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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	13,602	6,440	7,027	133	1	1	146,420	68,612	76,599	1,203	5	1
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	2	0	2	0	0	0	24	0	24	0	0	0
15-20	20	0	19	0	1	0	198	0	193	0	5	0
21-44	2,369	3	2,303	63	0	0	25,989	31	25,344	614	0	0
45-64	3,893	19	3,829	44	0	1	42,220	176	41,656	387	0	1
65-74	3,593	2,811	758	24	0	0	38,246	29,867	8,196	183	0	0
75-84	2,593	2,496	95	2	0	0	27,920	26,908	993	19	0	0
85 and older	1,132	1,111	21	0	0	0	11,823	11,630	193	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	7,621	4,041	3,511	68	0	1	82,516	43,342	38,530	643	0	1
Male	5,981	2,399	3,516	65	1	0	63,904	25,270	38,069	560	5	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	7,045	2,738	4,248	57	1	1	75,393	28,795	46,025	567	5	1
African American	568	164	395	9	0	0	6,119	1,770	4,285	64	0	0
Other/unknown	5,989	3,538	2,384	67	0	0	64,908	38,047	26,289	572	0	0
Use of Nursing Facilities^c												
Entire year	413	339	74	0	0	0	4,282	3,516	766	0	0	0
Part year	449	309	140	0	0	0	4,579	3,080	1,499	0	0	0
None	12,740	5,792	6,813	133	1	1	137,559	62,016	74,334	1,203	5	1
Maintenance Assistance Status												
Cash	11,982	5,438	6,432	112	0	0	130,026	58,721	70,253	1,052	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	38	18	15	4	0	1	363	176	169	17	0	1
Other/unknown	1,582	984	580	17	1	0	16,031	9,715	6,177	134	5	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	13,602	6,440	7,027	133	1	1	146,420	68,612	76,599	1,203	5	1
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 D.2 includes the beneficiaries represented by Cell G 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 contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	25.6	4.3	\$225	\$53	\$17,946	1.3	13,602
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	0.0	0.0	0	0	22,153	0.0	2
15-20	75.0	22.0	1,527	69	28,053	5.4	20
21-44	32.8	6.8	466	69	18,916	2.5	2,369
45-64	35.0	5.8	307	53	15,204	2.0	3,893
65-74	19.1	3.9	168	43	12,173	1.4	3,593
75-84	16.2	1.3	33	26	21,157	0.2	2,593
85 and older	19.1	1.3	30	22	36,125	0.1	1,132
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	17.4	1.8	63	34	19,915	0.3	6,440
Disabled	32.6	6.1	338	56	16,293	2.1	7,027
Adults	48.1	24.5	2,050	84	10,141	20.2	133
Children	100.0	4.0	258	65	1,600	16.1	1
Unknown	100.0	5.0	901	180	2,685	33.6	1
Gender							
Female	28.5	4.7	226	48	19,020	1.2	7,621
Male	21.8	3.7	222	61	16,576	1.3	5,981
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	33.2	5.1	265	52	19,368	1.4	7,045
African American	30.1	7.2	312	43	15,549	2.0	568
Other/unknown	16.2	3.0	169	57	16,500	1.0	5,989
Use of Nursing Facilities^f							
Entire year	34.1	3.6	227	63	117,165	0.2	413
Part year	35.0	5.7	228	40	41,337	0.6	449
None	25.0	4.2	224	53	13,905	1.6	12,740
Maintenance Assistance Status							
Cash	24.7	4.3	231	53	13,142	1.8	11,982
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	26.3	2.4	127	52	2,586	4.9	38
Other/unknown	31.9	3.7	182	49	54,695	0.3	1,582

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 D.3 includes beneficiaries represented by Cell G 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	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	0.4	\$21	1.3	74.4	20.4	2.0	2.0	0.7	0.5	\$1,667	13,602	146,420
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	1,846	2	24
15-20	2.2	154	5.4	25.0	60.0	0.0	5.0	5.0	5.0	2,834	20	198
21-44	0.6	43	2.5	67.2	25.2	2.8	2.4	1.3	1.1	1,724	2,369	25,989
45-64	0.5	28	2.0	65.0	27.2	3.3	2.9	1.1	0.6	1,402	3,893	42,220
65-74	0.4	16	1.4	80.9	14.9	1.1	2.1	0.6	0.4	1,144	3,593	38,246
75-84	0.1	3	0.2	83.8	14.5	0.8	0.7	0.2	0.0	1,965	2,593	27,920
85 and older	0.1	3	0.1	80.9	16.8	1.5	0.8	0.0	0.0	3,459	1,132	11,823
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	0.2	6	0.3	82.6	14.9	1.0	1.1	0.2	0.1	1,869	6,440	68,612
Disabled	0.6	31	2.1	67.4	25.5	2.8	2.5	1.0	0.7	1,495	7,027	76,599
Adults	2.7	227	20.2	51.9	13.5	4.5	14.3	12.8	3.0	1,121	133	1,203
Children	0.8	52	16.1	0.0	100.0	0.0	0.0	0.0	0.0	320	1	5
Unknown	5.0	901	33.6	0.0	0.0	0.0	100.0	0.0	0.0	2,685	1	1
Gender												
Female	0.4	21	1.2	71.5	22.9	2.3	2.0	0.9	0.5	1,757	7,621	82,516
Male	0.3	21	1.3	78.2	17.1	1.6	2.1	0.6	0.5	1,551	5,981	63,904
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.5	25	1.4	66.8	27.0	2.7	2.3	0.7	0.5	1,810	7,045	75,393
African American	0.7	29	2.0	69.9	23.4	1.6	3.2	0.7	1.2	1,443	568	6,119
Other/unknown	0.3	16	1.0	83.8	12.3	1.2	1.6	0.8	0.3	1,523	5,989	64,908
Use of Nursing Facilities^f												
Entire year	0.3	22	0.2	65.9	27.1	4.1	2.2	0.2	0.5	11,301	413	4,282
Part year	0.6	22	0.6	65.0	28.5	2.9	2.4	0.4	0.7	4,053	449	4,579
None	0.4	21	1.6	75.0	19.9	1.9	2.0	0.8	0.5	1,288	12,740	137,559
Maintenance Assistance Status												
Cash	0.4	21	1.8	75.3	19.6	1.9	1.9	0.8	0.5	1,211	11,982	130,026
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	13	4.9	73.7	18.4	2.6	5.3	0.0	0.0	271	38	363
Other/unknown	0.4	18	0.3	68.1	26.1	2.4	2.8	0.4	0.2	5,398	1,582	16,031

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 D.4 includes the beneficiaries represented by Cell G 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 D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, ALASKA, 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
All	0.4	\$21	\$53	0.1	\$12	\$136	0.0	\$1	\$59	0.3	\$7	\$25
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
15-20	2.2	154	69	0.6	101	168	0.0	1	46	1.4	40	28
21-44	0.6	43	69	0.2	28	156	0.0	2	64	0.4	12	30
45-64	0.5	28	53	0.1	16	154	0.0	2	65	0.4	10	25
65-74	0.4	16	43	0.1	9	94	0.0	1	49	0.2	5	22
75-84	0.1	3	26	0.0	1	89	0.0	0	52	0.1	2	17
85 and older	0.1	3	22	0.0	1	90	0.0	0	36	0.1	2	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.2	6	34	0.0	3	99	0.0	1	47	0.1	3	20
Disabled	0.6	31	56	0.1	19	141	0.0	2	60	0.4	10	26
Adults	2.7	227	84	1.0	157	154	0.1	12	101	1.6	58	37
Children	0.8	52	65	0.0	0	0	0.0	0	0	0.8	52	65
Unknown	5.0	901	180	3.0	720	240	1.0	160	160	1.0	21	21
Gender												
Female	0.4	21	48	0.1	12	124	0.0	2	57	0.3	8	24
Male	0.3	21	61	0.1	13	153	0.0	1	61	0.2	6	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.5	25	52	0.1	15	145	0.0	2	71	0.4	9	25
African American	0.7	29	43	0.2	17	97	0.1	2	36	0.4	10	22
Other/unknown	0.3	16	57	0.1	9	132	0.0	1	51	0.2	5	27
Use of Nursing Facilities^e												
Entire year	0.3	22	63	0.0	12	257	0.0	1	108	0.3	9	30
Part year	0.6	22	40	0.1	11	110	0.1	2	34	0.4	9	22
None	0.4	21	53	0.1	12	136	0.0	1	60	0.3	7	25
Maintenance Assistance Status												
Cash	0.4	21	53	0.1	13	133	0.0	2	59	0.3	7	25
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	13	52	0.0	4	135	0.0	3	197	0.2	7	32
Other/unknown	0.4	18	49	0.1	10	192	0.0	1	54	0.3	7	23

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 D.5 includes the beneficiaries represented by Cell G 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 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 D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users ^e							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months			
		Generic	Generic		Generic	Generic		Generic									
Anti-infective Agents	0.2	0.0	0.0	0.2	\$18	\$10	\$2	\$7	\$80	\$252	\$183	\$37	949	\$76,096	382	2.8	4,145
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.4	0.1	0.0	0.3	266	244	3	19	618	1,841	345	66	172	106,282	39	0.3	400
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.5	49	38	2	9	53	102	28	19	3,484	183,480	358	2.6	3,710
Cardiovascular Agents	1.4	0.3	0.2	0.9	54	23	13	18	37	66	55	21	7,738	288,102	530	3.9	5,379
Respiratory Agents	0.5	0.3	0.1	0.2	43	33	4	5	79	113	59	30	1,764	139,357	304	2.2	3,271
Gastrointestinal Agents	0.8	0.4	0.0	0.3	72	55	3	14	94	126	142	46	2,864	268,667	354	2.6	3,734
Genitourinary Agents	0.6	0.3	0.0	0.2	29	21	2	5	49	61	76	26	596	29,266	98	0.7	1,018
CNS Drugs	0.7	0.1	0.0	0.6	36	21	1	14	49	143	115	25	18,471	909,127	2,254	16.6	25,110
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	124	114	0	10	211	243	0	83	224	47,227	34	0.2	382
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	84	84	0	0	257	258	0	57	249	64,106	70	0.5	760
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	34	11	4	19	65	299	295	40	3,131	203,446	563	4.1	5,914
Neuromuscular Agents	0.8	0.1	0.0	0.7	39	18	2	19	48	127	117	29	8,291	398,654	917	6.7	10,215
Nutritional Products	1.0	0.1	0.2	0.7	16	3	4	9	16	48	16	14	4,027	66,129	373	2.7	4,131
Hematological Agents	1.0	0.1	0.0	0.9	30	20	0	10	30	213	23	11	4,816	142,517	426	3.1	4,712
Topical Products	0.3	0.1	0.0	0.2	24	18	1	4	88	171	81	30	773	67,854	261	1.9	2,861
Miscellaneous Products	0.2	0.2	0.0	0.1	47	35	2	10	201	235	356	128	253	50,916	96	0.7	1,079
Unknown Therapeutic Category	0.8	0.0	0.0	0.0	78	0	0	0	98	0	0	0	135	13,253	16	0.1	171
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.	57,937	3,054,479	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 D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories 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. 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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$411,347	260	1.9	2,825	0.9	\$161	\$146	
ANTICONVULSANT	356,107	879	6.5	9,813	0.7	51	36	
ANTIANSXIETY AGENTS	251,136	1,785	13.1	20,019	0.5	24	13	
ULCER DRUGS	182,883	335	2.5	3,533	0.6	86	52	
ANTIDEPRESSANTS	178,533	502	3.7	5,454	0.6	52	33	
ANALGESICS - Narcotic	155,081	656	4.8	7,020	0.3	71	22	
ANTIDIABETIC	142,143	320	2.4	3,402	0.6	65	42	
ANTIHYPERTENSIVE	117,098	267	2.0	2,760	0.6	69	42	
HEMATOPOIETIC AGENTS	108,579	703	5.2	8,033	0.8	16	14	
ANTINEOPLASTICS	106,282	39	0.3	400	0.4	618	266	
Total	2,009,189	5,746	n.a.	63,259	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 D.7 includes the beneficiaries represented by Cell G 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; n.a. = not applicable.

Dual Medicaid Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	38,553	\$2,009,189	260	1.9	2,825	0.9	\$146	879	6.5	9,813	0.7	\$36					
Female																	
All Females	24,190	1,126,939	125	1.6	1,354	0.8	120	546	7.2	6,083	0.7	38					
Female, Disabled																	
All Ages	16,775	826,444	97	2.8	1,044	0.8	117	429	12.2	4,757	0.8	39					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	104	2,204	0	0.0	0	0.0	0	2	28.6	24	4.3	92					
21-44	4,482	261,972	55	5.7	597	0.8	111	151	15.5	1,727	0.8	53					
45-64	9,302	436,684	39	1.9	411	0.6	107	255	12.6	2,771	0.7	30					
65-74	2,861	125,339	3	0.7	36	4.1	337	20	4.7	223	1.0	55					
75-84	17	166	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	9	79	0	0.0	0	0.0	0	1	7.1	12	0.7	6					
Female, Other Eligibles																	
All Ages	7,415	300,495	28	0.7	310	0.9	128	117	2.8	1,326	0.6	33					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	1,077	104,184	13	34.2	150	0.9	181	16	42.1	189	0.8	71					
45-64	236	25,738	2	6.5	24	0.8	160	7	22.6	79	0.6	86					
65-74	2,833	114,574	11	0.7	112	1.0	75	46	2.9	531	0.6	32					
75-84	2,099	38,217	1	0.1	12	0.1	7	40	2.5	435	0.4	12					
85 and older	1,170	17,782	1	0.1	12	0.1	11	8	1.0	92	0.8	15					
Male																	
All Males	14,363	882,250	135	2.3	1,471	1.0	170	333	5.6	3,730	0.7	34					
Male, Disabled																	
All Ages	11,404	754,348	123	3.5	1,346	1.0	178	281	8.0	3,151	0.7	35					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	231	19,532	5	41.7	54	2.4	229	4	33.3	48	1.3	94					
21-44	4,639	370,190	86	6.5	965	1.1	195	143	10.7	1,602	0.7	47					
45-64	5,151	295,685	25	1.4	268	0.3	87	127	7.0	1,417	0.6	20					
65-74	1,370	68,201	6	1.8	58	2.4	263	6	1.8	72	0.6	35					
75-84	13	740	1	3.3	1	1.0	376	1	3.3	12	0.8	18					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Male, Other Eligibles																	
All Ages	2,959	127,902	12	0.5	125	0.4	83	52	2.1	579	0.6	26					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	3	252	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	397	39,629	4	14.3	48	0.3	89	9	32.1	105	0.4	67					
45-64	184	18,126	2	6.1	21	0.6	224	3	9.1	33	0.8	22					
65-74	1,412	45,828	6	0.5	56	0.4	26	24	1.9	271	0.6	15					
75-84	771	20,336	0	0.0	0	0.0	0	13	1.5	146	0.6	22					
85 and older	192	3,731	0	0.0	0	0.0	0	3	1.1	24	0.3	4					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 2007 file for Alaska, released by CMS in 3/2010. This table was produced on 10/06/2010.
 a. Table D.7A includes the beneficiaries represented by Cell G 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 drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during

which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2007

Beneficiary Characteristics	ANTIANXIETY AGENTS					ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,785	13.1	20,019	0.5	\$13	335	2.5	3,533	0.6	\$52	502	3.7	5,454	0.6	\$33
Female															
All Females	1,186	15.6	13,226	0.5	12	208	2.7	2,236	0.6	52	319	4.2	3,470	0.6	34
Female, Disabled															
All Ages	748	21.3	8,463	0.6	14	137	3.9	1,473	0.6	54	248	7.1	2,725	0.6	29
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	206	21.2	2,333	0.5	11	29	3.0	324	0.4	46	79	8.1	872	0.5	27
45-64	475	23.5	5,401	0.6	15	85	4.2	876	0.5	49	146	7.2	1,587	0.6	29
65-74	64	15.0	693	0.7	14	23	5.4	273	1.3	80	23	5.4	266	1.2	37
75-84	3	4.6	36	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	438	10.7	4,763	0.4	10	71	1.7	763	0.5	48	71	1.7	745	0.7	50
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	11	28.9	131	0.5	17	12	31.6	142	1.1	83	28	73.7	323	0.9	64
45-64	5	16.1	60	0.5	10	3	9.7	36	0.1	10	11	35.5	122	0.4	55
65-74	168	10.5	1,860	0.5	11	42	2.6	448	0.4	41	27	1.7	264	0.6	37
75-84	150	9.3	1,648	0.4	9	10	0.6	91	0.7	66	5	0.3	36	0.1	5
85 and older	104	12.6	1,064	0.4	8	4	0.5	46	0.1	9	0	0.0	0	0.0	0
Male															
All Males	599	10.0	6,793	0.5	13	127	2.1	1,297	0.6	51	183	3.1	1,984	0.6	31
Male, Disabled															
All Ages	445	12.7	5,089	0.5	14	88	2.5	943	0.6	47	143	4.1	1,567	0.6	32
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	8.3	12	0.1	1	0	0.0	0	0.0	0	5	41.7	54	0.6	48
21-44	152	11.4	1,744	0.5	13	36	2.7	403	0.8	44	61	4.6	715	0.8	42
45-64	272	15.1	3,095	0.6	16	45	2.5	476	0.4	44	67	3.7	685	0.3	21
65-74	20	6.1	238	0.4	6	6	1.8	63	1.6	91	10	3.0	113	1.4	27
75-84	0	0.0	0	0.0	0	1	3.3	1	1.0	139	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	154	6.2	1,704	0.4	9	39	1.6	354	0.6	61	40	1.6	417	0.5	29
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	6	21.4	63	0.3	4	7	25.0	79	0.7	93	14	50.0	151	0.5	43
45-64	2	6.1	18	0.9	11	5	15.2	57	0.2	34	8	24.2	90	0.4	35
65-74	66	5.3	763	0.4	9	18	1.5	167	0.8	60	12	1.0	129	0.6	16
75-84	56	6.4	639	0.5	11	6	0.7	36	0.3	47	6	0.7	47	0.2	11
85 and older	24	8.5	221	0.2	5	3	1.1	15	0.4	55	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Alaska, released by CMS in 3/2010. This table was produced on 10/06/2010.
 a. Table D.7B includes the beneficiaries represented by Cell G 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 drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during

which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	656	4.8	7,020	0.3	\$22	320	2.4	3,402	0.6	\$42	267	2.0	2,760	0.6	\$42
Female															
All Females	362	4.8	3,956	0.3	22	188	2.5	1,986	0.7	40	134	1.8	1,395	0.7	43
Female, Disabled															
All Ages	271	7.7	2,943	0.3	18	122	3.5	1,317	0.8	48	78	2.2	839	0.9	50
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	74	7.6	793	0.4	30	18	1.9	204	0.8	46	8	0.8	82	1.5	57
45-64	161	8.0	1,738	0.3	14	58	2.9	577	0.5	35	51	2.5	537	0.8	47
65-74	35	8.2	406	0.3	11	46	10.7	536	1.1	62	19	4.4	220	1.0	56
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	7.1	6	0.2	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	91	2.2	1,013	0.3	33	66	1.6	669	0.5	25	56	1.4	556	0.4	33
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	31	81.6	363	0.5	53	6	15.8	66	0.6	27	5	13.2	59	0.4	63
45-64	8	25.8	96	0.5	36	7	22.6	52	0.5	50	4	12.9	37	0.2	29
65-74	37	2.3	414	0.3	25	46	2.9	483	0.5	25	40	2.5	385	0.4	31
75-84	13	0.8	126	0.1	2	6	0.4	56	0.1	6	4	0.2	41	0.2	17
85 and older	2	0.2	14	0.1	2	1	0.1	12	0.3	5	3	0.4	34	0.3	22
Male															
All Males	294	4.9	3,064	0.3	23	132	2.2	1,416	0.6	44	133	2.2	1,365	0.5	42
Male, Disabled															
All Ages	225	6.4	2,385	0.3	24	100	2.8	1,076	0.6	46	94	2.7	998	0.5	42
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	16.7	24	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	80	6.0	870	0.2	9	18	1.4	204	0.5	15	10	0.8	119	0.3	24
45-64	121	6.7	1,245	0.3	37	58	3.2	617	0.5	50	63	3.5	643	0.4	36
65-74	22	6.7	246	0.3	13	24	7.3	255	0.8	63	21	6.4	236	1.0	66
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	69	2.8	679	0.4	19	32	1.3	340	0.6	37	39	1.6	367	0.5	41
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	100.0	5	0.2	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	19	67.9	205	0.7	39	1	3.6	12	0.7	115	4	14.3	47	0.6	52
45-64	9	27.3	94	0.3	23	6	18.2	63	0.4	52	6	18.2	52	0.3	37
65-74	28	2.3	284	0.2	5	17	1.4	183	0.7	34	24	1.9	235	0.5	37
75-84	10	1.1	85	0.2	10	7	0.8	71	0.3	24	5	0.6	33	0.5	67
85 and older	2	0.7	6	0.3	48	1	0.4	11	0.1	3	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Alaska, released by CMS in 3/2010. This table was produced on 10/06/2010.
 a. Table D.7C includes the beneficiaries represented by Cell G 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 drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during

which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2007

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTINEOPLASTICS						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	703	5.2	8,033	0.8	\$14	39	0.3	400	0.4	\$266	13,602	146,420
Female												
All Females	473	6.2	5,402	0.8	11	25	0.3	243	0.5	219	7,621	82,516
Female, Disabled												
All Ages	194	5.5	2,216	0.9	16	18	0.5	184	0.6	263	3,511	38,530
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	74
21-44	29	3.0	336	0.4	4	4	0.4	40	0.1	54	972	10,872
45-64	131	6.5	1,516	0.9	17	13	0.6	132	0.7	344	2,024	22,122
65-74	32	7.5	340	1.2	25	1	0.2	12	0.3	67	428	4,635
75-84	2	3.1	24	0.6	6	0	0.0	0	0.0	0	65	688
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	14	127
Female, Other Eligibles												
All Ages	279	6.8	3,186	0.8	8	7	0.2	59	0.3	83	4,110	43,986
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
21-44	2	5.3	24	0.2	1	2	5.3	24	0.3	176	38	371
45-64	2	6.5	19	0.1	1	1	3.2	1	1.0	279	31	277
65-74	88	5.5	1,005	0.6	8	1	0.1	12	0.3	14	1,594	17,026
75-84	113	7.0	1,292	0.8	8	2	0.1	13	0.2	14	1,620	17,561
85 and older	74	8.9	846	0.8	8	1	0.1	9	0.3	7	827	8,751
Male												
All Males	230	3.8	2,631	0.9	19	14	0.2	157	0.3	337	5,981	63,904
Male, Disabled												
All Ages	135	3.8	1,557	1.0	25	11	0.3	128	0.4	399	3,516	38,069
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12	119
21-44	27	2.0	315	1.2	37	3	0.2	32	0.5	335	1,331	14,472
45-64	80	4.4	936	1.0	23	7	0.4	84	0.4	481	1,805	19,534
65-74	27	8.2	305	0.9	17	1	0.3	12	0.1	2	330	3,561
75-84	1	3.3	1	1.0	15	0	0.0	0	0.0	0	30	305
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	66
Male, Other Eligibles												
All Ages	95	3.9	1,074	0.8	10	3	0.1	29	0.1	64	2,465	25,835
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	1	100.0	5	0.4	49	1	5
21-44	4	14.3	47	0.3	53	0	0.0	0	0.0	0	28	274
45-64	2	6.1	21	0.2	2	0	0.0	0	0.0	0	33	287
65-74	35	2.8	394	0.9	9	2	0.2	24	0.1	67	1,241	13,024
75-84	38	4.3	433	0.7	7	0	0.0	0	0.0	0	878	9,366
85 and older	16	5.6	179	0.7	8	0	0.0	0	0.0	0	284	2,879
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2007 file for Alaska, released by CMS in 3/2010. This table was produced on 10/06/2010.
 a. Table D.7D includes the beneficiaries represented by Cell G 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 drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during

which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2007

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Benefit Months Among All-Year	
			Facility Residents	Nursing Facility Residents
All	\$22	0.3	413	4,282
Age				
0-64	85	0.6	56	605
65-74	31	0.5	74	763
75-84	7	0.3	138	1,454
85 and older	5	0.2	145	1,460
Unknown	0	0.0	0	0
Gender				
Female	13	0.3	264	2,752
Male	39	0.4	149	1,530
Unknown	0	0.0	0	0
Race				
White	24	0.4	294	3,006
African American	0	0	9	105
Other/unknown	19	0.3	110	1,171
Basis of Eligibility^c				
Aged	11	0.3	339	3,516
Disabled	70	0.6	74	766
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 449 beneficiaries who were in nursing facilities for part of their enrollment and their 4,579 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users				\$ per Rx				Users					
	Total	Patented Brand-Name	Off-Patent Brand-Name	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 Dual All-Year Nursing Facility Residents	Number of Benefit Months	
Anti-infective Agents	0.3	0.0	0.0	0.2	\$12	\$3	\$0	\$9	\$48	\$57	\$0	\$46	16	\$770	6	1.5	64
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Endocrine/Metabolic Drugs	0.8	0.6	0.1	0.1	63	60	2	2	81	107	21	15	62	5,016	9	2.2	79
Cardiovascular Agents	1.1	0.1	0.1	0.8	59	13	11	35	56	101	84	43	105	5,835	12	2.9	99
Respiratory Agents	0.2	0.1	0.0	0.1	19	12	2	5	84	131	81	47	10	842	6	1.5	44
Gastrointestinal Agents	0.6	0.4	0.0	0.2	74	61	6	7	122	157	154	37	59	7,202	12	2.9	97
Genitourinary Agents	0.1	0.0	0.0	0.1	4	0	0	4	47	0	0	47	1	47	1	0.2	12
CNS Drugs	0.6	0.0	0.0	0.6	22	4	0	17	35	136	127	29	603	20,818	91	22.0	963
Stimulants/Anti-obesity/Anorexia	0.9	0.9	0.0	0.0	566	566	0	0	617	617	0	0	11	6,789	1	0.2	12
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	699	699	0	0	1165	1,165	0	0	18	20,978	4	1.0	30
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	62	0	0	62	113	23	0	116	35	3,966	10	2.4	64
Neuromuscular Agents	0.7	0.1	0.0	0.6	45	14	0	31	68	238	0	52	150	10,216	22	5.3	228
Nutritional Products	0.4	0.0	0.0	0.4	13	1	7	5	29	18	168	14	147	4,256	31	7.5	339
Hematological Agents	0.9	0.0	0.0	0.9	18	8	0	10	20	542	0	11	236	4,775	26	6.3	272
Topical Products	0.4	0.1	0.0	0.3	18	6	1	12	48	96	43	39	37	1,793	10	2.4	98
Miscellaneous Products	0.1	0.1	0.0	0.0	5	4	0	2	49	51	0	45	3	147	3	0.7	28
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	95	0	0	0	190	0	0	0	1	190	1	0.2	2
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.	1,494	93,640	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 449 beneficiaries who were in nursing facilities for part of their enrollment and their 4,579 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2007

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users			
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	\$21,018	5	1.2	42	0.5	\$1,106	\$500	
ANTI-ANXIETY AGENTS	13,890	84	20.3	891	0.6	26	16	
ANTI-CONVULSANTS	10,191	22	5.3	241	0.6	69	42	
STIMULANTS/ANTI-OBESITY/ANOREXICANTS	6,789	1	0.2	12	0.9	617	566	
ULCER DRUGS	5,971	10	2.4	74	0.5	149	81	
LAXATIVES	5,398	67	16.2	767	0.8	9	7	
HEMATOPOIETIC AGENTS	4,658	36	8.7	393	0.7	18	12	
ANTI-DIABETIC	4,528	7	1.7	67	0.6	116	68	
VITAMINS	4,149	28	6.8	328	0.4	29	13	
ANALGESICS - Narcotic	3,939	11	2.7	73	0.5	119	54	
Total	80,531	271	n.a.	2,888	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 449 beneficiaries who were in nursing facilities for part of their enrollment and their 4,579 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIANKXIETY AGENTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,802	\$80,531	5	1.2	42	0.5	\$500	84	20.3	891	0.6	\$16
Female												
All Females	1,168	30,770	1	0.4	12	0.1	3	55	20.8	574	0.6	17
Female, Disabled												
All Ages	132	6,354	1	2.9	12	0.1	3	6	17.1	69	1.0	37
64 or younger	86	5,147	1	4.3	12	0.1	3	4	17.4	46	0.8	41
65-74	46	1,207	0	0.0	0	0.0	0	2	22.2	23	1.3	30
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	1,036	24,416	0	0.0	0	0.0	0	49	21.4	505	0.6	15
64 or younger	12	444	0	0.0	0	0.0	0	1	50.0	12	1.0	37
65-74	333	13,310	0	0.0	0	0.0	0	13	43.3	141	0.7	20
75-84	324	5,179	0	0.0	0	0.0	0	18	19.8	185	0.7	13
85 and older	367	5,483	0	0.0	0	0.0	0	17	16.0	167	0.3	11
Male												
All Males	634	49,761	4	2.7	30	0.6	699	29	19.5	317	0.5	12
Male, Disabled												
All Ages	295	37,444	1	2.6	12	0.8	1,404	8	20.5	87	0.6	16
64 or younger	271	37,133	1	3.2	12	0.8	1,404	7	22.6	75	0.7	19
65-74	24	311	0	0.0	0	0.0	0	1	20.0	12	0.1	2
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	339	12,317	3	2.7	18	0.5	229	21	19.1	230	0.5	11
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	71	4,923	1	3.3	9	0.2	373	5	16.7	60	0.2	6
75-84	210	5,566	1	2.2	2	1.5	189	11	24.4	118	0.7	16
85 and older	58	1,828	1	2.9	7	0.6	56	5	14.3	52	0.3	5
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

- a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 449 beneficiaries who were in nursing facilities for part of their enrollment and their 4,579 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2007

Beneficiary Characteristics	ANTICONVULSANT					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	22	5.3	241	0.6	\$42	1	0.2	12	0.9	\$566	10	2.4	74	0.5	\$81
Female															
All Females	14	5.3	156	0.6	38	0	0.0	0	0.0	0	4	1.5	33	0.5	64
Female, Disabled															
All Ages	2	5.7	23	0.6	20	0	0.0	0	0.0	0	1	2.9	2	1.0	43
64 or younger	1	4.3	12	0.9	26	0	0.0	0	0.0	0	1	4.3	2	1.0	43
65-74	1	11.1	11	0.2	13	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	12	5.2	133	0.6	41	0	0.0	0	0.0	0	3	1.3	31	0.5	66
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5	16.7	60	0.7	67	0	0.0	0	0.0	0	1	3.3	12	0.4	128
75-84	5	5.5	53	0.4	17	0	0.0	0	0.0	0	1	1.1	7	1.1	54
85 and older	2	1.9	20	1.0	27	0	0.0	0	0.0	0	1	0.9	12	0.1	11
Male															
All Males	8	5.4	85	0.6	50	1	0.7	12	0.9	566	6	4.0	41	0.6	94
Male, Disabled															
All Ages	5	12.8	52	0.6	40	1	2.6	12	0.9	566	2	5.1	24	0.6	94
64 or younger	5	16.1	52	0.6	40	1	3.2	12	0.9	566	2	6.5	24	0.6	94
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	3	2.7	33	0.8	65	0	0.0	0	0.0	0	4	3.6	17	0.6	94
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2	6.7	21	0.7	12	0	0.0	0	0.0	0	1	3.3	3	0.7	104
75-84	1	2.2	12	0.9	156	0	0.0	0	0.0	0	1	2.2	2	1.5	273
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	5.7	12	0.4	62
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 449 beneficiaries who were in nursing facilities for part of their enrollment and their 4,579 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

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

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2007

Beneficiary Characteristics	LAXATIVES					HEMATOPOIETIC AGENTS					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	67	16.2	767	0.8	\$7	36	8.7	393	0.7	\$12	7	1.7	67	0.6	\$68
Female															
All Females	44	16.7	495	0.7	7	27	10.2	295	0.7	8	2	0.8	13	0.2	13
Female, Disabled															
All Ages	5	14.3	48	0.5	11	1	2.9	2	0.5	1	2	5.7	13	0.2	13
64 or younger	3	13.0	36	0.6	10	0	0.0	0	0.0	0	1	4.3	2	0.5	48
65-74	2	22.2	12	0.5	12	1	11.1	2	0.5	1	1	11.1	11	0.2	6
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	39	17.0	447	0.7	6	26	11.4	293	0.7	8	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	13	43.3	154	0.6	8	3	10.0	36	0.8	6	0	0.0	0	0.0	0
75-84	14	15.4	157	0.7	5	8	8.8	85	0.5	7	0	0.0	0	0.0	0
85 and older	12	11.3	136	0.8	6	15	14.2	172	0.8	8	0	0.0	0	0.0	0
Male															
All Males	23	15.4	272	0.9	8	9	6.0	98	0.6	25	5	3.4	54	0.7	81
Male, Disabled															
All Ages	13	33.3	153	0.8	8	2	5.1	21	0.5	93	5	12.8	54	0.7	81
64 or younger	11	35.5	129	0.8	8	1	3.2	9	0.1	200	5	16.1	54	0.7	81
65-74	2	40.0	24	0.6	6	1	20.0	12	0.8	13	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	10	9.1	119	0.9	7	7	6.4	77	0.6	7	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2	6.7	23	0.9	12	2	6.7	24	0.3	0	0	0.0	0	0.0	0
75-84	7	15.6	84	0.9	6	2	4.4	24	1.0	13	0	0.0	0	0.0	0
85 and older	1	2.9	12	1.1	11	3	8.6	29	0.5	7	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

- Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 449 beneficiaries who were in nursing facilities for part of their enrollment and their 4,579 benefit months were excluded from the analysis.
- 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 drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>. Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2007

Beneficiary Characteristics	VITAMINS					ANALGESICS - Narcotic						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	28	6.8	328	0.4	\$13	11	2.7	73	0.5	\$54	413	4,282
Female												
All Females	20	7.6	232	0.5	16	5	1.9	39	0.5	83	264	2,752
Female, Disabled												
All Ages	2	5.7	23	0.7	105	2	5.7	13	0.2	8	35	339
64 or younger	1	4.3	12	1.1	194	1	4.3	2	0.5	8	23	239
65-74	1	11.1	11	0.2	9	1	11.1	11	0.2	7	9	75
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
Female, Other Eligibles												
All Ages	18	7.9	209	0.5	6	3	1.3	26	0.7	120	229	2,413
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
65-74	5	16.7	60	0.8	7	2	6.7	24	0.7	129	30	320
75-84	4	4.4	48	0.2	3	1	1.1	2	0.5	12	91	967
85 and older	9	8.5	101	0.5	7	0	0.0	0	0.0	0	106	1,102
Male												
All Males	8	5.4	96	0.2	4	6	4.0	34	0.4	21	149	1,530
Male, Disabled												
All Ages	2	5.1	24	0.2	2	2	5.1	18	0.4	29	39	427
64 or younger	2	6.5	24	0.2	2	2	6.5	18	0.4	29	31	342
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	60
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	25
Male, Other Eligibles												
All Ages	6	5.5	72	0.3	5	4	3.6	16	0.3	12	110	1,103
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	3	10.0	36	0.3	6	2	6.7	6	0.5	25	30	308
75-84	1	2.2	12	0.2	3	2	4.4	10	0.2	4	45	463
85 and older	2	5.7	24	0.3	4	0	0.0	0	0.0	0	35	332
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 449 beneficiaries who were in nursing facilities for part of their enrollment and their 4,579 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

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

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ALASKA, 2007

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries	
All	3,057	22.5	2.0	27,053	\$35	\$470,296	\$17	15.4	13,602	
Age										
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0	
6-14	0	0.0	0.0	0	0	0	0	0.0	2	
15-20	1	5.0	0.1	1	0	9	9	0.0	20	
21-44	597	25.2	2.0	4,754	39	93,321	20	8.4	2,369	
45-64	1,165	29.9	2.9	11,190	57	223,033	20	18.6	3,893	
65-74	579	16.1	1.4	5,056	21	75,190	15	12.5	3,593	
75-84	458	17.7	1.6	4,151	20	53,052	13	61.5	2,593	
85 and older	257	22.7	1.7	1,901	23	25,691	14	76.1	1,132	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	1,132	17.6	1.5	9,577	21	133,072	14	32.8	6,440	
Disabled	1,891	26.9	2.5	17,278	47	333,308	19	14.0	7,027	
Adults	34	25.6	1.5	198	29	3,916	20	1.4	133	
Children	0	0.0	0.0	0	0	0	0	0.0	1	
Unknown	0	0.0	0.0	0	0	0	0	0.0	1	
Gender										
Female	1,984	26.0	2.3	17,809	39	297,581	17	17.3	7,621	
Male	1,073	17.9	1.5	9,244	29	172,715	19	13.0	5,981	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	2,098	29.8	2.7	19,331	49	347,865	18	18.6	7,045	
African American	147	25.9	2.2	1,239	31	17,346	14	9.8	568	
Other/unknown	812	13.6	1.1	6,483	18	105,085	16	10.4	5,989	
Use of Nursing Facilities^d										
Entire year	149	36.1	3.4	1,391	58	24,052	17	25.7	413	
Part year	156	34.7	2.6	1,165	46	20,544	18	20.1	449	
None	2,752	21.6	1.9	24,497	33	425,700	17	14.9	12,740	
Maintenance Assistance Status										
Cash	2,549	21.3	1.9	22,276	33	394,602	18	14.3	11,982	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	5	13.2	0.6	23	9	357	16	7.4	38	
Other/unknown	503	31.8	3.0	4,754	48	75,337	16	26.2	1,582	

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ALASKA, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$3	\$17	\$0	\$2	146,420
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.0	0	0	0	0	24
15-20	0.0	0	9	0	0	198
21-44	0.2	4	20	0	3	25,989
45-64	0.3	5	20	0	4	42,220
65-74	0.1	2	15	0	1	38,246
75-84	0.1	2	13	0	1	27,920
85 and older	0.2	2	14	0	1	11,823
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.1	2	14	0	1	68,612
Disabled	0.2	4	19	0	3	76,599
Adults	0.2	3	20	0	2	1,203
Children	0.0	0	0	0	0	5
Unknown	0.0	0	0	0	0	1
Gender						
Female	0.2	4	17	0	3	82,516
Male	0.1	3	19	0	2	63,904
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	5	18	0	4	75,393
African American	0.2	3	14	0	2	6,119
Other/unknown	0.1	2	16	0	1	64,908
Use of Nursing Facilities^d						
Entire year	0.3	6	17	0	3	4,282
Part year	0.3	4	18	0	3	4,579
None	0.2	3	17	0	2	137,559
Maintenance Assistance Status						
Cash	0.2	3	18	0	2	130,026
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	16	0	1	363
Other/unknown	0.3	5	16	0	3	16,031

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
ALASKA, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	Total Number Rx. \$ per Rx
All	3,515	\$134	\$470,296	100.0	27,053	\$17	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	13	60	783	0.2	20	39	0.1
Vitamins and minerals	331	158	52,378	11.1	3,055	17	11.3
Non-prescription drugs	889	83	73,814	15.7	7,984	9	29.5
Barbiturates	37	93	3,431	0.7	295	12	1.1
Benzodiazepines	2,232	152	338,937	72.1	15,672	22	57.9
Other Part D Excl Rx Drugs	13	73	953	0.2	27	35	0.1

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 ALASKA, 2007

Total Number of Dual Eligible Beneficiaries: 13,602
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$3,054,479
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$224

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,124	74.4	\$0	0.0
1-500	2,674	19.7	342,573	11.2
501-1,000	299	2.2	204,638	6.7
1,001-1,500	110	0.8	133,188	4.4
1,501-2,000	77	0.6	133,175	4.4
2,001-2,500	43	0.3	96,821	3.2
2,501-3,000	40	0.3	110,090	3.6
3,001-3,500	26	0.2	85,251	2.8
3,501-4,000	30	0.2	112,442	3.7
4,001-4,500	28	0.2	118,601	3.9
4,501-5,000	9	0.1	42,158	1.4
5,001-5,500	10	0.1	52,639	1.7
5,501-6,000	12	0.1	69,208	2.3
6,001-6,500	6	0.0	38,148	1.2
6,501-7,000	12	0.1	81,256	2.7
7,001-7,500	10	0.1	71,773	2.3
7,501-8,000	7	0.1	53,954	1.8
8,001-8,500	10	0.1	82,121	2.7
8,501-9,000	6	0.0	52,570	1.7
9,001-9,500	7	0.1	65,103	2.1
9,501-10,000	5	0.0	48,684	1.6
10,001+	57	0.4	1,060,086	34.7

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 ALASKA, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 6,153
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$2,056,293
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$334

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,064	66.0	\$0	0.0
1-500	1,547	25.1	216,983	10.6
501-1,000	203	3.3	139,156	6.8
1,001-1,500	78	1.3	93,805	4.6
1,501-2,000	57	0.9	98,195	4.8
2,001-2,500	28	0.5	63,132	3.1
2,501-3,000	27	0.4	74,459	3.6
3,001-3,500	16	0.3	51,599	2.5
3,501-4,000	20	0.3	74,977	3.6
4,001-4,500	18	0.3	76,684	3.7
4,501-5,000	6	0.1	28,089	1.4
5,001-5,500	7	0.1	36,420	1.8
5,501-6,000	7	0.1	40,354	2.0
6,001-6,500	3	0.0	19,100	0.9
6,501-7,000	8	0.1	54,124	2.6
7,001-7,500	8	0.1	57,304	2.8
7,501-8,000	4	0.1	30,605	1.5
8,001-8,500	3	0.0	24,723	1.2
8,501-9,000	1	0.0	8,588	0.4
9,001-9,500	5	0.1	46,678	2.3
9,501-10,000	5	0.1	48,684	2.4
10,001+	38	0.6	772,634	37.6

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 ALASKA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 7,318
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$722,148
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$98

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,996	81.9	\$0	0.0
1-500	1,112	15.2	121,905	16.9
501-1,000	90	1.2	61,552	8.5
1,001-1,500	27	0.4	33,294	4.6
1,501-2,000	15	0.2	25,910	3.6
2,001-2,500	13	0.2	28,957	4.0
2,501-3,000	9	0.1	24,457	3.4
3,001-3,500	8	0.1	26,981	3.7
3,501-4,000	9	0.1	33,723	4.7
4,001-4,500	6	0.1	25,236	3.5
4,501-5,000	1	0.0	4,550	0.6
5,001-5,500	2	0.0	10,730	1.5
5,501-6,000	4	0.1	23,178	3.2
6,001-6,500	2	0.0	12,704	1.8
6,501-7,000	3	0.0	20,432	2.8
7,001-7,500	1	0.0	7,227	1.0
7,501-8,000	1	0.0	7,681	1.1
8,001-8,500	2	0.0	16,373	2.3
8,501-9,000	1	0.0	8,741	1.2
9,001-9,500	2	0.0	18,425	2.6
9,501-10,000	0	0.0	0	0.0
10,001+	14	0.2	210,092	29.1

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 ALASKA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 3,593
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$602,123
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$167

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,908	80.9	\$0	0.0
1-500	523	14.6	60,597	10.1
501-1,000	60	1.7	42,129	7.0
1,001-1,500	21	0.6	25,872	4.3
1,501-2,000	11	0.3	18,957	3.1
2,001-2,500	10	0.3	22,246	3.7
2,501-3,000	7	0.2	19,239	3.2
3,001-3,500	7	0.2	23,487	3.9
3,501-4,000	9	0.3	33,723	5.6
4,001-4,500	5	0.1	21,192	3.5
4,501-5,000	1	0.0	4,550	0.8
5,001-5,500	1	0.0	5,278	0.9
5,501-6,000	4	0.1	23,178	3.8
6,001-6,500	2	0.1	12,704	2.1
6,501-7,000	3	0.1	20,432	3.4
7,001-7,500	1	0.0	7,227	1.2
7,501-8,000	1	0.0	7,681	1.3
8,001-8,500	2	0.1	16,373	2.7
8,501-9,000	1	0.0	8,741	1.5
9,001-9,500	2	0.1	18,425	3.1
9,501-10,000	0	0.0	0	0.0
10,001+	14	0.4	210,092	34.9

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 ALASKA, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 2,593
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$86,249
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$33

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,172	83.8	\$0	0.0
1-500	388	15.0	42,923	49.8
501-1,000	20	0.8	12,945	15.0
1,001-1,500	4	0.2	5,112	5.9
1,501-2,000	3	0.1	5,251	6.1
2,001-2,500	2	0.1	4,511	5.2
2,501-3,000	1	0.0	2,517	2.9
3,001-3,500	1	0.0	3,494	4.1
3,501-4,000	0	0.0	0	0.0
4,001-4,500	1	0.0	4,044	4.7
4,501-5,000	0	0.0	0	0.0
5,001-5,500	1	0.0	5,452	6.3
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 ALASKA, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 1,132
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$33,776
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$29

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	916	80.9	\$0	0.0
1-500	201	17.8	18,385	54.4
501-1,000	10	0.9	6,478	19.2
1,001-1,500	2	0.2	2,310	6.8
1,501-2,000	1	0.1	1,702	5.0
2,001-2,500	1	0.1	2,200	6.5
2,501-3,000	1	0.1	2,701	8.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	13,602	6,440	7,027	133	1	1	146,420	68,612	76,599	1,203	5	1
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	2	0	2	0	0	0	24	0	24	0	0	0
15-20	20	0	19	0	1	0	198	0	193	0	5	0
21-44	2,369	3	2,303	63	0	0	25,989	31	25,344	614	0	0
45-64	3,893	19	3,829	44	0	1	42,220	176	41,656	387	0	1
65-74	3,593	2,811	758	24	0	0	38,246	29,867	8,196	183	0	0
75-84	2,593	2,496	95	2	0	0	27,920	26,908	993	19	0	0
85 and older	1,132	1,111	21	0	0	0	11,823	11,630	193	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	7,621	4,041	3,511	68	0	1	82,516	43,342	38,530	643	0	1
Male	5,981	2,399	3,516	65	1	0	63,904	25,270	38,069	560	5	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	7,045	2,738	4,248	57	1	1	75,393	28,795	46,025	567	5	1
African American	568	164	395	9	0	0	6,119	1,770	4,285	64	0	0
Other/unknown	5,989	3,538	2,384	67	0	0	64,908	38,047	26,289	572	0	0
Use of Nursing Facilities^c												
Entire year	413	339	74	0	0	0	4,282	3,516	766	0	0	0
Part year	449	309	140	0	0	0	4,579	3,080	1,499	0	0	0
None	12,740	5,792	6,813	133	1	1	137,559	62,016	74,334	1,203	5	1
Maintenance Assistance Status												
Cash	11,982	5,438	6,432	112	0	0	130,026	58,721	70,253	1,052	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	38	18	15	4	0	1	363	176	169	17	0	1
Other/unknown	1,582	984	580	17	1	0	16,031	9,715	6,177	134	5	0
Dual 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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	13,602	6,440	7,027	133	1	1	146,420	68,612	76,599	1,203	5	1
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
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0

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

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2007

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	13,602	146,420	13,602	146,420	0	0
Fee-for-service (FFS) all year	13,602	146,420	13,602	146,420	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

Dual Medicaid Beneficiaries