

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

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TABLE ND.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 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>603,926</b>	<b>2,916</b>	<b>68,173</b>	<b>131,225</b>	<b>401,612</b>	<b>0</b>	<b>4,473,771</b>	<b>28,594</b>	<b>661,226</b>	<b>728,006</b>	<b>3,055,945</b>	<b>0</b>
<b>Age</b>												
5 and younger	164,238	0	2,152	0	162,086	0	1,192,911	0	19,258	0	1,173,653	0
6-14	180,984	0	5,617	12	175,355	0	1,445,838	0	52,848	67	1,392,923	0
15-20	82,540	9	3,952	14,486	64,093	0	612,653	52	37,572	85,977	489,052	0
21-44	137,990	156	26,263	111,496	75	0	870,211	1,178	254,478	614,242	313	0
45-64	35,526	150	30,146	5,227	3	0	325,552	1,080	296,775	27,693	4	0
65-74	1,592	1,545	43	4	0	0	16,349	16,027	295	27	0	0
75-84	726	726	0	0	0	0	7,220	7,220	0	0	0	0
85 and older	330	330	0	0	0	0	3,037	3,037	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	351,740	2,061	37,028	114,490	198,161	0	2,539,988	20,355	364,812	647,698	1,507,123	0
Male	252,186	855	31,145	16,735	203,451	0	1,933,783	8,239	296,414	80,308	1,548,822	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	453,534	1,736	54,554	98,894	298,350	0	3,638,816	16,834	541,004	606,939	2,474,039	0
African American	108,209	513	11,441	26,029	70,226	0	597,031	5,141	100,464	95,287	396,139	0
Other/unknown	42,183	667	2,178	6,302	33,036	0	237,924	6,619	19,758	25,780	185,767	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	1,725	426	1,258	0	41	0	18,437	4,431	13,520	0	486	0
Part year	1,592	189	1,362	22	19	0	15,706	1,734	13,592	201	179	0
None	600,609	2,301	65,553	131,203	401,552	0	4,439,628	22,429	634,114	727,805	3,055,280	0
<b>Maintenance Assistance Status</b>												
Cash	243,825	1,594	48,692	84,330	109,209	0	1,761,303	17,130	495,496	464,372	784,305	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	247,506	289	12	19,856	227,349	0	1,905,031	2,263	92	97,340	1,805,336	0
Other/unknown	112,595	1,033	19,469	27,039	65,054	0	807,437	9,201	165,638	166,294	466,304	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	437,575	2,909	63,782	83,985	286,899	0	3,894,196	28,550	641,224	583,929	2,640,493	0
FFS part year, with Rx claims	57,645	7	2,610	21,614	33,414	0	252,696	44	14,232	77,205	161,215	0
FFS part year, no Rx claims	108,706	0	1,781	25,626	81,299	0	326,879	0	5,770	66,872	254,237	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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
NONDUAL BENEFICIARIES, INDIANA, 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	58.9 %	8.1	\$450	\$59	\$3,083	15.6 %	603,926
<b>Age</b>							
5 and younger	57.4	3.4	125	37	1,652	7.6	164,238
6-14	54.3	4.5	285	63	1,581	18.0	180,984
15-20	57.4	5.9	438	75	2,685	16.3	82,540
21-44	62.8	11.0	658	60	4,733	13.9	137,990
45-64	76.7	40.4	2,413	60	11,146	21.7	35,526
65-74	77.6	39.2	1,977	50	12,696	15.6	1,592
75-84	77.1	37.6	1,854	49	11,927	15.5	726
85 and older	79.1	40.7	1,765	43	14,958	11.8	330
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	77.5	36.6	1,801	49	12,245	14.7	2,916
Disabled	78.2	34.6	2,511	73	13,921	18.0	68,173
Adults	59.1	6.5	251	39	2,234	11.2	131,225
Children	55.4	4.0	201	50	1,454	13.8	401,612
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	60.2	8.8	451	51	2,938	15.3	351,740
Male	57.1	7.2	521	73	3,285	15.9	252,186
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	65.3	9.4	552	59	3,250	17.0	453,534
African American	40.2	4.7	300	64	2,792	10.7	108,209
Other/unknown	38.1	3.3	173	53	2,037	8.5	42,183
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	98.8	98.1	5,696	58	47,811	11.9	1,725
Part year	98.1	77.1	5,084	66	44,884	11.3	1,592
None	58.7	7.7	453	59	2,844	15.9	600,609
<b>Maintenance Assistance Status</b>							
Cash	60.8	12.2	773	63	4,523	17.1	243,825
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	55.8	4.0	202	51	1,299	15.6	247,506
Other/unknown	61.7	8.5	457	54	3,886	11.8	112,595

Table ND3

Nondual 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 ND.3 includes beneficiaries represented by Cell K of Table 1.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
  - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
  - e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
  - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of		Number of Rx, Percentage with:							Mean \$, All Medicaid FFS <sup>d</sup>	Beneficiaries	Benefit Months	
			All Medicaid FFS <sup>c</sup>	All Medicaid FFS <sup>c</sup>	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	0.7 %	2.5 %				6.2 %
<b>All</b>	<b>1.1</b>	<b>\$65</b>	<b>15.6 %</b>	<b>41.1 %</b>	<b>42.9 %</b>	<b>6.6 %</b>	<b>6.2 %</b>	<b>2.5 %</b>	<b>0.7 %</b>	<b>\$416</b>	<b>603,926</b>	<b>4,473,771</b>			
<b>Age</b>															
5 and younger	0.5	17	7.6	42.6	51.9	4.0	1.4	0.2	0.0	227	164,238	1,192,911			
6-14	0.6	36	18.0	45.7	45.3	5.0	3.5	0.4	0.1	198	180,984	1,445,838			
15-20	0.8	59	16.3	42.6	44.5	7.0	4.9	0.9	0.2	362	82,540	612,653			
21-44	1.7	104	13.9	37.2	35.5	10.3	11.7	4.4	0.9	750	137,990	870,211			
45-64	4.4	263	21.7	23.3	16.4	10.5	23.0	19.2	7.6	1,216	35,526	325,552			
65-74	3.8	193	15.6	22.4	20.9	9.5	21.3	18.3	7.6	1,236	1,592	16,349			
75-84	3.8	186	15.5	22.9	20.7	9.0	22.6	18.5	6.5	1,199	726	7,220			
85 and older	4.4	192	11.8	20.9	10.9	13.6	21.5	25.8	7.3	1,625	330	3,037			
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
<b>Basis of Eligibility<sup>e</sup></b>															
Aged	3.7	184	14.7	22.5	21.2	10.2	21.3	18.1	6.7	1,249	2,916	28,594			
Disabled	3.6	259	18.0	21.8	23.5	11.6	22.6	15.3	5.3	1,435	68,173	661,226			
Adults	1.2	45	11.2	40.9	38.3	9.5	8.6	2.4	0.3	403	131,225	728,006			
Children	0.5	26	13.8	44.6	47.9	4.7	2.5	0.3	0.0	191	401,612	3,055,945			
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
<b>Gender</b>															
Female	1.2	62	15.3	39.8	42.8	6.9	6.7	2.9	0.9	407	351,740	2,539,988			
Male	0.9	68	15.9	42.9	43.1	6.1	5.6	1.9	0.5	429	252,186	1,933,783			
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
<b>Race</b>															
White	1.2	69	17.0	34.7	47.4	7.2	7.0	2.9	0.9	405	453,534	3,638,816			
African American	0.8	54	10.7	59.8	29.0	4.9	4.4	1.6	0.4	506	108,209	597,031			
Other/unknown	0.6	31	8.5	61.9	30.9	3.4	2.8	0.9	0.2	361	42,183	237,924			
<b>Use of Nursing Facilities<sup>f</sup></b>															
Entire year	9.2	533	11.9	1.2	2.8	4.3	19.5	39.2	32.8	4,473	1,725	18,437			
Part year	7.8	515	11.3	1.9	6.3	7.6	26.9	31.3	25.9	4,550	1,592	15,706			
None	1.0	61	15.9	41.3	43.1	6.6	6.1	2.3	0.6	385	600,609	4,439,628			
<b>Maintenance Assistance Status</b>															
Cash	1.7	107	17.1	39.2	37.0	8.0	9.5	4.7	1.5	626	243,825	1,761,303			
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	44.2	48.3	4.6	2.6	0.3	0.0	169	247,506	1,905,031			
Other/unknown	1.2	64	11.8	38.3	43.7	7.6	7.1	2.6	0.7	542	112,595	807,437			

Table ND4

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



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

Beneficiary	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
All	1.1	\$65	\$59	0.5	\$52	\$110	0.0	\$1	\$50	0.6	\$12	\$20
<b>Age</b>												
5 and younger	0.5	17	37	0.2	12	71	0.0	1	41	0.3	4	16
6-14	0.6	36	63	0.3	30	97	0.0	1	55	0.2	5	20
15-20	0.8	59	75	0.4	51	133	0.0	1	56	0.4	7	19
21-44	1.7	104	60	0.7	82	123	0.0	2	53	1.0	20	20
45-64	4.4	263	60	1.8	207	113	0.1	5	47	2.5	51	21
65-74	3.8	193	50	1.6	148	94	0.1	4	36	2.1	41	19
75-84	3.8	186	49	1.6	142	89	0.1	3	30	2.0	40	20
85 and older	4.4	192	43	1.8	147	80	0.2	4	25	2.4	40	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	3.7	184	49	1.5	140	91	0.1	3	32	2.1	39	19
Disabled	3.6	259	73	1.5	210	136	0.1	5	58	1.9	43	22
Adults	1.2	45	39	0.4	33	84	0.0	1	31	0.8	12	16
Children	0.5	26	50	0.2	21	85	0.0	1	47	0.3	5	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	1.2	62	51	0.5	48	97	0.0	1	43	0.7	13	18
Male	0.9	68	73	0.4	56	130	0.0	1	62	0.5	10	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	1.2	69	59	0.5	55	109	0.0	1	50	0.6	12	19
African American	0.8	54	64	0.3	43	123	0.0	1	49	0.5	11	22
Other/unknown	0.6	31	53	0.2	24	99	0.0	1	53	0.3	6	19
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	9.2	533	58	3.6	382	107	0.3	15	43	5.2	135	26
Part year	7.8	515	66	3.0	407	134	0.3	11	41	4.5	97	22
None	1.0	61	59	0.4	49	110	0.0	1	51	0.6	11	19
<b>Maintenance Assistance Status</b>												
Cash	1.7	107	63	0.7	85	123	0.0	2	54	1.0	19	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	26	51	0.2	21	86	0.0	1	46	0.2	4	18
Other/unknown	1.2	64	54	0.5	51	100	0.0	1	41	0.6	12	18

Table ND5

Nondual 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 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.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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 NONDUAL 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 of Users	Percentage of All Benes	As a Percentage	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$12	\$9	\$0	\$3	618,563	\$28,147,494	239,402	39.6	39.6	2,361,557
Biologicals	0.2	0.1	0.0	0.0	99	87	2	10	3,715	2,290,643	2,176	0.4	0.4	23,113
Antineoplastic Agents	0.5	0.2	0.0	0.2	162	148	2	12	9,054	3,092,651	1,869	0.3	0.3	19,036
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	24	20	1	4	367,822	20,025,093	81,793	13.5	13.5	819,493
Cardiovascular Agents	1.1	0.4	0.0	0.7	37	27	0	10	459,585	16,009,408	41,261	6.8	6.8	427,618
Respiratory Agents	0.4	0.2	0.0	0.2	17	13	0	3	724,531	30,306,270	181,530	30.1	30.1	1,828,193
Gastrointestinal Agents	0.5	0.2	0.0	0.2	29	22	1	6	220,436	14,136,393	46,927	7.8	7.8	481,246
Genitourinary Agents	0.3	0.2	0.0	0.1	14	11	0	3	52,007	2,768,155	20,354	3.4	3.4	201,366
CNS Drugs	0.9	0.5	0.0	0.4	79	69	1	8	824,966	71,243,029	90,871	15.0	15.0	903,671
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	50	43	1	6	199,240	14,595,112	28,369	4.7	4.7	290,105
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	43	35	0	9	9,330	1,543,596	3,370	0.6	0.6	35,675
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	18	11	0	6	614,713	21,996,190	127,111	21.0	21.0	1,229,282
Neuromuscular Agents	0.7	0.3	0.0	0.3	50	42	1	7	342,758	25,154,211	48,570	8.0	8.0	499,745
Nutritional Products	0.4	0.0	0.0	0.3	8	2	1	6	87,251	2,084,911	27,831	4.6	4.6	248,202
Hematological Agents	0.5	0.2	0.0	0.3	209	194	1	14	63,059	24,366,396	11,439	1.9	1.9	116,535
Topical Products	0.2	0.1	0.0	0.1	7	5	0	2	271,368	9,296,693	123,932	20.5	20.5	1,267,387
Miscellaneous Products	0.4	0.1	0.0	0.2	53	32	6	15	12,841	1,870,996	3,386	0.6	0.6	35,233
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	4	0	0	0	34,073	1,012,428	23,217	3.8	3.8	248,133
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4,915,312	289,939,669	n.a.	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.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.medispan.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 ND.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit
						Month
ANTIPSYCHOTICS	\$41,606,661	37,113	6.1 %	402,636	0.6	\$187
ANTIDEPRESSANTS	25,033,729	84,637	14.0	865,679	0.4	66
ANTICONVULSANT	21,917,520	35,768	5.9	382,101	0.6	93
MISC. HEMATOLOGICAL	20,570,095	3,442	0.6	37,567	0.5	1,041
ANTIASTHMATIC	15,643,250	103,079	17.1	1,068,912	0.3	54
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	14,550,712	36,593	6.1	386,399	0.5	73
ANALGESICS - Narcotic	13,200,121	132,555	21.9	1,321,526	0.3	32
ULCER DRUGS	10,475,969	47,232	7.8	498,600	0.3	66
ANTIDIABETIC	9,267,158	19,966	3.3	212,874	0.6	73
ANTIHISTAMINES	7,503,626	82,906	13.7	877,618	0.2	40
Total	179,768,841	583,291		6,053,912	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 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 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-ad77847b6615> (October 26, 2007).

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

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

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month
<b>All</b>	<b>2,234,473</b>	<b>\$179,768,841</b>	<b>37,113</b>	<b>6.1 %</b>	<b>402,636</b>	<b>0.6</b>	<b>\$103</b>	<b>84,637</b>	<b>14.0 %</b>	<b>865,679</b>	<b>0.4</b>	<b>\$29</b>					
<b>Female</b>	1,337,802	89,492,212	18,992	5.4	205,185	0.5	92	59,381	16.9	599,077	0.4	29					
<b>Disabled</b>	718,574	56,944,534	11,241	30.4	126,695	0.6	112	23,590	63.7	264,627	0.5	35					
5 and younger	5,052	352,813	29	3.4	338	0.4	75	21	2.4	233	0.4	14					
6-14	17,767	1,506,225	313	16.6	3,382	0.5	93	362	19.2	3,923	0.5	31					
15-20	15,985	1,461,682	396	25.2	4,441	0.5	92	531	33.7	5,842	0.5	31					
21-44	244,890	20,854,250	5,314	37.9	59,393	0.5	108	9,730	69.4	107,565	0.5	34					
45-64	434,450	32,729,934	5,181	27.8	59,064	0.6	120	12,934	69.3	146,997	0.5	37					
65-74	430	39,630	8	32.0	77	0.9	243	12	48.0	67	0.9	50					
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>	619,228	32,547,678	7,751	2.5	78,490	0.4	59	35,791	11.4	334,450	0.4	23					
5 and younger	47,193	2,060,834	144	0.2	1,530	0.4	58	130	0.2	1,435	0.3	13					
6-14	136,409	8,765,133	1,997	2.3	21,727	0.5	72	4,312	5.0	46,162	0.4	24					
15-20	101,530	5,564,525	1,688	3.6	17,897	0.4	64	6,989	14.8	70,953	0.3	22					
21-44	285,534	13,095,771	3,369	3.5	31,539	0.3	40	22,461	23.2	198,212	0.3	23					
45-64	21,759	1,313,752	166	4.5	1,522	0.4	58	1,366	36.7	11,759	0.5	32					
65-74	17,122	1,132,955	244	23.5	2,744	0.8	119	325	31.3	3,712	0.6	40					
75-84	6,703	435,554	89	17.7	969	0.7	113	133	26.4	1,457	0.6	37					
85 and older	2,978	179,154	54	24.7	562	0.7	74	75	34.2	760	0.8	51					
<b>Male</b>	896,671	90,276,629	18,121	7.2	197,451	0.6	115	25,256	10.0	266,602	0.5	30					
<b>Disabled</b>	430,282	54,506,995	9,618	30.9	107,585	0.6	137	11,614	37.3	128,738	0.5	33					
5 and younger	7,361	867,424	71	5.5	724	0.5	87	50	3.9	506	0.4	23					
6-14	40,331	5,340,293	1,251	33.6	13,685	0.6	105	993	26.6	10,799	0.5	27					
15-20	28,385	10,692,609	951	40.0	10,655	0.7	128	742	31.2	8,310	0.6	40					
21-44	169,481	22,262,140	4,890	39.9	55,142	0.7	147	5,079	41.5	56,576	0.5	33					
45-64	184,627	15,333,795	2,452	21.4	27,364	0.7	138	4,745	41.3	52,508	0.5	32					
65-74	97	10,734	3	16.7	15	0.7	242	5	27.8	39	0.4	25					
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>	466,389	35,769,634	8,503	3.8	89,866	0.5	89	13,642	6.2	137,864	0.4	27					
5 and younger	68,038	3,700,058	362	0.4	3,914	0.4	63	253	0.3	2,619	0.3	14					
6-14	252,633	20,747,090	5,078	5.7	54,774	0.5	89	6,860	7.7	73,418	0.4	27					
15-20	87,943	7,969,685	2,310	7.4	24,336	0.6	97	3,757	12.0	38,505	0.5	29					
21-44	38,832	2,084,921	529	3.6	4,554	0.3	57	2,168	14.7	17,580	0.3	22					
45-64	8,340	527,245	65	3.9	625	0.3	57	389	23.5	3,452	0.4	25					
65-74	6,563	478,109	96	18.9	1,049	0.9	143	120	23.6	1,349	0.7	41					
75-84	2,621	176,312	45	20.2	418	0.7	122	51	22.9	523	0.7	44					
85 and older	1,419	86,214	18	16.2	196	0.8	78	44	39.6	418	0.8	51					
<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 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 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 ND.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a,b,c</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2003

Beneficiary Characteristics	ANTICONVULSANT					MISC. HEMATOLOGICAL					ANTIASTHMATIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month
<b>All</b>	<b>35,768</b>	<b>5.9 %</b>	<b>382,101</b>	<b>0.6</b>	<b>\$57</b>	<b>3,442</b>	<b>0.6 %</b>	<b>37,567</b>	<b>0.5</b>	<b>\$548</b>	<b>103,079</b>	<b>17.1 %</b>	<b>1,068,912</b>	<b>0.3</b>	<b>\$15</b>
<b>Female</b>	22,139	6.3	234,986	0.6	53	2,013	0.6	22,283	0.5	57	57,052	16.2	590,537	0.3	15
<b>Disabled</b>	13,134	35.5	148,029	0.7	63	1,682	4.5	18,925	0.5	56	17,302	46.7	196,159	0.4	22
5 and younger	181	21.0	1,919	0.7	63	1	0.1	12	0.2	37	439	50.9	4,731	0.4	28
6-14	585	31.0	6,466	0.8	77	3	0.2	36	1.3	1,021	599	31.7	6,762	0.4	26
15-20	528	33.5	5,919	0.8	89	4	0.3	45	0.4	578	379	24.1	4,247	0.4	20
21-44	5,792	41.3	64,746	0.7	67	192	1.4	2,075	0.4	45	5,272	37.6	59,185	0.3	17
45-64	6,042	32.4	68,930	0.6	56	1,480	7.9	16,749	0.5	53	10,603	56.8	121,150	0.4	24
65-74	6	24.0	49	0.7	29	2	8.0	8	0.8	74	10	40.0	84	1.0	55
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>	9,005	2.9	86,957	0.5	37	331	0.1	3,358	0.5	65	39,750	12.6	394,378	0.2	11
5 and younger	322	0.4	3,382	0.4	32	2	0.0	20	0.2	407	12,362	15.7	126,060	0.2	10
6-14	1,265	1.5	13,366	0.6	59	2	0.0	22	0.1	55	10,859	12.6	114,150	0.2	13
15-20	1,389	2.9	14,329	0.5	48	2	0.0	24	0.1	14	5,233	11.1	52,951	0.2	11
21-44	5,471	5.6	50,190	0.4	28	103	0.1	929	0.4	67	10,066	10.4	89,234	0.2	18
45-64	332	8.9	3,190	0.5	41	54	1.4	439	0.4	72	669	18.0	5,843	0.3	10
65-74	164	15.8	1,848	0.7	38	95	9.1	1,082	0.6	55	365	35.1	4,090	0.4	23
75-84	49	9.7	518	0.8	47	55	10.9	630	0.6	62	134	26.6	1,432	0.4	19
85 and older	13	5.9	134	0.4	30	18	8.2	212	0.6	70	62	28.3	618	0.3	19
<b>Male</b>	13,629	5.4	147,115	0.7	64	1,429	0.6	15,284	0.6	1,263	46,027	18.3	478,375	0.3	14
<b>Disabled</b>	8,949	28.7	100,224	0.7	70	1,195	3.8	13,071	0.5	1,200	8,886	28.5	99,117	0.4	23
5 and younger	213	16.5	2,335	0.6	52	4	0.3	40	2.8	9,020	680	52.8	7,516	0.4	27
6-14	907	24.3	10,037	0.7	73	5	0.1	48	1.6	34,910	1,133	30.4	12,292	0.4	20
15-20	725	30.5	8,107	0.8	79	8	0.3	89	3.4	87,127	500	21.0	5,662	0.4	22
21-44	4,294	35.1	48,337	0.7	80	153	1.2	1,680	0.6	2,645	2,168	17.7	24,301	0.3	18
45-64	2,808	24.5	31,391	0.6	54	1,023	8.9	11,190	0.5	130	4,403	38.3	49,322	0.4	26
65-74	2	11.1	17	0.6	53	2	11.1	24	0.9	91	2	11.1	24	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>	4,680	2.1	46,891	0.5	50	234	0.1	2,213	0.6	1,634	37,141	16.8	379,258	0.2	12
5 and younger	424	0.5	4,373	0.5	37	20	0.0	219	0.4	2,044	17,653	21.2	179,377	0.2	11
6-14	2,043	2.3	21,550	0.6	54	21	0.0	198	0.8	9,822	14,506	16.2	150,865	0.2	14
15-20	1,159	3.7	11,862	0.6	60	10	0.0	91	1.1	12,451	3,505	11.2	36,016	0.3	12
21-44	796	5.4	6,598	0.4	27	56	0.4	463	0.5	51	993	6.7	8,226	0.3	16
45-64	128	7.7	1,142	0.5	41	59	3.6	491	0.5	55	228	13.8	1,999	0.3	19
65-74	74	14.5	816	0.6	50	43	8.4	484	0.6	59	184	36.1	1,991	0.5	25
75-84	41	18.4	407	0.9	69	16	7.2	179	0.5	45	44	19.7	474	0.4	19
85 and older	15	13.5	143	0.6	26	9	8.1	88	0.5	39	28	25.2	310	0.3	18
<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 ND7B

Nondual 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 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 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 ND.7C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,  
BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a,b,c</sup>  
NONDUAL BENEFICIARIES, INDIANA, 2003

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS						ANALGESICS - Narcotic						ULCER DRUGS					
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month
<b>All</b>	<b>36,593</b>	<b>6.1 %</b>	<b>386,399</b>	<b>0.5</b>	<b>\$38</b>	<b>\$38</b>	<b>132,555</b>	<b>21.9 %</b>	<b>1,321,526</b>	<b>0.3</b>	<b>\$10</b>	<b>47,232</b>	<b>7.8 %</b>	<b>498,600</b>	<b>0.3</b>	<b>\$21</b>		
<b>Female</b>	10,869	3.1	115,971	0.5	36	36	96,249	27.4	949,827	0.3	9	32,570	9.3	343,285	0.3	21		
<b>Disabled</b>	1,569	4.2	17,419	0.5	44	44	27,074	73.1	304,401	0.4	19	16,299	44.0	186,400	0.4	27		
5 and younger	31	3.6	331	0.4	27	27	112	13.0	1,286	0.1	1	183	21.2	2,012	0.4	24		
6-14	498	26.3	5,453	0.5	38	38	252	13.3	2,872	0.1	2	214	11.3	2,474	0.5	37		
15-20	160	10.2	1,763	0.5	38	38	464	29.5	5,027	0.2	6	246	15.6	2,744	0.4	25		
21-44	526	3.8	5,837	0.5	45	45	10,934	78.0	121,322	0.4	17	5,209	37.2	59,121	0.3	24		
45-64	354	1.9	4,035	0.5	53	53	15,305	82.0	173,849	0.5	20	10,435	55.9	119,955	0.4	29		
65-74	0	0.0	0	0.0	0	0	7	28.0	45	0.7	17	12	48.0	94	0.6	34		
75-84	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		
<b>Other Eligibles</b>	9,300	3.0	98,552	0.5	35	35	69,175	22.0	645,426	0.3	4	16,271	5.2	156,885	0.2	13		
5 and younger	425	0.5	4,605	0.3	22	22	2,385	3.0	25,842	0.1	1	1,601	2.0	14,313	0.2	9		
6-14	6,708	7.8	72,007	0.5	35	35	5,951	6.9	64,719	0.1	1	2,039	2.4	22,201	0.2	9		
15-20	1,373	2.9	14,720	0.5	37	37	13,286	28.1	132,759	0.2	2	2,780	5.9	28,533	0.2	8		
21-44	739	0.8	6,702	0.4	38	38	44,949	46.3	397,186	0.3	6	8,422	8.7	77,433	0.2	15		
45-64	48	1.3	449	0.4	43	43	1,706	45.8	14,880	0.4	13	730	19.6	6,491	0.3	26		
65-74	3	0.3	33	0.3	21	21	565	54.3	6,462	0.4	12	419	40.3	4,800	0.4	22		
75-84	2	0.4	22	0.5	83	83	222	44.1	2,459	0.4	13	196	39.0	2,231	0.5	28		
85 and older	2	0.9	14	0.1	2	2	111	50.7	1,119	0.5	15	84	38.4	883	0.6	32		
<b>Male</b>	25,724	10.2	270,428	0.5	38	38	36,306	14.4	371,699	0.3	13	14,662	5.8	155,315	0.3	21		
<b>Disabled</b>	2,780	8.9	30,223	0.6	43	43	14,820	47.6	162,964	0.5	23	8,116	26.1	91,544	0.4	27		
5 and younger	114	8.8	1,235	0.4	25	25	173	13.4	1,961	0.1	2	213	16.5	2,333	0.4	24		
6-14	1,673	44.9	17,921	0.6	39	39	450	12.1	5,125	0.2	3	302	8.1	3,452	0.5	32		
15-20	470	19.8	5,177	0.6	47	47	505	21.2	5,600	0.2	5	311	13.1	3,506	0.4	26		
21-44	405	3.3	4,575	0.5	49	49	6,346	51.8	69,280	0.4	22	2,934	23.9	33,143	0.4	27		
45-64	118	1.0	1,315	0.5	64	64	7,340	63.9	80,957	0.5	26	4,352	37.9	49,076	0.4	27		
65-74	0	0.0	0	0.0	0	0	6	33.3	41	0.5	55	4	22.2	34	0.3	18		
75-84	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		
<b>Other Eligibles</b>	22,944	10.4	240,205	0.5	38	38	21,486	9.7	208,735	0.2	5	6,546	3.0	63,771	0.2	13		
5 and younger	1,147	1.4	12,319	0.3	22	22	3,261	3.9	35,208	0.1	1	1,892	2.3	17,085	0.2	9		
6-14	18,308	20.5	191,776	0.5	38	38	6,054	6.8	65,986	0.1	1	1,727	1.9	18,854	0.2	10		
15-20	3,342	10.7	34,907	0.6	43	43	5,128	16.4	52,092	0.2	2	1,161	3.7	12,120	0.2	11		
21-44	134	0.9	1,095	0.4	39	39	6,050	41.1	46,385	0.4	14	1,228	8.3	10,277	0.3	22		
45-64	11	0.7	84	0.3	19	19	714	43.2	6,109	0.5	23	255	15.4	2,340	0.3	27		
65-74	1	0.2	12	1.0	161	161	158	31.0	1,710	0.4	12	173	34.0	1,924	0.5	24		
75-84	1	0.4	12	1.0	15	15	72	32.3	744	0.5	17	66	29.6	738	0.6	30		
85 and older	0	0.0	0	0.0	0	0	49	44.1	501	0.5	19	44	39.6	433	0.5	31		
<b>Unknown</b>	0	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 2003 file for Indiana, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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

Beneficiary Characteristics	ANTI-DIABETIC				ANTI-HISTAMINES							
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month			
<b>All</b>	<b>19,966</b>	<b>3.3 %</b>	<b>212,874</b>	<b>0.6</b>	<b>\$44</b>	<b>82,906</b>	<b>13.7 %</b>	<b>877,618</b>	<b>0.2</b>	<b>\$9</b>	<b>603,926</b>	<b>4,473,771</b>
<b>Female</b>	13,762	3.9	146,984	0.6	44	50,943	14.5	533,984	0.2	9	351,740	2,539,988
<b>Disabled</b>	9,852	26.6	111,139	0.6	46	11,367	30.7	129,522	0.3	15	37,028	364,812
5 and younger	2	0.2	19	0.9	65	188	21.8	2,016	0.2	7	863	7,571
6-14	12	0.6	142	0.5	31	403	21.3	4,596	0.3	11	1,890	17,984
15-20	50	3.2	574	0.5	30	365	23.2	4,100	0.3	13	1,574	14,940
21-44	1,942	13.9	21,594	0.6	44	4,465	31.9	50,401	0.3	13	14,012	136,050
45-64	7,834	42.0	88,709	0.6	47	5,943	31.8	68,377	0.4	17	18,664	188,101
65-74	12	48.0	101	0.8	62	3	12.0	32	0.7	27	25	166
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>	3,910	1.2	35,845	0.6	36	39,576	12.6	404,462	0.2	7	314,712	2,175,176
5 and younger	57	0.1	574	0.5	34	9,399	11.9	100,388	0.1	3	78,973	572,407
6-14	322	0.4	3,176	0.6	50	11,286	13.1	122,423	0.2	8	85,901	681,547
15-20	322	0.7	3,047	0.5	37	6,688	14.1	68,989	0.2	8	47,346	337,192
21-44	2,057	2.1	17,373	0.5	32	11,374	11.7	104,354	0.2	7	97,004	545,850
45-64	442	11.9	3,773	0.5	36	473	12.7	4,374	0.3	14	3,726	20,080
65-74	472	45.4	5,421	0.7	40	219	21.1	2,480	0.3	13	1,040	10,909
75-84	184	36.6	1,965	0.7	38	86	17.1	923	0.3	13	503	5,131
85 and older	54	24.7	516	0.7	33	51	23.3	531	0.3	13	219	2,060
<b>Male</b>	6,204	2.5	65,890	0.6	43	31,963	12.7	343,634	0.2	8	252,186	1,933,783
<b>Disabled</b>	4,763	15.3	52,918	0.6	43	5,274	16.9	59,791	0.3	15	31,145	296,414
5 and younger	5	0.4	60	0.4	31	278	21.6	3,118	0.2	6	1,289	11,687
6-14	34	0.9	392	0.5	48	853	22.9	9,589	0.3	11	3,727	34,864
15-20	39	1.6	437	0.6	50	439	18.5	5,097	0.3	17	2,378	22,632
21-44	1,180	9.6	13,183	0.6	44	1,935	15.8	22,109	0.3	16	12,251	118,428
45-64	3,504	30.5	38,841	0.6	43	1,768	15.4	19,866	0.3	15	11,482	108,674
65-74	1	5.6	5	0.4	17	1	5.6	12	0.1	0	18	129
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>	1,441	0.7	12,972	0.6	45	26,689	12.1	283,843	0.2	7	221,041	1,637,369
5 and younger	50	0.1	460	0.6	36	10,693	12.9	113,731	0.1	4	83,113	601,246
6-14	281	0.3	2,907	0.6	42	11,799	13.2	127,432	0.2	9	89,466	711,443
15-20	195	0.6	1,894	0.6	63	3,166	10.1	33,465	0.2	11	31,242	237,889
21-44	450	3.1	3,424	0.6	41	812	5.5	6,948	0.2	8	14,723	69,883
45-64	236	14.3	1,855	0.6	44	103	6.2	1,016	0.2	12	1,654	8,697
65-74	150	29.5	1,917	0.7	46	64	12.6	695	0.4	19	509	5,145
75-84	54	24.2	542	0.7	30	25	11.2	268	0.4	24	223	2,089
85 and older	25	22.5	273	0.7	42	27	24.3	288	0.3	10	111	977
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table ND7D

Nondual 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 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 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; \$ = Medicaid reimbursement.

TABLE ND.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 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
<b>All</b>	<b>\$533</b>	<b>9.2</b>	<b>1,725</b>	<b>18,437</b>
<b>Age</b>				
0-64	576	9.6	1,294	13,975
65-74	462	8.4	171	1,851
75-84	429	8.6	134	1,351
85 and older	273	6.5	126	1,260
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	539	9.6	975	10,518
Male	524	8.6	750	7,919
Unknown	0	0.0	0	0
<b>Race</b>				
White	543	9.5	1,371	14,641
African American	503	8	317	3,390
Other/unknown	437	8.5	37	406
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	400	7.9	426	4,431
Disabled	573	9.6	1,258	13,520
Adults	0	0.0	0	0
Children	627	9.7	41	486
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 1,592 beneficiaries who were in nursing facilities for part of their enrollment and their 15,706 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 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	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Rx \$	Number of Users	Percentage of All-Year Nursing Facility Residents	Number of Benefit Months		
																Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.6	0.3	0.0	0.3	\$48	\$39	\$2	\$8	\$74	\$116	\$104	\$26	8,910	\$661,257	1,248	72.3 %	13,717
Biologicals	0.1	0.1	0.0	0.0	2	2	0	1	21	19	0	26	411	8,509	331	19.2	3,875
Antineoplastic Agents	0.6	0.2	0.0	0.4	139	91	0	47	243	571	84	116	670	163,077	109	6.3	1,174
Endocrine/Metabolic Drugs	1.3	0.7	0.1	0.5	62	52	2	8	50	75	24	18	11,781	585,186	863	50.0	9,408
Cardiovascular Agents	2.1	0.6	0.0	1.5	62	37	0	24	30	63	15	16	23,906	706,194	1,072	62.1	11,421
Respiratory Agents	1.1	0.4	0.0	0.6	44	31	1	12	42	72	41	20	12,318	513,146	1,069	62.0	11,663
Gastrointestinal Agents	1.2	0.5	0.0	0.7	48	35	2	11	41	74	81	16	14,051	573,283	1,100	63.8	11,921
Genitourinary Agents	0.7	0.3	0.0	0.4	74	25	1	48	99	78	58	115	4,563	449,774	545	31.6	6,085
CNS Drugs	2.0	1.0	0.0	0.9	165	142	3	20	82	136	64	22	29,717	2,444,922	1,363	79.0	14,781
Stimulants/Anti-obesity/Anorexia	0.9	0.5	0.0	0.4	70	60	2	8	75	115	48	21	319	24,063	31	1.8	346
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.1	124	122	0	2	162	173	0	34	1,260	203,943	152	8.8	1,649
Analgesics and Anesthetics	1.2	0.3	0.0	0.9	43	28	1	14	36	102	36	15	13,498	487,430	1,041	60.3	11,246
Neuromuscular Agents	1.7	0.7	0.1	0.9	129	94	4	31	78	140	44	34	19,023	1,475,851	1,020	59.1	11,456
Nutritional Products	1.0	0.1	0.0	0.9	31	11	2	19	31	133	35	21	7,015	214,032	645	37.4	6,953
Hematological Agents	1.2	0.3	0.1	0.7	86	74	2	10	75	240	17	14	7,116	531,592	593	34.4	6,157
Topical Products	0.8	0.3	0.1	0.4	32	20	4	8	42	65	58	20	11,145	486,146	1,295	75.1	14,461
Miscellaneous Products	0.9	0.0	0.0	0.9	93	2	0	90	98	50	0	101	3,011	296,482	295	17.1	3,202
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	15	0	0	0	47	0	0	0	447	21,027	125	7.2	1,395
<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.	169,161	9,825,914	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,592 beneficiaries who were in nursing facilities for part of their enrollment and their 15,706 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 ND.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2003

	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
Top 10 Drug Groups in Nursing Facilities								
ANTIPTYCHOTICS	\$1,508,544	933	54.1 %	10,336	0.9	\$170	\$146	
ANTICONVULSANT	1,176,070	1,176	68.2	13,252	1.0	87	89	
ANTIDEPRESSANTS	769,994	1,248	72.3	13,588	0.8	67	57	
ANTIIDIABETIC	422,514	704	40.8	7,470	1.0	58	57	
DERMATOLOGICAL	401,450	3,273	189.7	37,185	0.3	38	11	
ULCER DRUGS	392,392	1,166	67.6	12,933	0.7	45	30	
ANALGESICS - Narcotic	313,483	1,078	62.5	11,504	0.8	33	27	
ANTIASTHMATIC	311,167	987	57.2	10,797	0.6	46	29	
MISCELLANEOUS GENITOURINARY PRODUCTS	302,597	319	18.5	3,573	0.6	143	85	
ASSORTED CLASSES	280,270	124	7.2	1,389	1.5	134	202	
Total	5,878,481	11,008		122,027	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,592 beneficiaries who were in nursing facilities for part of their enrollment and their 15,706 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE ND.10A

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

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT						
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	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>81,020</b>	<b>\$5,878,481</b>	<b>933</b>	<b>54.1 %</b>	<b>10,336</b>	<b>0.9</b>	<b>\$146</b>	<b>1,176</b>	<b>68.2 %</b>	<b>13,252</b>	<b>1.0</b>	<b>\$89</b>					
<b>Female</b>																	
<b>Disabled</b>	47,311	3,338,645	588	60.3	6,575	0.9	145	619	63.5	6,960	1.0	86					
64 or younger	35,458	2,546,422	392	58.0	4,415	0.9	155	520	76.9	5,902	1.0	90					
65-74	35,373	2,541,677	390	58.0	4,406	0.9	155	518	77.1	5,892	1.0	90					
75-84	85	4,745	2	50.0	9	0.8	184	2	50.0	10	1.0	61					
85 and older	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>	11,853	792,223	196	65.6	2,160	0.8	123	99	33.1	1,058	0.9	63					
64 or younger	1,026	92,600	1	5.3	12	1.0	22	16	84.2	192	1.0	124					
65-74	5,323	376,280	109	95.6	1,198	0.9	136	52	45.6	544	0.9	50					
75-84	3,441	212,828	50	56.8	560	0.8	129	27	30.7	280	0.9	51					
85 and older	2,063	110,515	36	46.2	390	0.8	80	4	5.1	42	0.5	21					
<b>Male</b>																	
<b>Disabled</b>	33,709	2,539,836	345	46.0	3,761	0.8	148	557	74.3	6,292	1.0	92					
64 or younger	27,434	2,081,926	267	45.9	2,925	0.8	147	480	82.5	5,439	1.1	96					
65-74	27,415	2,080,938	267	46.0	2,925	0.8	147	479	82.4	5,427	1.1	96					
75-84	19	988	0	0.0	0	0.0	0	1	100.0	12	0.8	73					
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>	6,275	457,910	78	46.4	836	0.9	151	77	45.8	853	0.9	65					
64 or younger	1,476	120,210	3	13.6	36	0.9	160	21	95.5	252	0.9	73					
65-74	2,147	171,373	39	75.0	440	0.9	163	26	50.0	288	0.8	68					
75-84	1,705	112,731	25	54.3	233	0.8	162	22	47.8	240	1.0	65					
85 and older	947	53,596	11	22.9	127	0.9	86	8	16.7	73	0.6	28					
<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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,592 beneficiaries who were in nursing facilities for part of their enrollment and their 15,706 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Beneficiary Characteristics	ANTIDEPRESSANTS				ANTI-DIABETIC				DERMATOLOGICAL			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$
<b>All</b>	<b>1,248</b>	<b>72.3 %</b>	<b>13,588</b>	<b>0.8</b>	<b>704</b>	<b>40.8 %</b>	<b>7,470</b>	<b>1.0</b>	<b>3,273</b>	<b>189.7 %</b>	<b>37,185</b>	<b>\$11</b>
<b>Female</b>												
<b>Disabled</b>	760	77.9	8,408	0.9	479	49.1	5,153	1.0	1,833	188.0	20,982	11
64 or younger	560	82.8	6,199	0.9	329	48.7	3,554	1.0	1,346	199.1	15,475	11
65-74	556	82.7	6,179	0.9	327	48.7	3,544	1.0	1,340	199.4	15,446	11
75-84	4	100.0	20	1.0	2	50.0	10	0.8	6	150.0	29	10
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Other Eligibles</b>	200	66.9	2,209	0.8	150	50.2	1,599	1.0	487	162.9	5,507	10
64 or younger	1	5.3	12	1.2	0	0.0	0	0.0	54	284.2	636	10
65-74	88	77.2	1,001	0.8	77	67.5	869	1.0	182	159.6	2,070	10
75-84	64	72.7	701	0.8	50	56.8	493	1.0	139	158.0	1,567	12
85 and older	47	60.3	495	0.9	23	29.5	237	0.8	112	143.6	1,234	9
<b>Male</b>												
<b>Disabled</b>	488	65.1	5,180	0.8	225	30.0	2,317	1.0	1,440	192.0	16,203	11
64 or younger	389	66.8	4,135	0.8	176	30.2	1,797	1.0	1,152	197.9	13,049	11
65-74	389	67.0	4,135	0.8	176	30.3	1,797	1.0	1,150	197.9	13,025	11
75-84	0	0.0	0	0.0	0	0.0	0	0.0	2	200.0	24	1
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Other Eligibles</b>	99	58.9	1,045	0.8	49	29.2	520	0.9	288	171.4	3,154	11
64 or younger	2	9.1	24	0.6	0	0.0	0	0.0	47	213.6	564	10
65-74	37	71.2	436	0.8	21	40.4	243	0.9	89	171.2	951	14
75-84	29	63.0	293	0.8	18	39.1	157	0.9	79	171.7	843	10
85 and older	31	64.6	292	0.8	10	20.8	120	0.7	73	152.1	796	8
<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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,592 beneficiaries who were in nursing facilities for part of their enrollment and their 15,706 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=09e0ffed-80a9-4487-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.10C

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

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users	Mean Rx \$
<b>All</b>	<b>1,166</b>	<b>67.6 %</b>	<b>0.7</b>	<b>12,933</b>	<b>\$30</b>	<b>1,078</b>	<b>62.5 %</b>	<b>0.8</b>	<b>11,504</b>	<b>\$27</b>	<b>987</b>	<b>57.2 %</b>	<b>10,797</b>	<b>0.6</b>	<b>\$29</b>
<b>Female</b>															
<b>Disabled</b>	638	65.4	0.7	7,160	28	673	69.0	0.8	7,361	28	552	56.6	6,095	0.6	28
64 or younger	460	68.0	0.7	5,162	28	494	73.1	0.9	5,471	28	404	59.8	4,490	0.6	28
65-74	457	68.0	0.7	5,146	28	492	73.2	0.9	5,462	28	400	59.5	4,468	0.6	28
75-84	3	75.0	0.9	16	17	2	50.0	1.1	9	22	4	100.0	22	0.4	24
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>	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0
64 or younger	178	59.5	0.7	1,998	28	179	59.9	0.7	1,890	26	148	49.5	1,605	0.5	26
65-74	9	47.4	0.7	102	32	3	15.8	0.5	30	34	22	115.8	252	1.0	39
75-84	67	58.8	0.7	764	24	67	58.8	0.8	734	24	61	53.5	686	0.5	28
85 and older	60	68.2	0.7	674	28	56	63.6	0.8	584	31	39	44.3	396	0.5	19
<b>Male</b>	42	53.8	0.8	458	32	53	67.9	0.6	542	21	26	33.3	271	0.4	18
<b>Disabled</b>	528	70.4	0.7	5,773	33	405	54.0	0.8	4,143	27	435	58.0	4,702	0.7	30
64 or younger	418	71.8	0.7	4,606	33	332	57.0	0.8	3,387	28	342	58.8	3,712	0.7	31
65-74	418	71.9	0.7	4,606	33	331	57.0	0.8	3,375	28	341	58.7	3,700	0.7	31
75-84	0	0.0	0.0	0	0	1	100.0	0.3	12	2	1	100.0	12	0.3	6
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>	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0
64 or younger	110	65.5	0.7	1,167	35	73	43.5	0.7	756	21	93	55.4	990	0.7	30
65-74	20	90.9	0.8	240	43	3	13.6	0.1	36	1	27	122.7	324	1.0	34
75-84	33	63.5	0.6	354	30	24	46.2	0.6	257	12	29	55.8	279	0.6	34
85 and older	34	73.9	0.7	364	29	23	50.0	1.1	236	39	22	47.8	230	0.5	24
<b>Unknown</b>	23	47.9	0.6	209	42	23	47.9	0.6	227	16	15	31.3	157	0.3	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

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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,592 beneficiaries who were in nursing facilities for part of their enrollment and their 15,706 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 ND10C

Nondual Beneficiaries

TABLE ND.10D

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

Beneficiary Characteristics	MISCELLANEOUS GENITOURINARY PRODUCTS					ASSORTED CLASSES						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>319</b>	<b>18.5 %</b>	<b>3,573</b>	<b>0.6</b>	<b>\$85</b>	<b>124</b>	<b>7.2 %</b>	<b>1,389</b>	<b>1.5</b>	<b>\$202</b>	<b>1,725</b>	<b>18,437</b>
<b>Female</b>	147	15.1	1,660	0.5	68	61	6.3	686	1.1	151	975	10,518
<b>Disabled</b>	114	16.9	1,285	0.4	56	48	7.1	530	1.1	154	676	7,329
64 or younger	114	17.0	1,285	0.4	56	48	7.1	530	1.1	154	672	7,310
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	19
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>	33	11.0	375	0.7	108	13	4.3	156	1.3	140	299	3,189
64 or younger	6	31.6	66	2.0	406	7	36.8	84	2.1	249	19	222
65-74	14	12.3	157	0.4	50	5	4.4	60	0.3	16	114	1,244
75-84	9	10.2	106	0.5	54	1	1.1	12	0.3	2	88	904
85 and older	4	5.1	46	0.1	2	0	0.0	0	0.0	0	78	819
<b>Male</b>	172	22.9	1,913	0.7	100	63	8.4	703	1.8	252	750	7,919
<b>Disabled</b>	139	23.9	1,551	0.7	93	49	8.4	535	1.9	275	582	6,191
64 or younger	139	23.9	1,551	0.7	93	49	8.4	535	1.9	275	581	6,179
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
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>	33	19.6	362	0.8	127	14	8.3	168	1.7	178	168	1,728
64 or younger	10	45.5	120	1.7	322	14	63.6	168	1.7	178	22	264
65-74	8	15.4	91	0.5	33	0	0.0	0	0.0	0	52	576
75-84	11	23.9	105	0.4	41	0	0.0	0	0.0	0	46	447
85 and older	4	8.3	46	0.2	5	0	0.0	0	0.0	0	48	441
<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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,592 beneficiaries who were in nursing facilities for part of their enrollment and their 15,706 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 ND.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG NONDUALS, 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 Part D Excluded		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Nondual Rx \$		Total Number of Beneficiaries
				Part D Excluded Rx	Rx \$ per Beneficiary			Excluded Rx	All Nondual Rx \$	
All	166,449	27.6 %	1.2	707,985	\$17	\$10,261,848	\$14	3.5 %	603,926	
<b>Age</b>										
5 and younger	53,102	32.3	0.7	121,863	12	2,013,935	17	9.8	164,238	
6-14	38,032	21.0	0.5	83,578	9	1,540,897	18	3.0	180,984	
15-20	16,947	20.5	0.6	46,677	9	755,897	16	2.1	82,540	
21-44	38,251	27.7	1.6	217,418	20	2,773,832	13	3.1	137,990	
45-64	18,654	52.5	6.0	212,567	83	2,965,168	14	3.5	35,526	
65-74	858	53.9	8.2	13,099	72	114,303	9	3.6	1,592	
75-84	384	52.9	9.9	7,152	85	61,917	9	4.6	726	
85 and older	221	67.0	17.1	5,631	109	35,899	6	6.2	330	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	1,560	53.5	9.0	26,202	74	217,146	8	4.1	2,916	
Disabled	34,479	50.6	5.3	362,776	79	5,410,500	15	3.2	68,173	
Adults	29,531	22.5	0.8	103,658	9	1,234,260	12	3.7	131,225	
Children	100,879	25.1	0.5	215,349	8	3,399,942	16	4.2	401,612	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Gender</b>										
Female	100,202	28.5	1.3	451,448	18	6,219,897	14	3.9	351,740	
Male	66,247	26.3	1.0	256,537	16	4,041,951	16	3.1	252,186	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	140,788	31.0	1.3	607,410	20	8,936,212	15	3.6	453,534	
African American	18,156	16.8	0.7	78,345	9	1,013,194	13	3.1	108,209	
Other/unknown	7,505	17.8	0.5	22,230	7	312,442	14	4.3	42,183	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	1,687	97.8	37.8	65,163	362	624,150	10	6.4	1,725	
Part year	1,514	95.1	19.4	30,810	233	370,205	12	4.6	1,592	
None	163,248	27.2	1.0	612,012	15	9,267,493	15	3.4	600,609	
<b>Maintenance Assistance Status</b>										
Cash	76,184	31.2	1.9	454,819	26	6,402,166	14	3.4	243,825	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	57,179	23.1	0.5	118,526	8	1,914,494	16	3.8	247,506	
Other/unknown	33,086	29.4	1.2	134,640	17	1,945,188	14	3.8	112,595	

Table ND11

Nondual 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 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 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 ND.12

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

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$2	\$14	\$0	\$1	4,473,771
<b>Age</b>						
5 and younger	0.1	2	17	0	0	1,192,911
6-14	0.1	1	18	0	0	1,445,838
15-20	0.1	1	16	0	0	612,653
21-44	0.2	3	13	0	1	870,211
45-64	0.7	9	14	0	3	325,552
65-74	0.8	7	9	0	1	16,349
75-84	1.0	9	9	0	1	7,220
85 and older	1.9	12	6	0	2	3,037
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.9	8	8	0	1	28,594
Disabled	0.5	8	15	0	3	661,226
Adults	0.1	2	12	0	1	728,006
Children	0.1	1	16	0	0	3,055,945
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.2	2	14	0	1	2,539,988
Male	0.1	2	16	0	0	1,933,783
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.2	2	15	0	1	3,638,816
African American	0.1	2	13	0	0	597,031
Other/unknown	0.1	1	14	0	0	237,924
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	3.5	34	10	1	7	18,437
Part year	2.0	24	12	0	4	15,706
None	0.1	2	15	0	1	4,439,628
<b>Maintenance Assistance Status</b>						
Cash	0.3	4	14	0	1	1,761,303
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	16	0	0	1,905,031
Other/unknown	0.2	2	14	0	1	807,437

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

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D	
			Total Rx \$	Excluded Rx \$			Excluded Rx	Excluded Rx
<b>All</b>	<b>217,664</b>	<b>\$47</b>	<b>\$10,261,848</b>	<b>100.0 %</b>	<b>707,985</b>	<b>\$14</b>	<b>100.0 %</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0.0
Fertility drugs	10	76	758	0.0	12	63	0.0	0.0
Drugs for cosmetic purposes	216	14	2,969	0.0	285	10	0.0	0.0
Cough and cold medications	113,519	36	4,036,845	39.3	218,543	18	30.9	30.9
Vitamins and minerals	9,551	111	1,057,252	10.3	48,399	22	6.8	6.8
Non-prescription drugs	57,470	26	1,513,453	14.7	224,069	7	31.6	31.6
Barbiturates	1,571	72	112,940	1.1	13,126	9	1.9	1.9
Benzodiazepines	30,432	81	2,461,000	24.0	188,671	13	26.6	26.6
Other Part D Excl Rx Drugs	4,895	220	1,076,631	10.5	14,880	72	2.1	2.1

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND11.
- b. Includes OTC drugs as well as prescription drugs.
- c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1

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

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
<b>All</b>	<b>794,204</b>	<b>2,929</b>	<b>73,537</b>	<b>162,832</b>	<b>554,906</b>	<b>7,389,742</b>	<b>28,789</b>	<b>749,144</b>	<b>1,283,179</b>	<b>5,328,630</b>	<b>0</b>
<b>Age</b>											
5 and younger	230,143	0	2,842	0	227,301	2,140,594	0	31,096	0	2,109,498	0
6-14	248,476	0	7,572	14	240,890	2,495,153	0	83,866	117	2,411,170	0
15-20	107,819	9	4,576	16,601	86,633	990,194	52	48,308	134,223	807,611	0
21-44	167,135	156	27,749	139,151	79	1,375,217	1,178	279,577	1,094,117	345	0
45-64	37,969	150	30,755	7,061	3	361,764	1,080	306,002	54,676	6	0
65-74	1,604	1,556	43	5	0	16,539	16,198	295	46	0	0
75-84	728	728	0	0	0	7,244	7,244	0	0	0	0
85 and older	330	330	0	0	0	3,037	3,037	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	459,782	2,071	40,154	143,584	273,973	4,233,659	20,514	415,696	1,160,500	2,636,949	0
Male	334,422	858	33,383	19,248	280,933	3,156,083	8,275	333,448	122,679	2,691,681	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	537,851	1,736	56,483	113,189	366,443	4,926,526	16,834	573,857	865,510	3,470,325	0
African American	191,412	525	14,561	40,807	135,519	1,877,329	5,323	150,308	350,364	1,371,334	0
Other/unknown	64,941	668	2,493	8,836	52,944	585,887	6,632	24,979	67,305	486,971	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	1,725	426	1,258	0	41	18,437	4,431	13,520	0	486	0
Part year	1,592	189	1,362	22	19	15,811	1,734	13,674	216	187	0
None	790,887	2,314	70,917	162,810	554,846	7,355,494	22,624	721,950	1,282,963	5,327,957	0
<b>Maintenance Assistance Status</b>											
Cash	326,372	1,607	54,056	106,903	163,806	3,159,603	17,324	582,588	879,412	1,680,279	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	320,861	289	12	20,672	299,888	3,015,474	2,263	103	126,534	2,886,574	0
Other/unknown	146,971	1,033	19,469	35,257	91,212	1,214,665	9,202	166,453	277,233	761,777	0
<b>Managed Care (MC) Status</b>											
Fee-for-service (FFS) all year	437,575	2,909	63,782	83,985	286,899	3,894,196	28,550	641,224	583,929	2,640,493	0
FFS part year, with Rx claims	57,645	7	2,610	21,614	33,414	575,472	84	29,170	196,235	349,983	0
FFS part year, no Rx claims	108,706	0	1,781	25,626	81,299	1,017,796	0	18,119	211,785	787,892	0
MC all year, with Rx claims	1,022	0	22	332	668	9,116	0	236	2,769	6,111	0
MC all year, no Rx claims	189,256	13	5,342	31,275	152,626	1,893,162	155	60,395	288,461	1,544,151	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 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 NONDUAL BENEFICIARIES, INDIANA, 2003

	Beneficiaries and			Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1	Included in Cell K of Table 1	Number of Beneficiaries	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>794,204</b>	<b>7,389,742</b>	<b>603,926</b>	<b>4,473,771</b>	<b>2,915,971</b>
Fee-for-service (FFS) all year	437,575	3,894,196	437,575	3,894,196	0
FFS part year, with Rx claims	57,645	575,472	57,645	252,696	322,776
FFS part year, with no Rx claims	108,706	1,017,796	108,706	326,879	690,917
Managed care (MC) all year, with Rx claims	1,022	9,116	0	0	9,116
MC all year, with no Rx claims	189,256	1,893,162	0	0	1,893,162

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.