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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
WASHINGTON

LIST OF TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
WASHINGTON, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	1191471 (A)	146288 (E)	1045183 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1149271 (B)	107670 (F)	1041601 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	717798 (C)	106560 (G)	611238 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	10076 (D)	9213 (H)	863 (L)

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.
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 beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
d. The total Medicaid pharmacy reimbursement for Washington in 2006 was $368,051,961, of which $22,806,192 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 seperately 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.

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]
WASHINGTON, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**717,798**	**65,354**	**146,987**	**250,747**	**254,200**	**510**	**5,061,427**	**683,721**	**1,532,883**	**1,548,291**	**1,291,975**	**4,557**
Age												
5 and younger	104,711	0	4,033	3	100,675	0	465,444	0	39,674	9	425,761	0
6-14	115,156	1	10,373	219	104,563	0	708,523	3	113,294	1,229	593,997	0
15-20	110,017	7	9,034	52,114	48,862	0	748,594	78	96,579	380,144	271,793	0
21-44	242,979	22	53,972	188,791	99	95	1,682,884	206	557,334	1,124,114	419	811
45-64	79,512	164	69,362	9,579	0	407	772,216	1,431	724,529	42,585	0	3,671
65-74	26,815	26,563	211	33	0	8	288,955	287,260	1,449	171	0	75
75-84	22,383	22,375	2	6	0	0	235,778	235,722	24	32	0	0
85 and older	16,225	16,222	0	2	1	0	159,033	159,021	0	7	5	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	468,658	45,338	74,892	221,898	126,020	510	3,350,341	476,632	793,139	1,433,437	642,576	4,557
Male	249,091	20,011	72,088	28,847	128,145	0	1,710,855	207,045	739,675	114,848	649,287	0
Unknown	49	5	7	2	35	0	231	44	69	6	112	0
Race												
White	380,754	40,963	105,967	102,701	130,821	302	2,796,247	422,319	1,112,698	544,809	713,795	2,626
African American	40,937	2,138	12,331	11,135	15,315	18	269,472	22,729	126,206	50,218	70,164	155
Other/unknown	296,107	22,253	28,689	136,911	108,064	190	1,995,708	238,673	293,979	953,264	508,016	1,776
Use of Nursing Facilities[c]												
Entire year	10,076	8,460	1,613	1	2	0	96,816	80,718	16,086	2	10	0
Part year	7,615	5,027	2,566	18	3	1	76,009	50,016	25,880	95	12	6
None	700,107	51,867	142,808	250,728	254,195	509	4,888,602	552,987	1,490,917	1,548,194	1,291,953	4,551
Maintenance Assistance Status												
Cash	209,830	30,116	119,183	25,231	35,300	0	1,819,751	336,630	1,232,051	95,390	155,680	0
Medically needy	2,663	610	1,813	35	205	0	24,181	6,108	16,887	139	1,047	0
Poverty-related	157,988	1,222	2,806	41,970	111,480	510	847,239	11,219	27,640	247,165	556,658	4,557
Other/unknown	347,317	33,406	23,185	183,511	107,215	0	2,370,256	329,764	256,305	1,205,597	578,590	0
Dual Medicare Status[d]												
Full dual, all year	100,020	55,778	43,347	844	18	33	1,070,682	586,012	478,514	5,647	192	317
Full dual, part year	6,540	2,504	3,973	63	0	0	66,585	24,697	41,228	660	0	0
Non-dual, all year	611,238	7,072	99,667	249,840	254,182	477	3,924,160	73,012	1,013,141	1,541,984	1,291,783	4,240
Managed Care (MC) Status												
Fee-for-service (FFS) all year	474,443	64,750	139,566	169,156	100,468	503	4,304,371	680,056	1,488,896	1,257,866	873,019	4,534
FFS part year, with Rx claims	94,650	503	6,285	43,789	44,066	7	357,126	3,247	38,565	164,863	150,428	23
FFS part year, no Rx claims	148,705	101	1,136	37,802	109,666	0	399,930	418	5,422	125,562	268,528	0

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
WASHINGTON, 2006

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	**48.3**	**10.6**	**$481**	**$46**	**$4,716**	**10.2**	**717,798**
Age							
5 and younger	34.9	1.5	80	55	2,408	3.3	104,711
6-14	37.6	2.9	299	102	1,815	16.5	115,156
15-20	35.1	2.7	233	85	2,149	10.8	110,017
21-44	45.9	7.5	441	59	3,796	11.6	242,979
45-64	82.5	38.6	1,864	48	11,091	16.8	79,512
65-74	81.0	32.0	500	16	9,079	5.5	26,815
75-84	79.7	30.0	273	9	14,010	1.9	22,383
85 and older	73.7	22.9	118	5	20,133	0.6	16,225
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	78.8	29.1	331	11	13,492	2.5	65,354
Disabled	82.8	32.0	1,912	60	11,753	16.3	146,987
Adults	33.6	2.1	76	37	1,606	4.7	250,747
Children	35.0	1.7	89	51	1,438	6.2	254,200
Unknown	90.2	25.7	1,920	75	15,584	12.3	510
Gender							
Female	47.5	10.7	411	39	4,453	9.2	468,658
Male	49.9	10.4	614	59	5,213	11.8	249,091
Unknown	38.8	7.6	312	41	1,569	19.9	49
Race							
White	56.8	14.2	644	45	6,142	10.5	380,754
African American	51.4	10.5	480	46	4,870	9.9	40,937
Other/unknown	37.0	5.9	271	46	2,863	9.5	296,107
Use of Nursing Facilities[f]							
Entire year	61.7	12.1	528	44	40,643	1.3	10,076
Part year	83.3	34.8	1,284	37	32,574	3.9	7,615
None	47.8	10.3	472	46	3,896	12.1	700,107
Maintenance Assistance Status							
Cash	71.8	23.3	1,257	54	6,487	19.4	209,830
Medically needy	83.4	30.3	1,695	56	10,686	15.9	2,663
Poverty related	38.5	1.9	74	39	1,638	4.5	157,988
Other/unknown	38.3	6.6	188	28	5,001	3.8	347,317

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.
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.

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]
WASHINGTON, 2006

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**1.5**	**$68**	**10.2**	**51.7**	**27.0**	**6.1**	**9.1**	**4.8**	**1.2**	**$669**	**717,798**	**5,061,427**
Age												
5 and younger	0.3	18	3.3	65.1	30.1	3.0	1.5	0.2	0.0	542	104,711	465,444
6-14	0.5	49	16.5	62.4	29.7	4.1	3.1	0.5	0.1	295	115,156	708,523
15-20	0.4	34	10.8	64.9	27.3	3.9	3.1	0.7	0.1	316	110,017	748,594
21-44	1.1	64	11.6	54.1	27.2	6.4	7.9	3.4	0.9	548	242,979	1,682,884
45-64	4.0	192	16.8	17.5	19.4	11.1	25.9	19.5	6.6	1,142	79,512	772,216
65-74	3.0	46	5.5	19.0	24.2	12.2	26.9	15.3	2.3	843	26,815	288,955
75-84	2.8	26	1.9	20.3	24.7	11.2	26.8	15.3	1.7	1,330	22,383	235,778
85 and older	2.3	12	0.6	26.3	28.1	10.3	21.8	12.6	1.0	2,054	16,225	159,033
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	2.8	32	2.5	21.2	25.4	11.4	25.6	14.6	1.8	1,290	65,354	683,721
Disabled	3.1	183	16.3	17.2	28.4	12.0	23.3	14.5	4.6	1,127	146,987	1,532,883
Adults	0.3	12	4.7	66.4	24.4	4.0	3.5	1.2	0.4	260	250,747	1,548,291
Children	0.3	18	6.2	65.0	29.2	3.4	2.0	0.3	0.1	283	254,200	1,291,975
Unknown	2.9	215	12.3	9.8	28.4	17.6	32.0	11.0	1.2	1,744	510	4,557
Gender												
Female	1.5	57	9.2	52.5	26.6	5.7	8.8	5.1	1.4	623	468,658	3,350,341
Male	1.5	89	11.8	50.1	27.8	6.9	9.7	4.4	1.0	759	249,091	1,710,855
Unknown	1.6	66	19.9	61.2	18.4	4.1	8.2	8.2	0.0	333	49	231
Race												
White	1.9	88	10.5	43.2	29.0	7.5	11.7	6.8	1.9	836	380,754	2,796,247
African American	1.6	73	9.9	48.6	28.6	7.2	9.5	4.9	1.2	740	40,937	269,472
Other/unknown	0.9	40	9.5	63.0	24.3	4.2	5.6	2.4	0.4	425	296,107	1,995,708
Use of Nursing Facilities[f]												
Entire year	1.3	55	1.3	38.3	41.6	6.1	5.9	4.7	3.4	4,230	10,076	96,816
Part year	3.5	129	3.9	16.7	29.8	10.6	20.2	15.1	7.6	3,263	7,615	76,009
None	1.5	68	12.1	52.2	26.8	6.1	9.0	4.7	1.1	558	700,107	4,888,602
Maintenance Assistance Status												
Cash	2.7	145	19.4	28.2	28.8	10.6	18.7	10.7	3.0	748	209,830	1,819,751
Medically needy	3.3	187	15.9	16.6	23.7	11.9	25.8	17.8	4.1	1,177	2,663	24,181
Poverty related	0.4	14	4.5	61.5	32.3	3.7	2.1	0.4	0.1	305	157,988	847,239
Other/unknown	1.0	28	3.8	61.7	23.6	4.5	6.3	3.2	0.7	733	347,317	2,370,256

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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.

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]
WASHINGTON, 2006

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	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	**1.5**	**$68**	**$46**	**0.5**	**$53**	**$115**	**0.0**	**$3**	**$69**	**1.0**	**$13**	**$13**
Age												
5 and younger	0.3	18	55	0.1	13	158	0.0	1	49	0.2	4	17
6-14	0.5	49	102	0.2	43	199	0.0	1	81	0.3	5	19
15-20	0.4	34	85	0.1	29	192	0.0	1	92	0.2	5	19
21-44	1.1	64	59	0.3	49	158	0.0	2	92	0.7	12	16
45-64	4.0	192	48	1.1	142	126	0.1	8	87	2.8	42	15
65-74	3.0	46	16	1.0	33	35	0.1	2	24	1.9	12	6
75-84	2.8	26	9	0.9	18	19	0.1	1	12	1.8	8	4
85 and older	2.3	12	5	0.7	7	10	0.1	0	7	1.6	5	3
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	2.8	32	11	0.9	22	25	0.1	1	16	1.8	9	5
Disabled	3.1	183	60	0.9	144	155	0.1	7	90	2.1	33	16
Adults	0.3	12	37	0.1	8	96	0.0	1	87	0.2	4	16
Children	0.3	18	51	0.1	14	115	0.0	1	55	0.2	3	16
Unknown	2.9	215	75	0.8	170	201	0.1	16	263	2.0	29	15
Gender												
Female	1.5	57	39	0.4	42	97	0.0	2	66	1.0	13	13
Male	1.5	89	59	0.5	73	146	0.0	3	76	1.0	14	14
Unknown	1.6	66	41	0.6	50	77	0.1	4	51	0.9	13	15
Race												
White	1.9	88	45	0.6	67	116	0.0	3	72	1.3	17	13
African American	1.6	73	46	0.5	57	122	0.0	2	61	1.1	14	13
Other/unknown	0.9	40	46	0.3	32	112	0.0	1	65	0.6	7	13
Use of Nursing Facilities[e]												
Entire year	1.3	55	44	0.3	39	128	0.0	2	62	0.9	14	15
Part year	3.5	129	37	0.9	90	101	0.1	6	68	2.5	33	13
None	1.5	68	46	0.5	52	115	0.0	3	70	1.0	13	13
Maintenance Assistance Status												
Cash	2.7	145	54	0.8	114	138	0.1	5	84	1.8	26	15
Medically needy	3.3	187	56	1.0	145	145	0.1	8	111	2.3	33	15
Poverty related	0.4	14	39	0.1	10	94	0.0	1	71	0.2	4	14
Other/unknown	1.0	28	28	0.3	20	68	0.0	1	45	0.7	6	10

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.
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 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.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.

TABLE 6

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

WASHINGTON, 2006

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 $	Users[e]: Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.0	0.0	0.2	$16	$11	$0	$4	$55	$258	$48	$18	451,583	$24,939,587	170,776	23.8	1,567,645
Biologicals	0.1	0.1	0.0	0.0	76	74	0	2	546	566	0	215	5,876	3,208,057	3,989	0.6	42,191
Antineoplastic Agents	0.5	0.2	0.0	0.3	86	74	0	12	173	456	154	35	22,900	3,970,660	4,451	0.6	46,361
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	25	19	1	5	34	70	35	12	799,331	27,499,165	116,401	16.2	1,121,364
Cardiovascular Agents	1.4	0.4	0.0	0.9	27	20	0	7	19	46	27	7	1,483,306	28,907,804	102,519	14.3	1,078,717
Respiratory Agents	0.6	0.2	0.0	0.3	26	20	0	5	47	82	53	18	580,819	27,286,140	107,058	14.9	1,041,804
Gastrointestinal Agents	0.5	0.2	0.0	0.3	28	22	3	3	52	94	397	10	407,836	21,296,945	73,887	10.3	763,163
Genitourinary Agents	0.4	0.1	0.0	0.2	9	5	1	2	24	40	45	10	106,843	2,526,231	28,831	4.0	287,995
CNS Drugs	1.1	0.4	0.0	0.7	69	56	3	9	63	160	68	13	1,403,289	88,074,201	128,246	17.9	1,276,804
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	69	65	0	4	88	109	91	20	123,109	10,846,069	16,513	2.3	156,279
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	89	89	0	0	156	157	90	24	34,069	5,305,466	5,576	0.8	59,755
Analgesics and Anesthetics	0.7	0.0	0.0	0.6	19	8	1	10	27	154	214	15	953,603	26,217,275	148,871	20.7	1,391,464
Neuromuscular Agents	0.8	0.3	0.0	0.5	47	36	1	9	60	139	64	18	574,964	34,422,698	72,133	10.0	739,531
Nutritional Products	0.4	0.0	0.0	0.4	4	0	0	3	9	22	10	9	152,068	1,424,604	45,103	6.3	389,995
Hematological Agents	0.6	0.2	0.0	0.5	116	111	0	5	184	736	14	11	147,809	27,151,670	22,267	3.1	233,898
Topical Products	0.3	0.1	0.0	0.2	8	5	0	3	27	58	37	15	307,284	8,417,962	103,726	14.5	1,018,766
Miscellaneous Products	0.2	0.2	0.0	0.1	43	37	3	4	178	225	233	60	20,023	3,563,268	8,330	1.2	82,105
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	45	0	0	0	4,206	187,967	2,092	0.3	22,440
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.	7,578,918	345,245,769	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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 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.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[a, b, c]
WASHINGTON, 2006

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$62,189,784	54,789	7.6	587,173	0.6	$171	$106
ANTICONVULSANT	30,878,684	52,336	7.3	561,707	0.7	80	55
MISC. HEMATOLOGICAL	21,694,595	7,625	1.1	83,021	0.5	498	261
ANTIASTHMATIC	20,001,942	97,727	13.6	995,475	0.4	55	20
ANTIDEPRESSANTS	19,491,252	118,520	16.5	1,226,099	0.5	30	16
ULCER DRUGS	18,532,494	84,691	11.8	897,737	0.5	42	21
ANTIHYPERLIPIDEMIC	14,076,802	52,126	7.3	577,667	0.6	43	24
ANTIVIRAL	13,897,194	11,444	1.6	116,416	0.4	318	119
ANALGESICS - Narcotic	13,412,135	165,029	23.0	1,618,608	0.4	21	8
ANTIDIABETIC	13,245,265	53,621	7.5	576,896	0.6	37	23
Total	227,420,147	697,908	n.a.	7,240,799	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.
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.