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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
OHIO

LIST OF TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
OHIO, 2007

Inclusion Criteria (2007)	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]	2173249 (A)	305877 (E)	1867372 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	2102043 (B)	235922 (F)	1866121 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	1267205 (C)	234792 (G)	1032413 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	46191 (D)	40755 (H)	5436 (L)

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. This table was produced on 10/06/2010.
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 2007 (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 2007, 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 2007 was $574,986,751, of which $243,211 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 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TN, TX, and WV). These lists were constructed from the CMS 2007 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 reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.
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 2007. 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 2007. 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, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**1,267,205**	**140,130**	**327,175**	**262,048**	**537,470**	**382**	**6,379,444**	**1,359,046**	**2,458,036**	**708,553**	**1,850,323**	**3,486**
Age												
5 and younger	198,093	0	9,446	0	188,647	0	661,623	0	72,207	0	589,416	0
6-14	244,991	0	25,708	0	219,283	0	1,012,258	0	245,122	0	767,136	0
15-20	158,024	0	20,488	13,749	123,787	0	707,786	0	198,539	43,218	466,029	0
21-44	342,345	0	109,618	226,979	5,706	42	1,416,279	0	787,471	600,945	27,602	261
45-64	183,376	6	161,868	21,159	9	334	1,221,156	38	1,154,526	63,389	42	3,161
65-74	52,154	51,966	47	135	0	6	501,581	500,523	171	823	0	64
75-84	46,632	46,612	0	20	0	0	460,946	460,804	0	142	0	0
85 and older	41,553	41,546	0	6	1	0	397,729	397,681	0	36	12	0
Unknown	37	0	0	0	37	0	86	0	0	0	86	0
Gender												
Female	737,912	102,275	168,152	196,359	270,744	382	3,691,555	1,009,024	1,231,243	529,991	917,811	3,486
Male	529,284	37,855	159,023	65,689	266,717	0	2,687,855	350,022	1,226,793	178,562	932,478	0
Unknown	9	0	0	0	9	0	34	0	0	0	34	0
Race												
White	887,910	107,616	223,396	193,126	363,451	321	4,493,106	1,045,271	1,700,505	529,278	1,215,064	2,988
African American	329,152	27,856	94,965	59,008	147,265	58	1,671,445	272,406	699,059	154,099	545,419	462
Other/unknown	50,143	4,658	8,814	9,914	26,754	3	214,893	41,369	58,472	25,176	89,840	36
Use of Nursing Facilities[c]												
Entire year	46,191	37,507	8,680	4	0	0	473,760	380,158	93,595	7	0	0
Part year	34,931	24,693	10,134	87	14	3	326,367	233,741	91,970	505	122	29
None	1,186,083	77,930	308,361	261,957	537,456	379	5,579,317	745,147	2,272,471	708,041	1,850,201	3,457
Maintenance Assistance Status												
Cash	326,298	34,065	212,285	30,051	49,897	0	2,113,570	345,330	1,541,306	91,336	135,598	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	250,748	12,061	14,107	33,392	190,806	382	966,792	131,730	149,099	99,866	582,611	3,486
Other/unknown	690,159	94,004	100,783	198,605	296,767	0	3,299,082	881,986	767,631	517,351	1,132,114	0
Dual Medicare Status[d]												
Full dual, all year	184,413	104,059	77,500	2,736	107	11	1,814,046	1,018,067	778,817	16,009	1,034	119
Full dual, part year	50,379	22,305	27,815	257	2	0	552,931	244,102	306,105	2,705	19	0
Non-dual, all year	1,032,413	13,766	221,860	259,055	537,361	371	4,012,467	96,877	1,373,114	689,839	1,849,270	3,367
Managed Care (MC) Status												
Fee-for-service (FFS) all year	492,298	132,880	192,567	46,787	119,683	381	4,256,465	1,330,550	1,924,531	190,420	807,486	3,478
FFS part year, with Rx claims	323,201	6,051	108,236	96,840	112,073	1	1,062,676	24,343	443,318	262,689	332,318	8
FFS part year, no Rx claims	451,706	1,199	26,372	118,421	305,714	0	1,060,303	4,153	90,187	255,444	710,519	0

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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, 2007

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	**42.8**	**6.2**	**$454**	**$73**	**$8,051**	**5.6**	**1,267,205**
Age							
5 and younger	28.6	1.3	124	98	2,678	4.6	198,093
6-14	31.9	2.8	324	115	2,129	15.2	244,991
15-20	40.0	3.8	413	108	3,372	12.2	158,024
21-44	47.8	5.6	412	74	7,268	5.7	342,345
45-64	64.3	18.8	1,239	66	17,021	7.3	183,376
65-74	47.1	10.4	505	48	16,597	3.0	52,154
75-84	43.3	5.7	167	29	22,055	0.8	46,632
85 and older	42.1	4.2	80	19	26,826	0.3	41,553
Unknown	0.0	0.0	0	0	102	0.0	37
Basis of Eligibility[e]							
Aged	44.4	7.0	267	38	21,465	1.2	140,130
Disabled	65.9	17.0	1,352	80	17,013	7.9	327,175
Adults	42.6	2.1	95	45	2,812	3.4	262,048
Children	28.3	1.4	129	90	1,645	7.8	537,470
Unknown	84.6	34.5	2,869	83	20,189	14.2	382
Gender							
Female	45.4	6.5	421	65	8,269	5.1	737,912
Male	39.1	5.8	499	86	7,748	6.4	529,284
Unknown	22.2	0.2	4	16	396	0.9	9
Race							
White	45.1	6.7	483	72	8,545	5.6	887,910
African American	38.1	5.3	404	77	7,228	5.6	329,152
Other/unknown	31.9	3.4	264	77	4,708	5.6	50,143
Use of Nursing Facilities[f]							
Entire year	58.6	20.0	1,029	51	45,881	2.2	46,191
Part year	65.6	18.4	960	52	34,141	2.8	34,931
None	41.5	5.3	416	78	5,810	7.2	1,186,083
Maintenance Assistance Status							
Cash	60.6	14.0	1,120	80	11,760	9.5	326,298
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	29.7	1.5	100	67	3,346	3.0	250,748
Other/unknown	39.1	4.2	267	63	8,008	3.3	690,159

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. This table was produced on 10/06/2010.
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 eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, 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 4

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

OHIO, 2007

				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	**1.2**	**$90**	**5.6**	**57.2**	**23.8**	**6.1**	**7.1**	**3.9**	**1.8**	**$1,599**	**1,267,205**	**6,379,444**
Age												
5 and younger	0.4	37	4.6	71.4	23.0	3.5	1.9	0.2	0.0	802	198,093	661,623
6-14	0.7	78	15.2	68.1	22.2	4.8	4.1	0.7	0.1	515	244,991	1,012,258
15-20	0.9	92	12.2	60.0	27.2	6.2	5.3	1.2	0.2	753	158,024	707,786
21-44	1.3	100	5.7	52.2	23.8	8.3	9.9	4.4	1.4	1,757	342,345	1,416,279
45-64	2.8	186	7.3	35.7	19.1	7.4	14.9	14.5	8.4	2,556	183,376	1,221,156
65-74	1.1	53	3.0	52.9	27.3	5.4	6.7	4.9	2.7	1,726	52,154	501,581
75-84	0.6	17	0.8	56.7	31.5	5.1	4.1	1.9	0.7	2,231	46,632	460,946
85 and older	0.4	8	0.3	57.9	32.7	5.2	3.1	0.9	0.3	2,803	41,553	397,729
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	44	37	86
Basis of Eligibility[e]												
Aged	0.7	28	1.2	55.6	30.3	5.2	4.8	2.7	1.3	2,213	140,130	1,359,046
Disabled	2.3	180	7.9	34.1	25.3	8.4	14.7	11.5	5.9	2,265	327,175	2,458,036
Adults	0.8	35	3.4	57.4	23.6	8.1	8.0	2.4	0.4	1,040	262,048	708,553
Children	0.4	37	7.8	71.7	21.3	4.0	2.6	0.3	0.0	478	537,470	1,850,323
Unknown	3.8	314	14.2	15.4	15.4	16.5	31.2	20.4	1.0	2,212	382	3,486
Gender												
Female	1.3	84	5.1	54.6	25.1	6.5	7.4	4.3	2.1	1,653	737,912	3,691,555
Male	1.1	98	6.4	60.9	22.0	5.7	6.7	3.4	1.3	1,526	529,284	2,687,855
Unknown	0.1	1	0.9	77.8	22.2	0.0	0.0	0.0	0.0	105	9	34
Race												
White	1.3	95	5.6	54.9	24.6	6.6	7.6	4.2	2.0	1,689	887,910	4,493,106
African American	1.0	80	5.6	61.9	22.3	5.2	6.0	3.3	1.3	1,424	329,152	1,671,445
Other/unknown	0.8	62	5.6	68.1	19.3	4.3	4.9	2.6	0.8	1,099	50,143	214,893
Use of Nursing Facilities[f]												
Entire year	2.0	100	2.2	41.4	33.2	8.3	6.4	4.6	6.2	4,473	46,191	473,760
Part year	2.0	103	2.8	34.4	37.9	6.9	7.5	6.9	6.3	3,654	34,931	326,367
None	1.1	89	7.2	58.5	23.0	6.0	7.1	3.8	1.5	1,235	1,186,083	5,579,317
Maintenance Assistance Status												
Cash	2.2	173	9.5	39.4	25.1	7.8	12.9	9.8	5.0	1,816	326,298	2,113,570
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	26	3.0	70.3	22.5	4.1	2.6	0.4	0.0	868	250,748	966,792
Other/unknown	0.9	56	3.3	60.9	23.7	6.1	6.0	2.4	0.9	1,675	690,159	3,299,082

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, 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, 2007

	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	**1.2**	**$90**	**$73**	**0.4**	**$70**	**$173**	**0.1**	**$8**	**$126**	**0.8**	**$12**	**$16**
Age												
5 and younger	0.4	37	98	0.1	30	259	0.0	3	86	0.2	4	17
6-14	0.7	78	115	0.4	66	189	0.0	7	135	0.3	5	19
15-20	0.9	92	108	0.4	77	209	0.1	7	138	0.4	8	18
21-44	1.3	100	74	0.4	75	188	0.1	8	140	0.9	15	17
45-64	2.8	186	66	0.9	138	155	0.1	17	128	1.8	30	17
65-74	1.1	53	48	0.3	38	128	0.0	4	95	0.7	10	13
75-84	0.6	17	29	0.1	11	104	0.0	1	72	0.4	4	10
85 and older	0.4	8	19	0.1	5	87	0.0	1	62	0.4	3	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	0.7	28	38	0.2	19	118	0.0	2	87	0.5	6	11
Disabled	2.3	180	80	0.8	140	182	0.1	15	134	1.4	24	18
Adults	0.8	35	45	0.2	23	134	0.0	4	128	0.6	8	14
Children	0.4	37	90	0.2	31	170	0.0	3	113	0.2	3	16
Unknown	3.8	314	83	1.4	261	190	0.2	22	146	2.3	31	14
Gender												
Female	1.3	84	65	0.4	63	158	0.1	8	124	0.8	13	16
Male	1.1	98	86	0.4	78	192	0.1	8	130	0.7	12	17
Unknown	0.1	1	16	0.0	0	0	0.0	0	0	0.1	1	16
Race												
White	1.3	95	72	0.4	73	170	0.1	8	129	0.8	13	16
African American	1.0	80	77	0.3	62	183	0.1	7	119	0.6	10	16
Other/unknown	0.8	62	77	0.3	49	169	0.0	5	120	0.5	8	16
Use of Nursing Facilities[e]												
Entire year	2.0	100	51	0.5	75	154	0.1	6	99	1.4	18	13
Part year	2.0	103	52	0.5	73	152	0.1	8	115	1.4	21	15
None	1.1	89	78	0.4	69	176	0.1	8	130	0.7	11	17
Maintenance Assistance Status												
Cash	2.2	173	80	0.8	135	179	0.1	14	129	1.3	23	17
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	26	67	0.1	20	166	0.0	2	114	0.2	4	14
Other/unknown	0.9	56	63	0.3	42	162	0.0	5	124	0.6	9	15

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. This table was produced on 10/06/2010.
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, 0.7 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, 2007

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Users[e]				
Therapeutic Category	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	0.4	0.0	0.0	0.3	$26	$17	$3	$6	$68	$348	$122	$20	508,703	$34,389,508	220,251	17.4	1,342,196
Biologicals	0.3	0.3	0.0	0.0	471	471	0	0	1421	1,421	0	0	6,644	9,441,773	2,349	0.2	20,026
Antineoplastic Agents	0.6	0.2	0.0	0.4	167	146	3	17	301	767	458	48	20,037	6,027,041	4,960	0.4	36,172
Endocrine/Metabolic Drugs	0.8	0.3	0.0	0.4	53	42	5	7	70	143	137	15	573,702	40,292,611	124,249	9.8	754,321
Cardiovascular Agents	1.4	0.3	0.1	1.0	57	35	10	11	40	102	83	12	1,071,036	42,472,661	121,886	9.6	747,545
Respiratory Agents	0.6	0.3	0.0	0.3	41	34	3	4	66	110	80	15	694,452	45,756,417	169,951	13.4	1,127,369
Gastrointestinal Agents	0.8	0.4	0.0	0.3	76	63	7	6	100	146	233	19	506,757	50,442,405	104,979	8.3	664,865
Genitourinary Agents	0.5	0.2	0.1	0.2	29	21	4	4	61	91	67	22	99,713	6,119,850	32,038	2.5	208,459
CNS Drugs	1.1	0.4	0.0	0.7	90	77	4	9	83	212	111	13	1,661,155	137,186,977	211,613	16.7	1,528,813
Stimulants/Anti-obesity/Anorexia	0.8	0.7	0.0	0.1	89	85	2	3	113	130	67	26	231,470	26,108,239	39,942	3.2	291,993
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	94	92	0	2	217	228	133	73	50,250	10,910,412	17,134	1.4	116,049
Analgesics and Anesthetics	0.8	0.0	0.0	0.7	30	9	8	13	38	228	306	18	838,301	32,075,979	186,933	14.8	1,062,186
Neuromuscular Agents	1.0	0.4	0.1	0.6	91	70	10	11	88	182	180	19	806,196	71,059,276	114,421	9.0	781,736
Nutritional Products	0.5	0.0	0.0	0.5	13	3	0	10	25	85	24	21	196,438	4,868,208	57,066	4.5	373,573
Hematological Agents	0.7	0.2	0.0	0.5	83	78	0	5	114	376	34	10	267,948	30,629,299	45,304	3.6	367,649
Topical Products	0.4	0.1	0.0	0.2	20	14	3	4	57	114	76	19	284,808	16,107,625	114,604	9.0	800,803
Miscellaneous Products	0.6	0.2	0.0	0.4	137	109	8	20	220	542	195	53	34,766	7,642,813	6,454	0.5	55,784
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	42	0	0	0	112	0	0	0	28,561	3,212,446	9,600	0.8	76,392
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.	7,880,937	574,743,540	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. This table was produced on 10/06/2010.
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, 0.7 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 2007.
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, 2007

		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	$99,645,010	76,824	6.1	581,457	0.7	$238	$171
ANTICONVULSANT	65,851,701	100,506	7.9	745,620	0.8	106	88
ULCER DRUGS	40,298,639	98,828	7.8	629,502	0.6	112	64
ANTIASTHMATIC	34,456,961	150,732	11.9	991,962	0.4	80	35
ANTIDEPRESSANTS	26,110,897	137,203	10.8	847,968	0.6	52	31
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	26,106,592	45,419	3.6	345,477	0.7	113	76
ANTIDIABETIC	22,676,472	72,109	5.7	454,452	0.7	74	50
ANALGESICS - Narcotic	21,976,998	201,257	15.9	1,184,346	0.5	37	19
MISC. HEMATOLOGICAL	19,174,754	12,579	1.0	83,034	0.6	369	231
ANTIHYPERLIPIDEMIC	18,126,031	60,648	4.8	371,311	0.6	77	49
Total	374,424,055	956,105	n.a.	6,235,129	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. This table was produced on 10/06/2010.
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 2007. 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 2007. 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.