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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
SOUTH CAROLINA

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, SOUTH CAROLINA, 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	701,513	1,984	76,079	197,655	424,842	953	6,148,596	15,184	798,252	1,613,497	3,713,276	8,387
Age												
5 and younger	180,028	1	5,749	1	174,277	0	1,491,271	12	57,987	1	1,433,271	0
6-14	184,716	2	11,584	30	173,100	0	1,710,395	22	127,165	108	1,583,100	0
15-20	112,981	0	9,153	26,742	77,075	11	1,011,377	0	98,899	218,619	693,746	113
21-44	179,361	16	19,154	159,545	381	265	1,508,587	187	204,055	1,298,924	3,132	2,289
45-64	42,080	62	30,017	11,329	1	671	408,062	556	305,764	95,798	7	5,937
65-74	997	590	397	4	0	6	8,912	4,709	4,134	21	0	48
75-84	752	735	14	3	0	0	6,374	6,191	158	25	0	0
85 and older	588	578	10	0	0	0	3,596	3,507	89	0	0	0
Unknown	10	0	1	1	8	0	22	0	1	1	20	0
Gender												
Female	431,732	1,282	36,792	181,734	210,972	952	3,738,365	9,804	389,687	1,485,237	1,845,255	8,382
Male	269,768	702	39,285	15,921	213,859	1	2,410,141	5,380	408,558	128,260	1,867,938	5
Unknown	13	0	2	0	11	0	90	0	7	0	83	0
Race												
White	289,552	658	25,486	92,089	170,838	481	2,541,097	3,612	264,948	745,246	1,523,089	4,202
African American	342,326	1,040	31,091	98,611	211,154	430	2,989,446	8,931	326,662	819,239	1,830,756	3,858
Other/unknown	69,635	286	19,502	6,955	42,850	42	618,053	2,641	206,642	49,012	359,431	327
Use of Nursing Facilities^c												
Entire year	420	70	350	0	0	0	4,632	719	3,913	0	0	0
Part year	303	78	223	1	1	0	3,001	730	2,253	12	6	0
None	700,790	1,836	75,506	197,654	424,841	953	6,140,963	13,735	792,086	1,613,485	3,713,270	8,387
Maintenance Assistance Status												
Cash	212,014	868	66,197	62,291	82,658	0	1,973,923	9,212	708,609	523,492	732,610	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	345,216	597	5,471	30,305	307,890	953	2,896,523	3,700	43,495	206,836	2,634,105	8,387
Other/unknown	144,283	519	4,411	105,059	34,294	0	1,278,150	2,272	46,148	883,169	346,561	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	625,801	1,981	71,987	184,665	366,241	927	5,769,731	15,160	771,295	1,543,325	3,431,715	8,236
FFS part year, with Rx claims	39,020	3	3,086	8,647	27,262	22	242,753	24	22,186	52,719	167,680	144
FFS part year, no Rx claims	36,692	0	1,006	4,343	31,339	4	136,112	0	4,771	17,453	113,881	7

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. 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, SOUTH CAROLINA, 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	61.5	7.0	\$492	\$70	\$2,985	16.5	701,513
Age							
5 and younger	65.4	4.2	213	51	2,307	9.2	180,028
6-14	60.5	5.1	415	81	1,864	22.3	184,716
15-20	59.5	5.3	383	72	2,670	14.3	112,981
21-44	56.8	7.5	510	68	3,184	16.0	179,361
45-64	75.6	29.4	2,235	76	10,587	21.1	42,080
65-74	51.6	17.8	1,129	63	10,228	11.0	997
75-84	31.1	6.5	416	64	4,575	9.1	752
85 and older	17.2	3.2	143	45	4,642	3.1	588
Unknown	0.0	0.0	0	0	0	0.0	10
Basis of Eligibility^e							
Aged	30.4	8.1	553	68	6,823	8.1	1,984
Disabled	76.4	24.1	2,240	93	11,675	19.2	76,079
Adults	55.5	6.1	301	49	2,052	14.6	197,655
Children	61.7	4.3	266	61	1,815	14.6	424,842
Unknown	82.4	20.5	1,484	72	16,414	9.0	953
Gender							
Female	60.9	7.2	457	64	2,774	16.5	431,732
Male	62.4	6.7	548	82	3,323	16.5	269,768
Unknown	38.5	2.4	107	45	2,276	4.7	13
Race							
White	66.2	8.6	570	67	3,049	18.7	289,552
African American	57.7	5.6	391	70	2,707	14.4	342,326
Other/unknown	60.4	7.7	668	87	4,089	16.3	69,635
Use of Nursing Facilities^f							
Entire year	90.7	73.5	4,831	66	60,844	7.9	420
Part year	85.5	47.6	3,145	66	71,336	4.4	303
None	61.4	7.0	488	70	2,921	16.7	700,790
Maintenance Assistance Status							
Cash	69.6	12.5	993	79	4,965	20.0	212,014
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	62.7	4.6	269	59	2,135	12.6	345,216
Other/unknown	46.5	4.8	289	61	2,111	13.7	144,283

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. 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, SOUTH CAROLINA, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:							Mean \$, All Medicaid FFS \$ ^d	Number	
			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		Beneficiaries	Benefit Months
All	0.8	\$56	16.5	38.5	47.9	6.5	5.4	1.5	0.2	\$341	701,513	6,148,596
Age												
5 and younger	0.5	26	9.2	34.6	58.3	5.1	1.9	0.1	0.0	279	180,028	1,491,271
6-14	0.6	45	22.3	39.5	50.8	5.6	3.6	0.4	0.0	201	184,716	1,710,395
15-20	0.6	43	14.3	40.5	49.1	6.1	3.6	0.5	0.1	298	112,981	1,011,377
21-44	0.9	61	16.0	43.2	40.3	7.8	7.1	1.4	0.2	379	179,361	1,508,587
45-64	3.0	230	21.1	24.4	21.3	11.8	26.0	14.3	2.2	1,092	42,080	408,062
65-74	2.0	126	11.0	48.4	19.2	6.3	15.0	9.4	1.6	1,144	997	8,912
75-84	0.8	49	9.1	68.9	19.4	2.8	6.4	2.5	0.0	540	752	6,374
85 and older	0.5	23	3.1	82.8	11.2	1.2	3.1	1.5	0.2	759	588	3,596
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	10	22
Basis of Eligibility^e												
Aged	1.1	72	8.1	69.6	16.2	2.8	7.0	3.8	0.6	892	1,984	15,184
Disabled	2.3	214	19.2	23.6	31.9	11.7	21.2	10.1	1.6	1,113	76,079	798,252
Adults	0.7	37	14.6	44.5	41.5	7.3	5.8	0.8	0.1	251	197,655	1,613,497
Children	0.5	30	14.6	38.3	53.9	5.2	2.4	0.2	0.0	208	424,842	3,713,276
Unknown	2.3	169	9.0	17.6	32.7	17.4	24.8	7.0	0.4	1,865	953	8,387
Gender												
Female	0.8	53	16.5	39.1	47.0	6.5	5.5	1.6	0.2	320	431,732	3,738,365
Male	0.8	61	16.5	37.6	49.4	6.4	5.3	1.2	0.1	372	269,768	2,410,141
Unknown	0.3	16	4.7	61.5	30.8	0.0	7.7	0.0	0.0	329	13	90
Race												
White	1.0	65	18.7	33.8	48.8	8.1	7.2	1.9	0.3	347	289,552	2,541,097
African American	0.6	45	14.4	42.3	47.4	5.3	3.8	1.0	0.1	310	342,326	2,989,446
Other/unknown	0.9	75	16.3	39.6	46.5	5.8	5.9	2.0	0.3	461	69,635	618,053
Use of Nursing Facilities^f												
Entire year	6.7	438	7.9	9.3	6.0	4.5	24.3	38.1	17.9	5,517	420	4,632
Part year	4.8	318	4.4	14.5	16.5	6.3	24.4	30.0	8.3	7,203	303	3,001
None	0.8	56	16.7	38.6	47.9	6.5	5.4	1.4	0.2	333	700,790	6,140,963
Maintenance Assistance Status												
Cash	1.3	107	20.0	30.4	44.5	9.3	11.3	3.9	0.6	533	212,014	1,973,923
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	32	12.6	37.3	54.0	5.6	2.7	0.4	0.0	255	345,216	2,896,523
Other/unknown	0.5	33	13.7	53.5	38.2	4.4	3.3	0.5	0.1	238	144,283	1,278,150

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. 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, SOUTH CAROLINA, 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	0.8	\$56	\$70	0.3	\$42	\$154	0.0	\$4	\$93	0.5	\$10	\$21
Age												
5 and younger	0.5	26	51	0.1	16	119	0.0	2	59	0.3	8	23
6-14	0.6	45	81	0.3	35	138	0.0	3	79	0.3	7	25
15-20	0.6	43	72	0.2	33	150	0.0	3	88	0.3	7	21
21-44	0.9	61	68	0.3	46	163	0.0	3	114	0.6	11	19
45-64	3.0	230	76	1.0	177	179	0.1	16	125	1.9	36	19
65-74	2.0	126	63	0.6	96	150	0.1	9	107	1.3	21	17
75-84	0.8	49	64	0.2	39	160	0.0	3	91	0.5	7	14
85 and older	0.5	23	45	0.2	16	102	0.0	2	89	0.3	5	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	1.1	72	68	0.3	56	163	0.0	5	109	0.7	11	16
Disabled	2.3	214	93	0.8	171	207	0.1	12	122	1.4	29	21
Adults	0.7	37	49	0.2	26	115	0.0	2	99	0.5	9	17
Children	0.5	30	61	0.2	22	121	0.0	2	70	0.3	7	23
Unknown	2.3	169	72	0.7	133	188	0.1	9	119	1.6	27	18
Gender												
Female	0.8	53	64	0.3	39	144	0.0	3	95	0.5	10	20
Male	0.8	61	82	0.3	48	168	0.0	4	91	0.4	10	23
Unknown	0.3	16	45	0.1	11	167	0.0	0	0	0.3	4	16
Race												
White	1.0	65	67	0.3	48	143	0.0	4	96	0.6	13	21
African American	0.6	45	70	0.2	34	156	0.0	3	87	0.4	8	20
Other/unknown	0.9	75	87	0.3	59	189	0.0	5	99	0.5	11	22
Use of Nursing Facilities^e												
Entire year	6.7	438	66	2.0	316	160	0.2	32	144	4.4	86	19
Part year	4.8	318	66	1.3	231	175	0.2	24	130	3.3	61	19
None	0.8	56	70	0.3	42	153	0.0	4	93	0.5	10	21
Maintenance Assistance Status												
Cash	1.3	107	79	0.5	83	182	0.1	6	111	0.8	17	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	32	59	0.2	23	122	0.0	2	74	0.3	7	22
Other/unknown	0.5	33	61	0.2	24	119	0.0	2	82	0.3	6	21

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. 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 South Carolina, 0.4 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, SOUTH CAROLINA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users												\$ per Benefit Month Among Users		\$ per Rx		Users ^e						
	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	Brand-Name	Off-Patent Brand-Name	Total	Brand-Name	Off-Patent Brand-Name	Total	Brand-Name	Off-Patent Brand-Name	Total	Brand-Name	Off-Patent Brand-Name	Total	Brand-Name	Off-Patent Brand-Name	Generic	Generic	Generic					
Anti-infective Agents	0.2	0.0	0.0	0.2	\$14	\$8	\$1	\$5	\$60	\$330	\$104	\$25	663,980	\$40,054,356	272,110	38.8	2,812,240						
Biologicals	0.3	0.3	0.0	0.0	335	335	0	0	1321	1,321	0	0	3,181	4,203,030	1,358	0.2	12,549						
Antineoplastic Agents	0.5	0.2	0.0	0.3	178	165	0	13	378	857	472	47	11,764	4,442,724	2,347	0.3	24,924						
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	24	19	0	5	58	111	39	21	483,570	28,243,626	113,336	16.2	1,179,194						
Cardiovascular Agents	1.0	0.3	0.1	0.6	38	26	5	7	39	96	89	12	553,775	21,872,203	54,462	7.8	579,896						
Respiratory Agents	0.4	0.2	0.0	0.2	24	18	3	3	64	101	64	22	847,018	54,280,980	218,236	31.1	2,267,604						
Gastrointestinal Agents	0.3	0.1	0.0	0.2	23	16	2	5	72	156	135	25	218,675	15,704,454	64,226	9.2	670,353						
Genitourinary Agents	0.2	0.1	0.0	0.1	11	7	0	3	52	91	61	26	63,275	3,307,559	30,261	4.3	311,797						
CNS Drugs	0.7	0.3	0.0	0.4	72	64	1	8	106	230	132	20	532,872	56,428,323	73,431	10.5	778,801						
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	75	70	1	3	114	129	64	34	229,214	26,039,292	32,873	4.7	349,054						
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	105	104	0	2	371	406	81	63	8,182	3,032,355	2,623	0.4	28,756						
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	13	5	2	5	38	316	378	17	491,821	18,496,855	140,012	20.0	1,461,954						
Neuromuscular Agents	0.6	0.3	0.0	0.3	61	48	5	8	102	192	175	24	294,705	29,980,409	45,848	6.5	494,317						
Nutritional Products	0.3	0.1	0.0	0.1	7	5	0	2	23	34	15	12	103,658	2,408,009	37,535	5.4	369,835						
Hematological Agents	0.4	0.2	0.0	0.2	65	61	0	3	183	327	37	18	59,507	10,871,168	16,162	2.3	168,275						
Topical Products	0.2	0.1	0.0	0.1	12	8	1	3	55	104	81	23	336,280	18,497,921	153,196	21.8	1,591,109						
Miscellaneous Products	0.5	0.3	0.0	0.2	428	409	4	15	805	1,211	217	84	7,537	6,070,717	1,301	0.2	14,194						
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	22	0	0	0	121	0	0	0	10,132	1,225,693	5,063	0.7	55,545						
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.	4,919,146	345,159,674	n.a.	n.a.	n.a.						

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. 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 South Carolina, 0.4 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, SOUTH CAROLINA, 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	\$39,821,990	21,911	3.1	243,065	0.6	\$285	\$164
ANTIASTHMATIC	32,136,865	125,208	17.8	1,325,195	0.3	95	24
ANTICONVULSANT	27,748,631	33,184	4.7	363,628	0.6	131	76
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	26,035,432	38,638	5.5	414,666	0.6	114	63
ANTIVIRAL	17,899,111	16,147	2.3	172,106	0.2	432	104
DERMATOLOGICAL	13,341,042	145,401	20.7	1,536,084	0.1	60	9
ANTIDEPRESSANTS	12,955,608	53,303	7.6	569,057	0.4	57	23
ANTIDIABETIC	12,764,965	25,812	3.7	278,835	0.5	85	46
ANALGESICS - Narcotic	12,054,929	154,129	22.0	1,631,630	0.2	35	7
ULCER DRUGS	11,335,226	54,151	7.7	568,041	0.3	72	20
Total	206,093,799	667,884	n.a.	7,102,307	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. 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, SOUTH CAROLINA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIASTHMATIC			
	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	2,068,577	\$206,093,799	21,911	3.1	243,065	0.6	\$164	125,208	17.8	1,325,195	0.3	\$24
Female												
All Females	1,205,837	110,688,518	11,423	2.6	125,703	0.5	154	62,943	14.6	667,395	0.3	24
Female, Disabled												
All Ages	497,875	57,783,997	6,597	17.9	75,098	0.7	201	13,676	37.2	154,802	0.4	40
5 and younger	9,545	846,788	27	1.1	316	0.6	93	1,169	47.7	13,249	0.2	24
6-14	31,293	3,631,168	349	9.2	3,982	0.6	137	1,673	44.0	19,242	0.3	32
15-20	25,764	3,501,346	462	14.6	5,301	0.6	184	747	23.6	8,601	0.3	39
21-44	123,121	16,617,666	2,256	23.2	25,572	0.6	200	2,385	24.5	26,917	0.3	29
45-64	304,828	32,768,968	3,455	19.9	39,409	0.7	210	7,600	43.7	85,720	0.4	48
65-74	3,323	418,055	48	18.5	518	0.8	283	102	39.4	1,073	0.4	44
75-84	1	6	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
Female, Other Eligibles												
All Ages	707,962	52,904,521	4,826	1.2	50,605	0.4	85	49,267	12.5	512,593	0.2	20
5 and younger	96,485	6,292,133	47	0.1	489	0.4	85	16,356	19.2	166,505	0.2	17
6-14	154,060	13,989,096	773	0.9	8,499	0.5	96	15,936	18.6	170,683	0.2	23
15-20	107,887	8,290,736	1,087	1.7	11,651	0.4	83	6,327	9.8	66,555	0.2	18
21-44	290,689	19,661,232	2,556	1.7	26,307	0.3	80	8,919	6.0	91,141	0.2	16
45-64	55,851	4,481,998	331	3.6	3,295	0.4	102	1,649	17.7	16,850	0.3	29
65-74	1,667	108,133	15	4.2	164	0.6	131	40	11.2	385	0.5	63
75-84	1,010	66,680	10	2.2	116	0.8	96	30	6.5	360	0.3	42
85 and older	313	14,513	7	1.6	84	0.4	37	10	2.3	114	0.2	27
Male												
All Males	862,735	95,405,020	10,488	3.9	117,362	0.6	174	62,264	23.1	657,794	0.3	24
Male, Disabled												
All Ages	367,755	50,971,253	6,812	17.3	77,853	0.7	209	10,483	26.7	118,319	0.3	36
5 and younger	14,447	1,376,230	57	1.7	680	0.5	88	1,918	58.1	21,681	0.3	26
6-14	71,243	8,858,555	1,252	16.1	14,195	0.6	144	3,308	42.5	38,045	0.3	35
15-20	45,269	6,295,126	1,138	19.0	13,231	0.6	170	1,162	19.4	13,348	0.3	28
21-44	95,264	16,511,912	2,452	26.0	27,898	0.8	249	1,003	10.6	11,417	0.3	31
45-64	140,355	17,823,260	1,895	15.0	21,652	0.7	229	3,055	24.2	33,463	0.4	48
65-74	1,177	106,170	18	13.0	197	1.0	232	37	26.8	365	0.5	62
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	494,980	44,433,767	3,676	1.6	39,509	0.5	104	51,781	22.5	539,475	0.2	22
5 and younger	119,290	8,509,645	121	0.1	1,288	0.4	75	23,519	26.3	239,900	0.2	19
6-14	239,312	23,728,963	2,020	2.3	21,994	0.5	106	22,237	25.4	236,712	0.3	24
15-20	78,908	7,589,787	1,085	2.8	11,676	0.4	105	4,853	12.3	51,344	0.3	22
21-44	39,614	3,100,385	353	3.2	3,530	0.4	106	788	7.2	7,680	0.3	22
45-64	16,748	1,426,920	77	2.8	808	0.4	105	360	13.0	3,580	0.3	35
65-74	606	41,016	9	3.7	108	0.5	29	9	3.7	91	0.6	83
75-84	319	25,911	10	3.7	98	0.7	147	7	2.6	72	0.5	40
85 and older	183	11,140	1	0.7	7	0.1	17	8	5.3	96	0.6	59
Unknown	5	261	0	0.0	0	0.0	0	1	4.3	6	0.5	42

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. 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.

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, SOUTH CAROLINA, 2007

Beneficiary Characteristics	ANTICONVULSANT					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIVIRAL				
	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	33,184	4.7	363,628	0.6	\$76	38,638	5.5	414,666	0.6	\$63	16,147	2.3	172,106	0.2	\$104
Female															
All Females	20,659	4.8	225,220	0.5	68	12,016	2.8	129,081	0.5	59	10,306	2.4	109,034	0.2	95
Female, Disabled															
All Ages	10,417	28.3	118,478	0.7	87	1,738	4.7	19,735	0.6	67	1,833	5.0	20,281	0.5	275
5 and younger	240	9.8	2,746	0.7	83	50	2.0	546	0.3	44	61	2.5	706	0.2	21
6-14	829	21.8	9,611	0.7	110	987	26.0	11,162	0.6	62	130	3.4	1,486	0.3	92
15-20	690	21.8	7,869	0.8	136	401	12.7	4,591	0.6	73	101	3.2	1,136	0.4	168
21-44	3,294	33.9	37,498	0.7	109	175	1.8	2,005	0.6	69	704	7.2	7,522	0.5	297
45-64	5,325	30.7	60,326	0.6	64	123	0.7	1,407	0.5	87	827	4.8	9,321	0.5	317
65-74	39	15.1	428	0.9	113	2	0.8	24	0.6	152	10	3.9	110	0.7	394
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
Female, Other Eligibles															
All Ages	10,242	2.6	106,742	0.4	46	10,278	2.6	109,346	0.5	58	8,473	2.1	88,753	0.2	54
5 and younger	246	0.3	2,491	0.4	52	421	0.5	4,125	0.3	38	1,236	1.5	13,066	0.1	7
6-14	968	1.1	10,567	0.5	74	7,011	8.2	75,008	0.5	59	1,945	2.3	21,078	0.1	20
15-20	1,468	2.3	15,593	0.4	59	1,825	2.8	19,653	0.5	58	1,375	2.1	14,533	0.2	56
21-44	6,417	4.3	66,157	0.4	40	927	0.6	9,620	0.5	51	3,633	2.4	37,201	0.2	79
45-64	1,095	11.8	11,396	0.4	37	94	1.0	940	0.5	68	282	3.0	2,851	0.4	192
65-74	30	8.4	327	0.6	36	0	0.0	0	0.0	0	2	0.6	24	0.1	12
75-84	10	2.2	120	0.6	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	8	1.9	91	0.4	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male															
All Males	12,525	4.6	138,408	0.7	91	26,622	9.9	285,585	0.6	65	5,841	2.2	63,072	0.2	119
Male, Disabled															
All Ages	8,525	21.7	96,987	0.7	105	4,887	12.4	55,563	0.6	72	1,680	4.3	18,389	0.5	341
5 and younger	308	9.3	3,497	0.7	87	161	4.9	1,816	0.3	41	98	3.0	1,112	0.2	27
6-14	1,360	17.5	15,632	0.7	115	3,233	41.5	36,649	0.7	72	246	3.2	2,882	0.2	63
15-20	1,142	19.1	13,177	0.8	123	1,272	21.3	14,578	0.6	76	104	1.7	1,171	0.3	137
21-44	2,816	29.9	32,103	0.8	130	174	1.8	1,975	0.6	70	568	6.0	5,936	0.6	418
45-64	2,875	22.7	32,298	0.6	70	47	0.4	545	0.6	80	662	5.2	7,264	0.7	469
65-74	24	17.4	280	0.8	56	0	0.0	0	0.0	0	2	1.4	24	0.5	74
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	4,000	1.7	41,421	0.5	57	21,735	9.4	230,022	0.6	63	4,161	1.8	44,683	0.1	28
5 and younger	323	0.4	3,252	0.4	40	983	1.1	10,184	0.4	37	1,380	1.5	14,705	0.1	8
6-14	1,383	1.6	14,979	0.5	66	17,017	19.5	180,123	0.6	64	1,964	2.2	21,370	0.1	17
15-20	957	2.4	10,139	0.5	68	3,570	9.1	38,113	0.5	65	574	1.5	6,125	0.2	36
21-44	988	9.1	9,682	0.4	43	131	1.2	1,267	0.5	62	165	1.5	1,651	0.3	171
45-64	327	11.8	3,168	0.5	44	34	1.2	335	0.6	78	75	2.7	807	0.4	313
65-74	12	4.9	120	1.0	34	0	0.0	0	0.0	0	1	0.4	12	0.2	33
75-84	7	2.6	55	1.1	45	0	0.0	0	0.0	0	1	0.4	1	1.0	501
85 and older	3	2.0	26	0.7	104	0	0.0	0	0.0	0	1	0.7	12	0.1	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 South Carolina, released by CMS in 5/2010. 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.

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, SOUTH CAROLINA, 2007

Beneficiary Characteristics	DERMATOLOGICAL					ANTIDEPRESSANTS					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	145,401	20.7	1,536,084	0.1	\$9	53,303	7.6	569,057	0.4	\$23	25,812	3.7	278,835	0.5	\$46
Female															
All Females	84,390	19.5	893,187	0.1	9	39,693	9.2	420,709	0.4	23	19,087	4.4	206,662	0.5	45
Female, Disabled															
All Ages	9,505	25.8	109,970	0.2	11	13,221	35.9	148,763	0.5	30	10,348	28.1	117,670	0.6	50
5 and younger	981	40.0	11,204	0.1	6	16	0.7	188	0.4	11	8	0.3	94	0.5	77
6-14	1,372	36.1	16,063	0.2	9	339	8.9	3,927	0.5	16	95	2.5	1,122	0.5	42
15-20	940	29.7	10,903	0.2	11	602	19.0	6,883	0.5	22	187	5.9	2,143	0.6	52
21-44	2,249	23.1	25,982	0.2	11	3,864	39.7	43,434	0.5	29	1,618	16.6	18,283	0.5	45
45-64	3,932	22.6	45,462	0.2	12	8,341	48.0	93,689	0.5	32	8,329	47.9	94,830	0.6	51
65-74	31	12.0	356	0.2	6	59	22.8	642	0.5	24	111	42.9	1,198	0.6	45
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
Female, Other Eligibles															
All Ages	74,885	19.0	783,217	0.1	9	26,472	6.7	271,946	0.3	20	8,739	2.2	88,992	0.4	39
5 and younger	31,701	37.3	320,105	0.1	7	86	0.1	874	0.2	7	48	0.1	478	0.5	35
6-14	19,676	23.0	213,738	0.1	10	1,898	2.2	20,727	0.4	12	807	0.9	8,625	0.5	51
15-20	11,176	17.4	119,762	0.1	11	4,555	7.1	48,227	0.3	15	922	1.4	9,551	0.5	50
21-44	10,978	7.4	115,251	0.1	9	17,229	11.5	174,790	0.3	21	4,932	3.3	49,627	0.4	34
45-64	1,300	14.0	13,758	0.1	11	2,633	28.3	26,590	0.4	29	1,887	20.3	19,245	0.5	41
65-74	21	5.9	227	0.2	10	37	10.4	371	0.6	16	97	27.2	954	0.6	30
75-84	23	4.9	256	0.2	10	22	4.7	235	0.6	31	39	8.4	458	0.7	39
85 and older	10	2.3	120	0.2	3	12	2.8	132	0.5	16	7	1.6	54	0.5	24
Male															
All Males	61,011	22.6	642,897	0.1	8	13,610	5.0	148,348	0.4	21	6,725	2.5	72,173	0.6	48
Male, Disabled															
All Ages	7,990	20.3	92,541	0.2	10	6,549	16.7	73,899	0.5	25	4,328	11.0	48,364	0.6	47
5 and younger	1,194	36.2	13,561	0.1	7	29	0.9	329	0.2	5	8	0.2	93	0.5	31
6-14	2,048	26.3	23,872	0.1	9	879	11.3	10,123	0.5	15	95	1.2	1,064	0.5	46
15-20	1,382	23.1	16,214	0.2	11	916	15.3	10,544	0.5	21	137	2.3	1,569	0.6	54
21-44	1,607	17.0	18,665	0.2	11	1,853	19.6	20,979	0.6	31	815	8.6	9,149	0.6	49
45-64	1,745	13.8	20,078	0.2	12	2,856	22.6	31,777	0.5	26	3,244	25.7	36,151	0.6	46
65-74	14	10.1	151	0.2	9	16	11.6	147	0.5	7	29	21.0	338	0.7	40
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	53,021	23.0	550,356	0.1	8	7,061	3.1	74,449	0.4	17	2,397	1.0	23,809	0.5	50
5 and younger	30,941	34.7	310,736	0.1	7	119	0.1	1,294	0.3	7	73	0.1	753	0.6	58
6-14	14,770	16.9	161,170	0.1	8	2,761	3.2	30,098	0.4	12	500	0.6	5,387	0.6	55
15-20	6,184	15.7	66,822	0.2	13	1,978	5.0	21,183	0.4	16	411	1.0	4,288	0.6	63
21-44	811	7.5	8,336	0.1	11	1,604	14.8	15,845	0.3	23	815	7.5	7,602	0.5	44
45-64	294	10.6	3,077	0.1	12	579	20.9	5,850	0.4	28	566	20.5	5,440	0.5	45
65-74	5	2.1	56	0.4	8	11	4.5	92	0.7	12	21	8.6	243	0.7	47
75-84	9	3.3	92	0.1	7	7	2.6	64	0.8	32	7	2.6	58	0.6	13
85 and older	7	4.6	67	0.2	11	2	1.3	23	0.9	8	4	2.6	38	0.7	9
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 South Carolina, released by CMS in 5/2010. 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.

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, SOUTH CAROLINA, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ULCER DRUGS						
	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 Beneficiaries	Number of Benefit Months
All	154,129	22.0	1,631,630	0.2	\$7	54,151	7.7	568,041	0.3	\$20	701,513	6,148,596
Female												
All Females	114,431	26.5	1,207,260	0.2	7	34,242	7.9	361,692	0.3	19	431,728	3,738,350
Female, Disabled												
All Ages	22,857	62.1	259,301	0.3	18	9,779	26.6	112,007	0.4	29	36,792	389,687
5 and younger	241	9.8	2,762	0.1	1	504	20.6	5,516	0.4	27	2,450	24,513
6-14	575	15.1	6,672	0.1	2	596	15.7	6,949	0.4	46	3,801	41,615
15-20	1,160	36.6	13,384	0.2	4	484	15.3	5,632	0.3	31	3,168	34,438
21-44	6,955	71.5	78,652	0.3	16	2,134	21.9	24,390	0.4	26	9,723	104,047
45-64	13,798	79.4	156,413	0.4	21	5,986	34.5	68,693	0.4	29	17,373	182,133
65-74	128	49.4	1,418	0.3	19	74	28.6	815	0.5	39	259	2,756
75-84	0	0.0	0	0.0	0	1	12.5	12	0.1	1	8	96
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	89
Female, Other Eligibles												
All Ages	91,574	23.2	947,959	0.2	4	24,463	6.2	249,685	0.2	14	394,936	3,348,663
5 and younger	2,804	3.3	30,035	0.1	1	5,696	6.7	51,609	0.2	13	85,010	698,994
6-14	6,515	7.6	71,122	0.1	1	3,904	4.6	42,856	0.2	18	85,642	781,591
15-20	18,817	29.2	196,597	0.1	1	4,383	6.8	46,787	0.2	12	64,407	561,469
21-44	58,095	38.9	595,540	0.2	4	8,958	6.0	92,698	0.2	13	149,333	1,218,142
45-64	5,216	56.1	53,296	0.3	10	1,450	15.6	14,968	0.3	24	9,296	79,036
65-74	72	20.2	749	0.2	6	42	11.8	439	0.4	21	357	2,907
75-84	40	8.6	463	0.2	6	21	4.5	243	0.4	29	465	4,078
85 and older	15	3.5	157	0.3	13	9	2.1	85	0.6	24	426	2,446
Male												
All Males	39,696	14.7	424,352	0.2	10	19,909	7.4	206,349	0.3	22	269,762	2,410,134
Male, Disabled												
All Ages	13,506	34.4	151,100	0.3	19	6,101	15.5	69,337	0.4	31	39,284	408,557
5 and younger	373	11.3	4,240	0.1	1	708	21.5	7,807	0.3	30	3,299	33,474
6-14	942	12.1	11,053	0.1	1	853	11.0	9,948	0.4	46	7,782	85,544
15-20	1,369	22.9	15,827	0.2	3	616	10.3	7,169	0.4	36	5,985	64,461
21-44	3,613	38.3	40,551	0.3	17	1,233	13.1	14,187	0.4	31	9,431	100,008
45-64	7,167	56.7	79,004	0.4	26	2,669	21.1	29,992	0.4	26	12,643	123,630
65-74	42	30.4	425	0.3	3	22	15.9	234	0.5	15	138	1,378
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	62
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	26,190	11.4	273,252	0.2	5	13,808	6.0	137,012	0.2	17	230,478	2,001,577
5 and younger	4,081	4.6	43,531	0.1	1	6,961	7.8	63,530	0.2	15	89,262	734,250
6-14	6,835	7.8	74,444	0.1	1	3,577	4.1	39,397	0.2	20	87,487	801,608
15-20	7,503	19.0	78,983	0.1	1	1,899	4.8	20,177	0.2	16	39,420	350,997
21-44	6,075	55.9	59,331	0.3	13	959	8.8	9,644	0.3	22	10,874	86,390
45-64	1,647	59.5	16,479	0.4	15	392	14.2	4,063	0.4	27	2,767	23,262
65-74	27	11.1	275	0.2	12	12	4.9	124	0.5	78	243	1,871
75-84	11	4.0	95	0.4	22	5	1.8	47	0.4	3	273	2,138
85 and older	11	7.2	114	0.2	10	3	2.0	30	0.7	5	152	1,061
Unknown	2	8.7	18	0.1	1	0	0.0	0	0.0	0	23	112

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. 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.

TABLE ND.8
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, SOUTH CAROLINA, 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	\$438	6.7	420	4,632
Age				
0-64	477	7.1	346	3,853
65-74	387	6.6	30	338
75-84	175	3.5	19	207
85 and older	99	1.9	25	234
Unknown	0	0.0	0	0
Gender				
Female	464	6.9	222	2,482
Male	408	6.4	198	2,150
Unknown	0	0.0	0	0
Race				
White	510	7.3	136	1,465
African American	406	6.6	243	2,684
Other/unknown	398	5.5	41	483
Basis of Eligibility^c				
Aged	264	4.2	70	719
Disabled	470	7.1	350	3,913
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. 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 303 beneficiaries who were in nursing facilities for part of their enrollment and their 3,001 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^{a, b, c, d, e}
NONDUAL BENEFICIARIES, SOUTH CAROLINA, 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	0.3	0.1	0.0	0.3	\$15	\$11	\$0	\$4	\$45	\$137	\$61	\$16	835	\$37,950	215	51.2	2,455
Biologicals	0.1	0.1	0.0	0.0	2	2	0	0	26	26	0	0	11	284	11	2.6	132
Antineoplastic Agents	0.5	0.0	0.0	0.5	46	13	0	33	85	279	0	67	93	7,901	16	3.8	172
Endocrine/Metabolic Drugs	1.4	0.6	0.0	0.8	79	68	2	9	56	114	42	11	2,662	148,594	163	38.8	1,883
Cardiovascular Agents	2.2	0.4	0.1	1.7	65	36	8	21	30	93	75	12	6,438	193,097	260	61.9	2,964
Respiratory Agents	0.5	0.2	0.1	0.2	36	28	4	4	70	117	76	18	792	55,077	134	31.9	1,524
Gastrointestinal Agents	1.1	0.2	0.0	0.9	46	21	8	17	43	127	229	20	2,279	98,276	188	44.8	2,155
Genitourinary Agents	0.8	0.4	0.0	0.3	49	39	1	9	65	92	39	29	714	46,098	80	19.0	933
CNS Drugs	1.9	0.8	0.0	1.1	183	161	0	21	97	214	43	19	6,217	605,540	286	68.1	3,309
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/Neurological Agents	1.0	0.9	0.0	0.0	181	181	0	0	190	191	0	32	502	95,545	45	10.7	527
Analgesics and Anesthetics	0.8	0.0	0.1	0.6	51	6	36	9	67	130	358	15	1,688	113,232	188	44.8	2,203
Neuromuscular Agents	1.7	0.5	0.0	1.1	137	94	4	39	82	178	156	35	4,910	401,058	254	60.5	2,929
Nutritional Products	0.7	0.1	0.0	0.6	11	2	0	8	15	27	14	14	848	12,614	104	24.8	1,190
Hematological Agents	1.1	0.3	0.0	0.8	101	91	0	10	92	322	21	13	1,397	128,183	109	26.0	1,265
Topical Products	0.6	0.2	0.0	0.4	27	17	2	9	49	91	70	25	1,268	61,620	193	46.0	2,261
Miscellaneous Products	0.3	0.0	0.0	0.3	17	2	0	15	57	78	0	55	66	3,753	19	4.5	219
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	57	0	0	0	126	0	0	0	159	20,072	32	7.6	352
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.	30,879	2,028,894	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. 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 303 beneficiaries who were in nursing facilities for part of their enrollment and their 3,001 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 South Carolina, 0.4 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, SOUTH CAROLINA, 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	\$466,149	199	47.4	2,337	0.9	\$229	\$199
ANTICONVULSANT	355,648	294	70.0	3,401	1.1	94	105
ANTIDIABETIC	146,369	218	51.9	2,531	1.0	61	58
ANTIDEPRESSANTS	105,288	259	61.7	2,998	0.9	40	35
ANALGESICS - Narcotic	100,921	215	51.2	2,496	0.5	74	40
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	95,545	55	13.1	638	0.8	190	150
ANTIHYPERTENSIVE	74,370	118	28.1	1,368	0.9	63	54
HEMATOPOIETIC AGENTS	63,350	54	12.9	620	0.6	164	102
ULCER DRUGS	57,357	145	34.5	1,662	0.8	45	35
ANTIHYPERTENSIVE	53,283	189	45.0	2,188	0.8	30	24
Total	1,518,280	1,746	n.a.	20,239	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. 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 303 beneficiaries who were in nursing facilities for part of their enrollment and their 3,001 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, SOUTH CAROLINA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTICONSULSANT				
	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	17,324	\$1,518,280	199	47.4	2,337	0.9	\$200	294	70.0	3,401	1.1	\$105
Female												
All Females	9,490	846,195	115	51.8	1,365	0.8	204	152	68.5	1,757	1.1	93
Female, Disabled												
All Ages	8,565	751,056	99	54.7	1,173	0.9	216	140	77.3	1,614	1.1	93
64 or younger	8,295	717,524	93	53.4	1,101	0.9	211	136	78.2	1,566	1.1	94
65-74	270	33,532	6	85.7	72	0.9	293	4	57.1	48	1.4	76
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
Female, Other Eligibles												
All Ages	925	95,139	16	39.0	192	0.6	132	12	29.3	143	1.0	97
64 or younger	297	62,324	4	100.0	48	0.8	344	5	125.0	59	1.2	189
65-74	249	12,312	6	75.0	72	0.5	73	3	37.5	36	0.9	24
75-84	275	13,713	2	15.4	24	1.1	89	3	23.1	36	1.1	49
85 and older	104	6,790	4	25.0	48	0.3	31	1	6.3	12	0.1	0
Male												
All Males	7,834	672,085	84	42.4	972	0.9	193	142	71.7	1,644	1.1	117
Male, Disabled												
All Ages	7,053	619,875	73	43.2	840	0.9	201	127	75.1	1,474	1.1	122
64 or younger	6,748	586,968	69	42.1	792	0.9	191	118	72.0	1,366	1.1	124
65-74	305	32,907	4	80.0	48	1.4	374	9	180.0	108	1.1	97
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	781	52,210	11	37.9	132	0.8	141	15	51.7	170	1.2	69
64 or younger	167	17,506	2	50.0	24	1.0	356	4	100.0	48	1.2	123
65-74	380	19,232	5	50.0	60	0.7	25	6	60.0	72	1.3	34
75-84	135	11,174	4	66.7	48	0.7	179	3	50.0	36	1.3	54
85 and older	99	4,298	0	0.0	0	0.0	0	2	22.2	14	0.6	104
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 South Carolina, released by CMS in 5/2010. 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 303 beneficiaries who were in nursing facilities for part of their enrollment and their 3,001 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, SOUTH CAROLINA, 2007

Beneficiary Characteristics	ANTIDIABETIC					ANTIDEPRESSANTS					ANALGESICS - Narcotic				
	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			
All	218	51.9	2,531	1.0	\$58	259	61.7	2,998	0.9	\$35	215	51.2	2,496	0.5	\$40
Female															
All Females	120	54.1	1,397	1.0	58	155	69.8	1,787	0.9	38	127	57.2	1,450	0.6	38
Female, Disabled															
All Ages	110	60.8	1,277	1.0	57	141	77.9	1,621	0.9	38	115	63.5	1,307	0.6	40
64 or younger	109	62.6	1,265	1.0	57	139	79.9	1,597	0.9	39	114	65.5	1,295	0.6	41
65-74	1	14.3	12	1.0	13	2	28.6	24	0.6	8	1	14.3	12	0.1	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
Female, Other Eligibles															
All Ages	10	24.4	120	1.2	70	14	34.1	166	0.9	33	12	29.3	143	0.3	13
64 or younger	2	50.0	24	2.1	213	6	150.0	70	0.8	23	4	100.0	47	0.1	1
65-74	3	37.5	36	1.2	47	2	25.0	24	1.5	33	3	37.5	36	0.3	3
75-84	4	30.8	48	1.1	33	4	30.8	48	0.9	61	1	7.7	12	0.2	3
85 and older	1	6.3	12	0.1	2	2	12.5	24	0.5	6	4	25.0	48	0.4	34
Male															
All Males	98	49.5	1,134	0.9	58	104	52.5	1,211	0.9	31	88	44.4	1,046	0.5	44
Male, Disabled															
All Ages	88	52.1	1,016	0.9	59	97	57.4	1,128	0.8	33	82	48.5	978	0.5	46
64 or younger	84	51.2	968	0.9	60	96	58.5	1,116	0.8	33	80	48.8	954	0.5	48
65-74	4	80.0	48	1.0	32	1	20.0	12	1.1	3	2	40.0	24	0.1	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	10	34.5	118	0.8	53	7	24.1	83	1.0	14	6	20.7	68	0.3	16
64 or younger	1	25.0	12	0.2	6	2	50.0	24	1.0	20	1	25.0	12	0.3	57
65-74	6	60.0	72	1.1	83	2	20.0	24	0.8	4	2	20.0	24	0.4	14
75-84	1	16.7	12	0.1	8	2	33.3	24	0.9	17	1	16.7	12	0.1	0
85 and older	2	22.2	22	0.6	4	1	11.1	11	1.7	15	2	22.2	20	0.4	2
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 South Carolina, released by CMS in 5/2010. 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 303 beneficiaries who were in nursing facilities for part of their enrollment and their 3,001 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.

Nondual Medicaid Beneficiaries

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, SOUTH CAROLINA, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIHYPERLIPIDEMIC					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	55	13.1	638	0.8	\$150	118	28.1	1,368	0.9	\$54	54	12.9	620	0.6	\$102
Female															
All Females	33	14.9	392	0.7	137	57	25.7	671	0.9	58	32	14.4	369	0.6	150
Female, Disabled															
All Ages	25	13.8	296	0.7	152	50	27.6	589	0.9	58	27	14.9	310	0.5	99
64 or younger	25	14.4	296	0.7	152	49	28.2	577	0.9	57	27	15.5	310	0.5	99
65-74	0	0.0	0	0.0	0	1	14.3	12	1.1	81	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
Female, Other Eligibles															
All Ages	8	19.5	96	0.9	90	7	17.1	82	0.8	57	5	12.2	59	0.8	416
64 or younger	0	0.0	0	0.0	0	4	100.0	46	0.6	52	3	75.0	35	0.9	700
65-74	1	12.5	12	0.9	66	3	37.5	36	1.0	65	0	0.0	0	0.0	0
75-84	3	23.1	36	1.1	132	0	0.0	0	0.0	0	1	7.7	12	0.8	2
85 and older	4	25.0	48	0.8	64	0	0.0	0	0.0	0	1	6.3	12	0.6	1
Male															
All Males	22	11.1	246	0.8	171	61	30.8	697	0.8	51	22	11.1	251	0.7	32
Male, Disabled															
All Ages	22	13.0	246	0.8	171	57	33.7	649	0.8	49	15	8.9	173	0.7	32
64 or younger	22	13.4	246	0.8	171	54	32.9	613	0.8	47	15	9.1	173	0.7	32
65-74	0	0.0	0	0.0	0	3	60.0	36	1.1	76	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
Male, Other Eligibles															
All Ages	0	0.0	0	0.0	0	4	13.8	48	1.0	84	7	24.1	78	0.8	34
64 or younger	0	0.0	0	0.0	0	1	25.0	12	1.0	120	1	25.0	12	0.5	3
65-74	0	0.0	0	0.0	0	3	30.0	36	1.0	72	2	20.0	24	0.9	10
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	33.3	24	0.8	3
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	22.2	18	1.1	129
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 South Carolina, released by CMS in 5/2010. 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 303 beneficiaries who were in nursing facilities for part of their enrollment and their 3,001 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.

Nondual Medicaid Beneficiaries

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, SOUTH CAROLINA, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERTENSIVE					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	145	34.5	1,662	0.8	\$35	189	45.0	2,188	0.8	\$24	420	4,632
Female												
All Females	75	33.8	851	0.8	34	91	41.0	1,063	0.8	23	222	2,482
Female, Disabled												
All Ages	68	37.6	775	0.8	37	81	44.8	944	0.8	24	181	2,038
64 or younger	62	35.6	703	0.8	30	78	44.8	908	0.8	25	174	1,954
65-74	6	85.7	72	0.9	102	3	42.9	36	0.9	5	7	84
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
Female, Other Eligibles												
All Ages	7	17.1	76	0.7	5	10	24.4	119	0.7	17	41	444
64 or younger	0	0.0	0	0.0	0	2	50.0	23	0.9	45	4	47
65-74	2	25.0	24	0.6	3	4	50.0	48	0.6	8	8	96
75-84	3	23.1	36	0.9	5	3	23.1	36	0.8	10	13	145
85 and older	2	12.5	16	0.4	7	1	6.3	12	0.3	21	16	156
Male												
All Males	70	35.4	811	0.8	35	98	49.5	1,125	0.8	25	198	2,150
Male, Disabled												
All Ages	63	37.3	733	0.8	31	89	52.7	1,017	0.8	27	169	1,875
64 or younger	62	37.8	721	0.8	31	87	53.0	993	0.8	28	164	1,815
65-74	1	20.0	12	0.3	3	2	40.0	24	0.5	4	5	60
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	7	24.1	78	0.7	76	9	31.0	108	0.9	7	29	275
64 or younger	1	25.0	12	1.0	7	2	50.0	24	1.0	11	4	37
65-74	4	40.0	48	0.6	119	4	40.0	48	1.0	7	10	98
75-84	0	0.0	0	0.0	0	1	16.7	12	1.1	5	6	62
85 and older	2	22.2	18	0.8	7	2	22.2	24	0.7	5	9	78
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 South Carolina, released by CMS in 5/2010. 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 303 beneficiaries who were in nursing facilities for part of their enrollment and their 3,001 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}
SOUTH CAROLINA, 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	128,648	18.3	0.5	375,984	\$8	\$5,311,834	\$14	1.5	701,513	
Age										
5 and younger	33,519	18.6	0.3	59,577	5	865,656	15	2.3	180,028	
6-14	31,120	16.8	0.3	62,141	6	1,091,148	18	1.4	184,716	
15-20	18,092	16.0	0.3	38,691	7	741,621	19	1.7	112,981	
21-44	29,416	16.4	0.6	109,170	7	1,334,458	12	1.5	179,361	
45-64	15,950	37.9	2.4	102,898	30	1,243,634	12	1.3	42,080	
65-74	297	29.8	2.0	1,952	20	20,422	10	1.8	997	
75-84	173	23.0	1.5	1,098	14	10,533	10	3.4	752	
85 and older	81	13.8	0.8	457	7	4,362	10	5.2	588	
Unknown	0	0.0	0.0	0	0	0	0	0.0	10	
Basis of Eligibility^c										
Aged	402	20.3	1.3	2,513	13	24,896	10	2.3	1,984	
Disabled	25,496	33.5	2.0	152,346	27	2,042,203	13	1.2	76,079	
Adults	29,138	14.7	0.4	88,276	6	1,090,127	12	1.8	197,655	
Children	73,257	17.2	0.3	131,253	5	2,137,648	16	1.9	424,842	
Unknown	355	37.3	1.7	1,596	18	16,960	11	1.2	953	
Gender										
Female	79,509	18.4	0.6	244,196	8	3,344,954	14	1.7	431,732	
Male	49,138	18.2	0.5	131,787	7	1,966,869	15	1.3	269,768	
Unknown	1	7.7	0.1	1	1	11	11	0.8	13	
Race										
White	61,321	21.2	0.7	204,514	10	2,902,800	14	1.8	289,552	
African American	53,560	15.6	0.4	128,287	5	1,732,237	14	1.3	342,326	
Other/unknown	13,767	19.8	0.6	43,183	10	676,797	16	1.5	69,635	
Use of Nursing Facilities^d										
Entire year	219	52.1	5.4	2,282	76	31,997	14	1.6	420	
Part year	179	59.1	4.1	1,242	42	12,819	10	1.3	303	
None	128,250	18.3	0.5	372,460	8	5,267,018	14	1.5	700,790	
Maintenance Assistance Status										
Cash	55,116	26.0	1.1	227,179	14	3,021,698	13	1.4	212,014	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	57,633	16.7	0.3	108,683	5	1,675,982	15	1.8	345,216	
Other/unknown	15,899	11.0	0.3	40,122	4	614,154	15	1.5	144,283	

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. 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}
SOUTH CAROLINA, 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	\$1	\$14	\$0	\$0	6,148,596
Age						
5 and younger	0.0	1	15	0	0	1,491,271
6-14	0.0	1	18	0	0	1,710,395
15-20	0.0	1	19	0	0	1,011,377
21-44	0.1	1	12	0	0	1,508,587
45-64	0.3	3	12	0	1	408,062
65-74	0.2	2	10	0	1	8,912
75-84	0.2	2	10	0	1	6,374
85 and older	0.1	1	10	0	0	3,596
Unknown	0.0	0	0	0	0	22
Basis of Eligibility^c						
Aged	0.2	2	10	0	1	15,184
Disabled	0.2	3	13	0	1	798,252
Adults	0.1	1	12	0	0	1,613,497
Children	0.0	1	16	0	0	3,713,276
Unknown	0.2	2	11	0	1	8,387
Gender						
Female	0.1	1	14	0	0	3,738,365
Male	0.1	1	15	0	0	2,410,141
Unknown	0.0	0	11	0	0	90
Race						
White	0.1	1	14	0	0	2,541,097
African American	0.0	1	14	0	0	2,989,446
Other/unknown	0.1	1	16	0	0	618,053
Use of Nursing Facilities^d						
Entire year	0.5	7	14	0	4	4,632
Part year	0.4	4	10	0	2	3,001
None	0.1	1	14	0	0	6,140,963
Maintenance Assistance Status						
Cash	0.1	2	13	0	1	1,973,923
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	1	15	0	0	2,896,523
Other/unknown	0.0	0	15	0	0	1,278,150

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. 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}
SOUTH CAROLINA, 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	Excluded Rx
All	152,315	\$35	\$5,311,834	100.0	375,984	\$14	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	3	41	123	0.0	4	31	0.0
Drugs for cosmetic purposes	283	13	3,781	0.1	407	9	0.1
Cough and cold medications	72,245	37	2,693,393	50.7	113,769	24	30.3
Vitamins and minerals	9,143	50	461,044	8.7	33,050	14	8.8
Non-prescription drugs	39,958	17	661,769	12.5	84,767	8	22.5
Barbiturates	1,056	48	50,704	1.0	8,310	6	2.2
Benzodiazepines	24,365	49	1,192,802	22.5	125,195	10	33.3
Other Part D Excl Rx Drugs	5,262	47	248,218	4.7	10,482	24	2.8

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. 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, SOUTH CAROLINA, 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	765,523	1,985	83,409	205,209	473,958	962	7,226,876	15,208	904,210	1,750,403	4,548,459	8,596
Age												
5 and younger	198,415	1	6,328	1	192,085	0	1,826,931	12	67,146	1	1,759,772	0
6-14	209,348	2	13,660	30	195,656	0	2,119,993	22	156,540	129	1,963,302	0
15-20	124,145	0	10,665	27,652	85,817	11	1,178,182	0	119,479	236,465	822,125	113
21-44	186,773	16	20,756	165,343	391	267	1,638,357	187	227,498	1,405,106	3,233	2,333
45-64	44,494	63	31,577	12,175	1	678	444,461	573	329,124	108,655	7	6,102
65-74	998	590	398	4	0	6	8,960	4,716	4,175	21	0	48
75-84	752	735	14	3	0	0	6,374	6,191	158	25	0	0
85 and older	588	578	10	0	0	0	3,596	3,507	89	0	0	0
Unknown	10	0	1	1	8	0	22	0	1	1	20	0
Gender												
Female	466,363	1,283	40,531	188,111	235,477	961	4,331,369	9,828	444,655	1,605,924	2,262,371	8,591
Male	299,147	702	42,876	17,098	238,470	1	2,895,417	5,380	459,548	144,479	2,286,005	5
Unknown	13	0	2	0	11	0	90	0	7	0	83	0
Race												
White	305,435	659	26,471	94,469	183,355	481	2,815,292	3,631	279,862	788,401	1,739,159	4,239
African American	383,659	1,040	34,747	103,555	243,878	439	3,678,543	8,936	378,640	909,191	2,377,747	4,029
Other/unknown	76,429	286	22,191	7,185	46,725	42	733,041	2,641	245,708	52,811	431,553	328
Use of Nursing Facilities^c												
Entire year	420	70	350	0	0	0	4,632	719	3,913	0	0	0
Part year	303	78	223	1	1	0	3,026	730	2,278	12	6	0
None	764,800	1,837	82,836	205,208	473,957	962	7,219,218	13,759	898,019	1,750,391	4,548,453	8,596
Maintenance Assistance Status												
Cash	235,623	869	73,415	67,007	94,332	0	2,374,847	9,229	811,983	609,043	944,592	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	377,735	597	5,550	30,529	340,097	962	3,453,820	3,707	45,404	216,394	3,179,719	8,596
Other/unknown	152,165	519	4,444	107,673	39,529	0	1,398,209	2,272	46,823	924,966	424,148	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	625,801	1,981	71,987	184,665	366,241	927	5,769,731	15,160	771,295	1,543,325	3,431,715	8,236
FFS part year, with Rx claims	39,020	3	3,086	8,647	27,262	22	427,409	36	36,125	92,448	298,562	238
FFS part year, no Rx claims	36,692	0	1,006	4,343	31,339	4	382,119	0	11,368	44,419	326,289	43
MC all year, with Rx claims	1,676	0	164	626	886	0	17,998	0	1,927	6,752	9,319	0
MC all year, no Rx claims	62,334	1	7,166	6,928	48,230	9	629,619	12	83,495	63,459	482,574	79

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. 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, SOUTH CAROLINA, 2007

	Beneficiaries and					
	Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K 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	765,523	7,226,876	701,513	6,148,596	0	1,078,280
Fee-for-service (FFS) all year	625,801	5,769,731	625,801	5,769,731	0	0
FFS part year, with Rx claims	39,020	427,409	39,020	242,753	0	184,656
FFS part year, with no Rx claims	36,692	382,119	36,692	136,112	0	246,007
Managed care (MC) all year, with Rx claims	1,676	17,998	0	0	0	17,998
MC all year, with no Rx claims	62,334	629,619	0	0	0	629,619

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. 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