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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
OHIO

LIST OF TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
OHIO, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	2157048 (A)	300249 (E)	1856799 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	2094818 (B)	239272 (F)	1855546 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	1560717 (C)	238591 (G)	1322126 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	47468 (D)	42045 (H)	5423 (L)

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. This table was produced on 02/11/2010.
a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2006 (based on MAX data element "Eligible Restricted Benefits Flag").
c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2006, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
d. The total Medicaid pharmacy reimbursement for Ohio in 2006 was $1,045,619,249, of which $314,791 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI. In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.
f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2006. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.
g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2006. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.
Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

OHIO, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**1,560,717**	**142,204**	**317,100**	**354,441**	**746,972**	**0**	**11,648,395**	**1,427,859**	**3,284,999**	**1,968,715**	**4,966,822**	**0**
Age												
5 and younger	278,339	0	7,675	0	270,664	0	1,791,227	0	72,448	0	1,718,779	0
6-14	337,272	0	24,820	0	312,452	0	2,438,806	0	255,027	0	2,183,779	0
15-20	195,311	0	17,845	18,672	158,794	0	1,313,758	0	183,400	91,450	1,038,908	0
21-44	419,242	0	109,277	304,965	5,000	0	2,872,217	0	1,142,495	1,704,507	25,215	0
45-64	188,213	344	157,303	30,566	0	0	1,805,197	3,689	1,630,208	171,300	0	0
65-74	52,769	52,392	180	197	0	0	546,831	544,180	1,421	1,230	0	0
75-84	47,963	47,938	0	25	0	0	482,479	482,336	0	143	0	0
85 and older	41,544	41,528	0	15	1	0	397,738	397,642	0	84	12	0
Unknown	64	2	0	1	61	0	142	12	0	1	129	0
Gender												
Female	900,329	103,905	163,624	258,548	374,252	0	6,695,906	1,060,684	1,728,615	1,430,226	2,476,381	0
Male	660,388	38,299	153,476	95,893	372,720	0	4,952,489	367,175	1,556,384	538,489	2,490,441	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	1,147,871	109,086	217,411	273,013	548,361	0	9,065,514	1,081,744	2,259,134	1,685,992	4,038,644	0
African American	355,303	28,451	91,212	69,385	166,255	0	2,242,879	296,913	942,712	235,627	767,627	0
Other/unknown	57,543	4,667	8,477	12,043	32,356	0	340,002	49,202	83,153	47,096	160,551	0
Use of Nursing Facilities[c]												
Entire year	47,468	38,901	8,566	0	1	0	483,300	391,561	91,735	0	4	0
Part year	35,555	24,267	11,124	145	19	0	342,887	229,335	112,271	1,121	160	0
None	1,477,694	79,036	297,410	354,296	746,952	0	10,822,208	806,963	3,080,993	1,967,594	4,966,658	0
Maintenance Assistance Status												
Cash	227,351	19,225	100,806	36,278	71,042	0	1,868,240	211,438	1,056,368	181,069	419,365	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	352,930	20,340	20,744	41,999	269,847	0	2,356,812	219,480	224,581	181,423	1,731,328	0
Other/unknown	980,436	102,639	195,550	276,164	406,083	0	7,423,343	996,941	2,004,050	1,606,223	2,816,129	0
Dual Medicare Status[d]												
Full dual, all year	183,528	103,298	76,359	3,788	83	0	1,843,118	1,010,764	805,947	25,659	748	0
Full dual, part year	55,063	25,185	29,549	329	0	0	600,015	272,536	324,304	3,175	0	0
Non-dual, all year	1,322,126	13,721	211,192	350,324	746,889	0	9,205,262	144,559	2,154,748	1,939,881	4,966,074	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	899,472	142,177	305,282	151,886	300,127	0	8,187,774	1,427,690	3,207,551	1,015,089	2,537,444	0
FFS part year, with Rx claims	337,700	15	8,548	118,242	210,895	0	2,307,030	107	60,928	703,566	1,542,429	0
FFS part year, no Rx claims	323,545	12	3,270	84,313	235,950	0	1,153,591	62	16,520	250,060	886,949	0

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually

eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

OHIO, 2006

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	**56.3**	**10.1**	**$670**	**$67**	**$6,655**	**10.1**	**1,560,717**
Age							
5 and younger	52.5	2.8	175	63	2,344	7.5	278,339
6-14	51.0	4.1	360	87	1,838	19.6	337,272
15-20	54.6	5.3	431	82	2,945	14.6	195,311
21-44	61.5	11.2	745	66	6,072	12.3	419,242
45-64	69.3	34.8	2,260	65	16,073	14.1	188,213
65-74	49.2	14.2	715	50	15,645	4.6	52,769
75-84	45.5	6.7	231	35	21,421	1.1	47,963
85 and older	44.0	4.6	107	23	26,826	0.4	41,544
Unknown	3.1	0.0	1	13	806	0.1	64
Basis of Eligibility[e]							
Aged	46.4	8.8	372	42	20,890	1.8	142,204
Disabled	70.8	30.2	2,230	74	16,475	13.5	317,100
Adults	59.5	7.0	347	50	2,777	12.5	354,441
Children	50.6	3.2	217	68	1,615	13.4	746,972
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	58.9	11.2	684	61	6,977	9.8	900,329
Male	52.8	8.5	651	76	6,214	10.5	660,388
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	60.9	10.8	710	66	6,821	10.4	1,147,871
African American	44.1	8.3	579	70	6,538	8.9	355,303
Other/unknown	41.3	6.2	432	70	4,045	10.7	57,543
Use of Nursing Facilities[f]							
Entire year	59.3	19.7	998	51	45,255	2.2	47,468
Part year	68.2	24.6	1,387	56	35,247	3.9	35,555
None	56.0	9.4	642	68	4,727	13.6	1,477,694
Maintenance Assistance Status							
Cash	62.4	16.5	1,265	77	7,865	16.1	227,351
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	47.8	3.1	190	62	3,251	5.9	352,930
Other/unknown	58.0	11.1	704	64	7,599	9.3	980,436

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table 3 includes beneficiaries represented by Cell C 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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.

All Medicaid Beneficiaries

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]

OHIO, 2006

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	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	**1.3**	**$90**	**10.1**	**43.7**	**37.5**	**6.7**	**7.1**	**3.5**	**1.4**	**$892**	**1,560,717**	**11,648,395**
Age												
5 and younger	0.4	27	7.5	47.5	47.1	3.8	1.5	0.1	0.0	364	278,339	1,791,227
6-14	0.6	50	19.6	49.0	41.7	5.0	3.7	0.6	0.1	254	337,272	2,438,806
15-20	0.8	64	14.6	45.4	41.4	7.0	4.9	1.0	0.1	438	195,311	1,313,758
21-44	1.6	109	12.3	38.5	35.0	9.9	11.0	4.4	1.2	886	419,242	2,872,217
45-64	3.6	236	14.1	30.7	21.8	7.9	16.6	15.1	8.0	1,676	188,213	1,805,197
65-74	1.4	69	4.6	50.8	29.0	5.4	7.1	5.2	2.5	1,510	52,769	546,831
75-84	0.7	23	1.1	54.5	33.2	5.2	4.3	2.0	0.7	2,130	47,963	482,479
85 and older	0.5	11	0.4	56.0	33.8	5.1	3.5	1.2	0.3	2,802	41,544	397,738
Unknown	0.0	0	0.1	96.9	3.1	0.0	0.0	0.0	0.0	363	64	142
Basis of Eligibility[e]												
Aged	0.9	37	1.8	53.6	31.9	5.2	5.1	2.9	1.3	2,081	142,204	1,427,859
Disabled	2.9	215	13.5	29.2	28.2	8.7	15.8	12.2	5.9	1,590	317,100	3,284,999
Adults	1.3	63	12.5	40.5	36.0	10.2	9.8	2.9	0.5	500	354,441	1,968,715
Children	0.5	33	13.4	49.4	43.2	4.6	2.5	0.3	0.0	243	746,972	4,966,822
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.5	92	9.8	41.1	38.1	7.3	7.6	4.1	1.7	938	900,329	6,695,906
Male	1.1	87	10.5	47.2	36.6	6.0	6.3	2.9	1.0	829	660,388	4,952,489
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.4	90	10.4	39.1	40.9	7.2	7.5	3.7	1.6	864	1,147,871	9,065,514
African American	1.3	92	8.9	55.9	28.0	5.6	6.1	3.2	1.2	1,036	355,303	2,242,879
Other/unknown	1.0	73	10.7	58.7	28.5	4.8	5.3	2.2	0.6	685	57,543	340,002
Use of Nursing Facilities[f]												
Entire year	1.9	98	2.2	40.7	33.6	8.1	6.5	4.9	6.2	4,445	47,468	483,300
Part year	2.6	144	3.9	31.8	37.1	6.8	8.5	8.3	7.4	3,655	35,555	342,887
None	1.3	88	13.6	44.0	37.6	6.7	7.1	3.4	1.1	645	1,477,694	10,822,208
Maintenance Assistance Status												
Cash	2.0	154	16.1	37.6	34.6	8.0	10.7	6.3	2.7	957	227,351	1,868,240
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	29	5.9	52.2	40.4	4.6	2.5	0.4	0.0	487	352,930	2,356,812
Other/unknown	1.5	93	9.3	42.0	37.2	7.2	7.9	4.0	1.7	1,004	980,436	7,423,343

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table 4 includes the beneficiaries represented by Cell C 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

OHIO, 2006

	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	**1.3**	**$90**	**$67**	**0.5**	**$68**	**$148**	**0.1**	**$8**	**$109**	**0.8**	**$14**	**$17**
Age												
5 and younger	0.4	27	63	0.1	22	161	0.0	2	51	0.3	4	14
6-14	0.6	50	87	0.3	42	149	0.0	3	91	0.3	4	17
15-20	0.8	64	82	0.3	52	166	0.0	5	100	0.4	7	17
21-44	1.6	109	66	0.5	81	159	0.1	10	119	1.0	18	17
45-64	3.6	236	65	1.2	175	141	0.2	21	125	2.2	40	18
65-74	1.4	69	50	0.4	50	117	0.1	6	96	0.9	13	15
75-84	0.7	23	35	0.2	15	100	0.0	2	80	0.5	6	12
85 and older	0.5	11	23	0.1	7	85	0.0	1	62	0.4	4	10
Unknown	0.0	0	13	0.0	0	0	0.0	0	0	0.0	0	13
Basis of Eligibility[d]												
Aged	0.9	37	42	0.2	26	111	0.0	3	89	0.6	8	13
Disabled	2.9	215	74	1.0	165	161	0.1	17	124	1.7	32	19
Adults	1.3	63	50	0.4	43	120	0.1	7	112	0.8	13	15
Children	0.5	33	68	0.2	27	136	0.0	2	73	0.3	4	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.5	92	61	0.5	68	138	0.1	8	109	0.9	15	16
Male	1.1	87	76	0.4	69	163	0.1	6	110	0.7	12	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.4	90	66	0.5	68	145	0.1	8	109	0.8	14	17
African American	1.3	92	70	0.4	71	160	0.1	7	111	0.8	14	17
Other/unknown	1.0	73	70	0.4	58	151	0.0	5	103	0.6	10	17
Use of Nursing Facilities[e]												
Entire year	1.9	98	51	0.5	72	140	0.1	7	85	1.3	19	14
Part year	2.6	144	56	0.7	102	146	0.1	12	109	1.7	29	17
None	1.3	88	68	0.5	67	148	0.1	7	111	0.8	13	17
Maintenance Assistance Status												
Cash	2.0	154	77	0.7	120	161	0.1	12	121	1.2	21	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	29	62	0.2	22	136	0.0	3	83	0.3	4	15
Other/unknown	1.5	93	64	0.5	70	144	0.1	8	109	0.9	15	17

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table 5 includes the beneficiaries represented by Cell C 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, 0.3 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.medi-span.com/master-drug-database.aspx

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 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

OHIO, 2006

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	0.2	$16	$10	$1	$4	$55	$206	$72	$19	1,361,395	$75,353,916	506,629	32.5	4,705,442
Biologicals	0.4	0.4	0.0	0.0	608	602	5	2	1392	1,426	2,530	127	13,041	18,157,334	3,383	0.2	29,858
Antineoplastic Agents	0.5	0.2	0.0	0.3	140	124	2	14	278	741	204	44	34,238	9,528,734	6,767	0.4	68,071
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.3	35	26	3	5	59	119	103	16	1,273,722	74,735,478	225,708	14.5	2,144,942
Cardiovascular Agents	1.3	0.5	0.1	0.8	58	41	7	10	43	86	114	12	2,132,237	91,628,542	158,447	10.2	1,580,002
Respiratory Agents	0.5	0.2	0.0	0.3	28	22	1	4	57	109	71	14	1,637,856	93,722,231	354,424	22.7	3,400,844
Gastrointestinal Agents	0.6	0.4	0.0	0.2	63	56	5	3	104	139	327	15	1,011,808	104,910,785	167,506	10.7	1,655,166
Genitourinary Agents	0.3	0.1	0.1	0.1	19	12	6	2	61	87	78	15	188,279	11,483,877	61,621	3.9	591,395
CNS Drugs	1.0	0.4	0.1	0.6	85	68	7	9	84	187	91	17	2,836,178	238,773,966	285,739	18.3	2,817,041
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	78	73	1	3	103	116	100	27	412,208	42,637,145	58,556	3.8	549,668
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.1	81	76	0	5	254	289	124	86	64,229	16,282,132	19,496	1.2	201,030
Analgesics and Anesthetics	0.6	0.1	0.0	0.6	24	9	5	10	37	170	291	17	2,057,536	75,960,324	340,557	21.8	3,169,043
Neuromuscular Agents	0.8	0.3	0.0	0.5	60	46	2	12	78	173	107	24	1,237,958	96,285,304	159,007	10.2	1,601,021
Nutritional Products	0.4	0.0	0.0	0.4	10	2	0	8	24	51	28	21	320,018	7,743,032	85,257	5.5	770,094
Hematological Agents	0.7	0.2	0.0	0.4	69	64	0	5	105	291	30	12	379,678	39,725,114	55,867	3.6	574,729
Topical Products	0.3	0.1	0.0	0.1	14	10	2	3	54	104	65	18	667,245	35,948,534	267,824	17.2	2,579,181
Miscellaneous Products	0.6	0.2	0.0	0.3	117	91	10	16	208	500	220	47	50,513	10,494,122	8,794	0.6	89,488
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	13	0	0	0	52	0	0	0	37,491	1,933,888	14,131	0.9	146,459
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.	15,715,630	1,045,304,458	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table 6 includes the beneficiaries represented by Cell C 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.medi-span.com/master-drug-database.aspx.

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, 0.3 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.medi-span.com/master-drug-database.aspx.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

OHIO, 2006

		Users		Among Users			
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$151,870,429	103,321	6.6	1,083,029	0.6	$224	$140
ANTICONVULSANT	87,711,278	123,132	7.9	1,279,431	0.7	100	69
ULCER DRUGS	84,687,214	160,037	10.3	1,612,024	0.5	111	53
ANTIASTHMATIC	71,136,996	287,218	18.4	2,832,499	0.3	72	25
ANTIDEPRESSANTS	64,824,684	220,862	14.2	2,187,964	0.5	60	30
ANTIHYPERLIPIDEMIC	45,397,723	80,398	5.2	854,493	0.6	93	53
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	42,632,204	67,824	4.3	645,954	0.6	103	66
ANTIDIABETIC	41,980,139	91,386	5.9	942,381	0.6	70	45
ANALGESICS - Narcotic	41,221,766	400,181	25.6	3,879,891	0.4	30	11
DERMATOLOGICAL	28,148,090	302,407	19.4	3,033,873	0.2	48	9
Total	659,610,523	1,836,766	n.a.	18,351,539	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.

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.