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

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**CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007**

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>116,873</b>	<b>61,128</b>	<b>55,193</b>	<b>509</b>	<b>28</b>	<b>15</b>	<b>1,230,353</b>	<b>614,285</b>	<b>613,835</b>	<b>1,853</b>	<b>229</b>	<b>151</b>
<b>Age</b>												
5 and younger	11	0	10	0	1	0	104	0	92	0	12	0
6-14	25	0	17	0	8	0	252	0	188	0	64	0
15-20	196	0	178	6	12	0	2,005	0	1,877	23	105	0
21-44	20,883	1	20,492	384	6	0	229,645	5	228,151	1,447	42	0
45-64	34,277	8	34,145	111	0	13	380,707	37	380,197	337	0	136
65-74	22,231	21,870	351	7	1	2	235,731	232,346	3,330	34	6	15
75-84	20,522	20,521	0	1	0	0	206,388	206,376	0	12	0	0
85 and older	18,728	18,728	0	0	0	0	175,521	175,521	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	73,852	44,540	28,901	382	14	15	776,847	452,697	322,488	1,394	117	151
Male	43,021	16,588	26,292	127	14	0	453,506	161,588	291,347	459	112	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	97,444	51,239	45,805	367	21	12	1,024,402	511,396	511,440	1,298	151	117
African American	15,577	7,326	8,115	127	6	3	165,167	76,007	88,569	491	66	34
Other/unknown	3,852	2,563	1,273	15	1	0	40,784	26,882	13,826	64	12	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	19,841	18,014	1,827	0	0	0	201,618	181,235	20,383	0	0	0
Part year	13,729	11,976	1,750	1	2	0	132,026	113,360	18,645	9	12	0
None	83,303	31,138	51,616	508	26	15	896,709	319,690	574,807	1,844	217	151
<b>Maintenance Assistance Status</b>												
Cash	29,700	11,495	17,853	352	0	0	325,741	125,374	199,265	1,102	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	12,887	5,058	7,719	84	11	15	143,670	56,427	86,597	420	75	151
Other/unknown	74,286	44,575	29,621	73	17	0	760,942	432,484	327,973	331	154	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	95,882	52,259	43,100	480	28	15	996,637	517,032	477,632	1,593	229	151
Full dual, part year	20,991	8,869	12,093	29	0	0	233,716	97,253	136,203	260	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	115,838	61,120	54,515	167	21	15	1,225,291	614,241	609,834	874	191	151
FFS part year, with Rx claims	646	5	385	250	6	0	3,340	31	2,550	732	27	0
FFS part year, no Rx claims	389	3	293	92	1	0	1,722	13	1,451	247	11	0

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>39.2</b>	<b>4.9</b>	<b>\$226</b>	<b>\$46</b>	<b>\$16,080</b>	<b>1.4</b>	<b>116,873</b>
<b>Age</b>							
5 and younger	27.3	4.6	779	168	10,716	7.3	11
6-14	56.0	16.4	1,351	82	9,556	14.1	25
15-20	66.8	16.4	1,923	117	19,396	9.9	196
21-44	41.1	6.1	443	73	14,878	3.0	20,883
45-64	42.2	7.1	357	50	14,908	2.4	34,277
65-74	34.0	4.2	138	33	11,128	1.2	22,231
75-84	36.9	2.8	36	13	17,700	0.2	20,522
85 and older	40.3	2.8	37	13	23,644	0.2	18,728
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	36.8	3.2	66	21	17,162	0.4	61,128
Disabled	41.8	6.9	400	58	14,996	2.7	55,193
Adults	53.8	5.2	299	57	3,058	9.8	509
Children	64.3	25.9	3,749	145	20,854	18.0	28
Unknown	100.0	38.2	3,012	79	27,142	11.1	15
<b>Gender</b>							
Female	41.4	5.0	201	40	15,585	1.3	73,852
Male	35.5	4.8	270	57	16,928	1.6	43,021
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	40.7	5.2	234	45	16,929	1.4	97,444
African American	32.2	3.7	187	50	12,642	1.5	15,577
Other/unknown	30.7	3.4	187	55	8,499	2.2	3,852
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	48.5	4.9	89	18	35,541	0.3	19,841
Part year	55.2	4.7	111	23	23,252	0.5	13,729
None	34.4	5.0	278	56	10,262	2.7	83,303
<b>Maintenance Assistance Status</b>							
Cash	44.5	6.0	248	42	9,254	2.7	29,700
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	19.3	2.3	162	71	2,025	8.0	12,887
Other/unknown	40.6	5.0	229	46	21,247	1.1	74,286

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In 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 D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	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 \$ <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>0.5</b>	<b>\$22</b>	<b>1.4</b>	<b>60.8</b>	<b>31.5</b>	<b>3.8</b>	<b>2.5</b>	<b>1.1</b>	<b>0.3</b>	<b>\$1,527</b>	<b>116,873</b>	<b>1,230,353</b>
<b>Age</b>												
5 and younger	0.5	82	7.3	72.7	18.2	0.0	9.1	0.0	0.0	1,133	11	104
6-14	1.6	134	14.1	44.0	36.0	4.0	12.0	0.0	4.0	948	25	252
15-20	1.6	188	9.9	33.2	34.7	10.7	15.3	5.1	1.0	1,896	196	2,005
21-44	0.6	40	3.0	58.9	30.8	4.2	3.9	1.7	0.4	1,353	20,883	229,645
45-64	0.6	32	2.4	57.8	31.4	4.3	3.8	2.1	0.6	1,342	34,277	380,707
65-74	0.4	13	1.2	66.0	27.6	3.4	2.0	0.8	0.2	1,049	22,231	235,731
75-84	0.3	4	0.2	63.1	32.7	3.3	0.9	0.1	0.0	1,760	20,522	206,388
85 and older	0.3	4	0.2	59.7	36.0	3.4	0.8	0.1	0.0	2,523	18,728	175,521
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.3	7	0.4	63.2	31.9	3.4	1.2	0.3	0.0	1,708	61,128	614,285
Disabled	0.6	36	2.7	58.2	31.3	4.3	3.8	1.9	0.5	1,348	55,193	613,835
Adults	1.4	82	9.8	46.2	17.5	6.7	15.9	8.3	5.5	840	509	1,853
Children	3.2	458	18.0	35.7	17.9	17.9	7.1	10.7	10.7	2,550	28	229
Unknown	3.8	299	11.1	0.0	26.7	6.7	33.3	33.3	0.0	2,696	15	151
<b>Gender</b>												
Female	0.5	19	1.3	58.6	33.7	3.9	2.4	1.1	0.3	1,482	73,852	776,847
Male	0.5	26	1.6	64.5	27.8	3.6	2.7	1.1	0.3	1,606	43,021	453,506
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.5	22	1.4	59.3	32.6	4.1	2.6	1.1	0.3	1,610	97,444	1,024,402
African American	0.4	18	1.5	67.8	26.4	2.6	2.3	0.8	0.2	1,192	15,577	165,167
Other/unknown	0.3	18	2.2	69.3	25.2	2.5	2.1	0.8	0.1	803	3,852	40,784
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.5	9	0.3	51.5	40.0	5.9	2.1	0.3	0.2	3,498	19,841	201,618
Part year	0.5	12	0.5	44.8	48.0	4.8	1.6	0.6	0.2	2,418	13,729	132,026
None	0.5	26	2.7	65.6	26.8	3.1	2.8	1.4	0.3	953	83,303	896,709
<b>Maintenance Assistance Status</b>												
Cash	0.5	23	2.7	55.5	35.5	4.1	3.1	1.3	0.4	844	29,700	325,741
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.2	15	8.0	80.7	15.3	1.6	1.9	0.6	0.0	182	12,887	143,670
Other/unknown	0.5	22	1.1	59.4	32.8	4.1	2.4	1.1	0.3	2,074	74,286	760,942

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. In 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 D.5**  
**AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007**

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
<b>All</b>	<b>0.5</b>	<b>\$22</b>	<b>\$46</b>	<b>0.1</b>	<b>\$15</b>	<b>\$175</b>	<b>0.0</b>	<b>\$2</b>	<b>\$125</b>	<b>0.4</b>	<b>\$4</b>	<b>\$12</b>
<b>Age</b>												
5 and younger	0.5	82	168	0.2	74	365	0.0	0	0	0.3	9	30
6-14	1.6	134	82	0.4	112	260	0.1	3	35	1.1	20	18
15-20	1.6	188	117	0.6	158	257	0.1	11	143	0.9	19	21
21-44	0.6	40	73	0.1	31	242	0.0	3	158	0.4	6	15
45-64	0.6	32	50	0.1	23	168	0.0	3	130	0.5	6	13
65-74	0.4	13	33	0.1	8	127	0.0	1	88	0.3	3	11
75-84	0.3	4	13	0.0	1	62	0.0	0	34	0.3	2	8
85 and older	0.3	4	13	0.0	2	59	0.0	0	33	0.3	2	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.3	7	21	0.0	4	97	0.0	0	71	0.3	3	9
Disabled	0.6	36	58	0.1	26	195	0.0	3	139	0.5	6	14
Adults	1.4	82	57	0.3	60	207	0.0	7	137	1.1	16	14
Children	3.2	458	145	0.9	327	378	0.2	5	30	2.1	127	60
Unknown	3.8	299	79	1.3	241	187	0.2	23	109	2.3	36	16
<b>Gender</b>												
Female	0.5	19	40	0.1	13	156	0.0	2	116	0.4	4	12
Male	0.5	26	57	0.1	19	203	0.0	2	137	0.3	5	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.5	22	45	0.1	16	172	0.0	2	129	0.4	5	12
African American	0.4	18	50	0.1	13	192	0.0	1	101	0.3	4	13
Other/unknown	0.3	18	55	0.1	14	192	0.0	1	96	0.2	3	13
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.5	9	18	0.0	4	92	0.0	0	51	0.4	4	9
Part year	0.5	12	23	0.1	7	105	0.0	1	81	0.4	4	10
None	0.5	26	56	0.1	19	190	0.0	2	134	0.3	5	13
<b>Maintenance Assistance Status</b>												
Cash	0.5	23	42	0.1	16	166	0.0	2	114	0.4	5	12
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.2	15	71	0.1	11	190	0.0	1	127	0.1	2	16
Other/unknown	0.5	22	46	0.1	16	177	0.0	2	130	0.4	5	12

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies 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 D.6**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users												\$ per Benefit Month Among Users			\$ per Rx			Users <sup>e</sup>	
	Patented Brand-Name				Off-Patent Brand-Name				Generic				Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months			
	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								
Anti-infective Agents	0.3	0.1	0.0	0.2	\$30	\$25	\$0	\$5	\$100	\$373	\$147	\$22	13,827	\$1,387,390	4,090	3.5	45,720			
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	30	30	0	0	84	2,514	75	0.1	858			
Antineoplastic Agents	0.3	0.1	0.0	0.2	102	84	0	18	301	955	0	71	1,721	517,483	496	0.4	5,093			
Endocrine/Metabolic Drugs	0.6	0.3	0.0	0.3	42	37	1	4	69	142	45	12	25,465	1,761,102	3,754	3.2	41,893			
Cardiovascular Agents	1.0	0.2	0.1	0.7	41	24	6	11	39	100	64	15	55,442	2,185,146	4,765	4.1	53,225			
Respiratory Agents	0.3	0.1	0.0	0.2	15	10	1	4	49	109	65	20	43,741	2,123,343	12,571	10.8	144,203			
Gastrointestinal Agents	0.5	0.1	0.1	0.3	36	22	9	5	80	172	126	21	14,612	1,174,462	2,871	2.5	32,320			
Genitourinary Agents	0.3	0.1	0.0	0.2	19	13	0	5	59	92	75	31	2,774	163,438	772	0.7	8,764			
CNS Drugs	0.7	0.1	0.0	0.6	24	18	1	5	34	191	120	9	208,576	7,153,066	27,150	23.2	297,159			
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	80	77	0	3	164	211	59	25	1,841	302,739	342	0.3	3,794			
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.0	83	80	0	3	312	334	0	123	2,661	830,042	881	0.8	9,966			
Analgesics and Anesthetics	0.7	0.0	0.1	0.6	37	11	17	10	56	371	330	17	40,997	2,283,410	5,530	4.7	60,983			
Neuromuscular Agents	0.7	0.1	0.0	0.5	29	21	3	5	45	197	168	10	65,881	2,944,243	8,998	7.7	101,154			
Nutritional Products	0.4	0.0	0.0	0.4	5	1	0	4	12	21	14	11	29,151	347,151	6,239	5.3	67,098			
Hematological Agents	0.6	0.1	0.0	0.5	22	19	0	3	39	163	26	7	59,392	2,311,728	9,536	8.2	102,814			
Topical Products	0.3	0.1	0.0	0.2	15	11	0	3	57	137	122	19	6,792	389,703	2,273	1.9	25,783			
Miscellaneous Products	0.3	0.1	0.0	0.2	51	45	1	5	167	713	298	21	2,933	489,228	944	0.8	9,670			
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	16	0	0	0	63	0	0	0	790	50,107	287	0.2	3,221			
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>576,680</b>	<b>26,416,295</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>			

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.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 Indiana, 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 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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$3,768,262	2,559	2.2	28,655	0.5	\$276	\$132
ANTICONVULSANT	2,684,610	8,803	7.5	99,333	0.6	47	27
ULCER DRUGS	2,093,069	9,440	8.1	103,492	0.5	38	20
ANALGESICS - Narcotic	1,635,426	6,578	5.6	72,945	0.4	54	22
ANTIDEPRESSANTS	1,613,440	5,508	4.7	61,361	0.4	63	26
ANTIDIABETIC	1,258,336	3,711	3.2	41,825	0.4	77	30
HEMATOPOIETIC AGENTS	1,217,214	15,299	13.1	163,126	0.5	14	7
ANTIASTHMATIC	1,163,947	3,677	3.1	41,913	0.3	91	28
ANTIANSXIETY AGENTS	1,056,652	22,354	19.1	244,107	0.6	8	4
ANTIHYPERLIPIDEMIC	1,036,152	2,999	2.6	34,083	0.4	78	30
Total	17,527,108	80,928	n.a.	890,840	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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; n.a. = not applicable.

Dual Medicaid Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS					ANTICONVULSANT					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	
<b>All</b>	<b>455,121</b>	<b>\$17,527,108</b>	<b>2,559</b>	<b>2.2</b>	<b>28,655</b>	<b>0.5</b>	<b>\$132</b>	<b>8,803</b>	<b>7.5</b>	<b>99,333</b>	<b>0.6</b>	<b>\$27</b>						
<b>Female</b>																		
All Females	302,988	10,108,414	1,355	1.8	15,072	0.5	118	5,437	7.4	61,165	0.6	23						
<b>Female, Disabled</b>																		
All Ages	148,265	7,433,908	1,178	4.1	13,393	0.4	117	3,915	13.5	45,005	0.6	27						
5 and younger	11	1,677	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
6-14	41	2,153	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
15-20	519	60,929	22	28.6	264	0.7	154	13	16.9	154	0.6	84						
21-44	44,258	2,582,466	593	6.1	6,619	0.5	122	1,487	15.2	16,854	0.6	36						
45-64	100,087	4,561,534	546	2.9	6,323	0.4	109	2,378	12.7	27,577	0.6	22						
65-74	3,349	225,149	17	7.5	187	0.8	156	37	16.4	420	0.5	25						
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
<b>Female, Other Eligibles</b>																		
All Ages	154,723	2,674,506	177	0.4	1,679	0.5	121	1,522	3.4	16,160	0.6	11						
5 and younger	1	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
6-14	11	792	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
15-20	61	2,639	1	10.0	9	0.2	30	1	10.0	12	0.7	14						
21-44	790	63,500	37	12.0	147	0.5	155	52	16.9	169	0.5	92						
45-64	485	29,875	9	10.8	60	0.7	140	20	24.1	109	0.6	36						
65-74	44,326	1,234,517	117	0.8	1,367	0.5	123	669	4.7	7,678	0.6	14						
75-84	49,838	601,955	4	0.0	33	0.2	24	462	3.1	5,021	0.6	6						
85 and older	59,211	741,206	9	0.1	63	0.5	65	318	2.0	3,171	0.6	5						
<b>Male</b>																		
All Males	152,133	7,418,694	1,204	2.8	13,583	0.5	147	3,366	7.8	38,168	0.6	34						
<b>Male, Disabled</b>																		
All Ages	106,172	6,511,445	1,140	4.3	12,907	0.5	151	2,894	11.0	33,302	0.6	36						
5 and younger	5	819	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
6-14	53	5,234	0	0.0	0	0.0	0	2	22.2	24	0.6	5						
15-20	1,157	176,788	41	40.6	467	0.6	194	39	38.6	445	0.8	139						
21-44	40,955	3,066,506	693	6.5	7,973	0.5	153	1,399	13.1	16,096	0.6	45						
45-64	62,973	3,204,067	400	2.6	4,405	0.5	145	1,448	9.4	16,669	0.6	26						
65-74	1,029	58,031	6	4.8	62	0.5	49	6	4.8	68	0.5	34						
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
<b>Male, Other Eligibles</b>																		
All Ages	45,961	907,249	64	0.4	676	0.4	67	472	2.8	4,866	0.6	14						
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
6-14	42	1,659	1	33.3	12	0.3	58	0	0.0	0	0.0	0						
15-20	135	17,841	1	12.5	12	1.0	91	4	50.0	37	1.2	218						
21-44	214	14,011	6	7.2	24	0.5	155	13	15.7	49	0.4	49						
45-64	123	4,194	1	2.0	3	0.3	81	9	18.4	34	0.5	12						
65-74	20,194	533,215	51	0.7	592	0.4	64	275	3.6	3,050	0.6	15						
75-84	15,472	207,693	4	0.1	33	0.3	45	113	2.0	1,121	0.5	6						
85 and older	9,781	128,636	0	0.0	0	0.0	0	58	1.8	575	0.6	5						
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>						

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.  
 a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in

a given drug group during 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>9,440</b>	<b>8.1</b>	<b>103,492</b>	<b>0.5</b>	<b>\$20</b>	<b>6,578</b>	<b>5.6</b>	<b>72,945</b>	<b>0.4</b>	<b>\$22</b>	<b>5,508</b>	<b>4.7</b>	<b>61,361</b>	<b>0.4</b>	<b>\$26</b>
<b>Female</b>															
All Females	6,393	8.7	69,956	0.5	20	3,867	5.2	42,808	0.4	21	3,424	4.6	37,953	0.4	27
<b>Female, Disabled</b>															
All Ages	2,451	8.5	28,078	0.4	22	3,228	11.2	36,642	0.4	22	2,955	10.2	33,493	0.4	28
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	12.5	8	0.1	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	9	11.7	105	0.2	6	20	26.0	218	0.2	2	21	27.3	247	0.6	22
21-44	686	7.0	7,800	0.4	21	1,053	10.7	11,765	0.4	19	1,032	10.5	11,461	0.4	27
45-64	1,683	9.0	19,354	0.4	22	2,073	11.0	23,716	0.4	24	1,836	9.8	21,018	0.4	28
65-74	72	31.9	811	0.4	26	82	36.3	943	0.5	17	66	29.2	767	0.6	30
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	3,942	8.8	41,878	0.6	19	639	1.4	6,166	0.4	12	469	1.0	4,460	0.4	21
5 and younger	1	100.0	12	0.1	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	30.0	33	0.1	3	3	30.0	23	0.2	1	3	30.0	30	0.5	26
21-44	22	7.1	96	0.4	39	112	36.4	397	0.6	16	83	26.9	244	0.6	29
45-64	13	15.7	88	0.3	14	45	54.2	258	0.4	8	32	38.6	167	0.7	36
65-74	964	6.8	11,019	0.5	19	450	3.2	5,221	0.4	12	320	2.3	3,760	0.4	20
75-84	1,258	8.5	13,566	0.7	19	15	0.1	151	0.2	1	15	0.1	144	0.4	14
85 and older	1,681	10.8	17,064	0.7	20	14	0.1	116	0.3	7	16	0.1	115	0.4	10
<b>Male</b>															
All Males	3,047	7.1	33,536	0.5	20	2,711	6.3	30,137	0.4	25	2,084	4.8	23,408	0.4	25
<b>Male, Disabled</b>															
All Ages	1,763	6.7	20,168	0.5	22	2,411	9.2	27,228	0.4	26	1,919	7.3	21,815	0.4	26
5 and younger	0	0.0	0	0.0	0	1	33.3	5	0.4	1	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	19	18.8	219	0.5	11	14	13.9	158	0.1	1	29	28.7	329	0.5	23
21-44	616	5.8	7,142	0.4	20	950	8.9	10,656	0.4	27	858	8.0	9,846	0.4	25
45-64	1,107	7.2	12,597	0.5	23	1,422	9.3	16,141	0.5	26	1,021	6.6	11,530	0.4	27
65-74	21	16.8	210	0.6	28	24	19.2	268	0.4	5	11	8.8	110	0.5	18
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	1,284	7.7	13,368	0.6	18	300	1.8	2,909	0.4	14	165	1.0	1,593	0.4	16
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	33.3	12	0.5	3	1	33.3	12	0.1	1	0	0.0	0	0.0	0
15-20	4	50.0	48	0.8	90	3	37.5	30	0.1	1	1	12.5	12	0.1	0
21-44	4	4.8	14	0.6	64	41	49.4	165	0.6	24	19	22.9	58	0.5	17
45-64	4	8.2	16	0.3	13	22	44.9	76	0.8	25	7	14.3	27	0.5	32
65-74	487	6.3	5,350	0.5	17	214	2.8	2,437	0.3	15	128	1.7	1,413	0.3	15
75-84	465	8.2	4,755	0.6	18	19	0.3	189	0.2	2	9	0.2	71	0.4	26
85 and older	319	9.9	3,173	0.7	19	0	0.0	0	0.0	0	1	0.0	12	0.5	4
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.  
 a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in

a given drug group during 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	ANTIDIABETIC					HEMATOPOIETIC AGENTS					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>3,711</b>	<b>3.2</b>	<b>41,825</b>	<b>0.4</b>	<b>\$30</b>	<b>15,299</b>	<b>13.1</b>	<b>163,126</b>	<b>0.5</b>	<b>\$8</b>	<b>3,677</b>	<b>3.1</b>	<b>41,913</b>	<b>0.3</b>	<b>\$28</b>
<b>Female</b>															
All Females	2,265	3.1	25,577	0.4	29	11,040	14.9	118,184	0.5	7	2,309	3.1	26,412	0.3	27
<b>Female, Disabled</b>															
All Ages	1,508	5.2	17,297	0.4	35	2,111	7.3	24,259	0.4	10	1,907	6.6	22,035	0.3	27
5 and younger	0	0.0	0	0.0	0	5	71.4	39	0.3	43	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	5	62.5	49	0.8	43	0	0.0	0	0.0	0
15-20	1	1.3	12	0.9	8	3	3.9	35	0.4	18	4	5.2	43	0.1	2
21-44	254	2.6	2,871	0.4	38	499	5.1	5,818	0.4	7	460	4.7	5,160	0.3	25
45-64	1,173	6.2	13,512	0.4	33	1,565	8.3	17,953	0.5	9	1,372	7.3	15,985	0.3	28
65-74	80	35.4	902	0.6	49	34	15.0	365	0.5	64	71	31.4	847	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
<b>Female, Other Eligibles</b>															
All Ages	757	1.7	8,280	0.3	16	8,929	19.9	93,925	0.6	7	402	0.9	4,377	0.3	26
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	40.0	24	0.5	33	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	10.0	5	0.2	0	5	50.0	51	0.5	25
21-44	17	5.5	42	0.7	22	9	2.9	30	0.7	4	24	7.8	76	0.5	67
45-64	10	12.0	67	0.4	26	3	3.6	19	0.3	104	17	20.5	126	0.2	19
65-74	478	3.4	5,527	0.4	22	1,614	11.4	17,995	0.5	9	343	2.4	4,027	0.3	26
75-84	127	0.9	1,354	0.2	3	3,005	20.2	32,045	0.6	6	8	0.1	67	0.3	20
85 and older	125	0.8	1,290	0.2	2	4,295	27.7	43,807	0.6	6	5	0.0	30	0.3	6
<b>Male</b>															
All Males	1,446	3.4	16,248	0.4	32	4,259	9.9	44,942	0.6	8	1,368	3.2	15,501	0.3	29
<b>Male, Disabled</b>															
All Ages	1,144	4.4	13,062	0.4	36	1,346	5.1	15,260	0.5	12	1,123	4.3	12,777	0.3	29
5 and younger	0	0.0	0	0.0	0	2	66.7	17	0.2	48	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	7	77.8	81	0.4	62	0	0.0	0	0.0	0
15-20	5	5.0	59	0.8	60	6	5.9	72	0.5	20	23	22.8	246	0.4	31
21-44	286	2.7	3,298	0.4	36	288	2.7	3,353	0.5	11	355	3.3	4,107	0.3	25
45-64	820	5.3	9,322	0.4	35	1,025	6.7	11,564	0.5	12	726	4.7	8,204	0.3	30
65-74	33	26.4	383	0.5	43	18	14.4	173	0.5	7	19	15.2	220	0.5	63
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	302	1.8	3,186	0.3	18	2,913	17.4	29,682	0.6	6	245	1.5	2,724	0.3	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	66.7	18	0.8	1	2	66.7	24	0.7	38
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	37.5	36	0.7	118
21-44	6	7.2	47	0.2	9	1	1.2	2	1.0	3	7	8.4	27	0.4	46
45-64	1	2.0	9	0.1	8	0	0.0	0	0.0	0	2	4.1	12	0.2	16
65-74	216	2.8	2,355	0.4	22	877	11.4	9,454	0.6	8	200	2.6	2,321	0.3	29
75-84	54	1.0	544	0.2	8	1,176	20.8	11,919	0.6	6	28	0.5	290	0.3	25
85 and older	25	0.8	231	0.3	2	857	26.7	8,289	0.6	6	3	0.1	14	0.2	11
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.  
 a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in

a given drug group during 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					ANTI-HYPERLIPIDEMIC						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>22,354</b>	<b>19.1</b>	<b>244,107</b>	<b>0.6</b>	<b>\$4</b>	<b>2,999</b>	<b>2.6</b>	<b>34,083</b>	<b>0.4</b>	<b>\$30</b>	<b>116,873</b>	<b>1,230,353</b>
<b>Female</b>												
All Females	15,739	21.3	171,907	0.6	4	1,699	2.3	19,385	0.4	30	73,852	776,847
<b>Female, Disabled</b>												
All Ages	6,745	23.3	77,871	0.6	5	1,278	4.4	14,686	0.4	31	28,901	322,488
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	63
6-14	1	12.5	12	0.2	2	0	0.0	0	0.0	0	8	85
15-20	7	9.1	72	0.2	1	0	0.0	0	0.0	0	77	809
21-44	2,122	21.7	24,386	0.6	5	201	2.1	2,279	0.4	30	9,798	108,534
45-64	4,554	24.2	52,749	0.6	5	1,021	5.4	11,773	0.4	31	18,785	210,746
65-74	61	27.0	652	0.5	3	56	24.8	634	0.6	44	226	2,251
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Female, Other Eligibles</b>												
All Ages	8,994	20.0	94,036	0.6	4	421	0.9	4,699	0.3	26	44,951	454,359
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	37
15-20	1	10.0	12	0.1	0	0	0.0	0	0.0	0	10	61
21-44	46	14.9	188	0.5	3	14	4.5	47	0.4	24	308	1,189
45-64	16	19.3	87	0.6	5	11	13.3	91	0.3	20	83	339
65-74	2,586	18.3	28,941	0.6	4	371	2.6	4,313	0.3	26	14,166	152,776
75-84	3,026	20.4	32,138	0.6	4	21	0.1	215	0.3	28	14,864	152,273
85 and older	3,319	21.4	32,670	0.6	4	4	0.0	33	0.3	20	15,514	147,672
<b>Male</b>												
All Males	6,615	15.4	72,200	0.6	5	1,300	3.0	14,698	0.4	31	43,021	453,506
<b>Male, Disabled</b>												
All Ages	4,154	15.8	47,679	0.6	5	1,078	4.1	12,264	0.4	32	26,292	291,347
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	29
6-14	1	11.1	12	0.5	6	0	0.0	0	0.0	0	9	103
15-20	8	7.9	86	0.4	2	4	4.0	48	0.3	35	101	1,068
21-44	1,633	15.3	18,844	0.6	5	280	2.6	3,226	0.4	29	10,694	119,617
45-64	2,496	16.3	28,584	0.6	5	769	5.0	8,714	0.4	32	15,360	169,451
65-74	16	12.8	153	0.7	9	25	20.0	276	0.5	39	125	1,079
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Male, Other Eligibles</b>												
All Ages	2,461	14.7	24,521	0.5	4	222	1.3	2,434	0.3	26	16,729	162,159
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27
15-20	1	12.5	12	0.9	5	0	0.0	0	0.0	0	8	67
21-44	10	12.0	28	0.7	5	4	4.8	28	0.2	8	83	305
45-64	9	18.4	39	0.5	3	3	6.1	11	0.3	19	49	171
65-74	1,028	13.3	11,111	0.6	4	195	2.5	2,196	0.3	28	7,714	79,625
75-84	880	15.6	8,521	0.6	4	19	0.3	198	0.3	17	5,658	54,115
85 and older	533	16.6	4,810	0.5	3	1	0.0	1	1.0	111	3,214	27,849
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.  
 a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in



a given drug group during 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

**TABLE D.8**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,**  
**BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007**

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Benefit Months Among All-Year	
			Facility Residents	Nursing Facility Residents
<b>All</b>	<b>\$9</b>	<b>0.5</b>	<b>19,841</b>	<b>201,618</b>
<b>Age</b>				
0-64	28	0.9	1,800	20,170
65-74	17	0.7	2,620	27,864
75-84	5	0.4	6,244	63,547
85 and older	5	0.4	9,177	90,037
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	8	0.5	14,783	151,023
Male	11	0.5	5,058	50,595
Unknown	0	0.0	0	0
<b>Race</b>				
White	8	0.5	18,088	182,900
African American	13	0.5	1,503	16,106
Other/unknown	9	0.6	250	2,612
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	6	0.4	18,014	181,235
Disabled	30	1.0	1,827	20,383
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 13,729 beneficiaries who were in nursing facilities for part of their enrollment and their 132,026 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

**TABLE D.9**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,**  
**BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007**

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 Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.6	0.1	0.0	0.4	\$30	\$20	\$1	\$8	\$54	\$153	\$206	\$20	637	\$34,324	109	0.5	1,158	
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	28	28	0	0	22	609	20	0.1	223	
Antineoplastic Agents	0.5	0.0	0.0	0.5	41	3	0	38	85	252	0	81	415	35,236	89	0.4	856	
Endocrine/Metabolic Drugs	0.8	0.4	0.0	0.4	69	59	2	8	84	138	139	21	1,534	128,582	174	0.9	1,870	
Cardiovascular Agents	1.6	0.2	0.1	1.2	46	21	8	18	29	90	57	14	2,649	76,984	155	0.8	1,656	
Respiratory Agents	0.3	0.0	0.0	0.2	8	3	1	5	29	80	43	22	5,176	152,078	1,677	8.5	18,743	
Gastrointestinal Agents	0.6	0.1	0.0	0.5	18	11	2	5	32	114	112	11	725	22,911	118	0.6	1,251	
Genitourinary Agents	0.5	0.2	0.0	0.3	24	15	0	9	46	63	11	32	173	7,938	32	0.2	335	
CNS Drugs	0.8	0.0	0.0	0.7	10	5	0	5	13	114	44	7	42,517	548,305	5,326	26.8	55,884	
Stimulants/Anti-obesity/Anorexia	0.6	0.6	0.0	0.0	137	137	0	0	242	242	0	0	34	8,222	5	0.0	60	
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	181	180	0	1	319	325	0	99	196	62,476	37	0.2	345	
Analgesics and Anesthetics	0.8	0.0	0.1	0.7	22	0	13	8	27	28	163	11	1,089	29,135	127	0.6	1,353	
Neuromuscular Agents	0.9	0.1	0.0	0.8	20	13	0	7	24	206	73	9	7,542	179,911	809	4.1	8,793	
Nutritional Products	0.5	0.0	0.0	0.4	5	0	0	5	12	18	14	11	8,586	99,468	1,744	8.8	18,358	
Hematological Agents	0.8	0.1	0.0	0.6	11	6	0	5	14	48	25	8	25,168	348,906	3,105	15.6	32,938	
Topical Products	0.4	0.1	0.0	0.3	14	8	0	5	32	98	45	16	500	16,034	104	0.5	1,183	
Miscellaneous Products	0.3	0.0	0.0	0.3	4	0	0	3	14	55	0	13	853	11,768	313	1.6	3,237	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	26	0	0	0	286	7,314	74	0.4	838	
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>98,102</b>	<b>1,770,201</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 13,729 beneficiaries who were in nursing facilities for part of their enrollment and their 132,026 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 2007. 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.medi-span.com/master-drug-database.aspx>.

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.medi-span.com/master-drug-database.aspx>.

In Indiana, 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.

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

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007

Top 10 Drug Groups in Nursing Facilities	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ULCER DRUGS	\$636,991	2,706	13.6	29,249	0.8	\$29	\$22
HEMATOPOIETIC AGENTS	471,757	6,177	31.1	65,883	0.7	10	7
LAXATIVES	333,514	19,973	100.7	217,234	0.5	3	2
ANALGESICS - NonNarcotic	279,307	21,361	107.7	229,172	0.6	2	1
MULTIVITAMINS	269,001	11,890	59.9	126,719	0.8	3	2
ANTIANSXIETY AGENTS	231,304	4,821	24.3	50,497	0.7	7	5
MINERALS & ELECTROLYTES	224,869	8,624	43.5	92,966	0.8	3	2
ANTIHISTAMINES	205,331	3,939	19.9	43,784	0.5	10	5
COUGH/COLD/ALLERGY	197,816	7,017	35.4	78,512	0.2	11	3
DERMATOLOGICAL	180,754	10,425	52.5	116,243	0.2	8	2
Total	3,030,644	96,933	n.a.	1,050,259	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 13,729 beneficiaries who were in nursing facilities for part of their enrollment and their 132,026 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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; n.a. = not applicable.

Dual Medicaid Beneficiaries

TABLE D.10A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST  
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups								ULCER DRUGS					HEMATOPOIETIC AGENTS				
	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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	
<b>All</b>	<b>586,827</b>	<b>\$3,030,644</b>	<b>2,706</b>	<b>13.6</b>	<b>29,249</b>	<b>0.8</b>	<b>\$22</b>	<b>6,177</b>	<b>31.1</b>	<b>65,883</b>	<b>0.7</b>	<b>\$7</b>						
<b>Female</b>																		
All Females	451,974	2,295,141	2,024	13.7	22,007	0.8	22	4,683	31.7	50,153	0.7	7						
<b>Female, Disabled</b>																		
All Ages	32,301	202,014	126	14.0	1,450	0.8	23	246	27.4	2,792	0.7	13						
64 or younger	31,775	181,243	122	13.8	1,410	0.8	23	238	27.0	2,700	0.7	7						
65-74	526	20,771	4	25.0	40	0.6	14	8	50.0	92	0.7	198						
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
<b>Female, Other Eligibles</b>																		
All Ages	419,673	2,093,127	1,898	13.7	20,557	0.8	22	4,437	32.0	47,361	0.7	7						
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
65-74	52,684	296,206	237	15.2	2,730	0.7	22	529	33.9	5,839	0.7	8						
75-84	140,174	710,561	657	14.5	7,207	0.8	22	1,446	32.0	15,703	0.7	7						
85 and older	226,815	1,086,360	1,004	12.9	10,620	0.8	22	2,462	31.5	25,819	0.7	7						
<b>Male</b>																		
All Males	134,853	735,503	682	13.5	7,242	0.7	22	1,494	29.5	15,730	0.7	7						
<b>Male, Disabled</b>																		
All Ages	29,708	193,157	139	14.9	1,547	0.7	23	208	22.4	2,337	0.7	11						
64 or younger	29,468	189,708	131	14.3	1,479	0.7	23	204	22.2	2,307	0.7	11						
65-74	240	3,449	8	66.7	68	0.6	32	4	33.3	30	0.8	17						
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
<b>Male, Other Eligibles</b>																		
All Ages	105,145	542,346	543	13.2	5,695	0.7	21	1,286	31.2	13,393	0.7	7						
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
65-74	29,721	161,151	151	14.6	1,639	0.8	21	319	30.9	3,435	0.7	7						
75-84	43,838	220,881	229	13.3	2,386	0.7	20	547	31.8	5,653	0.7	6						
85 and older	31,586	160,314	163	11.9	1,670	0.8	22	420	30.6	4,305	0.7	7						
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>						

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 13,729 beneficiaries who were in nursing facilities for part of their enrollment and their 132,026 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	LAXATIVES					ANALGESICS - NonNarcotic					MULTIVITAMINS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>19,973</b>	<b>100.7</b>	<b>217,234</b>	<b>0.5</b>	<b>\$2</b>	<b>21,361</b>	<b>107.7</b>	<b>229,172</b>	<b>0.6</b>	<b>\$1</b>	<b>11,890</b>	<b>59.9</b>	<b>126,719</b>	<b>0.8</b>	<b>\$2</b>
<b>Female</b>															
All Females	15,202	102.8	165,736	0.5	2	16,052	108.6	172,843	0.6	1	8,936	60.4	95,557	0.8	2
<b>Female, Disabled</b>															
All Ages	1,088	121.3	12,489	0.6	2	901	100.4	10,369	0.5	1	589	65.7	6,767	0.8	3
64 or younger	1,073	121.8	12,347	0.6	2	884	100.3	10,188	0.5	1	579	65.7	6,659	0.9	3
65-74	15	93.8	142	0.7	2	17	106.3	181	0.4	1	10	62.5	108	0.7	1
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	14,114	101.6	153,247	0.5	2	15,151	109.1	162,474	0.6	1	8,347	60.1	88,790	0.8	2
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,682	107.9	19,220	0.5	2	1,740	111.6	19,515	0.6	1	889	57.0	9,942	0.8	2
75-84	4,628	102.3	50,806	0.5	2	4,970	109.9	54,040	0.6	1	2,629	58.1	28,281	0.8	2
85 and older	7,804	100.0	83,221	0.5	2	8,441	108.1	88,919	0.6	1	4,829	61.9	50,567	0.8	2
<b>Male</b>															
All Males	4,771	94.3	51,498	0.5	2	5,309	105.0	56,329	0.5	1	2,954	58.4	31,162	0.8	2
<b>Male, Disabled</b>															
All Ages	1,053	113.2	12,212	0.6	2	903	97.1	10,378	0.5	1	611	65.7	6,919	0.8	3
64 or younger	1,046	113.9	12,173	0.6	2	891	97.1	10,291	0.5	1	603	65.7	6,865	0.8	3
65-74	7	58.3	39	0.2	1	12	100.0	87	0.9	4	8	66.7	54	0.7	1
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	3,718	90.1	39,286	0.5	2	4,406	106.7	45,951	0.6	1	2,343	56.8	24,243	0.8	2
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	974	94.3	10,812	0.6	2	1,128	109.2	12,377	0.6	1	622	60.2	6,718	0.8	2
75-84	1,560	90.6	16,490	0.5	2	1,870	108.6	19,652	0.6	1	958	55.6	10,032	0.8	2
85 and older	1,184	86.3	11,984	0.5	2	1,408	102.6	13,922	0.6	1	763	55.6	7,493	0.8	2
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 13,729 beneficiaries who were in nursing facilities for part of their enrollment and their 132,026 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					MINERALS & ELECTROLYTES					ANTIHISTAMINES				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>4,821</b>	<b>24.3</b>	<b>50,497</b>	<b>0.7</b>	<b>\$5</b>	<b>8,624</b>	<b>43.5</b>	<b>92,966</b>	<b>0.8</b>	<b>\$2</b>	<b>3,939</b>	<b>19.9</b>	<b>43,784</b>	<b>0.5</b>	<b>\$5</b>
<b>Female</b>															
All Females	3,700	25.0	39,060	0.7	5	7,207	48.8	77,850	0.8	2	2,889	19.5	32,333	0.5	5
<b>Female, Disabled</b>															
All Ages	311	34.7	3,501	0.8	6	513	57.2	5,890	0.7	3	255	28.4	2,956	0.5	5
64 or younger	305	34.6	3,442	0.8	6	505	57.3	5,809	0.7	3	253	28.7	2,933	0.5	4
65-74	6	37.5	59	0.9	5	8	50.0	81	0.9	4	2	12.5	23	0.4	13
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	3,389	24.4	35,559	0.7	4	6,694	48.2	71,960	0.8	2	2,634	19.0	29,377	0.5	5
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	485	31.1	5,366	0.7	5	801	51.4	9,038	0.7	2	404	25.9	4,633	0.5	5
75-84	1,183	26.2	12,498	0.7	5	2,212	48.9	24,168	0.8	2	920	20.3	10,303	0.5	5
85 and older	1,721	22.0	17,695	0.6	4	3,681	47.2	38,754	0.8	2	1,310	16.8	14,441	0.5	5
<b>Male</b>															
All Males	1,121	22.2	11,437	0.7	5	1,417	28.0	15,116	0.7	3	1,050	20.8	11,451	0.5	5
<b>Male, Disabled</b>															
All Ages	289	31.1	3,255	0.8	6	312	33.5	3,509	0.7	4	250	26.9	2,888	0.5	5
64 or younger	285	31.0	3,225	0.8	6	308	33.6	3,489	0.7	4	247	26.9	2,852	0.5	5
65-74	4	33.3	30	0.7	4	4	33.3	20	0.7	2	3	25.0	36	0.1	2
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	832	20.2	8,182	0.6	4	1,105	26.8	11,607	0.7	2	800	19.4	8,563	0.5	4
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	230	22.3	2,479	0.7	5	309	29.9	3,397	0.7	3	224	21.7	2,509	0.5	5
75-84	366	21.3	3,553	0.6	4	436	25.3	4,627	0.7	2	352	20.4	3,747	0.5	4
85 and older	236	17.2	2,150	0.6	4	360	26.2	3,583	0.7	2	224	16.3	2,307	0.4	4
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 13,729 beneficiaries who were in nursing facilities for part of their enrollment and their 132,026 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	COUGH/COLD/ALLERGY					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 \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
<b>All</b>	<b>7,017</b>	<b>35.4</b>	<b>78,512</b>	<b>0.2</b>	<b>\$3</b>	<b>10,425</b>	<b>52.5</b>	<b>116,243</b>	<b>0.2</b>	<b>\$2</b>	<b>19,841</b>	<b>201,618</b>	
<b>Female</b>													
All Females	5,368	36.3	60,356	0.2	3	7,481	50.6	83,728	0.2	2	14,783	151,023	
<b>Female, Disabled</b>													
All Ages	340	37.9	4,021	0.3	3	615	68.6	7,229	0.2	2	897	10,031	
64 or younger	333	37.8	3,953	0.3	3	599	68.0	7,049	0.2	2	881	9,887	
65-74	7	43.8	68	0.3	3	16	100.0	180	0.2	2	16	144	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
<b>Female, Other Eligibles</b>													
All Ages	5,028	36.2	56,335	0.2	2	6,866	49.4	76,499	0.2	2	13,886	140,992	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	683	43.8	7,924	0.2	3	876	56.2	10,120	0.2	2	1,559	16,809	
75-84	1,634	36.1	18,492	0.2	3	2,209	48.9	24,824	0.2	1	4,522	46,596	
85 and older	2,711	34.7	29,919	0.2	2	3,781	48.4	41,555	0.2	2	7,805	77,587	
<b>Male</b>													
All Males	1,649	32.6	18,156	0.3	3	2,944	58.2	32,515	0.2	2	5,058	50,595	
<b>Male, Disabled</b>													
All Ages	302	32.5	3,482	0.3	4	632	68.0	7,366	0.2	2	930	10,352	
64 or younger	300	32.7	3,476	0.3	4	627	68.3	7,316	0.2	2	918	10,280	
65-74	2	16.7	6	0.5	5	5	41.7	50	0.2	1	12	72	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
<b>Male, Other Eligibles</b>													
All Ages	1,347	32.6	14,674	0.2	2	2,312	56.0	25,149	0.2	2	4,128	40,243	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3	
65-74	358	34.7	4,037	0.2	3	597	57.8	6,815	0.2	2	1,033	10,839	
75-84	525	30.5	5,727	0.2	2	952	55.3	10,271	0.2	2	1,722	16,951	
85 and older	464	33.8	4,910	0.2	2	763	55.6	8,063	0.2	1	1,372	12,450	
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 13,729 beneficiaries who were in nursing facilities for part of their enrollment and their 132,026 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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



TABLE D.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
INDIANA, 2007

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries	
<b>All</b>	<b>61,993</b>	<b>53.0</b>	<b>10.2</b>	<b>1,188,380</b>	<b>\$59</b>	<b>\$6,859,557</b>	<b>\$6</b>	<b>26.0</b>	<b>116,873</b>	
<b>Age</b>										
5 and younger	9	81.8	4.5	49	74	816	17	9.5	11	
6-14	17	68.0	11.0	275	169	4,218	15	12.5	25	
15-20	75	38.3	3.8	739	33	6,548	9	1.7	196	
21-44	8,587	41.1	4.4	92,441	35	733,966	8	7.9	20,883	
45-64	15,982	46.6	6.9	235,860	48	1,648,826	7	13.5	34,277	
65-74	9,597	43.2	8.0	177,183	48	1,070,903	6	34.8	22,231	
75-84	12,704	61.9	14.6	299,941	76	1,557,011	5	211.0	20,522	
85 and older	15,022	80.2	20.4	381,892	98	1,837,269	5	266.8	18,728	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	37,160	60.8	14.0	856,824	73	4,445,931	5	110.1	61,128	
Disabled	24,674	44.7	6.0	330,906	44	2,407,173	7	10.9	55,193	
Adults	132	25.9	0.8	385	8	4,184	11	2.7	509	
Children	16	57.1	7.5	209	66	1,854	9	1.8	28	
Unknown	11	73.3	3.7	56	28	415	7	0.9	15	
<b>Gender</b>										
Female	42,254	57.2	11.5	850,428	65	4,835,646	6	32.6	73,852	
Male	19,739	45.9	7.9	337,952	47	2,023,911	6	17.5	43,021	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	54,337	55.8	11.1	1,078,228	63	6,161,334	6	27.0	97,444	
African American	6,329	40.6	6.0	93,081	38	590,889	6	20.3	15,577	
Other/unknown	1,327	34.4	4.4	17,071	28	107,334	6	14.9	3,852	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	19,033	95.9	30.6	607,860	152	3,011,924	5	170.1	19,841	
Part year	12,614	91.9	19.3	265,313	98	1,339,278	5	88.1	13,729	
None	30,346	36.4	3.8	315,207	30	2,508,355	8	10.8	83,303	
<b>Maintenance Assistance Status</b>										
Cash	14,339	48.3	5.4	159,501	43	1,289,832	8	17.5	29,700	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	2,106	16.3	0.7	8,915	6	83,166	9	4.0	12,887	
Other/unknown	45,548	61.3	13.7	1,019,964	74	5,486,559	5	32.3	74,286	

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.
- b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
INDIANA, 2007

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
<b>All</b>	<b>1.0</b>	<b>\$6</b>	<b>\$6</b>	<b>\$0</b>	<b>\$1</b>	<b>1,230,353</b>
<b>Age</b>						
5 and younger	0.5	8	17	1	0	104
6-14	1.1	17	15	1	1	252
15-20	0.4	3	9	0	0	2,005
21-44	0.4	3	8	0	1	229,645
45-64	0.6	4	7	0	1	380,707
65-74	0.8	5	6	0	1	235,731
75-84	1.5	8	5	0	1	206,388
85 and older	2.2	10	5	0	1	175,521
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	1.4	7	5	0	1	614,285
Disabled	0.5	4	7	0	1	613,835
Adults	0.2	2	11	0	1	1,853
Children	0.9	8	9	1	1	229
Unknown	0.4	3	7	0	1	151
<b>Gender</b>						
Female	1.1	6	6	0	1	776,847
Male	0.7	4	6	0	1	453,506
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	1.1	6	6	0	1	1,024,402
African American	0.6	4	6	0	0	165,167
Other/unknown	0.4	3	6	0	0	40,784
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	3.0	15	5	0	2	201,618
Part year	2.0	10	5	0	2	132,026
None	0.4	3	8	0	1	896,709
<b>Maintenance Assistance Status</b>						
Cash	0.5	4	8	0	1	325,741
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	9	0	0	143,670
Other/unknown	1.3	7	5	0	1	760,942

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

TABLE D.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
INDIANA, 2007

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
<b>All</b>	<b>90,515</b>	<b>\$76</b>	<b>\$6,859,557</b>	<b>100.0</b>	<b>1,188,380</b>	<b>\$6</b>	<b>100.0</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	3	10	31	0.0	4	8	0.0
Cough and cold medications	9,393	67	626,736	9.1	23,660	26	2.0
Vitamins and minerals	5,640	50	281,049	4.1	26,505	11	2.2
Non-prescription drugs	46,867	96	4,515,906	65.8	940,749	5	79.2
Barbiturates	1,045	76	79,312	1.2	11,474	7	1.0
Benzodiazepines	26,345	49	1,281,513	18.7	182,251	7	15.3
Other Part D Excl Rx Drugs	1,222	61	75,010	1.1	3,737	20	0.3

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 INDIANA, 2007

Total Number of Dual Eligible Beneficiaries: 116,873  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$26,416,295  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$226

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	71,006	60.8	\$0	0.0
1-500	39,436	33.7	2,830,613	10.7
501-1,000	1,753	1.5	1,264,333	4.8
1,001-1,500	871	0.7	1,075,367	4.1
1,501-2,000	649	0.6	1,129,531	4.3
2,001-2,500	474	0.4	1,066,961	4.0
2,501-3,000	378	0.3	1,037,310	3.9
3,001-3,500	296	0.3	964,018	3.6
3,501-4,000	266	0.2	992,002	3.8
4,001-4,500	203	0.2	864,848	3.3
4,501-5,000	192	0.2	906,265	3.4
5,001-5,500	164	0.1	859,802	3.3
5,501-6,000	139	0.1	800,710	3.0
6,001-6,500	120	0.1	751,513	2.8
6,501-7,000	96	0.1	648,176	2.5
7,001-7,500	105	0.1	761,482	2.9
7,501-8,000	61	0.1	472,049	1.8
8,001-8,500	66	0.1	545,146	2.1
8,501-9,000	48	0.0	421,423	1.6
9,001-9,500	62	0.1	573,539	2.2
9,501-10,000	43	0.0	417,713	1.6
10,001+	445	0.4	8,033,494	30.4

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a</sup>, b, c  
 INDIANA, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 54,842  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$21,612,065  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$394

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	31,963	58.3	\$0	0.0	
1-500	17,939	32.7	1,356,703	6.3	
501-1,000	1,123	2.0	818,800	3.8	
1,001-1,500	628	1.1	779,001	3.6	
1,501-2,000	486	0.9	849,621	3.9	
2,001-2,500	377	0.7	849,085	3.9	
2,501-3,000	306	0.6	840,051	3.9	
3,001-3,500	248	0.5	806,915	3.7	
3,501-4,000	218	0.4	814,103	3.8	
4,001-4,500	170	0.3	724,057	3.4	
4,501-5,000	167	0.3	787,816	3.6	
5,001-5,500	145	0.3	759,922	3.5	
5,501-6,000	121	0.2	697,111	3.2	
6,001-6,500	105	0.2	657,057	3.0	
6,501-7,000	87	0.2	587,108	2.7	
7,001-7,500	94	0.2	682,263	3.2	
7,501-8,000	54	0.1	417,761	1.9	
8,001-8,500	64	0.1	528,484	2.4	
8,501-9,000	45	0.1	395,086	1.8	
9,001-9,500	58	0.1	536,210	2.5	
9,501-10,000	39	0.1	379,143	1.8	
10,001+	405	0.7	7,345,768	34.0	

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 INDIANA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 61,481  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$4,503,645  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$73

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	38,799	63.1	\$0	0.0
1-500	21,293	34.6	1,449,935	32.2
501-1,000	584	0.9	412,659	9.2
1,001-1,500	222	0.4	271,415	6.0
1,501-2,000	156	0.3	267,749	5.9
2,001-2,500	93	0.2	208,973	4.6
2,501-3,000	67	0.1	183,965	4.1
3,001-3,500	48	0.1	157,103	3.5
3,501-4,000	44	0.1	163,325	3.6
4,001-4,500	30	0.0	127,592	2.8
4,501-5,000	24	0.0	113,692	2.5
5,001-5,500	18	0.0	94,774	2.1
5,501-6,000	15	0.0	86,058	1.9
6,001-6,500	13	0.0	81,695	1.8
6,501-7,000	9	0.0	61,068	1.4
7,001-7,500	10	0.0	71,852	1.6
7,501-8,000	7	0.0	54,288	1.2
8,001-8,500	2	0.0	16,662	0.4
8,501-9,000	3	0.0	26,337	0.6
9,001-9,500	4	0.0	37,329	0.8
9,501-10,000	4	0.0	38,570	0.9
10,001+	36	0.1	578,604	12.8

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 INDIANA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 22,231  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$3,076,943  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$138

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,667	66.0	\$0	0.0
1-500	6,603	29.7	483,953	15.7
501-1,000	306	1.4	220,158	7.2
1,001-1,500	143	0.6	174,537	5.7
1,501-2,000	120	0.5	207,192	6.7
2,001-2,500	80	0.4	179,414	5.8
2,501-3,000	59	0.3	161,687	5.3
3,001-3,500	43	0.2	140,354	4.6
3,501-4,000	38	0.2	141,010	4.6
4,001-4,500	30	0.1	127,592	4.1
4,501-5,000	24	0.1	113,692	3.7
5,001-5,500	18	0.1	94,774	3.1
5,501-6,000	13	0.1	74,172	2.4
6,001-6,500	13	0.1	81,695	2.7
6,501-7,000	9	0.0	61,068	2.0
7,001-7,500	10	0.0	71,852	2.3
7,501-8,000	6	0.0	46,291	1.5
8,001-8,500	2	0.0	16,662	0.5
8,501-9,000	3	0.0	26,337	0.9
9,001-9,500	4	0.0	37,329	1.2
9,501-10,000	4	0.0	38,570	1.3
10,001+	36	0.2	578,604	18.8

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 INDIANA, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 20,522  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$738,027  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$36

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,947	63.1	\$0	0.0
1-500	7,368	35.9	494,828	67.0
501-1,000	128	0.6	91,585	12.4
1,001-1,500	40	0.2	49,435	6.7
1,501-2,000	18	0.1	30,935	4.2
2,001-2,500	7	0.0	15,992	2.2
2,501-3,000	4	0.0	10,801	1.5
3,001-3,500	3	0.0	10,029	1.4
3,501-4,000	4	0.0	14,539	2.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	2	0.0	11,886	1.6
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	1	0.0	7,997	1.1
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries



SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 INDIANA, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 18,728  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$688,675  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$36

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,185	59.7	\$0	0.0
1-500	7,322	39.1	471,154	68.4
501-1,000	150	0.8	100,916	14.7
1,001-1,500	39	0.2	47,443	6.9
1,501-2,000	18	0.1	29,622	4.3
2,001-2,500	6	0.0	13,567	2.0
2,501-3,000	4	0.0	11,477	1.7
3,001-3,500	2	0.0	6,720	1.0
3,501-4,000	2	0.0	7,776	1.1
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

**APPENDIX TABLE A.3**  
**CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007**

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
<b>All</b>	<b>117,400</b>	<b>61,130</b>	<b>55,275</b>	<b>944</b>	<b>36</b>	<b>15</b>	<b>1,241,692</b>	<b>614,358</b>	<b>618,133</b>	<b>8,700</b>	<b>350</b>	<b>151</b>
<b>Age</b>												
5 and younger	12	0	11	0	1	0	134	0	122	0	12	0
6-14	26	0	17	0	9	0	271	0	201	0	70	0
15-20	207	0	182	8	17	0	2,279	0	2,026	69	184	0
21-44	21,264	1	20,558	697	8	0	237,847	5	231,340	6,424	78	0
45-64	34,407	8	34,156	230	0	13	383,436	37	381,114	2,149	0	136
65-74	22,234	21,872	351	8	1	2	235,816	232,419	3,330	46	6	15
75-84	20,522	20,521	0	1	0	0	206,388	206,376	0	12	0	0
85 and older	18,728	18,728	0	0	0	0	175,521	175,521	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	74,224	44,542	28,974	676	17	15	785,172	452,754	325,832	6,262	173	151
Male	43,176	16,588	26,301	268	19	0	456,520	161,604	292,301	2,438	177	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	97,840	51,240	45,851	709	28	12	1,032,955	511,428	514,501	6,649	260	117
African American	15,693	7,327	8,148	208	7	3	167,594	76,036	89,651	1,795	78	34
Other/unknown	3,867	2,563	1,276	27	1	0	41,143	26,894	13,981	256	12	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	19,841	18,014	1,827	0	0	0	201,618	181,235	20,383	0	0	0
Part year	13,729	11,976	1,750	1	2	0	132,041	113,360	18,657	12	12	0
None	83,830	31,140	51,698	943	34	15	908,033	319,763	579,093	8,688	338	151
<b>Maintenance Assistance Status</b>												
Cash	30,178	11,497	17,934	747	0	0	334,008	125,427	201,397	7,184	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	12,893	5,058	7,719	86	15	15	144,939	56,427	87,660	572	129	151
Other/unknown	74,329	44,575	29,622	111	21	0	762,745	432,504	329,076	944	221	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	96,409	52,261	43,182	915	36	15	1,006,868	517,105	480,837	8,425	350	151
Full dual, part year	20,991	8,869	12,093	29	0	0	234,824	97,253	137,296	275	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	115,838	61,120	54,515	167	21	15	1,225,291	614,241	609,834	874	191	151
FFS part year, with Rx claims	646	5	385	250	6	0	6,958	60	4,373	2,462	63	0
FFS part year, no Rx claims	389	3	293	92	1	0	3,861	33	3,065	751	12	0
MC all year, with Rx claims	14	0	1	13	0	0	134	0	12	122	0	0
MC all year, no Rx claims	513	2	81	422	8	0	5,448	24	849	4,491	84	0
	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

**APPENDIX TABLE A.4**  
**MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2007**

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>117,400</b>	<b>1,241,692</b>	<b>116,873</b>	<b>1,230,353</b>	<b>0</b>	<b>11,339</b>
Fee-for-service (FFS) all year	115,838	1,225,291	115,838	1,225,291	0	0
FFS part year, with Rx claims	646	6,958	646	3,340	0	3,618
FFS part year, with no Rx claims	389	3,861	389	1,722	0	2,139
Managed care (MC) all year, with Rx claims	14	134	0	0	0	134
MC all year, with no Rx claims	513	5,448	0	0	0	5,448

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.  
a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.  
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

Dual Medicaid Beneficiaries