

**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001  
NEVADA**

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
NEVADA, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	164,336 (A)	28,035 (E)	136,301 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	153,964 (B)	17,997 (F)	135,967 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	115,809 (C)	17,933 (G)	97,876 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	2,867 (D)	2,585 (H)	282 (L)

Source: Data for this table are from the MAX 2001 file for Nevada, released by CMS in 07/2005. This table was produced on 09/19/2006.

- 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 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2001, 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 21 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 21 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.
- d. The total Medicaid pharmacy reimbursement for Nevada in 2001 was \$69,157,545, of which \$2,842,903 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 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. 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 D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. 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 2001. All benefit months of such dual eligible beneficiaries, of which 2.7 percent were restricted benefit months without a pharmacy benefit in Nevada, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = 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<sup>a,b</sup>  
 NEVADA, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children
<b>All</b>	<b>115,809</b>	<b>11,802</b>	<b>24,820</b>	<b>27,027</b>	<b>52,158</b>	<b>2</b>	<b>790,243</b>	<b>117,983</b>	<b>243,739</b>	<b>128,383</b>	<b>300,121</b>	<b>17</b>					
<b>Age</b>																	
5 and younger	26,588	9	1,045	0	25,534	0	147,342	41	9,310	0	137,991	0					
6-14	24,703	19	2,575	0	22,109	0	159,852	79	25,997	0	133,776	0					
15-20	10,928	8	1,469	4,951	4,498	2	67,230	57	14,483	24,409	28,264	17					
21-44	29,480	38	8,764	20,662	16	0	184,291	178	86,954	97,075	84	0					
45-64	11,567	89	10,077	1,400	1	0	105,732	782	98,111	6,833	6	0					
65-74	5,135	4,458	671	6	0	0	52,712	45,986	6,696	30	0	0					
75-84	4,670	4,504	161	5	0	0	47,247	45,621	1,601	25	0	0					
85 and older	2,738	2,677	58	3	0	0	25,837	25,239	587	11	0	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
<b>Gender</b>																	
Female	69,255	8,511	13,241	21,947	25,555	1	469,632	86,323	132,230	105,148	145,921	10					
Male	46,329	3,291	11,573	5,080	26,384	1	319,286	31,660	111,469	23,235	152,915	7					
Unknown	225	0	6	0	219	0	1,325	0	40	0	1,285	0					
<b>Race</b>																	
White	69,630	8,117	17,155	16,370	27,988	0	505,331	79,348	167,246	83,250	175,487	0					
African American	18,667	742	4,457	4,798	8,668	2	115,438	7,705	45,094	19,411	43,211	17					
Other/unknown	27,512	2,943	3,208	5,859	15,502	0	169,474	30,930	31,399	25,722	81,423	0					
<b>Use of Nursing Facilities<sup>c</sup></b>																	
Entire year	2,867	2,425	441	1	0	0	26,435	22,038	4,396	1	0	0					
Part year	1,573	1,157	409	5	2	0	15,030	10,977	3,993	36	24	0					
None	111,369	8,220	23,970	27,021	52,156	2	748,778	84,968	235,350	128,346	300,097	17					
<b>Maintenance Assistance Status</b>																	
Cash	71,680	7,123	22,393	18,319	23,845	0	503,215	75,180	218,988	83,218	125,829	0					
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0					
Poverty-related	24,939	240	256	5,057	19,386	0	133,841	2,444	2,649	22,210	106,538	0					
Other/unknown	19,190	4,439	2,171	3,651	8,927	2	153,187	40,359	22,102	22,955	67,754	17					
<b>Dual Medicare Status<sup>d</sup></b>																	
Full dual, all year	16,936	10,256	6,524	154	2	0	171,708	102,816	67,855	1,032	5	0					
Full dual, part year	997	546	440	11	0	0	10,261	5,559	4,599	103	0	0					
Non-dual, all year	97,876	1,000	17,856	26,862	52,156	2	608,274	9,608	171,285	127,248	300,116	17					
<b>Managed Care Status</b>																	
FFS all year	87,549	11,746	24,542	16,345	34,914	2	696,942	117,624	241,832	94,942	242,527	17					
FFS part year, with Rx claims	6,026	48	219	2,848	2,911	0	26,327	322	1,541	11,315	13,149	0					
FFS part year, no Rx claims	22,232	8	59	7,832	14,333	0	66,972	37	366	22,124	44,445	0					

Source: Data for this table are from the MAX 2001 file for Nevada, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. 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<sup>a, b</sup>  
 NEVADA, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	43.7 %	9.7	\$573	\$59	\$4,651	12.3 %	115,809
<b>Age</b>							
5 and younger	28.9	1.3	85	65	1,813	4.7	26,588
6-14	30.5	2.3	150	64	2,184	6.9	24,703
15-20	32.8	2.8	214	76	4,747	4.5	10,928
21-44	44.0	7.6	586	77	5,032	11.6	29,480
45-64	72.8	30.1	1,858	62	9,521	19.5	11,567
65-74	80.2	32.2	1,564	49	6,851	22.8	5,135
75-84	83.9	35.2	1,569	45	10,071	15.6	4,670
85 and older	88.5	37.2	1,423	38	16,042	8.9	2,738
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	83.3	34.6	1,538	44	10,234	15.0	11,802
Disabled	73.0	23.8	1,695	71	10,279	16.5	24,820
Adults	31.1	2.0	82	41	2,564	3.2	27,027
Children	27.4	1.4	74	54	1,792	4.2	52,158
Unknown	50.0	3.0	611	204	16,869	3.6	2
<b>Gender</b>							
Female	46.1	11.3	611	54	4,670	13.1	69,255
Male	40.2	7.4	517	70	4,637	11.2	46,329
Unknown	31.6	1.5	76	52	1,817	4.2	225
<b>Race</b>							
White	49.9	12.2	717	59	5,537	12.9	69,630
African American	36.4	6.8	423	62	3,912	10.8	18,667
Other/unknown	33.2	5.5	309	56	2,913	10.6	27,512
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	92.0	53.6	2,194	41	29,609	7.4	2,867
Part year	91.5	47.7	2,101	44	26,956	7.8	1,573
None	41.8	8.1	509	63	3,694	13.8	111,369

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
<b>Maintenance Assistance Status</b>							
Cash	47.2	11.1	706	64	4,209	16.8	71,680
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	24.9	1.0	39	39	1,807	2.1	24,939
Other/unknown	55.1	16.0	768	48	10,002	7.7	19,190

Source: Data for this table are from the MAX 2001 file for Nevada, released by CMS in 07/2005. This table was produced on 09/19/2006.

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. 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 of Table 1 for methodology used to determine nursing facility residence.

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 3

TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 NEVADA, 2001

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				More than 10
All	1.4	\$84	12.3 %	56.3 %	25.6 %	5.4 %	8.0 %	3.8 %	0.9 %	\$682	115,809	790,243
<b>Age</b>												
5 and younger	0.2	15	4.7	71.1	26.9	1.3	0.5	0.1	0.0	327	26,588	147,342
6-14	0.4	23	6.9	69.5	25.9	2.6	1.8	0.2	0.0	338	24,703	159,852
15-20	0.5	35	4.5	67.2	27.2	3.1	2.0	0.4	0.0	772	10,928	67,230
21-44	1.2	94	11.6	56.0	27.9	6.2	7.1	2.3	0.4	805	29,480	184,291
45-64	3.3	203	19.5	27.2	20.8	11.7	23.3	13.3	3.8	1,042	11,567	105,732
65-74	3.1	152	22.8	19.8	22.3	13.9	26.2	14.5	3.4	667	5,135	52,712
75-84	3.5	155	15.6	16.1	18.6	13.7	30.2	17.3	4.1	996	4,670	47,247
85 and older	3.9	151	8.9	11.5	16.8	13.8	32.5	20.8	4.5	1,700	2,738	25,837
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	3.5	154	15.0	16.7	19.5	13.6	29.1	17.0	4.0	1,024	11,802	117,983
Disabled	2.4	173	16.5	27.0	29.1	12.3	20.0	9.3	2.3	1,047	24,820	243,739
Adults	0.4	17	3.2	68.9	26.1	2.9	1.7	0.3	0.1	540	27,027	128,383
Children	0.2	13	4.2	72.6	25.1	1.5	0.8	0.1	0.0	311	52,158	300,121
Unknown	0.4	72	3.6	50.0	50.0	0.0	0.0	0.0	0.0	1,985	2	17
<b>Gender</b>												
Female	1.7	90	13.1	53.9	25.6	5.7	8.8	4.7	1.2	689	69,255	469,632
Male	1.1	75	11.2	59.8	25.6	4.9	6.7	2.6	0.5	673	46,329	319,286
Unknown	0.2	13	4.2	68.4	30.2	0.4	0.4	0.4	0.0	309	225	1,325
<b>Race</b>												
White	1.7	99	12.9	50.1	27.8	6.1	9.5	5.1	1.3	763	69,630	505,331
African American	1.1	68	10.8	63.6	23.0	4.5	5.9	2.5	0.5	633	18,667	115,438
Other/unknown	0.9	50	10.6	66.8	21.8	4.1	5.4	1.6	0.2	473	27,512	169,474
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	5.8	238	7.4	8.0	8.2	8.7	33.2	29.8	12.2	3,211	2,867	26,435
Part year	5.0	220	7.8	8.5	13.4	11.7	32.5	25.4	8.5	2,821	1,573	15,030
None	1.2	76	13.8	58.2	26.2	5.2	7.0	2.9	0.5	549	111,369	748,778

Table 4

All Medicaid Beneficiaries



Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene Mos	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			
							Less	More than 2, but 5 or Less				
<b>Maintenance</b>												
<b>Assistance Status</b>												
Cash	1.6	101	16.8	52.8	25.8	6.7	9.6	4.2	0.8	600	71,660	503,215
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	2.1	75.1	23.5	1.0	0.4	0.0	0.0	337	24,939	133,841
Other/unknown	2.0	96	7.7	44.9	27.6	6.1	11.7	7.4	2.4	1,253	19,190	153,187

Source: Data for this table are from the MAX 2001 file for Nevada, released by CMS in 07/2005. This table was produced on 09/19/2006.

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

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

c. 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 of Table 1 for methodology used to determine nursing facility residence.

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<sup>a, b, c</sup>  
 NEVADA, 2001

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	\$ per Rx	No. of Rx	\$ per Rx
All	1.4	\$84	0.7	\$63	0.1	\$60	0.7	\$23
<b>Age</b>								
5 and younger	0.2	15	0.1	12	0.0	138	0.1	3
6-14	0.4	23	0.2	19	0.0	103	0.2	3
15-20	0.5	35	0.2	29	0.0	128	0.2	4
21-44	1.2	94	0.5	70	0.1	133	0.6	16
45-64	3.3	203	1.5	149	0.2	99	1.6	39
65-74	3.1	152	1.5	115	0.2	75	1.4	28
75-84	3.5	155	1.6	115	0.2	70	1.6	30
85 and older	3.9	151	1.7	108	0.3	64	2.0	32
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	3.5	154	1.6	114	0.2	71	1.6	30
Disabled	2.4	173	1.1	129	0.2	116	1.1	30
Adults	0.4	17	0.2	12	0.0	77	0.2	4
Children	0.2	13	0.1	10	0.0	96	0.1	2
Unknown	0.4	72	0.2	70	0.0	399	0.2	2
<b>Gender</b>								
Female	1.7	90	0.8	67	0.1	88	0.8	17
Male	1.1	75	0.5	57	0.1	116	0.5	13
Unknown	0.2	13	0.1	11	0.0	113	0.1	2
<b>Race</b>								
White	1.7	99	0.8	73	0.1	97	0.8	18
African American	1.1	68	0.5	52	0.1	106	0.5	12
Other/unknown	0.9	50	0.4	39	0.1	87	0.4	9
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	5.8	238	2.4	171	0.4	70	2.9	51
Part year	5.0	220	2.1	157	0.3	75	2.6	47
None	1.2	76	0.6	57	0.1	102	0.6	13

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
<b>Maintenance Assistance Status</b>								
Cash	1.6	101	0.7	75	0.1	7	0.7	18
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.2	7	0.1	5	0.0	0	0.1	1
Other/unknown	2.0	96	0.9	72	0.1	6	1.0	18

Source: Data for this table are from the MAX 2001 file for Nevada, released by CMS in 07/2005. This table was produced on 09/19/2006.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Nevada, 0.4 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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 = 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<sup>a, b, c, d</sup>  
 NEVADA, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users					
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos	
		Generic	Generic		Generic	Generic		Generic	Generic						
Anti-infective Agents	0.3	0.1	0.0	\$19	\$17	\$0	\$71	\$119	\$135	\$16	83,105	\$5,899,224	30,348	26.2 %	304,732
Biologicals	0.2	0.2	0.0	164	117	3	912	737	5,326	2,085	1,250	1,139,441	642	0.6	6,939
Antineoplastic Agents	0.5	0.2	0.1	90	64	12	188	337	145	67	5,078	956,426	1,049	0.9	10,573
Endocrine/Metabolic Drugs	0.7	0.4	0.1	29	23	2	4	39	58	22	113,004	4,372,314	14,614	12.6	152,968
Cardiovascular Agents	1.3	0.6	0.1	48	32	3	37	56	31	20	217,072	7,947,317	15,666	13.5	166,440
Respiratory Agents	0.5	0.3	0.0	24	19	0	47	65	35	24	106,180	4,993,009	20,491	17.7	207,750
Gastrointestinal Agents	0.6	0.3	0.0	51	42	3	88	128	92	26	62,221	5,487,261	10,164	8.8	107,798
Genitourinary Agents	0.3	0.2	0.0	17	15	0	49	63	39	18	14,199	695,081	4,019	3.5	41,766
CNS Drugs	1.0	0.5	0.1	79	60	9	82	129	125	23	178,869	14,629,797	17,541	15.1	184,589
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	35	27	2	65	76	56	40	8,325	542,233	1,429	1.2	15,512
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	54	53	0	117	125	130	37	3,986	465,321	816	0.7	8,560
Analgesics and Anesthetics	0.6	0.2	0.0	38	27	3	62	127	94	22	140,634	8,660,140	22,160	19.1	227,038
Neuromuscular Agents	0.8	0.3	0.1	47	33	3	60	113	52	24	87,251	5,216,115	10,510	9.1	112,057
Nutritional Products	0.4	0.0	0.1	7	0	3	4	17	19	25	29,838	498,166	7,372	6.4	72,795
Hematological Agents	0.7	0.2	0.1	65	44	3	91	186	22	51	25,573	2,337,290	3,398	2.9	36,100
Topical Products	0.3	0.1	0.0	11	7	1	3	38	59	43	43,377	1,663,736	14,984	12.9	156,261
Miscellaneous Products	0.5	0.2	0.1	109	79	15	202	396	224	54	3,448	696,977	610	0.5	6,413
Unknown Therapeutic Category	0.3	0.0	0.0	10	0	0	38	0	0	0	2,991	114,794	1,070	0.9	11,772
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,126,401	66,314,642	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Nevada, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001. 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](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, 0.4 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](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<sup>a, b, c</sup>  
 NEVADA, 2001

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	\$8,033,982	7,714	6.7 %	84,797	0.6	\$165	\$95	
ANALGESICS - Narcotic	5,174,488	23,079	19.9	243,658	0.4	57	21	
ANTIDEPRESSANTS	4,990,285	13,505	11.7	145,476	0.5	67	34	
ULCER DRUGS	4,678,842	9,975	8.6	107,857	0.5	93	43	
ANTICONVULSANT	4,219,949	7,884	6.8	86,325	0.7	75	49	
ANALGESICS - ANTI-INFLAMMATORY	2,830,150	12,063	10.4	130,323	0.3	69	22	
ANTIASTHMATIC	2,725,340	14,700	12.7	154,305	0.4	48	18	
ANTIDIABETIC	2,362,700	6,997	6.0	76,203	0.6	49	31	
ANTIHYPERTENSIVE	2,312,017	10,162	8.8	111,487	0.6	36	21	
ANTIVIRAL	2,253,753	1,919	1.7	20,789	0.4	295	108	
Total	39,581,506	107,998		1,161,220	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2001 file for Nevada, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001. 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 2001. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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.