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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
CALIFORNIA

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 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
CALIFORNIA, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	10611919 (A)	1156126 (E)	9455793 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	9580920 (B)	1139383 (F)	8441537 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	6569109 (C)	969691 (G)	5599418 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	58765 (D)	51357 (H)	7408 (L)

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.
a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2006 (based on MAX data element "Eligible Restricted Benefits Flag").
c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2006, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
d. The total Medicaid pharmacy reimbursement for California in 2006 was $2,232,016,969, of which $207,408,339 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI. In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.
f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2006. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.
g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2006. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.
Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]
CALIFORNIA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**6,569,109**	**626,212**	**886,921**	**2,994,034**	**2,053,960**	**7,982**	**48,450,154**	**6,597,438**	**9,587,250**	**21,178,998**	**11,009,321**	**77,147**
Age												
5 and younger	950,317	0	15,336	6	934,972	3	4,546,189	0	138,972	7	4,407,186	24
6-14	687,277	0	40,070	163	647,042	2	4,189,212	0	429,812	453	3,758,923	24
15-20	907,957	0	36,305	417,771	453,861	20	6,145,577	0	389,548	2,987,765	2,768,080	184
21-44	2,583,029	4	223,801	2,339,230	18,052	1,942	19,199,512	21	2,413,746	16,693,306	74,978	17,461
45-64	663,135	38	422,165	235,311	17	5,604	6,048,687	273	4,505,182	1,487,581	71	55,580
65-74	370,440	263,800	104,933	1,296	0	411	3,944,756	2,727,667	1,204,985	8,230	0	3,874
75-84	284,798	247,766	36,813	218	1	0	3,113,094	2,689,237	422,361	1,486	10	0
85 and older	122,149	114,604	7,498	39	8	0	1,263,107	1,180,240	82,644	170	53	0
Unknown	7	0	0	0	7	0	20	0	0	0	20	0
Gender												
Female	4,403,410	393,791	452,182	2,476,102	1,073,362	7,973	33,047,874	4,176,014	4,947,829	18,019,501	5,827,487	77,043
Male	2,165,695	232,421	434,737	517,930	980,598	9	15,402,256	2,421,424	4,639,400	3,159,494	5,181,834	104
Unknown	4	0	2	2	0	0	24	0	21	3	0	0
Race												
White	1,620,218	192,622	374,078	642,614	408,957	1,947	13,570,577	1,981,571	4,052,925	4,583,136	2,933,518	19,427
African American	567,275	35,012	147,221	213,676	170,875	491	4,222,981	358,114	1,579,495	1,341,783	938,732	4,857
Other/unknown	4,381,616	398,578	365,622	2,137,744	1,474,128	5,544	30,656,596	4,257,753	3,954,830	15,254,079	7,137,071	52,863
Use of Nursing Facilities[c]												
Entire year	58,765	45,306	13,360	49	46	4	603,405	458,088	144,377	420	494	26
Part year	53,303	33,720	19,102	343	101	37	525,648	321,944	200,210	2,399	749	346
None	6,457,041	547,186	854,459	2,993,642	2,053,813	7,941	47,321,101	5,817,406	9,242,663	21,176,179	11,008,078	76,775
Maintenance Assistance Status												
Cash	2,471,123	339,251	722,372	501,688	907,812	0	19,593,096	3,835,681	8,053,841	2,629,414	5,074,160	0
Medically needy	427,926	168,803	63,775	56,245	139,103	0	3,004,845	1,590,721	557,265	212,110	644,749	0
Poverty-related	456,262	101,224	65,923	83,973	197,160	7,982	3,024,992	995,612	636,871	418,094	897,268	77,147
Other/unknown	3,213,798	16,934	34,851	2,352,128	809,885	0	22,827,221	175,424	339,273	17,919,380	4,393,144	0
Dual Medicare Status[d]												
Full dual, all year	957,386	543,236	404,126	9,446	76	502	10,369,135	5,812,368	4,483,650	67,413	539	5,165
Full dual, part year	12,305	8,869	3,285	150	1	0	113,328	82,708	29,507	1,109	4	0
Non-dual, all year	5,599,418	74,107	479,510	2,984,438	2,053,883	7,480	37,967,691	702,362	5,074,093	21,110,476	11,008,778	71,982
Managed Care (MC) Status												
Fee-for-service (FFS) all year	5,405,485	609,923	849,795	2,655,292	1,282,627	7,848	44,489,916	6,517,675	9,397,175	20,076,254	8,422,252	76,560
FFS part year, with Rx claims	347,867	6,265	21,993	106,813	212,712	84	1,478,576	37,154	125,410	436,971	878,601	440
FFS part year, no Rx claims	815,757	10,024	15,133	231,929	558,621	50	2,481,662	42,609	64,665	665,773	1,708,468	147

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table 2 includes the beneficiaries represented by Cell C 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.
d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually

eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
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.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

CALIFORNIA, 2006

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	**32.5**	**3.3**	**$308**	**$95**	**$3,038**	**10.1**	**6,569,109**
Age							
5 and younger	32.6	1.2	50	43	1,411	3.5	950,317
6-14	28.4	1.7	183	107	1,754	10.5	687,277
15-20	25.6	1.3	137	107	1,348	10.2	907,957
21-44	30.3	2.2	230	106	1,763	13.0	2,583,029
45-64	50.7	14.3	1,418	99	8,061	17.6	663,135
65-74	38.5	4.7	349	74	5,235	6.7	370,440
75-84	34.3	3.0	178	60	8,464	2.1	284,798
85 and older	31.8	2.2	98	44	15,876	0.6	122,149
Unknown	0.0	0.0	0	0	292	0.0	7
Basis of Eligibility[e]							
Aged	34.3	3.4	226	67	8,025	2.8	626,212
Disabled	58.1	15.2	1,661	109	11,980	13.9	886,921
Adults	27.1	1.1	81	72	636	12.7	2,994,034
Children	28.7	1.2	77	66	1,140	6.7	2,053,960
Unknown	66.4	11.5	1,319	115	8,060	16.4	7,982
Gender							
Female	33.1	3.0	259	86	2,625	9.9	4,403,410
Male	31.2	3.7	407	109	3,880	10.5	2,165,695
Unknown	25.0	8.0	1,341	168	1,800	74.5	4
Race							
White	37.1	5.5	536	98	5,232	10.2	1,620,218
African American	32.6	4.6	473	103	4,629	10.2	567,275
Other/unknown	30.8	2.3	203	90	2,022	10.0	4,381,616
Use of Nursing Facilities[f]							
Entire year	46.8	13.0	963	74	49,596	1.9	58,765
Part year	55.5	12.9	1,010	79	30,916	3.3	53,303
None	32.2	3.1	296	96	2,385	12.4	6,457,041
Maintenance Assistance Status							
Cash	41.9	6.2	614	99	5,001	12.3	2,471,123
Medically needy	38.7	5.3	477	89	10,588	4.5	427,926
Poverty related	30.5	2.1	169	81	2,806	6.0	456,262
Other/unknown	24.8	0.9	71	80	557	12.7	3,213,798

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table 3 includes beneficiaries represented by Cell C 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]

CALIFORNIA, 2006

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: 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	Mean $, All Medicaid FFS $[d]	Number: Beneficiaries	Benefit Months
All	**0.4**	**$42**	**10.1**	**67.5**	**26.4**	**2.4**	**2.7**	**0.9**	**0.2**	**$412**	**6,569,109**	**48,450,154**
Age												
5 and younger	0.2	10	3.5	67.4	29.9	2.0	0.7	0.1	0.0	295	950,317	4,546,189
6-14	0.3	30	10.5	71.6	24.8	2.1	1.3	0.2	0.0	288	687,277	4,189,212
15-20	0.2	20	10.2	74.4	23.2	1.4	0.9	0.1	0.0	199	907,957	6,145,577
21-44	0.3	31	13.0	69.7	26.4	1.7	1.6	0.5	0.1	237	2,583,029	19,199,512
45-64	1.6	156	17.6	49.3	23.5	7.2	13.1	5.7	1.2	884	663,135	6,048,687
65-74	0.4	33	6.7	61.5	29.5	3.9	3.9	1.0	0.2	492	370,440	3,944,756
75-84	0.3	16	2.1	65.7	29.5	2.2	2.0	0.5	0.1	774	284,798	3,113,094
85 and older	0.2	9	0.6	68.2	28.3	1.8	1.3	0.4	0.0	1,535	122,149	1,263,107
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	102	7	20
Basis of Eligibility[e]												
Aged	0.3	21	2.8	65.7	28.0	2.9	2.7	0.6	0.1	762	626,212	6,597,438
Disabled	1.4	154	13.9	41.9	30.4	7.8	13.1	5.6	1.1	1,108	886,921	9,587,250
Adults	0.2	11	12.7	72.9	25.0	1.1	0.8	0.1	0.0	90	2,994,034	21,178,998
Children	0.2	14	6.7	71.3	26.1	1.8	0.8	0.1	0.0	213	2,053,960	11,009,321
Unknown	1.2	137	16.4	33.6	38.1	12.8	13.3	2.0	0.2	834	7,982	77,147
Gender												
Female	0.4	35	9.9	66.9	27.7	2.1	2.3	0.8	0.2	350	4,403,410	33,047,874
Male	0.5	57	10.5	68.8	23.6	3.0	3.3	1.1	0.2	546	2,165,695	15,402,256
Unknown	1.3	224	74.5	75.0	0.0	0.0	25.0	0.0	0.0	300	4	24
Race												
White	0.7	64	10.2	62.9	27.3	3.3	4.3	1.8	0.4	625	1,620,218	13,570,577
African American	0.6	64	10.2	67.4	23.6	3.2	4.1	1.5	0.3	622	567,275	4,222,981
Other/unknown	0.3	29	10.0	69.2	26.4	2.0	1.9	0.5	0.1	289	4,381,616	30,656,596
Use of Nursing Facilities[f]												
Entire year	1.3	94	1.9	53.2	30.2	3.8	4.5	5.3	2.9	4,830	58,765	603,405
Part year	1.3	102	3.3	44.5	36.2	4.3	6.9	5.9	2.3	3,135	53,303	525,648
None	0.4	41	12.4	67.8	26.2	2.4	2.6	0.8	0.1	325	6,457,041	47,321,101
Maintenance Assistance Status												
Cash	0.8	77	12.3	58.1	30.1	4.1	5.2	2.0	0.4	631	2,471,123	19,593,096
Medically needy	0.8	68	4.5	61.3	25.8	5.4	5.6	1.5	0.3	1,508	427,926	3,004,845
Poverty related	0.3	25	6.0	69.5	26.1	2.2	1.7	0.4	0.0	423	456,262	3,024,992
Other/unknown	0.1	10	12.7	75.2	23.6	0.8	0.4	0.1	0.0	78	3,213,798	22,827,221

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table 4 includes the beneficiaries represented by Cell C 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

CALIFORNIA, 2006

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	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	**0.4**	**$42**	**$95**	**0.2**	**$30**	**$198**	**0.0**	**$3**	**$129**	**0.3**	**$8**	**$31**
Age												
5 and younger	0.2	10	43	0.0	7	164	0.0	1	56	0.2	3	17
6-14	0.3	30	107	0.1	24	223	0.0	2	99	0.2	4	26
15-20	0.2	20	107	0.1	16	218	0.0	2	102	0.1	3	28
21-44	0.3	31	106	0.1	23	218	0.0	3	121	0.2	6	35
45-64	1.6	156	99	0.6	112	198	0.1	13	153	0.9	30	33
65-74	0.4	33	74	0.2	23	147	0.0	3	131	0.3	7	27
75-84	0.3	16	60	0.1	11	135	0.0	1	122	0.2	4	23
85 and older	0.2	9	44	0.0	6	119	0.0	1	97	0.2	3	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	0.3	21	67	0.1	15	138	0.0	2	127	0.2	5	24
Disabled	1.4	154	109	0.5	115	224	0.1	12	148	0.8	27	33
Adults	0.2	11	72	0.1	7	131	0.0	1	105	0.1	3	34
Children	0.2	14	66	0.1	10	180	0.0	1	80	0.1	3	19
Unknown	1.2	137	115	0.4	103	236	0.1	12	162	0.7	22	33
Gender												
Female	0.4	35	86	0.1	24	174	0.0	3	124	0.2	7	31
Male	0.5	57	109	0.2	44	236	0.0	4	138	0.3	10	31
Unknown	1.3	224	168	0.8	196	235	0.1	16	187	0.4	12	30
Race												
White	0.7	64	98	0.2	46	198	0.0	6	137	0.4	12	32
African American	0.6	64	103	0.2	47	233	0.0	5	144	0.4	12	30
Other/unknown	0.3	29	90	0.1	21	189	0.0	2	116	0.2	6	30
Use of Nursing Facilities[e]												
Entire year	1.3	94	74	0.4	64	175	0.0	5	115	0.9	24	28
Part year	1.3	102	79	0.4	71	184	0.1	7	136	0.9	24	28
None	0.4	41	96	0.1	29	199	0.0	3	129	0.2	8	31
Maintenance Assistance Status												
Cash	0.8	77	99	0.3	57	213	0.0	6	136	0.5	14	31
Medically needy	0.8	68	89	0.3	51	180	0.0	5	129	0.4	12	28
Poverty related	0.3	25	81	0.1	18	207	0.0	2	136	0.2	5	26
Other/unknown	0.1	10	80	0.0	7	138	0.0	1	97	0.1	2	36

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table 5 includes the beneficiaries represented by Cell C 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 California, 1.8 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.medi-span.com/master-drug-database.aspx

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.

All Medicaid Beneficiaries

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

CALIFORNIA, 2006

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	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	0.3	0.0	0.0	0.2	$24	$17	$2	$4	$94	$352	$82	$23	2,145,790	$201,069,605	920,533	14.0	8,474,411
Biologicals	0.1	0.1	0.0	0.0	131	123	6	1	877	987	5,183	38	14,794	12,967,823	9,578	0.1	99,314
Antineoplastic Agents	0.4	0.2	0.0	0.3	155	127	1	27	364	835	356	100	75,350	27,407,962	16,875	0.3	177,356
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	33	22	3	8	86	129	92	44	2,711,657	232,107,977	736,100	11.2	7,046,435
Cardiovascular Agents	0.9	0.4	0.1	0.5	66	46	8	13	70	113	141	26	3,116,407	218,258,407	314,235	4.8	3,292,027
Respiratory Agents	0.4	0.1	0.0	0.2	22	17	1	5	63	129	82	22	1,900,475	119,834,477	536,729	8.2	5,425,425
Gastrointestinal Agents	0.4	0.3	0.0	0.2	57	50	3	3	128	189	281	21	1,189,916	152,156,066	256,239	3.9	2,690,375
Genitourinary Agents	0.2	0.1	0.0	0.1	14	7	2	4	68	100	96	41	403,175	27,447,316	208,002	3.2	2,000,900
CNS Drugs	0.8	0.3	0.1	0.4	110	87	8	15	134	261	127	35	3,873,968	518,816,205	441,344	6.7	4,733,514
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	72	63	5	3	138	153	163	47	177,703	24,588,056	31,826	0.5	342,938
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	131	130	0	0	302	304	141	113	47,080	14,210,000	9,920	0.2	108,781
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	27	11	6	9	65	264	302	28	2,291,896	150,108,485	580,448	8.8	5,642,332
Neuromuscular Agents	0.7	0.2	0.0	0.5	67	40	2	24	96	210	106	50	1,560,098	149,502,088	203,922	3.1	2,237,661
Nutritional Products	0.2	0.0	0.0	0.2	5	0	0	5	21	35	31	20	211,183	4,339,844	98,188	1.5	895,393
Hematological Agents	0.4	0.1	0.0	0.3	77	70	0	7	188	957	42	20	513,151	96,258,646	114,926	1.7	1,244,885
Topical Products	0.3	0.1	0.0	0.2	11	7	0	4	44	97	68	22	1,015,076	44,319,038	439,714	6.7	4,054,653
Miscellaneous Products	0.2	0.2	0.0	0.1	65	56	4	5	267	364	319	62	106,867	28,583,528	46,682	0.7	441,316
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	15	0	0	0	84	0	0	0	31,179	2,633,107	16,973	0.3	179,620
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.	21,385,765	2,024,608,630	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table 6 includes the beneficiaries represented by Cell C 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.medi-span.com/master-drug-database.aspx.

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 California, 1.8 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.medi-span.com/master-drug-database.aspx.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

CALIFORNIA, 2006

		Users		Among Users			
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$352,664,011	186,157	2.8	2,077,825	0.6	$293	$170
ANTICONVULSANT	135,285,051	191,529	2.9	2,122,138	0.6	111	64
ANTIVIRAL	125,343,138	59,505	0.9	609,942	0.5	453	206
ULCER DRUGS	118,562,198	247,381	3.8	2,649,090	0.3	133	45
ANTIDEPRESSANTS	106,837,158	278,288	4.2	3,007,840	0.4	79	36
CONTRACEPTIVES	103,486,538	547,255	8.3	5,138,364	0.2	88	20
ANTIHYPERLIPIDEMIC	96,974,382	173,852	2.6	1,899,710	0.4	130	51
ANTIASTHMATIC	87,303,610	395,343	6.0	3,924,800	0.3	80	22
ANTIDIABETIC	83,119,196	198,452	3.0	2,079,860	0.5	87	40
ANALGESICS - Narcotic	80,911,777	394,855	6.0	4,045,670	0.3	66	20
Total	1,290,487,059	2,672,617	n.a.	27,555,239	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for California, released by CMS in 5/2009. This table was produced on 03/24/2010.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.

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.