

**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002  
ALASKA**

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

**FOR ALL NONDUAL BENEFICIARIES**

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

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

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

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

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

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

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

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

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

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

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

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

## **FOR DUAL ELIGIBLE BENEFICIARIES**

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

## **SUPPLEMENTAL TABLES**

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

## **APPENDIX TABLE**

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

TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
ALASKA, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	124,466 (A)	11,564 (E)	112,902 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	124,332 (B)	11,433 (F)	112,899 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	124,332 (C)	11,433 (G)	112,899 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	556 (D)	481 (H)	75 (L)

Source: Data for this table are from the MAX 2002 file for Alaska, released by CMS in 05/2006. This table was produced on 04/19/2007.

- MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2002, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 19 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 19 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- The total Medicaid pharmacy reimbursement for Alaska in 2002 was \$85,282,877, of which \$3,220,215 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2002. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2002. All benefit months of such dual eligible beneficiaries, of which 0.1 percent were restricted benefit months without a pharmacy benefit in Alaska, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 ALASKA, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
<b>All</b>	<b>124,332</b>	<b>6,609</b>	<b>12,528</b>	<b>25,946</b>	<b>79,170</b>	<b>79</b>	<b>1,068,190</b>	<b>67,633</b>	<b>130,598</b>	<b>181,508</b>	<b>688,012</b>	<b>439</b>		
<b>Age</b>														
5 and younger	30,493	0	393	0	30,100	0	253,998	0	3,668	0	250,330	0		
6-14	36,651	0	759	6	35,886	0	335,777	0	8,070	23	327,684	0		
15-20	17,690	0	622	4,037	13,029	2	145,129	0	6,494	29,315	109,315	5		
21-44	24,004	1	4,483	19,321	155	44	179,802	9	47,320	131,594	683	196		
45-64	8,312	22	5,708	2,550	0	32	79,929	204	59,164	20,329	0	232		
65-74	3,714	3,153	529	31	0	1	37,958	32,183	5,531	238	0	6		
75-84	2,568	2,539	28	1	0	0	26,744	26,427	308	9	0	0		
85 and older	900	894	6	0	0	0	8,853	8,810	43	0	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Gender</b>														
Female	68,752	4,214	6,307	19,590	38,562	79	582,644	43,593	66,779	135,548	336,285	439		
Male	55,578	2,395	6,221	6,356	40,606	0	485,530	24,040	63,819	45,960	351,711	0		
Unknown	2	0	0	0	2	0	16	0	0	0	16	0		
<b>Race</b>														
White	53,296	2,584	7,132	11,823	31,693	64	457,197	25,389	74,129	82,122	275,175	382		
African American	6,381	162	731	1,275	4,212	1	55,688	1,699	7,360	9,453	37,171	5		
Other/unknown	64,655	3,863	4,665	12,848	43,265	14	555,305	40,545	49,109	89,933	375,666	52		
<b>Use of Nursing Facilities<sup>c</sup></b>														
Entire year	556	414	142	0	0	0	5,548	4,080	1,468	0	0	0		
Part year	315	205	105	3	2	0	2,898	1,873	987	22	16	0		
None	123,461	5,990	12,281	25,943	79,168	79	1,059,744	61,680	128,143	181,486	687,996	439		
<b>Maintenance Assistance Status</b>														
Cash	51,612	5,732	11,443	15,646	18,791	0	463,525	59,726	119,830	119,297	164,672	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	62,168	4	6	8,036	54,043	79	510,991	37	54	44,708	465,753	439		
Other/unknown	10,552	873	1,079	2,264	6,336	0	93,674	7,870	10,714	17,503	57,587	0		
<b>Dual Medicare Status<sup>d</sup></b>														
Full dual, all year	11,412	5,997	5,297	115	2	1	118,424	61,500	55,955	950	13	6		
Full dual, part year	21	12	9	0	0	0	186	102	84	0	0	0		
Non-dual, all year	112,899	600	7,222	25,831	79,168	78	949,580	6,031	74,559	180,558	687,999	433		
<b>Managed Care Status</b>														
FFS all year	124,332	6,609	12,528	25,946	79,170	79	1,068,190	67,633	130,598	181,508	688,012	439		
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0		
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0		

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for Alaska, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 ALASKA, 2002

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	55.9 %	10.4	\$660	\$64	\$5,993	11.0 %	124,332
<b>Age</b>							
5 and younger	51.3	2.1	105	50	3,737	2.8	30,493
6-14	42.7	2.5	198	79	3,058	6.5	36,651
15-20	50.6	3.8	293	78	5,744	5.1	17,690
21-44	67.7	14.0	1,044	75	7,595	13.7	24,004
45-64	81.6	46.0	3,110	68	14,421	21.6	8,312
65-74	83.5	43.4	2,065	48	10,923	18.9	3,714
75-84	87.6	53.4	2,312	43	19,026	12.2	2,568
85 and older	90.0	59.7	2,120	36	28,728	7.4	900
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	85.7	49.1	2,128	43	16,446	12.9	6,609
Disabled	85.1	47.7	3,713	78	21,126	17.6	12,528
Adults	63.1	7.2	401	56	4,383	9.1	25,946
Children	46.4	2.3	138	59	3,247	4.2	79,170
Unknown	63.3	10.7	2,025	188	12,084	16.8	79
<b>Gender</b>							
Female	59.8	12.5	703	56	6,224	11.3	68,752
Male	51.0	7.8	608	78	5,707	10.6	55,578
Unknown	50.0	1.5	21	14	1,465	1.4	2
<b>Race</b>							
White	62.3	14.6	960	66	6,429	14.9	53,296
African American	57.4	10.5	612	58	4,659	13.1	6,381
Other/unknown	50.4	7.0	418	60	5,765	7.2	64,655
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	96.4	70.4	4,252	60	100,711	4.2	556
Part year	95.9	69.5	3,646	52	60,003	6.1	315
None	55.6	10.0	636	64	5,428	11.7	123,461

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
<b>Maintenance Assistance Status</b>							
Cash	64.9	19.4	1,250	65	7,604	16.4	51,612
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	47.4	2.2	133	60	3,273	4.1	62,168
Other/unknown	61.8	14.6	879	60	14,135	6.2	10,552

Source: Data for this table are from the MAX 2002 file for Alaska, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 3 includes beneficiaries represented by Cell C 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. 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 of Table 1 for methodology used to determine nursing facility residence.

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 3



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 ALASKA, 2002

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
<b>All</b>	<b>1.2</b>	<b>\$77</b>	<b>11.0 %</b>	<b>44.1 %</b>	<b>40.9 %</b>	<b>4.7 %</b>	<b>5.6 %</b>	<b>2.9 %</b>	<b>1.6 %</b>	<b>\$698</b>	<b>124,332</b>	<b>1,068,190</b>
<b>Age</b>												
5 and younger	0.3	13	2.8	48.7	49.1	1.6	0.6	0.0	0.0	449	30,493	253,998
6-14	0.3	22	6.5	57.3	39.0	2.1	1.3	0.2	0.1	334	36,651	335,777
15-20	0.5	36	5.1	49.4	43.3	4.1	2.6	0.5	0.1	700	17,690	145,129
21-44	1.9	139	13.7	32.3	42.8	8.8	9.7	4.4	2.1	1,014	24,004	179,802
45-64	4.8	323	21.6	18.4	24.3	10.7	21.0	16.1	9.6	1,500	8,312	79,929
65-74	4.2	202	18.9	16.5	25.4	11.6	24.8	14.5	7.3	1,069	3,714	37,958
75-84	5.1	222	12.2	12.4	22.0	14.1	25.7	15.3	10.6	1,827	2,568	26,744
85 and older	6.1	216	7.4	10.0	21.8	11.7	25.8	15.3	15.4	2,921	900	8,853
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	4.8	208	12.9	14.3	23.8	12.6	25.0	14.6	9.6	1,607	6,609	67,633
Disabled	4.6	356	17.6	14.9	26.2	11.3	21.9	15.9	9.8	2,027	12,528	130,598
Adults	1.0	57	9.1	36.9	45.7	7.7	7.0	2.2	0.5	627	25,946	181,508
Children	0.3	16	4.2	53.6	43.2	2.1	1.0	0.1	0.0	374	79,170	688,012
Unknown	1.9	364	16.8	36.7	26.6	15.2	17.7	3.8	0.0	2,175	79	439
<b>Gender</b>												
Female	1.5	83	11.3	40.2	42.4	5.3	6.4	3.6	2.1	735	68,752	582,644
Male	0.9	70	10.6	49.0	39.2	4.0	4.7	2.1	1.1	653	55,578	485,530
Unknown	0.2	3	1.4	50.0	50.0	0.0	0.0	0.0	0.0	183	2	16
<b>Race</b>												
White	1.7	112	14.9	37.7	42.4	5.7	7.1	4.4	2.6	750	53,296	457,197
African American	1.2	70	13.1	42.6	43.7	4.7	4.9	2.4	1.6	534	6,381	55,688
Other/unknown	0.8	49	7.2	49.6	39.4	3.9	4.5	1.8	0.8	671	64,655	555,305
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	7.1	426	4.2	3.6	10.1	8.6	26.8	32.0	18.9	10,093	556	5,548
Part year	7.6	396	6.1	4.1	7.9	8.3	31.1	29.8	18.7	6,522	315	2,898
None	1.2	74	11.7	44.4	41.2	4.7	5.5	2.7	1.5	632	123,461	1,059,744

Table 4

All Medicaid Beneficiaries

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				
<b>Maintenance Assistance Status</b>												
Cash	2.2	139	16.4	35.1	37.8	7.1	10.6	5.9	3.3	847	51,612	463,525
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	16	4.1	52.6	43.7	2.4	1.1	0.1	0.0	398	62,168	510,991
Other/unknown	1.6	99	6.2	38.2	40.1	6.4	7.7	4.7	2.8	1,592	10,552	93,674

Source: Data for this table are from the MAX 2002 file for Alaska, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table 4 includes the beneficiaries represented by Cell C 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. 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 of Table 1 for methodology used to determine nursing facility residence.

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 4

TABLE 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 ALASKA, 2002

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.2	\$77	0.6	\$59	0.1	\$6	0.5	\$11
		\$ per Rx		\$ per Rx		\$ per Rx		\$ per Rx
<b>Age</b>								
5 and younger	0.3	13	0.1	9	0.0	1	0.1	2
6-14	0.3	22	0.1	17	0.0	2	0.1	3
15-20	0.5	36	0.2	28	0.0	3	0.2	5
21-44	1.9	139	0.8	110	0.2	10	0.9	20
45-64	4.8	323	2.3	251	0.5	25	2.0	48
65-74	4.2	202	1.9	146	0.5	20	1.8	36
75-84	5.1	222	2.3	159	0.7	22	2.1	41
85 and older	6.1	216	2.5	147	0.9	23	2.6	45
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	4.8	208	2.1	149	0.6	21	2.0	38
Disabled	4.6	356	2.3	286	0.4	24	1.9	46
Adults	1.0	57	0.4	41	0.1	5	0.6	11
Children	0.3	16	0.1	12	0.0	2	0.1	2
Unknown	1.9	364	0.9	326	0.1	19	0.9	18
<b>Gender</b>								
Female	1.5	83	0.7	62	0.2	7	0.7	14
Male	0.9	70	0.4	55	0.1	5	0.4	9
Unknown	0.2	3	0.0	0	0.0	0	0.2	3
<b>Race</b>								
White	1.7	112	0.8	87	0.2	8	0.7	17
African American	1.2	70	0.6	54	0.1	5	0.5	11
Other/unknown	0.8	49	0.3	36	0.1	5	0.4	7
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	7.1	426	3.0	301	0.9	35	3.1	88
Part year	7.6	396	3.4	290	0.8	33	3.3	73
None	1.2	74	0.5	57	0.1	6	0.5	11

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
<b>Maintenance Assistance Status</b>								
Cash	2.2	139	1.0	108	0.2	11	0.9	20
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.3	16	0.1	12	0.0	2	0.1	3
Other/unknown	1.6	99	0.8	74	0.2	9	0.7	16
				98		50		23

Source: Data for this table are from the MAX 2002 file for Alaska, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 5 includes the beneficiaries represented by Cell C 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 Alaska, 5.3 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 combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 ALASKA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No. of Bene	As % of All Bene	
	Mos	Mos	Mos	Mos	Mos	Mos	Mos	Mos	Mos	Mos	Mos	Mos	Mos	
Anti-infective Agents	0.3	0.1	0.0	\$16	\$12	\$2	\$64	\$104	\$92	\$19	\$6,606,035	41,527	33.4 %	411,072
Biologics	0.3	0.3	0.0	387	387	0	1,241	1,249	0	39	959,452	272	0.2	2,477
Antineoplastic Agents	0.6	0.3	0.1	161	145	4	263	476	68	48	1,254,220	738	0.6	7,770
Endocrine/Metabolic Drugs	0.8	0.4	0.2	31	20	6	38	51	31	22	4,575,805	14,829	11.9	145,780
Cardiovascular Agents	1.8	0.6	0.3	60	35	10	33	56	33	16	7,108,055	11,428	9.2	119,032
Respiratory Agents	0.5	0.3	0.0	27	21	2	58	78	69	26	5,696,194	20,625	16.6	207,541
Gastrointestinal Agents	0.7	0.5	0.0	70	62	2	94	126	111	24	7,877,381	10,938	8.8	112,472
Genitourinary Agents	0.4	0.3	0.0	19	18	0	47	55	33	17	882,861	4,661	3.7	45,642
CNS Drugs	1.4	0.8	0.1	114	94	6	80	112	108	27	19,497,065	17,023	13.7	170,730
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	47	29	9	73	95	72	43	1,398,650	2,856	2.3	29,532
Miscellaneous Psychological/Neurological Agents	1.1	1.1	0.0	146	145	0	129	130	0	22	497,701	325	0.3	3,420
Analgesics and Anesthetics	0.6	0.2	0.0	42	31	3	67	159	59	22	10,845,807	26,453	21.3	257,781
Neuromuscular Agents	1.0	0.5	0.1	60	45	6	59	96	48	23	5,956,086	9,574	7.7	98,483
Nutritional Products	0.4	0.0	0.1	7	0	1	15	37	20	14	451,967	7,456	6.0	68,842
Hematological Agents	1.0	0.4	0.3	232	221	6	229	616	21	14	5,649,161	2,352	1.9	24,300
Topical Products	0.2	0.1	0.0	9	5	1	38	67	56	19	2,147,641	24,254	19.5	243,384
Miscellaneous Products	0.8	0.3	0.2	172	103	48	217	380	202	73	514,409	295	0.2	2,994
Unknown Therapeutic Category	0.2	0.0	0.0	6	0	0	32	0	0	0	144,172	2,221	1.8	22,776
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	82,062,662	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Alaska, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2002. 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/products/product\\_mddb.asp](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 Alaska, 5.3 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/products/product\\_mddb.asp](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 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 ALASKA, 2002

Top 10 Drug Groups	Users				Among Users			
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo		
ANTIPSYCHOTICS	\$11,084,788	6,352	5.1 %	68,226	1.1	\$150	\$162	
ANALGESICS - Narcotic	6,883,994	29,060	23.4	288,496	0.4	67	24	
ANTIDEPRESSANTS	6,810,293	15,649	12.6	160,073	0.8	56	43	
ULCER DRUGS	5,899,173	10,287	8.3	107,663	0.6	89	55	
ANTICONVULSANT	4,808,978	6,205	5.0	66,216	1.0	74	73	
MISC. HEMATOLOGICAL	3,980,546	739	0.6	7,769	1.0	505	512	
ANTIASTHMATIC	3,622,872	18,232	14.7	187,311	0.3	62	19	
ANALGESICS - ANTI-INFLAMMATORY	3,106,370	15,596	12.5	156,555	0.3	63	20	
ANTIDIABETIC	2,332,505	4,921	4.0	52,025	0.9	50	45	
ANTIVIRAL	2,145,444	1,685	1.4	17,125	0.4	286	125	
Total	50,674,963	108,726		1,111,459	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for Alaska, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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.