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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
NEBRASKA**

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TABLE NO.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, NEBRASKA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	193,024	1,201	14,865	42,698	133,884	376	1,214,374	11,948	135,415	170,824	893,737	2,450
Age												
5 and younger	59,546	0	884	92	58,570	0	391,950	0	7,820	280	383,850	0
6-14	54,005	0	1,605	10	52,390	0	370,980	0	15,846	90	355,044	0
15-20	25,454	0	1,340	2,121	21,963	30	172,364	0	12,507	7,698	152,054	105
21-44	32,736	0	5,002	27,504	33	197	166,196	0	46,786	118,187	200	1,023
45-64	8,724	0	5,933	2,643	0	148	64,676	0	51,541	11,815	0	1,320
65-74	741	638	101	1	0	1	7,326	6,397	915	12	0	2
75-84	419	418	0	1	0	0	4,272	4,271	0	1	0	0
85 and older	145	145	0	0	0	0	1,280	1,280	0	0	0	0
Unknown	11,254	0	0	10,326	928	0	35,330	0	0	32,741	2,589	0
Gender												
Female	105,260	835	7,915	29,759	66,375	376	657,920	8,345	73,523	131,004	442,598	2,450
Male	84,281	366	6,949	9,561	67,405	0	549,336	3,603	61,880	33,030	450,823	0
Unknown	3,483	0	1	3,378	104	0	7,118	0	12	6,790	316	0
Race												
White	117,533	548	10,595	25,652	80,427	311	747,758	5,499	97,437	101,116	541,698	2,008
African American	26,062	122	2,257	6,712	16,958	13	179,957	1,238	20,641	32,881	125,118	79
Other/unknown	49,429	531	2,013	10,334	36,499	52	286,659	5,211	17,337	36,827	226,921	363
Use of Nursing Facilities^c												
Entire year	484	160	319	1	4	0	5,028	1,656	3,337	1	34	0
Part year	549	81	442	15	9	2	3,999	637	3,245	55	39	23
None	191,991	960	14,104	42,682	133,871	374	1,205,347	9,655	128,833	170,768	893,664	2,427
Maintenance Assistance Status												
Cash	47,300	1,027	12,280	13,143	20,850	0	320,740	10,645	118,329	51,735	140,031	0
Medically needy	11,736	102	522	10,808	304	0	48,164	743	2,957	43,507	957	0
Poverty-related	107,097	72	1,965	10,108	94,576	376	639,663	560	13,173	32,289	591,191	2,450
Other/unknown	26,891	0	98	8,639	18,154	0	205,807	0	956	43,293	161,558	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	15,864	341	3,469	7,054	4,629	371	66,698	3,238	30,656	14,904	15,467	2,433
FFS part year, with Rx claims	62,131	128	2,714	18,078	41,207	4	121,840	386	8,480	34,401	78,557	16
FFS part year, no Rx claims	24,255	18	398	5,623	18,215	1	48,332	29	1,047	10,628	36,627	1

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
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 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 pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE NO.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, NEBRASKA, 2006

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	80.6	9.4	\$658	\$70	\$2,736	24.0	193,024
Age							
5 and younger	84.9	5.9	227	38	1,658	13.7	59,546
6-14	78.7	6.2	499	81	1,185	42.1	54,005
15-20	82.3	8.8	863	98	2,330	37.0	25,454
21-44	80.0	13.8	1,015	73	5,105	19.9	32,736
45-64	86.0	40.9	3,012	74	10,582	28.5	8,724
65-74	92.7	49.7	3,291	66	13,220	24.9	741
75-84	92.1	41.7	2,314	55	14,422	16.0	419
85 and older	77.2	37.1	1,859	50	22,436	8.3	145
Unknown	58.9	3.2	117	36	2,445	4.8	11,254
Basis of Eligibility^e							
Aged	91.5	44.4	2,662	60	14,180	18.8	1,201
Disabled	90.5	39.1	3,394	87	15,858	21.4	14,865
Adults	73.5	8.3	447	54	2,297	19.5	42,698
Children	81.6	6.1	403	66	1,298	31.0	133,884
Unknown	67.3	12.1	755	63	9,052	8.3	376
Gender							
Female	82.2	10.4	651	62	2,649	24.6	105,260
Male	80.2	8.5	692	82	2,915	23.7	84,281
Unknown	40.1	1.5	57	39	1,019	5.6	3,483
Race							
White	82.0	10.9	814	75	3,203	25.4	117,533
African American	81.3	8.3	521	63	2,185	23.9	26,062
Other/unknown	76.8	6.4	358	56	1,916	18.7	49,429
Use of Nursing Facilities^f							
Entire year	94.2	95.7	6,427	67	66,571	9.7	484
Part year	94.0	76.0	5,195	68	65,273	8.0	549
None	80.5	9.0	630	70	2,396	26.3	191,991
Maintenance Assistance Status							
Cash	81.7	16.3	1,234	76	5,428	22.7	47,300
Medically needy	73.1	11.7	1,087	93	4,613	23.6	11,736
Poverty related	78.6	5.9	329	56	1,545	21.3	107,097
Other/unknown	89.8	10.5	769	73	1,925	39.9	26,891

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.

a. Table NO.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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 1 of Table 1 for methodology used to determine nursing facility residence.

Benef(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 NO.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, NEBRASKA, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number		
	Mean Number of Rx	Mean Rx \$ of All Medicaid FFS \$ ^c	R _x \$ as a Percentage of All Medicaid FFS \$ ^c								Mean \$, All Medicaid FFS \$ ^d	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					
All	1.5	\$105	24.0	19.4	47.0	10.2	12.1	6.3	4.9	435	193,024	1,214,374	
Age													
5 and younger	0.9	35	13.7	15.1	55.8	10.1	10.4	5.3	3.3	252	59,546	391,950	
6-14	0.9	73	42.1	21.3	54.7	8.8	9.1	3.5	2.6	173	54,005	370,980	
15-20	1.3	128	37.0	17.7	50.2	10.7	12.2	5.3	4.0	344	25,454	172,364	
21-44	2.7	200	19.9	20.0	30.9	12.3	17.0	10.2	9.6	1,006	32,736	166,196	
45-64	5.5	406	28.5	14.0	16.9	9.8	22.4	19.4	17.4	1,427	8,724	64,676	
65-74	5.0	333	24.9	7.3	18.2	12.4	27.1	21.2	13.8	1,337	741	7,326	
75-84	4.1	227	16.0	7.9	24.1	10.7	27.9	19.8	9.5	1,415	419	4,272	
85 and older	4.2	211	8.3	22.8	16.6	9.7	20.0	22.8	8.3	2,542	145	1,280	
Unknown	1.0	37	4.8	41.1	29.2	10.6	12.1	4.9	2.1	779	11,254	35,330	
Basis of Eligibility^e													
Aged	4.5	268	18.8	8.5	20.9	11.8	27.1	20.6	11.1	1,425	1,201	11,948	
Disabled	4.3	373	21.4	9.5	26.1	11.4	22.7	17.1	13.2	1,741	14,865	135,415	
Adults	2.1	112	19.5	26.5	30.7	11.9	15.1	8.2	7.7	574	42,698	170,824	
Children	0.9	60	31.0	18.4	54.8	9.6	9.8	4.4	3.0	195	133,884	893,737	
Unknown	1.8	116	8.3	32.7	33.5	13.8	14.9	4.8	0.3	1,389	376	2,450	
Gender													
Female	1.7	104	24.6	17.8	46.1	10.5	12.8	7.0	5.8	424	105,260	657,920	
Male	1.3	106	23.7	19.8	49.2	10.0	11.4	5.7	3.9	447	84,281	549,336	
Unknown	0.7	28	5.6	59.9	21.0	8.5	7.3	2.5	0.7	499	3,483	7,118	
Race													
White	1.7	128	25.4	18.0	45.6	10.7	12.9	7.0	5.7	503	117,533	747,758	
African American	1.2	76	23.9	18.7	52.0	9.3	10.4	5.6	3.9	316	26,062	179,957	
Other/unknown	1.1	62	18.7	23.2	47.6	9.7	11.2	5.1	3.3	330	49,429	286,659	
Use of Nursing Facilities^f													
Entire year	9.2	619	9.7	5.8	3.9	2.3	11.4	40.3	36.4	6,408	484	5,028	
Part year	10.4	713	8.0	6.0	6.6	4.2	16.8	24.0	42.4	8,961	549	3,999	
None	1.4	100	26.3	19.5	47.2	10.3	12.1	6.2	4.7	382	191,991	1,205,347	
Maintenance Assistance Status													
Cash	2.4	182	22.7	18.3	39.8	10.3	15.2	9.4	7.0	800	47,300	320,740	
Medically needy	2.9	265	23.6	26.9	26.5	11.5	16.4	9.3	9.4	1,124	11,736	48,164	
Poverty related	1.0	55	21.3	21.4	50.6	9.7	10.1	4.8	3.4	259	107,097	639,663	
Other/unknown	1.4	100	39.9	10.2	54.2	11.8	13.0	5.8	4.9	252	26,891	205,807	

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 a. Table NO.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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 1 of Table 1 for methodology used to determine nursing facility residence.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE NO.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 2006

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	\$105	\$70	0.5	\$79	\$149	0.1	\$6	\$91	0.9	\$19	\$21
Age												
5 and younger	0.9	35	38	0.2	20	90	0.0	3	96	0.6	12	19
6-14	0.9	73	81	0.4	60	138	0.0	2	60	0.4	11	25
15-20	1.3	128	98	0.5	107	196	0.1	5	86	0.7	16	23
21-44	2.7	200	73	0.9	150	165	0.1	15	116	1.7	36	21
45-64	5.5	406	74	2.0	304	155	0.2	26	119	3.3	76	23
65-74	5.0	333	66	1.9	254	134	0.2	20	88	2.9	60	20
75-84	4.1	227	55	1.4	167	116	0.2	14	80	2.5	46	19
85 and older	4.2	211	50	1.4	155	111	0.1	9	59	2.7	47	18
Unknown	1.0	37	36	0.1	13	90	0.1	13	224	0.8	12	14
Basis of Eligibility^d												
Aged	4.5	268	60	1.6	200	125	0.2	16	80	2.7	52	20
Disabled	4.3	373	87	1.6	290	177	0.2	21	114	2.5	61	25
Adults	2.1	112	54	0.6	75	128	0.1	12	127	1.4	25	18
Children	0.9	60	66	0.3	46	137	0.0	3	63	0.5	11	21
Unknown	1.8	116	63	0.6	86	141	0.1	8	116	1.2	21	18
Gender												
Female	1.7	104	62	0.6	75	136	0.1	7	95	1.0	21	21
Male	1.3	106	82	0.5	85	166	0.1	5	84	0.7	17	23
Unknown	0.7	28	39	0.1	9	89	0.0	11	267	0.6	8	14
Race												
White	1.7	128	75	0.6	99	153	0.1	8	92	1.0	22	22
African American	1.2	76	63	0.4	55	143	0.0	5	104	0.8	16	21
Other/unknown	1.1	62	56	0.3	43	134	0.0	4	82	0.7	14	20
Use of Nursing Facilities^e												
Entire year	9.2	619	67	2.9	450	157	0.4	31	75	5.9	136	23
Part year	10.4	713	68	3.3	517	158	0.4	42	105	6.8	154	23
None	1.4	100	70	0.5	76	149	0.1	6	92	0.9	18	21
Maintenance Assistance Status												
Cash	2.4	182	76	0.9	138	161	0.1	11	107	1.4	33	23
Medically needy	2.9	265	93	0.9	215	238	0.1	15	108	1.8	36	20
Poverty related	1.0	55	56	0.3	39	120	0.0	4	76	0.6	13	21
Other/unknown	1.4	100	73	0.6	81	140	0.1	5	79	0.7	15	21

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Nebraska, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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 1 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, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name Generic		Patented Brand-Name		Off-Patent Brand-Name Generic		Patented Brand-Name		Off-Patent Brand-Name Generic		Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months
	Total		Total		Total		Total		Total								
Anti-infective Agents	0.4	0.1	0.0	0.3	\$16	\$8	\$1	\$7	\$45	\$127	\$54	\$24	285,684	\$12,906,271	108,479	56.2	809,200
Biologics	0.3	0.2	0.0	0.0	180	176	4	1	676	742	202	45	91	61,524	34	0.0	341
Antineoplastic Agents	0.7	0.2	0.0	0.5	143	123	1	19	217	675	81	41	3,286	714,455	556	0.3	5,005
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.3	32	21	2	9	56	105	47	28	144,185	8,097,372	33,675	17.4	252,467
Cardiovascular Agents	1.2	0.5	0.0	0.7	51	38	4	10	43	84	81	14	139,887	6,037,303	14,420	7.5	117,274
Respiratory Agents	0.5	0.2	0.0	0.3	27	20	1	6	56	107	41	21	293,149	16,282,053	78,586	40.7	602,744
Gastrointestinal Agents	0.4	0.1	0.0	0.3	29	14	10	5	65	122	281	17	69,181	4,504,867	20,635	10.7	156,747
Genitourinary Agents	0.4	0.1	0.1	0.2	21	11	6	5	56	91	92	24	23,995	1,353,904	9,646	5.0	64,449
CNS Drugs	1.2	0.6	0.1	0.5	142	124	8	10	119	196	97	20	271,834	32,259,491	29,511	15.3	227,084
Stimulants/Anti-obesity/Anorexia	0.9	0.8	0.0	0.1	106	102	1	3	118	130	125	29	82,809	9,810,181	10,764	5.6	92,636
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	291	291	0	0	408	413	0	19	3,407	1,388,701	561	0.3	4,774
Analgesics and Anesthetics	0.5	0.1	0.0	0.5	21	10	2	9	39	175	336	19	191,244	7,528,880	50,271	26.0	361,894
Neuromuscular Agents	0.9	0.4	0.0	0.4	94	78	2	14	104	175	119	31	109,135	11,343,804	15,016	7.8	121,001
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	3	10	12	22	10	42,375	429,264	19,382	10.0	122,092
Hematological Agents	0.8	0.2	0.0	0.5	350	337	1	13	455	1,593	28	24	16,215	7,375,398	2,760	1.4	21,057
Topical Products	0.3	0.1	0.0	0.2	12	8	0	3	44	90	68	19	136,717	5,999,875	61,615	31.9	486,501
Miscellaneous Products	0.5	0.2	0.0	0.2	120	96	6	19	227	384	167	76	3,694	837,456	798	0.4	6,961
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	12	0	0	0	58	0	0	0	517	29,953	301	0.2	2,428
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.	1,817,405	126,960,752	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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.medi-span.com/master-drug-database.aspx>.
 d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Nebraska, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 2006

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	\$17,964,658	11,740	6.1	104,935	0.7	\$239	\$171
ANTICONVULSANT	8,547,976	9,288	4.8	80,981	0.8	128	106
ANTIASTHMATIC	8,247,692	37,823	19.6	297,814	0.4	78	28
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	7,861,316	10,322	5.3	88,551	0.8	117	89
MISC. HEMATOLOGICAL	5,983,343	554	0.3	4,633	0.7	1,843	1,291
ANTIDEPRESSANTS	5,947,160	20,303	10.5	152,989	0.6	63	39
DERMATOLOGICAL	3,066,224	46,940	24.3	375,909	0.2	41	8
ANTIDIABETIC	2,591,148	5,543	2.9	44,382	0.8	75	58
CEPHALOSPORINS	2,493,211	33,202	17.2	258,715	0.2	55	10
ANALGESICS - Narcotic	2,402,280	34,720	18.0	233,856	0.4	29	10
Total	65,105,008	210,435	n.a.	1,642,765	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Benef(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS				ANTICONVULSANT					
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes Among Users	Number of Months Benefit	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes Among Users	Number of Months Benefit	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes Among Users	Number of Months Benefit	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	650,378	\$65,105,008	11,740	6.1	104,935	0.7	\$171	9,288	4.8	80,981	0.8	\$106					
Female																	
All Females	362,498	30,413,657	5,777	5.7	49,528	0.7	158	5,611	5.5	47,408	0.8	103					
Female, Disabled																	
All Ages	133,754	13,609,462	2,316	29.3	22,646	0.8	200	2,608	33.0	25,902	0.9	115					
5 and younger	1,509	113,578	7	1.9	84	0.4	61	43	11.6	456	0.7	94					
6-14	4,848	588,545	78	13.5	710	0.7	155	167	29.0	1,714	0.9	171					
15-20	5,043	541,539	123	24.0	1,179	0.7	156	143	27.9	1,414	1.0	140					
45-64	45,768	5,234,262	1,050	38.6	10,179	0.7	192	1,090	40.0	10,880	1.0	130					
65-74	74,707	6,915,149	1,022	27.9	10,066	0.8	216	1,152	31.5	11,284	0.9	90					
75-84	1,879	216,389	36	50.7	428	1.0	270	13	18.3	154	1.1	129					
85 and older	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	225,826	16,716,336	3,442	3.7	26,827	0.6	122	2,986	3.2	21,454	0.7	89					
5 and younger	38,431	1,993,775	79	0.3	596	0.5	96	118	0.4	948	0.5	45					
6-14	54,435	4,979,868	914	3.5	8,512	0.6	132	483	1.9	4,494	0.7	102					
15-20	39,275	3,239,558	999	7.4	9,016	0.6	104	627	4.7	5,465	0.6	84					
21-44	71,389	4,796,041	1,160	5.1	6,149	0.6	125	1,434	6.3	8,034	0.8	96					
45-64	11,487	832,822	148	7.5	1,000	0.6	112	216	10.9	1,367	0.8	78					
65-74	6,546	565,482	75	16.5	831	0.9	191	66	14.5	699	0.9	72					
75-84	3,116	222,781	43	15.7	477	0.9	156	35	12.8	372	0.9	49					
85 and older	1,147	86,009	24	22.2	246	0.6	156	7	6.5	75	0.7	27					
Male																	
All Males	286,728	34,655,301	5,949	7.4	55,380	0.8	184	3,661	4.6	33,540	0.8	109					
Male, Disabled																	
All Ages	90,372	11,968,160	2,271	32.7	22,181	0.8	232	1,881	27.1	18,397	0.9	127					
5 and younger	2,477	194,739	16	3.1	179	0.4	67	72	14.0	698	0.7	88					
6-14	10,977	1,521,462	336	32.7	3,363	0.7	180	223	21.7	2,342	0.9	144					
15-20	10,080	1,813,436	353	42.7	3,494	0.9	222	210	25.4	2,072	1.0	152					
21-44	33,796	5,153,246	1,033	45.3	10,174	0.9	249	856	37.6	8,638	1.0	144					
45-64	32,807	3,266,525	529	23.3	4,934	0.9	245	517	22.8	4,632	0.9	83					
65-74	235	18,752	4	13.3	37	1.1	207	3	10.0	15	1.1	82					
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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes Among	Number of Benefit Months Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes Among	Number of Benefit Months Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	192,951	22,581,249	3,656	5.0	33,138	0.7	151	1,759	2.4	15,072	0.7	86
5 and younger	46,566	2,778,854	152	0.5	1,242	0.6	108	210	0.7	1,912	0.6	53
6-14	87,115	9,353,074	1,948	7.3	17,925	0.7	158	731	2.8	6,834	0.7	83
15-20	41,802	9,194,073	1,277	11.9	12,334	0.7	145	480	4.5	4,456	0.7	110
21-44	10,080	691,471	173	3.5	712	0.7	176	241	4.9	1,072	0.7	78
45-64	3,276	248,175	41	5.0	216	0.6	165	48	5.9	265	0.7	95
65-74	2,131	169,574	33	17.8	356	0.7	146	31	16.8	332	0.9	63
75-84	1,601	118,614	24	16.6	266	1.0	156	16	11.0	186	1.0	84
85 and older	380	27,414	8	21.6	87	0.8	160	2	5.4	15	1.0	67
Unknown	7,475	229,801	55	0.5	143	0.6	54	54	0.5	156	0.7	110

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Benef(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND 7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 2006

Beneficiary Characteristics	ANTIASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXICANTS					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All Beneficiaries	Number of Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	37,823	19.6	297,814	0.4	\$28	10,322	5.3	88,551	0.8	\$89	554	0.3	4,633	0.7	\$1,292
Female															
All Females	19,650	19.4	153,522	0.4	28	3,406	3.4	29,262	0.7	86	337	0.3	2,931	0.7	90
Female, Disabled															
All Ages	3,529	44.6	34,534	0.5	40	397	5.0	3,904	0.7	99	241	3.0	2,222	0.7	90
5 and younger	169	45.6	1,713	0.3	23	4	1.1	42	0.4	37	0	0.0	0	0.0	0
6-14	173	30.0	1,746	0.4	32	99	17.2	993	0.8	75	0	0.0	0	0.0	0
15-20	151	29.4	1,645	0.4	22	58	11.3	529	0.8	76	0	0.0	0	0.0	0
21-44	1,021	37.5	10,130	0.4	32	143	5.3	1,365	0.6	104	28	1.0	249	0.6	114
45-64	1,986	54.2	18,986	0.5	48	93	2.5	975	0.6	129	209	5.7	1,927	0.7	87
65-74	29	40.8	314	0.8	64	0	0.0	0	0.0	0	4	5.6	46	0.6	79
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	15,887	17.0	117,851	0.3	24	3,008	3.2	25,356	0.7	84	96	0.1	709	0.7	91
5 and younger	5,317	18.6	41,200	0.2	19	96	0.3	808	0.4	35	1	0.0	9	0.1	9
6-14	4,490	17.3	36,114	0.3	26	1,896	7.3	16,548	0.8	84	1	0.0	12	0.1	406
15-20	2,326	17.3	17,940	0.3	24	641	4.8	5,968	0.6	68	1	0.0	12	0.2	9
21-44	3,071	13.5	17,101	0.4	28	335	1.5	1,789	0.7	154	23	0.1	128	0.5	72
45-64	443	22.4	3,011	0.5	35	38	1.9	236	0.8	172	23	1.2	106	0.8	105
65-74	151	33.2	1,566	0.5	55	1	0.2	2	4.5	109	25	5.5	248	0.7	96
75-84	57	20.8	602	0.5	41	0	0.0	0	0.0	0	17	6.2	162	0.6	81
85 and older	32	29.6	317	0.6	28	1	0.9	5	0.8	22	5	4.6	32	0.9	75
Male															
All Males	18,096	22.6	144,108	0.3	28	6,914	8.6	59,285	0.8	90	217	0.3	1,702	0.7	3,361
Male, Disabled															
All Ages	2,049	29.5	19,710	0.5	38	715	10.3	7,103	0.8	100	148	2.1	1,302	0.7	608
5 and younger	305	59.5	2,918	0.3	26	15	2.9	153	0.4	33	0	0.0	0	0.0	0
6-14	362	35.2	3,886	0.4	32	337	32.8	3,463	0.8	89	2	0.2	20	0.2	1,911
15-20	198	23.9	2,082	0.3	25	199	24.1	1,989	0.8	116	1	0.1	12	1.1	23,830
21-44	399	17.5	3,708	0.5	41	108	4.7	1,016	0.7	102	23	1.0	209	0.7	1,808
45-64	782	34.4	7,091	0.6	49	56	2.5	502	0.7	130	121	5.3	1,049	0.7	84
65-74	3	10.0	25	1.1	43	0	0.0	0	0.0	0	1	3.3	12	1.0	136
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, 2006

Beneficiary Characteristics	ANTIASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					MISC. HEMATOLOGICAL				
	Number of Users	Users	Number of Benefit Months Among Users	Mean	Mean Rx \$ per Benefit Month	Number of Users	Users	Number of Benefit Months Among Users	Mean	Mean Rx \$ per Benefit Month	Number of Users	Users	Number of Benefit Months Among Users	Mean	Mean Rx \$ per Benefit Month
		as % of All Benefit Months		Rx per Benefit Month			as % of All Benefit Months		Rx per Benefit Month			as % of All Benefit Months		Rx per Benefit Month	
Male, Other Eligibles															
All Ages	15,746	21.5	122,653	0.3	26	6,194	8.5	52,157	0.8	89	69	0.1	400	0.8	12,320
5 and younger	7,308	24.4	55,529	0.3	22	324	1.1	2,485	0.5	47	4	0.0	18	1.3	3,326
6-14	6,006	22.7	48,759	0.4	30	4,448	16.8	36,857	0.8	91	4	0.0	26	0.8	8,172
15-20	1,828	17.1	15,075	0.4	27	1,350	12.6	12,531	0.7	88	3	0.0	30	0.9	154,083
21-44	413	8.4	1,747	0.6	34	56	1.1	201	0.9	158	15	0.3	51	0.9	141
45-64	84	10.3	468	0.6	58	14	1.7	65	1.2	215	25	3.1	107	0.7	112
65-74	42	22.7	429	0.5	52	2	1.1	18	0.5	77	11	5.9	85	0.7	86
75-84	57	39.3	562	0.6	46	0	0.0	0	0.0	0	5	3.4	59	0.5	70
85 and older	8	21.6	84	0.6	21	0	0.0	0	0.0	0	2	5.4	24	0.8	108
Unknown	612	5.4	3,066	0.3	17	8	0.1	31	0.6	99	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Benefit(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, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					DERMATOLOGICAL					ANTI-DIABETIC				
	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	20,303	10.5	152,989	0.6	\$39	46,940	24.3	375,909	0.2	\$8	5,543	2.9	44,382	0.8	\$58
Female															
All Females	14,080	13.9	102,435	0.6	42	26,982	26.6	213,107	0.2	8	3,737	3.7	30,713	0.8	56
Female, Disabled															
All Ages	3,948	49.9	37,579	0.7	47	3,305	41.8	34,294	0.2	9	1,911	24.1	18,437	0.8	54
5 and younger	5	1.3	38	0.3	13	156	42.0	1,490	0.2	3	4	1.1	48	0.5	19
6-14	74	12.8	666	0.6	17	242	42.0	2,639	0.2	6	10	1.7	62	0.7	58
15-20	143	27.9	1,363	0.6	35	220	42.9	2,349	0.2	8	17	3.3	191	0.7	37
21-44	1,541	56.6	14,622	0.7	48	1,163	42.7	12,493	0.2	9	427	15.7	4,032	0.7	54
45-64	2,157	58.9	20,586	0.7	49	1,490	40.7	14,960	0.2	11	1,402	38.3	13,578	0.8	55
65-74	28	39.4	304	0.8	33	34	47.9	363	0.3	10	51	71.8	526	0.8	54
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	9,984	10.7	64,416	0.6	38	23,143	24.8	175,962	0.2	8	1,785	1.9	12,168	0.8	58
5 and younger	333	1.2	2,211	0.3	17	9,490	33.2	72,968	0.2	5	88	0.3	587	0.5	23
6-14	1,010	3.9	8,951	0.5	23	5,985	23.1	49,023	0.2	9	120	0.5	927	0.9	95
15-20	2,105	15.7	16,841	0.5	30	3,426	25.5	27,482	0.2	12	141	1.1	1,092	0.7	59
21-44	5,624	24.7	29,729	0.6	48	3,567	15.6	20,552	0.3	13	766	3.4	4,219	0.8	55
45-64	716	36.2	4,559	0.6	46	346	17.5	2,374	0.3	15	342	17.3	2,005	0.8	62
65-74	114	25.1	1,258	0.7	37	168	36.9	1,829	0.2	11	226	49.7	2,239	0.8	57
75-84	57	20.8	598	0.7	38	109	39.8	1,201	0.3	11	85	31.0	915	0.8	43
85 and older	25	23.1	269	0.9	40	52	48.1	533	0.2	6	17	15.7	184	1.0	50
Male															
All Males	6,131	7.6	50,348	0.6	34	19,859	24.8	162,581	0.2	8	1,769	2.2	13,563	0.8	65
Male, Disabled															
All Ages	1,996	28.7	18,682	0.7	44	2,374	34.2	24,318	0.2	10	988	14.2	8,766	0.8	61
5 and younger	7	1.4	54	0.4	18	213	41.5	2,044	0.2	7	2	0.4	23	0.2	11
6-14	171	16.6	1,771	0.6	26	314	30.5	3,365	0.2	7	12	1.2	142	0.5	67
15-20	181	21.9	1,745	0.8	40	327	39.5	3,310	0.2	16	18	2.2	128	1.1	148
21-44	833	36.6	7,990	0.8	48	821	36.0	8,724	0.3	11	201	8.8	1,739	0.9	61
45-64	799	35.2	7,070	0.7	45	696	30.6	6,847	0.3	9	749	33.0	6,662	0.8	59
65-74	5	16.7	52	1.3	75	3	10.0	28	0.1	3	6	20.0	72	0.9	43
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, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					DERMATOLOGICAL					ANTIDIABETIC				
	Number of Users	Users as % of All Benefes	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 Benefes	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 Benefes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	3,991	5.4	31,184	0.6	28	16,826	23.0	134,570	0.2	8	726	1.0	4,656	0.8	72
5 and younger	375	1.3	2,564	0.3	16	9,182	30.7	71,086	0.2	5	82	0.3	576	0.4	32
6-14	1,399	5.3	12,417	0.6	22	4,424	16.7	37,163	0.2	7	108	0.4	835	0.9	105
15-20	1,380	12.9	12,239	0.5	29	2,583	24.1	22,299	0.2	14	76	0.7	573	1.0	104
21-44	583	11.8	2,389	0.7	51	385	7.8	1,753	0.3	37	217	4.4	989	0.9	72
45-64	176	21.7	771	0.7	58	89	11.0	462	0.3	11	150	18.5	752	0.9	75
65-74	44	23.8	434	0.8	38	78	42.2	858	0.3	10	62	33.5	590	0.7	46
75-84	22	15.2	238	0.6	24	64	44.1	706	0.3	7	27	18.6	303	0.7	47
85 and older	12	32.4	132	0.8	35	21	56.8	243	0.2	5	4	10.8	48	0.6	43
Unknown	384	3.4	1,128	0.7	33	1,282	11.3	6,765	0.2	6	133	1.2	355	1.1	58

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Benefes = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 2006

Beneficiary Characteristics	CEPHALOSPORINS					ANALGESICS - Narcotic					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Beneficiaries Among Users	Number of Benefit Months	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Beneficiaries Among Users	Number of Benefit Months	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	33,202	17.2	258,715	0.2	\$10	34,720	18.0	233,856	0.4	\$10	193,024	1,214,374
Female												
All Females	18,090	17.8	138,966	0.2	9	23,482	23.2	157,939	0.4	10	101,404	644,354
Female, Disabled												
All Ages	1,702	21.5	17,294	0.2	7	4,621	58.4	43,555	0.5	21	7,915	73,523
5 and younger	141	38.0	1,437	0.2	12	47	12.7	453	0.1	1	371	3,200
6-14	167	29.0	1,772	0.2	14	46	8.0	476	0.1	1	576	5,652
15-20	134	26.1	1,420	0.1	5	120	23.4	1,241	0.2	3	513	4,966
21-44	557	20.5	5,648	0.1	5	1,755	64.5	16,611	0.4	19	2,723	25,748
45-64	693	18.9	6,901	0.2	6	2,622	71.6	24,464	0.6	24	3,661	33,263
65-74	10	14.1	116	0.2	24	31	43.7	310	0.6	41	71	694
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	16,024	17.1	119,937	0.2	10	18,123	19.4	111,698	0.3	6	93,489	570,831
5 and younger	6,948	24.3	53,459	0.2	12	2,378	8.3	15,703	0.2	1	28,573	186,956
6-14	4,078	15.8	32,911	0.2	10	1,305	5.0	10,387	0.2	1	25,892	175,229
15-20	2,020	15.1	15,555	0.2	6	2,969	22.1	20,941	0.2	2	13,413	86,356
21-44	2,637	11.6	15,288	0.2	6	10,210	44.8	55,167	0.4	9	22,795	103,872
45-64	238	12.0	1,675	0.2	5	922	46.6	6,012	0.5	13	1,979	10,059
65-74	56	12.3	568	0.2	10	196	43.1	2,030	0.5	23	455	4,642
75-84	26	9.5	279	0.1	4	113	41.2	1,172	0.4	14	274	2,806
85 and older	21	19.4	202	0.1	5	30	27.8	286	0.6	36	108	911
Male												
All Males	15,014	18.7	119,523	0.2	10	10,824	13.5	74,983	0.3	10	80,217	534,254
Male, Disabled												
All Ages	1,212	17.4	12,366	0.2	8	2,267	32.6	20,083	0.5	27	6,949	61,880
5 and younger	204	39.8	2,023	0.2	13	69	13.5	607	0.1	1	513	4,620
6-14	228	22.2	2,438	0.1	10	92	8.9	967	0.1	1	1,029	10,194
15-20	145	17.5	1,506	0.1	7	125	15.1	1,166	0.2	3	827	7,541
21-44	349	15.3	3,578	0.2	5	799	35.1	6,999	0.4	21	2,279	21,038
45-64	286	12.6	2,821	0.2	6	1,177	51.8	10,311	0.6	38	2,271	18,266
65-74	0	0.0	0	0.0	0	5	16.7	33	0.2	3	30	221
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, 2006

Beneficiary Characteristics	CEPHALOSPORINS					ANALGESICS - Narcotic						
	Number of Users	Users as % of All Benes Among	Number of Benefit Months Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes Among	Number of Benefit Months Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	13,332	18.2	104,616	0.2	10	7,731	10.6	51,669	0.2	4	73,268	472,374
5 and younger	7,748	25.9	59,695	0.2	12	2,780	9.3	18,808	0.2	1	29,942	196,758
6-14	3,789	14.3	31,369	0.2	10	1,284	4.8	10,739	0.1	1	26,508	179,905
15-20	1,318	12.3	11,100	0.2	5	1,587	14.8	12,636	0.2	2	10,701	73,501
21-44	364	7.4	1,608	0.3	8	1,669	33.8	6,742	0.6	17	4,938	15,530
45-64	67	8.3	344	0.3	9	295	36.3	1,523	0.7	17	812	3,076
65-74	25	13.5	264	0.1	3	64	34.6	671	0.4	20	185	1,769
75-84	15	10.3	173	0.2	5	37	25.5	383	0.4	16	145	1,466
85 and older	6	16.2	63	0.1	2	15	40.5	167	0.2	2	37	369
Unknown	932	8.2	4,502	0.2	7	1,978	17.3	6,851	0.4	3	11,403	35,766

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Benef(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 NO.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, NEBRASKA, 2006

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	\$619	9.2	484	5,028
Age				
0-64	706	10.0	303	3,142
65-74	672	10.0	64	700
75-84	396	7.2	58	644
85 and older	310	5.9	59	542
Unknown	0	0.0	0	0
Gender				
Female	650	9.8	301	3,208
Male	564	8.2	183	1,820
Unknown	0	0.0	0	0
Race				
White	605	9.1	378	3,913
African American	832	10.3	44	448
Other/unknown	557	9.2	62	667
Basis of Eligibility^c				
Aged	427	7.4	160	1,656
Disabled	712	10.1	319	3,337
Adults	0	0.0	1	1
Children	825	11.0	4	34
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 549 beneficiaries who were in nursing facilities for part of their enrollment and their 3,959 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, 2006

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	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	0.1	0.0	0.4	\$36	\$22	\$3	\$11	\$70	\$152	\$224	\$31	1,878	\$131,388	338	69.8	3,618
Biologicals	0.4	0.4	0.0	0.0	512	512	0	0	1195	1,195	0	0	6	7,167	2	0.4	14
Antineoplastic Agents	0.7	0.1	0.0	0.6	49	26	0	23	67	218	0	38	148	9,981	20	4.1	205
Endocrine/Metabolic Drugs	1.7	0.6	0.1	0.9	85	63	5	17	51	103	45	18	4,532	230,291	255	52.7	2,708
Cardiovascular Agents	2.2	0.6	0.1	1.5	70	45	6	19	33	74	73	13	7,470	243,257	330	68.2	3,460
Respiratory Agents	1.1	0.3	0.0	0.8	54	39	1	14	48	124	48	17	2,927	139,161	247	51.0	2,587
Gastrointestinal Agents	1.3	0.2	0.0	1.1	45	24	2	19	36	153	83	17	4,030	143,588	295	61.0	3,188
Genitourinary Agents	0.8	0.4	0.2	0.3	55	31	16	8	70	86	97	31	1,355	94,985	157	32.4	1,724
CNS Drugs	2.2	1.1	0.1	1.0	265	228	11	25	118	213	76	25	9,128	1,080,659	382	78.9	4,078
Stimulants/Anti-obesity/Anorexia	1.0	0.4	0.0	0.6	69	59	0	10	72	165	0	16	102	7,307	13	2.7	106
Miscellaneous Psychological/Neurological Agents	1.1	1.1	0.0	0.0	201	201	0	0	190	190	0	0	594	112,967	49	10.1	562
Analgesics and Anesthetics	1.2	0.2	0.0	1.0	57	24	3	29	49	139	156	30	3,408	165,548	280	57.9	2,922
Neuromuscular Agents	1.8	0.5	0.1	1.2	143	98	3	42	78	181	50	34	5,174	402,981	258	53.3	2,822
Nutritional Products	0.8	0.0	0.0	0.8	11	0	0	11	13	16	0	13	1,319	17,698	154	31.8	1,575
Hematological Agents	1.3	0.3	0.0	1.0	149	105	0	44	112	380	7	42	1,832	205,402	135	27.9	1,379
Topical Products	0.6	0.2	0.1	0.4	25	14	3	8	41	87	55	20	2,135	87,125	319	65.9	3,491
Miscellaneous Products	0.7	0.4	0.0	0.3	67	56	0	11	102	159	0	36	218	22,149	34	7.0	329
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	61	0	0	0	204	0	0	0	44	8,973	14	2.9	146
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.	46,300	3,110,627	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. A total of 549 beneficiaries who were in nursing facilities for part of their enrollment and their 3,999 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 2006. 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.medi-span.com/master-drug-database.aspx>.
 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.medi-span.com/master-drug-database.aspx>.
 In Nebraska, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 Bene Moths = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^a, b, c, d
 NONDUAL BENEFICIARIES, NEBRASKA, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents		Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
			Number of Benefit Months	Number of Rx per Benefit Month				
ANTIPSYCHOTICS	\$869,219	334	69.0	3,667	1.0	\$230	\$237	
ANTICONVULSANT	317,206	285	58.9	3,177	1.2	86	100	
ANTIDEPRESSANTS	179,187	357	73.8	3,914	0.9	50	46	
ANTIDIABETIC	172,523	266	55.0	2,878	1.0	57	60	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	112,414	56	11.6	650	0.9	191	173	
ANTIASTHMATIC	112,036	320	66.1	3,220	0.7	50	35	
ANTHYPERLIPIDEMIC	107,600	135	27.9	1,422	0.9	83	76	
ULCER DRUGS	95,916	332	68.6	3,538	0.9	31	27	
ANALGESICS - Narcotic	85,483	313	64.7	3,303	0.7	39	26	
MISC. HEMATOLOGICAL	77,827	40	8.3	437	0.8	220	178	
Total	2,129,411	2,438	n.a.	26,206	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. A total of 549 beneficiaries who were in nursing facilities for part of their enrollment and their 3,999 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Waters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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; n.a. = not applicable.

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, 2006

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	23,775	\$2,129,411	334	69.0	3,667	1.0	\$237	285	58.9	3,177	1.2	\$100	
Female													
All Females	15,970	1,439,465	227	75.4	2,561	1.0	238	177	58.8	2,049	1.1	92	
Female, Disabled													
All Ages	11,508	1,079,890	154	81.9	1,753	1.0	265	146	77.7	1,699	1.1	96	
64 or younger	10,235	949,437	135	79.4	1,525	1.0	259	139	81.8	1,615	1.1	96	
65-74	1,273	130,453	19	105.6	228	1.1	309	7	38.9	84	1.1	86	
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	4,462	359,575	73	64.6	808	0.9	179	31	27.4	350	1.2	75	
64 or younger	103	9,520	1	100.0	12	1.2	234	0	0.0	0	0.0	0	
65-74	1,732	154,093	27	93.1	296	1.1	202	12	41.4	131	1.3	97	
75-84	1,517	116,457	26	66.7	305	1.0	161	15	38.5	171	1.3	75	
85 and older	1,110	79,505	19	43.2	195	0.7	169	4	9.1	48	0.6	19	
Male													
All Males	7,805	689,946	107	58.5	1,106	1.1	235	108	59.0	1,128	1.2	114	
Male, Disabled													
All Ages	5,939	535,459	73	55.7	713	1.2	263	93	71.0	965	1.2	116	
64 or younger	5,763	520,185	71	55.5	700	1.2	264	93	72.7	965	1.2	116	
65-74	176	15,274	2	66.7	13	1.1	171	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	1,866	154,487	34	65.4	393	1.1	184	15	28.8	163	1.3	103	
64 or younger	42	1,875	0	0.0	0	0.0	0	1	25.0	4	1.0	38	
65-74	606	47,014	13	92.9	156	1.0	166	6	42.9	72	1.1	56	
75-84	844	73,480	13	68.4	150	1.3	217	6	31.6	72	1.5	161	
85 and older	374	32,118	8	53.3	87	0.8	160	2	13.3	15	1.0	67	
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 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. A total of 549 beneficiaries who were in nursing facilities for part of their enrollment and their 3,999 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIDIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of	Number of	Mean	Mean Rx \$	Number of Users	Users as % of	Number of	Mean	Mean Rx \$	Number of Users	Users as % of	Number of	Mean	Mean Rx \$
		All-Year Nursing Facility Residents					All-Year Nursing Facility Residents					Benefit Months Among Users			
All	357	73.8	3,914	0.9	\$46	266	55.0	2,878	1.0	\$60	56	11.6	650	0.9	\$173
Female															
All Females	237	78.7	2,704	0.9	45	185	61.5	2,066	1.1	64	37	12.3	430	0.9	156
Female, Disabled															
All Ages	177	94.1	2,011	0.9	45	131	69.7	1,444	1.1	62	24	12.8	281	0.9	164
64 or younger	162	95.3	1,831	0.9	47	112	65.9	1,216	1.1	63	22	12.9	257	0.9	169
65-74	15	83.3	180	0.9	32	19	105.6	228	1.1	62	2	11.1	24	0.8	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	60	53.1	693	0.9	45	54	47.8	622	1.0	67	13	11.5	149	1.0	141
64 or younger	1	100.0	12	1.0	47	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	24	82.8	275	0.9	47	21	72.4	248	1.1	102	3	10.3	36	1.1	161
75-84	19	48.7	219	0.9	45	25	64.1	278	0.9	43	6	15.4	72	0.9	145
85 and older	16	36.4	187	0.9	41	8	18.2	96	1.2	49	4	9.1	41	0.9	118
Male															
All Males	120	65.6	1,210	0.9	47	81	44.3	812	1.0	50	19	10.4	220	0.9	206
Male, Disabled															
All Ages	95	72.5	925	0.9	50	64	48.9	608	1.0	46	11	8.4	124	0.7	238
64 or younger	93	72.7	901	0.9	50	60	46.9	560	1.0	44	10	7.8	112	0.7	249
65-74	2	66.7	24	1.0	46	4	133.3	48	1.0	61	1	33.3	12	0.9	133
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	25	48.1	285	0.9	39	17	32.7	204	1.0	63	8	15.4	96	1.2	164
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	8	57.1	96	1.1	34	9	64.3	108	0.9	56	3	21.4	36	1.1	120
75-84	10	52.6	114	0.8	41	8	42.1	96	1.1	70	2	10.5	24	1.1	174
85 and older	7	46.7	75	0.8	41	0	0.0	0	0.0	0	3	20.0	36	1.3	201
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 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. A total of 549 beneficiaries who were in nursing facilities for part of their enrollment and their 3,999 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	ANTIASTHMATIC					ANTIHYPERTENSIVE					ULCER DRUGS				
	Number of Users	Users as %	Number of	Mean	Mean Rx \$	Number of Users	Users as %	Number of	Mean	Mean Rx \$	Number of Users	Users as %	Number of	Mean	Mean Rx \$
		of All-Year					of All-Year					of All-Year			
All	320	66.1	3,220	0.7	\$35	135	27.9	1,422	0.9	\$76	332	68.6	3,538	0.9	\$27
Female															
All Females	204	67.8	2,135	0.7	42	87	28.9	990	0.9	77	209	69.4	2,254	0.9	22
Female, Disabled															
All Ages	147	78.2	1,566	0.7	44	63	33.5	714	0.9	70	129	68.6	1,411	0.8	25
64 or younger	133	78.2	1,398	0.6	41	55	32.4	618	0.9	71	122	71.8	1,338	0.8	26
65-74	14	77.8	168	1.1	73	8	44.4	96	1.0	64	7	38.9	73	0.8	20
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	57	50.4	569	0.6	36	24	21.2	276	1.0	94	80	70.8	843	0.9	17
64 or younger	3	300.0	36	1.4	159	0	0.0	0	0.0	0	1	100.0	12	2.2	34
65-74	14	48.3	115	0.9	71	10	34.5	116	1.1	107	23	79.3	245	1.0	17
75-84	16	41.0	154	0.4	9	7	17.9	76	1.0	86	24	61.5	258	0.8	15
85 and older	24	54.5	264	0.5	20	7	15.9	84	0.9	83	32	72.7	328	0.9	17
Male															
All Males	116	63.4	1,085	0.7	21	48	26.2	432	0.9	73	123	67.2	1,284	0.9	36
Male, Disabled															
All Ages	87	66.4	841	0.7	20	38	29.0	320	0.9	72	99	75.6	1,023	0.9	36
64 or younger	84	65.6	816	0.7	20	37	28.9	308	0.9	72	97	75.8	999	0.9	33
65-74	3	100.0	25	1.1	43	1	33.3	12	1.1	95	2	66.7	24	1.0	149
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	29	55.8	244	0.8	22	10	19.2	112	0.8	74	24	46.2	261	0.9	35
64 or younger	4	100.0	28	0.9	49	2	50.0	16	0.3	6	2	50.0	18	0.4	13
65-74	4	28.6	15	0.7	19	3	21.4	36	1.0	47	4	28.6	37	1.0	24
75-84	17	89.5	165	0.8	20	4	21.1	48	0.9	113	10	52.6	114	0.8	39
85 and older	4	26.7	36	0.6	9	1	6.7	12	0.9	90	8	53.3	92	1.2	40
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 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. A total of 549 beneficiaries who were in nursing facilities for part of their enrollment and their 3,999 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC. HEMATOLOGICAL					All-Year Nursing Facility Residents	Benefit Months Among All- Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents Among Users	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents Among Users	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	313	64.7	3,303	0.7	\$26	40	8.3	437	0.8	\$178	484	5,028
Female												
All Females	215	71.4	2,317	0.7	28	26	8.6	284	0.8	136	301	3,208
Female, Disabled												
All Ages	159	84.6	1,722	0.6	24	18	9.6	193	0.7	153	188	2,047
64 or younger	145	85.3	1,565	0.6	20	16	9.4	169	0.8	165	170	1,842
65-74	14	77.8	157	0.9	54	2	11.1	24	0.6	71	18	205
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	56	49.6	595	0.7	42	8	7.1	91	0.9	99	113	1,161
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	21	72.4	235	0.7	40	3	10.3	32	0.9	108	29	313
75-84	18	46.2	208	0.6	30	4	10.3	48	0.8	88	39	443
85 and older	17	38.6	152	0.8	62	1	2.3	11	1.1	116	44	393
Male												
All Males	98	53.6	986	0.7	20	14	7.7	153	0.9	257	183	1,820
Male, Disabled												
All Ages	79	60.3	782	0.7	24	12	9.2	129	0.8	290	131	1,290
64 or younger	78	60.9	770	0.7	24	11	8.6	117	0.8	306	128	1,265
65-74	1	33.3	12	0.1	3	1	33.3	12	1.0	136	3	25
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	19	36.5	204	0.5	6	2	3.8	24	1.0	79	52	530
64 or younger	1	25.0	12	0.1	1	0	0.0	0	0.0	0	4	23
65-74	5	35.7	60	0.5	5	1	7.1	12	1.0	19	14	157
75-84	4	21.1	37	1.4	17	0	0.0	0	0.0	0	19	201
85 and older	9	60.0	95	0.3	2	1	6.7	12	1.0	140	15	149
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 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. A total of 549 beneficiaries who were in nursing facilities for part of their enrollment and their 3,999 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Waters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 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, 2006

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	84,880	44.0	1.7	337,195	\$18	\$3,473,562	\$10	2.7	193,024
Age									
5 and younger	32,333	54.3	1.6	95,523	13	796,097	8	5.9	59,546
6-14	20,570	38.1	1.0	54,046	11	612,861	11	2.3	54,005
15-20	9,550	37.5	1.2	29,729	14	343,644	12	1.6	25,454
21-44	13,266	40.5	2.2	70,544	24	797,950	11	2.4	32,736
45-64	5,139	58.9	7.4	64,210	84	734,174	11	2.8	8,724
65-74	533	71.9	11.0	8,133	108	79,858	10	3.3	741
75-84	316	75.4	11.9	4,995	105	43,955	9	4.5	419
85 and older	112	77.2	16.9	2,455	125	18,182	7	6.7	145
Unknown	3,061	27.2	0.7	7,560	4	46,841	6	3.6	11,254
Basis of Eligibility^c									
Aged	892	74.3	11.6	13,927	106	127,003	9	4.0	1,201
Disabled	9,213	62.0	7.4	109,894	82	1,215,421	11	2.4	14,865
Adults	14,834	34.7	1.1	48,543	13	545,723	11	2.9	42,698
Children	59,835	44.7	1.2	164,375	12	1,580,543	10	2.9	133,884
Unknown	106	28.2	1.2	456	13	4,872	11	1.7	376
Gender									
Female	48,238	45.8	1.9	203,259	21	2,158,434	11	3.2	105,260
Male	36,306	43.1	1.6	133,378	16	1,310,617	10	2.2	84,281
Unknown	336	9.6	0.2	558	1	4,511	8	2.3	3,483
Race									
White	49,878	42.4	1.8	217,228	20	2,387,053	11	2.5	117,533
African American	11,473	44.0	1.5	40,340	15	383,193	9	2.8	26,062
Other/unknown	23,529	47.6	1.6	79,627	14	703,316	9	4.0	49,429
Use of Nursing Facilities^d									
Entire year	465	96.1	36.5	17,657	261	126,503	7	4.1	484
Part year	498	90.7	19.0	10,441	162	89,023	9	3.1	549
None	83,917	43.7	1.6	309,097	17	3,258,036	11	2.7	191,991
Maintenance Assistance Status									
Cash	23,464	49.6	3.2	149,010	33	1,570,699	11	2.7	47,300
Medically needy	4,116	35.1	1.9	22,558	21	241,193	11	1.9	11,736
Poverty related	44,864	41.9	1.2	126,648	12	1,253,143	10	3.6	107,097
Other/unknown	12,436	46.2	1.4	38,979	15	408,527	10	2.0	26,891

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006.
 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.
 Beneficiary = 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, 2006

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
		\$3	\$10	\$0	\$0	
All	0.3					1,214,374
Age						
5 and younger	0.2	2	8	0	0	391,950
6-14	0.1	2	11	0	0	370,980
15-20	0.2	2	12	0	0	172,364
21-44	0.4	5	11	0	1	166,196
45-64	1.0	11	11	0	2	64,676
65-74	1.1	11	10	0	1	7,326
75-84	1.2	10	9	0	1	4,272
85 and older	1.9	14	7	0	0	1,280
Unknown	0.2	1	6	0	0	35,330
Basis of Eligibility^c						
Aged	1.2	11	9	0	1	11,948
Disabled	0.8	9	11	0	2	135,415
Adults	0.3	3	11	0	1	170,824
Children	0.2	2	10	0	0	893,737
Unknown	0.2	2	11	0	0	2,450
Gender						
Female	0.3	3	11	0	0	657,920
Male	0.2	2	10	0	0	549,336
Unknown	0.1	1	8	0	0	7,118
Race						
White	0.3	3	11	0	0	747,758
African American	0.2	2	9	0	0	179,957
Other/unknown	0.3	2	9	0	0	286,659
Use of Nursing Facilities^d						
Entire year	3.5	25	7	0	3	5,028
Part year	2.6	22	9	0	4	3,999
None	0.3	3	11	0	0	1,205,347
Maintenance Assistance Status						
Cash	0.5	5	11	0	1	320,740
Medically needy	0.5	5	11	0	1	48,164
Poverty related	0.2	2	10	0	0	639,663
Other/unknown	0.2	2	10	0	0	205,807

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006.
 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 1 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, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	Total Number Rx. \$ per Rx	Excluded Rx	Total Number Rx.
All	113,227	\$31	\$3,473,562	100.0	337,195	\$10	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	5	47	233	0.0	5	47	0.0
Drugs for cosmetic purposes	191	13	2,561	0.1	258	10	0.1
Cough and cold medications	40,127	30	1,222,815	35.2	71,729	17	21.3
Vitamins and minerals	7,530	29	219,549	6.3	18,748	12	5.6
Non-prescription drugs	56,438	28	1,568,952	45.2	199,817	8	59.3
Barbiturates	357	53	18,829	0.5	2,969	6	0.9
Benzodiazepines	7,613	49	370,731	10.7	40,901	9	12.1
Other Part D Excl Rx Drugs	966	72	69,892	2.0	2,768	25	0.8

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table ND11.
 b. Includes OTC drugs as well as prescription drugs.
 c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
 Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Beneficiaries

APPENDIX TABLE A.1
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 NONDUAL BENEFICIARIES, NEBRASKA, 2006

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	220,641	1,279	15,833	45,974	157,179	376	2,026,047	13,623	164,064	314,403	1,531,490	2,467
Age												
5 and younger	65,342	0	939	138	64,265	0	644,759	0	9,935	809	634,015	0
6-14	66,116	0	1,769	12	64,335	0	657,991	0	19,489	127	638,375	0
15-20	31,375	0	1,490	2,252	27,603	30	287,275	0	16,027	16,871	254,269	108
21-44	35,473	0	5,329	29,900	47	197	275,604	0	56,362	217,887	318	1,037
45-64	9,212	0	6,200	2,864	0	148	82,720	0	61,276	20,124	0	1,320
65-74	790	682	106	1	0	1	8,404	7,415	975	12	0	2
75-84	445	444	0	1	0	0	4,760	4,759	0	1	0	0
85 and older	153	153	0	0	0	0	1,449	1,449	0	0	0	0
Unknown	11,735	0	0	10,806	929	0	63,085	0	0	58,572	4,513	0
Gender												
Female	118,367	882	8,249	31,712	77,148	376	1,088,251	9,470	86,856	236,891	752,567	2,467
Male	98,532	397	7,583	10,633	79,919	0	926,254	4,153	77,196	66,471	778,434	0
Unknown	3,742	0	1	3,629	112	0	11,542	0	12	11,041	489	0
Race												
White	132,453	578	11,141	27,475	92,948	311	1,210,408	6,070	115,393	184,782	902,146	2,017
African American	31,228	128	2,527	7,326	21,234	13	304,961	1,399	26,700	58,338	218,443	81
Other/unknown	56,960	573	2,165	11,173	42,997	52	510,678	6,154	21,971	71,283	410,901	369
Use of Nursing Facilities^c												
Entire year	484	160	319	1	4	0	5,050	1,673	3,342	1	34	0
Part year	549	81	442	15	9	2	5,405	789	4,371	129	93	23
None	219,608	1,038	15,072	45,958	157,166	374	2,015,592	11,161	156,351	314,273	1,531,363	2,444
Maintenance Assistance Status												
Cash	52,357	1,089	13,144	14,081	24,043	0	490,572	12,011	141,405	98,786	238,370	0
Medically needy	12,659	104	523	11,674	358	0	82,858	791	3,239	77,017	1,811	0
Poverty related	123,197	86	2,058	10,633	110,044	376	1,136,137	821	18,294	58,591	1,055,964	2,467
Other/unknown	32,428	0	108	9,586	22,734	0	316,480	0	1,126	80,009	235,345	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	15,864	341	3,469	7,054	4,629	371	66,698	3,238	30,656	14,904	15,467	2,433
FFS part year, with Rx claims	62,131	128	2,714	18,078	41,207	4	576,404	1,158	25,605	141,641	407,968	32
FFS part year, no Rx claims	24,255	18	398	5,623	18,215	1	178,115	111	2,932	30,387	144,683	2
MC all year, with Rx claims	90,774	714	8,284	11,943	69,833	0	977,504	8,295	95,232	110,891	763,086	0
MC all year, no Rx claims	27,617	78	968	3,276	23,295	0	227,326	821	9,639	16,580	200,286	0

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.

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 1 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, 2006

	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	220,641	2,026,047	193,024	1,214,374	0	811,673
Fee-for-service (FFS) all year	15,864	66,698	15,864	66,698	0	0
FFS part year, with Rx claims	62,131	576,404	62,131	121,840	0	454,564
FFS part year, with no Rx claims	24,255	178,115	24,255	48,332	0	129,783
Managed care (MC) all year, with Rx claims	90,774	977,504	90,774	977,504	0	0
MC all year, with no Rx claims	27,617	227,326	0	0	0	227,326

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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.

All Medicaid Beneficiaries