

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

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 NONDUAL BENEFICIARIES, NEVADA, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>146,142</b>	<b>825</b>	<b>21,066</b>	<b>35,846</b>	<b>88,402</b>	<b>3</b>	<b>655,301</b>	<b>5,575</b>	<b>152,938</b>	<b>127,792</b>	<b>368,982</b>	<b>14</b>
<b>Age</b>												
5 and younger	42,804	1	1,285	0	41,518	0	172,495	1	8,885	0	163,609	0
6-14	38,996	0	3,166	0	35,830	0	179,997	0	24,603	0	155,394	0
15-20	16,614	6	1,885	3,696	11,026	1	77,994	34	14,453	13,593	49,907	7
21-44	36,418	29	6,460	29,914	13	2	153,071	141	46,851	106,031	41	7
45-64	10,533	101	8,191	2,234	7	0	66,393	599	57,611	8,161	22	0
65-74	454	388	65	1	0	0	3,123	2,701	420	2	0	0
75-84	248	236	12	0	0	0	1,758	1,661	97	0	0	0
85 and older	67	64	2	1	0	0	461	438	18	5	0	0
Unknown	8	0	0	0	8	9	0	0	0	0	9	0
<b>Gender</b>												
Female	83,130	561	10,625	28,143	43,798	3	365,819	3,705	78,536	102,046	181,518	14
Male	62,683	264	10,440	7,703	44,276	0	288,259	1,870	74,401	25,746	186,242	0
Unknown	329	0	1	0	328	0	1,223	0	1	0	1,222	0
<b>Race</b>												
White	74,320	347	12,624	20,342	41,004	3	374,130	2,231	90,456	82,020	199,409	14
African American	25,509	52	4,520	6,155	14,782	0	93,972	354	33,287	15,227	45,104	0
Other/unknown	46,313	426	3,922	9,349	32,616	0	187,199	2,990	29,195	30,545	124,469	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	275	58	216	0	1	0	2,155	459	1,687	0	9	0
Part year	365	47	313	3	2	0	2,778	356	2,401	10	11	0
None	145,502	720	20,537	35,843	88,399	3	650,368	4,760	148,850	127,782	368,962	14
<b>Maintenance Assistance Status</b>												
Cash	97,088	633	19,542	25,480	51,433	0	434,886	4,507	141,865	86,863	201,651	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	25,823	116	3	4,190	21,514	0	98,006	619	26	13,553	83,808	0
Other/unknown	23,231	76	1,521	6,176	15,455	3	122,409	449	11,047	27,376	83,523	14
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	35,177	197	4,679	9,591	20,707	3	131,201	769	18,605	33,357	78,456	14
FFS part year, with Rx claims	52,479	527	13,786	12,454	25,712	0	330,707	4,192	115,391	57,564	153,560	0
FFS part year, no Rx claims	58,485	101	2,601	13,800	41,983	0	193,384	614	18,942	36,862	136,966	0

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

- a. Table 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, NEVADA, 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	42.0 %	5.8	\$420	\$73	\$3,029	13.9 %	146,142
<b>Age</b>							
5 and younger	36.1	1.5	145	96	1,626	8.9	42,804
6-14	35.0	2.5	197	78	1,628	12.1	38,996
15-20	41.1	3.5	288	82	3,500	8.2	16,614
21-44	48.2	7.2	523	73	3,611	14.5	36,418
45-64	69.5	32.2	2,146	67	10,345	20.7	10,533
65-74	72.9	28.7	1,490	52	13,950	10.7	454
75-84	69.4	26.2	1,255	48	13,507	9.3	248
85 and older	80.6	29.0	1,254	43	18,207	6.9	67
Unknown	0.0	0.0	0	0	0	0.0	8
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	73.2	26.3	1,332	51	14,042	9.5	825
Disabled	73.7	26.6	2,200	83	11,280	19.5	21,066
Adults	42.4	3.3	154	46	1,925	8.0	35,846
Children	34.0	1.6	95	59	1,407	6.8	88,402
Unknown	33.3	6.3	267	42	5,321	5.0	3
<b>Gender</b>							
Female	44.1	6.4	407	63	2,925	13.9	83,130
Male	39.2	4.9	439	89	3,175	13.8	62,683
Unknown	32.2	1.1	36	33	1,259	2.9	329
<b>Race</b>							
White	49.2	7.7	570	74	3,653	15.6	74,320
African American	34.6	4.7	331	71	2,711	12.2	25,509
Other/unknown	34.5	3.3	228	70	2,203	10.3	46,313
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	97.5	83.8	4,568	55	58,668	7.8	275
Part year	97.3	80.7	4,541	56	68,769	6.6	365
None	41.7	5.4	402	74	2,759	14.6	145,502
<b>Maintenance Assistance Status</b>							
Cash	43.3	7.1	526	74	3,126	16.8	97,088
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	33.2	1.3	55	43	1,363	4.0	25,823
Other/unknown	46.3	5.2	383	74	4,475	8.5	23,231

Table ND3

Nondual Beneficiaries

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

- a. Table 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, NEVADA, 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>	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	1.3	\$94	13.9 %	58.0 %	27.0 %	5.3 %	5.6 %	2.8 %	1.3 %	\$675	146,142	655,301	
<b>Age</b>													
5 and younger	0.4	36	8.9	63.9	30.1	3.7	1.8	0.3	0.1	404	42,804	172,495	
6-14	0.5	43	12.1	65.0	27.0	3.9	3.3	0.7	0.1	353	38,996	179,997	
15-20	0.7	61	8.2	58.9	29.7	5.6	4.5	1.1	0.2	746	16,614	77,994	
21-44	1.7	125	14.5	51.8	26.0	7.7	8.8	4.2	1.6	859	36,418	153,071	
45-64	5.1	340	20.7	30.5	14.1	7.6	18.7	17.4	11.7	1,641	10,533	66,393	
65-74	4.2	217	10.7	27.1	16.7	9.5	22.9	15.0	8.8	2,028	454	3,123	
75-84	3.7	177	9.3	30.6	17.7	10.5	19.8	12.5	8.9	1,905	248	1,758	
85 and older	4.2	182	6.9	19.4	16.4	10.4	25.4	17.9	10.4	2,646	67	461	
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	8	9	
<b>Basis of Eligibility<sup>e</sup></b>													
Aged	3.9	197	9.5	26.8	18.2	10.5	22.4	13.7	8.4	2,078	825	5,575	
Disabled	3.7	303	19.5	26.3	24.5	9.3	18.1	14.0	7.9	1,554	21,066	152,938	
Adults	0.9	43	8.0	57.6	26.5	6.9	6.3	2.1	0.6	540	35,846	127,792	
Children	0.4	23	6.8	66.0	27.8	3.6	2.1	0.3	0.0	337	88,402	368,982	
Unknown	1.4	57	5.0	66.7	0.0	0.0	33.3	0.0	0.0	1,140	3	14	
<b>Gender</b>													
Female	1.5	93	13.9	55.9	27.6	5.6	6.0	3.2	1.7	665	83,130	365,819	
Male	1.1	95	13.8	60.8	26.1	4.8	5.0	2.3	0.9	691	62,683	288,259	
Unknown	0.3	10	2.9	67.8	27.1	3.3	1.2	0.6	0.0	339	329	1,223	
<b>Race</b>													
White	1.5	113	15.6	50.8	30.7	6.0	6.9	3.6	1.9	726	74,320	374,130	
African American	1.3	90	12.2	65.4	20.5	5.2	5.2	2.5	1.1	736	25,509	93,972	
Other/unknown	0.8	56	10.3	65.5	24.5	4.2	3.7	1.6	0.6	545	46,313	187,199	
<b>Use of Nursing Facilities<sup>f</sup></b>													
Entire year	10.7	583	7.8	2.5	4.0	3.3	18.2	32.0	40.0	7,487	275	2,155	
Part year	10.6	597	6.6	2.7	4.4	4.9	20.8	25.2	41.9	9,036	365	2,778	
None	1.2	90	14.6	58.3	27.1	5.3	5.5	2.7	1.2	617	145,502	650,368	
<b>Maintenance Assistance Status</b>													
Cash	1.6	117	16.8	56.7	25.6	5.6	6.6	3.7	1.8	698	97,088	434,886	
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Poverty related	0.3	14	4.0	66.8	27.5	3.6	1.8	0.2	0.0	359	25,823	98,006	
Other/unknown	1.0	73	8.5	53.7	32.2	5.8	5.6	1.8	0.8	849	23,231	122,409	

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

- a. Table 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, NEVADA, 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	1.3	\$94	\$73	0.5	\$73	\$136	0.0	\$2	\$66	0.7	\$18	\$25
<b>Age</b>												
5 and younger	0.4	36	96	0.1	31	242	0.0	0	41	0.2	4	17
6-14	0.5	43	78	0.3	35	126	0.0	1	71	0.3	6	25
15-20	0.7	61	82	0.4	50	138	0.0	2	96	0.4	10	26
21-44	1.7	125	73	0.7	96	140	0.0	3	68	1.0	25	26
45-64	5.1	340	67	2.1	254	121	0.1	8	65	2.9	78	27
65-74	4.2	217	52	1.8	157	85	0.1	5	39	2.2	55	25
75-84	3.7	177	48	1.7	135	78	0.1	2	29	1.9	40	21
85 and older	4.2	182	43	1.8	136	78	0.0	1	18	2.4	45	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	3.9	197	51	1.7	144	84	0.1	3	35	2.1	48	23
Disabled	3.7	303	83	1.6	240	152	0.1	7	73	2.0	56	28
Adults	0.9	43	46	0.3	30	91	0.0	1	44	0.6	12	21
Children	0.4	23	59	0.2	18	109	0.0	0	53	0.2	4	20
Unknown	1.4	57	42	0.6	49	76	0.0	0	0	0.7	9	12
<b>Gender</b>												
Female	1.5	93	63	0.6	70	117	0.0	2	60	0.8	21	25
Male	1.1	95	89	0.5	78	166	0.0	2	78	0.6	15	26
Unknown	0.3	10	33	0.1	7	82	0.0	0	40	0.2	3	15
<b>Race</b>												
White	1.5	113	74	0.6	88	137	0.0	3	69	0.8	22	26
African American	1.3	90	71	0.5	70	135	0.0	2	72	0.7	18	25
Other/unknown	0.8	56	70	0.3	45	132	0.0	1	51	0.4	11	24
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	10.7	583	55	3.9	414	107	0.3	13	44	6.5	156	24
Part year	10.6	597	56	3.6	430	121	0.3	16	47	6.7	151	23
None	1.2	90	74	0.5	71	137	0.0	2	68	0.7	17	26
<b>Maintenance Assistance</b>												
<b>Status</b>												
Cash	1.6	117	74	0.7	91	138	0.0	3	68	0.9	23	26
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	14	43	0.1	10	88	0.0	0	40	0.2	4	18
Other/unknown	1.0	73	74	0.4	59	131	0.0	2	64	0.5	12	24

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

- a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Nevada, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, NEVADA, 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 Benes	As a Percentage	Number of Benefit Months			
															Patented Brand-Name	Off-Patent Brand-Name	Generic
Anti-infective Agents	0.4	0.2	0.0	0.2	\$27	\$22	\$0	\$5	\$74	\$137	\$79	\$25	92,434	\$6,829,729	38,170	26.1 %	253,699
Biologicals	0.4	0.4	0.0	0.0	433	414	0	19	1,102	1,098	0	1,175	1,722	1,897,001	561	0.4	4,379
Antineoplastic Agents	0.6	0.3	0.0	0.4	156	131	2	24	242	497	114	65	2,373	574,677	485	0.3	3,678
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	37	27	2	8	49	77	27	23	67,693	3,312,131	12,722	8.7	90,115
Cardiovascular Agents	1.5	0.6	0.0	0.9	61	42	1	18	39	69	43	20	99,161	3,914,884	8,558	5.9	64,244
Respiratory Agents	0.6	0.3	0.0	0.3	33	25	0	7	52	76	58	24	112,281	5,812,421	26,822	18.4	177,441
Gastrointestinal Agents	0.6	0.2	0.0	0.4	49	35	1	13	77	163	178	32	32,948	2,542,855	6,895	4.7	51,720
Genitourinary Agents	0.4	0.3	0.0	0.1	19	17	0	2	53	64	50	20	8,712	459,447	3,513	2.4	23,632
CNS Drugs	1.3	0.7	0.0	0.6	130	110	3	18	98	160	149	28	143,959	14,103,049	14,788	10.1	108,366
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	65	54	2	8	84	93	70	53	16,568	1,388,971	2,685	1.8	21,392
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	99	92	0	7	216	237	0	101	1,365	295,371	363	0.2	2,992
Analgesics and Anesthetics	0.8	0.1	0.0	0.6	54	36	1	16	69	243	107	26	116,428	7,995,295	21,817	14.9	149,317
Neuromuscular Agents	1.0	0.4	0.0	0.6	79	60	3	17	77	141	70	30	72,357	5,582,263	9,502	6.5	70,930
Nutritional Products	0.4	0.0	0.0	0.3	6	1	0	5	15	22	14	14	20,012	300,307	7,815	5.3	53,171
Hematological Agents	0.9	0.4	0.1	0.4	268	259	2	7	312	710	39	17	13,243	4,136,370	2,026	1.4	15,411
Topical Products	0.3	0.1	0.0	0.2	13	9	0	4	42	68	55	23	36,651	1,532,461	16,156	11.1	114,458
Miscellaneous Products	0.8	0.3	0.1	0.4	152	108	18	26	198	381	317	62	2,277	451,698	379	0.3	2,969
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	16	0	0	0	65	0	0	0	3,356	218,883	1,929	1.3	13,717
<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.	843,540	61,347,813	n.a.	n.a.	n.a.

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

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

For information about this classification method, see Wolters Kluwer Health, <http://www.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, NEVADA, 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	\$6,565,219	5,201	3.6 %	42,749	0.7	\$213
ANALGESICS - Narcotic	4,508,055	18,511	12.7	137,272	0.5	71
ANTICONVULSANT	3,392,431	4,977	3.4	39,623	0.9	99
ANTIDEPRESSANTS	3,011,890	9,050	6.2	68,986	0.7	67
MISC. HEMATOLOGICAL	2,489,156	535	0.4	4,200	0.8	755
ANTIASTHMATIC	2,373,379	13,224	9.0	98,583	0.4	58
ANTIVIRAL	2,136,576	1,311	0.9	10,030	0.6	367
PASSIVE IMMUNIZING AGENTS	1,279,141	209	0.1	1,600	0.6	1,308
ANTI-DIABETIC	1,100,106	2,720	1.9	20,764	0.9	58
ULCER DRUGS	1,051,714	4,688	3.2	37,065	0.5	61
<b>Total</b>	<b>27,907,667</b>	<b>60,426</b>		<b>460,872</b>	<b>n.a.</b>	<b>n.a.</b>

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

a. Table 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.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); 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, NEVADA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANALGESICS - Narcotic				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of 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
<b>All</b>	<b>261,007</b>	<b>\$27,907,667</b>	<b>5,201</b>	<b>3.6 %</b>	<b>42,749</b>	<b>0.7</b>	<b>\$154</b>	<b>18,511</b>	<b>12.7 %</b>	<b>137,272</b>	<b>0.5</b>	<b>\$33</b>			
<b>Female</b>															
<b>Disabled</b>	161,427	14,295,862	2,657	3.2	21,437	0.7	133	12,972	15.6	95,416	0.5	32			
5 and younger	114,631	11,225,553	1,826	17.2	15,379	0.8	154	5,572	52.4	46,672	0.6	57			
6-14	1,264	374,551	6	1.1	54	0.4	48	35	6.4	300	0.1	1			
15-20	3,980	404,743	105	9.6	884	0.7	150	98	8.9	873	0.2	4			
21-44	3,157	356,807	104	14.9	902	0.7	147	149	21.3	1,287	0.3	9			
45-64	38,070	4,069,908	800	22.7	6,709	0.7	159	2,106	59.7	17,708	0.6	56			
65-74	67,730	5,996,545	807	17.1	6,794	0.8	152	3,164	67.2	26,355	0.7	63			
75-84	340	17,583	2	4.9	18	0.5	84	16	39.0	113	0.8	28			
85 and older	82	4,511	1	12.5	9	1.1	98	4	50.0	36	0.6	31			
<b>Other Eligibles</b>	8	905	1	50.0	9	0.7	91	0	0.0	0	0.0	0			
5 and younger	46,796	3,070,309	831	1.1	6,058	0.5	79	7,400	10.2	48,744	0.3	8			
6-14	2,484	346,195	9	0.0	80	0.4	97	229	1.1	1,874	0.1	2			
15-20	5,722	436,920	167	0.9	1,438	0.6	99	554	3.1	4,265	0.2	2			
21-44	5,388	391,671	178	1.9	1,426	0.5	90	995	10.9	7,001	0.2	3			
45-64	26,032	1,429,994	391	1.7	2,501	0.4	56	5,041	21.3	31,720	0.4	9			
65-74	3,975	248,708	39	2.6	270	0.4	77	440	29.3	2,710	0.5	15			
75-84	1,921	142,789	26	10.7	196	0.9	145	87	35.7	732	0.5	44			
85 and older	1,067	61,222	15	10.0	124	0.7	80	45	30.0	387	0.5	16			
<b>Unknown</b>	207	12,810	6	13.6	23	0.6	85	9	20.5	55	0.5	14			
<b>Male</b>															
<b>Disabled</b>	99,540	13,608,584	2,544	4.1	21,312	0.8	174	5,536	8.8	41,838	0.4	35			
5 and younger	75,022	11,010,560	1,822	17.5	15,279	0.8	189	3,048	29.2	24,663	0.6	54			
6-14	1,868	2,055,571	12	1.6	91	0.5	78	37	5.0	329	0.2	2			
15-20	7,756	1,144,850	345	16.7	2,992	0.7	145	142	6.9	1,262	0.2	4			
21-44	5,647	757,694	282	23.8	2,451	0.8	175	181	15.2	1,573	0.2	5			
45-64	24,638	3,580,454	747	25.5	6,199	0.9	226	1,004	34.2	7,931	0.5	48			
65-74	34,861	3,455,191	436	12.5	3,546	0.8	173	1,667	47.8	13,448	0.7	69			
75-84	209	14,869	0	0.0	0	0.0	0	16	66.7	112	0.3	10			
85 and older	43	1,931	0	0.0	0	0.0	0	1	25.0	8	0.1	1			
<b>Other Eligibles</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
5 and younger	24,518	2,598,024	722	1.4	6,033	0.6	138	2,488	4.8	17,175	0.3	8			
6-14	3,822	492,679	16	0.1	135	0.4	83	324	1.5	2,527	0.1	2			
15-20	8,840	976,295	401	2.2	3,386	0.6	142	565	3.1	4,456	0.2	2			
21-44	4,644	645,485	245	4.4	2,101	0.6	146	432	7.8	3,199	0.2	2			
45-64	4,227	277,686	40	0.6	259	0.4	67	913	14.5	5,241	0.4	14			
65-74	1,353	111,584	4	0.5	20	0.8	124	170	20.2	1,080	0.5	30			
75-84	1,047	55,590	8	5.5	62	0.7	103	57	39.3	455	0.5	12			
85 and older	353	27,126	5	5.8	45	0.5	143	20	23.3	156	0.4	11			
<b>Unknown</b>	232	11,579	3	14.3	25	1.1	110	7	33.3	61	0.1	1			
<b>Unknown</b>	40	3,221	0	0.0	0	0.0	0	3	0.9	18	0.2	1			

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. This table was produced on 1/01/2007.

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, NEVADA, 2003

Beneficiary Characteristics	ANTICONVULSANT				ANTIDEPRESSANTS				MISC. HEMATOLOGICAL					
	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		
<b>All</b>	<b>4,977</b>	<b>3.4 %</b>	<b>39,623</b>	<b>0.9</b>	<b>9,050</b>	<b>6.2 %</b>	<b>68,986</b>	<b>0.7</b>	<b>\$86</b>	<b>535</b>	<b>0.4 %</b>	<b>4,200</b>	<b>0.8</b>	<b>\$593</b>
<b>Female</b>	2,961	3.6	23,180	0.8	6,359	7.6	47,555	0.7	78	282	0.3	2,236	0.8	94
<b>Disabled</b>	2,095	19.7	17,487	0.9	3,339	31.4	27,844	0.8	84	213	2.0	1,748	0.8	101
5 and younger	40	7.3	334	0.7	2	0.4	18	87	73	0	0.0	0	0.0	0
6-14	171	15.6	1,451	1.0	64	5.8	549	0.6	84	1	0.1	10	0.4	3,028
15-20	129	18.5	1,085	0.9	116	16.6	987	0.5	114	2	0.3	17	0.2	494
21-44	851	24.1	7,163	0.9	1,326	37.6	10,997	0.7	92	19	0.5	166	0.7	75
45-64	901	19.1	7,432	0.9	1,821	38.7	15,207	0.8	74	189	4.0	1,537	0.8	81
65-74	2	4.9	12	1.1	7	17.1	58	0.7	53	2	4.9	18	0.4	39
75-84	1	12.5	10	0.3	2	25.0	19	0.8	33	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	1	50.0	9	0.2	10	0	0.0	0	0.0	0
<b>Other Eligibles</b>	866	1.2	5,693	0.6	3,020	4.2	19,711	0.5	58	69	0.1	488	0.7	69
5 and younger	27	0.1	192	0.5	7	0.0	60	0.6	29	0	0.0	0	0.0	0
6-14	128	0.7	991	0.7	236	1.3	1,936	0.5	79	1	0.0	2	0.5	35
15-20	120	1.3	918	0.6	422	4.6	3,206	0.4	82	0	0.0	0	0.0	0
21-44	494	2.1	2,937	0.6	2,048	8.7	12,527	0.5	47	12	0.1	53	0.4	41
45-64	66	4.4	409	0.5	258	17.2	1,569	0.6	37	41	0.8	62	0.7	66
65-74	23	9.4	186	1.0	33	13.5	281	0.7	66	21	8.6	177	0.8	81
75-84	6	4.0	48	1.6	14	9.3	123	0.9	72	14	9.3	119	0.8	77
85 and older	2	4.5	12	1.1	2	4.5	9	1.1	27	9	20.5	75	0.6	52
<b>Male</b>	2,016	3.2	16,443	0.9	2,691	4.3	21,431	0.7	97	253	0.4	1,964	0.8	1,161
<b>Disabled</b>	1,603	15.4	13,456	1.0	1,745	16.7	14,368	0.7	102	213	2.0	1,689	0.8	1,214
5 and younger	54	7.3	445	0.8	0	0.0	0	0.0	60	2	0.3	19	1.8	80,140
6-14	282	13.6	2,441	0.9	192	9.3	1,656	0.6	109	4	0.2	26	0.7	6,416
15-20	169	14.2	1,462	1.0	180	15.2	1,539	0.6	124	0	0.0	0	0.0	0
21-44	612	20.9	5,110	1.1	619	21.1	5,043	0.8	111	10	0.3	91	0.7	2,693
45-64	479	13.7	3,943	0.9	745	21.4	6,049	0.7	83	195	5.6	1,536	0.8	74
65-74	6	25.0	47	0.9	8	33.3	72	0.4	59	2	8.3	17	0.9	69
75-84	1	25.0	8	0.6	1	25.0	9	0.9	79	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
<b>Other Eligibles</b>	413	0.8	2,987	0.7	946	1.8	7,063	0.5	73	40	0.1	275	0.9	836
5 and younger	27	0.1	153	0.6	14	0.1	109	0.4	61	0	0.0	0	0.0	0
6-14	147	0.8	1,201	0.7	322	1.8	2,643	0.6	77	2	0.0	17	0.9	5,293
15-20	97	1.7	777	0.7	272	4.9	2,251	0.5	96	0	0.0	0	0.0	0
21-44	99	1.6	558	0.5	244	3.9	1,380	0.5	49	7	0.1	22	0.8	95
45-64	22	2.6	130	0.6	61	7.3	401	0.6	41	12	1.4	80	0.9	95
65-74	10	6.9	78	1.2	19	13.1	152	0.7	48	13	9.0	106	1.0	96
75-84	5	5.8	41	0.6	8	9.3	75	0.6	101	3	3.5	23	1.2	109
85 and older	6	28.6	49	1.0	6	28.6	52	1.0	34	3	14.3	27	0.5	56
<b>Unknown</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7B

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nevada, released by CMS in 04/2007. 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, NEVADA, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTIVIRAL				PASSIVE IMMUNIZING AGENTS						
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Benefit Months Among Users	Users as % of All Benes	Mean Rx \$ per Benefit Month
<b>All</b>	<b>13,224</b>	<b>9.0 %</b>	<b>98,533</b>	<b>0.4</b>	<b>\$24</b>	<b>1,311</b>	<b>0.9 %</b>	<b>10,030</b>	<b>0.6</b>	<b>\$213</b>	<b>209</b>	<b>0.1 %</b>	<b>1,600</b>	<b>0.6</b>	<b>\$800</b>
<b>Female</b>	7,379	8.9	55,349	0.4	25	707	0.9	5,411	0.5	174	87	0.1	682	0.6	770
<b>Disabled</b>	3,361	31.6	28,135	0.5	33	422	4.0	3,471	0.6	200	42	0.4	364	0.6	817
5 and younger	182	33.4	1,484	0.4	33	10	1.8	87	0.6	115	41	7.5	355	0.6	789
6-14	319	29.1	2,703	0.4	25	20	1.8	173	0.4	78	1	0.1	9	0.2	438
15-20	98	14.0	826	0.4	25	9	1.3	69	0.2	54	0	0.0	0	0.0	0
21-44	909	25.8	7,631	0.5	29	203	5.8	1,644	0.5	189	0	0.0	0	0.0	0
45-64	1,840	39.1	15,398	0.6	38	180	3.8	1,498	0.6	237	0	0.0	0	0.0	0
65-74	10	24.4	66	0.5	28	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	3	37.5	27	0.3	7	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>	4,018	5.5	27,214	0.3	16	285	0.4	1,940	0.3	128	45	0.1	318	0.6	717
5 and younger	1,045	5.2	7,473	0.2	13	14	0.1	85	0.2	20	45	0.2	318	0.6	717
6-14	969	5.5	6,901	0.3	16	41	0.2	317	0.3	60	0	0.0	0	0.0	0
15-20	439	4.8	3,158	0.3	15	51	0.6	367	0.2	55	0	0.0	0	0.0	0
21-44	1,334	5.6	8,208	0.4	17	160	0.7	1,022	0.4	169	0	0.0	0	0.0	0
45-64	160	10.7	903	0.5	27	14	0.9	104	0.5	306	0	0.0	0	0.0	0
65-74	48	19.7	388	0.5	24	4	1.6	36	0.1	42	0	0.0	0	0.0	0
75-84	17	11.3	142	0.4	28	7	0.7	9	0.1	7	0	0.0	0	0.0	0
85 and older	6	13.6	41	0.3	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male</b>	5,825	9.3	43,094	0.4	23	604	1.0	4,619	0.7	259	121	0.2	916	0.6	822
<b>Disabled</b>	2,270	21.7	18,655	0.5	31	503	4.8	3,898	0.7	278	61	0.6	525	0.6	902
5 and younger	287	38.8	2,345	0.4	30	7	0.9	60	0.4	73	58	7.8	498	0.6	825
6-14	556	26.9	4,822	0.4	26	15	0.7	133	0.8	153	2	0.1	18	1.1	2,723
15-20	143	12.0	1,206	0.4	25	19	1.6	168	0.4	81	1	0.1	9	1.0	1,492
21-44	389	13.3	3,239	0.5	25	264	9.0	1,946	0.7	249	0	0.0	0	0.0	0
45-64	882	25.3	6,955	0.7	37	198	5.7	1,591	0.8	352	0	0.0	0	0.0	0
65-74	13	54.2	88	0.5	44	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>	3,555	6.8	24,439	0.3	18	101	0.2	721	0.5	155	60	0.1	391	0.6	714
5 and younger	1,619	7.7	11,025	0.3	16	11	0.1	87	0.1	4	60	0.3	391	0.6	714
6-14	1,329	7.3	9,397	0.3	18	40	0.2	300	0.5	87	0	0.0	0	0.0	0
15-20	284	5.1	2,042	0.3	19	17	0.3	129	0.4	38	0	0.0	0	0.0	0
21-44	224	3.6	1,321	0.4	24	27	0.4	165	0.6	343	0	0.0	0	0.0	0
45-64	46	5.5	247	0.5	26	6	0.7	40	0.8	595	0	0.0	0	0.0	0
65-74	21	14.5	171	1.0	63	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	23	26.7	154	0.3	15	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	9	42.9	82	0.3	17	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Unknown</b>	20	5.9	140	0.2	14	0	0.0	0	0.0	0	1	0.3	2	0.5	585

Table ND7C

Nondual Beneficiaries

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

a. Table 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, NEVADA, 2003

Beneficiary Characteristics	ANTIDIABETIC				ULCER DRUGS				Number of Beneficiaries	Mean Benefit per Month	Mean Rx \$ per Benefit Month	Number of Benefit Months	Mean Benefit per Rx \$ per Month	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean Rx \$ per Benefit Month						
<b>All</b>	<b>2,720</b>	<b>1.9 %</b>	<b>20,764</b>	<b>0.9</b>	<b>4,688</b>	<b>3.2 %</b>	<b>37,065</b>	<b>0.5</b>	<b>\$28</b>	<b>146,142</b>	<b>655,301</b>			
<b>Female</b>	1,762	2.1	13,596	0.9	3,111	3.7	24,528	0.5	29	83,126	365,814			
<b>Disabled</b>	1,264	11.9	10,481	1.0	2,036	19.2	17,383	0.5	33	10,625	78,536			
5 and younger	1	0.2	9	1.3	35	6.4	280	0.5	23	545	3,705			
6-14	11	1.0	101	1.2	40	3.6	340	0.5	20	1,098	8,537			
15-20	15	2.1	126	1.0	48	6.9	399	0.4	24	698	5,354			
21-44	256	7.3	2,150	0.9	583	16.5	4,980	0.4	27	3,527	26,202			
45-64	969	20.6	7,998	1.0	1,312	27.9	11,235	0.5	36	4,706	34,389			
65-74	11	26.8	88	1.0	14	34.1	113	0.5	31	41	266			
75-84	1	12.5	9	1.4	4	50.0	36	0.3	11	8	65			
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	2	18			
<b>Other Eligibles</b>	498	0.7	3,115	0.8	1,075	1.5	7,145	0.3	19	72,501	287,278			
5 and younger	2	0.0	2	2.0	78	0.4	453	0.2	10	20,080	79,173			
6-14	32	0.2	211	0.9	85	0.5	635	0.3	15	17,665	75,940			
15-20	25	0.3	179	0.6	105	1.1	764	0.2	8	9,168	37,987			
21-44	245	1.0	1,356	0.6	589	2.5	3,699	0.3	21	23,649	85,433			
45-64	102	6.8	589	0.9	106	7.1	668	0.4	25	1,501	5,705			
65-74	57	23.4	479	0.8	63	25.8	533	0.4	23	244	1,705			
75-84	31	20.7	266	0.9	41	27.3	337	0.6	26	150	1,052			
85 and older	4	9.1	33	1.2	8	18.2	56	0.8	28	44	283			
<b>Male</b>	958	1.5	7,168	0.9	1,572	2.5	12,520	0.5	28	62,679	288,255			
<b>Disabled</b>	728	7.0	5,783	0.9	1,150	11.0	9,601	0.5	30	10,440	74,401			
5 and younger	2	0.3	18	0.1	55	7.4	440	0.5	28	739	5,179			
6-14	6	0.3	40	1.1	59	2.9	521	0.6	40	2,068	16,066			
15-20	11	0.9	98	0.9	58	4.9	523	0.5	21	1,187	9,099			
21-44	140	4.8	1,162	0.9	330	11.3	2,772	0.5	29	2,933	20,649			
45-64	559	16.0	4,393	1.0	643	18.5	5,321	0.6	30	3,485	23,222			
65-74	7	29.2	47	0.8	4	16.7	16	0.7	63	24	154			
75-84	3	75.0	25	1.1	1	25.0	8	0.3	6	4	32			
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0			
<b>Other Eligibles</b>	230	0.4	1,385	0.9	422	0.8	2,919	0.3	19	52,239	213,854			
5 and younger	13	0.1	74	0.6	90	0.4	542	0.3	15	21,115	83,250			
6-14	31	0.2	236	1.2	76	0.4	633	0.2	13	18,164	79,446			
15-20	22	0.4	159	0.8	57	1.0	425	0.3	14	5,558	25,527			
21-44	80	1.3	381	0.6	119	1.9	734	0.3	22	6,309	20,787			
45-64	40	4.8	162	1.2	30	3.6	197	0.5	35	841	3,077			
65-74	28	19.3	244	0.9	30	20.7	219	0.5	26	145	998			
75-84	12	14.0	93	0.9	12	14.0	96	0.5	41	86	609			
85 and older	4	19.0	36	0.3	8	38.1	73	0.6	16	21	160			
<b>Unknown</b>	0	0.0	0	0.0	5	1.5	17	0.3	7	337	1,232			

Table ND7D

Nondual Beneficiaries

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

- a. Table 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, NEVADA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$583</b>	<b>10.7</b>	<b>275</b>	<b>2,155</b>
<b>Age</b>				
0-64	619	11.3	214	1,669
65-74	531	9.5	29	235
75-84	431	8.2	18	157
85 and older	333	7.2	14	94
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	568	11.5	136	1,126
Male	599	9.8	139	1,029
Unknown	0	0.0	0	0
<b>Race</b>				
White	616	11.2	200	1,538
African American	503	9.5	26	201
Other/unknown	499	9.4	49	416
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	450	8.5	58	459
Disabled	621	11.3	216	1,687
Adults	0	0.0	0	0
Children	177	4.9	1	9
Unknown	0	0.0	0	0

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

a. Table 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 365 beneficiaries who were in nursing facilities for part of their enrollment and their 2,778 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, NEVADA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months			
Anti-infective Agents	0.9	0.4	0.0	0.4	\$71	\$53	\$4	\$14	\$80	\$125	\$73	\$35	1,292	\$103,934	176	64.0 %	1,463
Biologicals	0.1	0.1	0.0	0.0	26	26	0	1	192	226	0	30	130	24,921	108	39.3	949
Antineoplastic Agents	1.1	0.4	0.0	0.7	401	313	0	88	375	754	0	134	126	47,260	14	5.1	118
Endocrine/Metabolic Drugs	1.6	0.7	0.1	0.9	65	48	2	16	40	67	24	19	1,370	54,606	106	38.5	836
Cardiovascular Agents	2.5	0.8	0.0	1.7	82	48	1	33	33	64	21	20	3,135	104,258	161	58.5	1,269
Respiratory Agents	1.6	0.5	0.1	1.0	52	29	3	20	33	60	52	20	1,748	58,035	136	49.5	1,123
Gastrointestinal Agents	1.7	0.3	0.0	1.4	56	28	0	28	33	86	28	21	2,210	73,434	159	57.8	1,303
Genitourinary Agents	0.7	0.6	0.0	0.1	47	43	0	3	64	74	0	23	284	18,256	49	17.8	391
CNS Drugs	2.3	1.2	0.1	1.1	195	157	4	34	83	131	63	31	3,819	318,046	204	74.2	1,634
Stimulants/Anti-obesity/Anorexia	0.9	0.0	0.0	0.9	13	0	0	13	16	0	0	16	18	282	3	1.1	21
Miscellaneous Psychological/Neurological Agents	1.1	1.1	0.0	0.0	160	160	0	0	150	150	0	0	174	26,045	19	6.9	163
Analgesics and Anesthetics	2.3	0.7	0.1	1.4	109	80	5	25	48	108	45	18	2,771	133,464	151	54.9	1,220
Neuromuscular Agents	2.3	0.8	0.0	1.4	148	96	1	51	64	115	38	35	3,273	210,507	172	62.5	1,424
Nutritional Products	1.1	0.0	0.0	1.1	18	1	0	17	16	116	13	15	852	13,545	91	33.1	751
Hematological Agents	1.5	0.4	0.1	1.0	63	51	1	11	42	121	17	11	940	39,555	83	30.2	629
Topical Products	0.6	0.3	0.0	0.3	18	11	1	6	31	40	30	22	784	24,236	155	56.4	1,318
Miscellaneous Products	0.5	0.0	0.0	0.4	25	19	0	6	55	429	0	14	91	5,015	23	8.4	199
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	19	0	0	0	35	671	14	5.1	118
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>23,052</b>	<b>1,256,070</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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

a. Table 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 365 beneficiaries who were in nursing facilities for part of their enrollment and their 2,778 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).

Table ND9

Nondual Beneficiaries

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

TABLE 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, NEVADA, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	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	94	34.2 %	754	1.2	\$170	\$212	
ANTICONVULSANT	131	47.6	1,091	1.6	71	114	
ANALGESICS - Narcotic	141	51.3	1,135	1.6	45	70	
ANTIDEPRESSANTS	114	41.5	899	1.1	63	71	
ULCER DRUGS	140	50.9	1,154	0.9	39	37	
ANTINEOPLASTICS	10	3.6	82	1.1	405	445	
ANTIASTHMATIC	93	33.8	750	1.1	34	39	
ANTIHYPERTENSIVE	83	30.2	626	1.1	40	46	
ANTIIDIABETIC	68	24.7	498	1.1	52	57	
MUSCULOSKELETAL THERAPY AGENTS	44	16.0	342	1.2	48	57	
Total	918		7,331	n.a.	n.a.	n.a.	

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

- a. Table 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 365 beneficiaries who were in nursing facilities for part of their enrollment and their 2,778 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<sup>a, b, c, d</sup> NONDUAL BENEFICIARIES, NEVADA, 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 \$			
<b>All</b>	<b>9,175</b>	<b>\$612,829</b>	<b>94</b>	<b>34.2 %</b>	<b>754</b>	<b>1.2</b>	<b>\$212</b>	<b>131</b>	<b>47.6 %</b>	<b>1,091</b>	<b>1.6</b>	<b>\$114</b>			
<b>Female</b>	5,037	301,470	49	36.0	401	1.1	156	64	47.1	553	1.6	103			
<b>Disabled</b>	4,121	240,661	31	32.3	258	1.3	160	53	55.2	460	1.7	109			
64 or younger	3,987	233,882	29	31.2	240	1.3	164	53	57.0	460	1.7	109			
65-74	40	2,091	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
75-84	86	3,783	1	100.0	9	1.1	98	0	0.0	0	0.0	0			
85 and older	8	905	1	100.0	9	0.7	91	0	0.0	0	0.0	0			
<b>Other Eligibles</b>	916	60,809	18	45.0	143	0.9	148	11	27.5	93	1.2	72			
64 or younger	18	603	0	0.0	0	0.0	0	1	100.0	9	1.0	40			
65-74	480	35,606	8	50.0	72	1.0	205	7	43.8	63	1.2	72			
75-84	285	16,143	6	40.0	54	0.9	93	1	6.7	9	2.0	161			
85 and older	133	8,457	4	50.0	17	0.6	83	2	25.0	12	1.1	27			
<b>Male</b>	4,138	311,359	45	32.4	353	1.4	275	67	48.2	538	1.6	126			
<b>Disabled</b>	3,744	285,395	40	33.3	311	1.4	282	60	50.0	486	1.7	133			
64 or younger	3,744	285,395	40	33.3	311	1.4	282	60	50.0	486	1.7	133			
65-74	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			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
<b>Other Eligibles</b>	394	25,964	5	26.3	42	1.0	225	7	36.8	52	1.2	61			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	270	16,900	3	25.0	27	0.9	161	2	16.7	13	1.8	101			
75-84	43	5,911	1	50.0	9	1.2	527	1	50.0	9	1.1	69			
85 and older	81	3,153	1	20.0	6	1.0	60	4	80.0	30	0.9	41			
<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 Nevada, released by CMS in 04/2007. 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 365 beneficiaries who were in nursing facilities for part of their enrollment and their 2,778 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, NEVADA, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic				ANTIDEPRESSANTS				ULCER DRUGS			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$
<b>All</b>	<b>141</b>	<b>51.3 %</b>	<b>1,135</b>	<b>1.6</b>	<b>114</b>	<b>41.5 %</b>	<b>899</b>	<b>1.1</b>	<b>140</b>	<b>50.9 %</b>	<b>1,154</b>	<b>\$37</b>
<b>Female</b>	73	53.7	622	1.6	55	40.4	448	1.3	77	56.6	663	40
<b>Disabled</b>	54	56.3	460	1.8	47	49.0	385	1.3	55	57.3	476	45
64 or younger	51	54.8	433	1.9	44	47.3	358	1.3	53	57.0	458	46
65-74	0	0.0	0	0.0	1	100.0	9	1.0	1	100.0	9	22
75-84	3	300.0	27	0.8	1	100.0	9	1.0	1	100.0	9	13
85 and older	0	0.0	0	0.0	1	100.0	9	0.2	0	0.0	0	0
<b>Other Eligibles</b>	19	47.5	162	1.0	8	20.0	63	1.2	22	55.0	187	26
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
65-74	10	62.5	90	1.2	4	25.0	36	0.9	8	50.0	72	19
75-84	7	46.7	63	0.8	2	13.3	18	1.9	10	66.7	90	28
85 and older	2	25.0	9	1.2	2	25.0	9	1.0	4	50.0	25	39
<b>Male</b>	68	48.9	513	1.5	59	42.4	451	1.0	63	45.3	491	33
<b>Disabled</b>	61	50.8	463	1.6	50	41.7	381	1.0	56	46.7	433	36
64 or younger	61	50.8	463	1.6	50	41.7	381	1.0	56	46.7	433	36
65-74	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
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Other Eligibles</b>	7	36.8	50	0.7	9	47.4	70	0.9	7	36.8	58	16
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
65-74	6	50.0	41	0.8	3	25.0	19	1.5	4	33.3	31	22
75-84	0	0.0	0	0.0	3	150.0	27	0.6	1	50.0	9	4
85 and older	1	20.0	9	0.1	3	60.0	24	0.8	2	40.0	18	12
<b>Unknown</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0

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

a. Table 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 365 beneficiaries who were in nursing facilities for part of their enrollment and their 2,778 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, NEVADA, 2003

Beneficiary Characteristics	ANTINEOPLASTICS					ANTIASTHMATIC					ANTIHYPERTENSIVE				
	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>10</b>	<b>3.6 %</b>	<b>82</b>	<b>1.1</b>	<b>\$445</b>	<b>93</b>	<b>33.8 %</b>	<b>750</b>	<b>1.1</b>	<b>\$39</b>	<b>83</b>	<b>30.2 %</b>	<b>626</b>	<b>1.1</b>	<b>\$46</b>
<b>Female</b>	6	4.4	54	1.0	364	47	34.6	398	1.2	37	47	34.6	363	1.1	38
<b>Disabled</b>	4	4.2	36	0.8	458	40	41.7	342	1.3	41	32	33.3	245	1.1	32
64 or younger	4	4.3	36	0.8	458	37	39.8	315	1.4	44	30	32.3	227	1.1	33
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	3	300.0	27	0.3	7	2	200.0	18	0.9	20
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>	2	5.0	18	1.5	176	7	17.5	56	0.3	12	15	37.5	118	1.1	50
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	2	12.5	18	1.4	169	2	12.5	18	0.5	29	6	37.5	54	1.2	64
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	13.3	18	2.0	60
85 and older	0	0.0	0	0.0	0	5	62.5	38	0.2	3	7	87.5	46	0.7	29
<b>Male</b>	4	2.9	28	1.3	601	46	33.1	352	1.1	41	36	25.9	263	1.2	56
<b>Disabled</b>	2	1.7	18	1.2	843	40	33.3	298	1.1	37	29	24.2	210	1.3	58
64 or younger	2	1.7	18	1.2	843	40	33.3	298	1.1	37	29	24.2	210	1.3	58
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>	2	10.5	10	1.3	165	6	31.6	54	1.0	63	7	36.8	53	1.0	50
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	2	16.7	10	1.3	165	5	41.7	45	1.1	74	6	50.0	44	1.0	55
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	1	20.0	9	0.7	9	1	20.0	9	1.0	29
<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 Nevada, released by CMS in 04/2007. 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 365 beneficiaries who were in nursing facilities for part of their enrollment and their 2,778 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, NEVADA, 2003

Beneficiary Characteristics	ANTIDIABETIC				MUSCULOSKELETAL THERAPY AGENTS				Benefit Months Among All-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		Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>68</b>	<b>24.7 %</b>	<b>498</b>	<b>1.1</b>	<b>\$57</b>	<b>44</b>	<b>16.0 %</b>	<b>342</b>	<b>1.2</b>	<b>\$57</b>	<b>2,155</b>
<b>Female</b>	45	33.1	361	1.0	55	29	21.3	233	1.0	38	1,126
<b>Disabled</b>	34	35.4	265	1.1	49	26	27.1	206	1.0	40	799
64 or younger	30	32.3	229	1.1	49	26	28.0	206	1.0	40	772
65-74	3	300.0	27	0.9	46	0	0.0	0	0.0	0	9
75-84	1	100.0	9	1.4	59	0	0.0	0	0.0	0	9
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9
<b>Other Eligibles</b>	11	27.5	96	0.9	73	3	7.5	27	1.0	23	327
64 or younger	0	0.0	0	0.0	0	1	100.0	9	1.0	27	9
65-74	5	31.3	45	0.8	22	0	0.0	0	0.0	0	142
75-84	3	20.0	27	0.7	94	2	13.3	18	1.1	21	130
85 and older	3	37.5	24	1.3	144	0	0.0	0	0.0	0	46
<b>Male</b>	23	16.5	137	1.3	60	15	10.8	109	1.6	99	1,029
<b>Disabled</b>	22	18.3	128	1.1	60	14	11.7	105	1.6	103	888
64 or younger	22	18.3	128	1.1	60	14	11.7	105	1.6	103	888
65-74	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0
<b>Other Eligibles</b>	1	5.3	9	2.9	69	1	5.3	4	0.5	3	141
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0
65-74	1	8.3	9	2.9	69	1	8.3	4	0.5	3	84
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	18
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	39
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0

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

a. Table 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 365 beneficiaries who were in nursing facilities for part of their enrollment and their 2,778 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>  
 NEVADA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx		Percentage of Beneficiaries with at Least One Part D Excluded Rx		Number of Part D Excluded Rx per Beneficiary		Total Number Part D Excluded Rx		Total Part D Excluded Rx \$		Part D Excluded Rx \$ as a Percentage of All Nondual Rx \$		Total Number of Beneficiaries
	D Excluded Rx	22,195	15.2 %	0.6	83,771	\$13	\$1,934,563	\$23	3.2 %	146,142			
<b>Age</b>													
5 and younger	5,572		13.0	0.2	9,119	5	205,143	22	3.3	42,804			
6-14	4,364		11.2	0.2	8,602	8	317,021	37	4.1	38,996			
15-20	1,727		10.4	0.3	4,372	8	127,865	29	2.7	16,614			
21-44	6,086		16.7	0.7	26,384	16	573,356	22	3.0	36,418			
45-64	4,141		39.3	3.2	33,476	65	682,542	20	3.0	10,533			
65-74	183		40.3	2.3	1,034	37	16,843	16	2.5	454			
75-84	95		38.3	2.4	601	37	9,242	15	3.0	248			
85 and older	27		40.3	2.7	183	38	2,571	14	3.1	67			
Unknown	0		0.0	0.0	0	0	0	0	0.0	8			
<b>Basis of Eligibility<sup>c</sup></b>													
Aged	305		37.0	2.2	1,800	32	26,412	15	2.4	825			
Disabled	8,087		38.4	2.7	56,752	66	1,398,371	25	3.0	21,066			
Adults	4,257		11.9	0.3	10,832	6	203,729	19	3.7	35,846			
Children	9,545		10.8	0.2	14,385	3	306,041	21	3.6	88,402			
Unknown	1		33.3	0.7	2	10	30	15	3.7	3			
<b>Gender</b>													
Female	13,404		16.1	0.7	54,548	14	1,190,919	22	3.5	83,130			
Male	8,760		14.0	0.5	29,182	12	742,832	25	2.7	62,683			
Unknown	31		9.4	0.1	41	3	832	20	7.0	329			
<b>Race</b>													
White	13,273		17.9	0.8	57,083	18	1,343,006	24	3.2	74,320			
African American	3,203		12.6	0.4	11,050	10	242,475	22	2.9	25,509			
Other/unknown	5,719		12.3	0.3	15,638	8	349,102	22	3.3	46,313			
<b>Use of Nursing Facilities<sup>d</sup></b>													
Entire year	174		63.3	8.7	2,388	132	36,353	15	2.9	275			
Part year	290		79.5	9.5	3,477	136	49,555	14	3.0	365			
None	21,731		14.9	0.5	77,906	13	1,848,675	24	3.2	145,502			
<b>Maintenance Assistance Status</b>													
Cash	16,179		16.7	0.7	69,020	16	1,599,514	23	3.1	97,088			
Medically needy	0		0.0	0.0	0	0	0	0	0.0	0			
Poverty related	2,470		9.6	0.1	3,696	3	74,176	20	5.3	25,823			
Other/unknown	3,546		15.3	0.5	11,055	11	260,893	24	2.9	23,231			

Table ND11

Nondual Beneficiaries

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

- a. Table 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>  
 NEVADA, 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	0.1	\$3	\$23	\$0	\$1	655,301
<b>Age</b>						
5 and younger	0.1	1	22	0	0	172,495
6-14	0.0	2	37	0	1	179,997
15-20	0.1	2	29	0	0	77,994
21-44	0.2	4	22	0	2	153,071
45-64	0.5	10	20	0	5	66,393
65-74	0.3	5	16	0	2	3,123
75-84	0.3	5	15	0	1	1,758
85 and older	0.4	6	14	0	3	461
Unknown	0.0	0	0	0	0	9
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	5	15	0	2	5,575
Disabled	0.4	9	25	0	4	152,938
Adults	0.1	2	19	0	1	127,792
Children	0.0	1	21	0	0	368,982
Unknown	0.1	2	15	0	0	14
<b>Gender</b>						
Female	0.1	3	22	0	1	365,819
Male	0.1	3	25	0	1	288,259
Unknown	0.0	1	20	0	0	1,223
<b>Race</b>						
White	0.2	4	24	0	1	374,130
African American	0.1	3	22	0	1	93,972
Other/unknown	0.1	2	22	0	1	187,199
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	1.1	17	15	1	7	2,155
Part year	1.3	18	14	0	7	2,778
None	0.1	3	24	0	1	650,368
<b>Maintenance Assistance Status</b>						
Cash	0.2	4	23	0	1	434,886
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	1	20	0	0	98,006
Other/unknown	0.1	2	24	0	1	122,409

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

- a. Table 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>  
 NEVADA, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$		Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
			Total Rx \$	Excluded Rx \$	100.0 %	100.0 %			Excluded Rx	100.0 %
<b>All</b>	<b>27,666</b>	<b>\$70</b>	<b>\$1,934,583</b>	<b>0</b>	<b>100.0 %</b>	<b>83,771</b>	<b>\$23</b>	<b>0</b>	<b>100.0 %</b>	
Anorexia or weight loss/gain	0	0	0	0.0	0.0	0	0	0	0.0	
Fertility drugs	8	100	802	0.0	0.0	14	57	14	0.0	
Drugs for cosmetic purposes	12	12	145	0.0	0.0	13	11	13	0.0	
Cough and cold medications	14,117	44	622,324	32.2	32.2	23,608	26	23,608	28.2	
Vitamins and minerals	2,382	80	190,852	9.9	9.9	10,164	19	10,164	12.1	
Non-prescription drugs	4,462	39	173,273	9.0	9.0	11,717	15	11,717	14.0	
Barbiturates	394	72	28,410	1.5	1.5	2,937	10	2,937	3.5	
Benzodiazepines	5,464	132	720,958	37.3	37.3	32,587	22	32,587	38.9	
Other Part D Excl Rx Drugs	827	239	197,819	10.2	10.2	2,731	72	2,731	3.3	

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

- a. Table 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<sup>a, b</sup>  
NONDUAL BENEFICIARIES, NEVADA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
<b>All</b>	<b>208,742</b>	<b>829</b>	<b>21,157</b>	<b>50,115</b>	<b>3</b>	<b>1,693,364</b>	<b>7,342</b>	<b>202,464</b>	<b>368,627</b>	<b>1,114,923</b>	<b>8</b>
<b>Age</b>											
5 and younger	67,329	1	1,308	0	66,020	509,622	1	12,452	0	497,169	0
6-14	57,854	0	3,185	0	54,669	514,209	0	33,295	0	480,914	0
15-20	23,007	6	1,896	5,191	15,913	192,205	49	19,199	36,313	136,638	6
21-44	48,094	29	6,479	41,567	17	369,320	208	61,820	307,164	126	2
45-64	11,676	103	8,210	3,354	9	101,027	850	74,987	25,125	65	0
65-74	456	389	65	2	0	4,120	3,539	561	20	0	0
75-84	248	236	12	0	0	2,264	2,138	126	0	0	0
85 and older	67	64	2	1	0	583	554	24	5	0	0
Unknown	11	1	0	0	10	14	3	0	0	11	0
<b>Gender</b>											
Female	118,298	564	10,666	39,558	67,507	961,431	4,929	104,280	301,280	550,934	8
Male	89,793	265	10,490	10,557	68,481	728,560	2,413	98,183	67,347	560,617	0
Unknown	651	0	1	0	650	3,373	0	1	0	3,372	0
<b>Race</b>											
White	98,434	348	12,663	26,919	58,501	779,365	2,928	118,367	191,838	466,224	8
African American	42,537	52	4,550	10,099	27,836	379,104	468	45,022	82,013	251,601	0
Other/unknown	67,771	429	3,944	13,097	50,301	534,895	3,946	39,075	94,776	397,098	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	275	58	216	0	1	2,808	593	2,203	0	12	0
Part year	365	47	313	3	2	3,499	439	3,023	21	16	0
None	208,102	724	20,628	50,112	136,635	1,687,057	6,310	197,238	368,606	1,114,895	8
<b>Maintenance Assistance Status</b>											
Cash	132,728	635	19,630	34,169	78,294	1,088,104	5,883	188,235	247,456	646,530	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	41,054	118	4	5,402	35,530	306,377	905	29	31,591	273,852	0
Other/unknown	34,960	76	1,523	10,544	22,814	298,883	554	14,200	89,580	194,541	8
<b>Managed Care (MC) Status</b>											
Fee-for-service (FFS) all year	35,177	197	4,679	9,591	20,707	131,193	769	18,605	33,355	78,456	8
FFS part year, with Rx claims	52,479	527	13,786	12,454	25,712	533,081	5,686	156,564	112,847	257,984	0
FFS part year, no Rx claims	58,485	101	2,601	13,800	41,983	500,777	876	26,673	108,169	365,059	0
MC all year, with Rx claims	5,540	2	47	1,050	4,441	49,929	5	316	11,589	38,019	0
MC all year, no Rx claims	57,061	2	44	13,220	43,795	478,384	6	306	102,667	375,405	0

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

- a. Table A.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, NEVADA, 2003

	Beneficiaries and		
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Included in Cell K of Table 1 Number of Beneficiaries	Excluded from Cell K of Table 1 Number of Beneficiaries
<b>All</b>	<b>208,742</b>	<b>146,142</b>	<b>57,060</b>
Fee-for-service (FFS) all year	35,177	35,177	0
FFS part year, with Rx claims	52,479	52,479	0
FFS part year, with no Rx claims	58,485	58,485	0
Managed care (MC) all year, with Rx claims	5,540	0	0
MC all year, with no Rx claims	57,061	1	57,060
		<b>655,301</b>	<b>1,038,063</b>

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

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

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