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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL 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
All	161,396	1,159	25,423	66,872	67,937	5	1,215,017	8,177	242,851	462,158	501,824	7
Age												
5 and younger	31,203	0	3,684	0	27,519	0	210,504	0	33,444	0	177,060	0
6-14	34,064	0	6,164	0	27,900	0	290,249	0	63,726	0	226,523	0
15-20	22,010	0	3,077	6,416	12,517	0	175,543	0	31,359	45,944	98,240	0
21-44	51,200	0	5,550	45,650	0	0	369,008	0	52,344	316,664	0	0
45-64	21,310	1	6,591	14,712	1	5	157,452	1	58,265	99,178	1	7
65-74	827	482	275	70	0	0	6,396	3,283	2,821	292	0	0
75-84	511	426	71	14	0	0	3,912	3,098	769	45	0	0
85 and older	271	250	11	10	0	0	1,953	1,795	123	35	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	82,930	731	11,234	37,239	33,721	5	638,811	5,336	108,011	273,947	251,510	7
Male	78,466	428	14,189	29,633	34,216	0	576,206	2,841	134,840	188,211	250,314	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	23,292	336	9,787	8,337	4,830	2	114,737	2,309	90,530	13,805	8,090	3
African American	4,354	53	952	1,923	1,426	0	14,638	311	7,086	4,317	2,924	0
Other/unknown	133,750	770	14,684	56,612	61,681	3	1,085,642	5,557	145,235	444,036	490,810	4
Use of Nursing Facilities^c												
Entire year	123	48	74	1	0	0	1,068	345	722	1	0	0
Part year	276	27	218	26	5	0	2,854	210	2,320	283	41	0
None	160,997	1,084	25,131	66,845	67,932	5	1,211,095	7,622	239,809	461,874	501,783	7
Maintenance Assistance Status												
Cash	75,322	433	17,180	28,570	29,139	0	643,528	3,956	167,400	222,821	249,351	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	29,087	40	228	2,063	26,751	5	202,458	209	1,085	12,059	189,098	7
Other/unknown	56,987	686	8,015	36,239	12,047	0	369,031	4,012	74,366	227,278	63,375	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	123,808	860	19,683	51,591	51,674	0	1,111,008	7,022	220,629	421,534	461,823	0
FFS part year, with Rx claims	864	1	81	356	426	0	4,534	5	545	1,928	2,056	0
FFS part year, no Rx claims	36,724	298	5,659	14,925	15,837	5	99,475	1,150	21,677	38,696	37,945	7

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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	4.0	0.2	\$18	\$73	\$6,001	0.3	161,396
Age							
5 and younger	4.5	0.1	9	84	6,409	0.1	31,203
6-14	3.3	0.1	8	68	5,881	0.1	34,064
15-20	4.1	0.2	28	147	5,742	0.5	22,010
21-44	3.7	0.2	19	83	4,886	0.4	51,200
45-64	4.6	0.7	31	47	7,751	0.4	21,310
65-74	8.3	1.7	70	41	17,518	0.4	827
75-84	7.2	1.4	42	30	16,465	0.3	511
85 and older	5.5	0.9	23	26	13,594	0.2	271
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	6.6	1.4	47	34	16,363	0.3	1,159
Disabled	4.9	0.8	83	108	22,422	0.4	25,423
Adults	3.2	0.1	5	32	2,613	0.2	66,872
Children	4.4	0.1	6	48	3,016	0.2	67,937
Unknown	0.0	0.0	0	0	329	0.0	5
Gender							
Female	4.7	0.3	14	52	6,238	0.2	82,930
Male	3.2	0.2	22	99	5,751	0.4	78,466
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	0.9	0.0	2	45	10,730	0.0	23,292
African American	2.9	0.1	2	22	5,202	0.0	4,354
Other/unknown	4.6	0.3	21	74	5,204	0.4	133,750
Use of Nursing Facilities^f							
Entire year	79.7	41.9	1,847	44	62,394	3.0	123
Part year	82.2	20.8	711	34	85,251	0.8	276
None	3.8	0.2	15	86	5,823	0.3	160,997
Maintenance Assistance Status							
Cash	5.6	0.4	32	78	8,085	0.4	75,322
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	4.3	0.1	10	65	2,795	0.3	29,087
Other/unknown	1.6	0.1	4	47	4,884	0.1	56,987

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 ND.3 includes beneficiaries represented by Cell K of Table 1.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. In 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	0.0	\$2	0.3	96.0	3.5	0.2	0.2	0.0	0.0	\$797	161,396	1,215,017
Age												
5 and younger	0.0	1	0.1	95.5	4.3	0.1	0.0	0.0	0.0	950	31,203	210,504
6-14	0.0	1	0.1	96.7	3.2	0.1	0.0	0.0	0.0	690	34,064	290,249
15-20	0.0	4	0.5	95.9	3.8	0.2	0.1	0.0	0.0	720	22,010	175,543
21-44	0.0	3	0.4	96.3	3.3	0.2	0.2	0.0	0.0	678	51,200	369,008
45-64	0.1	4	0.4	95.4	3.2	0.5	0.6	0.1	0.1	1,049	21,310	157,452
65-74	0.2	9	0.4	91.7	3.4	1.3	2.5	1.1	0.0	2,265	827	6,396
75-84	0.2	5	0.3	92.8	3.1	1.8	2.2	0.2	0.0	2,151	511	3,912
85 and older	0.1	3	0.2	94.5	3.3	0.4	1.5	0.4	0.0	1,886	271	1,953
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	0.2	7	0.3	93.4	2.2	1.2	2.4	0.8	0.0	2,319	1,159	8,177
Disabled	0.1	9	0.4	95.1	3.5	0.5	0.7	0.2	0.1	2,347	25,423	242,851
Adults	0.0	1	0.2	96.8	2.8	0.2	0.1	0.0	0.0	378	66,872	462,158
Children	0.0	1	0.2	95.6	4.2	0.1	0.1	0.0	0.0	408	67,937	501,824
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	235	5	7
Gender												
Female	0.0	2	0.2	95.3	4.2	0.3	0.2	0.0	0.0	810	82,930	638,811
Male	0.0	3	0.4	96.8	2.8	0.2	0.2	0.0	0.0	783	78,466	576,206
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	99.1	0.5	0.2	0.1	0.0	0.0	2,178	23,292	114,737
African American	0.0	1	0.0	97.1	2.1	0.5	0.2	0.1	0.0	1,547	4,354	14,638
Other/unknown	0.0	3	0.4	95.4	4.1	0.2	0.2	0.0	0.0	641	133,750	1,085,642
Use of Nursing Facilities^f												
Entire year	4.8	213	3.0	20.3	5.7	6.5	37.4	19.5	10.6	7,186	123	1,068
Part year	2.0	69	0.8	17.8	38.8	18.1	19.2	4.0	2.2	8,244	276	2,854
None	0.0	2	0.3	96.2	3.5	0.2	0.1	0.0	0.0	774	160,997	1,211,095
Maintenance Assistance Status												
Cash	0.0	4	0.4	94.4	4.9	0.3	0.3	0.1	0.0	946	75,322	643,528
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.0	1	0.3	95.7	4.1	0.2	0.1	0.0	0.0	402	29,087	202,458
Other/unknown	0.0	1	0.1	98.4	1.4	0.1	0.1	0.0	0.0	754	56,987	369,031

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 ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. In 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 I of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 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
All	0.0	\$2	\$73	0.0	\$2	\$299	0.0	\$0	\$92	0.0	\$0	\$18
Age												
5 and younger	0.0	1	84	0.0	1	336	0.0	0	56	0.0	0	12
6-14	0.0	1	68	0.0	1	202	0.0	0	255	0.0	0	17
15-20	0.0	4	147	0.0	3	459	0.0	0	220	0.0	0	24
21-44	0.0	3	83	0.0	2	461	0.0	0	76	0.0	1	17
45-64	0.1	4	47	0.0	3	175	0.0	0	57	0.1	1	18
65-74	0.2	9	41	0.0	5	116	0.0	1	60	0.2	3	20
75-84	0.2	5	30	0.0	3	125	0.0	0	47	0.2	2	13
85 and older	0.1	3	26	0.0	2	92	0.0	0	23	0.1	1	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.2	7	34	0.0	4	106	0.0	1	51	0.2	3	17
Disabled	0.1	9	108	0.0	7	419	0.0	0	104	0.1	1	21
Adults	0.0	1	32	0.0	0	153	0.0	0	94	0.0	0	14
Children	0.0	1	48	0.0	1	160	0.0	0	55	0.0	0	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.0	2	52	0.0	1	220	0.0	0	77	0.0	1	17
Male	0.0	3	99	0.0	3	374	0.0	0	113	0.0	0	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.0	0	45	0.0	0	136	0.0	0	53	0.0	0	18
African American	0.0	1	22	0.0	0	88	0.0	0	47	0.0	0	10
Other/unknown	0.0	3	74	0.0	2	305	0.0	0	93	0.0	1	18
Use of Nursing Facilities^e												
Entire year	4.8	213	44	0.8	117	139	0.2	16	82	3.8	80	21
Part year	2.0	69	34	0.3	34	121	0.1	5	92	1.7	30	18
None	0.0	2	86	0.0	2	348	0.0	0	95	0.0	0	17
Maintenance Assistance Status												
Cash	0.0	4	78	0.0	3	343	0.0	0	84	0.0	1	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.0	1	65	0.0	1	201	0.0	0	59	0.0	0	16
Other/unknown	0.0	1	47	0.0	0	156	0.0	0	181	0.0	0	16

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 ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Arizona, 0.3 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).

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

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

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

TABLE ND.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, ARIZONA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Off-Patented Brand-Name		Patent Brand-Name Generic	Total	Off-Patented Brand-Name		Patent Brand-Name Generic	Total	Off-Patented Brand-Name		Patent Brand-Name Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Name	Name			Name	Name			Name	Name						
Anti-infective Agents	0.2	0.0	0.0	0.1	\$7	\$4	\$1	\$3	\$41	\$126	\$61	\$20	6,035	\$248,605	3,532	2.2	35,631
Biologicals	0.4	0.0	0.3	0.2	766	19	466	281	1751	767	1,863	1,731	35	61,294	8	0.0	80
Antineoplastic Agents	0.4	0.2	0.0	0.2	251	235	0	16	673	1,379	0	79	175	117,840	45	0.0	470
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.3	24	19	1	5	65	245	31	18	3,513	228,486	939	0.6	9,344
Cardiovascular Agents	0.6	0.1	0.0	0.5	18	11	0	7	30	119	14	14	4,401	133,529	713	0.4	7,298
Respiratory Agents	0.3	0.1	0.0	0.2	10	8	0	2	39	106	53	9	3,586	139,513	1,428	0.9	13,955
Gastrointestinal Agents	0.3	0.1	0.0	0.2	36	33	0	3	123	448	9	12	1,533	188,056	507	0.3	5,244
Genitourinary Agents	0.2	0.0	0.0	0.2	7	4	0	2	32	102	64	14	636	20,316	276	0.2	2,936
CNS Drugs	0.5	0.2	0.0	0.3	43	35	0	8	83	192	0	23	4,694	387,811	863	0.5	8,926
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.2	23	15	0	8	57	93	0	32	257	14,548	58	0.0	626
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	160	160	0	1	481	495	0	82	31	14,922	8	0.0	93
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	7	3	1	3	26	499	140	12	7,650	201,990	2,737	1.7	28,091
Neuromuscular Agents	0.5	0.1	0.0	0.3	30	17	1	11	67	145	41	38	2,632	175,167	559	0.3	5,845
Nutritional Products	0.3	0.0	0.0	0.3	3	0	0	3	10	40	154	9	1,192	11,699	399	0.2	4,056
Hematological Agents	0.4	0.1	0.0	0.2	327	324	0	3	917	2,540	19	12	919	842,799	245	0.2	2,578
Topical Products	0.2	0.0	0.0	0.1	4	1	0	2	23	70	50	17	1,999	45,155	1,240	0.8	12,646
Miscellaneous Products	0.2	0.2	0.0	0.0	69	67	0	1	289	308	0	77	196	56,668	76	0.0	826
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	2	0	0	0	16	0	0	0	82	1,349	57	0.0	608
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.	39,566	2,889,747	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispn.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.medispn.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.

Benef(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
MISC. HEMATOLOGICAL	\$768,057	42	0.0	429	0.5	\$3,657	\$1,790
ANTIPSYCHOTICS	314,100	410	0.3	4,481	0.4	184	70
ANTICONVULSANT	154,050	401	0.2	4,253	0.4	83	36
MISC. GI	143,929	206	0.1	2,146	0.3	260	67
MISC. ENDOCRINE	133,988	40	0.0	458	0.3	843	293
ANTINEOPLASTICS	117,840	46	0.0	482	0.4	673	244
ANTIASTHMATIC	114,841	1,162	0.7	11,205	0.2	46	10
ANALGESICS - Narcotic	97,485	1,929	1.2	19,862	0.2	20	5
ANALGESICS - ANTI-INFLAMMATORY	90,987	2,094	1.3	22,076	0.2	27	4
ANTIDIABETIC	86,033	608	0.4	6,462	0.3	39	13
Total	2,021,310	6,938		71,854	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Beneficiaries

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups		MISC. HEMATOLOGICAL					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	17,532	\$2,021,310	42	0.0	429	0.5	\$1,790	410	0.3	4,481	0.4	\$70
Female												
All Females	9,905	669,911	20	0.0	210	0.2	25	173	0.2	1,889	0.4	61
Female, Disabled												
All Ages	4,373	455,135	13	0.1	150	0.3	27	75	0.7	812	0.5	101
5 and younger	110	8,001	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	153	32,017	0	0.0	0	0.0	0	6	0.3	72	0.8	121
15-20	200	59,574	0	0.0	0	0.0	0	15	1.2	163	0.5	114
21-44	1,094	152,598	1	0.0	12	0.1	1	25	1.0	265	0.5	110
45-64	2,659	198,388	11	0.3	126	0.3	32	28	0.8	300	0.4	82
65-74	122	3,985	1	0.5	12	0.1	10	1	0.5	12	0.8	66
75-84	35	572	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
Female, Other Eligibles												
All Ages	5,532	214,776	7	0.0	60	0.2	20	98	0.1	1,077	0.2	32
5 and younger	546	6,816	0	0.0	0	0.0	0	1	0.0	9	0.1	1
6-14	572	19,343	0	0.0	0	0.0	0	18	0.1	213	0.2	38
15-20	734	62,694	0	0.0	0	0.0	0	43	0.4	483	0.3	39
21-44	2,621	85,987	5	0.0	43	0.1	13	28	0.1	309	0.1	9
45-64	674	23,868	1	0.0	12	0.2	20	5	0.1	41	0.2	24
65-74	185	10,748	1	0.3	5	0.6	73	2	0.6	13	1.3	244
75-84	147	4,439	0	0.0	0	0.0	0	1	0.4	9	0.1	11
85 and older	53	881	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male												
All Males	7,627	1,351,399	22	0.0	219	0.7	3,483	237	0.3	2,592	0.4	76
Male, Disabled												
All Ages	4,309	1,087,051	15	0.1	172	0.8	4,427	94	0.7	1,071	0.4	93
5 and younger	139	184,495	2	0.1	24	1.7	7,431	0	0.0	0	0.0	0
6-14	199	66,053	0	0.0	0	0.0	0	9	0.2	108	0.6	100
15-20	168	232,786	1	0.1	12	2.5	18,601	8	0.4	94	0.3	75
21-44	1,401	468,172	1	0.0	12	4.0	29,806	38	1.3	440	0.4	114
45-64	2,273	132,095	11	0.4	124	0.2	18	38	1.3	417	0.4	77
65-74	99	3,257	0	0.0	0	0.0	0	1	1.3	12	0.8	8
75-84	30	193	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

Nondual Beneficiaries

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups		MISC. HEMATOLOGICAL					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	3,318	264,348	7	0.0	47	0.3	29	143	0.2	1,521	0.4	65
5 and younger	700	14,638	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	765	57,002	0	0.0	0	0.0	0	54	0.4	599	0.3	63
15-20	728	133,976	1	0.0	9	0.1	5	78	0.9	819	0.4	63
21-44	501	33,855	2	0.0	18	0.1	7	5	0.0	45	0.4	103
45-64	382	13,432	1	0.0	1	1.0	121	3	0.0	24	0.2	7
65-74	147	6,576	1	0.5	12	0.3	40	1	0.5	12	0.8	136
75-84	67	3,282	1	0.6	4	1.0	62	1	0.6	11	0.8	156
85 and older	28	1,587	1	1.2	3	1.0	119	1	1.2	11	0.7	76
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 ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Beneficiaries

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	ANTICONVULSANT					MISC. GI					MISC. ENDOCRINE				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	401	0.2	4,253	0.4	\$36	206	0.1	2,146	0.3	\$67	40	0.0	458	0.3	\$293
Female															
All Females	203	0.2	2,211	0.4	34	127	0.2	1,351	0.2	78	25	0.0	292	0.3	157
Female, Disabled															
All Ages	122	1.1	1,399	0.4	34	73	0.6	824	0.3	120	20	0.2	236	0.4	186
5 and younger	7	0.5	84	0.5	58	4	0.3	44	0.3	1	0	0.0	0	0.0	0
6-14	4	0.2	48	0.4	40	1	0.0	12	0.8	981	2	0.1	24	0.8	229
15-20	8	0.7	95	0.6	81	1	0.1	12	0.4	4	1	0.1	12	0.5	2,656
21-44	33	1.3	371	0.4	40	11	0.4	128	0.3	271	1	0.0	8	0.3	18
45-64	69	1.9	789	0.3	23	49	1.3	564	0.3	92	12	0.3	144	0.3	37
65-74	1	0.5	12	0.5	28	5	2.6	40	0.2	10	3	1.5	36	0.4	29
75-84	0	0.0	0	0.0	0	2	3.8	24	0.2	2	1	1.9	12	0.1	6
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	81	0.1	812	0.3	33	54	0.1	527	0.2	11	5	0.0	56	0.2	33
5 and younger	3	0.0	28	0.1	9	9	0.1	72	0.2	2	0	0.0	0	0.0	0
6-14	10	0.1	110	0.3	19	1	0.0	2	0.5	3	1	0.0	12	0.1	10
15-20	17	0.2	181	0.3	27	8	0.1	84	0.1	1	1	0.0	12	0.1	46
21-44	29	0.1	303	0.4	52	23	0.1	238	0.1	8	1	0.0	12	0.1	62
45-64	12	0.2	107	0.2	17	8	0.1	91	0.1	39	1	0.0	11	0.1	6
65-74	3	0.9	28	0.6	15	4	1.2	31	0.5	9	0	0.0	0	0.0	0
75-84	4	1.5	36	0.7	27	1	0.4	9	0.7	14	1	0.4	9	0.6	39
85 and older	3	1.7	19	0.7	20	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male															
All Males	198	0.3	2,042	0.5	39	79	0.1	795	0.3	49	15	0.0	166	0.4	532
Male, Disabled															
All Ages	142	1.0	1,525	0.5	36	62	0.4	630	0.3	29	8	0.1	89	0.4	431
5 and younger	1	0.0	12	0.2	6	5	0.2	54	0.3	1	2	0.1	19	0.3	28
6-14	3	0.1	36	0.4	23	0	0.0	0	0.0	0	3	0.1	36	0.6	1,035
15-20	4	0.2	45	0.7	32	2	0.1	21	0.5	6	0	0.0	0	0.0	0
21-44	60	2.0	614	0.5	41	15	0.5	147	0.2	4	1	0.0	10	0.2	17
45-64	71	2.4	785	0.5	34	39	1.3	396	0.3	43	1	0.0	12	0.2	12
65-74	3	3.8	33	0.8	17	1	1.3	12	1.8	27	1	1.3	12	0.3	19
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

Nondual Beneficiaries

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	ANTICONVULSANT					MISC. GI					MISC. ENDOCRINE				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	56	0.1	517	0.5	47	17	0.0	165	0.2	128	7	0.0	77	0.4	648
5 and younger	5	0.0	50	0.2	12	3	0.0	33	0.2	0	1	0.0	5	0.4	11
6-14	11	0.1	102	0.4	58	2	0.0	13	0.2	2	4	0.0	48	0.3	51
15-20	19	0.2	188	0.4	54	1	0.0	12	0.2	392	2	0.0	24	0.7	1,975
21-44	11	0.1	71	0.5	34	5	0.0	37	0.4	436	0	0.0	0	0.0	0
45-64	3	0.0	33	0.7	75	2	0.0	24	0.1	1	0	0.0	0	0.0	0
65-74	5	2.3	51	0.8	42	3	1.4	36	0.3	4	0	0.0	0	0.0	0
75-84	2	1.1	22	0.3	23	1	0.6	10	0.2	2	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Beneficiaries

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	ANTINEOPLASTICS					ANTIASTHMATIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	46	0.0	482	0.4	\$245	1,162	0.7	11,205	0.2	\$10	1,929	1.2	19,862	0.2	\$5
Female															
All Females	31	0.0	334	0.4	331	654	0.8	6,386	0.2	11	1,357	1.6	13,966	0.2	4
Female, Disabled															
All Ages	19	0.2	218	0.4	286	135	1.2	1,577	0.4	18	354	3.2	4,011	0.3	8
5 and younger	3	0.2	31	0.4	31	10	0.7	111	0.3	14	1	0.1	12	0.1	1
6-14	0	0.0	0	0.0	0	8	0.4	96	0.4	41	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	6	0.5	72	0.3	8	7	0.6	80	0.2	6
21-44	6	0.2	68	0.4	696	28	1.1	321	0.3	7	111	4.3	1,251	0.4	12
45-64	10	0.3	119	0.4	118	77	2.1	908	0.4	22	219	6.0	2,502	0.3	7
65-74	0	0.0	0	0.0	0	5	2.6	57	0.1	2	12	6.2	118	0.2	1
75-84	0	0.0	0	0.0	0	1	1.9	12	0.2	1	4	7.5	48	0.3	3
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	12	0.0	116	0.4	415	519	0.7	4,809	0.2	8	1,003	1.4	9,955	0.2	2
5 and younger	0	0.0	0	0.0	0	126	0.9	1,149	0.1	4	18	0.1	197	0.1	0
6-14	0	0.0	0	0.0	0	106	0.8	1,014	0.2	7	54	0.4	537	0.1	1
15-20	2	0.0	24	0.6	1,201	74	0.7	700	0.2	8	128	1.3	1,223	0.1	1
21-44	6	0.0	56	0.3	303	168	0.7	1,556	0.2	11	677	2.6	6,749	0.2	2
45-64	2	0.0	24	0.5	79	30	0.4	282	0.2	10	105	1.4	1,082	0.2	4
65-74	1	0.3	3	1.3	135	10	3.0	62	0.3	12	10	3.0	71	0.8	60
75-84	1	0.4	9	0.2	5	4	1.5	34	0.7	23	9	3.4	76	0.5	3
85 and older	0	0.0	0	0.0	0	1	0.6	12	0.1	1	2	1.1	20	0.5	5
Male															
All Males	15	0.0	148	0.3	50	508	0.6	4,819	0.2	10	572	0.7	5,896	0.3	7
Male, Disabled															
All Ages	12	0.1	129	0.3	53	151	1.1	1,616	0.3	14	285	2.0	3,124	0.4	10
5 and younger	2	0.1	22	0.3	29	22	0.9	249	0.2	19	2	0.1	24	0.1	0
6-14	3	0.1	36	0.3	26	17	0.4	202	0.2	10	9	0.2	108	0.1	2
15-20	0	0.0	0	0.0	0	8	0.4	92	0.4	9	8	0.4	95	0.1	1
21-44	1	0.0	9	0.3	52	37	1.2	390	0.3	14	103	3.5	1,123	0.4	10
45-64	5	0.2	57	0.2	80	65	2.2	659	0.3	14	158	5.4	1,717	0.4	10
65-74	1	1.3	5	0.4	53	0	0.0	0	0.0	0	4	5.0	45	0.4	32
75-84	0	0.0	0	0.0	0	2	11.1	24	0.1	1	1	5.6	12	2.1	13
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Nondual Beneficiaries

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	ANTINEOPLASTICS					ANTIASTHMATIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	3	0.0	19	0.3	31	357	0.6	3,203	0.2	8	287	0.4	2,772	0.2	3
5 and younger	0	0.0	0	0.0	0	160	1.1	1,382	0.2	8	27	0.2	282	0.1	0
6-14	1	0.0	2	0.5	78	121	0.9	1,092	0.2	8	38	0.3	381	0.1	1
15-20	2	0.0	17	0.3	26	34	0.4	314	0.1	5	62	0.7	622	0.1	1
21-44	0	0.0	0	0.0	0	18	0.1	148	0.3	9	112	0.6	1,027	0.2	6
45-64	0	0.0	0	0.0	0	15	0.2	170	0.2	14	36	0.5	355	0.2	4
65-74	0	0.0	0	0.0	0	6	2.7	62	0.1	2	5	2.3	49	0.1	1
75-84	0	0.0	0	0.0	0	1	0.6	11	0.1	1	6	3.4	53	0.6	9
85 and older	0	0.0	0	0.0	0	2	2.3	24	0.4	3	1	1.2	3	1.3	8
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Beneficiaries

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIDIABETIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	2,094	1.3	22,076	0.2	\$4	608	0.4	6,462	0.3	\$13	161,396	1,215,017
Female												
All Females	1,282	1.5	13,555	0.2	3	363	0.4	3,868	0.3	12	82,930	638,811
Female, Disabled												
All Ages	178	1.6	2,058	0.2	15	178	1.6	2,044	0.3	12	11,234	108,011
5 and younger	0	0.0	0	0.0	0	1	0.1	12	0.4	54	1,355	12,531
6-14	5	0.2	60	0.2	1	1	0.0	12	0.8	14	2,185	22,892
15-20	7	0.6	84	0.1	1	1	0.1	12	0.6	18	1,202	12,265
21-44	44	1.7	499	0.2	15	16	0.6	170	0.3	10	2,582	24,172
45-64	115	3.1	1,334	0.2	17	147	4.0	1,703	0.3	12	3,653	33,439
65-74	6	3.1	69	0.2	1	9	4.6	99	0.4	10	195	2,041
75-84	1	1.9	12	0.1	0	3	5.7	36	0.4	8	53	572
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	99
Female, Other Eligibles												
All Ages	1,104	1.5	11,497	0.1	1	185	0.3	1,824	0.3	12	71,696	530,800
5 and younger	228	1.7	2,403	0.1	1	0	0.0	0	0.0	0	13,568	88,074
6-14	192	1.4	2,073	0.1	1	2	0.0	13	0.3	6	13,942	113,939
15-20	153	1.5	1,542	0.1	1	11	0.1	105	0.4	24	10,055	77,477
21-44	429	1.7	4,443	0.1	1	103	0.4	1,035	0.3	12	25,737	192,414
45-64	93	1.2	941	0.2	4	41	0.5	449	0.3	10	7,623	53,419
65-74	5	1.5	50	0.3	2	15	4.5	86	0.4	12	332	2,207
75-84	3	1.1	33	0.2	1	7	2.6	72	0.6	26	265	2,001
85 and older	1	0.6	12	0.1	0	6	3.4	64	0.4	6	174	1,269
Male												
All Males	812	1.0	8,521	0.2	6	245	0.3	2,594	0.4	15	78,466	576,206
Male, Disabled												
All Ages	129	0.9	1,488	0.2	17	157	1.1	1,720	0.4	17	14,189	134,840
5 and younger	7	0.3	84	0.1	1	0	0.0	0	0.0	0	2,329	20,913
6-14	14	0.4	168	0.2	75	2	0.1	24	0.6	62	3,979	40,834
15-20	14	0.7	165	0.1	0	1	0.1	12	0.1	1	1,875	19,094
21-44	35	1.2	399	0.2	23	36	1.2	403	0.4	21	2,968	28,172
45-64	57	1.9	648	0.2	5	113	3.8	1,242	0.4	15	2,938	24,826
65-74	1	1.3	12	0.2	1	5	6.3	39	0.4	9	80	780
75-84	1	5.6	12	0.2	2	0	0.0	0	0.0	0	18	197
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24

Nondual Beneficiaries

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY						ANTIDIABETIC						Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month				
Male, Other Eligibles														
All Ages	683	1.1	7,033	0.1	3	88	0.1	874	0.3	12	64,277	441,366		
5 and younger	264	1.9	2,685	0.2	1	0	0.0	0	0.0	0	13,951	88,986		
6-14	195	1.4	2,084	0.1	1	3	0.0	26	0.2	4	13,958	112,584		
15-20	100	1.1	1,054	0.1	16	7	0.1	43	0.4	25	8,878	66,707		
21-44	83	0.4	788	0.1	1	19	0.1	205	0.2	10	19,913	124,250		
45-64	36	0.5	379	0.2	5	41	0.6	433	0.4	12	7,096	45,768		
65-74	0	0.0	0	0.0	0	15	6.8	137	0.5	15	220	1,368		
75-84	3	1.7	28	0.1	1	3	1.7	30	0.2	10	175	1,142		
85 and older	2	2.3	15	0.3	20	0	0.0	0	0.0	0	86	561		
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 ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Beneficiaries

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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
All	\$213	4.8	123	1,068
Age				
0-64	269	5.7	70	669
65-74	162	3.8	28	227
75-84	65	3.1	14	98
85 and older	53	2.3	11	74
Unknown	0	0.0	0	0
Gender				
Female	202	4.7	49	433
Male	220	4.9	74	635
Unknown	0	0.0	0	0
Race				
White	0	0	7	11
African American	0	0	0	0
Other/unknown	215	4.9	116	1,057
Basis of Eligibility^c				
Aged	106	3.1	48	345
Disabled	264	5.6	74	722
Adults	0	0.0	1	1
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 276 beneficiaries who were in nursing facilities for part of their enrollment and their 2,854 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.

Nondual Beneficiaries

TABLE ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, ARIZONA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users								Users				
	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Generic	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Generic	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.7	0.2	0.1	0.4	\$47	\$31	\$7	\$9	\$72	\$165	\$72	\$25	391	\$28,093	60	48.8	598
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.3	0.0	0.0	0.3	23	0	0	23	69	0	0	69	9	618	3	2.4	27
Endocrine/Metabolic Drugs	0.9	0.1	0.1	0.7	18	7	1	10	21	58	17	15	415	8,731	47	38.2	479
Cardiovascular Agents	1.1	0.2	0.0	0.9	28	12	0	16	25	66	6	17	665	16,397	63	51.2	595
Respiratory Agents	0.8	0.2	0.0	0.6	28	21	0	7	35	119	53	11	314	11,094	41	33.3	391
Gastrointestinal Agents	0.8	0.0	0.0	0.8	13	2	0	11	16	57	0	14	373	5,947	47	38.2	454
Genitourinary Agents	0.5	0.2	0.0	0.3	25	19	0	5	45	88	0	16	124	5,598	21	17.1	227
CNS Drugs	1.1	0.3	0.0	0.8	69	49	0	20	61	167	0	24	809	49,563	68	55.3	718
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	322	322	0	0	537	537	0	0	27	14,489	4	3.3	45
Analgesics and Anesthetics	1.5	0.0	0.1	1.3	52	6	20	27	36	145	137	21	806	28,669	58	47.2	549
Neuromuscular Agents	1.4	0.3	0.1	1.0	83	41	2	40	61	137	33	40	740	45,387	53	43.1	544
Nutritional Products	0.7	0.0	0.0	0.7	8	0	0	8	11	19	0	11	211	2,395	32	26.0	291
Hematological Agents	0.9	0.1	0.0	0.7	39	32	0	7	45	213	14	10	146	6,506	21	17.1	167
Topical Products	0.3	0.1	0.0	0.2	9	5	0	4	31	57	0	21	117	3,635	39	31.7	397
Miscellaneous Products	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	2	0	0	0	8	0	0	0	2	16	1	0.8	9
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.	5,149	227,138	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 276 beneficiaries who were in nursing facilities for part of their enrollment and their 2,854 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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medispans.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.

Nondual Beneficiaries

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, ARIZONA, 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	Rx \$ per Benefit Month	\$ per Rx
ANTICONVULSANT	\$35,846	67	54.5	681	0.8	\$63	\$53
ANTIPSYCHOTICS	31,386	22	17.9	245	0.6	201	128
ANALGESICS - Narcotic	25,435	76	61.8	707	1.1	34	36
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	14,489	4	3.3	45	0.6	537	322
ANTIDEPRESSANTS	13,883	53	43.1	554	0.7	37	25
MISC. ANTI-INFECTIVES	11,389	42	34.1	400	0.3	91	28
ANTIASTHMATIC	9,421	47	38.2	400	0.6	37	24
ANTIDIABETIC	7,975	46	37.4	476	0.6	30	17
ANTIHYPERTENSIVE	5,076	19	15.4	207	0.5	47	25
FLUOROQUINOLONES	4,771	34	27.6	339	0.2	59	14
Total	159,671	410		4,054	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 276 beneficiaries who were in nursing facilities for part of their enrollment and their 2,854 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.medispain.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.

Nondual Beneficiaries

TABLE ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTICONVULSANT				ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	2,722	\$159,671	67	54.5	681	0.8	\$53	22	17.9	245	0.6	\$128
Female												
All Females	1,098	64,114	23	46.9	245	0.8	42	7	14.3	81	0.7	130
Female, Disabled												
All Ages	771	50,274	14	63.6	165	0.9	52	5	22.7	60	0.6	124
64 or younger	670	44,669	13	68.4	153	0.9	54	4	21.1	48	0.6	139
65-74	78	5,306	1	50.0	12	0.5	28	1	50.0	12	0.8	66
75-84	23	299	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
Female, Other Eligibles												
All Ages	327	13,840	9	33.3	80	0.7	22	2	7.4	21	0.8	146
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	158	9,485	3	25.0	28	0.6	15	1	8.3	12	1.3	247
75-84	108	2,998	4	50.0	36	0.7	27	1	12.5	9	0.1	11
85 and older	61	1,357	2	28.6	16	0.8	21	0	0.0	0	0.0	0
Male												
All Males	1,624	95,557	44	59.5	436	0.8	58	15	20.3	164	0.6	127
Male, Disabled												
All Ages	1,427	86,501	40	76.9	388	0.9	60	14	26.9	152	0.6	127
64 or younger	1,396	85,057	39	78.0	379	0.8	61	14	28.0	152	0.6	127
65-74	31	1,444	1	50.0	9	1.1	32	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	197	9,056	4	18.2	48	0.8	42	1	4.5	12	0.8	136
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	157	8,289	4	33.3	48	0.8	42	1	8.3	12	0.8	136
75-84	16	358	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	24	409	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.
 a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 276 beneficiaries who were in nursing facilities for part of their enrollment and their 2,854 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDEPRESSANTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	76	61.8	707	1.1	\$36	4	3.3	45	0.6	\$322	53	43.1	554	0.7	\$25
Female															
All Females	31	63.3	313	1.1	37	2	4.1	24	0.8	552	21	42.9	219	0.7	26
Female, Disabled															
All Ages	17	77.3	201	1.3	36	2	9.1	24	0.8	552	13	59.1	153	0.7	33
64 or younger	13	68.4	153	1.6	46	1	5.3	12	0.8	895	10	52.6	117	0.7	35
65-74	2	100.0	24	0.1	1	1	50.0	12	0.8	208	2	100.0	24	0.7	33
75-84	2	200.0	24	0.5	3	0	0.0	0	0.0	0	1	100.0	12	0.6	9
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	14	51.9	112	0.8	40	0	0.0	0	0.0	0	8	29.6	66	0.7	11
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	66.7	56	0.9	76	0	0.0	0	0.0	0	4	33.3	34	0.6	10
75-84	4	50.0	36	0.8	4	0	0.0	0	0.0	0	3	37.5	20	0.8	19
85 and older	2	28.6	20	0.5	5	0	0.0	0	0.0	0	1	14.3	12	0.8	2
Male															
All Males	45	60.8	394	1.0	35	2	2.7	21	0.4	60	32	43.2	335	0.7	24
Male, Disabled															
All Ages	37	71.2	327	1.1	42	2	3.8	21	0.4	60	28	53.8	290	0.7	22
64 or younger	36	72.0	318	1.2	43	2	4.0	21	0.4	60	26	52.0	272	0.7	20
65-74	1	50.0	9	0.1	1	0	0.0	0	0.0	0	2	100.0	18	1.1	63
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	8	36.4	67	0.3	1	0	0.0	0	0.0	0	4	18.2	45	0.7	37
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4	33.3	37	0.2	1	0	0.0	0	0.0	0	3	25.0	33	0.7	44
75-84	3	60.0	27	0.3	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	25.0	3	1.3	8	0	0.0	0	0.0	0	1	25.0	12	0.7	17
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.
 a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 276 beneficiaries who were in nursing facilities for part of their enrollment and their 2,854 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 ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	MISC. ANTI-INFECTIVES					ANTIASTHMATIC					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	42	34.1	400	0.3	\$29	47	38.2	400	0.6	\$24	46	37.4	476	0.6	\$17
Female															
All Females	11	22.4	113	0.2	1	20	40.8	170	0.5	32	21	42.9	207	0.6	16
Female, Disabled															
All Ages	7	31.8	75	0.2	2	9	40.9	105	0.5	39	9	40.9	108	0.7	21
64 or younger	6	31.6	63	0.2	2	9	47.4	105	0.5	39	6	31.6	72	0.7	24
65-74	1	50.0	12	0.1	2	0	0.0	0	0.0	0	2	100.0	24	0.7	16
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.3	10
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	4	14.8	38	0.1	1	11	40.7	65	0.6	21	12	44.4	99	0.5	11
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	3	25.0	29	0.1	1	8	66.7	38	0.4	15	7	58.3	50	0.4	7
75-84	1	12.5	9	0.1	0	3	37.5	27	0.8	28	1	12.5	9	0.9	47
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	57.1	40	0.6	9
Male															
All Males	31	41.9	287	0.4	39	27	36.5	230	0.7	17	25	33.8	269	0.5	17
Male, Disabled															
All Ages	27	51.9	245	0.4	46	24	46.2	194	0.8	20	15	28.8	164	0.5	17
64 or younger	27	54.0	245	0.4	46	24	48.0	194	0.8	20	15	30.0	164	0.5	17
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	4	18.2	42	0.1	1	3	13.6	36	0.3	2	10	45.5	105	0.5	18
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	2	16.7	21	0.1	0	1	8.3	12	0.1	1	8	66.7	87	0.6	19
75-84	1	20.0	9	0.2	1	0	0.0	0	0.0	0	2	40.0	18	0.3	15
85 and older	1	25.0	12	0.2	1	2	50.0	24	0.4	3	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Arizona, released by CMS in 2/2009. This table was produced on 04/23/2009.
 a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 276 beneficiaries who were in nursing facilities for part of their enrollment and their 2,854 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, ARIZONA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					FLUOROQUINOLONES					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean 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	19	15.4	207	0.5	\$25	34	27.6	339	0.2	\$14	123	1,068
Female												
All Females	11	22.4	122	0.5	20	10	20.4	111	0.2	10	49	433
Female, Disabled												
All Ages	7	31.8	84	0.5	17	7	31.8	81	0.2	10	22	247
64 or younger	5	26.3	60	0.4	16	7	36.8	81	0.2	10	19	211
65-74	2	100.0	24	0.7	20	0	0.0	0	0.0	0	2	24
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	4	14.8	38	0.5	27	3	11.1	30	0.2	10	27	186
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1	8.3	8	0.8	33	1	8.3	12	0.3	23	12	76
75-84	2	25.0	18	0.3	12	2	25.0	18	0.1	1	8	61
85 and older	1	14.3	12	0.6	46	0	0.0	0	0.0	0	7	49
Male												
All Males	8	10.8	85	0.5	31	24	32.4	228	0.3	16	74	635
Male, Disabled												
All Ages	4	7.7	48	0.5	26	19	36.5	174	0.3	20	52	475
64 or younger	4	8.0	48	0.5	26	18	36.0	165	0.3	21	50	457
65-74	0	0.0	0	0.0	0	1	50.0	9	0.1	1	2	18
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	4	18.2	37	0.6	37	5	22.7	54	0.1	5	22	160
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	4	33.3	37	0.6	37	3	25.0	33	0.1	4	12	109
75-84	0	0.0	0	0.0	0	1	20.0	9	0.2	3	5	25
85 and older	0	0.0	0	0.0	0	1	25.0	12	0.1	9	4	25
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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 276 beneficiaries who were in nursing facilities for part of their enrollment and their 2,854 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 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		Part D Excluded Rx \$ as a Percentage of All Nondual Rx \$		Total Number of Beneficiaries
					\$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Percentage of All Nondual Rx \$	
All	2,509	1.6	0.0	6,623	\$1	\$110,447	\$17	3.8	161,396
Age									
5 and younger	654	2.1	0.0	1,213	0	12,500	10	4.3	31,203
6-14	449	1.3	0.0	791	1	21,171	27	8.2	34,064
15-20	236	1.1	0.0	414	2	45,018	109	7.4	22,010
21-44	613	1.2	0.0	1,576	0	10,754	7	1.1	51,200
45-64	494	2.3	0.1	2,354	1	18,319	8	2.8	21,310
65-74	33	4.0	0.2	152	2	1,451	10	2.5	827
75-84	22	4.3	0.2	105	2	1,001	10	4.7	511
85 and older	8	3.0	0.1	18	1	233	13	3.8	271
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	42	3.6	0.2	215	2	2,161	10	4.0	1,159
Disabled	574	2.3	0.1	2,839	3	72,930	26	3.5	25,423
Adults	686	1.0	0.0	1,517	0	20,935	14	6.7	66,872
Children	1,207	1.8	0.0	2,052	0	14,421	7	3.4	67,937
Unknown	0	0.0	0.0	0	0	0	0	0.0	5
Gender									
Female	1,467	1.8	0.0	3,676	1	65,024	18	5.6	82,930
Male	1,042	1.3	0.0	2,947	1	45,423	15	2.6	78,466
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	43	0.2	0.0	113	0	1,136	10	2.9	23,292
African American	28	0.6	0.0	47	0	274	6	2.8	4,354
Other/unknown	2,438	1.8	0.0	6,463	1	109,037	17	3.8	133,750
Use of Nursing Facilities^d									
Entire year	65	52.8	4.9	604	67	8,273	14	3.6	123
Part year	135	48.9	2.7	738	30	8,246	11	4.2	276
None	2,309	1.4	0.0	5,281	1	93,928	18	3.8	160,997
Maintenance Assistance Status									
Cash	1,706	2.3	0.1	5,002	1	82,839	17	3.5	75,322
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	446	1.5	0.0	781	0	4,373	6	1.6	29,087
Other/unknown	357	0.6	0.0	840	0	23,235	28	10.4	56,987

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ARIZONA, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.0	\$0	\$17	\$0	\$0	1,215,017
Age						
5 and younger	0.0	0	10	0	0	210,504
6-14	0.0	0	27	0	0	290,249
15-20	0.0	0	109	0	0	175,543
21-44	0.0	0	7	0	0	369,008
45-64	0.0	0	8	0	0	157,452
65-74	0.0	0	10	0	0	6,396
75-84	0.0	0	10	0	0	3,912
85 and older	0.0	0	13	0	0	1,953
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.0	0	10	0	0	8,177
Disabled	0.0	0	26	0	0	242,851
Adults	0.0	0	14	0	0	462,158
Children	0.0	0	7	0	0	501,824
Unknown	0.0	0	0	0	0	7
Gender						
Female	0.0	0	18	0	0	638,811
Male	0.0	0	15	0	0	576,206
Unknown	0.0	0	0	0	0	0
Race						
White	0.0	0	10	0	0	114,737
African American	0.0	0	6	0	0	14,638
Other/unknown	0.0	0	17	0	0	1,085,642
Use of Nursing Facilities^d						
Entire year	0.6	8	14	0	4	1,068
Part year	0.3	3	11	0	1	2,854
None	0.0	0	18	0	0	1,211,095
Maintenance Assistance Status						
Cash	0.0	0	17	0	0	643,528
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	6	0	0	202,458
Other/unknown	0.0	0	28	0	0	369,031

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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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.

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
ARIZONA, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx
All	2,931	\$38	\$110,447	100.0	6,623	\$17	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	441	9	3,764	3.4	548	7	8.3
Vitamins and minerals	216	44	9,488	8.6	839	11	12.7
Non-prescription drugs	1,899	14	25,702	23.3	4,097	6	61.9
Barbiturates	35	22	779	0.7	203	4	3.1
Benzodiazepines	274	43	11,721	10.6	811	14	12.2
Other Part D Excl Rx Drugs	66	894	58,993	53.4	125	472	1.9

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND11.

b. Includes OTC drugs as well as prescription drugs.

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

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

Nondual Beneficiaries

APPENDIX TABLE A.1
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 NONDUAL BENEFICIARIES, ARIZONA, 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
All	1,203,330	3,972	81,190	484,533	633,530	105	10,708,915	36,856	883,115	4,028,666	5,759,338	940
Age												
5 and younger	294,371	0	6,233	0	288,138	0	2,584,497	0	66,555	0	2,517,942	0
6-14	271,803	0	14,190	0	257,613	0	2,618,074	0	160,163	0	2,457,911	0
15-20	140,242	1	9,154	43,342	87,745	0	1,254,787	7	101,847	369,750	783,183	0
21-44	358,481	10	22,443	335,977	31	20	3,046,219	65	243,191	2,802,478	290	195
45-64	132,814	50	27,921	104,757	2	84	1,152,991	267	297,845	854,132	9	738
65-74	3,542	2,079	1,049	413	0	1	32,862	19,447	11,292	2,116	0	7
75-84	1,577	1,380	173	24	0	0	15,158	13,138	1,920	100	0	0
85 and older	499	452	27	20	0	0	4,324	3,932	302	90	0	0
Unknown	1	0	0	0	1	0	3	0	0	0	3	0
Gender												
Female	650,767	2,475	39,705	294,637	313,845	105	5,914,775	23,357	434,746	2,594,928	2,860,804	940
Male	552,563	1,497	41,485	189,896	319,685	0	4,794,140	13,499	448,369	1,433,738	2,898,534	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	420,849	852	35,360	214,039	170,533	65	3,554,273	7,333	377,894	1,697,949	1,470,524	573
African American	81,223	113	6,925	32,755	41,427	3	712,151	897	74,582	258,909	377,735	28
Other/unknown	701,258	3,007	38,905	237,739	421,570	37	6,442,491	28,626	430,639	2,071,808	3,911,079	339
Use of Nursing Facilities^c												
Entire year	123	48	74	1	0	0	1,068	345	722	1	0	0
Part year	276	27	218	26	5	0	2,936	210	2,394	291	41	0
None	1,202,931	3,897	80,898	484,506	633,525	105	10,704,911	36,301	879,999	4,028,374	5,759,297	940
Maintenance Assistance Status												
Cash	495,149	1,128	64,944	205,551	223,526	0	4,772,983	11,828	723,475	1,881,277	2,156,403	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	290,554	251	2,069	17,308	270,821	105	2,682,979	2,110	20,805	123,903	2,535,221	940
Other/unknown	417,627	2,593	14,177	261,674	139,183	0	3,252,953	22,918	138,835	2,023,486	1,067,714	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	123,808	860	19,683	51,591	51,674	0	1,111,008	7,022	220,629	421,534	461,823	0
FFS part year, with Rx claims	864	1	81	356	426	0	8,911	12	906	3,655	4,338	0
FFS part year, no Rx claims	36,724	298	5,659	14,925	15,837	5	327,066	2,898	60,306	127,370	136,447	45
MC all year, with Rx claims	42	0	4	10	28	0	427	0	48	100	279	0
MC all year, no Rx claims	1,041,892	2,813	55,763	417,651	565,565	100	9,261,503	26,924	601,226	3,476,007	5,156,451	895

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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, ARIZONA, 2005

	Beneficiaries and Benefit Months in Cell J of					
	Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	1,203,330	10,708,915	161,396	1,215,017	0	9,493,898
Fee-for-service (FFS) all year	123,808	1,111,008	123,808	1,111,008	0	0
FFS part year, with Rx claims	864	8,911	864	4,534	0	4,377
FFS part year, with no Rx claims	36,724	327,066	36,724	99,475	0	227,591
Managed care (MC) all year, with Rx claims	42	427	0	0	0	427
MC all year, with no Rx claims	1,041,892	9,261,503	0	0	0	9,261,503

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract;

MC = managed care; Rx = pharmacy benefit.

Nondual Beneficiaries