

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 NEVADA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NEVADA, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g
1. Benes who were eligible for Medicaid during at least one month ^a	139,700 (A)	23,941 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	131,116 (B)	15,626 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	99,497 (C)	15,579 (G)
4. Benes who were all-year nursing facility residents ^f	2,198 (D)	1,982 (H)

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.
- d. The total Medicaid pharmacy reimbursement for Nevada in 1999 was \$42,795,400, of which \$527,146 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.
- f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 1999. All benefit months of such dual eligible beneficiaries, of which 2.2 percent were restricted benefit months without a pharmacy benefit in Nevada, were used in the dual tables. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NEVADA, 1999

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown		
All	99,497	11,190	21,341	18,446	48,520	0	646,479	111,870	213,026	75,316	246,267	0		
Age														
5 and younger	25,851	10	1,016	0	24,825	0	128,503	57	9,687	0	118,759	0		
6-14	23,586	34	2,237	0	21,315	0	135,989	226	23,035	0	112,728	0		
15-20	8,445	11	1,241	4,817	2,376	0	47,313	67	12,371	20,123	14,752	0		
21-44	20,822	33	7,856	12,931	2	0	130,931	192	78,676	52,039	24	0		
45-64	9,329	82	8,560	687	0	0	88,675	758	84,821	3,096	0	0		
65-74	4,879	4,557	315	6	1	0	50,261	46,953	3,272	33	3	0		
75-84	4,048	3,967	77	4	0	0	40,480	39,662	797	21	0	0		
85 and older	2,536	2,496	39	1	0	0	24,326	23,955	367	4	0	0		
Unknown	1	0	0	0	1	1	0	0	0	0	1	0		
Gender														
Female	59,017	8,062	11,298	16,045	23,612	0	380,562	81,754	114,482	65,245	119,081	0		
Male	40,421	3,127	10,042	2,401	24,851	0	265,687	30,104	98,541	10,071	126,971	0		
Unknown	59	1	1	0	57	0	230	12	3	0	215	0		
Race														
White	59,179	7,927	15,111	10,949	25,192	0	420,845	78,525	149,562	48,860	143,898	0		
African American	17,873	734	3,734	3,808	9,597	0	96,766	7,613	38,582	11,751	38,820	0		
Other/unknown	22,445	2,529	2,496	3,689	13,731	0	128,868	25,732	24,882	14,705	63,549	0		
Use of Nursing Facilities														
All year	2,198	1,845	352	0	1	0	21,641	17,784	3,846	0	11	0		
Part year	1,648	1,320	326	1	1	0	15,808	12,663	3,121	12	12	0		
None	95,651	8,025	20,663	18,445	48,518	0	609,030	81,423	206,059	75,304	246,244	0		
Maintenance Assistance Status														
Cash	45,509	7,070	19,601	6,801	12,037	0	346,867	73,015	195,109	27,089	51,654	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	30,477	154	266	7,701	22,356	0	136,668	1,529	2,596	29,332	103,211	0		
Other/unknown	23,500	3,964	1,472	3,937	14,127	0	162,906	37,317	15,313	18,874	91,402	0		
Missing	11	2	2	7	0	0	38	9	8	21	0	0		
Dual Medicare Status^c														
Full dual, all year	14,871	9,495	5,290	85	1	0	151,033	95,025	55,533	468	7	0		
Full dual, part year	708	382	316	10	0	0	7,523	4,050	3,383	90	0	0		
Non-dual, all year	83,918	1,313	15,735	18,351	48,519	0	487,923	12,795	154,110	74,758	246,260	0		
Managed Care Status														
FFS all year	64,804	10,642	21,123	8,832	24,207	0	539,953	108,318	211,570	47,443	172,622	0		
FFS part year, with Rx claims	7,997	436	160	2,846	4,555	0	32,666	2,855	1,103	9,898	18,810	0		
FFS part year, no Rx claims	26,696	112	58	6,768	19,758	0	73,860	697	353	17,975	54,835	0		

All Medicaid Beneficiaries

Table 2

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

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

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

c. 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 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NEVADA, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benes
All	46.1 %	8.7	\$425	\$49	\$4,034	10.5 %	\$5	99,497
Age								
5 and younger	32.5	1.4	52	38	1,454	3.6	0	25,851
6-14	30.5	2.1	106	52	1,918	5.5	0	23,586
15-20	36.1	2.6	146	56	4,305	3.4	1	8,445
21-44	50.6	8.3	547	66	5,027	10.9	4	20,822
45-64	77.1	27.1	1,369	51	8,577	16.0	21	9,329
65-74	80.3	27.7	1,152	42	5,832	19.8	19	4,879
75-84	83.7	29.7	1,164	39	8,533	13.6	13	4,048
85 and older	86.6	30.8	1,067	35	13,622	7.8	8	2,536
Unknown	0.0	0.0	0	0	0	0.0	0	1
Basis of Eligibility								
Aged	82.3	28.8	1,127	39	8,525	13.2	15	11,190
Disabled	74.6	20.8	1,218	58	8,879	13.7	14	21,341
Adults	34.8	1.7	57	33	2,269	2.5	1	18,446
Children	29.6	1.4	54	40	1,539	3.5	0	48,520
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	48.4	10.0	454	45	3,936	11.5	6	59,017
Male	42.9	6.8	383	57	4,182	9.2	4	40,421
Unknown	18.6	1.2	26	21	800	3.3	0	59
Race								
White	53.3	11.2	549	49	5,000	11.0	6	59,179
African American	37.0	5.7	285	50	2,952	9.7	4	17,873
Other/unknown	34.6	4.5	209	46	2,349	8.9	3	22,445
Use of Nursing Facilities								
Entire year	92.3	46.9	1,809	39	27,343	6.6	18	2,198
Part year	89.6	40.3	1,600	40	21,523	7.4	17	1,648
None	44.3	7.3	373	51	3,197	11.7	4	95,651
Maintenance Assistance Status								
Cash	56.9	13.1	692	53	4,624	15.0	8	45,509
Medically needy	0.0	0.0	0	0	0	0.0	0	0
Poverty related	26.9	1.0	33	33	1,438	2.3	0	30,477
Other/unknown	50.2	10.1	415	41	6,256	6.6	4	23,500
Missing	9.1	1.2	17	14	9,175	0.2	0	11

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEVADA, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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				0.6 %
All	1.3	\$65	10.5 %	53.9 %	27.7 %	6.6 %	8.0 %	3.2 %	0.6 %	\$621	99,497	646,479
Age												
5 and younger	0.3	11	3.6	67.5	29.3	2.3	0.8	0.1	0.0	293	25,851	128,503
6-14	0.4	18	5.5	69.5	25.9	2.9	1.6	0.2	0.0	333	23,586	135,989
15-20	0.5	26	3.4	63.9	30.3	3.4	2.1	0.3	0.0	768	8,445	47,313
21-44	1.3	87	10.9	49.4	30.4	8.7	8.8	2.4	0.4	800	20,822	130,931
45-64	2.9	144	16.0	22.9	24.1	14.6	25.1	10.7	2.7	902	9,329	88,675
65-74	2.7	112	19.8	19.7	25.3	16.5	24.4	11.5	2.5	566	4,879	50,261
75-84	3.0	116	13.6	16.3	23.3	16.6	26.9	14.1	2.8	853	4,048	40,480
85 and older	3.2	111	7.8	13.4	21.1	15.8	31.2	15.9	2.7	1,420	2,536	24,326
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	1
Basis of Eligibility												
Aged	2.9	113	13.2	17.7	23.5	16.2	26.7	13.3	2.6	853	11,190	111,870
Disabled	2.1	122	13.7	25.4	32.8	13.7	19.2	7.3	1.6	890	21,341	213,026
Adults	0.4	14	2.5	65.2	27.6	4.3	2.7	0.2	0.0	556	18,446	75,316
Children	0.3	11	3.5	70.4	26.4	2.3	0.9	0.1	0.0	303	48,520	246,267
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.6	70	11.5	51.6	27.5	7.1	9.1	3.9	0.8	610	59,017	380,562
Male	1.0	58	9.2	57.1	28.0	6.0	6.5	2.1	0.4	636	40,421	265,687
Unknown	0.3	7	3.3	81.4	16.9	0.0	1.7	0.0	0.0	205	59	230
Race												
White	1.6	77	11.0	46.7	30.4	7.6	10.0	4.3	0.9	703	59,179	420,845
African American	1.0	53	9.7	63.0	23.8	5.5	5.7	1.8	0.3	545	17,873	96,766
Other/unknown	0.8	36	8.9	65.4	23.7	5.0	4.6	1.2	0.1	409	22,445	128,868
Use of Nursing Facilities												
Entire year	4.8	184	6.6	7.7	13.3	11.7	33.4	25.8	8.1	2,777	2,198	21,641
Part year	4.2	167	7.4	10.4	17.4	12.4	31.1	22.4	6.3	2,244	1,648	15,808
None	1.1	59	11.7	55.7	28.2	6.4	7.1	2.3	0.4	502	95,651	609,030
Maintenance Assistance Status												
Cash	1.7	91	15.0	43.1	28.5	10.1	12.9	4.6	0.8	607	45,509	346,867
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	7	2.3	73.1	24.3	1.8	0.7	0.0	0.0	321	30,477	136,668
Other/unknown	1.5	60	6.6	49.8	30.3	6.1	8.2	4.4	1.1	903	23,500	162,906
Missing	0.3	5	0	90.9	0.0	9.1	0.0	0.0	0.0	2,656	11	38

All Medicaid Beneficiaries

Table 4

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

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

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NEVADA, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.3	\$65	0.5	\$41	0.2	\$10	0.6	\$11
Age								
5 and younger	0.3	11	0.1	8	0.0	1	0.2	2
6-14	0.4	18	0.1	12	0.0	2	0.2	4
15-20	0.5	26	0.2	18	0.1	3	0.2	4
21-44	1.3	87	0.5	59	0.2	13	0.6	13
45-64	2.9	144	1.0	88	0.4	24	1.3	26
65-74	2.7	112	1.0	67	0.4	19	1.1	20
75-84	3.0	116	1.1	68	0.5	21	1.3	22
85 and older	3.2	111	1.0	61	0.6	23	1.5	23
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility								
Aged	2.9	113	1.0	66	0.5	21	1.3	21
Disabled	2.1	122	0.8	79	0.3	19	1.0	20
Adults	0.4	14	0.1	8	0.0	2	0.2	3
Children	0.3	11	0.1	7	0.0	1	0.1	2
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.6	70	0.6	44	0.2	11	0.7	13
Male	1.0	58	0.4	38	0.1	9	0.5	10
Unknown	0.3	7	0.1	3	0.1	2	0.1	1
Race								
White	1.6	77	0.6	49	0.2	12	0.7	14
African American	1.0	53	0.4	34	0.1	8	0.5	9
Other/unknown	0.8	36	0.3	24	0.1	5	0.4	6
Use of Nursing Facilities								
Entire year	4.8	184	1.6	107	0.8	32	2.3	39
Part year	4.2	167	1.4	97	0.7	27	2.0	37
None	1.1	59	0.4	38	0.2	9	0.5	10
Maintenance Assistance								
Status								
Cash	0.2	7	0.6	58	0.2	14	0.8	15
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	1.5	60	0.1	5	0.0	1	0.1	2
Other/unknown	0.3	5	0.5	37	0.2	10	0.7	12
Missing	1.7	91	0.0	0	0.2	2	0.2	3

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

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

Table 5

All Medicaid Beneficiaries

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 Nevada, 3.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NEVADA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
	Patented		Off-Patent		Patented		Off-Patent										
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name						Generic			
Anti-infective Agents	0.3	0.1	0.0	0.1	\$18	\$15	\$0	\$3	\$63	\$104	\$106	\$19	74,286	\$4,704,879	28,021	28.2%	263,518
Biologicals	0.2	0.2	0.0	0.0	192	169	14	8	1167	1,107	3,414	1,131	505	589,457	282	0.3	3,072
Antineoplastic Agents	0.4	0.2	0.1	0.2	69	49	12	9	156	290	125	48	3,555	552,978	783	0.8	7,972
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	20	14	2	3	29	45	24	12	81,997	2,388,135	11,817	11.9	120,624
Cardiovascular Agents	1.2	0.4	0.3	0.5	38	21	11	7	33	50	38	15	160,672	5,301,176	13,204	13.3	138,557
Respiratory Agents	0.5	0.2	0.0	0.2	17	12	0	4	36	55	34	18	80,196	2,891,935	17,965	18.1	170,734
Gastrointestinal Agents	0.5	0.2	0.1	0.2	40	26	9	5	80	119	89	29	42,289	3,364,780	7,939	8.0	83,886
Genitourinary Agents	0.3	0.2	0.0	0.1	12	9	0	2	39	53	38	19	9,511	374,803	3,247	3.3	32,374
CNS Drugs	0.9	0.4	0.1	0.4	61	42	12	7	70	119	110	17	131,734	9,273,621	14,650	14.7	152,316
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.1	0.3	23	7	5	10	44	46	57	38	6,415	282,161	1,202	1.2	12,275
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	40	37	1	2	111	129	110	30	2,128	235,771	545	0.5	5,918
Analgesics and Anesthetics	0.6	0.1	0.1	0.4	24	13	4	6	43	114	75	17	96,360	4,131,180	17,519	17.6	175,007
Neuromuscular Agents	0.7	0.2	0.1	0.4	40	25	5	10	55	108	42	26	65,014	3,569,303	8,352	8.4	88,768
Nutritional Products	0.4	0.0	0.2	0.2	9	0	4	5	20	22	24	18	23,837	486,695	6,111	6.1	57,244
Hematological Agents	0.6	0.1	0.2	0.3	32	17	8	7	52	169	37	23	16,550	868,718	2,539	2.6	26,987
Topical Products	0.3	0.1	0.0	0.1	9	5	2	2	32	47	42	15	35,573	1,127,807	12,790	12.9	126,683
Miscellaneous Products	0.5	0.2	0.1	0.2	96	63	23	10	189	349	273	42	2,871	542,677	538	0.5	5,630
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	17	0	0	0	50	0	0	0	31,801	1,582,178	9,197	9.2	94,759
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.	865,294	42,268,254	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. 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/products/product_mddb.asp (May 13 2003).

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 Nevada, 3.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NEVADA, 1999

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$4,834,722	5.763	62,526	0.5	\$146	\$77	
ANTIDEPRESSANTS	3,261,733	10.8	112,965	0.5	60	29	
ANTICONVULSANT	2,852,534	6.2	66,927	0.6	67	43	
ULCER DRUGS	2,658,868	7.7	82,638	0.4	82	32	
ANALGESICS - Narcotic	2,476,623	18.3	187,960	0.3	39	13	
ANTHYPERTENSIVE	1,676,187	8.2	87,452	0.6	35	19	
ANTIASTHMATIC	1,640,857	12.4	121,443	0.4	36	14	
ANTIVIRAL	1,595,057	1.6	16,560	0.4	256	96	
ANALGESICS - ANTI-INFLAMMATORY	1,348,791	9.3	97,548	0.3	51	14	
ANTIDIABETIC	1,318,349	5.4	56,753	0.6	38	23	

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a,b,c}
 NEVADA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	387,177	\$23,663,721	5,763	5.8 %	62,526	0.5	\$77	10,715	10.8 %	112,965	0.5	\$29					
Female	254,783	14,406,960	3,324	5.6	36,005	0.5	64	7,451	12.6	78,207	0.5	29					
Disabled	136,654	8,958,919	2,035	18.0	22,766	0.5	79	4,244	37.6	46,940	0.5	32					
5 and younger	728	29,569	1	0.2	12	0.1	4	2	0.5	24	0.2	6					
6-14	2,660	172,456	36	4.4	410	0.5	43	39	4.8	455	0.4	36					
15-20	2,179	153,406	54	10.4	602	0.3	43	82	15.8	873	0.3	22					
21-44	45,137	3,484,399	988	24.2	11,024	0.5	86	1,683	41.2	18,614	0.5	33					
45-64	82,121	4,946,017	923	17.9	10,364	0.5	76	2,371	46.1	26,258	0.5	32					
65-74	2,829	131,077	22	10.6	232	0.5	37	46	22.2	488	0.5	26					
75-84	666	28,472	9	16.1	108	0.3	15	11	19.6	132	0.5	24					
85 and older	334	13,523	2	6.1	14	0.1	8	10	30.3	96	0.5	21					
Other Eligibles	118,129	5,448,041	1,289	2.7	13,239	0.4	39	3,207	6.7	31,267	0.5	25					
5 and younger	1,724	42,100	2	0.0	17	0.2	21	14	0.1	154	0.3	10					
6-14	3,855	195,120	67	0.6	717	0.4	56	206	2.0	2,147	0.3	19					
15-20	2,274	115,576	59	1.2	589	0.4	56	171	3.3	1,553	0.3	21					
21-44	9,031	359,825	126	1.1	907	0.3	28	678	5.8	4,917	0.4	23					
45-64	2,019	93,963	17	3.2	154	0.7	85	110	20.6	876	0.5	28					
65-74	39,052	1,926,277	308	10.2	3,394	0.5	43	759	25.1	8,369	0.5	27					
75-84	37,023	1,704,214	373	12.8	3,959	0.4	34	730	25.1	7,724	0.5	25					
85 and older	23,151	1,010,966	337	16.6	3,502	0.5	35	539	26.5	5,527	0.6	27					
Male	132,390	9,256,701	2,439	6.0	26,521	0.6	96	3,264	8.1	34,758	0.5	29					
Disabled	86,614	7,051,352	1,748	17.4	19,418	0.6	110	2,003	19.9	22,031	0.5	30					
5 and younger	1,201	45,211	8	1.4	93	0.3	16	6	1.0	70	0.2	4					
6-14	5,492	360,728	150	10.6	1,655	0.5	62	144	10.1	1,637	0.4	26					
15-20	3,626	277,615	102	14.1	1,105	0.5	92	113	15.7	1,212	0.5	31					
21-44	36,385	3,797,171	1,025	27.2	11,365	0.7	127	914	24.2	9,986	0.5	33					
45-64	38,128	2,487,437	451	13.2	5,071	0.6	96	804	23.5	8,883	0.5	28					
65-74	1,416	65,826	11	10.2	117	0.5	63	19	17.6	207	0.4	19					
75-84	256	12,117	0	0.0	0	0.0	0	2	9.5	24	0.9	64					
85 and older	110	5,247	1	16.7	12	0.6	42	1	16.7	12	0.2	6					
Other Eligibles	45,776	2,205,349	691	2.3	7,103	0.5	55	1,261	4.2	12,727	0.5	26					
5 and younger	2,643	68,759	5	0.0	39	0.3	44	17	0.1	168	0.4	11					
6-14	7,955	441,040	218	2.0	2,379	0.5	62	417	3.8	4,372	0.4	25					
15-20	2,044	149,757	82	3.9	794	0.5	76	146	7.0	1,412	0.4	30					
21-44	1,058	41,060	13	1.0	81	0.2	18	61	4.6	470	0.3	17					
45-64	582	19,661	1	0.4	12	0.1	1	23	9.8	190	0.3	22					
65-74	15,474	735,580	137	8.9	1,453	0.5	55	231	15.1	2,401	0.5	26					
75-84	11,497	552,567	154	14.4	1,608	0.5	46	253	23.7	2,609	0.5	29					
85 and older	4,523	196,925	81	17.6	737	0.4	36	113	24.5	1,105	0.5	25					
Unknown	4	60	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 7A includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 NEVADA, 1999

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANALGESICS - Narcotic				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	6,201	6.2 %	66,927	0.6	\$43	7,678	7.7 %	82,638	0.4	\$32	18,204	18.3 %	187,960	0.3	\$13
Female	3,601	6.1	38,702	0.6	39	5,462	9.3	59,167	0.4	32	12,859	21.8	132,081	0.3	13
Disabled	2,528	22.4	28,095	0.6	44	2,534	22.4	28,302	0.4	32	6,226	55.1	69,692	0.4	15
5 and younger	39	8.9	424	0.5	22	22	5.0	216	0.3	11	29	6.6	319	0.1	2
6-14	144	17.6	1,636	0.7	44	22	2.7	250	0.2	15	74	9.1	874	0.1	1
15-20	115	22.1	1,277	0.6	52	35	6.7	406	0.3	20	116	22.3	1,300	0.2	7
21-44	1,217	29.8	13,456	0.6	50	750	18.4	8,464	0.3	28	2,418	59.2	26,998	0.3	14
45-64	986	19.2	11,013	0.6	37	1,614	31.4	17,973	0.4	35	3,447	67.0	38,612	0.4	17
65-74	19	9.2	212	0.7	30	56	27.1	622	0.4	29	100	48.3	1,112	0.3	7
75-84	5	8.9	41	0.6	11	23	41.1	257	0.4	35	24	42.9	288	0.4	9
85 and older	3	9.1	36	0.9	42	12	36.4	114	0.3	18	18	54.5	189	0.4	10
Other Eligibles	1,073	2.2	10,607	0.6	27	2,928	6.1	30,865	0.4	32	6,633	13.9	62,389	0.3	10
5 and younger	14	0.1	155	0.5	15	39	0.3	311	0.2	10	134	1.1	1,249	0.1	1
6-14	78	0.8	769	0.5	45	59	0.6	584	0.2	10	253	2.4	2,480	0.1	1
15-20	53	1.0	508	0.4	40	53	1.0	476	0.2	12	449	8.8	3,599	0.2	2
21-44	171	1.5	1,211	0.4	27	219	1.9	1,706	0.2	19	1,976	17.0	13,949	0.2	4
45-64	23	4.3	191	0.5	22	34	6.4	271	0.5	42	148	27.7	1,196	0.4	11
65-74	286	9.4	3,085	0.6	27	912	30.1	10,153	0.4	34	1,463	48.3	16,465	0.4	14
75-84	276	9.5	2,907	0.6	23	982	33.8	10,679	0.4	33	1,329	45.7	14,464	0.4	14
85 and older	172	8.4	1,781	0.6	23	630	30.9	6,685	0.5	35	881	43.3	8,987	0.4	12
Male	2,600	6.4	28,225	0.7	47	2,216	5.5	23,471	0.4	32	5,344	13.2	55,874	0.3	15
Disabled	1,969	19.6	21,992	0.7	52	1,281	12.8	13,968	0.4	32	3,403	33.9	37,069	0.4	18
5 and younger	50	8.7	575	0.4	20	40	6.9	456	0.3	14	27	4.7	290	0.1	1
6-14	212	14.9	2,412	0.6	45	32	2.3	356	0.2	12	123	8.7	1,422	0.1	1
15-20	165	22.9	1,809	0.7	51	44	6.1	487	0.3	25	119	16.5	1,334	0.2	7
21-44	1,018	27.0	11,382	0.8	61	462	12.2	5,116	0.4	31	1,417	37.6	15,310	0.3	19
45-64	511	15.0	5,659	0.7	41	673	19.7	7,247	0.4	36	1,657	48.5	18,051	0.4	19
65-74	12	11.1	143	0.8	47	22	20.4	227	0.4	39	47	43.5	523	0.4	13
75-84	0	0.0	0	0.0	0	6	28.6	67	0.3	30	8	38.1	91	0.2	4
85 and older	1	16.7	12	0.9	46	2	33.3	12	0.5	33	5	83.3	48	0.5	27
Other Eligibles	631	2.1	6,233	0.6	31	935	3.1	9,503	0.4	31	1,941	6.4	18,805	0.3	8
5 and younger	32	0.3	255	0.5	26	55	0.4	434	0.3	12	184	1.4	1,668	0.1	1
6-14	179	1.6	1,724	0.5	37	40	0.4	368	0.3	21	294	2.7	2,803	0.1	1
15-20	56	2.7	567	0.5	45	18	0.9	187	0.2	12	163	7.8	1,447	0.1	4
21-44	24	1.8	167	0.4	31	51	3.9	350	0.3	21	205	15.5	1,429	0.3	6
45-64	12	5.1	107	0.6	24	10	4.3	94	0.4	30	50	21.4	379	0.4	5
65-74	152	9.9	1,654	0.7	31	359	23.4	3,861	0.4	33	512	33.4	5,450	0.4	14
75-84	116	10.9	1,147	0.6	27	284	26.6	3,013	0.4	35	359	33.7	3,816	0.4	11
85 and older	60	13.0	612	0.6	17	118	25.6	1,196	0.5	32	174	37.7	1,813	0.3	11
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1.7	5	0.2	2

Table 7B All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 7B includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 NEVADA, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANTIASTHMATIC				ANTIVIRAL						
	No. of Users	Users as % of All Bene	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Bene	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Bene	No. of Bene among Users	Mean No. of Rx	Mean Rx \$
All	8,173	8.2 %	87,452	0.6	\$19	12,332	12.4 %	121,443	0.4	\$14	1,577	1.6 %	16,560	0.4	\$96
Female	5,200	8.8	56,025	0.6	20	7,732	13.1	77,381	0.4	14	750	1.3	7,930	0.3	69
Disabled	1,939	17.2	21,475	0.5	18	3,430	30.4	37,641	0.4	16	469	4.2	5,232	0.3	89
5 and younger	11	2.5	127	0.4	14	133	30.4	1,444	0.2	6	9	2.1	108	0.4	59
6-14	48	5.9	532	0.5	13	168	20.6	1,908	0.3	10	24	2.9	279	0.6	127
15-20	8	1.5	76	0.4	6	79	15.2	858	0.3	13	14	2.7	159	0.3	43
21-44	304	7.4	3,415	0.5	16	915	22.4	10,112	0.4	13	232	5.7	2,592	0.4	94
45-64	1,444	28.1	15,930	0.5	19	2,032	39.5	22,168	0.5	18	187	3.6	2,058	0.3	84
65-74	89	43.0	1,010	0.5	21	78	37.7	915	0.5	22	2	1.0	24	0.1	2
75-84	27	48.2	293	0.5	16	15	26.8	152	0.3	9	1	1.8	12	0.1	2
85 and older	8	24.2	92	0.5	14	10	30.3	84	0.3	11	0	0.0	0	0.0	0
Other Eligibles	3,261	6.8	34,550	0.6	21	4,302	9.0	39,740	0.4	12	281	0.6	2,698	0.2	30
5 and younger	18	0.1	186	0.6	8	683	5.7	5,331	0.2	5	15	0.1	127	0.4	44
6-14	72	0.7	734	0.5	11	535	5.2	4,481	0.3	10	34	0.3	315	0.2	32
15-20	9	0.2	76	0.4	10	195	3.8	1,371	0.2	6	22	0.4	177	0.2	20
21-44	82	0.7	466	0.4	13	538	4.6	3,733	0.3	7	79	0.7	650	0.2	59
45-64	53	9.9	405	0.5	18	61	11.4	445	0.3	10	2	0.4	10	0.2	3
65-74	1,152	38.0	12,630	0.6	21	982	32.4	10,752	0.5	18	51	1.7	573	0.2	15
75-84	1,171	40.3	12,787	0.6	21	850	29.3	8,888	0.4	15	50	1.7	571	0.2	22
85 and older	704	34.6	7,266	0.6	21	458	22.5	4,739	0.4	10	28	1.4	275	0.1	9
Male	2,973	7.4	31,427	0.6	18	4,597	11.4	44,035	0.4	13	827	2.0	8,630	0.4	122
Disabled	1,498	14.9	16,111	0.5	17	1,863	18.6	19,984	0.4	15	728	7.2	7,668	0.5	134
5 and younger	27	4.7	289	0.4	9	228	39.5	2,503	0.2	8	6	1.0	71	0.3	41
6-14	186	13.1	2,041	0.6	12	330	23.2	3,658	0.3	12	26	1.8	288	0.5	84
15-20	55	7.6	631	0.5	11	114	15.8	1,270	0.4	12	7	1.0	84	0.2	15
21-44	320	8.5	3,471	0.5	14	353	9.4	3,756	0.4	14	463	12.3	4,875	0.5	136
45-64	853	25.0	9,069	0.6	20	777	22.8	8,169	0.5	20	224	6.6	2,326	0.5	144
65-74	36	33.3	395	0.6	22	47	43.5	484	0.5	20	2	1.9	24	0.1	11
75-84	15	71.4	161	0.5	23	9	42.9	108	0.5	19	0	0.0	0	0.0	0
85 and older	6	100.0	54	0.5	26	5	83.3	36	0.4	12	0	0.0	0	0.0	0
Other Eligibles	1,475	4.9	15,316	0.6	19	2,734	9.0	24,051	0.3	11	99	0.3	962	0.2	23
5 and younger	24	0.2	229	0.6	8	1,041	8.2	8,502	0.2	6	27	0.2	254	0.1	3
6-14	298	2.7	3,079	0.6	14	684	6.2	5,566	0.3	10	25	0.2	236	0.2	27
15-20	28	1.3	284	0.5	10	117	5.6	1,046	0.2	8	5	0.2	38	0.1	2
21-44	12	0.9	79	0.4	12	45	3.4	341	0.2	6	9	0.7	59	0.2	23
45-64	23	9.8	170	0.6	16	23	9.8	139	0.2	7	1	0.4	5	0.2	20
65-74	532	34.7	5,652	0.6	20	437	28.5	4,520	0.5	23	14	0.9	162	0.2	25
75-84	398	37.3	4,183	0.6	23	278	26.1	2,799	0.4	14	13	1.2	153	0.4	55
85 and older	160	34.7	1,640	0.6	19	109	23.6	1,138	0.4	13	5	1.1	55	0.1	8
Unknown	0	0.0	0	0.0	0	3	5.0	27	0.1	2	0	0.0	0	0.0	0

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 7C includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 NEVADA, 1999

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				ANTIDIABETIC				No. of Bene Mos			
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users		Mean No. of Rx	Mean Rx \$	
All	9,251	9.3 %	97,548	0.3	\$14	5,352	5.4 %	56,753	0.6	\$23	99,497	646,479
Female	6,844	11.6	72,272	0.3	15	3,781	6.4	40,415	0.6	23	59,017	380,562
Disabled	3,175	28.1	36,010	0.3	15	1,697	15.0	18,682	0.6	26	11,298	114,482
5 and younger	5	1.1	50	0.1	1	0	0.0	0	0.0	0	438	3,988
6-14	27	3.3	316	0.1	2	4	0.5	39	0.6	18	816	8,539
15-20	62	11.9	708	0.2	7	7	1.3	74	0.5	14	520	5,220
21-44	1,085	26.6	12,246	0.2	11	339	8.3	3,765	0.6	24	4,083	41,315
45-64	1,896	36.9	21,532	0.3	18	1,263	24.5	13,864	0.6	26	5,145	52,292
65-74	74	35.7	846	0.3	16	65	31.4	749	0.6	31	207	2,223
75-84	17	30.4	204	0.2	14	15	26.8	143	0.6	22	56	579
85 and older	9	27.3	108	0.3	22	4	12.1	48	0.6	27	33	326
Other Eligibles	3,669	7.7	36,262	0.3	15	2,084	4.4	21,733	0.6	21	47,719	266,080
5 and younger	75	0.6	468	0.2	2	4	0.0	30	1.3	40	12,086	57,594
6-14	114	1.1	946	0.2	2	13	0.1	116	0.9	30	10,363	54,358
15-20	202	3.9	1,550	0.2	2	15	0.3	91	0.8	30	5,120	23,546
21-44	742	6.4	5,282	0.2	5	98	0.8	602	0.5	21	11,645	46,886
45-64	74	13.8	594	0.4	17	52	9.7	336	0.6	18	535	2,724
65-74	1,085	35.8	12,219	0.3	17	876	28.9	9,628	0.6	24	3,029	31,757
75-84	919	31.6	10,288	0.3	18	711	24.5	7,706	0.6	20	2,905	29,499
85 and older	458	22.5	4,915	0.4	21	315	15.5	3,224	0.6	16	2,036	19,716
Male	2,407	6.0	25,276	0.2	11	1,571	3.9	16,338	0.6	23	40,420	265,686
Disabled	1,416	14.1	15,673	0.2	10	904	9.0	9,601	0.6	24	10,042	98,541
5 and younger	22	3.8	247	0.1	2	1	0.2	12	2.3	57	577	5,696
6-14	29	2.0	318	0.2	28	4	0.3	39	0.7	22	1,421	14,496
15-20	53	7.4	617	0.1	2	6	0.8	61	0.8	26	721	7,151
21-44	559	14.8	6,202	0.2	8	218	5.8	2,298	0.6	26	3,773	37,361
45-64	707	20.7	7,772	0.3	11	640	18.7	6,817	0.6	24	3,415	32,529
65-74	33	30.6	383	0.3	19	30	27.8	326	0.7	20	108	1,049
75-84	11	52.4	116	0.3	18	3	14.3	36	0.6	8	21	218
85 and older	2	33.3	18	0.3	2	2	33.3	12	1.0	49	6	41
Other Eligibles	991	3.3	9,603	0.3	11	667	2.2	6,737	0.6	21	30,378	167,145
5 and younger	92	0.7	532	0.2	2	5	0.0	42	0.9	15	12,692	61,007
6-14	96	0.9	733	0.2	3	11	0.1	78	1.1	29	10,986	58,596
15-20	78	3.7	741	0.1	1	7	0.3	55	0.9	35	2,084	11,396
21-44	77	5.8	542	0.2	8	18	1.4	120	0.5	17	1,321	5,369
45-64	22	9.4	149	0.3	11	9	3.8	69	1.2	40	234	1,130
65-74	303	19.8	3,398	0.3	12	314	20.5	3,347	0.6	24	1,534	15,220
75-84	231	21.7	2,531	0.3	16	236	22.1	2,373	0.6	19	1,066	10,184
85 and older	92	20.0	977	0.3	18	67	14.5	653	0.6	16	461	4,243
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	60	231

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 7D includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NEVADA, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$184	4.8	2,198	21,641
Age				
0-64	281	6.0	325	3,581
65-74	237	5.9	315	3,115
75-84	169	4.5	638	6,205
85 and older	136	4.0	920	8,740
Unknown	0	0.0	0	0
Gender				
Female	168	4.7	1,521	15,096
Male	220	4.9	677	6,545
Unknown	0	0.0	0	0
Race				
White	182	4.8	1,959	19,155
African American	167	4.1	106	1,141
Other/unknown	224	5.1	133	1,345
Basis of Eligibility				
Aged	163	4.5	1,845	17,784
Disabled	278	6.0	352	3,846
Adults	0	0.0	0	0
Children	9	0.9	1	11
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 1,648 beneficiaries who were in nursing facilities for part of their enrollment and their 15,808 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.

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

TABLE 9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NEVADA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos				
	Patented		Off-Patent		Patented		Off-Patent										
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name						Generic			
Anti-infective Agents	0.4	0.2	0.0	0.2	\$23	\$16	\$1	\$6	\$62	\$81	\$103	\$37	5,153	\$321,875	1,340	61.0 %	14,183
Biologicals	0.1	0.1	0.0	0.0	1	1	0	1	14	10	0	0	29	406	29	1.3	338
Antineoplastic Agents	0.5	0.0	0.2	0.3	41	7	20	13	88	179	115	53	745	65,291	166	7.6	1,587
Endocrine/Metabolic Drugs	1.0	0.3	0.0	0.6	21	14	1	6	22	40	22	11	7,977	174,905	794	36.1	8,311
Cardiovascular Agents	1.5	0.4	0.4	0.7	37	16	12	8	25	40	30	12	20,537	503,429	1,343	61.1	13,741
Respiratory Agents	0.6	0.2	0.0	0.4	18	10	0	7	29	47	14	19	5,261	150,581	813	37.0	8,497
Gastrointestinal Agents	0.8	0.3	0.2	0.3	54	34	11	10	65	103	69	28	7,071	462,190	822	37.4	8,590
Genitourinary Agents	0.4	0.2	0.0	0.2	16	11	0	5	36	58	26	19	1,579	56,223	332	15.1	3,529
CNS Drugs	1.1	0.6	0.1	0.5	62	48	8	6	55	82	86	13	16,196	883,814	1,360	61.9	14,229
Stimulants/Anti-obesity/Anorexia	0.3	0.0	0.0	0.3	4	0	0	4	14	0	0	14	7	100	2	0.1	24
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	51	51	0	0	103	105	0	26	326	33,616	64	2.9	661
Analgesics and Anesthetics	1.0	0.3	0.1	0.6	34	21	6	6	34	74	49	11	10,559	363,889	1,037	47.2	10,731
Neuromuscular Agents	1.2	0.3	0.3	0.6	52	28	11	13	44	83	40	23	9,192	408,763	731	33.3	7,934
Nutritional Products	0.7	0.0	0.2	0.5	15	0	4	11	22	17	22	23	4,832	107,542	709	32.3	7,340
Hematological Agents	1.1	0.1	0.4	0.5	34	15	10	9	31	109	25	17	4,169	130,965	373	17.0	3,880
Topical Products	0.5	0.2	0.1	0.2	14	8	4	2	30	44	38	13	5,865	175,872	1,148	52.2	12,350
Miscellaneous Products	0.2	0.0	0.0	0.2	5	1	1	3	22	48	192	15	176	3,815	72	3.3	772
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	16	0	0	0	38	0	0	0	3,489	132,339	790	35.9	8,411
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.	103,163	3,975,615	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,648 beneficiaries who were in nursing facilities for part of their enrollment and their 15,808 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 1999. 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/products/product_mddb.asp (May 13 2003).

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/products/product_mddb.asp (May 13 2003).

In Nevada, 3.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Table 9

All Medicaid Beneficiaries

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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 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}
 NEVADA, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$397,191	735	33.4 %	7,969	0.5	\$91	\$50
ANTIDEPRESSANTS	379,953	975	44.4	10,274	0.7	54	37
ULCER DRUGS	374,483	825	37.5	8,716	0.6	72	43
ANTICONVULSANT	308,060	620	28.2	6,790	0.9	49	45
ANALGESICS - Narcotic	247,164	1,140	51.9	11,864	0.7	32	21
ANTIHYPERTENSIVE	179,773	731	33.3	7,385	0.7	34	24
DERMATOLOGICAL	127,427	1,505	68.5	16,394	0.2	32	8
CALCIUM BLOCKERS	126,171	383	17.4	4,011	0.7	42	31
ANALGESICS - ANTI-INFLAMMATORY	111,880	461	21.0	4,992	0.5	48	22
ANTIDIABETIC	107,478	471	21.4	4,985	0.8	29	22

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,648 beneficiaries who were in nursing facilities for part of their enrollment and their 15,808 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d} NEVADA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Residents	of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	
All	48,890	\$2,359,550	735	33.4 %	7,969	0.5	\$50	975	44.4 %	10,274	0.7	\$37			
Female	32,806	1,527,772	479	31.5	5,246	0.5	45	670	44.0	7,099	0.7	38			
Disabled	5,671	304,572	70	42.7	803	0.6	68	91	55.5	1,022	0.8	53			
64 or younger	5,088	278,826	64	45.1	738	0.6	73	78	54.9	889	0.8	57			
65-74	247	12,801	2	28.6	17	0.3	4	5	71.4	37	0.8	36			
75-84	153	3,448	4	66.7	48	0.4	16	5	83.3	60	0.6	18			
85 and older	183	9,497	0	0.0	0	0.0	0	3	33.3	36	0.6	28			
Other Eligibles	27,135	1,223,200	409	30.1	4,443	0.5	40	579	42.7	6,077	0.7	35			
64 or younger	241	9,162	3	42.9	36	0.6	61	5	71.4	60	1.2	34			
65-74	5,063	247,191	70	41.4	787	0.6	52	101	59.8	1,056	0.8	47			
75-84	9,132	411,176	144	34.1	1,578	0.5	36	204	48.3	2,159	0.6	34			
85 and older	12,699	555,671	192	25.3	2,042	0.5	39	269	35.4	2,802	0.7	32			
Male	16,084	831,808	256	37.8	2,723	0.6	60	305	45.1	3,175	0.6	35			
Disabled	6,084	349,384	87	46.3	992	0.7	76	91	48.4	1,043	0.6	36			
64 or younger	5,650	324,478	79	45.4	903	0.6	75	86	49.4	991	0.7	37			
65-74	345	20,142	7	58.3	77	0.8	93	4	33.3	40	0.3	13			
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	89	4,764	1	50.0	12	0.6	42	1	50.0	12	0.2	6			
Other Eligibles	10,000	482,424	169	34.6	1,731	0.6	51	214	43.8	2,132	0.6	35			
64 or younger	76	4,070	0	0.0	0	0.0	0	2	100.0	24	0.9	92			
65-74	3,482	178,690	51	40.2	582	0.5	55	61	48.0	652	0.7	36			
75-84	4,329	208,751	77	36.7	816	0.6	51	96	45.7	956	0.7	36			
85 and older	2,113	90,913	41	27.3	333	0.6	44	55	36.7	500	0.5	27			
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 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,648 beneficiaries who were in nursing facilities for part of their enrollment and their 15,808 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

TABLE 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, BOE, AND AGE^{a, b, c, d}
 NEVADA, 1999

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANALGESICS - Narcotic				
	Users as %			Mean		Users as %			Mean		Users as %			Mean	
	No. of Users	No. of Bene Users	No. of Bene Mos among Users	No. of Rx	Rx \$	Residents	NF	No. of Bene Mos among Users	No. of Rx	Rx \$	Residents	NF	No. of Bene Mos among Users	No. of Rx	Rx \$
All	825	8,716	37.5 %	0.6	\$43	620	28.2 %	6,790	0.9	\$45	1,140	51.9 %	11,864	0.7	\$21
Female	543	5,740	35.7	0.6	43	353	23.2	3,824	0.9	41	795	52.3	8,218	0.7	20
Disabled	68	761	41.5	0.7	50	113	68.9	1,309	1.2	57	84	51.2	939	0.9	30
64 or younger	55	618	38.7	0.7	57	106	74.6	1,234	1.2	57	68	47.9	772	0.9	33
65-74	4	41	57.1	0.5	36	5	71.4	51	1.2	65	6	85.7	56	0.9	11
75-84	4	48	66.7	0.6	12	1	16.7	12	0.8	4	5	83.3	60	0.6	11
85 and older	5	54	55.6	0.1	10	1	11.1	12	0.9	87	5	55.6	51	0.5	21
Other Eligibles	475	4,979	35.0	0.6	42	240	17.7	2,515	0.8	33	711	52.4	7,279	0.6	19
64 or younger	1	12	14.3	1.0	53	2	28.6	24	0.7	15	3	42.9	36	0.8	6
65-74	56	578	33.1	0.7	49	61	36.1	664	0.8	41	107	63.3	1,148	0.9	30
75-84	163	1,710	38.6	0.5	40	90	21.3	917	0.8	32	225	53.3	2,336	0.6	19
85 and older	255	2,679	33.6	0.6	42	87	11.5	910	0.7	28	376	49.5	3,759	0.6	16
Male	282	2,976	41.7	0.6	43	267	39.4	2,966	0.9	51	345	51.0	3,646	0.6	22
Disabled	88	989	46.8	0.6	46	127	67.6	1,481	1.1	67	102	54.3	1,173	0.6	20
64 or younger	87	977	50.0	0.6	46	120	69.0	1,397	1.1	67	96	55.2	1,111	0.6	20
65-74	1	12	8.3	0.8	16	6	50.0	72	1.2	78	3	25.0	32	1.0	25
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	1	50.0	12	0.9	46	3	150.0	30	0.6	41
Other Eligibles	194	1,987	39.7	0.6	42	140	28.6	1,485	0.8	35	243	49.7	2,473	0.7	23
64 or younger	1	12	50.0	1.0	53	1	50.0	12	0.8	25	1	50.0	12	1.1	17
65-74	57	570	44.9	0.6	46	58	45.7	655	0.9	46	66	52.0	727	0.9	33
75-84	85	897	40.5	0.5	41	51	24.3	527	0.7	29	103	49.0	1,023	0.7	21
85 and older	51	508	34.0	0.6	36	30	20.0	291	0.7	21	73	48.7	711	0.5	15
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 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,648 beneficiaries who were in nursing facilities for part of their enrollment and their 15,808 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

TABLE 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, BOE, AND AGE^{a, b, c, d}
 NEVADA, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					DERMATOLOGICAL					CALCIUM BLOCKERS				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	731	33.3 %	7,385	0.7	\$24	1,505	68.5 %	16,394	0.2	\$8	383	17.4 %	4,011	0.7	\$32
Female	520	34.2	5,312	0.7	24	948	62.3	10,411	0.2	7	278	18.3	2,975	0.7	31
Disabled	38	23.2	420	0.8	31	142	86.6	1,644	0.2	7	23	14.0	252	0.8	38
64 or younger	30	21.1	333	0.8	26	127	89.4	1,482	0.2	7	14	9.9	151	0.8	34
65-74	5	71.4	51	0.9	78	5	71.4	60	0.1	4	3	42.9	29	0.8	52
75-84	1	16.7	12	0.5	3	1	16.7	12	0.1	0	2	33.3	24	0.7	10
85 and older	2	22.2	24	0.4	12	9	100.0	90	0.3	9	4	44.4	48	1.1	56
Other Eligibles	482	35.5	4,892	0.7	23	806	59.4	8,767	0.2	7	255	18.8	2,723	0.7	30
64 or younger	1	14.3	12	1.0	39	7	100.0	84	0.2	5	1	14.3	12	1.0	40
65-74	81	47.9	840	0.6	22	115	68.0	1,293	0.2	6	38	22.5	416	0.8	36
75-84	153	36.3	1,583	0.7	25	244	57.8	2,654	0.2	6	84	19.9	920	0.7	29
85 and older	247	32.5	2,457	0.7	23	440	58.0	4,736	0.2	9	132	17.4	1,375	0.7	28
Male	211	31.2	2,073	0.7	26	557	82.3	5,983	0.3	9	105	15.5	1,036	0.8	34
Disabled	52	27.7	541	0.7	26	195	103.7	2,206	0.3	9	27	14.4	293	0.7	34
64 or younger	44	25.3	472	0.8	26	181	104.0	2,054	0.3	9	22	12.6	240	0.6	34
65-74	5	41.7	45	0.4	14	12	100.0	128	0.2	7	4	33.3	41	1.1	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	3	150.0	24	0.9	55	2	100.0	24	0.1	2	1	50.0	12	0.8	33
Other Eligibles	159	32.5	1,532	0.7	25	362	74.0	3,777	0.3	9	78	16.0	743	0.8	34
64 or younger	1	50.0	12	0.9	48	3	150.0	36	0.3	5	0	0.0	0	0.0	0
65-74	51	40.2	506	0.7	24	103	81.1	1,176	0.3	10	21	16.5	214	0.7	39
75-84	65	31.0	630	0.7	27	171	81.4	1,749	0.3	9	39	18.6	377	0.8	33
85 and older	42	28.0	384	0.7	24	85	56.7	816	0.2	6	18	12.0	152	0.9	29
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 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,648 beneficiaries who were in nursing facilities for part of their enrollment and their 15,808 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).
- Benefit Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 NEVADA, 1999

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIDIABETIC						
	Users as %		Mean		No. of Bene Mos among Users	Users as %		Mean		No. of Bene Mos among Users	Bene Mos among All- Year NF Residents	
	No. of Users	Residents	No. of Rx	Rx-\$		No. of Users	Residents	No. of Rx	Rx-\$			All-Year NF Residents
All	461	21.0 %	4,992	0.5	\$22	471	21.4 %	4,985	0.8	\$22	2,198	21,641
Female	326	21.4	3,485	0.5	25	329	21.6	3,567	0.8	21	1,521	15,096
Disabled	38	23.2	430	0.5	21	47	28.7	550	0.8	22	164	1,817
64 or younger	35	24.6	408	0.5	19	42	29.6	504	0.8	22	142	1,584
65-74	2	28.6	10	0.3	28	2	28.6	10	0.5	6	7	68
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	72
85 and older	1	11.1	12	0.8	83	3	33.3	36	0.7	30	9	93
Other Eligibles	288	21.2	3,055	0.5	25	282	20.8	3,017	0.7	21	1,357	13,279
64 or younger	3	42.9	36	0.8	50	3	42.9	36	0.7	16	7	84
65-74	39	23.1	414	0.5	24	56	33.1	644	0.8	24	169	1,681
75-84	100	23.7	1,124	0.5	24	116	27.5	1,258	0.8	23	422	4,135
85 and older	146	19.2	1,481	0.5	25	107	14.1	1,079	0.7	16	759	7,379
Male	135	19.9	1,507	0.4	18	142	21.0	1,418	0.7	23	677	6,545
Disabled	51	27.1	588	0.4	18	44	23.4	466	0.9	30	188	2,029
64 or younger	44	25.3	514	0.4	16	39	22.4	429	0.9	31	174	1,890
65-74	6	50.0	68	0.5	35	3	25.0	25	0.9	17	12	121
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	1	50.0	6	0.8	6	2	100.0	12	1.0	49	2	18
Other Eligibles	84	17.2	919	0.4	17	98	20.0	952	0.7	19	489	4,516
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	23
65-74	22	17.3	251	0.3	14	27	21.3	306	0.7	23	127	1,245
75-84	36	17.1	402	0.4	17	47	22.4	438	0.7	16	210	1,998
85 and older	26	17.3	266	0.4	20	24	16.0	208	0.7	21	150	1,250
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 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,648 beneficiaries who were in nursing facilities for part of their enrollment and their 15,808 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NEVADA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	131,116	11,220	21,346	24,838	73,712	0	1,106,280	114,744	213,843	169,788	607,905	0
Age												
5 and younger	40,091	10	1,016	0	39,065	0	319,170	63	9,892	0	309,215	0
6-14	33,878	34	2,239	0	31,605	0	297,664	226	23,211	0	274,227	0
15-20	10,791	11	1,241	6,501	3,038	0	81,897	67	12,387	45,008	24,435	0
21-44	25,295	33	7,859	17,401	2	0	197,313	192	78,954	118,143	24	0
45-64	9,565	82	8,560	923	0	0	92,271	758	84,955	6,558	0	0
65-74	4,887	4,564	315	7	1	0	51,325	48,005	3,273	44	3	0
75-84	4,064	3,983	77	4	0	0	41,839	41,016	802	21	0	0
85 and older	2,544	2,503	39	2	0	0	24,800	24,417	369	14	0	0
Unknown	1	0	0	0	1	1	0	0	0	0	1	0
Gender												
Female	77,119	8,083	11,299	21,614	36,123	0	645,176	83,772	115,005	148,220	298,179	0
Male	53,901	3,136	10,046	3,224	37,495	0	460,663	30,960	98,835	21,568	309,300	0
Unknown	96	1	1	0	94	0	441	12	3	0	426	0
Race												
White	73,809	7,948	15,116	14,289	36,456	0	619,126	80,116	150,010	95,173	293,827	0
African American	25,815	735	3,734	5,537	15,809	0	232,420	7,807	38,835	42,286	143,492	0
Other/unknown	31,492	2,537	2,496	5,012	21,447	0	254,734	26,821	24,998	32,329	170,586	0
Use of Nursing Facilities												
All year	2,198	1,845	352	0	1	0	21,660	17,802	3,847	0	11	0
Part year	1,650	1,322	326	1	1	0	16,113	12,924	3,165	12	12	0
None	127,268	8,053	20,668	24,837	73,710	0	1,068,507	84,018	206,831	169,776	607,882	0
Maintenance Assistance Status												
Cash	54,161	7,095	19,606	9,099	18,361	0	488,773	75,610	195,855	64,993	152,315	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	45,669	154	266	9,658	35,591	0	342,593	1,540	2,635	56,481	281,937	0
Other/unknown	31,271	3,969	1,472	6,070	19,760	0	274,839	37,585	15,345	48,256	173,653	0
Missing	15	2	2	11	0	0	75	9	8	58	0	0
Dual Status^c												
Full dual, all year	14,918	9,522	5,290	105	1	0	153,768	97,349	55,590	822	7	0
Full dual, part year	708	382	316	10	0	0	7,597	4,067	3,422	108	0	0
Non-dual, all year	115,490	1,316	15,740	24,723	73,711	0	944,915	13,328	154,831	168,858	607,898	0
Managed Care Status												
FFS all year	64,804	10,642	21,123	8,832	24,207	0	539,957	108,318	211,570	47,443	172,626	0
FFS part year, with Rx claims	7,997	436	160	2,846	4,555	0	79,420	5,068	1,676	25,863	46,813	0
FFS part year, no Rx claims	26,696	112	58	6,768	19,758	0	238,275	1,257	577	55,074	181,367	0
MC all year, with Rx claims	290	3	0	66	221	0	2,385	7	0	611	1,767	0
MC all year, no Rx claims	31,329	27	5	6,326	24,971	0	246,243	94	20	40,797	205,332	0

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

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

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had pharmacy benefits. 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 = Center for Medicare and 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
 NEVADA, 1999

	Bene Mos in Cell B of Table 1		Bene Mos in Cell C of Table 1		Bene Mos in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	131,116	1,106,280	99,497	646,479	31,619	459,797		
FFS all year	64,804	539,957	64,804	539,953	0	0		
FFS part year, with Rx claims	7,997	79,420	7,997	32,666	0	46,754		
FFS part year, with no Rx claims	26,696	238,275	26,696	73,860	0	164,415		
MC all year, with Rx claims	290	2,385	0	0	290	2,385		
MC all year, with no Rx claims	31,329	246,243	0	0	31,329	246,243		

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

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