

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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>611,951</b>	<b>2,398</b>	<b>71,168</b>	<b>134,432</b>	<b>403,703</b>	<b>250</b>	<b>4,230,658</b>	<b>24,064</b>	<b>687,353</b>	<b>689,726</b>	<b>2,827,605</b>	<b>1,910</b>
<b>Age</b>												
5 and younger	162,306	0	2,131	3	160,172	0	1,085,572	0	17,832	4	1,067,736	0
6-14	180,785	0	5,631	12	175,142	0	1,327,003	0	50,667	48	1,276,288	0
15-20	86,656	0	4,164	14,427	68,061	4	602,466	0	39,075	81,295	482,075	21
21-44	141,666	0	26,901	114,347	326	92	843,177	0	260,175	580,894	1,504	604
45-64	38,134	42	32,296	5,640	2	154	348,285	198	319,334	27,466	2	1,285
65-74	1,427	1,380	45	2	0	0	14,651	14,365	270	16	0	0
75-84	677	677	0	0	0	0	6,824	6,824	0	0	0	0
85 and older	300	299	0	1	0	0	2,680	2,677	0	3	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	356,311	1,618	38,476	117,099	198,868	250	2,397,398	16,530	376,209	612,764	1,389,985	1,910
Male	255,640	780	32,692	17,333	204,835	0	1,833,260	7,534	311,144	76,962	1,437,620	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	456,614	1,293	56,758	101,323	297,030	210	3,435,889	13,025	561,411	576,560	2,283,236	1,657
African American	108,816	446	12,069	26,274	69,993	34	548,626	4,455	104,643	86,885	352,430	213
Other/unknown	46,521	659	2,341	6,835	36,680	6	246,143	6,584	21,299	26,281	191,939	40
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	1,624	364	1,227	0	33	0	17,700	3,843	13,480	0	377	0
Part year	1,768	169	1,570	15	14	0	17,835	1,612	15,945	130	148	0
None	608,559	1,865	68,371	134,417	403,656	250	4,195,123	18,609	657,928	689,596	2,827,080	1,910
<b>Maintenance Assistance Status</b>												
Cash	241,316	1,399	51,488	83,121	105,308	0	1,635,309	15,016	517,032	423,210	680,051	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	248,421	2	18	20,368	227,783	250	1,766,240	15	149	94,312	1,669,854	1,910
Other/unknown	122,214	997	19,662	30,943	70,612	0	829,109	9,033	170,172	172,204	477,700	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	388,984	2,387	65,421	73,948	246,978	250	3,424,500	24,003	661,985	493,944	2,242,658	1,910
FFS part year, with Rx claims	86,072	9	3,575	30,695	51,793	0	374,261	56	18,423	114,646	241,136	0
FFS part year, no Rx claims	136,895	2	2,172	29,789	104,932	0	431,897	5	6,945	81,136	343,811	0

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>55.5 %</b>	<b>7.8</b>	<b>\$522</b>	<b>\$67</b>	<b>\$3,262</b>	<b>16.0 %</b>	<b>611,951</b>
<b>Age</b>							
5 and younger	52.1	2.8	125	44	1,695	7.4	162,306
6-14	49.6	4.1	306	74	1,690	18.1	180,785
15-20	54.5	5.5	515	94	2,815	18.3	86,656
21-44	61.6	10.3	685	66	4,888	14.0	141,666
45-64	76.9	40.4	2,553	63	11,711	21.8	38,134
65-74	75.0	38.1	1,990	52	13,415	14.8	1,427
75-84	77.7	38.4	1,978	52	13,495	14.7	677
85 and older	79.7	42.2	1,818	43	14,687	12.4	300
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	75.7	38.4	1,948	51	13,447	14.5	2,398
Disabled	78.1	34.9	2,819	81	14,601	19.3	71,168
Adults	57.7	5.8	230	40	2,302	10.0	134,432
Children	50.7	3.5	205	59	1,518	13.5	403,703
Unknown	81.6	22.9	1,310	57	10,169	12.9	250
<b>Gender</b>							
Female	57.0	8.4	470	56	3,092	15.2	356,311
Male	53.5	6.9	594	86	3,500	17.0	255,640
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	62.1	9.1	607	67	3,466	17.5	456,614
African American	37.4	4.4	312	70	2,907	10.7	108,816
Other/unknown	33.9	2.9	182	62	2,093	8.7	46,521
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	99.6	104.1	6,199	60	50,813	12.2	1,624
Part year	98.3	81.7	5,103	63	47,351	10.8	1,768
None	55.3	7.3	493	67	3,007	16.4	608,559
<b>Maintenance Assistance Status</b>							
Cash	58.5	12.1	864	71	4,881	17.7	241,316
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	51.2	3.5	205	59	1,379	14.9	248,421
Other/unknown	58.7	8.1	489	61	3,894	12.6	122,214

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.3 includes beneficiaries represented by Cell K of Table 1.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
<b>All</b>	<b>1.1</b>	<b>\$76</b>	<b>16.0 %</b>	<b>44.5 %</b>	<b>39.4 %</b>	<b>6.4 %</b>	<b>6.4 %</b>	<b>2.6 %</b>	<b>0.8 %</b>	<b>\$472</b>	<b>611,951</b>	<b>4,230,658</b>
<b>Age</b>												
5 and younger	0.4	19	7.4	47.9	46.9	3.6	1.4	0.2	0.0	254	162,306	1,085,572
6-14	0.6	42	18.1	50.4	40.6	4.9	3.7	0.4	0.1	230	180,785	1,327,003
15-20	0.8	74	18.3	45.5	41.6	6.8	5.1	0.8	0.2	405	86,656	602,466
21-44	1.7	115	14.0	38.4	34.4	10.2	11.6	4.4	0.9	821	141,666	843,177
45-64	4.4	280	21.8	23.1	16.5	10.0	23.2	19.6	7.6	1,282	38,134	348,285
65-74	3.7	194	14.8	25.0	19.8	9.7	21.3	16.5	7.7	1,307	1,427	14,651
75-84	3.8	196	14.7	22.3	22.6	7.7	20.7	18.8	8.0	1,339	677	6,824
85 and older	4.7	204	12.4	20.3	8.3	8.3	28.0	26.3	8.7	1,644	300	2,680
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	3.8	194	14.5	24.3	19.2	9.0	21.7	18.0	7.7	1,340	2,398	24,064
Disabled	3.6	292	19.3	21.9	22.6	11.3	23.1	15.7	5.4	1,512	71,168	687,353
Adults	1.1	45	10.0	42.3	37.0	9.4	8.6	2.4	0.3	449	134,432	689,726
Children	0.5	29	13.5	49.3	43.3	4.5	2.6	0.3	0.0	217	403,703	2,827,605
Unknown	3.0	172	12.9	18.4	27.6	14.0	26.0	13.6	0.4	1,331	250	1,910
<b>Gender</b>												
Female	1.3	70	15.2	43.0	39.5	6.7	6.8	3.0	1.0	460	356,311	2,397,398
Male	1.0	83	17.0	46.5	39.2	5.9	5.8	2.0	0.5	488	255,640	1,833,260
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	1.2	81	17.5	37.9	43.8	7.2	7.2	3.0	0.9	461	456,614	3,435,889
African American	0.9	62	10.7	62.6	26.2	4.7	4.5	1.7	0.4	577	108,816	548,626
Other/unknown	0.6	34	8.7	66.1	27.3	2.9	2.6	0.9	0.2	396	46,521	246,143
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	9.6	569	12.2	0.4	2.2	3.4	19.6	38.0	36.4	4,662	1,624	17,700
Part year	8.1	506	10.8	1.7	6.3	5.7	23.4	36.5	26.4	4,694	1,768	17,835
None	1.1	72	16.4	44.7	39.6	6.4	6.3	2.4	0.6	436	608,559	4,195,123
<b>Maintenance Assistance Status</b>												
Cash	1.8	128	17.7	41.5	34.4	7.8	9.8	4.9	1.5	720	241,316	1,635,309
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	29	14.9	48.8	43.7	4.5	2.6	0.3	0.0	194	248,421	1,766,240
Other/unknown	1.2	72	12.6	41.3	40.5	7.5	7.3	2.7	0.7	574	122,214	829,109

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE ND.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

Beneficiary Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>1.1</b>	<b>\$76</b>	<b>\$67</b>	<b>0.4</b>	<b>\$59</b>	<b>\$137</b>	<b>0.1</b>	<b>\$4</b>	<b>\$78</b>	<b>0.6</b>	<b>\$13</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	0.4	19	44	0.1	13	97	0.0	1	42	0.3	4	17
6-14	0.6	42	74	0.3	35	118	0.0	1	59	0.2	5	22
15-20	0.8	74	94	0.3	64	188	0.0	2	64	0.4	8	19
21-44	1.7	115	66	0.6	87	153	0.1	7	88	1.1	21	20
45-64	4.4	280	63	1.6	207	130	0.2	19	97	2.6	53	20
65-74	3.7	194	52	1.3	146	109	0.2	10	60	2.2	38	17
75-84	3.8	196	52	1.5	151	102	0.2	10	49	2.1	35	17
85 and older	4.7	204	43	1.7	149	86	0.3	11	42	2.7	43	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	3.8	194	51	1.4	147	104	0.2	10	53	2.2	37	17
Disabled	3.6	292	81	1.4	230	168	0.2	17	96	2.1	44	22
Adults	1.1	45	40	0.3	30	98	0.0	3	65	0.8	12	15
Children	0.5	29	59	0.2	23	105	0.0	1	51	0.3	5	19
Unknown	3.0	172	57	0.9	126	134	0.1	7	57	1.9	39	20
<b>Gender</b>												
Female	1.3	70	56	0.4	52	116	0.1	4	73	0.7	14	18
Male	1.0	83	86	0.4	68	165	0.0	4	86	0.5	11	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	1.2	81	67	0.5	63	136	0.1	5	78	0.7	13	19
African American	0.9	62	70	0.3	47	148	0.0	3	77	0.5	11	22
Other/unknown	0.6	34	62	0.2	27	132	0.0	2	68	0.3	6	18
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	9.6	569	60	3.3	410	126	0.7	46	69	5.6	113	20
Part year	8.1	506	63	2.7	362	135	0.4	37	85	4.9	106	21
None	1.1	72	67	0.4	56	137	0.0	4	78	0.6	12	20
<b>Maintenance Assistance Status</b>												
Cash	1.8	128	71	0.6	99	154	0.1	7	87	1.1	21	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	29	59	0.2	23	105	0.0	1	52	0.2	5	19
Other/unknown	1.2	72	61	0.5	55	122	0.1	4	73	0.7	13	19

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

- a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Indiana, 0.4 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 combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users					\$ per Benefit Month Among Users					\$ per Rx					Users <sup>e</sup>		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months	
Anti-infective Agents	0.3	0.1	0.0	0.2	\$13	\$9	\$1	\$3	\$49	\$101	\$74	\$20	541,227	\$26,502,821	216,656	35.4 %	2,037,466	
Biologicals	0.2	0.2	0.0	0.0	165	154	1	10	804	863	261	419	3,670	2,950,065	1,744	0.3	17,888	
Antineoplastic Agents	0.5	0.1	0.0	0.3	115	94	1	19	237	676	142	57	9,262	2,196,499	1,910	0.3	19,118	
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	27	21	2	5	56	108	32	20	364,549	20,523,321	78,890	12.9	756,209	
Cardiovascular Agents	1.1	0.4	0.0	0.7	40	31	1	9	36	75	41	13	497,992	17,749,617	43,739	7.1	442,506	
Respiratory Agents	0.4	0.2	0.0	0.2	20	16	0	3	48	83	32	16	602,050	28,714,345	152,808	25.0	1,472,182	
Gastrointestinal Agents	0.5	0.2	0.0	0.3	30	21	2	7	61	129	61	23	230,732	14,031,804	47,331	7.7	473,691	
Genitourinary Agents	0.3	0.1	0.0	0.1	15	12	1	3	53	86	45	20	46,593	2,465,580	17,055	2.8	163,166	
CNS Drugs	1.0	0.5	0.0	0.4	92	78	4	10	95	163	103	22	850,140	80,769,279	91,987	15.0	880,807	
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	61	55	1	5	84	94	87	40	219,335	18,408,793	31,169	5.1	300,010	
Miscellaneous Psychological/																		
Neurological Agents	0.3	0.2	0.0	0.1	91	83	1	8	304	380	102	101	12,643	3,842,165	4,085	0.7	42,197	
Analgesics and Anesthetics	0.5	0.1	0.0	0.5	21	13	1	7	39	171	271	15	625,769	24,301,784	124,354	20.3	1,144,166	
Neuromuscular Agents	0.7	0.3	0.1	0.4	60	40	12	8	82	150	130	21	344,888	28,291,109	47,143	7.7	470,235	
Nutritional Products	0.4	0.1	0.0	0.3	9	2	1	6	24	29	41	21	87,930	2,075,573	27,146	4.4	232,857	
Hematological Agents	0.6	0.2	0.0	0.3	284	268	3	14	496	1,274	51	44	68,842	34,122,024	11,941	2.0	119,951	
Topical Products	0.2	0.1	0.0	0.1	9	5	1	3	40	79	51	23	252,313	10,103,787	116,225	19.0	1,137,920	
Miscellaneous Products	0.5	0.2	0.0	0.3	89	62	14	13	185	397	280	49	10,848	2,007,298	2,174	0.4	22,489	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	28	0	0	0	9,909	279,047	4,612	0.8	47,640	
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>4,778,692</b>	<b>319,334,911</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Indiana, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$50,940,853	39,045	6.4 %	415,919	0.6	\$210	\$122
MISC. HEMATOLOGICAL	29,814,217	3,903	0.6	42,552	0.5	1,300	701
ANTICONVULSANT	25,557,782	37,274	6.1	388,819	0.6	104	66
ANTIDEPRESSANTS	24,800,665	84,033	13.7	833,692	0.5	65	30
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	18,340,068	37,989	6.2	378,402	0.6	84	48
ANTIASTHMATIC	17,063,796	96,156	15.7	962,765	0.3	62	18
ANALGESICS - Narcotic	14,595,840	133,840	21.9	1,282,120	0.3	34	11
ULCER DRUGS	9,959,872	44,414	7.3	457,596	0.4	60	22
ANTIDIABETIC	9,958,996	21,371	3.5	223,633	0.6	74	45
ANTIHYPERTENSIVE	8,343,521	16,317	2.7	179,145	0.5	91	47
<b>Total</b>	<b>209,375,610</b>	<b>514,342</b>		<b>5,164,643</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					MISC. HEMATOLOGICAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Months Among Users	Number of Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Months Among Users	Number of Rx per Month	Mean Rx \$ per Month
<b>All</b>	<b>2,213,529</b>	<b>\$209,375,610</b>	<b>39,045</b>	<b>6.4 %</b>	<b>415,919</b>	<b>0.6</b>	<b>\$123</b>	<b>3,903</b>	<b>0.6 %</b>	<b>42,552</b>	<b>0.5</b>	<b>\$701</b>
<b>Female</b>	1,314,032	99,230,558	19,534	5.5	206,955	0.5	110	2,246	0.6	24,871	0.5	66
<b>Disabled</b>	774,621	67,514,523	11,586	30.1	130,198	0.6	131	1,928	5.0	21,786	0.5	66
5 and younger	4,772	412,211	26	3.0	283	0.5	104	0	0.0	0	0.0	0
6-14	17,580	1,814,873	369	19.6	3,958	0.6	117	3	0.2	36	1.2	1,676
15-20	16,680	1,796,393	414	25.1	4,623	0.6	123	3	0.2	36	0.4	1,063
21-44	241,755	22,530,342	5,295	37.4	58,874	0.6	124	215	1.5	2,328	0.5	55
45-64	493,503	40,941,843	5,474	27.5	62,406	0.6	140	1,706	8.6	19,380	0.5	62
65-74	331	18,861	8	25.8	54	0.8	109	1	3.2	6	0.3	22
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	539,411	31,716,035	7,948	2.5	76,757	0.4	75	318	0.1	3,085	0.5	67
5 and younger	29,271	1,802,360	130	0.2	1,363	0.4	76	1	0.0	12	0.8	687
6-14	116,033	8,986,735	2,232	2.6	23,534	0.5	89	2	0.0	24	0.3	15
15-20	90,817	5,655,433	1,856	3.8	18,931	0.5	81	1	0.0	12	0.1	12
21-44	253,710	11,880,858	3,195	3.2	27,483	0.3	50	104	0.1	839	0.4	63
45-64	22,743	1,454,985	223	5.5	1,990	0.4	72	50	1.2	420	0.5	62
65-74	16,837	1,232,462	176	18.9	2,048	0.9	164	81	8.7	924	0.6	67
75-84	7,174	521,390	81	17.2	902	0.8	139	51	10.8	580	0.6	64
85 and older	2,826	181,812	55	28.8	506	0.6	91	28	14.7	274	0.7	70
<b>Male</b>	899,497	110,145,052	19,511	7.6	208,964	0.6	135	1,657	0.6	17,681	0.5	1,594
<b>Disabled</b>	478,565	72,239,649	10,163	31.1	113,227	0.7	160	1,418	4.3	15,644	0.5	1,580
5 and younger	6,517	1,179,308	86	6.8	963	0.5	110	5	0.4	45	1.0	13,357
6-14	40,314	6,392,759	1,270	33.9	13,737	0.6	130	9	0.2	81	0.9	25,411
15-20	29,717	17,928,597	1,028	40.8	11,394	0.7	143	11	0.4	117	1.2	123,981
21-44	181,341	27,607,606	5,025	39.4	56,406	0.7	173	178	1.4	1,960	0.6	3,448
45-64	220,539	19,121,368	2,753	22.2	30,725	0.7	157	1,212	9.8	13,426	0.5	59
65-74	137	10,011	1	7.1	2	0.5	5	3	21.4	15	0.7	72
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	420,932	37,905,403	9,348	4.2	95,737	0.6	105	239	0.1	2,037	0.6	1,697
5 and younger	47,063	3,413,007	387	0.5	3,966	0.4	70	13	0.0	111	0.4	3,056
6-14	229,128	22,504,298	5,659	6.3	58,681	0.6	104	20	0.0	213	0.9	10,929
15-20	87,842	8,499,063	2,637	7.9	27,222	0.6	113	9	0.0	83	1.2	8,305
21-44	38,276	2,152,234	463	3.0	3,797	0.4	79	69	0.5	478	0.5	61
45-64	8,550	559,884	60	3.3	513	0.4	78	53	3.0	373	0.5	58
65-74	5,854	477,347	74	16.4	817	0.9	184	50	11.1	521	0.6	64
75-84	2,774	205,898	45	22.0	501	0.8	127	15	7.3	158	0.5	56
85 and older	1,445	93,672	23	21.1	240	0.7	91	10	9.2	100	0.8	69
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean	Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean	Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean	Mean Rx \$ per Month
				Number of Benefit per Month					Number of Benefit per Month					Number of Benefit per Month	
<b>All</b>	<b>37,274</b>	<b>6.1 %</b>	<b>388,819</b>	<b>0.6</b>	<b>\$66</b>	<b>84,033</b>	<b>13.7 %</b>	<b>833,692</b>	<b>0.5</b>	<b>\$30</b>	<b>37,989</b>	<b>6.2 %</b>	<b>378,402</b>	<b>0.6</b>	<b>\$49</b>
<b>Female</b>	23,256	6.5	239,687	0.6	61	59,033	16.6	575,232	0.4	30	11,884	3.3	119,322	0.5	47
<b>Disabled</b>	13,939	36.2	156,523	0.7	72	24,571	63.9	274,189	0.5	36	1,775	4.6	19,112	0.6	58
5 and younger	171	19.7	1,824	0.8	89	15	1.7	170	0.3	19	28	3.2	305	0.4	22
6-14	585	31.1	6,398	0.8	88	333	17.7	3,496	0.6	29	478	25.4	4,910	0.7	55
15-20	503	30.5	5,683	0.8	109	529	32.1	5,621	0.5	35	193	11.7	2,035	0.6	48
21-44	5,885	41.6	65,154	0.7	76	9,579	67.6	104,800	0.5	34	627	4.4	6,873	0.5	55
45-64	6,786	34.1	77,388	0.6	63	14,106	70.9	160,051	0.5	37	449	2.3	4,989	0.5	69
65-74	9	29.0	76	0.6	37	9	29.0	51	0.4	10	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	9,317	2.9	83,164	0.5	42	34,462	10.8	301,043	0.4	24	10,109	3.2	100,210	0.5	45
5 and younger	286	0.4	2,743	0.5	48	101	0.1	975	0.3	12	432	0.6	4,430	0.4	27
6-14	1,250	1.5	12,515	0.6	65	3,957	4.6	40,303	0.4	24	7,006	8.2	70,397	0.6	45
15-20	1,372	2.8	13,459	0.5	56	6,955	14.2	67,410	0.4	23	1,595	3.3	16,149	0.6	46
21-44	5,808	5.8	48,756	0.4	32	21,479	21.6	175,185	0.3	24	1,006	1.0	8,603	0.4	46
45-64	390	9.6	3,330	0.5	48	1,430	35.4	11,156	0.5	35	62	1.5	536	0.4	56
65-74	150	16.1	1,726	0.7	42	330	35.5	3,745	0.6	38	6	0.6	71	0.8	80
75-84	42	8.9	450	0.6	43	133	28.2	1,482	0.6	32	2	0.4	24	0.5	66
85 and older	19	9.9	185	0.6	44	77	40.3	787	0.7	44	0	0.0	0	0.0	0
<b>Male</b>	14,018	5.5	149,132	0.7	73	25,000	9.8	258,460	0.5	30	26,105	10.2	259,080	0.6	49
<b>Disabled</b>	9,300	28.4	103,847	0.7	80	12,431	38.0	137,432	0.5	32	2,996	9.2	31,462	0.6	55
5 and younger	198	15.7	2,070	0.7	71	44	3.5	487	0.5	18	111	8.8	1,243	0.4	29
6-14	931	24.8	10,199	0.7	87	853	22.7	9,146	0.5	29	1,685	44.9	17,165	0.6	52
15-20	794	31.5	8,849	0.8	92	800	31.8	8,831	0.6	36	499	19.8	5,284	0.7	60
21-44	4,300	33.8	48,455	0.8	91	5,369	42.1	59,372	0.5	33	537	4.2	5,920	0.6	60
45-64	3,075	24.8	34,262	0.6	61	5,360	43.2	59,574	0.5	32	164	1.3	1,850	0.5	71
65-74	2	14.3	12	0.8	67	5	35.7	22	0.7	40	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	4,718	2.1	45,285	0.6	56	12,569	5.6	121,028	0.5	27	23,109	10.4	227,618	0.6	49
5 and younger	383	0.5	3,703	0.5	43	218	0.3	2,318	0.3	12	1,154	1.4	11,687	0.4	26
6-14	2,040	2.3	20,614	0.6	59	6,090	6.8	62,024	0.5	27	17,986	20.2	177,019	0.6	49
15-20	1,183	3.5	11,838	0.6	69	3,703	11.0	36,649	0.5	29	3,770	11.2	37,435	0.6	54
21-44	874	5.7	6,924	0.4	34	1,995	13.0	15,131	0.4	25	178	1.2	1,305	0.4	50
45-64	140	7.8	1,134	0.5	45	347	19.3	2,669	0.4	29	16	0.9	118	0.5	58
65-74	56	12.4	611	0.7	65	102	22.6	1,070	0.6	36	2	0.4	24	0.8	110
75-84	32	15.6	355	0.8	60	59	28.8	633	0.7	44	2	1.0	24	0.6	7
85 and older	10	9.2	106	0.7	38	55	50.5	534	0.7	38	1	0.9	6	0.2	22
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE ND.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - Narcotic					ULCER DRUGS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>96,156</b>	<b>15.7 %</b>	<b>962,765</b>	<b>0.3</b>	<b>\$18</b>	<b>133,840</b>	<b>21.9 %</b>	<b>1,282,120</b>	<b>0.3</b>	<b>\$11</b>	<b>44,414</b>	<b>7.3 %</b>	<b>457,596</b>	<b>0.4</b>	<b>\$22</b>
<b>Female</b>	53,254	14.9	535,030	0.3	18	96,282	27.0	909,493	0.3	10	30,164	8.5	310,340	0.4	22
<b>Disabled</b>	18,070	47.0	204,058	0.4	25	29,292	76.1	326,225	0.5	20	15,513	40.3	176,261	0.4	28
5 and younger	457	52.5	4,940	0.4	30	111	12.8	1,204	0.1	1	195	22.4	2,154	0.5	28
6-14	566	30.1	6,218	0.4	35	267	14.2	2,962	0.1	2	278	14.8	3,115	0.5	38
15-20	417	25.3	4,590	0.4	28	511	31.0	5,515	0.2	6	270	16.4	3,082	0.4	28
21-44	5,031	35.5	55,741	0.3	20	11,279	79.6	122,980	0.4	17	4,732	33.4	52,917	0.4	24
45-64	11,585	58.3	132,498	0.4	27	17,102	86.0	193,408	0.5	23	10,025	50.4	114,891	0.4	30
65-74	14	45.2	71	0.5	29	22	71.0	156	0.4	19	13	41.9	102	0.6	22
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	35,184	11.1	330,972	0.2	13	66,990	21.1	583,268	0.3	4	14,651	4.6	134,079	0.3	12
5 and younger	10,301	13.2	100,278	0.2	12	2,003	2.6	20,089	0.1	1	1,650	2.1	14,430	0.2	11
6-14	10,241	11.9	101,466	0.3	15	5,214	6.1	53,737	0.1	1	1,921	2.2	19,872	0.2	10
15-20	4,858	9.9	47,308	0.2	12	12,867	26.3	122,953	0.2	1	2,651	5.4	26,427	0.2	8
21-44	8,574	8.6	70,612	0.3	12	44,300	44.5	363,204	0.3	6	7,157	7.2	60,891	0.3	13
45-64	708	17.5	5,731	0.3	20	1,803	44.6	14,377	0.5	13	659	16.3	5,629	0.4	24
65-74	306	32.9	3,461	0.4	24	496	53.3	5,644	0.4	11	352	37.8	4,019	0.5	23
75-84	151	32.0	1,665	0.3	21	213	45.1	2,299	0.5	19	183	38.8	2,002	0.6	29
85 and older	45	23.6	451	0.4	23	94	49.2	965	0.4	11	78	40.8	809	0.6	28
<b>Male</b>	42,902	16.8	427,735	0.3	18	37,558	14.7	372,627	0.3	15	14,250	5.6	147,256	0.4	22
<b>Disabled</b>	9,227	28.2	101,840	0.4	26	16,509	50.5	180,792	0.5	25	7,758	23.7	86,447	0.5	29
5 and younger	634	50.3	6,571	0.4	33	143	11.3	1,566	0.1	2	215	17.0	2,237	0.5	28
6-14	1,148	30.6	12,161	0.4	25	430	11.5	4,762	0.1	2	316	8.4	3,605	0.5	43
15-20	537	21.3	6,014	0.4	26	580	23.0	6,414	0.2	7	322	12.8	3,681	0.5	33
21-44	2,182	17.1	24,466	0.3	21	6,754	53.0	73,709	0.4	24	2,723	21.4	30,439	0.4	29
45-64	4,721	38.0	52,588	0.4	28	8,593	69.2	94,303	0.5	29	4,177	33.7	46,462	0.5	27
65-74	5	35.7	40	0.2	25	9	64.3	38	0.5	14	5	35.7	23	0.5	88
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	33,675	15.1	325,895	0.2	15	21,049	9.4	191,835	0.2	5	6,492	2.9	60,809	0.3	13
5 and younger	15,406	18.7	149,230	0.2	14	2,872	3.5	29,171	0.1	1	2,063	2.5	18,245	0.2	12
6-14	13,613	15.3	134,025	0.3	16	5,579	6.3	57,773	0.1	1	1,686	1.9	17,492	0.2	11
15-20	3,328	9.9	31,700	0.3	15	5,415	16.1	52,893	0.2	2	1,204	3.6	12,224	0.3	10
21-44	873	5.7	6,625	0.3	17	6,087	39.7	42,939	0.5	14	1,076	7.0	8,471	0.3	21
45-64	233	13.0	2,061	0.4	33	829	46.2	6,318	0.5	15	227	12.6	1,923	0.4	24
65-74	142	31.4	1,509	0.5	29	149	33.0	1,566	0.4	9	134	29.6	1,429	0.5	20
75-84	47	22.9	473	0.3	18	70	34.1	733	0.4	15	67	32.7	702	0.5	28
85 and older	33	30.3	272	0.3	16	48	44.0	442	0.4	15	35	32.1	323	0.7	20
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERLIPIDEMIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Benefit per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Benefit per Month		
<b>All</b>	<b>21,371</b>	<b>3.5 %</b>	<b>223,633</b>	<b>0.6</b>	<b>\$45</b>	<b>16,317</b>	<b>2.7 %</b>	<b>179,145</b>	<b>0.5</b>	<b>\$47</b>	<b>611,951</b>	<b>4,230,658</b>
<b>Female</b>	14,585	4.1	152,281	0.6	44	10,471	2.9	115,470	0.5	47	356,311	2,397,398
<b>Disabled</b>	10,480	27.2	117,864	0.6	46	8,556	22.2	98,174	0.5	48	38,476	376,209
5 and younger	3	0.3	14	0.8	77	3	0.3	32	0.1	3	870	7,327
6-14	20	1.1	209	0.7	54	6	0.3	72	0.4	20	1,881	16,839
15-20	49	3.0	542	0.6	47	8	0.5	92	0.3	20	1,647	15,093
21-44	2,052	14.5	22,541	0.5	42	1,486	10.5	16,650	0.5	40	14,161	136,232
45-64	8,349	42.0	94,498	0.6	47	7,048	35.4	81,293	0.5	50	19,886	200,531
65-74	7	22.6	60	0.5	20	5	16.1	35	0.5	33	31	187
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	4,105	1.3	34,417	0.6	37	1,915	0.6	17,296	0.4	40	317,835	2,021,189
5 and younger	32	0.0	343	0.5	43	57	0.1	447	0.2	8	77,868	518,423
6-14	347	0.4	3,305	0.7	51	13	0.0	131	0.4	24	85,961	624,511
15-20	401	0.8	3,706	0.5	42	57	0.1	599	0.3	28	48,920	325,966
21-44	2,209	2.2	16,605	0.5	32	949	1.0	7,828	0.3	30	99,450	515,690
45-64	504	12.5	3,659	0.6	38	370	9.2	2,936	0.5	44	4,043	20,191
65-74	400	43.0	4,532	0.7	39	312	33.5	3,602	0.6	56	930	9,847
75-84	168	35.6	1,795	0.7	38	130	27.5	1,465	0.6	58	472	4,807
85 and older	44	23.0	472	0.8	36	27	14.1	288	0.5	45	191	1,754
<b>Male</b>	6,786	2.7	71,352	0.6	46	5,846	2.3	63,675	0.5	46	255,640	1,833,260
<b>Disabled</b>	5,289	16.2	58,822	0.6	45	4,928	15.1	55,781	0.5	47	32,692	311,144
5 and younger	5	0.4	53	0.4	34	3	0.2	28	0.1	2	1,261	10,505
6-14	38	1.0	449	0.5	61	7	0.2	77	0.2	14	3,750	33,828
15-20	46	1.8	510	0.6	43	14	0.6	167	0.5	31	2,517	23,982
21-44	1,269	10.0	14,261	0.6	47	1,336	10.5	15,278	0.5	42	12,740	123,943
45-64	3,923	31.6	43,465	0.6	44	3,564	28.7	40,195	0.5	50	12,410	118,803
65-74	8	57.1	84	0.4	20	4	28.6	36	0.7	56	14	83
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	1,497	0.7	12,530	0.6	49	918	0.4	7,894	0.5	40	222,948	1,522,116
5 and younger	47	0.1	456	0.6	49	53	0.1	397	0.2	3	82,307	549,317
6-14	273	0.3	2,551	0.7	54	26	0.0	287	0.4	29	89,193	651,825
15-20	214	0.6	1,837	0.7	74	41	0.1	440	0.4	21	33,572	237,425
21-44	512	3.3	3,584	0.6	41	393	2.6	3,027	0.4	38	15,315	67,312
45-64	214	11.9	1,508	0.7	51	231	12.9	1,796	0.5	43	1,795	8,760
65-74	145	32.1	1,589	0.6	36	115	25.4	1,266	0.6	54	452	4,534
75-84	59	28.8	666	0.6	24	44	21.5	514	0.6	56	205	2,017
85 and older	33	30.3	339	0.6	42	15	13.8	167	0.6	54	109	926
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE ND.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$569</b>	<b>9.6</b>	<b>1,624</b>	<b>17,700</b>
<b>Age</b>				
0-64	609	9.9	1,259	13,865
65-74	497	9.1	146	1,607
75-84	454	8.5	116	1,207
85 and older	271	6.8	103	1,021
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	584	10.0	907	9,873
Male	550	9.0	717	7,827
Unknown	0	0.0	0	0
<b>Race</b>				
White	584	10	1,277	13,839
African American	526	8	311	3,458
Other/unknown	408	8.7	36	403
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	424	8.3	364	3,843
Disabled	613	9.9	1,227	13,480
Adults	0	0.0	0	0
Children	472	8.6	33	377
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 1,768 beneficiaries who were in nursing facilities for part of their enrollment and their 17,835 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE ND.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.7	0.3	0.0	0.3	\$62	\$46	\$6	\$10	\$91	\$155	\$128	\$29	9,036	\$819,469	1,197	73.7 %	13,250
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	26	23	107	29	250	6,526	228	14.0	2,666
Antineoplastic Agents	0.6	0.1	0.0	0.5	83	34	0	50	135	370	0	94	525	70,777	81	5.0	849
Endocrine/Metabolic Drugs	1.3	0.6	0.2	0.5	67	52	7	7	52	87	33	16	12,009	627,530	859	52.9	9,409
Cardiovascular Agents	2.3	0.6	0.1	1.6	68	44	2	22	30	71	34	14	25,622	768,823	1,033	63.6	11,232
Respiratory Agents	1.0	0.4	0.0	0.6	44	33	1	11	44	83	40	18	10,789	476,676	980	60.3	10,822
Gastrointestinal Agents	1.2	0.3	0.1	0.8	51	28	7	15	41	109	52	18	14,649	604,503	1,077	66.3	11,791
Genitourinary Agents	0.7	0.3	0.0	0.3	40	30	2	7	56	87	55	22	3,168	176,089	390	24.0	4,441
CNS Drugs	2.0	0.9	0.1	1.0	184	152	10	22	91	161	83	23	29,517	2,676,592	1,321	81.3	14,532
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/ Neurological Agents	0.7	0.5	0.0	0.2	91	87	0	4	123	172	27	17	353	43,394	42	2.6	475
Neurological Agents	0.9	0.9	0.0	0.0	185	185	0	0	212	214	0	18	1,808	382,966	194	11.9	2,068
Analgesics and Anesthetics	1.3	0.3	0.0	0.9	51	37	2	12	40	118	69	13	13,932	559,929	1,010	62.2	11,008
Neuromuscular Agents	1.7	0.5	0.2	0.9	137	79	27	31	80	151	109	33	18,819	1,497,578	970	59.7	10,957
Nutritional Products	1.0	0.1	0.0	0.9	26	7	0	18	27	120	18	21	7,076	189,910	671	41.3	7,367
Hematological Agents	1.3	0.3	0.1	0.9	95	80	3	11	75	252	38	13	8,001	600,557	592	36.5	6,346
Topical Products	0.8	0.3	0.1	0.5	37	23	4	10	44	74	51	22	11,819	516,645	1,259	77.5	14,041
Miscellaneous Products	0.4	0.0	0.0	0.4	12	1	0	11	30	21	78	30	1,181	35,562	263	16.2	2,873
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	10	0	0	0	26	0	0	0	539	13,964	131	8.1	1,457
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>169,093</b>	<b>10,067,490</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,768 beneficiaries who were in nursing facilities for part of their enrollment and their 17,835 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Indiana, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,724,847	900	55.4 %	9,998	0.9	\$193	\$173
ANTICONVULSANT	1,244,023	1,137	70.0	12,928	1.0	92	96
ANTIDEPRESSANTS	795,250	1,219	75.1	13,498	0.9	69	59
ANTIDIABETIC	475,770	742	45.7	7,957	1.0	58	60
DERMATOLOGICAL	445,569	3,232	199.0	36,666	0.3	39	12
ULCER DRUGS	390,796	1,086	66.9	11,890	0.8	43	33
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	386,599	248	15.3	2,654	0.7	205	146
ANTIASTHMATIC	330,033	985	60.7	10,858	0.6	52	30
ANALGESICS - Narcotic	328,869	1,041	64.1	11,152	0.9	34	29
ANTIHYPERLIPIDEMIC	285,941	401	24.7	4,468	0.8	80	64
<b>Total</b>	<b>6,407,697</b>	<b>10,991</b>		<b>122,069</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,768 beneficiaries who were in nursing facilities for part of their enrollment and their 17,835 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE ND.10A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST  
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>84,063</b>	<b>\$6,407,697</b>	<b>900</b>	<b>55.4 %</b>	<b>9,998</b>	<b>0.9</b>	<b>\$173</b>	<b>1,137</b>	<b>70.0 %</b>	<b>12,928</b>	<b>1.0</b>	<b>\$96</b>
<b>Female</b>	48,678	3,714,464	545	60.1	6,023	0.9	174	587	64.7	6,656	1.0	91
<b>Disabled</b>	37,792	2,956,003	389	59.3	4,331	0.9	180	508	77.4	5,777	1.1	96
	37,776	2,954,657	388	59.2	4,329	0.9	180	508	77.6	5,777	1.1	96
64 or younger	16	1,346	1	100.0	2	0.5	220	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	10,886	758,461	156	62.2	1,692	0.9	159	79	31.5	879	0.9	61
<b>Other Eligibles</b>	547	34,019	4	28.6	48	0.6	68	10	71.4	120	1.0	117
64 or younger	5,249	381,423	72	73.5	829	1.0	179	38	38.8	449	0.9	50
65-74	3,296	240,163	44	58.7	487	0.9	182	19	25.3	191	0.9	70
75-84	1,794	102,856	36	56.3	328	0.7	91	12	18.8	119	0.6	30
85 and older												
<b>Male</b>	35,385	2,693,233	355	49.5	3,975	0.9	170	550	76.7	6,272	1.1	102
<b>Disabled</b>	29,472	2,267,737	281	49.2	3,137	0.9	172	484	84.8	5,505	1.1	105
	29,466	2,267,066	281	49.3	3,137	0.9	172	484	84.9	5,505	1.1	105
64 or younger	6	671	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	5,913	425,496	74	50.7	838	0.9	163	66	45.2	767	1.0	77
<b>Other Eligibles</b>	1,076	70,241	2	10.0	24	0.7	277	18	90.0	206	1.2	103
64 or younger	1,940	155,915	29	63.0	326	1.0	208	25	54.3	285	1.0	74
65-74	1,778	135,261	31	75.6	361	0.8	144	17	41.5	204	0.8	62
75-84	1,119	64,079	12	30.8	127	0.7	77	6	15.4	72	0.8	52
85 and older												
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,768 beneficiaries who were in nursing facilities for part of their enrollment and their 17,835 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIDIABETIC					DERMATOLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,219</b>	<b>75.1 %</b>	<b>13,498</b>	<b>0.9</b>	<b>\$59</b>	<b>742</b>	<b>45.7 %</b>	<b>7,957</b>	<b>1.0</b>	<b>\$60</b>	<b>3,232</b>	<b>199.0 %</b>	<b>36,666</b>	<b>0.3</b>	<b>\$12</b>
<b>Female</b>	741	81.7	8,220	0.9	61	476	52.5	5,117	1.0	59	1,788	197.1	20,282	0.3	10
<b>Disabled</b>	556	84.8	6,203	0.9	64	344	52.4	3,734	1.0	59	1,364	207.9	15,642	0.3	11
64 or younger	556	84.9	6,203	0.9	64	344	52.5	3,734	1.0	59	1,361	207.8	15,636	0.3	11
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	300.0	6	1.2	118
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	185	73.7	2,017	0.8	54	132	52.6	1,383	1.1	57	424	168.9	4,640	0.3	9
64 or younger	3	21.4	36	0.5	9	0	0.0	0	0.0	0	40	285.7	480	0.3	9
65-74	90	91.8	1,027	0.9	62	68	69.4	767	1.1	63	170	173.5	1,958	0.3	8
75-84	49	65.3	514	0.8	47	45	60.0	434	1.0	52	117	156.0	1,232	0.3	11
85 and older	43	67.2	440	0.8	46	19	29.7	182	1.0	42	97	151.6	970	0.3	8
<b>Male</b>	478	66.7	5,278	0.8	56	266	37.1	2,840	1.0	62	1,444	201.4	16,384	0.3	14
<b>Disabled</b>	382	66.9	4,251	0.8	56	206	36.1	2,198	1.1	66	1,178	206.3	13,388	0.3	15
64 or younger	381	66.8	4,249	0.8	56	206	36.1	2,198	1.1	66	1,178	206.7	13,388	0.3	15
65-74	1	100.0	2	1.0	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	96	65.8	1,027	0.8	53	60	41.1	642	0.8	46	266	182.2	2,996	0.3	10
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	47	235.0	536	0.4	13
65-74	35	76.1	380	0.8	54	22	47.8	215	0.9	49	69	150.0	753	0.4	16
75-84	33	80.5	364	0.8	57	21	51.2	241	0.8	32	78	190.2	890	0.2	7
85 and older	28	71.8	283	0.8	47	17	43.6	186	0.7	59	72	184.6	817	0.3	6
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,768 beneficiaries who were in nursing facilities for part of their enrollment and their 17,835 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,086</b>	<b>66.9 %</b>	<b>11,890</b>	<b>0.8</b>	<b>\$33</b>	<b>248</b>	<b>15.3 %</b>	<b>2,654</b>	<b>0.7</b>	<b>\$146</b>	<b>985</b>	<b>60.7 %</b>	<b>10,858</b>	<b>0.6</b>	<b>\$30</b>
<b>Female</b>	598	65.9	6,531	0.7	30	150	16.5	1,645	0.7	176	546	60.2	6,010	0.5	30
<b>Disabled</b>	433	66.0	4,765	0.7	33	103	15.7	1,138	0.7	208	419	63.9	4,644	0.6	31
64 or younger	433	66.1	4,765	0.7	33	103	15.7	1,138	0.7	208	418	63.8	4,642	0.6	31
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	2	0.5	3
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	165	65.7	1,766	0.8	22	47	18.7	507	0.8	103	127	50.6	1,366	0.5	26
64 or younger	11	78.6	132	0.6	16	2	14.3	24	0.9	121	14	100.0	168	0.9	42
65-74	66	67.3	734	0.8	17	18	18.4	209	0.7	97	50	51.0	573	0.4	26
75-84	54	72.0	532	0.8	30	16	21.3	160	0.8	98	48	64.0	471	0.4	21
85 and older	34	53.1	368	0.7	24	11	17.2	114	0.9	116	15	23.4	154	0.4	27
<b>Male</b>	488	68.1	5,359	0.8	37	98	13.7	1,009	0.7	97	439	61.2	4,848	0.6	31
<b>Disabled</b>	399	69.9	4,391	0.8	38	70	12.3	735	0.6	88	355	62.2	3,958	0.6	30
64 or younger	399	70.0	4,391	0.8	38	70	12.3	735	0.6	88	354	62.1	3,956	0.6	30
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	2	1.0	220
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	89	61.0	968	0.8	29	28	19.2	274	0.9	119	84	57.5	890	0.7	35
64 or younger	17	85.0	184	1.0	70	0	0.0	0	0.0	0	30	150.0	360	1.1	62
65-74	27	58.7	293	0.7	15	7	15.2	65	0.7	101	22	47.8	223	0.6	29
75-84	25	61.0	285	0.8	26	9	22.0	108	0.9	129	17	41.5	167	0.3	9
85 and older	20	51.3	206	0.7	15	12	30.8	101	1.0	119	15	38.5	140	0.2	7
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,768 beneficiaries who were in nursing facilities for part of their enrollment and their 17,835 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC					Benefit Months	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Among All-Year Nursing Facility Residents
<b>All</b>	<b>1,041</b>	<b>64.1 %</b>	<b>11,152</b>	<b>0.9</b>	<b>\$30</b>	<b>401</b>	<b>24.7 %</b>	<b>4,468</b>	<b>0.8</b>	<b>\$64</b>	<b>1,624</b>	<b>17,700</b>
<b>Female</b>	660	72.8	7,123	0.9	29	236	26.0	2,701	0.8	64	907	9,873
<b>Disabled</b>	499	76.1	5,435	0.9	31	180	27.4	2,086	0.8	63	656	7,215
64 or younger	497	75.9	5,431	0.9	31	179	27.3	2,084	0.8	64	655	7,213
65-74	2	200.0	4	1.5	30	1	100.0	2	0.5	38	1	2
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	161	64.1	1,688	0.7	23	56	22.3	615	0.9	68	251	2,658
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	14	168
65-74	59	60.2	653	0.7	17	33	33.7	377	0.9	66	98	1,114
75-84	59	78.7	601	0.9	38	19	25.3	199	0.8	71	75	753
85 and older	43	67.2	434	0.6	12	4	6.3	39	0.9	70	64	623
<b>Male</b>	381	53.1	4,029	0.8	30	165	23.0	1,767	0.8	63	717	7,827
<b>Disabled</b>	327	57.3	3,464	0.8	33	142	24.9	1,534	0.7	63	571	6,265
64 or younger	327	57.4	3,464	0.8	33	141	24.7	1,532	0.7	63	570	6,263
65-74	0	0.0	0	0.0	0	1	100.0	2	1.0	105	1	2
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	54	37.0	565	0.6	16	23	15.8	233	0.8	67	146	1,562
64 or younger	3	15.0	36	0.2	2	0	0.0	0	0.0	0	20	221
65-74	14	30.4	162	0.6	8	10	21.7	83	0.8	67	46	489
75-84	19	46.3	190	0.9	37	7	17.1	84	0.8	68	41	454
85 and older	18	46.2	177	0.4	4	6	15.4	66	0.8	66	39	398
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,768 beneficiaries who were in nursing facilities for part of their enrollment and their 17,835 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 INDIANA, 2004

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Nondual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>149,796</b>	<b>24.5 %</b>	<b>1.1</b>	<b>675,695</b>	<b>\$16</b>	<b>\$9,822,603</b>	<b>\$15</b>	<b>3.1 %</b>	<b>611,951</b>
<b>Age</b>									
5 and younger	44,902	27.7	0.6	99,298	10	1,636,326	16	8.0	162,306
6-14	32,532	18.0	0.4	78,925	8	1,403,558	18	2.5	180,785
15-20	15,488	17.9	0.5	47,497	9	750,895	16	1.7	86,656
21-44	35,886	25.3	1.5	207,774	20	2,903,389	14	3.0	141,666
45-64	19,737	51.8	5.7	218,662	78	2,958,233	14	3.0	38,134
65-74	692	48.5	8.1	11,619	66	93,594	8	3.3	1,427
75-84	357	52.7	10.2	6,873	70	47,548	7	3.6	677
85 and older	202	67.3	16.8	5,047	97	29,060	6	5.3	300
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	1,234	51.5	9.7	23,343	69	166,089	7	3.6	2,398
Disabled	35,335	49.7	5.2	370,523	77	5,447,789	15	2.7	71,168
Adults	26,618	19.8	0.7	93,197	9	1,211,332	13	3.9	134,432
Children	86,496	21.4	0.5	188,028	7	2,989,820	16	3.6	403,703
Unknown	113	45.2	2.4	604	30	7,573	13	2.3	250
<b>Gender</b>									
Female	90,332	25.4	1.2	427,883	17	6,017,851	14	3.6	356,311
Male	59,464	23.3	1.0	247,812	15	3,804,752	15	2.5	255,640
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	127,248	27.9	1.3	583,466	19	8,620,022	15	3.1	456,614
African American	15,523	14.3	0.7	71,368	8	914,777	13	2.7	108,816
Other/unknown	7,025	15.1	0.4	20,861	6	287,804	14	3.4	46,521
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	1,604	98.8	40.8	66,211	362	588,492	9	5.8	1,624
Part year	1,691	95.6	20.7	36,580	265	468,748	13	5.2	1,768
None	146,501	24.1	0.9	572,904	14	8,765,363	15	2.9	608,559
<b>Maintenance Assistance Status</b>									
Cash	69,286	28.7	1.8	438,060	25	6,057,547	14	2.9	241,316
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	48,345	19.5	0.4	104,273	7	1,728,708	17	3.4	248,421
Other/unknown	32,165	26.3	1.1	133,362	17	2,036,348	15	3.4	122,214

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

- a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 INDIANA, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.2</b>	<b>\$2</b>	<b>\$15</b>	<b>\$0</b>	<b>\$1</b>	<b>4,230,658</b>
<b>Age</b>						
5 and younger	0.1	2	16	0	0	1,085,572
6-14	0.1	1	18	0	0	1,327,003
15-20	0.1	1	16	0	0	602,466
21-44	0.2	3	14	0	2	843,177
45-64	0.6	8	14	0	2	348,285
65-74	0.8	6	8	0	1	14,651
75-84	1.0	7	7	0	1	6,824
85 and older	1.9	11	6	0	1	2,680
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	1.0	7	7	0	1	24,064
Disabled	0.5	8	15	0	3	687,353
Adults	0.1	2	13	0	1	689,726
Children	0.1	1	16	0	0	2,827,605
Unknown	0.3	4	13	0	1	1,910
<b>Gender</b>						
Female	0.2	3	14	0	1	2,397,398
Male	0.1	2	15	0	0	1,833,260
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.2	3	15	0	1	3,435,889
African American	0.1	2	13	0	0	548,626
Other/unknown	0.1	1	14	0	0	246,143
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	3.7	33	9	1	6	17,700
Part year	2.1	26	13	0	4	17,835
None	0.1	2	15	0	1	4,195,123
<b>Maintenance Assistance Status</b>						
Cash	0.3	4	14	0	1	1,635,309
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	17	0	0	1,766,240
Other/unknown	0.2	2	15	0	1	829,109

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE ND.13  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 FOR SELECTED DRUG CATEGORIES AMONG NONDUALS<sup>a,b,c</sup>  
 INDIANA, 2004

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
<b>All</b>	<b>199,538</b>	<b>\$49</b>	<b>\$9,822,603</b>	<b>100.0 %</b>	<b>675,695</b>	<b>\$15</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	4	42	168	0.0	4	42	0.0
Drugs for cosmetic purposes	254	13	3,379	0.0	336	10	0.0
Cough and cold medications	86,238	38	3,314,120	33.7	160,821	21	23.8
Vitamins and minerals	9,899	120	1,191,257	12.1	50,701	23	7.5
Non-prescription drugs	65,337	25	1,638,384	16.7	241,534	7	35.7
Barbiturates	1,551	70	108,742	1.1	12,957	8	1.9
Benzodiazepines	31,844	83	2,658,243	27.1	195,750	14	29.0
Other Part D Excl Rx Drugs	4,411	206	908,310	9.2	13,592	67	2.0

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table ND11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1  
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>828,140</b>	<b>2,411</b>	<b>77,018</b>	<b>171,209</b>	<b>577,252</b>	<b>250</b>	<b>7,772,729</b>	<b>24,289</b>	<b>790,739</b>	<b>1,372,035</b>	<b>5,583,756</b>	<b>1,910</b>
<b>Age</b>												
5 and younger	236,901	0	2,901	3	233,997	0	2,219,683	0	31,724	5	2,187,954	0
6-14	255,996	0	7,811	12	248,173	0	2,589,752	0	87,292	60	2,502,400	0
15-20	116,121	0	4,857	16,746	94,514	4	1,082,335	0	52,001	140,076	890,237	21
21-44	175,734	0	28,496	146,580	566	92	1,462,819	0	289,759	1,169,301	3,155	604
45-64	40,969	42	32,908	7,863	2	154	393,734	204	329,693	62,542	10	1,285
65-74	1,441	1,392	45	4	0	0	14,890	14,572	270	48	0	0
75-84	678	678	0	0	0	0	6,836	6,836	0	0	0	0
85 and older	300	299	0	1	0	0	2,680	2,677	0	3	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	478,985	1,629	41,789	150,696	284,621	250	4,447,603	16,725	435,313	1,237,040	2,756,615	1,910
Male	349,155	782	35,229	20,513	292,631	0	3,325,126	7,564	355,426	134,995	2,827,141	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	555,645	1,294	58,871	118,871	376,399	210	5,142,080	13,051	603,556	927,095	3,596,721	1,657
African American	199,787	457	15,476	42,698	141,122	34	1,967,859	4,642	160,406	371,667	1,430,931	213
Other/unknown	72,708	660	2,671	9,640	59,731	6	662,790	6,596	26,777	73,273	556,104	40
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	1,624	364	1,227	0	33	0	17,701	3,843	13,481	0	377	0
Part year	1,768	169	1,570	15	14	0	17,928	1,612	16,008	147	161	0
None	824,748	1,878	74,221	171,194	577,205	250	7,737,100	18,834	761,250	1,371,888	5,583,218	1,910
<b>Maintenance Assistance Status</b>												
Cash	328,109	1,412	57,334	108,191	161,172	0	3,186,597	15,241	619,464	903,064	1,648,828	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	333,266	2	18	21,486	311,510	250	3,172,839	15	162	133,055	3,037,697	1,910
Other/unknown	166,765	997	19,666	41,532	104,570	0	1,413,293	9,033	171,113	335,916	897,231	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	388,984	2,387	65,421	73,948	246,978	250	3,424,500	24,003	661,985	493,944	2,242,658	1,910
FFS part year, with Rx claims	86,072	9	3,575	30,695	51,793	0	884,497	106	40,089	288,249	556,053	0
FFS part year, no Rx claims	136,895	2	2,172	29,789	104,932	0	1,309,038	24	22,514	253,409	1,033,091	0
MC all year, with Rx claims	1,643	0	26	507	1,110	0	12,804	0	273	4,182	8,349	0
MC all year, no Rx claims	214,546	13	5,824	36,270	172,439	0	2,141,890	156	65,878	332,251	1,743,605	0

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table A.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2004

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>828,140</b>	<b>7,772,729</b>	<b>611,951</b>	<b>4,230,658</b>	<b>0</b>	<b>3,542,071</b>
Fee-for-service (FFS) all year	388,984	3,424,500	388,984	3,424,500	0	0
FFS part year, with Rx claims	86,072	884,497	86,072	374,261	0	510,236
FFS part year, with no Rx claims	136,895	1,309,038	136,895	431,897	0	877,141
Managed care (MC) all year, with Rx claims	1,643	12,804	0	0	0	12,804
MC all year, with no Rx claims	214,546	2,141,890	0	0	0	2,141,890

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.