

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 NEBRASKA

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
NONDUAL BENEFICIARIES, NEBRASKA, 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	
<b>All</b>	<b>195,549</b>	<b>1,389</b>	<b>14,000</b>	<b>44,043</b>	<b>136,117</b>	<b>0</b>	<b>1,190,555</b>	<b>12,554</b>	<b>126,398</b>	<b>177,437</b>	<b>874,166</b>	<b>0</b>	<b>1,190,555</b>	<b>12,554</b>	<b>126,398</b>	<b>177,437</b>	<b>874,166</b>	<b>0</b>	
<b>Age</b>																			
5 and younger	56,241	2	798	105	55,336	0	361,676	6	6,737	303	354,630	0	361,676	6	6,737	303	354,630	0	
6-14	55,035	0	1,592	9	53,434	0	375,797	0	15,801	55	359,941	0	375,797	0	15,801	55	359,941	0	
15-20	27,104	29	1,270	894	24,911	0	165,425	85	11,608	3,009	150,723	0	165,425	85	11,608	3,009	150,723	0	
21-44	37,173	112	5,060	30,367	1,634	0	185,919	415	46,069	132,867	6,568	0	185,919	415	46,069	132,867	6,568	0	
45-64	7,985	62	5,224	2,697	2	0	57,749	464	45,543	11,739	3	0	57,749	464	45,543	11,739	3	0	
65-74	726	669	56	1	0	0	7,091	6,450	640	1	0	0	7,091	6,450	640	1	0	0	
75-84	381	381	0	0	0	0	3,832	3,832	0	0	0	0	3,832	3,832	0	0	0	0	
85 and older	135	134	0	1	0	0	1,303	1,302	0	1	0	0	1,303	1,302	0	1	0	0	
Unknown	10,769	0	0	9,969	800	0	31,763	0	0	29,462	2,301	0	31,763	0	0	29,462	2,301	0	
<b>Gender</b>																			
Female	107,955	1,021	7,568	30,726	68,640	0	656,939	9,034	70,140	138,031	439,734	0	656,939	9,034	70,140	138,031	439,734	0	
Male	83,861	368	6,432	9,748	67,313	0	525,936	3,520	56,258	32,196	433,962	0	525,936	3,520	56,258	32,196	433,962	0	
Unknown	3,733	0	0	3,569	164	0	7,680	0	0	7,210	470	0	7,680	0	0	7,210	470	0	
<b>Race</b>																			
White	124,655	738	10,143	27,484	86,290	0	766,607	6,551	92,322	110,000	557,734	0	766,607	6,551	92,322	110,000	557,734	0	
African American	25,309	106	2,075	6,361	16,767	0	175,054	1,055	18,992	32,124	122,883	0	175,054	1,055	18,992	32,124	122,883	0	
Other/unknown	45,585	545	1,782	10,198	33,060	0	248,894	4,948	15,084	35,313	193,549	0	248,894	4,948	15,084	35,313	193,549	0	
<b>Use of Nursing Facilities<sup>c</sup></b>																			
Entire year	522	194	324	2	2	0	5,318	2,015	3,271	8	24	0	5,318	2,015	3,271	8	24	0	
Part year	408	65	308	17	18	0	3,126	571	2,371	75	109	0	3,126	571	2,371	75	109	0	
None	194,619	1,130	13,368	44,024	136,097	0	1,182,111	9,968	120,756	177,354	874,033	0	1,182,111	9,968	120,756	177,354	874,033	0	
<b>Maintenance Assistance Status</b>																			
Cash	50,824	970	11,449	13,655	24,750	0	340,869	9,778	108,440	57,010	165,641	0	340,869	9,778	108,440	57,010	165,641	0	
Medically needy	14,558	124	411	9,443	4,580	0	60,531	1,086	2,482	38,171	18,792	0	60,531	1,086	2,482	38,171	18,792	0	
Poverty-related	95,484	294	2,034	9,071	84,085	0	552,976	1,678	14,393	27,430	509,475	0	552,976	1,678	14,393	27,430	509,475	0	
Other/unknown	34,683	1	106	11,874	22,702	0	236,179	12	1,083	54,826	180,258	0	236,179	12	1,083	54,826	180,258	0	
<b>Managed Care (MC) Status</b>																			
Fee-for-service (FFS) all year	18,241	577	3,149	6,586	7,929	0	89,088	4,694	27,922	13,615	42,857	0	89,088	4,694	27,922	13,615	42,857	0	
FFS part year, with Rx claims	62,779	158	2,685	16,999	42,937	0	120,736	479	8,037	30,423	81,797	0	120,736	479	8,037	30,423	81,797	0	
FFS part year, no Rx claims	24,393	20	399	5,653	18,321	0	46,452	35	999	10,067	35,351	0	46,452	35	999	10,067	35,351	0	
MC all year, with FFS Rx claims	90,136	634	7,767	14,805	66,930	0	934,279	7,346	89,440	123,332	714,161	0	934,279	7,346	89,440	123,332	714,161	0	

Source: Data for this table are from the MAX 2003 file for Nebraska, 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<sup>a, b</sup>  
NONDUAL BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
All	80.4 %	8.7	\$475	\$55	\$1,911	24.9 %	195,549
<b>Age</b>							
5 and younger	84.9	5.7	182	32	1,277	14.3	56,241
6-14	78.9	5.9	387	66	981	39.4	55,035
15-20	79.9	7.7	474	62	1,892	25.0	27,104
21-44	82.0	12.5	725	58	2,705	26.8	37,173
45-64	87.5	37.6	2,268	60	7,454	30.4	7,985
65-74	93.5	44.0	2,216	50	10,193	21.7	726
75-84	95.3	42.3	2,042	48	14,528	14.1	381
85 and older	90.4	41.6	1,828	44	18,643	9.8	135
Unknown	52.7	2.6	80	31	1,951	4.1	10,769
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	87.1	37.2	1,801	48	11,169	16.1	1,389
Disabled	91.0	36.4	2,603	72	9,465	27.5	14,000
Adults	74.4	7.9	356	45	1,701	20.9	44,043
Children	81.1	5.8	281	49	1,107	25.4	136,117
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	82.9	9.7	492	51	1,873	26.3	107,955
Male	79.1	7.7	473	62	2,008	23.6	83,861
Unknown	35.6	1.1	34	30	803	4.2	3,733
<b>Race</b>							
White	81.9	9.9	571	58	2,133	26.8	124,655
African American	81.0	7.9	400	51	1,585	25.2	25,309
Other/unknown	75.9	5.9	254	43	1,483	17.1	45,585
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	97.1	78.9	4,919	62	58,071	8.5	522
Part year	98.0	68.8	4,203	61	43,676	9.6	408
None	80.3	8.4	456	55	1,672	27.2	194,619
<b>Maintenance Assistance Status</b>							
Cash	82.7	14.4	870	60	3,115	27.9	50,824
Medically needy	75.2	9.2	449	49	2,810	16.0	14,558
Poverty related	78.1	5.6	272	49	1,236	22.0	95,484
Other/unknown	85.2	8.6	469	55	1,623	28.9	34,683

Table ND3

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nebraska, 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<sup>a,b</sup>  
 NONDUAL BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of		Number of Rx, Percentage with:						Mean \$, All Medicaid FFS <sup>d</sup>	Beneficiaries	Benefit Months
			All Medicaid	FFS <sup>c</sup>	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	Beneficiaries			
<b>All</b>	<b>1.4</b>	<b>\$78</b>	<b>24.9 %</b>	<b>19.6 %</b>	<b>46.8 %</b>	<b>10.4 %</b>	<b>12.3 %</b>	<b>6.1 %</b>	<b>4.6 %</b>	<b>\$314</b>	<b>195,549</b>	<b>1,190,555</b>	
<b>Age</b>													
5 and younger	0.9	28	14.3	15.1	55.7	10.3	10.6	5.3	3.0	199	56,241	361,676	
6-14	0.9	57	39.4	21.1	55.2	8.7	9.2	3.3	2.5	144	55,035	375,797	
15-20	1.3	78	25.0	20.1	46.9	10.7	12.3	5.5	4.4	310	27,104	165,425	
21-44	2.5	145	26.8	18.0	33.9	13.1	17.1	9.1	8.8	541	37,173	185,919	
45-64	5.2	314	30.4	12.5	17.8	10.6	23.7	19.7	15.7	1,031	7,985	57,749	
65-74	4.5	227	21.7	6.5	22.6	11.6	28.1	19.7	11.6	1,044	726	7,091	
75-84	4.2	203	14.1	4.7	21.3	15.5	29.4	18.4	10.8	1,445	381	3,832	
85 and older	4.3	189	9.8	9.6	17.0	9.6	34.8	22.2	6.7	1,932	135	1,303	
Unknown	0.9	27	4.1	47.3	26.7	9.4	11.0	4.1	1.5	662	10,769	31,763	
<b>Basis of Eligibility<sup>e</sup></b>													
Aged	4.1	199	16.1	12.9	22.2	12.0	27.1	16.6	9.2	1,236	1,389	12,554	
Disabled	4.0	288	27.5	9.0	26.2	11.9	23.7	16.8	12.4	1,048	14,000	126,398	
Adults	2.0	88	20.9	25.6	32.6	12.2	15.0	7.5	7.1	422	44,043	177,437	
Children	0.9	44	25.4	18.9	53.8	9.7	10.2	4.5	3.0	172	136,117	874,166	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Gender</b>													
Female	1.6	81	26.3	17.1	46.3	10.9	13.1	6.9	5.6	308	107,955	656,939	
Male	1.2	75	23.6	20.9	48.7	9.9	11.6	5.3	3.6	320	83,861	525,936	
Unknown	0.6	17	4.2	64.4	20.1	7.3	6.2	1.6	0.5	390	3,733	7,680	
<b>Race</b>													
White	1.6	93	26.8	18.1	45.9	10.9	13.1	6.7	5.3	347	124,655	766,607	
African American	1.1	58	25.2	19.0	51.8	9.4	10.7	5.2	3.9	229	25,309	175,054	
Other/unknown	1.1	47	17.1	24.1	46.6	9.8	11.2	5.0	3.3	272	45,585	248,894	
<b>Use of Nursing Facilities<sup>f</sup></b>													
Entire year	7.7	483	8.5	2.9	5.0	4.6	24.9	37.0	25.7	5,700	522	5,318	
Part year	9.0	549	9.6	2.0	7.8	6.9	18.9	28.9	35.5	5,701	408	3,126	
None	1.4	75	27.2	19.7	47.0	10.4	12.3	6.0	4.5	275	194,619	1,182,111	
<b>Maintenance Assistance Status</b>													
Cash	2.1	130	27.9	17.3	41.5	10.7	14.9	8.8	6.8	465	50,824	340,869	
Medically needy	2.2	108	16.0	24.8	33.4	11.9	14.7	7.7	7.4	676	14,558	60,531	
Poverty related	1.0	47	22.0	21.9	50.3	9.6	10.5	4.6	3.0	214	95,484	552,976	
Other/unknown	1.3	69	28.9	14.8	50.7	11.5	12.7	5.6	4.7	238	34,683	236,179	

Table ND4

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nebraska, 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, NEBRASKA, 2003

Beneficiary	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs		
	Number of Rx	Rx \$	Number of Rx	Rx \$	Number of Rx	Rx \$	Number of Rx	Rx \$	
<b>Beneficiary Characteristics</b>		\$78	\$55	\$63	\$100	\$2	\$48	\$13	\$18
<b>All</b>	1.4		0.6		0.0		0.7		
<b>Age</b>									
5 and younger	0.9	28	32	19	60	1	40	7	15
6-14	0.9	57	66	47	103	2	58	7	20
15-20	1.3	78	62	63	101	2	63	12	21
21-44	2.5	145	58	118	112	4	46	23	17
45-64	5.2	314	60	254	115	9	46	50	18
65-74	4.5	227	50	183	91	5	28	39	17
75-84	4.2	203	48	158	89	5	34	38	17
85 and older	4.3	189	44	149	89	5	18	36	15
Unknown	0.9	27	31	18	76	1	27	8	13
<b>Basis of Eligibility<sup>d</sup></b>									
Aged	4.1	199	48	158	89	4	29	36	17
Disabled	4.0	288	72	239	131	9	55	40	20
Adults	2.0	88	45	69	89	2	35	17	15
Children	0.9	44	49	34	84	1	49	8	17
Unknown	0.0	0	0	0	0	0	0	0	0
<b>Gender</b>									
Female	1.6	81	51	64	94	2	44	14	17
Male	1.2	75	62	62	108	2	54	11	19
Unknown	0.6	17	30	11	72	0	23	5	13
<b>Race</b>									
White	1.6	93	58	75	102	3	50	15	18
African American	1.1	58	51	46	99	1	46	10	16
Other/unknown	1.1	47	43	35	86	1	41	10	16
<b>Use of Nursing Facilities<sup>e</sup></b>									
Entire year	7.7	483	62	394	119	12	31	77	19
Part year	9.0	549	61	440	121	13	36	93	19
None	1.4	75	55	60	99	2	49	12	18
<b>Maintenance Assistance Status</b>									
Cash	2.1	130	60	105	114	4	50	21	18
Medically needy	2.2	108	49	85	92	3	39	20	16
Poverty related	1.0	47	49	36	88	2	49	9	17
Other/unknown	1.3	69	55	57	91	2	45	10	18

Source: Data for this table are from the MAX 2003 file for Nebraska, 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 Nebraska, 0.8 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, NEBRASKA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users <sup>e</sup>								
	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 Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months			
															\$1	\$4	\$66
Anti-infective Agents	0.4	0.2	0.0	0.2	\$16	\$11	\$1	\$4	\$43	\$66	\$68	\$21	282,872	\$12,285,544	109,083	55.8 %	792,107
Biologicals	0.1	0.1	0.0	0.0	17	11	1	5	122	92	1,905	388	477	58,391	429	0.2	3,520
Antineoplastic Agents	0.7	0.4	0.0	0.3	202	186	5	12	291	523	129	39	2,932	854,435	523	0.3	4,229
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	28	22	2	4	48	74	25	19	137,044	6,552,243	32,463	16.6	234,062
Cardiovascular Agents	1.2	0.5	0.0	0.7	43	35	1	8	37	72	26	12	116,289	4,349,595	12,595	6.4	99,999
Respiratory Agents	0.5	0.2	0.0	0.3	19	14	1	4	40	77	34	16	285,622	11,509,937	81,892	41.9	613,424
Gastrointestinal Agents	0.5	0.2	0.0	0.3	29	22	1	6	60	124	220	21	69,141	4,118,604	18,643	9.5	139,805
Genitourinary Agents	0.3	0.3	0.0	0.1	18	16	0	1	51	62	37	15	21,400	1,081,073	9,247	4.7	61,506
CNS Drugs	1.1	0.7	0.0	0.4	105	95	1	8	93	136	106	20	245,949	22,812,869	29,711	15.2	218,095
Stimulants/Anti-obesity/Anorexia	0.9	0.7	0.0	0.2	73	64	2	7	84	93	69	46	66,269	5,560,497	9,196	4.7	76,584
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	167	166	0	1	252	277	0	15	1,427	359,442	249	0.1	2,156
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	18	12	0	5	35	147	55	12	177,225	6,234,509	49,811	25.5	351,856
Neuromuscular Agents	0.8	0.4	0.0	0.3	66	57	2	7	84	136	54	21	96,629	8,158,470	15,930	8.1	124,440
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	3	12	24	13	11	37,597	455,216	18,504	9.5	115,573
Hematological Agents	0.7	0.2	0.1	0.5	181	175	1	5	255	959	16	12	12,036	3,067,807	2,208	1.1	16,916
Topical Products	0.3	0.1	0.0	0.2	10	7	1	3	37	60	66	19	124,194	4,595,629	58,279	29.8	450,079
Miscellaneous Products	0.5	0.2	0.1	0.3	105	74	15	17	194	355	221	62	2,102	407,089	492	0.3	3,867
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	28	0	0	0	16,846	465,171	12,027	6.2	95,985
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,696,051	92,926,521	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Nebraska, 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 Nebraska, 0.8 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, NEBRASKA, 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	\$10,771,487	9,738	5.0 %	82,901	0.7	\$183
ANTIDEPRESSANTS	6,293,210	21,466	11.0	153,219	0.6	65
ANTICONVULSANT	6,145,717	8,344	4.3	71,262	0.8	105
ANTIASTHMATIC	5,028,913	32,405	16.6	247,035	0.3	59
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	4,474,642	9,558	4.9	79,277	0.7	84
DERMATOLOGICAL	2,431,155	43,705	22.3	342,343	0.2	36
PENICILLINS	2,405,148	61,318	31.4	457,926	0.2	28
MISC. HEMATOLOGICAL	2,260,844	387	0.2	3,136	0.7	1,066
ANALGESICS - Narcotic	2,044,806	32,771	16.8	217,870	0.3	27
CEPHALOSPORINS	2,002,929	31,850	16.3	244,183	0.2	47
<b>Total</b>	<b>43,858,851</b>	<b>251,542</b>		<b>1,899,152</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for Nebraska, 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad77847b6615> (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.

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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	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
<b>All</b>	<b>626,999</b>	<b>\$43,858,851</b>	<b>9,738</b>	<b>5.0 %</b>	<b>82,901</b>	<b>0.7</b>	<b>\$130</b>	<b>21,466</b>	<b>11.0 %</b>	<b>153,219</b>	<b>0.6</b>	<b>\$41</b>					
<b>Female</b>																	
<b>Disabled</b>	351,043	21,899,351	4,844	4.6	40,008	0.7	118	14,902	14.3	102,892	0.6	42					
5 and younger	106,882	9,387,155	2,135	28.2	20,570	0.8	147	3,675	48.6	35,008	0.7	45					
6-14	1,727	125,644	5	1.4	51	0.5	145	5	1.4	42	0.1	8					
15-20	5,223	461,392	82	14.4	861	0.6	97	74	13.0	695	0.5	24					
21-44	4,901	692,948	122	22.8	965	0.8	162	161	30.1	1,357	0.7	48					
45-64	42,831	4,001,044	1,082	38.8	10,349	0.7	144	1,610	57.7	15,251	0.7	45					
65-74	51,462	4,045,493	828	25.2	8,160	0.8	153	1,805	54.9	17,423	0.7	45					
75-84	738	60,634	16	39.0	184	1.2	212	20	48.8	240	0.7	35					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
<b>Other Eligibles</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
5 and younger	241,123	12,433,668	2,698	2.8	19,415	0.6	87	11,125	11.5	67,583	0.6	40					
6-14	50,999	1,737,519	61	0.2	453	0.5	52	216	0.8	1,290	0.4	21					
15-20	56,887	3,367,417	646	2.4	5,616	0.6	89	1,301	4.9	10,821	0.5	30					
21-44	39,996	2,387,063	709	4.9	5,330	0.6	86	2,426	16.8	16,583	0.5	35					
45-64	77,753	3,947,701	1,056	4.0	5,869	0.5	83	6,325	24.1	33,187	0.6	44					
65-74	8,107	491,276	81	4.1	540	0.6	84	655	33.3	3,535	0.8	58					
75-84	3,981	267,010	65	14.1	769	0.9	124	109	23.6	1,196	0.6	40					
85 and older	2,569	170,425	61	23.5	637	0.8	94	68	26.2	711	0.7	50					
	831	65,257	19	20.0	201	0.8	121	25	26.3	260	0.7	49					
<b>Male</b>																	
<b>Disabled</b>	275,008	21,934,582	4,881	6.1	42,861	0.7	141	6,481	8.1	50,119	0.7	40					
5 and younger	73,095	7,831,178	1,970	30.6	18,720	0.8	179	1,847	28.7	16,690	0.7	47					
6-14	2,475	241,554	21	4.7	213	0.4	76	14	3.1	128	0.5	13					
15-20	10,080	1,113,024	307	30.0	3,095	0.7	138	164	16.0	1,608	0.6	32					
21-44	8,587	1,130,548	259	35.2	2,488	0.8	160	186	25.3	1,717	0.7	44					
45-64	30,293	3,479,325	932	41.1	8,724	0.9	202	805	35.5	7,205	0.8	52					
65-74	21,428	1,842,145	443	22.8	4,120	0.8	178	668	34.5	5,920	0.7	48					
75-84	232	24,582	8	53.3	80	0.9	197	10	66.7	112	0.7	32					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
<b>Other Eligibles</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
5 and younger	198,696	14,020,369	2,898	3.9	24,112	0.7	111	4,515	6.1	33,066	0.6	37					
6-14	59,955	2,450,457	112	0.4	869	0.5	64	260	0.9	1,698	0.4	20					
15-20	86,175	7,711,245	1,557	5.8	14,124	0.6	107	1,828	6.8	15,810	0.6	34					
21-44	36,139	2,887,243	913	8.0	7,429	0.7	119	1,493	13.2	11,132	0.6	40					
45-64	10,657	613,986	226	3.9	908	0.7	154	704	20.0	2,900	0.7	45					
65-74	2,697	141,650	35	4.4	179	0.6	100	159	12.0	769	0.7	47					
75-84	1,622	110,134	26	12.4	282	0.7	122	40	19.1	444	0.8	45					
85 and older	871	68,994	19	15.7	201	0.9	128	17	14.0	160	0.9	58					
<b>Unknown</b>	580	36,660	10	25.0	120	0.9	117	14	35.0	153	0.8	55					
	7,203	186,481	37	0.3	84	0.8	48	304	2.8	872	0.7	35					

Source: Data for this table are from the MAX 2003 file for Nebraska, 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<sup>a,b,c</sup>  
 NONDUAL BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	ANTICONVULSANT				ANTIASTHMATIC				STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	
<b>All</b>	<b>8,344</b>	<b>4.3 %</b>	<b>71,262</b>	<b>0.8</b>	<b>32,405</b>	<b>16.6 %</b>	<b>247,035</b>	<b>0.3</b>	<b>9,558</b>	<b>4.9 %</b>	<b>79,277</b>	<b>0.7</b>	<b>\$56</b>
<b>Female</b>	4,878	4.7	40,027	0.8	17,341	16.6	130,812	0.4	2,850	2.7	23,607	0.6	55
<b>Disabled</b>	2,311	30.5	23,042	0.9	3,085	40.8	30,168	0.5	320	4.2	3,169	0.7	67
5 and younger	39	11.2	419	0.8	135	38.8	1,376	0.3	5	1.4	60	0.6	42
6-14	162	28.5	1,777	0.8	165	29.0	1,618	0.4	118	20.7	1,211	0.7	56
15-20	153	28.6	1,481	0.9	129	24.1	1,303	0.4	40	7.5	424	0.6	56
21-44	1,098	39.4	10,805	0.9	997	35.7	9,782	0.4	90	3.2	835	0.6	69
45-64	849	25.8	8,440	0.8	1,645	50.1	15,929	0.5	67	2.0	639	0.7	94
65-74	10	24.4	120	0.8	14	34.1	160	0.6	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	2,558	2.6	16,965	0.7	14,028	14.5	99,681	0.3	2,530	2.6	20,438	0.6	53
5 and younger	109	0.4	783	0.7	4,227	15.6	32,321	0.2	111	0.4	870	0.4	36
6-14	475	1.8	4,097	0.7	3,592	13.6	28,440	0.3	1,764	6.7	14,694	0.7	52
15-20	477	3.3	3,653	0.7	2,264	15.6	16,002	0.3	410	2.8	3,374	0.6	54
21-44	1,258	4.8	6,661	0.7	3,352	12.8	18,584	0.4	220	0.8	1,323	0.7	77
45-64	142	7.2	743	0.8	380	19.3	2,090	0.5	19	1.0	108	0.4	36
65-74	60	13.0	671	0.8	125	27.1	1,385	0.5	1	0.2	12	0.1	2
75-84	30	11.5	282	0.8	74	28.5	709	0.6	3	1.2	36	0.5	15
85 and older	7	7.4	75	0.6	14	14.7	150	0.3	2	2.1	21	0.7	15
<b>Male</b>	3,455	4.3	31,215	0.8	15,003	18.7	116,064	0.3	6,708	8.4	55,670	0.7	57
<b>Disabled</b>	1,739	27.0	17,440	0.9	1,638	25.5	15,162	0.5	659	10.2	6,560	0.6	53
5 and younger	53	11.8	580	0.5	249	55.3	2,160	0.3	24	5.3	213	0.6	40
6-14	235	23.0	2,359	0.9	257	25.1	2,749	0.3	382	37.3	3,931	0.6	51
15-20	231	31.4	2,344	1.0	153	20.8	1,605	0.4	152	20.7	1,462	0.7	59
21-44	819	36.1	8,304	1.0	409	18.0	3,634	0.5	77	3.4	748	0.6	53
45-64	397	20.5	3,805	0.8	564	29.1	4,958	0.6	24	1.2	206	0.6	56
65-74	4	26.7	48	0.8	6	40.0	56	0.4	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,703	2.3	13,722	0.7	13,129	17.8	99,794	0.3	6,046	8.2	49,094	0.7	58
5 and younger	167	0.6	1,431	0.6	6,033	21.4	46,357	0.3	307	1.1	2,482	0.4	33
6-14	785	2.9	7,082	0.7	4,940	18.3	38,930	0.3	4,612	17.0	37,645	0.7	58
15-20	442	3.9	3,562	0.8	1,524	13.4	11,214	0.4	1,073	9.5	8,703	0.7	62
21-44	222	3.8	1,007	0.9	438	7.5	1,919	0.5	46	0.8	220	1.0	133
45-64	48	6.0	217	1.2	99	12.4	407	0.6	6	0.8	26	0.7	144
65-74	20	9.6	221	0.9	51	24.4	515	0.8	2	1.0	18	0.9	43
75-84	13	10.7	137	0.8	26	21.5	259	0.6	0	0.0	0	0.0	0
85 and older	6	15.0	65	1.0	18	45.0	193	0.3	0	0.0	0	0.0	0
<b>Unknown</b>	33	0.3	93	0.7	525	4.8	2,230	0.4	3	0.0	16	0.3	20

Table ND7B

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nebraska, 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<sup>a,b,c</sup>  
 NONDUAL BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	DERMATOLOGICAL					PENICILLINS					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
<b>All</b>	<b>43,705</b>	<b>22.3 %</b>	<b>342,343</b>	<b>\$7</b>	<b>0.2</b>	<b>61,318</b>	<b>31.4 %</b>	<b>457,926</b>	<b>\$5</b>	<b>0.2</b>	<b>387</b>	<b>0.2 %</b>	<b>3,136</b>	<b>\$721</b>	<b>0.7</b>
<b>Female</b>	25,523	24.4	197,457	7	0.2	33,903	32.4	250,599	5	0.2	231	0.2	1,906	189	0.6
<b>Disabled</b>	3,038	40.1	31,091	8	0.2	2,139	28.3	21,643	5	0.2	161	2.1	1,417	217	0.6
5 and younger	138	39.7	1,378	4	0.1	213	61.2	2,122	5	0.2	0	0.0	0	0	0.0
6-14	251	44.1	2,619	6	0.2	245	43.1	2,517	5	0.2	0	0.0	0	0	0.0
15-20	191	35.7	2,071	6	0.2	176	32.9	1,858	5	0.1	1	0.2	12	15,578	1.8
21-44	1,177	42.2	12,213	9	0.2	841	30.1	8,386	5	0.1	19	0.7	171	49	0.5
45-64	1,246	37.9	12,398	8	0.2	660	20.1	6,712	6	0.1	138	4.2	1,198	93	0.6
65-74	35	85.4	412	4	0.2	4	9.8	48	7	0.1	3	7.3	36	24	0.2
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
<b>Other Eligibles</b>	22,036	22.7	164,081	7	0.2	31,182	32.2	226,091	5	0.2	69	0.1	486	108	0.7
5 and younger	8,333	30.9	64,261	5	0.2	12,710	47.1	95,226	5	0.2	0	0.0	0	0	0.0
6-14	5,642	21.4	46,094	6	0.2	8,518	32.3	68,787	5	0.2	0	0.0	0	0	0.0
15-20	3,431	23.7	25,069	10	0.2	3,733	25.8	26,055	5	0.2	1	0.0	1	59	1.0
21-44	4,023	15.3	23,558	11	0.3	5,786	22.0	32,888	7	0.2	20	0.1	115	61	0.6
45-64	284	14.5	1,741	8	0.2	305	15.5	1,809	8	0.2	11	0.6	22	997	2.0
65-74	154	33.4	1,590	6	0.2	81	17.6	843	4	0.1	17	3.7	155	59	0.6
75-84	116	44.6	1,167	10	0.3	38	14.6	375	8	0.1	12	4.6	113	61	0.6
85 and older	53	55.8	601	4	0.2	11	11.6	108	4	0.1	8	8.4	80	94	1.0
<b>Male</b>	18,105	22.6	144,693	7	0.2	27,263	34.0	206,994	5	0.2	156	0.2	1,230	1,545	0.8
<b>Disabled</b>	2,080	32.3	21,399	9	0.2	1,649	25.6	16,274	6	0.2	100	1.6	829	428	0.7
5 and younger	194	43.1	1,809	7	0.2	265	58.9	2,377	8	0.2	2	0.4	16	5,770	1.2
6-14	283	27.7	3,083	8	0.1	395	38.6	4,247	5	0.1	1	0.1	2	21,156	1.5
15-20	299	40.7	3,039	11	0.2	212	28.8	2,181	6	0.2	4	0.5	37	4,641	1.2
21-44	741	32.6	7,969	9	0.2	466	20.5	4,581	6	0.2	17	0.7	163	41	0.7
45-64	560	28.9	5,471	8	0.2	310	16.0	2,876	8	0.2	75	3.9	607	69	0.7
65-74	3	20.0	28	7	0.1	1	6.7	12	2	0.1	1	6.7	4	61	0.5
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
<b>Other Eligibles</b>	15,550	21.1	120,881	7	0.2	24,967	33.9	187,524	5	0.2	56	0.1	401	3,854	0.9
5 and younger	8,020	28.4	61,274	5	0.2	13,838	49.0	102,803	6	0.2	3	0.0	31	3,228	0.5
6-14	4,318	16.0	35,699	6	0.2	7,894	29.2	63,020	5	0.2	4	0.0	21	66,410	6.2
15-20	2,577	22.7	20,366	15	0.2	2,309	20.3	17,301	5	0.2	2	0.0	13	2,236	0.6
21-44	448	7.6	1,901	15	0.3	787	13.4	3,429	8	0.3	10	0.2	62	84	0.6
45-64	67	8.4	334	11	0.3	96	12.1	492	7	0.3	17	2.1	74	97	0.9
65-74	59	28.2	630	7	0.2	26	12.4	291	3	0.1	9	4.3	78	63	0.6
75-84	44	36.4	502	6	0.2	11	9.1	121	2	0.1	9	7.4	98	39	0.3
85 and older	17	42.5	175	9	0.7	6	15.0	67	1	0.1	2	5.0	24	21	0.6
<b>Unknown</b>	1,001	9.1	4,891	6	0.3	1,381	12.6	6,394	6	0.3	1	0.0	3	49	0.7

Table ND7C

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nebraska, 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					CEPHALOSPORINS						
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean \$ per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>32,771</b>	<b>16.8 %</b>	<b>217,870</b>	<b>0.3</b>	<b>\$9</b>	<b>31,850</b>	<b>16.3 %</b>	<b>244,183</b>	<b>0.2</b>	<b>\$8</b>	<b>195,549</b>	<b>1,190,555</b>
<b>Female</b>	22,925	21.9	152,396	0.4	10	17,710	17.0	133,858	0.2	8	104,478	645,172
<b>Disabled</b>	4,240	56.0	40,057	0.5	20	1,686	22.3	17,144	0.2	7	7,568	70,140
5 and younger	44	12.6	436	0.1	1	135	38.8	1,345	0.2	11	348	3,080
6-14	72	12.7	778	0.2	3	167	29.3	1,736	0.2	12	569	5,676
15-20	133	24.9	1,248	0.2	7	123	23.0	1,296	0.2	10	535	4,864
21-44	1,762	63.2	16,294	0.4	18	601	21.5	6,143	0.1	6	2,790	25,969
45-64	2,211	67.3	21,101	0.5	23	654	19.9	6,552	0.2	5	3,285	30,072
65-74	18	43.9	200	0.4	16	6	14.6	72	0.1	7	41	479
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
<b>Other Eligibles</b>	18,091	18.7	110,046	0.3	6	15,702	16.2	115,242	0.2	8	96,910	575,032
5 and younger	1,855	6.9	12,305	0.2	2	6,199	23.0	47,863	0.2	9	27,010	173,307
6-14	1,316	5.0	10,621	0.2	2	3,860	14.6	31,219	0.2	8	26,388	177,969
15-20	3,159	21.8	20,326	0.2	2	2,107	14.5	14,939	0.2	7	14,483	84,921
21-44	10,686	40.7	59,257	0.4	7	3,198	12.2	18,693	0.2	7	26,248	121,643
45-64	769	39.1	4,374	0.5	15	223	11.3	1,318	0.2	7	1,965	9,128
65-74	176	38.2	1,887	0.4	14	60	13.0	636	0.1	5	461	4,565
75-84	99	38.1	967	0.5	18	37	14.2	376	0.2	6	260	2,595
85 and older	31	32.6	309	0.5	36	18	18.9	198	0.1	15	95	904
<b>Male</b>	9,552	11.9	64,781	0.3	9	14,056	17.5	110,121	0.2	9	80,124	513,085
<b>Disabled</b>	1,998	31.1	17,169	0.5	23	1,179	18.3	11,803	0.2	9	6,432	56,258
5 and younger	50	11.1	482	0.1	1	180	40.0	1,707	0.2	8	450	3,657
6-14	72	7.0	765	0.1	4	247	24.1	2,593	0.1	9	1,023	10,125
15-20	133	18.1	1,239	0.2	5	136	18.5	1,458	0.2	9	735	6,744
21-44	748	33.0	6,489	0.4	18	348	15.3	3,541	0.1	8	2,270	20,100
45-64	990	51.1	8,142	0.6	32	266	13.7	2,480	0.2	9	1,939	15,471
65-74	5	33.3	52	0.2	2	2	13.3	24	0.1	6	15	161
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
<b>Other Eligibles</b>	6,937	9.4	45,247	0.3	4	12,549	17.0	96,628	0.2	9	73,692	456,827
5 and younger	2,212	7.8	15,295	0.2	1	7,182	25.4	55,021	0.2	9	28,255	181,097
6-14	1,227	4.5	10,249	0.1	1	3,546	13.1	29,042	0.2	8	27,055	182,027
15-20	1,474	13.0	10,524	0.2	2	1,305	11.5	10,052	0.2	7	11,351	68,896
21-44	1,612	27.5	6,528	0.6	14	414	7.1	1,810	0.3	6	5,865	18,207
45-64	301	37.8	1,551	0.7	19	70	8.8	361	0.3	8	796	3,078
65-74	64	30.6	632	0.3	11	18	8.6	181	0.1	4	209	1,886
75-84	34	28.1	325	0.4	27	9	7.4	101	0.2	10	121	1,237
85 and older	13	32.5	143	0.5	26	5	12.5	60	0.3	17	40	399
<b>Unknown</b>	1,505	13.7	5,351	0.3	3	734	6.7	3,366	0.3	9	10,947	32,298

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nebraska, 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<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$483</b>	<b>7.7</b>	<b>522</b>	<b>5,318</b>	
<b>Age</b>					
0-64	579	8.5	309	3,083	
65-74	440	7.7	68	785	
75-84	326	6.5	84	839	
85 and older	270	5.4	61	611	
Unknown	0	0.0	0	0	
<b>Gender</b>					
Female	498	8.4	315	3,299	
Male	459	6.7	207	2,019	
Unknown	0	0.0	0	0	
<b>Race</b>					
White	484	7.7	423	4,255	
African American	438	7.6	41	421	
Other/unknown	503	8	58	642	
<b>Basis of Eligibility<sup>c</sup></b>					
Aged	344	6.6	194	2,015	
Disabled	567	8.4	324	3,271	
Adults	1,256	14.0	2	8	
Children	501	6.0	2	24	
Unknown	0	0.0	0	0	

Source: Data for this table are from the MAX 2003 file for Nebraska, 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 408 beneficiaries who were in nursing facilities for part of their enrollment and their 3,126 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<sup>a, b, c, d, e</sup>  
 NONDUAL BENEFICIARIES, NEBRASKA, 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	0.4	0.2	0.0	0.2	\$45	\$38	\$0	\$6	\$102	\$167	\$54	\$31	1,765	\$180,834	373	71.5 %	3,999
Biologicals	0.1	0.1	0.0	0.0	20	19	0	0	152	168	0	25	9	1,370	8	1.5	69
Antineoplastic Agents	0.5	0.4	0.0	0.1	124	120	0	4	227	290	0	32	107	24,339	19	3.6	196
Endocrine/Metabolic Drugs	1.4	0.7	0.2	0.5	59	49	4	6	42	71	20	12	3,865	163,889	262	50.2	2,769
Cardiovascular Agents	2.0	0.6	0.1	1.3	55	38	1	15	27	63	16	12	6,553	179,869	314	60.2	3,271
Respiratory Agents	0.9	0.3	0.0	0.5	42	28	2	12	46	86	51	22	2,443	113,376	256	49.0	2,707
Gastrointestinal Agents	1.1	0.3	0.0	0.8	46	32	0	14	40	110	25	17	3,722	150,687	305	58.4	3,275
Genitourinary Agents	0.8	0.6	0.0	0.2	50	46	0	4	66	79	39	21	1,173	77,212	146	28.0	1,557
CNS Drugs	2.0	1.2	0.0	0.8	196	176	3	17	96	147	78	21	8,824	849,289	413	79.1	4,338
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	51	46	1	4	85	118	42	23	133	11,298	22	4.2	222
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	129	129	0	0	159	159	0	0	330	52,387	35	6.7	405
Analgesics and Anesthetics	0.9	0.4	0.0	0.6	64	52	1	11	68	144	40	20	2,882	194,802	299	57.3	3,050
Neuromuscular Agents	1.5	0.7	0.1	0.8	129	99	5	25	84	152	37	33	4,894	409,430	296	56.7	3,180
Nutritional Products	0.8	0.0	0.0	0.7	16	3	0	13	20	113	18	17	1,209	24,271	148	28.4	1,523
Hematological Agents	1.2	0.2	0.2	0.7	49	40	2	7	42	177	8	10	1,424	59,454	122	23.4	1,223
Topical Products	0.5	0.2	0.0	0.3	21	13	2	6	42	60	84	23	1,740	73,109	316	60.5	3,468
Miscellaneous Products	0.4	0.2	0.0	0.2	5	3	0	1	13	16	0	9	72	933	19	3.6	205
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	37	0	0	0	37	1,355	15	2.9	158
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	41,182	2,567,904	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Nebraska, 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 408 beneficiaries who were in nursing facilities for part of their enrollment and their 3,126 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 Nebraska, 0.8 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, NEBRASKA, 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
ANTIPSYCHOTICS	\$584,326	351	67.2 %	3,891	0.8	\$177	\$150
ANTICONVULSANT	300,661	295	56.5	3,224	1.1	88	93
ANTIDEPRESSANTS	232,157	395	75.7	4,163	0.9	64	56
ANTI-DIABETIC	112,197	232	44.4	2,431	0.9	53	46
ANALGESICS - Narcotic	106,951	286	54.8	2,881	0.6	65	37
ULCER DRUGS	91,788	280	53.6	2,976	0.7	43	31
MUSCULOSKELETAL THERAPY AGENTS	83,040	93	17.8	942	0.9	102	88
ANTI-ASTHMATIC	77,381	262	50.2	2,699	0.6	52	29
ANALGESICS - ANTI-INFLAMMATORY	68,777	163	31.2	1,790	0.5	70	38
ANTIVIRAL	57,113	32	6.1	345	0.3	583	166
Total	1,714,391	2,389		25,342	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Nebraska, 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 408 beneficiaries who were in nursing facilities for part of their enrollment and their 3,126 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); 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<sup>a, b, c, d</sup> NONDUAL BENEFICIARIES, NEBRASKA, 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 \$
<b>All</b>	<b>19,618</b>	<b>\$1,714,391</b>	<b>351</b>	<b>67.2 %</b>	<b>3,891</b>	<b>0.8</b>	<b>\$150</b>	<b>295</b>	<b>56.5 %</b>	<b>3,224</b>	<b>1.1</b>	<b>\$93</b>					
<b>Female</b>	12,710	1,055,887	231	73.3	2,580	0.8	146	181	57.5	2,007	1.0	82					
<b>Disabled</b>	8,533	736,725	142	79.3	1,572	0.8	158	140	78.2	1,570	1.0	87					
64 or younger	7,856	678,633	127	78.4	1,400	0.8	151	132	81.5	1,474	1.0	91					
65-74	677	58,092	15	88.2	172	1.2	208	8	47.1	96	0.9	28					
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					
<b>Other Eligibles</b>	4,177	319,162	89	65.4	1,008	0.8	129	41	30.1	437	1.0	65					
64 or younger	81	7,696	1	50.0	12	1.0	171	0	0.0	0	0.0	0					
65-74	1,558	129,805	35	100.0	420	0.9	138	18	51.4	216	1.1	72					
75-84	1,785	126,050	38	67.9	418	0.9	119	18	32.1	170	1.0	66					
85 and older	753	55,611	15	34.9	158	0.8	127	5	11.6	51	0.9	32					
<b>Male</b>	6,908	658,504	120	58.0	1,311	0.9	158	114	55.1	1,217	1.1	112					
<b>Disabled</b>	5,328	538,771	92	63.4	983	0.8	161	95	65.5	1,000	1.2	120					
64 or younger	5,253	533,045	90	62.9	959	0.8	163	94	65.7	988	1.2	120					
65-74	75	5,726	2	100.0	24	1.2	85	1	50.0	12	0.9	100					
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					
<b>Other Eligibles</b>	1,580	119,733	28	45.2	328	0.9	149	19	30.6	217	0.9	73					
64 or younger	86	9,450	0	0.0	0	0.0	0	2	100.0	19	0.9	133					
65-74	490	41,395	9	64.3	108	0.9	179	6	42.9	72	1.1	104					
75-84	509	35,458	9	32.1	100	1.1	154	6	21.4	66	0.8	44					
85 and older	495	33,430	10	55.6	120	0.9	117	5	27.8	60	1.0	50					
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 2003 file for Nebraska, 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 408 beneficiaries who were in nursing facilities for part of their enrollment and their 3,126 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); 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS				ANTIDIABETIC				ANALGESICS - Narcotic						
	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 \$
<b>All</b>	<b>395</b>	<b>75.7 %</b>	<b>4,163</b>	<b>0.9</b>	<b>\$56</b>	<b>232</b>	<b>44.4 %</b>	<b>2,431</b>	<b>0.9</b>	<b>\$46</b>	<b>286</b>	<b>54.8 %</b>	<b>2,881</b>	<b>0.6</b>	<b>\$37</b>
<b>Female</b>	255	81.0	2,780	0.9	57	177	56.2	1,876	0.9	50	193	61.3	2,019	0.6	40
<b>Disabled</b>	170	95.0	1,859	0.9	57	105	58.7	1,115	0.9	52	130	72.6	1,386	0.6	46
64 or younger	160	98.8	1,739	0.9	58	94	58.0	983	0.9	50	125	77.2	1,342	0.6	47
65-74	10	58.8	120	0.7	46	11	64.7	132	1.1	62	5	29.4	44	0.8	42
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
<b>Other Eligibles</b>	85	62.5	921	0.8	58	72	52.9	761	0.8	47	63	46.3	633	0.5	27
64 or younger	1	50.0	12	1.0	71	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	32	91.4	379	0.8	51	25	71.4	290	1.0	69	18	51.4	211	0.5	20
75-84	33	58.9	337	0.9	67	35	62.5	331	0.7	28	28	50.0	256	0.4	22
85 and older	19	44.2	193	0.8	55	12	27.9	140	0.7	49	17	39.5	166	0.7	46
<b>Male</b>	140	67.6	1,383	0.9	53	55	26.6	555	0.9	34	93	44.9	862	0.5	30
<b>Disabled</b>	108	74.5	1,045	0.9	51	43	29.7	427	0.9	34	69	47.6	621	0.5	29
64 or younger	107	74.8	1,033	0.9	50	42	29.4	415	0.9	32	69	48.3	621	0.5	29
65-74	1	50.0	12	1.0	77	1	50.0	12	1.0	94	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
<b>Other Eligibles</b>	32	51.6	338	1.0	61	12	19.4	128	0.9	32	24	38.7	241	0.5	30
64 or younger	2	100.0	14	1.0	5	0	0.0	0	0.0	0	2	100.0	14	0.9	215
65-74	11	78.6	132	1.0	65	5	35.7	54	0.9	24	7	50.0	74	0.5	6
75-84	9	32.1	82	1.1	72	5	17.9	50	0.8	44	6	21.4	57	0.3	4
85 and older	10	55.6	110	0.8	55	2	11.1	24	1.1	22	9	50.0	96	0.6	37
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Nebraska, 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 408 beneficiaries who were in nursing facilities for part of their enrollment and their 3,126 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.

Table ND10B

Nondual Beneficiaries

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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	ULCER DRUGS					MUSCULOSKELETAL THERAPY AGENTS					ANTI-ASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users
<b>All</b>	<b>280</b>	<b>53.6 %</b>	<b>0.7</b>	<b>\$31</b>	<b>2,976</b>	<b>93</b>	<b>17.8 %</b>	<b>0.9</b>	<b>\$88</b>	<b>942</b>	<b>262</b>	<b>50.2 %</b>	<b>0.6</b>	<b>\$29</b>	<b>2,699</b>
<b>Female</b>	170	54.0	0.7	26	1,840	46	14.6	0.9	58	497	156	49.5	0.5	28	1,651
<b>Disabled</b>	111	62.0	0.7	28	1,221	41	22.9	0.9	63	437	83	46.4	0.5	28	872
64 or younger	108	66.7	0.7	28	1,185	38	23.5	0.9	68	401	76	46.9	0.5	29	796
65-74	3	17.6	0.5	22	36	3	17.6	0.6	13	36	7	41.2	0.9	19	76
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
<b>Other Eligibles</b>	59	43.4	0.7	21	619	5	3.7	0.6	21	60	73	53.7	0.5	27	779
64 or younger	1	50.0	1.0	15	12	0	0.0	0.0	0	0	3	150.0	1.1	126	36
65-74	14	40.0	0.7	30	168	2	5.7	0.3	17	24	20	57.1	0.3	21	240
75-84	33	58.9	0.8	21	324	2	3.6	0.8	18	24	38	67.9	0.6	28	377
85 and older	11	25.6	0.7	10	115	1	2.3	1.0	37	12	12	27.9	0.2	9	126
<b>Male</b>	110	53.1	0.7	40	1,136	47	22.7	0.9	122	445	106	51.2	0.6	31	1,048
<b>Disabled</b>	87	60.0	0.7	43	906	44	30.3	0.9	122	419	74	51.0	0.6	34	717
64 or younger	87	60.8	0.7	43	906	44	30.8	0.9	122	419	74	51.7	0.6	34	717
65-74	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0.0	0.0	0	0
75-84	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0.0	0.0	0	0
85 and older	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0.0	0.0	0	0
<b>Other Eligibles</b>	23	37.1	0.8	27	230	3	4.8	0.8	116	26	32	51.6	0.6	24	331
64 or younger	0	0.0	0.0	0	0	2	100.0	1.4	215	14	2	100.0	0.6	10	14
65-74	2	14.3	0.7	8	14	0	0.0	0.0	0	0	9	64.3	0.8	29	102
75-84	10	35.7	0.8	36	116	0	0.0	0.0	0	0	9	32.1	0.7	22	80
85 and older	11	61.1	0.7	19	100	1	5.6	0.1	1	12	12	66.7	0.4	23	135
<b>Unknown</b>	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0.0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for Nebraska, 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 408 beneficiaries who were in nursing facilities for part of their enrollment and their 3,126 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<sup>a, b, c, d</sup> NONDUAL BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					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 \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>163</b>	<b>31.2 %</b>	<b>1,790</b>	<b>0.5</b>	<b>\$38</b>	<b>32</b>	<b>6.1 %</b>	<b>345</b>	<b>0.3</b>	<b>\$166</b>	<b>522</b>	<b>5,318</b>
<b>Female</b>	116	36.8	1,284	0.6	44	19	6.0	202	0.2	12	315	3,299
<b>Disabled</b>	76	42.5	861	0.5	45	9	5.0	87	0.1	9	179	1,884
64 or younger	72	44.4	813	0.5	46	9	5.6	87	0.1	9	162	1,688
65-74	4	23.5	48	0.4	29	0	0.0	0	0.0	0	17	196
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
<b>Other Eligibles</b>	40	29.4	423	0.6	42	10	7.4	115	0.2	14	136	1,415
64 or younger	1	50.0	12	0.3	7	0	0.0	0	0.0	0	2	13
65-74	8	22.9	91	0.6	31	1	2.9	12	0.1	6	35	410
75-84	18	32.1	189	0.6	46	7	12.5	82	0.2	18	56	567
85 and older	13	30.2	131	0.7	47	2	4.7	21	0.1	5	43	425
<b>Male</b>	47	22.7	506	0.5	24	13	6.3	143	0.5	382	207	2,019
<b>Disabled</b>	33	22.8	365	0.4	17	10	6.9	111	0.6	491	145	1,387
64 or younger	32	22.4	353	0.4	17	10	7.0	111	0.6	491	143	1,363
65-74	1	50.0	12	0.9	36	0	0.0	0	0.0	0	2	24
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	14	22.6	141	0.8	41	3	4.8	32	0.1	5	62	632
64 or younger	2	100.0	19	0.8	37	0	0.0	0	0.0	0	2	19
65-74	2	14.3	24	0.6	45	0	0.0	0	0.0	0	14	155
75-84	5	17.9	57	0.9	50	2	7.1	20	0.2	4	28	272
85 and older	5	27.8	41	0.7	29	1	5.6	12	0.1	6	18	186
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for Nebraska, 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 408 beneficiaries who were in nursing facilities for part of their enrollment and their 3,126 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<sup>a,b</sup>  
 NEBRASKA, 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 %
<b>All</b>	<b>92,566</b>	<b>47.3 %</b>	<b>1.7</b>	<b>336,199</b>	<b>\$21</b>	<b>\$4,118,135</b>	<b>\$12</b>	<b>\$12</b>	<b>195,549</b>
<b>Age</b>									
5 and younger	34,322	61.0	2.0	109,813	22	1,247,508	11	11	56,241
6-14	24,230	44.0	1.1	60,334	17	933,914	15	15	55,035
15-20	10,454	38.6	1.1	28,570	15	408,102	14	14	27,104
21-44	15,214	40.9	1.8	67,698	22	812,898	12	12	37,173
45-64	4,640	58.1	6.1	49,000	69	549,686	11	11	7,985
65-74	460	63.4	8.6	6,253	77	55,804	9	9	726
75-84	280	73.5	11.5	4,387	89	34,014	8	8	381
85 and older	104	77.0	18.3	2,472	156	21,065	9	9	135
Unknown	2,862	26.6	0.7	7,672	5	55,144	7	7	10,769
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	850	61.2	9.1	12,607	77	107,436	9	9	1,389
Disabled	8,945	63.9	6.5	90,305	79	1,110,190	12	12	14,000
Adults	15,621	35.5	1.0	46,163	12	531,527	12	12	44,043
Children	67,150	49.3	1.4	187,124	17	2,368,982	13	13	136,117
Unknown	0	0.0	0.0	0	0	0	0	0	0
<b>Gender</b>									
Female	52,869	49.0	1.8	199,200	23	2,438,941	12	12	107,955
Male	39,228	46.8	1.6	136,218	20	1,673,886	12	12	83,861
Unknown	469	12.6	0.2	781	1	5,308	7	7	3,733
<b>Race</b>									
White	57,136	45.8	1.7	217,486	22	2,772,766	13	13	124,655
African American	12,166	48.1	1.6	40,159	19	482,818	12	12	25,309
Other/unknown	23,264	51.0	1.7	78,554	19	862,551	11	11	45,585
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	493	94.4	31.6	16,486	247	128,868	8	8	522
Part year	370	90.7	15.7	6,425	165	67,288	10	10	408
None	91,703	47.1	1.6	313,288	20	3,921,979	13	13	194,619
<b>Maintenance Assistance Status</b>									
Cash	26,879	52.9	2.8	140,172	33	1,671,551	12	12	50,824
Medically needy	5,050	34.7	1.5	22,108	16	235,781	11	11	14,558
Poverty related	44,466	46.6	1.3	127,398	17	1,607,794	13	13	95,484
Other/unknown	16,171	46.6	1.3	46,521	17	603,009	13	13	34,683

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nebraska, 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<sup>a,b</sup>  
 NEBRASKA, 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	\$3	\$12	\$0	\$0	1,190,555
<b>Age</b>						
5 and younger	0.3	3	11	0	0	361,676
6-14	0.2	2	15	0	0	375,797
15-20	0.2	2	14	0	0	165,425
21-44	0.4	4	12	0	1	185,919
45-64	0.8	10	11	0	3	57,749
65-74	0.9	8	9	0	2	7,091
75-84	1.1	9	8	0	1	3,832
85 and older	1.9	16	9	0	2	1,303
Unknown	0.2	2	7	0	0	31,763
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	1.0	9	9	0	1	12,554
Disabled	0.7	9	12	0	3	126,398
Adults	0.3	3	12	0	1	177,437
Children	0.2	3	13	0	0	874,166
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.3	4	12	0	1	656,939
Male	0.3	3	12	0	0	525,936
Unknown	0.1	1	7	0	0	7,680
<b>Race</b>						
White	0.3	4	13	0	1	766,607
African American	0.2	3	12	0	0	175,054
Other/unknown	0.3	3	11	0	0	248,894
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	3.1	24	8	0	5	5,318
Part year	2.1	22	10	0	5	3,126
None	0.3	3	13	0	0	1,182,111
<b>Maintenance Assistance Status</b>						
Cash	0.4	5	12	0	1	340,869
Medically needy	0.4	4	11	0	1	60,531
Poverty related	0.2	3	13	0	0	552,976
Other/unknown	0.2	3	13	0	0	236,179

Table ND12

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nebraska, 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<sup>a,b,c</sup>  
NEBRASKA, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
<b>All</b>	<b>128,834</b>	<b>\$32</b>	<b>\$4,118,135</b>	<b>0</b>	<b>0.0</b>	<b>336,199</b>	<b>\$12</b>	<b>100.0</b>	<b>0.0</b>
Anorexia or weight loss/gain	0	0	0	0	0.0	0	0	0.0	0.0
Fertility drugs	6	415	2,491	0	0.1	20	125	0.0	0.0
Drugs for cosmetic purposes	33	11	363	0	0.0	35	10	0.0	0.0
Cough and cold medications	61,064	36	2,168,930	0	52.7	122,426	18	36.4	36.4
Vitamins and minerals	7,759	32	245,860	0	6.0	18,643	13	5.5	5.5
Non-prescription drugs	49,447	20	979,190	0	23.8	149,194	7	44.4	44.4
Barbiturates	456	51	23,161	0	0.6	3,652	6	1.1	1.1
Benzodiazepines	7,019	80	558,331	0	13.6	35,922	16	10.7	10.7
Other Part D Excl Rx Drugs	3,050	46	139,809	0	3.4	6,307	22	1.9	1.9

Source: Data for this table are from the MAX 2003 file for Nebraska, 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 non-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 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<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
<b>All</b>	<b>225,922</b>	<b>1,448</b>	<b>14,881</b>	<b>48,779</b>	<b>160,814</b>	<b>1,972,396</b>	<b>14,313</b>	<b>154,062</b>	<b>319,673</b>	<b>1,484,348</b>	<b>0</b>
<b>Age</b>											
5 and younger	62,361	2	850	133	61,376	592,993	6	8,752	620	583,615	0
6-14	67,670	0	1,758	11	65,901	642,656	0	19,366	114	623,176	0
15-20	32,929	29	1,417	935	30,548	283,772	112	15,105	6,531	262,024	0
21-44	41,834	112	5,351	34,189	2,182	306,924	436	55,944	238,656	11,888	0
45-64	8,575	62	5,444	3,067	2	74,296	467	54,206	19,618	5	0
65-74	764	701	61	2	0	8,327	7,634	689	4	0	0
75-84	403	403	0	0	0	4,275	4,275	0	0	0	0
85 and older	140	139	0	1	0	1,386	1,383	0	3	0	0
Unknown	11,246	0	0	10,441	805	57,767	0	0	54,127	3,640	0
<b>Gender</b>											
Female	122,826	1,050	7,894	33,740	80,142	1,074,524	10,112	83,306	241,693	739,413	0
Male	99,140	398	6,987	11,260	80,495	886,026	4,201	70,756	66,813	744,256	0
Unknown	3,956	0	0	3,779	177	11,846	0	0	11,167	679	0
<b>Race</b>											
White	142,686	763	10,667	30,447	100,809	1,234,993	7,194	110,693	196,272	920,834	0
African American	30,459	108	2,294	7,097	20,960	292,155	1,124	24,127	55,063	211,841	0
Other/unknown	52,777	577	1,920	11,235	39,045	445,248	5,995	19,242	68,338	351,673	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	523	195	324	2	2	5,372	2,018	3,322	8	24	0
Part year	410	66	309	17	18	4,071	660	3,064	156	191	0
None	224,989	1,187	14,248	48,760	160,794	1,962,953	11,635	147,676	319,509	1,484,133	0
<b>Maintenance Assistance Status</b>											
Cash	56,161	1,023	12,219	14,688	28,231	525,595	11,252	130,250	106,820	277,273	0
Medically needy	17,107	124	417	10,576	5,990	106,054	1,098	2,820	68,520	33,616	0
Poverty related	112,287	300	2,129	9,570	100,288	977,070	1,951	19,675	52,206	903,238	0
Other/unknown	40,367	1	116	13,945	26,305	363,677	12	1,317	92,127	270,221	0
<b>Managed Care (MC) Status</b>											
Fee-for-service (FFS) all year	18,241	577	3,149	6,586	7,929	89,088	4,694	27,922	13,615	42,857	0
FFS part year, with Rx claims	62,779	158	2,685	16,999	42,937	570,345	1,519	25,206	132,285	411,335	0
FFS part year, no Rx claims	24,393	20	399	5,653	18,321	169,881	162	2,879	30,298	136,542	0
MC all year, with Rx claims	90,136	634	7,767	14,805	66,930	934,279	7,346	89,440	123,332	714,161	0
MC all year, no Rx claims	30,373	59	881	4,736	24,697	208,803	592	8,615	20,143	179,453	0

Source: Data for this table are from the MAX 2003 file for Nebraska, 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 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.2  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 NONDUAL BENEFICIARIES, NEBRASKA, 2003

	Beneficiaries and			Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1	Included in Cell K of Table 1	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>225,922</b>	<b>1,972,396</b>	<b>1,190,555</b>	<b>0</b>	<b>781,841</b>
Fee-for-service (FFS) all year	18,241	89,088	89,088	0	0
FFS part year, with Rx claims	62,779	570,345	120,736	0	449,609
FFS part year, with no Rx claims	24,393	169,881	46,452	0	123,429
Managed care (MC) all year, with Rx claims	90,136	934,279	934,279	0	0
MC all year, with no Rx claims	30,373	208,803	0	0	208,803

Source: Data for this table are from the MAX 2003 file for Nebraska, 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.