

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

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TABLE ND.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 NONDUAL 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
<b>All</b>	<b>149,874</b>	<b>503</b>	<b>7,887</b>	<b>79,254</b>	<b>62,230</b>	<b>0</b>	<b>1,093,175</b>	<b>4,060</b>	<b>80,031</b>	<b>521,430</b>	<b>487,654</b>	<b>0</b>
<b>Age</b>												
5 and younger	22,232	2	391	0	21,839	0	164,507	7	3,795	0	160,705	0
6-14	29,333	0	945	0	28,388	0	244,370	0	10,051	0	234,319	0
15-20	21,428	0	586	8,839	12,003	0	157,049	0	5,931	58,488	92,630	0
21-44	62,131	1	2,136	59,994	0	0	410,645	1	21,096	389,548	0	0
45-64	13,629	4	3,258	10,367	0	0	105,918	28	32,744	73,146	0	0
65-74	761	246	478	37	0	0	7,498	1,921	5,400	177	0	0
75-84	278	189	80	9	0	0	2,522	1,577	892	53	0	0
85 and older	81	61	13	7	0	0	665	526	122	17	0	0
Unknown	1	0	0	1	0	1	0	0	0	1	0	0
<b>Gender</b>												
Female	90,236	300	3,849	54,489	31,598	0	657,950	2,324	39,568	367,696	248,362	0
Male	59,638	203	4,038	24,765	30,632	0	435,225	1,736	40,463	153,734	239,292	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	8,738	24	394	5,618	2,702	0	14,751	118	1,216	9,451	3,966	0
African American	1,307	2	83	749	473	0	2,302	14	259	1,293	736	0
Other/unknown	139,829	477	7,410	72,887	59,055	0	1,076,122	3,928	78,556	510,686	482,952	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	9	1	8	0	0	0	11	1	10	0	0	0
Part year	153	10	115	24	4	0	1,172	46	855	226	45	0
None	149,712	492	7,764	79,230	62,226	0	1,091,992	4,013	79,166	521,204	487,609	0
<b>Maintenance Assistance Status</b>												
Cash	60,791	185	6,997	24,948	28,661	0	526,586	1,926	75,329	194,183	255,148	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	26,825	57	46	4,060	22,662	0	193,140	367	285	22,888	169,600	0
Other/unknown	62,258	261	844	50,246	10,907	0	373,449	1,767	4,417	304,359	62,906	0
<b>Managed Care Status</b>												
FFS all year	125,082	410	6,613	66,834	51,225	0	1,006,423	3,709	73,396	479,828	449,490	0
FFS part year, with Rx claims	1,090	10	246	360	474	0	7,172	46	1,730	2,282	3,114	0
FFS part year, no Rx claims	23,702	83	1,028	12,060	10,531	0	79,580	305	4,905	39,320	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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 NONDUAL 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 Benes
All	3.4 %	0.2	\$12	\$69	\$2,745	0.4 %	149,874
<b>Age</b>							
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	29,333
15-20	3.0	0.1	25	207	2,589	1.0	21,428
21-44	2.5	0.1	10	69	2,794	0.4	62,131
45-64	5.4	0.6	25	45	4,922	0.5	13,629
65-74	7.8	0.9	31	35	12,544	0.2	761
75-84	8.3	0.6	26	41	10,612	0.2	278
85 and older	6.2	1.3	39	30	3,707	1.1	81
Unknown	0.0	0.0	0	0	0	0.0	1
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	6.0	0.6	21	37	13,287	0.2	503
Disabled	13.1	1.5	161	110	13,216	1.2	7,887
Adults	2.1	0.1	3	32	2,297	0.1	79,254
Children	3.7	0.1	4	40	1,903	0.2	62,230
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	3.4	0.2	8	45	3,108	0.2	90,236
Male	3.3	0.2	18	101	2,195	0.8	59,638
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	0.9	0.0	2	49	998	0.2	8,738
African American	1.0	0.0	2	50	1,114	0.2	1,307
Other/unknown	3.5	0.2	13	69	2,869	0.4	139,829
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	66.7	40.2	2,136	53	40,972	5.2	9
Part year	90.2	22.0	1,146	52	78,283	1.5	153
None	3.3	0.1	11	71	2,665	0.4	149,712
<b>Maintenance Assistance Status</b>							
Cash	5.7	0.3	23	75	3,541	0.7	60,791
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	3.4	0.1	7	57	1,734	0.4	26,825
Other/unknown	1.1	0.1	3	48	2,403	0.1	62,258

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 ND.3 includes beneficiaries represented by Cell K of Table 1.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. 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 ND.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 NONDUAL 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	
				96.6 % None	3.1 % More than 0, but 1 or Less	0.2 % More than 1, but 2 or Less	0.1 % More than 2, but 5 or Less	0.0 % More than 5, but 10 or Less				0.0 % More than 10
<b>All</b>	<b>0.0</b>	<b>\$2</b>	<b>0.4 %</b>	<b>96.6 %</b>	<b>3.1 %</b>	<b>0.2 %</b>	<b>0.1 %</b>	<b>0.0 %</b>	<b>0.0 %</b>	<b>\$376</b>	<b>149,874</b>	<b>1,093,175</b>
<b>Age</b>												
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	29,333	244,370
15-20	0.0	3	1.0	97.0	2.8	0.2	0.1	0.0	0.0	353	21,428	157,049
21-44	0.0	2	0.4	97.5	2.3	0.1	0.1	0.0	0.0	423	62,131	410,645
45-64	0.1	3	0.5	94.6	4.3	0.6	0.4	0.1	0.1	633	13,629	105,918
65-74	0.1	3	0.2	92.2	5.9	1.1	0.7	0.0	0.1	1,273	761	7,498
75-84	0.1	3	0.2	91.7	6.5	0.4	0.7	0.4	0.4	1,170	278	2,522
85 and older	0.2	5	1.1	93.8	1.2	1.2	0.0	1.2	2.5	452	81	665
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	1
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	0.1	3	0.2	94.0	4.0	0.4	0.8	0.4	0.4	1,646	503	4,060
Disabled	0.1	16	1.2	86.9	10.1	1.3	1.2	0.2	0.4	1,303	7,887	80,031
Adults	0.0	0	0.1	97.9	2.0	0.1	0.0	0.0	0.0	349	79,254	521,430
Children	0.0	1	0.2	96.3	3.6	0.1	0.0	0.0	0.0	243	62,230	487,654
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	0.0	1	0.2	96.6	3.1	0.1	0.1	0.0	0.0	426	90,236	657,950
Male	0.0	3	0.8	96.7	3.0	0.2	0.1	0.0	0.0	301	59,638	435,225
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.0	1	0.2	99.1	0.6	0.1	0.1	0.0	0.0	591	8,738	14,751
African American	0.0	1	0.2	99.0	0.7	0.2	0.1	0.0	0.0	633	1,307	2,302
Other/unknown	0.0	2	0.4	96.5	3.2	0.2	0.1	0.0	0.0	373	139,829	1,076,122
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	32.9	1,747	5.2	33.3	0.0	11.1	0.0	11.1	44.4	33,523	9	11
Part year	2.9	150	1.5	9.8	35.9	13.7	19.6	5.9	15.0	10,220	153	1,172
None	0.0	2	0.4	96.7	3.0	0.1	0.1	0.0	0.0	365	149,712	1,091,992
<b>Maintenance Assistance Status</b>												
Cash	0.0	3	0.7	94.3	5.1	0.3	0.2	0.0	0.0	409	60,791	526,586
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	96.6	3.2	0.1	0.1	0.0	0.0	241	26,825	193,140
Other/unknown	0.0	1	0.1	98.9	1.0	0.1	0.0	0.0	0.0	401	62,258	373,449

Table ND4

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

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs					
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$				
<b>All</b>	<b>0.0</b>	<b>\$2</b>	<b>0.0</b>	<b>\$1</b>	<b>0.0</b>	<b>\$193</b>	<b>0.0</b>	<b>\$68</b>	<b>0.0</b>	<b>\$0</b>	<b>\$ per Rx</b>	<b>\$ per Rx</b>
<b>Age</b>												
5 and younger	0.0	1	0.0	1	0.0	145	0.0	49	0.0	0	0	10
6-14	0.0	1	0.0	0	0.0	101	0.0	72	0.0	0	0	11
15-20	0.0	3	0.0	3	0.0	531	0.0	234	0.0	0	0	15
21-44	0.0	2	0.0	1	0.0	214	0.0	53	0.0	0	0	16
45-64	0.1	3	0.0	2	0.0	106	0.0	43	0.0	1	1	18
65-74	0.1	3	0.0	2	0.0	64	0.0	44	0.0	1	1	15
75-84	0.1	3	0.0	2	0.0	129	0.0	49	0.0	1	1	10
85 and older	0.2	5	0.1	3	0.0	63	0.0	19	0.1	1	1	12
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.1	3	0.0	2	0.0	91	0.0	31	0.0	1	1	11
Disabled	0.1	16	0.0	13	0.0	284	0.0	76	0.1	2	2	20
Adults	0.0	0	0.0	0	0.0	91	0.0	53	0.0	0	0	12
Children	0.0	1	0.0	0	0.0	104	0.0	71	0.0	0	0	11
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
<b>Gender</b>												
Female	0.0	1	0.0	1	0.0	115	0.0	77	0.0	0	0	14
Male	0.0	3	0.0	2	0.0	296	0.0	57	0.0	0	0	17
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
<b>Race</b>												
White	0.0	1	0.0	1	0.0	153	0.0	52	0.0	0	0	14
African American	0.0	1	0.0	1	0.0	368	0.0	67	0.0	0	0	9
Other/unknown	0.0	2	0.0	1	0.0	193	0.0	68	0.0	0	0	15
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	32.9	1,747	11.2	1,048	1.9	94	19.8	29	643	33		
Part year	2.9	150	0.7	92	0.2	138	2.0	52	46	23		
None	0.0	2	0.0	1	0.0	202	0.0	72	0	13		
<b>Maintenance Assistance Status</b>												
Cash	0.0	3	0.0	2	0.0	221	0.0	71	0.0	0	0	15
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
Poverty related	0.0	1	0.0	1	0.0	134	0.0	70	0.0	0	0	11
Other/unknown	0.0	1	0.0	0	0.0	118	0.0	53	0.0	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 ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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](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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 NONDUAL 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	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos
Anti-infective Agents	0.2	0.1	0.0	0.1	\$9	\$6	\$1	\$2	\$51	\$115	\$78	\$16	4,328	\$218,768	2,469	1.6 %	24,949
Biologicals	0.3	0.2	0.1	0.0	306	195	112	0	1219	1,107	1,587	16	50	60,972	19	0.0	199
Antineoplastic Agents	0.4	0.2	0.0	0.2	75	60	0	15	181	327	32	66	113	20,400	28	0.0	273
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	13	8	1	4	44	88	17	25	2,173	96,188	753	0.5	7,519
Cardiovascular Agents	0.5	0.1	0.0	0.3	15	9	1	5	31	69	34	15	2,364	74,037	493	0.3	4,946
Respiratory Agents	0.2	0.1	0.0	0.1	8	5	1	2	36	67	73	14	3,019	109,265	1,334	0.9	13,552
Gastrointestinal Agents	0.3	0.1	0.0	0.2	23	20	0	3	88	176	72	20	1,156	101,414	442	0.3	4,332
Genitourinary Agents	0.1	0.1	0.0	0.1	4	3	0	1	31	46	0	12	258	7,985	202	0.1	1,977
CNS Drugs	0.4	0.2	0.0	0.2	30	26	0	4	67	114	85	17	3,052	203,531	707	0.5	6,801
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	0.1	0.1	0.0	0.0	9	9	0	0	95	95	0	0	3	284	3	0.0	33
Analgesics and Anesthetics	0.2	0.0	0.0	0.2	6	3	0	2	23	249	45	9	4,793	109,675	1,955	1.3	19,938
Neuromuscular Agents	0.4	0.2	0.1	0.2	21	15	2	3	55	98	41	20	1,214	66,622	347	0.2	3,211
Nutritional Products	0.2	0.0	0.0	0.2	4	1	0	3	19	97	10	16	753	14,484	357	0.2	3,414
Hematological Agents	0.4	0.2	0.1	0.1	536	534	2	1	1459	3,160	20	9	420	612,937	124	0.1	1,143
Topical Products	0.2	0.0	0.0	0.1	4	2	1	2	25	72	119	12	1,778	44,829	1,104	0.7	11,325
Miscellaneous Products	0.2	0.2	0.0	0.1	40	39	0	1	163	206	0	15	171	27,956	69	0.0	701
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	4	0	0	0	29	0	0	0	111	3,232	87	0.1	877
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	25,953	1,782,108	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given 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\\_mdmb.asp](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](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 ND.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2002

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
MISC. HEMATOLOGICAL	\$567,847	21	0.0 %	207	\$4,853	\$2,743	
ANTIPSYCHOTICS	78,792	167	0.1	1,598	143	49	
ANTIDEPRESSANTS	65,506	491	0.3	4,867	46	13	
ANALGESICS - ANTI-INFLAMMATORY	59,192	1,265	0.8	13,729	29	4	
PASSIVE IMMUNIZING AGENTS	58,712	8	0.0	88	1,587	667	
ANTIASTHMATIC	55,416	738	0.5	7,585	41	7	
ANTIDIABETIC	53,902	408	0.3	4,381	48	12	
PENICILLINS	50,097	1,373	0.9	14,403	30	3	
ULCER DRUGS	49,335	366	0.2	3,819	70	13	
ANTICONVULSANT	44,869	194	0.1	1,840	70	24	
Total	1,083,668	5,031		52,517	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE ND.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<sup>a,b,c</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				MISC. HEMATOLOGICAL				ANTIPSYCHOTICS			
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>9,644</b>	<b>\$1,083,668</b>	<b>21</b>	<b>0.0 %</b>	<b>207</b>	<b>0.6</b>	<b>\$2,743</b>	<b>167</b>	<b>0.1 %</b>	<b>1,598</b>	<b>0.3</b>	<b>\$49</b>
<b>Female</b>	5,547	298,080	12	0.0	108	0.2	196	76	0.1	738	0.3	42
<b>Disabled</b>	2,009	160,445	10	0.3	88	0.2	13	31	0.8	306	0.4	68
5 and younger	32	1,345	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	42	13,533	0	0.0	0	0.0	0	1	0.3	9	0.9	125
15-20	82	27,114	0	0.0	0	0.0	0	1	0.4	12	0.8	67
21-44	498	40,753	0	0.0	0	0.0	0	12	1.2	107	0.5	90
45-64	1,207	70,923	10	0.6	88	0.2	13	15	0.8	154	0.3	57
65-74	147	6,755	0	0.0	0	0.0	0	1	0.4	12	0.1	39
75-84	1	22	0	0.0	0	0.0	0	1	2.9	12	0.1	2
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	3,538	137,635	2	0.0	20	0.2	1,005	45	0.1	432	0.2	24
5 and younger	650	17,486	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	561	16,568	0	0.0	0	0.0	0	14	0.1	121	0.3	24
15-20	491	42,491	1	0.0	9	0.3	2,222	17	0.1	164	0.3	41
21-44	1,371	44,273	1	0.0	11	0.1	9	14	0.0	147	0.1	7
45-64	427	15,370	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	23	1,017	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	14	333	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	97	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male</b>	4,097	785,588	9	0.0	99	1.0	5,522	91	0.2	860	0.4	55
<b>Disabled</b>	1,865	685,769	8	0.2	90	1.1	6,073	46	1.1	451	0.4	66
5 and younger	133	47,120	1	0.4	12	0.3	1,365	3	1.2	36	0.6	106
6-14	112	6,100	0	0.0	0	0.0	0	5	0.8	47	0.7	67
15-20	247	370,043	1	0.3	12	4.2	29,618	12	3.5	107	0.5	77
21-44	565	223,442	4	0.4	42	0.7	4,149	16	1.4	168	0.4	73
45-64	733	36,567	2	0.1	24	0.6	19	9	0.6	84	0.3	24
65-74	56	2,071	0	0.0	0	0.0	0	1	0.5	9	0.4	17
75-84	12	84	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	7	342	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	2,232	99,819	1	0.0	9	0.1	12	45	0.1	409	0.3	44
5 and younger	683	24,150	0	0.0	0	0.0	0	1	0.0	11	0.1	12
6-14	623	28,097	0	0.0	0	0.0	0	13	0.1	121	0.5	79
15-20	426	26,416	0	0.0	0	0.0	0	20	0.3	169	0.3	38
21-44	337	13,798	1	0.0	9	0.1	12	9	0.1	84	0.2	22
45-64	153	6,810	0	0.0	0	0.0	0	2	0.0	24	0.1	2
65-74	1	38	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	2	13	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	7	497	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Unknown</b>	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 ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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](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 ND.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - ANTI-INFLAMMATORY					PASSIVE IMMUNIZING AGENTS				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx
<b>All</b>	<b>491</b>	<b>0.3 %</b>	<b>4,867</b>	<b>\$14</b>	<b>0.3</b>	<b>1,265</b>	<b>0.8 %</b>	<b>13,729</b>	<b>0.1</b>	<b>\$4</b>	<b>8</b>	<b>0.0 %</b>	<b>88</b>	<b>0.4</b>	<b>\$667</b>
<b>Female</b>	309	0.3	3,081	12	0.3	803	0.9	8,705	0.2	5	3	0.0	34	0.6	831
<b>Disabled</b>	99	2.6	1,054	16	0.3	156	4.1	1,815	0.2	19	1	0.0	12	1.2	1,851
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	6	1.9	72	0.3	165	0	0.0	0	0.0	0
15-20	5	2.1	60	43	0.6	1	0.4	12	0.1	0	1	0.4	12	1.2	1,851
21-44	29	2.8	273	23	0.4	46	4.5	526	0.2	20	0	0.0	0	0.0	0
45-64	60	3.3	661	12	0.3	88	4.9	1,025	0.2	11	0	0.0	0	0.0	0
65-74	5	1.8	60	2	0.1	15	5.3	180	0.2	8	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
<b>Other Eligibles</b>	210	0.2	2,027	10	0.2	647	0.7	6,890	0.1	1	2	0.0	22	0.3	274
5 and younger	0	0.0	0	0	0.0	94	0.9	1,029	0.1	1	2	0.0	22	0.3	274
6-14	30	0.2	253	17	0.4	101	0.7	1,122	0.1	1	0	0.0	0	0.0	0
15-20	52	0.4	504	15	0.3	95	0.7	977	0.1	1	0	0.0	0	0.0	0
21-44	103	0.2	1,006	8	0.2	295	0.7	3,082	0.2	2	0	0.0	0	0.0	0
45-64	25	0.4	264	6	0.2	58	1.0	638	0.2	1	0	0.0	0	0.0	0
65-74	0	0.0	0	0	0.0	1	0.6	12	0.1	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0	0.0	3	2.5	30	0.2	4	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
<b>Male</b>	182	0.3	1,786	16	0.3	462	0.8	5,024	0.1	3	5	0.0	54	0.3	564
<b>Disabled</b>	91	2.3	924	13	0.3	110	2.7	1,243	0.2	10	2	0.0	24	0.4	815
5 and younger	0	0.0	0	0	0.0	3	1.2	36	0.1	1	2	0.8	24	0.4	815
6-14	5	0.8	39	28	0.5	6	1.0	69	0.1	0	0	0.0	0	0.0	0
15-20	12	3.5	115	30	0.6	6	1.7	69	0.1	1	0	0.0	0	0.0	0
21-44	38	3.4	390	10	0.2	33	3.0	356	0.2	32	0	0.0	0	0.0	0
45-64	31	2.1	320	11	0.2	55	3.8	629	0.2	2	0	0.0	0	0.0	0
65-74	5	2.6	60	1	0.1	7	3.6	84	0.2	2	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
<b>Other Eligibles</b>	91	0.2	862	18	0.4	352	0.6	3,781	0.1	1	3	0.0	30	0.2	364
5 and younger	0	0.0	0	0	0.0	89	0.8	946	0.1	1	3	0.0	30	0.2	364
6-14	24	0.2	214	24	0.5	113	0.8	1,233	0.1	1	0	0.0	0	0.0	0
15-20	40	0.5	367	24	0.4	62	0.8	685	0.1	1	0	0.0	0	0.0	0
21-44	22	0.1	222	5	0.2	62	0.4	630	0.1	1	0	0.0	0	0.0	0
45-64	5	0.1	59	17	0.5	22	0.5	239	0.1	1	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	2	2.6	24	0.1	1	0	0.0	0	0.0	0
85 and older	0	0.0	0	0	0.0	2	6.9	24	0.3	20	0	0.0	0	0.0	0
<b>Unknown</b>	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7B

Nondual 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 ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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](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 ND.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2002

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-DIABETIC				PENICILLINS						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>738</b>	<b>0.5 %</b>	<b>7,555</b>	<b>0.2</b>	<b>\$7</b>	<b>408</b>	<b>0.3 %</b>	<b>4,381</b>	<b>0.3</b>	<b>\$12</b>	<b>1,373</b>	<b>0.9 %</b>	<b>14,403</b>	<b>0.1</b>	<b>\$4</b>
<b>Female</b>	421	0.5	4,415	0.2	7	262	0.3	2,816	0.2	12	783	0.9	8,325	0.1	3
<b>Disabled</b>	97	2.5	1,060	0.2	10	134	3.5	1,496	0.3	14	78	2.0	879	0.1	8
5 and younger	8	6.0	77	0.1	6	0	0.0	0	0.0	0	3	2.3	19	0.2	6
6-14	4	1.2	42	0.1	3	1	0.3	9	0.1	4	7	2.2	81	0.1	2
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	0.4	12	0.5	75
21-44	24	2.3	245	0.3	14	21	2.0	219	0.2	10	21	2.0	233	0.1	8
45-64	53	2.9	606	0.2	9	98	5.4	1,100	0.3	15	45	2.5	522	0.1	8
65-74	8	2.8	90	0.4	20	14	4.9	168	0.3	12	1	0.4	12	0.1	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
<b>Other Eligibles</b>	324	0.4	3,355	0.2	6	128	0.1	1,320	0.2	10	705	0.8	7,446	0.1	3
5 and younger	118	1.1	1,236	0.1	3	1	0.0	12	0.2	17	293	2.7	3,061	0.1	2
6-14	64	0.5	599	0.2	7	1	0.0	12	0.1	2	157	1.1	1,684	0.1	2
15-20	21	0.2	226	0.2	6	7	0.1	67	0.2	15	60	0.5	632	0.1	3
21-44	96	0.2	1,015	0.2	6	83	0.2	865	0.2	10	167	0.4	1,758	0.1	4
45-64	24	0.4	267	0.3	14	30	0.5	305	0.2	11	27	0.5	309	0.1	6
65-74	0	0.0	0	0.0	0	5	3.1	53	0.2	4	0	0.0	0	0.0	0
75-84	1	0.8	12	0.1	0	1	0.8	6	0.7	28	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	2.6	2	0.5	49
<b>Male</b>	317	0.5	3,170	0.2	8	146	0.2	1,565	0.3	13	590	1.0	6,078	0.1	4
<b>Disabled</b>	84	2.1	857	0.3	15	88	2.2	941	0.3	12	88	2.2	926	0.1	8
5 and younger	17	6.6	196	0.4	33	0	0.0	0	0.0	0	10	3.9	103	0.1	3
6-14	14	2.3	168	0.2	7	0	0.0	0	0.0	0	8	1.3	93	0.1	1
15-20	0	0.0	0	0.0	0	1	0.3	12	0.2	10	10	2.9	109	0.1	3
21-44	24	2.2	188	0.2	8	22	2.0	208	0.2	9	23	2.1	225	0.1	8
45-64	25	1.7	277	0.2	10	61	4.2	673	0.3	12	34	2.3	360	0.2	14
65-74	2	1.0	24	0.4	27	3	1.5	36	0.3	19	3	1.5	36	0.1	7
75-84	0	0.0	0	0.0	0	1	2.2	12	0.5	4	0	0.0	0	0.0	0
85 and older	2	20.0	4	1.0	26	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	233	0.4	2,313	0.1	6	58	0.1	624	0.3	14	502	0.9	5,152	0.1	3
5 and younger	125	1.1	1,232	0.1	4	0	0.0	0	0.0	0	298	2.7	3,038	0.1	2
6-14	74	0.5	747	0.1	8	1	0.0	2	1.0	115	142	1.0	1,457	0.1	3
15-20	19	0.2	199	0.2	10	7	0.1	75	0.5	44	29	0.4	314	0.1	2
21-44	12	0.1	103	0.1	4	31	0.2	346	0.2	11	28	0.2	296	0.1	6
45-64	3	0.1	32	0.2	8	19	0.4	201	0.2	8	5	0.1	47	0.1	19
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
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7C  
 Nondual 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 ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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](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 ND.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2002

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT						
	No. of Users	Users as % of All Benes		No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of All Benes		No. of Bene Mos among Users	Mean Rx \$	No. of Benes	No. of Bene Mos
		0.2 %	0.2 %				0.1 %	0.1 %				
<b>All</b>	<b>366</b>	<b>0.2 %</b>	<b>0.2 %</b>	<b>3,819</b>	<b>0.2</b>	<b>194</b>	<b>0.1 %</b>	<b>0.1 %</b>	<b>1,840</b>	<b>0.3</b>	<b>149,874</b>	<b>1,093,175</b>
<b>Female</b>	218	0.2	0.2	2,282	0.2	84	0.1	0.1	796	0.3	90,236	657,950
<b>Disabled</b>	96	2.5	2.5	1,030	0.2	46	1.2	1.2	417	0.3	3,849	39,568
5 and younger	1	0.8	0.1	8	0.1	4	3.0	0.7	24	0.7	133	1,222
6-14	0	0.0	0.0	0	0.0	1	0.3	0.3	9	0.3	323	3,434
15-20	2	0.8	0.1	24	0.1	3	1.3	0.4	36	0.4	240	2,459
21-44	17	1.7	0.2	151	0.2	21	2.0	0.3	180	0.3	1,028	10,224
45-64	64	3.5	0.3	712	0.3	16	0.9	0.3	156	0.3	1,803	18,571
65-74	12	4.2	0.1	135	0.1	1	0.4	0.1	12	0.1	284	3,244
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	35	388
85 and older	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	3	26
<b>Other Eligibles</b>	122	0.1	0.1	1,252	0.1	38	0.0	0.0	379	0.3	86,387	618,382
5 and younger	1	0.0	0.1	12	0.1	0	0.0	0.0	0	0.0	10,818	79,983
6-14	5	0.0	0.2	57	0.2	9	0.1	0.3	81	0.3	14,183	118,329
15-20	21	0.2	0.1	204	0.1	8	0.1	0.3	77	0.3	13,098	93,130
21-44	68	0.2	0.1	689	0.1	14	0.0	0.3	144	0.3	42,389	284,019
45-64	24	0.4	0.2	264	0.2	6	0.1	0.2	65	0.2	5,577	40,470
65-74	2	1.2	0.1	20	0.1	1	0.6	1.0	12	1.0	162	1,226
75-84	1	0.8	0.3	6	0.3	0	0.0	0.0	0	0.0	121	936
85 and older	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	39	289
<b>Male</b>	148	0.2	0.2	1,537	0.2	110	0.2	0.4	1,044	0.4	59,637	435,224
<b>Disabled</b>	86	2.1	0.2	881	0.2	74	1.8	0.4	706	0.4	4,038	40,463
5 and younger	1	0.4	1.0	1	1.0	1	0.4	1.1	12	1.1	258	2,573
6-14	1	0.2	0.2	11	0.2	3	0.5	0.3	36	0.3	622	6,617
15-20	5	1.4	0.4	48	0.4	10	2.9	0.4	97	0.4	346	3,472
21-44	20	1.8	0.3	198	0.3	32	2.9	0.5	283	0.5	1,108	10,872
45-64	56	3.8	0.2	607	0.2	24	1.6	0.3	230	0.3	1,455	14,173
65-74	0	0.0	0.0	0	0.0	4	2.1	0.1	48	0.1	194	2,156
75-84	1	2.2	0.5	12	0.5	0	0.0	0.0	0	0.0	45	504
85 and older	2	20.0	0.8	4	0.8	0	0.0	0.0	0	0.0	10	96
<b>Other Eligibles</b>	62	0.1	0.2	656	0.2	36	0.1	0.3	338	0.3	55,599	394,761
5 and younger	7	0.1	0.1	70	0.1	1	0.0	0.5	2	0.5	11,023	80,729
6-14	11	0.1	0.2	111	0.2	8	0.1	0.5	68	0.5	14,205	115,990
15-20	4	0.1	0.1	45	0.1	7	0.1	0.5	79	0.5	7,744	57,988
21-44	21	0.1	0.1	225	0.1	13	0.1	0.2	116	0.2	17,606	105,530
45-64	17	0.4	0.2	183	0.2	7	0.1	0.1	73	0.1	4,794	32,704
65-74	1	0.8	0.1	10	0.1	0	0.0	0.0	0	0.0	121	872
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	77	694
85 and older	1	3.4	0.1	12	0.1	0	0.0	0.0	0	0.0	29	254
<b>Unknown</b>	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	1	1

Table ND7D

Nondual 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 ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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](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 ND.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NONDUAL 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
<b>All</b>	<b>\$1,747</b>	<b>32.9</b>	<b>9</b>	<b>11</b>
<b>Age</b>				
0-64	1,922	36.2	8	10
65-74	0	0.0	0	0
75-84	0	0.0	1	1
85 and older	0	0.0	0	0
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	318	10.0	1	1
Male	1,890	35.2	8	10
Unknown	0	0.0	0	0
<b>Race</b>				
White	0	0	1	1
African American	0	0	0	0
Other/unknown	1922	36.2	8	10
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	0	0.0	1	1
Disabled	1,922	36.2	8	10
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 153 beneficiaries who were in nursing facilities for part of their enrollment and their 1,172 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 ND.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users					
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos	
		Generic	Generic		Generic	Generic		Generic	Generic						
Anti-infective Agents	5.0	0.8	0.4	3.8	\$46	\$53	\$99	\$40	\$58	\$133	\$26	25	4	44.4 %	5
Biologicals	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
Endocrine/Metabolic Drugs	8.0	0.0	0.3	7.7	193	0	14	179	24	0	42	23	24	33.3	3
Cardiovascular Agents	4.2	0.0	0.0	4.2	31	0	0	31	7	0	0	7	4	44.4	5
Respiratory Agents	6.0	0.0	0.0	6.0	153	0	0	153	26	0	0	26	2	22.2	2
Gastrointestinal Agents	6.8	2.6	0.0	4.2	377	256	0	121	55	98	0	29	4	44.4	5
Genitourinary Agents	1.0	1.0	0.0	0.0	37	37	0	0	37	37	0	0	1	11.1	1
CNS Drugs	17.8	8.8	0.4	8.6	###	796	30	306	64	90	75	36	89	44.4	5
Stimulants/Anti-obesity/Anorexia	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
Analgesics and Anesthetics	6.0	5.0	0.0	1.0	215	208	0	7	36	42	0	7	12	22.2	2
Neuromuscular Agents	12.0	5.4	0.0	6.6	875	524	0	351	73	96	0	53	84	55.6	7
Nutritional Products	10.5	0.0	0.0	10.5	414	0	0	414	39	0	0	39	21	22.2	2
Hematological Agents	12.0	2.5	8.0	1.5	848	760	77	11	71	304	10	7	24	22.2	2
Topical Products	13.0	8.0	0.0	5.0	525	400	0	125	40	50	0	25	13	11.1	1
Miscellaneous Products	2.0	0.0	0.0	2.0	6	0	0	6	3	0	0	3	2	11.1	1
Unknown Therapeutic Category	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0.0	0
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	362	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 153 beneficiaries who were in nursing facilities for part of their enrollment and their 1,172 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](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](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.

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 ND.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 NONDUAL 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
ANTIPTYCHOTICS	\$182	1	11.1 %	2	1.5	\$61	\$91
ANTICONVULSANT	605	5	55.6	7	1.3	67	86
ANTIDEPRESSANTS	198	1	11.1	1	3.0	66	198
ULCER DRUGS	210	1	11.1	1	4.0	53	210
ANALGESICS - Narcotic	0	0	0.0	0	0.0	0	0
ANTIVIRAL	0	0	0.0	0	0.0	0	0
ANTIASTHMATIC	13	1	11.1	1	1.0	13	13
CEPHALOSPORINS	6	1	11.1	1	1.0	6	6
MINERALS & ELECTROLYTES	13	0	0.0	0	0.0	0	0
MISC. ANTI-INFECTIVES	33	1	11.1	1	3.0	11	33
<b>Total</b>	<b>1,260</b>	<b>11</b>		<b>14</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 153 beneficiaries who were in nursing facilities for part of their enrollment and their 1,172 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](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 ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup> NONDUAL BENEFICIARIES, ARIZONA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT					
	No. of Rx	Rx \$	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx
<b>All</b>	<b>25</b>	<b>\$1,260</b>	<b>1</b>	<b>11.1 %</b>	<b>2</b>	<b>1.5</b>	<b>\$91</b>	<b>5</b>	<b>55.6 %</b>	<b>7</b>	<b>1.3</b>	<b>\$86</b>				
<b>Female</b>	2	92	0	0.0	0	0.0	0	1	100.0	1	1.0	29				
<b>Disabled</b>	2	92	0	0.0	0	0.0	0	1	100.0	1	1.0	29				
64 or younger	2	92	0	0.0	0	0.0	0	1	100.0	1	1.0	29				
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				
<b>Other Eligibles</b>	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				
<b>Male</b>	23	1,168	1	12.5	2	1.5	91	4	50.0	6	1.3	96				
<b>Disabled</b>	23	1,168	1	14.3	2	1.5	91	4	57.1	6	1.3	96				
64 or younger	23	1,168	1	14.3	2	1.5	91	4	57.1	6	1.3	96				
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				
<b>Unknown</b>	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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 153 beneficiaries who were in nursing facilities for part of their enrollment and their 1,172 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](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 ND.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANALGESICS - Narcotic				
	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
<b>All</b>	1	11.1 %	1	3.0	\$198	1	11.1 %	1	4.0	\$210	0	0.0 %	0	0.0	\$0
<b>Female</b>	1	100.0	1	1.0	63	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Disabled</b>	1	100.0	1	1.0	63	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	1	100.0	1	1.0	63	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
<b>Other Eligibles</b>	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
<b>Male</b>	0	0.0	0	0.0	0	1	12.5	1	4.0	210	0	0.0	0	0.0	0
<b>Disabled</b>	0	0.0	0	0.0	0	1	14.3	1	4.0	210	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	1	14.3	1	4.0	210	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
<b>Other Eligibles</b>	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
<b>Unknown</b>	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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 153 beneficiaries who were in nursing facilities for part of their enrollment and their 1,172 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](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 ND.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2002

Beneficiary Characteristics	ANTIVIRAL				ANTI-ASTHMATIC				CEPHALOSPORINS			
	Users as %		Mean		Users as %		Mean		Users as %		Mean	
	No. of Users	No. of Bene Users	No. of Rx	Mean Rx \$	No. of Residents	No. of Bene Users	No. of Rx	Mean Rx \$	No. of Residents	No. of Bene Users	No. of Rx	Mean Rx \$
<b>All</b>	0	0.0 %	0	\$0	1	11.1 %	1	\$13	1	11.1 %	1	\$6
<b>Female</b>	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
<b>Disabled</b>	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
65-74	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
75-84	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
85 and older	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
<b>Other Eligibles</b>	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
65-74	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
75-84	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
85 and older	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
<b>Male</b>	0	0.0	0	0	1	12.5	1	13	1	12.5	1	6
<b>Disabled</b>	0	0.0	0	0	1	14.3	1	13	1	14.3	1	6
64 or younger	0	0.0	0	0	1	14.3	1	13	1	14.3	1	6
65-74	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
75-84	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
85 and older	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
<b>Other Eligibles</b>	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
65-74	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
75-84	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
85 and older	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
<b>Unknown</b>	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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 153 beneficiaries who were in nursing facilities for part of their enrollment and their 1,172 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](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 ND.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2002

Beneficiary Characteristics	MINERALS & ELECTROLYTES					MISC. ANTI-INFECTIVES						
	Users as %		Mean		No. of Bene Users	Users as %		Mean		No. of Bene Users		
	No. of Users	Residents	Rx	Rx-\$		No. of Users	Residents	Rx	Rx-\$			
<b>All</b>	0	0.0 %	0	0.0	0	1	11.1 %	1	3.0	1	9	11
<b>Female</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
<b>Disabled</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
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	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
<b>Other Eligibles</b>	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
<b>Male</b>	0	0.0	0	0.0	0	1	12.5	1	3.0	1	8	10
<b>Disabled</b>	0	0.0	0	0.0	0	1	14.3	1	3.0	1	7	9
64 or younger	0	0.0	0	0.0	0	1	14.3	1	3.0	1	7	9
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
<b>Other Eligibles</b>	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	1	1
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	1	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Unknown</b>	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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 153 beneficiaries who were in nursing facilities for part of their enrollment and their 1,172 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](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 ND.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 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 Nondual Rx \$	Total No. of Benes
<b>All</b>	1,757	1.2 %	0.0	3,862	\$0	\$60,157	\$16	149,874
<b>Age</b>								
5 and younger	445	2.0	0.0	741	0	8,969	12	22,232
6-14	301	1.0	0.0	419	0	2,633	6	29,333
15-20	158	0.7	0.0	279	1	24,140	87	21,428
21-44	481	0.8	0.0	1,047	0	12,896	12	62,131
45-64	319	2.3	0.1	1,176	1	9,961	8	13,629
65-74	36	4.7	0.2	153	2	1,305	9	761
75-84	12	4.3	0.1	33	1	174	5	278
85 and older	5	6.2	0.2	14	1	79	6	81
Unknown	0	0.0	0.0	0	0	0	0	1
<b>Basis of Eligibility<sup>c</sup></b>								
Aged	18	3.6	0.1	44	1	253	6	503
Disabled	423	5.4	0.2	1,561	5	40,630	26	7,887
Adults	495	0.6	0.0	969	0	6,660	7	79,254
Children	821	1.3	0.0	1,288	0	12,614	10	62,230
Unknown	0	0.0	0.0	0	0	0	0	0
<b>Gender</b>								
Female	1,059	1.2	0.0	2,370	0	39,374	17	90,236
Male	698	1.2	0.0	1,492	0	20,783	14	59,638
Unknown	0	0.0	0.0	0	0	0	0	0
<b>Race</b>								
White	14	0.2	0.0	25	0	233	9	8,738
African American	3	0.2	0.0	6	0	28	5	1,307
Other/unknown	1,740	1.2	0.0	3,831	0	59,896	16	139,829
<b>Use of Nursing Facilities<sup>d</sup></b>								
Entire year	3	33.3	5.2	47	125	1,128	24	9
Part year	78	51.0	2.8	423	99	15,073	36	153
None	1,676	1.1	0.0	3,392	0	43,956	13	149,712
<b>Maintenance Assistance Status</b>								
Cash	1,204	2.0	0.0	2,729	1	42,015	15	60,791
Medically needy	0	0.0	0.0	0	0	0	0	0
Poverty related	324	1.2	0.0	552	0	8,028	15	26,825
Other/unknown	229	0.4	0.0	581	0	10,114	17	62,258

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 ARIZONA, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazepine \$ per Bene Mo.	No. of Bene Mos
All	0.0	\$0	\$16	\$0	\$0	1,093,175
<b>Age</b>						
5 and younger	0.0	0	12	0	0	164,507
6-14	0.0	0	6	0	0	244,370
15-20	0.0	0	87	0	0	157,049
21-44	0.0	0	12	0	0	410,645
45-64	0.0	0	8	0	0	105,918
65-74	0.0	0	9	0	0	7,498
75-84	0.0	0	5	0	0	2,522
85 and older	0.0	0	6	0	0	665
Unknown	0.0	0	0	0	0	1
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.0	0	6	0	0	4,060
Disabled	0.0	1	26	0	0	80,031
Adults	0.0	0	7	0	0	521,430
Children	0.0	0	10	0	0	487,654
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.0	0	17	0	0	657,950
Male	0.0	0	14	0	0	435,225
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.0	0	9	0	0	14,751
African American	0.0	0	5	0	0	2,302
Other/unknown	0.0	0	16	0	0	1,076,122
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	4.3	103	24	0	24	11
Part year	0.4	13	36	0	1	1,172
None	0.0	0	13	0	0	1,091,992
<b>Maintenance Assistance Status</b>						
Cash	0.0	0	15	0	0	526,586
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	15	0	0	193,140
Other/unknown	0.0	0	17	0	0	373,449

Table ND12

Nondual 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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS<sup>a,b,c</sup>  
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
<b>All</b>	<b>2,015</b>	<b>\$30</b>	<b>\$60,157</b>	<b>100.0 %</b>	<b>3,862</b>	<b>\$16</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	436	11	4,752	7.9	566	8	14.7
Vitamins and minerals	164	58	9,495	15.8	444	21	11.5
Non-prescription drugs	1,194	13	15,630	26.0	2,365	7	61.2
Barbiturates	13	14	178	0.3	47	4	1.2
Benzodiazepines	156	26	4,031	6.7	342	12	8.9
Other Part D Excl Rx Drugs	52	501	26,071	43.3	98	266	2.5

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

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.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NONDUAL BENEFICIARIES, ARIZONA, 2002

Beneficiary Characteristics	No. of Benes				No. of Bene Mos							
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>1,020,556</b>	<b>4,354</b>	<b>70,838</b>	<b>407,428</b>	<b>537,936</b>	<b>0</b>	<b>8,839,982</b>	<b>42,936</b>	<b>762,439</b>	<b>3,237,120</b>	<b>4,797,487</b>	<b>0</b>
<b>Age</b>												
5 and younger	251,622	4	5,284	0	246,334	0	2,185,146	18	55,856	0	2,129,272	0
6-14	235,305	1	11,787	0	223,517	0	2,207,655	1	131,727	0	2,075,927	0
15-20	113,838	0	6,988	38,781	68,069	0	983,473	0	76,006	315,238	592,229	0
21-44	317,819	7	21,094	296,706	12	0	2,590,026	44	226,047	2,363,887	48	0
45-64	95,314	37	23,638	71,638	1	0	806,596	221	250,048	556,323	4	0
65-74	3,950	2,015	1,708	227	0	0	40,331	19,947	19,036	1,348	0	0
75-84	2,027	1,688	295	44	0	0	20,449	16,998	3,262	189	0	0
85 and older	677	602	44	31	0	0	6,298	5,707	457	134	0	0
Unknown	4	0	0	1	3	8	0	0	0	1	7	0
<b>Gender</b>												
Female	565,437	2,868	35,306	260,671	266,592	0	4,967,858	28,699	384,821	2,172,527	2,381,811	0
Male	455,119	1,486	35,532	146,757	271,344	0	3,872,124	14,237	377,618	1,064,593	2,415,676	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	357,474	1,286	32,213	169,559	154,416	0	2,954,330	12,144	339,011	1,297,340	1,305,835	0
African American	60,918	81	5,804	22,996	32,037	0	538,834	782	62,220	180,715	295,117	0
Other/unknown	602,164	2,987	32,821	214,873	351,483	0	5,346,818	30,010	361,208	1,759,065	3,196,535	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	120	34	86	0	0	0	1,182	327	855	0	0	0
Part year	236	22	186	24	4	0	2,482	202	1,987	245	48	0
None	1,020,200	4,298	70,566	407,404	537,932	0	8,836,318	42,407	759,597	3,236,875	4,797,439	0
<b>Maintenance Assistance Status</b>												
Cash	446,587	2,061	58,631	171,321	214,574	0	4,199,308	22,983	649,190	1,518,107	2,009,028	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	244,577	465	751	17,783	225,578	0	2,149,613	3,974	7,959	116,312	2,021,368	0
Other/unknown	329,392	1,828	11,456	218,324	97,784	0	2,491,061	15,979	105,290	1,602,701	767,091	0
<b>Managed Care Status</b>												
FFS all year	125,082	410	6,613	66,834	51,225	0	1,009,193	3,717	73,420	481,263	450,793	0
FFS part year, with Rx claims	1,090	10	246	360	474	0	11,780	100	2,785	3,802	5,093	0
FFS part year, no Rx claims	23,708	83	1,034	12,060	10,531	0	204,947	760	9,932	100,223	94,032	0
MC all year, with Rx claims	278	46	193	18	21	0	2,885	452	2,074	174	185	0
MC all year, no Rx claims	870,205	3,792	62,737	328,018	475,658	0	7,610,703	37,875	674,187	2,651,325	4,247,316	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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene 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.2  
**MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>**  
**NONDUAL BENEFICIARIES, ARIZONA, 2002**

	Bene Mos in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
<b>All</b>	<b>1,020,556</b>	<b>8,839,982</b>	<b>149,874</b>	<b>1,093,175</b>	<b>6</b>	<b>7,746,807</b>
FFS all year	125,082	1,009,193	125,082	1,006,423	0	2,770
FFS part year, with Rx claims	1,090	11,780	1,090	7,172	0	4,608
FFS part year, with no Rx claims	23,708	204,947	23,702	79,580	6	125,367
MC all year, with Rx claims	278	2,885	0	0	0	2,885
MC all year, with no Rx claims	870,205	7,610,703	0	0	0	7,610,703

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.