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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, VERMONT, 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	124,120	228	9,642	48,966	65,143	141	1,173,723	2,299	107,598	423,425	639,105	1,296
Age												
5 and younger	22,303	0	357	0	21,946	0	210,912	0	3,873	0	207,039	0
6-14	30,082	0	1,400	0	28,682	0	310,598	0	16,067	0	294,531	0
15-20	17,467	2	1,356	2,046	14,060	3	164,836	12	15,171	15,992	133,626	35
21-44	37,540	0	3,022	33,989	445	84	328,107	0	33,756	289,829	3,806	716
45-64	16,350	2	3,462	12,824	8	54	155,532	24	38,251	116,623	89	545
65-74	195	66	39	90	0	0	1,817	605	413	799	0	0
75-84	105	85	5	14	1	0	1,071	857	55	147	12	0
85 and older	77	73	1	3	0	0	848	801	12	35	0	0
Unknown	1	0	0	0	1	0	2	0	0	0	2	0
Gender												
Female	67,349	136	5,025	29,972	32,075	141	643,340	1,373	56,516	268,708	315,447	1,296
Male	56,771	92	4,617	18,994	33,068	0	530,383	926	51,082	154,717	323,658	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	77,651	111	7,641	34,521	35,296	82	747,272	1,146	86,020	303,005	356,340	761
African American	1,750	9	111	684	946	0	16,703	90	1,208	5,885	9,520	0
Other/unknown	44,719	108	1,890	13,761	28,901	59	409,748	1,063	20,370	114,535	273,245	535
Use of Nursing Facilities^c												
Entire year	75	25	50	0	0	0	746	234	512	0	0	0
Part year	111	10	79	19	3	0	1,135	88	811	200	36	0
None	123,934	193	9,513	48,947	65,140	141	1,171,842	1,977	106,275	423,225	639,069	1,296
Maintenance Assistance Status												
Cash	20,761	32	8,175	3,949	8,605	0	219,320	351	93,196	38,427	87,346	0
Medically needy	9,091	92	597	5,848	2,554	0	79,570	941	5,254	52,438	20,937	0
Poverty-related	47,860	0	0	2,621	45,098	141	456,979	0	0	18,460	437,223	1,296
Other/unknown	46,408	104	870	36,548	8,886	0	417,854	1,007	9,148	314,100	93,599	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	124,119	227	9,642	48,966	65,143	141	1,173,715	2,291	107,598	423,425	639,105	1,296
FFS part year, with Rx claims	1	1	0	0	0	0	8	8	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 Vermont, 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^{a, b}
NONDUAL BENEFICIARIES, VERMONT, 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	67.8	10.0	\$709	\$71	\$4,270	16.6	124,120
Age							
5 and younger	65.1	3.1	166	54	2,243	7.4	22,303
6-14	59.7	4.5	409	90	3,957	10.3	30,082
15-20	65.4	6.6	518	79	5,439	9.5	17,467
21-44	72.3	12.6	852	68	4,228	20.1	37,540
45-64	78.5	27.1	1,862	69	6,336	29.4	16,350
65-74	68.2	23.7	1,605	68	7,080	22.7	195
75-84	62.9	19.7	1,115	57	7,374	15.1	105
85 and older	55.8	19.8	641	32	19,106	3.4	77
Unknown	0.0	0.0	0	0	1,841	0.0	1
Basis of Eligibility^e							
Aged	58.3	20.3	1,055	52	11,837	8.9	228
Disabled	86.2	38.9	3,170	82	19,574	16.2	9,642
Adults	72.1	12.3	790	64	3,147	25.1	48,966
Children	61.8	4.0	281	71	2,817	10.0	65,143
Unknown	64.5	12.0	1,279	106	6,801	18.8	141
Gender							
Female	72.1	11.7	765	65	4,105	18.6	67,349
Male	62.7	8.0	641	80	4,465	14.4	56,771
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	72.9	12.7	889	70	5,003	17.8	77,651
African American	61.3	6.4	490	76	3,317	14.8	1,750
Other/unknown	59.2	5.5	404	73	3,035	13.3	44,719
Use of Nursing Facilities^f							
Entire year	86.7	84.1	5,681	68	64,808	8.8	75
Part year	92.8	87.1	4,875	56	57,262	8.5	111
None	67.8	9.9	702	71	4,186	16.8	123,934
Maintenance Assistance Status							
Cash	78.5	21.1	1,612	77	9,832	16.4	20,761
Medically needy	70.3	11.4	752	66	3,896	19.3	9,091
Poverty related	59.6	3.4	225	66	1,905	11.8	47,860
Other/unknown	70.9	11.6	794	69	4,294	18.5	46,408

Source: Data for this table are from the MAX 2007 file for Vermont, 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^{a, b}
 NONDUAL BENEFICIARIES, VERMONT, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS ^d	Number	
				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	1.1	\$75	16.6	32.2	48.8	7.6	8.1	2.7	0.6	\$452	124,120	1,173,723
Age												
5 and younger	0.3	18	7.4	34.9	62.2	2.2	0.7	0.0	0.0	237	22,303	210,912
6-14	0.4	40	10.3	40.3	52.0	4.3	3.1	0.3	0.0	383	30,082	310,598
15-20	0.7	55	9.5	34.6	52.3	7.4	5.0	0.7	0.1	576	17,467	164,836
21-44	1.4	97	20.1	27.7	45.0	11.3	11.9	3.5	0.6	484	37,540	328,107
45-64	2.8	196	29.4	21.5	30.0	12.5	21.8	11.2	3.0	666	16,350	155,532
65-74	2.5	172	22.7	31.8	28.2	6.7	17.9	11.8	3.6	760	195	1,817
75-84	1.9	109	15.1	37.1	21.9	14.3	16.2	8.6	1.9	723	105	1,071
85 and older	1.8	58	3.4	44.2	19.5	5.2	18.2	13.0	0.0	1,735	77	848
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	921	1	2
Basis of Eligibility^e												
Aged	2.0	105	8.9	41.7	21.9	7.5	15.8	11.4	1.8	1,174	228	2,299
Disabled	3.5	284	16.2	13.8	30.1	12.6	23.6	14.3	5.6	1,754	9,642	107,598
Adults	1.4	91	25.1	27.9	43.3	11.5	13.0	3.9	0.4	364	48,966	423,425
Children	0.4	29	10.0	38.2	55.7	3.9	2.1	0.2	0.0	287	65,143	639,105
Unknown	1.3	139	18.8	35.5	41.8	6.4	12.8	3.5	0.0	740	141	1,296
Gender												
Female	1.2	80	18.6	27.9	50.2	8.5	9.1	3.5	0.8	430	67,349	643,340
Male	0.9	69	14.4	37.3	47.0	6.5	6.9	1.9	0.4	478	56,771	530,383
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.3	92	17.8	27.1	49.0	9.0	10.3	3.8	0.9	520	77,651	747,272
African American	0.7	51	14.8	38.7	49.1	6.2	3.9	1.6	0.4	348	1,750	16,703
Other/unknown	0.6	44	13.3	40.8	48.3	5.2	4.5	1.0	0.1	331	44,719	409,748
Use of Nursing Facilities^f												
Entire year	8.5	571	8.8	13.3	10.7	4.0	9.3	26.7	36.0	6,516	75	746
Part year	8.5	477	8.5	7.2	7.2	4.5	28.8	30.6	21.6	5,600	111	1,135
None	1.0	74	16.8	32.2	48.8	7.6	8.1	2.7	0.6	443	123,934	1,171,842
Maintenance Assistance Status												
Cash	2.0	153	16.4	21.5	46.1	9.7	13.6	6.7	2.4	931	20,761	219,320
Medically needy	1.3	86	19.3	29.7	46.2	10.2	9.9	3.4	0.5	445	9,091	79,570
Poverty related	0.4	24	11.8	40.4	54.6	3.4	1.6	0.1	0.0	200	47,860	456,979
Other/unknown	1.3	88	18.5	29.1	44.4	10.5	12.0	3.6	0.4	477	46,408	417,854

Source: Data for this table are from the MAX 2007 file for Vermont, 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^{a, b, c}
 NONDUAL BENEFICIARIES, VERMONT, 2007

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	1.1	\$75	\$71	0.4	\$56	\$161	0.0	\$5	\$121	0.7	\$13	\$20
Age												
5 and younger	0.3	18	54	0.1	12	156	0.0	2	89	0.2	4	16
6-14	0.4	40	90	0.2	33	151	0.0	2	143	0.2	4	21
15-20	0.7	55	79	0.3	43	159	0.0	3	131	0.4	8	21
21-44	1.4	97	68	0.5	73	161	0.0	6	121	0.9	18	20
45-64	2.8	196	69	0.8	140	166	0.1	18	122	1.9	38	20
65-74	2.5	172	68	0.8	132	168	0.1	11	107	1.7	30	18
75-84	1.9	109	57	0.7	80	123	0.1	11	78	1.1	18	16
85 and older	1.8	58	32	0.5	42	85	0.1	5	59	1.2	11	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.0	105	52	0.6	77	133	0.1	9	78	1.3	18	14
Disabled	3.5	284	82	1.2	216	183	0.2	23	134	2.1	44	21
Adults	1.4	91	64	0.4	66	154	0.1	7	118	0.9	19	20
Children	0.4	29	71	0.2	23	143	0.0	2	107	0.2	4	19
Unknown	1.3	139	106	0.4	117	282	0.1	6	120	0.8	15	18
Gender												
Female	1.2	80	65	0.4	58	152	0.1	6	119	0.8	15	20
Male	0.9	69	80	0.3	54	174	0.0	5	125	0.5	11	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.3	92	70	0.4	69	161	0.1	7	123	0.8	17	20
African American	0.7	51	76	0.2	38	185	0.0	5	154	0.4	8	19
Other/unknown	0.6	44	73	0.2	34	160	0.0	3	113	0.4	7	20
Use of Nursing Facilities^e												
Entire year	8.5	571	68	2.3	412	181	0.3	28	103	5.9	131	22
Part year	8.5	477	56	2.2	331	149	0.5	49	105	5.8	97	17
None	1.0	74	71	0.3	56	161	0.0	5	122	0.7	13	20
Maintenance Assistance Status												
Cash	2.0	153	77	0.7	116	174	0.1	12	130	1.2	25	20
Medically needy	1.3	86	66	0.4	63	163	0.1	6	118	0.9	17	20
Poverty related	0.4	24	66	0.1	18	138	0.0	2	107	0.2	4	19
Other/unknown	1.3	88	69	0.4	65	156	0.1	6	118	0.8	17	20

Source: Data for this table are from the MAX 2007 file for Vermont, 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 Vermont, 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, VERMONT, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	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										
Anti-infective Agents	0.2	0.0	0.0	0.2	\$12	\$7	\$1	\$4	\$55	\$300	\$112	\$21	116,229	\$6,335,756	48,374	39.0	514,449
Biologicals	0.2	0.2	0.0	0.0	63	63	0	0	383	383	0	0	2,839	1,087,271	1,631	1.3	17,162
Antineoplastic Agents	0.5	0.2	0.0	0.3	164	152	1	12	305	793	183	34	3,134	955,448	550	0.4	5,827
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	32	23	1	8	62	130	46	25	113,613	7,056,542	20,993	16.9	218,677
Cardiovascular Agents	1.0	0.2	0.1	0.8	35	20	4	11	34	106	76	14	138,790	4,742,156	12,883	10.4	134,628
Respiratory Agents	0.4	0.3	0.0	0.1	37	32	2	2	86	112	91	21	111,535	9,640,473	24,587	19.8	263,216
Gastrointestinal Agents	0.5	0.2	0.1	0.2	53	33	17	4	110	179	133	20	60,721	6,662,587	11,807	9.5	125,555
Genitourinary Agents	0.2	0.1	0.0	0.1	14	8	3	3	56	107	111	20	12,504	701,591	4,674	3.8	50,322
CNS Drugs	1.0	0.3	0.0	0.6	76	61	3	12	79	181	152	19	248,157	19,503,854	24,989	20.1	257,658
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	95	91	1	4	117	140	85	25	53,957	6,320,934	6,119	4.9	66,219
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	39	38	0	1	196	206	131	71	9,286	1,817,681	4,409	3.6	46,511
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	33	20	2	11	53	172	355	22	183,753	9,827,857	29,235	23.6	301,627
Neuromuscular Agents	0.7	0.3	0.0	0.4	60	47	6	7	87	184	218	18	93,928	8,196,603	12,983	10.5	136,444
Nutritional Products	0.2	0.0	0.0	0.2	3	0	0	2	14	63	36	12	19,992	271,530	9,299	7.5	100,795
Hematological Agents	0.6	0.2	0.0	0.4	100	91	1	8	168	474	49	20	11,543	1,937,503	1,870	1.5	19,427
Topical Products	0.2	0.0	0.0	0.1	8	5	0	3	42	121	66	19	55,760	2,314,088	27,055	21.8	290,322
Miscellaneous Products	0.1	0.1	0.0	0.0	13	11	1	2	94	103	198	53	5,278	495,500	3,447	2.8	37,928
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	18	0	0	0	77	0	0	0	1,062	81,973	423	0.3	4,615
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,242,081	87,949,347	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Vermont, 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 Vermont, 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.
 - e. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- 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, VERMONT, 2007

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$11,005,376	7,116	5.7	77,534	0.7	\$204	\$142
ANTICONVULSANT	7,541,520	9,853	7.9	105,204	0.7	107	72
ANTIASTHMATIC	7,292,890	25,415	20.5	274,811	0.3	96	27
ANALGESICS - Narcotic	7,081,594	34,916	28.1	366,623	0.4	51	19
ANTIDEPRESSANTS	6,887,966	25,571	20.6	267,026	0.5	49	26
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	6,320,934	6,941	5.6	75,724	0.7	117	83
ULCER DRUGS	5,654,638	11,408	9.2	121,019	0.5	101	47
ANTIDIABETIC	3,076,782	4,909	4.0	52,182	0.6	91	59
ANTIVIRAL	3,025,941	2,416	1.9	25,499	0.4	338	119
ANTIHYPERLIPIDEMIC	2,017,058	5,128	4.1	54,505	0.6	59	37
Total	59,904,699	133,673	n.a.	1,420,127	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Vermont, 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^{a, b, c}
 NONDUAL BENEFICIARIES, VERMONT, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	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	668,626	\$59,904,699	7,116	5.7	77,534	0.7	\$142	9,853	7.9	105,204	0.7	\$72
Female												
All Females	404,137	33,550,071	3,753	5.6	41,030	0.6	122	6,385	9.5	68,991	0.7	69
Female, Disabled												
All Ages	141,536	13,078,733	1,586	31.6	18,313	0.9	167	2,220	44.2	25,769	0.9	92
5 and younger	451	43,215	1	0.8	12	0.3	45	13	10.0	156	0.9	123
6-14	4,801	736,255	98	20.8	1,155	0.8	216	125	26.5	1,437	0.8	173
15-20	6,014	662,090	140	28.7	1,606	0.7	132	122	25.0	1,427	0.8	128
21-44	46,708	4,411,988	661	37.5	7,615	0.8	142	938	53.2	10,865	0.8	94
45-64	82,997	7,177,655	686	31.9	7,925	0.9	191	1,016	47.3	11,815	1.0	76
65-74	563	47,177	0	0.0	0	0.0	0	6	25.0	69	1.0	65
75-84	2	353	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	262,601	20,471,338	2,167	3.5	22,717	0.5	86	4,165	6.7	43,222	0.5	55
5 and younger	5,147	445,075	13	0.1	134	0.4	65	37	0.4	416	0.4	91
6-14	20,599	1,995,373	208	1.5	2,341	0.6	132	172	1.2	1,973	0.6	100
15-20	23,380	1,936,253	385	4.5	4,089	0.5	106	314	3.7	3,243	0.5	83
21-44	139,285	10,256,913	1,225	5.6	12,771	0.4	68	2,624	11.9	27,140	0.5	48
45-64	72,760	5,751,113	332	4.7	3,351	0.5	94	1,006	14.4	10,314	0.6	57
65-74	867	53,851	1	1.1	5	0.2	2	8	8.9	88	0.6	11
75-84	398	23,880	0	0.0	0	0.0	0	2	3.3	24	0.5	15
85 and older	165	8,880	3	6.5	26	0.8	161	2	4.3	24	0.3	1
Male												
All Males	264,489	26,354,628	3,363	5.9	36,504	0.8	165	3,468	6.1	36,213	0.7	77
Male, Disabled												
All Ages	84,461	9,354,608	1,440	31.2	16,578	0.9	205	1,220	26.4	13,992	0.9	109
5 and younger	932	129,333	9	4.0	108	0.7	212	27	11.9	312	0.8	156
6-14	12,150	1,685,282	337	36.3	3,951	0.8	173	155	16.7	1,811	0.8	148
15-20	9,604	1,243,435	268	30.9	3,100	0.8	174	158	18.2	1,837	0.8	128
21-44	24,394	2,820,913	485	38.5	5,622	1.0	222	460	36.5	5,301	1.0	126
45-64	37,091	3,459,788	338	25.7	3,761	1.1	239	417	31.7	4,702	0.9	64
65-74	286	15,791	3	20.0	36	0.4	4	3	20.0	29	1.1	104
75-84	4	66	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	180,028	17,000,020	1,923	3.7	19,926	0.6	131	2,248	4.3	22,221	0.5	57
5 and younger	8,066	722,789	24	0.2	246	0.5	88	58	0.5	589	0.5	91
6-14	39,575	4,319,903	566	3.9	6,474	0.7	142	218	1.5	2,471	0.6	84
15-20	20,313	2,221,493	380	5.0	4,119	0.8	171	215	2.8	2,243	0.7	113
21-44	63,732	5,500,256	708	5.6	6,713	0.5	106	1,123	8.9	10,635	0.5	42
45-64	47,196	4,179,366	239	4.1	2,319	0.6	108	617	10.5	6,111	0.6	49
65-74	562	34,899	2	3.0	24	0.5	257	12	18.2	124	0.3	8
75-84	313	14,183	3	7.5	19	0.2	1	2	5.0	12	0.8	2
85 and older	271	7,131	1	3.3	12	0.1	9	3	10.0	36	0.6	10
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 Vermont, 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^{a, b, c}
 NONDUAL BENEFICIARIES, VERMONT, 2007

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - Narcotic					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
All	25,415	20.5	274,811	0.3	\$27	34,916	28.1	366,623	0.4	\$19	25,571	20.6	267,026	0.5	\$26
Female															
All Females	14,878	22.1	161,406	0.3	27	22,390	33.2	240,194	0.4	17	17,939	26.6	188,970	0.5	27
Female, Disabled															
All Ages	2,755	54.8	32,131	0.4	39	3,731	74.2	43,425	0.5	29	3,811	75.8	44,110	0.7	35
5 and younger	59	45.4	697	0.2	17	12	9.2	123	0.1	1	3	2.3	36	0.3	3
6-14	152	32.3	1,771	0.3	21	56	11.9	654	0.1	1	99	21.0	1,162	0.5	12
15-20	153	31.4	1,793	0.2	22	160	32.8	1,869	0.2	5	210	43.0	2,407	0.6	24
21-44	885	50.2	10,314	0.3	30	1,604	91.0	18,759	0.5	25	1,517	86.1	17,535	0.6	33
45-64	1,491	69.4	17,384	0.5	48	1,886	87.8	21,867	0.6	35	1,972	91.8	22,858	0.8	39
65-74	15	62.5	172	0.4	41	13	54.2	153	0.4	7	10	41.7	112	0.6	52
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	12,123	19.5	129,275	0.3	25	18,659	29.9	196,769	0.3	15	14,128	22.7	144,860	0.5	24
5 and younger	1,748	16.5	19,323	0.2	16	242	2.3	2,743	0.1	1	9	0.1	104	0.3	3
6-14	2,554	18.1	28,303	0.2	20	742	5.3	8,351	0.1	1	529	3.7	5,944	0.5	12
15-20	1,628	19.2	17,517	0.2	21	2,452	28.9	25,882	0.2	4	1,557	18.3	16,477	0.4	16
21-44	4,256	19.4	44,104	0.3	25	12,170	55.4	127,618	0.4	18	8,695	39.6	88,739	0.4	23
45-64	1,897	27.1	19,591	0.4	41	3,016	43.1	31,767	0.4	15	3,300	47.2	33,220	0.6	34
65-74	24	26.7	265	0.5	50	23	25.6	242	0.4	5	20	22.2	179	0.7	20
75-84	10	16.7	106	0.3	38	11	18.3	131	0.3	8	10	16.7	113	0.6	14
85 and older	6	13.0	66	0.1	6	3	6.5	35	0.6	4	8	17.4	84	0.5	14
Male															
All Males	10,537	18.6	113,405	0.3	25	12,526	22.1	126,429	0.4	23	7,632	13.4	78,056	0.5	23
Male, Disabled															
All Ages	1,271	27.5	14,591	0.4	37	1,889	40.9	21,416	0.5	27	1,781	38.6	20,370	0.7	26
5 and younger	103	45.4	1,201	0.3	25	25	11.0	296	0.1	1	6	2.6	72	0.3	3
6-14	234	25.2	2,743	0.3	26	66	7.1	767	0.1	1	225	24.2	2,631	0.6	14
15-20	144	16.6	1,697	0.3	27	220	25.3	2,577	0.1	1	285	32.8	3,286	0.6	24
21-44	232	18.4	2,643	0.3	30	654	51.9	7,447	0.4	20	571	45.3	6,569	0.7	27
45-64	554	42.2	6,266	0.4	51	920	70.0	10,302	0.7	41	690	52.5	7,773	0.7	31
65-74	4	26.7	41	0.5	41	4	26.7	27	0.2	2	2	13.3	15	0.1	5
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	24	0.1	2
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	9,266	17.8	98,814	0.3	24	10,637	20.4	105,013	0.4	23	5,851	11.2	57,686	0.5	23
5 and younger	2,657	23.4	28,878	0.2	16	390	3.4	4,333	0.1	1	19	0.2	221	0.3	7
6-14	3,193	21.9	35,692	0.2	22	741	5.1	8,355	0.1	1	700	4.8	7,876	0.5	15
15-20	1,013	13.3	10,803	0.2	19	1,489	19.5	15,494	0.2	3	798	10.5	8,489	0.5	24
21-44	1,353	10.8	12,937	0.3	28	5,679	45.2	53,280	0.5	34	2,731	21.7	25,505	0.4	22
45-64	1,028	17.4	10,277	0.4	50	2,303	39.1	23,201	0.5	21	1,579	26.8	15,330	0.5	26
65-74	5	7.6	49	0.3	16	18	27.3	178	0.3	5	14	21.2	147	0.6	23
75-84	15	37.5	154	0.6	52	12	30.0	114	0.3	1	5	12.5	59	0.6	14
85 and older	2	6.7	24	0.8	46	5	16.7	58	0.6	7	5	16.7	59	0.7	3
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 Vermont, 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^{a, b, c}
 NONDUAL BENEFICIARIES, VERMONT, 2007

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ULCER DRUGS					ANTIDIABETIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	6,941	5.6	75,724	0.7	\$84	11,408	9.2	121,019	0.5	\$47	4,909	4.0	52,182	0.6	\$59
Female															
All Females	2,524	3.7	27,358	0.7	76	7,446	11.1	80,290	0.5	47	2,958	4.4	31,937	0.6	56
Female, Disabled															
All Ages	454	9.0	5,287	0.7	88	2,021	40.2	23,498	0.6	63	1,093	21.8	12,698	0.7	59
5 and younger	4	3.1	48	0.3	12	26	20.0	308	0.3	32	0	0.0	0	0.0	0
6-14	121	25.7	1,427	0.8	103	46	9.8	524	0.4	41	9	1.9	108	0.7	124
15-20	95	19.5	1,106	0.7	81	104	21.3	1,230	0.5	36	26	5.3	311	0.9	80
21-44	134	7.6	1,553	0.7	71	616	35.0	7,184	0.5	54	247	14.0	2,858	0.6	53
45-64	100	4.7	1,153	0.7	104	1,217	56.7	14,119	0.7	71	796	37.1	9,241	0.7	60
65-74	0	0.0	0	0.0	0	10	41.7	109	0.6	76	15	62.5	180	0.7	56
75-84	0	0.0	0	0.0	0	2	100.0	24	0.1	15	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	2,070	3.3	22,071	0.6	74	5,425	8.7	56,792	0.4	40	1,865	3.0	19,239	0.6	54
5 and younger	23	0.2	244	0.4	41	294	2.8	2,853	0.3	23	10	0.1	118	0.4	52
6-14	844	6.0	9,419	0.7	74	309	2.2	3,473	0.2	21	64	0.5	692	0.6	91
15-20	362	4.3	3,925	0.6	78	571	6.7	6,109	0.2	18	72	0.8	741	0.6	89
21-44	682	3.1	6,862	0.6	68	2,638	12.0	27,546	0.4	36	753	3.4	7,733	0.5	49
45-64	159	2.3	1,621	0.6	88	1,566	22.4	16,273	0.5	61	937	13.4	9,633	0.6	53
65-74	0	0.0	0	0.0	0	24	26.7	268	0.5	34	17	18.9	189	0.6	46
75-84	0	0.0	0	0.0	0	16	26.7	192	0.5	57	12	20.0	133	0.6	29
85 and older	0	0.0	0	0.0	0	7	15.2	78	0.5	34	0	0.0	0	0.0	0
Male															
All Males	4,417	7.8	48,366	0.7	88	3,962	7.0	40,729	0.5	47	1,951	3.4	20,245	0.7	64
Male, Disabled															
All Ages	840	18.2	9,783	0.8	104	963	20.9	10,935	0.6	58	547	11.8	6,215	0.7	63
5 and younger	9	4.0	108	0.5	75	46	20.3	528	0.3	36	0	0.0	0	0.0	0
6-14	459	49.4	5,366	0.9	109	57	6.1	678	0.4	39	15	1.6	174	0.6	71
15-20	244	28.1	2,846	0.8	99	83	9.6	981	0.4	41	24	2.8	286	0.6	68
21-44	86	6.8	1,003	0.8	95	252	20.0	2,879	0.7	57	88	7.0	1,023	0.5	57
45-64	42	3.2	460	0.8	100	521	39.6	5,828	0.7	65	415	31.6	4,702	0.7	63
65-74	0	0.0	0	0.0	0	3	20.0	29	1.9	159	5	33.3	30	1.0	54
75-84	0	0.0	0	0.0	0	1	33.3	12	0.1	2	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	3,577	6.9	38,583	0.7	83	2,999	5.8	29,794	0.4	43	1,404	2.7	14,030	0.6	65
5 and younger	104	0.9	1,198	0.4	44	388	3.4	3,684	0.3	27	16	0.1	169	0.6	98
6-14	2,235	15.3	24,743	0.8	86	279	1.9	3,129	0.3	25	68	0.5	774	0.6	85
15-20	719	9.4	7,621	0.7	84	260	3.4	2,726	0.3	26	59	0.8	631	0.6	101
21-44	427	3.4	4,095	0.7	73	1,099	8.8	10,453	0.4	44	416	3.3	3,864	0.7	74
45-64	92	1.6	926	0.7	94	932	15.8	9,369	0.5	60	815	13.8	8,272	0.7	56
65-74	0	0.0	0	0.0	0	21	31.8	214	0.5	52	18	27.3	188	0.6	30
75-84	0	0.0	0	0.0	0	10	25.0	101	0.5	11	7	17.5	72	0.4	19
85 and older	0	0.0	0	0.0	0	10	33.3	118	0.5	13	5	16.7	60	1.0	48
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 Vermont, 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^{a, b, c}
 NONDUAL BENEFICIARIES, VERMONT, 2007

Beneficiary Characteristics	ANTIVIRAL					ANTHYPERLIPIDEMIC						
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	2,416	1.9	25,499	0.4	\$119	5,128	4.1	54,505	0.6	\$37	124,120	1,173,723
Female												
All Females	1,697	2.5	18,236	0.3	81	2,792	4.1	30,338	0.6	36	67,348	643,338
Female, Disabled												
All Ages	256	5.1	2,978	0.4	165	1,007	20.0	11,807	0.7	38	5,025	56,516
5 and younger	5	3.8	57	0.3	22	0	0.0	0	0.0	0	130	1,406
6-14	9	1.9	81	0.1	40	0	0.0	0	0.0	0	471	5,362
15-20	21	4.3	251	0.2	12	2	0.4	24	0.5	9	488	5,439
21-44	107	6.1	1,250	0.4	213	155	8.8	1,838	0.6	26	1,762	19,871
45-64	113	5.3	1,327	0.5	165	836	38.9	9,785	0.7	40	2,148	24,142
65-74	1	4.2	12	0.1	6	14	58.3	160	0.6	65	24	277
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	19
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	1,441	2.3	15,258	0.3	64	1,785	2.9	18,531	0.6	36	62,323	586,822
5 and younger	56	0.5	635	0.1	5	2	0.0	24	0.1	5	10,570	99,520
6-14	98	0.7	1,096	0.1	9	2	0.0	12	0.3	29	14,111	144,944
15-20	163	1.9	1,782	0.2	25	9	0.1	96	0.3	31	8,491	79,177
21-44	845	3.8	8,734	0.3	72	432	2.0	4,392	0.5	27	21,960	196,055
45-64	273	3.9	2,955	0.3	96	1,299	18.6	13,555	0.6	38	6,995	65,206
65-74	3	3.3	36	0.1	15	28	31.1	304	0.8	54	90	816
75-84	1	1.7	12	0.1	3	9	15.0	101	0.7	21	60	601
85 and older	2	4.3	8	0.3	15	4	8.7	47	0.5	5	46	503
Male												
All Males	719	1.3	7,263	0.5	214	2,336	4.1	24,167	0.6	38	56,771	530,383
Male, Disabled												
All Ages	138	3.0	1,534	0.9	315	614	13.3	7,084	0.7	38	4,617	51,082
5 and younger	5	2.2	60	0.1	4	2	0.9	24	0.4	16	227	2,467
6-14	6	0.6	72	0.2	5	2	0.2	24	0.3	28	929	10,705
15-20	17	2.0	202	0.1	6	2	0.2	24	0.5	12	868	9,732
21-44	41	3.3	482	0.6	320	116	9.2	1,348	0.7	27	1,260	13,885
45-64	68	5.2	706	1.4	464	488	37.1	5,616	0.7	40	1,314	14,109
65-74	1	6.7	12	0.1	2	4	26.7	48	2.7	95	15	136
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Male, Other Eligibles												
All Ages	581	1.1	5,729	0.4	188	1,722	3.3	17,083	0.6	38	52,154	479,301
5 and younger	48	0.4	524	0.1	6	1	0.0	12	0.1	3	11,376	107,519
6-14	83	0.6	919	0.2	16	0	0.0	0	0.0	0	14,571	149,587
15-20	63	0.8	625	0.2	46	9	0.1	87	0.4	50	7,620	70,488
21-44	228	1.8	2,140	0.4	186	424	3.4	4,096	0.5	33	12,558	98,296
45-64	157	2.7	1,504	0.6	419	1,252	21.2	12,515	0.6	40	5,893	52,075
65-74	2	3.0	17	0.1	2	20	30.3	205	0.6	28	66	588
75-84	0	0.0	0	0.0	0	13	32.5	133	0.5	20	40	415
85 and older	0	0.0	0	0.0	0	3	10.0	35	0.9	15	30	333
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2

Source: Data for this table are from the MAX 2007 file for Vermont, 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^{a, b}
 NONDUAL BENEFICIARIES, VERMONT, 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	\$571	8.5	75	746
Age				
0-64	792	11.3	50	512
65-74	2	0.3	1	7
75-84	14	0.5	8	54
85 and older	116	2.8	16	173
Unknown	0	0.0	0	0
Gender				
Female	622	9.0	47	476
Male	482	7.5	28	270
Unknown	0	0.0	0	0
Race				
White	652	9.3	57	581
African American	0	0	0	0
Other/unknown	288	5.5	18	165
Basis of Eligibility^c				
Aged	89	2.2	25	234
Disabled	792	11.3	50	512
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 Vermont, 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 111 beneficiaries who were in nursing facilities for part of their enrollment and their 1,135 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, VERMONT, 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	0.8	0.2	0.0	0.6	\$38	\$22	\$4	\$12	\$46	\$149	\$203	\$18	372	\$17,143	45	60.0	456
Biologicals	0.1	0.1	0.0	0.0	4	4	0	0	32	32	0	0	5	158	4	5.3	41
Antineoplastic Agents	0.7	0.4	0.0	0.3	106	102	0	5	147	245	0	15	26	3,833	3	4.0	36
Endocrine/Metabolic Drugs	1.5	0.7	0.0	0.7	82	66	3	13	56	93	66	18	533	30,001	35	46.7	365
Cardiovascular Agents	2.3	0.3	0.1	1.9	61	28	8	26	27	87	108	14	810	22,005	35	46.7	358
Respiratory Agents	0.8	0.5	0.1	0.2	75	67	5	3	97	147	60	14	243	23,547	31	41.3	312
Gastrointestinal Agents	1.3	0.5	0.1	0.7	94	57	15	22	71	119	109	31	517	36,962	38	50.7	395
Genitourinary Agents	0.9	0.4	0.1	0.4	67	45	9	13	79	127	164	29	210	16,585	23	30.7	246
CNS Drugs	2.3	0.8	0.0	1.4	176	151	3	23	78	186	73	16	1,225	95,043	55	73.3	539
Stimulants/Anti-obesity/Anorexia	0.9	0.3	0.0	0.6	175	166	0	9	186	499	0	15	34	6,307	3	4.0	36
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	640	637	0	3	759	791	0	68	91	69,083	10	13.3	108
Analgesics and Anesthetics	2.2	0.1	0.0	2.0	144	53	5	87	65	406	152	43	783	51,224	36	48.0	355
Neuromuscular Agents	1.9	0.3	0.1	1.5	91	47	8	37	47	154	93	24	660	31,162	34	45.3	341
Nutritional Products	1.1	0.0	0.0	1.1	15	1	0	13	13	38	0	13	214	2,886	19	25.3	196
Hematological Agents	1.7	0.2	0.0	1.4	47	31	0	15	28	135	0	11	345	9,695	22	29.3	207
Topical Products	0.6	0.2	0.0	0.4	25	16	0	9	42	89	0	22	221	9,300	35	46.7	369
Miscellaneous Products	0.4	0.1	0.0	0.3	24	22	0	2	61	177	0	8	16	974	4	5.3	41
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	6	0	0	0	51	0	0	0	3	153	3	4.0	26
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.	6,308	426,061	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Vermont, 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 111 beneficiaries who were in nursing facilities for part of their enrollment and their 1,135 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 Vermont, 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, VERMONT, 2007

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users			
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	\$69,225	14	18.7	147	0.6	\$729	\$471	
ANTIPSYCHOTICS	63,008	26	34.7	276	1.1	204	228	
ANALGESICS - Narcotic	32,767	44	58.7	436	1.7	45	75	
ULCER DRUGS	29,534	41	54.7	427	0.7	94	69	
ANTICONVULSANT	28,022	41	54.7	433	1.2	52	65	
ANTIDEPRESSANTS	26,022	57	76.0	579	0.9	48	45	
ANTIDIABETIC	20,928	26	34.7	251	1.1	74	83	
ANTIASTHMATIC	20,613	33	44.0	341	0.5	124	60	
ANALGESICS - ANTI-INFLAMMATORY	17,778	8	10.7	84	0.7	307	212	
URINARY ANTISPASMODICS	11,448	12	16.0	136	0.9	89	84	
Total	319,345	302	n.a.	3,110	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Vermont, 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 111 beneficiaries who were in nursing facilities for part of their enrollment and their 1,135 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, VERMONT, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIPSYCHOTICS				
	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	3,149	\$319,345	14	18.7	147	0.6	\$471	26	34.7	276	1.1	\$228
Female												
All Females	2,227	228,182	10	21.3	111	0.7	607	20	42.6	215	1.2	238
Female, Disabled												
All Ages	2,095	215,221	6	20.0	63	0.8	987	18	60.0	201	1.2	233
64 or younger	2,095	215,221	6	20.0	63	0.8	987	18	60.0	201	1.2	233
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
Female, Other Eligibles												
All Ages	132	12,961	4	23.5	48	0.7	108	2	11.8	14	1.4	298
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	3	186	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	129	12,775	4	36.4	48	0.7	108	2	18.2	14	1.4	298
Male												
All Males	922	91,163	4	14.3	36	0.3	52	6	21.4	61	0.9	196
Male, Disabled												
All Ages	875	90,576	4	20.0	36	0.3	52	5	25.0	60	0.9	199
64 or younger	875	90,576	4	20.0	36	0.3	52	5	25.0	60	0.9	199
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
Male, Other Eligibles												
All Ages	47	587	0	0.0	0	0.0	0	1	12.5	1	1.0	7
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	4	36	0	0.0	0	0.0	0	1	50.0	1	1.0	7
85 and older	41	540	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Vermont, 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 111 beneficiaries who were in nursing facilities for part of their enrollment and their 1,135 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, VERMONT, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic						ULCER DRUGS					ANTICONVULSANT			
	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 \$
		Facility Residents										Facility Residents			
All	44	58.7	436	1.7	\$75	41	54.7	427	0.7	\$69	41	54.7	433	1.2	\$65
Female															
All Females	29	61.7	294	1.6	58	26	55.3	293	0.7	66	28	59.6	305	1.2	49
Female, Disabled															
All Ages	28	93.3	282	1.6	60	21	70.0	233	0.8	75	28	93.3	305	1.2	49
64 or younger	28	93.3	282	1.6	60	21	70.0	233	0.8	75	28	93.3	305	1.2	49
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
Female, Other Eligibles															
All Ages	1	5.9	12	1.4	10	5	29.4	60	0.5	33	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	1	16.7	12	0.1	2	0	0.0	0	0.0	0
85 and older	1	9.1	12	1.4	10	4	36.4	48	0.5	40	0	0.0	0	0.0	0
Male															
All Males	15	53.6	142	1.7	111	15	53.6	134	0.8	76	13	46.4	128	1.3	103
Male, Disabled															
All Ages	13	65.0	129	1.8	122	13	65.0	121	0.8	82	11	55.0	109	1.3	119
64 or younger	13	65.0	129	1.8	122	13	65.0	121	0.8	82	11	55.0	109	1.3	119
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
Male, Other Eligibles															
All Ages	2	25.0	13	0.5	5	2	25.0	13	0.9	20	2	25.0	19	0.8	8
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	7	0.3	2
75-84	1	50.0	1	2.0	16	1	50.0	1	1.0	13	0	0.0	0	0.0	0
85 and older	1	20.0	12	0.4	4	1	20.0	12	0.9	20	1	20.0	12	1.1	12
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 Vermont, 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 111 beneficiaries who were in nursing facilities for part of their enrollment and their 1,135 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, VERMONT, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIDIABETIC					ANTIASTHMATIC				
	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	57	76.0	579	0.9	\$45	26	34.7	251	1.1	\$83	33	44.0	341	0.5	\$60
Female															
All Females	40	85.1	419	0.9	48	19	40.4	184	1.0	71	25	53.2	258	0.5	72
Female, Disabled															
All Ages	34	113.3	359	1.0	53	18	60.0	172	1.1	75	22	73.3	222	0.6	83
64 or younger	34	113.3	359	1.0	53	18	60.0	172	1.1	75	22	73.3	222	0.6	83
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
Female, Other Eligibles															
All Ages	6	35.3	60	0.5	19	1	5.9	12	0.2	13	3	17.6	36	0.1	8
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	1	16.7	12	0.2	13	0	0.0	0	0.0	0
85 and older	6	54.5	60	0.5	19	0	0.0	0	0.0	0	3	27.3	36	0.1	8
Male															
All Males	17	60.7	160	0.9	36	7	25.0	67	1.4	117	8	28.6	83	0.4	24
Male, Disabled															
All Ages	17	85.0	160	0.9	36	6	30.0	55	1.5	141	8	40.0	83	0.4	24
64 or younger	17	85.0	160	0.9	36	6	30.0	55	1.5	141	8	40.0	83	0.4	24
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
Male, Other Eligibles															
All Ages	0	0.0	0	0.0	0	1	12.5	12	1.0	9	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	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	20.0	12	1.0	9	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Vermont, 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 111 beneficiaries who were in nursing facilities for part of their enrollment and their 1,135 benefit months were excluded from the analysis.

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

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

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

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

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

TABLE ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, VERMONT, 2007

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					URINARY ANTISPASMODICS						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	8	10.7	84	0.7	\$212	12	16.0	136	0.9	\$84	75	746
Female												
All Females	5	10.6	55	0.8	11	7	14.9	84	0.8	71	47	476
Female, Disabled												
All Ages	5	16.7	55	0.8	11	7	23.3	84	0.8	71	30	321
64 or younger	5	16.7	55	0.8	11	7	23.3	84	0.8	71	30	321
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
Female, Other Eligibles												
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	17	155
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	41
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	114
Male												
All Males	3	10.7	29	0.6	593	5	17.9	52	1.1	106	28	270
Male, Disabled												
All Ages	3	15.0	29	0.6	593	5	25.0	52	1.1	106	20	191
64 or younger	3	15.0	29	0.6	593	5	25.0	52	1.1	106	20	191
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
Male, Other Eligibles												
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	79
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	1	7
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	13
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	59
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 Vermont, 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 111 beneficiaries who were in nursing facilities for part of their enrollment and their 1,135 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}
 VERMONT, 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	24,962	20.1	0.9	117,330	\$13	\$1,606,876	\$14	1.8	124,120	
Age										
5 and younger	3,054	13.7	0.3	5,737	4	80,377	14	2.2	22,303	
6-14	3,836	12.8	0.3	9,225	5	137,424	15	1.1	30,082	
15-20	2,646	15.1	0.4	7,295	6	111,660	15	1.2	17,467	
21-44	9,445	25.2	1.2	44,873	16	603,201	13	1.9	37,540	
45-64	5,838	35.7	3.0	48,829	40	657,778	13	2.2	16,350	
65-74	77	39.5	3.2	623	42	8,253	13	2.6	195	
75-84	29	27.6	1.7	177	16	1,685	10	1.4	105	
85 and older	37	48.1	7.4	571	84	6,498	11	13.2	77	
Unknown	0	0.0	0.0	0	0	0	0	0.0	1	
Basis of Eligibility^c										
Aged	85	37.3	4.0	920	51	11,637	13	4.8	228	
Disabled	4,374	45.4	5.0	48,141	64	618,861	13	2.0	9,642	
Adults	12,019	24.5	1.0	50,812	15	724,194	14	1.9	48,966	
Children	8,458	13.0	0.3	17,339	4	249,814	14	1.4	65,143	
Unknown	26	18.4	0.8	118	17	2,370	20	1.3	141	
Gender										
Female	16,184	24.0	1.2	79,046	16	1,076,327	14	2.1	67,349	
Male	8,778	15.5	0.7	38,284	9	530,549	14	1.5	56,771	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	18,801	24.2	1.3	97,096	17	1,317,465	14	1.9	77,651	
African American	387	22.1	0.7	1,221	8	14,173	12	1.7	1,750	
Other/unknown	5,774	12.9	0.4	19,013	6	275,238	14	1.5	44,719	
Use of Nursing Facilities^d										
Entire year	55	73.3	13.6	1,020	159	11,954	12	2.8	75	
Part year	90	81.1	14.6	1,618	153	16,986	10	3.1	111	
None	24,817	20.0	0.9	114,692	13	1,577,936	14	1.8	123,934	
Maintenance Assistance Status										
Cash	6,952	33.5	2.5	51,863	32	671,702	13	2.0	20,761	
Medically needy	2,137	23.5	1.1	9,642	13	119,033	12	1.7	9,091	
Poverty related	5,410	11.3	0.2	10,639	3	159,091	15	1.5	47,860	
Other/unknown	10,463	22.5	1.0	45,186	14	657,050	15	1.8	46,408	

Source: Data for this table are from the MAX 2007 file for Vermont, 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^{a,b}
 VERMONT, 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	1,173,723
Age						
5 and younger	0.0	0	14	0	0	210,912
6-14	0.0	0	15	0	0	310,598
15-20	0.0	1	15	0	0	164,836
21-44	0.1	2	13	0	1	328,107
45-64	0.3	4	13	0	2	155,532
65-74	0.3	5	13	0	1	1,817
75-84	0.2	2	10	0	0	1,071
85 and older	0.7	8	11	0	1	848
Unknown	0.0	0	0	0	0	2
Basis of Eligibility^c						
Aged	0.4	5	13	0	1	2,299
Disabled	0.4	6	13	0	2	107,598
Adults	0.1	2	14	0	1	423,425
Children	0.0	0	14	0	0	639,105
Unknown	0.1	2	20	0	0	1,296
Gender						
Female	0.1	2	14	0	1	643,340
Male	0.1	1	14	0	0	530,383
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	2	14	0	1	747,272
African American	0.1	1	12	0	0	16,703
Other/unknown	0.0	1	14	0	0	409,748
Use of Nursing Facilities^d						
Entire year	1.4	16	12	0	7	746
Part year	1.4	15	10	0	4	1,135
None	0.1	1	14	0	0	1,171,842
Maintenance Assistance Status						
Cash	0.2	3	13	0	1	219,320
Medically needy	0.1	1	12	0	1	79,570
Poverty related	0.0	0	15	0	0	456,979
Other/unknown	0.1	2	15	0	1	417,854

Source: Data for this table are from the MAX 2007 file for Vermont, 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^{a,b,c}
VERMONT, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	30,484	\$53	\$1,606,876	100.0	117,330	\$14	100.0
Anorexia or weight loss/gain	33	154	5,090	0.3	87	59	0.1
Fertility drugs	2	47	94	0.0	2	47	0.0
Drugs for cosmetic purposes	181	15	2,663	0.2	276	10	0.2
Cough and cold medications	3,601	32	115,108	7.2	5,430	21	4.6
Vitamins and minerals	1,815	58	104,690	6.5	5,819	18	5.0
Non-prescription drugs	15,494	49	760,455	47.3	52,753	14	45.0
Barbiturates	101	57	5,749	0.4	842	7	0.7
Benzodiazepines	8,756	62	547,136	34.0	50,423	11	43.0
Other Part D Excl Rx Drugs	501	132	65,891	4.1	1,698	39	1.4

Source: Data for this table are from the MAX 2007 file for Vermont, 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^{a, b}
NONDUAL BENEFICIARIES, VERMONT, 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	124,120	228	9,642	48,966	65,143	141	1,173,726	2,302	107,598	423,425	639,105	1,296
Age												
5 and younger	22,303	0	357	0	21,946	0	210,912	0	3,873	0	207,039	0
6-14	30,082	0	1,400	0	28,682	0	310,598	0	16,067	0	294,531	0
15-20	17,467	2	1,356	2,046	14,060	3	164,836	12	15,171	15,992	133,626	35
21-44	37,540	0	3,022	33,989	445	84	328,107	0	33,756	289,829	3,806	716
45-64	16,350	2	3,462	12,824	8	54	155,532	24	38,251	116,623	89	545
65-74	195	66	39	90	0	0	1,817	605	413	799	0	0
75-84	105	85	5	14	1	0	1,071	857	55	147	12	0
85 and older	77	73	1	3	0	0	851	804	12	35	0	0
Unknown	1	0	0	0	1	0	2	0	0	0	2	0
Gender												
Female	67,349	136	5,025	29,972	32,075	141	643,340	1,373	56,516	268,708	315,447	1,296
Male	56,771	92	4,617	18,994	33,068	0	530,386	929	51,082	154,717	323,658	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	77,651	111	7,641	34,521	35,296	82	747,275	1,149	86,020	303,005	356,340	761
African American	1,750	9	111	684	946	0	16,703	90	1,208	5,885	9,520	0
Other/unknown	44,719	108	1,890	13,761	28,901	59	409,748	1,063	20,370	114,535	273,245	535
Use of Nursing Facilities^c												
Entire year	75	25	50	0	0	0	746	234	512	0	0	0
Part year	111	10	79	19	3	0	1,135	88	811	200	36	0
None	123,934	193	9,513	48,947	65,140	141	1,171,845	1,980	106,275	423,225	639,069	1,296
Maintenance Assistance Status												
Cash	20,761	32	8,175	3,949	8,605	0	219,320	351	93,196	38,427	87,346	0
Medically needy	9,091	92	597	5,848	2,554	0	79,570	941	5,254	52,438	20,937	0
Poverty related	47,860	0	0	2,621	45,098	141	456,979	0	0	18,460	437,223	1,296
Other/unknown	46,408	104	870	36,548	8,886	0	417,857	1,010	9,148	314,100	93,599	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	124,119	227	9,642	48,966	65,143	141	1,173,715	2,291	107,598	423,425	639,105	1,296
FFS part year, with Rx claims	1	1	0	0	0	0	11	11	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 Vermont, 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^a
 NONDUAL BENEFICIARIES, VERMONT, 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
All	124,120	1,173,726	124,120	1,173,723	0	3
Fee-for-service (FFS) all year	124,119	1,173,715	124,119	1,173,715	0	0
FFS part year, with Rx claims	1	11	1	8	0	3
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 Vermont, 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