

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 2009-2014

	2009			2010			2011			2012			2013			2014		
	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	26,969,195	17,502,254	9,466,941	27,956,455	17,819,233	10,137,222	29,556,343	18,718,075	10,838,267	31,807,992	19,903,861	11,904,130	35,679,758	22,661,451	13,018,307	37,720,840	23,437,148	14,283,691
Beneficiaries with No LIS	16,992,503	9,381,213	7,611,290	17,585,552	9,528,366	8,057,187	18,798,487	10,263,215	8,535,272	20,660,191	11,376,820	9,283,371	24,239,579	14,192,514	10,047,065	25,953,921	15,055,269	10,898,652
LIS Applicants	1,426,208	1,047,232	378,976	1,497,029	1,060,328	436,702	1,449,459	1,006,929	442,530	1,433,956	963,143	470,812	1,439,317	930,702	508,615	1,453,382	906,182	547,199
Beneficiaries Deemed Eligible for LIS ¹	8,550,484	7,073,809	1,476,676	8,873,873	7,230,540	1,643,334	9,308,397	7,447,932	1,860,465	9,713,845	7,563,898	2,149,948	10,000,861	7,538,234	2,462,627	10,313,537	7,475,698	2,837,840
Total Drug Costs																		
Overall Gross Drug Cost	\$73,714,614,287	\$54,352,829,125	\$19,361,785,161	\$77,623,714,186	\$56,534,559,840	\$21,089,154,346	\$84,886,761,928	\$61,432,543,029	\$23,454,218,899	\$89,831,646,902	\$64,044,471,995	\$25,787,174,907	\$103,700,731,902	\$74,402,836,412	\$29,297,895,490	\$121,460,557,892	\$84,442,391,072	\$37,018,166,820
Brand Name	56,754,702,445	42,378,979,301	14,375,723,143	60,319,218,158	44,653,039,528	15,666,178,630	65,914,639,761	48,556,847,478	17,357,792,283	68,125,848,092	49,355,292,448	18,770,555,645	77,731,560,413	56,586,454,972	21,145,105,442	92,940,043,343	65,565,634,954	27,374,408,389
Generic Drug	15,036,499,202	10,551,320,633	4,485,178,568	16,486,994,990	11,312,647,151	5,174,347,840	18,577,083,284	12,612,202,507	5,964,880,777	21,392,037,631	14,485,757,459	6,906,280,172	25,605,703,548	17,575,167,233	8,030,536,315	28,100,889,385	18,609,130,543	9,491,758,842
Other	1,923,412,640	1,422,529,191	500,883,450	817,501,038	568,873,162	248,627,877	395,038,884	263,493,044	131,545,839	313,761,179	203,422,088	110,339,091	363,467,941	241,214,208	122,253,733	419,625,164	267,625,575	151,999,589
Average Drug Costs Per Part D Enrollee																		
Average Gross Drug Cost	\$2,733	\$3,106	\$2,045	\$2,777	\$3,173	\$2,080	\$2,872	\$3,282	\$2,164	\$2,824	\$3,218	\$2,166	\$2,906	\$3,283	\$2,251	\$3,220	\$3,603	\$2,592
Beneficiaries with No LIS	1,926	2,131	1,673	1,927	2,152	1,660	1,985	2,237	1,682	1,983	2,245	1,662	2,127	2,433	1,696	2,332	2,648	1,894
LIS Applicants	3,079	3,115	2,978	3,178	3,215	3,087	3,399	3,431	3,326	3,464	3,513	3,362	3,690	3,774	3,537	4,256	4,360	4,085
Beneficiaries Deemed Eligible for LIS ¹	4,281	4,397	3,726	4,394	4,511	3,876	4,582	4,702	4,101	4,519	4,644	4,081	4,682	4,824	4,246	5,309	5,434	4,982
Average Plan Drug Cost	1,634	1,791	1,344	1,657	1,837	1,339	1,735	1,936	1,389	1,722	1,914	1,400	1,782	1,988	1,423	1,972	2,172	1,644
Covered	1,478	1,707	1,053	1,512	1,754	1,087	1,586	1,838	1,150	1,575	1,819	1,167	1,643	1,868	1,251	1,891	2,124	1,509
Non-Covered	157	84	291	144	83	252	150	98	239	147	95	233	139	120	172	81	48	135
Average Brand Name Drug Costs Per Part D Enrollee²																		
Average Brand Name Gross Drug Cost	\$2,104	\$2,421	\$1,519	\$2,158	\$2,506	\$1,545	\$2,230	\$2,594	\$1,602	\$2,142	\$2,480	\$1,577	\$2,179	\$2,497	\$1,624	\$2,464	\$2,798	\$1,917
Beneficiaries with No LIS	1,442	1,626	1,215	1,434	1,638	1,193	1,469	1,694	1,197	1,448	1,680	1,163	1,553	1,822	1,172	1,735	2,019	1,342
LIS Applicants	2,442	2,489	2,311	2,552	2,607	2,421	2,731	2,786	2,606	2,746	2,814	2,605	2,898	2,993	2,725	3,390	3,511	3,190
Beneficiaries Deemed Eligible for LIS ¹	3,365	3,466	2,879	3,526	3,635	3,043	3,690	3,808	3,218	3,529	3,639	3,139	3,592	3,707	3,242	4,168	4,279	3,877
Average Brand Name Plan Drug Cost	1,253	1,395	991	1,300	1,471	999	1,366	1,558	1,035	1,334	1,512	1,365	1,550	1,650	1,045	1,566	1,757	1,253
Covered	1,152	1,343	799	1,204	1,416	831	1,267	1,491	880	1,241	1,454	883	1,283	1,476	948	1,512	1,718	1,175
Non-Covered	101	52	192	96	55	168	99	67	156	93	58	152	82	74	97	54	39	78
Average Generic Drug Costs Per Part D Enrollee²																		
Average Generic Gross Drug Cost	\$558	\$603	\$474	\$590	\$635	\$510	\$629	\$674	\$550	\$673	\$728	\$580	\$718	\$776	\$617	\$745	\$794	\$665
Beneficiaries with No LIS	437	454	416	473	494	448	507	533	475	528	557	493	568	603	518	589	621	545
LIS Applicants	557	547	586	592	577	629	653	631	702	706	688	742	780	770	797	851	836	877
Beneficiaries Deemed Eligible for LIS ¹	797	808	742	821	829	786	871	874	858	975	990	922	1,073	1,102	984	1,122	1,137	1,082
Average Generic Plan Drug Cost	338	349	318	340	348	324	363	347	343	383	397	359	412	433	374	400	410	385
Covered	289	321	229	294	322	245	313	341	266	331	361	280	356	388	300	373	401	328
Non-Covered	49	28	88	45	26	79	50	31	82	53	36	80	56	46	74	27	9	56

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 NSDE 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.