STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 ARIZONA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ARIZONA, 2002

Inclusion Criteria (2002)	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]	1,139,436	(A)	103,266	(E)	1,036,170	(I)
2. Benes who had Medicaid pharmacy benefits during at least one month[b]	1,111,067	(B)	90,511	(F)	1,020,556	(j)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	158,013	(C)	8,139	(G)	149,874	(K)
4. Benes who were all-year nursing facility residents[f]	36	(D)	27	(H)	9	(L)

Source: Data for this table are from the MAX 2002 file for Arizona, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002 (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 2002, 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 19 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 19 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 2002 was $3,420,564, of which $1,189,776 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.

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 2002. 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 2002. All benefit months of such dual eligible beneficiaries, of which 2.9 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, 2002

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**158,013**	**3,802**	**11,680**	**80,299**	**62,232**	**0**	**1,167,239**	**34,101**	**118,323**	**527,147**	**487,668**	**0**
Age												
5 and younger	22,232	2	391	0	21,839	0	164,507	7	3,795	0	160,705	0
6-14	29,334	0	945	0	28,389	0	244,372	0	10,051	0	234,321	0
15-20	21,441	0	596	8,841	12,004	0	157,178	0	6,027	58,509	92,642	0
21-44	63,007	1	2,765	60,241	0	0	417,475	1	26,656	390,818	0	0
45-64	15,112	6	4,295	10,811	0	0	117,984	33	42,135	75,816	0	0
65-74	4,021	1,694	2,033	294	0	0	39,357	15,144	22,672	1,541	0	0
75-84	2,095	1,497	512	86	0	0	20,139	14,160	5,593	386	0	0
85 and older	770	602	143	25	0	0	6,226	4,756	1,394	76	0	0
Unknown	1	0	0	1	0	1 0		0	0	1	0	0
Gender												
Female	95,123	2,536	6,060	54,928	31,599	0	703,953	23,061	62,364	370,154	248,374	0
Male	62,890	1,266	5,620	25,371	30,633	0	463,286	11,040	55,959	156,993	239,294	0
Unknown	0	0	0	0	0	0 0		0	0	0	0	0
Race												
White	9,574	363	693	5,816	2,702	0	18,053	1,511	2,696	9,880	3,966	0
African American	1,366	14	112	767	473	0	2,503	42	407	1,318	736	0
Other/unknown	147,073	3,425	10,875	73,716	59,057	0	1,146,683	32,548	115,220	515,949	482,966	0
Use of Nursing Facilities[c]												
Entire year	36	24	12	0	0	0	52	37	15	0	0	0
Part year	307	108	171	24	4	0	2,039	487	1,281	226	45	0
None	157,670	3,670	11,497	80,275	62,228	0	1,165,148	33,577	117,027	526,921	487,623	0
Maintenance Assistance Status												
Cash	66,131	2,204	10,006	25,260	28,661	0	583,788	23,765	108,378	196,497	255,148	0
Medically needy	0	0	0	0	0	0 0		0	0	0	0	0
Poverty-related	27,960	769	458	4,070	22,663	0	201,476	5,842	3,072	22,950	169,612	0
Other/unknown	63,922	829	1,216	50,969	10,908	0	381,975	4,494	6,873	307,700	62,908	0
Dual Medicare Status[d]												
Full dual, all year	7,712	3,099	3,580	1,031	2	0	72,012	28,992	37,371	5,635	14	0
Full dual, part year	427	200	213	14	0	0	2,052	1,049	921	82	0	0
Non-dual, all year	149,874	503	7,887	79,254	62,230	0	1,093,175	4,060	80,031	521,430	487,654	0
Managed Care Status												
FFS all year	131,679	3,030	9,772	67,651	51,226	0	1,073,645	30,728	108,724	484,691	449,502	0
FFS part year, with Rx claims	1,288	112	338	363	475	0	8,193	521	2,255	2,301	3,116	0
FFS part year, no Rx claims	25,046	660	1,570	12,285	10,531	0	85,401	2,852	7,344	40,155	35,050	0

Source: Data for this table are from the MAX 2002 file for Arizona, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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, 2002

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	**3.8 %**	**0.2**	**$14**	**$64**	**$2,843**	**0.5 %**	**158,013**
Age							
5 and younger	4.8	0.1	6	41	2,833	0.2	22,232
6-14	3.2	0.1	4	44	1,346	0.3	29,334
15-20	3.1	0.1	26	205	2,592	1.0	21,441
21-44	2.6	0.2	11	71	2,852	0.4	63,007
45-64	5.9	0.6	31	49	5,205	0.6	15,112
65-74	10.7	1.0	42	44	5,165	0.8	4,021
75-84	12.6	1.1	34	31	4,341	0.8	2,095
85 and older	11.7	0.9	31	34	3,806	0.8	770
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility[c]							
Aged	10.1	0.8	30	37	4,513	0.7	3,802
Disabled	13.7	1.5	137	92	11,165	1.2	11,680
Adults	2.1	0.1	3	34	2,282	0.1	80,299
Children	3.7	0.1	4	40	1,903	0.2	62,232
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	3.9	0.2	10	45	3,207	0.3	95,123
Male	3.7	0.2	21	93	2,292	0.9	62,890
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	1.0	0.1	2	41	1,113	0.2	9,574
African American	1.2	0.1	3	40	1,265	0.2	1,366
Other/unknown	4.0	0.2	15	65	2,970	0.5	147,073
Use of Nursing Facilities[d]							
Entire year	44.4	14.1	621	44	17,969	3.5	36
Part year	78.2	16.2	776	48	53,498	1.5	307
None	3.6	0.2	13	67	2,741	0.5	157,670

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	6.4	0.4	27	69	3,719	0.7	66,131
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	3.3	0.1	7	56	1,688	0.4	27,960
Other/unknown	1.3	0.1	4	46	2,442	0.2	63,922

Source: Data for this table are from the MAX 2002 file for Arizona, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]

ARIZONA, 2002

				No. of Rx, % with:							No.	
Beneficiary Characteristics	Mean No. of Rx	Mean Rx $	Rx $ as % of All Services	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Services	Benes	Bene Mos
All	**0.0**	**$2**	**0.5 %**	**96.2 %**	**3.4 %**	**0.2 %**	**0.2 %**	**0.0 %**	**0.0 %**	**$385**	**158,013**	**1,167,239**
Age												
5 and younger	0.0	1	0.2	95.2	4.6	0.1	0.0	0.0	0.0	383	22,232	164,507
6-14	0.0	1	0.3	96.8	3.0	0.1	0.1	0.0	0.0	162	29,334	244,372
15-20	0.0	4	1.0	96.9	2.8	0.2	0.1	0.0	0.0	354	21,441	157,178
21-44	0.0	2	0.4	97.4	2.4	0.1	0.1	0.0	0.0	430	63,007	417,475
45-64	0.1	4	0.6	94.1	4.5	0.5	0.5	0.1	0.1	667	15,112	117,984
65-74	0.1	4	0.8	89.3	8.5	1.3	0.6	0.2	0.1	528	4,021	39,357
75-84	0.1	4	0.8	87.4	10.1	0.8	0.9	0.3	0.4	452	2,095	20,139
85 and older	0.1	4	0.8	88.3	7.4	1.6	0.8	1.3	0.6	471	770	6,226
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	1
Basis of Eligibility[c]												
Aged	0.1	3	0.7	89.9	7.5	1.0	0.7	0.5	0.4	503	3,802	34,101
Disabled	0.1	14	1.2	86.3	10.6	1.3	1.3	0.3	0.3	1,102	11,680	118,323
Adults	0.0	1	0.1	97.9	1.9	0.1	0.0	0.0	0.0	348	80,299	527,147
Children	0.0	1	0.2	96.3	3.6	0.1	0.1	0.0	0.0	243	62,232	487,668
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	1	0.3	96.1	3.4	0.2	0.2	0.0	0.0	433	95,123	703,953
Male	0.0	3	0.9	96.3	3.2	0.2	0.2	0.0	0.0	311	62,890	463,286
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	99.0	0.7	0.2	0.1	0.1	0.0	590	9,574	18,053
African American	0.0	2	0.2	98.8	0.8	0.3	0.1	0.0	0.0	690	1,366	2,503
Other/unknown	0.0	2	0.5	96.0	3.5	0.2	0.2	0.0	0.0	381	147,073	1,146,683
Use of Nursing Facilities[d]												
Entire year	9.7	430	3.5	55.6	5.6	5.6	2.8	8.3	22.2	12,440	36	52
Part year	2.4	117	1.5	21.8	29.6	10.1	17.6	8.5	12.4	8,055	307	2,039
None	0.0	2	0.5	96.4	3.3	0.2	0.1	0.0	0.0	371	157,670	1,165,148

Beneficiary Characteristics	Mean No. of Rx	Mean Rx $	Rx $ as % of All Services	No. of Rx, % with: None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Services	No. Benes	No. Bene Mos
Maintenance Assistance Status												
Cash	0.0	3	0.7	93.6	5.7	0.4	0.3	0.1	0.0	421	66,131	583,788
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.0	1	0.4	96.7	3.1	0.1	0.1	0.0	0.0	234	27,960	201,476
Other/unknown	0.0	1	0.2	98.7	1.1	0.1	0.1	0.0	0.1	409	63,922	381,975

Source: Data for this table are from the MAX 2002 file for Arizona, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 5

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

ARIZONA, 2002

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	No. of Rx	Rx $	$ per Rx	No. of Rx	Rx $	$ per Rx	No. of Rx	Rx $	$ per Rx	No. of Rx	Rx $	$ per Rx
All	**0.0**	**$2**	**$64**	**0.0**	**$2**	**$171**	**0.0**	**$0**	**$57**	**0.0**	**$0**	**$15**
Age												
5 and younger	0.0	1	41	0.0	1	145	0.0	0	49	0.0	0	10
6-14	0.0	1	44	0.0	0	101	0.0	0	72	0.0	0	11
15-20	0.0	4	205	0.0	3	524	0.0	0	226	0.0	0	15
21-44	0.0	2	71	0.0	1	212	0.0	0	52	0.0	0	16
45-64	0.1	4	49	0.0	3	116	0.0	0	41	0.1	1	18
65-74	0.1	4	44	0.0	3	90	0.0	0	34	0.1	1	16
75-84	0.1	4	31	0.0	2	69	0.0	0	28	0.1	1	13
85 and older	0.1	4	34	0.0	3	80	0.0	0	27	0.1	1	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	0.1	3	37	0.0	2	88	0.0	0	29	0.1	1	13
Disabled	0.1	14	92	0.0	11	227	0.0	1	61	0.1	2	19
Adults	0.0	1	34	0.0	0	98	0.0	0	53	0.0	0	12
Children	0.0	1	40	0.0	0	104	0.0	0	71	0.0	0	11
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.0	1	45	0.0	1	109	0.0	0	62	0.0	0	14
Male	0.0	3	93	0.0	2	264	0.0	0	51	0.0	0	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.0	1	41	0.0	1	122	0.0	0	48	0.0	0	16
African American	0.0	2	40	0.0	1	176	0.0	0	73	0.0	1	17
Other/unknown	0.0	2	65	0.0	2	172	0.0	0	57	0.0	0	15
Use of Nursing Facilities[e]												
Entire year	9.7	430	44	2.9	250	86	0.6	15	26	6.2	164	27
Part year	2.4	117	48	0.6	76	125	0.2	7	43	1.7	34	20
None	0.0	2	67	0.0	1	179	0.0	0	61	0.0	0	14

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	No. of Rx	Rx $	$ per Rx	No. of Rx	Rx $	$ per Rx	No. of Rx	Rx $	$ per Rx	No. of Rx	Rx $	$ per Rx
Maintenance Assistance Status												
Cash	0.0	3	69	0.0	3	187	0.0	0	58	0.0	0	15
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.0	1	56	0.0	1	133	0.0	0	70	0.0	0	11
Other/unknown	0.0	1	46	0.0	0	115	0.0	0	48	0.0	0	18

Source: Data for this table are from the MAX 2002 file for Arizona, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Arizona, 0.9 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).

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

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

ARIZONA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users				$ per Bene Mo among Users				$ per Rx				Total No. of Rx	Total Rx $	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			No.	As % of All Benes	No. of Bene Mos
Anti-infective Agents	0.2	0.1	0.0	0.1	$9	$6	$1	$2	$52	$113	$79	$16	5,153	$265,749	2,880	1.8 %	29,033
Biologicals	0.2	0.2	0.1	0.0	280	178	102	0	1173	1,077	1,587	16	52	61,001	21	0.0	218
Antineoplastic Agents	0.5	0.3	0.0	0.2	101	88	0	13	223	342	30	69	178	39,693	40	0.0	392
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	13	8	1	4	40	74	16	25	3,330	132,121	1,035	0.7	10,331
Cardiovascular Agents	0.5	0.1	0.0	0.3	16	11	2	4	32	72	32	14	4,349	140,784	869	0.5	8,536
Respiratory Agents	0.2	0.1	0.0	0.1	9	6	1	2	37	67	74	14	3,722	139,420	1,561	1.0	15,842
Gastrointestinal Agents	0.3	0.1	0.0	0.2	25	22	0	4	88	174	72	22	1,890	167,118	681	0.4	6,567
Genitourinary Agents	0.2	0.1	0.0	0.1	6	6	0	1	39	57	0	11	410	15,830	256	0.2	2,502
CNS Drugs	0.4	0.2	0.0	0.2	28	24	0	4	64	111	82	16	3,637	232,474	884	0.6	8,303
Stimulants/Anti-obesity/Anorexia	0.4	0.1	0.0	0.3	21	9	2	11	48	83	77	34	197	9,529	51	0.0	453
Miscellaneous Psychological/ Neurological Agents	0.2	0.2	0.0	0.0	18	18	0	0	106	106	0	0	9	957	5	0.0	52
Analgesics and Anesthetics	0.3	0.0	0.0	0.2	6	3	0	2	22	212	43	10	6,152	136,003	2,411	1.5	24,602
Neuromuscular Agents	0.4	0.2	0.1	0.2	23	17	2	4	60	107	40	22	1,559	93,016	444	0.3	4,046
Nutritional Products	0.2	0.0	0.0	0.2	4	1	0	3	19	84	11	16	910	17,115	438	0.3	4,098
Hematological Agents	0.4	0.2	0.1	0.1	361	358	2	1	932	2,265	20	8	684	637,493	199	0.1	1,766
Topical Products	0.2	0.0	0.0	0.1	4	2	0	2	25	70	117	12	2,128	53,556	1,291	0.8	13,249
Miscellaneous Products	0.3	0.3	0.0	0.1	94	89	0	5	280	344	0	64	305	85,325	89	0.1	911
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	4	0	0	0	28	0	0	0	129	3,604	100	0.1	1,018
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.	34,794	2,230,788	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Arizona, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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, 0.9 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_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, 2002

		Users			Among Users		
Top 10 Drug Groups	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	$570,783	33	0.0 %	332	0.4	$3,831	$1,719
ANTIPSYCHOTICS	84,328	191	0.1	1,817	0.3	139	46
ANTIDIABETIC	81,566	638	0.4	6,926	0.3	45	12
ASSORTED CLASSES	81,055	38	0.0	422	0.5	397	192
ULCER DRUGS	76,586	544	0.3	5,708	0.2	70	13
ANTIDEPRESSANTS	76,513	598	0.4	5,961	0.3	45	13
ANTIASTHMATIC	74,393	880	0.6	9,093	0.2	43	8
ANALGESICS - ANTI-INFLAMMATORY	68,121	1,509	1.0	16,455	0.2	27	4
ANTICONVULSANT	65,075	249	0.2	2,384	0.3	79	27
MISC. GI	64,011	149	0.1	1,479	0.2	216	43
Total	1,242,431	4,829		50,577	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Arizona, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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.