ANTICONVULSANT	4,565,893	5,848	10.9	64,745	0.6	124	71
ANTIASTHMATIC	2,905,713	8,215	15.3	85,408	0.4	96	34
ANTIDIABETIC	2,357,779	5,132	9.6	55,324	0.6	72	43
ANTIHYPERLIPIDEMIC	2,297,361	3,991	7.5	43,629	0.5	99	53
ANTIDEPRESSANTS	2,272,198	7,370	13.8	80,412	0.4	63	28
ANALGESICS - Narcotic	1,695,908	9,623	18.0	103,915	0.3	52	16
ANTIHYPERTENSIVE	1,688,283	7,657	14.3	82,370	0.5	38	20
DERMATOLOGICAL	1,301,672	9,166	17.1	96,246	0.2	65	14
Total	49,646,201	69,085	n.a.	744,467	n.a.	n.a.	n.a.

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

a. Table ND.7 includes the beneficiaries represented by Cell K 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 ND.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^{a, b, c}
 NONDUAL BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIVIRAL				ANTIPSYCHOTICS			
	Number of Rx	Rx \$	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	369,995	\$49,646,201	5,257	9.8	56,173	1.3	\$311	6,826	12.7	76,245	0.5	\$171
Female												
All Females	200,987	24,745,474	2,213	7.8	23,824	1.2	284	3,586	12.7	39,982	0.5	165
Female, Disabled												
All Ages	180,920	22,687,611	1,862	17.6	20,588	1.2	295	3,192	30.2	35,895	0.5	169
5 and younger	400	32,842	12	4.3	117	1.0	52	0	0.0	0	0.0	0
6-14	937	99,548	11	2.2	132	0.7	109	40	8.1	390	0.4	82
15-20	1,477	221,427	16	2.9	187	0.8	217	87	16.0	918	0.4	97
21-44	40,770	6,019,172	727	22.8	7,822	1.1	232	1,157	36.2	12,866	0.5	157
45-64	133,038	15,965,313	1,091	18.8	12,270	1.3	341	1,869	32.3	21,266	0.6	182
65-74	3,883	323,529	5	2.3	60	0.3	106	35	16.3	407	0.6	161
75-84	360	23,333	0	0.0	0	0.0	0	4	11.8	48	0.8	165
85 and older	55	2,447	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	20,067	2,057,863	351	2.0	3,236	1.2	213	394	2.2	4,087	0.5	125
5 and younger	1,178	57,283	19	0.5	149	1.7	97	0	0.0	0	0.0	0
6-14	2,359	299,235	15	0.4	158	1.2	123	104	2.9	1,158	0.5	147
15-20	3,074	396,990	34	1.1	303	0.5	73	168	5.2	1,851	0.5	126
21-44	4,620	616,641	206	3.9	1,843	1.3	253	48	0.9	295	0.3	100
45-64	2,525	266,630	68	8.1	675	1.2	234	18	2.1	139	0.3	104
65-74	3,485	251,150	8	2.9	96	0.6	111	32	11.5	376	0.7	121
75-84	2,093	135,438	0	0.0	0	0.0	0	16	6.3	186	0.6	80
85 and older	733	34,496	1	0.6	12	0.2	1	8	4.7	82	0.4	42
Male												
All Males	169,008	24,900,727	3,044	12.0	32,349	1.4	332	3,240	12.8	36,263	0.6	179
Male, Disabled												
All Ages	154,071	22,876,383	2,756	21.0	29,570	1.4	336	2,839	21.6	31,832	0.5	183
5 and younger	592	63,882	3	0.9	36	0.8	69	1	0.3	11	0.1	19
6-14	2,778	335,564	34	2.9	348	1.0	161	120	10.2	1,270	0.5	123
15-20	2,597	476,924	28	2.8	272	1.0	186	127	12.5	1,443	0.5	178
21-44	41,690	6,959,021	1,128	28.4	11,717	1.3	284	1,066	26.9	11,815	0.5	166
45-64	103,643	14,716,728	1,546	24.1	17,026	1.4	378	1,480	23.1	16,761	0.6	198
65-74	2,725	320,577	17	8.4	171	1.5	249	43	21.2	510	0.6	266
75-84	46	3,687	0	0.0	0	0.0	0	2	11.8	22	0.4	57
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	14,937	2,024,344	288	2.4	2,779	1.4	293	401	3.3	4,431	0.6	147
5 and younger	1,104	59,700	17	0.4	126	1.0	69	4	0.1	48	0.5	89
6-14	3,653	492,299	13	0.4	126	1.1	123	193	5.7	2,132	0.6	155
15-20	2,701	409,889	9	0.4	98	0.2	102	159	6.2	1,784	0.6	142
21-44	2,235	407,873	131	10.9	1,193	1.5	310	6	0.5	40	0.4	134
45-64	2,723	468,758	118	28.1	1,236	1.6	331	7	1.7	77	0.6	141
65-74	1,586	104,896	0	0.0	0	0.0	0	19	9.5	213	0.5	64
75-84	746	70,276	0	0.0	0	0.0	0	10	8.4	111	0.8	273
85 and older	189	10,653	0	0.0	0	0.0	0	3	5.8	26	1.1	100
Unknown	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 D.C., released by CMS in 3/2010. This table was produced on 10/06/2010.
 a. Table ND.7A includes the beneficiaries represented by Cell K 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.

Nondual Medicaid Beneficiaries

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					ANTIDIABETIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	5,848	10.9	64,745	0.6	\$71	8,215	15.3	85,408	0.4	\$34	5,132	9.6	55,324	0.6	\$43
Female															
All Females	3,223	11.4	35,635	0.6	69	5,182	18.3	54,651	0.4	36	3,041	10.8	32,927	0.6	44
Female, Disabled															
All Ages	2,959	28.0	33,228	0.6	69	4,152	39.3	46,474	0.4	38	2,682	25.4	29,956	0.6	46
5 and younger	4	1.4	17	0.4	27	83	29.9	752	0.3	33	0	0.0	0	0.0	0
6-14	28	5.7	270	0.4	60	91	18.4	936	0.3	27	2	0.4	22	0.7	83
15-20	51	9.4	545	0.6	94	85	15.6	969	0.2	13	1	0.2	12	0.2	3
21-44	945	29.6	10,491	0.5	75	917	28.7	10,191	0.3	27	376	11.8	4,202	0.5	42
45-64	1,887	32.6	21,387	0.6	66	2,882	49.7	32,561	0.4	43	2,219	38.3	24,750	0.6	45
65-74	40	18.6	470	0.7	51	88	40.9	993	0.4	45	77	35.8	904	0.8	68
75-84	3	8.8	36	0.8	30	4	11.8	48	0.4	24	7	20.6	66	0.7	47
85 and older	1	7.1	12	0.2	5	2	14.3	24	0.8	77	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	264	1.5	2,407	0.5	59	1,030	5.8	8,177	0.3	24	359	2.0	2,971	0.6	31
5 and younger	4	0.1	26	0.7	18	201	4.9	1,482	0.2	21	0	0.0	0	0.0	0
6-14	42	1.2	430	0.6	95	221	6.2	1,644	0.3	20	7	0.2	63	0.5	41
15-20	63	2.0	674	0.5	60	208	6.5	1,997	0.2	20	11	0.3	98	0.5	27
21-44	58	1.1	319	0.3	36	192	3.6	1,155	0.3	28	82	1.5	448	0.5	40
45-64	28	3.3	197	0.4	43	87	10.3	529	0.3	30	91	10.8	516	0.6	41
65-74	46	16.5	508	0.7	63	62	22.2	702	0.4	34	86	30.8	934	0.6	21
75-84	17	6.7	181	0.5	33	45	17.8	519	0.4	33	64	25.3	715	0.6	31
85 and older	6	3.5	72	0.5	13	14	8.2	149	0.5	25	18	10.6	197	0.7	31
Male															
All Males	2,625	10.4	29,110	0.6	73	3,033	12.0	30,757	0.3	30	2,091	8.3	22,397	0.6	40
Male, Disabled															
All Ages	2,436	18.6	27,159	0.6	72	2,264	17.3	24,531	0.3	33	1,937	14.8	21,156	0.6	41
5 and younger	10	2.9	97	0.5	52	144	42.5	1,339	0.3	41	0	0.0	0	0.0	0
6-14	53	4.5	495	0.5	82	253	21.6	2,686	0.3	21	0	0.0	0	0.0	0
15-20	62	6.1	704	0.6	142	152	14.9	1,750	0.2	20	9	0.9	104	0.6	33
21-44	787	19.8	8,751	0.6	83	414	10.4	4,559	0.3	26	303	7.6	3,221	0.5	36
45-64	1,489	23.2	16,695	0.6	64	1,258	19.6	13,737	0.4	37	1,565	24.4	17,147	0.6	42
65-74	34	16.7	405	0.7	59	39	19.2	412	0.5	51	59	29.1	672	0.6	37
75-84	1	5.9	12	0.6	10	4	23.5	48	0.2	19	1	5.9	12	0.1	2
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	189	1.6	1,951	0.6	81	769	6.3	6,226	0.3	21	154	1.3	1,241	0.5	28
5 and younger	6	0.1	41	0.4	51	254	6.0	1,749	0.3	20	1	0.0	6	0.7	39
6-14	72	2.1	754	0.6	86	273	8.1	2,184	0.3	18	1	0.0	12	0.8	73
15-20	55	2.1	592	0.6	102	167	6.5	1,579	0.2	23	10	0.4	114	0.4	38
21-44	6	0.5	51	0.4	52	23	1.9	160	0.3	24	28	2.3	146	0.4	30
45-64	11	2.6	92	0.6	39	13	3.1	130	0.2	20	50	11.9	256	0.6	32
65-74	28	14.1	310	0.7	56	25	12.6	262	0.4	35	44	22.1	477	0.5	20
75-84	10	8.4	99	0.7	62	13	10.9	155	0.4	44	20	16.8	230	0.7	28
85 and older	1	1.9	12	0.4	8	1	1.9	7	1.0	69	0	0.0	0	0.0	0
Unknown	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 D.C., released by CMS in 3/2010. This table was produced on 10/06/2010.
 a. Table ND.7B includes the beneficiaries represented by Cell K 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.

Nondual Medicaid Beneficiaries

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	ANTIHYPERTENSIVES					ANTIDEPRESSANTS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	3,991	7.5	43,629	0.5	\$53	7,370	13.8	80,412	0.4	\$28	9,623	18.0	103,915	0.3	\$16
Female															
All Females	2,259	8.0	24,768	0.5	53	4,581	16.2	49,810	0.4	29	5,698	20.2	61,178	0.3	16
Female, Disabled															
All Ages	2,006	19.0	22,429	0.5	54	4,106	38.8	45,630	0.5	29	4,947	46.8	55,625	0.3	17
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	1.1	22	0.2	1
6-14	0	0.0	0	0.0	0	18	3.6	194	0.3	12	20	4.0	239	0.1	1
15-20	1	0.2	12	0.1	8	48	8.8	516	0.3	20	54	9.9	617	0.2	15
21-44	223	7.0	2,448	0.5	46	1,243	38.9	13,492	0.4	27	1,279	40.0	14,192	0.3	16
45-64	1,702	29.4	19,069	0.5	54	2,754	47.5	30,912	0.5	30	3,498	60.4	39,465	0.3	18
65-74	75	34.9	847	0.6	64	41	19.1	492	0.6	31	78	36.3	916	0.4	9
75-84	5	14.7	53	0.5	48	2	5.9	24	1.0	86	12	35.3	138	0.2	4
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	21.4	36	0.6	11
Female, Other Eligibles															
All Ages	253	1.4	2,339	0.5	46	475	2.7	4,180	0.4	23	751	4.2	5,553	0.2	7
5 and younger	0	0.0	0	0.0	0	1	0.0	9	0.6	24	4	0.1	28	0.1	1
6-14	2	0.1	24	0.1	10	70	2.0	761	0.4	20	25	0.7	248	0.1	1
15-20	1	0.0	12	0.2	13	144	4.5	1,555	0.4	22	118	3.7	1,111	0.1	2
21-44	28	0.5	144	0.4	35	132	2.5	713	0.3	18	379	7.1	2,136	0.2	5
45-64	61	7.2	381	0.4	42	54	6.4	334	0.5	25	101	12.0	678	0.3	8
65-74	86	30.8	921	0.5	48	42	15.1	456	0.5	36	69	24.7	786	0.4	19
75-84	61	24.1	697	0.5	50	24	9.5	256	0.4	21	39	15.4	414	0.3	6
85 and older	14	8.2	160	0.7	53	8	4.7	96	0.4	10	16	9.4	152	0.4	7
Male															
All Males	1,732	6.9	18,861	0.5	52	2,789	11.0	30,602	0.4	28	3,925	15.5	42,737	0.3	16
Male, Disabled															
All Ages	1,621	12.4	17,860	0.5	52	2,533	19.3	27,917	0.4	28	3,710	28.3	40,858	0.3	17
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	0.9	34	0.1	1
6-14	0	0.0	0	0.0	0	59	5.0	629	0.4	23	29	2.5	305	0.2	2
15-20	2	0.2	19	0.4	36	46	4.5	525	0.4	28	73	7.2	811	0.1	2
21-44	263	6.6	2,850	0.5	44	816	20.6	8,861	0.4	26	984	24.8	10,763	0.2	11
45-64	1,295	20.2	14,298	0.5	54	1,586	24.8	17,609	0.5	28	2,569	40.1	28,342	0.4	20
65-74	59	29.1	671	0.6	55	26	12.8	293	0.5	29	50	24.6	579	0.2	6
75-84	2	11.8	22	0.7	54	0	0.0	0	0.0	0	2	11.8	24	0.1	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	111	0.9	1,001	0.6	54	256	2.1	2,685	0.5	28	215	1.8	1,879	0.2	6
5 and younger	0	0.0	0	0.0	0	1	0.0	4	0.3	13	8	0.2	66	0.1	1
6-14	2	0.1	6	0.5	48	84	2.5	911	0.6	35	14	0.4	120	0.1	1
15-20	4	0.2	48	0.4	34	110	4.3	1,206	0.4	25	67	2.6	638	0.1	1
21-44	13	1.1	78	0.5	38	16	1.3	111	0.3	26	50	4.2	316	0.2	4
45-64	29	6.9	185	0.5	55	11	2.6	93	0.5	23	31	7.4	250	0.2	18
65-74	42	21.1	452	0.5	50	24	12.1	255	0.4	21	30	15.1	333	0.3	12
75-84	17	14.3	188	0.7	68	6	5.0	62	0.4	23	12	10.1	125	0.2	6
85 and older	4	7.7	44	0.8	79	4	7.7	43	0.6	31	3	5.8	31	0.4	18
Unknown	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 D.C., released by CMS in 3/2010. This table was produced on 10/06/2010.
 a. Table ND.7C includes the beneficiaries represented by Cell K 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.

Nondual Medicaid Beneficiaries

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	ANTIHYPERTENSIVE					DERMATOLOGICAL						
	Number of Users	Users as % of All 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 All 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
All	7,657	14.3	82,370	0.5	\$21	9,166	17.1	96,246	0.2	\$14	53,553	370,807
Female												
All Females	4,264	15.1	46,059	0.5	22	5,245	18.6	55,129	0.2	14	28,266	185,547
Female, Disabled												
All Ages	3,744	35.4	41,721	0.5	22	3,894	36.8	44,672	0.2	15	10,569	105,423
5 and younger	1	0.4	12	1.1	10	41	14.7	352	0.2	5	278	1,956
6-14	13	2.6	143	0.3	6	89	18.0	961	0.2	7	495	4,361
15-20	8	1.5	73	0.4	7	114	20.9	1,265	0.1	7	545	5,284
21-44	478	15.0	5,264	0.4	16	999	31.3	11,479	0.2	13	3,194	31,667
45-64	3,104	53.6	34,660	0.6	23	2,580	44.5	29,794	0.2	17	5,794	59,484
65-74	116	54.0	1,304	0.7	27	64	29.8	740	0.2	13	215	2,172
75-84	23	67.6	253	0.5	18	7	20.6	81	0.2	5	34	368
85 and older	1	7.1	12	1.0	15	0	0.0	0	0.0	0	14	131
Female, Other Eligibles												
All Ages	520	2.9	4,338	0.5	20	1,351	7.6	10,457	0.2	10	17,697	80,124
5 and younger	0	0.0	0	0.0	0	409	10.0	2,350	0.2	5	4,073	15,424
6-14	33	0.9	351	0.5	5	236	6.6	1,923	0.2	8	3,560	18,297
15-20	10	0.3	96	0.4	8	305	9.5	2,875	0.2	8	3,211	17,558
21-44	102	1.9	501	0.4	17	214	4.0	1,386	0.3	17	5,307	18,577
45-64	138	16.4	804	0.5	16	60	7.1	480	0.3	14	844	3,288
65-74	113	40.5	1,218	0.6	26	58	20.8	666	0.2	18	279	2,786
75-84	95	37.5	1,071	0.5	24	45	17.8	512	0.2	14	253	2,548
85 and older	29	17.1	297	0.6	21	24	14.1	265	0.3	13	170	1,646
Male												
All Males	3,393	13.4	36,311	0.5	19	3,921	15.5	41,117	0.2	13	25,277	185,189
Male, Disabled												
All Ages	3,111	23.7	33,725	0.5	19	3,099	23.6	34,696	0.2	13	13,121	125,497
5 and younger	3	0.9	26	0.4	6	58	17.1	581	0.1	3	339	2,603
6-14	41	3.5	436	0.5	5	162	13.8	1,738	0.1	5	1,172	10,451
15-20	19	1.9	207	0.4	8	118	11.6	1,367	0.2	10	1,017	10,105
21-44	482	12.1	5,157	0.5	17	870	21.9	9,585	0.2	14	3,968	37,436
45-64	2,485	38.8	26,985	0.5	20	1,848	28.9	20,939	0.2	14	6,405	62,739
65-74	77	37.9	872	0.6	23	43	21.2	486	0.1	8	203	2,010
75-84	4	23.5	42	0.1	5	0	0.0	0	0.0	0	17	153
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	282	2.3	2,586	0.5	15	822	6.8	6,421	0.2	9	12,156	59,692
5 and younger	0	0.0	0	0.0	0	360	8.5	2,098	0.2	4	4,217	15,889
6-14	66	2.0	707	0.6	7	156	4.6	1,353	0.2	4	3,377	17,931
15-20	18	0.7	200	0.6	10	150	5.8	1,493	0.1	7	2,569	15,525
21-44	25	2.1	136	0.4	15	44	3.7	322	0.4	39	1,203	4,955
45-64	65	15.5	414	0.5	16	39	9.3	335	0.3	34	420	1,931
65-74	70	35.2	744	0.5	21	54	27.1	612	0.2	12	199	1,885
75-84	26	21.8	260	0.6	19	16	13.4	172	0.1	5	119	1,095
85 and older	12	23.1	125	0.6	15	3	5.8	36	0.1	6	52	481
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	71

Source: Data for this table are from the MAX 2007 file for D.C., released by CMS in 3/2010. This table was produced on 10/06/2010.
 a. Table ND.7D includes the beneficiaries represented by Cell K 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.

Nondual Medicaid Beneficiaries

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, D.C., 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
All	\$384	4.9	455	5,161
Age				
0-64	496	5.7	268	3,083
65-74	327	5.2	79	901
75-84	209	3.1	51	559
85 and older	66	1.6	57	618
Unknown	0	0.0	0	0
Gender				
Female	352	4.8	224	2,518
Male	414	4.9	231	2,643
Unknown	0	0.0	0	0
Race				
White	284	4.1	27	287
African American	395	5	381	4,325
Other/unknown	352	4.6	47	549
Basis of Eligibility^c				
Aged	209	3.4	171	1,894
Disabled	494	5.7	276	3,171
Adults	187	3.6	8	96
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 376 beneficiaries who were in nursing facilities for part of their enrollment and their 3,913 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 ND.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
NONDUAL BENEFICIARIES, D.C., 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 All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.7	0.4	0.0	0.3	\$164	\$149	\$0	\$15	\$242	\$417	\$0	\$47	1,392	\$337,324	176	38.7	2,052
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	0.4	0.1	0.0	0.3	103	77	0	26	253	557	0	97	112	28,325	25	5.5	275
Endocrine/Metabolic Drugs	1.1	0.4	0.0	0.6	94	46	25	24	89	115	848	37	1,883	167,257	151	33.2	1,772
Cardiovascular Agents	1.9	0.3	0.1	1.5	78	28	7	44	41	84	64	30	6,469	267,640	295	64.8	3,413
Respiratory Agents	0.7	0.2	0.0	0.4	32	23	2	7	48	107	63	17	699	33,534	90	19.8	1,050
Gastrointestinal Agents	0.8	0.2	0.0	0.5	50	36	2	13	67	155	97	25	1,678	112,865	192	42.2	2,237
Genitourinary Agents	0.6	0.3	0.0	0.3	47	28	3	16	79	91	119	61	336	26,443	48	10.5	568
CNS Drugs	1.1	0.5	0.0	0.6	115	89	2	25	102	191	84	38	3,326	338,902	253	55.6	2,943
Stimulants/Anti-obesity/Anorexia	0.7	0.0	0.0	0.7	13	0	0	13	19	0	0	19	17	319	2	0.4	24
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	133	130	0	3	182	183	60	168	373	67,800	44	9.7	511
Analgesics and Anesthetics	1.1	0.0	0.0	1.1	52	12	0	40	46	410	34	36	1,953	89,140	147	32.3	1,703
Neuromuscular Agents	1.3	0.4	0.1	0.8	105	60	8	37	83	159	161	44	3,162	262,454	213	46.8	2,496
Nutritional Products	0.5	0.0	0.0	0.5	11	0	0	10	20	4	17	20	722	14,431	117	25.7	1,351
Hematological Agents	0.9	0.3	0.0	0.6	85	77	0	8	93	227	0	14	1,827	170,202	173	38.0	2,014
Topical Products	0.5	0.2	0.1	0.2	28	17	4	7	56	88	68	29	1,048	59,023	182	40.0	2,143
Miscellaneous Products	0.4	0.1	0.0	0.4	25	5	0	19	58	83	0	54	92	5,373	18	4.0	216
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	99	0	0	0	1184	0	0	0	1	1,184	1	0.2	12
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.	25,090	1,982,216	n.a.	n.a.	n.a.

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

- a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 376 beneficiaries who were in nursing facilities for part of their enrollment and their 3,913 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 D.C., 0.2 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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, D.C., 2007

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users			
		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	
ANTIVIRAL	\$273,874	56	12.3	671	0.8	\$485	\$408	
ANTICONVULSANT	240,175	259	56.9	3,049	0.9	91	79	
ANTIPSYCHOTICS	232,588	170	37.4	2,013	0.6	180	116	
ANTIHYPERTENSIVE	99,375	124	27.3	1,454	0.7	95	68	
ANTIDIABETIC	90,089	201	44.2	2,378	0.8	49	38	
MISC. ENDOCRINE	88,908	22	4.8	254	0.8	461	350	
ANTIDEPRESSANTS	84,017	177	38.9	2,080	0.6	64	40	
HEMATOPOIETIC AGENTS	74,370	119	26.2	1,403	0.6	84	53	
ULCER DRUGS	70,716	158	34.7	1,846	0.5	79	38	
ANALGESICS - Narcotic	70,421	146	32.1	1,690	0.9	45	42	
Total	1,324,533	1,432	n.a.	16,838	n.a.	n.a.	n.a.	

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

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 376 beneficiaries who were in nursing facilities for part of their enrollment and their 3,913 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.

Nondual Medicaid Beneficiaries

TABLE ND.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^{a, b, c, d}
 NONDUAL BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIVIRAL			ANTICONVULSANT				
	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 \$
All	12,227	\$1,324,533	56	12.3	671	0.8	\$408	259	56.9	3,049	0.9	\$79
Female												
All Females	5,778	578,592	28	12.5	336	0.7	380	109	48.7	1,284	0.8	76
Female, Disabled												
All Ages	3,883	414,138	27	25.7	324	0.7	394	80	76.2	944	0.9	78
64 or younger	3,626	389,857	26	26.5	312	0.8	395	76	77.6	896	0.9	80
65-74	185	19,318	1	20.0	12	0.4	369	3	60.0	36	0.7	52
75-84	72	4,963	0	0.0	0	0.0	0	1	100.0	12	1.5	25
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	1,895	164,454	1	0.8	12	0.2	1	29	24.4	340	0.8	68
64 or younger	103	7,772	0	0.0	0	0.0	0	2	28.6	24	0.7	29
65-74	1,123	115,551	0	0.0	0	0.0	0	22	66.7	256	0.8	86
75-84	410	30,307	0	0.0	0	0.0	0	4	11.4	48	0.5	5
85 and older	259	10,824	1	2.3	12	0.2	1	1	2.3	12	0.3	12
Male												
All Males	6,449	745,941	28	12.1	335	1.0	437	150	64.9	1,765	0.9	81
Male, Disabled												
All Ages	5,514	662,640	28	16.4	335	1.0	437	125	73.1	1,485	0.9	83
64 or younger	5,334	649,242	28	17.4	335	1.0	437	121	75.2	1,440	0.9	85
65-74	180	13,398	0	0.0	0	0.0	0	4	40.0	45	1.0	23
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	935	83,301	0	0.0	0	0.0	0	25	41.7	280	0.9	73
64 or younger	37	2,979	0	0.0	0	0.0	0	2	100.0	24	0.6	42
65-74	592	37,060	0	0.0	0	0.0	0	16	51.6	192	0.9	72
75-84	267	41,613	0	0.0	0	0.0	0	7	46.7	64	0.9	88
85 and older	39	1,649	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	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 D.C., released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 376 beneficiaries who were in nursing facilities for part of their enrollment and their 3,913 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 ND.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^{a, b, c, d}
 NONDUAL BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	ANTIPSYCHOTICS					ANTIHYPERLIPIDEMIC					ANTIDIABETIC				
	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
	Number of Users	Facility Residents			Number of Users	Facility Residents					Number of Users	Facility Residents			
All	170	37.4	2,013	0.6	\$116	124	27.3	1,454	0.7	\$68	201	44.2	2,378	0.8	\$38
Female															
All Females	76	33.9	891	0.6	113	59	26.3	687	0.7	67	99	44.2	1,160	0.8	36
Female, Disabled															
All Ages	36	34.3	415	0.6	109	35	33.3	409	0.8	80	51	48.6	601	0.8	46
64 or younger	32	32.7	367	0.6	109	32	32.7	373	0.8	76	47	48.0	553	0.8	42
65-74	2	40.0	24	0.5	117	3	60.0	36	1.1	121	4	80.0	48	1.6	89
75-84	2	200.0	24	0.6	99	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
Female, Other Eligibles															
All Ages	40	33.6	476	0.6	116	24	20.2	278	0.6	47	48	40.3	559	0.7	25
64 or younger	4	57.1	48	0.3	80	2	28.6	24	0.3	27	3	42.9	36	0.9	49
65-74	21	63.6	252	0.8	152	15	45.5	170	0.6	50	27	81.8	314	0.6	21
75-84	11	31.4	132	0.6	90	4	11.4	48	0.7	53	11	31.4	132	0.6	26
85 and older	4	9.1	44	0.3	24	3	6.8	36	0.8	39	7	15.9	77	0.8	26
Male															
All Males	94	40.7	1,122	0.7	118	65	28.1	767	0.7	70	102	44.2	1,218	0.8	40
Male, Disabled															
All Ages	78	45.6	930	0.6	109	51	29.8	604	0.7	73	88	51.5	1,056	0.8	43
64 or younger	75	46.6	897	0.7	111	48	29.8	573	0.7	71	85	52.8	1,020	0.8	42
65-74	3	30.0	33	0.4	33	3	30.0	31	1.1	99	3	30.0	36	0.9	53
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	16	26.7	192	0.7	162	14	23.3	163	0.7	60	14	23.3	162	0.6	24
64 or younger	1	50.0	12	0.3	71	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	9	29.0	108	0.6	60	10	32.3	120	0.6	49	9	29.0	108	0.6	23
75-84	6	40.0	72	1.0	331	3	20.0	31	0.8	90	5	33.3	54	0.6	24
85 and older	0	0.0	0	0.0	0	1	8.3	12	1.0	90	0	0.0	0	0.0	0
Unknown	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 D.C., released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 376 beneficiaries who were in nursing facilities for part of their enrollment and their 3,913 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 ND.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^{a, b, c, d}
 NONDUAL BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	MISC. ENDOCRINE					ANTIDEPRESSANTS					HEMATOPOIETIC AGENTS				
	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 \$
All	22	4.8	254	0.8	\$350	177	38.9	2,080	0.6	\$40	119	26.2	1,403	0.6	\$53
Female															
All Females	16	7.1	187	0.5	84	90	40.2	1,049	0.7	44	54	24.1	648	0.7	49
Female, Disabled															
All Ages	8	7.6	96	0.4	105	53	50.5	618	0.7	54	33	31.4	396	0.7	27
64 or younger	7	7.1	84	0.5	117	49	50.0	570	0.7	54	30	30.6	360	0.7	29
65-74	1	20.0	12	0.3	21	2	40.0	24	0.4	32	2	40.0	24	0.5	4
75-84	0	0.0	0	0.0	0	2	200.0	24	1.0	86	1	100.0	12	0.9	15
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	8	6.7	91	0.6	63	37	31.1	431	0.6	30	21	17.6	252	0.6	84
64 or younger	0	0.0	0	0.0	0	2	28.6	24	0.7	27	0	0.0	0	0.0	0
65-74	3	9.1	31	0.8	55	19	57.6	228	0.7	37	11	33.3	132	0.6	154
75-84	2	5.7	24	0.5	117	10	28.6	107	0.5	29	3	8.6	36	0.5	4
85 and older	3	6.8	36	0.5	33	6	13.6	72	0.5	11	7	15.9	84	0.7	8
Male															
All Males	6	2.6	67	1.5	1,092	87	37.7	1,031	0.6	37	65	28.1	755	0.6	57
Male, Disabled															
All Ages	5	2.9	55	1.7	1,325	73	42.7	863	0.6	39	44	25.7	509	0.6	75
64 or younger	4	2.5	48	1.8	1,466	70	43.5	832	0.6	37	42	26.1	488	0.6	78
65-74	1	10.0	7	1.3	356	3	30.0	31	1.0	88	2	20.0	21	0.2	1
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	1	1.7	12	0.3	21	14	23.3	168	0.5	26	21	35.0	246	0.5	19
64 or younger	0	0.0	0	0.0	0	2	100.0	24	0.4	25	1	50.0	12	0.3	2
65-74	1	3.2	12	0.3	21	8	25.8	96	0.4	26	10	32.3	120	0.7	5
75-84	0	0.0	0	0.0	0	3	20.0	36	0.5	25	6	40.0	66	0.5	58
85 and older	0	0.0	0	0.0	0	1	8.3	12	0.8	24	4	33.3	48	0.3	4
Unknown	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 D.C., released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 376 beneficiaries who were in nursing facilities for part of their enrollment and their 3,913 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 ND.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^{a, b, c, d}
 NONDUAL BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	158	34.7	1,846	0.5	\$38	146	32.1	1,690	0.9	\$42	455	5,161
Female												
All Females	70	31.3	817	0.5	36	76	33.9	867	1.1	50	224	2,518
Female, Disabled												
All Ages	43	41.0	505	0.5	35	58	55.2	668	1.2	53	105	1,194
64 or younger	42	42.9	493	0.5	35	56	57.1	644	1.2	55	98	1,110
65-74	1	20.0	12	0.3	40	0	0.0	0	0.0	0	5	60
75-84	0	0.0	0	0.0	0	2	200.0	24	0.2	2	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Female, Other Eligibles												
All Ages	27	22.7	312	0.5	38	18	15.1	199	0.9	38	119	1,324
64 or younger	0	0.0	0	0.0	0	2	28.6	24	0.7	8	7	73
65-74	8	24.2	91	0.4	33	11	33.3	122	1.0	54	33	378
75-84	11	31.4	125	0.6	43	5	14.3	53	0.7	14	35	392
85 and older	8	18.2	96	0.4	37	0	0.0	0	0.0	0	44	481
Male												
All Males	88	38.1	1,029	0.5	40	70	30.3	823	0.8	33	231	2,643
Male, Disabled												
All Ages	68	39.8	808	0.5	40	64	37.4	751	0.8	36	171	1,977
64 or younger	65	40.4	775	0.5	40	63	39.1	744	0.8	36	161	1,876
65-74	3	30.0	33	0.3	32	1	10.0	7	0.4	3	10	101
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	20	33.3	221	0.5	39	6	10.0	72	0.2	5	60	666
64 or younger	1	50.0	12	0.4	42	0	0.0	0	0.0	0	2	24
65-74	11	35.5	132	0.5	35	6	19.4	72	0.2	5	31	362
75-84	7	46.7	65	0.4	52	0	0.0	0	0.0	0	15	155
85 and older	1	8.3	12	0.1	9	0	0.0	0	0.0	0	12	125
Unknown	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 D.C., released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 376 beneficiaries who were in nursing facilities for part of their enrollment and their 3,913 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 ND.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
D.C., 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 Nondual Rx \$	Total Number of Beneficiaries	
All	8,866	16.6	1.0	52,084	\$13	\$682,851	\$13	1.0	53,553	
Age										
5 and younger	316	3.5	0.0	437	1	5,857	13	0.8	8,911	
6-14	277	3.2	0.1	469	1	8,084	17	0.4	8,604	
15-20	365	5.0	0.1	695	1	10,102	15	0.5	7,342	
21-44	2,039	14.9	0.7	9,525	11	151,208	16	0.8	13,672	
45-64	5,331	39.6	2.7	36,763	34	461,327	13	1.1	13,463	
65-74	322	35.9	2.9	2,621	34	30,074	11	1.8	896	
75-84	149	35.2	2.5	1,044	28	11,932	11	2.6	423	
85 and older	67	28.4	2.2	530	18	4,267	8	3.2	236	
Unknown	0	0.0	0.0	0	0	0	0	0.0	6	
Basis of Eligibility^c										
Aged	347	32.4	2.4	2,568	25	26,741	10	2.2	1,070	
Disabled	7,435	31.4	2.0	47,404	26	625,830	13	1.0	23,690	
Adults	419	5.0	0.1	1,053	2	15,288	15	0.7	8,451	
Children	663	3.3	0.1	1,053	1	14,960	14	0.6	20,333	
Unknown	2	22.2	0.7	6	4	32	5	0.4	9	
Gender										
Female	5,113	18.1	1.1	30,844	15	412,411	13	1.2	28,269	
Male	3,753	14.8	0.8	21,240	11	270,440	13	0.8	25,280	
Unknown	0	0.0	0.0	0	0	0	0	0.0	4	
Race										
White	287	23.0	2.0	2,472	38	47,277	19	1.7	1,250	
African American	7,810	17.2	1.0	44,807	13	578,600	13	1.0	45,327	
Other/unknown	769	11.0	0.7	4,805	8	56,974	12	1.0	6,976	
Use of Nursing Facilities^d										
Entire year	240	52.7	5.0	2,284	66	29,928	13	1.5	455	
Part year	223	59.3	3.7	1,396	54	20,119	14	1.3	376	
None	8,403	15.9	0.9	48,404	12	632,804	13	1.0	52,722	
Maintenance Assistance Status										
Cash	5,469	21.5	1.4	35,478	18	466,523	13	1.1	25,420	
Medically needy	1,920	13.0	0.6	8,819	8	115,325	13	1.0	14,808	
Poverty related	321	4.7	0.2	1,314	3	18,314	14	1.3	6,850	
Other/unknown	1,156	17.9	1.0	6,473	13	82,689	13	0.8	6,475	

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

a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
D.C., 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$2	\$13	\$0	\$1	370,807
Age						
5 and younger	0.0	0	13	0	0	35,880
6-14	0.0	0	17	0	0	51,040
15-20	0.0	0	15	0	0	48,472
21-44	0.1	2	16	0	1	92,635
45-64	0.3	4	13	0	1	127,442
65-74	0.3	3	11	0	1	8,853
75-84	0.3	3	11	0	1	4,164
85 and older	0.2	2	8	0	0	2,258
Unknown	0.0	0	0	0	0	63
Basis of Eligibility^c						
Aged	0.2	3	10	0	0	10,430
Disabled	0.2	3	13	0	1	230,920
Adults	0.0	0	15	0	0	31,056
Children	0.0	0	14	0	0	98,294
Unknown	0.1	0	5	0	0	107
Gender						
Female	0.2	2	13	0	1	185,574
Male	0.1	1	13	0	0	185,225
Unknown	0.0	0	0	0	0	8
Race						
White	0.2	5	19	0	2	10,369
African American	0.1	2	13	0	0	321,531
Other/unknown	0.1	1	12	0	0	38,907
Use of Nursing Facilities^d						
Entire year	0.4	6	13	0	2	5,161
Part year	0.4	5	14	0	1	3,913
None	0.1	2	13	0	0	361,733
Maintenance Assistance Status						
Cash	0.2	2	13	0	1	196,236
Medically needy	0.1	1	13	0	0	81,562
Poverty related	0.0	1	14	0	0	26,797
Other/unknown	0.1	1	13	0	0	66,212

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

a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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.

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
D.C., 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a			Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Percentage of All Part D Excluded Rx	
All	12,142	\$56	\$682,851	100.0	52,084	\$13	100.0	
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	13	202	2,626	0.4	47	56	0.1	
Cough and cold medications	1,745	71	124,338	18.2	3,382	37	6.5	
Vitamins and minerals	3,245	68	222,152	32.5	15,569	14	29.9	
Non-prescription drugs	4,454	25	111,951	16.4	19,073	6	36.6	
Barbiturates	197	58	11,442	1.7	1,481	8	2.8	
Benzodiazepines	2,188	87	189,458	27.7	11,778	16	22.6	
Other Part D Excl Rx Drugs	300	70	20,884	3.1	754	28	1.4	

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

a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.

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.

Nondual Medicaid Beneficiaries

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, D.C., 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
All	145,753	1,070	26,462	37,576	80,636	9	1,495,013	10,449	272,995	379,886	831,576	107
Age												
5 and younger	30,162	0	837	7	29,318	0	292,976	0	8,246	46	284,684	0
6-14	35,656	1	2,904	6	32,745	0	387,940	10	33,422	53	354,455	0
15-20	22,725	0	2,746	1,841	18,138	0	238,552	0	30,736	18,007	189,809	0
21-44	35,279	2	7,288	27,562	427	0	355,468	16	71,940	280,968	2,544	0
45-64	20,339	3	12,204	8,122	2	8	204,351	13	123,801	80,421	21	95
65-74	923	471	418	33	0	1	9,189	4,635	4,198	344	0	12
75-84	426	371	51	4	0	0	4,208	3,648	521	39	0	0
85 and older	237	222	14	1	0	0	2,266	2,127	131	8	0	0
Unknown	6	0	0	0	6	0	63	0	0	0	63	0
Gender												
Female	84,653	698	11,517	31,919	40,510	9	876,343	6,969	120,896	329,755	418,616	107
Male	61,096	372	14,945	5,657	40,122	0	618,662	3,480	152,099	50,131	412,952	0
Unknown	4	0	0	0	4	0	8	0	0	0	8	0
Race												
White	1,656	53	932	332	338	1	15,140	498	8,842	2,823	2,965	12
African American	126,737	726	23,422	34,151	68,434	4	1,308,273	6,980	243,496	346,334	711,416	47
Other/unknown	17,360	291	2,108	3,093	11,864	4	171,600	2,971	20,657	30,729	117,195	48
Use of Nursing Facilities^c												
Entire year	455	171	276	8	0	0	5,161	1,894	3,171	96	0	0
Part year	376	77	292	7	0	0	3,947	783	3,098	66	0	0
None	144,922	822	25,894	37,561	80,636	9	1,485,905	7,772	266,726	379,724	831,576	107
Maintenance Assistance Status												
Cash	69,986	212	18,377	21,210	30,187	0	752,921	2,238	201,959	220,935	327,789	0
Medically needy	40,818	237	6,171	12,840	21,570	0	388,019	2,262	51,351	128,920	205,486	0
Poverty related	25,309	137	467	591	24,105	9	256,792	1,215	4,165	4,706	246,599	107
Other/unknown	9,640	484	1,447	2,935	4,774	0	97,281	4,734	15,520	25,325	51,702	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	32,257	1,067	22,093	2,101	6,987	9	297,203	10,415	222,119	10,717	53,845	107
FFS part year, with Rx claims	4,492	1	721	1,716	2,054	0	44,628	12	8,345	16,348	19,923	0
FFS part year, no Rx claims	16,804	2	876	4,634	11,292	0	156,581	22	9,936	42,274	104,349	0
MC all year, with Rx claims	115	0	5	24	86	0	1,077	0	54	219	804	0
MC all year, no Rx claims	92,085	0	2,767	29,101	60,217	0	995,524	0	32,541	310,328	652,655	0

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

- a. Table A.1 includes the beneficiaries represented by Cell J 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.
- 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.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, D.C., 2007

	Beneficiaries and		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	145,753	1,495,013	53,553	370,807	0	1,124,206
Fee-for-service (FFS) all year	32,257	297,203	32,257	297,203	0	0
FFS part year, with Rx claims	4,492	44,628	4,492	19,056	0	25,572
FFS part year, with no Rx claims	16,804	156,581	16,804	54,548	0	102,033
Managed care (MC) all year, with Rx claims	115	1,077	0	0	0	1,077
MC all year, with no Rx claims	92,085	995,524	0	0	0	995,524

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

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

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

Nondual Medicaid Beneficiaries