

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 ALABAMA

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, ALABAMA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	732,910	727	110,695	170,589	450,533	366	7,310,862	5,866	1,191,291	1,790,430	4,320,293	2,982
Age												
5 and younger	189,471	0	6,956	0	182,515	0	1,775,590	0	73,647	0	1,701,943	0
6-14	198,076	0	18,361	0	179,715	0	2,006,979	0	207,543	0	1,799,436	0
15-20	101,757	0	13,043	748	87,965	1	968,280	0	143,378	8,048	816,842	12
21-44	199,701	0	32,904	166,326	337	134	2,111,807	0	355,592	1,753,205	2,064	946
45-64	42,238	6	38,489	3,511	1	231	432,379	18	401,178	29,151	8	2,024
65-74	859	120	735	4	0	0	8,870	1,042	7,802	26	0	0
75-84	437	280	157	0	0	0	4,055	2,387	1,668	0	0	0
85 and older	371	321	50	0	0	0	2,902	2,419	483	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	458,110	502	57,772	167,776	231,694	366	4,633,411	3,862	630,203	1,768,270	2,228,094	2,982
Male	268,751	222	52,919	2,813	212,797	0	2,642,228	1,968	561,062	22,160	2,057,038	0
Unknown	6,049	3	4	0	6,042	0	35,223	36	26	0	35,161	0
Race												
White	321,307	396	42,251	80,393	198,053	214	3,155,166	3,010	447,930	836,026	1,866,544	1,656
African American	366,822	232	55,613	84,776	226,058	143	3,741,472	1,881	614,477	910,143	2,213,722	1,249
Other/unknown	44,781	99	12,831	5,420	26,422	9	414,224	975	128,884	44,261	240,027	77
Use of Nursing Facilities^c												
Entire year	1,099	163	936	0	0	0	11,343	1,551	9,792	0	0	0
Part year	829	58	768	3	0	0	8,559	510	8,020	29	0	0
None	730,982	506	108,991	170,586	450,533	366	7,290,960	3,805	1,173,479	1,790,401	4,320,293	2,982
Maintenance Assistance Status												
Cash	195,781	314	109,778	29,419	56,270	0	2,011,297	3,234	1,182,634	275,943	549,486	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	391,631	14	59	18,354	372,838	366	3,706,250	84	174	141,507	3,561,503	2,982
Other/unknown	145,498	399	858	122,816	21,425	0	1,593,315	2,548	8,483	1,372,980	209,304	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	732,455	724	110,686	170,308	450,371	366	7,306,547	5,860	1,191,241	1,787,605	4,318,859	2,982
FFS part year, with Rx claims	428	1	8	267	152	0	4,154	1	40	2,734	1,379	0
FFS part year, no Rx claims	27	2	1	14	10	0	161	5	10	91	55	0

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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, ALABAMA, 2004

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	60.0 %	7.8	\$434	\$55	\$2,214	19.6 %	732,910
Age							
5 and younger	74.1	5.5	242	44	1,656	14.6	189,471
6-14	63.9	5.3	348	66	1,866	18.7	198,076
15-20	60.6	5.4	320	60	2,490	12.8	101,757
21-44	37.1	6.5	364	56	1,861	19.5	199,701
45-64	85.6	41.9	2,259	54	6,971	32.4	42,238
65-74	79.6	40.7	2,027	50	11,514	17.6	859
75-84	69.8	37.6	1,740	46	13,021	13.4	437
85 and older	49.6	22.8	1,042	46	10,828	9.6	371
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	56.8	28.1	1,379	49	11,742	11.7	727
Disabled	81.6	27.3	1,812	66	6,241	29.0	110,695
Adults	29.4	3.4	126	37	1,039	12.1	170,589
Children	66.4	4.7	210	45	1,647	12.8	450,533
Unknown	86.3	21.7	1,266	58	10,274	12.3	366
Gender							
Female	55.2	7.9	400	50	2,051	19.5	458,110
Male	68.5	7.8	499	64	2,504	19.9	268,751
Unknown	50.0	2.5	120	48	1,651	7.2	6,049
Race							
White	64.2	9.6	529	55	2,413	21.9	321,307
African American	56.3	6.1	331	54	2,000	16.6	366,822
Other/unknown	61.2	10.0	600	60	2,539	23.6	44,781
Use of Nursing Facilities^f							
Entire year	98.9	75.9	4,442	59	50,194	8.8	1,099
Part year	98.4	73.0	4,239	58	30,885	13.7	829
None	59.9	7.7	424	55	2,109	20.1	730,982
Maintenance Assistance Status							
Cash	76.4	18.7	1,155	62	4,216	27.4	195,781
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	67.1	4.7	204	44	1,475	13.8	391,631
Other/unknown	19.2	1.8	84	47	1,509	5.5	145,498

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 seven states (DE, IA, NE, NY, TX, UT, 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 seven states (DE, IA, NE, NY, TX, UT, 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, ALABAMA, 2004

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	0.8	\$44	19.6 %	40.0 %	46.5 %	5.9 %	5.1 %	2.0 %	0.4 %	\$222	732,910	7,310,862
Age												
5 and younger	0.6	26	14.6	25.9	65.1	6.6	2.2	0.1	0.0	177	189,471	1,775,590
6-14	0.5	34	18.7	36.1	55.2	5.3	3.1	0.3	0.0	184	198,076	2,006,979
15-20	0.6	34	12.8	39.4	50.9	5.8	3.3	0.5	0.1	262	101,757	968,280
21-44	0.6	34	19.5	62.9	24.3	4.8	5.6	2.0	0.3	176	199,701	2,111,807
45-64	4.1	221	32.4	14.4	18.2	11.6	28.6	21.8	5.5	681	42,238	432,379
65-74	3.9	196	17.6	20.4	15.6	9.4	24.6	24.4	5.6	1,115	859	8,870
75-84	4.1	188	13.4	30.2	9.4	7.6	25.2	23.1	4.6	1,403	437	4,055
85 and older	2.9	133	9.6	50.4	8.9	6.7	18.1	12.9	3.0	1,384	371	2,902
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	3.5	171	11.7	43.2	9.1	6.2	20.4	17.5	3.7	1,455	727	5,866
Disabled	2.5	168	29.0	18.4	34.3	12.0	20.7	11.8	2.7	580	110,695	1,191,291
Adults	0.3	12	12.1	70.6	22.3	3.4	2.9	0.7	0.1	99	170,589	1,790,430
Children	0.5	22	12.8	33.6	58.8	5.4	2.1	0.1	0.0	172	450,533	4,320,293
Unknown	2.7	155	12.3	13.7	32.2	18.3	24.6	10.9	0.3	1,261	366	2,982
Gender												
Female	0.8	40	19.5	44.8	41.9	5.4	5.0	2.4	0.5	203	458,110	4,633,411
Male	0.8	51	19.9	31.5	54.5	6.9	5.3	1.6	0.3	255	268,751	2,642,228
Unknown	0.4	21	7.2	50.0	43.0	5.4	1.4	0.1	0.0	284	6,049	35,223
Race												
White	1.0	54	21.9	35.8	47.1	7.3	6.5	2.7	0.6	246	321,307	3,155,166
African American	0.6	33	16.6	43.7	46.2	4.8	3.7	1.3	0.2	196	366,822	3,741,472
Other/unknown	1.1	65	23.6	38.8	44.9	5.6	6.4	3.5	0.8	274	44,781	414,224
Use of Nursing Facilities^f												
Entire year	7.4	430	8.8	1.1	3.8	5.6	25.9	42.9	20.7	4,863	1,099	11,343
Part year	7.1	411	13.7	1.6	5.5	7.1	27.7	39.7	18.3	2,991	829	8,559
None	0.8	43	20.1	40.1	46.6	5.9	5.0	1.9	0.4	211	730,982	7,290,960
Maintenance Assistance Status												
Cash	1.8	112	27.4	23.6	43.0	10.3	14.4	7.2	1.6	410	195,781	2,011,297
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	22	13.8	32.9	59.4	5.5	2.0	0.1	0.0	156	391,631	3,706,250
Other/unknown	0.2	8	5.5	80.8	16.5	1.4	0.9	0.3	0.1	138	145,498	1,593,315

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 seven states (DE, IA, NE, NY, TX, UT, 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 seven states (DE, IA, NE, NY, TX, UT, 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, ALABAMA, 2004

Beneficiary 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	0.8	\$44	\$55	0.3	\$31	\$113	0.1	\$3	\$53	0.5	\$10	\$21
Age												
5 and younger	0.6	26	44	0.2	18	91	0.1	3	33	0.3	5	16
6-14	0.5	34	66	0.3	27	105	0.0	2	50	0.2	6	24
15-20	0.6	34	60	0.2	25	119	0.0	2	57	0.3	6	20
21-44	0.6	34	56	0.2	24	134	0.0	3	66	0.4	8	21
45-64	4.1	221	54	1.2	145	119	0.2	14	75	2.7	62	23
65-74	3.9	196	50	1.2	131	110	0.2	9	57	2.6	56	22
75-84	4.1	188	46	1.3	121	95	0.2	10	51	2.6	56	22
85 and older	2.9	133	46	1.0	90	93	0.2	8	38	1.8	36	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.5	171	49	1.2	117	98	0.2	9	46	2.1	45	22
Disabled	2.5	168	66	0.8	120	143	0.1	11	79	1.6	38	24
Adults	0.3	12	37	0.1	7	89	0.0	1	45	0.2	4	18
Children	0.5	22	45	0.2	16	82	0.1	2	36	0.2	4	18
Unknown	2.7	155	58	0.8	108	140	0.1	6	50	1.8	41	23
Gender												
Female	0.8	40	50	0.3	27	107	0.1	3	52	0.5	10	21
Male	0.8	51	64	0.3	38	122	0.1	3	54	0.4	10	23
Unknown	0.4	21	48	0.1	15	139	0.0	1	29	0.3	4	14
Race												
White	1.0	54	55	0.3	38	110	0.1	4	54	0.6	12	22
African American	0.6	33	54	0.2	23	114	0.0	2	51	0.3	7	20
Other/unknown	1.1	65	60	0.4	46	128	0.1	5	57	0.6	14	22
Use of Nursing Facilities^e												
Entire year	7.4	430	59	2.4	292	121	0.6	33	57	4.4	106	24
Part year	7.1	411	58	2.2	278	126	0.4	27	64	4.4	105	24
None	0.8	43	55	0.3	30	113	0.1	3	53	0.4	9	21
Maintenance Assistance Status												
Cash	1.8	112	62	0.6	79	133	0.1	7	71	1.1	26	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	22	44	0.2	15	81	0.1	2	35	0.3	5	18
Other/unknown	0.2	8	47	0.1	5	94	0.0	1	41	0.1	2	18

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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 Alabama, 0.2 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 combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- 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, ALABAMA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users					\$ per Benefit Month Among Users					\$ per Rx					Users ^e		
	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 Benes	Number of Benefit Months	
Anti-infective Agents	0.2	0.1	0.0	0.1	\$11	\$8	\$1	\$3	\$47	\$87	\$57	\$19	772,846	\$36,138,604	297,031	40.5 %	3,185,858	
Biologicals	0.4	0.4	0.0	0.0	432	388	3	41	1158	1,102	2,670	2,083	7,066	8,182,339	2,088	0.3	18,936	
Antineoplastic Agents	0.5	0.1	0.0	0.4	96	73	2	21	203	695	162	59	11,636	2,358,106	2,294	0.3	24,578	
Endocrine/Metabolic Drugs	0.4	0.1	0.1	0.2	19	13	2	4	52	103	37	22	413,685	21,570,581	102,545	14.0	1,122,802	
Cardiovascular Agents	1.1	0.3	0.0	0.7	41	27	1	13	37	82	39	18	638,636	23,925,243	53,169	7.3	579,487	
Respiratory Agents	0.4	0.2	0.0	0.2	16	12	1	3	42	75	26	16	1,099,280	46,217,645	264,769	36.1	2,840,677	
Gastrointestinal Agents	0.4	0.1	0.0	0.3	23	10	1	11	60	130	64	39	290,905	17,318,120	70,877	9.7	763,631	
Genitourinary Agents	0.2	0.1	0.0	0.1	9	6	1	2	46	72	41	23	64,199	2,976,742	29,473	4.0	317,558	
CNS Drugs	0.7	0.3	0.0	0.4	64	53	1	10	91	165	90	27	630,543	57,256,159	81,219	11.1	888,760	
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	47	42	1	4	80	90	60	38	197,481	15,732,879	30,129	4.1	334,991	
Miscellaneous Psychological/																		
Neurological Agents	0.5	0.4	0.0	0.1	135	132	0	2	273	337	0	23	7,795	2,125,213	1,423	0.2	15,769	
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	11	6	1	5	30	162	160	14	622,296	18,638,766	158,657	21.6	1,716,446	
Neuromuscular Agents	0.7	0.2	0.1	0.4	49	31	10	8	74	152	117	21	353,335	26,150,134	48,879	6.7	537,658	
Nutritional Products	0.3	0.1	0.0	0.2	7	2	1	4	20	31	19	17	136,952	2,726,489	38,404	5.2	400,903	
Hematological Agents	0.4	0.1	0.0	0.2	82	68	1	12	212	611	34	52	74,437	15,797,769	18,252	2.5	193,455	
Topical Products	0.2	0.1	0.0	0.1	9	6	1	3	44	77	49	22	405,401	17,679,485	179,252	24.5	1,930,855	
Miscellaneous Products	0.4	0.1	0.1	0.2	66	30	28	8	171	288	325	40	19,130	3,267,195	4,466	0.6	49,283	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	22	0	0	0	6,402	141,362	3,045	0.4	33,972	
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.	5,752,025	318,202,831	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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 Alabama, 0.2 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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

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, ALABAMA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$37,656,192	30,801	4.2 %	346,448	0.5	\$208	\$109
ANTIASTHMATIC	24,824,312	147,011	20.1	1,615,711	0.2	64	15
ANTICONVULSANT	23,339,796	35,113	4.8	390,497	0.6	101	60
ANTIDEPRESSANTS	16,898,098	65,230	8.9	716,473	0.4	56	24
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	15,732,879	37,447	5.1	419,390	0.5	80	38
MISC. HEMATOLOGICAL	12,618,528	3,325	0.5	36,644	0.5	678	344
ULCER DRUGS	12,452,784	64,168	8.8	696,763	0.3	59	18
DERMATOLOGICAL	12,113,176	171,114	23.3	1,874,002	0.1	47	6
ANTIDIABETIC	11,400,727	26,207	3.6	289,921	0.6	69	39
ANALGESICS - Narcotic	8,921,652	151,046	20.6	1,639,635	0.2	24	5
Total	175,958,144	731,462		8,025,484	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

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, ALABAMA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIASTHMATIC				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,334,231	\$175,958,144	30,801	4.2 %	346,448	0.5	\$109	147,011	20.1 %	1,615,711	0.2	\$15
Female	1,404,400	94,193,912	16,765	3.7	188,581	0.5	102	74,125	16.2	818,270	0.2	15
Disabled	870,563	66,619,620	12,879	22.3	146,973	0.6	115	24,902	43.1	285,206	0.3	19
5 and younger	14,155	1,520,721	76	2.5	879	0.4	59	1,878	61.6	21,549	0.3	23
6-14	45,612	4,538,710	790	12.7	9,154	0.5	85	2,331	37.4	27,194	0.3	22
15-20	32,128	3,564,024	741	15.3	8,515	0.5	102	1,146	23.6	13,321	0.3	18
21-44	247,006	19,669,218	4,962	26.5	56,449	0.5	111	6,077	32.4	69,824	0.3	15
45-64	520,579	36,597,039	6,130	25.3	69,998	0.6	126	13,173	54.3	149,982	0.4	21
65-74	9,102	625,949	163	31.6	1,789	0.6	126	251	48.6	2,804	0.4	21
75-84	1,723	88,518	14	13.0	157	0.5	67	45	41.7	520	0.5	23
85 and older	258	15,441	3	8.3	32	0.9	131	1	2.8	12	0.1	9
Other Eligibles	533,837	27,574,292	3,886	1.0	41,608	0.3	53	49,223	12.3	533,064	0.2	13
5 and younger	116,776	5,789,120	103	0.1	1,170	0.4	47	20,632	23.9	223,885	0.2	12
6-14	143,049	9,204,053	982	1.1	11,111	0.4	64	16,440	18.3	181,335	0.2	14
15-20	79,605	3,945,450	848	1.5	9,058	0.3	49	5,556	9.9	59,322	0.2	11
21-44	169,274	7,220,106	1,691	1.0	17,686	0.3	46	5,913	3.6	61,747	0.2	9
45-64	20,620	1,124,683	181	5.6	1,759	0.3	45	605	18.8	6,021	0.3	16
65-74	442	32,695	8	11.0	77	0.6	123	11	15.1	106	0.2	11
75-84	2,221	137,860	39	21.7	405	0.7	105	51	28.3	496	0.3	18
85 and older	1,850	120,325	34	13.6	342	0.6	82	15	6.0	152	0.3	19
Male	925,593	81,609,286	14,032	5.2	157,819	0.6	117	72,136	26.8	791,243	0.2	16
Disabled	504,358	54,380,002	10,730	20.3	121,599	0.6	132	16,821	31.8	191,151	0.3	22
5 and younger	19,934	1,998,960	159	4.1	1,838	0.4	62	2,944	75.4	33,867	0.3	23
6-14	103,943	15,276,697	2,340	19.3	27,227	0.5	93	5,037	41.5	59,129	0.3	21
15-20	51,420	7,320,235	1,502	18.3	17,200	0.5	117	1,569	19.2	18,165	0.3	19
21-44	126,837	14,403,524	3,854	27.2	43,078	0.6	152	1,883	13.3	20,907	0.3	16
45-64	198,857	15,150,396	2,810	19.7	31,575	0.6	149	5,303	37.2	58,199	0.4	24
65-74	2,613	185,207	53	24.3	552	0.7	125	66	30.3	671	0.5	26
75-84	664	40,678	10	20.4	110	0.6	90	19	38.8	213	0.3	24
85 and older	90	4,305	2	14.3	19	0.5	44	0	0.0	0	0.0	0
Other Eligibles	421,235	27,229,284	3,302	1.5	36,220	0.4	70	55,315	25.6	600,092	0.2	14
5 and younger	137,986	7,542,217	255	0.3	2,837	0.3	45	28,945	32.1	311,282	0.2	13
6-14	207,738	14,693,707	1,991	2.2	22,280	0.4	69	21,715	24.1	239,239	0.2	16
15-20	55,342	3,813,701	855	2.6	9,135	0.4	77	4,146	12.7	44,606	0.2	15
21-44	12,852	736,577	143	6.1	1,384	0.3	63	299	12.7	2,809	0.2	13
45-64	4,913	286,321	31	5.8	309	0.4	85	153	28.7	1,509	0.3	16
65-74	695	37,732	7	13.7	71	0.7	85	28	54.9	314	0.4	27
75-84	1,027	80,135	13	13.3	126	0.9	208	16	16.3	185	0.4	29
85 and older	682	38,894	7	10.0	78	0.4	47	13	18.6	148	0.3	20
Unknown	4,238	154,946	4	0.1	48	0.7	50	750	12.4	6,198	0.2	9

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

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, ALABAMA, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean	Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean	Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean	Mean Rx \$ per Month
				Number of Benefit per Month					Number of Benefit per Month					Number of Benefit per Month	
All	35,113	4.8 %	390,497	0.6	\$60	65,230	8.9 %	716,473	0.4	\$24	37,447	5.1 %	419,390	0.5	\$38
Female	22,198	4.8	246,745	0.6	57	46,978	10.3	515,998	0.4	23	11,134	2.4	124,684	0.4	36
Disabled	16,527	28.6	187,527	0.6	63	27,784	48.1	314,917	0.5	27	3,265	5.7	37,811	0.5	41
5 and younger	339	11.1	3,923	0.7	77	28	0.9	330	0.4	19	116	3.8	1,367	0.4	23
6-14	1,190	19.1	13,764	0.7	100	853	13.7	9,967	0.4	24	1,763	28.3	20,509	0.5	42
15-20	917	18.9	10,499	0.7	87	1,174	24.2	13,442	0.4	25	487	10.0	5,676	0.5	39
21-44	6,060	32.3	68,806	0.6	64	9,944	53.1	112,910	0.4	25	463	2.5	5,290	0.4	43
45-64	7,871	32.5	88,888	0.6	53	15,560	64.2	175,744	0.5	29	434	1.8	4,945	0.4	46
65-74	123	23.8	1,341	0.6	43	181	35.1	2,050	0.6	28	1	0.2	12	0.2	23
75-84	23	21.3	262	0.6	33	35	32.4	378	0.6	23	1	0.9	12	0.7	143
85 and older	4	11.1	44	0.8	33	9	25.0	96	0.6	13	0	0.0	0	0.0	0
Other Eligibles	5,671	1.4	59,218	0.4	37	19,194	4.8	201,081	0.3	17	7,869	2.0	86,873	0.4	33
5 and younger	343	0.4	3,814	0.4	44	128	0.1	1,468	0.2	7	531	0.6	6,037	0.3	17
6-14	805	0.9	9,040	0.4	50	2,586	2.9	28,926	0.3	17	6,106	6.8	67,453	0.5	35
15-20	916	1.6	9,694	0.4	43	4,202	7.5	44,637	0.3	17	853	1.5	9,395	0.4	31
21-44	3,193	1.9	32,520	0.4	30	11,016	6.7	113,275	0.3	16	351	0.2	3,699	0.3	31
45-64	350	10.9	3,533	0.4	36	1,110	34.5	11,260	0.4	22	27	0.8	279	0.3	25
65-74	7	9.6	60	0.8	42	15	20.5	142	0.6	38	0	0.0	0	0.0	0
75-84	28	15.6	283	0.7	32	67	37.2	706	0.6	32	0	0.0	0	0.0	0
85 and older	29	11.6	274	0.5	32	70	28.0	667	0.6	30	1	0.4	10	0.9	2
Male	12,911	4.8	143,717	0.6	66	18,244	6.8	200,381	0.4	25	26,309	9.8	294,661	0.5	38
Disabled	10,375	19.6	116,646	0.7	71	11,789	22.3	131,200	0.5	27	7,982	15.1	92,921	0.5	42
5 and younger	431	11.0	5,015	0.6	62	61	1.6	723	0.4	17	289	7.4	3,413	0.4	23
6-14	1,885	15.5	21,817	0.7	86	1,962	16.2	22,920	0.5	26	5,765	47.5	67,240	0.5	43
15-20	1,220	14.9	13,951	0.7	91	1,498	18.3	17,179	0.5	29	1,602	19.6	18,710	0.5	45
21-44	3,565	25.2	39,846	0.7	77	3,637	25.7	39,661	0.5	29	222	1.6	2,485	0.5	41
45-64	3,207	22.5	35,312	0.6	49	4,566	32.1	50,006	0.5	26	104	0.7	1,073	0.5	50
65-74	51	23.4	523	0.7	51	49	22.5	527	0.5	21	0	0.0	0	0.0	0
75-84	15	30.6	170	0.8	32	13	26.5	148	0.6	12	0	0.0	0	0.0	0
85 and older	1	7.1	12	0.3	9	3	21.4	36	0.7	23	0	0.0	0	0.0	0
Other Eligibles	2,536	1.2	27,071	0.4	42	6,455	3.0	69,181	0.4	20	18,327	8.5	201,740	0.5	36
5 and younger	440	0.5	4,776	0.4	39	195	0.2	2,118	0.2	10	1,277	1.4	14,238	0.3	20
6-14	1,091	1.2	12,145	0.4	41	3,333	3.7	37,169	0.4	20	15,042	16.7	165,629	0.5	37
15-20	530	1.6	5,639	0.4	46	2,001	6.1	21,147	0.3	22	1,969	6.0	21,464	0.4	39
21-44	342	14.5	3,233	0.4	45	663	28.2	6,117	0.3	21	30	1.3	306	0.5	43
45-64	115	21.5	1,096	0.5	42	212	39.7	2,064	0.4	22	8	1.5	91	0.6	66
65-74	6	11.8	68	0.7	18	12	23.5	137	0.6	27	1	2.0	12	0.8	129
75-84	9	9.2	89	0.8	121	22	22.4	244	0.7	33	0	0.0	0	0.0	0
85 and older	3	4.3	25	0.5	13	17	24.3	185	0.7	37	0	0.0	0	0.0	0
Unknown	4	0.1	35	0.7	43	8	0.1	94	0.5	34	4	0.1	45	0.2	7

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

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, ALABAMA, 2004

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ULCER DRUGS					DERMATOLOGICAL				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month
All	3,325	0.5 %	36,644	0.5	\$344	64,168	8.8 %	696,763	0.3	\$18	171,114	23.3 %	1,874,002	0.1	\$7
Female	2,095	0.5	23,420	0.5	108	42,517	9.3	467,052	0.3	18	96,921	21.2	1,067,515	0.1	7
Disabled	1,935	3.3	21,818	0.5	110	22,320	38.6	255,964	0.4	25	18,372	31.8	213,440	0.2	8
5 and younger	3	0.1	26	1.3	16,411	476	15.6	5,209	0.3	18	1,650	54.1	19,124	0.1	6
6-14	2	0.0	24	0.6	11,971	614	9.9	7,143	0.3	23	2,276	36.6	26,591	0.1	7
15-20	10	0.2	114	0.6	5,205	696	14.3	8,093	0.3	16	1,567	32.3	18,372	0.1	7
21-44	221	1.2	2,493	0.4	40	6,688	35.7	77,084	0.3	20	5,009	26.7	58,366	0.2	8
45-64	1,638	6.8	18,505	0.5	52	13,580	56.0	155,460	0.4	28	7,690	31.7	88,948	0.2	9
65-74	45	8.7	476	0.5	52	202	39.1	2,274	0.5	26	138	26.7	1,553	0.2	6
75-84	12	11.1	132	0.7	71	57	52.8	633	0.5	28	37	34.3	426	0.2	13
85 and older	4	11.1	48	0.7	79	7	19.4	68	0.4	36	5	13.9	60	0.1	4
Other Eligibles	160	0.0	1,602	0.4	67	20,197	5.0	211,088	0.2	11	78,549	19.6	854,075	0.1	6
5 and younger	1	0.0	6	0.2	32	4,770	5.5	46,052	0.2	8	39,879	46.2	427,697	0.1	6
6-14	4	0.0	48	0.1	636	4,252	4.7	47,832	0.2	9	23,295	26.0	259,899	0.1	7
15-20	1	0.0	12	0.1	9	3,489	6.2	37,410	0.2	8	8,709	15.5	95,612	0.1	7
21-44	65	0.0	666	0.3	36	6,750	4.1	70,287	0.2	13	6,103	3.7	65,019	0.1	6
45-64	53	1.6	529	0.5	61	800	24.9	8,113	0.3	23	435	13.5	4,504	0.2	9
65-74	2	2.7	24	0.1	14	24	32.9	226	0.4	29	13	17.8	130	0.2	10
75-84	12	6.7	124	0.7	77	56	31.1	591	0.5	29	54	30.0	553	0.2	5
85 and older	22	8.8	193	0.8	57	56	22.4	577	0.6	38	61	24.4	661	0.2	6
Male	1,230	0.5	13,224	0.5	764	21,273	7.9	227,171	0.3	17	72,508	27.0	793,147	0.1	6
Disabled	1,143	2.2	12,383	0.5	788	9,661	18.3	108,048	0.4	26	11,945	22.6	137,948	0.2	8
5 and younger	12	0.3	132	0.5	3,329	592	15.2	6,521	0.3	20	1,839	47.1	21,152	0.1	6
6-14	27	0.2	290	1.0	19,327	865	7.1	10,029	0.3	23	3,445	28.4	40,706	0.1	6
15-20	13	0.2	156	0.9	12,352	688	8.4	7,888	0.3	18	1,712	20.9	20,142	0.1	8
21-44	98	0.7	1,042	0.4	1,036	2,523	17.8	28,232	0.4	25	2,252	15.9	25,765	0.2	9
45-64	968	6.8	10,508	0.5	66	4,913	34.5	54,514	0.5	28	2,635	18.5	29,514	0.2	10
65-74	22	10.1	219	0.7	52	56	25.7	586	0.6	29	47	21.6	514	0.2	7
75-84	3	6.1	36	0.6	65	19	38.8	223	0.5	21	12	24.5	119	0.2	5
85 and older	0	0.0	0	0.0	0	5	35.7	55	0.4	24	3	21.4	36	0.2	7
Other Eligibles	87	0.0	841	0.5	404	11,612	5.4	119,123	0.2	10	60,563	28.1	655,199	0.1	6
5 and younger	3	0.0	33	0.4	517	5,563	6.2	53,277	0.2	9	37,178	41.3	393,972	0.1	6
6-14	4	0.0	48	0.5	4,537	3,717	4.1	41,504	0.2	9	17,906	19.9	201,221	0.1	6
15-20	4	0.0	37	0.2	1,617	1,643	5.0	17,732	0.2	10	5,104	15.6	56,289	0.1	8
21-44	25	1.1	226	0.6	69	445	18.9	4,137	0.3	22	229	9.7	2,233	0.1	11
45-64	32	6.0	291	0.5	63	163	30.5	1,604	0.4	27	78	14.6	753	0.2	11
65-74	3	5.9	32	0.5	62	22	43.1	232	0.5	28	11	21.6	113	0.2	6
75-84	6	6.1	65	0.8	77	33	33.7	361	0.5	25	33	33.7	364	0.3	10
85 and older	10	14.3	109	0.5	42	26	37.1	276	0.5	29	24	34.3	254	0.2	13
Unknown	0	0.0	0	0.0	0	378	6.2	2,540	0.3	9	1,685	27.9	13,340	0.2	5

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

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, ALABAMA, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month		
All	26,207	3.6 %	289,921	0.6	\$39	151,046	20.6 %	1,639,635	0.2	\$5	732,910	7,310,862
Female	19,695	4.3	219,775	0.6	39	109,218	23.8	1,184,503	0.2	5	458,110	4,633,411
Disabled	15,923	27.6	180,650	0.6	40	41,374	71.6	472,569	0.3	10	57,772	630,203
5 and younger	7	0.2	78	0.6	41	283	9.3	3,307	0.1	1	3,051	31,921
6-14	73	1.2	849	0.7	61	892	14.3	10,440	0.1	2	6,225	70,154
15-20	182	3.7	2,066	0.5	33	1,812	37.3	21,027	0.2	3	4,854	53,903
21-44	3,181	17.0	36,517	0.5	36	15,733	84.0	180,736	0.3	8	18,734	206,941
45-64	12,199	50.3	137,990	0.6	42	22,240	91.7	252,433	0.4	12	24,248	260,187
65-74	245	47.5	2,752	0.6	37	347	67.2	3,877	0.4	8	516	5,611
75-84	32	29.6	354	0.6	33	56	51.9	642	0.4	5	108	1,136
85 and older	4	11.1	44	0.7	24	11	30.6	107	0.3	9	36	350
Other Eligibles	3,772	0.9	39,125	0.5	30	67,844	16.9	711,934	0.2	2	400,338	4,003,208
5 and younger	48	0.1	530	0.6	45	4,007	4.6	44,493	0.1	1	86,373	818,546
6-14	332	0.4	3,593	0.6	50	8,739	9.7	96,683	0.1	1	89,720	898,476
15-20	470	0.8	4,876	0.5	36	16,817	30.0	174,801	0.1	1	56,081	517,748
21-44	2,258	1.4	23,518	0.4	24	36,228	22.0	375,359	0.2	3	164,446	1,737,798
45-64	580	18.0	5,750	0.5	35	1,896	59.0	19,002	0.3	6	3,215	26,756
65-74	16	21.9	152	0.6	34	25	34.2	239	0.2	3	73	624
75-84	48	26.7	501	0.6	35	69	38.3	709	0.5	11	180	1,499
85 and older	20	8.0	205	0.5	22	63	25.2	648	0.4	30	250	1,761
Male	6,512	2.4	70,146	0.6	42	41,769	15.5	454,532	0.2	6	268,751	2,642,228
Disabled	5,674	10.7	61,720	0.6	41	19,293	36.5	212,395	0.3	11	52,919	561,062
5 and younger	10	0.3	114	0.7	68	456	11.7	5,269	0.1	1	3,904	41,725
6-14	97	0.8	1,121	0.6	45	1,572	13.0	18,427	0.1	1	12,136	137,389
15-20	132	1.6	1,539	0.6	50	1,913	23.4	22,224	0.1	3	8,189	89,475
21-44	1,301	9.2	14,304	0.6	40	6,275	44.3	68,599	0.3	9	14,169	148,639
45-64	4,059	28.5	43,854	0.6	41	8,953	62.9	96,608	0.4	17	14,240	140,990
65-74	60	27.5	610	0.6	37	94	43.1	929	0.3	7	218	2,179
75-84	14	28.6	166	0.5	33	25	51.0	284	0.3	19	49	532
85 and older	1	7.1	12	1.2	62	5	35.7	55	0.2	4	14	133
Other Eligibles	838	0.4	8,426	0.6	47	22,476	10.4	242,137	0.1	2	215,832	2,081,166
5 and younger	54	0.1	562	0.6	46	5,006	5.6	55,438	0.1	1	90,122	848,433
6-14	245	0.3	2,627	0.6	51	8,575	9.5	95,042	0.1	1	89,973	900,763
15-20	193	0.6	2,035	0.6	62	6,665	20.4	70,586	0.1	1	32,633	307,154
21-44	188	8.0	1,586	0.5	34	1,734	73.8	16,207	0.4	9	2,351	18,417
45-64	103	19.3	1,004	0.6	36	424	79.4	4,089	0.4	8	534	4,445
65-74	17	33.3	192	0.8	28	22	43.1	255	0.2	9	51	444
75-84	22	22.4	249	0.7	38	27	27.6	281	0.3	10	98	864
85 and older	16	22.9	171	0.8	44	23	32.9	239	0.3	7	70	646
Unknown	0	0.0	0	0.0	0	59	1.0	600	0.1	1	6,049	35,223

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, ALABAMA, 2004

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	\$430	7.4	1,099	11,343
Age				
0-64	452	7.5	857	8,984
65-74	441	7.9	72	716
75-84	335	6.6	91	887
85 and older	270	5.8	79	756
Unknown	0	0.0	0	0
Gender				
Female	444	7.7	616	6,425
Male	413	7.0	481	4,894
Unknown	340	9.0	2	24
Race				
White	444	7.6	561	5,705
African American	410	7	442	4,585
Other/unknown	449	7.3	96	1,053
Basis of Eligibility^c				
Aged	312	6.3	163	1,551
Disabled	449	7.5	936	9,792
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 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 829 beneficiaries who were in nursing facilities for part of their enrollment and their 8,559 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.

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, ALABAMA, 2004

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	0.4	0.2	0.0	0.2	\$32	\$25	\$2	\$5	\$80	\$140	\$99	\$24	3,243	\$258,945	765	69.6 %	8,182
Biologicals	0.1	0.0	0.0	0.1	2	1	0	1	22	17	0	25	26	580	26	2.4	292
Antineoplastic Agents	0.5	0.0	0.0	0.4	76	8	0	68	163	340	48	154	494	80,383	104	9.5	1,064
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.5	54	41	3	10	47	79	26	19	6,108	288,221	502	45.7	5,363
Cardiovascular Agents	2.0	0.5	0.0	1.5	68	39	1	28	33	76	32	19	14,330	475,737	691	62.9	7,032
Respiratory Agents	0.7	0.2	0.1	0.4	28	20	1	7	43	84	24	20	3,622	155,324	519	47.2	5,474
Gastrointestinal Agents	1.1	0.2	0.1	0.8	57	25	5	27	50	122	57	32	8,682	434,274	721	65.6	7,585
Genitourinary Agents	0.7	0.4	0.1	0.2	45	37	4	4	68	85	72	24	1,671	113,221	233	21.2	2,537
CNS Drugs	1.7	0.8	0.0	0.8	148	124	3	21	87	152	68	25	15,082	1,313,972	847	77.1	8,891
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/ Neurological Agents	0.6	0.2	0.0	0.4	40	29	1	10	65	156	66	24	98	6,416	18	1.6	160
Neurological Agents	0.9	0.9	0.0	0.0	130	128	0	1	143	145	0	71	1,326	190,180	142	12.9	1,464
Analgesics and Anesthetics	0.9	0.2	0.0	0.6	47	34	2	11	53	146	138	18	5,787	308,241	625	56.9	6,532
Neuromuscular Agents	1.6	0.4	0.3	0.8	111	59	26	27	70	138	75	33	11,031	776,507	650	59.1	6,970
Nutritional Products	0.8	0.0	0.0	0.7	12	1	1	11	15	32	25	14	4,253	65,153	511	46.5	5,298
Hematological Agents	1.0	0.3	0.1	0.5	65	54	4	7	67	175	27	14	3,502	235,183	356	32.4	3,622
Topical Products	0.5	0.2	0.1	0.3	22	12	3	6	43	67	53	24	3,767	163,089	682	62.1	7,369
Miscellaneous Products	0.3	0.1	0.0	0.2	14	3	2	10	48	45	159	43	307	14,802	93	8.5	1,028
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	5	0	0	0	12	0	0	0	132	1,630	31	2.8	318
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.	83,461	4,881,858	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 829 beneficiaries who were in nursing facilities for part of their enrollment and their 8,559 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 2004. 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Alabama, 0.2 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, ALABAMA, 2004

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
ANTIPSYCHOTICS	\$864,192	505	46.0 %	5,551	0.8	\$195	\$156
ANTICONVULSANT	672,564	754	68.6	8,378	1.0	79	80
ANTIDEPRESSANTS	379,185	755	68.7	8,172	0.8	59	46
ULCER DRUGS	303,273	657	59.8	7,117	0.7	59	43
ANTIDIABETIC	239,352	459	41.8	4,935	0.9	53	49
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	190,180	166	15.1	1,774	0.7	143	107
ANALGESICS - Narcotic	188,260	631	57.4	6,664	0.6	50	28
ANTIHYPERTENSIVE	142,808	523	47.6	5,592	0.8	31	26
ANTIHYPERLIPIDEMIC	132,968	183	16.7	2,013	0.8	85	66
DERMATOLOGICAL	113,997	1,082	98.5	12,005	0.2	40	9
Total	3,226,779	5,715		62,201	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 829 beneficiaries who were in nursing facilities for part of their enrollment and their 8,559 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

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, ALABAMA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	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	43,211	\$3,226,779	505	46.0 %	5,551	0.8	\$156	754	68.6 %	8,378	1.0	\$80
Female	25,214	1,935,591	325	52.8	3,600	0.8	159	397	64.4	4,378	1.0	80
Disabled	22,179	1,742,121	282	56.1	3,161	0.8	165	370	73.6	4,117	1.0	82
64 or younger	19,694	1,564,284	233	52.6	2,623	0.8	173	335	75.6	3,735	1.0	85
65-74	1,965	152,700	43	93.5	466	0.7	134	30	65.2	326	0.9	49
75-84	388	18,030	5	55.6	60	0.6	63	4	44.4	44	0.9	34
85 and older	132	7,107	1	20.0	12	1.0	188	1	20.0	12	1.1	55
Other Eligibles	3,035	193,470	43	38.1	439	0.8	118	27	23.9	261	0.8	48
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	175	14,810	5	62.5	41	0.6	128	2	25.0	24	1.1	68
75-84	1,492	89,459	18	36.7	180	0.9	146	15	30.6	144	1.0	46
85 and older	1,368	89,201	20	35.7	218	0.7	93	10	17.9	93	0.6	45
Male	17,919	1,287,130	177	36.8	1,915	0.8	150	357	74.2	4,000	1.1	81
Disabled	16,450	1,187,131	159	36.7	1,711	0.8	150	348	80.4	3,916	1.1	82
64 or younger	15,983	1,152,989	152	36.7	1,637	0.8	151	333	80.4	3,757	1.1	83
65-74	278	21,938	4	36.4	48	0.8	156	10	90.9	109	1.1	66
75-84	147	9,654	3	50.0	26	1.0	63	5	83.3	50	0.8	32
85 and older	42	2,550	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,469	99,999	18	37.5	204	0.9	152	9	18.8	84	0.8	39
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	277	13,547	4	57.1	48	0.8	50	2	28.6	24	0.6	17
75-84	748	59,732	10	40.0	108	1.1	232	5	20.0	47	0.9	55
85 and older	444	26,720	4	25.0	48	0.5	74	2	12.5	13	0.8	22
Unknown	78	4,058	3	150.0	36	0.8	64	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 829 beneficiaries who were in nursing facilities for part of their enrollment and their 8,559 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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, ALABAMA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTIDIABETIC				
	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	755	68.7 %	8,172	0.8	\$46	657	59.8 %	7,117	0.7	\$43	459	41.8 %	4,935	0.9	\$49
Female	465	75.5	4,990	0.8	48	360	58.4	3,945	0.7	41	312	50.6	3,312	0.9	49
Disabled	376	74.8	4,098	0.8	51	305	60.6	3,367	0.7	41	276	54.9	2,941	1.0	52
64 or younger	336	75.8	3,656	0.8	52	276	62.3	3,066	0.7	42	242	54.6	2,561	1.0	54
65-74	30	65.2	334	0.8	45	18	39.1	181	0.8	37	28	60.9	308	0.7	38
75-84	7	77.8	80	1.0	42	9	100.0	104	0.6	23	4	44.4	48	1.3	55
85 and older	3	60.0	28	0.9	30	2	40.0	16	1.1	102	2	40.0	24	0.9	31
Other Eligibles	89	78.8	892	0.7	34	55	48.7	578	0.7	40	36	31.9	371	0.6	27
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	5	62.5	36	0.8	52	5	62.5	44	0.8	40	1	12.5	4	1.0	46
75-84	40	81.6	424	0.7	35	21	42.9	213	0.6	35	23	46.9	234	0.6	29
85 and older	44	78.6	432	0.7	32	29	51.8	321	0.7	44	12	21.4	133	0.6	22
Male	287	59.7	3,146	0.8	44	297	61.7	3,172	0.7	45	147	30.6	1,623	0.9	48
Disabled	253	58.4	2,764	0.8	45	264	61.0	2,820	0.7	46	138	31.9	1,525	0.9	48
64 or younger	244	58.9	2,662	0.8	46	259	62.6	2,766	0.7	47	137	33.1	1,513	0.9	48
65-74	5	45.5	60	0.6	20	4	36.4	42	0.5	34	0	0.0	0	0.0	0
75-84	2	33.3	18	0.2	14	1	16.7	12	0.8	56	1	16.7	12	1.0	38
85 and older	2	100.0	24	1.0	34	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	34	70.8	382	0.8	41	33	68.8	352	0.6	30	9	18.8	98	0.9	42
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	5	71.4	60	0.7	36	9	128.6	99	0.8	43	2	28.6	24	0.5	11
75-84	16	64.0	177	0.7	40	13	52.0	138	0.6	20	3	12.0	33	0.8	30
85 and older	13	81.3	145	0.8	45	11	68.8	115	0.5	32	4	25.0	41	1.3	70
Unknown	3	150.0	36	0.7	26	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 829 beneficiaries who were in nursing facilities for part of their enrollment and their 8,559 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, ALABAMA, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - Narcotic					ANTIHYPERTENSIVE				
	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	166	15.1 %	1,774	0.7	\$107	631	57.4 %	6,664	0.6	\$28	523	47.6 %	5,592	0.8	\$26
Female	105	17.0	1,141	0.7	114	374	60.7	3,997	0.6	25	299	48.5	3,144	0.8	27
Disabled	66	13.1	744	0.8	132	318	63.2	3,421	0.6	27	249	49.5	2,636	0.8	27
64 or younger	51	11.5	582	0.8	137	282	63.7	3,069	0.6	28	209	47.2	2,182	0.8	27
65-74	14	30.4	150	0.8	108	28	60.9	264	0.5	19	32	69.6	358	0.8	24
75-84	1	11.1	12	0.9	139	5	55.6	60	0.4	6	5	55.6	60	0.9	14
85 and older	0	0.0	0	0.0	0	3	60.0	28	0.3	8	3	60.0	36	0.9	21
Other Eligibles	39	34.5	397	0.7	81	56	49.6	576	0.6	14	50	44.2	508	0.8	26
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	2	25.0	24	0.8	111	3	37.5	19	0.5	14	4	50.0	31	0.7	18
75-84	16	32.7	168	0.6	63	28	57.1	288	0.6	15	28	57.1	280	0.8	26
85 and older	21	37.5	205	0.7	91	25	44.6	269	0.5	14	18	32.1	197	0.8	28
Male	61	12.7	633	0.8	95	257	53.4	2,667	0.6	34	223	46.4	2,436	0.8	24
Disabled	39	9.0	398	0.8	99	234	54.0	2,431	0.6	35	197	45.5	2,159	0.8	25
64 or younger	36	8.7	365	0.8	98	225	54.3	2,341	0.6	35	190	45.9	2,075	0.8	25
65-74	2	18.2	21	0.7	94	5	45.5	54	0.1	2	3	27.3	36	0.6	14
75-84	0	0.0	0	0.0	0	2	33.3	12	1.3	370	4	66.7	48	0.7	11
85 and older	1	50.0	12	1.0	141	2	100.0	24	0.3	2	0	0.0	0	0.0	0
Other Eligibles	22	45.8	235	0.8	89	23	47.9	236	0.4	14	26	54.2	277	0.8	22
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	3	42.9	27	1.1	59	5	71.4	60	0.4	8	3	42.9	36	0.6	19
75-84	14	56.0	148	0.7	92	11	44.0	117	0.4	18	15	60.0	159	0.7	21
85 and older	5	31.3	60	0.7	94	7	43.8	59	0.4	10	8	50.0	82	0.9	26
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.3	8

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 829 beneficiaries who were in nursing facilities for part of their enrollment and their 8,559 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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, ALABAMA, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					DERMATOLOGICAL					Benefit Months	
	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	Among All-Year Nursing Facility Residents
All	183	16.7 %	2,013	0.8	\$66	1,082	98.5 %	12,005	0.2	\$10	1,099	11,343
Female	121	19.6	1,328	0.7	63	585	95.0	6,504	0.2	9	616	6,425
Disabled	111	22.1	1,210	0.7	63	512	101.8	5,741	0.2	9	503	5,370
64 or younger	98	22.1	1,079	0.7	63	466	105.2	5,251	0.2	9	443	4,746
65-74	13	28.3	131	0.8	67	37	80.4	382	0.2	6	46	479
75-84	0	0.0	0	0.0	0	8	88.9	96	0.3	15	9	104
85 and older	0	0.0	0	0.0	0	1	20.0	12	0.1	3	5	41
Other Eligibles	10	8.8	118	0.8	57	73	64.6	763	0.2	7	113	1,055
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	3	37.5	20	0.4	33	8	58
75-84	7	14.3	83	0.8	47	28	57.1	293	0.2	5	49	451
85 and older	3	5.4	35	0.9	82	42	75.0	450	0.2	7	56	546
Male	61	12.7	673	0.8	73	494	102.7	5,465	0.2	11	481	4,894
Disabled	56	12.9	613	0.8	77	463	106.9	5,134	0.2	11	433	4,422
64 or younger	55	13.3	601	0.8	76	453	109.4	5,030	0.2	11	414	4,238
65-74	1	9.1	12	1.0	126	5	45.5	60	0.2	9	11	104
75-84	0	0.0	0	0.0	0	4	66.7	32	0.3	4	6	56
85 and older	0	0.0	0	0.0	0	1	50.0	12	0.1	1	2	24
Other Eligibles	5	10.4	60	0.7	38	31	64.6	331	0.3	8	48	472
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	2	28.6	24	0.6	47	4	57.1	48	0.1	5	7	75
75-84	2	8.0	24	0.6	18	17	68.0	183	0.3	10	25	252
85 and older	1	6.3	12	1.0	59	10	62.5	100	0.2	7	16	145
Unknown	1	50.0	12	1.1	39	3	150.0	36	0.2	7	2	24

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 829 beneficiaries who were in nursing facilities for part of their enrollment and their 8,559 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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}
 ALABAMA, 2004

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	232,522	31.7 %	1.1	780,470	\$23	\$16,613,764	\$21	5.2 %	732,910
Age									
5 and younger	92,752	49.0	1.3	243,021	25	4,730,888	19	10.3	189,471
6-14	58,849	29.7	0.7	134,900	20	3,872,350	29	5.6	198,076
15-20	23,531	23.1	0.5	55,845	14	1,466,877	26	4.5	101,757
21-44	32,818	16.4	0.7	142,231	15	2,900,783	20	4.0	199,701
45-64	23,754	56.2	4.7	196,443	83	3,524,384	18	3.7	42,238
65-74	461	53.7	5.3	4,564	91	78,169	17	4.5	859
75-84	221	50.6	5.2	2,280	65	28,232	12	3.7	437
85 and older	136	36.7	3.2	1,186	33	12,081	10	3.1	371
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	288	39.6	3.8	2,763	47	33,910	12	3.4	727
Disabled	51,581	46.6	3.1	346,683	79	8,782,770	25	4.4	110,695
Adults	19,831	11.6	0.3	58,691	5	891,396	15	4.2	170,589
Children	160,662	35.7	0.8	371,643	15	6,895,570	19	7.3	450,533
Unknown	160	43.7	1.9	690	28	10,118	15	2.2	366
Gender									
Female	133,587	29.2	1.0	478,087	21	9,789,117	20	5.3	458,110
Male	97,228	36.2	1.1	298,538	25	6,770,122	23	5.0	268,751
Unknown	1,707	28.2	0.6	3,845	9	54,525	14	7.5	6,049
Race									
White	115,299	35.9	1.3	408,300	27	8,554,280	21	5.0	321,307
African American	100,875	27.5	0.8	305,161	18	6,439,409	21	5.3	366,822
Other/unknown	16,348	36.5	1.5	67,009	36	1,620,075	24	6.0	44,781
Use of Nursing Facilities^d									
Entire year	935	85.1	12.4	13,653	174	191,240	14	3.9	1,099
Part year	753	90.8	10.5	8,733	200	166,086	19	4.7	829
None	230,834	31.6	1.0	758,084	22	16,256,438	21	5.2	730,982
Maintenance Assistance Status									
Cash	83,116	42.5	2.2	433,894	52	10,170,072	23	4.5	195,781
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	139,829	35.7	0.8	320,977	15	5,919,044	18	7.4	391,631
Other/unknown	9,577	6.6	0.2	25,599	4	524,648	20	4.3	145,498

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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 2004.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 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 2006 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}
 ALABAMA, 2004

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	\$2	\$21	\$0	\$0	7,310,862
Age						
5 and younger	0.1	3	19	0	0	1,775,590
6-14	0.1	2	29	0	0	2,006,979
15-20	0.1	2	26	0	0	968,280
21-44	0.1	1	20	0	0	2,111,807
45-64	0.5	8	18	0	2	432,379
65-74	0.5	9	17	0	2	8,870
75-84	0.6	7	12	0	2	4,055
85 and older	0.4	4	10	0	1	2,902
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	6	12	0	1	5,866
Disabled	0.3	7	25	0	2	1,191,291
Adults	0.0	0	15	0	0	1,790,430
Children	0.1	2	19	0	0	4,320,293
Unknown	0.2	3	15	0	1	2,982
Gender						
Female	0.1	2	20	0	0	4,633,411
Male	0.1	3	23	0	0	2,642,228
Unknown	0.1	2	14	0	0	35,223
Race						
White	0.1	3	21	0	0	3,155,166
African American	0.1	2	21	0	0	3,741,472
Other/unknown	0.2	4	24	0	1	414,224
Use of Nursing Facilities^d						
Entire year	1.2	17	14	1	5	11,343
Part year	1.0	19	19	0	4	8,559
None	0.1	2	21	0	0	7,290,960
Maintenance Assistance Status						
Cash	0.2	5	23	0	1	2,011,297
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	2	18	0	0	3,706,250
Other/unknown	0.0	0	20	0	0	1,593,315

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

b. The statute establishing the Medicare Part D prescription program that started in 2006 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 2006 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.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
 ALABAMA, 2004

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	295,779	\$56	\$16,613,764	100.0 %	780,470	\$21	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	7	233	1,630	0.0	10	163	0.0
Drugs for cosmetic purposes	98	20	1,959	0.0	135	15	0.0
Cough and cold medications	181,804	43	7,859,257	47.3	398,625	20	51.1
Vitamins and minerals	15,204	93	1,411,409	8.5	76,664	18	9.8
Non-prescription drugs	65,382	50	3,246,068	19.5	145,214	22	18.6
Barbiturates	1,976	61	121,479	0.7	15,597	8	2.0
Benzodiazepines	20,925	106	2,208,571	13.3	117,536	19	15.1
Other Part D Excl Rx Drugs	10,383	170	1,763,391	10.6	26,689	66	3.4

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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 2006 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 2006 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.

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, ALABAMA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	732,938	738	110,710	170,590	450,534	366	7,311,638	5,976	1,191,511	1,790,713	4,320,456	2,982
Age												
5 and younger	189,471	0	6,956	0	182,515	0	1,775,591	0	73,647	0	1,701,944	0
6-14	198,076	0	18,361	0	179,715	0	2,006,984	0	207,543	0	1,799,441	0
15-20	101,758	0	13,043	748	87,966	1	968,439	0	143,378	8,050	816,999	12
21-44	199,704	0	32,906	166,327	337	134	2,112,124	0	355,628	1,753,486	2,064	946
45-64	42,246	6	38,497	3,511	1	231	432,484	18	401,283	29,151	8	2,024
65-74	864	122	738	4	0	0	8,934	1,071	7,837	26	0	0
75-84	444	285	159	0	0	0	4,154	2,442	1,712	0	0	0
85 and older	375	325	50	0	0	0	2,928	2,445	483	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	458,123	510	57,775	167,777	231,695	366	4,633,978	3,934	630,253	1,768,552	2,228,257	2,982
Male	268,766	225	52,931	2,813	212,797	0	2,642,437	2,006	561,232	22,161	2,057,038	0
Unknown	6,049	3	4	0	6,042	0	35,223	36	26	0	35,161	0
Race												
White	321,315	398	42,255	80,394	198,054	214	3,155,471	3,031	447,978	836,161	1,866,645	1,656
African American	366,839	240	55,622	84,776	226,058	143	3,741,884	1,958	614,607	910,289	2,213,781	1,249
Other/unknown	44,784	100	12,833	5,420	26,422	9	414,283	987	128,926	44,263	240,030	77
Use of Nursing Facilities^c												
Entire year	1,101	165	936	0	0	0	11,367	1,575	9,792	0	0	0
Part year	831	59	769	3	0	0	8,577	516	8,032	29	0	0
None	731,006	514	109,005	170,587	450,534	366	7,291,694	3,885	1,173,687	1,790,684	4,320,456	2,982
Maintenance Assistance Status												
Cash	195,804	321	109,793	29,420	56,270	0	2,011,891	3,312	1,182,854	276,168	549,557	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	391,633	15	59	18,354	372,839	366	3,706,350	90	174	141,521	3,561,583	2,982
Other/unknown	145,501	402	858	122,816	21,425	0	1,593,397	2,574	8,483	1,373,024	209,316	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	732,455	724	110,686	170,308	450,371	366	7,306,547	5,860	1,191,241	1,787,605	4,318,859	2,982
FFS part year, with Rx claims	428	1	8	267	152	0	4,623	3	87	3,002	1,531	0
FFS part year, no Rx claims	27	2	1	14	10	0	194	12	12	105	65	0
MC all year, with Rx claims	21	8	12	1	0	0	223	87	135	1	0	0
MC all year, no Rx claims	7	3	3	0	1	0	51	14	36	0	1	0

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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, ALABAMA, 2004

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	732,938	7,311,638	732,910	7,310,862	0	776
Fee-for-service (FFS) all year	732,455	7,306,547	732,455	7,306,547	0	0
FFS part year, with Rx claims	428	4,623	428	4,154	0	469
FFS part year, with no Rx claims	27	194	27	161	0	33
Managed care (MC) all year, with Rx claims	21	223	0	0	0	223
MC all year, with no Rx claims	7	51	0	0	0	51

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.