

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 INDIANA

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children
All	634,193	2,795	66,961	128,119	436,122	196	4,640,313	27,394	618,365	730,771	3,262,356	1,427					
Age																	
5 and younger	179,196	2	2,170	0	177,024	0	1,278,371	3	16,883	0	1,261,485	0					
6-14	196,666	0	5,625	23	191,018	0	1,537,247	0	47,685	134	1,489,428	0					
15-20	86,579	0	3,806	14,833	67,934	6	633,966	0	33,159	90,182	510,582	43					
21-44	135,082	1	26,358	108,466	145	112	861,431	5	245,934	613,827	858	807					
45-64	33,852	39	28,941	4,793	1	78	301,715	155	274,366	26,614	3	577					
65-74	1,657	1,594	60	3	0	0	16,851	16,501	337	13	0	0					
75-84	767	767	0	0	0	0	7,465	7,465	0	0	0	0					
85 and older	393	391	1	1	0	0	3,265	3,263	1	1	0	0					
Unknown	1	1	0	0	0	2	0	2	0	0	0	0					
Gender																	
Female	368,332	1,903	36,852	113,524	215,857	196	2,639,314	19,022	347,448	659,953	1,611,464	1,427					
Male	265,861	892	30,109	14,595	220,265	0	2,000,999	8,372	270,917	70,818	1,650,892	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Race																	
White	466,589	1,633	52,901	94,714	317,157	184	3,680,683	15,870	500,495	580,478	2,582,497	1,343					
African American	120,697	512	11,909	26,399	81,866	11	685,552	4,993	99,369	116,364	464,745	81					
Other/unknown	46,907	650	2,151	7,006	37,099	1	274,078	6,531	18,501	33,929	215,114	3					
Use of Nursing Facilities^c																	
Entire year	1,817	446	1,327	0	44	0	18,651	4,537	13,597	0	517	0					
Part year	1,505	230	1,230	16	28	1	14,926	2,102	12,386	125	301	12					
None	630,871	2,119	64,404	128,103	436,050	195	4,606,736	20,755	592,382	730,646	3,261,538	1,415					
Maintenance Assistance Status																	
Cash	254,821	1,682	49,359	81,699	122,081	0	1,848,564	18,009	483,267	468,085	879,203	0					
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0					
Poverty-related	266,795	8	11	18,906	247,674	196	2,005,257	75	109	90,876	1,912,770	1,427					
Other/unknown	112,577	1,105	17,591	27,514	66,367	0	786,492	9,310	134,989	171,810	470,383	0					
Managed Care Status																	
FFS all year	450,650	2,781	61,780	86,252	299,641	196	3,941,591	27,301	594,998	573,620	2,744,245	1,427					
FFS part year, with Rx claims	80,729	10	3,477	23,334	53,908	0	369,028	66	17,715	101,759	249,488	0					
FFS part year, no Rx claims	102,814	4	1,704	18,533	82,573	0	329,694	27	5,652	55,392	268,623	0					

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE ND.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	59.4 %	7.6	\$432	\$57	\$2,782	15.5 %	634,193
Age							
5 and younger	59.2	3.3	121	36	1,540	7.8	179,196
6-14	53.8	4.2	247	59	1,426	17.3	196,666
15-20	57.5	5.6	408	73	2,439	16.7	86,579
21-44	64.4	11.0	630	58	4,449	14.2	135,082
45-64	76.0	39.9	2,297	58	10,653	21.6	33,852
65-74	78.0	39.4	2,013	51	12,490	16.1	1,657
75-84	73.9	37.4	1,849	49	12,310	15.0	767
85 and older	69.0	36.7	1,689	46	13,246	12.7	393
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility^c							
Aged	75.1	38.1	1,902	50	12,395	15.3	2,795
Disabled	76.4	33.3	2,314	70	12,621	18.3	66,961
Adults	61.6	6.6	254	39	2,187	11.6	128,119
Children	56.0	3.8	186	49	1,383	13.4	436,122
Unknown	74.0	13.5	639	47	6,328	10.1	196
Gender							
Female	61.0	8.4	413	49	2,690	15.3	368,332
Male	57.1	6.6	458	69	2,910	15.8	265,861
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	64.7	8.8	501	57	2,952	17.0	466,589
African American	44.8	4.6	267	58	2,506	10.7	120,697
Other/unknown	44.4	3.4	168	50	1,802	9.3	46,907
Use of Nursing Facilities^d							
Entire year	98.1	94.8	5,868	62	46,001	12.8	1,817
Part year	97.6	77.9	4,576	59	43,120	10.6	1,505
None	59.2	7.2	406	56	2,562	15.9	630,871
Maintenance Assistance Status							
Cash	62.2	11.6	695	60	4,062	17.1	254,821
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	55.9	3.8	193	51	1,239	15.6	266,795
Other/unknown	61.3	7.7	402	52	3,543	11.3	112,577

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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. 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 of Table 1 for methodology used to determine nursing facility residence.
- 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, INDIANA, 2002

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	1.0	\$59	15.5 %	40.6 %	43.7 %	6.5 %	6.0 %	2.4 %	0.7 %	\$380	634,193	4,640,313
Age												
5 and younger	0.5	17	7.8	40.8	52.5	4.5	1.9	0.3	0.0	216	179,196	1,278,371
6-14	0.5	32	17.3	46.2	44.9	4.8	3.4	0.5	0.1	182	196,666	1,537,247
15-20	0.8	56	16.7	42.5	44.4	7.1	4.9	0.9	0.2	333	86,579	633,966
21-44	1.7	99	14.2	35.6	37.1	10.3	11.5	4.4	1.1	698	135,082	861,431
45-64	4.5	258	21.6	24.0	16.6	9.8	22.6	19.1	7.8	1,195	33,852	301,715
65-74	3.9	198	16.1	22.0	20.3	11.3	20.9	17.7	7.8	1,228	1,657	16,851
75-84	3.8	190	15.0	26.1	17.6	8.2	22.2	17.5	8.5	1,265	767	7,465
85 and older	4.4	203	12.7	31.0	10.7	7.9	18.8	23.4	8.1	1,594	393	3,265
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	2
Basis of Eligibility^c												
Aged	3.9	194	15.3	24.9	18.4	9.9	20.9	18.2	7.7	1,265	2,795	27,394
Disabled	3.6	251	18.3	23.6	23.2	11.0	21.8	15.0	5.4	1,367	66,961	618,365
Adults	1.2	45	11.6	38.4	40.6	9.6	8.6	2.4	0.5	384	128,119	730,771
Children	0.5	25	13.4	44.0	47.9	4.9	2.8	0.4	0.1	185	436,122	3,262,356
Unknown	1.9	88	10.1	26.0	36.7	13.3	18.4	5.1	0.5	869	196	1,427
Gender												
Female	1.2	58	15.3	39.0	43.9	6.9	6.5	2.8	0.9	375	368,332	2,639,314
Male	0.9	61	15.8	42.9	43.5	6.0	5.4	1.8	0.5	387	265,861	2,000,999
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.1	64	17.0	35.3	47.2	7.1	6.7	2.8	0.9	374	466,589	3,680,683
African American	0.8	47	10.7	55.2	33.0	5.2	4.5	1.6	0.4	441	120,697	685,552
Other/unknown	0.6	29	9.3	55.6	36.3	4.1	2.9	0.9	0.2	308	46,907	274,078
Use of Nursing Facilities^d												
Entire year	9.2	572	12.8	1.9	3.2	3.5	20.4	38.1	32.9	4,482	1,817	18,651
Part year	7.9	461	10.6	2.4	6.9	6.9	25.6	31.5	26.7	4,348	1,505	14,926
None	1.0	56	15.9	40.8	43.9	6.5	5.9	2.2	0.6	351	630,871	4,606,736
Maintenance Assistance Status												
Cash	1.6	96	17.1	37.8	39.1	7.9	9.2	4.5	1.5	560	254,821	1,848,564
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	26	15.6	44.1	47.8	4.8	2.8	0.4	0.1	165	266,795	2,005,257
Other/unknown	1.1	58	11.3	38.7	44.3	7.3	6.6	2.4	0.7	507	112,577	786,492

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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. 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 of Table 1 for methodology used to determine nursing facility residence.
- 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.

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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, 0.6 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.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- 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 = Center for Medicare and 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^{a, b, c, d}
 NONDUAL BENEFICIARIES, INDIANA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Users							
	Patented		Off-Patent		Patented		Off-Patent		Patented		Off-Patent		As % of All Benes	No. of Bene Mos		
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name	Generic				
Anti-infective Agents	0.3	0.1	0.0	0.1	\$12	\$9	\$1	\$2	\$43	\$72	\$77	\$15	665,449	258,325	40.7 %	2,458,295
Biologics	0.2	0.2	0.0	0.0	111	103	1	6	626	634	2,159	458	4,904	2,623	0.4	27,770
Antineoplastic Agents	0.5	0.3	0.0	0.2	159	141	3	14	319	550	112	67	9,894	1,971	0.3	19,816
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	22	17	2	4	48	72	30	21	358,324	81,576	12.9	794,458
Cardiovascular Agents	1.1	0.4	0.1	0.6	39	26	3	11	37	63	45	17	436,926	39,904	6.3	405,783
Respiratory Agents	0.4	0.2	0.0	0.2	17	12	2	4	43	69	50	18	737,458	189,367	29.9	1,836,497
Gastrointestinal Agents	0.4	0.2	0.0	0.2	32	25	2	5	72	118	134	23	207,822	46,783	7.4	470,128
Genitourinary Agents	0.3	0.2	0.0	0.1	14	10	0	4	55	55	38	55	56,999	23,544	3.7	224,722
CNS Drugs	0.9	0.5	0.0	0.4	74	61	2	11	82	126	95	27	786,642	88,881	14.0	866,417
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.1	0.2	43	29	5	9	63	74	67	42	178,216	26,379	4.2	259,472
Miscellaneous Psychological/Neurological Agents	0.3	0.1	0.0	0.1	29	21	0	8	114	147	29	71	9,505	3,627	0.6	37,958
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	17	10	1	6	35	148	62	16	589,552	128,182	20.2	1,212,517
Neuromuscular Agents	0.7	0.3	0.0	0.4	49	39	3	7	67	118	60	21	334,446	45,221	7.1	456,786
Nutritional Products	0.3	0.0	0.0	0.3	7	1	1	5	22	43	23	20	82,047	29,500	4.7	258,869
Hematological Agents	0.5	0.2	0.1	0.3	193	181	1	10	376	981	25	38	58,120	11,403	1.8	113,243
Topical Products	0.2	0.1	0.0	0.1	7	4	1	2	32	54	58	17	293,672	136,338	21.5	1,344,374
Miscellaneous Products	0.3	0.1	0.0	0.1	31	16	4	10	109	133	278	70	21,662	7,663	1.2	77,182
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	29	0	0	0	12,342	5,959	0.9	62,645
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.	4,843,980	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table ND.6 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 therapeutic category during 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/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 Indiana, 0.6 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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, INDIANA, 2002

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$34,474,028	32,516	349,468	0.6	\$169	\$99	
ANTIDEPRESSANTS	24,712,690	80,533	816,614	0.4	69	30	
ANTICONVULSANT	18,854,792	32,773	346,486	0.6	86	54	
MISC. HEMATOLOGICAL	17,840,788	2,970	32,662	0.5	1,034	546	
ANTIASTHMATIC	15,650,076	101,146	1,022,386	0.3	55	15	
ANALGESICS - Narcotic	12,147,474	127,895	1,265,126	0.3	31	10	
ULCER DRUGS	11,501,807	48,370	506,187	0.3	76	23	
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	11,074,157	29,251	298,563	0.6	63	37	
ANTIDIABETIC	7,920,223	18,840	199,488	0.6	65	40	
ANTIHISTAMINES	7,737,845	84,506	880,702	0.2	43	9	
Total	161,913,880	558,800	5,717,682	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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 ND.7A

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}
NONDUAL BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	2,111,379	\$161,913,880	32,516	5.1 %	349,468	0.6	\$99	80,533	12.7 %	816,614	0.4	\$30					
Female	1,266,703	81,788,449	16,604	4.5	178,209	0.5	87	56,241	15.3	562,894	0.4	30					
Disabled	671,888	51,398,827	10,045	27.3	112,925	0.6	106	21,870	59.3	244,485	0.5	37					
5 and younger	3,957	282,566	16	1.9	159	0.5	91	21	2.5	241	0.5	37					
6-14	15,262	1,345,834	231	11.8	2,382	0.5	90	318	16.3	3,327	0.5	31					
15-20	13,567	1,137,948	300	19.5	3,287	0.6	93	436	28.3	4,688	0.5	37					
21-44	235,527	19,154,870	4,837	33.7	53,851	0.6	100	9,315	64.8	102,348	0.5	35					
45-64	402,876	29,433,212	4,648	25.7	53,113	0.6	112	11,766	65.0	133,735	0.5	39					
65-74	699	44,397	13	32.5	133	0.7	120	14	35.0	146	0.9	61					
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					
Other Eligibles	594,815	30,389,622	6,559	2.0	65,284	0.4	56	34,371	10.4	318,409	0.4	25					
5 and younger	46,821	2,090,289	144	0.2	1,554	0.3	40	160	0.2	1,698	0.3	14					
6-14	134,593	8,232,302	1,711	1.8	18,370	0.5	72	4,397	4.7	46,639	0.4	26					
15-20	98,847	5,097,266	1,472	3.0	15,132	0.5	55	6,738	13.5	67,733	0.4	23					
21-44	266,009	11,896,737	2,699	2.8	24,701	0.3	36	21,304	22.2	185,897	0.3	24					
45-64	20,347	1,202,288	157	4.5	1,434	0.4	53	1,229	35.4	10,476	0.5	35					
65-74	17,885	1,203,356	233	21.6	2,610	0.8	124	319	29.6	3,661	0.6	38					
75-84	7,226	469,784	97	18.1	1,030	0.7	100	140	26.2	1,475	0.7	44					
85 and older	3,087	197,600	46	17.4	453	0.7	92	84	31.8	830	0.8	51					
Male	844,676	80,125,431	15,912	6.0	171,259	0.6	111	24,292	9.1	253,720	0.5	31					
Disabled	387,695	45,775,190	8,208	27.3	90,819	0.7	132	10,383	34.5	114,577	0.5	35					
5 and younger	6,458	472,603	63	4.7	590	0.5	80	43	3.2	431	0.4	17					
6-14	32,231	3,051,004	898	24.5	9,435	0.6	110	852	23.2	8,932	0.5	32					
15-20	24,446	10,663,699	704	31.1	7,646	0.7	128	623	27.5	6,725	0.6	47					
21-44	159,594	18,740,656	4,432	37.0	49,680	0.7	138	4,758	39.7	52,926	0.5	36					
45-64	164,783	12,834,138	2,110	19.5	23,464	0.7	129	4,103	37.9	45,541	0.5	32					
65-74	183	13,090	1	5.0	4	1.5	211	4	20.0	22	0.4	37					
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					
Other Eligibles	456,981	34,350,241	7,704	3.3	80,440	0.6	87	13,909	5.9	139,143	0.4	28					
5 and younger	67,677	3,640,889	331	0.4	3,386	0.4	54	307	0.3	3,377	0.3	16					
6-14	250,881	20,008,214	4,693	4.8	49,882	0.6	86	7,310	7.5	76,533	0.5	28					
15-20	86,226	7,631,351	2,099	6.4	21,917	0.6	96	3,850	11.7	38,711	0.5	31					
21-44	33,593	1,838,890	366	2.8	3,032	0.3	55	1,918	14.9	15,494	0.3	23					
45-64	7,435	471,190	61	4.2	573	0.3	60	304	21.1	2,683	0.4	28					
65-74	6,667	468,393	90	17.4	997	1.0	144	115	22.2	1,264	0.7	43					
75-84	3,003	188,797	41	17.7	457	0.7	92	66	28.4	677	0.7	43					
85 and older	1,499	102,517	23	18.0	196	0.8	103	39	30.5	404	0.8	55					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Table ND7A

Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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 ND.7B
 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}
 NONDUAL BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	ANTICONVULSANT					MISC. HEMATOLOGICAL					ANTIASTHMATIC				
	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of Rx
All	32,773	5.2 %	346,486	\$54	0.6	2,970	0.5 %	32,662	\$546	0.5	101,146	15.9 %	1,022,386	0.3	\$15
Female	19,951	5.4	209,366	50	0.6	1,811	0.5	20,043	47	0.5	56,049	15.2	567,598	0.3	15
Disabled	11,893	32.3	133,102	60	0.7	1,475	4.0	16,750	47	0.5	16,416	44.5	183,951	0.4	23
5 and younger	149	17.7	1,428	57	0.7	3	0.4	33	326	0.9	407	48.4	3,898	0.4	27
6-14	522	26.7	5,588	99	0.8	1	0.1	12	1,025	0.2	530	27.1	5,660	0.4	27
15-20	420	27.2	4,709	76	0.8	3	0.2	36	31	0.3	364	23.6	3,989	0.4	24
21-44	5,430	37.8	60,335	63	0.7	180	1.3	2,021	38	0.4	5,003	34.8	55,110	0.3	19
45-64	5,365	29.6	60,981	52	0.6	1,286	7.1	14,633	47	0.5	10,094	55.7	115,127	0.4	25
65-74	7	17.5	61	39	1.3	2	5.0	15	13	0.1	18	45.0	167	0.4	14
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
Other Eligibles	8,058	2.4	76,264	34	0.5	336	0.1	3,293	47	0.4	39,633	12.0	383,647	0.2	12
5 and younger	350	0.4	3,507	40	0.6	3	0.0	29	392	0.1	12,682	14.6	125,445	0.2	10
6-14	1,323	1.4	13,624	48	0.6	1	0.0	12	9	0.1	10,769	11.5	109,098	0.2	13
15-20	1,326	2.7	13,538	45	0.5	4	0.0	33	22	0.3	5,263	10.6	51,972	0.2	11
21-44	4,509	4.7	40,258	25	0.4	108	0.1	900	35	0.3	9,648	10.1	84,962	0.3	11
45-64	309	8.9	2,729	37	0.5	55	1.6	479	48	0.4	668	19.3	5,502	0.4	20
65-74	161	14.9	1,795	40	0.7	90	8.3	1,025	50	0.6	381	35.3	4,272	0.5	27
75-84	58	10.8	604	42	0.7	51	9.5	563	47	0.5	164	30.7	1,780	0.4	24
85 and older	22	8.3	209	51	0.9	24	9.1	252	48	0.5	58	22.0	616	0.3	17
Male	12,822	4.8	137,120	61	0.7	1,159	0.4	12,619	1,339	0.6	45,097	17.0	454,788	0.3	15
Disabled	8,002	26.6	88,644	69	0.7	984	3.3	10,888	1,134	0.6	8,070	26.8	88,009	0.4	24
5 and younger	181	13.6	1,844	54	0.6	2	0.2	14	2,621	0.6	706	53.1	7,091	0.4	26
6-14	768	20.9	7,952	68	0.7	2	0.1	7	28,966	4.7	965	26.3	10,129	0.4	23
15-20	664	29.3	7,175	83	0.8	4	0.2	42	196,691	21.4	429	18.9	4,648	0.4	27
21-44	4,016	33.5	45,249	76	0.8	149	1.2	1,666	1,793	0.7	2,018	16.8	22,316	0.4	18
45-64	2,370	21.9	26,408	53	0.7	827	7.6	9,159	94	0.5	3,934	36.3	43,761	0.5	27
65-74	3	15.0	16	23	0.8	0	0.0	0	0	0.0	18	90.0	64	1.1	67
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
Other Eligibles	4,820	2.0	48,476	46	0.6	175	0.1	1,731	2,629	0.9	37,027	15.7	366,779	0.2	13
5 and younger	460	0.5	4,780	35	0.5	19	0.0	171	2,048	0.6	18,236	20.2	178,956	0.2	11
6-14	2,245	2.3	23,497	47	0.6	20	0.0	226	12,256	2.1	14,135	14.5	143,176	0.3	15
15-20	1,239	3.8	12,587	57	0.6	6	0.0	48	27,931	5.8	3,342	10.1	33,154	0.3	15
21-44	652	5.1	5,386	30	0.4	27	0.2	213	195	0.4	839	6.5	6,788	0.3	15
45-64	101	7.0	903	42	0.5	32	2.2	297	39	0.4	200	13.9	1,743	0.4	24
65-74	72	13.9	791	51	0.9	44	8.5	507	48	0.5	176	34.0	1,935	0.5	28
75-84	35	15.1	390	50	0.7	19	8.2	199	38	0.5	70	30.2	704	0.5	28
85 and older	16	12.5	142	24	0.7	8	6.3	70	84	0.8	29	22.7	323	0.3	17
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0

Table ND7B
 Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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 ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic					ULCER DRUGS					STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	127,895	20.2 %	1,265,126	0.3	\$10	48,370	7.6 %	506,187	0.3	\$23	29,251	4.6 %	298,563	0.6	\$37
Female	93,986	25.5	919,312	0.3	9	33,806	9.2	352,978	0.3	23	8,421	2.3	87,310	0.6	35
Disabled	26,008	70.6	291,167	0.4	18	16,967	46.0	192,823	0.4	29	1,116	3.0	12,037	0.6	43
5 and younger	89	10.6	943	0.1	2	152	18.1	1,545	0.4	26	17	2.0	171	0.5	28
6-14	247	12.6	2,758	0.2	3	209	10.7	2,384	0.5	42	358	18.3	3,677	0.6	39
15-20	469	30.4	5,259	0.2	4	245	15.9	2,715	0.3	26	118	7.7	1,255	0.6	34
21-44	10,829	75.4	119,362	0.4	17	5,604	39.0	62,809	0.3	26	346	2.4	3,837	0.5	50
45-64	14,348	79.2	162,611	0.5	20	10,736	59.3	123,214	0.4	30	276	1.5	3,085	0.5	45
65-74	26	65.0	234	0.7	18	21	52.5	156	0.5	28	1	2.5	12	0.3	7
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
Other Eligibles	67,978	20.5	628,145	0.2	4	16,839	5.1	160,155	0.2	15	7,305	2.2	75,273	0.6	34
5 and younger	2,284	2.6	23,966	0.1	1	1,471	1.7	13,019	0.2	9	374	0.4	4,072	0.3	18
6-14	5,834	6.2	62,697	0.1	1	2,120	2.3	22,738	0.2	9	5,394	5.8	55,926	0.6	34
15-20	13,685	27.5	135,440	0.2	2	3,110	6.2	31,530	0.2	10	1,025	2.1	10,754	0.6	36
21-44	43,701	45.6	382,619	0.3	5	8,580	9.0	77,329	0.2	17	473	0.5	4,181	0.5	37
45-64	1,599	46.1	13,737	0.4	12	746	21.5	6,549	0.3	27	33	1.0	280	0.4	37
65-74	525	48.7	5,927	0.5	14	481	44.6	5,400	0.4	28	3	0.3	32	0.4	36
75-84	240	44.9	2,659	0.4	14	237	44.3	2,583	0.4	29	2	0.4	16	0.9	26
85 and older	110	41.7	1,100	0.5	13	94	35.6	1,007	0.5	37	1	0.4	12	1.0	23
Male	33,909	12.8	345,814	0.3	12	14,564	5.5	153,209	0.3	23	20,830	7.8	211,253	0.6	38
Disabled	13,338	44.3	146,491	0.5	22	7,881	26.2	88,304	0.4	30	1,967	6.5	20,365	0.6	45
5 and younger	148	11.1	1,592	0.1	1	178	13.4	1,908	0.5	26	81	6.1	835	0.5	27
6-14	393	10.7	4,293	0.2	3	258	7.0	2,823	0.4	37	1,190	32.4	12,035	0.6	43
15-20	412	18.2	4,538	0.2	6	262	11.6	2,870	0.4	31	362	16.0	3,819	0.7	47
21-44	5,908	49.3	64,966	0.4	20	2,908	24.2	32,921	0.4	30	251	2.1	2,784	0.6	52
45-64	6,469	59.7	71,067	0.5	26	4,270	39.4	47,759	0.4	29	83	0.8	892	0.6	59
65-74	8	40.0	35	1.2	97	5	25.0	23	0.7	55	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
Other Eligibles	20,571	8.7	199,323	0.2	5	6,683	2.8	64,905	0.2	15	18,863	8.0	190,888	0.6	37
5 and younger	3,290	3.6	34,642	0.1	1	1,848	2.0	16,561	0.2	10	973	1.1	10,144	0.4	19
6-14	6,010	6.2	64,605	0.1	1	1,774	1.8	19,085	0.2	11	15,195	15.6	153,530	0.6	38
15-20	5,190	15.7	52,355	0.2	2	1,297	3.9	13,328	0.2	14	2,608	7.9	26,518	0.6	40
21-44	5,174	40.2	39,332	0.4	15	1,175	9.1	9,955	0.3	23	75	0.6	583	0.5	43
45-64	604	41.8	5,221	0.5	23	259	17.9	2,380	0.3	29	9	0.6	77	0.7	43
65-74	172	33.2	1,825	0.4	13	185	35.7	2,044	0.4	28	2	0.4	24	0.4	59
75-84	84	36.2	858	0.5	13	88	37.9	928	0.5	32	1	0.4	12	0.6	11
85 and older	47	36.7	485	0.6	26	57	44.5	624	0.5	37	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7C
 Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002. 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 2002. 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 ND.7D
 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}
 NONDUAL BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	ANTIDIABETIC				ANTIHTSTAMINES							
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	18,840	3.0 %	199,488	0.6	\$40	84,506	13.3 %	880,702	0.2	\$9	634,193	4,640,313
Female	13,286	3.6	140,154	0.6	40	51,883	14.1	536,377	0.2	9	368,331	2,639,312
Disabled	9,271	25.2	103,771	0.6	42	10,981	29.8	125,050	0.3	14	36,852	347,448
5 and younger	2	0.2	14	0.4	32	166	19.7	1,804	0.2	7	841	6,405
6-14	9	0.5	75	0.9	58	433	22.2	4,793	0.2	12	1,953	16,758
15-20	40	2.6	443	0.4	22	370	24.0	4,103	0.3	14	1,542	13,497
21-44	1,888	13.1	20,535	0.6	42	4,255	29.6	48,206	0.3	12	14,364	134,363
45-64	7,316	40.4	82,598	0.6	42	5,748	31.7	66,050	0.3	15	18,111	176,168
65-74	16	40.0	106	0.5	35	9	22.5	94	0.4	25	40	256
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	1	1
Other Eligibles	4,015	1.2	36,383	0.6	34	40,902	12.3	411,327	0.2	7	331,479	2,291,864
5 and younger	40	0.0	375	0.7	35	9,395	10.8	97,753	0.1	4	86,737	616,661
6-14	314	0.3	3,167	0.6	41	12,618	13.5	133,682	0.2	10	93,755	730,304
15-20	303	0.6	2,781	0.6	37	6,861	13.8	69,951	0.2	7	49,777	352,765
21-44	2,107	2.2	17,533	0.5	30	11,131	11.6	100,957	0.2	7	95,865	553,621
45-64	468	13.5	3,823	0.6	34	499	14.4	4,524	0.2	12	3,467	19,594
65-74	521	48.3	5,924	0.7	39	239	22.2	2,743	0.3	14	1,079	11,386
75-84	202	37.8	2,238	0.7	36	110	20.6	1,198	0.3	13	535	5,310
85 and older	60	22.7	542	0.7	35	49	18.6	519	0.4	19	264	2,223
Male	5,554	2.1	59,334	0.6	39	32,623	12.3	344,325	0.2	9	265,861	2,000,999
Disabled	4,236	14.1	47,416	0.6	38	4,927	16.4	55,673	0.3	14	30,109	270,917
5 and younger	7	0.5	83	0.5	36	268	20.2	2,960	0.2	7	1,329	10,478
6-14	31	0.8	335	0.6	35	745	20.3	8,232	0.3	13	3,672	30,927
15-20	39	1.7	421	0.7	45	416	18.4	4,693	0.3	17	2,264	19,662
21-44	1,037	8.6	11,686	0.6	38	1,858	15.5	21,319	0.3	15	11,994	111,571
45-64	3,118	28.8	34,853	0.6	38	1,639	15.1	18,465	0.3	14	10,830	98,198
65-74	4	20.0	38	0.7	49	1	5.0	4	0.8	56	20	81
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
Other Eligibles	1,318	0.6	11,918	0.6	43	27,696	11.7	288,652	0.2	8	235,752	1,730,082
5 and younger	48	0.1	488	0.5	33	10,455	11.6	109,213	0.1	4	90,289	644,827
6-14	256	0.3	2,479	0.7	43	13,120	13.5	137,713	0.2	10	97,286	759,258
15-20	205	0.6	1,886	0.7	57	3,171	9.6	33,309	0.2	10	32,996	248,042
21-44	374	2.9	2,923	0.6	45	723	5.6	6,107	0.2	8	12,859	61,876
45-64	197	13.6	1,589	0.6	36	111	7.7	1,070	0.3	12	1,444	7,755
65-74	158	30.5	1,697	0.6	36	60	11.6	649	0.3	13	518	5,128
75-84	58	25.0	632	0.7	32	40	17.2	424	0.5	25	232	2,155
85 and older	22	17.2	224	0.6	36	16	12.5	167	0.3	11	128	1,041
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002. 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 2002. 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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, INDIANA, 2002

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	\$572	9.2	1,817	18,651
Age				
0-64	627	9.7	1,363	14,067
65-74	471	8.4	177	1,850
75-84	413	8.1	137	1,378
85 and older	298	6.5	140	1,356
Unknown	0	0.0	0	0
Gender				
Female	543	9.4	1,031	10,746
Male	611	9.0	786	7,905
Unknown	0	0.0	0	0
Race				
White	552	9.5	1,440	14,817
African American	665	8.1	338	3,438
Other/unknown	490	8.5	39	396
Basis of Eligibility^c				
Aged	403	7.8	446	4,537
Disabled	616	9.6	1,327	13,597
Adults	0	0.0	0	0
Children	876	13.0	44	517
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 1,505 beneficiaries who were in nursing facilities for part of their enrollment and their 14,926 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 = Center for Medicare and 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^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, INDIANA, 2002

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 # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos			
		Generic	Generic		Generic	Generic		Generic	Generic								
Anti-infective Agents	0.6	0.3	0.0	0.3	\$43	\$34	\$3	\$6	\$71	\$113	\$79	\$24	8,248	\$585,457	1,278	70.3 %	13,573
Biologicals	0.1	0.1	0.0	0.0	4	3	0	0	34	35	0	29	582	19,795	466	25.6	5,369
Antineoplastic Agents	0.7	0.2	0.1	0.4	156	104	9	43	235	487	129	112	779	183,274	119	6.5	1,177
Endocrine/Metabolic Drugs	1.3	0.7	0.1	0.4	58	46	3	8	45	65	24	19	11,228	504,605	825	45.4	8,765
Cardiovascular Agents	2.0	0.6	0.2	1.3	71	33	12	27	35	58	55	21	22,779	794,567	1,091	60.0	11,120
Respiratory Agents	1.2	0.5	0.1	0.6	56	33	4	19	48	68	56	31	12,996	620,005	1,040	57.2	11,102
Gastrointestinal Agents	1.1	0.4	0.0	0.7	54	32	3	19	48	82	99	27	13,607	647,018	1,149	63.2	11,975
Genitourinary Agents	1.1	0.3	0.0	0.8	130	23	0	107	121	72	51	141	6,552	791,891	560	30.8	6,104
CNS Drugs	2.1	1.0	0.1	1.0	164	130	5	29	79	131	60	29	31,048	2,442,130	1,415	77.9	14,881
Stimulants/Anti-obesity/Anorexia	0.8	0.4	0.0	0.4	45	37	1	8	55	102	44	17	270	14,802	31	1.7	326
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.1	121	118	0	3	155	163	0	59	999	154,576	124	6.8	1,274
Analgesics and Anesthetics	1.1	0.3	0.1	0.8	45	27	2	16	39	104	37	19	12,546	494,863	1,048	57.7	10,947
Neuromuscular Agents	1.9	0.7	0.2	1.0	132	90	12	29	70	129	54	30	20,727	1,441,876	1,024	56.4	10,943
Nutritional Products	1.0	0.1	0.1	0.9	32	12	1	19	31	174	22	21	6,439	199,456	610	33.6	6,187
Hematological Agents	1.2	0.3	0.3	0.6	153	140	5	8	124	407	17	13	6,586	819,518	550	30.3	5,371
Topical Products	0.7	0.3	0.1	0.3	26	15	4	7	37	57	49	19	10,210	378,952	1,365	75.1	14,780
Miscellaneous Products	1.6	0.0	0.0	1.6	149	2	0	147	92	39	197	94	5,736	530,505	337	18.5	3,556
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	15	0	0	0	45	0	0	0	871	38,983	231	12.7	2,531
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.	172,203	10,662,273	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,505 beneficiaries who were in nursing facilities for part of their enrollment and their 14,926 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 2002. 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 Indiana, 0.6 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 = 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.

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^{a, b, c, d}
 NONDUAL BENEFICIARIES, INDIANA, 2002

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$1,452,318	948	52.2 %	10,356	0.9	\$154	\$140
ANTICONVULSANT	1,118,290	1,124	61.9	12,455	1.2	75	90
ANTIDEPRESSANTS	760,891	1,179	64.9	12,626	0.9	70	60
MISCELLANEOUS GENITOURINARY PRODUCTS	656,323	357	19.6	3,835	1.1	152	171
MISC. HEMATOLOGICAL	541,627	171	9.4	1,861	0.8	368	291
ASSORTED CLASSES	517,892	189	10.4	2,097	2.4	104	247
ULCER DRUGS	483,306	1,181	65.0	12,610	0.6	61	38
ANTIASTHMATIC	427,962	942	51.8	10,158	0.8	55	42
ANTIDIABETIC	334,374	689	37.9	7,220	0.9	50	46
ANALGESICS - Narcotic	327,781	1,040	57.2	10,695	0.8	37	31
Total	6,620,764	7,820		83,913	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,505 beneficiaries who were in nursing facilities for part of their enrollment and their 14,926 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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 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, BOE, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	Users as %			Mean Rx \$	No. of Users	Users as %		
			No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$			Residents	NF	No. of Bene Mos among Users			Mean No. of Rx	Mean Rx \$	Residents
All	77,368	\$6,620,764	948	52.2 %	10,356	0.9	\$140	1,124	61.9 %	12,455	1.2	\$90			
Female	43,896	3,472,437	599	58.1	6,627	0.9	138	584	56.6	6,491	1.2	89			
Disabled	33,038	2,633,730	412	57.7	4,598	0.9	141	479	67.1	5,371	1.2	94			
64 or younger	32,905	2,625,912	408	57.6	4,567	0.9	142	476	67.2	5,349	1.2	94			
65-74	133	7,818	4	66.7	31	1.1	110	3	50.0	22	2.3	82			
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			
Other Eligibles	10,858	838,707	187	59.0	2,029	0.9	131	105	33.1	1,120	1.1	67			
64 or younger	1,760	162,570	2	9.1	24	0.7	66	18	81.8	216	1.3	96			
65-74	4,560	367,647	99	86.8	1,087	1.0	159	54	47.4	582	1.0	61			
75-84	2,762	196,692	54	60.0	580	0.9	105	22	24.4	217	1.1	63			
85 and older	1,776	111,798	32	35.2	338	0.7	92	11	12.1	105	1.1	53			
Male	33,472	3,148,327	349	44.4	3,729	0.9	144	540	68.7	5,964	1.2	91			
Disabled	26,449	2,606,325	274	44.7	2,924	0.9	142	464	75.7	5,123	1.2	96			
64 or younger	26,426	2,605,664	274	44.8	2,924	0.9	142	464	75.9	5,123	1.2	96			
65-74	23	661	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	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	7,023	542,002	75	43.4	805	1.0	149	76	43.9	841	1.0	55			
64 or younger	2,035	184,055	2	9.1	24	1.4	140	19	86.4	228	1.2	89			
65-74	2,284	168,674	31	56.4	349	1.2	196	29	52.7	317	1.1	49			
75-84	1,685	116,104	26	55.3	296	0.7	107	19	40.4	212	0.7	39			
85 and older	1,019	73,169	16	32.7	136	0.9	119	9	18.4	84	0.7	25			
Unknown	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 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,505 beneficiaries who were in nursing facilities for part of their enrollment and their 14,926 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and 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, BOE, AND AGE^{a,b,c,d}
 NONDUAL BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS						MISCELLANEOUS GENITOURINARY PRODUCTS						MISC. HEMATOLOGICAL					
	Users as %			No. of Bene			Users as %			No. of Bene			Users as %			No. of Bene		
	No. of Users	Residents	Mean Rx	No. of Users	Residents	Mean Rx \$	No. of Users	Residents	Mean Rx	No. of Users	Residents	Mean Rx \$	No. of Users	Residents	Mean Rx	No. of Users	Residents	Mean Rx \$
All	1,179	64.9 %	0.9	12,626	0.9	\$60	357	19.6 %	1.1	3,835	1.1	\$171	171	9.4 %	1,861	0.8	\$291	
Female	723	70.1	0.9	7,767	0.9	64	171	16.6	1.1	1,863	1.1	166	89	8.6	998	0.8	69	
Disabled	550	77.0	0.9	5,949	0.9	65	134	18.8	0.9	1,452	0.9	152	60	8.4	684	0.8	70	
64 or younger	547	77.3	0.9	5,923	0.9	65	134	18.9	0.9	1,452	0.9	152	60	8.5	684	0.8	70	
65-74	3	50.0	0.7	26	0.7	68	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	0.0	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	0	0.0	0	
Other Eligibles	173	54.6	0.9	1,818	0.9	60	37	11.7	1.6	411	1.6	218	29	9.1	314	0.7	67	
64 or younger	5	22.7	0.6	60	0.6	29	12	54.5	3.6	144	3.6	511	0	0.0	0	0.0	0	
65-74	62	54.4	0.9	678	0.9	62	12	10.5	0.4	131	0.4	47	13	11.4	151	0.6	51	
75-84	55	61.1	1.0	565	1.0	62	6	6.7	1.0	64	1.0	142	9	10.0	95	1.0	91	
85 and older	51	56.0	0.9	515	0.9	58	7	7.7	0.3	72	0.3	13	7	7.7	68	0.8	69	
Male	456	58.0	0.8	4,859	0.8	55	186	23.7	1.2	1,972	1.2	176	82	10.4	863	0.8	548	
Disabled	361	58.9	0.8	3,813	0.8	54	147	24.0	1.2	1,514	1.2	181	60	9.8	638	0.8	717	
64 or younger	360	58.9	0.8	3,811	0.8	54	147	24.1	1.2	1,514	1.2	181	60	9.8	638	0.8	717	
65-74	1	50.0	1.0	2	1.0	49	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	0.0	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	0	0.0	0	
Other Eligibles	95	54.9	0.8	1,046	0.8	59	39	22.5	1.0	458	1.0	160	22	12.7	225	0.8	67	
64 or younger	0	0.0	0.0	0	0.0	0	11	50.0	2.3	132	2.3	443	0	0.0	0	0.0	0	
65-74	31	56.4	0.9	344	0.9	62	10	18.2	0.6	119	0.6	39	12	21.8	132	0.7	61	
75-84	33	70.2	0.8	372	0.8	60	15	31.9	0.5	172	0.5	56	5	10.6	54	0.9	65	
85 and older	31	63.3	0.8	330	0.8	56	3	6.1	0.3	35	0.3	12	5	10.2	39	0.9	90	
Unknown	0	0.0	0.0	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 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,505 beneficiaries who were in nursing facilities for part of their enrollment and their 14,926 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and 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, BOE, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	ASSORTED CLASSES					ULCER DRUGS					ANTI-ASTHMATIC				
	Users as %					Users as %					Users as %				
	No. of Users	Residents	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	No. of Bene among Users	Mean No. of Rx	Mean Rx \$
All	189	10.4 %	2,097	2.4	\$247	1,181	65.0 %	12,610	0.6	\$38	942	51.8 %	10,158	0.8	\$42
Female	97	9.4	1,074	2.0	199	645	62.6	6,877	0.6	37	524	50.8	5,724	0.6	36
Disabled	78	10.9	872	1.8	195	456	63.9	4,916	0.6	37	394	55.2	4,340	0.7	39
64 or younger	78	11.0	872	1.8	195	453	64.0	4,887	0.6	37	391	55.2	4,329	0.7	39
65-74	0	0.0	0	0.0	0	3	50.0	29	0.6	21	3	50.0	11	0.3	4
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
Other Eligibles	19	6.0	202	2.8	218	189	59.6	1,961	0.6	36	130	41.0	1,384	0.5	28
64 or younger	12	54.5	144	3.8	296	8	36.4	96	0.7	59	22	100.0	264	1.1	58
65-74	4	3.5	36	0.3	13	71	62.3	731	0.6	34	42	36.8	428	0.5	27
75-84	0	0.0	0	0.0	0	63	70.0	652	0.6	34	37	41.1	394	0.4	22
85 and older	3	3.3	22	0.4	40	47	51.6	482	0.6	39	29	31.9	298	0.2	12
Male	92	11.7	1,023	2.8	297	536	68.2	5,733	0.6	41	418	53.2	4,434	0.9	50
Disabled	71	11.6	784	2.8	303	403	65.7	4,245	0.6	42	308	50.2	3,276	0.9	49
64 or younger	71	11.6	784	2.8	303	403	66.0	4,245	0.6	42	304	49.8	3,268	0.9	49
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	200.0	8	2.0	58
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
Other Eligibles	21	12.1	239	2.5	278	133	76.9	1,488	0.7	38	110	63.6	1,158	1.0	52
64 or younger	13	59.1	156	3.8	423	27	122.7	324	0.8	35	22	100.0	264	2.2	93
65-74	2	3.6	24	0.2	7	40	72.7	435	0.6	32	45	81.8	458	0.8	44
75-84	4	8.5	42	0.1	6	36	76.6	403	0.7	39	29	61.7	284	0.8	40
85 and older	2	4.1	17	0.1	2	30	61.2	326	0.6	47	14	28.6	152	0.3	26
Unknown	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 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,505 beneficiaries who were in nursing facilities for part of their enrollment and their 14,926 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and 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, BOE, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic											
	Users as %		No. of Bene		Mean	Users as %		No. of Bene		Mean							
	No. of Users	Residents	NF	Mo		Users	Residents	NF	Mo								
				Rx					Rx								
All	689	37.9 %	7,220	0.9	\$46	1,040	57.2 %	10,695	0.8	\$31	1,817	18,651					
Female	479	46.5	4,971	0.9	46	633	61.4	6,549	0.9	32	1,031	10,746					
Disabled	315	44.1	3,274	0.9	48	457	64.0	4,774	0.9	33	714	7,471					
64 or younger	315	44.5	3,274	0.9	48	453	64.0	4,740	0.9	33	708	7,427					
65-74	0	0.0	0	0.0	0	4	66.7	34	0.4	6	6	44					
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					
Other Eligibles	164	51.7	1,697	0.9	42	176	55.5	1,775	0.7	29	317	3,275					
64 or younger	1	4.5	12	0.1	3	2	9.1	24	0.6	62	22	264					
65-74	85	74.6	919	0.9	49	69	60.5	694	0.8	31	114	1,226					
75-84	50	55.6	545	0.8	36	48	53.3	488	0.7	38	90	896					
85 and older	28	30.8	221	0.7	31	57	62.6	569	0.6	17	91	889					
Male	210	26.7	2,249	1.0	48	407	51.8	4,146	0.8	29	786	7,905					
Disabled	155	25.3	1,660	1.0	51	323	52.7	3,258	0.8	31	613	6,126					
64 or younger	155	25.4	1,660	1.0	51	321	52.5	3,254	0.8	31	611	6,123					
65-74	0	0.0	0	0.0	0	2	100.0	4	1.3	26	2	3					
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					
Other Eligibles	55	31.8	589	0.8	37	84	48.6	888	0.7	25	173	1,779					
64 or younger	0	0.0	0	0.0	0	5	22.7	60	0.2	2	22	253					
65-74	30	54.5	334	0.7	37	27	49.1	266	0.7	16	55	577					
75-84	14	29.8	150	1.1	36	25	53.2	269	0.8	30	47	482					
85 and older	11	22.4	105	0.7	36	27	55.1	293	0.6	32	49	467					
Unknown	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 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,505 beneficiaries who were in nursing facilities for part of their enrollment and their 14,926 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and 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^{a,b}
 INDIANA, 2002

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D		Total No. Part D Excl Rx	Part D Excl Rx \$ per Bene	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx \$ as % of All Nonduals Rx \$	Total No. of Benes
			Excl Rx	Bene						
All	167,286	26.4 %	1.1	708,294	\$19	\$12,058,716	\$17	4.4 %	634,193	
Age										
5 and younger	55,574	31.0	0.7	124,102	13	2,417,825	19	11.2	179,196	
6-14	37,000	18.8	0.4	81,458	9	1,687,403	21	3.5	196,666	
15-20	17,305	20.0	0.6	48,940	12	1,051,158	21	3.0	86,579	
21-44	37,908	28.1	1.6	216,576	25	3,385,692	16	4.0	135,082	
45-64	17,950	53.0	6.2	210,102	96	3,254,521	15	4.2	33,852	
65-74	889	53.7	8.3	13,816	87	144,430	10	4.3	1,657	
75-84	427	55.7	10.0	7,633	96	73,428	10	5.2	767	
85 and older	233	59.3	14.4	5,667	113	44,259	8	6.7	393	
Unknown	0	0.0	0.0	0	0	0	0	0.0	1	
Basis of Eligibility^c										
Aged	1,522	54.5	9.5	26,597	92	256,997	10	4.8	2,795	
Disabled	33,155	49.5	5.4	358,856	91	6,099,371	17	3.9	66,961	
Adults	29,636	23.1	0.8	102,554	12	1,543,940	15	4.7	128,119	
Children	102,914	23.6	0.5	220,022	10	4,154,826	19	5.1	436,122	
Unknown	59	30.1	1.4	265	18	3,582	14	2.9	196	
Gender										
Female	101,137	27.5	1.2	451,888	20	7,483,575	17	4.9	368,332	
Male	66,149	24.9	1.0	256,406	17	4,575,141	18	3.8	265,861	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	135,186	29.0	1.3	591,660	22	10,362,016	18	4.4	466,589	
African American	22,637	18.8	0.8	90,914	11	1,299,838	14	4.0	120,697	
Other/unknown	9,463	20.2	0.5	25,720	8	396,862	15	5.0	46,907	
Use of Nursing Facilities^d										
Entire year	1,766	97.2	36.6	66,527	372	675,438	10	6.3	1,817	
Part year	1,422	94.5	20.9	31,452	289	434,752	14	6.3	1,505	
None	164,098	26.0	1.0	610,315	17	10,948,526	18	4.3	630,871	
Maintenance Assistance Status										
Cash	78,598	30.8	1.8	462,032	29	7,459,017	16	4.2	254,821	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	57,369	21.5	0.5	121,017	9	2,389,348	20	4.6	266,795	
Other/unknown	31,319	27.8	1.1	125,245	20	2,210,351	18	4.9	112,577	

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002.
- 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 = Center for Medicare and 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^{a,b}
 INDIANA, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazepine \$ per Bene Mo.	No. of Bene Mos
All	0.2	\$3	\$17	\$0	\$1	4,640,313
Age						
5 and younger	0.1	2	19	0	0	1,278,371
6-14	0.1	1	21	0	0	1,537,247
15-20	0.1	2	21	0	0	633,966
21-44	0.3	4	16	0	1	861,431
45-64	0.7	11	15	0	3	301,715
65-74	0.8	9	10	0	2	16,851
75-84	1.0	10	10	0	1	7,465
85 and older	1.7	14	8	0	2	3,265
Unknown	0.0	0	0	0	0	2
Basis of Eligibility^c						
Aged	1.0	9	10	0	2	27,394
Disabled	0.6	10	17	0	3	618,365
Adults	0.1	2	15	0	1	730,771
Children	0.1	1	19	0	0	3,262,356
Unknown	0.2	3	14	0	1	1,427
Gender						
Female	0.2	3	17	0	1	2,639,314
Male	0.1	2	18	0	0	2,000,999
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	3	18	0	1	3,680,683
African American	0.1	2	14	0	0	685,552
Other/unknown	0.1	1	15	0	0	274,078
Use of Nursing Facilities^d						
Entire year	3.6	36	10	1	8	18,651
Part year	2.1	29	14	0	7	14,926
None	0.1	2	18	0	1	4,606,736
Maintenance Assistance Status						
Cash	0.2	4	16	0	1	1,848,564
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	20	0	0	2,005,257
Other/unknown	0.2	3	18	0	1	786,492

Table ND12

Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002.
 - 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 = Center for Medicare and 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^{a,b,c}
INDIANA, 2002

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	215,570	\$56	\$12,058,716	100.0 %	708,294	\$17	100.0 %
Anorexia or weight loss/gain	24	71	1,697	0.0	51	33	0.0
Fertility drugs	50	97	4,846	0.0	108	45	0.0
Drugs for cosmetic purposes	239	15	3,641	0.0	339	11	0.0
Cough and cold medications	116,011	43	5,004,791	41.5	226,322	22	32.0
Vitamins and minerals	9,702	104	1,009,320	8.4	47,327	21	6.7
Non-prescription drugs	54,867	49	2,715,509	22.5	228,993	12	32.3
Barbiturates	1,723	67	115,472	1.0	13,891	8	2.0
Benzodiazepines	28,383	92	2,619,081	21.7	177,726	15	25.1
Other Part D Excl Rx Drugs	4,571	128	584,359	4.8	13,537	43	1.9

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all non-dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. 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 = Center for Medicare and 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^{a, b}
NONDUAL BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	No. of Benefes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	767,004	2,799	70,289	151,441	542,279	196	7,102,640	27,510	689,691	1,158,875	5,225,137	1,427
Age												
5 and younger	225,985	2	2,593	0	223,390	0	2,107,935	3	26,411	0	2,081,521	0
6-14	243,159	0	6,892	23	236,244	0	2,442,452	0	73,482	167	2,368,803	0
15-20	103,060	0	4,226	16,352	82,476	6	946,698	0	42,176	130,589	773,890	43
21-44	156,570	1	27,257	129,032	168	112	1,250,499	5	266,218	982,549	920	807
45-64	35,405	39	29,259	6,028	1	78	327,328	155	281,056	45,537	3	577
65-74	1,662	1,597	61	4	0	0	16,978	16,605	347	26	0	0
75-84	768	768	0	0	0	0	7,477	7,477	0	0	0	0
85 and older	394	391	1	2	0	0	3,271	3,263	1	7	0	0
Unknown	1	1	0	0	0	2		2	0	0	0	0
Gender												
Female	443,537	1,906	38,736	134,389	268,310	196	4,053,951	19,108	388,295	1,055,708	2,589,413	1,427
Male	323,467	893	31,553	17,052	273,969	0	3,048,689	8,402	301,396	103,167	2,635,724	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	521,023	1,633	53,964	104,840	360,402	184	4,752,165	15,880	526,610	777,028	3,431,304	1,343
African American	186,146	516	14,039	38,096	133,484	11	1,818,133	5,089	141,257	319,392	1,352,314	81
Other/unknown	59,835	650	2,286	8,505	48,393	1	532,342	6,541	21,824	62,455	441,519	3
Use of Nursing Facilities^c												
Entire year	1,817	446	1,327	0	44	0	18,651	4,537	13,597	0	517	0
Part year	1,506	230	1,230	16	29	1	15,012	2,104	12,453	134	309	12
None	763,681	2,123	67,732	151,425	542,206	195	7,068,977	20,869	663,641	1,158,741	5,224,311	1,415
Maintenance Assistance Status												
Cash	315,310	1,686	52,687	98,591	162,346	0	3,025,730	18,125	553,934	785,320	1,668,351	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	314,830	8	11	19,500	295,115	196	2,958,224	75	116	115,170	2,841,436	1,427
Other/unknown	136,864	1,105	17,591	33,350	84,818	0	1,118,686	9,310	135,641	258,385	715,350	0
Managed Care Status												
FFS all year	450,650	2,781	61,780	86,252	299,641	196	3,941,593	27,301	594,999	573,620	2,744,246	1,427
FFS part year, with Rx claims	80,729	10	3,477	23,334	53,908	0	860,821	117	39,613	229,517	591,574	0
FFS part year, no Rx claims	102,814	4	1,704	18,533	82,573	0	1,000,803	44	17,785	156,491	826,483	0
MC all year, with Rx claims	4,907	1	142	2,347	2,417	0	46,505	12	1,602	19,664	25,227	0
MC all year, no Rx claims	127,904	3	3,186	20,975	103,740	0	1,252,918	36	35,692	179,583	1,037,607	0

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 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.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, INDIANA, 2002

	Bene Mos in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	767,004	7,102,640	634,193	4,640,313	0	2,462,327
FFS all year	450,650	3,941,593	450,650	3,941,591	0	2
FFS part year, with Rx claims	80,729	860,821	80,729	369,028	0	491,793
FFS part year, with no Rx claims	102,814	1,000,803	102,814	329,694	0	671,109
MC all year, with Rx claims	4,907	46,505	0	0	0	46,505
MC all year, with no Rx claims	127,904	1,252,918	0	0	0	1,252,918

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

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

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.