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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005  
ARIZONA**

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>40,903</b>	<b>25,955</b>	<b>13,669</b>	<b>1,278</b>	<b>1</b>	<b>0</b>	<b>357,980</b>	<b>219,553</b>	<b>131,433</b>	<b>6,993</b>	<b>1</b>	<b>0</b>
<b>Age</b>												
5 and younger	3	0	3	0	0	0	36	0	36	0	0	0
6-14	7	0	7	0	0	0	84	0	84	0	0	0
15-20	62	0	58	3	1	0	633	0	596	36	1	0
21-44	4,250	12	3,917	321	0	0	39,419	17	37,575	1,827	0	0
45-64	7,125	29	6,543	553	0	0	63,252	59	60,105	3,088	0	0
65-74	9,163	6,632	2,222	309	0	0	82,074	57,074	23,380	1,620	0	0
75-84	10,714	9,891	755	68	0	0	93,398	84,984	8,083	331	0	0
85 and older	9,579	9,391	164	24	0	0	79,084	77,419	1,574	91	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	25,719	18,322	6,834	562	1	0	226,829	157,732	65,919	3,177	1	0
Male	15,184	7,633	6,835	716	0	0	131,151	61,821	65,514	3,816	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	21,511	14,856	6,268	387	0	0	179,637	121,522	57,283	832	0	0
African American	1,572	899	613	60	0	0	12,463	7,388	4,923	152	0	0
Other/unknown	17,820	10,200	6,788	831	1	0	165,880	90,643	69,227	6,009	1	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	366	324	42	0	0	0	3,207	2,819	388	0	0	0
Part year	400	296	103	1	0	0	3,967	2,872	1,083	12	0	0
None	40,137	25,335	13,524	1,277	1	0	350,806	213,862	129,962	6,981	1	0
<b>Maintenance Assistance Status</b>												
Cash	11,105	4,775	5,787	543	0	0	111,273	47,054	60,262	3,957	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	3,086	1,858	1,217	10	1	0	17,576	11,135	6,377	63	1	0
Other/unknown	26,712	19,322	6,665	725	0	0	229,131	161,364	64,794	2,973	0	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	39,683	25,210	13,268	1,204	1	0	351,542	215,181	129,685	6,675	1	0
Full dual, part year	1,220	745	401	74	0	0	6,438	4,372	1,748	318	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	35,034	22,967	11,239	828	0	0	336,500	207,708	122,923	5,869	0	0
FFS part year, with Rx claims	96	39	51	5	1	0	523	211	292	19	1	0
FFS part year, no Rx claims	5,773	2,949	2,379	445	0	0	20,957	11,634	8,218	1,105	0	0

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>4.3</b>	<b>0.7</b>	<b>\$31</b>	<b>\$42</b>	<b>\$16,780</b>	<b>0.2</b>	<b>40,903</b>
<b>Age</b>							
5 and younger	0.0	0.0	0	0	28,524	0.0	3
6-14	14.3	0.4	5	13	212,951	0.0	7
15-20	4.8	0.1	5	33	25,726	0.0	62
21-44	3.8	0.7	54	75	20,263	0.3	4,250
45-64	3.4	0.5	30	55	18,944	0.2	7,125
65-74	6.5	1.0	40	39	13,177	0.3	9,163
75-84	4.5	0.8	26	34	15,857	0.2	10,714
85 and older	3.0	0.5	16	31	17,901	0.1	9,579
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	3.5	0.6	22	35	16,518	0.1	25,955
Disabled	6.1	0.9	45	48	18,497	0.2	13,669
Adults	3.2	0.3	48	143	3,750	1.3	1,278
Children	100.0	4.0	87	22	2,029	4.3	1
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	4.4	0.7	27	38	16,987	0.2	25,719
Male	4.3	0.8	36	48	16,430	0.2	15,184
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	0.2	0.0	1	44	18,634	0.0	21,511
African American	1.7	0.1	7	44	17,272	0.0	1,572
Other/unknown	9.6	1.6	68	42	14,499	0.5	17,820
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	77.6	28.5	1,062	37	42,264	2.5	366
Part year	59.8	11.2	456	41	34,042	1.3	400
None	3.1	0.4	17	46	16,376	0.1	40,137
<b>Maintenance Assistance Status</b>							
Cash	10.8	1.5	63	43	15,149	0.4	11,105
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	0.6	0.0	1	26	799	0.1	3,086
Other/unknown	2.1	0.5	21	41	19,305	0.1	26,712

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.4  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	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	95.7	2.6	0.6	0.8	0.3	0.0	\$1,917	40,903	357,980
Age												
5 and younger	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	2,377	3	36
6-14	0.0	1	0.0	85.7	14.3	0.0	0.0	0.0	0.0	17,746	7	84
15-20	0.0	1	0.0	95.2	3.2	0.0	1.6	0.0	0.0	2,520	62	633
21-44	0.1	6	0.3	96.2	2.4	0.4	0.6	0.3	0.1	2,185	4,250	39,419
45-64	0.1	3	0.2	96.6	2.4	0.3	0.5	0.2	0.1	2,134	7,125	63,252
65-74	0.1	4	0.3	93.5	4.1	0.9	1.2	0.3	0.0	1,471	9,163	82,074
75-84	0.1	3	0.2	95.5	2.6	0.7	0.9	0.3	0.1	1,819	10,714	93,398
85 and older	0.1	2	0.1	97.0	1.5	0.5	0.8	0.2	0.0	2,168	9,579	79,084
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility <sup>e</sup>												
Aged	0.1	3	0.1	96.5	1.8	0.5	0.8	0.3	0.0	1,953	25,955	219,553
Disabled	0.1	5	0.2	93.9	4.1	0.7	0.9	0.3	0.1	1,924	13,669	131,433
Adults	0.1	9	1.3	96.8	2.5	0.2	0.4	0.1	0.0	685	1,278	6,993
Children	4.0	87	4.3	0.0	0.0	0.0	100.0	0.0	0.0	2,029	1	1
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	0.2	95.6	2.7	0.6	0.8	0.2	0.0	1,926	25,719	226,829
Male	0.1	4	0.2	95.7	2.5	0.6	0.9	0.3	0.0	1,902	15,184	131,151
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	99.8	0.1	0.0	0.1	0.0	0.0	2,231	21,511	179,637
African American	0.0	1	0.0	98.3	0.5	0.3	0.6	0.3	0.0	2,179	1,572	12,463
Other/unknown	0.2	7	0.5	90.4	5.9	1.3	1.8	0.5	0.1	1,558	17,820	165,880
Use of Nursing Facilities <sup>f</sup>												
Entire year	3.3	121	2.5	22.4	9.6	12.3	36.1	16.1	3.6	4,823	366	3,207
Part year	1.1	46	1.3	40.3	33.5	9.0	13.3	3.8	0.3	3,433	400	3,967
None	0.0	2	0.1	96.9	2.3	0.4	0.4	0.1	0.0	1,874	40,137	350,806
Maintenance Assistance Status												
Cash	0.1	6	0.4	89.2	7.5	1.3	1.5	0.3	0.0	1,512	11,105	111,273
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.0	0	0.1	99.4	0.4	0.0	0.1	0.0	0.0	140	3,086	17,576
Other/unknown	0.1	2	0.1	97.9	0.8	0.3	0.6	0.3	0.1	2,251	26,712	229,131

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5  
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>0.1</b>	<b>\$4</b>	<b>\$42</b>	<b>0.0</b>	<b>\$2</b>	<b>\$131</b>	<b>0.0</b>	<b>\$0</b>	<b>\$39</b>	<b>0.1</b>	<b>\$1</b>	<b>\$18</b>
<b>Age</b>												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	0.0	1	13	0.0	0	11	0.0	0	0	0.0	0	14
15-20	0.0	1	33	0.0	0	68	0.0	0	0	0.0	0	16
21-44	0.1	6	75	0.0	4	240	0.0	0	57	0.1	1	24
45-64	0.1	3	55	0.0	2	192	0.0	0	57	0.0	1	23
65-74	0.1	4	39	0.0	3	122	0.0	0	34	0.1	1	17
75-84	0.1	3	34	0.0	2	97	0.0	0	37	0.1	1	16
85 and older	0.1	2	31	0.0	1	87	0.0	0	34	0.0	1	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.1	3	35	0.0	2	101	0.0	0	36	0.1	1	16
Disabled	0.1	5	48	0.0	3	154	0.0	0	42	0.1	2	20
Adults	0.1	9	143	0.0	8	493	0.0	0	53	0.0	1	17
Children	4.0	87	22	0.0	0	0	0.0	0	0	4.0	87	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	0.1	3	38	0.0	2	122	0.0	0	36	0.1	1	17
Male	0.1	4	48	0.0	3	143	0.0	0	43	0.1	1	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.0	0	44	0.0	0	114	0.0	0	27	0.0	0	22
African American	0.0	1	44	0.0	1	97	0.0	0	0	0.0	0	23
Other/unknown	0.2	7	42	0.0	5	131	0.0	0	39	0.1	2	18
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	3.3	121	37	0.7	72	102	0.1	5	41	2.4	45	18
Part year	1.1	46	41	0.3	30	121	0.0	1	57	0.9	14	16
None	0.0	2	46	0.0	1	155	0.0	0	35	0.0	1	18
<b>Maintenance Assistance Status</b>												
Cash	0.1	6	43	0.0	4	145	0.0	0	34	0.1	2	17
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.0	0	26	0.0	0	73	0.0	0	48	0.0	0	16
Other/unknown	0.1	2	41	0.0	2	114	0.0	0	46	0.0	1	19

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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

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

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

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

TABLE D.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic					
Anti-infective Agents	0.2	0.0	0.0	0.2	\$13	\$8	\$2	\$3	\$57	\$169	\$55	\$22	2,253	\$128,139	890	2.2	9,535
Biologicals	0.2	0.1	0.0	0.1	4	1	0	2	19	13	0	28	7	136	5	0.0	36
Antineoplastic Agents	0.4	0.1	0.0	0.3	33	16	0	17	95	221	0	62	97	9,209	29	0.1	275
Endocrine/Metabolic Drugs	0.6	0.2	0.1	0.4	21	13	2	6	32	85	20	14	4,180	135,571	628	1.5	6,472
Cardiovascular Agents	0.9	0.2	0.0	0.7	24	13	0	11	26	80	8	14	7,916	204,878	857	2.1	8,674
Respiratory Agents	0.3	0.1	0.0	0.2	10	8	0	2	36	98	0	10	1,231	44,041	419	1.0	4,401
Gastrointestinal Agents	0.4	0.1	0.0	0.3	25	21	0	4	62	259	0	11	1,569	97,312	383	0.9	3,936
Genitourinary Agents	0.3	0.2	0.0	0.2	18	14	0	4	53	84	58	22	708	37,285	194	0.5	2,097
CNS Drugs	0.6	0.2	0.0	0.4	38	30	0	8	63	150	0	19	2,754	172,632	455	1.1	4,528
Stimulants/Anti-obesity/Anorexia	0.1	0.0	0.0	0.1	0	0	0	0	3	0	0	3	1	3	1	0.0	9
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	81	81	0	0	179	179	0	0	167	29,964	41	0.1	372
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	11	3	1	7	26	292	105	18	3,935	103,074	893	2.2	9,617
Neuromuscular Agents	0.6	0.1	0.0	0.4	38	17	3	18	67	134	58	47	1,829	122,653	321	0.8	3,239
Nutritional Products	0.4	0.0	0.0	0.4	4	0	0	4	11	16	0	11	905	10,116	248	0.6	2,540
Hematological Agents	0.4	0.1	0.0	0.3	30	27	0	3	68	184	22	10	897	61,078	204	0.5	2,010
Topical Products	0.3	0.1	0.0	0.2	7	4	0	3	29	71	96	17	1,093	31,685	408	1.0	4,326
Miscellaneous Products	0.5	0.4	0.0	0.1	177	168	0	9	364	460	0	75	161	58,681	30	0.1	332
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	25	0	0	0	121	3,063	38	0.1	408
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>29,824</b>	<b>1,249,520</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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.medispain.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, 0.3 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.medispain.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 2005.

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.

Dual Eligible Beneficiaries



TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$116,804	173	0.4	1,693	0.5	\$153	\$69
ANTIDIABETIC	113,920	630	1.5	6,742	0.4	38	17
ANTICONVULSANT	97,892	263	0.6	2,670	0.5	73	37
MISC. GI	80,018	185	0.5	1,869	0.3	129	43
ANALGESICS - Narcotic	68,800	758	1.9	7,987	0.3	25	9
ASSORTED CLASSES	58,073	26	0.1	286	0.5	398	203
ANTIHYPERTENSIVE	53,537	644	1.6	6,635	0.5	18	8
ANTIHYPERLIPIDEMIC	50,154	196	0.5	2,128	0.4	57	24
ANTIDEPRESSANTS	49,519	307	0.8	3,136	0.4	36	16
CALCIUM BLOCKERS	45,670	206	0.5	2,001	0.4	53	23
Total	734,387	3,388		35,147	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDIABETIC			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Rx Month	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Rx Month	Mean \$ per Benefit Month
<b>All</b>	<b>14,653</b>	<b>\$734,387</b>	<b>173</b>	<b>0.4</b>	<b>1,693</b>	<b>0.5</b>	<b>\$69</b>	<b>630</b>	<b>1.5</b>	<b>6,742</b>	<b>0.4</b>	<b>\$17</b>
<b>Female</b>												
All Females	9,102	403,152	96	0.4	940	0.4	54	431	1.7	4,586	0.4	17
<b>Female, Disabled</b>												
All Ages	3,628	205,307	24	0.4	272	0.3	60	175	2.6	1,969	0.4	18
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	38	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	769	55,469	7	0.4	83	0.4	76	13	0.8	152	0.4	18
45-64	898	68,855	8	0.2	92	0.3	46	35	1.1	377	0.3	15
65-74	1,402	62,597	3	0.2	36	0.6	129	99	7.3	1,168	0.4	17
75-84	469	16,251	5	1.1	49	0.3	21	25	5.3	254	0.5	26
85 and older	87	2,097	1	0.9	12	0.1	0	3	2.6	18	0.5	15
<b>Female, Other Eligibles</b>												
All Ages	5,474	197,845	72	0.4	668	0.4	52	256	1.4	2,617	0.5	16
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	76	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	89	3,392	2	1.3	24	0.3	11	5	3.2	60	0.4	23
45-64	13	528	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,519	56,652	12	0.3	109	0.5	68	89	2.2	889	0.4	14
75-84	2,246	82,506	27	0.4	283	0.4	44	100	1.5	1,005	0.5	17
85 and older	1,605	54,691	31	0.4	252	0.5	56	62	0.8	663	0.5	16
<b>Male</b>												
All Males	5,551	331,235	77	0.5	753	0.5	88	199	1.3	2,156	0.5	17
<b>Male, Disabled</b>												
All Ages	2,816	176,581	31	0.5	338	0.4	114	105	1.5	1,163	0.4	18
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	1	71	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	771	63,987	17	0.7	183	0.4	98	15	0.7	177	0.5	15
45-64	1,087	74,252	9	0.3	98	0.7	182	45	1.4	507	0.4	17
65-74	698	30,071	5	0.6	57	0.2	48	36	4.1	371	0.4	18
75-84	241	8,076	0	0.0	0	0.0	0	9	3.2	108	0.6	27
85 and older	18	124	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

All Top 10 Drug Groups			ANTIPSYCHOTICS						ANTIDIABETIC			
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month
					Benefit Months Among Users	of Rx per Benefit Month				Benefit Months Among Users	of Rx per Benefit Month	
Male, Other Eligibles												
All Ages	2,735	154,654	46	0.6	415	0.6	67	94	1.1	993	0.5	17
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	54	10,732	0	0.0	0	0.0	0	3	1.7	36	0.6	22
45-64	46	8,677	0	0.0	0	0.0	0	4	1.2	37	0.4	19
65-74	1,191	66,579	19	0.7	200	0.6	65	34	1.2	369	0.4	12
75-84	1,014	49,128	13	0.4	114	0.6	90	41	1.3	430	0.5	13
85 and older	430	19,538	14	0.7	101	0.5	44	12	0.6	121	0.7	39
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 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. 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 benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

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
<b>All</b>	<b>263</b>	<b>0.6</b>	<b>2,670</b>	<b>0.5</b>	<b>\$37</b>	<b>185</b>	<b>0.5</b>	<b>1,869</b>	<b>0.3</b>	<b>\$43</b>	<b>758</b>	<b>1.9</b>	<b>7,987</b>	<b>0.3</b>	<b>\$9</b>
<b>Female</b>															
All Females	144	0.6	1,510	0.5	35	100	0.4	1,005	0.3	48	481	1.9	5,081	0.3	6
<b>Female, Disabled</b>															
All Ages	51	0.7	590	0.5	46	44	0.6	472	0.3	95	239	3.5	2,664	0.3	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	1	33.3	12	0.1	1	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	17	1.0	200	0.5	66	10	0.6	112	0.1	12	62	3.8	682	0.5	10
45-64	17	0.5	190	0.4	41	21	0.6	229	0.4	139	65	2.0	703	0.5	15
65-74	14	1.0	164	0.4	33	11	0.8	116	0.3	100	77	5.7	888	0.2	4
75-84	3	0.6	36	0.5	21	0	0.0	0	0.0	0	29	6.2	322	0.2	2
85 and older	0	0.0	0	0.0	0	1	0.9	3	0.3	4	6	5.2	69	0.2	2
<b>Female, Other Eligibles</b>															
All Ages	93	0.5	920	0.5	28	56	0.3	533	0.3	7	242	1.3	2,417	0.3	4
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	4	2.5	38	0.2	4	3	1.9	36	0.3	6	8	5.1	96	0.1	1
45-64	3	1.2	27	0.1	16	0	0.0	0	0.0	0	4	1.6	35	0.2	2
65-74	23	0.6	221	0.6	32	22	0.5	208	0.3	9	60	1.5	603	0.3	4
75-84	43	0.6	443	0.5	32	18	0.3	169	0.4	7	107	1.6	1,079	0.3	5
85 and older	20	0.3	191	0.5	19	13	0.2	120	0.2	2	63	0.8	604	0.3	2
<b>Male</b>															
All Males	119	0.8	1,160	0.5	39	85	0.6	864	0.3	37	277	1.8	2,906	0.4	13
<b>Male, Disabled</b>															
All Ages	64	0.9	679	0.5	43	36	0.5	399	0.3	16	162	2.4	1,783	0.4	18
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	25	1.1	269	0.5	49	12	0.5	144	0.4	21	40	1.7	425	0.6	44
45-64	20	0.6	194	0.6	58	15	0.5	156	0.3	14	65	2.0	730	0.4	15
65-74	13	1.5	154	0.4	21	7	0.8	75	0.3	12	40	4.6	449	0.2	3
75-84	5	1.8	60	0.5	24	2	0.7	24	0.3	3	12	4.2	129	0.2	2
85 and older	1	2.0	2	0.5	11	0	0.0	0	0.0	0	5	10.2	50	0.3	2

Dual Eligible Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

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 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 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 Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>															
All Ages	55	0.7	481	0.6	34	49	0.6	465	0.3	55	115	1.4	1,123	0.3	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	1	0.6	4	0.3	30	2	1.1	18	0.1	292	5	2.9	49	0.2	9
45-64	0	0.0	0	0.0	0	1	0.3	10	0.7	6	3	0.9	32	0.1	1
65-74	31	1.1	297	0.6	35	25	0.9	242	0.3	77	51	1.8	531	0.3	5
75-84	16	0.5	121	0.6	38	17	0.6	165	0.4	8	39	1.3	369	0.3	6
85 and older	7	0.4	59	0.4	18	4	0.2	30	0.2	1	17	0.9	142	0.2	13
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. 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 benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	ASSORTED CLASSES					ANTIHYPERTENSIVE					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>26</b>	<b>0.1</b>	<b>286</b>	<b>0.5</b>	<b>\$203</b>	<b>644</b>	<b>1.6</b>	<b>6,635</b>	<b>0.5</b>	<b>\$8</b>	<b>196</b>	<b>0.5</b>	<b>2,128</b>	<b>0.4</b>	<b>\$24</b>
<b>Female</b>															
All Females	12	0.0	123	0.7	169	407	1.6	4,250	0.5	8	129	0.5	1,404	0.4	22
<b>Female, Disabled</b>															
All Ages	7	0.1	78	0.8	245	142	2.1	1,574	0.4	8	52	0.8	581	0.4	21
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	1	33.3	12	0.2	2	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	6	0.4	66	0.9	281	14	0.9	161	0.4	7	5	0.3	56	0.4	26
45-64	0	0.0	0	0.0	0	32	1.0	342	0.4	7	7	0.2	74	0.4	26
65-74	1	0.1	12	0.2	47	68	5.0	782	0.4	7	29	2.2	337	0.4	21
75-84	0	0.0	0	0.0	0	23	4.9	229	0.6	10	11	2.3	114	0.4	13
85 and older	0	0.0	0	0.0	0	4	3.5	48	0.6	10	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	5	0.0	45	0.6	37	265	1.4	2,676	0.5	9	77	0.4	823	0.4	23
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	33.3	1	1.0	24	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	3	1.9	28	0.2	4	1	0.6	12	0.4	9
45-64	0	0.0	0	0.0	0	2	0.8	19	0.2	3	0	0.0	0	0.0	0
65-74	2	0.0	24	0.7	47	70	1.7	700	0.4	9	29	0.7	315	0.4	24
75-84	3	0.0	21	0.5	25	99	1.4	1,021	0.5	8	30	0.4	327	0.4	24
85 and older	0	0.0	0	0.0	0	90	1.2	907	0.5	9	17	0.2	169	0.4	22
<b>Male</b>															
All Males	14	0.1	163	0.4	229	237	1.6	2,385	0.4	8	67	0.4	724	0.4	26
<b>Male, Disabled</b>															
All Ages	6	0.1	72	0.4	226	104	1.5	1,129	0.4	8	39	0.6	447	0.4	24
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	3.3	12	0.1	6
21-44	4	0.2	48	0.4	68	22	1.0	239	0.5	11	1	0.0	12	0.3	6
45-64	2	0.1	24	0.4	541	33	1.0	362	0.4	7	16	0.5	174	0.4	27
65-74	0	0.0	0	0.0	0	35	4.0	391	0.4	6	18	2.1	213	0.4	23
75-84	0	0.0	0	0.0	0	13	4.6	135	0.5	9	3	1.1	36	0.5	24
85 and older	0	0.0	0	0.0	0	1	2.0	2	0.5	9	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	ASSORTED CLASSES					ANTIHYPERTENSIVE					ANTHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>															
All Ages	8	0.1	91	0.3	231	133	1.6	1,256	0.5	8	28	0.3	277	0.5	30
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	2	1.1	24	0.4	149	1	0.6	12	0.5	7	1	0.6	12	0.5	38
45-64	2	0.6	20	0.5	385	3	0.9	23	0.5	6	0	0.0	0	0.0	0
65-74	2	0.1	24	0.1	60	50	1.7	473	0.5	8	9	0.3	97	0.5	24
75-84	2	0.1	23	0.5	362	49	1.6	478	0.4	8	14	0.5	123	0.6	36
85 and older	0	0.0	0	0.0	0	30	1.6	270	0.5	7	4	0.2	45	0.4	26
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					CALCIUM BLOCKERS					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		
<b>All</b>	<b>307</b>	<b>0.8</b>	<b>3,136</b>	<b>0.4</b>	<b>\$16</b>	<b>206</b>	<b>0.5</b>	<b>2,001</b>	<b>0.4</b>	<b>\$23</b>	<b>40,903</b>	<b>357,980</b>
<b>Female</b>												
All Females	191	0.7	1,961	0.4	14	130	0.5	1,293	0.4	23	25,719	226,829
<b>Female, Disabled</b>												
All Ages	65	1.0	727	0.4	13	42	0.6	443	0.4	20	6,834	65,919
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	36
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	28	303
21-44	19	1.2	204	0.3	13	7	0.4	76	0.4	21	1,624	15,386
45-64	16	0.5	192	0.3	17	9	0.3	102	0.3	15	3,245	29,742
65-74	18	1.3	196	0.3	9	17	1.3	175	0.4	18	1,348	14,356
75-84	10	2.1	111	0.4	14	8	1.7	78	0.4	24	470	5,031
85 and older	2	1.7	24	0.9	22	1	0.9	12	1.2	59	115	1,053
<b>Female, Other Eligibles</b>												
All Ages	126	0.7	1,234	0.5	14	88	0.5	850	0.4	25	18,885	160,910
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	1	33.3	1	1.0	52	3	25
21-44	3	1.9	36	0.3	7	3	1.9	36	0.3	23	158	896
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	245	1,416
65-74	36	0.9	332	0.4	10	22	0.5	210	0.4	32	4,059	35,492
75-84	58	0.8	584	0.4	15	33	0.5	304	0.4	20	6,887	60,309
85 and older	29	0.4	282	0.6	18	29	0.4	299	0.5	26	7,533	62,772
<b>Male</b>												
All Males	116	0.8	1,175	0.5	19	76	0.5	708	0.4	22	15,184	131,151
<b>Male, Disabled</b>												
All Ages	50	0.7	529	0.4	17	32	0.5	332	0.4	20	6,835	65,514
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	30	293
21-44	16	0.7	162	0.3	8	5	0.2	54	0.4	22	2,293	22,189
45-64	22	0.7	223	0.3	9	11	0.3	106	0.3	14	3,298	30,363
65-74	10	1.1	120	0.6	39	13	1.5	136	0.5	24	874	9,024
75-84	2	0.7	24	0.6	37	3	1.1	36	0.4	16	285	3,052
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	49	521

Dual Eligible Beneficiaries



TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS						CALCIUM BLOCKERS						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 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 Month	Mean Rx \$ per Benefit Month				
Male, Other Eligibles														
All Ages	66	0.8	646	0.5	21	44	0.5	376	0.5	23	8,349	65,637		
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0		
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0		
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12		
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	175	948		
45-64	0	0.0	0	0.0	0	1	0.3	1	1.0	34	337	1,731		
65-74	31	1.1	309	0.5	19	18	0.6	182	0.4	21	2,882	23,202		
75-84	23	0.7	239	0.5	21	17	0.6	122	0.6	27	3,072	25,006		
85 and older	12	0.6	98	0.6	25	8	0.4	71	0.5	25	1,882	14,738		
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 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

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
<b>All</b>	<b>\$121</b>	<b>3.3</b>	<b>366</b>	<b>3,207</b>
<b>Age</b>				
0-64	290	5.3	26	258
65-74	142	3.8	72	628
75-84	122	3.5	115	1,007
85 and older	78	2.4	153	1,314
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	116	3.3	203	1,826
Male	128	3.2	163	1,381
Unknown	0	0.0	0	0
<b>Race</b>				
White	35	1.4	14	24
African American	0	0	1	1
Other/unknown	122	3.3	351	3,182
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	104	3.0	324	2,819
Disabled	249	4.9	42	388
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 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 400 beneficiaries who were in nursing facilities for part of their enrollment and their 3,967 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.

Dual Eligible Beneficiaries

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

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	Generic	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	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.1	0.3	\$26	\$16	\$4	\$6	\$60	\$169	\$59	\$22	631	\$37,988	163	44.5	1,474
Biologicals	0.2	0.0	0.0	0.2	5	0	0	5	28	0	0	28	1	28	1	0.3	6
Antineoplastic Agents	0.6	0.2	0.0	0.4	69	37	0	33	119	189	0	83	24	2,847	5	1.4	41
Endocrine/Metabolic Drugs	0.9	0.3	0.1	0.6	28	18	3	7	29	71	21	13	1,356	39,816	154	42.1	1,443
Cardiovascular Agents	1.4	0.2	0.0	1.1	28	13	0	15	21	61	7	14	2,511	52,645	201	54.9	1,858
Respiratory Agents	0.4	0.1	0.0	0.4	11	7	0	4	24	106	0	11	259	6,337	72	19.7	602
Gastrointestinal Agents	0.8	0.1	0.0	0.7	12	7	0	6	16	63	0	9	731	11,977	108	29.5	964
Genitourinary Agents	0.6	0.3	0.0	0.3	30	20	0	10	54	73	0	36	235	12,757	44	12.0	423
CNS Drugs	1.0	0.4	0.0	0.6	64	50	0	14	63	138	0	21	1,485	93,274	161	44.0	1,468
Stimulants/Anti-obesity/Anorexia	0.1	0.0	0.0	0.1	0	0	0	0	3	0	0	3	1	3	1	0.3	9
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	91	91	0	0	145	145	0	0	100	14,515	16	4.4	159
Analgesics and Anesthetics	0.9	0.0	0.0	0.8	21	2	4	16	25	80	121	20	921	23,061	120	32.8	1,078
Neuromuscular Agents	1.0	0.2	0.1	0.7	62	26	2	34	63	108	41	49	889	55,815	98	26.8	898
Nutritional Products	0.6	0.0	0.0	0.6	9	0	0	9	14	16	0	14	408	5,698	71	19.4	652
Hematological Agents	0.8	0.2	0.0	0.5	37	32	0	4	47	139	25	8	443	21,005	62	16.9	567
Topical Products	0.4	0.1	0.0	0.3	11	5	0	5	25	60	0	16	369	9,388	97	26.5	885
Miscellaneous Products	0.7	0.0	0.0	0.7	48	0	0	48	67	0	0	67	15	1,009	2	0.5	21
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	4	0	0	0	9	0	0	0	70	658	15	4.1	156
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.	10,449	388,821	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. A total of 400 beneficiaries who were in nursing facilities for part of their enrollment and their 3,967 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 2005. 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Arizona, 0.3 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

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	\$61,253	72	19.7	648	0.7	\$137	\$95
ANTICONSULSANT	44,316	96	26.2	881	0.8	65	50
ANTIDIABETIC	29,561	134	36.6	1,312	0.7	34	23
ANTIDEPRESSANTS	28,671	120	32.8	1,140	0.6	39	25
ANALGESICS - Narcotic	20,926	137	37.4	1,210	0.7	25	17
ANTIVIRAL	9,003	12	3.3	83	0.3	360	108
ANTIHYPERTENSIVE	16,944	146	39.9	1,363	0.7	19	12
MISC. HEMATOLOGICAL	15,032	23	6.3	210	0.6	114	72
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	14,515	16	4.4	159	0.6	145	91
CALCIUM BLOCKERS	14,187	44	12.0	396	0.7	53	36
Total	254,408	800		7,402	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. A total of 400 beneficiaries who were in nursing facilities for part of their enrollment and their 3,967 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 2005. 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 2005 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.10A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST  
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

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 \$
<b>All</b>	<b>4,978</b>	<b>\$254,408</b>	<b>72</b>	<b>19.7</b>	<b>648</b>	<b>0.7</b>	<b>\$95</b>	<b>96</b>	<b>26.2</b>	<b>881</b>	<b>0.8</b>	<b>\$50</b>
<b>Female</b>												
All Females	2,981	144,688	40	19.7	361	0.7	88	45	22.2	435	0.8	55
<b>Female, Disabled</b>												
All Ages	281	23,128	2	15.4	24	1.1	313	5	38.5	51	0.8	157
64 or younger	203	17,091	1	14.3	12	0.8	238	5	71.4	51	0.8	157
65-74	57	5,274	1	33.3	12	1.5	387	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	21	763	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	2,700	121,560	38	20.0	337	0.6	72	40	21.1	384	0.8	41
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	460	21,394	7	25.0	57	0.7	89	7	25.0	65	0.9	26
75-84	1,158	52,580	10	16.7	101	0.6	68	22	36.7	210	0.9	54
85 and older	1,082	47,586	21	20.6	179	0.6	70	11	10.8	109	0.7	26
<b>Male</b>												
All Males	1,997	109,720	32	19.6	287	0.7	102	51	31.3	446	0.7	46
<b>Male, Disabled</b>												
All Ages	534	38,908	5	17.2	52	0.7	164	16	55.2	135	0.8	58
64 or younger	417	32,697	4	21.1	40	0.7	164	11	57.9	85	0.9	77
65-74	82	5,675	1	25.0	12	0.7	161	4	100.0	48	0.5	26
75-84	22	432	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	13	104	0	0.0	0	0.0	0	1	25.0	2	0.5	11
<b>Male, Other Eligibles</b>												
All Ages	1,463	70,812	27	20.1	235	0.7	89	35	26.1	311	0.7	41
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	628	30,055	9	24.3	94	0.7	91	20	54.1	195	0.8	47
75-84	539	25,625	9	17.0	84	0.7	98	11	20.8	93	0.6	28
85 and older	296	15,132	9	20.5	57	0.8	72	4	9.1	23	0.6	39
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. A total of 400 beneficiaries who were in nursing facilities for part of their enrollment and their 3,967 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 2005. 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 2005 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIDEPRESSANTS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>134</b>	<b>36.6</b>	<b>1,312</b>	<b>0.7</b>	<b>\$23</b>	<b>120</b>	<b>32.8</b>	<b>1,140</b>	<b>0.6</b>	<b>\$25</b>	<b>137</b>	<b>37.4</b>	<b>1,210</b>	<b>0.7</b>	<b>\$17</b>
<b>Female</b>															
All Females	94	46.3	897	0.7	23	71	35.0	671	0.7	24	79	38.9	711	0.7	15
<b>Female, Disabled</b>															
All Ages	7	53.8	66	0.6	10	5	38.5	54	0.7	27	9	69.2	96	1.2	54
64 or younger	3	42.9	36	0.6	8	3	42.9	33	0.6	21	6	85.7	60	1.8	86
65-74	1	33.3	12	0.7	8	1	33.3	9	0.9	35	1	33.3	12	0.5	4
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	3	100.0	18	0.5	15	1	33.3	12	0.8	40	2	66.7	24	0.1	1
<b>Female, Other Eligibles</b>															
All Ages	87	45.8	831	0.7	24	66	34.7	617	0.6	24	70	36.8	615	0.6	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	20	71.4	174	0.6	17	14	50.0	119	0.6	20	11	39.3	90	0.7	6
75-84	34	56.7	316	0.7	28	30	50.0	288	0.7	26	30	50.0	257	0.8	15
85 and older	33	32.4	341	0.6	23	22	21.6	210	0.6	22	29	28.4	268	0.4	3
<b>Male</b>															
All Males	40	24.5	415	0.7	22	49	30.1	469	0.6	27	58	35.6	499	0.7	21
<b>Male, Disabled</b>															
All Ages	10	34.5	102	0.8	25	6	20.7	54	0.6	58	14	48.3	136	1.2	36
64 or younger	9	47.4	99	0.8	26	3	15.8	18	0.7	51	8	42.1	76	1.7	63
65-74	1	25.0	3	0.3	10	3	75.0	36	0.6	61	2	50.0	24	1.0	5
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	9	0.2	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	75.0	27	0.4	2
<b>Male, Other Eligibles</b>															
All Ages	30	22.4	313	0.6	22	43	32.1	415	0.6	23	44	32.8	363	0.5	15
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	8	21.6	90	0.5	17	17	45.9	165	0.6	21	16	43.2	158	0.6	12
75-84	15	28.3	159	0.6	19	16	30.2	173	0.6	27	15	28.3	111	0.5	17
85 and older	7	15.9	64	0.8	35	10	22.7	77	0.7	20	13	29.5	94	0.3	20
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. A total of 400 beneficiaries who were in nursing facilities for part of their enrollment and their 3,967 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	ANTIVIRAL					ANTIHYPERTENSIVE					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>12</b>	<b>3.3</b>	<b>83</b>	<b>0.3</b>	<b>\$109</b>	<b>146</b>	<b>39.9</b>	<b>1,363</b>	<b>0.7</b>	<b>\$12</b>	<b>23</b>	<b>6.3</b>	<b>210</b>	<b>0.6</b>	<b>\$72</b>
<b>Female</b>															
All Females	2	1.0	14	0.1	4	83	40.9	810	0.7	14	14	6.9	125	0.7	78
<b>Female, Disabled</b>															
All Ages	0	0.0	0	0.0	0	3	23.1	33	0.8	9	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	1	14.3	12	0.7	10	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	2	66.7	21	0.8	8	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	2	1.1	14	0.1	4	80	42.1	777	0.7	14	14	7.4	125	0.7	78
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	11	39.3	101	0.7	17	4	14.3	34	0.7	82
75-84	1	1.7	5	0.2	6	27	45.0	264	0.7	15	6	10.0	56	0.7	76
85 and older	1	1.0	9	0.1	4	42	41.2	412	0.7	12	4	3.9	35	0.7	79
<b>Male</b>															
All Males	10	6.1	69	0.3	130	63	38.7	553	0.6	11	9	5.5	85	0.6	62
<b>Male, Disabled</b>															
All Ages	8	27.6	48	0.4	186	14	48.3	128	0.6	11	1	3.4	9	0.8	94
64 or younger	8	42.1	48	0.4	186	10	52.6	99	0.5	10	1	5.3	9	0.8	94
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	3	150.0	27	0.7	16	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	25.0	2	0.5	9	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	2	1.5	21	0.1	1	49	36.6	425	0.7	11	8	6.0	76	0.6	58
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1	2.7	9	0.1	1	20	54.1	176	0.6	10	3	8.1	30	0.4	48
75-84	1	1.9	12	0.1	2	16	30.2	143	0.7	12	3	5.7	25	0.8	65
85 and older	0	0.0	0	0.0	0	13	29.5	106	0.6	10	2	4.5	21	0.5	63
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. A total of 400 beneficiaries who were in nursing facilities for part of their enrollment and their 3,967 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL													CALCIUM BLOCKERS				
Beneficiary Characteristics	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-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents					
All	16	4.4	159	0.6	\$91	44	12.0	396	0.7	\$36	366	3,207					
Female																	
All Females	13	6.4	129	0.7	101	23	11.3	222	0.7	38	203	1,826					
Female, Disabled																	
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	127					
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	78					
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	22					
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	3	27					
Female, Other Eligibles																	
All Ages	13	6.8	129	0.7	101	23	12.1	222	0.7	38	190	1,699					
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
65-74	2	7.1	21	0.8	106	3	10.7	29	0.6	70	28	239					
75-84	3	5.0	30	0.5	94	12	20.0	106	0.6	31	60	524					
85 and older	8	7.8	78	0.7	102	8	7.8	87	0.8	37	102	936					
Male																	
All Males	3	1.8	30	0.4	51	21	12.9	174	0.7	33	163	1,381					
Male, Disabled																	
All Ages	0	0.0	0	0.0	0	3	10.3	15	0.8	49	29	261					
64 or younger	0	0.0	0	0.0	0	2	10.5	12	0.8	50	19	180					
65-74	0	0.0	0	0.0	0	1	25.0	3	0.7	41	4	39					
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	18					
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	24					
Male, Other Eligibles																	
All Ages	3	2.2	30	0.4	51	18	13.4	159	0.6	31	134	1,120					
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
65-74	1	2.7	9	0.2	31	7	18.9	66	0.6	32	37	328					
75-84	1	1.9	12	0.1	11	7	13.2	60	0.6	30	53	465					
85 and older	1	2.3	9	0.9	124	4	9.1	33	0.7	32	44	327					
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 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. A total of 400 beneficiaries who were in nursing facilities for part of their enrollment and their 3,967 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 2005. 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 2005 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.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
ARIZONA, 2005

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
<b>All</b>	<b>911</b>	<b>2.2</b>	<b>0.1</b>	<b>4,836</b>	<b>\$1</b>	<b>\$34,934</b>	<b>\$7</b>	<b>2.8</b>	<b>40,903</b>
<b>Age</b>									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	3
6-14	0	0.0	0.0	0	0	0	0	0.0	7
15-20	1	1.6	0.0	1	0	7	7	2.3	62
21-44	79	1.9	0.1	373	1	3,464	9	1.5	4,250
45-64	104	1.5	0.1	464	1	3,984	9	1.9	7,125
65-74	305	3.3	0.2	1,747	1	10,360	6	2.8	9,163
75-84	277	2.6	0.1	1,557	1	10,456	7	3.7	10,714
85 and older	145	1.5	0.1	694	1	6,663	10	4.3	9,579
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	472	1.8	0.1	2,353	1	19,040	8	3.3	25,955
Disabled	421	3.1	0.2	2,439	1	15,487	6	2.5	13,669
Adults	18	1.4	0.0	44	0	407	9	0.7	1,278
Children	0	0.0	0.0	0	0	0	0	0.0	1
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	590	2.3	0.1	3,161	1	22,092	7	3.2	25,719
Male	321	2.1	0.1	1,675	1	12,842	8	2.3	15,184
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	23	0.1	0.0	88	0	650	7	2.8	21,511
African American	12	0.8	0.0	21	0	159	8	1.6	1,572
Other/unknown	876	4.9	0.3	4,727	2	34,125	7	2.8	17,820
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	134	36.6	2.6	948	36	13,226	14	3.4	366
Part year	110	27.5	1.0	411	10	3,953	10	2.2	400
None	667	1.7	0.1	3,477	0	17,755	5	2.6	40,137
<b>Maintenance Assistance Status</b>									
Cash	632	5.7	0.3	3,351	2	18,781	6	2.7	11,105
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	6	0.2	0.0	12	0	80	7	3.1	3,086
Other/unknown	273	1.0	0.1	1,473	1	16,073	11	2.9	26,712

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005.

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

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
ARIZONA, 2005

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
<b>All</b>	<b>0.0</b>	<b>\$0</b>	<b>\$7</b>	<b>\$0</b>	<b>\$0</b>	<b>357,980</b>
<b>Age</b>						
5 and younger	0.0	0	0	0	0	36
6-14	0.0	0	0	0	0	84
15-20	0.0	0	7	0	0	633
21-44	0.0	0	9	0	0	39,419
45-64	0.0	0	9	0	0	63,252
65-74	0.0	0	6	0	0	82,074
75-84	0.0	0	7	0	0	93,398
85 and older	0.0	0	10	0	0	79,084
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.0	0	8	0	0	219,553
Disabled	0.0	0	6	0	0	131,433
Adults	0.0	0	9	0	0	6,993
Children	0.0	0	0	0	0	1
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.0	0	7	0	0	226,829
Male	0.0	0	8	0	0	131,151
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.0	0	7	0	0	179,637
African American	0.0	0	8	0	0	12,463
Other/unknown	0.0	0	7	0	0	165,880
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.3	4	14	0	1	3,207
Part year	0.1	1	10	0	0	3,967
None	0.0	0	5	0	0	350,806
<b>Maintenance Assistance Status</b>						
Cash	0.0	0	6	0	0	111,273
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	7	0	0	17,576
Other/unknown	0.0	0	11	0	0	229,131

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005.

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

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
ARIZONA, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	
<b>All</b>	<b>1,186</b>	<b>\$29</b>	<b>\$34,934</b>	<b>100.0</b>	<b>4,836</b>	<b>\$7</b>	<b>100.0</b>	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0	
Cough and cold medications	132	10	1,321	3.8	182	7	3.8	
Vitamins and minerals	204	47	9,666	27.7	753	13	15.6	
Non-prescription drugs	650	27	17,338	49.6	3,195	5	66.1	
Barbiturates	9	30	272	0.8	52	5	1.1	
Benzodiazepines	164	38	6,159	17.6	617	10	12.8	
Other Part D Excl Rx Drugs	27	7	178	0.5	37	5	0.8	

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005.

A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 ARIZONA, 2005

Total Number of Dual Eligible Beneficiaries: 40,903  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$1,249,520  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$30

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	39,124	95.7	\$0	0.0
1-500	1,195	2.9	158,103	12.7
501-1,000	233	0.6	169,230	13.5
1,001-1,500	123	0.3	150,261	12.0
1,501-2,000	77	0.2	130,574	10.4
2,001-2,500	47	0.1	104,962	8.4
2,501-3,000	19	0.0	52,292	4.2
3,001-3,500	22	0.1	71,400	5.7
3,501-4,000	17	0.0	63,138	5.1
4,001-4,500	7	0.0	29,925	2.4
4,501-5,000	10	0.0	46,519	3.7
5,001-5,500	3	0.0	15,891	1.3
5,501-6,000	3	0.0	17,072	1.4
6,001-6,500	2	0.0	12,537	1.0
6,501-7,000	3	0.0	20,649	1.7
7,001-7,500	4	0.0	28,410	2.3
7,501-8,000	2	0.0	15,353	1.2
8,001-8,500	1	0.0	9,727	0.8
8,501-9,000	11	0.0	153,477	12.3
9,001-9,500				
9,501-10,000				
10,001+				

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 ARIZONA, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 10,528  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$389,068  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$37

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65			
\$0	10,155	96.5	0	0.0	
1-500	247	2.3	30,049	7.7	
501-1,000	37	0.4	25,628	6.6	
1,001-1,500	18	0.2	21,699	5.6	
1,501-2,000	15	0.1	25,332	6.5	
2,001-2,500	9	0.1	19,799	5.1	
2,501-3,000	6	0.1	16,742	4.3	
3,001-3,500	7	0.1	22,630	5.8	
3,501-4,000	6	0.1	22,546	5.8	
4,001-4,500	4	0.0	16,607	4.3	
4,501-5,000	6	0.1	27,969	7.2	
5,001-5,500	3	0.0	15,891	4.1	
5,501-6,000	3	0.0	17,072	4.4	
6,001-6,500	1	0.0	6,324	1.6	
6,501-7,000	1	0.0	6,825	1.8	
7,001-7,500	3	0.0	21,268	5.5	
7,501-8,000	7	0.1	92,687	23.8	
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 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005.

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

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

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 ARIZONA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 29,456  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$802,774  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$27

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	28,088	95.4	0	0.0
1-500	921	3.1	125,430	15.6
501-1,000	194	0.7	141,986	17.7
1,001-1,500	103	0.3	125,781	15.7
1,501-2,000	61	0.2	103,326	12.9
2,001-2,500	38	0.1	85,163	10.6
2,501-3,000	13	0.0	35,550	4.4
3,001-3,500	15	0.1	48,770	6.1
3,501-4,000	9	0.0	33,249	4.1
4,001-4,500	2	0.0	8,944	1.1
4,501-5,000	4	0.0	18,550	2.3
5,001-5,500	1	0.0	6,213	0.8
5,501-6,000	1	0.0	6,912	0.9
6,001-6,500	1	0.0	7,142	0.9
6,501-7,000	1	0.0	7,508	0.9
7,001-7,500	1	0.0	9,727	1.2
7,501-8,000	3	0.0	38,523	4.8
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 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005.

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

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 ARIZONA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 9,163  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$363,768  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$39

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	8,567	93.5		0	0.0
1-500	411	4.5		50,714	13.9
501-1,000	77	0.8		56,271	15.5
1,001-1,500	41	0.4		49,202	13.5
1,501-2,000	24	0.3		41,445	11.4
2,001-2,500	17	0.2		38,769	10.7
2,501-3,000	7	0.1		19,762	5.4
3,001-3,500	8	0.1		26,308	7.2
3,501-4,000	3	0.0		11,302	3.1
4,001-4,500	1	0.0		4,476	1.2
4,501-5,000	1	0.0		6,213	1.7
5,001-5,500	1	0.0		6,912	1.9
5,501-6,000	1	0.0		7,142	2.0
6,001-6,500	1	0.0		7,508	2.1
6,501-7,000	1	0.0		9,727	2.7
7,001-7,500	2	0.0		28,017	7.7
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 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005.

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

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 ARIZONA, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 10,714  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$283,219  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$26

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,229	95.5	0	0.0
1-500	320	3.0	42,588	15.0
501-1,000	73	0.7	53,169	18.8
1,001-1,500	34	0.3	41,455	14.6
1,501-2,000	25	0.2	41,566	14.7
2,001-2,500	16	0.1	35,271	12.5
2,501-3,000	1	0.0	2,564	0.9
3,001-3,500	6	0.1	19,245	6.8
3,501-4,000	5	0.0	18,305	6.5
4,001-4,500	4	0.0	18,550	6.5
4,501-5,000	1	0.0	10,506	3.7
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 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005.

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<sup>a, b</sup>  
 ARIZONA, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 9,579  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$155,787  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$16

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			+		
\$0	9,292		97.0	0	0.0
1-500	190		2.0	32,128	20.6
501-1,000	44		0.5	32,546	20.9
1,001-1,500	28		0.3	35,124	22.5
1,501-2,000	12		0.1	20,315	13.0
2,001-2,500	5		0.1	11,123	7.1
2,501-3,000	5		0.1	13,224	8.5
3,001-3,500	1		0.0	3,217	2.1
3,501-4,000	1		0.0	3,642	2.3
4,001-4,500	1		0.0	4,468	2.9
4,501-5,000					
5,001-5,500					
5,501-6,000					
6,001-6,500					
6,501-7,000					
7,001-7,500					
7,501-8,000					
8,001-8,500					
8,501-9,000					
9,001-9,500					
9,501-10,000					
10,001+					

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005.

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

APPENDIX TABLE A.3  
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>117,299</b>	<b>55,146</b>	<b>51,980</b>	<b>10,160</b>	<b>10</b>	<b>3</b>	<b>1,193,565</b>	<b>545,356</b>	<b>560,343</b>	<b>87,743</b>	<b>89</b>	<b>34</b>
<b>Age</b>												
5 and younger	10	0	8	0	2	0	94	0	81	0	13	0
6-14	14	0	12	0	2	0	160	0	141	0	19	0
15-20	202	0	186	12	4	0	2,266	0	2,125	102	39	0
21-44	21,483	43	17,416	4,022	2	0	227,398	277	189,021	38,082	18	0
45-64	29,137	113	24,721	4,303	0	0	300,904	755	263,317	36,832	0	0
65-74	30,788	21,973	7,327	1,485	0	3	316,852	225,731	80,466	10,621	0	34
75-84	22,825	20,554	1,981	290	0	0	229,591	205,943	21,796	1,852	0	0
85 and older	12,840	12,463	329	48	0	0	116,300	112,650	3,396	254	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	70,669	37,720	28,112	4,830	4	3	727,099	376,931	306,431	43,659	44	34
Male	46,630	17,426	23,868	5,330	6	0	466,466	168,425	253,912	44,084	45	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	62,486	27,689	29,099	5,691	4	3	621,495	262,816	311,316	47,286	43	34
African American	5,983	1,728	3,471	784	0	0	59,550	16,428	36,247	6,875	0	0
Other/unknown	48,830	25,729	19,410	3,685	6	0	512,520	266,112	212,780	33,582	46	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	367	325	42	0	0	0	3,211	2,823	388	0	0	0
Part year	400	296	103	1	0	0	4,027	2,918	1,097	12	0	0
None	116,532	54,525	51,835	10,159	10	3	1,186,327	539,615	558,858	87,731	89	34
<b>Maintenance Assistance Status</b>												
Cash	45,700	14,704	25,630	5,366	0	0	500,790	161,310	285,808	53,672	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	26,361	14,411	11,839	103	5	3	272,566	148,250	123,556	691	35	34
Other/unknown	45,238	26,031	14,511	4,691	5	0	420,209	235,796	150,979	33,380	54	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	116,052	54,394	51,563	10,082	10	3	1,181,366	538,013	556,197	87,033	89	34
Full dual, part year	1,247	752	417	78	0	0	12,199	7,343	4,146	710	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	35,034	22,967	11,239	828	0	0	336,500	207,708	122,923	5,869	0	0
FFS part year, with Rx claims	96	39	51	5	1	0	950	384	518	40	8	0
FFS part year, no Rx claims	5,773	2,949	2,379	445	0	0	58,511	29,753	24,906	3,852	0	0
MC all year, with Rx claims	6	3	3	0	0	0	58	22	36	0	0	0
MC all year, no Rx claims	76,390	29,188	38,308	8,882	9	3	797,546	307,489	411,960	77,982	81	34

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>117,299</b>	<b>1,193,565</b>	<b>40,903</b>	<b>357,980</b>	<b>0</b>	<b>835,585</b>
Fee-for-service (FFS) all year	35,034	336,500	35,034	336,500	0	0
FFS part year, with Rx claims	96	950	96	523	0	427
FFS part year, with no Rx claims	5,773	58,511	5,773	20,957	0	37,554
Managed care (MC) all year, with Rx claims	6	58	0	0	0	58
MC all year, with no Rx claims	76,390	797,546	0	0	0	797,546

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.

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.

Dual Eligible Beneficiaries