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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
INDIANA**

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, INDIANA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	584,774	2,203	72,319	132,319	377,719	214	2,978,801	21,387	678,976	481,403	1,795,168	1,867
Age												
5 and younger	148,470	0	1,917	1	146,552	0	657,581	0	12,402	3	645,176	0
6-14	169,299	0	5,429	21	163,849	0	845,569	0	39,485	83	806,001	0
15-20	85,711	0	4,142	14,590	66,979	0	439,329	0	35,572	61,134	342,623	0
21-44	139,219	1	26,834	112,007	337	40	658,224	12	255,609	400,966	1,353	284
45-64	39,772	35	33,869	5,693	2	173	356,204	156	335,272	19,186	15	1,575
65-74	1,367	1,233	128	5	0	1	12,918	12,252	636	22	0	8
75-84	653	653	0	0	0	0	6,470	6,470	0	0	0	0
85 and older	283	281	0	2	0	0	2,506	2,497	0	9	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	342,084	1,455	38,805	115,353	186,257	214	1,697,865	14,372	369,957	429,497	882,172	1,867
Male	242,690	748	33,514	16,966	191,462	0	1,280,936	7,015	309,019	51,906	912,996	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	429,457	1,085	57,440	98,725	272,030	177	2,323,689	10,456	550,931	387,663	1,373,109	1,530
African American	107,004	475	12,453	26,479	67,572	25	451,389	4,710	106,201	70,676	269,573	229
Other/unknown	48,313	643	2,426	7,115	38,117	12	203,723	6,221	21,844	23,064	152,486	108
Use of Nursing Facilities^c												
Entire year	1,599	325	1,248	0	26	0	16,963	3,272	13,383	0	308	0
Part year	1,939	210	1,690	25	13	1	19,122	1,981	16,888	146	97	10
None	581,236	1,668	69,381	132,294	377,680	213	2,942,716	16,134	648,705	481,257	1,794,763	1,857
Maintenance Assistance Status												
Cash	224,850	1,162	44,305	81,192	98,191	0	1,128,982	12,134	419,145	286,273	411,430	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	237,309	23	14	21,140	215,918	214	1,138,529	225	156	81,227	1,055,054	1,867
Other/unknown	122,615	1,018	28,000	29,987	63,610	0	711,290	9,028	259,675	113,903	328,684	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	169,487	2,193	61,803	32,611	72,667	213	1,204,146	21,315	626,698	112,610	441,658	1,865
FFS part year, with Rx claims	201,034	8	7,552	56,755	136,719	0	1,034,749	51	42,091	243,837	748,770	0
FFS part year, no Rx claims	214,253	2	2,964	42,953	168,333	1	739,906	21	10,187	124,956	604,740	2

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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, INDIANA, 2005

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	49.6	6.8	\$490	\$73	\$3,455	14.2	584,774
Age							
5 and younger	42.9	1.8	86	47	1,705	5.0	148,470
6-14	43.2	3.0	243	82	1,803	13.5	169,299
15-20	48.2	4.2	432	103	2,856	15.1	85,711
21-44	57.0	8.3	643	77	5,019	12.8	139,219
45-64	77.9	39.8	2,565	65	12,214	21.0	39,772
65-74	71.5	34.7	1,883	54	13,422	14.0	1,367
75-84	75.0	37.7	2,027	54	14,552	13.9	653
85 and older	78.8	41.2	1,723	42	18,450	9.3	283
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	73.7	36.9	1,917	52	14,374	13.3	2,203
Disabled	79.3	34.7	2,854	82	14,971	19.1	72,319
Adults	51.5	3.4	128	37	2,302	5.5	132,319
Children	43.1	2.4	156	65	1,584	9.8	377,719
Unknown	83.6	25.1	1,580	63	15,346	10.3	214
Gender							
Female	51.1	7.2	431	60	3,263	13.2	342,084
Male	47.6	6.2	574	93	3,727	15.4	242,690
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	55.7	7.9	567	72	3,670	15.5	429,457
African American	34.3	4.2	326	77	3,181	10.2	107,004
Other/unknown	30.0	2.6	171	67	2,152	7.9	48,313
Use of Nursing Facilities^f							
Entire year	98.9	105.2	6,327	60	58,221	10.9	1,599
Part year	97.9	80.4	5,143	64	47,604	10.8	1,939
None	49.4	6.2	459	73	3,158	14.5	581,236
Maintenance Assistance Status							
Cash	52.7	10.0	704	71	4,704	15.0	224,850
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	44.1	2.3	149	65	1,453	10.3	237,309
Other/unknown	54.7	9.5	759	80	5,040	15.1	122,615

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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, INDIANA, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:							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	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	1.3	\$96	14.2	50.4	32.5	6.7	6.9	2.8	0.8	\$678	584,774	2,978,801
Age												
5 and younger	0.4	19	5.0	57.1	36.6	4.2	1.9	0.2	0.0	385	148,470	657,581
6-14	0.6	49	13.5	56.8	33.3	5.2	4.0	0.6	0.1	361	169,299	845,569
15-20	0.8	84	15.1	51.8	34.9	6.9	5.2	1.0	0.2	557	85,711	439,329
21-44	1.8	136	12.8	43.0	30.2	9.8	11.5	4.4	1.0	1,062	139,219	658,224
45-64	4.4	286	21.0	22.1	16.8	10.4	23.8	19.3	7.6	1,364	39,772	356,204
65-74	3.7	199	14.0	28.5	19.8	8.6	20.3	14.4	8.3	1,420	1,367	12,918
75-84	3.8	205	13.9	25.0	19.8	7.5	20.7	19.8	7.4	1,469	653	6,470
85 and older	4.7	195	9.3	21.2	9.5	5.3	29.0	25.1	9.9	2,084	283	2,506
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	3.8	197	13.3	26.3	18.9	7.9	21.6	17.4	7.9	1,481	2,203	21,387
Disabled	3.7	304	19.1	20.7	22.5	11.8	23.6	15.9	5.5	1,595	72,319	678,976
Adults	0.9	35	5.5	48.5	31.7	8.8	8.2	2.4	0.4	633	132,319	481,403
Children	0.5	33	9.8	56.9	34.7	4.9	3.1	0.4	0.1	333	377,719	1,795,168
Unknown	2.9	181	10.3	16.4	25.7	16.8	29.0	10.7	1.4	1,759	214	1,867
Gender												
Female	1.5	87	13.2	48.9	32.9	6.9	7.1	3.2	1.0	657	342,084	1,697,865
Male	1.2	109	15.4	52.4	31.9	6.4	6.5	2.3	0.6	706	242,690	1,280,936
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.5	105	15.5	44.3	36.0	7.5	7.9	3.3	1.0	678	429,457	2,323,689
African American	1.0	77	10.2	65.7	22.5	5.0	4.7	1.8	0.4	754	107,004	451,389
Other/unknown	0.6	41	7.9	70.0	22.9	3.2	2.8	0.9	0.2	510	48,313	203,723
Use of Nursing Facilities^f												
Entire year	9.9	596	10.9	1.1	2.0	3.3	17.3	37.3	39.0	5,488	1,599	16,963
Part year	8.2	522	10.8	2.1	5.3	6.7	24.1	34.0	27.7	4,827	1,939	19,122
None	1.2	91	14.5	50.6	32.6	6.7	6.8	2.6	0.6	624	581,236	2,942,716
Maintenance Assistance Status												
Cash	2.0	140	15.0	47.3	29.0	7.8	9.5	4.8	1.6	937	224,850	1,128,982
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	31	10.3	55.9	35.9	4.8	3.0	0.4	0.1	303	237,309	1,138,529
Other/unknown	1.6	131	15.1	45.3	32.3	8.1	9.4	3.9	1.0	869	122,615	711,290

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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, INDIANA, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	1.3	\$96	\$73	0.5	\$77	\$157	0.0	\$4	\$92	0.8	\$15	\$19
Age												
5 and younger	0.4	19	47	0.1	15	109	0.0	0	49	0.3	4	16
6-14	0.6	49	82	0.3	42	137	0.0	2	78	0.3	5	20
15-20	0.8	84	103	0.4	74	211	0.0	3	71	0.4	8	18
21-44	1.8	136	77	0.6	109	188	0.1	6	97	1.1	21	19
45-64	4.4	286	65	1.6	219	139	0.1	13	107	2.7	55	20
65-74	3.7	199	54	1.3	158	122	0.1	5	54	2.3	36	16
75-84	3.8	205	54	1.4	160	113	0.1	7	60	2.3	38	17
85 and older	4.7	195	42	1.6	142	87	0.1	7	50	2.9	45	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.8	197	52	1.4	154	114	0.1	6	54	2.3	37	16
Disabled	3.7	304	82	1.4	246	180	0.1	12	107	2.2	46	21
Adults	0.9	35	37	0.2	24	103	0.0	2	66	0.7	9	14
Children	0.5	33	65	0.2	27	121	0.0	1	69	0.3	5	18
Unknown	2.9	181	63	1.0	153	147	0.1	3	55	1.8	25	14
Gender												
Female	1.5	87	60	0.5	67	132	0.0	4	83	0.9	16	18
Male	1.2	109	93	0.5	92	191	0.0	4	106	0.6	14	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.5	105	72	0.5	84	154	0.0	4	91	0.9	17	19
African American	1.0	77	77	0.4	64	178	0.0	3	96	0.6	11	18
Other/unknown	0.6	41	67	0.2	33	145	0.0	2	92	0.4	6	18
Use of Nursing Facilities^e												
Entire year	9.9	596	60	3.3	436	134	0.3	24	73	6.3	136	22
Part year	8.2	522	64	2.6	387	147	0.2	22	91	5.3	112	21
None	1.2	91	73	0.5	73	158	0.0	4	93	0.7	14	19
Maintenance Assistance Status												
Cash	2.0	140	71	0.7	110	159	0.1	6	99	1.2	24	19
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	31	65	0.2	26	123	0.0	1	66	0.3	5	17
Other/unknown	1.6	131	80	0.6	108	171	0.0	4	91	1.0	18	19

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Indiana, 0.2 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).

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, INDIANA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Off-Brand-Name		Generic	Total	Off-Brand-Name		Generic	Total	Off-Brand-Name		Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Patented	Patent			Patented	Patent			Patented	Patent						
Anti-infective Agents	0.3	0.1	0.0	0.2	\$17	\$11	\$2	\$4	\$53	\$143	\$64	\$18	400,452	\$21,105,564	175,432	30.0	1,233,001
Biologicals	0.2	0.1	0.0	0.0	107	99	1	8	649	700	1,003	331	3,582	2,326,144	2,128	0.4	21,715
Antineoplastic Agents	0.5	0.2	0.0	0.3	130	115	0	15	266	720	124	47	9,182	2,439,929	1,953	0.3	18,698
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.3	35	25	3	6	57	114	73	19	310,361	17,843,716	63,985	10.9	506,763
Cardiovascular Agents	1.2	0.5	0.0	0.7	48	40	0	8	39	81	35	11	491,412	19,032,016	42,322	7.2	395,274
Respiratory Agents	0.5	0.2	0.0	0.3	25	21	1	4	51	96	52	14	432,838	21,885,812	119,381	20.4	859,582
Gastrointestinal Agents	0.6	0.2	0.0	0.4	40	32	0	8	69	142	62	22	206,621	14,251,546	39,721	6.8	352,786
Genitourinary Agents	0.4	0.2	0.0	0.2	20	16	1	3	55	90	64	19	41,809	2,290,548	13,773	2.4	114,153
CNS Drugs	1.1	0.6	0.0	0.5	113	103	2	9	101	178	134	17	735,176	74,407,580	79,326	13.6	657,442
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.1	71	66	1	5	91	104	99	34	151,827	13,829,184	27,310	4.7	194,799
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	121	113	0	8	326	391	110	98	14,021	4,573,157	3,897	0.7	37,903
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	28	11	4	12	41	162	255	21	512,392	20,914,342	100,708	17.2	759,369
Neuromuscular Agents	0.8	0.3	0.0	0.5	70	52	3	16	85	168	91	32	315,579	26,945,336	42,892	7.3	383,499
Nutritional Products	0.4	0.1	0.0	0.4	8	1	1	5	18	23	65	15	69,784	1,246,033	22,654	3.9	163,140
Hematological Agents	0.6	0.3	0.0	0.3	317	312	1	4	507	1,213	44	13	66,861	33,868,727	11,033	1.9	106,683
Topical Products	0.3	0.1	0.0	0.2	12	7	0	4	41	90	49	20	177,615	7,257,628	82,457	14.1	627,504
Miscellaneous Products	0.5	0.2	0.0	0.3	104	83	8	13	213	448	253	47	10,514	2,239,531	2,190	0.4	21,632
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	46	0	0	0	5,243	240,937	2,504	0.4	22,630
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.	3,955,269	286,697,730	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Indiana, 0.2 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 2005.

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.

Nondual Beneficiaries

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, INDIANA, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$50,822,622	35,777	6.1	345,444	0.6	\$227	\$147
MISC. HEMATOLOGICAL	28,890,255	4,146	0.7	43,930	0.5	1,239	658
ANTICONVULSANT	24,605,794	34,780	5.9	331,384	0.7	109	74
ANTIDEPRESSANTS	18,776,015	70,627	12.1	625,700	0.5	59	30
ANTIASTHMATIC	14,230,832	79,072	13.5	633,483	0.3	66	22
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	13,663,926	30,736	5.3	227,250	0.7	91	60
ANALGESICS - Narcotic	12,334,945	106,610	18.2	869,714	0.4	34	14
ULCER DRUGS	10,273,447	37,317	6.4	349,087	0.4	67	29
ANTIDIABETIC	9,606,048	22,253	3.8	222,483	0.6	73	43
ANTHYPERLIPIDEMIC	9,461,608	17,986	3.1	191,564	0.5	95	49
Total	192,665,492	439,304		3,840,039	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Beneficiaries

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, INDIANA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC. HEMATOLOGICAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,898,579	\$192,665,492	35,777	6.1	345,444	0.6	\$147	4,146	0.7	43,930	0.5	\$658
Female												
All Females	1,123,049	90,603,350	17,538	5.1	170,804	0.6	134	2,352	0.7	25,378	0.5	65
Female, Disabled												
All Ages	787,629	69,599,476	11,335	29.2	124,268	0.6	145	2,097	5.4	23,290	0.5	65
5 and younger	3,846	380,286	18	2.4	160	0.6	109	1	0.1	7	0.1	165
6-14	15,078	1,537,393	328	18.2	2,823	0.7	149	1	0.1	12	0.2	142
15-20	16,778	1,885,521	437	26.7	4,585	0.7	135	4	0.2	48	0.4	458
21-44	228,774	22,503,087	5,033	36.1	54,587	0.6	142	193	1.4	2,055	0.4	52
45-64	522,414	43,233,483	5,497	26.7	61,995	0.6	149	1,894	9.2	21,141	0.5	65
65-74	739	59,706	22	27.5	118	0.5	100	4	5.0	27	0.5	60
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
Female, Other Eligibles												
All Ages	335,420	21,003,874	6,203	2.0	46,536	0.6	102	255	0.1	2,088	0.6	69
5 and younger	16,779	1,097,257	74	0.1	528	0.4	72	0	0.0	0	0.0	0
6-14	75,260	6,372,836	1,950	2.4	16,037	0.6	113	1	0.0	2	1.0	28
15-20	65,404	4,673,257	1,632	3.4	14,172	0.6	114	4	0.0	30	0.1	11
21-44	141,258	6,354,932	2,124	2.2	11,982	0.4	64	77	0.1	392	0.5	77
45-64	14,122	857,386	163	3.9	1,038	0.5	85	42	1.0	226	0.5	62
65-74	13,971	1,035,068	157	18.6	1,722	0.8	169	62	7.3	682	0.5	65
75-84	6,471	489,944	68	15.9	703	0.9	178	47	11.0	530	0.7	70
85 and older	2,155	123,194	35	20.7	354	0.6	60	22	13.0	226	0.7	78
Male												
All Males	775,530	102,062,142	18,239	7.5	174,640	0.7	160	1,794	0.7	18,552	0.5	1,468
Male, Disabled												
All Ages	494,555	73,575,161	10,079	30.1	108,952	0.7	176	1,564	4.7	17,052	0.5	1,399
5 and younger	5,609	727,598	50	4.3	372	0.6	103	3	0.3	23	1.1	10,735
6-14	32,413	6,139,393	1,083	29.9	9,474	0.7	153	13	0.4	141	0.9	17,837
15-20	28,562	14,733,959	961	38.3	9,946	0.7	173	13	0.5	137	0.9	81,602
21-44	187,712	31,209,012	5,145	39.9	57,610	0.7	183	206	1.6	2,226	0.5	4,056
45-64	239,811	20,734,064	2,831	21.3	31,487	0.7	174	1,323	10.0	14,490	0.5	61
65-74	448	31,135	9	18.8	63	0.7	85	6	12.5	35	0.9	100
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

Nondual Beneficiaries

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, INDIANA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC. HEMATOLOGICAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of	Mean	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of	Mean	Mean Rx \$ per Benefit Month
					Benefit Months Among Users	Rx per Benefit Month			Benefit Months Among Users	Rx per Benefit Month		
Male, Other Eligibles												
All Ages	280,975	28,486,981	8,160	3.9	65,688	0.7	134	230	0.1	1,500	0.6	2,255
5 and younger	26,912	2,198,685	283	0.4	2,279	0.5	92	14	0.0	75	0.5	3,980
6-14	149,341	16,292,338	4,837	5.8	37,820	0.7	133	17	0.0	112	1.1	18,709
15-20	67,429	7,795,361	2,519	7.6	22,254	0.7	141	8	0.0	51	0.9	17,687
21-44	22,485	1,161,161	349	2.3	1,767	0.4	103	67	0.4	284	0.6	75
45-64	4,764	301,595	37	2.1	248	0.4	92	45	2.5	199	0.5	58
65-74	5,071	383,361	57	14.4	590	0.8	157	44	11.1	468	0.6	74
75-84	3,352	265,189	46	20.4	472	0.9	185	19	8.4	176	0.5	54
85 and older	1,621	89,291	32	28.1	258	0.6	67	16	14.0	135	0.7	64
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 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Nondual Beneficiaries

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, INDIANA, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANTIASTHMATIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	34,780	5.9	331,384	0.7	\$74	70,627	12.1	625,700	0.5	\$30	79,072	13.5	633,483	0.3	\$23
Female															
All Females	21,343	6.2	198,296	0.7	70	48,953	14.3	420,910	0.5	31	44,616	13.0	368,230	0.3	22
Female, Disabled															
All Ages	13,984	36.0	152,879	0.7	75	24,979	64.4	272,784	0.5	33	18,707	48.2	206,119	0.4	26
5 and younger	152	19.9	1,535	0.8	113	9	1.2	94	0.5	13	366	47.9	3,326	0.4	39
6-14	542	30.0	5,412	0.9	96	261	14.5	2,399	0.6	27	573	31.7	5,762	0.5	39
15-20	525	32.1	5,667	0.9	125	509	31.1	5,173	0.6	30	384	23.5	4,075	0.4	30
21-44	5,593	40.1	59,536	0.7	86	9,087	65.2	95,519	0.5	33	4,871	35.0	51,748	0.3	22
45-64	7,155	34.8	80,612	0.6	61	15,084	73.3	169,418	0.5	34	12,484	60.6	141,068	0.4	27
65-74	17	21.3	117	0.6	35	29	36.3	181	0.7	39	29	36.3	140	0.4	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
Female, Other Eligibles															
All Ages	7,359	2.4	45,417	0.6	54	23,974	7.9	148,126	0.4	26	25,909	8.5	162,111	0.3	17
5 and younger	217	0.3	1,461	0.6	57	44	0.1	333	0.4	12	7,095	9.9	44,694	0.3	18
6-14	992	1.2	7,408	0.7	89	2,630	3.3	20,848	0.5	24	7,764	9.6	50,642	0.3	20
15-20	1,270	2.6	9,756	0.6	71	5,071	10.5	38,537	0.5	24	3,823	7.9	26,230	0.3	16
21-44	4,352	4.5	22,945	0.5	37	14,657	15.0	77,538	0.4	26	6,179	6.3	32,373	0.3	14
45-64	322	7.8	1,662	0.6	47	1,140	27.6	6,150	0.5	37	609	14.7	3,557	0.4	23
65-74	130	15.4	1,395	0.7	45	260	30.8	2,857	0.7	37	254	30.1	2,726	0.4	23
75-84	56	13.1	586	0.7	52	113	26.4	1,256	0.6	28	132	30.8	1,357	0.4	21
85 and older	20	11.8	204	0.8	35	59	34.9	607	0.7	36	53	31.4	532	0.3	17
Male															
All Males	13,437	5.5	133,088	0.7	80	21,674	8.9	204,790	0.5	29	34,456	14.2	265,253	0.3	23
Male, Disabled															
All Ages	9,587	28.6	105,247	0.7	82	12,463	37.2	135,930	0.5	29	9,980	29.8	106,862	0.4	27
5 and younger	158	13.7	1,409	0.7	66	22	1.9	210	0.4	11	582	50.5	5,200	0.5	47
6-14	881	24.3	8,604	0.8	96	697	19.2	6,403	0.6	27	1,079	29.8	10,270	0.5	29
15-20	762	30.4	8,155	0.9	112	698	27.8	7,263	0.6	31	527	21.0	5,466	0.5	30
21-44	4,432	34.3	49,942	0.8	96	5,409	41.9	59,993	0.5	30	2,418	18.7	26,756	0.3	20
45-64	3,345	25.2	37,090	0.6	55	5,625	42.4	61,986	0.5	29	5,351	40.3	59,006	0.4	28
65-74	9	18.8	47	0.6	31	12	25.0	75	0.5	29	23	47.9	164	0.4	33
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Nondual Beneficiaries

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, INDIANA, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANTIASTHMATIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	3,850	1.8	27,841	0.7	72	9,211	4.4	68,860	0.5	27	24,476	11.7	158,391	0.3	20
5 and younger	263	0.3	1,841	0.6	62	123	0.2	1,030	0.4	12	10,374	13.8	65,932	0.3	19
6-14	1,706	2.0	12,882	0.7	74	4,317	5.2	33,669	0.6	26	10,250	12.3	66,449	0.3	21
15-20	1,024	3.1	8,279	0.7	88	2,875	8.7	23,672	0.5	29	2,825	8.5	19,622	0.3	17
21-44	640	4.3	3,175	0.6	42	1,432	9.6	6,952	0.4	27	614	4.1	3,023	0.4	18
45-64	111	6.3	595	0.5	36	256	14.4	1,376	0.4	27	172	9.7	888	0.4	25
65-74	56	14.2	601	0.6	54	88	22.3	968	0.6	30	131	33.2	1,413	0.4	29
75-84	33	14.7	301	1.0	65	65	28.9	679	0.7	45	70	31.1	722	0.4	18
85 and older	17	14.9	167	0.5	28	55	48.2	514	0.7	32	40	35.1	342	0.3	10
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 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Nondual Beneficiaries

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, INDIANA, 2005

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANALGESICS - Narcotic					ULCER DRUGS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	30,736	5.3	227,250	0.7	\$60	106,610	18.2	869,714	0.4	\$14	37,317	6.4	349,087	0.4	\$29
Female															
All Females	9,915	2.9	75,953	0.6	58	75,250	22.0	594,561	0.4	12	24,816	7.3	231,004	0.4	30
Female, Disabled															
All Ages	1,850	4.8	18,562	0.6	66	30,327	78.2	330,009	0.5	18	15,259	39.3	169,469	0.5	34
5 and younger	28	3.7	217	0.4	27	72	9.4	709	0.1	2	184	24.1	1,715	0.5	28
6-14	393	21.8	2,963	0.7	60	203	11.2	2,007	0.2	2	246	13.6	2,660	0.6	46
15-20	205	12.5	2,045	0.7	56	481	29.4	4,963	0.2	2	277	16.9	3,017	0.5	34
21-44	671	4.8	7,132	0.5	65	10,730	77.0	111,159	0.4	16	4,308	30.9	46,136	0.4	30
45-64	553	2.7	6,205	0.5	75	18,807	91.3	210,968	0.5	20	10,226	49.7	115,834	0.5	35
65-74	0	0.0	0	0.0	0	34	42.5	203	0.8	35	18	22.5	107	0.7	17
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
Female, Other Eligibles															
All Ages	8,065	2.7	57,391	0.6	56	44,923	14.8	264,552	0.3	5	9,557	3.2	61,535	0.3	19
5 and younger	208	0.3	1,520	0.4	29	1,112	1.6	7,967	0.2	2	993	1.4	6,253	0.3	17
6-14	5,421	6.7	38,894	0.7	55	3,106	3.9	22,580	0.2	2	1,191	1.5	8,252	0.3	16
15-20	1,511	3.1	12,012	0.6	55	8,362	17.3	57,275	0.2	2	1,847	3.8	13,665	0.3	11
21-44	872	0.9	4,620	0.6	64	30,230	31.0	161,526	0.4	6	4,541	4.7	25,064	0.3	20
45-64	45	1.1	260	0.7	101	1,414	34.2	7,599	0.6	13	484	11.7	2,793	0.5	34
65-74	6	0.7	71	0.7	85	427	50.6	4,717	0.5	12	286	33.9	3,177	0.5	28
75-84	2	0.5	14	0.5	190	199	46.5	2,126	0.5	22	157	36.7	1,723	0.5	30
85 and older	0	0.0	0	0.0	0	73	43.2	762	0.4	9	58	34.3	608	0.6	29
Male															
All Males	20,821	8.6	151,297	0.7	61	31,360	12.9	275,153	0.4	18	12,501	5.2	118,083	0.5	29
Male, Disabled															
All Ages	2,661	7.9	23,912	0.7	69	17,379	51.9	188,271	0.5	24	8,106	24.2	89,103	0.5	32
5 and younger	49	4.2	424	0.5	34	110	9.5	1,038	0.2	2	259	22.5	2,403	0.5	35
6-14	1,296	35.8	9,939	0.7	66	327	9.0	3,155	0.2	2	328	9.1	3,515	0.5	49
15-20	513	20.5	4,739	0.7	71	493	19.7	5,130	0.2	5	320	12.8	3,514	0.5	41
21-44	573	4.4	6,319	0.6	69	7,080	54.9	76,818	0.4	23	2,808	21.8	31,238	0.5	30
45-64	230	1.7	2,491	0.5	84	9,350	70.4	101,992	0.5	27	4,376	33.0	48,334	0.5	32
65-74	0	0.0	0	0.0	0	19	39.6	138	0.8	21	15	31.3	99	0.6	50
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

Nondual Beneficiaries

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, INDIANA, 2005

STIMULANTS/ANTI-OBESITY/ANOREXIANTS						ANALGESICS - Narcotic					ULCER DRUGS				
Beneficiary Characteristics	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	18,160	8.7	127,385	0.7	60	13,981	6.7	86,882	0.3	6	4,395	2.1	28,980	0.4	19
5 and younger	649	0.9	4,880	0.5	33	1,658	2.2	11,846	0.2	2	1,303	1.7	8,118	0.3	17
6-14	13,924	16.7	95,313	0.7	59	3,157	3.8	23,150	0.2	2	1,060	1.3	7,565	0.3	17
15-20	3,423	10.3	26,342	0.7	66	3,563	10.8	25,382	0.2	2	911	2.8	6,671	0.3	17
21-44	138	0.9	655	0.6	60	4,707	31.4	20,671	0.6	14	731	4.9	3,526	0.4	28
45-64	19	1.1	121	0.5	77	626	35.3	3,013	0.6	21	178	10.0	926	0.4	26
65-74	4	1.0	38	0.5	84	145	36.7	1,599	0.5	6	96	24.3	1,013	0.5	22
75-84	3	1.3	36	0.7	35	80	35.6	786	0.5	21	69	30.7	725	0.6	25
85 and older	0	0.0	0	0.0	0	45	39.5	435	0.4	13	47	41.2	436	0.6	18
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 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Nondual Beneficiaries

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, INDIANA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Month		
All	22,253	3.8	222,483	0.6	\$43	17,986	3.1	191,564	0.5	\$49	584,774	2,978,801
Female												
All Females	14,970	4.4	149,218	0.6	43	11,410	3.3	121,361	0.5	50	342,084	1,697,865
Female, Disabled												
All Ages	11,510	29.7	128,053	0.6	44	9,814	25.3	110,389	0.5	50	38,805	369,957
5 and younger	4	0.5	30	0.5	51	2	0.3	15	0.8	51	764	4,957
6-14	19	1.1	191	0.4	24	6	0.3	72	0.6	25	1,806	13,351
15-20	55	3.4	574	0.5	46	12	0.7	134	0.3	23	1,635	13,820
21-44	2,153	15.5	22,874	0.5	40	1,607	11.5	17,485	0.5	43	13,931	128,723
45-64	9,252	44.9	104,213	0.6	45	8,164	39.7	92,517	0.5	51	20,589	208,702
65-74	27	33.7	171	0.6	65	23	28.8	166	0.6	67	80	404
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
Female, Other Eligibles												
All Ages	3,460	1.1	21,165	0.6	38	1,596	0.5	10,972	0.5	47	303,279	1,327,908
5 and younger	25	0.0	162	0.6	40	9	0.0	61	0.4	44	71,389	313,879
6-14	266	0.3	1,524	0.7	66	13	0.0	74	0.4	31	80,477	393,928
15-20	388	0.8	2,485	0.6	47	44	0.1	312	0.4	36	48,443	233,705
21-44	1,821	1.9	9,045	0.5	33	790	0.8	4,112	0.4	38	97,399	357,015
45-64	414	10.0	1,904	0.6	32	321	7.8	1,711	0.5	49	4,130	15,064
65-74	363	43.0	4,068	0.6	35	288	34.1	3,250	0.5	56	844	8,486
75-84	144	33.6	1,560	0.7	35	118	27.6	1,317	0.6	61	428	4,299
85 and older	39	23.1	417	0.7	39	13	7.7	135	0.5	44	169	1,532
Male												
All Males	7,283	3.0	73,265	0.6	43	6,576	2.7	70,203	0.5	49	242,690	1,280,936
Male, Disabled												
All Ages	5,945	17.7	64,942	0.6	42	5,840	17.4	65,403	0.5	49	33,514	309,019
5 and younger	5	0.4	48	0.5	47	2	0.2	24	0.2	5	1,153	7,445
6-14	37	1.0	357	0.6	145	2	0.1	24	0.4	7	3,623	26,134
15-20	44	1.8	442	0.8	54	20	0.8	215	0.5	35	2,507	21,752
21-44	1,417	11.0	15,313	0.6	44	1,504	11.7	16,886	0.5	44	12,903	126,886
45-64	4,431	33.4	48,724	0.6	41	4,305	32.4	48,210	0.5	51	13,280	126,570
65-74	11	22.9	58	0.8	51	7	14.6	44	0.6	52	48	232
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

Nondual Beneficiaries

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, INDIANA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Month		
Male, Other Eligibles												
All Ages	1,338	0.6	8,323	0.6	50	736	0.4	4,800	0.5	51	209,176	971,917
5 and younger	39	0.1	241	0.7	54	4	0.0	18	0.3	7	75,164	331,300
6-14	228	0.3	1,484	0.7	68	21	0.0	174	0.3	34	83,393	412,156
15-20	180	0.5	1,068	0.8	80	36	0.1	238	0.4	39	33,126	170,052
21-44	441	2.9	1,964	0.6	42	320	2.1	1,565	0.4	39	14,986	45,600
45-64	206	11.6	980	0.6	46	176	9.9	825	0.6	57	1,773	5,868
65-74	134	33.9	1,453	0.6	36	99	25.1	1,106	0.6	62	395	3,796
75-84	74	32.9	781	0.6	33	62	27.6	697	0.6	63	225	2,171
85 and older	36	31.6	352	0.7	43	18	15.8	177	0.8	59	114	974
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 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Nondual Beneficiaries

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, INDIANA, 2005

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	\$596	9.9	1,599	16,963
Age				
0-64	632	10.3	1,270	13,672
65-74	552	9.7	125	1,256
75-84	455	8.2	115	1,194
85 and older	279	6.7	89	841
Unknown	0	0.0	0	0
Gender				
Female	618	10.3	877	9,466
Male	569	9.4	722	7,497
Unknown	0	0.0	0	0
Race				
White	610	10.4	1,242	13,008
African American	559	8.5	316	3,515
Other/unknown	499	8.2	41	440
Basis of Eligibility^c				
Aged	443	8.4	325	3,272
Disabled	633	10.3	1,248	13,383
Adults	0	0.0	0	0
Children	629	10.8	26	308
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 1,939 beneficiaries who were in nursing facilities for part of their enrollment and their 19,122 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.

Nondual Beneficiaries

TABLE ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, INDIANA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users								\$ per Rx		Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	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-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.7	0.2	0.1	0.4	\$52	\$36	\$6	\$10	\$72	\$158	\$98	\$23	9,262	\$665,059	1,166	72.9	12,782
Biologicals	0.1	0.0	0.0	0.1	10	8	0	2	102	197	0	30	402	40,805	362	22.6	4,262
Antineoplastic Agents	0.6	0.1	0.0	0.5	87	39	0	48	152	525	0	97	577	87,815	96	6.0	1,014
Endocrine/Metabolic Drugs	1.4	0.6	0.1	0.6	68	49	8	11	50	83	57	17	12,222	605,635	826	51.7	8,863
Cardiovascular Agents	2.3	0.7	0.0	1.6	73	53	0	20	32	77	17	13	25,198	806,332	1,041	65.1	11,044
Respiratory Agents	1.1	0.3	0.0	0.8	41	30	1	10	37	95	43	13	11,536	427,506	959	60.0	10,394
Gastrointestinal Agents	1.2	0.3	0.0	0.9	54	35	2	18	45	130	77	19	14,044	633,857	1,091	68.2	11,736
Genitourinary Agents	0.7	0.4	0.0	0.3	40	31	1	8	55	84	89	23	3,161	175,264	405	25.3	4,382
CNS Drugs	2.0	1.0	0.0	1.0	179	158	2	19	90	162	65	19	27,886	2,497,433	1,298	81.2	13,985
Stimulants/Anti-obesity/Anorexia	0.8	0.5	0.0	0.3	116	112	0	4	152	226	62	15	411	62,391	49	3.1	537
Miscellaneous Psychological/Neurological Agents	1.0	0.9	0.0	0.0	210	209	0	1	219	221	0	62	2,330	510,679	224	14.0	2,434
Analgesics and Anesthetics	1.4	0.2	0.1	1.2	59	22	8	29	42	134	112	25	15,055	636,337	1,008	63.0	10,785
Neuromuscular Agents	1.7	0.5	0.1	1.1	138	84	6	47	81	170	90	41	18,772	1,512,994	994	62.2	10,973
Nutritional Products	0.9	0.0	0.0	0.8	22	1	1	21	25	41	25	25	6,074	150,972	649	40.6	6,811
Hematological Agents	1.3	0.4	0.0	0.8	120	111	0	8	94	249	20	10	7,480	700,695	559	35.0	5,852
Topical Products	0.9	0.3	0.1	0.5	41	28	3	10	44	80	52	20	12,283	546,210	1,225	76.6	13,453
Miscellaneous Products	0.4	0.1	0.0	0.3	18	7	0	10	44	59	0	37	1,084	47,386	244	15.3	2,674
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	19	0	0	0	480	9,317	139	8.7	1,557
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.	168,257	10,116,687	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,939 beneficiaries who were in nursing facilities for part of their enrollment and their 19,122 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 2005. 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.medispain.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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Indiana, 0.2 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.

Nondual Beneficiaries

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, INDIANA, 2005

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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,631,490	802	50.2	8,782	0.9	\$206	\$186
ANTICONVULSANT	1,247,279	1,155	72.2	12,799	1.1	92	97
ANTIDEPRESSANTS	713,844	1,227	76.7	13,466	0.8	64	53
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	513,855	298	18.6	3,244	0.7	215	158
DERMATOLOGICAL	473,817	3,217	201.2	35,984	0.3	40	13
ANTIDIABETIC	447,813	776	48.5	8,119	1.0	56	55
ULCER DRUGS	415,039	1,084	67.8	11,587	0.8	45	36
ANALGESICS - Narcotic	374,440	1,085	67.9	11,469	0.9	35	33
ANTIHYPERLIPIDEMIC	355,993	451	28.2	4,959	0.8	85	72
ANTIASTHMATIC	318,403	1,041	65.1	11,146	0.7	41	29
Total	6,491,973	11,136		121,555	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,939 beneficiaries who were in nursing facilities for part of their enrollment and their 19,122 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 2005. 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 2005 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Beneficiaries

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, INDIANA, 2005

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	86,801	\$6,491,973	802	50.2	8,782	0.9	\$186	1,155	72.2	12,799	1.1	\$98
Female												
All Females	50,702	3,919,298	480	54.7	5,372	0.9	186	628	71.6	6,968	1.1	97
Female, Disabled												
All Ages	41,158	3,228,162	367	54.8	4,172	0.9	191	552	82.4	6,185	1.1	100
64 or younger	41,130	3,226,951	366	54.7	4,170	0.9	191	552	82.5	6,185	1.1	100
65-74	28	1,211	1	100.0	2	0.5	75	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
Female, Other Eligibles												
All Ages	9,544	691,136	113	54.6	1,200	0.9	171	76	36.7	783	1.1	76
64 or younger	501	30,152	1	10.0	1	1.0	9	8	80.0	85	1.3	130
65-74	4,759	340,086	60	70.6	645	0.8	155	42	49.4	425	1.1	67
75-84	3,085	252,304	39	55.7	411	1.0	230	17	24.3	175	1.1	98
85 and older	1,199	68,594	13	31.0	143	0.9	75	9	21.4	98	0.8	28
Male												
All Males	36,099	2,572,675	322	44.6	3,410	0.9	185	527	73.0	5,831	1.1	98
Male, Disabled												
All Ages	30,232	2,188,495	262	45.3	2,817	0.9	192	466	80.6	5,193	1.1	100
64 or younger	30,048	2,173,384	256	44.7	2,783	0.9	193	465	81.2	5,187	1.1	100
65-74	184	15,111	6	120.0	34	0.9	139	1	20.0	6	1.2	84
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
Male, Other Eligibles												
All Ages	5,867	384,180	60	41.7	593	0.8	150	61	42.4	638	1.0	82
64 or younger	1,079	69,029	2	11.1	24	1.0	346	15	83.3	172	1.3	142
65-74	1,446	89,939	14	41.2	147	0.7	108	20	58.8	219	0.8	61
75-84	2,063	147,170	23	51.1	242	1.1	211	18	40.0	168	1.1	72
85 and older	1,279	78,042	21	44.7	180	0.6	75	8	17.0	79	0.5	30
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 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,939 beneficiaries who were in nursing facilities for part of their enrollment and their 19,122 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 2005. 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 2005 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.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, INDIANA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					DERMATOLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,227	76.7	13,466	0.8	\$53	298	18.6	3,244	0.7	\$158	3,217	201.2	35,984	0.3	\$13
Female															
All Females	754	86.0	8,349	0.8	53	185	21.1	2,058	0.7	183	1,774	202.3	20,113	0.3	13
Female, Disabled															
All Ages	604	90.1	6,701	0.8	54	122	18.2	1,356	0.7	225	1,410	210.4	16,045	0.3	13
64 or younger	602	90.0	6,697	0.8	54	122	18.2	1,356	0.7	225	1,409	210.6	16,043	0.3	13
65-74	2	200.0	4	0.8	43	0	0.0	0	0.0	0	1	100.0	2	1.5	8
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
Female, Other Eligibles															
All Ages	150	72.5	1,648	0.8	51	63	30.4	702	0.8	103	364	175.8	4,068	0.3	12
64 or younger	2	20.0	2	2.0	42	1	10.0	1	2.0	278	25	250.0	300	0.3	8
65-74	78	91.8	859	0.9	64	19	22.4	220	0.8	103	169	198.8	1,856	0.4	14
75-84	43	61.4	490	0.8	35	29	41.4	322	0.8	101	115	164.3	1,289	0.3	11
85 and older	27	64.3	297	0.8	39	14	33.3	159	0.8	108	55	131.0	623	0.3	11
Male															
All Males	473	65.5	5,117	0.8	53	113	15.7	1,186	0.8	115	1,443	199.9	15,871	0.3	14
Male, Disabled															
All Ages	381	65.9	4,164	0.8	54	71	12.3	745	0.8	118	1,181	204.3	13,082	0.3	14
64 or younger	375	65.4	4,139	0.8	54	69	12.0	731	0.8	117	1,171	204.4	13,031	0.3	14
65-74	6	120.0	25	0.8	52	2	40.0	14	0.5	139	10	200.0	51	0.4	15
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
Male, Other Eligibles															
All Ages	92	63.9	953	0.8	48	42	29.2	441	0.8	111	262	181.9	2,789	0.3	10
64 or younger	1	5.6	1	1.0	6	0	0.0	0	0.0	0	51	283.3	588	0.4	9
65-74	27	79.4	294	0.9	47	7	20.6	84	0.8	143	56	164.7	523	0.3	12
75-84	34	75.6	356	0.9	61	11	24.4	128	0.7	96	82	182.2	892	0.3	11
85 and older	30	63.8	302	0.7	33	24	51.1	229	0.8	108	73	155.3	786	0.2	7
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 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,939 beneficiaries who were in nursing facilities for part of their enrollment and their 19,122 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 2005. 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 2005 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.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, INDIANA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					ANALGESICS - Narcotic				
	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	776	48.5	8,119	1.0	\$55	1,084	67.8	11,587	0.8	\$36	1,085	67.9	11,469	0.9	\$33
Female															
All Females	493	56.2	5,241	1.0	56	556	63.4	6,081	0.8	35	669	76.3	7,219	1.0	37
Female, Disabled															
All Ages	385	57.5	4,107	1.0	56	439	65.5	4,832	0.8	37	530	79.1	5,737	1.0	39
64 or younger	384	57.4	4,105	1.0	56	438	65.5	4,830	0.8	37	527	78.8	5,731	1.0	39
65-74	1	100.0	2	2.0	153	1	100.0	2	0.5	41	3	300.0	6	1.7	29
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
Female, Other Eligibles															
All Ages	108	52.2	1,134	1.0	56	117	56.5	1,249	0.8	28	139	67.1	1,482	0.7	28
64 or younger	3	30.0	3	2.0	123	6	60.0	72	0.9	37	0	0.0	0	0.0	0
65-74	61	71.8	655	1.0	57	54	63.5	566	0.8	26	66	77.6	699	0.8	22
75-84	35	50.0	376	1.0	50	40	57.1	431	0.9	29	48	68.6	524	0.7	44
85 and older	9	21.4	100	1.1	65	17	40.5	180	0.8	27	25	59.5	259	0.5	11
Male															
All Males	283	39.2	2,878	0.9	54	528	73.1	5,506	0.8	36	416	57.6	4,250	0.9	26
Male, Disabled															
All Ages	226	39.1	2,327	0.9	53	437	75.6	4,597	0.8	37	353	61.1	3,631	0.9	28
64 or younger	221	38.6	2,304	0.9	53	433	75.6	4,579	0.8	37	348	60.7	3,609	0.9	28
65-74	5	100.0	23	1.2	77	4	80.0	18	1.1	57	5	100.0	22	1.6	76
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
Male, Other Eligibles															
All Ages	57	39.6	551	1.0	56	91	63.2	909	0.8	30	63	43.8	619	0.7	15
64 or younger	0	0.0	0	0.0	0	16	88.9	177	1.0	80	5	27.8	42	0.2	2
65-74	17	50.0	155	1.1	67	20	58.8	191	0.8	15	15	44.1	148	0.8	7
75-84	22	48.9	222	1.0	56	30	66.7	310	0.9	23	23	51.1	230	1.0	33
85 and older	18	38.3	174	0.9	47	25	53.2	231	0.8	15	20	42.6	199	0.3	4
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 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,939 beneficiaries who were in nursing facilities for part of their enrollment and their 19,122 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 2005. 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 2005 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, INDIANA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE						ANTIASTHMATIC					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	451	28.2	4,959	0.8	\$72	1,041	65.1	11,146	0.7	\$29	1,599	16,963
Female												
All Females	274	31.2	2,975	0.8	70	573	65.3	6,296	0.6	28	877	9,466
Female, Disabled												
All Ages	221	33.0	2,417	0.8	69	451	67.3	4,966	0.7	28	670	7,301
64 or younger	220	32.9	2,415	0.8	69	449	67.1	4,962	0.7	28	669	7,299
65-74	1	100.0	2	1.5	142	2	200.0	4	0.8	8	1	2
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
Female, Other Eligibles												
All Ages	53	25.6	558	0.9	78	122	58.9	1,330	0.5	29	207	2,165
64 or younger	1	10.0	1	1.0	263	17	170.0	204	1.0	63	10	109
65-74	32	37.6	348	0.9	81	51	60.0	541	0.5	22	85	896
75-84	17	24.3	177	0.9	82	37	52.9	427	0.4	19	70	746
85 and older	3	7.1	32	0.4	15	17	40.5	158	0.4	31	42	414
Male												
All Males	177	24.5	1,984	0.8	74	468	64.8	4,850	0.8	29	722	7,497
Male, Disabled												
All Ages	142	24.6	1,604	0.8	75	362	62.6	3,777	0.8	30	578	6,082
64 or younger	141	24.6	1,598	0.8	74	355	62.0	3,753	0.8	30	573	6,063
65-74	1	20.0	6	1.2	148	7	140.0	24	0.5	22	5	19
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	35	24.3	380	0.9	71	106	73.6	1,073	0.7	25	144	1,415
64 or younger	0	0.0	0	0.0	0	33	183.3	386	1.1	44	18	201
65-74	12	35.3	120	0.8	67	31	91.2	318	0.5	21	34	339
75-84	12	26.7	136	0.9	82	21	46.7	199	0.4	11	45	448
85 and older	11	23.4	124	0.9	63	21	44.7	170	0.3	9	47	427
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 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,939 beneficiaries who were in nursing facilities for part of their enrollment and their 19,122 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 2005. 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 2005 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}
INDIANA, 2005

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	118,487	20.3	0.9	553,348	\$12	\$7,231,465	\$13	2.5	584,774
Age									
5 and younger	29,185	19.7	0.4	54,164	6	833,560	15	6.6	148,470
6-14	25,220	14.9	0.3	59,079	6	987,067	17	2.4	169,299
15-20	12,926	15.1	0.5	40,992	8	643,332	16	1.7	85,711
21-44	29,851	21.4	1.2	162,075	15	2,108,828	13	2.4	139,219
45-64	20,197	50.8	5.4	215,823	63	2,512,478	12	2.5	39,772
65-74	590	43.2	7.3	10,031	56	76,642	8	3.0	1,367
75-84	324	49.6	9.9	6,439	62	40,389	6	3.1	653
85 and older	194	68.6	16.8	4,745	103	29,169	6	6.0	283
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	1,067	48.4	9.4	20,771	63	139,292	7	3.3	2,203
Disabled	35,283	48.8	5.0	358,201	64	4,613,359	13	2.2	72,319
Adults	19,997	15.1	0.4	52,582	5	643,523	12	3.8	132,319
Children	62,051	16.4	0.3	121,284	5	1,829,504	15	3.1	377,719
Unknown	89	41.6	2.4	510	27	5,787	11	1.7	214
Gender									
Female	71,517	20.9	1.0	345,637	13	4,387,650	13	3.0	342,084
Male	46,970	19.4	0.9	207,711	12	2,843,815	14	2.0	242,690
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	99,886	23.3	1.1	470,519	15	6,232,965	13	2.6	429,457
African American	12,886	12.0	0.6	65,597	7	764,332	12	2.2	107,004
Other/unknown	5,715	11.8	0.4	17,232	5	234,168	14	2.8	48,313
Use of Nursing Facilities^d									
Entire year	1,573	98.4	40.7	65,114	354	565,597	9	5.6	1,599
Part year	1,847	95.3	19.0	36,796	188	364,493	10	3.7	1,939
None	115,067	19.8	0.8	451,438	11	6,301,375	14	2.4	581,236
Maintenance Assistance Status									
Cash	53,529	23.8	1.5	333,532	19	4,229,614	13	2.7	224,850
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	36,256	15.3	0.3	70,091	5	1,083,102	15	3.1	237,309
Other/unknown	28,702	23.4	1.2	149,725	16	1,918,749	13	2.1	122,615

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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}
INDIANA, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$2	\$13	\$0	\$1	2,978,801
Age						
5 and younger	0.1	1	15	0	0	657,581
6-14	0.1	1	17	0	0	845,569
15-20	0.1	1	16	0	0	439,329
21-44	0.2	3	13	0	1	658,224
45-64	0.6	7	12	0	2	356,204
65-74	0.8	6	8	0	1	12,918
75-84	1.0	6	6	0	0	6,470
85 and older	1.9	12	6	0	1	2,506
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.0	7	7	0	1	21,387
Disabled	0.5	7	13	0	2	678,976
Adults	0.1	1	12	0	1	481,403
Children	0.1	1	15	0	0	1,795,168
Unknown	0.3	3	11	0	1	1,867
Gender						
Female	0.2	3	13	0	1	1,697,865
Male	0.2	2	14	0	1	1,280,936
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	3	13	0	1	2,323,689
African American	0.1	2	12	0	0	451,389
Other/unknown	0.1	1	14	0	0	203,723
Use of Nursing Facilities^d						
Entire year	3.8	33	9	1	6	16,963
Part year	1.9	19	10	0	3	19,122
None	0.2	2	14	0	1	2,942,716
Maintenance Assistance Status						
Cash	0.3	4	13	0	1	1,128,982
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	15	0	0	1,138,529
Other/unknown	0.2	3	13	0	1	711,290

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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.

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
INDIANA, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx
All	155,788	\$46	\$7,231,465	100.0	553,348	\$13	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	3	100	300	0.0	7	43	0.0
Drugs for cosmetic purposes	180	16	2,847	0.0	243	12	0.0
Cough and cold medications	63,174	33	2,111,219	29.2	106,311	20	19.2
Vitamins and minerals	9,090	89	811,439	11.2	45,425	18	8.2
Non-prescription drugs	49,744	35	1,746,690	24.2	215,125	8	38.9
Barbiturates	1,403	65	91,290	1.3	11,345	8	2.1
Benzodiazepines	29,205	71	2,079,632	28.8	166,476	12	30.1
Other Part D Excl Rx Drugs	2,989	130	388,048	5.4	8,416	46	1.5

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Nondual Beneficiaries

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, INDIANA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	854,964	2,214	79,347	176,334	596,855	214	8,022,560	21,558	821,915	1,399,058	5,778,157	1,872
Age												
5 and younger	243,377	0	2,794	1	240,582	0	2,274,928	0	30,445	3	2,244,480	0
6-14	262,702	0	8,077	21	254,604	0	2,667,024	0	89,489	132	2,577,403	0
15-20	123,301	0	5,055	17,182	101,064	0	1,149,714	0	54,615	142,302	952,797	0
21-44	180,013	1	28,722	150,647	603	40	1,490,377	12	297,324	1,189,290	3,462	289
45-64	43,256	35	34,571	8,475	2	173	418,426	156	349,404	67,276	15	1,575
65-74	1,378	1,243	128	6	0	1	13,098	12,411	638	41	0	8
75-84	654	654	0	0	0	0	6,482	6,482	0	0	0	0
85 and older	283	281	0	2	0	0	2,511	2,497	0	14	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	493,699	1,464	42,745	155,176	294,100	214	4,580,155	14,515	450,406	1,262,632	2,850,730	1,872
Male	361,265	750	36,602	21,158	302,755	0	3,442,405	7,043	371,509	136,426	2,927,427	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	569,049	1,087	60,344	122,280	385,161	177	5,268,743	10,483	625,047	945,064	3,686,614	1,535
African American	205,319	484	16,198	43,715	144,897	25	2,015,205	4,849	168,397	375,693	1,466,037	229
Other/unknown	80,596	643	2,805	10,339	66,797	12	738,612	6,226	28,471	78,301	625,506	108
Use of Nursing Facilities^c												
Entire year	1,599	325	1,248	0	26	0	16,964	3,272	13,383	0	309	0
Part year	1,939	210	1,690	25	13	1	19,367	1,981	17,008	221	147	10
None	851,426	1,679	76,409	176,309	596,816	213	7,986,229	16,305	791,524	1,398,837	5,777,701	1,862
Maintenance Assistance Status												
Cash	324,186	1,173	51,328	109,655	162,030	0	3,140,406	12,305	558,385	909,170	1,660,546	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	348,518	23	14	22,386	325,881	214	3,333,721	225	157	140,390	3,191,077	1,872
Other/unknown	182,260	1,018	28,005	44,293	108,944	0	1,548,433	9,028	263,373	349,498	926,534	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	169,487	2,193	61,803	32,611	72,667	213	1,204,146	21,315	626,698	112,610	441,658	1,865
FFS part year, with Rx claims	201,034	8	7,552	56,755	136,719	0	2,123,881	87	85,494	536,051	1,502,249	0
FFS part year, no Rx claims	214,253	2	2,964	42,953	168,333	1	2,038,663	24	30,718	355,925	1,651,989	7
MC all year, with Rx claims	2,601	0	90	1,142	1,369	0	23,017	0	951	9,457	12,609	0
MC all year, no Rx claims	267,589	11	6,938	42,873	217,767	0	2,632,853	132	78,054	385,015	2,169,652	0

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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, INDIANA, 2005

	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	854,964	8,022,560	584,774	2,978,801	0	5,043,759
Fee-for-service (FFS) all year	169,487	1,204,146	169,487	1,204,146	0	0
FFS part year, with Rx claims	201,034	2,123,881	201,034	1,034,749	0	1,089,132
FFS part year, with no Rx claims	214,253	2,038,663	214,253	739,906	0	1,298,757
Managed care (MC) all year, with Rx claims	2,601	23,017	0	0	0	23,017
MC all year, with no Rx claims	267,589	2,632,853	0	0	0	2,632,853

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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.

Nondual Beneficiaries