

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 ARIZONA

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>8,610</b>	<b>3,472</b>	<b>3,952</b>	<b>1,185</b>	<b>1</b>	<b>0</b>	<b>79,224</b>	<b>31,664</b>	<b>40,912</b>	<b>6,636</b>	<b>12</b>	<b>0</b>
<b>Age</b>												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	0	0	0	0	0	0		0	0	0	0	0
15-20	9	0	7	1	1	0	97	0	84	1	12	0
21-44	881	0	619	262	0	0	7,081	0	5,583	1,498	0	0
45-64	1,562	1	1,025	536	0	0	12,865	11	9,683	3,171	0	0
65-74	3,601	1,598	1,717	286	0	0	35,214	14,428	19,199	1,587	0	0
75-84	1,918	1,357	485	76	0	0	18,700	13,048	5,347	305	0	0
85 and older	639	516	99	24	0	0	5,267	4,177	1,016	74	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	5,129	2,310	2,327	491	1	0	49,283	21,696	24,751	2,824	12	0
Male	3,481	1,162	1,625	694	0	0	29,941	9,968	16,161	3,812	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	851	358	259	234	0	0	3,106	1,397	1,279	430	0	0
African American	75	13	34	28	0	0	237	39	160	38	0	0
Other/unknown	7,684	3,101	3,659	923	1	0	75,881	30,228	39,473	6,168	12	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	35	28	7	0	0	0	46	36	10	0	0	0
Part year	144	86	58	0	0	0	887	408	479	0	0	0
None	8,431	3,358	3,887	1,185	1	0	78,291	31,220	40,423	6,636	12	0
<b>Maintenance Assistance Status</b>												
Cash	5,496	1,982	3,137	377	0	0	59,427	21,702	34,932	2,793	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	1,165	734	426	5	0	0	9,020	5,707	3,289	24	0	0
Other/unknown	1,949	756	389	803	1	0	10,777	4,255	2,691	3,819	12	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	8,168	3,274	3,742	1,151	1	0	77,333	30,752	40,040	6,529	12	0
Full dual, part year	442	198	210	34	0	0	1,891	912	872	107	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	7,052	2,792	3,336	923	1	0	72,807	28,681	38,126	5,988	12	0
FFS part year, with Rx claims	244	131	109	4	0	0	1,295	676	601	18	0	0
FFS part year, no Rx claims	1,314	549	507	258	0	0	5,122	2,307	2,185	630	0	0

Source: Data for this table are from the MAX 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>		Number of Beneficiaries
						\$74	\$51	
<b>All</b>	<b>12.7 %</b>	<b>1.5</b>	<b>\$74</b>	<b>\$51</b>	<b>\$4,700</b>			<b>8,610</b>
<b>Age</b>								
5 and younger	0.0	0.0	0	0	0		0.0	0
6-14	0.0	0.0	0	0	0		0.0	0
15-20	11.1	0.1	2	20	6,702		0.0	9
21-44	10.3	1.3	176	134	6,762		2.6	881
45-64	10.4	1.2	65	53	7,189		0.9	1,562
65-74	13.1	1.5	67	45	3,853		1.7	3,601
75-84	14.5	1.7	56	33	3,739		1.5	1,918
85 and older	14.6	1.4	50	35	3,399		1.5	639
Unknown	0.0	0.0	0	0	0		0.0	0
<b>Basis of Eligibility<sup>e</sup></b>								
Aged	12.0	1.3	55	43	3,331		1.7	3,472
Disabled	16.6	2.0	108	54	7,056		1.5	3,952
Adults	2.0	0.1	14	94	856		1.6	1,185
Children	0.0	0.0	0	0	1,221		0.0	1
Unknown	0.0	0.0	0	0	0		0.0	0
<b>Gender</b>								
Female	14.2	1.6	70	45	4,910		1.4	5,129
Male	10.7	1.3	80	60	4,390		1.8	3,481
Unknown	0.0	0.0	0	0	0		0.0	0
<b>Race</b>								
White	2.8	0.5	16	33	2,071		0.7	851
African American	1.3	0.5	10	21	4,611		0.2	75
Other/unknown	14.0	1.6	81	51	4,992		1.6	7,684
<b>Use of Nursing Facilities<sup>f</sup></b>								
Entire year	25.7	7.3	350	48	11,972		2.9	35
Part year	70.1	12.5	491	39	24,166		2.0	144
None	11.7	1.2	66	53	4,337		1.5	8,431
<b>Maintenance Assistance Status</b>								
Cash	16.8	1.9	97	51	5,730		1.7	5,496
Medically needy	0.0	0.0	0	0	0		0.0	0
Poverty related	0.8	0.1	3	46	958		0.3	1,165
Other/unknown	8.5	1.1	50	47	4,033		1.2	1,949

Source: Data for this table are from the MAX 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. 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.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	Number of Rx, Percentage with:										Beneficiaries	Mean \$, All Medicaid FFS <sup>d</sup>	Benefit Months
	Mean Number of Rx	Mean Rx \$	Percentage of All Medicaid FFS <sup>c</sup>	87.3 %	None	9.0 %	More than 0, but 1 or Less	1.4 %	More than 2, but 5 or Less	1.6 %			
<b>All</b>	<b>0.2</b>	<b>\$8</b>	<b>1.6 %</b>	<b>87.3 %</b>	<b>9.0 %</b>	<b>1.4 %</b>	<b>1.6 %</b>	<b>0.4 %</b>	<b>0.3 %</b>	<b>\$511</b>	<b>8,610</b>	<b>79,224</b>	
<b>Age</b>													
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	88.9	11.1	0.0	0.0	0.0	0.0	622	9	97	
21-44	0.2	22	2.6	89.7	6.9	1.5	1.1	0.7	0.1	841	881	7,081	
45-64	0.1	8	0.9	89.6	7.4	1.3	1.2	0.3	0.3	873	1,562	12,865	
65-74	0.2	7	1.7	86.9	9.6	1.4	1.6	0.4	0.2	394	3,601	35,214	
75-84	0.2	6	1.5	85.5	10.1	1.6	1.7	0.5	0.6	384	1,918	18,700	
85 and older	0.2	6	1.5	85.4	9.5	1.1	2.5	0.5	0.9	412	639	5,267	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Basis of Eligibility<sup>e</sup></b>													
Aged	0.1	6	1.7	88.0	8.1	1.2	1.6	0.5	0.5	365	3,472	31,664	
Disabled	0.2	10	1.5	83.4	12.1	1.9	2.0	0.4	0.3	682	3,952	40,912	
Adults	0.0	3	1.6	98.0	1.5	0.3	0.2	0.1	0.0	153	1,185	6,636	
Children	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	102	1	12	
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	0.2	7	1.4	85.8	10.2	1.5	1.6	0.4	0.4	511	5,129	49,283	
Male	0.2	9	1.8	89.3	7.2	1.3	1.5	0.5	0.2	510	3,481	29,941	
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	0.1	4	0.7	97.2	0.7	0.7	0.6	0.5	0.4	567	851	3,106	
African American	0.1	3	0.2	98.7	0.0	0.0	1.3	0.0	0.0	1,459	75	237	
Other/unknown	0.2	8	1.6	86.0	10.0	1.5	1.7	0.4	0.3	506	7,684	75,881	
<b>use of nursing Facilities<sup>f</sup></b>													
Entire year	5.6	267	2.9	74.3	0.0	0.0	2.9	5.7	17.1	9,109	35	46	
Part year	2.0	80	2.0	29.9	27.1	7.6	16.0	7.6	11.8	3,923	144	887	
None	0.1	7	1.5	88.3	8.8	1.3	1.3	0.3	0.1	467	8,431	78,291	
<b>Maintenance Assistance Status</b>													
Cash	0.2	9	1.7	83.2	12.5	1.9	1.7	0.4	0.2	530	5,496	59,427	
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	0.3	99.2	0.5	0.2	0.1	0.0	0.0	124	1,165	9,020	
Other/unknown	0.2	9	1.2	91.5	4.3	0.6	1.9	0.7	0.9	729	1,949	10,777	

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
  - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
  - e. 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.
  - f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.2	\$8	\$51	0.1	\$6	\$122	0.0	\$0	\$19	0.1	\$2	\$16
<b>Age</b>												
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	20	0.0	0	0	0.0	0	0	0.0	0	20
21-44	0.2	22	134	0.1	20	337	0.0	0	35	0.1	1	15
45-64	0.1	8	53	0.1	6	120	0.0	0	20	0.1	2	19
65-74	0.2	7	45	0.0	5	102	0.0	0	19	0.1	2	17
75-84	0.2	6	33	0.1	4	76	0.0	0	16	0.1	2	15
85 and older	0.2	6	35	0.1	5	82	0.0	0	14	0.1	1	12
Unknown	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	6	43	0.0	5	103	0.0	0	16	0.1	1	15
Disabled	0.2	10	54	0.1	8	129	0.0	0	21	0.1	2	17
Adults	0.0	3	94	0.0	2	252	0.0	0	0	0.0	0	19
Children	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
<b>Gender</b>												
Female	0.2	7	45	0.1	6	107	0.0	0	16	0.1	2	15
Male	0.2	9	60	0.1	7	147	0.0	0	25	0.1	2	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.1	4	33	0.0	3	76	0.0	0	26	0.1	2	17
African American	0.1	3	21	0.0	2	60	0.0	0	0	0.1	1	11
Other/unknown	0.2	8	51	0.1	7	123	0.0	0	19	0.1	2	16
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	5.6	267	48	2.3	209	92	0.1	1	12	3.2	57	17
Part year	2.0	80	39	0.6	52	82	0.0	1	15	1.3	27	20
None	0.1	7	53	0.0	6	129	0.0	0	20	0.1	1	15
<b>Maintenance Assistance Status</b>												
Cash	0.2	9	51	0.1	7	125	0.0	0	20	0.1	2	16
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.0	0	46	0.0	0	118	0.0	0	0	0.0	0	17
Other/unknown	0.2	9	47	0.1	7	108	0.0	0	13	0.1	2	18

Source: Data for this table are from the MAX 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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, 0.6 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- 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 = Centers for Medicare & 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users <sup>e</sup>								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Generic	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Generic	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Generic					
Anti-infective Agents	0.2	0.1	0.0	0.1	\$13	\$9	\$0	\$3	\$59	\$106	\$25	\$26	1,090	\$64,402	494	5.7 %	5,048
Biologics	0.1	0.1	0.0	0.0	2	1	0	1	21	18	0	29	22	461	21	0.2	232
Antineoplastic Agents	0.4	0.2	0.0	0.2	289	272	0	17	656	1,211	0	77	92	60,377	24	0.3	209
Endocrine/Metabolic Drugs	0.5	0.1	0.1	0.3	19	10	1	7	37	76	13	25	1,782	66,633	361	4.2	3,570
Cardiovascular Agents	0.7	0.2	0.0	0.5	20	13	0	7	28	65	11	14	3,347	92,045	458	5.3	4,559
Respiratory Agents	0.3	0.2	0.0	0.2	14	12	0	2	43	73	65	12	814	35,146	239	2.8	2,458
Gastrointestinal Agents	0.3	0.2	0.0	0.1	35	32	0	3	112	175	0	22	851	95,293	275	3.2	2,707
Genitourinary Agents	0.3	0.2	0.0	0.1	18	17	0	1	52	72	0	8	236	12,185	70	0.8	679
CNS Drugs	0.4	0.2	0.0	0.2	17	15	0	3	44	86	0	12	759	33,275	207	2.4	1,928
Stimulants/Anti-obesity/Anorexia	0.3	0.3	0.0	0.0	28	28	0	0	84	84	0	0	1	84	1	0.0	3
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	122	122	0	0	216	216	0	0	44	9,524	11	0.1	78
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	7	4	0	3	21	170	13	9	1,824	38,638	554	6.4	5,781
Neuromuscular Agents	0.5	0.2	0.1	0.2	41	33	3	5	83	137	40	28	534	44,497	113	1.3	1,083
Nutritional Products	0.3	0.0	0.0	0.3	3	0	0	3	11	4	8	11	274	3,095	99	1.1	902
Hematological Agents	0.4	0.1	0.1	0.2	37	33	2	1	98	254	23	9	302	29,544	88	1.0	805
Topical Products	0.2	0.1	0.0	0.1	7	5	0	2	34	82	123	11	456	15,675	220	2.6	2,215
Miscellaneous Products	0.4	0.4	0.0	0.0	158	156	0	2	354	360	0	169	95	33,600	20	0.2	212
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	22	0	0	0	65	1,419	36	0.4	404
<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.	12,588	635,893	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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, 0.6 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTINEOPLASTICS	\$55,373	18	0.2 %	186	0.4	\$738
ANTIIDIABETIC	54,396	326	3.8	3,515	0.3	45
ULCER DRUGS	44,908	211	2.5	2,299	0.2	84
MISC. GI	37,597	40	0.5	430	0.3	330
ANTHYPERLIPIDEMIC	34,499	105	1.2	1,155	0.4	78
ASSORTED CLASSES	32,487	18	0.2	193	0.4	387
ANTICONVULSANT	32,426	74	0.9	780	0.4	100
ANTIASTHMATIC	25,888	174	2.0	1,893	0.3	53
ANTHYPERTENSIVE	24,156	280	3.3	3,072	0.4	20
HEMATOPOIETIC AGENTS	18,213	63	0.7	655	0.2	143
Total	359,943	1,309		14,178	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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 FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTINEOPLASTICS					ANTIDIABETIC						
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>4,601</b>	<b>\$359,943</b>	<b>18</b>	<b>0.2 %</b>	<b>186</b>	<b>0.4</b>	<b>\$298</b>	<b>326</b>	<b>3.8 %</b>	<b>3,515</b>	<b>0.3</b>	<b>\$16</b>	<b>326</b>	<b>3.8 %</b>	<b>3,515</b>	<b>0.3</b>	<b>\$16</b>
<b>Female</b>	2,978	200,073	13	0.3	134	0.3	13	220	4.3	2,376	0.3	15	220	4.3	2,376	0.3	15
<b>Disabled</b>	1,981	142,890	11	0.5	112	0.3	15	140	6.0	1,536	0.3	17	140	6.0	1,536	0.3	17
5 and younger	0	0	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	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	207	44,361	3	1.2	30	0.2	7	4	1.6	41	0.2	6	4	1.6	41	0.2	6
45-64	297	27,849	4	0.7	44	0.4	23	21	3.7	225	0.3	13	21	3.7	225	0.3	13
65-74	1,186	58,758	3	0.3	36	0.3	8	96	8.6	1,057	0.4	20	96	8.6	1,057	0.4	20
75-84	250	11,078	0	0.0	0	0.0	0	18	5.7	201	0.3	14	18	5.7	201	0.3	14
85 and older	41	844	1	1.4	2	0.5	62	1	1.4	12	0.2	1	1	1.4	12	0.2	1
<b>Other Eligibles</b>	997	57,183	2	0.1	22	0.1	5	80	2.9	840	0.3	11	80	2.9	840	0.3	11
5 and younger	0	0	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	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	6	194	0	0.0	0	0.0	0	1	1.0	12	0.2	7	1	1.0	12	0.2	7
45-64	24	2,499	0	0.0	0	0.0	0	1	0.4	12	0.1	10	1	0.4	12	0.1	10
65-74	404	31,927	1	0.1	10	0.1	1	40	3.7	428	0.3	12	40	3.7	428	0.3	12
75-84	452	19,745	1	0.1	12	0.1	9	33	3.3	354	0.4	13	33	3.3	354	0.4	13
85 and older	111	2,818	0	0.0	0	0.0	0	5	1.3	34	0.5	9	5	1.3	34	0.5	9
<b>Male</b>	1,623	159,870	5	0.1	52	0.8	1,031	106	3.0	1,139	0.4	16	106	3.0	1,139	0.4	16
<b>Disabled</b>	1,202	128,707	3	0.2	36	0.9	1,321	74	4.6	840	0.4	17	74	4.6	840	0.4	17
5 and younger	0	0	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	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	219	68,498	1	0.3	12	2.1	3,881	7	1.9	56	0.4	10	7	1.9	56	0.4	10
45-64	326	25,426	0	0.0	0	0.0	0	21	4.5	232	0.4	24	21	4.5	232	0.4	24
65-74	513	28,987	0	0.0	0	0.0	0	37	6.2	444	0.3	18	37	6.2	444	0.3	18
75-84	144	5,796	2	1.2	24	0.4	42	9	5.4	108	0.2	4	9	5.4	108	0.2	4
85 and older	0	0	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>	421	31,163	2	0.1	16	0.3	377	32	1.7	299	0.4	14	32	1.7	299	0.4	14
5 and younger	0	0	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	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	26	2,334	0	0.0	0	0.0	0	5	1.6	30	0.3	14	5	1.6	30	0.3	14
65-74	174	17,090	1	0.1	4	0.8	688	10	1.3	109	0.3	13	10	1.3	109	0.3	13
75-84	173	6,765	0	0.0	0	0.0	0	12	2.8	130	0.4	13	12	2.8	130	0.4	13
85 and older	48	4,974	1	0.6	12	0.2	274	5	3.2	30	0.5	15	5	3.2	30	0.5	15
<b>Unknown</b>	0	0	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 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	ULCER DRUGS				MISC. GI				ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	
<b>All</b>	<b>211</b>	<b>2.5 %</b>	<b>2,299</b>	<b>0.2</b>	<b>40</b>	<b>0.5 %</b>	<b>430</b>	<b>0.3</b>	<b>105</b>	<b>1.2 %</b>	<b>1,155</b>	<b>0.4</b>	<b>\$30</b>
<b>Female</b>													
<b>Disabled</b>	137	2.7	1,466	0.2	33	0.6	352	0.3	62	1.2	677	0.4	28
5 and younger	89	3.8	966	0.2	27	1.2	288	0.3	33	1.4	362	0.3	25
6-14	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
21-44	17	6.6	184	0.2	9	3.5	108	0.3	2	0.8	16	0.3	23
45-64	13	2.3	138	0.2	9	1.6	82	0.5	2	0.4	13	0.8	49
65-74	43	3.8	489	0.2	6	0.5	72	0.2	26	2.3	297	0.3	24
75-84	15	4.7	153	0.2	2	0.6	24	0.1	3	0.9	36	0.4	28
85 and older	1	1.4	2	2.0	1	1.4	2	1.5	0	0.0	0	0.0	0
<b>Other Eligibles</b>	48	1.7	500	0.2	6	0.2	64	0.1	7	1.0	315	0.4	31
5 and younger	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
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
21-44	1	1.0	12	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0
45-64	2	0.9	24	0.2	0	0.0	0	0.0	0	0.0	0	0.0	0
65-74	17	1.6	167	0.3	2	0.2	24	0.1	14	1.3	153	0.3	27
75-84	21	2.1	235	0.2	2	0.2	16	0.2	14	1.4	150	0.5	35
85 and older	7	1.8	62	0.3	2	0.5	24	0.1	1	0.3	12	0.5	34
<b>Male</b>													
<b>Disabled</b>	74	2.1	833	0.2	7	0.2	78	0.2	43	1.2	478	0.4	33
5 and younger	50	3.1	587	0.2	4	0.2	48	0.3	29	1.8	337	0.4	33
6-14	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
21-44	8	2.2	92	0.2	0	0.0	0	0.0	1	0.3	2	1.0	85
45-64	12	2.6	140	0.2	1	0.2	12	0.3	6	1.3	71	0.5	32
65-74	23	3.8	271	0.2	3	0.5	36	0.3	19	3.2	228	0.4	33
75-84	7	4.2	84	0.2	0	0.0	0	0.0	3	1.8	36	0.5	30
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	24	1.3	246	0.3	3	0.2	30	0.2	14	0.8	141	0.3	32
5 and younger	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
15-20	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
45-64	2	0.6	18	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0
65-74	9	1.1	97	0.3	1	0.1	8	0.4	6	0.8	66	0.5	53
75-84	9	2.1	106	0.3	2	0.5	22	0.1	5	1.2	51	0.2	15
85 and older	4	2.5	25	0.3	0	0.0	0	0.0	1	0.6	6	0.5	34
<b>Unknown</b>	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 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	ASSORTED CLASSES				ANTICONVULSANT				ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	
<b>All</b>	<b>18</b>	<b>0.2%</b>	<b>193</b>	<b>0.4</b>	<b>74</b>	<b>0.9%</b>	<b>780</b>	<b>0.4</b>	<b>174</b>	<b>2.0%</b>	<b>1,893</b>	<b>0.3</b>	<b>\$14</b>
<b>Female</b>	9	0.2	97	0.4	39	0.8	386	0.4	133	2.6	1,468	0.3	13
<b>Disabled</b>	9	0.4	97	0.4	26	1.1	239	0.4	93	4.0	1,036	0.3	14
5 and younger	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
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
21-44	7	2.7	73	0.5	6	2.3	56	0.6	2	0.8	24	0.1	1
45-64	1	0.2	12	0.1	8	1.4	53	0.3	18	3.2	212	0.3	13
65-74	1	0.1	12	0.1	9	0.8	108	0.4	48	4.3	552	0.3	15
75-84	0	0.0	0	0.0	3	0.9	22	0.1	23	7.2	235	0.3	14
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	2	2.8	13	0.2	6
<b>Other Eligibles</b>	0	0.0	0	0.0	13	0.5	147	0.4	40	1.4	432	0.2	11
5 and younger	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
15-20	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
45-64	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	7	0.6	77	0.6	6	2.6	57	0.3	32
75-84	0	0.0	0	0.0	3	0.3	36	0.1	17	1.7	179	0.3	11
85 and older	0	0.0	0	0.0	3	0.8	34	0.2	8	2.1	88	0.2	5
<b>Male</b>	9	0.3	96	0.4	35	1.0	394	0.4	41	1.2	425	0.3	16
<b>Disabled</b>	7	0.4	82	0.5	27	1.7	319	0.5	25	1.5	279	0.3	22
5 and younger	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
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
21-44	3	0.8	36	0.4	11	3.0	128	0.7	106	0.0	0	0.0	0
45-64	4	0.9	46	0.5	9	1.9	107	0.3	29	1.3	72	0.3	19
65-74	0	0.0	0	0.0	5	0.8	60	0.4	44	2.0	144	0.3	27
75-84	0	0.0	0	0.0	2	1.2	24	0.3	7	4.2	63	0.4	14
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	2	0.1	14	0.2	8	0.4	75	0.3	16	0.9	146	0.1	5
5 and younger	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
15-20	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
45-64	2	0.6	14	0.2	1	0.3	11	0.1	1	0.3	6	0.2	7
65-74	0	0.0	0	0.0	2	0.3	24	0.3	5	0.6	48	0.1	5
75-84	0	0.0	0	0.0	3	0.7	36	0.3	6	1.4	62	0.1	3
85 and older	0	0.0	0	0.0	2	1.3	4	0.5	4	2.5	30	0.2	7
<b>Unknown</b>	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 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				HEMATOPOIETIC AGENTS						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
<b>All</b>	<b>280</b>	<b>3.3%</b>	<b>3,072</b>	<b>0.4</b>	<b>63</b>	<b>0.7%</b>	<b>655</b>	<b>0.2</b>	<b>\$28</b>	<b>8,610</b>	<b>79,224</b>
<b>Female</b>	181	3.5	1,955	0.4	44	0.9	438	0.2	38	5,129	49,283
<b>Disabled</b>	107	4.6	1,201	0.4	28	1.2	286	0.3	11	2,327	24,751
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	3	36
21-44	10	3.9	119	0.3	7	2.7	73	0.3	16	257	2,332
45-64	14	2.5	146	0.3	8	1.4	82	0.4	23	561	5,485
65-74	63	5.6	723	0.5	8	0.7	92	0.3	1	1,117	12,617
75-84	14	4.4	162	0.4	3	0.9	25	0.1	0	318	3,531
85 and older	6	8.5	51	0.5	2	2.8	14	0.2	1	71	750
<b>Other Eligibles</b>	74	2.6	754	0.4	16	0.6	152	0.2	89	2,802	24,532
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	1	12
21-44	1	1.0	12	0.3	0	0.0	0	0.0	0	105	681
45-64	1	0.4	8	0.1	0	0.0	0	0.0	0	227	1,345
65-74	29	2.7	285	0.4	7	0.6	75	0.1	180	1,088	9,651
75-84	30	3.0	333	0.4	8	0.8	65	0.2	1	999	9,716
85 and older	13	3.4	116	0.4	1	0.3	12	0.3	1	382	3,127
<b>Male</b>	99	2.8	1,117	0.4	19	0.5	217	0.1	7	3,481	29,941
<b>Disabled</b>	66	4.1	757	0.4	14	0.9	162	0.1	9	1,625	16,161
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	4	48
21-44	10	2.8	98	0.5	1	0.3	12	0.1	0	362	3,251
45-64	18	3.9	212	0.3	8	1.7	90	0.1	12	464	4,198
65-74	26	4.3	312	0.4	2	0.3	24	0.1	0	600	6,582
75-84	12	7.2	135	0.3	3	1.8	36	0.1	10	167	1,816
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	28	266
<b>Other Eligibles</b>	33	1.8	360	0.4	5	0.3	55	0.1	1	1,856	13,780
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	1	1
21-44	0	0.0	0	0.0	0	0.0	0	0.0	0	157	817
45-64	3	1.0	20	0.3	0	0.0	0	0.0	0	310	1,837
65-74	10	1.3	114	0.5	2	0.3	24	0.1	0	796	6,364
75-84	16	3.7	186	0.3	2	0.5	22	0.1	1	434	3,637
85 and older	4	2.5	40	0.3	1	0.6	9	0.1	1	158	1,124
<b>Unknown</b>	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 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				5.6	35
<b>All</b>	<b>\$267</b>		<b>35</b>		<b>46</b>
<b>Age</b>					
0-64	2,274	40.5	2		2
65-74	73	1.9	7		11
75-84	125	2.1	14		18
85 and older	311	7.9	12		15
Unknown	0	0.0	0		0
<b>Gender</b>					
Female	357	7.7	20		27
Male	139	2.6	15		19
Unknown	0	0.0	0		0
<b>Race</b>					
White	17	0.4	20		28
African American	0	0	1		2
Other/unknown	737	15.4	14		16
<b>Basis of Eligibility<sup>c</sup></b>					
Aged	103	2.2	28		36
Disabled	854	17.7	7		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 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 144 beneficiaries who were in nursing facilities for part of their enrollment and their 887 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 = Centers for Medicare & 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<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month 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 Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	2.1	1.6	0.0	0.6	\$104	\$0	\$20	\$58	\$0	\$35	\$867	6	17.1 %	7
Biologics	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.5	0.0	0.0	0.5	62	0	62	124	0	124	124	1	2.9	2
Endocrine/Metabolic Drugs	3.7	1.3	0.4	2.0	137	75	57	37	58	29	958	6	17.1	7
Cardiovascular Agents	7.6	1.3	0.0	6.4	127	40	87	17	32	14	1,018	7	20.0	8
Respiratory Agents	9.0	5.3	0.0	3.7	422	370	51	47	69	14	1,265	2	5.7	3
Gastrointestinal Agents	4.8	3.3	0.0	1.5	322	302	20	67	91	13	1,932	5	14.3	6
Genitourinary Agents	5.0	0.0	0.0	5.0	33	0	33	7	0	7	65	2	5.7	2
CNS Drugs	7.3	6.0	0.0	1.3	###	918	100	139	153	75	3,053	3	8.6	3
Stimulants/Anti-obesity/Anorexia	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
Analgesics and Anesthetics	6.6	2.4	0.0	4.2	380	330	51	58	137	12	1,902	4	11.4	5
Neuromuscular Agents	5.0	3.5	0.0	1.5	369	334	35	74	95	23	737	2	5.7	2
Nutritional Products	9.0	0.0	0.0	9.0	99	0	99	11	0	11	99	1	2.9	1
Hematological Agents	3.3	0.0	0.0	3.3	45	0	45	13	0	13	134	2	5.7	3
Topical Products	1.0	0.0	0.0	1.0	24	0	24	24	0	24	47	1	2.9	2
Miscellaneous Products	2.0	2.0	0.0	0.0	64	64	0	32	32	0	64	1	2.9	1
Unknown Therapeutic Category	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.	12,265	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 144 beneficiaries who were in nursing facilities for part of their enrollment and their 887 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 2003. 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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Arizona, 0.6 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 = Centers for Medicare & Medicaid Services; CNS = 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Top 10 Drug Groups in Nursing Facilities	Users						Among Users		
	Total Medicaid Rx \$	As a Percentage of All-Year		Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	Users		
		Number of Users	Nursing Facility Residents				Benefit Months	Benefit Months	
ANTIPSYCHOTICS	\$324	0	0.0 %	0	0.0	\$0			
ULCER DRUGS	384	2	5.7	3	2.0	64		128	
ANTIDEPRESSANTS	259	1	2.9	1	3.0	86		259	
ANTICONVULSANT	128	0	0.0	0	0.0	0		0	
ANTIDIABETIC	99	2	5.7	2	1.5	33		50	
HEMATOPOIETIC AGENTS	8	1	2.9	2	1.0	4		4	
ANTIHYPERTENSIVE	81	3	8.6	4	2.0	10		20	
ANALGESICS - Narcotic	7	0	0.0	0	0.0	0		0	
CALCIUM BLOCKERS	116	0	0.0	0	0.0	0		0	
FLUOROQUINOLONES	135	2	5.7	2	1.0	68		68	
Total	1,541	11		14	n.a.	n.a.		n.a.	

Source: Data for this table are from the MAX 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 144 beneficiaries who were in nursing facilities for part of their enrollment and their 887 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS					
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>33</b>	<b>\$1,541</b>	<b>0</b>	<b>0.0 %</b>	<b>0</b>	<b>0.0 %</b>	<b>0</b>	<b>0.0</b>	<b>\$0</b>	<b>2</b>	<b>5.7 %</b>	<b>3</b>	<b>2.0</b>	<b>\$128</b>
<b>Female</b>	33	1,541	0	0.0	0	0.0	0	0.0	0	2	10.0	3	2.0	128
<b>Disabled</b>	27	1,098	0	0.0	0	0.0	0	0.0	0	1	20.0	2	2.0	121
64 or younger	11	673	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
75-84	0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	16	425	0	0.0	0	0.0	0	0.0	0	1	50.0	2	2.0	121
<b>Other Eligibles</b>	6	443	0	0.0	0	0.0	0	0.0	0	1	6.7	1	2.0	142
64 or younger	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
75-84	0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	6	443	0	0.0	0	0.0	0	0.0	0	1	11.1	1	2.0	142
<b>Male</b>	0	0	0	0.0	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	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
65-74	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
85 and older	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
64 or younger	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
75-84	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
<b>Unknown</b>	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 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 144 beneficiaries who were in nursing facilities for part of their enrollment and their 887 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	1	2.9 %	1	3.0	\$259	0	0.0 %	0	0.0	\$0	2	5.7 %	2	1.5	\$50
<b>Female</b>	1	5.0	1	3.0	259	0	0.0	0	0.0	0	10.0	2	1.5	50	0
<b>Disabled</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	40.0	2	1.5	50	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	200.0	2	1.5	50	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>	1	6.7	1	1.0	160	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	1	11.1	1	1.0	160	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Male</b>	0	0.0	0	0.0	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	0.0	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>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 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 144 beneficiaries who were in nursing facilities for part of their enrollment and their 887 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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 SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIHYPERTENSIVE					ANALGESICS - Narcotic				
	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	1	2.9 %	2	1.0	\$4	3	8.6 %	4	2.0	\$20	0	0.0 %	0	0.0	\$0
<b>Female</b>	1	5.0	2	1.0	4	3	15.0	4	2.0	20	0	0.0	0	0.0	0
<b>Disabled</b>	1	20.0	2	1.0	4	2	40.0	3	2.3	25	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	1	50.0	2	1.0	4	2	100.0	3	1.7	17	0	0.0	0	0.0	0
<b>Other Eligibles</b>	0	0.0	0	0.0	0	1	6.7	1	1.0	6	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	1	11.1	1	1.0	6	0	0.0	0	0.0	0
<b>Male</b>	0	0.0	0	0.0	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	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>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 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 144 beneficiaries who were in nursing facilities for part of their enrollment and their 887 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	CALCIUM BLOCKERS					FLUOROQUINOLONES					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		All-Year Nursing Facility Residents
<b>All</b>	0	0.0 %	0	0.0	\$0	2	5.7 %	2	1.0	\$68	46	
<b>Female</b>	0	0.0	0	0.0	0	2	10.0	2	1.0	68	27	
<b>Disabled</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	
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	3	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	
<b>Other Eligibles</b>	0	0.0	0	0.0	0	2	13.3	2	1.0	68	20	
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	4	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	
85 and older	0	0.0	0	0.0	0	2	22.2	2	1.0	68	11	
<b>Male</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	19	
<b>Disabled</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	
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	16	
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	5	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	
<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 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 144 beneficiaries who were in nursing facilities for part of their enrollment and their 887 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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<sup>a,b</sup>  
 ARIZONA, 2003

Beneficiary Characteristics	Number of Beneficiaries with		Percentage of Beneficiaries with		Number of Part D Excluded Rx per Beneficiary		Total Part D Excluded Rx \$		\$ per Part D Excluded Rx		Part D Excluded Rx \$ as a Percentage of All Dual Rx \$ of Beneficiaries		Total Number of Beneficiaries
	D Excluded Rx	at Least One Part D Excluded Rx	D Excluded Rx	at Least One Part D Excluded Rx	D Excluded Rx per Beneficiary	D Excluded Rx per Beneficiary	Excluded Rx	Total Part D Excluded Rx	Excluded Rx	Total Part D Excluded Rx	Dual Rx \$	1.6 %	
All	540	0.2	6.3 %	2,005	\$1	\$10,369	\$5	8,610					
<b>Age</b>													
5 and younger	0	0.0	0.0	0	0	0	0	0	0	0.0	0	0	0
6-14	0	0.0	0.0	0	0	0	0	0	0	0.0	0	0	0
15-20	0	0.0	0.0	0	0	0	0	0	0	0.0	0	0	9
21-44	29	3.3	0.2	138	1	1,088	8	881	0.7	8	0.7	881	881
45-64	67	4.3	0.1	210	1	1,260	6	1,562	1.2	6	1.2	1,562	1,562
65-74	244	6.8	0.2	877	1	4,091	5	3,601	1.7	5	1.7	3,601	3,601
75-84	151	7.9	0.3	615	2	3,140	5	1,918	2.9	5	2.9	1,918	1,918
85 and older	49	7.7	0.3	165	1	790	5	639	2.5	5	2.5	639	639
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0	0.0	0	0
<b>Basis of Eligibility<sup>c</sup></b>													
Aged	223	6.4	0.2	796	1	3,974	5	3,472	2.1	5	2.1	3,472	3,472
Disabled	310	7.8	0.3	1,183	2	6,170	5	3,952	1.4	5	1.4	3,952	3,952
Adults	7	0.6	0.0	26	0	225	9	1,185	1.4	9	1.4	1,185	1,185
Children	0	0.0	0.0	0	0	0	0	1	0.0	0	0.0	1	1
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0	0.0	0	0
<b>Gender</b>													
Female	352	6.9	0.3	1,351	1	7,064	5	5,129	2.0	5	2.0	5,129	5,129
Male	188	5.4	0.2	654	1	3,305	5	3,481	1.2	5	1.2	3,481	3,481
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0	0.0	0	0
<b>Race</b>													
White	13	1.5	0.1	65	1	524	8	851	4.0	8	4.0	851	851
African American	1	1.3	0.0	3	0	10	3	75	1.4	3	1.4	75	75
Other/unknown	526	6.8	0.3	1,937	1	9,835	5	7,684	1.6	5	1.6	7,684	7,684
<b>Use of Nursing Facilities<sup>d</sup></b>													
Entire year	4	11.4	0.4	15	4	137	9	35	1.1	9	1.1	35	35
Part year	51	35.4	1.4	208	12	1,771	9	144	2.5	9	2.5	144	144
None	485	5.8	0.2	1,782	1	8,461	5	8,431	1.5	5	1.5	8,431	8,431
<b>Maintenance Assistance Status</b>													
Cash	459	8.4	0.3	1,712	2	8,299	5	5,496	1.6	5	1.6	5,496	5,496
Medically needy	0	0.0	0.0	0	0	0	0	0	0.0	0	0.0	0	0
Poverty related	6	0.5	0.0	18	0	54	3	1,165	1.4	3	1.4	1,165	1,165
Other/unknown	75	3.8	0.1	275	1	2,016	7	1,949	2.1	7	2.1	1,949	1,949

Source: Data for this table are from the MAX 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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<sup>a,b</sup>  
 ARIZONA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.0	\$0	\$5	\$0	\$0	79,224
<b>Age</b>						
5 and younger	0.0	0	0	0	0	0
6-14	0.0	0	0	0	0	0
15-20	0.0	0	0	0	0	97
21-44	0.0	0	8	0	0	7,081
45-64	0.0	0	6	0	0	12,865
65-74	0.0	0	5	0	0	35,214
75-84	0.0	0	5	0	0	18,700
85 and older	0.0	0	5	0	0	5,267
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.0	0	5	0	0	31,664
Disabled	0.0	0	5	0	0	40,912
Adults	0.0	0	9	0	0	6,636
Children	0.0	0	0	0	0	12
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.0	0	5	0	0	49,283
Male	0.0	0	5	0	0	29,941
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.0	0	8	0	0	3,106
African American	0.0	0	3	0	0	237
Other/unknown	0.0	0	5	0	0	75,881
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.3	3	9	0	0	46
Part year	0.2	2	9	0	1	887
None	0.0	0	5	0	0	78,291
<b>Maintenance Assistance Status</b>						
Cash	0.0	0	5	0	0	59,427
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	3	0	0	9,020
Other/unknown	0.0	0	7	0	0	10,777

Source: Data for this table are from the MAX 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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<sup>a,b,c</sup>  
 ARIZONA, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
<b>All</b>	<b>666</b>	<b>\$16</b>	<b>\$10,369</b>	<b>100.0 %</b>	<b>2,005</b>	<b>\$5</b>	<b>100.0 %</b>	<b>2,005</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	1	84	84	0.8	1	84	0.0	1	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0	0	0.0
Drugs for cosmetic purposes	1	10	10	0.1	1	10	0.0	1	0.0
Cough and cold medications	95	9	858	8.3	113	8	5.6	113	5.6
Vitamins and minerals	88	34	2,999	28.9	254	12	12.7	254	12.7
Non-prescription drugs	417	12	5,114	49.3	1,472	3	73.4	1,472	73.4
Barbiturates	2	16	31	0.3	8	4	0.4	8	0.4
Benzodiazepines	50	24	1,202	11.6	138	9	6.9	138	6.9
Other Part D Excl Rx Drugs	12	6	71	0.7	18	4	0.9	18	0.9

Source: Data for this table are from the MAX 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 = Centers for Medicare & 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<sup>a, b</sup>  
 ARIZONA, 2003

Total Number of Dual Eligible Beneficiaries                      8,610  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries       \$635,893  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary        \$74

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,513	87.3 %	\$0	0.0 %
1-500	819	9.5	110,213	17.3
501-1,000	103	1.2	74,413	11.7
1,001-1,500	73	0.8	86,784	13.6
1,501-2,000	36	0.4	62,757	9.9
2,001-2,500	20	0.2	45,291	7.1
2,501-3,000	10	0.1	26,509	4.2
3,001-3,500	7	0.1	22,647	3.6
3,501-4,000	7	0.1	25,659	4.0
4,001-4,500	5	0.1	21,291	3.3
4,501-5,000	4	0.0	18,904	3.0
5,001-5,500	2	0.0	10,708	1.7
5,501-6,000	1	0.0	5,728	0.9
6,001-6,500	1	0.0	6,151	1.0
6,501-7,000	1	0.0	6,672	1.0
7,001-7,500	1	0.0	7,058	1.1
7,501-8,000	1	0.0	8,051	1.3
8,001-8,500	1	0.0	8,988	1.4
8,501-9,000	1	0.0	9,409	1.5
9,001-9,500	1	0.0	9,889	1.6
9,501-10,000	3	0.0	68,771	10.8
10,001+				

Source: Data for this table are from the MAX 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003.

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<sup>a, b, c</sup>  
 ARIZONA, 2003

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

1,651  
 \$241,272  
 \$146

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,418	85.9%	0	0.0%
1-500	163	9.9	21,253	8.8
501-1,000	17	1.0	12,464	5.2
1,001-1,500	14	0.8	16,258	6.7
1,501-2,000	10	0.6	17,231	7.1
2,001-2,500	6	0.4	14,032	5.8
2,501-3,000	3	0.2	8,042	3.3
3,001-3,500	1	0.1	3,394	1.4
3,501-4,000	4	0.2	14,465	6.0
4,001-4,500	4	0.2	16,995	7.0
4,501-5,000	3	0.2	14,010	5.8
5,001-5,500	1	0.1	5,410	2.2
5,501-6,000	1	0.1	6,151	2.5
6,001-6,500	1	0.1	7,058	2.9
6,501-7,000	1	0.1	8,051	3.3
7,001-7,500	1	0.1	8,988	3.7
7,501-8,000	1	0.1	9,409	3.9
8,001-8,500	1	0.1	9,889	4.1
8,501-9,000	1	0.1	48,172	20.0
9,001-9,500				
9,501-10,000				
10,001+				

Source: Data for this table are from the MAX 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003.

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<sup>a, b</sup>  
 ARIZONA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+                      6,158  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+    \$378,429  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+    \$62

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,316	86.3 %	0	0.0 %
1-500	640	10.4	86,965	23.0
501-1,000	85	1.4	61,406	16.2
1,001-1,500	58	0.9	69,377	18.3
1,501-2,000	24	0.4	42,190	11.1
2,001-2,500	13	0.2	28,762	7.6
2,501-3,000	7	0.1	18,467	4.9
3,001-3,500	6	0.1	19,253	5.1
3,501-4,000	3	0.0	11,194	3.0
4,001-4,500	1	0.0	4,296	1.1
4,501-5,000	1	0.0	4,894	1.3
5,001-5,500	1	0.0	5,298	1.4
5,501-6,000	1	0.0	5,728	1.5
6,001-6,500	2	0.0	20,599	5.4
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 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003.

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<sup>a, b</sup>  
 ARIZONA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 3,601  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$239,686  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$67

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,130	86.9 %	0	0.0 %
1-500	346	9.6	45,236	18.9
501-1,000	50	1.4	36,387	14.8
1,001-1,500	34	0.9	41,672	17.4
1,501-2,000	18	0.5	31,543	13.2
2,001-2,500	9	0.2	19,954	8.3
2,501-3,000	3	0.1	7,670	3.2
3,001-3,500	3	0.1	9,766	4.1
3,501-4,000	2	0.1	7,643	3.2
4,001-4,500	1	0.0	4,296	1.8
4,501-5,000	1	0.0	4,894	2.0
5,001-5,500	1	0.0	5,298	2.2
5,501-6,000	1	0.0	5,728	2.4
6,001-6,500	2	0.1	20,599	8.6
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 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003.  
 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<sup>a, b</sup>  
ARIZONA, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 1,918  
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$107,105  
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$56

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,640	85.5 %	0	0.0 %
1-500	216	11.3	30,912	28.9
501-1,000	29	1.5	21,656	20.2
1,001-1,500	20	1.0	23,326	21.8
1,501-2,000	4	0.2	6,878	6.4
2,001-2,500	3	0.2	6,678	6.2
2,501-3,000	3	0.2	7,905	7.4
3,001-3,500	2	0.1	6,199	5.8
3,501-4,000	1	0.1	3,551	3.3
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 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003.

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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	Number of Beneficiaries				Number of Benefit Months							
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>99,874</b>	<b>44,675</b>	<b>43,213</b>	<b>11,979</b>	<b>7</b>	<b>0</b>	<b>999,004</b>	<b>435,255</b>	<b>467,725</b>	<b>95,964</b>	<b>60</b>	<b>0</b>
<b>Age</b>												
5 and younger	4	0	3	0	1	0	37	0	36	0	1	0
6-14	15	0	14	0	1	0	172	0	160	0	12	0
15-20	209	0	186	18	5	0	2,264	0	2,052	165	47	0
21-44	18,438	1	13,990	4,447	0	0	191,769	11	152,831	38,927	0	0
45-64	23,353	3	17,518	5,832	0	0	233,901	35	187,666	46,200	0	0
65-74	26,753	16,870	8,507	1,376	0	0	270,991	168,847	93,152	8,992	0	0
75-84	19,625	16,993	2,374	258	0	0	195,489	168,485	25,546	1,458	0	0
85 and older	11,477	10,808	621	48	0	0	104,381	97,877	6,282	222	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	60,254	30,963	24,037	5,250	4	0	610,650	305,034	262,477	43,104	35	0
Male	39,620	13,712	19,176	6,729	3	0	388,354	130,221	205,248	52,860	25	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	55,509	24,379	24,184	6,942	4	0	541,866	228,659	259,213	53,957	37	0
African American	4,821	1,289	2,649	883	0	0	48,204	12,404	28,513	7,287	0	0
Other/unknown	39,544	19,007	16,380	4,154	3	0	408,934	194,192	179,999	34,720	23	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	314	252	62	0	0	0	2,695	2,095	600	0	0	0
Part year	331	225	106	0	0	0	3,415	2,278	1,137	0	0	0
None	99,229	44,198	43,045	11,979	7	0	992,894	430,882	465,988	95,964	60	0
<b>Maintenance Assistance Status</b>												
Cash	40,664	12,977	23,667	4,019	1	0	445,841	143,689	264,293	37,849	10	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	17,573	10,000	7,473	97	3	0	177,486	97,610	79,234	617	25	0
Other/unknown	41,637	21,698	12,073	7,863	3	0	375,677	193,956	124,198	57,498	25	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	99,361	44,450	42,969	11,935	7	0	993,538	432,843	465,151	95,484	60	0
Full dual, part year	513	225	244	44	0	0	5,466	2,412	2,574	480	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	7,052	2,792	3,336	923	1	0	72,894	28,712	38,133	6,037	12	0
FFS part year, with Rx claims	244	131	109	4	0	0	2,666	1,390	1,230	46	0	0
FFS part year, no Rx claims	1,340	564	518	258	0	0	12,948	5,586	5,238	2,124	0	0
MC all year, with Rx claims	558	385	172	1	0	0	5,662	3,794	1,856	12	0	0
MC all year, no Rx claims	90,680	40,803	39,078	10,793	6	0	904,834	395,773	421,268	87,745	48	0



Source: Data for this table are from the MAX 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	Beneficiaries and			Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months in Cell G of Table 1 Number of Beneficiaries	Benefit Months in Cell H of Table 1 Number of Beneficiaries	Benefit Months in Cell I of Table 1 Number of Beneficiaries	Benefit Months in Cell J of Table 1 Number of Beneficiaries
<b>All</b>	<b>99,874</b>	<b>999,004</b>	<b>8,610</b>	<b>79,224</b>	<b>26</b>
Fee-for-service (FFS) all year	7,052	72,894	7,052	72,807	0
FFS part year, with Rx claims	244	2,666	244	1,295	0
FFS part year, with no Rx claims	1,340	12,948	1,314	5,122	26
Managed care (MC) all year, with Rx claims	558	5,662	0	0	0
MC all year, with no Rx claims	90,680	904,834	0	0	0

Source: Data for this table are from the MAX 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

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

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