

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 WASHINGTON

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TABLE ND.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NONDUAL BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>610,803</b>	<b>8,633</b>	<b>94,710</b>	<b>223,673</b>	<b>283,787</b>	<b>0</b>	<b>4,023,870</b>	<b>88,529</b>	<b>977,791</b>	<b>1,381,723</b>	<b>1,575,827</b>	<b>0</b>
<b>Age</b>												
5 and younger	117,256	0	3,743	11	113,502	0	589,677	0	37,348	50	552,279	0
6-14	131,134	1	9,858	359	120,916	0	843,814	12	108,331	1,999	733,472	0
15-20	109,311	3	7,737	52,233	49,338	0	742,161	29	82,127	370,158	289,847	0
21-44	196,492	11	34,287	162,163	31	0	1,314,584	123	348,011	966,221	229	0
45-64	48,083	203	39,001	8,879	0	0	446,434	2,083	401,206	43,145	0	0
65-74	5,252	5,155	75	22	0	0	54,467	53,691	660	116	0	0
75-84	2,392	2,384	5	3	0	0	24,333	24,259	60	14	0	0
85 and older	883	876	4	3	0	0	8,400	8,332	48	20	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	384,770	5,481	48,443	190,798	140,048	0	2,585,110	56,540	509,453	1,238,637	780,480	0
Male	226,014	3,146	46,257	32,874	143,737	0	1,438,569	31,932	468,218	143,085	795,334	0
Unknown	19	6	10	1	2	0	191	57	120	1	13	0
<b>Race</b>												
White	356,794	4,988	70,295	99,414	182,097	0	2,352,319	52,323	728,977	530,233	1,040,786	0
African American	34,080	316	8,228	9,496	16,040	0	211,300	3,224	83,133	43,086	81,857	0
Other/unknown	219,929	3,329	16,187	114,763	85,650	0	1,460,251	32,982	165,681	808,404	453,184	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	895	213	677	5	0	0	8,272	2,084	6,174	14	0	0
Part year	1,802	241	1,516	41	4	0	17,343	2,313	14,793	198	39	0
None	608,106	8,179	92,517	223,627	283,783	0	3,998,255	84,132	956,824	1,381,511	1,575,788	0
<b>Maintenance Assistance Status</b>												
Cash	157,416	6,062	85,650	26,265	39,439	0	1,248,999	63,929	879,562	109,907	195,601	0
Medically needy	876	45	767	28	36	0	7,802	522	6,947	123	210	0
Poverty-related	163,427	43	56	31,151	132,177	0	923,949	381	456	177,568	745,544	0
Other/unknown	289,084	2,483	8,237	166,229	112,135	0	1,843,120	23,697	90,826	1,094,125	634,472	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	373,528	8,621	91,716	150,274	122,917	0	3,203,590	88,461	960,400	1,110,606	1,044,123	0
FFS part year, with Rx claims	99,007	6	2,511	42,279	54,211	0	414,066	38	15,136	170,972	227,920	0
FFS part year, no Rx claims	138,268	6	483	31,120	106,659	0	406,214	30	2,255	100,145	303,784	0

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
NONDUAL BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>46.1 %</b>	<b>7.4</b>	<b>\$437</b>	<b>\$59</b>	<b>\$2,686</b>	<b>16.3 %</b>	<b>610,803</b>
<b>Age</b>							
5 and younger	40.2	1.7	68	41	1,556	4.4	117,256
6-14	40.3	2.7	191	70	1,381	13.8	131,134
15-20	36.7	2.7	152	57	1,571	9.7	109,311
21-44	48.4	7.5	473	63	3,034	15.6	196,492
45-64	82.3	40.7	2,345	58	9,059	25.9	48,083
65-74	83.9	32.1	1,463	46	8,001	18.3	5,252
75-84	79.8	29.7	1,265	43	9,263	13.7	2,392
85 and older	59.9	23.8	958	40	10,476	9.1	883
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	81.0	31.2	1,385	44	8,591	16.1	8,633
Disabled	84.1	33.6	2,250	67	9,780	23.0	94,710
Adults	37.6	2.6	94	36	1,525	6.2	223,673
Children	39.1	1.8	74	41	1,053	7.0	283,787
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	46.1	7.7	407	53	2,612	15.6	384,770
Male	46.1	7.0	488	70	2,812	17.4	226,014
Unknown	78.9	39.1	1,585	41	6,743	23.5	19
<b>Race</b>							
White	52.9	9.6	577	60	3,211	18.0	356,794
African American	49.2	8.2	447	55	3,192	14.0	34,080
Other/unknown	34.7	3.8	208	55	1,755	11.9	219,929
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	97.8	75.8	4,611	61	60,034	7.7	895
Part year	98.2	76.4	4,638	61	53,776	8.6	1,802
None	45.9	7.1	419	59	2,450	17.1	608,106
<b>Maintenance Assistance Status</b>							
Cash	68.7	20.3	1,292	64	5,621	23.0	157,416
Medically needy	92.5	42.2	3,142	75	16,328	19.2	876
Poverty related	43.3	1.9	64	34	1,430	4.5	163,427
Other/unknown	35.2	3.4	174	51	1,756	9.9	289,084

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. 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.

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; 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<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				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		Beneficiaries	Benefit Months
<b>All</b>	<b>1.1</b>	<b>\$66</b>	<b>16.3 %</b>	<b>53.9 %</b>	<b>30.4 %</b>	<b>5.3 %</b>	<b>6.3 %</b>	<b>3.2 %</b>	<b>1.0 %</b>	<b>\$408</b>	<b>610,803</b>	<b>4,023,870</b>
<b>Age</b>												
5 and younger	0.3	14	4.4	59.8	35.5	3.0	1.5	0.2	0.0	309	117,256	589,677
6-14	0.4	30	13.8	59.7	33.3	3.8	2.7	0.4	0.0	215	131,134	843,814
15-20	0.4	22	9.7	63.3	29.2	4.0	2.9	0.5	0.1	231	109,311	742,161
21-44	1.1	71	15.6	51.6	29.4	6.7	7.9	3.4	1.0	453	196,492	1,314,584
45-64	4.4	253	25.9	17.7	18.1	10.5	25.1	21.0	7.7	976	48,083	446,434
65-74	3.1	141	18.3	16.1	26.3	13.1	27.2	14.3	3.0	772	5,252	54,467
75-84	2.9	124	13.7	20.2	25.0	12.8	25.2	13.9	2.8	911	2,392	24,333
85 and older	2.5	101	9.1	40.1	14.9	9.4	18.8	14.0	2.7	1,101	883	8,400
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>e</sup></b>												
Aged	3.0	135	16.1	19.0	24.6	12.8	26.2	14.4	3.0	838	8,633	88,529
Disabled	3.3	218	23.0	15.9	28.7	11.8	22.8	15.5	5.3	947	94,710	977,791
Adults	0.4	15	6.2	62.4	27.3	4.6	4.1	1.2	0.3	247	223,673	1,381,723
Children	0.3	13	7.0	60.9	33.6	3.4	1.8	0.2	0.0	190	283,787	1,575,827
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	1.1	61	15.6	53.9	30.2	5.2	6.1	3.4	1.2	389	384,770	2,585,110
Male	1.1	77	17.4	53.9	30.7	5.5	6.5	2.8	0.7	442	226,014	1,438,569
Unknown	3.9	158	23.5	21.1	21.1	10.5	26.3	15.8	5.3	671	19	191
<b>Race</b>												
White	1.5	88	18.0	47.1	32.9	6.4	7.9	4.2	1.4	487	356,794	2,352,319
African American	1.3	72	14.0	50.8	30.6	6.6	7.4	3.6	1.0	515	34,080	211,300
Other/unknown	0.6	31	11.9	65.3	26.3	3.3	3.4	1.4	0.3	264	219,929	1,460,251
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	8.2	499	7.7	2.2	4.0	4.0	24.8	36.0	28.9	6,495	895	8,272
Part year	7.9	482	8.6	1.8	7.3	6.2	23.7	34.9	26.1	5,588	1,802	17,343
None	1.1	64	17.1	54.1	30.5	5.3	6.2	3.0	0.9	373	608,106	3,998,255
<b>Maintenance Assistance Status</b>												
Cash	2.6	163	23.0	31.3	30.9	9.7	15.7	9.5	3.0	708	157,416	1,248,999
Medically needy	4.7	353	19.2	7.5	17.5	11.2	30.0	26.5	7.3	1,833	876	7,802
Poverty related	0.3	11	4.5	56.7	37.6	3.7	1.9	0.2	0.0	253	163,427	923,949
Other/unknown	0.5	27	9.9	64.8	26.1	3.8	3.5	1.3	0.5	275	289,084	1,843,120

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. 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.
- f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE ND.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, WASHINGTON, 2003

Beneficiary Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>1.1</b>	<b>\$66</b>	<b>\$59</b>	<b>0.5</b>	<b>\$53</b>	<b>\$115</b>	<b>0.0</b>	<b>\$1</b>	<b>\$48</b>	<b>0.6</b>	<b>\$12</b>	<b>\$19</b>
<b>Age</b>												
5 and younger	0.3	14	41	0.1	10	88	0.0	0	42	0.2	3	16
6-14	0.4	30	70	0.2	24	115	0.0	1	78	0.2	5	25
15-20	0.4	22	57	0.2	18	101	0.0	1	56	0.2	4	18
21-44	1.1	71	63	0.4	57	129	0.0	1	44	0.7	12	19
45-64	4.4	253	58	1.7	199	114	0.1	4	47	2.5	49	19
65-74	3.1	141	46	1.3	109	85	0.1	2	32	1.8	30	17
75-84	2.9	124	43	1.2	95	78	0.0	2	30	1.6	28	17
85 and older	2.5	101	40	1.0	75	77	0.1	2	24	1.5	24	16
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	3.0	135	44	1.3	104	83	0.1	2	30	1.7	29	17
Disabled	3.3	218	67	1.3	176	131	0.1	4	54	1.8	38	21
Adults	0.4	15	36	0.1	11	74	0.0	0	30	0.3	4	15
Children	0.3	13	41	0.1	10	76	0.0	0	49	0.2	3	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	1.1	61	53	0.5	48	104	0.0	1	44	0.7	12	18
Male	1.1	77	70	0.5	62	135	0.0	1	57	0.6	13	22
Unknown	3.9	158	41	2.0	125	63	0.0	2	50	1.9	31	17
<b>Race</b>												
White	1.5	88	60	0.6	70	118	0.0	1	51	0.8	16	19
African American	1.3	72	55	0.5	58	114	0.0	1	36	0.8	13	17
Other/unknown	0.6	31	55	0.2	24	106	0.0	1	43	0.3	7	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	8.2	499	61	3.4	386	113	0.2	9	40	4.5	103	23
Part year	7.9	482	61	3.0	373	123	0.2	10	50	4.7	98	21
None	1.1	64	59	0.4	51	115	0.0	1	48	0.6	12	19
<b>Maintenance Assistance Status</b>												
Cash	2.6	163	64	1.0	131	126	0.0	3	51	1.5	29	20
Medically needy	4.7	353	75	2.0	296	150	0.1	4	37	2.7	53	20
Poverty related	0.3	11	34	0.1	8	65	0.0	0	41	0.2	3	14
Other/unknown	0.5	27	51	0.2	21	95	0.0	1	44	0.3	6	18

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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, 0.4 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- 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 = Centers for Medicare & 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, WASHINGTON, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$18	\$14	\$0	\$4	\$62	\$129	\$67	\$20	393,402	\$24,236,823	157,226	25.7 %	1,365,034
Biologicals	0.2	0.1	0.0	0.0	69	63	1	4	452	450	607	461	3,559	1,608,511	2,243	0.4	23,481
Antineoplastic Agents	0.5	0.2	0.0	0.3	143	126	2	16	272	531	108	58	12,284	3,339,822	2,323	0.4	23,303
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.3	29	22	1	5	44	71	28	18	451,902	19,849,344	76,893	12.6	691,701
Cardiovascular Agents	1.3	0.4	0.0	0.8	44	30	0	13	34	69	25	16	592,385	19,896,271	45,544	7.5	455,181
Respiratory Agents	0.5	0.2	0.0	0.3	23	18	0	5	45	78	51	17	421,830	19,049,159	90,571	14.8	821,998
Gastrointestinal Agents	0.6	0.3	0.0	0.3	44	38	1	5	74	114	223	18	276,459	20,535,434	48,274	7.9	467,984
Genitourinary Agents	0.3	0.2	0.0	0.1	14	13	0	2	48	65	30	16	49,775	2,399,849	18,225	3.0	168,575
CNS Drugs	1.1	0.6	0.0	0.5	90	79	1	11	81	139	66	20	833,203	67,492,929	80,413	13.2	746,767
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.3	49	37	1	11	67	80	66	43	92,796	6,178,061	13,655	2.2	126,278
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	171	171	0	1	346	362	0	25	4,592	1,589,281	919	0.2	9,274
Analgesics and Anesthetics	0.7	0.1	0.0	0.5	31	21	1	9	45	152	68	16	668,633	29,827,901	109,814	18.0	965,108
Neuromuscular Agents	0.8	0.4	0.0	0.4	65	54	1	9	79	139	42	23	368,180	29,016,895	45,657	7.5	446,172
Nutritional Products	0.3	0.0	0.0	0.3	5	0	0	5	16	28	16	15	88,052	1,368,003	34,146	5.6	266,137
Hematological Agents	0.6	0.2	0.1	0.4	146	119	1	26	230	677	22	65	49,224	11,306,058	7,823	1.3	77,335
Topical Products	0.3	0.1	0.0	0.2	9	5	0	3	32	61	49	17	205,696	6,511,492	83,220	13.6	764,655
Miscellaneous Products	0.2	0.1	0.0	0.1	32	23	5	5	131	154	253	58	15,766	2,058,361	6,702	1.1	64,374
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	10	0	0	0	49	0	0	0	14,815	722,421	7,517	1.2	72,836
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>4,542,553</b>	<b>266,986,615</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. 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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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, 0.4 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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, WASHINGTON, 2003

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$38,471,070	31,139	5.1 %	325,479	0.7	\$179	\$118
ANTIDEPRESSANTS	25,271,253	81,823	13.4	791,580	0.6	58	32
ANTICONVULSANT	25,096,570	32,007	5.2	331,235	0.7	105	76
ANALGESICS - Narcotic	17,718,524	119,827	19.6	1,125,093	0.4	40	16
ULCER DRUGS	15,669,180	46,044	7.5	464,523	0.5	74	34
ANTIASTHMATIC	12,185,220	70,974	11.6	682,704	0.4	50	18
ANTIVIRAL	10,870,221	8,123	1.3	79,576	0.4	356	137
ANTIDIABETIC	8,439,337	22,585	3.7	230,807	0.7	51	37
ANALGESICS - ANTI-INFLAMMATORY	8,439,273	62,704	10.3	593,897	0.3	49	14
ANTHYPERLIPIDEMIC	7,920,390	15,876	2.6	168,985	0.6	76	47
<b>Total</b>	<b>170,081,038</b>	<b>491,102</b>		<b>4,793,879</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Months Among Users	Number of Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Months Among Users	Number of Rx per Month	Mean Rx \$ per Month
<b>All</b>	<b>2,255,798</b>	<b>\$170,081,038</b>	<b>31,139</b>	<b>5.1 %</b>	<b>325,479</b>	<b>0.7</b>	<b>\$118</b>	<b>81,823</b>	<b>13.4 %</b>	<b>791,580</b>	<b>0.6</b>	<b>\$32</b>
<b>Female</b>	1,443,054	100,595,126	16,782	4.4	175,136	0.6	105	55,896	14.5	535,101	0.6	32
<b>Disabled</b>	1,097,039	84,569,024	13,575	28.0	148,857	0.7	114	34,708	71.6	377,739	0.6	36
5 and younger	5,071	371,929	5	0.3	60	0.7	66	14	0.9	143	0.5	9
6-14	18,471	1,731,494	280	8.4	3,153	0.6	101	472	14.1	5,418	0.6	28
15-20	22,567	1,929,071	528	17.4	5,830	0.5	90	1,004	33.1	11,089	0.5	27
21-44	372,504	30,763,119	6,605	37.1	71,421	0.6	115	13,660	76.8	147,405	0.6	35
45-64	678,129	49,759,574	6,156	27.2	68,390	0.7	115	19,547	86.2	213,604	0.6	37
65-74	297	13,837	1	2.1	3	0.3	21	11	22.9	80	0.5	13
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>	346,015	16,026,102	3,207	1.0	26,279	0.4	55	21,188	6.3	157,362	0.4	24
5 and younger	12,047	474,888	23	0.0	237	0.2	30	39	0.1	350	0.3	8
6-14	30,395	1,539,245	463	0.8	4,729	0.5	65	1,477	2.5	14,210	0.5	21
15-20	40,972	1,526,662	547	0.7	4,778	0.4	41	3,364	4.5	28,286	0.4	20
21-44	165,283	6,641,521	1,611	1.2	10,991	0.4	41	13,210	9.8	87,057	0.4	24
45-64	24,959	1,367,813	139	2.4	915	0.6	62	1,549	27.2	10,145	0.5	29
65-74	48,542	3,092,891	246	7.6	2,817	0.7	111	968	30.0	11,075	0.5	26
75-84	18,137	1,056,273	93	6.2	947	0.6	70	419	28.1	4,603	0.5	23
85 and older	5,680	326,809	85	13.3	865	0.5	52	162	25.4	1,636	0.6	26
<b>Male</b>	812,327	69,464,221	14,352	6.4	150,283	0.7	134	25,922	11.5	256,424	0.6	31
<b>Disabled</b>	658,032	61,226,293	12,493	27.0	133,231	0.7	141	19,539	42.2	204,848	0.6	33
5 and younger	7,948	601,698	35	1.6	385	0.5	78	43	2.0	481	0.4	12
6-14	36,690	3,515,581	1,064	16.3	12,108	0.6	104	1,277	19.6	14,576	0.6	29
15-20	33,589	3,429,342	1,092	23.2	12,064	0.6	121	1,221	26.0	13,542	0.5	33
21-44	238,382	25,342,223	6,645	40.3	69,181	0.7	148	8,041	48.7	81,642	0.6	34
45-64	341,263	28,328,582	3,657	22.4	39,493	0.8	148	8,953	54.8	94,569	0.6	33
65-74	160	8,867	0	0.0	0	0.0	0	4	14.8	38	0.5	10
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>	154,295	8,237,928	1,859	1.0	17,052	0.5	76	6,383	3.6	51,576	0.5	24
5 and younger	17,831	770,785	42	0.1	422	0.5	50	64	0.1	618	0.3	10
6-14	39,159	2,194,788	829	1.4	8,336	0.6	75	1,953	3.2	18,671	0.5	23
15-20	22,042	1,155,364	489	1.8	4,607	0.6	80	1,481	5.5	12,645	0.4	22
21-44	30,682	1,472,020	293	1.1	1,743	0.4	63	1,788	6.7	9,732	0.4	26
45-64	10,291	571,841	51	1.5	291	0.5	60	467	13.8	2,904	0.5	27
65-74	23,680	1,446,137	97	5.0	1,102	0.5	91	406	20.9	4,562	0.5	25
75-84	8,919	528,207	40	4.5	397	0.7	82	173	19.4	1,900	0.5	24
85 and older	1,691	98,786	18	7.5	154	0.8	105	51	21.2	544	0.5	19
<b>Unknown</b>	417	21,691	5	26.3	60	1.8	102	5	26.3	55	0.4	19

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ULCER DRUGS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>32,007</b>	<b>5.2 %</b>	<b>331,235</b>	<b>0.7</b>	<b>\$76</b>	<b>119,827</b>	<b>19.6 %</b>	<b>1,125,093</b>	<b>0.4</b>	<b>\$16</b>	<b>46,044</b>	<b>7.5 %</b>	<b>464,523</b>	<b>0.5</b>	<b>\$34</b>
<b>Female</b>	19,210	5.0	198,586	0.7	74	81,800	21.3	765,618	0.4	15	30,765	8.0	311,713	0.4	34
<b>Disabled</b>	15,242	31.5	167,702	0.7	79	40,159	82.9	443,365	0.5	21	19,958	41.2	222,636	0.5	39
5 and younger	151	9.7	1,673	0.7	89	203	13.1	2,256	0.1	1	301	19.4	3,102	0.4	23
6-14	650	19.5	7,554	0.9	109	466	13.9	5,422	0.1	2	297	8.9	3,443	0.4	32
15-20	659	21.7	7,418	0.8	97	1,124	37.0	12,482	0.2	2	420	13.8	4,742	0.3	24
21-44	6,642	37.3	72,099	0.7	82	16,684	93.8	183,379	0.4	19	6,358	35.7	70,648	0.4	33
45-64	7,136	31.5	78,931	0.7	72	21,666	95.6	239,720	0.5	25	12,574	55.5	140,635	0.5	43
65-74	4	8.3	27	0.6	65	16	33.3	106	1.0	23	8	16.7	66	0.5	40
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>	3,968	1.2	30,884	0.5	46	41,641	12.4	322,253	0.3	5	10,807	3.2	89,077	0.3	21
5 and younger	129	0.2	1,031	0.5	52	1,005	1.8	8,909	0.1	1	696	1.3	4,904	0.3	13
6-14	478	0.8	4,493	0.6	55	2,633	4.4	24,621	0.1	1	741	1.2	6,993	0.2	10
15-20	488	0.7	4,249	0.5	44	7,342	9.9	60,663	0.2	2	1,277	1.7	10,757	0.2	9
21-44	2,142	1.6	14,353	0.5	42	26,626	19.7	190,393	0.3	6	5,106	3.8	36,261	0.3	18
45-64	315	5.5	2,116	0.6	58	1,817	31.9	12,801	0.5	15	745	13.1	5,325	0.4	33
65-74	272	8.4	3,124	0.6	50	1,415	43.8	16,109	0.3	8	1,464	45.3	16,487	0.4	32
75-84	103	6.9	1,074	0.6	24	586	39.3	6,452	0.3	9	613	41.1	6,630	0.4	32
85 and older	41	6.4	444	0.7	39	217	34.0	2,305	0.4	15	165	25.9	1,720	0.6	44
<b>Male</b>	12,791	5.7	132,577	0.7	79	38,021	16.8	359,403	0.4	18	15,273	6.8	152,738	0.5	34
<b>Disabled</b>	10,743	23.2	115,213	0.8	83	23,534	50.9	249,462	0.4	24	10,797	23.3	116,246	0.5	38
5 and younger	226	10.3	2,491	0.8	102	279	12.7	3,148	0.1	1	330	15.1	3,494	0.5	29
6-14	1,139	17.5	13,137	0.8	97	824	12.6	9,516	0.1	1	395	6.1	4,633	0.5	33
15-20	960	20.4	10,894	0.9	101	1,216	25.9	13,645	0.2	3	412	8.8	4,670	0.4	30
21-44	4,750	28.8	49,464	0.8	82	9,463	57.4	98,316	0.4	21	3,552	21.5	37,560	0.5	36
45-64	3,667	22.5	39,224	0.7	72	11,747	72.0	124,812	0.5	31	6,103	37.4	65,873	0.5	40
65-74	1	3.7	3	0.3	37	5	18.5	25	1.2	132	5	18.5	16	0.5	31
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>	2,048	1.1	17,364	0.6	53	14,487	8.1	109,941	0.3	5	4,476	2.5	36,492	0.4	23
5 and younger	178	0.3	1,622	0.7	79	1,367	2.4	12,013	0.1	1	872	1.5	6,342	0.3	14
6-14	699	1.1	6,713	0.7	53	2,664	4.3	24,641	0.1	2	612	1.0	5,654	0.2	13
15-20	351	1.3	3,198	0.6	59	2,995	11.0	25,157	0.2	1	472	1.7	3,979	0.2	13
21-44	478	1.8	2,726	0.5	43	5,343	19.9	29,528	0.5	11	1,046	3.9	5,787	0.4	27
45-64	125	3.7	769	0.5	44	1,005	29.7	6,228	0.5	19	357	10.5	2,258	0.5	34
65-74	154	7.9	1,675	0.5	39	763	39.3	8,448	0.2	4	752	38.7	8,408	0.4	30
75-84	51	5.7	545	0.7	44	290	32.4	3,267	0.2	5	316	35.3	3,538	0.4	31
85 and older	12	5.0	116	0.9	47	60	24.9	659	0.3	9	49	20.3	526	0.5	33
<b>Unknown</b>	6	31.6	72	0.9	23	6	31.6	72	0.7	48	6	31.6	72	0.7	55

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE ND.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	ANTIASTHMATIC					ANTIVIRAL					ANTIDIABETIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>70,974</b>	<b>11.6 %</b>	<b>682,704</b>	<b>0.4</b>	<b>\$18</b>	<b>8,123</b>	<b>1.3 %</b>	<b>79,576</b>	<b>0.4</b>	<b>\$137</b>	<b>22,585</b>	<b>3.7 %</b>	<b>230,807</b>	<b>0.7</b>	<b>\$37</b>
<b>Female</b>	42,938	11.2	417,523	0.4	18	5,049	1.3	48,907	0.3	92	14,916	3.9	154,287	0.7	36
<b>Disabled</b>	22,954	47.4	256,164	0.4	22	2,437	5.0	27,233	0.4	137	10,610	21.9	117,692	0.7	39
5 and younger	646	41.6	7,216	0.3	17	22	1.4	239	0.2	29	9	0.6	102	1.0	38
6-14	827	24.8	9,615	0.3	17	73	2.2	845	0.4	105	52	1.6	580	0.8	56
15-20	668	22.0	7,451	0.3	14	76	2.5	838	0.2	65	95	3.1	1,020	0.7	36
21-44	7,480	42.0	82,761	0.3	17	1,147	6.4	12,729	0.4	133	2,275	12.8	25,422	0.6	34
45-64	13,318	58.7	149,012	0.5	26	1,119	4.9	12,582	0.4	150	8,168	36.0	90,502	0.7	40
65-74	15	31.3	109	0.3	11	0	0.0	0	0.0	0	11	22.9	66	0.5	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
<b>Other Eligibles</b>	19,984	5.9	161,359	0.3	12	2,612	0.8	21,674	0.2	36	4,306	1.3	36,595	0.7	29
5 and younger	3,955	7.1	31,845	0.2	9	98	0.2	800	0.2	20	27	0.0	233	0.8	46
6-14	4,532	7.6	39,292	0.3	10	258	0.4	2,455	0.2	30	198	0.3	1,596	0.8	45
15-20	2,944	4.0	24,727	0.2	8	430	0.6	3,888	0.2	13	183	0.2	1,436	0.6	33
21-44	6,435	4.8	45,044	0.3	12	1,635	1.2	12,762	0.3	38	1,552	1.1	10,078	0.5	25
45-64	811	14.2	5,724	0.4	18	105	1.8	775	0.4	131	591	10.4	3,751	0.7	30
65-74	875	27.1	9,962	0.4	24	54	1.7	635	0.2	77	1,219	37.7	13,699	0.7	30
75-84	315	21.1	3,551	0.4	25	14	0.9	162	0.1	10	455	30.5	4,957	0.7	28
85 and older	117	18.3	1,214	0.4	19	18	2.8	197	0.1	6	81	12.7	845	0.7	26
<b>Male</b>	28,032	12.4	265,133	0.4	18	3,074	1.4	30,669	0.5	207	7,666	3.4	76,484	0.7	37
<b>Disabled</b>	12,723	27.5	138,981	0.4	22	2,401	5.2	24,973	0.6	237	5,660	12.2	60,059	0.7	39
5 and younger	1,060	48.4	11,684	0.3	17	32	1.5	328	0.2	32	4	0.2	48	0.4	9
6-14	1,605	24.6	18,518	0.3	16	77	1.2	906	0.3	60	50	0.8	563	0.7	44
15-20	841	17.9	9,750	0.3	15	43	0.9	497	0.2	46	62	1.3	688	1.0	60
21-44	2,898	17.6	31,139	0.4	18	1,231	7.5	12,386	0.6	229	1,262	7.7	13,307	0.7	38
45-64	6,306	38.6	67,836	0.5	28	1,018	6.2	10,856	0.6	277	4,278	26.2	45,416	0.8	38
65-74	13	48.1	54	0.8	31	0	0.0	0	0.0	0	4	14.8	37	0.7	7
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>	15,309	8.5	126,152	0.3	13	673	0.4	5,696	0.3	76	2,006	1.1	16,425	0.7	31
5 and younger	5,858	10.1	46,325	0.2	10	119	0.2	1,036	0.2	9	33	0.1	257	0.9	60
6-14	5,613	9.2	49,018	0.3	11	217	0.4	2,044	0.2	33	155	0.3	1,224	0.9	49
15-20	1,668	6.1	13,799	0.3	10	112	0.4	949	0.2	31	84	0.3	670	0.8	55
21-44	1,054	3.9	5,767	0.4	17	149	0.6	948	0.4	210	510	1.9	2,609	0.7	32
45-64	248	7.3	1,583	0.5	27	30	0.9	185	0.6	322	343	10.1	2,007	0.7	27
65-74	527	27.1	5,959	0.5	33	35	1.8	402	0.4	167	618	31.8	6,810	0.7	29
75-84	278	31.1	3,066	0.5	32	10	1.1	120	0.2	28	227	25.4	2,478	0.6	24
85 and older	63	26.1	635	0.4	27	1	0.4	12	0.3	18	36	14.9	370	0.6	19
<b>Unknown</b>	4	21.1	48	0.1	5	0	0.0	0	0.0	0	3	15.8	36	1.1	42

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERLIPIDEMIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Benefit per Rx \$ per Month		
<b>All</b>	<b>62,704</b>	<b>10.3 %</b>	<b>593,897</b>	<b>0.3</b>	<b>\$14</b>	<b>15,876</b>	<b>2.6 %</b>	<b>168,985</b>	<b>0.6</b>	<b>\$47</b>	<b>610,803</b>	<b>4,023,870</b>
<b>Female</b>	43,217	11.2	408,525	0.3	15	9,806	2.5	105,844	0.6	47	384,770	2,585,110
<b>Disabled</b>	21,108	43.6	235,466	0.3	21	7,461	15.4	83,259	0.6	47	48,443	509,453
5 and younger	92	5.9	1,052	0.2	13	3	0.2	36	0.4	22	1,554	15,655
6-14	246	7.4	2,860	0.2	9	3	0.1	36	0.2	9	3,341	36,786
15-20	580	19.1	6,598	0.2	7	10	0.3	87	0.4	21	3,034	32,235
21-44	7,987	44.9	88,417	0.3	14	1,187	6.7	13,168	0.6	40	17,789	185,451
45-64	12,202	53.8	136,529	0.4	27	6,251	27.6	69,888	0.6	49	22,670	238,809
65-74	1	2.1	10	0.9	70	7	14.6	44	0.6	38	48	433
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
<b>Other Eligibles</b>	22,109	6.6	173,059	0.2	7	2,345	0.7	22,585	0.6	44	336,327	2,075,657
5 and younger	1,119	2.0	8,788	0.2	2	5	0.0	28	0.2	2	55,470	269,162
6-14	1,605	2.7	14,238	0.2	3	13	0.0	117	0.2	11	59,975	363,559
15-20	4,129	5.5	33,346	0.2	2	10	0.0	77	0.5	34	74,426	504,869
21-44	11,988	8.9	84,431	0.2	4	475	0.4	3,279	0.4	28	135,403	852,826
45-64	1,068	18.8	7,317	0.3	16	345	6.1	2,294	0.6	44	5,694	30,053
65-74	1,536	47.6	17,448	0.3	25	1,073	33.2	12,086	0.6	46	3,230	33,865
75-84	540	36.2	6,122	0.4	24	375	25.2	4,169	0.6	49	1,491	15,242
85 and older	124	19.4	1,369	0.4	25	49	7.7	535	0.8	61	638	6,081
<b>Male</b>	19,483	8.6	185,324	0.3	12	6,062	2.7	63,045	0.6	47	226,014	1,438,569
<b>Disabled</b>	11,499	24.9	124,068	0.3	15	4,769	10.3	51,609	0.6	48	46,257	468,218
5 and younger	156	7.1	1,705	0.2	2	7	0.3	84	0.2	6	2,189	21,693
6-14	388	6.0	4,476	0.2	3	10	0.2	112	0.5	30	6,517	71,545
15-20	561	11.9	6,308	0.2	4	18	0.4	197	0.5	38	4,703	49,892
21-44	4,391	26.6	46,217	0.2	10	997	6.0	10,726	0.6	41	16,495	162,524
45-64	5,999	36.7	65,322	0.4	20	3,734	22.9	40,465	0.7	51	16,324	162,313
65-74	4	14.8	40	0.4	36	3	11.1	25	0.7	49	27	227
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>	7,984	4.4	61,256	0.2	6	1,293	0.7	11,436	0.6	43	179,757	970,351
5 and younger	1,227	2.1	9,451	0.2	3	13	0.0	117	0.2	4	58,042	283,155
6-14	1,315	2.1	11,470	0.1	2	9	0.0	84	0.4	22	61,300	371,923
15-20	1,617	6.0	13,275	0.2	2	9	0.0	74	0.3	13	27,148	155,165
21-44	2,323	8.7	12,596	0.3	7	288	1.1	1,556	0.5	31	26,801	113,746
45-64	509	15.0	3,256	0.3	11	248	7.3	1,456	0.6	37	3,388	15,175
65-74	710	36.5	8,013	0.3	17	536	27.6	5,960	0.6	47	1,943	19,894
75-84	242	27.1	2,746	0.3	17	176	19.7	2,033	0.6	45	894	9,022
85 and older	41	17.0	449	0.4	26	14	5.8	156	0.6	49	241	2,271
<b>Unknown</b>	4	21.1	48	0.2	7	8	42.1	96	0.7	35	19	191

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$499</b>	<b>8.2</b>	<b>895</b>	<b>8,272</b>
<b>Age</b>				
0-64	558	8.7	682	6,190
65-74	399	7.5	76	804
75-84	331	7.1	64	628
85 and older	218	5.5	73	650
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	484	8.3	506	4,939
Male	521	8.1	389	3,333
Unknown	0	0.0	0	0
<b>Race</b>				
White	517	8.4	654	6,089
African American	465	8.7	54	515
Other/unknown	445	7.5	187	1,668
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	321	6.8	213	2,084
Disabled	559	8.7	677	6,174
Adults	640	11.2	5	14
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 1,802 beneficiaries who were in nursing facilities for part of their enrollment and their 17,343 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 = Centers for Medicare & 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<sup>a, b, c, d, e</sup>  
 NONDUAL BENEFICIARIES, WASHINGTON, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.7	0.4	0.0	0.3	\$60	\$49	\$2	\$10	\$87	\$137	\$83	\$30	4,151	\$360,496	612	68.4 %	5,993
Biologicals	0.1	0.1	0.0	0.1	4	3	0	1	35	38	0	29	27	932	21	2.3	217
Antineoplastic Agents	0.7	0.2	0.0	0.4	185	143	0	42	283	651	128	96	342	96,809	56	6.3	522
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.6	48	38	1	8	38	66	21	14	5,355	203,100	436	48.7	4,272
Cardiovascular Agents	1.9	0.5	0.0	1.4	55	34	1	20	29	66	24	15	9,723	278,769	537	60.0	5,027
Respiratory Agents	0.8	0.4	0.0	0.4	44	30	0	13	54	72	31	36	2,677	145,438	343	38.3	3,334
Gastrointestinal Agents	1.2	0.6	0.0	0.6	73	62	0	11	63	111	19	19	6,019	378,605	557	62.2	5,170
Genitourinary Agents	0.7	0.4	0.0	0.3	40	31	0	9	54	72	15	29	1,702	92,161	220	24.6	2,332
CNS Drugs	1.8	1.0	0.0	0.8	145	128	1	16	78	128	49	19	12,243	958,703	691	77.2	6,632
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/ Neurological Agents	0.5	0.0	0.0	0.5	14	0	0	14	27	0	0	27	36	968	7	0.8	69
Miscellaneous Psychological/ Neurological Agents	0.7	0.7	0.0	0.0	151	151	0	0	213	213	0	0	288	61,263	39	4.4	406
Analgesics and Anesthetics	1.8	0.7	0.1	1.0	94	71	4	18	53	102	52	19	8,515	453,082	525	58.7	4,817
Neuromuscular Agents	1.6	0.7	0.0	0.9	117	82	2	33	74	126	39	37	8,441	623,877	524	58.5	5,327
Nutritional Products	0.9	0.0	0.0	0.8	29	0	1	27	32	32	18	33	2,317	74,369	278	31.1	2,589
Hematological Agents	1.1	0.3	0.1	0.7	97	87	1	10	87	267	12	14	2,894	251,827	299	33.4	2,583
Topical Products	0.6	0.2	0.0	0.3	27	17	2	7	47	81	73	23	2,771	129,495	465	52.0	4,826
Miscellaneous Products	0.4	0.0	0.0	0.3	17	5	0	12	45	106	0	36	257	11,480	80	8.9	692
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	12	0	0	0	52	0	0	0	108	5,563	45	5.0	470
<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.	67,866	4,126,937	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,802 beneficiaries who were in nursing facilities for part of their enrollment and their 17,343 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 2003. 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Washington, 0.4 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 = Centers for Medicare & 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, WASHINGTON, 2003

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$581,201	412	46.0 %	4,346	0.9	\$155	\$134
ANTICONVULSANT	502,536	519	58.0	5,460	1.1	85	92
ANALGESICS - Narcotic	379,723	601	67.2	5,651	1.3	51	67
ANTIDEPRESSANTS	332,054	695	77.7	6,921	0.8	57	48
ULCER DRUGS	318,078	533	59.6	5,132	0.8	78	62
HEMATOPOIETIC AGENTS	124,642	105	11.7	932	0.7	201	134
ANTIDIABETIC	125,866	354	39.6	3,452	0.9	41	36
MISC. ANTI-INFECTIVES	107,991	282	31.5	2,875	0.3	130	38
ANTIASTHMATIC	103,817	427	47.7	4,172	0.4	57	25
DERMATOLOGICAL	103,476	586	65.5	6,307	0.3	54	16
<b>Total</b>	<b>2,679,384</b>	<b>4,514</b>		<b>45,248</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,802 beneficiaries who were in nursing facilities for part of their enrollment and their 17,343 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>35,168</b>	<b>\$2,679,384</b>	<b>412</b>	<b>46.0 %</b>	<b>4,346</b>	<b>0.9</b>	<b>\$134</b>	<b>519</b>	<b>58.0 %</b>	<b>5,460</b>	<b>1.1</b>	<b>\$92</b>
<b>Female</b>	20,942	1,547,995	241	47.6	2,607	0.9	135	301	59.5	3,299	1.1	90
<b>Disabled</b>	16,075	1,243,272	176	50.3	1,942	0.9	138	254	72.6	2,765	1.1	95
64 or younger	16,018	1,241,529	176	50.4	1,942	0.9	138	254	72.8	2,765	1.1	95
65-74	57	1,743	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>	4,867	304,723	65	41.7	665	0.9	128	47	30.1	534	1.1	64
64 or younger	77	3,936	1	20.0	2	1.0	60	0	0.0	0	0.0	0
65-74	2,090	150,821	31	68.9	369	1.0	153	27	60.0	322	1.0	80
75-84	1,432	82,254	14	32.6	131	0.8	122	15	34.9	164	1.0	39
85 and older	1,268	67,712	19	30.2	163	0.7	76	5	7.9	48	1.3	42
<b>Male</b>	14,226	1,131,389	171	44.0	1,739	0.8	132	218	56.0	2,161	1.0	95
<b>Disabled</b>	12,339	1,003,248	153	46.8	1,544	0.8	130	193	59.0	1,903	1.0	102
64 or younger	12,339	1,003,248	153	46.8	1,544	0.8	130	193	59.0	1,903	1.0	102
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
<b>Other Eligibles</b>	1,887	128,141	18	29.0	195	0.9	143	25	40.3	258	1.0	47
64 or younger	64	3,150	0	0.0	0	0.0	0	1	100.0	12	1.0	76
65-74	1,018	73,764	11	36.7	124	0.8	168	17	56.7	184	0.9	39
75-84	605	37,669	6	28.6	59	0.9	85	3	14.3	30	1.5	40
85 and older	200	13,558	1	10.0	12	1.0	171	4	40.0	32	1.3	83
<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 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,802 beneficiaries who were in nursing facilities for part of their enrollment and their 17,343 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDEPRESSANTS					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>601</b>	<b>67.2 %</b>	<b>5,651</b>	<b>1.3</b>	<b>\$67</b>	<b>695</b>	<b>77.7 %</b>	<b>6,921</b>	<b>0.8</b>	<b>\$48</b>	<b>533</b>	<b>59.6 %</b>	<b>5,132</b>	<b>0.8</b>	<b>\$62</b>
<b>Female</b>	370	73.1	3,668	1.1	62	426	84.2	4,338	0.9	49	302	59.7	3,034	0.8	59
<b>Disabled</b>	272	77.7	2,714	1.2	71	302	86.3	3,095	0.9	53	218	62.3	2,215	0.8	58
64 or younger	270	77.4	2,694	1.2	71	300	86.0	3,075	0.9	54	217	62.2	2,205	0.8	58
65-74	2	200.0	20	2.0	51	2	200.0	20	0.1	1	1	100.0	10	0.4	7
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>	98	62.8	954	0.8	38	124	79.5	1,243	0.8	39	84	53.8	819	0.8	63
64 or younger	6	120.0	12	3.0	76	3	60.0	6	1.5	67	3	60.0	6	0.7	100
65-74	27	60.0	310	0.7	20	36	80.0	431	0.9	45	24	53.3	278	0.7	50
75-84	30	69.8	300	1.0	74	37	86.0	371	0.8	33	26	60.5	262	0.9	64
85 and older	35	55.6	332	0.7	20	48	76.2	435	0.8	37	31	49.2	273	0.9	75
<b>Male</b>	231	59.4	1,983	1.7	76	269	69.2	2,583	0.8	46	231	59.4	2,098	0.8	66
<b>Disabled</b>	215	65.7	1,822	1.8	81	232	70.9	2,190	0.8	46	197	60.2	1,766	0.8	66
64 or younger	215	65.7	1,822	1.8	81	232	70.9	2,190	0.8	46	197	60.2	1,766	0.8	66
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>	16	25.8	161	0.7	25	37	59.7	393	0.9	47	34	54.8	332	0.8	66
64 or younger	0	0.0	0	0.0	0	2	200.0	24	1.0	58	1	100.0	12	0.4	43
65-74	8	26.7	87	0.5	17	18	60.0	184	1.1	56	19	63.3	197	0.8	67
75-84	6	28.6	50	0.5	5	11	52.4	125	0.9	52	12	57.1	108	0.8	73
85 and older	2	20.0	24	1.9	96	6	60.0	60	0.5	6	2	20.0	15	0.9	11
<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 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,802 beneficiaries who were in nursing facilities for part of their enrollment and their 17,343 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIDIABETIC					MISC. ANTI-INFECTIVES				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>105</b>	<b>11.7 %</b>	<b>932</b>	<b>0.7</b>	<b>\$134</b>	<b>354</b>	<b>39.6 %</b>	<b>3,452</b>	<b>0.9</b>	<b>\$37</b>	<b>282</b>	<b>31.5 %</b>	<b>2,875</b>	<b>0.3</b>	<b>\$38</b>
<b>Female</b>	46	9.1	449	0.7	60	213	42.1	2,212	0.9	37	163	32.2	1,740	0.3	33
<b>Disabled</b>	34	9.7	321	0.6	72	146	41.7	1,528	0.9	40	126	36.0	1,343	0.3	41
64 or younger	34	9.7	321	0.6	72	144	41.3	1,508	1.0	41	126	36.1	1,343	0.3	41
65-74	0	0.0	0	0.0	0	2	200.0	20	0.5	32	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>	12	7.7	128	0.7	28	67	42.9	684	0.8	28	37	23.7	397	0.2	6
64 or younger	0	0.0	0	0.0	0	2	40.0	4	3.5	332	1	20.0	2	1.5	59
65-74	5	11.1	59	0.8	35	24	53.3	266	0.8	33	11	24.4	132	0.2	14
75-84	3	7.0	31	0.7	3	18	41.9	185	0.7	22	8	18.6	81	0.2	3
85 and older	4	6.3	38	0.6	38	23	36.5	229	0.7	22	17	27.0	182	0.1	1
<b>Male</b>	59	15.2	483	0.7	203	141	36.2	1,240	0.9	36	119	30.6	1,135	0.3	45
<b>Disabled</b>	53	16.2	423	0.6	219	114	34.9	960	0.9	32	107	32.7	1,021	0.3	49
64 or younger	53	16.2	423	0.6	219	114	34.9	960	0.9	32	107	32.7	1,021	0.3	49
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>	6	9.7	60	0.8	89	27	43.5	280	1.0	50	12	19.4	114	0.4	8
64 or younger	1	100.0	12	1.0	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3	10.0	36	1.0	139	13	43.3	145	1.0	46	4	13.3	48	0.1	1
75-84	2	9.5	12	0.2	21	13	61.9	131	0.9	55	8	38.1	66	0.6	14
85 and older	0	0.0	0	0.0	0	1	10.0	4	0.8	24	0	0.0	0	0.0	0
<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 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,802 beneficiaries who were in nursing facilities for part of their enrollment and their 17,343 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	ANTIASTHMATIC					DERMATOLOGICAL					Benefit Months	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Among All-Year Nursing Facility Residents
<b>All</b>	<b>427</b>	<b>47.7 %</b>	<b>4,172</b>	<b>0.4</b>	<b>\$25</b>	<b>586</b>	<b>65.5 %</b>	<b>6,307</b>	<b>0.3</b>	<b>\$16</b>	<b>895</b>	<b>8,272</b>
<b>Female</b>	252	49.8	2,600	0.4	22	333	65.8	3,639	0.3	15	506	4,939
<b>Disabled</b>	191	54.6	1,972	0.4	24	249	71.1	2,770	0.3	14	350	3,429
64 or younger	190	54.4	1,962	0.4	25	249	71.3	2,770	0.3	14	349	3,419
65-74	1	100.0	10	0.1	1	0	0.0	0	0.0	0	1	10
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>	61	39.1	628	0.3	14	84	53.8	869	0.4	19	156	1,510
64 or younger	1	20.0	6	0.7	62	0	0.0	0	0.0	0	5	14
65-74	20	44.4	236	0.4	18	36	80.0	407	0.5	30	45	498
75-84	17	39.5	190	0.3	10	27	62.8	269	0.3	9	43	428
85 and older	23	36.5	196	0.2	12	21	33.3	193	0.2	8	63	570
<b>Male</b>	175	45.0	1,572	0.5	30	253	65.0	2,668	0.3	18	389	3,333
<b>Disabled</b>	138	42.2	1,227	0.4	21	226	69.1	2,395	0.3	19	327	2,745
64 or younger	138	42.2	1,227	0.4	21	226	69.1	2,395	0.3	19	327	2,745
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
<b>Other Eligibles</b>	37	59.7	345	0.7	60	27	43.5	273	0.3	11	62	588
64 or younger	0	0.0	0	0.0	0	2	200.0	24	0.5	11	1	12
65-74	16	53.3	157	0.6	44	15	50.0	159	0.3	14	30	296
75-84	17	81.0	146	0.8	55	5	23.8	48	0.1	6	21	200
85 and older	4	40.0	42	1.0	140	5	50.0	42	0.3	2	10	80
<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 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,802 beneficiaries who were in nursing facilities for part of their enrollment and their 17,343 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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<sup>a,b</sup>  
 WASHINGTON, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Nondual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>119,193</b>	<b>19.5 %</b>	<b>1.0</b>	<b>626,047</b>	<b>\$12</b>	<b>\$7,200,848</b>	<b>\$12</b>	<b>2.7 %</b>	<b>610,803</b>
<b>Age</b>									
5 and younger	20,239	17.3	0.4	45,327	4	463,517	10	5.8	117,256
6-14	19,198	14.6	0.4	49,014	6	752,697	15	3.0	131,134
15-20	12,149	11.1	0.3	30,736	4	426,835	14	2.6	109,311
21-44	36,237	18.4	0.9	177,842	11	2,110,450	12	2.3	196,492
45-64	26,332	54.8	5.6	271,142	63	3,019,855	11	2.7	48,083
65-74	3,243	61.7	6.3	33,095	53	277,889	8	3.6	5,252
75-84	1,406	58.8	6.1	14,642	49	116,118	8	3.8	2,392
85 and older	389	44.1	4.8	4,249	38	33,487	8	4.0	883
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	5,150	59.7	6.2	53,367	51	439,903	8	3.7	8,633
Disabled	48,966	51.7	4.6	432,265	56	5,339,929	12	2.5	94,710
Adults	24,230	10.8	0.3	58,750	3	587,079	10	2.8	223,673
Children	40,847	14.4	0.3	81,665	3	833,937	10	4.0	283,787
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	75,364	19.6	1.1	412,774	12	4,660,445	11	3.0	384,770
Male	43,820	19.4	0.9	213,144	11	2,538,810	12	2.3	226,014
Unknown	9	47.4	6.8	129	84	1,593	12	5.3	19
<b>Race</b>									
White	77,444	21.7	1.2	430,974	15	5,218,163	12	2.5	356,794
African American	7,440	21.8	1.2	40,115	13	428,635	11	2.8	34,080
Other/unknown	34,309	15.6	0.7	154,958	7	1,554,050	10	3.4	219,929
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	565	63.1	6.2	5,545	137	122,246	22	3.0	895
Part year	1,483	82.3	10.1	18,261	161	290,302	16	3.5	1,802
None	117,145	19.3	1.0	602,241	11	6,788,300	11	2.7	608,106
<b>Maintenance Assistance Status</b>									
Cash	61,223	38.9	2.8	442,288	32	5,059,338	11	2.5	157,416
Medically needy	534	61.0	5.2	4,563	67	58,287	13	2.1	876
Poverty related	22,534	13.8	0.3	43,039	3	422,900	10	4.0	163,427
Other/unknown	34,902	12.1	0.5	136,157	6	1,660,323	12	3.3	289,084

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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<sup>a,b</sup>  
 WASHINGTON, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.2</b>	<b>\$2</b>	<b>\$12</b>	<b>\$0</b>	<b>\$0</b>	<b>4,023,870</b>
<b>Age</b>						
5 and younger	0.1	1	10	0	0	589,677
6-14	0.1	1	15	0	0	843,814
15-20	0.0	1	14	0	0	742,161
21-44	0.1	2	12	0	1	1,314,584
45-64	0.6	7	11	0	2	446,434
65-74	0.6	5	8	0	0	54,467
75-84	0.6	5	8	0	0	24,333
85 and older	0.5	4	8	0	0	8,400
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.6	5	8	0	0	88,529
Disabled	0.4	5	12	0	2	977,791
Adults	0.0	0	10	0	0	1,381,723
Children	0.1	1	10	0	0	1,575,827
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.2	2	11	0	0	2,585,110
Male	0.1	2	12	0	1	1,438,569
Unknown	0.7	8	12	0	3	191
<b>Race</b>						
White	0.2	2	12	0	1	2,352,319
African American	0.2	2	11	0	0	211,300
Other/unknown	0.1	1	10	0	0	1,460,251
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.7	15	22	0	4	8,272
Part year	1.1	17	16	0	3	17,343
None	0.2	2	11	0	0	3,998,255
<b>Maintenance Assistance Status</b>						
Cash	0.4	4	11	0	1	1,248,999
Medically needy	0.6	7	13	0	2	7,802
Poverty related	0.0	0	10	0	0	923,949
Other/unknown	0.1	1	12	0	0	1,843,120

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003.

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 = Centers for Medicare & 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<sup>a,b,c</sup>  
 WASHINGTON, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
<b>All</b>	<b>161,388</b>	<b>\$45</b>	<b>\$7,200,848</b>	<b>100.0 %</b>	<b>626,047</b>	<b>\$12</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	1	19	19	0.0	1	19	0.0
Fertility drugs	1	27	27	0.0	1	27	0.0
Drugs for cosmetic purposes	225	15	3,380	0.0	347	10	0.1
Cough and cold medications	33,002	29	959,862	13.3	63,458	15	10.1
Vitamins and minerals	10,208	93	947,716	13.2	48,358	20	7.7
Non-prescription drugs	86,863	33	2,856,702	39.7	351,360	8	56.1
Barbiturates	1,119	52	58,669	0.8	8,411	7	1.3
Benzodiazepines	24,273	81	1,962,791	27.3	136,161	14	21.7
Other Part D Excl Rx Drugs	5,696	72	411,682	5.7	17,950	23	2.9

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 = Centers for Medicare & 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<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>1,009,501</b>	<b>8,633</b>	<b>94,964</b>	<b>279,043</b>	<b>626,861</b>	<b>0</b>	<b>9,648,276</b>	<b>88,596</b>	<b>996,912</b>	<b>2,311,922</b>	<b>6,250,846</b>	<b>0</b>
<b>Age</b>												
5 and younger	237,155	0	3,805	11	233,339	0	2,289,929	0	41,357	59	2,248,513	0
6-14	292,895	1	9,938	363	282,593	0	3,044,594	12	113,497	2,210	2,928,875	0
15-20	173,728	3	7,763	55,064	110,898	0	1,598,791	29	84,378	441,155	1,073,229	0
21-44	243,351	11	34,339	208,970	31	0	2,100,093	123	352,979	1,746,762	229	0
45-64	53,835	203	39,035	14,597	0	0	527,485	2,095	403,933	121,457	0	0
65-74	5,261	5,155	75	31	0	0	54,631	53,738	660	233	0	0
75-84	2,393	2,384	5	4	0	0	24,353	24,267	60	26	0	0
85 and older	883	876	4	3	0	0	8,400	8,332	48	20	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	595,936	5,481	48,574	233,116	308,765	0	5,647,121	56,569	519,652	1,980,459	3,090,441	0
Male	413,541	3,146	46,380	45,926	318,089	0	4,000,917	31,970	477,140	331,462	3,160,345	0
Unknown	24	6	10	1	7	0	238	57	120	1	60	0
<b>Race</b>												
White	607,711	4,988	70,462	138,827	393,434	0	5,896,460	52,332	741,742	1,191,838	3,910,548	0
African American	62,982	316	8,262	15,400	39,004	0	622,272	3,245	85,543	134,973	398,511	0
Other/unknown	338,808	3,329	16,240	124,816	194,423	0	3,129,544	33,019	169,627	985,111	1,941,787	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	896	213	677	6	0	0	8,273	2,084	6,174	15	0	0
Part year	1,811	241	1,517	49	4	0	17,683	2,313	14,883	445	42	0
None	1,006,794	8,179	92,770	278,988	626,857	0	9,622,320	84,199	975,855	2,311,462	6,250,804	0
<b>Maintenance Assistance Status</b>												
Cash	226,089	6,062	85,900	40,686	93,441	0	2,275,176	63,951	898,037	358,690	954,498	0
Medically needy	903	45	768	43	47	0	8,632	522	7,300	322	488	0
Poverty related	351,239	43	56	32,209	318,931	0	3,529,944	381	456	279,218	3,249,889	0
Other/unknown	431,270	2,483	8,240	206,105	214,442	0	3,834,524	23,742	91,119	1,673,692	2,045,971	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	373,528	8,621	91,716	150,274	122,917	0	3,203,652	88,461	960,407	1,110,612	1,044,172	0
FFS part year, with Rx claims	99,010	6	2,511	42,279	54,214	0	979,031	72	28,261	397,777	552,921	0
FFS part year, no Rx claims	138,275	6	484	31,120	106,665	0	1,258,249	63	5,278	267,494	985,414	0
MC all year, with Rx claims	22,174	0	114	7,166	14,894	0	249,337	0	1,333	79,132	168,872	0
MC all year, no Rx claims	376,507	0	139	48,204	328,164	0	3,957,980	0	1,633	456,907	3,499,440	0

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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<sup>a</sup>  
 NONDUAL BENEFICIARIES, WASHINGTON, 2003

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>1,009,501</b>	<b>9,648,276</b>	<b>610,803</b>	<b>4,023,870</b>	<b>10</b>	<b>5,624,406</b>
Fee-for-service (FFS) all year	373,528	3,203,652	373,528	3,203,590	0	62
FFS part year, with Rx claims	99,010	979,031	99,007	414,066	3	564,965
FFS part year, with no Rx claims	138,275	1,258,249	138,268	406,214	7	852,035
Managed care (MC) all year, with Rx claims	22,174	249,337	0	0	0	249,337
MC all year, with no Rx claims	376,507	3,957,980	0	0	0	3,957,980

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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