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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006  
ALASKA**

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 OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
 ALASKA, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	130740 (A)	13555 (E)	117185 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	130510 (B)	13338 (F)	117172 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	130510 (C)	13338 (G)	117172 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	514 (D)	439 (H)	75 (L)

Source: Data for this table are from the MAX 2006 file for Alaska, released by CMS in 5/2009. This table was produced on 02/11/2010.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2006 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2006, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Alaska in 2006 was \$72,283,563, of which \$460,744 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI. In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2006. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2006. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

All Medicaid Beneficiaries

TABLE 2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
ALASKA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>130,510</b>	<b>7,228</b>	<b>15,250</b>	<b>28,264</b>	<b>79,599</b>	<b>169</b>	<b>1,185,263</b>	<b>76,316</b>	<b>163,623</b>	<b>211,521</b>	<b>732,672</b>	<b>1,131</b>
<b>Age</b>												
5 and younger	31,222	0	482	0	30,740	0	273,217	0	4,670	0	268,547	0
6-14	35,517	0	905	2	34,610	0	344,548	0	10,115	7	334,426	0
15-20	20,104	0	801	5,324	13,974	5	175,897	0	8,533	38,900	128,447	17
21-44	24,966	5	4,725	19,872	275	89	198,922	42	51,106	146,007	1,252	515
45-64	10,546	36	7,405	3,033	0	72	106,413	361	79,150	26,322	0	580
65-74	4,058	3,182	841	32	0	3	42,738	33,372	9,074	273	0	19
75-84	2,926	2,851	74	1	0	0	31,673	30,857	804	12	0	0
85 and older	1,171	1,154	17	0	0	0	11,855	11,684	171	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	72,168	4,566	7,606	21,027	38,800	169	645,917	48,626	82,637	155,602	357,921	1,131
Male	58,340	2,662	7,644	7,237	40,797	0	539,342	27,690	80,986	55,919	374,747	0
Unknown	2	0	0	0	2	0	4	0	0	0	4	0
<b>Race</b>												
White	53,558	2,926	8,563	12,012	29,926	131	479,575	29,978	91,144	86,575	270,989	889
African American	7,001	183	892	1,391	4,531	4	64,227	1,878	9,495	10,602	42,223	29
Other/unknown	69,951	4,119	5,795	14,861	45,142	34	641,461	44,460	62,984	114,344	419,460	213
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	514	384	129	1	0	0	5,080	3,812	1,267	1	0	0
Part year	749	447	298	4	0	0	7,900	4,638	3,217	45	0	0
None	129,247	6,397	14,823	28,259	79,599	169	1,172,283	67,866	159,139	211,475	732,672	1,131
<b>Maintenance Assistance Status</b>												
Cash	52,786	6,136	13,835	15,930	16,885	0	507,483	65,946	148,747	131,958	160,832	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	63,501	17	25	10,225	53,065	169	543,607	194	254	62,260	479,768	1,131
Other/unknown	14,223	1,075	1,390	2,109	9,649	0	134,173	10,176	14,622	17,303	92,072	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	13,260	6,416	6,696	142	1	5	142,662	67,962	73,310	1,352	10	28
Full dual, part year	78	36	42	0	0	0	828	381	447	0	0	0
Non-dual, all year	117,172	776	8,512	28,122	79,598	164	1,041,773	7,973	89,866	210,169	732,662	1,103
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	130,510	7,228	15,250	28,264	79,599	169	1,185,263	76,316	163,623	211,521	732,672	1,131
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2006 file for Alaska, released by CMS in 5/2009. This table was produced on 02/11/2010.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full

dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.  
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

## All Medicaid Beneficiaries

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
ALASKA, 2006

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>51.2</b>	<b>7.1</b>	<b>\$550</b>	<b>\$78</b>	<b>\$7,133</b>	<b>7.7</b>	<b>130,510</b>
<b>Age</b>							
5 and younger	52.6	2.4	200	85	4,162	4.8	31,222
6-14	43.2	2.9	263	90	3,392	7.7	35,517
15-20	52.5	4.7	487	103	7,525	6.5	20,104
21-44	63.5	11.2	838	75	8,368	10.0	24,966
45-64	63.3	30.4	2,184	72	15,686	13.9	10,546
65-74	27.8	7.4	410	55	12,976	3.2	4,058
75-84	22.6	5.4	247	46	21,030	1.2	2,926
85 and older	17.4	2.3	103	45	34,719	0.3	1,171
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	23.4	5.3	271	51	19,706	1.4	7,228
Disabled	60.6	29.5	2,528	86	22,147	11.4	15,250
Adults	63.2	7.6	481	64	4,967	9.7	28,264
Children	47.7	2.7	219	80	3,873	5.7	79,599
Unknown	63.3	13.4	1,400	104	11,822	11.8	169
<b>Gender</b>							
Female	54.8	8.1	566	70	7,299	7.8	72,168
Male	46.9	5.8	530	92	6,927	7.7	58,340
Unknown	0.0	0.0	0	0	0	0.0	2
<b>Race</b>							
White	54.1	8.9	717	80	7,751	9.2	53,558
African American	52.0	8.2	589	72	5,896	10.0	7,001
Other/unknown	49.0	5.5	419	76	6,783	6.2	69,951
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	37.5	12.9	1,072	83	109,516	1.0	514
Part year	42.1	15.8	1,177	75	44,938	2.6	749
None	51.3	7.0	545	78	6,506	8.4	129,247
<b>Maintenance Assistance Status</b>							
Cash	53.5	12.7	977	77	9,385	10.4	52,786
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	48.8	2.6	191	73	3,862	4.9	63,501
Other/unknown	53.7	6.1	570	93	13,377	4.3	14,223

Source: Data for this table are from the MAX 2006 file for Alaska, released by CMS in 5/2009. This table was produced on 02/11/2010.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. In ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability

or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

## All Medicaid Beneficiaries



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 ALASKA, 2006

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Number		
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10 Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months	
<b>All</b>	<b>0.8</b>	<b>\$61</b>	<b>7.7</b>	<b>48.8</b>	<b>40.9</b>	<b>4.0</b>	<b>3.9</b>	<b>1.5</b>	<b>0.8</b>	<b>\$785</b>	<b>130,510</b>	<b>1,185,263</b>
<b>Age</b>												
5 and younger	0.3	23	4.8	47.4	50.0	1.8	0.7	0.0	0.0	476	31,222	273,217
6-14	0.3	27	7.7	56.8	38.8	2.4	1.6	0.3	0.1	350	35,517	344,548
15-20	0.5	56	6.5	47.5	44.3	4.3	2.7	0.8	0.3	860	20,104	175,897
21-44	1.4	105	10.0	36.5	43.3	7.9	8.1	2.9	1.4	1,050	24,966	198,922
45-64	3.0	217	13.9	36.7	27.7	7.3	13.9	8.7	5.6	1,555	10,546	106,413
65-74	0.7	39	3.2	72.2	17.8	2.7	4.2	2.0	1.0	1,232	4,058	42,738
75-84	0.5	23	1.2	77.4	15.6	2.0	2.9	1.1	1.0	1,943	2,926	31,673
85 and older	0.2	10	0.3	82.6	13.0	1.6	1.7	0.9	0.3	3,429	1,171	11,855
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.5	26	1.4	76.6	16.1	2.1	3.1	1.3	0.8	1,866	7,228	76,316
Disabled	2.7	236	11.4	39.4	27.8	7.2	12.5	7.3	5.7	2,064	15,250	163,623
Adults	1.0	64	9.7	36.8	46.0	7.6	7.1	2.2	0.4	664	28,264	211,521
Children	0.3	24	5.7	52.3	43.9	2.3	1.2	0.2	0.1	421	79,599	732,672
Unknown	2.0	209	11.8	36.7	31.4	12.4	14.2	4.1	1.2	1,767	169	1,131
<b>Gender</b>												
Female	0.9	63	7.8	45.2	42.8	4.5	4.5	1.9	1.0	816	72,168	645,917
Male	0.6	57	7.7	53.1	38.5	3.4	3.2	1.1	0.7	749	58,340	539,342
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	4
<b>Race</b>												
White	1.0	80	9.2	45.9	40.7	5.0	5.0	2.2	1.2	866	53,558	479,575
African American	0.9	64	10.0	48.0	41.8	4.2	3.7	1.1	1.1	643	7,001	64,227
Other/unknown	0.6	46	6.2	51.0	41.0	3.2	3.1	1.1	0.6	740	69,951	641,461
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	1.3	109	1.0	62.5	21.8	2.9	4.3	4.5	4.1	11,081	514	5,080
Part year	1.5	112	2.6	57.9	25.8	3.2	3.7	5.2	4.1	4,261	749	7,900
None	0.8	60	8.4	48.7	41.1	4.0	3.9	1.5	0.8	717	129,247	1,172,283
<b>Maintenance Assistance Status</b>												
Cash	1.3	102	10.4	46.5	36.1	5.3	7.0	3.2	1.9	976	52,786	507,483
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.3	22	4.9	51.2	44.4	2.7	1.3	0.2	0.1	451	63,501	543,607
Other/unknown	0.6	61	4.3	46.3	42.8	5.0	4.2	1.2	0.5	1,418	14,223	134,173

Source: Data for this table are from the MAX 2006 file for Alaska, released by CMS in 5/2009. This table was produced on 02/11/2010.

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

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

c. In ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability

or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

## All Medicaid Beneficiaries

TABLE 5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 ALASKA, 2006

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>0.8</b>	<b>\$61</b>	<b>\$78</b>	<b>0.3</b>	<b>\$43</b>	<b>\$153</b>	<b>0.0</b>	<b>\$4</b>	<b>\$90</b>	<b>0.4</b>	<b>\$13</b>	<b>\$29</b>
<b>Age</b>												
5 and younger	0.3	23	85	0.1	18	227	0.0	1	46	0.2	4	24
6-14	0.3	27	90	0.1	22	152	0.0	1	67	0.1	4	28
15-20	0.5	56	103	0.2	45	206	0.0	3	78	0.3	8	28
21-44	1.4	105	75	0.5	71	153	0.1	9	113	0.9	26	29
45-64	3.0	217	72	1.1	141	129	0.2	20	100	1.7	56	32
65-74	0.7	39	55	0.2	25	103	0.0	3	68	0.4	10	25
75-84	0.5	23	46	0.2	14	90	0.0	2	66	0.3	7	21
85 and older	0.2	10	45	0.1	6	97	0.0	1	82	0.2	3	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.5	26	51	0.2	16	99	0.0	3	80	0.3	7	23
Disabled	2.7	236	86	1.1	171	156	0.2	17	96	1.5	47	32
Adults	1.0	64	64	0.3	38	146	0.1	7	121	0.7	19	28
Children	0.3	24	80	0.1	19	157	0.0	1	55	0.2	4	26
Unknown	2.0	209	104	0.8	148	195	0.1	25	182	1.1	36	33
<b>Gender</b>												
Female	0.9	63	70	0.3	43	135	0.1	5	96	0.5	15	29
Male	0.6	57	92	0.2	44	179	0.0	3	79	0.3	10	31
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	1.0	80	80	0.4	57	145	0.1	6	113	0.6	17	31
African American	0.9	64	72	0.4	48	133	0.0	4	91	0.5	12	25
Other/unknown	0.6	46	76	0.2	32	167	0.0	3	69	0.4	10	28
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	1.3	109	83	0.3	65	204	0.1	6	108	0.9	37	40
Part year	1.5	112	75	0.4	71	165	0.1	7	76	1.0	33	34
None	0.8	60	78	0.3	43	152	0.0	4	90	0.4	13	29
<b>Maintenance Assistance Status</b>												
Cash	1.3	102	77	0.5	71	149	0.1	8	98	0.8	23	30
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	22	73	0.1	16	153	0.0	2	69	0.2	4	25
Other/unknown	0.6	61	93	0.3	47	175	0.0	3	72	0.3	10	30

Source: Data for this table are from the MAX 2006 file for Alaska, released by CMS in 5/2009. This table was produced on 02/11/2010.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Alaska, 0.5 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.medi-span.com/master-drug-database.aspx>

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability

or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

## All Medicaid Beneficiaries

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 ALASKA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	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 All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.0	0.0	0.2	\$14	\$8	\$1	\$5	\$61	\$186	\$54	\$31	90,881	\$5,532,539	38,768	29.7	393,637
Biologicals	0.4	0.4	0.0	0.0	658	658	0	0	1467	1,467	0	0	2,079	3,049,675	501	0.4	4,635
Antineoplastic Agents	0.6	0.2	0.0	0.4	195	166	7	22	336	1,083	453	53	3,020	1,015,178	496	0.4	5,213
Endocrine/Metabolic Drugs	0.6	0.2	0.1	0.3	32	20	4	8	56	99	46	27	71,464	3,967,683	12,662	9.7	125,083
Cardiovascular Agents	1.4	0.4	0.1	0.9	60	32	10	17	41	73	83	20	111,063	4,595,884	7,339	5.6	76,868
Respiratory Agents	0.4	0.2	0.0	0.2	27	23	0	4	68	102	70	23	81,531	5,548,813	19,706	15.1	204,546
Gastrointestinal Agents	0.6	0.3	0.0	0.2	66	45	9	12	112	133	469	51	53,635	5,994,818	8,800	6.7	90,859
Genitourinary Agents	0.3	0.1	0.0	0.1	17	10	3	4	58	79	70	31	10,821	623,078	3,783	2.9	37,648
CNS Drugs	1.2	0.6	0.1	0.5	111	89	7	15	94	158	87	28	187,268	17,599,084	15,279	11.7	157,995
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	78	71	2	5	115	131	151	41	23,710	2,737,502	3,283	2.5	35,150
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	209	208	0	1	338	342	147	117	2,282	770,879	337	0.3	3,682
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	28	11	3	13	57	216	297	31	112,690	6,425,247	23,402	17.9	230,559
Neuromuscular Agents	0.9	0.4	0.0	0.5	70	46	3	21	77	132	80	40	81,388	6,278,789	8,567	6.6	89,957
Nutritional Products	0.4	0.0	0.1	0.3	8	1	1	7	19	30	16	19	21,648	420,475	5,282	4.0	50,497
Hematological Agents	0.8	0.2	0.1	0.5	215	204	2	9	283	1,195	26	17	14,630	4,142,648	1,868	1.4	19,290
Topical Products	0.2	0.1	0.0	0.1	11	7	0	4	52	114	58	26	49,167	2,539,463	23,330	17.9	239,958
Miscellaneous Products	0.2	0.1	0.0	0.0	20	16	1	3	127	126	208	111	3,827	484,341	2,211	1.7	23,701
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	19	0	0	0	92	0	0	0	1,052	96,723	481	0.4	4,991
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>922,156</b>	<b>71,822,819</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2006 file for Alaska, released by CMS in 5/2009. This table was produced on 02/11/2010.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Alaska, 0.5 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.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 ALASKA, 2006

Top 10 Drug Groups	Total Medicaid Rx		Users		Among Users		
	\$	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$11,333,409	5,601	4.3	60,875	1.0	\$181	\$186
ANTICONVULSANT	5,416,227	5,612	4.3	60,808	0.9	99	89
ANTIDEPRESSANTS	4,457,168	11,050	8.5	114,653	0.7	56	39
ANALGESICS - Narcotic	4,120,590	25,706	19.7	256,414	0.3	53	16
ULCER DRUGS	4,103,897	7,600	5.8	79,045	0.5	101	52
ANTIASTHMATIC	3,655,593	17,933	13.7	188,640	0.3	76	19
MISC. HEMATOLOGICAL	3,050,908	346	0.3	3,685	0.9	955	828
PASSIVE IMMUNIZING AGENTS	3,043,021	424	0.3	3,806	0.5	1,524	800
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,737,502	3,762	2.9	40,667	0.6	115	67
ANTIDIABETIC	1,834,627	3,318	2.5	34,846	0.8	64	53
Total	43,752,942	81,352	n.a.	843,439	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Alaska, released by CMS in 5/2009. This table was produced on 02/11/2010.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

All Medicaid Beneficiaries