

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	8,139	3,299	3,793	1,045	2	0	74,064	30,041	38,292	5,717	14	0
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	1	0	0	0	1	2		0	0	0	2	0
15-20	13	0	10	2	1	0	129	0	96	21	12	0
21-44	876	0	629	247	0	0	6,830	0	5,560	1,270	0	0
45-64	1,483	2	1,037	444	0	0	12,066	5	9,391	2,670	0	0
65-74	3,260	1,448	1,555	257	0	0	31,859	13,223	17,272	1,364	0	0
75-84	1,817	1,308	432	77	0	0	17,617	12,583	4,701	333	0	0
85 and older	689	541	130	18	0	0	5,561	4,230	1,272	59	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	4,887	2,236	2,211	439	1	0	46,003	20,737	22,796	2,458	12	0
Male	3,252	1,063	1,582	606	1	0	28,061	9,304	15,496	3,259	2	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	836	339	299	198	0	0	3,302	1,393	1,480	429	0	0
African American	59	12	29	18	0	0	201	28	148	25	0	0
Other/unknown	7,244	2,948	3,465	829	2	0	70,561	28,620	36,664	5,263	14	0
Use of Nursing Facilities^c												
Entire year	27	23	4	0	0	0	41	36	5	0	0	0
Part year	154	98	56	0	0	0	867	441	426	0	0	0
None	7,958	3,178	3,733	1,045	2	0	73,156	29,564	37,861	5,717	14	0
Maintenance Assistance Status												
Cash	5,340	2,019	3,009	312	0	0	57,202	21,839	33,049	2,314	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	1,135	712	412	10	1	0	8,336	5,475	2,787	62	12	0
Other/unknown	1,664	568	372	723	1	0	8,526	2,727	2,456	3,341	2	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
Managed Care Status												
FFS all year	6,597	2,620	3,159	817	1	0	67,222	27,019	35,328	4,863	12	0
FFS part year, with Rx claims	198	102	92	3	1	0	1,021	475	525	19	2	0
FFS part year, no Rx claims	1,344	577	542	225	0	0	5,821	2,547	2,439	835	0	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 D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. 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 D.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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 Benefes
All	11.5 %	1.1	\$55	\$51	\$4,646	1.2 %	8,139
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	5.0	165	33	283	58.3	1
15-20	15.4	6.1	1,001	165	8,916	11.2	13
21-44	10.6	1.1	99	90	6,985	1.4	876
45-64	9.9	1.2	80	65	7,810	1.0	1,483
65-74	11.4	1.0	45	45	3,442	1.3	3,260
75-84	13.2	1.2	35	30	3,382	1.0	1,817
85 and older	12.3	0.9	30	35	3,818	0.8	689
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	10.7	0.9	31	37	3,175	1.0	3,299
Disabled	15.0	1.5	86	56	6,899	1.3	3,793
Adults	1.5	0.1	17	115	1,120	1.5	1,045
Children	50.0	2.5	83	33	1,023	8.1	2
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	12.6	1.2	53	44	5,024	1.1	4,887
Male	9.9	0.9	58	65	4,078	1.4	3,252
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	2.5	0.2	5	26	2,315	0.2	836
African American	6.8	1.0	32	32	4,594	0.7	59
Other/unknown	12.6	1.2	61	51	4,916	1.2	7,244
Use of Nursing Facilities^d							
Entire year	37.0	5.3	116	22	10,301	1.1	27
Part year	66.2	10.5	409	39	28,873	1.4	154
None	10.4	0.9	48	54	4,158	1.2	7,958
Maintenance Assistance Status							
Cash	14.9	1.4	72	53	5,742	1.3	5,340
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	0.8	0.0	1	28	582	0.2	1,135
Other/unknown	8.0	0.9	38	43	3,901	1.0	1,664

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 D.3 includes beneficiaries represented by Cell G of Table 1.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				88.5 % None	8.8 % More than 0, but 1 or Less	1.0 % More than 1, but 2 or Less	1.0 % More than 2, but 5 or Less	0.4 % More than 5, but 10 or Less				0.3 % More than 10
All	0.1	\$6	1.2 %	88.5 %	8.8 %	1.0 %	1.0 %	0.4 %	0.3 %	\$511	8,139	74,064
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	2.5	83	58.3	0.0	0.0	0.0	100.0	0.0	0.0	142	1	2
15-20	0.6	101	11.2	84.6	0.0	0.0	7.7	7.7	0.0	899	13	129
21-44	0.1	13	1.4	89.4	8.2	0.8	1.4	0.1	0.1	896	876	6,830
45-64	0.2	10	1.0	90.1	6.9	0.5	1.7	0.5	0.3	960	1,483	12,066
65-74	0.1	5	1.3	88.6	9.0	1.3	0.6	0.3	0.2	352	3,260	31,859
75-84	0.1	4	1.0	86.8	10.6	0.9	0.9	0.3	0.4	349	1,817	17,617
85 and older	0.1	4	0.8	87.7	8.1	1.6	0.9	1.3	0.4	473	689	5,561
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	3	1.0	89.3	8.0	1.1	0.7	0.5	0.4	349	3,299	30,041
Disabled	0.2	9	1.3	85.0	11.7	1.2	1.5	0.4	0.2	683	3,793	38,292
Adults	0.0	3	1.5	98.5	1.2	0.1	0.1	0.1	0.0	205	1,045	5,717
Children	0.4	12	8.1	50.0	0.0	0.0	50.0	0.0	0.0	146	2	14
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.1	6	1.1	87.4	9.6	1.1	1.1	0.5	0.3	534	4,887	46,003
Male	0.1	7	1.4	90.1	7.7	0.9	0.8	0.3	0.2	473	3,252	28,061
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	97.5	1.7	0.4	0.2	0.2	0.0	586	836	3,302
African American	0.3	9	0.7	93.2	3.4	1.7	1.7	0.0	0.0	1,348	59	201
Other/unknown	0.1	6	1.2	87.4	9.7	1.1	1.1	0.4	0.3	505	7,244	70,561
use of nursing Facilities^d												
Entire year	3.5	76	1.1	63.0	7.4	3.7	3.7	7.4	14.8	6,784	27	41
Part year	1.9	73	1.4	33.8	23.4	6.5	15.6	11.0	9.7	5,129	154	867
None	0.1	5	1.2	89.6	8.6	0.9	0.7	0.2	0.0	452	7,958	73,156
Maintenance Assistance Status												
Cash	0.1	7	1.3	85.1	11.9	1.4	1.2	0.4	0.1	536	5,340	57,202
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	0	0.2	99.2	0.7	0.1	0.0	0.0	0.0	79	1,135	8,336
Other/unknown	0.2	7	1.0	92.0	4.5	0.5	1.0	0.8	1.1	761	1,664	8,526

Table D4

Dual Eligible Beneficiaries

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 D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. 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 D.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2002

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	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	0.1	\$6	\$51	0.0	\$5	\$117	0.0	\$0	\$31	0.1	\$1	\$16
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	2.5	83	33	0.5	56	112	0.0	0	0	2.0	27	13
15-20	0.6	101	165	0.3	95	341	0.0	1	17	0.3	5	17
21-44	0.1	13	90	0.1	11	198	0.0	0	46	0.1	2	19
45-64	0.2	10	65	0.0	8	156	0.0	0	30	0.1	2	20
65-74	0.1	5	45	0.0	3	96	0.0	0	32	0.1	1	16
75-84	0.1	4	30	0.0	2	65	0.0	0	26	0.1	1	13
85 and older	0.1	4	35	0.0	3	83	0.0	0	29	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	3	88	0.0	0	28	0.1	1	13
Disabled	0.2	9	56	0.1	7	123	0.0	0	33	0.1	2	17
Adults	0.0	3	115	0.0	2	454	0.0	0	67	0.0	1	33
Children	0.4	12	33	0.1	8	112	0.0	0	0	0.3	4	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.1	6	44	0.0	4	98	0.0	0	30	0.1	1	15
Male	0.1	7	65	0.0	5	156	0.0	0	34	0.1	1	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.0	1	26	0.0	0	43	0.0	0	38	0.0	1	20
African American	0.3	9	32	0.0	3	69	0.0	0	90	0.2	6	24
Other/unknown	0.1	6	51	0.0	5	118	0.0	0	31	0.1	1	16
Use of Nursing Facilities^e												
Entire year	3.5	76	22	0.7	36	51	0.2	4	18	2.6	36	14
Part year	1.9	73	39	0.5	53	102	0.1	2	21	1.2	17	14
None	0.1	5	54	0.0	4	120	0.0	0	33	0.1	1	17
Maintenance Assistance Status												
Cash	0.1	7	53	0.0	5	118	0.0	0	32	0.1	1	16
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.0	0	28	0.0	0	71	0.0	0	66	0.0	0	9
Other/unknown	0.2	7	43	0.0	5	109	0.0	0	25	0.1	2	17

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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies 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 eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Dual Benes	No. of Bene Mos
	Users			Users							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent					
Anti-infective Agents	0.2	0.1	0.0	\$12	\$9	\$1	825	\$46,981	411	5.0 %	4,084
Biologics	0.1	0.1	0.0	2	1	0	2	29	2	0.0	19
Antineoplastic Agents	0.5	0.4	0.0	162	153	0	65	19,293	12	0.1	119
Endocrine/Metabolic Drugs	0.4	0.1	0.1	13	7	1	1,157	35,933	282	3.5	2,812
Cardiovascular Agents	0.6	0.2	0.1	19	13	2	1,985	66,747	376	4.6	3,590
Respiratory Agents	0.3	0.2	0.0	13	10	1	703	30,155	227	2.8	2,290
Gastrointestinal Agents	0.3	0.1	0.0	29	25	0	734	65,704	239	2.9	2,235
Genitourinary Agents	0.3	0.2	0.0	15	14	0	152	7,845	54	0.7	525
CNS Drugs	0.4	0.2	0.0	19	17	0	585	28,943	177	2.2	1,502
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	35	35	0	6	673	2	0.0	19
Analgesics and Anesthetics	0.3	0.0	0.0	6	3	0	1,359	26,328	456	5.6	4,664
Neuromuscular Agents	0.4	0.2	0.1	32	24	2	345	26,394	97	1.2	835
Nutritional Products	0.2	0.0	0.0	4	0	0	157	2,631	81	1.0	684
Hematological Agents	0.4	0.1	0.1	39	36	3	264	24,556	75	0.9	623
Topical Products	0.2	0.0	0.0	5	3	0	350	8,727	187	2.3	1,924
Miscellaneous Products	0.6	0.5	0.0	273	255	0	134	57,369	20	0.2	210
Unknown Therapeutic Category	0.1	0.0	0.0	3	0	0	18	372	13	0.2	141
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	8,841	448,680	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 D.6 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 2002. 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, 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_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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2002

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
ASSORTED CLASSES	\$66,183	22	0.3 %	245	0.5	\$489	\$229
MISC. GI	29,881	61	0.7	624	0.2	199	48
ANTI-DIABETIC	27,664	230	2.8	2,545	0.3	41	11
ULCER DRUGS	27,251	178	2.2	1,889	0.2	68	14
ANTICONVULSANT	20,206	55	0.7	544	0.3	112	37
ANTI-ASTHMATIC	18,977	142	1.7	1,508	0.3	50	13
ANTI-HYPERLIPIDEMIC	18,169	86	1.1	954	0.3	70	19
ANTI-NEOPLASTICS	18,151	12	0.1	124	0.5	308	146
ANALGESICS - Narcotic	14,253	295	3.6	3,117	0.2	21	5
ANTI-HYPERTENSIVE	13,520	176	2.2	1,904	0.2	31	7
Total	244,255	1,257		13,454	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 D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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; n.a. = not applicable.

TABLE D.7A
 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, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ASSORTED CLASSES				MISC. GI				
	No. of RX	Rx \$	No. of Users	Mean No. of Rx	Users as % of Dual Benes	No. of Bene 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	3,348	\$244,255	22	0.5	0.3 %	245	0.5	\$229	61	0.7 %	624	0.2	\$48
Female	2,122	129,981	10	0.5	0.2	116	0.5	245	42	0.9	421	0.3	48
Disabled	1,520	104,992	9	0.5	0.4	108	0.5	260	29	1.3	290	0.3	69
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	33	11,730	2	0.7	33.3	24	0.7	441	0	0.0	0	0.0	0
21-44	243	34,715	5	0.5	1.9	60	0.5	275	11	4.1	94	0.4	112
45-64	348	19,033	2	0.4	0.3	24	0.4	44	8	1.4	80	0.4	94
65-74	685	30,848	0	0.0	0.0	0	0.0	0	8	0.8	92	0.3	20
75-84	196	8,132	0	0.0	0.0	0	0.0	0	2	0.7	24	0.1	2
85 and older	15	534	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	602	24,989	1	0.1	0.0	8	0.1	38	13	0.5	131	0.2	2
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	5	335	1	0.1	1.0	8	0.1	38	0	0.0	0	0.0	0
45-64	26	1,334	0	0.0	0.0	0	0.0	0	1	0.5	12	0.1	2
65-74	168	8,605	0	0.0	0.0	0	0.0	0	3	0.3	34	0.1	1
75-84	348	13,024	0	0.0	0.0	0	0.0	0	6	0.6	68	0.2	2
85 and older	55	1,691	0	0.0	0.0	0	0.0	0	3	0.8	17	0.2	1
Male	1,226	114,274	12	0.5	0.4	129	0.5	215	19	0.6	203	0.2	48
Disabled	965	78,921	10	0.4	0.6	105	0.4	135	13	0.8	131	0.2	7
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	161	15,108	0	0.0	0.0	0	0.0	0	1	0.3	4	0.3	3
45-64	336	29,757	10	0.4	2.2	105	0.4	135	6	1.3	61	0.2	10
65-74	388	30,447	0	0.0	0.0	0	0.0	0	5	0.9	60	0.1	5
75-84	80	3,609	0	0.0	0.0	0	0.0	0	1	0.7	6	0.2	0
85 and older	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	261	35,353	2	0.8	0.1	24	0.8	565	6	0.4	72	0.2	124
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	139	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	7	106	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	31	13,765	2	0.8	0.8	24	0.8	565	0	0.0	0	0.0	0
65-74	103	13,576	0	0.0	0.0	0	0.0	0	1	0.1	12	0.4	736
75-84	95	3,541	0	0.0	0.0	0	0.0	0	4	1.0	48	0.1	2
85 and older	22	4,226	0	0.0	0.0	0	0.0	0	1	0.6	12	0.1	0
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 2002 file for Arizona, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 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, 2002

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					ANTICONVULSANT				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx
All	230	2.8 %	2,545	\$11	0.3	178	2.2 %	1,889	\$14	0.2	55	0.7 %	544	\$37	0.3
Female	144	2.9	1,598	11	0.3	122	2.5	1,294	15	0.2	24	0.5	240	11	0.2
Disabled	95	4.3	1,060	11	0.3	83	3.8	909	13	0.2	19	0.9	200	12	0.2
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	1	16.7	12	87	0.8	0	0.0	0	0	0.0
21-44	6	2.3	41	12	0.3	18	6.8	177	9	0.2	7	2.6	62	0.3	
45-64	16	2.8	174	11	0.4	12	2.1	126	13	0.2	6	1.0	66	0.1	
65-74	60	6.1	692	12	0.3	36	3.6	419	13	0.2	4	0.4	48	0.2	
75-84	10	3.5	120	11	0.3	13	4.6	142	10	0.2	1	0.4	12	0.1	
85 and older	3	3.3	33	5	0.2	3	3.3	33	4	0.1	1	1.1	12	0.1	
Other Eligibles	49	1.8	538	9	0.2	39	1.5	385	19	0.2	5	0.2	40	0.3	
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	
6-14	0	0.0	0	0	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	
21-44	0	0.0	0	0	0.0	1	1.0	3	10	1.0	0	0.0	0	0.0	
45-64	0	0.0	0	0	0.0	1	0.5	12	7	0.1	0	0.0	0	0.0	
65-74	18	1.8	193	8	0.2	13	1.3	133	23	0.2	2	0.2	14	0.6	
75-84	31	3.2	345	9	0.3	18	1.9	187	17	0.2	1	0.1	12	0.1	
85 and older	0	0.0	0	0	0.0	6	1.5	50	18	0.3	2	0.5	14	0.1	
Male	86	2.6	947	12	0.2	56	1.7	595	14	0.2	31	1.0	304	0.4	
Disabled	65	4.1	717	12	0.3	43	2.7	456	14	0.2	21	1.3	205	0.5	
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	
6-14	0	0.0	0	0	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	
21-44	4	1.1	48	10	0.3	4	1.1	40	5	0.1	9	2.5	99	0.6	
45-64	22	4.8	229	20	0.3	16	3.5	163	15	0.3	8	1.7	67	0.4	
65-74	34	6.0	385	10	0.2	19	3.4	205	17	0.2	3	0.5	33	0.5	
75-84	5	3.4	55	2	0.1	4	2.7	48	2	0.1	1	0.7	6	0.8	
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	
Other Eligibles	21	1.3	230	9	0.2	13	0.8	139	16	0.3	10	0.6	99	0.2	
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	
6-14	0	0.0	0	0	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	
21-44	1	0.7	12	4	0.2	0	0.0	0	0	0.0	0	0.0	0	0.0	
45-64	0	0.0	0	0	0.0	1	0.4	12	16	0.8	0	0.0	0	0.0	
65-74	9	1.3	92	9	0.2	5	0.7	49	19	0.2	3	0.4	25	0.2	
75-84	10	2.4	114	8	0.2	6	1.5	66	16	0.2	5	1.2	60	0.2	
85 and older	1	0.6	12	14	0.3	1	0.6	12	9	0.1	2	1.3	14	0.2	
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	

Dual Eligible Beneficiaries

Table D7B

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 D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 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, 2002

Beneficiary Characteristics	ANTIASTHMATIC					ANTIHYPERTENSIVE					ANTINEOPLASTICS				
	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	142	1.7 %	1,508	0.3	\$13	86	1.1 %	954	0.3	\$19	12	0.1 %	124	0.5	\$146
Female	101	2.1	1,065	0.2	12	49	1.0	550	0.3	18	9	0.2	88	0.4	40
Disabled	68	3.1	728	0.3	15	29	1.3	323	0.3	21	6	0.3	53	0.4	41
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	7	2.6	64	0.3	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	11	1.9	120	0.2	7	5	0.9	52	0.3	21	6	1.0	53	0.4	41
65-74	37	3.7	388	0.3	15	21	2.1	235	0.3	20	0	0.0	0	0.0	0
75-84	11	3.9	132	0.5	25	3	1.1	36	0.5	30	0	0.0	0	0.0	0
85 and older	2	2.2	24	0.1	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	33	1.2	337	0.2	7	20	0.7	227	0.2	14	3	0.1	35	0.4	38
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	2	1.1	10	0.5	47	1	0.5	12	0.1	2	1	0.5	12	0.1	13
65-74	10	1.0	97	0.2	6	9	0.9	95	0.3	15	0	0.0	0	0.0	0
75-84	15	1.5	174	0.2	6	9	0.9	108	0.2	14	2	0.2	23	0.5	50
85 and older	6	1.5	56	0.1	3	1	0.3	12	0.2	11	0	0.0	0	0.0	0
Male	41	1.3	443	0.3	14	37	1.1	404	0.3	20	3	0.1	36	0.7	407
Disabled	35	2.2	397	0.3	15	28	1.8	315	0.3	19	2	0.1	24	0.9	473
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	1	0.3	12	0.3	5	1	0.3	12	0.1	6	0	0.0	0	0.0	0
45-64	9	1.9	102	0.2	11	9	1.9	90	0.4	28	0	0.0	0	0.0	0
65-74	18	3.2	204	0.3	19	17	3.0	201	0.3	17	1	0.2	12	1.0	876
75-84	7	4.7	79	0.3	11	1	0.7	12	0.1	1	1	0.7	12	0.8	71
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	6	0.4	46	0.1	5	9	0.5	89	0.3	25	1	0.1	12	0.2	274
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	1	100.0	2	0.5	56	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	1	0.7	12	0.1	1	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	5	0.7	47	0.3	33	0	0.0	0	0.0	0
75-84	3	0.7	20	0.2	5	3	0.7	30	0.2	14	0	0.0	0	0.0	0
85 and older	1	0.6	12	0.1	1	1	0.6	12	0.3	22	1	0.6	12	0.2	274
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

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 D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 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, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIHYPERTENSIVE						
	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 Bene Mos	
All	295	3.6 %	3,117	0.2	\$5	176	2.2 %	1,904	0.2	\$7	8,139	74,064
Female	208	4.3	2,180	0.2	4	101	2.1	1,093	0.2	8	4,887	46,003
Disabled	139	6.3	1,503	0.2	4	57	2.6	643	0.3	8	2,211	22,796
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	2	33.3	4	0.5	3	1	16.7	12	0.4	8	6	60
21-44	32	12.0	317	0.3	9	4	1.5	42	0.3	9	266	2,367
45-64	39	6.8	420	0.3	4	8	1.4	96	0.3	9	574	5,250
65-74	54	5.4	621	0.2	2	38	3.8	427	0.2	8	991	11,105
75-84	8	2.8	96	0.3	4	6	2.1	66	0.3	10	284	3,109
85 and older	4	4.4	45	0.1	1	0	0.0	0	0.0	0	90	905
Other Eligibles	69	2.6	677	0.2	3	44	1.6	450	0.2	8	2,676	23,207
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	1	12
21-44	1	1.0	10	0.1	0	0	0.0	0	0.0	0	101	597
45-64	3	1.6	29	0.6	20	0	0.0	0	0.0	0	188	1,118
65-74	11	1.1	102	0.1	2	18	1.8	176	0.2	8	1,014	8,934
75-84	42	4.3	437	0.2	2	21	2.2	217	0.3	9	972	9,357
85 and older	12	3.0	99	0.2	1	5	1.3	57	0.2	4	400	3,189
Male	87	2.7	937	0.2	7	75	2.3	811	0.2	6	3,252	28,061
Disabled	70	4.4	774	0.2	7	49	3.1	536	0.2	6	1,582	15,496
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	4	36
21-44	21	5.8	227	0.2	14	7	1.9	78	0.4	9	363	3,193
45-64	21	4.5	220	0.2	2	14	3.0	128	0.3	8	463	4,141
65-74	20	3.5	231	0.3	8	21	3.7	246	0.2	5	564	6,167
75-84	8	5.4	96	0.2	3	7	4.7	84	0.1	2	148	1,592
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	40	367
Other Eligibles	17	1.0	163	0.3	4	26	1.6	275	0.2	5	1,670	12,565
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	2	200.0	4	0.5	7	1	2
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	21
21-44	3	2.1	36	0.1	1	0	0.0	0	0.0	0	146	673
45-64	1	0.4	6	0.2	1	0	0.0	0	0.0	0	258	1,557
65-74	6	0.9	53	0.4	10	9	1.3	93	0.2	7	691	5,653
75-84	7	1.7	68	0.2	2	11	2.7	132	0.1	3	413	3,559
85 and older	0	0.0	0	0.0	0	4	2.5	46	0.1	6	159	1,100
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table D7D

Dual Eligible Beneficiaries

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 D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2002

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	\$76	3.5	27	41
Age				
0-64	0	0.0	1	1
65-74	174	6.2	6	9
75-84	57	3.2	13	22
85 and older	34	1.9	7	9
Unknown	0	0.0	0	0
Gender				
Female	73	3.5	16	24
Male	81	3.5	11	17
Unknown	0	0.0	0	0
Race				
White	11	0.7	17	28
African American	0	0	0	0
Other/unknown	216	9.6	10	13
Basis of Eligibility^c				
Aged	55	2.5	23	36
Disabled	228	10.6	4	5
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 2002 file for Arizona, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 154 beneficiaries who were in nursing facilities for part of their enrollment and their 867 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total # of Rx	Total Rx \$	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos			
	Brand-Name	Brand-Name	Generic	Brand-Name	Brand-Name	Generic	Brand-Name	Brand-Name	Generic								
Anti-infective Agents	1.8	1.3	0.0	0.5	\$80	\$77	\$0	\$3	\$45	\$62	\$0	\$5	14	\$636	6	22.2 %	8
Biologics	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Endocrine/Metabolic Drugs	1.1	0.1	0.1	0.9	13	3	2	8	11	23	14	9	9	103	5	18.5	8
Cardiovascular Agents	6.8	0.4	0.7	5.7	128	24	15	89	19	59	21	16	68	1,277	7	25.9	10
Respiratory Agents	4.3	0.0	0.0	4.3	59	0	0	59	14	0	0	14	13	177	2	7.4	3
Gastrointestinal Agents	1.3	0.3	0.0	1.0	53	31	0	23	40	92	0	23	4	160	2	7.4	3
Genitourinary Agents	1.0	1.0	0.0	0.0	24	24	0	0	24	24	0	0	1	24	1	3.7	1
CNS Drugs	1.6	0.9	0.0	0.7	49	47	0	3	31	55	0	4	11	346	4	14.8	7
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/Neurological Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Analgesics and Anesthetics	1.8	0.0	0.0	1.8	32	0	0	32	18	0	0	18	9	161	4	14.8	5
Neuromuscular Agents	0.8	0.3	0.0	0.5	6	4	0	3	8	15	0	5	3	25	2	7.4	4
Nutritional Products	2.3	1.0	0.3	1.0	24	9	2	14	11	9	7	14	9	97	3	11.1	4
Hematological Agents	0.7	0.3	0.3	0.0	38	34	3	0	57	103	10	0	2	113	2	7.4	3
Topical Products	0.5	0.0	0.0	0.5	5	0	0	5	9	0	0	9	1	9	1	3.7	2
Miscellaneous Products	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Unknown Therapeutic Category	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
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.	144	3,128	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 154 beneficiaries who were in nursing facilities for part of their enrollment and their 867 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 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.
- 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, 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.

Table D9

Dual Eligible 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; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2002

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIDEPRESSANTS	\$40	2	7.4 %	4	0.8	\$13	\$10
ULCER DRUGS	92	1	3.7	2	0.5	92	46
ANTIPSYCHOTICS	98	1	3.7	2	0.5	98	49
ANTIDIABETIC	0	0	0.0	0	0.0	0	0
ANTICONVULSANT	15	1	3.7	2	0.5	15	8
ANTIHYPERTENSIVE	68	1	3.7	2	1.5	23	34
HEMATOPOIETIC AGENTS	0	0	0.0	0	0.0	0	0
FLUOROQUINOLONES	129	1	3.7	2	1.5	43	65
ANTIASTHMATIC	0	0	0.0	0	0.0	0	0
CALCIUM BLOCKERS	29	0	0.0	0	0.0	0	0
Total	471	7		14	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 154 beneficiaries who were in nursing facilities for part of their enrollment and their 867 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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 benefit; \$ = Medicaid reimbursement.

TABLE D.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIDEPRESSANTS					ULCER DRUGS				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Bene Mos among Users	Mean No. of Rx	Users as %			Mean Rx \$	No. of Bene Mos among Users	Mean No. of Rx	
			No. of Users	Residents	NF				No. of Users	Residents	NF				
All	13	\$471	2	7.4 %	4	0.8	\$10	1	3.7 %	2	0.5	\$46			
Female	7	194	1	6.3	2	0.5	2	0	0.0	0	0.0	0			
Disabled	3	113	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	3	113	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	4	81	1	8.3	2	0.5	2	0	0.0	0	0.0	0			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
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	4	81	1	25.0	2	0.5	2	0	0.0	0	0.0	0			
Male	6	277	1	9.1	2	1.0	19	1	9.1	2	0.5	46			
Disabled	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
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	6	277	1	9.1	2	1.0	19	1	9.1	2	0.5	46			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	5	262	1	33.3	2	1.0	19	1	33.3	2	0.5	46			
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	1	15	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 2002 file for Arizona, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 154 beneficiaries who were in nursing facilities for part of their enrollment and their 867 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2002

Beneficiary Characteristics	ANTI-PSYCHOTICS					ANTI-DIABETIC					ANTI-CONVULSANT				
	Users as %		No. of Bene		Mean	Users as %		No. of Bene		Mean	Users as %		No. of Bene		Mean
	No. of Users	Residents	No. of Users	NF	Rx \$	No. of Users	Residents	NF	Mos among Users	Rx \$	No. of Users	Residents	NF	Mos among Users	Rx \$
All	1	3.7 %	2	0.5	\$49	0	0.0 %	0	0.0	\$0	1	3.7 %	2	0.5	\$8
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
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	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
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	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	1	9.1	2	0.5	49	0	0.0	0	0.0	0	1	9.1	2	0.5	8
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	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	1	9.1	2	0.5	49	0	0.0	0	0.0	0	1	9.1	2	0.5	8
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1	33.3	2	0.5	49	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	1	50.0	2	0.5	8
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 2002 file for Arizona, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 154 beneficiaries who were in nursing facilities for part of their enrollment and their 867 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE					HEMATOPOIETIC AGENTS					FLUOROQUINOLONES				
	Users as %					Users as %					Users as %				
	No. of Users	Residents	No. of Bene Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	No. of Bene Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	No. of Bene Users	Mean No. of Rx	Mean Rx \$
All	1	3.7 %	2	1.5	\$34	0	0.0 %	0	0.0	\$0	1	3.7 %	2	1.5	\$65
Female	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6.3	2	1.5	65
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	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	1	8.3	2	1.0	24
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	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	1	25.0	2	1.0	24
Male	1	9.1	2	0.5	18	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
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	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	1	9.1	2	0.5	18	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1	33.3	2	0.5	18	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 2002 file for Arizona, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 154 beneficiaries who were in nursing facilities for part of their enrollment and their 867 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2002

Beneficiary Characteristics	ANTI-ASTHMATIC					CALCIUM BLOCKERS					Bene Mos among All-Year NF Residents	
	Users as %		Users as %		Mean Rx \$	Users as %		Users as %		Mean Rx \$		
	No. of Users	No. of Bene Mos among Users	No. of Bene Mos among Users	No. of Bene Mos among Users		No. of Bene Mos among Users	No. of Bene Mos among Users	All-Year NF Residents	All-Year NF Residents			
All	0	0.0 %	0	0.0 %	\$0	0	0.0 %	0	0.0 %	\$0	27	41
Female	0	0.0	0	0.0	0	0	0.0	0	0.0	0	16	24
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	5
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12	19
64 or younger	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	2	2
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	5
Male	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	17
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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	11	17
64 or younger	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	3	6
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	8
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	3
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 2002 file for Arizona, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 154 beneficiaries who were in nursing facilities for part of their enrollment and their 867 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdadb.asp (May 13 2003).

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

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ARIZONA, 2002

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene	Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Dual Rx	Total No. of Benes
	235	2.9 %	0.1	450	\$10,497	\$23	2.3 %	8,139
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	1
15-20	1	7.7	0.2	3	174	58	1.3	13
21-44	25	2.9	0.0	40	729	18	0.8	876
45-64	37	2.5	0.1	91	2,624	29	2.2	1,483
65-74	95	2.9	0.0	156	3,112	20	2.1	3,260
75-84	66	3.6	0.1	133	2,350	18	3.7	1,817
85 and older	11	1.6	0.0	27	1,508	56	7.4	689
Unknown	0	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c								
Aged	82	2.5	0.0	150	3,965	26	3.8	3,299
Disabled	147	3.9	0.1	293	6,246	21	1.9	3,793
Adults	6	0.6	0.0	7	286	41	1.6	1,045
Children	0	0.0	0.0	0	0	0	0.0	2
Unknown	0	0.0	0.0	0	0	0	0.0	0
Gender								
Female	163	3.3	0.1	313	7,621	24	2.9	4,887
Male	72	2.2	0.0	137	2,876	21	1.5	3,252
Unknown	0	0.0	0.0	0	0	0	0.0	0
Race								
White	4	0.5	0.0	11	245	22	5.8	836
African American	1	1.7	0.1	3	17	6	0.9	59
Other/unknown	230	3.2	0.1	436	10,235	23	2.3	7,244
Use of Nursing Facilities^d								
Entire year	3	11.1	0.6	16	272	17	8.7	27
Part year	28	18.2	0.5	77	2,365	31	3.8	154
None	204	2.6	0.0	357	7,860	22	2.1	7,958
Maintenance Assistance Status								
Cash	204	3.8	0.1	360	8,269	23	2.1	5,340
Medically needy	0	0.0	0.0	0	0	0	0.0	0
Poverty related	2	0.2	0.0	3	23	8	2.0	1,135
Other/unknown	29	1.7	0.1	87	2,205	25	3.5	1,664

Table D11

Dual Eligible Beneficiaries

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ARIZONA, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
	0.0	\$0	\$23	\$0	\$0	74,064
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.0	0	0	0	0	2
15-20	0.0	1	58	0	0	129
21-44	0.0	0	18	0	0	6,830
45-64	0.0	0	29	0	0	12,066
65-74	0.0	0	20	0	0	31,859
75-84	0.0	0	18	0	0	17,617
85 and older	0.0	0	56	0	0	5,561
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.0	0	26	0	0	30,041
Disabled	0.0	0	21	0	0	38,292
Adults	0.0	0	41	0	0	5,717
Children	0.0	0	0	0	0	14
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.0	0	24	0	0	46,003
Male	0.0	0	21	0	0	28,061
Unknown	0.0	0	0	0	0	0
Race						
White	0.0	0	22	0	0	3,302
African American	0.0	0	6	0	0	201
Other/unknown	0.0	0	23	0	0	70,561
Use of Nursing Facilities^d						
Entire year	0.4	7	17	0	0	41
Part year	0.1	3	31	0	0	867
None	0.0	0	22	0	0	73,156
Maintenance Assistance Status						
Cash	0.0	0	23	0	0	57,202
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	8	0	0	8,336
Other/unknown	0.0	0	25	0	0	8,526

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
ARIZONA, 2002

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	251	\$42	\$10,497	100.0 %	450	\$23	100.0 %
Anorexia or weight loss/gain	25	173	4,319	41.1	59	73	13.1
Fertility drugs	2	15	29	0.3	2	15	0.4
Drugs for cosmetic purposes	5	274	1,369	13.0	10	137	2.2
Cough and cold medications	1	70	70	0.7	3	23	0.7
Vitamins and minerals	0	0	0	0.0	0	0	0.0
Non-prescription drugs	174	20	3,524	33.6	270	13	60.0
Barbiturates	5	12	60	0.6	6	10	1.3
Benzodiazepines	39	29	1,126	10.7	100	11	22.2
Other Part D Excl Rx Drugs	0	0	0	0.0	0	0	0.0

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 ARIZONA, 2002

Total Number of Dual Eligible Beneficiaries 8,139
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$448,680
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$55

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,200	88.5 %	\$0	0.0 %
1-500	733	9.0	94,996	21.2
501-1,000	107	1.3	74,096	16.5
1,001-1,500	46	0.6	55,466	12.4
1,501-2,000	17	0.2	29,413	6.6
2,001-2,500	6	0.1	13,774	3.1
2,501-3,000	5	0.1	14,031	3.1
3,001-3,500	5	0.1	16,242	3.6
3,501-4,000	3	0.0	11,253	2.5
4,001-4,500	1	0.0	4,406	1.0
4,501-5,000	4	0.0	18,724	4.2
5,001-5,500	1	0.0	5,391	1.2
5,501-6,000	1	0.0	5,868	1.3
6,001-6,500	1	0.0	6,107	1.4
6,501-7,000	1	0.0	7,088	1.6
7,001-7,500	1	0.0	7,741	1.7
7,501-8,000	1	0.0	8,830	2.0
8,001-8,500	1	0.0	9,143	2.0
8,501-9,000	5	0.1	66,111	14.7
9,001-9,500				
9,501-10,000				
10,001+				

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. 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 2002.

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, 2002

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 1,676
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$200,677
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$120

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	86.3 %		
\$0	1,447			0	0.0 %
1-500	158	9.4		21,327	10.6
501-1,000	26	1.6		18,012	9.0
1,001-1,500	14	0.8		17,323	8.6
1,501-2,000	9	0.5		15,751	7.8
2,001-2,500	2	0.1		4,549	2.3
2,501-3,000	2	0.1		5,762	2.9
3,001-3,500	3	0.2		9,554	4.8
3,501-4,000	2	0.1		7,635	3.8
4,001-4,500	1	0.1		4,406	2.2
4,501-5,000	3	0.2		14,075	7.0
5,001-5,500	1	0.1		5,391	2.7
5,501-6,000	1	0.1		5,868	2.9
6,001-6,500	1	0.1		6,107	3.0
6,501-7,000	1	0.1		7,088	3.5
7,001-7,500	1	0.1		7,741	3.9
7,501-8,000	1	0.1		9,143	4.6
8,001-8,500					
8,501-9,000	3	0.2		40,945	20.4
9,001-9,500					
9,501-10,000					
10,001+					

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. 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 2002.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 ARIZONA, 2002

Total Number of Dual Eligible Beneficiaries, Age 65+ 5,766
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$230,434
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$40

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,070	87.9%	0	0.0%
1-500	564	9.8	72,619	31.5
501-1,000	80	1.4	55,583	24.1
1,001-1,500	31	0.5	36,779	16.0
1,501-2,000	8	0.1	13,662	5.9
2,001-2,500	4	0.1	9,225	4.0
2,501-3,000	3	0.1	8,269	3.6
3,001-3,500	2	0.0	6,688	2.9
3,501-4,000	1	0.0	3,618	1.6
4,001-4,500	1	0.0	4,649	2.0
4,501-5,000	1	0.0	8,830	3.8
5,001-5,500	1	0.0	10,512	4.6
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 2002 file for Arizona, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002.

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 65 TO 74^{a, b}
 ARIZONA, 2002

Total Number of Dual Eligible Beneficiaries, Age 65-74 3,260
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$146,977
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$45

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74 88.6 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,889		0	0.0 %
1-500	292	9.0	41,270	28.1
501-1,000	44	1.3	31,217	21.2
1,001-1,500	19	0.6	22,668	15.4
1,501-2,000	7	0.2	12,120	8.2
2,001-2,500	3	0.1	6,907	4.7
2,501-3,000	2	0.1	5,487	3.7
3,001-3,500	1	0.0	3,317	2.3
3,501-4,000	1	0.0	4,649	3.2
4,001-4,500	1	0.0	8,830	6.0
4,501-5,000	1	0.0	10,512	7.2
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 2002 file for Arizona, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002.
 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 75 TO 84^{a, b}
 ARIZONA, 2002

Total Number of Dual Eligible Beneficiaries, Age 75-84
 1,817
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84
 \$63,038
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84
 \$35

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,577	86.8 %	0	0.0 %
1-500	196	10.8	20,417	32.4
501-1,000	30	1.7	20,696	32.8
1,001-1,500	10	0.6	11,912	18.9
1,501-2,000	1	0.1	1,542	2.4
2,001-2,500	1	0.1	2,318	3.7
2,501-3,000	1	0.1	2,782	4.4
3,001-3,500	1	0.1	3,371	5.3
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 2002 file for Arizona, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 ARIZONA, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 689
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$20,419
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$30

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	604	87.7 %	0	0.0 %
1-500	76	11.0	10,932	53.5
501-1,000	6	0.9	3,670	18.0
1,001-1,500	2	0.3	2,199	10.8
1,501-2,000	1	0.1	3,618	17.7
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 2002 file for Arizona, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002.

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

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, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	90,511	41,040	40,411	9,052	8	882,840	385,993	428,802	67,987	58	0
Age											
5 and younger	5	0	5	0	0	51	0	51	0	0	0
6-14	21	0	17	0	4	217	0	189	0	28	0
15-20	183	0	165	14	4	2,003	0	1,832	141	30	0
21-44	16,571	0	13,286	3,285	0	169,666	0	142,716	26,950	0	0
45-64	20,197	3	16,123	4,071	0	199,538	15	168,858	30,665	0	0
65-74	23,975	14,720	7,915	1,340	0	236,043	142,322	85,239	8,482	0	0
75-84	18,296	15,759	2,238	299	0	175,727	150,684	23,486	1,557	0	0
85 and older	11,263	10,558	662	43	0	99,595	92,972	6,431	192	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	54,914	28,599	22,347	3,965	3	542,281	272,382	239,389	30,485	25	0
Male	35,597	12,441	18,064	5,087	5	340,559	113,611	189,413	37,502	33	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	51,274	23,241	22,852	5,178	3	485,288	208,001	239,400	37,864	23	0
African American	4,300	1,192	2,491	617	0	42,508	11,345	26,348	4,815	0	0
Other/unknown	34,937	16,607	15,068	3,257	5	355,044	166,647	163,054	25,308	35	0
Use of Nursing Facilities^c											
Entire year	292	250	42	0	0	2,564	2,157	407	0	0	0
Part year	344	237	107	0	0	3,461	2,331	1,130	0	0	0
None	89,875	40,553	40,262	9,052	8	876,815	381,505	427,265	67,987	58	0
Maintenance Assistance Status											
Cash	38,022	12,610	22,527	2,883	2	414,012	137,988	249,963	26,039	22	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	15,191	8,242	6,869	77	3	144,904	74,154	70,255	479	16	0
Other/unknown	37,298	20,188	11,015	6,092	3	323,924	173,851	108,584	41,469	20	0
Dual Status^d											
Full dual, all year	90,044	40,821	40,187	9,028	8	877,870	383,721	426,362	67,729	58	0
Full dual, part year	467	219	224	24	0	4,970	2,272	2,440	258	0	0
Managed Care Status											
FFS all year	6,597	2,620	3,159	817	1	67,250	27,023	35,338	4,877	12	0
FFS part year, with Rx claims	198	102	92	3	1	2,062	1,025	1,000	34	3	0
FFS part year, no Rx claims	1,347	577	545	225	0	13,076	5,651	5,592	1,833	0	0
MC all year, with Rx claims	471	344	127	0	0	4,775	3,441	1,334	0	0	0
MC all year, no Rx claims	81,897	37,397	36,487	8,007	6	795,675	348,853	385,536	61,243	43	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2002. 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^a
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2002

Beneficiary Characteristics	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	90,511	882,840	8,139	74,064	3	808,776
FFS all year	6,597	67,250	6,597	67,222	0	28
FFS part year, with Rx claims	198	2,062	198	1,021	0	1,041
FFS part year, with no Rx claims	1,347	13,076	1,344	5,821	3	7,255
MC all year, with Rx claims	471	4,775	0	0	0	4,775
MC all year, with no Rx claims	81,897	795,675	0	0	0	795,675

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.