

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 NEBRASKA

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

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

TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, NEBRASKA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	193,764	1,168	14,474	46,844	130,936	342	1,223,912	11,921	131,884	200,163	878,161	1,783
Age												
5 and younger	56,954	0	788	295	55,871	0	379,676	0	6,657	694	372,325	0
6-14	53,901	0	1,555	15	52,331	0	376,691	0	15,735	42	360,914	0
15-20	25,409	0	1,304	2,331	21,728	46	163,552	0	11,875	9,369	142,154	154
21-44	36,730	0	5,152	30,964	408	206	193,688	0	48,364	143,467	979	878
45-64	8,588	1	5,598	2,898	1	90	62,736	1	48,378	13,605	1	751
65-74	725	647	77	1	0	0	7,503	6,625	875	3	0	0
75-84	384	383	0	1	0	0	3,905	3,903	0	2	0	0
85 and older	137	137	0	0	0	0	1,392	1,392	0	0	0	0
Unknown	10,936	0	0	10,339	597	0	34,769	0	0	32,981	1,788	0
Gender												
Female	106,730	803	7,838	32,882	64,865	342	675,488	8,275	73,188	156,734	435,508	1,783
Male	82,936	365	6,636	10,019	65,916	0	539,913	3,646	58,696	35,397	442,174	0
Unknown	4,098	0	0	3,943	155	0	8,511	0	0	8,032	479	0
Race												
White	122,303	558	10,502	29,104	81,861	278	777,011	5,901	96,382	122,476	550,812	1,440
African American	25,327	106	2,134	6,962	16,114	11	181,892	1,102	19,785	37,702	123,253	50
Other/unknown	46,134	504	1,838	10,778	32,961	53	265,009	4,918	15,717	39,985	204,096	293
Use of Nursing Facilities^c												
Entire year	511	182	324	2	3	0	5,259	1,938	3,294	2	25	0
Part year	458	63	349	31	15	0	3,354	516	2,545	163	130	0
None	192,795	923	13,801	46,811	130,918	342	1,215,299	9,467	126,045	199,998	878,006	1,783
Maintenance Assistance Status												
Cash	51,023	964	11,914	15,147	22,998	0	345,345	10,058	114,274	64,392	156,621	0
Medically needy	12,330	114	402	10,981	833	0	54,906	1,120	2,379	47,941	3,466	0
Poverty-related	101,304	90	2,051	10,311	88,510	342	612,946	743	14,211	32,807	563,402	1,783
Other/unknown	29,107	0	107	10,405	18,595	0	210,715	0	1,020	55,023	154,672	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	17,955	384	3,311	6,426	7,512	322	90,694	3,902	29,610	13,206	42,278	1,698
FFS part year, with Rx claims	60,419	105	2,686	18,680	38,930	18	116,500	270	8,363	34,171	73,619	77
FFS part year, no Rx claims	23,839	18	364	5,777	17,678	2	45,709	41	993	10,446	34,221	8
MC all year, with FFS Rx claims	91,551	661	8,113	15,961	66,816	0	971,009	7,708	92,918	142,340	728,043	0

Source: Data for this table are from the MAX 2004 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

- a. Table ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, NEBRASKA, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	80.4 %	9.1	\$547	\$60	\$2,156	25.4 %	193,764
Age							
5 and younger	84.2	5.7	194	34	1,271	15.3	56,954
6-14	78.1	6.1	471	77	1,147	41.1	53,901
15-20	80.4	8.2	521	64	2,003	26.0	25,409
21-44	81.8	13.2	830	63	3,244	25.6	36,730
45-64	87.9	38.2	2,513	66	8,535	29.4	8,588
65-74	94.8	46.9	2,633	56	11,140	23.6	725
75-84	94.8	41.5	2,086	50	12,518	16.7	384
85 and older	95.6	53.1	2,484	47	22,656	11.0	137
Unknown	60.3	3.3	107	33	2,216	4.8	10,936
Basis of Eligibility^e							
Aged	94.5	44.3	2,291	52	12,257	18.7	1,168
Disabled	91.3	37.4	2,876	77	11,224	25.6	14,474
Adults	76.2	8.4	400	48	1,900	21.0	46,844
Children	80.7	5.9	327	55	1,144	28.6	130,936
Unknown	47.1	7.4	476	64	6,447	7.4	342
Gender							
Female	82.9	10.2	558	55	2,102	26.6	106,730
Male	79.3	8.1	557	69	2,288	24.4	82,936
Unknown	39.2	1.3	50	40	908	5.5	4,098
Race							
White	81.8	10.4	657	63	2,468	26.6	122,303
African American	81.8	8.3	469	56	1,767	26.6	25,327
Other/unknown	76.2	6.2	299	49	1,543	19.4	46,134
Use of Nursing Facilities^f							
Entire year	98.0	85.1	5,338	63	59,198	9.0	511
Part year	95.4	67.4	4,259	63	48,418	8.8	458
None	80.4	8.8	526	60	1,895	27.7	192,795
Maintenance Assistance Status							
Cash	81.8	15.0	987	66	3,681	26.8	51,023
Medically needy	77.7	11.6	626	54	3,407	18.4	12,330
Poverty related	77.9	5.7	310	54	1,320	23.5	101,304
Other/unknown	88.0	9.6	568	59	1,865	30.4	29,107

Source: Data for this table are from the MAX 2004 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

a. Table ND.3 includes beneficiaries represented by Cell K of Table 1.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, NEBRASKA, 2004

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	1.4	\$87	25.4 %	19.6 %	47.3 %	10.1 %	12.0 %	6.3 %	4.7 %	\$341	193,764	1,223,912
Age												
5 and younger	0.9	29	15.3	15.8	56.8	9.5	9.9	5.1	2.9	191	56,954	379,676
6-14	0.9	67	41.1	21.9	54.9	8.4	8.9	3.4	2.6	164	53,901	376,691
15-20	1.3	81	26.0	19.6	47.9	11.2	11.9	5.1	4.3	311	25,409	163,552
21-44	2.5	157	25.6	18.2	34.0	12.5	16.8	9.9	8.6	615	36,730	193,688
45-64	5.2	344	29.4	12.1	18.0	10.9	23.4	19.0	16.5	1,168	8,588	62,736
65-74	4.5	255	23.6	5.2	22.3	11.6	28.8	21.0	11.0	1,076	725	7,503
75-84	4.1	205	16.7	5.2	20.3	13.8	32.8	19.5	8.3	1,231	384	3,905
85 and older	5.2	244	11.0	4.4	16.8	9.5	29.2	26.3	13.9	2,230	137	1,392
Unknown	1.0	34	4.8	39.7	30.5	10.5	12.0	5.4	2.0	697	10,936	34,769
Basis of Eligibility^e												
Aged	4.3	225	18.7	5.5	21.7	12.2	30.8	19.5	10.3	1,201	1,168	11,921
Disabled	4.1	316	25.6	8.7	26.2	11.8	23.7	17.4	12.1	1,232	14,474	131,884
Adults	2.0	94	21.0	23.8	33.7	12.2	15.1	8.1	7.2	445	46,844	200,163
Children	0.9	49	28.6	19.3	54.8	9.2	9.5	4.3	2.9	171	130,936	878,161
Unknown	1.4	91	7.4	52.9	22.5	9.1	12.9	2.3	0.3	1,237	342	1,783
Gender												
Female	1.6	88	26.6	17.1	46.7	10.6	12.9	7.1	5.5	332	106,730	675,488
Male	1.2	86	24.4	20.7	49.3	9.6	11.2	5.4	3.7	351	82,936	539,913
Unknown	0.6	24	5.5	60.8	22.4	8.1	6.5	1.9	0.3	437	4,098	8,511
Race												
White	1.6	103	26.6	18.2	46.1	10.5	12.8	6.9	5.4	389	122,303	777,011
African American	1.2	65	26.6	18.2	53.0	9.4	10.3	5.5	3.7	246	25,327	181,892
Other/unknown	1.1	52	19.4	23.8	47.5	9.5	10.9	5.1	3.2	269	46,134	265,009
Use of Nursing Facilities^f												
Entire year	8.3	519	9.0	2.0	3.5	3.9	23.1	39.3	28.2	5,752	511	5,259
Part year	9.2	582	8.8	4.6	6.8	7.4	18.8	23.8	38.6	6,612	458	3,354
None	1.4	83	27.7	19.6	47.6	10.2	12.0	6.1	4.5	301	192,795	1,215,299
Maintenance Assistance Status												
Cash	2.2	146	26.8	18.2	40.9	10.6	14.8	9.0	6.4	544	51,023	345,345
Medically needy	2.6	141	18.4	22.3	31.0	11.8	16.2	9.0	9.7	765	12,330	54,906
Poverty related	0.9	51	23.5	22.1	51.0	9.2	9.8	4.7	3.1	218	101,304	612,946
Other/unknown	1.3	78	30.4	12.0	52.7	11.9	13.0	5.6	4.8	258	29,107	210,715

Source: Data for this table are from the MAX 2004 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

- a. Table ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 2004

Beneficiary Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	1.4	\$87	\$60	0.6	\$67	\$117	0.1	\$5	\$62	0.8	\$14	\$18
Age												
5 and younger	0.9	29	34	0.3	18	72	0.1	3	43	0.5	8	15
6-14	0.9	67	77	0.5	58	124	0.0	2	56	0.4	7	20
15-20	1.3	81	64	0.6	64	109	0.1	4	63	0.6	13	21
21-44	2.5	157	63	0.9	121	128	0.1	10	73	1.4	26	18
45-64	5.2	344	66	2.0	261	133	0.3	25	79	2.9	58	20
65-74	4.5	255	56	1.9	198	107	0.3	13	49	2.4	43	18
75-84	4.1	205	50	1.6	157	98	0.2	10	47	2.2	38	17
85 and older	5.2	244	47	1.8	177	100	0.4	15	40	3.1	52	17
Unknown	1.0	34	33	0.2	22	99	0.0	2	39	0.8	10	14
Basis of Eligibility^d												
Aged	4.3	225	52	1.7	171	100	0.2	11	47	2.4	42	18
Disabled	4.1	316	77	1.7	248	149	0.3	22	82	2.2	46	21
Adults	2.0	94	48	0.7	69	102	0.1	6	58	1.2	19	16
Children	0.9	49	55	0.4	38	102	0.1	3	49	0.5	8	18
Unknown	1.4	91	64	0.5	70	145	0.1	3	53	0.9	18	21
Gender												
Female	1.6	88	55	0.6	66	109	0.1	6	60	0.9	16	18
Male	1.2	86	69	0.5	69	127	0.1	5	65	0.6	12	19
Unknown	0.6	24	40	0.1	17	120	0.0	1	39	0.4	6	14
Race												
White	1.6	103	63	0.7	81	118	0.1	6	63	0.9	16	19
African American	1.2	65	56	0.4	49	117	0.1	4	68	0.7	12	18
Other/unknown	1.1	52	49	0.4	38	106	0.1	3	51	0.7	11	17
Use of Nursing Facilities^e												
Entire year	8.3	519	63	2.9	390	134	0.7	37	54	4.6	91	20
Part year	9.2	582	63	3.2	417	132	0.7	50	75	5.4	114	21
None	1.4	83	60	0.6	65	116	0.1	5	62	0.8	14	18
Maintenance Assistance Status												
Cash	2.2	146	66	0.9	113	131	0.1	10	74	1.2	24	19
Medically needy	2.6	141	54	1.0	106	109	0.1	9	60	1.5	26	17
Poverty related	0.9	51	54	0.4	39	106	0.1	3	51	0.5	9	18
Other/unknown	1.3	78	59	0.6	64	103	0.1	4	50	0.6	11	18

Source: Data for this table are from the MAX 2004 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

- 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, 0.4 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEBRASKA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$15	\$10	\$2	\$4	\$44	\$79	\$58	\$21	279,593	\$12,329,692	106,888	55.2 %	803,327
Biologicals	0.2	0.1	0.0	0.0	43	41	0	2	287	294	0	196	92	26,421	70	0.0	613
Antineoplastic Agents	0.7	0.2	0.0	0.5	124	99	4	22	182	642	129	43	3,088	562,047	555	0.3	4,526
Endocrine/Metabolic Drugs	0.6	0.2	0.1	0.3	28	21	2	6	49	88	28	21	144,768	7,137,271	33,888	17.5	252,108
Cardiovascular Agents	1.2	0.5	0.0	0.7	48	38	1	9	41	82	34	13	130,168	5,337,639	13,635	7.0	110,735
Respiratory Agents	0.5	0.2	0.0	0.3	21	16	1	4	45	87	33	16	281,930	12,743,096	77,112	39.8	595,621
Gastrointestinal Agents	0.5	0.1	0.0	0.3	29	20	3	6	62	170	62	20	68,169	4,253,298	19,315	10.0	147,651
Genitourinary Agents	0.4	0.2	0.1	0.1	19	13	2	3	53	80	47	23	23,456	1,246,040	9,837	5.1	66,440
CNS Drugs	1.1	0.6	0.0	0.4	112	98	4	10	98	152	88	21	267,396	26,311,165	30,917	16.0	235,097
Stimulants/Anti-obesity/Anorexia	0.9	0.8	0.0	0.1	85	79	1	5	94	102	77	43	80,248	7,553,449	10,428	5.4	88,926
Miscellaneous Psychological/																	
Neurological Agents	0.6	0.5	0.0	0.0	202	201	0	0	357	371	0	23	2,578	921,567	552	0.3	4,573
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	19	12	1	6	37	162	249	14	188,220	6,985,785	50,546	26.1	367,074
Neuromuscular Agents	0.9	0.4	0.1	0.4	78	58	11	8	91	144	118	24	103,276	9,395,346	15,005	7.7	121,204
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	4	12	19	16	11	41,148	490,773	19,401	10.0	122,171
Hematological Agents	0.7	0.2	0.1	0.5	237	228	2	7	327	1,081	36	15	14,088	4,613,756	2,555	1.3	19,497
Topical Products	0.3	0.1	0.0	0.2	11	7	1	3	41	73	54	20	135,077	5,521,332	61,785	31.9	487,652
Miscellaneous Products	0.5	0.2	0.1	0.2	87	54	14	18	183	282	243	81	2,935	536,115	744	0.4	6,177
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	6	0	0	0	17	0	0	0	1,732	28,822	541	0.3	4,751
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,767,962	105,993,614	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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.medispans.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, 0.4 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.medispans.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 2004.

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

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$13,514,802	10,951	5.7 %	95,524	0.7	\$198	\$141
ANTICONVULSANT	6,937,069	8,935	4.6	77,563	0.8	109	89
ANTIASTHMATIC	6,259,305	35,650	18.4	279,222	0.3	65	22
ANTIDEPRESSANTS	6,229,521	22,234	11.5	164,298	0.6	60	38
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	6,038,873	10,432	5.4	88,156	0.7	93	69
MISC. HEMATOLOGICAL	3,465,234	478	0.2	3,810	0.7	1,263	910
DERMATOLOGICAL	2,920,317	47,178	24.3	376,177	0.2	40	8
PENICILLINS	2,286,292	59,429	30.7	454,751	0.2	27	5
ANALGESICS - Narcotic	2,266,479	34,321	17.7	235,090	0.3	28	10
ANTIDIABETIC	2,110,985	5,087	2.6	40,707	0.8	65	52
Total	52,028,877	234,695		1,815,298	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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 2004. 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 2004. 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(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	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 Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	672,133	\$52,028,877	10,951	5.7 %	95,524	0.7	\$142	8,935	4.6 %	77,563	0.8	\$89
Female	378,885	25,642,980	5,485	5.3	46,064	0.7	130	5,270	5.1	44,297	0.8	89
Disabled	126,709	11,501,859	2,373	30.3	23,038	0.8	162	2,496	31.8	24,559	0.9	101
	1,455	79,201	7	2.0	63	0.6	143	31	9.0	288	0.9	85
5 and younger	5,021	461,128	82	14.9	772	0.7	115	165	30.0	1,671	0.9	127
6-14	4,925	549,696	124	22.4	974	0.8	149	153	27.6	1,421	1.0	131
15-20	46,762	4,664,105	1,158	41.1	11,439	0.7	158	1,124	39.9	11,212	0.9	105
21-44	66,757	5,576,805	966	27.5	9,371	0.8	169	1,007	28.7	9,791	0.8	88
45-64	1,789	170,924	36	57.1	419	1.2	234	16	25.4	176	1.0	50
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
Other Eligibles	248,686	14,059,840	3,090	3.2	22,962	0.6	99	2,766	2.9	19,691	0.7	75
	45,896	1,614,773	84	0.3	639	0.4	62	101	0.4	830	0.6	66
5 and younger	58,758	3,884,599	788	3.1	6,965	0.6	103	498	1.9	4,579	0.8	77
6-14	39,201	2,506,822	800	5.9	6,337	0.6	88	537	4.0	4,245	0.7	78
15-20	83,801	4,641,736	1,156	4.5	6,607	0.6	102	1,368	5.3	8,042	0.7	76
21-44	11,169	709,075	118	5.5	823	0.5	86	168	7.9	989	0.8	65
45-64	5,585	414,205	74	16.7	866	0.8	137	62	14.0	680	0.8	61
65-74	2,791	177,021	47	18.1	486	0.8	112	25	9.7	249	0.8	39
75-84	1,485	111,609	23	23.2	239	0.8	170	7	7.1	77	0.9	88
85 and older												
Male	291,983	26,350,953	5,450	6.9	49,408	0.8	152	3,651	4.6	33,226	0.8	90
Disabled	83,509	9,358,565	2,184	32.9	21,323	0.8	192	1,800	27.1	18,217	0.9	106
	2,290	185,584	22	5.0	237	0.6	99	63	14.2	658	0.7	57
5 and younger	10,125	1,441,476	328	32.6	3,414	0.7	149	222	22.1	2,389	0.9	108
6-14	8,923	1,056,549	310	41.3	2,999	0.8	158	220	29.3	2,226	0.9	117
15-20	33,528	4,055,180	1,025	43.9	10,038	0.9	203	871	37.3	8,954	1.0	120
21-44	28,357	2,597,409	495	23.7	4,587	0.9	228	419	20.1	3,930	0.9	76
45-64	286	22,367	4	28.6	48	0.8	237	5	35.7	60	1.0	58
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
Other Eligibles	204,380	16,878,707	3,254	4.5	28,065	0.7	121	1,842	2.5	14,960	0.7	70
	54,938	2,199,296	157	0.5	1,216	0.5	77	201	0.7	1,602	0.6	34
5 and younger	92,218	10,074,368	1,796	6.8	16,213	0.7	122	814	3.1	7,419	0.7	70
6-14	38,023	3,393,244	994	9.4	8,754	0.7	123	460	4.4	4,013	0.7	83
15-20	11,619	713,622	204	3.6	1,007	0.6	131	258	4.5	1,180	0.7	85
21-44	3,593	198,256	29	3.4	150	0.7	82	63	7.4	263	1.0	91
45-64	2,071	159,169	34	16.7	342	0.8	149	19	9.3	197	1.0	71
65-74	1,315	105,720	24	19.2	207	1.3	204	21	16.8	229	0.7	38
75-84	603	35,032	16	42.1	176	0.7	89	6	15.8	57	0.9	37
85 and older												
Unknown	8,849	229,906	50	0.4	136	0.5	37	31	0.3	136	0.5	63

Source: Data for this table are from the MAX 2004 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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 2004. 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 2004. 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(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDEPRESSANTS					STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	35,650	18.4 %	279,222	0.3	\$22	22,234	11.5 %	164,298	0.6	\$38	10,432	5.4 %	88,156	0.7	\$69
Female	19,068	18.5	148,675	0.3	22	15,487	15.0	110,246	0.6	39	3,341	3.2	28,345	0.7	65
Disabled	3,392	43.3	32,862	0.5	32	3,968	50.6	38,144	0.7	42	357	4.6	3,562	0.6	72
5 and younger	143	41.4	1,346	0.3	18	4	1.2	26	0.3	3	10	2.9	101	0.4	34
6-14	164	29.8	1,791	0.4	25	68	12.4	662	0.5	20	102	18.5	1,066	0.8	67
15-20	128	23.1	1,181	0.4	20	160	28.9	1,347	0.7	37	57	10.3	558	0.6	48
21-44	1,036	36.8	10,163	0.4	26	1,677	59.6	16,388	0.6	42	106	3.8	1,059	0.6	82
45-64	1,899	54.1	18,154	0.5	37	2,030	57.8	19,397	0.7	43	82	2.3	778	0.6	90
65-74	22	34.9	227	0.7	56	29	46.0	324	0.8	37	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	15,423	16.2	114,638	0.3	19	11,395	12.0	71,699	0.6	38	2,981	3.1	24,772	0.7	64
5 and younger	4,744	17.4	37,245	0.2	15	243	0.9	1,576	0.4	16	123	0.5	979	0.5	49
6-14	4,225	16.4	34,685	0.3	21	1,271	4.9	10,928	0.5	25	1,920	7.5	16,655	0.7	65
15-20	2,302	17.0	17,323	0.3	19	2,350	17.4	17,098	0.5	31	562	4.2	4,865	0.6	58
21-44	3,532	13.6	20,407	0.4	22	6,582	25.4	35,367	0.6	44	341	1.3	2,013	0.7	86
45-64	399	18.7	2,608	0.4	29	749	35.1	4,594	0.7	52	28	1.3	206	0.6	62
65-74	118	26.6	1,288	0.5	37	109	24.5	1,204	0.6	37	2	0.5	10	0.3	17
75-84	68	26.3	727	0.4	24	57	22.0	599	0.8	42	3	1.2	25	1.0	22
85 and older	35	35.4	355	0.5	22	34	34.3	333	0.8	51	2	2.0	19	0.7	14
Male	16,518	20.8	130,380	0.3	23	6,648	8.4	53,791	0.6	36	7,088	8.9	59,804	0.8	70
Disabled	1,718	25.9	16,545	0.5	32	1,992	30.0	18,667	0.7	43	665	10.0	6,447	0.7	70
5 and younger	242	54.6	2,347	0.3	27	13	2.9	131	0.5	20	27	6.1	278	0.2	9
6-14	287	28.6	2,941	0.3	24	149	14.8	1,477	0.6	25	368	36.6	3,552	0.8	68
15-20	158	21.1	1,645	0.4	27	182	24.3	1,709	0.7	44	151	20.1	1,475	0.8	81
21-44	404	17.3	3,958	0.4	30	894	38.3	8,535	0.8	46	95	4.1	915	0.7	70
45-64	621	29.7	5,604	0.6	40	750	35.9	6,767	0.7	43	23	1.1	215	0.8	110
65-74	6	42.9	50	0.5	57	4	28.6	48	0.9	22	1	7.1	12	0.1	12
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	14,471	19.9	112,093	0.3	22	4,517	6.2	34,660	0.6	32	6,416	8.8	53,315	0.8	70
5 and younger	6,682	23.4	52,056	0.3	18	306	1.1	2,174	0.3	16	327	1.1	2,686	0.5	42
6-14	5,543	20.9	43,940	0.4	25	1,724	6.5	14,904	0.6	29	4,818	18.1	39,784	0.8	72
15-20	1,607	15.2	12,727	0.4	22	1,514	14.3	12,526	0.6	34	1,215	11.5	10,603	0.7	71
21-44	424	7.5	1,800	0.6	34	712	12.5	3,265	0.7	42	48	0.8	188	0.8	93
45-64	97	11.3	405	0.7	50	175	20.4	908	0.7	41	7	0.8	42	0.9	103
65-74	68	33.3	637	0.5	38	51	25.0	517	0.8	38	1	0.5	12	0.6	14
75-84	36	28.8	399	0.5	40	20	16.0	207	0.8	44	0	0.0	0	0.0	0
85 and older	14	36.8	129	0.5	25	15	39.5	159	0.7	38	0	0.0	0	0.0	0
Unknown	646	5.7	3,084	0.4	17	362	3.2	1,128	0.7	34	13	0.1	60	0.4	135

Source: Data for this table are from the MAX 2004 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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 2004. 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 2004. 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 benefit; \$ = Medicaid reimbursement.

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 2004

Beneficiary Characteristics	MISC. HEMATOLOGICAL					DERMATOLOGICAL					PENICILLINS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	478	0.2 %	3,810	0.7	\$910	47,178	24.3 %	376,177	0.2	\$8	59,429	30.7 %	454,751	0.2	\$5
Female	268	0.3	2,314	0.7	123	27,627	26.8	217,592	0.2	8	32,793	31.8	248,240	0.2	5
Disabled	183	2.3	1,653	0.7	132	3,302	42.1	34,115	0.2	8	2,212	28.2	22,420	0.2	5
5 and younger	0	0.0	0	0.0	0	140	40.6	1,284	0.2	5	203	58.8	1,881	0.2	5
6-14	0	0.0	0	0.0	0	242	44.0	2,572	0.2	7	249	45.3	2,697	0.2	5
15-20	2	0.4	12	0.4	7,384	228	41.2	2,194	0.2	8	193	34.8	1,833	0.1	4
21-44	21	0.7	174	0.7	74	1,184	42.0	12,513	0.2	9	828	29.4	8,594	0.1	5
45-64	157	4.5	1,438	0.7	78	1,466	41.8	15,086	0.2	7	730	20.8	7,325	0.2	7
65-74	3	4.8	29	1.0	123	42	66.7	466	0.2	7	9	14.3	90	0.1	11
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	85	0.1	661	0.7	103	23,723	24.9	180,182	0.2	8	29,877	31.3	222,163	0.2	5
5 and younger	0	0.0	0	0.0	0	9,147	33.6	70,893	0.2	5	12,756	46.9	98,108	0.2	5
6-14	0	0.0	0	0.0	0	6,035	23.4	50,006	0.2	8	7,828	30.4	63,746	0.2	5
15-20	1	0.0	2	0.5	37	3,522	26.0	27,165	0.2	11	3,269	24.1	24,223	0.2	5
21-44	26	0.1	147	0.6	76	4,314	16.7	25,917	0.3	12	5,570	21.5	32,655	0.2	6
45-64	20	0.9	92	1.1	266	350	16.4	2,271	0.3	10	341	16.0	2,159	0.2	7
65-74	15	3.4	165	0.5	65	171	38.5	1,915	0.2	5	55	12.4	609	0.1	3
75-84	11	4.2	119	0.7	86	122	47.1	1,332	0.2	9	37	14.3	424	0.1	6
85 and older	12	12.1	136	0.8	81	62	62.6	683	0.2	5	21	21.2	239	0.1	5
Male	210	0.3	1,496	0.8	2,126	19,441	24.5	158,277	0.2	8	26,453	33.4	206,110	0.2	5
Disabled	133	2.0	1,049	0.8	433	2,149	32.4	22,423	0.2	9	1,568	23.6	15,913	0.2	6
5 and younger	0	0.0	0	0.0	0	160	36.1	1,585	0.1	5	263	59.4	2,513	0.2	6
6-14	2	0.2	24	1.3	11,820	314	31.2	3,302	0.2	6	350	34.8	3,857	0.1	4
15-20	3	0.4	30	0.6	1,183	303	40.4	3,265	0.2	8	211	28.1	2,153	0.2	5
21-44	22	0.9	207	0.8	168	760	32.5	8,221	0.2	10	428	18.3	4,474	0.1	5
45-64	104	5.0	764	0.8	87	612	29.3	6,050	0.3	11	314	15.0	2,892	0.2	10
65-74	2	14.3	24	0.4	45	0	0.0	0	0.0	0	2	14.3	24	0.1	4
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	77	0.1	447	0.8	6,098	16,687	23.0	132,314	0.2	8	24,102	33.2	185,591	0.2	5
5 and younger	2	0.0	14	0.9	408	8,950	31.3	69,965	0.2	6	14,019	49.1	106,876	0.2	5
6-14	8	0.0	41	1.3	63,274	4,564	17.2	37,903	0.2	7	7,232	27.2	58,657	0.2	5
15-20	3	0.0	16	0.8	5,734	2,494	23.6	20,476	0.2	15	1,952	18.5	15,610	0.2	5
21-44	20	0.4	97	0.9	122	458	8.1	2,051	0.3	25	733	12.9	3,231	0.3	8
45-64	26	3.0	88	0.9	122	74	8.6	363	0.4	19	112	13.1	621	0.2	7
65-74	7	3.4	76	0.3	45	57	27.9	598	0.3	11	30	14.7	331	0.1	4
75-84	8	6.4	82	0.6	79	57	45.6	606	0.3	10	19	15.2	215	0.1	9
85 and older	3	7.9	33	0.7	44	33	86.8	352	0.3	7	5	13.2	50	0.1	3
Unknown	0	0.0	0	0.0	0	1,317	11.6	7,143	0.2	6	1,670	14.7	8,664	0.3	5

Source: Data for this table are from the MAX 2004 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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 2004. 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 2004. 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 benefit; \$ = Medicaid reimbursement.

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	34,321	17.7 %	235,090	0.3	\$10	5,087	2.6 %	40,707	0.8	\$52	193,764	1,223,912
Female	23,826	23.1	164,482	0.4	10	3,522	3.4	28,933	0.8	50	103,175	662,322
Disabled	4,530	57.8	43,049	0.5	22	1,796	22.9	17,477	0.8	49	7,838	73,188
5 and younger	38	11.0	294	0.2	2	7	2.0	78	0.7	29	345	2,886
6-14	59	10.7	640	0.1	2	3	0.5	24	1.8	49	550	5,531
15-20	126	22.7	1,072	0.2	2	12	2.2	100	0.5	32	554	5,005
21-44	1,814	64.4	17,564	0.4	17	376	13.4	3,671	0.7	45	2,816	26,997
45-64	2,467	70.3	23,211	0.5	26	1,357	38.7	13,166	0.8	51	3,510	32,051
65-74	26	41.3	268	0.6	40	41	65.1	438	0.9	48	63	718
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	18,499	19.4	118,364	0.3	6	1,692	1.8	11,378	0.8	52	95,337	589,134
5 and younger	1,976	7.3	13,463	0.2	2	56	0.2	394	0.6	44	27,197	181,142
6-14	1,302	5.1	10,594	0.2	2	111	0.4	868	1.0	79	25,764	177,925
15-20	3,002	22.2	21,040	0.2	2	108	0.8	808	0.8	56	13,541	83,739
21-44	10,957	42.3	63,823	0.4	7	834	3.2	4,606	0.8	49	25,900	126,960
45-64	909	42.6	5,667	0.5	17	281	13.2	1,543	0.9	58	2,133	11,094
65-74	200	45.0	2,186	0.3	15	204	45.9	2,117	0.7	51	444	4,613
75-84	103	39.8	1,098	0.4	12	79	30.5	824	0.7	39	259	2,638
85 and older	50	50.5	493	0.6	37	19	19.2	218	0.8	28	99	1,023
Male	10,103	12.7	69,628	0.3	10	1,534	1.9	11,701	0.8	55	79,253	525,854
Disabled	2,068	31.2	18,025	0.5	24	841	12.7	7,428	0.8	49	6,636	58,696
5 and younger	43	9.7	408	0.1	1	3	0.7	36	0.2	11	443	3,771
6-14	87	8.7	966	0.1	1	4	0.4	48	0.8	51	1,005	10,204
15-20	116	15.5	1,172	0.2	3	10	1.3	81	0.8	71	750	6,870
21-44	772	33.0	6,767	0.4	22	198	8.5	1,798	0.8	48	2,336	21,367
45-64	1,042	49.9	8,627	0.6	33	622	29.8	5,417	0.8	50	2,088	16,327
65-74	8	57.1	85	0.9	19	4	28.6	48	0.7	15	14	157
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	7,220	9.9	48,341	0.2	5	658	0.9	4,138	0.9	66	72,617	467,158
5 and younger	2,347	8.2	16,570	0.2	1	52	0.2	378	0.6	34	28,576	190,920
6-14	1,329	5.0	11,012	0.1	1	100	0.4	737	1.1	93	26,575	183,021
15-20	1,392	13.2	10,653	0.2	2	55	0.5	435	1.0	89	10,564	67,938
21-44	1,710	30.1	7,336	0.6	15	221	3.9	986	1.0	67	5,678	18,364
45-64	322	37.6	1,546	0.7	18	138	16.1	626	1.2	83	857	3,264
65-74	63	30.9	638	0.3	18	58	28.4	628	0.7	44	204	2,015
75-84	42	33.6	432	0.3	20	27	21.6	264	0.5	24	125	1,267
85 and older	15	39.5	154	0.5	9	7	18.4	84	0.7	30	38	369
Unknown	2,004	17.7	7,311	0.3	3	100	0.9	286	1.3	56	11,336	35,736

Source: Data for this table are from the MAX 2004 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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 2004. 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 2004. 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(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, NEBRASKA, 2004

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$519	8.3	511	5,259
Age				
0-64	615	9.2	307	3,075
65-74	495	8.1	64	719
75-84	328	6.3	75	765
85 and older	329	6.6	65	700
Unknown	0	0.0	0	0
Gender				
Female	517	8.5	318	3,331
Male	522	7.9	193	1,928
Unknown	0	0.0	0	0
Race				
White	513	8.2	413	4,216
African American	476	8	44	467
Other/unknown	596	8.8	54	576
Basis of Eligibility^c				
Aged	359	6.8	182	1,938
Disabled	612	9.1	324	3,294
Adults	345	9.5	2	2
Children	577	7.4	3	25
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 458 beneficiaries who were in nursing facilities for part of their enrollment and their 3,354 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

TABLE ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, NEBRASKA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$35	\$22	\$5	\$8	\$85	\$137	\$149	\$37	1,574	\$134,416	356	69.7 %	3,867
Biologicals	0.1	0.1	0.0	0.0	93	93	0	0	637	637	0	0	7	4,462	4	0.8	48
Antineoplastic Agents	0.7	0.1	0.0	0.6	98	70	0	28	146	1,303	0	45	99	14,503	18	3.5	148
Endocrine/Metabolic Drugs	1.4	0.6	0.2	0.6	67	55	5	8	48	87	23	13	3,748	179,714	253	49.5	2,673
Cardiovascular Agents	2.1	0.5	0.1	1.4	57	39	2	16	28	73	22	11	7,086	197,758	332	65.0	3,456
Respiratory Agents	0.9	0.3	0.0	0.6	49	33	1	14	52	102	37	25	2,269	118,096	233	45.6	2,415
Gastrointestinal Agents	1.2	0.2	0.1	0.9	43	21	7	15	37	137	53	17	3,953	144,791	318	62.2	3,340
Genitourinary Agents	0.8	0.5	0.1	0.3	52	40	5	7	64	81	73	29	1,454	93,066	162	31.7	1,791
CNS Drugs	2.2	1.1	0.1	0.9	209	184	6	20	97	161	58	21	9,235	893,990	405	79.3	4,269
Stimulants/Anti-obesity/Anorexia	0.8	0.3	0.0	0.4	50	41	0	9	65	119	0	21	144	9,362	20	3.9	187
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	170	170	0	0	207	207	0	0	368	76,016	43	8.4	447
Analgesics and Anesthetics	1.0	0.3	0.0	0.6	58	44	1	12	60	140	75	19	3,062	182,871	302	59.1	3,157
Neuromuscular Agents	1.8	0.5	0.3	0.9	149	94	24	31	84	177	79	33	5,155	433,344	277	54.2	2,900
Nutritional Products	0.8	0.0	0.0	0.8	15	1	0	13	18	56	16	17	1,314	23,037	157	30.7	1,581
Hematological Agents	1.1	0.3	0.2	0.7	86	76	4	6	76	285	22	9	1,633	124,355	146	28.6	1,439
Topical Products	0.6	0.2	0.1	0.3	26	16	3	7	44	83	54	21	2,128	94,681	330	64.6	3,623
Miscellaneous Products	0.3	0.1	0.0	0.2	2	1	0	1	9	18	0	7	71	663	24	4.7	268
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	9	0	0	0	14	0	0	0	184	2,659	25	4.9	280
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	43,484	2,727,784	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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 2004. A total of 458 beneficiaries who were in nursing facilities for part of their enrollment and their 3,354 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 2004. 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.medispn.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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Nebraska, 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^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEBRASKA, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	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	\$666,550	361	70.6 %	3,919	0.9	\$184	\$170
ANTICONVULSANT	308,083	292	57.1	3,123	1.1	87	99
ANTIDEPRESSANTS	192,938	369	72.2	4,016	0.9	53	48
ANTIDIABETIC	127,710	242	47.4	2,635	0.9	54	48
ANALGESICS - Narcotic	113,090	311	60.9	3,181	0.6	62	36
ULCER DRUGS	98,958	314	61.4	3,333	0.8	39	30
ANTIASTHMATIC	87,469	275	53.8	2,790	0.6	55	31
MUSCULOSKELETAL THERAPY AGENTS	84,368	99	19.4	1,040	0.9	89	81
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	76,016	46	9.0	460	0.8	207	165
ANTICOAGULANTS	64,306	77	15.1	743	1.2	72	87
Total	1,819,488	2,386		25,240	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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 2004. A total of 458 beneficiaries who were in nursing facilities for part of their enrollment and their 3,354 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, 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 \$
All	21,295	\$1,819,488	361	70.6 %	3,919	0.9	\$170	292	57.1 %	3,123	1.1	\$99
Female	13,465	1,133,934	236	74.2	2,590	0.9	165	173	54.4	1,868	1.1	95
Disabled	9,395	813,517	150	79.8	1,639	0.9	178	141	75.0	1,519	1.1	101
64 or younger	8,395	716,292	129	77.2	1,389	0.9	166	133	79.6	1,432	1.1	104
65-74	1,000	97,225	21	100.0	250	1.4	244	8	38.1	87	1.1	59
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	4,070	320,417	86	66.2	951	0.8	143	32	24.6	349	1.0	71
64 or younger	70	7,353	2	100.0	13	1.2	159	0	0.0	0	0.0	0
65-74	1,237	114,010	29	96.7	348	0.8	140	14	46.7	154	1.1	82
75-84	1,419	101,276	36	72.0	375	0.8	124	11	22.0	118	1.1	46
85 and older	1,344	97,778	19	39.6	215	0.8	181	7	14.6	77	0.9	88
Male	7,830	685,554	125	64.8	1,329	1.0	180	119	61.7	1,255	1.2	104
Disabled	6,202	566,311	90	66.2	948	1.0	191	101	74.3	1,053	1.2	110
64 or younger	6,170	562,778	89	65.9	936	1.0	192	100	74.1	1,041	1.2	110
65-74	32	3,533	1	100.0	12	0.5	154	1	100.0	12	1.0	118
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,628	119,243	35	61.4	381	1.0	152	18	31.6	202	1.0	71
64 or younger	23	665	0	0.0	0	0.0	0	1	33.3	12	1.0	39
65-74	460	32,452	9	75.0	96	1.0	137	5	41.7	56	1.5	143
75-84	668	54,528	13	52.0	142	1.3	209	7	28.0	84	0.8	45
85 and older	477	31,598	13	76.5	143	0.7	105	5	29.4	50	0.9	42
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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 458 beneficiaries who were in nursing facilities for part of their enrollment and their 3,354 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, 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 \$
All	369	72.2 %	4,016	0.9	\$48	242	47.4 %	2,635	0.9	\$49	311	60.9 %	3,181	0.6	\$36
Female	229	72.0	2,486	0.9	49	174	54.7	1,905	0.9	51	214	67.3	2,175	0.6	43
Disabled	157	83.5	1,680	1.0	47	114	60.6	1,247	0.9	50	137	72.9	1,393	0.6	49
64 or younger	142	85.0	1,502	1.0	48	95	56.9	1,019	0.9	49	130	77.8	1,309	0.6	47
65-74	15	71.4	178	0.8	37	19	90.5	228	1.0	55	7	33.3	84	0.9	89
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	72	55.4	806	0.9	53	60	46.2	658	0.9	51	77	59.2	782	0.6	31
64 or younger	1	50.0	12	0.5	24	0	0.0	0	0.0	0	1	50.0	1	4.0	434
65-74	18	60.0	214	1.0	62	22	73.3	264	1.0	75	18	60.0	188	0.4	32
75-84	29	58.0	306	0.9	48	25	50.0	248	0.8	37	31	62.0	295	0.4	26
85 and older	24	50.0	274	0.8	52	13	27.1	146	0.8	32	27	56.3	298	0.8	35
Male	140	72.5	1,530	0.9	47	68	35.2	730	0.9	43	97	50.3	1,006	0.5	20
Disabled	105	77.2	1,139	0.9	47	58	42.6	610	0.9	44	74	54.4	754	0.5	25
64 or younger	105	77.8	1,139	0.9	47	56	41.5	586	1.0	45	74	54.8	754	0.5	25
65-74	0	0.0	0	0.0	0	2	200.0	24	0.6	11	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	35	61.4	391	0.9	45	10	17.5	120	0.8	37	23	40.4	252	0.4	5
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	0.3	6
65-74	14	116.7	152	1.0	40	2	16.7	24	0.5	21	7	58.3	80	0.3	3
75-84	10	40.0	120	0.9	52	6	24.0	72	0.9	48	6	24.0	64	0.3	4
85 and older	11	64.7	119	0.8	46	2	11.8	24	1.0	20	9	52.9	96	0.6	9
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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 458 beneficiaries who were in nursing facilities for part of their enrollment and their 3,354 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); 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.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTIASTHMATIC					MUSCULOSKELETAL THERAPY AGENTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	314	61.4 %	3,333	0.8	\$30	275	53.8 %	2,790	0.6	\$31	99	19.4 %	1,040	0.9	\$81
Female	196	61.6	2,116	0.7	22	169	53.1	1,712	0.5	29	46	14.5	489	0.9	51
Disabled	127	67.6	1,379	0.7	24	101	53.7	1,026	0.5	30	41	21.8	429	0.9	54
64 or younger	119	71.3	1,290	0.7	25	95	56.9	963	0.5	30	40	24.0	417	0.9	55
65-74	8	38.1	89	0.5	9	6	28.6	63	0.8	29	1	4.8	12	0.1	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
Other Eligibles	69	53.1	737	0.7	18	68	52.3	686	0.5	28	5	3.8	60	1.0	33
64 or younger	2	100.0	13	0.9	10	3	150.0	36	0.9	123	0	0.0	0	0.0	0
65-74	14	46.7	161	0.7	17	12	40.0	133	0.4	33	2	6.7	24	1.0	25
75-84	30	60.0	296	0.7	13	25	50.0	236	0.4	19	1	2.0	12	1.0	11
85 and older	23	47.9	267	0.7	25	28	58.3	281	0.6	22	2	4.2	24	1.1	53
Male	118	61.1	1,217	0.8	43	106	54.9	1,078	0.6	35	53	27.5	551	0.9	108
Disabled	92	67.6	937	0.8	46	79	58.1	812	0.7	38	51	37.5	527	0.9	112
64 or younger	92	68.1	937	0.8	46	79	58.5	812	0.7	38	51	37.8	527	0.9	112
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
Other Eligibles	26	45.6	280	0.7	33	27	47.4	266	0.5	24	2	3.5	24	0.2	4
64 or younger	0	0.0	0	0.0	0	2	66.7	13	0.3	3	1	33.3	12	0.3	7
65-74	0	0.0	0	0.0	0	3	25.0	28	0.4	19	0	0.0	0	0.0	0
75-84	16	64.0	181	0.7	31	13	52.0	150	0.5	20	0	0.0	0	0.0	0
85 and older	10	58.8	99	0.8	36	9	52.9	75	0.7	38	1	5.9	12	0.1	1
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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 458 beneficiaries who were in nursing facilities for part of their enrollment and their 3,354 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICOAGULANTS					Benefit Months	
	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	Among All-Year Nursing Facility Residents
All	46	9.0 %	460	0.8	\$165	77	15.1 %	743	1.2	\$87	511	5,259
Female	21	6.6	252	0.8	163	54	17.0	538	1.2	100	318	3,331
Disabled	7	3.7	84	0.9	255	36	19.1	358	1.4	139	188	1,953
64 or younger	6	3.6	72	0.8	275	33	19.8	322	1.5	154	167	1,719
65-74	1	4.8	12	1.0	140	3	14.3	36	0.3	3	21	234
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	14	10.8	168	0.8	117	18	13.8	180	0.9	24	130	1,378
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	13
65-74	3	10.0	36	0.8	101	2	6.7	24	1.5	90	30	337
75-84	5	10.0	60	0.9	144	8	16.0	64	0.7	12	50	502
85 and older	6	12.5	72	0.8	102	8	16.7	92	0.9	15	48	526
Male	25	13.0	208	0.8	168	23	11.9	205	1.1	51	193	1,928
Disabled	16	11.8	141	0.7	199	16	11.8	146	1.1	65	136	1,341
64 or younger	16	11.9	141	0.7	199	16	11.9	146	1.1	65	135	1,329
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	9	15.8	67	0.9	104	7	12.3	59	1.2	15	57	587
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	14
65-74	3	25.0	28	1.0	127	3	25.0	32	1.3	13	12	136
75-84	4	16.0	15	1.1	143	3	12.0	25	1.0	18	25	263
85 and older	2	11.8	24	0.6	53	1	5.9	2	1.5	20	17	174
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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 458 beneficiaries who were in nursing facilities for part of their enrollment and their 3,354 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
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 Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Nondual Rx \$	Total Number of Beneficiaries
All	91,239	47.1 %	1.8	354,120	\$21	\$4,085,858	\$12	3.9 %	193,764
Age									
5 and younger	34,647	60.8	2.0	112,906	21	1,203,575	11	10.9	56,954
6-14	22,928	42.5	1.1	61,033	16	835,477	14	3.3	53,901
15-20	9,433	37.1	1.1	28,580	15	374,909	13	2.8	25,409
21-44	15,037	40.9	2.0	72,816	23	843,246	12	2.8	36,730
45-64	5,087	59.2	6.5	56,194	76	650,393	12	3.0	8,588
65-74	502	69.2	9.5	6,855	88	63,601	9	3.3	725
75-84	275	71.6	11.3	4,354	91	34,973	8	4.4	384
85 and older	111	81.0	19.9	2,721	128	17,492	6	5.1	137
Unknown	3,219	29.4	0.8	8,661	6	62,192	7	5.3	10,936
Basis of Eligibility^c									
Aged	827	70.8	10.8	12,592	90	104,943	8	3.9	1,168
Disabled	9,115	63.0	7.0	100,705	82	1,191,048	12	2.9	14,474
Adults	17,028	36.4	1.1	53,211	13	598,026	11	3.2	46,844
Children	64,190	49.0	1.4	187,315	17	2,188,523	12	5.1	130,936
Unknown	79	23.1	0.9	297	10	3,318	11	2.0	342
Gender									
Female	52,367	49.1	2.0	210,642	23	2,459,204	12	4.1	106,730
Male	38,449	46.4	1.7	142,764	20	1,621,391	11	3.5	82,936
Unknown	423	10.3	0.2	714	1	5,263	7	2.6	4,098
Race									
White	55,881	45.7	1.9	230,506	23	2,771,970	12	3.5	122,303
African American	12,257	48.4	1.7	43,607	19	476,750	11	4.0	25,327
Other/unknown	23,101	50.1	1.7	80,007	18	837,138	10	6.1	46,134
Use of Nursing Facilities^d									
Entire year	486	95.1	32.7	16,713	260	132,617	8	4.9	511
Part year	418	91.3	17.5	8,035	179	81,945	10	4.2	458
None	90,335	46.9	1.7	329,372	20	3,871,296	12	3.8	192,795
Maintenance Assistance Status									
Cash	26,411	51.8	2.9	149,584	33	1,703,617	11	3.4	51,023
Medically needy	4,731	38.4	1.9	23,279	20	249,790	11	3.2	12,330
Poverty related	46,576	46.0	1.4	138,654	16	1,620,278	12	5.2	101,304
Other/unknown	13,521	46.5	1.5	42,603	18	512,173	12	3.1	29,107

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

- a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE ND.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
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	1,223,912
Age						
5 and younger	0.3	3	11	0	0	379,676
6-14	0.2	2	14	0	0	376,691
15-20	0.2	2	13	0	0	163,552
21-44	0.4	4	12	0	1	193,688
45-64	0.9	10	12	0	3	62,736
65-74	0.9	8	9	0	1	7,503
75-84	1.1	9	8	0	1	3,905
85 and older	2.0	13	6	0	1	1,392
Unknown	0.2	2	7	0	0	34,769
Basis of Eligibility^c						
Aged	1.1	9	8	0	1	11,921
Disabled	0.8	9	12	0	3	131,884
Adults	0.3	3	11	0	0	200,163
Children	0.2	2	12	0	0	878,161
Unknown	0.2	2	11	0	1	1,783
Gender						
Female	0.3	4	12	0	0	675,488
Male	0.3	3	11	0	0	539,913
Unknown	0.1	1	7	0	0	8,511
Race						
White	0.3	4	12	0	1	777,011
African American	0.2	3	11	0	0	181,892
Other/unknown	0.3	3	10	0	0	265,009
Use of Nursing Facilities^d						
Entire year	3.2	25	8	0	5	5,259
Part year	2.4	24	10	0	5	3,354
None	0.3	3	12	0	0	1,215,299
Maintenance Assistance Status						
Cash	0.4	5	11	0	1	345,345
Medically needy	0.4	5	11	0	1	54,906
Poverty related	0.2	3	12	0	0	612,946
Other/unknown	0.2	2	12	0	0	210,715

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

- a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

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

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a	Total Number Rx.	\$ per Rx	Number Rx as a
				Percentage of All Part D Excluded Rx \$			Percentage of All Part D Excluded Rx
All	126,774	\$32	\$4,085,858	100.0 %	354,120	\$12	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	8	617	4,937	0.1	39	127	0.0
Drugs for cosmetic purposes	168	14	2,271	0.1	218	10	0.1
Cough and cold medications	54,062	36	1,958,072	47.9	108,068	18	30.5
Vitamins and minerals	8,143	33	269,086	6.6	20,472	13	5.8
Non-prescription drugs	54,672	23	1,244,854	30.5	177,866	7	50.2
Barbiturates	425	52	21,902	0.5	3,533	6	1.0
Benzodiazepines	7,743	63	487,507	11.9	39,570	12	11.2
Other Part D Excl Rx Drugs	1,553	63	97,229	2.4	4,354	22	1.2

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table ND11.

b. Includes OTC drugs as well as prescription drugs.

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

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

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	223,653	1,236	15,373	51,553	155,149	342	2,025,903	13,265	159,185	357,849	1,493,766	1,838
Age												
5 and younger	62,910	0	830	313	61,767	0	615,919	0	8,576	1,085	606,258	0
6-14	66,795	0	1,731	17	65,047	0	659,396	0	19,093	110	640,193	0
15-20	31,175	0	1,463	2,458	27,208	46	278,349	0	15,604	19,552	243,029	164
21-44	40,853	0	5,461	34,661	525	206	313,122	0	57,619	253,102	1,481	920
45-64	9,151	1	5,809	3,249	2	90	80,807	1	57,388	22,659	5	754
65-74	766	684	79	3	0	0	8,351	7,432	905	14	0	0
75-84	408	407	0	1	0	0	4,327	4,325	0	2	0	0
85 and older	145	144	0	1	0	0	1,508	1,507	0	1	0	0
Unknown	11,450	0	0	10,850	600	0	64,124	0	0	61,324	2,800	0
Gender												
Female	121,297	845	8,165	35,772	76,173	342	1,102,651	9,119	86,013	272,050	733,631	1,838
Male	98,001	391	7,208	11,591	78,811	0	910,111	4,146	73,172	73,329	759,464	0
Unknown	4,355	0	0	4,190	165	0	13,141	0	0	12,470	671	0
Race												
White	139,553	576	11,038	32,085	95,576	278	1,254,949	6,222	114,268	218,687	914,292	1,480
African American	30,582	107	2,363	7,668	20,433	11	299,422	1,179	25,053	62,524	210,612	54
Other/unknown	53,518	553	1,972	11,800	39,140	53	471,532	5,864	19,864	76,638	368,862	304
Use of Nursing Facilities^c												
Entire year	511	182	324	2	3	0	5,303	1,948	3,324	2	29	0
Part year	458	63	349	31	15	0	4,447	612	3,398	277	160	0
None	222,684	991	14,700	51,520	155,131	342	2,016,153	10,705	152,463	357,570	1,493,577	1,838
Maintenance Assistance Status												
Cash	56,837	1,023	12,722	16,242	26,850	0	528,835	11,215	136,124	117,900	263,596	0
Medically needy	13,584	114	404	11,984	1,082	0	94,860	1,156	2,615	85,147	5,942	0
Poverty related	118,070	99	2,127	10,838	104,664	342	1,081,624	894	19,151	61,500	998,241	1,838
Other/unknown	35,162	0	120	12,489	22,553	0	320,584	0	1,295	93,302	225,987	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	17,955	384	3,311	6,426	7,512	322	90,694	3,902	29,610	13,206	42,278	1,698
FFS part year, with Rx claims	60,419	105	2,686	18,680	38,930	18	554,196	922	24,886	147,100	381,159	129
FFS part year, no Rx claims	23,839	18	364	5,777	17,678	2	171,022	139	2,783	31,332	136,757	11
MC all year, with Rx claims	91,551	661	8,113	15,961	66,816	0	971,009	7,708	92,918	142,340	728,043	0
MC all year, no Rx claims	29,889	68	899	4,709	24,213	0	238,982	594	8,988	23,871	205,529	0

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

- a. Table A.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, NEBRASKA, 2003

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	223,653	2,025,903	193,764	1,223,912	0	801,991
Fee-for-service (FFS) all year	17,955	90,694	17,955	90,694	0	0
FFS part year, with Rx claims	60,419	554,196	60,419	116,500	0	437,696
FFS part year, with no Rx claims	23,839	171,022	23,839	45,709	0	125,313
Managed care (MC) all year, with Rx claims	91,551	971,009	91,551	971,009	0	0
MC all year, with no Rx claims	29,889	238,982	0	0	0	238,982

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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.