

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 WASHINGTON

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

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

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

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

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

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

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

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

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

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

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE 11. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 12. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 13. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 14. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 15. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 16-16D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE 17. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE 18. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NF RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS

TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 1999

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	96,030	56,520	39,055	444	11	0	981,358	565,787	412,560	2,908	103	0
Age												
5 and younger	11	1	9	0	1	0	109	1	96	0	12	0
6-14	16	0	13	0	3	0	178	0	142	0	36	0
15-20	126	0	117	2	7	0	1,269	0	1,198	16	55	0
21-44	18,955	1	18,626	328	0	0	201,172	3	198,969	2,200	0	0
45-64	20,316	98	20,117	101	0	0	212,599	1,038	210,964	597	0	0
65-74	21,646	21,467	168	11	0	0	224,432	223,207	1,144	81	0	0
75-84	20,104	20,099	4	1	0	0	200,633	200,586	35	12	0	0
85 and older	14,856	14,854	1	1	0	0	140,966	140,952	12	2	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	59,159	39,820	19,093	244	2	0	611,073	404,260	205,140	1,658	15	0
Male	36,871	16,700	19,962	200	9	0	370,285	161,527	207,420	1,250	88	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	77,785	44,418	33,011	349	7	0	789,507	436,854	350,340	2,249	64	0
African American	4,348	1,774	2,548	26	0	0	44,571	18,333	26,107	131	0	0
Other/unknown	13,897	10,328	3,496	69	4	0	147,280	110,600	36,113	528	39	0
Use of Nursing Facilities												
All year	12,116	11,281	834	1	0	0	116,126	107,186	8,938	2	0	0
Part year	6,173	5,484	689	0	0	0	57,030	49,910	7,120	0	0	0
None	77,741	39,755	37,532	443	11	0	808,202	408,691	396,502	2,906	103	0
Maintenance Assistance Status												
Cash	41,224	19,825	21,228	171	0	0	453,622	221,892	230,791	939	0	0
Medically needy	11,396	5,492	5,901	3	0	0	107,575	50,357	57,200	18	0	0
Poverty-related	7,482	3,679	3,699	99	5	0	65,998	31,703	33,479	776	40	0
Other/unknown	35,928	27,524	8,227	171	6	0	354,163	261,835	91,090	1,175	63	0
Dual Medicare Status^c												
Full dual, all year	89,070	53,359	35,272	428	11	0	906,196	531,835	371,534	2,724	103	0
Full dual, part year	6,960	3,161	3,783	16	0	0	75,162	33,952	41,026	184	0	0
Managed Care Status												
FFS all year	95,667	56,506	38,875	277	9	0	979,327	565,722	411,392	2,123	90	0
FFS part year, with Rx claims	295	11	164	118	2	0	1,749	60	1,081	595	13	0
FFS part year, no Rx claims	68	3	16	49	0	0	282	5	87	190	0	0

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 11

Dual Eligible Beneficiaries

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 12
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benes
All	84.3 %	39.3	\$1,758	\$45	\$7,147	24.6 %	\$76	96,030
Age								
5 and younger	81.8	45.1	4,663	103	10,189	45.8	173	11
6-14	93.8	49.9	7,157	144	12,316	58.1	206	16
15-20	80.2	22.3	2,102	94	4,949	42.5	59	126
21-44	81.3	31.5	2,252	72	4,043	55.7	47	18,955
45-64	83.2	45.2	2,312	51	5,132	45.1	95	20,316
65-74	82.1	40.0	1,517	38	5,286	28.7	96	21,646
75-84	85.7	40.6	1,403	35	9,065	15.5	77	20,104
85 and older	90.7	38.6	1,193	31	13,991	8.5	56	14,856
Unknown	0.0	0.0	0	0	0	0.0	0	0
Basis of Eligibility								
Aged	85.7	39.9	1,395	35	8,925	15.6	79	56,520
Disabled	82.3	38.7	2,297	59	4,626	49.7	72	39,055
Adults	71.8	13.2	609	46	2,604	23.4	25	444
Children	90.9	39.8	2,932	74	7,700	38.1	60	11
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	87.5	44.2	1,776	40	7,725	23.0	86	59,159
Male	79.1	31.5	1,730	55	6,220	27.8	59	36,871
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	84.2	40.8	1,849	45	7,702	24.0	73	77,785
African American	82.0	35.6	1,617	45	5,583	29.0	97	4,348
Other/unknown	85.2	31.7	1,295	41	4,530	28.6	82	13,897
Use of Nursing Facilities								
Entire year	95.5	50.2	1,798	36	29,788	6.0	72	12,116
Part year	95.9	50.5	1,866	37	15,454	12.1	85	6,173
None	81.6	36.7	1,743	48	2,959	58.9	76	77,741
Maintenance Assistance Status								
Cash	87.2	37.5	1,792	48	3,494	51.3	75	41,224
Medically needy	88.5	41.6	2,305	55	6,704	34.4	74	11,396
Poverty related	33.7	8.6	421	49	897	47.0	14	7,482
Other/unknown	90.0	47.0	1,825	39	12,781	14.3	90	35,928

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

Table 12

Dual Eligible Beneficiaries

a. Table 12 includes beneficiaries represented by Cell G of Table 1.

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

c. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 13
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	3.8	\$172	24.6 %	15.7 %	19.5 %	11.6 %	27.3 %	20.0 %	5.9 %	\$699	96,030	981,358
Age												
5 and younger	4.6	471	45.8	18.2	9.1	18.2	27.3	18.2	9.1	1,028	11	109
6-14	4.5	643	58.1	6.3	6.3	12.5	56.3	12.5	6.3	1,107	16	178
15-20	2.2	209	42.5	19.8	35.7	15.1	18.3	8.7	2.4	491	126	1,269
21-44	3.0	212	55.7	18.7	28.0	12.5	23.3	13.5	4.0	381	18,955	201,172
45-64	4.3	221	45.1	16.8	16.8	10.2	26.3	21.8	8.2	490	20,316	212,599
65-74	3.9	146	28.7	17.9	18.4	11.5	26.3	19.8	6.1	510	21,646	224,432
75-84	4.1	141	15.5	14.3	16.8	11.2	29.3	22.3	6.0	908	20,104	200,633
85 and older	4.1	126	8.5	9.3	17.5	12.7	32.8	23.0	4.6	1,474	14,856	140,966
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility												
Aged	4.0	139	15.6	14.3	17.6	11.7	29.1	21.6	5.7	892	56,520	565,787
Disabled	3.7	218	49.7	17.7	22.1	11.3	24.9	17.8	6.2	438	39,055	412,560
Adults	2.0	93	23.4	28.2	33.1	10.6	19.1	6.8	2.3	398	444	2,908
Children	4.3	313	38.1	9.1	9.1	27.3	36.4	9.1	9.1	822	11	103
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	4.3	172	23.0	12.5	17.4	11.4	28.9	22.7	7.1	748	59,159	611,073
Male	3.1	172	27.8	20.9	22.9	11.8	24.9	15.6	3.9	619	36,871	370,285
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.0	182	24.0	15.8	18.3	11.1	27.2	21.2	6.5	759	77,785	789,507
African American	3.5	158	29.0	18.0	22.0	11.4	26.5	18.0	4.2	545	4,348	44,571
Other/unknown	3.0	122	28.6	14.8	25.7	14.5	28.4	13.8	2.8	427	13,897	147,280
Use of Nursing Facilities												
Entire year	5.2	188	6.0	4.5	12.4	10.5	33.2	29.9	9.5	3,108	12,116	116,126
Part year	5.5	202	12.1	4.1	12.2	11.9	32.6	28.7	10.5	1,673	6,173	57,030
None	3.5	168	58.9	18.4	21.2	11.7	26.0	17.7	4.9	285	77,741	808,202
Maintenance Assistance Status												
Cash	3.4	163	51.3	12.8	24.8	13.3	27.9	17.1	4.2	318	41,224	453,622
Medically needy	4.4	244	34.4	11.5	16.9	12.5	29.4	22.6	7.0	710	11,396	107,575
Poverty related	1.0	48	47.0	66.3	17.1	5.3	7.3	3.4	0.7	102	7,482	65,998
Other/unknown	4.8	185	14.3	10.0	14.7	10.6	30.3	25.9	8.5	1,297	35,928	354,163

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

Table 13

Dual Eligible Beneficiaries

- a. Table 13 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 14
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	3.8	\$172	\$45	1.4	\$110	\$79	0.5	\$28	\$57	1.8	\$29	\$16
Age												
5 and younger	4.6	471	103	2.1	425	200	0.4	9	26	1.8	32	18
6-14	4.5	643	144	1.7	565	341	1.1	52	46	1.6	24	16
15-20	2.2	209	94	1.0	162	167	0.3	28	87	0.9	15	17
21-44	3.0	212	72	1.1	144	128	0.4	38	100	1.4	26	19
45-64	4.3	221	51	1.6	143	88	0.5	37	73	2.0	35	17
65-74	3.9	146	38	1.4	92	64	0.5	22	46	1.8	27	15
75-84	4.1	141	35	1.4	85	60	0.6	22	40	1.9	29	15
85 and older	4.1	126	31	1.3	73	58	0.6	20	34	2.1	28	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility												
Aged	4.0	139	35	1.4	85	61	0.5	22	41	1.9	28	15
Disabled	3.7	218	59	1.4	144	104	0.4	38	84	1.7	31	18
Adults	2.0	93	46	0.6	59	92	0.2	16	83	1.1	15	14
Children	4.3	313	74	1.5	187	128	0.8	40	48	1.8	40	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	4.3	172	40	1.5	109	70	0.5	27	51	2.1	31	15
Male	3.1	172	55	1.1	112	99	0.4	30	69	1.5	26	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.0	182	45	1.4	116	81	0.5	30	58	1.9	31	16
African American	3.5	158	45	1.2	106	86	0.4	24	58	1.7	24	14
Other/unknown	3.0	122	41	1.2	79	68	0.4	19	52	1.4	20	15
Use of Nursing Facilities												
Entire year	5.2	188	36	1.7	113	65	0.7	27	40	2.6	43	16
Part year	5.5	202	37	1.9	125	67	0.7	28	41	2.7	43	16
None	3.5	168	48	1.3	108	83	0.5	29	63	1.7	26	16
Maintenance Assistance Status												
Cash	3.4	163	48	1.3	104	82	0.4	29	68	1.6	25	16
Medically needy	4.4	244	55	1.7	164	97	0.6	39	69	2.0	35	18
Poverty related	1.0	48	49	0.4	30	86	0.1	9	68	0.5	7	16
Other/unknown	4.8	185	39	1.6	115	71	0.6	28	44	2.3	36	16

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 14 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

Table 14

Dual Eligible Beneficiaries

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 Washington, 4.0 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total No. of Rx			Total Rx \$			Users							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total				
	Brand-Name	Generic	Brand-Name	Patented	Off-Patent	Brand-Name	Generic	Brand-Name	Off-Patent	Brand-Name	Generic	Brand-Name	Off-Patent	Brand-Name	Generic	Brand-Name	Off-Patent	Brand-Name	Generic	As % of Dual Benes
Anti-infective Agents	0.4	0.2	0.0	0.2	\$24	\$22	\$0	\$2	\$65	\$117	\$53	\$13	195,978	\$12,705,486	48,427	50.4 %	526,891			
Biologics	0.1	0.1	0.0	0.0	15	1	7	7	153	15	4,526	268	2,415	368,386	2,158	2.2	24,081			
Antineoplastic Agents	0.5	0.2	0.1	0.2	96	70	17	8	176	310	124	45	13,683	2,414,271	2,430	2.5	25,278			
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.4	27	21	2	5	27	42	19	11	392,696	10,423,799	35,374	36.8	384,506			
Cardiovascular Agents	1.6	0.6	0.3	0.8	46	25	10	10	28	46	34	13	816,643	22,953,910	47,060	49.0	504,046			
Respiratory Agents	0.7	0.4	0.0	0.3	27	21	0	6	38	54	24	18	247,614	9,324,483	31,260	32.6	344,187			
Gastrointestinal Agents	0.7	0.3	0.1	0.3	48	34	6	8	68	114	84	24	247,782	16,866,668	32,240	33.6	351,724			
Genitourinary Agents	0.5	0.2	0.0	0.2	17	13	0	4	38	55	28	19	54,915	2,072,583	10,848	11.3	119,636			
CNS Drugs	1.3	0.5	0.2	0.6	88	55	22	11	69	107	117	19	648,741	44,484,705	47,114	49.1	504,404			
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.1	0.4	30	6	8	16	51	88	65	41	3,945	202,674	636	0.7	6,809			
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	82	80	0	2	126	145	29	19	8,605	1,086,904	1,255	1.3	13,228			
Analgesics and Anesthetics	0.8	0.2	0.1	0.5	31	19	6	6	40	102	74	12	384,943	15,325,559	45,760	47.7	490,758			
Neuromuscular Agents	0.9	0.3	0.1	0.5	47	30	6	11	50	95	42	23	249,491	12,519,991	24,282	25.3	265,929			
Nutritional Products	0.7	0.0	0.2	0.5	11	0	4	6	16	20	24	13	115,587	1,869,958	16,700	17.4	176,422			
Hematological Agents	0.8	0.1	0.3	0.4	32	17	8	7	41	196	28	18	89,058	3,668,253	10,935	11.4	114,588			
Topical Products	0.4	0.2	0.1	0.2	12	7	2	3	30	46	37	14	156,836	4,676,789	34,540	36.0	382,709			
Miscellaneous Products	0.6	0.3	0.1	0.2	143	95	38	10	226	356	307	42	14,042	3,180,152	2,135	2.2	22,244			
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	14	0	0	0	36	0	0	0	130,245	4,693,785	29,581	30.8	324,694			
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.	3,773,219	168,838,356	n.a.	n.a.	n.a.			

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

- a. Table 15 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. 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/products/product_mddb.asp (May 13 2003).
- 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 Washington, 4.0 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/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 1999

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$24,174,755	21,489	22.4 %	234,381	0.8	\$125
ANTIDEPRESSANTS	15,640,675	42,465	44.2	462,359	0.7	52
ULCER DRUGS	13,701,086	30,843	32.1	341,838	0.5	75
ANTICONVULSANT	9,762,044	17,415	18.1	192,318	0.8	63
ANALGESICS - Narcotic	8,798,666	51,887	54.0	559,361	0.4	36
ANTHYPERTENSIVE	6,798,249	24,872	25.9	271,883	0.7	34
ANTIDIABETIC	6,731,744	20,079	20.9	220,191	0.8	39
ANTIASTHMATIC	6,102,965	28,555	29.7	312,524	0.5	41
ANTIVIRAL	6,014,217	4,828	5.0	53,927	0.4	259
ANALGESICS - ANTI-INFLAMMATORY	5,566,224	25,708	26.8	290,556	0.4	51

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 16 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	1,731,530	\$103,290,625	21,489	22.4 %	234,381	0.8	\$103	42,465	44.2 %	462,359	0.7	\$34					
Female	1,137,201	60,950,625	12,112	20.5	132,256	0.7	78	29,153	49.3	319,636	0.7	34					
Disabled	448,957	29,433,203	5,880	30.8	66,230	0.9	107	13,207	69.2	148,080	0.6	38					
5 and younger	28	4,045	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	37	833	0	0.0	0	0.0	0	1	20.0	12	0.7	9					
15-20	366	23,945	6	13.3	56	0.4	32	8	17.8	78	0.4	21					
21-44	156,242	11,391,641	2,926	38.0	33,047	0.8	111	5,101	66.3	57,334	0.6	37					
45-64	291,722	17,988,717	2,938	26.1	33,043	0.9	104	8,083	71.8	90,514	0.7	39					
65-74	561	23,988	10	11.6	84	0.3	19	13	15.1	133	0.5	14					
75-84	1	34	0	0.0	0	0.0	0	1	50.0	9	0.1	4					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	688,244	31,517,422	6,232	15.6	66,026	0.6	49	15,946	39.8	171,556	0.7	30					
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	5	283	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	1,168	59,772	16	7.9	137	0.5	36	75	37.1	633	0.4	23					
45-64	1,376	71,163	13	13.8	141	0.5	46	42	44.7	404	0.6	26					
65-74	270,211	13,068,840	1,848	13.2	20,413	0.7	64	5,573	39.7	62,453	0.6	29					
75-84	246,576	11,089,925	2,275	16.2	23,943	0.6	50	5,537	39.3	59,138	0.7	31					
85 and older	168,908	7,227,439	2,080	17.9	21,392	0.6	35	4,719	40.5	48,928	0.7	31					
Male	594,329	42,340,000	9,377	25.4	102,125	0.9	136	13,312	36.1	142,723	0.6	34					
Disabled	354,770	31,511,701	6,989	35.0	77,968	1.0	162	8,352	41.8	91,886	0.6	36					
5 and younger	89	8,190	0	0.0	0	0.0	0	3	42.9	15	0.2	13					
6-14	9	2,698	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	920	104,348	30	41.7	321	0.8	161	33	45.8	355	0.6	41					
21-44	185,543	18,981,083	4,498	41.1	50,472	1.0	169	4,671	42.7	51,953	0.6	36					
45-64	167,895	12,401,914	2,457	27.7	27,146	1.0	149	3,635	41.0	39,518	0.7	36					
65-74	313	13,453	4	4.9	29	0.3	17	10	12.2	45	0.9	49					
75-84	1	15	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					
Other Eligibles	239,559	10,828,299	2,388	14.1	24,157	0.6	50	4,960	29.3	50,837	0.7	30					
5 and younger	15	475	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	54	1,086	0	0.0	0	0.0	0	1	50.0	12	1.7	28					
15-20	46	3,081	0	0.0	0	0.0	0	3	42.9	36	1.3	86					
21-44	693	36,455	9	7.1	63	0.6	53	49	38.6	374	0.5	28					
45-64	1,001	43,944	8	7.6	82	0.5	50	33	31.4	279	0.6	28					
65-74	109,908	5,207,909	790	10.6	8,380	0.7	65	1,911	25.7	20,498	0.6	28					
75-84	87,405	3,842,538	992	16.5	9,942	0.6	45	1,896	31.5	19,362	0.7	31					
85 and older	40,437	1,692,811	589	18.4	5,690	0.6	38	1,067	33.3	10,276	0.7	31					
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 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 16A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

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

TABLE 16B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 1999

Beneficiary Characteristics	ULCER DRUGS				ANTICONVULSANT				ANALGESICS - Narcotic						
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	30,843	32.1 %	341,838	0.5	\$40	17,415	18.1 %	192,318	0.8	\$51	51,887	54.0 %	569,361	0.4	\$16
Female	21,257	35.9	236,986	0.5	40	10,207	17.3	113,018	0.8	48	35,345	59.7	384,229	0.4	16
Disabled	6,987	36.6	79,496	0.5	41	5,947	31.1	66,949	0.8	57	14,315	75.0	161,164	0.4	16
5 and younger	2	100.0	24	0.5	10	0	0.0	0	0.0	0	3	150.0	36	0.1	1
6-14	1	20.0	12	0.6	27	0	0.0	0	0.0	0	3	60.0	36	0.1	1
15-20	8	17.8	88	0.4	29	12	26.7	136	0.8	54	27	60.0	296	0.2	2
21-44	2,262	29.4	25,877	0.4	36	2,903	37.7	32,776	0.8	59	5,419	70.4	61,123	0.4	13
45-64	4,698	41.7	53,348	0.5	44	3,026	26.9	33,973	0.8	55	8,834	78.5	99,445	0.5	17
65-74	16	18.6	147	0.5	45	6	7.0	64	0.3	5	29	33.7	228	0.6	27
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
Other Eligibles	14,270	35.6	157,490	0.6	40	4,260	10.6	46,069	0.8	34	21,030	52.5	223,065	0.5	16
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	100.0	8	0.4	18	0	0.0	0	0.0	0
21-44	30	14.9	281	0.3	33	30	14.9	235	0.4	29	118	58.4	1,056	0.4	6
45-64	37	39.4	401	0.5	48	16	17.0	176	0.7	44	55	58.5	553	0.3	7
65-74	5,747	40.9	65,365	0.5	39	1,679	12.0	18,615	0.8	40	7,634	54.4	85,026	0.4	13
75-84	5,008	35.6	55,076	0.6	39	1,609	11.4	17,292	0.8	33	7,235	51.4	76,942	0.5	16
85 and older	3,448	29.6	36,367	0.6	42	924	7.9	9,743	0.7	26	5,988	51.4	59,488	0.5	20
Male	9,586	26.0	104,852	0.5	40	7,208	19.5	79,300	0.8	55	16,542	44.9	175,132	0.4	16
Disabled	4,478	22.4	49,795	0.5	42	5,361	26.9	60,054	0.8	61	9,665	48.4	105,574	0.4	18
5 and younger	5	71.4	48	0.5	37	0	0.0	0	0.0	0	8	114.3	65	0.4	19
6-14	1	12.5	12	0.2	4	0	0.0	0	0.0	0	3	37.5	36	0.1	1
15-20	9	12.5	102	0.4	22	22	30.6	233	1.2	87	12	16.7	134	0.1	1
21-44	2,045	18.7	22,976	0.5	39	3,145	28.8	35,649	0.8	61	5,144	47.0	57,122	0.4	17
45-64	2,408	27.2	26,597	0.6	45	2,187	24.7	24,116	0.9	60	4,482	50.6	48,131	0.4	19
65-74	10	12.2	60	0.4	21	7	8.5	56	0.3	13	16	19.5	86	0.7	30
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
Other Eligibles	5,108	30.2	55,057	0.5	38	1,847	10.9	19,246	0.8	37	6,877	40.7	69,558	0.4	12
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	100.0	24	0.9	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	19	15.0	137	0.4	31	12	9.4	102	0.7	57	51	40.2	392	0.5	9
45-64	25	23.8	264	0.4	21	12	11.4	101	0.5	22	58	55.2	569	0.4	16
65-74	2,239	30.1	24,897	0.5	39	845	11.4	9,136	0.8	40	3,048	41.0	32,702	0.4	12
75-84	1,864	31.0	20,053	0.5	37	690	11.5	7,050	0.8	34	2,351	39.0	23,463	0.4	12
85 and older	959	29.9	9,682	0.6	38	288	9.0	2,857	0.8	31	1,369	42.7	12,432	0.4	12
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

Table 16B

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 16B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 16C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC					ANTI-ASTHMATIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	24,872	25.9 %	271,883	0.7	\$25	20,079	20.9 %	220,191	0.8	\$31	28,555	29.7 %	312,524	0.5	\$20
Female	16,418	27.8	180,535	0.7	25	13,846	23.4	153,313	0.8	31	19,179	32.4	211,837	0.5	19
Disabled	3,457	18.1	38,934	0.7	25	3,864	20.2	43,698	0.8	38	7,245	37.9	81,857	0.4	18
5 and younger	1	50.0	12	0.1	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	20.0	12	1.0	27	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	6.7	36	0.5	13	4	8.9	46	0.7	35	10	22.2	109	0.4	11
21-44	684	8.9	7,707	0.6	22	741	9.6	8,353	0.8	39	2,221	28.9	25,169	0.4	13
45-64	2,754	24.5	31,032	0.7	26	3,104	27.6	35,167	0.8	38	4,996	44.4	56,446	0.5	20
65-74	14	16.3	135	0.5	11	15	17.4	132	0.6	23	18	20.9	133	0.4	12
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
Other Eligibles	12,961	32.3	141,601	0.7	25	9,982	24.9	109,615	0.8	28	11,934	29.8	129,980	0.5	20
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	50.0	3	0.7	47	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	9	4.5	75	0.4	12	13	6.4	107	0.9	31	22	10.9	225	0.2	7
45-64	20	21.3	194	0.8	21	24	25.5	242	0.8	39	30	31.9	296	0.4	21
65-74	4,877	34.7	54,986	0.7	26	4,626	32.9	52,074	0.8	32	5,281	37.6	59,296	0.5	22
75-84	4,766	33.9	52,076	0.7	25	3,676	26.1	40,026	0.8	26	4,181	29.7	45,159	0.5	19
85 and older	3,288	28.2	34,267	0.8	24	1,643	14.1	17,166	0.8	20	2,420	20.8	25,004	0.4	16
Male	8,454	22.9	91,348	0.7	25	6,233	16.9	66,878	0.8	30	9,376	25.4	100,687	0.5	20
Disabled	3,077	15.4	33,813	0.7	25	2,471	12.4	27,355	0.8	35	3,883	19.5	42,934	0.5	18
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	1	12.5	12	0.1	3	0	0.0	0	0.0	0	1	12.5	12	0.1	1
15-20	8	11.1	73	1.1	67	2	2.8	20	0.6	14	6	8.3	68	0.1	1
21-44	1,036	9.5	11,464	0.7	24	766	7.0	8,605	0.8	37	1,519	13.9	17,177	0.4	14
45-64	2,022	22.8	22,196	0.7	26	1,691	19.1	18,624	0.8	35	2,341	26.4	25,577	0.5	21
65-74	10	12.2	68	0.5	15	12	14.6	106	0.6	29	15	18.3	98	0.4	13
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	2	0.5	8
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5,377	31.8	57,535	0.7	26	3,762	22.2	39,523	0.8	26	5,493	32.5	57,753	0.5	22
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.1	0
6-14	1	50.0	12	0.1	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	6	4.7	45	1.0	52	3	2.4	16	0.6	13	9	7.1	93	0.3	6
45-64	15	14.3	140	0.7	20	21	20.0	211	0.6	26	27	25.7	287	0.4	13
65-74	2,413	32.4	26,444	0.7	26	1,898	25.5	20,605	0.8	29	2,594	34.9	28,241	0.6	24
75-84	2,015	33.5	21,688	0.7	25	1,327	22.0	13,824	0.8	25	1,991	33.1	20,832	0.5	20
85 and older	927	28.9	9,206	0.7	24	513	16.0	4,867	0.8	19	871	27.2	8,288	0.5	18
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 16C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 16D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 1999

Beneficiary Characteristics	ANTIVIRAL				ANALGESICS - ANTI-INFLAMMATORY							
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	4,828	5.0 %	53,927	0.4	\$112	25,708	26.8 %	290,556	0.4	\$19	96,030	981,358
Female	2,043	3.5	22,662	0.3	53	17,712	29.9	201,279	0.4	22	59,159	611,073
Disabled	966	5.1	10,980	0.4	102	7,242	37.9	82,785	0.4	22	19,093	205,140
5 and younger	2	100.0	24	0.3	156	1	50.0	12	0.2	1	2	24
6-14	1	20.0	12	0.4	3	1	20.0	12	0.1	2	5	51
15-20	4	8.9	48	0.2	142	10	22.2	105	0.2	2	45	469
21-44	481	6.3	5,439	0.4	114	2,614	34.0	29,904	0.3	16	7,692	83,189
45-64	478	4.2	5,457	0.4	91	4,609	40.9	52,689	0.4	26	11,260	120,754
65-74	0	0.0	0	0.0	0	7	8.1	63	0.6	20	86	620
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	21
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Other Eligibles	1,077	2.7	11,682	0.1	7	10,470	26.1	118,494	0.4	21	40,066	405,933
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	8
21-44	5	2.5	52	0.2	18	39	19.3	377	0.3	31	202	1,441
45-64	3	3.2	27	0.2	6	23	24.5	227	0.4	17	94	773
65-74	301	2.1	3,362	0.2	11	4,808	34.2	55,314	0.4	21	14,040	148,186
75-84	352	2.5	3,872	0.1	6	3,594	25.5	40,669	0.4	22	14,079	143,123
85 and older	416	3.6	4,369	0.1	6	2,006	17.2	21,907	0.4	19	11,647	112,389
Male	2,785	7.6	31,265	0.6	154	7,996	21.7	89,277	0.3	14	36,871	370,285
Disabled	2,418	12.1	27,310	0.6	172	4,519	22.6	50,543	0.3	13	19,962	207,420
5 and younger	2	28.6	24	0.7	143	1	14.3	5	2.6	273	7	72
6-14	1	12.5	12	0.2	214	0	0.0	0	0.0	0	8	91
15-20	3	4.2	30	0.6	338	8	11.1	96	0.1	2	72	729
21-44	1,718	15.7	19,387	0.6	177	2,398	21.9	27,028	0.3	10	10,934	115,780
45-64	693	7.8	7,854	0.6	158	2,103	23.7	23,349	0.4	16	8,857	90,210
65-74	1	1.2	3	0.3	5	9	11.0	65	0.4	12	82	524
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	367	2.2	3,955	0.2	28	3,477	20.6	38,734	0.4	15	16,909	162,865
5 and younger	1	100.0	12	1.2	39	0	0.0	0	0.0	0	1	12
6-14	1	50.0	12	0.9	32	0	0.0	0	0.0	0	2	24
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	63
21-44	5	3.9	35	0.4	74	28	22.0	234	0.3	14	127	762
45-64	1	1.0	7	0.1	2	29	27.6	288	0.3	13	105	862
65-74	126	1.7	1,411	0.3	65	1,783	24.0	20,170	0.3	14	7,438	75,102
75-84	128	2.1	1,380	0.1	6	1,158	19.2	12,972	0.4	16	6,021	57,475
85 and older	105	3.3	1,098	0.1	5	479	14.9	5,070	0.4	17	3,208	28,565
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table 16D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

- a. Table 16D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 17
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$188	5.2	12,116	116,126
Age				
0-64	300	6.4	835	8,955
65-74	260	6.4	1,528	15,127
75-84	194	5.4	4,085	38,815
85 and older	144	4.5	5,668	53,229
Unknown	0	0.0	0	0
Gender				
Female	179	5.2	8,351	81,562
Male	208	5.3	3,765	34,564
Unknown	0	0.0	0	0
Race				
White	187	5.3	11,197	107,019
African American	181	5.1	238	2,463
Other/unknown	194	5	681	6,644
Basis of Eligibility				
Aged	178	5.1	11,281	107,186
Disabled	299	6.4	834	8,938
Adults	76	3.5	1	2
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 6,173 beneficiaries who were in nursing facilities for part of their enrollment and their 57,030 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.

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

TABLE 18

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users				
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic					
Anti-infective Agents	0.4	0.2	0.0	0.2	\$0	\$2	\$40	\$10	\$10	31,054	\$1,249,014	7,723	63.7 %	78,378
Biologicals	0.1	0.1	0.0	0.0	0	1	13	9	0	849	10,851	806	6.7	8,986
Antineoplastic Agents	0.6	0.2	0.2	0.2	28	37	126	189	148	2,209	277,741	419	3.5	3,923
Endocrine/Metabolic Drugs	1.1	0.4	0.1	0.6	14	1	19	35	15	52,256	1,014,005	4,636	38.3	47,041
Cardiovascular Agents	1.8	0.4	0.4	0.9	36	16	21	36	23	123,887	2,547,840	7,060	58.3	70,204
Respiratory Agents	0.7	0.3	0.0	0.4	30	14	42	49	25	22,771	952,415	3,183	26.3	32,170
Gastrointestinal Agents	0.9	0.3	0.1	0.5	47	30	54	96	66	41,576	2,226,268	4,629	38.2	47,212
Genitourinary Agents	0.6	0.3	0.0	0.3	22	14	37	55	27	12,868	481,948	2,039	16.8	21,503
CNS Drugs	1.4	0.7	0.1	0.6	76	56	54	80	80	106,738	5,817,209	7,550	62.3	76,206
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.0	0.6	13	0	21	36	58	406	8,624	69	0.6	651
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	79	78	109	110	0	1,656	180,370	232	1.9	2,296
Analgesics and Anesthetics	1.0	0.4	0.1	0.5	40	29	41	79	54	57,211	2,333,060	6,040	49.9	58,207
Neuromuscular Agents	1.2	0.4	0.2	0.6	54	27	44	74	47	46,360	2,061,926	3,585	29.6	37,967
Nutritional Products	0.8	0.0	0.2	0.6	12	0	16	13	20	26,838	424,253	3,618	29.9	35,763
Hematological Agents	1.0	0.1	0.2	0.7	29	14	29	180	23	22,973	659,844	2,312	19.1	22,714
Topical Products	0.5	0.2	0.1	0.3	14	7	27	43	38	35,136	960,124	6,519	53.8	69,445
Miscellaneous Products	0.3	0.0	0.0	0.2	9	4	31	109	87	1,352	42,442	526	4.3	4,948
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	10	0	25	0	0	21,773	540,836	5,077	41.9	52,497
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	607,913	21,788,770	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 6,173 beneficiaries who were in nursing facilities for part of their enrollment and their 57,030 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 1999. 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/products/product_mddb.asp (May 13 2003).

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/products/product_mddb.asp (May 13 2003).

In Washington, 4.0 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.

Table 18

Dual Eligible Beneficiaries

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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.

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	96,186	56,548	39,068	558	12	984,681	566,205	413,472	4,889	115	0
Age											
5 and younger	11	1	9	0	1	109	1	96	0	12	0
6-14	16	0	13	0	3	178	0	142	0	36	0
15-20	127	0	117	2	8	1,284	0	1,201	16	67	0
21-44	19,040	1	18,631	408	0	203,218	3	199,620	3,595	0	0
45-64	20,356	98	20,125	133	0	213,422	1,038	211,222	1,162	0	0
65-74	21,653	21,472	168	13	0	224,561	223,315	1,144	102	0	0
75-84	20,120	20,115	4	1	0	200,832	200,785	35	12	0	0
85 and older	14,863	14,861	1	1	0	141,077	141,063	12	2	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	59,252	39,843	19,104	303	2	613,041	404,587	205,759	2,680	15	0
Male	36,934	16,705	19,964	255	10	371,640	161,618	207,713	2,209	100	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	77,901	44,434	33,020	439	8	792,076	437,105	351,086	3,809	76	0
African American	4,366	1,783	2,550	33	0	44,893	18,462	26,173	258	0	0
Other/unknown	13,919	10,331	3,498	86	4	147,712	110,638	36,213	822	39	0
Use of Nursing Facilities											
All year	12,116	11,281	834	1	0	116,126	107,186	8,938	2	0	0
Part year	6,173	5,484	689	0	0	57,046	49,926	7,120	0	0	0
None	77,897	39,783	37,545	557	12	811,509	409,093	397,414	4,887	115	0
Maintenance Assistance Status											
Cash	41,316	19,828	21,239	249	0	455,642	221,971	231,523	2,148	0	0
Medically needy	11,397	5,492	5,902	3	0	107,662	50,357	57,287	18	0	0
Poverty related	7,483	3,679	3,699	100	5	66,168	31,703	33,553	862	50	0
Other/unknown	35,990	27,549	8,228	206	7	355,209	262,174	91,109	1,861	65	0
Dual Status^c											
Full dual, all year	89,226	53,387	35,285	542	12	909,465	532,253	372,392	4,705	115	0
Full dual, part year	6,960	3,161	3,783	16	0	75,216	33,952	41,080	184	0	0
Managed Care Status											
FFS all year	95,667	56,506	38,875	277	9	979,327	565,722	411,392	2,123	90	0
FFS part year, with Rx claims	295	11	164	118	2	3,158	130	1,800	1,205	23	0
FFS part year, no Rx claims	68	3	16	49	0	675	36	166	473	0	0
MC all year, with Rx claims	35	0	5	30	0	353	0	52	301	0	0
MC all year, no Rx claims	121	28	8	84	1	1,168	317	62	787	2	0

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

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

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 1999

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Bene Mos and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	96,186	984,681	96,030	981,358	156	3,323		
FFS all year	95,667	979,327	95,667	979,327	0	0		
FFS part year, with Rx claims	295	3,158	295	1,749	0	1,409		
FFS part year, with no Rx claims	68	675	68	282	0	393		
MC all year, with Rx claims	35	353	0	0	35	353		
MC all year, with no Rx claims	121	1,168	0	0	121	1,168		

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 WASHINGTON, 1999

Total Number of Dual Eligible Beneficiaries 96,030
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$168,838,356
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,758

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	15,124	15.7 %	\$0	0.0 %
1-500	24,602	25.6	4,876,334	2.9
501-1,000	12,618	13.1	9,281,324	5.5
1,001-1,500	9,227	9.6	11,432,451	6.8
1,501-2,000	7,116	7.4	12,382,777	7.3
2,001-2,500	5,529	5.8	12,384,160	7.3
2,501-3,000	4,205	4.4	11,516,257	6.8
3,001-3,500	3,268	3.4	10,598,746	6.3
3,501-4,000	2,633	2.7	9,840,745	5.8
4,001-4,500	2,083	2.2	8,827,623	5.2
4,501-5,000	1,624	1.7	7,692,581	4.6
5,001-5,500	1,301	1.4	6,818,306	4.0
5,501-6,000	1,021	1.1	5,859,325	3.5
6,001-6,500	816	0.8	5,092,846	3.0
6,501-7,000	739	0.8	4,977,631	2.9
7,001-7,500	559	0.6	4,049,207	2.4
7,501-8,000	475	0.5	3,671,652	2.2
8,001-8,500	422	0.4	3,471,993	2.1
8,501-9,000	309	0.3	2,706,252	1.6
9,001-9,500	281	0.3	2,598,695	1.5
9,501-10,000	232	0.2	2,259,683	1.3
10,001+	1,846	1.9	28,499,768	16.9

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 WASHINGTON, 1999

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 38,882
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$89,650,105
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$2,306

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,831	17.6 %	0	0.0 %
1-500	9,287	23.9	1,692,185	1.9
501-1,000	4,166	10.7	3,060,090	3.4
1,001-1,500	2,983	7.7	3,692,035	4.1
1,501-2,000	2,346	6.0	4,087,758	4.6
2,001-2,500	2,021	5.2	4,533,258	5.1
2,501-3,000	1,617	4.2	4,430,892	4.9
3,001-3,500	1,330	3.4	4,319,313	4.8
3,501-4,000	1,143	2.9	4,271,528	4.8
4,001-4,500	960	2.5	4,067,643	4.5
4,501-5,000	797	2.0	3,782,105	4.2
5,001-5,500	685	1.8	3,590,942	4.0
5,501-6,000	570	1.5	3,275,194	3.7
6,001-6,500	463	1.2	2,887,635	3.2
6,501-7,000	470	1.2	3,165,947	3.5
7,001-7,500	363	0.9	2,629,729	2.9
7,501-8,000	308	0.8	2,382,038	2.7
8,001-8,500	298	0.8	2,452,767	2.7
8,501-9,000	237	0.6	2,075,986	2.3
9,001-9,500	204	0.5	1,886,638	2.1
9,501-10,000	182	0.5	1,773,306	2.0
10,001+	1,621	4.2	25,593,116	28.5

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table 12 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and over are included in Supplemental Tables 1B through 1D, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 WASHINGTON, 1999

Total Number of Dual Eligible Beneficiaries, Age 65-74 21,646
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$32,827,697
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$1,517

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,878	17.9%	0	0.0
1-500	5,141	23.8	1,043,267	3.2
501-1,000	2,871	13.3	2,117,353	6.4
1,001-1,500	2,173	10.0	2,698,562	8.2
1,501-2,000	1,691	7.8	2,943,729	9.0
2,001-2,500	1,307	6.0	2,921,837	8.9
2,501-3,000	1,025	4.7	2,819,408	8.6
3,001-3,500	772	3.6	2,505,999	7.6
3,501-4,000	593	2.7	2,216,135	6.8
4,001-4,500	494	2.3	2,100,754	6.4
4,501-5,000	366	1.7	1,734,447	5.3
5,001-5,500	281	1.3	1,469,575	4.5
5,501-6,000	212	1.0	1,216,778	3.7
6,001-6,500	178	0.8	1,112,604	3.4
6,501-7,000	144	0.7	971,087	3.0
7,001-7,500	98	0.5	709,704	2.2
7,501-8,000	100	0.5	772,092	2.4
8,001-8,500	60	0.3	494,041	1.5
8,501-9,000	39	0.2	341,187	1.0
9,001-9,500	46	0.2	425,873	1.3
9,501-10,000	32	0.1	310,804	0.9
10,001+	145	0.7	1,902,461	5.8

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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

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SUPPLEMENTAL TABLE 1C

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
WASHINGTON, 1999

Total Number of Dual Eligible Beneficiaries, Age 75-84 20,104
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$28,205,747
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,403

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,881	14.3 %	0	0.0 %
1-500	5,117	25.5	1,085,295	3.8
501-1,000	2,940	14.6	2,164,788	7.7
1,001-1,500	2,254	11.2	2,792,541	9.9
1,501-2,000	1,799	8.9	3,125,281	11.1
2,001-2,500	1,307	6.5	2,925,403	10.4
2,501-3,000	963	4.8	2,627,089	9.3
3,001-3,500	716	3.6	2,318,679	8.2
3,501-4,000	552	2.7	2,063,107	7.3
4,001-4,500	399	2.0	1,688,609	6.0
4,501-5,000	284	1.4	1,340,810	4.8
5,001-5,500	221	1.1	1,159,178	4.1
5,501-6,000	177	0.9	1,013,644	3.6
6,001-6,500	131	0.7	818,120	2.9
6,501-7,000	87	0.4	584,509	2.1
7,001-7,500	62	0.3	448,530	1.6
7,501-8,000	49	0.2	378,654	1.3
8,001-8,500	48	0.2	393,295	1.4
8,501-9,000	21	0.1	183,925	0.7
9,001-9,500	23	0.1	212,557	0.8
9,501-10,000	12	0.1	117,104	0.4
10,001+	61	0.3	764,629	2.7

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 WASHINGTON, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+ 14,856
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$17,718,641
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,193

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,386	9.3 %	0	0.0 %
1-500	4,827	32.5	1,017,823	5.7
501-1,000	2,588	17.4	1,901,611	10.7
1,001-1,500	1,785	12.0	2,209,830	12.5
1,501-2,000	1,264	8.5	2,197,464	12.4
2,001-2,500	882	5.9	1,977,216	11.2
2,501-3,000	587	4.0	1,603,516	9.0
3,001-3,500	444	3.0	1,434,936	8.1
3,501-4,000	340	2.3	1,271,712	7.2
4,001-4,500	225	1.5	949,419	5.4
4,501-5,000	173	1.2	816,189	4.6
5,001-5,500	110	0.7	577,635	3.3
5,501-6,000	62	0.4	353,709	2.0
6,001-6,500	42	0.3	262,201	1.5
6,501-7,000	35	0.2	236,076	1.3
7,001-7,500	35	0.2	254,233	1.4
7,501-8,000	17	0.1	131,155	0.7
8,001-8,500	14	0.1	115,565	0.7
8,501-9,000	11	0.1	96,403	0.5
9,001-9,500	8	0.1	73,627	0.4
9,501-10,000	6	0.0	58,469	0.3
10,001+	15	0.1	179,852	1.0

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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