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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
ALASKA

LIST OF TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ALASKA, 2007

Inclusion Criteria (2007)	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]	126203 (A)	13873 (E)	112330 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	125920 (B)	13602 (F)	112318 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	125920 (C)	13602 (G)	112318 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	482 (D)	413 (H)	69 (L)

Source: Data for this table are from the MAX 2007 file for Alaska, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007 (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 2007, 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 Alaska in 2007 was $74,356,842, of which $365,270 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 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TN, TX, and WV). These lists were constructed from the CMS 2007 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 reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.
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 2007. 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 2007. 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]
ALASKA, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**125,920**	**7,204**	**15,835**	**26,486**	**76,235**	**160**	**1,141,626**	**76,564**	**169,830**	**196,312**	**697,804**	**1,116**
Age												
5 and younger	30,272	1	517	0	29,754	0	264,092	3	5,091	0	258,998	0
6-14	33,813	0	970	2	32,841	0	327,266	0	10,762	12	316,492	0
15-20	19,254	0	863	5,002	13,385	4	166,962	0	9,217	36,539	121,184	22
21-44	23,570	4	4,742	18,490	255	79	187,326	42	51,404	134,351	1,130	399
45-64	10,796	40	7,719	2,960	0	77	108,693	386	82,442	25,170	0	695
65-74	4,104	3,175	900	29	0	0	43,497	33,632	9,650	215	0	0
75-84	2,900	2,795	103	2	0	0	31,180	30,090	1,071	19	0	0
85 and older	1,210	1,189	21	0	0	0	12,604	12,411	193	0	0	0
Unknown	1	0	0	1	0	0	6	0	0	6	0	0
Gender												
Female	69,500	4,538	7,882	19,760	37,160	160	620,736	48,585	85,478	144,456	341,101	1,116
Male	56,418	2,666	7,953	6,726	39,073	0	520,877	27,979	84,352	51,856	356,690	0
Unknown	2	0	0	0	2	0	13	0	0	0	13	0
Race												
White	50,695	2,896	8,765	11,013	27,894	127	455,931	30,330	93,734	79,039	251,946	882
African American	6,909	178	948	1,279	4,498	6	63,309	1,901	10,038	9,560	41,770	40
Other/unknown	68,316	4,130	6,122	14,194	43,843	27	622,386	44,333	66,058	107,713	404,088	194
Use of Nursing Facilities[c]												
Entire year	482	354	128	0	0	0	5,012	3,680	1,332	0	0	0
Part year	573	327	238	6	0	2	5,842	3,284	2,486	57	0	15
None	124,865	6,523	15,469	26,480	76,235	158	1,130,772	69,600	166,012	196,255	697,804	1,101
Maintenance Assistance Status												
Cash	52,487	6,174	14,319	14,920	17,074	0	503,173	66,419	153,744	122,123	160,887	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	58,598	18	15	9,517	48,888	160	497,153	176	169	57,310	438,382	1,116
Other/unknown	14,835	1,012	1,501	2,049	10,273	0	141,300	9,969	15,917	16,879	98,535	0
Dual Medicare Status[d]												
Full dual, all year	13,539	6,406	6,998	133	1	1	145,787	68,294	76,284	1,203	5	1
Full dual, part year	63	34	29	0	0	0	633	318	315	0	0	0
Non-dual, all year	112,318	764	8,808	26,353	76,234	159	995,206	7,952	93,231	195,109	697,799	1,115
Managed Care (MC) Status												
Fee-for-service (FFS) all year	125,920	7,204	15,835	26,486	76,235	160	1,141,626	76,564	169,830	196,312	697,804	1,116
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 2007 file for Alaska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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]
ALASKA, 2007

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	**50.4**	**7.4**	**$588**	**$80**	**$7,482**	**7.9**	**125,920**
Age							
5 and younger	51.6	2.4	214	91	4,473	4.8	30,272
6-14	43.0	3.0	272	90	3,552	7.7	33,813
15-20	50.7	4.8	504	104	7,428	6.8	19,254
21-44	63.1	11.5	888	78	8,902	10.0	23,570
45-64	63.0	31.0	2,296	74	16,307	14.1	10,796
65-74	26.2	8.8	468	53	13,008	3.6	4,104
75-84	21.7	6.1	276	45	21,092	1.3	2,900
85 and older	21.3	3.1	129	42	35,694	0.4	1,210
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility[e]							
Aged	22.9	5.9	298	51	19,967	1.5	7,204
Disabled	59.3	29.7	2,615	88	22,619	11.6	15,835
Adults	63.1	7.6	505	66	5,183	9.7	26,486
Children	46.8	2.8	220	79	3,934	5.6	76,235
Unknown	72.5	18.4	1,829	100	18,630	9.8	160
Gender							
Female	53.8	8.4	602	72	7,647	7.9	69,500
Male	46.3	6.1	571	93	7,280	7.8	56,418
Unknown	0.0	0.0	0	0	252	0.0	2
Race							
White	53.3	9.5	786	82	8,367	9.4	50,695
African American	52.4	8.6	577	67	5,905	9.8	6,909
Other/unknown	48.2	5.7	442	78	6,985	6.3	68,316
Use of Nursing Facilities[f]							
Entire year	42.1	15.6	1,351	87	120,491	1.1	482
Part year	47.5	22.6	1,727	77	55,073	3.1	573
None	50.5	7.3	579	80	6,828	8.5	124,865
Maintenance Assistance Status							
Cash	53.4	13.0	1,032	79	9,702	10.6	52,487
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	47.0	2.6	195	74	4,060	4.8	58,598
Other/unknown	53.5	6.3	566	90	13,145	4.3	14,835

Source: Data for this table are from the MAX 2007 file for Alaska, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, 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]
ALASKA, 2007

				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	**0.8**	**$65**	**7.9**	**49.6**	**40.1**	**3.9**	**3.9**	**1.6**	**0.9**	**$825**	**125,920**	**1,141,626**
Age												
5 and younger	0.3	25	4.8	48.4	49.1	1.8	0.7	0.0	0.0	513	30,272	264,092
6-14	0.3	28	7.7	57.0	38.6	2.2	1.6	0.3	0.2	367	33,813	327,266
15-20	0.6	58	6.8	49.3	42.9	3.8	2.8	0.8	0.4	857	19,254	166,962
21-44	1.4	112	10.0	36.9	42.5	8.1	8.1	3.0	1.4	1,120	23,570	187,326
45-64	3.1	228	14.1	37.0	27.6	7.7	13.0	8.9	5.9	1,620	10,796	108,693
65-74	0.8	44	3.6	73.8	16.0	2.3	4.5	2.4	1.1	1,227	4,104	43,497
75-84	0.6	26	1.3	78.3	14.9	1.8	2.8	1.0	1.2	1,962	2,900	31,180
85 and older	0.3	12	0.4	78.7	16.6	2.3	1.6	0.5	0.3	3,427	1,210	12,604
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	6
Basis of Eligibility[e]												
Aged	0.6	28	1.5	77.1	15.5	2.0	3.2	1.3	0.9	1,879	7,204	76,564
Disabled	2.8	244	11.6	40.7	27.1	7.3	11.6	7.4	5.9	2,109	15,835	169,830
Adults	1.0	68	9.7	36.9	45.6	7.7	7.1	2.3	0.4	699	26,486	196,312
Children	0.3	24	5.6	53.2	43.2	2.1	1.2	0.2	0.1	430	76,235	697,804
Unknown	2.6	262	9.8	27.5	26.3	15.6	22.5	6.3	1.9	2,671	160	1,116
Gender												
Female	0.9	67	7.9	46.2	41.9	4.4	4.4	2.0	1.1	856	69,500	620,736
Male	0.7	62	7.8	53.7	37.8	3.3	3.2	1.2	0.8	789	56,418	520,877
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	39	2	13
Race												
White	1.1	87	9.4	46.7	39.8	4.7	5.0	2.3	1.3	930	50,695	455,931
African American	0.9	63	9.8	47.6	41.8	4.1	3.8	1.4	1.2	644	6,909	63,309
Other/unknown	0.6	49	6.3	51.8	40.0	3.3	3.0	1.1	0.6	767	68,316	622,386
Use of Nursing Facilities[f]												
Entire year	1.5	130	1.1	57.9	24.7	4.4	5.4	4.1	3.5	11,588	482	5,012
Part year	2.2	169	3.1	52.5	23.6	4.4	8.2	4.9	6.5	5,402	573	5,842
None	0.8	64	8.5	49.5	40.2	3.9	3.9	1.6	0.9	754	124,865	1,130,772
Maintenance Assistance Status												
Cash	1.4	108	10.6	46.6	36.0	5.4	6.7	3.3	2.0	1,012	52,487	503,173
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	23	4.8	53.0	43.0	2.4	1.3	0.3	0.1	479	58,598	497,153
Other/unknown	0.7	59	4.3	46.5	42.8	4.8	4.4	1.1	0.5	1,380	14,835	141,300

Source: Data for this table are from the MAX 2007 file for Alaska, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, 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]
ALASKA, 2007

	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	**0.8**	**$65**	**$80**	**0.3**	**$45**	**$163**	**0.1**	**$5**	**$85**	**0.5**	**$15**	**$31**
Age												
5 and younger	0.3	25	91	0.1	18	267	0.0	2	63	0.2	5	27
6-14	0.3	28	90	0.1	22	151	0.0	2	83	0.1	5	31
15-20	0.6	58	104	0.2	45	212	0.0	4	84	0.3	9	31
21-44	1.4	112	78	0.4	76	168	0.1	8	96	0.9	28	31
45-64	3.1	228	74	1.0	146	141	0.2	20	91	1.8	61	34
65-74	0.8	44	53	0.3	27	104	0.1	4	63	0.5	13	25
75-84	0.6	26	45	0.2	15	96	0.0	3	60	0.4	8	22
85 and older	0.3	12	42	0.1	7	95	0.0	1	63	0.2	5	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	0.6	28	51	0.2	16	107	0.0	3	75	0.4	8	24
Disabled	2.8	244	88	1.0	174	170	0.2	17	88	1.6	52	33
Adults	1.0	68	66	0.3	41	157	0.1	5	100	0.7	22	30
Children	0.3	24	79	0.1	17	157	0.0	2	73	0.2	5	29
Unknown	2.6	262	100	1.0	187	188	0.2	22	109	1.4	53	37
Gender												
Female	0.9	67	72	0.3	44	145	0.1	6	85	0.6	17	31
Male	0.7	62	93	0.2	45	189	0.0	4	85	0.4	12	32
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.1	87	82	0.4	61	157	0.1	7	100	0.6	20	32
African American	0.9	63	67	0.3	43	126	0.1	5	82	0.5	15	28
Other/unknown	0.6	49	78	0.2	33	178	0.1	4	71	0.4	12	30
Use of Nursing Facilities[e]												
Entire year	1.5	130	87	0.3	83	250	0.0	4	85	1.1	44	39
Part year	2.2	169	77	0.6	99	165	0.2	15	100	1.5	54	37
None	0.8	64	80	0.3	44	162	0.1	5	85	0.5	15	31
Maintenance Assistance Status												
Cash	1.4	108	79	0.5	74	162	0.1	8	89	0.8	26	32
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	23	74	0.1	16	157	0.0	2	72	0.2	5	28
Other/unknown	0.7	59	90	0.3	44	176	0.0	4	84	0.4	11	31

Source: Data for this table are from the MAX 2007 file for Alaska, released by CMS in 3/2010. This table was produced on 10/06/2010.
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.

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
ALASKA, 2007

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	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	$16	$7	$2	$6	$68	$274	$87	$35	86,694	$5,860,926	36,672	29.1	372,864
Biologicals	0.4	0.4	0.0	0.0	603	603	0	0	1451	1,451	0	0	2,195	3,185,851	544	0.4	5,286
Antineoplastic Agents	0.5	0.1	0.0	0.4	164	143	1	19	306	994	243	50	2,845	871,406	514	0.4	5,323
Endocrine/Metabolic Drugs	0.6	0.2	0.1	0.3	35	23	3	9	58	109	41	27	72,761	4,209,587	12,042	9.6	120,375
Cardiovascular Agents	1.5	0.3	0.2	1.0	60	27	12	22	41	83	63	22	117,655	4,778,934	7,534	6.0	79,034
Respiratory Agents	0.4	0.2	0.0	0.1	30	24	3	4	74	100	68	27	80,567	5,954,043	18,856	15.0	195,414
Gastrointestinal Agents	0.6	0.3	0.0	0.3	62	42	4	16	101	138	132	57	55,638	5,601,622	8,721	6.9	89,786
Genitourinary Agents	0.3	0.2	0.0	0.1	19	13	1	5	61	82	87	35	11,053	672,424	3,523	2.8	35,129
CNS Drugs	1.3	0.6	0.0	0.6	120	96	4	21	95	162	105	32	190,858	18,087,480	14,499	11.5	150,189
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	83	76	2	5	122	141	101	44	22,494	2,753,509	3,076	2.4	33,158
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	77	77	0	1	256	259	155	105	3,667	937,034	1,136	0.9	12,120
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	28	11	3	13	58	295	390	31	104,650	6,091,893	22,274	17.7	219,015
Neuromuscular Agents	1.0	0.4	0.1	0.5	81	50	10	21	82	140	108	39	86,510	7,096,526	8,295	6.6	87,334
Nutritional Products	0.5	0.0	0.0	0.4	8	1	1	6	18	43	18	16	22,407	393,595	4,967	3.9	48,301
Hematological Agents	0.8	0.2	0.0	0.6	220	211	1	8	263	923	28	14	15,393	4,042,422	1,746	1.4	18,368
Topical Products	0.2	0.1	0.0	0.1	11	7	1	4	55	131	73	27	48,352	2,673,150	22,805	18.1	235,836
Miscellaneous Products	0.2	0.1	0.0	0.0	23	19	1	3	140	144	187	113	3,786	530,281	2,149	1.7	23,099
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	50	0	0	0	144	0	0	0	1,741	250,889	481	0.4	5,016
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.	929,266	73,991,572	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Alaska, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007.
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]
ALASKA, 2007

		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	$11,830,778	5,553	4.4	60,417	1.1	$180	$196
ANTICONVULSANT	6,185,184	5,793	4.6	62,887	1.0	103	98
ANTIDEPRESSANTS	4,303,445	10,220	8.1	106,481	0.7	54	40
ULCER DRUGS	4,210,097	7,630	6.1	79,423	0.5	97	53
ANALGESICS - Narcotic	4,032,033	24,351	19.3	243,467	0.3	55	17
ANTIASTHMATIC	4,004,082	17,418	13.8	182,773	0.3	85	22
PASSIVE IMMUNIZING AGENTS	3,156,468	370	0.3	3,422	0.6	1,602	922
MISC. HEMATOLOGICAL	2,901,497	337	0.3	3,671	0.9	851	790
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,753,509	3,516	2.8	38,172	0.6	122	72
ANTIDIABETIC	2,089,148	3,363	2.7	35,435	0.9	69	59
Total	45,466,241	78,551	n.a.	816,148	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Alaska, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007. 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 2007. 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.