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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL 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
All	473,726	2,376	68,710	119,357	282,980	303	1,956,512	23,428	638,223	311,147	980,907	2,807
Age												
5 and younger	110,342	0	1,551	0	108,791	0	341,258	0	9,212	0	332,046	0
6-14	126,513	0	4,833	20	121,660	0	468,242	0	34,106	57	434,079	0
15-20	69,535	0	4,023	13,284	52,227	1	288,991	0	33,199	41,992	213,788	12
21-44	125,712	1	24,552	100,829	301	29	488,458	12	230,209	256,997	989	251
45-64	39,147	25	33,631	5,219	0	272	345,516	117	330,769	12,091	0	2,539
65-74	1,563	1,437	120	5	0	1	15,027	14,284	728	10	0	5
75-84	664	663	0	0	1	0	6,736	6,731	0	0	5	0
85 and older	250	250	0	0	0	0	2,284	2,284	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	281,687	1,563	35,898	103,992	139,931	303	1,117,127	15,664	339,010	278,974	480,672	2,807
Male	192,039	813	32,812	15,365	143,049	0	839,385	7,764	299,213	32,173	500,235	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	317,445	1,076	53,810	84,668	177,634	257	1,362,244	10,674	511,694	222,547	614,942	2,387
African American	105,678	446	12,366	26,639	66,197	30	419,468	4,569	103,887	64,855	245,885	272
Other/unknown	50,603	854	2,534	8,050	39,149	16	174,800	8,185	22,642	23,745	120,080	148
Use of Nursing Facilities^c												
Entire year	1,550	278	1,245	3	24	0	16,241	2,897	13,096	3	245	0
Part year	1,805	163	1,618	12	11	1	18,194	1,582	16,461	51	88	12
None	470,371	1,935	65,847	119,342	282,945	302	1,922,077	18,949	608,666	311,093	980,574	2,795
Maintenance Assistance Status												
Cash	191,514	1,211	40,843	72,660	76,800	0	791,850	12,710	383,896	179,227	216,017	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	182,187	14	16	24,413	157,441	303	607,519	159	155	82,069	522,329	2,807
Other/unknown	100,025	1,151	27,851	22,284	48,739	0	557,143	10,559	254,172	49,851	242,561	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	135,960	2,360	60,305	21,564	51,429	302	1,020,591	23,341	606,740	58,164	329,542	2,804
FFS part year, with Rx claims	109,002	13	4,969	45,308	58,711	1	324,331	74	21,650	121,219	181,385	3
FFS part year, no Rx claims	228,764	3	3,436	52,485	172,840	0	611,590	13	9,833	131,764	469,980	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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	37.5	6.7	\$559	\$83	\$4,198	13.3	473,726
Age							
5 and younger	23.7	0.9	61	67	1,889	3.2	110,342
6-14	26.9	2.1	233	109	1,995	11.7	126,513
15-20	36.3	3.5	329	94	3,199	10.3	69,535
21-44	48.0	7.1	724	102	5,746	12.6	125,712
45-64	77.0	41.0	2,830	69	14,009	20.2	39,147
65-74	66.3	31.1	1,727	56	13,303	13.0	1,563
75-84	63.6	25.0	1,332	53	13,345	10.0	664
85 and older	54.8	16.7	689	41	18,997	3.6	250
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	64.1	28.2	1,506	53	13,589	11.1	2,376
Disabled	78.2	36.5	3,213	88	17,393	18.5	68,710
Adults	40.4	1.6	52	32	2,393	2.2	119,357
Children	26.1	1.4	119	82	1,663	7.1	282,980
Unknown	88.4	29.5	2,007	68	16,678	12.0	303
Gender							
Female	38.9	6.9	471	69	3,852	12.2	281,687
Male	35.4	6.5	687	106	4,705	14.6	192,039
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	42.4	8.3	685	83	4,670	14.7	317,445
African American	30.8	4.2	359	86	3,610	9.9	105,678
Other/unknown	20.5	2.2	182	82	2,462	7.4	50,603
Use of Nursing Facilities^f							
Entire year	94.5	102.7	6,392	62	63,602	10.0	1,550
Part year	94.7	80.1	5,352	67	57,204	9.4	1,805
None	37.1	6.1	521	85	3,798	13.7	470,371
Maintenance Assistance Status							
Cash	42.9	10.0	812	81	5,585	14.5	191,514
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	25.9	1.2	86	74	1,531	5.6	182,187
Other/unknown	48.0	10.6	934	88	6,399	14.6	100,025

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

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

c. In eight states (DE, IA, IL, NE, NY, 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 ND.4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL 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 \$ ^c		Number of Rx, Percentage with:					Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
			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				
All	1.6	\$135	13.3	62.5	20.2	5.7	7.0	3.5	1.1	\$1,016	473,726	1,956,512
Age												
5 and younger	0.3	20	3.2	76.3	18.8	3.0	1.7	0.2	0.0	611	110,342	341,258
6-14	0.6	63	11.7	73.1	18.3	4.2	3.5	0.7	0.1	539	126,513	468,242
15-20	0.8	79	10.3	63.7	23.9	5.7	5.1	1.4	0.2	770	69,535	288,991
21-44	1.8	186	12.6	52.0	22.8	8.4	10.9	4.8	1.1	1,479	125,712	488,458
45-64	4.6	321	20.2	23.0	15.8	9.8	23.1	20.0	8.2	1,587	39,147	345,516
65-74	3.2	180	13.0	33.7	19.3	8.8	18.9	13.5	5.8	1,384	1,563	15,027
75-84	2.5	131	10.0	36.4	22.7	9.6	16.3	11.1	3.8	1,315	664	6,736
85 and older	1.8	76	3.6	45.2	25.6	6.8	13.2	6.8	2.4	2,079	250	2,284
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	2.9	153	11.1	35.9	20.9	8.8	17.5	12.2	4.8	1,378	2,376	23,428
Disabled	3.9	346	18.5	21.8	20.8	11.1	23.1	17.0	6.0	1,873	68,710	638,223
Adults	0.6	20	2.2	59.6	22.7	7.1	7.5	2.5	0.5	918	119,357	311,147
Children	0.4	34	7.1	73.9	19.1	3.8	2.7	0.5	0.1	480	282,980	980,907
Unknown	3.2	217	12.0	11.6	25.7	18.8	28.4	12.9	2.6	1,800	303	2,807
Gender												
Female	1.7	119	12.2	61.1	21.0	5.8	7.0	3.8	1.3	971	281,687	1,117,127
Male	1.5	157	14.6	64.6	19.2	5.6	6.9	3.0	0.8	1,077	192,039	839,385
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.9	160	14.7	57.6	21.7	6.5	8.4	4.4	1.4	1,088	317,445	1,362,244
African American	1.1	91	9.9	69.2	18.9	4.7	4.9	1.9	0.4	910	105,678	419,468
Other/unknown	0.6	53	7.4	79.5	13.8	2.8	2.6	1.0	0.2	713	50,603	174,800
Use of Nursing Facilities^f												
Entire year	9.8	610	10.0	5.5	4.8	3.4	13.9	32.4	40.0	6,070	1,550	16,241
Part year	7.9	531	9.4	5.3	6.8	5.7	21.7	34.7	25.8	5,675	1,805	18,194
None	1.5	128	13.7	62.9	20.3	5.7	6.9	3.2	0.8	930	470,371	1,922,077
Maintenance Assistance Status												
Cash	2.4	196	14.5	57.1	19.2	6.8	9.5	5.6	1.9	1,351	191,514	791,850
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.3	26	5.6	74.1	19.5	3.5	2.4	0.5	0.1	459	182,187	607,519
Other/unknown	1.9	168	14.6	52.0	23.6	7.8	10.5	4.9	1.2	1,149	100,025	557,143

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

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

c. In eight states (DE, IA, IL, NE, NY, 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 ND.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
NONDUAL 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
All	1.6	\$135	\$83	0.5	\$107	\$207	0.1	\$10	\$133	1.0	\$18	\$18
Age												
5 and younger	0.3	20	67	0.1	15	212	0.0	1	62	0.2	4	19
6-14	0.6	63	109	0.3	55	194	0.0	2	90	0.3	6	23
15-20	0.8	79	94	0.3	66	192	0.0	3	105	0.5	10	21
21-44	1.8	186	102	0.5	153	279	0.1	12	152	1.2	21	18
45-64	4.6	321	69	1.4	236	174	0.2	33	138	3.0	51	17
65-74	3.2	180	56	0.9	130	148	0.2	14	87	2.2	36	16
75-84	2.5	131	53	0.7	97	137	0.1	12	92	1.6	23	14
85 and older	1.8	76	41	0.5	48	104	0.1	10	89	1.2	17	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.9	153	53	0.8	111	141	0.1	12	87	1.9	30	15
Disabled	3.9	346	88	1.2	273	222	0.2	28	139	2.5	45	18
Adults	0.6	20	32	0.1	12	121	0.0	1	120	0.5	6	12
Children	0.4	34	82	0.2	28	160	0.0	1	90	0.2	5	21
Unknown	3.2	217	68	0.9	166	180	0.1	17	141	2.1	34	16
Gender												
Female	1.7	119	69	0.5	89	173	0.1	10	130	1.1	19	17
Male	1.5	157	106	0.5	130	250	0.1	10	136	0.9	17	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.9	160	83	0.6	126	203	0.1	12	135	1.2	22	18
African American	1.1	91	86	0.3	73	228	0.0	5	121	0.7	12	18
Other/unknown	0.6	53	82	0.2	42	208	0.0	3	113	0.4	7	18
Use of Nursing Facilities^e												
Entire year	9.8	610	62	2.7	432	158	0.5	47	102	6.6	129	20
Part year	7.9	531	67	2.1	373	177	0.4	53	132	5.4	104	19
None	1.5	128	85	0.5	102	210	0.1	9	135	0.9	17	18
Maintenance Assistance Status												
Cash	2.4	196	81	0.7	153	210	0.1	16	139	1.6	28	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	26	74	0.1	21	160	0.0	1	90	0.2	4	19
Other/unknown	1.9	168	88	0.6	135	212	0.1	11	126	1.2	21	18

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Indiana, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

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

TABLE ND.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, INDIANA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users ^e							
	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months			
Anti-infective Agents	0.4	0.1	0.0	0.3	\$26	\$20	\$1	\$6	\$73	\$347	\$106	\$20	226,535	\$16,472,195	91,181	19.2	627,088
Biologicals	0.1	0.1	0.0	0.0	90	90	0	0	625	625	0	0	2,543	1,589,497	1,668	0.4	17,708
Antineoplastic Agents	0.5	0.2	0.0	0.3	222	208	2	12	430	1,029	646	37	8,938	3,840,396	1,760	0.4	17,326
Endocrine/Metabolic Drugs	0.8	0.3	0.0	0.5	49	40	1	8	65	144	36	18	261,174	16,960,205	42,550	9.0	347,870
Cardiovascular Agents	1.3	0.3	0.1	1.0	48	29	6	14	36	100	64	14	476,083	17,078,540	36,907	7.8	353,537
Respiratory Agents	0.6	0.3	0.0	0.3	43	35	3	5	70	122	72	18	268,300	18,846,071	58,787	12.4	434,146
Gastrointestinal Agents	0.6	0.1	0.1	0.4	46	25	12	9	71	166	129	23	170,741	12,203,645	28,279	6.0	264,058
Genitourinary Agents	0.4	0.2	0.0	0.3	23	15	1	8	56	98	77	30	36,254	2,026,424	10,699	2.3	87,319
CNS Drugs	1.3	0.5	0.0	0.7	137	122	2	13	109	224	129	18	649,690	70,941,000	61,748	13.0	516,073
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.1	84	80	1	3	108	128	56	22	94,847	10,290,011	17,897	3.8	122,507
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	86	83	0	3	279	293	0	128	21,852	6,088,049	6,957	1.5	70,384
Analgesics and Anesthetics	0.8	0.0	0.0	0.7	34	9	15	10	43	294	321	14	392,285	16,987,821	69,058	14.6	502,044
Neuromuscular Agents	1.0	0.4	0.1	0.5	91	72	9	11	94	178	165	21	332,323	31,167,580	37,765	8.0	342,565
Nutritional Products	0.5	0.0	0.0	0.4	9	1	0	8	20	31	19	19	55,481	1,098,444	16,856	3.6	117,715
Hematological Agents	0.7	0.3	0.0	0.4	310	306	1	3	470	1,069	32	9	65,897	30,978,138	9,978	2.1	99,859
Topical Products	0.3	0.1	0.0	0.2	14	9	1	4	44	121	75	18	106,933	4,669,908	43,229	9.1	343,619
Miscellaneous Products	0.5	0.2	0.0	0.3	164	146	4	13	315	619	241	50	9,896	3,112,765	1,866	0.4	19,031
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	22	0	0	0	100	0	0	0	2,897	289,981	1,329	0.3	13,445
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,182,669	264,640,670	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.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.
 - e. 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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, INDIANA, 2007

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$52,949,796	30,245	6.4	301,947	0.7	\$253	\$175
ANTICONVULSANT	28,841,310	33,540	7.1	328,414	0.7	119	88
MISC. HEMATOLOGICAL	25,966,006	4,008	0.8	43,516	0.5	1,091	597
ANTIDEPRESSANTS	13,333,925	51,519	10.9	473,824	0.5	52	28
ANTIASTHMATIC	12,771,969	47,132	9.9	413,136	0.4	81	31
ANALGESICS - Narcotic	12,669,247	75,207	15.9	625,457	0.5	43	20
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	9,988,028	19,051	4.0	141,779	0.6	109	70
ANTIDIABETIC	9,910,374	21,024	4.4	216,590	0.6	77	46
ULCER DRUGS	9,111,865	28,781	6.1	287,570	0.5	65	32
ANTIVIRAL	8,479,277	3,901	0.8	36,312	0.4	539	234
Total	184,021,797	314,408	n.a.	2,868,545	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Medicaid Beneficiaries

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,561,521	\$184,021,797	30,245	6.4	301,947	0.7	\$175	33,540	7.1	328,414	0.7	\$88
Female												
All Females	899,490	82,700,597	14,595	5.2	145,463	0.6	159	19,825	7.0	188,635	0.7	81
Female, Disabled												
All Ages	735,118	70,294,401	10,320	28.7	114,515	0.6	166	14,799	41.2	164,696	0.7	83
5 and younger	3,379	335,115	19	3.0	164	0.3	22	127	19.9	1,281	0.7	89
6-14	15,344	1,675,939	229	14.1	2,172	0.7	147	543	33.4	5,896	1.0	123
15-20	17,336	2,059,112	398	25.4	4,087	0.8	168	580	37.0	6,227	0.9	134
21-44	204,189	22,647,857	4,365	35.9	47,733	0.6	164	5,461	44.9	59,375	0.8	101
45-64	493,995	43,513,835	5,294	26.7	60,221	0.7	168	8,075	40.7	91,800	0.7	65
65-74	875	62,543	15	23.8	138	0.7	134	13	20.6	117	0.8	40
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	164,372	12,406,196	4,275	1.7	30,948	0.6	133	5,026	2.0	23,939	0.7	73
5 and younger	6,412	490,247	61	0.1	523	0.6	104	127	0.2	825	0.6	71
6-14	38,973	4,088,753	1,260	2.1	10,856	0.7	137	594	1.0	4,267	0.8	111
15-20	40,864	4,018,470	1,480	3.7	13,222	0.6	140	945	2.4	6,988	0.7	103
21-44	51,997	2,049,854	1,187	1.4	3,675	0.5	91	2,846	3.2	8,029	0.6	40
45-64	7,578	455,601	107	2.8	640	0.3	38	288	7.6	1,272	0.5	35
65-74	13,517	969,509	128	13.3	1,463	0.8	203	177	18.4	2,028	0.7	53
75-84	3,953	270,763	39	8.7	423	0.6	122	43	9.6	461	0.7	59
85 and older	1,078	62,999	13	8.8	146	0.5	73	6	4.1	69	0.7	48
Male												
All Males	662,031	101,321,200	15,650	8.1	156,484	0.7	191	13,715	7.1	139,779	0.8	97
Male, Disabled												
All Ages	504,398	83,271,974	9,949	30.3	108,641	0.7	204	10,732	32.7	118,806	0.8	98
5 and younger	5,395	1,132,475	33	3.6	268	0.6	71	135	14.8	1,237	0.9	124
6-14	29,460	8,064,878	869	27.1	7,808	0.8	155	798	24.9	8,041	0.9	113
15-20	30,666	5,590,211	976	39.7	10,252	0.8	210	831	33.8	8,930	0.9	134
21-44	194,696	43,649,374	5,035	40.6	56,357	0.7	217	5,034	40.6	56,490	0.8	118
45-64	243,716	24,803,057	3,027	22.0	33,896	0.7	195	3,925	28.5	44,049	0.7	61
65-74	465	31,979	9	15.8	60	0.6	123	9	15.8	59	0.5	32
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	157,633	18,049,226	5,701	3.6	47,843	0.7	160	2,983	1.9	20,973	0.7	90
5 and younger	10,485	1,158,485	177	0.3	1,311	0.6	112	172	0.3	1,097	0.5	72
6-14	79,235	9,532,764	3,188	5.2	26,488	0.7	158	1,169	1.9	9,128	0.8	91
15-20	49,691	6,300,801	2,059	8.0	18,606	0.8	169	1,003	3.9	8,220	0.8	101
21-44	9,682	418,937	181	1.3	579	0.5	120	468	3.5	1,329	0.6	53
45-64	1,881	92,585	22	1.3	63	1.0	156	79	4.6	218	0.6	34
65-74	4,708	397,710	46	9.5	492	0.8	141	64	13.3	697	0.8	64
75-84	1,586	125,158	26	12.0	280	0.8	164	22	10.2	236	1.0	66
85 and older	365	22,786	2	1.9	24	0.5	67	6	5.8	48	0.4	15
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIDEPRESSANTS					ANTIASTHMATIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	4,008	0.8	43,516	0.5	\$597	51,519	10.9	473,824	0.5	\$28	47,132	9.9	413,136	0.4	\$31
Female															
All Females	2,227	0.8	24,431	0.5	66	34,320	12.2	303,325	0.5	30	27,501	9.8	247,512	0.4	31
Female, Disabled															
All Ages	2,045	5.7	23,018	0.5	65	22,046	61.4	244,068	0.6	32	17,266	48.1	193,923	0.4	33
5 and younger	0	0.0	0	0.0	0	5	0.8	47	0.5	4	282	44.3	2,601	0.5	54
6-14	1	0.1	12	0.1	13	178	10.9	1,806	0.6	20	538	33.1	5,754	0.5	47
15-20	5	0.3	55	0.4	207	449	28.7	4,588	0.6	25	394	25.2	4,244	0.4	34
21-44	152	1.2	1,640	0.5	54	7,079	58.2	75,721	0.5	30	4,010	33.0	44,045	0.3	26
45-64	1,885	9.5	21,293	0.5	65	14,309	72.1	161,703	0.6	32	12,011	60.5	137,001	0.4	34
65-74	2	3.2	18	0.7	84	26	41.3	203	0.8	41	31	49.2	278	0.4	37
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	182	0.1	1,413	0.6	90	12,274	5.0	59,257	0.5	23	10,235	4.2	53,589	0.3	23
5 and younger	0	0.0	0	0.0	0	45	0.1	385	0.3	4	2,240	4.2	12,540	0.3	22
6-14	0	0.0	0	0.0	0	1,358	2.3	10,872	0.5	18	2,858	4.8	16,443	0.3	24
15-20	1	0.0	5	1.2	5,023	2,714	6.8	20,528	0.5	21	1,690	4.2	10,732	0.3	21
21-44	51	0.1	161	0.4	48	7,008	8.0	19,861	0.5	25	2,689	3.1	7,964	0.4	23
45-64	28	0.7	113	0.5	70	766	20.2	3,391	0.5	33	366	9.6	1,629	0.4	32
65-74	69	7.2	774	0.6	75	283	29.5	3,138	0.6	29	278	29.0	3,015	0.4	29
75-84	26	5.8	279	0.8	89	74	16.5	795	0.7	28	86	19.2	958	0.3	24
85 and older	7	4.8	81	0.8	52	26	17.7	287	0.7	26	28	19.0	308	0.4	37
Male															
All Males	1,781	0.9	19,085	0.6	1,276	17,199	9.0	170,499	0.5	25	19,631	10.2	165,624	0.4	31
Male, Disabled															
All Ages	1,637	5.0	18,073	0.6	1,300	12,029	36.7	132,487	0.5	26	10,078	30.7	110,535	0.4	34
5 and younger	6	0.7	54	0.7	10,989	16	1.8	95	0.5	10	504	55.1	4,770	0.5	55
6-14	16	0.5	168	1.2	28,471	516	16.1	4,882	0.6	18	1,009	31.5	10,019	0.5	35
15-20	10	0.4	107	0.7	12,019	668	27.2	7,099	0.7	24	474	19.3	5,133	0.5	31
21-44	199	1.6	2,140	0.6	7,389	5,058	40.8	56,014	0.5	27	2,399	19.4	26,766	0.4	27
45-64	1,400	10.2	15,553	0.5	65	5,760	41.8	64,328	0.5	27	5,660	41.0	63,654	0.4	35
65-74	6	10.5	51	0.5	64	11	19.3	69	0.3	15	32	56.1	193	0.8	50
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	144	0.1	1,012	0.6	845	5,170	3.2	38,012	0.6	21	9,553	6.0	55,089	0.3	26
5 and younger	6	0.0	30	0.9	8,231	67	0.1	580	0.4	8	3,506	6.3	19,565	0.3	25
6-14	2	0.0	24	0.5	11,625	2,143	3.5	17,268	0.6	18	4,066	6.6	22,656	0.4	26
15-20	6	0.0	24	0.5	8,748	2,005	7.8	16,660	0.6	23	1,349	5.3	9,348	0.3	25
21-44	24	0.2	74	0.6	80	699	5.2	1,799	0.6	29	339	2.5	973	0.5	25
45-64	43	2.5	168	0.5	72	137	8.0	392	0.6	26	88	5.1	282	0.4	31
65-74	39	8.1	441	0.6	196	91	18.8	1,005	0.6	23	141	29.2	1,576	0.4	39
75-84	18	8.3	192	0.6	66	24	11.1	260	0.7	33	49	22.7	513	0.4	33
85 and older	6	5.8	59	0.4	36	4	3.9	48	0.5	5	15	14.6	176	0.6	43
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTI-DIABETIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	75,207	15.9	625,457	0.5	\$20	19,051	4.0	141,779	0.6	\$70	21,024	4.4	216,590	0.6	\$46
Female															
All Females	50,461	17.9	399,024	0.5	19	6,533	2.3	50,977	0.6	68	13,798	4.9	141,445	0.6	46
Female, Disabled															
All Ages	28,089	78.2	310,481	0.5	22	1,648	4.6	17,397	0.6	80	11,507	32.1	129,394	0.6	47
5 and younger	64	10.0	659	0.2	2	7	1.1	56	0.6	50	1	0.2	12	0.3	23
6-14	233	14.3	2,551	0.1	2	242	14.9	2,149	0.6	52	24	1.5	264	0.6	39
15-20	366	23.4	3,820	0.2	6	172	11.0	1,779	0.7	63	43	2.7	450	0.5	35
21-44	8,722	71.7	92,456	0.4	19	640	5.3	6,767	0.6	72	1,872	15.4	20,354	0.5	44
45-64	18,670	94.1	210,712	0.5	24	587	3.0	6,646	0.6	102	9,529	48.0	107,972	0.6	47
65-74	34	54.0	283	0.4	11	0	0.0	0	0.0	0	38	60.3	342	0.5	26
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	22,372	9.1	88,543	0.4	7	4,885	2.0	33,580	0.6	62	2,291	0.9	12,051	0.6	40
5 and younger	371	0.7	2,274	0.2	2	134	0.3	1,149	0.4	36	10	0.0	45	0.6	46
6-14	981	1.6	6,276	0.2	2	2,992	5.0	21,497	0.7	63	140	0.2	591	0.6	61
15-20	3,526	8.8	20,010	0.2	1	1,105	2.8	9,000	0.6	62	226	0.6	1,233	0.6	46
21-44	15,747	18.0	47,945	0.6	8	604	0.7	1,661	0.7	64	1,059	1.2	2,902	0.6	38
45-64	1,124	29.6	5,155	0.5	15	37	1.0	143	0.6	62	330	8.7	1,405	0.6	34
65-74	431	44.9	4,809	0.5	11	10	1.0	99	0.6	66	392	40.8	4,397	0.7	39
75-84	162	36.2	1,749	0.4	19	3	0.7	31	0.7	184	116	25.9	1,307	0.7	34
85 and older	30	20.4	325	0.5	20	0	0.0	0	0.0	0	18	12.2	171	0.8	51
Male															
All Males	24,746	12.9	226,433	0.5	23	12,518	6.5	90,802	0.7	72	7,226	3.8	75,145	0.6	46
Male, Disabled															
All Ages	17,923	54.6	195,180	0.5	26	2,267	6.9	21,619	0.7	83	6,323	19.3	70,222	0.6	45
5 and younger	104	11.4	1,030	0.2	3	27	3.0	215	0.4	29	0	0.0	0	0.0	0
6-14	268	8.4	2,919	0.1	2	837	26.1	6,381	0.7	67	39	1.2	442	0.5	43
15-20	481	19.6	4,966	0.2	8	480	19.5	4,672	0.7	83	45	1.8	458	0.6	39
21-44	6,772	54.7	72,723	0.4	24	668	5.4	7,530	0.6	81	1,455	11.7	16,057	0.6	49
45-64	10,274	74.5	113,390	0.5	29	255	1.8	2,821	0.6	131	4,771	34.6	53,188	0.6	45
65-74	24	42.1	152	0.6	13	0	0.0	0	0.0	0	13	22.8	77	0.6	38
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	6,823	4.3	31,253	0.4	6	10,251	6.4	69,183	0.7	68	903	0.6	4,923	0.6	46
5 and younger	497	0.9	3,199	0.2	2	382	0.7	2,725	0.4	35	22	0.0	117	0.5	60
6-14	947	1.5	5,967	0.2	2	7,461	12.1	47,888	0.7	67	127	0.2	677	0.6	58
15-20	1,637	6.4	11,105	0.2	1	2,292	8.9	18,176	0.7	77	138	0.5	836	0.6	66
21-44	3,126	23.3	7,646	0.8	15	101	0.8	307	0.6	50	260	1.9	670	0.7	46
45-64	417	24.3	1,172	0.7	17	11	0.6	42	0.4	30	150	8.7	434	0.6	35
65-74	152	31.5	1,685	0.5	9	3	0.6	36	0.4	101	141	29.2	1,538	0.6	41
75-84	36	16.7	376	0.3	6	1	0.5	9	0.6	4	58	26.9	591	0.5	28
85 and older	11	10.7	103	0.4	41	0	0.0	0	0.0	0	7	6.8	60	0.7	9
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTIVIRAL						
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	28,781	6.1	287,570	0.5	\$32	3,901	0.8	36,312	0.4	\$234	473,726	1,956,512
Female												
All Females	18,644	6.6	183,919	0.5	32	2,200	0.8	18,882	0.4	141	281,687	1,117,127
Female, Disabled												
All Ages	14,247	39.7	160,659	0.5	34	1,280	3.6	14,224	0.4	169	35,898	339,010
5 and younger	169	26.5	1,704	0.6	38	13	2.0	130	0.2	61	637	3,803
6-14	311	19.1	3,551	0.6	47	29	1.8	291	0.3	110	1,627	12,007
15-20	258	16.5	2,858	0.5	36	37	2.4	401	0.2	41	1,566	12,759
21-44	3,619	29.8	39,852	0.5	30	530	4.4	5,681	0.4	177	12,163	110,228
45-64	9,869	49.7	112,534	0.5	35	669	3.4	7,701	0.4	175	19,842	199,809
65-74	21	33.3	160	0.6	45	2	3.2	20	0.1	11	63	404
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	4,397	1.8	23,260	0.4	18	920	0.4	4,658	0.3	53	245,789	778,117
5 and younger	328	0.6	1,793	0.4	23	79	0.1	441	0.3	16	53,023	161,265
6-14	452	0.8	2,844	0.3	20	149	0.2	1,098	0.4	83	59,839	211,699
15-20	893	2.2	6,184	0.4	10	204	0.5	1,423	0.3	39	39,849	148,466
21-44	1,953	2.2	5,709	0.4	12	440	0.5	1,311	0.4	38	87,722	230,173
45-64	296	7.8	1,472	0.5	29	28	0.7	149	0.4	261	3,801	10,898
65-74	322	33.5	3,576	0.5	27	9	0.9	108	0.2	32	960	9,620
75-84	116	25.9	1,273	0.5	30	9	2.0	108	0.1	9	448	4,621
85 and older	37	25.2	409	0.7	26	2	1.4	20	0.1	0	147	1,375
Male												
All Males	10,137	5.3	103,651	0.5	31	1,701	0.9	17,430	0.5	334	192,039	839,385
Male, Disabled												
All Ages	8,307	25.3	92,417	0.5	32	1,419	4.3	15,538	0.5	370	32,812	299,213
5 and younger	232	25.4	2,394	0.6	33	19	2.1	191	0.5	69	914	5,409
6-14	355	11.1	3,967	0.7	56	53	1.7	625	0.3	87	3,206	22,099
15-20	318	12.9	3,508	0.5	40	33	1.3	362	0.3	138	2,457	20,440
21-44	2,840	22.9	31,801	0.5	29	660	5.3	7,086	0.5	382	12,389	119,981
45-64	4,539	32.9	50,602	0.5	32	652	4.7	7,261	0.6	403	13,789	130,960
65-74	23	40.4	145	0.4	26	2	3.5	13	0.5	20	57	324
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	1,830	1.1	11,234	0.4	20	282	0.2	1,892	0.2	43	159,227	540,172
5 and younger	445	0.8	2,534	0.4	24	69	0.1	432	0.3	37	55,768	170,781
6-14	384	0.6	2,590	0.4	21	107	0.2	851	0.2	44	61,841	222,437
15-20	438	1.7	3,440	0.4	12	53	0.2	407	0.2	5	25,663	107,326
21-44	336	2.5	861	0.5	24	37	0.3	87	0.6	201	13,438	28,076
45-64	81	4.7	245	0.5	25	5	0.3	5	1.2	389	1,715	3,849
65-74	89	18.4	985	0.5	25	7	1.4	73	0.2	86	483	4,679
75-84	39	18.1	385	0.6	18	2	0.9	24	0.3	1	216	2,115
85 and older	18	17.5	194	0.6	30	2	1.9	13	0.2	1	103	909
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

TABLE ND.8
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$610	9.8	1,550	16,241
Age				
0-64	670	10.6	1,264	13,281
65-74	512	9.7	118	1,211
75-84	321	5.5	94	996
85 and older	86	2.3	74	753
Unknown	0	0.0	0	0
Gender				
Female	649	10.3	849	9,118
Male	561	9.1	701	7,123
Unknown	0	0.0	0	0
Race				
White	634	10.2	1,193	12,457
African American	533	8.4	314	3,323
Other/unknown	523	8.1	43	461
Basis of Eligibility^c				
Aged	331	6.3	278	2,897
Disabled	674	10.6	1,245	13,096
Adults	183	8.3	3	3
Children	484	9.3	24	245
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 1,805 beneficiaries who were in nursing facilities for part of their enrollment and their 18,194 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
NONDUAL BENEFICIARIES, 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 All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.7	0.2	0.0	0.5	\$46	\$35	\$1	\$11	\$66	\$166	\$85	\$22	8,117	\$537,594	1,063	68.6	11,697
Biologicals	0.1	0.1	0.0	0.0	4	4	0	0	39	39	0	0	387	15,171	318	20.5	3,664
Antineoplastic Agents	0.6	0.1	0.0	0.6	64	26	0	39	102	456	0	67	379	38,782	58	3.7	604
Endocrine/Metabolic Drugs	1.5	0.7	0.1	0.8	86	69	1	16	57	97	27	21	13,034	736,527	788	50.8	8,555
Cardiovascular Agents	2.3	0.3	0.2	1.9	68	30	9	28	29	90	62	15	23,749	691,286	950	61.3	10,128
Respiratory Agents	1.3	0.3	0.1	0.8	56	40	6	10	45	119	56	13	11,639	518,619	836	53.9	9,229
Gastrointestinal Agents	1.2	0.2	0.1	1.0	54	20	10	24	44	107	125	25	12,998	571,744	979	63.2	10,581
Genitourinary Agents	0.7	0.3	0.0	0.4	44	25	1	18	63	97	73	42	2,896	182,145	375	24.2	4,146
CNS Drugs	2.1	0.9	0.0	1.2	190	166	3	22	90	192	81	18	27,429	2,472,260	1,201	77.5	12,996
Stimulants/Anti-obesity/Anorexia	0.8	0.5	0.0	0.3	128	124	0	4	154	241	0	13	598	92,223	63	4.1	720
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	282	281	0	1	273	275	0	113	2,239	611,808	200	12.9	2,167
Analgesics and Anesthetics	1.4	0.0	0.2	1.1	56	5	36	15	41	233	172	13	12,906	533,941	893	57.6	9,522
Neuromuscular Agents	1.8	0.6	0.1	1.1	159	118	9	32	86	183	134	28	19,885	1,712,466	982	63.4	10,798
Nutritional Products	0.9	0.0	0.0	0.9	30	0	1	29	31	36	26	32	5,861	184,547	590	38.1	6,213
Hematological Agents	1.3	0.4	0.0	0.8	108	102	0	7	85	231	20	8	7,645	647,539	576	37.2	5,969
Topical Products	0.8	0.2	0.0	0.6	29	18	1	10	38	102	67	17	8,384	316,593	1,005	64.8	11,059
Miscellaneous Products	0.3	0.1	0.0	0.2	9	6	0	3	29	67	0	15	756	22,059	226	14.6	2,381
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	23	0	0	0	76	0	0	0	286	21,860	87	5.6	969
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	159,188	9,907,164	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,805 beneficiaries who were in nursing facilities for part of their enrollment and their 18,194 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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, INDIANA, 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
ANTIPSYCHOTICS	\$1,763,889	758	48.9	8,429	0.9	\$223	\$209
ANTICONVULSANT	1,521,028	1,169	75.4	13,066	1.1	105	116
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	614,290	272	17.5	2,964	0.8	268	207
ANTIDEPRESSANTS	568,368	1,108	71.5	12,176	0.9	54	47
ANTIDIABETIC	556,593	792	51.1	8,534	1.1	62	65
ANALGESICS - Narcotic	468,610	1,035	66.8	10,935	1.0	45	43
ULCER DRUGS	441,693	1,083	69.9	11,717	0.8	46	38
ANTIASTHMATIC	403,682	1,027	66.3	11,301	0.7	48	36
HEMATOPOIETIC AGENTS	302,399	561	36.2	6,095	0.7	74	50
ANTIHYPERTENSIVE	281,280	519	33.5	5,718	0.8	59	49
Total	6,921,832	8,324	n.a.	90,935	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,805 beneficiaries who were in nursing facilities for part of their enrollment and their 18,194 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.

TABLE ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	81,500	\$6,921,832	758	48.9	8,429	0.9	\$209	1,169	75.4	13,066	1.1	\$116
Female												
All Females	48,942	4,261,813	446	52.5	5,053	0.9	208	635	74.8	7,214	1.1	116
Female, Disabled												
All Ages	41,320	3,720,751	363	54.0	4,110	1.0	215	564	83.9	6,411	1.1	119
64 or younger	41,049	3,694,244	358	53.7	4,057	1.0	215	559	83.8	6,366	1.1	120
65-74	271	26,507	5	100.0	53	0.8	242	5	100.0	45	0.7	15
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	7,622	541,062	83	46.9	943	0.8	175	71	40.1	803	1.0	86
64 or younger	172	10,569	0	0.0	0	0.0	0	2	25.0	18	1.0	73
65-74	4,828	342,977	55	70.5	625	0.9	193	46	59.0	533	1.1	79
75-84	1,991	151,498	18	33.3	206	0.8	172	20	37.0	219	1.0	102
85 and older	631	36,018	10	27.0	112	0.5	76	3	8.1	33	1.0	95
Male												
All Males	32,558	2,660,019	312	44.5	3,376	0.9	212	534	76.2	5,852	1.1	118
Male, Disabled												
All Ages	29,430	2,439,503	275	48.0	2,994	0.9	218	479	83.6	5,310	1.1	121
64 or younger	29,361	2,435,783	274	48.1	2,989	0.9	218	479	84.0	5,310	1.1	121
65-74	69	3,720	1	33.3	5	1.0	200	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	3,128	220,516	37	28.9	382	0.8	160	55	43.0	542	0.9	84
64 or younger	754	59,418	3	15.8	36	0.9	290	16	84.2	162	1.0	102
65-74	1,194	70,901	17	53.1	164	0.8	87	22	68.8	207	0.9	80
75-84	896	74,449	15	37.5	158	0.9	220	15	37.5	157	1.1	79
85 and older	284	15,748	2	5.4	24	0.5	67	2	5.4	16	0.3	2
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,805 beneficiaries who were in nursing facilities for part of their enrollment and their 18,194 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 ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDEPRESSANTS					ANTIDIABETIC				
	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
	Number of Users	Facility Residents			Number of Users	Facility Residents					Number of Users	Facility Residents			
All	272	17.5	2,964	0.8	\$207	1,108	71.5	12,176	0.9	\$47	792	51.1	8,534	1.1	\$65
Female															
All Females	175	20.6	1,964	0.8	262	726	85.5	8,062	0.9	48	541	63.7	5,892	1.0	63
Female, Disabled															
All Ages	133	19.8	1,477	0.8	308	613	91.2	6,792	0.9	49	443	65.9	4,834	1.0	63
64 or younger	132	19.8	1,465	0.8	309	605	90.7	6,720	0.9	49	436	65.4	4,758	1.0	63
65-74	1	20.0	12	1.1	173	8	160.0	72	0.7	43	7	140.0	76	0.9	65
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	42	23.7	487	0.8	123	113	63.8	1,270	0.9	41	98	55.4	1,058	1.1	63
64 or younger	0	0.0	0	0.0	0	3	37.5	25	0.7	24	1	12.5	6	0.2	13
65-74	17	21.8	196	0.9	134	74	94.9	836	0.9	42	68	87.2	759	1.1	68
75-84	22	40.7	257	0.8	120	24	44.4	280	0.9	45	23	42.6	248	1.1	51
85 and older	3	8.1	34	1.1	82	12	32.4	129	0.8	32	6	16.2	45	1.0	55
Male															
All Males	97	13.8	1,000	0.7	100	382	54.5	4,114	0.9	45	251	35.8	2,642	1.1	70
Male, Disabled															
All Ages	81	14.1	834	0.7	100	343	59.9	3,723	0.9	46	220	38.4	2,377	1.1	72
64 or younger	80	14.0	829	0.7	100	341	59.8	3,717	0.9	46	218	38.2	2,367	1.1	72
65-74	1	33.3	5	0.8	128	2	66.7	6	0.8	23	2	66.7	10	0.7	32
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	16	12.5	166	0.7	99	39	30.5	391	0.8	31	31	24.2	265	1.0	55
64 or younger	0	0.0	0	0.0	0	2	10.5	13	0.8	9	0	0.0	0	0.0	0
65-74	7	21.9	71	0.7	80	26	81.3	255	0.8	31	18	56.3	173	1.1	70
75-84	6	15.0	59	0.8	109	10	25.0	111	0.9	38	12	30.0	80	0.8	30
85 and older	3	8.1	36	0.8	118	1	2.7	12	0.3	3	1	2.7	12	1.1	18
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Indiana, released by CMS in 3/2010. This table was produced on 10/06/2010.
 a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,805 beneficiaries who were in nursing facilities for part of their enrollment and their 18,194 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.

Nondual Medicaid Beneficiaries

TABLE ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ULCER DRUGS					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,035	66.8	10,935	1.0	\$43	1,083	69.9	11,717	0.8	\$38	1,027	66.3	11,301	0.7	\$36
Female															
All Females	661	77.9	7,176	0.9	38	582	68.6	6,460	0.8	36	565	66.5	6,237	0.7	34
Female, Disabled															
All Ages	554	82.4	5,984	1.0	41	472	70.2	5,260	0.8	38	474	70.5	5,244	0.7	37
64 or younger	550	82.5	5,944	1.0	41	469	70.3	5,231	0.8	38	472	70.8	5,220	0.7	37
65-74	4	80.0	40	0.7	19	3	60.0	29	0.8	15	2	40.0	24	0.3	20
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	107	60.5	1,192	0.8	25	110	62.1	1,200	0.8	26	91	51.4	993	0.4	22
64 or younger	3	37.5	14	0.9	4	5	62.5	60	0.6	82	10	125.0	108	0.8	33
65-74	66	84.6	747	0.8	20	58	74.4	624	0.8	18	48	61.5	500	0.4	19
75-84	24	44.4	280	0.9	38	31	57.4	342	0.7	35	21	38.9	242	0.3	9
85 and older	14	37.8	151	0.5	27	16	43.2	174	0.8	19	12	32.4	143	0.4	45
Male															
All Males	374	53.4	3,759	1.0	51	501	71.5	5,257	0.8	40	462	65.9	5,064	0.8	38
Male, Disabled															
All Ages	350	61.1	3,578	1.0	53	442	77.1	4,703	0.8	41	391	68.2	4,340	0.9	36
64 or younger	348	61.1	3,565	1.0	54	440	77.2	4,693	0.8	41	388	68.1	4,325	0.9	36
65-74	2	66.7	13	1.9	9	2	66.7	10	0.6	11	3	100.0	15	0.6	70
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	24	18.8	181	0.7	13	59	46.1	554	0.9	36	71	55.5	724	0.8	49
64 or younger	2	10.5	15	0.1	1	22	115.8	218	1.0	65	30	157.9	318	1.0	57
65-74	14	43.8	103	0.6	6	16	50.0	139	0.7	14	21	65.6	194	0.5	33
75-84	5	12.5	49	1.0	32	15	37.5	139	0.8	18	14	35.0	140	0.4	34
85 and older	3	8.1	14	0.3	4	6	16.2	58	0.8	23	6	16.2	72	1.1	91
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,805 beneficiaries who were in nursing facilities for part of their enrollment and their 18,194 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 ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, INDIANA, 2007

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIHYPERTENSIVE						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	561	36.2	6,095	0.7	\$50	519	33.5	5,718	0.8	\$49	1,550	16,241
Female												
All Females	324	38.2	3,550	0.7	59	320	37.7	3,558	0.8	51	849	9,118
Female, Disabled												
All Ages	254	37.8	2,793	0.7	71	253	37.6	2,795	0.8	53	672	7,219
64 or younger	254	38.1	2,793	0.7	71	251	37.6	2,779	0.8	52	667	7,174
65-74	0	0.0	0	0.0	0	2	40.0	16	0.8	81	5	45
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	70	39.5	757	0.6	16	67	37.9	763	0.8	44	177	1,899
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	86
65-74	35	44.9	377	0.6	16	49	62.8	569	0.9	45	78	856
75-84	29	53.7	309	0.6	20	16	29.6	173	0.8	39	54	590
85 and older	6	16.2	71	0.8	5	2	5.4	21	0.5	39	37	385
Male												
All Males	237	33.8	2,545	0.7	36	199	28.4	2,160	0.8	47	701	7,123
Male, Disabled												
All Ages	196	34.2	2,127	0.7	42	176	30.7	1,915	0.8	48	573	5,877
64 or younger	195	34.2	2,122	0.7	42	175	30.7	1,910	0.8	48	570	5,859
65-74	1	33.3	5	0.8	5	1	33.3	5	0.8	64	3	18
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	41	32.0	418	0.6	9	23	18.0	245	0.8	36	128	1,246
64 or younger	1	5.3	12	1.0	8	0	0.0	0	0.0	0	19	180
65-74	10	31.3	86	0.7	6	11	34.4	121	0.9	41	32	292
75-84	15	37.5	171	0.5	9	11	27.5	112	0.8	33	40	406
85 and older	15	40.5	149	0.6	11	1	2.7	12	0.3	10	37	368
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,805 beneficiaries who were in nursing facilities for part of their enrollment and their 18,194 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 ND.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
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 Nondual Rx \$	Total Number of Beneficiaries	
All	61,736	13.0	0.9	416,995	\$9	\$4,429,246	\$11	1.7	473,726	
Age										
5 and younger	7,183	6.5	0.1	14,669	2	167,483	11	2.5	110,342	
6-14	8,212	6.5	0.2	26,760	3	318,508	12	1.1	126,513	
15-20	6,112	8.8	0.4	27,220	4	294,694	11	1.3	69,535	
21-44	20,135	16.0	1.0	123,889	10	1,220,305	10	1.3	125,712	
45-64	19,032	48.6	5.3	206,970	59	2,294,602	11	2.1	39,147	
65-74	628	40.2	6.0	9,305	54	84,317	9	3.1	1,563	
75-84	279	42.0	7.1	4,685	46	30,708	7	3.5	664	
85 and older	155	62.0	14.0	3,497	75	18,629	5	10.8	250	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	1,017	42.8	7.2	17,007	54	127,877	8	3.6	2,376	
Disabled	31,922	46.5	5.0	340,442	54	3,730,874	11	1.7	68,710	
Adults	10,702	9.0	0.2	19,420	1	173,279	9	2.8	119,357	
Children	17,962	6.3	0.1	39,282	1	388,292	10	1.2	282,980	
Unknown	133	43.9	2.8	844	29	8,924	11	1.5	303	
Gender										
Female	38,397	13.6	0.9	255,683	10	2,741,951	11	2.1	281,687	
Male	23,339	12.2	0.8	161,312	9	1,687,295	10	1.3	192,039	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	48,613	15.3	1.1	346,562	12	3,660,169	11	1.7	317,445	
African American	9,953	9.4	0.5	57,378	6	629,969	11	1.7	105,678	
Other/unknown	3,170	6.3	0.3	13,055	3	139,108	11	1.5	50,603	
Use of Nursing Facilities^d										
Entire year	1,505	97.1	39.2	60,755	348	538,632	9	5.4	1,550	
Part year	1,671	92.6	18.1	32,650	222	400,404	12	4.1	1,805	
None	58,560	12.4	0.7	323,590	7	3,490,210	11	1.4	470,371	
Maintenance Assistance Status										
Cash	33,453	17.5	1.4	272,180	15	2,888,306	11	1.9	191,514	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	9,528	5.2	0.1	20,813	1	206,153	10	1.3	182,187	
Other/unknown	18,755	18.8	1.2	124,002	13	1,334,787	11	1.4	100,025	

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 INDIANA, 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
All	0.2	\$2	\$11	\$0	\$0	1,956,512
Age						
5 and younger	0.0	0	11	0	0	341,258
6-14	0.1	1	12	0	0	468,242
15-20	0.1	1	11	0	0	288,991
21-44	0.3	2	10	0	1	488,458
45-64	0.6	7	11	0	1	345,516
65-74	0.6	6	9	0	1	15,027
75-84	0.7	5	7	0	0	6,736
85 and older	1.5	8	5	0	1	2,284
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.7	5	8	0	1	23,428
Disabled	0.5	6	11	0	1	638,223
Adults	0.1	1	9	0	0	311,147
Children	0.0	0	10	0	0	980,907
Unknown	0.3	3	11	0	1	2,807
Gender						
Female	0.2	2	11	0	1	1,117,127
Male	0.2	2	10	0	0	839,385
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	3	11	0	1	1,362,244
African American	0.1	2	11	0	0	419,468
Other/unknown	0.1	1	11	0	0	174,800
Use of Nursing Facilities^d						
Entire year	3.7	33	9	1	3	16,241
Part year	1.8	22	12	0	2	18,194
None	0.2	2	11	0	0	1,922,077
Maintenance Assistance Status						
Cash	0.3	4	11	0	1	791,850
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	10	0	0	607,519
Other/unknown	0.2	2	11	0	0	557,143

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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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.

TABLE ND.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
 INDIANA, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	84,292	\$53	\$4,429,246	100.0	416,995	\$11	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	2	38	76	0.0	2	38	0.0
Drugs for cosmetic purposes	110	13	1,456	0.0	150	10	0.0
Cough and cold medications	16,477	43	708,468	16.0	30,583	23	7.3
Vitamins and minerals	7,146	100	716,729	16.2	37,019	19	8.9
Non-prescription drugs	33,617	54	1,822,137	41.1	195,093	9	46.8
Barbiturates	1,065	73	77,979	1.8	9,614	8	2.3
Benzodiazepines	24,051	37	894,436	20.2	138,712	6	33.3
Other Part D Excl Rx Drugs	1,824	114	207,965	4.7	5,822	36	1.4

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

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.

Nondual Medicaid Beneficiaries

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, INDIANA, 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
All	887,779	2,391	78,854	180,541	625,690	303	8,336,759	23,674	811,362	1,428,893	6,070,018	2,812
Age												
5 and younger	254,754	0	2,708	0	252,046	0	2,382,466	0	29,465	0	2,353,001	0
6-14	272,607	0	8,664	22	263,921	0	2,775,892	0	96,722	116	2,679,054	0
15-20	131,433	0	5,382	16,957	109,093	1	1,230,759	0	57,400	138,898	1,034,449	12
21-44	182,301	1	27,301	154,341	629	29	1,499,911	12	279,294	1,216,845	3,509	251
45-64	44,189	25	34,679	9,213	0	272	423,388	118	347,742	72,984	0	2,544
65-74	1,580	1,451	120	8	0	1	15,318	14,524	739	50	0	5
75-84	665	664	0	0	1	0	6,741	6,736	0	0	5	0
85 and older	250	250	0	0	0	0	2,284	2,284	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	510,762	1,574	41,481	159,418	307,986	303	4,732,580	15,854	433,917	1,289,264	2,990,733	2,812
Male	377,017	817	37,373	21,123	317,704	0	3,604,179	7,820	377,445	139,629	3,079,285	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	581,988	1,079	59,626	125,279	395,747	257	5,395,579	10,728	612,932	971,125	3,798,402	2,392
African American	209,317	456	16,210	43,643	148,978	30	2,048,862	4,714	167,965	371,347	1,504,564	272
Other/unknown	96,474	856	3,018	11,619	80,965	16	892,318	8,232	30,465	86,421	767,052	148
Use of Nursing Facilities^c												
Entire year	1,551	278	1,246	3	24	0	16,242	2,897	13,097	3	245	0
Part year	1,805	163	1,618	12	11	1	18,473	1,582	16,629	133	117	12
None	884,423	1,950	75,990	180,526	625,655	302	8,302,044	19,195	781,636	1,428,757	6,069,656	2,800
Maintenance Assistance Status												
Cash	322,652	1,226	50,986	110,446	159,994	0	3,119,297	12,953	552,997	916,780	1,636,567	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	376,212	14	16	26,610	349,269	303	3,606,707	159	157	165,663	3,437,916	2,812
Other/unknown	188,915	1,151	27,852	43,485	116,427	0	1,610,755	10,562	258,208	346,450	995,535	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	135,960	2,360	60,305	21,564	51,429	302	1,020,591	23,341	606,740	58,164	329,542	2,804
FFS part year, with Rx claims	109,002	13	4,969	45,308	58,711	1	1,062,237	147	54,915	401,822	605,345	8
FFS part year, no Rx claims	228,764	3	3,436	52,485	172,840	0	2,148,363	27	35,124	435,769	1,677,443	0
MC all year, with Rx claims	3,522	1	137	1,415	1,969	0	33,813	12	1,513	11,638	20,650	0
MC all year, no Rx claims	410,531	14	10,007	59,769	340,741	0	4,071,755	147	113,070	521,500	3,437,038	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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

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

APPENDIX TABLE A.2
MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
NONDUAL BENEFICIARIES, INDIANA, 2007

	Beneficiaries and					
	Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	887,779	8,336,759	473,726	1,956,512	0	6,380,247
Fee-for-service (FFS) all year	135,960	1,020,591	135,960	1,020,591	0	0
FFS part year, with Rx claims	109,002	1,062,237	109,002	324,331	0	737,906
FFS part year, with no Rx claims	228,764	2,148,363	228,764	611,590	0	1,536,773
Managed care (MC) all year, with Rx claims	3,522	33,813	0	0	0	33,813
MC all year, with no Rx claims	410,531	4,071,755	0	0	0	4,071,755

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

Nondual Medicaid Beneficiaries