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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
NEVADA**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	22,509	13,727	8,423	351	4	4	229,600	139,638	87,908	1,992	22	40
Age												
5 and younger	1	0	1	0	0	0	1	0	1	0	0	0
6-14	7	0	7	0	0	0	72	0	72	0	0	0
15-20	43	0	43	0	0	0	453	0	453	0	0	0
21-44	3,690	0	3,475	213	2	0	37,576	0	36,228	1,331	17	0
45-64	4,384	2	4,309	70	1	2	45,673	7	45,234	406	3	23
65-74	5,920	5,456	425	36	1	2	61,190	56,738	4,274	159	2	17
75-84	5,341	5,202	115	24	0	0	54,966	53,733	1,162	71	0	0
85 and older	3,123	3,067	48	8	0	0	29,669	29,160	484	25	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	14,809	9,731	4,841	231	2	4	152,341	100,103	50,856	1,337	5	40
Male	7,700	3,996	3,582	120	2	0	77,259	39,535	37,052	655	17	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	14,156	8,116	5,851	184	3	2	142,725	80,159	61,424	1,100	20	22
African American	2,347	929	1,305	112	0	1	23,680	9,683	13,465	520	0	12
Other/unknown	6,006	4,682	1,267	55	1	1	63,195	49,796	13,019	372	2	6
Use of Nursing Facilities^c												
Entire year	2,246	1,980	266	0	0	0	21,783	18,971	2,812	0	0	0
Part year	1,827	1,545	278	4	0	0	17,265	14,408	2,842	15	0	0
None	18,436	10,202	7,879	347	4	4	190,552	106,259	82,254	1,977	22	40
Maintenance Assistance Status												
Cash	14,012	8,056	5,718	236	2	0	146,746	86,316	58,847	1,578	5	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	788	301	476	7	0	4	7,815	3,153	4,581	41	0	40
Other/unknown	7,709	5,370	2,229	108	2	0	75,039	50,169	24,480	373	17	0
Dual Medicare Status^d												
Full dual, all year	20,964	12,948	7,700	309	3	4	213,820	131,430	80,722	1,611	17	40
Full dual, part year	1,545	779	723	42	1	0	15,780	8,208	7,186	381	5	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	22,370	13,726	8,375	262	3	4	228,909	139,628	87,590	1,631	20	40
FFS part year, with Rx claims	84	1	24	59	0	0	457	10	186	261	0	0
FFS part year, no Rx claims	55	0	24	30	1	0	234	0	132	100	2	0

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

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	86.7	45.7	\$2,763	\$61	\$14,894	18.6	22,509
Age							
5 and younger	0.0	0.0	0	0	2,162	0.0	1
6-14	85.7	47.7	13,165	276	70,391	18.7	7
15-20	83.7	25.3	3,113	123	31,821	9.8	43
21-44	81.7	31.0	3,158	102	13,848	22.8	3,690
45-64	88.1	55.6	4,075	73	15,993	25.5	4,384
65-74	84.7	44.3	2,351	53	10,243	23.0	5,920
75-84	89.1	48.8	2,330	48	15,275	15.3	5,341
85 and older	90.4	46.9	1,951	42	22,399	8.7	3,123
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	87.8	46.8	2,260	48	14,954	15.1	13,727
Disabled	85.8	45.2	3,647	81	15,270	23.9	8,423
Adults	66.1	15.6	1,255	80	3,543	35.4	351
Children	75.0	26.3	2,337	89	19,786	11.8	4
Unknown	100.0	33.8	1,286	38	7,509	17.1	4
Gender							
Female	89.4	49.5	2,818	57	14,520	19.4	14,809
Male	81.4	38.3	2,657	69	15,613	17.0	7,700
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	87.4	49.7	3,003	60	17,698	17.0	14,156
African American	83.8	40.6	2,661	66	12,558	21.2	2,347
Other/unknown	86.2	38.2	2,237	59	9,198	24.3	6,006
Use of Nursing Facilities^f							
Entire year	96.6	77.1	3,315	43	45,861	7.2	2,246
Part year	94.4	59.0	2,681	45	30,028	8.9	1,827
None	84.7	40.6	2,704	67	9,622	28.1	18,436
Maintenance Assistance Status							
Cash	86.1	41.2	2,720	66	7,124	38.2	14,012
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	68.9	17.7	1,068	61	4,930	21.7	788
Other/unknown	89.7	56.8	3,015	53	30,035	10.0	7,709

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

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

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

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

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

TABLE D.4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				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		Beneficiaries	Benefit Months
All	4.5	\$271	18.6	13.3	16.9	11.0	27.4	23.1	8.2	\$1,460	22,509	229,600
Age												
5 and younger	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	2,162	1	1
6-14	4.6	1,280	18.7	14.3	14.3	14.3	28.6	28.6	0.0	6,844	7	72
15-20	2.4	296	9.8	16.3	37.2	7.0	27.9	11.6	0.0	3,021	43	453
21-44	3.0	310	22.8	18.3	27.8	13.0	23.6	13.3	4.0	1,360	3,690	37,576
45-64	5.3	391	25.5	11.9	14.4	10.0	25.3	26.0	12.4	1,535	4,384	45,673
65-74	4.3	227	23.0	15.3	16.9	10.7	27.3	22.6	7.2	991	5,920	61,190
75-84	4.7	226	15.3	10.9	14.2	10.8	29.7	25.6	8.7	1,484	5,341	54,966
85 and older	4.9	205	8.7	9.6	12.2	10.8	31.3	27.5	8.5	2,358	3,123	29,669
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility ^e												
Aged	4.6	222	15.1	12.2	14.7	10.8	29.2	25.0	8.1	1,470	13,727	139,638
Disabled	4.3	349	23.9	14.2	20.4	11.3	24.9	20.5	8.7	1,463	8,423	87,908
Adults	2.8	221	35.4	33.9	20.8	10.5	19.9	12.5	2.3	624	351	1,992
Children	4.8	425	11.8	25.0	25.0	0.0	25.0	25.0	0.0	3,597	4	22
Unknown	3.4	129	17.1	0.0	0.0	50.0	25.0	25.0	0.0	751	4	40
Gender												
Female	4.8	274	19.4	10.6	15.5	11.1	28.6	25.2	9.1	1,412	14,809	152,341
Male	3.8	265	17.0	18.6	19.7	10.8	25.3	19.1	6.5	1,556	7,700	77,259
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.9	298	17.0	12.6	15.2	10.2	26.4	25.4	10.3	1,755	14,156	142,725
African American	4.0	264	21.2	16.2	19.3	10.7	26.7	20.7	6.3	1,245	2,347	23,680
Other/unknown	3.6	213	24.3	13.8	20.2	13.0	30.2	18.7	4.1	874	6,006	63,195
Use of Nursing Facilities ^f												
Entire year	7.9	342	7.2	3.4	4.5	5.2	25.8	36.8	24.4	4,729	2,246	21,783
Part year	6.2	284	8.9	5.6	8.5	7.8	28.7	34.8	14.6	3,178	1,827	17,265
None	3.9	262	28.1	15.3	19.3	12.0	27.5	20.3	5.6	931	18,436	190,552
Maintenance Assistance Status												
Cash	3.9	260	38.2	13.9	19.4	12.2	28.6	20.2	5.6	680	14,012	146,746
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.8	108	21.7	31.1	33.2	13.2	13.8	7.4	1.3	497	788	7,815
Other/unknown	5.8	310	10.0	10.3	10.8	8.5	26.8	30.0	13.6	3,086	7,709	75,039

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

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

TABLE D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

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	4.5	\$271	\$61	1.5	\$188	\$123	0.2	\$20	\$117	2.8	\$63	\$23
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	4.6	1,280	276	2.0	1,223	607	0.2	8	49	2.5	48	20
15-20	2.4	296	123	1.1	250	234	0.1	10	85	1.2	36	29
21-44	3.0	310	102	1.1	225	211	0.1	29	199	1.8	56	31
45-64	5.3	391	73	1.8	256	145	0.2	39	163	3.3	97	29
65-74	4.3	227	53	1.5	161	107	0.1	13	90	2.6	54	21
75-84	4.7	226	48	1.7	160	97	0.2	11	70	2.9	55	19
85 and older	4.9	205	42	1.6	142	90	0.2	9	54	3.2	55	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.6	222	48	1.6	157	99	0.2	11	73	2.9	54	19
Disabled	4.3	349	81	1.5	239	163	0.2	33	171	2.7	77	29
Adults	2.8	221	80	0.8	144	186	0.1	21	181	1.9	57	30
Children	4.8	425	89	2.5	329	132	0.0	0	0	2.3	96	42
Unknown	3.4	129	38	1.3	92	69	0.0	1	49	2.0	36	18
Gender												
Female	4.8	274	57	1.6	186	115	0.2	21	113	3.0	67	22
Male	3.8	265	69	1.3	192	143	0.1	18	126	2.3	55	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.9	298	60	1.6	204	126	0.2	22	114	3.1	72	23
African American	4.0	264	66	1.3	170	133	0.2	31	199	2.6	62	24
Other/unknown	3.6	213	59	1.4	159	112	0.1	10	87	2.1	43	21
Use of Nursing Facilities^e												
Entire year	7.9	342	43	2.4	235	97	0.3	16	52	5.2	92	18
Part year	6.2	284	45	1.9	194	104	0.2	11	56	4.2	79	19
None	3.9	262	67	1.4	182	131	0.2	21	138	2.4	59	25
Maintenance Assistance Status												
Cash	3.9	260	66	1.4	182	128	0.1	20	138	2.4	58	25
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.8	108	61	0.5	72	137	0.1	9	134	1.2	27	23
Other/unknown	5.8	310	53	1.8	213	115	0.2	20	89	3.8	77	21

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$30	\$21	\$3	\$6	\$86	\$251	\$86	\$25	43,874	\$3,793,836	11,668	51.8	127,471
Biologicals	0.1	0.0	0.0	0.1	56	1	7	48	492	22	1,147	709	536	263,484	408	1.8	4,664
Antineoplastic Agents	0.5	0.1	0.0	0.4	77	48	0	29	158	554	70	73	4,464	704,207	917	4.1	9,138
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	48	36	3	9	48	94	44	16	108,473	5,196,713	10,006	44.5	108,342
Cardiovascular Agents	1.7	0.6	0.0	1.1	67	50	0	16	39	80	43	15	256,018	9,862,463	13,835	61.5	147,457
Respiratory Agents	0.8	0.4	0.1	0.3	48	36	6	7	63	97	70	22	74,495	4,719,935	8,960	39.8	97,921
Gastrointestinal Agents	0.7	0.2	0.0	0.5	33	25	1	7	49	164	66	14	59,750	2,915,152	8,166	36.3	88,298
Genitourinary Agents	0.5	0.3	0.0	0.2	34	29	1	4	66	84	67	26	18,158	1,201,726	3,257	14.5	35,693
CNS Drugs	1.3	0.5	0.0	0.8	99	82	2	15	79	167	132	20	149,661	11,808,223	11,147	49.5	118,738
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	93	79	1	13	148	185	81	68	1,351	199,519	190	0.8	2,143
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	123	123	0	0	156	157	100	47	15,004	2,336,643	1,840	8.2	18,927
Analgesics and Anesthetics	0.9	0.1	0.1	0.7	63	20	18	25	73	194	321	35	113,560	8,245,565	12,088	53.7	130,435
Neuromuscular Agents	0.9	0.2	0.0	0.6	63	33	3	26	70	152	111	40	67,195	4,711,261	6,942	30.8	75,125
Nutritional Products	0.6	0.0	0.0	0.6	10	1	0	9	18	87	19	16	25,647	451,616	4,137	18.4	43,847
Hematological Agents	0.9	0.3	0.0	0.5	55	47	1	7	62	139	28	14	46,784	2,916,762	5,038	22.4	53,431
Topical Products	0.5	0.2	0.0	0.2	28	20	1	6	61	94	62	28	41,807	2,539,940	8,359	37.1	91,930
Miscellaneous Products	0.3	0.1	0.0	0.2	73	57	3	13	219	434	209	67	1,423	311,367	409	1.8	4,293
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	30	0	0	0	571	16,916	229	1.0	2,451
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.	1,028,771	62,195,328	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispain.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, 0.1 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.medispain.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 2005.

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.

Dual Eligible Beneficiaries

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$7,844,520	5,202	23.1	55,791	0.7	\$211	\$141
ANALGESICS - Narcotic	5,953,649	14,908	66.2	162,034	0.5	73	37
ANTIHYPERLIPIDEMIC	4,303,649	7,156	31.8	79,517	0.6	88	54
ANTICONVULSANT	3,685,361	5,461	24.3	59,173	0.7	87	62
ANTIDEPRESSANTS	3,044,298	8,697	38.6	93,861	0.6	51	32
ANTIASTHMATIC	3,040,725	9,079	40.3	98,599	0.4	70	31
ANTIDIABETIC	2,956,402	7,446	33.1	80,743	0.7	56	37
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,347,579	2,301	10.2	23,860	0.6	154	98
ANTIHYPERTENSIVE	2,288,064	10,693	47.5	115,352	0.6	32	20
MISC. HEMATOLOGICAL	1,813,694	2,458	10.9	26,352	0.7	106	69
Total	37,277,941	73,401		795,282	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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; n.a. = not applicable.

Dual Eligible Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANALGESICS - Narcotic			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx \$ per Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx \$ per Month	Mean Benefit per Rx \$ per Month
All	470,890	\$37,277,941	5,202	23.1	55,791	0.7	\$141	14,908	66.2	162,034	0.5	\$37
Female												
All Females	327,485	24,825,935	3,151	21.3	33,746	0.6	120	10,691	72.2	116,815	0.5	37
Female, Disabled												
All Ages	118,075	11,737,426	1,501	31.0	16,734	0.6	148	4,539	93.8	50,430	0.5	57
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	52	3,074	1	20.0	11	0.4	82	2	40.0	24	0.1	1
15-20	207	20,062	6	25.0	72	0.6	147	7	29.2	84	0.1	1
21-44	29,286	3,857,018	628	36.9	7,044	0.6	157	1,375	80.8	15,206	0.5	66
45-64	79,596	7,305,479	824	30.5	9,143	0.6	144	2,846	105.3	31,803	0.6	57
65-74	6,218	388,764	19	6.9	210	0.5	66	220	79.7	2,364	0.5	26
75-84	1,829	118,201	13	14.6	144	0.5	104	62	69.7	648	0.4	10
85 and older	887	44,828	10	23.8	110	0.6	59	27	64.3	301	0.7	30
Female, Other Eligibles												
All Ages	209,410	13,088,509	1,650	16.6	17,012	0.6	93	6,152	61.7	66,385	0.5	21
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,525	135,411	44	29.1	384	0.4	103	151	100.0	1,280	0.5	44
45-64	482	41,140	7	17.5	66	0.4	100	41	102.5	275	0.6	63
65-74	77,794	5,218,144	449	12.5	4,951	0.6	111	2,364	65.8	26,468	0.4	22
75-84	82,390	5,044,982	571	15.5	6,007	0.7	91	2,223	60.3	24,243	0.5	22
85 and older	47,219	2,648,832	579	23.2	5,604	0.6	77	1,373	55.0	14,119	0.5	14
Male												
All Males	143,405	12,452,006	2,051	26.6	22,045	0.7	172	4,217	54.8	45,219	0.5	37
Male, Disabled												
All Ages	68,449	7,664,861	1,379	38.5	15,436	0.8	207	2,162	60.4	23,495	0.5	52
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	15	320	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	189	30,075	8	42.1	84	0.9	259	3	15.8	36	0.3	14
21-44	25,552	3,443,245	767	43.3	8,538	0.7	209	891	50.3	9,582	0.4	40
45-64	39,603	3,944,246	580	36.1	6,556	0.8	206	1,161	72.3	12,736	0.6	61
65-74	2,575	203,300	17	11.4	201	0.6	109	92	61.7	995	0.5	53
75-84	435	37,684	7	26.9	57	0.7	107	8	30.8	96	0.4	33
85 and older	80	5,991	0	0.0	0	0.0	0	7	116.7	50	0.3	6

Dual Eligible Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

All Top 10 Drug Groups			ANTIPSYCHOTICS					ANALGESICS - Narcotic				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month
					Benefit Months Among Users	of Rx per Benefit Month				Benefit Months Among Users	of Rx per Benefit Month	
Male, Other Eligibles												
All Ages	74,956	4,787,145	672	16.3	6,609	0.6	93	2,055	49.9	21,724	0.5	21
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	357	29,147	3	4.7	29	0.8	107	32	50.0	226	0.5	43
45-64	263	26,359	1	2.9	7	0.6	176	18	51.4	131	0.6	88
65-74	34,735	2,314,457	250	13.1	2,581	0.6	106	998	52.5	10,822	0.5	27
75-84	30,504	1,913,141	277	18.0	2,747	0.6	94	766	49.7	8,179	0.4	13
85 and older	9,097	504,041	141	24.4	1,245	0.6	62	241	41.8	2,366	0.5	12
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 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTICONVULSANT					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	7,156	31.8	79,517	0.6	\$54	5,461	24.3	59,173	0.7	\$62	8,697	38.6	93,861	0.6	\$32
Female															
All Females	5,062	34.2	56,425	0.6	54	3,566	24.1	38,762	0.7	59	6,349	42.9	68,927	0.6	32
Female, Disabled															
All Ages	1,436	29.7	16,098	0.6	53	1,791	37.0	19,948	0.7	78	2,856	59.0	31,546	0.6	37
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	20.0	11	0.1	12	1	20.0	12	0.4	34
15-20	1	4.2	12	0.9	68	6	25.0	68	0.5	29	8	33.3	96	0.5	44
21-44	201	11.8	2,207	0.5	43	666	39.1	7,421	0.7	93	882	51.8	9,743	0.6	36
45-64	1,084	40.1	12,241	0.6	55	1,036	38.3	11,561	0.7	71	1,805	66.8	19,985	0.6	37
65-74	113	40.9	1,214	0.5	49	56	20.3	596	0.8	53	120	43.5	1,293	0.7	31
75-84	34	38.2	388	0.6	43	17	19.1	188	0.7	70	27	30.3	294	0.6	29
85 and older	3	7.1	36	0.5	30	9	21.4	103	0.7	33	13	31.0	123	1.0	27
Female, Other Eligibles															
All Ages	3,626	36.4	40,327	0.6	54	1,775	17.8	18,814	0.7	39	3,493	35.0	37,381	0.7	29
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	8	5.3	67	0.7	55	48	31.8	402	0.3	32	74	49.0	666	0.5	24
45-64	14	35.0	82	0.5	45	9	22.5	53	0.8	61	22	55.0	140	0.6	37
65-74	1,706	47.5	19,207	0.6	53	656	18.3	7,305	0.6	42	1,201	33.4	13,392	0.6	29
75-84	1,454	39.4	16,220	0.7	56	649	17.6	6,890	0.7	39	1,251	33.9	13,408	0.7	28
85 and older	444	17.8	4,751	0.7	52	413	16.5	4,164	0.7	33	945	37.8	9,775	0.7	30
Male															
All Males	2,094	27.2	23,092	0.6	55	1,895	24.6	20,411	0.8	68	2,348	30.5	24,934	0.6	33
Male, Disabled															
All Ages	764	21.3	8,496	0.6	53	1,193	33.3	13,253	0.8	82	1,332	37.2	14,618	0.7	37
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	50.0	12	0.5	21	0	0.0	0	0.0	0
15-20	2	10.5	19	0.2	7	5	26.3	48	0.9	108	4	21.1	48	0.8	37
21-44	212	12.0	2,350	0.6	52	569	32.1	6,349	0.8	92	623	35.1	6,812	0.6	39
45-64	485	30.2	5,443	0.6	54	582	36.2	6,472	0.8	75	669	41.7	7,363	0.7	35
65-74	55	36.9	602	0.6	60	26	17.4	288	0.6	49	30	20.1	342	0.7	38
75-84	9	34.6	76	0.6	47	8	30.8	72	0.9	95	5	19.2	47	0.5	38
85 and older	1	16.7	6	1.0	70	2	33.3	12	0.4	9	1	16.7	6	1.2	63

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANTICONVULSANT					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	1,330	32.3	14,596	0.6	56	702	17.0	7,158	0.7	43	1,016	24.7	10,316	0.6	26
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	7	10.9	66	0.6	56	6	9.4	45	0.9	157	9	14.1	85	0.6	35
45-64	6	17.1	41	0.6	51	7	20.0	50	0.7	80	10	28.6	78	0.5	22
65-74	704	37.0	7,804	0.6	55	317	16.7	3,309	0.7	46	425	22.3	4,462	0.5	25
75-84	521	33.8	5,772	0.6	56	273	17.7	2,833	0.7	40	407	26.4	4,146	0.6	27
85 and older	92	15.9	913	0.6	57	99	17.2	921	0.7	30	165	28.6	1,545	0.7	27
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 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	9,079	40.3	98,599	0.4	\$31	7,446	33.1	80,743	0.7	\$37	2,301	10.2	23,860	0.6	\$98
Female															
All Females	6,554	44.3	71,655	0.4	31	5,179	35.0	56,575	0.7	36	1,664	11.2	17,405	0.7	104
Female, Disabled															
All Ages	2,519	52.0	27,878	0.5	33	1,441	29.8	15,748	0.7	44	258	5.3	2,884	0.5	220
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	80.0	48	0.2	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	20.8	60	0.1	3	2	8.3	24	0.5	44	0	0.0	0	0.0	0
21-44	587	34.5	6,438	0.4	26	252	14.8	2,700	0.6	44	61	3.6	677	0.4	408
45-64	1,748	64.7	19,409	0.5	35	1,027	38.0	11,362	0.7	45	157	5.8	1,782	0.4	178
65-74	130	47.1	1,422	0.5	39	119	43.1	1,243	0.6	35	15	5.4	177	0.6	115
75-84	27	30.3	314	0.3	18	34	38.2	347	0.7	30	13	14.6	146	0.7	91
85 and older	18	42.9	187	0.2	13	7	16.7	72	0.4	10	12	28.6	102	0.7	76
Female, Other Eligibles															
All Ages	4,035	40.5	43,777	0.4	29	3,738	37.5	40,827	0.7	33	1,406	14.1	14,521	0.7	81
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	27	17.9	227	0.3	10	9	6.0	68	0.7	39	0	0.0	0	0.0	0
45-64	17	42.5	133	0.2	8	14	35.0	88	0.6	20	1	2.5	1	1.0	1,155
65-74	1,696	47.2	18,920	0.4	34	1,693	47.1	19,013	0.6	35	223	6.2	2,460	0.5	80
75-84	1,425	38.7	15,583	0.4	29	1,424	38.6	15,454	0.7	33	587	15.9	6,109	0.7	78
85 and older	870	34.8	8,914	0.4	21	598	23.9	6,204	0.7	30	595	23.8	5,951	0.8	84
Male															
All Males	2,525	32.8	26,944	0.5	32	2,267	29.4	24,168	0.7	37	637	8.3	6,455	0.6	84
Male, Disabled															
All Ages	894	25.0	9,766	0.4	29	814	22.7	8,907	0.7	42	129	3.6	1,393	0.5	127
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	26.3	60	0.3	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	336	19.0	3,656	0.3	23	192	10.8	2,014	0.7	42	38	2.1	432	0.4	177
45-64	511	31.8	5,617	0.5	32	548	34.1	6,147	0.7	42	80	5.0	860	0.5	111
65-74	33	22.1	325	0.4	20	62	41.6	646	0.6	38	5	3.4	60	0.3	28
75-84	5	19.2	60	0.5	61	11	42.3	94	0.5	30	5	19.2	35	0.8	112
85 and older	4	66.7	48	0.3	60	1	16.7	6	2.0	125	1	16.7	6	0.3	22

Dual Eligible Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	1,631	39.6	17,178	0.5	34	1,453	35.3	15,261	0.7	35	508	12.3	5,062	0.6	72
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1	1.6	12	0.3	6	6	9.4	35	0.7	26	0	0.0	0	0.0	0
45-64	7	20.0	36	0.6	41	5	14.3	33	1.1	57	1	2.9	12	0.4	94
65-74	746	39.2	8,141	0.5	33	750	39.4	8,034	0.6	34	144	7.6	1,452	0.5	64
75-84	669	43.4	6,949	0.5	37	542	35.2	5,826	0.7	37	249	16.2	2,534	0.6	71
85 and older	208	36.0	2,040	0.4	23	150	26.0	1,333	0.7	27	114	19.8	1,064	0.8	82
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 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

Beneficiary Characteristics	ANTHYPERTENSIVE					MISC. HEMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual 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 Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	10,693	47.5	115,352	0.6	\$20	2,458	10.9	26,352	0.7	\$69	22,509	229,600
Female												
All Females	7,408	50.0	80,212	0.6	21	1,667	11.3	17,806	0.6	69	14,809	152,341
Female, Disabled												
All Ages	1,683	34.8	18,247	0.6	20	290	6.0	3,234	0.6	69	4,841	50,856
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	7	140.0	84	0.4	15	0	0.0	0	0.0	0	5	59
15-20	4	16.7	44	1.0	26	0	0.0	0	0.0	0	24	257
21-44	233	13.7	2,445	0.5	15	15	0.9	172	0.4	46	1,702	17,911
45-64	1,215	45.0	13,301	0.6	21	221	8.2	2,465	0.6	67	2,703	28,467
65-74	146	52.9	1,522	0.6	23	30	10.9	333	0.7	83	276	2,804
75-84	54	60.7	589	0.6	20	18	20.2	199	0.7	84	89	918
85 and older	24	57.1	262	0.7	22	6	14.3	65	0.7	74	42	440
Female, Other Eligibles												
All Ages	5,725	57.4	61,965	0.6	21	1,377	13.8	14,572	0.7	68	9,968	101,485
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
21-44	19	12.6	158	0.5	16	2	1.3	11	0.2	22	151	983
45-64	11	27.5	65	0.7	14	1	2.5	3	0.7	83	40	245
65-74	2,116	58.9	23,511	0.6	22	462	12.9	5,065	0.6	70	3,593	37,820
75-84	2,269	61.6	24,646	0.7	22	568	15.4	5,991	0.7	70	3,686	38,388
85 and older	1,310	52.4	13,585	0.7	18	344	13.8	3,502	0.7	63	2,498	24,049
Male												
All Males	3,285	42.7	35,140	0.6	18	791	10.3	8,546	0.7	70	7,700	77,259
Male, Disabled												
All Ages	1,035	28.9	11,189	0.6	17	184	5.1	2,046	0.7	72	3,582	37,052
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
6-14	1	50.0	12	0.8	5	0	0.0	0	0.0	0	2	13
15-20	1	5.3	5	0.4	4	0	0.0	0	0.0	0	19	196
21-44	267	15.1	2,850	0.6	17	15	0.8	146	0.6	67	1,773	18,317
45-64	663	41.3	7,246	0.6	18	140	8.7	1,583	0.7	72	1,606	16,767
65-74	84	56.4	903	0.6	15	25	16.8	285	0.6	68	149	1,470
75-84	15	57.7	153	0.6	21	3	11.5	26	0.8	100	26	244
85 and older	4	66.7	20	0.7	15	1	16.7	6	1.2	121	6	44

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE						MISC. HEMATOLOGICAL					
	Number of Users	Users as % of Dual 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 Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	2,250	54.6	23,951	0.6	18	607	14.7	6,500	0.7	69	4,118	40,207
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
21-44	10	15.6	69	0.8	22	0	0.0	0	0.0	0	64	365
45-64	6	17.1	39	0.5	6	1	2.9	12	0.8	93	35	194
65-74	1,055	55.5	11,378	0.6	18	273	14.4	2,952	0.6	69	1,902	19,096
75-84	909	59.0	9,778	0.6	18	235	15.3	2,530	0.7	69	1,540	15,416
85 and older	270	46.8	2,687	0.6	14	98	17.0	1,006	0.7	70	577	5,136
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 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

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	\$342	7.9	2,246	21,783
Age				
0-64	577	10.3	225	2,417
65-74	394	8.7	327	3,294
75-84	342	8.2	780	7,611
85 and older	254	6.8	914	8,461
Unknown	0	0.0	0	0
Gender				
Female	329	8.0	1,548	15,206
Male	372	7.8	698	6,577
Unknown	0	0.0	0	0
Race				
White	336	7.9	1,949	18,749
African American	376	8.4	105	1,030
Other/unknown	378	8.1	192	2,004
Basis of Eligibility^c				
Aged	310	7.6	1,980	18,971
Disabled	557	10.1	266	2,812
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 1,827 beneficiaries who were in nursing facilities for part of their enrollment and their 17,265 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.

Dual Eligible Beneficiaries

TABLE D.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

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	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 Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.3	\$24	\$13	\$3	\$8	\$56	\$154	\$80	\$25	6,161	\$346,145	1,415	63.0	14,454
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	28	22	0	30	189	5,300	178	7.9	2,038
Antineoplastic Agents	0.6	0.0	0.0	0.5	62	18	0	44	106	477	0	80	1,052	111,377	200	8.9	1,794
Endocrine/Metabolic Drugs	1.3	0.4	0.1	0.8	44	30	5	9	33	71	32	12	14,498	479,880	1,080	48.1	10,948
Cardiovascular Agents	2.1	0.5	0.0	1.7	50	30	0	20	24	63	35	12	36,018	847,903	1,696	75.5	16,824
Respiratory Agents	0.8	0.3	0.1	0.4	36	26	5	6	48	82	59	16	7,353	349,519	930	41.4	9,586
Gastrointestinal Agents	1.1	0.2	0.0	0.9	33	20	1	12	30	113	65	13	12,523	374,062	1,122	50.0	11,489
Genitourinary Agents	0.7	0.4	0.0	0.3	36	30	0	6	52	70	42	23	3,367	173,609	462	20.6	4,771
CNS Drugs	1.8	0.8	0.0	0.9	111	95	1	16	62	112	35	17	30,297	1,870,138	1,666	74.2	16,783
Stimulants/Anti-obesity/Anorexia	0.8	0.5	0.0	0.3	70	66	0	4	85	125	0	12	106	8,960	12	0.5	128
Miscellaneous Psychological/Neurological Agents	1.1	1.1	0.0	0.0	130	130	0	0	120	120	70	69	6,318	756,917	581	25.9	5,803
Analgesics and Anesthetics	1.4	0.1	0.1	1.2	43	10	9	24	30	80	73	20	17,475	526,209	1,234	54.9	12,312
Neuromuscular Agents	1.4	0.4	0.0	1.0	75	37	2	36	55	102	91	37	13,045	721,081	930	41.4	9,614
Nutritional Products	0.8	0.0	0.0	0.8	11	0	0	11	13	21	10	13	6,574	88,039	800	35.6	7,919
Hematological Agents	1.5	0.4	0.1	1.0	63	53	1	9	43	120	18	9	11,207	484,280	781	34.8	7,663
Topical Products	0.5	0.2	0.0	0.3	24	17	2	6	45	69	51	21	6,579	294,206	1,179	52.5	12,225
Miscellaneous Products	0.2	0.0	0.0	0.2	5	3	0	2	24	56	0	15	264	6,351	127	5.7	1,306
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	3	0	0	0	15	0	0	0	106	1,600	50	2.2	507
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.	173,132	7,445,576	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,827 beneficiaries who were in nursing facilities for part of their enrollment and their 17,265 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 2005. 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 Nevada, 0.1 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.

Dual Eligible Beneficiaries

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,233,649	1,039	46.3	10,683	0.8	\$144	\$115
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	757,082	736	32.8	7,418	0.9	120	102
ANTICONVULSANT	578,278	885	39.4	9,259	1.0	61	62
ANTIDEPRESSANTS	530,847	1,410	62.8	14,588	0.9	42	36
ANALGESICS - Narcotic	396,654	1,410	62.8	14,181	1.0	27	28
ANTIDIABETIC	295,863	800	35.6	8,166	0.9	41	36
MISC. HEMATOLOGICAL	277,633	329	14.6	3,279	0.9	90	85
ANTIASTHMATIC	252,948	1,010	45.0	10,202	0.5	52	25
ANTIHYPERLIPIDEMIC	234,815	408	18.2	4,219	0.8	67	56
ULCER DRUGS	225,413	1,180	52.5	12,271	0.8	24	18
Total	4,783,182	9,207		94,266	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,827 beneficiaries who were in nursing facilities for part of their enrollment and their 17,265 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	79,625	\$4,783,182	1,039	46.3	10,683	0.8	\$116	736	32.8	7,418	0.9	\$102
Female												
All Females	54,140	3,123,086	659	42.6	6,763	0.8	103	512	33.1	5,243	0.9	102
Female, Disabled												
All Ages	6,272	431,469	56	49.1	609	0.8	129	21	18.4	212	0.8	199
64 or younger	5,139	362,028	44	50.0	472	0.8	136	14	15.9	159	0.7	226
65-74	608	33,125	4	30.8	48	0.9	110	1	7.7	12	0.4	67
75-84	228	18,126	4	66.7	47	0.6	97	2	33.3	20	0.9	161
85 and older	297	18,190	4	57.1	42	1.0	104	4	57.1	21	1.0	109
Female, Other Eligibles												
All Ages	47,868	2,691,617	603	42.1	6,154	0.8	101	491	34.2	5,031	0.9	98
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,864	479,634	96	54.2	1,031	0.8	124	50	28.2	529	0.8	113
75-84	20,633	1,164,931	245	47.6	2,613	0.8	105	193	37.5	2,028	0.8	93
85 and older	19,371	1,047,052	262	35.3	2,510	0.7	86	248	33.4	2,474	0.9	99
Male												
All Males	25,485	1,660,096	380	54.4	3,920	0.9	137	224	32.1	2,175	0.8	102
Male, Disabled												
All Ages	8,732	656,093	110	72.4	1,227	1.0	181	27	17.8	282	0.9	197
64 or younger	8,209	608,747	98	72.1	1,083	1.1	190	23	16.9	240	0.9	215
65-74	363	31,358	8	88.9	96	0.7	120	1	11.1	12	0.5	63
75-84	113	13,220	4	100.0	48	0.8	119	2	50.0	24	0.8	127
85 and older	47	2,768	0	0.0	0	0.0	0	1	33.3	6	0.3	22
Male, Other Eligibles												
All Ages	16,753	1,004,003	270	49.5	2,693	0.8	117	197	36.1	1,893	0.8	87
64 or younger	10	196	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4,974	334,058	77	60.2	829	0.8	153	46	35.9	477	0.7	86
75-84	8,159	486,465	122	47.8	1,243	0.8	113	104	40.8	1,028	0.8	85
85 and older	3,610	183,284	71	43.8	621	0.7	75	47	29.0	388	1.0	96
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 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,827 beneficiaries who were in nursing facilities for part of their enrollment and their 17,265 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					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	885	39.4	9,259	1.0	\$63	1,410	62.8	14,588	0.9	\$36	1,410	62.8	14,181	1.0	\$28
Female															
All Females	563	36.4	5,888	1.0	60	985	63.6	10,294	0.9	37	1,015	65.6	10,276	1.0	28
Female, Disabled															
All Ages	86	75.4	973	1.3	122	98	86.0	1,028	0.9	45	116	101.8	1,240	1.2	35
64 or younger	73	83.0	850	1.4	127	85	96.6	917	0.9	46	87	98.9	950	1.2	32
65-74	8	61.5	69	1.3	84	7	53.8	66	0.8	41	15	115.4	164	1.1	42
75-84	3	50.0	34	1.1	107	1	16.7	12	0.9	37	7	116.7	60	0.8	9
85 and older	2	28.6	20	1.7	63	5	71.4	33	1.9	33	7	100.0	66	1.3	81
Female, Other Eligibles															
All Ages	477	33.3	4,915	0.9	48	887	61.9	9,266	0.9	36	899	62.7	9,036	1.0	27
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	99	55.9	1,081	1.0	66	115	65.0	1,249	0.8	38	138	78.0	1,459	1.2	32
75-84	211	41.0	2,190	0.9	43	349	67.8	3,615	0.9	37	356	69.1	3,616	1.2	30
85 and older	167	22.5	1,644	0.9	42	423	57.0	4,402	0.9	34	405	54.6	3,961	0.8	22
Male															
All Males	322	46.1	3,371	1.1	67	425	60.9	4,294	0.9	36	395	56.6	3,905	1.0	28
Male, Disabled															
All Ages	122	80.3	1,364	1.2	88	112	73.7	1,204	1.0	44	108	71.1	1,107	1.6	59
64 or younger	115	84.6	1,292	1.2	88	104	76.5	1,118	1.0	46	99	72.8	1,033	1.6	59
65-74	4	44.4	48	1.2	105	6	66.7	72	0.7	25	5	55.6	60	1.0	58
75-84	1	25.0	12	0.9	74	1	25.0	8	0.1	9	0	0.0	0	0.0	0
85 and older	2	66.7	12	0.4	9	1	33.3	6	1.2	63	4	133.3	14	0.6	18
Male, Other Eligibles															
All Ages	200	36.6	2,007	1.0	52	313	57.3	3,090	0.8	32	287	52.6	2,798	0.8	16
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	3	0.3	2
65-74	64	50.0	658	1.1	66	85	66.4	902	0.8	34	78	60.9	815	0.9	15
75-84	94	36.9	951	0.9	48	148	58.0	1,454	0.8	32	133	52.2	1,307	0.8	18
85 and older	42	25.9	398	0.8	39	80	49.4	734	0.9	31	75	46.3	673	0.7	13
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 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,827 beneficiaries who were in nursing facilities for part of their enrollment and their 17,265 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 2005. 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 2005 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 D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

Beneficiary Characteristics	ANTIDIABETIC					MISC. HEMATOLOGICAL					ANTIASTHMATIC				
	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	800	35.6	8,166	0.9	\$36	329	14.6	3,279	0.9	\$85	1,010	45.0	10,202	0.5	\$25
Female															
All Females	522	33.7	5,290	0.9	36	228	14.7	2,244	0.9	84	716	46.3	7,234	0.4	24
Female, Disabled															
All Ages	48	42.1	508	1.0	52	18	15.8	206	0.8	77	62	54.4	600	0.5	27
64 or younger	40	45.5	438	1.0	53	12	13.6	134	0.7	61	51	58.0	529	0.5	24
65-74	8	61.5	70	1.2	44	2	15.4	24	1.0	121	4	30.8	24	1.1	54
75-84	0	0.0	0	0.0	0	3	50.0	36	1.0	91	1	16.7	2	0.5	18
85 and older	0	0.0	0	0.0	0	1	14.3	12	1.1	135	6	85.7	45	0.7	41
Female, Other Eligibles															
All Ages	474	33.1	4,782	0.9	34	210	14.6	2,038	0.9	85	654	45.6	6,634	0.4	23
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	83	46.9	850	0.9	30	44	24.9	449	0.9	92	102	57.6	1,066	0.4	21
75-84	212	41.2	2,187	0.9	35	91	17.7	903	0.9	86	252	48.9	2,627	0.5	30
85 and older	179	24.1	1,745	0.9	36	75	10.1	686	1.0	79	300	40.4	2,941	0.4	18
Male															
All Males	278	39.8	2,876	0.9	37	101	14.5	1,035	1.0	85	294	42.1	2,968	0.5	28
Male, Disabled															
All Ages	64	42.1	730	1.1	56	21	13.8	230	1.2	99	60	39.5	668	0.6	31
64 or younger	61	44.9	700	1.1	56	16	11.8	180	1.3	96	56	41.2	620	0.6	31
65-74	2	22.2	24	0.9	43	3	33.3	36	0.9	106	3	33.3	36	0.3	10
75-84	0	0.0	0	0.0	0	1	25.0	8	0.9	109	1	25.0	12	0.8	103
85 and older	1	33.3	6	2.0	125	1	33.3	6	1.2	121	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	214	39.2	2,146	0.8	30	80	14.7	805	0.9	82	234	42.9	2,300	0.5	27
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	51	39.8	568	0.8	31	20	15.6	222	0.8	70	68	53.1	724	0.6	28
75-84	106	41.6	1,101	0.9	33	40	15.7	396	0.9	89	117	45.9	1,119	0.6	30
85 and older	57	35.2	477	0.7	23	20	12.3	187	0.9	79	49	30.2	457	0.4	18
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 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,827 beneficiaries who were in nursing facilities for part of their enrollment and their 17,265 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE						ULCER DRUGS					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	408	18.2	4,219	0.8	\$56	1,180	52.5	12,271	0.8	\$18	2,246	21,783
Female												
All Females	267	17.2	2,804	0.8	55	821	53.0	8,662	0.8	19	1,548	15,206
Female, Disabled												
All Ages	35	30.7	406	0.7	47	81	71.1	856	0.7	29	114	1,209
64 or younger	32	36.4	381	0.7	47	61	69.3	669	0.7	28	88	972
65-74	2	15.4	15	0.3	18	11	84.6	115	0.9	36	13	119
75-84	1	16.7	10	0.9	68	6	100.0	57	0.8	30	6	59
85 and older	0	0.0	0	0.0	0	3	42.9	15	0.7	26	7	59
Female, Other Eligibles												
All Ages	232	16.2	2,398	0.8	56	740	51.6	7,806	0.8	18	1,434	13,997
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	40	22.6	403	0.7	55	91	51.4	1,009	0.7	17	177	1,801
75-84	119	23.1	1,252	0.8	56	307	59.6	3,216	0.7	18	515	5,160
85 and older	73	9.8	743	0.9	57	342	46.1	3,581	0.8	19	742	7,036
Male												
All Males	141	20.2	1,415	0.9	58	359	51.4	3,609	0.8	16	698	6,577
Male, Disabled												
All Ages	45	29.6	506	1.0	69	85	55.9	914	0.8	23	152	1,603
64 or younger	39	28.7	444	1.0	67	82	60.3	878	0.8	24	136	1,442
65-74	3	33.3	36	0.9	92	2	22.2	24	1.0	10	9	98
75-84	2	50.0	20	0.7	66	1	25.0	12	1.1	9	4	44
85 and older	1	33.3	6	1.0	70	0	0.0	0	0.0	0	3	19
Male, Other Eligibles												
All Ages	96	17.6	909	0.8	51	274	50.2	2,695	0.7	14	546	4,974
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
65-74	33	25.8	341	0.8	52	62	48.4	636	0.7	15	128	1,276
75-84	46	18.0	441	0.8	49	130	51.0	1,274	0.7	13	255	2,348
85 and older	17	10.5	127	0.8	57	82	50.6	785	0.7	14	162	1,347
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 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,827 beneficiaries who were in nursing facilities for part of their enrollment and their 17,265 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 2005. 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 2005 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 D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
NEVADA, 2005

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 of 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 Dual Rx \$	Total Number of Beneficiaries
All	12,097	53.7	5.1	115,190	\$83	\$1,869,008	\$16	3.0	22,509
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	1
6-14	5	71.4	7.4	52	170	1,192	23	1.3	7
15-20	18	41.9	2.2	95	29	1,261	13	0.9	43
21-44	1,643	44.5	3.8	14,198	79	290,187	20	2.5	3,690
45-64	2,578	58.8	6.4	28,144	142	620,663	22	3.5	4,384
65-74	3,039	51.3	4.5	26,488	61	360,205	14	2.6	5,920
75-84	2,995	56.1	5.2	27,958	73	387,262	14	3.1	5,341
85 and older	1,819	58.2	5.8	18,255	67	208,238	11	3.4	3,123
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	7,545	55.0	5.1	69,975	67	918,715	13	3.0	13,727
Disabled	4,431	52.6	5.3	44,556	112	939,785	21	3.1	8,423
Adults	119	33.9	1.9	651	30	10,430	16	2.4	351
Children	1	25.0	0.5	2	7	26	13	0.3	4
Unknown	1	25.0	1.5	6	13	52	9	1.0	4
Gender									
Female	8,498	57.4	5.6	83,187	95	1,403,364	17	3.4	14,809
Male	3,599	46.7	4.2	32,003	60	465,644	15	2.3	7,700
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	7,898	55.8	5.9	83,330	97	1,370,245	16	3.2	14,156
African American	1,184	50.4	4.3	10,111	61	144,240	14	2.3	2,347
Other/unknown	3,015	50.2	3.6	21,749	59	354,523	16	2.6	6,006
Use of Nursing Facilities^d									
Entire year	1,540	68.6	9.1	20,353	104	234,614	12	3.2	2,246
Part year	1,312	71.8	7.0	12,760	81	148,157	12	3.0	1,827
None	9,245	50.1	4.5	82,077	81	1,486,237	18	3.0	18,436
Maintenance Assistance Status									
Cash	7,080	50.5	4.1	57,187	81	1,134,566	20	3.0	14,012
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	277	35.2	1.9	1,515	28	22,371	15	2.7	788
Other/unknown	4,740	61.5	7.3	56,488	92	712,071	13	3.1	7,709

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

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

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
NEVADA, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.5	\$8	\$16	\$0	\$3	229,600
Age						
5 and younger	0.0	0	0	0	0	1
6-14	0.7	17	23	0	0	72
15-20	0.2	3	13	0	0	453
21-44	0.4	8	20	0	3	37,576
45-64	0.6	14	22	0	4	45,673
65-74	0.4	6	14	0	2	61,190
75-84	0.5	7	14	0	2	54,966
85 and older	0.6	7	11	0	2	29,669
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	7	13	0	2	139,638
Disabled	0.5	11	21	0	4	87,908
Adults	0.3	5	16	0	2	1,992
Children	0.1	1	13	0	1	22
Unknown	0.2	1	9	0	1	40
Gender						
Female	0.5	9	17	0	3	152,341
Male	0.4	6	15	0	2	77,259
Unknown	0.0	0	0	0	0	0
Race						
White	0.6	10	16	0	3	142,725
African American	0.4	6	14	0	2	23,680
Other/unknown	0.3	6	16	0	2	63,195
Use of Nursing Facilities^d						
Entire year	0.9	11	12	0	4	21,783
Part year	0.7	9	12	0	3	17,265
None	0.4	8	18	0	2	190,552
Maintenance Assistance Status						
Cash	0.4	8	20	0	2	146,746
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	3	15	0	1	7,815
Other/unknown	0.8	9	13	0	3	75,039

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

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

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
NEVADA, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	
All	18,967	\$99	\$1,869,008	100.0	115,190	\$16	100.0	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	
Fertility drugs	1	38	38	0.0	2	19	0.0	
Drugs for cosmetic purposes	11	17	187	0.0	14	13	0.0	
Cough and cold medications	3,402	88	300,362	16.1	8,695	35	7.5	
Vitamins and minerals	4,060	101	409,146	21.9	25,290	16	22.0	
Non-prescription drugs	4,661	57	266,579	14.3	29,754	9	25.8	
Barbiturates	195	86	16,751	0.9	2,218	8	1.9	
Benzodiazepines	6,331	96	604,827	32.4	47,905	13	41.6	
Other Part D Excl Rx Drugs	306	886	271,118	14.5	1,312	207	1.1	

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 NEVADA, 2005

Total Number of Dual Eligible Beneficiaries: 22,509
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$62,195,328
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$2,763

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,993	13.3	\$0	0.0
1-500	4,345	19.3	905,203	1.5
501-1,000	2,469	11.0	1,820,419	2.9
1,001-1,500	1,919	8.5	2,375,994	3.8
1,501-2,000	1,594	7.1	2,778,602	4.5
2,001-2,500	1,281	5.7	2,871,925	4.6
2,501-3,000	1,144	5.1	3,135,929	5.0
3,001-3,500	918	4.1	2,978,228	4.8
3,501-4,000	808	3.6	3,032,799	4.9
4,001-4,500	667	3.0	2,832,733	4.6
4,501-5,000	599	2.7	2,840,756	4.6
5,001-5,500	484	2.2	2,537,733	4.1
5,501-6,000	448	2.0	2,566,481	4.1
6,001-6,500	370	1.6	2,306,999	3.7
6,501-7,000	288	1.3	1,940,486	3.1
7,001-7,500	257	1.1	1,864,585	3.0
7,501-8,000	228	1.0	1,765,657	2.8
8,001-8,500	216	1.0	1,780,010	2.9
8,501-9,000	161	0.7	1,405,307	2.3
9,001-9,500	139	0.6	1,282,811	2.1
9,501-10,000	116	0.5	1,130,786	1.8
10,001+	1,065	4.7	18,041,885	29.0

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 NEVADA, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 7,835
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$29,317,699
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$3,741

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	1,120	14.3	0	0.0
1-500	1,552	19.8	295,330	1.0
501-1,000	695	8.9	507,887	1.7
1,001-1,500	537	6.9	664,695	2.3
1,501-2,000	408	5.2	713,638	2.4
2,001-2,500	317	4.0	708,172	2.4
2,501-3,000	297	3.8	815,639	2.8
3,001-3,500	271	3.5	881,403	3.0
3,501-4,000	244	3.1	917,700	3.1
4,001-4,500	214	2.7	911,363	3.1
4,501-5,000	201	2.6	952,850	3.3
5,001-5,500	183	2.3	959,110	3.3
5,501-6,000	180	2.3	1,032,854	3.5
6,001-6,500	146	1.9	910,102	3.1
6,501-7,000	135	1.7	909,954	3.1
7,001-7,500	121	1.5	877,443	3.0
7,501-8,000	118	1.5	912,213	3.1
8,001-8,500	104	1.3	857,006	2.9
8,501-9,000	90	1.1	785,373	2.7
9,001-9,500	73	0.9	673,766	2.3
9,501-10,000	66	0.8	643,406	2.2
10,001+	763	9.7	13,387,795	45.7

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NEVADA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 14,384
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$32,452,554
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,256

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	1,786	12.4	0	0.0
1-500	2,690	18.7	590,631	1.8
501-1,000	1,747	12.1	1,293,016	4.0
1,001-1,500	1,371	9.5	1,697,469	5.2
1,501-2,000	1,175	8.2	2,044,770	6.3
2,001-2,500	957	6.7	2,147,674	6.6
2,501-3,000	841	5.8	2,303,186	7.1
3,001-3,500	643	4.5	2,084,383	6.4
3,501-4,000	559	3.9	2,096,539	6.5
4,001-4,500	450	3.1	1,909,052	5.9
4,501-5,000	394	2.7	1,868,932	5.8
5,001-5,500	298	2.1	1,562,597	4.8
5,501-6,000	268	1.9	1,533,627	4.7
6,001-6,500	222	1.5	1,384,130	4.3
6,501-7,000	151	1.0	1,017,109	3.1
7,001-7,500	136	0.9	987,142	3.0
7,501-8,000	108	0.8	837,820	2.6
8,001-8,500	110	0.8	906,235	2.8
8,501-9,000	70	0.5	611,395	1.9
9,001-9,500	66	0.5	609,045	1.9
9,501-10,000	49	0.3	477,801	1.5
10,001+	293	2.0	4,490,001	13.8

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 NEVADA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 5,920
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$13,916,303
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,350

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	904	15.3		0	0.0
1-500	1,103	18.6		230,995	1.7
501-1,000	653	11.0		486,634	3.5
1,001-1,500	488	8.2		601,690	4.3
1,501-2,000	424	7.2		739,382	5.3
2,001-2,500	376	6.4		843,195	6.1
2,501-3,000	322	5.4		881,797	6.3
3,001-3,500	265	4.5		859,386	6.2
3,501-4,000	229	3.9		858,067	6.2
4,001-4,500	199	3.4		844,210	6.1
4,501-5,000	160	2.7		757,020	5.4
5,001-5,500	114	1.9		599,195	4.3
5,501-6,000	110	1.9		629,642	4.5
6,001-6,500	95	1.6		591,501	4.3
6,501-7,000	68	1.1		458,048	3.3
7,001-7,500	62	1.0		450,463	3.2
7,501-8,000	45	0.8		350,060	2.5
8,001-8,500	61	1.0		502,003	3.6
8,501-9,000	36	0.6		314,698	2.3
9,001-9,500	28	0.5		258,312	1.9
9,501-10,000	25	0.4		244,340	1.8
10,001+	153	2.6		2,415,665	17.4

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 NEVADA, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 5,341
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$12,444,645
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,330

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	582	10.9	0	0.0
1-500	930	17.4	211,203	1.7
501-1,000	639	12.0	471,853	3.8
1,001-1,500	550	10.3	681,562	5.5
1,501-2,000	485	9.1	842,373	6.8
2,001-2,500	360	6.7	808,210	6.5
2,501-3,000	325	6.1	888,913	7.1
3,001-3,500	230	4.3	744,209	6.0
3,501-4,000	226	4.2	847,796	6.8
4,001-4,500	163	3.1	692,207	5.6
4,501-5,000	151	2.8	717,760	5.8
5,001-5,500	122	2.3	638,183	5.1
5,501-6,000	108	2.0	618,691	5.0
6,001-6,500	92	1.7	575,108	4.6
6,501-7,000	60	1.1	405,089	3.3
7,001-7,500	49	0.9	356,010	2.9
7,501-8,000	45	0.8	347,711	2.8
8,001-8,500	40	0.7	329,622	2.6
8,501-9,000	25	0.5	217,996	1.8
9,001-9,500	30	0.6	276,678	2.2
9,501-10,000	18	0.3	174,892	1.4
10,001+	111	2.1	1,598,579	12.8

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NEVADA, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 3,123
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$6,091,606
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$1,950

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	300	9.6	0	0.0
1-500	657	21.0	148,433	2.4
501-1,000	455	14.6	334,529	5.5
1,001-1,500	333	10.7	414,217	6.8
1,501-2,000	266	8.5	463,015	7.6
2,001-2,500	221	7.1	496,269	8.1
2,501-3,000	194	6.2	532,476	8.7
3,001-3,500	148	4.7	480,788	7.9
3,501-4,000	104	3.3	390,676	6.4
4,001-4,500	88	2.8	372,635	6.1
4,501-5,000	83	2.7	394,152	6.5
5,001-5,500	62	2.0	325,219	5.3
5,501-6,000	50	1.6	285,294	4.7
6,001-6,500	35	1.1	217,521	3.6
6,501-7,000	23	0.7	153,972	2.5
7,001-7,500	25	0.8	180,669	3.0
7,501-8,000	18	0.6	140,049	2.3
8,001-8,500	9	0.3	74,610	1.2
8,501-9,000	9	0.3	78,701	1.3
9,001-9,500	8	0.3	74,055	1.2
9,501-10,000	6	0.2	58,569	1.0
10,001+	29	0.9	475,757	7.8

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	22,583	13,727	8,423	425	4	4	230,858	139,639	88,068	3,088	23	40
Age												
5 and younger	1	0	1	0	0	0	7	0	7	0	0	0
6-14	7	0	7	0	0	0	73	0	73	0	0	0
15-20	43	0	43	0	0	0	457	0	457	0	0	0
21-44	3,744	0	3,475	267	2	0	38,522	0	36,324	2,181	17	0
45-64	4,403	2	4,309	89	1	2	45,966	7	45,285	648	3	23
65-74	5,921	5,456	425	37	1	2	61,198	56,739	4,276	163	3	17
75-84	5,341	5,202	115	24	0	0	54,966	53,733	1,162	71	0	0
85 and older	3,123	3,067	48	8	0	0	29,669	29,160	484	25	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	14,856	9,731	4,841	278	2	4	153,163	100,104	50,970	2,043	6	40
Male	7,727	3,996	3,582	147	2	0	77,695	39,535	37,098	1,045	17	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	14,199	8,116	5,851	227	3	2	143,379	80,159	61,503	1,675	20	22
African American	2,365	929	1,305	130	0	1	24,037	9,683	13,517	825	0	12
Other/unknown	6,019	4,682	1,267	68	1	1	63,442	49,797	13,048	588	3	6
Use of Nursing Facilities^c												
Entire year	2,246	1,980	266	0	0	0	21,783	18,971	2,812	0	0	0
Part year	1,827	1,545	278	4	0	0	17,281	14,408	2,842	31	0	0
None	18,510	10,202	7,879	421	4	4	191,794	106,260	82,414	3,057	23	40
Maintenance Assistance Status												
Cash	14,080	8,056	5,718	304	2	0	147,781	86,316	58,903	2,556	6	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	788	301	476	7	0	4	7,924	3,154	4,685	45	0	40
Other/unknown	7,715	5,370	2,229	114	2	0	75,153	50,169	24,480	487	17	0
Dual Status^d												
Full dual, all year	21,038	12,948	7,700	383	3	4	214,938	131,430	80,778	2,672	18	40
Full dual, part year	1,545	779	723	42	1	0	15,920	8,209	7,290	416	5	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	22,370	13,726	8,375	262	3	4	228,909	139,628	87,590	1,631	20	40
FFS part year, with Rx claims	84	1	24	59	0	0	852	11	263	578	0	0
FFS part year, no Rx claims	55	0	24	30	1	0	448	0	215	230	3	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	74	0	0	74	0	0	649	0	0	649	0	0

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status. Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G 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	22,583	230,858	22,509	229,600	0	1,258
Fee-for-service (FFS) all year	22,370	228,909	22,370	228,909	0	0
FFS part year, with Rx claims	84	852	84	457	0	395
FFS part year, with no Rx claims	55	448	55	234	0	214
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	74	649	0	0	0	649

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. This table was produced on 04/23/2009.

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

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

Dual Eligible Beneficiaries