

**MDCR UTLZN D 3**  
**Medicare Part D Utilization: Average Annual Gross Drug Costs Per Part D Utilizer, by Type of Plan, Low Income Subsidy (LIS) Eligibility, and Brand/Generic Drug Classification,**  
**Calendar Years 2012-2017**

	2012	2012	2012	2013	2013	2013	2014	2014	2014	2015	2015	2015	2016	2016	2016	2017	2017	2017
	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
<b>Medicare Part D Utilizers</b>																		
Overall Utilizers	31,277,635	19,489,840	11,787,795	35,097,049	22,209,965	12,887,084	37,138,508	22,966,626	14,171,882	38,896,097	23,732,120	15,163,977	40,520,742	24,429,932	16,090,810	41,967,072	24,771,718	17,195,354
Beneficiaries with No LIS	20,195,305	11,198,408	8,996,897	23,711,595	13,988,022	9,723,573	25,407,610	14,891,744	10,515,866	26,825,768	15,729,157	11,096,611	28,191,109	16,481,670	11,709,439	29,703,648	17,225,107	12,478,541
LIS Applicants	1,341,202	863,885	477,317	1,351,951	834,897	517,054	1,375,496	816,594	558,902	1,410,251	797,815	612,436	1,424,285	773,624	650,661	1,436,973	744,279	692,694
Beneficiaries Deemed Eligible for LIS <sup>1</sup>	9,741,128	7,427,547	2,313,581	10,033,503	7,387,046	2,646,457	10,355,402	7,258,288	3,097,114	10,660,078	7,205,148	3,454,930	10,905,348	7,174,638	3,730,710	10,826,451	6,802,332	4,024,119
<b>Total Drug Costs</b>																		
Overall Gross Drug Cost	\$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	\$137,378,037,828	\$93,349,323,538	\$44,028,714,291	\$146,150,496,279	\$97,790,747,523	\$48,359,748,756	\$154,814,263,061	\$100,860,454,647	\$53,953,808,413
Brand Name	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	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
Generic Drug	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	28,943,024,116	18,738,510,310	10,204,513,806	30,580,918,491	19,450,477,844	11,130,440,647	31,429,819,609	19,760,489,498	11,669,330,111
Other	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	487,424,405	302,239,322	185,185,083	506,185,753	303,290,016	202,895,737	548,046,746	314,240,337	233,806,409
<b>Average Drug Costs Per Part D Utilizers</b>																		
Average Gross Drug Cost	\$2,872	\$3,286	\$2,188	\$2,955	\$3,350	\$2,273	\$3,271	\$3,677	\$2,612	\$3,532	\$3,934	\$2,904	\$3,607	\$4,003	\$3,005	\$3,689	\$4,072	\$3,138
Beneficiaries with No LIS	2,028	2,280	1,715	2,175	2,468	1,753	2,382	2,678	1,963	2,559	2,860	2,133	2,613	2,927	2,171	2,688	3,001	2,257
LIS Applicants	3,703	3,917	3,316	3,929	4,207	3,479	4,497	4,838	4,000	4,998	5,408	4,463	5,201	5,650	4,666	5,453	5,973	4,893
Beneficiaries Deemed Eligible for LIS <sup>1</sup>	4,507	4,729	3,793	4,667	4,923	3,951	5,288	5,596	4,565	5,786	6,114	5,104	5,968	6,297	5,336	6,201	6,576	5,568
Average Plan Drug Cost	1,751	1,955	1,414	1,811	2,028	1,438	2,003	2,216	1,657	2,224	2,443	1,883	2,302	2,525	1,964	2,405	2,625	2,088
Covered	1,602	1,858	1,178	1,671	1,906	1,264	1,921	2,167	1,521	2,154	2,401	1,767	2,229	2,481	1,846	2,324	2,578	1,958
Non-Covered	149	97	235	141	122	174	82	49	136	71	41	116	73	44	119	81	46	130
<b>Average Brand Name Drug Costs Per Part D Utilizers<sup>2</sup></b>																		
Average Brand Name Gross Drug Cost	\$2,698	\$3,070	\$2,047	\$2,824	\$3,172	\$2,182	\$3,245	\$3,623	\$2,597	\$3,681	\$4,061	\$3,051	\$3,926	\$4,319	\$3,295	\$4,191	\$4,577	\$3,608
Beneficiaries with No LIS	1,890	2,117	1,589	2,081	2,345	1,668	2,367	2,646	1,941	2,697	2,983	2,260	2,895	3,201	2,431	3,114	3,425	2,654
LIS Applicants	3,527	3,784	3,067	3,822	4,126	3,282	4,448	4,860	3,853	5,149	5,653	4,495	5,529	6,118	4,830	5,996	6,654	5,290
Beneficiaries Deemed Eligible for LIS <sup>1</sup>	4,126	4,347	3,418	4,305	4,554	3,614	5,051	5,372	4,305	5,718	6,074	4,977	6,078	6,473	5,319	6,523	6,961	5,785
Average Brand Name Plan Drug Cost	1,681	1,872	1,345	1,770	1,968	1,403	2,063	2,275	1,698	2,414	2,632	2,054	2,624	2,857	2,250	2,873	3,112	2,512
Covered	1,563	1,800	1,147	1,663	1,875	1,273	1,992	2,224	1,592	2,352	2,589	1,958	2,551	2,808	2,140	2,788	3,055	2,383
Non-Covered	118	72	198	106	93	130	71	51	106	62	43	95	73	50	110	86	57	129
<b>Average Generic Drug Costs Per Part D Utilizers<sup>1</sup></b>																		
Average Generic Gross Drug Cost	\$694	\$754	\$595	\$739	\$802	\$632	\$766	\$820	\$678	\$753	\$799	\$681	\$763	\$805	\$699	\$756	\$806	\$685
Beneficiaries with No LIS	550	576	518	589	621	543	611	637	573	591	615	557	597	628	552	603	642	548
LIS Applicants	764	777	740	839	869	790	909	938	866	897	921	867	919	920	919	911	943	877
Beneficiaries Deemed Eligible for LIS <sup>1</sup>	982	1,018	864	1,078	1,134	923	1,126	1,181	998	1,138	1,184	1,041	1,170	1,196	1,119	1,156	1,204	1,074
Average Generic Plan Drug Cost	396	412	424	383	424	383	412	424	392	403	412	388	402	410	390	395	405	381
Covered	341	374	287	366	401	307	384	414	335	379	404	341	381	403	349	374	399	339
Non-Covered	54	38	87	58	47	76	28	10	57	23	8	47	21	7	42	21	6	43

<sup>1</sup>Includes 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).

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

NOTES: Utilizer counts are determined based on beneficiaries with at least 1 Part D prescription drug fill in the calendar year. Utilizer counts are not adjusted based on the number of months a beneficiary is enrolled.

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