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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, 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
All	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
Age												
5 and younger	107,378	0	4,242	4	103,132	0	431,793	0	41,345	23	390,425	0
6-14	115,619	1	10,512	152	104,954	0	667,683	12	114,670	591	552,410	0
15-20	100,052	4	9,302	42,107	48,639	0	621,970	39	97,297	270,967	253,667	0
21-44	207,152	25	35,431	171,446	145	105	1,255,073	246	345,419	908,066	520	822
45-64	53,927	175	44,614	8,667	1	470	481,113	1,626	441,597	33,681	12	4,197
65-74	4,243	4,131	92	19	0	1	43,701	43,134	496	68	0	3
75-84	2,129	2,127	2	0	0	0	22,011	21,996	15	0	0	0
85 and older	515	513	1	0	1	0	4,975	4,951	12	0	12	0
Unknown	20	1	0	0	19	0	46	3	0	0	43	0
Gender												
Female	383,831	4,389	52,211	198,630	128,025	576	2,324,416	45,499	533,902	1,141,004	598,989	5,022
Male	207,160	2,585	51,978	23,764	128,833	0	1,203,746	26,486	506,886	72,391	597,983	0
Unknown	44	3	7	1	33	0	203	22	63	1	117	0
Race												
White	320,953	3,016	72,144	117,247	128,182	364	1,997,458	32,590	724,429	596,719	640,530	3,190
African American	36,390	371	9,655	11,369	14,977	18	211,054	3,780	94,667	47,104	65,339	164
Other/unknown	233,692	3,590	22,397	93,779	113,732	194	1,319,853	35,637	221,755	569,573	491,220	1,668
Use of Nursing Facilities^c												
Entire year	828	150	676	1	1	0	7,577	1,496	6,068	1	12	0
Part year	1,590	129	1,445	13	2	1	15,434	1,238	14,100	81	3	12
None	588,617	6,698	102,075	222,381	256,888	575	3,505,354	69,273	1,020,683	1,213,314	1,197,074	5,010
Maintenance Assistance Status												
Cash	155,316	4,627	94,276	23,820	32,593	0	1,194,741	49,085	940,551	78,124	126,981	0
Medically needy	1,431	80	1,089	64	198	0	10,995	841	8,924	265	965	0
Poverty-related	141,909	34	92	20,410	120,797	576	626,418	240	525	79,274	541,357	5,022
Other/unknown	292,379	2,236	8,739	178,101	103,303	0	1,696,211	21,841	90,851	1,055,733	527,786	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	342,179	6,822	97,609	139,788	97,396	564	2,803,655	71,090	1,004,232	934,783	788,581	4,969
FFS part year, with Rx claims	88,788	123	5,471	42,201	40,982	11	323,047	807	31,973	150,761	139,454	52
FFS part year, no Rx claims	160,068	32	1,116	40,406	118,513	1	401,663	110	4,646	127,852	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 ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, WASHINGTON, 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	41.6	7.9	\$558	\$71	\$3,743	14.9	591,035
Age							
5 and younger	30.3	1.3	79	60	2,473	3.2	107,378
6-14	34.9	2.8	344	122	1,902	18.1	115,619
15-20	34.5	2.8	253	89	2,445	10.3	100,052
21-44	42.8	6.5	484	74	3,715	13.0	207,152
45-64	81.5	42.5	2,668	63	11,546	23.1	53,927
65-74	86.3	41.7	1,897	46	11,448	16.6	4,243
75-84	85.1	39.6	1,725	44	14,653	11.8	2,129
85 and older	75.1	33.2	1,258	38	19,585	6.4	515
Unknown	10.0	1.1	151	144	155	97.9	20
Basis of Eligibility^e							
Aged	85.5	40.8	1,831	45	12,939	14.1	6,977
Disabled	82.5	34.1	2,678	79	12,907	20.8	104,196
Adults	32.6	1.9	66	35	1,755	3.7	222,395
Children	31.5	1.6	87	55	1,475	5.9	256,891
Unknown	84.4	25.2	1,980	79	13,637	14.5	576
Gender							
Female	40.7	7.7	464	60	3,406	13.6	383,831
Male	43.2	8.2	733	89	4,369	16.8	207,160
Unknown	25.0	7.6	338	44	2,181	15.5	44
Race							
White	47.0	10.4	725	70	4,322	16.8	320,953
African American	45.5	8.5	557	65	4,363	12.8	36,390
Other/unknown	33.6	4.4	330	76	2,851	11.6	233,692
Use of Nursing Facilities^f							
Entire year	94.4	82.1	5,052	62	71,459	7.1	828
Part year	97.2	81.5	4,923	60	64,290	7.7	1,590
None	41.4	7.6	540	71	3,484	15.5	588,617
Maintenance Assistance Status							
Cash	67.3	22.0	1,663	75	7,627	21.8	155,316
Medically needy	84.8	32.1	2,414	75	15,724	15.4	1,431
Poverty related	32.9	1.4	63	44	1,461	4.3	141,909
Other/unknown	32.0	3.4	202	59	2,729	7.4	292,379

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 ND.3 includes beneficiaries represented by Cell K 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 ND.4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, WASHINGTON, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c	Number of Rx, Percentage with:							Mean \$, All Medicaid FFS ^d	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Beneficiaries		Benefit Months	
All	1.3	\$94	14.9	58.4	25.0	5.2	6.5	3.6	1.3	\$627	591,035	3,528,365	
Age													
5 and younger	0.3	20	3.2	69.7	26.0	2.8	1.4	0.2	0.0	615	107,378	431,793	
6-14	0.5	60	18.1	65.1	27.3	3.9	3.0	0.5	0.1	329	115,619	667,683	
15-20	0.5	41	10.3	65.5	25.9	4.3	3.5	0.7	0.1	393	100,052	621,970	
21-44	1.1	80	13.0	57.2	25.1	6.1	7.3	3.3	1.0	613	207,152	1,255,073	
45-64	4.8	299	23.1	18.5	16.6	9.7	24.2	21.6	9.3	1,294	53,927	481,113	
65-74	4.1	184	16.6	13.7	20.1	11.7	27.8	20.7	5.9	1,112	4,243	43,701	
75-84	3.8	167	11.8	14.9	20.1	12.6	26.5	20.0	5.8	1,417	2,129	22,011	
85 and older	3.4	130	6.4	24.9	18.8	10.1	22.3	19.8	4.1	2,027	515	4,975	
Unknown	0.5	66	97.9	90.0	0.0	5.0	5.0	0.0	0.0	67	20	46	
Basis of Eligibility^e													
Aged	4.0	177	14.1	14.5	20.0	11.9	27.4	20.4	5.7	1,254	6,977	72,007	
Disabled	3.4	268	20.8	17.5	27.7	11.1	21.7	15.9	6.2	1,292	104,196	1,040,851	
Adults	0.3	12	3.7	67.4	22.8	4.3	3.9	1.2	0.3	322	222,395	1,213,396	
Children	0.3	19	5.9	68.5	26.0	3.3	1.9	0.3	0.1	317	256,891	1,197,089	
Unknown	2.9	227	14.5	15.6	26.7	17.4	27.3	12.2	0.9	1,564	576	5,022	
Gender													
Female	1.3	77	13.6	59.3	24.8	4.9	6.0	3.6	1.4	562	383,831	2,324,416	
Male	1.4	126	16.8	56.8	25.4	5.7	7.4	3.6	1.1	752	207,160	1,203,746	
Unknown	1.7	73	15.5	75.0	11.4	2.3	6.8	2.3	2.3	473	44	203	
Race													
White	1.7	116	16.8	53.0	25.8	6.1	8.2	4.9	1.9	695	320,953	1,997,458	
African American	1.5	96	12.8	54.5	26.4	6.3	7.6	3.9	1.3	752	36,390	211,054	
Other/unknown	0.8	58	11.6	66.4	23.6	3.7	4.0	1.8	0.5	505	233,692	1,319,853	
Use of Nursing Facilities^f													
Entire year	9.0	552	7.1	5.6	5.9	3.5	15.9	33.9	35.1	7,809	828	7,577	
Part year	8.4	507	7.7	2.8	5.8	6.5	20.3	35.6	29.0	6,623	1,590	15,434	
None	1.3	91	15.5	58.6	25.1	5.2	6.4	3.5	1.2	585	588,617	3,505,354	
Maintenance Assistance Status													
Cash	2.9	216	21.8	32.7	27.5	9.4	16.0	10.6	3.8	992	155,316	1,194,741	
Medically needy	4.2	314	15.4	15.2	19.8	11.7	26.8	20.6	5.8	2,046	1,431	10,995	
Poverty related	0.3	14	4.3	67.1	26.8	3.6	2.1	0.3	0.1	331	141,909	626,418	
Other/unknown	0.6	35	7.4	68.0	22.8	3.6	3.5	1.5	0.6	470	292,379	1,696,211	

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 ND.4 includes the beneficiaries represented by Cell K 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 ND.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
NONDUAL BENEFICIARIES, 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
All	1.3	\$94	\$71	0.4	\$75	\$195	0.0	\$4	\$109	0.9	\$15	\$17
Age												
5 and younger	0.3	20	60	0.1	15	190	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	89	0.2	35	206	0.0	1	110	0.3	5	18
21-44	1.1	80	74	0.3	64	215	0.0	3	122	0.8	13	17
45-64	4.8	299	63	1.3	229	180	0.1	14	111	3.4	57	17
65-74	4.1	184	46	1.1	136	121	0.1	10	75	2.8	39	14
75-84	3.8	167	44	1.1	124	113	0.1	9	70	2.6	34	13
85 and older	3.4	130	38	0.9	95	102	0.1	7	59	2.4	28	12
Unknown	0.5	66	144	0.1	62	478	0.0	0	0	0.3	3	10
Basis of Eligibility^d												
Aged	4.0	177	45	1.1	131	118	0.1	9	72	2.7	37	14
Disabled	3.4	268	79	1.0	217	218	0.1	10	119	2.3	41	18
Adults	0.3	12	35	0.1	8	110	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	2.9	227	79	0.8	179	232	0.1	14	203	2.0	34	17
Gender												
Female	1.3	77	60	0.3	59	168	0.0	3	103	0.9	15	16
Male	1.4	126	89	0.4	105	236	0.0	5	117	0.9	16	18
Unknown	1.7	73	44	0.8	57	73	0.1	4	51	0.8	12	15
Race												
White	1.7	116	70	0.5	92	187	0.0	5	118	1.1	20	17
African American	1.5	96	65	0.4	76	192	0.0	4	80	1.0	16	16
Other/unknown	0.8	58	76	0.2	48	222	0.0	2	91	0.5	9	16
Use of Nursing Facilities^e												
Entire year	9.0	552	62	2.3	406	177	0.2	24	114	6.5	122	19
Part year	8.4	507	60	2.0	373	187	0.2	24	106	6.2	109	18
None	1.3	91	71	0.4	73	195	0.0	4	109	0.9	15	17
Maintenance Assistance Status												
Cash	2.9	216	75	0.8	175	213	0.1	8	115	2.0	33	17
Medically needy	4.2	314	75	1.1	249	231	0.1	11	99	3.0	54	18
Poverty related	0.3	14	44	0.1	11	112	0.0	1	78	0.2	3	14
Other/unknown	0.6	35	59	0.2	27	152	0.0	2	95	0.4	7	17

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 ND.5 includes the beneficiaries represented by Cell K 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.

TABLE ND.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
NONDUAL BENEFICIARIES, WASHINGTON, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users												\$ per Benefit Month Among Users		\$ per Rx		Users ^e		
	Patented			Off-Patent			Patented			Off-Patent			Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months		
	Total	Brand-Name	Brand-Name Generic	Total	Brand-Name	Brand-Name Generic	Total	Brand-Name	Brand-Name Generic	Total	Brand-Name	Brand-Name Generic							
Anti-infective Agents	0.3	0.0	0.0	0.3	\$21	\$16	\$0	\$5	\$69	\$378	\$130	\$18	329,159	\$22,649,662	127,044	21.5	1,092,733		
Biologicals	0.1	0.1	0.0	0.0	94	94	0	0	668	668	0	0	6,014	4,016,483	4,013	0.7	42,660		
Antineoplastic Agents	0.6	0.2	0.0	0.4	183	165	2	16	300	786	664	40	14,054	4,222,830	2,326	0.4	23,112		
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	39	31	1	7	54	119	38	16	458,620	24,718,007	72,574	12.3	632,854		
Cardiovascular Agents	1.5	0.3	0.1	1.1	47	29	4	14	32	103	69	12	745,595	23,686,543	51,240	8.7	506,105		
Respiratory Agents	0.6	0.3	0.0	0.2	41	35	2	5	68	102	93	18	399,617	26,992,058	72,072	12.2	660,818		
Gastrointestinal Agents	0.6	0.2	0.0	0.3	46	33	7	7	81	164	135	21	232,826	18,796,189	41,907	7.1	405,788		
Genitourinary Agents	0.4	0.1	0.0	0.2	17	12	0	4	46	95	74	18	54,229	2,479,331	16,138	2.7	149,117		
CNS Drugs	1.3	0.4	0.0	0.8	120	106	1	13	96	254	65	16	890,013	85,066,552	76,312	12.9	706,829		
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	78	75	0	3	96	118	53	18	115,343	11,051,355	15,058	2.5	141,287		
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	347	347	0	0	559	561	95	62	8,781	4,906,671	1,360	0.2	14,125		
Analgesics and Anesthetics	0.7	0.0	0.0	0.7	25	10	2	13	34	275	395	18	658,246	22,297,261	102,910	17.4	879,770		
Neuromuscular Agents	0.9	0.3	0.0	0.5	80	64	6	10	90	192	161	19	403,250	36,268,341	46,800	7.9	453,042		
Nutritional Products	0.4	0.0	0.0	0.3	5	1	0	4	13	30	14	12	83,130	1,113,817	29,639	5.0	224,199		
Hematological Agents	0.7	0.2	0.0	0.5	333	325	1	7	473	1,535	23	14	61,738	29,192,200	9,008	1.5	87,768		
Topical Products	0.3	0.1	0.0	0.2	12	8	0	4	42	113	61	18	192,931	8,056,413	71,097	12.0	662,282		
Miscellaneous Products	0.3	0.2	0.0	0.1	65	58	2	5	249	311	234	76	15,621	3,893,994	6,347	1.1	59,687		
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	19	0	0	0	86	0	0	0	5,403	465,571	2,363	0.4	24,472		
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.	4,674,570	329,873,278	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 ND.6 includes the beneficiaries represented by Cell K 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.

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, WASHINGTON, 2007

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$65,322,781	34,268	5.8	355,999	0.7	\$257	\$183
ANTICONVULSANT	32,995,037	33,927	5.7	350,316	0.8	122	94
MISC. HEMATOLOGICAL	24,762,153	2,512	0.4	26,230	0.7	1,438	944
ANTIASTHMATIC	20,653,371	67,970	11.5	665,023	0.4	80	31
ULCER DRUGS	15,578,211	45,995	7.8	465,512	0.5	66	33
ANTIDEPRESSANTS	15,307,746	71,436	12.1	701,780	0.6	37	22
ANTIVIRAL	13,210,267	7,987	1.4	76,827	0.4	395	172
ANTIDIABETIC	12,813,503	26,105	4.4	266,072	0.7	66	48
ANALGESICS - Narcotic	12,462,143	116,847	19.8	1,077,088	0.4	27	12
ANTHYPERLIPIDEMIC	10,579,893	23,454	4.0	250,868	0.7	64	42
Total	223,685,105	430,501	n.a.	4,235,715	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 ND.7 includes the beneficiaries represented by Cell K 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.

Nondual Medicaid Beneficiaries

TABLE ND.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}
 NONDUAL BENEFICIARIES, WASHINGTON, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	Number of Rx	Rx \$	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,314,850	\$223,685,105	34,268	5.8	355,999	0.7	\$184	33,927	5.7	350,316	0.8	\$94
Female												
All Females	1,438,054	114,391,933	17,737	4.6	184,497	0.7	169	20,160	5.3	207,754	0.8	89
Female, Disabled												
All Ages	1,181,132	101,931,708	14,838	28.4	161,144	0.7	179	16,722	32.0	183,121	0.8	93
5 and younger	6,220	599,393	14	0.8	155	0.6	100	172	9.6	1,832	0.9	133
6-14	18,950	2,588,062	379	10.9	4,301	0.6	165	642	18.4	7,531	0.9	171
15-20	25,748	3,007,780	684	19.8	7,526	0.6	158	753	21.8	8,360	0.9	137
21-44	347,456	33,211,969	6,711	37.2	71,333	0.7	174	6,764	37.5	73,197	0.8	103
45-64	782,275	62,494,642	7,048	27.7	77,820	0.8	187	8,389	33.0	92,194	0.8	74
65-74	483	29,862	2	3.9	9	0.9	305	2	3.9	7	0.6	4
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	256,922	12,460,225	2,899	0.9	23,353	0.5	94	3,438	1.0	24,633	0.6	57
5 and younger	8,429	413,981	19	0.0	198	0.4	62	79	0.2	604	0.6	60
6-14	22,032	1,533,736	433	0.8	4,370	0.6	120	359	0.7	3,402	0.7	88
15-20	29,599	1,667,910	668	1.0	6,133	0.5	105	513	0.8	4,437	0.6	74
21-44	100,497	3,576,363	1,280	0.8	7,754	0.4	60	1,785	1.2	9,588	0.5	48
45-64	23,127	1,057,055	206	3.3	1,602	0.4	57	301	4.8	2,033	0.6	44
65-74	50,227	3,001,433	187	7.0	2,111	0.8	171	294	11.1	3,421	0.6	42
75-84	19,315	1,039,800	79	6.2	901	0.6	78	81	6.3	877	0.5	41
85 and older	3,696	169,947	27	8.2	284	0.8	117	26	7.9	271	0.6	22
Male												
All Males	876,598	109,282,166	16,530	8.0	171,490	0.7	200	13,766	6.6	142,550	0.8	102
Male, Disabled												
All Ages	746,260	99,428,198	14,224	27.4	149,726	0.8	210	12,026	23.1	127,943	0.8	105
5 and younger	8,018	815,235	60	2.5	636	0.5	94	206	8.4	2,259	0.8	131
6-14	39,389	18,043,629	1,334	19.0	15,312	0.7	170	1,078	15.3	12,506	0.8	146
15-20	38,547	8,948,548	1,323	22.6	14,604	0.7	178	1,068	18.3	12,021	0.9	145
21-44	243,831	34,707,440	6,992	40.2	71,717	0.8	221	5,139	29.5	53,456	0.8	119
45-64	416,136	36,895,883	4,514	23.5	47,450	0.8	217	4,531	23.6	47,660	0.7	69
65-74	339	17,463	1	2.4	7	0.1	1	4	9.8	41	0.4	15
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	130,335	9,853,953	2,306	1.5	21,764	0.6	130	1,740	1.1	14,607	0.7	73
5 and younger	11,588	637,646	36	0.1	345	0.5	92	110	0.2	958	0.6	54
6-14	33,433	3,272,932	1,070	2.0	10,884	0.7	136	585	1.1	5,682	0.8	92
15-20	20,771	2,252,221	764	3.2	7,390	0.6	127	396	1.6	3,561	0.7	88
21-44	19,081	987,394	232	1.2	1,131	0.5	106	336	1.7	1,530	0.6	57
45-64	7,501	351,286	39	1.3	199	0.6	131	107	3.5	562	0.6	42
65-74	24,244	1,479,313	97	6.5	1,096	0.8	165	128	8.6	1,426	0.7	35
75-84	11,668	752,899	46	5.4	499	0.5	76	69	8.2	791	0.5	26
85 and older	2,049	120,262	22	12.0	220	0.6	65	9	4.9	97	0.5	16
Unknown	201	11,021	1	1.6	12	1.0	225	1	1.6	12	1.0	46

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 ND.7A includes the beneficiaries represented by Cell K 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 ND.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}
 NONDUAL BENEFICIARIES, WASHINGTON, 2007

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIASTHMATIC					ULCER DRUGS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,512	0.4	26,230	0.7	\$944	67,970	11.5	665,023	0.4	\$31	45,995	7.8	465,512	0.5	\$34
Female															
All Females	1,304	0.3	14,080	0.6	254	41,151	10.7	406,446	0.4	32	30,365	7.9	308,301	0.5	34
Female, Disabled															
All Ages	1,073	2.1	11,747	0.6	291	25,974	49.7	287,800	0.4	37	21,227	40.7	235,549	0.5	38
5 and younger	1	0.1	12	0.3	40	654	36.5	7,426	0.3	22	390	21.7	4,178	0.5	35
6-14	3	0.1	35	0.2	8	907	26.0	10,407	0.3	27	329	9.4	3,815	0.5	43
15-20	2	0.1	24	0.2	17	757	21.9	8,496	0.3	22	489	14.2	5,499	0.4	27
21-44	105	0.6	1,152	0.5	62	7,361	40.8	80,699	0.4	28	6,229	34.6	68,549	0.5	30
45-64	955	3.8	10,489	0.7	319	16,271	64.1	180,662	0.5	43	13,765	54.2	153,369	0.6	41
65-74	7	13.7	35	0.7	83	24	47.1	110	0.5	53	25	49.0	139	0.7	49
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	231	0.1	2,333	0.6	65	15,177	4.6	118,646	0.3	18	9,138	2.8	72,752	0.4	20
5 and younger	1	0.0	2	0.5	40	2,781	5.5	21,767	0.2	12	683	1.4	4,755	0.4	19
6-14	0	0.0	0	0.0	0	3,582	6.9	31,210	0.3	13	610	1.2	5,631	0.2	14
15-20	3	0.0	36	0.7	40	2,355	3.5	19,056	0.2	13	1,129	1.7	9,263	0.2	8
21-44	24	0.0	135	0.5	51	4,442	2.9	27,117	0.3	18	3,918	2.6	24,921	0.3	12
45-64	26	0.4	160	0.4	38	744	11.8	5,048	0.4	31	760	12.1	5,189	0.5	27
65-74	94	3.5	1,085	0.7	75	881	33.2	10,086	0.5	43	1,369	51.6	15,625	0.5	35
75-84	70	5.5	775	0.6	63	324	25.3	3,629	0.4	38	570	44.5	6,292	0.5	36
85 and older	13	3.9	140	0.7	45	68	20.6	733	0.4	26	99	30.0	1,076	0.7	35
Male															
All Males	1,208	0.6	12,150	0.7	1,744	26,809	12.9	258,487	0.4	30	15,626	7.5	157,182	0.5	33
Male, Disabled															
All Ages	980	1.9	9,987	0.7	1,994	14,978	28.8	161,808	0.4	37	11,896	22.9	126,916	0.5	35
5 and younger	2	0.1	24	0.5	1,934	1,129	46.1	12,408	0.3	22	440	18.0	4,699	0.4	30
6-14	7	0.1	78	3.0	161,208	1,880	26.8	21,646	0.3	27	508	7.2	5,949	0.5	42
15-20	8	0.1	90	1.2	41,235	1,025	17.5	11,699	0.3	29	546	9.3	6,223	0.4	29
21-44	89	0.5	878	0.6	3,175	3,280	18.8	34,533	0.4	31	3,503	20.1	36,842	0.5	33
45-64	873	4.5	8,914	0.7	89	7,653	39.8	81,485	0.5	47	6,888	35.9	73,140	0.6	37
65-74	1	2.4	3	1.0	33	11	26.8	37	0.8	49	11	26.8	63	0.6	77
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	228	0.1	2,163	0.7	590	11,831	7.6	96,679	0.3	18	3,730	2.4	30,266	0.4	25
5 and younger	1	0.0	10	0.9	2,147	4,038	7.7	30,744	0.2	13	774	1.5	5,407	0.4	22
6-14	4	0.0	46	1.5	8,553	4,661	8.8	40,202	0.3	15	521	1.0	4,833	0.3	19
15-20	3	0.0	36	0.4	14,646	1,445	6.0	12,231	0.3	15	461	1.9	3,886	0.3	14
21-44	22	0.1	90	0.7	2,266	658	3.3	2,880	0.4	28	691	3.5	3,224	0.5	24
45-64	36	1.2	181	0.6	66	207	6.9	1,319	0.4	29	266	8.8	1,585	0.5	26
65-74	101	6.8	1,141	0.6	67	432	28.9	4,860	0.6	51	604	40.4	6,775	0.5	29
75-84	53	6.3	566	0.6	61	334	39.5	3,834	0.5	57	347	41.1	3,864	0.5	38
85 and older	8	4.3	93	0.8	82	56	30.4	609	0.4	40	66	35.9	692	0.6	45
Unknown	0	0.0	0	0.0	0	10	15.6	90	0.9	35	4	6.3	29	0.6	70

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 ND.7B includes the beneficiaries represented by Cell K 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 ND.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}
 NONDUAL BENEFICIARIES, WASHINGTON, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIVIRAL					ANTIDIABETIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	71,436	12.1	701,780	0.6	\$22	7,987	1.4	76,827	0.4	\$172	26,105	4.4	266,072	0.7	\$48
Female															
All Females	47,946	12.5	465,885	0.6	23	5,321	1.4	49,975	0.4	102	16,875	4.4	174,025	0.7	48
Female, Disabled															
All Ages	34,326	65.7	371,663	0.6	26	2,778	5.3	30,689	0.4	143	12,471	23.9	137,560	0.7	51
5 and younger	11	0.6	122	0.4	15	25	1.4	279	0.2	77	8	0.4	95	0.7	68
6-14	393	11.3	4,503	0.6	10	61	1.8	698	0.3	49	69	2.0	769	0.8	79
15-20	886	25.7	9,811	0.5	16	93	2.7	1,038	0.3	73	138	4.0	1,524	0.7	51
21-44	11,873	65.9	126,539	0.6	25	1,156	6.4	12,466	0.4	153	2,555	14.2	28,024	0.6	45
45-64	21,146	83.2	230,590	0.7	27	1,442	5.7	16,206	0.4	146	9,685	38.1	107,064	0.8	53
65-74	17	33.3	98	0.5	12	1	2.0	2	2.5	38	16	31.4	84	0.9	71
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	13,620	4.1	94,222	0.5	13	2,543	0.8	19,286	0.3	36	4,404	1.3	36,465	0.7	34
5 and younger	14	0.0	156	0.3	2	83	0.2	650	0.2	9	16	0.0	124	0.9	74
6-14	738	1.4	7,219	0.5	8	208	0.4	1,938	0.2	18	207	0.4	1,636	0.8	67
15-20	1,962	2.9	16,710	0.4	8	402	0.6	3,331	0.2	33	218	0.3	1,725	0.6	43
21-44	8,089	5.3	45,042	0.4	13	1,647	1.1	11,483	0.3	37	1,552	1.0	8,892	0.5	27
45-64	1,363	21.7	8,523	0.6	20	114	1.8	878	0.3	53	589	9.4	3,522	0.7	33
65-74	974	36.7	11,230	0.6	15	61	2.3	700	0.3	97	1,242	46.8	14,078	0.7	35
75-84	389	30.4	4,379	0.6	11	24	1.9	272	0.1	18	528	41.2	5,918	0.7	31
85 and older	91	27.6	963	0.6	11	4	1.2	34	0.2	14	52	15.8	570	0.9	37
Male															
All Males	23,487	11.3	235,859	0.6	20	2,666	1.3	26,852	0.6	302	9,230	4.5	92,047	0.7	49
Male, Disabled															
All Ages	19,349	37.2	201,883	0.6	21	2,121	4.1	22,446	0.7	352	7,227	13.9	75,736	0.8	51
5 and younger	26	1.1	286	0.4	3	17	0.7	183	0.2	15	3	0.1	36	0.5	24
6-14	942	13.4	10,774	0.6	11	81	1.2	957	0.2	37	57	0.8	639	0.8	81
15-20	1,240	21.2	13,957	0.6	17	73	1.2	814	0.2	44	103	1.8	1,105	0.7	70
21-44	7,122	40.9	72,421	0.6	22	833	4.8	8,463	0.7	386	1,510	8.7	15,518	0.7	52
45-64	10,010	52.1	104,394	0.6	22	1,117	5.8	12,029	0.7	379	5,550	28.9	58,398	0.8	51
65-74	9	22.0	51	0.9	37	0	0.0	0	0.0	0	4	9.8	40	1.2	30
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	4,137	2.7	33,973	0.5	11	545	0.4	4,406	0.2	49	2,003	1.3	16,311	0.7	40
5 and younger	25	0.0	242	0.4	6	110	0.2	904	0.2	9	29	0.1	273	0.7	37
6-14	1,083	2.1	10,645	0.5	8	157	0.3	1,426	0.2	25	148	0.3	1,010	0.8	61
15-20	1,063	4.4	9,501	0.5	11	104	0.4	915	0.2	30	112	0.5	853	0.9	85
21-44	1,061	5.3	4,867	0.5	17	98	0.5	424	0.4	163	427	2.1	1,679	0.7	41
45-64	290	9.6	1,696	0.5	14	24	0.8	146	0.5	310	335	11.1	1,829	0.7	31
65-74	387	25.9	4,480	0.6	13	29	1.9	333	0.2	72	641	42.9	7,164	0.7	36
75-84	181	21.4	2,025	0.5	11	20	2.4	226	0.2	25	274	32.4	3,097	0.7	34
85 and older	47	25.5	517	0.5	11	3	1.6	32	0.1	15	37	20.1	406	0.8	31
Unknown	4	6.3	39	1.0	24	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 Washington, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table ND.7C includes the beneficiaries represented by Cell K 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 ND.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
 NONDUAL BENEFICIARIES, WASHINGTON, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTHYPERLIPIDEMIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	116,847	19.8	1,077,088	0.4	\$12	23,454	4.0	250,868	0.7	\$42	591,035	3,528,365
Female												
All Females	78,356	20.4	716,478	0.4	11	14,241	3.7	154,644	0.7	42	383,817	2,324,383
Female, Disabled												
All Ages	43,382	83.1	474,829	0.5	14	11,314	21.7	126,262	0.7	43	52,211	533,902
5 and younger	227	12.7	2,565	0.1	1	2	0.1	15	0.3	10	1,794	17,627
6-14	513	14.7	6,025	0.1	1	9	0.3	101	0.6	29	3,485	38,149
15-20	1,248	36.1	13,819	0.2	2	12	0.3	125	0.5	24	3,453	35,837
21-44	16,233	90.1	176,083	0.4	11	1,784	9.9	19,842	0.6	36	18,024	181,869
45-64	25,133	98.9	276,187	0.6	17	9,491	37.4	106,093	0.7	44	25,402	260,126
65-74	28	54.9	150	0.7	9	16	31.4	86	0.7	37	51	279
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Female, Other Eligibles												
All Ages	34,974	10.5	241,649	0.3	4	2,927	0.9	28,382	0.6	38	331,606	1,790,481
5 and younger	638	1.3	5,206	0.2	1	2	0.0	11	0.4	7	50,502	191,001
6-14	1,775	3.4	16,433	0.1	1	8	0.0	82	0.3	7	52,274	275,468
15-20	6,059	9.1	45,903	0.2	1	19	0.0	169	0.4	30	66,571	400,143
21-44	22,532	14.9	138,288	0.4	4	423	0.3	2,383	0.5	22	151,699	849,835
45-64	1,955	31.1	13,087	0.5	11	488	7.8	3,225	0.6	31	6,294	29,718
65-74	1,302	49.0	14,839	0.3	7	1,355	51.0	15,391	0.6	40	2,655	27,840
75-84	594	46.4	6,621	0.3	4	562	43.9	6,356	0.7	41	1,281	13,289
85 and older	119	36.1	1,272	0.4	3	70	21.2	765	0.7	42	330	3,187
Male												
All Males	38,484	18.6	360,546	0.4	14	9,210	4.4	96,188	0.7	43	207,154	1,203,733
Male, Disabled												
All Ages	27,197	52.3	282,409	0.5	16	7,514	14.5	80,709	0.7	44	51,978	506,886
5 and younger	302	12.3	3,383	0.1	1	4	0.2	48	0.2	7	2,448	23,718
6-14	859	12.2	10,042	0.1	1	11	0.2	123	0.5	22	7,027	76,521
15-20	1,463	25.0	16,330	0.2	2	33	0.6	383	0.5	21	5,849	61,460
21-44	9,722	55.9	98,934	0.4	12	1,566	9.0	16,842	0.6	38	17,406	163,538
45-64	14,832	77.2	153,596	0.6	22	5,893	30.7	63,250	0.7	45	19,206	181,420
65-74	19	46.3	124	0.9	29	7	17.1	63	0.8	54	41	217
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	11,287	7.3	78,137	0.3	4	1,696	1.1	15,479	0.6	40	155,176	696,847
5 and younger	853	1.6	7,262	0.1	1	3	0.0	16	0.3	3	52,610	199,363
6-14	1,748	3.3	16,020	0.1	1	9	0.0	108	0.5	21	52,826	277,517
15-20	2,549	10.5	20,987	0.2	1	22	0.1	178	0.5	15	24,177	124,525
21-44	4,282	21.4	18,489	0.6	9	281	1.4	1,253	0.5	28	20,021	59,818
45-64	877	29.0	4,641	0.6	9	279	9.2	1,507	0.6	30	3,019	9,798
65-74	594	39.8	6,537	0.3	4	712	47.7	8,052	0.7	46	1,494	15,347
75-84	314	37.2	3,459	0.2	3	337	39.9	3,798	0.7	40	845	8,703
85 and older	70	38.0	742	0.3	2	53	28.8	567	0.6	37	184	1,776
Unknown	7	10.9	64	0.1	1	3	4.7	36	0.8	44	64	249

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 ND.7D includes the beneficiaries represented by Cell K 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 ND.8
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, WASHINGTON, 2007

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$552	9.0	828	7,577
Age				
0-64	620	9.7	671	6,062
65-74	415	8.3	73	714
75-84	159	4.1	40	393
85 and older	167	3.6	44	408
Unknown	0	0.0	0	0
Gender				
Female	602	9.3	446	4,262
Male	488	8.5	382	3,315
Unknown	0	0.0	0	0
Race				
White	568	9.2	575	5,283
African American	530	8.6	71	685
Other/unknown	508	8.5	182	1,609
Basis of Eligibility^c				
Aged	277	5.8	150	1,496
Disabled	621	9.8	676	6,068
Adults	216	3.0	1	1
Children	186	2.9	1	12
Unknown	0	0.0	0	0

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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 1,590 beneficiaries who were in nursing facilities for part of their enrollment and their 15,434 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.

Nondual Medicaid Beneficiaries

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

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
	Patented Brand-Name	Patent Brand-Name	Off-Brand-Name Generic	Patented Brand-Name	Patent Brand-Name	Off-Brand-Name Generic	Patented Brand-Name	Patent Brand-Name	Off-Brand-Name Generic	Total	\$ per Rx						
Anti-infective Agents	0.6	0.2	0.0	0.5	\$64	\$52	\$1	\$12	\$99	\$296	\$179	\$25	3,302	\$326,734	522	63.0	5,087
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	30	30	0	0	49	1,449	48	5.8	469
Antineoplastic Agents	0.5	0.2	0.0	0.3	138	126	0	12	252	523	0	38	129	32,560	30	3.6	236
Endocrine/Metabolic Drugs	1.5	0.7	0.0	0.8	81	67	2	11	53	99	71	14	6,350	336,286	428	51.7	4,167
Cardiovascular Agents	2.3	0.4	0.1	1.8	63	33	5	25	28	92	67	13	11,630	322,999	546	65.9	5,149
Respiratory Agents	0.8	0.4	0.1	0.4	67	47	7	12	79	126	106	31	2,529	199,409	318	38.4	2,989
Gastrointestinal Agents	1.1	0.3	0.1	0.7	73	44	12	17	65	135	221	23	4,725	308,552	446	53.9	4,240
Genitourinary Agents	0.7	0.2	0.0	0.5	26	18	0	9	37	89	84	17	1,531	57,004	206	24.9	2,161
CNS Drugs	1.9	0.6	0.0	1.3	169	144	1	24	87	223	43	19	11,587	1,010,366	627	75.7	5,991
Stimulants/Anti-obesity/Anorexia	1.2	0.0	0.0	1.2	10	0	0	10	8	0	0	8	166	1,402	13	1.6	142
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	432	432	0	0	440	440	0	0	447	196,874	42	5.1	456
Analgesics and Anesthetics	2.1	0.1	0.0	2.0	50	5	9	37	24	56	639	19	9,256	226,015	495	59.8	4,489
Neuromuscular Agents	1.7	0.5	0.0	1.1	135	105	3	27	78	193	121	23	8,439	662,431	495	59.8	4,909
Nutritional Products	0.7	0.0	0.0	0.7	18	0	0	18	25	23	11	25	2,026	50,658	287	34.7	2,784
Hematological Agents	1.4	0.3	0.1	1.0	137	125	0	12	99	375	7	12	3,423	338,523	278	33.6	2,467
Topical Products	0.5	0.1	0.0	0.4	22	13	2	7	45	118	65	21	2,097	93,336	412	49.8	4,255
Miscellaneous Products	0.3	0.1	0.0	0.2	19	4	0	15	65	70	0	64	234	15,171	81	9.8	797
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	21	0	0	0	101	0	0	0	35	3,531	18	2.2	166
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.	67,955	4,183,300	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,590 beneficiaries who were in nursing facilities for part of their enrollment and their 15,434 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 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.

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 ND.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}
 NONDUAL BENEFICIARIES, WASHINGTON, 2007

Top 10 Drug Groups in Nursing Facilities	Users			Among Users			
	Total Medicaid Rx \$	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
ANTIPSYCHOTICS	\$769,870	337	40.7	3,549	1.0	\$228	\$217
ANTICONVULSANT	595,683	505	61.0	5,245	1.1	101	114
ANTIDIABETIC	270,881	424	51.2	4,247	1.1	59	64
ULCER DRUGS	213,573	475	57.4	4,763	0.7	63	45
ANTIDEPRESSANTS	210,739	654	79.0	6,488	0.9	37	32
ANALGESICS - Narcotic	205,050	619	74.8	5,860	1.5	24	35
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	196,874	49	5.9	551	0.8	440	357
HEMATOPOIETIC AGENTS	171,285	125	15.1	1,194	0.7	192	143
ANTIASTHMATIC	171,768	387	46.7	3,758	0.5	87	46
ANTHYPERLIPIDEMIC	142,681	265	32.0	2,746	0.9	61	52
Total	2,948,404	3,840	n.a.	38,401	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,590 beneficiaries who were in nursing facilities for part of their enrollment and their 15,434 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.

Nondual Medicaid Beneficiaries

TABLE ND.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
 NONDUAL BENEFICIARIES, WASHINGTON, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS					ANTICONVULSANT			
	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	37,222	\$2,948,404	337	40.7	3,549	1.0	\$217	505	61.0	5,245	1.1	\$114
Female												
All Females	21,750	1,844,093	190	42.6	2,085	1.0	242	281	63.0	2,965	1.1	115
Female, Disabled												
All Ages	18,576	1,646,950	165	48.0	1,802	0.9	241	245	71.2	2,577	1.2	124
64 or younger	18,478	1,642,108	165	48.7	1,802	0.9	241	245	72.3	2,577	1.2	124
65-74	98	4,842	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
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	3,174	197,143	25	24.5	283	1.3	247	36	35.3	388	0.9	56
64 or younger	3	216	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,140	142,350	18	42.9	213	1.1	240	24	57.1	285	1.0	59
75-84	501	23,042	3	11.5	36	1.5	160	7	26.9	65	0.6	16
85 and older	530	31,535	4	12.1	34	1.8	383	5	15.2	38	1.1	95
Male												
All Males	15,472	1,104,311	147	38.5	1,464	0.9	182	224	58.6	2,280	1.1	112
Male, Disabled												
All Ages	14,043	1,004,212	127	38.3	1,253	0.9	184	211	63.6	2,147	1.1	116
64 or younger	13,995	1,001,161	127	38.5	1,253	0.9	184	211	63.9	2,147	1.1	116
65-74	48	3,051	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
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	1,429	100,099	20	40.0	211	1.0	171	13	26.0	133	1.0	53
64 or younger	14	1,211	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	920	58,459	9	37.5	103	1.2	192	10	41.7	97	1.0	46
75-84	267	20,820	8	57.1	73	0.6	155	3	21.4	36	1.0	70
85 and older	228	19,609	3	27.3	35	1.2	139	0	0.0	0	0.0	0
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 Washington, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,590 beneficiaries who were in nursing facilities for part of their enrollment and their 15,434 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 ND.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}
 NONDUAL BENEFICIARIES, WASHINGTON, 2007

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					ANTIDEPRESSANTS				
	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	424	51.2	4,247	1.1	\$64	475	57.4	4,763	0.7	\$45	654	79.0	6,488	0.9	\$33
Female															
All Females	249	55.8	2,583	1.1	66	262	58.7	2,681	0.7	40	388	87.0	3,985	0.9	35
Female, Disabled															
All Ages	206	59.9	2,121	1.1	70	215	62.5	2,190	0.7	40	324	94.2	3,313	0.9	37
64 or younger	199	58.7	2,100	1.1	70	212	62.5	2,181	0.7	40	322	95.0	3,305	0.9	38
65-74	7	140.0	21	1.8	96	3	60.0	9	1.0	108	2	40.0	8	0.5	4
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	43	42.2	462	1.0	46	47	46.1	491	0.7	41	64	62.7	672	0.9	23
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	1	1.0	202
65-74	30	71.4	343	0.9	44	28	66.7	305	0.7	35	38	90.5	434	1.0	25
75-84	6	23.1	56	1.3	34	9	34.6	92	0.8	47	9	34.6	98	0.9	33
85 and older	7	21.2	63	1.5	68	10	30.3	94	0.8	55	16	48.5	139	0.7	9
Male															
All Males	175	45.8	1,664	1.1	60	213	55.8	2,082	0.7	51	266	69.6	2,503	0.9	28
Male, Disabled															
All Ages	159	47.9	1,484	1.1	62	196	59.0	1,895	0.7	52	244	73.5	2,263	0.9	29
64 or younger	159	48.2	1,484	1.1	62	195	59.1	1,891	0.7	51	241	73.0	2,252	0.9	29
65-74	0	0.0	0	0.0	0	1	50.0	4	1.3	385	3	150.0	11	1.1	35
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	16	32.0	180	1.0	48	17	34.0	187	0.8	39	22	44.0	240	0.8	21
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	54.2	144	1.0	46	10	41.7	113	0.6	43	15	62.5	166	0.8	14
75-84	1	7.1	12	1.2	10	5	35.7	51	1.0	12	5	35.7	51	0.9	49
85 and older	2	18.2	24	0.9	75	2	18.2	23	0.9	81	2	18.2	23	1.0	7
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 Washington, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,590 beneficiaries who were in nursing facilities for part of their enrollment and their 15,434 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 ND.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}
 NONDUAL BENEFICIARIES, WASHINGTON, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					HEMATOPOIETIC AGENTS				
	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	619	74.8	5,860	1.5	\$35	49	5.9	551	0.8	\$357	125	15.1	1,194	0.7	\$144
Female															
All Females	350	78.5	3,458	1.3	32	27	6.1	295	0.8	512	70	15.7	653	0.7	167
Female, Disabled															
All Ages	304	88.4	2,969	1.4	35	19	5.5	202	0.7	695	55	16.0	498	0.7	217
64 or younger	299	88.2	2,956	1.4	35	19	5.6	202	0.7	695	53	15.6	494	0.7	218
65-74	5	100.0	13	2.0	21	0	0.0	0	0.0	0	2	40.0	4	1.5	141
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	46	45.1	489	0.9	20	8	7.8	93	0.9	114	15	14.7	155	0.7	7
64 or younger	1	100.0	1	2.0	14	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	26	61.9	287	1.2	29	6	14.3	72	0.9	126	6	14.3	61	0.4	12
75-84	10	38.5	109	0.4	6	1	3.8	12	1.1	21	6	23.1	68	0.8	4
85 and older	9	27.3	92	0.8	8	1	3.0	9	0.8	142	3	9.1	26	0.9	3
Male															
All Males	269	70.4	2,402	1.6	39	22	5.8	256	0.8	180	55	14.4	541	0.8	115
Male, Disabled															
All Ages	249	75.0	2,192	1.7	41	11	3.3	126	0.8	227	51	15.4	494	0.8	125
64 or younger	246	74.5	2,182	1.7	41	11	3.3	126	0.8	227	51	15.5	494	0.8	125
65-74	3	150.0	10	2.9	77	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	20	40.0	210	0.9	18	11	22.0	130	0.9	133	4	8.0	47	0.9	5
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	14	58.3	138	1.1	26	5	20.8	60	0.9	145	1	4.2	12	1.1	7
75-84	5	35.7	60	0.4	3	1	7.1	12	0.8	124	1	7.1	12	1.0	4
85 and older	1	9.1	12	1.3	10	5	45.5	58	0.9	124	2	18.2	23	0.7	4
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 Washington, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,590 beneficiaries who were in nursing facilities for part of their enrollment and their 15,434 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.

Nondual Medicaid Beneficiaries

TABLE ND.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}
 NONDUAL BENEFICIARIES, WASHINGTON, 2007

Beneficiary Characteristics	ANTIASTHMATIC					ANTIHYPERTENSIVE					Benefit Months Among All-Year Nursing Facility Residents	
	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	387	46.7	3,758	0.5	\$46	265	32.0	2,746	0.9	\$52	828	7,577
Female												
All Females	241	54.0	2,361	0.5	50	163	36.5	1,708	0.9	54	446	4,262
Female, Disabled												
All Ages	207	60.2	1,975	0.6	51	137	39.8	1,446	0.9	57	344	3,259
64 or younger	202	59.6	1,964	0.6	51	134	39.5	1,438	0.9	57	339	3,247
65-74	5	100.0	11	0.5	43	3	60.0	8	1.4	65	5	12
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	34	33.3	386	0.4	43	26	25.5	262	0.9	41	102	1,003
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	27	64.3	318	0.4	36	17	40.5	166	0.9	50	42	447
75-84	4	15.4	45	0.6	110	3	11.5	30	1.1	23	26	245
85 and older	3	9.1	23	0.2	16	6	18.2	66	0.7	25	33	310
Male												
All Males	146	38.2	1,397	0.5	39	102	26.7	1,038	0.8	48	382	3,315
Male, Disabled												
All Ages	131	39.5	1,228	0.5	40	84	25.3	858	0.8	48	332	2,809
64 or younger	130	39.4	1,225	0.5	40	84	25.5	858	0.8	48	330	2,802
65-74	1	50.0	3	0.7	121	0	0.0	0	0.0	0	2	7
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	15	30.0	169	0.5	34	18	36.0	180	0.7	51	50	506
64 or younger	2	200.0	24	0.6	51	0	0.0	0	0.0	0	1	12
65-74	5	20.8	60	0.6	34	11	45.8	120	0.8	50	24	248
75-84	4	28.6	43	0.3	3	5	35.7	36	0.6	53	14	148
85 and older	4	36.4	42	0.6	54	2	18.2	24	0.7	53	11	98
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 Washington, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 1,590 beneficiaries who were in nursing facilities for part of their enrollment and their 15,434 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 WASHINGTON, 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 Nondual Rx \$	Total Number of Beneficiaries	
All	100,289	17.0	1.2	702,200	\$13	\$7,532,739	\$11	2.3	591,035	
Age										
5 and younger	11,898	11.1	0.3	27,237	2	234,142	9	2.8	107,378	
6-14	12,288	10.6	0.3	33,383	3	392,032	12	1.0	115,619	
15-20	9,092	9.1	0.3	26,181	3	301,285	12	1.2	100,052	
21-44	31,768	15.3	0.9	181,022	10	1,980,502	11	2.0	207,152	
45-64	30,498	56.6	6.8	368,244	74	4,005,747	11	2.8	53,927	
65-74	2,951	69.5	9.6	40,710	91	388,229	10	4.8	4,243	
75-84	1,481	69.6	9.6	20,416	88	186,712	9	5.1	2,129	
85 and older	313	60.8	9.7	5,007	86	44,090	9	6.8	515	
Unknown	0	0.0	0.0	0	0	0	0	0.0	20	
Basis of Eligibility^c										
Aged	4,819	69.1	9.6	67,043	90	627,577	9	4.9	6,977	
Disabled	53,188	51.0	5.2	542,873	58	6,089,980	11	2.2	104,196	
Adults	17,650	7.9	0.2	41,663	2	385,827	9	2.6	222,395	
Children	24,344	9.5	0.2	48,975	2	412,159	8	1.8	256,891	
Unknown	288	50.0	2.9	1,646	30	17,196	10	1.5	576	
Gender										
Female	63,341	16.5	1.2	463,618	13	4,988,120	11	2.8	383,831	
Male	36,942	17.8	1.2	238,543	12	2,544,327	11	1.7	207,160	
Unknown	6	13.6	0.9	39	7	292	7	2.0	44	
Race										
White	59,976	18.7	1.5	468,325	16	5,261,837	11	2.3	320,953	
African American	7,172	19.7	1.3	47,900	13	456,749	10	2.3	36,390	
Other/unknown	33,141	14.2	0.8	185,975	8	1,814,153	10	2.4	233,692	
Use of Nursing Facilities^d										
Entire year	581	70.2	7.5	6,223	145	120,214	19	2.9	828	
Part year	1,370	86.2	12.2	19,405	150	238,490	12	3.0	1,590	
None	98,338	16.7	1.1	676,572	12	7,174,035	11	2.3	588,617	
Maintenance Assistance Status										
Cash	58,879	37.9	3.4	526,695	37	5,731,715	11	2.2	155,316	
Medically needy	805	56.3	4.5	6,412	49	69,960	11	2.0	1,431	
Poverty related	12,486	8.8	0.2	25,120	1	207,619	8	2.3	141,909	
Other/unknown	28,119	9.6	0.5	143,973	5	1,523,445	11	2.6	292,379	

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 WASHINGTON, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$2	\$11	\$0	\$0	3,528,365
Age						
5 and younger	0.1	1	9	0	0	431,793
6-14	0.1	1	12	0	0	667,683
15-20	0.0	0	12	0	0	621,970
21-44	0.1	2	11	0	0	1,255,073
45-64	0.8	8	11	0	2	481,113
65-74	0.9	9	10	0	1	43,701
75-84	0.9	8	9	0	0	22,011
85 and older	1.0	9	9	0	0	4,975
Unknown	0.0	0	0	0	0	46
Basis of Eligibility^c						
Aged	0.9	9	9	0	1	72,007
Disabled	0.5	6	11	0	1	1,040,851
Adults	0.0	0	9	0	0	1,213,396
Children	0.0	0	8	0	0	1,197,089
Unknown	0.3	3	10	0	1	5,022
Gender						
Female	0.2	2	11	0	0	2,324,416
Male	0.2	2	11	0	0	1,203,746
Unknown	0.2	1	7	0	1	203
Race						
White	0.2	3	11	0	1	1,997,458
African American	0.2	2	10	0	0	211,054
Other/unknown	0.1	1	10	0	0	1,319,853
Use of Nursing Facilities^d						
Entire year	0.8	16	19	0	4	7,577
Part year	1.3	15	12	0	3	15,434
None	0.2	2	11	0	0	3,505,354
Maintenance Assistance Status						
Cash	0.4	5	11	0	1	1,194,741
Medically needy	0.6	6	11	0	1	10,995
Poverty related	0.0	0	8	0	0	626,418
Other/unknown	0.1	1	11	0	0	1,696,211

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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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.

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

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx. \$ per Rx	Excluded Rx	Excluded Rx
All	135,436	\$56	\$7,532,739	100.0	702,200	\$11	100.0
Anorexia or weight loss/gain	1	264	264	0.0	6	44	0.0
Fertility drugs	2	221	441	0.0	2	221	0.0
Drugs for cosmetic purposes	259	15	3,855	0.1	384	10	0.1
Cough and cold medications	16,483	30	491,092	6.5	32,910	15	4.7
Vitamins and minerals	8,988	73	654,133	8.7	43,691	15	6.2
Non-prescription drugs	79,024	60	4,718,477	62.6	443,998	11	63.2
Barbiturates	852	69	58,478	0.8	6,389	9	0.9
Benzodiazepines	26,728	52	1,396,099	18.5	165,093	8	23.5
Other Part D Excl Rx Drugs	3,099	68	209,900	2.8	9,727	22	1.4

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.

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.

Nondual Medicaid Beneficiaries

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, WASHINGTON, 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	1,024,758	7,144	106,463	282,412	628,163	576	9,454,159	74,469	1,088,559	2,198,176	6,087,886	5,069
Age												
5 and younger	247,495	0	4,265	8	243,222	0	2,304,713	0	45,053	40	2,259,620	0
6-14	278,425	1	10,547	156	267,721	0	2,840,737	12	119,306	760	2,720,659	0
15-20	170,158	4	9,339	43,941	116,874	0	1,537,675	43	100,160	331,351	1,106,121	0
21-44	259,200	25	36,401	222,344	325	105	2,107,398	257	363,791	1,741,073	1,419	858
45-64	62,396	177	45,816	15,932	1	470	590,282	1,662	459,716	124,684	12	4,208
65-74	4,359	4,236	92	30	0	1	45,533	44,768	506	256	0	3
75-84	2,178	2,175	2	1	0	0	22,634	22,607	15	12	0	0
85 and older	527	525	1	0	1	0	5,141	5,117	12	0	12	0
Unknown	20	1	0	0	19	0	46	3	0	0	43	0
Gender												
Female	614,785	4,512	53,356	245,303	311,038	576	5,581,021	47,259	558,796	1,943,141	3,026,756	5,069
Male	409,879	2,629	53,100	37,105	317,045	0	3,872,334	27,188	529,700	255,013	3,060,433	0
Unknown	94	3	7	4	80	0	804	22	63	22	697	0
Race												
White	543,703	3,072	73,828	158,281	308,158	364	5,050,500	33,426	758,634	1,258,964	2,996,251	3,225
African American	66,249	374	9,874	17,412	38,571	18	628,724	3,872	99,355	142,221	383,112	164
Other/unknown	414,806	3,698	22,761	106,719	281,434	194	3,774,935	37,171	230,570	796,991	2,708,523	1,680
Use of Nursing Facilities^c												
Entire year	845	152	690	2	1	0	7,726	1,523	6,188	3	12	0
Part year	1,606	129	1,451	22	3	1	15,883	1,245	14,389	212	25	12
None	1,022,307	6,863	104,322	282,388	628,159	575	9,430,550	71,701	1,067,982	2,197,961	6,087,849	5,057
Maintenance Assistance Status												
Cash	230,291	4,721	96,438	38,944	90,188	0	2,276,190	50,456	985,830	332,889	907,015	0
Medically needy	1,459	80	1,103	64	212	0	12,956	853	9,811	291	2,001	0
Poverty related	350,664	34	92	21,391	328,571	576	3,399,595	240	533	141,844	3,251,909	5,069
Other/unknown	442,344	2,309	8,830	222,013	209,192	0	3,765,418	22,920	92,385	1,723,152	1,926,961	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	342,179	6,822	97,609	139,788	97,396	564	2,803,843	71,090	1,004,258	934,790	788,736	4,969
FFS part year, with Rx claims	88,794	123	5,472	42,201	40,987	11	832,947	1,241	53,915	378,852	398,842	97
FFS part year, no Rx claims	160,100	32	1,117	40,407	118,543	1	1,364,999	319	9,564	332,691	1,022,422	3
MC all year, with Rx claims	32,419	12	425	11,085	20,897	0	356,688	124	3,767	118,688	234,109	0
MC all year, no Rx claims	401,249	155	1,840	48,931	350,323	0	4,095,616	1,695	17,055	433,155	3,643,711	0

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 A.1 includes the beneficiaries represented by Cell J 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.
- 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.2
MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
NONDUAL BENEFICIARIES, WASHINGTON, 2007

	Beneficiaries and		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1		Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	1,024,758	9,454,159	591,035	3,528,365	38	5,925,794
Fee-for-service (FFS) all year	342,179	2,803,843	342,179	2,803,655	0	188
FFS part year, with Rx claims	88,794	832,947	88,788	323,047	6	509,900
FFS part year, with no Rx claims	160,100	1,364,999	160,068	401,663	32	963,336
Managed care (MC) all year, with Rx claims	32,419	356,688	0	0	0	356,688
MC all year, with no Rx claims	401,249	4,095,616	0	0	0	4,095,616

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. 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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

Nondual Medicaid Beneficiaries