

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 ARIZONA

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TABLE 11
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 1999

Beneficiary Characteristics	No. of Beneficiaries							No. of Beneficiaries						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	0	0	0	0	0	0	0	0	0	0	0	0		
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	0		
15-20	0	0	0	0	0	0	0	0	0	0	0	0		
21-44	0	0	0	0	0	0	0	0	0	0	0	0		
45-64	0	0	0	0	0	0	0	0	0	0	0	0		
65-74	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		
85 and older	0	0	0	0	0	0	0	0	0	0	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Gender														
Female	0	0	0	0	0	0	0	0	0	0	0	0		
Male	0	0	0	0	0	0	0	0	0	0	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	0	0	0	0	0	0	0	0	0	0	0	0		
African American	0	0	0	0	0	0	0	0	0	0	0	0		
Other/unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Use of Nursing Facilities														
All year	0	0	0	0	0	0	0	0	0	0	0	0		
Part year	0	0	0	0	0	0	0	0	0	0	0	0		
None	0	0	0	0	0	0	0	0	0	0	0	0		
Maintenance Assistance Status														
Cash	0	0	0	0	0	0	0	0	0	0	0	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	0	0	0	0	0	0	0	0	0	0	0	0		
Other/unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Dual Medicare Status^c														
Full dual, all year	0	0	0	0	0	0	0	0	0	0	0	0		
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0		
Managed Care Status														
FFS all year	0	0	0	0	0	0	0	0	0	0	0	0		
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 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 11

Dual Eligible Beneficiaries

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. 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 1999. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 12

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Beneficiaries
All	0.0 %	0.0	\$0	\$0	\$0	0.0 %	\$0	0
Age								
5 and younger	0.0	0.0	0	0	0	0.0	0	0
6-14	0.0	0.0	0	0	0	0.0	0	0
15-20	0.0	0.0	0	0	0	0.0	0	0
21-44	0.0	0.0	0	0	0	0.0	0	0
45-64	0.0	0.0	0	0	0	0.0	0	0
65-74	0.0	0.0	0	0	0	0.0	0	0
75-84	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
Unknown	0.0	0.0	0	0	0	0.0	0	0
Basis of Eligibility								
Aged	0.0	0.0	0	0	0	0.0	0	0
Disabled	0.0	0.0	0	0	0	0.0	0	0
Adults	0.0	0.0	0	0	0	0.0	0	0
Children	0.0	0.0	0	0	0	0.0	0	0
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	0.0	0.0	0	0	0	0.0	0	0
Male	0.0	0.0	0	0	0	0.0	0	0
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	0.0	0.0	0	0	0	0.0	0	0
African American	0.0	0.0	0	0	0	0.0	0	0
Other/unknown	0.0	0.0	0	0	0	0.0	0	0
Use of Nursing Facilities								
Entire year	0.0	0.0	0	0	0	0.0	0	0
Part year	0.0	0.0	0	0	0	0.0	0	0
None	0.0	0.0	0	0	0	0.0	0	0
Maintenance Assistance Status								
Cash	0.0	0.0	0	0	0	0.0	0	0
Medically needy	0.0	0.0	0	0	0	0.0	0	0
Poverty related	0.0	0.0	0	0	0	0.0	0	0
Other/unknown	0.0	0.0	0	0	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

Table 12

Dual Eligible Beneficiaries

a. Table 12 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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 13
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	No.
				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				
All	0.0	\$0	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	\$0	0	0	
Age												
5 and younger	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	
15-20	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
21-44	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
45-64	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
65-74	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	
85 and older	0.0	0	0.0	0.0	0.0	0.0	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	
Basis of Eligibility												
Aged	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Disabled	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Adults	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Children	0.0	0	0.0	0.0	0.0	0.0	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	
Gender												
Female	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Male	0.0	0	0.0	0.0	0.0	0.0	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	
Race												
White	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
African American	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Other/unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Use of Nursing Facilities												
Entire year	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Part year	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
None	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Maintenance Assistance Status												
Cash	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Poverty related	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Other/unknown	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 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

Table 13

Dual Eligible Beneficiaries

- a. Table 13 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.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 14
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
All	0.0	\$0	0.0	\$0	0.0	\$0	0.0	\$0
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	0
15-20	0.0	0	0.0	0	0.0	0	0.0	0
21-44	0.0	0	0.0	0	0.0	0	0.0	0
45-64	0.0	0	0.0	0	0.0	0	0.0	0
65-74	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
85 and older	0.0	0	0.0	0	0.0	0	0.0	0
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility								
Aged	0.0	0	0.0	0	0.0	0	0.0	0
Disabled	0.0	0	0.0	0	0.0	0	0.0	0
Adults	0.0	0	0.0	0	0.0	0	0.0	0
Children	0.0	0	0.0	0	0.0	0	0.0	0
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	0.0	0	0.0	0	0.0	0	0.0	0
Male	0.0	0	0.0	0	0.0	0	0.0	0
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	0.0	0	0.0	0	0.0	0	0.0	0
African American	0.0	0	0.0	0	0.0	0	0.0	0
Other/unknown	0.0	0	0.0	0	0.0	0	0.0	0
Use of Nursing Facilities								
Entire year	0.0	0	0.0	0	0.0	0	0.0	0
Part year	0.0	0	0.0	0	0.0	0	0.0	0
None	0.0	0	0.0	0	0.0	0	0.0	0
Maintenance Assistance Status								
Cash	0.0	0	0.0	0	0.0	0	0.0	0
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.0	0	0.0	0	0.0	0	0.0	0
Other/unknown	0.0	0	0.0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 14 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.

Table 14

Dual Eligible Beneficiaries

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 Arizona, 4.9 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total Rx \$	Total No. of Rx	No. Dual Benes	As % of Bene Mos	No. of Bene Mos
	Patented		Off-Patent		Patented		Off-Patent						
	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name					
Anti-infective Agents													
Biologicals													
Antineoplastic Agents													
Endocrine/Metabolic Drugs													
Cardiovascular Agents													
Respiratory Agents													
Gastrointestinal Agents													
Genitourinary Agents													
CNS Drugs													
Stimulants/Anti-obesity/Anorexia													
Miscellaneous Psychological/Neurological Agents													
Analgesics and Anesthetics													
Neuromuscular Agents													
Nutritional Products													
Hematological Agents													
Topical Products													
Miscellaneous Products													
Unknown Therapeutic Category													
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.	0	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 15 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 therapeutic category during 1999. 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/products/product_mdmb.asp (May 13 2003).
 - 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 Arizona, 4.9 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/products/product_mdmb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 1999

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
PENICILLINS	\$0	0	0.0 %	0	0.0	\$0	\$0
CEPHALOSPORINS	0	0	0.0	0	0.0	0	0
MACROLIDE ANTIBIOTICS	0	0	0.0	0	0.0	0	0
TETRACYCLINES	0	0	0.0	0	0.0	0	0
FLUOROQUINOLONES	0	0	0.0	0	0.0	0	0
AMINOGLYCOSIDES	0	0	0.0	0	0.0	0	0
ANTIMYCOBACTERIAL AGENTS	0	0	0.0	0	0.0	0	0
ANTIFUNGALS	0	0	0.0	0	0.0	0	0
ANTIVIRAL	0	0	0.0	0	0.0	0	0
ANTIMALARIAL	0	0	0.0	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 16 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				PENICILLINS				CEPHALOSPORINS			
	No. of Rx	Rx \$	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	
All	0	\$0	0.0%	0	0.0	\$0	0	0.0%	0	0.0	\$0	
Female	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Disabled	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
5 and younger	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	
15-20	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
21-44	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
45-64	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	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	
85 and older	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Other Eligibles	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
5 and younger	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	
15-20	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
21-44	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
45-64	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	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	
85 and older	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Male	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Disabled	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
5 and younger	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	
15-20	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
21-44	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
45-64	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	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	
85 and older	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Other Eligibles	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
5 and younger	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	
15-20	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
21-44	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
45-64	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	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	
85 and older	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Unknown	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 16A 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 1999

Beneficiary Characteristics	MACROLIDE ANTIBIOTICS				TETRACYCLINES				FLUOROQUINOLONES			
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$
All	0	0.0 %	0	\$0	0	0.0 %	0	\$0	0	0.0 %	0	\$0
Female	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
Disabled	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
5 and younger	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
15-20	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
21-44	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
45-64	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
65-74	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
85 and older	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
Other Eligibles	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
5 and younger	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
15-20	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
21-44	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
45-64	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
65-74	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
85 and older	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
Male	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
Disabled	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
5 and younger	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
15-20	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
21-44	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
45-64	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
65-74	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
85 and older	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
Other Eligibles	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
5 and younger	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
15-20	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
21-44	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
45-64	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
65-74	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
85 and older	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
Unknown	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0

Dual Eligible Beneficiaries

Table 16B

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 16B 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 1999

Beneficiary Characteristics	AMINOGLYCOSIDES				ANTIMYCOBACTERIAL AGENTS				ANTIFUNGALS						
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	0	0.0%	0	0.0	\$0	0	0.0%	0	0.0	\$0	0	0.0%	0	0.0	\$0
Female	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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
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 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 16C 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 1999

Beneficiary Characteristics	ANTIVIRAL				ANTIMALARIAL							
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	0	0.0%	0	0.0	\$0	0	0.0%	0	0.0	\$0	0	0
Female	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	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
85 and older	0	0.0	0	0.0	0	0	0.0	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 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 16D 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 17
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$0	0.0	0	0
Age				
0-64	0	0.0	0	0
65-74	0	0.0	0	0
75-84	0	0.0	0	0
85 and older	0	0.0	0	0
Unknown	0	0.0	0	0
Gender				
Female	0	0.0	0	0
Male	0	0.0	0	0
Unknown	0	0.0	0	0
Race				
White	0	0	0	0
African American	0	0	0	0
Other/unknown	0	0	0	0
Basis of Eligibility				
Aged	0	0.0	0	0
Disabled	0	0.0	0	0
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 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 0 beneficiaries who were in nursing facilities for part of their enrollment and their 0 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.

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

TABLE 18
 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, ARIZONA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total Rx \$			Users			
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos
Anti-infective Agents															
Biologicals															
Antineoplastic Agents															
Endocrine/Metabolic Drugs															
Cardiovascular Agents															
Respiratory Agents															
Gastrointestinal Agents															
Genitourinary Agents															
CNS Drugs															
Stimulants/Anti-obesity/Anorexia															
Miscellaneous Psychological/Neurological Agents															
Analgesics and Anesthetics															
Neuromuscular Agents															
Nutritional Products															
Hematological Agents															
Topical Products															
Miscellaneous Products															
Unknown Therapeutic Category															
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.	0	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 0 beneficiaries who were in nursing facilities for part of their enrollment and their 0 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 1999. 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/products/product_mddb.asp (May 13 2003).
- 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/products/product_mddb.asp (May 13 2003). In Arizona, 4.9 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 = Center for Medicare and 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.

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, ARIZONA, 1999

Beneficiary Characteristics	No. of Benes				No. of Bene Mos							
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	53,463	25,951	26,790	718	4	0	534,685	244,157	284,973	5,508	47	0
Age												
5 and younger	5	0	5	0	0	0	60	0	60	0	0	0
6-14	19	0	17	0	2	0	228	0	204	0	24	0
15-20	117	0	111	4	2	0	1,237	0	1,175	39	23	0
21-44	10,129	0	9,586	543	0	0	106,671	0	102,425	4,246	0	0
45-64	9,005	1	8,851	153	0	0	93,333	12	92,234	1,087	0	0
65-74	14,115	8,067	6,032	16	0	0	147,229	81,415	65,696	118	0	0
75-84	11,359	9,713	1,644	2	0	0	110,900	93,238	17,644	18	0	0
85 and older	8,714	8,170	544	0	0	0	75,027	69,492	5,535	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	34,181	18,530	15,207	441	3	0	343,805	176,760	163,470	3,540	35	0
Male	19,282	7,421	11,583	277	1	0	190,880	67,397	121,503	1,968	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	30,932	15,431	15,091	408	2	0	297,317	136,105	158,063	3,126	23	0
African American	2,672	803	1,803	66	0	0	27,163	7,782	18,882	499	0	0
Other/unknown	19,859	9,717	9,896	244	2	0	210,205	100,270	108,028	1,883	24	0
Use of Nursing Facilities												
All year	299	242	57	0	0	0	2,292	1,870	422	0	0	0
Part year	306	224	82	0	0	0	2,972	2,102	870	0	0	0
None	52,858	25,485	26,651	718	4	0	529,421	240,185	283,681	5,508	47	0
Maintenance Assistance Status												
Cash	32,257	12,059	20,038	160	0	0	352,180	130,272	220,703	1,205	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	590	132	341	115	2	0	4,464	923	2,519	998	24	0
Other/unknown	20,616	13,760	6,411	443	2	0	178,041	112,962	61,751	3,305	23	0
Dual Status^c												
Full dual, all year	52,572	25,579	26,284	705	4	0	526,838	240,695	280,723	5,373	47	0
Full dual, part year	891	372	506	13	0	0	7,847	3,462	4,250	135	0	0
Managed Care Status												
FFS all year	0	0	0	0	0	0	0	0	0	0	0	0
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	1,099	531	562	6	0	0	11,774	5,635	6,096	43	0	0
MC all year, no Rx claims	52,364	25,420	26,228	712	4	0	522,911	238,522	278,877	5,465	47	0

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.
- 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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. 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 Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 1999

Beneficiary Characteristics	Benes and					
	Bene Mos in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	53,463	534,685	0	0	53,463	534,662
FFS all year	0	0	0	0	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
MC all year, with Rx claims	1,099	11,774	0	0	1,099	11,773
MC all year, with no Rx claims	52,364	522,911	0	0	52,364	522,889

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 ARIZONA, 1999

Total Number of Dual Eligible Beneficiaries
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary

Annual Pharmacy Reimbursement per Beneficiary \$0	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
1-500				
501-1,000				
1,001-1,500				
1,501-2,000				
2,001-2,500				
2,501-3,000				
3,001-3,500				
3,501-4,000				
4,001-4,500				
4,501-5,000				
5,001-5,500				
5,501-6,000				
6,001-6,500				
6,501-7,000				
7,001-7,500				
7,501-8,000				
8,001-8,500				
8,501-9,000				
9,001-9,500				
9,501-10,000				
10,001+				

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 10/26/2004.

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 1999.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 ARIZONA, 1999

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65

Annual Pharmacy Reimbursement per Beneficiary \$0	Number of Beneficiaries	Percent of Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
1-500				
501-1,000				
1,001-1,500				
1,501-2,000				
2,001-2,500				
2,501-3,000				
3,001-3,500				
3,501-4,000				
4,001-4,500				
4,501-5,000				
5,001-5,500				
5,501-6,000				
6,001-6,500				
6,501-7,000				
7,001-7,500				
7,501-8,000				
8,001-8,500				
8,501-9,000				
9,001-9,500				
9,501-10,000				
10,001+				

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 10/26/2004.

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 1999.

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 12 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and over are included in Supplemental Tables 1B through 1D, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 ARIZONA, 1999

Total Number of Dual Eligible Beneficiaries, Age 65-74
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0				
1-500				
501-1,000				
1,001-1,500				
1,501-2,000				
2,001-2,500				
2,501-3,000				
3,001-3,500				
3,501-4,000				
4,001-4,500				
4,501-5,000				
5,001-5,500				
5,501-6,000				
6,001-6,500				
6,501-7,000				
7,001-7,500				
7,501-8,000				
8,001-8,500				
8,501-9,000				
9,001-9,500				
9,501-10,000				
10,001+				

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 10/26/2004.

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 1999.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 ARIZONA, 1999

Total Number of Dual Eligible Beneficiaries, Age 75-84
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0				
1-500				
501-1,000				
1,001-1,500				
1,501-2,000				
2,001-2,500				
2,501-3,000				
3,001-3,500				
3,501-4,000				
4,001-4,500				
4,501-5,000				
5,001-5,500				
5,501-6,000				
6,001-6,500				
6,501-7,000				
7,001-7,500				
7,501-8,000				
8,001-8,500				
8,501-9,000				
9,001-9,500				
9,501-10,000				
10,001+				

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 10/26/2004.

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 1999.

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

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 ARIZONA, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+

Annual Pharmacy Reimbursement per Beneficiary \$0	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
1-500				
501-1,000				
1,001-1,500				
1,501-2,000				
2,001-2,500				
2,501-3,000				
3,001-3,500				
3,501-4,000				
4,001-4,500				
4,501-5,000				
5,001-5,500				
5,501-6,000				
6,001-6,500				
6,501-7,000				
7,001-7,500				
7,501-8,000				
8,001-8,500				
8,501-9,000				
9,001-9,500				
9,501-10,000				
10,001+				

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 10/26/2004.

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 1999.

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