

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 ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL 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
All	1,346,554	11,853	204,006	350,348	780,347	0	10,941,250	125,234	2,050,251	2,417,294	6,348,471	0
Age												
5 and younger	298,619	0	7,398	0	291,221	0	2,357,101	0	73,667	0	2,283,434	0
6-14	356,666	0	24,302	0	332,364	0	3,100,251	0	256,404	0	2,843,847	0
15-20	187,809	0	17,315	17,401	153,093	0	1,485,715	0	177,937	106,885	1,200,893	0
21-44	376,181	0	67,684	304,884	3,613	0	2,810,035	0	675,978	2,113,870	20,187	0
45-64	115,209	0	87,197	28,012	0	0	1,061,500	0	865,224	196,276	0	0
65-74	7,171	7,035	110	26	0	0	77,095	75,921	1,041	133	0	0
75-84	2,735	2,725	0	10	0	0	27,912	27,875	0	37	0	0
85 and older	2,106	2,092	0	14	0	0	21,516	21,435	0	81	0	0
Unknown	58	1	0	1	56	0	125	3	0	12	110	0
Gender												
Female	763,541	8,276	107,204	256,609	391,452	0	6,158,804	88,437	1,103,111	1,788,685	3,178,571	0
Male	583,012	3,577	96,802	93,739	388,894	0	4,782,443	36,797	947,140	628,609	3,169,897	0
Unknown	1	0	0	0	1	0		0	0	0	3	0
Race												
White	982,242	6,917	134,204	271,600	569,521	0	8,323,962	73,151	1,347,429	1,988,634	4,914,748	0
African American	313,711	3,434	63,975	66,948	179,354	0	2,256,702	36,332	644,461	361,681	1,214,228	0
Other/unknown	50,601	1,502	5,827	11,800	31,472	0	360,586	15,751	58,361	66,979	219,495	0
Use of Nursing Facilities^c												
Entire year	5,709	1,446	4,261	2	0	0	55,794	14,405	41,386	3	0	0
Part year	5,441	623	4,692	102	24	0	52,461	6,064	45,264	926	207	0
None	1,335,404	9,784	195,053	350,244	780,323	0	10,832,995	104,765	1,963,601	2,416,365	6,348,264	0
Maintenance Assistance Status												
Cash	290,118	7,317	156,885	40,292	85,624	0	2,729,856	82,855	1,718,526	260,324	668,151	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	302,450	111	132	36,544	265,663	0	2,264,235	1,059	1,069	182,109	2,079,998	0
Other/unknown	753,986	4,425	46,989	273,512	429,060	0	5,947,159	41,320	330,656	1,974,861	3,600,322	0
Managed Care (MC) Status						0						
Fee-for-service (FFS) all year	1,088,467	11,848	196,648	269,651	610,320	0	10,061,944	125,194	2,006,941	2,171,000	5,758,809	0
FFS part year, with Rx claims	94,259	5	4,843	37,431	51,980	0	436,251	40	31,607	148,040	256,564	0
FFS part year, no Rx claims	163,828	0	2,515	43,266	118,047	0	443,055	0	11,703	98,254	333,098	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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, OHIO, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	63.2 %	11.5	\$730	\$63	\$4,016	18.2 %	1,346,554
Age							
5 and younger	58.8	3.5	180	52	1,987	9.0	298,619
6-14	56.0	4.9	364	75	1,849	19.7	356,666
15-20	59.9	6.2	412	67	2,761	14.9	187,809
21-44	68.9	13.9	862	62	4,824	17.9	376,181
45-64	81.9	50.3	3,185	63	13,981	22.8	115,209
65-74	86.9	57.0	3,178	56	18,966	16.8	7,171
75-84	77.8	45.6	2,419	53	17,796	13.6	2,735
85 and older	39.6	21.1	975	46	12,236	8.0	2,106
Unknown	1.7	0.1	2	23	12	16.5	58
Basis of Eligibility^e							
Aged	76.5	48.2	2,621	54	17,572	14.9	11,853
Disabled	83.5	42.1	3,008	72	15,333	19.6	204,006
Adults	65.7	9.3	456	49	2,599	17.6	350,348
Children	56.5	4.0	229	57	1,487	15.4	780,347
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	66.5	13.3	775	59	4,115	18.8	763,541
Male	58.8	9.3	672	73	3,885	17.3	583,012
Unknown	0.0	0.0	0	0	0	0.0	1
Race							
White	67.2	12.4	778	63	3,947	19.7	982,242
African American	52.5	9.5	621	66	4,395	14.1	313,711
Other/unknown	51.4	7.3	482	66	3,001	16.0	50,601
Use of Nursing Facilities^f							
Entire year	97.7	105.2	6,428	61	66,502	9.7	5,709
Part year	97.9	90.3	5,558	62	59,346	9.4	5,441
None	62.9	10.8	686	64	3,523	19.5	1,335,404
Maintenance Assistance Status							
Cash	75.3	28.4	1,955	69	9,627	20.3	290,118
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	54.9	3.6	201	55	1,504	13.4	302,450
Other/unknown	61.8	8.2	471	58	2,864	16.5	753,986

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 ND.3 includes beneficiaries represented by Cell K of Table 1.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, OHIO, 2004

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	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	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	1.4	\$90	18.2 %	36.8 %	43.2 %	7.1 %	7.5 %	3.8 %	1.6 %	\$494	1,346,554	10,941,250
Age												
5 and younger	0.4	23	9.0	41.2	53.5	3.7	1.4	0.2	0.0	252	298,619	2,357,101
6-14	0.6	42	19.7	44.0	46.8	5.1	3.6	0.5	0.0	213	356,666	3,100,251
15-20	0.8	52	14.9	40.1	46.4	7.4	5.0	0.9	0.2	349	187,809	1,485,715
21-44	1.9	115	17.9	31.1	39.4	11.0	12.0	4.9	1.5	646	376,181	2,810,035
45-64	5.5	346	22.8	18.1	15.8	9.0	22.6	22.3	12.3	1,517	115,209	1,061,500
65-74	5.3	296	16.8	13.1	14.2	9.3	25.9	24.9	12.7	1,764	7,171	77,095
75-84	4.5	237	13.6	22.2	13.3	9.3	23.7	22.2	9.2	1,744	2,735	27,912
85 and older	2.1	95	8.0	60.4	5.3	4.1	12.3	13.5	4.4	1,198	2,106	21,516
Unknown	0.0	1	16.5	98.3	1.7	0.0	0.0	0.0	0.0	6	58	125
Basis of Eligibility^e												
Aged	4.6	248	14.9	23.5	12.4	8.4	23.1	22.3	10.4	1,663	11,853	125,234
Disabled	4.2	299	19.6	16.5	25.4	10.3	21.4	17.4	9.0	1,526	204,006	2,050,251
Adults	1.3	66	17.6	34.3	41.4	10.8	10.0	3.0	0.5	377	350,348	2,417,294
Children	0.5	28	15.4	43.5	49.1	4.6	2.5	0.3	0.0	183	780,347	6,348,471
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.6	96	18.8	33.5	43.7	8.0	8.3	4.5	2.0	510	763,541	6,158,804
Male	1.1	82	17.3	41.2	42.5	6.0	6.4	2.9	1.1	474	583,012	4,782,443
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	3
Race												
White	1.5	92	19.7	32.8	45.9	7.6	7.9	4.0	1.8	466	982,242	8,323,962
African American	1.3	86	14.1	47.5	35.7	5.8	6.3	3.3	1.3	611	313,711	2,256,702
Other/unknown	1.0	68	16.0	48.6	37.5	5.3	5.5	2.5	0.6	421	50,601	360,586
Use of Nursing Facilities^f												
Entire year	10.8	658	9.7	2.3	2.2	2.5	14.7	33.8	44.5	6,805	5,709	55,794
Part year	9.4	576	9.4	2.1	4.9	5.3	20.3	33.6	33.8	6,155	5,441	52,461
None	1.3	85	19.5	37.1	43.5	7.1	7.4	3.5	1.3	434	1,335,404	10,832,995
Maintenance Assistance Status												
Cash	3.0	208	20.3	24.7	35.4	9.1	14.6	10.7	5.4	1,023	290,118	2,729,856
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	27	13.4	45.1	47.2	4.9	2.5	0.3	0.0	201	302,450	2,264,235
Other/unknown	1.0	60	16.5	38.2	44.6	7.3	6.7	2.5	0.8	363	753,986	5,947,159

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

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

TABLE ND.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, OHIO, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary 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
All	1.4	\$90	\$63	0.6	\$71	\$118	0.1	\$8	\$77	0.7	\$11	\$16
Age												
5 and younger	0.4	23	52	0.2	18	110	0.0	2	44	0.2	3	12
6-14	0.6	42	75	0.3	36	115	0.0	3	66	0.2	3	16
15-20	0.8	52	67	0.4	42	117	0.1	4	67	0.4	6	16
21-44	1.9	115	62	0.7	89	124	0.1	11	82	1.0	15	15
45-64	5.5	346	63	2.2	266	119	0.3	31	90	2.9	48	17
65-74	5.3	296	56	2.3	234	102	0.3	19	61	2.7	42	16
75-84	4.5	237	53	2.0	189	96	0.3	13	49	2.2	34	16
85 and older	2.1	95	46	0.8	73	89	0.2	7	43	1.1	16	15
Unknown	0.0	1	23	0.0	1	59	0.0	0	23	0.0	0	10
Basis of Eligibility^d												
Aged	4.6	248	54	2.0	196	100	0.3	16	57	2.3	36	16
Disabled	4.2	299	72	1.8	235	134	0.3	26	90	2.1	37	18
Adults	1.3	66	49	0.5	49	99	0.1	7	71	0.8	10	13
Children	0.5	28	57	0.2	23	99	0.0	2	56	0.2	3	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.6	96	59	0.7	74	111	0.1	9	73	0.8	13	15
Male	1.1	82	73	0.5	66	132	0.1	7	85	0.5	9	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.5	92	63	0.6	72	116	0.1	8	76	0.7	11	16
African American	1.3	86	66	0.5	68	126	0.1	7	80	0.7	11	17
Other/unknown	1.0	68	66	0.4	55	123	0.1	5	71	0.5	8	16
Use of Nursing Facilities^e												
Entire year	10.8	658	61	3.9	497	127	0.9	54	62	5.9	104	18
Part year	9.4	576	62	3.3	427	129	0.7	54	80	5.3	94	18
None	1.3	85	64	0.6	67	118	0.1	7	77	0.7	10	16
Maintenance Assistance Status												
Cash	3.0	208	69	1.3	164	129	0.2	18	85	1.5	26	17
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	27	55	0.2	22	97	0.0	2	55	0.2	3	13
Other/unknown	1.0	60	58	0.4	47	108	0.1	6	72	0.5	8	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 ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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 ND.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, OHIO, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	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 of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	\$14	\$10	\$2	\$2	\$53	\$103	\$76	\$12	1,549,710	\$82,056,080	560,004	41.6 %	5,703,636
Biologicals	0.4	0.4	0.0	0.0	571	508	4	59	1343	1,288	1,170	2,154	12,336	16,571,943	3,075	0.2	29,004
Antineoplastic Agents	0.5	0.1	0.0	0.3	109	89	7	13	210	626	204	37	29,943	6,302,309	5,677	0.4	57,774
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	28	22	2	4	51	93	28	16	1,297,092	65,944,839	232,801	17.3	2,370,888
Cardiovascular Agents	1.4	0.5	0.0	0.8	55	43	2	10	40	81	48	12	1,927,116	77,592,348	137,313	10.2	1,417,125
Respiratory Agents	0.5	0.3	0.0	0.2	25	22	0	3	51	80	41	15	2,092,237	107,695,463	408,564	30.3	4,236,175
Gastrointestinal Agents	0.6	0.4	0.0	0.2	54	49	2	4	95	138	61	19	934,948	88,944,997	158,321	11.8	1,639,185
Genitourinary Agents	0.3	0.2	0.1	0.1	16	12	3	1	57	80	42	11	190,147	10,821,539	67,089	5.0	679,910
CNS Drugs	1.0	0.5	0.1	0.4	93	78	7	8	89	151	88	17	2,463,977	219,253,867	232,725	17.3	2,360,278
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.1	0.1	63	57	4	2	88	96	77	29	455,516	40,026,297	61,506	4.6	636,962
Miscellaneous Psychological/																	
Neurological Agents	0.3	0.3	0.0	0.1	89	83	1	4	263	323	107	64	43,034	11,306,263	11,949	0.9	127,095
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	22	13	2	6	38	155	456	13	2,045,433	76,990,894	355,426	26.4	3,566,572
Neuromuscular Agents	0.7	0.3	0.1	0.3	62	41	14	7	84	141	122	20	1,068,217	89,390,812	139,610	10.4	1,450,485
Nutritional Products	0.4	0.0	0.0	0.3	9	1	1	6	24	44	29	21	291,632	7,044,472	83,091	6.2	798,820
Hematological Agents	0.7	0.2	0.1	0.4	104	93	4	8	154	385	49	21	234,046	35,987,418	34,061	2.5	346,616
Topical Products	0.2	0.1	0.0	0.1	12	8	2	2	49	84	57	17	790,228	38,419,787	306,682	22.8	3,201,957
Miscellaneous Products	0.6	0.1	0.1	0.4	85	50	18	17	150	358	286	48	48,775	7,297,514	8,661	0.6	86,156
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	37	0	0	0	51,213	1,875,349	17,096	1.3	185,239
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.	15,525,600	983,522,191	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispans.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.medispans.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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, OHIO, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$128,789,341	96,355	7.2 %	1,036,812	0.6	\$194	\$124
ANTIDEPRESSANTS	76,639,084	225,721	16.8	2,323,064	0.5	66	33
ANTICONVULSANT	76,561,588	98,985	7.4	1,052,383	0.7	105	73
ULCER DRUGS	74,374,172	156,803	11.6	1,642,738	0.4	101	45
ANTIASTHMATIC	65,693,615	287,426	21.3	3,030,384	0.3	64	22
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	40,016,035	75,876	5.6	798,284	0.6	88	50
ANALGESICS - Narcotic	39,845,437	402,781	29.9	4,139,947	0.3	32	10
ANTIHYPERLIPIDEMIC	35,759,918	60,793	4.5	655,480	0.6	91	55
ANTIDIABETIC	33,029,163	73,557	5.5	774,718	0.7	61	43
DERMATOLOGICAL	29,987,678	339,546	25.2	3,637,014	0.2	47	8
Total	600,696,031	1,817,843		19,090,824	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, OHIO, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	7,604,344	\$600,696,031	96,355	7.2 %	1,036,812	0.6	\$124	225,721	16.8 %	2,323,064	0.5	\$33
Female	4,744,153	355,070,976	52,062	6.8	561,915	0.6	113	163,594	21.4	1,679,827	0.5	33
Disabled	2,831,143	234,864,765	33,599	31.3	375,550	0.7	132	72,075	67.2	798,573	0.6	40
5 and younger	15,672	1,307,294	56	1.9	581	0.5	70	37	1.3	404	0.3	13
6-14	66,680	6,654,483	1,156	14.7	12,765	0.6	120	929	11.8	10,300	0.5	26
15-20	61,576	6,163,496	1,429	21.4	15,497	0.6	119	1,881	28.2	20,545	0.5	31
21-44	838,626	73,198,263	14,494	39.3	161,132	0.6	124	27,022	73.2	298,085	0.5	37
45-64	1,846,105	147,356,474	16,443	31.2	185,371	0.7	141	42,152	79.9	468,683	0.6	42
65-74	2,484	184,755	21	27.3	204	0.6	122	54	70.1	556	0.6	30
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,913,010	120,206,211	18,463	2.8	186,365	0.4	74	91,519	13.9	881,254	0.4	27
5 and younger	126,072	6,160,857	188	0.1	2,037	0.3	51	228	0.2	2,446	0.3	14
6-14	282,719	20,520,974	3,445	2.1	36,791	0.5	91	5,464	3.3	57,787	0.4	23
15-20	214,400	14,203,969	3,796	3.9	38,091	0.5	79	12,655	13.1	126,200	0.3	22
21-44	975,802	57,199,552	8,823	3.9	86,249	0.3	55	63,910	28.0	605,434	0.4	27
45-64	134,596	9,546,509	774	4.6	7,209	0.4	64	6,428	38.2	57,850	0.5	36
65-74	133,023	9,561,660	966	19.8	11,045	0.9	154	1,918	39.4	21,930	0.7	37
75-84	33,944	2,287,964	308	16.9	3,376	0.8	117	604	33.1	6,545	0.6	34
85 and older	12,454	724,726	163	10.1	1,567	0.7	82	312	19.4	3,062	0.7	37
Male	2,860,191	245,625,055	44,293	7.6	474,897	0.7	138	62,127	10.7	643,237	0.5	33
Disabled	1,691,074	156,493,975	28,674	29.6	314,295	0.7	155	34,739	35.9	374,399	0.6	37
5 and younger	24,207	1,984,720	183	4.1	1,993	0.5	80	51	1.1	539	0.4	13
6-14	168,314	18,420,205	4,636	28.2	51,366	0.6	129	2,429	14.8	27,158	0.5	28
15-20	99,574	11,436,113	2,823	26.5	31,257	0.7	148	2,139	20.1	23,399	0.5	37
21-44	538,285	54,173,571	11,858	38.5	129,137	0.8	165	13,302	43.2	142,378	0.6	37
45-64	859,946	70,429,766	9,165	26.6	100,490	0.8	160	16,806	48.8	180,840	0.6	38
65-74	748	49,600	9	27.3	52	1.0	154	12	36.4	85	0.6	34
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,169,114	89,130,999	15,619	3.2	160,602	0.6	104	27,388	5.6	268,838	0.4	27
5 and younger	157,854	8,996,720	513	0.3	5,544	0.4	64	364	0.2	3,874	0.3	13
6-14	459,357	39,284,771	7,995	4.8	85,190	0.6	106	7,491	4.5	79,955	0.4	24
15-20	176,745	15,174,694	4,132	5.6	41,555	0.6	112	6,002	8.1	59,850	0.5	29
21-44	237,867	15,513,093	2,075	2.6	19,095	0.4	74	10,354	12.9	94,387	0.4	27
45-64	71,105	5,399,771	317	2.8	2,870	0.5	83	2,262	20.3	20,869	0.5	33
65-74	46,549	3,501,120	400	18.3	4,537	1.0	171	597	27.2	6,569	0.7	36
75-84	15,408	1,004,804	136	14.9	1,325	0.7	97	246	27.0	2,636	0.7	33
85 and older	4,229	256,026	51	10.3	486	0.8	101	72	14.5	698	0.8	38
Unknown	3	81	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 ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 benefit; \$ = Medicaid reimbursement.

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, OHIO, 2004

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANTIASTHMATIC				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	98,985	7.4 %	1,052,383	0.7	\$73	156,803	11.6 %	1,642,738	0.4	\$45	287,426	21.3 %	3,030,384	0.3	\$22
Female	61,928	8.1	659,248	0.7	69	106,425	13.9	1,122,799	0.4	45	168,183	22.0	1,776,623	0.4	22
Disabled	37,660	35.1	420,194	0.8	80	50,930	47.5	570,914	0.6	59	65,505	61.1	734,910	0.5	31
5 and younger	359	12.2	3,914	0.8	107	605	20.6	6,401	0.4	36	1,837	62.5	19,661	0.3	23
6-14	1,681	21.4	18,682	0.9	115	828	10.5	9,550	0.5	51	2,599	33.0	29,493	0.3	23
15-20	1,514	22.7	16,863	0.9	117	1,081	16.2	12,215	0.4	35	1,813	27.2	20,428	0.3	20
21-44	14,861	40.3	165,279	0.8	85	15,777	42.8	176,996	0.5	49	18,749	50.8	211,107	0.4	26
45-64	19,224	36.4	215,228	0.7	71	32,588	61.8	365,232	0.6	65	40,435	76.7	453,436	0.5	35
65-74	21	27.3	228	0.6	58	51	66.2	520	0.7	63	72	93.5	785	0.6	35
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	24,268	3.7	239,054	0.5	48	55,495	8.5	551,885	0.3	31	102,678	15.6	1,041,713	0.3	16
5 and younger	514	0.4	5,122	0.5	57	4,068	2.9	36,768	0.2	13	23,431	16.5	243,668	0.2	13
6-14	2,321	1.4	24,412	0.6	64	4,633	2.8	51,048	0.2	16	24,115	14.7	257,209	0.2	16
15-20	3,045	3.1	30,282	0.5	60	7,244	7.5	74,408	0.2	16	12,438	12.8	125,727	0.2	13
21-44	15,451	6.8	149,390	0.4	43	31,748	13.9	309,954	0.3	32	34,969	15.3	336,498	0.3	17
45-64	1,588	9.4	14,782	0.5	49	4,071	24.2	37,632	0.5	52	4,264	25.3	39,835	0.4	27
65-74	988	20.3	11,286	0.8	59	2,653	54.5	30,337	0.6	61	2,617	53.7	29,748	0.5	32
75-84	276	15.1	3,000	0.7	41	758	41.6	8,437	0.6	59	600	32.9	6,626	0.5	29
85 and older	85	5.3	780	0.7	36	320	19.9	3,301	0.6	54	244	15.2	2,402	0.4	20
Male	37,057	6.4	393,135	0.7	80	50,378	8.6	519,939	0.5	46	119,243	20.5	1,253,761	0.3	21
Disabled	25,553	26.4	279,312	0.8	90	26,013	26.9	282,012	0.6	58	35,400	36.6	387,790	0.5	31
5 and younger	528	11.8	5,590	0.7	94	748	16.8	7,909	0.5	38	2,950	66.2	32,019	0.3	23
6-14	3,119	19.0	34,783	0.8	99	1,128	6.9	12,842	0.5	51	5,554	33.8	62,640	0.3	24
15-20	2,104	19.8	23,458	0.8	111	1,102	10.4	12,422	0.5	41	2,465	23.2	27,894	0.3	24
21-44	10,223	33.2	111,807	0.9	101	8,435	27.4	91,745	0.5	54	7,231	23.5	78,394	0.4	27
45-64	9,564	27.8	103,531	0.8	70	14,587	42.3	156,961	0.6	62	17,172	49.8	186,595	0.6	37
65-74	15	45.5	143	0.9	69	13	39.4	133	0.2	26	28	84.8	248	0.7	39
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	11,504	2.4	113,823	0.5	55	24,365	5.0	237,927	0.3	32	83,841	17.2	865,947	0.3	17
5 and younger	683	0.5	6,882	0.5	49	5,173	3.5	47,159	0.3	17	33,449	22.4	347,114	0.2	14
6-14	3,549	2.1	37,767	0.6	63	3,918	2.3	43,356	0.2	20	31,690	18.8	334,190	0.3	17
15-20	2,227	3.0	21,949	0.6	65	3,277	4.4	33,971	0.2	20	8,758	11.9	89,368	0.3	15
21-44	3,685	4.6	33,725	0.4	42	8,582	10.7	79,583	0.4	43	6,638	8.3	61,606	0.3	19
45-64	842	7.5	7,944	0.5	51	2,018	18.1	18,725	0.5	56	1,813	16.2	17,270	0.4	30
65-74	378	17.3	4,153	0.9	57	949	43.3	10,410	0.6	57	1,075	49.1	11,972	0.6	37
75-84	102	11.2	1,058	0.7	43	342	37.5	3,677	0.6	62	313	34.4	3,421	0.5	34
85 and older	38	7.6	345	0.7	43	106	21.3	1,046	0.6	57	105	21.1	1,006	0.4	24
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	3.4	24	0.1	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. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, OHIO, 2004

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	75,876	5.6 %	798,284	0.6	\$50	402,781	29.9 %	4,139,947	0.3	\$10	60,793	4.5 %	655,480	0.6	\$55
Female	23,044	3.0	243,674	0.5	47	283,074	37.1	2,920,652	0.3	9	38,170	5.0	416,609	0.6	55
Disabled	4,557	4.3	50,810	0.6	53	95,261	88.9	1,065,070	0.4	17	27,671	25.8	311,129	0.6	57
	106	3.6	1,129	0.5	47	237	8.1	2,666	0.1	1	13	0.4	146	0.3	14
5 and younger	2,104	26.7	23,364	0.6	53	795	10.1	9,083	0.2	3	11	0.1	109	0.3	30
6-14	704	10.5	7,856	0.6	54	2,372	35.5	26,538	0.2	3	51	0.8	585	0.4	31
15-20	934	2.5	10,511	0.5	52	37,367	101.3	416,647	0.4	13	4,815	13.0	54,470	0.5	47
21-44	708	1.3	7,948	0.5	52	54,431	103.2	609,507	0.5	20	22,743	43.1	255,407	0.6	59
45-64	1	1.3	2	1.0	13	59	76.6	629	0.5	34	38	49.4	412	0.7	58
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	18,487	2.8	192,864	0.5	45	187,813	28.6	1,855,582	0.2	4	10,499	1.6	105,480	0.5	47
Other Eligibles	630	0.4	6,673	0.3	26	3,341	2.4	36,364	0.1	1	130	0.1	1,250	0.1	4
5 and younger	12,993	7.9	137,175	0.5	46	9,687	5.9	106,704	0.1	1	76	0.0	824	0.3	24
6-14	2,697	2.8	27,920	0.5	47	27,903	28.8	279,787	0.2	1	162	0.2	1,650	0.3	29
15-20	1,952	0.9	19,123	0.4	40	133,705	58.6	1,299,582	0.2	4	4,837	2.1	46,663	0.4	37
21-44	185	1.1	1,662	0.5	55	8,933	53.0	85,250	0.3	10	2,366	14.0	21,523	0.5	49
45-64	21	0.4	231	0.6	35	3,113	63.9	35,630	0.4	12	2,265	46.5	26,156	0.7	63
65-74	4	0.2	48	0.5	7	833	45.7	9,309	0.4	9	563	30.9	6,317	0.7	63
75-84	5	0.3	32	0.5	4	298	18.5	2,956	0.6	19	100	6.2	1,097	0.7	60
85 and older															
Male	52,832	9.1	554,610	0.6	52	119,707	20.5	1,219,295	0.3	12	22,623	3.9	238,871	0.6	55
Disabled	11,670	12.1	128,467	0.6	57	51,417	53.1	550,522	0.4	20	15,980	16.5	174,957	0.6	58
	361	8.1	3,962	0.4	33	393	8.8	4,359	0.1	1	12	0.3	136	0.2	4
5 and younger	7,898	48.1	86,825	0.6	57	1,458	8.9	16,673	0.1	2	16	0.1	191	0.3	19
6-14	2,355	22.1	26,201	0.6	61	2,437	22.9	27,081	0.2	3	74	0.7	839	0.4	27
15-20	800	2.6	8,697	0.6	55	19,881	64.6	210,901	0.4	17	3,806	12.4	41,958	0.6	51
21-44	256	0.7	2,782	0.6	59	27,226	79.0	291,284	0.5	26	12,060	35.0	131,700	0.7	60
45-64	0	0.0	0	0.0	0	22	66.7	224	0.4	5	12	36.4	133	0.8	57
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															
Other Eligibles	41,162	8.5	426,143	0.6	50	68,290	14.0	668,773	0.2	5	6,643	1.4	63,914	0.5	46
	1,784	1.2	19,181	0.4	29	4,904	3.3	53,217	0.1	1	139	0.1	1,388	0.2	8
5 and younger	32,660	19.4	339,066	0.6	50	10,003	5.9	109,731	0.1	1	122	0.1	1,321	0.3	29
6-14	5,913	8.0	60,601	0.6	56	12,671	17.2	127,591	0.1	1	129	0.2	1,368	0.3	26
15-20	701	0.9	6,333	0.4	44	34,114	42.5	314,037	0.3	8	3,119	3.9	28,954	0.4	40
21-44	95	0.9	865	0.4	42	4,990	44.7	46,709	0.4	16	2,033	18.2	18,540	0.6	53
45-64	7	0.3	78	0.6	46	1,141	52.1	12,608	0.4	13	789	36.0	8,909	0.7	62
65-74	2	0.2	19	0.4	41	361	39.6	3,890	0.3	12	265	29.1	2,957	0.7	61
75-84	0	0.0	0	0.0	0	106	21.3	990	0.5	8	47	9.5	477	0.7	63
85 and older															
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7C

Nondual Beneficiaries

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

a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, OHIO, 2004

Beneficiary Characteristics	ANTIDIABETIC					DERMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	73,557	5.5 %	774,718	0.7	\$43	339,546	25.2 %	3,637,014	0.2	\$8	1,346,554	10,941,250
Female	49,708	6.5	528,936	0.7	42	212,214	27.8	2,276,640	0.2	9	763,510	6,158,743
Disabled	33,750	31.5	375,427	0.7	45	61,929	57.8	710,023	0.2	12	107,204	1,103,111
16	16	0.5	151	0.7	49	1,462	49.7	16,335	0.2	5	2,940	29,435
5 and younger	105	1.3	1,161	0.6	47	3,333	42.4	38,291	0.2	6	7,868	82,836
6-14	243	3.6	2,697	0.6	38	2,939	44.0	33,600	0.2	7	6,673	68,887
15-20	6,506	17.6	72,624	0.6	40	19,570	53.0	224,655	0.2	11	36,897	381,545
21-44	26,844	50.9	298,393	0.7	46	34,562	65.5	396,429	0.3	14	52,749	539,669
45-64	36	46.8	401	0.8	47	63	81.8	713	0.2	7	77	739
65-74	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	15,958	2.4	153,509	0.6	36	150,285	22.9	1,566,617	0.2	7	656,306	5,055,632
141	141	0.1	1,413	0.7	42	41,749	29.4	431,799	0.1	4	142,071	1,113,602
5 and younger	755	0.5	7,627	0.7	50	38,334	23.4	418,159	0.1	6	164,127	1,403,795
6-14	1,053	1.1	9,811	0.6	41	20,008	20.7	207,716	0.2	8	96,810	730,788
15-20	8,009	3.5	73,619	0.5	33	41,916	18.4	420,531	0.2	9	228,146	1,600,975
21-44	2,521	15.0	21,927	0.6	38	3,719	22.1	36,885	0.2	11	16,849	117,898
45-64	2,599	53.4	29,529	0.8	39	2,957	60.7	34,020	0.3	11	4,870	53,284
65-74	690	37.8	7,737	0.7	35	1,009	55.3	11,361	0.3	9	1,824	18,858
75-84	190	11.8	1,846	0.7	31	593	36.9	6,146	0.3	8	1,609	16,432
85 and older												
Male	23,849	4.1	245,782	0.7	43	127,332	21.8	1,360,374	0.2	8	582,985	4,782,379
Disabled	16,710	17.3	178,953	0.7	44	36,534	37.7	409,518	0.2	11	96,802	947,140
27	27	0.6	278	0.7	52	1,954	43.8	21,544	0.1	6	4,458	44,232
5 and younger	124	0.8	1,373	0.7	49	5,197	31.6	59,798	0.2	6	16,434	173,568
6-14	166	1.6	1,893	0.6	42	3,625	34.1	41,196	0.2	9	10,642	109,050
15-20	3,647	11.8	38,905	0.7	45	10,625	34.5	119,153	0.2	12	30,787	294,433
21-44	12,732	37.0	136,369	0.7	44	15,109	43.9	167,609	0.3	13	34,448	325,555
45-64	14	42.4	135	0.6	47	24	72.7	218	0.2	4	33	302
65-74	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	7,139	1.5	66,829	0.6	42	90,798	18.7	950,856	0.1	7	486,183	3,835,239
138	138	0.1	1,372	0.6	44	38,350	25.7	394,071	0.1	5	149,149	1,169,829
5 and younger	682	0.4	6,862	0.7	53	28,102	16.7	307,710	0.1	6	168,237	1,440,052
6-14	534	0.7	5,026	0.7	62	13,326	18.1	139,909	0.2	11	73,684	576,990
15-20	2,817	3.5	24,670	0.6	39	7,601	9.5	73,256	0.2	10	80,351	533,082
21-44	1,675	15.0	14,617	0.6	39	1,529	13.7	14,937	0.2	13	11,163	78,378
45-64	872	39.8	9,699	0.7	37	1,171	53.4	13,172	0.3	11	2,191	22,770
65-74	345	37.9	3,753	0.7	31	517	56.8	5,643	0.3	10	911	9,054
75-84	76	15.3	830	0.6	29	202	40.6	2,158	0.3	9	497	5,084
85 and older												
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	59	128

Table ND7D

Nondual 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 ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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
All	\$658	10.8	5,709	55,794
Age				
0-64	713	11.4	4,256	41,335
65-74	616	10.0	654	6,986
75-84	475	8.7	408	3,988
85 and older	299	6.7	391	3,485
Unknown	0	0.0	0	0
Gender				
Female	674	11.3	3,127	31,620
Male	636	10.1	2,582	24,174
Unknown	0	0.0	0	0
Race				
White	670	11	4,053	39,372
African American	628	10.1	1,577	15,656
Other/unknown	654	9.5	79	766
Basis of Eligibility^c				
Aged	500	8.8	1,446	14,405
Disabled	713	11.4	4,261	41,386
Adults	559	19.3	2	3
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 5,441 beneficiaries who were in nursing facilities for part of their enrollment and their 52,461 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL 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 All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.7	0.3	0.1	0.3	\$65	\$49	\$8	\$8	\$95	\$173	\$103	\$24	27,601	\$2,630,303	3,933	68.9 %	40,197
Biologicals	0.1	0.0	0.0	0.1	2	0	0	2	25	14	17	32	110	2,771	106	1.9	1,165
Antineoplastic Agents	0.5	0.1	0.0	0.4	74	37	3	34	137	490	156	77	1,901	261,121	362	6.3	3,529
Endocrine/Metabolic Drugs	1.4	0.6	0.2	0.6	59	48	4	7	42	78	20	12	41,749	1,764,728	2,870	50.3	29,896
Cardiovascular Agents	2.3	0.7	0.1	1.6	71	48	3	19	30	72	38	12	95,803	2,899,768	4,061	71.1	40,974
Respiratory Agents	1.0	0.4	0.0	0.6	45	32	0	12	44	78	29	20	32,068	1,403,283	3,056	53.5	31,476
Gastrointestinal Agents	1.3	0.5	0.1	0.7	85	62	2	21	67	122	32	30	48,551	3,249,191	3,748	65.7	38,153
Genitourinary Agents	0.7	0.4	0.1	0.2	41	34	5	3	58	85	44	13	12,494	726,076	1,658	29.0	17,523
CNS Drugs	2.6	1.3	0.2	1.1	257	218	17	21	98	171	69	20	125,864	12,394,113	4,754	83.3	48,286
Stimulants/Anti-obesity/Anorexia	1.1	0.3	0.0	0.9	41	30	0	10	36	112	25	12	928	33,179	85	1.5	816
Miscellaneous Psychological/																	
Neurological Agents	0.9	0.9	0.0	0.0	163	162	0	1	185	187	62	70	7,577	1,402,930	831	14.6	8,597
Analgesics and Anesthetics	1.6	0.5	0.0	1.0	68	56	2	10	43	110	104	9	56,846	2,460,496	3,646	63.9	36,270
Neuromuscular Agents	1.8	0.5	0.3	1.0	115	63	29	23	64	131	93	23	63,624	4,061,637	3,351	58.7	35,270
Nutritional Products	1.0	0.0	0.1	0.8	25	2	3	20	27	86	29	25	19,294	511,313	2,038	35.7	20,292
Hematological Agents	1.3	0.3	0.1	0.9	73	61	3	9	58	192	38	11	28,153	1,623,201	2,330	40.8	22,279
Topical Products	0.7	0.2	0.1	0.4	28	16	5	7	38	65	47	18	27,980	1,057,760	3,568	62.5	37,876
Miscellaneous Products	0.6	0.0	0.0	0.6	10	1	2	6	16	129	79	11	6,431	99,810	1,053	18.4	10,056
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	14	0	0	0	31	0	0	0	3,761	117,776	763	13.4	8,323
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.	600,735	36,699,456	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 5,441 beneficiaries who were in nursing facilities for part of their enrollment and their 52,461 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.medispn.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.medispanspan.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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, 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	\$9,035,265	4,382	76.8 %	47,757	1.0	\$189	\$189
ANTICONVULSANT	3,406,924	3,738	65.5	40,350	1.2	73	84
ANTIDEPRESSANTS	2,813,230	4,861	85.1	51,180	0.9	62	55
ULCER DRUGS	2,615,199	3,646	63.9	37,592	0.8	84	70
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,426,273	1,081	18.9	11,127	0.7	174	128
ANTIDIABETIC	1,392,572	3,217	56.3	33,731	1.0	43	41
ANALGESICS - Narcotic	1,202,405	3,991	69.9	39,224	1.0	32	31
ANTIHYPERTENSIVE	1,148,683	1,686	29.5	18,276	0.8	78	63
ANTIASTHMATIC	969,432	3,332	58.4	33,965	0.6	48	29
DERMATOLOGICAL	970,636	9,554	167.3	104,400	0.3	28	9
Total	24,980,619	39,488		417,602	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 5,441 beneficiaries who were in nursing facilities for part of their enrollment and their 52,461 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 ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, OHIO, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	318,926	\$24,980,619	4,382	76.8 %	47,757	1.0	\$189	3,738	65.5 %	40,350	1.2	\$84
Female	187,831	14,813,717	2,562	81.9	28,540	1.0	190	2,048	65.5	22,525	1.2	81
Disabled	140,214	11,280,265	1,863	88.4	20,780	1.0	201	1,595	75.7	17,517	1.2	87
	140,129	11,276,859	1,861	88.5	20,766	1.0	201	1,593	75.7	17,493	1.2	87
64 or younger	85	3,406	2	50.0	14	0.9	28	2	50.0	24	1.1	55
65-74	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
85 and older	47,617	3,533,452	699	68.5	7,760	0.9	160	453	44.4	5,008	1.0	59
Other Eligibles	4	323	1	100.0	2	0.5	45	0	0.0	0	0.0	0
64 or younger	27,993	2,182,493	433	96.0	4,940	1.0	180	299	66.3	3,397	1.1	64
65-74	11,723	864,701	162	60.0	1,804	0.8	141	113	41.9	1,234	0.9	51
75-84	7,897	485,935	103	34.6	1,014	0.8	94	41	13.8	377	0.8	39
85 and older												
Male	131,095	10,166,902	1,820	70.5	19,217	1.0	189	1,690	65.5	17,825	1.2	89
Disabled	113,698	8,777,248	1,558	72.3	16,487	1.0	188	1,518	70.5	16,046	1.2	91
	113,581	8,764,087	1,554	72.2	16,469	1.0	188	1,513	70.3	16,016	1.2	90
64 or younger	117	13,161	4	133.3	18	1.5	260	5	166.7	30	1.4	193
65-74	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
85 and older	17,397	1,389,654	262	61.2	2,730	1.0	191	172	40.2	1,779	1.1	78
Other Eligibles	12	343	1	100.0	1	1.0	95	1	100.0	1	3.0	72
64 or younger	9,529	877,175	154	78.6	1,711	1.1	236	111	56.6	1,171	1.1	91
65-74	5,396	371,582	75	54.3	698	0.8	112	37	26.8	398	1.0	59
75-84	2,460	140,554	32	34.4	320	0.9	127	23	24.7	209	0.8	42
85 and older												
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 5,441 beneficiaries who were in nursing facilities for part of their enrollment and their 52,461 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, OHIO, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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 \$
All	4,861	85.1 %	51,180	0.9	\$55	3,646	63.9 %	37,592	0.8	\$70	1,081	18.9 %	11,127	0.7	\$128
Female	2,775	88.7	29,668	0.9	57	2,024	64.7	21,466	0.8	71	611	19.5	6,525	0.7	136
Disabled	1,993	94.6	21,304	0.9	60	1,453	69.0	15,253	0.9	72	327	15.5	3,595	0.7	163
64 or younger	1,990	94.6	21,288	0.9	60	1,451	69.0	15,239	0.9	72	326	15.5	3,593	0.7	163
65-74	3	75.0	16	0.9	15	2	50.0	14	0.4	45	1	25.0	2	0.5	67
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	782	76.7	8,364	0.9	50	571	56.0	6,213	0.8	70	284	27.8	2,930	0.8	103
64 or younger	1	100.0	2	0.5	17	1	100.0	2	1.0	100	0	0.0	0	0.0	0
65-74	377	83.6	4,234	0.9	54	288	63.9	3,205	0.8	74	99	22.0	1,093	0.8	95
75-84	218	80.7	2,234	0.8	47	139	51.5	1,486	0.8	77	107	39.6	1,134	0.8	107
85 and older	186	62.4	1,894	0.8	42	143	48.0	1,520	0.7	54	78	26.2	703	0.9	108
Male	2,086	80.8	21,512	0.9	53	1,622	62.8	16,126	0.8	67	470	18.2	4,602	0.7	117
Disabled	1,787	83.0	18,407	0.9	53	1,402	65.1	13,938	0.8	66	356	16.5	3,483	0.7	124
64 or younger	1,785	83.0	18,403	0.9	53	1,400	65.1	13,924	0.8	66	355	16.5	3,481	0.7	125
65-74	2	66.7	4	0.8	53	2	66.7	14	0.9	91	1	33.3	2	0.5	69
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	299	69.9	3,105	0.9	51	220	51.4	2,188	0.8	73	114	26.6	1,119	0.8	96
64 or younger	0	0.0	0	0.0	0	1	100.0	1	4.0	108	0	0.0	0	0.0	0
65-74	139	70.9	1,497	0.9	59	98	50.0	1,006	0.8	75	39	19.9	438	0.7	99
75-84	111	80.4	1,128	0.8	43	84	60.9	830	0.8	76	49	35.5	467	0.8	99
85 and older	49	52.7	480	0.9	44	37	39.8	351	0.7	57	26	28.0	214	0.7	81
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 5,441 beneficiaries who were in nursing facilities for part of their enrollment and their 52,461 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 ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, OHIO, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC				
	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 \$
All	3,217	56.3 %	33,731	1.0	\$41	3,991	69.9 %	39,224	1.0	\$31	1,686	29.5 %	18,276	0.8	\$63
Female	2,010	64.3	21,462	1.0	41	2,195	70.2	22,517	0.9	30	990	31.7	10,901	0.8	65
Disabled	1,415	67.2	15,077	1.0	44	1,636	77.6	16,619	1.0	31	722	34.3	7,912	0.8	64
64 or younger	1,415	67.3	15,077	1.0	44	1,636	77.8	16,619	1.0	31	721	34.3	7,910	0.8	64
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	2	0.5	34
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	595	58.3	6,385	0.9	36	559	54.8	5,898	0.8	26	268	26.3	2,989	0.9	68
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	381	84.5	4,191	0.9	37	279	61.9	3,108	0.8	21	170	37.7	1,922	0.8	68
75-84	128	47.4	1,381	0.9	34	152	56.3	1,567	0.8	28	70	25.9	765	0.9	71
85 and older	86	28.9	813	0.8	35	128	43.0	1,223	0.8	35	28	9.4	302	0.9	56
Male	1,207	46.7	12,269	1.0	41	1,796	69.6	16,707	1.0	32	696	27.0	7,375	0.8	60
Disabled	1,012	47.0	10,215	1.0	43	1,564	72.6	14,487	1.0	32	595	27.6	6,310	0.8	61
64 or younger	1,012	47.0	10,215	1.0	43	1,559	72.5	14,457	1.0	32	594	27.6	6,298	0.8	61
65-74	0	0.0	0	0.0	0	5	166.7	30	0.2	3	1	33.3	12	0.8	53
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	195	45.6	2,054	0.9	36	232	54.2	2,220	0.7	33	101	23.6	1,065	0.8	54
64 or younger	0	0.0	0	0.0	0	1	100.0	1	2.0	28	0	0.0	0	0.0	0
65-74	100	51.0	1,076	0.9	38	105	53.6	1,044	0.8	31	53	27.0	576	0.8	55
75-84	68	49.3	698	0.9	37	76	55.1	735	0.7	47	36	26.1	377	0.9	54
85 and older	27	29.0	280	0.7	26	50	53.8	440	0.7	12	12	12.9	112	0.7	48
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 5,441 beneficiaries who were in nursing facilities for part of their enrollment and their 52,461 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 ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, OHIO, 2004

Beneficiary Characteristics	ANTIASTHMATIC					DERMATOLOGICAL					Benefit Months	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Among All-Year Nursing Facility Residents
All	3,332	58.4 %	33,965	0.6	\$29	9,554	167.3 %	104,400	0.3	\$9	5,709	55,794
Female	2,021	64.6	21,205	0.6	30	5,429	173.6	60,208	0.3	10	3,127	31,620
Disabled	1,436	68.2	15,040	0.6	33	3,982	189.0	44,224	0.3	11	2,107	21,346
	1,436	68.3	15,040	0.6	33	3,974	189.0	44,128	0.3	11	2,103	21,308
64 or younger	0	0.0	0	0.0	0	8	200.0	96	0.3	6	4	38
65-74	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
85 and older	585	57.4	6,165	0.5	23	1,447	141.9	15,984	0.3	8	1,020	10,274
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
64 or younger	312	69.2	3,382	0.5	27	684	151.7	7,764	0.3	8	451	4,916
65-74	148	54.8	1,530	0.5	18	396	146.7	4,379	0.3	8	270	2,684
75-84	125	41.9	1,253	0.3	16	367	123.2	3,841	0.3	8	298	2,672
85 and older												
Male	1,311	50.8	12,760	0.6	27	4,125	159.8	44,192	0.3	9	2,582	24,174
Disabled	1,073	49.8	10,384	0.6	28	3,511	163.0	37,595	0.3	9	2,154	20,040
	1,068	49.7	10,364	0.6	28	3,502	162.8	37,537	0.3	9	2,151	20,024
64 or younger	5	166.7	20	0.3	6	9	300.0	58	0.2	4	3	16
65-74	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
85 and older	238	55.6	2,376	0.5	21	614	143.5	6,597	0.3	8	428	4,134
Other Eligibles	0	0.0	0	0.0	0	1	100.0	1	2.0	40	1	1
64 or younger	128	65.3	1,271	0.6	25	288	146.9	3,131	0.3	8	196	2,016
65-74	71	51.4	753	0.4	19	199	144.2	2,133	0.3	8	138	1,304
75-84	39	41.9	352	0.3	11	126	135.5	1,332	0.3	8	93	813
85 and older												
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 5,441 beneficiaries who were in nursing facilities for part of their enrollment and their 52,461 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
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 Nondual Rx \$	Total Number of Beneficiaries
All	399,546	29.7 %	1.6	2,157,555	\$24	\$32,350,084	\$15	3.3 %	1,346,554
Age									
5 and younger	88,724	29.7	0.7	200,495	10	2,839,772	14	5.3	298,619
6-14	78,928	22.1	0.5	181,513	11	3,870,424	21	3.0	356,666
15-20	40,635	21.6	0.6	111,747	12	2,226,542	20	2.9	187,809
21-44	118,103	31.4	1.8	681,782	27	10,326,870	15	3.2	376,181
45-64	66,217	57.5	7.5	869,809	105	12,053,612	14	3.3	115,209
65-74	4,682	65.3	10.5	75,366	99	713,400	9	3.1	7,171
75-84	1,568	57.3	9.0	24,662	81	220,371	9	3.3	2,735
85 and older	689	32.7	5.8	12,181	47	99,093	8	4.8	2,106
Unknown	0	0.0	0.0	0	0	0	0	0.0	58
Basis of Eligibility^c									
Aged	6,848	57.8	9.4	111,064	86	1,022,489	9	3.3	11,853
Disabled	109,867	53.9	6.3	1,289,902	99	20,158,858	16	3.3	204,006
Adults	94,765	27.0	1.0	356,961	15	5,427,764	15	3.4	350,348
Children	188,066	24.1	0.5	399,628	7	5,740,973	14	3.2	780,347
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	249,006	32.6	1.9	1,432,402	28	21,201,439	15	3.6	763,541
Male	150,540	25.8	1.2	725,153	19	11,148,645	15	2.8	583,012
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Race									
White	314,757	32.0	1.7	1,661,280	26	25,479,853	15	3.3	982,242
African American	73,120	23.3	1.4	445,730	19	6,108,045	14	3.1	313,711
Other/unknown	11,669	23.1	1.0	50,545	15	762,186	15	3.1	50,601
Use of Nursing Facilities^d									
Entire year	5,391	94.4	28.6	163,008	294	1,675,603	10	4.6	5,709
Part year	5,070	93.2	17.7	96,298	276	1,503,259	16	5.0	5,441
None	389,085	29.1	1.4	1,898,249	22	29,171,222	15	3.2	1,335,404
Maintenance Assistance Status									
Cash	129,922	44.8	4.3	1,254,139	63	18,200,421	15	3.2	290,118
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	60,463	20.0	0.4	119,172	6	1,864,076	16	3.1	302,450
Other/unknown	209,161	27.7	1.0	784,244	16	12,285,587	16	3.5	753,986

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
OHIO, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$3	\$15	\$0	\$1	10,941,250
Age						
5 and younger	0.1	1	14	0	0	2,357,101
6-14	0.1	1	21	0	0	3,100,251
15-20	0.1	1	20	0	0	1,485,715
21-44	0.2	4	15	0	1	2,810,035
45-64	0.8	11	14	0	3	1,061,500
65-74	1.0	9	9	0	2	77,095
75-84	0.9	8	9	0	1	27,912
85 and older	0.6	5	8	0	1	21,516
Unknown	0.0	0	0	0	0	125
Basis of Eligibility^c						
Aged	0.9	8	9	0	1	125,234
Disabled	0.6	10	16	0	3	2,050,251
Adults	0.1	2	15	0	1	2,417,294
Children	0.1	1	14	0	0	6,348,471
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	3	15	0	1	6,158,804
Male	0.2	2	15	0	1	4,782,443
Unknown	0.0	0	0	0	0	3
Race						
White	0.2	3	15	0	1	8,323,962
African American	0.2	3	14	0	0	2,256,702
Other/unknown	0.1	2	15	0	0	360,586
Use of Nursing Facilities^d						
Entire year	2.9	30	10	0	6	55,794
Part year	1.8	29	16	0	5	52,461
None	0.2	3	15	0	1	10,832,995
Maintenance Assistance Status						
Cash	0.5	7	15	0	2	2,729,856
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	16	0	0	2,264,235
Other/unknown	0.1	2	16	0	0	5,947,159

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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
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
All	556,284	\$58	\$32,350,084	100.0 %	2,157,555	\$15	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	12	130	1,555	0.0	14	111	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	217,281	40	8,659,670	26.8	425,865	20	19.7
Vitamins and minerals	38,806	102	3,967,202	12.3	194,171	20	9.0
Non-prescription drugs	206,598	37	7,738,784	23.9	942,151	8	43.7
Barbiturates	2,712	53	143,595	0.4	27,431	5	1.3
Benzodiazepines	76,014	97	7,337,811	22.7	510,058	14	23.6
Other Part D Excl Rx Drugs	14,861	303	4,501,467	13.9	57,865	78	2.7

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. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND11.

b. Includes OTC drugs as well as prescription drugs.

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

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

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, OHIO, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	1,772,259	11,853	205,918	463,147	1,091,341	0	17,037,338	125,254	2,109,076	4,001,164	10,801,844	0
Age												
5 and younger	414,510	0	7,683	0	406,827	0	3,976,877	0	84,467	0	3,892,410	0
6-14	499,232	0	25,306	0	473,926	0	5,199,241	0	283,620	0	4,915,621	0
15-20	247,837	0	17,883	23,941	206,013	0	2,358,671	0	190,744	202,185	1,965,742	0
21-44	473,974	0	67,728	401,728	4,518	0	4,190,424	0	681,776	3,480,688	27,960	0
45-64	124,626	0	87,208	37,418	0	0	1,185,359	0	867,428	317,931	0	0
65-74	7,176	7,035	110	31	0	0	77,164	75,941	1,041	182	0	0
75-84	2,736	2,725	0	11	0	0	27,915	27,875	0	40	0	0
85 and older	2,109	2,092	0	17	0	0	21,561	21,435	0	126	0	0
Unknown	59	1	0	1	57	0	126	3	0	12	111	0
Gender												
Female	1,011,591	8,276	107,807	347,968	547,540	0	9,741,984	88,455	1,126,678	3,097,964	5,428,887	0
Male	760,667	3,577	98,111	115,179	543,800	0	7,295,351	36,799	982,398	903,200	5,372,954	0
Unknown	1	0	0	0	1	0		0	0	0	3	0
Race												
White	1,154,555	6,917	134,987	320,960	691,691	0	10,854,748	73,151	1,369,570	2,703,269	6,708,758	0
African American	544,815	3,434	64,997	124,581	351,803	0	5,506,670	36,343	678,201	1,155,018	3,637,108	0
Other/unknown	72,889	1,502	5,934	17,606	47,847	0	675,920	15,760	61,305	142,877	455,978	0
Use of Nursing Facilities^c												
Entire year	5,709	1,446	4,261	2	0	0	55,794	14,405	41,386	3	0	0
Part year	5,442	623	4,692	103	24	0	52,697	6,064	45,396	1,015	222	0
None	1,761,108	9,784	196,965	463,042	1,091,317	0	16,928,847	104,785	2,022,294	4,000,146	10,801,622	0
Maintenance Assistance Status												
Cash	366,653	7,317	158,786	57,873	142,677	0	3,877,779	82,859	1,771,800	538,818	1,484,302	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	393,238	111	132	42,183	350,812	0	3,535,433	1,059	1,077	259,991	3,273,306	0
Other/unknown	1,012,368	4,425	47,000	363,091	597,852	0	9,624,126	41,336	336,199	3,202,355	6,044,236	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,088,467	11,848	196,648	269,651	610,320	0	10,061,944	125,194	2,006,941	2,171,000	5,758,809	0
FFS part year, with Rx claims	94,259	5	4,843	37,431	51,980	0	957,900	60	54,766	358,475	544,599	0
FFS part year, no Rx claims	163,828	0	2,515	43,266	118,047	0	1,563,333	0	26,931	375,923	1,160,479	0
MC all year, with Rx claims	172	0	3	50	119	0	1,507	0	35	353	1,119	0
MC all year, no Rx claims	425,533	0	1,909	112,749	310,875	0	4,452,654	0	20,403	1,095,413	3,336,838	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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, OHIO, 2004

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	1,772,259	17,037,338	1,346,554	10,941,250	0	6,096,088
Fee-for-service (FFS) all year	1,088,467	10,061,944	1,088,467	10,061,944	0	0
FFS part year, with Rx claims	94,259	957,900	94,259	436,251	0	521,649
FFS part year, with no Rx claims	163,828	1,563,333	163,828	443,055	0	1,120,278
Managed care (MC) all year, with Rx claims	172	1,507	0	0	0	1,507
MC all year, with no Rx claims	425,533	4,452,654	0	0	0	4,452,654

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