

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 ARIZONA

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

FOR DUAL ELIGIBLE BENEFICIARIES

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

SUPPLEMENTAL TABLES

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLE

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ARIZONA, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	893,295 (A)	77,020 (E)	816,275 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	892,340 (B)	76,100 (F)	816,240 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	141,857 (C)	13,696 (G)	128,161 (K)
4. Benes who were all-year nursing facility residents ^f	61 (D)	51 (H)	10 (L)

Source: Data for this table are from the MAX 2001 file for Arizona, released by CMS on 07/2005. This table was produced on 09/19/2006.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2001, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 21 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 21 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Arizona in 2001 was \$4,580,329, of which \$37,296 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2001. All benefit months of such dual eligible beneficiaries, of which 26.2 percent were restricted benefit months without a pharmacy benefit in Arizona, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 ARIZONA, 2001

Beneficiary Characteristics	No. of Beneficiaries							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown		
All	141,887	6,896	15,150	63,820	55,991	0	949,231	41,775	128,068	350,021	429,367	0		
Age														
5 and younger	20,628	0	393	0	20,235	0	146,163	0	3,708	0	142,455	0		
6-14	26,583	0	963	0	25,620	0	223,468	0	10,117	0	213,351	0		
15-20	18,184	0	564	7,485	10,135	0	117,990	0	5,671	38,759	73,560	0		
21-44	53,500	0	3,935	49,564	1	0	305,975	0	30,328	275,646	1	0		
45-64	12,621	0	6,174	6,447	0	0	82,257	0	47,736	34,521	0	0		
65-74	5,733	3,073	2,432	228	0	0	42,091	17,734	23,574	783	0	0		
75-84	3,359	2,752	534	73	0	0	23,049	17,459	5,363	227	0	0		
85 and older	1,249	1,071	155	23	0	0	8,238	6,582	1,571	85	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Gender														
Female	90,243	4,804	7,787	48,842	28,810	0	596,868	29,253	67,192	280,538	219,885	0		
Male	51,614	2,092	7,363	14,978	27,181	0	352,363	12,522	60,876	69,483	209,482	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	12,172	2,424	3,232	3,996	2,520	0	28,019	7,688	10,632	6,104	3,595	0		
African American	1,511	122	325	598	466	0	3,046	361	1,035	952	698	0		
Other/unknown	128,174	4,350	11,593	59,226	53,005	0	918,166	33,726	116,401	342,965	425,074	0		
Use of Nursing Facilities^c														
Entire year	61	46	15	0	0	0	92	66	26	0	0	0		
Part year	250	89	137	18	6	0	1,621	381	1,022	162	56	0		
None	141,546	6,761	14,998	63,802	55,985	0	947,518	41,328	127,020	349,859	429,311	0		
Maintenance Assistance Status														
Cash	62,109	2,268	10,048	22,515	27,278	0	523,850	24,622	107,759	150,242	241,227	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	29,292	3,084	3,267	1,942	20,999	0	179,389	11,186	11,257	8,299	148,647	0		
Other/unknown	50,456	1,544	1,835	39,363	7,714	0	245,992	5,967	9,052	191,480	39,493	0		
Dual Medicare Status^d														
Full dual, all year	6,475	2,580	3,412	482	1	0	61,171	24,297	35,210	1,652	12	0		
Full dual, part year	7,221	3,562	3,596	63	0	0	25,063	12,569	12,249	245	0	0		
Non-dual, all year	128,161	754	8,142	63,275	55,990	0	862,997	4,909	80,609	348,124	429,355	0		
Managed Care Status														
FFS all year	113,653	2,943	10,032	54,933	45,745	0	867,779	29,185	110,985	328,377	399,232	0		
FFS part year, with Rx claims	928	102	203	295	328	0	4,706	447	1,062	1,414	1,783	0		
FFS part year, no Rx claims	27,276	3,851	4,915	8,592	9,918	0	76,746	12,143	16,021	20,230	28,352	0		

Source: Data for this table are from the MAX 2001 file for Arizona, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 ARIZONA, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	5.7 %	0.3	\$32	\$121	\$3,003	1.1 %	141,857
Age							
5 and younger	4.6	0.1	20	166	2,657	0.7	20,628
6-14	3.2	0.1	63	624	1,370	4.6	26,583
15-20	5.5	0.2	67	434	2,659	2.5	18,184
21-44	6.7	0.2	11	46	3,168	0.3	53,500
45-64	6.8	0.7	31	44	6,022	0.5	12,621
65-74	8.5	0.8	28	35	4,388	0.6	5,733
75-84	8.4	0.8	25	31	3,517	0.7	3,359
85 and older	9.7	0.8	32	38	3,192	1.0	1,249
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	7.4	0.7	25	33	3,371	0.7	6,896
Disabled	10.3	1.0	131	128	8,649	1.5	15,150
Adults	6.1	0.2	4	23	2,658	0.1	63,820
Children	3.8	0.1	38	366	1,824	2.1	55,991
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	6.7	0.3	10	36	3,248	0.3	90,243
Male	4.0	0.2	71	287	2,575	2.7	51,614
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	1.4	0.1	3	35	1,532	0.2	12,172
African American	1.5	0.1	2	25	1,650	0.1	1,511
Other/unknown	6.2	0.3	35	123	3,159	1.1	128,174
Use of Nursing Facilities^d							
Entire year	32.8	8.0	283	35	18,280	1.5	61
Part year	76.4	14.2	584	41	52,340	1.1	250
None	5.6	0.2	31	130	2,910	1.1	141,546

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	5.7	0.3	23	78	3,522	0.7	62,109
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	2.8	0.1	4	48	1,378	0.3	29,292
Other/unknown	7.5	0.3	59	179	3,308	1.8	50,456

Source: Data for this table are from the MAX 2001 file for Arizona, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. 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 of Table 1 for methodology used to determine nursing facility residence.

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 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ARIZONA, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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
All	0.0	\$5	1.1 %	94.3 %	5.2 %	0.3 %	0.2 %	0.0 %	0.0 %	\$449	141,857	949,231
Age												
5 and younger	0.0	3	0.7	95.4	4.5	0.1	0.0	0.0	0.0	375	20,628	146,163
6-14	0.0	8	4.6	96.8	3.0	0.1	0.1	0.0	0.0	163	26,583	223,468
15-20	0.0	10	2.5	94.5	5.3	0.1	0.1	0.0	0.0	410	18,184	117,990
21-44	0.0	2	0.3	93.3	6.3	0.2	0.1	0.0	0.0	554	53,500	305,975
45-64	0.1	5	0.5	93.2	5.2	0.7	0.6	0.1	0.1	924	12,621	82,257
65-74	0.1	4	0.6	91.5	6.4	0.8	0.9	0.3	0.1	598	5,733	42,091
75-84	0.1	4	0.7	91.6	6.1	0.8	0.8	0.3	0.4	513	3,359	23,049
85 and older	0.1	5	1.0	90.3	6.8	1.1	1.4	0.2	0.2	484	1,249	8,238
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	0.1	4	0.7	92.6	5.0	0.8	1.0	0.3	0.2	556	6,896	41,775
Disabled	0.1	16	1.5	89.7	8.1	1.0	0.8	0.2	0.2	1,023	15,150	128,068
Adults	0.0	1	0.1	93.9	5.9	0.2	0.1	0.0	0.0	485	63,820	350,021
Children	0.0	5	2.1	96.2	3.7	0.1	0.0	0.0	0.0	238	55,991	429,367
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.0	2	0.3	93.3	6.2	0.2	0.2	0.0	0.0	491	90,243	596,868
Male	0.0	10	2.7	96.0	3.5	0.3	0.2	0.1	0.1	377	51,614	352,363
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.0	1	0.2	98.6	0.7	0.3	0.3	0.1	0.0	666	12,172	28,019
African American	0.0	1	0.1	98.5	0.8	0.4	0.1	0.1	0.0	818	1,511	3,046
Other/unknown	0.0	5	1.1	93.8	5.7	0.2	0.2	0.0	0.0	441	128,174	918,166
Use of Nursing Facilities^d												
Entire year	5.3	188	1.5	67.2	3.3	3.3	9.8	3.3	13.1	12,120	61	92
Part year	2.2	90	1.1	23.6	31.2	10.4	14.8	8.0	12.0	8,072	250	1,621
None	0.0	5	1.1	94.4	5.2	0.2	0.2	0.0	0.0	435	141,546	947,518

Table 4

All Medicaid Beneficiaries

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene Mos	
				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			Benes
Maintenance											
Assistance Status											
Cash	0.0	3	0.7	94.3	5.2	0.3	0.2	0.0	418	62,109	523,850
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.0	1	0.3	97.2	2.6	0.1	0.1	0.0	225	29,292	179,389
Other/unknown	0.1	12	1.8	92.5	6.7	0.3	0.3	0.1	679	50,456	245,992

Source: Data for this table are from the MAX 2001 file for Arizona, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. 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 of Table 1 for methodology used to determine nursing facility residence.

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 4

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 ARIZONA, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
All	0.0	\$5	0.0	\$314	0.0	\$120	0.0	\$1
Age								
5 and younger	0.0	3	0.0	1	0.0	0	0.0	2
6-14	0.0	8	0.0	7	0.0	0	0.0	0
15-20	0.0	10	0.0	9	0.0	1	0.0	0
21-44	0.0	2	0.0	1	0.0	0	0.0	0
45-64	0.1	5	0.0	3	0.0	0	0.1	1
65-74	0.1	4	0.0	3	0.0	0	0.1	1
75-84	0.1	4	0.0	3	0.0	0	0.1	1
85 and older	0.1	5	0.1	4	0.0	0	0.1	1
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	0.1	4	0.0	3	0.0	0	0.1	1
Disabled	0.1	16	0.0	13	0.0	1	0.1	1
Adults	0.0	1	0.0	0	0.0	0	0.0	0
Children	0.0	5	0.0	4	0.0	0	0.0	1
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	0.0	2	0.0	1	0.0	0	0.0	0
Male	0.0	10	0.0	9	0.0	1	0.0	1
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	0.0	1	0.0	1	0.0	0	0.0	0
African American	0.0	1	0.0	1	0.0	0	0.0	0
Other/unknown	0.0	5	0.0	4	0.0	0	0.0	1
Use of Nursing Facilities^e								
Entire year	5.3	188	1.4	103	0.2	9	3.7	75
Part year	2.2	90	0.7	55	0.1	3	1.4	31
None	0.0	5	0.0	4	0.0	0	0.0	1

Table 5

All Medicaid Beneficiaries

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 ARIZONA, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos		
																Patented	Off-Patent
Anti-infective Agents	0.2	0.1	0.0	0.1	\$7	\$5	\$0	\$1	\$39	\$91	\$73	\$11	5,188	\$201,555	3,276	2.3 %	29,046
Biologics	0.2	0.2	0.0	0.0	157	99	57	1	688	644	1,532	26	43	29,579	23	0.0	188
Antineoplastic Agents	0.4	0.2	0.0	0.2	81	67	1	13	221	336	147	81	182	40,196	51	0.0	498
Endocrine/Metabolic Drugs	0.3	0.2	0.0	0.1	18	15	1	2	54	101	20	14	3,254	175,977	1,095	0.8	9,865
Cardiovascular Agents	0.6	0.3	0.0	0.3	20	13	1	6	32	51	24	18	5,931	191,275	1,019	0.7	9,526
Respiratory Agents	0.2	0.1	0.0	0.1	7	5	0	2	32	57	25	16	2,781	88,045	1,344	0.9	12,416
Gastrointestinal Agents	0.3	0.1	0.0	0.2	19	15	1	4	64	122	56	22	2,004	127,544	724	0.5	6,663
Genitourinary Agents	0.2	0.1	0.0	0.1	5	4	0	1	29	37	21	18	911	26,345	704	0.5	5,539
CNS Drugs	0.4	0.2	0.0	0.2	19	14	2	4	50	88	85	17	2,616	130,521	753	0.5	6,743
Stimulants/Anti-obesity/Anorexia	0.3	0.1	0.0	0.2	16	8	0	8	45	73	47	33	100	4,540	32	0.0	291
Miscellaneous Psychological/																	
Neurological Agents	0.4	0.4	0.0	0.0	48	48	0	0	108	108	0	0	13	1,399	4	0.0	29
Analgesics and Anesthetics	0.2	0.0	0.0	0.2	5	3	0	2	20	169	13	9	7,059	142,737	3,698	2.6	31,640
Neuromuscular Agents	0.4	0.1	0.1	0.2	18	11	4	3	51	89	57	19	1,293	65,906	402	0.3	3,678
Nutritional Products	0.2	0.0	0.0	0.2	3	0	0	2	13	16	17	12	2,669	33,496	1,537	1.1	11,748
Hematological Agents	0.5	0.2	0.0	0.2	###	871	59	85	2153	4,093	1,297	398	1,482	3,190,583	358	0.3	3,142
Topical Products	0.2	0.0	0.0	0.1	4	2	0	1	25	74	24	11	1,736	43,098	1,146	0.8	11,239
Miscellaneous Products	0.2	0.2	0.0	0.1	51	40	4	7	211	235	240	131	230	48,518	95	0.1	959
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	2	0	0	0	12	0	0	0	138	1,719	107	0.1	1,107
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.	37,630	4,543,033	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Arizona, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. 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/products/product_mddb.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, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/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; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 ARIZONA, 2001

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
MISC. HEMATOLOGICAL	\$3,057,478	69	0.0 %	661	1.0	\$4,869
MISC. ENDOCRINE	85,701	60	0.0	652	0.3	393
HEMATOPOIETIC AGENTS	84,226	798	0.6	6,286	0.2	71
ANTI-DIABETIC	79,500	704	0.5	6,966	0.3	39
ULCER DRUGS	67,084	551	0.4	5,315	0.2	62
ANALGESICS - ANTI-INFLAMMATORY	64,847	2,084	1.5	18,776	0.1	24
ANTIDEPRESSANTS	55,877	459	0.3	4,461	0.2	50
ANALGESICS - Narcotic	55,698	2,495	1.8	20,789	0.2	15
ANTI-HYPERTENSIVE	51,797	576	0.4	5,909	0.3	32
ANTI-ASTHMATIC	51,095	778	0.5	7,352	0.2	38
Total	3,653,303	8,574		77,167	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Arizona, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. 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.