

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, ILLINOIS, 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	1,721,451	18,724	176,988	385,401	1,139,864	474	16,067,635	159,513	1,876,006	3,193,308	10,834,728	4,080
Age												
5 and younger	465,880	0	2,767	10	463,103	0	4,240,679	0	29,684	54	4,210,941	0
6-14	498,108	1	13,080	58	484,969	0	4,977,993	4	146,269	230	4,831,490	0
15-20	228,231	0	14,594	24,684	188,947	6	2,138,363	0	156,238	202,825	1,779,274	26
21-44	387,605	5	59,216	325,664	2,609	111	3,357,485	23	635,473	2,708,858	12,270	861
45-64	117,883	57	82,311	34,944	215	356	1,137,140	171	852,107	281,003	674	3,185
65-74	11,871	7,362	4,473	34	1	1	114,698	64,042	50,361	283	4	8
75-84	7,736	7,238	490	7	1	0	68,859	63,485	5,318	55	1	0
85 and older	4,118	4,061	57	0	0	0	32,344	31,788	556	0	0	0
Unknown	19	0	0	0	19	0	74	0	0	0	74	0
Gender												
Female	1,007,627	13,112	90,799	329,085	574,158	473	9,289,677	111,980	976,814	2,786,003	5,410,812	4,068
Male	713,824	5,612	86,189	56,316	565,706	1	6,777,958	47,533	899,192	407,305	5,423,916	12
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	666,596	9,188	67,054	177,825	412,165	364	6,158,455	76,258	691,264	1,477,414	3,910,353	3,166
African American	624,257	2,945	90,140	134,488	396,611	73	5,961,964	25,035	976,825	1,170,696	3,788,785	623
Other/unknown	430,598	6,591	19,794	73,088	331,088	37	3,947,216	58,220	207,917	545,198	3,135,590	291
Use of Nursing Facilities^c												
Entire year	7,870	1,277	6,582	9	1	1	86,633	12,222	74,366	28	5	12
Part year	6,688	859	5,593	219	16	1	69,290	7,700	59,328	2,083	167	12
None	1,706,893	16,588	164,813	385,173	1,139,847	472	15,911,712	139,591	1,742,312	3,191,197	10,834,556	4,056
Maintenance Assistance Status												
Cash	197,107	3,559	115,213	13,233	65,102	0	2,090,158	39,330	1,305,685	123,448	621,695	0
Medically needy	342,559	6,379	41,978	290,951	3,251	0	2,959,997	55,342	372,925	2,520,133	11,597	0
Poverty-related	1,004,402	1,192	10,256	24,769	967,711	474	9,492,253	11,508	101,026	125,275	9,250,364	4,080
Other/unknown	177,383	7,594	9,541	56,448	103,800	0	1,525,227	53,333	96,370	424,452	951,072	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,604,472	18,723	176,269	357,446	1,051,560	474	15,366,315	159,510	1,871,160	3,027,364	10,304,201	4,080
FFS part year, with Rx claims	62,996	1	462	18,465	44,068	0	440,371	3	3,434	124,605	312,329	0
FFS part year, no Rx claims	53,983	0	257	9,490	44,236	0	260,949	0	1,412	41,339	218,198	0

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, ILLINOIS, 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	59.9 %	7.3	\$450	\$62	\$3,018	14.9 %	1,721,451
Age							
5 and younger	60.7	3.1	138	45	1,828	7.6	465,880
6-14	50.1	3.1	214	69	984	21.7	498,108
15-20	54.8	4.2	298	71	2,022	14.7	228,231
21-44	68.7	9.8	617	63	4,334	14.2	387,605
45-64	78.1	34.3	2,207	64	12,678	17.4	117,883
65-74	71.9	31.8	1,747	55	10,931	16.0	11,871
75-84	63.3	26.8	1,341	50	7,525	17.8	7,736
85 and older	55.5	23.8	1,069	45	7,357	14.5	4,118
Unknown	36.8	1.2	23	20	204	11.2	19
Basis of Eligibility^e							
Aged	61.0	23.0	1,156	50	6,500	17.8	18,724
Disabled	77.9	31.6	2,378	75	15,090	15.8	176,988
Adults	67.3	7.5	351	47	2,288	15.3	385,401
Children	54.6	3.1	171	55	1,330	12.9	1,139,864
Unknown	83.5	26.3	2,492	95	11,851	21.0	474
Gender							
Female	62.6	8.0	438	55	2,828	15.5	1,007,627
Male	56.1	6.3	466	74	3,286	14.2	713,824
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	64.5	9.3	592	64	3,170	18.7	666,596
African American	56.4	6.7	425	63	3,571	11.9	624,257
Other/unknown	58.0	4.8	265	55	1,981	13.4	430,598
Use of Nursing Facilities^f							
Entire year	96.9	82.9	5,902	71	47,334	12.5	7,870
Part year	96.7	61.2	4,303	70	58,381	7.4	6,688
None	59.6	6.7	409	61	2,597	15.8	1,706,893
Maintenance Assistance Status							
Cash	73.5	21.7	1,518	70	9,191	16.5	197,107
Medically needy	70.2	10.7	608	57	4,119	14.8	342,559
Poverty related	56.4	3.4	183	54	1,349	13.6	1,004,402
Other/unknown	45.0	6.5	467	72	3,485	13.4	177,383

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, ILLINOIS, 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	\$48	14.9 %	40.1 %	48.0 %	4.9 %	4.5 %	2.0 %	0.5 %	\$323	1,721,451	16,067,635
Age												
5 and younger	0.3	15	7.6	39.3	57.3	2.6	0.7	0.1	0.0	201	465,880	4,240,679
6-14	0.3	21	21.7	49.9	45.7	2.7	1.6	0.2	0.0	98	498,108	4,977,993
15-20	0.5	32	14.7	45.2	48.1	4.0	2.3	0.4	0.0	216	228,231	2,138,363
21-44	1.1	71	14.2	31.3	49.4	8.8	7.6	2.5	0.5	500	387,605	3,357,485
45-64	3.6	229	17.4	21.9	23.5	10.9	22.6	16.1	5.1	1,314	117,883	1,137,140
65-74	3.3	181	16.0	28.1	19.3	10.4	23.2	15.3	3.7	1,131	11,871	114,698
75-84	3.0	151	17.8	36.7	15.5	9.7	21.4	13.7	3.0	845	7,736	68,859
85 and older	3.0	136	14.5	44.5	10.8	7.7	20.1	13.7	3.2	937	4,118	32,344
Unknown	0.3	6	11.2	63.2	36.8	0.0	0.0	0.0	0.0	52	19	74
Basis of Eligibility^e												
Aged	2.7	136	17.8	39.0	17.2	9.9	20.2	11.3	2.3	763	18,724	159,513
Disabled	3.0	224	15.8	22.1	28.8	10.5	20.4	14.0	4.3	1,424	176,988	1,876,006
Adults	0.9	42	15.3	32.7	51.1	8.4	6.1	1.5	0.2	276	385,401	3,193,308
Children	0.3	18	12.9	45.4	50.5	2.7	1.2	0.1	0.0	140	1,139,864	10,834,728
Unknown	3.1	290	21.0	16.5	27.0	13.3	27.4	15.0	0.8	1,377	474	4,080
Gender												
Female	0.9	48	15.5	37.4	49.5	5.4	4.9	2.2	0.6	307	1,007,627	9,289,677
Male	0.7	49	14.2	43.9	46.1	4.1	3.9	1.7	0.4	346	713,824	6,777,958
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.0	64	18.7	35.5	48.6	6.2	6.1	2.8	0.8	343	666,596	6,158,455
African American	0.7	45	11.9	43.6	45.6	4.4	4.2	1.8	0.4	374	624,257	5,961,964
Other/unknown	0.5	29	13.4	42.0	50.8	3.5	2.5	0.9	0.2	216	430,598	3,947,216
Use of Nursing Facilities^f												
Entire year	7.5	536	12.5	3.1	3.5	4.6	25.3	41.9	21.6	4,300	7,870	86,633
Part year	5.9	415	7.4	3.3	11.9	10.2	30.1	31.0	13.5	5,635	6,688	69,290
None	0.7	44	15.8	40.4	48.4	4.9	4.3	1.7	0.4	279	1,706,893	15,911,712
Maintenance Assistance Status												
Cash	2.0	143	16.5	26.5	40.9	7.8	13.2	8.8	2.7	867	197,107	2,090,158
Medically needy	1.2	70	14.8	29.8	48.3	9.4	8.7	3.2	0.6	477	342,559	2,959,997
Poverty related	0.4	19	13.6	43.6	52.0	2.8	1.3	0.2	0.0	143	1,004,402	9,492,253
Other/unknown	0.8	54	13.4	55.0	33.4	4.6	4.8	1.8	0.5	405	177,383	1,525,227

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, ILLINOIS, 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	\$48	\$62	0.3	\$36	\$128	0.0	\$3	\$67	0.5	\$10	\$21
Age												
5 and younger	0.3	15	45	0.1	11	110	0.0	1	40	0.2	4	16
6-14	0.3	21	69	0.1	17	115	0.0	1	61	0.2	4	24
15-20	0.5	32	71	0.2	25	138	0.0	2	60	0.2	5	21
21-44	1.1	71	63	0.4	52	137	0.1	4	69	0.7	14	21
45-64	3.6	229	64	1.2	165	135	0.2	14	82	2.1	49	23
65-74	3.3	181	55	1.3	133	106	0.2	8	52	1.9	40	21
75-84	3.0	151	50	1.2	111	96	0.2	8	43	1.7	31	19
85 and older	3.0	136	45	1.1	98	92	0.2	7	33	1.7	30	18
Unknown	0.3	6	20	0.1	3	46	0.0	1	25	0.2	3	13
Basis of Eligibility^d												
Aged	2.7	136	50	1.1	100	95	0.2	7	44	1.5	29	19
Disabled	3.0	224	75	1.1	170	158	0.2	12	82	1.7	42	24
Adults	0.9	42	47	0.3	29	99	0.0	3	60	0.6	11	19
Children	0.3	18	55	0.1	14	108	0.0	1	49	0.2	4	19
Unknown	3.1	290	95	1.0	209	220	0.1	26	200	2.0	55	28
Gender												
Female	0.9	48	55	0.3	34	115	0.0	3	62	0.5	11	20
Male	0.7	49	74	0.3	38	150	0.0	2	78	0.4	9	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.0	64	64	0.4	48	122	0.1	4	67	0.6	12	22
African American	0.7	45	63	0.2	33	143	0.0	2	70	0.4	10	22
Other/unknown	0.5	29	55	0.2	21	120	0.0	1	58	0.3	6	20
Use of Nursing Facilities^e												
Entire year	7.5	536	71	2.6	407	156	0.5	28	51	4.3	100	23
Part year	5.9	415	70	2.0	315	157	0.4	23	65	3.5	76	22
None	0.7	44	61	0.3	33	126	0.0	2	68	0.4	9	21
Maintenance Assistance Status												
Cash	2.0	143	70	0.7	107	149	0.1	8	77	1.2	28	23
Medically needy	1.2	70	57	0.4	50	120	0.1	4	67	0.7	16	21
Poverty related	0.4	19	54	0.1	14	108	0.0	1	53	0.2	4	19
Other/unknown	0.8	54	72	0.3	43	137	0.0	3	67	0.4	9	22

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

- 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 Illinois, 0.8 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.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, ILLINOIS, 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	\$14	\$10	\$1	\$3	\$60	\$130	\$87	\$20	1,658,823	\$99,278,300	666,099	38.7 %	7,156,606
Biologicals	0.3	0.3	0.0	0.0	368	348	3	17	1134	1,135	4,680	996	13,881	15,737,597	4,367	0.3	42,793
Antineoplastic Agents	0.5	0.1	0.0	0.3	150	110	9	31	298	826	395	89	31,919	9,516,600	6,017	0.3	63,642
Endocrine/Metabolic Drugs	0.4	0.2	0.1	0.2	22	15	2	5	50	91	36	22	1,196,971	59,589,035	253,070	14.7	2,691,393
Cardiovascular Agents	1.2	0.4	0.0	0.8	48	31	2	15	40	79	52	19	1,646,502	65,213,437	127,047	7.4	1,356,887
Respiratory Agents	0.4	0.2	0.0	0.2	17	14	0	3	49	90	31	17	1,559,838	76,386,583	404,486	23.5	4,367,975
Gastrointestinal Agents	0.4	0.2	0.0	0.2	37	33	1	4	87	134	60	22	616,841	53,836,439	134,411	7.8	1,445,569
Genitourinary Agents	0.2	0.1	0.0	0.1	10	7	1	2	48	72	42	24	156,932	7,555,831	72,514	4.2	766,251
CNS Drugs	0.9	0.4	0.0	0.4	77	63	3	12	89	156	83	27	1,703,393	151,387,169	182,168	10.6	1,955,608
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	54	49	0	5	81	91	54	37	336,760	27,229,196	45,519	2.6	502,029
Miscellaneous Psychological/																	
Neurological Agents	0.3	0.2	0.0	0.1	88	78	1	9	266	330	108	110	30,648	8,161,002	8,442	0.5	92,218
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	11	6	0	5	32	169	177	15	1,387,669	44,458,415	387,429	22.5	4,159,203
Neuromuscular Agents	0.6	0.2	0.1	0.3	51	34	9	8	79	144	111	24	701,013	55,291,291	100,195	5.8	1,091,033
Nutritional Products	0.3	0.0	0.0	0.3	7	1	1	5	22	32	43	18	269,652	5,827,555	80,241	4.7	803,670
Hematological Agents	0.6	0.2	0.0	0.4	145	127	2	17	245	644	41	47	212,603	52,090,981	33,571	2.0	358,654
Topical Products	0.2	0.0	0.0	0.1	8	4	0	3	37	78	49	22	855,794	31,684,722	386,690	22.5	4,181,215
Miscellaneous Products	0.2	0.1	0.0	0.0	22	18	2	2	134	155	308	53	66,833	8,956,976	37,069	2.2	405,825
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	33	0	0	0	51,854	1,691,956	20,807	1.2	231,654
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.	12,497,926	773,893,085	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 Illinois, 0.8 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, ILLINOIS, 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	\$99,485,936	83,351	4.8 %	936,594	0.6	\$183	\$106
ANTIASTHMATIC	53,525,843	331,359	19.2	3,633,152	0.3	56	15
ANTICONVULSANT	49,506,036	70,329	4.1	780,578	0.6	99	63
ULCER DRUGS	43,281,672	123,150	7.2	1,341,012	0.3	94	32
ANTIVIRAL	42,527,020	24,804	1.4	270,072	0.4	404	157
ANTIDEPRESSANTS	41,019,869	150,441	8.7	1,630,693	0.5	56	25
MISC. HEMATOLOGICAL	35,232,728	10,097	0.6	110,631	0.5	604	318
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	27,226,695	55,509	3.2	618,247	0.5	81	44
ANTIDIABETIC	27,097,901	67,978	3.9	741,100	0.6	59	37
ANTIHYPERTENSIVE	25,804,668	47,644	2.8	527,636	0.5	91	49
Total	444,708,368	964,662		10,589,715	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, ILLINOIS, 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 Month	Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Months Among Users	Number of Rx per Month	Mean Rx \$ per Month
All	4,444,765	\$444,708,368	83,351	4.8 %	936,594	0.6	\$106	331,359	19.2 %	3,633,152	0.3	\$15
Female	2,595,836	228,852,546	43,416	4.3	486,652	0.5	93	183,934	18.3	2,014,591	0.3	15
Disabled	1,427,599	137,430,186	25,980	28.6	299,836	0.6	117	43,828	48.3	503,595	0.4	24
	3,483	549,548	17	1.5	202	0.4	50	551	47.5	6,346	0.3	20
5 and younger	21,053	2,446,759	400	8.8	4,633	0.5	93	1,410	31.1	16,425	0.3	19
6-14	26,782	3,030,932	795	13.9	9,015	0.5	99	1,371	23.9	15,853	0.3	19
15-20	374,313	41,480,275	10,577	36.6	122,374	0.6	114	12,048	41.6	139,394	0.4	20
21-44	933,233	84,422,556	13,430	28.7	154,928	0.7	121	26,812	57.2	306,724	0.5	27
45-64	62,798	5,032,368	677	21.1	7,808	0.8	121	1,514	47.2	17,479	0.5	26
65-74	5,346	421,316	71	20.7	736	0.7	113	117	34.1	1,314	0.5	33
75-84	591	46,432	13	30.2	140	1.0	126	5	11.6	60	1.3	35
85 and older	1,168,237	91,422,360	17,436	1.9	186,816	0.3	55	140,106	15.3	1,510,996	0.2	12
Other Eligibles	99,911	5,554,161	490	0.2	5,461	0.2	15	43,190	18.8	468,473	0.2	9
5 and younger	222,191	18,282,073	3,368	1.4	37,971	0.4	76	35,262	14.6	394,024	0.2	13
6-14	127,645	11,043,166	3,395	2.7	37,238	0.4	63	15,336	12.3	167,552	0.2	12
15-20	497,995	39,423,978	8,142	2.9	85,372	0.3	43	38,480	13.6	400,388	0.3	13
21-44	125,427	10,194,584	1,025	4.2	10,516	0.4	58	5,700	23.4	57,862	0.4	23
45-64	35,703	2,658,599	204	4.1	2,093	0.5	59	734	14.9	7,971	0.4	24
65-74	40,224	2,930,585	420	8.4	4,367	0.5	70	961	19.2	10,243	0.4	22
75-84	19,141	1,335,214	392	12.5	3,798	0.5	61	443	14.1	4,483	0.4	20
85 and older	1,848,929	215,855,822	39,935	5.6	449,942	0.6	120	147,425	20.7	1,618,561	0.3	14
Male	996,382	137,884,081	25,930	30.1	296,558	0.7	138	24,777	28.7	281,426	0.4	23
Disabled	6,068	484,349	39	2.4	445	0.5	86	994	61.8	11,479	0.3	19
5 and younger	50,273	10,238,877	1,243	14.6	14,372	0.5	100	3,131	36.7	36,686	0.3	20
6-14	45,740	13,568,048	1,571	17.7	17,882	0.6	122	1,817	20.5	21,129	0.3	18
15-20	333,046	51,921,135	12,107	40.0	138,607	0.7	145	5,794	19.1	65,643	0.4	21
21-44	535,811	59,457,819	10,518	29.7	120,088	0.7	138	12,500	35.2	140,297	0.5	27
45-64	22,582	1,975,579	382	30.2	4,352	0.9	132	486	38.5	5,564	0.5	27
65-74	2,674	228,181	67	45.6	776	0.8	114	47	32.0	532	0.5	32
75-84	188	10,093	3	21.4	36	0.3	22	8	57.1	96	0.6	19
85 and older	852,545	77,971,691	14,005	2.2	153,384	0.5	86	122,647	19.5	1,337,128	0.2	12
Other Eligibles	148,468	10,925,141	827	0.4	9,352	0.2	30	59,380	25.4	641,112	0.2	10
5 and younger	418,275	38,778,310	7,612	3.1	85,652	0.5	89	46,473	19.1	520,078	0.2	14
6-14	123,805	14,072,219	3,671	4.1	40,069	0.5	100	10,814	12.2	117,623	0.3	14
15-20	74,633	6,959,584	1,229	2.7	11,495	0.4	66	3,650	8.0	34,803	0.3	16
21-44	47,770	4,179,127	287	2.6	2,766	0.4	69	1,316	11.7	12,748	0.4	24
45-64	16,884	1,348,254	120	4.9	1,287	0.6	87	446	18.2	4,690	0.4	30
65-74	16,817	1,284,417	159	7.1	1,714	0.5	79	422	18.8	4,562	0.5	28
75-84	5,893	424,639	100	10.9	1,049	0.5	63	146	15.9	1,512	0.5	28
85 and older	2	50	0	0.0	0	0.0	0	1	5.3	7	0.1	2
Unknown												

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, ILLINOIS, 2004

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANTIVIRAL				
	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	70,329	4.1 %	780,578	0.6	\$63	123,150	7.2 %	1,341,012	0.3	\$32	24,804	1.4 %	270,072	0.4	\$158
Female	41,579	4.1	460,488	0.6	60	86,006	8.5	941,041	0.3	32	15,169	1.5	165,097	0.3	114
Disabled	23,374	25.7	267,928	0.7	69	34,543	38.0	397,384	0.4	43	4,842	5.3	55,266	0.5	212
5 and younger	92	7.9	1,063	0.6	62	117	10.1	1,325	0.5	39	8	0.7	96	0.2	7
6-14	591	13.0	6,969	0.8	88	255	5.6	3,008	0.4	39	120	2.6	1,409	0.8	391
15-20	892	15.6	10,158	0.8	100	554	9.7	6,344	0.3	28	110	1.9	1,278	0.3	124
21-44	8,908	30.8	102,617	0.7	80	8,762	30.3	101,690	0.4	35	2,248	7.8	25,420	0.5	201
45-64	12,263	26.2	139,911	0.7	60	23,030	49.2	263,987	0.5	46	2,298	4.9	26,376	0.5	219
65-74	578	18.0	6,630	0.7	45	1,663	51.8	19,211	0.5	48	53	1.7	627	0.3	134
75-84	45	13.1	522	0.7	33	150	43.7	1,678	0.5	46	3	0.9	36	0.1	8
85 and older	5	11.6	58	0.8	45	12	27.9	141	0.8	75	2	4.7	24	0.1	8
Other Eligibles	18,205	2.0	192,560	0.5	46	51,463	5.6	543,657	0.3	23	10,327	1.1	109,831	0.2	65
5 and younger	634	0.3	6,917	0.5	49	3,734	1.6	36,401	0.2	12	1,063	0.5	11,713	0.1	12
6-14	2,661	1.1	29,645	0.6	66	4,582	1.9	52,018	0.2	14	965	0.4	11,017	0.3	114
15-20	2,456	2.0	26,855	0.5	62	6,231	5.0	68,725	0.2	12	1,450	1.2	15,590	0.2	44
21-44	9,946	3.5	103,383	0.4	38	28,284	10.0	296,872	0.2	23	6,287	2.2	65,687	0.3	65
45-64	1,674	6.9	16,988	0.5	45	5,061	20.8	51,459	0.4	38	457	1.9	4,670	0.3	158
65-74	314	6.4	3,399	0.5	32	1,427	28.9	15,685	0.4	40	42	0.9	457	0.2	33
75-84	362	7.2	3,799	0.6	29	1,386	27.7	14,931	0.5	44	38	0.8	430	0.1	31
85 and older	158	5.0	1,574	0.6	28	758	24.1	7,566	0.6	47	25	0.8	267	0.1	11
Male	28,750	4.0	320,090	0.7	69	37,144	5.2	399,971	0.4	34	9,635	1.3	104,975	0.5	226
Disabled	19,099	22.2	216,803	0.8	74	19,045	22.1	214,291	0.5	42	6,652	7.7	72,535	0.6	296
5 and younger	141	8.8	1,643	0.6	60	171	10.6	1,980	0.4	31	29	1.8	343	0.5	124
6-14	1,041	12.2	12,128	0.7	84	379	4.4	4,484	0.4	42	79	0.9	912	0.5	156
15-20	1,309	14.8	14,861	0.8	92	527	5.9	6,022	0.4	37	73	0.8	838	0.3	173
21-44	8,272	27.3	94,136	0.8	85	5,486	18.1	62,208	0.4	39	2,972	9.8	31,675	0.6	278
45-64	8,042	22.7	90,652	0.7	59	11,938	33.7	133,374	0.5	44	3,450	9.7	38,213	0.7	319
65-74	260	20.6	2,997	0.8	51	482	38.2	5,505	0.6	48	48	3.8	542	0.7	270
75-84	32	21.8	362	0.7	31	56	38.1	648	0.6	54	1	0.7	12	0.1	3
85 and older	2	14.3	24	0.6	13	6	42.9	70	0.5	28	0	0.0	0	0.0	0
Other Eligibles	9,651	1.5	103,287	0.6	59	18,098	2.9	185,673	0.3	25	2,983	0.5	32,440	0.2	69
5 and younger	898	0.4	9,901	0.5	46	4,533	1.9	44,142	0.2	14	1,164	0.5	13,054	0.1	6
6-14	4,074	1.7	45,971	0.6	65	3,725	1.5	42,203	0.2	16	779	0.3	8,951	0.2	69
15-20	2,104	2.4	22,855	0.6	72	2,498	2.8	27,013	0.2	17	386	0.4	4,225	0.2	80
21-44	1,741	3.8	16,344	0.4	42	4,211	9.2	40,288	0.3	36	436	1.0	4,057	0.4	187
45-64	514	4.6	4,729	0.5	51	1,805	16.1	17,665	0.4	44	171	1.5	1,624	0.5	256
65-74	142	5.8	1,549	0.6	37	576	23.4	6,197	0.4	41	25	1.0	283	0.2	54
75-84	130	5.8	1,422	0.6	35	528	23.5	5,804	0.5	48	15	0.7	166	0.2	35
85 and older	48	5.2	516	0.6	22	222	24.1	2,361	0.5	45	7	0.8	80	0.2	9
Unknown	0	0.0	0	0.0	0	1	5.3	7	0.1	6	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, ILLINOIS, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC. HEMATOLOGICAL					STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	150,441	8.7 %	1,630,693	0.5	\$25	10,097	0.6 %	110,631	0.5	\$319	55,509	3.2 %	618,247	0.5	\$44
Female	109,676	10.9	1,187,994	0.4	25	5,970	0.6	66,052	0.5	81	16,232	1.6	180,372	0.5	42
Disabled	41,649	45.9	475,418	0.5	30	4,189	4.6	47,614	0.5	65	1,710	1.9	19,650	0.5	44
5 and younger	4	0.3	39	0.2	23	1	0.1	12	1.3	22,442	23	2.0	268	0.5	86
6-14	270	5.9	3,147	0.5	22	1	0.0	12	0.9	57	606	13.3	7,015	0.6	43
15-20	899	15.7	10,155	0.4	28	3	0.1	36	0.1	15	273	4.8	3,138	0.5	43
21-44	13,894	48.0	159,092	0.5	29	364	1.3	4,122	0.4	51	432	1.5	4,969	0.5	42
45-64	25,543	54.5	290,913	0.6	31	3,396	7.2	38,551	0.5	60	369	0.8	4,190	0.5	45
65-74	956	29.8	11,132	0.6	30	376	11.7	4,328	0.6	66	5	0.2	46	0.7	51
75-84	74	21.6	835	0.6	26	43	12.5	493	0.5	58	2	0.6	24	0.7	9
85 and older	9	20.9	105	0.8	47	5	11.6	60	0.6	49	0	0.0	0	0.0	0
Other Eligibles	68,027	7.4	712,576	0.4	21	1,781	0.2	18,438	0.5	124	14,522	1.6	160,722	0.5	42
5 and younger	135	0.1	1,498	0.3	9	14	0.0	156	0.4	131	611	0.3	6,784	0.4	30
6-14	4,486	1.9	50,153	0.4	20	9	0.0	96	0.1	31	10,384	4.3	115,658	0.5	43
15-20	9,203	7.4	99,951	0.3	18	7	0.0	82	0.4	4,687	1,916	1.5	21,317	0.5	44
21-44	45,681	16.2	474,916	0.4	21	393	0.1	4,071	0.4	256	1,395	0.5	14,772	0.4	35
45-64	6,240	25.6	62,402	0.5	29	363	1.5	3,727	0.5	61	187	0.8	1,892	0.5	48
65-74	697	14.1	7,471	0.4	23	298	6.0	3,216	0.5	56	9	0.2	100	0.4	8
75-84	928	18.5	9,753	0.5	27	441	8.8	4,584	0.6	58	10	0.2	99	0.6	11
85 and older	657	20.9	6,432	0.6	30	256	8.2	2,506	0.6	62	10	0.3	100	0.6	12
Male	40,765	5.7	442,699	0.5	26	4,127	0.6	44,579	0.5	670	39,277	5.5	437,875	0.6	45
Disabled	22,458	26.1	252,165	0.5	29	3,079	3.6	33,943	0.5	632	3,926	4.6	45,242	0.6	46
5 and younger	15	0.9	166	0.2	4	0	0.0	0	0.0	0	67	4.2	755	0.4	30
6-14	719	8.4	8,362	0.5	23	25	0.3	300	0.8	17,678	2,224	26.0	25,853	0.6	46
15-20	1,032	11.6	11,812	0.5	31	27	0.3	318	0.9	25,966	936	10.6	10,895	0.6	50
21-44	8,696	28.7	97,499	0.5	29	294	1.0	3,127	0.4	1,863	484	1.6	5,406	0.6	45
45-64	11,640	32.8	130,233	0.5	28	2,576	7.3	28,389	0.5	69	210	0.6	2,281	0.5	37
65-74	321	25.4	3,687	0.6	29	143	11.3	1,641	0.6	60	4	0.3	48	0.2	6
75-84	33	22.4	382	0.6	29	13	8.8	156	0.8	80	1	0.7	4	0.8	66
85 and older	2	14.3	24	0.8	34	1	7.1	12	1.0	124	0	0.0	0	0.0	0
Other Eligibles	18,307	2.9	190,534	0.4	23	1,048	0.2	10,636	0.5	790	35,351	5.6	392,633	0.6	45
5 and younger	203	0.1	2,286	0.3	12	33	0.0	374	0.6	5,943	1,878	0.8	21,035	0.4	28
6-14	6,507	2.7	73,181	0.4	22	40	0.0	448	0.5	7,804	28,214	11.6	314,705	0.6	45
15-20	4,508	5.1	47,418	0.4	24	25	0.0	261	0.3	7,282	4,864	5.5	53,144	0.5	48
21-44	4,840	10.6	45,444	0.4	22	183	0.4	1,741	0.5	172	332	0.7	3,123	0.4	35
45-64	1,559	13.9	14,724	0.4	25	324	2.9	3,052	0.6	66	43	0.4	427	0.7	55
65-74	255	10.4	2,732	0.5	26	190	7.7	1,977	0.5	57	5	0.2	42	0.5	23
75-84	297	13.2	3,296	0.6	31	178	7.9	1,971	0.6	63	9	0.4	95	0.8	16
85 and older	138	15.0	1,453	0.6	34	75	8.1	812	0.6	56	6	0.7	62	0.2	3
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, ILLINOIS, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERLIPIDEMIC					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 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 Month	Mean Benefit per Rx \$ per Month		
All	67,978	3.9 %	741,100	0.6	\$37	47,644	2.8 %	527,636	0.5	\$49	1,721,451	16,067,635
Female	46,405	4.6	507,610	0.6	36	30,586	3.0	340,888	0.5	48	1,007,614	9,289,622
Disabled	27,539	30.3	314,707	0.7	39	20,194	22.2	232,372	0.6	52	90,799	976,814
5 and younger	0	0.0	0	0.0	0	1	0.1	12	0.1	5	1,159	12,415
6-14	48	1.1	556	0.7	88	7	0.2	84	0.4	26	4,541	50,211
15-20	135	2.4	1,566	0.6	47	24	0.4	267	0.2	20	5,732	59,859
21-44	4,120	14.2	47,631	0.6	36	2,425	8.4	28,269	0.5	42	28,929	319,748
45-64	21,191	45.2	241,348	0.7	40	16,269	34.7	186,551	0.6	53	46,842	493,915
45-64	1,878	58.5	21,734	0.7	36	1,342	41.8	15,731	0.6	59	3,210	36,545
65-74	160	46.6	1,800	0.7	34	122	35.6	1,410	0.6	62	343	3,712
75-84	7	16.3	72	0.7	26	4	9.3	48	1.0	75	43	409
85 and older	18,866	2.1	192,903	0.6	32	10,392	1.1	108,516	0.5	40	916,815	8,312,808
Other Eligibles	92	0.0	1,048	0.6	43	39	0.0	391	0.1	4	229,486	2,068,890
5 and younger	815	0.3	8,962	0.7	53	36	0.0	374	0.3	25	242,291	2,387,796
6-14	956	0.8	10,115	0.5	41	102	0.1	1,085	0.2	19	124,798	1,145,229
15-20	9,396	3.3	95,395	0.5	30	4,201	1.5	43,853	0.4	31	282,808	2,397,440
21-44	4,052	16.6	39,509	0.6	35	3,027	12.4	30,379	0.5	44	24,348	201,479
45-64	1,620	32.8	17,431	0.6	28	1,434	29.0	15,721	0.5	49	4,941	43,466
65-74	1,476	29.5	15,728	0.6	27	1,222	24.4	13,321	0.6	51	5,003	44,028
75-84	459	14.6	4,715	0.6	24	331	10.5	3,392	0.6	44	3,140	24,480
85 and older	21,573	3.0	233,490	0.6	37	17,058	2.4	186,748	0.6	50	713,818	6,777,939
Male	14,669	17.0	164,310	0.6	36	11,994	13.9	135,823	0.6	52	86,189	899,192
Disabled	1	0.1	12	0.9	407	3	0.2	36	0.3	15	1,608	17,269
5 and younger	48	0.6	559	0.6	43	8	0.1	95	0.5	43	8,539	96,058
6-14	115	1.3	1,308	0.7	60	35	0.4	414	0.4	35	8,862	96,379
15-20	2,941	9.7	32,921	0.6	35	2,341	7.7	26,632	0.5	44	30,287	315,725
21-44	10,993	31.0	122,941	0.6	36	9,128	25.7	103,021	0.6	54	35,469	358,192
45-64	509	40.3	5,860	0.7	34	429	34.0	5,028	0.6	57	1,263	13,816
45-64	57	38.8	650	0.6	30	47	32.0	561	0.7	59	147	1,606
65-74	5	35.7	59	0.3	5	3	21.4	36	0.6	71	14	147
75-84	6,904	1.1	69,180	0.6	38	5,064	0.8	50,925	0.5	46	627,629	5,878,747
85 and older	132	0.1	1,432	0.7	46	59	0.0	605	0.2	7	233,627	2,142,105
Other Eligibles	664	0.3	7,223	0.8	55	49	0.0	570	0.3	19	242,737	2,443,928
5 and younger	533	0.6	5,700	0.7	61	92	0.1	990	0.4	29	88,839	836,896
6-14	2,054	4.5	19,312	0.6	35	1,721	3.8	16,702	0.4	39	45,581	324,572
15-20	2,195	19.6	21,159	0.6	36	1,896	16.9	18,356	0.5	49	11,224	83,554
21-44	659	26.8	7,021	0.6	30	642	26.1	6,989	0.6	54	2,457	20,871
45-64	523	23.3	5,811	0.6	27	496	22.1	5,545	0.6	54	2,243	19,513
65-74	144	15.6	1,522	0.6	27	109	11.8	1,168	0.6	54	921	7,308
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	19	74
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	19	74
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	19	74

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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.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; \$ = Medicaid reimbursement.

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, ILLINOIS, 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	\$536	7.5	7,870	86,633
Age				
0-64	585	7.8	5,911	66,830
65-74	439	7.1	739	7,935
75-84	370	7.0	601	6,139
85 and older	282	5.9	619	5,729
Unknown	0	0.0	0	0
Gender				
Female	538	8.0	3,774	40,702
Male	535	7.1	4,096	45,931
Unknown	0	0.0	0	0
Race				
White	539	7.9	4,381	47,546
African American	535	7.1	2,983	33,573
Other/unknown	522	7.4	506	5,514
Basis of Eligibility^c				
Aged	336	6.6	1,277	12,222
Disabled	569	7.7	6,582	74,366
Adults	690	9.9	9	28
Children	0	0.0	1	5
Unknown	245	7.8	1	12

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 6,688 beneficiaries who were in nursing facilities for part of their enrollment and their 69,290 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, ILLINOIS, 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	0.5	0.3	0.0	0.2	\$67	\$57	\$4	\$6	\$131	\$217	\$150	\$26	25,389	\$3,335,843	4,453	56.6 %	49,869
Biologicals	0.1	0.0	0.0	0.1	19	1	0	18	189	208	116	189	233	44,092	211	2.7	2,362
Antineoplastic Agents	0.5	0.0	0.0	0.5	73	22	1	49	138	482	258	103	2,950	407,206	519	6.6	5,599
Endocrine/Metabolic Drugs	1.1	0.4	0.2	0.6	54	40	4	10	47	97	22	17	41,043	1,924,392	3,209	40.8	35,724
Cardiovascular Agents	1.8	0.5	0.1	1.3	63	37	3	23	34	77	41	18	101,260	3,483,042	5,004	63.6	55,460
Respiratory Agents	0.8	0.3	0.0	0.5	36	28	0	8	42	81	30	16	28,572	1,208,911	3,002	38.1	33,618
Gastrointestinal Agents	1.0	0.4	0.0	0.5	65	53	1	10	63	121	35	19	49,213	3,106,588	4,316	54.8	47,937
Genitourinary Agents	0.6	0.3	0.0	0.3	29	22	1	6	52	84	50	21	11,073	576,080	1,761	22.4	19,760
CNS Drugs	2.6	1.1	0.2	1.3	284	230	10	44	111	213	57	34	186,709	20,726,049	6,465	82.1	72,959
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/ Neurological Agents	0.8	0.2	0.0	0.6	24	13	2	10	29	75	44	16	732	21,158	84	1.1	875
Neurological Agents	0.7	0.7	0.0	0.0	122	120	0	2	165	169	92	69	6,641	1,095,427	805	10.2	8,948
Analgesics and Anesthetics	1.1	0.3	0.0	0.8	49	37	0	11	43	129	44	13	51,031	2,188,261	4,032	51.2	44,911
Neuromuscular Agents	1.4	0.4	0.2	0.8	91	55	15	20	64	134	78	25	70,947	4,557,241	4,392	55.8	50,178
Nutritional Products	0.8	0.0	0.2	0.6	15	0	6	9	19	32	29	15	16,831	316,852	2,004	25.5	21,608
Hematological Agents	1.1	0.3	0.1	0.7	90	79	1	9	81	242	12	14	32,056	2,588,443	2,652	33.7	28,904
Topical Products	0.5	0.1	0.0	0.3	17	8	3	7	34	61	55	20	20,822	709,942	3,627	46.1	40,990
Miscellaneous Products	0.3	0.0	0.0	0.3	8	1	0	6	24	31	241	21	2,466	58,084	685	8.7	7,347
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	10	0	0	0	23	0	0	0	4,239	97,647	846	10.7	9,615
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	652,207	46,445,258	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 6,688 beneficiaries who were in nursing facilities for part of their enrollment and their 69,290 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 Illinois, 0.8 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, ILLINOIS, 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	\$17,597,408	9,195	116.8 %	106,555	1.0	\$163	\$165
ANTICONVULSANT	3,972,221	4,507	57.3	51,692	1.0	79	77
ULCER DRUGS	2,581,465	4,136	52.6	46,190	0.7	81	56
ANTIDEPRESSANTS	2,279,659	4,646	59.0	52,344	0.8	55	44
ANTIVIRAL	2,020,268	569	7.2	6,169	0.7	468	327
ANTIHYPERLIPIDEMIC	1,459,856	2,186	27.8	25,143	0.7	83	58
ANTIDIABETIC	1,434,531	3,647	46.3	41,166	0.8	43	35
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,133,625	1,088	13.8	12,214	0.6	148	93
ANTICOAGULANTS	1,117,167	1,532	19.5	16,247	0.9	75	69
HEMATOPOIETIC AGENTS	952,443	2,894	36.8	32,296	0.7	43	29
Total	34,548,643	34,400		390,016	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 6,688 beneficiaries who were in nursing facilities for part of their enrollment and their 69,290 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, ILLINOIS, 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	330,806	\$34,548,643	9,195	116.8 %	106,555	1.0	\$165	4,507	57.3 %	51,692	1.0	\$77
Female	158,622	15,891,127	4,228	112.0	48,857	1.0	158	2,104	55.7	24,001	1.0	77
Disabled	136,789	14,299,530	3,820	135.5	44,725	1.0	164	1,923	68.2	22,193	1.0	80
64 or younger	121,995	12,960,193	3,452	142.8	40,530	1.0	166	1,742	72.0	20,206	1.0	83
65-74	12,920	1,191,020	318	96.4	3,656	1.0	150	164	49.7	1,791	0.9	53
75-84	1,493	119,141	43	79.6	455	0.7	115	15	27.8	174	0.9	34
85 and older	381	29,176	7	41.2	84	1.2	159	2	11.8	22	0.8	10
Other Eligibles	21,833	1,591,597	408	42.7	4,132	0.6	91	181	19.0	1,808	0.8	42
64 or younger	169	14,724	5	62.5	22	0.9	195	3	37.5	16	0.9	90
65-74	2,865	245,596	67	60.4	668	0.7	107	39	35.1	392	0.9	50
75-84	9,682	710,454	169	48.3	1,782	0.6	92	85	24.3	878	0.8	42
85 and older	9,117	620,823	167	34.4	1,660	0.7	82	54	11.1	522	0.8	35
Male	172,184	18,657,516	4,967	121.3	57,698	1.0	171	2,403	58.7	27,691	1.0	77
Disabled	162,863	17,935,661	4,791	127.3	55,746	1.0	173	2,336	62.1	26,925	1.0	78
64 or younger	152,763	16,976,388	4,520	129.8	52,637	1.0	175	2,193	63.0	25,242	1.0	79
65-74	8,360	803,880	222	99.6	2,538	1.0	154	125	56.1	1,471	1.0	60
75-84	1,676	152,438	49	92.5	571	0.8	117	18	34.0	212	0.6	25
85 and older	64	2,955	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	9,321	721,855	176	52.9	1,952	0.7	109	67	20.1	766	0.8	38
64 or younger	9	1,874	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,073	174,238	47	62.7	517	0.8	146	15	20.0	164	0.9	36
75-84	4,521	353,484	79	54.9	895	0.7	103	40	27.8	461	0.8	41
85 and older	2,718	192,259	50	45.0	540	0.6	82	12	10.8	141	0.8	28
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 6,688 beneficiaries who were in nursing facilities for part of their enrollment and their 69,290 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, ILLINOIS, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTIVIRAL				
	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	4,136	52.6 %	46,190	0.7	\$56	4,646	59.0 %	52,344	0.8	\$44	569	7.2 %	6,169	0.7	\$328
Female	2,037	54.0	22,530	0.7	58	2,380	63.1	26,666	0.8	45	179	4.7	2,047	0.6	298
Disabled	1,567	55.6	17,702	0.7	57	1,889	67.0	21,686	0.8	46	162	5.7	1,870	0.6	325
64 or younger	1,351	55.9	15,392	0.7	57	1,712	70.8	19,665	0.8	46	155	6.4	1,786	0.7	340
65-74	184	55.8	1,972	0.7	61	151	45.8	1,727	0.8	44	5	1.5	60	0.1	7
75-84	26	48.1	269	0.7	61	18	33.3	201	0.8	34	0	0.0	0	0.0	0
85 and older	6	35.3	69	0.7	79	8	47.1	93	0.8	41	2	11.8	24	0.1	8
Other Eligibles	470	49.2	4,828	0.7	60	491	51.4	4,980	0.8	43	17	1.8	177	0.1	9
64 or younger	2	25.0	15	1.1	52	3	37.5	25	1.0	76	1	12.5	12	0.1	7
65-74	51	45.9	538	0.7	54	59	53.2	592	0.7	49	2	1.8	24	0.1	8
75-84	193	55.1	2,054	0.7	62	203	58.0	2,149	0.8	43	4	1.1	38	0.1	11
85 and older	224	46.1	2,221	0.8	60	226	46.5	2,214	0.8	41	10	2.1	103	0.1	9
Male	2,099	51.2	23,660	0.7	54	2,266	55.3	25,678	0.8	42	390	9.5	4,122	0.8	342
Disabled	1,901	50.5	21,535	0.7	54	2,095	55.7	23,799	0.8	42	380	10.1	4,035	0.8	349
64 or younger	1,757	50.5	19,899	0.7	54	1,979	56.8	22,497	0.8	42	364	10.5	3,859	0.8	353
65-74	114	51.1	1,293	0.7	51	95	42.6	1,062	0.8	39	16	7.2	176	0.7	259
75-84	27	50.9	309	0.7	57	20	37.7	228	0.7	39	0	0.0	0	0.0	0
85 and older	3	60.0	34	0.6	36	1	20.0	12	0.7	7	0	0.0	0	0.0	0
Other Eligibles	198	59.5	2,125	0.7	56	171	51.4	1,879	0.8	44	10	3.0	87	0.1	16
64 or younger	0	0.0	0	0.0	0	1	33.3	1	1.0	137	3	100.0	3	1.3	273
65-74	42	56.0	455	0.6	53	30	40.0	331	0.8	41	2	2.7	24	0.1	3
75-84	86	59.7	948	0.7	60	88	61.1	1,017	0.8	42	4	2.8	48	0.1	10
85 and older	70	63.1	722	0.7	53	52	46.8	530	0.9	51	1	0.9	12	0.1	1
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 6,688 beneficiaries who were in nursing facilities for part of their enrollment and their 69,290 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, ILLINOIS, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	2,186	27.8 %	25,143	0.7	\$58	3,647	46.3 %	41,166	0.8	\$35	1,088	13.8 %	12,214	0.6	\$93
Female	1,060	28.1	12,033	0.7	58	1,973	52.3	22,023	0.8	35	595	15.8	6,539	0.7	108
Disabled	866	30.7	10,066	0.7	59	1,618	57.4	18,456	0.8	37	338	12.0	3,938	0.6	117
64 or younger	758	31.3	8,830	0.7	59	1,352	55.9	15,451	0.8	37	262	10.8	3,050	0.6	128
65-74	96	29.1	1,098	0.7	60	230	69.7	2,603	0.8	34	60	18.2	699	0.6	77
75-84	10	18.5	114	0.7	66	31	57.4	354	0.8	30	13	24.1	153	0.6	79
85 and older	2	11.8	24	1.0	76	5	29.4	48	0.6	13	3	17.6	36	0.6	87
Other Eligibles	194	20.3	1,967	0.7	55	355	37.2	3,567	0.7	28	257	26.9	2,601	0.7	94
64 or younger	1	12.5	12	0.3	14	4	50.0	28	1.5	47	0	0.0	0	0.0	0
65-74	33	29.7	309	0.6	64	56	50.5	586	0.7	23	21	18.9	196	0.8	113
75-84	96	27.4	1,000	0.8	59	183	52.3	1,821	0.7	30	102	29.1	1,086	0.7	91
85 and older	64	13.2	646	0.6	44	112	23.0	1,132	0.7	28	134	27.6	1,319	0.7	94
Male	1,126	27.5	13,110	0.7	58	1,674	40.9	19,143	0.8	35	493	12.0	5,675	0.6	76
Disabled	1,050	27.9	12,246	0.7	58	1,526	40.6	17,486	0.8	35	396	10.5	4,584	0.5	70
64 or younger	974	28.0	11,356	0.7	57	1,406	40.4	16,135	0.8	36	347	10.0	4,008	0.5	69
65-74	57	25.6	662	0.7	61	93	41.7	1,033	0.7	31	32	14.3	376	0.7	80
75-84	19	35.8	228	0.6	51	26	49.1	307	0.7	26	16	30.2	189	0.5	74
85 and older	0	0.0	0	0.0	0	1	20.0	11	0.2	6	1	20.0	11	0.9	127
Other Eligibles	76	22.8	864	0.7	64	148	44.4	1,657	0.6	25	97	29.1	1,091	0.7	98
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	22	29.3	242	0.8	67	39	52.0	426	0.4	16	17	22.7	184	0.6	83
75-84	42	29.2	493	0.7	61	78	54.2	898	0.7	30	47	32.6	540	0.7	103
85 and older	12	10.8	129	0.8	68	31	27.9	333	0.7	25	33	29.7	367	0.7	98
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 6,688 beneficiaries who were in nursing facilities for part of their enrollment and their 69,290 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.medispain.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, ILLINOIS, 2004

Beneficiary Characteristics	ANTICOAGULANTS					HEMATOPOIETIC AGENTS					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	1,532	19.5 %	16,247	0.9	\$69	2,894	36.8 %	32,296	0.7	\$30	7,870	86,633
Female	776	20.6	8,006	1.0	75	1,316	34.9	14,521	0.7	29	3,774	40,702
Disabled	560	19.9	5,954	0.9	85	1,006	35.7	11,249	0.7	31	2,819	31,865
64 or younger	461	19.1	4,977	0.9	81	851	35.2	9,548	0.7	31	2,418	27,436
65-74	85	25.8	858	0.8	114	131	39.7	1,459	0.6	31	330	3,654
75-84	13	24.1	107	0.8	41	22	40.7	218	0.6	16	54	582
85 and older	1	5.9	12	3.5	40	2	11.8	24	0.7	2	17	193
Other Eligibles	216	22.6	2,052	1.1	49	310	32.5	3,272	0.6	25	955	8,837
64 or younger	2	25.0	24	0.8	189	4	50.0	39	0.7	6	8	42
65-74	29	26.1	305	0.9	55	40	36.0	424	0.6	56	111	1,026
75-84	92	26.3	906	1.2	47	118	33.7	1,263	0.7	28	350	3,397
85 and older	93	19.1	817	1.2	43	148	30.5	1,546	0.6	13	486	4,372
Male	756	18.5	8,241	0.9	62	1,578	38.5	17,775	0.7	30	4,096	45,931
Disabled	663	17.6	7,239	0.9	65	1,421	37.8	16,081	0.7	31	3,763	42,501
64 or younger	598	17.2	6,529	0.9	66	1,321	37.9	14,956	0.7	30	3,482	39,349
65-74	54	24.2	582	0.8	71	76	34.1	853	0.8	33	223	2,489
75-84	9	17.0	105	0.7	22	22	41.5	250	0.7	72	53	614
85 and older	2	40.0	23	0.3	6	2	40.0	22	0.7	2	5	49
Other Eligibles	93	27.9	1,002	0.9	41	157	47.1	1,694	0.6	19	333	3,430
64 or younger	2	66.7	2	2.0	460	0	0.0	0	0.0	0	3	3
65-74	24	32.0	269	1.0	23	31	41.3	329	0.6	32	75	766
75-84	36	25.0	394	0.7	43	62	43.1	713	0.6	18	144	1,546
85 and older	31	27.9	337	1.1	52	64	57.7	652	0.5	13	111	1,115
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 6,688 beneficiaries who were in nursing facilities for part of their enrollment and their 69,290 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}
 ILLINOIS, 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	542,424	31.5 %	1.5	2,564,665	\$18	\$30,693,414	\$12	4.0 %	1,721,451
Age									
5 and younger	180,656	38.8	1.3	593,638	12	5,667,867	10	8.8	465,880
6-14	113,493	22.8	0.6	280,558	7	3,408,939	12	3.2	498,108
15-20	47,364	20.8	0.5	123,045	6	1,468,991	12	2.2	228,231
21-44	124,743	32.2	1.6	608,249	21	8,257,508	14	3.5	387,605
45-64	65,125	55.2	6.9	812,294	89	10,523,655	13	4.0	117,883
65-74	6,011	50.6	7.0	82,656	66	778,195	9	3.8	11,871
75-84	3,278	42.4	5.3	41,188	49	378,585	9	3.7	7,736
85 and older	1,749	42.5	5.6	23,024	51	209,534	9	4.8	4,118
Unknown	5	26.3	0.7	13	7	140	11	32.3	19
Basis of Eligibility^c									
Aged	7,458	39.8	4.6	85,411	41	776,665	9	3.6	18,724
Disabled	94,656	53.5	6.4	1,135,861	86	15,254,008	13	3.6	176,988
Adults	114,484	29.7	1.1	411,368	13	5,178,733	13	3.8	385,401
Children	325,608	28.6	0.8	930,715	8	9,466,216	10	4.9	1,139,864
Unknown	218	46.0	2.8	1,310	38	17,792	14	1.5	474
Gender									
Female	332,335	33.0	1.6	1,593,278	19	18,823,275	12	4.3	1,007,627
Male	210,089	29.4	1.4	971,387	17	11,870,139	12	3.6	713,824
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	179,882	27.0	1.4	925,794	18	12,154,377	13	3.1	666,596
African American	201,136	32.2	1.6	972,947	19	11,942,179	12	4.5	624,257
Other/unknown	161,406	37.5	1.5	665,924	15	6,596,858	10	5.8	430,598
Use of Nursing Facilities^d									
Entire year	7,091	90.1	21.9	172,412	234	1,842,415	11	4.0	7,870
Part year	6,037	90.3	15.4	102,757	219	1,463,370	14	5.1	6,688
None	529,296	31.0	1.3	2,289,496	16	27,387,629	12	3.9	1,706,893
Maintenance Assistance Status									
Cash	97,920	49.7	4.6	915,200	58	11,353,665	12	3.8	197,107
Medically needy	114,393	33.4	1.7	587,200	22	7,563,841	13	3.6	342,559
Poverty related	292,790	29.2	0.9	866,316	9	9,094,075	10	5.0	1,004,402
Other/unknown	37,321	21.0	1.1	195,949	15	2,681,833	14	3.2	177,383

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

- 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}
 ILLINOIS, 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	0.2	\$2	\$12	\$0	\$0	16,067,635
Age						
5 and younger	0.1	1	10	0	0	4,240,679
6-14	0.1	1	12	0	0	4,977,993
15-20	0.1	1	12	0	0	2,138,363
21-44	0.2	2	14	0	1	3,357,485
45-64	0.7	9	13	0	2	1,137,140
65-74	0.7	7	9	0	1	114,698
75-84	0.6	5	9	0	1	68,859
85 and older	0.7	6	9	0	1	32,344
Unknown	0.2	2	11	0	0	74
Basis of Eligibility^c						
Aged	0.5	5	9	0	1	159,513
Disabled	0.6	8	13	0	2	1,876,006
Adults	0.1	2	13	0	0	3,193,308
Children	0.1	1	10	0	0	10,834,728
Unknown	0.3	4	14	0	2	4,080
Gender						
Female	0.2	2	12	0	0	9,289,677
Male	0.1	2	12	0	0	6,777,958
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	2	13	0	1	6,158,455
African American	0.2	2	12	0	0	5,961,964
Other/unknown	0.2	2	10	0	0	3,947,216
Use of Nursing Facilities^d						
Entire year	2.0	21	11	0	6	86,633
Part year	1.5	21	14	0	5	69,290
None	0.1	2	12	0	0	15,911,712
Maintenance Assistance Status						
Cash	0.4	5	12	0	1	2,090,158
Medically needy	0.2	3	13	0	1	2,959,997
Poverty related	0.1	1	10	0	0	9,492,253
Other/unknown	0.1	2	14	0	0	1,525,227

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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}
 ILLINOIS, 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	729,181	\$42	\$30,693,414	100.0 %	2,564,665	\$12	100.0 %
Anorexia or weight loss/gain	32	179	5,738	0.0	67	86	0.0
Fertility drugs	21	195	4,096	0.0	44	93	0.0
Drugs for cosmetic purposes	259	16	4,056	0.0	384	11	0.0
Cough and cold medications	168,148	34	5,646,805	18.4	278,322	20	10.9
Vitamins and minerals	26,521	129	3,411,130	11.1	152,179	22	5.9
Non-prescription drugs	448,505	30	13,624,467	44.4	1,699,550	8	66.3
Barbiturates	4,034	75	302,821	1.0	33,983	9	1.3
Benzodiazepines	61,743	91	5,649,144	18.4	348,340	16	13.6
Other Part D Excl Rx Drugs	19,918	103	2,045,157	6.7	51,796	39	2.0

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, ILLINOIS, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	1,839,605	18,729	177,012	406,027	1,237,363	474	17,983,567	159,571	1,879,832	3,550,983	12,389,101	4,080
Age												
5 and younger	498,504	0	2,775	10	495,719	0	4,802,439	0	30,351	55	4,772,033	0
6-14	547,919	1	13,089	58	534,771	0	5,746,741	4	147,848	248	5,598,641	0
15-20	243,710	0	14,594	25,164	203,946	6	2,383,029	0	156,810	221,632	2,004,561	26
21-44	406,336	5	59,222	344,311	2,687	111	3,676,723	23	636,346	3,026,426	13,067	861
45-64	119,385	57	82,312	36,442	218	356	1,158,555	171	852,234	302,256	709	3,185
65-74	11,872	7,362	4,473	35	1	1	114,726	64,042	50,361	311	4	8
75-84	7,738	7,240	490	7	1	0	68,882	63,500	5,326	55	1	0
85 and older	4,121	4,064	57	0	0	0	32,387	31,831	556	0	0	0
Unknown	20	0	0	0	20	0	85	0	0	0	85	0
Gender												
Female	1,076,325	13,114	90,812	348,863	623,063	473	10,423,749	112,002	978,888	3,128,983	6,199,808	4,068
Male	763,280	5,615	86,200	57,164	614,300	1	7,559,818	47,569	900,944	422,000	6,189,293	12
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	675,566	9,188	67,055	179,776	419,183	364	6,340,442	76,258	691,476	1,518,265	4,051,277	3,166
African American	714,917	2,950	90,160	151,536	470,198	73	7,363,471	25,093	980,121	1,453,391	4,904,243	623
Other/unknown	449,122	6,591	19,797	74,715	347,982	37	4,279,654	58,220	208,235	579,327	3,433,581	291
Use of Nursing Facilities^c												
Entire year	7,870	1,277	6,582	9	1	1	86,633	12,222	74,366	28	5	12
Part year	6,688	859	5,593	219	16	1	69,362	7,700	59,344	2,139	167	12
None	1,825,047	16,593	164,837	405,799	1,237,346	472	17,827,572	139,649	1,746,122	3,548,816	12,388,929	4,056
Maintenance Assistance Status												
Cash	213,313	3,559	115,225	15,255	79,274	0	2,348,629	39,330	1,308,479	160,145	840,675	0
Medically needy	360,470	6,383	41,990	308,757	3,340	0	3,253,025	55,388	373,820	2,810,991	12,826	0
Poverty related	1,084,262	1,193	10,256	24,819	1,047,520	474	10,765,417	11,520	101,158	127,347	10,521,312	4,080
Other/unknown	181,560	7,594	9,541	57,196	107,229	0	1,616,496	53,333	96,375	452,500	1,014,288	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,604,472	18,723	176,269	357,446	1,051,560	474	15,386,377	159,510	1,871,160	3,027,369	10,324,258	4,080
FFS part year, with Rx claims	62,996	1	462	18,465	44,068	0	709,270	10	5,445	204,309	499,506	0
FFS part year, no Rx claims	53,983	0	257	9,490	44,236	0	591,202	0	2,956	99,109	489,137	0
MC all year, with Rx claims	1,060	0	1	611	448	0	6,758	0	12	3,991	2,755	0
MC all year, no Rx claims	116,139	5	23	20,015	96,096	0	1,288,108	51	259	216,205	1,071,593	0

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, ILLINOIS, 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	1,839,605	17,983,567	1,721,451	16,067,635	0	1,915,932
Fee-for-service (FFS) all year	1,604,472	15,386,377	1,604,472	15,366,315	0	20,062
FFS part year, with Rx claims	62,996	709,270	62,996	440,371	0	268,899
FFS part year, with no Rx claims	53,983	591,202	53,983	260,949	0	330,253
Managed care (MC) all year, with Rx claims	1,060	6,758	0	0	0	6,758
MC all year, with no Rx claims	116,139	1,288,108	0	0	0	1,288,108

Source: Data for this table are from the MAX 2004 file for Illinois, released by CMS in 00/2007. This table was produced on 04/10/2008.

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.