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

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**CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**NONDUAL BENEFICIARIES, MICHIGAN, 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>1,486,677</b>	<b>5,141</b>	<b>177,424</b>	<b>361,308</b>	<b>941,580</b>	<b>1,224</b>	<b>13,864,497</b>	<b>28,443</b>	<b>1,908,006</b>	<b>3,066,832</b>	<b>8,851,066</b>	<b>10,150</b>
<b>Age</b>												
5 and younger	343,036	0	6,596	13	336,427	0	3,100,232	0	70,854	34	3,029,344	0
6-14	414,110	0	21,046	17	393,047	0	4,128,131	0	237,472	168	3,890,491	0
15-20	246,413	0	19,316	24,949	202,135	13	2,284,408	0	212,568	200,129	1,871,651	60
21-44	368,504	0	54,709	303,567	9,806	422	3,249,084	0	597,204	2,590,153	59,193	2,534
45-64	109,039	1	75,522	32,730	17	769	1,072,696	1	789,019	276,160	74	7,442
65-74	2,045	1,761	234	30	0	20	13,686	12,502	886	184	0	114
75-84	1,735	1,734	0	1	0	0	9,370	9,369	0	1	0	0
85 and older	1,646	1,645	0	1	0	0	6,574	6,571	0	3	0	0
Unknown	149	0	1	0	148	0	316	0	3	0	313	0
<b>Gender</b>												
Female	858,312	3,273	87,555	299,470	466,790	1,224	7,987,957	17,300	952,412	2,605,444	4,402,651	10,150
Male	628,207	1,868	89,868	61,830	474,641	0	5,876,210	11,143	955,591	461,375	4,448,101	0
Unknown	158	0	1	8	149	0	330	0	3	13	314	0
<b>Race</b>												
White	831,052	3,332	91,605	228,306	506,860	949	7,331,610	16,353	963,606	1,882,556	4,461,392	7,703
African American	527,720	1,097	76,347	109,977	340,092	207	5,364,792	7,000	845,128	999,212	3,511,601	1,851
Other/unknown	127,905	712	9,472	23,025	94,628	68	1,168,095	5,090	99,272	185,064	878,073	596
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	1,885	717	1,166	2	0	0	15,942	3,224	12,708	10	0	0
Part year	1,819	318	1,470	26	5	0	16,641	2,091	14,259	247	44	0
None	1,482,973	4,106	174,788	361,280	941,575	1,224	13,831,914	23,128	1,881,039	3,066,575	8,851,022	10,150
<b>Maintenance Assistance Status</b>												
Cash	543,799	1,194	143,025	137,299	262,281	0	5,594,079	10,939	1,621,669	1,292,480	2,668,991	0
Medically needy	99,364	571	3,122	64,728	30,943	0	740,876	1,783	15,768	492,829	230,496	0
Poverty-related	603,480	1,508	17,478	48,866	534,404	1,224	5,356,606	7,922	157,719	332,340	4,848,475	10,150
Other/unknown	240,034	1,868	13,799	110,415	113,952	0	2,172,936	7,799	112,850	949,183	1,103,104	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	1,393,364	5,130	172,708	356,890	857,422	1,214	13,491,628	28,372	1,882,440	3,045,095	8,525,608	10,113
FFS part year, with Rx claims	32,058	3	2,944	2,515	26,590	6	155,562	17	17,513	13,805	124,204	23
FFS part year, no Rx claims	61,255	8	1,772	1,903	57,568	4	217,307	54	8,053	7,932	201,254	14

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.  
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<sup>a, b</sup>**  
**NONDUAL BENEFICIARIES, MICHIGAN, 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>30.1</b>	<b>3.1</b>	<b>\$255</b>	<b>\$81</b>	<b>\$3,006</b>	<b>8.5</b>	<b>1,486,677</b>
<b>Age</b>							
5 and younger	19.3	0.8	54	65	1,936	2.8	343,036
6-14	22.4	2.0	192	97	1,573	12.2	414,110
15-20	27.5	2.4	246	101	2,206	11.1	246,413
21-44	42.4	4.3	316	73	3,908	8.1	368,504
45-64	57.9	12.4	956	77	10,485	9.1	109,039
65-74	22.2	3.8	194	50	4,243	4.6	2,045
75-84	13.8	2.1	91	43	4,262	2.1	1,735
85 and older	7.9	0.6	12	21	6,055	0.2	1,646
Unknown	0.0	0.0	0	0	6	0.0	149
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	14.0	2.1	91	43	4,601	2.0	5,141
Disabled	56.5	12.5	1,287	103	12,343	10.4	177,424
Adults	41.3	3.2	146	45	2,659	5.5	361,308
Children	20.8	1.3	102	77	1,362	7.5	941,580
Unknown	76.4	19.8	1,434	73	9,871	14.5	1,224
<b>Gender</b>							
Female	32.4	3.3	219	66	2,898	7.5	858,312
Male	26.8	2.9	306	104	3,153	9.7	628,207
Unknown	0.0	0.0	0	0	78	0.0	158
<b>Race</b>							
White	36.2	4.0	301	75	2,953	10.2	831,052
African American	21.7	2.0	203	102	3,283	6.2	527,720
Other/unknown	24.7	2.1	171	83	2,205	7.8	127,905
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	65.9	65.4	3,766	58	50,455	7.5	1,885
Part year	83.2	51.6	2,958	57	49,443	6.0	1,819
None	30.0	3.0	248	83	2,888	8.6	1,482,973
<b>Maintenance Assistance Status</b>							
Cash	34.3	4.7	431	91	4,765	9.0	543,799
Medically needy	39.2	3.7	216	59	2,785	7.7	99,364
Poverty related	25.2	1.7	121	70	1,747	6.9	603,480
Other/unknown	28.9	2.9	212	74	2,277	9.3	240,034

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, MICHIGAN, 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>	0.3	\$27	8.5	69.9	23.5	3.1	2.7	0.6	0.2	\$322	1,486,677	13,864,497
<b>Age</b>												
5 and younger	0.1	6	2.8	80.7	18.0	0.8	0.4	0.1	0.0	214	343,036	3,100,232
6-14	0.2	19	12.2	77.6	18.3	2.1	1.5	0.3	0.1	158	414,110	4,128,131
15-20	0.3	27	11.1	72.5	22.4	2.5	2.0	0.5	0.2	238	246,413	2,284,408
21-44	0.5	36	8.1	57.6	32.7	4.9	4.0	0.7	0.1	443	368,504	3,249,084
45-64	1.3	97	9.1	42.1	32.2	10.3	11.1	3.3	1.0	1,066	109,039	1,072,696
65-74	0.6	29	4.6	77.8	13.0	3.2	3.6	1.9	0.5	634	2,045	13,686
75-84	0.4	17	2.1	86.2	8.6	2.1	2.2	0.6	0.1	789	1,735	9,370
85 and older	0.1	3	0.2	92.1	6.2	0.7	0.8	0.2	0.0	1,516	1,646	6,574
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	3	149	316
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.4	16	2.0	86.0	9.2	1.9	2.0	0.7	0.2	832	5,141	28,443
Disabled	1.2	120	10.4	43.5	31.0	9.9	11.5	3.2	0.9	1,148	177,424	1,908,006
Adults	0.4	17	5.5	58.7	33.9	4.2	2.8	0.4	0.0	313	361,308	3,066,832
Children	0.1	11	7.5	79.2	18.2	1.5	0.9	0.2	0.1	145	941,580	8,851,066
Unknown	2.4	173	14.5	23.6	28.6	16.1	23.5	7.4	0.8	1,190	1,224	10,150
<b>Gender</b>												
Female	0.4	24	7.5	67.6	25.6	3.3	2.7	0.6	0.2	311	858,312	7,987,957
Male	0.3	33	9.7	73.2	20.6	2.9	2.6	0.6	0.2	337	628,207	5,876,210
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	37	158	330
<b>Race</b>												
White	0.5	34	10.2	63.8	27.4	4.2	3.6	0.8	0.2	335	831,052	7,331,610
African American	0.2	20	6.2	78.3	18.1	1.9	1.4	0.3	0.1	323	527,720	5,364,792
Other/unknown	0.2	19	7.8	75.3	20.6	1.9	1.6	0.4	0.1	242	127,905	1,168,095
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	7.7	445	7.5	34.1	5.4	3.3	9.9	24.3	23.1	5,966	1,885	15,942
Part year	5.6	323	6.0	16.8	11.6	8.2	22.8	26.9	13.7	5,405	1,819	16,641
None	0.3	27	8.6	70.0	23.5	3.1	2.6	0.5	0.1	310	1,482,973	13,831,914
<b>Maintenance Assistance Status</b>												
Cash	0.5	42	9.0	65.7	24.8	4.3	4.1	0.9	0.2	463	543,799	5,594,079
Medically needy	0.5	29	7.7	60.8	28.8	5.0	4.2	1.0	0.2	374	99,364	740,876
Poverty related	0.2	14	6.9	74.8	21.7	1.9	1.2	0.3	0.1	197	603,480	5,356,606
Other/unknown	0.3	23	9.3	71.1	22.9	2.9	2.4	0.5	0.1	252	240,034	2,172,936

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.  
 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<sup>a, b, c</sup>**  
**NONDUAL BENEFICIARIES, MICHIGAN, 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>\$27</b>	<b>\$81</b>	<b>0.1</b>	<b>\$24</b>	<b>\$185</b>	<b>0.0</b>	<b>\$1</b>	<b>\$113</b>	<b>0.2</b>	<b>\$3</b>	<b>\$15</b>
<b>Age</b>												
5 and younger	0.1	6	65	0.0	5	195	0.0	0	67	0.1	1	16
6-14	0.2	19	97	0.1	17	149	0.0	1	100	0.1	2	19
15-20	0.3	27	101	0.1	23	200	0.0	1	117	0.1	3	19
21-44	0.5	36	73	0.2	30	192	0.0	1	130	0.3	5	14
45-64	1.3	97	77	0.4	83	208	0.0	3	128	0.8	12	14
65-74	0.6	29	50	0.2	24	132	0.0	1	90	0.4	4	11
75-84	0.4	17	43	0.1	13	124	0.0	1	72	0.3	3	11
85 and older	0.1	3	21	0.0	2	96	0.0	0	64	0.1	1	7
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.4	16	43	0.1	13	121	0.0	1	83	0.3	3	10
Disabled	1.2	120	103	0.4	105	234	0.0	3	128	0.7	11	16
Adults	0.4	17	45	0.1	13	136	0.0	1	120	0.3	4	13
Children	0.1	11	77	0.1	9	140	0.0	0	87	0.1	1	17
Unknown	2.4	173	73	0.7	139	195	0.0	9	207	1.6	25	15
<b>Gender</b>												
Female	0.4	24	66	0.1	20	166	0.0	1	113	0.2	3	14
Male	0.3	33	104	0.1	29	206	0.0	1	114	0.2	3	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.5	34	75	0.2	29	167	0.0	1	114	0.3	4	15
African American	0.2	20	102	0.1	18	241	0.0	0	112	0.1	2	15
Other/unknown	0.2	19	83	0.1	16	195	0.0	1	113	0.1	2	16
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.7	445	58	2.2	338	155	0.3	25	96	5.3	81	15
Part year	5.6	323	57	1.4	242	171	0.2	18	106	4.1	63	16
None	0.3	27	83	0.1	23	186	0.0	1	114	0.2	3	15
<b>Maintenance Assistance Status</b>												
Cash	0.5	42	91	0.2	37	211	0.0	1	124	0.3	4	15
Medically needy	0.5	29	59	0.1	23	161	0.0	1	136	0.3	5	14
Poverty related	0.2	14	70	0.1	11	150	0.0	0	94	0.1	2	16
Other/unknown	0.3	23	74	0.1	20	155	0.0	1	100	0.2	3	17

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 Michigan, 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.

f. 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, MICHIGAN, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Patented Brand-Name		Off-Patent Brand-Name Generic		Patented Brand-Name		Off-Patent Brand-Name Generic		Patented Brand-Name		Off-Patent Brand-Name Generic		Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
	Total		Total		Total		Total		Total								
Anti-infective Agents	0.2	0.0	0.0	0.2	\$18	\$14	\$0	\$3	\$81	\$497	\$93	\$18	362,644	\$29,410,317	164,279	11.1	1,606,295
Biologicals	0.4	0.4	0.0	0.0	649	649	0	0	1711	1,711	0	0	2,503	4,281,918	714	0.0	6,595
Antineoplastic Agents	0.5	0.2	0.0	0.3	123	112	1	10	256	696	2,097	32	10,417	2,662,358	2,094	0.1	21,650
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.2	27	21	1	5	74	164	50	24	248,990	18,484,507	70,388	4.7	691,439
Cardiovascular Agents	0.7	0.1	0.0	0.5	20	12	2	7	30	102	75	12	245,961	7,400,724	38,225	2.6	370,332
Respiratory Agents	0.4	0.2	0.0	0.1	30	27	1	3	77	111	63	19	283,526	21,938,547	73,503	4.9	734,249
Gastrointestinal Agents	0.4	0.1	0.0	0.2	30	21	2	8	80	148	139	34	142,465	11,438,682	38,573	2.6	375,795
Genitourinary Agents	0.2	0.1	0.0	0.2	9	6	0	3	41	90	54	19	37,185	1,527,973	17,586	1.2	169,766
CNS Drugs	0.9	0.3	0.0	0.5	81	75	0	6	94	226	115	12	1,626,970	152,671,314	179,044	12.0	1,880,503
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	48	45	0	2	70	83	60	16	397,414	27,991,270	55,736	3.7	588,237
Miscellaneous Psychological/ Neurological Agents	0.3	0.2	0.0	0.0	61	59	0	1	241	258	72	59	15,064	3,632,145	6,095	0.4	60,002
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	10	4	2	4	29	290	336	13	329,934	9,589,956	102,492	6.9	980,214
Neuromuscular Agents	0.7	0.3	0.0	0.3	55	44	5	6	76	132	125	17	665,227	50,734,666	87,314	5.9	929,476
Nutritional Products	0.2	0.0	0.0	0.2	3	0	0	2	10	13	18	10	86,505	892,040	38,871	2.6	355,609
Hematological Agents	0.4	0.2	0.0	0.3	312	307	0	4	712	1,841	92	16	38,475	27,408,490	9,030	0.6	87,966
Topical Products	0.2	0.0	0.0	0.2	6	3	0	2	31	96	68	15	155,335	4,887,280	82,768	5.6	812,026
Miscellaneous Products	0.3	0.2	0.0	0.1	89	79	3	6	283	408	254	58	15,778	4,457,474	4,760	0.3	50,319
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	10	0	0	0	58	0	0	0	3,055	176,255	1,702	0.1	18,065
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>4,667,448</b>	<b>379,585,916</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 Michigan, 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, MICHIGAN, 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	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$123,916,816	72,168	4.9	801,963	0.6	\$270	\$155
ANTICONVULSANT	48,606,488	86,868	5.8	956,139	0.6	85	51
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	26,550,350	60,580	4.1	670,928	0.6	71	40
ANTIDEPRESSANTS	24,153,504	157,612	10.6	1,692,556	0.4	32	14
MISC. HEMATOLOGICAL	21,778,233	2,672	0.2	26,512	0.4	2,083	821
ANTIVIRAL	19,572,465	9,041	0.6	92,093	0.4	520	213
ANTIASTHMATIC	15,155,210	81,423	5.5	826,954	0.2	74	18
MISC. ENDOCRINE	8,001,720	3,718	0.3	40,161	0.5	430	199
ULCER DRUGS	7,135,686	36,721	2.5	359,988	0.3	69	20
ANTIDIABETIC	6,987,501	18,625	1.3	182,841	0.4	86	38
Total	301,857,973	529,428	n.a.	5,650,135	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.  
 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, MICHIGAN, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benefic Bene(s)	Number of Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benefic Bene(s)	Number of Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>2,610,156</b>	<b>\$301,857,973</b>	<b>72,168</b>	<b>4.9</b>	<b>801,963</b>	<b>0.6</b>	<b>\$155</b>	<b>86,868</b>	<b>5.8</b>	<b>956,139</b>	<b>0.6</b>	<b>\$51</b>
<b>Female</b>												
All Females	1,468,554	141,190,148	38,066	4.4	422,434	0.5	140	54,508	6.4	600,001	0.6	46
<b>Female, Disabled</b>												
All Ages	765,759	85,032,417	21,718	24.8	249,613	0.6	174	28,054	32.0	321,823	0.7	55
5 and younger	8,697	1,025,163	39	1.4	455	0.4	67	274	10.0	3,112	0.6	90
6-14	37,010	4,924,056	822	11.8	9,587	0.6	142	1,139	16.4	13,297	0.8	117
15-20	38,354	5,332,738	1,292	18.6	14,817	0.6	141	1,430	20.5	16,364	0.7	100
21-44	242,346	29,363,270	8,695	31.2	100,022	0.6	161	10,164	36.5	117,092	0.7	60
45-64	438,971	44,344,754	10,861	25.3	124,683	0.7	192	15,024	35.0	171,807	0.7	42
65-74	381	42,436	9	7.5	49	1.2	317	23	19.2	151	0.5	32
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	702,795	56,157,731	16,348	2.1	172,821	0.4	91	26,454	3.4	278,178	0.4	35
5 and younger	23,468	2,148,655	127	0.1	1,390	0.4	72	520	0.3	5,806	0.4	51
6-14	142,705	13,195,172	2,717	1.4	30,540	0.5	112	2,295	1.2	25,563	0.5	60
15-20	106,626	10,365,073	3,501	2.8	37,932	0.4	97	3,362	2.7	35,946	0.4	47
21-44	355,937	25,372,898	8,761	3.4	90,261	0.3	80	17,355	6.7	180,840	0.4	30
45-64	72,009	4,941,192	1,224	5.4	12,522	0.4	100	2,875	12.8	29,565	0.5	27
65-74	1,519	106,866	12	1.1	112	0.5	71	31	2.9	326	0.5	15
75-84	437	25,314	5	0.5	52	0.3	16	13	1.2	116	0.3	10
85 and older	94	2,561	1	0.1	12	0.1	16	3	0.3	16	1.3	6
<b>Male</b>												
All Males	1,141,602	160,667,825	34,102	5.4	379,529	0.6	171	32,360	5.2	356,138	0.6	59
<b>Male, Disabled</b>												
All Ages	617,285	103,338,298	21,186	23.6	240,565	0.7	198	21,156	23.5	239,571	0.7	66
5 and younger	13,544	1,723,304	147	3.8	1,699	0.5	112	424	11.0	4,849	0.7	88
6-14	97,951	18,919,617	2,864	20.3	33,195	0.6	153	2,088	14.8	24,252	0.7	102
15-20	73,873	15,910,682	2,684	21.7	30,859	0.6	176	2,038	16.5	23,475	0.7	96
21-44	199,863	34,514,781	8,318	31.0	94,113	0.7	213	7,917	29.5	89,939	0.8	72
45-64	231,969	32,263,453	7,172	22.0	80,687	0.7	210	8,688	26.7	97,053	0.7	43
65-74	85	6,461	1	0.9	12	0.3	115	1	0.9	3	1.3	195
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	524,317	57,329,527	12,916	2.4	138,964	0.5	123	11,204	2.1	116,567	0.5	46
5 and younger	37,520	4,620,813	373	0.2	4,149	0.4	74	747	0.4	8,208	0.4	45
6-14	292,095	29,077,926	6,273	3.2	70,497	0.5	125	3,229	1.6	36,260	0.6	60
15-20	116,117	16,923,184	4,095	4.1	44,074	0.5	130	2,727	2.7	29,139	0.5	59
21-44	55,337	4,829,209	1,751	3.2	16,059	0.4	103	3,420	6.3	32,314	0.4	28
45-64	22,101	1,791,025	409	3.7	4,068	0.5	134	1,049	9.5	10,341	0.5	24
65-74	634	46,526	11	1.5	91	0.5	104	19	2.5	185	0.5	16
75-84	439	36,542	3	0.4	25	0.6	69	11	1.6	109	0.5	3
85 and older	74	4,302	1	0.2	1	1.0	106	2	0.4	11	0.5	4
<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 Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.  
 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.

TABLE ND.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>  
 NONDUAL BENEFICIARIES, MICHIGAN, 2007

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIDEPRESSANTS					MISC. HEMATOLOGICAL				
	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
<b>All</b>	<b>60,580</b>	<b>4.1</b>	<b>670,928</b>	<b>0.6</b>	<b>\$40</b>	<b>157,612</b>	<b>10.6</b>	<b>1,692,556</b>	<b>0.4</b>	<b>\$14</b>	<b>2,672</b>	<b>0.2</b>	<b>26,512</b>	<b>0.4</b>	<b>\$821</b>
<b>Female</b>															
All Females	18,980	2.2	209,455	0.5	38	116,032	13.5	1,246,237	0.4	14	1,276	0.1	12,828	0.4	57
<b>Female, Disabled</b>															
All Ages	3,023	3.5	35,120	0.6	47	42,197	48.2	482,086	0.5	17	952	1.1	9,752	0.4	51
5 and younger	45	1.7	491	0.3	102	13	0.5	156	0.5	3	1	0.0	9	0.1	9
6-14	1,276	18.4	14,825	0.6	43	574	8.3	6,679	0.5	10	3	0.0	36	0.5	96
15-20	673	9.7	7,866	0.6	45	1,367	19.6	15,699	0.5	16	8	0.1	96	0.3	353
21-44	634	2.3	7,387	0.5	45	14,665	52.6	168,662	0.5	16	91	0.3	999	0.3	51
45-64	395	0.9	4,551	0.6	59	25,556	59.5	290,746	0.6	18	846	2.0	8,601	0.4	48
65-74	0	0.0	0	0.0	0	22	18.3	144	0.5	32	3	2.5	11	0.4	68
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	15,957	2.1	174,335	0.5	36	73,835	9.6	764,151	0.4	13	324	0.0	3,076	0.3	75
5 and younger	302	0.2	3,197	0.3	27	100	0.1	1,124	0.3	3	6	0.0	61	0.2	212
6-14	10,266	5.3	113,673	0.5	36	3,843	2.0	43,018	0.4	9	6	0.0	70	0.1	1,023
15-20	3,250	2.6	35,324	0.5	37	9,584	7.6	100,519	0.3	11	10	0.0	93	0.4	87
21-44	1,943	0.7	20,184	0.4	32	52,431	20.2	538,926	0.3	13	141	0.1	1,303	0.3	50
45-64	195	0.9	1,945	0.5	45	7,818	34.8	79,924	0.5	17	145	0.6	1,366	0.4	43
65-74	1	0.1	12	0.1	17	48	4.5	532	0.4	13	11	1.0	123	0.7	68
75-84	0	0.0	0	0.0	0	9	0.9	84	0.3	2	4	0.4	48	0.5	73
85 and older	0	0.0	0	0.0	0	2	0.2	24	0.6	23	1	0.1	12	0.4	51
<b>Male</b>															
All Males	41,600	6.6	461,473	0.6	40	41,580	6.6	446,319	0.5	14	1,396	0.2	13,684	0.4	1,538
<b>Male, Disabled</b>															
All Ages	8,019	8.9	93,276	0.6	46	21,846	24.3	244,802	0.5	16	1,041	1.2	10,508	0.4	1,379
5 and younger	150	3.9	1,746	0.3	36	41	1.1	479	0.4	5	6	0.2	68	0.3	2,692
6-14	4,929	34.9	57,460	0.6	44	1,529	10.8	17,598	0.5	11	22	0.2	264	0.8	24,178
15-20	2,163	17.5	25,109	0.6	51	1,903	15.4	21,847	0.5	18	20	0.2	231	0.7	21,638
21-44	626	2.3	7,258	0.6	46	7,470	27.8	83,756	0.5	16	112	0.4	1,132	0.4	1,576
45-64	151	0.5	1,703	0.6	52	10,890	33.4	121,035	0.5	16	879	2.7	8,800	0.4	130
65-74	0	0.0	0	0.0	0	13	11.4	87	0.4	12	2	1.8	13	0.2	47
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	33,581	6.2	368,197	0.6	39	19,734	3.7	201,517	0.4	12	355	0.1	3,176	0.4	2,064
5 and younger	791	0.5	8,567	0.3	25	128	0.1	1,440	0.3	3	22	0.0	255	0.4	5,451
6-14	25,600	12.9	283,001	0.6	38	5,359	2.7	59,563	0.4	10	18	0.0	213	0.6	8,717
15-20	6,617	6.5	71,314	0.5	43	5,102	5.0	53,686	0.4	15	26	0.0	264	0.4	11,617
21-44	518	1.0	4,771	0.4	34	7,083	13.1	66,345	0.4	12	100	0.2	800	0.3	215
45-64	55	0.5	544	0.5	45	2,039	18.4	20,252	0.4	15	171	1.5	1,476	0.3	41
65-74	0	0.0	0	0.0	0	14	1.9	159	0.4	4	6	0.8	50	0.6	57
75-84	0	0.0	0	0.0	0	7	1.0	63	0.8	54	9	1.3	93	0.4	42
85 and older	0	0.0	0	0.0	0	2	0.4	9	0.6	23	3	0.7	25	0.8	100
<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 Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.  
 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.

TABLE ND.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>  
 NONDUAL BENEFICIARIES, MICHIGAN, 2007

Beneficiary Characteristics	ANTIVIRAL					ANTIASTHMATIC					MISC. ENDOCRINE				
	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 Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>9,041</b>	<b>0.6</b>	<b>92,093</b>	<b>0.4</b>	<b>\$213</b>	<b>81,423</b>	<b>5.5</b>	<b>826,954</b>	<b>0.2</b>	<b>\$18</b>	<b>3,718</b>	<b>0.3</b>	<b>40,161</b>	<b>0.5</b>	<b>\$199</b>
<b>Female</b>															
All Females	5,997	0.7	60,286	0.3	143	43,281	5.0	436,111	0.2	18	1,999	0.2	21,502	0.5	160
<b>Female, Disabled</b>															
All Ages	1,384	1.6	15,600	0.6	328	9,667	11.0	105,283	0.3	27	1,008	1.2	11,237	0.5	133
5 and younger	23	0.8	269	0.5	84	1,115	40.9	12,744	0.3	28	43	1.6	501	0.6	250
6-14	49	0.7	580	0.3	96	1,222	17.6	14,209	0.3	29	111	1.6	1,260	0.6	405
15-20	87	1.2	1,009	0.3	131	810	11.6	9,292	0.3	27	68	1.0	802	0.6	390
21-44	544	2.0	6,022	0.5	319	1,809	6.5	19,897	0.3	21	144	0.5	1,656	0.5	77
45-64	680	1.6	7,714	0.6	388	4,681	10.9	48,948	0.3	28	639	1.5	7,008	0.5	60
65-74	1	0.8	6	0.2	3	30	25.0	193	0.4	33	3	2.5	10	0.3	23
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	4,613	0.6	44,686	0.2	78	33,614	4.4	330,828	0.2	15	991	0.1	10,265	0.4	189
5 and younger	169	0.1	1,707	0.1	6	7,132	4.3	70,921	0.2	13	45	0.0	498	0.4	787
6-14	340	0.2	3,648	0.2	45	9,048	4.6	93,831	0.2	17	471	0.2	4,943	0.4	225
15-20	875	0.7	8,759	0.2	54	5,607	4.5	56,747	0.2	16	115	0.1	1,241	0.4	231
21-44	2,996	1.2	28,454	0.3	84	10,138	3.9	93,563	0.2	13	119	0.0	1,100	0.3	51
45-64	229	1.0	2,080	0.4	218	1,643	7.3	15,276	0.3	21	199	0.9	2,024	0.4	35
65-74	3	0.3	26	0.1	18	40	3.8	418	0.3	37	32	3.0	345	0.5	45
75-84	1	0.1	12	1.1	5	5	0.5	60	0.2	27	10	1.0	114	0.7	52
85 and older	0	0.0	0	0.0	0	1	0.1	12	0.1	3	0	0.0	0	0.0	0
<b>Male</b>															
All Males	3,044	0.5	31,807	0.6	345	38,142	6.1	390,843	0.3	19	1,719	0.3	18,659	0.5	245
<b>Male, Disabled</b>															
All Ages	1,978	2.2	21,288	0.7	453	8,814	9.8	96,350	0.3	28	634	0.7	7,199	0.6	269
5 and younger	34	0.9	380	0.2	22	1,576	40.7	17,968	0.3	27	51	1.3	552	0.6	249
6-14	76	0.5	884	0.4	170	2,212	15.7	25,456	0.3	30	210	1.5	2,431	0.6	381
15-20	67	0.5	790	0.4	197	1,114	9.0	12,791	0.3	33	128	1.0	1,449	0.6	428
21-44	805	3.0	8,236	0.7	444	1,078	4.0	11,578	0.3	21	133	0.5	1,518	0.6	73
45-64	996	3.1	10,998	0.8	516	2,825	8.7	28,511	0.3	26	112	0.3	1,249	0.6	113
65-74	0	0.0	0	0.0	0	9	7.9	46	0.3	36	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	1,066	0.2	10,519	0.3	125	29,328	5.4	294,493	0.2	16	1,085	0.2	11,460	0.4	230
5 and younger	200	0.1	1,981	0.2	22	10,912	6.3	108,407	0.2	15	67	0.0	699	0.5	381
6-14	350	0.2	3,698	0.3	85	12,215	6.2	127,155	0.3	17	802	0.4	8,517	0.4	163
15-20	237	0.2	2,423	0.3	106	4,016	4.0	40,796	0.2	16	168	0.2	1,795	0.6	529
21-44	206	0.4	1,716	0.4	274	1,570	2.9	12,740	0.2	15	30	0.1	271	0.4	89
45-64	71	0.6	677	0.6	331	565	5.1	4,920	0.3	24	10	0.1	94	0.2	52
65-74	0	0.0	0	0.0	0	29	3.9	265	0.4	44	2	0.3	24	0.6	48
75-84	2	0.3	24	0.5	295	21	3.0	210	0.3	40	3	0.4	36	0.3	23
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	0.7	24	0.3	16
<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 Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.  
 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.

TABLE ND.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>  
 NONDUAL BENEFICIARIES, MICHIGAN, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					Number of Beneficiaries	Number of Benefit Months
	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		
<b>All</b>	<b>36,721</b>	<b>2.5</b>	<b>359,988</b>	<b>0.3</b>	<b>\$20</b>	<b>18,625</b>	<b>1.3</b>	<b>182,841</b>	<b>0.4</b>	<b>\$38</b>	<b>1,486,677</b>	<b>13,864,497</b>
<b>Female</b>												
All Females	23,483	2.7	230,878	0.3	18	11,820	1.4	116,627	0.4	36	858,312	7,987,957
<b>Female, Disabled</b>												
All Ages	6,778	7.7	73,453	0.4	28	5,017	5.7	52,713	0.5	36	87,555	952,412
5 and younger	467	17.1	5,167	0.4	30	6	0.2	72	1.2	137	2,727	29,182
6-14	457	6.6	5,316	0.5	44	113	1.6	1,327	0.7	68	6,940	78,460
15-20	451	6.5	5,127	0.4	31	177	2.5	2,025	0.6	66	6,963	76,773
21-44	1,565	5.6	17,343	0.3	24	794	2.8	8,620	0.4	29	27,877	309,690
45-64	3,821	8.9	40,394	0.4	28	3,909	9.1	40,567	0.5	35	42,928	457,861
65-74	17	14.2	106	0.4	38	18	15.0	102	0.5	61	120	446
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Female, Other Eligibles</b>												
All Ages	16,705	2.2	157,425	0.2	13	6,803	0.9	63,914	0.4	35	770,757	7,035,545
5 and younger	2,228	1.4	18,559	0.2	13	85	0.1	961	0.8	81	164,125	1,480,773
6-14	1,447	0.7	15,581	0.2	17	707	0.4	7,717	0.6	76	195,090	1,932,931
15-20	2,789	2.2	28,203	0.2	11	872	0.7	8,887	0.5	65	125,987	1,146,071
21-44	8,579	3.3	79,650	0.2	11	3,656	1.4	33,069	0.3	22	259,790	2,262,147
45-64	1,563	7.0	14,419	0.3	20	1,371	6.1	12,077	0.3	22	22,461	196,155
65-74	57	5.4	592	0.4	27	84	7.9	896	0.5	35	1,065	7,667
75-84	34	3.3	335	0.3	20	26	2.5	283	0.4	19	1,045	5,415
85 and older	8	0.7	86	0.4	11	2	0.2	24	0.6	5	1,194	4,386
<b>Male</b>												
All Males	13,238	2.1	129,110	0.3	24	6,805	1.1	66,214	0.5	43	628,207	5,876,210
<b>Male, Disabled</b>												
All Ages	5,451	6.1	58,478	0.4	32	3,420	3.8	34,967	0.5	35	89,868	955,591
5 and younger	619	16.0	6,822	0.4	33	10	0.3	112	0.9	113	3,869	41,672
6-14	560	4.0	6,519	0.4	46	123	0.9	1,438	0.7	83	14,106	159,012
15-20	564	4.6	6,426	0.4	40	134	1.1	1,526	0.6	80	12,353	135,795
21-44	1,191	4.4	12,825	0.4	29	616	2.3	6,449	0.5	32	26,832	287,514
45-64	2,511	7.7	25,861	0.4	27	2,529	7.8	25,379	0.5	31	32,594	331,158
65-74	6	5.3	25	0.3	20	8	7.0	63	0.3	11	114	440
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Male, Other Eligibles</b>												
All Ages	7,787	1.4	70,632	0.3	17	3,385	0.6	31,247	0.5	51	538,339	4,920,619
5 and younger	2,779	1.6	23,185	0.3	16	119	0.1	1,327	0.7	73	172,315	1,548,605
6-14	1,339	0.7	14,301	0.3	21	690	0.3	7,553	0.7	81	197,974	1,957,728
15-20	1,191	1.2	12,140	0.2	15	545	0.5	5,706	0.6	87	101,109	925,768
21-44	1,703	3.2	14,170	0.2	15	1,011	1.9	8,270	0.3	26	53,998	389,723
45-64	719	6.5	6,341	0.3	18	958	8.7	7,855	0.3	19	11,055	87,519
65-74	30	4.0	253	0.4	28	34	4.6	247	0.7	44	746	5,133
75-84	16	2.3	157	0.3	19	28	4.1	289	0.5	28	690	3,955
85 and older	10	2.2	85	0.4	13	0	0.0	0	0.0	0	452	2,188
<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>158</b>	<b>330</b>

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.  
 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.

TABLE ND.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, MICHIGAN, 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>\$445</b>	<b>7.7</b>	<b>1,885</b>	<b>15,942</b>
<b>Age</b>				
0-64	557	9.6	1,161	12,694
65-74	36	0.7	89	475
75-84	4	0.3	275	1,065
85 and older	3	0.2	360	1,708
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	475	8.0	1,043	8,429
Male	412	7.5	842	7,513
Unknown	0	0.0	0	0
<b>Race</b>				
White	436	7.6	1,185	8,806
African American	467	8	610	6,455
Other/unknown	357	7.3	90	681
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	4	0.3	717	3,224
Disabled	558	9.6	1,166	12,708
Adults	103	4.2	2	10
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.  
 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 1,819 beneficiaries who were in nursing facilities for part of their enrollment and their 16,641 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.

Nondual Medicaid Beneficiaries

**TABLE ND.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>**  
**NONDUAL BENEFICIARIES, MICHIGAN, 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	0.5	0.1	0.0	0.4	\$57	\$42	\$1	\$15	\$116	\$463	\$156	\$37	4,243	\$492,176	767	40.7	8,588
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	27	10	0	16	77	298	0	52	284	21,748	75	4.0	820
Endocrine/Metabolic Drugs	1.4	0.6	0.0	0.8	80	69	3	8	57	115	81	10	9,125	518,741	581	30.8	6,492
Cardiovascular Agents	2.4	0.3	0.1	1.9	59	29	7	23	25	91	61	12	22,827	573,702	876	46.5	9,708
Respiratory Agents	0.9	0.3	0.0	0.6	44	37	1	6	48	110	79	11	4,637	223,737	452	24.0	5,030
Gastrointestinal Agents	1.3	0.5	0.0	0.8	65	55	0	10	51	113	139	12	10,514	537,092	747	39.6	8,277
Genitourinary Agents	0.7	0.5	0.0	0.3	45	41	0	3	61	88	39	13	2,206	135,094	267	14.2	2,998
CNS Drugs	1.9	0.8	0.0	1.1	143	128	0	15	76	161	69	14	20,518	1,550,118	1,001	53.1	10,807
Stimulants/Anti-obesity/Aorexia	2.0	0.6	0.0	1.4	39	35	0	4	19	56	0	3	5	1,940	5	0.3	50
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	361	360	0	0	399	403	74	56	1,814	723,851	176	9.3	2,007
Analgesics and Anesthetics	1.9	0.0	0.1	1.8	65	10	23	31	33	274	157	17	15,057	501,034	706	37.5	7,755
Neuromuscular Agents	1.9	0.6	0.0	1.2	126	94	6	26	67	147	159	22	16,841	1,127,832	805	42.7	8,958
Nutritional Products	0.7	0.0	0.1	0.6	9	0	1	8	13	34	16	13	2,971	39,023	377	20.0	4,167
Hematological Agents	1.1	0.3	0.0	0.7	65	58	0	7	61	178	8	10	6,258	382,309	545	28.9	5,878
Topical Products	0.6	0.2	0.1	0.4	29	17	7	6	46	100	68	15	5,312	243,436	734	38.9	8,300
Miscellaneous Products	0.3	0.1	0.0	0.2	16	11	0	5	52	131	0	21	436	22,514	124	6.6	1,410
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	27	0	0	0	82	0	0	0	52	4,268	13	0.7	156
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>123,197</b>	<b>7,098,615</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 1,819 beneficiaries who were in nursing facilities for part of their enrollment and their 16,641 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 Michigan, 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, MICHIGAN, 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	\$1,119,904	570	30.2	6,477	1.0	\$180	\$173	
ANTICONVULSANT	1,033,041	972	51.6	10,958	1.2	79	94	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	724,636	222	11.8	2,499	0.7	392	290	
ANALGESICS - Narcotic	420,870	978	51.9	10,769	1.2	31	39	
ANTIDEPRESSANTS	401,979	973	51.6	10,953	0.9	41	37	
ANTIDIABETIC	392,435	636	33.7	7,182	1.0	55	55	
ULCER DRUGS	361,764	747	39.6	8,374	0.7	65	43	
ANTIHYPERLIPIDEMIC	213,714	403	21.4	4,557	0.8	56	47	
ANTIASTHMATIC	191,031	585	31.0	6,565	0.6	51	29	
DERMATOLOGICAL	185,038	1,386	73.5	15,864	0.3	44	12	
Total	5,044,412	7,472	n.a.	84,198	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 1,819 beneficiaries who were in nursing facilities for part of their enrollment and their 16,641 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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



TABLE 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<sup>a</sup>, b, c, d  
 NONDUAL BENEFICIARIES, MICHIGAN, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				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 \$
<b>All</b>	<b>68,900</b>	<b>\$5,044,412</b>	<b>570</b>	<b>30.2</b>	<b>6,477</b>	<b>1.0</b>	<b>\$173</b>	<b>972</b>	<b>51.6</b>	<b>10,958</b>	<b>1.2</b>	<b>\$94</b>
<b>Female</b>												
All Females	37,696	2,909,470	295	28.3	3,411	1.0	174	484	46.4	5,498	1.2	91
<b>Female, Disabled</b>												
All Ages	37,525	2,902,779	290	48.3	3,359	1.0	176	478	79.7	5,454	1.2	91
64 or younger	37,430	2,890,310	287	48.4	3,339	1.0	175	474	79.9	5,433	1.2	92
65-74	95	12,469	3	42.9	20	1.6	327	4	57.1	21	0.4	29
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	171	6,691	5	1.1	52	0.3	19	6	1.4	44	0.7	10
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	63	3,740	0	0.0	0	0.0	0	2	4.4	24	0.3	7
75-84	54	2,289	4	2.5	40	0.3	20	1	0.6	4	0.5	48
85 and older	54	662	1	0.4	12	0.1	16	3	1.3	16	1.3	6
<b>Male</b>												
All Males	31,204	2,134,942	275	32.7	3,066	0.9	172	488	58.0	5,460	1.2	98
<b>Male, Disabled</b>												
All Ages	31,112	2,132,658	274	48.4	3,065	0.9	172	485	85.7	5,444	1.2	98
64 or younger	31,112	2,132,658	274	48.4	3,065	0.9	172	485	85.7	5,444	1.2	98
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	92	2,284	1	0.4	1	3.0	380	3	1.1	16	1.1	9
64 or younger	8	319	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3	89	0	0.0	0	0.0	0	1	2.7	1	1.0	59
75-84	37	407	0	0.0	0	0.0	0	1	0.9	12	1.3	7
85 and older	44	1,469	1	0.8	1	1.0	106	1	0.8	3	0.3	2
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 1,819 beneficiaries who were in nursing facilities for part of their enrollment and their 16,641 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, MICHIGAN, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - Narcotic					ANTIDEPRESSANTS				
	Number of Users	Users as % of All-	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
		Year Nursing Facility Residents					Year Nursing Facility Residents					Year Nursing Facility Residents			
<b>All</b>	<b>222</b>	<b>11.8</b>	<b>2,499</b>	<b>0.7</b>	<b>\$290</b>	<b>978</b>	<b>51.9</b>	<b>10,769</b>	<b>1.2</b>	<b>\$39</b>	<b>973</b>	<b>51.6</b>	<b>10,953</b>	<b>0.9</b>	<b>\$37</b>
<b>Female</b>															
All Females	116	11.1	1,345	0.8	417	513	49.2	5,739	1.3	47	522	50.0	5,900	0.9	40
<b>Female, Disabled</b>															
All Ages	114	19.0	1,321	0.8	424	512	85.3	5,727	1.3	47	519	86.5	5,872	0.9	40
64 or younger	114	19.2	1,321	0.8	424	509	85.8	5,723	1.3	47	516	87.0	5,846	0.9	40
65-74	0	0.0	0	0.0	0	3	42.9	4	2.3	114	3	42.9	26	0.6	86
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	2	0.5	24	0.2	33	1	0.2	12	0.4	2	3	0.7	28	0.7	12
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2.2	12	0.3	19
75-84	2	1.3	24	0.2	33	1	0.6	12	0.4	2	2	1.3	16	0.9	7
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</b>															
All Males	106	12.6	1,154	0.7	142	465	55.2	5,030	1.2	30	451	53.6	5,053	0.8	33
<b>Male, Disabled</b>															
All Ages	104	18.4	1,141	0.7	143	464	82.0	5,023	1.2	30	450	79.5	5,052	0.8	33
64 or younger	104	18.4	1,141	0.7	143	464	82.0	5,023	1.2	30	450	79.5	5,052	0.8	33
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	2	0.7	13	0.5	61	1	0.4	7	0.7	1	1	0.4	1	1.0	16
64 or younger	0	0.0	0	0.0	0	1	50.0	7	0.7	1	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	1	0.9	1	1.0	30	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	0.8	12	0.5	64	0	0.0	0	0.0	0	1	0.8	1	1.0	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 Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.  
 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 1,819 beneficiaries who were in nursing facilities for part of their enrollment and their 16,641 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, MICHIGAN, 2007

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					ANTIHYPERTENSIVE				
	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>636</b>	<b>33.7</b>	<b>7,182</b>	<b>1.0</b>	<b>\$55</b>	<b>747</b>	<b>39.6</b>	<b>8,374</b>	<b>0.7</b>	<b>\$43</b>	<b>403</b>	<b>21.4</b>	<b>4,557</b>	<b>0.8</b>	<b>\$47</b>
<b>Female</b>															
All Females	338	32.4	3,828	1.0	57	384	36.8	4,345	0.7	43	213	20.4	2,415	0.8	46
<b>Female, Disabled</b>															
All Ages	338	56.3	3,828	1.0	57	375	62.5	4,281	0.7	44	212	35.3	2,403	0.8	46
64 or younger	335	56.5	3,822	1.0	57	372	62.7	4,274	0.7	44	210	35.4	2,390	0.8	46
65-74	3	42.9	6	2.2	296	3	42.9	7	0.7	52	2	28.6	13	0.7	24
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	0	0.0	0	0.0	0	9	2.0	64	0.6	20	1	0.2	12	0.8	47
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	0	0.0	0	0.0	0	2	4.4	24	0.5	31	1	2.2	12	0.8	47
75-84	0	0.0	0	0.0	0	4	2.5	14	0.4	21	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	3	1.3	26	0.7	8	0	0.0	0	0.0	0
<b>Male</b>															
All Males	298	35.4	3,354	1.0	52	363	43.1	4,029	0.6	43	190	22.6	2,142	0.8	48
<b>Male, Disabled</b>															
All Ages	297	52.5	3,342	1.0	52	357	63.1	3,987	0.6	44	189	33.4	2,130	0.8	48
64 or younger	297	52.5	3,342	1.0	52	357	63.1	3,987	0.6	44	189	33.4	2,130	0.8	48
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	1	0.4	12	0.2	3	6	2.2	42	0.5	14	1	0.4	12	0.6	6
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	0	0.0	0	0.0	0	1	2.7	12	0.1	2	0	0.0	0	0.0	0
75-84	1	0.9	12	0.1	0	2	1.7	14	0.8	14	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	3	2.5	16	0.6	22	1	0.8	12	0.6	6
<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 Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 1,819 beneficiaries who were in nursing facilities for part of their enrollment and their 16,641 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, MICHIGAN, 2007

Beneficiary Characteristics	ANTIASTHMATIC					DERMATOLOGICAL						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>585</b>	<b>31.0</b>	<b>6,565</b>	<b>0.6</b>	<b>\$29</b>	<b>1,386</b>	<b>73.5</b>	<b>15,864</b>	<b>0.3</b>	<b>\$12</b>	<b>1,885</b>	<b>15,942</b>
<b>Female</b>												
All Females	355	34.0	4,018	0.6	34	759	72.8	8,762	0.3	11	1,043	8,429
<b>Female, Disabled</b>												
All Ages	354	59.0	4,012	0.6	33	737	122.8	8,571	0.3	12	600	6,565
64 or younger	353	59.5	4,010	0.6	33	736	124.1	8,570	0.3	12	593	6,541
65-74	1	14.3	2	1.5	51	1	14.3	1	1.0	65	7	24
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Female, Other Eligibles</b>												
All Ages	1	0.2	6	4.5	332	22	5.0	191	0.1	2	443	1,864
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1	2.2	6	4.5	332	3	6.7	36	0.1	1	45	261
75-84	0	0.0	0	0.0	0	8	5.1	57	0.1	1	158	579
85 and older	0	0.0	0	0.0	0	11	4.6	98	0.2	2	240	1,024
<b>Male</b>												
All Males	230	27.3	2,547	0.5	22	627	74.5	7,102	0.3	12	842	7,513
<b>Male, Disabled</b>												
All Ages	230	40.6	2,547	0.5	22	612	108.1	6,957	0.3	12	566	6,143
64 or younger	230	40.6	2,547	0.5	22	612	108.1	6,957	0.3	12	566	6,143
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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	0	0.0	0	0.0	0	15	5.4	145	0.2	2	276	1,370
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	10
65-74	0	0.0	0	0.0	0	1	2.7	12	0.1	1	37	190
75-84	0	0.0	0	0.0	0	7	6.0	63	0.1	2	117	486
85 and older	0	0.0	0	0.0	0	7	5.8	70	0.3	2	120	684
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.  
 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 1,819 beneficiaries who were in nursing facilities for part of their enrollment and their 16,641 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<sup>a,b</sup>  
 MICHIGAN, 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	
<b>All</b>	<b>127,781</b>	<b>8.6</b>	<b>0.4</b>	<b>588,915</b>	<b>\$3</b>	<b>\$3,793,006</b>	<b>\$6</b>	<b>1.0</b>	<b>1,486,677</b>	
<b>Age</b>										
5 and younger	13,357	3.9	0.1	27,678	1	333,151	12	1.8	343,036	
6-14	12,452	3.0	0.1	36,307	1	465,952	13	0.6	414,110	
15-20	13,695	5.6	0.2	40,387	2	397,296	10	0.7	246,413	
21-44	54,935	14.9	0.7	248,218	4	1,324,157	5	1.1	368,504	
45-64	32,547	29.8	2.1	230,483	11	1,243,258	5	1.2	109,039	
65-74	317	15.5	1.2	2,522	6	12,265	5	3.1	2,045	
75-84	292	16.8	1.3	2,327	7	11,593	5	7.4	1,735	
85 and older	186	11.3	0.6	993	3	5,334	5	26.3	1,646	
Unknown	0	0.0	0.0	0	0	0	0	0.0	149	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	737	14.3	1.1	5,624	5	27,662	5	5.9	5,141	
Disabled	44,412	25.0	1.8	321,586	12	2,158,137	7	0.9	177,424	
Adults	50,293	13.9	0.5	189,471	3	912,513	5	1.7	361,308	
Children	31,942	3.4	0.1	70,224	1	679,957	10	0.7	941,580	
Unknown	397	32.4	1.6	2,010	12	14,737	7	0.8	1,224	
<b>Gender</b>										
Female	88,222	10.3	0.5	405,310	3	2,414,345	6	1.3	858,312	
Male	39,559	6.3	0.3	183,605	2	1,378,661	8	0.7	628,207	
Unknown	0	0.0	0.0	0	0	0	0	0.0	158	
<b>Race</b>										
White	84,775	10.2	0.5	422,812	3	2,716,753	6	1.1	831,052	
African American	34,098	6.5	0.3	135,391	2	816,366	6	0.8	527,720	
Other/unknown	8,908	7.0	0.2	30,712	2	259,887	8	1.2	127,905	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	1,039	55.1	5.9	11,037	47	88,040	8	1.2	1,885	
Part year	1,277	70.2	5.9	10,681	53	96,471	9	1.8	1,819	
None	125,465	8.5	0.4	567,197	2	3,608,495	6	1.0	1,482,973	
<b>Maintenance Assistance Status</b>										
Cash	66,881	12.3	0.7	382,330	4	2,314,585	6	1.0	543,799	
Medically needy	13,458	13.5	0.5	53,719	3	301,346	6	1.4	99,364	
Poverty related	29,572	4.9	0.1	85,440	1	639,110	7	0.9	603,480	
Other/unknown	17,870	7.4	0.3	67,426	2	537,965	8	1.1	240,034	

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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<sup>a,b</sup>  
 MICHIGAN, 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
<b>All</b>	<b>0.0</b>	<b>\$0</b>	<b>\$6</b>	<b>\$0</b>	<b>\$0</b>	<b>13,864,497</b>
<b>Age</b>						
5 and younger	0.0	0	12	0	0	3,100,232
6-14	0.0	0	13	0	0	4,128,131
15-20	0.0	0	10	0	0	2,284,408
21-44	0.1	0	5	0	0	3,249,084
45-64	0.2	1	5	0	1	1,072,696
65-74	0.2	1	5	0	0	13,686
75-84	0.2	1	5	0	0	9,370
85 and older	0.2	1	5	0	0	6,574
Unknown	0.0	0	0	0	0	316
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.2	1	5	0	0	28,443
Disabled	0.2	1	7	0	1	1,908,006
Adults	0.1	0	5	0	0	3,066,832
Children	0.0	0	10	0	0	8,851,066
Unknown	0.2	1	7	0	1	10,150
<b>Gender</b>						
Female	0.1	0	6	0	0	7,987,957
Male	0.0	0	8	0	0	5,876,210
Unknown	0.0	0	0	0	0	330
<b>Race</b>						
White	0.1	0	6	0	0	7,331,610
African American	0.0	0	6	0	0	5,364,792
Other/unknown	0.0	0	8	0	0	1,168,095
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.7	6	8	0	1	15,942
Part year	0.6	6	9	0	2	16,641
None	0.0	0	6	0	0	13,831,914
<b>Maintenance Assistance Status</b>						
Cash	0.1	0	6	0	0	5,594,079
Medically needy	0.1	0	6	0	0	740,876
Poverty related	0.0	0	7	0	0	5,356,606
Other/unknown	0.0	0	8	0	0	2,172,936

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.  
 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<sup>a,b,c</sup>  
MICHIGAN, 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>140,947</b>	<b>\$27</b>	<b>\$3,793,006</b>	<b>100.0</b>	<b>588,915</b>	<b>\$6</b>	<b>100.0</b>
Anorexia or weight loss/gain	1	9	9	0.0	1	9	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	297	11	3,125	0.1	377	8	0.1
Cough and cold medications	654	135	88,447	2.3	1,877	47	0.3
Vitamins and minerals	7,401	44	325,663	8.6	22,991	14	3.9
Non-prescription drugs	54,263	20	1,105,562	29.1	132,278	8	22.5
Barbiturates	2,481	32	79,492	2.1	19,092	4	3.2
Benzodiazepines	73,917	25	1,830,739	48.3	408,179	4	69.3
Other Part D Excl Rx Drugs	1,933	186	359,969	9.5	4,120	87	0.7

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

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<sup>a, b</sup>**  
**NONDUAL BENEFICIARIES, MICHIGAN, 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>1,590,680</b>	<b>5,144</b>	<b>180,819</b>	<b>362,081</b>	<b>1,041,412</b>	<b>1,224</b>	<b>15,531,254</b>	<b>28,509</b>	<b>1,973,966</b>	<b>3,093,884</b>	<b>10,424,698</b>	<b>10,197</b>
<b>Age</b>												
5 and younger	377,660	0	6,799	13	370,848	0	3,664,220	0	75,349	34	3,588,837	0
6-14	460,200	0	22,719	17	437,464	0	4,850,645	0	262,080	170	4,588,395	0
15-20	268,737	0	20,803	25,592	222,329	13	2,631,086	0	234,622	216,517	2,179,878	69
21-44	369,464	0	54,739	303,697	10,606	422	3,272,860	0	602,945	2,600,161	67,201	2,553
45-64	109,041	1	75,524	32,730	17	769	1,082,431	1	798,081	276,814	74	7,461
65-74	2,045	1,761	234	30	0	20	13,734	12,550	886	184	0	114
75-84	1,737	1,736	0	1	0	0	9,387	9,386	0	1	0	0
85 and older	1,647	1,646	0	1	0	0	6,575	6,572	0	3	0	0
Unknown	149	0	1	0	148	0	316	0	3	0	313	0
<b>Gender</b>												
Female	908,923	3,275	88,635	300,110	515,679	1,224	8,810,646	17,336	975,884	2,628,247	5,178,982	10,197
Male	681,599	1,869	92,183	61,963	525,584	0	6,720,278	11,173	998,079	465,624	5,245,402	0
Unknown	158	0	1	8	149	0	330	0	3	13	314	0
<b>Race</b>												
White	922,301	3,332	94,548	229,024	594,448	949	8,795,380	16,380	1,016,192	1,905,283	5,849,778	7,747
African American	532,491	1,100	76,611	109,995	344,578	207	5,442,329	7,038	855,073	1,002,285	3,576,079	1,854
Other/unknown	135,888	712	9,660	23,062	102,386	68	1,293,545	5,091	102,701	186,316	998,841	596
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	1,885	717	1,166	2	0	0	15,942	3,224	12,708	10	0	0
Part year	1,819	318	1,470	26	5	0	16,838	2,091	14,454	247	46	0
None	1,586,976	4,109	178,183	362,053	1,041,407	1,224	15,498,474	23,194	1,946,804	3,093,627	10,424,652	10,197
<b>Maintenance Assistance Status</b>												
Cash	567,582	1,194	146,215	137,505	282,668	0	6,003,980	10,939	1,675,875	1,301,495	3,015,671	0
Medically needy	101,457	571	3,124	64,793	32,969	0	781,001	1,783	16,272	495,651	267,295	0
Poverty related	668,971	1,509	17,518	49,140	599,580	1,224	6,389,023	7,964	163,578	340,438	5,866,846	10,197
Other/unknown	252,670	1,870	13,962	110,643	126,195	0	2,357,250	7,823	118,241	956,300	1,274,886	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	1,393,364	5,130	172,708	356,890	857,422	1,214	13,491,628	28,372	1,882,440	3,045,095	8,525,608	10,113
FFS part year, with Rx claims	32,058	3	2,944	2,515	26,590	6	340,579	32	33,145	25,388	281,959	55
FFS part year, no Rx claims	61,255	8	1,772	1,903	57,568	4	613,812	90	18,896	17,136	577,661	29
MC all year, with Rx claims	11,964	0	1,643	170	10,151	0	134,194	0	19,335	1,596	113,263	0
MC all year, no Rx claims	92,039	3	1,752	603	89,681	0	951,041	15	20,150	4,669	926,207	0

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.

- 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<sup>a</sup>  
 NONDUAL BENEFICIARIES, MICHIGAN, 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	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>1,590,680</b>	<b>15,531,254</b>	<b>1,486,677</b>	<b>13,864,497</b>	<b>0</b>	<b>1,666,757</b>
Fee-for-service (FFS) all year	1,393,364	13,491,628	1,393,364	13,491,628	0	0
FFS part year, with Rx claims	32,058	340,579	32,058	155,562	0	185,017
FFS part year, with no Rx claims	61,255	613,812	61,255	217,307	0	396,505
Managed care (MC) all year, with Rx claims	11,964	134,194	0	0	0	134,194
MC all year, with no Rx claims	92,039	951,041	0	0	0	951,041

Source: Data for this table are from the MAX 2007 file for Michigan, released by CMS in 3/2010. This table was produced on 04/19/2011.  
 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