

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

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL 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	All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	127,391	312	7,000	59,065	61,014	0	952,869	2,305	72,236	404,951	473,377	0	952,869	2,305	72,236	404,951	473,377	0	
Age																			
5 and younger	22,767	1	411	0	22,355	0	165,336	12	3,981	0	161,343	0	165,336	12	3,981	0	161,343	0	
6-14	28,494	0	927	0	27,567	0	235,321	0	9,943	0	225,378	0	235,321	0	9,943	0	225,378	0	
15-20	17,481	0	611	5,778	11,092	0	134,196	0	6,280	41,260	86,656	0	134,196	0	6,280	41,260	86,656	0	
21-44	43,451	0	1,777	41,674	0	0	300,517	0	17,930	282,587	0	0	300,517	0	17,930	282,587	0	0	
45-64	14,504	1	2,926	11,577	0	0	111,129	1	30,220	80,908	0	0	111,129	1	30,220	80,908	0	0	
65-74	448	157	271	20	0	0	4,137	998	3,017	122	0	0	4,137	998	3,017	122	0	0	
75-84	193	113	70	10	0	0	1,768	927	781	60	0	0	1,768	927	781	60	0	0	
85 and older	52	40	7	5	0	0	464	367	84	13	0	0	464	367	84	13	0	0	
Unknown	1	0	0	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0	
Gender																			
Female	67,237	180	3,319	33,154	30,584	0	516,724	1,235	34,720	241,808	238,961	0	516,724	1,235	34,720	241,808	238,961	0	
Male	60,154	132	3,681	25,911	30,430	0	436,145	1,070	37,516	163,143	234,416	0	436,145	1,070	37,516	163,143	234,416	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Race																			
White	9,221	20	314	5,971	2,916	0	13,601	107	918	8,403	4,173	0	13,601	107	918	8,403	4,173	0	
African American	1,433	1	74	771	587	0	2,314	2	249	1,148	915	0	2,314	2	249	1,148	915	0	
Other/unknown	116,737	291	6,612	52,323	57,511	0	936,954	2,196	71,069	395,400	468,289	0	936,954	2,196	71,069	395,400	468,289	0	
Use of Nursing Facilities^c																			
Entire year	12	2	10	0	0	0	20	2	18	0	0	0	20	2	18	0	0	0	
Part year	131	7	96	22	6	0	1,113	43	800	227	43	0	1,113	43	800	227	43	0	
None	127,248	303	6,894	59,043	61,008	0	951,736	2,260	71,418	404,724	473,334	0	951,736	2,260	71,418	404,724	473,334	0	
Maintenance Assistance Status																			
Cash	62,860	104	6,461	26,476	29,819	0	528,390	1,086	69,699	201,242	256,363	0	528,390	1,086	69,699	201,242	256,363	0	
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Poverty-related	25,880	37	22	1,791	24,030	0	183,436	302	155	10,049	172,930	0	183,436	302	155	10,049	172,930	0	
Other/unknown	38,651	171	517	30,798	7,165	0	241,043	917	2,382	193,660	44,084	0	241,043	917	2,382	193,660	44,084	0	
Managed Care (MC) Status																			
Fee-for-service (FFS) all year	100,386	187	5,996	45,371	48,832	0	866,509	1,816	67,759	362,873	434,061	0	866,509	1,816	67,759	362,873	434,061	0	
FFS part year, with Rx claims	1,210	7	204	399	600	0	6,565	31	1,228	2,186	3,120	0	6,565	31	1,228	2,186	3,120	0	
FFS part year, no Rx claims	25,795	118	800	13,295	11,582	0	79,795	458	3,249	39,892	36,196	0	79,795	458	3,249	39,892	36,196	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 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	4.2 %	0.2	\$15	\$73	\$2,578	0.6 %	127,391
Age							
5 and younger	5.4	0.1	13	97	3,160	0.4	22,767
6-14	3.6	0.1	6	62	1,413	0.4	28,494
15-20	3.7	0.1	20	153	2,306	0.9	17,481
21-44	3.6	0.2	16	80	2,465	0.6	43,451
45-64	5.4	0.6	30	47	4,314	0.7	14,504
65-74	11.2	1.3	41	31	10,361	0.4	448
75-84	10.9	1.1	31	27	6,902	0.5	193
85 and older	13.5	1.6	56	34	5,002	1.1	52
Unknown	0.0	0.0	0	0	1,879	0.0	1
Basis of Eligibility^e							
Aged	8.7	1.2	34	28	7,204	0.5	312
Disabled	14.1	1.7	197	117	13,060	1.5	7,000
Adults	3.0	0.1	5	38	1,865	0.3	59,065
Children	4.2	0.1	5	41	2,042	0.2	61,014
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	4.8	0.2	12	49	3,002	0.4	67,237
Male	3.5	0.2	20	106	2,103	0.9	60,154
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	0.7	0.0	2	88	1,046	0.2	9,221
African American	1.7	0.1	1	21	1,249	0.1	1,433
Other/unknown	4.5	0.2	17	73	2,715	0.6	116,737
Use of Nursing Facilities^f							
Entire year	58.3	9.0	212	24	77,500	0.3	12
Part year	89.3	23.2	1,123	48	76,319	1.5	131
None	4.1	0.2	14	77	2,495	0.6	127,248
Maintenance Assistance Status							
Cash	5.9	0.3	26	80	3,702	0.7	62,860
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	4.0	0.1	7	57	1,968	0.3	25,880
Other/unknown	1.5	0.1	3	43	1,159	0.3	38,651

Table ND3

Nondual 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 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. 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of		Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months		
			All Medicaid FFS ^c	FFS ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10				Beneficiaries	
All	0.0	\$2	0.6 %	95.8 %	3.8 %	0.2 %	0.2 %	0.2 %	0.0 %	0.0 %	0.0 %	0.0 %	\$345	127,391	952,869
Age															
5 and younger	0.0	2	0.4	94.6	5.3	0.1	0.1	0.1	0.0	0.0	0.0	0.0	435	22,767	165,336
6-14	0.0	1	0.4	96.4	3.4	0.1	0.0	0.0	0.0	0.0	0.0	0.0	171	28,494	235,321
15-20	0.0	3	0.9	96.3	3.4	0.1	0.1	0.1	0.0	0.0	0.0	0.1	300	17,481	134,196
21-44	0.0	2	0.6	96.4	3.3	0.2	0.1	0.1	0.0	0.0	0.0	0.0	356	43,451	300,517
45-64	0.1	4	0.7	94.6	4.0	0.6	0.6	0.6	0.1	0.1	0.1	0.1	563	14,504	111,129
65-74	0.1	4	0.4	88.8	7.8	1.3	1.6	1.6	0.2	0.2	0.2	0.2	1,122	448	4,137
75-84	0.1	3	0.5	89.1	8.8	0.0	1.0	1.0	1.0	1.0	0.0	0.0	754	193	1,768
85 and older	0.2	6	1.1	86.5	5.8	5.8	0.0	0.0	0.0	0.0	1.9	1.9	561	52	464
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1,879	1	1
Basis of Eligibility^e															
Aged	0.2	5	0.5	91.3	5.4	1.6	1.0	1.0	0.0	0.0	0.0	0.6	975	312	2,305
Disabled	0.2	19	1.5	85.9	10.5	1.4	1.5	1.5	0.4	0.4	0.3	0.3	1,266	7,000	72,236
Adults	0.0	1	0.3	97.0	2.7	0.2	0.1	0.1	0.0	0.0	0.0	0.0	272	59,065	404,951
Children	0.0	1	0.2	95.8	4.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0	263	61,014	473,377
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender															
Female	0.0	2	0.4	95.2	4.4	0.2	0.2	0.2	0.0	0.0	0.0	0.0	391	67,237	516,724
Male	0.0	3	0.9	96.5	3.1	0.2	0.2	0.2	0.0	0.0	0.0	0.0	290	60,154	436,145
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race															
White	0.0	2	0.2	99.3	0.4	0.2	0.1	0.1	0.0	0.0	0.0	0.0	709	9,221	13,601
African American	0.0	1	0.1	98.3	0.8	0.4	0.3	0.3	0.1	0.1	0.0	0.0	773	1,433	2,314
Other/unknown	0.0	2	0.6	95.5	4.1	0.2	0.2	0.2	0.0	0.0	0.0	0.0	338	116,737	936,954
Use of Nursing Facilities^f															
Entire year	5.4	127	0.3	41.7	16.7	8.3	8.3	8.3	16.7	8.3	8.3	8.3	46,500	12	20
Part year	2.7	132	1.5	10.7	39.7	12.2	17.6	17.6	6.9	13.0	13.0	13.0	8,983	131	1,113
None	0.0	2	0.6	95.9	3.7	0.2	0.1	0.1	0.0	0.0	0.0	0.0	334	127,248	951,736
Maintenance Assistance Status															
Cash	0.0	3	0.7	94.1	5.3	0.3	0.3	0.3	0.1	0.0	0.0	0.0	440	62,860	528,390
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.0	1	0.3	96.0	3.8	0.1	0.1	0.1	0.0	0.0	0.0	0.0	278	25,880	183,436
Other/unknown	0.0	1	0.3	98.5	1.4	0.1	0.1	0.0	0.0	0.0	0.0	0.0	186	38,651	241,043

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 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. 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 ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 2003

Beneficiary	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	Number of Rx	Rx \$	Number of Rx	Rx \$	Number of Rx	Rx \$	Number of Rx	Rx \$
Beneficiary Characteristics		\$73	0.0	\$2	\$222	0.0	\$70	\$0
All	0.0	\$2	0.0	\$2	\$222	0.0	\$70	\$14
Age								
5 and younger	0.0	2	0.0	2	391	0.0	53	0
6-14	0.0	1	0.0	1	160	0.0	43	0
15-20	0.0	3	0.0	2	417	0.0	611	0
21-44	0.0	2	0.0	2	267	0.0	45	0
45-64	0.1	4	0.0	3	123	0.0	26	1
65-74	0.1	4	0.0	3	71	0.0	38	1
75-84	0.1	3	0.0	2	70	0.0	32	1
85 and older	0.2	6	0.1	5	94	0.0	13	1
Unknown	0.0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d								
Aged	0.2	5	0.0	3	78	0.0	14	1
Disabled	0.2	19	0.1	17	325	0.0	86	2
Adults	0.0	1	0.0	1	123	0.0	34	0
Children	0.0	1	0.0	1	119	0.0	58	0
Unknown	0.0	0	0.0	0	0	0.0	0	0
Gender								
Female	0.0	2	0.0	1	143	0.0	96	0
Male	0.0	3	0.0	2	321	0.0	39	0
Unknown	0.0	0	0.0	0	0	0.0	0	0
Race								
White	0.0	2	0.0	1	309	0.0	20	0
African American	0.0	1	0.0	0	70	0.0	0	0
Other/unknown	0.0	2	0.0	2	222	0.0	70	0
Use of Nursing Facilities^e								
Entire year	5.4	127	0.9	78	87	0.4	21	41
Part year	2.7	132	0.7	94	140	0.1	34	36
None	0.0	2	0.0	2	232	0.0	76	0
Maintenance Assistance								
Status								
Cash	0.0	3	0.0	3	246	0.0	73	0
Medically needy	0.0	0	0.0	0	0	0.0	0	0
Poverty related	0.0	1	0.0	1	161	0.0	27	0
Other/unknown	0.0	1	0.0	0	120	0.0	33	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 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, 0.6 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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, ARIZONA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months			
Anti-infective Agents	0.2	0.1	0.0	0.1	\$10	\$8	\$0	\$2	\$59	\$147	\$77	\$18	4,521	\$265,959	2,688	2.1 %	26,195
Biologicals	0.1	0.1	0.0	0.0	126	46	79	0	869	485	1,855	29	44	38,241	28	0.0	304
Antineoplastic Agents	0.4	0.1	0.0	0.3	58	40	3	16	134	378	121	52	124	16,626	27	0.0	287
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	22	16	0	5	64	157	16	23	2,597	165,989	783	0.6	7,651
Cardiovascular Agents	0.6	0.1	0.0	0.4	18	12	0	6	31	82	10	14	3,156	97,140	533	0.4	5,361
Respiratory Agents	0.2	0.1	0.0	0.1	9	7	0	2	38	74	48	12	2,841	107,245	1,303	1.0	12,396
Gastrointestinal Agents	0.3	0.1	0.0	0.1	27	25	0	2	106	214	0	15	1,220	129,884	481	0.4	4,763
Genitourinary Agents	0.2	0.1	0.0	0.1	6	5	0	1	36	59	0	13	264	9,589	175	0.1	1,648
CNS Drugs	0.4	0.2	0.0	0.2	23	20	0	3	57	115	160	12	2,340	134,004	652	0.5	5,846
Stimulants/Anti-obesity/Anorexia	0.3	0.2	0.0	0.2	18	14	0	4	51	79	0	23	184	9,386	60	0.0	536
Miscellaneous Psychological/Neurological Agents	0.3	0.0	0.0	0.3	21	0	0	21	63	0	0	63	4	253	1	0.0	12
Analgesics and Anesthetics	0.2	0.0	0.0	0.2	7	5	0	2	28	328	14	8	5,108	140,693	2,159	1.7	21,570
Neuromuscular Agents	0.4	0.1	0.1	0.2	24	17	4	3	61	116	45	19	1,192	73,060	335	0.3	3,102
Nutritional Products	0.3	0.0	0.0	0.3	4	1	0	3	17	120	0	13	872	14,491	363	0.3	3,250
Hematological Agents	0.4	0.2	0.0	0.1	519	516	1	1	1428	2,751	19	9	474	676,689	134	0.1	1,305
Topical Products	0.2	0.0	0.0	0.1	4	2	0	1	24	83	270	11	1,572	37,342	1,055	0.8	10,271
Miscellaneous Products	0.3	0.2	0.0	0.1	51	49	0	2	193	313	0	20	212	40,849	78	0.1	800
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	4	0	0	0	36	0	0	0	135	4,799	112	0.1	1,183
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	26,860	1,962,219	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. 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.medispan.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.medispan.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 ND.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
MISC. HEMATOLOGICAL	\$560,552	19	0.0 %	202	0.6	\$4,345
ANALGESICS - ANTI-INFLAMMATORY	87,222	1,407	1.1	14,534	0.2	39
HEMATOPOIETIC AGENTS	86,899	159	0.1	1,722	0.1	341
ANTIDIABETIC	81,231	463	0.4	5,038	0.3	52
ANTIASTHMATIC	74,265	904	0.7	9,120	0.2	46
MISC. ENDOCRINE	71,874	27	0.0	297	0.4	630
ANTIVIRAL	67,220	50	0.0	496	0.3	439
ULCER DRUGS	58,884	382	0.3	4,053	0.2	75
ANTICONVULSANT	55,213	189	0.1	1,933	0.4	81
MISC. GI	45,627	92	0.1	844	0.2	273
Total	1,188,987	3,692		38,239	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 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 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 Mo(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.

TABLE ND.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^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				MISC. HEMATOLOGICAL				ANALGESICS - ANTI-INFLAMMATORY				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Benefit Months Among Users	Users as % of All Benes	Number of Benefit Months Among Users
All	7,716	\$1,188,987	19	0.0 %	202	0.6	\$2,775	1,407	1.1 %	14,534	0.2	\$6	
Female	4,436	342,512	10	0.0	98	0.1	13	869	1.3	8,978	0.2	6	
Disabled	1,856	209,012	8	0.2	74	0.1	16	145	4.4	1,649	0.2	28	
5 and younger	32	3,461	0	0.0	0	0.0	0	1	0.7	12	0.1	0	
6-14	38	20,151	0	0.0	0	0.0	0	5	1.6	53	0.3	269	
15-20	23	12,124	0	0.0	0	0.0	0	2	0.9	23	0.1	4	
21-44	349	81,286	1	0.1	2	0.5	55	39	4.7	446	0.2	31	
45-64	1,322	87,696	6	0.4	70	0.1	14	91	5.6	1,038	0.2	16	
65-74	85	4,193	1	0.7	2	0.5	55	7	4.9	77	0.3	9	
75-84	7	101	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Other Eligibles	2,580	133,500	2	0.0	24	0.1	2	724	1.1	7,329	0.1	1	
5 and younger	374	6,962	0	0.0	0	0.0	0	127	1.1	1,228	0.1	1	
6-14	323	30,337	0	0.0	0	0.0	0	106	0.8	1,122	0.1	1	
15-20	262	31,690	0	0.0	0	0.0	0	108	1.2	1,090	0.1	1	
21-44	1,103	37,687	1	0.0	12	0.1	2	313	1.3	3,141	0.2	2	
45-64	465	25,122	0	0.0	0	0.0	0	68	1.1	731	0.2	1	
65-74	37	1,098	0	0.0	0	0.0	0	2	1.8	17	0.4	2	
75-84	4	132	1	1.4	12	0.1	2	0	0.0	0	0.0	0	
85 and older	12	472	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Male	3,280	846,475	9	0.0	104	1.1	5,378	538	0.9	5,556	0.1	6	
Disabled	1,770	715,108	6	0.2	71	1.6	7,871	123	3.3	1,394	0.2	17	
5 and younger	145	223,367	1	0.4	12	3.2	17,082	4	1.5	48	0.1	1	
6-14	111	12,622	0	0.0	0	0.0	0	9	1.5	108	0.1	1	
15-20	49	198,091	1	0.3	12	2.4	15,759	4	1.0	46	0.1	1	
21-44	493	226,713	1	0.1	12	2.6	13,698	39	4.1	451	0.2	46	
45-64	880	50,516	3	0.2	35	0.4	11	61	4.7	677	0.2	3	
65-74	54	2,252	0	0.0	0	0.0	0	5	3.9	52	0.3	3	
75-84	38	1,547	0	0.0	0	0.0	0	1	2.1	12	0.1	1	
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Other Eligibles	1,510	131,367	3	0.0	33	0.1	14	415	0.7	4,162	0.1	2	
5 and younger	403	10,434	0	0.0	0	0.0	0	136	1.2	1,334	0.1	1	
6-14	372	32,827	0	0.0	0	0.0	0	123	0.9	1,302	0.1	1	
15-20	211	13,392	0	0.0	0	0.0	0	60	0.8	599	0.1	1	
21-44	369	67,078	2	0.0	21	0.1	16	72	0.4	689	0.2	8	
45-64	115	5,270	1	0.0	12	0.1	10	23	0.4	226	0.1	1	
65-74	16	707	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
75-84	5	321	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	19	1,338	0	0.0	0	0.0	0	1	3.8	12	0.2	1	
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	

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

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 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.medispain.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 ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a,b,c}
 NONDUAL BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTI-DIABETIC					ANTI-ASTHMATIC				
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month
All	159	0.1 %	1,722	0.1	\$51	463	0.4 %	5,038	0.3	\$16	904	0.7 %	9,120	0.2	\$8
Female	127	0.2	1,389	0.1	50	284	0.4	3,128	0.3	15	474	0.7	4,876	0.2	8
Disabled	44	1.3	506	0.2	96	148	4.5	1,666	0.3	19	99	3.0	1,121	0.3	13
5 and younger	1	0.7	12	0.1	0	1	0.7	12	0.5	66	8	5.5	72	0.2	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	1.3	48	0.1	5
15-20	3	1.3	35	0.2	332	0	0.0	0	0.0	0	1	0.4	12	0.1	6
21-44	15	1.8	166	0.2	200	10	1.2	118	0.3	18	31	3.7	347	0.3	16
45-64	24	1.5	281	0.2	14	127	7.8	1,424	0.3	19	55	3.4	642	0.3	12
65-74	0	0.0	0	0.0	0	9	6.3	100	0.3	14	0	0.0	0	0.0	0
75-84	1	4.3	12	0.1	0	1	4.3	12	0.1	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	83	0.1	883	0.1	24	136	0.2	1,462	0.3	11	375	0.6	3,755	0.2	6
5 and younger	6	0.1	68	0.2	3	0	0.0	0	0.0	0	115	1.0	1,152	0.1	4
6-14	3	0.0	25	0.2	740	1	0.0	12	0.4	19	84	0.6	810	0.2	6
15-20	13	0.1	143	0.1	0	8	0.1	69	0.2	7	38	0.4	383	0.2	11
21-44	53	0.2	555	0.1	4	77	0.3	814	0.3	10	117	0.5	1,170	0.1	6
45-64	8	0.1	92	0.1	0	42	0.7	476	0.3	13	20	0.3	228	0.2	12
65-74	0	0.0	0	0.0	0	4	3.6	43	0.5	16	1	0.9	12	0.2	4
75-84	0	0.0	0	0.0	0	2	2.9	24	0.1	4	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	2	10.5	24	0.4	11	0	0.0	0	0.0	0
Male	32	0.1	333	0.2	52	179	0.3	1,910	0.3	17	430	0.7	4,244	0.2	9
Disabled	30	0.8	309	0.2	56	101	2.7	1,148	0.4	19	110	3.0	1,152	0.2	12
5 and younger	1	0.4	8	0.4	662	0	0.0	0	0.0	0	26	9.8	273	0.3	23
6-14	0	0.0	0	0.0	0	1	0.2	12	0.1	1	22	3.6	255	0.2	13
15-20	1	0.3	12	0.2	720	0	0.0	0	0.0	0	1	0.3	5	0.2	4
21-44	5	0.5	48	0.2	1	17	1.8	204	0.3	20	26	2.7	283	0.2	7
45-64	20	1.6	205	0.2	17	77	6.0	860	0.3	18	31	2.4	306	0.2	7
65-74	2	1.6	24	0.1	0	4	3.1	48	0.5	30	2	1.6	24	0.2	14
75-84	1	2.1	12	0.1	0	2	4.3	24	0.7	35	2	4.3	6	0.3	10
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2	0.0	24	0.1	0	78	0.1	762	0.3	15	320	0.6	3,092	0.2	7
5 and younger	0	0.0	0	0.0	0	2	0.0	2	1.0	59	142	1.3	1,375	0.1	6
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	115	0.8	1,139	0.2	8
15-20	0	0.0	0	0.0	0	9	0.1	86	0.4	37	31	0.4	289	0.2	8
21-44	1	0.0	12	0.1	0	41	0.2	385	0.3	11	19	0.1	152	0.2	9
45-64	1	0.0	12	0.1	0	19	0.4	211	0.2	11	9	0.2	89	0.1	4
65-74	0	0.0	0	0.0	0	3	4.5	30	0.3	8	3	4.5	36	0.2	13
75-84	0	0.0	0	0.0	0	1	1.9	12	0.3	24	1	1.9	12	0.2	3
85 and older	0	0.0	0	0.0	0	3	11.5	36	0.5	37	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7B

Nondual 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 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 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.medispain.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 ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a,b,c}
 NONDUAL BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	MISC. ENDOCRINE				ANTIVIRAL				ULCER DRUGS			
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month
All	27	0.0 %	297	0.4	50	0.0 %	496	0.3	382	0.3 %	4,053	0.2
Female	20	0.0	223	0.4	27	0.0	259	0.2	219	0.3	2,328	0.2
Disabled	14	0.4	159	0.4	8	0.2	84	0.3	97	2.9	1,062	0.2
5 and younger	1	0.7	3	1.0	0	0.0	0	0.0	1	0.7	12	0.1
6-14	1	0.3	12	1.1	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	1.3	26	0.2
21-44	2	0.2	24	0.2	4	0.5	36	0.6	13	1.6	145	0.2
45-64	8	0.5	96	0.4	4	0.2	48	0.1	72	4.4	790	0.3
65-74	1	0.7	12	1.2	0	0.0	0	0.0	6	4.2	65	0.2
75-84	1	4.3	12	0.1	0	0.0	0	0.0	2	8.7	24	0.1
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Eligibles	6	0.0	64	0.2	19	0.0	175	0.1	122	0.2	1,266	0.2
5 and younger	2	0.0	22	0.2	2	0.0	21	0.1	6	0.1	61	0.1
6-14	1	0.0	10	0.2	2	0.0	24	0.1	11	0.1	119	0.1
15-20	1	0.0	9	0.4	3	0.0	27	0.1	14	0.2	144	0.1
21-44	0	0.0	0	0.0	11	0.0	92	0.2	58	0.2	576	0.1
45-64	1	0.0	11	0.1	1	0.0	11	0.2	31	0.5	349	0.2
65-74	0	0.0	0	0.0	0	0.0	0	0.0	1	0.9	5	0.4
75-84	0	0.0	0	0.0	0	0.0	0	0.0	1	1.4	12	0.1
85 and older	1	5.3	12	0.3	0	0.0	0	0.0	0	0.0	0	0.0
Male	7	0.0	74	0.4	23	0.0	237	0.4	163	0.3	1,725	0.2
Disabled	4	0.1	40	0.4	16	0.4	175	0.4	94	2.6	997	0.2
5 and younger	1	0.4	12	0.2	1	0.4	11	0.3	3	1.1	27	0.2
6-14	1	0.2	12	0.5	0	0.0	0	0.0	4	0.6	48	0.1
15-20	0	0.0	0	0.0	0	0.0	0	0.0	1	0.3	12	0.1
21-44	0	0.0	0	0.0	10	1.1	104	0.4	25	2.6	256	0.2
45-64	2	0.2	16	0.4	5	0.4	60	0.4	58	4.5	627	0.2
65-74	0	0.0	0	0.0	0	0.0	0	0.0	1	0.8	12	0.3
75-84	0	0.0	0	0.0	0	0.0	0	0.0	2	4.3	15	0.9
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Eligibles	3	0.0	34	0.4	7	0.0	62	0.5	69	0.1	728	0.2
5 and younger	0	0.0	0	0.0	1	0.0	4	0.3	9	0.1	89	0.2
6-14	2	0.0	22	0.6	1	0.0	12	0.1	9	0.1	86	0.1
15-20	0	0.0	0	0.0	1	0.0	9	0.1	10	0.1	106	0.2
21-44	1	0.0	12	0.2	4	0.0	37	0.7	30	0.2	320	0.2
45-64	0	0.0	0	0.0	0	0.0	0	0.0	11	0.2	127	0.1
65-74	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
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table ND7C

Nondual 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 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 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.medispain.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 ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	ANTICONVULSANT										MISC. GI									
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users		Mean Benefit per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users		Mean Benefit per Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months						
			1,933	0.4					92	0.1%					844	0.2	127,391	952,869		
All	189	0.1%	1,933	0.4	\$29	\$29	92	0.1%	844	0.2	\$54	127,391	952,869							
Female	106	0.2	1,067	0.3	22	22	54	0.1	519	0.2	41	67,236	516,723							
Disabled	48	1.4	510	0.3	19	19	32	1.0	330	0.2	47	3,319	34,720							
5 and younger	1	0.7	12	0.3	5	5	3	2.1	33	0.1	1	145	1,330							
6-14	1	0.3	12	0.1	3	3	0	0.0	0	0.0	0	311	3,314							
15-20	2	0.9	24	0.3	8	8	1	0.4	12	0.1	1	228	2,428							
21-44	16	1.9	164	0.2	25	25	6	0.7	62	0.3	220	830	8,467							
45-64	27	1.6	296	0.3	17	17	18	1.1	175	0.2	10	1,638	17,326							
65-74	1	0.7	2	0.5	19	19	3	2.1	36	0.1	7	143	1,579							
75-84	0	0.0	0	0.0	0	0	1	4.3	12	0.1	0	23	264							
85 and older	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	1	12							
Other Eligibles	58	0.1	557	0.3	24	24	22	0.0	189	0.2	30	63,917	482,003							
5 and younger	5	0.0	29	0.4	19	19	6	0.1	35	0.3	4	11,146	81,058							
6-14	8	0.1	66	0.6	73	73	1	0.0	12	0.1	1	13,801	113,571							
15-20	2	0.0	17	0.1	6	6	1	0.0	12	0.1	0	8,935	68,498							
21-44	33	0.1	342	0.2	13	13	9	0.0	77	0.2	2	23,607	172,559							
45-64	9	0.1	96	0.4	36	36	5	0.1	53	0.2	102	6,229	44,980							
65-74	1	0.9	7	0.6	15	15	0	0.0	0	0.0	0	111	687							
75-84	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	69	507							
85 and older	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	19	143							
Male	83	0.1	866	0.4	37	37	38	0.1	325	0.2	75	60,154	436,145							
Disabled	59	1.6	628	0.5	32	32	21	0.6	171	0.2	5	3,681	37,516							
5 and younger	2	0.8	14	0.2	9	9	5	1.9	45	0.2	2	266	2,651							
6-14	4	0.6	41	0.6	29	29	0	0.0	0	0.0	0	616	6,629							
15-20	1	0.3	12	0.9	25	25	0	0.0	0	0.0	0	383	3,852							
21-44	26	2.7	283	0.5	45	45	4	0.4	29	0.2	3	947	9,463							
45-64	24	1.9	254	0.4	21	21	12	0.9	97	0.2	6	1,288	12,894							
65-74	1	0.8	12	0.8	24	24	0	0.0	0	0.0	0	128	1,438							
75-84	1	2.1	12	0.4	29	29	0	0.0	0	0.0	0	47	517							
85 and older	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	6	72							
Other Eligibles	24	0.0	238	0.4	50	50	17	0.0	154	0.2	153	56,473	398,629							
5 and younger	2	0.0	24	0.2	7	7	9	0.1	71	0.2	3	11,210	80,297							
6-14	3	0.0	21	0.9	143	143	1	0.0	7	0.1	1	13,766	111,807							
15-20	9	0.1	78	0.4	92	92	0	0.0	0	0.0	0	7,935	59,418							
21-44	7	0.0	79	0.3	17	17	6	0.0	64	0.3	363	18,067	110,028							
45-64	3	0.1	36	0.1	6	6	1	0.0	12	0.1	1	5,349	35,929							
65-74	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	66	433							
75-84	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	54	480							
85 and older	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	26	237							
Unknown	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 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 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(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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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
All	\$127	5.4	12	20
Age				
0-64	132	5.8	9	17
65-74	0	0.0	0	0
75-84	103	3.3	3	3
85 and older	0	0.0	0	0
Unknown	0	0.0	0	0
Gender				
Female	71	3.6	5	7
Male	157	6.4	7	13
Unknown	0	0.0	0	0
Race				
White	57	0.5	2	2
African American	0	0	0	0
Other/unknown	135	5.9	10	18
Basis of Eligibility^c				
Aged	57	0.5	2	2
Disabled	135	5.9	10	18
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 131 beneficiaries who were in nursing facilities for part of their enrollment and their 1,113 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 ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL 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 All-Year Nursing Facility Residents	Number of Benefit Months
	5.3	0.3	1.2	3.8	\$30	\$27	\$51	\$20	\$90	\$23	\$13	4	33.3 %	6
Anti-infective Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0.0	0
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	2.7	0.0	0.0	2.7	19	0	19	7	0	0	7	2	16.7	3
Endocrine/Metabolic Drugs	1.8	0.2	0.2	1.4	39	1	16	22	114	5	11	4	33.3	5
Cardiovascular Agents	1.0	0.0	0.0	1.0	10	0	10	10	0	0	10	1	8.3	2
Respiratory Agents	2.0	0.8	0.0	1.2	91	80	11	45	96	0	9	4	33.3	6
Gastrointestinal Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0.0	0
Genitourinary Agents	1.7	1.3	0.0	0.3	120	116	4	72	87	0	12	4	33.3	6
CNS Drugs	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0.0	0
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	2.4	0.0	0.0	2.4	22	0	22	9	0	0	9	3	25.0	5
Neuromuscular Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0.0	0
Nutritional Products	2.3	0.0	0.0	2.3	21	0	21	9	0	0	9	4	33.3	6
Hematological Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0.0	0
Topical Products	4.0	2.0	0.0	2.0	110	94	16	28	47	0	8	1	8.3	1
Miscellaneous Products	5.0	0.0	0.0	5.0	18	0	18	4	0	0	4	1	8.3	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.	n.a.	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 131 beneficiaries who were in nursing facilities for part of their enrollment and their 1,113 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.medispan.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 = 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^{a, b, c, d}
 NONDUAL BENEFICIARIES, ARIZONA, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$16	1	8.3 %	2	0.5	\$16	\$8	
ANTICONVULSANT	0	0	0.0	0	0.0	0	0	
ANTIDEPRESSANTS	138	1	8.3	1	2.0	69	138	
ANALGESICS - Narcotic	92	4	33.3	6	1.2	13	15	
ULCER DRUGS	101	1	8.3	2	1.0	51	51	
ANTIVIRAL	0	0	0.0	0	0.0	0	0	
MISC. ANTI-INFECTIVES	57	2	16.7	4	0.5	29	14	
MINERALS & ELECTROLYTES	51	3	25.0	6	0.8	10	9	
ANTIASTHMATIC	20	2	16.7	4	0.5	10	5	
CEPHALOSPORINS	0	0	0.0	0	0.0	0	0	
Total	475	14		25	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 131 beneficiaries who were in nursing facilities for part of their enrollment and their 1,113 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.medispn.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 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	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 \$			
All	21	\$475	1	8.3%	2	0.5	\$8	0	0.0%	0	0.0	\$0			
Female	11	189	1	20.0	2	0.5	8	0	0.0	0	0.0	0			
Disabled	11	189	1	25.0	2	0.5	8	0	0.0	0	0.0	0			
64 or younger	10	166	1	33.3	2	0.5	8	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	1	23	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	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			
Male	10	286	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Disabled	10	286	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
64 or younger	10	286	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	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			
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

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

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 2003. A total of 131 beneficiaries who were in nursing facilities for part of their enrollment and their 1,113 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 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS				ANALGESICS - Narcotic				ULCER DRUGS						
	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$			
All	1	8.3 %	1	2.0	\$138	4	33.3 %	6	1.2	\$15	1	8.3 %	2	1.0	\$51
Female	0	0.0	0	0.0	0	2	40.0	4	0.8	16	1	20.0	2	0.5	5
Disabled	0	0.0	0	0.0	0	2	50.0	4	0.8	16	1	25.0	2	0.5	5
64 or younger	0	0.0	0	0.0	0	2	66.7	4	0.8	16	1	33.3	2	0.5	5
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male	1	14.3	1	2.0	138	2	28.6	2	2.0	15	0	0.0	0	0.0	0
Disabled	1	16.7	1	2.0	138	2	33.3	2	2.0	15	0	0.0	0	0.0	0
64 or younger	1	16.7	1	2.0	138	2	33.3	2	2.0	15	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2003. A total of 131 beneficiaries who were in nursing facilities for part of their enrollment and their 1,113 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=09e0ffed-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.

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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	ANTIVIRAL				MISC. ANTI-INFECTIVES				MINERALS & ELECTROLYTES						
	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 \$
All	0	0.0 %	0	0.0	\$0	2	16.7 %	4	0.5	\$14	3	25.0 %	6	0.8	\$9
Female	0	0.0	0	0.0	0	2	40.0	4	0.5	14	2	40.0	4	1.0	11
Disabled	0	0.0	0	0.0	0	2	50.0	4	0.5	14	2	50.0	4	1.0	11
64 or younger	0	0.0	0	0.0	0	2	66.7	4	0.5	14	2	66.7	4	0.8	6
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	14.3	2	0.5	3
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	16.7	2	0.5	3
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	16.7	2	0.5	3
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2003. A total of 131 beneficiaries who were in nursing facilities for part of their enrollment and their 1,113 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 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	ANTIASTHMATIC				CEPHALOSPORINS				Mean Rx \$	Mean Number of Rx	Users as % of All-Year Nursing Facility Residents	Number of Users	Number of Benefit Months Among Users	Mean Rx \$	Mean Number of Rx	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$									
All	2	16.7 %	4	0.5	\$5	0	0.0 %	0	0.0	\$0	0	0.0	0	0.0	12	20	
Female	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	5	7	
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	4	6	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	3	5	
65-74	0	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	1	1	
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	
Other Eligibles	0	0.0	0	0.0	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	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	0	
75-84	0	0.0	0	0.0	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	0.0	0	0.0	0	0	
Male	2	28.6	4	0.5	5	0	0.0	0	0.0	0	0	0.0	0	0.0	7	13	
Disabled	2	33.3	4	0.5	5	0	0.0	0	0.0	0	0	0.0	0	0.0	6	12	
64 or younger	2	33.3	4	0.5	5	0	0.0	0	0.0	0	0	0.0	0	0.0	6	12	
65-74	0	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	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	0	
Other Eligibles	0	0.0	0	0.0	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	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	0	
75-84	0	0.0	0	0.0	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	0.0	0	0.0	0	0	
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 131 beneficiaries who were in nursing facilities for part of their enrollment and their 1,113 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ARIZONA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Nondual Rx \$		Total Number of Beneficiaries
				Part D Excluded Rx	Rx \$ per Beneficiary			Excluded Rx	All Nondual Rx \$	
All	1,751	1.4%	0.0	3,841	\$1	\$66,117	\$17	3.4%	127,391	
Age										
5 and younger	440	1.9	0.0	674	1	14,215	21	4.7	22,767	
6-14	334	1.2	0.0	420	0	2,508	6	1.4	28,494	
15-20	160	0.9	0.0	242	1	25,743	106	7.5	17,481	
21-44	415	1.0	0.0	872	0	5,570	6	0.8	43,451	
45-64	365	2.5	0.1	1,500	1	17,417	12	4.0	14,504	
65-74	20	4.5	0.2	69	1	325	5	1.8	448	
75-84	11	5.7	0.3	50	2	297	6	4.9	193	
85 and older	6	11.5	0.3	14	1	42	3	1.4	52	
Unknown	0	0.0	0.0	0	0	0	0	0.0	1	
Basis of Eligibility^c										
Aged	14	4.5	0.2	57	1	320	6	3.0	312	
Disabled	427	6.1	0.2	1,688	7	49,823	30	3.6	7,000	
Adults	459	0.8	0.0	902	0	6,013	7	2.0	59,065	
Children	851	1.4	0.0	1,194	0	9,961	8	3.6	61,014	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	1,013	1.5	0.0	2,182	1	39,883	18	5.2	67,237	
Male	738	1.2	0.0	1,659	0	26,234	16	2.2	60,154	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	13	0.1	0.0	19	0	172	9	0.8	9,221	
African American	5	0.3	0.0	6	0	26	4	1.6	1,433	
Other/unknown	1,733	1.5	0.0	3,816	1	65,919	17	3.4	116,737	
Use of Nursing Facilities^d										
Entire year	7	58.3	3.5	42	96	1,147	27	45.1	12	
Part year	76	58.0	3.8	498	89	11,626	23	7.9	131	
None	1,668	1.3	0.0	3,301	0	53,344	16	2.9	127,248	
Maintenance Assistance Status										
Cash	1,279	2.0	0.0	2,861	1	49,773	17	3.0	62,860	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	307	1.2	0.0	463	0	5,729	12	3.3	25,880	
Other/unknown	165	0.4	0.0	517	0	10,615	21	8.3	38,651	

Table ND11

Nondual 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 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 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ARIZONA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.0	\$0	\$17	\$0	\$0	952,869
Age						
5 and younger	0.0	0	21	0	0	165,336
6-14	0.0	0	6	0	0	235,321
15-20	0.0	0	106	0	0	134,196
21-44	0.0	0	6	0	0	300,517
45-64	0.0	0	12	0	0	111,129
65-74	0.0	0	5	0	0	4,137
75-84	0.0	0	6	0	0	1,768
85 and older	0.0	0	3	0	0	464
Unknown	0.0	0	0	0	0	1
Basis of Eligibility^c						
Aged	0.0	0	6	0	0	2,305
Disabled	0.0	1	30	0	0	72,236
Adults	0.0	0	7	0	0	404,951
Children	0.0	0	8	0	0	473,377
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.0	0	18	0	0	516,724
Male	0.0	0	16	0	0	436,145
Unknown	0.0	0	0	0	0	0
Race						
White	0.0	0	9	0	0	13,601
African American	0.0	0	4	0	0	2,314
Other/unknown	0.0	0	17	0	0	936,954
Use of Nursing Facilities^d						
Entire year	2.1	57	27	0	7	20
Part year	0.4	10	23	0	1	1,113
None	0.0	0	16	0	0	951,736
Maintenance Assistance Status						
Cash	0.0	0	17	0	0	528,390
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	12	0	0	183,436
Other/unknown	0.0	0	21	0	0	241,043

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 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 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 ND.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
 ARIZONA, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D	
			Total Rx \$	Excluded Rx \$			Total Number Rx.	Excluded Rx
All	1,998	\$33	\$66,117	100.0 %	3,841	\$17	100.0 %	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0	0.0
Drugs for cosmetic purposes	1	8	8	0.0	1	8	0.0	0.0
Cough and cold medications	400	11	4,224	6.4	499	8	13.0	13.0
Vitamins and minerals	180	40	7,183	10.9	525	14	13.7	13.7
Non-prescription drugs	1,183	17	19,920	30.1	2,288	9	59.6	59.6
Barbiturates	19	16	295	0.4	81	4	2.1	2.1
Benzodiazepines	172	17	2,936	4.4	320	9	8.3	8.3
Other Part D Excl Rx Drugs	43	734	31,551	47.7	127	248	3.3	3.3

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 ND.13 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 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 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 = Centers for Medicare & 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^{a, b}
 NONDUAL BENEFICIARIES, ARIZONA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	1,106,687	3,957	71,632	446,128	584,970	9,779,267	38,578	782,533	3,671,007	5,287,149	0
Age											
5 and younger	272,119	2	5,637	0	266,480	2,393,530	14	60,185	0	2,333,331	0
6-14	255,136	0	12,584	0	242,552	2,422,563	0	141,941	0	2,280,622	0
15-20	123,152	0	7,480	39,756	75,916	1,095,307	0	83,026	339,221	673,060	0
21-44	337,605	9	20,635	316,941	20	2,841,737	50	224,406	2,617,155	126	0
45-64	113,022	58	23,719	89,245	0	969,623	410	255,749	713,464	0	0
65-74	3,402	1,955	1,301	146	0	34,355	19,128	14,277	950	0	0
75-84	1,644	1,380	242	22	0	16,547	13,830	2,583	134	0	0
85 and older	603	553	34	16	0	5,587	5,146	366	75	0	0
Unknown	4	0	0	2	2	18	0	0	8	10	0
Gender											
Female	595,739	2,671	35,511	268,069	289,488	5,373,950	26,449	391,580	2,334,728	2,621,193	0
Male	510,948	1,286	36,121	178,059	295,482	4,405,317	12,129	390,953	1,336,279	2,665,956	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	403,784	1,238	32,076	201,176	169,294	3,398,462	11,664	343,937	1,581,224	1,461,637	0
African American	68,459	84	5,981	27,317	35,077	609,760	802	64,835	219,308	324,815	0
Other/unknown	634,444	2,635	33,575	217,635	380,599	5,771,045	26,112	373,761	1,870,475	3,500,697	0
Use of Nursing Facilities^c											
Entire year	109	27	82	0	0	991	182	809	0	0	0
Part year	219	24	166	23	6	2,417	261	1,844	257	55	0
None	1,106,359	3,906	71,384	446,105	584,964	9,775,859	38,135	779,880	3,670,750	5,287,094	0
Maintenance Assistance Status											
Cash	491,085	1,373	60,071	193,537	236,104	4,654,221	15,181	670,454	1,743,076	2,225,510	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	263,442	450	634	15,581	246,777	2,372,944	4,202	6,587	109,648	2,252,507	0
Other/unknown	352,160	2,134	10,927	237,010	102,089	2,752,102	19,195	105,492	1,818,283	809,132	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	100,386	187	5,996	45,371	48,832	870,945	1,831	67,793	364,763	436,558	0
FFS part year, with Rx claims	1,210	7	204	399	600	13,017	81	2,309	4,226	6,401	0
FFS part year, no Rx claims	25,846	120	846	13,297	11,583	227,461	1,109	8,176	112,779	105,397	0
MC all year, with Rx claims	549	42	280	64	163	5,909	397	3,082	661	1,769	0
MC all year, no Rx claims	978,696	3,601	64,306	386,997	523,792	8,661,935	35,160	701,173	3,188,578	4,737,024	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.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 = Centers for Medicare & 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^a
 NONDUAL BENEFICIARIES, ARIZONA, 2003

	Beneficiaries and Benefit Months in Cell J of Table 1	Included in Cell K of Table 1	Excluded from Cell K of Table 1
	Number of Beneficiaries	Number of Beneficiaries	Number of Beneficiaries
	Number of Months	Number of Months	Number of Months
All	1,106,687	127,391	51
Fee-for-service (FFS) all year	100,386	100,386	0
FFS part year, with Rx claims	1,210	1,210	0
FFS part year, with no Rx claims	25,846	25,795	51
Managed care (MC) all year, with Rx claims	549	0	0
MC all year, with no Rx claims	978,696	0	0
	9,779,267	952,869	8,826,398

Source: Data for this table are from the MAX 2003 file for Arizona, released by CMS in 06/2007. This table was produced on 1/01/2007.

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.