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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, NEBRASKA, 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	193,940	1,211	14,781	43,501	134,072	375	1,224,393	11,937	134,102	174,387	901,710	2,257
Age												
5 and younger	58,838	0	827	350	57,661	0	395,086	0	7,123	653	387,310	0
6-14	54,561	0	1,596	47	52,918	0	377,530	0	15,913	97	361,520	0
15-20	25,967	0	1,329	2,338	22,264	36	170,890	0	12,450	8,555	149,756	129
21-44	33,816	0	5,112	28,110	382	212	170,812	0	47,659	121,466	690	997
45-64	8,544	0	5,824	2,591	2	127	62,703	0	50,109	11,459	4	1,131
65-74	758	663	93	2	0	0	7,417	6,556	848	13	0	0
75-84	407	406	0	1	0	0	4,003	4,002	0	1	0	0
85 and older	142	142	0	0	0	0	1,379	1,379	0	0	0	0
Unknown	10,907	0	0	10,062	845	0	34,573	0	0	32,143	2,430	0
Gender												
Female	105,323	823	7,938	29,792	66,395	375	664,256	8,274	73,850	133,579	446,296	2,257
Male	84,439	388	6,842	9,638	67,571	0	551,695	3,663	60,250	32,669	455,113	0
Unknown	4,178	0	1	4,071	106	0	8,442	0	2	8,139	301	0
Race												
White	119,776	558	10,585	26,420	81,901	312	759,838	5,542	96,982	103,854	551,586	1,874
African American	25,943	121	2,263	6,792	16,757	10	182,812	1,213	20,412	34,372	126,741	74
Other/unknown	48,221	532	1,933	10,289	35,414	53	281,743	5,182	16,708	36,161	223,383	309
Use of Nursing Facilities^c												
Entire year	516	182	328	2	4	0	5,243	1,887	3,324	3	29	0
Part year	502	65	402	23	12	0	3,775	505	3,044	136	90	0
None	192,922	964	14,051	43,476	134,056	375	1,215,375	9,545	127,734	174,248	901,591	2,257
Maintenance Assistance Status												
Cash	50,650	995	12,099	14,678	22,878	0	341,541	10,277	116,544	58,528	156,192	0
Medically needy	11,784	115	484	10,902	283	0	48,319	1,018	2,628	43,714	959	0
Poverty-related	105,288	100	2,098	10,152	92,563	375	639,980	640	13,916	32,106	591,061	2,257
Other/unknown	26,218	1	100	7,769	18,348	0	194,553	2	1,014	40,039	153,498	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	16,945	357	3,401	7,328	5,494	365	66,522	3,522	29,609	15,125	16,046	2,220
FFS part year, with Rx claims	61,595	150	2,668	18,048	40,722	7	126,151	520	8,329	33,617	83,656	29
FFS part year, no Rx claims	23,723	30	418	5,712	17,560	3	48,737	82	1,170	10,444	37,033	8

Source: Data for this table are from the MAX 2005 file for Nebraska, 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, NEBRASKA, 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	80.4	9.3	\$589	\$64	\$2,476	23.8	193,940
Age							
5 and younger	84.6	5.8	210	36	1,441	14.6	58,838
6-14	79.2	6.3	509	81	1,219	41.8	54,561
15-20	81.7	8.4	584	69	2,043	28.6	25,967
21-44	79.0	13.5	918	68	4,499	20.4	33,816
45-64	86.2	39.8	2,745	69	9,431	29.1	8,544
65-74	92.2	46.1	2,730	59	13,163	20.7	758
75-84	95.8	42.2	2,133	51	14,660	14.6	407
85 and older	95.1	54.0	2,544	47	24,599	10.3	142
Unknown	59.6	3.2	109	34	2,174	5.0	10,907
Basis of Eligibility^e							
Aged	94.1	44.9	2,419	54	14,386	16.8	1,211
Disabled	90.7	37.9	3,047	80	14,093	21.6	14,781
Adults	73.3	8.2	413	50	2,051	20.2	43,501
Children	81.6	6.1	359	59	1,208	29.7	134,072
Unknown	58.7	10.7	697	65	8,870	7.9	375
Gender							
Female	82.4	10.3	600	58	2,414	24.9	105,323
Male	80.1	8.3	603	73	2,631	22.9	84,439
Unknown	37.6	1.3	49	38	911	5.3	4,178
Race							
White	81.8	10.7	718	67	2,887	24.9	119,776
African American	80.4	8.3	489	59	1,970	24.8	25,943
Other/unknown	77.1	6.3	324	51	1,728	18.7	48,221
Use of Nursing Facilities^f							
Entire year	96.9	89.1	5,881	66	61,525	9.6	516
Part year	97.0	73.3	4,724	64	53,991	8.7	502
None	80.3	8.9	564	64	2,184	25.8	192,922
Maintenance Assistance Status							
Cash	81.5	15.4	1,066	69	4,624	23.1	50,650
Medically needy	73.3	11.5	891	78	4,271	20.9	11,784
Poverty related	78.8	5.8	304	52	1,393	21.8	105,288
Other/unknown	88.2	10.2	680	67	1,869	36.4	26,218

Source: Data for this table are from the MAX 2005 file for Nebraska, 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, NEBRASKA, 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 of Beneficiaries	Benefit Months
			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	Number					
All	1.5	\$93	23.8	19.6	47.2	10.2	12.0	6.4	4.7	\$392	193,940	1,224,393		
Age														
5 and younger	0.9	31	14.6	15.4	56.9	9.8	9.8	5.0	3.0	215	58,838	395,086		
6-14	0.9	74	41.8	20.8	55.0	8.8	9.2	3.6	2.6	176	54,561	377,530		
15-20	1.3	89	28.6	18.3	49.2	11.2	12.2	5.3	3.7	311	25,967	170,890		
21-44	2.7	182	20.4	21.0	30.6	12.3	16.6	10.3	9.1	891	33,816	170,812		
45-64	5.4	374	29.1	13.8	16.8	10.1	22.7	19.2	17.4	1,285	8,544	62,703		
65-74	4.7	279	20.7	7.8	18.7	14.1	27.0	22.0	10.3	1,345	758	7,417		
75-84	4.3	217	14.6	4.2	22.9	12.5	27.8	23.1	9.6	1,491	407	4,003		
85 and older	5.6	262	10.3	4.9	11.3	7.7	29.6	31.7	14.8	2,533	142	1,379		
Unknown	1.0	35	5.0	40.4	29.8	10.5	12.0	5.3	2.1	686	10,907	34,573		
Basis of Eligibility^e														
Aged	4.6	245	16.8	5.9	19.7	13.0	28.2	22.7	10.4	1,459	1,211	11,937		
Disabled	4.2	336	21.6	9.3	26.3	11.4	23.2	17.1	12.6	1,553	14,781	134,102		
Adults	2.1	103	20.2	26.7	30.8	11.9	14.9	8.3	7.4	512	43,501	174,387		
Children	0.9	53	29.7	18.4	55.2	9.5	9.6	4.4	2.9	180	134,072	901,710		
Unknown	1.8	116	7.9	41.3	28.5	11.5	13.1	5.3	0.3	1,474	375	2,257		
Gender														
Female	1.6	95	24.9	17.6	46.4	10.6	12.7	7.1	5.7	383	105,323	664,256		
Male	1.3	92	22.9	19.9	49.6	9.9	11.3	5.6	3.7	403	84,439	551,695		
Unknown	0.6	24	5.3	62.4	20.7	7.3	6.9	2.1	0.6	451	4,178	8,442		
Race														
White	1.7	113	24.9	18.2	45.8	10.7	12.8	7.1	5.5	455	119,776	759,838		
African American	1.2	69	24.8	19.6	52.1	9.0	10.1	5.4	3.8	280	25,943	182,812		
Other/unknown	1.1	55	18.7	22.9	48.2	9.8	10.9	5.1	3.1	296	48,221	281,743		
Use of Nursing Facilities^f														
Entire year	8.8	579	9.6	3.1	2.5	3.9	20.3	39.9	30.2	6,055	516	5,243		
Part year	9.8	628	8.7	3.0	5.2	6.0	15.5	29.7	40.6	7,180	502	3,775		
None	1.4	90	25.8	19.7	47.4	10.2	11.9	6.2	4.5	347	192,922	1,215,375		
Maintenance Assistance Status														
Cash	2.3	158	23.1	18.5	40.4	10.7	14.7	8.9	6.7	686	50,650	341,541		
Medically needy	2.8	217	20.9	26.7	26.8	11.8	15.8	9.3	9.6	1,042	11,784	48,319		
Poverty related	1.0	50	21.8	21.2	51.4	9.5	9.9	4.7	3.2	229	105,288	639,980		
Other/unknown	1.4	92	36.4	11.8	52.8	11.3	13.1	6.5	4.5	252	26,218	194,553		

Source: Data for this table are from the MAX 2005 file for Nebraska, 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.

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

TABLE ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 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	1.5	\$93	\$64	0.6	\$73	\$130	0.1	\$5	\$73	0.8	\$15	\$18
Age												
5 and younger	0.9	31	36	0.2	20	82	0.0	2	45	0.6	9	16
6-14	0.9	74	81	0.5	63	136	0.0	3	70	0.4	8	20
15-20	1.3	89	69	0.6	72	126	0.1	4	64	0.6	13	20
21-44	2.7	182	68	1.0	142	148	0.1	10	87	1.6	29	18
45-64	5.4	374	69	2.0	287	141	0.2	21	97	3.2	66	21
65-74	4.7	279	59	1.9	219	116	0.2	15	75	2.6	44	17
75-84	4.3	217	51	1.6	168	103	0.1	8	60	2.5	41	16
85 and older	5.6	262	47	1.8	186	102	0.3	13	50	3.5	62	18
Unknown	1.0	35	34	0.2	23	116	0.0	2	43	0.8	10	13
Basis of Eligibility^d												
Aged	4.6	245	54	1.8	189	108	0.2	13	68	2.6	44	17
Disabled	4.2	336	80	1.7	267	159	0.2	17	97	2.3	51	22
Adults	2.1	103	50	0.7	77	118	0.1	6	73	1.3	20	15
Children	0.9	53	59	0.4	42	115	0.0	2	57	0.5	9	18
Unknown	1.8	116	65	0.6	90	143	0.1	6	73	1.1	20	19
Gender												
Female	1.6	95	58	0.6	73	122	0.1	5	71	1.0	17	18
Male	1.3	92	73	0.5	75	140	0.1	4	75	0.7	14	20
Unknown	0.6	24	38	0.1	17	127	0.0	1	48	0.5	6	12
Race												
White	1.7	113	67	0.7	91	132	0.1	6	73	0.9	17	19
African American	1.2	69	59	0.4	51	126	0.0	4	91	0.7	14	20
Other/unknown	1.1	55	51	0.3	41	120	0.0	3	60	0.7	11	17
Use of Nursing Facilities^e												
Entire year	8.8	579	66	3.1	433	142	0.4	28	64	5.3	116	22
Part year	9.8	628	64	3.3	469	141	0.4	39	91	6.0	120	20
None	1.4	90	64	0.5	71	129	0.1	5	73	0.8	15	18
Maintenance Assistance Status												
Cash	2.3	158	69	0.9	124	143	0.1	9	89	1.3	26	20
Medically needy	2.8	217	78	1.0	179	182	0.1	9	72	1.7	29	17
Poverty related	1.0	50	52	0.4	38	106	0.0	3	58	0.6	10	17
Other/unknown	1.4	92	67	0.6	76	120	0.1	4	65	0.7	12	17

Source: Data for this table are from the MAX 2005 file for Nebraska, 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 Nebraska, 0.3 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).

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

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

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

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Off-Brand-		Generic	Total	Off-Brand-		Generic	Total	Off-Brand-		Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Patented Brand-Name	Patent Brand-Name			Patented Brand-Name	Patent Brand-Name			Patented Brand-Name	Patent Brand-Name						
Anti-infective Agents	0.4	0.1	0.0	0.2	\$16	\$9	\$2	\$5	\$44	\$91	\$66	\$21	291,167	\$12,898,462	109,782	56.6	822,391
Biologicals	0.2	0.1	0.0	0.0	43	32	5	7	254	286	409	142	89	22,602	60	0.0	522
Antineoplastic Agents	0.7	0.2	0.0	0.5	136	118	1	17	209	697	91	37	3,076	641,909	552	0.3	4,721
Endocrine/Metabolic Drugs	0.6	0.2	0.1	0.3	30	19	4	7	53	93	66	23	144,131	7,657,117	34,151	17.6	256,984
Cardiovascular Agents	1.2	0.5	0.0	0.7	52	41	1	10	43	84	30	14	133,762	5,815,288	13,858	7.1	112,525
Respiratory Agents	0.5	0.2	0.0	0.3	23	18	1	4	48	97	38	14	292,890	14,201,137	79,701	41.1	615,780
Gastrointestinal Agents	0.4	0.1	0.0	0.3	27	21	1	5	61	165	54	16	66,859	4,056,510	19,497	10.1	151,327
Genitourinary Agents	0.4	0.2	0.0	0.2	20	14	2	4	54	88	63	22	23,531	1,271,678	9,618	5.0	64,764
CNS Drugs	1.2	0.7	0.0	0.5	128	118	1	8	108	170	100	17	264,644	28,659,087	29,566	15.2	224,628
Stimulants/Anti-obesity/Anorexia	0.9	0.8	0.0	0.1	98	94	1	3	106	116	95	30	82,325	8,689,097	10,695	5.5	88,271
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	245	245	0	0	380	387	0	10	3,129	1,190,253	593	0.3	4,859
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	20	9	3	7	38	160	264	17	188,769	7,184,208	50,370	26.0	365,570
Neuromuscular Agents	0.9	0.4	0.0	0.4	83	68	3	12	96	163	97	29	105,312	10,123,337	15,195	7.8	121,726
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	3	11	13	16	11	40,924	437,716	19,288	9.9	123,606
Hematological Agents	0.7	0.2	0.0	0.5	243	233	1	8	334	1,006	28	18	15,106	5,044,003	2,669	1.4	20,782
Topical Products	0.3	0.1	0.0	0.2	12	8	0	3	43	84	47	20	135,960	5,810,159	61,654	31.8	489,741
Miscellaneous Products	0.5	0.2	0.0	0.3	92	61	8	23	184	299	211	88	3,072	563,972	713	0.4	6,111
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	25	0	0	0	812	20,251	314	0.2	2,685
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.	1,795,558	114,286,786	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Nebraska, 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Nebraska, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2005.

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

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 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	\$15,847,527	11,382	5.9	99,824	0.7	\$218	\$159
ANTICONVULSANT	7,580,935	9,120	4.7	77,637	0.8	118	98
ANTIASTHMATIC	7,263,161	37,094	19.1	290,751	0.4	71	25
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	6,952,016	10,518	5.4	85,515	0.8	104	81
ANTIDEPRESSANTS	5,516,562	20,573	10.6	154,047	0.6	59	36
MISC. HEMATOLOGICAL	3,659,661	564	0.3	4,749	0.7	1,148	771
DERMATOLOGICAL	3,046,017	47,074	24.3	377,474	0.2	41	8
CEPHALOSPORINS	2,370,799	32,896	17.0	255,646	0.2	53	9
ANTIDIABETIC	2,339,516	5,352	2.8	42,524	0.8	69	55
ANALGESICS - Narcotic	2,193,245	34,241	17.7	232,030	0.3	27	9
Total	56,769,439	208,814		1,620,197	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Nebraska, 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.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.

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, NEBRASKA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	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	636,282	\$56,769,439	11,382	5.9	99,824	0.7	\$159	9,120	4.7	77,637	0.8	\$98
Female												
All Females	356,534	27,600,788	5,553	5.4	47,506	0.7	148	5,521	5.4	45,506	0.8	96
Female, Disabled												
All Ages	129,456	12,283,222	2,382	30.0	23,424	0.8	179	2,583	32.5	25,132	0.9	108
5 and younger	1,274	92,926	7	2.0	84	0.4	53	30	8.7	268	0.9	138
6-14	4,620	516,828	77	13.6	821	0.6	123	163	28.7	1,696	0.9	146
15-20	5,355	510,366	124	22.0	1,196	0.8	131	158	28.1	1,529	1.0	135
45-64	46,162	4,945,289	1,166	41.8	11,322	0.7	172	1,142	40.9	11,130	0.9	118
45-64	70,268	6,044,194	979	27.2	9,680	0.8	196	1,080	30.0	10,394	0.9	88
65-74	1,777	173,619	29	43.9	321	1.1	288	10	15.2	115	0.9	59
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	224,488	15,238,911	3,156	3.4	24,038	0.6	118	2,932	3.1	20,360	0.7	81
5 and younger	37,253	1,831,687	77	0.3	531	0.5	101	114	0.4	807	0.7	66
6-14	55,559	4,564,660	848	3.2	7,299	0.7	131	527	2.0	4,644	0.8	89
15-20	38,396	2,854,104	895	6.5	7,947	0.5	95	622	4.5	5,334	0.6	74
21-44	71,521	4,454,457	1,068	4.6	5,965	0.6	121	1,379	5.9	7,185	0.8	90
45-64	10,900	713,120	116	6.1	691	0.7	109	172	9.0	1,139	0.7	68
65-74	6,111	500,042	76	16.6	837	1.0	198	75	16.3	825	0.7	45
75-84	3,074	197,647	45	17.2	486	0.9	126	31	11.8	301	0.7	32
85 and older	1,674	123,194	31	29.5	282	0.8	175	12	11.4	125	0.8	59
Male												
All Males	278,562	29,133,923	5,805	7.2	52,266	0.8	169	3,582	4.4	32,097	0.9	100
Male, Disabled												
All Ages	85,383	9,993,347	2,225	32.5	21,863	0.8	208	1,756	25.7	17,410	1.0	117
5 and younger	2,280	180,157	19	3.9	191	0.5	78	54	11.2	503	0.9	90
6-14	10,355	1,432,271	325	31.6	3,469	0.7	164	221	21.5	2,395	0.9	124
15-20	8,835	1,141,890	309	40.3	3,070	0.8	182	200	26.1	1,973	1.0	132
21-44	32,609	4,342,964	1,006	43.4	9,925	0.9	230	813	35.0	8,334	1.0	134
45-64	31,076	2,881,320	562	25.3	5,165	0.8	216	466	21.0	4,192	0.9	74
65-74	228	14,745	4	14.8	43	0.6	147	2	7.4	13	1.2	60
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, NEBRASKA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	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	190,084	19,048,000	3,561	4.8	30,339	0.7	140	1,815	2.5	14,645	0.7	81
5 and younger	45,279	2,545,537	166	0.6	1,146	0.6	110	208	0.7	1,654	0.7	51
6-14	87,077	11,102,914	1,947	7.3	16,544	0.7	146	806	3.0	6,913	0.8	83
15-20	40,045	4,192,921	1,156	10.6	10,865	0.7	133	474	4.4	4,315	0.7	92
21-44	10,711	708,198	200	3.7	946	0.6	138	233	4.3	1,016	0.8	93
45-64	2,987	182,176	32	3.9	189	0.8	146	53	6.5	298	0.5	35
65-74	2,108	180,839	29	14.1	342	0.7	163	23	11.2	253	1.0	79
75-84	1,342	100,167	23	15.9	218	1.1	155	13	9.0	145	0.9	47
85 and older	535	35,248	8	21.6	89	1.0	214	5	13.5	51	1.0	43
Unknown	6,871	205,959	58	0.5	160	0.5	44	34	0.3	90	0.9	83

Source: Data for this table are from the MAX 2005 file for Nebraska, 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, NEBRASKA, 2005

Beneficiary Characteristics	ANTIASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIDEPRESSANTS				
	Number of Users	Users as % of All Benes	Mean		Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Mean		Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Mean		Mean Rx \$ per Month
			Number of Months Among Users	Number of Rx per Month				Number of Months Among Users	Number of Rx per Month				Number of Months Among Users	Number of Rx per Month	
All	37,094	19.1	290,751	0.4	\$25	10,518	5.4	85,515	0.8	\$81	20,573	10.6	154,047	0.6	\$36
Female															
All Females	19,583	19.2	152,091	0.4	25	3,462	3.4	28,033	0.7	80	14,338	14.1	103,401	0.6	38
Female, Disabled															
All Ages	3,509	44.2	33,902	0.5	34	392	4.9	3,918	0.7	92	4,047	51.0	38,878	0.7	40
5 and younger	126	36.6	1,252	0.3	23	9	2.6	83	0.5	31	4	1.2	19	0.4	7
6-14	184	32.4	1,936	0.4	23	108	19.0	1,119	0.7	63	54	9.5	600	0.5	16
15-20	156	27.7	1,526	0.4	22	67	11.9	662	0.7	60	169	30.0	1,523	0.6	29
21-44	1,005	36.0	10,206	0.4	27	115	4.1	1,162	0.6	115	1,664	59.6	16,287	0.6	40
45-64	2,004	55.6	18,614	0.5	40	91	2.5	876	0.7	131	2,126	59.0	20,118	0.7	42
65-74	34	51.5	368	0.7	47	2	3.0	16	1.0	37	30	45.5	331	0.8	32
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	15,850	16.9	117,034	0.3	23	3,066	3.3	24,100	0.7	78	10,160	10.8	64,049	0.6	36
5 and younger	4,857	17.3	37,500	0.3	18	111	0.4	925	0.5	42	301	1.1	1,808	0.4	20
6-14	4,675	17.9	37,802	0.3	24	1,966	7.5	15,810	0.8	78	1,097	4.2	8,994	0.6	23
15-20	2,479	18.0	18,850	0.3	21	621	4.5	5,383	0.6	65	2,217	16.1	16,959	0.5	28
21-44	3,219	13.8	17,913	0.4	25	329	1.4	1,719	0.8	125	5,681	24.4	29,975	0.6	44
45-64	377	19.8	2,320	0.5	38	33	1.7	212	0.7	115	645	33.9	4,031	0.7	46
65-74	142	30.9	1,562	0.5	42	1	0.2	12	1.0	219	116	25.3	1,249	0.7	36
75-84	70	26.7	770	0.5	39	3	1.1	18	0.9	22	57	21.8	543	0.8	40
85 and older	31	29.5	317	0.6	26	2	1.9	21	0.3	6	46	43.8	490	0.8	38
Male															
All Males	17,434	21.6	138,495	0.3	25	7,055	8.7	57,481	0.8	82	6,115	7.6	50,373	0.6	32
Male, Disabled															
All Ages	1,900	27.8	17,870	0.5	35	670	9.8	6,658	0.8	84	1,931	28.2	18,189	0.7	41
5 and younger	246	50.9	2,258	0.4	33	28	5.8	280	0.4	26	7	1.4	69	0.3	4
6-14	326	31.7	3,450	0.3	28	349	33.9	3,540	0.8	78	149	14.5	1,567	0.6	22
15-20	175	22.8	1,814	0.4	25	165	21.5	1,622	0.8	99	169	22.1	1,724	0.7	35
21-44	420	18.1	3,766	0.5	34	91	3.9	861	0.7	91	832	35.9	7,847	0.8	46
45-64	727	32.8	6,526	0.6	43	37	1.7	355	0.7	106	773	34.9	6,970	0.7	40
65-74	6	22.2	56	0.8	64	0	0.0	0	0.0	0	1	3.7	12	1.0	42
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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, NEBRASKA, 2005

Beneficiary Characteristics	ANTIASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIDEPRESSANTS				
	Number of Users	Users as % of All Benes	Mean Number of Rx		Mean Benefit \$ per Month	Number of Users	Users as % of All Benes	Mean Number of Rx		Mean Benefit \$ per Month	Number of Users	Users as % of All Benes	Mean Number of Rx		Mean Benefit \$ per Month
			Among Users	Month				Among Users	Month				Among Users	Month	
Male, Other Eligibles															
All Ages	15,255	20.7	119,283	0.3	24	6,380	8.6	50,808	0.8	82	4,044	5.5	31,681	0.6	27
5 and younger	6,903	23.4	54,007	0.3	20	313	1.1	2,271	0.5	47	369	1.2	2,651	0.3	14
6-14	5,814	21.7	45,781	0.4	27	4,682	17.5	36,661	0.9	84	1,441	5.4	12,448	0.6	22
15-20	1,919	17.7	15,822	0.4	23	1,311	12.1	11,488	0.7	81	1,378	12.7	12,194	0.6	29
21-44	396	7.3	1,901	0.5	29	64	1.2	331	0.7	96	634	11.7	2,735	0.7	46
45-64	98	12.0	537	0.4	33	8	1.0	33	1.4	216	128	15.7	627	0.7	46
65-74	62	30.1	608	0.5	39	2	1.0	24	0.4	32	53	25.7	595	0.6	29
75-84	50	34.5	499	0.5	45	0	0.0	0	0.0	0	23	15.9	240	0.7	28
85 and older	13	35.1	128	0.6	19	0	0.0	0	0.0	0	18	48.6	191	0.8	26
Unknown	580	5.1	2,662	0.3	15	10	0.1	31	0.5	95	391	3.4	1,250	0.6	35

Source: Data for this table are from the MAX 2005 file for Nebraska, 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, NEBRASKA, 2005

Beneficiary Characteristics	MISC. HEMATOLOGICAL					DERMATOLOGICAL					CEPHALOSPORINS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month
All	564	0.3	4,749	0.7	\$771	47,074	24.3	377,474	0.2	\$8	32,896	17.0	255,646	0.2	\$9
Female															
All Females	352	0.3	3,010	0.6	79	27,186	26.7	215,256	0.2	8	18,047	17.7	137,944	0.2	9
Female, Disabled															
All Ages	246	3.1	2,251	0.6	78	3,260	41.1	34,024	0.2	9	1,779	22.4	18,149	0.2	7
5 and younger	1	0.3	4	0.5	57	154	44.8	1,395	0.2	5	110	32.0	1,002	0.2	11
6-14	0	0.0	0	0.0	0	247	43.5	2,701	0.2	7	183	32.2	1,932	0.1	10
15-20	1	0.2	12	0.2	21	225	40.0	2,248	0.2	7	122	21.7	1,281	0.1	7
21-44	28	1.0	261	0.5	68	1,188	42.6	12,824	0.2	10	602	21.6	6,222	0.1	5
45-64	214	5.9	1,950	0.6	79	1,414	39.2	14,478	0.2	9	751	20.8	7,603	0.2	6
65-74	2	3.0	24	1.0	110	32	48.5	378	0.3	9	11	16.7	109	0.1	4
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	106	0.1	759	0.7	82	23,422	24.9	178,249	0.2	8	15,929	17.0	118,056	0.2	9
5 and younger	2	0.0	19	0.4	42	9,529	34.0	75,805	0.2	5	6,700	23.9	52,262	0.2	11
6-14	0	0.0	0	0.0	0	5,970	22.8	48,400	0.2	8	4,061	15.5	33,017	0.2	10
15-20	0	0.0	0	0.0	0	3,543	25.7	27,692	0.2	11	2,061	15.0	15,110	0.2	6
21-44	29	0.1	142	0.6	85	3,727	16.0	20,554	0.3	14	2,775	11.9	15,086	0.2	7
45-64	30	1.6	145	0.6	75	323	17.0	2,216	0.3	17	230	12.1	1,495	0.2	10
65-74	24	5.2	230	0.6	84	178	38.8	1,959	0.2	6	54	11.8	588	0.1	6
75-84	12	4.6	128	0.8	97	91	34.7	1,011	0.3	9	24	9.2	263	0.1	5
85 and older	9	8.6	95	0.7	72	61	58.1	612	0.2	5	24	22.9	235	0.1	5
Male															
All Males	212	0.3	1,739	0.7	1,968	19,794	24.5	161,996	0.2	8	14,730	18.3	117,396	0.2	10
Male, Disabled															
All Ages	140	2.0	1,213	0.8	210	2,308	33.7	23,791	0.2	10	1,253	18.3	12,471	0.2	8
5 and younger	2	0.4	20	2.2	333	208	43.1	1,853	0.2	4	201	41.6	1,879	0.2	12
6-14	2	0.2	14	0.8	7,580	308	30.0	3,278	0.2	8	220	21.4	2,388	0.1	8
15-20	1	0.1	1	1.0	18	293	38.3	3,106	0.2	9	153	20.0	1,611	0.2	9
21-44	18	0.8	162	0.8	305	807	34.8	8,642	0.2	10	384	16.6	3,878	0.2	6
45-64	116	5.2	1,008	0.8	91	689	31.1	6,897	0.3	12	294	13.3	2,703	0.2	6
65-74	1	3.7	8	1.0	127	3	11.1	15	0.3	23	1	3.7	12	0.1	1
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, NEBRASKA, 2005

Beneficiary Characteristics	MISC. HEMATOLOGICAL					DERMATOLOGICAL					CEPHALOSPORINS				
	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
Male, Other Eligibles															
All Ages	72	0.1	526	0.6	6,022	16,946	22.9	135,271	0.2	8	13,103	17.7	103,063	0.2	10
5 and younger	4	0.0	40	0.2	154	9,192	31.1	71,701	0.2	6	7,528	25.5	58,792	0.2	11
6-14	5	0.0	39	1.1	72,886	4,587	17.1	38,156	0.2	7	3,714	13.9	30,675	0.2	10
15-20	3	0.0	24	0.6	11,788	2,530	23.3	21,677	0.2	14	1,349	12.4	11,007	0.2	5
21-44	21	0.4	110	0.8	114	413	7.6	1,863	0.3	35	396	7.3	1,832	0.3	5
45-64	19	2.3	101	0.5	65	82	10.1	352	0.3	12	77	9.4	390	0.2	6
65-74	12	5.8	132	0.4	72	65	31.6	706	0.3	12	15	7.3	116	0.1	11
75-84	6	4.1	62	0.6	88	50	34.5	540	0.3	8	19	13.1	203	0.1	6
85 and older	2	5.4	18	1.1	114	27	73.0	276	0.3	9	5	13.5	48	0.1	1
Unknown	0	0.0	0	0.0	0	1,138	10.0	6,139	0.2	6	832	7.3	3,907	0.3	8

Source: Data for this table are from the MAX 2005 file for Nebraska, 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.medspan.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, NEBRASKA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic						
	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
All	5,352	2.8	42,524	0.8	\$55	34,241	17.7	232,030	0.3	\$10	193,940	1,224,393
Female												
All Females	3,624	3.6	29,856	0.8	52	23,100	22.7	156,158	0.4	10	101,911	651,104
Female, Disabled												
All Ages	1,830	23.1	17,766	0.8	51	4,443	56.0	42,585	0.5	19	7,938	73,850
5 and younger	5	1.5	58	0.4	23	32	9.3	310	0.1	2	344	2,935
6-14	12	2.1	125	0.8	29	48	8.5	524	0.1	1	568	5,711
15-20	10	1.8	91	0.4	12	121	21.5	1,181	0.2	4	563	5,270
21-44	406	14.5	4,030	0.7	49	1,733	62.1	16,944	0.4	15	2,792	26,702
45-64	1,355	37.6	12,979	0.8	52	2,485	68.9	23,383	0.6	22	3,605	32,562
65-74	42	63.6	483	0.9	53	24	36.4	243	0.8	57	66	670
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	1,759	1.9	11,916	0.8	55	17,981	19.1	110,571	0.3	6	93,973	577,254
5 and younger	71	0.3	530	0.5	31	2,263	8.1	15,521	0.2	2	28,048	188,509
6-14	126	0.5	947	1.0	90	1,380	5.3	11,008	0.2	1	26,138	178,966
15-20	154	1.1	1,009	0.7	50	3,049	22.1	20,068	0.2	2	13,779	85,427
21-44	760	3.3	4,349	0.8	53	10,021	43.1	54,669	0.4	8	23,277	106,493
45-64	307	16.1	1,603	0.9	67	917	48.1	5,750	0.5	16	1,905	9,571
65-74	218	47.5	2,284	0.8	52	185	40.3	1,982	0.4	17	459	4,636
75-84	95	36.3	883	0.8	43	109	41.6	1,053	0.4	13	262	2,610
85 and older	28	26.7	311	0.8	40	57	54.3	520	0.5	31	105	1,042
Male												
All Males	1,694	2.1	12,602	0.8	61	10,726	13.3	74,850	0.3	9	80,683	537,876
Male, Disabled												
All Ages	883	12.9	7,981	0.8	57	2,229	32.6	18,949	0.5	24	6,842	60,250
5 and younger	1	0.2	12	0.2	8	67	13.9	625	0.1	1	483	4,188
6-14	5	0.5	50	1.1	90	99	9.6	993	0.1	1	1,028	10,202
15-20	16	2.1	141	0.9	79	126	16.4	1,252	0.2	3	766	7,180
21-44	169	7.3	1,525	0.8	53	779	33.6	6,451	0.4	22	2,320	20,957
45-64	685	30.9	6,208	0.8	58	1,147	51.7	9,559	0.6	33	2,218	17,545
65-74	7	25.9	45	0.8	32	11	40.7	69	1.2	11	27	178
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.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^a, ^b, ^c
 NONDUAL BENEFICIARIES, NEBRASKA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean			
				Rx per Month	Rx \$ per Benefit				Rx per Month	Rx \$ per Benefit		
Male, Other Eligibles												
All Ages	751	1.0	4,448	0.9	68	7,702	10.4	52,496	0.2	5	73,841	477,626
5 and younger	106	0.4	737	0.5	34	2,708	9.2	19,547	0.2	1	29,561	198,664
6-14	103	0.4	769	1.0	99	1,349	5.0	10,931	0.1	1	26,793	182,608
15-20	62	0.6	352	1.4	133	1,621	14.9	12,798	0.2	2	10,859	73,013
21-44	242	4.5	1,074	1.0	69	1,592	29.3	6,348	0.6	18	5,425	16,655
45-64	146	17.9	612	1.0	76	305	37.4	1,590	0.7	19	815	3,023
65-74	60	29.1	612	0.7	38	63	30.6	682	0.4	31	206	1,933
75-84	28	19.3	262	0.7	34	51	35.2	478	0.3	22	145	1,393
85 and older	4	10.8	30	0.4	16	13	35.1	122	0.5	14	37	337
Unknown	129	1.1	413	1.1	56	1,886	16.6	7,429	0.3	2	11,346	35,413

Source: Data for this table are from the MAX 2005 file for Nebraska, 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.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.

Nondual Beneficiaries

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, NEBRASKA, 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	\$579	8.8	516	5,243
Age				
0-64	671	9.4	313	3,135
65-74	563	9.0	67	740
75-84	382	7.3	68	682
85 and older	369	7.2	68	686
Unknown	0	0.0	0	0
Gender				
Female	585	9.2	312	3,297
Male	568	8.0	204	1,946
Unknown	0	0.0	0	0
Race				
White	547	8.8	410	4,171
African American	746	8.4	51	526
Other/unknown	661	9.2	55	546
Basis of Eligibility^c				
Aged	419	7.7	182	1,887
Disabled	666	9.4	328	3,324
Adults	3,572	7.7	2	3
Children	648	7.6	4	29
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for Nebraska, 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 502 beneficiaries who were in nursing facilities for part of their enrollment and their 3,775 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, NEBRASKA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users								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	0.5	0.2	0.0	0.3	\$36	\$25	\$4	\$7	\$79	\$161	\$107	\$26	1,831	\$144,937	376	72.9	4,013
Biologicals	0.2	0.2	0.0	0.0	165	165	0	0	793	793	0	0	5	3,965	2	0.4	24
Antineoplastic Agents	0.5	0.1	0.0	0.5	41	26	0	15	76	446	0	31	129	9,844	23	4.5	239
Endocrine/Metabolic Drugs	1.6	0.6	0.3	0.7	83	59	14	10	52	95	46	15	4,406	230,197	261	50.6	2,764
Cardiovascular Agents	2.1	0.6	0.0	1.4	66	50	1	15	32	82	12	11	7,461	235,822	342	66.3	3,572
Respiratory Agents	1.1	0.4	0.0	0.7	52	39	1	12	47	105	34	17	2,811	131,405	246	47.7	2,549
Gastrointestinal Agents	1.2	0.2	0.0	1.0	45	25	3	17	38	153	75	17	3,985	150,521	320	62.0	3,358
Genitourinary Agents	0.9	0.6	0.0	0.3	60	49	1	10	68	88	58	32	1,526	104,242	159	30.8	1,733
CNS Drugs	2.1	1.2	0.0	0.9	223	203	1	19	104	171	37	21	9,287	964,874	412	79.8	4,320
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.0	0.4	82	75	0	7	114	228	0	17	111	12,642	16	3.1	155
Miscellaneous Psychological/ Neurological Agents	1.0	1.0	0.0	0.0	185	185	0	0	189	189	0	0	485	91,811	48	9.3	496
Analgesics and Anesthetics	1.1	0.2	0.1	0.8	65	27	12	26	61	136	169	33	3,173	193,897	292	56.6	2,975
Neuromuscular Agents	1.7	0.5	0.1	1.1	136	86	10	40	79	179	76	36	5,302	416,355	279	54.1	3,054
Nutritional Products	0.8	0.0	0.0	0.8	11	0	0	11	14	11	10	14	1,349	18,709	161	31.2	1,631
Hematological Agents	1.2	0.3	0.1	0.8	146	104	1	41	125	305	9	54	1,726	215,602	147	28.5	1,478
Topical Products	0.6	0.2	0.0	0.4	27	17	2	8	43	89	50	20	2,176	93,185	318	61.6	3,431
Miscellaneous Products	0.3	0.1	0.0	0.2	19	12	0	6	63	133	0	31	120	7,573	38	7.4	405
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	40	0	0	0	83	0	0	0	109	9,051	22	4.3	229
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.	45,992	3,034,632	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Nebraska, 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 502 beneficiaries who were in nursing facilities for part of their enrollment and their 3,775 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 Nebraska, 0.3 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, NEBRASKA, 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	Number of Rx per Benefit Month	Rx \$ per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$746,416	355	68.8	3,905	0.9	\$206	\$191
ANTICONVULSANT	322,131	298	57.8	3,312	1.1	87	97
ANTIDEPRESSANTS	181,421	391	75.8	4,227	0.9	48	43
ANTIDIABETIC	170,119	269	52.1	2,980	1.0	58	57
ANALGESICS - Narcotic	111,335	289	56.0	2,859	0.7	60	39
ULCER DRUGS	103,693	340	65.9	3,599	0.8	36	29
ANTIASTHMATIC	102,499	302	58.5	3,094	0.7	50	33
ANTIHYPERLIPIDEMIC	92,280	115	22.3	1,274	0.8	86	72
MISC. HEMATOLOGICAL	92,228	49	9.5	502	0.9	210	184
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	91,811	58	11.2	595	0.8	189	154
Total	2,013,933	2,466		26,347	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Nebraska, 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 502 beneficiaries who were in nursing facilities for part of their enrollment and their 3,775 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, NEBRASKA, 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	22,858	\$2,013,933	355	68.8	3,905	0.9	\$191	298	57.8	3,312	1.1	\$97
Female												
All Females	15,119	1,309,161	226	72.4	2,544	1.0	198	192	61.5	2,118	1.0	92
Female, Disabled												
All Ages	10,166	915,656	147	78.6	1,648	1.0	211	154	82.4	1,682	1.1	99
64 or younger	9,066	812,360	133	79.2	1,480	0.9	199	149	88.7	1,622	1.1	101
65-74	1,100	103,296	14	73.7	168	1.3	312	5	26.3	60	1.0	59
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	4,953	393,505	79	63.2	896	1.0	175	38	30.4	436	1.0	65
64 or younger	94	8,290	1	25.0	6	2.3	374	0	0.0	0	0.0	0
65-74	1,524	137,102	31	110.7	369	1.0	177	21	75.0	242	0.9	62
75-84	1,665	122,180	25	59.5	283	1.0	164	10	23.8	110	1.1	65
85 and older	1,670	125,933	22	43.1	238	0.9	181	7	13.7	84	0.9	74
Male												
All Males	7,739	704,772	129	63.2	1,361	0.9	178	106	52.0	1,194	1.3	106
Male, Disabled												
All Ages	5,796	546,634	90	63.8	952	0.8	177	89	63.1	992	1.3	111
64 or younger	5,789	545,344	89	64.0	945	0.8	177	89	64.0	992	1.3	111
65-74	7	1,290	1	50.0	7	0.9	183	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	1,943	158,138	39	61.9	409	1.0	181	17	27.0	202	1.1	85
64 or younger	21	759	0	0.0	0	0.0	0	2	100.0	22	0.6	26
65-74	794	66,202	16	88.9	186	0.8	153	7	38.9	84	1.5	138
75-84	711	59,170	16	61.5	146	1.2	193	5	19.2	60	0.9	54
85 and older	417	32,007	7	41.2	77	1.0	224	3	17.6	36	1.0	48
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 Nebraska, 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 502 beneficiaries who were in nursing facilities for part of their enrollment and their 3,775 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIDIABETIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	391	75.8	4,227	0.9	\$43	269	52.1	2,980	1.0	\$57	289	56.0	2,859	0.7	\$39
Female															
All Females	264	84.6	2,871	0.9	43	189	60.6	2,115	1.0	59	192	61.5	1,977	0.7	41
Female, Disabled															
All Ages	181	96.8	1,983	0.9	43	124	66.3	1,377	1.0	62	123	65.8	1,336	0.7	44
64 or younger	167	99.4	1,825	0.9	44	104	61.9	1,152	1.0	62	116	69.0	1,262	0.7	40
65-74	14	73.7	158	0.9	33	20	105.3	225	1.2	62	7	36.8	74	1.3	115
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	83	66.4	888	0.9	44	65	52.0	738	1.0	54	69	55.2	641	0.5	35
64 or younger	3	75.0	10	1.7	89	0	0.0	0	0.0	0	4	100.0	6	1.0	23
65-74	21	75.0	251	0.8	43	26	92.9	312	0.9	72	12	42.9	133	0.4	6
75-84	23	54.8	232	1.0	50	19	45.2	211	1.1	50	20	47.6	190	0.5	33
85 and older	36	70.6	395	0.8	40	20	39.2	215	0.8	32	33	64.7	312	0.6	48
Male															
All Males	127	62.3	1,356	0.9	42	80	39.2	865	0.9	52	97	47.5	882	0.6	35
Male, Disabled															
All Ages	90	63.8	952	0.8	45	62	44.0	653	0.9	53	74	52.5	678	0.6	42
64 or younger	90	64.7	952	0.8	45	62	44.6	653	0.9	53	73	52.5	677	0.6	42
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	1	1.0	6
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	37	58.7	404	0.9	37	18	28.6	212	1.0	47	23	36.5	204	0.6	11
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	17	94.4	197	0.9	30	12	66.7	144	0.9	43	7	38.9	71	0.6	7
75-84	10	38.5	100	1.1	52	6	23.1	68	1.2	56	8	30.8	50	0.3	4
85 and older	10	58.8	107	0.7	35	0	0.0	0	0.0	0	8	47.1	83	0.7	19
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 Nebraska, 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 502 beneficiaries who were in nursing facilities for part of their enrollment and their 3,775 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.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEBRASKA, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIASTHMATIC					ANTIHYPERLIPIDEMIC				
	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	340	65.9	3,599	0.8	\$29	302	58.5	3,094	0.7	\$33	115	22.3	1,274	0.8	\$72
Female															
All Females	210	67.3	2,283	0.8	25	192	61.5	2,042	0.6	35	76	24.4	858	0.8	72
Female, Disabled															
All Ages	128	68.4	1,364	0.8	31	120	64.2	1,306	0.6	35	43	23.0	490	0.9	71
64 or younger	121	72.0	1,280	0.8	32	106	63.1	1,138	0.5	31	37	22.0	418	0.9	71
65-74	7	36.8	84	0.6	13	14	73.7	168	1.0	60	6	31.6	72	0.9	71
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	82	65.6	919	0.8	17	72	57.6	736	0.6	35	33	26.4	368	0.8	73
64 or younger	2	50.0	12	1.3	22	4	100.0	19	2.2	250	0	0.0	0	0.0	0
65-74	22	78.6	250	0.7	10	19	67.9	200	0.2	16	14	50.0	164	0.7	66
75-84	27	64.3	309	0.8	13	23	54.8	260	0.8	41	10	23.8	111	1.0	93
85 and older	31	60.8	348	0.8	26	26	51.0	257	0.7	27	9	17.6	93	0.8	62
Male															
All Males	130	63.7	1,316	0.8	35	110	53.9	1,052	0.8	30	39	19.1	416	0.9	74
Male, Disabled															
All Ages	99	70.2	1,006	0.8	38	80	56.7	760	0.8	32	29	20.6	305	0.9	71
64 or younger	99	71.2	1,006	0.8	38	80	57.6	760	0.8	32	29	20.9	305	0.9	71
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	31	49.2	310	0.8	26	30	47.6	292	0.6	25	10	15.9	111	0.9	83
64 or younger	1	50.0	10	0.5	13	0	0.0	0	0.0	0	1	50.0	10	0.1	1
65-74	3	16.7	30	0.8	13	11	61.1	105	0.6	42	5	27.8	53	0.9	63
75-84	18	69.2	168	0.8	29	13	50.0	125	0.4	18	3	11.5	36	1.0	142
85 and older	9	52.9	102	0.7	28	6	35.3	62	0.8	12	1	5.9	12	1.1	65
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 Nebraska, 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 502 beneficiaries who were in nursing facilities for part of their enrollment and their 3,775 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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	MISC. HEMATOLOGICAL					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					All-Year Nursing Facility Residents	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	49	9.5	502	0.9	\$184	58	11.2	595	0.8	\$154	516	5,243
Female												
All Females	31	9.9	319	0.9	117	32	10.3	343	0.9	152	312	3,297
Female, Disabled												
All Ages	15	8.0	146	0.9	144	15	8.0	162	0.8	182	187	1,974
64 or younger	14	8.3	134	0.9	146	14	8.3	150	0.8	185	168	1,761
65-74	1	5.3	12	1.3	124	1	5.3	12	1.0	143	19	213
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	16	12.8	173	0.9	93	17	13.6	181	0.9	126	125	1,323
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	10
65-74	3	10.7	36	0.7	86	2	7.1	24	1.0	128	28	323
75-84	6	14.3	66	1.0	97	6	14.3	60	1.0	150	42	456
85 and older	7	13.7	71	0.8	93	9	17.6	97	0.9	110	51	534
Male												
All Males	18	8.8	183	0.8	301	26	12.7	252	0.8	157	204	1,946
Male, Disabled												
All Ages	16	11.3	159	0.9	336	13	9.2	112	0.7	232	141	1,350
64 or younger	16	11.5	159	0.9	336	13	9.4	112	0.7	232	139	1,342
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	8
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	2	3.2	24	0.5	65	13	20.6	140	0.8	97	63	596
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	22
65-74	2	11.1	24	0.5	65	3	16.7	36	0.9	109	18	196
75-84	0	0.0	0	0.0	0	7	26.9	68	0.7	93	26	226
85 and older	0	0.0	0	0.0	0	3	17.6	36	0.8	93	17	152
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 Nebraska, 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 502 beneficiaries who were in nursing facilities for part of their enrollment and their 3,775 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEBRASKA, 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	92,151	47.5	1.9	365,304	\$20	\$3,908,659	\$11	3.4	193,940
Age									
5 and younger	35,042	59.6	1.9	113,566	19	1,093,444	10	8.8	58,838
6-14	23,525	43.1	1.2	63,239	14	773,864	12	2.8	54,561
15-20	10,268	39.5	1.2	31,187	15	376,801	12	2.5	25,967
21-44	13,980	41.3	2.1	71,935	23	791,454	11	2.6	33,816
45-64	5,193	60.8	7.2	61,457	80	682,954	11	2.9	8,544
65-74	534	70.4	9.9	7,501	90	68,048	9	3.3	758
75-84	305	74.9	12.5	5,083	104	42,447	8	4.9	407
85 and older	116	81.7	20.8	2,951	145	20,555	7	5.7	142
Unknown	3,188	29.2	0.8	8,385	5	59,092	7	5.0	10,907
Basis of Eligibility^c									
Aged	882	72.8	11.6	14,065	98	119,213	8	4.1	1,211
Disabled	9,380	63.5	7.3	107,550	82	1,210,694	11	2.7	14,781
Adults	15,777	36.3	1.2	50,784	13	548,864	11	3.1	43,501
Children	65,998	49.2	1.4	192,393	15	2,024,466	11	4.2	134,072
Unknown	114	30.4	1.4	512	14	5,422	11	2.1	375
Gender									
Female	52,073	49.4	2.1	216,864	22	2,352,051	11	3.7	105,323
Male	39,658	47.0	1.7	147,732	18	1,551,321	11	3.0	84,439
Unknown	420	10.1	0.2	708	1	5,287	7	2.6	4,178
Race									
White	55,129	46.0	2.0	233,736	22	2,644,004	11	3.1	119,776
African American	12,313	47.5	1.7	44,368	17	443,451	10	3.5	25,943
Other/unknown	24,709	51.2	1.8	87,200	17	821,204	9	5.3	48,221
Use of Nursing Facilities^d									
Entire year	486	94.2	35.1	18,088	265	136,801	8	4.5	516
Part year	471	93.8	18.1	9,083	156	78,561	9	3.3	502
None	91,194	47.3	1.8	338,133	19	3,693,297	11	3.4	192,922
Maintenance Assistance Status									
Cash	26,437	52.2	3.1	156,439	33	1,688,470	11	3.1	50,650
Medically needy	4,347	36.9	2.0	23,900	20	240,696	10	2.3	11,784
Poverty related	48,463	46.0	1.4	143,229	15	1,528,168	11	4.8	105,288
Other/unknown	12,904	49.2	1.6	41,736	17	451,325	11	2.5	26,218

Source: Data for this table are from the MAX 2005 file for Nebraska, 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}
 NEBRASKA, 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	\$3	\$11	\$0	\$0	1,224,393
Age						
5 and younger	0.3	3	10	0	0	395,086
6-14	0.2	2	12	0	0	377,530
15-20	0.2	2	12	0	0	170,890
21-44	0.4	5	11	0	1	170,812
45-64	1.0	11	11	0	2	62,703
65-74	1.0	9	9	0	1	7,417
75-84	1.3	11	8	0	1	4,003
85 and older	2.1	15	7	0	1	1,379
Unknown	0.2	2	7	0	0	34,573
Basis of Eligibility^c						
Aged	1.2	10	8	0	1	11,937
Disabled	0.8	9	11	0	2	134,102
Adults	0.3	3	11	0	0	174,387
Children	0.2	2	11	0	0	901,710
Unknown	0.2	2	11	0	0	2,257
Gender						
Female	0.3	4	11	0	0	664,256
Male	0.3	3	11	0	0	551,695
Unknown	0.1	1	7	0	0	8,442
Race						
White	0.3	3	11	0	0	759,838
African American	0.2	2	10	0	0	182,812
Other/unknown	0.3	3	9	0	0	281,743
Use of Nursing Facilities^d						
Entire year	3.4	26	8	0	4	5,243
Part year	2.4	21	9	0	4	3,775
None	0.3	3	11	0	0	1,215,375
Maintenance Assistance Status						
Cash	0.5	5	11	0	1	341,541
Medically needy	0.5	5	10	0	1	48,319
Poverty related	0.2	2	11	0	0	639,980
Other/unknown	0.2	2	11	0	0	194,553

Source: Data for this table are from the MAX 2005 file for Nebraska, 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}
NEBRASKA, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	Total Number Rx. \$ per Rx
All	127,941	\$31	\$3,908,659	100.0	365,304	\$11	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	5	515	2,573	0.1	30	86	0.0
Drugs for cosmetic purposes	182	18	3,256	0.1	261	12	0.1
Cough and cold medications	53,757	32	1,726,092	44.2	103,991	17	28.5
Vitamins and minerals	7,962	30	240,933	6.2	19,635	12	5.4
Non-prescription drugs	56,880	24	1,384,569	35.4	194,986	7	53.4
Barbiturates	391	52	20,234	0.5	3,154	6	0.9
Benzodiazepines	7,736	58	448,839	11.5	40,106	11	11.0
Other Part D Excl Rx Drugs	1,028	80	82,163	2.1	3,141	26	0.9

Source: Data for this table are from the MAX 2005 file for Nebraska, 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.

Benef(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, NEBRASKA, 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	220,859	1,265	15,684	46,800	156,735	375	2,007,458	13,558	161,716	315,734	1,514,170	2,280
Age												
5 and younger	64,637	0	872	372	63,393	0	632,444	0	9,194	959	622,291	0
6-14	66,333	0	1,740	47	64,546	0	656,213	0	19,151	137	636,925	0
15-20	31,551	0	1,477	2,500	27,538	36	284,211	0	15,927	18,147	250,001	136
21-44	36,547	0	5,430	30,497	408	212	277,935	0	56,965	219,053	904	1,013
45-64	8,992	0	6,069	2,794	2	127	80,155	0	59,598	19,422	4	1,131
65-74	790	692	96	2	0	0	8,409	7,511	881	17	0	0
75-84	427	426	0	1	0	0	4,555	4,554	0	1	0	0
85 and older	147	147	0	0	0	0	1,493	1,493	0	0	0	0
Unknown	11,435	0	0	10,587	848	0	62,043	0	0	57,998	4,045	0
Gender												
Female	118,159	860	8,260	31,750	76,914	375	1,079,257	9,372	86,653	237,194	743,758	2,280
Male	98,272	405	7,423	10,739	79,705	0	915,272	4,186	75,061	66,068	769,957	0
Unknown	4,428	0	1	4,311	116	0	12,929	0	2	12,472	455	0
Race												
White	134,720	573	11,144	28,275	94,416	312	1,217,593	6,152	114,999	187,532	907,014	1,896
African American	30,944	125	2,485	7,371	20,953	10	299,934	1,369	25,888	57,926	214,676	75
Other/unknown	55,195	567	2,055	11,154	41,366	53	489,931	6,037	20,829	70,276	392,480	309
Use of Nursing Facilities^c												
Entire year	516	182	328	2	4	0	5,286	1,890	3,358	3	35	0
Part year	502	65	402	23	12	0	5,014	676	4,003	213	122	0
None	219,841	1,018	14,954	46,775	156,719	375	1,997,158	10,992	154,355	315,518	1,514,013	2,280
Maintenance Assistance Status												
Cash	56,062	1,047	12,915	15,759	26,341	0	517,747	11,621	138,281	108,244	259,601	0
Medically needy	12,650	115	485	11,726	324	0	82,545	1,020	2,928	77,053	1,544	0
Poverty related	121,473	102	2,179	10,698	108,119	375	1,105,761	911	19,307	58,231	1,025,032	2,280
Other/unknown	30,674	1	105	8,617	21,951	0	301,405	6	1,200	72,206	227,993	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	16,945	357	3,401	7,328	5,494	365	66,522	3,522	29,609	15,125	16,046	2,220
FFS part year, with Rx claims	61,595	150	2,668	18,048	40,722	7	567,198	1,495	24,946	139,258	401,452	47
FFS part year, no Rx claims	23,723	30	418	5,712	17,560	3	169,486	209	3,173	30,045	136,046	13
MC all year, with Rx claims	91,677	674	8,294	12,413	70,296	0	982,983	7,813	94,994	115,201	764,975	0
MC all year, no Rx claims	26,919	54	903	3,299	22,663	0	221,269	519	8,994	16,105	195,651	0

Source: Data for this table are from the MAX 2005 file for Nebraska, 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, NEBRASKA, 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	220,859	2,007,458	193,940	1,224,393	0	783,065
Fee-for-service (FFS) all year	16,945	66,522	16,945	66,522	0	0
FFS part year, with Rx claims	61,595	567,198	61,595	126,151	0	441,047
FFS part year, with no Rx claims	23,723	169,486	23,723	48,737	0	120,749
Managed care (MC) all year, with Rx claims	91,677	982,983	91,677	982,983	0	0
MC all year, with no Rx claims	26,919	221,269	0	0	0	221,269

Source: Data for this table are from the MAX 2005 file for Nebraska, 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