

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003
NEVADA**

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	20,886	12,604	8,055	226	1	0	164,675	98,802	64,665	1,207	1	0
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	5	0	5	0	0	0	46	0	46	0	0	0
15-20	50	0	49	0	1	0	392	0	391	0	1	0
21-44	3,533	1	3,373	159	0	0	27,963	4	27,083	876	0	0
45-64	4,008	19	3,936	53	0	0	32,408	135	32,009	264	0	0
65-74	5,350	4,840	498	12	0	0	42,561	38,803	3,698	60	0	0
75-84	5,055	4,916	137	2	0	0	39,675	38,629	1,039	7	0	0
85 and older	2,885	2,828	57	0	0	0	21,630	21,231	399	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	13,795	9,053	4,601	141	0	0	109,773	71,781	37,248	744	0	0
Male	7,090	3,551	3,453	85	1	0	54,893	27,021	27,408	463	1	0
Unknown	1	0	1	0	0	9		0	9	0	0	0
Race												
White	13,830	7,994	5,704	132	0	0	107,790	61,113	45,972	705	0	0
African American	1,970	761	1,162	46	1	0	15,715	6,245	9,229	240	1	0
Other/unknown	5,086	3,849	1,189	48	0	0	41,170	31,444	9,464	262	0	0
Use of Nursing Facilities^c												
Entire year	2,024	1,827	197	0	0	0	15,392	13,773	1,619	0	0	0
Part year	1,851	1,610	241	0	0	0	14,450	12,435	2,015	0	0	0
None	17,011	9,167	7,617	226	1	0	134,833	72,594	61,031	1,207	1	0
Maintenance Assistance Status												
Cash	13,220	7,218	5,797	204	1	0	104,709	58,637	44,964	1,107	1	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	617	207	404	6	0	0	6,043	2,012	4,006	25	0	0
Other/unknown	7,049	5,179	1,854	16	0	0	53,923	38,153	15,695	75	0	0
Dual Medicare Status^d												
Full dual, all year	19,603	11,928	7,471	203	1	0	152,919	92,867	59,035	1,016	1	0
Full dual, part year	1,283	676	584	23	0	0	11,756	5,935	5,630	191	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	4,090	2,507	1,525	58	0	0	21,233	12,046	8,923	264	0	0
FFS part year, with Rx claims	15,261	9,235	5,894	132	0	0	131,781	80,018	50,965	798	0	0
FFS part year, no Rx claims	1,535	862	636	36	1	0	11,661	6,738	4,777	145	1	0

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 - d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	85.4 %	41.7	\$2,422	\$58	\$11,442	21.2 %	20,886
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	42.0	3,246	77	12,756	25.4	5
15-20	70.0	18.2	2,517	138	11,993	21.0	50
21-44	81.1	29.7	2,755	93	10,295	26.8	3,533
45-64	86.2	50.6	3,576	71	11,373	31.4	4,008
65-74	83.4	40.9	2,082	51	7,998	26.0	5,350
75-84	87.7	43.7	2,041	47	11,906	17.1	5,055
85 and older	89.6	42.7	1,708	40	18,503	9.2	2,885
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	86.7	42.6	1,990	47	12,013	16.6	12,604
Disabled	83.7	41.1	3,136	76	10,791	29.1	8,055
Adults	71.2	16.2	1,122	69	2,843	39.5	226
Children	0.0	0.0	0	0	1,000	0.0	1
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	88.3	45.8	2,521	55	11,491	21.9	13,795
Male	79.7	33.8	2,228	66	11,338	19.7	7,090
Unknown	100.0	98.0	12,210	125	64,740	18.9	1
Race							
White	85.8	44.9	2,607	58	13,454	19.4	13,830
African American	84.0	39.1	2,417	62	9,678	25.0	1,970
Other/unknown	84.8	34.2	1,921	56	6,654	28.9	5,086
Use of Nursing Facilities^f							
Entire year	96.5	65.5	2,803	43	36,816	7.6	2,024
Part year	94.2	58.5	2,586	44	25,810	10.0	1,851
None	83.1	37.1	2,359	64	6,859	34.4	17,011
Maintenance Assistance Status							
Cash	84.5	38.0	2,421	64	5,569	43.5	13,220
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	67.6	16.0	988	62	3,759	26.3	617
Other/unknown	88.6	51.0	2,551	50	23,128	11.0	7,049

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.3 includes beneficiaries represented by Cell G of Table 1.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. 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.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Number		
			Percentage of All Medicaid FFS ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less			More than 10	Mean \$, All Medicaid FFS ^d
All	5.3	\$307	21.2 %	14.6 %	14.6 %	8.9 %	24.4 %	24.1 %	13.3 %	\$1,451	20,886	164,675
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	4.6	353	25.4	0.0	0.0	20.0	20.0	60.0	0.0	1,387	5	46
15-20	2.3	321	21.0	30.0	28.0	10.0	24.0	2.0	6.0	1,530	50	392
21-44	3.8	348	26.8	18.9	23.7	11.1	22.7	15.7	7.8	1,301	3,533	27,963
45-64	6.3	442	31.4	13.8	12.9	7.9	21.7	25.2	18.5	1,407	4,008	32,408
65-74	5.1	262	26.0	16.6	15.0	8.5	23.3	23.1	13.5	1,005	5,350	42,561
75-84	5.6	260	17.1	12.3	11.7	8.4	26.4	27.7	13.5	1,517	5,055	39,675
85 and older	5.7	228	9.2	10.4	10.3	9.1	29.0	28.9	12.4	2,468	2,885	21,630
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	5.4	254	16.6	13.3	12.7	8.4	25.9	26.3	13.4	1,533	12,604	98,802
Disabled	5.1	391	29.1	16.3	17.4	9.6	22.2	21.0	13.5	1,344	8,055	64,665
Adults	3.0	210	39.5	28.8	23.5	7.5	22.1	13.3	4.9	532	226	1,207
Children	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	1,000	1	1
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	5.8	317	21.9	11.7	12.9	8.7	25.0	26.7	15.0	1,444	13,795	109,773
Male	4.4	288	19.7	20.3	18.0	9.3	23.3	19.1	10.0	1,464	7,090	54,893
Unknown	10.9	1,357	18.9	0.0	0.0	0.0	0.0	0.0	100.0	7,193	1	9
Race												
White	5.8	335	19.4	14.2	13.0	8.3	23.8	25.1	15.7	1,726	13,830	107,790
African American	4.9	303	25.0	16.0	17.3	9.8	22.9	22.4	11.5	1,213	1,970	15,715
Other/unknown	4.2	237	28.9	15.2	18.1	10.2	26.8	22.1	7.5	822	5,086	41,170
use of nursing Facilities^f												
Entire year	8.6	369	7.6	3.5	3.7	5.1	23.8	35.7	28.3	4,841	2,024	15,392
Part year	7.5	331	10.0	5.8	6.5	7.0	26.8	31.6	22.4	3,306	1,851	14,450
None	4.7	298	34.4	16.9	16.8	9.6	24.2	21.9	10.6	865	17,011	134,833
Maintenance Assistance Status												
Cash	4.8	306	43.5	15.5	16.7	9.6	24.8	22.7	10.7	703	13,220	104,709
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.6	101	26.3	32.4	33.4	12.5	15.4	4.2	2.1	384	617	6,043
Other/unknown	6.7	333	11.0	11.4	9.2	7.2	24.5	28.5	19.3	3,023	7,049	53,923

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. 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.
 - f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	5.3	\$307	\$58	2.3	\$229	\$99	0.1	\$6	\$47	2.8	\$72	\$25
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	4.6	353	77	2.7	306	114	0.1	1	14	1.8	46	25
15-20	2.3	321	138	1.2	263	229	0.1	29	365	1.1	29	27
21-44	3.8	348	93	1.7	274	163	0.1	8	82	2.0	64	33
45-64	6.3	442	71	2.8	330	120	0.2	9	59	3.3	102	31
65-74	5.1	262	51	2.3	193	83	0.1	5	39	2.7	63	24
75-84	5.6	260	47	2.5	189	77	0.1	5	34	3.0	65	22
85 and older	5.7	228	40	2.3	159	70	0.1	4	29	3.3	65	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.4	254	47	2.4	184	78	0.1	5	35	2.9	64	22
Disabled	5.1	391	76	2.3	298	131	0.1	8	66	2.7	83	31
Adults	3.0	210	69	1.2	154	128	0.1	2	33	1.8	54	30
Children	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.8	317	55	2.5	232	92	0.2	7	43	3.1	77	25
Male	4.4	288	66	1.9	221	116	0.1	6	57	2.3	60	26
Unknown	10.9	1,357	125	6.8	1,202	177	0.0	0	0	4.1	154	38
Race												
White	5.8	335	58	2.4	247	101	0.2	7	45	3.1	79	25
African American	4.9	303	62	2.1	228	110	0.1	7	53	2.7	68	25
Other/unknown	4.2	237	56	2.1	180	87	0.1	4	52	2.1	52	26
Use of Nursing Facilities^e												
Entire year	8.6	369	43	3.4	259	77	0.2	7	32	5.0	103	21
Part year	7.5	331	44	3.0	235	80	0.2	8	33	4.3	88	21
None	4.7	298	64	2.1	224	105	0.1	6	52	2.4	66	27
Maintenance Assistance Status												
Cash	4.8	306	64	2.2	231	105	0.1	6	52	2.5	68	28
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.6	101	62	0.7	76	105	0.0	4	74	0.9	22	25
Other/unknown	6.7	333	50	2.7	241	89	0.2	7	39	3.8	84	23

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Nevada, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- 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 = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Total Number of Rx				Users ^e				
	Patented		Generic		Patented		Generic		Patented		Generic		Number	Percentage of Dual Benes	Number of Benefit Months		
	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name					
Anti-infective Agents	0.4	0.2	0.0	0.2	\$39	\$33	\$0	\$6	\$90	\$147	\$97	\$28	39,800	10,782	\$3,600,965	51.6 %	91,568
Biologics	0.1	0.1	0.0	0.0	40	2	0	38	285	16	0	1,295	1,166	969	331,989	4.6	8,385
Antineoplastic Agents	0.6	0.2	0.0	0.4	110	77	2	32	195	377	206	90	3,833	839	746,008	4.0	6,761
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.5	55	41	2	12	43	65	20	22	93,975	8,825	4,030,945	42.3	73,843
Cardiovascular Agents	2.1	0.9	0.0	1.2	82	57	1	24	38	64	34	20	213,342	12,162	8,209,434	58.2	100,692
Respiratory Agents	1.0	0.6	0.0	0.4	53	43	1	10	53	72	75	25	70,964	8,482	3,793,438	40.6	71,617
Gastrointestinal Agents	0.8	0.2	0.0	0.6	47	28	1	17	58	130	123	30	49,443	7,270	2,849,534	34.8	60,911
Genitourinary Agents	0.6	0.5	0.0	0.1	39	36	0	3	64	77	74	21	14,534	2,771	926,010	13.3	23,647
CNS Drugs	1.5	0.8	0.0	0.7	119	97	2	19	79	127	99	26	127,979	10,224	10,051,954	49.0	84,802
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	84	57	5	22	127	163	123	81	722	123	91,922	0.6	1,096
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	100	99	0	1	127	129	0	52	7,450	1,170	947,514	5.6	9,463
Analgesics and Anesthetics	1.1	0.3	0.0	0.7	74	52	2	20	69	168	102	28	98,267	10,970	6,823,755	52.5	91,933
Neuromuscular Agents	1.2	0.5	0.0	0.7	79	55	2	22	68	119	59	33	57,005	5,884	3,900,803	28.2	49,367
Nutritional Products	0.8	0.0	0.0	0.7	14	1	0	13	18	40	24	17	24,299	3,856	433,268	18.5	31,779
Hematological Agents	1.0	0.5	0.1	0.5	63	54	2	7	61	116	22	15	32,865	3,857	1,998,027	18.5	31,895
Topical Products	0.5	0.3	0.0	0.2	26	19	1	6	48	69	45	24	33,299	7,265	1,610,895	34.8	62,285
Miscellaneous Products	0.4	0.1	0.0	0.3	33	24	2	8	85	224	120	30	1,162	364	98,290	1.7	2,968
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	29	0	0	0	87	0	0	0	1,682	594	146,702	2.8	5,132
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.	871,787	n.a.	50,591,453	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Nevada, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

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

TABLE D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$4,292,853	3,572	17.1 %	29,781	0.8	\$176
ANALGESICS - Narcotic	3,438,908	9,783	46.8	82,748	0.6	68
ANTIDEPRESSANTS	2,411,973	5,867	28.1	48,930	0.8	59
ANTICONVULSANT	2,217,959	3,310	15.8	27,626	1.0	81
ANTHYPERLIPIDEMIC	2,098,327	3,263	15.6	27,910	0.9	82
ANTI-DIABETIC	1,815,538	4,213	20.2	35,068	1.0	54
ANTI-HYPERTENSIVE	1,796,791	6,451	30.9	53,947	0.9	38
ANTI-ASTHMATIC	1,676,713	5,844	28.0	48,722	0.6	57
ULCER DRUGS	1,532,356	5,514	26.4	46,608	0.6	55
ANALGESICS - ANTI-INFLAMMATORY	1,285,088	4,165	19.9	35,973	0.5	70
Total	22,566,506	51,982		437,313	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

**TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003**

Beneficiary Characteristics	All Top 10 Drug Groups										ANTIPSYCHOTICS					ANALGESICS - Narcotic				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month			
																		3,572	17.1 %	29,781
All	326,016	\$22,566,506	3,572	17.1 %	29,781	0.8	\$144	9,763	46.8 %	82,748	0.6	\$42								
Female																				
Disabled	231,318	15,461,058	2,274	16.5	18,954	0.8	125	7,075	51.3	59,989	0.6	41								
5 and younger	86,826	7,363,269	1,028	22.3	9,012	0.8	160	2,947	64.1	25,627	0.6	61								
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
15-20	49	2,016	0	0.0	0	0.0	0	1	20.0	10	0.1	1								
21-44	69	9,415	2	11.1	18	2.2	474	7	38.9	60	0.2	2								
45-64	23,516	2,332,854	477	29.1	4,177	0.7	158	947	57.8	8,226	0.6	55								
65-74	56,966	4,637,988	515	20.7	4,547	0.9	163	1,789	72.1	15,651	0.7	68								
75-84	4,630	300,152	25	8.0	206	0.7	134	137	43.8	1,151	0.6	40								
85 and older	1,144	60,918	5	5.2	34	0.6	46	41	42.3	348	0.3	9								
Other Eligibles	452	19,926	4	8.5	30	0.2	17	25	53.2	181	0.5	14								
5 and younger	144,492	8,097,789	1,246	13.6	9,942	0.8	94	4,128	44.9	34,362	0.6	26								
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
21-44	875	68,968	23	20.9	156	0.5	58	60	54.5	394	0.6	38								
45-64	408	35,947	4	11.1	27	0.5	65	30	83.3	212	0.6	77								
65-74	52,616	3,194,234	309	9.7	2,584	0.8	115	1,493	46.7	12,858	0.6	26								
75-84	56,900	3,188,955	473	13.5	3,747	0.7	91	1,546	44.1	12,874	0.6	30								
85 and older	33,693	1,609,685	437	18.6	3,428	0.8	82	999	42.5	8,024	0.6	19								
Male																				
Disabled	94,668	7,098,760	1,297	18.3	10,818	0.9	177	2,708	38.2	22,759	0.6	43								
5 and younger	46,462	4,465,310	866	25.1	7,527	0.9	211	1,414	40.9	12,220	0.6	58								
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
15-20	174	16,862	7	22.6	45	1.6	230	8	25.8	65	0.2	4								
21-44	18,886	2,192,601	531	30.6	4,603	0.9	212	617	35.6	5,352	0.5	54								
45-64	24,295	2,076,042	308	21.2	2,697	1.0	220	699	48.1	6,020	0.7	66								
65-74	2,485	141,247	15	8.1	137	0.4	41	79	42.7	689	0.6	28								
75-84	570	35,517	4	10.0	36	0.9	116	10	25.0	85	0.5	13								
85 and older	52	3,041	1	10.0	9	0.1	1	1	10.0	9	0.3	3								
Other Eligibles	48,206	2,633,450	431	11.9	3,291	0.8	101	1,294	35.6	10,539	0.6	25								
5 and younger	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								
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
21-44	223	14,757	5	10.0	38	0.3	44	20	40.0	148	0.5	41								
45-64	233	11,729	1	2.8	4	2.3	177	20	55.6	138	0.5	19								
65-74	22,679	1,319,138	153	9.2	1,202	0.8	109	599	36.1	5,046	0.6	31								
75-84	19,689	1,026,295	184	13.0	1,445	0.8	102	512	36.2	4,107	0.6	19								
85 and older	5,382	261,531	88	18.4	602	0.8	84	143	29.9	1,100	0.6	16								
Unknown	30	6,688	1	100.0	9	1.2	433	0	0.0	0	0.0	0								

Table D7A

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANTS					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month
All	5,867	28.1 %	48,930	0.8	\$49	3,310	15.8 %	27,626	1.0	\$80	3,263	15.6 %	27,910	0.9	\$75
Female	4,305	31.2	36,028	0.9	50	2,174	15.8	18,124	1.0	75	2,337	16.9	20,016	0.9	75
Disabled	1,953	42.4	16,814	0.8	56	1,140	24.8	9,855	1.0	91	711	15.5	6,136	0.9	72
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	20.0	10	0.7	68	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	5.6	9	0.1	11
21-44	662	40.4	5,700	0.8	57	449	27.4	3,862	1.1	109	98	6.0	867	0.8	67
45-64	1,191	48.0	10,292	0.8	57	666	26.8	5,779	0.9	81	505	20.3	4,406	0.9	74
65-74	80	25.6	685	0.7	36	19	6.1	160	1.0	55	82	26.2	665	0.8	63
75-84	10	10.3	72	1.1	57	5	5.2	45	0.9	42	22	22.7	168	0.8	71
85 and older	9	19.1	55	1.1	31	1	2.1	44	1.4	44	3	6.4	21	0.5	63
Other Eligibles	2,352	25.6	19,214	0.9	45	1,034	11.2	8,269	1.0	55	1,626	17.7	13,880	0.9	77
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	53	48.2	350	0.5	43	29	26.4	184	0.8	79	3	2.7	19	1.3	109
45-64	12	33.3	82	0.9	85	4	11.1	30	1.3	91	3	8.3	19	0.7	56
65-74	728	22.8	6,168	0.8	46	345	10.8	2,906	1.0	66	736	23.0	6,336	0.9	80
75-84	897	25.6	7,400	0.9	44	400	11.4	3,217	0.9	48	706	20.1	6,026	0.9	74
85 and older	662	28.2	5,214	1.0	46	256	10.9	1,932	1.0	49	178	7.6	1,480	1.0	76
Male	1,562	22.0	12,902	0.8	47	1,135	16.0	9,493	1.1	91	926	13.1	7,894	0.9	76
Disabled	918	26.6	7,918	0.8	50	739	21.4	6,418	1.1	108	348	10.1	2,979	1.0	78
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	9.7	16	1.7	153	1	3.2	9	2.4	262	0	0.0	0	0.0	0
21-44	446	25.7	3,826	0.7	49	406	23.4	3,529	1.1	118	107	6.2	901	0.8	62
45-64	421	29.0	3,675	0.8	51	307	21.1	2,681	1.2	97	217	14.9	1,887	1.0	80
65-74	39	21.1	334	0.7	41	23	12.4	191	0.7	54	19	10.3	146	1.4	123
75-84	9	22.5	67	1.1	59	1	2.5	5	5.6	166	5	12.5	45	1.2	142
85 and older	0	0.0	0	0.0	0	1	10.0	3	0.3	42	0	0.0	0	0.0	0
Other Eligibles	644	17.7	4,984	0.8	41	396	10.9	3,075	1.0	55	578	15.9	4,915	0.9	74
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	13	26.0	81	0.5	35	6	12.0	40	0.4	31	2	4.0	8	1.1	87
45-64	12	33.3	80	0.4	21	3	8.3	8	0.6	26	5	13.9	39	0.3	35
65-74	241	14.5	2,000	0.8	45	156	9.4	1,259	1.1	72	315	19.0	2,731	1.0	76
75-84	269	19.0	2,045	0.8	39	185	13.1	1,459	0.9	44	220	15.6	1,864	0.9	73
85 and older	109	22.8	778	0.8	41	46	9.6	309	0.9	39	36	7.5	273	1.0	73
Unknown	0	0.0	0	0.0	0	1	100.0	9	1.0	224	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Beneficiary Characteristics	ANTI-DIABETIC					ANTI-HYPERTENSIVE					ANTI-ASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	4,213	20.2%	35,068	\$52	1.0	6,451	30.9%	53,947	0.9	\$33	5,844	28.0%	48,722	0.6	\$34
Female	2,981	21.6	24,896	52	1.0	4,526	32.8	38,016	0.9	34	4,120	29.9	34,597	0.6	35
Disabled	868	18.9	7,446	59	1.0	1,053	22.9	8,982	0.8	33	1,556	33.8	13,315	0.6	39
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	3	60.0	28	0.7	33	3	60.0	28	0.3	9
15-20	0	0.0	0	0	0.0	1	5.6	9	0.6	44	3	16.7	27	0.1	2
21-44	167	10.2	1,406	70	0.9	1,289	9.3	1,289	0.8	29	357	21.8	3,093	0.5	30
45-64	603	24.3	5,196	60	1.0	722	29.1	6,208	0.8	34	1,063	42.8	9,120	0.7	41
65-74	75	24.0	652	35	0.8	125	39.9	1,037	0.8	30	91	29.1	776	0.8	49
75-84	19	19.6	162	52	0.9	36	37.1	304	1.0	40	27	27.8	200	0.8	44
85 and older	4	8.5	30	71	0.8	14	29.8	107	0.9	26	12	25.5	71	0.4	16
Other Eligibles	2,113	23.0	17,450	49	1.0	3,473	37.8	29,034	0.9	34	2,564	27.9	21,282	0.6	32
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	5	4.5	31	34	0.9	11	10.0	94	0.5	28	14	12.7	84	0.5	12
45-64	7	19.4	25	72	0.9	6	16.7	25	1.2	56	8	22.2	41	0.6	24
65-74	907	28.4	7,603	52	1.0	1,190	37.3	10,106	0.9	35	1,031	32.3	8,874	0.6	36
75-84	834	23.8	6,914	48	1.0	1,434	40.9	12,119	0.9	35	944	26.9	7,749	0.6	32
85 and older	360	15.3	2,877	42	1.0	832	35.4	6,690	0.9	33	567	24.1	4,534	0.5	25
Male	1,232	17.4	10,172	52	0.9	1,925	27.2	15,931	0.8	31	1,724	24.3	14,125	0.6	34
Disabled	449	13.0	3,813	57	0.9	618	17.9	5,229	0.8	30	619	17.9	5,299	0.6	33
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0	0.0	0	0.0	0	0.0	0	3	9.7	27	0.9	37
21-44	130	7.5	1,101	58	0.8	173	10.0	1,497	0.7	27	210	12.1	1,784	0.5	29
45-64	272	18.7	2,316	58	1.0	352	24.2	2,972	0.8	31	341	23.5	2,953	0.6	33
65-74	37	20.0	313	58	1.0	70	37.8	589	0.8	29	43	23.2	341	0.8	54
75-84	10	25.0	83	41	0.7	20	50.0	154	0.7	24	19	47.5	167	0.6	42
85 and older	0	0.0	0	0	0.0	3	30.0	17	1.1	43	3	30.0	27	0.4	36
Other Eligibles	783	21.5	6,359	48	1.0	1,307	35.9	10,702	0.9	32	1,105	30.4	8,826	0.6	35
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1	2.0	4	24	0.8	2	4.0	17	1.1	33	5	10.0	22	0.7	39
45-64	6	16.7	43	39	0.5	12	33.3	95	0.5	17	9	25.0	69	0.4	22
65-74	361	21.8	3,024	54	1.0	592	35.7	4,968	0.9	34	483	29.1	4,104	0.7	39
75-84	338	23.9	2,682	45	0.9	555	39.3	4,517	0.9	31	481	34.0	3,704	0.6	33
85 and older	77	16.1	606	39	1.0	146	30.5	1,105	0.9	32	127	26.6	927	0.5	29
Unknown	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Beneficiary Characteristics	ULCER DRUGS				ANALGESICS - ANTI-INFLAMMATORY				Number of Beneficiaries	Number of Benefit Months	Mean Rx \$ per Benefit Month
	Number of Users	Users as % of Dual Benes	Number of Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Users	Mean Rx \$ per Benefit Month			
All	5,514	26.4 %	46,608	0.6	4,165	19.9 %	35,973	0.5	20,886	164,675	
Female	4,035	29.2	34,221	0.6	3,098	22.5	26,778	0.5	13,795	109,773	
Disabled	1,305	28.4	11,405	0.5	1,184	25.7	10,309	0.5	4,601	37,248	
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	
6-14	1	20.0	9	1.4	0	0.0	0	0.0	5	46	
15-20	2	11.1	18	0.2	2	11.1	18	0.1	18	152	
21-44	321	19.6	2,826	0.5	379	23.1	3,298	0.4	1,639	13,185	
45-64	850	34.2	7,454	0.6	705	28.4	6,171	0.6	2,482	20,398	
65-74	97	31.0	817	0.5	78	24.9	652	0.5	313	2,384	
75-84	21	21.6	179	0.6	14	14.4	118	0.6	97	758	
85 and older	13	27.7	102	0.6	6	12.8	52	1.2	47	325	
Other Eligibles	2,730	29.7	22,816	0.6	1,914	20.8	16,469	0.5	9,194	72,525	
5 and younger	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	
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0	
21-44	15	13.6	90	0.4	24	21.8	181	0.3	110	604	
45-64	5	13.9	45	0.5	12	33.3	90	0.4	36	191	
65-74	959	30.0	8,224	0.6	769	24.1	6,748	0.5	3,194	25,828	
75-84	1,103	31.5	9,192	0.6	712	20.3	6,133	0.6	3,504	27,991	
85 and older	648	27.6	5,265	0.8	397	16.9	3,317	0.6	2,350	17,911	
Male	1,479	20.9	12,387	0.6	1,067	15.0	9,195	0.5	7,090	54,893	
Disabled	612	17.7	5,366	0.6	536	15.5	4,658	0.4	3,453	27,408	
5 and younger	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	
15-20	1	3.2	6	1.2	0	0.0	0	0.0	31	239	
21-44	242	14.0	2,137	0.6	237	13.7	2,031	0.3	1,734	13,898	
45-64	318	21.9	2,772	0.6	264	18.2	2,330	0.5	1,453	11,602	
65-74	43	23.2	386	0.5	28	15.1	237	0.7	185	1,314	
75-84	8	20.0	65	0.8	6	15.0	51	0.6	40	281	
85 and older	0	0.0	0	0.0	1	10.0	9	1.1	10	74	
Other Eligibles	867	23.8	7,021	0.6	531	14.6	4,537	0.5	3,637	27,485	
5 and younger	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	
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0	
21-44	3	6.0	12	0.6	10	20.0	70	0.3	50	276	
45-64	4	11.1	27	0.1	6	16.7	42	0.3	36	208	
65-74	406	24.5	3,427	0.6	255	15.4	2,214	0.4	1,658	13,035	
75-84	326	23.1	2,574	0.7	199	14.1	1,705	0.5	1,414	10,645	
85 and older	128	26.8	981	0.7	61	12.8	506	0.6	478	3,320	
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	1	9	

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				8.6	2,024
All	\$369				15,392
Age					
0-64	624	11.0	167		1,414
65-74	468	9.7	303		2,436
75-84	374	9.0	712		5,247
85 and older	268	7.3	842		6,295
Unknown	0	0.0	0		0
Gender					
Female	357	8.6	1,445		11,078
Male	397	8.5	579		4,314
Unknown	0	0.0	0		0
Race					
White	365	8.6	1,772		13,320
African American	412	8.2	83		661
Other/unknown	386	8.8	169		1,411
Basis of Eligibility^c					
Aged	340	8.3	1,827		13,773
Disabled	611	11.1	197		1,619
Adults	0	0.0	0		0
Children	0	0.0	0		0
Unknown	0	0.0	0		0

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 1,851 beneficiaries who were in nursing facilities for part of their enrollment and their 14,450 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 = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.2	0.0	0.2	\$25	\$19	\$1	\$5	\$55	\$84	\$23	4,831	\$265,976	1,292	63.8 %	10,466
Biologicals	0.1	0.1	0.0	0.0	2	2	0	0	17	16	0	631	10,715	594	29.3	5,227
Antineoplastic Agents	0.6	0.1	0.0	0.5	78	24	1	54	126	205	77	856	108,227	181	8.9	1,381
Endocrine/Metabolic Drugs	1.6	0.6	0.1	0.9	52	35	1	15	33	57	19	11,627	379,174	923	45.6	7,273
Cardiovascular Agents	2.5	0.7	0.0	1.8	66	35	1	30	27	52	22	28,517	758,096	1,466	72.4	11,405
Respiratory Agents	1.0	0.4	0.0	0.5	37	25	1	11	39	62	49	6,962	269,939	911	45.0	7,316
Gastrointestinal Agents	1.3	0.2	0.0	1.1	44	19	1	23	33	84	102	9,535	318,746	927	45.8	7,312
Genitourinary Agents	0.8	0.6	0.0	0.2	45	40	0	5	58	72	81	2,672	155,471	412	20.4	3,436
CNS Drugs	1.9	1.1	0.0	0.7	129	109	2	17	68	98	52	21,187	1,443,516	1,419	70.1	11,232
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	102	101	0	2	131	165	0	60	7,886	9	0.4	77
Miscellaneous Psychological/Neurological Agents	1.1	1.1	0.0	0.0	125	125	0	0	118	118	0	2,710	320,389	330	16.3	2,558
Analgesics and Anesthetics	1.7	0.7	0.0	1.0	57	40	1	16	34	60	41	13,908	475,163	1,063	52.5	8,396
Neuromuscular Agents	1.6	0.7	0.0	0.9	88	53	2	33	55	79	42	10,159	557,105	792	39.1	6,355
Nutritional Products	1.0	0.0	0.0	1.0	17	0	0	16	17	17	26	5,770	96,614	753	37.2	5,835
Hematological Agents	1.6	0.5	0.2	1.0	67	55	2	11	42	109	12	7,691	319,793	613	30.3	4,741
Topical Products	0.6	0.3	0.0	0.3	21	14	1	6	34	53	42	5,129	175,426	1,005	49.7	8,353
Miscellaneous Products	0.3	0.0	0.0	0.2	6	0	0	5	22	18	0	173	3,731	82	4.1	651
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	0	35	0	0	183	6,358	62	3.1	528
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.	132,601	5,672,325	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,851 beneficiaries who were in nursing facilities for part of their enrollment and their 14,450 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 2003. 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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Nevada, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Top 10 Drug Groups in Nursing Facilities	Users					Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents		Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
			Benefit Months	Benefit Months				
ANTIPSYCHOTICS	\$639,198	658	32.5 %	5,114	1.0	\$131	\$125	
ANTIDEPRESSANTS	388,770	822	40.6	6,399	1.2	52	61	
ANTICONVULSANT	301,216	505	25.0	3,927	1.4	55	77	
ANALGESICS - Narcotic	254,339	930	45.9	7,147	1.2	30	36	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	246,318	238	11.8	1,786	1.2	118	138	
ANTIHYPERTENSIVE	202,312	768	37.9	5,904	1.1	32	34	
ANTIDIABETIC	186,541	506	25.0	3,893	1.2	41	48	
ULCER DRUGS	188,868	723	35.7	5,587	1.0	34	34	
MISC. HEMATOLOGICAL	159,632	202	10.0	1,500	1.1	93	106	
ANTIASTHMATIC	126,438	658	32.5	4,986	0.6	39	25	
Total	2,693,632	6,010		46,243	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,851 beneficiaries who were in nursing facilities for part of their enrollment and their 14,450 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users
All	49,866	\$2,693,632	658	32.5 %	5,114	1.0	\$125	822	40.6 %	6,399	1.2	\$61
Female	34,768	1,856,991	466	32.2	3,658	0.9	116	613	42.4	4,793	1.2	61
Disabled	3,810	260,743	45	45.5	380	1.1	171	55	55.6	458	1.3	83
64 or younger	3,208	224,348	35	43.8	306	1.1	175	45	56.3	392	1.4	91
65-74	411	28,755	6	66.7	52	0.9	202	5	55.6	43	0.8	27
75-84	68	3,609	2	50.0	10	1.2	72	1	25.0	1	10.0	323
85 and older	123	4,031	2	33.3	12	0.3	29	4	66.7	22	1.7	28
Other Eligibles	30,958	1,596,248	421	31.3	3,278	0.9	110	558	41.5	4,335	1.2	58
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5,133	314,396	68	41.7	584	1.1	158	65	39.9	529	1.3	79
75-84	12,004	608,754	167	35.8	1,246	0.9	101	223	47.8	1,719	1.1	58
85 and older	13,821	673,098	186	26.0	1,448	0.9	98	270	37.7	2,087	1.1	53
Male	15,098	836,641	192	33.2	1,456	1.0	148	209	36.1	1,606	1.2	61
Disabled	3,436	236,871	39	39.8	350	1.1	200	36	36.7	317	1.3	68
64 or younger	3,142	218,193	35	41.7	314	1.1	217	29	34.5	262	1.3	73
65-74	154	7,749	1	12.5	9	0.3	26	3	37.5	27	1.0	41
75-84	119	9,636	2	40.0	18	1.0	101	4	80.0	28	1.0	43
85 and older	21	1,293	1	100.0	9	0.1	1	0	0.0	0	0.0	0
Other Eligibles	11,662	599,770	153	31.8	1,106	1.0	131	173	36.0	1,289	1.1	59
64 or younger	62	5,364	0	0.0	0	0.0	0	2	66.7	18	0.6	53
65-74	3,882	218,501	46	37.4	363	1.0	164	48	39.0	387	1.3	76
75-84	5,665	280,403	76	32.2	549	1.0	128	88	37.3	630	1.1	51
85 and older	2,053	95,502	31	26.1	194	0.9	75	35	29.4	254	1.1	55
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 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,851 beneficiaries who were in nursing facilities for part of their enrollment and their 14,450 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	505	25.0 %	3,927	1.4	\$77	930	45.9 %	7,147	1.2	\$36	238	11.8 %	1,786	1.2	\$138
Female	334	23.1	2,558	1.4	74	677	46.9	5,209	1.1	35	180	12.5	1,357	1.2	140
Disabled	55	55.6	474	1.5	118	62	62.6	526	1.6	62	5	5.1	39	1.4	594
64 or younger	50	62.5	428	1.6	121	47	58.8	417	1.7	61	3	3.8	27	1.6	826
65-74	5	55.6	46	1.1	91	8	88.9	70	1.3	95	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	2	50.0	10	0.2	1	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	5	83.3	29	0.7	16	2	33.3	12	0.8	72
Other Eligibles	279	20.7	2,084	1.3	64	615	45.7	4,683	1.1	32	175	13.0	1,318	1.2	126
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	48	29.4	395	1.6	84	80	49.1	642	1.5	58	14	8.6	126	0.9	148
75-84	124	26.6	893	1.3	59	214	45.8	1,639	1.1	30	78	16.7	561	1.2	130
85 and older	107	14.9	796	1.2	58	321	44.8	2,402	1.0	27	83	11.6	631	1.2	119
Male	171	29.5	1,369	1.5	82	253	43.7	1,938	1.3	37	58	10.0	429	1.1	132
Disabled	52	53.1	461	1.6	92	45	45.9	389	1.3	52	5	5.1	45	2.0	424
64 or younger	51	60.7	456	1.6	89	39	46.4	339	1.4	56	4	4.8	36	1.5	376
65-74	0	0.0	0	0.0	0	3	37.5	27	1.9	48	0	0.0	0	0.0	0
75-84	1	20.0	5	3.6	112	2	40.0	14	0.2	3	1	20.0	9	2.9	483
85 and older	0	0.0	0	0.0	0	1	100.0	9	0.3	3	0	0.0	0	0.0	0
Other Eligibles	119	24.7	908	1.4	77	208	43.2	1,549	1.3	33	53	11.0	384	1.0	98
64 or younger	0	0.0	0	0.0	0	2	66.7	18	1.1	85	1	33.3	9	0.7	90
65-74	39	31.7	310	1.8	111	63	51.2	510	1.3	36	7	5.7	52	1.0	106
75-84	64	27.1	483	1.3	66	104	44.1	724	1.4	34	30	12.7	226	0.9	89
85 and older	16	13.4	115	1.0	36	39	32.8	297	0.9	20	15	12.6	97	1.1	117
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 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,851 beneficiaries who were in nursing facilities for part of their enrollment and their 14,450 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTI-DIABETIC					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	768	37.9 %	5,904	1.1	\$34	506	25.0 %	3,893	1.2	\$48	723	35.7 %	5,587	1.0	\$34
Female	538	37.2	4,142	1.1	35	341	23.6	2,599	1.2	46	498	34.5	3,884	1.0	35
Disabled	20	20.2	165	1.6	45	21	21.2	172	1.4	65	42	42.4	349	1.0	36
64 or younger	11	13.8	91	1.8	58	17	21.3	142	1.4	67	35	43.8	294	1.0	40
65-74	7	77.8	61	0.9	24	4	44.4	30	1.6	55	3	33.3	27	0.9	13
75-84	1	25.0	9	0.9	35	0	0.0	0	0.0	0	2	50.0	18	0.6	13
85 and older	1	16.7	4	7.5	118	0	0.0	0	0.0	0	2	33.3	10	1.1	24
Other Eligibles	518	38.5	3,977	1.1	34	320	23.8	2,427	1.2	44	456	33.9	3,535	1.0	34
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	76	46.6	598	1.0	37	68	41.7	525	1.0	41	55	33.7	429	1.2	42
75-84	180	38.5	1,382	1.1	34	138	29.6	1,007	1.3	44	187	40.0	1,446	1.0	33
85 and older	262	36.6	1,997	1.1	34	114	15.9	895	1.2	47	214	29.9	1,660	1.0	33
Male	230	39.7	1,762	1.1	33	165	28.5	1,294	1.1	52	225	38.9	1,703	1.0	32
Disabled	28	28.6	226	1.0	39	29	29.6	240	1.4	81	50	51.0	422	0.9	38
64 or younger	24	28.6	199	1.0	39	27	32.1	222	1.4	86	46	54.8	390	0.9	38
65-74	2	25.0	18	0.7	36	2	25.0	18	0.7	21	3	37.5	27	0.7	17
75-84	2	40.0	9	1.7	43	0	0.0	0	0.0	0	1	20.0	5	0.8	97
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	202	42.0	1,536	1.1	32	136	28.3	1,054	1.1	46	175	36.4	1,281	1.0	31
64 or younger	1	33.3	9	0.9	22	1	33.3	9	1.3	152	0	0.0	0	0.0	0
65-74	60	48.8	471	1.1	34	39	31.7	311	1.1	47	56	45.5	444	0.9	30
75-84	103	43.6	773	1.0	30	74	31.4	539	1.0	44	84	35.6	581	1.0	31
85 and older	38	31.9	283	1.2	38	22	18.5	195	1.1	43	35	29.4	256	1.0	32
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 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,851 beneficiaries who were in nursing facilities for part of their enrollment and their 14,450 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIASTHMATIC					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	202	10.0 %	1,500	1.1	\$106	658	32.5 %	4,986	0.6	\$25	2,024	15,392
Female	143	9.9	1,062	1.1	104	406	28.1	3,161	0.6	23	1,445	11,078
Disabled	9	9.1	68	1.3	111	28	28.3	240	1.1	30	99	824
64 or younger	3	3.8	22	2.1	181	21	26.3	183	1.1	27	80	681
65-74	2	22.2	18	0.6	66	4	44.4	36	1.3	45	9	78
75-84	3	75.0	19	1.0	71	2	50.0	18	0.4	37	4	28
85 and older	1	16.7	9	1.1	113	1	16.7	3	0.3	4	6	37
Other Eligibles	134	10.0	994	1.1	103	378	28.1	2,921	0.6	23	1,346	10,254
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	19	11.7	148	1.2	123	57	35.0	478	0.6	26	163	1,327
75-84	51	10.9	390	1.1	102	151	32.3	1,158	0.6	25	467	3,510
85 and older	64	8.9	456	1.1	98	170	23.7	1,285	0.5	20	716	5,417
Male	59	10.2	438	1.2	113	252	43.5	1,825	0.7	29	579	4,314
Disabled	9	9.2	68	1.9	150	35	35.7	312	0.7	29	98	795
64 or younger	7	8.3	50	2.1	153	34	40.5	303	0.7	29	84	706
65-74	2	25.0	18	1.1	120	0	0.0	0	0.0	0	8	49
75-84	0	0.0	0	0.0	0	1	20.0	9	0.3	47	5	31
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
Other Eligibles	50	10.4	370	1.1	106	217	45.1	1,513	0.7	29	481	3,519
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27
65-74	18	14.6	131	1.2	119	51	41.5	399	0.8	31	123	982
75-84	21	8.9	149	1.2	112	124	52.5	803	0.6	25	236	1,678
85 and older	11	9.2	90	0.8	76	42	35.3	311	0.8	37	119	832
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 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,851 beneficiaries who were in nursing facilities for part of their enrollment and their 14,450 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEVADA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D		\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$ of Beneficiaries	Total Number of Beneficiaries
					Excluded Rx per Beneficiary	Excluded Rx \$	Excluded Rx \$	Excluded Rx \$			
All	10,339	49.5 %	4.1	85,966	\$90	\$1,876,346	\$22	3.7 %	20,886		
Age											
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0	0	
6-14	3	60.0	8.4	42	180	902	21	5.6	5	5	
15-20	15	30.0	1.2	62	21	1,053	17	0.8	50	50	
21-44	1,490	42.2	3.3	11,764	115	406,828	35	4.2	3,533	3,533	
45-64	2,166	54.0	5.1	20,434	150	601,232	29	4.2	4,008	4,008	
65-74	2,495	46.6	3.6	19,034	63	334,514	18	3.0	5,350	5,350	
75-84	2,581	51.1	4.1	20,857	66	331,173	16	3.2	5,055	5,055	
85 and older	1,589	55.1	4.8	13,773	70	200,644	15	4.1	2,885	2,885	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	0	
Basis of Eligibility^c											
Aged	6,380	50.6	4.1	51,350	65	823,736	16	3.3	12,604	12,604	
Disabled	3,880	48.2	4.3	34,291	130	1,045,492	30	4.1	8,055	8,055	
Adults	79	35.0	1.4	325	31	7,118	22	2.8	226	226	
Children	0	0.0	0.0	0	0	0	0	0.0	1	1	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	0	
Gender											
Female	7,438	53.9	4.6	63,200	102	1,402,531	22	4.0	13,795	13,795	
Male	2,900	40.9	3.2	22,744	67	472,732	21	3.0	7,090	7,090	
Unknown	1	100.0	22.0	22	1,083	1,083	49	8.9	1	1	
Race											
White	7,065	51.1	4.6	64,172	99	1,368,026	21	3.8	13,830	13,830	
African American	959	48.7	3.8	7,416	72	142,128	19	3.0	1,970	1,970	
Other/unknown	2,315	45.5	2.8	14,378	72	366,192	25	3.7	5,086	5,086	
Use of Nursing Facilities^d											
Entire year	1,286	63.5	6.2	12,601	95	193,033	15	3.4	2,024	2,024	
Part year	1,217	65.7	6.5	12,100	125	230,841	19	4.8	1,851	1,851	
None	7,836	46.1	3.6	61,265	85	1,452,472	24	3.6	17,011	17,011	
Maintenance Assistance Status											
Cash	6,132	46.4	3.4	44,886	90	1,190,140	27	3.7	13,220	13,220	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	0	
Poverty related	204	33.1	1.6	969	31	19,249	20	3.2	617	617	
Other/unknown	4,003	56.8	5.7	40,111	95	666,957	17	3.7	7,049	7,049	

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- 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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEVADA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.5	\$11	\$22	\$0	\$4	164,675
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.9	20	21	0	0	46
15-20	0.2	3	17	0	0	392
21-44	0.4	15	35	0	6	27,963
45-64	0.6	19	29	0	5	32,408
65-74	0.4	8	18	0	3	42,561
75-84	0.5	8	16	0	3	39,675
85 and older	0.6	9	15	0	2	21,630
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	8	16	0	3	98,802
Disabled	0.5	16	30	0	5	64,665
Adults	0.3	6	22	0	3	1,207
Children	0.0	0	0	0	0	1
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.6	13	22	0	4	109,773
Male	0.4	9	21	0	4	54,893
Unknown	2.4	120	49	0	114	9
Race						
White	0.6	13	21	0	5	107,790
African American	0.5	9	19	0	3	15,715
Other/unknown	0.3	9	25	0	2	41,170
Use of Nursing Facilities^d						
Entire year	0.8	13	15	0	4	15,392
Part year	0.8	16	19	0	6	14,450
None	0.5	11	24	0	3	134,833
Maintenance Assistance Status						
Cash	0.4	11	27	0	3	104,709
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	3	20	0	1	6,043
Other/unknown	0.7	12	17	0	5	53,923

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- 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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 NEVADA, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Rx \$	Total Number Rx.	Number Rx as a Percentage of All Part D Excluded Rx	
			Excluded Rx \$	100.0 %			\$ per Rx	100.0 %
All	15,651	\$120	\$1,876,346	100.0 %	85,966	\$22	100.0 %	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	
Fertility drugs	4	101	404	0.0	10	40	0.0	
Drugs for cosmetic purposes	9	15	137	0.0	13	11	0.0	
Cough and cold medications	3,445	84	288,358	15.4	9,302	31	10.8	
Vitamins and minerals	3,785	110	416,427	22.2	24,013	17	27.9	
Non-prescription drugs	3,040	57	172,690	9.2	17,653	10	20.5	
Barbiturates	185	75	13,855	0.7	1,799	8	2.1	
Benzodiazepines	4,811	128	613,829	32.7	31,657	19	36.8	
Other Part D Excl Rx Drugs	372	996	370,646	19.8	1,519	244	1.8	

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	20,976	12,623	8,068	284	0	213,012	127,273	83,379	2,348	12	0
Age											
5 and younger	0	0	0	0	0		0	0	0	0	0
6-14	5	0	5	0	0	60	0	60	0	0	0
15-20	50	0	49	0	1	529	0	517	0	12	0
21-44	3,582	1	3,378	203	0	36,759	7	35,062	1,690	0	0
45-64	4,028	19	3,942	67	0	41,765	166	41,070	529	0	0
65-74	5,363	4,851	500	12	0	55,482	50,577	4,790	115	0	0
75-84	5,060	4,921	137	2	0	51,262	49,875	1,373	14	0	0
85 and older	2,888	2,831	57	0	0	27,155	26,648	507	0	0	0
Unknown	0	0	0	0	0		0	0	0	0	0
Gender											
Female	13,851	9,064	4,608	179	0	142,258	92,588	48,198	1,472	0	0
Male	7,124	3,559	3,459	105	1	70,742	34,685	35,169	876	12	0
Unknown	1	0	1	0	0	12	0	12	0	0	0
Race											
White	13,878	7,999	5,713	166	0	138,235	77,754	59,146	1,335	0	0
African American	1,983	764	1,163	55	1	20,556	8,112	11,938	494	12	0
Other/unknown	5,115	3,860	1,192	63	0	54,221	41,407	12,295	519	0	0
Use of Nursing Facilities^c											
Entire year	2,024	1,827	197	0	0	19,513	17,426	2,087	0	0	0
Part year	1,852	1,611	241	0	0	17,726	15,244	2,482	0	0	0
None	17,100	9,185	7,630	284	1	175,773	94,603	78,810	2,348	12	0
Maintenance Assistance Status											
Cash	13,297	7,235	5,810	251	1	138,697	77,401	59,178	2,106	12	0
Medically needy	0	0	0	0	0		0	0	0	0	0
Poverty related	618	207	404	7	0	6,255	2,064	4,143	48	0	0
Other/unknown	7,061	5,181	1,854	26	0	68,060	47,808	20,058	194	0	0
Dual Status^d											
Full dual, all year	19,693	11,947	7,484	261	1	199,884	120,455	77,296	2,121	12	0
Full dual, part year	1,283	676	584	23	0	13,128	6,818	6,083	227	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	4,090	2,507	1,525	58	0	21,233	12,046	8,923	264	0	0
FFS part year, with Rx claims	15,261	9,235	5,894	132	0	175,311	106,108	67,904	1,299	0	0
FFS part year, no Rx claims	1,535	862	636	36	1	15,928	9,073	6,521	322	12	0
MC all year, with Rx claims	33	15	11	7	0	141	34	26	81	0	0
MC all year, no Rx claims	57	4	2	51	0	399	12	5	382	0	0

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2003

Beneficiary Characteristics	Beneficiaries and			Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1	Number of Beneficiaries	Number of Months	Number of Beneficiaries	Number of Months	Number of Beneficiaries	Number of Months
All	20,976	213,012	164,675	20,886	164,675	0	48,337
Fee-for-service (FFS) all year	4,090	21,233	21,233	4,090	21,233	0	0
FFS part year, with Rx claims	15,261	175,311	131,781	15,261	131,781	0	43,530
FFS part year, with no Rx claims	1,535	15,928	11,661	1,535	11,661	0	4,267
Managed care (MC) all year, with Rx claims	33	141	0	0	0	0	141
MC all year, with no Rx claims	57	399	0	0	0	0	399

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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