

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

FOR DUAL ELIGIBLE BENEFICIARIES

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

SUPPLEMENTAL TABLES

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLE

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	17,933	10,802	6,964	165	2	0	181,969	108,375	72,454	1,135	5	0
Age												
5 and younger	2	0	2	0	0	0	17	0	17	0	0	0
6-14	6	0	6	0	0	0	66	0	66	0	0	0
15-20	38	0	37	0	1	0	373	0	372	0	1	0
21-44	2,999	2	2,878	118	1	0	30,876	13	30,038	821	4	0
45-64	3,382	46	3,298	38	0	0	35,160	431	34,458	271	0	0
65-74	4,523	3,967	551	5	0	0	46,558	40,973	5,561	24	0	0
75-84	4,357	4,214	139	4	0	0	44,124	42,701	1,404	19	0	0
85 and older	2,626	2,573	53	0	0	0	24,795	24,257	538	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	11,982	7,878	3,995	108	1	0	123,117	80,083	42,234	796	4	0
Male	5,950	2,924	2,968	57	1	0	58,840	28,292	30,208	339	1	0
Unknown	1	0	1	0	0	0	12	0	12	0	0	0
Race												
White	13,025	7,672	5,237	115	1	0	130,357	75,241	54,328	784	4	0
African American	1,673	668	979	26	0	0	17,615	7,016	10,395	204	0	0
Other/unknown	3,235	2,462	748	24	1	0	33,997	26,118	7,731	147	1	0
Use of Nursing Facilities^c												
Entire year	2,585	2,356	229	0	0	0	23,721	21,400	2,321	0	0	0
Part year	1,279	1,116	162	1	0	0	12,143	10,528	1,607	8	0	0
None	14,069	7,330	6,573	164	2	0	146,105	76,447	68,526	1,127	5	0
Maintenance Assistance Status												
Cash	11,821	6,211	5,475	134	1	0	123,418	66,166	56,313	938	1	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	499	239	247	13	0	0	5,075	2,438	2,579	58	0	0
Other/unknown	5,613	4,352	1,242	18	1	0	53,476	39,771	13,562	139	4	0
Dual Medicare Status^d												
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
Managed Care Status												
FFS all year	17,819	10,747	6,937	133	2	0	181,305	108,022	72,271	1,007	5	0
FFS part year, with Rx claims	83	47	18	18	0	0	514	316	129	69	0	0
FFS part year, no Rx claims	31	8	9	14	0	0	150	37	54	59	0	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 D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	82.3 %	34.3	\$1,863	\$54	\$10,019	18.6 %	17,933
Age							
5 and younger	100.0	16.5	2,387	145	108,608	2.2	2
6-14	100.0	47.2	4,540	96	58,369	7.8	6
15-20	76.3	18.7	1,494	80	14,627	10.2	38
21-44	76.1	23.8	2,095	88	9,928	21.1	2,999
45-64	82.0	40.5	2,658	66	9,884	26.9	3,382
65-74	80.9	33.2	1,615	49	6,364	25.4	4,523
75-84	84.3	35.9	1,594	44	10,119	15.7	4,357
85 and older	88.8	37.9	1,447	38	16,176	8.9	2,626
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	84.3	35.7	1,576	44	10,311	15.3	10,802
Disabled	79.8	32.7	2,329	71	9,724	23.9	6,964
Adults	55.2	15.3	1,013	66	3,483	29.1	165
Children	0.0	0.0	0	0	0	0.0	2
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	85.8	38.4	1,963	51	9,979	19.7	11,982
Male	75.3	26.1	1,660	64	10,079	16.5	5,950
Unknown	100.0	93.0	10,084	108	133,354	7.6	1
Race							
White	82.7	36.8	1,983	54	11,409	17.4	13,025
African American	81.7	31.2	1,832	59	7,956	23.0	1,673
Other/unknown	81.2	26.0	1,394	54	5,494	25.4	3,235
Use of Nursing Facilities^d							
Entire year	92.2	52.3	2,080	40	27,511	7.6	2,585
Part year	90.5	45.0	1,879	42	18,769	10.0	1,279
None	79.7	30.1	1,822	61	6,010	30.3	14,069
Maintenance Assistance Status							
Cash	81.5	30.8	1,859	60	4,836	38.5	11,821
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	46.3	6.5	282	43	2,130	13.2	499
Other/unknown	87.3	44.2	2,011	46	21,638	9.3	5,613

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 D.3 includes beneficiaries represented by Cell G of Table 1.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	3.4	\$184	18.6 %	17.7 %	21.0 %	13.3 %	27.8 %	16.2 %	4.0 %	\$987	17,933	181,969
Age												
5 and younger	1.9	281	2.2	0.0	50.0	50.0	0.0	0.0	0.0	12,777	2	17
6-14	4.3	413	7.8	0.0	16.7	0.0	50.0	33.3	0.0	5,306	6	66
15-20	1.9	152	10.2	23.7	36.8	13.2	21.1	5.3	0.0	1,490	38	373
21-44	2.3	204	21.1	23.9	30.5	13.4	21.9	8.6	1.7	964	2,999	30,876
45-64	3.9	256	26.9	18.0	18.6	11.9	27.5	17.9	6.1	951	3,382	35,160
65-74	3.2	157	25.4	19.1	21.6	13.8	26.7	15.3	3.6	618	4,523	46,558
75-84	3.5	157	15.7	15.7	18.2	13.6	30.5	17.8	4.2	999	4,357	44,124
85 and older	4.0	153	8.9	11.2	16.4	13.6	32.8	21.4	4.6	1,713	2,626	24,795
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	3.6	157	15.3	15.7	19.0	13.6	29.7	17.8	4.2	1,028	10,802	108,375
Disabled	3.1	224	23.9	20.2	24.1	12.9	25.3	13.8	3.8	935	6,964	72,454
Adults	2.2	147	29.1	44.8	18.8	12.7	15.8	6.7	1.2	506	165	1,135
Children	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	5
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.7	191	19.7	14.2	19.2	13.7	29.6	18.4	4.9	971	11,982	123,117
Male	2.6	168	16.5	24.7	24.6	12.4	24.4	11.7	2.2	1,019	5,950	58,840
Unknown	7.8	840	7.6	0.0	0.0	0.0	0.0	100.0	0.0	11,113	1	12
Race												
White	3.7	198	17.4	17.3	19.1	12.3	28.1	18.2	4.9	1,140	13,025	130,357
African American	3.0	174	23.0	18.3	25.2	13.2	26.8	14.2	2.3	756	1,673	17,615
Other/unknown	2.5	133	25.4	18.8	26.1	17.3	27.4	9.1	1.2	523	3,235	33,997
use of nursing Facilities^d												
Entire year	5.7	227	7.6	7.8	8.4	8.8	33.9	29.4	11.6	2,998	2,585	23,721
Part year	4.7	198	10.0	9.5	13.6	12.0	32.7	24.6	7.6	1,977	1,279	12,143
None	2.9	175	30.3	20.3	23.9	14.2	26.3	13.0	2.3	579	14,069	146,105
Maintenance Assistance Status												
Cash	3.0	178	38.5	18.5	23.9	15.0	26.9	13.3	2.4	463	11,821	123,418
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.6	28	13.2	53.7	31.1	8.2	6.2	0.8	0.0	210	499	5,075
Other/unknown	4.6	211	9.3	12.7	13.8	10.2	31.9	23.6	7.7	2,271	5,613	53,476

Table D4

Dual Eligible Beneficiaries

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 D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. 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 D.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2001

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	3.4	\$184	\$54	1.6	\$137	\$87	0.2	\$13	\$53	1.6	\$34	\$22
Age												
5 and younger	1.9	281	145	0.4	264	640	0.0	0	0	1.5	17	11
6-14	4.3	413	96	1.7	314	187	0.7	61	85	1.9	38	20
15-20	1.9	152	80	1.0	110	112	0.2	13	86	0.8	29	38
21-44	2.3	204	88	1.1	158	146	0.2	16	94	1.1	29	28
45-64	3.9	256	66	1.8	188	104	0.3	19	73	1.8	48	27
65-74	3.2	157	49	1.6	118	75	0.2	10	45	1.4	29	20
75-84	3.5	157	44	1.7	117	70	0.3	10	38	1.6	31	19
85 and older	4.0	153	38	1.7	110	64	0.3	11	35	2.0	33	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.6	157	44	1.7	116	70	0.3	10	39	1.6	30	19
Disabled	3.1	224	71	1.5	168	114	0.2	17	77	1.4	38	27
Adults	2.2	147	66	0.9	102	116	0.2	17	105	1.2	28	24
Children	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	3.7	191	51	1.8	142	81	0.3	13	50	1.7	36	21
Male	2.6	168	64	1.2	127	105	0.2	12	64	1.2	29	23
Unknown	7.8	840	108	4.4	786	178	0.3	28	83	3.0	27	9
Race												
White	3.7	198	54	1.7	147	88	0.3	14	54	1.7	37	21
African American	3.0	174	59	1.4	132	97	0.2	12	58	1.4	30	21
Other/unknown	2.5	133	54	1.3	102	78	0.1	7	47	1.0	24	24
Use of Nursing Facilities^e												
Entire year	5.7	227	40	2.4	164	68	0.4	15	39	2.9	47	16
Part year	4.7	198	42	2.0	143	71	0.3	13	41	2.4	42	17
None	2.9	175	61	1.4	132	94	0.2	12	59	1.3	31	24
Maintenance Assistance Status												
Cash	3.0	178	60	1.4	134	93	0.2	12	60	1.3	31	24
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.6	28	43	0.3	20	75	0.1	2	44	0.3	5	16
Other/unknown	4.6	211	46	2.0	155	77	0.3	14	44	2.3	42	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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies 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 (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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total			Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Benes	No. of Bene Mos			
	Patented			Off-Patent			Generic										
	Brand-Name	Off-Patent Brand-Name	Generic Brand-Name	Brand-Name	Off-Patent Brand-Name	Generic Brand-Name	Patented Brand-Name	Off-Patent Brand-Name	Generic Brand-Name								
Anti-infective Agents	0.3	0.2	0.0	0.1	\$23	\$21	\$0	\$2	\$77	\$121	\$113	\$16	28,925	\$2,213,622	8,562	47.7 %	94,470
Biologics	0.1	0.1	0.0	0.0	84	1	6	76	716	14	5,326	2,056	400	286,246	302	1.7	3,420
Antineoplastic Agents	0.5	0.2	0.1	0.2	82	52	15	14	170	293	149	72	3,492	594,837	728	4.1	7,296
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	33	27	1	4	36	55	19	13	68,048	2,456,140	6,848	38.2	74,665
Cardiovascular Agents	1.5	0.6	0.1	0.7	53	35	3	14	36	55	30	20	150,033	5,419,930	9,565	53.3	103,013
Respiratory Agents	0.7	0.4	0.0	0.3	32	25	0	6	48	63	43	24	45,362	2,161,414	6,128	34.2	67,580
Gastrointestinal Agents	0.6	0.4	0.0	0.2	55	46	3	6	84	126	79	24	39,741	3,346,365	5,644	31.5	61,154
Genitourinary Agents	0.4	0.3	0.0	0.1	22	20	0	2	52	67	38	17	9,186	477,504	1,914	10.7	21,259
CNS Drugs	1.0	0.5	0.1	0.5	76	58	8	10	73	115	119	22	89,025	6,521,140	8,012	44.7	86,109
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.1	0.2	57	38	9	9	104	130	143	50	245	25,587	41	0.2	451
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	63	62	0	1	118	124	0	26	3,334	392,762	607	3.4	6,271
Analgesics and Anesthetics	0.8	0.3	0.0	0.4	48	36	4	9	63	115	83	22	73,641	4,644,290	8,808	49.1	96,420
Neuromuscular Agents	0.8	0.3	0.1	0.5	47	32	3	12	55	104	49	25	40,440	2,240,847	4,398	24.5	47,993
Nutritional Products	0.6	0.0	0.1	0.4	10	0	4	6	17	23	26	14	18,014	314,672	3,022	16.9	32,151
Hematological Agents	0.8	0.3	0.1	0.4	39	31	2	6	51	117	20	16	18,916	965,150	2,324	13.0	24,746
Topical Products	0.4	0.2	0.0	0.2	15	11	1	3	41	58	44	20	23,185	941,255	5,609	31.3	62,342
Miscellaneous Products	0.6	0.2	0.1	0.3	111	69	25	17	189	338	229	63	1,813	342,562	296	1.7	3,080
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	36	0	0	0	1,752	63,554	565	3.2	6,276
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.	615,552	33,407,877	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 D.6 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.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_mdmb.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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2001

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$3,340,655	3,372	18.8 %	36,699	0.6	\$152
ULCER DRUGS	2,958,832	5,664	31.6	62,149	0.5	91
ANALGESICS - Narcotic	2,515,148	9,298	51.8	102,731	0.4	56
ANTIDEPRESSANTS	2,337,998	5,936	33.1	64,802	0.6	62
ANALGESICS - ANTI-INFLAMMATORY	1,860,068	5,615	31.3	63,538	0.4	76
ANTICONVULSANT	1,704,818	3,350	18.7	36,887	0.7	67
ANTIHYPERTENSIVE	1,578,579	6,423	35.8	70,770	0.6	37
ANTHYPERLIPIDEMIC	1,494,143	2,898	16.2	32,759	0.6	80
ANTIDIABETIC	1,459,484	4,323	24.1	47,702	0.6	48
ANTIASTHMATIC	1,249,960	5,434	30.3	59,008	0.4	48
Total	20,499,685	52,313		577,045	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 D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 (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; n.a. = not applicable.

TABLE D.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}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS				
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	304,914	\$20,499,685	3,372	0.6	18.8 %	36,699	0.6	\$91	5,664	31.6 %	62,149	0.5	\$48
Female	222,550	14,376,601	2,183	0.6	18.2	23,732	0.6	75	4,182	34.9	46,139	0.5	48
Disabled	80,422	6,398,380	943	0.6	23.6	10,731	0.6	99	1,310	32.8	14,954	0.5	54
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	45	2,079	0	0.0	0.0	0	0.0	0	2	50.0	24	0.6	41
15-20	101	13,297	2	0.7	20.0	23	0.7	112	2	20.0	23	0.1	6
21-44	20,173	1,868,433	442	0.6	32.9	5,020	0.6	106	275	20.4	3,151	0.4	43
45-64	51,628	4,027,273	452	0.6	21.3	5,184	0.6	98	856	40.3	9,782	0.5	58
65-74	6,568	386,035	34	0.4	9.3	372	0.4	32	125	34.3	1,441	0.5	54
75-84	1,214	67,012	6	0.7	5.7	66	0.7	62	30	28.6	338	0.3	28
85 and older	693	34,251	7	0.4	16.7	66	0.4	43	20	47.6	195	0.5	45
Other Eligibles	142,128	7,978,221	1,240	0.5	15.5	13,001	0.5	56	2,872	36.0	31,185	0.5	46
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	673	47,750	12	0.4	13.6	133	0.4	41	13	14.8	138	0.4	48
45-64	1,328	94,539	8	0.3	15.4	88	0.3	68	23	44.2	265	0.5	47
65-74	49,819	2,997,272	306	0.5	11.5	3,323	0.5	68	945	35.6	10,621	0.5	45
75-84	55,156	3,104,627	451	0.6	14.8	4,737	0.6	57	1,158	38.1	12,553	0.5	46
85 and older	35,152	1,734,033	463	0.5	21.5	4,720	0.5	47	733	34.1	7,608	0.7	47
Male	82,321	6,115,901	1,187	0.7	19.9	12,943	0.7	120	1,482	24.9	16,010	0.5	45
Disabled	40,767	3,834,801	794	0.7	26.8	9,062	0.7	144	626	21.1	6,937	0.5	48
5 and younger	2	85	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	13	335	0	0.0	0.0	0	0.0	0	1	50.0	12	0.9	23
15-20	246	21,054	5	0.7	18.5	60	0.7	111	5	18.5	54	0.2	16
21-44	18,273	2,031,829	510	0.7	33.3	5,827	0.7	148	257	16.8	2,907	0.5	49
45-64	19,096	1,560,892	263	0.7	22.4	2,983	0.7	142	294	25.1	3,225	0.5	48
65-74	2,372	168,878	12	0.4	6.4	144	0.4	67	53	28.3	563	0.5	44
75-84	641	45,619	3	0.7	8.8	36	0.7	74	11	32.4	116	0.6	82
85 and older	124	6,109	1	0.2	9.1	12	0.2	6	5	45.5	60	0.4	17
Other Eligibles	41,554	2,281,100	393	0.6	13.2	3,881	0.6	62	856	28.7	9,073	0.5	43
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	103	6,207	3	0.9	9.1	30	0.9	59	1	3.0	12	0.3	16
45-64	321	14,399	5	0.5	15.6	44	0.5	42	6	18.8	60	0.6	25
65-74	18,794	1,070,209	122	0.6	9.3	1,261	0.6	65	386	29.3	4,229	0.5	42
75-84	17,187	933,517	174	0.6	14.8	1,729	0.6	68	325	27.7	3,439	0.6	47
85 and older	5,149	256,768	89	0.5	21.0	817	0.5	47	138	32.5	1,333	0.6	39
Unknown	43	7,183	2	0.8	200.0	24	0.8	209	0	0.0	0	0.0	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 D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.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 D.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}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2001

Beneficiary Characteristics	ANALGESICS - Narcotic				ANTIDEPRESSANTS				ANALGESICS - ANTI-INFLAMMATORY						
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	9,298	51.8 %	102,731	0.4	\$25	5,936	33.1 %	64,802	0.6	\$36	5,615	31.3 %	63,538	0.4	\$29
Female	6,877	57.4	76,356	0.4	24	4,477	37.4	49,117	0.6	36	4,302	35.9	48,844	0.4	31
Disabled	2,860	71.6	32,471	0.4	32	2,033	50.9	22,980	0.6	40	1,465	36.7	16,945	0.3	31
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	25.0	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	6	60.0	71	0.3	61	6	60.0	70	0.2	10	2	20.0	22	0.1	4
21-44	816	60.7	9,300	0.4	25	690	51.3	7,737	0.5	42	392	29.1	4,528	0.2	25
45-64	1,759	82.8	19,987	0.5	37	1,202	56.6	13,658	0.6	41	864	40.7	10,039	0.4	34
65-74	219	60.2	2,457	0.4	18	103	28.3	1,171	0.5	30	156	42.9	1,771	0.3	24
75-84	37	35.2	406	0.2	8	17	16.2	179	0.5	30	37	35.2	441	0.3	22
85 and older	22	52.4	238	0.6	13	15	35.7	165	0.5	23	14	33.3	144	0.4	23
Other Eligibles	4,017	50.3	43,885	0.5	18	2,444	30.6	26,137	0.6	32	2,837	35.5	31,899	0.4	31
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	53	60.2	563	0.4	14	31	35.2	327	0.5	40	17	19.3	186	0.3	25
45-64	45	86.5	489	0.8	55	32	61.5	348	0.6	44	22	42.3	244	0.3	21
65-74	1,398	52.7	15,734	0.4	18	757	28.5	8,398	0.6	32	1,028	38.7	11,790	0.4	31
75-84	1,521	50.0	16,614	0.4	18	906	29.8	9,724	0.6	31	1,117	36.7	12,621	0.4	30
85 and older	1,000	46.5	10,485	0.5	14	718	33.4	7,340	0.7	33	653	30.4	7,058	0.5	35
Male	2,418	40.6	26,339	0.4	27	1,458	24.5	15,673	0.6	36	1,312	22.1	14,682	0.3	23
Disabled	1,291	43.5	14,378	0.4	36	857	28.9	9,591	0.5	38	631	21.3	7,189	0.3	18
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	50.0	12	0.2	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	18.5	49	0.2	2	2	7.4	24	0.8	58	1	3.7	12	0.1	1
21-44	601	39.2	6,723	0.3	32	432	28.2	4,835	0.5	41	292	19.0	3,291	0.2	13
45-64	581	49.6	6,500	0.5	39	384	32.8	4,292	0.5	34	277	23.6	3,185	0.3	22
65-74	89	47.6	938	0.5	52	33	17.6	368	0.5	35	45	24.1	509	0.3	18
75-84	12	35.3	132	0.4	31	5	14.7	60	1.0	74	10	29.4	120	0.6	54
85 and older	2	18.2	24	0.9	23	1	9.1	12	0.4	2	6	54.5	72	0.3	40
Other Eligibles	1,127	37.8	11,961	0.4	17	601	20.2	6,082	0.6	33	681	22.8	7,493	0.4	29
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	8	24.2	76	0.2	6	4	12.1	31	0.6	22	3	9.1	36	0.1	9
45-64	20	62.5	195	0.4	13	6	18.8	54	0.7	46	8	25.0	70	0.4	9
65-74	538	40.9	5,851	0.4	16	213	16.2	2,267	0.6	34	325	24.7	3,675	0.4	26
75-84	408	34.7	4,362	0.4	19	261	22.2	2,641	0.6	32	262	22.3	2,858	0.4	31
85 and older	153	36.1	1,467	0.3	11	117	27.6	1,089	0.6	33	83	19.6	854	0.5	34
Unknown	3	300.0	36	0.1	2	1	100.0	12	1.1	82	1	100.0	12	0.1	1

Table D7B

Dual Eligible Beneficiaries

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 D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. 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 D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2001

Beneficiary Characteristics	ANTICONVULSANT					ANTIHYPERTENSIVE					ANTIHYPERLIPIDEMIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	3,350	18.7 %	36,887	0.7	\$46	6,423	35.8 %	70,770	0.6	\$22	2,898	16.2 %	32,759	0.6	\$46
Female	2,173	18.1	23,887	0.7	41	4,604	38.4	51,102	0.6	23	2,148	17.9	24,333	0.6	46
Disabled	1,130	28.3	12,885	0.7	51	1,054	26.4	11,848	0.6	22	684	17.1	7,852	0.5	46
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	3	75.0	24	0.6	24	1	25.0	12	0.8	29
15-20	5	50.0	59	0.7	90	4	40.0	48	0.1	3	0	0.0	0	0.0	0
21-44	475	35.3	5,422	0.7	60	155	11.5	1,767	0.5	20	87	6.5	1,036	0.5	38
45-64	603	28.4	6,901	0.7	46	670	31.5	7,583	0.6	22	479	22.5	5,495	0.6	48
65-74	34	9.3	371	0.4	21	155	42.6	1,707	0.6	22	95	26.1	1,070	0.5	39
75-84	8	7.6	85	0.7	28	46	43.8	509	0.6	23	16	15.2	183	0.6	54
85 and older	5	11.9	47	0.4	11	21	50.0	210	0.6	26	6	14.3	56	0.6	43
Other Eligibles	1,043	13.1	11,002	0.7	29	3,550	44.4	39,254	0.6	23	1,464	18.3	16,481	0.6	46
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	9	10.2	87	0.6	73	8	9.1	77	0.5	26	4	4.5	48	0.1	9
45-64	17	32.7	171	0.6	55	21	40.4	216	0.5	18	14	26.9	156	0.5	34
65-74	358	13.5	3,898	0.6	31	1,213	45.7	13,689	0.6	23	716	27.0	8,092	0.6	46
75-84	396	13.0	4,228	0.7	28	1,444	47.5	16,016	0.6	23	587	19.3	6,624	0.6	45
85 and older	263	12.2	2,618	0.7	24	864	40.2	9,256	0.7	22	143	6.7	1,561	0.5	45
Male	1,176	19.8	12,988	0.7	56	1,819	30.6	19,668	0.6	22	750	12.6	8,426	0.6	46
Disabled	783	26.4	8,918	0.8	68	603	20.3	6,657	0.6	22	318	10.7	3,568	0.5	44
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.2	7	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	11	40.7	132	0.8	82	3	11.1	36	0.6	29	0	0.0	0	0.0	0
21-44	470	30.7	5,407	0.8	78	171	11.2	1,846	0.5	18	97	6.3	1,094	0.5	37
45-64	278	23.7	3,113	0.8	55	331	28.2	3,681	0.6	23	177	15.1	1,992	0.6	47
65-74	20	10.7	222	0.6	23	74	39.6	816	0.6	22	37	19.8	404	0.5	42
75-84	3	8.8	32	0.8	32	17	50.0	194	0.7	25	7	20.6	78	0.5	60
85 and older	1	9.1	12	0.2	2	6	54.5	72	0.5	14	0	0.0	0	0.0	0
Other Eligibles	393	13.2	4,070	0.7	29	1,216	40.8	13,011	0.6	22	432	14.5	4,858	0.6	48
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1	3.0	12	1.2	198	3	9.1	26	0.2	6	2	6.1	11	0.3	9
45-64	5	15.6	48	0.5	24	14	43.8	127	0.3	16	3	9.4	36	0.3	27
65-74	172	13.1	1,877	0.7	29	514	39.0	5,576	0.6	21	249	18.9	2,828	0.6	50
75-84	157	13.4	1,593	0.8	31	526	44.8	5,687	0.6	23	159	13.5	1,782	0.6	46
85 and older	58	13.7	540	0.6	20	159	37.5	1,595	0.7	21	19	4.5	201	0.5	40
Unknown	1	100.0	12	0.6	91	0	0.0	0	0.0	0	0	0.0	0	0.0	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 D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. 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 D.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}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2001

Beneficiary Characteristics	ANTI-DIABETIC				ANTI-ASTHMATIC				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	No. of Bene Mos
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$									
All	4,323	24.1 %	47,702	0.6	\$31	5,434	30.3 %	59,008	0.4	\$21	17,933	181,969					
Female																	
Disabled	3,150	26.3	34,901	0.6	31	3,991	33.3	43,752	0.4	22	11,982	123,117					
5 and younger	935	23.4	10,568	0.6	38	1,461	36.6	16,652	0.5	23	3,995	42,234					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
15-20	1	25.0	12	0.3	2	1	25.0	12	0.1	11	4	42					
21-44	0	0.0	0	0.0	0	1	10.0	11	0.2	3	10	112					
45-64	134	10.0	1,542	0.7	48	305	22.7	3,463	0.4	18	1,345	14,197					
65-74	651	30.6	7,399	0.6	36	982	46.2	11,228	0.5	25	2,125	22,662					
75-84	123	33.8	1,348	0.6	36	136	37.4	1,542	0.5	24	364	3,741					
85 and older	21	20.0	225	0.6	28	20	19.0	233	0.4	21	105	1,062					
Other Eligibles	5	11.9	42	0.6	41	16	38.1	163	0.5	14	42	418					
5 and younger	2,215	27.7	24,333	0.6	28	2,530	31.7	27,100	0.4	21	7,987	80,883					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
45-64	12	23.1	127	0.4	15	6	6.8	72	0.5	19	88	658					
65-74	898	33.8	10,065	0.6	30	29	55.8	338	0.5	24	52	453					
75-84	950	31.2	10,467	0.6	27	943	31.0	10,532	0.5	25	2,655	27,871					
85 and older	355	16.5	3,674	0.7	23	604	28.1	6,125	0.4	16	3,043	31,469					
Male																	
Disabled	1,173	19.7	12,801	0.6	31	1,443	24.3	15,256	0.4	19	5,950	58,840					
5 and younger	443	14.9	4,898	0.6	33	533	18.0	5,969	0.4	19	2,968	30,208					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	17					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24					
21-44	1	3.7	12	1.4	16	3	11.1	36	0.3	2	27	260					
45-64	110	7.2	1,227	0.6	35	199	13.0	2,232	0.4	16	1,533	15,841					
65-74	278	23.7	3,109	0.6	32	267	22.8	2,980	0.4	21	1,172	11,784					
75-84	44	23.5	440	0.7	38	42	22.5	457	0.3	15	187	1,820					
85 and older	9	26.5	98	0.7	30	16	47.1	192	0.5	25	34	342					
Other Eligibles	1	9.1	12	0.3	9	6	54.5	72	0.1	6	11	120					
5 and younger	730	24.5	7,903	0.6	29	910	30.5	9,287	0.4	19	2,982	28,632					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1					
45-64	1	3.0	12	0.6	4	1	3.0	12	0.3	8	33	180					
65-74	6	18.8	62	0.5	18	4	12.5	36	0.1	7	32	249					
75-84	367	27.9	4,068	0.7	34	412	31.3	4,346	0.5	23	1,317	13,126					
85 and older	292	24.9	3,112	0.6	24	365	31.1	3,794	0.4	16	1,175	11,251					
Unknown	64	15.1	649	0.6	24	128	30.2	1,099	0.4	17	424	3,825					
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12					

Table D7D

Dual Eligible Beneficiaries

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 D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. 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 D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2001

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	\$227	5.7	2,585	23,721
Age				
0-64	395	7.4	200	2,014
65-74	285	6.8	367	3,259
75-84	225	5.7	885	8,127
85 and older	177	5.0	1,133	10,321
Unknown	0	0.0	0	0
Gender				
Female	220	5.8	1,847	17,231
Male	244	5.4	738	6,490
Unknown	0	0.0	0	0
Race				
White	227	5.7	2,340	21,262
African American	208	4.9	97	986
Other/unknown	229	5.6	148	1,473
Basis of Eligibility^c				
Aged	210	5.5	2,356	21,400
Disabled	379	7.3	229	2,321
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2001 Medicaid enrollment. A total of 1,279 beneficiaries who were in nursing facilities for part of their enrollment and their 12,143 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}**
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total # of Rx	Total Rx \$	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic									
Anti-infective Agents	0.3	0.2	0.0	0.1	\$20	\$17	\$0	\$2	\$59	\$92	\$87	\$16	5,311	\$313,716	1,558	60.3 %	15,687
Biologics	0.1	0.1	0.0	0.0	1	1	0	0	14	11	0	34	207	2,997	205	7.9	2,317
Antineoplastic Agents	0.5	0.1	0.2	0.2	69	21	28	20	127	192	145	83	1,315	167,180	272	10.5	2,432
Endocrine/Metabolic Drugs	1.1	0.5	0.0	0.6	29	21	1	7	25	45	17	11	11,934	300,439	1,060	41.0	10,419
Cardiovascular Agents	1.8	0.6	0.2	1.0	42	24	3	15	24	39	21	15	29,242	690,984	1,678	64.9	16,316
Respiratory Agents	0.6	0.3	0.0	0.3	24	15	0	8	37	53	23	24	6,202	228,763	957	37.0	9,594
Gastrointestinal Agents	1.0	0.4	0.0	0.5	55	43	2	10	56	105	47	19	10,021	564,889	1,048	40.5	10,252
Genitourinary Agents	0.6	0.3	0.0	0.2	26	22	0	4	45	65	21	17	2,611	117,354	429	16.6	4,504
CNS Drugs	1.3	0.8	0.1	0.5	81	68	5	8	61	85	82	17	21,340	1,292,393	1,633	63.2	15,931
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.0	0.6	10	0	0	10	16	0	0	16	9	143	2	0.1	14
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	64	64	0	0	94	94	0	8	1,395	131,147	212	8.2	2,053
Analgesics and Anesthetics	1.2	0.6	0.1	0.5	48	38	4	6	40	63	41	12	15,360	609,664	1,294	50.1	12,775
Neuromuscular Agents	1.2	0.5	0.1	0.7	51	32	2	17	42	66	35	25	10,655	449,104	882	34.1	8,850
Nutritional Products	0.8	0.0	0.1	0.7	11	0	1	10	15	20	24	14	6,075	89,691	809	31.3	7,951
Hematological Agents	1.2	0.3	0.2	0.7	42	32	3	7	34	95	13	10	6,912	232,733	568	22.0	5,562
Topical Products	0.4	0.2	0.0	0.2	13	8	1	4	29	45	38	16	5,831	170,470	1,270	49.1	13,211
Miscellaneous Products	0.3	0.0	0.0	0.3	4	0	0	3	14	45	0	13	212	2,980	86	3.3	794
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	24	0	0	0	527	12,526	152	5.9	1,579
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.	135,159	5,377,173	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,279 beneficiaries who were in nursing facilities for part of their enrollment and their 12,143 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 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.
- 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, 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.

Table D9

Dual Eligible 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 D.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}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2001

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	\$659,563	911	35.2 %	9,253	0.7	\$106	\$71
ANTIDEPRESSANTS	525,478	1,269	49.1	12,833	0.8	52	41
ULCER DRUGS	517,360	1,066	41.2	10,706	0.8	63	48
ANTICONVULSANT	332,230	761	29.4	7,793	0.9	46	43
ANALGESICS - Narcotic	323,871	1,342	51.9	13,277	0.8	31	24
ANALGESICS - ANTI-INFLAMMATORY	273,691	654	25.3	6,820	0.6	63	40
ANTIHYPERTENSIVE	235,032	995	38.5	10,055	0.8	30	23
ANTI-DIABETIC	186,181	664	25.7	6,664	0.8	35	28
ANTINEOPLASTICS	167,180	266	10.3	2,428	0.5	127	69
CALCIUM BLOCKERS	165,257	492	19.0	4,760	0.9	38	35
Total	3,385,843	8,420		84,589	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,279 beneficiaries who were in nursing facilities for part of their enrollment and their 12,143 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 2001. 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 2001 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 D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2001

Beneficiary Characteristics	All Top 10 Drug Groups						ANTIPSYCHOTICS						ANTIDEPRESSANTS						
	No. of Rx	Rx \$	Users as %			Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Users as %			Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Users as %		
			Residents	NF	All-Year					Residents	NF	All-Year					Residents	NF	All-Year
All	65,380	\$3,385,843	911	35.2 %	9,253	0.7	\$71	1,269	49.1 %	12,633	0.8	\$41							
Female	47,590	2,376,285	640	34.7	6,489	0.7	67	939	50.8	9,530	0.8	40							
Disabled	4,585	268,166	45	39.8	472	0.8	101	86	76.1	959	0.8	47							
64 or younger	3,837	235,508	37	41.6	397	0.8	112	64	71.9	717	0.9	54							
65-74	348	17,606	2	25.0	9	1.0	48	9	112.5	101	0.6	28							
75-84	97	2,421	1	16.7	12	1.3	57	2	33.3	22	1.1	24							
85 and older	303	12,631	5	50.0	54	0.4	42	11	110.0	119	0.4	23							
Other Eligibles	43,005	2,108,119	595	34.3	6,017	0.7	64	853	49.2	8,571	0.8	39							
64 or younger	121	5,051	2	40.0	16	0.4	36	2	40.0	14	0.9	65							
65-74	6,619	345,723	91	47.2	918	0.7	90	130	67.4	1,271	0.9	48							
75-84	16,097	804,961	234	39.6	2,390	0.7	64	324	54.8	3,260	0.8	38							
85 and older	20,168	952,384	268	28.4	2,693	0.6	56	397	42.0	4,026	0.8	38							
Male	17,790	1,009,558	271	36.7	2,764	0.7	81	330	44.7	3,303	0.8	44							
Disabled	4,210	311,291	54	46.6	632	0.7	119	74	63.8	814	0.7	47							
64 or younger	3,662	279,997	48	48.5	560	0.7	128	65	65.7	727	0.7	44							
65-74	452	23,539	4	28.6	48	0.2	27	8	57.1	75	1.0	84							
75-84	87	7,692	2	100.0	24	1.0	109	1	50.0	12	1.1	10							
85 and older	9	63	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
Other Eligibles	13,580	698,267	217	34.9	2,132	0.7	70	256	41.2	2,489	0.8	43							
64 or younger	153	7,162	4	57.1	36	0.5	42	2	28.6	18	1.2	79							
65-74	4,367	223,038	53	34.9	543	0.7	72	69	45.4	695	0.8	53							
75-84	6,469	336,571	105	36.7	1,042	0.7	81	122	42.7	1,192	0.8	40							
85 and older	2,591	131,496	55	31.1	511	0.6	47	63	35.6	584	0.7	33							
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 2001 file for Nevada, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,279 beneficiaries who were in nursing facilities for part of their enrollment and their 12,143 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 2001. 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 2001 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 D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2001

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						ANALGESICS - Narcotic					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx
All	1,066	10,706	0.8	761	7,793	0.9	443	1,342	51.9 %	13,277	0.8	\$24						
Female	735	7,441	0.8	483	4,896	0.9	37	1,003	54.3	10,058	0.8	24						
Disabled	48	530	0.8	75	832	1.3	65	82	72.6	891	1.0	30						
64 or younger	39	435	0.9	66	754	1.3	68	67	75.3	729	1.1	33						
65-74	4	48	0.6	5	37	1.2	69	6	75.0	58	1.3	23						
75-84	1	10	0.8	0	0	0.0	3	0	16.7	12	0.1	1						
85 and older	4	37	0.7	4	41	0.5	11	8	80.0	92	0.7	15						
Other Eligibles	687	6,911	0.8	408	4,064	0.9	32	921	53.1	9,167	0.7	23						
64 or younger	2	24	0.8	2	15	1.0	65	5	100.0	41	1.2	9						
65-74	78	757	0.7	79	751	0.9	35	119	61.7	1,065	1.1	38						
75-84	253	2,464	0.8	171	1,750	0.9	37	328	55.5	3,236	0.8	25						
85 and older	354	3,666	0.8	156	1,548	0.8	24	469	49.6	4,825	0.7	20						
Male	331	3,265	0.7	278	2,897	1.0	52	339	45.9	3,219	0.8	26						
Disabled	74	753	0.8	81	905	1.1	87	67	57.8	678	1.0	32						
64 or younger	59	602	0.8	75	833	1.1	90	54	54.5	573	0.9	34						
65-74	10	91	0.9	4	48	0.6	46	12	85.7	93	1.4	22						
75-84	4	48	0.6	2	24	0.8	37	1	50.0	12	0.1	1						
85 and older	1	12	0.8	0	0	0.0	0	0	0.0	0	0.0	0						
Other Eligibles	257	2,512	0.7	197	1,992	0.9	36	272	43.7	2,541	0.8	24						
64 or younger	3	36	0.8	4	42	0.9	20	3	42.9	36	1.1	24						
65-74	74	736	0.7	73	771	0.9	40	88	57.9	819	1.0	24						
75-84	111	1,115	0.8	83	848	1.0	37	121	42.3	1,169	0.8	29						
85 and older	69	625	0.7	37	331	0.8	25	60	33.9	517	0.4	12						
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 2001 file for Nevada, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,279 beneficiaries who were in nursing facilities for part of their enrollment and their 12,143 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 2001. 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 2001 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 D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2001

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE					ANTIDIABETIC				
	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	654	25.3 %	6,820	0.6	\$40	995	38.5 %	10,055	0.8	\$23	664	25.7 %	6,664	0.8	\$28
Female	517	28.0	5,464	0.7	41	694	37.6	7,139	0.8	24	479	25.9	4,797	0.8	26
Disabled	31	27.4	336	0.6	35	40	35.4	437	0.8	26	34	30.1	367	0.7	28
64 or younger	20	22.5	235	0.6	33	27	30.3	292	0.7	25	29	32.6	323	0.7	24
65-74	5	62.5	44	0.6	60	5	62.5	60	0.9	30	5	62.5	44	0.8	53
75-84	1	16.7	10	0.3	1	2	33.3	24	1.3	30	0	0.0	0	0.0	0
85 and older	5	50.0	47	0.6	29	6	60.0	61	0.9	23	0	0.0	0	0.0	0
Other Eligibles	486	28.0	5,128	0.7	41	654	37.7	6,702	0.8	24	445	25.7	4,430	0.8	26
64 or younger	1	20.0	7	0.9	56	1	20.0	12	0.4	3	0	0.0	0	0.0	0
65-74	56	29.0	579	0.6	39	101	52.3	1,031	0.8	26	85	44.0	886	0.8	31
75-84	182	30.8	1,917	0.7	43	226	38.2	2,260	0.8	24	196	33.2	1,911	0.8	28
85 and older	247	26.1	2,625	0.6	40	326	34.5	3,399	0.8	23	164	17.4	1,633	0.8	22
Male	137	18.6	1,356	0.5	38	301	40.8	2,916	0.8	22	185	25.1	1,867	0.8	32
Disabled	26	22.4	285	0.5	36	34	29.3	365	0.8	27	38	32.8	395	0.8	45
64 or younger	24	24.2	261	0.5	37	27	27.3	296	0.8	28	32	32.3	366	0.8	46
65-74	1	7.1	12	0.3	26	7	50.0	69	0.8	22	6	42.9	29	0.7	24
75-84	1	50.0	12	0.3	23	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	111	17.8	1,071	0.6	39	267	42.9	2,551	0.8	21	147	23.6	1,472	0.8	29
64 or younger	1	14.3	7	0.3	22	4	57.1	26	0.4	28	0	0.0	0	0.0	0
65-74	29	19.1	301	0.6	46	71	46.7	679	0.8	20	54	35.5	570	0.9	43
75-84	48	16.8	430	0.6	37	120	42.0	1,186	0.8	21	73	25.5	706	0.7	21
85 and older	33	18.6	333	0.5	34	72	40.7	660	0.7	23	20	11.3	196	0.7	12
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 2001 file for Nevada, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,279 beneficiaries who were in nursing facilities for part of their enrollment and their 12,143 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 2001. 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 2001 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 D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2001

Beneficiary Characteristics	ANTINEOPLASTICS										CALCIUM BLOCKERS									
	Users as %					Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	Mean Rx/\$	No. of Users	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	Mean Rx/\$	No. of Users	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	Mean Rx/\$	All-Year NF Residents	All-Year NF Residents	All-Year NF Residents	All-Year NF Residents	Bene Mos among All-Year NF Residents
All	266	10.3 %	2,428	0.5	\$69	492	19.0 %	4,760	0.9	\$35	2,585	23,721								
Female	204	11.0	1,868	0.6	69	382	20.7	3,725	0.9	35	1,847	17,231								
Disabled	10	8.8	113	0.9	278	12	10.6	131	1.0	48	113	1,180								
64 or younger	9	10.1	101	1.0	309	5	5.6	60	1.1	64	89	932								
65-74	0	0.0	0	0.0	0	2	25.0	24	1.0	46	8	81								
75-84	0	0.0	0	0.0	0	1	16.7	12	1.0	37	6	60								
85 and older	1	10.0	12	0.9	19	4	40.0	35	0.9	25	10	107								
Other Eligibles	194	11.2	1,755	0.5	55	370	21.3	3,594	0.9	35	1,734	16,051								
64 or younger	0	0.0	0	0.0	0	1	20.0	7	1.3	48	5	41								
65-74	28	14.5	226	0.6	55	40	20.7	352	0.9	39	193	1,750								
75-84	77	13.0	691	0.6	53	123	20.8	1,232	0.9	34	591	5,530								
85 and older	89	9.4	838	0.5	57	206	21.8	2,003	1.0	34	945	8,730								
Male	62	8.4	560	0.5	70	110	14.9	1,035	0.8	33	738	6,490								
Disabled	6	5.2	62	0.4	71	17	14.7	174	0.9	51	116	1,141								
64 or younger	5	5.1	57	0.3	57	12	12.1	132	0.9	46	99	980								
65-74	1	7.1	5	1.6	231	5	35.7	42	1.0	66	14	125								
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24								
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12								
Other Eligibles	56	9.0	498	0.5	70	93	15.0	861	0.8	30	622	5,349								
64 or younger	0	0.0	0	0.0	0	2	28.6	12	1.1	50	7	61								
65-74	8	5.3	83	0.5	61	22	14.5	204	0.9	38	152	1,303								
75-84	26	9.1	235	0.6	62	45	15.7	424	0.8	30	286	2,513								
85 and older	22	12.4	180	0.5	84	24	13.6	221	0.7	21	177	1,472								
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 2001 file for Nevada, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,279 beneficiaries who were in nursing facilities for part of their enrollment and their 12,143 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 2001. 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 2001 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 D.11
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEVADA, 2001

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Rx \$	Total No. of Benes
			2.8	41.0 %					
All	7,356	41.0 %	2.8	50,043	6	12	\$25	3.8 %	17,933
Age									
5 and younger	1	50.0	0.5	1	6	12	12	0.3	2
6-14	6	100.0	11.7	70	234	1,404	20	5.2	6
15-20	13	34.2	2.2	82	58	2,209	27	3.9	38
21-44	1,012	33.7	2.2	6,501	90	269,237	41	4.3	2,999
45-64	1,522	45.0	3.5	11,808	134	451,973	38	5.0	3,382
65-74	1,764	39.0	2.5	11,501	49	220,214	19	3.0	4,523
75-84	1,791	41.1	2.7	11,584	43	187,691	16	2.7	4,357
85 and older	1,247	47.5	3.2	8,496	49	128,325	15	3.4	2,626
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	4,523	41.9	2.8	29,939	47	503,048	17	3.0	10,802
Disabled	2,782	39.9	2.9	19,875	108	753,900	38	4.6	6,964
Adults	51	30.9	1.4	229	25	4,117	18	2.5	165
Children	0	0.0	0.0	0	0	0	0	0.0	2
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	5,426	45.3	3.2	38,227	84	1,006,616	26	4.3	11,982
Male	1,929	32.4	2.0	11,809	42	252,167	21	2.6	5,950
Unknown	1	100.0	7.0	7	2,282	2,282	326	22.6	1
Race									
White	5,513	42.3	3.0	39,613	75	970,624	25	3.8	13,025
African American	657	39.3	2.5	4,254	51	85,257	20	2.8	1,673
Other/unknown	1,186	36.7	1.9	6,176	63	205,184	33	4.5	3,235
Use of Nursing Facilities^d									
Entire year	1,256	48.6	4.0	10,305	64	166,170	16	3.1	2,585
Part year	697	54.5	3.7	4,744	55	70,292	15	2.9	1,279
None	5,403	38.4	2.5	34,994	73	1,024,603	29	4.0	14,069
Maintenance Assistance Status									
Cash	4,628	39.2	2.5	29,531	76	900,709	31	4.1	11,821
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	97	19.4	0.6	314	12	5,911	19	4.2	499
Other/unknown	2,631	46.9	3.6	20,198	63	354,445	18	3.1	5,613

Table D11

Dual Eligible Beneficiaries

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
 - b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
 - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEVADA, 2001

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
	0.3	\$7	\$25	\$0	\$2	181,969
Age						
5 and younger	0.1	1	12	1	0	17
6-14	1.1	21	20	0	0	66
15-20	0.2	6	27	0	3	373
21-44	0.2	9	41	0	4	30,876
45-64	0.3	13	38	0	4	35,160
65-74	0.2	5	19	0	2	46,558
75-84	0.3	4	16	0	1	44,124
85 and older	0.3	5	15	0	1	24,795
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	5	17	0	2	108,375
Disabled	0.3	10	38	0	3	72,454
Adults	0.2	4	18	0	2	1,135
Children	0.0	0	0	0	0	5
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.3	8	26	0	2	123,117
Male	0.2	4	21	0	2	58,840
Unknown	0.6	190	326	0	190	12
Race						
White	0.3	7	25	0	3	130,357
African American	0.2	5	20	0	2	17,615
Other/unknown	0.2	6	33	0	1	33,997
Use of Nursing Facilities^d						
Entire year	0.4	7	16	0	2	23,721
Part year	0.4	6	15	0	2	12,143
None	0.2	7	29	0	2	146,105
Maintenance Assistance Status						
Cash	0.2	7	31	0	2	123,418
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	19	0	1	5,075
Other/unknown	0.4	7	18	0	3	53,476

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
- b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 NEVADA, 2001

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	9,895	\$127	\$1,261,065	100.0 %	50,043	\$25	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	1	164	164	0.0	4	41	0.0
Drugs for cosmetic purposes	1	13	13	0.0	1	13	0.0
Cough and cold medications	2,238	81	180,715	14.3	5,404	33	10.8
Vitamins and minerals	3,036	103	313,268	24.8	17,948	17	35.9
Non-prescription drugs	824	49	40,593	3.2	4,047	10	8.1
Barbiturates	167	76	12,714	1.0	1,566	8	3.1
Benzodiazepines	3,400	120	409,224	32.5	20,216	20	40.4
Other Part D Excl Rx Drugs	228	1,335	304,374	24.1	857	355	1.7

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2001. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 NEVADA, 2001

Total Number of Dual Eligible Beneficiaries 17,933
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$33,407,877
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,863

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,174	17.7 %	\$0	0.0 %
1-500	4,061	22.6	854,190	2.6
501-1,000	2,233	12.5	1,648,804	4.9
1,001-1,500	1,690	9.4	2,094,993	6.3
1,501-2,000	1,319	7.4	2,293,495	6.9
2,001-2,500	1,037	5.8	2,331,281	7.0
2,501-3,000	767	4.3	2,099,413	6.3
3,001-3,500	646	3.6	2,085,987	6.2
3,501-4,000	542	3.0	2,025,390	6.1
4,001-4,500	435	2.4	1,847,928	5.5
4,501-5,000	332	1.9	1,574,570	4.7
5,001-5,500	254	1.4	1,330,727	4.0
5,501-6,000	248	1.4	1,426,134	4.3
6,001-6,500	183	1.0	1,140,897	3.4
6,501-7,000	135	0.8	914,203	2.7
7,001-7,500	137	0.8	992,615	3.0
7,501-8,000	104	0.6	807,166	2.4
8,001-8,500	98	0.5	810,079	2.4
8,501-9,000	56	0.3	489,510	1.5
9,001-9,500	56	0.3	516,678	1.5
9,501-10,000	62	0.3	605,311	1.8
10,001+	364	2.0	5,518,506	16.5

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

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

SUPPLEMENTAL TABLE 1A
MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^a, b, c
NEVADA, 2001

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 6,221
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$15,072,038
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$2,423

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
			20.2 %		0	0.0 %
\$0	1,255					
1-500	1,360		21.9	268,591		1.8
501-1,000	641		10.3	470,831		3.1
1,001-1,500	454		7.3	567,429		3.8
1,501-2,000	352		5.7	615,623		4.1
2,001-2,500	301		4.8	678,102		4.5
2,501-3,000	234		3.8	641,131		4.3
3,001-3,500	207		3.3	665,606		4.4
3,501-4,000	167		2.7	626,197		4.2
4,001-4,500	165		2.7	702,442		4.7
4,501-5,000	125		2.0	596,717		4.0
5,001-5,500	105		1.7	549,583		3.6
5,501-6,000	109		1.8	627,472		4.2
6,001-6,500	89		1.4	553,297		3.7
6,501-7,000	62		1.0	420,640		2.8
7,001-7,500	67		1.1	485,609		3.2
7,501-8,000	58		0.9	450,425		3.0
8,001-8,500	60		1.0	496,464		3.3
8,501-9,000	35		0.6	306,143		2.0
9,001-9,500	43		0.7	396,484		2.6
9,501-10,000	47		0.8	458,484		3.0
10,001+	285		4.6	4,494,768		29.8

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

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

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NEVADA, 2001

Total Number of Dual Eligible Beneficiaries, Age 65+ 11,506
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$18,046,599
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$1,569

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,840	16.0 %	0	0.0 %
1-500	2,662	23.1	578,869	3.2
501-1,000	1,572	13.7	1,164,271	6.5
1,001-1,500	1,229	10.7	1,518,412	8.4
1,501-2,000	956	8.3	1,658,545	9.2
2,001-2,500	727	6.3	1,632,726	9.0
2,501-3,000	526	4.6	1,439,109	8.0
3,001-3,500	433	3.8	1,400,877	7.8
3,501-4,000	369	3.2	1,377,070	7.6
4,001-4,500	266	2.3	1,128,576	6.3
4,501-5,000	205	1.8	968,513	5.4
5,001-5,500	147	1.3	770,631	4.3
5,501-6,000	137	1.2	787,230	4.4
6,001-6,500	93	0.8	581,112	3.2
6,501-7,000	70	0.6	473,021	2.6
7,001-7,500	69	0.6	499,829	2.8
7,501-8,000	45	0.4	348,910	1.9
8,001-8,500	38	0.3	313,615	1.7
8,501-9,000	21	0.2	183,367	1.0
9,001-9,500	13	0.1	120,194	0.7
9,501-10,000	15	0.1	146,827	0.8
10,001+	73	0.6	954,895	5.3

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

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

SUPPLEMENTAL TABLE 1D

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
NEVADA, 2001

Total Number of Dual Eligible Beneficiaries, Age 75-84 4,357
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$6,942,916
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,594

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	685	15.7 %	0	0.0 %
1-500	954	21.9	211,595	3.0
501-1,000	603	13.8	444,118	6.4
1,001-1,500	491	11.3	608,331	8.8
1,501-2,000	367	8.4	635,252	9.1
2,001-2,500	284	6.5	635,064	9.1
2,501-3,000	188	4.3	512,567	7.4
3,001-3,500	177	4.1	572,941	8.3
3,501-4,000	150	3.4	558,756	8.0
4,001-4,500	101	2.3	428,856	6.2
4,501-5,000	85	2.0	399,910	5.8
5,001-5,500	61	1.4	319,870	4.6
5,501-6,000	47	1.1	269,961	3.9
6,001-6,500	33	0.8	205,918	3.0
6,501-7,000	33	0.8	221,691	3.2
7,001-7,500	20	0.5	145,208	2.1
7,501-8,000	12	0.3	94,117	1.4
8,001-8,500	15	0.3	123,796	1.8
8,501-9,000	12	0.3	104,777	1.5
9,001-9,500	4	0.1	36,973	0.5
9,501-10,000	8	0.2	78,221	1.1
10,001+	27	0.6	334,994	4.8

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NEVADA, 2001

Total Number of Dual Eligible Beneficiaries, Age 85+ 2,626
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$3,798,651
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,447

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	293	11.2 %	0	0.0 %
1-500	718	27.3	155,325	4.1
501-1,000	411	15.7	303,333	8.0
1,001-1,500	269	10.2	329,922	8.7
1,501-2,000	232	8.8	402,637	10.6
2,001-2,500	166	6.3	375,680	9.9
2,501-3,000	136	5.2	373,331	9.8
3,001-3,500	96	3.7	312,532	8.2
3,501-4,000	92	3.5	342,077	9.0
4,001-4,500	64	2.4	270,409	7.1
4,501-5,000	39	1.5	185,268	4.9
5,001-5,500	30	1.1	155,910	4.1
5,501-6,000	23	0.9	131,482	3.5
6,001-6,500	14	0.5	88,195	2.3
6,501-7,000	9	0.3	61,144	1.6
7,001-7,500	7	0.3	49,973	1.3
7,501-8,000	5	0.2	38,350	1.0
8,001-8,500	8	0.3	66,221	1.7
8,501-9,000	2	0.1	17,443	0.5
9,001-9,500	1	0.0	9,152	0.2
9,501-10,000	2	0.1	19,733	0.5
10,001+	9	0.3	110,534	2.9

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2001

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	17,997	10,820	6,965	210	2	182,892	108,682	72,576	1,629	5	0
Age											
5 and younger	2	0	2	0	0	23	0	23	0	0	0
6-14	6	0	6	0	0	66	0	66	0	0	0
15-20	38	0	37	0	1	375	0	374	0	1	0
21-44	3,025	2	2,879	143	1	31,329	13	30,126	1,186	4	0
45-64	3,395	46	3,298	51	0	35,296	435	34,483	378	0	0
65-74	4,530	3,969	551	10	0	46,607	41,007	5,561	39	0	0
75-84	4,369	4,224	139	6	0	44,246	42,816	1,404	26	0	0
85 and older	2,632	2,579	53	0	0	24,950	24,411	539	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	12,027	7,895	3,996	135	1	123,809	80,345	42,334	1,126	4	0
Male	5,969	2,925	2,968	75	1	59,071	28,337	30,230	503	1	0
Unknown	1	0	1	0	0	12	0	12	0	0	0
Race											
White	13,068	7,687	5,238	142	1	130,989	75,490	54,389	1,106	4	0
African American	1,683	670	979	34	0	17,760	7,037	10,427	296	0	0
Other/unknown	3,246	2,463	748	34	1	34,143	26,155	7,760	227	1	0
Use of Nursing Facilities^c											
Entire year	2,587	2,358	229	0	0	23,754	21,433	2,321	0	0	0
Part year	1,282	1,119	162	1	0	12,307	10,684	1,611	12	0	0
None	14,128	7,343	6,574	209	2	146,831	76,565	68,644	1,617	5	0
Maintenance Assistance Status											
Cash	11,858	6,213	5,475	169	1	123,920	66,199	56,382	1,338	1	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	503	239	248	16	0	5,148	2,449	2,618	81	0	0
Other/unknown	5,636	4,368	1,242	25	1	53,824	40,034	13,576	210	4	0
Dual Status^d											
Full dual, all year	16,999	10,274	6,524	199	2	172,572	103,111	67,938	1,518	5	0
Full dual, part year	998	546	441	11	0	10,320	5,571	4,638	111	0	0
Managed Care Status											
FFS all year	17,819	10,747	6,937	133	2	181,302	108,019	72,271	1,007	5	0
FFS part year, with Rx claims	83	47	18	18	0	829	470	192	167	0	0
FFS part year, no Rx claims	31	8	9	14	0	288	58	102	128	0	0
MC all year, with Rx claims	15	12	0	3	0	139	111	0	28	0	0
MC all year, no Rx claims	49	6	1	42	0	334	24	11	299	0	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2001. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(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.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2001

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	17,997	182,892	17,933	181,966	0	926
FFS all year	17,819	181,302	17,819	181,302	0	0
FFS part year, with Rx claims	83	829	83	514	0	315
FFS part year, with no Rx claims	31	288	31	150	0	138
MC all year, with Rx claims	15	139	0	0	0	139
MC all year, with no Rx claims	49	334	0	0	0	334

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.