

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at [ORDI\\_508\\_Compliance@cms.hhs.gov](mailto:ORDI_508_Compliance@cms.hhs.gov).

STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007  
CONNECTICUT

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING

FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC  
TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING  
FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY  
TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS  
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP  
TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC  
TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC  
TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
FOR SELECTED DRUG CATEGORIES AMONG DUALS

#### SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES  
SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL  
ELIGIBLE BENEFICIARIES UNDER AGE 65  
SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE  
65 AND OLDER  
SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE  
65 TO 74  
SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE  
75 TO 84  
SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE  
85 AND OLDER

#### APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH  
OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES  
APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-  
FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES  
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH  
OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES  
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-  
FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

**TABLE D.2**  
**CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007**

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>81,039</b>	<b>46,789</b>	<b>30,840</b>	<b>3,353</b>	<b>41</b>	<b>16</b>	<b>859,936</b>	<b>488,155</b>	<b>340,911</b>	<b>30,389</b>	<b>302</b>	<b>179</b>
<b>Age</b>												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	4	0	0	0	4	0	42	0	0	0	42	0
15-20	88	0	64	0	24	0	873	0	685	0	188	0
21-44	12,960	0	11,008	1,940	10	2	139,455	0	121,726	17,646	59	24
45-64	20,349	1	19,143	1,192	3	10	222,946	12	212,066	10,735	13	120
65-74	14,866	14,075	583	204	0	4	161,342	153,478	5,976	1,853	0	35
75-84	15,492	15,438	38	16	0	0	164,484	163,924	417	143	0	0
85 and older	17,280	17,275	4	1	0	0	170,794	170,741	41	12	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	51,564	34,181	15,116	2,231	20	16	548,901	359,291	168,725	20,564	142	179
Male	29,475	12,608	15,724	1,122	21	0	311,035	128,864	172,186	9,825	160	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	55,944	33,380	20,812	1,718	19	15	589,782	341,655	232,633	15,169	158	167
African American	11,259	5,538	4,997	717	7	0	121,452	60,340	54,323	6,743	46	0
Other/unknown	13,836	7,871	5,031	918	15	1	148,702	86,160	53,955	8,477	98	12
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	17,830	16,268	1,560	2	0	0	182,064	164,516	17,541	7	0	0
Part year	8,632	7,057	1,522	53	0	0	86,958	69,621	16,751	586	0	0
None	54,577	23,464	27,758	3,298	41	16	590,914	254,018	306,619	29,796	302	179
<b>Maintenance Assistance Status</b>												
Cash	13,220	4,445	5,754	3,013	8	0	143,883	50,355	66,018	27,439	71	0
Medically needy	16,057	7,761	8,272	21	3	0	164,518	77,142	87,234	130	12	0
Poverty-related	2,635	793	1,790	32	4	16	28,620	8,644	19,543	229	25	179
Other/unknown	49,127	33,790	15,024	287	26	0	522,915	352,014	168,116	2,591	194	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	75,039	44,418	27,364	3,200	41	16	793,422	461,896	302,339	28,706	302	179
Full dual, part year	6,000	2,371	3,476	153	0	0	66,514	26,259	38,572	1,683	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	80,178	46,781	30,739	2,615	27	16	855,649	488,114	340,290	26,825	241	179
FFS part year, with Rx claims	457	6	76	368	7	0	2,916	29	483	2,355	49	0
FFS part year, no Rx claims	404	2	25	370	7	0	1,371	12	138	1,209	12	0

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

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

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

**TABLE D.3**  
**ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007**

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>76.0</b>	<b>25.2</b>	<b>\$493</b>	<b>\$20</b>	<b>\$27,452</b>	<b>1.8</b>	<b>81,039</b>
<b>Age</b>							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	35.8	5,563	156	10,050	55.3	4
15-20	73.9	16.7	1,747	105	14,874	11.7	88
21-44	77.8	25.5	651	26	20,877	3.1	12,960
45-64	82.8	32.7	701	21	27,766	2.5	20,349
65-74	78.5	30.2	521	17	19,073	2.7	14,866
75-84	74.2	24.0	343	14	28,224	1.2	15,492
85 and older	66.1	13.1	231	18	38,598	0.6	17,280
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	72.7	21.9	352	16	29,442	1.2	46,789
Disabled	81.9	30.8	712	23	27,156	2.6	30,840
Adults	67.5	19.8	414	21	2,659	15.6	3,353
Children	68.3	18.1	1,983	109	15,180	13.1	41
Unknown	87.5	31.1	1,650	53	5,480	30.1	16
<b>Gender</b>							
Female	76.8	26.1	489	19	26,887	1.8	51,564
Male	74.6	23.7	499	21	28,440	1.8	29,475
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	74.0	23.9	471	20	33,083	1.4	55,944
African American	78.3	26.4	558	21	19,393	2.9	11,259
Other/unknown	82.3	29.4	529	18	11,244	4.7	13,836
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	63.5	6.7	334	50	57,332	0.6	17,830
Part year	76.5	22.3	492	22	31,422	1.6	8,632
None	80.0	31.7	545	17	17,062	3.2	54,577
<b>Maintenance Assistance Status</b>							
Cash	84.7	36.8	514	14	20,726	2.5	13,220
Medically needy	74.5	24.2	505	21	13,609	3.7	16,057
Poverty related	66.0	14.4	471	33	3,585	13.1	2,635
Other/unknown	74.7	23.0	484	21	35,067	1.4	49,127

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

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

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

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

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

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

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

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	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	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>2.4</b>	<b>\$46</b>	<b>1.8</b>	<b>24.0</b>	<b>30.4</b>	<b>11.0</b>	<b>21.8</b>	<b>11.4</b>	<b>1.3</b>	<b>\$2,587</b>	<b>81,039</b>	<b>859,936</b>
<b>Age</b>												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	3.4	530	55.3	0.0	25.0	0.0	50.0	25.0	0.0	957	4	42
15-20	1.7	176	11.7	26.1	35.2	15.9	17.0	5.7	0.0	1,499	88	873
21-44	2.4	61	3.1	22.2	28.3	13.6	25.2	9.1	1.6	1,940	12,960	139,455
45-64	3.0	64	2.5	17.2	24.6	12.1	29.3	14.9	1.9	2,534	20,349	222,946
65-74	2.8	48	2.7	21.5	25.7	11.4	24.4	15.5	1.5	1,757	14,866	161,342
75-84	2.3	32	1.2	25.8	31.6	10.5	19.4	11.7	1.1	2,658	15,492	164,484
85 and older	1.3	23	0.6	33.9	42.0	7.7	10.5	5.4	0.5	3,905	17,280	170,794
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	2.1	34	1.2	27.3	33.7	9.8	17.7	10.6	1.0	2,822	46,789	488,155
Disabled	2.8	64	2.6	18.1	26.1	12.8	28.1	13.1	1.8	2,457	30,840	340,911
Adults	2.2	46	15.6	32.5	24.6	11.8	21.9	8.1	1.1	293	3,353	30,389
Children	2.5	269	13.1	31.7	36.6	0.0	19.5	12.2	0.0	2,061	41	302
Unknown	2.8	148	30.1	12.5	18.8	12.5	37.5	18.8	0.0	490	16	179
<b>Gender</b>												
Female	2.4	46	1.8	23.2	30.8	10.6	21.7	12.3	1.4	2,526	51,564	548,901
Male	2.2	47	1.8	25.4	29.8	11.7	22.1	9.8	1.2	2,695	29,475	311,035
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	2.3	45	1.4	26.0	31.6	10.2	20.1	10.7	1.4	3,138	55,944	589,782
African American	2.5	52	2.9	21.7	29.2	12.4	23.4	12.2	1.1	1,798	11,259	121,452
Other/unknown	2.7	49	4.7	17.7	26.9	13.1	27.6	13.6	1.1	1,046	13,836	148,702
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.7	33	0.6	36.5	51.3	7.4	3.4	1.0	0.4	5,615	17,830	182,064
Part year	2.2	49	1.6	23.5	37.3	10.2	17.4	10.2	1.4	3,119	8,632	86,958
None	2.9	50	3.2	20.0	22.5	12.3	28.6	15.0	1.6	1,576	54,577	590,914
<b>Maintenance Assistance Status</b>												
Cash	3.4	47	2.5	15.3	20.7	12.2	31.7	17.8	2.2	1,904	13,220	143,883
Medically needy	2.4	49	3.7	25.5	28.2	11.3	22.6	11.1	1.3	1,328	16,057	164,518
Poverty related	1.3	43	13.1	34.0	35.6	10.9	15.3	3.9	0.4	330	2,635	28,620
Other/unknown	2.2	46	1.4	25.3	33.5	10.6	19.3	10.2	1.1	3,294	49,127	522,915

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. In eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
  - e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
  - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5  
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007

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
<b>All</b>	<b>2.4</b>	<b>\$46</b>	<b>\$20</b>	<b>0.9</b>	<b>\$31</b>	<b>\$36</b>	<b>0.1</b>	<b>\$5</b>	<b>\$36</b>	<b>1.4</b>	<b>\$11</b>	<b>\$8</b>
<b>Age</b>												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	3.4	530	156	1.7	486	287	0.1	7	52	1.6	37	23
15-20	1.7	176	105	0.8	145	189	0.1	7	129	0.9	24	28
21-44	2.4	61	26	0.9	42	46	0.1	6	55	1.3	13	9
45-64	3.0	64	21	1.1	41	38	0.2	8	50	1.7	15	9
65-74	2.8	48	17	1.0	32	32	0.2	5	27	1.6	11	7
75-84	2.3	32	14	0.8	22	28	0.1	3	20	1.3	7	5
85 and older	1.3	23	18	0.4	16	39	0.1	2	24	0.8	5	7
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	2.1	34	16	0.7	23	31	0.1	3	23	1.2	8	6
Disabled	2.8	64	23	1.0	42	41	0.1	7	50	1.6	15	9
Adults	2.2	46	21	0.8	29	38	0.1	7	69	1.3	9	7
Children	2.5	269	109	1.1	232	216	0.1	8	106	1.3	29	22
Unknown	2.8	148	53	1.3	112	88	0.2	8	49	1.3	28	21
<b>Gender</b>												
Female	2.4	46	19	0.9	30	35	0.1	5	34	1.4	11	7
Male	2.2	47	21	0.8	32	39	0.1	5	39	1.3	10	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	2.3	45	20	0.8	29	36	0.1	5	40	1.3	11	8
African American	2.5	52	21	0.9	37	42	0.2	5	35	1.4	9	7
Other/unknown	2.7	49	18	1.1	36	34	0.2	4	25	1.5	9	6
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.7	33	50	0.1	22	147	0.0	2	82	0.5	8	17
Part year	2.2	49	22	0.7	34	46	0.1	4	32	1.4	11	8
None	2.9	50	17	1.1	33	31	0.2	6	34	1.7	11	7
<b>Maintenance Assistance Status</b>												
Cash	3.4	47	14	1.3	30	24	0.2	6	30	1.9	11	6
Medically needy	2.4	49	21	0.9	32	37	0.1	7	49	1.4	11	8
Poverty related	1.3	43	33	0.5	30	60	0.1	5	63	0.7	8	11
Other/unknown	2.2	46	21	0.8	31	41	0.1	4	33	1.3	10	8

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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 f of Table 1 for methodology used to determine nursing facility residence.
- CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

**TABLE D.6**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	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	As a Percentage of Dual Bene(s)	Number of Benefit Months
		0.3	0.1	0.0		0.2	\$9	\$7		\$1	\$1	\$35					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$9	\$7	\$1	\$1	\$35	\$103	\$127	\$8	62,018	\$2,153,276	21,569	26.6	246,276
Biologicals	0.1	0.1	0.0	0.0	53	53	0	0	482	482	0	0	302	145,460	241	0.3	2,757
Antineoplastic Agents	0.4	0.2	0.0	0.2	27	24	0	2	67	145	0	10	5,287	354,691	1,190	1.5	13,286
Endocrine/Metabolic Drugs	0.8	0.3	0.0	0.4	9	7	0	1	11	21	17	3	202,620	2,256,761	23,337	28.8	265,269
Cardiovascular Agents	1.3	0.4	0.1	0.8	9	6	1	2	7	15	11	3	486,799	3,509,379	32,765	40.4	370,574
Respiratory Agents	0.5	0.3	0.0	0.2	10	7	1	2	18	21	29	10	122,998	2,255,036	20,000	24.7	227,651
Gastrointestinal Agents	0.5	0.3	0.1	0.2	19	14	3	3	36	50	34	15	137,895	5,000,214	23,013	28.4	260,772
Genitourinary Agents	0.4	0.3	0.0	0.1	7	6	0	1	16	21	27	5	36,766	586,140	7,257	9.0	83,239
CNS Drugs	1.1	0.4	0.0	0.6	21	12	1	7	20	33	35	11	426,729	8,399,885	36,429	45.0	405,514
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.1	33	31	1	1	70	93	66	9	4,713	330,353	889	1.1	10,069
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	18	18	0	0	32	32	0	4	16,568	526,810	2,667	3.3	29,699
Analgesics and Anesthetics	0.5	0.1	0.0	0.5	16	5	6	4	29	92	269	9	133,817	3,891,908	22,161	27.3	250,188
Neuromuscular Agents	0.8	0.3	0.0	0.5	14	7	1	6	17	26	28	12	183,252	3,144,789	19,386	23.9	220,015
Nutritional Products	0.4	0.0	0.0	0.4	4	1	1	3	9	23	17	7	36,729	322,771	7,390	9.1	81,922
Hematological Agents	0.6	0.2	0.0	0.4	26	24	0	2	43	141	9	5	84,652	3,658,172	12,600	15.5	138,982
Topical Products	0.4	0.2	0.0	0.2	8	6	1	1	23	38	49	7	93,354	2,110,192	22,409	27.7	257,495
Miscellaneous Products	0.3	0.2	0.0	0.1	66	61	3	3	215	311	183	28	5,528	1,188,500	1,597	2.0	17,921
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	27	0	0	0	3,150	86,119	1,100	1.4	12,810
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,043,177	39,920,456	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users.

b. 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. In Connecticut, 0.2 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>.

f. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007.

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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ULCER DRUGS	\$3,826,522	21,424	26.4	243,848	0.4	\$36	\$16
ANTIPSYCHOTICS	3,411,456	17,874	22.1	203,573	0.6	27	17
HEMATOPOIETIC AGENTS	3,074,411	10,115	12.5	111,699	0.5	54	28
ANALGESICS - Narcotic	2,994,115	23,455	28.9	265,295	0.3	35	11
ANTICONVULSANT	2,665,960	18,740	23.1	213,086	0.7	18	13
ANTIANSXIETY AGENTS	2,203,171	19,542	24.1	216,219	0.5	19	10
DIETARY PRODUCTS	2,163,204	3,219	4.0	36,619	0.5	112	59
ANTIDEPRESSANTS	1,755,224	24,848	30.7	280,640	0.5	12	6
ANTIHYPERLIPIDEMIC	1,480,222	22,642	27.9	260,053	0.5	11	6
ANTIDIABETIC	1,403,390	20,702	25.5	236,476	0.5	12	6
Total	24,977,675	182,561	n.a.	2,067,508	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ULCER DRUGS				ANTIPSYCHOTICS			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>1,041,031</b>	<b>\$24,977,675</b>	<b>21,424</b>	<b>26.4</b>	<b>243,848</b>	<b>0.4</b>	<b>\$16</b>	<b>17,874</b>	<b>22.1</b>	<b>203,573</b>	<b>0.6</b>	<b>\$17</b>
<b>Female</b>												
All Females	658,907	15,531,606	14,465	28.1	165,175	0.4	16	9,489	18.4	107,949	0.6	15
<b>Female, Disabled</b>												
All Ages	297,435	7,310,837	5,241	34.7	60,592	0.4	16	6,474	42.8	74,691	0.6	16
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	360	53,215	3	10.0	36	0.2	4	23	76.7	264	0.7	163
21-44	87,218	2,196,988	1,431	29.5	16,629	0.4	15	2,434	50.2	27,930	0.6	21
45-64	205,059	4,874,955	3,698	37.4	42,687	0.4	16	3,973	40.2	45,999	0.6	12
65-74	4,676	184,489	105	32.6	1,195	0.4	27	43	13.4	486	0.6	36
75-84	107	1,100	4	16.0	45	0.3	5	1	4.0	12	0.3	0
85 and older	15	90	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	361,472	8,220,769	9,224	25.3	104,583	0.4	15	3,015	8.3	33,258	0.5	13
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	51	8,352	3	75.0	30	0.3	1	0	0.0	0	0.0	0
15-20	48	6,901	1	11.1	12	0.3	1	1	11.1	3	0.7	77
21-44	16,764	390,050	325	22.5	3,520	0.3	11	394	27.3	4,075	0.5	10
45-64	8,829	156,400	206	29.7	2,155	0.4	12	132	19.0	1,369	0.5	6
65-74	138,558	3,106,918	3,609	39.1	41,698	0.4	16	1,105	12.0	12,863	0.6	21
75-84	117,365	2,487,444	3,031	27.7	34,661	0.5	14	783	7.2	8,775	0.5	9
85 and older	79,857	2,064,704	2,049	14.5	22,507	0.4	17	600	4.2	6,173	0.4	8
<b>Male</b>												
All Males	382,124	9,446,069	6,959	23.6	78,673	0.5	16	8,385	28.4	95,624	0.7	19
<b>Male, Disabled</b>												
All Ages	259,866	6,532,891	3,822	24.3	43,575	0.5	16	7,326	46.6	84,038	0.7	19
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	246	30,465	1	2.9	12	0.1	1	16	47.1	176	0.6	105
21-44	96,894	2,609,510	1,173	19.0	13,410	0.5	15	3,248	52.7	37,112	0.7	24
45-64	159,933	3,735,269	2,576	27.8	29,410	0.5	17	4,023	43.5	46,289	0.6	13
65-74	2,756	157,353	70	26.8	719	0.3	12	39	14.9	461	0.6	85
75-84	15	257	1	7.7	12	0.1	0	0	0.0	0	0.0	0
85 and older	22	37	1	50.0	12	0.6	2	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	122,258	2,913,178	3,137	22.8	35,098	0.4	16	1,059	7.7	11,586	0.5	18
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	178	23,687	2	13.3	24	0.3	69	8	53.3	81	1.2	149
21-44	4,549	73,202	92	18.0	977	0.4	7	93	18.2	962	0.5	5
45-64	5,486	116,668	129	25.2	1,358	0.3	12	80	15.6	866	0.4	4
65-74	57,707	1,356,418	1,388	27.5	15,850	0.4	16	503	10.0	5,778	0.6	26
75-84	39,011	880,879	1,051	23.3	11,771	0.5	17	265	5.9	2,834	0.6	9
85 and older	15,327	462,324	475	15.1	5,118	0.4	16	110	3.5	1,065	0.4	11
<b>Unknown</b>	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 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANALGESICS - Narcotic					ANTICONVULSANT				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>10,115</b>	<b>12.5</b>	<b>111,699</b>	<b>0.5</b>	<b>\$28</b>	<b>23,455</b>	<b>28.9</b>	<b>265,295</b>	<b>0.3</b>	<b>\$11</b>	<b>18,740</b>	<b>23.1</b>	<b>213,086</b>	<b>0.7</b>	<b>\$13</b>
<b>Female</b>															
All Females	7,118	13.8	78,903	0.5	27	16,184	31.4	184,247	0.3	11	11,280	21.9	128,281	0.7	12
<b>Female, Disabled</b>															
All Ages	1,599	10.6	18,530	0.5	20	7,286	48.2	83,569	0.3	15	6,956	46.0	80,196	0.7	14
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	3.3	8	0.1	1	9	30.0	94	0.1	1	9	30.0	102	0.6	66
21-44	463	9.6	5,361	0.5	11	2,158	44.5	24,834	0.3	8	2,464	50.8	28,283	0.7	16
45-64	1,106	11.2	12,860	0.5	23	4,986	50.4	57,137	0.4	18	4,411	44.6	50,964	0.7	12
65-74	26	8.1	265	0.4	17	130	40.4	1,471	0.4	22	71	22.0	835	0.5	16
75-84	3	12.0	36	0.3	10	2	8.0	24	0.1	0	1	4.0	12	0.9	20
85 and older	0	0.0	0	0.0	0	1	50.0	9	0.1	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	5,519	15.1	60,373	0.5	30	8,898	24.4	100,678	0.3	7	4,324	11.9	48,085	0.6	9
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	100.0	48	0.5	94	2	50.0	18	0.1	0	0	0.0	0	0.0	0
15-20	2	22.2	24	0.3	205	3	33.3	31	0.2	0	2	22.2	18	0.8	90
21-44	130	9.0	1,365	0.3	4	853	59.2	9,067	0.4	15	536	37.2	5,473	0.6	14
45-64	61	8.8	688	0.3	8	395	56.9	4,272	0.4	9	208	30.0	2,153	0.6	8
65-74	1,167	12.6	13,416	0.5	26	3,437	37.2	39,735	0.3	7	1,690	18.3	19,370	0.6	10
75-84	1,747	16.0	19,428	0.5	35	2,753	25.2	31,773	0.3	5	1,215	11.1	13,842	0.6	7
85 and older	2,408	17.1	25,404	0.6	29	1,455	10.3	15,782	0.3	6	673	4.8	7,229	0.6	7
<b>Male</b>															
All Males	2,997	10.2	32,796	0.5	28	7,271	24.7	81,048	0.3	13	7,460	25.3	84,805	0.7	13
<b>Male, Disabled</b>															
All Ages	1,075	6.8	12,214	0.5	22	4,494	28.6	50,302	0.4	17	6,005	38.2	68,648	0.7	14
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	4	11.8	45	0.1	1	8	23.5	89	0.6	76
21-44	252	4.1	2,880	0.5	18	1,549	25.1	17,406	0.3	17	2,543	41.3	29,060	0.8	17
45-64	799	8.6	9,102	0.5	22	2,883	31.2	32,221	0.4	17	3,399	36.7	38,883	0.7	12
65-74	24	9.2	232	0.6	83	57	21.8	622	0.3	24	53	20.3	596	0.6	30
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7.7	12	0.7	3
85 and older	0	0.0	0	0.0	0	1	50.0	8	0.9	1	1	50.0	8	0.4	1
<b>Male, Other Eligibles</b>															
All Ages	1,922	14.0	20,582	0.5	32	2,777	20.2	30,746	0.3	6	1,455	10.6	16,157	0.6	9
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	13.3	24	0.3	265	3	20.0	23	0.2	2	4	26.7	41	1.0	76
21-44	21	4.1	220	0.3	46	228	44.7	2,367	0.4	7	116	22.7	1,130	0.6	8
45-64	15	2.9	152	0.4	3	230	44.9	2,448	0.4	19	106	20.7	1,132	0.5	9
65-74	628	12.4	7,038	0.5	28	1,309	25.9	14,808	0.3	4	708	14.0	8,147	0.6	10
75-84	677	15.0	7,259	0.5	33	752	16.7	8,387	0.3	4	403	8.9	4,413	0.6	7
85 and older	579	18.3	5,889	0.6	33	255	8.1	2,713	0.3	4	118	3.7	1,294	0.5	7
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					DIETARY PRODUCTS					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>19,542</b>	<b>24.1</b>	<b>216,219</b>	<b>0.5</b>	<b>\$10</b>	<b>3,219</b>	<b>4.0</b>	<b>36,619</b>	<b>0.5</b>	<b>\$59</b>	<b>24,848</b>	<b>30.7</b>	<b>280,640</b>	<b>0.5</b>	<b>\$6</b>
<b>Female</b>															
All Females	13,634	26.4	150,918	0.5	10	1,812	3.5	20,615	0.5	55	16,778	32.5	189,825	0.5	6
<b>Female, Disabled</b>															
All Ages	4,900	32.4	56,433	0.6	12	605	4.0	7,017	0.5	71	8,742	57.8	100,245	0.5	6
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	13.3	48	0.4	7	0	0.0	0	0.0	0	9	30.0	105	0.4	21
21-44	1,425	29.4	16,346	0.5	12	165	3.4	1,936	0.5	93	2,720	56.1	31,091	0.5	6
45-64	3,387	34.2	39,075	0.6	12	431	4.4	4,973	0.5	63	5,905	59.7	67,809	0.5	6
65-74	80	24.8	919	0.6	14	9	2.8	108	0.4	45	105	32.6	1,204	0.5	15
75-84	3	12.0	36	0.3	2	0	0.0	0	0.0	0	3	12.0	36	0.2	0
85 and older	1	50.0	9	0.8	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	8,734	24.0	94,485	0.5	9	1,207	3.3	13,598	0.4	47	8,036	22.0	89,580	0.5	6
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	50.0	18	0.8	213	0	0.0	0	0.0	0
15-20	1	11.1	7	0.6	8	0	0.0	0	0.0	0	2	22.2	19	0.7	3
21-44	374	25.9	3,919	0.4	8	32	2.2	322	0.3	37	773	53.6	8,049	0.5	5
45-64	173	24.9	1,815	0.5	10	22	3.2	240	0.4	43	350	50.4	3,612	0.5	5
65-74	2,139	23.2	24,450	0.5	11	370	4.0	4,209	0.4	49	2,822	30.6	32,680	0.5	5
75-84	2,551	23.3	28,014	0.5	10	417	3.8	4,762	0.5	46	2,295	21.0	25,932	0.5	6
85 and older	3,496	24.8	36,280	0.5	8	364	2.6	4,047	0.5	45	1,794	12.7	19,288	0.5	9
<b>Male</b>															
All Males	5,908	20.0	65,301	0.5	10	1,407	4.8	16,004	0.6	65	8,070	27.4	90,815	0.5	7
<b>Male, Disabled</b>															
All Ages	3,560	22.6	40,739	0.6	12	830	5.3	9,509	0.7	69	5,869	37.3	66,689	0.5	7
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	5.9	19	0.3	15	0	0.0	0	0.0	0	16	47.1	170	0.4	26
21-44	1,262	20.5	14,416	0.6	11	241	3.9	2,755	0.6	67	2,304	37.4	26,330	0.6	7
45-64	2,262	24.4	25,954	0.6	12	572	6.2	6,580	0.7	70	3,495	37.8	39,615	0.5	6
65-74	33	12.6	338	0.6	13	16	6.1	162	0.5	75	53	20.3	562	0.6	23
75-84	1	7.7	12	0.2	1	1	7.7	12	0.1	16	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.3	0
<b>Male, Other Eligibles</b>															
All Ages	2,348	17.1	24,562	0.5	8	577	4.2	6,495	0.5	58	2,201	16.0	24,126	0.5	7
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	6.7	12	0.2	1	0	0.0	0	0.0	0	3	20.0	29	0.7	15
21-44	86	16.9	862	0.6	10	9	1.8	105	0.5	60	154	30.2	1,602	0.4	4
45-64	85	16.6	904	0.5	9	14	2.7	163	0.4	65	166	32.4	1,664	0.5	3
65-74	783	15.5	8,656	0.5	10	255	5.1	2,839	0.5	62	926	18.3	10,516	0.5	7
75-84	790	17.5	8,378	0.5	8	195	4.3	2,210	0.5	60	642	14.2	7,090	0.5	6
85 and older	603	19.1	5,750	0.4	6	104	3.3	1,178	0.5	45	310	9.8	3,225	0.4	9
<b>Unknown</b>	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 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>22,642</b>	<b>27.9</b>	<b>260,053</b>	<b>0.5</b>	<b>\$6</b>	<b>20,702</b>	<b>25.5</b>	<b>236,476</b>	<b>0.5</b>	<b>\$6</b>	<b>81,039</b>	<b>859,936</b>
<b>Female</b>												
All Females	14,490	28.1	166,981	0.5	6	13,562	26.3	155,793	0.5	6	51,564	548,901
<b>Female, Disabled</b>												
All Ages	4,400	29.1	50,847	0.5	7	4,169	27.6	47,937	0.5	7	15,116	168,725
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	2	6.7	24	0.2	8	3	10.0	36	0.5	17	30	325
21-44	668	13.8	7,703	0.4	6	739	15.2	8,564	0.4	7	4,846	54,096
45-64	3,569	36.1	41,284	0.5	7	3,287	33.2	37,826	0.5	7	9,891	110,635
65-74	156	48.4	1,776	0.5	15	130	40.4	1,397	0.5	17	322	3,366
75-84	5	20.0	60	0.4	1	8	32.0	96	0.3	1	25	282
85 and older	0	0.0	0	0.0	0	2	100.0	18	0.4	1	2	21
<b>Female, Other Eligibles</b>												
All Ages	10,090	27.7	116,134	0.5	5	9,393	25.8	107,856	0.5	5	36,448	380,176
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	42
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	60
21-44	131	9.1	1,378	0.4	3	179	12.4	1,904	0.4	4	1,442	13,264
45-64	174	25.1	1,857	0.4	5	183	26.4	1,930	0.4	4	694	6,330
65-74	4,472	48.4	51,851	0.5	7	4,577	49.6	53,029	0.5	6	9,236	101,591
75-84	3,718	34.0	43,100	0.5	4	3,245	29.7	37,496	0.5	4	10,943	117,680
85 and older	1,595	11.3	17,948	0.5	4	1,209	8.6	13,497	0.5	4	14,120	141,209
<b>Male</b>												
All Males	8,152	27.7	93,072	0.5	6	7,140	24.2	80,683	0.5	6	29,475	311,035
<b>Male, Disabled</b>												
All Ages	4,309	27.4	49,490	0.5	6	3,490	22.2	39,808	0.5	7	15,724	172,186
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	2.9	12	0.9	49	0	0.0	0	0.0	0	34	360
21-44	1,120	18.2	12,882	0.5	6	816	13.2	9,325	0.5	8	6,162	67,630
45-64	3,099	33.5	35,593	0.5	6	2,586	28.0	29,482	0.5	7	9,252	101,431
65-74	87	33.3	979	0.5	13	88	33.7	1,001	0.4	15	261	2,610
75-84	1	7.7	12	0.3	1	0	0.0	0	0.0	0	13	135
85 and older	1	50.0	12	0.2	0	0	0.0	0	0.0	0	2	20
<b>Male, Other Eligibles</b>												
All Ages	3,843	27.9	43,582	0.5	5	3,650	26.5	40,875	0.5	5	13,751	138,849
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	15	128
21-44	87	17.1	929	0.4	2	87	17.1	853	0.6	3	510	4,465
45-64	189	36.9	1,982	0.4	4	189	36.9	1,945	0.4	5	512	4,550
65-74	1,951	38.7	22,356	0.5	7	1,967	39.0	22,327	0.5	5	5,047	53,775
75-84	1,263	28.0	14,438	0.5	4	1,121	24.9	12,648	0.5	5	4,511	46,387
85 and older	353	11.2	3,877	0.6	4	286	9.1	3,102	0.5	6	3,156	29,544
<b>Unknown</b>	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 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Benefit Months Among All-Year	
			Facility Residents	Nursing Facility Residents
<b>All</b>	<b>\$33</b>	<b>0.7</b>	<b>17,830</b>	<b>182,064</b>
<b>Age</b>				
0-64	67	1.1	1,496	16,905
65-74	67	1.1	1,951	20,901
75-84	31	0.6	4,758	48,934
85 and older	20	0.5	9,625	95,324
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	29	0.6	13,181	135,126
Male	44	0.7	4,649	46,938
Unknown	0	0.0	0	0
<b>Race</b>				
White	29	0.6	15,801	160,254
African American	54	0.7	1,317	14,292
Other/unknown	65	1	712	7,518
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	29	0.6	16,268	164,516
Disabled	68	1.1	1,560	17,541
Adults	56	1.7	2	7
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 8,632 beneficiaries who were in nursing facilities for part of their enrollment and their 86,958 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.

**TABLE D.9**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,**  
**BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users								\$ per Rx				Users		
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months		
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic									
Anti-infective Agents	0.2	0.1	0.0	0.1	\$22	\$17	\$1	\$4	\$102	\$172	\$134	\$34	2,043	\$208,377	931	5.2	9,596		
Biologicals	0.1	0.1	0.0	0.0	4	4	0	0	41	41	0	0	32	1,315	29	0.2	317		
Antineoplastic Agents	0.3	0.1	0.0	0.2	140	128	0	12	456	1,110	0	61	226	102,974	74	0.4	734		
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.2	31	24	5	2	65	107	127	10	3,705	239,478	786	4.4	7,818		
Cardiovascular Agents	0.7	0.1	0.1	0.5	20	10	3	8	27	66	42	14	8,438	230,620	1,162	6.5	11,489		
Respiratory Agents	0.3	0.1	0.1	0.1	16	8	5	3	56	94	73	21	5,084	284,558	1,611	9.0	17,253		
Gastrointestinal Agents	0.4	0.2	0.0	0.1	40	25	5	10	111	131	99	85	6,443	715,294	1,717	9.6	17,890		
Genitourinary Agents	0.3	0.3	0.0	0.1	25	23	0	1	74	90	29	17	2,007	149,407	560	3.1	6,084		
CNS Drugs	0.6	0.1	0.0	0.5	22	13	1	9	36	121	91	18	39,570	1,439,751	6,152	34.5	64,826		
Stimulants/Anti-obesity/Anorexia	0.3	0.3	0.0	0.1	55	54	0	1	158	205	55	16	128	20,192	34	0.2	366		
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	52	52	0	0	120	120	0	0	1,031	124,037	249	1.4	2,368		
Analgesics and Anesthetics	0.5	0.1	0.1	0.4	41	13	11	17	77	106	214	47	4,256	326,545	795	4.5	7,954		
Neuromuscular Agents	0.8	0.1	0.0	0.7	27	12	0	15	33	137	60	20	10,637	346,156	1,161	6.5	12,712		
Nutritional Products	0.4	0.0	0.0	0.4	4	0	0	3	9	17	11	8	5,929	52,162	1,297	7.3	13,437		
Hematological Agents	0.7	0.1	0.0	0.6	39	36	0	3	53	368	10	5	24,894	1,320,434	3,209	18.0	33,941		
Topical Products	0.2	0.1	0.0	0.1	16	12	2	2	71	114	63	21	4,732	336,363	1,941	10.9	20,946		
Miscellaneous Products	0.2	0.1	0.0	0.1	12	11	0	1	63	81	69	22	652	41,206	312	1.7	3,335		
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	38	0	0	0	171	0	0	0	66	11,293	27	0.2	301		
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>119,873</b>	<b>5,950,162</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>		

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 8,632 beneficiaries who were in nursing facilities for part of their enrollment and their 86,958 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 2007. 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. 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 Connecticut, 0.2 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.

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
HEMATOPOIETIC AGENTS	\$1,262,663	3,335	18.7	35,644	0.6	\$55	\$35
ANTIANKXIETY AGENTS	509,672	4,908	27.5	51,608	0.5	19	10
ULCER DRUGS	505,105	1,339	7.5	14,275	0.3	108	35
ANTIPSYCHOTICS	454,685	561	3.1	5,833	0.4	194	78
ANTIDEPRESSANTS	316,760	1,333	7.5	13,980	0.4	56	23
ANTICONVULSANT	275,208	1,121	6.3	12,374	0.8	28	22
DERMATOLOGICAL	258,310	1,569	8.8	16,806	0.2	82	15
ANALGESICS - Narcotic	229,396	566	3.2	5,449	0.5	80	42
ANTIASTHMATIC	211,738	1,205	6.8	12,621	0.2	71	17
HYPNOTICS	158,634	694	3.9	7,651	0.6	36	21
Total	4,182,171	16,631	n.a.	176,241	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 8,632 beneficiaries who were in nursing facilities for part of their enrollment and their 86,958 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 2007. 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 2007 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); 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.

TABLE D.10A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST  
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		HEMATOPOIETIC AGENTS					ANTI-ANXIETY AGENTS				
	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 \$
<b>All</b>	<b>86,243</b>	<b>\$4,182,171</b>	<b>3,335</b>	<b>18.7</b>	<b>35,644</b>	<b>0.6</b>	<b>\$35</b>	<b>4,908</b>	<b>27.5</b>	<b>51,608</b>	<b>0.5</b>	<b>\$10</b>
<b>Female</b>												
All Females	61,233	2,754,977	2,344	17.8	25,055	0.7	34	3,766	28.6	39,727	0.5	9
<b>Female, Disabled</b>												
All Ages	6,387	312,149	104	14.2	1,179	0.6	62	270	36.8	3,122	0.6	14
64 or younger	6,168	300,468	103	14.6	1,167	0.6	63	261	37.1	3,018	0.6	14
65-74	219	11,681	1	3.4	12	0.8	4	9	31.0	104	0.6	12
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
<b>Female, Other Eligibles</b>												
All Ages	54,846	2,442,828	2,240	18.0	23,876	0.7	33	3,496	28.1	36,605	0.5	9
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	8,997	552,708	200	18.7	2,265	0.7	60	373	34.9	4,111	0.6	13
75-84	16,459	796,918	604	18.2	6,571	0.7	39	936	28.2	9,885	0.6	11
85 and older	29,390	1,093,202	1,436	17.8	15,040	0.7	25	2,187	27.2	22,609	0.5	8
<b>Male</b>												
All Males	25,010	1,427,194	991	21.3	10,589	0.6	39	1,142	24.6	11,881	0.5	11
<b>Male, Disabled</b>												
All Ages	8,141	495,302	155	18.7	1,785	0.6	40	283	34.2	3,199	0.8	18
64 or younger	7,710	445,794	147	18.6	1,699	0.6	40	272	34.3	3,089	0.8	18
65-74	431	49,508	8	22.9	86	0.8	44	11	31.4	110	0.6	18
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	16,869	931,892	836	21.9	8,804	0.6	39	859	22.5	8,682	0.5	9
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5,390	370,447	182	22.3	2,030	0.6	49	198	24.2	2,102	0.5	12
75-84	6,107	306,798	298	20.8	3,133	0.6	38	316	22.0	3,312	0.5	10
85 and older	5,372	254,647	356	22.7	3,641	0.6	34	345	22.0	3,268	0.4	6
<b>Unknown</b>	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 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 8,632 beneficiaries who were in nursing facilities for part of their enrollment and their 86,958 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 2007. 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 2007 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 D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	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 \$
<b>All</b>	<b>1,339</b>	<b>7.5</b>	<b>14,275</b>	<b>0.3</b>	<b>\$35</b>	<b>561</b>	<b>3.1</b>	<b>5,833</b>	<b>0.4</b>	<b>\$78</b>	<b>1,333</b>	<b>7.5</b>	<b>13,980</b>	<b>0.4</b>	<b>\$23</b>
<b>Female</b>															
All Females	894	6.8	9,519	0.3	34	360	2.7	3,690	0.4	63	957	7.3	10,030	0.4	21
<b>Female, Disabled</b>															
All Ages	70	9.5	808	0.3	33	37	5.0	426	0.3	83	52	7.1	609	0.4	27
64 or younger	68	9.7	784	0.3	34	33	4.7	382	0.3	73	48	6.8	561	0.4	27
65-74	2	6.9	24	0.5	10	4	13.8	44	0.7	170	4	13.8	48	0.5	23
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
<b>Female, Other Eligibles</b>															
All Ages	824	6.6	8,711	0.3	34	323	2.6	3,264	0.4	60	905	7.3	9,421	0.4	21
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	120	11.2	1,330	0.4	46	73	6.8	849	0.6	138	128	12.0	1,411	0.5	27
75-84	260	7.8	2,771	0.3	36	106	3.2	1,079	0.3	44	270	8.1	2,760	0.4	23
85 and older	444	5.5	4,610	0.3	30	144	1.8	1,336	0.2	24	507	6.3	5,250	0.3	18
<b>Male</b>															
All Males	445	9.6	4,756	0.4	38	201	4.3	2,143	0.5	104	376	8.1	3,950	0.4	26
<b>Male, Disabled</b>															
All Ages	100	12.1	1,157	0.4	47	75	9.1	881	0.5	119	94	11.4	1,060	0.5	34
64 or younger	100	12.6	1,157	0.4	47	63	8.0	742	0.4	108	85	10.7	972	0.4	33
65-74	0	0.0	0	0.0	0	12	34.3	139	0.6	177	9	25.7	88	0.7	45
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
<b>Male, Other Eligibles</b>															
All Ages	345	9.0	3,599	0.3	35	126	3.3	1,262	0.5	94	282	7.4	2,890	0.4	23
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	95	11.6	1,075	0.4	40	52	6.4	609	0.7	157	83	10.2	916	0.5	29
75-84	146	10.2	1,486	0.3	35	34	2.4	321	0.4	45	101	7.0	1,008	0.4	24
85 and older	104	6.6	1,038	0.3	31	40	2.5	332	0.3	24	98	6.2	966	0.4	18
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 8,632 beneficiaries who were in nursing facilities for part of their enrollment and their 86,958 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 2007. 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 2007 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 D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	ANTICONVULSANT					DERMATOLOGICAL					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,121</b>	<b>6.3</b>	<b>12,374</b>	<b>0.8</b>	<b>\$22</b>	<b>1,569</b>	<b>8.8</b>	<b>16,806</b>	<b>0.2</b>	<b>\$15</b>	<b>566</b>	<b>3.2</b>	<b>5,449</b>	<b>0.5</b>	<b>\$42</b>
<b>Female</b>															
All Females	749	5.7	8,287	0.8	20	1,090	8.3	11,644	0.2	17	404	3.1	3,878	0.5	38
<b>Female, Disabled</b>															
All Ages	161	22.0	1,884	1.0	23	86	11.7	1,003	0.2	23	44	6.0	486	0.6	44
64 or younger	155	22.0	1,816	1.0	23	86	12.2	1,003	0.2	23	43	6.1	474	0.7	45
65-74	6	20.7	68	0.9	21	0	0.0	0	0.0	0	1	3.4	12	0.1	1
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	588	4.7	6,403	0.8	18	1,004	8.1	10,641	0.2	16	360	2.9	3,392	0.5	38
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	157	14.7	1,773	0.8	27	144	13.5	1,638	0.2	15	63	5.9	659	0.6	45
75-84	214	6.4	2,362	0.7	17	280	8.4	2,990	0.2	19	110	3.3	1,064	0.5	49
85 and older	217	2.7	2,268	0.7	13	580	7.2	6,013	0.2	15	187	2.3	1,669	0.4	28
<b>Male</b>															
All Males	372	8.0	4,087	0.8	28	479	10.3	5,162	0.2	13	162	3.5	1,571	0.5	51
<b>Male, Disabled</b>															
All Ages	182	22.0	2,068	0.8	31	111	13.4	1,269	0.2	15	50	6.0	548	0.8	99
64 or younger	172	21.7	1,963	0.8	27	104	13.1	1,198	0.2	15	47	5.9	512	0.8	106
65-74	10	28.6	105	0.9	108	7	20.0	71	0.1	8	3	8.6	36	0.2	3
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
<b>Male, Other Eligibles</b>															
All Ages	190	5.0	2,019	0.8	25	368	9.6	3,893	0.2	12	112	2.9	1,023	0.4	26
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	81	9.9	941	0.8	35	95	11.6	1,059	0.2	12	37	4.5	395	0.4	29
75-84	73	5.1	698	0.8	19	147	10.3	1,556	0.2	12	36	2.5	304	0.5	26
85 and older	36	2.3	380	0.6	9	126	8.0	1,278	0.2	11	39	2.5	324	0.4	20
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 8,632 beneficiaries who were in nursing facilities for part of their enrollment and their 86,958 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 2007. 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 2007 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 D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	ANTIASTHMATIC					HYPNOTICS					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 \$		
<b>All</b>	<b>1,205</b>	<b>6.8</b>	<b>12,621</b>	<b>0.2</b>	<b>\$17</b>	<b>694</b>	<b>3.9</b>	<b>7,651</b>	<b>0.6</b>	<b>\$21</b>	<b>17,830</b>	<b>182,064</b>
<b>Female</b>												
All Females	851	6.5	9,027	0.2	16	477	3.6	5,297	0.6	22	13,181	135,126
<b>Female, Disabled</b>												
All Ages	47	6.4	535	0.3	26	72	9.8	834	0.7	17	733	8,282
64 or younger	46	6.5	523	0.3	26	71	10.1	822	0.7	17	704	7,989
65-74	1	3.4	12	0.2	10	1	3.4	12	1.0	7	29	293
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
<b>Female, Other Eligibles</b>												
All Ages	804	6.5	8,492	0.2	15	405	3.3	4,463	0.5	23	12,448	126,844
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	107	10.0	1,201	0.3	22	71	6.6	786	0.6	21	1,070	11,504
75-84	212	6.4	2,235	0.2	19	142	4.3	1,604	0.5	23	3,324	34,597
85 and older	485	6.0	5,056	0.2	12	192	2.4	2,073	0.5	24	8,054	80,743
<b>Male</b>												
All Males	354	7.6	3,594	0.3	19	217	4.7	2,354	0.6	18	4,649	46,938
<b>Male, Disabled</b>												
All Ages	67	8.1	749	0.3	24	74	8.9	849	0.7	19	827	9,259
64 or younger	62	7.8	701	0.3	22	72	9.1	825	0.7	19	792	8,916
65-74	5	14.3	48	0.5	58	2	5.7	24	0.1	14	35	343
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
<b>Male, Other Eligibles</b>												
All Ages	287	7.5	2,845	0.3	18	143	3.7	1,505	0.5	18	3,822	37,679
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	56	6.9	655	0.3	24	45	5.5	520	0.6	15	817	8,761
75-84	118	8.2	1,183	0.3	14	55	3.8	553	0.4	16	1,434	14,337
85 and older	113	7.2	1,007	0.2	17	43	2.7	432	0.5	23	1,571	14,581
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 8,632 beneficiaries who were in nursing facilities for part of their enrollment and their 86,958 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 2007. 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 2007 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 D.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
CONNECTICUT, 2007

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 Dual Rx \$	Total Number of Beneficiaries	
<b>All</b>	<b>35,728</b>	<b>44.1</b>	<b>3.8</b>	<b>304,048</b>	<b>\$75</b>	<b>\$6,069,230</b>	<b>\$20</b>	<b>15.2</b>	<b>81,039</b>	
<b>Age</b>										
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0	
6-14	4	100.0	10.0	40	475	1,901	48	8.5	4	
15-20	22	25.0	0.9	75	14	1,250	17	0.8	88	
21-44	5,449	42.0	3.8	49,809	82	1,068,676	21	12.7	12,960	
45-64	10,642	52.3	5.5	111,811	115	2,346,441	21	16.5	20,349	
65-74	6,607	44.4	3.6	53,809	70	1,035,550	19	13.4	14,866	
75-84	6,510	42.0	3.1	48,305	58	901,610	19	17.0	15,492	
85 and older	6,494	37.6	2.3	40,199	41	713,802	18	17.9	17,280	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	19,315	41.3	3.0	140,129	56	2,602,685	19	15.8	46,789	
Disabled	15,144	49.1	5.1	155,949	107	3,292,356	21	15.0	30,840	
Adults	1,251	37.3	2.3	7,855	51	169,688	22	12.2	3,353	
Children	13	31.7	1.9	77	62	2,548	33	3.1	41	
Unknown	5	31.3	2.4	38	122	1,953	51	7.4	16	
<b>Gender</b>										
Female	24,166	46.9	3.9	202,336	74	3,793,684	19	15.0	51,564	
Male	11,562	39.2	3.5	101,712	77	2,275,546	22	15.5	29,475	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	24,918	44.5	4.0	223,669	74	4,164,661	19	15.8	55,944	
African American	4,604	40.9	3.3	36,728	81	909,862	25	14.5	11,259	
Other/unknown	6,206	44.9	3.2	43,651	72	994,707	23	13.6	13,836	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	6,660	37.4	2.6	45,818	44	790,361	17	13.3	17,830	
Part year	4,443	51.5	3.9	33,282	70	600,920	18	14.2	8,632	
None	24,625	45.1	4.1	224,948	86	4,677,949	21	15.7	54,577	
<b>Maintenance Assistance Status</b>										
Cash	6,842	51.8	5.8	76,261	111	1,464,533	19	21.5	13,220	
Medically needy	6,591	41.0	3.2	51,414	67	1,068,499	21	13.2	16,057	
Poverty related	846	32.1	1.5	4,008	35	93,384	23	7.5	2,635	
Other/unknown	21,449	43.7	3.5	172,365	70	3,442,814	20	14.5	49,127	

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

TABLE D.12  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
CONNECTICUT, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.4</b>	<b>\$7</b>	<b>\$20</b>	<b>\$0</b>	<b>\$3</b>	<b>859,936</b>
<b>Age</b>						
5 and younger	0.0	0	0	0	0	0
6-14	1.0	45	48	0	0	42
15-20	0.1	1	17	0	1	873
21-44	0.4	8	21	0	4	139,455
45-64	0.5	11	21	0	5	222,946
65-74	0.3	6	19	0	3	161,342
75-84	0.3	5	19	0	2	164,484
85 and older	0.2	4	18	0	2	170,794
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	5	19	0	2	488,155
Disabled	0.5	10	21	0	5	340,911
Adults	0.3	6	22	0	3	30,389
Children	0.3	8	33	0	0	302
Unknown	0.2	11	51	0	3	179
<b>Gender</b>						
Female	0.4	7	19	0	4	548,901
Male	0.3	7	22	0	3	311,035
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.4	7	19	0	4	589,782
African American	0.3	7	25	0	2	121,452
Other/unknown	0.3	7	23	0	2	148,702
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.3	4	17	0	4	182,064
Part year	0.4	7	18	0	4	86,958
None	0.4	8	21	0	3	590,914
<b>Maintenance Assistance Status</b>						
Cash	0.5	10	19	0	4	143,883
Medically needy	0.3	6	21	0	3	164,518
Poverty related	0.1	3	23	0	1	28,620
Other/unknown	0.3	7	20	0	3	522,915

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

TABLE D.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
CONNECTICUT, 2007

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	
<b>All</b>	<b>48,429</b>	<b>\$125</b>	<b>\$6,069,230</b>	<b>100.0</b>	<b>304,048</b>	<b>\$20</b>	<b>100.0</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	38	9	340	0.0	70	5	0.0
Cough and cold medications	5,913	61	363,074	6.0	14,285	25	4.7
Vitamins and minerals	6,640	34	225,349	3.7	32,496	7	10.7
Non-prescription drugs	13,419	174	2,334,021	38.5	95,058	25	31.3
Barbiturates	620	70	43,180	0.7	7,129	6	2.3
Benzodiazepines	20,832	138	2,882,497	47.5	151,335	19	49.8
Other Part D Excl Rx Drugs	967	228	220,769	3.6	3,675	60	1.2

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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.

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 CONNECTICUT, 2007

Total Number of Dual Eligible Beneficiaries: 81,039  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$39,920,456  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$492

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	19,453	24.0	\$0	0.0
1-500	46,816	57.8	6,268,605	15.7
501-1,000	6,369	7.9	4,498,596	11.3
1,001-1,500	2,726	3.4	3,327,313	8.3
1,501-2,000	1,510	1.9	2,613,429	6.5
2,001-2,500	965	1.2	2,156,330	5.4
2,501-3,000	590	0.7	1,619,151	4.1
3,001-3,500	413	0.5	1,335,743	3.3
3,501-4,000	323	0.4	1,209,995	3.0
4,001-4,500	298	0.4	1,263,966	3.2
4,501-5,000	203	0.3	964,758	2.4
5,001-5,500	155	0.2	812,506	2.0
5,501-6,000	155	0.2	887,246	2.2
6,001-6,500	110	0.1	687,843	1.7
6,501-7,000	108	0.1	726,722	1.8
7,001-7,500	88	0.1	636,172	1.6
7,501-8,000	68	0.1	524,470	1.3
8,001-8,500	63	0.1	518,716	1.3
8,501-9,000	67	0.1	587,860	1.5
9,001-9,500	41	0.1	378,726	0.9
9,501-10,000	47	0.1	455,967	1.1
10,001+	471	0.6	8,446,342	21.2

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 CONNECTICUT, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 30,215  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$21,410,485  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$708

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	5,403	17.9	\$0	0.0	
1-500	17,904	59.3	2,464,339	11.5	
501-1,000	2,746	9.1	1,938,958	9.1	
1,001-1,500	1,154	3.8	1,410,366	6.6	
1,501-2,000	678	2.2	1,172,823	5.5	
2,001-2,500	485	1.6	1,087,837	5.1	
2,501-3,000	288	1.0	793,169	3.7	
3,001-3,500	209	0.7	676,383	3.2	
3,501-4,000	176	0.6	658,980	3.1	
4,001-4,500	184	0.6	778,374	3.6	
4,501-5,000	118	0.4	561,501	2.6	
5,001-5,500	94	0.3	493,340	2.3	
5,501-6,000	83	0.3	474,970	2.2	
6,001-6,500	67	0.2	418,919	2.0	
6,501-7,000	71	0.2	477,229	2.2	
7,001-7,500	55	0.2	398,303	1.9	
7,501-8,000	44	0.1	339,372	1.6	
8,001-8,500	40	0.1	330,544	1.5	
8,501-9,000	33	0.1	289,271	1.4	
9,001-9,500	22	0.1	203,092	0.9	
9,501-10,000	34	0.1	330,216	1.5	
10,001+	327	1.1	6,112,499	28.5	

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 CONNECTICUT, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 47,638  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$17,051,268  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$357

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,049	27.4	\$0	0.0
1-500	27,247	57.2	3,599,659	21.1
501-1,000	3,410	7.2	2,410,677	14.1
1,001-1,500	1,485	3.1	1,809,781	10.6
1,501-2,000	783	1.6	1,356,085	8.0
2,001-2,500	442	0.9	984,531	5.8
2,501-3,000	272	0.6	743,495	4.4
3,001-3,500	183	0.4	591,438	3.5
3,501-4,000	137	0.3	513,252	3.0
4,001-4,500	106	0.2	451,790	2.6
4,501-5,000	73	0.2	346,342	2.0
5,001-5,500	54	0.1	282,147	1.7
5,501-6,000	66	0.1	377,793	2.2
6,001-6,500	38	0.1	237,901	1.4
6,501-7,000	35	0.1	236,030	1.4
7,001-7,500	32	0.1	230,552	1.4
7,501-8,000	21	0.0	162,104	1.0
8,001-8,500	21	0.0	171,581	1.0
8,501-9,000	29	0.1	254,582	1.5
9,001-9,500	18	0.0	166,475	1.0
9,501-10,000	13	0.0	125,751	0.7
10,001+	124	0.3	1,999,302	11.7

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 CONNECTICUT, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 14,866  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$7,744,480  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$521

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,194	21.5	\$0	0.0
1-500	8,688	58.4	1,222,665	15.8
501-1,000	1,227	8.3	869,230	11.2
1,001-1,500	576	3.9	698,850	9.0
1,501-2,000	327	2.2	572,155	7.4
2,001-2,500	181	1.2	405,053	5.2
2,501-3,000	126	0.8	345,373	4.5
3,001-3,500	89	0.6	288,448	3.7
3,501-4,000	80	0.5	301,190	3.9
4,001-4,500	66	0.4	280,162	3.6
4,501-5,000	45	0.3	213,730	2.8
5,001-5,500	30	0.2	156,325	2.0
5,501-6,000	37	0.2	211,787	2.7
6,001-6,500	17	0.1	106,162	1.4
6,501-7,000	20	0.1	135,700	1.8
7,001-7,500	15	0.1	108,750	1.4
7,501-8,000	15	0.1	115,996	1.5
8,001-8,500	14	0.1	114,738	1.5
8,501-9,000	19	0.1	166,023	2.1
9,001-9,500	13	0.1	120,323	1.6
9,501-10,000	7	0.0	67,684	0.9
10,001+	80	0.5	1,244,136	16.1

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 CONNECTICUT, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 15,492  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$5,311,153  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$342

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,001	25.8	\$0	0.0
1-500	8,985	58.0	1,231,346	23.2
501-1,000	1,243	8.0	881,106	16.6
1,001-1,500	519	3.4	638,278	12.0
1,501-2,000	269	1.7	461,409	8.7
2,001-2,500	148	1.0	330,162	6.2
2,501-3,000	87	0.6	237,771	4.5
3,001-3,500	61	0.4	196,501	3.7
3,501-4,000	32	0.2	118,224	2.2
4,001-4,500	24	0.2	102,912	1.9
4,501-5,000	15	0.1	71,279	1.3
5,001-5,500	15	0.1	77,969	1.5
5,501-6,000	14	0.1	80,138	1.5
6,001-6,500	10	0.1	62,376	1.2
6,501-7,000	10	0.1	67,313	1.3
7,001-7,500	9	0.1	64,510	1.2
7,501-8,000	3	0.0	23,045	0.4
8,001-8,500	4	0.0	32,352	0.6
8,501-9,000	4	0.0	35,538	0.7
9,001-9,500	4	0.0	36,692	0.7
9,501-10,000	3	0.0	28,828	0.5
10,001+	32	0.2	533,404	10.0

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 CONNECTICUT, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 17,280  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$3,995,635  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$231

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,854	33.9	\$0	0.0
1-500	9,574	55.4	1,145,648	28.7
501-1,000	940	5.4	660,341	16.5
1,001-1,500	390	2.3	472,653	11.8
1,501-2,000	187	1.1	322,521	8.1
2,001-2,500	113	0.7	249,316	6.2
2,501-3,000	59	0.3	160,351	4.0
3,001-3,500	33	0.2	106,489	2.7
3,501-4,000	25	0.1	93,838	2.3
4,001-4,500	16	0.1	68,716	1.7
4,501-5,000	13	0.1	61,333	1.5
5,001-5,500	9	0.1	47,853	1.2
5,501-6,000	15	0.1	85,868	2.1
6,001-6,500	11	0.1	69,363	1.7
6,501-7,000	5	0.0	33,017	0.8
7,001-7,500	8	0.0	57,292	1.4
7,501-8,000	3	0.0	23,063	0.6
8,001-8,500	3	0.0	24,491	0.6
8,501-9,000	6	0.0	53,021	1.3
9,001-9,500	1	0.0	9,460	0.2
9,501-10,000	3	0.0	29,239	0.7
10,001+	12	0.1	221,762	5.6

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

**APPENDIX TABLE A.3**  
**CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007**

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
<b>All</b>	<b>81,173</b>	<b>46,794</b>	<b>30,915</b>	<b>3,404</b>	<b>44</b>	<b>16</b>	<b>866,715</b>	<b>488,255</b>	<b>342,243</b>	<b>35,615</b>	<b>423</b>	<b>179</b>
<b>Age</b>												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	4	0	0	0	4	0	48	0	0	0	48	0
15-20	89	0	64	0	25	0	967	0	705	0	262	0
21-44	13,011	0	11,035	1,963	11	2	143,279	0	122,301	20,864	90	24
45-64	20,423	1	19,191	1,217	4	10	225,493	12	212,803	12,535	23	120
65-74	14,874	14,080	583	207	0	4	161,643	153,578	5,976	2,054	0	35
75-84	15,492	15,438	38	16	0	0	164,491	163,924	417	150	0	0
85 and older	17,280	17,275	4	1	0	0	170,794	170,741	41	12	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	51,651	34,185	15,164	2,265	21	16	553,719	359,375	169,663	24,303	199	179
Male	29,522	12,609	15,751	1,139	23	0	312,996	128,880	172,580	11,312	224	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	56,047	33,382	20,876	1,753	21	15	593,812	341,686	233,644	18,119	196	167
African American	11,276	5,541	5,002	726	7	0	122,609	60,386	54,481	7,675	67	0
Other/unknown	13,850	7,871	5,037	925	16	1	150,294	86,183	54,118	9,821	160	12
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	17,831	16,268	1,561	2	0	0	182,070	164,516	17,547	7	0	0
Part year	8,638	7,058	1,527	53	0	0	87,067	69,640	16,828	599	0	0
None	54,704	23,468	27,827	3,349	44	16	597,578	254,099	307,868	35,009	423	179
<b>Maintenance Assistance Status</b>												
Cash	13,283	4,446	5,777	3,052	8	0	148,921	50,367	66,337	32,122	95	0
Medically needy	16,085	7,763	8,298	21	3	0	165,076	77,186	87,724	142	24	0
Poverty related	2,640	793	1,794	32	5	16	28,740	8,647	19,645	234	35	179
Other/unknown	49,165	33,792	15,046	299	28	0	523,978	352,055	168,537	3,117	269	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	75,165	44,423	27,431	3,251	44	16	800,017	461,993	303,499	33,923	423	179
Full dual, part year	6,008	2,371	3,484	153	0	0	66,698	26,262	38,744	1,692	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	80,178	46,781	30,739	2,615	27	16	855,649	488,114	340,290	26,825	241	179
FFS part year, with Rx claims	457	6	76	368	7	0	5,218	72	848	4,214	84	0
FFS part year, no Rx claims	404	2	25	370	7	0	4,534	15	280	4,169	70	0
MC all year, with Rx claims	82	4	71	7	0	0	914	42	796	76	0	0
MC all year, no Rx claims	52	1	4	44	3	0	400	12	29	331	28	0
	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

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

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>81,173</b>	<b>866,715</b>	<b>81,039</b>	<b>859,936</b>	<b>0</b>	<b>6,779</b>
Fee-for-service (FFS) all year	80,178	855,649	80,178	855,649	0	0
FFS part year, with Rx claims	457	5,218	457	2,916	0	2,302
FFS part year, with no Rx claims	404	4,534	404	1,371	0	3,163
Managed care (MC) all year, with Rx claims	82	914	0	0	0	914
MC all year, with no Rx claims	52	400	0	0	0	400

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

Dual Medicaid Beneficiaries