

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 CONNECTICUT

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	152,444	4,414	29,419	40,890	77,627	94	626,619	45,075	302,219	89,159	189,371	795
Age												
5 and younger	26,741	0	0	3	26,738	0	60,779	0	0	4	60,775	0
6-14	31,133	0	3	8	31,122	0	78,213	0	36	16	78,161	0
15-20	19,570	1	757	1,417	17,395	0	54,850	12	6,727	3,166	44,945	0
21-44	50,007	0	12,555	35,147	2,282	23	208,733	0	127,744	75,480	5,323	186
45-64	20,450	1	15,996	4,299	84	70	177,803	12	166,602	10,435	157	597
65-74	2,574	2,453	108	12	0	1	26,359	25,189	1,110	48	0	12
75-84	1,423	1,420	0	3	0	0	14,696	14,689	0	7	0	0
85 and older	540	539	0	1	0	0	5,176	5,173	0	3	0	0
Unknown	6	0	0	0	6	0	10	0	0	0	10	0
Gender												
Female	89,374	3,218	16,582	30,291	39,189	94	369,555	33,338	174,623	66,496	94,303	795
Male	63,070	1,196	12,837	10,599	38,438	0	257,064	11,737	127,596	22,663	95,068	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	66,377	1,820	13,518	19,295	31,677	67	280,307	18,505	138,387	42,317	80,503	595
African American	33,196	773	6,578	8,048	17,793	14	136,711	7,992	67,138	18,060	43,405	116
Other/unknown	52,871	1,821	9,323	13,547	28,167	13	209,601	18,578	96,694	28,782	65,463	84
Use of Nursing Facilities^c												
Entire year	1,312	459	830	0	23	0	13,656	4,737	8,772	0	147	0
Part year	1,274	239	1,010	16	9	0	12,838	2,370	10,334	84	50	0
None	149,858	3,716	27,579	40,874	77,595	94	600,125	37,968	283,113	89,075	189,174	795
Maintenance Assistance Status												
Cash	29,293	790	8,872	6,641	12,990	0	150,230	8,934	98,714	14,490	28,092	0
Medically needy	13,874	1,018	10,784	663	1,389	0	128,463	10,546	111,174	1,943	4,800	0
Poverty-related	26,012	30	36	5,110	20,742	94	60,857	243	238	9,548	50,033	795
Other/unknown	83,265	2,576	9,727	28,456	42,506	0	287,069	25,352	92,093	63,178	106,446	0
Managed Care Status												
FFS all year	54,541	4,412	28,609	8,288	13,139	93	405,968	45,067	297,111	18,020	44,986	784
FFS part year, with Rx claims	17,934	2	677	7,484	9,770	1	49,244	8	4,548	19,539	25,138	11
FFS part year, no Rx claims	79,969	0	133	25,118	54,718	0	171,407	0	560	51,600	119,247	0

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

- a. Table ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.3

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, CONNECTICUT, 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	32.0 %	9.5	\$727	\$76	\$5,251	13.8 %	152,444
Age							
5 and younger	13.6	0.4	23	53	2,233	1.0	26,741
6-14	13.7	0.8	52	68	1,391	3.7	31,133
15-20	20.9	1.8	123	70	2,643	4.7	19,570
21-44	35.7	9.6	816	85	6,429	12.7	50,007
45-64	75.0	37.5	2,802	75	12,780	21.9	20,450
65-74	80.3	30.1	1,826	61	11,622	15.7	2,574
75-84	81.7	30.3	1,727	57	14,408	12.0	1,423
85 and older	78.9	31.9	1,647	52	23,226	7.1	540
Unknown	0.0	0.0	0	0	0	0.0	6
Basis of Eligibility^c							
Aged	80.7	30.4	1,775	58	13,944	12.7	4,414
Disabled	85.6	41.6	3,288	79	17,887	18.4	29,419
Adults	20.6	1.0	62	63	1,631	3.8	40,890
Children	15.0	0.7	47	65	1,868	2.5	77,627
Unknown	83.0	14.8	1,157	78	11,223	10.3	94
Gender							
Female	34.1	10.5	743	71	4,977	14.9	89,374
Male	29.1	8.2	704	85	5,639	12.5	63,070
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	33.5	11.3	843	75	6,411	13.1	66,377
African American	31.6	8.9	728	81	5,059	14.4	33,196
Other/unknown	30.5	7.7	581	75	3,917	14.8	52,871
Use of Nursing Facilities^d							
Entire year	93.1	76.2	5,444	71	73,566	7.4	1,312
Part year	97.4	76.1	5,963	78	55,419	10.8	1,274
None	31.0	8.4	641	76	4,227	15.2	149,858
Maintenance Assistance Status							
Cash	43.8	15.9	1,222	77	7,067	17.3	29,293
Medically needy	77.9	34.0	2,607	77	10,465	24.9	13,874
Poverty related	14.7	0.7	41	63	2,185	1.9	26,012
Other/unknown	25.7	6.0	453	76	4,702	9.6	83,265

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

- a. Table ND.3 includes beneficiaries represented by Cell K of Table 1.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				68.0 % None	14.2 % More than 0, 1, but 2 or Less	4.9 % More than 1, but 2 or Less	7.4 % More than 2, but 5 or Less	4.2 % More than 5, but 10 or Less				1.4 % More than 10
All	2.3	\$177	13.8 %	68.0 %	14.2 %	4.9 %	7.4 %	4.2 %	1.4 %	\$1,278	152,444	626,619
Age												
5 and younger	0.2	10	1.0	86.4	10.9	1.7	0.9	0.1	0.0	982	26,741	60,779
6-14	0.3	21	3.7	86.3	10.0	1.9	1.5	0.2	0.0	554	31,133	78,213
15-20	0.6	44	4.7	79.1	14.4	3.2	2.5	0.6	0.2	943	19,570	54,850
21-44	2.3	196	12.7	64.3	16.5	5.7	8.0	4.1	1.4	1,540	50,007	208,733
45-64	4.3	322	21.9	25.0	16.8	10.9	24.3	17.0	6.1	1,470	20,450	177,803
65-74	2.9	178	15.7	19.7	26.5	13.8	24.8	11.9	3.3	1,135	2,574	26,359
75-84	2.9	167	12.0	18.3	26.4	14.4	24.9	13.2	2.9	1,395	1,423	14,696
85 and older	3.3	172	7.1	21.1	16.7	11.1	31.3	16.3	3.5	2,423	540	5,176
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	6	10
Basis of Eligibility^c												
Aged	3.0	174	12.7	19.3	25.4	13.7	25.7	12.9	3.2	1,366	4,414	45,075
Disabled	4.0	320	18.4	14.4	21.9	12.4	26.9	17.9	6.6	1,741	29,419	302,219
Adults	0.5	28	3.8	79.4	13.2	3.7	2.8	0.7	0.1	748	40,890	89,159
Children	0.3	19	2.5	85.0	11.2	2.1	1.4	0.2	0.0	766	77,627	189,371
Unknown	1.7	137	10.3	17.0	41.5	17.0	23.4	1.1	0.0	1,327	94	795
Gender												
Female	2.5	180	14.9	65.9	14.9	5.2	7.8	4.6	1.6	1,204	89,374	369,555
Male	2.0	173	12.5	70.9	13.2	4.4	6.8	3.5	1.2	1,384	63,070	257,064
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.7	200	13.1	66.5	13.8	4.9	7.8	5.0	2.0	1,518	66,377	280,307
African American	2.2	177	14.4	68.4	14.9	4.7	6.8	3.8	1.3	1,228	33,196	136,711
Other/unknown	2.0	147	14.8	69.5	14.3	4.9	7.2	3.3	0.8	988	52,871	209,601
Use of Nursing Facilities^d												
Entire year	7.3	523	7.4	6.9	4.7	4.8	25.8	34.8	23.0	7,068	1,312	13,656
Part year	7.6	592	10.8	2.6	5.8	7.5	26.8	35.2	22.1	5,500	1,274	12,838
None	2.1	160	15.2	69.0	14.4	4.8	7.1	3.6	1.1	1,055	149,858	600,125
Maintenance Assistance Status												
Cash	3.1	238	17.3	56.2	17.3	6.6	11.0	6.5	2.5	1,378	29,293	150,230
Medically needy	3.7	282	24.9	22.1	22.4	11.6	24.3	15.1	4.5	1,130	13,874	128,463
Poverty related	0.3	18	1.9	85.3	11.1	2.1	1.2	0.2	0.0	934	26,012	60,857
Other/unknown	1.7	132	9.6	74.3	12.8	4.0	5.3	2.8	1.0	1,364	83,265	287,069

Table ND4

Nondual Beneficiaries

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

- a. Table ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. 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.

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

- a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Connecticut, 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 (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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, CONNECTICUT, 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.	As % of All Benes	No. of Bene Mos				
														Generic	Brand-Name	Generic	Brand-Name
Anti-infective Agents	0.5	0.3	0.0	0.2	\$78	\$73	\$2	\$4	\$168	\$260	\$98	\$22	97,083	\$16,298,531	24,008	15.7 %	207,853
Biologics	0.1	0.1	0.0	0.0	42	36	0	6	299	289	0	368	558	166,585	388	0.3	3,929
Antineoplastic Agents	0.5	0.2	0.0	0.2	160	132	5	23	320	546	193	100	4,510	1,443,947	900	0.6	9,007
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	44	31	3	9	53	77	33	29	117,969	6,265,490	15,069	9.9	142,857
Cardiovascular Agents	1.3	0.6	0.1	0.7	61	42	4	15	45	72	44	22	230,158	10,408,378	16,469	10.8	171,120
Respiratory Agents	0.7	0.4	0.1	0.3	38	27	4	7	53	73	73	25	118,331	6,311,387	18,490	12.1	164,649
Gastrointestinal Agents	0.6	0.4	0.0	0.2	65	58	1	6	102	141	84	27	80,406	8,211,901	12,202	8.0	126,568
Genitourinary Agents	0.4	0.3	0.0	0.1	20	18	0	2	54	66	40	18	14,599	793,801	4,192	2.7	40,546
CNS Drugs	1.7	0.9	0.1	0.7	148	113	8	27	88	127	106	38	359,100	31,660,550	21,666	14.2	214,319
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	0.2	46	31	6	9	77	105	67	43	5,622	432,474	1,268	0.8	9,438
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	121	119	0	2	204	219	0	38	2,051	417,776	319	0.2	3,439
Analgesics and Anesthetics	0.7	0.3	0.1	0.4	52	39	4	9	71	143	75	22	148,218	10,565,224	21,474	14.1	204,658
Neuromuscular Agents	1.1	0.5	0.1	0.5	68	52	5	10	61	104	61	20	156,488	9,491,619	13,585	8.9	140,081
Nutritional Products	0.5	0.0	0.1	0.5	16	3	1	12	28	80	19	26	22,758	645,338	5,088	3.3	41,551
Hematological Agents	0.7	0.2	0.1	0.4	102	92	2	8	153	523	29	20	27,219	4,172,382	3,955	2.6	40,816
Topical Products	0.4	0.2	0.0	0.2	17	11	2	5	42	66	51	22	64,054	2,718,855	16,581	10.9	157,721
Miscellaneous Products	0.3	0.2	0.0	0.1	57	43	7	7	181	249	346	55	4,028	727,196	1,460	1.0	12,809
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	31	0	0	0	2,522	77,161	738	0.5	8,017
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.	1,455,674	110,808,595	n.a.	n.a.	n.a.

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

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given 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.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Connecticut, 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_mddb.asp (May 13 2003).

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

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2002

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$19,324,007	13,903	147,893	0.9	\$147	\$131	
ANTIVIRAL	12,036,763	5,227	54,403	0.5	418	221	
ANTIDEPRESSANTS	9,292,245	21,769	221,246	0.7	64	42	
ANTICONVULSANT	8,415,282	12,718	133,637	0.9	73	63	
ULCER DRUGS	6,772,429	12,404	131,256	0.5	108	52	
ANALGESICS - Narcotic	6,330,137	20,285	204,107	0.4	76	31	
ANTIDIABETIC	4,697,394	10,943	116,683	0.6	62	40	
ANTIASTHMATIC	3,767,509	17,073	160,359	0.4	57	23	
ANTHYPERLIPIDEMIC	3,671,002	6,603	72,511	0.6	88	51	
ANALGESICS - ANTI-INFLAMMATORY	3,098,918	16,788	170,129	0.3	62	18	
Total	77,405,686	137,713	1,412,224	n.a.	n.a.	n.a.	

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

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 (May 13 2003).

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

TABLE ND.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}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIVIRAL					
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	Mean No. of Rx	No. of Users	Users as % of All Benes	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Users	Users as % of All Benes	Mean No. of Rx	No. of Users	Users as % of All Benes	Mean No. of Rx
All	801,297	\$77,405,686	13,903	9.1 %	0.9	147,893	9.1 %	0.9	5,227	3.4 %	54,403	3.4 %	0.5	\$221		
Female	509,077	45,638,592	8,064	9.0	0.8	86,593	9.0	0.8	2,735	3.1	28,227	3.1	0.5	199		
Disabled	438,936	40,200,214	6,980	42.1	0.8	77,747	42.1	0.8	2,334	14.1	25,959	14.1	0.5	205		
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	3,481	279,883	91	28.5	0.8	867	28.5	0.8	14	4.4	140	4.4	0.2	74		
21-44	159,671	15,599,354	3,317	50.1	0.8	36,313	50.1	0.8	1,381	20.9	15,334	20.9	0.5	200		
45-64	274,528	24,212,437	3,558	37.2	0.8	40,399	37.2	0.8	938	9.8	10,473	9.8	0.5	213		
65-74	1,256	108,540	14	17.3	0.6	168	17.3	0.6	1	1.2	12	1.2	0.1	4		
75-84	0	0	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0		
85 and older	0	0	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0		
Other Eligibles	70,141	5,438,378	1,084	1.5	0.7	8,846	1.5	0.7	401	0.6	2,268	0.6	0.4	140		
5 and younger	1,272	74,168	0	0.0	0.0	0	0.0	0.0	7	0.1	35	0.1	0.3	8		
6-14	4,362	347,685	98	0.6	0.8	687	0.6	0.8	26	0.2	192	0.2	0.5	117		
15-20	4,911	326,233	149	1.4	0.9	966	1.4	0.9	26	0.2	84	0.2	0.4	61		
21-44	12,449	959,518	298	1.1	0.6	1,511	1.1	0.6	241	0.9	1,118	0.9	0.5	171		
45-64	3,841	297,975	68	2.5	0.5	457	2.5	0.5	40	1.5	168	1.5	0.6	229		
65-74	25,754	2,089,228	256	14.3	0.8	2,902	14.3	0.8	33	1.8	377	1.8	0.3	142		
75-84	12,910	1,002,997	126	12.3	0.7	1,379	12.3	0.7	21	2.1	210	2.1	0.2	22		
85 and older	4,642	340,574	89	21.5	0.6	944	21.5	0.6	7	1.7	84	1.7	0.1	6		
Male	292,220	31,767,094	5,839	9.3	1.0	61,300	9.3	1.0	2,492	4.0	26,176	4.0	0.6	245		
Disabled	261,450	29,069,741	5,111	39.8	1.0	56,045	39.8	1.0	2,379	18.5	25,521	18.5	0.6	246		
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	64	5,327	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0		
15-20	5,181	523,951	168	38.4	1.1	1,654	38.4	1.1	1	0.2	12	0.2	0.1	2		
21-44	116,352	13,211,731	2,871	48.3	1.1	31,358	48.3	1.1	1,077	18.1	11,320	18.1	0.5	235		
45-64	139,416	15,305,419	2,064	32.1	0.9	22,937	32.1	0.9	1,298	20.2	14,177	20.2	0.6	255		
65-74	437	23,313	8	29.6	1.1	96	29.6	1.1	3	11.1	12	11.1	0.6	110		
75-84	0	0	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0		
85 and older	0	0	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0		
Other Eligibles	30,770	2,697,353	728	1.4	0.8	5,255	1.4	0.8	113	0.2	655	0.2	0.5	209		
5 and younger	2,197	123,057	5	0.0	0.6	27	0.0	0.6	3	0.0	7	0.0	0.6	11		
6-14	6,577	627,506	230	1.4	0.8	1,492	1.4	0.8	11	0.1	61	0.1	0.2	33		
15-20	5,372	559,423	259	3.3	0.8	1,737	3.3	0.8	28	0.4	135	0.4	0.7	232		
21-44	2,854	245,196	71	0.7	0.5	340	0.7	0.5	46	0.5	203	0.5	0.5	291		
45-64	1,523	147,346	14	0.8	1.2	77	0.8	1.2	11	0.6	87	0.6	0.6	286		
65-74	7,077	580,973	79	11.7	0.7	870	11.7	0.7	10	1.5	117	1.5	0.2	161		
75-84	3,980	328,886	52	12.9	0.7	543	12.9	0.7	2	0.5	21	0.5	0.1	10		
85 and older	1,190	84,966	18	14.3	0.8	169	14.3	0.8	2	1.6	24	1.6	0.1	15		
Unknown	0	0	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0		

Table ND7A

Nondual Beneficiaries

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

a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 (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 ND.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}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ULCER DRUGS				
	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$
All	21,769	14.3 %	221,246	0.7	\$42	12,718	8.3 %	133,637	0.9	\$63	12,404	8.1 %	131,256	0.5	\$52
Female	15,006	16.8	153,075	0.7	42	7,572	8.5	79,811	0.8	59	8,268	9.3	88,398	0.5	50
Disabled	12,265	74.0	136,252	0.7	42	6,320	38.1	70,182	0.9	61	6,362	38.4	71,626	0.5	50
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	121	37.9	1,210	0.7	38	99	31.0	1,010	1.2	101	41	12.9	402	0.4	36
21-44	5,002	75.6	54,512	0.7	42	2,911	44.0	31,899	0.9	68	1,966	29.7	21,907	0.4	46
45-64	7,110	74.3	80,157	0.7	42	3,300	34.5	37,181	0.8	53	4,329	45.3	49,024	0.5	53
65-74	32	39.5	373	0.6	46	10	12.3	92	0.6	21	26	32.1	293	0.4	51
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2,741	3.8	16,823	0.6	39	1,252	1.7	9,629	0.8	50	1,906	2.6	16,772	0.5	50
5 and younger	2	0.0	15	0.9	12	25	0.2	261	0.9	77	62	0.5	398	0.6	50
6-14	106	0.7	649	0.6	43	198	1.3	1,860	0.8	58	68	0.4	659	0.5	50
15-20	253	2.3	1,195	0.7	39	167	1.5	1,316	1.2	81	88	0.8	559	0.5	43
21-44	1,324	4.8	4,891	0.6	45	438	1.6	1,855	0.7	45	425	1.5	1,725	0.4	44
45-64	266	9.8	1,217	0.6	44	88	3.2	509	0.7	34	124	4.6	652	0.5	47
65-74	443	24.8	5,107	0.5	33	205	11.5	2,337	0.7	42	651	36.4	7,274	0.4	45
75-84	217	21.3	2,406	0.6	38	88	8.6	1,004	0.7	34	344	33.7	3,925	0.5	57
85 and older	130	31.4	1,343	0.7	40	43	10.4	487	0.6	28	144	34.8	1,580	0.6	63
Male	6,763	10.7	68,171	0.7	42	5,146	8.2	53,826	0.9	69	4,136	6.6	42,858	0.5	55
Disabled	5,828	45.4	62,627	0.7	42	4,326	33.7	47,117	0.9	68	3,364	26.2	36,732	0.5	54
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	150.0	36	1.0	59	2	100.0	24	0.8	125
15-20	100	22.8	954	0.8	42	146	33.3	1,509	1.1	98	46	10.5	464	0.6	55
21-44	2,680	45.1	28,542	0.7	44	2,303	38.8	25,179	0.9	76	1,159	19.5	12,662	0.5	53
45-64	3,044	47.3	33,083	0.6	41	1,869	29.1	20,349	0.8	57	2,150	33.4	23,514	0.5	54
65-74	4	14.8	48	2.0	128	5	18.5	44	0.3	9	7	25.9	68	0.3	22
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	935	1.9	5,544	0.6	41	820	1.6	6,709	0.8	70	772	1.5	6,126	0.5	59
5 and younger	3	0.0	20	0.7	15	53	0.4	473	0.8	73	100	0.7	652	0.6	46
6-14	168	1.0	908	0.6	39	256	1.6	2,318	0.9	76	122	0.8	1,093	0.7	80
15-20	248	3.1	1,402	0.6	48	220	2.8	1,844	1.0	89	61	0.8	356	0.6	55
21-44	245	2.6	780	0.6	39	130	1.4	475	0.6	42	134	1.4	390	0.5	61
45-64	86	4.9	414	0.6	43	27	1.5	128	0.9	68	49	2.8	254	0.5	62
65-74	98	14.5	1,114	0.5	31	75	11.1	863	0.7	47	155	22.9	1,743	0.5	53
75-84	59	14.7	640	0.6	41	49	12.2	513	0.7	44	108	26.9	1,200	0.5	57
85 and older	28	22.2	266	0.8	44	10	7.9	95	0.7	18	43	34.1	438	0.5	57
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7B
 Nondual Beneficiaries

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

- a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 (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 ND.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}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic				ANTI-DIABETIC				ANTI-ASTHMATIC						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	20,285	13.3 %	204,107	0.4	\$31	10,943	7.2 %	116,683	0.6	\$40	17,073	11.2 %	160,359	0.4	\$24
Female	13,618	15.2	138,602	0.4	27	7,428	8.3	80,151	0.6	41	11,759	13.2	116,059	0.4	23
Disabled	10,457	63.1	117,421	0.4	29	5,692	34.3	64,092	0.7	42	8,571	51.7	97,007	0.4	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	58	18.2	571	0.2	9	9	2.8	73	0.9	43	91	28.5	864	0.3	15
21-44	4,056	61.3	45,148	0.4	27	989	15.0	11,031	0.6	39	2,885	43.6	32,341	0.3	19
45-64	6,307	65.9	71,304	0.4	31	4,664	48.8	52,651	0.7	43	5,564	58.2	63,450	0.4	25
65-74	36	44.4	398	0.2	9	30	37.0	337	0.7	38	31	38.3	352	0.4	21
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	3,161	4.3	21,181	0.3	15	1,736	2.4	16,059	0.6	35	3,188	4.4	19,052	0.4	23
5 and younger	17	0.1	90	0.2	2	6	0.0	9	1.3	54	368	2.8	1,328	0.5	24
6-14	73	0.5	478	0.2	6	22	0.1	93	0.5	29	663	4.4	2,639	0.5	21
15-20	245	2.2	1,063	0.3	6	36	0.3	166	0.6	40	345	3.2	1,492	0.4	19
21-44	1,478	5.3	5,643	0.5	20	249	0.9	879	0.6	39	814	2.9	3,345	0.4	23
45-64	251	9.3	1,555	0.4	15	171	6.3	840	0.6	39	165	6.1	959	0.4	21
65-74	642	35.9	7,320	0.3	12	828	46.3	9,322	0.6	36	509	28.5	5,694	0.4	23
75-84	341	33.4	3,777	0.3	15	356	34.9	4,051	0.6	33	227	22.2	2,524	0.4	29
85 and older	114	27.5	1,255	0.3	12	68	16.4	699	0.7	26	97	23.4	1,071	0.4	23
Male	6,667	10.6	65,505	0.5	40	3,515	5.6	36,532	0.6	40	5,314	8.4	44,300	0.5	25
Disabled	5,525	43.0	59,394	0.5	42	2,915	22.7	31,844	0.6	40	3,025	23.6	33,047	0.4	25
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	3	150.0	36	0.3	6
15-20	75	17.1	792	0.3	12	6	1.4	45	0.3	16	59	13.5	593	0.5	33
21-44	2,155	36.3	22,898	0.4	42	664	11.2	7,219	0.6	39	1,052	17.7	11,562	0.4	22
45-64	3,290	51.2	35,644	0.5	43	2,238	34.8	24,504	0.6	40	1,909	29.7	20,832	0.5	26
65-74	5	18.5	60	0.2	2	7	25.9	76	1.4	61	2	7.4	24	2.3	30
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,142	2.3	6,111	0.4	18	600	1.2	4,688	0.6	36	2,289	4.6	11,253	0.5	26
5 and younger	39	0.3	171	0.3	2	1	0.0	3	0.3	9	671	4.9	2,450	0.5	22
6-14	93	0.6	540	0.3	12	20	0.1	98	0.7	39	879	5.5	3,759	0.5	26
15-20	190	2.4	768	0.4	12	29	0.4	103	0.8	39	238	3.0	1,061	0.4	17
21-44	454	4.7	1,388	0.6	28	95	1.0	265	0.7	43	142	1.5	444	0.6	30
45-64	104	6.0	475	0.6	53	123	7.0	502	0.6	42	47	2.7	226	0.4	22
65-74	142	21.0	1,556	0.3	12	198	29.2	2,241	0.6	37	159	23.5	1,802	0.5	30
75-84	89	22.1	949	0.2	7	119	29.6	1,322	0.5	31	111	27.6	1,161	0.5	32
85 and older	31	24.6	264	0.3	9	15	11.9	154	0.5	32	42	33.3	350	0.7	39
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7C
 Nondual Beneficiaries

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

a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 (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 ND.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}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANALGESICS - ANTI-INFLAMMATORY				No. of Bene Mos		
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$			
All	6,603	4.3 %	72,511	0.6	16,788	11.0 %	170,129	0.3	\$18	152,444	626,619
Female	4,324	4.8	48,172	0.6	11,779	13.2	120,071	0.3	19	89,374	369,555
Disabled	3,297	19.9	37,459	0.6	8,684	52.4	98,703	0.3	19	16,582	174,623
5 and younger	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	1	12
15-20	3	0.9	33	0.5	77	24.1	779	0.2	9	319	2,935
21-44	421	6.4	4,733	0.6	3,044	46.0	34,041	0.2	11	6,615	68,763
45-64	2,848	29.8	32,395	0.6	5,523	57.7	63,407	0.3	23	9,566	102,065
65-74	25	30.9	298	0.5	40	49.4	476	0.3	33	81	848
75-84	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
Other Eligibles	1,027	1.4	10,713	0.5	3,095	4.3	21,368	0.3	21	72,792	194,932
5 and younger	1	0.0	12	0.3	73	0.6	256	0.3	3	12,982	29,411
6-14	1	0.0	1	1.0	113	0.7	470	0.3	9	15,114	37,219
15-20	2	0.0	6	0.8	287	2.6	1,134	0.3	5	10,891	27,179
21-44	51	0.2	204	0.4	1,189	4.3	4,426	0.4	12	27,872	60,782
45-64	91	3.4	467	0.5	219	8.1	1,172	0.3	28	2,709	6,985
65-74	582	32.5	6,626	0.5	773	43.2	8,860	0.3	24	1,789	18,627
75-84	272	26.6	3,114	0.5	352	34.5	4,020	0.3	25	1,021	10,668
85 and older	27	6.5	283	0.5	89	21.5	1,030	0.5	39	414	4,061
Male	2,279	3.6	24,339	0.6	5,009	7.9	50,058	0.3	16	63,064	257,054
Disabled	1,884	14.7	20,882	0.6	3,990	31.1	44,058	0.3	16	12,837	127,596
5 and younger	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	2	24
15-20	2	0.5	19	0.8	54	12.3	545	0.2	8	438	3,792
21-44	420	7.1	4,673	0.6	1,529	25.7	16,705	0.2	12	5,940	58,981
45-64	1,459	22.7	16,158	0.6	2,404	37.4	26,773	0.3	18	6,430	64,537
65-74	3	11.1	32	0.4	3	11.1	35	0.2	1	27	262
75-84	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
Other Eligibles	395	0.8	3,457	0.6	1,019	2.0	6,000	0.3	15	50,227	129,458
5 and younger	0	0.0	0	0.0	86	0.6	262	0.4	4	13,759	31,368
6-14	0	0.0	0	0.0	119	0.7	520	0.3	5	16,016	40,958
15-20	2	0.0	24	0.5	169	2.1	677	0.3	4	7,922	20,944
21-44	51	0.5	138	0.6	274	2.9	863	0.4	12	9,580	20,207
45-64	64	3.7	223	0.5	75	4.3	382	0.4	18	1,745	4,216
65-74	184	27.2	2,029	0.6	170	25.1	1,917	0.3	17	677	6,622
75-84	85	21.1	947	0.5	100	24.9	1,118	0.3	22	402	4,028
85 and older	9	7.1	96	0.5	26	20.6	261	0.4	36	126	1,115
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	6	10

Table ND7D

Nondual Beneficiaries

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

- a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 (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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, CONNECTICUT, 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
All	\$523	7.3	1,312	13,656
Age				
0-64	630	8.1	847	8,857
65-74	434	6.6	136	1,462
75-84	349	6.3	153	1,596
85 and older	215	4.7	176	1,741
Unknown	0	0.0	0	0
Gender				
Female	492	7.2	802	8,457
Male	573	7.5	510	5,199
Unknown	0	0.0	0	0
Race				
White	478	7.1	846	8,842
African American	675	8.1	261	2,746
Other/unknown	515	7.1	205	2,068
Basis of Eligibility^c				
Aged	326	5.8	459	4,737
Disabled	638	8.3	830	8,772
Adults	0	0.0	0	0
Children	16	0.5	23	147
Unknown	0	0.0	0	0

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

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 1,274 beneficiaries who were in nursing facilities for part of their enrollment and their 12,838 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 ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	No.	As % of All-Year NF Residents	No. of Bene Mos		
Anti-infective Agents	0.6	0.4	0.0	0.2	\$90	\$81	\$3	\$6	\$140	\$209	\$95	\$27	5,358	\$748,156	773	58.9 %	8,274
Biologicals	0.1	0.1	0.0	0.0	5	4	0	1	52	75	0	18	22	1,134	21	1.6	235
Antineoplastic Agents	0.6	0.2	0.1	0.2	160	107	27	26	273	455	200	120	456	124,450	78	5.9	780
Endocrine/Metabolic Drugs	1.2	0.5	0.1	0.6	54	37	3	14	44	70	21	25	6,592	290,089	508	38.7	5,368
Cardiovascular Agents	1.9	0.5	0.2	1.2	59	29	6	24	30	56	31	19	15,724	476,993	768	58.5	8,095
Respiratory Agents	0.9	0.4	0.1	0.4	45	25	5	15	52	66	64	37	4,332	224,584	459	35.0	4,954
Gastrointestinal Agents	1.1	0.5	0.0	0.5	90	71	1	18	82	134	66	32	7,658	629,685	670	51.1	7,032
Genitourinary Agents	0.7	0.5	0.0	0.2	40	36	0	4	54	67	39	19	1,779	95,997	219	16.7	2,416
CNS Drugs	2.2	1.2	0.1	1.0	220	174	6	40	100	149	83	41	23,689	2,366,216	1,003	76.4	10,762
Stimulants/Anti-obesity/Anorexia	0.7	0.1	0.0	0.5	29	13	2	14	42	96	59	27	176	7,333	26	2.0	252
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	132	132	0	0	164	164	0	0	596	97,499	70	5.3	738
Analgesics and Anesthetics	1.3	0.6	0.1	0.6	82	68	4	10	64	116	39	17	7,516	479,961	564	43.0	5,831
Neuromuscular Agents	1.6	0.7	0.2	0.8	98	68	8	22	61	103	44	29	12,312	754,680	698	53.2	7,692
Nutritional Products	1.0	0.0	0.1	0.9	22	0	1	21	23	18	20	23	3,115	71,173	314	23.9	3,270
Hematological Agents	1.2	0.3	0.1	0.8	120	108	2	10	102	407	13	13	5,054	516,458	414	31.6	4,292
Topical Products	0.6	0.3	0.1	0.3	28	17	4	6	45	67	58	22	5,202	233,163	769	58.6	8,394
Miscellaneous Products	0.3	0.1	0.0	0.2	25	15	0	10	88	161	0	54	208	18,221	68	5.2	726
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	16	0	0	0	38	0	0	0	178	6,759	43	3.3	416
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.	99,967	7,142,551	n.a.	n.a.	n.a.

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

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,274 beneficiaries who were in nursing facilities for part of their enrollment and their 12,838 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 (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 Connecticut, 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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, CONNECTICUT, 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	\$1,617,074	934	71.2 %	10,381	0.9	\$164	\$156	
ANTICONVULSANT	614,494	774	59.0	8,652	1.0	68	71	
ANTIDEPRESSANTS	598,291	970	73.9	10,546	0.9	66	57	
ULCER DRUGS	449,672	609	46.4	6,425	0.8	93	70	
HEMATOPOIETIC AGENTS	356,158	211	16.1	2,199	0.7	242	162	
ANALGESICS - Narcotic	345,762	569	43.4	5,813	0.9	64	59	
ANTIVIRAL	319,033	151	11.5	1,592	0.6	350	200	
ANTIDIABETIC	231,419	554	42.2	6,008	0.8	46	39	
DERMATOLOGICAL	159,494	1,158	88.3	12,930	0.2	50	12	
ANTIASTHMATIC	156,990	514	39.2	5,303	0.5	55	30	
Total	4,848,387	6,444		69,849	n.a.	n.a.	n.a.	

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

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,274 beneficiaries who were in nursing facilities for part of their enrollment and their 12,838 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 (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 ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT						
	No. of Rx	Rx \$	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	51,676	\$4,848,387	934	71.2 %	10,381	0.9	\$156	774	59.0 %	8,652	1.0	\$71					
Female	31,378	2,834,887	590	73.6	6,593	0.9	152	455	56.7	5,112	1.1	67					
Disabled	21,670	2,096,483	398	88.8	4,513	1.0	164	341	76.1	3,817	1.1	70					
64 or younger	21,649	2,093,947	397	89.4	4,501	1.0	164	340	76.6	3,815	1.1	70					
65-74	21	2,536	1	25.0	12	1.2	184	1	25.0	2	1.0	72					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	9,708	738,404	192	54.2	2,080	0.9	127	114	32.2	1,295	1.1	56					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	3,630	325,111	83	92.2	920	1.0	161	58	64.4	647	1.1	68					
75-84	3,480	249,593	54	49.1	595	0.9	126	37	33.6	436	1.1	49					
85 and older	2,598	163,700	55	37.7	565	0.6	74	19	13.0	212	0.8	34					
Male	20,298	2,013,500	344	67.5	3,788	1.0	162	319	62.5	3,540	1.0	77					
Disabled	17,411	1,786,072	280	73.3	3,134	1.0	170	273	71.5	3,062	1.0	80					
64 or younger	17,297	1,774,452	275	72.4	3,074	1.0	171	271	71.3	3,038	1.1	80					
65-74	114	11,620	5	250.0	60	0.7	92	2	100.0	24	0.2	5					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	2,887	227,428	64	50.0	654	0.8	124	46	35.9	478	0.9	62					
64 or younger	23	1,691	0	0.0	0	0.0	0	1	6.7	6	1.7	107					
65-74	1,092	95,483	26	65.0	281	0.9	151	17	42.5	190	0.9	68					
75-84	1,179	99,201	28	65.1	300	0.7	106	24	55.8	252	0.8	61					
85 and older	593	31,053	10	33.3	73	1.1	92	4	13.3	30	0.8	24					
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 2002 file for Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,274 beneficiaries who were in nursing facilities for part of their enrollment and their 12,838 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_mdmb.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 ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS						ULCER DRUGS						HEMATOPOIETIC AGENTS					
	Users as %			Mean			Users as %			Mean			Users as %			Mean		
	No. of Users	No. of Bene Users	No. of Bene Mos among Users	No. of Rx	No. of Rx	Mean Rx \$	Residents	NF	No. of Bene Users	No. of Bene Mos among Users	No. of Bene Rx	Residents	NF	No. of Bene Users	No. of Bene Mos among Users	No. of Bene Rx	Residents	NF
All	970	73.9 %	10,546	0.9	\$57	609	46.4 %	6,425	0.8	\$70	211	16.1 %	2,199	0.7	\$162			
Female	608	75.8	6,721	0.8	57	356	44.4	3,808	0.8	70	101	12.6	1,099	0.6	153			
Disabled	393	87.7	4,337	0.9	61	198	44.2	2,112	0.8	69	61	13.6	661	0.7	239			
64 or younger	393	88.5	4,337	0.9	61	198	44.6	2,112	0.8	69	61	13.7	661	0.7	239			
65-74	0	0.0	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	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	215	60.7	2,384	0.8	51	158	44.6	1,696	0.7	70	40	11.3	438	0.6	24			
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	66	73.3	761	0.8	54	47	52.2	500	0.6	64	6	6.7	68	0.5	47			
75-84	67	60.9	741	0.9	57	51	46.4	563	0.8	80	17	15.5	178	0.6	30			
85 and older	82	56.2	882	0.8	44	60	41.1	633	0.7	66	17	11.6	192	0.5	10			
Male	362	71.0	3,825	0.9	56	253	49.6	2,617	0.7	71	110	21.6	1,100	0.7	171			
Disabled	303	79.3	3,225	0.9	56	199	52.1	2,080	0.8	71	89	23.3	883	0.7	204			
64 or younger	300	78.9	3,189	0.9	55	198	52.1	2,068	0.8	71	89	23.4	883	0.7	204			
65-74	3	150.0	36	1.2	130	1	50.0	12	1.1	72	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	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	59	46.1	600	0.9	55	54	42.2	537	0.6	70	21	16.4	217	0.6	36			
64 or younger	0	0.0	0	0.0	0	2	13.3	8	0.8	119	0	0.0	0	0.0	0			
65-74	23	57.5	248	0.8	51	18	45.0	197	0.6	68	7	17.5	74	0.6	30			
75-84	21	48.8	217	0.9	64	19	44.2	194	0.7	83	8	18.6	86	0.7	63			
85 and older	15	50.0	135	1.0	48	15	50.0	138	0.7	51	6	20.0	57	0.5	3			
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 2002 file for Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,274 beneficiaries who were in nursing facilities for part of their enrollment and their 12,838 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 (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 ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIVIRAL					ANTIDIABETIC							
	Users as %					Users as %					Users as %							
	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$
All	569	5,813	0.9	\$60	0.6	151	1,592	0.6	\$200	0.6	554	6,008	0.8	\$39				
Female																		
Disabled																		
64 or younger	216	2,199	1.2	75	0.7	58	601	0.7	221	0.7	219	2,456	0.8	37				
65-74	0	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	0				
85 and older	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0				
Other Eligibles																		
64 or younger	130	1,366	0.5	21	0.2	19	220	0.2	65	0.2	127	1,353	0.8	33				
65-74	41	413	0.5	34	0.4	9	108	0.4	127	0.4	47	495	0.9	31				
75-84	48	520	0.6	21	0.1	6	64	0.1	7	0.1	52	605	0.8	38				
85 and older	41	433	0.4	10	0.1	4	48	0.1	4	0.1	28	253	0.7	26				
Male																		
Disabled																		
64 or younger	186	1,933	1.0	76	0.6	69	714	0.6	240	0.6	174	1,851	0.9	45				
65-74	1	12	0.6	9	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	0				
85 and older	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0				
Other Eligibles																		
64 or younger	37	315	0.5	15	0.1	5	57	0.1	9	0.1	34	348	0.7	31				
65-74	13	151	0.6	24	0.1	3	36	0.1	3	0.1	15	168	0.8	37				
75-84	12	85	0.4	6	0.1	1	9	0.1	16	0.1	17	165	0.7	26				
85 and older	11	75	0.3	7	0.2	1	12	0.2	23	0.2	2	15	1.0	27				
Unknown	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 Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,274 beneficiaries who were in nursing facilities for part of their enrollment and their 12,838 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 (May 13 2003).
- Benefit Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	DERMATOLOGICAL					ANTIASTHMATIC						
	Users as %		No. of Bene		Mean Rx\$	Users as %		No. of Bene		Mean Rx\$		
	No. of Users	Residents	No. of Users	NF Residents		No. of Users	NF Residents	No. of Users	NF Residents			
All	1,158	88.3 %	12,930	0.2	\$12	514	39.2 %	5,303	0.5	\$30	1,312	13,656
Female	701	87.4	7,953	0.2	12	317	39.5	3,347	0.5	29	802	8,457
Disabled	425	94.9	4,855	0.3	15	177	39.5	1,875	0.6	33	448	4,800
64 or younger	424	95.5	4,843	0.3	15	176	39.6	1,873	0.6	33	444	4,762
65-74	1	25.0	12	0.3	14	1	25.0	2	0.5	6	4	38
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	276	78.0	3,098	0.2	8	140	39.5	1,472	0.5	25	354	3,657
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	48
65-74	68	75.6	774	0.2	7	41	45.6	425	0.4	20	90	960
75-84	94	85.5	1,065	0.2	10	50	45.5	509	0.5	30	110	1,165
85 and older	114	78.1	1,259	0.2	7	49	33.6	538	0.4	23	146	1,484
Male	457	89.6	4,977	0.3	13	197	38.6	1,956	0.6	30	510	5,199
Disabled	373	97.6	4,087	0.3	14	143	37.4	1,494	0.5	30	382	3,972
64 or younger	371	97.6	4,063	0.3	14	143	37.6	1,494	0.5	30	380	3,948
65-74	2	100.0	24	0.3	14	0	0.0	0	0.0	0	2	24
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	84	65.6	890	0.2	9	54	42.2	462	0.6	32	128	1,227
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	15	99
65-74	21	52.5	242	0.2	5	5	12.5	60	0.3	17	40	440
75-84	39	90.7	426	0.2	10	30	69.8	271	0.5	28	43	431
85 and older	24	80.0	222	0.3	12	19	63.3	131	1.0	46	30	257
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 2002 file for Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,274 beneficiaries who were in nursing facilities for part of their enrollment and their 12,838 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 (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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 CONNECTICUT, 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		Total No. Part D Excl Rx	Part D Excl Rx \$ per Bene	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx \$ as % of All Nondual Rx \$	Total No. of Benes
			Excl Rx	Bene						
All	20,919	13.7 %	1.0	158,706	\$34	\$5,240,046	\$33	4.7 %	152,444	
Age										
5 and younger	1,044	3.9	0.1	2,346	5	128,768	55	21.3	26,741	
6-14	925	3.0	0.1	4,382	13	403,581	92	24.9	31,133	
15-20	833	4.3	0.2	3,850	12	242,742	63	10.1	19,570	
21-44	7,428	14.9	1.1	55,589	35	1,750,840	31	4.3	50,007	
45-64	8,908	43.6	4.0	81,575	119	2,430,831	30	4.2	20,450	
65-74	1,013	39.4	2.5	6,330	56	144,825	23	3.1	2,574	
75-84	548	38.5	2.3	3,255	73	103,852	32	4.2	1,423	
85 and older	220	40.7	2.6	1,379	64	34,607	25	3.9	540	
Unknown	0	0.0	0.0	0	0	0	0	0.0	6	
Basis of Eligibility^c										
Aged	1,735	39.3	2.4	10,679	63	277,441	26	3.5	4,414	
Disabled	14,593	49.6	4.6	134,401	142	4,189,447	31	4.3	29,419	
Adults	1,938	4.7	0.1	4,579	3	109,236	24	4.3	40,890	
Children	2,619	3.4	0.1	8,940	9	662,365	74	18.3	77,627	
Unknown	34	36.2	1.1	107	17	1,557	15	1.4	94	
Gender										
Female	13,825	15.5	1.2	103,278	34	3,029,305	29	4.6	89,374	
Male	7,094	11.2	0.9	55,428	35	2,210,741	40	5.0	63,070	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	9,720	14.6	1.3	87,679	41	2,722,516	31	4.9	66,377	
African American	4,173	12.6	0.9	29,248	33	1,089,958	37	4.5	33,196	
Other/unknown	7,026	13.3	0.8	41,779	27	1,427,572	34	4.6	52,871	
Use of Nursing Facilities^d										
Entire year	710	54.1	6.0	7,920	141	185,100	23	2.6	1,312	
Part year	956	75.0	8.5	10,849	244	310,480	29	4.1	1,274	
None	19,253	12.8	0.9	139,937	32	4,744,466	34	4.9	149,858	
Maintenance Assistance Status										
Cash	6,196	21.2	1.8	54,130	54	1,596,329	29	4.5	29,293	
Medically needy	5,999	43.2	3.6	50,013	111	1,534,365	31	4.2	13,874	
Poverty related	781	3.0	0.1	2,479	6	167,135	67	15.5	26,012	
Other/unknown	7,943	9.5	0.6	52,084	23	1,942,217	37	5.1	83,265	

Table ND11

Nondual Beneficiaries

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

- a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 CONNECTICUT, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazepine \$ per Bene Mo.	No. of Bene Mos
All	0.3	\$8	\$33	\$0	\$3	626,619
Age						
5 and younger	0.0	2	55	0	0	60,779
6-14	0.1	5	92	0	0	78,213
15-20	0.1	4	63	0	1	54,850
21-44	0.3	8	31	0	3	208,733
45-64	0.5	14	30	0	5	177,803
65-74	0.2	5	23	0	2	26,359
75-84	0.2	7	32	0	1	14,696
85 and older	0.3	7	25	0	2	5,176
Unknown	0.0	0	0	0	0	10
Basis of Eligibility^c						
Aged	0.2	6	26	0	1	45,075
Disabled	0.4	14	31	0	5	302,219
Adults	0.1	1	24	0	0	89,159
Children	0.0	3	74	0	0	189,371
Unknown	0.1	2	15	0	1	795
Gender						
Female	0.3	8	29	0	3	369,555
Male	0.2	9	40	0	2	257,064
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	10	31	0	4	280,307
African American	0.2	8	37	0	1	136,711
Other/unknown	0.2	7	34	0	2	209,601
Use of Nursing Facilities^d						
Entire year	0.6	14	23	0	6	13,656
Part year	0.8	24	29	0	6	12,838
None	0.2	8	34	0	2	600,125
Maintenance Assistance Status						
Cash	0.4	11	29	0	4	150,230
Medically needy	0.4	12	31	0	4	128,463
Poverty related	0.0	3	67	0	0	60,857
Other/unknown	0.2	7	37	0	2	287,069

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

- a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
CONNECTICUT, 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
All	30,443	\$172	\$5,240,046	100.0 %	158,706	\$33	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	1	84	84	0.0	1	84	0.0
Drugs for cosmetic purposes	18	25	450	0.0	44	10	0.0
Cough and cold medications	7,721	78	599,205	11.4	18,325	33	11.5
Vitamins and minerals	3,373	128	430,661	8.2	19,223	22	12.1
Non-prescription drugs	9,002	244	2,198,095	41.9	42,314	52	26.7
Barbiturates	485	69	33,701	0.6	4,682	7	3.0
Benzodiazepines	8,561	185	1,586,829	30.3	68,132	23	42.9
Other Part D Excl Rx Drugs	1,282	305	391,021	7.5	5,985	65	3.8

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

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

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.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries with Pharmacy Benefit Coverage					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	404,340	4,414	29,433	104,344	266,055	3,952,760	45,089	306,251	957,683	2,642,941	796
Age											
5 and younger	89,633	0	0	10	89,623	0	0	0	88	860,128	0
6-14	116,480	0	3	13	116,464	0	36	91	1,210,060	0	0
15-20	56,313	1	762	1,662	53,888	0	7,755	9,396	522,880	0	0
21-44	109,685	0	12,559	91,178	5,925	23	129,834	841,379	48,823	186	0
45-64	27,670	1	16,001	11,449	149	70	167,516	106,440	1,040	598	0
65-74	2,590	2,453	108	28	0	1	1,110	274	0	12	0
75-84	1,423	1,420	0	3	0	0	14,689	0	12	0	0
85 and older	540	539	0	1	0	0	5,173	0	3	0	0
Unknown	6	0	0	0	6	10	0	0	0	10	0
Gender											
Female	235,863	3,218	16,589	82,385	133,577	94	2,312,969	177,439	770,001	1,331,395	796
Male	168,477	1,196	12,844	21,959	132,478	0	1,639,791	128,812	187,682	1,311,546	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	163,452	1,820	13,525	46,524	101,516	67	1,569,673	139,755	422,460	988,358	595
African American	98,525	773	6,581	22,828	68,329	14	987,878	68,154	216,771	694,844	117
Other/unknown	142,363	1,821	9,327	34,992	96,210	13	1,395,209	98,342	318,452	959,739	84
Use of Nursing Facilities^c											
Entire year	1,312	459	830	0	23	0	13,656	8,772	0	147	0
Part year	1,274	239	1,010	16	9	0	13,022	10,436	131	85	0
None	401,754	3,716	27,593	104,328	266,023	94	3,926,082	287,043	957,552	2,642,709	796
Maintenance Assistance Status											
Cash	76,102	790	8,875	16,893	49,544	0	769,776	99,167	158,144	503,531	0
Medically needy	14,699	1,018	10,786	974	1,921	0	142,875	113,109	5,971	13,241	0
Poverty related	64,333	30	36	5,998	58,175	94	568,270	244	25,877	541,110	796
Other/unknown	249,206	2,576	9,736	80,479	156,415	0	2,471,839	93,731	767,691	1,585,059	0
Managed Care Status											
FFS all year	54,541	4,412	28,609	8,288	13,139	93	405,968	297,111	18,020	44,986	784
FFS part year, with Rx claims	17,934	2	677	7,484	9,770	1	161,273	7,638	63,781	89,820	12
FFS part year, no Rx claims	79,969	0	133	25,118	54,718	0	681,180	1,364	203,459	476,357	0
MC all year, with Rx claims	1,498	0	0	481	1,017	0	17,071	0	5,525	11,546	0
MC all year, no Rx claims	250,398	0	14	62,973	187,411	0	2,687,268	138	666,898	2,020,232	0

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

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

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

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

Bene 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.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, CONNECTICUT, 2002

	Bene Mos in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K 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	404,340	3,952,760	152,444	626,619	0	3,326,141
FFS all year	54,541	405,968	54,541	405,968	0	0
FFS part year, with Rx claims	17,934	161,273	17,934	49,244	0	112,029
FFS part year, with no Rx claims	79,969	681,180	79,969	171,407	0	509,773
MC all year, with Rx claims	1,498	17,071	0	0	0	17,071
MC all year, with no Rx claims	250,398	2,687,268	0	0	0	2,687,268

Source: Data for this table are from the MAX 2002 file for Connecticut, 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.