

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 IDAHO

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TABLE ND.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NONDUAL BENEFICIARIES, IDAHO, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>198,401</b>	<b>348</b>	<b>18,619</b>	<b>34,392</b>	<b>145,042</b>	<b>0</b>	<b>1,830,056</b>	<b>3,696</b>	<b>196,637</b>	<b>242,157</b>	<b>1,387,566</b>	<b>0</b>
<b>Age</b>												
5 and younger	63,565	0	1,453	0	62,112	0	592,046	0	15,086	0	576,960	0
6-14	64,296	0	3,621	0	60,675	0	647,005	0	40,251	0	606,754	0
15-20	27,872	1	2,346	3,405	22,120	0	252,961	12	25,653	23,864	203,432	0
21-44	35,241	1	5,818	29,287	135	0	266,940	12	61,203	205,305	420	0
45-64	7,095	41	5,372	1,682	0	0	67,805	457	54,382	12,966	0	0
65-74	203	184	9	10	0	0	2,084	2,010	62	12	0	0
75-84	89	82	0	7	0	0	822	814	0	8	0	0
85 and older	40	39	0	1	0	0	393	391	0	2	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	110,915	231	9,538	29,452	71,694	0	997,654	2,533	101,402	207,776	685,943	0
Male	87,486	117	9,081	4,940	73,348	0	832,402	1,163	95,235	34,381	701,623	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	178,510	282	17,322	31,450	129,456	0	1,648,519	2,988	182,302	227,858	1,235,371	0
African American	2,148	3	164	341	1,640	0	18,852	32	1,642	2,282	14,896	0
Other/unknown	17,743	63	1,133	2,601	13,946	0	162,685	676	12,693	12,017	137,299	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	174	32	142	0	0	0	1,738	329	1,409	0	0	0
Part year	291	27	253	9	2	0	2,978	275	2,593	96	14	0
None	197,936	289	18,224	34,383	145,040	0	1,825,340	3,092	192,635	242,061	1,387,552	0
<b>Maintenance Assistance Status</b>												
Cash	47,367	139	17,093	10,943	19,192	0	457,857	1,555	179,842	89,411	187,049	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	125,000	0	2	12,824	112,174	0	1,137,085	0	13	69,019	1,068,053	0
Other/unknown	26,034	209	1,524	10,625	13,676	0	235,114	2,141	16,782	83,727	132,464	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	198,401	348	18,619	34,392	145,042	0	1,830,056	3,696	196,637	242,157	1,387,566	0
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	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 Idaho, 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<sup>a, b</sup>  
NONDUAL BENEFICIARIES, IDAHO, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>60.4 %</b>	<b>7.1</b>	<b>\$437</b>	<b>\$62</b>	<b>\$3,187</b>	<b>13.7 %</b>	<b>198,401</b>
<b>Age</b>							
5 and younger	62.2	3.0	124	41	1,957	6.3	63,565
6-14	52.5	3.7	244	65	1,919	12.7	64,296
15-20	59.2	5.8	371	64	3,021	12.3	27,872
21-44	68.0	13.1	855	65	5,653	15.1	35,241
45-64	81.1	47.6	3,088	65	13,486	22.9	7,095
65-74	83.3	44.2	2,242	51	14,627	15.3	203
75-84	68.5	44.6	2,148	48	17,039	12.6	89
85 and older	87.5	53.1	2,277	43	22,253	10.2	40
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	84.5	50.2	2,508	50	16,930	14.8	348
Disabled	81.4	34.6	2,631	76	16,449	16.0	18,619
Adults	65.0	8.3	417	50	3,114	13.4	34,392
Children	56.5	3.2	155	49	1,469	10.5	145,042
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	62.4	8.1	465	57	3,230	14.4	110,915
Male	57.9	5.8	402	70	3,132	12.8	87,486
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	61.2	7.4	458	62	3,284	13.9	178,510
African American	53.9	4.6	287	62	2,289	12.5	2,148
Other/unknown	53.0	4.6	245	53	2,317	10.6	17,743
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	96.6	98.9	6,226	63	60,238	10.3	174
Part year	97.6	83.5	5,207	62	57,278	9.1	291
None	60.3	6.9	425	62	3,057	13.9	197,936
<b>Maintenance Assistance Status</b>							
Cash	70.7	17.9	1,255	70	7,566	16.6	47,367
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	55.7	3.0	136	46	1,565	8.7	125,000
Other/unknown	64.2	7.1	394	55	3,005	13.1	26,034

Source: Data for this table are from the MAX 2004 file for Idaho, 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<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, IDAHO, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	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
<b>All</b>	<b>0.8</b>	<b>\$47</b>	<b>13.7 %</b>	<b>39.6 %</b>	<b>49.0 %</b>	<b>4.7 %</b>	<b>4.3 %</b>	<b>1.8 %</b>	<b>0.7 %</b>	<b>\$346</b>	<b>198,401</b>	<b>1,830,056</b>
<b>Age</b>												
5 and younger	0.3	13	6.3	37.8	59.4	2.1	0.7	0.1	0.0	210	63,565	592,046
6-14	0.4	24	12.7	47.5	46.5	3.2	2.5	0.3	0.0	191	64,296	647,005
15-20	0.6	41	12.3	40.8	48.1	6.1	4.2	0.8	0.1	333	27,872	252,961
21-44	1.7	113	15.1	32.0	42.0	9.8	10.2	4.5	1.4	746	35,241	266,940
45-64	5.0	323	22.9	18.9	17.5	9.6	22.4	20.5	11.1	1,411	7,095	67,805
65-74	4.3	218	15.3	16.7	22.2	13.3	21.7	16.7	9.4	1,425	203	2,084
75-84	4.8	233	12.6	31.5	14.6	4.5	18.0	18.0	13.5	1,845	89	822
85 and older	5.4	232	10.2	12.5	12.5	5.0	27.5	27.5	15.0	2,265	40	393
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	4.7	236	14.8	15.5	19.3	10.1	21.6	21.3	12.4	1,594	348	3,696
Disabled	3.3	249	16.0	18.6	30.3	11.4	20.3	13.5	6.1	1,558	18,619	196,637
Adults	1.2	59	13.4	35.0	45.1	9.1	7.8	2.4	0.5	442	34,392	242,157
Children	0.3	16	10.5	43.5	52.4	2.7	1.3	0.1	0.0	154	145,042	1,387,566
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	0.9	52	14.4	37.6	49.3	5.2	4.7	2.2	0.9	359	110,915	997,654
Male	0.6	42	12.8	42.1	48.5	4.0	3.7	1.2	0.4	329	87,486	832,402
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.8	50	13.9	38.8	49.3	4.9	4.4	1.9	0.7	356	178,510	1,648,519
African American	0.5	33	12.5	46.1	45.1	4.3	3.5	0.6	0.3	261	2,148	18,852
Other/unknown	0.5	27	10.6	47.0	46.5	2.7	2.4	1.1	0.3	253	17,743	162,685
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	9.9	623	10.3	3.4	1.7	3.4	17.2	35.6	38.5	6,031	174	1,738
Part year	8.2	509	9.1	2.4	6.9	5.8	23.0	34.7	27.1	5,597	291	2,978
None	0.7	46	13.9	39.7	49.1	4.7	4.2	1.7	0.6	332	197,936	1,825,340
<b>Maintenance Assistance Status</b>												
Cash	1.9	130	16.6	29.3	42.5	8.0	11.1	6.4	2.7	783	47,367	457,857
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.3	15	8.7	44.3	51.4	2.9	1.2	0.1	0.0	172	125,000	1,137,085
Other/unknown	0.8	44	13.1	35.8	49.2	6.9	6.3	1.6	0.3	333	26,034	235,114

Source: Data for this table are from the MAX 2004 file for Idaho, 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, IDAHO, 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
<b>All</b>	<b>0.8</b>	<b>\$47</b>	<b>\$62</b>	<b>0.3</b>	<b>\$36</b>	<b>\$116</b>	<b>0.0</b>	<b>\$3</b>	<b>\$71</b>	<b>0.4</b>	<b>\$9</b>	<b>\$22</b>
<b>Age</b>												
5 and younger	0.3	13	41	0.1	9	92	0.0	1	44	0.2	3	16
6-14	0.4	24	65	0.2	20	103	0.0	1	61	0.2	3	21
15-20	0.6	41	64	0.3	32	115	0.0	2	63	0.3	7	22
21-44	1.7	113	65	0.6	84	132	0.1	6	80	1.0	23	22
45-64	5.0	323	65	1.9	232	120	0.3	23	90	2.8	68	24
65-74	4.3	218	51	1.5	161	104	0.2	7	43	2.6	50	19
75-84	4.8	233	48	1.6	162	103	0.2	11	45	3.0	59	20
85 and older	5.4	232	43	1.8	147	83	0.6	24	43	3.0	60	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.7	236	50	1.6	167	104	0.2	11	46	2.8	58	20
Disabled	3.3	249	76	1.4	193	136	0.2	14	83	1.7	42	25
Adults	1.2	59	50	0.4	41	107	0.0	4	77	0.8	15	20
Children	0.3	16	49	0.1	12	91	0.0	1	50	0.2	3	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	0.9	52	57	0.3	38	112	0.0	3	68	0.5	11	21
Male	0.6	42	70	0.3	33	123	0.0	2	77	0.3	7	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.8	50	62	0.3	37	117	0.0	3	71	0.4	10	22
African American	0.5	33	62	0.2	26	110	0.0	1	54	0.3	6	20
Other/unknown	0.5	27	53	0.2	19	110	0.0	2	69	0.3	6	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	9.9	623	63	3.1	414	131	0.8	59	76	5.9	148	25
Part year	8.2	509	62	2.8	358	127	0.5	37	77	4.8	113	23
None	0.7	46	62	0.3	35	116	0.0	3	71	0.4	9	22
<b>Maintenance Assistance Status</b>												
Cash	1.9	130	70	0.8	99	130	0.1	7	81	1.0	24	24
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	15	46	0.1	11	89	0.0	1	50	0.2	3	18
Other/unknown	0.8	44	55	0.3	32	103	0.0	3	64	0.4	9	20

Source: Data for this table are from the MAX 2004 file for Idaho, 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 Idaho, 1.0 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, IDAHO, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users					\$ per Benefit Month Among Users					\$ per Rx				Users <sup>e</sup>		
	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	\$10	\$5	\$1	\$3	\$44	\$85	\$69	\$23	187,352	\$8,200,381	78,424	39.5 %	834,612
Biologicals	0.2	0.2	0.0	0.0	212	199	0	13	874	884	15	929	1,329	1,161,904	553	0.3	5,484
Antineoplastic Agents	0.6	0.2	0.0	0.3	158	137	2	19	285	729	134	54	2,519	717,928	435	0.2	4,551
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.3	26	19	2	6	51	91	30	22	118,713	6,033,816	22,179	11.2	229,656
Cardiovascular Agents	1.1	0.4	0.0	0.6	40	28	1	11	38	72	40	17	102,125	3,893,027	9,170	4.6	96,773
Respiratory Agents	0.4	0.2	0.0	0.2	18	14	0	3	51	84	39	18	178,514	9,036,238	47,215	23.8	508,816
Gastrointestinal Agents	0.4	0.2	0.0	0.2	30	23	2	5	68	122	65	22	63,987	4,379,050	13,794	7.0	144,766
Genitourinary Agents	0.2	0.1	0.0	0.1	13	9	1	2	52	80	43	24	15,618	819,151	6,335	3.2	63,947
CNS Drugs	1.0	0.6	0.0	0.4	95	79	3	12	92	142	85	29	267,625	24,729,479	25,073	12.6	260,835
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	58	53	0	5	83	91	63	40	56,551	4,683,414	7,329	3.7	81,040
Miscellaneous Psychological/																	
Neurological Agents	0.6	0.6	0.0	0.1	242	240	0	2	380	424	0	28	2,633	1,000,748	379	0.2	4,141
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	19	11	1	7	42	161	364	18	172,170	7,171,068	36,471	18.4	372,134
Neuromuscular Agents	0.8	0.4	0.1	0.3	66	48	10	9	84	132	123	26	104,258	8,757,796	12,332	6.2	131,997
Nutritional Products	0.2	0.0	0.0	0.2	3	0	0	3	13	21	11	12	33,094	414,693	15,088	7.6	150,031
Hematological Agents	0.6	0.2	0.1	0.4	121	111	4	7	191	700	45	17	11,304	2,154,874	1,716	0.9	17,766
Topical Products	0.2	0.1	0.0	0.1	7	4	0	2	36	70	49	20	82,095	2,946,227	41,818	21.1	450,025
Miscellaneous Products	0.6	0.3	0.1	0.3	140	97	16	27	221	349	225	95	1,943	429,541	299	0.2	3,065
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	36	0	0	0	3,750	133,622	1,410	0.7	15,649
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>1,405,580</b>	<b>86,662,957</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Idaho, 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 Idaho, 1.0 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, IDAHO, 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	\$14,309,527	11,148	5.6 %	123,481	0.6	\$181	\$116
ANTIDEPRESSANTS	9,102,241	26,587	13.4	280,691	0.5	63	32
ANTICONVULSANT	7,702,413	9,166	4.6	101,134	0.7	106	76
ANTIASTHMATIC	5,517,453	29,327	14.8	319,444	0.3	63	17
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	4,683,414	8,860	4.5	98,684	0.6	83	47
ANALGESICS - Narcotic	3,886,812	41,491	20.9	427,687	0.3	33	9
ULCER DRUGS	3,371,792	12,885	6.5	136,629	0.4	69	25
ANTIDIABETIC	2,645,205	5,265	2.7	56,470	0.7	67	47
ANALGESICS - ANTI-INFLAMMATORY	2,076,743	15,998	8.1	164,793	0.2	51	13
PENICILLINS	2,055,897	60,160	30.3	653,929	0.1	25	3
<b>Total</b>	<b>55,351,497</b>	<b>220,887</b>		<b>2,362,942</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Idaho, 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, IDAHO, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	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 Benefit Month	Number of Users	Users as % of All Benes	Number of Months Among Users	Number of Rx per Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>771,643</b>	<b>\$55,351,497</b>	<b>11,148</b>	<b>5.6 %</b>	<b>123,481</b>	<b>0.6</b>	<b>\$116</b>	<b>26,587</b>	<b>13.4 %</b>	<b>280,691</b>	<b>0.5</b>	<b>\$32</b>
<b>Female</b>	473,100	31,896,643	5,862	5.3	64,699	0.6	106	19,010	17.1	198,539	0.5	33
<b>Disabled</b>	226,946	19,059,842	3,332	34.9	38,018	0.7	135	6,633	69.5	75,134	0.7	43
5 and younger	2,614	175,767	13	2.2	156	0.6	79	19	3.1	228	0.5	13
6-14	11,687	1,020,448	283	21.8	3,288	0.6	107	335	25.8	3,863	0.6	25
15-20	11,050	1,023,314	266	27.6	3,078	0.7	115	424	43.9	4,810	0.6	34
21-44	87,732	7,610,242	1,615	49.1	18,323	0.7	131	2,884	87.8	32,642	0.6	41
45-64	113,852	9,229,438	1,155	34.1	13,173	0.8	153	2,970	87.8	33,586	0.7	48
65-74	11	633	0	0.0	0	0.0	0	1	33.3	5	0.6	40
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	246,154	12,836,801	2,530	2.5	26,681	0.4	64	12,377	12.2	123,405	0.4	27
5 and younger	30,501	988,983	30	0.1	349	0.3	42	48	0.2	561	0.3	7
6-14	43,999	2,660,346	590	2.0	6,726	0.5	74	1,433	4.8	16,226	0.4	20
15-20	36,354	1,872,256	543	3.7	5,910	0.4	57	2,503	17.1	26,527	0.3	22
21-44	117,920	6,201,796	1,243	4.9	12,399	0.4	59	7,643	30.3	72,788	0.4	30
45-64	12,793	815,395	89	7.8	903	0.5	88	650	56.7	6,209	0.6	38
65-74	2,917	198,417	27	21.1	298	1.0	141	68	53.1	748	0.7	28
75-84	1,148	62,822	3	5.3	36	0.8	23	20	35.1	214	0.8	34
85 and older	522	36,786	5	18.5	60	1.0	60	12	44.4	132	1.0	59
<b>Male</b>	298,543	23,454,854	5,286	6.0	58,782	0.7	127	7,577	8.7	82,152	0.5	31
<b>Disabled</b>	143,393	13,911,573	3,170	34.9	35,910	0.8	153	3,582	39.4	40,196	0.6	38
5 and younger	3,606	245,119	42	4.9	494	0.4	62	32	3.8	376	0.4	14
6-14	29,933	2,876,515	866	37.3	10,015	0.7	124	761	32.7	8,812	0.6	28
15-20	19,754	2,119,631	615	44.5	7,133	0.7	137	575	41.6	6,597	0.6	39
21-44	46,552	4,985,780	1,135	44.8	12,685	0.9	181	1,245	49.2	13,860	0.7	42
45-64	43,395	3,671,320	509	25.6	5,556	0.9	171	967	48.6	10,536	0.7	41
65-74	153	13,208	3	50.0	27	1.5	173	2	33.3	15	1.1	95
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	155,150	9,543,281	2,116	2.7	22,872	0.5	86	3,995	5.1	41,956	0.4	24
5 and younger	39,882	1,501,425	71	0.2	819	0.4	52	62	0.2	693	0.3	9
6-14	67,310	4,827,717	1,119	3.6	12,654	0.5	91	1,830	5.9	20,420	0.4	22
15-20	25,574	1,834,103	657	6.0	7,002	0.5	80	1,131	10.4	11,880	0.4	25
21-44	17,333	1,054,205	221	5.3	1,924	0.6	88	807	19.2	7,378	0.4	29
45-64	3,903	255,944	29	5.0	265	0.6	110	145	25.1	1,375	0.5	34
65-74	745	42,252	11	16.7	114	1.5	122	11	16.7	122	0.5	26
75-84	252	18,184	6	18.8	72	0.7	83	5	15.6	49	0.8	39
85 and older	151	9,451	2	15.4	22	0.6	109	4	30.8	39	0.4	19
<b>Unknown</b>	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 Idaho, 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, IDAHO, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					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	
<b>All</b>	<b>9,166</b>	<b>4.6 %</b>	<b>101,134</b>	<b>0.7</b>	<b>\$76</b>	<b>29,327</b>	<b>14.8 %</b>	<b>319,444</b>	<b>0.3</b>	<b>\$17</b>	<b>8,860</b>	<b>4.5 %</b>	<b>98,684</b>	<b>0.6</b>	<b>\$48</b>
<b>Female</b>	5,665	5.1	62,230	0.7	73	15,798	14.2	170,791	0.3	18	2,748	2.5	30,725	0.5	45
<b>Disabled</b>	3,387	35.5	38,665	0.8	88	3,954	41.5	45,118	0.4	29	726	7.6	8,415	0.6	51
5 and younger	61	10.1	724	0.8	97	184	30.5	2,083	0.3	20	14	2.3	160	0.4	40
6-14	277	21.4	3,213	0.7	80	249	19.2	2,843	0.3	20	329	25.4	3,787	0.7	52
15-20	243	25.2	2,848	0.8	109	168	17.4	1,906	0.3	14	103	10.7	1,192	0.6	52
21-44	1,530	46.6	17,359	0.8	92	1,365	41.5	15,672	0.4	24	189	5.8	2,212	0.6	52
45-64	1,276	37.7	14,521	0.9	81	1,986	58.7	22,604	0.5	36	91	2.7	1,064	0.6	47
65-74	0	0.0	0	0.0	0	2	66.7	10	0.3	16	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	2,278	2.2	23,565	0.5	47	11,844	11.7	125,673	0.2	14	2,022	2.0	22,310	0.5	43
5 and younger	69	0.2	761	0.4	42	3,759	12.4	41,064	0.2	10	64	0.2	717	0.4	26
6-14	351	1.2	3,951	0.5	52	2,996	10.1	33,301	0.2	15	1,355	4.6	15,167	0.5	43
15-20	378	2.6	4,116	0.4	42	1,674	11.4	17,963	0.2	12	278	1.9	3,045	0.5	42
21-44	1,307	5.2	13,017	0.5	48	3,070	12.2	29,855	0.3	17	301	1.2	3,136	0.4	42
45-64	136	11.9	1,314	0.6	47	278	24.3	2,753	0.4	33	23	2.0	233	0.5	42
65-74	21	16.4	237	0.9	55	46	35.9	507	0.6	45	1	0.8	12	0.6	8
75-84	12	21.1	128	0.9	67	19	33.3	213	0.5	32	0	0.0	0	0.0	0
85 and older	4	14.8	41	1.0	80	2	7.4	17	0.2	22	0	0.0	0	0.0	0
<b>Male</b>	3,501	4.0	38,904	0.8	82	13,529	15.5	148,653	0.3	16	6,112	7.0	67,959	0.6	49
<b>Disabled</b>	2,379	26.2	27,001	0.9	95	2,248	24.8	25,168	0.4	27	1,565	17.2	18,068	0.7	58
5 and younger	88	10.4	1,019	0.6	83	279	32.9	3,141	0.3	17	50	5.9	563	0.4	33
6-14	527	22.7	6,148	0.8	83	482	20.7	5,521	0.3	21	1,002	43.1	11,518	0.7	57
15-20	391	28.3	4,561	0.9	100	232	16.8	2,652	0.3	19	366	26.5	4,265	0.7	65
21-44	897	35.4	10,092	0.9	112	470	18.6	5,257	0.4	26	119	4.7	1,398	0.6	56
45-64	476	23.9	5,181	0.8	72	780	39.2	8,564	0.5	39	28	1.4	324	0.8	61
65-74	0	0.0	0	0.0	0	5	83.3	33	0.7	49	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,122	1.4	11,903	0.5	52	11,281	14.4	123,485	0.2	14	4,547	5.8	49,891	0.5	45
5 and younger	93	0.3	1,031	0.4	36	5,537	17.4	60,820	0.2	12	223	0.7	2,513	0.3	26
6-14	468	1.5	5,220	0.5	48	4,223	13.7	47,119	0.3	17	3,533	11.4	38,981	0.6	46
15-20	279	2.6	3,009	0.6	65	1,063	9.8	11,215	0.3	15	712	6.5	7,669	0.5	50
21-44	234	5.6	2,159	0.5	56	362	8.6	3,415	0.3	15	69	1.6	626	0.5	40
45-64	41	7.1	410	0.5	45	74	12.8	660	0.4	30	10	1.7	102	0.5	67
65-74	7	10.6	74	1.1	30	8	12.1	90	0.4	32	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	9	28.1	108	0.4	28	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	5	38.5	58	0.9	61	0	0.0	0	0.0	0
<b>Unknown</b>	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 Idaho, 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, IDAHO, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ULCER DRUGS					ANTIDIABETIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Month	Mean Rx \$ per Month
<b>All</b>	<b>41,491</b>	<b>20.9 %</b>	<b>427,687</b>	<b>0.3</b>	<b>\$9</b>	<b>12,885</b>	<b>6.5 %</b>	<b>136,629</b>	<b>0.4</b>	<b>\$25</b>	<b>5,265</b>	<b>2.7 %</b>	<b>56,470</b>	<b>0.7</b>	<b>\$47</b>
<b>Female</b>	29,766	26.8	303,258	0.3	9	8,761	7.9	93,199	0.4	25	3,784	3.4	40,609	0.7	45
<b>Disabled</b>	6,775	71.0	76,513	0.5	21	3,519	36.9	40,220	0.5	36	2,089	21.9	23,751	0.8	52
5 and younger	70	11.6	814	0.1	1	131	21.7	1,412	0.3	18	2	0.3	24	0.4	11
6-14	136	10.5	1,586	0.1	2	98	7.6	1,148	0.4	21	22	1.7	256	0.6	39
15-20	324	33.6	3,694	0.2	3	130	13.5	1,500	0.3	21	75	7.8	880	0.8	49
21-44	2,980	90.7	33,666	0.4	17	1,282	39.0	14,747	0.5	33	631	19.2	7,246	0.7	50
45-64	3,262	96.4	36,738	0.5	29	1,877	55.5	21,408	0.6	41	1,359	40.2	15,345	0.8	53
65-74	3	100.0	15	0.3	10	1	33.3	5	0.2	26	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	22,991	22.7	226,745	0.2	4	5,242	5.2	52,979	0.2	16	1,695	1.7	16,858	0.6	36
5 and younger	1,357	4.5	15,198	0.1	1	818	2.7	7,691	0.2	10	14	0.0	155	0.6	38
6-14	2,417	8.1	27,334	0.1	1	734	2.5	8,360	0.2	10	180	0.6	1,981	0.6	42
15-20	4,717	32.2	48,786	0.2	2	892	6.1	9,439	0.2	11	200	1.4	2,128	0.5	35
21-44	13,625	54.0	126,587	0.3	5	2,444	9.7	23,831	0.3	20	1,032	4.1	9,937	0.5	31
45-64	731	63.8	7,251	0.4	15	270	23.6	2,697	0.4	32	181	15.8	1,666	0.7	50
65-74	75	58.6	850	0.5	12	51	39.8	592	0.6	43	56	43.8	648	0.8	56
75-84	49	86.0	531	0.5	24	23	40.4	272	0.6	38	24	42.1	255	0.9	44
85 and older	20	74.1	208	0.5	50	10	37.0	97	0.9	66	8	29.6	88	0.8	46
<b>Male</b>	11,725	13.4	124,429	0.3	11	4,124	4.7	43,430	0.4	24	1,481	1.7	15,861	0.7	51
<b>Disabled</b>	3,353	36.9	36,579	0.4	26	1,715	18.9	19,028	0.5	37	940	10.4	10,310	0.8	52
5 and younger	116	13.7	1,328	0.1	1	127	15.0	1,416	0.3	21	4	0.5	48	0.4	28
6-14	263	11.3	3,103	0.1	2	148	6.4	1,692	0.4	28	30	1.3	347	0.5	29
15-20	343	24.8	3,947	0.2	2	140	10.1	1,620	0.5	32	34	2.5	396	0.7	46
21-44	1,186	46.8	12,981	0.4	21	607	24.0	6,784	0.5	37	253	10.0	2,817	0.8	51
45-64	1,437	72.2	15,169	0.6	43	688	34.6	7,465	0.6	43	616	31.0	6,666	0.8	55
65-74	8	133.3	51	0.5	12	5	83.3	51	0.6	63	3	50.0	36	0.5	47
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	8,372	10.7	87,850	0.2	4	2,409	3.1	24,402	0.2	15	541	0.7	5,551	0.7	49
5 and younger	1,792	5.6	20,123	0.1	1	1,018	3.2	9,750	0.2	11	17	0.1	197	0.9	54
6-14	2,306	7.5	25,994	0.1	1	557	1.8	6,326	0.2	10	154	0.5	1,764	0.8	58
15-20	2,169	19.9	22,954	0.1	2	338	3.1	3,618	0.2	13	96	0.9	981	0.6	47
21-44	1,796	42.8	15,862	0.4	14	372	8.9	3,515	0.3	27	171	4.1	1,600	0.6	43
45-64	271	47.0	2,521	0.4	20	97	16.8	912	0.5	35	78	13.5	745	0.6	43
65-74	26	39.4	279	0.4	6	19	28.8	205	0.5	36	18	27.3	201	0.5	35
75-84	8	25.0	75	0.3	9	7	21.9	66	0.4	43	6	18.8	51	0.5	24
85 and older	4	30.8	42	0.6	11	1	7.7	10	1.0	73	1	7.7	12	1.0	9
<b>Unknown</b>	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 Idaho, 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, IDAHO, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					PENICILLINS					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 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		
<b>All</b>	<b>15,998</b>	<b>8.1 %</b>	<b>164,793</b>	<b>0.2</b>	<b>\$13</b>	<b>60,160</b>	<b>30.3 %</b>	<b>653,929</b>	<b>0.1</b>	<b>\$3</b>	<b>198,401</b>	<b>1,830,056</b>
<b>Female</b>	12,274	11.1	125,133	0.2	13	33,270	30.0	359,150	0.1	3	110,915	997,654
<b>Disabled</b>	3,087	32.4	35,453	0.4	31	3,249	34.1	37,655	0.1	4	9,538	101,402
5 and younger	2	0.3	24	0.8	37	373	61.8	4,299	0.1	4	604	6,129
6-14	33	2.5	382	0.2	21	444	34.2	5,189	0.1	4	1,297	14,355
15-20	132	13.7	1,527	0.2	8	301	31.2	3,503	0.1	3	965	10,504
21-44	1,322	40.2	15,132	0.3	20	1,165	35.5	13,459	0.1	4	3,286	35,055
45-64	1,598	47.2	18,388	0.4	43	966	28.6	11,205	0.1	5	3,383	35,351
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	8
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	9,187	9.1	89,680	0.2	6	30,021	29.6	321,495	0.1	3	101,377	896,252
5 and younger	14	0.0	164	0.2	3	13,182	43.4	143,484	0.1	3	30,367	281,966
6-14	618	2.1	7,013	0.1	4	7,588	25.5	85,274	0.1	3	29,775	298,634
15-20	2,237	15.3	23,476	0.1	3	3,345	22.8	35,540	0.1	3	14,652	127,531
21-44	5,910	23.4	54,866	0.2	7	5,600	22.2	53,974	0.1	4	25,225	176,697
45-64	340	29.7	3,378	0.3	16	268	23.4	2,789	0.1	4	1,146	9,233
65-74	46	35.9	526	0.5	52	26	20.3	290	0.1	3	128	1,361
75-84	17	29.8	197	0.5	23	9	15.8	108	0.1	3	57	554
85 and older	5	18.5	60	0.3	16	3	11.1	36	0.1	1	27	276
<b>Male</b>	3,724	4.3	39,660	0.2	11	26,890	30.7	294,779	0.1	3	87,486	832,402
<b>Disabled</b>	1,337	14.7	14,968	0.3	20	2,543	28.0	29,116	0.1	4	9,081	95,235
5 and younger	3	0.4	29	0.7	31	479	56.4	5,489	0.2	4	849	8,957
6-14	46	2.0	539	0.2	19	776	33.4	9,114	0.1	4	2,324	25,896
15-20	163	11.8	1,888	0.2	6	334	24.2	3,875	0.1	4	1,381	15,149
21-44	524	20.7	5,904	0.3	12	573	22.6	6,495	0.1	5	2,532	26,148
45-64	599	30.1	6,593	0.4	30	381	19.2	4,143	0.1	6	1,989	19,031
65-74	2	33.3	15	0.1	1	0	0.0	0	0.0	0	6	54
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	2,387	3.0	24,692	0.2	6	24,347	31.1	265,663	0.1	3	78,405	737,167
5 and younger	8	0.0	95	0.1	3	14,815	46.7	160,893	0.1	3	31,745	294,994
6-14	464	1.5	5,270	0.1	1	6,972	22.6	78,448	0.1	3	30,900	308,120
15-20	1,039	9.6	11,238	0.1	4	1,703	15.7	18,493	0.1	3	10,874	99,777
21-44	729	17.4	6,641	0.2	10	744	17.7	6,729	0.1	4	4,198	29,040
45-64	118	20.5	1,143	0.3	16	101	17.5	978	0.1	3	577	4,190
65-74	19	28.8	195	0.4	19	7	10.6	64	0.1	6	66	661
75-84	7	21.9	76	0.5	31	2	6.3	24	0.1	9	32	268
85 and older	3	23.1	34	0.4	30	3	23.1	34	0.2	15	13	117
<b>Unknown</b>	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 Idaho, 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.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<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, IDAHO, 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
<b>All</b>	<b>\$623</b>	<b>9.9</b>	<b>174</b>	<b>1,738</b>
<b>Age</b>				
0-64	663	10.3	142	1,409
65-74	483	8.6	10	109
75-84	581	9.0	12	117
85 and older	283	6.4	10	103
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	626	10.2	115	1,193
Male	619	9.3	59	545
Unknown	0	0.0	0	0
<b>Race</b>				
White	636	10.1	167	1,662
African American	238	5.4	1	12
Other/unknown	371	6.6	6	64
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	455	8.1	32	329
Disabled	663	10.3	142	1,409
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 Idaho, 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 291 beneficiaries who were in nursing facilities for part of their enrollment and their 2,978 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<sup>a, b, c, d, e</sup>  
 NONDUAL BENEFICIARIES, IDAHO, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total 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			Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.7	0.2	0.1	0.4	\$59	\$32	\$11	\$16	\$86	\$131	\$185	\$42	880	\$75,510	119	68.4 %	1,287
Biologicals	0.1	0.0	0.0	0.1	2	0	0	2	25	14	0	29	7	173	7	4.0	82
Antineoplastic Agents	1.0	0.2	0.0	0.8	229	141	0	88	229	631	0	114	58	13,310	7	4.0	58
Endocrine/Metabolic Drugs	1.6	0.7	0.2	0.7	70	54	6	10	42	73	27	14	1,706	72,146	99	56.9	1,034
Cardiovascular Agents	1.9	0.5	0.1	1.4	56	32	1	23	29	69	15	16	2,189	62,645	108	62.1	1,123
Respiratory Agents	1.1	0.5	0.0	0.6	57	45	0	13	52	88	12	21	896	46,338	78	44.8	808
Gastrointestinal Agents	1.2	0.3	0.1	0.8	55	35	5	16	47	105	47	21	1,327	61,797	107	61.5	1,115
Genitourinary Agents	0.8	0.6	0.1	0.2	62	47	6	8	73	84	118	37	501	36,641	53	30.5	594
CNS Drugs	2.1	0.9	0.2	1.1	188	143	13	32	89	165	72	31	3,119	278,867	143	82.2	1,487
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.3	31	21	0	10	67	105	0	39	21	1,417	4	2.3	46
Miscellaneous Psychological/Neurological Agents	1.2	1.2	0.0	0.0	593	593	0	0	498	498	0	0	161	80,121	12	6.9	135
Analgesics and Anesthetics	1.7	0.4	0.0	1.2	74	47	1	26	45	112	63	22	2,066	92,425	123	70.7	1,246
Neuromuscular Agents	1.9	0.4	0.4	1.0	138	55	41	42	74	124	105	40	2,283	168,226	115	66.1	1,222
Nutritional Products	0.9	0.0	0.0	0.9	18	0	0	18	20	4	0	20	586	11,666	62	35.6	641
Hematological Agents	1.4	0.2	0.1	1.1	120	105	1	14	88	472	18	13	626	54,874	49	28.2	458
Topical Products	0.6	0.1	0.1	0.4	21	8	2	11	34	65	42	24	656	22,028	98	56.3	1,052
Miscellaneous Products	0.2	0.0	0.0	0.1	11	10	0	1	70	385	0	6	6	417	5	2.9	38
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	19	0	0	0	42	0	0	0	113	4,708	25	14.4	247
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	17,201	1,083,309	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Idaho, 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 291 beneficiaries who were in nursing facilities for part of their enrollment and their 2,978 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 Idaho, 1.0 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, IDAHO, 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	\$175,270	94	54.0 %	1,034	0.9	\$193	\$170
ANTICONVULSANT	111,751	104	59.8	1,146	1.2	78	98
ANTIDEPRESSANTS	87,757	164	94.3	1,738	0.9	57	50
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	80,121	15	8.6	169	1.0	498	474
ANALGESICS - Narcotic	67,853	155	89.1	1,514	1.1	42	45
ULCER DRUGS	47,006	102	58.6	1,075	0.8	53	44
ANTIDIABETIC	43,434	78	44.8	808	1.0	56	54
HEMATOPOIETIC AGENTS	40,869	29	16.7	310	0.7	180	132
ANTIASTHMATIC	37,116	82	47.1	874	0.8	56	42
MUSCULOSKELETAL THERAPY AGENTS	29,633	55	31.6	607	1.0	51	49
<b>Total</b>	<b>720,810</b>	<b>878</b>		<b>9,275</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Idaho, 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 291 beneficiaries who were in nursing facilities for part of their enrollment and their 2,978 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, IDAHO, 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 \$
<b>All</b>	<b>8,758</b>	<b>\$720,810</b>	<b>94</b>	<b>54.0 %</b>	<b>1,034</b>	<b>0.9</b>	<b>\$170</b>	<b>104</b>	<b>59.8 %</b>	<b>1,146</b>	<b>1.2</b>	<b>\$98</b>
<b>Female</b>	6,205	522,117	72	62.6	822	0.8	156	73	63.5	806	1.2	87
<b>Disabled</b>	5,248	447,451	59	65.6	677	0.8	178	66	73.3	734	1.2	85
64 or younger	5,248	447,451	59	65.6	677	0.8	178	66	73.3	734	1.2	85
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	957	74,666	13	52.0	145	0.7	53	7	28.0	72	1.1	105
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	322	16,544	6	85.7	61	0.5	55	1	14.3	12	0.9	17
75-84	446	45,307	3	30.0	36	0.8	23	5	50.0	48	1.2	114
85 and older	189	12,815	4	50.0	48	0.9	74	1	12.5	12	1.1	153
<b>Male</b>	2,553	198,693	22	37.3	212	1.1	222	31	52.5	340	1.3	124
<b>Disabled</b>	2,378	184,488	19	36.5	178	1.1	211	29	55.8	316	1.4	131
64 or younger	2,378	184,488	19	36.5	178	1.1	211	29	55.8	316	1.4	131
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	175	14,205	3	42.9	34	1.1	277	2	28.6	24	1.0	24
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	103	10,243	2	66.7	24	1.0	307	2	66.7	24	1.0	24
75-84	3	106	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	69	3,856	1	50.0	10	1.1	207	0	0.0	0	0.0	0
<b>Unknown</b>	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 Idaho, 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 291 beneficiaries who were in nursing facilities for part of their enrollment and their 2,978 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.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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, IDAHO, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - Narcotic				
	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 \$
<b>All</b>	<b>164</b>	<b>94.3 %</b>	<b>1,738</b>	<b>0.9</b>	<b>\$51</b>	<b>15</b>	<b>8.6 %</b>	<b>169</b>	<b>1.0</b>	<b>\$474</b>	<b>155</b>	<b>89.1 %</b>	<b>1,514</b>	<b>1.1</b>	<b>\$45</b>
<b>Female</b>	111	96.5	1,237	0.9	49	14	12.2	157	0.9	509	108	93.9	1,119	0.9	40
<b>Disabled</b>	89	98.9	1,010	0.9	52	12	13.3	133	1.0	584	81	90.0	836	1.0	42
64 or younger	89	98.9	1,010	0.9	52	12	13.3	133	1.0	584	81	90.0	836	1.0	42
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	22	88.0	227	0.9	40	2	8.0	24	0.8	94	27	108.0	283	0.7	34
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	7	100.0	73	0.9	35	0	0.0	0	0.0	0	6	85.7	72	0.4	6
75-84	8	80.0	77	0.8	22	2	20.0	24	0.8	94	15	150.0	155	0.8	44
85 and older	7	87.5	77	1.1	64	0	0.0	0	0.0	0	6	75.0	56	0.7	40
<b>Male</b>	53	89.8	501	0.8	53	1	1.7	12	1.0	18	47	79.7	395	1.4	58
<b>Disabled</b>	49	94.2	466	0.8	52	1	1.9	12	1.0	18	41	78.8	338	1.6	67
64 or younger	49	94.2	466	0.8	52	1	1.9	12	1.0	18	41	78.8	338	1.6	67
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	4	57.1	35	0.8	64	0	0.0	0	0.0	0	6	85.7	57	0.7	10
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	1	33.3	12	1.1	124	0	0.0	0	0.0	0	2	66.7	24	0.7	13
75-84	1	50.0	1	1.0	79	0	0.0	0	0.0	0	1	50.0	1	1.0	6
85 and older	2	100.0	22	0.6	30	0	0.0	0	0.0	0	3	150.0	32	0.7	8
<b>Unknown</b>	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 Idaho, 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 291 beneficiaries who were in nursing facilities for part of their enrollment and their 2,978 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, IDAHO, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					HEMATOPOIETIC AGENTS				
	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 \$
<b>All</b>	<b>102</b>	<b>58.6 %</b>	<b>1,075</b>	<b>0.8</b>	<b>\$44</b>	<b>78</b>	<b>44.8 %</b>	<b>808</b>	<b>1.0</b>	<b>\$54</b>	<b>29</b>	<b>16.7 %</b>	<b>310</b>	<b>0.7</b>	<b>\$132</b>
<b>Female</b>	68	59.1	755	0.8	41	52	45.2	582	1.0	53	23	20.0	245	0.7	95
<b>Disabled</b>	61	67.8	679	0.8	42	41	45.6	453	0.9	50	17	18.9	176	0.6	5
64 or younger	61	67.8	679	0.8	42	41	45.6	453	0.9	50	17	18.9	176	0.6	5
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	7	28.0	76	0.7	24	11	44.0	129	1.0	63	6	24.0	69	0.7	325
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	36	0.7	22	7	100.0	84	1.0	64	2	28.6	24	0.7	5
75-84	3	30.0	36	0.7	20	4	40.0	45	1.0	61	4	40.0	45	0.7	496
85 and older	1	12.5	4	1.5	73	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male</b>	34	57.6	320	0.8	51	26	44.1	226	0.9	55	6	10.2	65	1.0	272
<b>Disabled</b>	32	61.5	298	0.8	52	24	46.2	213	0.9	58	6	11.5	65	1.0	272
64 or younger	32	61.5	298	0.8	52	24	46.2	213	0.9	58	6	11.5	65	1.0	272
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	2	28.6	22	1.0	43	2	28.6	13	1.0	10	0	0.0	0	0.0	0
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	1	33.3	12	1.0	17	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	1	50.0	1	1.0	21	0	0.0	0	0.0	0
85 and older	1	50.0	10	1.0	73	1	50.0	12	1.0	9	0	0.0	0	0.0	0
<b>Unknown</b>	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 Idaho, 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 291 beneficiaries who were in nursing facilities for part of their enrollment and their 2,978 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, IDAHO, 2004

Beneficiary Characteristics	ANTIASTHMATIC					MUSCULOSKELETAL THERAPY 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
<b>All</b>	<b>82</b>	<b>47.1 %</b>	<b>874</b>	<b>0.8</b>	<b>\$43</b>	<b>55</b>	<b>31.6 %</b>	<b>607</b>	<b>1.0</b>	<b>\$49</b>	<b>174</b>	<b>1,738</b>
<b>Female</b>	61	53.0	652	0.8	48	37	32.2	426	1.0	52	115	1,193
<b>Disabled</b>	48	53.3	511	0.8	52	33	36.7	378	1.0	55	90	935
64 or younger	48	53.3	511	0.8	52	33	36.7	378	1.0	55	90	935
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	13	52.0	141	0.6	33	4	16.0	48	0.7	30	25	258
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	5	71.4	60	0.8	47	2	28.6	24	0.6	37	7	73
75-84	7	70.0	69	0.5	27	2	20.0	24	0.9	23	10	104
85 and older	1	12.5	12	0.1	1	0	0.0	0	0.0	0	8	81
<b>Male</b>	21	35.6	222	0.7	26	18	30.5	181	0.9	42	59	545
<b>Disabled</b>	20	38.5	212	0.7	27	17	32.7	169	0.9	43	52	474
64 or younger	20	38.5	212	0.7	27	17	32.7	169	0.9	43	52	474
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	1	14.3	10	0.2	2	1	14.3	12	1.0	26	7	71
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	1	33.3	12	1.0	26	3	36
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	13
85 and older	1	50.0	10	0.2	2	0	0.0	0	0.0	0	2	22
<b>Unknown</b>	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 Idaho, 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 291 beneficiaries who were in nursing facilities for part of their enrollment and their 2,978 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<sup>a,b</sup>  
 IDAHO, 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
<b>All</b>	<b>35,262</b>	<b>17.8 %</b>	<b>0.5</b>	<b>100,971</b>	<b>\$10</b>	<b>\$2,055,824</b>	<b>\$20</b>	<b>2.4 %</b>	<b>198,401</b>
<b>Age</b>									
5 and younger	13,396	21.1	0.4	24,724	8	483,545	20	6.2	63,565
6-14	8,013	12.5	0.2	14,265	5	318,662	22	2.0	64,296
15-20	3,534	12.7	0.3	7,491	8	225,092	30	2.2	27,872
21-44	7,300	20.7	0.8	29,744	17	584,798	20	1.9	35,241
45-64	2,905	40.9	3.3	23,672	60	428,314	18	2.0	7,095
65-74	68	33.5	2.8	568	38	7,752	14	1.7	203
75-84	28	31.5	3.8	337	55	4,906	15	2.6	89
85 and older	18	45.0	4.3	170	69	2,755	16	3.0	40
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	125	35.9	3.5	1,224	52	18,060	15	2.1	348
Disabled	6,311	33.9	2.3	42,769	52	964,130	23	2.0	18,619
Adults	5,877	17.1	0.5	17,062	8	282,286	17	2.0	34,392
Children	22,949	15.8	0.3	39,916	5	791,348	20	3.5	145,042
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	20,968	18.9	0.6	66,332	12	1,286,614	19	2.5	110,915
Male	14,294	16.3	0.4	34,639	9	769,210	22	2.2	87,486
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	31,917	17.9	0.5	93,240	11	1,896,579	20	2.3	178,510
African American	281	13.1	0.3	565	5	11,503	20	1.9	2,148
Other/unknown	3,064	17.3	0.4	7,166	8	147,742	21	3.4	17,743
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	106	60.9	8.7	1,515	161	28,085	19	2.6	174
Part year	203	69.8	6.8	1,992	118	34,361	17	2.3	291
None	34,953	17.7	0.5	97,464	10	1,993,378	20	2.4	197,936
<b>Maintenance Assistance Status</b>									
Cash	12,127	25.6	1.2	57,493	25	1,205,667	21	2.0	47,367
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	18,527	14.8	0.3	31,918	5	623,296	20	3.7	125,000
Other/unknown	4,608	17.7	0.4	11,560	9	226,861	20	2.2	26,034

Source: Data for this table are from the MAX 2004 file for Idaho, 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<sup>a,b</sup>  
 IDAHO, 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
<b>All</b>	<b>0.1</b>	<b>\$1</b>	<b>\$20</b>	<b>\$0</b>	<b>\$0</b>	<b>1,830,056</b>
<b>Age</b>						
5 and younger	0.0	1	20	0	0	592,046
6-14	0.0	0	22	0	0	647,005
15-20	0.0	1	30	0	0	252,961
21-44	0.1	2	20	0	1	266,940
45-64	0.3	6	18	0	3	67,805
65-74	0.3	4	14	0	2	2,084
75-84	0.4	6	15	0	2	822
85 and older	0.4	7	16	0	1	393
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	5	15	0	2	3,696
Disabled	0.2	5	23	0	3	196,637
Adults	0.1	1	17	0	0	242,157
Children	0.0	1	20	0	0	1,387,566
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.1	1	19	0	0	997,654
Male	0.0	1	22	0	0	832,402
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.1	1	20	0	0	1,648,519
African American	0.0	1	20	0	0	18,852
Other/unknown	0.0	1	21	0	0	162,685
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.9	16	19	0	7	1,738
Part year	0.7	12	17	0	5	2,978
None	0.1	1	20	0	0	1,825,340
<b>Maintenance Assistance Status</b>						
Cash	0.1	3	21	0	1	457,857
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	1	20	0	0	1,137,085
Other/unknown	0.0	1	20	0	0	235,114

Source: Data for this table are from the MAX 2004 file for Idaho, 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<sup>a,b,c</sup>  
 IDAHO, 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
<b>All</b>	<b>40,353</b>	<b>\$51</b>	<b>\$2,055,824</b>	<b>100.0 %</b>	<b>100,971</b>	<b>\$20</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	2	72	143	0.0	3	48	0.0
Drugs for cosmetic purposes	103	16	1,623	0.1	146	11	0.1
Cough and cold medications	24,163	39	939,217	45.7	41,604	23	41.2
Vitamins and minerals	5,088	45	226,751	11.0	14,783	15	14.6
Non-prescription drugs	3,825	19	72,411	3.5	6,498	11	6.4
Barbiturates	242	64	15,393	0.7	1,795	9	1.8
Benzodiazepines	6,031	107	647,805	31.5	33,270	19	33.0
Other Part D Excl Rx Drugs	899	170	152,481	7.4	2,872	53	2.8

Source: Data for this table are from the MAX 2004 file for Idaho, 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<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, IDAHO, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>198,401</b>	<b>348</b>	<b>18,619</b>	<b>34,392</b>	<b>145,042</b>	<b>0</b>	<b>1,830,056</b>	<b>3,696</b>	<b>196,637</b>	<b>242,157</b>	<b>1,387,566</b>	<b>0</b>
<b>Age</b>												
5 and younger	63,565	0	1,453	0	62,112	0	592,046	0	15,086	0	576,960	0
6-14	64,296	0	3,621	0	60,675	0	647,005	0	40,251	0	606,754	0
15-20	27,872	1	2,346	3,405	22,120	0	252,961	12	25,653	23,864	203,432	0
21-44	35,241	1	5,818	29,287	135	0	266,940	12	61,203	205,305	420	0
45-64	7,095	41	5,372	1,682	0	0	67,805	457	54,382	12,966	0	0
65-74	203	184	9	10	0	0	2,084	2,010	62	12	0	0
75-84	89	82	0	7	0	0	822	814	0	8	0	0
85 and older	40	39	0	1	0	0	393	391	0	2	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	110,915	231	9,538	29,452	71,694	0	997,654	2,533	101,402	207,776	685,943	0
Male	87,486	117	9,081	4,940	73,348	0	832,402	1,163	95,235	34,381	701,623	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	178,510	282	17,322	31,450	129,456	0	1,648,519	2,988	182,302	227,858	1,235,371	0
African American	2,148	3	164	341	1,640	0	18,852	32	1,642	2,282	14,896	0
Other/unknown	17,743	63	1,133	2,601	13,946	0	162,685	676	12,693	12,017	137,299	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	174	32	142	0	0	0	1,738	329	1,409	0	0	0
Part year	291	27	253	9	2	0	2,978	275	2,593	96	14	0
None	197,936	289	18,224	34,383	145,040	0	1,825,340	3,092	192,635	242,061	1,387,552	0
<b>Maintenance Assistance Status</b>												
Cash	47,367	139	17,093	10,943	19,192	0	457,857	1,555	179,842	89,411	187,049	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	125,000	0	2	12,824	112,174	0	1,137,085	0	13	69,019	1,068,053	0
Other/unknown	26,034	209	1,524	10,625	13,676	0	235,114	2,141	16,782	83,727	132,464	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	198,401	348	18,619	34,392	145,042	0	1,830,056	3,696	196,637	242,157	1,387,566	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

0  
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Source: Data for this table are from the MAX 2004 file for Idaho, 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<sup>a</sup>  
 NONDUAL BENEFICIARIES, IDAHO, 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
<b>All</b>	<b>198,401</b>	<b>1,830,056</b>	<b>198,401</b>	<b>1,830,056</b>	<b>0</b>	<b>0</b>
Fee-for-service (FFS) all year	198,401	1,830,056	198,401	1,830,056	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for Idaho, 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.