

## STATISTICAL BRIEF #363

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### **Expenditures for the Top Five Therapeutic Classes of Outpatient Prescription Drugs, Medicare Beneficiaries, Age 65 and Older, U.S. Civilian Noninstitutionalized Population, 2009**

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#### **Introduction**

This Statistical Brief provides descriptive statistics on expenditures for the top five therapeutic classes of outpatient prescription drugs, ranked by total expenses in 2009 for Medicare beneficiaries age 65 and older in the U.S. civilian noninstitutionalized population. Prescription drug therapeutic classes are defined according to the Multum Lexicon therapeutic classification system (see "Definitions"). In 2009, 18 broad therapeutic classifications were identified.

The estimates presented are derived from the Household and Pharmacy Components of the 2009 Medical Expenditure Panel Survey (MEPS). Expenditures include payments for Medicare beneficiaries ages 65 and older from all sources (e.g., out of pocket, private, and public insurance sources) for outpatient prescription drug purchases during 2009. Insulin and diabetic supplies and equipment are also included in MEPS prescribed medicines estimates. Over-the-counter medicines are excluded from these estimates as are prescription medicines administered in an inpatient setting or in a clinic or physician's office. All differences discussed in the text are statistically significant at the 0.05 level or better.

#### **Findings**

In 2009, the top five therapeutic classes (ranked by total expense) of prescribed drugs purchased by Medicare beneficiaries age 65 and older were metabolic agents, cardiovascular agents, central nervous system agents, respiratory agents, and gastrointestinal agents. These classes together totaled \$58.5 billion and accounted for almost 68 percent (67.6) of the \$86.5 billion in total prescription drug expenses accounted for these adults (figure 1).

Metabolic agents had the highest total expenses (\$20.6 billion) among the top five therapeutic classes for Medicare beneficiaries age 65 and older (figure 2). This was more than three times the total for gastrointestinal agents (\$6.4 billion), the fifth highest therapeutic class. Expenditures on cardiovascular agents (\$15.3 billion), the second highest class, were also notably higher than the other three classes. When expressed as percentages of all prescribed medicine expenses for elderly Medicare beneficiaries, these classes ranged from 7.4 percent for gastrointestinal agents to 23.8 percent for metabolic agents (figure 3).

#### **Highlights**

- In 2009, the top five therapeutic classes of prescription drugs ranked by total expense among Medicare beneficiaries age 65 and older were: metabolic agents, cardiovascular agents, central nervous system agents, respiratory agents, and gastrointestinal agents.
- Among the Medicare population age 65 and older in 2009, expenditures for the top five therapeutic classes totaled \$58.5 billion and represented more than two-thirds (67.6 percent) of annual expenditures for prescription drugs.
- Expenses for metabolic agents accounted for nearly one-fourth of total prescription drug expenses for the Medicare population age 65 and older in 2009.
- More than three-fourths of the Medicare population age 65 and older with a prescribed drug expense in 2009 purchased a cardiovascular agent.
- In 2009, among the top five therapeutic classes of prescription drugs, respiratory agents had the highest average expense per prescription, with more than three times the average expense of the therapeutic class for cardiovascular agents.

Among Medicare beneficiaries age 65 and older with a prescribed drug expense, over three-quarters (77.1 percent) purchased cardiovascular agents, almost two-thirds (63.6 percent) purchased metabolic agents, and a little less than half (46.1 percent) purchased central nervous system agents (figure 4). Smaller proportions of persons purchased gastrointestinal agents (27.2 percent) and respiratory agents (19.5 percent) (figure 4).

In terms of average expense per prescription, respiratory agents had the highest average (\$135) followed by gastrointestinal agents (\$104) (figure 5). Among the other three classes, the averages for central nervous system agents (\$72) and cardiovascular agents (\$41) were both lower than the metabolic agents (\$91).

## Data Source

The estimates shown in this Statistical Brief are based on data from the MEPS HC-129: 2009 Full Year Consolidated Data File and MEPS HC-126A: 2009 Prescribed Medicines File.

## Definitions

### *Therapeutic classifications*

Therapeutic class and subclass were assigned to MEPS prescribed medicines using Multum Lexicon variables from Cerner Multum, Inc. MEPS prescribed medicines files were linked to the Multum Lexicon database to obtain therapeutic class and subclass variables.

The therapeutic class of metabolic agents includes the subclasses of antihyperlipidemic agents and antidiabetic agents. The therapeutic class of cardiovascular agents includes calcium channel blockers and diuretics; central nervous system agents include the analgesics, anticonvulsants, and antiparkinson agents. The therapeutic class of gastrointestinal agents includes the H2-receptor antagonists, antacids, antidiarrheals, and proton pump inhibitors; and the therapeutic class of respiratory agents includes decongestants, antihistamines, respiratory inhalants, and antiasthmatic products.

Cerner Multum occasionally makes changes to the Multum Lexicon therapeutic classification system. For example, antihyperlipidemic agents was its own therapeutic class in the 2003 and 2004 data, but was reclassified as a therapeutic subclass of the new therapeutic class, metabolic agents in 2005.

## About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the U.S. civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

For more information about MEPS, call the MEPS information coordinator at AHRQ (301) 427-1656 or visit the MEPS Web site at <http://www.meps.ahrq.gov/>.

## References

For a detailed description of the MEPS-HC survey design, sample design, and methods used to minimize sources of nonsampling error, see the following publications:

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. Rockville, MD: Agency for Health Care Policy and Research, 1997. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr1/mr1.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr1/mr1.pdf)

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027. Rockville, MD: Agency for Health Care Policy and Research, 1997. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr2/mr2.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr2/mr2.pdf)

Cohen, S. Design Strategies and Innovations in the Medical Expenditure Panel Survey. *Medical Care*, July 2003: 41(7) Supplement: III-5-III-12.

Ezzati-Rice, T. M., Rohde, F., Greenblatt, J. *Sample Design of the Medical Expenditure Panel Survey Household Component, 1998-2007*. Methodology Report No. 22. March 2008. Agency for Healthcare Research and Quality, Rockville, MD. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr22/mr22.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr22/mr22.pdf)

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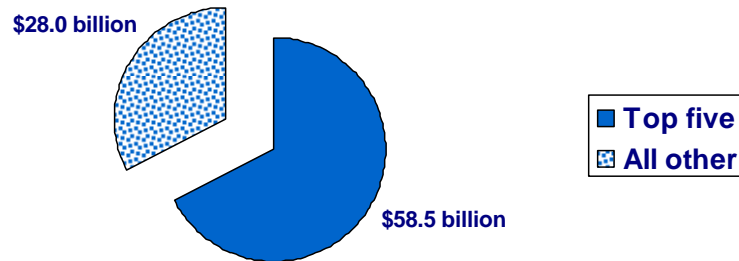
AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please e-mail us at [MEPSProjectDirector@ahrq.hhs.gov](mailto:MEPSProjectDirector@ahrq.hhs.gov) or send a letter to the address below:

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Agency for Healthcare Research and Quality  
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**Figure 1. Expenditures for top five therapeutic classifications of prescribed drugs relative to total prescription medication expenses, Medicare beneficiaries age 65 and older, 2009**

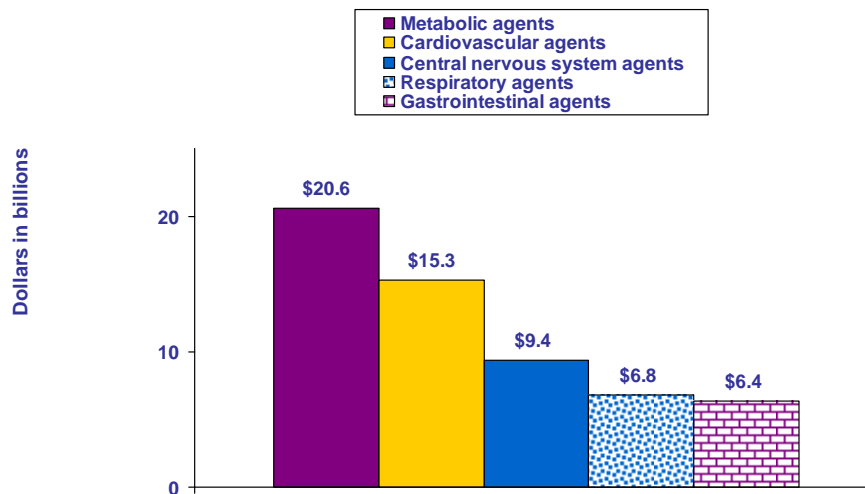
Total RX Expenditures = \$86.5 billion



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household and Pharmacy Components of the Medical Expenditure Panel Survey, 2009



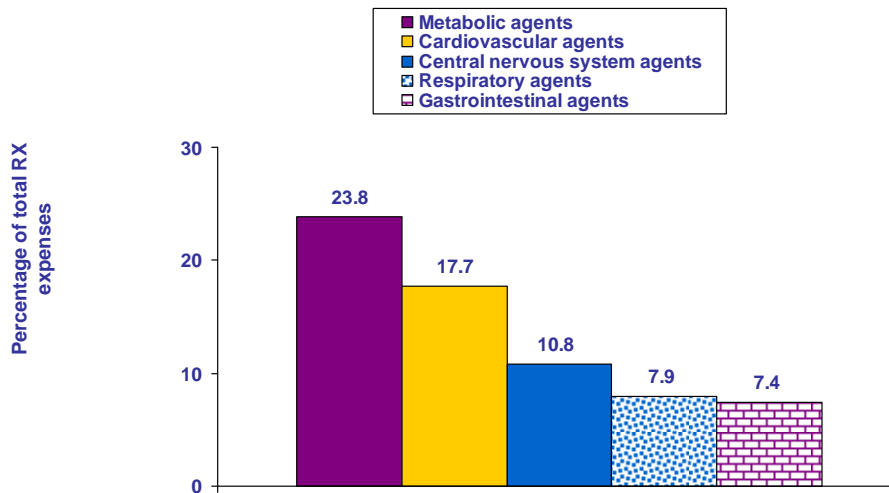
**Figure 2. Total expenses for prescribed drugs by therapeutic classification (top five), Medicare beneficiaries age 65 and older, 2009**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household and Pharmacy Components of the Medical Expenditure Panel Survey, 2009



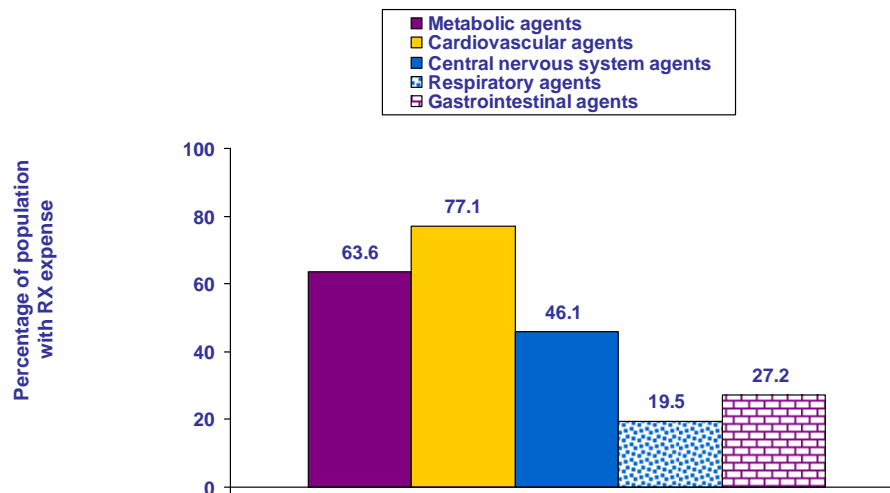
**Figure 3. Percentage of the total medical expenses for the top five therapeutic classifications of drugs for Medicare beneficiaries age 65 and older, 2009**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household and Pharmacy Components of the Medical Expenditure Panel Survey, 2009



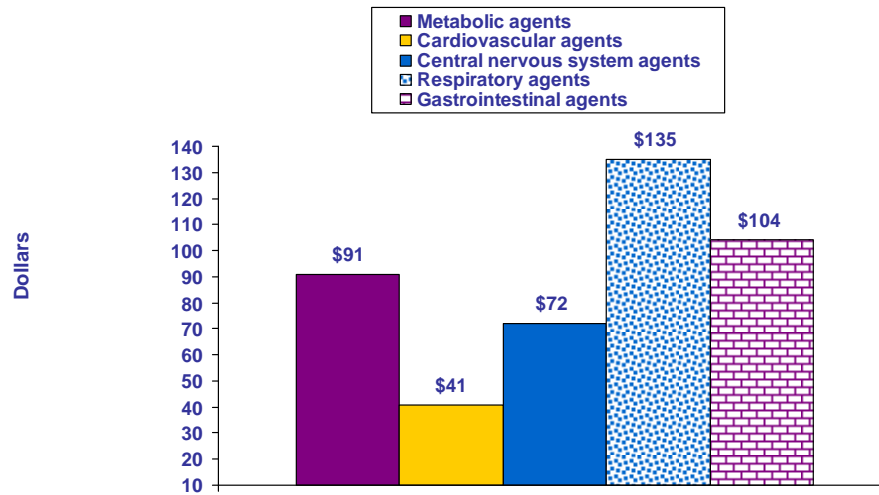
**Figure 4. Percentage with prescribed drug expenses by therapeutic classification (top five), Medicare beneficiaries age 65 and older with prescribed medication expenses, 2009**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household and Pharmacy Components of the Medical Expenditure Panel Survey, 2009



**Figure 5. Average expense per prescription by therapeutic classification (top five), Medicare beneficiaries age 65 and older, 2009**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household and Pharmacy Components of the Medical Expenditure Panel Survey, 2009