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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	105,061	58,207	45,976	833	21	24	1,116,308	604,663	505,288	5,937	190	230
Age												
5 and younger	9	0	8	0	1	0	97	0	85	0	12	0
6-14	22	0	14	0	8	0	225	0	156	0	69	0
15-20	194	0	176	6	12	0	2,136	0	1,969	58	109	0
21-44	20,281	6	19,634	639	0	2	221,365	44	216,654	4,650	0	17
45-64	26,212	25	26,003	169	0	15	286,838	230	285,347	1,098	0	163
65-74	21,816	21,656	136	17	0	7	234,965	233,773	1,035	107	0	50
75-84	20,557	20,550	5	2	0	0	215,599	215,533	42	24	0	0
85 and older	15,970	15,970	0	0	0	0	155,083	155,083	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	65,244	41,046	23,607	556	11	24	694,216	428,568	261,202	4,128	88	230
Male	39,817	17,161	22,369	277	10	0	422,092	176,095	244,086	1,809	102	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	79,334	41,257	37,495	550	12	20	840,601	422,125	414,201	3,974	111	190
African American	5,125	1,841	3,216	65	2	1	54,083	19,361	34,324	367	19	12
Other/unknown	20,602	15,109	5,265	218	7	3	221,624	163,177	56,763	1,596	60	28
Use of Nursing Facilities^c												
Entire year	8,283	7,423	860	0	0	0	85,505	75,959	9,546	0	0	0
Part year	7,476	6,457	1,019	0	0	0	69,113	58,566	10,547	0	0	0
None	89,302	44,327	44,097	833	21	24	961,690	470,138	485,195	5,937	190	230
Maintenance Assistance Status												
Cash	53,189	24,409	28,584	195	1	0	587,829	273,369	313,162	1,287	11	0
Medically needy	2,073	751	1,322	0	0	0	21,416	7,503	13,913	0	0	0
Poverty-related	3,133	1,129	1,817	154	9	24	29,171	9,882	17,615	1,367	77	230
Other/unknown	46,666	31,918	14,253	484	11	0	477,892	313,909	160,598	3,283	102	0
Dual Medicare Status^d												
Full dual, all year	99,761	55,867	43,063	787	20	24	1,062,121	581,559	474,710	5,442	180	230
Full dual, part year	5,300	2,340	2,913	46	1	0	54,187	23,104	30,578	495	10	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	103,820	57,908	45,274	597	17	24	1,109,011	602,596	500,979	5,040	166	230
FFS part year, with Rx claims	1,073	245	621	204	3	0	6,540	1,811	3,906	802	21	0
FFS part year, no Rx claims	168	54	81	32	1	0	757	256	403	95	3	0

Source: Data for this table are from the MAX 2005 file for Washington, 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	89.9	52.9	\$3,002	\$57	\$13,550	22.2	105,061
Age							
5 and younger	100.0	52.9	8,934	169	65,126	13.7	9
6-14	86.4	37.1	8,578	231	20,178	42.5	22
15-20	84.0	20.4	2,501	123	10,447	23.9	194
21-44	85.2	36.4	3,129	86	10,260	30.5	20,281
45-64	90.1	60.5	4,076	67	13,396	30.4	26,212
65-74	89.3	55.3	2,700	49	10,450	25.8	21,816
75-84	92.0	57.5	2,537	44	14,973	16.9	20,557
85 and older	94.0	52.6	2,081	40	20,381	10.2	15,970
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	91.6	55.4	2,475	45	14,778	16.7	58,207
Disabled	88.2	50.4	3,700	73	12,176	30.4	45,976
Adults	69.4	18.4	1,205	66	3,321	36.3	833
Children	81.0	24.0	4,892	203	20,980	23.3	21
Unknown	95.8	52.6	3,583	68	16,019	22.4	24
Gender							
Female	92.5	58.7	3,054	52	14,188	21.5	65,244
Male	85.7	43.4	2,916	67	12,503	23.3	39,817
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	90.2	55.3	3,193	58	14,736	21.7	79,334
African American	88.3	47.7	2,824	59	11,544	24.5	5,125
Other/unknown	89.5	44.9	2,309	51	9,480	24.4	20,602
Use of Nursing Facilities^f							
Entire year	97.1	70.6	3,424	49	42,740	8.0	8,283
Part year	98.0	63.4	3,037	48	24,008	12.6	7,476
None	88.6	50.4	2,959	59	9,967	29.7	89,302
Maintenance Assistance Status							
Cash	89.4	46.5	2,814	61	6,428	43.8	53,189
Medically needy	94.5	55.9	4,029	72	9,627	41.9	2,073
Poverty related	58.6	16.4	1,085	66	2,717	40.0	3,133
Other/unknown	92.5	62.5	3,299	53	22,569	14.6	46,666

Source: Data for this table are from the MAX 2005 file for Washington, 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2005

CORE ELIGIBLE BENEFICIARIES, WASHINGTON, 2009												
Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or more than 10		Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	5.0	\$283	22.2	10.1	14.9	9.6	27.5	27.9	10.0	\$1,275	105,061	1,116,308
Age												
5 and younger	4.9	829	13.7	0.0	0.0	11.1	66.7	11.1	11.1	6,043	9	97
6-14	3.6	839	42.5	13.6	4.5	18.2	50.0	4.5	9.1	1,973	22	225
15-20	1.9	227	23.9	16.0	40.7	17.0	17.5	8.2	0.5	949	194	2,136
21-44	3.3	287	30.5	14.8	27.0	12.5	24.0	16.4	5.2	940	20,281	221,365
45-64	5.5	373	30.4	9.9	13.2	8.6	25.8	28.9	13.6	1,224	26,212	286,838
65-74	5.1	251	25.8	10.7	13.4	9.0	27.9	28.0	10.9	970	21,816	234,965
75-84	5.5	242	16.9	8.0	10.6	8.8	28.9	33.0	10.8	1,428	20,557	215,599
85 and older	5.4	214	10.2	6.0	9.7	9.2	32.6	34.4	8.0	2,099	15,970	155,083
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility ^e												
Aged	5.3	238	16.7	8.4	11.4	9.0	29.6	31.6	10.1	1,423	58,207	604,663
Disabled	4.6	337	30.4	11.8	19.1	10.4	25.1	23.6	10.0	1,108	45,976	505,288
Adults	2.6	169	36.3	30.6	26.9	8.2	17.3	11.8	5.3	466	833	5,937
Children	2.7	541	23.3	19.0	19.0	4.8	47.6	4.8	4.8	2,319	21	190
Unknown	5.5	374	22.4	4.2	8.3	0.0	37.5	41.7	8.3	1,672	24	230
Gender												
Female	5.5	287	21.5	7.5	12.3	9.0	28.2	31.1	11.9	1,333	65,244	694,216
Male	4.1	275	23.3	14.3	19.2	10.5	26.5	22.7	6.8	1,180	39,817	422,092
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.2	301	21.7	9.8	14.0	9.0	26.7	29.1	11.3	1,391	79,334	840,601
African American	4.5	268	24.5	11.7	19.5	10.1	25.5	25.0	8.3	1,094	5,125	54,083
Other/unknown	4.2	215	24.4	10.5	17.2	11.6	31.3	23.9	5.4	881	20,602	221,624
Use of Nursing Facilities ^f												
Entire year	6.8	332	8.0	2.9	6.2	6.3	26.7	40.6	17.4	4,140	8,283	85,505
Part year	6.9	329	12.6	2.0	6.5	7.5	29.5	38.6	15.9	2,597	7,476	69,113
None	4.7	275	29.7	11.4	16.4	10.1	27.5	25.8	8.8	926	89,302	961,690
Maintenance Assistance Status												
Cash	4.2	255	43.8	10.6	19.4	11.2	28.7	23.3	6.8	582	53,189	587,829
Medically needy	5.4	390	41.9	5.5	12.5	9.7	31.9	28.9	11.5	932	2,073	21,416
Poverty related	1.8	117	40.0	41.4	25.3	10.1	14.4	7.4	1.4	292	3,133	29,171
Other/unknown	6.1	322	14.6	7.5	9.2	7.6	26.9	34.5	14.2	2,204	46,666	477,892

Source: Data for this table are from the MAX 2005 file for Washington, released by CMS in 10/2008. 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^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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
All	5.0	\$283	\$57	1.6	\$210	\$129	0.1	\$9	\$74	3.2	\$63	\$20
Age												
5 and younger	4.9	829	169	2.0	597	299	0.1	46	345	2.8	185	67
6-14	3.6	839	231	1.4	751	518	0.1	2	23	2.1	86	41
15-20	1.9	227	123	0.8	202	268	0.1	3	56	1.0	22	21
21-44	3.3	287	86	1.2	227	193	0.1	9	98	2.1	51	25
45-64	5.5	373	67	1.8	275	155	0.1	14	109	3.6	83	23
65-74	5.1	251	49	1.7	183	108	0.1	7	62	3.3	61	18
75-84	5.5	242	44	1.8	177	98	0.1	6	49	3.5	58	16
85 and older	5.4	214	40	1.6	151	93	0.2	8	47	3.6	56	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.3	238	45	1.7	173	101	0.1	7	53	3.5	59	17
Disabled	4.6	337	73	1.5	256	168	0.1	12	104	3.0	69	24
Adults	2.6	169	66	0.7	121	164	0.1	11	147	1.8	37	21
Children	2.7	541	203	1.1	513	459	0.1	2	27	1.5	27	18
Unknown	5.5	374	68	1.8	282	154	0.1	10	146	3.6	82	23
Gender												
Female	5.5	287	52	1.7	208	119	0.1	10	71	3.6	69	19
Male	4.1	275	67	1.4	213	150	0.1	8	82	2.6	54	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.2	301	58	1.7	223	133	0.1	10	75	3.4	68	20
African American	4.5	268	59	1.4	200	141	0.1	8	75	3.0	59	20
Other/unknown	4.2	215	51	1.5	163	110	0.1	6	68	2.6	46	18
Use of Nursing Facilities^e												
Entire year	6.8	332	49	2.1	236	112	0.2	12	52	4.5	83	19
Part year	6.9	329	48	2.1	234	114	0.2	12	57	4.6	82	18
None	4.7	275	59	1.5	206	133	0.1	9	81	3.0	60	20
Maintenance Assistance Status												
Cash	4.2	255	61	1.4	193	135	0.1	7	83	2.7	54	20
Medically needy	5.4	390	72	1.8	303	165	0.1	14	104	3.4	73	21
Poverty related	1.8	117	66	0.6	81	147	0.0	4	90	1.2	32	27
Other/unknown	6.1	322	53	1.9	234	122	0.2	11	67	4.0	76	19

Source: Data for this table are from the MAX 2005 file for Washington, 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic					
Anti-infective Agents	0.4	0.1	0.0	0.3	\$29	\$20	\$3	\$5	\$75	\$235	\$79	\$21	240,693	\$18,152,835	57,393	54.6	636,697
Biologicals	0.1	0.1	0.0	0.0	21	1	1	18	214	20	1,538	694	3,691	789,282	3,335	3.2	38,309
Antineoplastic Agents	0.6	0.1	0.0	0.4	92	66	0	26	164	474	82	62	19,678	3,227,049	3,350	3.2	35,146
Endocrine/Metabolic Drugs	1.1	0.4	0.1	0.7	50	37	3	9	43	96	52	13	612,792	26,520,557	48,687	46.3	533,948
Cardiovascular Agents	2.0	0.6	0.0	1.4	62	44	0	18	31	74	19	13	1,403,838	43,904,781	64,918	61.8	705,417
Respiratory Agents	0.7	0.4	0.0	0.3	46	40	1	5	65	102	64	17	313,571	20,425,017	39,759	37.8	443,906
Gastrointestinal Agents	0.7	0.3	0.0	0.4	53	47	0	6	73	139	60	15	341,819	24,941,400	42,768	40.7	471,672
Genitourinary Agents	0.5	0.2	0.0	0.3	24	18	1	5	43	77	55	18	104,500	4,502,601	17,148	16.3	190,158
CNS Drugs	1.4	0.6	0.0	0.8	123	105	1	18	85	176	83	21	954,232	81,312,056	60,943	58.0	661,858
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.0	0.4	62	41	2	19	89	146	111	48	12,146	1,084,126	1,583	1.5	17,602
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	176	176	0	0	201	202	0	21	58,286	11,697,714	6,321	6.0	66,470
Analgesics and Anesthetics	0.9	0.1	0.0	0.8	40	14	6	20	44	168	204	25	582,859	25,719,120	58,711	55.9	642,783
Neuromuscular Agents	1.0	0.3	0.0	0.7	73	44	3	26	75	159	82	39	376,349	28,125,005	34,701	33.0	383,409
Nutritional Products	0.7	0.0	0.0	0.6	11	0	1	10	17	21	16	17	136,044	2,275,319	19,140	18.2	204,825
Hematological Agents	0.9	0.3	0.1	0.5	59	52	1	6	69	191	22	12	164,487	11,337,017	17,782	16.9	190,565
Topical Products	0.4	0.2	0.0	0.3	20	13	1	6	45	84	49	23	218,205	9,797,676	43,497	41.4	489,042
Miscellaneous Products	0.2	0.1	0.0	0.1	36	26	2	9	159	223	230	85	8,833	1,404,459	3,491	3.3	38,509
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	23	0	0	0	5,643	131,409	1,728	1.6	19,261
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.	5,557,666	315,347,423	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Washington, 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Washington, 0.2 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.medspan.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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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	\$55,841,138	30,569	29.1	337,171	0.8	\$204	\$166
ANTICONVULSANT	23,774,952	27,682	26.3	307,965	0.8	96	77
ANTIDEPRESSANTS	22,168,575	62,691	59.7	690,649	0.7	46	32
ULCER DRUGS	20,162,283	47,659	45.4	529,505	0.6	61	38
ANTIHYPERLIPIDEMIC	19,654,851	33,538	31.9	377,144	0.7	72	52
ANTIDIABETIC	15,769,458	35,165	33.5	389,667	0.8	52	40
ANTIASTHMATIC	15,581,803	40,886	38.9	455,894	0.4	77	34
ANALGESICS - Narcotic	14,306,736	71,872	68.4	792,700	0.5	36	18
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	11,689,374	7,444	7.1	78,878	0.7	201	148
ANTIVIRAL	9,631,379	5,726	5.5	64,441	0.4	359	149
Total	208,580,549	363,232		4,024,014	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Washington, 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS					ANTICONVULSANT				
	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 \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Month	Mean \$ per Benefit Month	
All	2,599,915	\$208,580,549	30,569	29.1	337,171	0.8	\$166	27,682	26.3	307,965	0.8	\$77	
Female													
All Females	1,725,499	125,997,416	17,554	26.9	193,116	0.8	141	17,378	26.6	193,715	0.8	73	
Female, Disabled													
All Ages	739,451	65,706,614	9,232	39.1	105,547	0.8	166	10,011	42.4	113,892	0.8	93	
5 and younger	54	12,023	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	103	11,950	0	0.0	0	0.0	0	1	12.5	12	0.3	3	
15-20	862	74,281	16	20.5	189	0.5	107	14	17.9	160	0.6	79	
21-44	207,882	20,637,892	3,809	44.0	43,351	0.7	161	3,743	43.2	42,568	0.8	104	
45-64	529,123	44,876,836	5,396	36.5	61,904	0.8	170	6,234	42.2	70,981	0.8	86	
65-74	1,427	93,632	11	14.3	103	0.8	157	19	24.7	171	0.8	61	
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Female, Other Eligibles													
All Ages	986,048	60,290,802	8,322	20.0	87,569	0.7	111	7,367	17.7	79,823	0.7	45	
5 and younger	11	514	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	6	314	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	44	7,438	0	0.0	0	0.0	0	1	9.1	12	0.1	9	
21-44	3,987	335,945	71	15.2	670	0.6	104	78	16.7	724	0.6	70	
45-64	1,853	168,308	15	12.9	178	0.5	103	24	20.7	235	0.5	48	
65-74	366,060	23,548,812	2,184	15.8	24,211	0.7	129	2,853	20.7	31,932	0.8	55	
75-84	357,439	21,575,479	2,888	20.1	30,530	0.7	115	2,661	18.5	28,784	0.7	41	
85 and older	256,648	14,653,992	3,164	24.6	31,980	0.7	93	1,750	13.6	18,136	0.8	34	
Male													
All Males	874,416	82,583,133	13,015	32.7	144,055	0.9	198	10,304	25.9	114,250	0.8	84	
Male, Disabled													
All Ages	530,044	60,367,855	10,096	45.1	114,258	0.9	219	7,612	34.0	85,921	0.9	96	
5 and younger	39	1,239	0	0.0	0	0.0	0	1	33.3	12	0.9	27	
6-14	35	17,330	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	933	141,641	26	26.5	306	0.8	195	23	23.5	274	0.8	153	
21-44	217,522	27,848,430	5,414	49.3	61,225	0.9	214	3,646	33.2	41,270	0.8	100	
45-64	310,550	32,274,826	4,637	41.3	52,543	1.0	226	3,927	35.0	44,226	0.9	92	
65-74	867	76,187	19	32.2	184	0.5	128	15	25.4	139	0.8	94	
75-84	98	8,202	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	

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2005

All Top 10 Drug Groups			ANTIPSYCHOTICS					ANTICONVULSANT				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean	Mean Benefit per Rx \$ per Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Mean	Mean Benefit per Rx \$ per Month	Mean Benefit per Rx \$ per Month
					Number of Benefit Months Among Users					Number of Benefit Months Among Users		
Male, Other Eligibles												
All Ages	344,372	22,215,278	2,919	16.7	29,797	0.7	119	2,692	15.4	28,329	0.7	48
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	17	1,249	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	47	6,989	2	28.6	24	0.5	46	2	28.6	24	0.3	26
21-44	1,410	124,070	19	10.5	183	0.5	132	31	17.1	233	0.5	72
45-64	1,572	151,465	22	23.7	208	0.4	81	15	16.1	142	0.6	32
65-74	163,898	11,059,839	1,102	14.0	11,949	0.8	152	1,264	16.0	13,837	0.7	56
75-84	124,475	7,692,615	1,087	17.6	10,924	0.7	101	963	15.6	10,104	0.7	41
85 and older	52,953	3,179,051	687	22.1	6,509	0.7	89	417	13.4	3,989	0.7	35
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 Washington, 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTIHYPERTENSIVE				
	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
All	62,691	59.7	690,649	0.7	\$32	47,659	45.4	529,505	0.6	\$38	33,538	31.9	377,144	0.7	\$52
Female															
All Females	43,689	67.0	482,693	0.7	32	32,962	50.5	367,000	0.6	39	21,727	33.3	244,802	0.7	52
Female, Disabled															
All Ages	20,440	86.6	232,295	0.7	36	11,685	49.5	133,557	0.6	40	6,813	28.9	77,922	0.7	51
5 and younger	0	0.0	0	0.0	0	3	60.0	34	0.6	58	0	0.0	0	0.0	0
6-14	2	25.0	24	0.5	20	6	75.0	72	0.7	27	1	12.5	12	0.5	49
15-20	32	41.0	376	0.5	21	31	39.7	356	0.4	27	6	7.7	72	0.6	38
21-44	6,644	76.7	75,295	0.6	34	3,343	38.6	38,211	0.5	33	1,071	12.4	12,192	0.6	45
45-64	13,720	92.9	156,266	0.7	37	8,271	56.0	94,638	0.6	43	5,705	38.6	65,407	0.7	52
65-74	42	54.5	334	0.7	27	31	40.3	246	0.5	35	30	39.0	239	0.6	39
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
Female, Other Eligibles															
All Ages	23,249	55.8	250,398	0.7	29	21,277	51.1	233,443	0.7	38	14,914	35.8	166,880	0.7	52
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.9	43	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	20.0	12	0.3	25	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	5	45.5	57	0.2	15	1	9.1	9	0.2	7
21-44	189	40.6	1,652	0.5	34	82	17.6	735	0.4	27	17	3.6	152	0.5	26
45-64	78	67.2	719	0.6	36	38	32.8	340	0.5	26	27	23.3	263	0.5	45
65-74	7,741	56.1	87,082	0.7	29	7,754	56.2	88,089	0.6	39	6,751	48.9	76,545	0.7	53
75-84	7,902	55.0	85,682	0.7	28	7,452	51.9	82,347	0.7	39	5,766	40.1	64,734	0.8	52
85 and older	7,339	57.0	75,263	0.8	29	5,944	46.2	61,851	0.7	36	2,352	18.3	25,177	0.8	52
Male															
All Males	19,002	47.7	207,956	0.7	32	14,697	36.9	162,505	0.6	37	11,811	29.7	132,342	0.7	53
Male, Disabled															
All Ages	11,992	53.6	134,575	0.7	34	7,171	32.1	81,043	0.6	38	5,229	23.4	59,284	0.7	53
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.7	24	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	3	50.0	30	0.5	55	0	0.0	0	0.0	0
15-20	29	29.6	341	0.6	30	16	16.3	184	0.5	28	2	2.0	24	0.5	42
21-44	5,475	49.9	61,832	0.6	33	2,810	25.6	32,123	0.6	36	1,541	14.0	17,653	0.7	48
45-64	6,474	57.7	72,279	0.7	34	4,321	38.5	48,500	0.7	40	3,670	32.7	41,436	0.7	54
65-74	14	23.7	123	0.6	29	19	32.2	182	0.6	45	15	25.4	159	0.9	79
75-84	0	0.0	0	0.0	0	1	33.3	12	1.0	152	1	33.3	12	0.8	90
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					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
Male, Other Eligibles															
All Ages	7,010	40.2	73,381	0.7	28	7,526	43.1	81,462	0.6	35	6,582	37.7	73,058	0.7	53
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	2	66.7	18	0.6	26	0	0.0	0	0.0	0
15-20	3	42.9	36	0.4	35	2	28.6	23	0.1	12	0	0.0	0	0.0	0
21-44	69	38.1	530	0.5	32	35	19.3	323	0.4	23	21	11.6	160	0.5	34
45-64	53	57.0	435	0.5	26	28	30.1	248	0.7	54	33	35.5	300	0.7	54
65-74	2,941	37.3	32,289	0.7	27	3,390	43.0	37,772	0.6	35	3,474	44.1	39,070	0.7	54
75-84	2,525	40.9	26,384	0.7	27	2,784	45.0	30,174	0.6	35	2,383	38.6	26,552	0.8	52
85 and older	1,419	45.7	13,707	0.7	29	1,285	41.4	12,904	0.7	35	671	21.6	6,976	0.8	51
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 Washington, 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month
All	35,165	33.5	389,667	0.8	\$41	40,886	38.9	455,894	0.4	\$34	71,872	68.4	792,700	0.5	\$18
Female															
All Females	23,433	35.9	260,555	0.8	40	27,951	42.8	312,664	0.4	33	49,773	76.3	550,339	0.5	18
Female, Disabled															
All Ages	7,432	31.5	84,238	0.8	49	12,310	52.1	140,775	0.4	31	22,545	95.5	257,128	0.5	23
5 and younger	0	0.0	0	0.0	0	4	80.0	48	0.3	19	2	40.0	22	0.2	1
6-14	1	12.5	12	0.7	31	0	0.0	0	0.0	0	6	75.0	72	0.2	1
15-20	6	7.7	72	0.8	71	21	26.9	227	0.4	23	50	64.1	565	0.2	3
21-44	1,376	15.9	15,606	0.7	44	3,504	40.4	40,109	0.3	24	7,609	87.8	86,686	0.5	18
45-64	6,021	40.8	68,356	0.8	49	8,740	59.2	100,070	0.4	34	14,815	100.3	169,177	0.6	26
65-74	28	36.4	192	0.8	56	41	53.2	321	0.6	55	63	81.8	606	0.5	14
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
Female, Other Eligibles															
All Ages	16,001	38.4	176,317	0.8	36	15,641	37.6	171,889	0.4	35	27,228	65.4	293,211	0.5	14
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	2	40.0	14	0.1	1
15-20	2	18.2	18	0.2	3	0	0.0	0	0.0	0	5	45.5	52	0.3	3
21-44	30	6.4	315	0.5	35	113	24.2	1,019	0.3	20	297	63.7	2,591	0.5	28
45-64	39	33.6	377	0.6	38	38	32.8	321	0.4	29	80	69.0	698	0.7	45
65-74	6,957	50.4	78,348	0.8	40	6,513	47.2	73,629	0.5	36	9,860	71.4	111,109	0.5	15
75-84	6,114	42.5	67,609	0.8	34	5,396	37.5	59,638	0.5	36	9,185	63.9	100,332	0.5	13
85 and older	2,859	22.2	29,650	0.8	30	3,581	27.8	37,282	0.4	30	7,799	60.6	78,415	0.5	14
Male															
All Males	11,732	29.5	129,112	0.8	41	12,935	32.5	143,230	0.5	37	22,099	55.5	242,361	0.5	17
Male, Disabled															
All Ages	5,030	22.5	56,295	0.8	48	6,112	27.3	68,768	0.5	34	13,347	59.7	149,752	0.5	21
5 and younger	0	0.0	0	0.0	0	4	133.3	48	0.2	12	4	133.3	48	0.2	1
6-14	0	0.0	0	0.0	0	1	16.7	12	0.3	3	0	0.0	0	0.0	0
15-20	4	4.1	48	0.3	20	20	20.4	234	0.4	25	34	34.7	397	0.1	1
21-44	1,405	12.8	15,980	0.8	51	2,223	20.3	25,433	0.4	25	6,100	55.6	69,141	0.4	16
45-64	3,597	32.0	40,020	0.8	47	3,852	34.3	42,941	0.5	40	7,194	64.1	80,051	0.6	25
65-74	20	33.9	199	0.9	42	9	15.3	64	0.4	15	15	25.4	115	0.8	23
75-84	4	133.3	48	0.9	62	3	100.0	36	0.9	65	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

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	6,702	38.4	72,817	0.8	36	6,823	39.1	74,462	0.5	39	8,752	50.2	92,609	0.4	12
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	33.3	6	0.8	10
15-20	0	0.0	0	0.0	0	1	14.3	12	0.1	1	5	71.4	58	0.1	1
21-44	18	9.9	137	0.7	44	22	12.2	189	0.3	21	120	66.3	988	0.5	16
45-64	49	52.7	409	0.6	46	33	35.5	299	0.4	138	71	76.3	583	0.7	15
65-74	3,448	43.8	38,239	0.8	39	3,362	42.7	37,520	0.5	40	4,118	52.3	45,288	0.4	13
75-84	2,381	38.5	25,807	0.8	33	2,388	38.6	26,059	0.5	38	2,959	47.9	31,303	0.4	10
85 and older	806	26.0	8,225	0.8	28	1,017	32.8	10,383	0.5	36	1,478	47.6	14,383	0.4	11
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 Washington, 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIVIRAL					Number of Beneficiaries	Number of Benefit Months
	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		
All	7,444	7.1	78,878	0.7	\$148	5,726	5.5	64,441	0.4	\$150	105,061	1,116,308
Female												
All Females	5,379	8.2	57,694	0.7	151	3,076	4.7	34,669	0.3	71	65,244	694,216
Female, Disabled												
All Ages	601	2.5	6,879	0.7	501	1,573	6.7	17,954	0.4	118	23,607	261,202
5 and younger	0	0.0	0	0.0	0	2	40.0	22	0.6	415	5	49
6-14	0	0.0	0	0.0	0	4	50.0	43	0.3	197	8	91
15-20	1	1.3	9	0.2	78	2	2.6	24	0.3	356	78	868
21-44	144	1.7	1,666	0.6	516	676	7.8	7,812	0.4	93	8,663	95,844
45-64	453	3.1	5,172	0.7	499	888	6.0	10,041	0.4	136	14,774	163,737
65-74	3	3.9	32	0.7	101	1	1.3	12	0.1	1	77	598
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	15
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	4,778	11.5	50,815	0.8	103	1,503	3.6	16,715	0.2	21	41,637	433,014
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	39
15-20	0	0.0	0	0.0	0	3	27.3	23	0.5	271	11	95
21-44	5	1.1	50	0.5	462	22	4.7	209	0.4	46	466	3,503
45-64	3	2.6	36	0.4	198	4	3.4	48	0.7	615	116	881
65-74	645	4.7	7,127	0.7	136	465	3.4	5,318	0.2	33	13,800	150,305
75-84	1,998	13.9	21,240	0.7	96	507	3.5	5,783	0.2	15	14,371	152,029
85 and older	2,127	16.5	22,362	0.8	99	502	3.9	5,334	0.1	7	12,867	126,150
Male												
All Males	2,065	5.2	21,184	0.7	142	2,650	6.7	29,772	0.6	241	39,817	422,092
Male, Disabled												
All Ages	368	1.6	4,168	0.6	320	2,119	9.5	23,957	0.7	285	22,369	244,086
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
6-14	0	0.0	0	0.0	0	2	33.3	24	0.7	652	6	65
15-20	0	0.0	0	0.0	0	3	3.1	36	0.4	455	98	1,101
21-44	113	1.0	1,252	0.6	299	1,142	10.4	13,013	0.7	284	10,971	120,810
45-64	250	2.2	2,868	0.7	333	970	8.6	10,860	0.7	286	11,229	121,610
65-74	5	8.5	48	0.5	74	2	3.4	24	0.1	4	59	437
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						ANTIVIRAL					
	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 Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	1,697	9.7	17,016	0.7	98	531	3.0	5,815	0.2	56	17,448	178,006
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	33.3	6	0.2	119	3	30
15-20	0	0.0	0	0.0	0	2	28.6	24	0.1	153	7	72
21-44	2	1.1	19	0.9	1,235	7	3.9	84	0.3	47	181	1,208
45-64	1	1.1	10	1.1	1,362	3	3.2	36	0.2	185	93	610
65-74	332	4.2	3,488	0.7	95	247	3.1	2,766	0.3	96	7,880	83,625
75-84	825	13.3	8,308	0.8	98	165	2.7	1,834	0.2	22	6,181	63,528
85 and older	537	17.3	5,191	0.8	94	106	3.4	1,065	0.1	6	3,103	28,933
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 Washington, 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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
All	\$332	6.8	8,283	85,505
Age				
0-64	557	8.2	854	9,512
65-74	451	8.2	1,018	10,581
75-84	325	7.0	2,542	26,213
85 and older	249	6.0	3,869	39,199
Unknown	0	0.0	0	0
Gender				
Female	317	6.9	5,933	61,814
Male	370	6.6	2,350	23,691
Unknown	0	0.0	0	0
Race				
White	328	6.9	7,221	74,603
African American	432	7.3	207	2,219
Other/unknown	336	6.5	855	8,683
Basis of Eligibility^c				
Aged	303	6.7	7,423	75,959
Disabled	557	8.2	860	9,546
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 Washington, 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 7,476 beneficiaries who were in nursing facilities for part of their enrollment and their 69,113 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

DUAG ELIGIBLE BENEFICIARIES, WASHINGTON, 2003																	
Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx								
													Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.3	\$19	\$11	\$3	\$5	\$44	\$98	\$82	\$17	26,926	\$1,178,113	5,651	68.2	60,816
Biologicals	0.1	0.0	0.0	0.1	5	0	2	3	48	29	635	30	434	20,917	412	5.0	4,484
Antineoplastic Agents	0.6	0.1	0.0	0.5	94	49	0	44	151	495	25	86	2,393	361,791	388	4.7	3,868
Endocrine/Metabolic Drugs	1.3	0.4	0.1	0.8	48	32	7	9	36	77	48	11	61,229	2,210,701	4,361	52.7	46,011
Cardiovascular Agents	2.1	0.5	0.0	1.7	51	30	0	20	24	66	16	12	129,418	3,103,794	5,845	70.6	60,974
Respiratory Agents	0.6	0.4	0.0	0.3	44	36	0	7	71	100	44	29	17,525	1,236,986	2,641	31.9	28,291
Gastrointestinal Agents	0.9	0.3	0.0	0.6	45	35	0	10	50	122	44	16	36,663	1,820,617	3,807	46.0	40,199
Genitourinary Agents	0.6	0.2	0.0	0.4	24	14	1	9	37	66	38	21	14,953	550,128	2,148	25.9	23,186
CNS Drugs	1.6	0.8	0.0	0.8	123	107	1	15	76	134	66	19	105,440	8,025,960	6,215	75.0	65,505
Stimulants/Anti-obesity/Anorexia	0.9	0.0	0.0	0.9	18	1	0	17	21	122	23	19	770	15,834	79	1.0	872
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	154	154	0	0	154	154	0	11	13,567	2,084,593	1,284	15.5	13,500
Analgesics and Anesthetics	1.2	0.1	0.1	1.0	39	12	5	22	33	106	98	22	56,019	1,833,398	4,515	54.5	46,730
Neuromuscular Agents	1.2	0.3	0.0	0.9	72	36	3	33	59	116	67	38	42,973	2,525,476	3,271	39.5	35,279
Nutritional Products	0.8	0.0	0.0	0.7	15	0	1	14	18	33	16	18	20,881	384,135	2,524	30.5	26,403
Hematological Agents	1.2	0.3	0.1	0.8	72	64	1	7	61	207	10	9	28,900	1,770,732	2,359	28.5	24,459
Topical Products	0.5	0.2	0.0	0.3	23	15	1	7	43	76	46	22	25,022	1,078,575	4,332	52.3	47,143
Miscellaneous Products	0.3	0.1	0.0	0.2	32	6	2	23	122	92	170	131	1,139	139,049	411	5.0	4,408
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	23	0	0	0	932	21,771	249	3.0	2,768
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.	585,184	28,362,570	n.a.	n.a.	n.a.

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 7,476 beneficiaries who were in nursing facilities for part of their enrollment and their 69,113 benefit months were excluded from the analysis.

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

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

In Washington, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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	\$5,115,028	3,208	38.7	34,639	0.9	\$171	\$148
ANTIDEPRESSANTS	2,698,118	6,293	76.0	68,116	0.9	45	40
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,084,593	1,483	17.9	15,928	0.9	154	131
ANTICONVULSANT	1,856,076	2,575	31.1	28,225	1.0	67	66
ULCER DRUGS	1,559,326	4,086	49.3	43,914	0.8	44	36
ANALGESICS - Narcotic	1,234,884	4,954	59.8	51,329	0.9	27	24
ANTIDIABETIC	1,215,003	2,905	35.1	31,140	1.0	40	39
ANTHYPERLIPIDEMIC	1,144,282	1,750	21.1	18,926	0.9	69	60
ANTIASTHMATIC	1,043,492	2,809	33.9	30,238	0.4	79	35
MISC. ENDOCRINE	926,699	1,500	18.1	16,414	0.7	77	56
Total	18,877,501	31,563		338,869	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Washington, 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 7,476 beneficiaries who were in nursing facilities for part of their enrollment and their 69,113 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); 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	283,694	\$18,877,501	3,208	38.7	34,639	0.9	\$148	6,293	76.0	68,116	0.9	\$40
Female												
All Females	205,319	13,121,884	2,224	37.5	24,142	0.9	140	4,597	77.5	50,240	0.9	38
Female, Disabled												
All Ages	19,576	1,622,749	204	50.4	2,328	0.9	190	360	88.9	4,057	0.9	48
64 or younger	19,477	1,618,784	204	50.9	2,328	0.9	190	354	88.3	4,035	0.9	48
65-74	99	3,965	0	0.0	0	0.0	0	6	150.0	22	0.8	49
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	185,743	11,499,135	2,020	36.5	21,814	0.8	135	4,237	76.6	46,183	0.9	38
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	28,614	2,062,138	294	49.7	3,247	1.0	195	525	88.8	5,725	0.9	44
75-84	68,914	4,300,569	737	41.5	7,907	0.9	141	1,432	80.7	15,660	0.9	37
85 and older	88,215	5,136,428	989	31.3	10,660	0.8	111	2,280	72.1	24,798	0.9	36
Male												
All Males	78,375	5,755,617	984	41.9	10,497	0.9	166	1,696	72.2	17,876	0.9	43
Male, Disabled												
All Ages	21,397	1,974,263	251	55.2	2,816	0.9	218	375	82.4	4,244	0.9	51
64 or younger	21,279	1,962,327	250	55.2	2,804	0.9	217	373	82.3	4,226	0.9	51
65-74	118	11,936	1	50.0	12	1.0	557	2	100.0	18	0.9	66
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	56,978	3,781,354	733	38.7	7,681	0.9	146	1,321	69.7	13,632	0.9	41
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	16,491	1,199,567	213	50.6	2,319	0.9	186	358	85.0	3,829	0.9	42
75-84	23,798	1,523,833	299	39.0	3,082	0.9	136	543	70.8	5,551	0.9	41
85 and older	16,689	1,057,954	221	31.3	2,280	0.8	120	420	59.4	4,252	0.9	40
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 Washington, 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 7,476 beneficiaries who were in nursing facilities for part of their enrollment and their 69,113 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,483	17.9	15,928	0.9	\$131	2,575	31.1	28,225	1.0	\$66	4,086	49.3	43,914	0.8	\$36
Female															
All Females	1,073	18.1	11,712	0.8	130	1,700	28.7	18,793	1.0	57	2,927	49.3	31,647	0.8	34
Female, Disabled															
All Ages	36	8.9	420	0.9	502	267	65.9	3,071	1.1	87	211	52.1	2,354	0.8	42
64 or younger	36	9.0	420	0.9	502	264	65.8	3,065	1.1	87	209	52.1	2,348	0.8	42
65-74	0	0.0	0	0.0	0	3	75.0	6	1.0	78	2	50.0	6	1.0	11
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
Female, Other Eligibles															
All Ages	1,037	18.8	11,292	0.8	116	1,433	25.9	15,722	0.9	51	2,716	49.1	29,293	0.8	34
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	69	11.7	737	0.9	212	305	51.6	3,374	1.0	71	346	58.5	3,722	0.8	40
75-84	423	23.8	4,528	0.8	112	588	33.1	6,402	0.9	52	894	50.4	9,723	0.8	34
85 and older	545	17.2	6,027	0.8	108	540	17.1	5,946	0.9	40	1,476	46.7	15,848	0.8	32
Male															
All Males	410	17.4	4,216	0.9	133	875	37.2	9,432	1.0	83	1,159	49.3	12,267	0.8	38
Male, Disabled															
All Ages	24	5.3	279	0.8	492	321	70.5	3,658	1.2	123	264	58.0	2,961	0.8	50
64 or younger	24	5.3	279	0.8	492	320	70.6	3,652	1.2	123	262	57.8	2,949	0.8	50
65-74	0	0.0	0	0.0	0	1	50.0	6	1.0	67	2	100.0	12	0.9	35
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
Male, Other Eligibles															
All Ages	386	20.4	3,937	0.9	108	554	29.2	5,774	0.9	58	895	47.2	9,306	0.8	35
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	72	17.1	728	0.8	93	211	50.1	2,290	1.0	67	219	52.0	2,343	0.8	39
75-84	179	23.3	1,839	0.9	117	219	28.6	2,311	0.9	53	369	48.1	3,829	0.8	30
85 and older	135	19.1	1,370	0.8	102	124	17.5	1,173	0.8	49	307	43.4	3,134	0.8	37
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 Washington, 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 7,476 beneficiaries who were in nursing facilities for part of their enrollment and their 69,113 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.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	4,954	59.8	51,329	0.9	\$24	2,905	35.1	31,140	1.0	\$39	1,750	21.1	18,926	0.9	\$61
Female															
All Females	3,782	63.7	39,530	0.9	25	2,023	34.1	21,973	1.0	40	1,183	19.9	12,900	0.9	61
Female, Disabled															
All Ages	282	69.6	3,104	1.2	40	172	42.5	1,836	1.1	58	117	28.9	1,286	0.8	60
64 or younger	277	69.1	3,084	1.2	40	164	40.9	1,800	1.1	59	114	28.4	1,276	0.8	61
65-74	5	125.0	20	1.3	22	8	200.0	36	0.9	35	3	75.0	10	0.6	30
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
Female, Other Eligibles															
All Ages	3,500	63.3	36,426	0.9	23	1,851	33.5	20,137	1.0	39	1,066	19.3	11,614	0.9	61
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	449	76.0	4,734	1.1	29	317	53.6	3,511	1.0	45	192	32.5	2,039	0.9	64
75-84	1,135	63.9	11,983	0.9	25	805	45.4	8,804	1.0	40	454	25.6	5,023	0.9	61
85 and older	1,916	60.6	19,709	0.8	21	729	23.1	7,822	0.9	34	420	13.3	4,552	0.9	59
Male															
All Males	1,172	49.9	11,799	0.9	23	882	37.5	9,167	1.0	36	567	24.1	6,026	0.9	60
Male, Disabled															
All Ages	258	56.7	2,836	1.4	42	137	30.1	1,563	1.0	43	125	27.5	1,452	0.9	66
64 or younger	256	56.5	2,824	1.4	42	135	29.8	1,539	1.0	42	124	27.4	1,440	0.9	66
65-74	2	100.0	12	2.4	44	2	100.0	24	1.4	66	1	50.0	12	0.9	94
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
Male, Other Eligibles															
All Ages	914	48.2	8,963	0.8	17	745	39.3	7,604	0.9	35	442	23.3	4,574	0.9	58
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	217	51.5	2,184	0.9	22	235	55.8	2,463	0.9	39	137	32.5	1,455	0.9	64
75-84	348	45.4	3,425	0.7	11	324	42.2	3,225	1.0	36	188	24.5	1,926	0.9	54
85 and older	349	49.4	3,354	0.7	19	186	26.3	1,916	0.9	28	117	16.5	1,193	0.9	60
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 Washington, 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 7,476 beneficiaries who were in nursing facilities for part of their enrollment and their 69,113 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2005

Beneficiary Characteristics	ANTIASTHMATIC						MISC. ENDOCRINE					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	2,809	33.9	30,238	0.4	\$35	1,500	18.1	16,414	0.7	\$57	8,283	85,505
Female												
All Females	1,989	33.5	21,601	0.4	32	1,312	22.1	14,349	0.7	56	5,933	61,814
Female, Disabled												
All Ages	143	35.3	1,576	0.4	36	64	15.8	745	0.8	61	405	4,522
64 or younger	143	35.7	1,576	0.4	36	63	15.7	737	0.8	61	401	4,506
65-74	0	0.0	0	0.0	0	1	25.0	8	0.5	45	4	16
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	1,846	33.4	20,025	0.4	32	1,248	22.6	13,604	0.7	56	5,528	57,292
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	263	44.5	2,944	0.6	45	119	20.1	1,238	0.8	64	591	6,266
75-84	636	35.8	6,911	0.5	37	390	22.0	4,295	0.7	54	1,775	18,548
85 and older	947	29.9	10,170	0.4	26	739	23.4	8,071	0.7	55	3,162	32,478
Male												
All Males	820	34.9	8,637	0.5	40	188	8.0	2,065	0.7	60	2,350	23,691
Male, Disabled												
All Ages	149	32.7	1,598	0.5	53	61	13.4	700	0.6	58	455	5,024
64 or younger	149	32.9	1,598	0.5	53	61	13.5	700	0.6	58	453	5,006
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	18
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	671	35.4	7,039	0.5	37	127	6.7	1,365	0.7	61	1,895	18,667
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	141	33.5	1,491	0.4	32	23	5.5	257	0.6	49	421	4,281
75-84	272	35.5	2,904	0.5	43	52	6.8	549	0.8	78	767	7,665
85 and older	258	36.5	2,644	0.4	32	52	7.4	559	0.7	50	707	6,721
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 Washington, 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 7,476 beneficiaries who were in nursing facilities for part of their enrollment and their 69,113 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^{a,b}
WASHINGTON, 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
All	70,949	67.5	9.9	1,036,250	\$115	\$12,100,266	\$12	3.8	105,061
Age									
5 and younger	9	100.0	23.2	209	628	5,654	27	7.0	9
6-14	19	86.4	16.4	361	328	7,220	20	3.8	22
15-20	92	47.4	3.7	720	62	11,939	17	2.5	194
21-44	11,015	54.3	5.7	115,789	80	1,625,030	14	2.6	20,281
45-64	18,004	68.7	10.4	272,622	133	3,495,288	13	3.3	26,212
65-74	15,329	70.3	10.6	231,631	124	2,715,702	12	4.6	21,816
75-84	14,911	72.5	11.5	235,823	118	2,417,073	10	4.6	20,557
85 and older	11,570	72.4	11.2	179,095	114	1,822,360	10	5.5	15,970
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	41,740	71.7	11.1	645,680	119	6,946,720	11	4.8	58,207
Disabled	28,861	62.8	8.4	388,182	111	5,124,896	13	3.0	45,976
Adults	316	37.9	2.5	2,113	30	24,858	12	2.5	833
Children	15	71.4	8.1	171	113	2,367	14	2.3	21
Unknown	17	70.8	4.3	104	59	1,425	14	1.7	24
Gender									
Female	47,175	72.3	11.1	723,689	128	8,380,895	12	4.2	65,244
Male	23,774	59.7	7.8	312,561	93	3,719,371	12	3.2	39,817
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	53,124	67.0	9.9	783,323	118	9,349,517	12	3.7	79,334
African American	3,348	65.3	8.7	44,602	130	663,952	15	4.6	5,125
Other/unknown	14,477	70.3	10.1	208,325	101	2,086,797	10	4.4	20,602
Use of Nursing Facilities^d									
Entire year	5,231	63.2	6.8	56,003	117	971,133	17	3.4	8,283
Part year	5,888	78.8	9.8	72,955	123	920,497	13	4.1	7,476
None	59,830	67.0	10.2	907,292	114	10,208,636	11	3.9	89,302
Maintenance Assistance Status									
Cash	34,493	64.8	8.5	451,526	98	5,229,311	12	3.5	53,189
Medically needy	1,453	70.1	8.3	17,157	108	224,091	13	2.7	2,073
Poverty related	1,093	34.9	2.3	7,253	74	233,050	32	6.9	3,133
Other/unknown	33,910	72.7	12.0	560,314	137	6,413,814	11	4.2	46,666

Source: Data for this table are from the MAX 2005 file for Washington, 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^{a,b}
WASHINGTON, 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
All	0.9	\$11	\$12	\$0	\$2	1,116,308
Age						
5 and younger	2.2	58	27	0	0	97
6-14	1.6	32	20	0	1	225
15-20	0.3	6	17	0	1	2,136
21-44	0.5	7	14	0	2	221,365
45-64	1.0	12	13	0	3	286,838
65-74	1.0	12	12	0	1	234,965
75-84	1.1	11	10	0	1	215,599
85 and older	1.2	12	10	0	1	155,083
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.1	11	11	0	1	604,663
Disabled	0.8	10	13	0	3	505,288
Adults	0.4	4	12	0	2	5,937
Children	0.9	12	14	0	0	190
Unknown	0.5	6	14	0	2	230
Gender						
Female	1.0	12	12	0	2	694,216
Male	0.7	9	12	0	2	422,092
Unknown	0.0	0	0	0	0	0
Race						
White	0.9	11	12	0	2	840,601
African American	0.8	12	15	0	1	54,083
Other/unknown	0.9	9	10	0	1	221,624
Use of Nursing Facilities^d						
Entire year	0.7	11	17	0	2	85,505
Part year	1.1	13	13	0	2	69,113
None	0.9	11	11	0	2	961,690
Maintenance Assistance Status						
Cash	0.8	9	12	0	2	587,829
Medically needy	0.8	10	13	0	3	21,416
Poverty related	0.2	8	32	0	1	29,171
Other/unknown	1.2	13	11	0	2	477,892

Source: Data for this table are from the MAX 2005 file for Washington, 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^{a,b,c}
WASHINGTON, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a	Total Number Rx.	\$ per Rx	Number Rx as a
				Percentage of All Part D Excluded Rx \$			Percentage of All Part D Excluded Rx
All	115,978	\$104	\$12,100,266	100.0	1,036,250	\$12	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	69	21	1,426	0.0	134	11	0.0
Cough and cold medications	12,785	46	591,002	4.9	33,526	18	3.2
Vitamins and minerals	18,619	117	2,174,757	18.0	133,511	16	12.9
Non-prescription drugs	56,787	110	6,226,962	51.5	684,417	9	66.0
Barbiturates	705	83	58,782	0.5	7,219	8	0.7
Benzodiazepines	24,593	93	2,297,884	19.0	168,387	14	16.2
Other Part D Excl Rx Drugs	2,420	310	749,453	6.2	9,056	83	0.9

Source: Data for this table are from the MAX 2005 file for Washington, 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^{a, b}
 WASHINGTON, 2005

Total Number of Dual Eligible Beneficiaries: 105,061
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$315,347,423
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,001

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,574	10.1	\$0	0.0
1-500	19,564	18.6	3,951,333	1.3
501-1,000	11,051	10.5	8,158,331	2.6
1,001-1,500	8,883	8.5	11,017,269	3.5
1,501-2,000	7,595	7.2	13,239,724	4.2
2,001-2,500	6,481	6.2	14,570,464	4.6
2,501-3,000	5,419	5.2	14,860,955	4.7
3,001-3,500	4,742	4.5	15,379,557	4.9
3,501-4,000	4,197	4.0	15,710,687	5.0
4,001-4,500	3,441	3.3	14,615,187	4.6
4,501-5,000	3,081	2.9	14,628,588	4.6
5,001-5,500	2,599	2.5	13,628,120	4.3
5,501-6,000	2,290	2.2	13,165,796	4.2
6,001-6,500	1,905	1.8	11,895,527	3.8
6,501-7,000	1,544	1.5	10,420,327	3.3
7,001-7,500	1,451	1.4	10,512,715	3.3
7,501-8,000	1,210	1.2	9,374,403	3.0
8,001-8,500	1,035	1.0	8,532,795	2.7
8,501-9,000	888	0.8	7,767,302	2.5
9,001-9,500	754	0.7	6,976,235	2.2
9,501-10,000	650	0.6	6,336,318	2.0
10,001+	5,707	5.4	90,605,790	28.7

Source: Data for this table are from the MAX 2005 file for Washington, 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^{a, b, c}
 WASHINGTON, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 45,835
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$169,798,469
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$3,704

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	5,382	11.7	0	0.0
1-500	8,960	19.5	1,664,995	1.0
501-1,000	3,978	8.7	2,922,397	1.7
1,001-1,500	3,158	6.9	3,918,033	2.3
1,501-2,000	2,567	5.6	4,478,222	2.6
2,001-2,500	2,198	4.8	4,944,146	2.9
2,501-3,000	1,893	4.1	5,197,033	3.1
3,001-3,500	1,691	3.7	5,488,307	3.2
3,501-4,000	1,606	3.5	6,009,086	3.5
4,001-4,500	1,370	3.0	5,825,396	3.4
4,501-5,000	1,287	2.8	6,103,870	3.6
5,001-5,500	1,102	2.4	5,781,553	3.4
5,501-6,000	1,063	2.3	6,108,774	3.6
6,001-6,500	912	2.0	5,696,912	3.4
6,501-7,000	813	1.8	5,495,857	3.2
7,001-7,500	747	1.6	5,416,159	3.2
7,501-8,000	686	1.5	5,319,254	3.1
8,001-8,500	612	1.3	5,048,581	3.0
8,501-9,000	523	1.1	4,573,399	2.7
9,001-9,500	464	1.0	4,294,591	2.5
9,501-10,000	418	0.9	4,074,262	2.4
10,001+	4,405	9.6	71,437,642	42.1

Source: Data for this table are from the MAX 2005 file for Washington, 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^{a, b}
 WASHINGTON, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 58,343
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$144,277,824
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,472

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	4,933	8.5	0	0.0
1-500	10,288	17.6	2,234,822	1.5
501-1,000	7,008	12.0	5,190,978	3.6
1,001-1,500	5,678	9.7	7,040,678	4.9
1,501-2,000	4,997	8.6	8,706,508	6.0
2,001-2,500	4,255	7.3	9,563,840	6.6
2,501-3,000	3,505	6.0	9,606,898	6.7
3,001-3,500	3,037	5.2	9,845,302	6.8
3,501-4,000	2,578	4.4	9,653,456	6.7
4,001-4,500	2,059	3.5	8,738,505	6.1
4,501-5,000	1,785	3.1	8,482,199	5.9
5,001-5,500	1,487	2.5	7,793,355	5.4
5,501-6,000	1,223	2.1	7,034,410	4.9
6,001-6,500	987	1.7	6,161,043	4.3
6,501-7,000	728	1.2	4,903,983	3.4
7,001-7,500	702	1.2	5,081,770	3.5
7,501-8,000	521	0.9	4,032,465	2.8
8,001-8,500	418	0.7	3,442,827	2.4
8,501-9,000	359	0.6	3,141,742	2.2
9,001-9,500	288	0.5	2,662,934	1.8
9,501-10,000	229	0.4	2,233,336	1.5
10,001+	1,278	2.2	18,726,773	13.0

Source: Data for this table are from the MAX 2005 file for Washington, 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^{a, b}
 WASHINGTON, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 21,816
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$58,902,661
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,700

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	2,338	10.7		0	0.0
1-500	3,738	17.1		760,221	1.3
501-1,000	2,383	10.9		1,761,364	3.0
1,001-1,500	1,895	8.7		2,344,896	4.0
1,501-2,000	1,693	7.8		2,946,219	5.0
2,001-2,500	1,463	6.7		3,280,412	5.6
2,501-3,000	1,206	5.5		3,308,908	5.6
3,001-3,500	1,093	5.0		3,549,436	6.0
3,501-4,000	925	4.2		3,461,105	5.9
4,001-4,500	778	3.6		3,306,506	5.6
4,501-5,000	668	3.1		3,177,287	5.4
5,001-5,500	562	2.6		2,946,207	5.0
5,501-6,000	464	2.1		2,664,042	4.5
6,001-6,500	414	1.9		2,584,095	4.4
6,501-7,000	303	1.4		2,040,995	3.5
7,001-7,500	316	1.4		2,287,229	3.9
7,501-8,000	246	1.1		1,906,506	3.2
8,001-8,500	202	0.9		1,665,834	2.8
8,501-9,000	156	0.7		1,363,192	2.3
9,001-9,500	141	0.6		1,301,240	2.2
9,501-10,000	99	0.5		965,059	1.6
10,001+	733	3.4		11,281,908	19.2

Source: Data for this table are from the MAX 2005 file for Washington, 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^{a, b}
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Total Number of Dual Eligible Beneficiaries, Age 75-84: 20,557
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$52,150,059
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,536

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,637	8.0	0	0.0
1-500	3,277	15.9	723,785	1.4
501-1,000	2,374	11.5	1,765,999	3.4
1,001-1,500	2,003	9.7	2,489,682	4.8
1,501-2,000	1,812	8.8	3,160,404	6.1
2,001-2,500	1,571	7.6	3,544,232	6.8
2,501-3,000	1,276	6.2	3,491,088	6.7
3,001-3,500	1,128	5.5	3,650,889	7.0
3,501-4,000	997	4.8	3,732,685	7.2
4,001-4,500	770	3.7	3,265,546	6.3
4,501-5,000	700	3.4	3,326,750	6.4
5,001-5,500	550	2.7	2,883,848	5.5
5,501-6,000	487	2.4	2,806,655	5.4
6,001-6,500	360	1.8	2,250,562	4.3
6,501-7,000	297	1.4	2,000,665	3.8
7,001-7,500	244	1.2	1,767,473	3.4
7,501-8,000	176	0.9	1,361,418	2.6
8,001-8,500	149	0.7	1,224,713	2.3
8,501-9,000	141	0.7	1,234,053	2.4
9,001-9,500	114	0.6	1,055,753	2.0
9,501-10,000	87	0.4	848,920	1.6
10,001+	407	2.0	5,564,939	10.7

Source: Data for this table are from the MAX 2005 file for Washington, 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^{a, b}
 WASHINGTON, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 15,970
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$33,225,104
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,080

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	958	6.0	0	0.0
1-500	3,273	20.5	750,816	2.3
501-1,000	2,251	14.1	1,663,615	5.0
1,001-1,500	1,780	11.1	2,206,100	6.6
1,501-2,000	1,492	9.3	2,599,885	7.8
2,001-2,500	1,221	7.6	2,739,196	8.2
2,501-3,000	1,023	6.4	2,806,902	8.4
3,001-3,500	816	5.1	2,644,977	8.0
3,501-4,000	656	4.1	2,459,666	7.4
4,001-4,500	511	3.2	2,166,453	6.5
4,501-5,000	417	2.6	1,978,162	6.0
5,001-5,500	375	2.3	1,963,300	5.9
5,501-6,000	272	1.7	1,563,713	4.7
6,001-6,500	213	1.3	1,326,386	4.0
6,501-7,000	128	0.8	862,323	2.6
7,001-7,500	142	0.9	1,027,068	3.1
7,501-8,000	99	0.6	764,541	2.3
8,001-8,500	67	0.4	552,280	1.7
8,501-9,000	62	0.4	544,497	1.6
9,001-9,500	33	0.2	305,941	0.9
9,501-10,000	43	0.3	419,357	1.3
10,001+	138	0.9	1,879,926	5.7

Source: Data for this table are from the MAX 2005 file for Washington, 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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	106,018	58,440	46,198	1,334	22	24	1,132,609	608,555	510,715	12,890	219	230
Age												
5 and younger	9	0	8	0	1	0	99	0	87	0	12	0
6-14	22	0	14	0	8	0	238	0	156	0	82	0
15-20	195	0	176	6	13	0	2,160	0	1,976	59	125	0
21-44	20,769	6	19,756	1,005	0	2	229,682	54	219,807	9,804	0	17
45-64	26,442	25	26,102	300	0	15	290,829	230	287,606	2,830	0	163
65-74	21,930	21,765	137	21	0	7	237,061	235,797	1,041	173	0	50
75-84	20,632	20,625	5	2	0	0	216,737	216,671	42	24	0	0
85 and older	16,019	16,019	0	0	0	0	155,803	155,803	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	65,845	41,197	23,717	896	11	24	704,785	431,147	264,480	8,824	104	230
Male	40,173	17,243	22,481	438	11	0	427,824	177,408	246,235	4,066	115	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	80,064	41,406	37,686	939	13	20	852,652	424,633	418,493	9,203	133	190
African American	5,225	1,879	3,227	116	2	1	55,892	19,922	34,795	1,140	23	12
Other/unknown	20,729	15,155	5,285	279	7	3	224,065	164,000	57,427	2,547	63	28
Use of Nursing Facilities^c												
Entire year	8,285	7,424	861	0	0	0	85,541	75,981	9,560	0	0	0
Part year	7,479	6,458	1,021	0	0	0	69,296	58,674	10,622	0	0	0
None	90,254	44,558	44,316	1,334	22	24	977,772	473,900	490,533	12,890	219	230
Maintenance Assistance Status												
Cash	53,770	24,486	28,771	512	1	0	597,735	274,869	317,397	5,457	12	0
Medically needy	2,074	751	1,323	0	0	0	21,758	7,506	14,252	0	0	0
Poverty related	3,140	1,131	1,820	155	10	24	29,637	9,932	17,918	1,455	102	230
Other/unknown	47,034	32,072	14,284	667	11	0	483,479	316,248	161,148	5,978	105	0
Dual Status^d												
Full dual, all year	100,711	56,098	43,280	1,288	21	24	1,077,977	585,376	479,767	12,395	209	230
Full dual, part year	5,307	2,342	2,918	46	1	0	54,632	23,179	30,948	495	10	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	103,820	57,908	45,274	597	17	24	1,109,011	602,596	500,979	5,040	166	230
FFS part year, with Rx claims	1,073	245	621	204	3	0	11,531	2,806	6,659	2,031	35	0
FFS part year, no Rx claims	168	54	81	32	1	0	1,617	564	783	264	6	0
MC all year, with Rx claims	286	10	71	204	1	0	3,225	106	768	2,339	12	0
MC all year, no Rx claims	671	223	151	297	0	0	7,225	2,483	1,526	3,216	0	0

Source: Data for this table are from the MAX 2005 file for Washington, 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^a
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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
All	106,018	1,132,609	105,061	1,116,308	0	16,301
Fee-for-service (FFS) all year	103,820	1,109,011	103,820	1,109,011	0	0
FFS part year, with Rx claims	1,073	11,531	1,073	6,540	0	4,991
FFS part year, with no Rx claims	168	1,617	168	757	0	860
Managed care (MC) all year, with Rx claims	286	3,225	0	0	0	3,225
MC all year, with no Rx claims	671	7,225	0	0	0	7,225

Source: Data for this table are from the MAX 2005 file for Washington, 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