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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, CONNECTICUT, 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	125,997	3,256	29,012	31,859	61,668	202	553,045	31,402	300,593	69,924	149,109	2,017
Age												
5 and younger	21,956	0	0	1	21,955	0	47,187	0	0	1	47,186	0
6-14	22,721	0	1	2	22,718	0	56,237	0	12	4	56,221	0
15-20	17,412	1	899	1,459	15,053	0	52,096	12	7,876	3,032	41,176	0
21-44	40,164	0	11,338	26,847	1,924	55	179,146	0	117,150	56,987	4,490	519
45-64	20,380	2	16,683	3,539	18	138	186,107	24	174,792	9,851	36	1,404
65-74	1,780	1,672	90	10	0	8	17,357	16,477	751	47	0	82
75-84	1,053	1,051	1	0	0	1	10,394	10,370	12	0	0	12
85 and older	531	530	0	1	0	0	4,521	4,519	0	2	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	74,189	2,262	16,161	24,501	31,063	202	324,296	22,106	172,503	54,330	73,340	2,017
Male	51,808	994	12,851	7,358	30,605	0	228,749	9,296	128,090	15,594	75,769	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	50,786	1,357	13,082	13,547	22,646	154	235,848	12,944	134,253	29,493	57,638	1,520
African American	27,881	555	6,503	6,542	14,254	27	122,743	5,323	67,005	15,190	34,946	279
Other/unknown	47,330	1,344	9,427	11,770	24,768	21	194,454	13,135	99,335	25,241	56,525	218
Use of Nursing Facilities^c												
Entire year	1,336	450	865	0	21	0	13,964	4,533	9,183	0	248	0
Part year	1,296	163	1,081	27	22	3	13,126	1,636	11,115	164	175	36
None	123,365	2,643	27,066	31,832	61,625	199	525,955	25,233	280,295	69,760	148,686	1,981
Maintenance Assistance Status												
Cash	58,328	423	6,080	21,443	30,382	0	188,673	4,781	67,801	49,116	66,975	0
Medically needy	5,635	321	2,259	944	2,111	0	29,238	2,526	18,179	2,515	6,018	0
Poverty-related	29,706	24	38	6,665	22,777	202	68,230	179	289	12,179	53,566	2,017
Other/unknown	32,328	2,488	20,635	2,807	6,398	0	266,904	23,916	214,324	6,114	22,550	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	48,422	3,255	28,437	7,467	9,062	201	387,662	31,400	296,789	20,769	36,690	2,014
FFS part year, with Rx claims	14,345	1	456	6,000	7,887	1	37,663	2	3,263	14,702	19,693	3
FFS part year, no Rx claims	63,230	0	119	18,392	44,719	0	127,720	0	541	34,453	92,726	0

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, CONNECTICUT, 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	35.7	12.6	\$1,152	\$92	\$7,198	16.0	125,997
Age							
5 and younger	13.1	0.3	17	55	2,889	0.6	21,956
6-14	14.0	1.2	112	93	2,078	5.4	22,721
15-20	23.5	2.4	222	94	3,426	6.5	17,412
21-44	39.6	11.5	1,197	104	8,375	14.3	40,164
45-64	80.1	45.9	4,072	89	16,923	24.1	20,380
65-74	79.7	32.3	2,275	70	13,773	16.5	1,780
75-84	76.8	34.0	2,154	63	16,179	13.3	1,053
85 and older	71.8	35.3	1,968	56	26,067	7.6	531
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	77.6	33.4	2,191	66	16,562	13.2	3,256
Disabled	87.2	46.8	4,426	95	21,501	20.6	29,012
Adults	23.3	1.6	123	75	2,098	5.9	31,859
Children	15.5	1.0	87	86	2,587	3.4	61,668
Unknown	89.6	21.8	1,939	89	14,295	13.6	202
Gender							
Female	37.5	13.5	1,155	85	6,645	17.4	74,189
Male	33.2	11.2	1,148	102	7,991	14.4	51,808
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	39.1	15.5	1,398	90	9,016	15.5	50,786
African American	35.7	11.5	1,098	96	7,198	15.3	27,881
Other/unknown	32.1	10.1	921	91	5,247	17.6	47,330
Use of Nursing Facilities^f							
Entire year	92.8	87.9	7,268	83	86,721	8.4	1,336
Part year	97.1	85.8	7,540	88	69,285	10.9	1,296
None	34.5	11.0	1,019	93	5,685	17.9	123,365
Maintenance Assistance Status							
Cash	26.3	7.0	633	90	4,177	15.2	58,328
Medically needy	47.6	16.3	1,522	94	8,261	18.4	5,635
Poverty related	16.3	1.0	85	86	3,067	2.8	29,706
Other/unknown	68.5	32.6	3,006	92	16,261	18.5	32,328

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

c. In 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 ND.4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, CONNECTICUT, 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	2.9	\$263	16.0	64.3	14.0	5.3	8.6	5.7	2.1	\$1,640	125,997	553,045
Age												
5 and younger	0.1	8	0.6	86.9	10.5	1.7	0.8	0.1	0.0	1,344	21,956	47,187
6-14	0.5	45	5.4	86.0	9.4	2.3	1.8	0.5	0.1	839	22,721	56,237
15-20	0.8	74	6.5	76.5	15.3	3.9	2.9	1.1	0.3	1,145	17,412	52,096
21-44	2.6	268	14.3	60.4	17.2	6.3	9.4	4.9	1.8	1,878	40,164	179,146
45-64	5.0	446	24.1	19.9	14.1	10.4	25.3	21.6	8.7	1,853	20,380	186,107
65-74	3.3	233	16.5	20.3	24.9	13.0	23.7	13.8	4.2	1,413	1,780	17,357
75-84	3.4	218	13.3	23.2	20.2	12.5	23.9	16.1	4.0	1,639	1,053	10,394
85 and older	4.1	231	7.6	28.2	11.1	8.3	24.3	22.8	5.3	3,062	531	4,521
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	3.5	227	13.2	22.4	21.3	12.2	23.9	15.9	4.2	1,717	3,256	31,402
Disabled	4.5	427	20.6	12.8	19.6	11.6	26.8	20.8	8.3	2,075	29,012	300,593
Adults	0.7	56	5.9	76.7	13.8	4.3	3.8	1.2	0.3	956	31,859	69,924
Children	0.4	36	3.4	84.5	10.9	2.4	1.6	0.4	0.1	1,070	61,668	149,109
Unknown	2.2	194	13.6	10.4	41.1	16.8	21.3	10.4	0.0	1,432	202	2,017
Gender												
Female	3.1	264	17.4	62.5	14.6	5.5	8.8	6.2	2.4	1,520	74,189	324,296
Male	2.5	260	14.4	66.8	13.1	5.0	8.2	5.1	1.8	1,810	51,808	228,749
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.3	301	15.5	60.9	13.8	5.6	9.6	7.0	3.1	1,942	50,786	235,848
African American	2.6	249	15.3	64.3	15.3	5.3	8.2	5.1	1.8	1,635	27,881	122,743
Other/unknown	2.5	224	17.6	67.9	13.4	4.9	7.7	4.8	1.3	1,277	47,330	194,454
Use of Nursing Facilities^f												
Entire year	8.4	695	8.4	7.2	3.5	2.9	19.2	36.9	30.2	8,297	1,336	13,964
Part year	8.5	744	10.9	2.9	4.9	7.6	22.5	33.7	28.4	6,841	1,296	13,126
None	2.6	239	17.9	65.5	14.2	5.3	8.3	5.1	1.6	1,333	123,365	525,955
Maintenance Assistance Status												
Cash	2.2	196	15.2	73.7	12.5	4.0	5.4	3.2	1.2	1,291	58,328	188,673
Medically needy	3.1	293	18.4	52.4	15.5	7.0	13.1	9.0	3.1	1,592	5,635	29,238
Poverty related	0.4	37	2.8	83.7	11.6	2.5	1.7	0.4	0.1	1,335	29,706	68,230
Other/unknown	4.0	364	18.5	31.5	18.4	9.8	20.0	14.7	5.6	1,970	32,328	266,904

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

c. In 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 ND.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
NONDUAL BENEFICIARIES, CONNECTICUT, 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	2.9	\$263	\$92	1.2	\$205	\$164	0.1	\$12	\$138	1.5	\$45	\$29
Age												
5 and younger	0.1	8	55	0.0	6	148	0.0	0	63	0.1	2	19
6-14	0.5	45	93	0.2	37	161	0.0	2	86	0.2	7	28
15-20	0.8	74	94	0.4	61	161	0.0	3	84	0.4	10	28
21-44	2.6	268	104	1.1	213	190	0.1	12	140	1.4	43	31
45-64	5.0	446	89	2.2	344	158	0.2	23	149	2.7	79	30
65-74	3.3	233	70	1.5	184	123	0.1	6	81	1.7	42	25
75-84	3.4	218	63	1.6	172	110	0.1	6	65	1.8	40	23
85 and older	4.1	231	56	1.6	173	105	0.1	6	58	2.4	52	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.5	227	66	1.5	178	116	0.1	6	71	1.8	43	24
Disabled	4.5	427	95	2.0	334	169	0.1	20	145	2.4	73	30
Adults	0.7	56	75	0.3	41	153	0.0	3	145	0.5	12	26
Children	0.4	36	86	0.2	29	156	0.0	1	80	0.2	5	25
Unknown	2.2	194	89	0.8	144	174	0.1	10	198	1.3	40	31
Gender												
Female	3.1	264	85	1.3	205	155	0.1	12	126	1.7	47	28
Male	2.5	260	102	1.1	206	180	0.1	13	158	1.3	42	32
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.3	301	90	1.4	226	159	0.1	18	152	1.8	57	32
African American	2.6	249	96	1.1	200	180	0.1	10	123	1.4	39	28
Other/unknown	2.5	224	91	1.1	183	163	0.1	7	118	1.3	34	27
Use of Nursing Facilities^e												
Entire year	8.4	695	83	3.3	523	161	0.3	31	102	4.8	141	29
Part year	8.5	744	88	3.2	568	178	0.3	37	126	5.0	139	28
None	2.6	239	93	1.1	188	164	0.1	11	143	1.4	40	30
Maintenance Assistance Status												
Cash	2.2	196	90	1.0	153	159	0.1	10	143	1.1	33	29
Medically needy	3.1	293	94	1.3	226	168	0.1	13	149	1.7	54	32
Poverty related	0.4	37	86	0.2	30	154	0.0	1	97	0.2	6	25
Other/unknown	4.0	364	92	1.7	285	167	0.1	17	136	2.1	62	29

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Connecticut, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

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

TABLE ND.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx									Users ^e	
													Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months		
	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							
Anti-infective Agents	0.5	0.2	0.0	0.2	\$100	\$87	\$5	\$9	\$210	\$437	\$120	\$36	96,878	\$20,337,264	22,310	17.7	203,102		
Biologicals	0.1	0.1	0.0	0.0	51	29	5	17	350	262	2,690	508	731	255,671	494	0.4	4,976		
Antineoplastic Agents	0.5	0.2	0.0	0.3	137	108	3	26	278	696	626	79	3,965	1,102,982	794	0.6	8,028		
Endocrine/Metabolic Drugs	0.9	0.3	0.1	0.5	58	44	3	12	64	127	59	23	133,017	8,545,902	15,023	11.9	146,520		
Cardiovascular Agents	1.5	0.7	0.0	0.8	76	61	0	15	50	89	49	18	275,963	13,873,164	17,452	13.9	181,519		
Respiratory Agents	0.8	0.4	0.0	0.3	52	46	1	5	68	102	63	16	120,945	8,205,776	16,980	13.5	158,910		
Gastrointestinal Agents	0.7	0.4	0.0	0.2	76	68	0	8	111	154	79	32	97,846	10,824,718	13,658	10.8	141,969		
Genitourinary Agents	0.4	0.3	0.0	0.1	28	23	1	3	66	89	59	25	17,756	1,177,134	4,269	3.4	42,114		
CNS Drugs	1.7	0.9	0.0	0.8	185	156	1	27	108	174	124	34	377,740	40,984,193	22,100	17.5	221,811		
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	75	67	1	8	103	125	86	41	8,658	893,592	1,546	1.2	11,851		
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	231	231	0	0	340	341	0	32	5,402	1,834,966	749	0.6	7,932		
Analgesics and Anesthetics	0.8	0.1	0.1	0.6	62	23	19	20	80	175	298	35	158,145	12,620,564	21,028	16.7	204,141		
Neuromuscular Agents	1.1	0.4	0.0	0.7	82	53	3	25	76	144	82	38	158,552	12,111,144	14,205	11.3	148,522		
Nutritional Products	0.6	0.0	0.1	0.5	20	2	1	17	32	64	15	32	25,616	814,976	5,101	4.0	41,525		
Hematological Agents	0.8	0.2	0.0	0.5	148	139	0	9	197	606	58	17	34,410	6,778,064	4,427	3.5	45,694		
Topical Products	0.4	0.1	0.0	0.2	24	16	1	7	60	114	57	29	62,538	3,769,512	15,662	12.4	153,865		
Miscellaneous Products	0.4	0.2	0.0	0.2	84	65	5	13	202	344	254	66	4,988	1,007,175	1,389	1.1	12,057		
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	28	0	0	0	2,334	64,575	680	0.5	7,351		
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.	1,585,484	145,201,372	n.a.	n.a.	n.a.		

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Connecticut, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.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.

Nondual Beneficiaries

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$28,408,170	15,786	12.5	167,497	0.9	\$198	\$170
ANTIVIRAL	16,231,390	5,205	4.1	55,226	0.6	509	294
ANTICONVULSANT	10,795,089	13,004	10.3	138,620	0.8	92	78
ANTIDEPRESSANTS	9,015,293	22,178	17.6	229,968	0.6	61	39
ULCER DRUGS	8,544,160	13,135	10.4	139,748	0.5	116	61
ANALGESICS - Narcotic	8,171,684	23,018	18.3	235,756	0.4	83	35
ANTIDIABETIC	6,265,378	12,562	10.0	133,948	0.7	71	47
ANTIHYPERTENSIVE	6,174,189	9,694	7.7	105,993	0.6	98	58
ANTIASTHMATIC	5,575,467	18,150	14.4	176,518	0.4	76	32
HEMATOPOIETIC AGENTS	3,555,097	3,724	3.0	37,509	0.4	223	95
Total	102,735,917	136,456		1,420,783	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIVIRAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	854,412	\$102,735,917	15,786	12.5	167,497	0.9	\$170	5,205	4.1	55,226	0.6	\$294
Female												
All Females	536,051	59,729,156	8,962	12.1	96,157	0.8	152	2,797	3.8	29,513	0.5	263
Female, Disabled												
All Ages	468,158	53,351,639	7,699	47.6	86,623	0.8	154	2,383	14.7	26,902	0.5	273
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	3,978	458,517	121	33.6	1,289	0.9	152	15	4.2	137	0.3	44
21-44	144,637	17,808,266	3,267	56.5	36,484	0.8	149	1,059	18.3	11,906	0.5	261
45-64	318,219	34,957,099	4,295	43.1	48,674	0.8	158	1,307	13.1	14,835	0.6	285
65-74	1,324	127,757	16	26.2	176	0.8	164	2	3.3	24	0.1	3
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	67,893	6,377,517	1,263	2.2	9,534	0.8	137	414	0.7	2,611	0.4	158
5 and younger	768	51,449	3	0.0	15	0.4	73	12	0.1	38	0.5	14
6-14	4,756	499,479	92	0.8	690	1.1	192	14	0.1	90	0.4	109
15-20	6,660	733,849	269	2.8	1,802	1.0	178	46	0.5	206	0.9	120
21-44	15,297	1,448,153	414	1.9	2,160	0.7	126	228	1.0	1,229	0.5	201
45-64	7,752	744,628	122	5.3	991	0.5	83	51	2.2	361	0.5	249
65-74	17,689	1,704,322	174	14.9	1,941	0.9	168	29	2.5	318	0.3	110
75-84	9,771	793,704	89	12.7	948	0.6	94	12	1.7	136	0.2	34
85 and older	5,200	401,933	100	24.9	987	0.6	81	22	5.5	233	0.1	7
Male												
All Males	318,361	43,006,761	6,824	13.2	71,340	0.9	193	2,408	4.6	25,713	0.6	330
Male, Disabled												
All Ages	283,803	39,058,683	5,868	45.7	64,117	0.9	195	2,281	17.7	24,907	0.6	333
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	54	2,855	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4,405	640,241	181	33.6	1,768	0.9	207	12	2.2	120	0.2	36
21-44	107,137	15,425,983	3,076	55.4	33,298	0.9	201	799	14.4	8,498	0.6	296
45-64	171,850	22,961,749	2,604	38.7	28,987	0.9	188	1,469	21.8	16,283	0.7	355
65-74	357	27,855	7	24.1	64	0.4	56	1	3.4	6	0.2	1
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Nondual Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTIVIRAL				
	Number of Rx	Rx \$	Number of Users	Users	Benefit	Mean	Mean	Number of Users	Users	Benefit	Mean	Mean Rx \$ per Benefit Month
				as % of All Benes	Months Among Users	Rx per Benefit Month	Rx \$ per Benefit Month		as % of All Benes	Months Among Users	Rx per Benefit Month	
Male, Other Eligibles												
All Ages	34,558	3,948,078	956	2.5	7,223	0.9	175	127	0.3	806	0.6	242
5 and younger	993	78,913	10	0.1	34	0.6	83	8	0.1	14	0.6	20
6-14	8,779	1,184,112	296	2.5	2,268	0.9	204	15	0.1	85	0.3	57
15-20	7,571	974,462	381	5.4	2,761	1.0	189	23	0.3	163	0.7	342
21-44	2,656	275,537	96	1.4	433	0.9	145	38	0.6	152	0.7	294
45-64	2,392	311,799	32	2.3	199	0.6	134	25	1.8	200	0.8	362
65-74	6,210	593,429	66	12.6	734	0.9	175	8	1.5	76	0.3	169
75-84	4,433	395,153	43	12.2	474	0.5	83	5	1.4	60	0.1	56
85 and older	1,524	134,673	32	24.8	320	0.5	69	5	3.9	56	0.1	6
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 Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

Nondual Beneficiaries

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

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ULCER DRUGS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	13,004	10.3	138,620	0.8	\$78	22,178	17.6	229,968	0.6	\$39	13,135	10.4	139,748	0.5	\$61
Female															
All Females	7,852	10.6	83,984	0.8	73	15,086	20.3	157,157	0.6	40	8,654	11.7	92,858	0.5	61
Female, Disabled															
All Ages	6,557	40.6	73,851	0.8	71	12,423	76.9	139,390	0.6	40	6,949	43.0	78,488	0.5	61
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	96	26.7	1,039	0.9	121	101	28.1	1,072	0.6	41	42	11.7	470	0.5	69
21-44	2,676	46.3	30,182	0.9	84	4,401	76.1	49,249	0.6	38	1,829	31.6	20,758	0.5	52
45-64	3,771	37.9	42,469	0.8	62	7,896	79.3	88,798	0.7	41	5,055	50.8	56,996	0.5	64
65-74	14	23.0	161	0.6	20	25	41.0	271	0.7	56	23	37.7	264	0.5	57
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	1,295	2.2	10,133	0.8	82	2,663	4.6	17,767	0.6	37	1,705	2.9	14,370	0.5	58
5 and younger	12	0.1	57	0.8	85	0	0.0	0	0.0	0	74	0.7	258	0.5	46
6-14	186	1.7	1,816	1.0	123	88	0.8	522	0.7	40	80	0.7	784	0.6	57
15-20	226	2.4	1,796	1.0	124	284	3.0	1,506	0.8	40	120	1.3	852	0.5	54
21-44	445	2.0	2,298	0.9	86	1,266	5.7	5,974	0.6	36	406	1.8	2,167	0.5	48
45-64	162	7.1	1,176	0.6	45	402	17.5	2,979	0.6	39	245	10.7	1,747	0.4	54
65-74	144	12.3	1,598	0.7	48	305	26.1	3,439	0.6	36	399	34.2	4,463	0.5	61
75-84	79	11.3	921	0.7	43	177	25.3	1,979	0.6	35	251	35.9	2,786	0.5	63
85 and older	41	10.2	471	0.7	25	141	35.1	1,368	0.7	37	130	32.3	1,313	0.7	68
Male															
All Males	5,152	9.9	54,636	0.9	86	7,092	13.7	72,811	0.7	38	4,481	8.6	46,890	0.6	62
Male, Disabled															
All Ages	4,347	33.8	47,775	0.9	83	6,161	47.9	66,605	0.7	39	3,720	28.9	40,525	0.6	61
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	2	200.0	24	1.0	26	0	0.0	0	0.0	0	2	200.0	24	1.2	92
15-20	137	25.4	1,375	1.0	122	115	21.3	1,168	0.7	43	38	7.1	404	0.5	62
21-44	2,116	38.1	23,278	0.9	97	2,527	45.5	26,799	0.6	40	1,191	21.4	13,179	0.6	60
45-64	2,088	31.1	23,050	0.8	67	3,509	52.2	38,558	0.7	38	2,484	36.9	26,874	0.6	62
65-74	4	13.8	48	0.6	14	10	34.5	80	0.6	33	5	17.2	44	0.7	77
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Nondual Beneficiaries

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

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ULCER DRUGS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	805	2.1	6,861	0.9	107	931	2.4	6,206	0.6	36	761	2.0	6,365	0.6	70
5 and younger	12	0.1	75	1.2	287	3	0.0	18	0.7	6	85	0.8	281	0.6	43
6-14	293	2.5	2,876	1.0	133	141	1.2	1,045	0.6	34	128	1.1	1,367	0.8	108
15-20	227	3.2	1,939	1.0	112	270	3.8	1,561	0.8	41	90	1.3	694	0.6	70
21-44	106	1.6	399	0.7	69	207	3.1	788	0.6	35	91	1.4	408	0.4	41
45-64	56	4.0	362	0.7	57	109	7.8	625	0.6	41	60	4.3	330	0.5	67
65-74	58	11.1	659	0.7	46	93	17.8	1,014	0.5	35	149	28.5	1,592	0.5	57
75-84	40	11.4	415	0.8	45	62	17.6	671	0.5	30	116	33.0	1,237	0.5	60
85 and older	13	10.1	136	0.9	91	46	35.7	484	0.7	30	42	32.6	456	0.6	71
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 Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

Nondual Beneficiaries

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

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	23,018	18.3	235,756	0.4	\$35	12,562	10.0	133,948	0.7	\$47	9,694	7.7	105,993	0.6	\$58
Female															
All Females	15,387	20.7	158,312	0.4	30	8,410	11.3	90,953	0.7	47	6,173	8.3	68,515	0.6	58
Female, Disabled															
All Ages	12,135	75.1	137,375	0.4	32	6,819	42.2	76,727	0.7	49	5,030	31.1	57,033	0.6	58
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	103	28.6	1,065	0.3	19	17	4.7	197	0.8	31	4	1.1	48	0.5	40
21-44	4,149	71.8	46,928	0.4	29	1,068	18.5	12,198	0.6	41	633	10.9	7,278	0.6	50
45-64	7,854	78.9	89,089	0.4	33	5,696	57.2	63,950	0.7	50	4,363	43.8	49,373	0.6	59
65-74	29	47.5	293	0.5	22	38	62.3	382	0.6	48	30	49.2	334	0.6	56
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	3,252	5.6	20,937	0.4	18	1,591	2.7	14,226	0.6	41	1,143	2.0	11,482	0.6	59
5 and younger	19	0.2	50	0.4	3	10	0.1	14	1.2	117	1	0.0	2	0.5	3
6-14	61	0.6	379	0.2	2	18	0.2	109	0.9	47	2	0.0	24	0.4	37
15-20	298	3.2	1,364	0.2	2	43	0.5	210	0.7	51	2	0.0	18	0.6	63
21-44	1,684	7.6	7,526	0.5	27	260	1.2	1,111	0.7	42	102	0.5	618	0.6	43
45-64	476	20.8	3,768	0.4	17	271	11.8	1,907	0.6	43	199	8.7	1,478	0.5	54
65-74	375	32.1	4,283	0.3	15	609	52.1	6,656	0.6	41	504	43.2	5,593	0.6	59
75-84	249	35.6	2,744	0.3	12	290	41.4	3,259	0.6	40	261	37.3	2,969	0.6	63
85 and older	90	22.4	823	0.5	25	90	22.4	960	0.7	33	72	17.9	780	0.7	64
Male															
All Males	7,631	14.7	77,444	0.5	44	4,152	8.0	42,995	0.7	46	3,521	6.8	37,478	0.6	59
Male, Disabled															
All Ages	6,541	50.9	70,878	0.5	46	3,469	27.0	37,455	0.7	46	3,036	23.6	33,452	0.6	58
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	1	100.0	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	81	15.0	766	0.3	7	14	2.6	127	0.7	55	2	0.4	24	0.1	11
21-44	2,274	40.9	24,476	0.4	35	700	12.6	7,599	0.7	46	674	12.1	7,520	0.6	50
45-64	4,174	62.1	45,543	0.5	53	2,739	40.7	29,592	0.7	46	2,352	35.0	25,851	0.6	60
65-74	11	37.9	81	0.8	74	16	55.2	137	0.7	49	8	27.6	57	0.5	58
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Nondual Beneficiaries

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

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	1,090	2.8	6,566	0.4	27	683	1.8	5,540	0.6	42	485	1.2	4,026	0.6	64
5 and younger	21	0.2	69	0.3	3	1	0.0	3	0.7	33	0	0.0	0	0.0	0
6-14	89	0.8	655	0.2	2	21	0.2	75	0.8	56	0	0.0	0	0.0	0
15-20	209	3.0	1,137	0.3	5	45	0.6	213	0.8	90	6	0.1	23	0.3	20
21-44	381	5.7	1,324	0.6	39	99	1.5	277	0.6	41	70	1.0	251	0.5	50
45-64	154	11.0	868	0.5	90	105	7.5	518	0.6	37	102	7.3	484	0.5	56
65-74	122	23.4	1,283	0.3	18	211	40.4	2,217	0.6	39	178	34.1	1,834	0.6	65
75-84	99	28.1	1,094	0.3	16	172	48.9	1,923	0.6	41	104	29.5	1,167	0.6	69
85 and older	15	11.6	136	0.2	2	29	22.5	314	0.6	35	25	19.4	267	0.6	60
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 Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

Nondual Beneficiaries

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

Beneficiary Characteristics	ANTIASTHMATIC					HEMATOPOIETIC AGENTS					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	18,150	14.4	176,518	0.4	\$32	3,724	3.0	37,509	0.4	\$95	125,997	553,045
Female												
All Females	12,477	16.8	126,482	0.4	31	2,515	3.4	25,056	0.4	96	74,189	324,296
Female, Disabled												
All Ages	9,563	59.2	108,920	0.4	32	1,842	11.4	20,759	0.4	105	16,161	172,503
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	103	28.6	1,115	0.3	22	21	5.8	231	0.2	4	360	3,265
21-44	2,790	48.3	31,744	0.4	28	644	11.1	7,315	0.3	99	5,781	61,703
45-64	6,640	66.7	75,724	0.4	34	1,172	11.8	13,161	0.4	110	9,959	106,968
65-74	30	49.2	337	0.5	39	5	8.2	52	0.6	168	61	567
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	2,914	5.0	17,562	0.4	28	673	1.2	4,297	0.4	51	58,028	151,793
5 and younger	344	3.2	1,089	0.4	26	20	0.2	72	0.5	36	10,866	23,351
6-14	529	4.8	2,308	0.5	27	12	0.1	80	0.4	4	11,033	26,341
15-20	359	3.8	1,571	0.4	26	100	1.1	375	0.4	12	9,444	23,926
21-44	882	4.0	4,357	0.4	27	284	1.3	1,214	0.4	16	22,123	48,191
45-64	239	10.4	1,952	0.4	29	61	2.7	410	0.3	73	2,292	7,817
65-74	301	25.8	3,418	0.4	30	87	7.4	940	0.5	120	1,168	11,757
75-84	171	24.4	1,929	0.4	31	57	8.1	660	0.5	15	700	7,028
85 and older	89	22.1	938	0.4	26	52	12.9	546	0.7	78	402	3,382
Male												
All Males	5,673	11.0	50,036	0.4	32	1,209	2.3	12,453	0.5	92	51,808	228,749
Male, Disabled												
All Ages	3,537	27.5	38,871	0.4	32	1,053	8.2	11,239	0.5	97	12,851	128,090
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	1	12
15-20	71	13.2	690	0.3	19	9	1.7	82	0.4	15	539	4,611
21-44	1,109	20.0	12,373	0.4	26	279	5.0	2,953	0.4	77	5,557	55,447
45-64	2,351	35.0	25,755	0.5	35	764	11.4	8,192	0.5	106	6,724	67,824
65-74	6	20.7	53	0.5	29	1	3.4	12	0.8	4	29	184
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Nondual Beneficiaries

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^a, b, c
 NONDUAL BENEFICIARIES, CONNECTICUT, 2005

Beneficiary Characteristics	ANTIASTHMATIC						HEMATOPOIETIC AGENTS					
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	2,136	5.5	11,165	0.5	33	156	0.4	1,214	0.5	45	38,957	100,659
5 and younger	475	4.3	1,410	0.5	27	23	0.2	63	0.5	62	11,090	23,836
6-14	878	7.5	4,253	0.5	31	20	0.2	136	0.5	94	11,687	29,884
15-20	328	4.6	1,826	0.4	21	11	0.2	93	0.7	35	7,069	20,294
21-44	116	1.7	373	0.5	30	17	0.3	68	0.3	145	6,703	13,805
45-64	79	5.6	458	0.5	38	14	1.0	95	0.6	26	1,405	3,498
65-74	121	23.2	1,336	0.5	48	29	5.6	308	0.5	11	522	4,849
75-84	114	32.4	1,214	0.5	45	28	8.0	303	0.5	30	352	3,354
85 and older	25	19.4	295	0.6	52	14	10.9	148	0.6	69	129	1,139
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 Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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; \$ = Medicaid reimbursement.

Nondual Beneficiaries

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, CONNECTICUT, 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	\$695	8.4	1,336	13,964
Age				
0-64	825	9.0	878	9,361
65-74	590	8.5	133	1,454
75-84	417	7.5	119	1,234
85 and older	322	6.0	206	1,915
Unknown	0	0.0	0	0
Gender				
Female	654	8.5	773	8,031
Male	752	8.4	563	5,933
Unknown	0	0.0	0	0
Race				
White	638	8.4	843	8,692
African American	893	9	297	3,224
Other/unknown	628	7.8	196	2,048
Basis of Eligibility^c				
Aged	430	7.1	450	4,533
Disabled	844	9.2	865	9,183
Adults	0	0.0	0	0
Children	45	0.7	21	248
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 1,296 beneficiaries who were in nursing facilities for part of their enrollment and their 13,126 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Nondual Beneficiaries

TABLE ND.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
NONDUAL BENEFICIARIES, CONNECTICUT, 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 All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.7	0.3	0.1	0.3	\$121	\$102	\$7	\$12	\$185	\$356	\$131	\$39	5,549	\$1,026,428	789	59.1	8,503
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	33	44	0	30	82	2,696	78	5.8	905
Antineoplastic Agents	0.6	0.2	0.0	0.4	137	97	0	39	217	525	0	88	285	61,869	47	3.5	453
Endocrine/Metabolic Drugs	1.3	0.5	0.1	0.7	75	56	7	13	56	106	60	18	8,674	483,203	601	45.0	6,463
Cardiovascular Agents	2.2	0.7	0.0	1.6	74	46	0	28	33	70	36	18	19,923	665,431	845	63.2	8,979
Respiratory Agents	0.8	0.6	0.0	0.2	61	56	2	3	72	93	60	15	4,585	330,094	498	37.3	5,442
Gastrointestinal Agents	1.2	0.5	0.0	0.7	93	66	0	26	80	135	49	39	9,501	756,261	776	58.1	8,118
Genitourinary Agents	0.8	0.5	0.0	0.2	47	42	0	5	63	83	35	22	2,369	148,654	282	21.1	3,137
CNS Drugs	2.3	1.2	0.0	1.1	269	229	0	39	116	191	53	36	25,988	3,022,080	1,049	78.5	11,247
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	65	59	0	5	91	133	0	19	159	14,457	21	1.6	224
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	222	222	0	0	232	232	0	0	1,742	403,852	171	12.8	1,816
Analgesics and Anesthetics	1.4	0.3	0.2	0.9	112	40	38	34	77	120	174	37	9,719	748,925	650	48.7	6,704
Neuromuscular Agents	1.5	0.4	0.1	1.0	107	56	3	48	71	134	37	48	12,029	852,267	710	53.1	7,929
Nutritional Products	0.9	0.0	0.0	0.9	20	0	0	19	21	12	11	22	3,222	68,825	331	24.8	3,476
Hematological Agents	1.4	0.3	0.0	1.1	154	141	1	13	112	453	176	12	7,152	801,306	503	37.6	5,190
Topical Products	0.6	0.3	0.0	0.3	34	23	2	9	53	90	59	26	5,611	299,868	799	59.8	8,748
Miscellaneous Products	0.3	0.0	0.0	0.2	21	14	0	6	76	324	0	28	186	14,114	65	4.9	678
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	10	0	0	0	14	0	0	0	721	9,890	94	7.0	1,037
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.	117,497	9,710,220	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,296 beneficiaries who were in nursing facilities for part of their enrollment and their 13,126 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 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.medispain.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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Nondual Beneficiaries

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, CONNECTICUT, 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	\$2,246,673	1,014	75.9	11,274	0.9	\$210	\$199
ANTICONVULSANT	706,149	774	57.9	8,813	1.0	79	80
ANTIVIRAL	606,838	194	14.5	2,176	0.6	476	279
ANTIDEPRESSANTS	594,530	1,071	80.2	11,656	0.9	60	51
HEMATOPOIETIC AGENTS	577,829	295	22.1	3,138	0.7	246	184
ULCER DRUGS	517,608	709	53.1	7,522	0.8	85	69
ANALGESICS - Narcotic	486,037	635	47.5	6,407	1.1	71	76
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	403,852	196	14.7	2,091	0.8	232	193
ANTIDIABETIC	356,818	712	53.3	7,869	0.9	53	45
ANTIHYPERLIPIDEMIC	270,370	355	26.6	3,963	0.8	81	68
Total	6,766,704	5,955		64,909	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,296 beneficiaries who were in nursing facilities for part of their enrollment and their 13,126 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	57,857	\$6,766,704	1,014	75.9	11,274	0.9	\$199	774	57.9	8,813	1.0	\$80
Female												
All Females	33,546	3,684,309	604	78.1	6,704	0.9	188	456	59.0	5,146	1.0	78
Female, Disabled												
All Ages	23,228	2,783,617	408	92.5	4,654	1.0	208	354	80.3	3,987	1.0	85
64 or younger	22,959	2,760,475	402	92.2	4,582	1.0	209	351	80.5	3,951	1.0	85
65-74	269	23,142	6	120.0	72	0.9	138	3	60.0	36	0.7	18
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	10,318	900,692	196	59.0	2,050	0.8	143	102	30.7	1,159	1.0	57
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,823	384,670	72	91.1	824	1.0	212	44	55.7	503	1.1	67
75-84	2,710	215,837	41	53.9	408	0.8	134	28	36.8	317	1.1	67
85 and older	3,785	300,185	83	49.4	818	0.6	79	30	17.9	339	0.9	32
Male												
All Males	24,311	3,082,395	410	72.8	4,570	1.0	215	318	56.5	3,667	1.0	83
Male, Disabled												
All Ages	20,147	2,716,543	338	79.7	3,770	1.0	233	279	65.8	3,214	1.0	85
64 or younger	20,042	2,707,463	335	79.6	3,740	1.0	234	278	66.0	3,202	1.0	85
65-74	105	9,080	3	100.0	30	0.4	84	1	33.3	12	1.0	25
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	4,164	365,852	72	51.8	800	0.8	132	39	28.1	453	1.0	66
64 or younger	32	617	1	8.3	12	0.2	4	1	8.3	12	1.3	11
65-74	1,732	171,696	33	71.7	370	1.1	193	19	41.3	224	0.9	47
75-84	1,458	108,336	19	44.2	225	0.5	93	13	30.2	153	1.1	59
85 and older	942	85,203	19	50.0	193	0.5	68	6	15.8	64	1.0	156
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 Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,296 beneficiaries who were in nursing facilities for part of their enrollment and their 13,126 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Beneficiary Characteristics	ANTIVIRAL					ANTIDEPRESSANTS					HEMATOPOIETIC AGENTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	194	14.5	2,176	0.6	\$279	1,071	80.2	11,656	0.9	\$51	295	22.1	3,138	0.7	\$184
Female															
All Females	87	11.3	972	0.5	204	660	85.4	7,171	0.8	51	158	20.4	1,720	0.7	142
Female, Disabled															
All Ages	63	14.3	713	0.7	276	428	97.1	4,722	0.9	53	87	19.7	941	0.7	197
64 or younger	62	14.2	701	0.7	280	422	96.8	4,650	0.9	53	87	20.0	941	0.7	197
65-74	1	20.0	12	0.1	6	6	120.0	72	1.0	64	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	24	7.2	259	0.1	6	232	69.9	2,449	0.8	45	71	21.4	779	0.7	76
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2	2.5	24	0.1	9	62	78.5	708	0.9	50	20	25.3	223	0.7	85
75-84	4	5.3	48	0.1	7	58	76.3	657	0.8	50	19	25.0	213	0.7	16
85 and older	18	10.7	187	0.1	6	112	66.7	1,084	0.7	39	32	19.0	343	0.8	107
Male															
All Males	107	19.0	1,204	0.6	340	411	73.0	4,485	0.9	52	137	24.3	1,418	0.8	235
Male, Disabled															
All Ages	100	23.6	1,124	0.7	363	329	77.6	3,589	0.9	55	110	25.9	1,106	0.8	283
64 or younger	100	23.8	1,124	0.7	363	326	77.4	3,565	0.9	55	110	26.1	1,106	0.8	283
65-74	0	0.0	0	0.0	0	3	100.0	24	1.0	50	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	7	5.0	80	0.1	8	82	59.0	896	0.7	39	27	19.4	312	0.6	68
64 or younger	1	8.3	12	0.1	6	1	8.3	12	1.0	27	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	24	52.2	270	0.8	50	6	13.0	72	0.6	40
75-84	2	4.7	24	0.1	15	27	62.8	308	0.6	31	13	30.2	148	0.6	56
85 and older	4	10.5	44	0.1	4	30	78.9	306	0.8	37	8	21.1	92	0.6	110
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 Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,296 beneficiaries who were in nursing facilities for part of their enrollment and their 13,126 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2005

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	709	53.1	7,522	0.8	\$69	635	47.5	6,407	1.1	\$76	196	14.7	2,091	0.8	\$193
Female															
All Females	408	52.8	4,246	0.8	71	377	48.8	3,775	1.1	67	119	15.4	1,268	0.8	231
Female, Disabled															
All Ages	253	57.4	2,687	0.8	70	246	55.8	2,541	1.3	82	39	8.8	425	0.8	475
64 or younger	250	57.3	2,651	0.8	70	244	56.0	2,527	1.3	82	38	8.7	413	0.8	484
65-74	3	60.0	36	0.6	69	2	40.0	14	1.5	98	1	20.0	12	1.1	148
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	155	46.7	1,559	0.8	71	131	39.5	1,234	0.6	34	80	24.1	843	0.8	108
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	46	58.2	511	0.8	78	37	46.8	402	0.6	16	18	22.8	179	0.8	106
75-84	39	51.3	368	0.8	73	35	46.1	341	0.6	53	18	23.7	196	0.8	105
85 and older	70	41.7	680	0.8	65	59	35.1	491	0.6	36	44	26.2	468	0.9	110
Male															
All Males	301	53.5	3,276	0.8	67	258	45.8	2,632	1.1	89	77	13.7	823	0.8	135
Male, Disabled															
All Ages	233	55.0	2,502	0.8	67	215	50.7	2,160	1.2	97	39	9.2	412	0.8	173
64 or younger	232	55.1	2,490	0.8	67	213	50.6	2,146	1.2	97	39	9.3	412	0.8	173
65-74	1	33.3	12	1.0	135	2	66.7	14	1.0	101	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	68	48.9	774	0.7	64	43	30.9	472	0.5	53	38	27.3	411	0.8	96
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	28	60.9	312	0.8	74	13	28.3	152	0.8	103	7	15.2	81	0.9	136
75-84	21	48.8	244	0.7	45	22	51.2	255	0.5	37	14	32.6	162	0.8	74
85 and older	19	50.0	218	0.8	72	8	21.1	65	0.2	2	17	44.7	168	0.8	99
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 Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,296 beneficiaries who were in nursing facilities for part of their enrollment and their 13,126 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2005

Beneficiary Characteristics	ANTIDIABETIC						ANTIHYPERTENSIVE						Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents		
All	712	53.3	7,869	0.9	\$45	355	26.6	3,963	0.8	\$68	1,336	13,964	
Female													
All Females	417	53.9	4,564	0.9	47	208	26.9	2,279	0.8	69	773	8,031	
Female, Disabled													
All Ages	259	58.7	2,839	0.9	51	129	29.3	1,404	0.8	70	441	4,714	
64 or younger	256	58.7	2,803	0.9	52	127	29.1	1,380	0.8	71	436	4,664	
65-74	3	60.0	36	0.7	26	2	40.0	24	0.9	53	5	50	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
Female, Other Eligibles													
All Ages	158	47.6	1,725	0.8	39	79	23.8	875	0.9	68	332	3,317	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	104	
65-74	70	88.6	782	0.9	44	25	31.6	286	0.9	79	79	887	
75-84	46	60.5	521	0.8	37	28	36.8	305	0.8	62	76	773	
85 and older	42	25.0	422	0.9	33	26	15.5	284	0.9	63	168	1,553	
Male													
All Males	295	52.4	3,305	0.8	44	147	26.1	1,684	0.8	67	563	5,933	
Male, Disabled													
All Ages	216	50.9	2,412	0.8	45	115	27.1	1,332	0.8	66	424	4,469	
64 or younger	211	50.1	2,370	0.8	45	115	27.3	1,332	0.8	66	421	4,449	
65-74	5	166.7	42	0.7	48	0	0.0	0	0.0	0	3	20	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
Male, Other Eligibles													
All Ages	79	56.8	893	0.8	40	32	23.0	352	0.8	68	139	1,464	
64 or younger	0	0.0	0	0.0	0	1	8.3	12	0.1	3	12	144	
65-74	32	69.6	365	0.8	42	13	28.3	134	0.9	63	46	497	
75-84	36	83.7	402	0.8	39	13	30.2	147	0.9	83	43	461	
85 and older	11	28.9	126	0.8	37	5	13.2	59	0.8	58	38	362	
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 Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,296 beneficiaries who were in nursing facilities for part of their enrollment and their 13,126 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
CONNECTICUT, 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 Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Nondual Rx \$	Total Number of Beneficiaries
All	19,994	15.9	1.3	165,579	\$45	\$5,702,083	\$34	3.9	125,997
Age									
5 and younger	796	3.6	0.1	1,389	3	73,090	53	19.8	21,956
6-14	709	3.1	0.2	5,296	27	610,858	115	23.9	22,721
15-20	832	4.8	0.2	4,340	18	308,062	71	8.0	17,412
21-44	6,624	16.5	1.3	52,864	46	1,857,163	35	3.9	40,164
45-64	9,846	48.3	4.6	93,350	130	2,641,321	28	3.2	20,380
65-74	604	33.9	2.3	4,161	63	111,459	27	2.8	1,780
75-84	400	38.0	2.6	2,756	67	70,726	26	3.1	1,053
85 and older	183	34.5	2.7	1,423	55	29,404	21	2.8	531
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	1,142	35.1	2.5	8,047	63	204,357	25	2.9	3,256
Disabled	14,827	51.1	4.9	142,296	154	4,478,771	31	3.5	29,012
Adults	1,753	5.5	0.2	5,293	4	125,257	24	3.2	31,859
Children	2,183	3.5	0.2	9,517	14	885,471	93	16.6	61,668
Unknown	89	44.1	2.1	426	41	8,227	19	2.1	202
Gender									
Female	13,037	17.6	1.4	106,429	44	3,230,036	30	3.8	74,189
Male	6,957	13.4	1.1	59,150	48	2,472,047	42	4.2	51,808
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	8,987	17.7	1.7	87,356	57	2,910,787	33	4.1	50,786
African American	4,117	14.8	1.1	30,237	41	1,156,165	38	3.8	27,881
Other/unknown	6,890	14.6	1.0	47,986	35	1,635,131	34	3.8	47,330
Use of Nursing Facilities^d									
Entire year	735	55.0	6.3	8,394	130	174,163	21	1.8	1,336
Part year	972	75.0	8.5	10,957	231	299,986	27	3.1	1,296
None	18,287	14.8	1.2	146,228	42	5,227,934	36	4.2	123,365
Maintenance Assistance Status									
Cash	5,827	10.0	0.8	46,856	24	1,397,858	30	3.8	58,328
Medically needy	1,213	21.5	1.6	8,838	65	368,608	42	4.3	5,635
Poverty related	999	3.4	0.1	3,262	7	221,468	68	8.8	29,706
Other/unknown	11,955	37.0	3.3	106,623	115	3,714,149	35	3.8	32,328

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
CONNECTICUT, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.3	\$10	\$34	\$0	\$3	553,045
Age						
5 and younger	0.0	2	53	0	0	47,187
6-14	0.1	11	115	0	1	56,237
15-20	0.1	6	71	0	1	52,096
21-44	0.3	10	35	0	3	179,146
45-64	0.5	14	28	0	5	186,107
65-74	0.2	6	27	0	2	17,357
75-84	0.3	7	26	0	1	10,394
85 and older	0.3	7	21	0	1	4,521
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	7	25	0	1	31,402
Disabled	0.5	15	31	0	5	300,593
Adults	0.1	2	24	0	1	69,924
Children	0.1	6	93	0	1	149,109
Unknown	0.2	4	19	0	2	2,017
Gender						
Female	0.3	10	30	0	3	324,296
Male	0.3	11	42	0	2	228,749
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	12	33	0	4	235,848
African American	0.2	9	38	0	1	122,743
Other/unknown	0.2	8	34	0	2	194,454
Use of Nursing Facilities^d						
Entire year	0.6	12	21	0	7	13,964
Part year	0.8	23	27	0	6	13,126
None	0.3	10	36	0	3	525,955
Maintenance Assistance Status						
Cash	0.2	7	30	0	2	188,673
Medically needy	0.3	13	42	0	3	29,238
Poverty related	0.0	3	68	0	0	68,230
Other/unknown	0.4	14	35	0	4	266,904

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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.

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

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx
All	29,200	\$195	\$5,702,083	100.0	165,579	\$34	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	7	351	2,455	0.0	28	88	0.0
Drugs for cosmetic purposes	20	21	410	0.0	35	12	0.0
Cough and cold medications	5,858	64	372,972	6.5	12,801	29	7.7
Vitamins and minerals	3,307	128	424,616	7.4	21,777	19	13.2
Non-prescription drugs	9,651	279	2,696,716	47.3	52,136	52	31.5
Barbiturates	426	70	29,644	0.5	4,402	7	2.7
Benzodiazepines	8,992	174	1,567,629	27.5	70,071	22	42.3
Other Part D Excl Rx Drugs	939	647	607,641	10.7	4,329	140	2.6

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND11.

b. Includes OTC drugs as well as prescription drugs.

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

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

Nondual Beneficiaries

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, CONNECTICUT, 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	430,889	3,256	29,022	113,026	285,383	202	4,277,544	31,412	303,291	1,060,262	2,880,559	2,020
Age												
5 and younger	94,246	0	0	1	94,245	0	916,865	0	0	2	916,863	0
6-14	121,724	0	1	2	121,721	0	1,288,870	0	12	6	1,288,852	0
15-20	65,928	1	906	1,756	63,265	0	646,159	12	9,165	10,575	626,407	0
21-44	113,534	0	11,340	96,109	6,030	55	1,071,885	0	117,988	905,759	47,619	519
45-64	32,069	2	16,684	15,123	122	138	321,216	24	175,363	143,604	818	1,407
65-74	1,802	1,672	90	32	0	8	17,616	16,487	751	296	0	82
75-84	1,055	1,051	1	2	0	1	10,412	10,370	12	18	0	12
85 and older	531	530	0	1	0	0	4,521	4,519	0	2	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	250,931	2,262	16,168	89,629	142,670	202	2,497,166	22,106	174,084	853,778	1,445,178	2,020
Male	179,958	994	12,854	23,397	142,713	0	1,780,378	9,306	129,207	206,484	1,435,381	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	172,536	1,357	13,088	49,442	108,495	154	1,690,930	12,954	135,411	460,548	1,080,494	1,523
African American	102,053	555	6,504	24,763	70,204	27	1,036,406	5,323	67,574	240,955	722,275	279
Other/unknown	156,300	1,344	9,430	38,821	106,684	21	1,550,208	13,135	100,306	358,759	1,077,790	218
Use of Nursing Facilities^c												
Entire year	1,336	450	865	0	21	0	13,970	4,533	9,189	0	248	0
Part year	1,297	163	1,081	28	22	3	13,318	1,636	11,186	236	224	36
None	428,256	2,643	27,076	112,998	285,340	199	4,250,256	25,243	282,916	1,060,026	2,880,087	1,984
Maintenance Assistance Status												
Cash	221,155	423	6,082	72,761	141,889	0	2,276,684	4,781	68,067	714,847	1,488,989	0
Medically needy	6,705	321	2,259	1,315	2,810	0	47,128	2,526	18,432	7,653	18,517	0
Poverty related	95,000	24	38	8,160	86,576	202	864,842	179	289	39,428	822,926	2,020
Other/unknown	108,029	2,488	20,643	30,790	54,108	0	1,088,890	23,926	216,503	298,334	550,127	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	48,422	3,255	28,437	7,467	9,062	201	387,662	31,400	296,789	20,769	36,690	2,014
FFS part year, with Rx claims	14,345	1	456	6,000	7,887	1	125,800	12	5,152	48,746	71,884	6
FFS part year, no Rx claims	63,230	0	119	18,392	44,719	0	527,527	0	1,242	139,861	386,424	0
MC all year, with Rx claims	935	0	0	329	606	0	10,651	0	0	3,772	6,879	0
MC all year, no Rx claims	303,957	0	10	80,838	223,109	0	3,225,904	0	108	847,114	2,378,682	0

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

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

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, CONNECTICUT, 2005

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	430,889	4,277,544	125,997	553,045	0	3,724,499
Fee-for-service (FFS) all year	48,422	387,662	48,422	387,662	0	0
FFS part year, with Rx claims	14,345	125,800	14,345	37,663	0	88,137
FFS part year, with no Rx claims	63,230	527,527	63,230	127,720	0	399,807
Managed care (MC) all year, with Rx claims	935	10,651	0	0	0	10,651
MC all year, with no Rx claims	303,957	3,225,904	0	0	0	3,225,904

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract;

MC = managed care; Rx = pharmacy benefit.

Nondual Beneficiaries