

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 WASHINGTON

## LIST OF TABLES

### OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

### FOR ALL MEDICAID BENEFICIARIES

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

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

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

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

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

TABLE 7. 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 D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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>94,387</b>	<b>54,787</b>	<b>38,943</b>	<b>638</b>	<b>19</b>	<b>0</b>	<b>993,070</b>	<b>560,484</b>	<b>427,783</b>	<b>4,631</b>	<b>172</b>	<b>0</b>
<b>Age</b>												
5 and younger	8	0	8	0	0	0	87	0	87	0	0	0
6-14	16	0	12	0	4	0	168	0	129	0	39	0
15-20	179	0	161	3	15	0	1,938	0	1,773	32	133	0
21-44	18,373	1	17,901	471	0	0	200,888	12	197,318	3,558	0	0
45-64	20,931	61	20,731	139	0	0	229,046	695	227,438	913	0	0
65-74	19,514	19,367	127	20	0	0	208,687	207,575	1,002	110	0	0
75-84	19,790	19,782	3	5	0	0	203,277	203,223	36	18	0	0
85 and older	15,576	15,576	0	0	0	0	148,979	148,979	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	59,469	39,335	19,731	396	7	0	627,595	405,871	218,674	2,988	62	0
Male	34,917	15,452	19,211	242	12	0	365,474	154,613	209,108	1,643	110	0
Unknown	1	0	1	0	0	1	0	0	1	0	0	0
<b>Race</b>												
White	73,553	40,783	32,331	428	11	0	768,764	408,983	356,682	2,989	110	0
African American	4,317	1,700	2,565	52	0	0	45,880	18,067	27,415	398	0	0
Other/unknown	16,517	12,304	4,047	158	8	0	178,426	133,434	43,686	1,244	62	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	10,389	9,540	849	0	0	0	100,397	91,204	9,193	0	0	0
Part year	6,462	5,651	810	1	0	0	61,274	52,729	8,540	5	0	0
None	77,536	39,596	37,284	637	19	0	831,399	416,551	410,050	4,626	172	0
<b>Maintenance Assistance Status</b>												
Cash	47,126	21,587	25,400	139	0	0	519,234	240,894	277,369	971	0	0
Medically needy	1,605	614	991	0	0	0	17,352	6,685	10,667	0	0	0
Poverty-related	2,290	1,058	1,119	102	11	0	20,565	8,513	11,106	854	92	0
Other/unknown	43,366	31,528	11,433	397	8	0	435,919	304,392	128,641	2,806	80	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	91,302	53,230	37,441	612	19	0	960,903	544,795	411,575	4,361	172	0
Full dual, part year	3,085	1,557	1,502	26	0	0	32,167	15,689	16,208	270	0	0
<b>Managed Care Status</b>												
FFS all year	93,944	54,709	38,726	493	16	0	990,709	560,044	426,485	4,023	157	0
FFS part year, with Rx claims	351	41	195	113	2	0	2,041	279	1,232	517	13	0
FFS part year, no Rx claims	92	37	22	32	1	0	320	161	66	91	2	0

Table D2

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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	88.8 %	39.9	\$2,071	\$52	\$8,051	25.7 %	94,387
<b>Age</b>							
5 and younger	100.0	41.1	5,464	133	27,679	19.7	8
6-14	93.8	23.3	4,376	188	36,632	11.9	16
15-20	77.7	19.9	2,076	104	7,326	28.3	179
21-44	83.4	30.0	2,302	77	4,525	50.9	18,373
45-64	88.7	47.1	2,806	60	6,520	43.0	20,931
65-74	88.0	40.7	1,848	45	6,000	30.8	19,514
75-84	91.0	41.9	1,746	42	9,900	17.6	19,790
85 and older	93.6	39.0	1,499	39	14,458	10.4	15,576
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	90.7	40.7	1,715	42	9,825	17.5	54,787
Disabled	86.4	39.2	2,589	66	5,623	46.0	38,943
Adults	66.3	16.6	917	55	3,457	26.5	638
Children	84.2	23.9	3,876	162	25,009	15.5	19
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	91.6	44.4	2,132	48	8,717	24.5	59,469
Male	83.9	32.4	1,967	61	6,917	28.4	34,917
Unknown	0.0	0.0	0	0	0	0.0	1
<b>Race</b>							
White	89.1	41.7	2,194	53	8,742	25.1	73,553
African American	86.9	36.8	1,941	53	6,732	28.8	4,317
Other/unknown	87.9	33.0	1,559	47	5,321	29.3	16,517
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	97.0	49.0	2,199	45	34,601	6.4	10,389
Part year	97.8	53.5	2,508	47	18,633	13.5	6,462
None	86.9	37.6	2,017	54	3,612	55.9	77,536
<b>Maintenance Assistance Status</b>							
Cash	87.3	35.0	1,944	56	3,882	50.1	47,126
Medically needy	93.1	46.4	2,913	63	8,646	33.7	1,605
Poverty related	59.6	17.8	1,066	60	2,651	40.2	2,290
Other/unknown	91.7	46.2	2,230	48	12,845	17.4	43,366

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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	3.8	\$197	25.7 %	11.2 %	19.4 %	12.9 %	31.4 %	20.6 %	4.5 %	\$765	94,387	993,070
<b>Age</b>												
5 and younger	3.8	502	19.7	0.0	12.5	12.5	62.5	12.5	0.0	2,545	8	87
6-14	2.2	417	11.9	6.3	12.5	43.8	31.3	6.3	0.0	3,489	16	168
15-20	1.8	192	28.3	22.3	39.7	10.6	20.7	5.6	1.1	677	179	1,938
21-44	2.7	211	50.9	16.6	30.0	13.5	24.6	12.3	2.9	414	18,373	200,888
45-64	4.3	256	43.0	11.3	16.7	11.5	30.0	23.7	6.7	596	20,931	229,046
65-74	3.8	173	30.8	12.0	18.9	13.0	31.2	20.4	4.6	561	19,514	208,687
75-84	4.1	170	17.6	9.0	16.0	12.5	34.7	23.3	4.4	964	19,790	203,277
85 and older	4.1	157	10.4	6.4	15.3	14.1	37.6	22.8	3.8	1,512	15,576	148,979
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	4.0	168	17.5	9.3	16.8	13.1	34.3	22.2	4.3	960	54,787	560,484
Disabled	3.6	236	46.0	13.6	22.9	12.5	27.6	18.4	4.9	512	38,943	427,783
Adults	2.3	126	26.5	33.7	26.6	10.0	18.5	8.3	2.8	476	638	4,631
Children	2.6	428	15.5	15.8	21.1	26.3	26.3	5.3	5.3	2,763	19	172
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	4.2	202	24.5	8.4	16.9	12.5	33.3	23.5	5.5	826	59,469	627,595
Male	3.1	188	28.4	16.1	23.6	13.5	28.3	15.5	3.0	661	34,917	365,474
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	1
<b>Race</b>												
White	4.0	210	25.1	10.9	18.3	12.2	31.2	22.2	5.2	836	73,553	768,764
African American	3.5	183	28.8	13.1	22.1	12.9	30.7	17.9	3.5	633	4,317	45,880
Other/unknown	3.1	144	29.3	12.1	23.6	15.6	32.7	14.1	2.0	493	16,517	178,426
<b>use of nursing Facilities<sup>d</sup></b>												
Entire year	5.1	228	6.4	3.0	10.9	12.0	36.3	29.1	8.7	3,581	10,389	100,397
Part year	5.6	264	13.5	2.2	10.2	10.8	34.4	32.9	9.4	1,965	6,462	61,274
None	3.5	188	55.9	13.1	21.3	13.1	30.5	18.4	3.6	337	77,536	831,399
<b>Maintenance Assistance Status</b>												
Cash	3.2	177	50.1	12.7	24.6	14.1	30.1	15.8	2.7	352	47,126	519,234
Medically needy	4.3	270	33.7	6.9	15.1	13.4	35.1	24.0	5.4	800	1,605	17,352
Poverty related	2.0	119	40.2	40.4	25.2	10.1	15.3	7.3	1.7	295	2,290	20,565
Other/unknown	4.6	222	17.4	8.3	13.6	11.6	33.6	26.3	6.7	1,278	43,366	435,919

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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
<b>All</b>	<b>3.8</b>	<b>\$197</b>	<b>\$52</b>	<b>1.6</b>	<b>\$150</b>	<b>\$97</b>	<b>0.2</b>	<b>\$10</b>	<b>\$46</b>	<b>2.0</b>	<b>\$37</b>	<b>\$18</b>
<b>Age</b>												
5 and younger	3.8	502	133	1.8	475	260	0.3	6	22	1.7	22	13
6-14	2.2	417	188	0.9	230	256	0.3	172	567	1.0	14	14
15-20	1.8	192	104	0.8	156	193	0.1	12	93	0.9	23	26
21-44	2.7	211	77	1.2	170	143	0.1	9	67	1.4	31	22
45-64	4.3	256	60	1.8	197	111	0.2	12	56	2.3	47	21
65-74	3.8	173	45	1.6	128	82	0.2	8	44	2.0	36	18
75-84	4.1	170	42	1.7	125	76	0.2	9	37	2.2	36	16
85 and older	4.1	157	39	1.6	114	73	0.3	10	33	2.2	33	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.0	168	42	1.6	123	77	0.2	9	38	2.1	35	16
Disabled	3.6	236	66	1.5	185	123	0.2	11	60	1.9	40	21
Adults	2.3	126	55	0.8	93	115	0.1	6	60	1.4	27	20
Children	2.6	428	162	1.2	356	307	0.2	14	85	1.3	58	44
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	4.2	202	48	1.7	152	89	0.2	10	44	2.2	39	18
Male	3.1	188	61	1.3	146	115	0.2	8	51	1.6	33	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	4.0	210	53	1.6	160	99	0.2	10	46	2.1	40	19
African American	3.5	183	53	1.4	142	104	0.2	8	42	1.9	33	17
Other/unknown	3.1	144	47	1.3	110	85	0.2	7	46	1.6	28	17
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	5.1	228	45	2.0	167	83	0.4	14	39	2.7	46	17
Part year	5.6	264	47	2.3	198	88	0.4	16	42	3.0	51	17
None	3.5	188	54	1.4	144	100	0.2	9	48	1.9	35	19
<b>Maintenance Assistance Status</b>												
Cash	3.2	177	56	1.3	137	102	0.1	8	52	1.7	32	19
Medically needy	4.3	270	63	1.8	213	116	0.2	13	57	2.2	43	20
Poverty related	2.0	119	60	0.8	93	114	0.1	7	58	1.1	19	19
Other/unknown	4.6	222	48	1.8	166	91	0.3	12	42	2.5	43	18

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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 Washington, 0.5 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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total No. of Rx			Total Rx \$			Users			
	Total	Patented		Total	Patented		Total	Patented		Total Rx \$	No. Dual Benes	As % of Dual Benes	No. of Bene Mos			
		Off-Patent	Brand-Name		Generic	Off-Patent		Brand-Name	Generic							
Anti-infective Agents	0.3	0.2	0.0	0.2	\$22	\$18	\$1	\$3	\$63	\$115	\$91	\$15	194,232	50,605	53.6 %	557,871
Biologics	0.1	0.1	0.0	0.0	5	2	0	3	51	24	676	121	3,103	2,850	3.0	32,228
Antineoplastic Agents	0.5	0.2	0.0	0.2	96	75	6	16	199	355	129	68	14,983	2,983,041	3.1	31,002
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.4	29	22	1	6	34	57	26	15	395,839	13,329,944	43.7	453,812
Cardiovascular Agents	1.4	0.5	0.1	0.9	44	27	3	14	31	59	29	17	818,689	25,560,621	56.5	579,352
Respiratory Agents	0.6	0.3	0.0	0.2	29	22	3	4	49	69	74	18	238,102	11,579,085	37.2	392,742
Gastrointestinal Agents	0.7	0.4	0.0	0.3	43	38	0	5	64	106	81	15	287,619	18,493,356	41.1	426,684
Genitourinary Agents	0.4	0.3	0.0	0.1	23	21	0	2	52	69	30	17	67,483	3,524,640	14.7	153,329
CNS Drugs	1.2	0.6	0.0	0.5	88	73	2	13	76	125	69	23	649,243	49,324,348	54.7	560,960
Stimulants/Anti-obesity/Anorexia	0.7	0.1	0.1	0.5	39	8	8	22	58	123	86	44	6,017	348,464	0.9	9,009
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	84	84	0	0	149	152	0	19	16,984	2,534,105	3.0	30,023
Analgesics and Anesthetics	0.8	0.3	0.0	0.5	44	32	2	10	54	124	68	18	455,645	24,385,847	54.0	555,944
Neuromuscular Agents	0.8	0.3	0.1	0.4	53	41	3	10	65	118	53	23	256,276	16,659,259	29.7	311,689
Nutritional Products	0.5	0.0	0.0	0.5	8	0	1	7	16	29	17	16	96,087	1,523,845	18.0	182,252
Hematological Agents	0.7	0.2	0.1	0.4	40	31	3	6	60	185	23	15	99,962	5,958,782	14.8	149,204
Topical Products	0.4	0.1	0.0	0.2	13	8	1	4	35	59	44	18	153,761	5,387,697	40.0	422,904
Miscellaneous Products	0.3	0.1	0.0	0.1	41	28	7	7	150	247	279	50	8,457	1,264,610	3.0	30,579
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	19	0	0	0	6,509	124,141	2.7	28,332
<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.	n.a.	n.a.	3,768,991	195,462,249	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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\\_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 Washington, 0.5 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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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	\$27,991,094	24,686	26.2 %	272,694	0.7	\$155	\$103	
ANTIDEPRESSANTS	17,570,428	50,134	53.1	552,717	0.6	56	32	
ANALGESICS - Narcotic	15,475,730	59,381	62.9	653,521	0.5	51	24	
ULCER DRUGS	14,828,198	38,915	41.2	433,995	0.5	67	34	
ANTICONVULSANT	13,344,913	21,725	23.0	242,913	0.7	82	55	
ANTHYPERLIPIDEMIC	8,141,478	17,360	18.4	196,866	0.6	74	41	
ANTIDIABETIC	7,983,575	26,364	27.9	292,909	0.6	44	27	
ANALGESICS - ANTI-INFLAMMATORY	7,388,114	29,184	30.9	331,805	0.4	63	22	
ANTHYPERTENSIVE	7,195,124	32,366	34.3	358,233	0.6	35	20	
ANTIASTHMATIC	6,628,682	31,191	33.0	348,460	0.4	53	19	
Total	126,547,336	331,306		3,684,113	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>1,922,840</b>	<b>\$126,547,336</b>	<b>24,686</b>	<b>26.2 %</b>	<b>272,694</b>	<b>0.7</b>	<b>\$103</b>	<b>50,134</b>	<b>53.1 %</b>	<b>552,717</b>	<b>0.6</b>	<b>\$32</b>					
<b>Female</b>	1,299,327	81,065,011	14,253	24.0	157,203	0.6	86	35,117	59.1	388,038	0.6	32					
<b>Disabled</b>	512,865	37,509,988	6,873	34.8	78,823	0.7	104	15,577	78.9	177,679	0.6	35					
5 and younger	37	1,778	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	25	976	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	564	43,059	6	9.4	60	0.4	80	28	43.8	301	0.5	33					
21-44	157,760	12,592,383	3,139	40.9	35,956	0.7	104	5,454	71.1	62,206	0.5	35					
45-64	353,517	24,797,663	3,721	31.2	42,762	0.7	103	10,066	84.5	114,926	0.6	35					
65-74	904	72,512	7	9.3	45	0.7	75	28	37.3	234	0.5	23					
75-84	38	1,617	0	0.0	0	0.0	0	1	50.0	12	0.1	1					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
<b>Other Eligibles</b>	786,462	43,555,023	7,380	18.6	78,380	0.6	69	19,540	49.2	210,359	0.6	29					
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	44	2,585	1	14.3	12	0.4	63	1	14.3	12	0.3	14					
21-44	2,651	172,151	37	11.6	299	0.4	59	132	41.3	1,219	0.5	35					
45-64	2,190	128,392	13	12.3	106	0.6	47	61	57.5	587	0.7	35					
65-74	283,867	16,378,713	1,848	14.6	20,599	0.6	80	6,185	48.9	69,640	0.5	27					
75-84	291,774	16,002,190	2,833	20.1	30,248	0.6	68	7,092	50.2	76,338	0.6	29					
85 and older	205,936	10,870,992	2,648	21.1	27,116	0.6	61	6,069	48.4	62,563	0.6	30					
<b>Male</b>	623,513	45,482,325	10,433	29.9	115,491	0.7	125	15,017	43.0	164,679	0.6	32					
<b>Disabled</b>	360,117	31,145,049	7,787	40.5	88,557	0.8	140	9,323	48.5	105,241	0.6	35					
5 and younger	15	190	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	6	35	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	705	59,061	28	28.9	336	0.6	97	23	23.7	270	0.6	36					
21-44	164,215	15,844,557	4,671	45.7	52,997	0.8	141	4,714	46.1	53,281	0.5	35					
45-64	194,740	15,219,699	3,088	35.0	35,224	0.8	140	4,576	51.9	51,594	0.6	34					
65-74	436	21,507	0	0.0	0	0.0	0	10	19.2	96	0.4	28					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
<b>Other Eligibles</b>	263,396	14,337,276	2,646	16.8	26,934	0.6	74	5,694	36.3	59,438	0.6	28					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	2	10	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	98	12,401	5	45.5	40	0.6	145	4	36.4	38	0.9	107					
21-44	1,704	128,113	12	7.9	116	0.3	50	61	40.1	551	0.4	24					
45-64	1,579	88,522	5	5.3	52	2.5	171	48	51.1	471	0.5	20					
65-74	120,414	6,840,742	872	12.9	9,404	0.6	93	2,198	32.6	24,268	0.5	27					
75-84	94,965	4,960,826	1,012	17.9	10,342	0.6	66	2,099	37.0	21,634	0.6	29					
85 and older	44,634	2,306,662	740	24.3	6,980	0.6	60	1,284	42.2	12,476	0.6	30					
<b>Unknown</b>	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 Washington, released by CMS in 06/2006. 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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic					ULCER DRUGS					ANTICONVULSANT				
	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 \$
<b>All</b>	<b>59,381</b>	<b>62.9 %</b>	<b>653,521</b>	<b>0.5</b>	<b>\$24</b>	<b>38,915</b>	<b>41.2 %</b>	<b>433,995</b>	<b>0.5</b>	<b>\$34</b>	<b>21,725</b>	<b>23.0 %</b>	<b>242,913</b>	<b>0.7</b>	<b>\$55</b>
<b>Female</b>	41,408	69.6	457,306	0.5	24	27,258	45.8	305,137	0.5	35	13,392	22.5	149,875	0.7	52
<b>Disabled</b>	17,464	88.5	199,624	0.5	27	9,136	46.3	105,092	0.5	35	7,562	38.3	86,614	0.7	64
5 and younger	2	66.7	24	0.1	1	4	133.3	48	0.4	23	1	33.3	12	0.2	7
6-14	2	33.3	24	0.3	2	1	16.7	7	0.7	88	1	16.7	12	0.1	1
15-20	44	68.8	488	0.2	3	16	25.0	184	0.4	26	19	29.7	215	0.6	80
21-44	6,175	80.5	70,613	0.4	23	2,758	36.0	31,651	0.4	29	3,147	41.0	36,091	0.7	69
45-64	11,200	94.0	128,127	0.5	29	6,339	53.2	73,040	0.5	37	4,382	36.8	50,193	0.7	61
65-74	38	50.7	312	0.5	73	18	24.0	162	0.5	40	12	16.0	91	0.5	43
75-84	3	150.0	36	0.7	35	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
<b>Other Eligibles</b>	23,944	60.3	257,682	0.5	22	18,122	45.6	200,045	0.5	35	5,830	14.7	63,261	0.6	34
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	4	57.1	42	0.3	4	1	14.3	12	0.3	2	0	0.0	0	0.0	0
21-44	205	64.1	1,960	0.5	20	57	17.8	567	0.3	26	61	19.1	592	0.5	62
45-64	76	71.7	724	0.8	39	37	34.9	409	0.5	39	17	16.0	175	1.0	68
65-74	8,106	64.1	91,268	0.4	21	6,504	51.4	74,175	0.5	33	2,175	17.2	24,176	0.6	40
75-84	8,406	59.5	91,368	0.5	21	6,574	46.6	72,646	0.5	35	2,226	15.8	24,253	0.6	31
85 and older	7,147	57.0	72,320	0.5	24	4,949	39.5	52,236	0.6	36	1,351	10.8	14,065	0.6	28
<b>Male</b>	17,973	51.5	196,215	0.4	23	11,657	33.4	128,858	0.5	33	8,333	23.9	93,038	0.7	60
<b>Disabled</b>	10,785	56.1	120,923	0.5	27	5,538	28.8	62,765	0.5	34	6,192	32.2	70,359	0.7	68
5 and younger	4	80.0	39	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	50.0	36	0.1	0	2	33.3	24	0.1	1	0	0.0	0	0.0	0
15-20	43	44.3	506	0.1	2	22	22.7	254	0.3	19	20	20.6	240	0.4	29
21-44	5,455	53.3	61,566	0.4	24	2,454	24.0	28,034	0.5	31	3,281	32.1	37,263	0.7	70
45-64	5,256	59.6	58,564	0.5	32	3,051	34.6	34,377	0.5	36	2,888	32.7	32,829	0.7	66
65-74	24	46.2	212	0.4	14	9	17.3	76	0.5	35	3	5.8	27	0.4	23
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	7,188	45.8	75,292	0.4	17	6,119	39.0	66,093	0.5	32	2,141	13.6	22,679	0.6	38
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	50.0	3	0.7	3	0	0.0	0	0.0	0
15-20	3	27.3	28	0.1	1	4	36.4	39	0.5	29	2	18.2	17	1.0	77
21-44	115	75.7	1,008	0.6	49	33	21.7	321	0.3	21	24	15.8	228	0.6	67
45-64	68	72.3	652	0.6	41	35	37.2	363	0.5	28	20	21.3	203	0.5	35
65-74	3,198	47.5	35,312	0.4	17	2,668	39.6	29,787	0.5	32	959	14.2	10,564	0.6	43
75-84	2,438	43.0	25,280	0.4	15	2,270	40.0	24,474	0.5	32	772	13.6	8,151	0.6	35
85 and older	1,366	44.9	13,012	0.4	16	1,108	36.4	11,106	0.6	36	364	12.0	3,516	0.6	28
<b>Unknown</b>	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 Washington, released by CMS in 06/2006. 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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2002

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANTI-DIABETIC					ANALGESICS - ANTI-INFLAMMATORY				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>17,360</b>	<b>18.4 %</b>	<b>196,866</b>	<b>0.6</b>	<b>\$41</b>	<b>26,364</b>	<b>27.9 %</b>	<b>292,909</b>	<b>0.6</b>	<b>\$27</b>	<b>29,184</b>	<b>30.9 %</b>	<b>331,805</b>	<b>0.4</b>	<b>\$22</b>
<b>Female</b>	11,499	19.3	130,589	0.6	41	18,144	30.5	202,432	0.6	27	20,464	34.4	233,140	0.4	25
<b>Disabled</b>	3,508	17.8	40,432	0.5	41	5,511	27.9	63,267	0.6	32	8,499	43.1	98,020	0.3	22
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	1.6	12	0.1	3	3	4.7	36	0.2	6	12	18.8	136	0.1	4
21-44	543	7.1	6,224	0.5	36	1,063	13.9	12,178	0.6	28	2,961	38.6	34,121	0.3	14
45-64	2,948	24.8	34,049	0.5	41	4,416	37.1	50,794	0.6	32	5,510	46.3	63,607	0.4	26
65-74	16	21.3	147	0.6	63	28	37.3	247	0.6	40	15	20.0	144	0.3	18
75-84	0	0.0	0	0.0	0	1	50.0	12	0.9	22	1	50.0	12	0.1	7
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	7,991	20.1	90,157	0.6	42	12,633	31.8	139,165	0.6	25	11,965	30.1	135,120	0.4	27
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	7	2.2	83	0.4	38	16	5.0	164	0.4	36	76	23.8	738	0.3	7
45-64	21	19.8	212	0.5	42	34	32.1	339	0.7	36	36	34.0	372	0.4	36
65-74	3,910	30.9	44,851	0.6	42	5,398	42.7	60,869	0.6	27	4,985	39.4	57,442	0.4	25
75-84	3,125	22.1	34,916	0.6	42	4,907	34.8	53,935	0.6	24	4,217	29.9	47,878	0.4	28
85 and older	928	7.4	10,095	0.6	43	2,278	18.2	23,858	0.6	21	2,651	21.2	28,690	0.5	30
<b>Male</b>	5,861	16.8	66,277	0.6	42	8,220	23.5	90,477	0.6	28	8,720	25.0	98,665	0.3	17
<b>Disabled</b>	2,582	13.4	29,573	0.6	42	3,368	17.5	38,198	0.6	31	4,857	25.3	55,241	0.3	14
5 and younger	1	20.0	12	0.2	6	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	3.1	27	0.6	19	3	3.1	36	0.2	7	13	13.4	152	0.1	1
21-44	811	7.9	9,433	0.5	37	988	9.7	11,315	0.6	31	2,440	23.9	27,834	0.2	12
45-64	1,757	19.9	20,008	0.6	44	2,366	26.8	26,739	0.6	31	2,394	27.1	27,149	0.3	17
65-74	10	19.2	93	0.6	61	11	21.2	108	0.7	21	10	19.2	106	0.3	15
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	3,279	20.9	36,704	0.6	41	4,852	30.9	52,279	0.6	25	3,863	24.6	43,424	0.4	20
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9.1	6	0.2	3
21-44	14	9.2	129	0.5	36	26	17.1	236	0.6	34	36	23.7	359	0.3	31
45-64	13	13.8	147	0.6	40	24	25.5	278	0.6	23	28	29.8	287	0.3	14
65-74	1,853	27.5	21,156	0.6	42	2,464	36.6	27,419	0.6	27	1,978	29.4	22,711	0.3	17
75-84	1,161	20.5	12,811	0.6	40	1,702	30.0	18,082	0.6	23	1,313	23.2	14,721	0.3	20
85 and older	238	7.8	2,461	0.6	40	636	20.9	6,264	0.7	22	507	16.7	5,340	0.4	30
<b>Unknown</b>	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 Washington, released by CMS in 06/2006. 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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANTIASTHMATIC							
	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
<b>All</b>	<b>32,366</b>	<b>34.3 %</b>	<b>358,233</b>	<b>0.6</b>	<b>\$20</b>	<b>31,191</b>	<b>33.0 %</b>	<b>348,460</b>	<b>0.4</b>	<b>\$19</b>	<b>94,387</b>	<b>993,070</b>
<b>Female</b>	21,665	36.4	239,901	0.6	21	21,439	36.1	240,477	0.3	19	59,469	627,595
<b>Disabled</b>	4,774	24.2	54,645	0.5	19	8,726	44.2	100,750	0.3	18	19,731	218,674
5 and younger	1	33.3	12	0.7	4	4	133.3	48	0.1	11	3	36
6-14	2	33.3	24	0.5	13	0	0.0	0	0.0	0	6	66
15-20	3	4.7	33	0.2	2	21	32.8	230	0.3	18	64	707
21-44	885	11.5	10,101	0.5	14	2,643	34.5	30,614	0.3	15	7,670	85,118
45-64	3,861	32.4	44,307	0.5	20	6,031	50.6	69,622	0.4	19	11,911	132,119
65-74	22	29.3	168	0.5	22	27	36.0	236	0.4	23	75	604
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
<b>Other Eligibles</b>	16,891	42.5	185,256	0.6	21	12,713	32.0	139,727	0.4	20	39,738	408,921
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	24
15-20	0	0.0	0	0.0	0	5	71.4	60	0.4	25	7	62
21-44	14	4.4	136	0.4	13	68	21.3	626	0.3	10	320	2,530
45-64	29	27.4	286	0.7	22	34	32.1	327	0.3	21	106	861
65-74	5,900	46.6	66,903	0.6	21	5,156	40.8	58,762	0.4	21	12,650	136,761
75-84	6,411	45.4	70,637	0.6	21	4,547	32.2	49,841	0.4	20	14,119	146,973
85 and older	4,537	36.2	47,294	0.6	21	2,903	23.2	30,111	0.3	18	12,534	121,710
<b>Male</b>	10,701	30.6	118,332	0.6	19	9,752	27.9	107,963	0.4	19	34,917	365,474
<b>Disabled</b>	3,882	20.2	43,873	0.5	18	4,307	22.4	49,035	0.4	18	19,211	209,108
5 and younger	2	40.0	24	0.3	3	1	20.0	12	0.1	2	5	51
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	63
15-20	9	9.3	108	0.5	16	10	10.3	108	0.2	15	97	1,066
21-44	1,275	12.5	14,500	0.5	17	1,727	16.9	19,812	0.3	16	10,230	112,199
45-64	2,583	29.3	29,126	0.6	19	2,558	29.0	29,028	0.4	20	8,820	95,319
65-74	13	25.0	115	0.5	15	11	21.2	75	0.4	18	52	398
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	6,819	43.4	74,459	0.6	20	5,445	34.7	58,948	0.4	21	15,706	156,366
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	15
15-20	1	9.1	5	0.4	13	0	0.0	0	0.0	0	11	103
21-44	29	19.1	235	0.5	21	33	21.7	299	0.4	31	152	1,040
45-64	26	27.7	268	0.5	14	40	42.6	436	0.3	13	94	747
65-74	3,132	46.5	35,212	0.6	20	2,415	35.8	27,028	0.4	22	6,737	70,924
75-84	2,549	45.0	27,646	0.6	19	1,993	35.2	21,356	0.4	20	5,668	56,268
85 and older	1,082	35.6	11,093	0.6	19	964	31.7	9,829	0.4	20	3,042	27,269
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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](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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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
<b>All</b>	<b>\$228</b>	<b>5.1</b>	<b>10,389</b>	<b>100,397</b>
<b>Age</b>				
0-64	369	6.1	852	9,243
65-74	290	5.9	1,141	11,435
75-84	229	5.3	3,349	32,467
85 and older	184	4.5	5,047	47,252
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	220	5.1	7,507	73,821
Male	249	5.1	2,882	26,576
Unknown	0	0.0	0	0
<b>Race</b>				
White	227	5.1	9,397	90,714
African American	268	5.4	232	2,355
Other/unknown	222	4.8	760	7,328
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	213	5.0	9,540	91,204
Disabled	369	6.1	849	9,193
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 Washington, released by CMS in 06/2006. 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 6,462 beneficiaries who were in nursing facilities for part of their enrollment and their 61,274 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<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users					
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos	
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic						
Anti-infective Agents	0.4	0.2	0.0	0.2	\$15	\$1	\$2	\$43	\$66	\$11	31,775	\$1,364,552	6,968	67.1 %	71,196
Biologicals	0.1	0.0	0.0	0.1	1	0	1	20	18	0	630	12,566	591	5.7	6,275
Antineoplastic Agents	0.6	0.2	0.1	0.3	46	16	24	158	260	137	2,568	405,309	482	4.6	4,667
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	20	1	7	29	52	21	49,676	1,425,107	4,949	47.6	50,599
Cardiovascular Agents	1.5	0.3	0.2	1.0	33	14	4	23	51	26	97,368	2,221,867	6,665	64.2	66,592
Respiratory Agents	0.6	0.3	0.0	0.3	17	3	10	50	64	35	18,565	927,046	3,058	29.4	31,373
Gastrointestinal Agents	0.8	0.4	0.0	0.4	37	1	7	55	100	62	38,798	2,132,102	4,701	45.2	47,875
Genitourinary Agents	0.5	0.4	0.0	0.2	26	22	0	48	62	32	12,805	610,902	2,242	21.6	23,499
CNS Drugs	1.2	0.7	0.1	0.4	86	73	4	69	99	59	90,271	6,202,585	7,155	68.9	72,242
Stimulants/Anti-obesity/Anorexia	0.9	0.0	0.1	0.8	18	0	2	20	0	24	765	15,627	88	0.8	869
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	69	69	0	116	116	0	4,018	464,636	663	6.4	6,733
Analgesics and Anesthetics	1.1	0.5	0.1	0.5	55	46	3	51	87	47	58,736	3,022,552	5,579	53.7	54,947
Neuromuscular Agents	1.0	0.4	0.1	0.5	51	33	3	53	85	58	34,405	1,836,547	3,416	32.9	35,963
Nutritional Products	0.6	0.0	0.1	0.6	10	0	1	16	47	20	18,654	303,917	2,916	28.1	28,964
Hematological Agents	0.9	0.2	0.2	0.6	41	30	3	44	173	18	22,592	994,871	2,447	23.6	24,366
Topical Products	0.4	0.2	0.0	0.3	15	9	1	34	58	37	24,872	839,400	5,423	52.2	57,007
Miscellaneous Products	0.2	0.1	0.0	0.2	8	3	1	33	65	145	1,331	44,522	530	5.1	5,341
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	19	0	0	1,135	21,708	334	3.2	3,423
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.	508,964	22,845,816	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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 6,462 beneficiaries who were in nursing facilities for part of their enrollment and their 61,274 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](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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). In Washington, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Table D9

Dual Eligible Beneficiaries

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

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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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	\$3,223,172	3,686	35.5 %	38,572	0.7	\$127	\$84
ANTIDEPRESSANTS	2,557,740	6,619	63.7	68,757	0.7	53	37
ANALGESICS - Narcotic	2,322,673	5,635	54.2	56,129	0.8	51	41
ULCER DRUGS	1,809,621	4,221	40.6	44,020	0.6	63	41
ANTICONVULSANT	1,294,112	2,656	25.6	28,500	0.8	58	45
ANTIDIABETIC	782,195	2,871	27.6	29,992	0.7	35	26
ANTIHYPERTENSIVE	684,274	3,140	30.2	32,165	0.7	30	21
ANALGESICS - ANTI-INFLAMMATORY	659,195	1,692	16.3	18,007	0.5	69	37
ANTIASTHMATIC	636,634	3,136	30.2	32,515	0.4	52	20
DERMATOLOGICAL	538,989	5,468	52.6	59,158	0.2	37	9
Total	14,508,605	39,124		407,815	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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 6,462 beneficiaries who were in nursing facilities for part of their enrollment and their 61,274 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](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<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2002

Beneficiary Characteristics	All Top 10 Drug Groups										ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	Users as %			Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	NF Residents	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	NF Residents	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	NF Residents	Mean Rx \$	
			No. of Rx	Rx \$	Users as %															
<b>All</b>	<b>251,060</b>	<b>\$14,508,605</b>	<b>3,686</b>	<b>35.5 %</b>	<b>38,572</b>	<b>0.7</b>	<b>\$84</b>	<b>6,619</b>	<b>63.7 %</b>	<b>68,757</b>	<b>0.7</b>	<b>\$37</b>								
<b>Female</b>	180,489	10,308,830	2,568	34.2	27,205	0.6	80	4,879	65.0	51,022	0.7	37								
<b>Disabled</b>	13,613	968,860	176	43.1	1,963	0.7	125	302	74.0	3,331	0.7	42								
64 or younger	13,601	967,267	174	42.8	1,957	0.7	126	301	74.0	3,328	0.7	42								
65-74	12	1,593	2	200.0	6	0.3	7	1	100.0	3	0.3	24								
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
<b>Other Eligibles</b>	166,876	9,339,970	2,392	33.7	25,242	0.6	76	4,577	64.5	47,691	0.7	36								
64 or younger	165	10,585	2	40.0	24	0.5	4	5	100.0	60	0.7	60								
65-74	22,893	1,414,157	314	46.5	3,462	0.7	105	503	74.5	5,405	0.7	37								
75-84	63,164	3,531,065	917	39.5	9,745	0.6	79	1,671	72.0	17,659	0.7	37								
85 and older	80,654	4,384,163	1,159	28.3	12,011	0.6	67	2,398	58.5	24,567	0.7	36								
<b>Male</b>	70,571	4,199,775	1,118	38.8	11,367	0.7	92	1,740	60.4	17,735	0.7	39								
<b>Disabled</b>	16,091	1,194,356	195	44.2	2,221	0.8	140	323	73.2	3,632	0.8	45								
64 or younger	16,086	1,193,955	195	44.3	2,221	0.8	140	323	73.4	3,632	0.8	45								
65-74	5	401	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
<b>Other Eligibles</b>	54,480	3,005,419	923	37.8	9,146	0.7	81	1,417	58.0	14,103	0.7	37								
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
65-74	13,787	844,889	197	42.5	2,107	0.8	105	279	60.1	2,966	0.7	40								
75-84	23,256	1,226,165	392	38.1	3,992	0.7	72	614	59.7	6,117	0.7	37								
85 and older	17,437	934,365	334	35.2	3,047	0.7	75	524	55.2	5,020	0.7	36								
<b>Unknown</b>	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 Washington, released by CMS in 06/2006. 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 6,462 beneficiaries who were in nursing facilities for part of their enrollment and their 61,274 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](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic						ULCER DRUGS						ANTICONVULSANT						
	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	
<b>All</b>	<b>5,635</b>	<b>54.2 %</b>	<b>0.8</b>	<b>4,221</b>	<b>40.6 %</b>	<b>0.6</b>	<b>44,020</b>	<b>25.6 %</b>	<b>2,656</b>	<b>28,500</b>	<b>0.8</b>	<b>\$41</b>	<b>\$41</b>	<b>\$41</b>	<b>2,656</b>	<b>25.6 %</b>	<b>28,500</b>	<b>0.8</b>	<b>\$45</b>
<b>Female</b>	4,275	56.9	0.8	3,047	40.6	0.6	32,101	23.1	1,734	18,628	0.8	40	40	40	1,734	23.1	18,628	0.8	41
<b>Disabled</b>	243	59.6	0.9	168	41.2	0.6	1,868	62.3	254	2,858	0.8	47	47	47	254	62.3	2,858	0.8	63
64 or younger	242	59.5	0.9	167	41.0	0.6	1,865	62.4	254	2,858	0.8	48	48	48	254	62.4	2,858	0.8	63
65-74	1	100.0	2.3	1	100.0	0.3	3	0.0	0	0	0.0	18	18	18	0	0.0	0	0.0	0
75-84	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0	0.0	0	0	0	0	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	0
<b>Other Eligibles</b>	4,032	56.8	0.8	2,879	40.6	0.6	30,233	20.8	1,480	15,770	0.8	40	40	40	1,480	20.8	15,770	0.8	37
64 or younger	5	100.0	0.3	3	60.0	0.6	36	40.0	2	24	0.9	61	61	61	2	40.0	24	0.9	54
65-74	414	61.3	0.9	328	48.6	0.6	3,493	46.7	315	3,411	0.8	44	44	44	315	46.7	3,411	0.8	49
75-84	1,328	57.2	0.9	1,002	43.2	0.6	10,622	27.0	626	6,860	0.7	40	40	40	626	27.0	6,860	0.7	37
85 and older	2,285	55.8	0.7	1,546	37.7	0.7	16,082	13.1	537	5,475	0.7	39	39	39	537	13.1	5,475	0.7	31
<b>Male</b>	1,360	47.2	0.8	1,174	40.7	0.7	11,919	32.0	922	9,872	0.8	43	43	43	922	32.0	9,872	0.8	53
<b>Disabled</b>	236	53.5	1.1	203	46.0	0.7	2,310	71.2	314	3,613	0.9	52	52	52	314	71.2	3,613	0.9	75
64 or younger	236	53.6	1.1	203	46.1	0.7	2,310	71.1	313	3,606	0.9	52	52	52	313	71.1	3,606	0.9	75
65-74	0	0.0	0.0	0	0.0	0.0	0	0.0	1	7	0.7	0	0	0	1	100.0	7	0.7	57
75-84	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	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	0
<b>Other Eligibles</b>	1,124	46.0	0.7	971	39.8	0.7	9,609	24.9	608	6,259	0.8	41	41	41	608	24.9	6,259	0.8	41
64 or younger	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0	0.0	0	0	0	0	0.0	0	0.0	0
65-74	238	51.3	0.9	213	45.9	0.7	2,187	42.5	197	2,139	0.8	44	44	44	197	42.5	2,139	0.8	49
75-84	469	45.6	0.7	410	39.9	0.6	4,171	24.8	255	2,649	0.8	39	39	39	255	24.8	2,649	0.8	39
85 and older	417	43.9	0.6	348	36.7	0.7	3,251	16.4	156	1,471	0.7	42	42	42	156	16.4	1,471	0.7	31
<b>Unknown</b>	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	0

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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 6,462 beneficiaries who were in nursing facilities for part of their enrollment and their 61,274 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](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY						
	Users as %					Users as %					Users as %						
	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene among Users	Mean No. of Rx
<b>All</b>	<b>2,871</b>	<b>29,992</b>	<b>0.7</b>	<b>\$26</b>	<b>0.7</b>	<b>3,140</b>	<b>30.2 %</b>	<b>32,165</b>	<b>0.7</b>	<b>\$21</b>	<b>1,692</b>	<b>16.3 %</b>	<b>18,007</b>	<b>0.5</b>	<b>\$37</b>		
<b>Female</b>	2,027	21,544	0.7	26	0.7	2,195	29.2	22,732	0.7	21	1,314	17.5	14,083	0.5	37		
<b>Disabled</b>	153	1,688	0.8	34	0.8	81	19.9	857	0.8	22	74	18.1	831	0.5	35		
64 or younger	153	1,688	0.8	34	0.8	80	19.7	854	0.8	22	74	18.2	831	0.5	35		
65-74	0	0	0.0	0	0.0	1	100.0	3	0.3	10	0	0.0	0	0.0	0		
75-84	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
85 and older	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
<b>Other Eligibles</b>	1,874	19,856	0.7	25	0.7	2,114	29.8	21,875	0.7	21	1,240	17.5	13,252	0.5	37		
64 or younger	3	36	0.8	52	0.8	2	40.0	24	0.7	22	1	20.0	12	0.1	3		
65-74	329	3,501	0.8	31	0.8	229	33.9	2,481	0.7	22	136	20.1	1,456	0.5	32		
75-84	793	8,504	0.7	26	0.7	755	32.5	7,954	0.7	22	409	17.6	4,460	0.5	39		
85 and older	749	7,815	0.7	22	0.7	1,128	27.5	11,416	0.7	21	694	16.9	7,324	0.6	37		
<b>Male</b>	844	8,448	0.7	27	0.7	945	32.8	9,433	0.7	21	378	13.1	3,924	0.5	36		
<b>Disabled</b>	95	1,067	0.8	38	0.8	130	29.5	1,433	0.7	21	58	13.2	655	0.5	47		
64 or younger	95	1,067	0.8	38	0.8	130	29.5	1,433	0.7	21	58	13.2	655	0.5	47		
65-74	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
75-84	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
85 and older	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
<b>Other Eligibles</b>	749	7,381	0.7	25	0.7	815	33.4	8,000	0.7	21	320	13.1	3,269	0.5	34		
64 or younger	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
65-74	218	2,258	0.7	25	0.7	181	39.0	1,827	0.7	22	60	12.9	633	0.6	38		
75-84	324	3,195	0.7	24	0.7	360	35.0	3,574	0.7	21	137	13.3	1,464	0.5	31		
85 and older	207	1,928	0.7	26	0.7	274	28.9	2,599	0.7	21	123	13.0	1,172	0.5	36		
<b>Unknown</b>	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 Washington, released by CMS in 06/2006. 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 6,462 beneficiaries who were in nursing facilities for part of their enrollment and their 61,274 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](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2002

Beneficiary Characteristics	ANTI-ASTHMATIC					DERMATOLOGICAL						
	Users as %		No. of Bene		Mean Rx	Users as %		No. of Bene		Mean Rx		
	No. of Users	Residents	NF	Residents		NF	Residents	No. of Rx	Residents			
<b>All</b>	<b>3,136</b>	<b>30.2 %</b>	<b>32,515</b>	<b>0.4</b>	<b>\$20</b>	<b>5,468</b>	<b>52.6 %</b>	<b>59,158</b>	<b>0.2</b>	<b>\$9</b>	<b>10,389</b>	<b>100,397</b>
<b>Female</b>	2,173	28.9	22,688	0.4	19	3,872	51.6	42,037	0.2	9	7,507	73,821
<b>Disabled</b>	108	26.5	1,185	0.4	21	333	81.6	3,667	0.3	15	408	4,390
64 or younger	108	26.5	1,185	0.4	21	333	81.8	3,667	0.3	15	407	4,387
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	2,065	29.1	21,503	0.4	19	3,539	49.9	38,370	0.2	8	7,099	69,431
64 or younger	0	0.0	0	0.0	0	6	120.0	72	0.1	5	5	60
65-74	254	37.6	2,643	0.4	22	429	63.6	4,833	0.3	11	675	6,886
75-84	776	33.4	8,182	0.4	21	1,256	54.1	13,854	0.2	8	2,321	23,250
85 and older	1,035	25.3	10,678	0.3	17	1,848	45.1	19,611	0.2	8	4,098	39,235
<b>Male</b>	963	33.4	9,827	0.4	21	1,596	55.4	17,121	0.3	10	2,882	26,576
<b>Disabled</b>	133	30.2	1,526	0.4	22	359	81.4	4,097	0.3	14	441	4,803
64 or younger	133	30.2	1,526	0.4	22	359	81.6	4,097	0.3	14	440	4,796
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	830	34.0	8,301	0.4	21	1,237	50.7	13,024	0.2	8	2,441	21,773
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	160	34.5	1,635	0.5	24	294	63.4	3,219	0.3	9	464	4,539
75-84	343	33.4	3,551	0.4	20	540	52.5	5,678	0.2	8	1,028	9,217
85 and older	327	34.5	3,115	0.4	20	403	42.5	4,127	0.3	7	949	8,017
<b>Unknown</b>	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 Washington, released by CMS in 06/2006. 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 6,462 beneficiaries who were in nursing facilities for part of their enrollment and their 61,274 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](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<sup>a,b</sup>  
 WASHINGTON, 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	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Dual Rx	Total No. of Benes
			39.9 %	2.0					
<b>All</b>	<b>37,689</b>	<b>39.9 %</b>	<b>2.0</b>	<b>184,840</b>	<b>\$60</b>	<b>\$5,685,099</b>	<b>\$31</b>	<b>2.9 %</b>	<b>94,387</b>
<b>Age</b>									
5 and younger	6	75.0	1.5	12	159	1,268	106	2.9	8
6-14	5	31.3	0.8	13	85	1,364	105	1.9	16
15-20	56	31.3	1.3	228	210	37,648	165	10.1	179
21-44	6,656	36.2	1.8	32,925	62	1,140,845	35	2.7	18,373
45-64	9,244	44.2	2.6	53,915	93	1,943,480	36	3.3	20,931
65-74	7,878	40.4	1.9	37,585	48	940,419	25	2.6	19,514
75-84	7,856	39.7	1.8	35,056	45	884,632	25	2.6	19,790
85 and older	5,988	38.4	1.6	25,106	47	735,443	29	3.2	15,576
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	21,714	39.6	1.8	97,741	47	2,559,204	26	2.7	54,787
Disabled	15,813	40.6	2.2	86,448	80	3,104,868	36	3.1	38,943
Adults	161	25.2	1.0	644	33	20,838	32	3.6	638
Children	1	5.3	0.4	7	10	189	27	0.3	19
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	25,787	43.4	2.2	128,095	61	3,623,066	28	2.9	59,469
Male	11,902	34.1	1.6	56,745	59	2,062,033	36	3.0	34,917
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
<b>Race</b>									
White	29,166	39.7	2.0	149,034	64	4,699,837	32	2.9	73,553
African American	1,500	34.7	1.6	6,706	50	217,826	32	2.6	4,317
Other/unknown	7,023	42.5	1.8	29,100	46	767,436	26	3.0	16,517
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	4,588	44.2	2.2	23,173	99	1,029,589	44	4.5	10,389
Part year	3,475	53.8	2.6	16,762	117	757,086	45	4.7	6,462
None	29,626	38.2	1.9	144,905	50	3,898,424	27	2.5	77,536
<b>Maintenance Assistance Status</b>									
Cash	18,186	38.6	1.8	85,286	44	2,086,926	24	2.3	47,126
Medically needy	722	45.0	2.3	3,691	86	138,775	38	3.0	1,605
Poverty related	512	22.4	0.9	1,989	40	92,525	47	3.8	2,290
Other/unknown	18,269	42.1	2.2	93,874	78	3,366,873	36	3.5	43,366

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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<sup>a,b</sup>  
 WASHINGTON, 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
All	0.2	\$6	\$31	\$0	\$1	993,070
<b>Age</b>						
5 and younger	0.1	15	106	0	0	87
6-14	0.1	8	105	0	0	168
15-20	0.1	19	165	0	2	1,938
21-44	0.2	6	35	0	1	200,888
45-64	0.2	8	36	0	2	229,046
65-74	0.2	5	25	0	1	208,687
75-84	0.2	4	25	0	1	203,277
85 and older	0.2	5	29	0	1	148,979
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.2	5	26	0	1	560,484
Disabled	0.2	7	36	0	1	427,783
Adults	0.1	4	32	0	1	4,631
Children	0.0	1	27	0	0	172
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.2	6	28	0	1	627,595
Male	0.2	6	36	0	1	365,474
Unknown	0.0	0	0	0	0	1
<b>Race</b>						
White	0.2	6	32	0	1	768,764
African American	0.1	5	32	0	1	45,880
Other/unknown	0.2	4	26	0	1	178,426
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.2	10	44	0	2	100,397
Part year	0.3	12	45	0	2	61,274
None	0.2	5	27	0	1	831,399
<b>Maintenance Assistance Status</b>						
Cash	0.2	4	24	0	1	519,234
Medically needy	0.2	8	38	0	1	17,352
Poverty related	0.1	4	47	0	1	20,565
Other/unknown	0.2	8	36	0	1	435,919

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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<sup>a,b,c</sup>  
 WASHINGTON, 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
<b>All</b>	<b>48,004</b>	<b>\$118</b>	<b>\$5,685,099</b>	<b>100.0 %</b>	<b>184,840</b>	<b>\$31</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	3,249	279	905,382	15.9	7,634	119	4.1
Fertility drugs	2,721	55	150,704	2.7	2,916	52	1.6
Drugs for cosmetic purposes	920	1,008	927,481	16.3	4,949	187	2.7
Cough and cold medications	668	518	346,174	6.1	1,775	195	1.0
Vitamins and minerals	68	844	57,403	1.0	128	448	0.1
Non-prescription drugs	21,728	73	1,590,136	28.0	71,010	22	38.4
Barbiturates	956	16	15,420	0.3	1,509	10	0.8
Benzodiazepines	17,575	65	1,144,433	20.1	94,333	12	51.0
Other Part D Excl Rx Drugs	119	4,605	547,966	9.6	586	935	0.3

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 WASHINGTON, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 15,576  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$23,339,915  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,499

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,002	6.4 %	0	0.0 %
1-500	4,128	26.5	924,129	4.0
501-1,000	2,736	17.6	2,021,876	8.7
1,001-1,500	1,969	12.6	2,437,541	10.4
1,501-2,000	1,502	9.6	2,604,434	11.2
2,001-2,500	1,114	7.2	2,493,149	10.7
2,501-3,000	878	5.6	2,408,627	10.3
3,001-3,500	613	3.9	1,983,934	8.5
3,501-4,000	439	2.8	1,645,459	7.0
4,001-4,500	338	2.2	1,433,197	6.1
4,501-5,000	218	1.4	1,029,556	4.4
5,001-5,500	175	1.1	914,682	3.9
5,501-6,000	122	0.8	701,224	3.0
6,001-6,500	80	0.5	499,335	2.1
6,501-7,000	74	0.5	497,994	2.1
7,001-7,500	44	0.3	318,559	1.4
7,501-8,000	27	0.2	207,814	0.9
8,001-8,500	26	0.2	214,868	0.9
8,501-9,000	23	0.1	201,053	0.9
9,001-9,500	9	0.1	83,533	0.4
9,501-10,000	15	0.1	145,633	0.6
10,001+	44	0.3	573,318	2.5

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>94,667</b>	<b>54,874</b>	<b>38,953</b>	<b>821</b>	<b>19</b>	<b>998,225</b>	<b>561,828</b>	<b>428,990</b>	<b>7,217</b>	<b>190</b>	<b>0</b>
<b>Age</b>											
5 and younger	8	0	8	0	0	87	0	87	0	0	0
6-14	16	0	12	0	4	169	0	130	0	39	0
15-20	181	0	161	5	15	1,983	0	1,775	57	151	0
21-44	18,493	1	17,904	588	0	203,362	12	198,101	5,249	0	0
45-64	21,001	62	20,738	201	0	230,306	707	227,859	1,740	0	0
65-74	19,533	19,384	127	22	0	209,049	207,904	1,002	143	0	0
75-84	19,828	19,820	3	5	0	203,856	203,792	36	28	0	0
85 and older	15,607	15,607	0	0	0	149,413	149,413	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	59,638	39,400	19,738	493	7	630,873	406,862	219,584	4,355	72	0
Male	35,028	15,474	19,214	328	12	367,351	154,966	209,405	2,862	118	0
Unknown	1	0	1	0	0	0	0	1	0	0	0
<b>Race</b>											
White	73,764	40,837	32,339	577	11	772,542	409,806	357,568	5,058	110	0
African American	4,360	1,726	2,566	68	0	46,565	18,444	27,511	610	0	0
Other/unknown	16,543	12,311	4,048	176	8	179,118	133,578	43,911	1,549	80	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	10,389	9,540	849	0	0	100,402	91,209	9,193	0	0	0
Part year	6,463	5,652	810	1	0	61,341	52,787	8,549	5	0	0
None	77,815	39,682	37,294	820	19	836,482	417,832	411,248	7,212	190	0
<b>Maintenance Assistance Status</b>											
Cash	47,214	21,589	25,405	220	0	521,221	240,965	278,210	2,046	0	0
Medically needy	1,605	614	991	0	0	17,504	6,687	10,817	0	0	0
Poverty related	2,291	1,058	1,120	102	11	20,735	8,513	11,211	901	110	0
Other/unknown	43,557	31,613	11,437	499	8	438,765	305,663	128,752	4,270	80	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	91,581	53,317	37,450	795	19	965,958	546,132	412,689	6,947	190	0
Full dual, part year	3,086	1,557	1,503	26	0	32,267	15,696	16,301	270	0	0
<b>Managed Care Status</b>											
FFS all year	93,944	54,709	38,726	493	16	990,709	560,044	426,485	4,023	157	0
FFS part year, with Rx claims	351	41	195	113	2	3,756	448	2,177	1,110	21	0
FFS part year, no Rx claims	92	37	22	32	1	933	403	225	293	12	0
MC all year, with Rx claims	22	2	2	18	0	202	6	23	173	0	0
MC all year, no Rx claims	258	85	8	165	0	2,625	927	80	1,618	0	0

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2002

Beneficiary Characteristics	Bene(s) in Cell F of Table 1		Included 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
<b>All</b>	<b>94,667</b>	<b>998,225</b>	<b>94,387</b>	<b>993,070</b>	<b>0</b>	<b>5,155</b>
FFS all year	93,944	990,709	93,944	990,709	0	0
FFS part year, with Rx claims	351	3,756	351	2,041	0	1,715
FFS part year, with no Rx claims	92	933	92	320	0	613
MC all year, with Rx claims	22	202	0	0	0	202
MC all year, with no Rx claims	258	2,625	0	0	0	2,625

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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.