

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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
All	11,433	6,009	5,306	115	2	1	118,610	61,602	56,039	950	13	6
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	3	0	2	0	1	0	24	0	23	0	1	0
15-20	22	0	21	0	1	0	249	0	237	0	12	0
21-44	2,169	1	2,121	47	0	0	22,966	9	22,570	387	0	0
45-64	2,737	17	2,682	38	0	0	28,713	156	28,222	335	0	0
65-74	3,298	2,820	447	30	0	1	33,602	28,725	4,643	228	0	6
75-84	2,367	2,339	28	0	0	0	24,750	24,442	308	0	0	0
85 and older	837	832	5	0	0	0	8,306	8,270	36	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	6,480	3,830	2,590	58	1	1	67,934	39,724	27,698	505	1	6
Male	4,953	2,179	2,716	57	1	0	50,676	21,878	28,341	445	12	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	5,765	2,464	3,241	58	1	1	58,874	24,331	34,056	480	1	6
African American	448	157	282	8	1	0	4,570	1,639	2,845	74	12	0
Other/unknown	5,220	3,388	1,783	49	0	0	55,166	35,632	19,138	396	0	0
Use of Nursing Facilities^c												
Entire year	481	396	85	0	0	0	4,766	3,881	885	0	0	0
Part year	246	200	46	0	0	0	2,250	1,816	434	0	0	0
None	10,706	5,413	5,175	115	2	1	111,594	55,905	54,720	950	13	6
Maintenance Assistance Status												
Cash	10,133	5,159	4,876	98	0	0	106,568	53,896	51,870	802	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	15	4	6	3	1	1	118	37	54	20	1	6
Other/unknown	1,285	846	424	14	1	0	11,924	7,669	4,115	128	12	0
Dual Medicare Status^d												
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
Managed Care Status												
FFS all year	11,433	6,009	5,306	115	2	1	118,610	61,602	56,039	950	13	6
FFS part year, with Rx claims	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

Table D2

Dual Eligible 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 D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. 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 D.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	87.0 %	54.4	\$3,265	\$60	\$17,153	19.0 %	11,433
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	66.7	36.0	4,627	129	39,800	11.6	3
15-20	86.4	38.5	3,372	88	46,813	7.2	22
21-44	85.5	47.5	4,614	97	20,516	22.5	2,169
45-64	89.4	67.9	4,646	68	17,148	27.1	2,737
65-74	83.9	45.0	2,132	47	10,289	20.7	3,298
75-84	88.4	55.9	2,398	43	19,091	12.6	2,367
85 and older	91.8	61.4	2,167	35	29,157	7.4	837
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	86.5	51.1	2,203	43	16,382	13.4	6,009
Disabled	87.8	58.8	4,492	76	18,195	24.7	5,306
Adults	76.5	23.6	2,237	95	6,452	34.7	115
Children	50.0	22.5	795	35	171,627	0.5	2
Unknown	100.0	10.0	2,051	205	36,051	5.7	1
Gender							
Female	91.7	64.7	3,449	53	18,173	19.0	6,480
Male	80.9	41.0	3,025	74	15,817	19.1	4,953
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	87.6	69.0	4,308	62	20,300	21.2	5,765
African American	85.5	62.8	3,519	56	17,767	19.8	448
Other/unknown	86.5	37.5	2,092	56	13,624	15.4	5,220
Use of Nursing Facilities^d							
Entire year	96.0	71.0	4,181	59	98,020	4.3	481
Part year	95.9	69.1	3,268	47	47,335	6.9	246
None	86.4	53.3	3,224	61	12,826	25.1	10,706
Maintenance Assistance Status							
Cash	86.5	52.2	3,189	61	12,748	25.0	10,133
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	60.0	7.3	494	68	3,723	13.3	15
Other/unknown	91.1	72.1	3,896	54	52,047	7.5	1,285

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 D.3 includes beneficiaries represented by Cell G of Table 1.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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
All	5.2	\$315	19.0 %	13.0 %	22.1 %	11.5 %	24.9 %	17.2 %	11.4 %	\$1,653	11,433	118,610
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	4.5	578	11.6	33.3	0.0	0.0	66.7	0.0	0.0	4,975	3	24
15-20	3.4	298	7.2	13.6	27.3	18.2	27.3	9.1	4.5	4,136	22	249
21-44	4.5	436	22.5	14.5	25.9	11.0	23.1	15.5	10.0	1,938	2,169	22,966
45-64	6.5	443	27.1	10.6	16.1	10.3	24.8	22.8	15.3	1,635	2,737	28,713
65-74	4.4	209	20.7	16.1	24.7	11.2	25.1	15.0	7.9	1,010	3,298	33,602
75-84	5.3	229	12.6	11.6	21.7	13.9	25.6	16.1	11.2	1,826	2,367	24,750
85 and older	6.2	218	7.4	8.2	22.0	11.5	26.3	15.9	16.1	2,938	837	8,306
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	5.0	215	13.4	13.5	23.4	12.3	25.3	15.2	10.3	1,598	6,009	61,602
Disabled	5.6	425	24.7	12.2	20.4	10.8	24.4	19.6	12.8	1,723	5,306	56,039
Adults	2.9	271	34.7	23.5	28.7	7.0	26.1	13.0	1.7	781	115	950
Children	3.5	122	0.5	50.0	0.0	0.0	50.0	0.0	0.0	26,404	2	13
Unknown	1.7	342	5.7	0.0	0.0	100.0	0.0	0.0	0.0	6,009	1	6
Gender												
Female	6.2	329	19.0	8.3	19.9	11.4	26.5	19.8	14.2	1,734	6,480	67,934
Male	4.0	296	19.1	19.1	24.9	11.8	22.8	13.8	7.7	1,546	4,953	50,676
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	6.8	422	21.2	12.4	15.5	9.6	24.5	21.8	16.3	1,988	5,765	58,874
African American	6.2	345	19.8	14.5	19.6	7.8	27.2	17.2	13.6	1,742	448	4,570
Other/unknown	3.5	198	15.4	13.5	29.5	14.0	25.1	12.1	5.7	1,289	5,220	55,166
use or nursing Facilities^d												
Entire year	7.2	422	4.3	4.0	8.9	8.1	26.6	33.3	19.1	9,893	481	4,766
Part year	7.5	357	6.9	4.1	7.3	8.1	32.5	30.5	17.5	5,175	246	2,250
None	5.1	309	25.1	13.6	23.0	11.8	24.6	16.2	10.9	1,231	10,706	111,594
Maintenance Assistance Status												
Cash	5.0	303	25.0	13.5	23.5	11.9	24.7	16.0	10.4	1,212	10,133	106,568
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.9	63	13.3	40.0	33.3	6.7	20.0	0.0	0.0	473	15	118
Other/unknown	7.8	420	7.5	8.9	10.3	8.4	26.0	27.2	19.2	5,609	1,285	11,924

Table D4

Dual Eligible 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 D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. 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 D.5
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a,b,c}
DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2002

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	5.2	\$315	2.5	\$242	0.6	\$97	2.1	\$47
Age								
5 and younger	0.0	0	0.0	0	0.0	0	0.0	0
6-14	4.5	578	1.9	369	0.5	151	2.1	59
15-20	3.4	298	2.1	266	0.3	11	1.0	20
21-44	4.5	436	2.3	363	0.4	157	1.8	46
45-64	6.5	443	3.3	344	0.6	106	2.6	63
65-74	4.4	209	2.0	151	0.5	20	1.9	38
75-84	5.3	229	2.4	164	0.7	23	2.2	42
85 and older	6.2	218	2.6	149	0.9	58	2.7	46
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	5.0	215	2.2	153	0.7	69	2.1	40
Disabled	5.6	425	2.8	339	0.5	121	2.2	55
Adults	2.9	271	1.3	225	0.3	168	1.2	28
Children	3.5	122	2.7	114	0.0	43	0.8	8
Unknown	1.7	342	0.7	307	0.0	460	1.0	35
Gender								
Female	6.2	329	2.9	248	0.7	85	2.5	54
Male	4.0	296	1.9	234	0.5	123	1.6	38
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	6.8	422	3.3	330	0.7	99	2.7	62
African American	6.2	345	2.8	265	0.7	94	2.6	53
Other/unknown	3.5	198	1.6	146	0.5	93	1.5	30
Use of Nursing Facilities^e								
Entire year	7.2	422	3.1	298	0.9	98	3.2	86
Part year	7.5	357	3.4	257	0.9	76	3.3	68
None	5.1	309	2.4	239	0.6	98	2.1	45
Maintenance Assistance Status								
Cash	5.0	303	2.4	234	0.6	99	2.0	44
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.9	63	0.2	43	0.2	230	0.6	11
Other/unknown	7.8	420	3.5	308	0.9	88	3.3	76
Total								
	22.1	\$22	10.1	\$43	3.1	\$26	8.9	\$47

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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies 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 (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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, 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. Dual Benes	As % of Benes	No. of Bene Mos				
														Generic	Generic	Generic	Generic
Anti-infective Agents	0.4	0.2	0.0	0.2	\$34	\$29	\$2	\$3	\$92	\$159	\$101	\$19	22,113	\$2,023,951	5,373	47.0 %	59,110
Biologics	0.1	0.1	0.0	0.0	4	3	0	1	44	50	0	34	6	266	6	0.1	71
Antineoplastic Agents	0.7	0.4	0.1	0.3	160	141	4	16	224	395	68	52	2,943	659,212	385	3.4	4,108
Endocrine/Metabolic Drugs	1.4	0.7	0.3	0.4	49	33	8	9	34	46	26	20	67,995	2,311,970	4,387	38.4	47,390
Cardiovascular Agents	2.3	0.8	0.4	1.1	74	42	13	19	31	53	32	16	155,721	4,902,752	6,228	54.5	66,678
Respiratory Agents	0.9	0.5	0.1	0.3	52	41	3	8	62	76	60	31	35,827	2,203,908	3,851	33.7	42,074
Gastrointestinal Agents	1.0	0.7	0.0	0.3	89	80	2	7	87	116	80	24	50,734	4,421,976	4,587	40.1	49,566
Genitourinary Agents	0.7	0.6	0.0	0.1	34	31	1	2	48	55	38	18	10,777	519,610	1,410	12.3	15,410
CNS Drugs	2.0	1.2	0.1	0.7	158	128	10	20	78	107	114	28	115,225	9,030,915	5,322	46.5	57,043
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.1	0.3	68	43	12	13	104	186	78	47	802	83,313	109	1.0	1,227
Miscellaneous Psychological/Neurological Agents	1.3	1.3	0.0	0.0	146	146	0	0	113	114	0	19	3,380	381,581	251	2.2	2,615
Analgesics and Anesthetics	0.9	0.4	0.1	0.5	70	53	5	12	76	144	68	25	60,612	4,593,359	6,057	53.0	65,545
Neuromuscular Agents	1.4	0.6	0.2	0.6	79	56	8	14	56	89	44	24	46,058	2,567,080	3,000	26.2	32,586
Nutritional Products	0.9	0.0	0.1	0.7	15	1	3	11	17	53	23	15	13,766	234,972	1,443	12.6	15,482
Hematological Agents	1.1	0.4	0.3	0.4	145	133	7	5	130	334	21	14	17,938	2,328,102	1,507	13.2	16,036
Topical Products	0.4	0.2	0.0	0.2	17	12	1	4	46	71	47	22	14,993	690,358	3,722	32.6	41,462
Miscellaneous Products	1.1	0.3	0.4	0.4	219	109	84	26	199	379	194	69	1,631	324,244	147	1.3	1,479
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	15	0	0	0	40	0	0	0	1,378	54,650	328	2.9	3,549
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.	621,899	37,332,219	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 D.6 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 2002. 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_mdmb.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_mdmb.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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2002

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	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$5,346,767	2,407	21.1 %	26,399	1.4	\$145	\$203
ULCER DRUGS	3,481,043	4,528	39.6	49,462	0.8	85	70
ANTIDEPRESSANTS	2,917,421	4,894	42.8	53,171	1.1	51	55
ANALGESICS - Narcotic	2,636,316	6,950	60.8	75,988	0.4	79	35
ANTICONVULSANT	1,977,336	2,216	19.4	24,304	1.2	66	81
ANALGESICS - ANTI-INFLAMMATORY	1,626,538	4,135	36.2	46,044	0.5	73	35
ANTIASTHMATIC	1,606,279	4,713	41.2	51,552	0.4	69	31
ANTIHYPERTENSIVE	1,436,231	4,171	36.5	45,414	0.9	34	32
ANTHYPERLIPIDEMIC	1,435,744	2,098	18.4	23,110	0.9	66	62
ANTIDIABETIC	1,431,723	2,808	24.6	30,659	1.0	48	47
Total	23,895,398	38,920		426,103	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 D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 (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; n.a. = not applicable.

TABLE D.7A
 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, ALASKA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS				
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	338,325	\$23,895,398	2,407	1.4	21.1 %	26,399	1.4	\$203	4,528	39.6 %	49,462	0.8	\$70
Female	218,839	14,426,623	1,255	1.4	19.4	13,717	1.4	165	2,989	46.1	32,706	0.9	72
Disabled	107,971	8,493,795	853	1.3	32.9	9,491	1.3	190	1,225	47.3	13,582	0.8	76
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	10	312	0	0.0	0.0	0	0.0	0	1	50.0	12	0.8	26
15-20	228	17,390	1	12.3	16.7	12	12.3	1,149	1	16.7	12	0.7	9
21-44	32,588	2,825,549	434	1.3	48.4	4,834	1.3	199	329	36.7	3,623	0.7	66
45-64	65,093	5,052,739	399	1.3	28.1	4,438	1.3	179	749	52.8	8,290	0.9	82
65-74	9,649	575,500	17	2.5	6.9	184	2.5	181	138	55.6	1,562	0.8	67
75-84	255	19,264	2	0.7	13.3	23	0.7	144	7	46.7	83	0.4	48
85 and older	148	3,041	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	110,868	5,932,828	402	1.4	10.3	4,226	1.4	108	1,764	45.3	19,124	0.9	69
5 and younger	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
15-20	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	580	76,528	6	0.4	19.4	70	0.4	118	9	29.0	93	0.5	67
45-64	573	45,314	2	0.7	7.7	24	0.7	70	10	38.5	102	0.8	84
65-74	44,380	2,572,098	126	1.4	7.6	1,314	1.4	131	765	45.9	8,367	0.7	65
75-84	47,413	2,387,900	150	1.4	9.8	1,583	1.4	101	703	46.2	7,648	1.0	71
85 and older	17,922	850,988	118	1.4	18.4	1,235	1.4	93	277	43.1	2,914	1.1	73
Male	119,486	9,468,775	1,152	1.4	23.3	12,682	1.4	243	1,539	31.1	16,756	0.8	68
Disabled	80,259	7,117,719	992	1.5	36.5	11,082	1.5	265	792	29.2	8,701	0.8	73
5 and younger	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
15-20	231	22,899	1	1.8	6.7	12	1.8	650	1	6.7	12	0.1	8
21-44	32,506	3,327,857	589	1.4	48.1	6,587	1.4	269	251	20.5	2,789	0.7	65
45-64	43,399	3,481,235	392	1.6	31.0	4,377	1.6	259	467	36.9	5,075	0.9	79
65-74	3,839	266,053	10	1.0	5.0	106	1.0	221	66	33.2	749	0.6	63
75-84	284	19,675	0	0.0	0.0	0	0.0	0	7	53.8	76	0.6	63
85 and older	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	39,227	2,351,056	160	0.9	7.2	1,600	0.9	92	747	33.4	8,055	0.7	63
5 and younger	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
15-20	10	671	1	0.1	100.0	12	0.1	7	1	100.0	12	0.7	41
21-44	85	15,019	0	0.0	0.0	0	0.0	0	1	5.9	12	0.3	33
45-64	485	52,373	2	0.3	6.9	18	0.3	58	7	24.1	64	0.5	56
65-74	19,029	1,182,687	53	0.9	4.5	532	0.9	112	371	31.3	4,018	0.7	61
75-84	15,784	939,634	80	0.8	9.8	813	0.8	84	290	35.5	3,146	0.8	68
85 and older	3,834	160,672	24	1.3	12.7	225	1.3	74	77	40.7	803	0.9	57
Unknown	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 2002 file for Alaska, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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 D.7B
 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, ALASKA, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ANTICONVULSANT				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$
All	4,894	42.8 %	53,171	1.1	\$55	6,950	60.8 %	75,988	0.4	\$35	2,216	19.4 %	24,304	1.2	\$81
Female	3,302	51.0	35,919	1.1	55	4,494	69.4	49,473	0.4	33	1,328	20.5	14,602	1.3	83
Disabled	1,970	76.1	21,826	1.0	60	2,413	93.2	26,776	0.5	47	949	36.6	10,505	1.3	97
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	33.3	24	2.5	115	1	16.7	11	0.2	1	1	16.7	12	0.3	15
21-44	648	72.3	7,169	1.0	59	766	85.5	8,468	0.5	45	404	45.1	4,545	1.4	104
45-64	1,192	84.1	13,221	1.0	62	1,461	103.0	16,276	0.6	49	508	35.8	5,563	1.3	93
65-74	117	47.2	1,298	1.2	47	175	70.6	1,929	0.4	32	35	14.1	384	1.6	63
75-84	8	53.3	91	0.8	39	6	40.0	66	0.4	5	0	0.0	0	0.0	0
85 and older	3	60.0	23	4.0	64	4	80.0	26	0.2	3	1	20.0	1	2.0	26
Other Eligibles	1,332	34.2	14,093	1.2	48	2,081	53.5	22,697	0.3	18	379	9.7	4,097	1.1	47
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	19	61.3	207	0.6	40	29	93.5	306	0.6	122	12	38.7	127	0.5	40
45-64	8	30.8	80	1.0	63	23	88.5	229	0.6	43	7	26.9	78	1.3	123
65-74	578	34.7	6,174	1.0	44	929	55.8	10,162	0.3	14	157	9.4	1,718	1.0	50
75-84	502	33.0	5,289	1.4	51	812	53.3	9,031	0.3	17	161	10.6	1,738	1.3	46
85 and older	225	35.0	2,343	1.4	55	288	44.8	2,969	0.3	18	42	6.5	436	1.0	28
Male	1,592	32.1	17,252	1.1	54	2,456	49.6	26,515	0.4	37	888	17.9	9,702	1.2	80
Disabled	1,169	43.0	12,783	1.1	58	1,586	58.4	17,221	0.5	47	730	26.9	8,035	1.2	88
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	5	33.3	54	0.8	16	6	40.0	70	0.1	1	9	60.0	102	0.8	118
21-44	521	42.5	5,742	1.1	63	635	51.8	6,969	0.5	49	393	32.1	4,328	1.2	91
45-64	601	47.5	6,566	1.1	55	840	66.5	9,069	0.5	48	303	24.0	3,344	1.3	85
65-74	40	20.1	400	0.7	39	103	51.8	1,093	0.4	23	24	12.1	250	1.1	46
75-84	2	15.4	21	0.3	20	2	15.4	20	0.3	3	1	7.7	11	0.7	98
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	423	18.9	4,469	0.9	43	870	38.9	9,294	0.3	20	158	7.1	1,667	0.8	42
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	100.0	12	0.1	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	7	41.2	59	0.3	31	10	58.8	71	0.5	128	3	17.6	21	0.5	48
45-64	14	48.3	139	0.5	41	15	51.7	141	0.9	169	4	13.8	42	0.3	29
65-74	212	17.9	2,300	0.9	40	480	40.5	5,194	0.3	20	90	7.6	990	0.7	40
75-84	154	18.9	1,626	1.1	50	310	38.0	3,368	0.2	13	51	6.3	528	1.0	49
85 and older	35	18.5	333	1.0	30	55	29.1	520	0.2	12	10	5.3	86	0.5	27
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible 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 D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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 D.7C
 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, ALASKA, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-ASTHMATIC					ANTI-HYPERTENSIVE				
	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	4,135	36.2 %	46,044	0.5	\$35	4,713	41.2 %	51,552	0.4	\$31	4,171	36.5 %	45,414	0.9	\$32
Female	2,710	41.8	30,356	0.5	40	3,124	48.2	34,496	0.5	31	2,556	39.4	27,919	1.0	33
Disabled	1,297	50.1	14,631	0.5	45	1,372	53.0	15,406	0.4	29	724	28.0	8,106	1.0	33
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	16.7	11	0.2	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	382	42.6	4,303	0.4	28	365	40.7	4,118	0.3	22	105	11.7	1,171	0.8	28
45-64	781	55.1	8,809	0.5	53	846	59.7	9,451	0.5	32	486	34.3	5,485	1.0	34
65-74	125	50.4	1,417	0.5	50	159	64.1	1,817	0.4	28	125	50.4	1,365	1.1	35
75-84	7	46.7	79	0.5	43	2	13.3	20	0.5	52	7	46.7	84	0.4	18
85 and older	1	20.0	12	0.4	42	0	0.0	0	0.0	0	1	20.0	1	45.0	974
Other Eligibles	1,413	36.3	15,725	0.6	36	1,752	45.0	19,090	0.5	33	1,832	47.1	19,813	1.0	33
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	10	32.3	85	0.5	50	11	35.5	114	0.2	16	5	16.1	53	0.5	24
45-64	8	30.8	76	0.1	5	6	23.1	72	0.2	16	10	38.5	96	0.8	30
65-74	655	39.3	7,299	0.5	34	774	46.5	8,416	0.5	34	775	46.5	8,401	0.9	31
75-84	555	36.4	6,259	0.6	37	739	48.5	8,069	0.5	34	739	48.5	8,085	1.1	34
85 and older	185	28.8	2,006	0.7	41	222	34.5	2,419	0.4	25	303	47.1	3,178	1.2	38
Male	1,425	28.8	15,688	0.4	26	1,589	32.1	17,056	0.4	32	1,615	32.6	17,495	0.9	29
Disabled	834	30.7	9,270	0.4	25	689	25.4	7,446	0.5	31	641	23.6	7,059	0.9	31
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	3	20.0	34	0.1	1	5	33.3	58	0.2	9	1	6.7	12	4.1	69
21-44	335	27.3	3,795	0.3	19	189	15.4	2,030	0.3	21	144	11.8	1,629	1.0	31
45-64	427	33.8	4,704	0.5	31	402	31.8	4,370	0.5	36	393	31.1	4,285	1.0	31
65-74	66	33.2	705	0.3	21	88	44.2	931	0.5	28	95	47.7	1,041	0.7	28
75-84	3	23.1	32	0.2	29	5	38.5	57	0.8	72	8	61.5	92	1.2	41
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	591	26.4	6,418	0.4	26	900	40.2	9,610	0.4	32	974	43.5	10,436	0.8	28
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	4	23.5	36	0.3	28	0	0.0	0	0.0	0	2	11.8	16	0.3	8
45-64	13	44.8	134	0.4	27	4	13.8	39	0.3	28	13	44.8	130	0.7	37
65-74	318	26.8	3,405	0.4	25	454	38.3	4,795	0.4	32	464	39.2	4,956	0.8	28
75-84	216	26.5	2,417	0.5	28	358	43.9	3,881	0.4	33	399	48.9	4,366	0.8	27
85 and older	40	21.2	426	0.6	25	84	44.4	895	0.4	23	96	50.8	968	1.2	31
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible 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 D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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 D.7D
 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, ALASKA, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANTIDIABETIC							
	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	2,098	18.4 %	23,110	0.9	\$62	2,808	24.6 %	30,659	1.0	\$47	11,433	118,610
Female	1,285	19.8	14,110	0.9	61	1,816	28.0	19,812	1.0	46	6,480	67,934
Disabled	454	17.5	5,048	0.9	60	715	27.6	7,961	1.0	52	2,590	27,698
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	2	23
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	69
21-44	58	6.5	648	0.8	55	120	13.4	1,345	0.9	49	896	9,640
45-64	312	22.0	3,481	0.9	59	476	33.6	5,345	1.1	54	1,418	15,132
65-74	80	32.3	871	1.0	69	118	47.6	1,259	1.0	50	248	2,628
75-84	4	26.7	48	0.5	36	1	6.7	12	0.4	32	15	170
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	36
Other Eligibles	831	21.4	9,062	1.0	61	1,101	28.3	11,851	1.0	42	3,890	40,236
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	1	1
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
21-44	3	9.7	35	0.9	67	6	19.4	70	0.3	27	31	273
45-64	6	23.1	66	0.7	83	4	15.4	27	0.6	23	26	236
65-74	447	26.8	4,799	0.9	63	543	32.6	5,927	1.0	44	1,666	17,137
75-84	323	21.2	3,590	1.0	58	443	29.1	4,723	1.0	41	1,523	16,145
85 and older	52	8.1	572	1.1	62	105	16.3	1,104	1.2	32	643	6,444
Male	813	16.4	9,000	0.9	64	992	20.0	10,847	0.9	48	4,953	50,676
Disabled	380	14.0	4,247	1.0	67	554	20.4	6,144	0.9	53	2,716	28,341
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	1	6.7	12	1.1	58	15	168
21-44	74	6.0	855	1.1	60	121	9.9	1,374	0.9	46	1,225	12,930
45-64	246	19.5	2,732	1.0	69	370	29.3	4,095	1.0	57	1,264	13,090
65-74	57	28.6	627	0.8	73	54	27.1	579	0.7	48	199	2,015
75-84	3	23.1	33	0.4	47	8	61.5	84	0.5	36	13	138
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	433	19.4	4,753	0.8	62	438	19.6	4,703	0.9	41	2,237	22,335
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	17	123
45-64	4	13.8	35	0.8	87	9	31.0	93	0.6	48	29	255
65-74	248	20.9	2,668	0.8	61	239	20.2	2,570	0.8	41	1,185	11,822
75-84	165	20.2	1,877	0.8	62	168	20.6	1,808	1.0	42	816	8,297
85 and older	16	8.5	173	1.4	65	22	11.6	232	1.5	32	189	1,826
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table D7D

Dual Eligible 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 D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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 D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2002

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	\$422	7.2	481	4,766
Age				
0-64	631	8.1	74	782
65-74	428	7.1	93	936
75-84	395	7.3	193	1,902
85 and older	318	6.5	121	1,146
Unknown	0	0.0	0	0
Gender				
Female	415	7.3	298	2,943
Male	433	6.9	183	1,823
Unknown	0	0.0	0	0
Race				
White	440	7.8	304	2,992
African American	458	7.4	19	206
Other/unknown	383	6	158	1,568
Basis of Eligibility^c				
Aged	378	7.0	396	3,881
Disabled	616	7.8	85	885
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 2002 file for Alaska, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 246 beneficiaries who were in nursing facilities for part of their enrollment and their 2,250 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 = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx	Total Rx \$	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos				
	Total	Patented	Off-Patent	Total	Patented	Off-Patent									
	Brand-Name	Brand-Name	Generic	Brand-Name	Brand-Name	Generic									
Anti-infective Agents	0.4	0.2	0.0	0.2	\$1	\$3	\$65	\$109	\$72	\$18	1,216	\$79,640	296	61.5 %	3,111
Biologics	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.7	0.3	0.0	0.4	164	122	230	367	142	110	245	56,292	40	8.3	344
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.6	48	30	37	60	34	20	2,779	103,440	204	42.4	2,135
Cardiovascular Agents	2.4	0.5	0.4	1.5	76	29	31	57	33	21	7,712	240,568	314	65.3	3,179
Respiratory Agents	0.7	0.4	0.1	0.2	42	32	63	77	60	36	1,017	64,160	149	31.0	1,516
Gastrointestinal Agents	1.2	0.7	0.0	0.5	92	77	74	105	69	27	3,831	283,462	296	61.5	3,080
Genitourinary Agents	0.7	0.5	0.0	0.2	42	37	61	73	34	27	761	46,123	101	21.0	1,087
CNS Drugs	1.9	1.2	0.1	0.6	145	122	77	101	63	28	6,911	530,380	353	73.4	3,647
Stimulants/Anti-obesity/Anorexia	0.7	0.0	0.0	0.7	14	0	21	0	0	21	43	887	6	1.2	65
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	217	217	232	232	0	0	209	48,458	23	4.8	223
Analgesics and Anesthetics	0.8	0.4	0.1	0.4	52	39	63	111	51	21	1,870	118,555	227	47.2	2,283
Neuromuscular Agents	1.5	0.7	0.2	0.7	106	59	71	91	55	56	2,999	213,509	191	39.7	2,006
Nutritional Products	0.8	0.0	0.1	0.7	20	2	23	260	22	21	1,049	24,387	122	25.4	1,240
Hematological Agents	1.3	0.3	0.6	0.3	86	66	67	195	23	17	1,674	112,416	128	26.6	1,303
Topical Products	0.6	0.2	0.0	0.4	24	14	42	77	33	25	1,550	64,337	245	50.9	2,649
Miscellaneous Products	0.4	0.1	0.1	0.2	65	20	149	234	283	61	75	11,186	18	3.7	173
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	28	0	59	0	0	0	223	13,057	43	8.9	460
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.	34,164	2,010,857	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 246 beneficiaries who were in nursing facilities for part of their enrollment and their 2,250 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 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.
- 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 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.

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.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2002

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$257,191	189	39.3 %	1,961	0.9	\$147	\$131
ANTIDEPRESSANTS	236,235	346	71.9	3,647	1.1	58	65
ULCER DRUGS	227,556	234	48.6	2,462	1.0	95	92
ANTICONVULSANT	147,156	161	33.5	1,694	1.1	76	87
ANTIHYPERTENSIVE	83,782	200	41.6	2,069	1.0	39	40
ANALGESICS - Narcotic	62,793	219	45.5	2,187	0.5	61	29
ANTIDIABETIC	60,014	148	30.8	1,455	0.9	46	41
ANTINEOPLASTICS	56,292	40	8.3	344	0.7	230	164
ANTIASTHMATIC	51,458	168	34.9	1,788	0.4	66	29
ANTIPARKINSONIAN	52,601	67	13.9	739	0.9	82	71
Total	1,235,078	1,772		18,346	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 246 beneficiaries who were in nursing facilities for part of their enrollment and their 2,250 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 2002. 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 2002 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/products/product_mddb.asp (May 13 2003).

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 benefit; \$ = Medicaid reimbursement.

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups						ANTIPSYCHOTICS						ANTIDEPRESSANTS					
	No. of Rx	Rx \$	Users as %			Mean Rx \$	Mean No. of Rx	No. of Users	Residents	NF	Mos among	No. of Bene	Users as %			Mean Rx \$	Mean No. of Rx	
			16,299	\$1,235,078	39.3 %								1,961	0.9	\$131			346
Female	10,090	753,627	115	38.6	1,183	0.9	113	213	71.5	2,188	1.1	67						
Disabled	1,320	141,477	20	57.1	186	0.8	136	33	94.3	352	1.0	71						
64 or younger	1,095	123,942	18	62.1	162	0.8	142	25	86.2	263	1.0	72						
65-74	160	11,354	1	20.0	12	0.5	9	6	120.0	65	0.9	57						
75-84	65	6,181	1	100.0	12	1.0	187	2	200.0	24	1.0	93						
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
Other Eligibles	8,770	612,150	95	36.1	997	0.9	108	180	68.4	1,836	1.2	67						
64 or younger	198	13,224	1	50.0	12	0.4	111	2	100.0	24	1.6	57						
65-74	1,689	125,484	17	38.6	171	1.0	164	36	81.8	357	1.2	76						
75-84	4,075	285,387	39	32.2	401	0.8	105	86	71.1	883	1.1	60						
85 and older	2,808	188,055	38	39.6	413	0.9	88	56	58.3	572	1.3	71						
Male	6,209	481,451	74	40.4	778	1.0	160	133	72.7	1,459	1.1	61						
Disabled	2,102	197,049	22	44.0	236	1.2	271	38	76.0	421	1.0	65						
64 or younger	1,810	163,116	17	40.5	185	1.2	249	32	76.2	355	1.0	70						
65-74	276	33,268	5	83.3	51	1.2	350	5	83.3	54	0.7	48						
75-84	16	665	0	0.0	0	0.0	0	1	50.0	12	0.1	2						
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
Other Eligibles	4,107	284,402	52	39.1	542	0.8	111	95	71.4	1,038	1.1	59						
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
65-74	1,253	89,003	13	34.2	133	0.8	163	27	71.1	311	1.2	71						
75-84	2,489	174,826	33	47.8	355	0.8	100	56	81.2	611	1.1	59						
85 and older	365	20,573	6	24.0	54	1.1	59	12	48.0	116	0.9	28						
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 2002 file for Alaska, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 246 beneficiaries who were in nursing facilities for part of their enrollment and their 2,250 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 2002. 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 2002 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/products/product_mddb.asp (May 13 2003).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2002

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						ANTIHYPERTENSIVE						
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %			
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	
All	234	2,462	1.0	161	1,694	1.1	161	33.5 %	1,694	1.1	161	33.5 %	1,694	1.1	200	41.6 %	2,069	1.0	441
Female	150	1,544	1.0	95	981	1.2	95	31.9	981	1.2	95	31.9	981	1.2	120	40.3	1,199	1.0	42
Disabled	19	200	0.9	24	230	1.1	24	68.6	230	1.1	24	68.6	230	1.1	3	8.6	36	1.2	36
64 or younger	15	159	0.9	24	230	1.1	24	82.8	230	1.1	24	82.8	230	1.1	2	6.9	24	1.3	36
65-74	3	29	0.9	0	0	0.0	0	0.0	0	0.0	0	0.0	0	1	20.0	12	1.0	36	
75-84	1	12	0.3	0	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	0	0.0	0	0
Other Eligibles	131	1,344	1.0	71	751	1.3	71	27.0	751	1.3	71	27.0	751	1.3	117	44.5	1,163	1.0	42
64 or younger	1	12	2.9	2	175	3.4	2	100.0	24	3.4	2	100.0	24	3.4	0	0.0	0	0.0	0
65-74	32	334	0.9	20	204	0.9	20	45.5	204	0.9	20	45.5	204	0.9	25	56.8	248	1.1	43
75-84	51	526	1.1	39	422	1.4	39	32.2	422	1.4	39	32.2	422	1.4	48	39.7	468	0.9	38
85 and older	47	472	0.9	10	101	0.8	10	10.4	101	0.8	10	10.4	101	0.8	44	45.8	447	1.1	45
Male	84	918	0.9	66	713	1.0	66	36.1	713	1.0	66	36.1	713	1.0	80	43.7	870	1.1	39
Disabled	33	365	0.9	30	327	1.1	30	60.0	327	1.1	30	60.0	327	1.1	21	42.0	241	0.9	39
64 or younger	27	308	1.0	23	258	1.2	23	54.8	258	1.2	23	54.8	258	1.2	19	45.2	217	0.9	39
65-74	5	45	0.7	7	69	0.7	7	116.7	69	0.7	7	116.7	69	0.7	1	16.7	12	1.0	41
75-84	1	12	0.1	0	0	0.0	0	0.0	0	0.0	0	0.0	0	1	50.0	12	1.1	44	
85 and older	0	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0
Other Eligibles	51	553	0.9	36	386	0.9	36	27.1	386	0.9	36	27.1	386	0.9	59	44.4	629	1.1	39
64 or younger	0	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0
65-74	18	183	0.9	15	165	0.8	15	39.5	165	0.8	15	39.5	165	0.8	19	50.0	209	1.0	34
75-84	28	317	0.9	17	192	1.1	17	24.6	192	1.1	17	24.6	192	1.1	33	47.8	351	1.3	45
85 and older	5	53	0.9	4	29	0.4	4	16.0	29	0.4	4	16.0	29	0.4	7	28.0	69	0.5	19
Unknown	0	0	0.0	0	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 2002 file for Alaska, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 246 beneficiaries who were in nursing facilities for part of their enrollment and their 2,250 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 2002. 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 2002 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/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTI-DIABETIC					ANTINEOPLASTICS							
	Users as %					Users as %					Users as %							
	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$
All	219	2,187	0.5	\$29	0.5	148	1,455	0.9	\$41	0.9	40	344	0.7	\$164	40	344	0.7	\$164
Female	151	1,480	0.5	32	0.5	97	942	0.8	39	0.8	28	222	0.7	152	28	222	0.7	152
Disabled	23	206	0.4	17	0.4	9	79	0.9	41	0.9	5	51	0.6	411	5	51	0.6	411
64 or younger	17	152	0.4	20	0.4	6	64	0.9	41	0.9	5	51	0.6	411	5	51	0.6	411
65-74	5	42	0.3	5	0.3	3	15	0.7	42	0.7	0	0	0.0	0	0	0	0.0	0
75-84	1	12	1.0	18	1.0	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	0.0	0
Other Eligibles	128	1,274	0.5	35	0.5	88	863	0.8	39	0.8	23	171	0.7	75	23	171	0.7	75
64 or younger	2	24	1.5	62	1.5	0	0	0.0	0	0.0	0	0	0.0	0	0	0	0.0	0
65-74	20	201	0.5	21	0.5	12	125	1.0	69	1.0	3	14	0.4	48	3	14	0.4	48
75-84	61	640	0.5	28	0.5	42	386	0.7	38	0.7	13	121	0.7	67	13	121	0.7	67
85 and older	45	409	0.5	51	0.5	34	352	0.9	29	0.9	7	36	0.9	114	7	36	0.9	114
Male	68	707	0.4	21	0.4	51	513	1.1	45	1.1	12	122	0.8	184	12	122	0.8	184
Disabled	25	267	0.5	30	0.5	13	134	1.5	65	1.5	3	35	1.6	406	3	35	1.6	406
64 or younger	22	240	0.4	18	0.4	9	86	2.0	74	2.0	3	35	1.6	406	3	35	1.6	406
65-74	2	15	3.2	259	3.2	4	48	0.7	51	0.7	0	0	0.0	0	0	0	0.0	0
75-84	1	12	0.1	1	0.1	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	0.0	0
Other Eligibles	43	440	0.3	16	0.3	38	379	0.9	38	0.9	9	87	0.5	95	9	87	0.5	95
64 or younger	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0	0.0	0
65-74	13	132	0.3	11	0.3	14	145	0.8	24	0.8	3	28	0.2	35	3	28	0.2	35
75-84	22	236	0.4	22	0.4	20	203	1.1	50	1.1	6	59	0.6	123	6	59	0.6	123
85 and older	8	72	0.2	4	0.2	4	31	0.7	30	0.7	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	0.0	0

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 D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 246 beneficiaries who were in nursing facilities for part of their enrollment and their 2,250 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 2002. 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 2002 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/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2002

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTI-PARKINSONIAN					Mean Rx \$	Mean No. of Rx	All-Year NF Residents	Bene Mos among All-Year NF Residents		
	Users as %		No. of Bene Mos among Users		Mean		Users as %		No. of Bene Mos among Users						Mean	
	No. of Users	%	No. of Users	%	No. of Rx	No. of Bene Mos	No. of Users	%	No. of Users	%					No. of Rx	No. of Bene Mos
All	168	34.9 %	1,788	0.4	\$29	67	13.9 %	739	0.9	\$71	481	4,766				
Female	103	34.6	1,104	0.4	29	46	15.4	513	0.9	72	298	2,943				
Disabled	8	22.9	85	0.7	71	4	11.4	39	2.3	150	35	357				
64 or younger	4	13.8	48	0.6	65	3	10.3	27	2.9	181	29	303				
65-74	4	80.0	37	0.9	79	0	0.0	0	0.0	0	5	42				
75-84	0	0.0	0	0.0	0	1	100.0	12	1.0	80	1	12				
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0				
Other Eligibles	95	36.1	1,019	0.4	26	42	16.0	474	0.8	66	263	2,586				
64 or younger	1	50.0	12	0.2	4	0	0.0	0	0.0	0	2	24				
65-74	19	43.2	198	0.4	26	4	9.1	47	0.7	62	44	451				
75-84	49	40.5	514	0.5	32	29	24.0	329	0.9	76	121	1,175				
85 and older	26	27.1	295	0.3	15	9	9.4	98	0.7	34	96	936				
Male	65	35.5	684	0.5	28	21	11.5	226	0.8	69	183	1,823				
Disabled	15	30.0	174	0.3	20	5	10.0	51	0.6	31	50	528				
64 or younger	15	35.7	174	0.3	20	3	7.1	30	0.8	48	42	454				
65-74	0	0.0	0	0.0	0	2	33.3	21	0.4	7	6	50				
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24				
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0				
Other Eligibles	50	37.6	510	0.5	31	16	12.0	175	0.8	81	133	1,295				
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1				
65-74	22	57.9	236	0.4	22	1	2.6	11	0.1	2	38	393				
75-84	24	34.8	245	0.5	34	13	18.8	140	0.8	74	69	691				
85 and older	4	16.0	29	1.4	80	2	8.0	24	1.0	158	25	210				
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 2002 file for Alaska, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 246 beneficiaries who were in nursing facilities for part of their enrollment and their 2,250 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 2002. 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 2002 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/products/product_mddb.asp (May 13 2003).

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

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ALASKA, 2002

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Part D Excl Rx \$	\$ per Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Dual Rx	Total No. of Benes
			1.7	19,602							
All	2,983	26.1 %	1.7	19,602	\$97	\$1,105,706	\$56	3.0 %	11,433		
Age											
5 and younger	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	3	
15-20	5	22.7	1.8	39	157	3,455	89	4.7	89	22	
21-44	630	29.0	2.0	4,318	131	283,713	66	2.8	66	2,169	
45-64	943	34.5	2.5	6,770	154	422,496	62	3.3	62	2,737	
65-74	674	20.4	1.2	4,095	56	184,673	45	2.6	45	3,298	
75-84	564	23.8	1.5	3,436	72	170,713	50	3.0	50	2,367	
85 and older	167	20.0	1.1	944	49	40,656	43	2.2	43	837	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	0	
Basis of Eligibility^c											
Aged	1,287	21.4	1.3	7,802	60	359,499	46	2.7	46	6,009	
Disabled	1,670	31.5	2.2	11,626	140	743,271	64	3.1	64	5,306	
Adults	25	21.7	1.5	172	25	2,874	17	1.1	17	115	
Children	0	0.0	0.0	0	0	0	0	0.0	0	2	
Unknown	1	100.0	2.0	2	62	62	31	3.0	31	1	
Gender											
Female	1,958	30.2	2.0	13,128	106	685,596	52	3.1	52	6,480	
Male	1,025	20.7	1.3	6,474	85	420,110	65	2.8	65	4,953	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	0	
Race											
White	1,775	30.8	2.3	13,074	132	763,077	58	3.1	58	5,765	
African American	91	20.3	1.3	595	93	41,627	70	2.6	70	448	
Other/unknown	1,117	21.4	1.1	5,933	58	301,002	51	2.8	51	5,220	
Use of Nursing Facilities^d											
Entire year	194	40.3	2.4	1,142	164	78,887	69	3.9	69	481	
Part year	109	44.3	2.7	660	125	30,674	46	3.8	46	246	
None	2,680	25.0	1.7	17,800	93	996,145	56	2.9	56	10,706	
Maintenance Assistance Status											
Cash	2,543	25.1	1.7	16,744	88	887,760	53	2.7	53	10,133	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	0	
Poverty related	1	6.7	0.1	2	4	62	31	0.8	31	15	
Other/unknown	439	34.2	2.2	2,856	170	217,884	76	4.4	76	1,285	

Table D11

Dual Eligible 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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 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 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ALASKA, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
	0.2	\$9	\$56	\$0	\$2	118,610
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.0	0	0	0	0	24
15-20	0.2	14	89	0	3	249
21-44	0.2	12	66	0	3	22,966
45-64	0.2	15	62	0	3	28,713
65-74	0.1	5	45	0	1	33,602
75-84	0.1	7	50	0	1	24,750
85 and older	0.1	5	43	0	1	8,306
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.1	6	46	0	1	61,602
Disabled	0.2	13	64	0	3	56,039
Adults	0.2	3	17	0	2	950
Children	0.0	0	0	0	0	13
Unknown	0.3	10	31	0	10	6
Gender						
Female	0.2	10	52	0	2	67,934
Male	0.1	8	65	0	2	50,676
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	13	58	0	3	58,874
African American	0.1	9	70	0	1	4,570
Other/unknown	0.1	5	51	0	1	55,166
Use of Nursing Facilities^d						
Entire year	0.2	17	69	0	3	4,766
Part year	0.3	14	46	0	3	2,250
None	0.2	9	56	0	2	111,594
Maintenance Assistance Status						
Cash	0.2	8	53	0	2	106,568
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	1	31	0	1	118
Other/unknown	0.2	18	76	0	3	11,924

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 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 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract, OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 ALASKA, 2002

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	3,548	\$312	\$1,105,706	100.0 %	19,602	\$56	100.0 %
Anorexia or weight loss/gain	181	344	62,253	5.6	518	120	2.6
Fertility drugs	4	61	242	0.0	4	61	0.0
Drugs for cosmetic purposes	195	1,398	272,549	24.6	1,399	195	7.1
Cough and cold medications	89	520	46,289	4.2	226	205	1.2
Vitamins and minerals	8	3,243	25,942	2.3	19	1,365	0.1
Non-prescription drugs	1,038	340	353,301	32.0	5,215	68	26.6
Barbiturates	61	18	1,124	0.1	74	15	0.4
Benzodiazepines	1,956	126	246,355	22.3	12,055	20	61.5
Other Part D Excl Rx Drugs	16	6,103	97,651	8.8	92	1,061	0.5

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 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 2006 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 = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 ALASKA, 2002

Total Number of Dual Eligible Beneficiaries 11,433
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$37,332,219
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$3,265

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,483	13.0 %	\$0	0.0 %
1-500	2,309	20.2	449,930	1.2
501-1,000	1,163	10.2	856,603	2.3
1,001-1,500	859	7.5	1,065,232	2.9
1,501-2,000	734	6.4	1,269,427	3.4
2,001-2,500	588	5.1	1,315,345	3.5
2,501-3,000	498	4.4	1,370,260	3.7
3,001-3,500	441	3.9	1,434,348	3.8
3,501-4,000	375	3.3	1,397,990	3.7
4,001-4,500	297	2.6	1,258,565	3.4
4,501-5,000	316	2.8	1,496,921	4.0
5,001-5,500	235	2.1	1,234,131	3.3
5,501-6,000	208	1.8	1,195,790	3.2
6,001-6,500	208	1.8	1,298,235	3.5
6,501-7,000	185	1.6	1,245,923	3.3
7,001-7,500	147	1.3	1,066,777	2.9
7,501-8,000	133	1.2	1,028,215	2.8
8,001-8,500	132	1.2	1,091,259	2.9
8,501-9,000	114	1.0	995,354	2.7
9,001-9,500	80	0.7	739,719	2.0
9,501-10,000	81	0.7	792,037	2.1
10,001+	847	7.4	14,730,158	39.5

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. 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 2002.

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}
ALASKA, 2002

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 4,826
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$22,537,039
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$4,670

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
		12.2%	0		0.0%	0.0%
\$0	590			0		
1-500	810	16.8		151,500		0.7
501-1,000	390	8.1		287,557		1.3
1,001-1,500	312	6.5		387,496		1.7
1,501-2,000	258	5.3		444,327		2.0
2,001-2,500	200	4.1		448,573		2.0
2,501-3,000	180	3.7		497,557		2.2
3,001-3,500	176	3.6		574,474		2.5
3,501-4,000	152	3.1		566,960		2.5
4,001-4,500	137	2.8		582,596		2.6
4,501-5,000	147	3.0		698,152		3.1
5,001-5,500	109	2.3		573,206		2.5
5,501-6,000	91	1.9		522,800		2.3
6,001-6,500	101	2.1		629,486		2.8
6,501-7,000	95	2.0		641,010		2.8
7,001-7,500	85	1.8		617,217		2.7
7,501-8,000	79	1.6		610,904		2.7
8,001-8,500	82	1.7		678,699		3.0
8,501-9,000	68	1.4		593,856		2.6
9,001-9,500	49	1.0		454,125		2.0
9,501-10,000	48	1.0		469,898		2.1
10,001+	667	13.8		12,106,646		53.7

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. 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 2002.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 ALASKA, 2002

Total Number of Dual Eligible Beneficiaries, Age 65+ 6,502
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$14,520,673
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,233

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	875	13.5%	0	0.0%
1-500	1,467	22.6	293,576	2.0
501-1,000	763	11.7	561,829	3.9
1,001-1,500	539	8.3	668,264	4.6
1,501-2,000	471	7.2	816,742	5.6
2,001-2,500	382	5.9	853,824	5.9
2,501-3,000	317	4.9	870,169	6.0
3,001-3,500	263	4.0	853,021	5.9
3,501-4,000	220	3.4	819,785	5.6
4,001-4,500	159	2.4	671,884	4.6
4,501-5,000	169	2.6	798,769	5.5
5,001-5,500	124	1.9	650,555	4.5
5,501-6,000	113	1.7	649,922	4.5
6,001-6,500	106	1.6	662,658	4.6
6,501-7,000	89	1.4	598,093	4.1
7,001-7,500	61	0.9	442,419	3.0
7,501-8,000	54	0.8	417,311	2.9
8,001-8,500	50	0.8	412,560	2.8
8,501-9,000	46	0.7	401,498	2.8
9,001-9,500	31	0.5	285,594	2.0
9,501-10,000	32	0.5	312,560	2.2
10,001+	171	2.6	2,479,640	17.1

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. 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 2002.

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

SUPPLEMENTAL TABLE 1C

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
ALASKA, 2002

Total Number of Dual Eligible Beneficiaries, Age 65-74 3,298

Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$7,031,161

Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,132

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	532	16.1 %	0	0.0 %
1-500	783	23.7	147,916	2.1
501-1,000	357	10.8	261,218	3.7
1,001-1,500	270	8.2	336,260	4.8
1,501-2,000	222	6.7	386,997	5.5
2,001-2,500	180	5.5	401,604	5.7
2,501-3,000	148	4.5	407,271	5.8
3,001-3,500	118	3.6	384,912	5.5
3,501-4,000	109	3.3	404,698	5.8
4,001-4,500	75	2.3	316,853	4.5
4,501-5,000	86	2.6	407,220	5.8
5,001-5,500	58	1.8	304,148	4.3
5,501-6,000	51	1.5	292,226	4.2
6,001-6,500	50	1.5	312,515	4.4
6,501-7,000	43	1.3	289,057	4.1
7,001-7,500	25	0.8	181,166	2.6
7,501-8,000	25	0.8	192,925	2.7
8,001-8,500	18	0.5	148,199	2.1
8,501-9,000	24	0.7	209,304	3.0
9,001-9,500	15	0.5	137,884	2.0
9,501-10,000	17	0.5	166,525	2.4
10,001+	92	2.8	1,342,263	19.1

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. 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 2002.
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 75 TO 84^{a, b}
 ALASKA, 2002

Total Number of Dual Eligible Beneficiaries, Age 75-84 2,367
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$5,676,059
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,398

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	274	11.6 %	0	0.0 %
1-500	486	20.5	100,076	1.8
501-1,000	299	12.6	222,414	3.9
1,001-1,500	186	7.9	229,629	4.0
1,501-2,000	188	7.9	323,588	5.7
2,001-2,500	152	6.4	340,094	6.0
2,501-3,000	126	5.3	345,191	6.1
3,001-3,500	111	4.7	359,127	6.3
3,501-4,000	77	3.3	287,348	5.1
4,001-4,500	61	2.6	258,555	4.6
4,501-5,000	55	2.3	260,842	4.6
5,001-5,500	49	2.1	256,776	4.5
5,501-6,000	46	1.9	265,100	4.7
6,001-6,500	39	1.6	244,230	4.3
6,501-7,000	34	1.4	227,611	4.0
7,001-7,500	25	1.1	181,000	3.2
7,501-8,000	26	1.1	201,014	3.5
8,001-8,500	21	0.9	172,736	3.0
8,501-9,000	19	0.8	166,066	2.9
9,001-9,500	14	0.6	129,199	2.3
9,501-10,000	13	0.5	126,640	2.2
10,001+	66	2.8	978,823	17.2

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. 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 2002.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 ALASKA, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 837
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$1,813,453
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,167

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	69	8.2 %	0	0.0 %
1-500	198	23.7	45,584	2.5
501-1,000	107	12.8	78,197	4.3
1,001-1,500	83	9.9	102,375	5.6
1,501-2,000	61	7.3	106,157	5.9
2,001-2,500	50	6.0	112,126	6.2
2,501-3,000	43	5.1	117,707	6.5
3,001-3,500	34	4.1	108,982	6.0
3,501-4,000	34	4.1	127,739	7.0
4,001-4,500	23	2.7	96,476	5.3
4,501-5,000	28	3.3	130,707	7.2
5,001-5,500	17	2.0	89,631	4.9
5,501-6,000	16	1.9	92,596	5.1
6,001-6,500	17	2.0	105,913	5.8
6,501-7,000	12	1.4	81,425	4.5
7,001-7,500	11	1.3	80,253	4.4
7,501-8,000	3	0.4	23,372	1.3
8,001-8,500	11	1.3	91,625	5.1
8,501-9,000	3	0.4	26,128	1.4
9,001-9,500	2	0.2	18,511	1.0
9,501-10,000	2	0.2	19,395	1.1
10,001+	13	1.6	158,554	8.7

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. 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 2002.

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

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, ALASKA, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	11,433	6,009	5,306	115	2	118,610	61,602	56,039	950	13	6
Age											
5 and younger	0	0	0	0	0		0	0	0	0	0
6-14	3	0	2	0	1	24	0	23	0	1	0
15-20	22	0	21	0	1	249	0	237	0	12	0
21-44	2,169	1	2,121	47	0	22,966	9	22,570	387	0	0
45-64	2,737	17	2,682	38	0	28,713	156	28,222	335	0	0
65-74	3,298	2,820	447	30	0	33,602	28,725	4,643	228	0	6
75-84	2,367	2,339	28	0	0	24,750	24,442	308	0	0	0
85 and older	837	832	5	0	0	8,306	8,270	36	0	0	0
Unknown	0	0	0	0	0		0	0	0	0	0
Gender											
Female	6,480	3,830	2,590	58	1	67,934	39,724	27,698	505	1	6
Male	4,953	2,179	2,716	57	1	50,676	21,878	28,341	445	12	0
Unknown	0	0	0	0	0		0	0	0	0	0
Race											
White	5,765	2,464	3,241	58	1	58,874	24,331	34,056	480	1	6
African American	448	157	282	8	1	4,570	1,639	2,845	74	12	0
Other/unknown	5,220	3,388	1,783	49	0	55,166	35,632	19,138	396	0	0
Use of Nursing Facilities^c											
Entire year	481	396	85	0	0	4,766	3,881	885	0	0	0
Part year	246	200	46	0	0	2,250	1,816	434	0	0	0
None	10,706	5,413	5,175	115	2	111,594	55,905	54,720	950	13	6
Maintenance Assistance Status											
Cash	10,133	5,159	4,876	98	0	106,568	53,896	51,870	802	0	0
Medically needy	0	0	0	0	0		0	0	0	0	0
Poverty related	15	4	6	3	1	118	37	54	20	1	6
Other/unknown	1,285	846	424	14	1	11,924	7,669	4,115	128	12	0
Dual Status^d											
Full dual, all year	11,412	5,997	5,297	115	2	118,424	61,500	55,955	950	13	6
Full dual, part year	21	12	9	0	0	186	102	84	0	0	0
Managed Care Status											
FFS all year	11,433	6,009	5,306	115	2	118,610	61,602	56,039	950	13	6
FFS part year, with Rx claims	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
MC all year, with Rx claims	0	0	0	0	0		0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0		0	0	0	0	0

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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2002. 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^a
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2002

Beneficiary Characteristics	Bene(s) in Cell F of Table 1		Bene(s) in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos
All	11,433	118,610	11,433	118,610	0	0
FFS all year	11,433	118,610	11,433	118,610	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.