

**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002  
NEVADA**

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TABLE D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>19,774</b>	<b>11,925</b>	<b>7,657</b>	<b>191</b>	<b>1</b>	<b>0</b>	<b>200,323</b>	<b>119,776</b>	<b>79,254</b>	<b>1,282</b>	<b>11</b>	<b>0</b>
<b>Age</b>												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	5	0	5	0	0	0	60	0	60	0	0	0
15-20	49	0	46	2	1	0	501	0	476	14	11	0
21-44	3,350	0	3,209	141	0	0	34,288	0	33,313	975	0	0
45-64	3,787	44	3,704	39	0	0	39,230	406	38,584	240	0	0
65-74	4,991	4,483	500	8	0	0	51,334	46,459	4,825	50	0	0
75-84	4,754	4,624	130	0	0	0	48,172	46,836	1,336	0	0	0
85 and older	2,837	2,774	62	1	0	0	26,726	26,075	648	3	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	13,160	8,666	4,374	120	0	0	134,946	88,110	45,946	890	0	0
Male	6,613	3,259	3,282	71	1	0	65,365	31,666	33,296	392	11	0
Unknown	1	0	1	0	0	0	12	0	12	0	0	0
<b>Race</b>												
White	14,221	8,376	5,728	117	0	0	141,993	82,005	59,195	793	0	0
African American	1,863	720	1,107	36	0	0	19,459	7,636	11,575	248	0	0
Other/unknown	3,690	2,829	822	38	1	0	38,871	30,135	8,484	241	11	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,390	2,185	204	1	0	0	23,171	21,002	2,166	3	0	0
Part year	1,639	1,438	201	0	0	0	14,800	12,795	2,005	0	0	0
None	15,745	8,302	7,252	190	1	0	162,352	85,979	75,083	1,279	11	0
<b>Maintenance Assistance Status</b>												
Cash	12,579	6,781	5,627	170	1	0	130,688	72,257	57,272	1,148	11	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	622	220	393	9	0	0	6,382	2,268	4,063	51	0	0
Other/unknown	6,573	4,924	1,637	12	0	0	63,253	45,251	17,919	83	0	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	18,494	11,275	7,042	176	1	0	187,111	113,163	72,798	1,139	11	0
Full dual, part year	1,280	650	615	15	0	0	13,212	6,613	6,456	143	0	0
<b>Managed Care Status</b>												
FFS all year	19,685	11,924	7,633	128	0	0	199,884	119,767	79,111	1,006	0	0
FFS part year, with Rx claims	52	1	13	37	1	0	291	9	101	170	11	0
FFS part year, no Rx claims	37	0	11	26	0	0	148	0	42	106	0	0

Table D2

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002. 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<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

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	84.7 %	38.9	\$2,214	\$57	\$11,312	19.6 %	19,774
<b>Age</b>							
5 and younger	100.0	22.0	198	9	5,327	3.7	1
6-14	100.0	36.8	4,944	134	18,058	27.4	5
15-20	71.4	17.0	1,277	75	8,533	15.0	49
21-44	78.9	28.0	2,528	90	11,873	21.3	3,350
45-64	84.6	46.5	3,166	68	11,174	28.3	3,787
65-74	84.0	38.4	1,955	51	7,691	25.4	4,991
75-84	86.6	40.5	1,866	46	11,110	16.8	4,754
85 and older	90.0	40.3	1,620	40	17,577	9.2	2,837
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	86.5	39.9	1,852	46	11,483	16.1	11,925
Disabled	82.3	37.9	2,803	74	11,245	24.9	7,657
Adults	66.5	19.2	1,165	61	3,348	34.8	191
Children	100.0	39.0	2,429	62	3,317	73.2	1
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	87.9	43.2	2,318	54	11,114	20.9	13,160
Male	78.3	30.4	2,004	66	11,688	17.1	6,613
Unknown	100.0	102.0	10,905	107	119,654	9.1	1
<b>Race</b>							
White	85.1	41.4	2,353	57	12,929	18.2	14,221
African American	83.4	36.3	2,166	60	9,380	23.1	1,863
Other/unknown	84.0	30.6	1,702	56	6,056	28.1	3,690
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	95.9	59.6	2,533	43	32,767	7.7	2,390
Part year	93.2	46.4	2,002	43	20,078	10.0	1,639
None	82.1	35.0	2,187	63	7,142	30.6	15,745
<b>Maintenance Assistance Status</b>							
Cash	83.4	36.0	2,258	63	5,305	42.6	12,579
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	68.2	17.2	960	56	3,619	26.5	622
Other/unknown	88.8	46.6	2,247	48	23,535	9.5	6,573

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

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
<b>All</b>	<b>3.8</b>	<b>\$219</b>	<b>19.6 %</b>	<b>15.3 %</b>	<b>19.5 %</b>	<b>11.7 %</b>	<b>28.2 %</b>	<b>19.6 %</b>	<b>5.7 %</b>	<b>\$1,117</b>	<b>19,774</b>	<b>200,323</b>
<b>Age</b>												
5 and younger	1.8	17	3.7	0.0	0.0	100.0	0.0	0.0	0.0	444	1	12
6-14	3.1	412	27.4	0.0	40.0	20.0	0.0	40.0	0.0	1,505	5	60
15-20	1.7	125	15.0	28.6	32.7	12.2	24.5	2.0	0.0	835	49	501
21-44	2.7	247	21.3	21.1	29.5	12.6	22.4	11.3	3.2	1,160	3,350	34,288
45-64	4.5	306	28.3	15.4	17.0	10.5	26.7	21.2	9.1	1,079	3,787	39,230
65-74	3.7	190	25.4	16.0	20.5	11.9	26.9	19.3	5.3	748	4,991	51,334
75-84	4.0	184	16.8	13.4	16.0	11.8	31.7	21.9	5.2	1,097	4,754	48,172
85 and older	4.3	172	9.2	10.0	14.9	11.6	33.4	24.3	5.7	1,866	2,837	26,726
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	4.0	184	16.1	13.5	17.4	11.8	30.3	21.6	5.4	1,143	11,925	119,776
Disabled	3.7	271	24.9	17.7	22.6	11.7	25.1	16.7	6.2	1,086	7,657	79,254
Adults	2.9	174	34.8	33.5	27.2	6.3	17.3	13.1	2.6	499	191	1,282
Children	3.5	221	73.2	0.0	0.0	0.0	100.0	0.0	0.0	302	1	11
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	4.2	226	20.9	12.1	17.9	11.6	29.6	22.1	6.8	1,084	13,160	134,946
Male	3.1	203	17.1	21.7	22.8	11.9	25.4	14.6	3.6	1,183	6,613	65,365
Unknown	8.5	909	9.1	0.0	0.0	0.0	0.0	100.0	0.0	9,971	1	12
<b>Race</b>												
White	4.1	236	18.2	14.9	17.5	11.1	28.2	21.4	6.9	1,295	14,221	141,993
African American	3.5	207	23.1	16.6	23.2	12.1	25.9	18.1	4.1	898	1,863	19,459
Other/unknown	2.9	162	28.1	16.0	25.6	13.8	29.2	13.5	1.9	575	3,690	38,871
<b>use of nursing Facilities<sup>d</sup></b>												
Entire year	6.1	261	7.7	4.1	5.8	8.2	32.4	36.0	13.5	3,380	2,390	23,171
Part year	5.1	222	10.0	6.8	11.0	10.7	34.4	28.2	8.9	2,224	1,639	14,800
None	3.4	212	30.6	17.9	22.5	12.4	26.9	16.2	4.2	693	15,745	162,352
<b>Maintenance Assistance Status</b>												
Cash	3.5	217	42.6	16.6	22.1	12.7	27.5	16.8	4.2	511	12,579	130,688
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.7	94	26.5	31.8	32.0	13.0	16.4	5.3	1.4	353	622	6,382
Other/unknown	4.8	234	9.5	11.2	13.3	9.7	30.5	26.3	8.9	2,446	6,573	63,253

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

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
<b>All</b>	<b>3.8</b>	<b>\$219</b>	<b>\$57</b>	<b>1.7</b>	<b>\$158</b>	<b>\$95</b>	<b>0.3</b>	<b>\$14</b>	<b>\$54</b>	<b>1.9</b>	<b>\$46</b>	<b>\$24</b>
<b>Age</b>												
5 and younger	1.8	17	9	0.0	0	0	0.0	0	0	1.8	17	9
6-14	3.1	412	134	1.7	358	213	0.3	15	44	1.1	39	37
15-20	1.7	125	75	0.7	94	129	0.1	15	105	0.8	17	21
21-44	2.7	247	90	1.2	191	157	0.2	15	87	1.4	41	31
45-64	4.5	306	68	1.9	217	112	0.3	19	69	2.3	69	31
65-74	3.7	190	51	1.7	138	82	0.2	12	48	1.8	41	22
75-84	4.0	184	46	1.8	132	75	0.3	11	41	2.0	41	21
85 and older	4.3	172	40	1.7	118	69	0.3	12	37	2.2	41	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.0	184	46	1.7	132	76	0.3	12	42	2.0	41	21
Disabled	3.7	271	74	1.6	199	124	0.2	17	74	1.8	55	30
Adults	2.9	174	61	1.1	119	107	0.1	6	62	1.6	49	29
Children	3.5	221	62	1.5	188	122	0.4	7	20	1.6	26	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	4.2	226	54	1.8	162	88	0.3	14	50	2.1	50	24
Male	3.1	203	66	1.3	151	115	0.2	12	64	1.6	39	25
Unknown	8.5	909	107	4.6	769	168	0.9	87	95	3.0	52	17
<b>Race</b>												
White	4.1	236	57	1.8	170	96	0.3	15	53	2.1	51	24
African American	3.5	207	60	1.4	151	105	0.2	15	61	1.8	42	23
Other/unknown	2.9	162	56	1.4	119	84	0.2	9	55	1.3	33	25
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.1	261	43	2.5	183	74	0.4	17	38	3.2	61	19
Part year	5.1	222	43	2.0	154	76	0.4	15	39	2.7	52	19
None	3.4	212	63	1.5	155	102	0.2	13	60	1.6	44	27
<b>Maintenance Assistance Status</b>												
Cash	3.5	217	63	1.6	159	101	0.2	13	61	1.7	45	27
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.7	94	56	0.7	69	100	0.1	6	49	0.9	19	22
Other/unknown	4.8	234	48	2.0	165	84	0.3	16	45	2.5	52	21

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all 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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	No. Dual Benes	As % of Benes	No. of Bene Mos				
														Brand-Name	Brand-Name	Brand-Name	Brand-Name
Anti-infective Agents	0.3	0.2	0.0	0.1	\$28	\$24	\$1	\$3	\$86	\$134	\$92	\$20	35,202	\$3,013,204	9,832	49.7 %	107,645
Biologics	0.1	0.1	0.0	0.1	188	2	1	185	1336	21	645	2,990	318	424,813	197	1.0	2,263
Antineoplastic Agents	0.5	0.2	0.0	0.3	84	56	1	27	169	294	130	91	3,897	659,618	785	4.0	7,837
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.4	38	27	3	8	40	59	26	20	85,133	3,362,785	8,290	41.9	89,534
Cardiovascular Agents	1.6	0.6	0.1	0.8	59	38	5	16	38	62	37	20	186,172	7,027,954	11,208	56.7	119,637
Respiratory Agents	0.7	0.4	0.1	0.3	39	27	4	7	52	69	74	25	61,622	3,219,519	7,622	38.5	83,370
Gastrointestinal Agents	0.6	0.3	0.0	0.3	46	37	1	8	77	134	94	25	44,138	3,385,174	6,751	34.1	72,906
Genitourinary Agents	0.4	0.3	0.0	0.1	25	23	0	2	58	72	46	18	12,052	703,298	2,516	12.7	27,655
CNS Drugs	1.1	0.5	0.0	0.5	85	67	4	14	77	122	99	27	112,339	8,602,876	9,452	47.8	100,654
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.1	0.3	65	37	10	18	114	174	107	69	482	55,081	76	0.4	849
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.0	65	64	0	1	115	118	0	41	5,395	621,500	904	4.6	9,526
Analgesics and Anesthetics	0.8	0.3	0.0	0.5	54	38	3	13	65	136	81	25	93,401	6,091,276	10,310	52.1	111,827
Neuromuscular Agents	0.9	0.3	0.1	0.5	54	36	4	14	61	111	71	28	50,216	3,071,656	5,305	26.8	57,360
Nutritional Products	0.6	0.0	0.0	0.5	10	0	1	9	17	20	27	16	21,406	360,659	3,579	18.1	37,561
Hematological Agents	0.8	0.3	0.1	0.3	45	38	3	5	58	119	19	16	24,697	1,441,363	3,021	15.3	31,720
Topical Products	0.4	0.2	0.0	0.2	18	12	1	4	45	63	53	23	29,424	1,322,163	6,773	34.3	74,916
Miscellaneous Products	0.5	0.2	0.1	0.3	97	58	23	15	183	356	233	58	1,914	349,604	350	1.8	3,608
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	34	0	0	0	1,700	58,375	513	2.6	5,647
<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.	n.a.	n.a.	769,508	43,770,918	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002. 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](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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mdmb.asp](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

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	\$4,590,167	4,391	22.2 %	46,969	0.6	\$167
ANALGESICS - Narcotic	3,812,297	12,046	60.9	131,706	0.5	62
ANTIDEPRESSANTS	2,922,987	7,458	37.7	80,091	0.6	63
ULCER DRUGS	2,741,379	7,638	38.6	83,786	0.4	79
ANTICONVULSANT	2,295,269	4,203	21.3	45,273	0.7	73
ANTHYPERLIPIDEMIC	2,156,334	4,047	20.5	44,994	0.6	82
ANTHYPERTENSIVE	2,096,500	8,211	41.5	88,691	0.6	39
ANALGESICS - ANTI-INFLAMMATORY	1,899,104	6,579	33.3	74,090	0.3	75
ANTIDIABETIC	1,893,342	5,343	27.0	57,836	0.6	50
ANTIASTMATIC	1,813,877	7,137	36.1	76,811	0.4	54
Total	26,221,256	67,053		730,247	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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; 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANALGESICS - Narcotic				
	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 \$
<b>All</b>	<b>379,502</b>	<b>\$26,221,256</b>	<b>4,391</b>	<b>0.6</b>	<b>22.2 %</b>	<b>46,969</b>	<b>0.6</b>	<b>\$98</b>	<b>12,046</b>	<b>60.9 %</b>	<b>131,706</b>	<b>0.5</b>	<b>\$29</b>
<b>Female</b>													
<b>Disabled</b>													
5 and younger	274,617	18,312,221	2,837	0.6	21.6	30,411	0.6	83	8,872	67.4	97,237	0.5	28
6-14	102,056	8,327,653	1,249	0.6	28.6	14,050	0.6	105	3,729	85.3	41,742	0.5	39
15-20	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	22	665	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	130	8,848	1	0.5	5.6	12	0.5	116	9	50.0	102	0.2	2
65-74	26,936	2,633,876	564	0.6	36.5	6,334	0.6	116	1,177	76.2	13,135	0.4	39
75-84	66,065	5,129,143	641	0.5	27.5	7,272	0.5	99	2,253	96.7	25,300	0.5	41
85 and older	6,497	413,259	28	0.5	8.4	291	0.5	57	223	66.8	2,480	0.4	30
<b>Other Eligibles</b>													
5 and younger	1,616	99,994	11	0.4	11.6	108	0.4	23	39	41.1	422	0.2	20
6-14	790	41,868	4	0.3	8.2	33	0.3	22	28	57.1	303	0.7	18
15-20	172,561	9,984,568	1,588	0.6	18.1	16,361	0.6	64	5,143	58.5	55,495	0.5	20
21-44	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6	285	0	0.0	0.0	0	0.0	0	1	50.0	10	0.1	1
75-84	1,501	107,387	18	0.5	18.6	191	0.5	49	97	100.0	924	0.6	33
85 and older	826	75,594	7	0.6	15.6	72	0.6	105	36	80.0	365	0.6	74
<b>Male</b>													
<b>Disabled</b>													
5 and younger	62,906	3,942,900	422	0.5	14.1	4,657	0.5	75	1,901	63.5	21,262	0.4	19
6-14	66,238	3,809,140	551	0.6	16.6	5,689	0.6	64	1,860	56.0	20,328	0.5	21
15-20	41,084	2,049,262	590	0.6	25.4	5,752	0.6	55	1,248	53.7	12,606	0.6	17
21-44	104,836	7,900,008	1,552	0.6	23.5	16,534	0.6	125	3,174	48.0	34,469	0.5	31
45-64	51,712	4,875,270	1,034	0.7	31.5	11,542	0.7	149	1,719	52.4	18,981	0.5	38
65-74	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	231	18,027	2	0.8	7.1	24	0.8	106	9	32.1	107	0.2	2
<b>Other Eligibles</b>													
5 and younger	22,688	2,489,663	647	0.6	38.9	7,168	0.6	151	750	45.0	8,341	0.4	34
6-14	25,550	2,157,880	364	0.7	26.5	4,129	0.7	151	862	62.7	9,512	0.5	42
15-20	2,370	155,769	15	0.4	9.0	161	0.4	65	79	47.6	836	0.4	26
21-44	755	48,038	6	0.6	17.1	60	0.6	75	13	37.1	129	0.5	19
45-64	118	5,893	0	0.0	0.0	0	0.0	0	6	46.2	56	0.4	19
65-74	53,124	3,024,738	518	0.6	15.6	4,992	0.6	69	1,455	43.7	15,488	0.5	23
75-84	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Unknown</b>													
5 and younger	1	8	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	239	14,936	4	0.6	9.1	39	0.6	76	21	47.7	193	0.4	9
15-20	503	27,828	6	0.4	15.8	61	0.4	21	22	57.9	200	0.6	23
21-44	25,204	1,514,901	171	0.6	11.4	1,740	0.6	79	693	46.3	7,584	0.5	28
45-64	21,318	1,176,459	231	0.6	17.8	2,199	0.6	72	557	42.8	5,867	0.4	18
65-74	5,859	290,606	106	0.5	23.6	953	0.5	46	162	36.0	1,644	0.5	15
75-84	49	9,027	2	0.8	200.0	24	0.8	221	0	0.0	0	0.0	0
85 and older													

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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); 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTICONVULSANT				
	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 \$
<b>All</b>	<b>7,458</b>	<b>37.7 %</b>	<b>80,091</b>	<b>0.6</b>	<b>\$37</b>	<b>7,638</b>	<b>38.6 %</b>	<b>83,786</b>	<b>0.4</b>	<b>\$33</b>	<b>4,203</b>	<b>21.3 %</b>	<b>45,273</b>	<b>0.7</b>	<b>\$51</b>
<b>Female</b>	5,618	42.7	60,547	0.6	36	5,636	42.8	62,161	0.4	33	2,765	21.0	29,684	0.7	47
<b>Disabled</b>	2,578	58.9	28,535	0.6	40	1,783	40.8	20,099	0.4	35	1,464	33.5	16,163	0.7	57
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	60.0	36	0.3	7	0	0.0	0	0.0	0
15-20	6	33.3	66	0.4	29	4	22.2	48	0.2	18	3	16.7	35	0.9	92
21-44	883	57.2	9,773	0.5	40	418	27.1	4,703	0.3	28	589	38.1	6,480	0.7	69
45-64	1,552	66.6	17,241	0.6	41	1,165	50.0	13,157	0.4	38	824	35.4	9,140	0.7	50
65-74	106	31.7	1,126	0.5	28	143	42.8	1,594	0.4	31	39	11.7	418	0.5	34
75-84	18	18.9	198	0.6	30	26	27.4	289	0.5	45	6	6.3	60	0.6	29
85 and older	13	26.5	131	0.6	37	24	49.0	272	0.4	32	3	6.1	30	0.7	16
<b>Other Eligibles</b>	3,040	34.6	32,012	0.6	34	3,853	43.9	42,062	0.4	32	1,301	14.8	13,521	0.6	35
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	1	50.0	4	0.5	40
21-44	61	62.9	567	0.5	39	24	24.7	228	0.4	32	33	34.0	276	0.5	52
45-64	23	51.1	210	0.6	56	14	31.1	126	0.3	29	11	24.4	110	0.7	57
65-74	971	32.4	10,712	0.6	34	1,309	43.7	14,723	0.4	34	463	15.5	5,012	0.6	38
75-84	1,124	33.8	11,962	0.6	32	1,514	45.5	16,647	0.4	32	469	14.1	4,878	0.7	34
85 and older	861	37.0	8,561	0.7	34	992	42.7	10,338	0.5	30	324	13.9	3,241	0.7	28
<b>Male</b>	1,839	27.8	19,532	0.6	37	2,001	30.3	21,613	0.4	32	1,437	21.7	15,577	0.7	58
<b>Disabled</b>	1,049	32.0	11,570	0.6	41	803	24.5	8,993	0.4	36	949	28.9	10,629	0.8	68
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	1	3.6	12	0.3	12	2	7.1	24	0.3	119	7	25.0	84	0.9	99
21-44	549	33.0	6,040	0.6	42	325	19.5	3,688	0.4	35	552	33.2	6,242	0.8	76
45-64	464	33.8	5,136	0.6	39	406	29.5	4,533	0.4	35	356	25.9	3,952	0.8	59
65-74	21	12.7	225	0.6	58	49	29.5	518	0.4	46	25	15.1	251	0.6	33
75-84	13	37.1	145	0.7	41	18	51.4	201	0.4	36	9	25.7	100	0.7	32
85 and older	1	7.7	12	0.3	1	3	23.1	29	0.7	31	0	0.0	0	0.0	0
<b>Other Eligibles</b>	790	23.7	7,962	0.6	31	1,198	36.0	12,620	0.4	29	488	14.7	4,948	0.7	36
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	1	100.0	11	0.1	1	0	0.0	0	0.0	0
21-44	6	13.6	45	0.6	26	5	11.4	45	0.3	39	6	13.6	37	0.7	73
45-64	10	26.3	99	0.8	63	9	23.7	96	0.5	31	7	18.4	39	0.8	28
65-74	306	20.4	3,241	0.5	31	556	37.1	6,075	0.4	29	210	14.0	2,269	0.7	41
75-84	342	26.3	3,395	0.6	28	475	36.5	4,900	0.4	29	204	15.7	2,080	0.7	33
85 and older	126	28.0	1,182	0.6	35	152	33.8	1,493	0.5	28	61	13.6	523	0.7	23
<b>Unknown</b>	1	100.0	12	1.1	80	1	100.0	12	0.1	2	1	100.0	12	1.0	227

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002. 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 2002. 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); 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANTHYPERTENSIVE					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 \$
<b>All</b>	<b>4,047</b>	<b>20.5 %</b>	<b>44,994</b>	<b>0.6</b>	<b>\$48</b>	<b>8,211</b>	<b>41.5 %</b>	<b>88,691</b>	<b>0.6</b>	<b>\$24</b>	<b>6,579</b>	<b>33.3 %</b>	<b>74,090</b>	<b>0.3</b>	<b>\$26</b>
<b>Female</b>	2,905	22.1	32,479	0.6	49	5,808	44.1	63,026	0.6	24	5,048	38.4	56,821	0.4	28
<b>Disabled</b>	908	20.8	10,144	0.6	48	1,287	29.4	14,304	0.6	24	1,799	41.1	20,504	0.3	26
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	5	100.0	60	0.2	6	0	0.0	0	0.0	0
15-20	2	11.1	24	0.3	4	2	11.1	24	0.4	5	4	22.2	47	0.3	12
21-44	116	7.5	1,275	0.5	42	195	12.6	2,142	0.5	20	493	31.9	5,613	0.3	22
45-64	645	27.7	7,236	0.6	49	855	36.7	9,587	0.6	25	1,111	47.7	12,686	0.4	29
65-74	111	33.2	1,221	0.6	49	148	44.3	1,632	0.6	25	140	41.9	1,570	0.3	22
75-84	27	28.4	312	0.6	57	60	63.2	643	0.7	26	33	34.7	377	0.4	27
85 and older	7	14.3	76	0.5	48	22	44.9	216	0.5	25	18	36.7	211	0.3	26
<b>Other Eligibles</b>	1,997	22.7	22,335	0.6	49	4,521	51.5	48,722	0.6	24	3,249	37.0	36,317	0.4	28
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	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	3	3.1	32	0.6	35	14	14.4	121	0.5	27	35	36.1	345	0.3	17
45-64	7	15.6	68	0.6	50	15	33.3	148	0.5	22	16	35.6	167	0.3	21
65-74	945	31.6	10,634	0.6	50	1,590	53.1	17,652	0.6	25	1,266	42.3	14,431	0.3	28
75-84	816	24.5	9,137	0.6	49	1,809	54.4	19,798	0.6	24	1,217	36.6	13,732	0.4	28
85 and older	226	9.7	2,464	0.6	43	1,093	47.0	11,003	0.7	24	715	30.8	7,642	0.4	29
<b>Male</b>	1,142	17.3	12,515	0.6	46	2,403	36.3	25,665	0.6	22	1,530	23.1	17,257	0.3	20
<b>Disabled</b>	447	13.6	4,959	0.6	45	780	23.8	8,472	0.6	21	753	22.9	8,522	0.3	16
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	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	8	28.6	93	0.5	22	1	3.6	12	0.1	3
21-44	139	8.3	1,563	0.5	36	243	14.6	2,635	0.5	18	323	19.4	3,660	0.3	12
45-64	264	19.2	2,922	0.6	47	427	31.1	4,661	0.6	22	367	26.7	4,147	0.3	18
65-74	37	22.3	390	0.7	64	78	47.0	811	0.7	26	48	28.9	536	0.3	15
75-84	7	20.0	84	0.7	79	17	48.6	200	0.6	24	8	22.9	95	0.4	38
85 and older	0	0.0	0	0.0	0	7	53.8	72	0.6	19	6	46.2	72	0.3	30
<b>Other Eligibles</b>	695	20.9	7,556	0.6	47	1,623	48.7	17,193	0.6	23	777	23.3	8,735	0.3	23
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	4	9.1	23	0.7	31	2	4.5	15	0.6	21	7	15.9	73	0.2	18
45-64	5	13.2	38	0.3	20	14	36.8	125	0.7	34	7	18.4	77	0.4	22
65-74	386	25.8	4,301	0.6	48	725	48.4	7,884	0.6	22	372	24.8	4,256	0.3	20
75-84	259	19.9	2,777	0.6	48	693	53.3	7,311	0.6	22	309	23.8	3,421	0.3	26
85 and older	41	9.1	417	0.5	39	189	42.0	1,858	0.7	23	82	18.2	908	0.4	28
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.3	2

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002. 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 2002. 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); 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

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 \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$									
<b>All</b>	<b>5,343</b>	<b>27.0 %</b>	<b>57,836</b>	<b>0.6</b>	<b>\$33</b>	<b>7,137</b>	<b>36.1 %</b>	<b>76,811</b>	<b>0.4</b>	<b>\$24</b>	<b>19,774</b>	<b>200,323</b>					
<b>Female</b>																	
<b>Disabled</b>	3,813	29.0	41,623	0.7	33	5,205	39.6	56,531	0.4	24	13,160	134,946					
5 and younger	1,110	25.4	12,360	0.7	40	1,920	43.9	21,238	0.5	28	4,374	45,946					
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	2	40.0	24	0.1	2	5	60					
21-44	1	5.6	12	0.1	7	3	16.7	36	0.1	12	18	186					
45-64	190	12.3	2,110	0.7	47	440	28.5	4,831	0.4	22	1,544	16,216					
65-74	761	32.7	8,519	0.7	39	1,272	54.6	14,236	0.5	29	2,329	24,644					
75-84	125	37.4	1,351	0.6	32	144	43.1	1,481	0.6	34	334	3,337					
85 and older	25	26.3	290	0.7	35	36	37.9	390	0.6	36	95	992					
<b>Other Eligibles</b>	8	16.3	78	0.5	24	23	46.9	240	0.5	21	49	511					
5 and younger	2,703	30.8	29,263	0.6	30	3,285	37.4	35,293	0.4	22	8,786	89,000					
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	4	4.1	27	0.6	28	1	50.0	10	0.3	12	2	14					
45-64	9	20.0	80	0.6	29	27	27.8	268	0.7	47	97	739					
65-74	1,135	37.9	12,638	0.6	32	18	40.0	172	0.6	40	45	356					
75-84	1,126	33.9	12,226	0.7	30	1,228	41.0	13,634	0.5	26	2,993	31,501					
85 and older	429	18.5	4,292	0.7	25	1,205	36.3	12,992	0.4	21	3,324	34,258					
<b>Male</b>																	
<b>Disabled</b>	1,530	23.1	16,213	0.6	33	1,932	29.2	20,280	0.4	22	6,613	65,365					
5 and younger	542	16.5	6,014	0.6	36	701	21.4	7,603	0.4	22	3,282	33,296					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
21-44	1	3.6	12	0.8	8	7	25.0	81	0.6	23	28	290					
45-64	150	9.0	1,711	0.6	41	247	14.8	2,757	0.3	18	1,665	17,097					
65-74	337	24.5	3,739	0.7	35	365	26.6	3,945	0.4	23	1,374	13,928					
75-84	41	24.7	414	0.6	29	58	34.9	560	0.4	22	166	1,488					
85 and older	12	34.3	133	0.5	21	20	57.1	226	0.5	31	35	344					
<b>Other Eligibles</b>	1	7.7	5	0.2	6	4	30.8	34	0.2	12	13	137					
5 and younger	988	29.7	10,199	0.6	31	1,231	37.0	12,677	0.4	22	3,331	32,069					
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	11					
45-64	12	31.6	113	0.5	31	6	13.6	34	1.1	69	44	236					
65-74	487	32.5	5,175	0.6	34	5	13.2	44	0.5	37	38	290					
75-84	404	31.1	4,152	0.6	27	561	37.4	6,035	0.5	24	1,498	15,008					
85 and older	85	18.9	759	0.6	24	148	32.9	1,391	0.4	17	450	3,946					
<b>Unknown</b>	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 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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); 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

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
<b>All</b>	<b>\$261</b>	<b>6.1</b>	<b>2,390</b>	<b>23,171</b>
<b>Age</b>				
0-64	429	7.4	174	1,880
65-74	329	7.1	356	3,503
75-84	255	6.2	811	7,830
85 and older	211	5.5	1,049	9,958
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	256	6.3	1,735	17,087
Male	275	5.9	655	6,084
Unknown	0	0.0	0	0
<b>Race</b>				
White	259	6.1	2,141	20,582
African American	253	5.8	96	1,024
Other/unknown	302	6.3	153	1,565
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	247	6.0	2,185	21,002
Disabled	399	7.1	204	2,166
Adults	81	2.7	1	3
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 1,639 beneficiaries who were in nursing facilities for part of their enrollment and their 14,800 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<sup>a, b, c, d, e</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002**

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	Total	Patented	Off-Patent									
	Brand-Name	Brand-Name	Generic	Brand-Name	Brand-Name	Generic									
Anti-infective Agents	0.4	0.2	0.0	0.1	\$18	\$14	\$2	\$2	\$72	\$14	5,651	\$283,336	1,518	63.5 %	15,676
Biologics	0.1	0.1	0.0	0.0	2	1	0	0	19	17	100	1,862	100	4.2	1,151
Antineoplastic Agents	0.5	0.1	0.0	0.4	69	19	0	49	208	149	1,091	143,361	231	9.7	2,089
Endocrine/Metabolic Drugs	1.2	0.5	0.1	0.6	34	23	1	10	49	26	12,821	372,630	1,094	45.8	10,968
Cardiovascular Agents	1.8	0.5	0.2	1.1	47	24	5	18	49	30	30,866	803,633	1,710	71.5	17,050
Respiratory Agents	0.6	0.2	0.1	0.4	26	13	4	9	57	63	6,791	272,801	1,024	42.8	10,590
Gastrointestinal Agents	0.9	0.3	0.0	0.6	43	31	0	11	108	59	9,511	464,784	1,076	45.0	10,841
Genitourinary Agents	0.6	0.4	0.0	0.2	30	26	1	3	65	49	2,713	139,017	449	18.8	4,694
CNS Drugs	1.4	0.8	0.1	0.5	94	79	5	11	93	58	23,045	1,551,974	1,631	68.2	16,508
Stimulants/Anti-obesity/Anorexia	0.8	0.3	0.0	0.5	41	35	0	6	136	0	69	3,664	9	0.4	90
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	77	77	0	0	103	0	2,244	230,235	285	11.9	2,985
Analgesics and Anesthetics	1.3	0.6	0.1	0.6	49	37	4	8	63	43	16,216	627,163	1,252	52.4	12,713
Neuromuscular Agents	1.2	0.5	0.1	0.7	60	37	3	20	75	67	10,894	537,762	862	36.1	8,948
Nutritional Products	0.8	0.0	0.0	0.7	12	0	0	11	18	40	6,541	101,463	855	35.8	8,556
Hematological Agents	1.2	0.4	0.3	0.5	49	40	4	5	105	13	7,368	299,903	609	25.5	6,077
Topical Products	0.5	0.2	0.0	0.2	16	10	1	5	54	46	5,782	201,211	1,211	50.7	12,838
Miscellaneous Products	0.2	0.0	0.0	0.2	4	0	0	4	21	0	186	3,107	86	3.6	849
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	16	0	0	0	0	0	530	16,850	100	4.2	1,078
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>142,419</b>	<b>6,054,756</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002. A total of 1,639 beneficiaries who were in nursing facilities for part of their enrollment and their 14,800 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 2002. 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](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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). In Nevada, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

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	\$855,601	1,017	42.6 %	10,536	0.7	\$121	\$81
ANTIDEPRESSANTS	578,329	1,329	55.6	13,765	0.8	55	42
ULCER DRUGS	418,268	1,333	55.8	13,849	0.6	54	30
ANTICONVULSANT	390,447	794	33.2	8,330	0.9	51	47
ANALGESICS - Narcotic	376,134	1,331	55.7	13,544	0.9	31	28
ANTIHYPERTENSIVE	294,608	1,167	48.8	11,623	0.8	33	25
ANALGESICS - ANTI-INFLAMMATORY	233,941	646	27.0	6,978	0.5	66	34
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	230,282	287	12.0	3,008	0.7	103	77
MISC. HEMATOLOGICAL	211,996	311	13.0	3,137	0.8	89	68
ANTIDIABETIC	200,341	672	28.1	6,680	0.8	38	30
<b>Total</b>	<b>3,789,947</b>	<b>8,887</b>		<b>91,450</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,639 beneficiaries who were in nursing facilities for part of their enrollment and their 14,800 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 2002. 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 2002 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](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<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users of All-Year of Residents	NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	
			42.6 %	1,017	41.5										7,575
<b>All</b>	<b>67,376</b>	<b>\$3,789,947</b>													
<b>Female</b>	49,361	2,694,950													
<b>Disabled</b>	4,211	261,694													
64 or younger	3,625	236,265													
65-74	272	11,400													
75-84	188	8,862													
85 and older	126	5,167													
<b>Other Eligibles</b>	45,150	2,433,256													
64 or younger	239	16,537													
65-74	7,703	470,310													
75-84	16,205	860,992													
85 and older	21,003	1,085,417													
<b>Male</b>	18,015	1,094,997													
<b>Disabled</b>	4,142	331,164													
64 or younger	3,665	294,806													
65-74	323	25,100													
75-84	127	9,682													
85 and older	27	1,576													
<b>Other Eligibles</b>	13,873	763,833													
64 or younger	240	16,413													
65-74	4,504	254,986													
75-84	6,403	354,008													
85 and older	2,726	138,426													
<b>Unknown</b>	0	0													

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,639 beneficiaries who were in nursing facilities for part of their enrollment and their 14,800 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 2002. 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 2002 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](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<sup>a,b,c,d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

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 Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
<b>All</b>	1,333	13,849	0.6	794	8,330	0.9	1,331	13,544	0.9	1,331	13,544	0.9	1,331	13,544	0.9	1,331	13,544	0.9
<b>Female</b>	969	10,111	0.6	501	5,332	0.9	1,027	10,515	0.9	1,027	10,515	0.9	1,027	10,515	0.9	1,027	10,515	0.9
<b>Disabled</b>	57	613	0.6	73	828	1.2	71	780	1.1	71	780	1.1	71	780	1.1	71	780	1.1
64 or younger	49	523	0.6	66	753	1.2	58	624	1.2	58	624	1.2	58	624	1.2	58	624	1.2
65-74	3	36	0.8	5	60	1.1	6	72	1.1	6	72	1.1	6	72	1.1	6	72	1.1
75-84	3	36	0.4	1	6	0.7	4	48	0.2	4	48	0.2	4	48	0.2	4	48	0.2
85 and older	2	18	0.3	1	9	0.2	3	36	1.2	3	36	1.2	3	36	1.2	3	36	1.2
<b>Other Eligibles</b>	912	9,498	0.6	428	4,504	0.8	956	9,735	0.9	956	9,735	0.9	956	9,735	0.9	956	9,735	0.9
64 or younger	3	28	0.5	5	60	0.9	3	36	1.7	3	36	1.7	3	36	1.7	3	36	1.7
65-74	122	1,261	0.6	94	1,029	0.9	137	1,502	1.1	137	1,502	1.1	137	1,502	1.1	137	1,502	1.1
75-84	329	3,447	0.5	167	1,754	0.9	316	3,251	0.9	316	3,251	0.9	316	3,251	0.9	316	3,251	0.9
85 and older	458	4,762	0.6	162	1,661	0.7	500	4,946	0.8	500	4,946	0.8	500	4,946	0.8	500	4,946	0.8
<b>Male</b>	364	3,738	0.6	293	2,998	1.0	304	3,029	0.9	304	3,029	0.9	304	3,029	0.9	304	3,029	0.9
<b>Disabled</b>	75	816	0.6	90	986	1.1	44	459	1.0	44	459	1.0	44	459	1.0	44	459	1.0
64 or younger	63	702	0.6	78	882	1.2	39	421	1.1	39	421	1.1	39	421	1.1	39	421	1.1
65-74	8	76	0.7	9	73	0.6	4	26	0.9	4	26	0.9	4	26	0.9	4	26	0.9
75-84	3	26	0.8	3	31	0.5	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
85 and older	1	12	1.0	0	0	0.0	1	12	0.2	1	12	0.2	1	12	0.2	1	12	0.2
<b>Other Eligibles</b>	289	2,922	0.6	203	2,012	0.9	260	2,570	0.9	260	2,570	0.9	260	2,570	0.9	260	2,570	0.9
64 or younger	4	48	0.7	3	18	1.1	6	58	1.0	6	58	1.0	6	58	1.0	6	58	1.0
65-74	81	811	0.6	65	685	1.0	87	860	1.1	87	860	1.1	87	860	1.1	87	860	1.1
75-84	137	1,392	0.6	99	1,004	0.9	108	1,062	0.8	108	1,062	0.8	108	1,062	0.8	108	1,062	0.8
85 and older	67	671	0.6	36	305	0.8	59	590	0.6	59	590	0.6	59	590	0.6	59	590	0.6
<b>Unknown</b>	0	0	0.0	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 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002. A total of 1,639 beneficiaries who were in nursing facilities for part of their enrollment and their 14,800 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 2002. 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 2002 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](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>1,167</b>	<b>48.8 %</b>	<b>11,623</b>	<b>0.8</b>	<b>\$25</b>	<b>646</b>	<b>27.0 %</b>	<b>6,978</b>	<b>0.5</b>	<b>\$34</b>	<b>287</b>	<b>12.0 %</b>	<b>3,008</b>	<b>0.7</b>	<b>\$77</b>
<b>Female</b>	842	48.5	8,527	0.8	25	525	30.3	5,618	0.5	33	219	12.6	2,298	0.8	81
<b>Disabled</b>	40	40.0	403	0.9	32	27	27.0	306	0.6	32	5	5.0	60	0.8	224
64 or younger	24	30.8	255	0.9	34	21	26.9	237	0.6	33	4	5.1	48	0.8	275
65-74	3	37.5	36	0.9	23	1	12.5	12	0.8	50	0	0.0	0	0.0	0
75-84	8	114.3	84	0.7	32	1	14.3	12	0.1	0	1	14.3	12	0.6	18
85 and older	5	71.4	28	0.8	19	4	57.1	45	0.4	32	0	0.0	0	0.0	0
<b>Other Eligibles</b>	802	49.1	8,124	0.8	25	498	30.5	5,312	0.5	33	214	13.1	2,238	0.8	77
64 or younger	1	25.0	12	1.2	36	1	25.0	12	0.8	65	0	0.0	0	0.0	0
65-74	112	58.6	1,193	0.7	29	67	35.1	746	0.5	32	19	9.9	209	0.6	118
75-84	259	48.1	2,665	0.8	23	167	31.0	1,823	0.5	30	82	15.2	853	0.8	69
85 and older	430	47.7	4,254	0.8	25	263	29.2	2,731	0.5	35	113	12.5	1,176	0.8	76
<b>Male</b>	325	49.6	3,096	0.8	25	121	18.5	1,360	0.5	35	68	10.4	710	0.7	63
<b>Disabled</b>	33	31.7	364	0.7	33	23	22.1	265	0.4	28	4	3.8	48	0.7	94
64 or younger	26	30.6	290	0.7	33	21	24.7	241	0.5	30	2	2.4	24	0.7	84
65-74	6	40.0	62	0.8	32	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	1	33.3	12	1.0	33	1	33.3	12	0.4	30	1	33.3	12	0.6	91
85 and older	0	0.0	0	0.0	0	1	100.0	12	0.2	2	1	100.0	12	0.9	119
<b>Other Eligibles</b>	292	53.0	2,732	0.8	24	98	17.8	1,095	0.5	37	64	11.6	662	0.7	61
64 or younger	4	57.1	30	1.1	68	0	0.0	0	0.0	0	1	14.3	12	0.9	118
65-74	77	54.2	739	0.8	24	31	21.8	345	0.5	40	12	8.5	125	0.8	64
75-84	133	50.8	1,245	0.7	22	43	16.4	477	0.5	33	30	11.5	300	0.8	58
85 and older	78	55.7	718	0.8	27	24	17.1	273	0.5	39	21	15.0	225	0.6	59
<b>Unknown</b>	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 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,639 beneficiaries who were in nursing facilities for part of their enrollment and their 14,800 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 2002. 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 2002 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](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTI-DIABETIC						
	Users as %		Users as %		Mean Rx \$	Users as %		Users as %		Mean Rx \$		
	No. of Users	No. of Bene Mos among Users	No. of Bene Mos among Users	No. of Bene Mos among Users		No. of Residents	No. of Residents	No. of Rx	No. of Rx			
<b>All</b>	<b>311</b>	<b>13.0 %</b>	<b>3,137</b>	<b>0.8</b>	<b>\$68</b>	<b>672</b>	<b>28.1 %</b>	<b>6,680</b>	<b>0.8</b>	<b>\$30</b>	<b>2,390</b>	<b>23,171</b>
<b>Female</b>	228	13.1	2,317	0.8	67	457	26.3	4,684	0.8	28	1,735	17,087
<b>Disabled</b>	13	13.0	153	0.8	68	34	34.0	384	0.8	40	100	1,071
64 or younger	9	11.5	108	0.8	69	30	38.5	346	0.8	40	78	840
65-74	0	0.0	0	0.0	0	3	37.5	36	0.7	47	8	91
75-84	3	42.9	36	0.9	71	0	0.0	0	0.0	0	7	78
85 and older	1	14.3	9	0.6	50	1	14.3	2	0.5	11	7	62
<b>Other Eligibles</b>	215	13.1	2,164	0.8	67	423	25.9	4,300	0.8	27	1,635	16,016
64 or younger	1	25.0	12	0.9	102	3	75.0	36	0.8	42	4	40
65-74	38	19.9	408	0.7	72	87	45.5	933	0.8	26	191	1,983
75-84	78	14.5	815	0.7	60	179	33.2	1,844	0.8	29	539	5,339
85 and older	98	10.9	929	0.8	70	154	17.1	1,487	0.8	25	901	8,654
<b>Male</b>	83	12.7	820	0.8	70	215	32.8	1,996	0.8	35	655	6,084
<b>Disabled</b>	14	13.5	168	0.9	88	39	37.5	421	1.0	49	104	1,095
64 or younger	12	14.1	144	0.9	84	33	38.8	371	1.0	53	85	934
65-74	2	13.3	24	1.0	112	5	33.3	38	0.6	20	15	118
75-84	0	0.0	0	0.0	0	1	33.3	12	1.0	15	3	31
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
<b>Other Eligibles</b>	69	12.5	652	0.7	65	176	31.9	1,575	0.7	31	551	4,989
64 or younger	1	14.3	12	1.2	112	4	57.1	26	0.7	74	7	66
65-74	19	13.4	188	0.6	44	63	44.4	599	0.7	39	142	1,311
75-84	34	13.0	326	0.8	75	81	30.9	734	0.8	28	262	2,382
85 and older	15	10.7	126	0.8	67	28	20.0	216	0.7	18	140	1,230
<b>Unknown</b>	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 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,639 beneficiaries who were in nursing facilities for part of their enrollment and their 14,800 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 2002. 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 2002 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](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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 NEVADA, 2002

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 Dual Rx \$	Total No. of Benes
			3.4	44.7 %					
<b>All</b>	<b>8,839</b>	<b>44.7 %</b>	<b>3.4</b>	<b>44.7 %</b>	<b>66,399</b>	<b>\$1,671,640</b>	<b>\$25</b>	<b>3.8 %</b>	<b>19,774</b>
<b>Age</b>									
5 and younger	0	0.0	0.0	0.0	0	0	0	0.0	1
6-14	5	100.0	7.2	36	153	766	21	3.1	5
15-20	15	30.6	1.9	95	34	1,678	18	2.7	49
21-44	1,262	37.7	2.7	9,202	101	337,539	37	4.0	3,350
45-64	1,837	48.5	4.2	15,875	170	644,295	41	5.4	3,787
65-74	2,127	42.6	3.1	15,295	58	288,075	19	3.0	4,991
75-84	2,173	45.7	3.2	15,295	51	242,769	16	2.7	4,754
85 and older	1,420	50.1	3.7	10,601	55	156,518	15	3.4	2,837
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	5,455	45.7	3.3	39,315	55	651,185	17	2.9	11,925
Disabled	3,321	43.4	3.5	26,708	132	1,011,926	38	4.7	7,657
Adults	62	32.5	1.9	371	44	8,407	23	3.8	191
Children	1	100.0	5.0	5	122	122	24	5.0	1
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	6,451	49.0	3.8	49,911	101	1,332,703	27	4.4	13,160
Male	2,387	36.1	2.5	16,478	51	337,899	21	2.5	6,613
Unknown	1	100.0	10.0	10	1,038	1,038	104	9.5	1
<b>Race</b>									
White	6,546	46.0	3.7	52,197	91	1,296,672	25	3.9	14,221
African American	804	43.2	3.1	5,856	61	113,467	19	2.8	1,863
Other/unknown	1,489	40.4	2.3	8,346	71	261,501	31	4.2	3,690
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	1,296	54.2	4.8	11,520	79	188,406	16	3.1	2,390
Part year	962	58.7	4.0	6,611	57	93,563	14	2.9	1,639
None	6,581	41.8	3.1	48,268	88	1,389,671	29	4.0	15,745
<b>Maintenance Assistance Status</b>									
Cash	5,325	42.3	3.0	38,043	94	1,188,546	31	4.2	12,579
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	195	31.4	1.5	945	27	16,777	18	2.8	622
Other/unknown	3,319	50.5	4.2	27,411	71	466,317	17	3.2	6,573

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 NEVADA, 2002

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
All	0.3	\$8	\$25	\$0	\$3	200,323
<b>Age</b>						
5 and younger	0.0	0	0	0	0	12
6-14	0.6	13	21	0	0	60
15-20	0.2	3	18	0	1	501
21-44	0.3	10	37	0	4	34,288
45-64	0.4	16	41	0	4	39,230
65-74	0.3	6	19	0	2	51,334
75-84	0.3	5	16	0	2	48,172
85 and older	0.4	6	15	0	1	26,726
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	5	17	0	2	119,776
Disabled	0.3	13	38	0	4	79,254
Adults	0.3	7	23	0	2	1,282
Children	0.5	11	24	0	0	11
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.4	10	27	0	3	134,946
Male	0.3	5	21	0	2	65,365
Unknown	0.8	87	104	0	87	12
<b>Race</b>						
White	0.4	9	25	0	3	141,993
African American	0.3	6	19	0	2	19,459
Other/unknown	0.2	7	31	0	1	38,871
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.5	8	16	0	3	23,171
Part year	0.4	6	14	0	2	14,800
None	0.3	9	29	0	3	162,352
<b>Maintenance Assistance Status</b>						
Cash	0.3	9	31	0	2	130,688
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	3	18	0	1	6,382
Other/unknown	0.4	7	17	0	3	63,253

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 NEVADA, 2002

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
<b>All</b>	<b>12,424</b>	<b>\$135</b>	<b>\$1,671,640</b>	<b>100.0 %</b>	<b>66,399</b>	<b>\$25</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	1	41	41	0.0	1	41	0.0
Drugs for cosmetic purposes	2	23	46	0.0	4	12	0.0
Cough and cold medications	3,039	91	276,678	16.6	8,200	34	12.3
Vitamins and minerals	3,525	101	357,002	21.4	21,203	17	31.9
Non-prescription drugs	1,075	55	59,168	3.5	6,635	9	10.0
Barbiturates	181	72	12,960	0.8	1,707	8	2.6
Benzodiazepines	4,284	118	504,938	30.2	27,392	18	41.3
Other Part D Excl Rx Drugs	317	1,454	460,807	27.6	1,257	367	1.9

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = 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<sup>a, b</sup>  
 NEVADA, 2002

Total Number of Dual Eligible Beneficiaries 19,774  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$43,770,918  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,214

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,023	15.3 %	\$0	0.0 %
1-500	4,195	21.2	880,915	2.0
501-1,000	2,305	11.7	1,702,025	3.9
1,001-1,500	1,821	9.2	2,258,641	5.2
1,501-2,000	1,388	7.0	2,423,607	5.5
2,001-2,500	1,196	6.0	2,687,268	6.1
2,501-3,000	991	5.0	2,722,217	6.2
3,001-3,500	837	4.2	2,705,999	6.2
3,501-4,000	652	3.3	2,434,805	5.6
4,001-4,500	497	2.5	2,105,752	4.8
4,501-5,000	427	2.2	2,023,573	4.6
5,001-5,500	358	1.8	1,880,295	4.3
5,501-6,000	299	1.5	1,719,733	3.9
6,001-6,500	266	1.3	1,659,531	3.8
6,501-7,000	218	1.1	1,471,616	3.4
7,001-7,500	180	0.9	1,305,193	3.0
7,501-8,000	131	0.7	1,016,340	2.3
8,001-8,500	138	0.7	1,137,477	2.6
8,501-9,000	112	0.6	982,645	2.2
9,001-9,500	89	0.5	821,770	1.9
9,501-10,000	71	0.4	693,211	1.6
10,001+	580	2.9	9,138,305	20.9

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002.

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<sup>a, b, c</sup>  
 NEVADA, 2002

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65    6,965  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65                                \$20,212,603  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65                            \$2,902

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
		Age < 65	17.7 %		0	0.0 %
\$0	1,232					
1-500	1,439	20.7		275,157	1.4	
501-1,000	669	9.6		491,600	2.4	
1,001-1,500	496	7.1		614,717	3.0	
1,501-2,000	372	5.3		648,333	3.2	
2,001-2,500	341	4.9		767,070	3.8	
2,501-3,000	300	4.3		824,894	4.1	
3,001-3,500	243	3.5		785,030	3.9	
3,501-4,000	202	2.9		756,840	3.7	
4,001-4,500	184	2.6		779,868	3.9	
4,501-5,000	158	2.3		751,454	3.7	
5,001-5,500	126	1.8		661,500	3.3	
5,501-6,000	141	2.0		811,773	4.0	
6,001-6,500	114	1.6		711,724	3.5	
6,501-7,000	106	1.5		715,912	3.5	
7,001-7,500	87	1.2		631,982	3.1	
7,501-8,000	77	1.1		595,788	2.9	
8,001-8,500	74	1.1		610,965	3.0	
8,501-9,000	65	0.9		570,793	2.8	
9,001-9,500	50	0.7		462,723	2.3	
9,501-10,000	48	0.7		467,729	2.3	
10,001+	441	6.3		7,276,751	36.0	

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002.

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<sup>a, b</sup>  
 NEVADA, 2002

Total Number of Dual Eligible Beneficiaries, Age 65+                      12,582  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+    \$23,224,779  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+     \$1,846

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,719	13.7%	0	0.0%
1-500	2,690	21.4	592,147	2.5
501-1,000	1,622	12.9	1,200,234	5.2
1,001-1,500	1,311	10.4	1,626,764	7.0
1,501-2,000	1,008	8.0	1,761,494	7.6
2,001-2,500	847	6.7	1,902,035	8.2
2,501-3,000	686	5.5	1,884,093	8.1
3,001-3,500	586	4.7	1,895,028	8.2
3,501-4,000	443	3.5	1,652,375	7.1
4,001-4,500	311	2.5	1,317,443	5.7
4,501-5,000	265	2.1	1,253,507	5.4
5,001-5,500	229	1.8	1,202,607	5.2
5,501-6,000	155	1.2	890,861	3.8
6,001-6,500	151	1.2	941,411	4.1
6,501-7,000	112	0.9	755,704	3.3
7,001-7,500	91	0.7	658,614	2.8
7,501-8,000	53	0.4	413,024	1.8
8,001-8,500	62	0.5	509,593	2.2
8,501-9,000	46	0.4	403,141	1.7
9,001-9,500	39	0.3	359,047	1.5
9,501-10,000	23	0.2	225,482	1.0
10,001+	133	1.1	1,780,175	7.7

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002.

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

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 NEVADA, 2002

Total Number of Dual Eligible Beneficiaries, Age 65-74 4,991  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$9,756,901  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$1,955

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		16.0 %	0.0 %		
\$0	800			0	0.0
1-500	1,075	21.5		228,841	2.3
501-1,000	577	11.6		427,503	4.4
1,001-1,500	459	9.2		571,082	5.9
1,501-2,000	359	7.2		628,348	6.4
2,001-2,500	324	6.5		727,107	7.5
2,501-3,000	256	5.1		703,298	7.2
3,001-3,500	224	4.5		724,240	7.4
3,501-4,000	152	3.0		567,992	5.8
4,001-4,500	122	2.4		516,667	5.3
4,501-5,000	107	2.1		504,880	5.2
5,001-5,500	93	1.9		488,979	5.0
5,501-6,000	65	1.3		374,589	3.8
6,001-6,500	72	1.4		449,158	4.6
6,501-7,000	58	1.2		390,981	4.0
7,001-7,500	51	1.0		369,494	3.8
7,501-8,000	22	0.4		171,800	1.8
8,001-8,500	37	0.7		304,819	3.1
8,501-9,000	28	0.6		245,622	2.5
9,001-9,500	26	0.5		239,615	2.5
9,501-10,000	10	0.2		98,541	1.0
10,001+	74	1.5		1,023,345	10.5

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002.  
 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<sup>a, b</sup>  
NEVADA, 2002

Total Number of Dual Eligible Beneficiaries, Age 75-84 4,754  
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$8,871,214  
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,866

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	636	13.4 %	0	0.0 %
1-500	966	20.3	222,884	2.5
501-1,000	594	12.5	440,631	5.0
1,001-1,500	535	11.3	666,578	7.5
1,501-2,000	368	7.7	645,256	7.3
2,001-2,500	325	6.8	730,896	8.2
2,501-3,000	274	5.8	749,802	8.5
3,001-3,500	223	4.7	718,995	8.1
3,501-4,000	208	4.4	773,884	8.7
4,001-4,500	119	2.5	503,656	5.7
4,501-5,000	100	2.1	474,735	5.4
5,001-5,500	102	2.1	535,445	6.0
5,501-6,000	55	1.2	314,560	3.5
6,001-6,500	61	1.3	379,830	4.3
6,501-7,000	36	0.8	243,997	2.8
7,001-7,500	25	0.5	180,865	2.0
7,501-8,000	28	0.6	217,905	2.5
8,001-8,500	21	0.4	171,193	1.9
8,501-9,000	14	0.3	121,919	1.4
9,001-9,500	10	0.2	92,203	1.0
9,501-10,000	9	0.2	88,064	1.0
10,001+	45	0.9	597,916	6.7

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002.

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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>19,813</b>	<b>11,925</b>	<b>7,658</b>	<b>229</b>	<b>1</b>	<b>201,044</b>	<b>119,779</b>	<b>79,363</b>	<b>1,890</b>	<b>12</b>	<b>0</b>
<b>Age</b>											
5 and younger	1	0	1	0	0	12	0	12	0	0	0
6-14	5	0	5	0	0	60	0	60	0	0	0
15-20	49	0	46	2	1	502	0	476	14	12	0
21-44	3,378	0	3,210	168	0	34,828	0	33,401	1,427	0	0
45-64	3,797	44	3,704	49	0	39,381	406	38,605	370	0	0
65-74	4,992	4,483	500	9	0	51,360	46,459	4,825	76	0	0
75-84	4,754	4,624	130	0	0	48,175	46,839	1,336	0	0	0
85 and older	2,837	2,774	62	1	0	26,726	26,075	648	3	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	13,184	8,666	4,375	143	0	135,389	88,110	46,040	1,239	0	0
Male	6,628	3,259	3,282	86	1	65,643	31,669	33,311	651	12	0
Unknown	1	0	1	0	0	12	0	12	0	0	0
<b>Race</b>											
White	14,247	8,376	5,728	143	0	142,427	82,005	59,268	1,154	0	0
African American	1,871	720	1,108	43	0	19,620	7,636	11,602	382	0	0
Other/unknown	3,695	2,829	822	43	1	38,997	30,138	8,493	354	12	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	2,390	2,185	204	1	0	23,171	21,002	2,166	3	0	0
Part year	1,639	1,438	201	0	0	14,800	12,795	2,005	0	0	0
None	15,784	8,302	7,253	228	1	163,073	85,982	75,192	1,887	12	0
<b>Maintenance Assistance Status</b>											
Cash	12,613	6,781	5,628	203	1	131,293	72,260	57,335	1,686	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	622	220	393	9	0	6,432	2,268	4,109	55	0	0
Other/unknown	6,578	4,924	1,637	17	0	63,319	45,251	17,919	149	0	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	18,533	11,275	7,043	214	1	187,771	113,166	72,861	1,732	12	0
Full dual, part year	1,280	650	615	15	0	13,273	6,613	6,502	158	0	0
<b>Managed Care Status</b>											
FFS all year	19,685	11,924	7,633	128	0	199,884	119,767	79,111	1,006	0	0
FFS part year, with Rx claims	52	1	13	37	1	525	12	141	360	12	0
FFS part year, no Rx claims	37	0	11	26	0	314	0	102	212	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	39	0	1	38	0	321	0	9	312	0	0



Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2002

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
<b>All</b>	<b>19,813</b>	<b>201,044</b>	<b>19,774</b>	<b>200,323</b>	<b>0</b>	<b>721</b>
FFS all year	19,685	199,884	19,685	199,884	0	0
FFS part year, with Rx claims	52	525	52	291	0	234
FFS part year, with no Rx claims	37	314	37	148	0	166
MC all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	39	321	0	0	0	321

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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.