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

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, 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>12,967</b>	<b>6,374</b>	<b>6,446</b>	<b>142</b>	<b>2</b>	<b>3</b>	<b>135,028</b>	<b>65,652</b>	<b>68,072</b>	<b>1,267</b>	<b>19</b>	<b>18</b>
<b>Age</b>												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	3	0	3	0	0	0	34	0	34	0	0	0
15-20	23	0	21	1	1	0	240	0	218	10	12	0
21-44	2,333	2	2,259	71	1	0	24,611	15	23,965	624	7	0
45-64	3,517	15	3,459	41	0	2	36,924	153	36,405	359	0	7
65-74	3,408	2,745	635	27	0	1	35,025	27,995	6,769	250	0	11
75-84	2,655	2,599	54	2	0	0	27,908	27,340	544	24	0	0
85 and older	1,028	1,013	15	0	0	0	10,286	10,149	137	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	7,296	4,019	3,196	78	0	3	76,482	41,664	34,081	719	0	18
Male	5,671	2,355	3,250	64	2	0	58,546	23,988	33,991	548	19	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	6,719	2,732	3,925	58	2	2	69,345	27,460	41,353	506	19	7
African American	561	177	369	15	0	0	5,609	1,715	3,765	129	0	0
Other/unknown	5,687	3,465	2,152	69	0	1	60,074	36,477	22,954	632	0	11
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	474	399	75	0	0	0	4,574	3,822	752	0	0	0
Part year	305	235	70	0	0	0	2,832	2,189	643	0	0	0
None	12,188	5,740	6,301	142	2	3	127,622	59,641	66,677	1,267	19	18
<b>Maintenance Assistance Status</b>												
Cash	11,418	5,371	5,928	119	0	0	120,594	56,465	63,028	1,101	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	28	7	9	8	1	3	214	64	85	35	12	18
Other/unknown	1,521	996	509	15	1	0	14,220	9,123	4,959	131	7	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
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	12,967	6,374	6,446	142	2	3	135,028	65,652	68,072	1,267	19	18
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 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 2005. 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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, 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>88.2</b>	<b>71.0</b>	<b>\$4,779</b>	<b>\$67</b>	<b>\$22,437</b>	<b>21.3</b>	<b>12,967</b>
<b>Age</b>							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	46.3	12,780	276	18,186	70.3	3
15-20	65.2	37.9	6,071	160	37,925	16.0	23
21-44	86.7	54.9	6,177	113	23,968	25.8	2,333
45-64	89.7	85.6	6,389	75	21,561	29.6	3,517
65-74	85.1	60.3	3,461	57	15,746	22.0	3,408
75-84	90.4	76.8	3,695	48	24,519	15.1	2,655
85 and older	91.2	78.6	3,208	41	38,438	8.3	1,028
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	87.9	70.3	3,473	49	23,298	14.9	6,374
Disabled	88.4	72.4	6,100	84	21,830	27.9	6,446
Adults	89.4	38.2	3,398	89	11,885	28.6	142
Children	100.0	68.0	6,843	101	10,824	63.2	2
Unknown	66.7	36.0	3,249	90	6,013	54.0	3
<b>Gender</b>							
Female	91.8	82.5	5,022	61	23,620	21.3	7,296
Male	83.4	56.2	4,465	80	20,916	21.3	5,671
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	88.2	85.2	6,008	71	25,015	24.0	6,719
African American	85.7	79.0	4,646	59	20,819	22.3	561
Other/unknown	88.4	53.3	3,339	63	19,552	17.1	5,687
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	96.4	105.3	6,618	63	109,262	6.1	474
Part year	97.4	96.5	6,208	64	55,463	11.2	305
None	87.6	69.0	4,671	68	18,234	25.6	12,188
<b>Maintenance Assistance Status</b>							
Cash	87.9	67.4	4,659	69	17,937	26.0	11,418
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	75.0	16.1	1,830	113	4,899	37.4	28
Other/unknown	90.5	99.1	5,730	58	56,544	10.1	1,521

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 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 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.

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

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid		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 \$ <sup>d</sup>	Beneficiaries	Benefit Months
			FFS \$ <sup>c</sup>	None								
<b>All</b>	<b>6.8</b>	<b>\$459</b>	<b>21.3</b>	<b>11.8</b>	<b>18.3</b>	<b>9.8</b>	<b>23.6</b>	<b>20.1</b>	<b>16.3</b>	<b>\$2,155</b>	<b>12,967</b>	<b>135,028</b>
<b>Age</b>												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	4.1	1,128	70.3	0.0	0.0	33.3	33.3	33.3	0.0	1,605	3	34
15-20	3.6	582	16.0	34.8	17.4	4.3	21.7	17.4	4.3	3,635	23	240
21-44	5.2	586	25.8	13.3	25.9	10.7	21.8	15.9	12.4	2,272	2,333	24,611
45-64	8.1	609	29.6	10.3	14.3	8.8	22.5	24.1	20.0	2,054	3,517	36,924
65-74	5.9	337	22.0	14.9	19.2	10.2	23.7	18.8	13.2	1,532	3,408	35,025
75-84	7.3	352	15.1	9.6	16.8	10.1	25.5	20.3	17.6	2,333	2,655	27,908
85 and older	7.9	321	8.3	8.8	15.2	9.0	27.0	20.0	19.9	3,842	1,028	10,286
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	6.8	337	14.9	12.1	17.6	9.9	24.7	19.6	16.2	2,262	6,374	65,652
Disabled	6.9	578	27.9	11.6	18.8	9.5	22.5	20.8	16.7	2,067	6,446	68,072
Adults	4.3	381	28.6	10.6	25.4	16.2	26.8	14.8	6.3	1,332	142	1,267
Children	7.2	720	63.2	0.0	0.0	0.0	50.0	0.0	50.0	1,139	2	19
Unknown	6.0	542	54.0	33.3	0.0	0.0	33.3	33.3	0.0	1,002	3	18
<b>Gender</b>												
Female	7.9	479	21.3	8.2	15.1	9.6	25.2	22.5	19.4	2,253	7,296	76,482
Male	5.4	433	21.3	16.6	22.3	10.0	21.6	17.2	12.4	2,026	5,671	58,546
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	8.3	582	24.0	11.8	14.3	7.9	21.7	23.1	21.3	2,424	6,719	69,345
African American	7.9	465	22.3	14.3	18.9	9.6	19.8	17.1	20.3	2,082	561	5,609
Other/unknown	5.0	316	17.1	11.6	22.9	12.1	26.4	17.0	10.1	1,851	5,687	60,074
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	10.9	686	6.1	3.6	2.7	3.4	21.1	33.5	35.7	11,323	474	4,574
Part year	10.4	669	11.2	2.6	4.3	7.5	22.3	31.1	32.1	5,973	305	2,832
None	6.6	446	25.6	12.4	19.2	10.1	23.8	19.3	15.2	1,741	12,188	127,622
<b>Maintenance Assistance Status</b>												
Cash	6.4	441	26.0	12.1	19.5	10.3	24.0	19.6	14.4	1,698	11,418	120,594
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.1	239	37.4	25.0	39.3	14.3	14.3	7.1	0.0	641	28	214
Other/unknown	10.6	613	10.1	9.5	8.3	5.9	21.0	24.5	30.8	6,048	1,521	14,220

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

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 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.

TABLE D.5  
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, 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>6.8</b>	<b>\$459</b>	<b>\$67</b>	<b>3.0</b>	<b>\$336</b>	<b>\$112</b>	<b>0.4</b>	<b>\$28</b>	<b>\$64</b>	<b>3.4</b>	<b>\$95</b>	<b>\$28</b>
<b>Age</b>												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	4.1	1,128	276	2.3	1,057	467	0.1	16	108	1.7	55	33
15-20	3.6	582	160	1.5	456	313	0.2	22	94	1.9	103	53
21-44	5.2	586	113	2.5	474	186	0.3	27	92	2.4	85	36
45-64	8.1	609	75	3.6	433	122	0.5	45	87	4.1	130	32
65-74	5.9	337	57	2.4	236	97	0.4	20	56	3.0	80	26
75-84	7.3	352	48	3.2	251	78	0.5	20	38	3.6	80	23
85 and older	7.9	321	41	3.3	220	68	0.6	21	36	4.0	79	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	6.8	337	49	2.9	237	82	0.5	20	42	3.4	80	23
Disabled	6.9	578	84	3.1	433	140	0.4	36	86	3.3	108	33
Adults	4.3	381	89	1.6	256	161	0.2	24	99	2.4	101	42
Children	7.2	720	101	3.9	613	157	0.0	0	0	3.3	108	33
Unknown	6.0	542	90	2.9	434	147	0.1	8	73	2.9	100	34
<b>Gender</b>												
Female	7.9	479	61	3.4	342	100	0.5	31	59	3.9	106	27
Male	5.4	433	80	2.4	327	137	0.3	25	73	2.7	80	30
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	8.3	582	71	3.8	433	115	0.5	34	68	4.0	115	29
African American	7.9	465	59	3.6	339	94	0.5	41	75	3.7	84	23
Other/unknown	5.0	316	63	2.0	224	110	0.4	20	55	2.6	72	27
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	10.9	686	63	4.3	473	110	0.8	48	60	5.7	162	29
Part year	10.4	669	64	4.0	475	117	0.9	46	52	5.4	147	27
None	6.6	446	68	2.9	328	112	0.4	27	65	3.2	91	28
<b>Maintenance Assistance Status</b>												
Cash	6.4	441	69	2.8	324	116	0.4	27	66	3.2	90	28
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	2.1	239	113	0.9	155	173	0.1	2	31	1.2	83	71
Other/unknown	10.6	613	58	4.6	435	94	0.8	42	53	5.1	134	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 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 combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>								
	Patented				Off-Brand-				Patented				Off-Brand-				Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Name	Name	Generic	Total	Name	Name	Generic	Total	Name	Name	Generic	Total	Name	Name	Generic					
Anti-infective Agents	0.4	0.1	0.0	0.3	\$43	\$30	\$5	\$8	\$104	\$265	\$116	\$31	30,102	\$3,139,631	6,644	51.2	73,253				
Biologicals	0.1	0.0	0.0	0.1	12	4	0	9	122	110	0	128	3	366	3	0.0	30				
Antineoplastic Agents	0.8	0.2	0.0	0.6	155	125	4	26	182	522	258	43	4,216	767,552	474	3.7	4,967				
Endocrine/Metabolic Drugs	1.7	0.7	0.3	0.8	73	50	8	15	44	76	31	20	95,314	4,154,177	5,244	40.4	56,919				
Cardiovascular Agents	3.0	1.2	0.1	1.7	106	73	4	29	35	62	30	17	245,738	8,706,130	7,626	58.8	82,101				
Respiratory Agents	1.0	0.6	0.1	0.3	70	61	3	7	74	99	52	23	50,873	3,746,585	4,879	37.6	53,339				
Gastrointestinal Agents	1.3	0.8	0.0	0.4	118	100	1	18	92	117	63	42	80,453	7,406,892	5,743	44.3	62,506				
Genitourinary Agents	0.9	0.7	0.0	0.1	48	43	1	4	56	62	56	27	17,860	1,000,552	1,885	14.5	20,762				
CNS Drugs	2.4	1.3	0.0	1.0	203	168	4	31	86	129	97	30	164,283	14,123,053	6,476	49.9	69,520				
Stimulants/Anti-obesity/Anorexia	0.8	0.5	0.1	0.2	114	98	4	11	149	193	89	55	2,472	367,719	293	2.3	3,221				
Miscellaneous Psychological/ Neurological Agents	1.7	1.7	0.0	0.0	257	257	0	0	149	149	0	14	11,255	1,679,843	615	4.7	6,545				
Analgesics and Anesthetics	1.0	0.2	0.1	0.7	79	30	18	31	82	162	251	44	74,040	6,103,694	7,077	54.6	77,209				
Neuromuscular Agents	1.6	0.5	0.2	0.9	101	50	8	42	65	109	55	45	66,279	4,293,109	3,907	30.1	42,617				
Nutritional Products	1.1	0.0	0.1	1.0	20	1	2	17	18	39	23	17	21,706	388,567	1,847	14.2	19,814				
Hematological Agents	1.3	0.5	0.3	0.5	174	158	8	8	129	320	24	16	32,193	4,168,093	2,232	17.2	23,953				
Topical Products	0.4	0.2	0.0	0.2	26	19	1	6	68	115	51	31	19,700	1,330,591	4,529	34.9	50,421				
Miscellaneous Products	0.5	0.2	0.0	0.2	112	80	8	23	223	388	182	94	2,466	551,075	454	3.5	4,925				
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	12	0	0	0	27	0	0	0	1,306	35,559	282	2.2	3,013				
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.	920,259	61,963,188	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 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, 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.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 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.

Dual Eligible Beneficiaries



TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	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	\$8,909,047	3,177	24.5	35,096	1.6	\$163	\$254
ULCER DRUGS	5,403,691	5,566	42.9	61,441	1.0	86	88
ANTIDEPRESSANTS	3,954,522	6,047	46.6	65,880	1.2	48	60
ANALGESICS - Narcotic	3,763,498	8,688	67.0	95,643	0.5	84	39
ANTIHYPERLIPIDEMIC	3,550,286	3,988	30.8	44,148	1.1	75	80
ANTICONVULSANT	3,379,009	2,926	22.6	32,098	1.3	80	105
ANTIASTHMATIC	2,786,220	5,805	44.8	64,337	0.5	87	43
ANTIDIABETIC	2,527,559	3,890	30.0	42,153	1.2	52	60
MISC. HEMATOLOGICAL	2,438,735	840	6.5	9,127	1.3	206	267
ANTIHYPERTENSIVE	2,036,239	5,574	43.0	60,763	1.1	31	34
Total	38,748,806	46,501		510,686	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 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 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.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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

Dual Eligible Beneficiaries

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

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 Rx Month	Mean Benefit \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Month	Mean Benefit \$ per Month
<b>All</b>	<b>491,530</b>	<b>\$38,748,806</b>	<b>3,177</b>	<b>24.5</b>	<b>35,096</b>	<b>1.6</b>	<b>\$254</b>	<b>5,566</b>	<b>42.9</b>	<b>61,441</b>	<b>1.0</b>	<b>\$88</b>
<b>Female</b>												
All Females	309,428	21,943,966	1,619	22.2	17,996	1.5	218	3,628	49.7	40,120	1.0	89
<b>Female, Disabled</b>												
All Ages	153,091	12,925,820	1,119	35.0	12,687	1.4	245	1,654	51.8	18,557	0.9	89
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	23	3,018	0	0.0	0	0.0	0	1	100.0	10	0.3	61
15-20	106	7,775	3	33.3	34	1.4	122	2	22.2	24	0.5	53
21-44	38,342	3,584,008	471	49.3	5,390	1.5	254	363	38.0	4,106	0.8	76
45-64	100,606	8,266,277	613	33.8	6,902	1.4	243	1,065	58.7	11,906	1.0	94
65-74	12,897	979,599	26	7.1	297	0.9	169	205	56.0	2,315	0.8	90
75-84	1,044	80,422	4	9.8	48	0.6	142	16	39.0	186	0.6	83
85 and older	73	4,721	2	22.2	16	0.3	3	2	22.2	10	0.4	53
<b>Female, Other Eligibles</b>												
All Ages	156,337	9,018,146	500	12.2	5,309	1.6	153	1,974	48.1	21,563	1.1	88
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	0.0	0	0	0.0	0	0.0	0
21-44	1,172	116,044	22	44.9	220	0.7	150	17	34.7	156	0.3	46
45-64	1,137	131,944	8	27.6	76	0.4	93	17	58.6	153	0.6	75
65-74	55,405	3,538,999	136	8.5	1,516	1.6	177	734	46.1	8,038	0.9	84
75-84	71,106	3,923,610	209	12.4	2,242	1.7	152	862	51.2	9,543	1.2	91
85 and older	27,517	1,307,549	125	16.7	1,255	1.6	131	344	46.0	3,673	1.5	93
<b>Male</b>												
All Males	182,102	16,804,840	1,558	27.5	17,100	1.6	292	1,938	34.2	21,321	1.0	86
<b>Male, Disabled</b>												
All Ages	115,641	12,496,513	1,302	40.1	14,553	1.7	316	1,009	31.0	11,330	1.0	86
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	308	34,409	6	50.0	67	1.9	318	2	16.7	24	0.6	92
21-44	39,445	6,005,315	725	55.6	8,125	1.6	310	275	21.1	3,104	0.9	73
45-64	67,562	5,808,427	544	33.1	6,063	1.8	326	614	37.3	6,908	1.1	94
65-74	7,980	619,776	27	10.0	298	1.4	250	111	41.3	1,217	0.8	80
75-84	185	14,334	0	0.0	0	0.0	0	4	30.8	43	0.4	59
85 and older	160	14,241	0	0.0	0	0.0	0	3	50.0	34	0.5	63

Dual Eligible Beneficiaries

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month
					Benefit Months Among Users	of Rx per Rx \$ per Month				Benefit Months Among Users	of Rx per Rx \$ per Month	
Male, Other Eligibles												
All Ages	66,461	4,308,327	256	10.6	2,547	1.3	157	929	38.4	9,991	1.0	86
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	50	8,592	1	50.0	12	1.0	427	1	50.0	10	0.9	136
21-44	561	53,324	12	48.0	102	1.0	136	6	24.0	72	0.7	107
45-64	807	72,932	6	20.7	65	0.8	138	11	37.9	118	0.6	62
65-74	30,011	2,041,227	86	7.3	845	1.3	186	438	37.1	4,631	0.9	83
75-84	27,080	1,695,379	94	10.2	960	1.5	159	360	39.2	3,979	1.0	86
85 and older	7,952	436,873	57	21.5	563	1.0	109	113	42.6	1,181	1.3	104
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 2005 file for Alaska, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

Dual Eligible Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC				
	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
<b>All</b>	<b>6,047</b>	<b>46.6</b>	<b>65,880</b>	<b>1.2</b>	<b>\$60</b>	<b>8,688</b>	<b>67.0</b>	<b>95,643</b>	<b>0.5</b>	<b>\$39</b>	<b>3,988</b>	<b>30.8</b>	<b>44,148</b>	<b>1.1</b>	<b>\$80</b>
<b>Female</b>															
All Females	4,020	55.1	44,152	1.3	61	5,485	75.2	60,703	0.5	40	2,398	32.9	26,582	1.1	81
<b>Female, Disabled</b>															
All Ages	2,488	77.8	27,704	1.1	63	2,990	93.6	33,476	0.5	54	925	28.9	10,304	1.1	80
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	1	100.0	10	0.5	60
15-20	0	0.0	0	0.0	0	2	22.2	24	0.6	10	0	0.0	0	0.0	0
21-44	732	76.6	8,164	1.1	61	805	84.3	9,015	0.5	47	96	10.1	1,113	1.1	72
45-64	1,565	86.2	17,428	1.1	66	1,858	102.4	20,806	0.6	62	631	34.8	7,023	1.2	83
65-74	176	48.1	1,954	0.8	48	294	80.3	3,295	0.4	24	178	48.6	1,946	0.8	76
75-84	12	29.3	138	0.5	42	28	68.3	301	0.3	34	18	43.9	205	1.0	81
85 and older	3	33.3	20	0.7	31	3	33.3	35	0.3	4	1	11.1	7	0.6	82
<b>Female, Other Eligibles</b>															
All Ages	1,532	37.4	16,448	1.5	57	2,495	60.9	27,227	0.4	22	1,473	35.9	16,278	1.1	81
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	41	83.7	415	0.7	46	61	124.5	638	0.4	35	3	6.1	26	0.6	60
45-64	22	75.9	227	0.7	55	44	151.7	437	0.7	109	9	31.0	90	0.7	65
65-74	580	36.5	6,241	1.2	54	1,020	64.1	11,133	0.4	23	692	43.5	7,682	1.0	77
75-84	625	37.1	6,817	1.6	56	997	59.2	11,049	0.4	19	641	38.1	7,118	1.3	85
85 and older	264	35.3	2,748	2.1	67	373	49.9	3,970	0.4	19	128	17.1	1,362	1.4	84
<b>Male</b>															
All Males	2,027	35.7	21,728	1.2	59	3,203	56.5	34,940	0.4	39	1,590	28.0	17,566	1.0	80
<b>Male, Disabled</b>															
All Ages	1,439	44.3	15,746	1.2	63	2,025	62.3	22,246	0.5	46	779	24.0	8,760	1.1	78
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	50.0	12	0.1	1	0	0.0	0	0.0	0
15-20	7	58.3	78	1.6	47	1	8.3	12	0.2	2	0	0.0	0	0.0	0
21-44	581	44.6	6,369	1.1	62	698	53.5	7,687	0.4	42	162	12.4	1,816	1.1	69
45-64	778	47.3	8,530	1.3	66	1,141	69.4	12,511	0.5	52	497	30.2	5,603	1.1	80
65-74	71	26.4	754	1.0	50	174	64.7	1,929	0.4	29	110	40.9	1,234	1.0	83
75-84	0	0.0	0	0.0	0	8	61.5	71	0.2	3	8	61.5	83	0.6	53
85 and older	2	33.3	15	0.9	50	2	33.3	24	0.5	6	2	33.3	24	0.8	87

Dual Eligible Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per 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 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 Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>															
All Ages	588	24.3	5,982	1.2	48	1,178	48.7	12,694	0.4	26	811	33.5	8,806	1.0	82
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	2	100.0	24	0.9	61	1	50.0	10	0.1	1	0	0.0	0	0.0	0
21-44	16	64.0	137	0.8	82	16	64.0	152	0.7	50	6	24.0	56	0.6	43
45-64	20	69.0	212	0.6	31	31	106.9	334	0.6	71	8	27.6	79	1.0	103
65-74	269	22.8	2,753	1.2	49	597	50.5	6,379	0.4	25	434	36.7	4,749	0.9	78
75-84	201	21.9	2,056	1.2	50	414	45.1	4,558	0.4	25	315	34.3	3,419	1.1	87
85 and older	80	30.2	800	1.4	42	119	44.9	1,261	0.4	20	48	18.1	503	1.1	84
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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

Dual Eligible Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

Beneficiary Characteristics	ANTICONSULSANT					ANTIATHMATIC					ANTIDIABETIC				
	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
<b>All</b>	<b>2,926</b>	<b>22.6</b>	<b>32,098</b>	<b>1.3</b>	<b>\$105</b>	<b>5,805</b>	<b>44.8</b>	<b>64,337</b>	<b>0.5</b>	<b>\$43</b>	<b>3,890</b>	<b>30.0</b>	<b>42,153</b>	<b>1.2</b>	<b>\$60</b>
<b>Female</b>															
All Females	1,754	24.0	19,344	1.3	104	3,832	52.5	42,620	0.5	42	2,443	33.5	26,488	1.2	59
<b>Female, Disabled</b>															
All Ages	1,254	39.2	13,922	1.3	116	1,844	57.7	20,707	0.5	42	1,041	32.6	11,329	1.2	65
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	3	300.0	30	0.3	50	0	0.0	0	0.0	0
15-20	1	11.1	12	0.8	61	2	22.2	24	0.9	59	0	0.0	0	0.0	0
21-44	443	46.4	4,944	1.3	126	404	42.3	4,616	0.4	28	142	14.9	1,649	1.1	60
45-64	731	40.3	8,098	1.4	115	1,204	66.3	13,450	0.5	45	704	38.8	7,527	1.2	69
65-74	73	19.9	810	1.0	70	217	59.3	2,439	0.6	51	176	48.1	1,948	0.9	58
75-84	6	14.6	58	0.6	97	12	29.3	126	0.3	33	18	43.9	193	1.5	48
85 and older	0	0.0	0	0.0	0	2	22.2	22	0.1	10	1	11.1	12	0.9	57
<b>Female, Other Eligibles</b>															
All Ages	500	12.2	5,422	1.3	73	1,988	48.5	21,913	0.5	43	1,402	34.2	15,159	1.2	54
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	19	38.8	188	0.7	109	23	46.9	233	0.3	30	4	8.2	44	0.7	59
45-64	13	44.8	135	1.2	179	17	58.6	187	0.3	33	11	37.9	99	1.6	122
65-74	215	13.5	2,361	1.2	82	860	54.1	9,494	0.5	43	628	39.5	6,823	1.1	54
75-84	198	11.8	2,152	1.5	61	827	49.1	9,204	0.5	45	625	37.1	6,806	1.3	55
85 and older	55	7.4	586	1.4	44	261	34.9	2,795	0.5	37	134	17.9	1,387	1.3	45
<b>Male</b>															
All Males	1,172	20.7	12,754	1.3	107	1,973	34.8	21,717	0.5	45	1,447	25.5	15,665	1.1	62
<b>Male, Disabled</b>															
All Ages	927	28.5	10,212	1.3	119	902	27.8	10,033	0.5	44	758	23.3	8,419	1.1	67
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	2	16.7	17	1.0	355	2	16.7	24	0.8	51	0	0.0	0	0.0	0
21-44	430	33.0	4,732	1.4	138	222	17.0	2,500	0.3	26	140	10.7	1,566	1.0	58
45-64	453	27.6	4,998	1.3	102	547	33.3	6,031	0.5	49	525	31.9	5,816	1.1	70
65-74	41	15.2	462	1.1	114	121	45.0	1,365	0.5	50	86	32.0	960	1.2	67
75-84	0	0.0	0	0.0	0	6	46.2	65	0.4	38	4	30.8	41	0.7	64
85 and older	1	16.7	3	0.7	30	4	66.7	48	1.0	135	3	50.0	36	0.4	8

Dual Eligible Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

Beneficiary Characteristics	ANTICONVULSANT						ANTIASTHMATIC					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>																
All Ages	245	10.1	2,542	1.1	58		1,071	44.2	11,684	0.5	47	689	28.5	7,246	1.1	57
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	50.0	12	0.5	53		0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	8	32.0	63	1.2	106		4	16.0	40	0.2	18	3	12.0	36	0.6	49
45-64	10	34.5	103	0.8	58		10	34.5	104	0.6	46	7	24.1	22	1.5	141
65-74	118	10.0	1,228	1.0	63		457	38.7	4,911	0.6	52	354	29.9	3,739	1.1	61
75-84	86	9.4	890	1.4	53		474	51.6	5,228	0.5	44	269	29.3	2,824	1.2	53
85 and older	22	8.3	246	0.9	32		126	47.5	1,401	0.4	39	56	21.1	625	1.5	45
<b>Unknown</b>	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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

Dual Eligible Beneficiaries

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

Beneficiary Characteristics	MISC. HEMATOLOGICAL					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 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		
<b>All</b>	<b>840</b>	<b>6.5</b>	<b>9,127</b>	<b>1.3</b>	<b>\$267</b>	<b>5,574</b>	<b>43.0</b>	<b>60,763</b>	<b>1.1</b>	<b>\$34</b>	<b>12,967</b>	<b>135,028</b>
<b>Female</b>												
All Females	501	6.9	5,452	1.4	104	3,392	46.5	37,013	1.1	35	7,296	76,482
<b>Female, Disabled</b>												
All Ages	163	5.1	1,784	1.2	96	1,107	34.6	12,109	1.1	33	3,196	34,081
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	1	100.0	10	0.5	30	1	10
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	97
21-44	12	1.3	139	2.0	82	142	14.9	1,600	1.0	26	955	10,283
45-64	116	6.4	1,290	1.2	96	748	41.2	8,152	1.1	35	1,815	19,319
65-74	30	8.2	312	0.9	105	194	53.0	2,125	0.9	35	366	3,877
75-84	3	7.3	31	0.3	44	21	51.2	210	0.8	25	41	413
85 and older	2	22.2	12	0.9	124	1	11.1	12	0.9	35	9	82
<b>Female, Other Eligibles</b>												
All Ages	338	8.2	3,668	1.5	108	2,285	55.7	24,904	1.1	36	4,100	42,401
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	0	0.0	0	0.0	0	0	0
21-44	1	2.0	6	0.7	93	6	12.2	63	1.8	34	49	444
45-64	1	3.4	12	1.0	143	12	41.4	104	0.8	33	29	256
65-74	112	7.0	1,237	1.2	100	846	53.2	9,270	1.0	35	1,591	16,395
75-84	153	9.1	1,662	1.6	114	1,023	60.8	11,294	1.2	37	1,683	17,859
85 and older	71	9.5	751	1.7	107	398	53.2	4,173	1.4	38	748	7,447
<b>Male</b>												
All Males	339	6.0	3,675	1.2	510	2,182	38.5	23,750	1.0	31	5,671	58,546
<b>Male, Disabled</b>												
All Ages	126	3.9	1,423	1.2	1,170	953	29.3	10,574	1.0	32	3,250	33,991
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	2	24
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12	121
21-44	13	1.0	152	1.1	10,122	209	16.0	2,326	1.0	30	1,304	13,682
45-64	87	5.3	981	1.4	102	593	36.1	6,562	1.1	33	1,644	17,086
65-74	24	8.9	272	0.7	90	138	51.3	1,556	0.9	28	269	2,892
75-84	1	7.7	6	0.2	23	9	69.2	91	0.6	22	13	131
85 and older	1	16.7	12	0.9	128	4	66.7	39	0.5	14	6	55

Dual Eligible Beneficiaries



TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

Beneficiary Characteristics	MISC. HEMATOLOGICAL						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 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			
<b>Male, Other Eligibles</b>														
All Ages	213	8.8	2,252	1.1	92		1,229	50.8	13,176	1.0	30		2,421	24,555
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		0	0.0	0	0.0	0		2	22
21-44	1	4.0	12	0.3	47		6	24.0	55	0.7	16		25	202
45-64	1	3.4	12	0.8	100		14	48.3	142	0.7	21		29	263
65-74	104	8.8	1,087	1.0	92		588	49.7	6,275	0.9	29		1,182	11,861
75-84	88	9.6	947	1.2	92		488	53.2	5,302	1.1	33		918	9,505
85 and older	19	7.2	194	1.5	98		133	50.2	1,402	1.1	29		265	2,702
<b>Unknown</b>	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0

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

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

Dual Eligible Beneficiaries

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All- Year Nursing Facility Residents
<b>All</b>	<b>\$686</b>	<b>10.9</b>	<b>474</b>	<b>4,574</b>
<b>Age</b>				
0-64	891	9.7	68	698
65-74	805	11.8	100	912
75-84	729	12.4	166	1,579
85 and older	455	9.3	140	1,385
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	655	11.2	283	2,805
Male	734	10.5	191	1,769
Unknown	0	0.0	0	0
<b>Race</b>				
White	728	12	317	3,033
African American	602	11.3	19	187
Other/unknown	603	8.4	138	1,354
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	653	11.2	399	3,822
Disabled	852	9.6	75	752
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 2005 file for Alaska, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 305 beneficiaries who were in nursing facilities for part of their enrollment and their 2,832 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.

Dual Eligible Beneficiaries

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

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	0.3	\$37	\$18	\$10	\$9	\$76	\$152	\$140	\$31	1,501	\$113,868	298	62.9	3,055
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	1.1	0.2	0.0	0.9	125	86	4	36	117	489	112	42	263	30,833	28	5.9	246
Endocrine/Metabolic Drugs	1.8	0.8	0.2	0.9	87	68	8	12	47	84	46	13	4,137	195,925	224	47.3	2,248
Cardiovascular Agents	3.7	1.2	0.2	2.3	108	66	3	39	29	55	14	17	12,235	352,549	336	70.9	3,263
Respiratory Agents	0.8	0.5	0.0	0.3	66	56	3	7	82	117	60	26	1,524	125,106	189	39.9	1,897
Gastrointestinal Agents	1.8	1.1	0.1	0.7	127	105	4	18	69	98	52	26	6,076	417,273	327	69.0	3,285
Genitourinary Agents	1.0	0.8	0.0	0.2	65	55	1	9	65	72	58	40	1,286	83,157	125	26.4	1,280
CNS Drugs	2.5	1.3	0.0	1.2	189	155	2	33	76	121	72	28	8,924	678,890	364	76.8	3,587
Stimulants/Anti-obesity/Anorexia	1.0	0.5	0.0	0.5	77	67	0	10	74	139	16	18	113	8,399	10	2.1	109
Miscellaneous Psychological/Neurological Agents	1.3	1.3	0.0	0.0	240	240	0	0	191	191	0	0	850	162,625	70	14.8	677
Analgesics and Anesthetics	1.2	0.1	0.2	0.9	92	13	29	50	77	121	135	58	3,304	255,621	282	59.5	2,789
Neuromuscular Agents	2.1	0.5	0.2	1.4	146	59	12	75	70	110	71	55	3,710	261,359	177	37.3	1,788
Nutritional Products	1.0	0.0	0.1	0.9	24	0	6	18	23	42	41	20	1,488	33,948	151	31.9	1,428
Hematological Agents	1.6	0.6	0.5	0.5	214	190	12	12	137	315	24	25	2,277	312,168	151	31.9	1,461
Topical Products	0.6	0.2	0.0	0.4	32	18	3	11	51	104	52	28	1,695	87,289	257	54.2	2,751
Miscellaneous Products	0.4	0.1	0.0	0.3	28	10	0	18	69	149	0	52	77	5,296	20	4.2	191
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	20	0	0	0	28	0	0	0	445	12,665	60	12.7	618
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.	49,905	3,136,971	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 305 beneficiaries who were in nursing facilities for part of their enrollment and their 2,832 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 2005. 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In 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.

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.

Dual Eligible Beneficiaries

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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

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	\$389,427	183	38.6	1,855	1.2	\$178	\$210
ULCER DRUGS	320,430	262	55.3	2,662	1.5	81	120
ANTIDEPRESSANTS	250,413	370	78.1	3,738	1.4	47	67
ANALGESICS - Narcotic	211,812	342	72.2	3,487	0.8	81	61
HEMATOPOIETIC AGENTS	205,278	93	19.6	967	0.8	280	212
ANTICONVULSANT	170,225	146	30.8	1,557	1.5	74	109
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	162,625	84	17.7	825	1.0	191	197
ANTIDIABETIC	113,550	177	37.3	1,792	1.3	51	63
ANTIASTHMATIC	103,380	190	40.1	1,925	0.5	98	54
ANTIHYPERLIPIDEMIC	104,904	85	17.9	880	1.5	78	119
Total	2,032,044	1,932		19,688	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 305 beneficiaries who were in nursing facilities for part of their enrollment and their 2,832 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 2005. 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 2005 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.

Dual Eligible Beneficiaries

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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

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 \$
<b>All</b>	<b>22,647</b>	<b>\$2,032,044</b>	<b>183</b>	<b>38.6</b>	<b>1,855</b>	<b>1.2</b>	<b>\$210</b>	<b>262</b>	<b>55.3</b>	<b>2,662</b>	<b>1.5</b>	<b>\$120</b>
<b>Female</b>												
All Females	13,795	1,192,536	106	37.5	1,072	1.2	183	155	54.8	1,630	1.6	122
<b>Female, Disabled</b>												
All Ages	1,322	137,833	17	48.6	158	1.3	229	13	37.1	137	1.5	130
64 or younger	961	89,927	13	48.1	110	1.2	168	9	33.3	90	1.6	120
65-74	273	36,114	3	42.9	36	1.7	430	3	42.9	35	1.2	161
75-84	88	11,792	1	100.0	12	1.0	182	1	100.0	12	1.2	112
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	12,473	1,054,703	89	35.9	914	1.2	175	142	57.3	1,493	1.6	121
64 or younger	130	30,564	2	66.7	22	0.5	118	2	66.7	23	1.0	71
65-74	2,366	192,015	6	15.0	69	1.1	213	24	60.0	215	1.5	122
75-84	6,572	574,946	47	42.3	477	1.3	185	68	61.3	719	1.8	133
85 and older	3,405	257,178	34	36.2	346	1.1	158	48	51.1	536	1.4	106
<b>Male</b>												
All Males	8,852	839,508	77	40.3	783	1.1	247	107	56.0	1,032	1.3	118
<b>Male, Disabled</b>												
All Ages	2,043	287,472	20	50.0	221	1.2	348	24	60.0	260	1.3	105
64 or younger	1,860	248,351	17	47.2	185	1.2	305	22	61.1	236	1.3	101
65-74	138	35,021	3	100.0	36	1.2	567	1	33.3	12	1.2	166
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	45	4,100	0	0.0	0	0.0	0	1	100.0	12	0.9	131
<b>Male, Other Eligibles</b>												
All Ages	6,809	552,036	57	37.7	562	1.0	207	83	55.0	772	1.3	123
64 or younger	109	15,337	1	50.0	12	1.6	466	3	150.0	36	0.6	76
65-74	2,151	197,791	13	26.0	120	1.1	334	26	52.0	223	1.7	146
75-84	2,614	214,882	22	40.7	234	1.1	195	35	64.8	331	1.1	117
85 and older	1,935	124,026	21	46.7	196	1.0	128	19	42.2	182	1.5	116
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</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 D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 305 beneficiaries who were in nursing facilities for part of their enrollment and their 2,832 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. 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 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					HEMATOPOIETIC AGENTS				
	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	370	78.1	3,738	1.4	\$67	342	72.2	3,487	0.8	\$61	93	19.6	967	0.8	\$212
Female															
All Females	214	75.6	2,242	1.5	67	225	79.5	2,327	0.8	62	50	17.7	574	0.8	260
Female, Disabled															
All Ages	23	65.7	243	1.3	94	26	74.3	263	0.7	62	2	5.7	21	0.6	1
64 or younger	17	63.0	172	1.4	91	21	77.8	204	0.7	67	1	3.7	9	0.8	2
65-74	4	57.1	47	1.2	103	3	42.9	35	0.8	45	1	14.3	12	0.4	0
75-84	2	200.0	24	1.0	93	2	200.0	24	0.6	39	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
Female, Other Eligibles															
All Ages	191	77.0	1,999	1.5	64	199	80.2	2,064	0.8	62	48	19.4	553	0.8	270
64 or younger	2	66.7	23	0.5	54	3	100.0	35	1.1	139	0	0.0	0	0.0	0
65-74	43	107.5	466	1.3	67	41	102.5	413	0.8	82	6	15.0	66	1.0	178
75-84	91	82.0	944	1.5	62	101	91.0	1,045	0.8	64	27	24.3	315	0.6	380
85 and older	55	58.5	566	1.6	67	54	57.4	571	0.7	40	15	16.0	172	1.0	103
Male															
All Males	156	81.7	1,496	1.4	66	117	61.3	1,160	0.7	58	43	22.5	393	0.7	143
Male, Disabled															
All Ages	38	95.0	394	1.0	69	29	72.5	298	0.6	73	7	17.5	64	0.6	181
64 or younger	35	97.2	358	1.0	69	24	66.7	238	0.6	55	7	19.4	64	0.6	181
65-74	2	66.7	24	0.6	79	3	100.0	36	1.0	229	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	100.0	12	1.0	62	2	200.0	24	0.5	6	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	118	78.1	1,102	1.5	65	88	58.3	862	0.7	53	36	23.8	329	0.7	135
64 or younger	3	150.0	36	0.8	99	2	100.0	24	1.1	57	0	0.0	0	0.0	0
65-74	45	90.0	415	1.5	60	29	58.0	268	0.7	50	12	24.0	118	0.8	86
75-84	39	72.2	341	1.4	80	31	57.4	301	0.8	49	13	24.1	124	0.7	145
85 and older	31	68.9	310	1.8	52	26	57.8	269	0.7	60	11	24.4	87	0.7	189
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 2005 file for Alaska, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 305 beneficiaries who were in nursing facilities for part of their enrollment and their 2,832 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

Beneficiary Characteristics	ANTICONVULSANT					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>146</b>	<b>30.8</b>	<b>1,557</b>	<b>1.5</b>	<b>\$109</b>	<b>84</b>	<b>17.7</b>	<b>825</b>	<b>1.0</b>	<b>\$197</b>	<b>177</b>	<b>37.3</b>	<b>1,792</b>	<b>1.3</b>	<b>\$63</b>
<b>Female</b>															
All Females	77	27.2	849	1.5	110	56	19.8	599	0.9	145	104	36.7	1,088	1.1	58
<b>Female, Disabled</b>															
All Ages	17	48.6	182	1.2	142	1	2.9	12	1.0	158	15	42.9	147	0.7	48
64 or younger	15	55.6	158	1.2	130	0	0.0	0	0.0	0	9	33.3	77	0.8	44
65-74	1	14.3	12	1.3	170	0	0.0	0	0.0	0	6	85.7	70	0.6	53
75-84	1	100.0	12	1.0	266	1	100.0	12	1.0	158	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	60	24.2	667	1.6	101	55	22.2	587	0.9	144	89	35.9	941	1.1	60
64 or younger	1	33.3	12	1.0	224	2	66.7	24	0.5	663	1	33.3	11	1.8	147
65-74	12	30.0	142	2.0	173	3	7.5	35	0.8	78	15	37.5	162	1.6	66
75-84	39	35.1	421	1.7	87	28	25.2	304	1.1	133	51	45.9	514	1.1	57
85 and older	8	8.5	92	0.6	35	22	23.4	224	0.8	114	22	23.4	254	1.0	58
<b>Male</b>															
All Males	69	36.1	708	1.5	109	28	14.7	226	1.3	337	73	38.2	704	1.5	71
<b>Male, Disabled</b>															
All Ages	29	72.5	325	1.5	144	4	10.0	46	0.9	1,081	6	15.0	58	1.4	88
64 or younger	27	75.0	301	1.5	147	4	11.1	46	0.9	1,081	6	16.7	58	1.4	88
65-74	2	66.7	24	1.1	102	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	40	26.5	383	1.5	79	24	15.9	180	1.4	147	67	44.4	646	1.5	70
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	16	32.0	143	1.4	120	4	8.0	29	0.7	95	19	38.0	150	1.3	85
75-84	18	33.3	177	1.6	60	12	22.2	80	1.3	177	33	61.1	316	1.4	69
85 and older	6	13.3	63	1.1	41	8	17.8	71	1.7	134	15	33.3	180	1.9	58
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2005. A total of 305 beneficiaries who were in nursing facilities for part of their enrollment and their 2,832 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. 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 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

Beneficiary Characteristics	ANTIASTHMATIC					ANTIHYPERTENSIVE					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	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	190	40.1	1,925	0.5	\$54	85	17.9	880	1.5	\$119	474	4,574
Female												
All Females	110	38.9	1,133	0.6	56	38	13.4	415	1.6	113	283	2,805
Female, Disabled												
All Ages	6	17.1	62	0.4	42	5	14.3	59	1.0	126	35	334
64 or younger	6	22.2	62	0.4	42	3	11.1	36	0.9	127	27	269
65-74	0	0.0	0	0.0	0	2	28.6	23	1.2	124	7	53
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	104	41.9	1,071	0.6	56	33	13.3	356	1.7	111	248	2,471
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	35
65-74	28	70.0	275	0.8	83	11	27.5	126	1.3	108	40	409
75-84	51	45.9	514	0.5	47	15	13.5	146	2.0	106	111	1,092
85 and older	25	26.6	282	0.5	48	7	7.4	84	2.0	123	94	935
Male												
All Males	80	41.9	792	0.5	51	47	24.6	465	1.5	125	191	1,769
Male, Disabled												
All Ages	11	27.5	128	0.3	30	13	32.5	150	1.4	116	40	418
64 or younger	10	27.8	116	0.3	32	12	33.3	138	1.4	115	36	370
65-74	1	33.3	12	0.2	2	0	0.0	0	0.0	0	3	36
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	0.9	136	1	12
Male, Other Eligibles												
All Ages	69	45.7	664	0.5	55	34	22.5	315	1.5	129	151	1,351
64 or younger	0	0.0	0	0.0	0	1	50.0	12	1.2	173	2	24
65-74	23	46.0	203	0.8	112	12	24.0	108	1.5	200	50	414
75-84	30	55.6	316	0.5	38	14	25.9	135	1.5	89	54	475
85 and older	16	35.6	145	0.3	13	7	15.6	60	1.6	80	45	438
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 2005 file for Alaska, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 305 beneficiaries who were in nursing facilities for part of their enrollment and their 2,832 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 2005. 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 2005 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.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
ALASKA, 2005

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
<b>All</b>	<b>4,897</b>	<b>37.8</b>	<b>4.2</b>	<b>53,982</b>	<b>\$77</b>	<b>\$993,286</b>	<b>\$18</b>	<b>1.6</b>	<b>12,967</b>
<b>Age</b>									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0
6-14	3	100.0	5.3	16	229	687	43	1.8	3
15-20	8	34.8	3.0	69	88	2,023	29	1.4	23
21-44	809	34.7	3.2	7,554	76	176,906	23	1.2	2,333
45-64	1,570	44.6	5.3	18,810	106	372,339	20	1.7	3,517
65-74	1,097	32.2	3.1	10,703	55	188,040	18	1.6	3,408
75-84	982	37.0	4.4	11,605	67	178,571	15	1.8	2,655
85 and older	428	41.6	5.1	5,225	73	74,720	14	2.3	1,028
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	2,260	35.5	4.0	25,366	64	405,695	16	1.8	6,374
Disabled	2,576	40.0	4.4	28,286	90	580,030	21	1.5	6,446
Adults	60	42.3	2.2	309	52	7,353	24	1.5	142
Children	0	0.0	0.0	0	0	0	0	0.0	2
Unknown	1	33.3	7.0	21	69	208	10	2.1	3
<b>Gender</b>									
Female	3,189	43.7	5.1	36,930	93	675,061	18	1.8	7,296
Male	1,708	30.1	3.0	17,052	56	318,225	19	1.3	5,671
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	2,816	41.9	5.3	35,771	103	688,928	19	1.7	6,719
African American	194	34.6	4.1	2,289	74	41,592	18	1.6	561
Other/unknown	1,887	33.2	2.8	15,922	46	262,766	17	1.4	5,687
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	263	55.5	6.8	3,219	131	62,252	19	2.0	474
Part year	187	61.3	6.1	1,874	118	35,933	19	1.9	305
None	4,447	36.5	4.0	48,889	73	895,101	18	1.6	12,188
<b>Maintenance Assistance Status</b>									
Cash	4,154	36.4	3.9	44,864	73	829,348	18	1.6	11,418
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	7	25.0	2.0	56	30	830	15	1.6	28
Other/unknown	736	48.4	6.0	9,062	107	163,108	18	1.9	1,521

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 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 2005.

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

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
<b>All</b>	<b>0.4</b>	<b>\$7</b>	<b>\$18</b>	<b>\$0</b>	<b>\$3</b>	<b>135,028</b>
<b>Age</b>						
5 and younger	0.0	0	0	0	0	0
6-14	0.5	20	43	0	0	34
15-20	0.3	8	29	0	1	240
21-44	0.3	7	23	0	5	24,611
45-64	0.5	10	20	0	6	36,924
65-74	0.3	5	18	0	2	35,025
75-84	0.4	6	15	0	2	27,908
85 and older	0.5	7	14	0	1	10,286
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.4	6	16	0	2	65,652
Disabled	0.4	9	21	0	5	68,072
Adults	0.2	6	24	0	4	1,267
Children	0.0	0	0	0	0	19
Unknown	1.2	12	10	0	12	18
<b>Gender</b>						
Female	0.5	9	18	0	4	76,482
Male	0.3	5	19	0	3	58,546
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.5	10	19	0	5	69,345
African American	0.4	7	18	0	3	5,609
Other/unknown	0.3	4	17	0	2	60,074
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.7	14	19	0	5	4,574
Part year	0.7	13	19	0	4	2,832
None	0.4	7	18	0	3	127,622
<b>Maintenance Assistance Status</b>						
Cash	0.4	7	18	0	3	120,594
Medically needy	0.0	0	0	0	0	0
Poverty related	0.3	4	15	0	2	214
Other/unknown	0.6	11	18	0	4	14,220

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 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 2005.

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

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
<b>All</b>	<b>6,407</b>	<b>\$155</b>	<b>\$993,286</b>	<b>100.0</b>	<b>53,982</b>	<b>\$18</b>	<b>100.0</b>
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	6	64	383	0.0	15	26	0.0
Cough and cold medications	203	257	52,205	5.3	1,000	52	1.9
Vitamins and minerals	1,743	214	372,562	37.5	20,985	18	38.9
Non-prescription drugs	1,442	68	98,546	9.9	10,431	9	19.3
Barbiturates	49	113	5,549	0.6	491	11	0.9
Benzodiazepines	2,673	163	435,476	43.8	20,019	22	37.1
Other Part D Excl Rx Drugs	291	98	28,565	2.9	1,041	27	1.9

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 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 2005.

A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 ALASKA, 2005

Total Number of Dual Eligible Beneficiaries: 12,967  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$61,963,188  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$4,778

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,535	11.8	\$0	0.0
1-500	2,017	15.6	389,757	0.6
501-1,000	1,013	7.8	747,524	1.2
1,001-1,500	823	6.3	1,023,172	1.7
1,501-2,000	674	5.2	1,182,804	1.9
2,001-2,500	600	4.6	1,344,633	2.2
2,501-3,000	545	4.2	1,500,000	2.4
3,001-3,500	507	3.9	1,647,011	2.7
3,501-4,000	439	3.4	1,644,814	2.7
4,001-4,500	401	3.1	1,701,229	2.7
4,501-5,000	369	2.8	1,753,699	2.8
5,001-5,500	332	2.6	1,741,494	2.8
5,501-6,000	293	2.3	1,682,434	2.7
6,001-6,500	256	2.0	1,600,521	2.6
6,501-7,000	250	1.9	1,689,418	2.7
7,001-7,500	218	1.7	1,579,972	2.5
7,501-8,000	205	1.6	1,587,238	2.6
8,001-8,500	203	1.6	1,673,261	2.7
8,501-9,000	163	1.3	1,432,384	2.3
9,001-9,500	155	1.2	1,433,594	2.3
9,501-10,000	159	1.2	1,549,723	2.5
10,001+	1,810	14.0	33,058,506	53.4

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. 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 2005.

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

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 5,742  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$36,451,701  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$6,348

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	665	11.6	0	0.0
1-500	845	14.7	154,851	0.4
501-1,000	382	6.7	280,660	0.8
1,001-1,500	283	4.9	350,991	1.0
1,501-2,000	223	3.9	390,176	1.1
2,001-2,500	232	4.0	519,376	1.4
2,501-3,000	171	3.0	467,724	1.3
3,001-3,500	170	3.0	553,564	1.5
3,501-4,000	172	3.0	643,100	1.8
4,001-4,500	158	2.8	671,303	1.8
4,501-5,000	172	3.0	818,625	2.2
5,001-5,500	132	2.3	693,165	1.9
5,501-6,000	129	2.2	740,433	2.0
6,001-6,500	123	2.1	768,505	2.1
6,501-7,000	110	1.9	740,770	2.0
7,001-7,500	96	1.7	695,529	1.9
7,501-8,000	103	1.8	799,534	2.2
8,001-8,500	106	1.8	873,417	2.4
8,501-9,000	82	1.4	722,705	2.0
9,001-9,500	75	1.3	694,591	1.9
9,501-10,000	93	1.6	907,640	2.5
10,001+	1,220	21.2	23,965,042	65.7

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. 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 2005.

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

Total Number of Dual Eligible Beneficiaries, Age 65+: 7,091  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$24,903,166  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$3,511

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	854	12.0	0	0.0
1-500	1,148	16.2	230,721	0.9
501-1,000	615	8.7	454,355	1.8
1,001-1,500	533	7.5	663,152	2.7
1,501-2,000	442	6.2	777,259	3.1
2,001-2,500	363	5.1	813,863	3.3
2,501-3,000	370	5.2	1,021,475	4.1
3,001-3,500	331	4.7	1,073,781	4.3
3,501-4,000	264	3.7	990,520	4.0
4,001-4,500	240	3.4	1,016,685	4.1
4,501-5,000	196	2.8	930,502	3.7
5,001-5,500	199	2.8	1,043,218	4.2
5,501-6,000	157	2.2	901,295	3.6
6,001-6,500	131	1.8	819,617	3.3
6,501-7,000	139	2.0	941,664	3.8
7,001-7,500	121	1.7	877,301	3.5
7,501-8,000	100	1.4	772,371	3.1
8,001-8,500	94	1.3	775,152	3.1
8,501-9,000	80	1.1	700,710	2.8
9,001-9,500	78	1.1	720,837	2.9
9,501-10,000	65	0.9	632,569	2.5
10,001+	571	8.1	8,746,119	35.1

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. 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 2005.

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

Total Number of Dual Eligible Beneficiaries, Age 65-74: 3,408  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$11,794,637  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$3,460

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	508	14.9		0	0.0
1-500	576	16.9		108,023	0.9
501-1,000	292	8.6		219,078	1.9
1,001-1,500	246	7.2		305,947	2.6
1,501-2,000	181	5.3		318,954	2.7
2,001-2,500	168	4.9		378,487	3.2
2,501-3,000	170	5.0		468,513	4.0
3,001-3,500	148	4.3		480,135	4.1
3,501-4,000	115	3.4		431,630	3.7
4,001-4,500	113	3.3		478,956	4.1
4,501-5,000	90	2.6		426,791	3.6
5,001-5,500	102	3.0		534,808	4.5
5,501-6,000	62	1.8		356,363	3.0
6,001-6,500	47	1.4		294,463	2.5
6,501-7,000	56	1.6		379,429	3.2
7,001-7,500	58	1.7		420,681	3.6
7,501-8,000	53	1.6		408,523	3.5
8,001-8,500	41	1.2		337,152	2.9
8,501-9,000	45	1.3		394,709	3.3
9,001-9,500	27	0.8		249,572	2.1
9,501-10,000	36	1.1		350,794	3.0
10,001+	274	8.0		4,451,629	37.7

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. 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 2005.

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

Total Number of Dual Eligible Beneficiaries, Age 75-84: 2,655  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$9,810,851  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$3,695

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	256	9.6	0	0.0
1-500	399	15.0	84,928	0.9
501-1,000	237	8.9	171,461	1.7
1,001-1,500	207	7.8	258,582	2.6
1,501-2,000	174	6.6	305,387	3.1
2,001-2,500	133	5.0	295,473	3.0
2,501-3,000	142	5.3	393,683	4.0
3,001-3,500	136	5.1	441,423	4.5
3,501-4,000	105	4.0	393,819	4.0
4,001-4,500	95	3.6	402,219	4.1
4,501-5,000	81	3.1	384,114	3.9
5,001-5,500	70	2.6	366,523	3.7
5,501-6,000	71	2.7	407,530	4.2
6,001-6,500	61	2.3	381,869	3.9
6,501-7,000	56	2.1	379,928	3.9
7,001-7,500	42	1.6	304,054	3.1
7,501-8,000	35	1.3	271,660	2.8
8,001-8,500	40	1.5	331,032	3.4
8,501-9,000	20	0.8	175,490	1.8
9,001-9,500	40	1.5	369,526	3.8
9,501-10,000	21	0.8	204,897	2.1
10,001+	234	8.8	3,487,253	35.5

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. 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 2005.

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

Total Number of Dual Eligible Beneficiaries, Age 85+: 1,028  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$3,297,678  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$3,207

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
		-	+ Pharmacy Reimbursement	
\$0	90	8.8	0	0.0
1-500	173	16.8	37,770	1.1
501-1,000	86	8.4	63,816	1.9
1,001-1,500	80	7.8	98,623	3.0
1,501-2,000	87	8.5	152,918	4.6
2,001-2,500	62	6.0	139,903	4.2
2,501-3,000	58	5.6	159,279	4.8
3,001-3,500	47	4.6	152,223	4.6
3,501-4,000	44	4.3	165,071	5.0
4,001-4,500	32	3.1	135,510	4.1
4,501-5,000	25	2.4	119,597	3.6
5,001-5,500	27	2.6	141,887	4.3
5,501-6,000	24	2.3	137,402	4.2
6,001-6,500	23	2.2	143,285	4.3
6,501-7,000	27	2.6	182,307	5.5
7,001-7,500	21	2.0	152,566	4.6
7,501-8,000	12	1.2	92,188	2.8
8,001-8,500	13	1.3	106,968	3.2
8,501-9,000	15	1.5	130,511	4.0
9,001-9,500	11	1.1	101,739	3.1
9,501-10,000	8	0.8	76,878	2.3
10,001+	63	6.1	807,237	24.5

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. 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 2005.

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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	12,967	6,374	6,446	142	2	3	135,028	65,652	68,072	1,267	19	18
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	3	0	3	0	0	0	34	0	34	0	0	0
15-20	23	0	21	1	1	0	240	0	218	10	12	0
21-44	2,333	2	2,259	71	1	0	24,611	15	23,965	624	7	0
45-64	3,517	15	3,459	41	0	2	36,924	153	36,405	359	0	7
65-74	3,408	2,745	635	27	0	1	35,025	27,995	6,769	250	0	11
75-84	2,655	2,599	54	2	0	0	27,908	27,340	544	24	0	0
85 and older	1,028	1,013	15	0	0	0	10,286	10,149	137	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	7,296	4,019	3,196	78	0	3	76,482	41,664	34,081	719	0	18
Male	5,671	2,355	3,250	64	2	0	58,546	23,988	33,991	548	19	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	6,719	2,732	3,925	58	2	2	69,345	27,460	41,353	506	19	7
African American	561	177	369	15	0	0	5,609	1,715	3,765	129	0	0
Other/unknown	5,687	3,465	2,152	69	0	1	60,074	36,477	22,954	632	0	11
Use of Nursing Facilities <sup>c</sup>												
Entire year	474	399	75	0	0	0	4,574	3,822	752	0	0	0
Part year	305	235	70	0	0	0	2,832	2,189	643	0	0	0
None	12,188	5,740	6,301	142	2	3	127,622	59,641	66,677	1,267	19	18
Maintenance Assistance Status												
Cash	11,418	5,371	5,928	119	0	0	120,594	56,465	63,028	1,101	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	28	7	9	8	1	3	214	64	85	35	12	18
Other/unknown	1,521	996	509	15	1	0	14,220	9,123	4,959	131	7	0
Dual Status <sup>d</sup>												
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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	12,967	6,374	6,446	142	2	3	135,028	65,652	68,072	1,267	19	18
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 2005 file for Alaska, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>12,967</b>	<b>135,028</b>	<b>12,967</b>	<b>135,028</b>	<b>0</b>	<b>0</b>
Fee-for-service (FFS) all year	12,967	135,028	12,967	135,028	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 2005 file for Alaska, released by CMS in 10/2008. This table was produced on 04/23/2009.

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.

Dual Eligible Beneficiaries