

MDCR UTILZN D 2
Medicare Part D Utilization: Average Annual Gross Drug Costs Per Part D Enrollee, by Type of Plan, Low Income Subsidy (LIS) Eligibility, and Brand/Generic Drug Classification,
Calendar Years 2014-2019

	2014	2014	2014	2015	2015	2015	2016	2016	2016	2017	2017	2017	2018	2018	2018	2019	2019	2019
	Total Part D	Stand-Alone Prescription Drug Plan	Medicare Advantage Prescription Drug Plan	Total Part D	Stand-Alone Prescription Drug Plan	Medicare Advantage Prescription Drug Plan	Total Part D	Stand-Alone Prescription Drug Plan	Medicare Advantage Prescription Drug Plan	Total Part D	Stand-Alone Prescription Drug Plan	Medicare Advantage Prescription Drug Plan	Total Part D	Stand-Alone Prescription Drug Plan	Medicare Advantage Prescription Drug Plan	Total Part D	Stand-Alone Prescription Drug Plan	Medicare Advantage Prescription Drug Plan
Medicare Part D Enrollees																		
Overall Enrollees	37,720,840	23,437,148	14,283,691	39,505,335	24,092,868	15,412,467	41,203,627	24,831,079	16,372,548	42,728,443	25,243,684	17,484,759	44,249,461	25,563,945	18,685,516	45,827,091	25,583,137	20,243,954
Beneficiaries with No LIS	25,953,921	15,055,269	10,898,652	27,377,918	15,855,131	11,522,788	28,787,701	16,626,385	12,161,316	30,474,213	17,449,704	13,024,509	31,365,087	17,753,826	13,611,261	32,767,391	18,170,323	14,597,068
LIS Applicants	1,453,382	906,182	547,199	1,484,251	883,842	600,410	1,500,438	857,506	642,932	1,398,100	766,119	631,981	1,510,267	777,845	732,423	1,504,509	712,641	791,868
Beneficiaries Deemed Eligible for LIS ¹	10,313,537	7,475,698	2,837,840	10,643,165	7,353,896	3,289,269	10,915,488	7,347,188	3,568,300	10,856,130	7,027,861	3,828,269	11,374,106	7,032,274	4,341,832	11,555,190	6,700,173	4,855,018
Total Drug Costs																		
Overall Gross Drug Cost	\$121,460,124,575	\$84,442,327,111	\$37,017,797,464	\$137,377,533,546	\$93,349,228,606	\$44,028,304,940	\$146,149,082,808	\$97,790,113,009	\$48,358,969,799	\$154,813,252,454	\$100,860,090,757	\$53,953,161,697	\$168,125,416,924	\$105,250,480,324	\$62,874,936,601	\$183,178,521,043	\$110,053,489,323	\$73,125,031,720
Brand Name	92,940,043,343	65,565,634,954	27,374,408,389	107,947,589,307	74,308,573,906	33,639,015,402	115,063,392,035	78,036,979,663	37,026,412,372	122,836,396,706	80,785,724,812	42,050,671,894	135,063,477,524	85,058,322,088	50,005,155,435	148,632,776,394	89,735,343,335	58,897,433,059
Generic Drug	28,100,889,385	18,609,130,543	9,491,758,842	28,943,024,116	18,738,510,310	10,204,513,808	30,580,918,491	19,450,477,844	11,130,440,647	31,429,819,609	19,760,489,498	11,669,330,111	32,435,410,848	19,845,935,456	12,589,475,391	33,801,077,867	19,926,365,645	13,874,712,222
Other	419,191,847	267,561,614	151,630,233	486,920,123	302,144,391	184,775,732	504,772,282	302,655,502	202,116,780	547,036,139	313,876,447	233,159,692	626,528,553	346,222,779	280,305,774	744,666,782	391,780,343	352,886,439
Average Drug Costs Per Part D Enrollee																		
Average Gross Drug Cost	\$3,220	\$3,603	\$2,592	\$3,477	\$3,875	\$2,857	\$3,547	\$3,938	\$2,954	\$3,623	\$3,996	\$3,086	\$3,800	\$4,117	\$3,365	\$3,997	\$4,302	\$3,612
Beneficiaries with No LIS	2,332	2,648	1,894	2,507	2,837	2,054	2,559	2,902	2,090	2,620	2,962	2,162	2,732	3,073	2,288	2,900	3,272	2,436
LIS Applicants	4,256	4,360	4,085	4,748	4,882	4,552	4,937	5,098	4,722	5,604	5,803	5,363	5,535	5,658	5,404	5,832	5,980	5,699
Beneficiaries Deemed Eligible for LIS ¹	5,309	5,434	4,982	5,796	5,990	5,360	5,962	6,149	5,579	6,184	6,365	5,853	6,512	6,583	6,397	6,871	6,915	6,809
Average Plan Drug Cost	1,972	2,172	1,644	2,190	2,406	1,853	2,264	2,484	1,931	2,362	2,576	2,053	2,512	2,690	2,267	2,679	2,839	2,476
Covered	1,891	2,124	1,509	2,121	2,365	1,738	2,192	2,441	1,814	2,283	2,530	1,926	2,429	2,646	2,133	2,582	2,794	2,315
Non-Covered	81	48	135	70	41	115	72	43	117	79	46	128	83	45	134	96	45	162
Average Brand Name Drug Costs Per Part D Enrollee																		
Average Brand Name Gross Drug Cost	\$2,464	\$2,798	\$1,917	\$2,733	\$3,084	\$2,183	\$2,793	\$3,143	\$2,262	\$2,875	\$3,200	\$2,405	\$3,052	\$3,327	\$2,676	\$3,243	\$3,508	\$2,909
Beneficiaries with No LIS	1,735	2,019	1,342	1,927	2,226	1,516	1,973	2,278	1,557	2,031	2,326	1,635	2,154	2,451	1,766	2,316	2,641	1,911
LIS Applicants	3,390	3,511	3,190	3,887	4,045	3,653	4,054	4,261	3,777	4,654	4,878	4,382	4,640	4,780	4,492	4,917	5,075	4,774
Beneficiaries Deemed Eligible for LIS ¹	4,168	4,279	3,877	4,643	4,820	4,248	4,780	4,970	4,388	5,015	5,187	4,699	5,319	5,379	5,223	5,656	5,690	5,608
Average Brand Name Plan Drug Cost	1,566	1,757	1,253	1,792	1,999	1,469	1,867	2,079	1,544	1,971	2,176	1,675	2,120	2,296	1,880	2,270	2,434	2,063
Covered	1,512	1,718	1,175	1,746	1,966	1,401	1,815	2,043	1,469	1,912	2,136	1,589	2,061	2,258	1,790	2,203	2,398	1,956
Non-Covered	54	39	78	46	32	68	52	36	76	59	40	86	60	38	90	67	36	107
Average Generic Drug Costs Per Part D Enrollee ²																		
Average Generic Gross Drug Cost	\$745	\$794	\$665	\$733	\$778	\$662	\$742	\$783	\$680	\$736	\$783	\$667	\$733	\$776	\$674	\$738	\$779	\$685
Beneficiaries with No LIS	589	621	545	572	602	530	578	616	526	581	627	520	570	613	514	575	621	517
LIS Applicants	851	836	877	845	822	878	865	821	923	929	907	955	872	859	885	889	883	894
Beneficiaries Deemed Eligible for LIS ¹	1,122	1,137	1,082	1,131	1,150	1,086	1,160	1,158	1,162	1,144	1,156	1,123	1,163	1,179	1,138	1,180	1,195	1,159
Average Generic Plan Drug Cost	400	410	385	392	401	377	391	399	380	385	394	371	384	388	379	399	397	402
Covered	373	401	328	369	393	331	371	392	339	364	388	330	361	381	334	371	388	348
Non-Covered	27	9	56	23	8	46	20	7	41	21	6	42	23	7	45	29	9	54

¹Includes certain groups of Medicare beneficiaries who are automatically deemed eligible for the low-income subsidy and do not have to apply. The following groups are deemed eligible: Full-benefit dual eligibles, that is, persons eligible for both Medicare and full Medicaid benefits; Supplemental Security Income (SSI) recipients, including SSI recipients who do not qualify for Medicaid, and individuals deemed to be SSI recipients; and Medicare beneficiaries who are participants in the Medicare Savings Programs (MSP).

²Generic drugs are identified using the Food and Drug Administration's NDSE Marketing Category.

NOTE: Enrollee counts are determined using a person-year methodology that accounts for the number of months a beneficiary is enrolled in the calendar year.

SOURCE: Centers for Medicare & Medicaid Services, Office of Enterprise Data and Analytics, CMS Chronic Conditions Data Warehouse.