

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 CONNECTICUT

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
NONDUAL BENEFICIARIES, CONNECTICUT, 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	Aged	Disabled	Adults	Children	Other/ Unknown	
All	133,619	3,612	29,210	32,583	68,214	0	582,883	35,622	302,536	73,716	171,009	0	582,883	35,622	302,536	73,716	171,009	0	
Age																			
5 and younger	24,628	0	0	5	24,623	0	56,795	0	0	12	56,783	0	56,795	0	0	12	56,783	0	
6-14	26,035	0	1	7	26,027	0	67,189	0	12	20	67,157	0	67,189	0	12	20	67,157	0	
15-20	17,881	1	781	1,511	15,588	0	52,448	6	6,623	3,436	42,383	0	52,448	6	6,623	3,436	42,383	0	
21-44	41,745	46	12,093	27,668	1,938	0	191,420	385	125,211	61,204	4,620	0	191,420	385	125,211	61,204	4,620	0	
45-64	19,785	111	16,265	3,382	27	0	179,981	955	169,990	8,983	53	0	179,981	955	169,990	8,983	53	0	
65-74	1,960	1,884	69	7	0	0	19,824	19,080	688	56	0	0	19,824	19,080	688	56	0	0	
75-84	1,091	1,088	1	2	0	0	10,821	10,805	12	4	0	0	10,821	10,805	12	4	0	0	
85 and older	483	482	0	1	0	0	4,392	4,391	0	1	0	0	4,392	4,391	0	1	0	0	
Unknown	11	0	0	0	11	0	13	0	0	0	13	0	13	0	0	0	13	0	
Gender																			
Female	78,517	2,633	16,489	24,955	34,440	0	343,221	26,445	174,618	56,985	85,173	0	343,221	26,445	174,618	56,985	85,173	0	
Male	55,102	979	12,721	7,628	33,774	0	239,662	9,177	127,918	16,731	85,836	0	239,662	9,177	127,918	16,731	85,836	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Race																			
White	56,061	1,580	13,265	14,476	26,740	0	253,255	15,401	136,124	32,554	69,176	0	253,255	15,401	136,124	32,554	69,176	0	
African American	29,469	634	6,521	6,564	15,750	0	128,922	6,426	67,455	15,547	39,494	0	128,922	6,426	67,455	15,547	39,494	0	
Other/unknown	48,089	1,398	9,424	11,543	25,724	0	200,706	13,795	98,957	25,615	62,339	0	200,706	13,795	98,957	25,615	62,339	0	
Use of Nursing Facilities^c																			
Entire year	1,250	399	830	0	21	0	13,156	3,997	8,924	0	235	0	13,156	3,997	8,924	0	235	0	
Part year	1,244	175	1,037	15	17	0	12,469	1,692	10,574	90	113	0	12,469	1,692	10,574	90	113	0	
None	131,125	3,038	27,343	32,568	68,176	0	557,258	29,933	283,038	73,626	170,661	0	557,258	29,933	283,038	73,626	170,661	0	
Maintenance Assistance Status																			
Cash	26,146	443	7,242	6,243	12,218	0	126,550	4,744	80,561	14,342	26,903	0	126,550	4,744	80,561	14,342	26,903	0	
Medically needy	16,894	819	13,134	861	2,080	0	154,764	8,192	137,833	2,493	6,246	0	154,764	8,192	137,833	2,493	6,246	0	
Poverty-related	31,873	195	54	5,888	25,736	0	75,953	1,700	302	11,271	62,660	0	75,953	1,700	302	11,271	62,660	0	
Other/unknown	58,706	2,155	8,780	19,591	28,180	0	225,616	20,986	83,840	45,610	75,180	0	225,616	20,986	83,840	45,610	75,180	0	
Managed Care (MC) Status																			
Fee-for-service (FFS) all year	51,732	3,602	28,481	7,875	11,774	0	395,658	35,560	298,267	19,657	42,174	0	395,658	35,560	298,267	19,657	42,174	0	
FFS part year, with Rx claims	14,876	9	573	5,964	8,330	0	41,191	54	3,629	15,212	22,296	0	41,191	54	3,629	15,212	22,296	0	
FFS part year, no Rx claims	67,011	1	156	18,744	48,110	0	146,034	8	640	38,847	106,539	0	146,034	8	640	38,847	106,539	0	

Table ND2

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
NONDUAL BENEFICIARIES, CONNECTICUT, 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	33.9 %	10.8	\$891	\$82	\$6,042	14.7 %	133,619
Age							
5 and younger	13.3	0.4	22	54	2,427	0.9	24,628
6-14	13.5	0.9	66	73	1,705	3.9	26,035
15-20	21.7	2.0	152	77	2,941	5.2	17,881
21-44	39.2	11.3	1,047	93	7,643	13.7	41,745
45-64	78.5	40.6	3,230	80	14,256	22.7	19,785
65-74	78.8	28.9	1,875	65	11,736	16.0	1,960
75-84	77.8	29.2	1,669	57	13,759	12.1	1,091
85 and older	73.9	32.3	1,823	56	23,623	7.7	483
Unknown	0.0	0.0	0	0	0	0.0	11
Basis of Eligibility^e							
Aged	77.9	28.9	1,779	62	13,885	12.8	3,612
Disabled	86.6	42.8	3,624	85	18,788	19.3	29,210
Adults	21.6	1.2	84	68	1,890	4.5	32,583
Children	14.9	0.8	58	71	2,151	2.7	68,214
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	35.9	11.8	892	76	5,680	15.7	78,517
Male	31.1	9.5	888	94	6,557	13.5	55,102
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	36.3	13.1	1,060	81	7,456	14.2	56,061
African American	33.5	10.3	887	86	5,958	14.9	29,469
Other/unknown	31.4	8.5	695	82	4,445	15.6	48,089
Use of Nursing Facilities^f							
Entire year	93.0	82.6	6,438	78	76,117	8.5	1,250
Part year	97.5	80.9	6,680	83	57,938	11.5	1,244
None	32.8	9.5	783	82	4,881	16.0	131,125
Maintenance Assistance Status							
Cash	40.9	14.9	1,215	82	7,319	16.6	26,146
Medically needy	76.0	33.5	2,760	83	10,439	26.4	16,894
Poverty related	14.0	0.7	49	72	2,287	2.1	31,873
Other/unknown	29.6	8.1	665	82	6,247	10.6	58,706

Table ND3

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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. 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of		Number of Rx, Percentage with:						Mean \$, All Medicaid FFS ^d	Beneficiaries	Benefit Months
			All Medicaid FFS ^c	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			
All	2.5	\$204	14.7 %	66.1 %	14.4 %	4.9 %	8.1 %	4.8 %	1.6 %	\$1,385	133,619	582,883	
Age													
5 and younger	0.2	10	0.9	86.7	11.1	1.4	0.6	0.1	0.0	1,052	24,628	56,795	
6-14	0.4	26	3.9	86.5	9.6	2.0	1.5	0.3	0.1	661	26,035	67,189	
15-20	0.7	52	5.2	78.3	15.2	2.9	2.8	0.7	0.2	1,003	17,881	52,448	
21-44	2.5	228	13.7	60.8	17.3	6.2	9.2	4.8	1.6	1,667	41,745	191,420	
45-64	4.5	355	22.7	21.5	16.7	10.7	25.6	18.8	6.7	1,567	19,785	179,981	
65-74	2.9	185	16.0	21.2	25.9	14.3	23.7	11.8	3.1	1,160	1,960	19,824	
75-84	2.9	168	12.1	22.2	23.0	13.8	25.6	12.3	3.1	1,387	1,091	10,821	
85 and older	3.6	201	7.7	26.1	13.5	9.1	28.6	19.7	3.1	2,598	483	4,392	
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	11	13	
Basis of Eligibility^e													
Aged	2.9	180	12.8	22.1	23.9	13.4	25.0	12.7	2.9	1,408	3,612	35,622	
Disabled	4.1	350	19.3	13.4	21.8	12.0	27.3	18.9	6.7	1,814	29,210	302,536	
Adults	0.5	37	4.5	78.4	13.6	3.9	3.2	0.8	0.1	835	32,583	73,716	
Children	0.3	23	2.7	85.1	11.2	2.0	1.4	0.3	0.1	858	68,214	171,009	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Gender													
Female	2.7	204	15.7	64.1	15.1	5.2	8.5	5.3	1.8	1,299	78,517	343,221	
Male	2.2	204	13.5	68.9	13.6	4.5	7.5	4.2	1.3	1,508	55,102	239,662	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	2.9	235	14.2	63.7	14.1	5.2	8.8	5.9	2.4	1,650	56,061	253,255	
African American	2.4	203	14.9	66.5	15.2	4.7	7.7	4.5	1.5	1,362	29,469	128,922	
Other/unknown	2.0	167	15.6	68.6	14.4	4.8	7.6	3.7	0.8	1,065	48,089	200,706	
Use of Nursing Facilities^f													
Entire year	7.9	612	8.5	7.0	4.1	4.0	21.8	37.0	26.0	7,232	1,250	13,156	
Part year	8.1	667	11.5	2.5	6.4	6.4	23.9	36.7	24.1	5,780	1,244	12,469	
None	2.2	184	16.0	67.2	14.6	4.9	7.8	4.2	1.2	1,149	131,125	557,258	
Maintenance Assistance Status													
Cash	3.1	251	16.6	59.1	16.3	5.9	10.0	6.4	2.2	1,512	26,146	126,550	
Medically needy	3.7	301	26.4	24.0	22.0	11.0	23.8	14.6	4.6	1,140	16,894	154,764	
Poverty related	0.3	21	2.1	86.0	10.8	1.8	1.2	0.2	0.1	960	31,873	75,953	
Other/unknown	2.1	173	10.6	70.4	13.5	4.5	6.5	3.8	1.3	1,625	58,706	225,616	

Table ND4

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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. 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 ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2003

Beneficiary	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	2.5	\$204	\$82	1.2	\$170	\$137	0.1	\$4	\$64	1.2	\$29	\$25
Age												
5 and younger	0.2	10	54	0.1	7	116	0.0	0	33	0.1	2	20
6-14	0.4	26	73	0.2	21	115	0.0	1	58	0.2	4	25
15-20	0.7	52	77	0.4	43	118	0.0	2	78	0.3	7	24
21-44	2.5	228	93	1.2	193	157	0.1	5	71	1.2	30	26
45-64	4.5	355	80	2.2	295	132	0.1	7	63	2.1	52	25
65-74	2.9	185	65	1.5	153	102	0.1	3	43	1.3	30	23
75-84	2.9	168	57	1.5	134	91	0.1	3	38	1.4	31	22
85 and older	3.6	201	56	1.6	157	99	0.1	3	28	1.9	41	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.9	180	62	1.5	146	99	0.1	3	39	1.4	31	23
Disabled	4.1	350	85	2.1	293	141	0.1	7	66	1.9	49	25
Adults	0.5	37	68	0.2	30	124	0.0	1	64	0.3	6	21
Children	0.3	23	71	0.2	19	116	0.0	1	68	0.2	4	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	2.7	204	76	1.3	169	126	0.1	4	61	1.3	31	24
Male	2.2	204	94	1.1	173	157	0.1	4	71	1.0	27	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.9	235	81	1.4	192	135	0.1	6	68	1.4	36	26
African American	2.4	203	86	1.2	172	148	0.1	3	59	1.1	27	24
Other/unknown	2.0	167	82	1.1	142	132	0.0	3	59	0.9	22	24
Use of Nursing Facilities^e												
Entire year	7.9	612	78	3.5	498	140	0.3	11	40	4.0	103	25
Part year	8.1	667	83	3.7	558	150	0.2	12	51	4.1	95	23
None	2.2	184	82	1.1	154	136	0.1	4	68	1.0	26	25
Maintenance Assistance Status												
Cash	3.1	251	82	1.6	209	135	0.1	6	68	1.4	36	25
Medically needy	3.7	301	83	1.8	252	137	0.1	6	69	1.7	42	25
Poverty related	0.3	21	72	0.1	17	122	0.0	1	67	0.1	3	21
Other/unknown	2.1	173	82	1.0	145	139	0.1	3	57	1.0	25	25

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Connecticut, 0.2 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 ND.6

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Rx				Users ^e								
	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 All Benes	As a Percentage of All Benes	Number of Benefit Months			
															Patented Brand-Name	Off-Patent Brand-Name	Generic
Anti-infective Agents	0.5	0.3	0.0	0.2	\$88	\$83	\$0	\$5	\$189	\$294	\$105	\$28	94,335	\$17,798,164	22,235	16.6 %	202,393
Biologicals	0.1	0.1	0.0	0.0	36	23	0	13	290	228	0	533	502	145,607	393	0.3	4,032
Antineoplastic Agents	0.5	0.2	0.0	0.2	167	144	1	22	360	650	242	93	4,121	1,483,259	860	0.6	8,859
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.4	45	36	1	8	54	86	23	23	116,817	6,355,209	14,545	10.9	140,877
Cardiovascular Agents	1.4	0.6	0.0	0.7	60	47	1	13	44	74	46	18	231,722	10,222,527	16,188	12.1	169,425
Respiratory Agents	0.7	0.4	0.0	0.3	40	32	1	6	56	80	74	20	114,787	6,381,064	17,397	13.0	161,033
Gastrointestinal Agents	0.6	0.4	0.0	0.3	68	55	0	12	105	142	80	48	84,090	8,794,504	12,501	9.4	130,199
Genitourinary Agents	0.4	0.3	0.0	0.1	24	22	0	1	61	73	33	17	15,488	937,443	4,030	3.0	39,854
CNS Drugs	1.7	0.9	0.0	0.7	154	129	4	22	93	141	120	30	357,665	33,348,308	21,492	16.1	215,984
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	51	41	2	8	85	108	66	42	6,175	523,710	1,306	1.0	10,220
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	145	144	0	1	241	252	0	39	2,467	594,785	392	0.3	4,088
Analgesics and Anesthetics	0.7	0.3	0.0	0.4	60	50	2	9	81	168	95	20	151,052	12,159,758	20,581	15.4	201,766
Neuromuscular Agents	1.1	0.5	0.1	0.5	75	60	3	12	68	116	56	23	154,483	10,577,898	13,554	10.1	141,684
Nutritional Products	0.6	0.0	0.0	0.5	14	2	1	11	26	60	16	24	21,986	562,904	4,729	3.5	39,762
Hematological Agents	0.7	0.2	0.0	0.5	131	123	1	7	188	586	27	16	28,461	5,347,127	3,933	2.9	40,808
Topical Products	0.4	0.2	0.0	0.2	18	12	1	5	47	75	57	24	58,806	2,750,691	15,446	11.6	149,887
Miscellaneous Products	0.3	0.2	0.0	0.1	69	56	6	7	202	312	300	49	3,710	750,678	1,235	0.9	10,925
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	20	0	0	0	85	0	0	0	2,998	255,156	1,492	1.1	12,926
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,449,665	118,988,792	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. 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.medispan.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 Connecticut, 0.2 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.medispan.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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit
						Month
ANTIPSYCHOTICS	\$21,677,514	14,720	11.0 %	158,119	0.8	\$163
ANTIVIRAL	13,591,105	5,214	3.9	55,051	0.5	450
ANTICONVULSANT	9,381,468	12,908	9.7	137,185	0.8	81
ANTIDEPRESSANTS	8,874,101	21,650	16.2	223,582	0.6	62
ANALGESICS - Narcotic	7,585,571	20,466	15.3	210,073	0.4	86
ULCER DRUGS	7,177,144	12,519	9.4	132,899	0.5	110
ANTI-DIABETIC	4,816,709	10,963	8.2	116,977	0.6	64
ANTIHYPERLIPIDEMIC	4,152,990	7,296	5.5	79,785	0.6	91
ASTHMATIC	4,000,376	16,950	12.7	164,158	0.4	62
ANALGESICS - ANTI-INFLAMMATORY	3,245,450	15,809	11.8	164,693	0.3	68
Total	84,502,428	138,495		1,442,522	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 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-ad77847b6615> (October 26, 2007).

Bene Mo(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.

TABLE ND.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}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIVIRAL						
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month
All	809,024	\$84,502,428	14,720	11.0 %	158,119	0.8	\$137	5,214	3.9 %	55,051	0.5	\$247					
Female																	
Disabled																	
5 and younger	512,501	49,438,091	8,533	10.9	92,773	0.8	123	2,615	3.3	27,903	0.5	225					
6-14	450,373	44,277,686	7,550	45.8	84,883	0.8	124	2,302	14.0	25,947	0.5	230					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	3,602	320,035	116	37.2	1,107	0.9	118	9	2.9	86	0.2	12					
45-64	157,890	16,747,729	3,560	55.8	39,547	0.8	117	1,260	19.7	14,076	0.5	226					
65-74	287,844	27,110,851	3,860	39.6	44,070	0.8	130	1,029	10.6	11,737	0.5	237					
75-84	1,037	99,071	14	30.4	159	0.8	114	4	8.7	48	0.3	137					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles																	
5 and younger	62,128	5,160,405	983	1.6	7,890	0.7	110	313	0.5	1,956	0.4	155					
6-14	1,059	63,610	1	0.0	3	0.3	85	6	0.1	13	0.5	35					
15-20	4,405	406,818	91	0.7	622	0.9	151	35	0.3	200	0.5	166					
21-44	5,901	441,373	199	2.0	1,274	1.0	135	34	0.3	143	0.3	51					
45-64	12,954	1,112,981	272	1.2	1,667	0.6	81	182	0.8	1,068	0.5	214					
45-64	5,250	434,486	79	3.7	583	0.5	82	21	1.0	143	0.3	125					
65-74	18,360	1,604,185	178	13.3	2,041	0.9	144	20	1.5	232	0.2	58					
75-84	9,701	765,704	84	10.9	886	0.6	78	9	1.2	97	0.1	14					
85 and older	4,498	331,248	79	21.8	814	0.6	68	6	1.7	60	0.1	4					
Male																	
Disabled																	
5 and younger	296,523	35,064,337	6,187	11.2	65,346	0.9	158	2,599	4.7	27,148	0.6	269					
6-14	268,986	32,408,008	5,487	43.1	60,191	0.9	159	2,475	19.5	26,464	0.6	271					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	42	3,598	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
45-64	5,138	509,597	184	39.2	1,793	0.9	148	6	1.3	43	0.3	59					
65-74	114,693	14,116,721	3,103	54.3	33,787	1.0	160	1,067	18.7	11,244	0.5	235					
75-84	148,875	17,739,444	2,194	33.7	24,539	0.9	159	1,400	21.5	15,153	0.7	299					
85 and older	238	38,648	6	26.1	72	0.7	165	2	8.7	24	1.0	604					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles																	
5 and younger	27,537	2,656,329	700	1.7	5,155	0.8	137	124	0.3	684	0.5	196					
6-14	1,997	135,527	7	0.1	32	0.4	79	10	0.1	31	0.5	40					
15-20	6,580	683,170	223	1.7	1,507	0.7	154	14	0.1	64	0.4	92					
21-44	5,578	633,061	254	3.5	1,929	0.8	152	23	0.3	95	0.8	279					
45-64	2,690	249,562	92	1.3	457	0.6	114	41	0.6	175	0.7	366					
65-74	1,382	161,596	17	1.2	124	0.6	89	17	1.2	102	0.7	263					
75-84	5,650	486,976	63	11.5	689	0.8	119	11	2.0	131	0.2	66					
85 and older	2,610	225,812	26	8.2	262	0.6	91	4	1.3	38	0.1	13					
85 and older	1,050	80,625	18	15.0	155	0.7	76	4	3.3	48	0.1	8					
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 Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 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(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 ND.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}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2003

Beneficiary Characteristics	ANTICONVULSANT				ANTIDEPRESSANTS				ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	
All	12,908	9.7 %	137,185	0.8	21,650	16.2 %	223,552	0.6	20,466	15.3 %	210,073	0.4	\$36
Female	7,753	9.9	82,707	0.8	14,736	18.8	152,806	0.6	13,789	17.6	142,719	0.4	30
Disabled	6,558	39.8	73,438	0.8	12,275	74.4	136,950	0.6	10,951	66.4	123,996	0.4	32
5 and younger	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
15-20	105	33.7	1,088	1.1	106	34.0	958	0.8	74	23.7	803	0.2	4
21-44	2,999	47.0	33,265	0.8	4,880	76.5	53,909	0.6	4,143	64.9	46,961	0.4	32
45-64	3,450	35.4	39,055	0.8	7,269	74.6	81,870	0.6	6,715	68.9	76,040	0.4	33
65-74	4	8.7	30	1.3	20	43.5	213	0.7	19	41.3	192	0.2	23
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Other Eligibles	1,195	1.9	9,269	0.8	2,461	4.0	15,856	0.6	2,838	4.6	18,723	0.4	17
5 and younger	24	0.2	187	0.9	0	0.0	0	0.0	22	0.2	104	0.2	2
6-14	187	1.5	1,822	0.9	96	0.8	697	0.7	54	0.4	366	0.2	2
15-20	198	2.0	1,597	1.1	295	3.0	1,363	0.9	248	2.5	1,174	0.3	6
21-44	410	1.8	2,065	0.7	1,134	5.0	5,085	0.6	1,405	6.2	6,168	0.5	31
45-64	104	4.8	657	0.6	345	16.0	2,167	0.5	335	15.5	2,379	0.3	15
65-74	155	11.5	1,744	0.6	306	22.8	3,429	0.6	33	31.9	4,859	0.3	11
75-84	75	9.7	781	0.7	170	22.0	1,910	0.6	252	32.6	2,748	0.3	9
85 and older	42	11.6	416	0.8	115	31.7	1,205	0.8	93	25.6	925	0.3	15
Male	5,155	9.4	54,478	0.9	6,914	12.5	70,776	0.6	6,677	12.1	67,354	0.5	48
Disabled	4,391	34.5	48,177	0.9	6,076	47.8	65,631	0.6	5,727	45.0	62,002	0.5	51
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
6-14	2	200.0	24	1.0	0	0.0	0	0.0	0	0.0	0	0.0	0
15-20	141	30.1	1,493	1.2	115	24.5	1,090	0.7	63	13.4	644	0.2	10
21-44	2,303	40.3	25,206	0.9	2,739	48.0	29,346	0.7	2,254	39.5	24,276	0.4	45
45-64	1,937	29.7	21,358	0.8	3,219	49.4	35,170	0.6	3,407	52.3	37,057	0.5	55
65-74	8	34.8	96	0.7	3	13.0	25	0.6	3	13.0	25	0.2	1
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Other Eligibles	764	1.8	6,301	0.9	838	2.0	5,145	0.6	950	2.2	5,352	0.4	23
5 and younger	37	0.3	341	1.0	3	0.0	36	0.6	27	0.2	176	0.2	1
6-14	277	2.1	2,477	0.9	153	1.2	872	0.7	86	0.6	614	0.2	8
15-20	215	3.0	1,809	1.0	226	3.2	1,417	0.7	161	2.2	834	0.3	9
21-44	109	1.6	457	0.7	220	3.2	790	0.5	373	5.4	1,195	0.5	18
45-64	29	2.1	148	0.8	72	5.3	381	0.5	102	7.5	501	0.6	91
65-74	56	10.2	619	0.7	95	17.3	997	0.5	114	20.8	1,169	0.3	31
75-84	31	9.8	339	0.7	43	13.6	411	0.7	62	19.6	631	0.3	10
85 and older	10	8.3	111	0.6	26	21.7	241	0.7	25	20.8	232	0.2	5
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

Table ND7B

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 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 ND.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}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2003

Beneficiary Characteristics	ULCER DRUGS				ANTI-DIABETIC				ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	
All	12,519	9.4 %	132,899	0.5	10,963	8.2 %	116,977	0.6	7,296	5.5 %	79,785	0.6	\$52
Female	8,348	10.6	89,615	0.5	7,391	9.4	79,810	0.6	4,769	6.1	52,855	0.6	52
Disabled	6,622	40.2	74,663	0.5	5,982	36.3	67,248	0.6	3,840	23.3	43,477	0.6	52
5 and younger	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
15-20	29	9.3	309	0.5	15	4.8	125	0.4	1	0.3	12	0.3	17
21-44	2,023	31.7	22,672	0.4	1,038	16.3	11,580	0.6	480	7.5	5,425	0.6	46
45-64	4,548	46.6	51,463	0.5	4,901	50.3	55,232	0.7	3,339	34.2	37,823	0.6	53
65-74	22	47.8	219	0.4	28	60.9	311	0.7	20	43.5	217	0.5	53
75-84	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
Other Eligibles	1,726	2.8	14,952	0.5	1,409	2.3	12,562	0.6	929	1.5	9,378	0.5	51
5 and younger	74	0.6	358	0.6	4	0.0	7	1.0	0	0.0	0	0.0	0
6-14	68	0.5	601	0.6	19	0.1	95	0.5	2	0.0	24	0.3	15
15-20	94	0.9	591	0.5	27	0.3	122	0.7	4	0.0	23	0.3	26
21-44	429	1.9	2,191	0.4	248	1.1	960	0.7	78	0.3	380	0.4	31
45-64	170	7.9	1,231	0.4	184	8.5	1,173	0.6	112	5.2	731	0.5	45
65-74	481	35.8	5,451	0.4	579	43.1	6,412	0.6	455	33.9	5,105	0.5	52
75-84	276	35.7	3,088	0.5	277	35.8	3,064	0.6	239	30.9	2,699	0.5	55
85 and older	134	36.9	1,441	0.6	71	19.6	729	0.7	39	10.7	416	0.7	59
Male	4,171	7.6	43,284	0.5	3,572	6.5	37,167	0.6	2,527	4.6	26,930	0.6	53
Disabled	3,499	27.5	38,009	0.5	3,063	24.1	33,381	0.6	2,151	16.9	23,814	0.6	52
5 and younger	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0.0	0
6-14	1	100.0	12	1.3	0	0.0	0	0	0	0.0	0	0.0	0
15-20	54	11.5	557	0.7	8	1.7	66	1.0	8	1.7	84	0.4	28
21-44	1,245	21.8	13,498	0.5	672	11.8	7,375	0.7	453	7.9	5,002	0.6	47
45-64	2,191	33.6	23,857	0.5	2,378	36.5	25,884	0.6	1,687	25.9	18,694	0.6	54
65-74	8	34.8	85	0.4	5	21.7	56	0.4	3	13.0	34	0.4	30
75-84	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
Other Eligibles	672	1.6	5,275	0.5	509	1.2	3,786	0.6	376	0.9	3,116	0.5	56
5 and younger	112	0.9	689	0.6	3	0.0	9	0.3	3	0.0	8	0.4	68
6-14	95	0.7	955	0.7	15	0.1	58	0.8	1	0.0	2	0.5	35
15-20	62	0.9	510	0.3	34	0.5	148	0.8	3	0.0	30	0.6	39
21-44	104	1.5	386	0.5	100	1.4	371	0.4	68	1.0	235	0.5	43
45-64	62	4.5	271	0.5	93	6.8	357	0.6	62	4.5	252	0.5	59
65-74	125	22.8	1,340	0.5	162	29.6	1,794	0.6	151	27.6	1,632	0.6	57
75-84	80	25.2	815	0.5	83	26.2	853	0.5	77	24.3	842	0.5	58
85 and older	32	26.7	309	0.6	19	15.8	196	0.6	11	9.2	115	0.5	40
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

Table ND7C

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 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 ND.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}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				ANALGESICS - ANTI-INFLAMMATORY				Number of Beneficiaries	Number of Benefit Months	Mean Rx \$ per Benefit Month
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month			
All	16,950	12.7 %	164,158	0.4	15,809	11.8 %	164,693	0.3	133,619	582,863	
Female	11,834	15.1	119,294	0.4	11,158	14.2	116,386	0.3	78,511	343,215	
Disabled	9,045	54.9	102,424	0.4	8,685	52.7	98,960	0.3	16,489	174,618	
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	62	19.9	587	0.3	62	19.9	650	0.2	312	2,734	
21-44	3,022	47.4	34,083	0.3	3,044	47.7	34,411	0.2	6,381	67,416	
45-64	5,934	60.9	67,520	0.4	5,547	56.9	63,524	0.3	9,750	103,984	
65-74	27	58.7	234	0.5	32	69.6	375	0.4	46	484	
75-84	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	
Other Eligibles	2,789	4.5	16,870	0.4	2,473	4.0	17,426	0.3	62,022	168,597	
5 and younger	341	2.8	1,306	0.4	71	0.6	249	0.3	11,969	27,620	
6-14	549	4.3	2,245	0.5	78	0.6	417	0.3	12,761	32,346	
15-20	342	3.4	1,602	0.4	254	2.6	1,110	0.3	9,932	25,629	
21-44	745	3.3	3,466	0.4	976	4.3	4,266	0.3	22,724	51,293	
45-64	200	9.3	1,422	0.4	240	11.1	1,705	0.3	2,157	6,593	
65-74	339	25.2	3,868	0.4	520	38.7	5,912	0.3	1,343	13,912	
75-84	183	23.7	2,003	0.4	254	32.9	2,912	0.3	773	7,819	
85 and older	90	24.8	958	0.4	80	22.0	855	0.5	363	3,385	
Male	5,116	9.3	44,864	0.4	4,651	8.4	48,307	0.3	55,097	239,655	
Disabled	3,175	25.0	34,921	0.4	3,946	31.0	43,928	0.3	12,721	127,918	
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	
6-14	2	200.0	24	0.2	0	0.0	0	0.0	1	12	
15-20	69	14.7	694	0.3	47	10.0	480	0.2	469	3,889	
21-44	1,082	18.9	11,887	0.4	1,476	25.8	16,265	0.2	5,712	57,795	
45-64	2,019	31.0	22,280	0.4	2,420	37.1	27,147	0.3	6,515	66,006	
65-74	3	13.0	36	0.1	3	13.0	36	0.1	23	204	
75-84	0	0.0	0	0.0	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	
Other Eligibles	1,941	4.6	9,943	0.5	705	1.7	4,379	0.3	42,376	111,737	
5 and younger	539	4.3	2,123	0.5	45	0.4	144	0.3	12,659	29,175	
6-14	776	5.8	3,603	0.5	72	0.5	400	0.2	13,273	34,831	
15-20	246	3.4	1,263	0.3	142	2.0	689	0.3	7,168	20,196	
21-44	127	1.8	547	0.4	196	2.8	709	0.4	6,928	14,916	
45-64	42	3.1	228	0.3	54	4.0	265	0.3	1,363	3,398	
65-74	129	23.5	1,372	0.5	108	19.7	1,210	0.3	548	5,224	
75-84	49	15.5	525	0.6	62	19.6	684	0.3	317	2,990	
85 and older	33	27.5	282	0.5	26	21.7	278	0.4	120	1,007	
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	11	13	

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, CONNECTICUT, 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
All	\$612	7.9	1,250	13,156
Age				
0-64	724	8.5	845	9,098
65-74	520	7.9	117	1,238
75-84	342	6.7	119	1,169
85 and older	252	5.1	169	1,651
Unknown	0	0.0	0	0
Gender				
Female	571	7.9	747	7,960
Male	673	7.8	503	5,196
Unknown	0	0.0	0	0
Race				
White	574	7.8	792	8,280
African American	721	8.4	272	2,972
Other/unknown	605	7.4	186	1,904
Basis of Eligibility^c				
Aged	360	6.4	399	3,997
Disabled	740	8.7	830	8,924
Adults	0	0.0	0	0
Children	23	0.5	21	235
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 1,244 beneficiaries who were in nursing facilities for part of their enrollment and their 12,469 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 ND.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
NONDUAL BENEFICIARIES, CONNECTICUT, 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	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	
Anti-infective Agents	0.6	0.4	0.0	0.2	##	\$1	\$7	\$166	\$67	\$32	4,824	\$802,510	722	57.8 %	7,685
Biologicals	0.1	0.1	0.0	0.0	4	3	1	37	48	0	24	889	20	1.6	236
Antineoplastic Agents	0.6	0.2	0.0	0.4	183	135	48	321	656	133	450	144,466	76	6.1	789
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.6	72	59	12	55	101	19	7,319	404,223	516	41.3	5,590
Cardiovascular Agents	2.0	0.6	0.0	1.4	60	36	24	30	61	17	16,441	494,086	773	61.8	8,209
Respiratory Agents	0.9	0.5	0.0	0.4	51	37	12	56	76	31	4,479	252,781	462	37.0	4,967
Gastrointestinal Agents	1.1	0.6	0.0	0.5	112	94	17	97	153	32	8,392	815,606	696	55.7	7,304
Genitourinary Agents	0.7	0.6	0.0	0.2	46	43	4	63	76	21	1,835	115,348	228	18.2	2,496
CNS Drugs	2.4	1.3	0.0	1.1	245	207	36	104	164	34	24,817	2,580,209	978	78.2	10,511
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	74	66	9	104	169	0	121	12,579	17	1.4	169
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	146	146	0	185	185	0	905	167,190	105	8.4	1,142
Analgesics and Anesthetics	1.4	0.6	0.1	0.7	92	75	13	66	115	18	8,601	564,635	592	47.4	6,129
Neuromuscular Agents	1.6	0.7	0.1	0.7	106	78	25	68	109	34	11,704	793,068	677	54.2	7,449
Nutritional Products	0.9	0.0	0.1	0.8	17	0	16	19	17	19	2,699	50,061	288	23.0	2,966
Hematological Agents	1.3	0.3	0.1	0.9	134	123	10	106	429	11	5,485	579,424	415	33.2	4,339
Topical Products	0.6	0.3	0.0	0.3	32	22	7	52	77	23	4,901	252,964	725	58.0	7,904
Miscellaneous Products	0.3	0.1	0.0	0.3	17	6	10	52	103	38	208	10,754	60	4.8	632
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	17	0	0	78	0	0	80	6,209	33	2.6	362
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.	103,285	8,047,002	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,244 beneficiaries who were in nursing facilities for part of their enrollment and their 12,469 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.medispan.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 Connecticut, 0.2 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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, CONNECTICUT, 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	
ANTIPTYCHOTICS	\$1,853,257	953	76.2 %	10,666	1.0	\$180	\$174	
ANTICONVULSANT	649,636	739	59.1	8,248	1.1	74	79	
ANTIDEPRESSANTS	581,299	964	77.1	10,448	0.9	62	56	
ULCER DRUGS	525,992	626	50.1	6,712	0.8	99	78	
ANTIVIRAL	414,490	153	12.2	1,581	0.6	416	262	
HEMATOPOIETIC AGENTS	402,027	244	19.5	2,559	0.7	229	157	
ANALGESICS - Narcotic	370,071	585	46.8	5,959	1.0	62	62	
ANTI-DIABETIC	275,226	569	45.5	6,179	0.9	52	45	
ANTIEMETICS	193,728	64	5.1	641	0.5	648	302	
ANTI-ASTHMATIC	185,430	530	42.4	5,661	0.5	63	33	
Total	5,451,156	5,427		58,654	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,244 beneficiaries who were in nursing facilities for part of their enrollment and their 12,469 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.medispn.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 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, CONNECTICUT, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT						
	Number of Rx	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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	51,008	\$5,451,156	953	76.2 %	10,666	1.0	\$174	739	59.1 %	8,248	1.1	\$79					
Female	30,341	3,068,315	581	77.8	6,561	1.0	170	429	57.4	4,804	1.1	75					
Disabled	22,048	2,396,970	418	97.0	4,787	1.0	187	332	77.0	3,759	1.1	78					
64 or younger	21,852	2,377,856	411	96.0	4,703	1.0	187	331	77.3	3,747	1.1	78					
65-74	196	19,114	7	233.3	84	0.8	164	1	33.3	12	2.1	27					
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	8,293	671,345	163	51.6	1,774	0.9	126	97	30.7	1,045	1.0	65					
64 or younger	13	1,054	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	3,155	306,499	70	94.6	794	1.1	183	41	55.4	459	1.0	89					
75-84	2,759	193,673	46	48.4	496	0.7	87	30	31.6	316	1.1	50					
85 and older	2,366	170,119	47	33.8	484	0.7	71	26	18.7	270	0.9	42					
Male	20,667	2,382,841	372	74.0	4,105	1.0	179	310	61.6	3,444	1.1	84					
Disabled	18,495	2,220,987	328	82.2	3,648	1.0	187	280	70.2	3,119	1.1	86					
64 or younger	18,428	2,209,144	326	82.5	3,624	1.0	187	277	70.1	3,083	1.1	85					
65-74	67	11,843	2	50.0	24	1.0	264	3	75.0	36	0.6	117					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	2,172	161,854	44	42.3	457	0.9	118	30	28.8	325	0.9	66					
64 or younger	32	2,504	0	0.0	0	0.0	0	2	14.3	18	1.0	84					
65-74	1,163	94,766	24	66.7	274	0.9	137	15	41.7	172	0.9	59					
75-84	487	32,093	9	37.5	76	0.6	94	9	37.5	87	1.0	67					
85 and older	490	32,491	11	36.7	107	0.9	89	4	13.3	48	1.0	83					
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 Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 1,244 beneficiaries who were in nursing facilities for part of their enrollment and their 12,469 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.medispain.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 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTIVIRAL				
	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	964	77.1 %	10,448	0.9	\$56	626	50.1 %	6,712	0.8	\$78	153	12.2 %	1,581	0.6	\$262
Female															
Disabled	581	77.8	6,391	0.9	57	365	48.9	4,004	0.8	79	76	10.2	817	0.6	227
64 or younger	393	91.2	4,356	0.9	59	218	50.6	2,418	0.8	80	67	15.5	721	0.7	257
65-74	391	91.4	4,332	0.9	59	216	50.5	2,394	0.8	80	67	15.7	721	0.7	257
75-84	2	66.7	24	1.2	61	2	66.7	24	0.5	50	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	188	59.5	2,035	0.9	54	147	46.5	1,586	0.8	76	9	2.8	96	0.1	6
64 or younger	1	12.5	12	1.1	88	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	47	63.5	504	0.9	53	38	51.4	423	0.8	95	3	4.1	36	0.1	6
75-84	65	68.4	742	0.8	59	45	47.4	473	0.8	77	1	1.1	12	0.1	9
85 and older	75	54.0	777	0.8	49	64	46.0	690	0.7	64	5	3.6	48	0.1	5
Male															
Disabled	383	76.1	4,057	0.9	53	261	51.9	2,708	0.8	78	77	15.3	764	0.7	300
64 or younger	330	82.7	3,573	0.9	55	217	54.4	2,301	0.8	78	74	18.5	728	0.7	314
65-74	329	83.3	3,572	0.9	55	214	54.2	2,276	0.8	78	74	18.7	728	0.7	314
75-84	1	25.0	1	1.0	84	3	75.0	25	0.4	46	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	53	51.0	484	0.8	42	44	42.3	407	0.8	80	3	2.9	36	0.1	2
64 or younger	0	0.0	0	0.0	0	1	7.1	6	0.7	141	0	0.0	0	0.0	0
65-74	24	66.7	236	0.8	41	16	44.4	171	0.8	92	0	0.0	0	0.0	0
75-84	14	58.3	106	0.8	49	13	54.2	97	0.8	79	1	4.2	12	0.1	1
85 and older	15	50.0	142	0.7	37	14	46.7	133	0.7	62	2	6.7	24	0.1	3
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 1,244 beneficiaries who were in nursing facilities for part of their enrollment and their 12,469 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=09e0ffed-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.

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}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2003

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANALGESICS - Narcotic					ANTIDIABETIC				
	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	244	19.5 %	2,559	0.7	\$157	585	46.8 %	5,959	1.0	\$62	569	45.5 %	6,179	0.9	\$45
Female	129	17.3	1,384	0.6	133	350	46.9	3,600	1.0	55	355	47.5	3,847	0.8	42
Disabled	78	18.1	840	0.7	177	235	54.5	2,486	1.1	68	226	52.4	2,486	0.8	44
64 or younger	78	18.2	840	0.7	177	235	54.9	2,486	1.1	68	224	52.3	2,462	0.8	44
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	24	1.0	28
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	51	16.1	544	0.6	66	115	36.4	1,114	0.6	26	129	40.8	1,361	0.8	39
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	15	20.3	162	0.5	49	30	40.5	335	0.7	31	53	71.6	555	0.8	40
75-84	20	21.1	203	0.6	66	51	53.7	485	0.7	23	48	50.5	534	0.9	42
85 and older	16	11.5	179	0.6	81	34	24.5	294	0.4	24	28	20.1	272	0.8	33
Male	115	22.9	1,175	0.8	185	235	46.7	2,359	1.1	73	214	42.5	2,332	0.9	49
Disabled	97	24.3	996	0.8	212	202	50.6	2,083	1.1	80	188	47.1	2,066	0.9	50
64 or younger	96	24.3	984	0.8	215	201	50.9	2,082	1.1	80	188	47.6	2,066	0.9	50
65-74	1	25.0	12	0.4	3	1	25.0	1	2.0	14	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	18	17.3	179	0.8	33	33	31.7	276	0.7	17	26	25.0	266	0.8	36
64 or younger	0	0.0	0	0.0	0	1	7.1	6	0.3	4	0	0.0	0	0.0	0
65-74	6	16.7	63	0.9	82	15	41.7	145	0.7	22	15	41.7	169	0.7	40
75-84	9	37.5	89	0.7	8	9	37.5	68	0.9	19	6	25.0	53	0.8	23
85 and older	3	10.0	27	0.8	3	8	26.7	57	0.2	3	5	16.7	44	1.0	40
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 Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,244 beneficiaries who were in nursing facilities for part of their enrollment and their 12,469 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 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, CONNECTICUT, 2003

Beneficiary Characteristics	ANTIEMETICS				ANTIASTHMATIC				Mean Rx \$	Mean Number of Rx	Users as % of All-Year Nursing Facility Residents	Number of Users	Number of Benefit Months Among Users	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	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							
All	64	5.1 %	641	0.5	\$302	530	42.4 %	5,661	0.5	\$33				1,250	13,156
Female	34	4.6	364	0.4	188	336	45.0	3,673	0.5	31				747	7,960
Disabled	24	5.6	259	0.5	263	222	51.5	2,411	0.5	34				431	4,736
64 or younger	24	5.6	259	0.5	263	218	50.9	2,363	0.5	34				428	4,700
65-74	0	0.0	0	0.0	0	4	133.3	48	0.8	35				3	36
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	10	3.2	105	0.3	3	114	36.1	1,262	0.4	25				316	3,224
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0				8	96
65-74	6	8.1	63	0.4	4	42	56.8	482	0.4	26				74	793
75-84	3	3.2	30	0.1	3	31	32.6	353	0.4	21				95	965
85 and older	1	0.7	12	0.3	1	41	29.5	427	0.4	28				139	1,370
Male	30	6.0	277	0.5	453	194	38.6	1,988	0.6	37				503	5,196
Disabled	28	7.0	254	0.5	493	155	38.8	1,645	0.6	36				399	4,188
64 or younger	28	7.1	254	0.5	493	155	39.2	1,645	0.6	36				395	4,151
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0				4	37
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0				0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0				0	0
Other Eligibles	2	1.9	23	0.9	7	39	37.5	343	0.6	38				104	1,008
64 or younger	0	0.0	0	0.0	0	2	14.3	7	1.1	18				14	151
65-74	0	0.0	0	0.0	0	23	63.9	237	0.6	28				36	372
75-84	0	0.0	0	0.0	0	7	29.2	45	0.6	68				24	204
85 and older	2	6.7	23	0.9	7	7	23.3	54	0.9	61				30	281
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 Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 1,244 beneficiaries who were in nursing facilities for part of their enrollment and their 12,469 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 CONNECTICUT, 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 Part D Excluded		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of Total Number of Beneficiaries	
				Part D Excluded Rx	Rx \$ per Beneficiary			All Nondual Rx \$	4.4 %
All	19,887	14.9 %	1.2	156,184	\$39	\$5,267,131	\$34	4.4 %	133,619
Age									
5 and younger	845	3.4	0.1	2,112	6	157,613	75	29.0	24,628
6-14	781	3.0	0.2	4,768	21	547,518	115	31.7	26,035
15-20	830	4.6	0.2	3,844	12	216,108	56	7.9	17,881
21-44	7,002	16.8	1.3	54,104	43	1,789,082	33	4.1	41,745
45-64	9,171	46.4	4.2	83,583	118	2,343,642	28	3.7	19,785
65-74	684	34.9	2.2	4,218	66	129,711	31	3.5	1,960
75-84	391	35.8	2.1	2,312	54	59,329	26	3.3	1,091
85 and older	183	37.9	2.6	1,243	50	24,128	19	2.7	483
Unknown	0	0.0	0.0	0	0	0	0	0.0	11
Basis of Eligibility^c									
Aged	1,286	35.6	2.2	7,823	58	210,544	27	3.3	3,612
Disabled	14,747	50.5	4.6	134,621	141	4,114,289	31	3.9	29,210
Adults	1,596	4.9	0.1	4,373	3	112,833	26	4.1	32,583
Children	2,258	3.3	0.1	9,367	12	829,465	89	21.0	68,214
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	13,110	16.7	1.3	101,302	38	2,967,318	29	4.2	78,517
Male	6,777	12.3	1.0	54,882	42	2,299,813	42	4.7	55,102
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	9,152	16.3	1.5	85,336	47	2,648,721	31	4.5	56,061
African American	4,094	13.9	1.0	29,607	40	1,165,015	39	4.5	29,469
Other/unknown	6,641	13.8	0.9	41,241	30	1,453,395	35	4.3	48,089
Use of Nursing Facilities^d									
Entire year	684	54.7	6.4	8,014	129	161,316	20	2.0	1,250
Part year	915	73.6	8.5	10,623	254	315,633	30	3.8	1,244
None	18,288	13.9	1.0	137,547	37	4,790,182	35	4.7	131,125
Maintenance Assistance Status									
Cash	5,001	19.1	1.7	44,204	49	1,278,946	29	4.0	26,146
Medically needy	7,179	42.5	3.5	59,948	113	1,904,021	32	4.1	16,894
Poverty related	873	2.7	0.1	2,918	6	199,123	68	12.7	31,873
Other/unknown	6,834	11.6	0.8	49,114	32	1,885,041	38	4.8	58,706

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 CONNECTICUT, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.3	\$9	\$34	\$0	\$3	582,853
Age						
5 and younger	0.0	3	75	0	0	56,795
6-14	0.1	8	115	0	1	67,189
15-20	0.1	4	56	0	1	52,448
21-44	0.3	9	33	0	3	191,420
45-64	0.5	13	28	0	5	179,981
65-74	0.2	7	31	0	2	19,824
75-84	0.2	5	26	0	1	10,821
85 and older	0.3	5	19	0	1	4,392
Unknown	0.0	0	0	0	0	13
Basis of Eligibility^c						
Aged	0.2	6	27	0	1	35,622
Disabled	0.4	14	31	0	5	302,536
Adults	0.1	2	26	0	1	73,716
Children	0.1	5	89	0	0	171,009
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.3	9	29	0	3	343,221
Male	0.2	10	42	0	2	239,662
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	10	31	0	4	253,255
African American	0.2	9	39	0	1	128,922
Other/unknown	0.2	7	35	0	2	200,706
Use of Nursing Facilities^d						
Entire year	0.6	12	20	0	7	13,156
Part year	0.9	25	30	0	5	12,469
None	0.2	9	35	0	2	557,258
Maintenance Assistance Status						
Cash	0.3	10	29	0	3	126,550
Medically needy	0.4	12	32	0	4	154,764
Poverty related	0.0	3	68	0	0	75,953
Other/unknown	0.2	8	38	0	2	225,616

Table ND12

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 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 ND.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
 CONNECTICUT, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D	
			Total Rx \$	Excluded Rx \$			Excluded Rx	Excluded Rx
All	29,177	\$181	\$5,267,131	100.0 %	156,184	\$34	100.0 %	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0.0
Fertility drugs	4	70	278	0.0	4	70	0.0	0.0
Drugs for cosmetic purposes	16	16	256	0.0	28	9	0.0	0.0
Cough and cold medications	7,236	62	447,237	8.5	16,988	26	10.9	10.9
Vitamins and minerals	3,214	116	373,433	7.1	19,041	20	12.2	12.2
Non-prescription drugs	8,459	297	2,511,589	47.7	41,782	60	26.8	26.8
Barbiturates	473	64	30,036	0.6	4,792	6	3.1	3.1
Benzodiazepines	8,578	178	1,524,874	29.0	68,100	22	43.6	43.6
Other Part D Excl Rx Drugs	1,197	317	379,428	7.2	5,449	70	3.5	3.5

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	414,656	3,612	29,224	107,951	273,869	0	4,124,284	35,671	306,492	1,033,145	2,748,976	0
Age												
5 and younger	92,200	0	0	9	92,191	0	892,257	0	0	57	892,200	0
6-14	118,946	0	1	13	118,932	0	1,251,462	0	12	107	1,251,343	0
15-20	59,396	1	789	1,805	56,801	0	574,853	6	7,982	10,606	556,259	0
21-44	111,331	46	12,096	93,337	5,852	0	1,074,015	388	127,036	897,895	48,696	0
45-64	29,209	111	16,268	12,748	82	0	296,275	972	170,762	124,076	465	0
65-74	1,988	1,884	69	35	0	0	20,177	19,109	688	380	0	0
75-84	1,092	1,088	1	3	0	0	10,840	10,805	12	23	0	0
85 and older	483	482	0	1	0	0	4,392	4,391	0	1	0	0
Unknown	11	0	0	0	11	0	13	0	0	0	13	0
Gender												
Female	241,483	2,633	16,497	85,134	137,219	0	2,411,293	26,487	177,324	824,806	1,382,676	0
Male	173,173	979	12,727	22,817	136,650	0	1,712,991	9,184	129,168	208,339	1,366,300	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	168,189	1,580	13,271	48,152	105,186	0	1,654,442	15,421	137,778	461,146	1,040,097	0
African American	99,295	634	6,526	23,338	68,797	0	1,009,025	6,426	68,302	229,108	705,189	0
Other/unknown	147,172	1,398	9,427	36,461	99,886	0	1,460,817	13,824	100,412	342,891	1,003,690	0
Use of Nursing Facilities^c												
Entire year	1,250	399	830	0	21	0	13,156	3,997	8,924	0	235	0
Part year	1,244	175	1,037	15	17	0	12,639	1,692	10,637	120	190	0
None	412,162	3,038	27,357	107,936	273,831	0	4,098,489	29,982	286,931	1,033,025	2,748,551	0
Maintenance Assistance Status												
Cash	73,361	443	7,246	16,910	48,762	0	741,051	4,744	80,868	159,441	495,998	0
Medically needy	18,636	819	13,137	1,284	3,396	0	180,660	8,202	140,290	7,619	24,549	0
Poverty related	82,041	195	54	6,971	74,821	0	719,091	1,720	333	31,133	685,905	0
Other/unknown	240,618	2,155	8,787	82,786	146,890	0	2,483,482	21,005	85,001	834,952	1,542,524	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	51,732	3,602	28,481	7,875	11,774	0	395,658	35,560	298,267	19,657	42,174	0
FFS part year, with Rx claims	14,876	9	573	5,964	8,330	0	133,040	99	6,431	50,398	76,112	0
FFS part year, no Rx claims	67,011	1	156	18,744	48,110	0	576,414	12	1,637	153,906	420,859	0
MC all year, with Rx claims	1,002	0	0	292	710	0	11,287	0	0	3,335	7,952	0
MC all year, no Rx claims	280,035	0	14	75,076	204,945	0	3,007,885	0	157	805,849	2,201,879	0

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. This table was produced on 11/01/2007.

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(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.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, CONNECTICUT, 2003

	Beneficiaries and			Excluded from Cell K of Table 1 Number of Beneficiaries
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Included in Cell K of Table 1 Number of Beneficiaries	Number of Benefit Months	
All	414,656	133,619	582,883	3,541,401
Fee-for-service (FFS) all year	51,732	51,732	395,658	0
FFS part year, with Rx claims	14,876	14,876	41,191	91,849
FFS part year, with no Rx claims	67,011	67,011	146,034	430,380
Managed care (MC) all year, with Rx claims	1,002	0	0	11,287
MC all year, with no Rx claims	280,035	0	0	3,007,885

Source: Data for this table are from the MAX 2003 file for Connecticut, released by CMS in 05/2007. 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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.