STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
ALASKA

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ALASKA, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	129,831	(A)	12,533	(E)	117,298	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	129,661	(B)	12,370	(F)	117,291	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	129,661	(C)	12,370	(G)	117,291	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	481	(D)	414	(H)	67	(L)

Source: Data for this table are from the MAX 2004 file for Alaska, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Alaska in 2004 was $117,840,805, of which $3,953,943 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit pa

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the benficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

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

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

ALASKA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**129,661**	**6,923**	**13,749**	**27,353**	**81,497**	**139**	**1,135,717**	**71,419**	**144,630**	**192,291**	**726,606**	**771**
Age												
5 and younger	31,208	0	404	0	30,804	0	266,159	0	3,683	0	262,476	0
6-14	37,467	0	826	7	36,634	0	351,136	0	8,976	48	342,112	0
15-20	19,457	0	700	4,895	13,855	7	162,999	0	7,413	34,388	121,171	27
21-44	24,538	2	4,605	19,640	204	87	184,802	19	48,672	134,892	847	372
45-64	9,368	23	6,518	2,782	0	45	91,854	242	68,531	22,709	0	372
65-74	3,838	3,176	636	26	0	0	39,645	32,611	6,806	228	0	0
75-84	2,816	2,763	51	2	0	0	29,626	29,124	478	24	0	0
85 and older	968	959	9	0	0	0	9,494	9,423	71	0	0	0
Unknown	1	0	0	1	0	0		0	0	2	0	0
Gender												
Female	71,580	4,386	6,904	20,334	39,817	139	615,906	45,532	73,526	140,727	355,350	771
Male	58,077	2,537	6,845	7,019	41,676	0	2 519,784	25,887	71,104	51,564	371,229	0
Unknown	4	0	0	0	4	0	27	0	0	0	27	0
Race												
White	54,679	2,739	7,755	12,171	31,909	105	474,223	27,321	81,448	83,771	281,090	593
African American	6,686	180	803	1,353	4,345	5	59,080	1,867	8,303	9,812	39,080	18
Other/unknown	68,296	4,004	5,191	13,829	45,243	29	602,414	42,231	54,879	98,708	406,436	160
Use of Nursing Facilities[c]												
Entire year	481	353	128	0	0	0	4,719	3,403	1,316	0	0	0
Part year	425	272	147	3	3	0	3,978	2,481	1,430	31	36	0
None	128,755	6,298	13,474	27,350	81,494	139	1,127,020	65,535	141,884	192,260	726,570	771
Maintenance Assistance Status												
Cash	51,340	5,984	12,547	15,712	17,097	0	475,330	63,092	132,552	123,239	156,447	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	67,360	4	3	9,390	57,824	139	563,063	33	29	52,507	509,723	771
Other/unknown	10,961	935	1,199	2,251	6,576	0	97,324	8,294	12,049	16,545	60,436	0
Dual Medicare Status[d]							0					
Full dual, all year	12,350	6,229	5,998	120	2	1	129,549	64,588	63,900	1,048	8	5
Full dual, part year	20	13	7	0	0	0	182	118	64	0	0	0
Non-dual, all year	117,291	681	7,744	27,233	81,495	138	1,005,986	6,713	80,666	191,243	726,598	766
Managed Care (MC) Status												
Fee-for-service (FFS) all year	129,661	6,923	13,749	27,353	81,497	139	1,135,717	71,419	144,630	192,291	726,606	771
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for Alaska, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

ALASKA, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**57.3 %**	**12.3**	**$878**	**$71**	**$7,137**	**12.3 %**	**129,661**
Age							
5 and younger	51.9	2.2	155	70	4,366	3.6	31,208
6-14	43.9	2.9	266	92	3,299	8.1	37,467
15-20	53.3	4.5	433	96	6,855	6.3	19,457
21-44	69.0	15.2	1,285	85	8,719	14.7	24,538
45-64	82.1	53.7	3,902	73	17,234	22.6	9,368
65-74	85.5	52.0	2,874	55	14,724	19.5	3,838
75-84	89.8	66.1	3,133	47	23,475	13.3	2,816
85 and older	89.9	71.1	2,808	40	35,217	8.0	968
Unknown	0.0	0.0	0	0	11,779	0.0	1
Basis of Eligibility[e]							
Aged	87.6	60.0	2,908	49	21,127	13.8	6,923
Disabled	85.2	55.5	4,753	86	24,631	19.3	13,749
Adults	64.4	7.3	480	66	4,884	9.8	27,353
Children	47.6	2.7	185	69	3,750	4.9	81,497
Unknown	61.9	11.6	1,741	150	9,259	18.8	139
Gender							
Female	61.2	14.5	921	64	7,363	12.5	71,580
Male	52.6	9.7	826	85	6,858	12.0	58,077
Unknown	50.0	0.8	11	15	362	3.1	4
Race							
White	61.7	17.0	1,252	74	7,666	16.3	54,679
African American	58.0	13.3	916	69	5,832	15.7	6,686
Other/unknown	53.7	8.5	576	68	6,841	8.4	68,296
Use of Nursing Facilities[f]							
Entire year	96.0	95.6	6,107	64	109,781	5.6	481
Part year	96.9	92.5	5,605	61	69,915	8.0	425
None	57.0	11.7	843	72	6,546	12.9	128,755
Maintenance Assistance Status							
Cash	66.7	23.8	1,723	72	9,667	17.8	51,340
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	49.3	2.6	180	70	3,845	4.7	67,360
Other/unknown	62.3	18.3	1,216	66	15,516	7.8	10,961

Source: Data for this table are from the MAX 2004 file for Alaska, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. 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 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

ALASKA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: 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	Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
All	**1.4**	**$100**	**12.3 %**	**42.7 %**	**40.9 %**	**4.9 %**	**6.1 %**	**3.3 %**	**2.1 %**	**$815**	**129,661**	**1,135,717**
Age												
5 and younger	0.3	18	3.6	48.1	49.3	1.8	0.7	0.0	0.0	512	31,208	266,159
6-14	0.3	28	8.1	56.1	39.4	2.4	1.8	0.3	0.1	352	37,467	351,136
15-20	0.5	52	6.3	46.7	44.7	4.6	3.0	0.8	0.2	818	19,457	162,999
21-44	2.0	171	14.7	31.0	42.5	9.2	10.3	4.6	2.3	1,158	24,538	184,802
45-64	5.5	398	22.6	17.9	22.8	9.5	21.0	17.3	11.5	1,758	9,368	91,854
65-74	5.0	278	19.5	14.5	22.3	11.3	24.8	16.9	10.2	1,425	3,838	39,645
75-84	6.3	298	13.3	10.2	19.1	11.9	26.1	18.5	14.2	2,231	2,816	29,626
85 and older	7.3	286	8.0	10.1	16.3	10.0	27.1	17.1	19.3	3,591	968	9,494
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	5,890	1	2
Basis of Eligibility[e]												
Aged	5.8	282	13.8	12.4	20.5	11.4	25.5	17.3	12.9	2,048	6,923	71,419
Disabled	5.3	452	19.3	14.8	24.0	10.1	21.9	17.3	11.9	2,342	13,749	144,630
Adults	1.0	68	9.8	35.6	46.0	8.4	7.5	2.1	0.4	695	27,353	192,291
Children	0.3	21	4.9	52.4	43.7	2.3	1.3	0.2	0.1	421	81,497	726,606
Unknown	2.1	314	18.8	38.1	26.6	14.4	15.8	5.0	0.0	1,669	139	771
Gender												
Female	1.7	107	12.5	38.8	42.2	5.6	6.9	4.0	2.6	856	71,580	615,906
Male	1.1	92	12.0	47.4	39.2	4.1	5.2	2.6	1.5	766	58,077	519,784
Unknown	0.1	2	3.1	50.0	50.0	0.0	0.0	0.0	0.0	54	4	27
Race												
White	2.0	144	16.3	38.3	40.3	5.8	7.5	4.8	3.3	884	54,679	474,223
African American	1.5	104	15.7	42.0	42.5	5.1	5.5	2.5	2.3	660	6,686	59,080
Other/unknown	1.0	65	8.4	46.3	41.1	4.2	5.1	2.2	1.1	776	68,296	602,414
Use of Nursing Facilities[f]												
Entire year	9.7	623	5.6	4.0	5.2	4.8	22.7	31.8	31.6	11,190	481	4,719
Part year	9.9	599	8.0	3.1	5.9	7.8	25.9	29.2	28.2	7,470	425	3,978
None	1.3	96	12.9	43.0	41.1	4.9	6.0	3.2	1.9	748	128,755	1,127,020
Maintenance Assistance Status												
Cash	2.6	186	17.8	33.3	36.0	7.4	11.8	7.2	4.3	1,044	51,340	475,330
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.3	22	4.7	50.7	44.8	2.8	1.5	0.2	0.0	460	67,360	563,063
Other/unknown	2.1	137	7.8	37.7	39.2	6.2	8.0	4.6	4.4	1,747	10,961	97,324

Source: Data for this table are from the MAX 2004 file for Alaska, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. 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 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

ALASKA, 2004

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**1.4**	**$100**	**$71**	**0.6**	**$75**	**$122**	**0.1**	**$8**	**$66**	**0.7**	**$17**	**$26**
Age												
5 and younger	0.3	18	70	0.1	14	155	0.0	1	46	0.1	3	20
6-14	0.3	28	92	0.2	24	147	0.0	1	69	0.1	3	25
15-20	0.5	52	96	0.2	43	171	0.0	3	69	0.3	6	25
21-44	2.0	171	85	0.8	128	151	0.2	14	87	1.0	28	28
45-64	5.5	398	73	2.4	288	119	0.5	38	80	2.6	72	28
65-74	5.0	278	55	2.2	202	93	0.4	20	47	2.4	57	23
75-84	6.3	298	47	2.8	215	77	0.6	23	37	2.9	60	21
85 and older	7.3	286	40	3.0	197	65	0.8	24	30	3.4	65	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	5.8	282	49	2.5	202	80	0.5	21	39	2.7	59	22
Disabled	5.3	452	86	2.4	346	142	0.5	37	82	2.4	69	29
Adults	1.0	68	66	0.3	47	136	0.1	6	82	0.6	15	25
Children	0.3	21	69	0.1	16	120	0.0	1	53	0.1	3	23
Unknown	2.1	314	150	1.0	271	281	0.1	17	146	1.0	26	26
Gender												
Female	1.7	107	64	0.7	78	108	0.1	9	63	0.8	20	25
Male	1.1	92	85	0.5	72	147	0.1	7	73	0.5	13	27
Unknown	0.1	2	15	0.0	0	0	0.0	0	0	0.1	2	15
Race												
White	2.0	144	74	0.9	108	122	0.2	11	74	0.9	25	27
African American	1.5	104	69	0.7	82	117	0.1	6	54	0.7	15	22
Other/unknown	1.0	65	68	0.4	49	124	0.1	5	58	0.5	11	24
Use of Nursing Facilities[e]												
Entire year	9.7	623	64	3.9	434	111	1.3	66	50	4.5	121	27
Part year	9.9	599	61	4.0	419	104	1.1	55	50	4.7	125	26
None	1.3	96	72	0.6	73	123	0.1	8	67	0.6	16	25
Maintenance Assistance Status												
Cash	2.6	186	72	1.1	139	123	0.2	15	71	1.2	32	26
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	22	70	0.1	17	130	0.0	1	55	0.2	3	22
Other/unknown	2.1	137	66	0.9	103	111	0.2	11	49	0.9	23	25

Source: Data for this table are from the MAX 2004 file for Alaska, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Alaska, 5.1 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.medispan.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 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

ALASKA, 2004

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	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	0.1	$20	$13	$2	$4	$76	$150	$94	$30	111,618	$8,533,055	43,740	33.7 %	436,277
Biologicals	0.5	0.5	0.0	0.0	565	565	0	0	1249	1,249	0	0	1,467	1,831,756	362	0.3	3,244
Antineoplastic Agents	0.7	0.2	0.0	0.5	144	109	11	25	220	682	226	56	5,956	1,308,222	872	0.7	9,056
Endocrine/Metabolic Drugs	0.9	0.4	0.2	0.4	41	27	5	9	47	76	33	24	143,216	6,686,125	16,652	12.8	163,688
Cardiovascular Agents	2.1	0.8	0.1	1.2	73	49	4	20	35	63	33	17	292,601	10,274,625	13,428	10.4	140,993
Respiratory Agents	0.5	0.3	0.0	0.2	34	29	0	4	66	92	89	23	120,129	7,950,171	23,107	17.8	234,567
Gastrointestinal Agents	0.8	0.5	0.0	0.3	79	68	3	9	96	126	84	34	110,312	10,586,353	12,988	10.0	133,661
Genitourinary Agents	0.5	0.3	0.0	0.1	26	21	2	3	54	64	47	26	24,398	1,325,537	5,131	4.0	50,913
CNS Drugs	1.6	0.8	0.1	0.6	140	114	8	19	89	134	81	30	297,253	26,511,168	18,744	14.5	189,564
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	70	62	2	6	102	116	76	46	26,673	2,727,671	3,735	2.9	38,990
Miscellaneous Psychological/ Neurological Agents	1.3	1.3	0.0	0.0	242	242	0	0	193	194	0	12	9,836	1,900,780	742	0.6	7,851
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	45	29	4	11	72	159	128	28	180,523	13,065,030	29,739	22.9	290,650
Neuromuscular Agents	1.1	0.4	0.2	0.5	79	43	21	15	71	110	90	31	127,309	9,098,272	11,125	8.6	115,203
Nutritional Products	0.5	0.0	0.0	0.5	9	0	1	7	17	27	21	16	36,015	615,796	7,497	5.8	69,983
Hematological Agents	1.0	0.3	0.3	0.4	205	191	7	6	198	560	25	16	35,523	7,032,200	3,295	2.5	34,316
Topical Products	0.2	0.1	0.0	0.1	12	8	1	3	52	95	61	25	65,794	3,413,280	27,014	20.8	273,502
Miscellaneous Products	0.2	0.1	0.0	0.1	40	28	5	7	172	196	209	108	5,337	915,978	2,177	1.7	22,748
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	36	0	0	0	3,107	110,843	1,059	0.8	11,163
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.	1,597,067	113,886,862	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Alaska, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table 6 includes the beneficiaries represented by Cell C 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.medispan.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 Alaska, 5.1 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.medispan.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 2004.

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 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

ALASKA, 2004

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$16,578,193	8,080	6.2 %	86,936	1.2	$162	$191
ANTIDEPRESSANTS	7,964,387	17,254	13.3	177,634	0.8	55	45
ANTICONVULSANT	7,518,586	7,614	5.9	81,297	1.0	90	92
ANALGESICS - Narcotic	7,504,330	31,542	24.3	314,854	0.3	69	24
ULCER DRUGS	7,482,315	12,063	9.3	126,422	0.7	88	59
ANTIASTHMATIC	5,377,466	21,516	16.6	223,644	0.3	75	24
MISC. HEMATOLOGICAL	4,868,621	1,012	0.8	10,947	1.0	425	445
ANALGESICS - ANTI-INFLAMMATORY	4,348,636	17,878	13.8	179,799	0.3	76	24
ANTIHYPERLIPIDEMIC	3,742,130	5,325	4.1	57,996	0.9	72	65
ANTIDIABETIC	3,495,802	6,410	4.9	68,382	0.9	56	51
Total	68,880,466	128,694		1,327,911	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Alaska, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.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.