

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

## LIST OF TABLES

### **OVERVIEW OF STUDY POPULATION**

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

### **FOR ALL MEDICAID BENEFICIARIES**

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

### **FOR ALL NONDUAL BENEFICIARIES**

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

### **FOR DUAL ELIGIBLE BENEFICIARIES**

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

### **SUPPLEMENTAL TABLES**

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

### **APPENDIX TABLES**

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

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

TABLE D.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, OHIO, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>253,886</b>	<b>141,183</b>	<b>108,675</b>	<b>3,961</b>	<b>67</b>	<b>0</b>	<b>2,548,386</b>	<b>1,381,945</b>	<b>1,137,390</b>	<b>28,469</b>	<b>582</b>	<b>0</b>
<b>Age</b>												
5 and younger	10	0	6	0	4	0	102	0	72	0	30	0
6-14	27	0	21	0	6	0	288	0	236	0	52	0
15-20	415	0	373	12	30	0	4,094	0	3,781	63	250	0
21-44	46,935	0	44,190	2,718	27	0	487,602	0	467,709	19,643	250	0
45-64	64,966	0	63,914	1,052	0	0	671,496	0	663,865	7,631	0	0
65-74	51,206	50,877	171	158	0	0	517,204	514,482	1,727	995	0	0
75-84	51,060	51,039	0	21	0	0	503,010	502,873	0	137	0	0
85 and older	39,260	39,260	0	0	0	0	364,544	364,544	0	0	0	0
Unknown	7	7	0	0	0	0	46	46	0	0	0	0
<b>Gender</b>												
Female	162,478	105,024	55,433	1,993	28	0	1,648,059	1,045,602	588,282	13,923	252	0
Male	91,408	36,159	53,242	1,968	39	0	900,327	336,343	549,108	14,546	330	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	195,737	110,629	81,940	3,119	49	0	1,956,862	1,072,033	860,834	23,575	420	0
African American	52,958	27,405	24,791	747	15	0	538,386	277,479	256,469	4,295	143	0
Other/unknown	5,191	3,149	1,944	95	3	0	53,138	32,433	20,087	599	19	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	51,835	46,771	5,064	0	0	0	510,664	456,304	54,360	0	0	0
Part year	20,546	16,780	3,750	16	0	0	188,270	149,935	38,190	145	0	0
None	181,505	77,632	99,861	3,945	67	0	1,849,452	775,706	1,044,840	28,324	582	0
<b>Maintenance Assistance Status</b>												
Cash	73,498	29,401	43,870	227	0	0	829,178	335,133	492,267	1,778	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	25,456	12,492	12,730	220	14	0	253,725	126,553	125,980	1,100	92	0
Other/unknown	154,932	99,290	52,075	3,514	53	0	1,465,483	920,259	519,143	25,591	490	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	227,293	128,039	95,283	3,904	67	0	2,269,770	1,242,538	998,660	27,990	582	0
Full dual, part year	26,593	13,144	13,392	57	0	0	278,616	139,407	138,730	479	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	252,026	141,151	107,690	3,122	63	0	2,539,375	1,381,780	1,131,788	25,242	565	0
FFS part year, with Rx claims	1,275	19	696	558	2	0	6,944	103	4,365	2,462	14	0
FFS part year, no Rx claims	585	13	289	281	2	0	2,067	62	1,237	765	3	0

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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 2004. 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, OHIO, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>85.2 %</b>	<b>58.3</b>	<b>\$3,541</b>	<b>\$61</b>	<b>\$21,026</b>	<b>16.8 %</b>	<b>253,886</b>
<b>Age</b>							
5 and younger	90.0	53.1	3,260	61	50,050	6.5	10
6-14	92.6	65.4	11,549	177	42,006	27.5	27
15-20	77.6	24.5	3,019	123	13,363	22.6	415
21-44	83.8	42.1	3,687	88	16,224	22.7	46,935
45-64	85.0	63.7	4,460	70	20,613	21.6	64,966
65-74	80.8	60.8	3,343	55	15,960	20.9	51,206
75-84	85.8	63.2	3,131	50	23,687	13.2	51,060
85 and older	92.2	59.6	2,635	44	30,660	8.6	39,260
Unknown	57.1	25.7	914	36	13,624	6.7	7
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	85.8	61.4	3,072	50	22,861	13.4	141,183
Disabled	84.7	55.5	4,204	76	19,238	21.9	108,675
Adults	77.6	27.0	2,036	75	4,888	41.7	3,961
Children	61.2	24.5	3,529	144	8,387	42.1	67
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	87.0	62.9	3,570	57	21,155	16.9	162,478
Male	81.9	50.2	3,488	70	20,798	16.8	91,408
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	86.2	61.5	3,722	61	22,249	16.7	195,737
African American	81.7	48.0	2,941	61	17,401	16.9	52,958
Other/unknown	84.2	43.4	2,826	65	11,898	23.8	5,191
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	97.9	84.4	4,250	50	46,153	9.2	51,835
Part year	95.8	67.3	3,550	53	28,391	12.5	20,546
None	80.3	49.9	3,337	67	13,017	25.6	181,505
<b>Maintenance Assistance Status</b>							
Cash	91.3	58.7	3,769	64	12,288	30.7	73,498
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	30.2	7.6	510	67	1,740	29.3	25,456
Other/unknown	91.3	66.5	3,930	59	28,341	13.9	154,932

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

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, OHIO, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
<b>All</b>	<b>5.8</b>	<b>\$353</b>	<b>16.8 %</b>	<b>14.8 %</b>	<b>10.6 %</b>	<b>7.3 %</b>	<b>23.2 %</b>	<b>29.1 %</b>	<b>15.0 %</b>	<b>\$2,095</b>	<b>253,886</b>	<b>2,548,386</b>
<b>Age</b>												
5 and younger	5.2	320	6.5	10.0	10.0	10.0	30.0	30.0	10.0	4,907	10	102
6-14	6.1	1,083	27.5	7.4	3.7	7.4	40.7	25.9	14.8	3,938	27	288
15-20	2.5	306	22.6	22.4	31.3	10.4	23.6	9.6	2.7	1,355	415	4,094
21-44	4.0	355	22.7	16.2	21.9	11.2	24.7	18.5	7.6	1,562	46,935	487,602
45-64	6.2	432	21.6	15.0	9.9	7.1	22.7	28.3	17.0	1,994	64,966	671,496
65-74	6.0	331	20.9	19.2	8.3	6.3	21.0	28.4	16.7	1,580	51,206	517,204
75-84	6.4	318	13.2	14.2	6.3	5.6	22.3	33.7	17.8	2,404	51,060	503,010
85 and older	6.4	284	8.6	7.8	6.4	6.3	26.3	38.2	15.1	3,302	39,260	364,544
Unknown	3.9	139	6.7	42.9	0.0	0.0	28.6	28.6	0.0	2,073	7	46
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	6.3	314	13.4	14.2	7.1	6.0	23.0	33.1	16.7	2,336	141,183	1,381,945
Disabled	5.3	402	21.9	15.3	14.7	8.7	23.6	24.5	13.3	1,838	108,675	1,137,390
Adults	3.8	283	41.7	22.4	22.0	11.9	23.0	15.3	5.4	680	3,961	28,469
Children	2.8	406	42.1	38.8	19.4	3.0	16.4	16.4	6.0	966	67	582
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	6.2	352	16.9	13.0	8.8	6.8	23.4	31.4	16.7	2,086	162,478	1,648,059
Male	5.1	354	16.8	18.1	13.8	8.2	22.8	25.0	12.2	2,112	91,408	900,327
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	6.2	372	16.7	13.8	9.4	6.8	22.8	30.6	16.7	2,226	195,737	1,956,862
African American	4.7	289	16.9	18.3	14.4	8.8	24.4	24.4	9.8	1,712	52,958	538,386
Other/unknown	4.2	276	23.8	15.8	15.8	11.1	28.6	21.5	7.1	1,162	5,191	53,138
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	8.6	431	9.2	2.1	2.9	3.7	20.2	42.4	28.7	4,685	51,835	510,664
Part year	7.3	387	12.5	4.2	5.9	6.6	25.3	38.1	19.9	3,098	20,546	188,270
None	4.9	328	25.6	19.7	13.3	8.4	23.8	24.3	10.6	1,278	181,505	1,849,452
<b>Maintenance Assistance Status</b>												
Cash	5.2	334	30.7	8.7	16.0	9.7	27.0	27.0	11.6	1,089	73,498	829,178
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.8	51	29.3	69.8	13.9	5.1	7.3	3.2	0.7	175	25,456	253,725
Other/unknown	7.0	416	13.9	8.7	7.4	6.5	24.0	34.3	19.0	2,996	154,932	1,465,483

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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, OHIO, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	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>5.8</b>	<b>\$353</b>	<b>\$61</b>	<b>2.4</b>	<b>\$274</b>	<b>\$114</b>	<b>0.4</b>	<b>\$30</b>	<b>\$67</b>	<b>2.9</b>	<b>\$49</b>	<b>\$17</b>
<b>Age</b>												
5 and younger	5.2	320	61	2.3	204	88	0.7	68	95	2.0	44	22
6-14	6.1	1,083	177	2.7	879	330	0.9	104	110	2.4	56	23
15-20	2.5	306	123	1.2	263	228	0.2	21	88	1.1	22	20
21-44	4.0	355	88	1.8	283	161	0.3	33	99	1.9	39	20
45-64	6.2	432	70	2.6	335	129	0.5	40	86	3.1	56	18
65-74	6.0	331	55	2.5	257	102	0.4	25	61	3.1	48	16
75-84	6.4	318	50	2.6	244	94	0.5	23	48	3.3	50	15
85 and older	6.4	284	44	2.4	212	87	0.5	22	41	3.4	50	15
Unknown	3.9	139	36	1.3	107	79	0.3	11	37	2.3	22	10
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	6.3	314	50	2.5	241	95	0.5	23	50	3.2	49	15
Disabled	5.3	402	76	2.3	315	140	0.4	37	90	2.6	49	19
Adults	3.8	283	75	1.6	218	139	0.3	33	122	1.9	32	17
Children	2.8	406	144	1.3	329	250	0.3	42	133	1.2	35	30
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	6.2	352	57	2.6	272	106	0.5	29	62	3.1	50	16
Male	5.1	354	70	2.1	277	131	0.4	30	80	2.6	46	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	6.2	372	61	2.5	288	113	0.5	32	67	3.1	52	17
African American	4.7	289	61	1.9	227	117	0.3	21	70	2.5	41	17
Other/unknown	4.2	276	65	1.9	224	117	0.3	18	68	2.1	34	17
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	8.6	431	50	3.3	326	98	0.7	33	47	4.5	71	16
Part year	7.3	387	53	2.8	291	103	0.6	32	54	3.9	63	16
None	4.9	328	67	2.1	257	122	0.3	28	81	2.4	41	17
<b>Maintenance Assistance Status</b>												
Cash	5.2	334	64	2.2	263	118	0.3	27	78	2.6	44	17
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.8	51	67	0.3	40	124	0.1	5	83	0.4	6	16
Other/unknown	7.0	416	59	2.9	320	112	0.6	35	63	3.6	59	17

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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 Ohio, 0.5 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.medispn.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, OHIO, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$35	\$27	\$4	\$3	\$84	\$155	\$93	\$16	614,419	\$51,594,236	137,980	54.3 %	1,483,573
Biologicals	0.1	0.0	0.0	0.1	49	6	2	41	428	155	156	638	2,031	869,587	1,612	0.6	17,878
Antineoplastic Agents	0.5	0.1	0.0	0.4	72	46	2	24	131	424	191	57	55,451	7,283,147	10,136	4.0	100,955
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.5	50	41	3	6	45	84	20	12	1,347,959	60,501,127	114,281	45.0	1,214,524
Cardiovascular Agents	2.1	0.7	0.1	1.3	74	54	3	17	35	77	40	13	3,443,968	121,962,424	157,682	62.1	1,647,428
Respiratory Agents	0.9	0.5	0.0	0.4	48	41	0	7	55	81	41	19	1,039,312	57,573,337	110,213	43.4	1,188,637
Gastrointestinal Agents	0.9	0.5	0.0	0.4	78	67	2	9	85	132	39	24	1,164,729	98,428,429	119,457	47.1	1,268,684
Genitourinary Agents	0.6	0.4	0.1	0.1	38	32	4	1	66	81	49	16	280,839	18,506,307	45,673	18.0	491,304
CNS Drugs	1.6	0.8	0.1	0.7	137	111	12	14	85	146	82	20	2,485,954	211,501,676	147,482	58.1	1,548,734
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.1	0.3	56	42	6	7	81	130	108	24	21,237	1,717,819	2,833	1.1	30,544
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	124	123	0	1	159	162	107	49	214,902	34,117,774	26,798	10.6	274,722
Analgesics and Anesthetics	1.0	0.3	0.0	0.6	53	39	4	9	55	128	461	14	1,404,131	77,015,798	137,963	54.3	1,459,698
Neuromuscular Agents	1.1	0.4	0.2	0.5	83	48	23	12	74	133	105	22	1,032,973	76,450,270	85,170	33.5	918,013
Nutritional Products	0.7	0.0	0.1	0.6	13	1	2	10	18	84	25	17	419,977	7,755,813	59,549	23.5	619,248
Hematological Agents	0.9	0.3	0.1	0.5	63	52	5	6	69	164	48	12	542,848	37,545,359	58,094	22.9	600,545
Topical Products	0.5	0.2	0.1	0.2	24	17	3	5	46	74	50	19	617,706	28,520,196	107,343	42.3	1,167,654
Miscellaneous Products	0.4	0.1	0.0	0.3	47	30	7	11	114	402	222	34	48,274	5,518,834	11,552	4.6	117,089
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	11	0	0	0	27	0	0	0	74,007	2,018,964	17,537	6.9	191,995
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>14,810,717</b>	<b>898,881,097</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

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.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 Ohio, 0.5 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 2004.

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

TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$131,158,213	83,696	33.0 %	905,900	0.8	\$175	\$145
ULCER DRUGS	82,398,262	119,881	47.2	1,287,200	0.7	96	64
ANTIDEPRESSANTS	66,154,662	142,615	56.2	1,521,574	0.7	61	43
ANTICONVULSANT	63,744,583	76,418	30.1	830,365	0.9	88	77
ANTIHYPERLIPIDEMIC	51,723,896	77,793	30.6	852,059	0.7	87	61
ANTIDIABETIC	40,989,486	95,098	37.5	1,018,475	0.8	53	40
ANTIASTHMATIC	37,703,599	114,821	45.2	1,235,561	0.5	62	31
ANALGESICS - Narcotic	36,537,137	164,459	64.8	1,760,290	0.5	44	21
NEUROLOGICAL	34,616,514	33,354	13.1	347,876	0.6	155	100
ANALGESICS - ANTI-INFLAMMATORY	30,329,196	82,919	32.7	915,535	0.5	72	33
Total	575,355,548	991,054		10,674,835	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

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

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

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; 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, OHIO, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>6,873,755</b>	<b>\$575,355,548</b>	<b>83,696</b>	<b>33.0 %</b>	<b>905,900</b>	<b>0.8</b>	<b>\$145</b>	<b>119,881</b>	<b>47.2 %</b>	<b>1,287,200</b>	<b>0.7</b>	<b>\$64</b>
<b>Female</b>	4,620,612	370,480,711	48,787	30.0	527,031	0.8	128	83,526	51.4	902,224	0.7	64
<b>Disabled</b>	1,796,511	167,959,353	22,990	41.5	259,401	0.8	154	29,137	52.6	325,788	0.6	64
5 and younger	11	1,573	0	0.0	0	0.0	0	1	50.0	12	0.8	103
6-14	103	10,166	1	12.5	12	0.8	180	5	62.5	60	0.5	81
15-20	1,905	195,361	56	34.6	623	0.8	128	39	24.1	428	0.4	36
21-44	515,869	53,113,752	9,741	48.9	109,808	0.7	148	8,357	41.9	94,204	0.5	56
45-64	1,275,060	114,377,395	13,177	37.4	148,807	0.9	158	20,669	58.7	230,394	0.6	68
65-74	3,563	261,106	15	14.3	151	0.6	127	66	62.9	690	0.6	57
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>	2,824,090	202,521,112	25,797	24.1	267,630	0.7	103	54,389	50.8	576,436	0.7	64
5 and younger	9	1,158	0	0.0	0	0.0	0	1	100.0	12	0.5	31
6-14	27	661	0	0.0	0	0.0	0	1	33.3	12	0.9	13
15-20	212	21,294	7	29.2	39	0.6	96	9	37.5	73	0.7	64
21-44	20,863	2,023,063	416	27.6	3,789	0.5	98	447	29.7	4,174	0.4	47
45-64	6,867	584,599	70	17.9	618	0.5	99	162	41.4	1,466	0.5	60
65-74	995,299	74,744,047	6,358	18.7	70,002	0.8	124	17,963	52.8	198,848	0.7	66
75-84	1,051,476	74,693,061	9,773	25.6	101,685	0.8	105	19,617	51.4	209,206	0.7	64
85 and older	749,337	50,453,229	9,173	27.8	91,497	0.7	84	16,189	49.1	162,645	0.7	61
<b>Male</b>	2,253,143	204,874,837	34,909	38.2	378,869	0.9	169	36,355	39.8	384,976	0.7	64
<b>Disabled</b>	1,361,610	138,915,706	25,100	47.1	281,334	0.9	186	19,385	36.4	212,398	0.7	65
5 and younger	52	3,873	0	0.0	0	0.0	0	4	100.0	48	0.8	67
6-14	164	10,301	0	0.0	0	0.0	0	10	76.9	111	0.7	52
15-20	2,484	303,575	86	40.8	934	0.8	161	52	24.6	593	0.5	37
21-44	532,874	59,455,869	12,693	52.3	142,495	0.9	181	7,343	30.3	82,128	0.6	60
45-64	824,022	78,984,048	12,313	42.9	137,839	1.0	192	11,936	41.6	129,067	0.7	68
65-74	2,014	158,040	8	12.1	66	1.1	221	40	60.6	451	0.7	67
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>	891,438	65,955,226	9,809	25.7	97,535	0.8	118	16,969	44.5	172,566	0.7	64
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	45	6,783	1	33.3	12	1.0	194	3	100.0	30	0.6	66
15-20	148	18,000	2	11.1	24	1.0	255	9	50.0	70	0.6	66
21-44	17,174	1,690,647	267	21.6	2,552	0.6	114	360	29.1	3,532	0.5	62
45-64	11,228	1,006,184	83	12.6	805	0.6	136	220	33.3	2,105	0.6	69
65-74	417,968	31,989,972	3,668	21.5	38,658	0.9	145	7,257	42.6	76,967	0.7	66
75-84	310,604	22,156,921	3,782	29.3	37,020	0.8	108	6,101	47.3	61,415	0.7	62
85 and older	134,271	9,086,719	2,006	31.9	18,464	0.7	80	3,019	48.0	28,447	0.7	62
<b>Unknown</b>	106	4,151	0	0.0	0	0.0	0	1	14.3	12	0.2	22

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

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

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.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, OHIO, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>142,615</b>	<b>56.2 %</b>	<b>1,521,574</b>	<b>0.7</b>	<b>\$44</b>	<b>76,418</b>	<b>30.1 %</b>	<b>830,365</b>	<b>0.9</b>	<b>\$77</b>	<b>77,793</b>	<b>30.6 %</b>	<b>852,059</b>	<b>0.7</b>	<b>\$61</b>
<b>Female</b>	100,090	61.6	1,072,437	0.7	43	47,023	28.9	512,388	0.8	72	52,193	32.1	576,334	0.7	61
<b>Disabled</b>	42,725	77.1	474,199	0.7	47	24,757	44.7	277,641	0.9	91	17,873	32.2	199,835	0.7	59
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	2	25.0	24	0.8	72	2	25.0	24	1.0	17	0	0.0	0	0.0	0
6-14	62	38.3	675	0.5	34	48	29.6	521	0.8	89	6	3.7	69	0.2	19
15-20	14,727	73.9	164,228	0.6	45	9,384	47.1	105,262	0.9	100	3,013	15.1	33,930	0.6	51
21-44	27,862	79.1	308,560	0.7	47	15,301	43.4	171,600	0.9	86	14,786	42.0	165,081	0.7	61
45-64	72	68.6	712	0.7	37	22	21.0	234	0.7	66	68	64.8	755	0.7	64
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	57,364	53.6	598,236	0.7	41	22,266	20.8	234,747	0.8	48	34,320	32.1	376,499	0.7	62
<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
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	10	0.2	18
6-14	11	45.8	91	0.7	63	6	25.0	46	0.8	124	2	8.3	13	0.5	34
15-20	989	65.6	8,866	0.5	41	540	35.8	4,834	0.6	89	131	8.7	1,237	0.5	45
21-44	268	68.5	2,401	0.6	42	120	30.7	1,031	0.6	58	117	29.9	1,026	0.5	45
45-64	17,197	50.6	188,577	0.7	40	8,200	24.1	90,354	0.8	55	16,185	47.6	180,525	0.7	63
65-74	20,154	52.8	211,305	0.8	41	8,204	21.5	86,763	0.8	45	12,958	34.0	142,200	0.7	62
75-84	18,745	56.9	186,996	0.8	41	5,196	15.8	51,719	0.8	38	4,926	14.9	51,488	0.7	57
85 and older															
<b>Male</b>	42,525	46.5	449,137	0.7	44	29,395	32.2	317,977	0.9	85	25,600	28.0	275,725	0.7	61
<b>Disabled</b>	26,014	48.9	284,442	0.7	46	20,937	39.3	231,977	1.0	97	14,132	26.5	155,223	0.7	59
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7.7	6	1.3	104
6-14	62	29.4	671	0.5	39	63	29.9	701	0.9	114	8	3.8	96	0.5	46
15-20	11,641	48.0	128,844	0.7	46	9,798	40.4	109,487	0.9	102	4,105	16.9	46,405	0.6	53
21-44	14,296	49.8	154,780	0.7	46	11,065	38.6	121,707	1.0	92	9,989	34.8	108,398	0.7	62
45-64	15	22.7	147	0.5	23	11	16.7	82	0.6	27	29	43.9	318	0.9	87
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older															
<b>Other Eligibles</b>	16,509	43.3	164,680	0.7	41	8,456	22.2	85,985	0.8	54	11,467	30.0	120,490	0.7	62
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	1	33.3	12	1.1	205	0	0.0	0	0.0	0
6-14	3	16.7	36	0.7	72	2	11.1	24	0.5	27	1	5.6	6	0.8	59
15-20	563	45.5	5,201	0.6	42	337	27.2	3,159	0.6	77	224	18.1	2,166	0.5	47
21-44	311	47.0	2,843	0.6	40	162	24.5	1,499	0.7	78	229	34.6	2,058	0.6	54
45-64	6,231	36.6	65,424	0.7	41	3,876	22.7	41,324	0.9	60	6,481	38.0	69,977	0.7	64
65-74	5,967	46.3	59,165	0.8	41	2,922	22.7	29,231	0.8	48	3,651	28.3	37,669	0.7	62
75-84	3,434	54.5	32,011	0.8	39	1,156	18.4	10,736	0.8	40	881	14.0	8,614	0.7	56
85 and older															
<b>Unknown</b>	3	42.9	17	0.8	49	2	28.6	15	1.3	11	1	14.3	12	0.7	68

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

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

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.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, OHIO, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>95,098</b>	<b>37.5 %</b>	<b>1,018,475</b>	<b>0.8</b>	<b>\$40</b>	<b>114,821</b>	<b>45.2 %</b>	<b>1,235,561</b>	<b>0.5</b>	<b>\$31</b>	<b>164,459</b>	<b>64.8 %</b>	<b>1,760,290</b>	<b>0.5</b>	<b>\$21</b>
<b>Female</b>	65,781	40.5	711,661	0.8	40	79,670	49.0	865,532	0.5	30	114,150	70.3	1,231,387	0.5	19
<b>Disabled</b>	20,567	37.1	227,427	0.7	46	30,523	55.1	340,792	0.5	33	48,259	87.1	537,919	0.4	22
5 and younger	0	0.0	0	0.0	0	2	100.0	24	0.1	14	0	0.0	0	0.0	0
6-14	4	2.5	45	0.8	66	3	37.5	36	0.3	26	5	62.5	60	0.2	1
15-20	3,792	19.0	42,427	0.7	44	49	30.2	551	0.3	17	73	45.1	843	0.2	2
21-44	16,689	47.4	184,044	0.7	47	8,410	42.2	95,009	0.4	28	16,828	84.5	187,968	0.4	20
45-64	82	78.1	911	0.8	49	21,972	62.4	244,236	0.5	35	31,263	88.7	348,069	0.5	24
65-74	0	0.0	0	0.0	0	87	82.9	936	0.5	35	90	85.7	979	0.3	10
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>	45,212	42.2	484,230	0.8	37	49,147	45.9	524,740	0.5	28	65,888	61.6	693,462	0.5	17
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.3	66	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	66.7	24	0.6	14	0	0.0	0	0.0	0
15-20	1	4.2	1	1.0	21	7	29.2	57	0.4	17	7	29.2	66	0.1	1
21-44	161	10.7	1,435	0.6	41	476	31.6	4,619	0.4	24	1,237	82.1	11,349	0.4	19
45-64	108	27.6	869	0.6	39	162	41.4	1,540	0.5	37	316	80.8	2,888	0.4	21
65-74	18,840	55.4	208,091	0.8	42	18,533	54.5	205,152	0.5	33	23,396	68.8	259,159	0.5	16
75-84	17,291	45.3	185,016	0.8	35	17,018	44.6	181,844	0.5	28	22,917	60.1	242,797	0.5	17
85 and older	8,811	26.7	88,818	0.8	29	12,948	39.3	131,492	0.4	20	18,015	54.7	177,203	0.6	18
<b>Male</b>	29,317	32.1	306,814	0.8	41	35,151	38.5	370,029	0.5	32	50,309	55.0	528,903	0.5	24
<b>Disabled</b>	13,961	26.2	150,341	0.8	46	16,404	30.8	177,781	0.5	32	30,923	58.1	335,030	0.4	29
5 and younger	0	0.0	0	0.0	0	1	25.0	12	1.0	56	1	25.0	12	0.1	0
6-14	0	0.0	0	0.0	0	10	76.9	99	0.7	39	3	23.1	36	0.1	1
15-20	10	4.7	118	0.8	65	28	13.3	296	0.5	26	72	34.1	751	0.2	1
21-44	3,593	14.8	39,858	0.7	45	5,313	21.9	59,139	0.4	26	13,558	55.9	149,090	0.4	25
45-64	10,309	35.9	109,848	0.8	46	11,001	38.4	117,693	0.5	35	17,245	60.1	184,661	0.5	32
65-74	49	74.2	517	0.8	45	51	77.3	542	0.7	42	44	66.7	480	0.6	44
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>	15,348	40.2	156,395	0.8	37	18,745	49.1	192,233	0.5	31	19,385	50.8	193,861	0.5	16
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	9	0.2	2
15-20	0	0.0	0	0.0	0	3	16.7	36	0.9	64	3	16.7	21	0.2	2
21-44	161	13.0	1,478	0.7	54	325	26.3	3,116	0.4	25	964	77.9	9,111	0.5	36
45-64	240	36.3	2,037	0.7	47	211	31.9	1,828	0.5	32	505	76.4	4,625	0.5	30
65-74	7,616	44.7	80,209	0.8	40	8,788	51.6	93,970	0.6	36	8,919	52.3	94,222	0.5	16
75-84	5,388	41.8	54,031	0.8	34	6,401	49.6	64,677	0.5	28	5,988	46.4	59,062	0.5	13
85 and older	1,943	30.9	18,640	0.8	31	3,017	47.9	28,606	0.5	22	3,005	47.7	26,811	0.5	13
<b>Unknown</b>	10	142.9	82	0.6	20	2	28.6	15	0.3	4	4	57.1	18	0.3	6

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

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

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.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.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, OHIO, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - ANTI-INFLAMMATORY					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Mean Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Mean Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>33,354</b>	<b>13.1 %</b>	<b>347,876</b>	<b>0.6</b>	<b>\$100</b>	<b>82,919</b>	<b>32.7 %</b>	<b>915,535</b>	<b>0.5</b>	<b>\$33</b>	<b>253,886</b>	<b>2,548,386</b>
<b>Female</b>	23,750	14.6	249,422	0.7	102	59,500	36.6	659,670	0.5	36	162,475	1,648,041
<b>Disabled</b>	4,294	7.7	48,461	0.4	156	23,499	42.4	265,242	0.4	25	55,433	588,282
5 and younger	0	0.0	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	0.0	0	8	95
15-20	2	1.2	24	0.1	4	42	25.9	489	0.2	32	162	1,729
21-44	1,296	6.5	14,643	0.4	177	7,864	39.5	88,815	0.3	14	19,922	212,311
45-64	2,992	8.5	33,755	0.4	147	15,534	44.1	175,294	0.4	31	35,234	373,031
65-74	4	3.8	39	0.6	79	59	56.2	644	0.5	33	105	1,092
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>	19,456	18.2	200,961	0.7	89	36,001	33.6	394,428	0.5	43	107,042	1,059,759
5 and younger	0	0.0	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	0.0	0	3	28
15-20	0	0.0	0	0.0	0	3	12.5	28	0.2	1	24	169
21-44	75	5.0	711	0.3	168	528	35.0	4,957	0.3	22	1,507	10,626
45-64	26	6.6	262	0.3	117	145	37.1	1,366	0.4	36	391	2,730
65-74	2,988	8.8	32,241	0.6	80	13,763	40.5	155,486	0.5	43	33,991	350,999
75-84	8,075	21.2	83,584	0.7	90	12,490	32.7	137,766	0.5	45	38,161	384,200
85 and older	8,292	25.2	84,163	0.7	91	9,072	27.5	94,825	0.6	44	32,964	310,995
<b>Male</b>	9,604	10.5	98,454	0.6	93	23,419	25.6	255,865	0.4	26	91,404	900,299
<b>Disabled</b>	3,067	5.8	34,229	0.4	99	13,748	25.8	152,283	0.4	17	53,242	549,108
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	141
15-20	8	3.8	92	0.2	36	29	13.7	317	0.2	3	211	2,052
21-44	1,105	4.6	12,538	0.4	109	6,137	25.3	68,310	0.3	11	24,268	255,398
45-64	1,949	6.8	21,539	0.5	93	7,549	26.3	83,302	0.4	21	28,680	290,834
65-74	5	7.6	60	0.4	28	33	50.0	354	0.4	31	66	635
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>	6,536	17.1	64,222	0.7	89	9,671	25.3	103,582	0.5	38	38,162	351,191
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	18
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	24
15-20	1	5.6	6	0.7	224	0	0.0	0	0.0	0	18	144
21-44	53	4.3	539	0.4	155	361	29.2	3,388	0.3	14	1,238	9,267
45-64	36	5.4	346	0.3	66	205	31.0	1,919	0.4	47	661	4,901
65-74	1,760	10.3	18,411	0.6	82	4,718	27.7	52,253	0.5	38	17,044	164,478
75-84	2,847	22.1	27,691	0.7	91	3,046	23.6	32,628	0.5	39	12,899	118,810
85 and older	1,839	29.2	17,229	0.8	93	1,341	21.3	13,394	0.6	42	6,296	53,549
<b>Unknown</b>	1	14.3	3	0.7	94	0	0.0	0	0.0	0	7	46

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$431</b>	<b>8.6</b>	<b>51,835</b>	<b>510,664</b>
<b>Age</b>				
0-64	700	10.4	5,062	54,344
65-74	544	10.0	7,161	72,554
75-84	427	8.7	17,546	172,454
85 and older	327	7.5	22,063	211,297
Unknown	204	7.5	3	15
<b>Gender</b>				
Female	412	8.5	37,447	372,006
Male	483	8.8	14,388	138,658
Unknown	0	0.0	0	0
<b>Race</b>				
White	430	8.6	44,434	435,993
African American	439	8.1	7,025	70,827
Other/unknown	455	8.4	376	3,844
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	399	8.3	46,771	456,304
Disabled	700	10.4	5,064	54,360
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 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 20,546 beneficiaries who were in nursing facilities for part of their enrollment and their 188,270 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, OHIO, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.2	0.1	0.2	\$23	\$17	\$3	\$3	\$52	\$86	\$65	\$15	168,566	\$8,723,994	35,744	69.0 %	372,229
Biologicals	0.1	0.0	0.0	0.1	9	0	2	7	87	26	139	93	895	78,240	819	1.6	8,847
Antineoplastic Agents	0.6	0.1	0.0	0.5	65	28	2	35	115	356	225	73	21,919	2,509,967	4,055	7.8	38,813
Endocrine/Metabolic Drugs	1.2	0.6	0.2	0.5	48	40	3	5	39	71	16	10	365,352	14,255,933	28,735	55.4	295,712
Cardiovascular Agents	2.3	0.5	0.1	1.6	58	35	3	19	25	65	31	12	947,661	23,856,066	41,166	79.4	414,381
Respiratory Agents	0.8	0.4	0.0	0.4	35	26	0	8	45	73	33	21	213,233	9,601,810	26,189	50.5	273,994
Gastrointestinal Agents	1.1	0.4	0.1	0.6	71	52	2	17	65	116	26	30	362,167	23,514,283	32,243	62.2	330,648
Genitourinary Agents	0.6	0.4	0.1	0.1	38	32	5	2	60	77	41	15	105,923	6,390,350	15,969	30.8	168,247
CNS Drugs	1.9	0.9	0.2	0.7	142	117	13	12	76	123	69	16	774,620	58,814,808	40,764	78.6	413,865
Stimulants/Anti-obesity/Anorexia	1.0	0.2	0.0	0.9	24	13	1	10	23	82	43	12	5,196	119,664	480	0.9	4,969
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	126	126	0	0	135	135	103	36	134,758	18,152,711	14,141	27.3	144,172
Analgesics and Anesthetics	1.2	0.5	0.0	0.7	53	47	1	6	45	93	144	8	359,989	16,296,387	30,272	58.4	305,898
Neuromuscular Agents	1.4	0.3	0.2	0.8	74	36	19	19	55	103	78	25	275,190	15,043,915	19,376	37.4	202,391
Nutritional Products	0.8	0.0	0.1	0.6	13	0	3	10	17	24	27	15	151,747	2,592,858	19,661	37.9	197,659
Hematological Agents	1.1	0.3	0.1	0.7	59	49	3	7	52	148	43	10	217,291	11,306,054	18,874	36.4	190,299
Topical Products	0.7	0.3	0.1	0.3	24	15	3	5	36	59	39	17	225,661	8,135,095	32,375	62.5	342,886
Miscellaneous Products	0.3	0.0	0.0	0.3	7	2	0	5	22	188	198	15	18,949	413,872	5,857	11.3	59,127
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	8	0	0	0	20	0	0	0	23,676	469,954	5,750	11.1	61,207
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4,372,793	220,275,961	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 20,546 beneficiaries who were in nursing facilities for part of their enrollment and their 188,270 benefit months were excluded from the analysis.

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

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

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

In Ohio, 0.5 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, OHIO, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$36,167,413	25,867	49.9 %	273,860	0.9	\$153	\$132
ULCER DRUGS	19,821,702	29,317	56.6	303,768	0.8	82	65
ANTIDEPRESSANTS	19,749,294	39,928	77.0	416,040	0.8	56	47
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	18,186,064	16,443	31.7	170,846	0.8	134	106
ANTICONVULSANT	11,198,556	18,031	34.8	191,544	1.0	59	58
ANTIDIABETIC	8,476,668	23,031	44.4	240,677	0.9	41	35
ANTIHYPERTENSIVE	7,237,604	11,460	22.1	120,885	0.8	74	60
ANALGESICS - ANTI-INFLAMMATORY	7,209,549	14,764	28.5	157,499	0.6	71	46
ANALGESICS - Narcotic	6,929,263	29,566	57.0	298,006	0.7	31	23
MISC. HEMATOLOGICAL	6,837,728	7,656	14.8	79,371	0.8	106	86
Total	141,813,841	216,063		2,252,496	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 20,546 beneficiaries who were in nursing facilities for part of their enrollment and their 188,270 benefit months were excluded from the analysis.

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

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

d. The top 10 drug groups were determined based on total 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.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, OHIO, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,848,799</b>	<b>\$141,813,841</b>	<b>25,867</b>	<b>49.9 %</b>	<b>273,860</b>	<b>0.9</b>	<b>\$132</b>	<b>29,317</b>	<b>56.6 %</b>	<b>303,768</b>	<b>0.8</b>	<b>\$65</b>
<b>Female</b>	1,321,578	98,202,910	17,342	46.3	184,422	0.8	122	21,197	56.6	220,823	0.8	65
<b>Disabled</b>	124,088	11,727,637	1,848	84.3	20,887	1.0	199	1,469	67.0	16,438	0.8	68
64 or younger	124,073	11,726,889	1,846	84.2	20,879	1.0	199	1,468	67.0	16,434	0.8	68
65-74	15	748	2	200.0	8	0.3	25	1	100.0	4	0.5	52
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>	1,197,478	86,474,929	15,494	44.0	163,535	0.8	112	19,728	56.0	204,385	0.8	65
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	205,695	15,814,031	2,700	65.4	29,711	0.9	147	2,653	64.2	28,547	0.8	69
75-84	481,591	35,224,357	6,181	49.2	65,763	0.8	118	7,292	58.1	76,437	0.8	66
85 and older	510,192	35,436,541	6,613	35.6	68,061	0.7	90	9,783	52.7	99,401	0.8	63
<b>Male</b>	527,221	43,610,931	8,525	59.3	89,438	0.9	154	8,120	56.4	82,945	0.8	66
<b>Disabled</b>	143,393	14,345,700	2,524	87.9	28,260	1.1	213	1,716	59.8	18,641	0.8	71
64 or younger	143,349	14,344,210	2,524	87.9	28,260	1.1	213	1,715	59.8	18,629	0.8	71
65-74	44	1,490	0	0.0	0	0.0	0	1	100.0	12	1.0	98
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>	383,771	29,263,276	6,001	52.1	61,178	0.8	126	6,404	55.6	64,304	0.8	65
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	127,036	10,401,450	2,048	67.6	21,911	0.9	160	1,787	59.0	18,696	0.8	67
75-84	167,818	12,510,831	2,556	51.3	25,841	0.8	118	2,787	55.9	27,905	0.8	64
85 and older	88,917	6,350,995	1,397	39.9	13,426	0.7	88	1,830	52.3	17,703	0.8	64
<b>Unknown</b>	69	2,299	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 20,546 beneficiaries who were in nursing facilities for part of their enrollment and their 188,270 benefit months were excluded from the analysis.

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

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

d. The top 10 drug groups were determined based on total 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.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, OHIO, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	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>39,928</b>	<b>77.0 %</b>	<b>416,040</b>	<b>0.8</b>	<b>\$48</b>	<b>16,443</b>	<b>31.7 %</b>	<b>170,846</b>	<b>0.8</b>	<b>\$106</b>	<b>18,031</b>	<b>34.8 %</b>	<b>191,544</b>	<b>1.0</b>	<b>\$59</b>
<b>Female</b>	29,306	78.3	306,950	0.8	47	12,060	32.2	126,539	0.8	106	11,581	30.9	123,273	1.0	55
<b>Disabled</b>	2,067	94.3	23,122	0.9	58	334	15.2	3,763	0.7	317	1,774	80.9	20,005	1.1	90
64 or younger	2,065	94.2	23,114	0.9	58	334	15.2	3,763	0.7	317	1,774	80.9	20,005	1.1	90
65-74	2	200.0	8	0.4	14	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	27,238	77.3	283,826	0.8	46	11,726	33.3	122,776	0.8	99	9,807	27.8	103,268	0.9	48
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	3,728	90.2	40,162	0.9	51	1,126	27.3	11,919	0.8	108	2,283	55.3	24,998	1.0	62
75-84	10,398	82.8	109,498	0.8	47	4,808	38.3	50,531	0.8	100	4,100	32.6	43,427	0.9	47
85 and older	13,112	70.6	134,166	0.8	44	5,792	31.2	60,326	0.8	97	3,424	18.4	34,843	0.9	40
<b>Male</b>	10,622	73.8	109,090	0.8	48	4,383	30.5	44,307	0.8	108	6,450	44.8	68,271	1.0	65
<b>Disabled</b>	2,335	81.3	25,646	0.9	56	436	15.2	4,850	0.7	173	2,332	81.2	26,085	1.2	84
64 or younger	2,335	81.4	25,646	0.9	56	436	15.2	4,850	0.7	173	2,332	81.3	26,085	1.2	84
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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>	8,286	72.0	83,432	0.8	46	3,947	34.3	39,457	0.8	100	4,117	35.8	42,174	1.0	53
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	2,336	77.1	24,417	0.8	49	838	27.7	8,721	0.8	105	1,610	53.2	17,075	1.0	60
75-84	3,613	72.5	36,444	0.8	46	1,842	37.0	18,294	0.8	99	1,741	34.9	17,630	0.9	50
85 and older	2,337	66.7	22,571	0.8	42	1,267	36.2	12,442	0.8	99	766	21.9	7,469	0.9	42
<b>Unknown</b>	2	66.7	14	0.9	59	0	0.0	0	0.0	0	1	33.3	12	1.5	6

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 20,546 beneficiaries who were in nursing facilities for part of their enrollment and their 188,270 benefit months were excluded from the analysis.

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

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

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

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

TABLE 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, OHIO, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY				
	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>23,031</b>	<b>44.4 %</b>	<b>240,677</b>	<b>0.9</b>	<b>\$35</b>	<b>11,460</b>	<b>22.1 %</b>	<b>120,885</b>	<b>0.8</b>	<b>\$60</b>	<b>14,764</b>	<b>28.5 %</b>	<b>157,499</b>	<b>0.6</b>	<b>\$46</b>
<b>Female</b>	16,191	43.2	170,670	0.9	35	7,935	21.2	84,441	0.8	60	11,353	30.3	121,482	0.7	48
<b>Disabled</b>	1,310	59.7	14,565	0.9	43	698	31.8	7,753	0.8	63	740	33.7	8,451	0.6	30
64 or younger	1,309	59.7	14,561	0.9	43	698	31.8	7,753	0.8	63	739	33.7	8,447	0.6	30
65-74	1	100.0	4	0.3	8	0	0.0	0	0.0	0	1	100.0	4	0.3	30
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>	14,879	42.2	156,101	0.9	34	7,237	20.5	76,688	0.8	59	10,613	30.1	113,031	0.7	49
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	2,955	71.5	31,999	0.9	41	1,529	37.0	16,753	0.8	63	1,410	34.1	15,622	0.6	50
75-84	6,541	52.1	69,028	0.9	35	3,310	26.4	35,087	0.8	60	3,879	30.9	41,861	0.7	49
85 and older	5,383	29.0	55,074	0.8	29	2,398	12.9	24,848	0.8	56	5,324	28.7	55,548	0.7	48
<b>Male</b>	6,840	47.5	70,007	0.9	36	3,525	24.5	36,444	0.8	61	3,411	23.7	36,017	0.6	40
<b>Disabled</b>	1,280	44.6	13,947	0.9	43	837	29.2	9,277	0.8	65	676	23.5	7,551	0.6	21
64 or younger	1,277	44.5	13,911	0.9	43	837	29.2	9,277	0.8	65	676	23.6	7,551	0.6	21
65-74	3	300.0	36	0.9	9	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	5,558	48.3	56,036	0.9	35	2,688	23.3	27,167	0.8	59	2,735	23.8	28,466	0.6	45
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	1,862	61.5	19,373	0.9	38	972	32.1	10,278	0.8	63	754	24.9	8,151	0.6	45
75-84	2,546	51.1	25,435	0.8	34	1,275	25.6	12,633	0.8	59	1,194	24.0	12,492	0.6	45
85 and older	1,150	32.8	11,228	0.8	31	441	12.6	4,256	0.8	53	787	22.5	7,823	0.6	44
<b>Unknown</b>	4	133.3	28	1.1	43	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 20,546 beneficiaries who were in nursing facilities for part of their enrollment and their 188,270 benefit months were excluded from the analysis.

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

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

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

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

TABLE 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, OHIO, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC. HEMATOLOGICAL					Benefit Months Among All-Year Nursing Facility Residents	
	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>29,566</b>	<b>57.0 %</b>	<b>298,006</b>	<b>0.7</b>	<b>\$23</b>	<b>7,656</b>	<b>14.8 %</b>	<b>79,371</b>	<b>0.8</b>	<b>\$86</b>	<b>51,835</b>	<b>510,664</b>
<b>Female</b>	22,320	59.6	226,745	0.8	24	5,388	14.4	56,025	0.8	81	37,446	372,004
<b>Disabled</b>	1,570	71.6	17,130	0.9	32	223	10.2	2,439	0.8	84	2,193	23,902
64 or younger	1,568	71.5	17,122	0.9	32	223	10.2	2,439	0.8	84	2,192	23,898
65-74	2	200.0	8	0.8	10	0	0.0	0	0.0	0	1	4
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>	20,747	58.9	209,609	0.8	24	5,164	14.6	53,584	0.8	81	35,253	348,102
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	2,809	68.0	29,882	0.9	27	711	17.2	7,624	0.8	84	4,131	42,614
75-84	7,563	60.2	77,153	0.8	25	1,947	15.5	20,442	0.8	81	12,561	125,568
85 and older	10,375	55.9	102,574	0.7	22	2,506	13.5	25,518	0.8	80	18,561	179,920
<b>Male</b>	7,246	50.4	71,261	0.7	21	2,268	15.8	23,346	0.8	99	14,386	138,645
<b>Disabled</b>	1,560	54.3	16,742	0.8	30	264	9.2	2,849	0.8	242	2,871	30,458
64 or younger	1,560	54.4	16,742	0.8	30	264	9.2	2,849	0.8	242	2,870	30,446
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>	5,686	49.4	54,519	0.6	17	2,004	17.4	20,497	0.8	79	11,515	108,187
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1,566	51.7	15,809	0.7	19	539	17.8	5,753	0.8	83	3,028	29,924
75-84	2,458	49.3	23,556	0.6	17	929	18.6	9,582	0.8	78	4,985	46,886
85 and older	1,662	47.5	15,154	0.6	16	536	15.3	5,162	0.8	76	3,502	31,377
<b>Unknown</b>	3	100.0	6	0.8	16	1	33.3	2	0.5	49	3	15

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 20,546 beneficiaries who were in nursing facilities for part of their enrollment and their 188,270 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>170,152</b>	<b>67.0 %</b>	<b>11.8</b>	<b>2,990,167</b>	<b>\$121</b>	<b>\$30,828,616</b>	<b>\$10</b>	<b>3.4 %</b>	<b>253,886</b>
<b>Age</b>									
5 and younger	7	70.0	9.6	96	187	1,868	19	5.7	10
6-14	20	74.1	16.0	432	407	10,993	25	3.5	27
15-20	169	40.7	3.9	1,612	61	25,129	16	2.0	415
21-44	24,904	53.1	6.3	295,928	101	4,748,776	16	2.7	46,935
45-64	42,512	65.4	11.0	711,992	131	8,533,836	12	2.9	64,966
65-74	32,561	63.6	10.8	553,827	112	5,710,260	10	3.3	51,206
75-84	37,260	73.0	14.3	729,025	123	6,287,649	9	3.9	51,060
85 and older	32,715	83.3	17.8	697,161	140	5,509,483	8	5.3	39,260
Unknown	4	57.1	13.4	94	89	622	7	9.7	7
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	102,361	72.5	14.0	1,978,181	124	17,482,929	9	4.0	141,183
Disabled	66,016	60.7	9.2	1,000,140	121	13,155,831	13	2.9	108,675
Adults	1,755	44.3	2.9	11,622	47	186,366	16	2.3	3,961
Children	20	29.9	3.3	224	52	3,490	16	1.5	67
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	116,160	71.5	13.0	2,112,885	132	21,528,301	10	3.7	162,478
Male	53,992	59.1	9.6	877,282	102	9,300,315	11	2.9	91,408
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	134,527	68.7	12.6	2,465,011	130	25,476,814	10	3.5	195,737
African American	32,620	61.6	9.3	490,169	94	4,959,549	10	3.2	52,958
Other/unknown	3,005	57.9	6.7	34,987	76	392,253	11	2.7	5,191
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	48,911	94.4	25.2	1,308,343	208	10,780,455	8	4.9	51,835
Part year	18,393	89.5	15.5	317,961	161	3,304,220	10	4.5	20,546
None	102,848	56.7	7.5	1,363,863	92	16,743,941	12	2.8	181,505
<b>Maintenance Assistance Status</b>									
Cash	48,368	65.8	8.9	653,981	109	8,001,240	12	2.9	73,498
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	4,050	15.9	0.9	22,860	12	296,693	13	2.3	25,456
Other/unknown	117,734	76.0	14.9	2,313,326	145	22,530,683	10	3.7	154,932

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004.

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

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

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

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

TABLE 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>  
OHIO, 2004

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
<b>All</b>	<b>1.2</b>	<b>\$12</b>	<b>\$10</b>	<b>\$0</b>	<b>\$3</b>	<b>2,548,386</b>
<b>Age</b>						
5 and younger	0.9	18	19	0	0	102
6-14	1.5	38	25	0	0	288
15-20	0.4	6	16	0	2	4,094
21-44	0.6	10	16	0	3	487,602
45-64	1.1	13	12	0	3	671,496
65-74	1.1	11	10	0	2	517,204
75-84	1.4	13	9	0	2	503,010
85 and older	1.9	15	8	0	2	364,544
Unknown	2.0	14	7	0	1	46
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	1.4	13	9	0	2	1,381,945
Disabled	0.9	12	13	0	3	1,137,390
Adults	0.4	7	16	0	2	28,469
Children	0.4	6	16	0	0	582
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	1.3	13	10	0	3	1,648,059
Male	1.0	10	11	0	2	900,327
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	1.3	13	10	0	3	1,956,862
African American	0.9	9	10	0	1	538,386
Other/unknown	0.7	7	11	0	1	53,138
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	2.6	21	8	0	3	510,664
Part year	1.7	18	10	0	3	188,270
None	0.7	9	12	0	2	1,849,452
<b>Maintenance Assistance Status</b>						
Cash	0.8	10	12	0	3	829,178
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	13	0	0	253,725
Other/unknown	1.6	15	10	0	3	1,465,483

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004.

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

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

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

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



TABLE 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>  
OHIO, 2004

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
<b>All</b>	<b>304,808</b>	<b>\$101</b>	<b>\$30,828,616</b>	<b>100.0 %</b>	<b>2,990,167</b>	<b>\$10</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	38,814	75	2,899,055	9.4	113,913	25	3.8
Vitamins and minerals	57,532	113	6,485,940	21.0	405,590	16	13.6
Non-prescription drugs	132,907	93	12,415,545	40.3	1,895,525	7	63.4
Barbiturates	2,520	64	161,218	0.5	30,364	5	1.0
Benzodiazepines	65,062	101	6,553,140	21.3	515,636	13	17.2
Other Part D Excl Rx Drugs	7,973	290	2,313,718	7.5	29,139	79	1.0

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table 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.

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 OHIO, 2004

Total Number of Dual Eligible Beneficiaries	253,886
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$898,881,097
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,541

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	37,595	14.8 %	\$0	0.0 %
1-500	33,231	13.1	6,994,097	0.8
501-1,000	20,118	7.9	14,892,506	1.7
1,001-1,500	16,607	6.5	20,657,965	2.3
1,501-2,000	14,732	5.8	25,762,404	2.9
2,001-2,500	13,536	5.3	30,432,983	3.4
2,501-3,000	12,375	4.9	34,013,030	3.8
3,001-3,500	11,361	4.5	36,908,102	4.1
3,501-4,000	10,518	4.1	39,385,546	4.4
4,001-4,500	9,399	3.7	39,927,613	4.4
4,501-5,000	8,494	3.3	40,332,653	4.5
5,001-5,500	7,889	3.1	41,370,462	4.6
5,501-6,000	6,874	2.7	39,522,281	4.4
6,001-6,500	6,202	2.4	38,740,491	4.3
6,501-7,000	5,522	2.2	37,262,354	4.1
7,001-7,500	4,643	1.8	33,639,851	3.7
7,501-8,000	4,230	1.7	32,768,086	3.6
8,001-8,500	3,656	1.4	30,122,071	3.4
8,501-9,000	3,232	1.3	28,264,728	3.1
9,001-9,500	2,776	1.1	25,650,049	2.9
9,501-10,000	2,457	1.0	23,947,330	2.7
10,001+	18,439	7.3	278,286,495	31.0

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 OHIO, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	108,504
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$456,263,973
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$4,205

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	16,599	15.3 %	0	0.0 %
1-500	15,069	13.9	2,982,213	0.7
501-1,000	7,811	7.2	5,755,412	1.3
1,001-1,500	6,220	5.7	7,727,990	1.7
1,501-2,000	5,475	5.0	9,559,960	2.1
2,001-2,500	4,746	4.4	10,661,207	2.3
2,501-3,000	4,500	4.1	12,354,200	2.7
3,001-3,500	4,117	3.8	13,379,861	2.9
3,501-4,000	3,764	3.5	14,090,795	3.1
4,001-4,500	3,462	3.2	14,702,401	3.2
4,501-5,000	3,202	3.0	15,201,765	3.3
5,001-5,500	3,047	2.8	15,986,616	3.5
5,501-6,000	2,785	2.6	16,007,189	3.5
6,001-6,500	2,551	2.4	15,934,743	3.5
6,501-7,000	2,309	2.1	15,591,362	3.4
7,001-7,500	2,115	1.9	15,319,627	3.4
7,501-8,000	1,944	1.8	15,050,780	3.3
8,001-8,500	1,754	1.6	14,456,647	3.2
8,501-9,000	1,604	1.5	14,033,531	3.1
9,001-9,500	1,439	1.3	13,298,808	2.9
9,501-10,000	1,265	1.2	12,337,298	2.7
10,001+	12,726	11.7	201,831,568	44.2

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 OHIO, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	141,526
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$434,479,464
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$3,070

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	20,154	14.2 %	0	0.0 %
1-500	17,045	12.0	3,814,723	0.9
501-1,000	11,946	8.4	8,872,334	2.0
1,001-1,500	10,133	7.2	12,613,800	2.9
1,501-2,000	9,070	6.4	15,873,679	3.7
2,001-2,500	8,645	6.1	19,445,527	4.5
2,501-3,000	7,740	5.5	21,290,271	4.9
3,001-3,500	7,154	5.1	23,235,605	5.3
3,501-4,000	6,670	4.7	24,981,078	5.7
4,001-4,500	5,870	4.1	24,940,657	5.7
4,501-5,000	5,238	3.7	24,874,988	5.7
5,001-5,500	4,791	3.4	25,115,993	5.8
5,501-6,000	4,035	2.9	23,204,050	5.3
6,001-6,500	3,600	2.5	22,486,900	5.2
6,501-7,000	3,171	2.2	21,388,130	4.9
7,001-7,500	2,493	1.8	18,069,430	4.2
7,501-8,000	2,250	1.6	17,439,217	4.0
8,001-8,500	1,883	1.3	15,509,314	3.6
8,501-9,000	1,606	1.1	14,038,849	3.2
9,001-9,500	1,318	0.9	12,175,680	2.8
9,501-10,000	1,179	0.8	11,483,354	2.6
10,001+	5,535	3.9	73,625,885	16.9

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 <sup>a, b</sup>  
 OHIO, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	51,206
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$171,177,607
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$3,343

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,842	19.2 %	0	0.0 %
1-500	5,386	10.5	1,147,609	0.7
501-1,000	3,464	6.8	2,583,726	1.5
1,001-1,500	2,968	5.8	3,697,701	2.2
1,501-2,000	2,797	5.5	4,891,375	2.9
2,001-2,500	2,721	5.3	6,125,278	3.6
2,501-3,000	2,460	4.8	6,776,069	4.0
3,001-3,500	2,303	4.5	7,493,990	4.4
3,501-4,000	2,215	4.3	8,290,937	4.8
4,001-4,500	1,941	3.8	8,236,981	4.8
4,501-5,000	1,813	3.5	8,612,531	5.0
5,001-5,500	1,706	3.3	8,949,232	5.2
5,501-6,000	1,462	2.9	8,412,895	4.9
6,001-6,500	1,344	2.6	8,398,117	4.9
6,501-7,000	1,225	2.4	8,267,627	4.8
7,001-7,500	1,012	2.0	7,336,376	4.3
7,501-8,000	925	1.8	7,169,876	4.2
8,001-8,500	792	1.5	6,522,985	3.8
8,501-9,000	683	1.3	5,976,445	3.5
9,001-9,500	597	1.2	5,517,353	3.2
9,501-10,000	534	1.0	5,203,030	3.0
10,001+	3,016	5.9	41,567,474	24.3

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 OHIO, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	51,060
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$159,851,683
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$3,131

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,257	14.2 %	0	0.0 %
1-500	5,542	10.9	1,266,941	0.8
501-1,000	4,094	8.0	3,035,900	1.9
1,001-1,500	3,602	7.1	4,482,594	2.8
1,501-2,000	3,242	6.3	5,688,763	3.6
2,001-2,500	3,148	6.2	7,079,386	4.4
2,501-3,000	2,795	5.5	7,686,581	4.8
3,001-3,500	2,599	5.1	8,440,043	5.3
3,501-4,000	2,522	4.9	9,460,265	5.9
4,001-4,500	2,251	4.4	9,571,992	6.0
4,501-5,000	2,008	3.9	9,535,685	6.0
5,001-5,500	1,813	3.6	9,501,251	5.9
5,501-6,000	1,585	3.1	9,114,281	5.7
6,001-6,500	1,402	2.7	8,757,846	5.5
6,501-7,000	1,218	2.4	8,212,524	5.1
7,001-7,500	954	1.9	6,916,143	4.3
7,501-8,000	849	1.7	6,582,815	4.1
8,001-8,500	738	1.4	6,078,729	3.8
8,501-9,000	646	1.3	5,643,531	3.5
9,001-9,500	483	0.9	4,462,310	2.8
9,501-10,000	439	0.9	4,273,608	2.7
10,001+	1,873	3.7	24,060,495	15.1

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 OHIO, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	39,260
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$103,450,174
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,635

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,055	7.8 %	0	0.0 %
1-500	6,117	15.6	1,400,173	1.4
501-1,000	4,388	11.2	3,252,708	3.1
1,001-1,500	3,563	9.1	4,433,505	4.3
1,501-2,000	3,031	7.7	5,293,541	5.1
2,001-2,500	2,776	7.1	6,240,863	6.0
2,501-3,000	2,485	6.3	6,827,621	6.6
3,001-3,500	2,252	5.7	7,301,572	7.1
3,501-4,000	1,933	4.9	7,229,876	7.0
4,001-4,500	1,678	4.3	7,131,684	6.9
4,501-5,000	1,417	3.6	6,726,772	6.5
5,001-5,500	1,272	3.2	6,665,510	6.4
5,501-6,000	988	2.5	5,676,874	5.5
6,001-6,500	854	2.2	5,330,937	5.2
6,501-7,000	728	1.9	4,907,979	4.7
7,001-7,500	527	1.3	3,816,911	3.7
7,501-8,000	476	1.2	3,686,526	3.6
8,001-8,500	353	0.9	2,907,600	2.8
8,501-9,000	277	0.7	2,418,873	2.3
9,001-9,500	238	0.6	2,196,017	2.1
9,501-10,000	206	0.5	2,006,716	1.9
10,001+	646	1.6	7,997,916	7.7

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

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, OHIO, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>254,975</b>	<b>141,191</b>	<b>108,895</b>	<b>4,816</b>	<b>73</b>	<b>0</b>	<b>2,568,595</b>	<b>1,382,190</b>	<b>1,144,780</b>	<b>40,965</b>	<b>660</b>	<b>0</b>
<b>Age</b>												
5 and younger	10	0	6	0	4	0	102	0	72	0	30	0
6-14	29	0	22	0	7	0	314	0	248	0	66	0
15-20	423	0	377	12	34	0	4,219	0	3,849	63	307	0
21-44	47,679	0	44,350	3,301	28	0	501,934	0	473,032	28,645	257	0
45-64	65,267	0	63,969	1,298	0	0	676,627	0	665,852	10,775	0	0
65-74	51,234	50,885	171	178	0	0	517,727	514,712	1,727	1,288	0	0
75-84	51,066	51,039	0	27	0	0	503,082	502,888	0	194	0	0
85 and older	39,260	39,260	0	0	0	0	364,544	364,544	0	0	0	0
Unknown	7	7	0	0	0	0	46	46	0	0	0	0
<b>Gender</b>												
Female	163,135	105,025	55,581	2,498	31	0	1,661,120	1,045,701	593,552	21,572	295	0
Male	91,840	36,166	53,314	2,318	42	0	907,475	336,489	551,228	19,393	365	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	196,272	110,633	82,039	3,550	50	0	1,967,017	1,072,099	864,458	30,028	432	0
African American	53,461	27,408	24,900	1,133	20	0	547,622	277,629	259,955	9,829	209	0
Other/unknown	5,242	3,150	1,956	133	3	0	53,956	32,462	20,367	1,108	19	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	51,835	46,771	5,064	0	0	0	510,664	456,304	54,360	0	0	0
Part year	20,546	16,780	3,750	16	0	0	188,312	149,935	38,221	156	0	0
None	182,594	77,640	100,081	4,800	73	0	1,869,619	775,951	1,052,199	40,809	660	0
<b>Maintenance Assistance Status</b>												
Cash	73,587	29,401	43,882	304	0	0	831,287	335,136	493,285	2,866	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	25,471	12,492	12,730	232	17	0	254,795	126,577	126,742	1,344	132	0
Other/unknown	155,917	99,298	52,283	4,280	56	0	1,482,513	920,477	524,753	36,755	528	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	228,382	128,047	95,503	4,759	73	0	2,289,162	1,242,759	1,005,340	40,403	660	0
Full dual, part year	26,593	13,144	13,392	57	0	0	279,433	139,431	139,440	562	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	252,026	141,151	107,690	3,122	63	0	2,539,375	1,381,780	1,131,788	25,242	565	0
FFS part year, with Rx claims	1,275	19	696	558	2	0	13,499	212	7,652	5,611	24	0
FFS part year, no Rx claims	585	13	289	281	2	0	5,400	122	2,897	2,368	13	0
MC all year, with Rx claims	2	0	1	1	0	0	15	0	12	3	0	0
MC all year, no Rx claims	1,087	8	219	854	6	0	10,306	76	2,431	7,741	58	0



Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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 2004. 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, OHIO, 2004

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>254,975</b>	<b>2,568,595</b>	<b>253,886</b>	<b>2,548,386</b>	<b>0</b>	<b>20,209</b>
Fee-for-service (FFS) all year	252,026	2,539,375	252,026	2,539,375	0	0
FFS part year, with Rx claims	1,275	13,499	1,275	6,944	0	6,555
FFS part year, with no Rx claims	585	5,400	585	2,067	0	3,333
Managed care (MC) all year, with Rx claims	2	15	0	0	0	15
MC all year, with no Rx claims	1,087	10,306	0	0	0	10,306

Source: Data for this table are from the MAX 2004 file for Ohio, released by CMS in 01/2008. This table was produced on 03/25/2008.

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

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