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

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TABLE ND.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NONDUAL BENEFICIARIES, SOUTH DAKOTA, 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>111,242</b>	<b>133</b>	<b>8,933</b>	<b>20,525</b>	<b>81,560</b>	<b>91</b>	<b>1,026,236</b>	<b>1,268</b>	<b>94,562</b>	<b>156,851</b>	<b>772,747</b>	<b>808</b>
<b>Age</b>												
5 and younger	34,045	0	726	0	33,319	0	313,045	0	7,466	0	305,579	0
6-14	34,706	0	1,502	0	33,204	0	347,878	0	16,795	0	331,083	0
15-20	18,087	1	1,164	1,962	14,960	0	161,971	12	12,516	13,980	135,463	0
21-44	19,705	14	2,549	17,038	75	29	158,443	144	27,607	129,820	618	254
45-64	4,589	52	2,953	1,522	1	61	44,006	558	29,856	13,046	3	543
65-74	50	16	32	2	0	0	404	127	273	4	0	0
75-84	30	23	6	0	0	1	265	206	48	0	0	11
85 and older	28	27	1	0	0	0	222	221	1	0	0	0
Unknown	2	0	0	1	1	0	2	0	0	1	1	0
<b>Gender</b>												
Female	61,676	67	4,251	17,030	40,237	91	559,138	625	45,165	131,277	381,263	808
Male	49,566	66	4,682	3,495	41,323	0	467,098	643	49,397	25,574	391,484	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	59,462	98	5,087	10,482	43,720	75	539,029	946	52,579	75,360	409,449	695
African American	3,269	5	123	592	2,549	0	28,576	37	1,173	4,101	23,265	0
Other/unknown	48,511	30	3,723	9,451	35,291	16	458,631	285	40,810	77,390	340,033	113
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	129	22	107	0	0	0	1,294	205	1,089	0	0	0
Part year	166	12	149	5	0	0	1,572	108	1,435	29	0	0
None	110,947	99	8,677	20,520	81,560	91	1,023,370	955	92,038	156,822	772,747	808
<b>Maintenance Assistance Status</b>												
Cash	33,496	76	8,205	9,549	15,666	0	326,586	806	88,077	78,932	158,771	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	53,639	0	1	4,535	49,012	91	498,451	0	4	25,559	472,080	808
Other/unknown	24,107	57	727	6,441	16,882	0	201,199	462	6,481	52,360	141,896	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	111,242	133	8,933	20,525	81,560	91	1,026,236	1,268	94,562	156,851	772,747	808
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	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 Dakota, released by CMS in 4/2010. 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<sup>a, b</sup>  
NONDUAL BENEFICIARIES, SOUTH DAKOTA, 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>56.7</b>	<b>5.8</b>	<b>\$423</b>	<b>\$73</b>	<b>\$3,591</b>	<b>11.8</b>	<b>111,242</b>
<b>Age</b>							
5 and younger	59.0	3.2	178	56	2,329	7.6	34,045
6-14	52.9	4.0	341	86	2,051	16.6	34,706
15-20	53.3	4.8	349	72	4,203	8.3	18,087
21-44	60.6	9.0	640	71	5,538	11.6	19,705
45-64	64.0	28.6	2,219	77	13,621	16.3	4,589
65-74	42.0	17.2	968	56	11,032	8.8	50
75-84	53.3	22.9	982	43	8,851	11.1	30
85 and older	50.0	14.6	647	44	18,734	3.5	28
Unknown	0.0	0.0	0	0	1,735	0.0	2
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	76.7	51.2	4,611	90	23,602	19.5	133
Disabled	67.7	24.9	2,355	95	17,467	13.5	8,933
Adults	59.2	6.7	359	54	3,334	10.8	20,525
Children	54.8	3.4	220	65	2,089	10.5	81,560
Unknown	71.4	23.4	1,482	63	16,662	8.9	91
<b>Gender</b>							
Female	58.9	6.3	422	67	3,553	11.9	61,676
Male	53.9	5.2	425	83	3,639	11.7	49,566
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	68.4	7.7	586	76	3,622	16.2	59,462
African American	53.4	3.7	261	71	2,054	12.7	3,269
Other/unknown	42.5	3.6	235	66	3,656	6.4	48,511
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	89.1	81.5	5,383	66	53,235	10.1	129
Part year	92.8	59.4	4,282	72	88,349	4.8	166
None	56.6	5.6	412	73	3,406	12.1	110,947
<b>Maintenance Assistance Status</b>							
Cash	52.5	9.5	767	81	5,769	13.3	33,496
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	58.0	3.5	212	61	1,487	14.2	53,639
Other/unknown	59.5	5.8	416	72	5,247	7.9	24,107

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, SOUTH DAKOTA, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>0.6</b>	<b>\$46</b>	<b>11.8</b>	<b>43.3</b>	<b>46.4</b>	<b>4.8</b>	<b>3.8</b>	<b>1.3</b>	<b>0.4</b>	<b>\$389</b>	<b>111,242</b>	<b>1,026,236</b>
<b>Age</b>												
5 and younger	0.3	19	7.6	41.0	55.2	2.7	1.1	0.1	0.0	253	34,045	313,045
6-14	0.4	34	16.6	47.1	46.0	4.0	2.5	0.3	0.1	205	34,706	347,878
15-20	0.5	39	8.3	46.7	43.4	5.3	3.9	0.6	0.0	469	18,087	161,971
21-44	1.1	80	11.6	39.4	40.7	8.6	7.8	2.9	0.6	689	19,705	158,443
45-64	3.0	231	16.3	36.0	20.9	8.3	16.1	13.1	5.6	1,420	4,589	44,006
65-74	2.1	120	8.8	58.0	12.0	10.0	8.0	6.0	6.0	1,365	50	404
75-84	2.6	111	11.1	46.7	20.0	10.0	16.7	0.0	6.7	1,002	30	265
85 and older	1.8	82	3.5	50.0	25.0	3.6	7.1	14.3	0.0	2,363	28	222
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	1,735	2	2
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	5.4	484	19.5	23.3	15.8	6.8	18.0	21.8	14.3	2,476	133	1,268
Disabled	2.3	223	13.5	32.3	28.0	9.7	16.5	9.9	3.6	1,650	8,933	94,562
Adults	0.9	47	10.8	40.8	42.7	8.1	6.2	1.9	0.3	436	20,525	156,851
Children	0.4	23	10.5	45.2	49.4	3.4	1.8	0.2	0.0	220	81,560	772,747
Unknown	2.6	167	8.9	28.6	22.0	13.2	26.4	5.5	4.4	1,877	91	808
<b>Gender</b>												
Female	0.7	47	11.9	41.1	47.6	5.2	4.1	1.5	0.5	392	61,676	559,138
Male	0.5	45	11.7	46.1	44.9	4.4	3.4	1.0	0.2	386	49,566	467,098
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.9	65	16.2	31.6	54.2	6.7	5.2	1.8	0.5	400	59,462	539,029
African American	0.4	30	12.7	46.6	46.7	3.5	2.4	0.6	0.1	235	3,269	28,576
Other/unknown	0.4	25	6.4	57.5	36.8	2.6	2.1	0.7	0.2	387	48,511	458,631
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	8.1	537	10.1	10.9	4.7	4.7	18.6	32.6	28.7	5,307	129	1,294
Part year	6.3	452	4.8	7.2	12.7	9.0	27.1	27.1	16.9	9,330	166	1,572
None	0.6	45	12.1	43.4	46.5	4.8	3.7	1.2	0.3	369	110,947	1,023,370
<b>Maintenance Assistance Status</b>												
Cash	1.0	79	13.3	47.5	36.6	5.3	6.4	3.2	1.0	592	33,496	326,586
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	23	14.2	42.0	52.2	3.9	1.8	0.1	0.0	160	53,639	498,451
Other/unknown	0.7	50	7.9	40.5	47.1	6.3	4.7	1.2	0.2	629	24,107	201,199

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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<sup>a, b, c</sup>**  
**NONDUAL BENEFICIARIES, SOUTH DAKOTA, 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>0.6</b>	<b>\$46</b>	<b>\$73</b>	<b>0.2</b>	<b>\$34</b>	<b>\$161</b>	<b>0.0</b>	<b>\$2</b>	<b>\$94</b>	<b>0.4</b>	<b>\$10</b>	<b>\$25</b>
<b>Age</b>												
5 and younger	0.3	19	56	0.1	12	143	0.0	1	75	0.2	6	23
6-14	0.4	34	86	0.2	28	146	0.0	1	83	0.2	5	26
15-20	0.5	39	72	0.2	30	150	0.0	1	93	0.3	8	25
21-44	1.1	80	71	0.3	56	179	0.0	4	116	0.8	20	26
45-64	3.0	231	77	0.9	167	183	0.1	12	101	2.0	52	27
65-74	2.1	120	56	0.7	81	120	0.1	8	78	1.4	31	23
75-84	2.6	111	43	0.5	63	127	0.1	5	81	2.0	43	21
85 and older	1.8	82	44	0.5	55	118	0.1	2	37	1.3	25	19
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	5.4	484	90	1.9	370	199	0.1	14	121	3.4	101	30
Disabled	2.3	223	95	0.9	173	203	0.1	11	110	1.4	38	27
Adults	0.9	47	54	0.2	29	141	0.0	2	102	0.6	16	25
Children	0.4	23	65	0.1	17	132	0.0	1	76	0.2	5	24
Unknown	2.6	167	63	0.8	111	147	0.1	10	108	1.8	46	26
<b>Gender</b>												
Female	0.7	47	67	0.2	33	157	0.0	2	91	0.5	12	25
Male	0.5	45	83	0.2	35	165	0.0	2	98	0.3	8	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.9	65	76	0.3	48	161	0.0	3	95	0.5	13	26
African American	0.4	30	71	0.1	22	166	0.0	1	90	0.3	7	25
Other/unknown	0.4	25	66	0.1	18	160	0.0	1	87	0.3	6	24
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	8.1	537	66	2.2	362	168	0.2	23	98	5.7	151	26
Part year	6.3	452	72	1.6	310	190	0.2	18	105	4.5	124	28
None	0.6	45	73	0.2	33	160	0.0	2	93	0.4	10	25
<b>Maintenance Assistance Status</b>												
Cash	1.0	79	81	0.3	59	183	0.0	4	107	0.6	16	26
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	23	61	0.1	16	126	0.0	1	77	0.2	6	25
Other/unknown	0.7	50	72	0.2	38	158	0.0	2	85	0.4	10	24

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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 Dakota, 1.8 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, SOUTH DAKOTA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name			Brand-Name	Brand-Name						
Anti-infective Agents	0.2	0.0	0.0	0.2	\$10	\$4	\$1	\$5	\$40	\$184	\$90	\$25	113,650	\$4,523,119	45,149	40.6	469,340
Biologicals	0.2	0.2	0.0	0.0	178	178	0	0	882	882	0	0	1,517	1,337,734	710	0.6	7,511
Antineoplastic Agents	0.6	0.1	0.0	0.4	114	98	0	16	195	685	70	36	1,304	253,972	208	0.2	2,220
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.3	30	22	1	7	73	175	32	27	52,944	3,876,516	12,712	11.4	129,358
Cardiovascular Agents	0.9	0.2	0.1	0.7	34	19	3	12	36	102	64	17	45,467	1,648,885	4,753	4.3	49,087
Respiratory Agents	0.4	0.2	0.0	0.1	26	21	2	4	70	103	73	24	88,914	6,230,611	22,866	20.6	241,280
Gastrointestinal Agents	0.4	0.1	0.0	0.2	35	21	3	11	88	143	145	49	33,447	2,953,455	8,410	7.6	85,094
Genitourinary Agents	0.3	0.1	0.0	0.2	17	11	0	5	65	117	68	32	7,537	488,381	2,974	2.7	29,261
CNS Drugs	0.9	0.4	0.0	0.5	86	73	2	11	100	197	140	24	91,397	9,134,056	10,507	9.4	106,318
Stimulants/Anti-obesity/Anorexia	0.8	0.7	0.0	0.1	97	94	1	2	125	135	83	33	40,151	5,034,087	4,872	4.4	51,855
Miscellaneous Psychological/ Neurological Agents	0.2	0.2	0.0	0.0	61	61	0	0	259	263	164	63	2,380	616,016	998	0.9	10,102
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	17	7	1	9	41	227	404	24	62,302	2,580,409	15,438	13.9	154,199
Neuromuscular Agents	0.8	0.3	0.0	0.4	85	66	7	12	110	194	180	30	41,851	4,606,820	5,161	4.6	54,182
Nutritional Products	0.3	0.0	0.0	0.3	5	1	0	3	17	58	20	14	8,594	146,418	3,390	3.0	30,972
Hematological Agents	0.5	0.1	0.0	0.4	131	125	1	6	241	905	29	14	5,286	1,273,580	984	0.9	9,707
Topical Products	0.2	0.0	0.0	0.1	8	5	0	3	45	102	60	22	44,722	1,999,652	22,348	20.1	236,718
Miscellaneous Products	0.2	0.1	0.0	0.0	28	23	2	3	143	157	212	71	2,073	296,653	990	0.9	10,764
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	10	0	0	0	69	0	0	0	1,119	76,893	723	0.6	7,885
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	644,655	47,077,257	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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 Dakota, 1.8 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.
  - e. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- f. 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, SOUTH DAKOTA, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$6,260,495	3,980	3.6	42,782	0.6	\$229	\$146
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	5,034,087	5,852	5.3	62,973	0.6	125	80
ANTIASTHMATIC	4,309,058	18,930	17.0	200,243	0.3	83	22
ANTICONVULSANT	4,104,944	3,987	3.6	42,804	0.7	134	96
ANTIDEPRESSANTS	2,335,762	9,784	8.8	99,494	0.5	49	23
ULCER DRUGS	1,948,272	6,737	6.1	68,603	0.4	79	28
MISC. ENDOCRINE	1,720,753	684	0.6	7,534	0.5	441	228
ANALGESICS - Narcotic	1,512,728	17,198	15.5	172,445	0.3	34	9
DERMATOLOGICAL	1,368,424	17,099	15.4	183,712	0.1	53	7
PASSIVE IMMUNIZING AGENTS	1,307,321	241	0.2	2,203	0.4	1,329	593
Total	29,901,844	84,492	n.a.	882,793	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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.

Nondual Medicaid Beneficiaries

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, SOUTH DAKOTA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	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
<b>All</b>	<b>298,341</b>	<b>\$29,901,844</b>	<b>3,980</b>	<b>3.6</b>	<b>42,782</b>	<b>0.6</b>	<b>\$146</b>	<b>5,852</b>	<b>5.3</b>	<b>62,973</b>	<b>0.6</b>	<b>\$80</b>
<b>Female</b>												
All Females	167,874	15,159,247	1,953	3.2	20,619	0.6	134	1,847	3.0	19,738	0.6	78
<b>Female, Disabled</b>												
All Ages	62,667	7,119,368	815	19.2	9,089	0.7	192	265	6.2	2,983	0.7	99
5 and younger	1,486	491,144	1	0.3	12	0.8	51	5	1.6	60	0.2	35
6-14	5,414	681,042	44	8.2	488	0.7	153	94	17.6	1,062	0.7	76
15-20	3,930	439,173	60	14.0	688	0.7	139	60	14.0	681	0.8	102
21-44	20,569	2,324,044	322	25.2	3,641	0.7	198	63	4.9	681	0.6	110
45-64	30,930	3,164,909	386	23.1	4,242	0.7	201	43	2.6	499	0.7	134
65-74	207	11,984	1	5.6	9	0.2	19	0	0.0	0	0.0	0
75-84	131	7,072	1	20.0	9	0.9	181	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	105,207	8,039,879	1,138	2.0	11,530	0.5	89	1,582	2.8	16,755	0.6	75
5 and younger	13,079	1,241,859	9	0.1	99	0.3	34	54	0.3	607	0.4	50
6-14	21,767	2,256,530	233	1.4	2,539	0.5	99	943	5.8	10,207	0.6	77
15-20	18,149	1,275,942	329	3.5	3,335	0.5	90	328	3.5	3,395	0.6	72
21-44	43,714	2,641,749	505	3.6	4,982	0.3	74	234	1.6	2,308	0.6	74
45-64	8,294	611,392	59	5.2	539	0.9	174	23	2.0	238	0.6	102
65-74	32	6,404	1	9.1	12	1.0	506	0	0.0	0	0.0	0
75-84	99	4,077	1	9.1	12	0.4	8	0	0.0	0	0.0	0
85 and older	73	1,926	1	6.3	12	1.1	17	0	0.0	0	0.0	0
<b>Male</b>												
All Males	130,467	14,742,597	2,027	4.1	22,163	0.7	158	4,005	8.1	43,235	0.7	81
<b>Male, Disabled</b>												
All Ages	48,647	6,434,739	958	20.5	10,887	0.8	197	616	13.2	7,085	0.7	94
5 and younger	2,620	475,935	9	2.2	108	0.5	97	24	5.9	265	0.4	45
6-14	9,971	1,466,597	217	22.4	2,458	0.8	137	371	38.4	4,273	0.7	90
15-20	6,894	980,084	160	21.8	1,863	0.7	159	148	20.1	1,694	0.7	98
21-44	13,933	1,851,642	344	27.0	3,940	0.8	217	63	5.0	746	0.9	109
45-64	15,190	1,658,779	226	17.6	2,494	0.9	258	10	0.8	107	1.0	168
65-74	39	1,702	2	14.3	24	0.2	20	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	81,820	8,307,858	1,069	2.4	11,276	0.6	120	3,389	7.6	36,150	0.6	78
5 and younger	17,207	1,523,712	33	0.2	371	0.4	57	151	0.9	1,640	0.4	43
6-14	39,665	4,420,803	523	3.1	5,755	0.6	109	2,558	15.1	27,565	0.7	79
15-20	16,423	1,723,163	411	5.5	4,122	0.6	130	640	8.5	6,596	0.6	82
21-44	5,832	383,648	68	2.3	668	0.5	103	38	1.3	333	0.5	86
45-64	2,577	246,839	33	6.6	353	0.9	265	2	0.4	16	2.1	99
65-74	33	2,687	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	12	513	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	71	6,493	1	9.1	7	2.0	465	0	0.0	0	0.0	0
<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 South Dakota, released by CMS in 4/2010. This table was produced on 10/06/2010.  
 a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Nondual Medicaid Beneficiaries

TABLE ND.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, SOUTH DAKOTA, 2007

Beneficiary Characteristics	ANTIASTHMATIC					ANTICONVULSANT					ANTIDEPRESSANTS				
	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>18,930</b>	<b>17.0</b>	<b>200,243</b>	<b>0.3</b>	<b>\$22</b>	<b>3,987</b>	<b>3.6</b>	<b>42,804</b>	<b>0.7</b>	<b>\$96</b>	<b>9,784</b>	<b>8.8</b>	<b>99,494</b>	<b>0.5</b>	<b>\$24</b>
<b>Female</b>															
All Females	9,460	15.3	99,223	0.3	21	2,463	4.0	26,230	0.7	92	7,048	11.4	70,722	0.5	25
<b>Female, Disabled</b>															
All Ages	1,543	36.3	17,276	0.4	43	1,244	29.3	14,115	0.9	120	1,727	40.6	19,373	0.6	35
5 and younger	142	44.9	1,530	0.3	29	46	14.6	524	0.7	99	0	0.0	0	0.0	0
6-14	194	36.3	2,245	0.5	36	149	27.9	1,731	0.9	140	52	9.7	587	0.7	16
15-20	93	21.7	1,044	0.3	22	103	24.0	1,203	0.9	132	129	30.1	1,452	0.5	19
21-44	365	28.6	4,185	0.4	35	455	35.6	5,230	1.0	144	648	50.7	7,318	0.6	33
45-64	740	44.3	8,185	0.5	54	489	29.3	5,406	0.8	89	889	53.2	9,917	0.7	41
65-74	6	33.3	60	0.5	54	2	11.1	21	0.9	8	7	38.9	81	0.6	31
75-84	3	60.0	27	1.5	60	0	0.0	0	0.0	0	2	40.0	18	1.1	25
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	7,917	13.8	81,947	0.2	16	1,219	2.1	12,115	0.5	61	5,321	9.3	51,349	0.4	21
5 and younger	2,935	18.0	31,009	0.2	13	39	0.2	432	0.5	58	7	0.0	84	0.5	6
6-14	2,066	12.7	22,365	0.3	20	143	0.9	1,500	0.6	121	555	3.4	6,040	0.4	9
15-20	1,090	11.6	11,162	0.2	16	163	1.7	1,648	0.5	73	1,275	13.5	12,706	0.4	14
21-44	1,598	11.2	15,106	0.2	17	736	5.2	7,157	0.5	50	3,122	22.0	28,980	0.4	24
45-64	225	19.8	2,270	0.3	28	137	12.0	1,370	0.5	37	357	31.4	3,491	0.5	38
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	18.2	24	0.6	4
75-84	2	18.2	23	0.3	15	1	9.1	8	1.1	22	1	9.1	7	1.1	18
85 and older	1	6.3	12	0.1	1	0	0.0	0	0.0	0	2	12.5	17	0.8	25
<b>Male</b>															
All Males	9,470	19.1	101,020	0.3	22	1,524	3.1	16,574	0.8	101	2,736	5.5	28,772	0.5	21
<b>Male, Disabled</b>															
All Ages	1,172	25.0	13,162	0.4	43	968	20.7	10,873	0.9	119	1,008	21.5	11,267	0.6	27
5 and younger	276	67.3	3,112	0.4	33	50	12.2	576	0.6	115	6	1.5	71	0.5	6
6-14	333	34.4	3,896	0.4	45	163	16.9	1,889	0.7	106	130	13.4	1,489	0.5	13
15-20	119	16.2	1,348	0.4	36	146	19.9	1,681	1.0	165	147	20.0	1,655	0.6	24
21-44	130	10.2	1,508	0.4	34	347	27.3	3,921	0.9	126	340	26.7	3,859	0.6	31
45-64	313	24.4	3,286	0.5	55	262	20.4	2,806	0.9	91	383	29.9	4,169	0.6	29
65-74	1	7.1	12	0.3	9	0	0.0	0	0.0	0	2	14.3	24	0.3	17
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	8,298	18.5	87,858	0.2	19	556	1.2	5,701	0.6	68	1,728	3.9	17,505	0.5	17
5 and younger	4,289	25.2	45,447	0.2	15	54	0.3	589	0.5	60	18	0.1	205	0.3	7
6-14	2,944	17.4	31,700	0.3	23	181	1.1	1,961	0.6	70	696	4.1	7,503	0.5	11
15-20	815	10.9	8,349	0.3	23	144	1.9	1,476	0.6	76	634	8.4	6,308	0.5	19
21-44	182	6.2	1,663	0.3	22	127	4.3	1,170	0.4	48	282	9.6	2,550	0.4	22
45-64	62	12.4	643	0.4	45	48	9.6	483	0.7	97	94	18.8	903	0.6	28
65-74	1	14.3	10	0.6	75	0	0.0	0	0.0	0	1	14.3	10	1.0	77
75-84	0	0.0	0	0.0	0	1	7.7	12	0.3	30	1	7.7	12	0.1	2
85 and older	5	45.5	46	0.3	7	1	9.1	10	1.1	34	2	18.2	14	0.2	15
<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 South Dakota, released by CMS in 4/2010. This table was produced on 10/06/2010.  
 a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during

which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Nondual Medicaid Beneficiaries

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

Beneficiary Characteristics	ULCER DRUGS					MISC. ENDOCRINE					ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>6,737</b>	<b>6.1</b>	<b>68,603</b>	<b>0.4</b>	<b>\$28</b>	<b>684</b>	<b>0.6</b>	<b>7,534</b>	<b>0.5</b>	<b>\$228</b>	<b>17,198</b>	<b>15.5</b>	<b>172,445</b>	<b>0.3</b>	<b>\$9</b>
<b>Female</b>															
All Females	4,314	7.0	43,957	0.4	29	337	0.5	3,716	0.6	208	12,941	21.0	128,444	0.3	8
<b>Female, Disabled</b>															
All Ages	1,131	26.6	12,781	0.6	48	186	4.4	2,104	0.7	221	2,222	52.3	24,795	0.4	20
5 and younger	59	18.7	641	0.4	34	8	2.5	96	0.8	1,767	29	9.2	326	0.1	1
6-14	80	15.0	940	0.7	54	24	4.5	255	0.7	501	48	9.0	547	0.1	1
15-20	59	13.8	686	0.6	49	8	1.9	88	0.6	216	91	21.2	1,031	0.1	2
21-44	311	24.4	3,603	0.6	42	44	3.4	514	0.7	107	801	62.7	9,048	0.3	14
45-64	612	36.6	6,803	0.6	52	101	6.0	1,146	0.7	82	1,243	74.4	13,745	0.5	27
65-74	8	44.4	90	0.7	48	1	5.6	5	1.2	99	9	50.0	89	0.3	10
75-84	2	40.0	18	0.9	45	0	0.0	0	0.0	0	1	20.0	9	5.2	286
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	3,183	5.5	31,176	0.3	21	151	0.3	1,612	0.4	190	10,719	18.7	103,649	0.2	5
5 and younger	784	4.8	7,164	0.2	18	8	0.0	73	0.4	132	372	2.3	4,172	0.1	1
6-14	403	2.5	4,395	0.2	23	83	0.5	884	0.4	294	707	4.3	7,826	0.1	1
15-20	525	5.6	5,450	0.2	15	17	0.2	180	0.4	84	2,094	22.2	21,068	0.1	1
21-44	1,247	8.8	11,815	0.3	21	18	0.1	191	0.2	37	6,945	48.9	64,559	0.3	6
45-64	214	18.8	2,248	0.5	38	23	2.0	265	0.6	53	594	52.2	5,969	0.5	20
65-74	2	18.2	24	0.1	3	1	9.1	12	0.2	14	1	9.1	12	0.1	1
75-84	4	36.4	39	0.7	23	1	9.1	7	1.1	101	4	36.4	33	0.7	11
85 and older	4	25.0	41	1.0	30	0	0.0	0	0.0	0	2	12.5	10	0.4	3
<b>Male</b>															
All Males	2,423	4.9	24,646	0.4	28	347	0.7	3,818	0.5	249	4,257	8.6	44,001	0.3	11
<b>Male, Disabled</b>															
All Ages	728	15.5	8,190	0.6	44	106	2.3	1,194	0.6	343	1,136	24.3	12,100	0.4	28
5 and younger	95	23.2	1,092	0.4	33	6	1.5	61	0.7	235	34	8.3	394	0.1	1
6-14	80	8.3	956	0.6	62	36	3.7	412	0.5	643	62	6.4	687	0.1	1
15-20	65	8.8	770	0.5	46	13	1.8	156	0.7	510	117	15.9	1,274	0.2	3
21-44	186	14.6	2,101	0.6	44	22	1.7	257	0.8	125	329	25.9	3,560	0.4	25
45-64	300	23.4	3,247	0.6	43	29	2.3	308	0.5	62	591	46.1	6,149	0.6	41
65-74	2	14.3	24	0.9	28	0	0.0	0	0.0	0	3	21.4	36	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
<b>Male, Other Eligibles</b>															
All Ages	1,695	3.8	16,456	0.3	19	241	0.5	2,624	0.4	205	3,121	7.0	31,901	0.2	4
5 and younger	960	5.6	8,741	0.2	17	17	0.1	187	0.4	158	493	2.9	5,398	0.1	1
6-14	328	1.9	3,680	0.3	22	183	1.1	2,042	0.4	226	739	4.4	8,151	0.1	1
15-20	190	2.5	1,981	0.3	14	34	0.5	332	0.5	142	891	11.9	9,262	0.1	1
21-44	153	5.2	1,456	0.3	26	5	0.2	41	0.2	11	824	27.9	7,472	0.4	12
45-64	59	11.8	549	0.5	32	2	0.4	22	0.2	14	168	33.7	1,570	0.5	18
65-74	2	28.6	13	0.9	86	0	0.0	0	0.0	0	3	42.9	18	0.3	3
75-84	1	7.7	12	0.2	6	0	0.0	0	0.0	0	1	7.7	11	0.5	6
85 and older	2	18.2	24	1.0	90	0	0.0	0	0.0	0	2	18.2	19	0.1	4
<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 South Dakota, released by CMS in 4/2010. This table was produced on 10/06/2010.  
 a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during

which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Nondual Medicaid Beneficiaries

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

Beneficiary Characteristics	DERMATOLOGICAL					PASSIVE IMMUNIZING AGENTS						
	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
<b>All</b>	<b>17,099</b>	<b>15.4</b>	<b>183,712</b>	<b>0.1</b>	<b>\$7</b>	<b>241</b>	<b>0.2</b>	<b>2,203</b>	<b>0.4</b>	<b>\$593</b>	<b>111,242</b>	<b>1,026,236</b>
<b>Female</b>												
All Females	10,063	16.3	107,389	0.1	8	139	0.2	1,261	0.4	545	61,675	559,137
<b>Female, Disabled</b>												
All Ages	1,313	30.9	15,178	0.2	13	29	0.7	307	0.5	636	4,251	45,165
5 and younger	105	33.2	1,206	0.1	5	29	9.2	307	0.5	636	316	3,217
6-14	162	30.3	1,890	0.2	7	0	0.0	0	0.0	0	535	5,975
15-20	131	30.5	1,504	0.1	8	0	0.0	0	0.0	0	429	4,633
21-44	424	33.2	4,983	0.2	12	0	0.0	0	0.0	0	1,277	13,891
45-64	489	29.3	5,577	0.2	19	0	0.0	0	0.0	0	1,670	17,245
65-74	2	11.1	18	0.4	11	0	0.0	0	0.0	0	18	156
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	47
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
<b>Female, Other Eligibles</b>												
All Ages	8,750	15.2	92,211	0.1	7	110	0.2	954	0.4	516	57,424	513,972
5 and younger	3,354	20.6	35,778	0.1	4	102	0.6	893	0.4	550	16,308	149,376
6-14	2,150	13.2	23,793	0.1	7	0	0.0	0	0.0	0	16,319	162,567
15-20	1,399	14.9	14,465	0.2	9	2	0.0	19	0.2	18	9,415	82,210
21-44	1,640	11.5	16,055	0.2	10	6	0.0	42	0.1	16	14,207	109,426
45-64	201	17.7	2,067	0.2	13	0	0.0	0	0.0	0	1,137	10,079
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	87
75-84	4	36.4	43	0.3	33	0	0.0	0	0.0	0	11	97
85 and older	2	12.5	10	0.2	2	0	0.0	0	0.0	0	16	130
<b>Male</b>												
All Males	7,036	14.2	76,323	0.1	7	102	0.2	942	0.5	658	49,565	467,097
<b>Male, Disabled</b>												
All Ages	1,036	22.1	11,954	0.2	10	31	0.7	339	0.5	703	4,682	49,397
5 and younger	134	32.7	1,564	0.1	4	30	7.3	327	0.5	692	410	4,249
6-14	195	20.2	2,321	0.1	6	1	0.1	12	0.3	999	967	10,820
15-20	193	26.3	2,264	0.2	14	0	0.0	0	0.0	0	735	7,883
21-44	293	23.0	3,399	0.2	12	0	0.0	0	0.0	0	1,272	13,716
45-64	221	17.2	2,406	0.2	13	0	0.0	0	0.0	0	1,283	12,611
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	14	117
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
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	6,000	13.4	64,369	0.1	6	71	0.2	603	0.5	633	44,883	417,700
5 and younger	3,177	18.7	33,776	0.1	5	71	0.4	603	0.5	633	17,011	156,203
6-14	1,658	9.8	18,512	0.1	6	0	0.0	0	0.0	0	16,885	168,516
15-20	976	13.0	10,324	0.2	13	0	0.0	0	0.0	0	7,508	67,245
21-44	146	5.0	1,337	0.2	9	0	0.0	0	0.0	0	2,949	21,410
45-64	41	8.2	406	0.2	13	0	0.0	0	0.0	0	499	4,071
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	44
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	120
85 and older	2	18.2	14	0.4	10	0	0.0	0	0.0	0	11	91
<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>2</b>	<b>2</b>

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. This table was produced on 10/06/2010.  
 a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during



which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Nondual Medicaid Beneficiaries

TABLE ND.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, SOUTH DAKOTA, 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>\$537</b>	<b>8.1</b>	<b>129</b>	<b>1,294</b>
<b>Age</b>				
0-64	620	9.2	107	1,089
65-74	396	7.4	1	10
75-84	62	2.6	6	49
85 and older	86	2.1	15	146
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	658	8.8	63	618
Male	426	7.5	66	676
Unknown	0	0.0	0	0
<b>Race</b>				
White	537	8.5	81	779
African American	0	0	0	0
Other/unknown	536	7.6	48	515
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	96	2.5	22	205
Disabled	620	9.2	107	1,089
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 Dakota, released by CMS in 4/2010. 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 166 beneficiaries who were in nursing facilities for part of their enrollment and their 1,572 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, SOUTH DAKOTA, 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	\$16	\$9	\$0	\$7	\$32	\$110	\$92	\$17	431	\$13,743	80	62.0	838
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	34	34	0	0	5	170	5	3.9	60
Antineoplastic Agents	0.6	0.1	0.0	0.5	56	39	0	17	96	471	0	34	14	1,350	2	1.6	24
Endocrine/Metabolic Drugs	1.6	0.5	0.1	1.0	88	52	10	27	56	101	112	28	1,013	57,079	62	48.1	648
Cardiovascular Agents	2.3	0.3	0.1	1.8	78	28	11	39	35	92	80	21	1,749	60,540	74	57.4	777
Respiratory Agents	1.6	0.7	0.0	0.8	110	80	6	25	68	110	121	30	644	44,088	38	29.5	399
Gastrointestinal Agents	1.2	0.2	0.0	0.9	57	38	2	18	50	152	79	21	763	38,105	61	47.3	663
Genitourinary Agents	1.0	0.6	0.0	0.4	78	55	1	22	79	97	66	55	300	23,838	29	22.5	305
CNS Drugs	2.2	0.8	0.0	1.3	157	123	2	32	72	147	64	25	2,197	159,236	98	76.0	1,016
Stimulants/Anti-obesity/Aorexia	1.0	0.2	0.0	0.8	77	56	0	20	75	247	0	26	58	4,368	5	3.9	57
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	1,014	1,014	0	0	1025	1,025	0	0	88	90,231	9	7.0	89
Analgesics and Anesthetics	1.3	0.0	0.0	1.3	51	3	0	47	38	115	7	36	935	35,455	70	54.3	702
Neuromuscular Agents	1.9	0.5	0.1	1.4	137	75	12	50	71	161	150	36	1,372	97,681	66	51.2	711
Nutritional Products	0.9	0.0	0.0	0.9	11	0	0	11	12	12	0	12	201	2,461	22	17.1	225
Hematological Agents	1.5	0.4	0.0	1.1	172	160	0	12	114	399	9	11	391	44,686	28	21.7	260
Topical Products	0.5	0.2	0.0	0.3	33	26	0	7	65	140	25	22	309	19,992	58	45.0	601
Miscellaneous Products	0.2	0.1	0.0	0.2	6	4	0	2	24	56	0	10	16	391	7	5.4	69
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	12	0	0	0	32	0	0	0	31	986	7	5.4	80
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	10,517	694,400	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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 166 beneficiaries who were in nursing facilities for part of their enrollment and their 1,572 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 Dakota, 1.8 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, SOUTH DAKOTA, 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	\$108,372	58	45.0	651	1.3	\$132	\$166	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	90,231	12	9.3	116	0.8	1025	778	
ANTICONVULSANT	74,712	73	56.6	784	1.1	85	95	
ANTIDEPRESSANTS	43,893	94	72.9	1,023	1.0	45	43	
ANTIASTHMATIC	41,535	64	49.6	652	0.9	69	64	
ANTIDIABETIC	38,495	62	48.1	640	1.0	57	60	
ANALGESICS - Narcotic	31,954	90	69.8	886	0.9	39	36	
HEMATOPOIETIC AGENTS	27,170	7	5.4	69	0.9	418	394	
ULCER DRUGS	25,562	69	53.5	762	0.8	42	34	
ANTIHYPERTENSIVE	23,566	35	27.1	403	0.9	66	58	
Total	505,490	564	n.a.	5,986	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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 166 beneficiaries who were in nursing facilities for part of their enrollment and their 1,572 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, SOUTH DAKOTA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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>5,889</b>	<b>\$505,490</b>	<b>58</b>	<b>45.0</b>	<b>651</b>	<b>1.3</b>	<b>\$167</b>	<b>12</b>	<b>9.3</b>	<b>116</b>	<b>0.8</b>	<b>\$778</b>
<b>Female</b>												
All Females	3,041	308,346	25	39.7	277	1.1	163	6	9.5	70	0.8	1,009
<b>Female, Disabled</b>												
All Ages	2,908	305,115	24	46.2	265	1.1	169	6	11.5	70	0.8	1,009
64 or younger	2,908	305,115	24	46.2	265	1.1	169	6	11.5	70	0.8	1,009
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>Female, Other Eligibles</b>												
All Ages	133	3,231	1	9.1	12	1.1	17	0	0.0	0	0.0	0
64 or younger	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	0.0	0
75-84	55	1,257	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	78	1,974	1	12.5	12	1.1	17	0	0.0	0	0.0	0
<b>Male</b>												
All Males	2,848	197,144	33	50.0	374	1.4	169	6	9.1	46	0.7	427
<b>Male, Disabled</b>												
All Ages	2,736	186,675	32	58.2	367	1.4	164	4	7.3	32	0.6	566
64 or younger	2,736	186,675	32	58.2	367	1.4	164	4	7.3	32	0.6	566
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	112	10,469	1	9.1	7	2.0	465	2	18.2	14	0.7	108
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	26	2,617	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	86	7,852	1	14.3	7	2.0	465	2	28.6	14	0.7	108
<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 South Dakota, released by CMS in 4/2010. 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 166 beneficiaries who were in nursing facilities for part of their enrollment and their 1,572 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, SOUTH DAKOTA, 2007

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANTIASTHMATIC				
	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
	Number of Users	Facility Residents				Number of Users	Facility Residents				Number of Users	Facility Residents			
<b>All</b>	<b>73</b>	<b>56.6</b>	<b>784</b>	<b>1.1</b>	<b>\$95</b>	<b>94</b>	<b>72.9</b>	<b>1,023</b>	<b>1.0</b>	<b>\$43</b>	<b>64</b>	<b>49.6</b>	<b>652</b>	<b>0.9</b>	<b>\$64</b>
<b>Female</b>															
All Females	36	57.1	391	1.0	116	48	76.2	536	0.9	45	28	44.4	306	0.9	72
<b>Female, Disabled</b>															
All Ages	35	67.3	383	1.0	117	45	86.5	512	0.9	46	27	51.9	294	1.0	75
64 or younger	35	67.3	383	1.0	117	45	86.5	512	0.9	46	27	51.9	294	1.0	75
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>Female, Other Eligibles</b>															
All Ages	1	9.1	8	1.1	22	3	27.3	24	0.9	23	1	9.1	12	0.1	1
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	0	0.0	0	0.0	0
75-84	1	33.3	8	1.1	22	1	33.3	7	1.1	18	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	2	25.0	17	0.8	25	1	12.5	12	0.1	1
<b>Male</b>															
All Males	37	56.1	393	1.2	75	46	69.7	487	1.0	40	36	54.5	346	0.9	56
<b>Male, Disabled</b>															
All Ages	36	65.5	383	1.2	76	43	78.2	463	1.0	40	30	54.5	290	1.0	64
64 or younger	36	65.5	383	1.2	76	43	78.2	463	1.0	40	30	54.5	290	1.0	64
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	9.1	10	1.1	34	3	27.3	24	0.5	41	6	54.5	56	0.3	19
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	1	100.0	10	1.0	77	1	100.0	10	0.6	75
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	14.3	10	1.1	34	2	28.6	14	0.2	15	5	71.4	46	0.3	7
<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 South Dakota, released by CMS in 4/2010. 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 166 beneficiaries who were in nursing facilities for part of their enrollment and their 1,572 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, SOUTH DAKOTA, 2007

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					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 \$
<b>All</b>	<b>62</b>	<b>48.1</b>	<b>640</b>	<b>1.0</b>	<b>\$60</b>	<b>90</b>	<b>69.8</b>	<b>886</b>	<b>0.9</b>	<b>\$36</b>	<b>7</b>	<b>5.4</b>	<b>69</b>	<b>0.9</b>	<b>\$394</b>
<b>Female</b>															
All Females	46	73.0	491	0.9	56	48	76.2	484	0.9	38	4	6.3	44	0.7	613
<b>Female, Disabled</b>															
All Ages	44	84.6	481	0.9	57	43	82.7	452	0.9	40	4	7.7	44	0.7	613
64 or younger	44	84.6	481	0.9	57	43	82.7	452	0.9	40	4	7.7	44	0.7	613
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>Female, Other Eligibles</b>															
All Ages	2	18.2	10	0.7	6	5	45.5	32	0.8	12	0	0.0	0	0.0	0
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	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	3	100.0	22	1.0	16	0	0.0	0	0.0	0
85 and older	2	25.0	10	0.7	6	2	25.0	10	0.4	3	0	0.0	0	0.0	0
<b>Male</b>															
All Males	16	24.2	149	1.5	75	42	63.6	402	1.0	34	3	4.5	25	1.4	8
<b>Male, Disabled</b>															
All Ages	16	29.1	149	1.5	75	41	74.5	395	1.0	35	2	3.6	13	1.9	11
64 or younger	16	29.1	149	1.5	75	41	74.5	395	1.0	35	2	3.6	13	1.9	11
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	0	0.0	0	0.0	0	1	9.1	7	0.1	1	1	9.1	12	0.9	5
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	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	1	14.3	7	0.1	1	1	14.3	12	0.9	5
<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 South Dakota, released by CMS in 4/2010. 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 166 beneficiaries who were in nursing facilities for part of their enrollment and their 1,572 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, SOUTH DAKOTA, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERLIPIDEMIC					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
<b>All</b>	<b>69</b>	<b>53.5</b>	<b>762</b>	<b>0.8</b>	<b>\$34</b>	<b>35</b>	<b>27.1</b>	<b>403</b>	<b>0.9</b>	<b>\$59</b>	<b>129</b>	<b>1,294</b>
<b>Female</b>												
All Females	38	60.3	417	0.8	30	25	39.7	283	0.9	57	63	618
<b>Female, Disabled</b>												
All Ages	32	61.5	361	0.8	29	25	48.1	283	0.9	57	52	521
64 or younger	32	61.5	361	0.8	29	25	48.1	283	0.9	57	52	521
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>Female, Other Eligibles</b>												
All Ages	6	54.5	56	1.0	33	0	0.0	0	0.0	0	11	97
64 or younger	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	0	0
75-84	2	66.7	15	1.0	41	0	0.0	0	0.0	0	3	19
85 and older	4	50.0	41	1.0	30	0	0.0	0	0.0	0	8	78
<b>Male</b>												
All Males	31	47.0	345	0.7	38	10	15.2	120	0.9	62	66	676
<b>Male, Disabled</b>												
All Ages	28	50.9	311	0.7	32	10	18.2	120	0.9	62	55	568
64 or younger	28	50.9	311	0.7	32	10	18.2	120	0.9	62	55	568
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	3	27.3	34	1.0	96	0	0.0	0	0.0	0	11	108
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1	100.0	10	1.0	110	0	0.0	0	0.0	0	1	10
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	30
85 and older	2	28.6	24	1.0	90	0	0.0	0	0.0	0	7	68
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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 166 beneficiaries who were in nursing facilities for part of their enrollment and their 1,572 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>  
 SOUTH DAKOTA, 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>14,531</b>	<b>13.1</b>	<b>0.4</b>	<b>43,614</b>	<b>\$7</b>	<b>\$732,375</b>	<b>\$17</b>	<b>1.6</b>	<b>111,242</b>	
<b>Age</b>										
5 and younger	3,618	10.6	0.2	5,971	3	94,741	16	1.6	34,045	
6-14	3,728	10.7	0.2	7,079	4	122,330	17	1.0	34,706	
15-20	2,271	12.6	0.3	5,459	6	101,633	19	1.6	18,087	
21-44	3,423	17.4	0.7	13,272	11	211,858	16	1.7	19,705	
45-64	1,462	31.9	2.5	11,610	43	197,923	17	1.9	4,589	
65-74	13	26.0	2.3	115	45	2,271	20	4.7	50	
75-84	7	23.3	1.2	37	22	672	18	2.3	30	
85 and older	9	32.1	2.5	71	34	947	13	5.2	28	
Unknown	0	0.0	0.0	0	0	0	0	0.0	2	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	64	48.1	5.2	698	84	11,152	16	1.8	133	
Disabled	2,513	28.1	2.0	17,931	35	312,330	17	1.5	8,933	
Adults	3,144	15.3	0.5	9,552	7	146,787	15	2.0	20,525	
Children	8,779	10.8	0.2	15,235	3	259,418	17	1.4	81,560	
Unknown	31	34.1	2.2	198	30	2,688	14	2.0	91	
<b>Gender</b>										
Female	8,846	14.3	0.5	28,411	8	469,745	17	1.8	61,676	
Male	5,685	11.5	0.3	15,203	5	262,630	17	1.2	49,566	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	9,582	16.1	0.5	31,118	9	529,925	17	1.5	59,462	
African American	281	8.6	0.2	609	4	12,148	20	1.4	3,269	
Other/unknown	4,668	9.6	0.2	11,887	4	190,302	16	1.7	48,511	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	72	55.8	6.8	878	105	13,557	15	2.0	129	
Part year	112	67.5	5.6	937	93	15,414	16	2.2	166	
None	14,347	12.9	0.4	41,799	6	703,404	17	1.5	110,947	
<b>Maintenance Assistance Status</b>										
Cash	5,506	16.4	0.7	25,067	13	421,704	17	1.6	33,496	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	5,934	11.1	0.2	9,896	3	176,773	18	1.6	53,639	
Other/unknown	3,091	12.8	0.4	8,651	6	133,898	15	1.3	24,107	

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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<sup>a,b</sup>  
 SOUTH DAKOTA, 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>\$1</b>	<b>\$17</b>	<b>\$0</b>	<b>\$0</b>	<b>1,026,236</b>
<b>Age</b>						
5 and younger	0.0	0	16	0	0	313,045
6-14	0.0	0	17	0	0	347,878
15-20	0.0	1	19	0	0	161,971
21-44	0.1	1	16	0	0	158,443
45-64	0.3	4	17	0	1	44,006
65-74	0.3	6	20	0	1	404
75-84	0.1	3	18	0	0	265
85 and older	0.3	4	13	0	0	222
Unknown	0.0	0	0	0	0	2
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.6	9	16	0	3	1,268
Disabled	0.2	3	17	0	1	94,562
Adults	0.1	1	15	0	0	156,851
Children	0.0	0	17	0	0	772,747
Unknown	0.2	3	14	0	1	808
<b>Gender</b>						
Female	0.1	1	17	0	0	559,138
Male	0.0	1	17	0	0	467,098
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.1	1	17	0	0	539,029
African American	0.0	0	20	0	0	28,576
Other/unknown	0.0	0	16	0	0	458,631
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.7	10	15	0	3	1,294
Part year	0.6	10	16	0	3	1,572
None	0.0	1	17	0	0	1,023,370
<b>Maintenance Assistance Status</b>						
Cash	0.1	1	17	0	0	326,586
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	18	0	0	498,451
Other/unknown	0.0	1	15	0	0	201,199

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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<sup>a,b,c</sup>  
SOUTH DAKOTA, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	
<b>All</b>	<b>16,949</b>	<b>\$43</b>	<b>\$732,375</b>	<b>100.0</b>	<b>43,614</b>	<b>\$17</b>	<b>100.0</b>
Anorexia or weight loss/gain	11	172	1,894	0.3	32	59	0.1
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	76	14	1,072	0.1	100	11	0.2
Cough and cold medications	7,059	32	226,045	30.9	10,752	21	24.7
Vitamins and minerals	685	77	52,932	7.2	3,147	17	7.2
Non-prescription drugs	6,315	43	269,491	36.8	15,040	18	34.5
Barbiturates	132	77	10,167	1.4	1,249	8	2.9
Benzodiazepines	2,462	63	155,115	21.2	12,692	12	29.1
Other Part D Excl Rx Drugs	209	75	15,659	2.1	602	26	1.4

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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<sup>a, b</sup>**  
**NONDUAL BENEFICIARIES, SOUTH DAKOTA, 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>111,242</b>	<b>133</b>	<b>8,933</b>	<b>20,525</b>	<b>81,560</b>	<b>91</b>	<b>1,026,236</b>	<b>1,268</b>	<b>94,562</b>	<b>156,851</b>	<b>772,747</b>	<b>808</b>
<b>Age</b>												
5 and younger	34,045	0	726	0	33,319	0	313,045	0	7,466	0	305,579	0
6-14	34,706	0	1,502	0	33,204	0	347,878	0	16,795	0	331,083	0
15-20	18,087	1	1,164	1,962	14,960	0	161,971	12	12,516	13,980	135,463	0
21-44	19,705	14	2,549	17,038	75	29	158,443	144	27,607	129,820	618	254
45-64	4,589	52	2,953	1,522	1	61	44,006	558	29,856	13,046	3	543
65-74	50	16	32	2	0	0	404	127	273	4	0	0
75-84	30	23	6	0	0	1	265	206	48	0	0	11
85 and older	28	27	1	0	0	0	222	221	1	0	0	0
Unknown	2	0	0	1	1	0	2	0	0	1	1	0
<b>Gender</b>												
Female	61,676	67	4,251	17,030	40,237	91	559,138	625	45,165	131,277	381,263	808
Male	49,566	66	4,682	3,495	41,323	0	467,098	643	49,397	25,574	391,484	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	59,462	98	5,087	10,482	43,720	75	539,029	946	52,579	75,360	409,449	695
African American	3,269	5	123	592	2,549	0	28,576	37	1,173	4,101	23,265	0
Other/unknown	48,511	30	3,723	9,451	35,291	16	458,631	285	40,810	77,390	340,033	113
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	129	22	107	0	0	0	1,294	205	1,089	0	0	0
Part year	166	12	149	5	0	0	1,572	108	1,435	29	0	0
None	110,947	99	8,677	20,520	81,560	91	1,023,370	955	92,038	156,822	772,747	808
<b>Maintenance Assistance Status</b>												
Cash	33,496	76	8,205	9,549	15,666	0	326,586	806	88,077	78,932	158,771	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	53,639	0	1	4,535	49,012	91	498,451	0	4	25,559	472,080	808
Other/unknown	24,107	57	727	6,441	16,882	0	201,199	462	6,481	52,360	141,896	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	111,242	133	8,933	20,525	81,560	91	1,026,236	1,268	94,562	156,851	772,747	808
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	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 Dakota, released by CMS in 4/2010. 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<sup>a</sup>**  
**NONDUAL BENEFICIARIES, SOUTH DAKOTA, 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>111,242</b>	<b>1,026,236</b>	<b>111,242</b>	<b>1,026,236</b>	<b>0</b>	<b>0</b>
Fee-for-service (FFS) all year	111,242	1,026,236	111,242	1,026,236	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

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

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

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

Nondual Medicaid Beneficiaries