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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	150,971	440	21,785	34,174	94,392	180	747,318	3,523	210,673	124,124	407,773	1,225
Age												
5 and younger	47,695	0	1,410	0	46,285	0	189,994	0	13,378	0	176,616	0
6-14	38,704	0	3,446	0	35,258	0	199,527	0	34,531	0	164,996	0
15-20	17,999	0	2,228	3,045	12,720	6	99,750	0	22,217	11,670	65,837	26
21-44	35,104	0	6,320	28,732	18	34	165,232	0	61,325	103,564	120	223
45-64	10,846	3	8,302	2,390	12	139	88,616	20	78,719	8,870	33	974
65-74	314	236	69	7	1	1	2,419	1,968	417	20	12	2
75-84	157	150	7	0	0	0	1,260	1,203	57	0	0	0
85 and older	54	51	3	0	0	0	361	332	29	0	0	0
Unknown	98	0	0	0	98	0	159	0	0	0	159	0
Gender												
Female	85,310	270	10,885	27,471	46,504	180	411,325	2,155	107,255	101,208	199,482	1,225
Male	64,747	170	10,898	6,700	46,979	0	333,873	1,368	103,399	22,909	206,197	0
Unknown	914	0	2	3	909	0	2,120	0	19	7	2,094	0
Race												
White	67,467	145	12,177	17,473	37,554	118	391,534	1,099	117,497	72,548	199,549	841
African American	29,374	48	5,080	6,758	17,474	14	127,855	397	49,597	18,110	59,666	85
Other/unknown	54,130	247	4,528	9,943	39,364	48	227,929	2,027	43,579	33,466	148,558	299
Use of Nursing Facilities^c												
Entire year	259	35	222	0	2	0	2,668	262	2,382	0	24	0
Part year	419	37	374	2	3	3	3,993	327	3,596	16	27	27
None	150,293	368	21,189	34,172	94,387	177	740,657	2,934	204,695	124,108	407,722	1,198
Maintenance Assistance Status												
Cash	93,139	372	20,054	23,466	49,247	0	471,577	3,182	194,251	82,256	191,888	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	28,529	1	2	3,817	24,529	180	104,709	11	15	13,350	90,108	1,225
Other/unknown	29,303	67	1,729	6,891	20,616	0	171,032	330	16,407	28,518	125,777	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	78,441	440	21,248	14,036	42,538	179	551,013	3,523	206,953	70,203	269,118	1,216
FFS part year, with Rx claims	18,156	0	369	7,795	9,991	1	58,878	0	2,703	22,930	33,236	9
FFS part year, no Rx claims	54,374	0	168	12,343	41,863	0	137,427	0	1,017	30,991	105,419	0

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

a. Table 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, NEVADA, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	37.7	5.7	\$477	\$84	\$3,646	13.1	150,971
Age							
5 and younger	29.1	1.2	196	161	2,007	9.8	47,695
6-14	29.2	2.3	222	97	1,833	12.1	38,704
15-20	37.1	3.3	299	91	3,691	8.1	17,999
21-44	47.2	7.0	568	81	4,551	12.5	35,104
45-64	74.6	36.4	2,584	71	13,720	18.8	10,846
65-74	66.6	23.9	1,337	56	16,635	8.0	314
75-84	68.8	23.2	1,224	53	16,199	7.6	157
85 and older	64.8	19.7	742	38	19,859	3.7	54
Unknown	0.0	0.0	0	0	123	0.0	98
Basis of Eligibility^e							
Aged	68.9	24.0	1,259	52	16,288	7.7	440
Disabled	76.4	28.9	2,659	92	14,775	18.0	21,785
Adults	41.1	2.8	126	46	1,885	6.7	34,174
Children	27.3	1.3	95	74	1,630	5.8	94,392
Unknown	71.1	16.1	1,069	66	17,793	6.0	180
Gender							
Female	39.9	6.2	440	71	3,421	12.9	85,310
Male	35.1	5.0	531	105	3,981	13.3	64,747
Unknown	11.8	0.4	15	39	951	1.6	914
Race							
White	46.6	8.4	683	82	4,674	14.6	67,467
African American	32.4	4.8	385	81	3,263	11.8	29,374
Other/unknown	29.3	2.9	270	94	2,573	10.5	54,130
Use of Nursing Facilities^f							
Entire year	96.5	98.5	5,127	52	69,667	7.4	259
Part year	97.9	83.0	4,969	60	81,095	6.1	419
None	37.4	5.3	456	86	3,317	13.7	150,293
Maintenance Assistance Status							
Cash	40.2	7.5	637	85	3,860	16.5	93,139
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	26.5	0.9	48	50	1,493	3.2	28,529
Other/unknown	40.3	4.5	386	85	5,065	7.6	29,303

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

a. Table 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, NEVADA, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS ^d	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	1.2	\$96	13.1	62.3	25.4	4.6	4.8	2.2	0.7	\$737	150,971	747,318
Age												
5 and younger	0.3	49	9.8	70.9	25.3	2.5	1.1	0.1	0.0	504	47,695	189,994
6-14	0.4	43	12.1	70.8	23.7	2.9	2.2	0.3	0.0	356	38,704	199,527
15-20	0.6	54	8.1	62.9	29.2	4.2	3.1	0.6	0.1	666	17,999	99,750
21-44	1.5	121	12.5	52.8	28.0	7.6	7.8	3.2	0.6	967	35,104	165,232
45-64	4.5	316	18.8	25.4	17.3	9.6	22.9	17.6	7.3	1,679	10,846	88,616
65-74	3.1	174	8.0	33.4	18.5	11.5	22.0	9.9	4.8	2,159	314	2,419
75-84	2.9	153	7.6	31.2	18.5	12.7	20.4	14.0	3.2	2,019	157	1,260
85 and older	3.0	111	3.7	35.2	18.5	7.4	20.4	14.8	3.7	2,971	54	361
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	76	98	159
Basis of Eligibility^e												
Aged	3.0	157	7.7	31.1	19.8	11.4	22.3	11.4	4.1	2,034	440	3,523
Disabled	3.0	275	18.0	23.6	29.3	10.7	19.4	12.5	4.5	1,528	21,785	210,673
Adults	0.8	35	6.7	58.9	28.2	6.3	5.1	1.4	0.2	519	34,174	124,124
Children	0.3	22	5.8	72.7	23.5	2.5	1.2	0.1	0.0	377	94,392	407,773
Unknown	2.4	157	6.0	28.9	25.0	12.2	27.8	5.6	0.6	2,615	180	1,225
Gender												
Female	1.3	91	12.9	60.1	26.4	4.8	5.2	2.6	0.9	710	85,310	411,325
Male	1.0	103	13.3	64.9	24.2	4.3	4.3	1.8	0.5	772	64,747	333,873
Unknown	0.2	7	1.6	88.2	10.7	0.7	0.3	0.1	0.0	410	914	2,120
Race												
White	1.4	118	14.6	53.4	29.8	5.6	6.7	3.3	1.1	805	67,467	391,534
African American	1.1	88	11.8	67.6	21.4	4.3	4.3	1.9	0.5	750	29,374	127,855
Other/unknown	0.7	64	10.5	70.7	22.0	3.3	2.7	1.0	0.2	611	54,130	227,929
Use of Nursing Facilities^f												
Entire year	9.6	498	7.4	3.5	4.2	4.2	17.8	40.5	29.7	6,763	259	2,668
Part year	8.7	521	6.1	2.1	5.0	5.5	23.9	32.9	30.5	8,510	419	3,993
None	1.1	93	13.7	62.6	25.5	4.6	4.7	2.1	0.6	673	150,293	740,657
Maintenance Assistance Status												
Cash	1.5	126	16.5	59.8	24.7	5.2	6.2	3.2	1.0	762	93,139	471,577
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.3	13	3.2	73.5	23.0	2.4	1.0	0.1	0.0	407	28,529	104,709
Other/unknown	0.8	66	7.6	59.7	29.8	4.7	4.2	1.3	0.4	868	29,303	171,032

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

a. Table 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 I 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, NEVADA, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	1.2	\$96	\$84	0.4	\$70	\$183	0.0	\$8	\$159	0.7	\$19	\$26
Age												
5 and younger	0.3	49	161	0.1	45	499	0.0	0	61	0.2	4	19
6-14	0.4	43	97	0.2	36	175	0.0	2	87	0.2	5	24
15-20	0.6	54	91	0.2	44	180	0.0	3	86	0.3	8	24
21-44	1.5	121	81	0.5	83	182	0.1	12	164	1.0	26	27
45-64	4.5	316	71	1.4	202	146	0.2	36	198	2.9	78	27
65-74	3.1	174	56	1.1	127	113	0.1	9	79	1.9	38	20
75-84	2.9	153	53	1.1	116	108	0.1	7	79	1.7	29	17
85 and older	3.0	111	38	0.7	65	93	0.2	7	46	2.1	39	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.0	157	52	1.1	115	108	0.1	8	71	1.8	35	19
Disabled	3.0	275	92	1.0	200	198	0.1	24	184	1.8	51	28
Adults	0.8	35	46	0.2	20	112	0.0	3	97	0.6	12	21
Children	0.3	22	74	0.1	18	158	0.0	1	69	0.2	4	20
Unknown	2.4	157	66	0.6	107	176	0.1	10	115	1.7	40	24
Gender												
Female	1.3	91	71	0.4	62	153	0.1	8	145	0.8	21	26
Male	1.0	103	105	0.4	80	226	0.0	8	183	0.6	15	26
Unknown	0.2	7	39	0.0	4	151	0.0	0	56	0.1	3	18
Race												
White	1.4	118	82	0.5	84	176	0.1	9	146	0.9	24	27
African American	1.1	88	81	0.3	60	172	0.0	11	226	0.7	17	24
Other/unknown	0.7	64	94	0.2	51	220	0.0	3	140	0.4	10	24
Use of Nursing Facilities^e												
Entire year	9.6	498	52	2.7	325	121	0.3	30	91	6.5	143	22
Part year	8.7	521	60	2.3	328	143	0.3	38	111	6.1	155	26
None	1.1	93	86	0.4	68	186	0.0	8	163	0.7	17	26
Maintenance Assistance Status												
Cash	1.5	126	85	0.5	90	187	0.1	11	174	0.9	25	26
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	13	50	0.1	9	136	0.0	1	59	0.2	3	19
Other/unknown	0.8	66	85	0.3	52	174	0.0	3	95	0.4	11	24

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

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Nevada, 0.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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, NEVADA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users								\$ per Rx				Users ^e	
	Total	Off-Brand-Name		Generic	Total	Off-Brand-Name		Generic	Total	Off-Brand-Name		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	0.3	0.1	0.0	0.2	\$25	\$18	\$2	\$5	\$80	\$232	\$84	\$23	83,611	\$6,703,948	33,628	22.3	271,650	
Biologicals	0.4	0.4	0.0	0.0	479	433	2	44	1270	1,233	944	1,833	2,077	2,637,749	625	0.4	5,510	
Antineoplastic Agents	0.6	0.1	0.0	0.4	125	101	0	24	227	695	135	59	2,897	657,890	544	0.4	5,259	
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	35	25	3	7	57	114	69	21	67,266	3,832,759	12,536	8.3	109,242	
Cardiovascular Agents	1.3	0.4	0.0	0.8	49	37	0	12	40	85	74	15	108,763	4,299,026	9,113	6.0	86,977	
Respiratory Agents	0.5	0.2	0.0	0.3	32	23	3	6	60	104	66	22	101,789	6,060,766	23,445	15.5	192,380	
Gastrointestinal Agents	0.5	0.1	0.0	0.4	35	28	1	6	68	205	87	17	36,381	2,474,760	7,259	4.8	69,900	
Genitourinary Agents	0.3	0.2	0.0	0.1	21	15	2	4	61	87	70	27	9,680	594,889	3,618	2.4	28,917	
CNS Drugs	1.1	0.5	0.0	0.6	121	104	3	14	108	216	160	22	152,516	16,484,151	14,476	9.6	136,152	
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	64	58	1	5	102	113	109	45	18,994	1,930,232	2,996	2.0	30,231	
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.1	178	174	0	4	402	446	77	75	2,009	807,359	434	0.3	4,524	
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	56	16	19	21	78	222	438	36	122,376	9,591,367	20,497	13.6	172,367	
Neuromuscular Agents	0.8	0.3	0.0	0.5	71	46	4	20	85	175	132	38	77,785	6,616,795	9,770	6.5	93,832	
Nutritional Products	0.4	0.1	0.0	0.3	7	2	0	5	19	30	24	17	17,094	320,898	6,440	4.3	47,900	
Hematological Agents	0.7	0.3	0.0	0.4	283	275	2	6	401	1,026	52	15	16,158	6,485,772	2,350	1.6	22,906	
Topical Products	0.3	0.1	0.0	0.2	14	9	0	4	51	100	55	25	37,293	1,888,517	15,733	10.4	134,734	
Miscellaneous Products	0.6	0.3	0.1	0.3	129	82	23	24	203	304	326	80	2,615	531,103	422	0.3	4,126	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	14	0	0	0	75	0	0	0	406	30,593	217	0.1	2,227	
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.	859,710	71,948,574	n.a.	n.a.	n.a.	

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

a. Table 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 Nevada, 0.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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.

Benef(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, NEVADA, 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	\$12,277,323	7,943	5.3	83,141	0.6	\$255	\$148
ANALGESICS - Narcotic	7,573,303	23,929	15.9	214,470	0.4	84	35
ANTICONVULSANT	5,645,667	7,255	4.8	74,381	0.7	115	76
MISC. HEMATOLOGICAL	5,587,849	865	0.6	8,755	0.6	1,056	638
ANTIASTHMATIC	3,761,561	18,099	12.0	160,987	0.3	67	23
ANTIDEPRESSANTS	3,230,402	11,010	7.3	107,985	0.5	57	30
ANTIVIRAL	3,106,836	1,768	1.2	16,847	0.5	388	184
PASSIVE IMMUNIZING AGENTS	2,632,431	428	0.3	3,242	0.6	1,412	812
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	1,930,247	3,453	2.3	35,286	0.5	102	55
ANTHYPERLIPIDEMIC	1,927,978	3,827	2.5	39,080	0.6	90	49
Total	47,673,597	78,577		744,174	n.a.	n.a.	n.a.

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

a. Table 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, NEVADA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANALGESICS - Narcotic				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean 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	355,721	\$47,673,597	7,943	5.3	83,141	0.6	\$148	23,929	15.9	214,470	0.4	\$35
Female												
All Females	208,220	22,499,423	4,025	4.7	41,262	0.5	134	16,662	19.5	146,429	0.4	32
Female, Disabled												
All Ages	157,869	18,467,703	2,810	25.8	30,647	0.6	151	8,202	75.4	89,336	0.5	48
5 and younger	2,099	924,875	12	2.0	129	0.6	181	65	10.8	702	0.1	1
6-14	6,228	753,125	149	12.6	1,653	0.6	121	144	12.2	1,605	0.2	3
15-20	5,105	728,915	174	21.5	1,940	0.6	153	252	31.2	2,841	0.2	4
21-44	47,700	5,890,022	1,150	33.4	12,395	0.6	153	2,845	82.6	30,770	0.4	42
45-64	96,433	10,150,621	1,321	27.5	14,496	0.6	151	4,877	101.5	53,221	0.6	56
65-74	222	13,535	3	8.6	22	0.6	83	16	45.7	161	0.6	33
75-84	49	5,048	1	25.0	12	0.5	158	2	50.0	24	0.8	63
85 and older	33	1,562	0	0.0	0	0.0	0	1	33.3	12	0.1	1
Female, Other Eligibles												
All Ages	50,351	4,031,720	1,215	1.6	10,615	0.4	86	8,460	11.4	57,093	0.3	8
5 and younger	2,945	594,490	23	0.1	252	0.3	51	195	0.9	1,510	0.1	1
6-14	8,814	900,757	283	1.6	2,962	0.5	108	459	2.6	3,962	0.1	2
15-20	6,707	579,921	251	2.6	2,535	0.4	90	1,235	12.9	9,971	0.2	2
21-44	25,367	1,503,480	545	2.3	3,919	0.4	76	5,851	25.2	36,618	0.3	10
45-64	4,901	339,680	89	5.1	696	0.4	51	618	35.6	4,005	0.5	20
65-74	1,010	78,285	17	12.4	194	0.5	85	57	41.6	598	0.3	15
75-84	494	28,597	4	4.0	37	0.2	26	38	38.0	372	0.3	7
85 and older	113	6,510	3	8.8	20	0.4	12	7	20.6	57	0.4	5
Male												
All Males	147,444	25,166,880	3,918	6.1	41,879	0.6	161	7,264	11.2	68,017	0.4	42
Male, Disabled												
All Ages	112,312	20,775,086	2,781	25.5	30,344	0.6	177	4,631	42.5	49,105	0.5	54
5 and younger	2,757	5,346,482	25	3.1	286	0.4	93	76	9.4	845	0.1	1
6-14	13,455	1,985,716	530	23.4	5,904	0.5	146	212	9.4	2,385	0.1	2
15-20	8,727	1,317,793	394	27.7	4,390	0.5	145	294	20.7	3,304	0.2	4
21-44	34,561	5,802,906	1,097	38.2	11,959	0.7	213	1,348	46.9	14,166	0.4	52
45-64	52,613	6,296,668	731	20.9	7,778	0.7	166	2,689	76.9	28,315	0.6	67
65-74	190	24,672	4	11.8	27	1.2	500	12	35.3	90	0.4	13
75-84	9	849	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, NEVADA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANALGESICS - Narcotic				
	Number of Rx	Rx \$	Number of Users	Users as % of All Bene(s)	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Bene(s)	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	35,132	4,391,794	1,137	2.1	11,535	0.5	119	2,633	4.9	18,912	0.3	9
5 and younger	4,934	885,876	48	0.2	468	0.4	89	292	1.3	2,316	0.1	1
6-14	16,188	2,067,080	581	3.3	6,139	0.5	121	452	2.5	4,112	0.1	1
15-20	7,629	1,012,380	397	6.4	4,183	0.5	126	514	8.3	4,624	0.1	2
21-44	4,092	246,369	80	1.4	507	0.4	85	1,073	19.2	6,101	0.4	17
45-64	1,107	97,146	13	1.6	78	0.4	45	231	28.6	1,120	0.5	44
65-74	854	59,291	14	13.0	149	0.7	110	43	39.8	422	0.6	13
75-84	265	20,026	2	4.0	5	1.0	318	26	52.0	202	0.3	11
85 and older	63	3,626	2	11.8	6	1.0	246	2	11.8	15	0.1	2
Unknown	57	7,294	0	0.0	0	0.0	0	3	0.3	24	0.1	1

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

a. Table 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.medisp.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, NEVADA, 2005

Beneficiary Characteristics	ANTICONVULSANT					MISC. HEMATOLOGICAL					ANTIASTHMATIC				
	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	7,255	4.8	74,381	0.7	\$76	865	0.6	8,755	0.6	\$638	18,099	12.0	160,987	0.3	\$23
Female															
All Females	4,284	5.0	43,116	0.6	71	470	0.6	4,782	0.6	84	10,238	12.0	91,652	0.4	23
Female, Disabled															
All Ages	3,208	29.5	34,945	0.7	74	397	3.6	4,211	0.6	87	5,224	48.0	56,824	0.4	28
5 and younger	62	10.3	633	0.6	75	0	0.0	0	0.0	0	304	50.6	3,227	0.3	24
6-14	227	19.2	2,527	0.7	95	2	0.2	24	1.7	3,271	432	36.5	4,728	0.3	21
15-20	199	24.6	2,213	0.7	123	2	0.2	24	0.5	316	226	28.0	2,459	0.3	20
21-44	1,225	35.5	13,335	0.7	77	45	1.3	465	0.4	44	1,275	37.0	13,908	0.4	24
45-64	1,493	31.1	16,220	0.6	62	346	7.2	3,691	0.6	71	2,961	61.6	32,298	0.5	32
65-74	2	5.7	17	0.5	45	1	2.9	2	0.5	62	16	45.7	119	0.4	22
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	75.0	36	0.2	9
85 and older	0	0.0	0	0.0	0	1	33.3	5	0.8	70	7	233.3	49	0.3	14
Female, Other Eligibles															
All Ages	1,076	1.4	8,171	0.5	57	73	0.1	571	0.5	58	5,014	6.7	34,828	0.3	15
5 and younger	27	0.1	229	0.4	32	0	0.0	0	0.0	0	1,392	6.3	9,173	0.2	14
6-14	130	0.7	1,250	0.6	80	0	0.0	0	0.0	0	1,183	6.8	8,986	0.3	16
15-20	168	1.7	1,616	0.5	67	1	0.0	3	0.3	41	557	5.8	4,320	0.3	15
21-44	636	2.7	4,132	0.5	49	25	0.1	151	0.3	31	1,568	6.8	9,912	0.3	15
45-64	88	5.1	667	0.5	50	19	1.1	123	0.6	60	250	14.4	1,808	0.4	25
65-74	20	14.6	201	1.0	47	13	9.5	140	0.6	77	34	24.8	316	0.3	23
75-84	4	4.0	48	0.8	31	9	9.0	94	0.6	72	24	24.0	241	0.4	12
85 and older	3	8.8	28	0.4	8	6	17.6	60	0.5	56	6	17.6	72	0.3	11
Male															
All Males	2,968	4.6	31,241	0.7	83	395	0.6	3,973	0.6	1,305	7,844	12.1	69,196	0.3	23
Male, Disabled															
All Ages	2,399	22.0	26,199	0.7	86	343	3.1	3,652	0.6	1,325	3,449	31.6	37,211	0.4	29
5 and younger	87	10.8	960	0.6	70	4	0.5	43	0.8	105,196	482	59.7	5,252	0.3	24
6-14	377	16.7	4,140	0.7	102	0	0.0	0	0.0	0	789	34.9	8,811	0.3	26
15-20	310	21.8	3,433	0.7	109	4	0.3	39	0.2	29	281	19.8	3,156	0.3	24
21-44	855	29.7	9,455	0.8	100	24	0.8	260	0.6	343	548	19.1	5,805	0.4	25
45-64	767	21.9	8,189	0.7	56	309	8.8	3,293	0.6	68	1,341	38.3	14,161	0.5	35
65-74	3	8.8	22	1.1	109	1	2.9	5	0.4	50	8	23.5	26	0.7	33
75-84	0	0.0	0	0.0	0	1	33.3	12	0.4	46	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, NEVADA, 2005

Beneficiary Characteristics	ANTICONVULSANT					MISC. HEMATOLOGICAL					ANTIASTHMATIC				
	Number of Users	Users as % of All	Number of Benefit Months Among	Number of Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All	Number of Benefit Months Among	Number of Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All	Number of Benefit Months Among	Number of Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
		Benes	Users	Benefit Month	Benefit Month		Benes	Users	Benefit Month	Benefit Month		Benes	Users	Benefit Month	Benefit Month
Male, Other Eligibles															
All Ages	569	1.1	5,042	0.5	67	52	0.1	321	0.6	1,089	4,395	8.2	31,985	0.3	17
5 and younger	42	0.2	361	0.4	27	1	0.0	10	1.2	6,121	2,066	8.9	14,110	0.2	17
6-14	224	1.3	2,222	0.5	63	2	0.0	15	0.8	17,946	1,587	8.9	12,265	0.3	17
15-20	161	2.6	1,624	0.5	98	1	0.0	9	0.1	2	415	6.7	3,575	0.3	15
21-44	95	1.7	519	0.4	30	16	0.3	49	0.5	51	219	3.9	1,285	0.3	14
45-64	31	3.8	180	0.5	52	11	1.4	42	0.5	57	53	6.6	268	0.4	21
65-74	9	8.3	83	0.8	32	13	12.0	116	0.6	67	39	36.1	354	0.3	23
75-84	4	8.0	34	0.5	23	8	16.0	80	0.7	81	12	24.0	110	0.3	22
85 and older	3	17.6	19	1.1	42	0	0.0	0	0.0	0	4	23.5	18	0.4	6
Unknown	3	0.3	24	1.0	82	0	0.0	0	0.0	0	17	1.7	139	0.2	9

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

a. Table 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, NEVADA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIVIRAL					PASSIVE IMMUNIZING AGENTS				
	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	11,010	7.3	107,985	0.5	\$30	1,768	1.2	16,847	0.5	\$184	428	0.3	3,242	0.6	\$812
Female															
All Females	7,658	9.0	73,546	0.5	30	965	1.1	8,963	0.4	132	225	0.3	1,730	0.6	831
Female, Disabled															
All Ages	4,731	43.5	51,412	0.6	33	557	5.1	6,086	0.4	157	103	0.9	1,034	0.6	967
5 and younger	2	0.3	24	0.8	17	10	1.7	104	0.3	27	98	16.3	974	0.6	787
6-14	86	7.3	919	0.4	17	14	1.2	167	0.3	54	0	0.0	0	0.0	0
15-20	136	16.8	1,533	0.5	29	19	2.4	211	0.3	76	0	0.0	0	0.0	0
21-44	1,672	48.5	18,047	0.5	33	218	6.3	2,360	0.4	150	3	0.1	36	1.2	4,778
45-64	2,827	58.9	30,814	0.6	34	296	6.2	3,244	0.5	177	2	0.0	24	1.8	2,565
65-74	6	17.1	51	0.6	28	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	1	25.0	12	1.0	82	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	33.3	12	0.3	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	2,927	3.9	22,134	0.4	23	408	0.5	2,877	0.3	79	122	0.2	696	0.5	628
5 and younger	10	0.0	99	0.3	10	22	0.1	178	0.1	8	120	0.5	678	0.5	644
6-14	249	1.4	2,567	0.4	16	59	0.3	536	0.4	140	0	0.0	0	0.0	0
15-20	404	4.2	3,837	0.4	21	49	0.5	380	0.2	40	1	0.0	6	0.3	33
21-44	1,916	8.3	13,026	0.4	24	256	1.1	1,613	0.3	73	1	0.0	12	0.1	8
45-64	309	17.8	2,185	0.5	33	20	1.2	146	0.2	125	0	0.0	0	0.0	0
65-74	20	14.6	217	0.6	32	1	0.7	12	0.1	1	0	0.0	0	0.0	0
75-84	14	14.0	154	0.3	14	1	1.0	12	0.1	4	0	0.0	0	0.0	0
85 and older	5	14.7	49	0.3	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male															
All Males	3,352	5.2	34,439	0.5	29	802	1.2	7,872	0.6	245	202	0.3	1,509	0.5	790
Male, Disabled															
All Ages	2,434	22.3	26,157	0.6	32	670	6.1	6,856	0.6	269	81	0.7	829	0.5	814
5 and younger	3	0.4	36	0.4	44	11	1.4	119	0.3	17	75	9.3	766	0.5	776
6-14	183	8.1	2,023	0.5	22	36	1.6	392	0.4	84	4	0.2	48	0.4	1,397
15-20	210	14.8	2,332	0.5	26	12	0.8	125	0.3	95	1	0.1	3	1.7	2,542
21-44	864	30.1	9,213	0.6	38	310	10.8	3,031	0.6	271	1	0.0	12	0.1	471
45-64	1,171	33.5	12,527	0.6	30	301	8.6	3,189	0.7	306	0	0.0	0	0.0	0
65-74	3	8.8	26	0.5	43	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

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, NEVADA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIVIRAL					PASSIVE IMMUNIZING 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 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	918	1.7	8,282	0.4	20	132	0.2	1,016	0.2	79	121	0.2	680	0.6	760
5 and younger	21	0.1	224	0.3	17	34	0.1	287	0.1	5	120	0.5	668	0.6	753
6-14	287	1.6	2,941	0.4	15	45	0.3	426	0.3	126	1	0.0	12	0.5	1,134
15-20	311	5.0	3,164	0.4	23	15	0.2	140	0.2	34	0	0.0	0	0.0	0
21-44	214	3.8	1,357	0.4	23	27	0.5	128	0.3	92	0	0.0	0	0.0	0
45-64	51	6.3	275	0.5	22	9	1.1	26	0.9	310	0	0.0	0	0.0	0
65-74	18	16.7	193	0.6	23	2	1.9	9	0.2	12	0	0.0	0	0.0	0
75-84	12	24.0	95	0.4	21	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	4	23.5	33	0.8	37	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	1	0.1	12	0.1	3	1	0.1	3	1.3	1,327

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

a. Table 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, NEVADA, 2005

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIHYPERLIPIDEMIC						
	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	3,453	2.3	35,286	0.5	\$55	3,827	2.5	39,080	0.6	\$49	150,971	747,318
Female												
All Females	1,041	1.2	10,647	0.5	58	2,346	2.8	24,055	0.5	49	85,283	411,284
Female, Disabled												
All Ages	392	3.6	4,359	0.5	65	1,966	18.1	21,376	0.6	51	10,885	107,255
5 and younger	6	1.0	68	0.6	89	0	0.0	0	0.0	0	601	5,722
6-14	182	15.4	2,008	0.5	54	4	0.3	43	0.6	33	1,185	11,921
15-20	51	6.3	568	0.5	54	3	0.4	36	0.1	5	808	8,092
21-44	93	2.7	1,025	0.5	83	300	8.7	3,334	0.5	38	3,446	33,897
45-64	60	1.2	690	0.6	79	1,648	34.3	17,874	0.6	53	4,803	47,339
65-74	0	0.0	0	0.0	0	7	20.0	49	0.3	30	35	215
75-84	0	0.0	0	0.0	0	3	75.0	28	0.2	12	4	40
85 and older	0	0.0	0	0.0	0	1	33.3	12	1.0	38	3	29
Female, Other Eligibles												
All Ages	649	0.9	6,288	0.5	52	380	0.5	2,679	0.4	38	74,398	304,029
5 and younger	18	0.1	183	0.5	30	2	0.0	22	0.1	17	22,124	84,385
6-14	422	2.4	4,159	0.6	52	3	0.0	26	0.4	28	17,465	80,865
15-20	116	1.2	1,200	0.5	49	5	0.1	45	0.4	33	9,610	44,735
21-44	68	0.3	530	0.4	57	168	0.7	1,017	0.4	34	23,192	84,817
45-64	25	1.4	216	0.5	80	127	7.3	814	0.5	39	1,736	7,080
65-74	0	0.0	0	0.0	0	47	34.3	493	0.4	38	137	1,116
75-84	0	0.0	0	0.0	0	24	24.0	229	0.6	51	100	798
85 and older	0	0.0	0	0.0	0	4	11.8	33	0.3	37	34	233
Male												
All Males	2,412	3.7	24,639	0.5	53	1,481	2.3	15,025	0.6	50	64,705	333,812
Male, Disabled												
All Ages	910	8.4	10,028	0.5	52	1,271	11.7	13,770	0.6	51	10,898	103,399
5 and younger	27	3.3	298	0.3	24	3	0.4	35	0.2	7	808	7,645
6-14	577	25.5	6,297	0.5	51	4	0.2	41	0.5	30	2,261	22,610
15-20	217	15.3	2,420	0.5	56	8	0.6	93	0.5	27	1,420	14,125
21-44	65	2.3	738	0.5	50	272	9.5	3,026	0.5	44	2,874	27,428
45-64	24	0.7	275	0.5	77	969	27.7	10,466	0.6	53	3,498	31,372
65-74	0	0.0	0	0.0	0	14	41.2	105	0.6	52	34	202
75-84	0	0.0	0	0.0	0	1	33.3	4	1.0	74	3	17
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, NEVADA, 2005

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIHYPERLIPIDEMIC					Number of Beneficiaries	Number of Benefit Months	
	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	1,502	2.8	14,611	0.6	55	210	0.4	1,255	0.4	36	53,807	230,413	
5 and younger	60	0.3	574	0.4	33	1	0.0	12	0.1	6	23,282	90,206	
6-14	1,102	6.2	10,525	0.6	56	4	0.0	38	0.4	31	17,793	84,131	
15-20	310	5.0	3,325	0.5	56	5	0.1	40	0.4	29	6,160	32,786	
21-44	25	0.4	164	0.4	45	80	1.4	369	0.5	39	5,589	19,083	
45-64	5	0.6	23	0.7	100	69	8.5	309	0.4	34	808	2,817	
65-74	0	0.0	0	0.0	0	38	35.2	357	0.4	39	108	886	
75-84	0	0.0	0	0.0	0	13	26.0	130	0.4	36	50	405	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	17	99	
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	983	2,222	

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

a. Table 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, NEVADA, 2005

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$498	9.6	259	2,668
Age				
0-64	510	9.8	221	2,370
65-74	631	10.3	14	142
75-84	220	5.4	16	113
85 and older	126	5.4	8	43
Unknown	0	0.0	0	0
Gender				
Female	513	10.2	115	1,132
Male	486	9.1	144	1,536
Unknown	0	0.0	0	0
Race				
White	515	9.7	192	1,944
African American	489	9.9	34	379
Other/unknown	413	8.6	33	345
Basis of Eligibility^c				
Aged	374	8.1	35	262
Disabled	513	9.8	222	2,382
Adults	0	0.0	0	0
Children	363	4.6	2	24
Unknown	0	0.0	0	0

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

a. Table 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 419 beneficiaries who were in nursing facilities for part of their enrollment and their 3,993 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, NEVADA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users								\$ per Rx		Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	1.1	0.4	0.1	0.7	\$100	\$57	\$7	\$35	\$92	\$160	\$112	\$53	1,970	\$180,532	166	64.1	1,813
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	25	19	0	31	43	1,079	36	13.9	429
Antineoplastic Agents	0.6	0.0	0.0	0.6	54	2	0	52	95	611	0	92	141	13,434	24	9.3	248
Endocrine/Metabolic Drugs	1.3	0.5	0.1	0.7	56	43	3	10	42	86	28	14	1,397	58,389	98	37.8	1,043
Cardiovascular Agents	2.0	0.5	0.0	1.5	57	38	0	19	29	74	44	13	2,993	85,942	146	56.4	1,515
Respiratory Agents	1.3	0.6	0.1	0.7	58	44	3	11	44	77	57	16	1,625	72,085	115	44.4	1,252
Gastrointestinal Agents	1.3	0.2	0.1	1.1	48	16	14	18	36	106	165	16	2,319	83,907	163	62.9	1,750
Genitourinary Agents	0.9	0.6	0.0	0.3	66	62	0	4	75	98	0	17	349	26,117	36	13.9	393
CNS Drugs	2.2	0.9	0.0	1.2	169	146	2	22	77	156	50	18	4,643	358,044	202	78.0	2,119
Stimulants/Anti-obesity/Anorexia	0.1	0.0	0.0	0.0	11	9	0	2	135	223	0	47	2	270	2	0.8	24
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	147	147	0	0	171	171	0	0	261	44,544	26	10.0	304
Analgesics and Anesthetics	2.2	0.2	0.2	1.8	78	23	18	36	36	102	119	20	3,070	110,022	139	53.7	1,414
Neuromuscular Agents	1.8	0.4	0.0	1.4	96	45	2	50	52	115	110	35	3,203	167,728	160	61.8	1,751
Nutritional Products	1.1	0.1	0.1	1.0	21	6	1	14	19	105	8	14	815	15,283	71	27.4	744
Hematological Agents	1.9	0.4	0.0	1.5	76	60	0	15	41	159	19	10	1,881	76,686	101	39.0	1,014
Topical Products	0.4	0.2	0.0	0.2	18	12	1	5	41	64	39	22	672	27,788	142	54.8	1,556
Miscellaneous Products	0.5	0.1	0.0	0.4	26	19	0	7	55	179	0	19	106	5,839	22	8.5	228
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	3	0	0	0	15	0	0	0	14	206	7	2.7	60
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.	25,504	1,327,895	n.a.	n.a.	n.a.

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

a. Table 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 419 beneficiaries who were in nursing facilities for part of their enrollment and their 3,993 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2005. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

In Nevada, 0.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

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, NEVADA, 2005

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months per	Number of Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx
ANTIPSYCHOTICS	\$268,979	143	55.2	1,571	0.9	\$181	\$171
ANTICONVULSANT	146,208	182	70.3	1,993	1.2	60	73
ANALGESICS - Narcotic	93,632	178	68.7	1,789	1.5	34	52
ANTIDEPRESSANTS	70,597	158	61.0	1,739	0.8	50	41
ANTIASTHMATIC	60,429	158	61.0	1,716	0.8	46	35
MISC. ANTI-INFECTIVES	56,639	90	34.7	963	0.6	96	59
ULCER DRUGS	54,264	153	59.1	1,675	0.9	38	32
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	44,553	28	10.8	328	0.8	170	136
ANTIDIABETIC	43,497	96	37.1	976	1.0	47	45
AMINOGLYCOSIDES	43,483	16	6.2	192	1.6	140	226
Total	882,281	1,202		12,942	n.a.	n.a.	n.a.

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

a. Table 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 419 beneficiaries who were in nursing facilities for part of their enrollment and their 3,993 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. 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 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).

d. 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, NEVADA, 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	12,946	\$882,281	143	55.2	1,571	0.9	\$171	182	70.3	1,993	1.2	\$73
Female												
All Females	5,762	384,995	54	47.0	574	1.0	171	76	66.1	823	1.3	72
Female, Disabled												
All Ages	5,172	344,192	44	47.3	474	1.1	181	63	67.7	684	1.3	77
64 or younger	5,094	337,053	43	46.7	462	1.2	182	63	68.5	684	1.3	77
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	78	7,139	1	100.0	12	0.5	158	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	590	40,803	10	45.5	100	0.4	121	13	59.1	139	1.2	51
64 or younger	13	592	0	0.0	0	0.0	0	1	100.0	12	1.1	49
65-74	357	30,998	5	83.3	60	0.5	187	7	116.7	75	1.3	65
75-84	179	7,572	3	30.0	25	0.2	31	3	30.0	36	1.1	40
85 and older	41	1,641	2	40.0	15	0.3	10	2	40.0	16	0.4	9
Male												
All Males	7,184	497,286	89	61.8	997	0.9	172	106	73.6	1,170	1.2	74
Male, Disabled												
All Ages	6,692	471,171	81	62.8	927	0.9	177	95	73.6	1,063	1.2	72
64 or younger	6,654	459,590	80	63.0	915	0.9	167	94	74.0	1,051	1.2	73
65-74	38	11,581	1	50.0	12	2.1	950	1	50.0	12	1.0	14
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	492	26,115	8	53.3	70	0.5	106	11	73.3	107	1.2	92
64 or younger	65	7,453	0	0.0	0	0.0	0	3	300.0	36	1.8	207
65-74	319	14,886	6	100.0	66	0.5	97	5	83.3	52	0.8	30
75-84	36	1,788	1	20.0	2	0.5	316	0	0.0	0	0.0	0
85 and older	72	1,988	1	33.3	2	1.5	181	3	100.0	19	1.1	42
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Nevada, released by CMS in 2/2009. 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 419 beneficiaries who were in nursing facilities for part of their enrollment and their 3,993 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, NEVADA, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDEPRESSANTS					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	178	68.7	1,789	1.5	\$52	158	61.0	1,739	0.8	\$41	158	61.0	1,716	0.8	\$35
Female															
All Females	92	80.0	917	1.5	55	70	60.9	773	0.9	52	72	62.6	775	0.8	34
Female, Disabled															
All Ages	81	87.1	843	1.5	57	62	66.7	694	0.9	55	65	69.9	723	0.8	35
64 or younger	79	85.9	819	1.6	57	61	66.3	682	0.9	54	62	67.4	687	0.8	36
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	2	200.0	24	0.8	63	1	100.0	12	1.0	82	3	300.0	36	0.2	9
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	11	50.0	74	0.8	28	8	36.4	79	0.6	27	7	31.8	52	0.5	31
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	6	100.0	45	0.8	42	4	66.7	39	0.7	48	3	50.0	36	0.6	43
75-84	4	40.0	26	0.7	7	1	10.0	12	1.0	10	4	40.0	16	0.4	6
85 and older	1	20.0	3	0.7	5	3	60.0	28	0.4	4	0	0.0	0	0.0	0
Male															
All Males	86	59.7	872	1.6	50	88	61.1	966	0.7	32	86	59.7	941	0.8	36
Male, Disabled															
All Ages	76	58.9	811	1.6	50	76	58.9	851	0.8	33	84	65.1	921	0.7	35
64 or younger	75	59.1	799	1.6	51	76	59.8	851	0.8	33	84	66.1	921	0.7	35
65-74	1	50.0	12	0.1	2	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	10	66.7	61	2.2	40	12	80.0	115	0.5	22	2	13.3	20	1.1	63
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	5	83.3	52	2.3	40	7	116.7	74	0.5	19	2	33.3	20	1.1	63
75-84	5	100.0	9	1.8	41	3	60.0	24	0.5	26	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	2	66.7	17	0.9	33	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table 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 419 beneficiaries who were in nursing facilities for part of their enrollment and their 3,993 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.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, NEVADA, 2005

Beneficiary Characteristics	MISC. ANTI-INFECTIVES					ULCER DRUGS					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	90	34.7	963	0.6	\$59	153	59.1	1,675	0.9	\$32	28	10.8	328	0.8	\$136
Female															
All Females	49	42.6	519	0.4	34	68	59.1	735	0.9	35	14	12.2	168	0.8	164
Female, Disabled															
All Ages	39	41.9	437	0.3	28	57	61.3	636	0.9	37	9	9.7	108	1.0	236
64 or younger	39	42.4	437	0.3	28	56	60.9	624	0.9	37	7	7.6	84	1.0	279
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	1	100.0	12	0.7	6	2	200.0	24	0.7	83
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	10	45.5	82	0.5	66	11	50.0	99	0.7	24	5	22.7	60	0.5	36
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	4	66.7	39	0.9	118	6	100.0	63	0.6	32	2	33.3	24	0.1	3
75-84	5	50.0	39	0.2	2	4	40.0	32	0.8	9	3	30.0	36	0.7	57
85 and older	1	20.0	4	0.5	170	1	20.0	4	1.0	12	0	0.0	0	0.0	0
Male															
All Males	41	28.5	444	0.9	88	85	59.0	940	0.9	31	14	9.7	160	0.8	106
Male, Disabled															
All Ages	40	31.0	432	0.9	91	76	58.9	864	0.8	32	13	10.1	148	0.8	105
64 or younger	40	31.5	432	0.9	91	76	59.8	864	0.8	32	13	10.2	148	0.8	105
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	1	6.7	12	0.1	1	9	60.0	76	0.9	11	1	6.7	12	0.8	119
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	1	16.7	12	0.1	1	5	83.3	56	0.8	10	1	16.7	12	0.8	119
75-84	0	0.0	0	0.0	0	2	40.0	3	1.0	21	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	2	66.7	17	1.5	13	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table 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 419 beneficiaries who were in nursing facilities for part of their enrollment and their 3,993 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, NEVADA, 2005

Beneficiary Characteristics	ANTIDIABETIC					AMINOGLYCOSIDES					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	96	37.1	976	1.0	\$45	16	6.2	192	1.6	\$227	259	2,668
Female												
All Females	44	38.3	431	1.0	47	7	6.1	84	1.1	238	115	1,132
Female, Disabled												
All Ages	31	33.3	334	1.1	50	4	4.3	48	1.0	367	93	962
64 or younger	30	32.6	322	1.1	51	4	4.3	48	1.0	367	92	950
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	1	100.0	12	0.9	30	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
Female, Other Eligibles												
All Ages	13	59.1	97	0.6	36	3	13.6	36	1.3	67	22	170
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	5	83.3	42	0.4	14	2	33.3	24	1.8	97	6	52
75-84	5	50.0	45	0.8	55	1	10.0	12	0.2	6	10	82
85 and older	3	60.0	10	1.0	48	0	0.0	0	0.0	0	5	24
Male												
All Males	52	36.1	545	0.9	43	9	6.3	108	2.0	218	144	1,536
Male, Disabled												
All Ages	46	35.7	505	1.0	45	9	7.0	108	2.0	218	129	1,420
64 or younger	46	36.2	505	1.0	45	9	7.1	108	2.0	218	127	1,396
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
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	6	40.0	40	0.7	10	0	0.0	0	0.0	0	15	116
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	2	33.3	24	0.6	10	0	0.0	0	0.0	0	6	66
75-84	2	40.0	6	0.8	17	0	0.0	0	0.0	0	5	19
85 and older	2	66.7	10	0.8	4	0	0.0	0	0.0	0	3	19
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

a. Table 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 419 beneficiaries who were in nursing facilities for part of their enrollment and their 3,993 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}
 NEVADA, 2005

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number 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	21,445	14.2	0.6	95,101	\$12	\$1,857,742	\$20	2.6	150,971
Age									
5 and younger	5,559	11.7	0.2	9,599	4	209,983	22	2.2	47,695
6-14	3,658	9.5	0.2	7,982	6	228,762	29	2.7	38,704
15-20	1,593	8.9	0.3	4,613	7	119,507	26	2.2	17,999
21-44	5,528	15.7	0.8	27,533	16	562,867	20	2.8	35,104
45-64	4,916	45.3	4.1	44,216	67	722,573	16	2.6	10,846
65-74	116	36.9	2.3	728	29	9,044	12	2.2	314
75-84	59	37.6	2.1	324	25	3,922	12	2.0	157
85 and older	16	29.6	2.0	106	20	1,084	10	2.7	54
Unknown	0	0.0	0.0	0	0	0	0	0.0	98
Basis of Eligibility^c									
Aged	168	38.2	2.3	1,006	27	12,008	12	2.2	440
Disabled	9,081	41.7	3.3	70,923	63	1,379,120	19	2.4	21,785
Adults	3,525	10.3	0.3	9,026	5	157,509	17	3.7	34,174
Children	8,601	9.1	0.1	13,841	3	302,702	22	3.4	94,392
Unknown	70	38.9	1.7	305	36	6,403	21	3.3	180
Gender									
Female	12,792	15.0	0.7	59,988	14	1,162,368	19	3.1	85,310
Male	8,616	13.3	0.5	35,059	11	694,024	20	2.0	64,747
Unknown	37	4.0	0.1	54	1	1,350	25	9.7	914
Race									
White	12,201	18.1	0.9	62,566	18	1,224,733	20	2.7	67,467
African American	3,293	11.2	0.5	14,622	10	296,247	20	2.6	29,374
Other/unknown	5,951	11.0	0.3	17,913	6	336,762	19	2.3	54,130
Use of Nursing Facilities^d									
Entire year	183	70.7	12.9	3,340	170	44,085	13	3.3	259
Part year	346	82.6	10.6	4,462	135	56,651	13	2.7	419
None	20,916	13.9	0.6	87,299	12	1,757,006	20	2.6	150,293
Maintenance Assistance Status									
Cash	15,201	16.3	0.8	77,708	16	1,523,098	20	2.6	93,139
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	2,234	7.8	0.1	3,389	3	73,223	22	5.4	28,529
Other/unknown	4,010	13.7	0.5	14,004	9	261,421	19	2.3	29,303

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

a. Table 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}
 NEVADA, 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	0.1	\$2	\$20	\$0	\$1	747,318
Age						
5 and younger	0.1	1	22	0	0	189,994
6-14	0.0	1	29	0	0	199,527
15-20	0.0	1	26	0	0	99,750
21-44	0.2	3	20	0	1	165,232
45-64	0.5	8	16	0	3	88,616
65-74	0.3	4	12	0	1	2,419
75-84	0.3	3	12	0	1	1,260
85 and older	0.3	3	10	0	1	361
Unknown	0.0	0	0	0	0	159
Basis of Eligibility^c						
Aged	0.3	3	12	0	1	3,523
Disabled	0.3	7	19	0	3	210,673
Adults	0.1	1	17	0	0	124,124
Children	0.0	1	22	0	0	407,773
Unknown	0.2	5	21	0	2	1,225
Gender						
Female	0.1	3	19	0	1	411,325
Male	0.1	2	20	0	1	333,873
Unknown	0.0	1	25	0	0	2,120
Race						
White	0.2	3	20	0	1	391,534
African American	0.1	2	20	0	1	127,855
Other/unknown	0.1	1	19	0	0	227,929
Use of Nursing Facilities^d						
Entire year	1.3	17	13	1	7	2,668
Part year	1.1	14	13	0	6	3,993
None	0.1	2	20	0	1	740,657
Maintenance Assistance Status						
Cash	0.2	3	20	0	1	471,577
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	1	22	0	0	104,709
Other/unknown	0.1	2	19	0	0	171,032

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

a. Table 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}
 NEVADA, 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	27,483	\$68	\$1,857,742	100.0	95,101	\$20	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	5	152	760	0.0	17	45	0.0
Drugs for cosmetic purposes	18	15	263	0.0	22	12	0.0
Cough and cold medications	12,189	50	606,895	32.7	20,807	29	21.9
Vitamins and minerals	2,484	82	203,453	11.0	10,193	20	10.7
Non-prescription drugs	5,395	33	177,883	9.6	17,912	10	18.8
Barbiturates	376	70	26,391	1.4	3,027	9	3.2
Benzodiazepines	6,460	102	657,118	35.4	41,344	16	43.5
Other Part D Excl Rx Drugs	556	333	184,979	10.0	1,779	104	1.9

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

a. Table 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, NEVADA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	224,699	440	21,785	48,633	153,661	180	1,737,069	3,523	212,918	339,108	1,180,292	1,228
Age												
5 and younger	78,221	0	1,410	0	76,811	0	542,050	0	14,204	0	527,846	0
6-14	60,484	0	3,446	0	57,038	0	525,128	0	35,333	0	489,795	0
15-20	25,843	0	2,228	3,973	19,636	6	212,805	0	22,370	28,223	162,186	26
21-44	47,454	0	6,320	41,082	18	34	347,737	0	61,636	285,744	131	226
45-64	12,029	3	8,302	3,570	15	139	105,040	20	78,872	25,104	70	974
65-74	315	236	69	8	1	1	2,436	1,968	417	37	12	2
75-84	157	150	7	0	0	0	1,260	1,203	57	0	0	0
85 and older	54	51	3	0	0	0	361	332	29	0	0	0
Unknown	142	0	0	0	142	0	252	0	0	0	252	0
Gender												
Female	126,361	270	10,885	39,463	75,563	180	979,588	2,155	108,179	283,737	584,289	1,228
Male	96,546	170	10,898	9,167	76,311	0	751,567	1,368	104,719	55,364	590,116	0
Unknown	1,792	0	2	3	1,787	0	5,914	0	20	7	5,887	0
Race												
White	92,772	145	12,177	23,774	56,558	118	716,646	1,099	118,164	163,049	433,493	841
African American	47,493	48	5,080	10,628	31,723	14	403,796	397	50,682	80,446	272,183	88
Other/unknown	84,434	247	4,528	14,231	65,380	48	616,627	2,027	44,072	95,613	474,616	299
Use of Nursing Facilities^c												
Entire year	259	35	222	0	2	0	2,668	262	2,382	0	24	0
Part year	419	37	374	2	3	3	3,998	327	3,598	16	30	27
None	224,021	368	21,189	48,631	153,656	177	1,730,403	2,934	206,938	339,092	1,180,238	1,201
Maintenance Assistance Status												
Cash	132,983	372	20,054	32,150	80,407	0	1,059,516	3,182	196,488	221,100	638,746	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	47,194	1	2	4,852	42,159	180	327,381	11	15	27,178	298,949	1,228
Other/unknown	44,522	67	1,729	11,631	31,095	0	350,172	330	16,415	90,830	242,597	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	78,441	440	21,248	14,036	42,538	179	551,013	3,523	206,953	70,203	269,118	1,216
FFS part year, with Rx claims	18,156	0	369	7,795	9,991	1	160,251	0	4,139	65,260	90,840	12
FFS part year, no Rx claims	54,374	0	168	12,343	41,863	0	459,473	0	1,826	98,160	359,487	0
MC all year, with Rx claims	40	0	0	2	38	0	154	0	0	12	142	0
MC all year, no Rx claims	73,688	0	0	14,457	59,231	0	566,178	0	0	105,473	460,705	0

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

a. Table A.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, NEVADA, 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	224,699	1,737,069	150,971	747,318	0	989,751
Fee-for-service (FFS) all year	78,441	551,013	78,441	551,013	0	0
FFS part year, with Rx claims	18,156	160,251	18,156	58,878	0	101,373
FFS part year, with no Rx claims	54,374	459,473	54,374	137,427	0	322,046
Managed care (MC) all year, with Rx claims	40	154	0	0	0	154
MC all year, with no Rx claims	73,688	566,178	0	0	0	566,178

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

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

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

MC = managed care; Rx = pharmacy benefit.

Nondual Beneficiaries