

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 ARIZONA

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	53,222	27,468	23,279	2,472	3	0	384,041	221,780	153,426	8,818	17	0
Age												
5 and younger	2	0	2	0	0	0	24	0	24	0	0	0
6-14	9	0	8	0	1	0	87	0	75	0	12	0
15-20	131	0	125	4	2	0	655	0	641	9	5	0
21-44	8,017	0	7,077	940	0	0	45,452	0	42,774	2,678	0	0
45-64	10,496	0	9,486	1,010	0	0	66,769	0	62,907	3,862	0	0
65-74	11,882	7,052	4,423	407	0	0	87,436	53,365	32,257	1,814	0	0
75-84	12,845	11,017	1,735	93	0	0	100,010	88,002	11,601	407	0	0
85 and older	9,839	9,398	423	18	0	0	83,596	80,401	3,147	48	0	0
Unknown	1	1	0	0	0	0	12	12	0	0	0	0
Gender												
Female	33,789	19,607	12,895	1,286	1	0	244,925	159,951	80,633	4,329	12	0
Male	19,433	7,861	10,384	1,186	2	0	139,116	61,829	72,793	4,489	5	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	27,965	15,723	11,406	835	1	0	201,478	129,289	70,553	1,633	3	0
African American	2,621	913	1,499	209	0	0	14,557	7,228	6,940	389	0	0
Other/unknown	22,636	10,832	10,374	1,428	2	0	168,006	85,263	75,933	6,796	14	0
Use of Nursing Facilities^c												
Entire year	338	288	50	0	0	0	3,029	2,579	450	0	0	0
Part year	369	274	95	0	0	0	3,751	2,745	1,006	0	0	0
None	52,515	26,906	23,134	2,472	3	0	377,261	216,456	151,970	8,818	17	0
Maintenance Assistance Status												
Cash	20,839	6,637	12,892	1,310	0	0	129,602	49,186	75,371	5,045	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	4,380	2,138	2,232	8	2	0	18,039	10,245	7,755	24	15	0
Other/unknown	28,003	18,693	8,155	1,154	1	0	236,400	162,349	70,300	3,749	2	0
Dual Medicare Status^d												
Full dual, all year	52,682	27,179	23,049	2,451	3	0	381,517	220,199	152,539	8,762	17	0
Full dual, part year	540	289	230	21	0	0	2,524	1,581	887	56	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	33,930	21,582	11,337	1,009	2	0	336,600	205,145	125,585	5,855	15	0
FFS part year, with Rx claims	97	42	52	3	0	0	570	244	307	19	0	0
FFS part year, no Rx claims	19,195	5,844	11,890	1,460	1	0	46,871	16,391	27,534	2,944	2	0

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

- 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 2004. 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

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	3.2 %	0.6	\$28	\$44	\$16,338	0.2 %	53,222
Age							
5 and younger	0.0	0.0	0	0	36,624	0.0	2
6-14	0.0	0.0	0	0	55,061	0.0	9
15-20	0.0	0.0	0	0	15,405	0.0	131
21-44	1.6	0.4	29	79	13,998	0.2	8,017
45-64	2.1	0.4	23	55	15,654	0.1	10,496
65-74	4.7	0.9	37	43	13,276	0.3	11,882
75-84	3.7	0.8	30	38	17,192	0.2	12,845
85 and older	3.1	0.6	20	33	21,532	0.1	9,839
Unknown	0.0	0.0	0	0	1,110	0.0	1
Basis of Eligibility^e							
Aged	3.2	0.7	29	39	18,805	0.2	27,468
Disabled	3.3	0.6	30	51	15,031	0.2	23,279
Adults	0.6	0.1	5	84	1,168	0.5	2,472
Children	0.0	0.0	0	0	71,479	0.0	3
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	3.2	0.6	25	40	16,495	0.1	33,789
Male	3.1	0.7	34	51	16,065	0.2	19,433
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	0.1	0.0	1	46	19,398	0.0	27,965
African American	0.2	0.0	0	13	14,712	0.0	2,621
Other/unknown	7.3	1.5	65	44	12,746	0.5	22,636
Use of Nursing Facilities^f							
Entire year	72.8	33.3	1,317	40	43,693	3.0	338
Part year	73.7	19.7	724	37	38,067	1.9	369
None	2.2	0.3	15	52	16,009	0.1	52,515
Maintenance Assistance Status							
Cash	5.4	0.8	34	42	10,913	0.3	20,839
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	0.5	0.0	5	149	611	0.8	4,380
Other/unknown	1.9	0.6	27	45	22,835	0.1	28,003

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				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	Benefit Months
All	0.1	\$4	0.2 %	96.8 %	1.9 %	0.4 %	0.6 %	0.3 %	0.0 %	\$2,264	53,222	384,041
Age												
5 and younger	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	3,052	2	24
6-14	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	5,696	9	87
15-20	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	3,081	131	655
21-44	0.1	5	0.2	98.4	1.0	0.2	0.3	0.2	0.0	2,469	8,017	45,452
45-64	0.1	4	0.1	97.9	1.4	0.2	0.3	0.2	0.0	2,461	10,496	66,769
65-74	0.1	5	0.3	95.3	2.9	0.6	0.9	0.3	0.0	1,804	11,882	87,436
75-84	0.1	4	0.2	96.3	2.1	0.5	0.6	0.3	0.1	2,208	12,845	100,010
85 and older	0.1	2	0.1	96.9	1.5	0.4	0.8	0.3	0.0	2,534	9,839	83,596
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	93	1	12
Basis of Eligibility^e												
Aged	0.1	4	0.2	96.8	1.7	0.5	0.7	0.3	0.1	2,329	27,468	221,780
Disabled	0.1	5	0.2	96.7	2.2	0.3	0.5	0.2	0.0	2,281	23,279	153,426
Adults	0.0	2	0.5	99.4	0.4	0.0	0.1	0.0	0.0	327	2,472	8,818
Children	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	12,614	3	17
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.1	3	0.1	96.8	1.8	0.4	0.6	0.2	0.0	2,276	33,789	244,925
Male	0.1	5	0.2	96.9	1.9	0.4	0.6	0.3	0.1	2,244	19,433	139,116
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.0	0	0.0	99.9	0.0	0.0	0.0	0.0	0.0	2,693	27,965	201,478
African American	0.0	0	0.0	99.8	0.1	0.1	0.0	0.0	0.0	2,649	2,621	14,557
Other/unknown	0.2	9	0.5	92.7	4.3	0.9	1.4	0.6	0.1	1,717	22,636	168,006
use of nursing Facilities^f												
Entire year	3.7	147	3.0	27.2	7.1	10.1	30.8	21.0	3.8	4,876	338	3,029
Part year	1.9	71	1.9	26.3	33.9	10.3	19.5	8.7	1.4	3,745	369	3,751
None	0.0	2	0.1	97.8	1.6	0.3	0.3	0.1	0.0	2,229	52,515	377,261
Maintenance Assistance Status												
Cash	0.1	5	0.3	94.6	3.7	0.7	0.8	0.2	0.0	1,755	20,839	129,602
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.0	1	0.8	99.5	0.5	0.0	0.0	0.0	0.0	148	4,380	18,039
Other/unknown	0.1	3	0.1	98.1	0.7	0.2	0.5	0.3	0.1	2,705	28,003	236,400

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

- 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^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	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	0.1	\$4	\$44	0.0	\$3	\$124	0.0	\$0	\$49	0.1	\$1	\$16
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	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
21-44	0.1	5	79	0.0	4	223	0.0	0	156	0.0	1	21
45-64	0.1	4	55	0.0	2	151	0.0	0	82	0.0	1	22
65-74	0.1	5	43	0.0	4	125	0.0	0	45	0.1	1	15
75-84	0.1	4	38	0.0	3	101	0.0	0	39	0.1	1	15
85 and older	0.1	2	33	0.0	2	90	0.0	0	28	0.0	1	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.1	4	39	0.0	2	108	0.0	0	38	0.1	1	15
Disabled	0.1	5	51	0.0	3	147	0.0	0	70	0.1	1	19
Adults	0.0	2	84	0.0	1	348	0.0	0	82	0.0	0	12
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
Gender												
Female	0.1	3	40	0.0	2	113	0.0	0	46	0.1	1	15
Male	0.1	5	51	0.0	3	142	0.0	0	53	0.1	1	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.0	0	46	0.0	0	110	0.0	0	38	0.0	0	25
African American	0.0	0	13	0.0	0	45	0.0	0	80	0.0	0	6
Other/unknown	0.2	9	44	0.0	6	124	0.0	1	49	0.1	2	16
Use of Nursing Facilities^e												
Entire year	3.7	147	40	0.9	95	103	0.2	10	42	2.5	42	17
Part year	1.9	71	37	0.5	45	96	0.1	5	49	1.3	21	16
None	0.0	2	52	0.0	2	154	0.0	0	57	0.0	1	17
Maintenance Assistance Status												
Cash	0.1	5	42	0.0	4	123	0.0	0	52	0.1	1	16
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.0	1	149	0.0	1	480	0.0	0	110	0.0	0	15
Other/unknown	0.1	3	45	0.0	2	122	0.0	0	45	0.0	1	17

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

- 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.medispain.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users ^e		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$16	\$11	\$1	\$4	\$60	\$138	\$106	\$24	2,465	\$148,568	850	1.6 %	9,331
Biologicals	0.1	0.0	0.0	0.1	3	0	0	3	25	0	0	25	6	150	6	0.0	55
Antineoplastic Agents	0.5	0.1	0.0	0.3	62	39	0	23	130	267	0	68	120	15,544	27	0.1	251
Endocrine/Metabolic Drugs	0.7	0.2	0.1	0.4	23	15	1	6	34	86	15	16	4,457	152,882	619	1.2	6,712
Cardiovascular Agents	0.9	0.2	0.0	0.8	21	10	0	11	22	63	20	14	8,357	188,007	832	1.6	8,971
Respiratory Agents	0.4	0.1	0.0	0.2	11	8	0	3	32	81	53	11	1,490	47,576	399	0.7	4,224
Gastrointestinal Agents	0.4	0.1	0.0	0.3	25	21	0	4	60	190	39	13	2,199	132,861	482	0.9	5,225
Genitourinary Agents	0.4	0.2	0.0	0.2	20	15	0	4	52	81	35	22	826	42,959	197	0.4	2,200
CNS Drugs	0.7	0.3	0.0	0.4	42	33	2	7	63	130	79	18	3,223	203,417	455	0.9	4,893
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.0	0.6	4	0	0	4	7	0	0	7	4	29	2	0.0	7
Miscellaneous Psychological/																	
Neurological Agents	0.6	0.6	0.0	0.0	96	95	0	1	170	171	0	103	218	36,981	40	0.1	386
Analgesics and Anesthetics	0.4	0.1	0.0	0.4	15	9	1	5	35	157	257	14	3,990	139,219	858	1.6	9,473
Neuromuscular Agents	0.7	0.1	0.2	0.4	46	21	12	12	71	145	82	35	1,994	140,593	285	0.5	3,048
Nutritional Products	0.5	0.0	0.0	0.5	7	0	0	7	15	13	8	15	1,271	19,272	245	0.5	2,579
Hematological Agents	0.5	0.2	0.1	0.2	52	49	1	2	99	229	21	9	1,131	112,373	204	0.4	2,143
Topical Products	0.3	0.1	0.0	0.2	10	7	0	3	38	102	75	13	1,292	48,598	444	0.8	4,922
Miscellaneous Products	0.6	0.4	0.0	0.1	177	168	0	9	314	377	0	74	168	52,777	27	0.1	299
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	15	0	0	0	354	5,428	102	0.2	1,154
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.	33,565	1,487,234	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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.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 2004.

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIDIABETIC	\$134,466	641	1.2 %	7,217	0.5	\$39	\$19
ANTIPSYCHOTICS	128,671	175	0.3	1,893	0.5	138	68
ANTICONVULSANT	106,253	219	0.4	2,383	0.6	78	45
MISC. GI	81,824	189	0.4	2,040	0.4	103	40
ANALGESICS - Narcotic	76,387	673	1.3	7,406	0.3	30	10
ANTIDEPRESSANTS	67,470	306	0.6	3,318	0.5	41	20
HEMATOPOIETIC AGENTS	63,255	142	0.3	1,540	0.3	133	41
ANTIHYPERTENSIVE	57,686	620	1.2	6,835	0.5	18	8
ULCER DRUGS	53,204	418	0.8	4,673	0.3	35	11
ANALGESICS - ANTI-INFLAMMATORY	52,928	478	0.9	5,542	0.2	40	10
Total	822,144	3,861		42,847	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. 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 2004. 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); 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIDIABETIC					ANTIPSYCHOTICS				
	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
All	17,216	\$822,144	641	1.2 %	7,217	0.5	\$19	175	0.3 %	1,893	0.5	\$68
Female	10,777	483,038	434	1.3	4,937	0.5	19	100	0.3	1,079	0.4	61
Disabled	3,907	200,723	167	1.3	1,949	0.4	19	26	0.2	290	0.4	76
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	615	32,346	17	0.5	204	0.5	21	6	0.2	58	0.4	128
21-44	1,126	85,310	47	0.9	551	0.3	17	9	0.2	103	0.6	89
45-64	1,617	65,988	79	2.7	924	0.4	23	3	0.1	33	0.1	1
65-74	452	12,367	24	2.0	270	0.3	12	6	0.5	72	0.5	44
75-84	97	4,712	0	0.0	0	0.0	0	2	0.6	24	0.3	87
85 and older	6,870	282,315	267	1.3	2,988	0.5	18	74	0.4	789	0.4	55
Other Eligibles	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	65	10,779	6	1.0	67	0.4	24	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
45-64	1,826	95,306	98	2.1	1,085	0.4	17	13	0.3	144	0.6	93
65-74	2,899	114,466	109	1.4	1,243	0.5	19	28	0.4	309	0.4	54
75-84	2,080	61,764	54	0.7	593	0.6	19	33	0.4	336	0.4	40
85 and older												
Male	6,439	339,106	207	1.1	2,280	0.5	19	75	0.4	814	0.6	78
Disabled	3,142	176,903	120	1.2	1,366	0.5	19	29	0.3	331	0.5	96
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	851	67,923	15	0.4	180	0.6	13	11	0.3	125	0.4	95
21-44	1,254	70,951	46	1.1	527	0.5	21	11	0.3	122	0.6	128
45-64	789	31,916	48	3.2	534	0.4	22	7	0.5	84	0.5	49
65-74	206	5,367	10	2.0	120	0.3	9	0	0.0	0	0.0	0
75-84	42	746	1	1.1	5	0.6	17	0	0.0	0	0.0	0
85 and older	3,297	162,203	87	1.0	914	0.5	18	46	0.5	483	0.6	66
Other Eligibles	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	3	72	1	0.2	12	0.1	5	0	0.0	0	0.0	0
45-64	1,241	61,686	30	1.0	334	0.5	14	16	0.6	183	0.7	79
65-74	1,509	71,183	38	1.1	403	0.6	18	21	0.6	211	0.5	51
75-84	542	29,254	18	0.9	165	0.6	29	9	0.5	89	0.7	73
85 and older												
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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. 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 2004. 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

Beneficiary Characteristics	ANTICONVULSANT					MISC. GI					ANALGESICS - Narcotic				
	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
All	219	0.4 %	2,383	0.6	\$45	189	0.4 %	2,040	0.4	\$40	673	1.3 %	7,406	0.3	\$10
Female	119	0.4	1,294	0.5	38	114	0.3	1,216	0.3	45	446	1.3	4,995	0.3	6
Disabled	37	0.3	427	0.5	50	61	0.5	687	0.3	72	209	1.6	2,397	0.3	6
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	16	0.5	179	0.5	60	17	0.5	193	0.2	16	43	1.3	503	0.3	5
21-44	12	0.2	140	0.4	48	32	0.6	356	0.4	113	71	1.4	803	0.4	8
45-64	7	0.2	84	0.7	46	11	0.4	126	0.3	49	68	2.3	792	0.3	6
65-74	2	0.2	24	0.2	4	1	0.1	12	0.1	1	23	1.9	261	0.2	2
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	1.2	38	0.4	3
85 and older	82	0.4	867	0.6	33	53	0.3	529	0.4	9	237	1.1	2,598	0.3	5
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	0.7	42	0.1	1
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	21	0.5	229	0.5	29	22	0.5	237	0.3	9	73	1.6	788	0.3	8
75-84	38	0.5	397	0.6	42	21	0.3	215	0.4	11	87	1.1	999	0.3	5
85 and older	23	0.3	241	0.5	20	10	0.1	77	0.6	7	73	1.0	769	0.3	4
Male	100	0.5	1,089	0.6	52	75	0.4	824	0.4	33	227	1.2	2,411	0.4	20
Disabled	51	0.5	579	0.6	65	29	0.3	318	0.4	14	133	1.3	1,452	0.4	22
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	21	0.5	250	0.6	82	10	0.3	104	0.3	6	41	1.1	458	0.6	48
21-44	17	0.4	177	0.7	80	12	0.3	133	0.5	25	50	1.1	499	0.5	18
45-64	10	0.7	116	0.4	15	6	0.4	72	0.3	6	31	2.1	366	0.2	4
65-74	3	0.6	36	0.3	26	1	0.2	9	0.8	11	11	2.2	129	0.1	1
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	49	0.5	510	0.6	38	46	0.5	506	0.5	45	94	1.0	959	0.4	17
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	0.3	12	0.1	0
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	0.4	16	0.1	1
45-64	20	0.7	222	0.8	40	19	0.7	219	0.5	83	39	1.4	408	0.4	5
65-74	21	0.6	215	0.5	38	23	0.7	250	0.5	19	40	1.2	408	0.5	28
75-84	8	0.4	73	0.5	30	4	0.2	37	0.1	2	12	0.6	115	0.3	28
85 and older															
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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. 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 2004. 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 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					HEMATOPOIETIC AGENTS					ANTIHYPERTENSIVE				
	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
All	306	0.6 %	3,318	0.5	\$20	142	0.3 %	1,540	0.3	\$41	620	1.2 %	6,835	0.5	\$8
Female	214	0.6	2,280	0.5	19	94	0.3	1,025	0.3	36	411	1.2	4,520	0.5	9
Disabled	69	0.5	746	0.4	14	36	0.3	402	0.2	13	149	1.2	1,686	0.4	7
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	15	0.5	152	0.3	15	10	0.3	110	0.2	1	19	0.6	228	0.2	4
21-44	22	0.4	230	0.5	19	9	0.2	108	0.3	19	36	0.7	389	0.4	6
45-64	18	0.6	212	0.4	13	13	0.4	153	0.2	16	67	2.3	767	0.5	9
65-74	12	1.0	138	0.2	4	2	0.2	17	0.2	1	22	1.8	252	0.4	7
75-84	2	0.6	14	0.9	11	2	0.6	14	0.1	33	5	1.5	50	0.7	13
85 and older	145	0.7	1,534	0.5	21	58	0.3	623	0.3	50	262	1.3	2,834	0.5	10
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	0.3	19	0.6	8	3	0.5	36	0.1	0	3	0.5	31	0.2	3
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	42	0.9	457	0.5	28	14	0.3	152	0.3	153	71	1.5	717	0.4	8
65-74	60	0.8	666	0.5	19	27	0.3	297	0.3	22	101	1.3	1,144	0.5	11
75-84	41	0.5	392	0.6	18	14	0.2	138	0.4	11	87	1.2	942	0.6	11
85 and older															
Male	92	0.5	1,038	0.5	24	48	0.2	515	0.4	52	209	1.1	2,315	0.5	7
Disabled	40	0.4	452	0.4	21	25	0.2	283	0.3	16	107	1.0	1,205	0.4	7
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	15	0.4	165	0.4	9	3	0.1	32	0.1	0	14	0.4	168	0.5	14
45-64	15	0.3	167	0.6	32	13	0.3	143	0.4	32	36	0.8	392	0.4	7
65-74	8	0.5	96	0.4	21	7	0.5	84	0.1	0	38	2.5	443	0.4	6
75-84	2	0.4	24	0.4	25	2	0.4	24	0.1	0	17	3.3	192	0.3	4
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	2.2	10	1.0	10
Other Eligibles	52	0.6	586	0.6	26	23	0.3	232	0.5	96	102	1.1	1,110	0.5	8
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	18	0.6	201	0.6	24	5	0.2	49	0.5	96	36	1.3	402	0.6	7
65-74	22	0.7	255	0.6	27	12	0.4	114	0.5	113	48	1.4	508	0.5	9
75-84	12	0.6	130	0.6	27	6	0.3	69	0.4	68	18	0.9	200	0.5	7
85 and older															
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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. 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 2004. 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 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - ANTI-INFLAMMATORY					Number of Beneficiaries	Number of Benefit Months
	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		
All	418	0.8 %	4,673	0.3	\$11	478	0.9 %	5,542	0.2	\$10	53,222	384,041
Female	273	0.8	3,091	0.3	11	325	1.0	3,776	0.2	11	33,789	244,925
Disabled	109	0.8	1,230	0.2	10	171	1.3	2,017	0.2	9	12,895	80,633
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	25
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	65	369
21-44	17	0.5	193	0.2	6	16	0.5	187	0.3	1	3,221	18,012
45-64	23	0.4	258	0.3	12	32	0.6	377	0.2	5	5,134	32,112
65-74	48	1.6	550	0.2	8	89	3.1	1,045	0.3	14	2,914	20,175
75-84	16	1.3	176	0.3	15	28	2.3	336	0.2	2	1,225	7,546
85 and older	5	1.5	53	0.2	9	6	1.8	72	0.2	10	332	2,382
Other Eligibles	164	0.8	1,861	0.3	12	154	0.7	1,759	0.2	13	20,894	164,292
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	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4
21-44	1	0.2	12	0.2	1	3	0.5	27	0.3	328	598	1,609
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	471	1,756
65-74	46	1.0	537	0.2	7	46	1.0	527	0.2	7	4,588	33,388
75-84	66	0.9	749	0.3	15	77	1.0	911	0.2	8	7,740	62,376
85 and older	51	0.7	563	0.4	14	28	0.4	294	0.3	9	7,495	65,147
Male	145	0.7	1,582	0.4	12	153	0.8	1,766	0.2	7	19,432	139,104
Disabled	77	0.7	863	0.3	13	99	1.0	1,165	0.2	10	10,384	72,793
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	50
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	60	272
21-44	17	0.4	204	0.3	8	12	0.3	141	0.2	38	3,856	24,762
45-64	28	0.6	302	0.4	12	19	0.4	222	0.3	9	4,352	30,795
65-74	22	1.5	244	0.3	22	48	3.2	569	0.2	5	1,509	12,082
75-84	8	1.6	92	0.1	5	19	3.7	224	0.2	5	510	4,055
85 and older	2	2.2	21	0.6	5	1	1.1	9	0.1	0	91	765
Other Eligibles	68	0.8	719	0.5	10	54	0.6	601	0.2	3	9,048	66,311
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	5	10
21-44	0	0.0	0	0.0	0	1	0.3	12	0.1	0	342	1,069
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	539	2,106
65-74	25	0.9	286	0.4	4	17	0.6	189	0.2	1	2,871	21,791
75-84	30	0.9	304	0.5	13	29	0.9	319	0.3	3	3,370	26,033
85 and older	13	0.7	129	0.5	19	7	0.4	81	0.2	9	1,921	15,302
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. 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 2004. 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(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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

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	\$147	3.7	338	3,029
Age				
0-64	240	6.5	27	242
65-74	183	4.6	63	579
75-84	186	4.1	101	884
85 and older	88	2.5	147	1,324
Unknown	0	0.0	0	0
Gender				
Female	130	3.5	197	1,777
Male	171	4.0	141	1,252
Unknown	0	0.0	0	0
Race				
White	29	0.8	21	36
African American	0	0	0	0
Other/unknown	148	3.8	317	2,993
Basis of Eligibility^c				
Aged	138	3.5	288	2,579
Disabled	199	5.1	50	450
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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 369 beneficiaries who were in nursing facilities for part of their enrollment and their 3,751 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.2	0.0	0.3	\$28	\$18	\$1	\$8	\$56	\$118	\$85	\$25	741	\$41,162	151	44.7 %	1,484
Biologicals	0.3	0.0	0.0	0.3	8	0	0	8	25	0	0	25	1	25	1	0.3	3
Antineoplastic Agents	0.5	0.0	0.0	0.4	52	7	0	45	115	314	0	104	19	2,185	6	1.8	42
Endocrine/Metabolic Drugs	1.1	0.3	0.2	0.5	32	23	3	6	30	76	13	12	1,338	40,714	126	37.3	1,266
Cardiovascular Agents	1.6	0.3	0.0	1.3	33	14	1	18	20	54	21	14	2,609	52,916	165	48.8	1,609
Respiratory Agents	0.7	0.2	0.0	0.5	21	14	0	7	28	76	53	12	479	13,552	71	21.0	657
Gastrointestinal Agents	0.9	0.1	0.0	0.7	23	13	0	10	27	90	0	14	835	22,297	102	30.2	974
Genitourinary Agents	0.6	0.2	0.0	0.3	29	20	0	9	51	80	31	29	265	13,575	45	13.3	468
CNS Drugs	1.1	0.4	0.1	0.6	65	50	4	11	60	122	71	18	1,532	91,931	138	40.8	1,413
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/																	
Neurological Agents	0.9	0.9	0.0	0.0	115	115	0	0	133	133	0	0	78	10,356	12	3.6	90
Analgesics and Anesthetics	1.0	0.2	0.0	0.7	33	26	0	7	33	109	11	9	987	32,494	103	30.5	988
Neuromuscular Agents	1.1	0.2	0.2	0.7	73	28	19	26	65	112	98	39	879	57,102	82	24.3	784
Nutritional Products	0.9	0.0	0.0	0.9	14	0	0	14	15	6	8	16	572	8,842	67	19.8	636
Hematological Agents	0.9	0.5	0.1	0.4	95	91	1	3	103	201	17	7	460	47,575	50	14.8	500
Topical Products	0.4	0.1	0.0	0.3	8	4	0	4	22	57	19	14	373	8,388	93	27.5	988
Miscellaneous Products	0.5	0.0	0.0	0.5	45	3	0	42	83	68	0	84	14	1,165	3	0.9	26
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	3	0	0	0	12	0	0	0	70	814	24	7.1	263
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.	11,252	445,093	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. A total of 369 beneficiaries who were in nursing facilities for part of their enrollment and their 3,751 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 2004. 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.medispain.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 D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		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	\$56,479	63	18.6 %	660	0.7	\$127	\$86
ANTICONVULSANT	41,581	68	20.1	693	0.9	68	60
ANTIDEPRESSANTS	32,664	94	27.8	981	0.8	43	33
ANTIDIABETIC	32,867	107	31.7	1,142	0.8	34	29
HEMATOPOIETIC AGENTS	24,085	29	8.6	302	0.6	135	80
ANALGESICS - Narcotic	25,588	105	31.1	1,023	0.8	32	25
CALCIUM BLOCKERS	18,754	40	11.8	416	0.9	49	45
MISC. ANTI-INFECTIVES	13,510	73	21.6	760	0.3	61	18
ANTIHYPERTENSIVE	16,142	109	32.2	1,113	0.8	19	15
ULCER DRUGS	14,059	89	26.3	954	0.6	26	15
Total	275,729	777		8,044	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. A total of 369 beneficiaries who were in nursing facilities for part of their enrollment and their 3,751 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 2004. 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 2004 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 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^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

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	5,781	\$275,729	63	18.6 %	660	0.7	\$86	68	20.1 %	693	0.9	\$60
Female	3,208	138,117	35	17.8	357	0.6	82	33	16.8	343	0.9	54
Disabled	110	6,291	2	15.4	24	0.3	87	0	0.0	0	0.0	0
64 or younge ^r	50	1,583	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	33	1,606	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	11	88	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	16	3,014	2	50.0	24	0.3	87	0	0.0	0	0.0	0
Other Eligibles	3,098	131,826	33	17.9	333	0.6	82	33	17.9	343	0.9	54
64 or younge ^r	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	636	32,951	7	28.0	72	0.7	132	4	16.0	42	0.8	47
75-84	1,128	58,259	12	22.6	122	0.5	76	18	34.0	186	0.9	69
85 and older	1,334	40,616	14	13.2	139	0.6	61	11	10.4	115	0.9	32
Male	2,573	137,612	28	19.9	303	0.8	90	35	24.8	350	0.9	66
Disabled	960	41,272	4	10.8	48	0.8	89	10	27.0	110	1.0	102
64 or younge ^r	709	25,046	1	4.3	12	0.2	44	9	39.1	98	0.9	103
65-74	113	6,297	3	37.5	36	1.1	104	1	12.5	12	0.8	57
75-84	101	9,282	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	37	647	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,613	96,340	24	23.1	255	0.8	90	25	24.0	240	0.8	49
64 or younge ^r	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	611	29,800	11	40.7	128	0.8	91	13	48.1	143	0.9	48
75-84	697	46,439	8	18.2	80	0.7	79	8	18.2	70	0.7	50
85 and older	305	20,101	5	15.2	47	0.9	106	4	12.1	27	0.7	56
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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. A total of 369 beneficiaries who were in nursing facilities for part of their enrollment and their 3,751 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 2004. 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 2004 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.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}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIDIABETIC					HEMATOPOIETIC AGENTS				
	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	94	27.8 %	981	0.8	\$33	107	31.7 %	1,142	0.8	\$29	29	8.6 %	302	0.6	\$80
Female	61	31.0	612	0.8	34	70	35.5	747	0.9	31	13	6.6	130	0.6	36
Disabled	2	15.4	14	0.9	12	4	30.8	48	0.9	24	2	15.4	14	0.1	33
64 or younger	1	25.0	12	0.9	7	3	75.0	36	0.7	9	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	1	33.3	12	1.3	69	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	25.0	2	0.5	43	0	0.0	0	0.0	0	2	50.0	14	0.1	33
Other Eligibles	59	32.1	598	0.8	34	66	35.9	699	0.9	31	11	6.0	116	0.6	37
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	13	52.0	125	1.0	66	16	64.0	164	0.8	30	1	4.0	12	1.0	4
75-84	25	47.2	264	0.7	31	27	50.9	280	0.9	35	7	13.2	69	0.5	58
85 and older	21	19.8	209	0.7	20	23	21.7	255	0.8	28	3	2.8	35	0.6	6
Male	33	23.4	369	0.8	33	37	26.2	395	0.8	25	16	11.3	172	0.6	113
Disabled	8	21.6	93	0.6	26	12	32.4	137	1.0	24	8	21.6	89	0.6	2
64 or younger	6	26.1	69	0.6	24	11	47.8	125	1.0	24	7	30.4	77	0.6	3
65-74	2	25.0	24	0.8	31	1	12.5	12	0.9	24	1	12.5	12	0.3	1
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	25	24.0	276	0.8	35	25	24.0	258	0.7	26	8	7.7	83	0.7	231
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	6	22.2	67	0.9	46	7	25.9	74	0.6	18	2	7.4	16	0.9	116
75-84	12	27.3	137	0.8	34	10	22.7	118	0.8	31	3	6.8	34	0.8	373
85 and older	7	21.2	72	0.8	27	8	24.2	66	0.6	25	3	9.1	33	0.5	140
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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. A total of 369 beneficiaries who were in nursing facilities for part of their enrollment and their 3,751 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 2004. 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 2004 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); 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 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}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					CALCIUM BLOCKERS					MISC. ANTI-INFECTIVES				
	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	105	31.1 %	1,023	0.8	\$25	40	11.8 %	416	0.9	\$45	73	21.6 %	760	0.3	\$18
Female	62	31.5	613	0.6	14	27	13.7	271	0.9	45	38	19.3	410	0.2	4
Disabled	3	23.1	17	0.7	6	2	15.4	14	0.9	90	1	7.7	3	0.7	2
64 or younger	1	25.0	12	0.2	1	1	25.0	12	0.8	97	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	1	50.0	3	3.0	27	0	0.0	0	0.0	0	1	50.0	3	0.7	2
85 and older	1	25.0	2	0.5	9	1	25.0	2	1.0	52	0	0.0	0	0.0	0
Other Eligibles	59	32.1	596	0.6	14	25	13.6	257	0.9	42	37	20.1	407	0.2	4
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	11	44.0	97	1.2	35	3	12.0	33	1.1	69	6	24.0	69	0.2	10
75-84	18	34.0	197	0.6	15	9	17.0	99	0.8	37	7	13.2	75	0.1	6
85 and older	30	28.3	302	0.5	6	13	12.3	125	0.9	40	24	22.6	263	0.1	2
Male	43	30.5	410	1.0	42	13	9.2	145	1.0	46	35	24.8	350	0.4	34
Disabled	13	35.1	135	1.4	23	3	8.1	36	1.0	62	25	67.6	263	0.5	42
64 or younger	10	43.5	102	1.8	30	2	8.7	24	1.0	62	20	87.0	212	0.2	9
65-74	1	12.5	12	0.3	1	1	12.5	12	1.0	60	2	25.0	24	0.3	1
75-84	2	100.0	21	0.2	1	0	0.0	0	0.0	0	3	150.0	27	3.3	338
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	30	28.8	275	0.9	52	10	9.6	109	1.0	40	10	9.6	87	0.2	8
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	10	37.0	89	0.7	6	5	18.5	60	1.0	48	2	7.4	24	0.1	0
75-84	13	29.5	130	1.2	82	4	9.1	46	1.0	31	5	11.4	44	0.1	15
85 and older	7	21.2	56	0.5	54	1	3.0	3	0.7	21	3	9.1	19	0.3	2
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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. A total of 369 beneficiaries who were in nursing facilities for part of their enrollment and their 3,751 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 2004. 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 2004 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); 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ULCER DRUGS					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 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	109	32.2 %	1,113	0.8	\$15	89	26.3 %	954	0.6	\$15	338	3,029
Female	73	37.1	719	0.8	16	36	18.3	392	0.6	21	197	1,777
Disabled	3	23.1	26	0.7	34	1	7.7	2	1.0	72	13	116
64 or younger	1	25.0	12	0.1	1	0	0.0	0	0.0	0	4	37
65-74	1	33.3	12	1.2	50	1	33.3	2	1.0	72	3	26
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	15
85 and older	1	25.0	2	1.5	133	0	0.0	0	0.0	0	4	38
Other Eligibles	70	38.0	693	0.8	16	35	19.0	390	0.6	21	184	1,661
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	13	52.0	101	0.7	11	7	28.0	75	0.6	12	25	231
75-84	22	41.5	229	0.7	18	10	18.9	113	0.4	27	53	449
85 and older	35	33.0	363	0.9	15	18	17.0	202	0.7	20	106	981
Male	36	25.5	394	0.7	12	53	37.6	562	0.6	11	141	1,252
Disabled	10	27.0	113	0.6	12	22	59.5	233	0.5	9	37	334
64 or younger	8	34.8	92	0.6	13	18	78.3	191	0.5	10	23	205
65-74	0	0.0	0	0.0	0	1	12.5	12	0.8	6	8	74
75-84	1	50.0	12	0.6	11	1	50.0	9	0.1	1	2	21
85 and older	1	25.0	9	1.0	10	2	50.0	21	0.6	5	4	34
Other Eligibles	26	25.0	281	0.8	11	31	29.8	329	0.6	11	104	918
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	11	40.7	127	0.8	9	10	37.0	106	0.4	4	27	248
75-84	9	20.5	85	0.7	16	14	31.8	153	0.6	11	44	399
85 and older	6	18.2	69	0.8	10	7	21.2	70	0.6	22	33	271
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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. A total of 369 beneficiaries who were in nursing facilities for part of their enrollment and their 3,751 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 2004. 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 2004 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); 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^{a,b}
ARIZONA, 2004

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 Rx	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 \$	Total Number of Beneficiaries
All	865	1.6 %	0.1	4,695	\$1	\$39,887	\$8	2.7 %	53,222
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	2
6-14	0	0.0	0.0	0	0	0	0	0.0	9
15-20	0	0.0	0.0	0	0	0	0	0.0	131
21-44	58	0.7	0.0	357	0	3,420	10	1.5	8,017
45-64	84	0.8	0.0	425	0	5,017	12	2.1	10,496
65-74	318	2.7	0.1	1,650	1	9,665	6	2.2	11,882
75-84	263	2.0	0.1	1,563	1	13,365	9	3.5	12,845
85 and older	142	1.4	0.1	700	1	8,420	12	4.2	9,839
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Basis of Eligibility^c									
Aged	470	1.7	0.1	2,557	1	23,202	9	3.0	27,468
Disabled	389	1.7	0.1	2,107	1	16,477	8	2.4	23,279
Adults	6	0.2	0.0	31	0	208	7	1.6	2,472
Children	0	0.0	0.0	0	0	0	0	0.0	3
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	583	1.7	0.1	3,006	1	23,885	8	2.9	33,789
Male	282	1.5	0.1	1,689	1	16,002	9	2.4	19,433
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	14	0.1	0.0	42	0	286	7	1.7	27,965
African American	2	0.1	0.0	3	0	15	5	4.2	2,621
Other/unknown	849	3.8	0.2	4,650	2	39,586	9	2.7	22,636
Use of Nursing Facilities^d									
Entire year	127	37.6	3.2	1,095	46	15,439	14	3.5	338
Part year	136	36.9	2.1	770	24	8,891	12	3.3	369
None	602	1.1	0.1	2,830	0	15,557	5	2.0	52,515
Maintenance Assistance Status									
Cash	600	2.9	0.1	2,865	1	17,637	6	2.5	20,839
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	5	0.1	0.0	30	0	248	8	1.1	4,380
Other/unknown	260	0.9	0.1	1,800	1	22,002	12	2.9	28,003

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004.

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^{a,b}
ARIZONA, 2004

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	\$8	\$0	\$0	384,041
Age						
5 and younger	0.0	0	0	0	0	24
6-14	0.0	0	0	0	0	87
15-20	0.0	0	0	0	0	655
21-44	0.0	0	10	0	0	45,452
45-64	0.0	0	12	0	0	66,769
65-74	0.0	0	6	0	0	87,436
75-84	0.0	0	9	0	0	100,010
85 and older	0.0	0	12	0	0	83,596
Unknown	0.0	0	0	0	0	12
Basis of Eligibility^c						
Aged	0.0	0	9	0	0	221,780
Disabled	0.0	0	8	0	0	153,426
Adults	0.0	0	7	0	0	8,818
Children	0.0	0	0	0	0	17
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.0	0	8	0	0	244,925
Male	0.0	0	9	0	0	139,116
Unknown	0.0	0	0	0	0	0
Race						
White	0.0	0	7	0	0	201,478
African American	0.0	0	5	0	0	14,557
Other/unknown	0.0	0	9	0	0	168,006
Use of Nursing Facilities^d						
Entire year	0.4	5	14	0	1	3,029
Part year	0.2	2	12	0	0	3,751
None	0.0	0	5	0	0	377,261
Maintenance Assistance Status						
Cash	0.0	0	6	0	0	129,602
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	8	0	0	18,039
Other/unknown	0.0	0	12	0	0	236,400

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

- 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 2004.
- 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^{a,b,c}
ARIZONA, 2004

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
All	1,098	\$36	\$39,887	100.0 %	4,695	\$8	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	126	14	1,749	4.4	176	10	3.7
Vitamins and minerals	217	92	19,907	49.9	1,213	16	25.8
Non-prescription drugs	590	22	12,787	32.1	2,626	5	55.9
Barbiturates	11	18	194	0.5	65	3	1.4
Benzodiazepines	134	37	4,913	12.3	576	9	12.3
Other Part D Excl Rx Drugs	20	17	337	0.8	39	9	0.8

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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^{a, b}
 ARIZONA, 2004

Total Number of Dual Eligible Beneficiaries	53,222
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$1,487,234
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$28

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	51,544	96.8 %	\$0	0.0 %
1-500	1,061	2.0	149,500	10.1
501-1,000	201	0.4	142,081	9.6
1,001-1,500	112	0.2	139,182	9.4
1,501-2,000	84	0.2	144,196	9.7
2,001-2,500	68	0.1	153,269	10.3
2,501-3,000	46	0.1	128,420	8.6
3,001-3,500	25	0.0	79,704	5.4
3,501-4,000	10	0.0	36,940	2.5
4,001-4,500	11	0.0	45,983	3.1
4,501-5,000	8	0.0	37,497	2.5
5,001-5,500	15	0.0	77,096	5.2
5,501-6,000	3	0.0	17,476	1.2
6,001-6,500	8	0.0	49,336	3.3
6,501-7,000	4	0.0	27,337	1.8
7,001-7,500	5	0.0	35,702	2.4
7,501-8,000	1	0.0	7,661	0.5
8,001-8,500	1	0.0	8,017	0.5
8,501-9,000	1	0.0	8,835	0.6
9,001-9,500	1	0.0	9,410	0.6
9,501-10,000	2	0.0	19,674	1.3
10,001+	11	0.0	169,918	11.4

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 ARIZONA, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	16,698
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$454,059
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$27

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	16,360	98.0 %	0	0.0 %
1-500	201	1.2	30,268	6.7
501-1,000	30	0.2	21,261	4.7
1,001-1,500	20	0.1	25,212	5.6
1,501-2,000	13	0.1	22,784	5.0
2,001-2,500	14	0.1	31,714	7.0
2,501-3,000	17	0.1	47,713	10.5
3,001-3,500	8	0.0	25,808	5.7
3,501-4,000	2	0.0	7,237	1.6
4,001-4,500	6	0.0	25,174	5.5
4,501-5,000	2	0.0	9,342	2.1
5,001-5,500	7	0.0	36,155	8.0
5,501-6,000	2	0.0	11,747	2.6
6,001-6,500	3	0.0	18,329	4.0
6,501-7,000	2	0.0	13,753	3.0
7,001-7,500	2	0.0	14,127	3.1
7,501-8,000	1	0.0	7,661	1.7
8,001-8,500	1	0.0	8,017	1.8
8,501-9,000	1	0.0	9,410	2.1
9,001-9,500	6	0.0	88,347	19.5
9,501-10,000				
10,001+				

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004.

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

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 ARIZONA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	34,566
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$1,020,522
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$30

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	33,237	96.2 %	0	0.0 %
1-500	851	2.5	118,593	11.6
501-1,000	171	0.5	120,820	11.8
1,001-1,500	92	0.3	113,970	11.2
1,501-2,000	71	0.2	121,412	11.9
2,001-2,500	54	0.2	121,555	11.9
2,501-3,000	29	0.1	80,707	7.9
3,001-3,500	16	0.0	50,717	5.0
3,501-4,000	8	0.0	29,703	2.9
4,001-4,500	5	0.0	20,809	2.0
4,501-5,000	6	0.0	28,155	2.8
5,001-5,500	8	0.0	40,941	4.0
5,501-6,000	1	0.0	5,729	0.6
6,001-6,500	5	0.0	31,007	3.0
6,501-7,000	2	0.0	13,584	1.3
7,001-7,500	3	0.0	21,575	2.1
7,501-8,000	2	0.0	19,674	1.9
8,001-8,500	5	0.0	81,571	8.0
8,501-9,000				
9,001-9,500				
9,501-10,000				
10,001+				

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 ARIZONA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	11,882
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$440,779
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$37

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,325	95.3 %	0	0.0 %
1-500	361	3.0	42,633	9.7
501-1,000	72	0.6	50,645	11.5
1,001-1,500	35	0.3	43,509	9.9
1,501-2,000	23	0.2	39,552	9.0
2,001-2,500	22	0.2	49,489	11.2
2,501-3,000	14	0.1	38,362	8.7
3,001-3,500	11	0.1	34,854	7.9
3,501-4,000	3	0.0	11,016	2.5
4,001-4,500	1	0.0	4,012	0.9
4,501-5,000	3	0.0	14,157	3.2
5,001-5,500	3	0.0	15,360	3.5
5,501-6,000	2	0.0	12,431	2.8
6,001-6,500	1	0.0	6,836	1.6
6,501-7,000	1	0.0	7,201	1.6
7,001-7,500	2	0.0	19,674	4.5
7,501-8,000	3	0.0	51,048	11.6
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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

- 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 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 ARIZONA, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	12,845
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$380,541
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$30

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,374	96.3 %	0	0.0 %
1-500	299	2.3	44,879	11.8
501-1,000	57	0.4	40,347	10.6
1,001-1,500	35	0.3	44,061	11.6
1,501-2,000	29	0.2	49,782	13.1
2,001-2,500	19	0.1	43,069	11.3
2,501-3,000	8	0.1	22,930	6.0
3,001-3,500	4	0.0	12,821	3.4
3,501-4,000	1	0.0	3,623	1.0
4,001-4,500	4	0.0	16,797	4.4
4,501-5,000	3	0.0	13,998	3.7
5,001-5,500	5	0.0	25,581	6.7
5,501-6,000	1	0.0	5,729	1.5
6,001-6,500	2	0.0	12,530	3.3
6,501-7,000	1	0.0	6,748	1.8
7,001-7,500	1	0.0	7,123	1.9
7,501-8,000	2	0.0	30,523	8.0
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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 ARIZONA, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	9,839
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$199,202
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$20

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,538	96.9 %	0	0.0 %
1-500	191	1.9	31,081	15.6
501-1,000	42	0.4	29,828	15.0
1,001-1,500	22	0.2	26,400	13.3
1,501-2,000	19	0.2	32,078	16.1
2,001-2,500	13	0.1	28,997	14.6
2,501-3,000	7	0.1	19,415	9.7
3,001-3,500	1	0.0	3,042	1.5
3,501-4,000	4	0.0	15,064	7.6
4,001-4,500	1	0.0	6,046	3.0
4,501-5,000	1	0.0	7,251	3.6
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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	109,333	50,571	48,058	10,695	9	0	1,111,187	505,704	523,765	81,650	68	0
Age												
5 and younger	5	0	4	0	1	0	54	0	48	0	6	0
6-14	12	0	11	0	1	0	144	0	132	0	12	0
15-20	251	0	228	16	7	0	2,762	0	2,604	108	50	0
21-44	19,970	0	15,955	4,015	0	0	208,577	0	174,389	34,188	0	0
45-64	26,383	1	21,580	4,802	0	0	268,066	12	232,539	35,515	0	0
65-74	28,931	19,758	7,639	1,534	0	0	296,996	201,725	85,267	10,004	0	0
75-84	21,578	19,135	2,164	279	0	0	219,098	193,552	23,914	1,632	0	0
85 and older	12,202	11,676	477	49	0	0	115,478	110,403	4,872	203	0	0
Unknown	1	1	0	0	0	0	12	12	0	0	0	0
Gender												
Female	65,691	34,690	26,166	4,832	3	0	677,476	350,843	287,720	38,887	26	0
Male	43,642	15,881	21,892	5,863	6	0	433,711	154,861	236,045	42,763	42	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	59,388	26,336	26,954	6,093	5	0	592,444	255,951	291,756	44,710	27	0
African American	5,333	1,495	3,043	795	0	0	53,636	14,747	32,445	6,444	0	0
Other/unknown	44,612	22,740	18,061	3,807	4	0	465,107	235,006	199,564	30,496	41	0
Use of Nursing Facilities^c												
Entire year	338	288	50	0	0	0	3,030	2,580	450	0	0	0
Part year	369	274	95	0	0	0	3,863	2,831	1,032	0	0	0
None	108,626	50,009	47,913	10,695	9	0	1,104,294	500,293	522,283	81,650	68	0
Maintenance Assistance Status												
Cash	43,107	13,837	24,425	4,845	0	0	475,549	154,744	274,566	46,239	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	22,533	12,514	9,924	90	5	0	230,638	125,086	105,018	502	32	0
Other/unknown	43,693	24,220	13,709	5,760	4	0	405,000	225,874	144,181	34,909	36	0
Dual Status^d												
Full dual, all year	108,777	50,278	47,821	10,669	9	0	1,105,500	502,642	521,388	81,402	68	0
Full dual, part year	556	293	237	26	0	0	5,687	3,062	2,377	248	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	33,930	21,582	11,337	1,009	2	0	336,668	205,190	125,606	5,857	15	0
FFS part year, with Rx claims	97	42	52	3	0	0	1,072	460	586	26	0	0
FFS part year, no Rx claims	19,205	5,844	11,898	1,462	1	0	217,822	65,842	137,372	14,596	12	0
MC all year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, no Rx claims	56,096	23,103	24,768	8,219	6	0	555,616	234,212	260,194	61,169	41	0

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. 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; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	109,333	1,111,187	53,222	384,041	10	727,146
Fee-for-service (FFS) all year	33,930	336,668	33,930	336,600	0	68
FFS part year, with Rx claims	97	1,072	97	570	0	502
FFS part year, with no Rx claims	19,205	217,822	19,195	46,871	10	170,951
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	56,096	555,616	0	0	0	555,616

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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.