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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, NEVADA, 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	151,329	361	23,046	34,537	93,155	230	764,115	2,635	221,211	126,136	412,319	1,814
Age												
5 and younger	46,703	0	1,595	0	45,108	0	198,463	0	14,637	0	183,826	0
6-14	38,641	0	3,606	0	35,035	0	200,326	0	36,537	0	163,789	0
15-20	18,615	0	2,545	3,185	12,873	12	102,117	0	25,256	12,703	64,091	67
21-44	35,216	0	6,241	28,877	51	47	165,060	0	60,238	104,094	458	270
45-64	11,636	3	8,985	2,472	7	169	94,841	11	84,010	9,312	46	1,462
65-74	268	196	69	1	0	2	2,032	1,499	515	3	0	15
75-84	122	117	3	2	0	0	865	829	12	24	0	0
85 and older	47	45	2	0	0	0	302	296	6	0	0	0
Unknown	81	0	0	0	81	0	109	0	0	0	109	0
Gender												
Female	85,871	221	11,415	27,757	46,248	230	420,869	1,628	111,741	102,197	203,489	1,814
Male	65,065	140	11,631	6,779	46,515	0	342,348	1,007	109,470	23,938	207,933	0
Unknown	393	0	0	1	392	0	898	0	0	1	897	0
Race												
White	63,589	151	12,788	16,711	33,775	164	380,550	1,083	121,656	70,348	186,154	1,309
African American	30,974	30	5,764	7,226	17,940	14	142,708	227	56,051	19,747	66,568	115
Other/unknown	56,766	180	4,494	10,600	41,440	52	240,857	1,325	43,504	36,041	159,597	390
Use of Nursing Facilities^c												
Entire year	290	26	264	0	0	0	2,869	223	2,646	0	0	0
Part year	443	19	416	6	2	0	4,354	162	4,156	20	16	0
None	150,596	316	22,366	34,531	93,153	230	756,892	2,250	214,409	126,116	412,303	1,814
Maintenance Assistance Status												
Cash	102,104	270	21,223	28,482	52,129	0	514,451	2,145	202,749	103,305	206,252	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	30,732	2	2	4,294	26,204	230	114,963	8	5	14,910	98,226	1,814
Other/unknown	18,493	89	1,821	1,761	14,822	0	134,701	482	18,457	7,921	107,841	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	76,140	361	22,535	13,348	39,669	227	557,696	2,635	218,031	68,189	267,041	1,800
FFS part year, with Rx claims	18,015	0	328	8,138	9,547	2	58,286	0	2,229	24,338	31,708	11
FFS part year, no Rx claims	57,174	0	183	13,051	43,939	1	148,133	0	951	33,609	113,570	3

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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 BENEFICIARIES, NEVADA, 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 of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	37.0	5.8	\$510	\$88	\$4,430	11.5	151,329
Age							
5 and younger	28.5	1.2	119	102	2,410	5.0	46,703
6-14	27.4	2.2	262	122	2,528	10.4	38,641
15-20	36.9	3.3	377	114	5,172	7.3	18,615
21-44	46.1	6.8	598	87	4,818	12.4	35,216
45-64	74.6	37.1	2,820	76	16,005	17.6	11,636
65-74	66.4	26.7	1,703	64	21,718	7.8	268
75-84	50.0	11.0	442	40	14,286	3.1	122
85 and older	36.2	12.3	463	38	9,161	5.0	47
Unknown	0.0	0.0	0	0	453	0.0	81
Basis of Eligibility^e							
Aged	56.8	19.6	1,174	60	18,798	6.2	361
Disabled	74.8	28.6	2,683	94	16,454	16.3	23,046
Adults	40.2	2.7	128	47	2,080	6.2	34,537
Children	26.2	1.2	109	88	2,241	4.8	93,155
Unknown	73.5	19.7	1,316	67	16,548	8.0	230
Gender							
Female	39.1	6.3	485	76	4,058	11.9	85,871
Male	34.3	5.2	546	106	4,945	11.0	65,065
Unknown	2.0	0.0	2	39	459	0.4	393
Race							
White	46.8	9.2	792	87	5,827	13.6	63,589
African American	32.6	4.8	420	87	4,117	10.2	30,974
Other/unknown	28.3	2.6	242	93	3,036	8.0	56,766
Use of Nursing Facilities^f							
Entire year	94.1	97.7	5,961	61	78,766	7.6	290
Part year	98.2	85.0	5,924	70	95,319	6.2	443
None	36.7	5.4	483	89	4,020	12.0	150,596
Maintenance Assistance Status							
Cash	38.8	7.1	616	86	4,241	14.5	102,104
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	25.8	1.0	52	53	1,852	2.8	30,732
Other/unknown	45.6	6.6	685	104	9,760	7.0	18,493

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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, NEVADA, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:								Mean \$, All Medicaid FFS \$ ^d	Number Beneficiaries	Benefit Months
			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				
All	1.2	\$101	11.5	63.0	24.8	4.3	4.8	2.3	0.7	\$877	151,329	764,115	
Age													
5 and younger	0.3	28	5.0	71.5	25.6	2.0	0.9	0.1	0.0	567	46,703	198,463	
6-14	0.4	51	10.4	72.6	22.2	2.9	2.1	0.3	0.0	488	38,641	200,326	
15-20	0.6	69	7.3	63.1	29.0	4.3	3.0	0.6	0.0	943	18,615	102,117	
21-44	1.5	128	12.4	53.9	27.4	7.2	7.9	3.0	0.6	1,028	35,216	165,060	
45-64	4.5	346	17.6	25.4	16.5	9.4	23.2	18.3	7.2	1,964	11,636	94,841	
65-74	3.5	225	7.8	33.6	17.9	9.7	22.4	10.4	6.0	2,864	268	2,032	
75-84	1.6	62	3.1	50.0	18.0	9.8	18.9	1.6	1.6	2,015	122	865	
85 and older	1.9	72	5.0	63.8	12.8	10.6	4.3	6.4	2.1	1,426	47	302	
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	337	81	109	
Basis of Eligibility^e													
Aged	2.7	161	6.2	43.2	17.2	9.7	19.1	6.9	3.9	2,575	361	2,635	
Disabled	3.0	280	16.3	25.2	28.4	10.0	19.4	12.6	4.4	1,714	23,046	221,211	
Adults	0.7	35	6.2	59.8	27.5	6.2	5.1	1.3	0.2	570	34,537	126,136	
Children	0.3	25	4.8	73.8	23.0	2.1	1.0	0.1	0.0	506	93,155	412,319	
Unknown	2.5	167	8.0	26.5	25.7	14.8	22.2	9.1	1.7	2,098	230	1,814	
Gender													
Female	1.3	99	11.9	60.9	25.9	4.6	5.1	2.6	0.9	828	85,871	420,869	
Male	1.0	104	11.0	65.7	23.6	3.9	4.5	1.8	0.5	940	65,065	342,348	
Unknown	0.0	1	0.4	98.0	2.0	0.0	0.0	0.0	0.0	201	393	898	
Race													
White	1.5	132	13.6	53.2	29.0	5.6	7.1	3.8	1.3	974	63,589	380,550	
African American	1.0	91	10.2	67.4	21.5	4.2	4.5	1.8	0.5	894	30,974	142,708	
Other/unknown	0.6	57	8.0	71.7	21.9	2.9	2.5	0.8	0.2	716	56,766	240,857	
Use of Nursing Facilities^f													
Entire year	9.9	603	7.6	5.9	3.1	3.4	15.9	31.7	40.0	7,962	290	2,869	
Part year	8.7	603	6.2	1.8	4.3	6.8	21.4	36.8	28.9	9,698	443	4,354	
None	1.1	96	12.0	63.3	24.9	4.3	4.8	2.1	0.6	800	150,596	756,892	
Maintenance Assistance Status													
Cash	1.4	122	14.5	61.2	24.0	4.8	6.0	3.0	0.9	842	102,104	514,451	
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Poverty related	0.3	14	2.8	74.2	22.6	2.1	0.9	0.1	0.0	495	30,732	114,963	
Other/unknown	0.9	94	7.0	54.4	33.1	5.2	4.9	1.8	0.7	1,340	18,493	134,701	

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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, NEVADA, 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	1.2	\$101	\$88	0.3	\$74	\$223	0.0	\$6	\$175	0.8	\$20	\$26
Age												
5 and younger	0.3	28	102	0.1	23	371	0.0	1	71	0.2	4	21
6-14	0.4	51	122	0.2	43	222	0.0	2	132	0.2	6	27
15-20	0.6	69	114	0.2	56	246	0.0	4	170	0.4	9	25
21-44	1.5	128	87	0.4	93	234	0.0	8	196	1.0	26	25
45-64	4.5	346	76	1.2	234	197	0.1	28	191	3.2	83	26
65-74	3.5	225	64	0.9	156	166	0.1	10	107	2.5	58	23
75-84	1.6	62	40	0.5	42	84	0.1	6	109	1.0	15	15
85 and older	1.9	72	38	0.5	46	88	0.1	3	50	1.3	23	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.7	161	60	0.8	114	149	0.1	9	101	1.8	38	21
Disabled	3.0	280	94	0.9	206	235	0.1	19	190	2.0	54	27
Adults	0.7	35	47	0.2	21	141	0.0	1	123	0.6	12	21
Children	0.3	25	88	0.1	20	208	0.0	1	109	0.2	4	22
Unknown	2.5	167	67	0.6	124	218	0.1	7	105	1.9	35	19
Gender												
Female	1.3	99	76	0.4	70	199	0.0	6	158	0.9	22	25
Male	1.0	104	106	0.3	79	256	0.0	7	197	0.6	17	27
Unknown	0.0	1	39	0.0	0	25	0.0	0	173	0.0	0	21
Race												
White	1.5	132	87	0.4	96	216	0.1	9	173	1.0	27	26
African American	1.0	91	87	0.3	67	226	0.0	7	203	0.7	17	24
Other/unknown	0.6	57	93	0.2	45	244	0.0	3	153	0.4	10	23
Use of Nursing Facilities^e												
Entire year	9.9	603	61	2.4	414	171	0.3	32	103	7.1	152	21
Part year	8.7	603	70	1.8	379	205	0.3	51	171	6.5	169	26
None	1.1	96	89	0.3	71	225	0.0	6	177	0.7	19	26
Maintenance Assistance Status												
Cash	1.4	122	86	0.4	89	224	0.0	8	186	1.0	25	26
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	14	53	0.1	10	157	0.0	1	93	0.2	4	20
Other/unknown	0.9	94	104	0.3	76	227	0.0	5	130	0.5	14	25

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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 Nevada, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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, NEVADA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users				\$ per Rx				Users ^e					
	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 Benefes	Number of Benefit Months			
		Generic	Generic		Generic	Generic											
Anti-infective Agents	0.3	0.0	0.0	0.2	\$29	\$20	\$1	\$7	\$94	\$442	\$131	\$29	80,049	\$7,547,623	31,681	20.9	264,117
Biologicals	0.3	0.3	0.0	0.0	441	441	0	0	1369	1,369	0	0	1,983	2,714,656	664	0.4	6,156
Antineoplastic Agents	0.5	0.2	0.0	0.4	160	139	1	20	305	887	216	55	2,877	877,263	545	0.4	5,500
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	39	31	1	7	63	138	44	20	68,756	4,361,536	12,598	8.3	111,809
Cardiovascular Agents	1.2	0.2	0.0	1.0	40	22	4	15	33	102	79	15	115,731	3,777,750	9,813	6.5	93,481
Respiratory Agents	0.5	0.3	0.0	0.2	39	33	1	5	75	113	101	23	89,067	6,651,752	20,082	13.3	170,874
Gastrointestinal Agents	0.5	0.1	0.0	0.4	38	27	2	8	71	224	111	22	40,805	2,917,458	8,047	5.3	76,963
Genitourinary Agents	0.3	0.2	0.0	0.2	21	15	1	6	64	96	84	33	9,615	614,485	3,534	2.3	28,939
CNS Drugs	1.1	0.4	0.0	0.7	131	113	3	15	118	296	134	21	157,082	18,510,554	14,937	9.9	141,037
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	75	69	1	5	115	135	82	37	18,288	2,094,403	2,678	1.8	27,828
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	104	103	0	1	332	342	0	76	4,197	1,393,565	1,298	0.9	13,395
Analgesics and Anesthetics	0.7	0.0	0.0	0.7	51	15	12	24	72	470	501	36	124,470	8,945,360	20,686	13.7	173,698
Neuromuscular Agents	0.9	0.3	0.1	0.5	86	61	10	15	97	197	190	29	92,467	9,011,621	10,930	7.2	105,134
Nutritional Products	0.3	0.1	0.0	0.3	10	3	0	8	30	40	23	28	17,299	521,835	6,664	4.4	50,258
Hematological Agents	0.7	0.3	0.0	0.4	153	144	1	8	218	563	52	19	16,726	3,642,408	2,440	1.6	23,842
Topical Products	0.3	0.1	0.0	0.2	17	12	1	5	62	145	72	25	37,475	2,319,864	15,705	10.4	136,681
Miscellaneous Products	0.7	0.3	0.0	0.4	247	204	9	34	370	783	303	89	2,774	1,025,673	399	0.3	4,155
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	46	0	0	0	176	0	0	0	1,094	192,288	413	0.3	4,216
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.	880,755	77,120,094	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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 Nevada, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 - For information about this classification method, see Wolters Kluwer Health, <http://www.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.

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

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$15,175,216	8,308	5.5	86,824	0.6	\$294	\$175
ANTICONVULSANT	8,127,697	8,953	5.9	90,982	0.7	135	89
ANALGESICS - Narcotic	7,754,994	25,303	16.7	226,051	0.4	80	34
ANTIASTHMATIC	4,945,560	17,882	11.8	163,910	0.4	86	30
ANTIVIRAL	3,938,382	1,766	1.2	16,790	0.5	483	235
PASSIVE IMMUNIZING AGENTS	2,702,588	413	0.3	3,430	0.5	1,594	788
MISC. HEMATOLOGICAL	2,497,257	805	0.5	8,190	0.6	500	305
ANTIDEPRESSANTS	2,228,653	10,589	7.0	103,738	0.5	42	21
ANTIDIABETIC	2,164,396	5,086	3.4	48,481	0.6	72	45
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,094,289	3,058	2.0	32,190	0.6	115	65
Total	51,629,032	82,163	n.a.	780,586	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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, NEVADA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean 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	382,963	\$51,629,032	8,308	5.5	86,824	0.6	\$175	8,953	5.9	90,982	0.7	\$89
Female												
All Females	225,183	25,678,067	4,199	4.9	42,958	0.6	158	5,336	6.2	53,201	0.6	81
Female, Disabled												
All Ages	171,969	21,036,168	2,995	26.2	32,500	0.6	174	3,922	34.4	42,556	0.7	84
5 and younger	1,992	750,289	12	1.8	120	0.5	125	91	13.3	1,008	0.6	83
6-14	6,175	961,368	175	14.1	1,960	0.6	165	213	17.2	2,317	0.7	113
15-20	5,817	885,434	182	19.5	1,960	0.6	154	242	25.9	2,695	0.7	116
21-44	48,298	6,322,375	1,153	34.6	12,428	0.6	182	1,382	41.5	14,920	0.7	98
45-64	109,266	12,090,773	1,471	28.4	16,017	0.6	171	1,980	38.2	21,496	0.7	68
65-74	421	25,929	2	4.4	15	0.1	2	14	31.1	120	0.7	75
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	53,214	4,641,899	1,204	1.6	10,458	0.5	110	1,414	1.9	10,645	0.5	69
5 and younger	3,171	696,033	24	0.1	279	0.5	103	47	0.2	483	0.4	56
6-14	9,667	1,209,383	347	2.0	3,644	0.5	142	194	1.1	1,870	0.6	94
15-20	7,670	735,795	284	2.9	2,739	0.4	105	198	2.0	1,853	0.5	89
21-44	25,802	1,579,232	462	2.0	3,096	0.4	83	803	3.4	5,221	0.5	58
45-64	5,678	328,555	79	4.4	609	0.4	55	153	8.5	1,022	0.5	54
65-74	944	79,416	7	5.6	81	0.8	232	16	12.9	170	0.5	34
75-84	148	8,815	1	1.4	10	2.3	483	2	2.8	14	0.2	21
85 and older	134	4,670	0	0.0	0	0.0	0	1	3.6	12	1.2	27
Male												
All Males	157,779	25,950,954	4,109	6.3	43,866	0.6	191	3,617	5.6	37,781	0.7	101
Male, Disabled												
All Ages	121,685	20,401,769	2,935	25.2	32,186	0.7	209	2,897	24.9	31,435	0.7	104
5 and younger	2,916	1,579,795	31	3.4	320	0.5	93	104	11.4	1,074	0.7	78
6-14	13,385	2,534,312	520	22.0	5,816	0.6	170	406	17.1	4,573	0.7	107
15-20	10,333	2,098,841	455	28.3	5,127	0.6	178	355	22.0	3,980	0.8	184
21-44	34,766	6,456,052	1,141	39.2	12,392	0.7	248	998	34.3	10,884	0.8	121
45-64	60,102	7,706,755	787	20.7	8,519	0.7	201	1,033	27.2	10,912	0.6	60
65-74	182	26,003	1	4.2	12	2.0	979	1	4.2	12	2.0	147
75-84	1	11	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	36,094	5,549,185	1,174	2.2	11,680	0.5	142	720	1.3	6,346	0.5	83
5 and younger	4,823	1,052,456	54	0.2	576	0.5	112	45	0.2	419	0.4	51
6-14	17,180	2,751,881	641	3.6	6,687	0.5	149	284	1.6	2,850	0.6	100
15-20	7,591	1,301,957	379	6.1	3,771	0.5	144	192	3.1	1,866	0.5	88
21-44	4,332	281,152	68	1.2	427	0.4	73	138	2.5	813	0.5	44
45-64	1,491	115,849	16	1.9	97	0.5	161	50	5.8	282	0.6	61
65-74	533	38,600	13	17.3	106	0.5	119	7	9.3	68	0.5	37
75-84	141	7,272	3	6.3	16	1.1	59	3	6.3	36	0.6	71
85 and older	3	18	0	0.0	0	0.0	0	1	5.9	12	0.3	2
Unknown	1	11	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 Nevada, released by CMS in 4/2010. 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.

Nondual Medicaid Beneficiaries

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

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIASTHMATIC					ANTIVIRAL				
	Number of Users	Users as % of All Benes	Number of	Mean	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of	Mean	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of	Mean	Mean Rx \$ per Benefit Month
			Benefit Months Among Users	Number of Rx per Benefit Month				Benefit Months Among Users	Number of Rx per Benefit Month				Benefit Months Among Users	Number of Rx per Benefit Month	
All	25,303	16.7	226,051	0.4	\$34	17,882	11.8	163,910	0.4	\$30	1,766	1.2	16,790	0.5	\$235
Female															
All Females	17,509	20.4	152,743	0.4	32	9,944	11.6	91,817	0.4	31	1,088	1.3	9,893	0.4	155
Female, Disabled															
All Ages	8,580	75.2	93,363	0.5	47	5,296	46.4	57,902	0.4	37	583	5.1	6,415	0.4	196
5 and younger	48	7.0	526	0.1	1	318	46.6	3,469	0.2	24	7	1.0	76	0.6	130
6-14	126	10.2	1,451	0.1	2	384	31.0	4,289	0.3	26	23	1.9	243	0.3	205
15-20	266	28.4	2,958	0.2	6	236	25.2	2,648	0.3	36	29	3.1	333	0.3	241
21-44	2,787	83.7	30,210	0.4	33	1,215	36.5	13,140	0.4	32	202	6.1	2,176	0.4	153
45-64	5,327	102.8	57,964	0.6	58	3,133	60.4	34,256	0.5	42	321	6.2	3,575	0.5	220
65-74	26	57.8	254	0.5	20	10	22.2	100	0.2	17	1	2.2	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
Female, Other Eligibles															
All Ages	8,929	12.0	59,380	0.3	8	4,648	6.2	33,915	0.3	21	505	0.7	3,478	0.3	79
5 and younger	205	0.9	1,591	0.1	1	1,357	6.2	10,183	0.2	16	26	0.1	200	0.1	6
6-14	459	2.6	4,079	0.1	1	1,093	6.3	8,402	0.3	21	47	0.3	446	0.3	112
15-20	1,308	13.3	10,174	0.2	2	496	5.0	3,965	0.3	17	86	0.9	678	0.2	52
21-44	6,161	26.4	37,570	0.3	10	1,404	6.0	9,008	0.3	23	310	1.3	1,867	0.3	94
45-64	716	40.0	5,098	0.5	14	255	14.2	1,931	0.4	34	32	1.8	249	0.2	54
65-74	58	46.8	637	0.5	26	33	26.6	321	0.4	37	3	2.4	26	0.2	9
75-84	17	23.9	187	0.1	1	6	8.5	57	0.2	12	0	0.0	0	0.0	0
85 and older	5	17.9	44	0.5	4	4	14.3	48	0.6	32	1	3.6	12	0.1	2
Male															
All Males	7,794	12.0	73,308	0.4	40	7,937	12.2	72,087	0.3	29	678	1.0	6,897	0.6	349
Male, Disabled															
All Ages	5,039	43.3	52,961	0.5	52	3,653	31.4	39,646	0.4	36	555	4.8	5,903	0.7	388
5 and younger	69	7.6	719	0.1	1	466	51.0	4,855	0.3	27	14	1.5	145	0.3	50
6-14	194	8.2	2,245	0.1	2	790	33.3	8,875	0.3	26	21	0.9	251	0.4	134
15-20	336	20.9	3,704	0.2	4	339	21.1	3,845	0.3	33	18	1.1	183	0.3	130
21-44	1,340	46.0	14,029	0.4	39	542	18.6	5,807	0.4	38	208	7.1	2,065	0.7	393
45-64	3,090	81.3	32,172	0.6	67	1,508	39.7	16,172	0.5	44	294	7.7	3,259	0.7	435
65-74	9	37.5	90	0.5	20	8	33.3	92	0.2	19	0	0.0	0	0.0	0
75-84	1	50.0	2	0.5	6	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	2,755	5.2	20,347	0.2	8	4,284	8.0	32,441	0.3	21	123	0.2	994	0.3	114
5 and younger	323	1.4	2,673	0.1	1	2,025	8.8	14,885	0.2	18	20	0.1	127	0.2	10
6-14	488	2.8	4,381	0.1	2	1,567	8.9	12,426	0.3	24	38	0.2	383	0.3	67
15-20	604	9.7	5,268	0.2	2	396	6.4	3,314	0.3	19	35	0.6	303	0.3	195
21-44	1,070	19.1	6,319	0.4	16	204	3.6	1,210	0.3	23	25	0.4	155	0.4	159
45-64	233	27.1	1,364	0.5	31	63	7.3	339	0.4	28	4	0.5	14	0.5	167
65-74	25	33.3	272	0.6	29	23	30.7	199	0.2	8	0	0.0	0	0.0	0
75-84	12	25.0	70	0.5	10	6	12.5	68	0.1	11	1	2.1	12	0.1	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
Unknown	0	0.0	0	0.0	0	1	0.2	6	0.2	2	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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, NEVADA, 2007

Beneficiary Characteristics	PASSIVE IMMUNIZING AGENTS					MISC. HEMATOLOGICAL					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	413	0.3	3,430	0.5	\$788	805	0.5	8,190	0.6	\$305	10,589	7.0	103,738	0.5	\$22
Female															
All Females	194	0.2	1,677	0.5	783	445	0.5	4,585	0.6	75	7,471	8.7	71,716	0.5	22
Female, Disabled															
All Ages	94	0.8	920	0.5	926	404	3.5	4,306	0.6	77	4,671	40.9	50,888	0.6	26
5 and younger	86	12.6	824	0.4	672	0	0.0	0	0.0	0	4	0.6	36	0.2	4
6-14	3	0.2	36	0.5	634	3	0.2	36	0.2	1,315	80	6.5	911	0.5	10
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	159	17.0	1,743	0.4	15
21-44	3	0.1	36	1.1	4,304	32	1.0	318	0.5	49	1,477	44.3	15,955	0.5	25
45-64	2	0.0	24	1.2	5,033	364	7.0	3,908	0.6	68	2,937	56.7	32,094	0.6	27
65-74	0	0.0	0	0.0	0	5	11.1	44	0.6	76	14	31.1	149	0.6	21
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	100	0.1	757	0.4	609	41	0.1	279	0.4	45	2,800	3.8	20,828	0.4	14
5 and younger	98	0.5	743	0.4	620	0	0.0	0	0.0	0	10	0.0	110	0.4	18
6-14	1	0.0	12	0.1	27	0	0.0	0	0.0	0	216	1.2	2,259	0.4	8
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	458	4.6	4,287	0.4	11
21-44	1	0.0	2	0.5	49	15	0.1	73	0.4	51	1,767	7.6	11,562	0.4	15
45-64	0	0.0	0	0.0	0	13	0.7	81	0.4	48	322	18.0	2,326	0.5	20
65-74	0	0.0	0	0.0	0	8	6.5	65	0.4	42	17	13.7	186	0.4	9
75-84	0	0.0	0	0.0	0	5	7.0	60	0.5	37	6	8.5	58	0.3	5
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	14.3	40	0.5	10
Male															
All Males	219	0.3	1,753	0.5	793	360	0.6	3,605	0.7	597	3,118	4.8	32,022	0.5	20
Male, Disabled															
All Ages	101	0.9	1,029	0.6	803	316	2.7	3,330	0.7	403	2,290	19.7	24,796	0.6	22
5 and younger	96	10.5	969	0.5	730	1	0.1	12	1.2	50,460	5	0.5	54	0.4	9
6-14	2	0.1	24	0.7	707	1	0.0	10	2.9	41,868	126	5.3	1,433	0.4	8
15-20	1	0.1	12	6.0	5,090	2	0.1	24	0.4	21	185	11.5	2,081	0.5	16
21-44	1	0.0	12	0.4	33	28	1.0	298	0.6	299	820	28.2	8,852	0.6	27
45-64	1	0.0	12	0.4	3,391	282	7.4	2,969	0.7	76	1,152	30.3	12,354	0.6	21
65-74	0	0.0	0	0.0	0	2	8.3	17	0.3	38	2	8.3	22	0.8	20
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	118	0.2	724	0.5	777	44	0.1	275	0.6	2,950	828	1.6	7,226	0.4	13
5 and younger	116	0.5	708	0.5	715	1	0.0	12	1.1	13,839	29	0.1	329	0.3	15
6-14	1	0.0	12	0.8	3,370	2	0.0	16	0.9	25,753	252	1.4	2,529	0.4	13
15-20	0	0.0	0	0.0	0	4	0.1	12	0.9	18,216	274	4.4	2,659	0.4	11
21-44	1	0.0	4	1.0	4,072	10	0.2	61	0.6	72	198	3.5	1,218	0.4	17
45-64	0	0.0	0	0.0	0	15	1.7	58	0.5	59	58	6.8	337	0.5	18
65-74	0	0.0	0	0.0	0	10	13.3	92	0.6	61	11	14.7	122	0.6	9
75-84	0	0.0	0	0.0	0	2	4.2	24	0.4	50	6	12.5	32	0.5	13
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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, NEVADA, 2007

Beneficiary Characteristics	ANTIDIABETIC					STIMULANTS/ANTI-OBESITY/ANOREXIANTS						
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	5,086	3.4	48,481	0.6	\$45	3,058	2.0	32,190	0.6	\$65	151,329	764,115
Female												
All Females	3,355	3.9	32,435	0.6	43	964	1.1	10,316	0.5	64	85,834	420,815
Female, Disabled												
All Ages	2,566	22.5	27,806	0.6	44	373	3.3	4,198	0.5	70	11,415	111,741
5 and younger	2	0.3	16	0.3	12	9	1.3	108	0.6	44	682	6,304
6-14	18	1.5	210	0.9	98	163	13.2	1,828	0.6	61	1,237	12,596
15-20	30	3.2	315	0.6	57	54	5.8	625	0.5	56	935	9,385
21-44	465	14.0	4,954	0.6	43	74	2.2	845	0.5	74	3,331	32,633
45-64	2,032	39.2	22,131	0.6	44	73	1.4	792	0.6	99	5,183	50,475
65-74	19	42.2	180	0.4	20	0	0.0	0	0.0	0	45	337
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	8
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
Female, Other Eligibles												
All Ages	789	1.1	4,629	0.5	38	591	0.8	6,118	0.5	60	74,419	309,074
5 and younger	5	0.0	22	0.7	65	21	0.1	235	0.3	24	21,777	88,909
6-14	50	0.3	358	0.6	54	390	2.2	4,167	0.6	59	17,390	80,819
15-20	51	0.5	386	0.7	79	109	1.1	1,142	0.6	68	9,870	44,726
21-44	448	1.9	2,317	0.5	32	60	0.3	470	0.4	59	23,367	85,187
45-64	172	9.6	887	0.5	31	11	0.6	104	0.6	92	1,792	7,787
65-74	50	40.3	508	0.6	42	0	0.0	0	0.0	0	124	925
75-84	7	9.9	84	0.5	4	0	0.0	0	0.0	0	71	524
85 and older	6	21.4	67	0.7	33	0	0.0	0	0.0	0	28	197
Male												
All Males	1,731	2.7	16,046	0.7	47	2,094	3.2	21,874	0.6	66	65,030	342,305
Male, Disabled												
All Ages	1,381	11.9	14,145	0.7	47	772	6.6	8,675	0.6	68	11,631	109,470
5 and younger	2	0.2	24	1.4	233	17	1.9	190	0.3	38	913	8,333
6-14	20	0.8	237	0.6	49	490	20.7	5,477	0.6	61	2,369	23,941
15-20	32	2.0	347	0.7	90	186	11.6	2,136	0.5	76	1,610	15,871
21-44	238	8.2	2,471	0.6	44	55	1.9	614	0.8	97	2,910	27,605
45-64	1,081	28.4	10,997	0.7	45	24	0.6	258	0.6	100	3,802	33,535
65-74	8	33.3	69	0.8	114	0	0.0	0	0.0	0	24	178
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	4
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
Male, Other Eligibles												
All Ages	350	0.7	1,901	0.6	48	1,322	2.5	13,199	0.6	64	53,399	232,835
5 and younger	8	0.0	23	1.0	73	51	0.2	571	0.3	24	22,949	94,039
6-14	35	0.2	193	0.9	88	997	5.7	9,833	0.6	65	17,644	82,963
15-20	31	0.5	246	0.8	96	267	4.3	2,741	0.6	70	6,200	32,135
21-44	132	2.4	622	0.6	34	6	0.1	42	0.3	32	5,607	19,634
45-64	118	13.7	551	0.6	35	1	0.1	12	0.1	10	859	3,044
65-74	18	24.0	179	0.7	41	0	0.0	0	0.0	0	75	592
75-84	8	16.7	87	0.4	8	0	0.0	0	0.0	0	48	329
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	17	99
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	465	995

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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, NEVADA, 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
All	\$603	9.9	290	2,869
Age				
0-64	612	10.1	261	2,620
65-74	705	10.0	17	155
75-84	245	4.1	7	49
85 and older	112	2.0	5	45
Unknown	0	0.0	0	0
Gender				
Female	626	10.6	131	1,265
Male	584	9.3	159	1,604
Unknown	0	0.0	0	0
Race				
White	580	9.6	216	2,167
African American	653	10.7	41	416
Other/unknown	704	11	33	286
Basis of Eligibility^c				
Aged	430	6.8	26	223
Disabled	617	10.1	264	2,646
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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 443 beneficiaries who were in nursing facilities for part of their enrollment and their 4,354 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Nondual Medicaid Beneficiaries

TABLE ND.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
NONDUAL BENEFICIARIES, NEVADA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Brand-Name	Generic	Total	Patented Brand-Name	Off-Brand-Name	Generic	Total	Patented Brand-Name	Off-Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	1.2	0.5	0.1	0.7	\$186	\$145	\$9	\$32	\$150	\$301	\$153	\$45	2,361	\$354,494	183	63.1	1,905
Biologicals	0.1	0.1	0.0	0.0	2	2	0	0	26	26	0	0	17	435	17	5.9	186
Antineoplastic Agents	0.6	0.0	0.0	0.6	68	12	0	57	110	309	0	97	132	14,492	23	7.9	212
Endocrine/Metabolic Drugs	1.2	0.5	0.1	0.7	54	44	2	8	43	93	26	12	1,578	68,403	126	43.4	1,268
Cardiovascular Agents	2.2	0.2	0.1	1.9	50	16	6	28	23	72	71	15	4,380	99,690	194	66.9	1,995
Respiratory Agents	1.5	0.5	0.1	1.0	68	48	5	14	44	102	88	14	1,891	83,741	124	42.8	1,234
Gastrointestinal Agents	1.3	0.2	0.0	1.1	39	18	3	18	31	108	140	16	2,373	72,381	182	62.8	1,845
Genitourinary Agents	0.7	0.4	0.0	0.3	52	43	3	7	80	115	93	27	404	32,311	57	19.7	617
CNS Drugs	2.0	0.6	0.0	1.3	155	128	2	25	77	205	65	18	4,434	342,520	217	74.8	2,210
Stimulants/Anti-obesity/Anorexia	1.0	0.8	0.0	0.2	102	101	0	1	102	121	0	8	36	3,677	4	1.4	36
Miscellaneous Psychological/Neurological Agents	1.2	1.2	0.0	0.0	215	215	0	0	182	182	0	37	456	82,766	36	12.4	385
Analgesics and Anesthetics	1.8	0.0	0.1	1.6	62	2	21	39	35	51	194	24	2,930	101,777	161	55.5	1,629
Neuromuscular Agents	1.8	0.6	0.0	1.2	128	91	0	37	72	153	6	32	3,279	236,794	175	60.3	1,848
Nutritional Products	0.8	0.0	0.0	0.7	13	0	0	13	17	12	18	17	713	12,028	90	31.0	941
Hematological Agents	1.7	0.4	0.0	1.3	127	112	0	15	73	268	0	12	2,110	153,092	123	42.4	1,206
Topical Products	0.6	0.2	0.1	0.3	27	16	4	7	46	84	69	21	916	42,571	147	50.7	1,577
Miscellaneous Products	0.6	0.0	0.0	0.6	44	0	0	44	68	5	0	68	217	14,708	30	10.3	337
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	40	0	0	0	107	0	0	0	120	12,878	31	10.7	320
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.	28,347	1,728,758	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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 443 beneficiaries who were in nursing facilities for part of their enrollment and their 4,354 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 Nevada, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEVADA, 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	\$267,333	135	46.6	1,417	1.0	\$198	\$189	
ANTICONVULSANT	214,515	193	66.6	2,051	1.2	84	105	
MISC. ANTI-INFECTIVES	143,781	145	50.0	1,470	0.6	172	98	
ANTICOAGULANTS	106,000	114	39.3	1,180	1.4	65	90	
ANALGESICS - Narcotic	99,404	212	73.1	2,160	1.3	36	46	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	82,895	50	17.2	513	0.9	179	162	
ANTIVIRAL	77,658	15	5.2	180	1.1	392	431	
ANTIASTHMATIC	75,601	187	64.5	1,927	0.8	48	39	
ANTIDEPRESSANTS	58,036	187	64.5	1,972	0.9	33	29	
ANTIDIABETIC	57,698	118	40.7	1,222	0.9	51	47	
Total	1,182,921	1,356	n.a.	14,092	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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 443 beneficiaries who were in nursing facilities for part of their enrollment and their 4,354 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, NEVADA, 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	14,258	\$1,182,921	135	46.6	1,417	1.0	\$189	193	66.6	2,051	1.2	\$105
Female												
All Females	6,638	544,719	69	52.7	740	0.9	176	93	71.0	917	1.3	114
Female, Disabled												
All Ages	6,242	512,055	64	54.7	682	0.9	166	90	76.9	893	1.3	115
64 or younger	6,178	505,344	64	55.7	682	0.9	166	88	76.5	879	1.3	111
65-74	64	6,711	0	0.0	0	0.0	0	2	100.0	14	2.2	368
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	396	32,664	5	35.7	58	1.2	297	3	21.4	24	0.8	41
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	312	23,900	4	57.1	48	1.0	258	2	28.6	12	0.3	55
75-84	62	8,232	1	20.0	10	2.3	483	0	0.0	0	0.0	0
85 and older	22	532	0	0.0	0	0.0	0	1	50.0	12	1.2	27
Male												
All Males	7,620	638,202	66	41.5	677	1.0	202	100	62.9	1,134	1.2	97
Male, Disabled												
All Ages	7,406	624,121	60	40.8	634	1.0	212	99	67.3	1,122	1.2	98
64 or younger	7,357	610,482	59	40.4	622	1.0	197	98	67.1	1,110	1.2	97
65-74	49	13,639	1	100.0	12	2.0	979	1	100.0	12	2.0	147
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	214	14,081	6	50.0	43	0.6	65	1	8.3	12	1.1	53
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	176	12,152	4	57.1	30	0.3	64	0	0.0	0	0.0	0
75-84	38	1,929	2	100.0	13	1.2	69	1	50.0	12	1.1	53
85 and older	0	0	0	0.0	0	0.0	0	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 Nevada, released by CMS in 4/2010. 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 443 beneficiaries who were in nursing facilities for part of their enrollment and their 4,354 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, NEVADA, 2007

Beneficiary Characteristics	MISC. ANTI-INFECTIVES					ANTICOAGULANTS					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 \$
		145	50.0	1,470	0.6		\$98	114	39.3	1,180		1.4	\$90	212	73.1
All															
Female															
All Females	70	53.4	675	0.5	85	50	38.2	487	1.3	95	105	80.2	1,053	1.2	42
Female, Disabled															
All Ages	60	51.3	578	0.5	96	45	38.5	437	1.5	106	98	83.8	971	1.3	44
64 or younger	59	51.3	566	0.5	98	45	39.1	437	1.5	106	97	84.3	959	1.3	44
65-74	1	50.0	12	0.1	1	0	0.0	0	0.0	0	1	50.0	12	1.1	73
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	10	71.4	97	0.3	19	5	35.7	50	0.2	3	7	50.0	82	1.1	12
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	8	114.3	84	0.2	18	5	71.4	50	0.2	3	5	71.4	58	1.4	16
75-84	2	40.0	13	0.8	21	0	0.0	0	0.0	0	1	20.0	12	0.2	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.3	2
Male															
All Males	75	47.2	795	0.7	109	64	40.3	693	1.4	86	107	67.3	1,107	1.3	50
Male, Disabled															
All Ages	72	49.0	759	0.7	112	63	42.9	692	1.4	86	101	68.7	1,046	1.3	48
64 or younger	72	49.3	759	0.7	112	63	43.2	692	1.4	86	101	69.2	1,046	1.3	48
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	3	25.0	36	0.2	38	1	8.3	1	5.0	38	6	50.0	61	1.6	90
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	3	42.9	36	0.2	38	1	14.3	1	5.0	38	5	71.4	60	1.6	91
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	1	3.0	27
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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 443 beneficiaries who were in nursing facilities for part of their enrollment and their 4,354 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, NEVADA, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIVIRAL					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	50	17.2	513	0.9	\$162	15	5.2	180	1.1	\$431	187	64.5	1,927	0.8	\$39
Female															
All Females	25	19.1	265	0.9	190	5	3.8	60	0.8	252	99	75.6	1,006	0.8	38
Female, Disabled															
All Ages	19	16.2	197	0.9	227	5	4.3	60	0.8	252	87	74.4	886	0.8	40
64 or younger	19	16.5	197	0.9	227	5	4.3	60	0.8	252	86	74.8	884	0.8	40
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	2	0.5	6
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	6	42.9	68	0.6	84	0	0.0	0	0.0	0	12	85.7	120	0.5	27
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4	57.1	48	0.4	54	0	0.0	0	0.0	0	9	128.6	88	0.6	35
75-84	2	40.0	20	1.2	155	0	0.0	0	0.0	0	2	40.0	20	0.1	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.1	5
Male															
All Males	25	15.7	248	0.9	131	10	6.3	120	1.3	521	88	55.3	921	0.8	40
Male, Disabled															
All Ages	21	14.3	228	0.9	128	10	6.8	120	1.3	521	82	55.8	849	0.9	44
64 or younger	21	14.4	228	0.9	128	10	6.8	120	1.3	521	81	55.5	837	0.9	44
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.1	11
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	4	33.3	20	1.1	163	0	0.0	0	0.0	0	6	50.0	72	0.1	1
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	2	28.6	18	1.1	165	0	0.0	0	0.0	0	4	57.1	48	0.2	2
75-84	2	100.0	2	1.0	153	0	0.0	0	0.0	0	2	100.0	24	0.1	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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 443 beneficiaries who were in nursing facilities for part of their enrollment and their 4,354 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, NEVADA, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIDIABETIC					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	187	64.5	1,972	0.9	\$29	118	40.7	1,222	0.9	\$47	290	2,869
Female												
All Females	96	73.3	1,007	0.9	30	65	49.6	683	0.9	42	131	1,265
Female, Disabled												
All Ages	90	76.9	937	0.9	31	56	47.9	594	0.9	46	117	1,148
64 or younger	87	75.7	901	0.9	32	53	46.1	588	0.9	46	115	1,134
65-74	3	150.0	36	0.3	11	3	150.0	6	1.5	48	2	14
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	6	42.9	70	0.4	15	9	64.3	89	0.7	19	14	117
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	5	71.4	58	0.4	16	8	114.3	82	0.8	20	7	62
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	36
85 and older	1	50.0	12	0.2	9	1	50.0	7	0.1	1	2	19
Male												
All Males	91	57.2	965	0.9	29	53	33.3	539	1.0	54	159	1,604
Male, Disabled												
All Ages	86	58.5	927	0.9	30	51	34.7	521	1.0	55	147	1,498
64 or younger	86	58.9	927	0.9	30	51	34.9	521	1.0	55	146	1,486
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	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
Male, Other Eligibles												
All Ages	5	41.7	38	0.6	6	2	16.7	18	0.7	9	12	106
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	3	42.9	36	0.6	5	2	28.6	18	0.7	9	7	67
75-84	2	100.0	2	1.0	24	0	0.0	0	0.0	0	2	13
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	26
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 Nevada, released by CMS in 4/2010. 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 443 beneficiaries who were in nursing facilities for part of their enrollment and their 4,354 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}
 NEVADA, 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	15,349	10.1	0.5	82,758	\$9	\$1,383,610	\$17	1.8	151,329	
Age										
5 and younger	2,176	4.7	0.1	4,132	1	65,386	16	1.2	46,703	
6-14	1,930	5.0	0.1	4,730	2	84,090	18	0.8	38,641	
15-20	1,251	6.7	0.2	4,136	4	77,531	19	1.1	18,615	
21-44	4,862	13.8	0.7	24,334	11	403,742	17	1.9	35,216	
45-64	5,003	43.0	3.8	44,490	64	742,172	17	2.3	11,636	
65-74	92	34.3	2.7	713	31	8,311	12	1.8	268	
75-84	26	21.3	1.2	148	13	1,593	11	3.0	122	
85 and older	9	19.1	1.6	75	17	785	10	3.6	47	
Unknown	0	0.0	0.0	0	0	0	0	0.0	81	
Basis of Eligibility^c										
Aged	101	28.0	2.0	719	24	8,676	12	2.0	361	
Disabled	8,282	35.9	2.9	66,826	50	1,150,418	17	1.9	23,046	
Adults	3,031	8.8	0.2	8,067	3	118,667	15	2.7	34,537	
Children	3,861	4.1	0.1	6,739	1	100,871	15	1.0	93,155	
Unknown	74	32.2	1.8	407	22	4,978	12	1.6	230	
Gender										
Female	9,651	11.2	0.6	53,450	11	910,123	17	2.2	85,871	
Male	5,697	8.8	0.5	29,307	7	473,470	16	1.3	65,065	
Unknown	1	0.3	0.0	1	0	17	17	2.6	393	
Race										
White	9,532	15.0	0.9	57,197	15	969,976	17	1.9	63,589	
African American	2,443	7.9	0.4	12,694	6	196,261	15	1.5	30,974	
Other/unknown	3,374	5.9	0.2	12,867	4	217,373	17	1.6	56,766	
Use of Nursing Facilities^d										
Entire year	207	71.4	9.0	2,610	107	31,023	12	1.8	290	
Part year	357	80.6	8.5	3,782	133	58,792	16	2.2	443	
None	14,785	9.8	0.5	76,366	9	1,293,795	17	1.8	150,596	
Maintenance Assistance Status										
Cash	12,296	12.0	0.7	70,335	12	1,201,240	17	1.9	102,104	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	1,146	3.7	0.1	2,033	1	28,053	14	1.8	30,732	
Other/unknown	1,907	10.3	0.6	10,390	8	154,317	15	1.2	18,493	

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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.

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

TABLE ND.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEVADA, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month			Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
	0.1	\$2	\$17	\$0	\$1	764,115	
All							
Age							
5 and younger	0.0	0	16	0	0	198,463	
6-14	0.0	0	18	0	0	200,326	
15-20	0.0	1	19	0	0	102,117	
21-44	0.1	2	17	0	1	165,060	
45-64	0.5	8	17	0	3	94,841	
65-74	0.4	4	12	0	1	2,032	
75-84	0.2	2	11	0	1	865	
85 and older	0.2	3	10	0	1	302	
Unknown	0.0	0	0	0	0	109	
Basis of Eligibility^c							
Aged	0.3	3	12	0	1	2,635	
Disabled	0.3	5	17	0	2	221,211	
Adults	0.1	1	15	0	0	126,136	
Children	0.0	0	15	0	0	412,319	
Unknown	0.2	3	12	0	1	1,814	
Gender							
Female	0.1	2	17	0	1	420,869	
Male	0.1	1	16	0	1	342,348	
Unknown	0.0	0	17	0	0	898	
Race							
White	0.2	3	17	0	1	380,550	
African American	0.1	1	15	0	0	142,708	
Other/unknown	0.1	1	17	0	0	240,857	
Use of Nursing Facilities^d							
Entire year	0.9	11	12	0	5	2,869	
Part year	0.9	14	16	0	6	4,354	
None	0.1	2	17	0	1	756,892	
Maintenance Assistance Status							
Cash	0.1	2	17	0	1	514,451	
Medically needy	0.0	0	0	0	0	0	
Poverty related	0.0	0	14	0	0	114,963	
Other/unknown	0.1	1	15	0	0	134,701	

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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}
NEVADA, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D			Number Rx as a Percentage of All Part D Excluded Rx
				Excluded Rx \$	Total Number Rx.	\$ per Rx	
All	20,071	\$69	\$1,383,610	100.0	82,758	\$17	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	3	53	160	0.0	3	53	0.0
Drugs for cosmetic purposes	20	17	336	0.0	28	12	0.0
Cough and cold medications	4,640	46	214,752	15.5	7,756	28	9.4
Vitamins and minerals	2,296	142	327,086	23.6	9,018	36	10.9
Non-prescription drugs	5,642	32	179,795	13.0	20,616	9	24.9
Barbiturates	345	67	23,234	1.7	2,506	9	3.0
Benzodiazepines	6,581	82	536,750	38.8	41,010	13	49.6
Other Part D Excl Rx Drugs	544	187	101,497	7.3	1,821	56	2.2

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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, NEVADA, 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	211,840	361	23,046	46,070	142,133	230	1,702,518	2,635	223,615	325,300	1,149,140	1,828
Age												
5 and younger	71,086	0	1,595	0	69,491	0	550,584	0	15,502	0	535,082	0
6-14	56,820	0	3,606	0	53,214	0	495,102	0	37,224	0	457,878	0
15-20	25,949	0	2,545	4,123	19,269	12	209,864	0	25,509	28,823	155,465	67
21-44	44,852	0	6,241	38,509	55	47	333,297	0	60,578	271,953	490	276
45-64	12,608	3	8,985	3,434	17	169	110,340	11	84,269	24,482	108	1,470
65-74	268	196	69	1	0	2	2,035	1,499	515	6	0	15
75-84	123	117	3	3	0	0	877	829	12	36	0	0
85 and older	47	45	2	0	0	0	302	296	6	0	0	0
Unknown	87	0	0	0	87	0	117	0	0	0	117	0
Gender												
Female	119,691	221	11,415	37,410	70,415	230	957,257	1,628	112,881	269,501	571,419	1,828
Male	91,255	140	11,631	8,659	70,825	0	742,216	1,007	110,734	55,797	574,678	0
Unknown	894	0	0	1	893	0	3,045	0	0	2	3,043	0
Race												
White	83,138	151	12,788	21,586	48,449	164	663,942	1,083	122,302	151,276	387,958	1,323
African American	46,332	30	5,764	10,370	30,154	14	397,723	227	57,212	77,575	262,594	115
Other/unknown	82,370	180	4,494	14,114	63,530	52	640,853	1,325	44,101	96,449	498,588	390
Use of Nursing Facilities^c												
Entire year	290	26	264	0	0	0	2,869	223	2,646	0	0	0
Part year	443	19	416	6	2	0	4,406	162	4,176	49	19	0
None	211,107	316	22,366	46,064	142,131	230	1,695,243	2,250	216,793	325,251	1,149,121	1,828
Maintenance Assistance Status												
Cash	138,656	270	21,223	36,692	80,471	0	1,143,044	2,145	205,136	266,420	669,343	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	47,318	2	2	5,385	41,699	230	350,923	8	9	30,051	319,027	1,828
Other/unknown	25,866	89	1,821	3,993	19,963	0	208,551	482	18,470	28,829	160,770	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	76,140	361	22,535	13,348	39,669	227	557,696	2,635	218,031	68,189	267,041	1,800
FFS part year, with Rx claims	18,015	0	328	8,138	9,547	2	157,531	0	3,616	66,962	86,931	22
FFS part year, no Rx claims	57,174	0	183	13,051	43,939	1	490,584	0	1,968	103,531	385,079	6
MC all year, with Rx claims	18	0	0	6	12	0	102	0	0	35	67	0
MC all year, no Rx claims	60,493	0	0	11,527	48,966	0	496,605	0	0	86,583	410,022	0

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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, NEVADA, 2007

	Beneficiaries and		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1		Number of Beneficiaries		Number of Benefit Months	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	211,840	1,702,518	151,329	764,115	0	938,403
Fee-for-service (FFS) all year	76,140	557,696	76,140	557,696	0	0
FFS part year, with Rx claims	18,015	157,531	18,015	58,286	0	99,245
FFS part year, with no Rx claims	57,174	490,584	57,174	148,133	0	342,451
Managed care (MC) all year, with Rx claims	18	102	0	0	0	102
MC all year, with no Rx claims	60,493	496,605	0	0	0	496,605

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. 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