

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 OHIO

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TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
DUAL ELIGIBLE BENEFICIARIES, OHIO, 1999

Beneficiary Characteristics	No. of Beneficiaries							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown		
All	200,192	126,150	73,159	739	100	44	2,036,731	1,255,046	775,497	4,948	1,074	166		
Age														
5 and younger	12	0	11	0	1	0	114	0	102	0	12	0		
6-14	35	0	23	0	12	0	332	0	206	0	126	0		
15-20	329	0	284	14	31	0	3,340	0	2,960	72	308	0		
21-44	34,477	0	33,851	569	56	1	368,154	0	363,778	3,747	628	1		
45-64	37,697	0	37,535	147	0	15	396,150	0	395,024	1,060	0	66		
65-74	41,760	40,406	1,327	9	0	18	431,354	419,141	12,076	69	0	68		
75-84	45,151	45,049	94	0	0	8	449,886	448,888	972	0	0	26		
85 and older	40,728	40,692	34	0	0	2	387,370	386,986	379	0	0	5		
Unknown	3	3	0	0	0	0	31	31	0	0	0	0		
Gender														
Female	134,337	96,157	37,672	438	50	20	1,380,943	971,607	405,890	2,823	536	87		
Male	65,855	29,993	35,487	301	50	24	655,788	283,439	369,607	2,125	538	79		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	156,378	100,115	55,626	534	67	36	1,578,362	982,887	590,911	3,719	720	125		
African American	39,070	22,834	16,016	188	25	7	408,919	238,619	168,873	1,130	268	29		
Other/unknown	4,744	3,201	1,517	17	8	1	49,450	33,540	15,713	99	86	12		
Use of Nursing Facilities														
All year	56,550	52,569	3,981	0	0	0	564,296	520,974	43,322	0	0	0		
Part year	17,077	15,018	2,052	2	0	5	151,662	131,178	20,427	18	0	39		
None	126,565	58,563	67,126	737	100	39	1,320,773	602,894	711,748	4,930	1,074	127		
Maintenance Assistance Status														
Cash	62,074	30,044	31,796	233	1	0	704,187	343,666	358,844	1,675	2	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	6,668	2,709	3,742	200	17	0	67,930	28,210	38,438	1,110	172	0		
Other/unknown	131,450	93,397	37,621	306	82	44	1,264,614	883,170	378,215	2,163	900	166		
Dual Medicare Status^c														
Full dual, all year	182,817	118,709	63,274	691	100	43	1,848,396	1,174,022	668,615	4,523	1,074	162		
Full dual, part year	17,375	7,441	9,885	48	0	1	188,335	81,024	106,882	425	0	4		
Managed Care Status														
FFS all year	199,831	126,144	72,961	585	97	44	2,034,641	1,254,992	774,131	4,297	1,055	166		
FFS part year, with Rx claims	273	5	166	99	3	0	1,760	43	1,224	474	19	0		
FFS part year, no Rx claims	88	1	32	55	0	0	330	11	142	177	0	0		

Source: Data for this table are from the MAX 1999 file for Ohio, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 11

Dual Eligible Beneficiaries

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 12
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benes
All	89.4 %	51.0	\$2,052	\$40	\$16,985	12.1 %	\$78	200,192
Age								
5 and younger	91.7	31.3	2,094	67	25,623	8.2	71	12
6-14	88.6	40.4	4,197	104	17,298	24.3	41	35
15-20	78.1	20.8	1,305	63	11,091	11.8	20	329
21-44	83.8	37.1	2,226	60	13,497	16.5	33	34,477
45-64	89.0	56.3	2,633	47	16,522	15.9	75	37,697
65-74	88.0	54.0	2,072	38	12,528	16.5	83	41,760
75-84	91.4	55.2	1,896	34	18,606	10.2	93	45,151
85 and older	93.8	50.4	1,522	30	23,184	6.6	100	40,728
Unknown	66.7	21.7	594	27	8,569	6.9	12	3
Basis of Eligibility								
Aged	91.3	53.4	1,838	34	18,094	10.2	92	126,150
Disabled	86.5	47.3	2,437	52	15,239	16.0	55	73,159
Adults	65.8	13.1	626	48	2,792	22.4	13	739
Children	41.0	11.2	1,026	92	4,122	24.9	11	100
Unknown	63.6	22.4	813	36	5,826	14.0	88	44
Gender								
Female	91.7	54.6	2,062	38	16,978	12.1	87	134,337
Male	84.6	43.6	2,031	47	16,999	11.9	62	65,855
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	90.0	53.5	2,138	40	17,986	11.9	79	156,378
African American	87.5	43.1	1,779	41	14,016	12.7	78	39,070
Other/unknown	83.2	33.6	1,446	43	8,429	17.2	54	4,744
Use of Nursing Facilities								
Entire year	97.2	66.7	2,228	33	32,107	6.9	144	56,550
Part year	95.0	54.8	1,931	35	19,808	9.7	93	17,077
None	85.1	43.5	1,989	46	9,847	20.2	47	126,565
Maintenance Assistance Status								
Cash	92.0	48.4	2,125	44	8,115	26.2	54	62,074
Medically needy	0.0	0.0	0	0	0	0.0	0	0
Poverty related	76.3	18.9	922	49	2,991	30.8	21	6,668
Other/unknown	88.8	53.9	2,075	39	21,883	9.5	93	131,450

Source: Data for this table are from the MAX 1999 file for Ohio, released by CMS in 10/2003. This table was produced on 06/25/2004.

Table 12

Dual Eligible Beneficiaries

a. Table 12 includes beneficiaries represented by Cell G 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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 13
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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
All	5.0	\$202	12.1 %	10.6 %	14.2 %	9.7 %	28.1 %	27.0 %	10.4 %	\$1,669	200,192	2,036,731
Age												
5 and younger	3.3	220	8.2	8.3	0.0	25.0	41.7	25.0	0.0	2,697	12	114
6-14	4.3	442	24.3	11.4	22.9	5.7	34.3	22.9	2.9	1,824	35	332
15-20	2.1	129	11.8	21.9	40.7	13.4	15.2	7.3	1.5	1,093	329	3,340
21-44	3.5	209	16.5	16.2	26.1	11.7	24.4	15.9	5.7	1,264	34,477	368,154
45-64	5.4	251	15.9	11.0	13.7	9.3	26.4	27.2	12.4	1,572	37,697	396,150
65-74	5.2	201	16.5	12.0	13.2	9.2	26.8	27.1	11.7	1,213	41,760	431,354
75-84	5.5	190	10.2	8.6	10.3	8.9	29.2	31.0	12.0	1,867	45,151	449,886
85 and older	5.3	160	6.6	6.2	10.0	9.6	32.9	31.8	9.6	2,438	40,728	387,370
Unknown	2.1	58	6.9	33.3	33.3	0.0	0.0	33.3	0.0	829	3	31
Basis of Eligibility												
Aged	5.4	185	10.2	8.7	11.1	9.2	29.7	30.1	11.2	1,819	126,150	1,255,046
Disabled	4.5	230	16.0	13.5	19.5	10.4	25.4	22.0	9.3	1,438	73,159	775,497
Adults	2.0	93	22.4	34.2	28.0	10.4	17.5	8.5	1.4	417	739	4,948
Children	1.0	96	24.9	59.0	15.0	6.0	17.0	3.0	0.0	384	100	1,074
Unknown	5.9	216	14.0	36.4	11.4	4.5	18.2	22.7	6.8	1,544	44	166
Gender												
Female	5.3	201	12.1	8.3	12.5	9.7	29.3	29.0	11.3	1,652	134,337	1,380,943
Male	4.4	204	11.9	15.4	17.8	9.6	25.6	23.0	8.6	1,707	65,855	655,788
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.3	212	11.9	10.0	12.9	9.1	27.8	28.6	11.7	1,782	156,378	1,578,362
African American	4.1	170	12.7	12.5	18.6	11.5	29.2	21.9	6.3	1,339	39,070	408,919
Other/unknown	3.2	139	17.2	16.8	23.4	12.6	27.4	16.1	3.7	809	4,744	49,450
Use of Nursing Facilities												
Entire year	6.7	223	6.9	2.8	6.4	7.1	29.4	37.1	17.3	3,218	56,550	564,296
Part year	6.2	217	9.7	5.0	8.7	8.9	29.9	33.7	13.8	2,230	17,077	151,662
None	4.2	191	20.2	14.9	18.5	10.9	27.2	21.6	6.9	944	126,565	1,320,773
Maintenance Assistance Status												
Cash	4.3	187	26.2	8.0	20.2	12.1	29.9	22.7	7.1	715	62,074	704,187
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.9	91	30.8	23.7	38.2	12.6	17.1	6.9	1.4	294	6,668	67,930
Other/unknown	5.6	216	9.5	11.2	10.2	8.3	27.8	30.1	12.4	2,275	131,450	1,264,614

Source: Data for this table are from the MAX 1999 file for Ohio, released by CMS in 10/2003. This table was produced on 06/25/2004.

Table 13

Dual Eligible Beneficiaries

- a. Table 13 includes the beneficiaries represented by Cell G 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.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 14
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	5.0	\$202	\$40	1.8	\$128	\$73	0.7	\$36	\$49	2.3	\$28	\$12
Age												
5 and younger	3.3	220	67	1.6	171	106	0.5	33	67	1.1	16	14
6-14	4.3	442	104	1.6	317	202	0.9	102	116	1.6	21	13
15-20	2.1	129	63	0.8	83	107	0.3	30	87	0.8	10	12
21-44	3.5	209	60	1.4	144	107	0.5	37	79	1.5	20	14
45-64	5.4	251	47	2.1	164	80	0.7	44	61	2.3	31	13
65-74	5.2	201	38	1.9	126	67	0.8	35	46	2.3	29	13
75-84	5.5	190	34	1.9	116	63	0.9	34	40	2.6	30	12
85 and older	5.3	160	30	1.6	93	59	0.8	30	35	2.6	29	11
Unknown	2.1	58	27	1.1	51	47	0.0	0	0	0.9	6	7
Basis of Eligibility												
Aged	5.4	185	34	1.8	113	63	0.8	33	40	2.5	30	12
Disabled	4.5	230	52	1.7	154	90	0.6	41	67	1.9	26	13
Adults	2.0	93	48	0.8	63	82	0.2	17	75	0.9	9	10
Children	1.0	96	92	0.5	66	143	0.2	26	131	0.4	3	9
Unknown	5.9	216	36	1.7	111	64	0.8	34	42	3.1	49	16
Gender												
Female	5.3	201	38	1.9	127	68	0.8	35	46	2.4	29	12
Male	4.4	204	47	1.5	131	86	0.7	38	56	2.0	27	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.3	212	40	1.8	134	73	0.8	38	48	2.4	30	12
African American	4.1	170	41	1.5	109	73	0.6	31	50	1.8	22	12
Other/unknown	3.2	139	43	1.3	92	73	0.5	24	51	1.4	17	12
Use of Nursing Facilities												
Entire year	6.7	223	33	2.1	136	65	1.0	39	39	3.3	39	12
Part year	6.2	217	35	2.0	135	67	0.9	36	41	2.9	36	12
None	4.2	191	46	1.6	124	79	0.6	35	57	1.8	23	13
Maintenance Assistance Status												
Cash	4.3	187	44	1.6	122	76	0.6	34	55	1.9	23	12
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.9	91	49	0.7	60	84	0.3	16	58	0.8	10	13
Other/unknown	5.6	216	39	1.9	136	72	0.8	39	46	2.6	32	12

Source: Data for this table are from the MAX 1999 file for Ohio, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 14 includes the beneficiaries represented by Cell G 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.

Table 14

Dual Eligible Beneficiaries

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 Ohio, 4.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Bene Mos				
	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic								
Anti-infective Agents	0.4	0.2	0.0	0.2	\$21	\$19	\$0	\$2	\$54	\$85	\$66	\$12	485,171	\$26,094,811	113,894	56.9 %	1,224,451
Biologics	0.2	0.1	0.0	0.1	76	11	32	33	409	109	941	660	397	162,187	187	0.1	2,124
Antineoplastic Agents	0.5	0.2	0.2	0.2	72	41	25	6	131	220	142	33	44,939	5,902,699	8,071	4.0	82,013
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.4	26	21	2	3	28	48	17	9	785,719	22,067,671	78,339	39.1	836,208
Cardiovascular Agents	1.8	0.5	0.4	0.8	50	26	15	9	28	49	36	11	2,265,339	63,504,618	121,681	60.8	1,273,761
Respiratory Agents	0.8	0.4	0.0	0.4	27	20	0	6	33	52	28	15	764,154	25,028,861	86,896	43.4	935,847
Gastrointestinal Agents	0.8	0.3	0.1	0.4	47	34	7	6	57	99	75	14	739,570	42,143,280	84,970	42.4	905,636
Genitourinary Agents	0.4	0.2	0.0	0.2	15	11	0	4	33	52	30	15	150,686	4,978,235	30,959	15.5	335,490
CNS Drugs	1.4	0.6	0.2	0.7	85	58	18	8	59	97	96	13	1,706,885	100,072,488	111,939	55.9	1,183,796
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.1	0.5	20	1	8	11	31	67	62	23	6,871	215,421	1,017	0.5	10,812
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	61	61	0	1	101	112	76	13	52,461	5,295,060	8,294	4.1	86,131
Analgesics and Anesthetics	0.8	0.2	0.1	0.5	29	19	5	5	35	79	67	10	856,755	30,295,985	98,525	49.2	1,051,543
Neuromuscular Agents	1.1	0.4	0.2	0.5	47	31	8	9	43	83	42	16	660,981	28,401,996	55,650	27.8	602,665
Nutritional Products	0.7	0.0	0.2	0.4	11	0	6	4	16	12	24	11	354,895	5,577,979	50,664	25.3	526,199
Hematological Agents	0.8	0.1	0.2	0.5	27	14	7	7	34	150	32	14	314,529	10,678,997	37,764	18.9	391,573
Topical Products	0.5	0.2	0.1	0.2	16	10	4	2	31	46	34	12	499,509	15,489,326	87,543	43.7	953,280
Miscellaneous Products	0.5	0.1	0.1	0.3	57	31	22	4	123	323	261	15	48,245	5,957,518	10,299	5.1	103,640
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	21	0	0	0	40	0	0	0	473,698	18,873,044	84,043	42.0	905,481
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	10,210,804	410,740,176	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Ohio, released by CMS in 10/2003. This table was produced on 06/25/2004.

- a. Table 15 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories 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. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- 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 Ohio, 4.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, OHIO, 1999

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$50,797,197	57,145	28.5 %	617,624	0.8	\$101
ANTIDEPRESSANTS	36,963,428	92,048	46.0	984,631	0.7	55
ULCER DRUGS	33,317,216	81,689	40.8	880,886	0.6	69
ANTICONVULSANT	22,738,840	44,170	22.1	481,449	0.9	52
ANTIHYPERTENSIVE	17,993,085	71,218	35.6	755,869	0.7	34
ANTIDIABETIC	17,493,636	58,724	29.3	625,216	0.7	38
ANTIASTHMATIC	15,135,151	78,795	39.4	836,548	0.5	33
ANALGESICS - ANTI-INFLAMMATORY	14,577,029	70,096	35.0	781,145	0.4	50
CALCIUM BLOCKERS	14,545,682	41,928	20.9	449,948	0.7	45
ANALGESICS - Narcotic	14,198,729	103,866	51.9	1,115,855	0.4	28

Source: Data for this table are from the MAX 1999 file for Ohio, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 16 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 16A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	4,646,280	\$237,759,993	57,145	28.5 %	617,624	0.8	\$82	92,048	46.0 %	984,631	0.7	\$38
Female	3,252,614	158,180,339	35,050	26.1	379,262	0.8	70	66,404	49.4	714,244	0.7	37
Disabled	1,005,482	59,522,255	12,627	33.5	142,701	0.9	97	24,243	64.4	270,574	0.6	40
5 and younger	46	2,478	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	90	5,394	0	0.0	0	0.0	0	2	33.3	24	0.5	32
15-20	1,470	87,839	27	18.8	287	0.5	61	37	25.7	388	0.5	24
21-44	319,420	21,113,692	5,862	39.8	66,052	0.8	100	9,302	63.2	103,886	0.6	40
45-64	667,642	37,488,415	6,574	30.0	74,555	0.9	95	14,604	66.6	163,362	0.7	40
65-74	15,554	773,245	147	18.7	1,610	0.9	86	275	34.9	2,660	0.6	41
75-84	1,097	45,250	15	23.8	176	0.6	56	20	31.7	221	0.6	26
85 and older	163	5,942	2	7.4	21	0.1	21	3	11.1	33	0.8	52
Other Eligibles	2,247,132	98,658,084	22,423	23.2	236,561	0.7	53	42,161	43.6	443,670	0.7	35
5 and younger	1	71	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	83	3,664	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	112	7,140	1	3.7	12	0.8	127	3	11.1	36	0.8	59
21-44	2,254	110,343	45	11.3	338	0.4	38	152	38.3	1,197	0.5	28
45-64	534	30,030	0	0.0	0	0.0	0	29	50.9	237	0.5	29
65-74	752,839	35,579,650	5,671	20.4	62,126	0.8	70	11,948	42.9	131,555	0.7	33
75-84	837,387	36,638,923	8,560	25.1	90,623	0.7	54	15,469	45.4	162,865	0.7	36
85 and older	653,922	26,288,263	8,146	23.8	83,462	0.6	40	14,560	42.5	147,780	0.7	36
Male	1,393,666	79,579,654	22,095	33.6	238,362	0.9	102	25,644	38.9	270,387	0.7	39
Disabled	757,529	51,463,664	14,232	40.1	159,269	1.0	125	14,433	40.7	157,866	0.7	41
5 and younger	41	1,390	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	161	12,279	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,395	105,608	35	25.0	407	0.6	105	33	23.6	371	0.5	37
21-44	355,812	26,914,924	8,285	43.3	92,957	1.0	130	7,786	40.7	86,055	0.6	40
45-64	389,591	23,897,441	5,801	37.1	64,677	1.0	118	6,459	41.3	69,884	0.7	41
65-74	9,729	503,376	104	19.3	1,144	0.9	98	145	26.9	1,462	0.7	37
75-84	505	20,927	6	19.4	72	0.6	38	8	25.8	70	0.6	28
85 and older	295	7,719	1	14.3	12	2.3	150	2	28.6	24	0.6	42
Other Eligibles	636,099	28,114,999	7,863	25.9	79,093	0.7	57	11,210	36.9	112,512	0.7	37
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	14	1,079	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	90	5,988	4	22.2	36	0.6	61	5	27.8	44	0.4	33
21-44	1,495	97,187	22	9.6	187	0.5	68	69	30.1	569	0.5	25
45-64	1,022	45,469	3	2.9	16	0.5	8	29	27.6	232	0.5	26
65-74	287,237	13,334,403	2,820	22.4	30,098	0.8	71	4,076	32.4	43,383	0.7	36
75-84	236,189	10,167,439	3,311	30.1	32,705	0.7	53	4,469	40.7	44,153	0.7	38
85 and older	110,052	4,463,434	1,703	26.5	16,051	0.6	41	2,562	39.9	24,131	0.7	37
Unknown	38	991	0	0.0	0	0.0	0	1	33.3	9	0.3	1

Source: Data for this table are from the MAX 1999 file for Ohio, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 16A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

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

TABLE 16B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 1999

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTIHYPERTENSIVE				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	81,689	40.8 %	880,886	0.6	\$38	44,170	22.1 %	481,449	0.9	\$47	71,218	35.6 %	755,869	0.7	\$24
Female	59,316	44.2	643,867	0.5	38	26,563	19.8	290,204	0.9	42	50,484	37.6	540,215	0.7	24
Disabled	16,614	44.1	187,474	0.5	36	13,082	34.7	146,776	0.9	54	10,214	27.1	113,210	0.6	23
5 and younger	6	100.0	46	0.6	26	0	0.0	0	0.0	0	1	16.7	12	0.4	16
6-14	2	33.3	24	0.8	54	0	0.0	0	0.0	0	3	50.0	29	0.6	28
15-20	23	16.0	268	0.4	23	24	16.7	266	1.2	84	16	11.1	182	0.5	20
21-44	5,109	34.7	58,109	0.4	32	5,930	40.3	66,694	0.9	59	1,897	12.9	21,121	0.6	20
45-64	11,151	50.9	125,671	0.5	38	6,978	31.8	78,262	0.9	50	7,985	36.4	88,820	0.6	24
65-74	304	38.6	3,143	0.5	38	147	18.7	1,520	0.9	36	289	36.7	2,774	0.7	25
75-84	16	25.4	177	0.5	32	3	4.8	34	0.4	16	19	30.2	225	0.5	10
85 and older	3	11.1	36	0.3	30	0	0.0	0	0.0	0	4	14.8	47	0.3	12
Other Eligibles	42,702	44.2	456,393	0.6	38	13,481	13.9	143,428	0.8	30	40,270	41.7	427,005	0.7	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	42.9	36	0.2	9	0	0.0	0	0.0	0	5	71.4	56	0.6	9
15-20	4	14.8	31	0.5	26	2	7.4	24	0.2	9	6	22.2	68	0.3	10
21-44	53	13.4	443	0.3	26	60	15.1	546	0.5	31	23	5.8	198	0.4	18
45-64	23	40.4	196	0.5	33	9	15.8	73	0.3	9	9	15.8	43	0.5	24
65-74	13,527	48.6	150,928	0.5	37	4,690	16.8	51,711	0.8	34	13,269	47.7	147,189	0.7	24
75-84	15,313	44.9	164,397	0.6	39	5,370	15.8	57,197	0.9	30	14,897	43.7	158,060	0.7	24
85 and older	13,779	40.2	140,362	0.7	38	3,350	9.8	33,877	0.8	25	12,061	35.2	121,391	0.8	22
Male	22,373	34.0	237,019	0.6	39	17,607	26.7	191,245	1.0	55	20,734	31.5	215,654	0.7	25
Disabled	10,601	29.9	116,698	0.5	39	12,183	34.3	135,658	1.0	63	8,512	24.0	91,250	0.7	24
5 and younger	4	80.0	41	0.5	13	0	0.0	0	0.0	0	1	20.0	12	0.9	8
6-14	8	47.1	84	0.3	17	2	11.8	16	1.1	286	5	29.4	52	0.5	26
15-20	25	17.9	258	0.4	32	40	28.6	464	0.8	54	21	15.0	233	0.5	19
21-44	4,720	24.7	53,029	0.5	36	6,894	36.0	77,078	1.0	65	3,015	15.8	33,272	0.6	21
45-64	5,659	36.2	61,442	0.6	41	5,137	32.9	56,976	1.0	61	5,272	33.7	55,798	0.7	25
65-74	177	32.8	1,748	0.6	44	106	19.7	1,087	1.2	54	186	34.5	1,742	0.7	26
75-84	4	12.9	48	0.7	37	4	12.9	37	1.2	50	7	22.6	84	0.9	25
85 and older	4	57.1	48	1.4	28	0	0.0	0	0.0	0	5	71.4	57	1.6	19
Other Eligibles	11,772	38.8	120,321	0.6	39	5,424	17.9	55,587	0.9	35	12,221	40.2	124,394	0.7	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	20.0	11	0.2	9	1	20.0	11	0.5	6	0	0.0	0	0.0	0
15-20	2	11.1	21	0.3	11	1	5.6	12	0.8	24	7	38.9	61	0.2	11
21-44	34	14.8	282	0.4	30	30	13.1	281	0.4	38	22	9.6	180	0.6	31
45-64	27	25.7	240	0.4	25	14	13.3	112	0.7	60	37	35.2	287	0.8	24
65-74	5,007	39.8	53,748	0.6	39	2,477	19.7	26,641	0.9	39	5,330	42.3	57,021	0.7	25
75-84	4,260	38.8	42,793	0.6	39	2,105	19.2	21,084	0.9	33	4,515	41.1	45,247	0.7	25
85 and older	2,441	38.0	23,226	0.7	38	796	12.4	7,446	0.8	25	2,310	35.9	21,598	0.7	24
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	10	1.7	49

Table 16B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Ohio, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 16B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 16C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 1999

Beneficiary Characteristics	ANTIDIABETIC					ANTI-ASTHMATIC					ANALGESICS - ANTI-INFLAMMATORY				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	58,724	29.3 %	625,216	0.7	\$28	78,795	39.4 %	836,548	0.5	\$18	70,096	35.0 %	781,145	0.4	\$19
Female	43,609	32.5	469,005	0.7	28	55,517	41.3	596,748	0.5	18	52,855	39.3	592,208	0.4	20
Disabled	11,069	29.4	121,825	0.7	34	17,249	45.8	192,771	0.5	19	18,394	48.8	208,711	0.3	17
5 and younger	0	0.0	0	0.0	0	4	66.7	22	0.2	8	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	1.4	24	0.7	19	34	23.6	390	0.4	16	41	28.5	456	0.3	18
21-44	2,054	13.9	22,690	0.7	31	4,853	33.0	54,820	0.4	16	6,231	42.3	70,608	0.3	11
45-64	8,710	39.7	96,210	0.7	35	12,053	55.0	134,563	0.5	20	11,861	54.1	134,953	0.4	21
65-74	281	35.7	2,641	0.7	29	280	35.5	2,687	0.7	23	245	31.1	2,502	0.4	21
75-84	16	25.4	190	0.8	27	18	28.6	215	1.2	36	14	22.2	168	0.5	26
85 and older	6	22.2	70	0.5	13	7	25.9	74	0.3	6	2	7.4	24	0.3	14
Other Eligibles	32,540	33.7	347,180	0.7	26	38,268	39.6	403,977	0.5	17	34,461	35.7	383,497	0.4	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	14.3	12	0.1	2	1	3.7	7	0.1	5	1	3.7	12	0.3	1
15-20	0	0.0	0	0.0	0	1	1.4	7	0.1	5	1	3.7	12	0.3	1
21-44	14	3.5	120	0.4	23	85	21.4	706	0.4	13	102	25.7	862	0.2	11
45-64	9	15.8	64	1.0	62	6	10.5	41	0.4	8	20	35.1	189	0.4	28
65-74	13,101	47.1	144,886	0.7	30	14,236	51.1	156,452	0.6	20	13,036	46.8	148,937	0.4	21
75-84	12,400	36.4	131,043	0.7	24	13,499	39.6	141,978	0.5	17	12,106	35.5	134,873	0.4	21
85 and older	7,015	20.5	71,055	0.7	20	10,441	30.5	104,793	0.5	13	9,196	26.8	98,624	0.5	21
Male	15,115	23.0	156,211	0.8	29	23,278	35.3	239,800	0.6	19	17,241	26.2	188,937	0.4	16
Disabled	6,385	18.0	67,575	0.7	33	8,985	25.3	96,274	0.6	19	9,651	27.2	106,924	0.3	13
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	5	29.4	60	0.4	11	1	5.9	12	0.1	1
15-20	3	2.1	36	0.3	15	21	15.0	238	0.2	9	43	30.7	496	0.2	3
21-44	1,836	9.6	19,931	0.8	33	3,198	16.7	35,105	0.5	15	4,875	25.5	54,475	0.3	9
45-64	4,405	28.2	46,221	0.7	33	5,547	35.5	58,780	0.6	21	4,595	29.4	50,529	0.4	17
65-74	132	24.5	1,282	0.8	31	200	37.1	1,923	0.7	24	130	24.1	1,328	0.4	20
75-84	4	12.9	48	1.1	50	8	25.8	96	0.9	42	7	22.6	84	0.5	23
85 and older	5	71.4	57	0.5	22	6	85.7	72	0.8	14	0	0.0	0	0.0	0
Other Eligibles	8,730	28.7	88,636	0.8	25	14,291	47.1	143,506	0.6	19	7,589	25.0	82,004	0.4	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	13	5.7	96	0.9	62	33	14.4	286	0.3	13	62	27.1	514	0.3	18
45-64	14	13.3	86	1.0	38	21	20.0	197	0.5	18	35	33.3	304	0.3	13
65-74	4,119	32.7	43,784	0.8	28	6,452	51.2	68,267	0.6	22	3,654	29.0	40,814	0.4	19
75-84	3,276	29.8	32,369	0.8	24	5,140	46.8	50,303	0.6	19	2,533	23.1	27,093	0.4	19
85 and older	1,308	20.3	12,301	0.7	19	2,645	41.1	24,453	0.5	15	1,305	20.3	13,279	0.5	19
Unknown	0	0.0	0	0.0	0	2	66.7	20	0.8	23	1	33.3	9	0.2	4

Dual Eligible Beneficiaries

Table 16C

Source: Data for this table are from the MAX 1999 file for Ohio, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 16C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 16D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS				ANALGESICS - Narcotic				No. of Bene Mos			
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users		Mean No. of Rx	Mean Rx \$	
All	41,928	20.9 %	449,948	0.7	\$32	103,866	51.9 %	1,115,855	0.4	\$13	200,192	2,036,731
Female	31,902	23.7	344,687	0.7	32	76,063	56.6	823,682	0.5	12	134,336	1,380,931
Disabled	6,374	16.9	70,540	0.7	33	26,362	70.0	296,242	0.4	13	37,672	405,890
5 and younger	2	33.3	16	0.6	57	0	0.0	0	0.0	0	6	51
6-14	4	66.7	41	0.9	61	2	33.3	24	0.2	1	6	65
15-20	14	9.7	158	0.6	39	88	61.1	998	0.2	8	144	1,475
21-44	1,173	8.0	13,079	0.6	31	9,681	65.7	109,025	0.4	12	14,725	159,875
45-64	4,993	22.8	55,437	0.7	34	16,212	74.0	182,425	0.4	14	21,913	236,188
65-74	177	22.5	1,679	0.7	31	355	45.1	3,500	0.5	12	788	7,292
75-84	11	17.5	130	0.6	23	16	25.4	178	0.4	5	63	644
85 and older	0	0.0	0	0.0	0	8	29.6	92	0.5	5	27	300
Other Eligibles	25,528	26.4	274,147	0.7	32	49,701	51.4	527,440	0.5	12	96,664	975,041
5 and younger	1	100.0	12	0.1	6	0	0.0	0	0.0	0	1	12
6-14	7	100.0	71	0.6	39	2	28.6	20	0.1	1	7	71
15-20	3	11.1	25	0.9	66	7	25.9	63	0.2	1	27	202
21-44	16	4.0	124	0.5	27	186	46.9	1,572	0.3	5	397	2,696
45-64	7	12.3	56	0.9	42	31	54.4	257	0.3	12	57	381
65-74	8,601	30.9	95,749	0.7	34	16,992	61.0	189,027	0.4	11	27,838	294,383
75-84	9,592	28.2	102,995	0.7	32	17,227	50.6	183,224	0.5	12	34,072	346,801
85 and older	7,301	21.3	75,115	0.8	29	15,256	44.5	153,277	0.5	11	34,265	330,495
Male	10,026	15.2	105,261	0.7	34	27,803	42.2	292,173	0.4	14	65,853	655,769
Disabled	4,231	11.9	45,313	0.7	37	15,779	44.5	170,783	0.4	17	35,487	369,607
5 and younger	1	20.0	12	0.8	65	0	0.0	0	0.0	0	5	51
6-14	6	35.3	54	1.2	79	3	17.6	32	0.1	1	17	141
15-20	16	11.4	177	0.6	35	46	32.9	516	0.2	2	140	1,485
21-44	1,510	7.9	16,496	0.6	36	8,188	42.8	90,184	0.4	17	19,126	203,903
45-64	2,612	16.7	27,720	0.7	37	7,350	47.0	78,245	0.4	17	15,622	158,836
65-74	79	14.7	770	0.7	35	183	34.0	1,701	0.4	10	539	4,784
75-84	6	19.4	72	0.9	26	9	29.0	105	0.3	2	31	328
85 and older	1	14.3	12	0.6	22	0	0.0	0	0.0	0	7	79
Other Eligibles	5,795	19.1	59,948	0.7	31	12,024	39.6	121,390	0.4	11	30,366	286,162
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	20.0	11	0.6	83	0	0.0	0	0.0	0	5	55
15-20	4	22.2	43	0.3	27	5	27.8	58	0.1	1	18	178
21-44	10	4.4	86	0.4	20	108	47.2	883	0.5	28	229	1,680
45-64	12	11.4	105	0.6	36	56	53.3	458	0.4	11	105	745
65-74	2,795	22.2	29,994	0.7	32	5,465	43.4	58,140	0.4	11	12,595	124,895
75-84	2,045	18.6	20,777	0.7	31	4,101	37.3	40,532	0.5	10	10,985	102,113
85 and older	928	14.4	8,932	0.7	27	2,289	35.6	21,319	0.5	10	6,429	56,496
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	31

Table 16D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Ohio, released by CMS in 10/2003. This table was produced on 06/25/2004.

- a. Table 16D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 17
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$223	6.7	56,550	564,296
Age				
0-64	361	8.5	3,828	41,758
65-74	295	8.0	7,625	78,588
75-84	229	6.9	19,244	191,999
85 and older	173	5.8	25,853	251,951
Unknown	0	0.0	0	0
Gender				
Female	214	6.6	42,110	423,324
Male	252	6.9	14,440	140,972
Unknown	0	0.0	0	0
Race				
White	224	6.8	48,831	484,785
African American	217	6	7,217	74,457
Other/unknown	232	6.4	502	5,054
Basis of Eligibility				
Aged	212	6.5	52,569	520,974
Disabled	359	8.5	3,981	43,322
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Ohio, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 17,077 beneficiaries who were in nursing facilities for part of their enrollment and their 151,662 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.

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

TABLE 18

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos			
		Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Generic	Generic	Generic	Generic	Generic	Generic		
Anti-infective Agents	0.4	0.3	0.0	0.2	\$20	\$17	\$0	\$2	\$44	\$63	\$56	\$12	177,323	\$7,787,817	38,286	67.7 %	398,844
Biologics	0.1	0.1	0.0	0.0	1	0	0	0	8	5	0	17	31	246	29	0.1	308
Antineoplastic Agents	0.6	0.1	0.3	0.2	64	19	39	6	109	159	141	31	21,012	2,292,954	3,632	6.4	36,026
Endocrine/Metabolic Drugs	1.1	0.4	0.2	0.5	24	18	2	4	22	43	14	8	250,233	5,570,209	22,543	39.9	232,394
Cardiovascular Agents	2.0	0.4	0.5	1.1	40	17	13	11	20	37	27	10	796,976	16,242,592	39,966	70.7	404,729
Respiratory Agents	0.8	0.3	0.0	0.5	21	12	0	9	28	46	25	18	204,137	5,627,735	26,032	46.0	270,926
Gastrointestinal Agents	1.0	0.4	0.1	0.6	48	35	6	8	47	91	64	14	303,410	14,305,230	28,643	50.7	295,871
Genitourinary Agents	0.5	0.2	0.0	0.3	16	11	0	5	30	50	29	15	71,725	2,126,543	12,647	22.4	134,431
CNS Drugs	1.7	0.8	0.2	0.7	86	64	14	8	51	83	74	11	670,180	34,199,437	38,543	68.2	397,935
Stimulants/Anti-obesity/Anorexia	0.8	0.0	0.1	0.7	11	0	2	9	14	8	26	12	2,658	37,222	319	0.6	3,316
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	81	80	0	0	106	110	102	15	29,569	3,127,794	3,802	6.7	38,683
Analgesics and Anesthetics	0.9	0.3	0.1	0.6	26	18	4	5	28	62	49	8	255,941	7,187,189	26,524	46.9	271,750
Neuromuscular Agents	1.3	0.3	0.3	0.7	46	22	11	12	35	66	42	17	236,479	8,319,005	17,201	30.4	182,685
Nutritional Products	0.8	0.0	0.2	0.5	12	0	6	6	15	13	22	12	159,862	2,405,653	20,274	35.9	205,282
Hematological Agents	1.0	0.1	0.2	0.7	26	12	6	8	26	129	26	12	157,288	4,030,952	15,322	27.1	156,317
Topical Products	0.6	0.2	0.2	0.2	19	11	5	2	30	45	34	11	230,498	6,899,636	34,594	61.2	369,359
Miscellaneous Products	0.3	0.0	0.0	0.3	5	2	1	3	16	85	146	10	18,651	305,754	5,840	10.3	58,349
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	17	0	0	0	29	0	0	0	187,530	5,530,580	31,123	55.0	327,209
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,773,503	125,996,548	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Ohio, released by CMS in 10/2003. This table was produced on 06/25/2004.

- a. Table 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 17,077 beneficiaries who were in nursing facilities for part of their enrollment and their 151,662 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 1999. 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.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- 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.Medi-Span.com/products/product_mddb.asp (May 13 2003). In Ohio, 4.7 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.

Table 18

Dual Eligible Beneficiaries

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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.

APPENDIX TABLE A.3
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	200,307	126,151	73,165	842	105	2,038,970	1,255,071	776,281	6,336	1,116	166
Age											
5 and younger	12	0	11	0	1	123	0	111	0	12	0
6-14	37	0	24	0	13	361	0	234	0	127	0
15-20	331	0	284	14	33	3,405	0	2,979	86	340	0
21-44	34,562	0	33,854	649	58	369,833	0	364,318	4,877	637	1
45-64	37,719	0	37,537	167	0	396,538	0	395,202	1,270	0	66
65-74	41,764	40,407	1,327	12	0	431,423	419,166	12,086	103	0	68
75-84	45,151	45,049	94	0	0	449,886	448,888	972	0	0	26
85 and older	40,728	40,692	34	0	0	387,370	386,986	379	0	0	5
Unknown	3	3	0	0	0	31	31	0	0	0	0
Gender											
Female	134,408	96,157	37,676	504	51	1,382,478	971,619	406,461	3,760	551	87
Male	65,899	29,994	35,489	338	54	656,492	283,452	369,820	2,576	565	79
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	156,429	100,116	55,630	579	68	1,579,364	982,898	591,311	4,300	730	125
African American	39,130	22,834	16,018	242	29	410,056	238,631	169,227	1,872	297	29
Other/unknown	4,748	3,201	1,517	21	8	49,550	33,542	15,743	164	89	12
Use of Nursing Facilities											
All year	56,550	52,569	3,981	0	0	564,296	520,974	43,322	0	0	0
Part year	17,077	15,018	2,052	2	0	151,668	131,178	20,427	24	0	39
None	126,680	58,564	67,132	840	105	1,323,006	602,919	712,532	6,312	1,116	127
Maintenance Assistance Status											
Cash	62,138	30,045	31,800	292	1	705,371	343,691	359,248	2,430	2	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	6,679	2,709	3,742	210	18	68,244	28,210	38,540	1,321	173	0
Other/unknown	131,490	93,397	37,623	340	86	1,265,355	883,170	378,493	2,585	941	166
Dual Status^c											
Full dual, all year	182,932	118,710	63,280	794	105	1,850,437	1,174,047	669,256	5,856	1,116	162
Full dual, part year	17,375	7,441	9,885	48	0	188,533	81,024	107,025	480	0	4
Managed Care Status											
FFS all year	199,831	126,144	72,961	585	97	2,034,641	1,254,992	774,131	4,297	1,055	166
FFS part year, with Rx claims	273	5	166	99	3	2,810	60	1,791	928	31	0
FFS part year, no Rx claims	88	1	32	55	0	778	12	316	450	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	115	1	6	103	5	741	7	43	661	30	0

Source: Data for this table are from the MAX 1999 file for Ohio, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 1999

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Bene Mos and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	200,307	2,038,970	200,192	2,036,731	115	2,239		
FFS all year	199,831	2,034,641	199,831	2,034,641	0	0		
FFS part year, with Rx claims	273	2,810	273	1,760	0	1,050		
FFS part year, with no Rx claims	88	778	88	330	0	448		
MC all year, with Rx claims	0	0	0	0	0	0		
MC all year, with no Rx claims	115	741	0	0	115	741		

Source: Data for this table are from the MAX 1999 file for Ohio, released by CMS in 10/2003. This table was produced on 06/25/2004.

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

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SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 OHIO, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+ 40,728
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$61,975,957
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,522

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,519	6.2 %	0	0.0 %
1-500	10,065	24.7	2,378,502	3.8
501-1,000	7,016	17.2	5,175,440	8.4
1,001-1,500	5,373	13.2	6,670,144	10.8
1,501-2,000	4,118	10.1	7,161,424	11.6
2,001-2,500	3,149	7.7	7,056,288	11.4
2,501-3,000	2,404	5.9	6,582,426	10.6
3,001-3,500	1,742	4.3	5,653,014	9.1
3,501-4,000	1,319	3.2	4,925,126	7.9
4,001-4,500	925	2.3	3,920,863	6.3
4,501-5,000	638	1.6	3,026,233	4.9
5,001-5,500	469	1.2	2,456,227	4.0
5,501-6,000	297	0.7	1,703,978	2.7
6,001-6,500	217	0.5	1,350,006	2.2
6,501-7,000	140	0.3	943,323	1.5
7,001-7,500	99	0.2	717,245	1.2
7,501-8,000	56	0.1	434,555	0.7
8,001-8,500	50	0.1	411,738	0.7
8,501-9,000	38	0.1	332,255	0.5
9,001-9,500	24	0.1	221,508	0.4
9,501-10,000	14	0.0	136,285	0.2
10,001+	56	0.1	719,377	1.2

Source: Data for this table are from the MAX 1999 file for Ohio, released by CMS in 10/2003. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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