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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007  
WASHINGTON**

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

Inclusion Criteria (2007)	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>	1180507 (A)	150994 (E)	1029513 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	1134580 (B)	109822 (F)	1024758 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	699579 (C)	108544 (G)	591035 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	9663 (D)	8835 (H)	828 (L)

Source: Data for this table are from the MAX 2007 file for Washington, released by CMS in 4/2010. 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 beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Washington in 2007 was \$381,803,768, of which \$21,695,401 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 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 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<sup>a, b</sup>**  
**WASHINGTON, 2007**

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>699,579</b>	<b>66,303</b>	<b>152,538</b>	<b>223,213</b>	<b>256,906</b>	<b>619</b>	<b>4,682,194</b>	<b>691,222</b>	<b>1,569,273</b>	<b>1,219,051</b>	<b>1,197,243</b>	<b>5,405</b>
<b>Age</b>												
5 and younger	107,383	0	4,245	4	103,134	0	431,853	0	41,381	23	390,449	0
6-14	115,640	1	10,527	152	104,960	0	667,906	12	114,838	591	552,465	0
15-20	100,268	4	9,506	42,112	48,646	0	624,377	39	99,607	270,989	253,742	0
21-44	227,606	28	55,265	172,060	145	108	1,476,011	282	561,890	912,463	520	856
45-64	82,324	197	72,782	8,849	1	495	791,223	1,840	750,112	34,821	12	4,438
65-74	27,505	27,248	210	31	0	16	295,111	293,450	1,418	132	0	111
75-84	22,599	22,593	2	4	0	0	236,907	236,866	15	26	0	0
85 and older	16,234	16,231	1	1	1	0	158,760	158,730	12	6	12	0
Unknown	20	1	0	0	19	0	46	3	0	0	43	0
<b>Gender</b>												
Female	451,102	45,840	77,381	199,225	128,037	619	3,041,908	480,553	811,571	1,145,272	599,107	5,405
Male	248,433	20,460	75,150	23,987	128,836	0	1,640,083	210,647	757,639	73,778	598,019	0
Unknown	44	3	7	1	33	0	203	22	63	1	117	0
<b>Race</b>												
White	398,175	41,325	110,432	117,831	128,192	395	2,814,488	424,034	1,145,640	600,719	640,636	3,459
African American	41,843	2,229	13,179	11,439	14,977	19	268,625	23,526	132,030	47,554	65,339	176
Other/unknown	259,561	22,749	28,927	93,943	113,737	205	1,599,081	243,662	291,603	570,778	491,268	1,770
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	9,663	8,101	1,560	1	1	0	92,956	77,392	15,551	1	12	0
Part year	7,351	4,892	2,443	13	2	1	72,856	48,141	24,619	81	3	12
None	682,565	53,310	148,535	223,199	256,903	618	4,516,382	565,689	1,529,103	1,218,969	1,197,228	5,393
<b>Maintenance Assistance Status</b>												
Cash	211,054	30,914	123,559	23,988	32,593	0	1,809,279	343,820	1,259,345	79,133	126,981	0
Medically needy	3,007	758	1,985	66	198	0	27,040	7,822	17,977	276	965	0
Poverty-related	145,982	1,213	2,751	20,595	120,804	619	666,283	11,557	26,969	80,926	541,426	5,405
Other/unknown	339,536	33,418	24,243	178,564	103,311	0	2,179,592	328,023	264,982	1,058,716	527,871	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	101,365	56,533	44,042	732	15	43	1,080,430	591,396	483,723	4,774	154	383
Full dual, part year	7,179	2,793	4,300	86	0	0	73,399	27,819	44,699	881	0	0
Non-dual, all year	591,035	6,977	104,196	222,395	256,891	576	3,528,365	72,007	1,040,851	1,213,396	1,197,089	5,022
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	449,086	65,686	145,032	140,352	97,409	607	3,948,027	687,269	1,527,263	939,423	788,720	5,352
FFS part year, with Rx claims	90,155	497	6,246	42,417	40,984	11	331,151	3,308	36,678	151,644	139,469	52
FFS part year, no Rx claims	160,338	120	1,260	40,444	118,513	1	403,016	645	5,332	127,984	269,054	1

Source: Data for this table are from the MAX 2007 file for Washington, released by CMS in 4/2010. 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.

All Medicaid Beneficiaries

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
WASHINGTON, 2007

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>47.1</b>	<b>11.6</b>	<b>\$515</b>	<b>\$45</b>	<b>\$5,109</b>	<b>10.1</b>	<b>699,579</b>
<b>Age</b>							
5 and younger	30.3	1.3	79	61	2,476	3.2	107,383
6-14	34.9	2.8	345	122	1,908	18.1	115,640
15-20	34.6	2.9	255	88	2,468	10.3	100,268
21-44	45.8	8.0	481	60	4,211	11.4	227,606
45-64	81.7	40.5	1,891	47	11,667	16.2	82,324
65-74	79.6	35.7	485	14	9,572	5.1	27,505
75-84	77.4	34.0	266	8	14,203	1.9	22,599
85 and older	69.0	25.8	106	4	20,744	0.5	16,234
Unknown	10.0	1.1	151	144	155	97.9	20
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	76.3	32.8	323	10	13,876	2.3	66,303
Disabled	81.6	33.2	1,966	59	12,282	16.0	152,538
Adults	32.7	1.9	68	36	1,760	3.9	223,213
Children	31.5	1.6	87	55	1,476	5.9	256,906
Unknown	85.5	26.5	2,029	77	13,364	15.2	619
<b>Gender</b>							
Female	46.5	11.8	435	37	4,846	9.0	451,102
Male	48.2	11.1	660	59	5,586	11.8	248,433
Unknown	25.0	7.6	338	44	2,181	15.5	44
<b>Race</b>							
White	52.7	14.7	641	44	6,174	10.4	398,175
African American	49.6	10.9	523	48	5,185	10.1	41,843
Other/unknown	38.2	6.8	320	47	3,462	9.3	259,561
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	49.0	11.7	501	43	42,437	1.2	9,663
Part year	78.5	33.2	1,205	36	33,662	3.6	7,351
None	46.8	11.3	508	45	4,273	11.9	682,565
<b>Maintenance Assistance Status</b>							
Cash	70.9	24.8	1,318	53	6,874	19.2	211,054
Medically needy	80.3	28.8	1,474	51	13,054	11.3	3,007
Poverty related	33.6	1.8	73	41	1,487	4.9	145,982
Other/unknown	37.8	7.4	197	27	5,498	3.6	339,536

Source: Data for this table are from the MAX 2007 file for Washington, released by CMS in 4/2010. 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.

All Medicaid Beneficiaries

**TABLE 4**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**WASHINGTON, 2007**

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:							Number		
			Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	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 \$ <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>1.7</b>	<b>\$77</b>	<b>10.1</b>	<b>52.9</b>	<b>24.8</b>	<b>5.9</b>	<b>9.1</b>	<b>5.7</b>	<b>1.6</b>	<b>\$763</b>	<b>699,579</b>	<b>4,682,194</b>
<b>Age</b>												
5 and younger	0.3	20	3.2	69.7	26.0	2.8	1.4	0.2	0.0	616	107,383	431,853
6-14	0.5	60	18.1	65.1	27.3	3.9	3.0	0.5	0.1	330	115,640	667,906
15-20	0.5	41	10.3	65.4	25.9	4.4	3.5	0.7	0.1	396	100,268	624,377
21-44	1.2	74	11.4	54.2	25.6	6.7	8.6	3.9	1.0	649	227,606	1,476,011
45-64	4.2	197	16.2	18.3	18.2	10.0	25.2	21.0	7.3	1,214	82,324	791,223
65-74	3.3	45	5.1	20.4	22.7	9.8	24.0	19.2	3.8	892	27,505	295,111
75-84	3.2	25	1.9	22.6	21.8	9.5	23.0	19.3	3.8	1,355	22,599	236,907
85 and older	2.6	11	0.5	31.0	23.4	8.1	18.8	16.4	2.4	2,121	16,234	158,760
Unknown	0.5	66	97.9	90.0	0.0	5.0	5.0	0.0	0.0	67	20	46
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	3.1	31	2.3	23.7	22.6	9.3	22.5	18.5	3.4	1,331	66,303	691,222
Disabled	3.2	191	16.0	18.4	26.8	11.2	22.9	15.7	5.0	1,194	152,538	1,569,273
Adults	0.4	13	3.9	67.3	22.8	4.4	4.0	1.3	0.4	322	223,213	1,219,051
Children	0.3	19	5.9	68.5	26.0	3.3	1.9	0.3	0.1	317	256,906	1,197,243
Unknown	3.0	232	15.2	14.5	25.4	16.6	28.6	13.7	1.1	1,531	619	5,405
<b>Gender</b>												
Female	1.7	65	9.0	53.5	24.4	5.6	8.7	6.0	1.8	719	451,102	3,041,908
Male	1.7	100	11.8	51.8	25.5	6.5	9.8	5.1	1.2	846	248,433	1,640,083
Unknown	1.7	73	15.5	75.0	11.4	2.3	6.8	2.3	2.3	473	44	203
<b>Race</b>												
White	2.1	91	10.4	47.3	25.2	6.8	11.0	7.4	2.2	873	398,175	2,814,488
African American	1.7	81	10.1	50.4	26.7	6.9	9.3	5.2	1.4	808	41,843	268,625
Other/unknown	1.1	52	9.3	61.8	23.9	4.5	6.1	3.1	0.6	562	259,561	1,599,081
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	1.2	52	1.2	51.0	31.2	4.6	4.9	4.5	3.7	4,411	9,663	92,956
Part year	3.3	122	3.6	21.5	29.2	9.1	17.2	15.3	7.7	3,397	7,351	72,856
None	1.7	77	11.9	53.2	24.7	5.9	9.1	5.6	1.5	646	682,565	4,516,382
<b>Maintenance Assistance Status</b>												
Cash	2.9	154	19.2	29.1	26.9	10.0	18.5	12.1	3.5	802	211,054	1,809,279
Medically needy	3.2	164	11.3	19.7	23.6	11.5	24.4	16.9	3.9	1,452	3,007	27,040
Poverty related	0.4	16	4.9	66.4	26.9	3.7	2.4	0.5	0.1	326	145,982	666,283
Other/unknown	1.2	31	3.6	62.2	22.7	4.3	6.0	3.9	1.0	856	339,536	2,179,592

Source: Data for this table are from the MAX 2007 file for Washington, released by CMS in 4/2010. 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.

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>**  
**WASHINGTON, 2007**

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>1.7</b>	<b>\$77</b>	<b>\$45</b>	<b>0.5</b>	<b>\$61</b>	<b>\$120</b>	<b>0.1</b>	<b>\$3</b>	<b>\$60</b>	<b>1.2</b>	<b>\$13</b>	<b>\$11</b>
<b>Age</b>												
5 and younger	0.3	20	61	0.1	15	191	0.0	1	63	0.2	4	17
6-14	0.5	60	122	0.2	53	243	0.0	2	107	0.3	5	19
15-20	0.5	41	88	0.2	35	205	0.0	1	109	0.3	5	18
21-44	1.2	74	60	0.4	59	168	0.0	3	91	0.9	12	14
45-64	4.2	197	47	1.2	149	130	0.1	9	78	2.9	38	13
65-74	3.3	45	14	1.0	32	31	0.1	2	19	2.2	11	5
75-84	3.2	25	8	1.0	17	17	0.1	1	11	2.1	7	3
85 and older	2.6	11	4	0.7	6	8	0.1	1	5	1.8	4	2
Unknown	0.5	66	144	0.1	62	478	0.0	0	0	0.3	3	10
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	3.1	31	10	0.9	21	22	0.1	2	14	2.1	8	4
Disabled	3.2	191	59	0.9	153	162	0.1	8	86	2.2	30	14
Adults	0.4	13	36	0.1	8	111	0.0	0	67	0.3	4	14
Children	0.3	19	55	0.1	15	124	0.0	1	76	0.2	3	15
Unknown	3.0	232	77	0.8	183	222	0.1	14	182	2.1	35	17
<b>Gender</b>												
Female	1.7	65	37	0.5	49	99	0.1	3	53	1.2	13	11
Male	1.7	100	59	0.5	82	156	0.1	4	72	1.1	14	13
Unknown	1.7	73	44	0.8	57	73	0.1	4	51	0.8	12	15
<b>Race</b>												
White	2.1	91	44	0.6	71	117	0.1	4	65	1.4	16	11
African American	1.7	81	48	0.5	64	140	0.1	3	55	1.2	14	12
Other/unknown	1.1	52	47	0.3	42	125	0.0	2	47	0.7	8	11
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	1.2	52	43	0.3	37	141	0.0	2	74	0.9	13	14
Part year	3.3	122	36	0.8	88	108	0.1	6	53	2.4	28	12
None	1.7	77	45	0.5	61	120	0.1	3	60	1.2	13	11
<b>Maintenance Assistance Status</b>												
Cash	2.9	154	53	0.9	123	144	0.1	6	72	2.0	25	13
Medically needy	3.2	164	51	0.9	130	147	0.1	6	59	2.2	29	13
Poverty related	0.4	16	41	0.1	12	105	0.0	1	66	0.3	3	13
Other/unknown	1.2	31	27	0.3	23	69	0.0	1	37	0.8	7	8

Source: Data for this table are from the MAX 2007 file for Washington, released by CMS in 4/2010. 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 Washington, 0.3 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>  
WASHINGTON, 2007

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	0.3	0.0	0.0	0.2	\$16	\$12	\$0	\$4	\$56	\$288	\$110	\$15	436,874	\$24,343,922	163,570	23.4	1,504,286
Biologicals	0.1	0.1	0.0	0.0	86	86	0	0	632	632	0	0	6,525	4,122,935	4,475	0.6	47,886
Antineoplastic Agents	0.5	0.2	0.0	0.3	99	89	1	9	187	493	620	26	24,525	4,591,371	4,483	0.6	46,504
Endocrine/Metabolic Drugs	0.8	0.3	0.0	0.5	26	20	0	5	32	68	24	10	834,932	27,046,770	110,733	15.8	1,058,627
Cardiovascular Agents	1.5	0.3	0.1	1.1	25	16	2	8	17	47	29	7	1,628,566	27,351,721	103,502	14.8	1,086,109
Respiratory Agents	0.6	0.3	0.0	0.2	29	24	1	4	48	71	68	15	613,724	29,487,638	104,040	14.9	1,021,549
Gastrointestinal Agents	0.6	0.2	0.1	0.3	27	19	4	4	47	101	69	12	441,181	20,653,839	74,410	10.6	769,552
Genitourinary Agents	0.4	0.2	0.0	0.2	10	7	0	3	24	40	40	11	119,322	2,847,132	28,318	4.0	285,671
CNS Drugs	1.2	0.4	0.0	0.8	74	64	1	9	63	171	39	12	1,495,787	93,651,849	127,270	18.2	1,266,626
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	72	68	0	3	91	115	51	16	123,809	11,275,311	16,478	2.4	157,282
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	76	76	0	0	126	127	34	11	43,784	5,502,906	6,751	1.0	72,498
Analgesics and Anesthetics	0.7	0.0	0.0	0.7	18	7	2	9	25	185	271	14	981,562	24,470,762	145,041	20.7	1,348,881
Neuromuscular Agents	0.8	0.3	0.0	0.5	51	40	4	7	60	134	114	13	658,635	39,612,887	76,056	10.9	780,201
Nutritional Products	0.4	0.0	0.0	0.4	4	0	0	3	9	27	10	8	158,265	1,417,796	43,058	6.2	371,818
Hematological Agents	0.7	0.2	0.0	0.5	126	123	0	4	185	615	13	8	162,233	30,083,973	22,811	3.3	237,843
Topical Products	0.3	0.1	0.0	0.2	9	6	0	3	27	60	44	13	325,423	8,890,567	100,942	14.4	1,002,210
Miscellaneous Products	0.3	0.2	0.0	0.1	51	45	2	4	203	264	212	56	20,926	4,247,319	8,452	1.2	83,471
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	13	0	0	0	58	0	0	0	8,722	509,669	3,551	0.5	37,945
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	8,084,795	360,108,367	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Washington, released by CMS in 4/2010. 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 Washington, 0.3 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.

All Medicaid Beneficiaries

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 WASHINGTON, 2007

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	\$70,323,448	56,851	8.1	608,560	0.7	\$174	\$116
ANTICONVULSANT	35,907,681	57,973	8.3	621,088	0.7	81	58
MISC. HEMATOLOGICAL	25,112,432	7,770	1.1	84,467	0.6	504	297
ANTIASTHMATIC	22,267,875	99,014	14.2	1,015,329	0.4	57	22
ULCER DRUGS	18,974,242	84,111	12.0	894,482	0.5	41	21
ANTIDEPRESSANTS	17,213,773	116,389	16.6	1,204,296	0.6	25	14
ANTIVIRAL	14,335,438	11,422	1.6	115,890	0.4	328	124
ANTIDIABETIC	14,201,855	55,395	7.9	596,405	0.6	37	24
ANALGESICS - Narcotic	13,584,016	165,854	23.7	1,626,591	0.4	20	8
ANTIHYPERLIPIDEMIC	12,196,917	56,069	8.0	621,415	0.6	32	20
Total	244,117,677	710,848	n.a.	7,388,523	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Washington, released by CMS in 4/2010. 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.

All Medicaid Beneficiaries