INTRODUCTION AND OVERVIEW

This chartbook, prepared for the Centers for Medicare & Medicaid Services (CMS) by Mathematica Policy Research, Inc., presents highlights and key comparisons from the Statistical Compendium on Medicaid pharmacy benefit use and reimbursement in 2001. The 37 exhibits in the chartbook are summarized below.

Beneficiary Characteristics and Illustrative Use and Reimbursement Measures

Exhibit 1: Distribution of Medicaid Study Population Beneficiary Characteristics
Exhibit 2: Illustrative Measures for Study Population Pharmacy Benefit Use and Reimbursement

Study Population Characteristics

Exhibit 3: Distribution of Medicaid Study Population by Age Group, Nondual and Dual Eligible Beneficiaries
Exhibit 4: Distribution of Medicaid Study Population by Disability Status, Nondual and Dual Eligible Beneficiaries
Exhibit 5: Distribution of Medicaid Study Population by Race, Nondual and Dual Eligible Beneficiaries

Medicaid Pharmacy Reimbursement and Use, by Type of Beneficiary

Exhibit 6: Average Monthly Medicaid Pharmacy Reimbursement, by Age Group
Exhibit 7: Distribution of Age Groups and Total Pharmacy Reimbursement
Exhibit 8: Average Monthly Medicaid Pharmacy Reimbursement, by Basis of Eligibility and Dual Status
Exhibit 9: Percentage of Beneficiaries with at Least One Prescription Drug Claim, by Dual Eligibility Status
Exhibit 10: Average Annual Number of Prescription Drug Claims per Beneficiary, by Dual Eligibility Status
Exhibit 11: Number of Prescriptions per Benefit Month, by Basis of Eligibility and Dual Eligibility Status
Exhibit 12: Average Annual Prescription Drug Spending per Beneficiary, by Dual Eligibility Status
Exhibit 13: Distribution of Dual Eligibility Status and Total Pharmacy Reimbursement

Medicaid Pharmacy Use and Reimbursement, Nondual Beneficiaries

Exhibit 14: Distribution of Beneficiaries and Total Pharmacy Reimbursement Among Nondual Beneficiaries, by Basis of Eligibility
Exhibit 15: Total Annual Medicaid Reimbursement for Top 10 Drug Groups Among Nondual Beneficiaries
Exhibit 16: Percentage of Pharmacy Reimbursement and Users for Top 10 Drug Groups Among Nondual Beneficiaries
Exhibit 17: Percentage of Pharmacy Reimbursement and Users for Top 7 Therapeutic Categories Among Nondual Beneficiaries
Exhibit 18: Average Monthly Medicaid Pharmacy Reimbursement Among Nondual Beneficiaries, by State
Exhibit 19: Generic Prescriptions as Percentage of All Prescriptions Among Nondual Beneficiaries, by State

Medicaid Pharmacy Use and Reimbursement, Dual Eligible Beneficiaries

Exhibit 20: Distribution of Beneficiaries and Total Pharmacy Reimbursement Among Dual Eligibles, by Basis of Eligibility
Exhibit 21: Total Annual Medicaid Reimbursement for Top 10 Drug Groups Among Dual Eligibles
Exhibit 22: Percentage of Pharmacy Reimbursement and Users for Top 10 Drug Groups Among Dual Eligibles
Exhibit 23: Percentage of Pharmacy Reimbursement and Users for Top 7 Therapeutic Categories Among Dual Eligibles
Exhibit 24: Distribution of Annual Pharmacy Reimbursement for Dual Eligibles, Under-Age-65 Disabled vs. Age 65 and Older
Exhibit 25: Average Monthly Medicaid Pharmacy Reimbursement Among Dual Eligibles, by Use of Nursing Facilities
Exhibit 26: Average Monthly Medicaid Pharmacy Reimbursement Among Dual Eligibles, by State
Exhibit 27: Generic Prescriptions as a Percentage of All Prescriptions Among Dual Eligibles, by State
Exhibit 28: Average Annual Pharmacy Reimbursement Amount per Beneficiary for Aged Dual Eligibles, by State
Exhibit 29: Average Annual Pharmacy Reimbursement Amount per Beneficiary for Under-Age-65 Disabled Dual Eligible Beneficiaries, by State
Exhibit 30: Average Annual Pharmacy Reimbursement Amount per Beneficiary for Dual Eligible All-Year Nursing Facility Residents, by State

Medicaid Pharmacy Use and Reimbursement, Drugs Excluded by Statute from Medicare Part D

Exhibit 31: Percentage of Medicaid Beneficiaries Using at Least One Part D Excluded Drug
Exhibit 32: Annual Medicaid Pharmacy Reimbursement for Part D Excluded Drugs, Nondual and Dual Eligible Beneficiaries
Exhibit 33: Annual Medicaid Pharmacy Reimbursement for Part D Excluded Drugs for Nondual and Dual Eligible Beneficiaries as a Percentage of Total Annual Medicaid Reimbursement for Nondual and Dual Eligible Beneficiaries

Medicaid Pharmacy Use and Reimbursement, 1999 and 2001

Exhibit 34: Number of Medicaid Beneficiaries by Basis of Eligibility, 1999 and 2001
Exhibit 35: Average Monthly Medicaid Pharmacy Reimbursement by Basis of Eligibility, 1999 and 2001
Exhibit 36: Number of Dual Eligible Full-Year Nursing Facility Residents and Under-Age-65 Disabled Dual Eligible Beneficiaries Compared to All Duals, 1999 and 2001
Exhibit 37: Average Monthly Medicaid Pharmacy Reimbursement for Dual Eligible Full-Year Nursing Facility Residents and Under-Age-65 Disabled Dual Eligible Beneficiaries Compared to Average for All Duals, 1999 and 2001
BENEFICIARY CHARACTERISTICS AND ILLUSTRATIVE USE AND REIMBURSEMENT MEASURES
### EXHIBIT 1

**DISTRIBUTION OF MEDICAID STUDY POPULATION
BENEFICIARY CHARACTERISTICS, 2001**

<table>
<thead>
<tr>
<th>Beneficiary Characteristics</th>
<th>Among All Medicaid Beneficiaries&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Among Nondual Beneficiaries&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Among Dual Eligibles&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Among Beneficiaries Who Resided in Nursing Facilities All Year&lt;sup&gt;c&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 and younger</td>
<td>20</td>
<td>24</td>
<td>&lt; 1</td>
<td></td>
</tr>
<tr>
<td>6–14</td>
<td>21</td>
<td>25</td>
<td>&lt; 1</td>
<td></td>
</tr>
<tr>
<td>15–20</td>
<td>12</td>
<td>14</td>
<td>&lt; 1</td>
<td></td>
</tr>
<tr>
<td>21–44</td>
<td>26</td>
<td>28</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>45–64</td>
<td>9</td>
<td>7</td>
<td>19</td>
<td>12&lt;sup&gt;e&lt;/sup&gt;</td>
</tr>
<tr>
<td>65–74</td>
<td>5</td>
<td>1</td>
<td>25</td>
<td>13</td>
</tr>
<tr>
<td>75–84</td>
<td>4</td>
<td>&lt; 1</td>
<td>23</td>
<td>31</td>
</tr>
<tr>
<td>85 and older</td>
<td>3</td>
<td>&lt; 1</td>
<td>17</td>
<td>45</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
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<tr>
<td>Male</td>
<td>39</td>
<td>40</td>
<td>36</td>
<td>28</td>
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<tr>
<td>Female</td>
<td>61</td>
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<td>64</td>
<td>72</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>24</td>
<td>25</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>White</td>
<td>46</td>
<td>43</td>
<td>59</td>
<td>77</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>30</td>
<td>32</td>
<td>23</td>
<td>10</td>
</tr>
<tr>
<td>Dual Eligibility Status&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Dual Eligibles</td>
<td>17</td>
<td>0</td>
<td>100</td>
<td>92</td>
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<tr>
<td>Nondual Beneficiaries</td>
<td>83</td>
<td>100</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Basis of Eligibility&lt;sup&gt;d&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Children</td>
<td>47</td>
<td>57</td>
<td>&lt; 1</td>
<td>&lt; 1</td>
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<tr>
<td>Adults</td>
<td>25</td>
<td>30</td>
<td>1</td>
<td>&lt; 1</td>
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<tr>
<td>Disabled</td>
<td>18</td>
<td>13</td>
<td>43</td>
<td>17</td>
</tr>
<tr>
<td>Aged</td>
<td>10</td>
<td>1</td>
<td>56</td>
<td>83</td>
</tr>
</tbody>
</table>

| Number of Beneficiaries in Study Population | 34,377,326 | 28,684,114 | 5,693,212 | 928,724 |

Source: Medicaid Analytic Extract (MAX), 2001. This table is based on the information contained in the Statistical Compendium Volume, United States (hereafter “the Compendium”).

<sup>a</sup>Medicaid beneficiaries featured in this chartbook include those who had fee-for-service (FFS) Medicaid pharmacy benefit coverage for at least one month during calendar year 2001. Beneficiaries who were in capitated managed care arrangements for the entire year are excluded. For more details on how we determined the study population, see Table 1 of the Compendium.

<sup>b</sup>Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefit coverage for at least one month during their Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never
dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefit coverage. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

cThis group includes beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2001. Refer to Table 1 in the Compendium for more information about how we determined all-year nursing facility residency.

dMedicaid 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 percentage represents all ages below 65.
## EXHIBIT 2

**ILLUSTRATIVE MEASURES OF STUDY POPULATION PHARMACY BENEFIT USE AND REIMBURSEMENT, 2001**

<table>
<thead>
<tr>
<th>Measures of Pharmacy Benefit Use and Reimbursement</th>
<th>Among All Medicaid Beneficiaries&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Among Nondual Beneficiaries&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Among Dual Eligibles&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Among Beneficiaries Who Resided in Nursing Facilities All Year&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Medicaid Pharmacy Reimbursement (in $million)</td>
<td>$22,910</td>
<td>$10,370</td>
<td>$12,541</td>
<td>$2,409</td>
</tr>
<tr>
<td>Average Annual Pharmacy Reimbursement per Beneficiary&lt;sup&gt;c&lt;/sup&gt;</td>
<td>$666</td>
<td>$362</td>
<td>$2,203</td>
<td>$2,594</td>
</tr>
<tr>
<td>Average Pharmacy Reimbursement per Benefit Month&lt;sup&gt;d&lt;/sup&gt;</td>
<td>$83</td>
<td>$48</td>
<td>$211</td>
<td>$256</td>
</tr>
<tr>
<td>Average Annual Number of Prescriptions per Beneficiary</td>
<td>12</td>
<td>6</td>
<td>40</td>
<td>57</td>
</tr>
<tr>
<td>Average Number of Prescriptions per Benefit Month</td>
<td>1.5</td>
<td>0.9</td>
<td>3.8</td>
<td>5.6</td>
</tr>
</tbody>
</table>

Source: Medicaid Analytic Extract (MAX), 2001. This table is based on the information contained in the Compendium.

<sup>a</sup>The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

<sup>b</sup>See footnotes to Exhibit 1 for how these groups were defined. Annual or monthly measures reflect use and reimbursement among beneficiaries in FFS settings, and may thus be higher or lower than if use and reimbursement in capitated managed care settings were included.

<sup>c</sup>Annual per-beneficiary use and reimbursement include all use and reimbursement during the year for the number of months of Medicaid FFS pharmacy benefit coverage. Thus, some beneficiaries may have had only one month of coverage, while others were covered for twelve months. Medicaid beneficiaries in the study population had, on average, 8.0 months of coverage. The comparable number was 7.5 months among nondual beneficiaries and 10.5 months among dual eligible beneficiaries, and 10.1 months among beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2001.

<sup>d</sup>Monthly use and reimbursement amounts were calculated by dividing total use and reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.
STUDY POPULATION CHARACTERISTICS
EXHIBIT 3

DISTRIBUTION OF MEDICAID STUDY POPULATION BY AGE GROUP, NONDUAL AND DUAL ELIGIBLE BENEFICIARIES, 2001

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Tables ND.2 and D.2 of the Compendium.

*aDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Tables ND.2 and D.2 of the Compendium.

*aDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

*bThe disabled eligibility group includes beneficiaries of any age who were determined to be eligible for Medicaid because of disability or blindness.
EXHIBIT 5

DISTRIBUTION OF MEDICAID STUDY POPULATION BY RACE, NONDUAL AND DUAL ELIGIBLE BENEFICIARIES, 2001

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Tables ND.2 and D.2 of the Compendium.

Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
MEDICAID PHARMACY REIMBURSEMENT AND USE,
BY TYPE OF BENEFICIARY
EXHIBIT 6

AVERAGE MONTHLY MEDICAID PHARMACY REIMBURSEMENT, 
BY AGE GROUP, 2001\textsuperscript{a,b}

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Table 4 of the Compendium.

\textsuperscript{a}The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\textsuperscript{b}Monthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.
Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Tables 2, 3, and 6 of the Compendium.

aThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.
EXHIBIT 8
AVERAGE MONTHLY MEDICAID PHARMACY REIMBURSEMENT, BY BASIS OF ELIGIBILITY AND DUAL STATUS, 2001a,b,c,d

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Tables 4, ND.4, and D.4 of the Compendium.

aThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

bMonthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.

cMedicaid 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, and thus includes a large number of dual eligibles. 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.

dDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 9

PERCENTAGE OF BENEFICIARIES WITH AT LEAST ONE PRESCRIPTION DRUG CLAIM, BY DUAL ELIGIBILITY STATUS, 2001\textsuperscript{a,b}

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Tables ND.3 and D.3 of the Compendium.

\textsuperscript{a}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, and thus includes a large number of dual eligibles. 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.

\textsuperscript{b}Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 10

AVERAGE ANNUAL NUMBER OF PRESCRIPTION DRUG CLAIMS PER BENEFICIARY,
BY DUAL ELIGIBILITY STATUS, 2001\textsuperscript{a,b}

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Tables ND.3 and D.3 of the Compendium.

\textsuperscript{a}Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

\textsuperscript{b}Nondual beneficiaries, on average, had fewer months of Medicaid eligibility in 2001 than dual eligible beneficiaries: 7.5 months for nonduals and 10.5 months for duals.
EXHIBIT 11

NUMBER OF PRESCRIPTIONS PER BENEFIT MONTH, BY BASIS OF ELIGIBILITY AND DUAL ELIGIBILITY STATUS, 2001\textsuperscript{a,b}

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Tables ND.4 and D.4 of the Compendium.

\textsuperscript{a}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, and thus includes a large number of dual eligibles. 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.

\textsuperscript{b}Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 12

AVERAGE ANNUAL PRESCRIPTION DRUG SPENDING PER BENEFICIARY, 
BY DUAL ELIGIBILITY STATUS, 2001<sup>a,b</sup>

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Tables ND.3 and D.3 of the Compendium.

<sup>a</sup>Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

<sup>b</sup>Nonduals, on average, had fewer months of Medicaid eligibility in 2001 than dual eligible beneficiaries: 7.5 months for nonduals and 10.5 months for duals.
EXHIBIT 13

DISTRIBUTION OF DUAL ELIGIBILITY STATUS AND TOTAL PHARMACY REIMBURSEMENT, 2001

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Tables 2, ND.2, D.2, 6, ND.6, and D.6 of the Compendium.

aThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

bDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
MEDICAID PHARMACY USE AND REIMBURSEMENT,
NONDUAL BENEFICIARIES
Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Tables ND.2, ND.3, and ND.6 of the Compendium.

aThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

bMedicaid 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, and thus includes a large number of dual eligibles. 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.

cDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 15

TOTAL ANNUAL MEDICAID REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG NONDUAL BENEFICIARIES, 2001

The top 10 drug groups (out of over 90 total drug groups) accounted for 55 percent of total Medicaid FFS pharmacy reimbursement for nondual beneficiaries in 2001.

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Table ND.7 of the Compendium.

a The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

b Annual per-beneficiary reimbursement includes all reimbursement during the year for the number of months of Medicaid FFS pharmacy benefit coverage. Thus, some beneficiaries may have had only one month of coverage, while others were covered for twelve months. At the national level, nondual eligible Medicaid beneficiaries in the study population had, on average, 7.5 months of coverage.

c The top 10 drug groups were determined based on total Medicaid reimbursement in 2001. For information about these drug groups, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

d Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 16

PERCENTAGE OF PHARMACY REIMBURSEMENT AND USERS FOR TOP 10 DRUG GROUPS AMONG NONDUAL BENEFICIARIES, 2001\textsuperscript{a,b,c,d}

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Table ND.7 of the Compendium.

\textsuperscript{a}The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\textsuperscript{b}A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. 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. For information about these drug groups, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

\textsuperscript{c}The top 10 drugs groups were determined based on total Medicaid reimbursement in the state for 2001. For information about these drug groups, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

\textsuperscripts{d}Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 17

PERCENTAGE OF PHARMACY REIMBURSEMENT AND USERS FOR TOP 7 THERAPEUTIC CATEGORIES AMONG NONDUAL BENEFICIARIES, 2001a,b,c,d

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Table ND.6 of the Compendium.

aThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

bA user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. 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. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

cTop 7 categories were determined based on total Medicaid reimbursement in 2001. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

cDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 18

AVERAGE MONTHLY MEDICAID PHARMACY REIMBURSEMENT AMONG NONDUAL BENEFICIARIES, BY STATE, 2001\(^a,b,c\)

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Table N.2 of the Compendium for the nation. The Compendium was prepared for 48 states (excluding Arizona and Tennessee) and the District of Columbia. FFS pharmacy reimbursement information is not available for Arizona and Tennessee due to a very high share of beneficiary enrollment in prepaid managed care plans.

\(^a\)The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\(^b\)Monthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.

\(^c\)Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 19
GENERIC PRESCRIPTIONS AS PERCENTAGE OF ALL PRESCRIPTIONS AMONG NONDUAL BENEFICIARIES, BY STATE, 2001\textsuperscript{a,b}

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Table N.2 of the Compendium for the nation. The Compendium was prepared for 48 states (excluding Arizona and Tennessee) and the District of Columbia. FFS pharmacy reimbursement information is not available for Arizona and Tennessee due to a very high share of beneficiary enrollment in prepaid managed care plans.

\textsuperscript{a}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.medispan.com/products/index.aspx?id=1] (November 8, 2006).

\textsuperscript{b}Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
MEDICAID PHARMACY USE AND REIMBURSEMENT,
DUAL ELIGIBLE BENEFICIARIES
EXHIBIT 20

DISTRIBUTION OF BENEFICIARIES AND TOTAL PHARMACY REIMBURSEMENT AMONG DUAL ELIGIBLES, BY BASIS OF ELIGIBILITY, 2001\textsuperscript{a,b,c,d}

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Tables D.2, D.3, and D.6 of the Compendium.

\textsuperscript{a}Children comprise less than 1 percent of dual eligible beneficiaries both in percentage of beneficiaries and in percentage of pharmacy reimbursement.

\textsuperscript{b}The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\textsuperscript{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, and thus includes a large number of dual eligibles. 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.

\textsuperscript{d}Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 21

TOTAL ANNUAL MEDICAID REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG DUAL ELIGIBLES, 2001a,b,c,d

The top 10 drug groups (out of over 90 total drug groups) accounted for 61 percent of total Medicaid FFS pharmacy reimbursement for dual eligibles in 2001.

($ million)

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Table D.7 of the Compendium.

a The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

b Annual per-beneficiary reimbursement includes all reimbursement during the year for the number of months of Medicaid FFS pharmacy benefit coverage. Thus, some beneficiaries may have had only one month of coverage, while others were covered for twelve months. At the national level, nondual eligible Medicaid beneficiaries in the study population had, on average, 10.5 months of coverage.

c The top 10 drug groups were determined based on total Medicaid reimbursement in 2001. For information about these drug groups, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

d Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 22

PERCENTAGE OF PHARMACY REIMBURSEMENT AND USERS FOR TOP 10 DRUG GROUPS AMONG DUAL ELIGIBLES, 2001a,b,c,d

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Table D.7 of the Compendium.

aThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

bA user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. 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. For information about these drug groups, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

cThe top 10 drugs groups were determined based on total Medicaid reimbursement in the state for 2001. For information about these drug groups, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

dDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 23

PERCENTAGE OF PHARMACY REIMBURSEMENT AND USERS FOR TOP 7 THERAPEUTIC CATEGORIES AMONG DUAL ELIGIBLES, 2001\textsuperscript{a,b,c,d,e}

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Table D.6 of the Compendium.

\textsuperscript{a}The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

\textsuperscript{b}A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. 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. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

\textsuperscript{c}Top 7 categories were determined based on total Medicaid reimbursement in 2001. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.medispan.com/products/index.aspx?id=1] (November 8, 2006).

\textsuperscript{d}Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

\textsuperscript{e}The percentage of users of “all other” therapeutic categories of drugs among beneficiaries exceeds 100 percent because users are counted in a category every time they use one or more drugs. There were 18 therapeutic categories in total.
EXHIBIT 24

DISTRIBUTION OF ANNUAL PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLES, UNDER-AGE-65 DISABLED VS. AGE 65 AND OLDER, 2001\textsuperscript{a,b,c}

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent of Beneficiaries</th>
<th>Percent of Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled Dual Eligibles Under Age 65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 to $1,000</td>
<td>4%</td>
<td>$0 to $1,000</td>
</tr>
<tr>
<td>$1,000 to $5,000</td>
<td>44%</td>
<td>$1,000 to $5,000</td>
</tr>
<tr>
<td>$5,001 to $10,000</td>
<td>38%</td>
<td>$5,001 to $10,000</td>
</tr>
<tr>
<td>$10,000 and more</td>
<td>5%</td>
<td>$10,000 and more</td>
</tr>
<tr>
<td>Dual Eligibles Age 65 and Older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 to $1,000</td>
<td>7%</td>
<td>$0 to $1,000</td>
</tr>
<tr>
<td>$1,000 to $5,000</td>
<td>45%</td>
<td>$1,000 to $5,000</td>
</tr>
<tr>
<td>$5,001 to $10,000</td>
<td>47%</td>
<td>$5,001 to $10,000</td>
</tr>
<tr>
<td>$10,000 and more</td>
<td>6%</td>
<td>$10,000 and more</td>
</tr>
</tbody>
</table>

(Total Benes = 3.6 million) (Total Exp. = $5 billion)

(Total Benes = 1.9 million) (Total Exp. = 5.4 billion)
Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Supplemental Tables 1A and 1B of the Compendium for the nation.

*a* The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

*b* Annual per-beneficiary reimbursement includes all reimbursement during the year for the number of months of Medicaid FFS pharmacy benefit coverage. Thus, some beneficiaries may have had only one month of coverage, while others were covered for twelve months. At the national level, dual eligible Medicaid beneficiaries in the study population had, on average, 10.5 months of coverage in 2001.

*c* Dual eligibles include beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefit coverage during any month of Medicaid enrollment in 2001. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 25

AVERAGE MONTHLY MEDICAID PHARMACY REIMBURSEMENT AMONG DUAL ELIGIBLES,
BY USE OF NURSING FACILITIES, 2001*,#,c

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Table D.4 of the Compendium.

*aThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

#Monthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.

*cDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 26

AVERAGE MONTHLY MEDICAID PHARMACY REIMBURSEMENT AMONG DUAL ELIGIBLES, BY STATE, 2001ab

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Table N.5 of the Compendium for the nation. The Compendium was prepared for 48 states (excluding Arizona and Tennessee) and the District of Columbia. FFS pharmacy reimbursement information is not available for Arizona and Tennessee due to a very high share of beneficiary enrollment in prepaid managed care plans.

aThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

bMonthly use and reimbursement amounts were calculated by dividing the total use and reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.

cDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 27

GENERIC PRESCRIPTIONS AS A PERCENTAGE OF ALL PRESCRIPTIONS AMONG DUAL ELIGIBLES, BY STATE, 2001a,b

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Table N.5 of the Compendium for the nation. The Compendium was prepared for 48 states (excluding Arizona and Tennessee) and the District of Columbia. FFS pharmacy reimbursement information is not available for Arizona and Tennessee due to a very high share of beneficiary enrollment in prepaid managed care plans.

aBrand-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.medispan.com/products/index.aspx?id=1] (November 8, 2006).

bDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 28

AVERAGE ANNUAL PHARMACY REIMBURSEMENT AMOUNT PER BENEFICIARY
FOR AGED DUAL ELIGIBLES, BY STATE, 2001a,b,c

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in State Tables D.3 of the Compendium. The Compendium was prepared for 48 states (excluding Arizona and Tennessee) and the District of Columbia. FFS pharmacy reimbursement information is not available for Arizona and Tennessee due to a very high share of beneficiary enrollment in prepaid managed care plans.
The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

Annual per-beneficiary reimbursement includes all reimbursement during the year for the number of months of Medicaid FFS pharmacy benefit coverage. Thus, some beneficiaries may have had only one month of coverage, while others were covered for twelve months. At the national level, aged dual eligible Medicaid beneficiaries in the study population had, on average, 10.3 months of coverage.

Dual eligibles include beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefit coverage during any month of Medicaid enrollment in 2001. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 29

AVERAGE ANNUAL PHARMACY REIMBURSEMENT AMOUNT PER BENEFICIARY FOR UNDER-AGE-65 DISABLED DUAL ELIGIBLE BENEFICIARIES, BY STATE, 2001<sup>a,b,c</sup>

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in State Tables D.3 of the Compendium. The Compendium was prepared for 48 states (excluding Arizona and Tennessee) and the District of Columbia. FFS pharmacy reimbursement information is not available for Arizona and Tennessee due to a very high share of beneficiary enrollment in prepaid managed care plans.

<sup>a</sup>The Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.
Annual per-beneficiary reimbursement includes all reimbursement during the year for the number of months of Medicaid FFS pharmacy benefit coverage. Thus, some beneficiaries may have had only one month of coverage, while others were covered for twelve months. At the national level, disabled dual eligible Medicaid beneficiaries in the study population had, on average, 10.8 months of coverage.

Dual eligibles include beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefit coverage during any month of Medicaid enrollment in 2001. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 30

AVERAGE ANNUAL PHARMACY REIMBURSEMENT AMOUNT PER BENEFICIARY FOR DUAL ELIGIBLE ALL-YEAR NURSING FACILITY RESIDENTS, BY STATE, 2001

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in State Tables D.3 of the Compendium. The Compendium was prepared for 48 states (excluding Arizona and Tennessee) and the District of Columbia. FFS pharmacy reimbursement information is not available for Arizona and Tennessee due to a very high share of beneficiary enrollment in prepaid managed care plans.

aThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

bAnnual per-beneficiary reimbursement includes all reimbursement during the year for the number of months of Medicaid FFS pharmacy benefit coverage. Thus, some beneficiaries may have had only one month of coverage, while others were covered for twelve months. At the national level, dual eligible Medicaid beneficiaries in the study population who resided in nursing facilities full-year had, on average, 10.1 months of coverage.

cDual eligibles include beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefit coverage during any month of Medicaid enrollment in 2001. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
MEDICAID PHARMACY USE AND REIMBURSEMENT,
DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
EXHIBIT 31

PERCENTAGE OF MEDICAID BENEFICIARIES USING AT LEAST ONE PART D EXCLUDED DRUG, 2001*\textsuperscript{a,b}

Source: Medicaid Analytic Extract (MAX), 2001. These graphs are based on the information contained in Tables ND.11 and D.11 of the Compendium.

*Drugs excluded from the Medicare Part D drug benefit 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.

Dual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 32

ANNUAL MEDICAID PHARMACY REIMBURSEMENT FOR PART D EXCLUDED DRUGS, NONDUAL AND DUAL ELIGIBLE BENEFICIARIES, 2001a,b

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Tables ND.13 and D.13 of the Compendium.

aDrugs excluded from the Medicare Part D drug benefit 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.

bDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 33

ANNUAL MEDICAID PHARMACY REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR NONDUAL AND DUAL ELIGIBLE BENEFICIARIES AS A PERCENTAGE OF TOTAL ANNUAL MEDICAID REIMBURSEMENT FOR NONDUAL AND DUAL ELIGIBLE BENEFICIARIES, 2001

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Tables ND.13 and D.13 of the Compendium.

aDrugs excluded from the Medicare Part D drug benefit 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.

bDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefits. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
MEDICAID PHARMACY USE AND REIMBURSEMENT, 1999 AND 2001
EXHIBIT 34

NUMBER OF MEDICAID BENEFICIARIES BY BASIS OF ELIGIBILITY, 1999 AND 2001a

<table>
<thead>
<tr>
<th>Category</th>
<th>1999 (million)</th>
<th>2001 (million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Beneficiaries</td>
<td>28.6</td>
<td>34.4</td>
</tr>
<tr>
<td>Aged</td>
<td>3.3</td>
<td>3.4</td>
</tr>
<tr>
<td>Disabled</td>
<td>5.7</td>
<td>6.1</td>
</tr>
<tr>
<td>Adults</td>
<td>5.3</td>
<td>8.6</td>
</tr>
<tr>
<td>Children</td>
<td>14.2</td>
<td>16.2</td>
</tr>
</tbody>
</table>

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Table 2 of the 1999 and 2001 Compendiums.

aMedicaid 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, and thus includes a large number of dual eligibles. 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.
EXHIBIT 35

AVERAGE MONTHLY MEDICAID PHARMACY REIMBURSEMENT BY BASIS OF ELIGIBILITY, 1999 AND 2001

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Table 4 of the 1999 and 2001 Compendiums.

aThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

bMedicaid 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, and thus includes a large number of dual eligibles. 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.

cMonthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.
EXHIBIT 36

NUMBER OF DUAL ELIGIBLE FULL-YEAR NURSING FACILITY RESIDENTS AND UNDER-AGE-65 DISABLED DUAL ELIGIBLE BENEFICIARIES COMPARED TO ALL DUALS, 1999 AND 2001

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Table 11 of the 1999 Compendium and Table D.2 of the 2001 Compendium.

*aDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefits during any month of Medicaid enrollment in 2001. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.
EXHIBIT 37

AVERAGE MONTHLY MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE FULL-YEAR NURSING FACILITY RESIDENTS AND UNDER-AGE-65 DISABLED DUAL ELIGIBLE BENEFICIARIES COMPARED TO ALL DUALS, 1999 AND 2001

Source: Medicaid Analytic Extract (MAX), 2001. This graph is based on the information contained in Table 4 of the 1999 and 2001 Compendiums.

aThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

bMonthly reimbursement amounts were calculated by dividing the total reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.