

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

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL 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		
All	131,844	913	20,078	35,304	75,542	7	745,190	8,696	190,261	162,907	383,293	33		
Age														
5 and younger	36,878	1	1,275	0	35,602	0	180,836	12	11,408	0	169,416	0		
6-14	34,565	0	2,891	0	31,674	0	196,795	0	29,289	0	167,506	0		
15-20	14,334	2	1,669	4,397	8,263	3	83,347	13	16,629	20,340	46,351	14		
21-44	35,013	5	6,335	28,666	3	4	192,432	49	60,122	132,222	20	19		
45-64	10,094	48	7,805	2,241	0	0	82,530	340	71,845	10,345	0	0		
65-74	575	495	80	0	0	0	5,626	4,881	745	0	0	0		
75-84	290	270	20	0	0	0	2,779	2,576	203	0	0	0		
85 and older	95	92	3	0	0	0	845	825	20	0	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Gender														
Female	75,578	562	10,182	27,498	37,329	7	422,166	5,441	98,171	129,679	188,842	33		
Male	55,987	351	9,892	7,806	37,938	0	321,932	3,255	92,073	33,228	193,376	0		
Unknown	279	0	4	0	275	0	1,092	0	17	0	1,075	0		
Race														
White	75,815	395	13,199	21,660	40,557	4	463,762	3,722	123,233	109,194	227,594	19		
African American	21,659	51	4,070	5,619	11,919	0	109,421	528	39,921	19,768	49,204	0		
Other/unknown	34,370	467	2,809	8,025	23,066	3	172,007	4,446	27,107	33,945	106,495	14		
Use of Nursing Facilities^c														
Entire year	260	62	197	0	1	0	2,787	655	2,127	0	5	0		
Part year	348	54	289	3	2	0	3,302	492	2,771	15	24	0		
None	131,236	797	19,592	35,301	75,539	7	739,101	7,549	185,963	162,892	383,264	33		
Maintenance Assistance Status														
Cash	89,132	832	18,629	25,417	44,254	0	500,317	8,086	176,865	112,693	202,673	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	23,601	1	9	4,036	19,555	0	113,090	8	66	16,784	96,232	0		
Other/unknown	19,111	80	1,440	5,851	11,733	7	131,783	602	13,330	33,430	84,388	33		
Managed Care Status														
FFS all year	80,089	913	19,607	17,757	41,806	6	574,239	8,696	187,368	103,206	274,940	29		
FFS part year, with Rx claims	14,372	0	316	6,761	7,295	0	57,603	0	2,182	26,458	28,963	0		
FFS part year, no Rx claims	37,383	0	155	10,786	26,441	1	113,348	0	711	33,243	79,390	4		

Table ND2

Nondual 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 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, 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	39.8 %	5.5	\$376	\$68	\$3,351	11.2 %	131,844
Age							
5 and younger	31.2	1.3	124	92	1,733	7.1	36,878
6-14	31.7	2.2	152	69	1,873	8.1	34,565
15-20	38.7	3.1	232	74	4,077	5.7	14,334
21-44	47.6	6.6	473	72	3,952	12.0	35,013
45-64	69.9	29.4	1,835	63	10,333	17.8	10,094
65-74	78.1	28.4	1,473	52	12,715	11.6	575
75-84	77.6	28.0	1,387	50	11,140	12.5	290
85 and older	80.0	29.8	1,231	41	16,093	7.6	95
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	77.2	28.1	1,402	50	12,428	11.3	913
Disabled	73.2	24.5	1,902	78	12,051	15.8	20,078
Adults	41.5	3.0	126	42	2,023	6.2	35,304
Children	29.7	1.4	76	55	1,550	4.9	75,542
Unknown	28.6	1.1	14	13	3,475	0.4	7
Gender							
Female	42.3	6.2	369	60	3,219	11.4	75,578
Male	36.4	4.6	389	84	3,540	11.0	55,987
Unknown	23.3	0.8	39	47	1,273	3.1	279
Race							
White	45.3	6.9	485	70	3,905	12.4	75,815
African American	34.9	4.8	324	67	3,105	10.4	21,659
Other/unknown	30.6	2.8	170	60	2,285	7.4	34,370
Use of Nursing Facilities^d							
Entire year	98.5	75.3	4,236	56	56,073	7.6	260
Part year	97.4	69.4	4,027	58	72,104	5.6	348
None	39.5	5.2	359	69	3,065	11.7	131,236
Maintenance Assistance Status							
Cash	41.4	6.8	477	70	3,410	14.0	89,132
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	28.6	1.0	42	43	1,503	2.8	23,601
Other/unknown	45.8	5.0	322	65	5,363	6.0	19,111

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 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, 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	
				60.2 % None	28.4 % More than 0, but 1 or Less	4.3 % More than 1, but 2 or Less	4.6 % More than 2, but 5 or Less	2.0 % More than 5, but 10 or Less				0.5 % More than 10
All	1.0	\$67	11.2 %	60.2 %	28.4 %	4.3 %	4.6 %	2.0 %	0.5 %	\$593	131,844	745,190
Age												
5 and younger	0.3	25	7.1	68.8	28.2	2.0	0.8	0.1	0.0	353	36,878	180,836
6-14	0.4	27	8.1	68.3	26.9	2.7	1.9	0.3	0.0	329	34,565	196,795
15-20	0.5	40	5.7	61.3	31.8	3.9	2.5	0.5	0.1	701	14,334	83,347
21-44	1.2	86	12.0	52.4	31.3	6.5	6.8	2.4	0.5	719	35,013	192,432
45-64	3.6	225	17.8	30.1	20.0	10.2	20.8	14.2	4.7	1,264	10,094	82,530
65-74	2.9	151	11.6	21.9	27.3	11.7	22.4	13.6	3.1	1,300	575	5,626
75-84	2.9	145	12.5	22.4	23.1	13.4	26.2	12.1	2.8	1,163	290	2,779
85 and older	3.4	138	7.6	20.0	16.8	11.6	30.5	16.8	4.2	1,809	95	845
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	3.0	147	11.3	22.8	24.6	11.6	24.8	13.1	3.1	1,305	913	8,696
Disabled	2.6	201	15.8	26.8	30.2	10.8	18.6	10.6	3.1	1,272	20,078	190,261
Adults	0.6	27	6.2	58.5	31.4	5.3	3.8	0.9	0.1	438	35,304	162,907
Children	0.3	15	4.9	70.3	26.6	2.0	1.0	0.1	0.0	306	75,542	383,293
Unknown	0.2	3	0.4	71.4	28.6	0.0	0.0	0.0	0.0	737	7	33
Gender												
Female	1.1	66	11.4	57.7	29.8	4.6	4.8	2.3	0.7	576	75,578	422,166
Male	0.8	68	11.0	63.6	26.6	3.9	4.2	1.5	0.3	616	55,987	321,932
Unknown	0.2	10	3.1	76.7	21.5	1.8	0.0	0.0	0.0	325	279	1,092
Race												
White	1.1	79	12.4	54.7	31.4	5.1	5.6	2.6	0.7	638	75,815	463,762
African American	1.0	64	10.4	65.1	24.8	4.0	4.0	1.6	0.5	615	21,659	109,421
Other/unknown	0.6	34	7.4	69.4	24.2	2.7	2.6	0.9	0.2	457	34,370	172,007
Use of Nursing Facilities^d												
Entire year	7.0	395	7.6	1.5	4.2	6.2	30.0	39.2	18.8	5,231	260	2,787
Part year	7.3	424	5.6	2.6	8.9	5.7	28.4	33.3	21.0	7,599	348	3,302
None	0.9	64	11.7	60.5	28.5	4.3	4.5	1.8	0.4	544	131,236	739,101
Maintenance Assistance Status												
Cash	1.2	85	14.0	58.6	27.5	4.9	5.7	2.7	0.7	607	89,132	500,317
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.2	9	2.8	71.4	26.4	1.6	0.6	0.0	0.0	314	23,601	113,090
Other/unknown	0.7	47	6.0	54.2	35.2	4.8	4.3	1.2	0.3	778	19,111	131,783

Table ND4

Nondual 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 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.

TABLE ND.5

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL 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
All	1.0	\$67	\$68	0.4	\$50	\$125	0.1	\$4	\$68	0.5	\$12	\$24
Age												
5 and younger	0.3	25	92	0.1	22	234	0.0	1	48	0.2	3	15
6-14	0.4	27	69	0.2	20	114	0.0	2	74	0.2	4	23
15-20	0.5	40	74	0.2	31	126	0.0	4	80	0.2	6	23
21-44	1.2	86	72	0.5	64	137	0.1	6	77	0.7	16	25
45-64	3.6	225	63	1.5	161	110	0.2	14	62	1.9	50	26
65-74	2.9	151	52	1.3	109	83	0.2	10	49	1.4	32	23
75-84	2.9	145	50	1.3	107	83	0.2	9	45	1.4	29	20
85 and older	3.4	138	41	1.3	93	70	0.2	8	33	1.8	37	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.0	147	50	1.3	105	81	0.2	10	46	1.4	32	22
Disabled	2.6	201	78	1.1	152	140	0.2	12	75	1.3	36	27
Adults	0.6	27	42	0.2	18	83	0.0	2	49	0.4	7	18
Children	0.3	15	55	0.1	11	101	0.0	1	63	0.1	3	18
Unknown	0.2	3	13	0.0	1	38	0.0	0	0	0.2	2	9
Gender												
Female	1.1	66	60	0.4	47	107	0.1	5	62	0.6	14	24
Male	0.8	68	84	0.3	53	158	0.1	4	79	0.4	10	25
Unknown	0.2	10	47	0.1	8	124	0.0	0	28	0.1	2	14
Race												
White	1.1	79	70	0.5	59	128	0.1	5	70	0.6	15	25
African American	1.0	64	67	0.4	48	127	0.1	4	68	0.5	12	24
Other/unknown	0.6	34	60	0.2	26	109	0.0	2	59	0.3	6	21
Use of Nursing Facilities^e												
Entire year	7.0	395	56	2.7	282	105	0.5	23	48	3.8	89	23
Part year	7.3	424	58	2.7	281	105	0.6	38	61	4.0	105	26
None	0.9	64	69	0.4	48	127	0.1	4	69	0.5	12	24
Maintenance Assistance												
Status												
Cash	1.2	85	70	0.5	63	129	0.1	5	70	0.6	16	25
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.2	9	43	0.1	6	93	0.0	1	45	0.1	2	14
Other/unknown	0.7	47	65	0.3	36	113	0.1	3	65	0.3	8	22

Table ND5

Nondual 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 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 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 (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, NEVADA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total No. of Rx	Total Rx \$	No. Benes	As % of All Benes	No. of Bene Mos				
	Patented		Off-Patent		Patented		Off-Patent										
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name									
Anti-infective Agents	0.3	0.1	0.0	0.1	\$20	\$16	\$2	\$3	\$71	\$130	\$86	\$19	77,128	\$5,503,838	31,783	24.1 %	269,920
Biologics	0.3	0.3	0.0	0.0	432	371	0	62	1238	1,080	0	####	1,302	1,612,133	386	0.3	3,728
Antineoplastic Agents	0.5	0.2	0.0	0.3	113	96	2	16	236	458	106	62	2,095	493,861	461	0.3	4,355
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	28	20	3	5	47	70	39	22	61,323	2,855,283	11,148	8.5	101,239
Cardiovascular Agents	1.1	0.4	0.1	0.6	44	29	3	12	39	65	39	20	89,503	3,459,116	7,947	6.0	77,910
Respiratory Agents	0.5	0.2	0.0	0.2	25	18	2	7	50	71	71	24	91,914	4,631,194	21,492	16.3	184,137
Gastrointestinal Agents	0.5	0.2	0.0	0.2	45	37	2	7	93	153	164	28	28,502	2,662,864	6,035	4.6	58,866
Genitourinary Agents	0.3	0.2	0.0	0.1	13	12	0	1	49	59	34	18	7,919	384,134	3,389	2.6	28,961
CNS Drugs	1.0	0.5	0.0	0.5	92	73	5	14	93	148	128	30	125,131	11,619,893	13,277	10.1	126,363
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	0.2	41	27	6	9	74	84	77	53	11,056	818,420	1,908	1.4	19,760
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.0	44	41	0	3	150	166	0	67	955	143,350	322	0.2	3,234
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	37	24	2	11	60	184	87	24	106,543	6,412,631	19,590	14.9	172,238
Neuromuscular Agents	0.8	0.3	0.1	0.4	52	38	4	11	68	130	71	26	62,367	4,225,674	8,281	6.3	80,885
Nutritional Products	0.3	0.0	0.0	0.3	5	0	1	4	15	18	14	15	16,919	247,764	6,436	4.9	53,742
Hematological Agents	0.6	0.2	0.1	0.3	190	182	3	5	312	784	29	19	9,361	2,923,122	1,545	1.2	15,416
Topical Products	0.3	0.1	0.0	0.1	10	6	1	3	40	66	69	19	30,406	1,221,841	13,515	10.3	121,382
Miscellaneous Products	0.5	0.2	0.0	0.3	82	60	12	11	174	379	341	38	2,030	354,085	429	0.3	4,316
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	43	0	0	0	1,089	46,820	515	0.4	5,329
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.	725,543	49,616,023	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 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 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_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, NEVADA, 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	\$6,814,880	5,915	62,457	0.6	\$198	\$109	
ANALGESICS - Narcotic	4,672,580	22,165	204,652	0.4	61	23	
ANTIDEPRESSANTS	3,754,025	11,372	111,312	0.5	70	34	
ANTICONVULSANT	3,431,116	5,942	61,342	0.6	90	56	
ANTIASTHMATIC	2,438,035	14,206	130,822	0.3	54	19	
ANTIVIRAL	2,273,080	1,704	16,541	0.4	312	137	
MISC. HEMATOLOGICAL	2,259,401	658	6,722	0.5	693	336	
ULCER DRUGS	1,828,900	6,252	63,395	0.3	84	29	
PASSIVE IMMUNIZING AGENTS	1,608,493	232	1,956	0.6	1,402	822	
ANTIDIABETIC	1,265,399	3,804	37,232	0.6	54	34	
Total	30,345,909	72,250	696,431	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 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, NEVADA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANALGESICS - Narcotic			
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	305,407	\$30,345,909	5,915	4.5 %	62,457	0.6	\$109	22,165	16.8 %	204,652	0.4	\$23
Female	190,976	15,857,680	3,127	4.1	32,488	0.5	92	15,635	20.7	143,185	0.4	22
Disabled	137,336	12,607,532	2,276	22.4	24,899	0.5	103	6,994	68.7	75,469	0.5	36
5 and younger	1,605	382,221	11	2.1	117	0.3	41	32	6.1	359	0.1	1
6-14	4,067	342,372	106	10.8	1,175	0.5	90	110	11.2	1,232	0.1	3
15-20	3,590	354,206	116	18.1	1,283	0.6	86	185	28.9	2,044	0.2	9
21-44	46,831	4,842,021	1,028	29.7	11,211	0.5	109	2,695	77.8	29,060	0.4	36
45-64	80,635	6,642,795	1,006	22.3	11,007	0.6	101	3,946	87.6	42,526	0.5	38
65-74	486	37,040	8	14.8	94	0.4	120	20	37.0	176	0.3	11
75-84	122	6,877	1	7.7	12	0.8	70	6	46.2	72	0.2	4
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	53,640	3,250,148	851	1.3	7,589	0.4	57	8,641	13.2	67,716	0.3	6
5 and younger	2,656	346,088	15	0.1	143	0.4	90	225	1.3	2,082	0.1	1
6-14	5,714	419,219	151	1.0	1,577	0.5	81	506	3.2	4,564	0.1	2
15-20	5,286	347,085	159	2.0	1,656	0.4	56	1,078	13.3	8,829	0.2	2
21-44	30,567	1,566,706	421	1.9	3,203	0.3	42	6,107	27.3	45,997	0.3	6
45-64	3,892	226,839	35	2.5	246	0.4	72	466	33.5	3,422	0.4	14
65-74	3,647	236,032	48	15.4	529	0.5	60	158	50.6	1,713	0.5	23
75-84	1,418	79,125	13	8.2	145	0.8	70	68	42.8	756	0.4	10
85 and older	460	29,054	9	14.8	90	0.3	42	33	54.1	353	0.3	7
Male	114,391	14,481,444	2,788	5.0	29,969	0.6	127	6,530	11.7	61,467	0.4	25
Disabled	87,449	11,999,714	2,070	20.9	22,591	0.6	135	3,739	37.8	39,334	0.4	36
5 and younger	2,450	2,023,576	18	2.4	189	0.4	62	50	6.7	554	0.1	1
6-14	8,607	988,117	360	18.8	3,946	0.5	107	164	8.6	1,858	0.1	2
15-20	5,980	728,818	291	28.3	3,220	0.6	121	188	18.3	2,058	0.2	4
21-44	29,511	4,489,333	876	30.5	9,530	0.7	163	1,277	44.5	13,375	0.4	38
45-64	40,593	3,751,853	522	15.8	5,670	0.6	117	2,047	62.0	21,354	0.5	43
65-74	260	16,257	3	11.5	36	0.4	22	12	46.2	123	0.2	7
75-84	48	1,760	0	0.0	0	0.0	0	1	14.3	12	0.1	7
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	26,942	2,481,730	718	1.6	7,378	0.5	105	2,791	6.1	22,133	0.2	6
5 and younger	3,846	564,825	18	0.1	147	0.4	125	317	1.8	2,764	0.1	1
6-14	9,782	976,298	433	2.7	4,643	0.5	111	546	3.4	4,910	0.1	2
15-20	4,069	408,676	172	3.8	1,876	0.5	110	424	9.3	3,676	0.2	2
21-44	5,093	278,205	67	1.1	450	0.3	54	1,165	18.6	7,916	0.3	8
45-64	1,766	120,703	7	0.8	62	0.3	28	232	25.9	1,740	0.4	20
65-74	1,380	74,813	8	4.4	73	0.2	13	68	37.2	755	0.4	14
75-84	672	43,398	8	7.2	82	0.5	92	30	27.0	326	0.3	12
85 and older	334	14,812	5	16.1	45	0.7	66	9	29.0	46	0.6	8
Unknown	40	6,785	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 Nevada, 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, NEVADA, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIASTHMATIC				
	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx \$	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx \$	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx \$	Mean No. of Rx
All	11,372	8.6 %	111,312	\$34	0.5	5,942	4.5 %	61,342	\$56	0.6	14,206	10.8 %	130,822	\$19	0.3
Female	8,005	10.6	77,061	34	0.5	3,451	4.6	35,374	51	0.6	8,256	10.9	77,050	19	0.4
Disabled	4,447	43.7	47,944	38	0.5	2,556	25.1	27,852	54	0.6	3,952	38.8	42,576	24	0.4
5 and younger	5	0.9	43	64	0.9	44	8.3	443	43	0.6	243	46.1	2,655	19	0.3
6-14	86	8.8	943	31	0.5	212	21.7	2,398	48	0.6	253	25.8	2,909	16	0.3
15-20	132	20.6	1,444	35	0.4	142	22.2	1,593	77	0.6	110	17.2	1,268	22	0.4
21-44	1,780	51.4	19,136	37	0.5	1,092	31.5	11,762	59	0.7	1,099	31.7	11,740	21	0.4
45-64	2,432	54.0	26,234	39	0.6	1,061	23.6	11,596	48	0.6	2,227	49.5	23,791	27	0.5
65-74	10	18.5	120	41	0.6	4	7.4	48	42	0.8	16	29.6	165	19	0.4
75-84	2	15.4	24	50	0.7	1	7.7	12	44	0.6	4	30.8	48	0.3	0.3
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0.0
Other Eligibles	3,558	5.4	29,117	27	0.4	895	1.4	7,522	38	0.4	4,304	6.6	34,474	13	0.3
5 and younger	14	0.1	146	24	0.4	34	0.2	323	40	0.5	1,039	6.0	8,339	0.2	10
6-14	274	1.7	2,741	26	0.4	139	0.9	1,427	43	0.5	900	5.7	7,510	0.3	15
15-20	436	5.4	4,067	26	0.3	120	1.5	1,125	57	0.4	427	5.3	3,596	0.2	10
21-44	2,459	11.0	19,130	27	0.4	500	2.2	3,712	31	0.4	1,602	7.1	12,091	0.3	13
45-64	283	20.3	2,057	33	0.4	45	3.2	317	20	0.4	187	13.4	1,385	0.4	18
65-74	61	19.6	645	30	0.5	45	14.4	489	45	0.6	96	30.8	1,019	0.4	22
75-84	22	13.8	239	27	0.6	10	6.3	114	29	0.6	34	21.4	339	0.3	16
85 and older	9	14.8	92	20	0.4	2	3.3	15	11	0.9	19	31.1	195	0.2	11
Male	3,367	6.0	34,251	33	0.5	2,491	4.4	25,968	63	0.7	5,928	10.6	53,584	0.3	19
Disabled	2,229	22.5	23,765	36	0.5	2,003	20.2	21,432	67	0.7	2,504	25.3	26,469	0.4	23
5 and younger	3	0.4	32	10	0.2	68	9.1	661	42	0.5	370	49.7	3,982	0.3	22
6-14	241	12.6	2,595	32	0.5	354	18.5	3,878	66	0.6	538	28.1	5,983	0.3	20
15-20	225	21.9	2,465	39	0.5	198	19.2	2,195	82	0.7	160	15.5	1,706	0.3	14
21-44	817	28.4	8,690	39	0.5	784	27.3	8,468	75	0.8	400	13.9	4,313	0.4	17
45-64	935	28.3	9,887	33	0.5	593	18.0	6,178	52	0.7	1,027	31.1	10,393	0.5	29
65-74	6	23.1	72	31	0.5	6	23.1	52	90	0.8	5	19.2	44	0.5	50
75-84	2	28.6	24	6	0.5	0	0.0	0	0	0.0	4	57.1	48	0.1	6
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0.0
Other Eligibles	1,138	2.5	10,486	28	0.4	488	1.1	4,536	47	0.5	3,424	7.4	27,115	0.3	14
5 and younger	25	0.1	257	17	0.3	40	0.2	333	37	0.6	1,527	8.4	11,674	0.2	12
6-14	473	3.0	4,853	29	0.4	210	1.3	2,197	45	0.5	1,272	8.0	10,406	0.3	15
15-20	250	5.5	2,478	32	0.4	95	2.1	984	65	0.5	266	5.9	2,362	0.3	15
21-44	284	4.5	2,009	24	0.3	88	1.4	542	35	0.5	240	3.8	1,621	0.3	15
45-64	70	7.8	519	24	0.4	24	2.7	177	45	0.5	48	5.4	396	0.4	20
65-74	22	12.0	236	29	0.5	14	7.7	133	28	0.6	45	24.6	441	0.6	36
75-84	9	8.1	87	34	0.5	10	9.0	101	53	0.7	13	11.7	130	0.2	14
85 and older	5	16.1	47	45	0.9	7	22.6	69	31	0.9	13	41.9	85	0.4	14
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	22	7.9	188	0.2	8

Table ND7B

Nondual 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 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, NEVADA, 2002

Beneficiary Characteristics	ANTIVIRAL				MISC. HEMATOLOGICAL				ULCER DRUGS						
	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	1,704	1.3 %	16,541	0.4	\$137	658	0.5 %	6,722	0.5	\$336	6,252	4.7 %	63,395	0.3	\$29
Female	921	1.2	8,848	0.4	102	343	0.5	3,614	0.5	48	4,203	5.6	42,715	0.3	30
Disabled	497	4.9	5,529	0.4	126	278	2.7	2,949	0.5	46	2,855	28.0	31,521	0.4	33
5 and younger	6	1.1	69	0.8	55	0	0.0	0	0.0	0	33	6.3	353	0.4	14
6-14	17	1.7	195	0.4	68	1	0.1	12	0.3	371	38	3.9	429	0.3	27
15-20	18	2.8	203	0.2	36	0	0.0	0	0.0	0	43	6.7	499	0.3	18
21-44	240	6.9	2,611	0.4	117	28	0.8	296	0.4	38	811	23.4	8,994	0.3	30
45-64	215	4.8	2,439	0.5	151	244	5.4	2,585	0.5	45	1,901	42.2	20,933	0.4	35
65-74	0	0.0	0	0.0	0	5	9.3	56	0.5	50	23	42.6	241	0.3	30
75-84	1	7.7	12	0.1	12	0	0.0	0	0.0	0	6	46.2	72	0.3	19
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	424	0.6	3,319	0.3	61	65	0.1	665	0.6	56	1,348	2.1	11,194	0.3	22
5 and younger	29	0.2	236	0.1	6	0	0.0	0	0.0	0	53	0.3	381	0.3	13
6-14	43	0.3	431	0.3	49	0	0.0	0	0.0	0	92	0.6	815	0.2	12
15-20	47	0.6	368	0.3	46	0	0.0	0	0.0	0	124	1.5	1,069	0.2	9
21-44	276	1.2	2,060	0.3	77	14	0.1	107	0.3	30	777	3.5	5,993	0.3	22
45-64	24	1.7	164	0.3	18	5	0.4	39	0.3	23	121	8.7	920	0.3	30
65-74	2	0.6	24	0.1	9	25	8.0	279	0.6	61	109	34.9	1,247	0.4	30
75-84	3	1.9	36	0.1	2	13	8.2	152	0.6	59	55	34.6	596	0.4	32
85 and older	0	0.0	0	0.0	0	8	13.1	88	0.9	85	17	27.9	173	0.5	30
Male	783	1.4	7,693	0.5	178	315	0.6	3,108	0.5	671	2,046	3.7	20,666	0.4	27
Disabled	663	6.7	6,644	0.5	194	244	2.5	2,492	0.5	824	1,497	15.1	16,047	0.4	28
5 and younger	8	1.1	85	0.6	93	2	0.3	24	2.4	58,427	72	9.7	741	0.4	20
6-14	29	1.5	329	0.5	114	0	0.0	0	0.0	0	63	3.3	726	0.5	28
15-20	17	1.7	194	0.3	45	0	0.0	0	0.0	0	69	6.7	757	0.3	18
21-44	367	12.8	3,446	0.5	187	15	0.5	144	0.4	3,811	434	15.1	4,680	0.3	29
45-64	242	7.3	2,590	0.6	229	223	6.8	2,276	0.5	44	846	25.6	9,011	0.4	30
65-74	0	0.0	0	0.0	0	4	15.4	48	0.4	25	9	34.6	84	0.4	19
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	57.1	48	0.1	13
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	120	0.3	1,049	0.3	80	71	0.2	616	0.5	56	549	1.2	4,619	0.3	21
5 and younger	29	0.2	245	0.1	5	0	0.0	0	0.0	0	65	0.4	564	0.3	15
6-14	40	0.3	386	0.4	56	1	0.0	8	0.1	461	83	0.5	821	0.2	18
15-20	7	0.2	69	0.2	31	0	0.0	0	0.0	0	61	1.3	532	0.2	15
21-44	25	0.4	177	0.4	237	12	0.2	71	0.7	64	199	3.2	1,365	0.3	24
45-64	10	1.1	89	0.5	178	25	2.8	185	0.5	54	50	5.6	379	0.3	30
65-74	6	3.3	57	0.1	12	17	9.3	194	0.5	51	44	24.0	488	0.3	18
75-84	2	1.8	16	0.1	10	11	9.9	122	0.5	45	31	27.9	331	0.4	26
85 and older	1	3.2	10	0.1	14	5	16.1	36	0.4	22	16	51.6	139	0.6	24
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	1.1	14	0.2	6

Table ND7C
 Nondual 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 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, NEVADA, 2002

Beneficiary Characteristics	PASSIVE IMMUNIZING AGENTS				ANTIDIABETIC				Mean Rx \$	Mean No. of Rx	No. of Bene Mos	
	No. of Users	Users as % of All Benes	No. of Bene Users	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Users	Mean Rx \$				
All	232	0.2 %	1,956	0.6	\$822	3,804	2.9 %	37,232	0.6	\$34	131,844	745,190
Female	89	0.1	753	0.6	945	2,513	3.3	24,626	0.6	34	75,578	422,166
Disabled	43	0.4	416	0.6	1,163	1,783	17.5	19,030	0.6	35	10,182	98,171
5 and younger	41	7.8	398	0.6	740	1	0.2	11	0.7	54	527	4,793
6-14	1	0.1	11	0.2	359	13	1.3	122	1.2	55	979	10,046
15-20	0	0.0	0	0.0	0	15	2.3	178	0.8	45	640	6,465
21-44	1	0.0	7	1.0	26,518	388	11.2	4,154	0.6	34	3,463	33,337
45-64	0	0.0	0	0.0	0	1,347	29.9	14,358	0.6	35	4,503	42,865
65-74	0	0.0	0	0.0	0	15	27.8	159	0.7	24	54	517
75-84	0	0.0	0	0.0	0	4	30.8	48	0.8	30	13	128
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	20
Other Eligibles	46	0.1	337	0.6	675	730	1.1	5,596	0.6	31	65,396	323,995
5 and younger	44	0.3	329	0.7	691	0	0.0	0	0.0	0	17,230	82,526
6-14	0	0.0	0	0.0	0	25	0.2	188	0.9	47	15,710	82,206
15-20	1	0.0	2	0.5	53	19	0.2	122	0.7	31	8,125	41,469
21-44	1	0.0	6	0.2	16	325	1.5	2,142	0.5	27	22,406	105,949
45-64	0	0.0	0	0.0	0	173	12.4	1,117	0.5	28	1,393	6,614
65-74	0	0.0	0	0.0	0	135	43.3	1,443	0.6	32	312	3,092
75-84	0	0.0	0	0.0	0	40	25.2	451	0.8	41	159	1,565
85 and older	0	0.0	0	0.0	0	13	21.3	133	0.5	44	61	574
Male	141	0.3	1,190	0.6	749	1,291	2.3	12,606	0.6	34	55,987	321,932
Disabled	71	0.7	685	0.6	752	958	9.7	10,019	0.6	34	9,892	92,073
5 and younger	68	9.1	658	0.6	716	1	0.1	12	0.2	2	744	6,598
6-14	3	0.2	27	0.5	1,623	7	0.4	79	0.9	58	1,912	19,243
15-20	0	0.0	0	0.0	0	16	1.6	170	0.8	43	1,029	10,164
21-44	0	0.0	0	0.0	0	172	6.0	1,830	0.6	33	2,872	26,785
45-64	0	0.0	0	0.0	0	748	22.7	7,777	0.6	34	3,302	28,980
65-74	0	0.0	0	0.0	0	12	46.2	127	0.6	21	26	228
75-84	0	0.0	0	0.0	0	2	28.6	24	1.0	27	7	75
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	70	0.2	505	0.6	747	333	0.7	2,587	0.6	36	46,095	229,859
5 and younger	69	0.4	501	0.6	743	8	0.0	81	0.5	37	18,099	85,828
6-14	1	0.0	4	0.5	1,165	37	0.2	321	0.8	44	15,964	85,300
15-20	0	0.0	0	0.0	0	16	0.4	162	0.8	44	4,539	25,248
21-44	0	0.0	0	0.0	0	107	1.7	582	0.7	37	6,272	26,361
45-64	0	0.0	0	0.0	0	74	8.3	479	0.7	41	896	4,071
65-74	0	0.0	0	0.0	0	52	28.4	586	0.6	30	183	1,789
75-84	0	0.0	0	0.0	0	28	25.2	292	0.7	26	111	1,011
85 and older	0	0.0	0	0.0	0	11	35.5	84	0.5	22	31	251
Unknown	2	0.7	13	0.5	400	0	0.0	0	0.0	0	279	1,092

Table ND7D

Nondual 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 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, 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
All	\$395	7.0	260	2,787
Age				
0-64	421	7.3	195	2,094
65-74	339	6.3	28	307
75-84	359	6.5	22	234
85 and older	209	5.5	15	152
Unknown	0	0.0	0	0
Gender				
Female	371	7.0	131	1,415
Male	420	7.1	129	1,372
Unknown	0	0.0	0	0
Race				
White	404	7.2	200	2,121
African American	364	6.1	25	295
Other/unknown	372	6.9	35	371
Basis of Eligibility^c				
Aged	297	6.0	62	655
Disabled	426	7.4	197	2,127
Adults	0	0.0	0	0
Children	64	3.2	1	5
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 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 348 beneficiaries who were in nursing facilities for part of their enrollment and their 3,302 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, NEVADA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name											
		Generic	Generic		Generic	Generic											
Anti-infective Agents	0.5	0.3	0.1	0.2	\$54	\$39	\$7	\$7	\$98	\$146	\$101	\$35	1,086	\$106,454	180	69.2 %	1,989
Biologicals	0.1	0.1	0.0	0.0	30	29	0	0	329	344	0	19	44	14,497	41	15.8	491
Antineoplastic Agents	0.6	0.3	0.0	0.4	190	160	0	31	293	551	0	86	74	21,716	14	5.4	114
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.5	46	35	2	9	43	69	35	19	1,082	47,031	92	35.4	1,022
Cardiovascular Agents	1.8	0.5	0.2	1.1	57	32	6	19	32	63	34	18	2,768	89,346	145	55.8	1,569
Respiratory Agents	0.8	0.2	0.1	0.6	37	14	4	19	45	70	60	34	1,236	55,368	134	51.5	1,488
Gastrointestinal Agents	1.1	0.3	0.0	0.8	53	36	0	17	48	106	42	22	1,755	83,883	145	55.8	1,576
Genitourinary Agents	0.5	0.4	0.0	0.1	34	30	0	3	63	79	80	20	260	16,374	44	16.9	487
CNS Drugs	1.7	0.9	0.1	0.8	147	118	6	23	86	134	81	31	3,542	305,139	190	73.1	2,074
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	52	52	0	0	124	124	0	0	56	6,920	12	4.6	134
Analgesics and Anesthetics	1.6	0.8	0.1	0.7	65	53	2	9	41	64	36	14	2,416	99,026	144	55.4	1,535
Neuromuscular Agents	1.6	0.5	0.1	1.0	93	61	4	28	58	120	46	28	2,820	164,810	162	62.3	1,775
Nutritional Products	0.8	0.0	0.0	0.8	12	0	0	11	14	0	38	14	724	10,069	81	31.2	870
Hematological Agents	1.1	0.3	0.3	0.4	58	49	5	4	55	152	15	10	866	47,452	77	29.6	819
Topical Products	0.4	0.2	0.0	0.2	15	8	2	5	36	53	51	21	651	23,169	134	51.5	1,546
Miscellaneous Products	0.4	0.1	0.0	0.3	24	17	4	3	58	289	139	8	113	6,582	26	10.0	280
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	17	0	0	0	47	0	0	0	77	3,606	18	6.9	211
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.	19,570	1,101,442	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 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 348 beneficiaries who were in nursing facilities for part of their enrollment and their 3,302 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 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 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, 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	\$200,663	155	59.6 %	1,766	0.6	\$175	\$114
ANTICONVULSANT	139,634	176	67.7	1,952	1.0	69	72
ANTIDEPRESSANTS	81,493	140	53.8	1,510	0.8	69	54
ULCER DRUGS	72,117	203	78.1	2,235	0.6	57	32
ANALGESICS - Narcotic	67,238	173	66.5	1,797	1.1	34	37
ANTIASTHMATIC	36,314	126	48.5	1,345	0.6	45	27
ANTIIDIABETIC	31,760	72	27.7	788	0.8	53	40
MISC. ANTI-INFECTIVES	30,713	83	31.9	923	0.2	139	33
ANTIHYPERTENSIVE	29,984	91	35.0	979	0.8	40	31
ANALGESICS - ANTI-INFLAMMATORY	26,551	84	32.3	947	0.4	68	28
Total	716,467	1,303		14,242	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 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 348 beneficiaries who were in nursing facilities for part of their enrollment and their 3,302 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, NEVADA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Bene Mos among Users	Mean No. of Rx	Users as %			Mean No. of Rx	No. of Bene Mos among Users	Mean No. of Rx	
			No. of Users	Residents	NF				No. of Users	Residents	NF				
All	10,314	\$716,467	155	59.6 %	1,766	0.6	\$114	176	67.7 %	1,952	1.0	\$72			
Female	5,024	322,927	66	50.4	759	0.6	94	77	58.8	897	1.0	65			
Disabled	3,597	231,154	42	49.4	478	0.6	88	64	75.3	753	1.0	68			
64 or younger	3,442	221,895	40	48.8	454	0.6	90	64	78.0	753	1.0	68			
65-74	51	3,561	1	50.0	12	0.2	39	0	0.0	0	0.0	0			
75-84	104	5,698	1	100.0	12	0.8	70	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	1,427	91,773	24	52.2	281	0.7	105	13	28.3	144	0.8	48			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	700	48,829	15	78.9	173	0.7	119	9	47.4	105	0.8	47			
75-84	610	35,590	8	47.1	96	0.9	92	3	17.6	36	0.8	55			
85 and older	117	7,354	1	11.1	12	0.1	11	1	11.1	3	1.3	8			
Male	5,290	393,540	89	69.0	1,007	0.7	128	99	76.7	1,055	1.1	77			
Disabled	4,804	365,465	86	76.8	981	0.6	125	92	82.1	989	1.1	80			
64 or younger	4,750	360,013	83	74.8	945	0.7	129	89	80.2	953	1.1	78			
65-74	54	5,452	3	300.0	36	0.4	22	3	300.0	36	0.9	124			
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	486	28,075	3	17.6	26	1.2	261	7	41.2	66	1.0	41			
64 or younger	6	244	0	0.0	0	0.0	0	1	100.0	5	0.6	45			
65-74	163	8,447	0	0.0	0	0.0	0	1	16.7	12	1.0	26			
75-84	106	9,594	2	50.0	14	0.8	337	3	75.0	25	0.8	33			
85 and older	211	9,790	1	16.7	12	1.6	171	2	33.3	24	1.3	56			
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 Nevada, 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 348 beneficiaries who were in nursing facilities for part of their enrollment and their 3,302 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.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, NEVADA, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS						ULCER DRUGS						ANALGESICS - Narcotic					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx
All	140	1,510	0.8	203	2,235	0.6	173	1,797	0.6	332	0.6	173	1,797	0.6	173	1,797	0.6	337
Female	72	799	0.8	93	1,024	0.6	93	956	0.6	34	0.6	93	956	0.6	93	956	0.6	34
Disabled	55	629	0.8	63	688	0.6	64	662	0.6	33	0.6	64	662	0.6	64	662	0.6	42
64 or younger	53	605	0.8	58	637	0.6	59	629	0.6	33	0.6	59	629	0.6	59	629	0.6	44
65-74	1	12	1.0	3	27	0.5	3	9	0.5	27	0.5	3	9	0.5	3	9	0.5	31
75-84	1	12	0.7	2	24	0.5	2	24	0.5	28	0.5	2	24	0.5	2	24	0.5	8
85 and older	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0
Other Eligibles	17	170	0.7	30	336	0.6	30	294	0.6	35	0.6	29	294	0.6	29	294	0.6	16
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0
65-74	6	61	0.7	11	127	0.6	11	109	0.6	34	0.6	11	109	0.6	11	109	0.6	21
75-84	7	70	0.9	16	182	0.6	16	122	0.6	39	0.6	16	122	0.6	16	122	0.6	12
85 and older	4	39	0.4	3	27	1.0	3	63	1.0	13	1.0	7	63	1.0	7	63	1.0	18
Male	68	711	0.8	110	1,211	0.5	110	841	0.5	31	0.5	80	841	0.5	80	841	0.5	41
Disabled	57	600	0.8	97	1,071	0.5	97	814	0.5	33	0.5	77	814	0.5	77	814	0.5	42
64 or younger	57	600	0.8	97	1,071	0.5	97	814	0.5	33	0.5	77	814	0.5	77	814	0.5	42
65-74	0	0	0.0	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	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	0.0	0
Other Eligibles	11	111	0.9	13	140	0.6	13	27	0.6	18	0.6	3	27	0.6	3	27	0.6	2
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	1	5	0.6	1	5	0.6	4
65-74	4	48	0.8	4	48	0.5	4	0	0.5	15	0.5	4	0	0.0	4	0	0.0	0
75-84	5	39	0.7	3	20	0.8	3	22	0.8	23	0.8	2	22	0.3	2	22	0.3	2
85 and older	2	24	1.3	6	72	0.5	6	0	0.5	19	0.5	0	0	0.0	0	0	0.0	0
Unknown	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	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 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 348 beneficiaries who were in nursing facilities for part of their enrollment and their 3,302 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, NEVADA, 2002

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTI-DIABETIC					MISC. ANTI-INFECTIVES				
	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 Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	Residents	NF	No. of Bene Mos among Users	No. of Rx	Mean Rx \$
All	126	1,345	0.6	\$27	0.6	72	788	0.8	\$40	0.8	83	31.9 %	923	0.2	\$33
Female	66	692	0.5	21	0.5	49	563	0.8	38	0.8	34	26.0	373	0.2	36
Disabled	43	464	0.6	25	0.6	31	351	0.8	32	0.8	28	32.9	307	0.2	44
64 or younger	40	428	0.6	24	0.6	27	303	0.8	31	0.8	27	32.9	304	0.2	41
65-74	0	0	0.0	0	0.0	2	24	0.7	13	0.7	1	50.0	3	0.3	306
75-84	3	36	0.4	31	0.4	2	24	1.3	53	1.3	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	23	228	0.3	12	0.3	18	212	0.7	48	0.7	6	13.0	66	0.1	1
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	17	159	0.4	17	0.4	10	116	0.6	17	0.6	3	15.8	30	0.1	1
75-84	2	24	0.2	3	0.2	7	84	0.7	68	0.7	2	11.8	24	0.1	1
85 and older	4	45	0.1	1	0.1	1	12	0.8	214	0.8	1	11.1	12	0.2	1
Male	60	653	0.7	34	0.7	23	225	0.7	46	0.7	49	38.0	550	0.3	31
Disabled	52	557	0.7	35	0.7	19	177	0.7	48	0.7	45	40.2	512	0.3	33
64 or younger	51	545	0.7	35	0.7	19	177	0.7	48	0.7	45	40.5	512	0.3	33
65-74	1	12	0.3	15	0.3	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	8	96	0.6	29	0.6	4	48	1.1	38	1.1	4	23.5	38	0.1	5
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	5	60	0.6	32	0.6	2	24	1.0	25	1.0	1	16.7	12	0.1	1
75-84	0	0	0.0	0	0.0	0	0	0.0	0	0.0	1	25.0	2	0.5	4
85 and older	3	36	0.6	22	0.6	2	24	1.1	52	1.1	2	33.3	24	0.1	8
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 Nevada, 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 348 beneficiaries who were in nursing facilities for part of their enrollment and their 3,302 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.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, NEVADA, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY					Mean Rx \$	All-Year NF Residents	Bene Mos among All-Year NF Residents
	Users as %		No. of Bene Mos among Users		Mean No. of Rx	Users as %		No. of Bene Mos among Users		Mean No. of Rx			
	No. of Users	Residents	No. of Users	Residents	Mean Rx \$	No. of Users	Residents	No. of Users	Residents	Mean Rx \$			
All	91	35.0 %	979	0.8	\$31	84	32.3 %	947	0.4	\$28	260	2,787	
Female	45	34.4	468	0.7	28	53	40.5	629	0.5	34	131	1,415	
Disabled	25	29.4	264	0.7	23	29	34.1	348	0.4	29	85	927	
64 or younger	23	28.0	240	0.7	21	29	35.4	348	0.4	29	82	900	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	15	
75-84	2	200.0	24	0.8	43	0	0.0	0	0.0	0	1	12	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
Other Eligibles	20	43.5	204	0.8	35	24	52.2	281	0.5	40	46	488	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1	
65-74	8	42.1	95	0.7	37	10	52.6	119	0.5	35	19	208	
75-84	10	58.8	97	0.8	32	11	64.7	132	0.4	38	17	190	
85 and older	2	22.2	12	0.9	36	3	33.3	30	0.6	70	9	89	
Male	46	35.7	511	0.8	33	31	24.0	318	0.3	17	129	1,372	
Disabled	38	33.9	427	0.8	32	27	24.1	272	0.3	15	112	1,200	
64 or younger	37	33.3	415	0.8	33	26	23.4	260	0.3	15	111	1,188	
65-74	1	100.0	12	0.1	3	1	100.0	12	0.2	1	1	12	
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	8	47.1	84	0.9	38	4	23.5	46	0.5	27	17	172	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	5	
65-74	3	50.0	36	0.8	47	0	0.0	0	0.0	0	6	72	
75-84	3	75.0	24	0.7	33	2	50.0	22	0.3	29	4	32	
85 and older	2	33.3	24	1.1	31	2	33.3	24	0.6	26	6	63	
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 Nevada, 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 348 beneficiaries who were in nursing facilities for part of their enrollment and their 3,302 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}
 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		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	16,548	12.6 %	0.5	63,738	\$12	\$1,642,843	\$26	3.3 %	131,844	
Age										
5 and younger	3,657	9.9	0.2	6,033	3	98,061	16	2.2	36,878	
6-14	2,892	8.4	0.2	5,735	6	192,438	34	3.7	34,565	
15-20	1,149	8.0	0.2	2,847	6	85,684	30	2.6	14,334	
21-44	4,973	14.2	0.6	20,309	19	658,460	32	4.0	35,013	
45-64	3,536	35.0	2.6	26,748	57	570,444	21	3.1	10,094	
65-74	199	34.6	1.9	1,109	38	21,632	20	2.6	575	
75-84	102	35.2	2.3	670	41	11,975	18	3.0	290	
85 and older	40	42.1	3.0	287	44	4,149	14	3.5	95	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	327	35.8	2.2	1,984	39	35,435	18	2.8	913	
Disabled	6,735	33.5	2.2	44,427	63	1,257,009	28	3.3	20,078	
Adults	3,353	9.5	0.2	8,194	5	176,206	22	4.0	35,304	
Children	6,133	8.1	0.1	9,133	2	174,193	19	3.1	75,542	
Unknown	0	0.0	0.0	0	0	0	0	0.0	7	
Gender										
Female	10,143	13.4	0.6	42,388	15	1,127,736	27	4.0	75,578	
Male	6,390	11.4	0.4	21,324	9	514,675	24	2.4	55,987	
Unknown	15	5.4	0.1	26	2	432	17	4.0	279	
Race										
White	10,980	14.5	0.6	46,794	17	1,281,624	27	3.5	75,815	
African American	2,332	10.8	0.4	8,523	9	193,630	23	2.8	21,659	
Other/unknown	3,236	9.4	0.2	8,421	5	167,589	20	2.9	34,370	
Use of Nursing Facilities^d										
Entire year	170	65.4	7.8	2,016	123	31,885	16	2.9	260	
Part year	248	71.3	6.9	2,410	122	42,425	18	3.0	348	
None	16,130	12.3	0.5	59,312	12	1,568,533	26	3.3	131,236	
Maintenance Assistance Status										
Cash	12,484	14.0	0.6	54,319	16	1,449,502	27	3.4	89,132	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	1,603	6.8	0.1	2,145	1	32,967	15	3.3	23,601	
Other/unknown	2,461	12.9	0.4	7,274	8	160,374	22	2.6	19,111	

Table ND11

Nondual 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 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}
 NEVADA, 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	0.1	\$2	\$26	\$0	\$1	745,190
Age						
5 and younger	0.0	1	16	0	0	180,836
6-14	0.0	1	34	0	0	196,795
15-20	0.0	1	30	0	0	83,347
21-44	0.1	3	32	0	1	192,432
45-64	0.3	7	21	0	3	82,530
65-74	0.2	4	20	0	1	5,626
75-84	0.2	4	18	0	1	2,779
85 and older	0.3	5	14	0	2	845
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	4	18	0	1	8,696
Disabled	0.2	7	28	0	3	190,261
Adults	0.1	1	22	0	0	162,907
Children	0.0	0	19	0	0	383,293
Unknown	0.0	0	0	0	0	33
Gender						
Female	0.1	3	27	0	1	422,166
Male	0.1	2	24	0	1	321,932
Unknown	0.0	0	17	0	0	1,092
Race						
White	0.1	3	27	0	1	463,762
African American	0.1	2	23	0	1	109,421
Other/unknown	0.0	1	20	0	0	172,007
Use of Nursing Facilities^d						
Entire year	0.7	11	16	1	4	2,787
Part year	0.7	13	18	0	6	3,302
None	0.1	2	26	0	1	739,101
Maintenance Assistance Status						
Cash	0.1	3	27	0	1	500,317
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	15	0	0	113,090
Other/unknown	0.1	1	22	0	0	131,783

Table ND12

Nondual 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 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}
 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
All	19,860	\$83	\$1,642,843	100.0 %	63,738	\$26	100.0 %
Anorexia or weight loss/gain	1	273	273	0.0	3	91	0.0
Fertility drugs	1	41	41	0.0	1	41	0.0
Drugs for cosmetic purposes	10	16	156	0.0	14	11	0.0
Cough and cold medications	10,862	47	511,850	31.2	18,986	27	29.8
Vitamins and minerals	1,671	93	154,817	9.4	8,252	19	12.9
Non-prescription drugs	1,516	32	48,680	3.0	4,106	12	6.4
Barbiturates	388	65	25,377	1.5	2,822	9	4.4
Benzodiazepines	4,693	124	581,146	35.4	27,193	21	42.7
Other Part D Excl Rx Drugs	718	446	320,503	19.5	2,361	136	3.7

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. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all non-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 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, NEVADA, 2002

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries by Age Group					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	186,286	913	20,084	47,377	117,905	7	8,696	192,508	356,913	900,421	37
Age											
5 and younger	57,886	1	1,275	0	56,610	0	12	12,023	0	411,159	0
6-14	52,108	0	2,891	0	49,217	0	0	29,961	0	393,493	0
15-20	19,536	2	1,670	5,786	12,075	3	13	16,777	44,527	95,749	14
21-44	44,948	5	6,339	38,597	3	4	49	60,683	289,584	20	23
45-64	10,848	48	7,806	2,994	0	0	340	72,096	22,802	0	0
65-74	575	495	80	0	0	0	4,881	745	0	0	0
75-84	290	270	20	0	0	0	2,576	203	0	0	0
85 and older	95	92	3	0	0	0	825	20	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	106,386	562	10,186	37,480	58,151	7	5,441	99,307	290,688	444,953	37
Male	79,361	351	9,894	9,897	59,219	0	3,255	93,184	66,225	452,948	0
Unknown	539	0	4	0	535	0	0	17	0	2,520	0
Race											
White	99,074	395	13,200	27,370	58,105	4	3,722	124,087	200,874	432,414	23
African American	37,586	51	4,073	9,267	24,195	0	528	40,982	78,667	201,678	0
Other/unknown	49,626	467	2,811	10,740	35,605	3	4,446	27,439	77,372	266,329	14
Use of Nursing Facilities^c											
Entire year	260	62	197	0	1	0	655	2,127	0	5	0
Part year	348	54	289	3	2	0	492	2,771	19	24	0
None	185,678	797	19,598	47,374	117,902	7	7,549	187,610	356,894	900,392	37
Maintenance Assistance Status											
Cash	121,736	832	18,634	33,116	69,154	0	8,086	179,098	242,867	500,105	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	37,194	1	9	5,188	31,996	0	8	74	32,930	254,451	0
Other/unknown	27,356	80	1,441	9,073	16,755	7	602	13,336	81,116	145,865	37
Managed Care Status											
FFS all year	80,089	913	19,607	17,757	41,806	6	8,696	187,368	103,206	274,947	29
FFS part year, with Rx claims	14,372	0	316	6,761	7,295	0	0	3,542	60,563	67,420	0
FFS part year, no Rx claims	37,383	0	155	10,786	26,441	1	0	1,558	86,755	217,322	8
MC all year, with Rx claims	939	0	1	17	921	0	0	4	131	3,411	0
MC all year, no Rx claims	53,503	0	5	12,056	41,442	0	0	36	106,258	337,321	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.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, NEVADA, 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	186,286	1,458,575	131,844	745,190	0	713,385
FFS all year	80,089	574,246	80,089	574,239	0	7
FFS part year, with Rx claims	14,372	131,525	14,372	57,603	0	73,922
FFS part year, with no Rx claims	37,383	305,643	37,383	113,348	0	192,295
MC all year, with Rx claims	939	3,546	0	0	0	3,546
MC all year, with no Rx claims	53,503	443,615	0	0	0	443,615

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.