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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL 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
All	363,755	3,566	30,219	98,769	230,886	315	935,315	35,189	310,022	185,290	401,720	3,094
Age												
5 and younger	79,983	0	0	1	79,982	0	136,171	0	0	1	136,170	0
6-14	98,284	0	1	1	98,282	0	163,941	0	12	1	163,928	0
15-20	51,786	0	921	1,977	48,884	4	106,995	0	8,305	4,983	93,689	18
21-44	98,083	0	11,293	82,981	3,720	89	278,393	0	116,170	153,559	7,895	769
45-64	31,867	5	17,864	13,761	18	219	213,340	51	184,360	26,602	38	2,289
65-74	2,200	2,013	139	45	0	3	21,390	20,073	1,163	136	0	18
75-84	1,094	1,090	1	3	0	0	10,892	10,872	12	8	0	0
85 and older	458	458	0	0	0	0	4,193	4,193	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	213,158	2,460	16,511	78,213	115,660	314	546,549	24,548	174,306	144,980	199,623	3,092
Male	150,597	1,106	13,708	20,556	115,226	1	388,766	10,641	135,716	40,310	202,097	2
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	144,467	1,363	13,740	43,141	85,985	238	384,283	13,366	139,352	80,446	148,783	2,336
African American	79,878	599	6,814	19,821	52,610	34	205,947	5,868	69,435	37,916	92,383	345
Other/unknown	139,410	1,604	9,665	35,807	92,291	43	345,085	15,955	101,235	66,928	160,554	413
Use of Nursing Facilities^c												
Entire year	1,233	359	850	0	24	0	13,032	3,604	9,149	0	279	0
Part year	1,267	174	1,053	14	24	2	12,763	1,788	10,677	78	196	24
None	361,255	3,033	28,316	98,755	230,838	313	909,520	29,797	290,196	185,212	401,245	3,070
Maintenance Assistance Status												
Cash	229,613	457	5,622	80,458	143,076	0	457,547	5,174	63,158	150,828	238,387	0
Medically needy	5,586	285	2,591	758	1,952	0	30,509	2,293	20,401	1,994	5,821	0
Poverty-related	63,937	3	12	8,826	54,781	315	126,858	30	94	19,648	103,992	3,094
Other/unknown	64,619	2,821	21,994	8,727	31,077	0	320,401	27,692	226,369	12,820	53,520	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	61,350	3,560	29,700	12,244	15,538	308	438,676	35,154	306,877	36,687	56,893	3,065
FFS part year, with Rx claims	17,714	5	378	7,688	9,640	3	61,309	32	2,481	25,674	33,104	18
FFS part year, no Rx claims	284,691	1	141	78,837	205,708	4	435,330	3	664	122,929	311,723	11

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

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

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL MEDICAID BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS ^c	Rx \$ as a Percentage	Number of Beneficiaries
						of All Medicaid FFS ^d	
All	13.7	4.5	\$465	\$103	\$4,455	10.4	363,755
Age							
5 and younger	4.7	0.1	7	69	2,641	0.3	79,983
6-14	3.9	0.3	30	110	2,146	1.4	98,284
15-20	8.9	0.8	95	114	3,527	2.7	51,786
21-44	17.6	4.5	532	119	5,324	10.0	98,083
45-64	54.6	31.5	3,143	100	13,598	23.1	31,867
65-74	78.9	34.7	2,584	75	13,865	18.6	2,200
75-84	77.4	29.1	1,963	67	15,410	12.7	1,094
85 and older	65.7	24.3	1,216	50	27,625	4.4	458
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	77.4	31.7	2,209	70	16,224	13.6	3,566
Disabled	84.5	45.8	4,897	107	23,160	21.1	30,219
Adults	9.7	0.7	60	86	2,649	2.3	98,769
Children	5.0	0.3	29	104	2,587	1.1	230,886
Unknown	79.0	20.1	1,905	95	12,175	15.6	315
Gender							
Female	14.4	4.9	467	96	4,261	11.0	213,158
Male	12.6	4.0	462	116	4,728	9.8	150,597
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	14.9	5.5	558	102	5,161	10.8	144,467
African American	13.4	4.1	445	108	4,555	9.8	79,878
Other/unknown	12.5	3.7	381	103	3,666	10.4	139,410
Use of Nursing Facilities^f							
Entire year	88.9	85.1	8,230	97	100,676	8.2	1,233
Part year	95.3	80.3	7,824	97	78,149	10.0	1,267
None	13.1	4.0	413	104	3,868	10.7	361,255
Maintenance Assistance Status							
Cash	8.2	1.8	186	102	2,904	6.4	229,613
Medically needy	49.5	16.8	1,734	103	9,544	18.2	5,586
Poverty related	8.2	0.5	49	106	3,314	1.5	63,937
Other/unknown	35.5	17.0	1,758	104	10,653	16.5	64,619

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

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

c. In eight states (DE, IA, IL, NE, NY, 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 ND.4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:								Mean \$, All Medicaid FFS \$ ^d	Number	
			Rx \$ as a Percentage of All Medicaid FFS \$ ^c		More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Beneficiaries		Benefit Months	
All	1.8	\$181	10.4	86.3	6.3	1.7	2.9	2.0	0.8	\$1,732	363,755	935,315	
Age													
5 and younger	0.1	4	0.3	95.3	4.2	0.3	0.1	0.0	0.0	1,551	79,983	136,171	
6-14	0.2	18	1.4	96.1	3.1	0.4	0.3	0.1	0.0	1,287	98,284	163,941	
15-20	0.4	46	2.7	91.1	6.3	1.2	1.0	0.3	0.1	1,707	51,786	106,995	
21-44	1.6	187	10.0	82.4	9.1	2.4	3.5	1.9	0.6	1,876	98,083	278,393	
45-64	4.7	470	23.1	45.4	10.5	6.6	16.5	14.9	6.0	2,031	31,867	213,340	
65-74	3.6	266	18.6	21.1	22.0	10.7	26.5	14.9	4.8	1,426	2,200	21,390	
75-84	2.9	197	12.7	22.6	24.9	12.8	23.7	13.3	2.7	1,548	1,094	10,892	
85 and older	2.6	133	4.4	34.3	21.2	12.4	17.0	11.6	3.5	3,018	458	4,193	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Basis of Eligibility^e													
Aged	3.2	224	13.6	22.6	23.4	11.6	24.8	13.9	3.7	1,644	3,566	35,189	
Disabled	4.5	477	21.1	15.5	19.2	10.8	25.4	20.9	8.2	2,258	30,219	310,022	
Adults	0.4	32	2.3	90.3	6.8	1.3	1.1	0.4	0.1	1,412	98,769	185,290	
Children	0.2	17	1.1	95.0	4.0	0.5	0.4	0.1	0.0	1,487	230,886	401,720	
Unknown	2.0	194	15.6	21.0	35.6	17.1	19.7	5.7	1.0	1,240	315	3,094	
Gender													
Female	1.9	182	11.0	85.6	6.7	1.8	3.0	2.2	0.9	1,662	213,158	546,549	
Male	1.5	179	9.8	87.4	5.7	1.7	2.8	1.8	0.6	1,832	150,597	388,766	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	2.1	210	10.8	85.1	6.3	1.9	3.2	2.4	1.1	1,940	144,467	384,283	
African American	1.6	173	9.8	86.6	6.5	1.7	2.8	1.8	0.6	1,767	79,878	205,947	
Other/unknown	1.5	154	10.4	87.5	6.1	1.6	2.6	1.7	0.5	1,481	139,410	345,085	
Use of Nursing Facilities^f													
Entire year	8.1	779	8.2	11.1	8.4	3.0	13.9	33.2	30.5	9,525	1,233	13,032	
Part year	8.0	777	10.0	4.7	7.4	5.7	22.7	33.6	25.8	7,758	1,267	12,763	
None	1.6	164	10.7	86.9	6.3	1.7	2.8	1.8	0.6	1,536	361,255	909,520	
Maintenance Assistance Status													
Cash	0.9	94	6.4	91.8	4.8	1.0	1.3	0.8	0.3	1,457	229,613	457,547	
Medically needy	3.1	317	18.2	50.5	16.5	6.7	14.0	9.3	3.0	1,747	5,586	30,509	
Poverty related	0.2	25	1.5	91.8	6.5	0.9	0.6	0.2	0.0	1,670	63,937	126,858	
Other/unknown	3.4	355	16.5	64.5	10.2	4.8	10.0	7.6	2.9	2,149	64,619	320,401	

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

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

c. In eight states (DE, IA, IL, NE, NY, 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 ND.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
NONDUAL 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
All	1.8	\$181	\$103	0.6	\$136	\$210	0.1	\$11	\$146	1.0	\$34	\$33
Age												
5 and younger	0.1	4	69	0.0	3	259	0.0	0	89	0.0	1	20
6-14	0.2	18	110	0.1	15	203	0.0	1	103	0.1	3	35
15-20	0.4	46	114	0.2	36	209	0.0	2	159	0.2	8	34
21-44	1.6	187	119	0.6	145	244	0.1	10	175	0.9	31	34
45-64	4.7	470	100	1.7	346	203	0.2	31	145	2.8	91	33
65-74	3.6	266	75	1.3	193	144	0.2	17	89	2.0	55	27
75-84	2.9	197	67	1.1	146	136	0.2	13	73	1.7	38	23
85 and older	2.6	133	50	0.8	86	104	0.2	13	87	1.7	33	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.2	224	70	1.2	163	138	0.2	15	84	1.8	46	25
Disabled	4.5	477	107	1.7	360	217	0.2	29	153	2.6	87	34
Adults	0.4	32	86	0.1	22	197	0.0	2	171	0.2	8	31
Children	0.2	17	104	0.1	13	206	0.0	1	117	0.1	3	32
Unknown	2.0	194	95	0.6	140	216	0.1	11	120	1.3	43	33
Gender												
Female	1.9	182	96	0.7	135	194	0.1	11	141	1.1	35	32
Male	1.5	179	116	0.6	137	237	0.1	11	153	0.9	31	35
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.1	210	102	0.8	152	202	0.1	15	166	1.2	43	35
African American	1.6	173	108	0.6	133	233	0.1	10	132	1.0	30	31
Other/unknown	1.5	154	103	0.6	121	209	0.1	7	122	0.9	26	30
Use of Nursing Facilities^e												
Entire year	8.1	779	97	2.8	580	204	0.3	43	132	4.9	156	32
Part year	8.0	777	97	2.5	557	220	0.4	51	140	5.1	169	33
None	1.6	164	104	0.6	124	210	0.1	10	147	0.9	30	33
Maintenance Assistance Status												
Cash	0.9	94	102	0.3	70	206	0.0	6	147	0.5	17	32
Medically needy	3.1	317	103	1.1	226	212	0.1	23	162	1.9	68	37
Poverty related	0.2	25	106	0.1	19	213	0.0	1	133	0.1	4	33
Other/unknown	3.4	355	104	1.3	267	211	0.2	22	144	2.0	65	32

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Connecticut, 0.2 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>.

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

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

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

TABLE ND.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
NONDUAL BENEFICIARIES, CONNECTICUT, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name Generic		Patented Brand-Name		Off-Patent Brand-Name Generic		Patented Brand-Name		Off-Patent Brand-Name Generic		Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic							
Anti-infective Agents	0.5	0.2	0.0	0.3	\$111	\$98	\$2	\$11	\$246	\$583	\$440	\$39	95,461	\$23,510,515	23,580	6.5	211,856
Biologicals	0.2	0.2	0.0	0.0	136	136	0	0	890	890	0	0	495	440,655	318	0.1	3,245
Antineoplastic Agents	0.5	0.2	0.0	0.3	202	174	5	23	381	912	1,904	67	4,656	1,771,793	844	0.2	8,771
Endocrine/Metabolic Drugs	0.9	0.4	0.0	0.5	72	58	1	13	78	159	62	24	146,445	11,413,589	16,155	4.4	158,008
Cardiovascular Agents	1.5	0.4	0.1	1.0	74	40	9	24	48	103	71	24	290,056	13,916,051	18,196	5.0	188,894
Respiratory Agents	0.7	0.4	0.1	0.3	62	51	4	7	85	129	81	24	112,037	9,505,830	16,552	4.6	153,700
Gastrointestinal Agents	0.7	0.4	0.0	0.2	87	70	6	11	125	162	199	49	106,705	13,385,154	14,865	4.1	154,136
Genitourinary Agents	0.4	0.3	0.0	0.2	31	25	0	6	70	96	49	34	19,119	1,345,659	4,408	1.2	43,938
CNS Drugs	1.7	0.7	0.0	0.9	205	167	5	34	124	227	130	38	388,579	48,080,893	23,421	6.4	234,128
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	93	85	1	8	133	166	87	43	9,382	1,251,217	1,839	0.5	13,433
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	239	239	0	0	393	393	0	58	5,869	2,303,817	884	0.2	9,621
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	56	17	18	21	75	338	436	32	154,724	11,676,814	21,965	6.0	209,865
Neuromuscular Agents	1.1	0.4	0.0	0.6	105	69	8	28	97	174	164	44	178,247	17,309,790	15,909	4.4	165,541
Nutritional Products	0.5	0.0	0.1	0.4	13	2	1	10	27	56	18	25	22,166	592,629	5,309	1.5	44,632
Hematological Agents	0.7	0.2	0.0	0.5	140	132	0	8	197	564	46	18	34,305	6,755,889	4,621	1.3	48,119
Topical Products	0.4	0.1	0.0	0.3	25	17	1	7	65	131	63	29	63,267	4,097,231	16,535	4.5	160,927
Miscellaneous Products	0.4	0.2	0.0	0.2	104	89	3	12	285	465	313	74	4,954	1,411,748	1,504	0.4	13,575
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	40	0	0	0	158	0	0	0	2,553	404,636	902	0.2	10,082
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,639,020	169,173,910	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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>.

e. 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.

Nondual Medicaid Beneficiaries

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$34,513,025	16,232	4.5	172,117	0.8	\$239	\$201
ANTIVIRAL	19,490,669	4,447	1.2	47,242	0.7	629	413
ANTICONVULSANT	15,476,181	14,951	4.1	159,064	0.8	116	97
ULCER DRUGS	10,424,442	13,813	3.8	147,301	0.5	132	71
ANTIDEPRESSANTS	9,112,952	22,377	6.2	232,625	0.6	61	39
ANALGESICS - Narcotic	8,597,932	25,236	6.9	257,680	0.4	80	33
ANTIIDIABETIC	7,842,309	13,214	3.6	142,812	0.7	83	55
ANTIASTHMATIC	7,561,871	19,257	5.3	189,850	0.4	96	40
ANTIHYPERLIPIDEMIC	6,590,668	10,886	3.0	119,258	0.6	90	55
HYPNOTICS	3,027,095	6,284	1.7	67,677	0.6	79	45
Total	122,637,144	146,697	n.a.	1,535,626	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Medicaid Beneficiaries

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS					ANTIVIRAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	
All	930,236	\$122,637,144	16,232	4.5	172,117	0.8	\$201	4,447	1.2	47,242	0.7	\$413	
Female													
All Females	584,324	71,262,108	9,113	4.3	97,940	0.8	181	2,490	1.2	26,251	0.6	364	
Female, Disabled													
All Ages	504,254	62,941,890	7,653	46.4	86,366	0.8	186	2,050	12.4	23,481	0.6	382	
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	3,836	507,133	152	38.1	1,455	0.7	150	18	4.5	191	0.3	62	
21-44	137,967	18,900,530	3,020	54.0	33,887	0.8	180	765	13.7	8,638	0.6	340	
45-64	360,160	43,305,303	4,463	42.8	50,867	0.8	191	1,266	12.1	14,640	0.7	410	
65-74	2,291	228,924	18	18.6	157	0.5	127	1	1.0	12	0.6	116	
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Female, Other Eligibles													
All Ages	80,070	8,320,218	1,460	0.7	11,574	0.7	148	440	0.2	2,770	0.4	215	
5 and younger	814	52,955	1	0.0	12	0.2	21	9	0.0	33	0.4	202	
6-14	4,628	572,360	108	0.2	711	0.7	175	11	0.0	71	0.4	119	
15-20	6,142	879,650	280	1.0	1,807	0.8	217	47	0.2	248	0.3	99	
21-44	20,802	2,240,325	594	0.8	4,146	0.6	126	243	0.3	1,249	0.5	235	
45-64	12,566	1,359,832	197	2.2	1,747	0.5	107	86	0.9	665	0.5	310	
65-74	23,846	2,331,763	202	14.2	2,272	0.8	176	31	2.2	358	0.4	132	
75-84	8,369	694,480	44	6.1	509	0.7	124	7	1.0	84	0.2	104	
85 and older	2,903	188,853	34	10.0	370	0.5	61	6	1.8	62	0.1	13	
Male													
All Males	345,912	51,375,036	7,119	4.7	74,177	0.9	226	1,957	1.3	20,991	0.7	473	
Male, Disabled													
All Ages	308,648	46,665,760	6,056	44.2	66,048	0.9	229	1,849	13.5	20,293	0.7	481	
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	22	2,130	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	4,522	771,292	197	37.7	1,875	0.9	239	4	0.8	26	0.7	376	
21-44	107,339	17,397,597	2,994	52.5	32,464	0.9	235	513	9.0	5,541	0.7	466	
45-64	195,724	28,391,472	2,857	38.4	31,631	0.9	222	1,331	17.9	14,714	0.7	486	
65-74	1,041	103,269	8	19.0	78	1.4	188	1	2.4	12	1.0	1,316	
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Male, Other Eligibles													
All Ages	37,264	4,709,276	1,063	0.8	8,129	0.8	204	108	0.1	698	0.4	248	
5 and younger	1,057	62,532	5	0.0	17	0.3	53	7	0.0	22	0.5	20	
6-14	8,538	1,230,057	325	0.6	2,301	0.8	217	12	0.0	66	0.3	94	
15-20	9,334	1,477,041	465	2.0	3,645	0.9	223	24	0.1	134	0.3	174	
21-44	3,132	355,569	126	0.8	645	0.7	143	24	0.1	118	0.6	429	
45-64	2,379	323,368	29	0.6	248	0.6	188	23	0.5	159	0.6	339	
65-74	8,239	846,876	86	13.4	992	0.9	188	14	2.2	151	0.4	200	
75-84	3,802	348,776	23	6.2	249	0.6	83	4	1.1	48	0.3	181	
85 and older	783	65,057	4	3.4	32	0.7	54	0	0.0	0	0.0	0	
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	

Source: Data for this table are from the MAX 2007 file for Connecticut, released by CMS in 3/2010. This table was produced on 10/06/2010.
 a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	14,951	4.1	159,064	0.8	\$97	13,813	3.8	147,301	0.5	\$71	22,377	6.2	232,625	0.6	\$39
Female															
All Females	8,942	4.2	95,515	0.8	91	9,171	4.3	98,843	0.5	69	15,151	7.1	157,637	0.6	40
Female, Disabled															
All Ages	7,367	44.6	82,782	0.8	92	7,138	43.2	80,849	0.5	72	12,080	73.2	135,578	0.7	42
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	135	33.8	1,374	0.8	124	52	13.0	571	0.4	56	121	30.3	1,221	0.5	25
21-44	2,742	49.0	30,710	0.9	110	1,715	30.7	19,546	0.5	61	3,700	66.2	41,495	0.6	38
45-64	4,462	42.8	50,426	0.8	80	5,316	51.0	60,171	0.5	75	8,217	78.8	92,446	0.7	43
65-74	28	28.9	272	0.7	68	55	56.7	561	0.6	72	42	43.3	416	0.6	50
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	1,575	0.8	12,733	0.7	86	2,033	1.0	17,994	0.5	60	3,071	1.6	22,059	0.5	33
5 and younger	10	0.0	56	0.8	64	92	0.2	446	0.4	37	0	0.0	0	0.0	0
6-14	167	0.3	1,648	1.0	149	93	0.2	890	0.6	76	77	0.2	513	0.5	27
15-20	233	0.8	1,801	0.9	150	120	0.4	903	0.4	51	319	1.2	1,787	0.6	26
21-44	674	1.0	4,303	0.6	69	546	0.8	3,387	0.4	46	1,510	2.1	8,812	0.5	32
45-64	225	2.5	1,891	0.6	52	307	3.4	2,601	0.4	60	595	6.5	4,610	0.5	39
65-74	204	14.4	2,325	0.8	65	541	38.1	6,002	0.5	68	350	24.6	3,956	0.6	36
75-84	43	6.0	488	0.5	37	262	36.4	2,972	0.5	58	137	19.0	1,535	0.5	25
85 and older	19	5.6	221	0.8	24	72	21.2	793	0.6	67	83	24.5	846	0.6	24
Male															
All Males	6,009	4.0	63,549	0.9	107	4,642	3.1	48,458	0.6	74	7,226	4.8	74,988	0.6	37
Male, Disabled															
All Ages	5,096	37.2	55,919	0.9	106	3,769	27.5	41,107	0.6	74	6,317	46.1	68,645	0.7	38
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	200.0	24	0.5	42	1	100.0	12	0.4	90	0	0.0	0	0.0	0
15-20	139	26.6	1,453	0.8	135	42	8.0	458	0.5	81	101	19.3	1,002	0.6	34
21-44	2,357	41.3	25,855	0.9	123	1,120	19.6	12,285	0.6	75	2,343	41.1	25,439	0.6	37
45-64	2,589	34.8	28,482	0.8	89	2,590	34.8	28,209	0.6	73	3,859	51.9	42,079	0.7	38
65-74	9	21.4	105	1.6	150	16	38.1	143	0.7	80	14	33.3	125	0.9	44
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	913	0.7	7,630	0.9	117	873	0.6	7,351	0.5	73	909	0.7	6,343	0.6	27
5 and younger	20	0.0	107	0.4	59	127	0.3	574	0.4	31	3	0.0	10	0.3	27
6-14	270	0.5	2,606	0.9	138	141	0.3	1,477	0.7	106	134	0.3	946	0.6	18
15-20	293	1.3	2,536	1.0	154	121	0.5	1,057	0.6	90	282	1.2	1,971	0.7	29
21-44	166	1.0	796	0.5	54	100	0.6	370	0.4	48	233	1.4	1,110	0.5	27
45-64	48	1.0	334	0.6	60	60	1.2	351	0.5	58	94	1.9	528	0.6	40
65-74	83	13.0	905	0.8	68	175	27.3	1,885	0.5	68	102	15.9	1,123	0.6	29
75-84	30	8.0	320	0.5	27	123	33.0	1,384	0.4	58	47	12.6	529	0.5	24
85 and older	3	2.5	26	0.3	16	26	21.8	253	0.6	81	14	11.8	126	0.5	4
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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

Nondual Medicaid Beneficiaries

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIASTHMATIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	25,236	6.9	257,680	0.4	\$33	13,214	3.6	142,812	0.7	\$55	19,257	5.3	189,850	0.4	\$40
Female															
All Females	16,799	7.9	172,320	0.4	29	8,786	4.1	96,078	0.7	55	13,259	6.2	135,434	0.4	40
Female, Disabled															
All Ages	12,528	75.9	141,993	0.4	31	6,912	41.9	78,452	0.7	57	9,831	59.5	112,005	0.4	41
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	99	24.8	1,024	0.2	2	18	4.5	174	0.6	39	116	29.1	1,171	0.3	26
21-44	3,870	69.2	43,754	0.4	30	984	17.6	11,220	0.6	51	2,562	45.8	29,200	0.4	36
45-64	8,497	81.5	96,622	0.4	32	5,845	56.1	66,357	0.7	59	7,103	68.1	81,095	0.4	43
65-74	62	63.9	593	0.5	26	65	67.0	701	0.6	57	50	51.5	539	0.5	55
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	4,271	2.2	30,327	0.3	18	1,874	1.0	17,626	0.6	44	3,428	1.7	23,429	0.4	34
5 and younger	16	0.0	70	0.2	2	2	0.0	8	0.5	33	375	1.0	1,392	0.4	18
6-14	66	0.1	469	0.2	2	25	0.1	122	0.5	47	605	1.3	3,073	0.4	34
15-20	372	1.3	1,726	0.3	3	41	0.1	234	0.5	45	375	1.4	2,018	0.3	40
21-44	2,345	3.3	13,458	0.4	23	349	0.5	1,981	0.5	42	1,024	1.5	6,155	0.3	27
45-64	642	7.0	5,328	0.4	24	332	3.6	2,638	0.6	49	421	4.6	3,618	0.4	36
65-74	553	38.9	6,244	0.3	13	769	54.1	8,634	0.6	47	418	29.4	4,785	0.4	47
75-84	210	29.2	2,344	0.2	7	292	40.6	3,301	0.6	36	163	22.6	1,854	0.4	36
85 and older	67	19.8	688	0.3	15	64	18.9	708	0.6	34	47	13.9	534	0.4	22
Male															
All Males	8,437	5.6	85,360	0.5	42	4,428	2.9	46,734	0.7	55	5,998	4.0	54,416	0.4	39
Male, Disabled															
All Ages	7,095	51.8	76,900	0.5	44	3,695	27.0	40,374	0.7	56	3,788	27.6	41,639	0.4	40
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	1	100.0	12	0.1	1
15-20	100	19.2	1,054	0.1	2	14	2.7	150	0.7	81	83	15.9	842	0.4	32
21-44	2,192	38.4	23,696	0.4	34	664	11.6	7,303	0.6	52	1,071	18.8	11,928	0.4	30
45-64	4,787	64.3	52,028	0.5	50	2,991	40.2	32,679	0.7	57	2,616	35.2	28,719	0.5	45
65-74	16	38.1	122	0.6	23	26	61.9	242	0.9	61	17	40.5	138	0.4	48
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	1,342	1.0	8,460	0.3	22	733	0.5	6,360	0.6	47	2,210	1.6	12,777	0.4	35
5 and younger	23	0.1	98	0.2	2	2	0.0	8	0.4	12	554	1.4	2,143	0.3	17
6-14	114	0.2	794	0.2	2	22	0.0	90	0.6	57	913	1.8	5,020	0.4	36
15-20	251	1.1	1,272	0.3	11	38	0.2	215	0.7	98	340	1.5	2,212	0.4	26
21-44	490	3.0	2,141	0.4	32	104	0.6	450	0.4	41	123	0.7	506	0.4	28
45-64	177	3.6	1,018	0.5	72	106	2.2	638	0.6	51	40	0.8	275	0.4	37
65-74	180	28.1	1,959	0.2	13	282	44.1	3,031	0.6	42	120	18.8	1,264	0.5	67
75-84	94	25.2	1,048	0.3	6	146	39.1	1,622	0.6	51	92	24.7	1,037	0.4	44
85 and older	13	10.9	130	0.4	4	33	27.7	306	0.6	26	28	23.5	320	0.4	52
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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

Nondual Medicaid Beneficiaries

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	ANTIHYPERTENSIVE						HYPNOTICS					
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	10,886	3.0	119,258	0.6	\$55	6,284	1.7	67,677	0.6	\$45	363,755	935,315
Female												
All Females	6,884	3.2	76,517	0.6	55	4,246	2.0	45,989	0.6	47	213,158	546,549
Female, Disabled												
All Ages	5,433	32.9	61,554	0.6	56	3,513	21.3	39,660	0.6	48	16,511	174,306
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	3	0.8	27	0.3	29	20	5.0	207	0.4	24	399	3,615
21-44	606	10.8	6,978	0.6	50	992	17.7	11,201	0.5	40	5,591	59,207
45-64	4,776	45.8	54,035	0.6	57	2,489	23.9	28,139	0.6	52	10,424	110,647
65-74	48	49.5	514	0.6	69	12	12.4	113	0.6	65	97	837
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	1,451	0.7	14,963	0.6	51	733	0.4	6,329	0.5	36	196,647	372,243
5 and younger	1	0.0	12	0.6	16	13	0.0	45	0.7	4	39,127	66,542
6-14	0	0.0	0	0.0	0	15	0.0	162	1.0	12	47,891	79,122
15-20	3	0.0	17	0.8	29	30	0.1	230	0.8	13	27,738	53,124
21-44	154	0.2	1,039	0.5	43	326	0.5	2,329	0.5	38	70,301	129,175
45-64	248	2.7	2,099	0.5	49	135	1.5	1,157	0.4	40	9,110	19,690
65-74	677	47.6	7,577	0.6	54	132	9.3	1,499	0.5	38	1,421	14,276
75-84	299	41.5	3,436	0.6	50	55	7.6	620	0.4	33	720	7,194
85 and older	69	20.4	783	0.6	43	27	8.0	287	0.6	27	339	3,120
Male												
All Males	4,002	2.7	42,741	0.6	55	2,038	1.4	21,688	0.6	41	150,597	388,766
Male, Disabled												
All Ages	3,388	24.7	37,226	0.6	56	1,801	13.1	19,630	0.6	42	13,708	135,716
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	1	100.0	12	0.3	2	1	12
15-20	4	0.8	44	0.4	30	20	3.8	210	0.4	16	522	4,690
21-44	683	12.0	7,592	0.6	49	589	10.3	6,485	0.5	33	5,702	56,963
45-64	2,680	36.0	29,364	0.6	57	1,189	16.0	12,909	0.6	48	7,440	73,713
65-74	21	50.0	226	0.8	70	2	4.8	14	0.2	18	42	326
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	614	0.4	5,515	0.6	54	237	0.2	2,058	0.6	26	136,889	253,050
5 and younger	2	0.0	8	0.3	13	11	0.0	46	0.5	2	40,856	69,629
6-14	4	0.0	39	0.2	20	37	0.1	379	0.8	7	50,392	84,807
15-20	8	0.0	58	0.4	32	30	0.1	318	0.7	10	23,127	45,566
21-44	74	0.4	315	0.4	39	48	0.3	234	0.4	37	16,489	33,048
45-64	122	2.5	713	0.5	51	34	0.7	225	0.5	42	4,893	9,290
65-74	245	38.3	2,646	0.6	58	46	7.2	505	0.5	35	640	5,951
75-84	137	36.7	1,499	0.5	52	23	6.2	263	0.5	26	373	3,686
85 and older	22	18.5	237	0.6	54	8	6.7	88	0.6	44	119	1,073
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

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

Nondual Medicaid Beneficiaries

TABLE ND.8
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$779	8.1	1,233	13,032
Age				
0-64	955	9.4	864	9,367
65-74	657	7.8	111	1,113
75-84	284	4.4	105	1,032
85 and older	119	2.5	153	1,520
Unknown	0	0.0	0	0
Gender				
Female	750	8.1	679	7,234
Male	814	8.1	554	5,798
Unknown	0	0.0	0	0
Race				
White	724	8	732	7,614
African American	952	8.7	292	3,216
Other/unknown	716	7.3	209	2,202
Basis of Eligibility^c				
Aged	322	4.5	359	3,604
Disabled	982	9.7	850	9,149
Adults	0	0.0	0	0
Children	16	0.3	24	279
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 1,267 beneficiaries who were in nursing facilities for part of their enrollment and their 12,763 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 ND.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
NONDUAL BENEFICIARIES, CONNECTICUT, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.8	0.4	0.0	0.4	\$193	\$174	\$2	\$18	\$244	\$460	\$217	\$44	5,200	\$1,268,716	605	49.1	6,560
Biologicals	0.1	0.1	0.0	0.0	4	4	0	0	42	42	0	0	17	720	16	1.3	189
Antineoplastic Agents	0.6	0.1	0.0	0.5	102	45	0	57	179	375	0	127	182	32,542	34	2.8	320
Endocrine/Metabolic Drugs	1.6	0.7	0.0	0.8	102	82	1	18	65	119	64	22	8,978	586,145	533	43.2	5,760
Cardiovascular Agents	2.2	0.3	0.2	1.7	79	30	11	38	36	87	64	23	17,389	621,501	745	60.4	7,913
Respiratory Agents	0.9	0.5	0.1	0.3	83	64	11	8	92	126	86	30	3,664	336,430	371	30.1	4,037
Gastrointestinal Agents	1.2	0.6	0.1	0.6	117	75	15	27	99	134	275	48	8,552	850,899	686	55.6	7,249
Genitourinary Agents	0.7	0.4	0.0	0.3	50	42	0	8	71	94	49	31	2,071	146,228	258	20.9	2,905
CNS Drugs	2.5	1.2	0.0	1.3	334	282	4	48	135	240	104	38	24,720	3,338,168	917	74.4	9,994
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.2	78	74	0	3	114	171	0	14	146	16,602	20	1.6	214
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	340	340	0	0	384	384	0	0	1,050	403,599	107	8.7	1,186
Analgesics and Anesthetics	1.6	0.1	0.2	1.3	84	6	40	38	53	91	244	28	7,827	417,581	476	38.6	4,985
Neuromuscular Agents	1.8	0.6	0.0	1.1	168	106	5	57	94	174	150	50	12,770	1,200,429	645	52.3	7,159
Nutritional Products	0.8	0.0	0.0	0.7	13	0	0	12	17	18	20	17	2,121	36,053	271	22.0	2,807
Hematological Agents	1.4	0.3	0.0	1.0	137	127	0	10	101	397	13	10	5,981	605,266	421	34.1	4,416
Topical Products	0.6	0.2	0.0	0.3	36	24	2	10	62	120	59	28	4,020	247,535	619	50.2	6,869
Miscellaneous Products	0.3	0.1	0.0	0.2	35	23	4	7	109	204	300	37	268	29,175	78	6.3	835
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	81	0	0	0	289	0	0	0	33	9,533	12	1.0	118
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	104,989	10,147,122	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,267 beneficiaries who were in nursing facilities for part of their enrollment and their 12,763 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.

d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

In 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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2007

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$2,629,229	898	72.8	10,155	1.1	\$246	\$259	
ANTICONVULSANT	1,063,277	787	63.8	8,798	1.1	110	121	
ANTIVIRAL	880,689	179	14.5	1,986	0.9	515	443	
ULCER DRUGS	563,087	619	50.2	6,562	0.8	105	86	
ANTIDEPRESSANTS	528,095	921	74.7	10,162	0.9	58	52	
ANTIDIABETIC	467,479	688	55.8	7,600	0.9	66	62	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	403,599	123	10.0	1,373	0.8	384	294	
HEMATOPOIETIC AGENTS	394,016	272	22.1	2,750	0.7	205	143	
ANALGESICS - Narcotic	379,302	572	46.4	6,023	1.1	56	63	
ANTIHYPERTENSIVE	301,110	381	30.9	4,224	0.9	81	71	
Total	7,609,883	5,440	n.a.	59,633	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,267 beneficiaries who were in nursing facilities for part of their enrollment and their 12,763 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.

Nondual Medicaid Beneficiaries

TABLE ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	57,250	\$7,609,883	898	72.8	10,155	1.1	\$259	787	63.8	8,798	1.1	\$121
Female												
All Females	31,903	4,097,906	500	73.6	5,726	1.1	254	403	59.4	4,577	1.1	120
Female, Disabled												
All Ages	26,084	3,514,561	410	99.3	4,745	1.1	271	344	83.3	3,905	1.2	124
64 or younger	25,882	3,493,241	402	98.5	4,699	1.1	273	339	83.1	3,871	1.2	124
65-74	202	21,320	8	160.0	46	0.8	122	5	100.0	34	0.7	141
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	5,819	583,345	90	33.8	981	0.8	170	59	22.2	672	1.1	93
64 or younger	21	1,235	0	0.0	0	0.0	0	1	11.1	7	0.7	23
65-74	2,848	343,460	52	78.8	559	0.9	222	40	60.6	467	1.1	116
75-84	1,572	134,981	16	24.2	179	0.8	143	6	9.1	61	0.8	63
85 and older	1,378	103,669	22	17.6	243	0.6	69	12	9.6	137	1.1	29
Male												
All Males	25,347	3,511,977	398	71.8	4,429	1.0	265	384	69.3	4,221	1.1	122
Male, Disabled												
All Ages	23,241	3,315,875	367	84.0	4,114	1.0	269	359	82.2	3,973	1.1	125
64 or younger	23,093	3,302,104	365	84.5	4,100	1.0	269	358	82.9	3,961	1.1	125
65-74	148	13,771	2	40.0	14	1.0	332	1	20.0	12	0.8	51
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	2,106	196,102	31	26.5	315	1.1	216	25	21.4	248	1.0	87
64 or younger	3	77	0	0.0	0	0.0	0	2	13.3	20	0.1	3
65-74	1,263	131,119	22	62.9	241	1.2	232	18	51.4	203	1.1	102
75-84	729	59,401	8	20.5	72	1.0	168	4	10.3	20	0.9	27
85 and older	111	5,505	1	3.6	2	1.0	5	1	3.6	5	0.6	41
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,267 beneficiaries who were in nursing facilities for part of their enrollment and their 12,763 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 ND.10B
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
NONDUAL BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	ANTIVIRAL					ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users Facility Residents	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users Facility Residents	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users Facility Residents	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	179	14.5	1,986	0.9	\$443	619	50.2	6,562	0.8	\$86	921	74.7	10,162	0.9	\$52
Female															
All Females	75	11.0	849	0.8	338	339	49.9	3,684	0.8	88	532	78.4	5,922	0.9	53
Female, Disabled															
All Ages	64	15.5	720	0.9	389	254	61.5	2,793	0.9	90	412	99.8	4,681	0.9	56
64 or younger	64	15.7	720	0.9	389	250	61.3	2,775	0.9	90	408	100.0	4,661	0.9	56
65-74	0	0.0	0	0.0	0	4	80.0	18	0.8	78	4	80.0	20	1.2	49
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	11	4.1	129	0.4	49	85	32.0	891	0.8	81	120	45.1	1,241	0.8	42
64 or younger	0	0.0	0	0.0	0	1	11.1	7	1.6	150	0	0.0	0	0.0	0
65-74	8	12.1	96	0.5	64	35	53.0	356	0.8	81	52	78.8	556	0.8	48
75-84	1	1.5	12	0.1	6	27	40.9	290	0.7	77	31	47.0	324	0.7	41
85 and older	2	1.6	21	0.1	2	22	17.6	238	0.8	85	37	29.6	361	0.8	34
Male															
All Males	104	18.8	1,137	0.9	522	280	50.5	2,878	0.8	84	389	70.2	4,240	0.9	50
Male, Disabled															
All Ages	102	23.3	1,113	0.9	533	243	55.6	2,532	0.8	85	352	80.5	3,872	0.9	52
64 or younger	102	23.6	1,113	0.9	533	242	56.0	2,530	0.8	85	350	81.0	3,858	0.9	52
65-74	0	0.0	0	0.0	0	1	20.0	2	0.5	30	2	40.0	14	1.0	76
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	2	1.7	24	0.2	25	37	31.6	346	0.7	72	37	31.6	368	0.8	34
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6.7	10	0.1	1
65-74	1	2.9	12	0.3	49	15	42.9	138	0.9	100	21	60.0	226	0.8	35
75-84	1	2.6	12	0.1	1	14	35.9	147	0.6	46	10	25.6	102	0.9	42
85 and older	0	0.0	0	0.0	0	8	28.6	61	0.5	67	5	17.9	30	0.7	9
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,267 beneficiaries who were in nursing facilities for part of their enrollment and their 12,763 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.

Nondual Medicaid Beneficiaries

TABLE ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	ANTIDIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					HEMATOPOIETIC AGENTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	688	55.8	7,600	0.9	\$62	123	10.0	1,373	0.8	\$294	272	22.1	2,750	0.7	\$143
Female															
All Females	382	56.3	4,239	1.0	65	77	11.3	838	0.8	338	144	21.2	1,495	0.7	176
Female, Disabled															
All Ages	274	66.3	3,083	1.0	68	48	11.6	554	0.8	426	85	20.6	892	0.7	245
64 or younger	271	66.4	3,057	1.0	67	48	11.8	554	0.8	426	84	20.6	890	0.7	243
65-74	3	60.0	26	1.7	88	0	0.0	0	0.0	0	1	20.0	2	0.5	986
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	108	40.6	1,156	0.9	57	29	10.9	284	0.7	166	59	22.2	603	0.7	75
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	48	72.7	491	0.9	67	6	9.1	61	1.0	478	13	19.7	126	0.7	64
75-84	38	57.6	434	0.9	57	11	16.7	114	0.7	99	22	33.3	243	0.7	54
85 and older	22	17.6	231	0.7	32	12	9.6	109	0.6	60	24	19.2	234	0.9	101
Male															
All Males	306	55.2	3,361	0.9	58	46	8.3	535	0.7	225	128	23.1	1,255	0.7	104
Male, Disabled															
All Ages	247	56.5	2,799	0.9	62	31	7.1	363	0.7	276	109	24.9	1,077	0.7	115
64 or younger	241	55.8	2,747	0.9	61	30	6.9	351	0.7	283	109	25.2	1,077	0.7	115
65-74	6	120.0	52	1.4	100	1	20.0	12	0.3	56	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	59	50.4	562	0.8	39	15	12.8	172	0.8	119	19	16.2	178	0.7	41
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	26	74.3	264	0.7	36	7	20.0	84	0.9	138	3	8.6	29	0.5	3
75-84	25	64.1	266	0.8	45	7	17.9	76	0.8	117	12	30.8	121	0.7	58
85 and older	8	28.6	32	0.5	12	1	3.6	12	0.1	0	4	14.3	28	0.8	5
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

- a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,267 beneficiaries who were in nursing facilities for part of their enrollment and their 12,763 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 ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, CONNECTICUT, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIHYPERTENSIVE					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Year Nursing Facility Residents
All	572	46.4	6,023	1.1	\$63	381	30.9	4,224	0.9	\$71	1,233	13,032
Female												
All Females	303	44.6	3,261	1.0	55	212	31.2	2,380	0.9	72	679	7,234
Female, Disabled												
All Ages	228	55.2	2,524	1.2	60	159	38.5	1,800	0.9	75	413	4,548
64 or younger	224	54.9	2,514	1.2	59	156	38.2	1,774	0.9	74	408	4,516
65-74	4	80.0	10	2.9	152	3	60.0	26	1.2	107	5	32
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	75	28.2	737	0.7	41	53	19.9	580	0.8	63	266	2,686
64 or younger	1	11.1	7	0.7	4	0	0.0	0	0.0	0	9	103
65-74	34	51.5	361	0.7	50	21	31.8	222	0.9	69	66	677
75-84	17	25.8	165	0.6	25	20	30.3	240	0.8	68	66	658
85 and older	23	18.4	204	0.5	39	12	9.6	118	0.7	41	125	1,248
Male												
All Males	269	48.6	2,762	1.2	72	169	30.5	1,844	0.9	71	554	5,798
Male, Disabled												
All Ages	248	56.8	2,582	1.3	74	144	33.0	1,604	0.9	74	437	4,601
64 or younger	243	56.3	2,552	1.3	75	143	33.1	1,592	0.9	74	432	4,572
65-74	5	100.0	30	0.8	18	1	20.0	12	0.8	79	5	29
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	21	17.9	180	0.6	40	25	21.4	240	0.7	50	117	1,197
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	15	176
65-74	13	37.1	117	0.5	32	14	40.0	133	0.8	54	35	375
75-84	4	10.3	32	0.9	97	9	23.1	93	0.7	50	39	374
85 and older	4	14.3	31	0.4	8	2	7.1	14	0.2	11	28	272
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,267 beneficiaries who were in nursing facilities for part of their enrollment and their 12,763 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 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 Nondual Rx \$	Total Number of Beneficiaries	
All	19,969	5.5	0.4	158,585	\$14	\$4,957,819	\$31	2.9	363,755	
Age										
5 and younger	788	1.0	0.0	1,088	0	33,873	31	6.1	79,983	
6-14	657	0.7	0.0	4,220	5	480,153	114	16.1	98,284	
15-20	828	1.6	0.1	4,479	6	303,386	68	6.2	51,786	
21-44	6,215	6.3	0.5	46,457	15	1,441,158	31	2.8	98,083	
45-64	10,142	31.8	2.9	93,129	78	2,493,030	27	2.5	31,867	
65-74	810	36.8	2.7	5,833	61	135,042	23	2.4	2,200	
75-84	361	33.0	2.1	2,256	43	46,501	21	2.2	1,094	
85 and older	168	36.7	2.5	1,123	54	24,676	22	4.4	458	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	1,274	35.7	2.4	8,655	54	191,456	22	2.4	3,566	
Disabled	14,591	48.3	4.5	135,024	129	3,894,171	29	2.6	30,219	
Adults	1,929	2.0	0.1	6,059	1	129,345	21	2.2	98,769	
Children	2,076	0.9	0.0	8,354	3	732,380	88	10.8	230,886	
Unknown	99	31.4	1.6	493	33	10,467	21	1.7	315	
Gender										
Female	12,999	6.1	0.5	101,918	13	2,787,408	27	2.8	213,158	
Male	6,970	4.6	0.4	56,667	14	2,170,411	38	3.1	150,597	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	8,924	6.2	0.6	81,789	16	2,346,383	29	2.9	144,467	
African American	4,085	5.1	0.4	29,726	13	1,028,844	35	2.9	79,878	
Other/unknown	6,960	5.0	0.3	47,070	11	1,582,592	34	3.0	139,410	
Use of Nursing Facilities^d										
Entire year	629	51.0	5.4	6,674	102	125,825	19	1.2	1,233	
Part year	879	69.4	7.1	9,019	218	275,702	31	2.8	1,267	
None	18,461	5.1	0.4	142,892	13	4,556,292	32	3.1	361,255	
Maintenance Assistance Status										
Cash	5,983	2.6	0.2	45,750	6	1,285,551	28	3.0	229,613	
Medically needy	1,183	21.2	1.4	7,769	50	281,643	36	2.9	5,586	
Poverty related	869	1.4	0.0	2,601	2	155,118	60	5.0	63,937	
Other/unknown	11,934	18.5	1.6	102,465	50	3,235,507	32	2.8	64,619	

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 CONNECTICUT, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$5	\$31	\$0	\$1	935,315
Age						
5 and younger	0.0	0	31	0	0	136,171
6-14	0.0	3	114	0	0	163,941
15-20	0.0	3	68	0	0	106,995
21-44	0.2	5	31	0	1	278,393
45-64	0.4	12	27	0	4	213,340
65-74	0.3	6	23	0	2	21,390
75-84	0.2	4	21	0	1	10,892
85 and older	0.3	6	22	0	2	4,193
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	5	22	0	1	35,189
Disabled	0.4	13	29	0	4	310,022
Adults	0.0	1	21	0	0	185,290
Children	0.0	2	88	0	0	401,720
Unknown	0.2	3	21	0	2	3,094
Gender						
Female	0.2	5	27	0	2	546,549
Male	0.1	6	38	0	1	388,766
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	6	29	0	2	384,283
African American	0.1	5	35	0	1	205,947
Other/unknown	0.1	5	34	0	1	345,085
Use of Nursing Facilities^d						
Entire year	0.5	10	19	0	6	13,032
Part year	0.7	22	31	0	5	12,763
None	0.2	5	32	0	1	909,520
Maintenance Assistance Status						
Cash	0.1	3	28	0	1	457,547
Medically needy	0.3	9	36	0	2	30,509
Poverty related	0.0	1	60	0	0	126,858
Other/unknown	0.3	10	32	0	3	320,401

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

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
CONNECTICUT, 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	Excluded Rx
All	28,145	\$176	\$4,957,819	100.0	158,585	\$31	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	1	21	21	0.0	1	21	0.0
Drugs for cosmetic purposes	30	15	453	0.0	44	10	0.0
Cough and cold medications	3,988	55	220,368	4.4	8,166	27	5.1
Vitamins and minerals	2,963	93	274,079	5.5	16,188	17	10.2
Non-prescription drugs	10,735	246	2,641,976	53.3	58,906	45	37.1
Barbiturates	404	68	27,579	0.6	4,103	7	2.6
Benzodiazepines	9,184	142	1,305,146	26.3	67,540	19	42.6
Other Part D Excl Rx Drugs	840	581	488,197	9.8	3,637	134	2.3

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

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.

Nondual Medicaid Beneficiaries

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, CONNECTICUT, 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
All	436,276	3,567	30,300	119,757	282,337	315	4,316,710	35,228	313,388	1,122,200	2,842,778	3,116
Age												
5 and younger	95,773	0	0	3	95,770	0	926,653	0	0	9	926,644	0
6-14	117,819	0	1	3	117,815	0	1,247,211	0	12	5	1,247,194	0
15-20	66,151	0	924	2,222	63,001	4	646,570	0	9,478	13,539	623,532	21
21-44	117,551	0	11,316	100,448	5,698	89	1,108,109	0	117,218	945,033	45,080	778
45-64	35,223	5	17,919	17,027	53	219	351,345	51	185,505	163,162	328	2,299
65-74	2,207	2,014	139	51	0	3	21,722	20,112	1,163	429	0	18
75-84	1,094	1,090	1	3	0	0	10,907	10,872	12	23	0	0
85 and older	458	458	0	0	0	0	4,193	4,193	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	254,685	2,460	16,565	94,406	140,940	314	2,523,987	24,554	176,360	897,151	1,422,808	3,114
Male	181,591	1,107	13,735	25,351	141,397	1	1,792,723	10,674	137,028	225,049	1,419,970	2
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	169,819	1,363	13,798	51,375	103,045	238	1,664,142	13,374	141,021	481,145	1,026,250	2,352
African American	100,440	600	6,830	25,498	67,478	34	1,015,578	5,880	70,155	247,655	691,543	345
Other/unknown	166,017	1,604	9,672	42,884	111,814	43	1,636,990	15,974	102,212	393,400	1,124,985	419
Use of Nursing Facilities^c												
Entire year	1,234	359	851	0	24	0	13,051	3,604	9,168	0	279	0
Part year	1,272	174	1,058	14	24	2	12,979	1,788	10,783	124	260	24
None	433,770	3,034	28,391	119,743	282,289	313	4,290,680	29,836	293,437	1,122,076	2,842,239	3,092
Maintenance Assistance Status												
Cash	272,394	458	5,647	96,014	170,275	0	2,796,919	5,186	63,669	943,964	1,784,100	0
Medically needy	5,977	285	2,593	944	2,155	0	43,708	2,294	20,690	5,840	14,884	0
Poverty related	80,916	3	12	10,208	70,378	315	748,353	30	98	50,183	694,926	3,116
Other/unknown	76,989	2,821	22,048	12,591	39,529	0	727,730	27,718	228,931	122,213	348,868	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	61,350	3,560	29,700	12,244	15,538	308	438,676	35,154	306,877	36,687	56,893	3,065
FFS part year, with Rx claims	17,714	5	378	7,688	9,640	3	168,607	54	4,198	69,460	94,871	24
FFS part year, no Rx claims	284,691	1	141	78,837	205,708	4	3,129,184	8	1,424	853,951	2,273,774	27
MC all year, with Rx claims	261	1	77	82	101	0	2,755	12	855	832	1,056	0
MC all year, no Rx claims	72,260	0	4	20,906	51,350	0	577,488	0	34	161,270	416,184	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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

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

APPENDIX TABLE A.2
MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
NONDUAL BENEFICIARIES, CONNECTICUT, 2007

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	436,276	4,316,710	363,755	935,315	0	3,381,395
Fee-for-service (FFS) all year	61,350	438,676	61,350	438,676	0	0
FFS part year, with Rx claims	17,714	168,607	17,714	61,309	0	107,298
FFS part year, with no Rx claims	284,691	3,129,184	284,691	435,330	0	2,693,854
Managed care (MC) all year, with Rx claims	261	2,755	0	0	0	2,755
MC all year, with no Rx claims	72,260	577,488	0	0	0	577,488

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

Nondual Medicaid Beneficiaries