

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

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL 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		
All	649,996	10,119	93,107	211,910	334,860	0	4,086,623	100,617	957,148	1,268,140	1,760,718	0		
Age														
5 and younger	138,659	0	3,764	7	134,888	0	664,752	0	37,574	15	627,163	0		
6-14	156,145	3	9,758	335	146,049	0	934,310	33	106,819	1,789	825,669	0		
15-20	111,813	7	7,229	50,700	53,877	0	718,897	73	76,061	335,164	307,599	0		
21-44	186,251	10	34,223	151,972	46	0	1,233,369	99	344,687	888,296	287	0		
45-64	47,078	214	38,000	8,864	0	0	435,726	2,043	390,954	42,729	0	0		
65-74	5,927	5,780	122	25	0	0	61,814	60,749	936	129	0	0		
75-84	2,725	2,714	7	4	0	0	27,019	26,940	69	10	0	0		
85 and older	1,398	1,391	4	3	0	0	10,736	10,680	48	8	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Gender														
Female	397,587	6,426	47,862	177,381	165,918	0	2,552,697	63,467	500,348	1,114,660	874,222	0		
Male	252,383	3,689	45,231	34,527	168,936	0	1,533,677	37,102	456,643	153,461	886,471	0		
Unknown	26	4	14	2	6	0	249	48	157	19	25	0		
Race														
White	392,784	6,184	69,698	104,136	212,766	0	2,477,243	61,026	719,328	541,441	1,155,448	0		
African American	37,013	330	7,955	9,884	18,844	0	217,822	3,343	79,887	43,701	90,891	0		
Other/unknown	220,199	3,605	15,454	97,890	103,250	0	1,391,558	36,248	157,933	682,998	514,379	0		
Use of Nursing Facilities^c														
Entire year	975	250	720	4	1	0	9,073	2,397	6,657	10	9	0		
Part year	1,746	231	1,466	36	13	0	16,835	2,230	14,336	184	85	0		
None	647,275	9,638	90,921	211,870	334,846	0	4,060,715	95,990	936,155	1,267,946	1,760,624	0		
Maintenance Assistance Status														
Cash	171,371	7,109	83,628	30,380	50,254	0	1,309,177	75,428	854,425	132,957	246,367	0		
Medically needy	820	35	749	29	7	0	7,533	374	6,997	132	30	0		
Poverty-related	197,709	52	79	34,884	162,694	0	1,040,073	322	567	191,679	847,505	0		
Other/unknown	280,096	2,923	8,651	146,617	121,905	0	1,729,840	24,493	95,159	943,372	666,816	0		
Managed Care Status														
FFS all year	358,512	10,098	89,968	134,053	124,393	0	3,070,399	100,470	937,556	983,218	1,049,155	0		
FFS part year, with Rx claims	101,255	18	2,533	40,234	58,470	0	440,331	131	16,463	165,459	258,278	0		
FFS part year, no Rx claims	190,229	3	606	37,623	151,997	0	575,893	16	3,129	119,463	453,285	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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.3

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL 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	42.6 %	5.9	\$319	\$54	\$2,264	14.1 %	649,996
Age							
5 and younger	35.9	1.4	50	36	1,594	3.1	138,659
6-14	34.8	2.0	123	61	1,076	11.4	156,145
15-20	34.1	2.2	118	54	1,270	9.3	111,813
21-44	47.9	6.8	391	58	2,790	14.0	186,251
45-64	80.4	33.3	1,819	55	7,671	23.7	47,078
65-74	83.7	25.8	1,119	43	6,056	18.5	5,927
75-84	74.2	22.3	900	40	6,086	14.8	2,725
85 and older	37.4	11.9	467	39	5,007	9.3	1,398
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	75.7	23.4	995	43	5,999	16.6	10,119
Disabled	82.3	27.9	1,750	63	7,734	22.6	93,107
Adults	36.9	2.4	82	34	1,685	4.9	211,910
Children	34.1	1.4	51	36	996	5.2	334,860
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	43.3	6.2	307	49	2,311	13.3	397,587
Male	41.5	5.3	339	64	2,188	15.5	252,383
Unknown	69.2	28.0	1,006	36	6,746	14.9	26
Race							
White	48.0	7.3	409	56	2,566	16.0	392,784
African American	42.9	6.0	304	50	2,640	11.5	37,013
Other/unknown	32.8	3.2	161	50	1,662	9.7	220,199
Use of Nursing Facilities^d							
Entire year	96.6	60.3	3,431	57	56,362	6.1	975
Part year	97.9	69.5	4,160	60	51,042	8.1	1,746
None	42.4	5.6	304	54	2,051	14.8	647,275
Maintenance Assistance Status							
Cash	63.8	15.6	917	59	4,532	20.2	171,371
Medically needy	94.1	39.0	2,871	74	15,337	18.7	820
Poverty related	37.3	1.4	46	32	1,286	3.5	197,709
Other/unknown	33.2	2.9	139	47	1,528	9.1	280,096

Table ND3

Nondual 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 ND.3 includes beneficiaries represented by Cell K of Table 1.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. 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 ND.4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL 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	Less than 5, but 10 or More	More than 10			
All	0.9	\$51	14.1 %	57.4 %	29.5 %	4.9 %	5.4 %	2.3 %	0.5 %	\$360	649,996	4,086,623
Age												
5 and younger	0.3	11	3.1	64.1	32.2	2.5	1.1	0.1	0.0	333	138,659	664,752
6-14	0.3	21	11.4	65.2	30.0	2.9	1.7	0.2	0.0	180	156,145	934,310
15-20	0.3	18	9.3	65.9	28.1	3.6	2.1	0.3	0.0	198	111,813	718,897
21-44	1.0	59	14.0	52.1	30.2	6.9	7.4	2.8	0.6	421	186,251	1,233,369
45-64	3.6	197	23.7	19.6	21.0	12.0	26.3	16.8	4.3	829	47,078	435,726
65-74	2.5	107	18.5	16.3	30.4	15.9	26.8	9.5	1.2	581	5,927	61,814
75-84	2.2	91	14.8	25.8	26.9	15.2	22.9	8.1	1.0	614	2,725	27,019
85 and older	1.6	61	9.3	62.6	12.3	6.3	12.7	5.6	0.5	652	1,398	10,736
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	2.4	100	16.6	24.3	27.0	14.4	24.3	8.8	1.1	603	10,119	100,617
Disabled	2.7	170	22.6	17.7	31.3	12.8	22.8	12.3	3.1	752	93,107	957,148
Adults	0.4	14	4.9	63.1	27.5	4.7	3.6	1.0	0.2	282	211,910	1,268,140
Children	0.3	10	5.2	65.9	30.3	2.6	1.2	0.1	0.0	189	334,860	1,760,718
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.0	48	13.3	56.7	29.6	4.9	5.5	2.5	0.6	360	397,587	2,552,697
Male	0.9	56	15.5	58.5	29.3	4.8	5.3	1.8	0.3	360	252,383	1,533,677
Unknown	2.9	105	14.9	30.8	23.1	3.8	26.9	15.4	0.0	704	26	249
Race												
White	1.2	65	16.0	52.0	32.0	5.8	6.6	3.0	0.7	407	392,784	2,477,243
African American	1.0	52	11.5	57.1	28.6	5.4	6.0	2.4	0.5	449	37,013	217,822
Other/unknown	0.5	26	9.7	67.2	25.2	3.3	3.1	1.0	0.2	263	220,199	1,391,558
Use of Nursing Facilities^d												
Entire year	6.5	369	6.1	3.4	6.9	8.1	29.4	34.7	17.5	6,057	975	9,073
Part year	7.2	431	8.1	2.1	7.9	7.8	25.7	35.1	21.4	5,294	1,746	16,835
None	0.9	49	14.8	57.6	29.6	4.9	5.3	2.1	0.4	327	647,275	4,060,715
Maintenance Assistance Status												
Cash	2.0	120	20.2	36.2	32.0	9.4	14.1	6.8	1.5	593	171,371	1,309,177
Medically needy	4.3	313	18.7	5.9	18.0	13.2	35.4	22.6	5.0	1,669	820	7,533
Poverty related	0.3	9	3.5	62.7	33.1	2.9	1.2	0.1	0.0	245	197,709	1,040,073
Other/unknown	0.5	23	9.1	66.8	25.5	3.6	3.0	1.0	0.3	247	280,096	1,729,840

Table ND4

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

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
All	0.9	\$51	0.4	\$38	0.0	\$3	0.5	\$10
Age		\$54				\$57		\$19
5 and younger	0.3	11	0.1	7	0.0	1	0.2	3
6-14	0.3	21	0.1	15	0.0	2	0.2	4
15-20	0.3	18	0.1	14	0.0	1	0.2	3
21-44	1.0	59	0.4	46	0.1	3	0.6	10
45-64	3.6	197	1.4	149	0.2	10	2.0	38
65-74	2.5	107	1.0	80	0.1	5	1.3	23
75-84	2.2	91	0.9	66	0.1	4	1.2	20
85 and older	1.6	61	0.6	45	0.1	3	0.9	13
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	2.4	100	1.0	74	0.1	4	1.3	21
Disabled	2.7	170	1.1	132	0.1	8	1.5	31
Adults	0.4	14	0.1	9	0.0	1	0.2	3
Children	0.3	10	0.1	7	0.0	1	0.2	2
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.0	48	0.4	36	0.0	3	0.5	9
Male	0.9	56	0.3	43	0.0	3	0.5	10
Unknown	2.9	105	1.4	83	0.1	4	1.4	18
Race								
White	1.2	65	0.5	50	0.1	3	0.6	12
African American	1.0	52	0.4	39	0.1	3	0.6	10
Other/unknown	0.5	26	0.2	18	0.0	2	0.3	6
Use of Nursing Facilities^e								
Entire year	6.5	369	2.5	272	0.4	18	3.5	78
Part year	7.2	431	2.7	324	0.4	23	4.1	85
None	0.9	49	0.3	37	0.0	3	0.5	9
Maintenance Assistance								
Status								
Cash	2.0	120	0.8	92	0.1	6	1.1	22
Medically needy	4.3	313	1.9	254	0.2	16	2.2	42
Poverty related	0.3	9	0.1	6	0.0	1	0.2	2
Other/unknown	0.5	23	0.2	17	0.0	2	0.3	4

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

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, WASHINGTON, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos
	Users			Users							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent					
Anti-infective Agents	0.3	0.1	0.0	\$14	\$11	\$1	378,315	\$19,639,490	158,243	24.3 %	1,368,975
Biologics	0.1	0.1	0.0	42	38	1	2,836	914,627	2,051	0.3	21,986
Antineoplastic Agents	0.5	0.2	0.0	119	102	4	10,178	2,568,539	2,107	0.3	21,615
Endocrine/Metabolic Drugs	0.6	0.2	0.1	24	17	2	334,291	14,156,939	66,024	10.2	601,441
Cardiovascular Agents	1.0	0.4	0.1	35	23	2	439,675	15,176,152	42,150	6.5	429,511
Respiratory Agents	0.5	0.2	0.0	20	15	2	390,882	16,927,359	93,330	14.4	843,485
Gastrointestinal Agents	0.5	0.3	0.0	34	30	1	225,320	15,131,751	44,890	6.9	443,296
Genitourinary Agents	0.3	0.2	0.0	11	9	0	42,088	1,749,197	17,881	2.8	165,285
CNS Drugs	1.0	0.5	0.0	75	63	2	690,178	53,436,454	75,720	11.6	715,867
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.1	42	22	7	74,666	4,442,308	11,759	1.8	106,979
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	111	110	0	3,189	862,923	755	0.1	7,782
Analgesics and Anesthetics	0.6	0.1	0.0	27	17	2	599,489	25,354,677	107,592	16.6	956,466
Neuromuscular Agents	0.7	0.3	0.0	49	40	2	303,115	20,763,214	43,143	6.6	426,774
Nutritional Products	0.3	0.0	0.0	4	0	0	72,735	1,087,572	32,532	5.0	254,724
Hematological Agents	0.5	0.1	0.1	118	88	3	37,293	8,342,026	7,035	1.1	70,692
Topical Products	0.2	0.1	0.0	7	4	1	191,144	5,465,741	84,258	13.0	773,444
Miscellaneous Products	0.3	0.1	0.0	32	21	6	11,136	1,428,599	4,551	0.7	44,344
Unknown Therapeutic Category	0.2	0.0	0.0	3	0	0	6,106	118,372	3,470	0.5	35,628
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,812,636	207,565,940	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (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 (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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, WASHINGTON, 2002

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$27,990,428	27,199	4.2 %	285,481	0.6	\$167	\$98
ANTIDEPRESSANTS	20,907,428	75,134	11.6	739,115	0.5	59	28
ANTICONVULSANT	17,724,953	28,786	4.4	301,164	0.6	94	59
ANALGESICS - Narcotic	16,235,243	116,498	17.9	1,095,089	0.4	40	15
ULCER DRUGS	11,339,264	43,457	6.7	445,829	0.4	66	25
ANTIASTHMATIC	8,717,168	64,513	9.9	622,192	0.3	46	14
ANTIVIRAL	7,400,871	7,023	1.1	69,363	0.3	323	107
ANALGESICS - ANTI-INFLAMMATORY	6,395,738	61,479	9.5	587,743	0.3	42	11
ANTIDIABETIC	6,007,659	20,151	3.1	209,791	0.6	49	29
ANTIHYPERTENSIVE	5,328,596	12,907	2.0	140,072	0.5	75	38
Total	128,047,348	457,147		4,495,839	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

TABLE ND.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}
 NONDUAL BENEFICIARIES, WASHINGTON, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	1,841,125	\$128,047,348	27,199	4.2 %	285,481	0.6	\$98	75,134	11.6 %	739,115	0.5	\$28					
Female	1,180,383	75,921,215	14,741	3.7	154,573	0.6	86	51,100	12.9	498,234	0.5	28					
Disabled	876,564	63,054,509	11,900	24.9	130,730	0.6	94	31,968	66.8	348,456	0.5	32					
5 and younger	4,725	335,767	3	0.2	23	0.5	75	15	0.9	172	0.5	11					
6-14	14,082	1,125,826	246	7.4	2,815	0.5	75	456	13.7	5,233	0.5	24					
15-20	17,575	1,298,116	412	14.3	4,578	0.5	70	841	29.3	9,120	0.5	25					
21-44	310,712	23,799,716	5,860	32.8	63,274	0.6	97	12,989	72.6	139,092	0.5	32					
45-64	529,314	36,483,010	5,378	24.3	60,033	0.6	93	17,661	79.9	194,790	0.5	32					
65-74	156	12,074	1	1.5	7	0.1	2	6	9.0	49	0.4	22					
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					
Other Eligibles	303,819	12,866,706	2,841	0.8	23,843	0.4	44	19,132	5.5	149,778	0.4	21					
5 and younger	11,057	352,862	23	0.0	239	0.3	27	47	0.1	455	0.3	9					
6-14	25,033	1,081,789	338	0.5	3,342	0.4	50	1,354	1.9	12,988	0.4	19					
15-20	35,803	1,176,859	494	0.7	4,217	0.3	31	2,971	4.1	25,101	0.3	18					
21-44	150,330	5,651,939	1,438	1.1	10,366	0.3	34	11,888	9.4	83,957	0.4	22					
45-64	20,066	1,036,549	108	1.9	799	0.5	52	1,265	22.6	9,149	0.4	25					
65-74	41,896	2,490,379	274	7.7	3,079	0.6	85	1,050	29.5	11,983	0.4	21					
75-84	14,947	807,580	103	6.2	1,138	0.4	41	418	25.0	4,693	0.4	20					
85 and older	4,687	268,749	63	6.0	663	0.5	50	139	13.2	1,452	0.5	23					
Male	660,350	52,107,514	12,451	4.9	130,824	0.6	112	24,027	9.5	240,797	0.5	28					
Disabled	524,570	45,459,471	10,922	24.1	116,821	0.6	118	17,986	39.8	189,578	0.5	30					
5 and younger	6,349	446,840	25	1.2	267	0.4	60	33	1.5	381	0.4	18					
6-14	27,911	2,486,826	843	13.1	9,423	0.6	92	1,185	18.4	13,308	0.5	28					
15-20	24,839	2,373,203	878	20.2	9,517	0.6	110	1,073	24.6	11,801	0.5	29					
21-44	196,785	19,499,740	5,870	35.9	61,805	0.7	123	7,460	45.7	76,391	0.5	31					
45-64	268,620	20,650,276	3,306	20.8	35,809	0.6	117	8,234	51.8	87,685	0.5	29					
65-74	66	2,586	0	0.0	0	0.0	0	1	1.8	12	0.3	2					
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					
Other Eligibles	135,780	6,648,043	1,529	0.7	14,003	0.5	66	6,041	2.9	51,219	0.4	21					
5 and younger	15,825	525,238	30	0.0	288	0.2	28	59	0.1	570	0.3	12					
6-14	32,768	1,704,269	654	0.9	6,607	0.5	72	1,962	2.6	18,769	0.4	21					
15-20	18,948	896,101	405	1.3	3,468	0.5	67	1,349	4.3	11,753	0.4	21					
21-44	28,950	1,314,605	221	0.8	1,363	0.4	55	1,622	6.2	9,802	0.4	24					
45-64	8,610	429,010	50	1.4	412	0.4	49	386	11.1	2,746	0.4	24					
65-74	21,983	1,303,124	109	4.9	1,214	0.5	65	468	20.9	5,357	0.4	21					
75-84	7,567	413,692	40	3.8	441	0.4	46	163	15.6	1,846	0.3	16					
85 and older	1,129	62,004	20	5.9	210	0.5	56	32	9.4	376	0.5	20					
Unknown	392	18,619	7	26.9	84	1.1	58	7	26.9	84	0.2	10					

Table ND7A

Nondual 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 ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.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}
 NONDUAL BENEFICIARIES, WASHINGTON, 2002

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ULCER DRUGS				
	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of Rx
All	28,786	4.4 %	301,164	\$59	0.6	116,498	17.9 %	1,095,089	0.4	\$15	43,457	6.7 %	445,829	0.4	\$25
Female	17,045	4.3	178,037	58	0.6	79,846	20.1	748,702	0.4	14	29,055	7.3	299,468	0.4	25
Disabled	13,705	28.6	150,969	62	0.6	37,849	79.1	417,296	0.4	21	18,795	39.3	210,274	0.4	29
5 and younger	159	9.9	1,806	93	0.7	208	13.0	2,325	0.1	1	256	16.0	2,763	0.4	21
6-14	599	18.0	6,934	74	0.7	472	14.2	5,473	0.1	2	276	8.3	3,205	0.4	25
15-20	625	21.8	7,080	71	0.7	984	34.2	10,927	0.2	2	375	13.1	4,204	0.3	19
21-44	6,158	34.4	66,651	64	0.6	16,037	89.7	175,319	0.4	18	6,053	33.8	66,799	0.4	25
45-64	6,161	27.9	68,477	56	0.6	20,143	91.1	223,214	0.5	24	11,828	53.5	133,247	0.5	32
65-74	3	4.5	21	71	0.8	5	7.5	38	0.3	10	7	10.4	56	0.4	34
75-84	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	3,340	1.0	27,068	37	0.5	41,997	12.0	331,406	0.3	5	10,260	2.9	89,194	0.3	16
5 and younger	106	0.2	846	53	0.6	1,066	1.6	9,380	0.1	1	559	0.8	4,183	0.3	11
6-14	414	0.6	4,018	41	0.6	2,753	3.8	25,690	0.1	1	686	0.9	6,272	0.2	6
15-20	384	0.5	3,374	38	0.5	7,538	10.3	62,365	0.2	2	1,303	1.8	11,056	0.2	7
21-44	1,817	1.4	12,714	35	0.4	26,462	21.0	193,786	0.3	6	4,718	3.7	36,192	0.3	14
45-64	235	4.2	1,786	41	0.5	1,789	31.9	13,271	0.4	15	675	12.0	5,216	0.4	28
65-74	263	7.4	3,011	38	0.5	1,584	44.4	17,890	0.3	7	1,566	43.9	17,811	0.4	23
75-84	83	5.0	896	22	0.5	602	36.0	6,891	0.3	8	594	35.6	6,706	0.4	25
85 and older	38	3.6	423	33	0.6	203	19.3	2,133	0.4	22	159	15.1	1,758	0.5	32
Male	11,734	4.6	123,043	60	0.6	36,636	14.5	346,200	0.4	17	14,394	5.7	146,267	0.4	26
Disabled	9,884	21.9	106,924	63	0.6	21,822	48.2	231,625	0.4	23	9,968	22.0	108,026	0.4	29
5 and younger	217	10.0	2,452	84	0.7	267	12.3	2,947	0.1	1	317	14.7	3,431	0.4	20
6-14	1,041	16.2	11,977	71	0.7	772	12.0	8,925	0.1	2	362	5.6	4,136	0.4	29
15-20	844	19.4	9,455	75	0.7	994	22.8	11,096	0.2	3	368	8.5	4,176	0.3	22
21-44	4,478	27.4	47,560	64	0.7	8,863	54.3	92,586	0.4	22	3,365	20.6	35,936	0.4	27
45-64	3,304	20.8	35,480	54	0.6	10,924	68.8	116,047	0.5	29	5,554	35.0	60,329	0.5	31
65-74	0	0.0	0	0	0.0	2	3.6	24	0.1	1	2	3.6	18	0.4	37
75-84	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,850	0.9	16,119	41	0.5	14,814	7.2	114,575	0.3	5	4,426	2.1	38,241	0.3	18
5 and younger	149	0.2	1,323	47	0.5	1,464	2.1	12,854	0.1	1	698	1.0	5,416	0.3	11
6-14	660	0.9	6,525	40	0.6	2,699	3.6	24,689	0.1	1	542	0.7	5,060	0.2	10
15-20	363	1.2	3,162	49	0.6	3,138	10.0	25,720	0.2	2	432	1.4	3,652	0.2	10
21-44	408	1.6	2,466	44	0.6	5,360	20.5	31,624	0.4	12	1,085	4.2	6,868	0.3	22
45-64	97	2.8	681	29	0.4	934	26.9	6,011	0.5	14	348	10.0	2,475	0.4	24
65-74	134	6.0	1,513	38	0.5	866	38.7	9,743	0.2	5	917	41.0	10,299	0.4	22
75-84	34	3.2	389	22	0.5	302	28.8	3,370	0.2	5	356	34.0	3,943	0.4	23
85 and older	5	1.5	60	48	0.7	51	15.0	564	0.2	5	48	14.1	528	0.4	21
Unknown	7	26.9	84	19	0.7	16	61.5	187	0.4	6	8	30.8	94	0.3	22

Nondual Beneficiaries

Table ND7B

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 ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.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}
 NONDUAL BENEFICIARIES, WASHINGTON, 2002

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTIVIRAL				ANALGESICS - ANTI-INFLAMMATORY						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	64,513	9.9 %	622,192	0.3	\$14	7,023	1.1 %	69,363	0.3	\$107	61,479	9.5 %	587,743	0.3	\$11
Female	38,953	9.8	380,043	0.3	14	4,383	1.1	42,545	0.3	72	42,106	10.6	401,993	0.3	12
Disabled	20,264	42.3	226,915	0.3	17	2,132	4.5	23,562	0.3	105	19,982	41.7	223,427	0.3	16
5 and younger	659	41.2	7,346	0.2	13	12	0.7	129	0.1	23	111	6.9	1,258	0.2	4
6-14	696	20.9	8,152	0.3	13	60	1.8	689	0.4	69	244	7.3	2,815	0.2	6
15-20	567	19.7	6,260	0.2	12	69	2.4	768	0.2	34	548	19.1	6,173	0.2	3
21-44	6,624	37.0	73,491	0.3	14	1,056	5.9	11,486	0.3	112	7,570	42.3	83,613	0.3	11
45-64	11,711	53.0	131,612	0.4	20	935	4.2	10,490	0.3	107	11,505	52.0	129,530	0.3	20
65-74	7	10.4	54	0.4	38	0	0.0	0	0.0	0	4	6.0	38	0.5	29
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	18,689	5.3	153,128	0.2	9	2,251	0.6	18,983	0.2	30	22,124	6.3	178,566	0.2	6
5 and younger	4,044	6.1	31,338	0.2	7	129	0.2	1,130	0.2	9	1,084	1.6	8,467	0.2	2
6-14	4,033	5.6	35,357	0.2	8	188	0.3	1,908	0.2	36	1,763	2.4	15,563	0.1	2
15-20	2,503	3.4	21,052	0.2	7	412	0.6	3,503	0.2	12	4,164	5.7	33,815	0.2	2
21-44	6,041	4.8	44,709	0.3	10	1,367	1.1	10,891	0.2	36	11,771	9.3	86,453	0.2	4
45-64	692	12.3	5,197	0.3	14	70	1.2	601	0.3	70	1,003	17.9	7,604	0.3	12
65-74	926	26.0	10,501	0.3	18	63	1.8	711	0.2	22	1,626	45.6	18,483	0.3	21
75-84	340	20.4	3,787	0.3	14	12	0.7	127	0.2	22	593	35.5	6,807	0.3	17
85 and older	110	10.4	1,187	0.3	14	10	0.9	112	0.1	5	120	11.4	1,374	0.3	19
Male	25,557	10.1	242,113	0.3	14	2,635	1.0	26,758	0.4	163	19,364	7.7	185,644	0.2	9
Disabled	11,183	24.7	122,484	0.4	18	2,046	4.5	21,604	0.5	189	10,867	24.0	117,682	0.3	12
5 and younger	911	42.1	9,994	0.3	14	18	0.8	205	0.2	44	125	5.8	1,361	0.2	2
6-14	1,401	21.8	16,158	0.3	12	62	1.0	705	0.3	46	328	5.1	3,770	0.1	4
15-20	657	15.1	7,472	0.3	14	36	0.8	385	0.2	14	520	11.9	5,838	0.1	2
21-44	2,572	15.7	27,408	0.3	14	1,124	6.9	11,611	0.5	187	4,178	25.6	44,157	0.2	8
45-64	5,641	35.5	61,440	0.4	22	806	5.1	8,698	0.5	214	5,714	36.0	62,542	0.3	16
65-74	1	1.8	12	0.1	4	0	0.0	0	0.0	0	2	3.6	14	0.1	2
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	14,374	6.9	119,629	0.3	10	589	0.3	5,154	0.2	53	8,497	4.1	67,962	0.2	6
5 and younger	5,701	8.3	45,031	0.2	8	115	0.2	1,088	0.1	5	1,279	1.9	9,965	0.2	2
6-14	5,095	6.9	44,508	0.2	9	149	0.2	1,407	0.2	35	1,425	1.9	12,552	0.1	1
15-20	1,441	4.6	11,918	0.2	9	89	0.3	790	0.2	37	1,699	5.4	14,052	0.2	2
21-44	919	3.5	5,556	0.3	13	146	0.6	985	0.3	127	2,409	9.2	14,674	0.3	6
45-64	235	6.8	1,645	0.3	15	31	0.9	207	0.4	142	510	14.7	3,372	0.3	10
65-74	645	28.8	7,260	0.4	25	44	2.0	497	0.2	59	866	38.7	9,878	0.3	15
75-84	287	27.4	3,111	0.4	26	13	1.2	156	0.2	20	281	26.8	3,147	0.3	14
85 and older	51	15.0	600	0.3	18	2	0.6	24	0.1	2	28	8.2	322	0.3	18
Unknown	3	11.5	36	0.1	7	5	19.2	60	0.2	71	9	34.6	106	0.2	7

Table ND7C
 Nondual 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 ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.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}
 NONDUAL BENEFICIARIES, WASHINGTON, 2002

Beneficiary Characteristics	ANTIDIABETIC				ANTIHYPERTENSIVE				No. of Bene Mos			
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users		Mean No. of Rx	Mean Rx \$	
All	20,151	3.1 %	209,791	0.6	\$29	12,907	2.0 %	140,072	0.5	\$38	649,996	4,086,623
Female	13,333	3.4	140,083	0.6	28	7,942	2.0	87,096	0.5	38	397,587	2,552,697
Disabled	9,510	19.9	106,169	0.6	30	5,998	12.5	67,533	0.5	39	47,862	500,348
5 and younger	9	0.6	96	0.8	41	2	0.1	24	0.1	2	1,601	16,008
6-14	53	1.6	612	0.6	33	2	0.1	24	0.3	12	3,323	36,614
15-20	61	2.1	678	0.6	28	11	0.4	126	0.2	17	2,873	30,133
21-44	2,088	11.7	22,887	0.5	27	949	5.3	10,575	0.5	33	17,885	183,839
45-64	7,295	33.0	81,856	0.6	31	5,029	22.8	56,740	0.5	40	22,104	233,113
65-74	4	6.0	40	0.5	52	5	7.5	44	0.5	45	67	548
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	45
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
Other Eligibles	3,823	1.1	33,914	0.6	24	1,944	0.6	19,563	0.5	36	349,725	2,052,349
5 and younger	14	0.0	120	0.7	38	4	0.0	33	0.1	1	66,472	308,180
6-14	173	0.2	1,445	0.7	35	6	0.0	63	0.4	11	72,342	408,724
15-20	160	0.2	1,094	0.6	28	9	0.0	62	0.3	21	73,100	471,420
21-44	1,237	1.0	8,355	0.5	22	373	0.3	2,612	0.4	25	125,914	772,689
45-64	457	8.1	3,213	0.6	26	212	3.8	1,589	0.5	34	5,608	29,242
65-74	1,253	35.1	13,875	0.6	24	977	27.4	11,088	0.5	37	3,565	37,344
75-84	451	27.0	4,956	0.6	23	320	19.2	3,651	0.5	39	1,670	16,749
85 and older	78	7.4	856	0.6	20	43	4.1	465	0.6	52	1,054	8,001
Male	6,815	2.7	69,672	0.6	29	4,956	2.0	52,868	0.5	38	252,383	1,533,677
Disabled	4,987	11.0	53,727	0.6	30	3,805	8.4	41,650	0.5	39	45,231	456,643
5 and younger	5	0.2	60	0.4	8	3	0.1	36	0.1	4	2,163	21,566
6-14	48	0.7	559	0.5	25	14	0.2	168	0.3	14	6,435	70,205
15-20	64	1.5	718	0.6	34	13	0.3	140	0.2	8	4,355	45,922
21-44	1,109	6.8	11,850	0.6	30	768	4.7	8,279	0.5	33	16,332	160,781
45-64	3,754	23.6	40,456	0.6	30	3,005	18.9	33,003	0.5	40	15,889	157,757
65-74	7	12.7	84	0.5	16	2	3.6	24	0.2	19	55	388
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	1,828	0.9	15,945	0.6	26	1,151	0.6	11,218	0.5	36	207,152	1,077,034
5 and younger	24	0.0	151	0.7	32	7	0.0	71	0.2	9	68,419	318,978
6-14	146	0.2	1,195	0.7	35	4	0.0	48	0.4	25	74,043	418,762
15-20	112	0.4	798	0.7	40	6	0.0	40	0.4	24	31,483	171,407
21-44	387	1.5	2,333	0.5	26	182	0.7	1,230	0.4	27	26,113	115,983
45-64	296	8.5	1,853	0.6	25	215	6.2	1,413	0.5	31	3,470	15,530
65-74	651	29.1	7,308	0.5	25	552	24.7	6,338	0.5	38	2,236	23,486
75-84	190	18.1	2,075	0.6	22	171	16.3	1,910	0.5	38	1,048	10,201
85 and older	22	6.5	232	0.4	17	14	4.1	168	0.4	35	340	2,687
Unknown	3	11.5	36	0.7	22	9	34.6	108	0.4	19	26	249

Table ND7D

Nondual 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 ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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
All	\$369	6.5	975	9,073
Age				
0-64	414	7.0	729	6,731
65-74	305	5.5	80	787
75-84	262	5.6	74	727
85 and older	152	3.9	92	828
Unknown	0	0.0	0	0
Gender				
Female	352	6.6	563	5,525
Male	395	6.4	412	3,548
Unknown	0	0.0	0	0
Race				
White	378	6.6	748	6,900
African American	409	7.2	57	549
Other/unknown	317	5.8	170	1,624
Basis of Eligibility^c				
Aged	238	5.0	250	2,397
Disabled	417	7.0	720	6,657
Adults	200	5.8	4	10
Children	12	11.7	1	9
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 1,746 beneficiaries who were in nursing facilities for part of their enrollment and their 16,835 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 ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, WASHINGTON, 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 # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos			
		Generic	Generic		Generic	Generic		Generic	Generic								
Anti-infective Agents	0.6	0.3	0.0	0.3	\$47	\$40	\$3	\$5	\$76	\$124	\$81	\$18	4,116	\$312,336	671	68.8 %	6,611
Biologicals	0.1	0.1	0.0	0.0	2	2	0	1	24	27	0	21	98	2,377	95	9.7	1,009
Antineoplastic Agents	0.5	0.2	0.2	0.2	161	126	20	14	298	645	130	76	190	56,597	35	3.6	352
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.5	36	26	2	8	36	58	32	16	4,465	158,723	436	44.7	4,386
Cardiovascular Agents	1.6	0.4	0.2	1.0	44	24	4	16	28	61	30	16	7,882	221,147	518	53.1	4,976
Respiratory Agents	0.7	0.3	0.0	0.4	38	19	2	17	52	63	56	43	2,423	125,504	343	35.2	3,312
Gastrointestinal Agents	1.0	0.4	0.0	0.6	62	51	0	10	63	125	58	18	5,215	328,983	555	56.9	5,341
Genitourinary Agents	0.5	0.3	0.0	0.2	25	19	0	6	47	71	25	23	1,243	58,976	221	22.7	2,326
CNS Drugs	1.5	0.8	0.1	0.6	112	94	3	15	77	121	58	24	10,543	807,261	734	75.3	7,204
Stimulants/Anti-obesity/Anorexia	0.3	0.0	0.0	0.3	7	0	2	4	20	0	61	14	35	687	12	1.2	104
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	85	85	0	0	159	159	0	0	182	28,901	36	3.7	341
Analgesics and Anesthetics	1.6	0.6	0.1	0.8	81	58	6	18	53	98	49	21	7,815	410,294	544	55.8	5,035
Neuromuscular Agents	1.3	0.5	0.1	0.7	79	54	4	21	61	106	58	29	7,159	435,454	538	55.2	5,545
Nutritional Products	0.7	0.0	0.0	0.6	20	0	1	18	30	28	25	30	1,925	56,945	315	32.3	2,891
Hematological Agents	0.9	0.2	0.1	0.6	78	67	2	9	84	328	18	15	2,583	216,940	309	31.7	2,789
Topical Products	0.5	0.1	0.0	0.3	19	10	2	6	39	72	54	22	2,576	100,831	519	53.2	5,398
Miscellaneous Products	0.3	0.1	0.0	0.2	17	10	2	6	64	189	281	26	265	16,890	102	10.5	972
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	18	0	0	0	60	0	0	0	101	6,086	36	3.7	341
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.	58,816	3,344,932	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,746 beneficiaries who were in nursing facilities for part of their enrollment and their 16,835 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 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.

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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, 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	\$463,893	439	45.0 %	4,568	0.7	\$151	\$102
ANALGESICS - Narcotic	362,768	620	63.6	5,809	1.2	53	62
ANTICONVULSANT	367,251	532	54.6	5,578	0.9	72	66
ANTIDEPRESSANTS	271,856	677	69.4	6,735	0.7	56	40
ULCER DRUGS	234,381	510	52.3	5,071	0.7	69	46
ANTICOAGULANTS	88,676	259	26.6	2,192	0.8	51	40
ANTIDIABETIC	96,343	334	34.3	3,425	0.7	38	28
HEMATOPOIETIC AGENTS	96,003	98	10.1	916	0.6	190	105
ANTIASTHMATIC	91,352	390	40.0	3,773	0.4	56	24
DERMATOLOGICAL	81,830	654	67.1	6,983	0.3	42	12
Total	2,154,353	4,513		45,050	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,746 beneficiaries who were in nursing facilities for part of their enrollment and their 16,835 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 ND.10A

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

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANALGESICS - Narcotic								
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	Residents	NF	Mos among Users	No. of Bene Users	Mean No. of Rx	Users as %	Residents	NF	Mos among Users	No. of Bene Users	Mean No. of Rx	Rx \$
			439	45.0 %	4,568														
All	31,573	\$2,154,353	439	45.0 %	4,568	0.7	\$102	620	63.6 %	5,509	1.2	\$62							
Female	19,127	1,265,404	247	43.9	2,646	0.7	107	388	68.9	3,815	1.1	59							
Disabled	14,671	996,238	179	47.4	1,903	0.8	113	299	79.1	2,887	1.1	61							
64 or younger	14,668	996,094	179	47.5	1,903	0.8	113	298	79.0	2,885	1.1	61							
65-74	3	144	0	0.0	0	0.0	0	1	100.0	2	0.5	14							
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
Other Eligibles	4,456	269,166	68	36.8	743	0.7	91	89	48.1	928	0.9	53							
64 or younger	149	4,703	1	25.0	4	0.5	42	2	50.0	16	1.9	104							
65-74	1,627	116,240	30	56.6	339	0.8	126	23	43.4	253	1.0	56							
75-84	1,526	86,424	18	37.5	201	0.5	49	39	81.3	424	0.9	61							
85 and older	1,154	61,799	19	23.8	199	0.6	75	25	31.3	235	0.6	32							
Male	12,446	888,949	192	46.6	1,922	0.6	95	232	56.3	1,994	1.3	70							
Disabled	10,962	789,438	165	48.2	1,635	0.6	93	208	60.8	1,768	1.4	76							
64 or younger	10,962	789,438	165	48.2	1,635	0.6	93	208	60.8	1,768	1.4	76							
65-74	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							
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
Other Eligibles	1,484	99,511	27	38.6	287	0.6	103	24	34.3	226	0.6	21							
64 or younger	136	4,646	1	16.7	12	0.1	1	5	83.3	46	1.0	25							
65-74	685	51,297	15	57.7	158	0.7	121	6	23.1	72	0.2	2							
75-84	477	31,365	7	26.9	81	0.5	72	9	34.6	80	0.7	35							
85 and older	186	12,203	4	33.3	36	0.8	126	4	33.3	28	0.4	25							
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 Washington, released by CMS in 06/2006. This table was produced on 04/19/2007.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,746 beneficiaries who were in nursing facilities for part of their enrollment and their 16,835 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 ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, WASHINGTON, 2002

Beneficiary Characteristics	ANTICONVULSANT						ANTIDEPRESSANTS						ULCER DRUGS					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	532	54.6 %	0.9	5,578	0.9	\$66	677	69.4 %	0.7	6,735	0.7	\$40	510	52.3 %	0.7	5,071	0.7	\$46
Female	312	55.4	0.9	3,309	0.9	63	409	72.6	0.7	4,151	0.7	43	298	52.9	0.7	3,018	0.7	43
Disabled	251	66.4	0.9	2,650	0.9	67	291	77.0	0.8	2,910	0.8	47	206	54.5	0.7	2,036	0.7	44
64 or younger	251	66.6	0.9	2,650	0.9	67	290	76.9	0.8	2,908	0.8	47	206	54.6	0.7	2,036	0.7	44
65-74	0	0.0	0.0	0	0.0	0	1	100.0	1.0	2	1.0	58	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	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
Other Eligibles	61	33.0	0.8	659	0.8	49	118	63.8	0.7	1,241	0.7	33	92	49.7	0.6	982	0.6	40
64 or younger	4	100.0	0.8	34	0.8	6	3	75.0	0.9	28	0.9	38	3	75.0	0.6	30	0.6	33
65-74	28	52.8	0.8	331	0.8	69	32	60.4	0.6	335	0.6	30	26	49.1	0.6	275	0.6	38
75-84	17	35.4	0.7	177	0.7	32	40	83.3	0.8	421	0.8	39	28	58.3	0.7	321	0.7	41
85 and older	12	15.0	0.7	117	0.7	29	43	53.8	0.6	457	0.6	29	35	43.8	0.6	356	0.6	41
Male	220	53.4	0.9	2,269	0.9	70	268	65.0	0.7	2,584	0.7	36	212	51.5	0.7	2,053	0.7	52
Disabled	199	58.2	0.9	2,020	0.9	72	242	70.8	0.7	2,299	0.7	37	182	53.2	0.7	1,744	0.7	50
64 or younger	199	58.2	0.9	2,020	0.9	72	242	70.8	0.7	2,299	0.7	37	182	53.2	0.7	1,744	0.7	50
65-74	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
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
Other Eligibles	21	30.0	0.9	249	0.9	47	26	37.1	0.7	285	0.7	35	30	42.9	0.6	309	0.6	61
64 or younger	4	66.7	1.0	48	1.0	28	1	16.7	0.7	12	0.7	36	2	33.3	0.8	24	0.8	62
65-74	11	42.3	0.8	132	0.8	49	15	57.7	0.7	179	0.7	43	13	50.0	0.7	133	0.7	61
75-84	4	15.4	1.2	45	1.2	44	3	11.5	0.9	16	0.9	23	11	42.3	0.6	119	0.6	63
85 and older	2	16.7	1.1	24	1.1	81	7	58.3	0.6	78	0.6	20	4	33.3	0.7	33	0.7	54
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	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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,746 beneficiaries who were in nursing facilities for part of their enrollment and their 16,835 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 ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, WASHINGTON, 2002

Beneficiary Characteristics	ANTICOAGULANTS					ANTIIDIABETIC					HEMATOPOIETIC AGENTS				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	259	26.6 %	2,192	0.8	\$41	334	34.3 %	3,425	0.7	\$28	98	10.1 %	916	0.6	\$105
Female	133	23.6	1,244	0.8	33	210	37.3	2,224	0.7	29	50	8.9	512	0.5	86
Disabled	111	29.4	1,020	0.8	37	147	38.9	1,567	0.8	31	36	9.5	371	0.5	105
64 or younger	111	29.4	1,020	0.8	37	147	39.0	1,567	0.8	31	36	9.5	371	0.5	105
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
Other Eligibles	22	11.9	224	0.7	12	63	34.1	657	0.7	23	14	7.6	141	0.3	36
64 or younger	1	25.0	4	0.5	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	10	18.9	104	0.5	11	31	58.5	299	0.7	25	5	9.4	54	0.2	1
75-84	6	12.5	61	1.1	16	17	35.4	196	0.7	20	3	6.3	36	0.5	138
85 and older	5	6.3	55	0.7	12	15	18.8	162	0.8	23	6	7.5	51	0.3	1
Male	126	30.6	948	0.8	51	124	30.1	1,201	0.8	27	48	11.7	404	0.6	129
Disabled	115	33.6	852	0.8	55	93	27.2	911	0.8	29	43	12.6	364	0.7	143
64 or younger	115	33.6	852	0.8	55	93	27.2	911	0.8	29	43	12.6	364	0.7	143
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
Other Eligibles	11	15.7	96	0.6	15	31	44.3	290	0.8	21	5	7.1	40	0.6	3
64 or younger	1	16.7	3	2.0	19	1	16.7	12	0.7	7	1	16.7	9	0.2	5
65-74	4	15.4	36	0.6	13	11	42.3	132	0.9	24	1	3.8	12	0.4	2
75-84	4	15.4	33	0.7	15	15	57.7	130	0.6	22	0	0.0	0	0.0	0
85 and older	2	16.7	24	0.3	16	4	33.3	16	0.5	9	3	25.0	19	0.8	4
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. This table was produced on 04/19/2007.

- a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,746 beneficiaries who were in nursing facilities for part of their enrollment and their 16,835 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).
- 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 ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 NONDUAL 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			
All	390	40.0 %	3,773	0.4	\$24	654	67.1 %	6,983	0.3	\$12	975	9,073
Female	222	39.4	2,264	0.4	23	391	69.4	4,278	0.3	10	563	5,525
Disabled	155	41.0	1,563	0.5	28	297	78.6	3,276	0.3	11	378	3,732
64 or younger	155	41.1	1,563	0.5	28	297	78.8	3,276	0.3	11	377	3,730
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
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
Other Eligibles	67	36.2	701	0.3	13	94	50.8	1,002	0.3	9	185	1,793
64 or younger	6	150.0	52	0.8	3	0	0.0	0	0.0	0	4	37
65-74	19	35.8	208	0.4	19	32	60.4	353	0.3	11	53	531
75-84	17	35.4	170	0.4	19	30	62.5	333	0.3	8	48	484
85 and older	25	31.3	271	0.2	7	32	40.0	316	0.3	6	80	741
Male	168	40.8	1,509	0.4	26	263	63.8	2,705	0.3	14	412	3,548
Disabled	142	41.5	1,230	0.4	20	225	65.8	2,299	0.3	16	342	2,925
64 or younger	142	41.5	1,230	0.4	20	225	65.8	2,299	0.3	16	342	2,925
65-74	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	26	37.1	279	0.6	51	38	54.3	406	0.2	7	70	623
64 or younger	0	0.0	0	0.0	0	1	16.7	9	0.2	6	6	39
65-74	7	26.9	84	0.7	58	16	61.5	191	0.2	7	26	254
75-84	16	61.5	159	0.6	53	16	61.5	152	0.2	8	26	243
85 and older	3	25.0	36	0.5	28	5	41.7	54	0.1	2	12	87
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 Washington, released by CMS in 06/2006. This table was produced on 04/19/2007.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,746 beneficiaries who were in nursing facilities for part of their enrollment and their 16,835 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 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		Total No. Part D Excl Rx	Part D Excl Rx \$ per Bene	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx \$ as % of All Nondual Rx \$	Total No. of Benes
			Excl Rx	Bene						
All	85,045	13.1 %	0.4	273,172	\$14	\$9,183,641	\$34	4.4 %	649,996	
Age										
5 and younger	16,639	12.0	0.2	32,807	6	868,229	26	12.5	138,659	
6-14	13,597	8.7	0.2	26,263	9	1,371,415	52	7.1	156,145	
15-20	8,101	7.2	0.1	16,484	8	892,162	54	6.8	111,813	
21-44	25,624	13.8	0.5	85,212	13	2,387,766	28	3.3	186,251	
45-64	18,030	38.3	2.1	99,771	71	3,348,771	34	3.9	47,078	
65-74	2,082	35.1	1.5	8,831	37	217,574	25	3.3	5,927	
75-84	767	28.1	1.1	2,945	25	66,866	23	2.7	2,725	
85 and older	205	14.7	0.6	859	22	30,858	36	4.7	1,398	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	3,134	31.0	1.3	13,082	33	329,856	25	3.3	10,119	
Disabled	34,833	37.4	1.9	173,515	75	6,984,795	40	4.3	93,107	
Adults	16,222	7.7	0.2	33,489	3	684,411	20	3.9	211,910	
Children	30,856	9.2	0.2	53,086	4	1,184,579	22	6.9	334,860	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	53,518	13.5	0.4	178,268	14	5,483,168	31	4.5	397,587	
Male	31,518	12.5	0.4	94,846	15	3,699,844	39	4.3	252,383	
Unknown	9	34.6	2.2	58	24	629	11	2.4	26	
Race										
White	55,607	14.2	0.5	191,733	18	7,010,633	37	4.4	392,784	
African American	4,623	12.5	0.4	14,232	10	371,075	26	3.3	37,013	
Other/unknown	24,815	11.3	0.3	67,207	8	1,801,933	27	5.1	220,199	
Use of Nursing Facilities^d										
Entire year	525	53.8	3.5	3,412	180	175,403	51	5.2	975	
Part year	1,170	67.0	4.5	7,910	281	491,479	62	6.8	1,746	
None	83,350	12.9	0.4	261,850	13	8,516,759	33	4.3	647,275	
Maintenance Assistance Status										
Cash	43,408	25.3	1.1	181,303	36	6,137,399	34	3.9	171,371	
Medically needy	387	47.2	2.3	1,846	262	214,754	116	9.1	820	
Poverty related	16,372	8.3	0.1	26,522	3	555,716	21	6.2	197,709	
Other/unknown	24,878	8.9	0.2	63,501	8	2,275,772	36	5.8	280,096	

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 WASHINGTON, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazepine \$ per Bene Mo.	No. of Bene Mos
All	0.1	\$2	\$34	\$0	\$0	4,086,623
Age						
5 and younger	0.0	1	26	0	0	664,752
6-14	0.0	1	52	0	0	934,310
15-20	0.0	1	54	0	0	718,897
21-44	0.1	2	28	0	0	1,233,369
45-64	0.2	8	34	0	1	435,726
65-74	0.1	4	25	0	0	61,814
75-84	0.1	2	23	0	0	27,019
85 and older	0.1	3	36	0	0	10,736
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.1	3	25	0	0	100,617
Disabled	0.2	7	40	0	1	957,148
Adults	0.0	1	20	0	0	1,268,140
Children	0.0	1	22	0	0	1,760,718
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	2	31	0	0	2,552,697
Male	0.1	2	39	0	0	1,533,677
Unknown	0.2	3	11	0	2	249
Race						
White	0.1	3	37	0	0	2,477,243
African American	0.1	2	26	0	0	217,822
Other/unknown	0.0	1	27	0	0	1,391,558
Use of Nursing Facilities^d						
Entire year	0.4	19	51	0	3	9,073
Part year	0.5	29	62	0	3	16,835
None	0.1	2	33	0	0	4,060,715
Maintenance Assistance Status						
Cash	0.1	5	34	0	1	1,309,177
Medically needy	0.2	29	116	0	1	7,533
Poverty related	0.0	1	21	0	0	1,040,073
Other/unknown	0.0	1	36	0	0	1,729,840

Table ND12

Nondual 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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
 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
All	97,969	\$94	\$9,183,641	100.0 %	273,172	\$34	100.0 %
Anorexia or weight loss/gain	3,802	318	1,209,652	13.2	8,177	148	3.0
Fertility drugs	1,667	66	110,260	1.2	1,877	59	0.7
Drugs for cosmetic purposes	1,036	1,138	1,178,677	12.8	5,038	234	1.8
Cough and cold medications	2,991	555	1,661,442	18.1	6,253	266	2.3
Vitamins and minerals	26	12,735	331,120	3.6	131	2,528	0.0
Non-prescription drugs	64,422	48	3,082,775	33.6	154,213	20	56.5
Barbiturates	4,002	14	55,515	0.6	5,260	11	1.9
Benzodiazepines	19,873	52	1,038,164	11.3	91,641	11	33.5
Other Part D Excl Rx Drugs	150	3,440	516,036	5.6	582	887	0.2

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND11.

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.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, WASHINGTON, 2002

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	975,067	10,121	93,194	264,423	607,329	9,282,833	100,723	973,836	2,162,091	6,046,183	0
Age											
5 and younger	234,101	0	3,777	7	230,317	2,246,251	0	40,738	32	2,205,481	0
6-14	290,225	3	9,781	335	280,106	2,985,611	0	111,097	1,907	2,872,574	0
15-20	163,361	7	7,239	59,255	96,860	1,497,335	0	77,937	451,484	967,841	0
21-44	225,441	10	34,251	191,134	46	1,946,781	0	349,663	1,596,732	287	0
45-64	51,884	214	38,013	13,657	0	507,152	0	393,341	111,730	0	0
65-74	5,932	5,782	122	28	0	61,940	0	943	185	0	0
75-84	2,725	2,714	7	4	0	27,027	0	69	13	0	0
85 and older	1,398	1,391	4	3	0	10,736	0	48	8	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	569,655	6,427	47,902	215,482	299,844	5,379,584	0	509,753	1,813,898	2,992,420	0
Male	405,382	3,690	45,278	48,938	307,476	3,902,937	0	463,926	348,168	3,053,681	0
Unknown	30	4	14	3	9	312	0	157	25	82	0
Race											
White	605,372	6,186	69,762	142,131	387,293	5,800,040	0	730,900	1,178,150	3,829,924	0
African American	62,531	330	7,966	15,564	38,671	613,684	0	81,902	134,426	393,985	0
Other/unknown	307,164	3,605	15,466	106,728	181,365	2,869,109	0	161,034	849,515	1,822,274	0
Use of Nursing Facilities^c											
Entire year	975	250	720	4	1	9,081	0	6,659	16	9	0
Part year	1,753	231	1,466	43	13	17,202	0	14,473	370	125	0
None	972,339	9,640	91,008	264,376	607,315	9,256,550	0	952,704	2,161,705	6,046,049	0
Maintenance Assistance Status											
Cash	227,650	7,111	83,711	43,040	93,788	2,271,723	0	870,527	371,056	954,619	0
Medically needy	832	35	753	35	9	8,080	0	7,391	241	74	0
Poverty related	354,418	52	79	39,744	314,543	3,515,140	0	567	312,834	3,201,417	0
Other/unknown	392,167	2,923	8,651	181,604	198,989	3,487,890	0	95,351	1,477,960	1,890,073	0
Managed Care Status											
FFS all year	358,512	10,098	89,968	134,053	124,393	3,070,489	0	937,587	983,259	1,049,173	0
FFS part year, with Rx claims	101,255	18	2,533	40,234	58,470	1,007,255	0	28,615	376,088	602,353	0
FFS part year, no Rx claims	190,235	3	606	37,626	152,000	1,788,726	0	6,716	330,669	1,451,311	0
MC all year, with Rx claims	9,086	2	26	3,525	5,533	101,557	0	265	38,078	63,190	0
MC all year, no Rx claims	315,975	0	61	48,982	266,932	3,314,792	0	653	433,989	2,880,150	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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene 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.2
MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
NONDUAL BENEFICIARIES, WASHINGTON, 2002

	Benes and					
	Bene Mos in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	975,067	9,282,833	649,996	4,086,623	6	5,196,210
FFS all year	358,512	3,070,489	358,512	3,070,399	0	90
FFS part year, with Rx claims	101,255	1,007,255	101,255	440,331	0	566,924
FFS part year, with no Rx claims	190,235	1,788,726	190,229	575,893	6	1,212,833
MC all year, with Rx claims	9,086	101,557	0	0	0	101,557
MC all year, with no Rx claims	315,975	3,314,792	0	0	0	3,314,792

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.