LIST OF TABLES

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**618,726**	**8,932**	**98,656**	**249,817**	**260,943**	**378**	**3,933,858**	**86,241**	**997,274**	**1,570,692**	**1,276,451**	**3,200**
Age												
5 and younger	106,082	1	3,881	5	102,195	0	461,786	6	37,370	10	424,400	0
6-14	120,252	1	10,171	331	109,749	0	705,099	12	111,309	2,001	591,777	0
15-20	113,923	7	8,601	56,434	48,881	0	771,314	76	90,819	420,591	259,828	0
21-44	217,582	19	34,109	183,263	118	73	1,444,742	163	339,492	1,104,095	446	546
45-64	51,868	116	41,686	9,761	0	305	464,645	1,035	417,049	43,907	0	2,654
65-74	5,340	5,129	198	13	0	0	53,450	52,219	1,196	35	0	0
75-84	2,718	2,708	4	6	0	0	26,355	26,296	21	38	0	0
85 and older	961	951	6	4	0	0	6,467	6,434	18	15	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	402,263	5,637	49,930	217,248	129,070	378	2,643,494	54,647	515,119	1,433,064	637,464	3,200
Male	216,428	3,289	48,719	32,566	131,854	0	1,290,141	31,531	482,071	137,615	638,924	0
Unknown	35	6	7	3	19	0	223	63	84	13	63	0
Race												
White	334,133	4,833	71,474	103,509	154,091	226	2,105,506	46,404	727,569	544,005	785,477	2,051
African American	35,103	382	8,907	10,301	15,499	14	209,385	3,704	88,170	46,930	70,480	101
Other/unknown	249,490	3,717	18,275	136,007	91,353	138	1,618,967	36,133	181,535	979,757	420,494	1,048
Use of Nursing Facilities[c]												
Entire year	871	203	665	3	0	0	8,164	1,980	6,172	12	0	0
Part year	1,892	199	1,655	34	4	0	17,778	1,797	15,790	167	24	0
None	615,963	8,530	96,336	249,780	260,939	378	3,907,916	82,464	975,312	1,570,513	1,276,427	3,200
Maintenance Assistance Status												
Cash	160,956	5,664	89,217	27,637	38,438	0	1,229,767	57,781	899,403	104,994	167,589	0
Medically needy	1,356	55	1,105	23	173	0	11,274	530	9,648	123	973	0
Poverty-related	153,806	27	72	39,696	113,633	378	770,795	173	535	231,818	535,069	3,200
Other/unknown	302,608	3,186	8,262	182,461	108,699	0	1,922,022	27,757	87,688	1,233,757	572,820	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	374,275	8,690	92,519	171,223	101,481	362	3,177,891	84,587	960,053	1,293,202	836,988	3,061
FFS part year, with Rx claims	97,229	227	5,315	42,967	48,705	15	361,324	1,576	33,334	161,321	164,964	129
FFS part year, no Rx claims	147,222	15	822	35,627	110,757	1	394,643	78	3,887	116,169	274,499	10

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 ND.2 includes the beneficiaries represented by Cell K 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.
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.

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL 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	**43.7**	**7.5**	**$483**	**$64**	**$3,281**	**14.7**	**618,726**
Age							
5 and younger	36.7	1.5	76	50	2,324	3.3	106,082
6-14	38.1	2.9	271	95	1,725	15.7	120,252
15-20	34.0	2.6	173	67	1,903	9.1	113,923
21-44	44.7	6.5	456	70	3,327	13.7	217,582
45-64	81.5	40.9	2,429	59	10,460	23.2	51,868
65-74	85.3	35.8	1,626	45	9,368	17.4	5,340
75-84	80.6	33.6	1,426	43	11,990	11.9	2,718
85 and older	49.8	20.2	821	41	10,529	7.8	961
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	80.9	33.8	1,500	44	10,321	14.5	8,932
Disabled	84.0	34.1	2,477	73	11,801	21.0	98,656
Adults	34.4	2.1	73	35	1,632	4.5	249,817
Children	36.0	1.7	84	49	1,378	6.1	260,943
Unknown	89.4	24.3	2,046	84	16,810	12.2	378
Gender							
Female	43.1	7.4	415	56	3,042	13.6	402,263
Male	44.8	7.6	609	80	3,725	16.4	216,428
Unknown	42.9	20.7	1,090	53	3,945	27.6	35
Race							
White	51.5	10.2	670	65	4,023	16.7	334,133
African American	48.5	8.5	494	58	4,050	12.2	35,103
Other/unknown	32.6	3.7	231	62	2,179	10.6	249,490
Use of Nursing Facilities[f]							
Entire year	96.0	79.0	4,835	61	67,195	7.2	871
Part year	98.2	77.9	4,885	63	60,352	8.1	1,892
None	43.5	7.2	463	65	3,015	15.4	615,963
Maintenance Assistance Status							
Cash	68.1	20.7	1,425	69	6,729	21.2	160,956
Medically needy	89.2	37.1	2,891	78	16,397	17.6	1,356
Poverty related	40.9	1.8	66	37	1,841	3.6	153,806
Other/unknown	31.9	3.3	184	56	2,120	8.7	302,608

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 ND.3 includes beneficiaries represented by Cell K 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 fost 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 ND.4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL BENEFICIARIES, WASHINGTON, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with:						Mean $, All Medicaid FFS $[d]	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	**1.2**	**$76**	**14.7**	**56.3**	**27.6**	**5.2**	**6.4**	**3.4**	**1.1**	**$516**	**618,726**	**3,933,858**
Age												
5 and younger	0.4	17	3.3	63.3	31.5	3.4	1.7	0.2	0.0	534	106,082	461,786
6-14	0.5	46	15.7	61.9	30.2	4.2	3.1	0.5	0.1	294	120,252	705,099
15-20	0.4	26	9.1	66.0	26.5	3.8	3.0	0.6	0.1	281	113,923	771,314
21-44	1.0	69	13.7	55.3	27.6	6.0	7.1	3.1	1.0	501	217,582	1,444,742
45-64	4.6	271	23.2	18.5	17.2	9.9	24.6	21.3	8.4	1,168	51,868	464,645
65-74	3.6	162	17.4	14.7	23.2	12.7	28.3	16.9	4.2	936	5,340	53,450
75-84	3.5	147	11.9	19.4	20.7	12.6	26.6	17.0	3.7	1,237	2,718	26,355
85 and older	3.0	122	7.8	50.2	10.5	7.7	18.4	11.0	2.2	1,565	961	6,467
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	3.5	155	14.5	19.1	21.3	12.3	27.0	16.4	3.9	1,069	8,932	86,241
Disabled	3.4	245	21.0	16.0	28.2	11.4	22.7	15.9	5.8	1,167	98,656	997,274
Adults	0.3	12	4.5	65.6	25.1	4.2	3.6	1.1	0.3	260	249,817	1,570,692
Children	0.4	17	6.1	64.0	29.9	3.7	2.1	0.3	0.0	282	260,943	1,276,451
Unknown	2.9	242	12.2	10.6	27.8	19.0	28.6	12.7	1.3	1,986	378	3,200
Gender												
Female	1.1	63	13.6	56.9	27.6	4.9	5.9	3.4	1.3	463	402,263	2,643,494
Male	1.3	102	16.4	55.2	27.5	5.8	7.2	3.3	0.9	625	216,428	1,290,141
Unknown	3.3	171	27.6	57.1	17.1	5.7	2.9	17.1	0.0	619	35	223
Race												
White	1.6	106	16.7	48.5	30.1	6.5	8.4	4.8	1.7	638	334,133	2,105,506
African American	1.4	83	12.2	51.5	29.1	6.5	7.9	3.8	1.3	679	35,103	209,385
Other/unknown	0.6	36	10.6	67.4	24.0	3.3	3.4	1.5	0.4	336	249,490	1,618,967
Use of Nursing Facilities[f]												
Entire year	8.4	516	7.2	4.0	2.9	4.5	21.6	36.9	30.2	7,169	871	8,164
Part year	8.3	520	8.1	1.8	5.5	5.8	23.8	35.8	27.3	6,423	1,892	17,778
None	1.1	73	15.4	56.5	27.7	5.2	6.3	3.2	1.0	475	615,963	3,907,916
Maintenance Assistance Status												
Cash	2.7	186	21.2	31.9	29.6	9.5	15.8	9.9	3.3	881	160,956	1,229,767
Medically needy	4.5	348	17.6	10.8	19.0	11.2	29.1	22.7	7.2	1,972	1,356	11,274
Poverty related	0.4	13	3.6	59.1	34.5	3.9	2.1	0.3	0.1	367	153,806	770,795
Other/unknown	0.5	29	8.7	68.1	23.0	3.6	3.5	1.4	0.5	334	302,608	1,922,022

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 ND.4 includes the beneficiaries represented by Cell K 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 ND.5

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

NONDUAL 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	**1.2**	**$76**	**$64**	**0.4**	**$58**	**$153**	**0.0**	**$3**	**$90**	**0.8**	**$16**	**$20**
Age												
5 and younger	0.4	17	50	0.1	13	131	0.0	1	49	0.2	4	15
6-14	0.5	46	95	0.2	41	177	0.0	1	77	0.2	5	19
15-20	0.4	26	67	0.1	20	138	0.0	1	68	0.2	4	20
21-44	1.0	69	70	0.3	53	178	0.0	2	86	0.7	14	21
45-64	4.6	271	59	1.4	195	142	0.1	10	109	3.1	66	21
65-74	3.6	162	45	1.2	121	101	0.1	3	56	2.3	38	16
75-84	3.5	147	43	1.2	110	92	0.1	3	53	2.2	35	16
85 and older	3.0	122	41	0.9	90	98	0.1	3	43	2.0	29	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	3.5	155	44	1.2	116	99	0.1	3	51	2.3	36	16
Disabled	3.4	245	73	1.1	189	173	0.1	8	106	2.2	48	22
Adults	0.3	12	35	0.1	7	90	0.0	1	50	0.2	4	17
Children	0.4	17	49	0.1	13	100	0.0	1	61	0.2	3	16
Unknown	2.9	242	84	0.8	202	245	0.1	5	80	2.0	35	18
Gender												
Female	1.1	63	56	0.3	46	134	0.0	2	80	0.8	15	20
Male	1.3	102	80	0.5	82	181	0.0	3	108	0.8	17	21
Unknown	3.3	171	53	1.2	139	115	0.1	4	40	2.0	29	15
Race												
White	1.6	106	65	0.5	80	153	0.0	4	96	1.1	22	21
African American	1.4	83	58	0.4	63	145	0.0	3	84	0.9	17	18
Other/unknown	0.6	36	62	0.2	28	153	0.0	1	72	0.4	7	19
Use of Nursing Facilities[e]												
Entire year	8.4	516	61	2.6	374	143	0.2	19	79	5.6	123	22
Part year	8.3	520	63	2.2	357	160	0.2	26	131	5.9	136	23
None	1.1	73	65	0.4	56	153	0.0	3	88	0.7	15	20
Maintenance Assistance Status												
Cash	2.7	186	69	0.9	143	166	0.1	6	101	1.8	37	21
Medically needy	4.5	348	78	1.5	272	187	0.1	12	120	2.9	61	21
Poverty related	0.4	13	37	0.1	9	83	0.0	1	52	0.2	4	15
Other/unknown	0.5	29	56	0.2	21	124	0.0	1	73	0.3	6	20

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

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

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

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
NONDUAL BENEFICIARIES, WASHINGTON, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total 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			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$20	$13	$2	$5	$66	$224	$77	$21	374,238	$24,542,095	145,160	23.5	1,233,672
Biologicals	0.1	0.1	0.0	0.0	72	59	2	11	509	465	1,870	803	4,573	2,329,368	3,082	0.5	32,201
Antineoplastic Agents	0.6	0.2	0.0	0.4	117	96	1	21	204	578	277	51	13,338	2,725,086	2,373	0.4	23,227
Endocrine/Metabolic Drugs	0.7	0.2	0.0	0.4	34	25	2	8	50	101	51	19	461,009	23,101,981	77,304	12.5	679,939
Cardiovascular Agents	1.4	0.4	0.0	1.0	47	34	0	12	33	80	25	13	697,695	22,793,746	49,830	8.1	489,001
Respiratory Agents	0.6	0.3	0.0	0.3	31	26	0	5	56	100	58	18	411,598	22,972,273	81,929	13.2	730,435
Gastrointestinal Agents	0.6	0.3	0.0	0.3	43	38	0	5	77	143	52	16	239,291	18,521,803	44,466	7.2	428,344
Genitourinary Agents	0.3	0.1	0.0	0.2	12	8	1	4	39	81	57	18	52,748	2,063,204	18,295	3.0	165,810
CNS Drugs	1.2	0.5	0.0	0.7	108	93	0	14	89	186	77	20	867,433	77,274,256	78,247	12.6	716,100
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	70	61	1	8	85	100	97	39	115,983	9,862,287	15,428	2.5	141,311
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	295	295	0	0	503	513	72	30	7,964	4,008,631	1,345	0.2	13,574
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	27	10	4	14	38	179	253	21	663,508	25,053,533	108,762	17.6	925,375
Neuromuscular Agents	0.8	0.3	0.0	0.5	71	49	3	19	85	171	96	37	369,443	31,397,058	45,778	7.4	442,243
Nutritional Products	0.3	0.0	0.0	0.3	5	0	0	4	14	32	16	13	88,748	1,249,151	34,384	5.6	254,121
Hematological Agents	0.7	0.2	0.0	0.4	245	239	1	5	364	1,076	30	12	56,626	20,591,626	8,637	1.4	83,911
Topical Products	0.3	0.1	0.0	0.2	10	6	0	4	36	84	43	21	200,121	7,251,732	77,559	12.5	700,504
Miscellaneous Products	0.3	0.2	0.0	0.1	46	36	5	6	178	204	299	86	17,021	3,037,245	7,020	1.1	65,550
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	38	0	0	0	3,160	119,127	1,264	0.2	13,083
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.	4,644,497	298,894,202	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
NONDUAL BENEFICIARIES, WASHINGTON, 2005

Top 10 Drug Groups	Total Medicaid Rx $	Users			Among Users		
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$52,206,012	33,059	5.3	343,386	0.7	$219	$152
ANTICONVULSANT	28,298,791	32,005	5.2	330,244	0.8	114	86
ANTIDEPRESSANTS	20,261,228	75,482	12.2	733,271	0.6	48	28
ANTIASTHMATIC	16,274,527	71,913	11.6	686,197	0.4	64	24
MISC. HEMATOLOGICAL	15,788,954	2,469	0.4	25,517	0.6	974	619
ULCER DRUGS	14,192,899	45,922	7.4	460,141	0.5	63	31
ANALGESICS - Narcotic	13,801,368	118,979	19.2	1,093,038	0.4	31	13
ANTIVIRAL	12,103,873	8,959	1.4	86,682	0.4	336	140
ANTIHYPERLIPIDEMIC	10,928,388	21,316	3.4	225,625	0.7	74	48
ANTIDIABETIC	10,703,058	25,121	4.1	252,850	0.7	58	42
Total	194,559,098	435,225		4,236,951	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 ND.7 includes the beneficiaries represented by Cell K 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

Nondual Beneficiaries

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTICONVULSANT				
	Number of Rx	Rx $	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**2,227,066**	**$194,559,098**	**33,059**	**5.3**	**343,386**	**0.7**	**$152**	**32,005**	**5.2**	**330,244**	**0.8**	**$86**
Female												
All Females	1,396,334	103,177,700	17,321	4.3	179,778	0.7	137	19,200	4.8	197,377	0.7	83
Female, Disabled												
All Ages	1,106,562	89,316,555	14,111	28.3	153,814	0.7	148	15,487	31.0	169,949	0.8	89
5 and younger	5,250	519,923	5	0.3	60	0.4	97	134	8.2	1,460	0.9	177
6-14	17,963	2,055,193	310	9.1	3,508	0.6	117	670	19.6	7,772	0.9	141
15-20	25,688	2,652,278	651	19.7	7,260	0.6	128	741	22.4	8,322	0.9	117
21-44	346,112	30,776,144	6,565	37.4	70,682	0.7	147	6,307	35.9	68,514	0.8	95
45-64	710,197	53,203,864	6,568	27.5	72,209	0.7	153	7,624	31.9	83,795	0.7	74
65-74	1,352	109,153	12	9.9	95	0.9	153	11	9.1	86	0.7	59
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	289,772	13,861,145	3,210	0.9	25,964	0.5	73	3,713	1.1	27,428	0.6	49
5 and younger	9,506	441,390	23	0.0	246	0.5	73	114	0.2	856	0.7	46
6-14	24,771	1,489,378	485	0.9	5,079	0.6	89	399	0.7	3,800	0.6	60
15-20	30,851	1,457,455	679	0.9	6,210	0.4	61	455	0.6	4,077	0.5	64
21-44	124,731	4,775,248	1,453	0.9	9,034	0.4	55	1,977	1.3	11,598	0.5	46
45-64	23,513	1,126,504	211	3.1	1,586	0.4	45	307	4.6	2,027	0.6	43
65-74	50,731	3,123,980	217	6.7	2,370	0.8	149	311	9.6	3,459	0.6	46
75-84	21,213	1,202,198	92	5.5	940	0.6	69	122	7.3	1,316	0.6	28
85 and older	4,456	244,992	50	7.6	499	0.7	129	28	4.3	295	0.7	18
Male												
All Males	830,299	91,349,401	15,733	7.3	163,548	0.7	168	12,803	5.9	132,843	0.8	89
Male, Disabled												
All Ages	689,348	82,611,536	13,569	27.9	143,738	0.7	177	10,950	22.5	117,608	0.8	94
5 and younger	7,651	686,662	34	1.5	347	0.6	113	199	8.8	2,215	0.8	126
6-14	38,945	12,147,420	1,364	20.2	15,513	0.6	136	1,092	16.2	12,615	0.9	136
15-20	35,707	4,771,183	1,269	23.9	14,093	0.7	154	983	18.5	11,119	0.8	113
21-44	230,812	32,705,787	6,657	40.2	68,654	0.8	188	4,585	27.7	48,075	0.8	100
45-64	375,570	32,266,151	4,240	23.8	45,109	0.8	184	4,080	22.9	43,504	0.7	69
65-74	663	34,333	5	6.5	22	0.5	72	11	14.3	80	0.9	37
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

Nondual Beneficiaries

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx $	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles													
All Ages	140,951	8,737,865	2,164	1.3	19,810	0.6	103	1,853	1.1	15,235	0.6	55
5 and younger	14,039	785,396	35	0.1	348	0.6	96	146	0.3	1,156	0.6	75
6-14	34,493	2,651,161	1,044	1.9	10,617	0.6	106	594	1.1	5,634	0.6	64
15-20	19,666	1,369,196	579	2.2	5,286	0.6	108	365	1.4	3,180	0.6	59
21-44	24,083	1,056,677	282	1.1	1,550	0.5	88	394	1.5	2,050	0.6	48
45-64	8,348	391,350	55	1.6	296	0.4	64	121	3.5	699	0.5	29
65-74	26,020	1,592,758	93	4.9	941	0.6	93	154	8.1	1,656	0.6	36
75-84	12,260	773,084	52	5.0	556	0.6	97	69	6.6	747	0.5	34
85 and older	2,042	118,243	24	8.0	216	0.5	49	10	3.3	113	0.5	18
Unknown	433	31,997	5	14.3	60	1.0	155	2	5.7	24	1.6	96

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 ND.7A includes the beneficiaries represented by Cell K 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.

Nondual Beneficiaries

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIASTHMATIC					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**75,482**	**12.2**	**733,271**	**0.6**	**$28**	**71,913**	**11.6**	**686,197**	**0.4**	**$24**	**2,469**	**0.4**	**25,517**	**0.6**	**$619**
Female															
All Females	51,452	12.8	494,816	0.6	28	43,166	10.7	416,124	0.4	24	1,277	0.3	13,746	0.6	126
Female, Disabled															
All Ages	34,625	69.3	374,771	0.6	31	24,693	49.5	273,561	0.4	29	1,010	2.0	11,051	0.6	141
5 and younger	5	0.3	49	0.5	4	668	41.0	7,280	0.3	20	0	0.0	0	0.0	0
6-14	383	11.2	4,373	0.6	19	871	25.5	10,077	0.3	24	5	0.1	60	0.1	6
15-20	968	29.3	10,638	0.5	24	746	22.6	8,467	0.3	21	4	0.1	46	0.3	9
21-44	12,584	71.7	135,300	0.6	30	7,511	42.8	82,941	0.3	22	93	0.5	1,003	0.6	67
45-64	20,647	86.4	224,095	0.7	32	14,863	62.2	164,504	0.5	34	904	3.8	9,919	0.6	150
65-74	38	31.4	316	0.6	23	34	28.1	292	0.5	34	4	3.3	23	1.1	137
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	16,827	4.8	120,045	0.5	19	18,473	5.2	142,563	0.3	14	267	0.1	2,695	0.6	63
5 and younger	32	0.1	298	0.3	7	3,345	6.7	25,017	0.2	11	0	0.0	0	0.0	0
6-14	962	1.8	9,385	0.5	15	4,270	7.8	36,752	0.3	12	1	0.0	12	0.2	21
15-20	2,311	2.9	19,468	0.4	14	2,697	3.4	22,001	0.2	9	3	0.0	34	0.2	6
21-44	10,307	6.6	62,814	0.4	20	5,874	3.7	37,367	0.3	13	24	0.0	142	0.5	49
45-64	1,578	23.4	9,885	0.5	24	863	12.8	5,609	0.4	23	18	0.3	135	0.6	59
65-74	1,050	32.5	11,797	0.6	21	957	29.6	10,699	0.4	31	113	3.5	1,251	0.6	66
75-84	456	27.3	5,026	0.6	20	374	22.4	4,110	0.4	28	85	5.1	884	0.6	68
85 and older	131	20.0	1,372	0.7	22	93	14.2	1,008	0.4	26	23	3.5	237	0.6	51
Male															
All Males	24,025	11.1	238,395	0.6	26	28,735	13.3	269,929	0.4	24	1,191	0.6	11,759	0.6	1,196
Male, Disabled															
All Ages	19,052	39.1	198,850	0.6	28	14,247	29.2	154,517	0.4	29	928	1.9	9,262	0.7	1,464
5 and younger	31	1.4	329	0.5	16	1,041	46.2	11,418	0.3	20	0	0.0	0	0.0	0
6-14	1,019	15.1	11,605	0.6	22	1,886	27.9	21,679	0.3	21	12	0.2	135	2.1	54,435
15-20	1,204	22.7	13,384	0.6	26	956	18.0	10,759	0.3	19	5	0.1	51	0.5	9,585
21-44	7,221	43.6	73,674	0.6	29	3,099	18.7	33,135	0.4	23	86	0.5	825	0.6	6,146
45-64	9,560	53.8	99,756	0.6	28	7,242	40.7	77,366	0.5	37	823	4.6	8,236	0.7	79
65-74	17	22.1	102	0.5	13	23	29.9	160	0.8	55	2	2.6	15	0.9	62
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

Nondual Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, WASHINGTON, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIASTHMATIC					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles															
All Ages	4,973	3.0	39,545	0.5	19	14,488	8.6	115,412	0.3	16	263	0.2	2,497	0.6	202
5 and younger	33	0.1	296	0.4	11	5,075	9.7	38,815	0.3	12	3	0.0	35	0.8	2,099
6-14	1,232	2.2	11,981	0.5	17	5,476	9.8	44,593	0.3	13	3	0.0	28	0.6	6,650
15-20	1,174	4.4	9,964	0.5	19	1,724	6.5	14,121	0.3	12	4	0.0	46	0.7	2,309
21-44	1,430	5.4	7,389	0.5	21	919	3.4	4,885	0.4	18	20	0.1	82	0.7	64
45-64	399	11.6	2,180	0.5	20	236	6.9	1,313	0.5	26	37	1.1	204	0.5	51
65-74	441	23.1	4,865	0.5	19	629	33.0	6,999	0.5	38	116	6.1	1,243	0.6	60
75-84	219	21.0	2,413	0.5	17	367	35.2	4,042	0.5	43	68	6.5	724	0.6	56
85 and older	45	15.1	457	0.6	19	62	20.7	644	0.5	38	12	4.0	135	0.5	49
Unknown	5	14.3	60	0.8	27	12	34.3	144	0.5	40	1	2.9	12	0.9	115

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 ND.7B includes the beneficiaries represented by Cell K 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.

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANTIVIRAL				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**45,922**	**7.4**	**460,141**	**0.5**	**$31**	**118,979**	**19.2**	**1,093,038**	**0.4**	**$13**	**8,959**	**1.4**	**86,682**	**0.4**	**$140**
Female															
All Females	30,519	7.6	306,563	0.5	31	80,625	20.0	735,536	0.4	12	5,995	1.5	56,931	0.3	84
Female, Disabled															
All Ages	20,275	40.6	224,481	0.5	35	41,231	82.6	450,675	0.5	17	2,718	5.4	30,193	0.4	128
5 and younger	322	19.8	3,358	0.5	29	201	12.3	2,191	0.1	1	27	1.7	302	0.2	39
6-14	354	10.4	4,081	0.5	37	518	15.2	6,011	0.1	2	42	1.2	484	0.3	46
15-20	478	14.5	5,392	0.3	24	1,220	37.0	13,588	0.2	3	111	3.4	1,271	0.3	74
21-44	6,027	34.3	66,547	0.4	30	16,100	91.7	175,898	0.4	13	1,180	6.7	13,037	0.4	140
45-64	13,045	54.6	144,696	0.6	37	23,139	96.8	252,525	0.5	20	1,357	5.7	15,087	0.4	127
65-74	49	40.5	407	0.4	29	53	43.8	462	0.6	69	1	0.8	12	0.1	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	10,244	2.9	82,082	0.4	20	39,394	11.2	284,861	0.3	4	3,277	0.9	26,738	0.3	35
5 and younger	640	1.3	4,422	0.4	17	840	1.7	6,935	0.1	1	87	0.2	729	0.2	5
6-14	683	1.3	6,001	0.2	12	2,123	3.9	19,042	0.1	1	218	0.4	1,977	0.2	30
15-20	1,180	1.5	9,683	0.2	9	6,314	8.0	50,182	0.2	1	525	0.7	4,524	0.2	23
21-44	4,577	2.9	30,111	0.3	13	25,660	16.4	168,380	0.3	4	2,170	1.4	16,915	0.3	34
45-64	768	11.4	5,287	0.5	28	2,102	31.2	14,217	0.5	9	133	2.0	958	0.4	124
65-74	1,554	48.1	17,499	0.5	31	1,574	48.7	17,582	0.3	6	90	2.8	1,024	0.2	50
75-84	675	40.4	7,377	0.5	33	640	38.3	7,092	0.3	5	38	2.3	439	0.1	15
85 and older	167	25.5	1,702	0.6	30	141	21.5	1,431	0.3	5	16	2.4	172	0.1	4
Male															
All Males	15,396	7.1	153,494	0.5	31	38,346	17.7	357,421	0.4	15	2,964	1.4	29,751	0.6	246
Male, Disabled															
All Ages	11,246	23.1	120,416	0.5	33	25,206	51.7	263,930	0.5	19	2,382	4.9	25,102	0.6	280
5 and younger	413	18.3	4,335	0.4	29	309	13.7	3,339	0.1	1	22	1.0	237	0.2	18
6-14	521	7.7	6,036	0.4	33	845	12.5	9,662	0.1	1	59	0.9	681	0.2	25
15-20	457	8.6	5,143	0.4	26	1,288	24.3	14,410	0.2	3	53	1.0	580	0.3	99
21-44	3,394	20.5	36,117	0.5	30	9,351	56.5	96,452	0.4	15	1,097	6.6	11,249	0.6	289
45-64	6,441	36.2	68,628	0.6	36	13,390	75.3	139,907	0.6	25	1,151	6.5	12,355	0.6	300
65-74	20	26.0	157	0.5	25	23	29.9	160	0.4	9	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Nondual Beneficiaries

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANTIVIRAL				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles															
All Ages	4,150	2.5	33,078	0.4	24	13,140	7.8	93,491	0.3	4	582	0.3	4,649	0.3	59
5 and younger	786	1.5	5,145	0.3	18	1,102	2.1	9,295	0.1	1	74	0.1	618	0.1	4
6-14	574	1.0	4,976	0.3	17	2,113	3.8	19,069	0.1	1	144	0.3	1,281	0.2	24
15-20	405	1.5	3,451	0.3	14	2,718	10.2	21,734	0.2	2	96	0.4	825	0.2	20
21-44	868	3.2	4,526	0.4	27	5,086	19.0	25,366	0.5	7	167	0.6	1,078	0.4	117
45-64	320	9.3	1,833	0.5	25	941	27.3	5,137	0.6	12	41	1.2	195	0.6	265
65-74	749	39.3	8,253	0.5	30	738	38.7	8,076	0.3	5	40	2.1	444	0.2	68
75-84	377	36.1	4,137	0.5	30	381	36.5	4,153	0.3	4	18	1.7	193	0.3	71
85 and older	71	23.7	757	0.6	42	61	20.4	661	0.3	4	2	0.7	15	0.1	6
Unknown	7	20.0	84	0.9	67	8	22.9	81	0.6	8	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 ND.7C includes the beneficiaries represented by Cell K 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.

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANTIDIABETIC						
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	**21,316**	**3.4**	**225,625**	**0.7**	**$48**	**25,121**	**4.1**	**252,850**	**0.7**	**$42**	**618,726**	**3,933,858**
Female												
All Females	13,039	3.2	140,413	0.6	48	16,442	4.1	167,222	0.7	42	402,263	2,643,494
Female, Disabled												
All Ages	9,978	20.0	110,798	0.7	49	11,700	23.4	127,896	0.7	45	49,930	515,119
5 and younger	1	0.1	6	0.3	5	3	0.2	30	1.5	117	1,630	15,783
6-14	5	0.1	60	0.3	18	65	1.9	758	0.7	56	3,415	37,441
15-20	21	0.6	235	0.5	24	133	4.0	1,504	0.6	36	3,301	34,907
21-44	1,623	9.2	18,015	0.6	42	2,407	13.7	26,305	0.7	39	17,558	180,194
45-64	8,297	34.7	92,186	0.7	51	9,062	37.9	99,044	0.8	46	23,897	246,003
65-74	31	25.6	296	0.7	48	30	24.8	255	0.8	46	121	758
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	6	18
Female, Other Eligibles												
All Ages	3,061	0.9	29,615	0.6	44	4,742	1.3	39,326	0.7	32	352,333	2,128,375
5 and younger	7	0.0	78	0.2	13	30	0.1	241	0.7	43	50,110	207,896
6-14	6	0.0	43	0.3	25	180	0.3	1,463	0.8	57	54,459	295,728
15-20	23	0.0	164	0.4	25	234	0.3	1,670	0.6	41	78,720	540,708
21-44	505	0.3	3,003	0.5	27	1,692	1.1	10,357	0.5	25	156,748	995,535
45-64	426	6.3	2,923	0.5	33	594	8.8	3,388	0.7	31	6,738	34,638
65-74	1,447	44.8	16,225	0.6	46	1,358	42.0	15,059	0.7	34	3,231	33,241
75-84	596	35.7	6,614	0.7	50	575	34.4	6,319	0.7	33	1,671	16,338
85 and older	51	7.8	565	0.7	47	79	12.0	829	0.7	25	656	4,291
Male												
All Males	8,270	3.8	85,128	0.7	49	8,675	4.0	85,580	0.7	43	216,428	1,290,141
Male, Disabled												
All Ages	6,512	13.4	69,504	0.7	49	6,516	13.4	68,284	0.8	45	48,719	482,071
5 and younger	5	0.2	56	0.3	13	2	0.1	24	0.5	6	2,251	21,587
6-14	8	0.1	87	0.5	16	54	0.8	603	0.7	62	6,756	73,868
15-20	23	0.4	267	0.5	31	97	1.8	1,027	0.7	57	5,300	55,912
21-44	1,356	8.2	14,590	0.6	43	1,387	8.4	14,493	0.7	47	16,550	159,286
45-64	5,102	28.7	54,373	0.7	52	4,951	27.8	51,956	0.8	44	17,783	170,974
65-74	18	23.4	131	0.8	49	25	32.5	181	0.8	38	77	438
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	6
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Nondual Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, WASHINGTON, 2005

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANTIDIABETIC						
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	1,758	1.0	15,624	0.7	49	2,159	1.3	17,296	0.7	36	167,709	808,070
5 and younger	4	0.0	37	0.1	2	15	0.0	124	0.7	50	52,081	216,492
6-14	12	0.0	114	0.5	23	141	0.3	1,084	0.8	47	55,614	298,033
15-20	16	0.1	128	0.4	24	110	0.4	791	1.0	61	26,600	139,775
21-44	322	1.2	1,538	0.5	36	466	1.7	2,102	0.7	49	26,723	109,708
45-64	271	7.9	1,309	0.6	38	378	11.0	1,809	0.7	30	3,444	12,958
65-74	760	39.9	8,425	0.7	51	735	38.6	8,003	0.7	33	1,905	18,950
75-84	329	31.5	3,636	0.7	54	266	25.5	2,910	0.7	30	1,043	9,996
85 and older	44	14.7	437	0.6	45	48	16.1	473	0.7	26	299	2,158
Unknown	7	20.0	84	0.6	46	4	11.4	48	0.3	32	35	223

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 ND.7D includes the beneficiaries represented by Cell K 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; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL 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	**$516**	**8.4**	**871**	**8,164**
Age				
0-64	563	8.9	659	6,142
65-74	496	8.6	79	738
75-84	316	6.7	76	734
85 and older	283	5.5	57	550
Unknown	0	0.0	0	0
Gender				
Female	514	8.7	486	4,764
Male	518	8.1	385	3,400
Unknown	0	0.0	0	0
Race				
White	535	8.6	593	5,667
African American	550	8.6	71	630
Other/unknown	447	7.7	207	1,867
Basis of Eligibility[c]				
Aged	368	7.0	203	1,980
Disabled	564	8.9	665	6,172
Adults	297	4.7	3	12
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 1,892 beneficiaries who were in nursing facilities for part of their enrollment and their 17,778 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.

Nondual Beneficiaries

Therapeutic Category	Number of Rx per Benefit Month Among Users — Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	$ per Benefit Month Among Users — Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	$ per Rx — Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.7	0.2	0.1	0.4	$56	$40	$5	$11	$81	$201	$96	$25	4,005	$325,156	578	66.4	5,832
Biologicals	0.1	0.0	0.0	0.1	3	1	0	3	30	38	0	29	61	1,847	52	6.0	541
Antineoplastic Agents	0.6	0.1	0.0	0.5	86	30	0	56	144	406	0	107	228	32,764	37	4.2	380
Endocrine/Metabolic Drugs	1.4	0.6	0.1	0.7	60	45	5	10	44	82	63	13	6,242	272,222	452	51.9	4,520
Cardiovascular Agents	2.2	0.6	0.0	1.5	67	45	0	21	31	75	16	14	11,629	359,440	562	64.5	5,394
Respiratory Agents	0.7	0.4	0.0	0.3	49	39	1	10	72	104	68	32	2,170	155,313	321	36.9	3,154
Gastrointestinal Agents	1.1	0.4	0.0	0.7	60	46	1	14	55	123	49	19	5,120	279,646	473	54.3	4,649
Genitourinary Agents	0.7	0.1	0.0	0.5	23	9	0	14	35	68	33	27	1,484	51,413	213	24.5	2,252
CNS Drugs	1.9	0.9	0.0	1.0	171	150	1	20	88	165	89	19	12,663	1,115,325	661	75.9	6,518
Stimulants/Anti-obesity/Anorexia	0.7	0.0	0.0	0.6	14	2	0	11	21	67	0	18	93	1,920	12	1.4	141
Miscellaneous Psychological/ Neurological Agents	0.9	0.9	0.0	0.0	266	266	0	0	288	288	0	0	601	172,919	61	7.0	651
Analgesics and Anesthetics	1.8	0.2	0.1	1.5	58	15	9	33	32	86	127	21	8,528	274,151	506	58.1	4,760
Neuromuscular Agents	1.6	0.4	0.0	1.1	128	75	4	48	82	190	99	43	7,876	644,782	490	56.3	5,040
Nutritional Products	0.7	0.0	0.0	0.7	16	3	0	13	22	292	14	18	1,852	39,822	259	29.7	2,515
Hematological Agents	1.2	0.3	0.1	0.8	118	108	2	8	102	337	31	10	3,013	306,611	290	33.3	2,592
Topical Products	0.6	0.2	0.0	0.4	30	19	2	8	49	99	65	22	2,936	142,705	460	52.8	4,736
Miscellaneous Products	0.4	0.1	0.0	0.3	53	33	3	17	122	398	68	56	278	33,973	62	7.1	636
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	20	0	0	0	73	1,464	22	2.5	239
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.	68,852	4,211,473	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,892 beneficiaries who were in nursing facilities for part of their enrollment and their 17,778 benefit months were excluded from the analysis.
b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2005. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.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 ND.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]
NONDUAL BENEFICIARIES, WASHINGTON, 2005

		Users					Among Users
Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx $	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	$744,853	366	42.0	3,894	1.0	$200	$191
ANTICONVULSANT	550,686	473	54.3	5,056	1.1	101	109
ANTIDEPRESSANTS	310,064	659	75.7	6,863	0.9	51	45
ULCER DRUGS	210,581	522	59.9	5,236	0.8	52	40
ANALGESICS - Narcotic	204,018	580	66.6	5,549	1.3	28	37
ANTIDIABETIC	198,159	408	46.8	4,052	1.0	48	49
HEMATOPOIETIC AGENTS	180,396	114	13.1	1,108	0.7	231	163
ANTIHYPERLIPIDEMIC	173,832	241	27.7	2,520	0.9	79	69
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	172,774	66	7.6	706	0.8	288	245
ANTIASTHMATIC	131,918	364	41.8	3,664	0.4	84	36
Total	2,877,281	3,793		38,648	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,892 beneficiaries who were in nursing facilities for part of their enrollment and their 17,778 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.

Nondual Beneficiaries

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]
NONDUAL BENEFICIARIES, WASHINGTON, 2005

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	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	**36,011**	**$2,877,281**	**366**	**42.0**	**3,894**	**1.0**	**$191**	**473**	**54.3**	**5,056**	**1.1**	**$109**
Female												
All Females	21,715	1,718,975	231	47.5	2,479	0.9	187	287	59.1	3,147	1.1	106
Female, Disabled												
All Ages	16,759	1,372,510	166	47.3	1,776	0.9	187	240	68.4	2,630	1.1	115
64 or younger	16,609	1,354,228	160	46.5	1,732	0.9	185	236	68.6	2,606	1.1	115
65-74	150	18,282	6	85.7	44	1.2	256	4	57.1	24	0.8	73
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	4,956	346,465	65	48.1	703	1.0	188	47	34.8	517	1.1	58
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,142	166,586	34	75.6	376	1.1	203	24	53.3	274	1.2	72
75-84	1,632	91,880	16	36.4	175	0.9	109	18	40.9	198	1.0	46
85 and older	1,182	87,999	15	33.3	152	0.8	240	5	11.1	45	1.3	25
Male												
All Males	14,296	1,158,306	135	35.1	1,415	1.0	199	186	48.3	1,909	1.1	115
Male, Disabled												
All Ages	11,960	979,990	106	33.8	1,106	1.0	219	165	52.5	1,695	1.1	123
64 or younger	11,933	978,399	104	33.3	1,095	1.0	221	165	52.9	1,695	1.1	123
65-74	27	1,591	2	100.0	11	0.4	55	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	2,336	178,316	29	40.8	309	0.9	126	21	29.6	214	1.0	46
64 or younger	27	3,034	1	50.0	9	1.4	207	0	0.0	0	0.0	0
65-74	1,016	77,832	13	52.0	138	0.8	111	15	60.0	151	0.9	36
75-84	1,051	73,366	12	37.5	133	1.1	152	5	15.6	51	1.2	70
85 and older	242	24,084	3	25.0	29	0.4	49	1	8.3	12	1.1	67
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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,892 beneficiaries who were in nursing facilities for part of their enrollment and their 17,778 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.

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]
NONDUAL BENEFICIARIES, WASHINGTON, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANALGESICS - Narcotic				
	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	**659**	**75.7**	**6,863**	**0.9**	**$45**	**522**	**59.9**	**5,236**	**0.8**	**$40**	**580**	**66.6**	**5,549**	**1.3**	**$37**
Female															
All Females	396	81.5	4,281	0.9	45	311	64.0	3,159	0.8	35	337	69.3	3,312	1.2	28
Female, Disabled															
All Ages	293	83.5	3,153	0.9	49	231	65.8	2,362	0.7	35	277	78.9	2,713	1.3	31
64 or younger	288	83.7	3,136	0.9	49	226	65.7	2,346	0.7	35	273	79.4	2,699	1.3	31
65-74	5	71.4	17	0.8	47	5	71.4	16	0.8	50	4	57.1	14	1.0	73
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	103	76.3	1,128	0.8	37	80	59.3	797	0.8	35	60	44.4	599	0.8	18
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	37	82.2	402	0.8	41	28	62.2	300	0.8	36	24	53.3	248	0.9	19
75-84	34	77.3	378	0.8	39	25	56.8	245	0.8	34	21	47.7	210	0.7	15
85 and older	32	71.1	348	0.8	30	27	60.0	252	0.7	37	15	33.3	141	0.6	22
Male															
All Males	263	68.3	2,582	0.9	45	211	54.8	2,077	0.8	48	243	63.1	2,237	1.5	49
Male, Disabled															
All Ages	216	68.8	2,115	0.9	48	168	53.5	1,690	0.8	49	214	68.2	1,977	1.6	54
64 or younger	213	68.3	2,102	0.9	48	167	53.5	1,681	0.8	49	214	68.6	1,977	1.6	54
65-74	3	150.0	13	1.1	18	1	50.0	9	0.2	30	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	47	66.2	467	0.8	33	43	60.6	387	0.8	43	29	40.8	260	0.8	10
64 or younger	1	50.0	9	1.0	76	1	50.0	2	0.5	69	0	0.0	0	0.0	0
65-74	21	84.0	200	0.9	32	18	72.0	155	0.6	31	9	36.0	62	0.7	14
75-84	18	56.3	207	0.7	35	17	53.1	178	0.9	36	16	50.0	171	0.9	8
85 and older	7	58.3	51	0.8	17	7	58.3	52	0.8	101	4	33.3	27	1.0	9
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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,892 beneficiaries who were in nursing facilities for part of their enrollment and their 17,778 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.

Beneficiary Characteristics	ANTIDIABETIC					HEMATOPOIETIC AGENTS					ANTIHYPERLIPIDEMIC				
	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	**408**	**46.8**	**4,052**	**1.0**	**$49**	**114**	**13.1**	**1,108**	**0.7**	**$163**	**241**	**27.7**	**2,520**	**0.9**	**$69**
Female															
All Females	249	51.2	2,567	1.0	52	66	13.6	664	0.6	114	160	32.9	1,767	0.8	67
Female, Disabled															
All Ages	175	49.9	1,796	1.0	54	46	13.1	458	0.7	154	120	34.2	1,318	0.9	70
64 or younger	170	49.4	1,766	1.0	55	44	12.8	454	0.7	153	120	34.9	1,318	0.9	70
65-74	5	71.4	30	0.7	22	2	28.6	4	0.8	235	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	74	54.8	771	1.0	45	20	14.8	206	0.6	27	40	29.6	449	0.8	57
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	30	66.7	300	1.1	59	5	11.1	46	0.7	3	16	35.6	185	0.8	68
75-84	18	40.9	201	1.4	53	7	15.9	73	0.5	10	15	34.1	162	0.8	62
85 and older	26	57.8	270	0.7	23	8	17.8	87	0.7	53	9	20.0	102	0.7	29
Male															
All Males	159	41.3	1,485	1.0	44	48	12.5	444	0.8	236	81	21.0	753	1.0	75
Male, Disabled															
All Ages	122	38.9	1,095	1.0	43	38	12.1	362	0.7	220	55	17.5	506	1.0	73
64 or younger	122	39.1	1,095	1.0	43	38	12.2	362	0.7	220	54	17.3	504	1.0	73
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	2	0.5	65
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	37	52.1	390	1.0	47	10	14.1	82	1.0	303	26	36.6	247	0.9	79
64 or younger	1	50.0	2	1.0	72	0	0.0	0	0.0	0	1	50.0	2	1.0	107
65-74	23	92.0	254	1.0	49	6	24.0	45	1.0	388	12	48.0	120	0.8	65
75-84	13	40.6	134	0.9	42	1	3.1	12	2.0	404	11	34.4	114	0.9	93
85 and older	0	0.0	0	0.0	0	3	25.0	25	0.6	102	2	16.7	11	1.0	74
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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,892 beneficiaries who were in nursing facilities for part of their enrollment and their 17,778 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.

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIASTHMATIC					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $		
All	**66**	**7.6**	**706**	**0.8**	**$245**	**364**	**41.8**	**3,664**	**0.4**	**$36**	**871**	**8,164**
Female												
All Females	39	8.0	428	0.8	305	215	44.2	2,284	0.4	29	486	4,764
Female, Disabled												
All Ages	15	4.3	171	0.8	609	171	48.7	1,831	0.4	30	351	3,447
64 or younger	15	4.4	171	0.8	609	166	48.3	1,785	0.4	30	344	3,416
65-74	0	0.0	0	0.0	0	5	71.4	46	0.3	22	7	31
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	24	17.8	257	0.8	103	44	32.6	453	0.4	27	135	1,317
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	2	4.4	24	0.8	96	19	42.2	198	0.3	30	45	467
75-84	12	27.3	116	0.9	104	17	38.6	181	0.4	24	44	414
85 and older	10	22.2	117	0.8	103	8	17.8	74	0.5	25	45	435
Male												
All Males	27	7.0	278	0.9	152	149	38.7	1,380	0.5	47	385	3,400
Male, Disabled												
All Ages	12	3.8	129	0.8	168	127	40.4	1,150	0.5	46	314	2,725
64 or younger	12	3.8	129	0.8	168	123	39.4	1,135	0.5	46	312	2,714
65-74	0	0.0	0	0.0	0	4	200.0	15	0.4	24	2	11
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	15	21.1	149	1.0	138	22	31.0	230	0.5	54	71	675
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	11
65-74	2	8.0	18	0.8	107	8	32.0	72	0.4	76	25	229
75-84	6	18.8	61	1.0	131	13	40.6	146	0.5	38	32	320
85 and older	7	58.3	70	1.0	153	1	8.3	12	0.8	117	12	115
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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 Nondual Rx $	Total Number of Beneficiaries
All	**116,795**	**18.9**	**1.2**	**734,053**	**$15**	**$9,082,311**	**$12**	**3.0**	**618,726**
Age									
5 and younger	16,627	15.7	0.3	37,108	4	417,345	11	5.2	106,082
6-14	16,266	13.5	0.4	43,616	6	718,198	16	2.2	120,252
15-20	11,195	9.8	0.3	31,796	4	482,551	15	2.4	113,923
21-44	37,250	17.1	0.9	197,209	11	2,475,209	13	2.5	217,582
45-64	29,706	57.3	6.8	352,743	83	4,328,617	12	3.4	51,868
65-74	3,633	68.0	8.4	44,690	78	415,668	9	4.8	5,340
75-84	1,729	63.6	8.1	22,007	73	198,867	9	5.1	2,718
85 and older	389	40.5	5.1	4,884	48	45,856	9	5.8	961
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility[c]									
Aged	5,753	64.4	8.0	71,612	74	660,510	9	4.9	8,932
Disabled	52,966	53.7	5.4	533,588	72	7,081,481	13	2.9	98,656
Adults	24,347	9.7	0.2	59,471	2	594,976	10	3.2	249,817
Children	33,515	12.8	0.3	68,019	3	729,325	11	3.3	260,943
Unknown	214	56.6	3.6	1,363	42	16,019	12	2.1	378
Gender									
Female	74,346	18.5	1.2	485,419	15	5,994,120	12	3.6	402,263
Male	42,438	19.6	1.1	248,464	14	3,086,425	12	2.3	216,428
Unknown	11	31.4	4.9	170	50	1,766	10	4.6	35
Race									
White	73,397	22.0	1.5	503,240	20	6,538,100	13	2.9	334,133
African American	7,789	22.2	1.4	48,646	14	495,041	10	2.9	35,103
Other/unknown	35,609	14.3	0.7	182,167	8	2,049,170	11	3.6	249,490
Use of Nursing Facilities[d]									
Entire year	595	68.3	7.9	6,899	146	127,578	18	3.0	871
Part year	1,622	85.7	12.3	23,277	178	337,021	14	3.6	1,892
None	114,578	18.6	1.1	703,877	14	8,617,712	12	3.0	615,963
Maintenance Assistance Status									
Cash	63,817	39.6	3.3	534,549	42	6,741,048	13	2.9	160,956
Medically needy	810	59.7	4.9	6,686	63	85,519	13	2.2	1,356
Poverty related	19,931	13.0	0.3	40,066	3	435,775	11	4.3	153,806
Other/unknown	32,237	10.7	0.5	152,752	6	1,819,969	12	3.3	302,608

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS 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	Benzodiazepine $ per Benefit Month	Number of Benefit Months
All	**0.2**	**$2**	**$12**	**$0**	**$1**	**3,933,858**
Age						
5 and younger	0.1	1	11	0	0	461,786
6-14	0.1	1	16	0	0	705,099
15-20	0.0	1	15	0	0	771,314
21-44	0.1	2	13	0	1	1,444,742
45-64	0.8	9	12	0	2	464,645
65-74	0.8	8	9	0	1	53,450
75-84	0.8	8	9	0	1	26,355
85 and older	0.8	7	9	0	1	6,467
Unknown	0.0	0	0	0	0	0
Basis of Eligibility[c]						
Aged	0.8	8	9	0	1	86,241
Disabled	0.5	7	13	0	2	997,274
Adults	0.0	0	10	0	0	1,570,692
Children	0.1	1	11	0	0	1,276,451
Unknown	0.4	5	12	0	2	3,200
Gender						
Female	0.2	2	12	0	1	2,643,494
Male	0.2	2	12	0	1	1,290,141
Unknown	0.8	8	10	0	1	223
Race						
White	0.2	3	13	0	1	2,105,506
African American	0.2	2	10	0	0	209,385
Other/unknown	0.1	1	11	0	0	1,618,967
Use of Nursing Facilities[d]						
Entire year	0.8	16	18	0	5	8,164
Part year	1.3	19	14	0	4	17,778
None	0.2	2	12	0	1	3,907,916
Maintenance Assistance Status						
Cash	0.4	5	13	0	2	1,229,767
Medically needy	0.6	8	13	0	2	11,274
Poverty related	0.1	1	11	0	0	770,795
Other/unknown	0.1	1	12	0	0	1,922,022

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 ND.12 includes the beneficaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 beneficaries 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS[a,b,c]
WASHINGTON, 2005

Drug Category	Number of Users	Rx $ per User	Total Rx $	Rx $ as a Percentage of All Part D Excluded Rx $	Total Number Rx.	$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	**158,107**	**$57**	**$9,082,311**	**100.0**	**734,053**	**$12**	**100.0**
Anorexia or weight loss/gain	1	24	24	0.0	1	24	0.0
Fertility drugs	3	78	233	0.0	8	29	0.0
Drugs for cosmetic purposes	248	15	3,693	0.0	370	10	0.1
Cough and cold medications	26,575	28	754,457	8.3	51,520	15	7.0
Vitamins and minerals	10,109	85	854,781	9.4	48,896	17	6.7
Non-prescription drugs	90,502	48	4,317,088	47.5	460,204	9	62.7
Barbiturates	970	66	64,320	0.7	7,384	9	1.0
Benzodiazepines	26,091	96	2,497,074	27.5	154,308	16	21.0
Other Part D Excl Rx Drugs	3,608	164	590,641	6.5	11,362	52	1.5

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 ND.13 includes the beneficaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.
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.

Nondual Beneficiaries

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY[a, b]
NONDUAL 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	1,030,787	9,129	100,578	314,841	605,861	378	9,741,506	89,485	1,041,774	2,620,964	5,986,050	3,233
Age												
5 and younger	233,167	1	3,910	6	229,250	0	2,226,143	8	41,191	25	2,184,919	0
6-14	276,976	1	10,211	336	266,428	0	2,859,808	12	116,010	2,148	2,741,638	0
15-20	176,744	7	8,624	58,169	109,944	0	1,631,106	77	93,395	479,213	1,058,421	0
21-44	274,064	19	34,937	238,796	239	73	2,353,649	177	355,879	1,995,967	1,072	554
45-64	60,603	117	42,682	17,499	0	305	581,102	1,082	433,969	143,372	0	2,679
65-74	5,485	5,257	204	24	0	0	55,741	54,275	1,291	175	0	0
75-84	2,774	2,764	4	6	0	0	27,306	27,241	21	44	0	0
85 and older	974	963	6	5	0	0	6,651	6,613	18	20	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	623,255	5,763	50,917	266,873	299,324	378	5,842,866	56,750	538,446	2,272,107	2,972,330	3,233
Male	407,481	3,360	49,654	47,965	306,502	0	3,898,175	32,672	503,244	348,841	3,013,418	0
Unknown	51	6	7	3	35	0	465	63	84	16	302	0
Race												
White	581,603	4,974	73,043	150,156	353,204	226	5,587,055	48,678	761,014	1,290,112	3,485,173	2,078
African American	63,975	385	9,028	16,665	37,883	14	621,974	3,804	92,220	145,429	380,420	101
Other/unknown	385,209	3,770	18,507	148,020	214,774	138	3,532,477	37,003	188,540	1,185,423	2,120,457	1,054
Use of Nursing Facilities[c]												
Entire year	882	205	674	3	0	0	8,344	2,006	6,326	12	0	0
Part year	1,922	202	1,667	47	6	0	18,534	1,820	16,275	391	48	0
None	1,027,983	8,722	98,237	314,791	605,855	378	9,714,628	85,659	1,019,173	2,620,561	5,986,002	3,233
Maintenance Assistance Status												
Cash	243,017	5,837	91,093	45,497	100,590	0	2,412,606	60,495	942,299	395,964	1,013,848	0
Medically needy	1,374	56	1,108	23	187	0	12,550	559	10,261	142	1,588	0
Poverty related	327,200	27	72	40,721	286,002	378	3,251,101	173	539	354,864	2,892,292	3,233
Other/unknown	459,196	3,209	8,305	228,600	219,082	0	4,065,249	28,258	88,675	1,869,994	2,078,322	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	374,275	8,690	92,519	171,223	101,481	362	3,178,031	84,587	960,082	1,293,209	837,092	3,061
FFS part year, with Rx claims	97,236	227	5,316	42,967	48,711	15	941,399	2,562	54,801	401,875	482,001	160
FFS part year, no Rx claims	147,245	15	825	35,627	110,777	1	1,311,295	159	7,728	306,787	996,609	12
MC all year, with Rx claims	37,465	11	509	11,912	25,033	0	416,432	122	5,034	127,681	283,595	0
MC all year, no Rx claims	374,550	186	1,409	53,112	319,843	0	3,894,278	2,055	14,129	491,412	3,386,682	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.1 includes the beneficiaries represented by Cell J 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.
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.2

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]

NONDUAL BENEFICIARIES, WASHINGTON, 2005

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	**1,030,787**	**9,741,506**	**618,726**	**3,933,858**	**30**	**5,807,648**
Fee-for-service (FFS) all year	374,275	3,178,031	374,275	3,177,891	0	140
FFS part year, with Rx claims	97,236	941,399	97,229	361,324	7	580,075
FFS part year, with no Rx claims	147,245	1,311,295	147,222	394,643	23	916,652
Managed care (MC) all year, with Rx claims	37,465	416,432	0	0	0	416,432
MC all year, with no Rx claims	374,550	3,894,278	0	0	0	3,894,278

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

Nondual Beneficiaries