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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
ARIZONA**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	40,034	23,952	14,704	1,373	3	2	326,949	184,190	135,376	7,361	16	6
Age												
5 and younger	6	0	6	0	0	0	61	0	61	0	0	0
6-14	7	0	7	0	0	0	75	0	75	0	0	0
15-20	83	1	75	4	3	0	773	1	738	18	16	0
21-44	4,891	130	4,347	414	0	0	41,745	160	39,445	2,140	0	0
45-64	8,125	206	7,285	633	0	1	67,160	293	63,500	3,364	0	3
65-74	9,394	7,027	2,124	242	0	1	79,093	55,283	22,407	1,400	0	3
75-84	9,661	8,858	736	67	0	0	80,099	71,717	8,009	373	0	0
85 and older	7,867	7,730	124	13	0	0	57,943	56,736	1,141	66	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	24,586	16,598	7,380	605	1	2	202,785	130,708	68,747	3,323	1	6
Male	15,448	7,354	7,324	768	2	0	124,164	53,482	66,629	4,038	15	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	19,979	12,639	6,899	441	0	0	150,989	90,569	59,310	1,110	0	0
African American	1,538	819	658	61	0	0	11,473	6,121	5,242	110	0	0
Other/unknown	18,517	10,494	7,147	871	3	2	164,487	87,500	70,824	6,141	16	6
Use of Nursing Facilities^c												
Entire year	307	271	36	0	0	0	2,624	2,300	324	0	0	0
Part year	364	256	105	3	0	0	3,577	2,450	1,092	35	0	0
None	39,363	23,425	14,563	1,370	3	2	320,748	179,440	133,960	7,326	16	6
Maintenance Assistance Status												
Cash	11,138	4,646	5,886	606	0	0	108,151	44,209	59,901	4,041	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	5,580	3,391	2,162	23	2	2	27,901	16,594	11,165	132	4	6
Other/unknown	23,316	15,915	6,656	744	1	0	190,897	123,387	64,310	3,188	12	0
Dual Medicare Status^d												
Full dual, all year	36,432	21,837	13,357	1,233	3	2	311,074	175,748	128,595	6,709	16	6
Full dual, part year	3,602	2,115	1,347	140	0	0	15,875	8,442	6,781	652	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	31,756	19,799	11,167	787	2	1	295,791	168,559	121,451	5,763	15	3
FFS part year, with Rx claims	18	4	13	1	0	0	137	35	99	3	0	0
FFS part year, no Rx claims	8,260	4,149	3,524	585	1	1	31,021	15,596	13,826	1,595	1	3

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$		Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid		Number of Beneficiaries
	One Rx			\$ per Rx			FFS \$ ^d		
All	0.4		0.0	\$1	\$58	\$2,077	0.1		40,034
Age									
5 and younger	0.0		0.0	0	0	3,317	0.0		6
6-14	28.6		1.3	40	31	163,494	0.0		7
15-20	1.2		0.1	54	376	38,571	0.1		83
21-44	0.9		0.1	4	67	3,517	0.1		4,891
45-64	0.4		0.0	2	75	2,337	0.1		8,125
65-74	0.5		0.0	1	27	2,242	0.0		9,394
75-84	0.1		0.0	0	14	1,430	0.0		9,661
85 and older	0.1		0.0	0	5	983	0.0		7,867
Unknown	0.0		0.0	0	0	0	0.0		0
Basis of Eligibility^e									
Aged	0.1		0.0	0	15	1,188	0.0		23,952
Disabled	0.7		0.0	3	58	3,338	0.1		14,704
Adults	0.8		0.1	3	47	2,384	0.1		1,373
Children	33.3		4.0	1,503	376	788,096	0.2		3
Unknown	0.0		0.0	0	0	2,292	0.0		2
Gender									
Female	0.3		0.0	1	52	1,993	0.1		24,586
Male	0.4		0.0	2	68	2,212	0.1		15,448
Unknown	0.0		0.0	0	0	0	0.0		0
Race									
White	0.0		0.0	0	8	340	0.0		19,979
African American	0.0		0.0	0	0	613	0.0		1,538
Other/unknown	0.7		0.0	3	59	4,074	0.1		18,517
Use of Nursing Facilities^f									
Entire year	0.0		0.0	0	0	37,430	0.0		307
Part year	5.2		0.4	10	23	17,365	0.1		364
None	0.3		0.0	1	66	1,660	0.1		39,363
Maintenance Assistance Status									
Cash	1.0		0.1	3	54	4,643	0.1		11,138
Medically needy	0.0		0.0	0	0	0	0.0		0
Poverty related	0.1		0.0	0	94	627	0.0		5,580
Other/unknown	0.1		0.0	1	77	1,199	0.0		23,316

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months	
All	0.0	\$0	0.1	99.6	0.3	0.0	0.0	0.0	0.0	0.0	\$254	40,034	326,949
Age													
5 and younger	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	326	6	61
6-14	0.1	4	0.0	71.4	28.6	0.0	0.0	0.0	0.0	0.0	15,259	7	75
15-20	0.0	6	0.1	98.8	1.2	0.0	0.0	0.0	0.0	0.0	4,142	83	773
21-44	0.0	1	0.1	99.1	0.7	0.1	0.0	0.0	0.0	0.0	412	4,891	41,745
45-64	0.0	0	0.1	99.6	0.4	0.0	0.0	0.0	0.0	0.0	283	8,125	67,160
65-74	0.0	0	0.0	99.5	0.4	0.1	0.0	0.0	0.0	0.0	266	9,394	79,093
75-84	0.0	0	0.0	99.9	0.1	0.0	0.0	0.0	0.0	0.0	173	9,661	80,099
85 and older	0.0	0	0.0	99.9	0.1	0.0	0.0	0.0	0.0	0.0	134	7,867	57,943
Unknown	0.0	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	0.0	0	0.0	99.9	0.1	0.0	0.0	0.0	0.0	0.0	154	23,952	184,190
Disabled	0.0	0	0.1	99.3	0.7	0.1	0.0	0.0	0.0	0.0	363	14,704	135,376
Adults	0.0	1	0.1	99.2	0.6	0.1	0.1	0.0	0.0	0.0	445	1,373	7,361
Children	0.8	282	0.2	66.7	33.3	0.0	0.0	0.0	0.0	0.0	147,768	3	16
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	764	2	6
Gender													
Female	0.0	0	0.1	99.7	0.3	0.0	0.0	0.0	0.0	0.0	242	24,586	202,785
Male	0.0	0	0.1	99.6	0.4	0.0	0.0	0.0	0.0	0.0	275	15,448	124,164
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race													
White	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	45	19,979	150,989
African American	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	82	1,538	11,473
Other/unknown	0.0	0	0.1	99.3	0.6	0.1	0.0	0.0	0.0	0.0	459	18,517	164,487
Use of Nursing Facilities^f													
Entire year	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	4,379	307	2,624
Part year	0.0	1	0.1	94.8	4.1	0.8	0.3	0.0	0.0	0.0	1,767	364	3,577
None	0.0	0	0.1	99.7	0.3	0.0	0.0	0.0	0.0	0.0	204	39,363	320,748
Maintenance Assistance Status													
Cash	0.0	0	0.1	99.0	0.9	0.1	0.0	0.0	0.0	0.0	478	11,138	108,151
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.0	0	0.0	99.9	0.1	0.0	0.0	0.0	0.0	0.0	126	5,580	27,901
Other/unknown	0.0	0	0.0	99.9	0.1	0.0	0.0	0.0	0.0	0.0	146	23,316	190,897

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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

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

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

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

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

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	\$0	\$58	0.0	\$0	\$230	0.0	\$0	\$35	0.0	\$0	\$13
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	0.1	4	31	0.1	3	46	0.0	0	0	0.1	1	13
15-20	0.0	6	376	0.0	6	376	0.0	0	0	0.0	0	0
21-44	0.0	1	67	0.0	0	259	0.0	0	67	0.0	0	15
45-64	0.0	0	75	0.0	0	297	0.0	0	11	0.0	0	11
65-74	0.0	0	27	0.0	0	92	0.0	0	0	0.0	0	13
75-84	0.0	0	14	0.0	0	244	0.0	0	0	0.0	0	7
85 and older	0.0	0	5	0.0	0	0	0.0	0	0	0.0	0	5
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.0	0	15	0.0	0	113	0.0	0	0	0.0	0	7
Disabled	0.0	0	58	0.0	0	223	0.0	0	33	0.0	0	13
Adults	0.0	1	47	0.0	0	209	0.0	0	40	0.0	0	17
Children	0.8	282	376	0.8	282	376	0.0	0	0	0.0	0	0
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.0	0	52	0.0	0	254	0.0	0	33	0.0	0	11
Male	0.0	0	68	0.0	0	207	0.0	0	51	0.0	0	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.0	0	8	0.0	0	0	0.0	0	0	0.0	0	8
African American	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Other/unknown	0.0	0	59	0.0	0	230	0.0	0	35	0.0	0	13
Use of Nursing Facilities^e												
Entire year	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Part year	0.0	1	23	0.0	1	65	0.0	0	25	0.0	0	12
None	0.0	0	66	0.0	0	263	0.0	0	36	0.0	0	13
Maintenance Assistance Status												
Cash	0.0	0	54	0.0	0	207	0.0	0	67	0.0	0	12
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.0	0	94	0.0	0	0	0.0	0	0	0.0	0	94
Other/unknown	0.0	0	77	0.0	0	326	0.0	0	11	0.0	0	10

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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.medi-span.com/master-drug-database.aspx>.

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e					
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name			Brand-Name	Brand-Name							
Anti-infective Agents	0.3	0.2	0.0	0.2	\$44	\$40	\$0	\$5	\$127	\$261	\$0	\$24	101	\$12,840	27	0.1	289	
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	0.6	0.6	0.0	0.0	137	137	0	0	234	234	0	0	7	1,638	1	0.0	12	
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.2	14	10	0	3	33	73	11	14	81	2,635	16	0.0	191	
Cardiovascular Agents	0.7	0.1	0.0	0.6	13	5	0	7	19	71	17	12	206	3,975	28	0.1	312	
Respiratory Agents	0.2	0.0	0.0	0.1	4	2	0	1	24	96	0	11	38	913	20	0.0	233	
Gastrointestinal Agents	0.3	0.2	0.0	0.1	32	29	1	1	123	180	133	10	52	6,393	18	0.0	202	
Genitourinary Agents	0.2	0.0	0.0	0.2	5	3	0	1	20	73	0	8	11	217	4	0.0	48	
CNS Drugs	0.2	0.0	0.0	0.2	5	4	0	2	26	224	0	8	133	3,415	58	0.1	636	
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	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0	
Analgesics and Anesthetics	0.2	0.0	0.0	0.2	3	0	0	3	16	0	0	16	84	1,311	34	0.1	379	
Neuromuscular Agents	0.2	0.0	0.0	0.2	3	0	1	2	16	0	51	14	31	505	17	0.0	185	
Nutritional Products	0.3	0.0	0.0	0.3	3	0	0	3	11	0	0	11	32	347	10	0.0	117	
Hematological Agents	0.1	0.0	0.0	0.1	35	35	0	0	290	1,379	0	3	24	6,951	17	0.0	198	
Topical Products	0.2	0.0	0.0	0.2	3	1	0	3	19	35	0	18	28	544	14	0.0	157	
Miscellaneous Products	0.3	0.3	0.0	0.0	126	126	0	0	504	504	0	0	15	7,559	5	0.0	60	
Unknown Therapeutic Category	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0	
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	843	49,243	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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.medi-span.com/master-drug-database.aspx>.

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, 0.1 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.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

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	
ANTIVIRAL	\$9,144	4	0.0	48	0.8	\$247	\$191	
ASSORTED CLASSES	7,467	2	0.0	24	0.5	679	311	
MISC. GI	5,773	12	0.0	134	0.3	152	43	
ANTICOAGULANTS	4,742	1	0.0	12	0.2	2,371	395	
ULCER DRUGS	4,581	87	0.2	1,021	0.2	21	4	
ANALGESICS - NonNarcotic	4,034	420	1.0	4,986	0.3	3	1	
ANTIDIABETIC	3,136	25	0.1	287	0.3	41	11	
ANTIPSYCHOTICS	2,292	4	0.0	48	0.2	229	48	
HEMATOPOIETIC AGENTS	2,229	40	0.1	457	0.2	31	5	
ANTINEOPLASTICS	1,638	1	0.0	12	0.6	234	137	
Total	45,036	596	n.a.	7,029	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIVIRAL					ASSORTED CLASSES				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,964	\$45,036	4	0.0	48	0.8	\$191	2	0.0	24	0.5	\$311
Female												
All Females	1,298	24,832	1	0.0	12	0.1	1	2	0.0	24	0.5	311
Female, Disabled												
All Ages	795	21,988	1	0.0	12	0.1	1	2	0.0	24	0.5	311
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	165	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	89	11,070	0	0.0	0	0.0	0	2	0.1	24	0.5	311
45-64	88	5,745	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	400	3,961	1	0.1	12	0.1	1	0	0.0	0	0.0	0
75-84	190	755	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	24	292	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	503	2,844	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	8	223	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	13	328	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	135	513	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	255	1,377	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	92	403	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male												
All Males	666	20,204	3	0.0	36	1.0	254	0	0.0	0	0.0	0
Male, Disabled												
All Ages	436	12,424	3	0.0	36	1.0	254	0	0.0	0	0.0	0
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	46	951	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	73	9,306	3	0.1	36	1.0	254	0	0.0	0	0.0	0
65-74	237	1,786	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	75	367	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	5	14	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIVIRAL					ASSORTED CLASSES				
	Number of Rx	Rx \$	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
Male, Other Eligibles												
All Ages	230	7,780	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	12	4,510	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	8	2,239	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	3	87	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	64	302	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	91	500	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	52	142	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 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	MISC. GI					ANTICOAGULANTS					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ Benefit per Month
All	12	0.0	134	0.3	\$43	1	0.0	12	0.2	\$395	87	0.2	1,021	0.2	\$5
Female															
All Females	8	0.0	89	0.2	6	1	0.0	12	0.2	395	60	0.2	697	0.2	4
Female, Disabled															
All Ages	6	0.1	72	0.2	7	1	0.0	12	0.2	395	34	0.5	407	0.2	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	1	33.3	12	0.3	14	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	0.2	48	0.2	7	0	0.0	0	0.0	0	3	0.2	36	0.1	2
45-64	0	0.0	0	0.0	0	1	0.0	12	0.2	395	6	0.2	71	0.2	3
65-74	1	0.1	12	0.1	0	0	0.0	0	0.0	0	19	1.4	228	0.2	4
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	0.9	48	0.3	5
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	2.3	24	0.5	11
Female, Other Eligibles															
All Ages	2	0.0	17	0.1	4	0	0.0	0	0.0	0	26	0.2	290	0.2	5
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	0.8	17	0.1	4	0	0.0	0	0.0	0	1	0.4	12	0.1	2
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	0.5	20	0.5	14
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	0.1	59	0.1	3
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	0.2	152	0.1	4
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	0.1	47	0.2	4
Male															
All Males	4	0.0	45	0.5	116	0	0.0	0	0.0	0	27	0.2	324	0.2	5
Male, Disabled															
All Ages	3	0.0	33	0.3	21	0	0.0	0	0.0	0	19	0.3	228	0.3	5
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	3	0.1	33	0.3	21	0	0.0	0	0.0	0	3	0.1	36	0.1	2
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	0.1	24	0.1	2
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	1.2	120	0.4	8
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	1.5	48	0.2	4
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	MISC. GI					ANTICOAGULANTS					ULCER DRUGS				
	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
Male, Other Eligibles															
All Ages	1	0.0	12	1.0	376	0	0.0	0	0.0	0	8	0.1	96	0.2	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	1	20.0	12	1.0	376	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	0.2	12	0.1	1
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	0.1	36	0.1	2
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	0.1	48	0.3	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
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 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	ANALGESICS - NonNarcotic					ANTIDIABETIC					ANTIPSYCHOTICS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	420	1.0	4,986	0.3	\$1	25	0.1	287	0.3	\$11	4	0.0	48	0.2	\$48
Female															
All Females	281	1.1	3,352	0.3	1	19	0.1	226	0.3	11	1	0.0	12	0.2	3
Female, Disabled															
All Ages	164	2.2	1,966	0.3	1	14	0.2	168	0.3	13	1	0.0	12	0.2	3
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	12	0.7	144	0.2	1	2	0.1	24	1.0	44	0	0.0	0	0.0	0
45-64	13	0.4	156	0.3	1	4	0.1	48	0.3	13	0	0.0	0	0.0	0
65-74	96	7.3	1,150	0.3	1	7	0.5	84	0.1	5	1	0.1	12	0.2	3
75-84	41	8.8	492	0.4	1	1	0.2	12	0.2	5	0	0.0	0	0.0	0
85 and older	2	2.3	24	0.5	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	117	0.7	1,386	0.3	1	5	0.0	58	0.1	5	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1	0.4	11	0.1	0	1	0.4	12	0.3	11	0	0.0	0	0.0	0
45-64	1	0.3	12	0.1	0	2	0.5	22	0.1	2	0	0.0	0	0.0	0
65-74	31	0.7	368	0.3	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	60	1.0	712	0.3	1	2	0.0	24	0.1	4	0	0.0	0	0.0	0
85 and older	24	0.4	283	0.3	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male															
All Males	139	0.9	1,634	0.3	1	6	0.0	61	0.3	11	3	0.0	36	0.2	63
Male, Disabled															
All Ages	86	1.2	1,012	0.3	1	4	0.1	39	0.3	12	2	0.0	24	0.1	1
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	10	0.4	111	0.2	1	1	0.0	12	0.1	6	1	0.0	12	0.1	1
45-64	12	0.3	136	0.2	1	1	0.0	3	0.3	10	1	0.0	12	0.1	1
65-74	40	5.0	480	0.4	1	2	0.2	24	0.5	15	0	0.0	0	0.0	0
75-84	22	8.2	261	0.3	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	5.4	24	0.2	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	ANALGESICS - NonNarcotic						ANTIDIABETIC						ANTIPSYCHOTICS			
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Mean Rx \$ Benefit per Benefit		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Mean Rx \$ Benefit per Benefit		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Mean Rx \$ Benefit per Benefit		
		Month		Month	Month				Month	Month				Month		
Male, Other Eligibles																
All Ages	53	0.7	622	0.3	1	2	0.0	22	0.2	8	1	0.0	12	0.5	186	
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	0.3	12	0.2	0	0	0.0	0	0.0	0	1	0.3	12	0.5	186	
45-64	1	0.2	4	0.3	1	1	0.2	12	0.1	6	0	0.0	0	0.0	0	
65-74	14	0.5	162	0.4	1	1	0.0	10	0.3	9	0	0.0	0	0.0	0	
75-84	23	0.8	276	0.3	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	14	0.9	168	0.3	1	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 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTINEOPLASTICS					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	40	0.1	457	0.2	\$5	1	0.0	12	0.6	\$137	40,034	326,949
Female												
All Females	28	0.1	323	0.2	7	1	0.0	12	0.6	137	24,586	202,785
Female, Disabled												
All Ages	20	0.3	238	0.1	9	1	0.0	12	0.6	137	7,380	68,747
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	38	382
21-44	11	0.6	130	0.1	16	0	0.0	0	0.0	0	1,824	16,573
45-64	3	0.1	36	0.3	1	0	0.0	0	0.0	0	3,643	31,831
65-74	5	0.4	60	0.2	0	1	0.1	12	0.6	137	1,317	14,089
75-84	1	0.2	12	0.1	0	0	0.0	0	0.0	0	467	5,067
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	87	757
Female, Other Eligibles												
All Ages	8	0.0	85	0.2	1	0	0.0	0	0.0	0	17,206	134,038
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	3	16
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	247	1,096
45-64	1	0.3	8	0.1	0	0	0.0	0	0.0	0	364	1,656
65-74	2	0.0	17	0.2	1	0	0.0	0	0.0	0	4,246	33,898
75-84	2	0.0	24	0.5	2	0	0.0	0	0.0	0	6,177	51,129
85 and older	3	0.0	36	0.1	0	0	0.0	0	0.0	0	6,169	46,243
Male												
All Males	12	0.1	134	0.1	0	0	0.0	0	0.0	0	15,448	124,164
Male, Disabled												
All Ages	9	0.1	98	0.2	1	0	0.0	0	0.0	0	7,324	66,629
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	49
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	39
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	37	356
21-44	3	0.1	29	0.2	1	0	0.0	0	0.0	0	2,523	22,872
45-64	2	0.1	21	0.1	1	0	0.0	0	0.0	0	3,642	31,669
65-74	4	0.5	48	0.1	1	0	0.0	0	0.0	0	807	8,318
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	269	2,942
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	37	384

Dual Medicaid 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTINEOPLASTICS					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		
Male, Other Eligibles												
All Ages	3	0.0	36	0.1	0	0	0.0	0	0.0	0	8,124	57,535
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	19
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	297	1,204
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	476	2,004
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3,024	22,788
75-84	3	0.1	36	0.1	0	0	0.0	0	0.0	0	2,748	20,961
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1,574	10,559
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 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

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	\$0	0.0	307	2,624
Age				
0-64	0	0.0	23	221
65-74	0	0.0	61	572
75-84	0	0.0	95	842
85 and older	0	0.0	128	989
Unknown	0	0.0	0	0
Gender				
Female	0	0.0	174	1,504
Male	0	0.0	133	1,120
Unknown	0	0.0	0	0
Race				
White	0	0	3	4
African American	0	0	0	0
Other/unknown	0	0	304	2,620
Basis of Eligibility^c				
Aged	0	0.0	271	2,300
Disabled	0	0.0	36	324
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 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 364 beneficiaries who were in nursing facilities for part of their enrollment and their 3,577 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

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 Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months	
Anti-infective Agents	0.0	0.0	0.0	0.0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	\$0	0	0.0	0
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Endocrine/Metabolic Drugs	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Cardiovascular Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Respiratory Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Gastrointestinal Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Genitourinary Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
CNS Drugs	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/Neurological Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Analgesics and Anesthetics	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Neuromuscular Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Nutritional Products	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Hematological Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Topical Products	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
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	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	0	0	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. A total of 364 beneficiaries who were in nursing facilities for part of their enrollment and their 3,577 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 2006. 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.medi-span.com/master-drug-database.aspx>.
 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.medi-span.com/master-drug-database.aspx>.
 In Arizona, 0.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
PENICILLINS	\$0	0	0.0	0	0.0	\$0	\$0	
CEPHALOSPORINS	0	0	0.0	0	0.0	0	0	
MACROLIDE ANTIBIOTICS	0	0	0.0	0	0.0	0	0	
TETRACYCLINES	0	0	0.0	0	0.0	0	0	
FLUOROQUINOLONES	0	0	0.0	0	0.0	0	0	
AMINOGLYCOSIDES	0	0	0.0	0	0.0	0	0	
ANTIMYCOBACTERIAL AGENTS	0	0	0.0	0	0.0	0	0	
ANTIFUNGALS	0	0	0.0	0	0.0	0	0	
ANTIVIRAL	0	0	0.0	0	0.0	0	0	
ANTIMALARIAL	0	0	0.0	0	0.0	0	0	
Total	0	0	n.a.	0	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. A total of 364 beneficiaries who were in nursing facilities for part of their enrollment and their 3,577 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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; n.a. = not applicable.

Dual Medicaid 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups			PENICILLINS				CEPHALOSPORINS				
	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	0	\$0	0	0.0	0	0.0	\$0	0	0.0	0	0.0	\$0
Female												
All Females	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Disabled												
All Ages	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male												
All Males	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Disabled												
All Ages	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. A total of 364 beneficiaries who were in nursing facilities for part of their enrollment and their 3,577 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	MACROLIDE ANTIBIOTICS						TETRACYCLINES						FLUOROQUINOLONES					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	
All	0	0.0	0	0.0	\$0		0	0.0	0	0.0	\$0		0	0.0	0	0.0	\$0	
Female																		
All Females	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
Female, Disabled																		
All Ages	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
65-74	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
85 and older	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
Female, Other Eligibles																		
All Ages	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
65-74	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
85 and older	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
Male																		
All Males	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
Male, Disabled																		
All Ages	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
65-74	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
85 and older	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
Male, Other Eligibles																		
All Ages	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
65-74	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
85 and older	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
Unknown	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. A total of 364 beneficiaries who were in nursing facilities for part of their enrollment and their 3,577 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	AMINOGLYCOSIDES					ANTIMYCOBACTERIAL AGENTS					ANTIFUNGALS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	0	0.0	0	0.0	\$0	0	0.0	0	0.0	\$0	0	0.0	0	0.0	\$0
Female															
All Females	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Disabled															
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male															
All Males	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Disabled															
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. A total of 364 beneficiaries who were in nursing facilities for part of their enrollment and their 3,577 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	ANTIVIRAL					ANTIMALARIAL					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	0	0.0	0	0.0	\$0	0	0.0	0	0.0	\$0	307	2,624
Female												
All Females	0	0.0	0	0.0	0	0	0.0	0	0.0	0	174	1,504
Female, Disabled												
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	16	135
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	68
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	39
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	22
Female, Other Eligibles												
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	158	1,369
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	21	198
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	50	427
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	87	744
Male												
All Males	0	0.0	0	0.0	0	0	0.0	0	0.0	0	133	1,120
Male, Disabled												
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	20	189
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	16	153
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	18
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	0	0
Male, Other Eligibles												
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	113	931
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	34	317
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	42	391
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	37	223
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 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. A total of 364 beneficiaries who were in nursing facilities for part of their enrollment and their 3,577 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
ARIZONA, 2006

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	467	1.2	0.1	2,333	\$0	\$11,806	\$5	24.0	40,034
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	6
6-14	0	0.0	0.0	0	0	0	0	0.0	7
15-20	0	0.0	0.0	0	0	0	0	0.0	83
21-44	48	1.0	0.0	165	0	1,047	6	5.1	4,891
45-64	58	0.7	0.0	188	0	1,190	6	7.1	8,125
65-74	182	1.9	0.1	976	1	4,927	5	73.1	9,394
75-84	136	1.4	0.1	784	0	3,535	5	818.3	9,661
85 and older	43	0.5	0.0	220	0	1,107	5	2991.9	7,867
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	167	0.7	0.0	839	0	3,695	4	439.9	23,952
Disabled	288	2.0	0.1	1,465	1	7,747	5	19.5	14,704
Adults	12	0.9	0.0	29	0	364	13	9.0	1,373
Children	0	0.0	0.0	0	0	0	0	0.0	3
Unknown	0	0.0	0.0	0	0	0	0	0.0	2
Gender									
Female	302	1.2	0.1	1,608	0	7,987	5	29.9	24,586
Male	165	1.1	0.0	725	0	3,819	5	16.9	15,448
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	7	0.0	0.0	35	0	168	5	350.0	19,979
African American	1	0.1	0.0	1	0	3	3	0.0	1,538
Other/unknown	459	2.5	0.1	2,297	1	11,635	5	23.7	18,517
Use of Nursing Facilities^d									
Entire year	0	0.0	0.0	0	0	0	0	0.0	307
Part year	19	5.2	0.2	56	1	370	7	10.7	364
None	448	1.1	0.1	2,277	0	11,436	5	25.0	39,363
Maintenance Assistance Status									
Cash	417	3.7	0.2	2,124	1	10,531	5	29.0	11,138
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	3	0.1	0.0	8	0	42	5	5.0	5,580
Other/unknown	47	0.2	0.0	201	0	1,233	6	10.3	23,316

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

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

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

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ARIZONA, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.0	\$0	\$5	\$0	\$0	326,949
Age						
5 and younger	0.0	0	0	0	0	61
6-14	0.0	0	0	0	0	75
15-20	0.0	0	0	0	0	773
21-44	0.0	0	6	0	0	41,745
45-64	0.0	0	6	0	0	67,160
65-74	0.0	0	5	0	0	79,093
75-84	0.0	0	5	0	0	80,099
85 and older	0.0	0	5	0	0	57,943
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.0	0	4	0	0	184,190
Disabled	0.0	0	5	0	0	135,376
Adults	0.0	0	13	0	0	7,361
Children	0.0	0	0	0	0	16
Unknown	0.0	0	0	0	0	6
Gender						
Female	0.0	0	5	0	0	202,785
Male	0.0	0	5	0	0	124,164
Unknown	0.0	0	0	0	0	0
Race						
White	0.0	0	5	0	0	150,989
African American	0.0	0	3	0	0	11,473
Other/unknown	0.0	0	5	0	0	164,487
Use of Nursing Facilities^d						
Entire year	0.0	0	0	0	0	2,624
Part year	0.0	0	7	0	0	3,577
None	0.0	0	5	0	0	320,748
Maintenance Assistance Status						
Cash	0.0	0	5	0	0	108,151
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	5	0	0	27,901
Other/unknown	0.0	0	6	0	0	190,897

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
ARIZONA, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a	Total Number Rx.	\$ per Rx	Number Rx as a
				Percentage of All Part D Excluded Rx \$			Percentage of All Part D Excluded Rx
All	504	\$23	\$11,806	100.0	2,333	\$5	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	12	10	116	1.0	14	8	0.6
Vitamins and minerals	5	37	184	1.6	12	15	0.5
Non-prescription drugs	431	25	10,562	89.5	2,177	5	93.3
Barbiturates	3	10	29	0.2	6	5	0.3
Benzodiazepines	53	17	915	7.8	124	7	5.3
Other Part D Excl Rx Drugs	0	0	0	0.0	0	0	0.0

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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 Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 ARIZONA, 2006

Total Number of Dual Eligible Beneficiaries: 40,034
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$49,243
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$1

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	39,893	99.6	\$0	0.0
1-500	122	0.3	6,048	12.3
501-1,000	12	0.0	8,385	17.0
1,001-1,500	0	0.0	0	0.0
1,501-2,000	1	0.0	1,754	3.6
2,001-2,500	1	0.0	2,235	4.5
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	3	0.0	14,175	28.8
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	1	0.0	7,510	15.3
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,136	18.6
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 ARIZONA, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 11,720
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$33,456
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$2

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	11,652	99.4	\$0	0.0	
1-500	58	0.5	2,588	7.7	
501-1,000	6	0.1	4,557	13.6	
1,001-1,500	0	0.0	0	0.0	
1,501-2,000	0	0.0	0	0.0	
2,001-2,500	0	0.0	0	0.0	
2,501-3,000	0	0.0	0	0.0	
3,001-3,500	0	0.0	0	0.0	
3,501-4,000	0	0.0	0	0.0	
4,001-4,500	0	0.0	0	0.0	
4,501-5,000	2	0.0	9,665	28.9	
5,001-5,500	0	0.0	0	0.0	
5,501-6,000	0	0.0	0	0.0	
6,001-6,500	0	0.0	0	0.0	
6,501-7,000	0	0.0	0	0.0	
7,001-7,500	0	0.0	0	0.0	
7,501-8,000	1	0.0	7,510	22.4	
8,001-8,500	0	0.0	0	0.0	
8,501-9,000	0	0.0	0	0.0	
9,001-9,500	1	0.0	9,136	27.3	
9,501-10,000	0	0.0	0	0.0	
10,001+	0	0.0	0	0.0	

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 ARIZONA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 26,922
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$7,212
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$0

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	26,861	99.8	\$0	0.0
1-500	56	0.2	2,848	39.5
501-1,000	4	0.0	2,610	36.2
1,001-1,500	0	0.0	0	0.0
1,501-2,000	1	0.0	1,754	24.3
2,001-2,500	0	0.0	0	0.0
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 ARIZONA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 9,394
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$6,743
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$0

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,351	99.5	\$0	0.0
1-500	38	0.4	2,379	35.3
501-1,000	4	0.0	2,610	38.7
1,001-1,500	0	0.0	0	0.0
1,501-2,000	1	0.0	1,754	26.0
2,001-2,500	0	0.0	0	0.0
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 ARIZONA, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 9,661
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$432
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$0

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,648	99.9	\$0	0.0
1-500	13	0.1	432	100.0
501-1,000	0	0.0	0	0.0
1,001-1,500	0	0.0	0	0.0
1,501-2,000	0	0.0	0	0.0
2,001-2,500	0	0.0	0	0.0
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 ARIZONA, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 7,867
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$37
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$0

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,862	99.9	\$0	0.0
1-500	5	0.1	37	100.0
501-1,000	0	0.0	0	0.0
1,001-1,500	0	0.0	0	0.0
1,501-2,000	0	0.0	0	0.0
2,001-2,500	0	0.0	0	0.0
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

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	114,102	51,497	52,160	10,428	12	5	1,155,984	501,963	563,277	90,588	113	43
Age												
5 and younger	14	0	11	0	3	0	148	0	124	0	24	0
6-14	13	0	11	0	2	0	141	0	127	0	14	0
15-20	243	1	222	14	6	0	2,684	8	2,479	134	63	0
21-44	21,712	166	17,383	4,162	1	0	228,650	1,224	188,275	39,139	12	0
45-64	30,290	279	25,334	4,675	0	2	312,081	2,007	270,176	39,878	0	20
65-74	29,974	21,668	7,002	1,301	0	3	309,323	221,791	77,889	9,620	0	23
75-84	21,031	18,863	1,935	233	0	0	211,156	188,065	21,533	1,558	0	0
85 and older	10,825	10,520	262	43	0	0	91,801	88,868	2,674	259	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	68,299	34,809	28,342	5,137	6	5	699,227	342,571	309,935	46,609	69	43
Male	45,803	16,688	23,818	5,291	6	0	456,757	159,392	253,342	43,979	44	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	59,052	24,249	28,993	5,805	4	1	582,301	223,432	310,090	48,734	35	10
African American	5,943	1,595	3,498	849	1	0	59,652	15,346	36,848	7,455	3	0
Other/unknown	49,107	25,653	19,669	3,774	7	4	514,031	263,185	216,339	34,399	75	33
Use of Nursing Facilities^c												
Entire year	307	271	36	0	0	0	2,626	2,302	324	0	0	0
Part year	364	256	105	3	0	0	3,643	2,500	1,108	35	0	0
None	113,431	50,970	52,019	10,425	12	5	1,149,715	497,161	561,845	90,553	113	43
Maintenance Assistance Status												
Cash	45,280	14,251	25,397	5,629	3	0	495,644	155,420	284,870	55,330	24	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	26,840	14,592	12,111	129	3	5	274,089	148,041	125,070	918	17	43
Other/unknown	41,982	22,654	14,652	4,670	6	0	386,251	198,502	153,337	34,340	72	0
Dual Status^d												
Full dual, all year	110,394	49,343	50,768	10,266	12	5	1,122,498	483,470	549,841	89,031	113	43
Full dual, part year	3,708	2,154	1,392	162	0	0	33,486	18,493	13,436	1,557	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	31,756	19,799	11,167	787	2	1	295,791	168,559	121,451	5,763	15	3
FFS part year, with Rx claims	18	4	13	1	0	0	209	47	152	10	0	0
FFS part year, no Rx claims	8,260	4,149	3,524	585	1	1	77,704	37,331	35,118	5,231	12	12
MC all year, with Rx claims	1	1	0	0	0	0	12	12	0	0	0	0
MC all year, no Rx claims	74,067	27,544	37,456	9,055	9	3	782,268	296,014	406,556	79,584	86	28

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F 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	114,102	1,155,984	40,034	326,949	0	829,035
Fee-for-service (FFS) all year	31,756	295,791	31,756	295,791	0	0
FFS part year, with Rx claims	18	209	18	137	0	72
FFS part year, with no Rx claims	8,260	77,704	8,260	31,021	0	46,683
Managed care (MC) all year, with Rx claims	1	12	0	0	0	12
MC all year, with no Rx claims	74,067	782,268	0	0	0	782,268

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 Medicaid Beneficiaries