

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

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	12,370	6,242	6,005	120	2	1	129,731	64,706	63,964	1,048	8	5
Age												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	1	0	1	0	0	0	12	0	12	0	0	0
15-20	25	0	23	1	1	0	252	0	239	6	7	0
21-44	2,264	1	2,210	51	1	1	23,924	10	23,498	410	1	5
45-64	3,229	12	3,175	42	0	0	34,500	127	33,981	392	0	0
65-74	3,367	2,807	536	24	0	0	34,891	28,999	5,676	216	0	0
75-84	2,573	2,521	50	2	0	0	27,113	26,614	475	24	0	0
85 and older	910	901	9	0	0	0	9,027	8,956	71	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	6,959	3,941	2,959	57	1	1	73,375	41,036	31,866	467	1	5
Male	5,411	2,301	3,046	63	1	0	56,356	23,670	32,098	581	7	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	6,304	2,587	3,670	44	2	1	65,265	25,910	38,973	369	8	5
African American	495	170	316	9	0	0	5,154	1,773	3,295	86	0	0
Other/unknown	5,571	3,485	2,019	67	0	0	59,312	37,023	21,696	593	0	0
Use of Nursing Facilities^c												
Entire year	414	341	73	0	0	0	4,062	3,270	792	0	0	0
Part year	325	261	64	0	0	0	2,980	2,374	606	0	0	0
None	11,631	5,640	5,868	120	2	1	122,689	59,062	62,566	1,048	8	5
Maintenance Assistance Status												
Cash	10,950	5,346	5,505	99	0	0	116,512	56,654	58,942	916	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	19	4	2	11	1	1	121	33	21	55	7	5
Other/unknown	1,401	892	498	10	1	0	13,098	8,019	5,001	77	1	0
Dual Medicare Status^d												
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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	12,370	6,242	6,005	120	2	1	129,731	64,706	63,964	1,048	8	5
FFS part year, with Rx claims	0	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	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 D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 - d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	88.6 %	65.3	\$4,289	\$66	\$21,093	20.3 %	12,370
Age							
5 and younger	100.0	10.0	3,532	353	58,167	6.1	1
6-14	100.0	53.0	13,702	259	23,736	57.7	1
15-20	88.0	22.5	3,359	149	28,925	11.6	25
21-44	86.4	52.3	5,692	109	22,983	24.8	2,264
45-64	90.6	81.2	5,903	73	21,019	28.1	3,229
65-74	86.1	54.3	2,983	55	14,120	21.1	3,367
75-84	90.4	68.6	3,240	47	23,374	13.9	2,573
85 and older	91.4	73.6	2,890	39	35,747	8.1	910
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	88.4	62.7	3,012	48	21,151	14.2	6,242
Disabled	88.9	68.6	5,645	82	21,293	26.5	6,005
Adults	84.2	37.5	2,934	78	8,305	35.3	120
Children	50.0	7.0	300	43	3,374	8.9	2
Unknown	100.0	28.0	5,076	181	27,234	18.6	1
Gender							
Female	92.7	75.9	4,532	60	22,467	20.2	6,959
Male	83.4	51.6	3,977	77	19,326	20.6	5,411
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	88.8	80.2	5,445	68	24,091	22.6	6,304
African American	86.1	77.5	4,227	55	21,224	19.9	495
Other/unknown	88.7	47.3	2,987	63	17,689	16.9	5,571
Use of Nursing Facilities^f							
Entire year	95.7	96.8	5,962	62	107,321	5.6	414
Part year	96.6	92.0	4,942	54	56,435	8.8	325
None	88.2	63.4	4,211	66	17,036	24.7	11,631
Maintenance Assistance Status							
Cash	88.3	61.7	4,176	68	16,632	25.1	10,950
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	73.7	15.3	872	57	6,447	13.5	19
Other/unknown	91.4	94.2	5,222	55	56,160	9.3	1,401

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 D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						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	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	6.2	\$409	20.3 %	11.4 %	19.3 %	10.3 %	24.6 %	19.7 %	14.6 %	\$2,011	12,370	129,731
Age												
5 and younger	0.8	294	6.1	0.0	100.0	0.0	0.0	0.0	0.0	4,847	1	12
6-14	4.4	1,142	57.7	0.0	0.0	0.0	100.0	0.0	0.0	1,978	1	12
15-20	2.2	333	11.6	12.0	40.0	24.0	12.0	8.0	4.0	2,870	25	252
21-44	4.9	539	24.8	13.6	24.6	10.1	22.5	17.6	11.6	2,175	2,264	23,924
45-64	7.6	553	28.1	9.4	15.0	8.5	23.7	24.8	18.6	1,967	3,229	34,500
65-74	5.2	288	21.1	13.9	21.4	11.1	24.9	17.7	11.0	1,363	3,367	34,891
75-84	6.5	307	13.9	9.6	18.4	11.7	26.4	18.8	15.2	2,218	2,573	27,113
85 and older	7.4	291	8.1	8.6	16.2	10.4	27.0	17.5	20.3	3,604	910	9,027
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	6.0	291	14.2	11.6	19.8	11.2	25.6	17.8	13.9	2,040	6,242	64,706
Disabled	6.4	530	26.5	11.1	18.7	9.4	23.6	21.7	15.5	1,999	6,005	63,964
Adults	4.3	336	35.3	15.8	29.2	10.0	22.5	15.8	6.7	951	120	1,048
Children	1.8	75	8.9	50.0	0.0	50.0	0.0	0.0	0.0	843	2	8
Unknown	5.6	1,015	18.6	0.0	0.0	0.0	0.0	100.0	0.0	5,447	1	5
Gender												
Female	7.2	430	20.2	7.3	16.8	10.5	25.5	22.1	17.7	2,131	6,959	73,375
Male	5.0	382	20.6	16.6	22.6	10.1	23.4	16.6	10.7	1,856	5,411	56,356
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	7.8	526	22.6	11.2	14.6	8.2	22.7	23.3	20.0	2,327	6,304	65,265
African American	7.4	406	19.9	13.9	18.6	10.9	21.6	16.8	18.2	2,038	495	5,154
Other/unknown	4.4	281	16.9	11.3	24.8	12.7	27.0	15.9	8.3	1,662	5,571	59,312
use of nursing Facilities^f												
Entire year	9.9	608	5.6	4.3	5.1	5.1	21.3	31.2	33.1	10,938	414	4,062
Part year	10.0	539	8.8	3.4	5.2	7.4	26.8	29.8	27.4	6,155	325	2,980
None	6.0	399	24.7	11.8	20.2	10.6	24.6	19.0	13.6	1,615	11,631	122,689
Maintenance Assistance Status												
Cash	5.8	392	25.1	11.7	20.7	10.8	25.0	19.1	12.7	1,563	10,950	116,512
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.4	137	13.5	26.3	31.6	21.1	5.3	15.8	0.0	1,012	19	121
Other/unknown	10.1	559	9.3	8.6	8.8	6.1	21.9	24.5	30.0	6,007	1,401	13,098

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

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

c. 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 D.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2004

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
All	6.2	\$409	\$66	2.8	\$303	\$108	0.6	\$34	\$59	2.8	\$72	\$25
Age												
5 and younger	0.8	294	353	0.5	236	473	0.3	45	179	0.1	13	158
6-14	4.4	1,142	259	1.9	1,001	522	0.0	0	0	2.5	141	56
15-20	2.2	333	149	1.3	286	222	0.1	25	200	0.8	23	28
21-44	4.9	539	109	2.5	430	175	0.4	40	97	2.1	68	33
45-64	7.6	553	73	3.4	401	117	0.7	54	77	3.4	97	28
65-74	5.2	288	55	2.2	208	93	0.5	21	46	2.5	59	23
75-84	6.5	307	47	2.9	221	76	0.6	24	37	3.0	62	21
85 and older	7.4	291	39	3.1	200	65	0.8	24	30	3.5	66	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	6.0	291	48	2.6	207	79	0.6	22	38	2.8	61	21
Disabled	6.4	530	82	3.0	401	134	0.6	46	80	2.9	83	29
Adults	4.3	336	78	1.8	228	124	0.4	37	83	2.0	72	36
Children	1.8	75	43	0.3	56	223	0.0	0	0	1.5	19	13
Unknown	5.6	1,015	181	4.0	938	235	0.0	0	0	1.6	77	48
Gender												
Female	7.2	430	60	3.2	312	97	0.7	37	55	3.3	81	25
Male	5.0	382	77	2.2	291	130	0.5	30	67	2.2	61	27
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	7.8	526	68	3.5	389	110	0.7	44	63	3.5	92	26
African American	7.4	406	55	3.4	302	88	0.6	33	52	3.4	71	21
Other/unknown	4.4	281	63	1.9	208	108	0.4	22	54	2.1	50	24
Use of Nursing Facilities^e												
Entire year	9.9	608	62	4.0	422	106	1.3	64	49	4.5	119	26
Part year	10.0	539	54	4.1	371	90	1.2	53	46	4.7	114	24
None	6.0	399	66	2.7	297	109	0.5	32	61	2.7	69	25
Maintenance Assistance Status												
Cash	5.8	392	68	2.6	293	111	0.5	32	64	2.7	68	26
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	2.4	137	57	0.9	100	112	0.1	7	62	1.4	29	21
Other/unknown	10.1	559	55	4.3	393	91	1.2	54	44	4.5	110	24

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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Alaska, 5.1 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.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 D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users					\$ per Benefit Month Among Users					\$ per Rx					Users ^e		
	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	As a Percentage of Dual Benes	Number of Benefit Months	
Anti-infective Agents	0.4	0.2	0.0	0.2	\$47	\$35	\$4	\$8	\$117	\$231	\$140	\$35	27,087	\$3,171,798	6,113	49.4 %	67,467	
Biologicals	0.1	0.1	0.0	0.0	2	2	0	0	18	18	0	0	2	36	2	0.0	17	
Antineoplastic Agents	0.7	0.2	0.0	0.5	133	93	11	29	187	571	253	58	3,424	639,369	457	3.7	4,825	
Endocrine/Metabolic Drugs	1.5	0.6	0.3	0.6	63	43	7	14	41	66	25	22	82,325	3,354,411	4,931	39.9	53,253	
Cardiovascular Agents	2.7	1.0	0.2	1.5	92	60	5	26	34	60	31	17	211,581	7,197,704	7,273	58.8	78,574	
Respiratory Agents	0.9	0.6	0.0	0.3	65	57	1	7	70	90	70	26	45,658	3,188,439	4,488	36.3	49,230	
Gastrointestinal Agents	1.2	0.8	0.0	0.3	104	90	3	12	88	113	77	34	68,978	6,093,859	5,401	43.7	58,408	
Genitourinary Agents	0.8	0.6	0.0	0.1	44	39	2	3	55	61	47	26	15,141	829,252	1,709	13.8	18,755	
CNS Drugs	2.2	1.2	0.2	0.9	186	146	12	27	84	126	80	30	143,776	12,021,837	6,004	48.5	64,689	
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.1	0.2	82	68	5	9	127	169	96	47	1,781	226,444	249	2.0	2,766	
Miscellaneous Psychological/																		
Neurological Agents	1.4	1.4	0.0	0.0	245	245	0	0	170	170	0	12	8,244	1,402,082	547	4.4	5,727	
Analgesics and Anesthetics	1.0	0.4	0.0	0.6	82	57	7	18	84	149	158	33	73,704	6,174,132	6,890	55.7	74,965	
Neuromuscular Agents	1.5	0.4	0.4	0.6	99	45	33	20	67	100	84	32	59,389	3,967,388	3,688	29.8	40,253	
Nutritional Products	1.0	0.0	0.1	0.9	18	0	2	15	18	33	23	18	18,460	338,244	1,766	14.3	18,871	
Hematological Agents	1.2	0.4	0.4	0.4	129	113	9	7	106	278	25	15	26,384	2,809,736	2,021	16.3	21,829	
Topical Products	0.4	0.2	0.0	0.2	23	15	2	5	61	101	61	28	17,714	1,075,770	4,266	34.5	47,448	
Miscellaneous Products	0.5	0.2	0.1	0.2	123	79	15	30	241	382	209	126	2,152	517,680	392	3.2	4,218	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	28	0	0	0	1,760	49,363	468	3.8	5,145	
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.	807,560	53,057,544	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 D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispain.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.medispain.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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$7,489,836	2,957	23.9 %	32,405	1.5	\$153	\$231
ULCER DRUGS	4,506,729	5,348	43.2	58,552	0.9	83	77
ANTIDEPRESSANTS	3,556,194	5,691	46.0	62,129	1.1	50	57
ANALGESICS - Narcotic	3,347,111	8,085	65.4	88,714	0.4	85	38
ANTICONVULSANT	3,148,758	2,840	23.0	31,057	1.3	81	101
ANTIHYPERLIPIDEMIC	2,661,558	3,504	28.3	38,872	1.0	71	68
ANTIASTHMATIC	2,373,142	5,460	44.1	60,523	0.5	81	39
ANALGESICS - ANTI-INFLAMMATORY	2,344,721	4,589	37.1	51,414	0.5	88	46
ANTIDIABETIC	2,140,698	3,703	29.9	40,185	1.0	52	53
ANTIHYPERTENSIVE	1,778,304	5,351	43.3	58,903	1.0	31	30
Total	33,347,051	47,528		522,754	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 D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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; n.a. = not applicable.

TABLE D.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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual 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 Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	444,468	\$33,347,051	2,957	23.9 %	32,405	1.5	\$231	5,348	43.2 %	58,552	0.9	\$77
Female	281,959	19,952,588	1,532	22.0	16,708	1.4	195	3,468	49.8	38,172	1.0	78
Disabled	142,147	12,119,776	1,077	36.4	12,103	1.4	218	1,537	51.9	17,170	0.9	80
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	46	8,698	5	62.5	54	0.4	104	0	0.0	0	0.0	0
15-20	38,101	3,734,101	478	51.1	5,355	1.5	243	360	38.5	4,007	0.8	70
21-44	91,957	7,505,454	574	34.2	6,481	1.3	198	990	59.0	11,089	1.0	83
45-64	11,423	818,730	17	5.7	183	1.7	237	175	58.3	1,952	0.8	80
65-74	596	51,742	3	9.4	30	0.6	119	10	31.3	112	0.8	108
75-84	24	1,051	0	0.0	0	0.0	0	2	33.3	10	0.6	22
85 and older	139,812	7,832,812	455	11.4	4,605	1.5	137	1,931	48.3	21,002	1.0	77
Other Eligibles	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	567	74,633	10	30.3	86	1.2	184	12	36.4	107	0.4	54
21-44	843	56,453	5	21.7	45	0.1	14	10	43.5	97	1.0	86
45-64	52,391	3,210,947	119	7.3	1,247	1.6	163	751	45.8	8,163	0.9	73
65-74	63,797	3,431,696	195	11.9	2,077	1.5	126	857	52.1	9,517	1.0	78
75-84	22,214	1,059,083	126	19.1	1,150	1.6	129	301	45.5	3,118	1.4	85
85 and older												
Male	162,509	13,394,463	1,425	26.3	15,697	1.6	269	1,880	34.7	20,380	0.9	75
Disabled	105,070	9,803,116	1,214	39.9	13,549	1.6	291	962	31.6	10,514	0.9	76
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	367	45,191	8	53.3	76	1.2	220	4	26.7	42	0.8	69
15-20	36,955	4,159,202	695	54.6	7,781	1.5	291	276	21.7	2,960	0.7	65
21-44	60,656	5,091,356	493	32.9	5,480	1.8	293	595	39.7	6,539	1.0	80
45-64	6,702	476,812	18	7.6	212	1.1	238	83	35.2	927	0.9	83
65-74	282	21,329	0	0.0	0	0.0	0	3	16.7	34	0.6	80
75-84	108	9,226	0	0.0	0	0.0	0	1	33.3	12	1.0	121
85 and older	57,439	3,591,347	211	8.9	2,148	1.2	136	918	38.8	9,866	0.8	74
Other Eligibles	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	278	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	425	41,494	4	19.0	47	0.4	106	6	28.6	50	0.9	78
21-44	1,007	91,566	6	19.4	50	0.8	158	24	77.4	254	0.5	70
45-64	26,071	1,742,930	81	6.8	875	1.1	149	439	36.8	4,729	0.8	68
65-74	22,955	1,362,986	78	8.9	784	1.3	124	348	39.6	3,756	0.9	78
75-84	6,976	352,093	42	17.5	392	1.4	130	101	42.1	1,077	1.0	83
85 and older												
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ANTICONVULSANT				
	Number of Users	Users as % of Dual 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 Dual 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 Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	5,691	46.0 %	62,129	1.1	\$57	8,085	65.4 %	88,714	0.4	\$38	2,840	23.0 %	31,057	1.3	\$101
Female	3,815	54.8	41,807	1.1	57	5,154	74.1	56,834	0.4	37	1,722	24.7	18,945	1.3	101
Disabled	2,355	79.6	26,306	1.0	60	2,826	95.5	31,644	0.5	53	1,254	42.4	13,979	1.3	112
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	25.0	24	0.2	13	1	12.5	12	0.1	1	4	50.0	46	0.3	57
15-20	746	79.7	8,270	1.0	59	811	86.6	9,015	0.5	51	485	51.8	5,398	1.3	121
21-44	1,452	86.6	16,283	1.1	62	1,727	103.0	19,366	0.6	59	704	42.0	7,856	1.3	110
45-64	143	47.7	1,603	0.9	45	259	86.3	2,970	0.4	19	57	19.0	640	0.9	70
65-74	10	31.3	102	0.5	33	27	84.4	280	0.3	25	4	12.5	39	0.9	109
75-84	2	33.3	24	0.1	2	1	16.7	1	1.0	9	0	0.0	0	0.0	0
85 and older	1,460	36.5	15,501	1.3	53	2,328	58.2	25,190	0.4	18	468	11.7	4,966	1.2	69
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	15	45.5	139	1.0	67	34	103.0	338	0.4	52	12	36.4	125	0.7	136
21-44	13	56.5	139	0.8	61	23	100.0	216	0.5	36	4	17.4	46	1.7	191
45-64	584	35.7	6,220	1.0	47	972	59.3	10,510	0.4	16	212	12.9	2,304	1.1	76
65-74	598	36.4	6,455	1.4	53	955	58.1	10,537	0.3	19	193	11.7	2,018	1.4	62
75-84	250	37.8	2,548	1.8	66	344	52.0	3,589	0.3	17	47	7.1	473	1.3	36
85 and older	1,876	34.7	20,322	1.1	57	2,931	54.2	31,880	0.4	39	1,118	20.7	12,112	1.2	103
Male	1,876	34.7	20,322	1.1	57	2,931	54.2	31,880	0.4	39	1,118	20.7	12,112	1.2	103
Disabled	1,342	44.1	14,735	1.2	62	1,844	60.5	20,302	0.5	48	889	29.2	9,728	1.3	112
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	6	40.0	68	1.2	43	7	46.7	74	0.1	1	5	33.3	53	2.4	401
21-44	549	43.1	6,069	1.1	64	678	53.2	7,418	0.4	43	421	33.0	4,587	1.3	123
45-64	730	48.7	7,971	1.2	61	1,031	68.8	11,391	0.5	54	433	28.9	4,763	1.2	101
65-74	54	22.9	594	1.1	49	121	51.3	1,340	0.4	25	30	12.7	325	1.2	88
75-84	2	11.1	21	0.1	6	6	33.3	67	0.3	49	0	0.0	0	0.0	0
85 and older	1	33.3	12	1.0	21	1	33.3	12	0.9	10	0	0.0	0	0.0	0
Other Eligibles	534	22.6	5,587	1.0	45	1,087	46.0	11,578	0.4	22	229	9.7	2,384	1.1	62
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	12	57.1	115	0.6	56	17	81.0	155	0.6	66	6	28.6	59	0.5	95
21-44	21	67.7	201	0.6	41	31	100.0	311	0.5	38	10	32.3	85	0.6	60
45-64	253	21.2	2,727	0.9	41	547	45.9	5,944	0.4	22	121	10.1	1,281	0.9	59
65-74	196	22.3	2,023	1.2	47	390	44.4	4,143	0.3	22	75	8.5	784	1.6	69
75-84	52	21.7	521	1.6	58	101	42.1	1,018	0.4	16	17	7.1	175	1.0	37
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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 D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTI-ASTHMATIC					ANALGESICS - ANTI-INFLAMMATORY				
	Number of Users	Users as % of Dual 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 Dual 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 Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	3,504	28.3 %	38,872	1.0	\$69	5,460	44.1 %	60,523	0.5	\$39	4,589	37.1 %	51,414	0.5	\$46
Female	2,108	30.3	23,486	1.0	68	3,595	51.7	39,881	0.5	39	3,014	43.3	33,768	0.6	50
Disabled	793	26.8	8,882	0.9	66	1,712	57.9	19,259	0.5	39	1,520	51.4	17,141	0.5	60
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	12.5	12	0.1	1	1	12.5	12	0.1	11
15-20	89	9.5	1,016	0.9	58	389	41.6	4,417	0.4	31	414	44.2	4,629	0.4	54
21-44	548	32.7	6,109	1.0	68	1,114	66.4	12,470	0.5	41	930	55.5	10,510	0.6	65
45-64	143	47.7	1,629	0.8	62	204	68.0	2,321	0.5	43	162	54.0	1,856	0.5	48
65-74	11	34.4	123	0.8	82	4	12.5	39	0.2	7	12	37.5	133	0.4	38
75-84	2	33.3	5	0.4	57	0	0.0	0	0.0	0	1	16.7	1	1.0	95
85 and older	1,315	32.9	14,604	1.0	69	1,883	47.1	20,622	0.5	39	1,494	37.4	16,627	0.6	41
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	3.0	12	0.1	5	5	15.2	60	0.6	23	10	30.3	91	0.2	83
21-44	6	26.1	58	1.3	111	15	65.2	127	0.4	36	7	30.4	75	0.9	29
45-64	639	39.0	7,028	0.9	67	887	54.2	9,741	0.5	39	687	41.9	7,624	0.5	39
65-74	579	35.2	6,526	1.1	71	776	47.2	8,561	0.5	40	613	37.3	6,947	0.7	40
75-84	90	13.6	980	1.1	66	200	30.3	2,133	0.5	30	177	26.8	1,890	0.9	47
85 and older															
Male	1,396	25.8	15,386	0.9	70	1,865	34.5	20,642	0.5	40	1,575	29.1	17,646	0.4	36
Disabled	684	22.5	7,543	1.0	69	775	25.4	8,555	0.5	43	936	30.7	10,484	0.4	41
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	13.3	22	1.0	58	3	20.0	31	0.2	3
21-44	124	9.7	1,352	1.1	63	194	15.2	2,195	0.4	30	327	25.7	3,639	0.3	37
45-64	454	30.3	4,994	1.0	71	454	30.3	4,968	0.5	46	530	35.4	5,969	0.5	45
65-74	95	40.3	1,086	0.9	69	113	47.9	1,251	0.6	49	70	29.7	785	0.4	34
75-84	10	55.6	99	0.7	66	9	50.0	89	0.3	29	5	27.8	48	0.5	13
85 and older	1	33.3	12	1.1	101	3	100.0	30	1.1	146	1	33.3	12	1.0	99
Other Eligibles	712	30.1	7,843	0.9	71	1,090	46.1	12,087	0.5	39	639	27.0	7,162	0.5	29
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	14.3	36	1.1	78	4	19.0	42	0.3	16	11	52.4	92	0.4	34
21-44	14	45.2	154	0.7	96	20	64.5	229	0.6	46	13	41.9	144	0.5	42
45-64	393	32.9	4,329	0.8	68	502	42.1	5,593	0.5	43	334	28.0	3,798	0.4	26
65-74	265	30.2	2,924	1.0	74	443	50.5	4,910	0.4	35	220	25.1	2,462	0.4	30
75-84	37	15.4	400	1.0	65	121	50.4	1,313	0.4	33	61	25.4	666	0.9	41
85 and older															
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual 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 Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Benefit per Rx \$ per Month		
All	3,703	29.9 %	40,185	1.0	\$53	5,351	43.3 %	58,903	1.0	\$30	12,370	129,731
Female	2,284	32.8	25,116	1.1	53	3,253	46.7	35,885	1.0	32	6,959	73,375
Disabled	957	32.3	10,602	1.0	57	1,078	36.4	12,055	0.9	29	2,959	31,866
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	91
15-20	135	14.4	1,506	1.0	54	138	14.7	1,569	0.7	19	936	10,128
21-44	677	40.4	7,504	1.0	57	741	44.2	8,278	1.0	30	1,677	18,045
45-64	136	45.3	1,510	0.9	61	185	61.7	2,061	0.8	32	300	3,252
65-74	8	25.0	78	0.7	33	12	37.5	131	0.8	27	32	304
75-84	1	16.7	4	1.0	50	2	33.3	16	0.4	10	6	46
85 and older	1,327	33.2	14,514	1.1	50	2,175	54.4	23,830	1.0	33	4,000	41,509
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	1	3.0	10	0.7	17	33	250
21-44	8	34.8	69	3.2	126	4	17.4	35	0.7	18	23	210
45-64	614	37.5	6,712	1.0	49	881	53.8	9,551	0.9	31	1,638	16,939
65-74	591	35.9	6,537	1.2	51	963	58.5	10,690	1.1	33	1,645	17,546
75-84	114	17.2	1,196	1.2	45	326	49.3	3,544	1.2	37	661	6,564
85 and older	1,419	26.2	15,069	1.0	54	2,098	38.8	23,018	0.9	28	5,411	56,356
Male	755	24.8	8,183	1.0	60	909	29.8	9,957	1.0	29	3,046	32,098
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	15	148
15-20	130	10.2	1,428	1.0	56	201	15.8	2,228	1.0	30	1,274	13,370
21-44	525	35.0	5,651	1.0	62	569	38.0	6,238	1.0	29	1,498	15,936
45-64	92	39.0	1,024	0.9	57	125	53.0	1,369	0.9	28	236	2,424
65-74	8	44.4	80	0.4	35	11	61.1	97	0.8	27	18	171
75-84	0	0.0	0	0.0	0	3	100.0	25	0.6	25	3	25
85 and older	664	28.1	6,886	0.9	48	1,189	50.3	13,061	0.9	27	2,365	24,258
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	50.0	6	0.7	45	0	0.0	0	0.0	0	2	13
15-20	3	14.3	36	0.6	65	4	19.0	48	1.2	28	21	176
21-44	8	25.8	82	0.7	48	19	61.3	195	0.7	27	31	309
45-64	346	29.0	3,540	0.9	49	557	46.7	6,106	0.8	27	1,193	12,276
65-74	256	29.2	2,665	1.0	45	496	56.5	5,463	0.9	27	878	9,092
75-84	50	20.8	557	1.4	45	113	47.1	1,249	1.1	30	240	2,392
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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 D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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(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 D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2004

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
All	\$608	9.9	414	4,062
Age				
0-64	895	9.8	66	717
65-74	623	9.4	76	749
75-84	570	11.1	151	1,460
85 and older	465	8.6	121	1,136
Unknown	0	0.0	0	0
Gender				
Female	576	10.1	248	2,495
Male	658	9.5	166	1,567
Unknown	0	0.0	0	0
Race				
White	637	10.8	280	2,720
African American	421	10.2	15	163
Other/unknown	567	7.7	119	1,179
Basis of Eligibility^c				
Aged	540	9.9	341	3,270
Disabled	887	9.9	73	792
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 325 beneficiaries who were in nursing facilities for part of their enrollment and their 2,980 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 D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2004

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 Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.1	0.1	0.2	\$35	\$21	\$5	\$8	\$75	\$151	\$70	\$33	1,224	\$92,340	253	61.1 %	2,675
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	1.0	0.1	0.0	0.8	104	61	4	39	107	605	185	46	259	27,814	28	6.8	267
Endocrine/Metabolic Drugs	1.7	0.7	0.2	0.8	67	50	4	13	40	72	24	16	3,282	131,765	194	46.9	1,956
Cardiovascular Agents	3.2	1.0	0.2	2.0	97	56	6	35	30	56	26	18	9,082	275,275	286	69.1	2,835
Respiratory Agents	0.6	0.3	0.0	0.2	41	34	1	5	74	107	48	25	854	62,923	152	36.7	1,551
Gastrointestinal Agents	1.7	1.0	0.2	0.6	123	97	10	16	71	98	56	28	4,774	339,857	274	66.2	2,764
Genitourinary Agents	1.1	0.8	0.0	0.3	61	51	1	9	55	64	35	30	1,114	60,760	96	23.2	1,002
CNS Drugs	2.5	1.1	0.4	0.9	182	135	21	26	74	118	48	29	7,575	559,572	303	73.2	3,083
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	1.0	0.0	0.0	1.0	17	2	0	15	16	38	14	15	124	2,002	10	2.4	120
Neurological Agents	1.2	1.2	0.0	0.0	295	295	0	0	255	255	0	0	642	163,602	52	12.6	554
Analgesics and Anesthetics	1.2	0.6	0.1	0.5	86	62	5	19	69	98	36	40	2,987	205,950	240	58.0	2,393
Neuromuscular Agents	1.9	0.5	0.4	0.9	135	50	40	45	71	98	91	47	3,419	243,364	168	40.6	1,802
Nutritional Products	0.9	0.0	0.1	0.8	21	0	5	16	23	252	45	20	1,152	26,310	125	30.2	1,263
Hematological Agents	1.5	0.4	0.6	0.4	149	130	13	7	102	290	20	18	1,757	178,375	117	28.3	1,195
Topical Products	0.6	0.1	0.1	0.4	27	13	5	9	44	88	56	24	1,553	68,127	232	56.0	2,516
Miscellaneous Products	0.5	0.2	0.1	0.2	95	25	32	37	196	131	558	161	117	22,982	23	5.6	243
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	20	0	0	0	39	0	0	0	179	7,070	34	8.2	352
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.	40,094	2,468,088	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 325 beneficiaries who were in nursing facilities for part of their enrollment and their 2,980 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 2004. 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.medspan.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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

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 D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2004

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	\$295,085	151	36.5 %	1,588	1.2	\$158	\$186
ULCER DRUGS	251,046	221	53.4	2,305	1.4	80	109
ANTIDEPRESSANTS	237,375	314	75.8	3,252	1.4	52	73
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	163,602	65	15.7	697	0.9	255	235
ANTICONVULSANT	153,027	147	35.5	1,564	1.3	74	98
ANALGESICS - Narcotic	131,760	265	64.0	2,653	0.7	76	50
HEMATOPOIETIC AGENTS	93,895	60	14.5	632	0.7	220	149
ANTIHYPERTENSIVE	90,694	191	46.1	1,996	1.4	34	45
ANTIDIABETIC	77,432	143	34.5	1,428	1.1	47	54
ANALGESICS - ANTI-INFLAMMATORY	69,260	112	27.1	1,204	0.8	68	58
Total	1,563,176	1,669		17,319	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 325 beneficiaries who were in nursing facilities for part of their enrollment and their 2,980 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 2004. 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 2004 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 D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	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 \$
All	19,755	\$1,563,176	151	36.5 %	1,588	1.2	\$186	221	53.4 %	2,305	1.4	\$109
Female	12,139	905,455	88	35.5	915	1.2	152	147	59.3	1,555	1.4	107
Disabled	1,838	182,047	14	41.2	156	0.8	105	20	58.8	222	1.5	122
64 or younger	1,518	148,587	10	35.7	114	0.9	96	16	57.1	174	1.6	116
65-74	225	22,605	3	60.0	30	0.7	141	3	60.0	36	0.9	146
75-84	95	10,855	1	100.0	12	1.0	95	1	100.0	12	1.1	130
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	10,301	723,408	74	34.6	759	1.3	161	127	59.3	1,333	1.4	104
64 or younger	37	19,232	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,290	90,394	6	19.4	51	1.7	204	17	54.8	188	1.1	114
75-84	5,878	369,757	39	41.5	431	1.3	151	65	69.1	680	1.6	102
85 and older	3,096	244,025	29	33.3	277	1.3	169	45	51.7	465	1.2	104
Male	7,616	657,721	63	38.0	673	1.1	232	74	44.6	750	1.3	113
Disabled	1,976	279,876	20	51.3	226	1.1	328	20	51.3	226	1.2	105
64 or younger	1,740	242,541	16	45.7	178	1.2	300	18	51.4	202	1.2	103
65-74	177	33,771	4	133.3	48	1.1	431	1	33.3	12	1.0	125
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	59	3,564	0	0.0	0	0.0	0	1	100.0	12	1.0	121
Other Eligibles	5,640	377,845	43	33.9	447	1.1	184	54	42.5	524	1.4	117
64 or younger	37	6,818	1	100.0	11	1.2	423	1	100.0	11	1.0	149
65-74	1,504	117,386	13	35.1	151	0.8	229	18	48.6	180	1.0	91
75-84	2,315	167,970	16	28.6	157	1.2	174	22	39.3	208	1.5	137
85 and older	1,784	85,671	13	39.4	128	1.1	124	13	39.4	125	1.9	118
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 325 beneficiaries who were in nursing facilities for part of their enrollment and their 2,980 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 2004. 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 2004 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 D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	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 \$
All	314	75.8 %	3,252	1.4	\$73	65	15.7 %	697	0.9	\$235	147	35.5 %	1,564	1.3	\$98
Female	195	78.6	2,060	1.3	67	48	19.4	516	0.9	181	77	31.0	821	1.4	100
Disabled	30	88.2	337	1.3	88	7	20.6	84	0.8	383	21	61.8	235	1.3	154
64 or younge	22	78.6	247	1.5	92	6	21.4	72	0.8	421	19	67.9	211	1.4	152
65-74	6	120.0	66	0.8	68	0	0.0	0	0.0	0	1	20.0	12	1.1	152
75-84	2	200.0	24	1.0	104	1	100.0	12	1.0	153	1	100.0	12	0.8	200
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	165	77.1	1,723	1.3	63	41	19.2	432	0.9	142	56	26.2	586	1.5	78
64 or younge	0	0.0	0	0.0	0	1	50.0	12	0.9	1,237	1	50.0	12	1.1	320
65-74	32	103.2	353	1.0	54	0	0.0	0	0.0	0	15	48.4	168	1.0	78
75-84	78	83.0	800	1.6	61	21	22.3	224	0.8	111	34	36.2	352	1.7	76
85 and older	55	63.2	570	1.2	73	19	21.8	196	1.1	109	6	6.9	54	1.1	33
Male	119	71.7	1,192	1.5	83	17	10.2	181	1.0	388	70	42.2	743	1.2	96
Disabled	29	74.4	330	1.2	98	4	10.3	48	1.0	1,225	33	84.6	382	1.1	107
64 or younge	26	74.3	294	1.2	101	4	11.4	48	1.0	1,225	30	85.7	346	1.1	113
65-74	2	66.7	24	1.3	104	0	0.0	0	0.0	0	3	100.0	36	1.0	46
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	1	100.0	12	1.0	21	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	90	70.9	862	1.6	77	13	10.2	133	1.0	87	37	29.1	361	1.3	85
64 or younge	1	100.0	11	1.2	48	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	30	81.1	301	1.3	70	1	2.7	10	0.5	68	14	37.8	143	0.8	90
75-84	37	66.1	339	1.7	87	9	16.1	97	0.8	78	18	32.1	160	1.5	89
85 and older	22	66.7	211	2.0	73	3	9.1	26	2.1	127	5	15.2	58	1.8	59
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 325 beneficiaries who were in nursing facilities for part of their enrollment and their 2,980 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 2004. 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 2004 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 D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					HEMATOPOIETIC AGENTS					ANTIHYPERTENSIVE				
	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 \$
All	265	64.0 %	2,653	0.7	\$50	60	14.5 %	632	0.7	\$149	191	46.1 %	1,996	1.4	\$45
Female	179	72.2	1,825	0.6	41	38	15.3	393	0.7	158	118	47.6	1,248	1.2	45
Disabled	29	85.3	326	0.7	65	4	11.8	45	0.4	12	11	32.4	106	1.0	41
64 or younger	23	82.1	254	0.8	80	4	14.3	45	0.4	12	8	28.6	73	1.0	34
65-74	4	80.0	48	0.4	14	0	0.0	0	0.0	0	3	60.0	33	1.0	56
75-84	2	200.0	24	0.5	10	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	150	70.1	1,499	0.6	36	34	15.9	348	0.7	177	107	50.0	1,142	1.3	45
64 or younger	2	100.0	24	0.5	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	20	64.5	207	0.6	43	5	16.1	58	0.8	10	13	41.9	147	0.8	28
75-84	81	86.2	802	0.6	37	14	14.9	143	0.7	281	47	50.0	503	1.6	52
85 and older	47	54.0	466	0.5	31	15	17.2	147	0.6	142	47	54.0	492	1.1	43
Male	86	51.8	828	0.8	68	22	13.3	239	0.7	133	73	44.0	748	1.5	47
Disabled	17	43.6	199	0.8	134	2	5.1	24	0.4	3	17	43.6	198	1.2	51
64 or younger	15	42.9	175	0.7	116	2	5.7	24	0.4	3	15	42.9	174	1.2	53
65-74	1	33.3	12	2.0	510	0	0.0	0	0.0	0	1	33.3	12	1.1	29
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	100.0	12	0.9	10	0	0.0	0	0.0	0	1	100.0	12	1.0	45
Other Eligibles	69	54.3	629	0.8	48	20	15.7	215	0.7	148	56	44.1	550	1.6	45
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	19	51.4	182	0.6	40	6	16.2	63	0.9	11	19	51.4	206	1.3	46
75-84	32	57.1	270	0.7	44	8	14.3	83	0.7	335	27	48.2	233	1.6	40
85 and older	18	54.5	177	1.1	61	6	18.2	69	0.6	48	10	30.3	111	2.4	55
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 325 beneficiaries who were in nursing facilities for part of their enrollment and their 2,980 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 2004. 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 2004 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 D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - ANTI-INFLAMMATORY					Benefit Months	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Among All-Year Nursing Facility Residents
All	143	34.5 %	1,428	1.1	\$54	112	27.1 %	1,204	0.8	\$58	414	4,062
Female	80	32.3	865	1.2	59	77	31.0	803	0.8	53	248	2,495
Disabled	8	23.5	72	1.3	104	15	44.1	150	0.7	46	34	357
64 or younge ^r	4	14.3	27	1.6	127	13	46.4	126	0.8	44	28	294
65-74	4	80.0	45	1.2	90	1	20.0	12	0.3	15	5	51
75-84	0	0.0	0	0.0	0	1	100.0	12	1.0	100	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	72	33.6	793	1.1	54	62	29.0	653	0.8	55	214	2,138
64 or younge ^r	0	0.0	0	0.0	0	1	50.0	12	0.1	1	2	24
65-74	7	22.6	82	1.1	79	13	41.9	136	0.7	47	31	335
75-84	35	37.2	370	1.4	51	27	28.7	285	1.0	69	94	968
85 and older	30	34.5	341	0.9	52	21	24.1	220	0.6	45	87	811
Male	63	38.0	563	1.1	48	35	21.1	401	1.0	66	166	1,567
Disabled	8	20.5	76	1.0	47	12	30.8	142	0.7	71	39	435
64 or younge ^r	7	20.0	64	1.1	55	10	28.6	118	0.6	68	35	388
65-74	1	33.3	12	0.1	3	1	33.3	12	0.8	75	3	35
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	1	100.0	12	1.0	99	1	12
Other Eligibles	55	43.3	487	1.2	48	23	18.1	259	1.2	64	127	1,132
64 or younge ^r	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11
65-74	19	51.4	165	1.0	57	6	16.2	72	1.0	73	37	328
75-84	23	41.1	175	1.1	40	8	14.3	81	1.5	62	56	480
85 and older	13	39.4	147	1.4	47	9	27.3	106	1.0	58	33	313
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 325 beneficiaries who were in nursing facilities for part of their enrollment and their 2,980 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 2004. 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 2004 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 D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ALASKA, 2004

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 Dual Rx \$	Total Number of Beneficiaries
All	4,728	38.2 %	3.9	48,796	\$75	\$929,564	\$19	1.8 %	12,370
Age									
5 and younger	1	100.0	8.0	8	737	737	92	20.9	1
6-14	1	100.0	2.0	2	104	104	52	0.8	1
15-20	6	24.0	1.2	30	21	514	17	0.6	25
21-44	830	36.7	3.2	7,153	86	194,447	27	1.5	2,264
45-64	1,430	44.3	5.1	16,438	102	330,706	20	1.7	3,229
65-74	1,083	32.2	3.1	10,466	53	179,335	17	1.8	3,367
75-84	979	38.0	3.9	10,102	61	157,544	16	1.9	2,573
85 and older	398	43.7	5.1	4,597	73	66,177	14	2.5	910
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	2,261	36.2	3.7	23,320	59	370,903	16	2.0	6,242
Disabled	2,420	40.3	4.2	25,187	91	544,388	22	1.6	6,005
Adults	46	38.3	2.4	287	119	14,231	50	4.0	120
Children	1	50.0	1.0	2	21	42	21	7.0	2
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Gender									
Female	3,088	44.4	4.8	33,397	90	625,884	19	2.0	6,959
Male	1,640	30.3	2.8	15,399	56	303,680	20	1.4	5,411
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	2,627	41.7	5.0	31,530	100	628,613	20	1.8	6,304
African American	172	34.7	4.1	2,050	78	38,578	19	1.8	495
Other/unknown	1,929	34.6	2.7	15,216	47	262,373	17	1.6	5,571
Use of Nursing Facilities^d									
Entire year	208	50.2	6.1	2,519	118	48,980	19	2.0	414
Part year	212	65.2	6.5	2,116	130	42,160	20	2.6	325
None	4,308	37.0	3.8	44,161	72	838,424	19	1.7	11,631
Maintenance Assistance Status									
Cash	4,046	36.9	3.7	40,354	71	774,342	19	1.7	10,950
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	5	26.3	0.7	14	14	268	19	1.6	19
Other/unknown	677	48.3	6.0	8,428	111	154,954	18	2.1	1,401

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

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 D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ALASKA, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.4	\$7	\$19	\$0	\$3	129,731
Age						
5 and younger	0.7	61	92	0	1	12
6-14	0.2	9	52	0	0	12
15-20	0.1	2	17	0	1	252
21-44	0.3	8	27	0	6	23,924
45-64	0.5	10	20	0	5	34,500
65-74	0.3	5	17	0	1	34,891
75-84	0.4	6	16	0	1	27,113
85 and older	0.5	7	14	0	2	9,027
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	6	16	0	1	64,706
Disabled	0.4	9	22	0	5	63,964
Adults	0.3	14	50	0	13	1,048
Children	0.3	5	21	0	0	8
Unknown	0.0	0	0	0	0	5
Gender						
Female	0.5	9	19	0	4	73,375
Male	0.3	5	20	0	3	56,356
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	10	20	0	5	65,265
African American	0.4	7	19	0	3	5,154
Other/unknown	0.3	4	17	0	1	59,312
Use of Nursing Facilities^d						
Entire year	0.6	12	19	0	4	4,062
Part year	0.7	14	20	0	6	2,980
None	0.4	7	19	0	3	122,689
Maintenance Assistance Status						
Cash	0.3	7	19	0	3	116,512
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	2	19	0	0	121
Other/unknown	0.6	12	18	0	4	13,098

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.
- 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 D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 ALASKA, 2004

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
All	6,251	\$149	\$929,564	100.0 %	48,796	\$19	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	5	18	89	0.0	8	11	0.0
Cough and cold medications	178	226	40,269	4.3	742	54	1.5
Vitamins and minerals	1,691	201	339,704	36.5	18,409	18	37.7
Non-prescription drugs	1,474	65	96,207	10.3	9,773	10	20.0
Barbiturates	55	103	5,658	0.6	528	11	1.1
Benzodiazepines	2,515	170	428,495	46.1	18,231	24	37.4
Other Part D Excl Rx Drugs	333	57	19,142	2.1	1,105	17	2.3

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 ALASKA, 2004

Total Number of Dual Eligible Beneficiaries	12,370
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$53,057,544
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$4,289

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,407	11.4 %	\$0	0.0 %
1-500	1,998	16.2	412,935	0.8
501-1,000	1,078	8.7	794,576	1.5
1,001-1,500	845	6.8	1,044,753	2.0
1,501-2,000	740	6.0	1,285,288	2.4
2,001-2,500	619	5.0	1,388,225	2.6
2,501-3,000	530	4.3	1,455,264	2.7
3,001-3,500	495	4.0	1,605,553	3.0
3,501-4,000	445	3.6	1,664,912	3.1
4,001-4,500	394	3.2	1,669,420	3.1
4,501-5,000	312	2.5	1,480,246	2.8
5,001-5,500	290	2.3	1,518,884	2.9
5,501-6,000	273	2.2	1,565,851	3.0
6,001-6,500	241	1.9	1,505,681	2.8
6,501-7,000	225	1.8	1,519,274	2.9
7,001-7,500	227	1.8	1,642,146	3.1
7,501-8,000	168	1.4	1,302,623	2.5
8,001-8,500	176	1.4	1,446,001	2.7
8,501-9,000	128	1.0	1,118,891	2.1
9,001-9,500	158	1.3	1,461,127	2.8
9,501-10,000	134	1.1	1,305,295	2.5
10,001+	1,487	12.0	25,870,599	48.8

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 ALASKA, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	5,410
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$31,634,368
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$5,847

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	600	11.1 %	0	0.0 %
1-500	777	14.4	153,191	0.5
501-1,000	394	7.3	287,374	0.9
1,001-1,500	283	5.2	347,797	1.1
1,501-2,000	248	4.6	430,592	1.4
2,001-2,500	222	4.1	500,244	1.6
2,501-3,000	174	3.2	479,423	1.5
3,001-3,500	190	3.5	616,999	2.0
3,501-4,000	180	3.3	675,105	2.1
4,001-4,500	163	3.0	692,822	2.2
4,501-5,000	128	2.4	608,587	1.9
5,001-5,500	133	2.5	696,797	2.2
5,501-6,000	132	2.4	757,420	2.4
6,001-6,500	106	2.0	659,844	2.1
6,501-7,000	113	2.1	761,365	2.4
7,001-7,500	118	2.2	853,317	2.7
7,501-8,000	72	1.3	559,056	1.8
8,001-8,500	79	1.5	649,294	2.1
8,501-9,000	70	1.3	612,230	1.9
9,001-9,500	83	1.5	769,001	2.4
9,501-10,000	73	1.3	711,192	2.2
10,001+	1,072	19.8	19,812,718	62.6

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 ALASKA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	6,850
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$21,009,164
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$3,067

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	793	11.6 %	0	0.0 %
1-500	1,193	17.4	253,963	1.2
501-1,000	677	9.9	502,221	2.4
1,001-1,500	559	8.2	693,661	3.3
1,501-2,000	483	7.1	838,899	4.0
2,001-2,500	393	5.7	879,001	4.2
2,501-3,000	351	5.1	962,261	4.6
3,001-3,500	302	4.4	978,854	4.7
3,501-4,000	262	3.8	978,611	4.7
4,001-4,500	229	3.3	968,010	4.6
4,501-5,000	183	2.7	867,125	4.1
5,001-5,500	155	2.3	811,937	3.9
5,501-6,000	139	2.0	796,908	3.8
6,001-6,500	129	1.9	807,980	3.8
6,501-7,000	111	1.6	751,095	3.6
7,001-7,500	108	1.6	781,674	3.7
7,501-8,000	95	1.4	735,946	3.5
8,001-8,500	95	1.4	780,034	3.7
8,501-9,000	58	0.8	506,661	2.4
9,001-9,500	74	1.1	682,696	3.2
9,501-10,000	60	0.9	584,302	2.8
10,001+	401	5.9	5,847,325	27.8

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 ALASKA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	3,367
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$10,043,770
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,983

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	468	13.9 %	0	0.0 %
1-500	616	18.3	124,197	1.2
501-1,000	356	10.6	263,177	2.6
1,001-1,500	255	7.6	316,630	3.2
1,501-2,000	226	6.7	393,335	3.9
2,001-2,500	175	5.2	392,260	3.9
2,501-3,000	166	4.9	457,970	4.6
3,001-3,500	130	3.9	421,862	4.2
3,501-4,000	117	3.5	436,170	4.3
4,001-4,500	98	2.9	413,476	4.1
4,501-5,000	89	2.6	423,451	4.2
5,001-5,500	79	2.3	414,142	4.1
5,501-6,000	67	2.0	383,869	3.8
6,001-6,500	51	1.5	318,882	3.2
6,501-7,000	49	1.5	331,146	3.3
7,001-7,500	53	1.6	383,698	3.8
7,501-8,000	39	1.2	302,930	3.0
8,001-8,500	49	1.5	401,389	4.0
8,501-9,000	24	0.7	209,410	2.1
9,001-9,500	38	1.1	350,190	3.5
9,501-10,000	27	0.8	263,361	2.6
10,001+	195	5.8	3,042,225	30.3

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 ALASKA, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	2,573
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$8,335,129
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$3,240

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	247	9.6 %	0	0.0 %
1-500	421	16.4	95,329	1.1
501-1,000	235	9.1	174,627	2.1
1,001-1,500	216	8.4	270,167	3.2
1,501-2,000	196	7.6	338,809	4.1
2,001-2,500	156	6.1	348,625	4.2
2,501-3,000	129	5.0	352,049	4.2
3,001-3,500	122	4.7	394,879	4.7
3,501-4,000	107	4.2	400,083	4.8
4,001-4,500	96	3.7	407,028	4.9
4,501-5,000	73	2.8	344,059	4.1
5,001-5,500	58	2.3	303,712	3.6
5,501-6,000	55	2.1	315,275	3.8
6,001-6,500	59	2.3	370,168	4.4
6,501-7,000	43	1.7	291,394	3.5
7,001-7,500	39	1.5	281,731	3.4
7,501-8,000	45	1.7	347,824	4.2
8,001-8,500	34	1.3	279,957	3.4
8,501-9,000	26	1.0	227,986	2.7
9,001-9,500	25	1.0	230,896	2.8
9,501-10,000	28	1.1	272,341	3.3
10,001+	163	6.3	2,288,190	27.5

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 ALASKA, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	910
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$2,630,265
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,890

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	78	8.6 %	0	0.0 %
1-500	156	17.1	34,437	1.3
501-1,000	86	9.5	64,417	2.4
1,001-1,500	88	9.7	106,864	4.1
1,501-2,000	61	6.7	106,755	4.1
2,001-2,500	62	6.8	138,116	5.3
2,501-3,000	56	6.2	152,242	5.8
3,001-3,500	50	5.5	162,113	6.2
3,501-4,000	38	4.2	142,358	5.4
4,001-4,500	35	3.8	147,506	5.6
4,501-5,000	21	2.3	99,615	3.8
5,001-5,500	18	2.0	94,083	3.6
5,501-6,000	17	1.9	97,764	3.7
6,001-6,500	19	2.1	118,930	4.5
6,501-7,000	19	2.1	128,555	4.9
7,001-7,500	16	1.8	116,245	4.4
7,501-8,000	11	1.2	85,192	3.2
8,001-8,500	12	1.3	98,688	3.8
8,501-9,000	8	0.9	69,265	2.6
9,001-9,500	11	1.2	101,610	3.9
9,501-10,000	5	0.5	48,600	1.8
10,001+	43	4.7	516,910	19.7

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

APPENDIX TABLE A.3
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	12,370	6,242	6,005	120	2	1	129,731	64,706	63,964	1,048	8	5
Age												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	1	0	1	0	0	0	12	0	12	0	0	0
15-20	25	0	23	1	1	0	252	0	239	6	7	0
21-44	2,264	1	2,210	51	1	1	23,924	10	23,498	410	1	5
45-64	3,229	12	3,175	42	0	0	34,500	127	33,981	392	0	0
65-74	3,367	2,807	536	24	0	0	34,891	28,999	5,676	216	0	0
75-84	2,573	2,521	50	2	0	0	27,113	26,614	475	24	0	0
85 and older	910	901	9	0	0	0	9,027	8,956	71	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	6,959	3,941	2,959	57	1	1	73,375	41,036	31,866	467	1	5
Male	5,411	2,301	3,046	63	1	0	56,356	23,670	32,098	581	7	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	6,304	2,587	3,670	44	2	1	65,265	25,910	38,973	369	8	5
African American	495	170	316	9	0	0	5,154	1,773	3,295	86	0	0
Other/unknown	5,571	3,485	2,019	67	0	0	59,312	37,023	21,696	593	0	0
Use of Nursing Facilities^c												
Entire year	414	341	73	0	0	0	4,062	3,270	792	0	0	0
Part year	325	261	64	0	0	0	2,980	2,374	606	0	0	0
None	11,631	5,640	5,868	120	2	1	122,689	59,062	62,566	1,048	8	5
Maintenance Assistance Status												
Cash	10,950	5,346	5,505	99	0	0	116,512	56,654	58,942	916	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	19	4	2	11	1	1	121	33	21	55	7	5
Other/unknown	1,401	892	498	10	1	0	13,098	8,019	5,001	77	1	0
Dual Status^d												
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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	12,370	6,242	6,005	120	2	1	129,731	64,706	63,964	1,048	8	5
FFS part year, with Rx claims	0	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	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	12,370	129,731	12,370	129,731	0	0
Fee-for-service (FFS) all year	12,370	129,731	12,370	129,731	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

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

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 and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.