

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 INDIANA

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>118,106</b>	<b>68,189</b>	<b>48,876</b>	<b>1,006</b>	<b>35</b>	<b>0</b>	<b>1,213,473</b>	<b>680,123</b>	<b>524,674</b>	<b>8,346</b>	<b>330</b>	<b>0</b>
<b>Age</b>												
5 and younger	7	0	3	0	4	0	70	0	32	0	38	0
6-14	16	0	8	0	8	0	174	0	86	0	88	0
15-20	188	0	162	4	22	0	1,837	0	1,614	31	192	0
21-44	20,532	0	19,746	785	1	0	219,489	0	212,841	6,636	12	0
45-64	28,852	18	28,651	183	0	0	309,043	111	307,518	1,414	0	0
65-74	24,474	24,141	306	27	0	0	254,562	251,769	2,583	210	0	0
75-84	24,429	24,422	0	7	0	0	243,430	243,375	0	55	0	0
85 and older	19,608	19,608	0	0	0	0	184,868	184,868	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	76,530	50,243	25,607	667	13	0	792,496	508,933	277,794	5,661	108	0
Male	41,576	17,946	23,269	339	22	0	420,977	171,190	246,880	2,685	222	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	99,304	57,752	40,778	749	25	0	1,018,406	573,001	438,904	6,251	250	0
African American	15,503	8,232	7,038	225	8	0	160,933	84,397	74,609	1,862	65	0
Other/unknown	3,299	2,205	1,060	32	2	0	34,134	22,725	11,161	233	15	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	23,997	21,932	2,065	0	0	0	244,106	221,207	22,899	0	0	0
Part year	12,808	11,324	1,483	1	0	0	117,833	102,438	15,383	12	0	0
None	81,301	34,933	45,328	1,005	35	0	851,534	356,478	486,392	8,334	330	0
<b>Maintenance Assistance Status</b>												
Cash	44,424	17,061	26,588	775	0	0	487,745	188,548	292,752	6,445	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	2,703	1,271	1,288	118	26	0	27,870	13,421	13,237	959	253	0
Other/unknown	70,979	49,857	21,000	113	9	0	697,858	478,154	218,685	942	77	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	111,846	64,720	46,194	898	34	0	1,149,507	645,182	496,766	7,241	318	0
Full dual, part year	6,260	3,469	2,682	108	1	0	63,966	34,941	27,908	1,105	12	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	117,664	68,183	48,626	824	31	0	1,211,030	680,082	523,165	7,470	313	0
FFS part year, with Rx claims	343	6	188	145	4	0	2,022	41	1,221	743	17	0
FFS part year, no Rx claims	99	0	62	37	0	0	421	0	288	133	0	0

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.2 includes the beneficiaries represented by Cell G 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.
  - d. 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
All	86.1 %	52.4	\$3,035	\$58	\$15,220	19.9 %	118,106
<b>Age</b>							
5 and younger	100.0	60.0	4,038	67	33,962	11.9	7
6-14	100.0	71.7	8,036	112	17,314	46.4	16
15-20	77.7	29.2	2,821	97	17,396	16.2	188
21-44	85.0	39.3	3,363	86	15,935	21.1	20,532
45-64	85.3	56.0	3,841	69	15,857	24.2	28,852
65-74	81.1	50.6	2,598	51	10,514	24.7	24,474
75-84	87.1	57.3	2,715	47	14,994	18.1	24,429
85 and older	93.2	57.1	2,446	43	19,659	12.4	19,608
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	86.7	54.9	2,598	47	14,750	17.6	68,189
Disabled	85.2	49.4	3,670	74	16,096	22.8	48,876
Adults	81.1	27.3	1,712	63	4,536	37.7	1,006
Children	88.6	48.7	5,667	116	13,342	42.5	35
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	88.5	57.0	3,072	54	14,806	20.7	76,530
Male	81.6	44.0	2,966	68	15,982	18.6	41,576
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	87.1	55.0	3,171	58	15,929	19.9	99,304
African American	80.3	38.9	2,317	60	11,817	19.6	15,503
Other/unknown	81.3	38.5	2,303	60	9,868	23.3	3,299
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	98.3	78.9	3,797	48	29,094	13.1	23,997
Part year	96.1	61.1	3,009	49	18,899	15.9	12,808
None	80.9	43.2	2,814	65	10,545	26.7	81,301
<b>Maintenance Assistance Status</b>							
Cash	89.9	52.7	3,331	63	13,337	25.0	44,424
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	42.2	7.4	397	54	1,658	24.0	2,703
Other/unknown	85.3	53.9	2,950	55	16,914	17.4	70,979

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.3 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS <sup>d</sup>	Benefit Months
			19.9 %	13.3 %	8.5 %	25.2 %	27.9 %	11.2 %			
<b>All</b>	<b>5.1</b>	<b>\$295</b>	<b>19.9 %</b>	<b>13.3 %</b>	<b>8.5 %</b>	<b>25.2 %</b>	<b>27.9 %</b>	<b>11.2 %</b>	<b>\$1,481</b>	<b>118,106</b>	<b>1,213,473</b>
<b>Age</b>											
5 and younger	6.0	404	11.9	0.0	0.0	57.1	42.9	0.0	3,396	7	70
6-14	6.6	739	46.4	6.3	0.0	37.5	43.8	12.5	1,592	16	174
15-20	3.0	289	16.2	29.3	8.0	24.5	14.4	1.6	1,780	188	1,837
21-44	3.7	315	21.1	23.0	12.0	26.1	18.5	5.5	1,491	20,532	219,489
45-64	5.2	359	24.2	14.7	8.4	24.6	27.3	12.1	1,480	28,852	309,043
65-74	4.9	250	24.7	13.8	8.2	22.9	25.3	10.8	1,011	24,474	254,562
75-84	5.8	273	18.1	12.9	6.8	24.6	31.6	14.3	1,505	24,429	243,430
85 and older	6.1	259	12.4	7.5	7.1	28.6	37.2	12.8	2,085	19,608	184,868
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>											
Aged	5.5	260	17.6	10.6	7.4	25.1	31.0	12.6	1,479	68,189	680,123
Disabled	4.6	342	22.8	16.9	9.8	25.2	23.8	9.5	1,499	48,876	524,674
Adults	3.3	206	37.7	27.2	10.3	24.3	15.9	3.4	547	1,006	8,346
Children	5.2	601	42.5	17.1	5.7	31.4	31.4	2.9	1,415	35	330
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>											
Female	5.5	297	20.7	11.7	8.1	25.7	30.2	12.7	1,430	76,530	792,496
Male	4.3	293	18.6	16.3	9.1	24.2	23.6	8.5	1,578	41,576	420,977
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>											
White	5.4	309	19.9	12.3	8.1	25.1	29.2	12.4	1,553	99,304	1,018,406
African American	3.7	223	19.6	18.8	10.2	25.5	20.8	5.0	1,138	15,503	160,933
Other/unknown	3.7	223	23.3	19.7	11.5	25.0	19.7	5.4	954	3,299	34,134
<b>use of nursing Facilities<sup>f</sup></b>											
Entire year	7.8	373	13.1	3.7	4.6	24.1	42.6	23.4	2,860	23,997	244,106
Part year	6.6	327	15.9	6.7	6.9	28.4	37.9	16.1	2,054	12,808	117,833
None	4.1	269	26.7	17.2	9.8	25.0	21.9	6.9	1,007	81,301	851,534
<b>Maintenance Assistance Status</b>											
Cash	4.8	303	25.0	10.1	10.5	27.4	26.1	9.4	1,215	44,424	487,745
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.7	39	24.0	27.8	5.6	6.0	2.5	0.3	161	2,703	27,870
Other/unknown	5.5	300	17.4	10.8	7.3	24.5	29.9	12.8	1,720	70,979	697,858

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.4 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.
  - c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
  - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
  - e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
  - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>5.1</b>	<b>\$295</b>	<b>\$58</b>	<b>2.2</b>	<b>\$234</b>	<b>\$105</b>	<b>0.2</b>	<b>\$7</b>	<b>\$43</b>	<b>2.7</b>	<b>\$54</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	6.0	404	67	2.6	314	123	0.0	4	101	3.4	85	25
6-14	6.6	739	112	2.9	589	201	0.3	66	198	3.3	84	25
15-20	3.0	289	97	1.5	236	160	0.1	12	93	1.4	41	30
21-44	3.7	315	86	1.7	258	155	0.1	10	81	1.9	45	24
45-64	5.2	359	69	2.3	289	124	0.2	9	60	2.7	60	22
65-74	4.9	250	51	2.1	194	92	0.1	4	32	2.6	51	19
75-84	5.8	273	47	2.5	211	84	0.2	5	27	3.0	56	18
85 and older	6.1	259	43	2.5	196	78	0.2	6	26	3.3	58	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.5	260	47	2.4	200	85	0.2	5	28	3.0	54	18
Disabled	4.6	342	74	2.1	277	134	0.1	10	68	2.4	54	23
Adults	3.3	206	63	1.3	162	126	0.0	2	56	2.0	41	21
Children	5.2	601	116	2.0	446	223	0.4	77	215	2.8	78	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	5.5	297	54	2.4	233	97	0.2	6	35	2.9	57	20
Male	4.3	293	68	1.9	235	124	0.1	9	62	2.3	49	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	5.4	309	58	2.3	244	104	0.2	7	42	2.8	57	20
African American	3.7	223	60	1.6	178	113	0.1	5	51	2.1	40	19
Other/unknown	3.7	223	60	1.7	179	104	0.1	4	46	1.9	38	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.8	373	48	3.3	287	87	0.3	8	29	4.2	77	19
Part year	6.6	327	49	2.8	251	90	0.2	7	30	3.6	68	19
None	4.1	269	65	1.8	216	118	0.1	7	56	2.2	46	21
<b>Maintenance Assistance Status</b>												
Cash	4.8	303	63	2.1	243	116	0.1	7	53	2.6	53	21
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.7	39	54	0.3	30	103	0.0	1	67	0.4	8	19
Other/unknown	5.5	300	55	2.4	235	99	0.2	7	38	2.9	57	20

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.5 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.
- 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users <sup>e</sup>									
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months					
														\$	\$	\$	%	
Anti-infective Agents	0.4	0.2	0.0	0.2	\$27	\$23	\$0	\$4	\$69	\$119	\$82	\$22	66,886	\$19,938,035	289,242	66,886	56.6 %	733,865
Biologics	0.1	0.1	0.0	0.0	8	2	1	5	83	34	2,851	174	4,844	446,047	5,394	4,844	4.1	54,950
Antineoplastic Agents	0.5	0.2	0.0	0.3	108	80	1	27	222	494	162	84	24,789	5,495,999	24,789	4,992	4.2	50,853
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.4	46	38	2	7	47	74	19	18	581,024	27,464,664	581,024	54,403	46.1	592,687
Cardiovascular Agents	1.7	0.6	0.0	1.1	57	39	0	18	33	64	18	16	1,375,792	44,799,055	1,375,792	73,325	62.1	789,135
Respiratory Agents	0.8	0.4	0.0	0.3	38	31	0	6	51	76	39	19	448,388	22,672,777	448,388	54,212	45.9	596,096
Gastrointestinal Agents	0.8	0.3	0.0	0.4	46	36	0	10	61	108	88	23	442,808	26,878,511	442,808	53,322	45.1	580,752
Genitourinary Agents	0.5	0.4	0.0	0.1	34	28	0	6	64	73	39	40	115,450	7,434,131	115,450	20,224	17.1	219,126
CNS Drugs	1.4	0.8	0.0	0.6	123	106	4	14	89	138	127	23	1,042,228	92,292,939	1,042,228	69,620	58.9	750,195
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.2	54	44	2	8	98	147	76	36	11,372	1,110,141	11,372	1,869	1.6	20,658
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	88	86	0	2	138	142	0	65	74,327	10,284,652	74,327	11,199	9.5	116,600
Analgesics and Anesthetics	0.9	0.3	0.0	0.6	47	35	1	11	54	140	68	18	608,860	32,956,337	608,860	64,117	54.3	698,474
Neuromuscular Agents	1.0	0.4	0.0	0.5	68	53	2	13	71	123	43	27	420,437	29,651,201	420,437	39,623	33.5	435,964
Nutritional Products	0.6	0.0	0.0	0.6	12	0	1	11	19	29	19	19	200,452	3,856,914	200,452	29,780	25.2	314,823
Hematological Agents	0.8	0.3	0.1	0.4	58	51	2	5	72	166	21	13	232,168	16,664,334	232,168	27,057	22.9	287,450
Topical Products	0.5	0.2	0.0	0.2	20	13	2	5	40	62	46	20	275,809	11,130,336	275,809	50,991	43.2	557,654
Miscellaneous Products	0.5	0.2	0.0	0.2	90	69	9	12	199	399	239	50	22,576	4,488,490	22,576	4,776	4.0	49,803
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	14	0	0	0	54	0	0	0	16,063	861,215	16,063	5,357	4.5	60,077
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	6,187,179	358,425,778	6,187,179	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Indiana, 0.6 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

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

TABLE D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$56,270,089	39,932	33.8 %	437,942	0.7	\$182
ANTIDEPRESSANTS	29,706,428	65,385	55.4	715,913	0.6	66
ANTICONVULSANT	23,595,079	34,692	29.4	385,001	0.7	83
ANTI-DIABETIC	19,551,356	41,156	34.8	453,367	0.7	64
ULCER DRUGS	19,428,833	59,702	50.5	663,264	0.5	61
ANALGESICS - Narcotic	19,156,914	74,887	63.4	823,348	0.5	49
ANTIHYPERLIPIDEMIC	16,377,150	28,810	24.4	326,100	0.6	85
ASTHMATIC	13,159,681	48,799	41.3	537,730	0.4	59
ANALGESICS - ANTI-INFLAMMATORY	10,638,196	33,970	28.8	383,257	0.4	65
NEUROLOGICAL	10,384,410	11,894	10.1	124,607	0.6	137
<b>Total</b>	<b>218,268,136</b>	<b>439,227</b>		<b>4,850,529</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.7 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month
<b>All</b>	<b>2,719,404</b>	<b>\$218,268,136</b>	<b>39,932</b>	<b>33.8 %</b>	<b>437,942</b>	<b>0.7</b>	<b>\$129</b>	<b>65,385</b>	<b>55.4 %</b>	<b>715,913</b>	<b>0.6</b>	<b>\$42</b>				
<b>Female</b>	1,861,927	141,423,796	24,057	31.4	263,342	0.7	112	46,648	61.0	512,333	0.6	42				
<b>Disabled</b>	709,682	63,809,469	10,567	41.3	121,359	0.7	132	20,167	78.8	231,779	0.6	42				
5 and younger	12	258	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	36	2,254	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	897	74,616	17	21.5	198	0.5	96	32	40.5	374	0.5	34				
21-44	214,466	20,957,541	4,580	49.4	52,360	0.6	130	7,219	77.8	82,547	0.5	40				
45-64	490,229	42,486,668	5,941	37.0	68,537	0.7	135	12,827	79.8	148,002	0.6	43				
65-74	4,042	288,132	29	16.7	264	0.5	106	89	51.1	856	0.6	39				
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
<b>Other Eligibles</b>	1,152,245	77,614,327	13,490	26.5	141,983	0.7	95	26,481	52.0	280,554	0.7	42				
5 and younger	29	881	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	3	40	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	65	10,252	2	18.2	24	1.0	321	5	45.5	50	0.1	4				
21-44	7,463	527,909	129	23.8	1,377	0.4	63	380	70.2	3,978	0.4	31				
45-64	1,958	138,303	21	19.3	191	0.4	60	88	80.7	767	0.5	31				
65-74	374,151	26,445,839	3,213	20.1	35,612	0.7	111	7,762	48.5	87,252	0.6	38				
75-84	436,084	29,383,370	5,169	28.7	54,593	0.7	96	9,464	52.6	100,019	0.7	43				
85 and older	332,492	21,107,733	4,956	30.5	50,186	0.7	83	8,782	54.0	88,488	0.7	45				
<b>Male</b>	857,477	76,844,340	15,875	38.2	174,600	0.8	153	18,737	45.1	203,580	0.6	41				
<b>Disabled</b>	505,545	52,691,141	10,655	45.8	121,850	0.8	177	11,261	48.4	128,338	0.6	41				
5 and younger	19	499	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	116	5,626	2	40.0	24	0.7	91	1	20.0	12	0.1	6				
15-20	1,165	131,699	29	34.9	338	0.8	160	21	25.3	243	0.6	49				
21-44	203,523	23,267,806	5,464	52.2	62,658	0.7	175	5,147	49.2	59,108	0.6	40				
45-64	298,691	29,138,341	5,141	40.9	58,640	0.8	180	6,048	48.1	68,545	0.6	42				
65-74	2,031	147,170	19	14.4	190	0.7	126	44	33.3	430	0.5	34				
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
<b>Other Eligibles</b>	351,932	24,153,199	5,220	28.5	52,750	0.7	97	7,476	40.8	75,242	0.7	42				
5 and younger	6	528	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	40	1,484	0	0.0	0	0.0	0	1	20.0	12	0.9	12				
15-20	122	6,115	1	6.7	12	0.2	15	2	13.3	10	0.8	39				
21-44	3,170	269,092	39	15.9	362	0.3	65	130	53.1	1,256	0.4	26				
45-64	1,514	143,904	12	13.0	118	0.3	60	53	57.6	548	0.4	29				
65-74	155,014	10,988,314	1,860	22.8	19,984	0.7	114	2,792	34.2	30,052	0.6	40				
75-84	127,030	8,558,778	2,058	32.0	20,428	0.7	92	2,784	43.3	27,367	0.7	43				
85 and older	65,036	4,184,984	1,250	37.2	11,846	0.6	79	1,714	51.1	15,997	0.7	45				
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.7A 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Beneficiary Characteristics	ANTICONVULSANT				ANTIDIABETIC				ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	
<b>All</b>	<b>34,692</b>	<b>29.4 %</b>	<b>385,001</b>	<b>0.7</b>	<b>41,156</b>	<b>34.8 %</b>	<b>453,367</b>	<b>0.7</b>	<b>59,702</b>	<b>50.5 %</b>	<b>663,264</b>	<b>0.5</b>	<b>\$29</b>
<b>Female</b>	21,863	28.6	242,801	0.7	28,801	37.6	319,021	0.7	42,064	55.0	468,398	0.5	29
<b>Disabled</b>	11,531	45.0	132,622	0.7	9,200	35.9	106,013	0.6	14,586	57.0	169,349	0.4	31
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0	12	0.4	12
6-14	2	66.7	14	0.4	1	33.3	3	2.3	3	100.0	35	0.3	31
15-20	33	41.8	381	0.8	4	5.1	48	0.5	16	20.3	192	0.3	22
21-44	4,567	49.2	52,420	0.7	1,847	19.9	21,294	0.6	4,188	45.2	48,422	0.4	28
45-64	6,887	42.8	79,389	0.7	7,254	45.1	83,720	0.6	10,281	64.0	119,656	0.4	33
65-74	42	24.1	418	0.8	94	54.0	948	0.7	97	55.7	1,032	0.5	35
75-84	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
<b>Other Eligibles</b>	10,332	20.3	110,179	0.7	19,601	38.5	213,008	0.7	27,478	54.0	299,049	0.5	28
5 and younger	1	50.0	12	0.3	0	0.0	0	0.0	2	100.0	24	0.3	14
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
15-20	2	18.2	24	0.2	0	0.0	0	0.0	1	9.1	12	0.8	103
21-44	184	34.0	1,857	0.5	61	11.3	639	0.4	183	33.8	1,960	0.3	16
45-64	37	33.9	365	0.5	44	40.4	444	0.5	54	49.5	504	0.4	31
65-74	3,530	22.1	39,479	0.7	7,793	48.7	88,377	0.7	8,657	54.1	99,006	0.5	30
75-84	3,993	22.2	42,294	0.7	7,738	43.0	83,325	0.7	9,963	55.3	108,192	0.5	28
85 and older	2,585	15.9	26,148	0.8	3,965	24.4	40,223	0.7	8,618	53.0	89,351	0.6	27
<b>Male</b>	12,829	30.9	142,200	0.8	12,355	29.7	134,346	0.7	17,638	42.4	194,866	0.5	29
<b>Disabled</b>	8,880	38.2	101,405	0.8	5,999	25.8	68,448	0.6	9,319	40.0	106,911	0.5	31
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	1	50.0	8	1.0	22
6-14	4	80.0	48	1.0	0	0.0	0	0.0	4	80.0	48	0.5	9
15-20	33	39.8	385	0.9	7	8.4	79	0.7	20	24.1	240	0.5	27
21-44	4,250	40.6	48,708	0.8	1,508	14.4	17,440	0.6	3,502	33.4	40,518	0.4	32
45-64	4,562	36.3	51,959	0.8	4,435	35.3	50,494	0.6	5,744	45.7	65,608	0.5	31
65-74	31	23.5	305	0.7	49	37.1	435	0.6	48	36.4	489	0.5	34
75-84	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
<b>Other Eligibles</b>	3,949	21.6	40,795	0.8	6,356	34.7	65,898	0.7	8,319	45.4	87,955	0.5	27
5 and younger	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	4	80.0	48	0.5	26
15-20	2	13.3	24	0.7	44	0	0	0.0	11	73.3	126	0.5	22
21-44	77	31.4	741	0.5	41	16.7	436	0.6	70	28.6	737	0.3	25
45-64	26	28.3	275	0.5	23	25.0	232	0.6	35	38.0	369	0.4	35
65-74	1,789	21.9	19,418	0.8	3,120	38.2	33,925	0.7	40	42.9	38,975	0.5	28
75-84	1,422	22.1	14,314	0.8	2,203	34.3	22,092	0.7	3,035	47.2	31,509	0.5	27
85 and older	633	18.9	6,023	0.8	969	28.9	9,213	0.8	1,663	49.6	16,191	0.6	27
<b>Unknown</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.7B 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Number of Rx per Benefit Month
<b>All</b>	<b>74,887</b>	<b>63.4 %</b>	<b>823,348</b>	<b>0.5</b>	<b>\$23</b>	<b>28,810</b>	<b>24.4 %</b>	<b>326,100</b>	<b>0.6</b>	<b>\$50</b>	<b>48,799</b>	<b>41.3 %</b>	<b>537,730</b>	<b>0.4</b>	<b>\$25</b>
<b>Female</b>	53,073	69.3	584,700	0.5	22	19,429	25.4	220,885	0.6	50	33,979	44.4	376,953	0.4	24
<b>Disabled</b>	21,490	83.9	247,741	0.5	27	7,020	27.4	81,383	0.6	48	13,033	50.9	150,427	0.4	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.6	9
6-14	2	66.7	22	0.1	1	1	33.3	12	0.8	43	0	0.0	0	0.0	0
15-20	27	34.2	308	0.2	4	1	1.3	10	0.4	6	25	31.6	289	0.5	37
21-44	7,480	80.6	86,247	0.4	25	1,257	13.6	14,558	0.5	42	3,531	38.1	40,761	0.3	20
45-64	13,862	86.2	159,997	0.5	29	5,694	35.4	66,102	0.6	49	9,376	58.3	108,390	0.4	26
65-74	119	68.4	1,167	0.4	13	67	38.5	701	0.6	62	100	57.5	975	0.6	33
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	31,583	62.0	336,959	0.5	19	12,409	24.4	139,502	0.6	51	20,946	41.1	226,526	0.4	24
5 and younger	2	100.0	24	0.1	1	1	50.0	12	0.9	23	3	150.0	36	0.1	5
6-14	1	33.3	12	0.1	1	0	0.0	0	0.0	0	1	33.3	12	0.2	3
15-20	6	54.5	55	0.2	1	1	9.1	12	0.7	66	1	9.1	12	0.1	1
21-44	498	92.1	5,164	0.4	19	36	6.7	333	0.4	27	167	30.9	1,745	0.3	19
45-64	101	92.7	910	0.5	24	15	13.8	140	0.5	49	57	52.3	597	0.3	23
65-74	10,295	64.3	116,547	0.4	17	6,051	37.8	69,646	0.6	51	7,822	48.9	88,643	0.4	28
75-84	11,222	62.3	119,552	0.5	19	4,685	26.0	52,211	0.6	53	7,328	40.7	78,855	0.4	25
85 and older	9,458	58.2	94,695	0.6	19	1,620	10.0	17,148	0.7	49	5,567	34.3	56,626	0.4	19
<b>Male</b>	21,814	52.5	238,648	0.5	26	9,381	22.6	105,215	0.6	50	14,820	35.6	160,777	0.4	25
<b>Disabled</b>	13,253	57.0	150,764	0.5	31	5,278	22.7	60,457	0.6	49	6,950	29.9	79,036	0.4	24
5 and younger	1	50.0	8	0.4	2	0	0.0	0	0.0	0	2	100.0	16	0.4	18
6-14	1	20.0	12	0.1	1	0	0.0	0	0.0	0	4	80.0	48	0.5	34
15-20	26	31.3	306	0.2	2	3	3.6	32	0.9	54	24	28.9	284	0.4	49
21-44	5,661	54.1	64,936	0.4	30	1,488	14.2	17,179	0.6	47	2,203	21.0	25,420	0.4	21
45-64	7,498	59.6	84,867	0.5	32	3,753	29.8	42,894	0.6	50	4,642	36.9	52,558	0.4	26
65-74	66	50.0	635	0.5	16	34	25.8	352	0.6	52	75	56.8	710	0.4	23
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	8,561	46.8	87,884	0.5	17	4,103	22.4	44,758	0.6	52	7,870	43.0	81,741	0.5	26
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	200.0	48	0.1	11
6-14	2	40.0	24	0.1	1	0	0.0	0	0.0	0	2	40.0	24	0.2	3
15-20	9	60.0	102	0.2	8	1	6.7	12	0.3	31	3	20.0	36	0.2	10
21-44	219	89.4	2,183	0.6	55	29	11.8	307	0.4	33	48	19.6	436	0.2	10
45-64	86	93.5	860	0.7	83	21	22.8	236	0.4	31	22	23.9	243	0.3	17
65-74	3,861	47.3	42,407	0.4	17	2,403	29.4	27,133	0.6	51	3,536	43.3	39,022	0.5	28
75-84	2,793	43.5	27,708	0.5	15	1,317	20.5	13,795	0.7	53	2,725	42.4	27,475	0.5	26
85 and older	1,591	47.4	14,600	0.5	15	332	9.9	3,275	0.7	54	1,530	45.6	14,457	0.4	21
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.7C 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>33,970</b>	<b>28.8 %</b>	<b>383,257</b>	<b>0.4</b>	<b>11,894</b>	<b>10.1 %</b>	<b>124,607</b>	<b>0.6</b>	<b>118,106</b>	<b>1,213,473</b>
<b>Female</b>	25,029	32.7	282,805	0.4	8,480	11.1	89,403	0.6	76,530	792,496
<b>Disabled</b>	9,714	37.9	112,676	0.4	1,464	5.7	16,993	0.3	25,607	277,794
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	1	12
6-14	0	0.0	0	0.0	0	0.0	0	0.0	3	26
15-20	16	20.3	181	0.1	0	0.0	0	0.0	79	792
21-44	3,310	35.7	38,220	0.3	439	4.7	5,077	0.2	9,275	100,398
45-64	6,325	39.3	73,597	0.4	1,014	6.3	11,812	0.3	16,075	175,103
65-74	63	36.2	678	0.4	11	6.3	104	0.4	174	1,463
75-84	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
<b>Other Eligibles</b>	15,315	30.1	170,129	0.5	7,016	13.8	72,410	0.7	50,923	514,702
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	2	24
6-14	0	0.0	0	0.0	0	0.0	0	0.0	3	28
15-20	1	9.1	12	0.2	0	0.0	0	0.0	11	75
21-44	190	35.1	1,933	0.3	16	3.0	173	0.1	541	4,735
45-64	40	36.7	402	0.4	5	4.6	51	0.1	109	778
65-74	5,144	32.1	59,731	0.4	1,076	6.7	11,701	0.6	16,004	169,754
75-84	5,683	31.6	63,313	0.5	2,910	16.2	30,008	0.7	18,001	183,619
85 and older	4,257	26.2	44,738	0.6	3,009	18.5	30,477	0.7	16,252	155,689
<b>Male</b>	8,941	21.5	100,452	0.4	3,414	8.2	35,204	0.6	41,576	420,977
<b>Disabled</b>	5,258	22.6	60,676	0.3	1,032	4.4	11,844	0.3	23,269	246,880
5 and younger	1	50.0	8	0.3	0	0.0	0	0.0	2	20
6-14	0	0.0	0	0.0	0	0.0	0	0.0	5	60
15-20	8	9.6	96	0.1	0	0.0	0	0.0	83	822
21-44	2,233	21.3	25,854	0.3	373	3.6	4,335	0.3	10,471	112,443
45-64	2,988	23.8	34,441	0.4	649	5.2	7,396	0.4	12,576	132,415
65-74	28	21.2	277	0.4	10	7.6	113	0.6	132	1,120
75-84	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
<b>Other Eligibles</b>	3,683	20.1	39,776	0.5	2,382	13.0	23,360	0.7	18,307	174,097
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	2	14
6-14	1	20.0	12	0.1	0	0.0	0	0.0	5	60
15-20	2	13.3	18	0.3	1	6.7	12	0.2	15	148
21-44	64	26.1	644	0.2	18	7.3	195	0.1	245	1,913
45-64	26	28.3	285	0.3	3	3.3	36	0.2	92	747
65-74	1,610	19.7	18,277	0.4	598	7.3	6,266	0.6	8,164	82,225
75-84	1,291	20.1	13,658	0.5	1,056	16.4	10,186	0.7	6,428	59,811
85 and older	689	20.5	6,882	0.5	706	21.0	6,665	0.8	3,356	29,179
<b>Unknown</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.7D 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				7.8	23,997
<b>All</b>	<b>\$373</b>				<b>244,106</b>
<b>Age</b>					
0-64	536	9.0	2,031		22,603
65-74	470	8.9	3,145		33,328
75-84	389	8.1	8,127		82,062
85 and older	296	6.9	10,694		106,113
Unknown	0	0.0	0		0
<b>Gender</b>					
Female	363	7.7	17,774		181,958
Male	404	7.8	6,223		62,148
Unknown	0	0.0	0		0
<b>Race</b>					
White	375	7.8	21,884		221,549
African American	355	6.7	1,774		19,101
Other/unknown	397	7.8	339		3,456
<b>Basis of Eligibility<sup>c</sup></b>					
Aged	356	7.6	21,932		221,207
Disabled	537	9.0	2,065		22,899
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 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 12,808 beneficiaries who were in nursing facilities for part of their enrollment and their 117,833 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month 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 Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic			
Anti-infective Agents	0.4	0.2	0.0	0.2	\$21	\$16	\$0	\$4	\$46	\$72	\$61	\$19	82,600	\$3,833,703	17,420	72.6 %	184,948
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	20	16	0	26	2,893	56,857	2,657	11.1	30,308
Antineoplastic Agents	0.5	0.1	0.0	0.4	79	38	1	41	149	336	182	99	9,204	1,373,737	1,749	7.3	17,312
Endocrine/Metabolic Drugs	1.2	0.6	0.1	0.5	51	42	2	7	42	66	17	15	166,961	6,937,640	12,880	53.7	135,020
Cardiovascular Agents	2.1	0.5	0.0	1.5	53	29	1	23	25	55	16	15	404,403	10,043,292	18,471	77.0	191,071
Respiratory Agents	0.7	0.4	0.0	0.3	32	25	1	7	44	67	39	19	102,928	4,545,856	13,191	55.0	140,640
Gastrointestinal Agents	1.0	0.3	0.0	0.6	38	28	0	10	40	80	54	16	139,860	5,540,829	13,775	57.4	145,291
Genitourinary Agents	0.6	0.5	0.0	0.2	42	32	0	10	65	71	37	52	47,367	3,074,541	6,886	28.7	73,042
CNS Drugs	1.7	1.1	0.0	0.6	130	115	2	13	78	110	54	22	311,798	24,381,089	17,980	74.9	187,902
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.0	0.5	38	30	1	7	54	137	49	14	2,021	108,310	270	1.1	2,858
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	106	105	0	0	129	130	0	37	44,581	5,765,244	5,275	22.0	54,629
Analgesics and Anesthetics	1.1	0.4	0.0	0.6	47	37	1	9	44	92	35	13	154,536	6,730,747	13,866	57.8	144,319
Neuromuscular Agents	1.3	0.6	0.1	0.6	77	53	3	21	60	95	39	33	117,866	7,093,237	8,615	35.9	91,866
Nutritional Products	0.8	0.0	0.0	0.8	14	0	1	13	18	31	22	17	80,285	1,433,811	9,639	40.2	99,518
Hematological Agents	1.1	0.4	0.1	0.6	61	52	2	7	55	142	17	11	92,126	5,041,006	8,014	33.4	82,740
Topical Products	0.7	0.3	0.1	0.3	26	17	2	7	38	59	45	20	122,572	4,675,315	16,867	70.3	181,126
Miscellaneous Products	0.3	0.1	0.0	0.3	14	3	1	10	45	55	245	40	6,238	278,667	1,907	7.9	19,789
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	0	39	0	0	0	5,325	206,638	1,601	6.7	17,543
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.	1,893,564	91,120,519	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 12,808 beneficiaries who were in nursing facilities for part of their enrollment and their 117,833 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users					
	Total Medicaid Rx \$	Number of Users	Number of Nursing Facility Residents	As a Percentage of All-Year Residents	Total Medicaid Rx \$	Number of Users	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$13,805,540	11,666	48.6 %	124,957	\$141	0.8	\$110			
ANTIDEPRESSANTS	9,279,956	16,599	69.2	175,507	64	0.8	53			
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	5,774,217	5,344	22.3	55,411	129	0.8	104			
ANTICONVULSANT	4,850,379	7,829	32.6	84,243	61	0.9	58			
ANTIDIABETIC	4,504,494	9,239	38.5	97,771	52	0.9	46			
ULCER DRUGS	4,271,095	14,431	60.1	154,976	43	0.6	28			
ANALGESICS - Narcotic	3,548,524	13,734	57.2	142,502	36	0.7	25			
DERMATOLOGICAL	3,520,031	36,061	150.3	396,302	33	0.3	9			
ANALGESICS - ANTI-INFLAMMATORY	2,751,697	6,745	28.1	73,084	60	0.6	38			
ANTIASTHMATIC	2,541,282	10,280	42.8	108,579	52	0.4	23			
<b>Total</b>	<b>54,847,215</b>	<b>131,928</b>		<b>1,413,332</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>			

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 12,808 beneficiaries who were in nursing facilities for part of their enrollment and their 117,833 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx
<b>All</b>	<b>852,208</b>	<b>\$54,847,215</b>	<b>11,666</b>	<b>48.6 %</b>	<b>124,957</b>	<b>0.8</b>	<b>\$111</b>	<b>0.8</b>	<b>69.2 %</b>	<b>175,507</b>	<b>0.8</b>	<b>\$53</b>
<b>Female</b>	623,070	39,575,886	8,172	46.0	87,831	0.8	107	0.8	70.1	132,165	0.8	53
<b>Disabled</b>	51,577	3,686,150	545	54.0	6,246	0.9	150	0.9	83.4	9,476	0.9	61
64 or younger	50,836	3,635,304	534	53.8	6,154	0.9	150	0.9	83.3	9,330	0.9	61
65-74	741	50,846	11	64.7	92	0.8	136	0.7	88.2	146	0.7	69
75-84	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
<b>Other Eligibles</b>	571,493	35,889,736	7,627	45.5	81,585	0.8	104	0.8	69.3	122,689	0.8	52
64 or younger	0	0	0	0.0	0	0.0	0	0.0	0.0	0	0.0	0
65-74	90,130	6,139,615	1,225	67.1	13,571	0.8	130	0.8	84.6	17,059	0.9	55
75-84	227,967	14,625,154	3,080	52.1	33,242	0.8	107	0.8	75.7	47,464	0.8	53
85 and older	253,396	15,124,967	3,322	36.8	34,772	0.7	90	0.7	62.0	58,166	0.8	50
<b>Male</b>	229,138	15,271,329	3,494	56.1	37,126	0.8	119	0.8	66.6	43,342	0.8	53
<b>Disabled</b>	51,026	3,909,247	714	67.7	8,154	0.9	166	0.9	71.9	8,582	0.9	62
64 or younger	50,334	3,861,111	709	68.3	8,103	0.9	165	0.9	72.1	8,471	0.9	62
65-74	692	48,136	5	29.4	51	0.9	221	0.9	64.7	111	0.9	62
75-84	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
<b>Other Eligibles</b>	178,112	11,362,082	2,780	53.8	28,972	0.8	105	0.8	65.5	34,760	0.8	51
64 or younger	0	0	0	0.0	0	0.0	0	0.0	0.0	0	0.0	0
65-74	54,216	3,679,079	857	66.7	9,345	0.8	121	0.8	71.5	10,077	0.8	55
75-84	76,131	4,839,190	1,190	53.7	12,204	0.8	106	0.8	67.0	14,942	0.8	50
85 and older	47,765	2,843,813	733	43.9	7,423	0.7	84	0.7	58.8	9,741	0.8	50
<b>Unknown</b>	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 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 12,808 beneficiaries who were in nursing facilities for part of their enrollment and their 17,833 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Months Among Users
<b>All</b>	<b>5,344</b>	<b>22.3 %</b>	<b>\$104</b>	<b>0.8</b>	<b>55,411</b>	<b>7,829</b>	<b>32.6 %</b>	<b>\$58</b>	<b>0.9</b>	<b>84,243</b>	<b>9,239</b>	<b>38.5 %</b>	<b>\$46</b>	<b>0.9</b>	<b>97,771</b>
<b>Female</b>	3,968	22.3	105	0.8	41,502	5,180	29.1	54	0.9	55,697	6,724	37.8	46	0.9	71,665
<b>Disabled</b>	94	9.3	197	0.6	1,069	769	76.1	82	1.1	8,805	444	44.0	61	1.0	5,048
64 or younger	91	9.2	199	0.6	1,042	762	76.7	82	1.1	8,754	439	44.2	61	1.0	5,017
65-74	3	17.6	99	0.9	27	7	41.2	80	1.0	51	5	29.4	84	1.4	31
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	3,874	23.1	102	0.8	40,433	4,411	26.3	48	0.9	46,892	6,280	37.5	45	0.9	66,617
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	365	20.0	104	0.8	3,877	957	52.4	63	1.0	10,608	1,163	63.7	53	0.9	12,782
75-84	1,611	27.2	103	0.8	16,781	1,882	31.8	48	0.9	19,988	2,782	47.0	47	0.9	29,559
85 and older	1,898	21.0	101	0.8	19,775	1,572	17.4	39	0.8	16,296	2,335	25.9	40	0.8	24,276
<b>Male</b>	1,376	22.1	103	0.8	13,909	2,649	42.6	65	1.0	28,546	2,515	40.4	45	0.9	26,106
<b>Disabled</b>	94	8.9	131	0.7	1,041	884	83.8	86	1.1	10,088	406	38.5	54	0.9	4,489
64 or younger	90	8.7	132	0.7	1,000	873	84.1	87	1.1	9,976	394	38.0	54	0.9	4,397
65-74	4	23.5	111	0.8	41	11	64.7	66	1.2	112	12	70.6	45	0.9	92
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,282	24.8	101	0.8	12,868	1,765	34.2	54	0.9	18,458	2,109	40.8	43	0.9	21,617
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	253	19.7	96	0.8	2,693	655	51.0	67	0.9	7,083	687	53.5	45	0.9	7,520
75-84	598	27.0	103	0.8	5,936	733	33.1	49	0.9	7,559	919	41.5	44	0.9	9,125
85 and older	431	25.8	102	0.8	4,239	377	22.6	40	0.8	3,816	503	30.1	40	0.9	4,972
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 12,808 beneficiaries who were in nursing facilities for part of their enrollment and their 117,833 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					DERMATOLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>14,431</b>	<b>60.1 %</b>	<b>154,976</b>	<b>0.6</b>	<b>\$28</b>	<b>13,734</b>	<b>57.2 %</b>	<b>142,502</b>	<b>0.7</b>	<b>\$25</b>	<b>36,061</b>	<b>150.3 %</b>	<b>396,302</b>	<b>0.3</b>	<b>\$9</b>
<b>Female</b>	10,669	60.0	114,745	0.6	27	10,752	60.5	112,209	0.7	26	25,672	144.4	282,918	0.3	9
<b>Disabled</b>	680	67.3	7,765	0.7	30	691	68.4	7,631	0.8	34	2,047	202.7	23,605	0.3	10
64 or younger	665	67.0	7,619	0.7	29	678	68.3	7,513	0.8	34	2,021	203.5	23,390	0.3	10
65-74	15	88.2	146	0.9	38	13	76.5	118	0.6	24	26	152.9	215	0.3	9
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	9,989	59.6	106,980	0.6	27	10,061	60.0	104,578	0.7	26	23,625	140.9	259,313	0.3	9
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,260	69.0	13,975	0.6	27	1,220	66.8	13,163	0.8	34	3,022	165.5	33,965	0.3	10
75-84	3,742	63.3	40,210	0.6	27	3,709	62.7	38,995	0.7	27	8,290	140.2	91,655	0.3	9
85 and older	4,987	55.3	52,795	0.6	27	5,132	56.9	52,420	0.6	22	12,313	136.4	133,693	0.3	8
<b>Male</b>	3,762	60.5	40,231	0.6	28	2,982	47.9	30,293	0.6	21	10,389	166.9	113,384	0.3	9
<b>Disabled</b>	689	65.3	7,757	0.6	31	511	48.4	5,622	0.8	26	2,051	194.4	23,670	0.3	10
64 or younger	674	64.9	7,594	0.6	31	504	48.6	5,552	0.8	26	2,021	194.7	23,350	0.3	10
65-74	15	88.2	163	0.7	47	7	41.2	70	1.0	40	30	176.5	320	0.2	5
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	3,073	59.5	32,474	0.6	28	2,471	47.8	24,671	0.6	19	8,338	161.3	89,714	0.3	9
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	835	65.0	9,395	0.7	28	631	49.1	6,792	0.7	24	2,187	170.2	24,782	0.3	9
75-84	1,339	60.5	14,046	0.6	28	1,042	47.1	10,253	0.6	18	3,543	160.0	37,775	0.3	9
85 and older	899	53.9	9,033	0.6	28	798	47.8	7,626	0.6	17	2,608	156.3	27,157	0.3	9
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 12,808 beneficiaries who were in nursing facilities for part of their enrollment and their 117,833 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup> DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-ASTHMATIC						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>6,745</b>	<b>28.1 %</b>	<b>0.6</b>	<b>\$38</b>	<b>73,084</b>	<b>10,280</b>	<b>42.8 %</b>	<b>0.4</b>	<b>\$23</b>	<b>108,579</b>	<b>23,997</b>	<b>244,106</b>
<b>Female</b>	5,285	29.7	0.6	40	57,333	7,285	41.0	0.4	23	77,446	17,774	181,958
<b>Disabled</b>	332	32.9	0.6	18	3,758	459	45.4	0.5	27	5,064	1,010	11,234
64 or younger	325	32.7	0.6	18	3,680	440	44.3	0.5	27	4,889	993	11,101
65-74	7	41.2	0.2	5	78	19	111.8	1.0	48	175	17	133
75-84	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0
85 and older	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0
<b>Other Eligibles</b>	4,953	29.5	0.6	41	53,575	6,826	40.7	0.4	22	72,382	16,764	170,724
64 or younger	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0
65-74	554	30.3	0.6	35	6,284	929	50.9	0.5	30	10,297	1,826	19,504
75-84	1,861	31.5	0.6	43	20,255	2,588	43.8	0.5	24	27,614	5,913	60,774
85 and older	2,538	28.1	0.6	41	27,036	3,309	36.7	0.4	19	34,471	9,025	90,446
<b>Male</b>	1,460	23.5	0.6	30	15,751	2,995	48.1	0.5	25	31,133	6,223	62,148
<b>Disabled</b>	260	24.6	0.5	14	3,018	482	45.7	0.5	22	5,322	1,055	11,665
64 or younger	256	24.7	0.5	14	2,978	475	45.8	0.5	22	5,268	1,038	11,502
65-74	4	23.5	0.5	11	40	7	41.2	0.4	24	54	17	163
75-84	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0
85 and older	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0
<b>Other Eligibles</b>	1,200	23.2	0.6	34	12,733	2,513	48.6	0.5	26	25,811	5,168	50,483
64 or younger	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0
65-74	281	21.9	0.6	26	3,201	670	52.1	0.5	26	7,328	1,285	13,528
75-84	515	23.3	0.6	38	5,399	1,058	47.8	0.5	28	10,657	2,214	21,288
85 and older	404	24.2	0.6	35	4,133	785	47.0	0.5	23	7,826	1,669	15,667
<b>Unknown</b>	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 12,808 beneficiaries who were in nursing facilities for part of their enrollment and their 117,833 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 INDIANA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Excluded Rx \$			Dual Rx \$	%
<b>All</b>	<b>80,920</b>	<b>68.5 %</b>	<b>13.1</b>	<b>1,543,840</b>	<b>\$110</b>	<b>\$13,023,349</b>	<b>\$8</b>	<b>3.6 %</b>	<b>118,106</b>	
<b>Age</b>										
5 and younger	7	100.0	16.1	113	209	1,466	13	5.2	7	
6-14	13	81.3	12.7	203	197	3,148	16	2.4	16	
15-20	84	44.7	4.9	930	58	10,941	12	2.1	188	
21-44	11,444	55.7	6.2	127,155	91	1,863,627	15	2.7	20,532	
45-64	18,841	65.3	9.9	284,643	106	3,053,358	11	2.8	28,852	
65-74	15,040	61.5	10.4	255,151	95	2,326,365	9	3.7	24,474	
75-84	18,245	74.7	17.0	414,283	119	2,909,496	7	4.4	24,429	
85 and older	17,246	88.0	23.5	461,362	146	2,854,948	6	6.0	19,608	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	50,340	73.8	16.5	1,127,999	118	8,063,883	7	4.6	68,189	
Disabled	30,065	61.5	8.4	411,921	100	4,907,124	12	2.7	48,876	
Adults	490	48.7	3.6	3,622	48	48,060	13	2.8	1,006	
Children	25	71.4	8.5	298	122	4,282	14	2.2	35	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Gender</b>										
Female	56,068	73.3	14.6	1,119,274	121	9,232,098	8	3.9	76,530	
Male	24,852	59.8	10.2	424,566	91	3,791,251	9	3.1	41,576	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	69,851	70.3	13.9	1,383,480	117	11,636,655	8	3.7	99,304	
African American	9,245	59.6	8.7	135,306	76	1,178,403	9	3.3	15,503	
Other/unknown	1,824	55.3	7.6	25,054	63	208,291	8	2.7	3,299	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	23,339	97.3	32.7	785,211	204	4,894,962	6	5.4	23,997	
Part year	11,967	93.4	20.3	260,445	156	1,998,631	8	5.2	12,808	
None	45,614	56.1	6.1	498,184	75	6,129,756	12	2.7	81,301	
<b>Maintenance Assistance Status</b>										
Cash	29,183	65.7	9.5	423,636	96	4,264,367	10	2.9	44,424	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	585	21.6	1.2	3,278	12	31,368	10	2.9	2,703	
Other/unknown	51,152	72.1	15.7	1,116,926	123	8,727,614	8	4.2	70,979	

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 INDIANA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	1.3	\$11	\$8	\$0	\$2	1,213,473
<b>Age</b>						
5 and younger	1.6	21	13	1	0	70
6-14	1.2	18	16	1	1	174
15-20	0.5	6	12	0	0	1,837
21-44	0.6	8	15	0	3	219,489
45-64	0.9	10	11	0	3	309,043
65-74	1.0	9	9	0	2	254,562
75-84	1.7	12	7	0	2	243,430
85 and older	2.5	15	6	0	2	184,868
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	1.7	12	7	0	2	680,123
Disabled	0.8	9	12	0	3	524,674
Adults	0.4	6	13	0	3	8,346
Children	0.9	13	14	0	0	330
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	1.4	12	8	0	2	792,496
Male	1.0	9	9	0	2	420,977
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	1.4	11	8	0	3	1,018,406
African American	0.8	7	9	0	1	160,933
Other/unknown	0.7	6	8	0	1	34,134
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	3.2	20	6	0	2	244,106
Part year	2.2	17	8	0	3	117,833
None	0.6	7	12	0	2	851,534
<b>Maintenance Assistance Status</b>						
Cash	0.9	9	10	0	3	487,745
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	10	0	0	27,870
Other/unknown	1.6	13	8	0	2	697,858

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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



TABLE D.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
INDIANA, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
<b>All</b>	<b>147,040</b>	<b>\$89</b>	<b>\$13,023,349</b>	<b>100.0</b>	<b>100.0</b>	<b>1,543,840</b>	<b>\$8</b>		
Anorexia or weight loss/gain	0	0	0	0.0	0.0	0	0	0.0	0.0
Fertility drugs	2	376	751	0.0	0.0	9	83	0.0	0.0
Drugs for cosmetic purposes	41	20	840	0.0	0.0	83	10	0.0	0.0
Cough and cold medications	24,150	60	1,445,034	11.1	11.1	74,408	19	4.8	4.8
Vitamins and minerals	29,159	129	3,765,574	28.9	28.9	196,893	19	12.8	12.8
Non-prescription drugs	57,932	76	4,379,116	33.6	33.6	1,019,901	4	66.1	66.1
Barbiturates	1,324	78	103,265	0.8	0.8	14,535	7	0.9	0.9
Benzodiazepines	31,389	89	2,796,987	21.5	21.5	227,471	12	14.7	14.7
Other Part D Excl Rx Drugs	3,043	175	531,782	4.1	4.1	10,540	50	0.7	0.7

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 D11.

b. Includes OTC drugs as well as prescription drugs.

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

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













APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
<b>All</b>	<b>118,319</b>	<b>68,192</b>	<b>48,922</b>	<b>1,166</b>	<b>0</b>	<b>1,217,518</b>	<b>680,181</b>	<b>526,341</b>	<b>10,604</b>	<b>0</b>
<b>Age</b>										
5 and younger	7	0	3	0	0	81	0	36	0	0
6-14	18	0	9	0	0	207	0	107	0	0
15-20	192	0	163	4	0	1,966	0	1,697	34	0
21-44	20,668	0	19,780	887	1	222,307	0	214,077	8,218	0
45-64	28,914	18	28,661	235	0	309,977	111	307,841	2,025	0
65-74	24,481	24,144	306	31	0	254,674	251,827	2,583	264	0
75-84	24,431	24,422	0	9	0	243,438	243,375	0	63	0
85 and older	19,608	19,608	0	0	0	184,868	184,868	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>										
Female	76,673	50,245	25,641	773	14	795,455	508,978	279,107	7,239	131
Male	41,646	17,947	23,281	393	25	422,063	171,203	247,234	3,365	261
Unknown	0	0	0	0	0	0	0	0	0	0
<b>Race</b>										
White	99,411	57,753	40,791	839	28	1,020,535	573,014	439,673	7,563	285
African American	15,595	8,234	7,068	284	9	162,593	84,442	75,414	2,653	84
Other/unknown	3,313	2,205	1,063	43	2	34,390	22,725	11,254	388	23
<b>Use of Nursing Facilities<sup>c</sup></b>										
Entire year	23,997	21,932	2,065	0	0	244,106	221,207	22,899	0	0
Part year	12,808	11,324	1,483	1	0	117,842	102,438	15,392	12	0
None	81,514	34,936	45,374	1,165	39	855,570	356,536	488,050	10,592	392
<b>Maintenance Assistance Status</b>										
Cash	44,612	17,064	26,634	913	1	491,101	188,599	294,093	8,397	12
Medically needy	0	0	0	0	0	0	0	0	0	0
Poverty related	2,709	1,271	1,288	121	29	28,234	13,427	13,463	1,051	293
Other/unknown	70,998	49,857	21,000	132	9	698,183	478,155	218,785	1,156	87
<b>Dual Status<sup>d</sup></b>										
Full dual, all year	112,059	64,723	46,240	1,058	38	1,153,275	645,234	498,198	9,463	380
Full dual, part year	6,260	3,469	2,682	108	1	64,243	34,947	28,143	1,141	12
<b>Managed Care (MC) Status</b>										
Fee-for-service (FFS) all year	117,664	68,183	48,626	824	31	1,211,030	680,082	523,165	7,470	313
FFS part year, with Rx claims	343	6	188	145	4	3,768	72	2,149	1,505	42
FFS part year, no Rx claims	99	0	62	37	0	904	0	599	305	0
MC all year, with Rx claims	7	0	2	5	0	58	0	24	34	0
MC all year, no Rx claims	206	3	44	155	4	1,758	27	404	1,290	37



Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table A.3 includes the beneficiaries represented by Cell F 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.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2003. 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 = Centers for Medicare & 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2003

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>118,319</b>	<b>1,217,518</b>	<b>118,106</b>	<b>1,213,473</b>	<b>0</b>	<b>4,045</b>
Fee-for-service (FFS) all year	117,664	1,211,030	117,664	1,211,030	0	0
FFS part year, with Rx claims	343	3,768	343	2,022	0	1,746
FFS part year, with no Rx claims	99	904	99	421	0	483
Managed care (MC) all year, with Rx claims	7	58	0	0	0	58
MC all year, with no Rx claims	206	1,758	0	0	0	1,758

Source: Data for this table are from the MAX 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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