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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005  
ALASKA**

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OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
ALASKA, 2005

Inclusion Criteria (2005)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	132850 (A)	13143 (E)	119707 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	132659 (B)	12967 (F)	119692 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	132659 (C)	12967 (G)	119692 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	545 (D)	474 (H)	71 (L)

Source: Data for this table are from the MAX 2005 file for Alaska, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005 (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 2005, 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 beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Alaska in 2005 was \$133,393,848, of which \$3,593,829 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 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for non-duals but not for duals. These lists were constructed from the CMS 2005 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.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 package.

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 2005. 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 separately 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 N+B18D.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 beneficiary 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 2005. 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<sup>a, b</sup>  
ALASKA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>132,659</b>	<b>7,182</b>	<b>14,764</b>	<b>28,233</b>	<b>82,319</b>	<b>161</b>	<b>1,154,214</b>	<b>73,836</b>	<b>153,382</b>	<b>200,299</b>	<b>725,683</b>	<b>1,014</b>
<b>Age</b>												
5 and younger	31,642	0	445	0	31,197	0	267,697	0	4,234	0	263,463	0
6-14	37,242	0	865	4	36,373	0	344,884	0	9,515	29	335,340	0
15-20	20,312	0	752	5,040	14,515	5	169,267	0	7,834	35,618	125,804	11
21-44	25,248	2	4,703	20,213	234	96	191,145	15	49,382	140,171	1,076	501
45-64	10,193	30	7,162	2,943	0	58	98,606	296	73,656	24,167	0	487
65-74	3,943	3,148	762	31	0	2	40,354	32,028	8,021	290	0	15
75-84	2,972	2,910	60	2	0	0	31,262	30,635	603	24	0	0
85 and older	1,107	1,092	15	0	0	0	10,999	10,862	137	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	73,192	4,542	7,355	21,040	40,094	161	628,094	47,121	77,649	147,491	354,819	1,014
Male	59,464	2,640	7,409	7,193	42,222	0	526,096	26,715	75,733	52,808	370,840	0
Unknown	3	0	0	0	3	0	24	0	0	0	24	0
<b>Race</b>												
White	55,095	2,889	8,332	12,262	31,483	129	473,775	28,879	86,176	84,457	273,471	792
African American	7,044	194	875	1,408	4,563	4	61,544	1,866	8,837	10,048	40,764	29
Other/unknown	70,520	4,099	5,557	14,563	46,273	28	618,895	43,091	58,369	105,794	411,448	193
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	545	415	130	0	0	0	5,239	3,978	1,261	0	0	0
Part year	402	247	149	5	1	0	3,743	2,296	1,398	44	5	0
None	131,712	6,520	14,485	28,228	82,318	161	1,145,232	67,562	150,723	200,255	725,678	1,014
<b>Maintenance Assistance Status</b>												
Cash	52,872	6,148	13,480	16,184	17,060	0	488,077	64,403	140,601	127,463	155,610	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	65,762	7	9	9,913	55,672	161	537,560	64	85	56,648	479,749	1,014
Other/unknown	14,025	1,027	1,275	2,136	9,587	0	128,577	9,369	12,696	16,188	90,324	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	12,941	6,360	6,434	142	2	3	134,784	65,522	67,958	1,267	19	18
Full dual, part year	26	14	12	0	0	0	244	130	114	0	0	0
Non-dual, all year	119,692	808	8,318	28,091	82,317	158	1,019,186	8,184	85,310	199,032	725,664	996
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	132,659	7,182	14,764	28,233	82,319	161	1,154,214	73,836	153,382	200,299	725,683	1,014
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 2005 file for Alaska, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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.

All Medicaid Beneficiaries

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
ALASKA, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>57.7</b>	<b>13.3</b>	<b>\$978</b>	<b>\$74</b>	<b>\$7,569</b>	<b>12.9</b>	<b>132,659</b>
<b>Age</b>							
5 and younger	53.5	2.4	181	76	4,638	3.9	31,642
6-14	43.8	2.9	270	92	3,375	8.0	37,242
15-20	53.2	4.7	545	116	7,153	7.6	20,312
21-44	68.5	15.3	1,335	87	9,037	14.8	25,248
45-64	80.6	56.3	4,154	74	17,829	23.3	10,193
65-74	84.7	57.4	3,286	57	16,001	20.5	3,943
75-84	89.8	72.9	3,532	48	24,257	14.6	2,972
85 and older	90.2	76.0	3,129	41	37,264	8.4	1,107
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	87.3	66.7	3,322	50	22,823	14.6	7,182
Disabled	84.1	57.8	4,968	86	25,129	19.8	14,764
Adults	64.0	7.3	460	63	5,047	9.1	28,233
Children	48.3	2.7	233	85	3,938	5.9	82,319
Unknown	63.4	16.1	2,470	153	15,695	15.7	161
<b>Gender</b>							
Female	61.7	15.6	1,015	65	7,795	13.0	73,192
Male	52.9	10.6	934	88	7,291	12.8	59,464
Unknown	33.3	0.3	80	239	343	23.2	3
<b>Race</b>							
White	61.9	18.4	1,414	77	8,156	17.3	55,095
African American	57.5	14.0	990	71	6,405	15.5	7,044
Other/unknown	54.5	9.3	637	69	7,226	8.8	70,520
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	96.3	102.4	6,674	65	111,175	6.0	545
Part year	97.0	94.5	6,236	66	66,384	9.4	402
None	57.5	12.7	939	74	6,961	13.5	131,712
<b>Maintenance Assistance Status</b>							
Cash	66.8	25.7	1,867	73	10,367	18.0	52,872
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	49.6	2.7	197	74	4,025	4.9	65,762
Other/unknown	61.6	16.7	1,291	77	13,640	9.5	14,025

Source: Data for this table are from the MAX 2005 file for Alaska, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 ALASKA, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:							Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
			Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
<b>All</b>	<b>1.5</b>	<b>\$113</b>	<b>12.9</b>	<b>42.3</b>	<b>40.9</b>	<b>5.0</b>	<b>6.0</b>	<b>3.4</b>	<b>2.4</b>	<b>\$870</b>	<b>132,659</b>	<b>1,154,214</b>
<b>Age</b>												
5 and younger	0.3	21	3.9	46.5	50.7	2.0	0.7	0.0	0.0	548	31,642	267,697
6-14	0.3	29	8.0	56.2	39.5	2.4	1.6	0.3	0.1	364	37,242	344,884
15-20	0.6	65	7.6	46.8	44.2	4.8	3.3	0.7	0.3	858	20,312	169,267
21-44	2.0	176	14.8	31.5	42.7	9.3	9.9	4.3	2.4	1,194	25,248	191,145
45-64	5.8	429	23.3	19.4	21.8	9.8	20.0	16.6	12.5	1,843	10,193	98,606
65-74	5.6	321	20.5	15.3	20.1	10.7	23.8	17.8	12.3	1,564	3,943	40,354
75-84	6.9	336	14.6	10.2	17.9	10.5	25.4	19.5	16.5	2,306	2,972	31,262
85 and older	7.6	315	8.4	9.8	15.4	9.2	26.8	19.8	18.9	3,751	1,107	10,999
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	6.5	323	14.6	12.7	18.5	10.3	24.7	18.8	15.0	2,220	7,182	73,836
Disabled	5.6	478	19.8	15.9	23.4	10.4	21.0	16.4	12.9	2,419	14,764	153,382
Adults	1.0	65	9.1	36.0	45.8	8.5	7.3	2.1	0.4	711	28,233	200,299
Children	0.3	27	5.9	51.7	44.3	2.4	1.3	0.2	0.1	447	82,319	725,683
Unknown	2.6	392	15.7	36.6	30.4	11.2	14.3	6.2	1.2	2,492	161	1,014
<b>Gender</b>												
Female	1.8	118	13.0	38.3	42.3	5.7	6.8	4.0	2.9	908	73,192	628,094
Male	1.2	106	12.8	47.1	39.2	4.2	5.1	2.7	1.8	824	59,464	526,096
Unknown	0.0	10	23.2	66.7	33.3	0.0	0.0	0.0	0.0	43	3	24
<b>Race</b>												
White	2.1	164	17.3	38.1	39.9	5.9	7.5	4.9	3.7	949	55,095	473,775
African American	1.6	113	15.5	42.5	41.9	5.2	5.2	2.5	2.7	733	7,044	61,544
Other/unknown	1.1	73	8.8	45.5	41.5	4.3	5.0	2.4	1.3	823	70,520	618,895
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	10.7	694	6.0	3.7	2.9	3.1	22.2	33.6	34.5	11,565	545	5,239
Part year	10.2	670	9.4	3.0	5.5	7.5	21.6	30.3	32.1	7,130	402	3,743
None	1.5	108	13.5	42.5	41.1	5.0	5.9	3.2	2.2	801	131,712	1,145,232
<b>Maintenance Assistance Status</b>												
Cash	2.8	202	18.0	33.2	35.7	7.4	11.6	7.3	4.9	1,123	52,872	488,077
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	24	4.9	50.4	44.9	2.9	1.5	0.2	0.1	492	65,762	537,560
Other/unknown	1.8	141	9.5	38.4	41.5	5.9	6.6	3.8	3.9	1,488	14,025	128,577

Source: Data for this table are from the MAX 2005 file for Alaska, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries

TABLE 5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 ALASKA, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>1.5</b>	<b>\$113</b>	<b>\$74</b>	<b>0.6</b>	<b>\$84</b>	<b>\$130</b>	<b>0.1</b>	<b>\$7</b>	<b>\$72</b>	<b>0.8</b>	<b>\$22</b>	<b>\$28</b>
<b>Age</b>												
5 and younger	0.3	21	76	0.1	17	177	0.0	1	53	0.2	4	21
6-14	0.3	29	92	0.2	24	151	0.0	1	73	0.1	4	26
15-20	0.6	65	116	0.2	55	233	0.0	3	69	0.3	7	26
21-44	2.0	176	87	0.8	133	164	0.1	10	88	1.1	34	31
45-64	5.8	429	74	2.5	303	123	0.3	32	94	3.0	94	31
65-74	5.6	321	57	2.3	226	97	0.3	19	55	2.9	76	26
75-84	6.9	336	48	3.0	240	79	0.5	19	39	3.4	77	23
85 and older	7.6	315	41	3.2	217	68	0.6	20	36	3.9	78	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	6.5	323	50	2.8	227	82	0.4	19	43	3.3	77	24
Disabled	5.6	478	86	2.5	361	145	0.3	29	90	2.7	88	32
Adults	1.0	65	63	0.3	41	141	0.1	5	87	0.7	18	27
Children	0.3	27	85	0.1	22	162	0.0	1	62	0.2	4	23
Unknown	2.6	392	153	1.0	330	319	0.2	17	94	1.3	39	29
<b>Gender</b>												
Female	1.8	118	65	0.7	85	113	0.1	8	68	1.0	26	27
Male	1.2	106	88	0.5	82	158	0.1	6	80	0.6	18	29
Unknown	0.0	10	239	0.0	10	239	0.0	0	0	0.0	0	0
<b>Race</b>												
White	2.1	164	77	1.0	124	130	0.1	10	81	1.1	31	29
African American	1.6	113	71	0.7	88	122	0.1	7	73	0.8	19	23
Other/unknown	1.1	73	69	0.4	53	131	0.1	5	61	0.6	16	27
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	10.7	694	65	4.1	473	115	0.8	49	62	5.7	169	30
Part year	10.2	670	66	3.9	474	121	0.8	44	56	5.4	149	28
None	1.5	108	74	0.6	81	130	0.1	6	73	0.8	21	28
<b>Maintenance Assistance Status</b>												
Cash	2.8	202	73	1.2	148	127	0.2	13	76	1.4	42	29
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	24	74	0.1	19	149	0.0	1	62	0.2	4	23
Other/unknown	1.8	141	77	0.8	110	135	0.1	8	58	0.9	23	26

Source: Data for this table are from the MAX 2005 file for Alaska, released by CMS in 10/2008. This table was produced on 04/23/2009.

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, 2.0 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.

All Medicaid Beneficiaries

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 ALASKA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>					
	Total	Patented Brand-	Off-Patent Brand-	Total	Patented Brand-	Off-Patent Brand-	Total	Patented Brand-	Off-Patent Brand-	Total	Total Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months		
		Name	Name		Name	Name		Name	Name							Name	Name
Anti-infective Agents	0.3	0.1	0.0	0.2	\$19	\$11	\$3	\$5	\$72	\$174	\$86	\$29	123,186	\$8,819,404	46,988	35.4	467,611
Biologicals	0.5	0.5	0.0	0.0	662	662	0	0	1404	1,407	0	93	1,782	2,501,464	425	0.3	3,780
Antineoplastic Agents	0.7	0.2	0.0	0.5	167	136	6	25	236	698	311	50	6,906	1,627,651	941	0.7	9,764
Endocrine/Metabolic Drugs	0.9	0.4	0.2	0.4	45	29	6	9	49	83	42	22	163,124	7,966,228	17,993	13.6	177,749
Cardiovascular Agents	2.3	0.9	0.1	1.3	84	59	3	22	37	66	31	17	340,807	12,556,803	14,248	10.7	149,652
Respiratory Agents	0.5	0.3	0.0	0.2	36	30	1	4	70	101	61	20	130,078	9,079,515	25,142	19.0	255,619
Gastrointestinal Agents	0.9	0.6	0.0	0.3	89	74	1	13	100	131	66	44	127,242	12,680,504	13,846	10.4	143,160
Genitourinary Agents	0.5	0.3	0.0	0.1	28	23	2	4	55	65	61	28	27,853	1,543,990	5,516	4.2	54,973
CNS Drugs	1.7	0.9	0.0	0.7	154	130	3	21	92	140	93	30	325,745	30,095,245	19,278	14.5	195,462
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	79	72	2	6	113	130	87	44	26,978	3,044,553	3,713	2.8	38,541
Miscellaneous Psychological/Neurological Agents	1.5	1.5	0.0	0.0	254	254	0	0	170	170	0	15	13,213	2,241,244	829	0.6	8,827
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	42	16	9	17	69	181	243	35	181,554	12,438,404	30,330	22.9	297,594
Neuromuscular Agents	1.2	0.4	0.1	0.7	83	48	6	28	71	119	61	43	139,763	9,919,013	11,583	8.7	120,209
Nutritional Products	0.6	0.0	0.1	0.5	11	1	1	9	17	33	20	16	38,903	674,368	6,763	5.1	63,417
Hematological Agents	1.1	0.4	0.3	0.5	254	240	6	7	226	589	24	15	42,782	9,689,886	3,683	2.8	38,207
Topical Products	0.2	0.1	0.0	0.1	13	9	1	4	55	107	55	27	68,333	3,777,114	27,970	21.1	282,877
Miscellaneous Products	0.2	0.1	0.0	0.1	37	28	3	7	161	189	186	98	6,441	1,037,857	2,721	2.1	27,994
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	13	0	0	0	47	0	0	0	2,271	106,776	796	0.6	8,089
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,766,961	129,800,019	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Alaska, released by CMS in 10/2008. This table was produced on 04/23/2009.

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.medispn.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, 2.0 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).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2005.

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<sup>a, b, c</sup>  
 ALASKA, 2005

Top 10 Drug Groups	Users			Among Users			
	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	\$19,369,871	8,376	6.3	90,527	1.2	\$174	\$214
ULCER DRUGS	8,869,105	12,435	9.4	130,809	0.7	91	68
ANTIDEPRESSANTS	8,264,509	16,868	12.7	174,985	0.9	53	47
ANTICONVULSANT	8,223,761	7,614	5.7	81,761	1.1	91	101
ANALGESICS - Narcotic	7,824,944	33,347	25.1	334,322	0.4	66	23
MISC. HEMATOLOGICAL	6,906,126	1,132	0.9	12,261	1.2	464	563
ANTIASTHMATIC	6,222,511	24,012	18.1	249,558	0.3	78	25
ANTIHYPERLIPIDEMIC	4,998,702	6,107	4.6	66,870	1.0	76	75
ANTIDIABETIC	4,122,463	6,736	5.1	71,399	1.0	56	58
ANTIVIRAL	3,283,050	2,325	1.8	23,689	0.4	324	139
<b>Total</b>	<b>78,085,042</b>	<b>118,952</b>		<b>1,236,181</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2005 file for Alaska, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

All Medicaid Beneficiaries