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

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TABLE ND.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NONDUAL 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
<b>All</b>	<b>167,974</b>	<b>1,533</b>	<b>27,982</b>	<b>67,556</b>	<b>70,889</b>	<b>14</b>	<b>1,201,133</b>	<b>8,610</b>	<b>252,542</b>	<b>451,689</b>	<b>488,257</b>	<b>35</b>
<b>Age</b>												
5 and younger	33,427	0	3,950	0	29,477	0	209,509	0	34,095	0	175,414	0
6-14	35,280	0	6,920	0	28,360	0	285,491	0	68,552	0	216,939	0
15-20	22,946	0	3,350	6,549	13,047	0	173,513	0	32,855	44,773	95,885	0
21-44	51,737	1	6,079	45,651	3	3	361,255	1	54,617	306,615	5	17
45-64	22,561	3	7,291	15,256	0	11	158,532	25	58,587	99,902	0	18
65-74	899	503	322	74	0	0	6,524	3,163	3,082	279	0	0
75-84	623	543	62	18	0	0	3,916	3,149	673	94	0	0
85 and older	498	483	8	7	0	0	2,378	2,272	81	25	0	0
Unknown	3	0	0	1	2	0	15	0	0	1	14	0
<b>Gender</b>												
Female	86,898	999	12,254	38,278	35,353	14	632,287	5,790	111,124	270,752	244,586	35
Male	81,076	534	15,728	29,278	35,536	0	568,846	2,820	141,418	180,937	243,671	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	26,168	644	10,607	9,026	5,886	5	118,703	2,796	92,450	14,380	9,068	9
African American	4,747	42	1,134	1,761	1,809	1	13,398	248	7,685	2,747	2,717	1
Other/unknown	137,059	847	16,241	56,769	63,194	8	1,069,032	5,566	152,407	434,562	476,472	25
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	97	32	65	0	0	0	853	210	643	0	0	0
Part year	236	28	180	25	3	0	2,442	227	1,926	255	34	0
None	167,641	1,473	27,737	67,531	70,886	14	1,197,838	8,173	249,973	451,434	488,223	35
<b>Maintenance Assistance Status</b>												
Cash	77,281	384	19,229	28,533	29,135	0	631,540	3,372	174,368	215,590	238,210	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	32,079	84	328	2,188	29,465	14	203,357	440	1,255	11,827	189,800	35
Other/unknown	58,614	1,065	8,425	36,835	12,289	0	366,236	4,798	76,919	224,272	60,247	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	123,364	1,226	20,297	51,258	50,579	4	1,087,197	7,534	225,194	410,641	443,808	20
FFS part year, with Rx claims	851	1	73	327	450	0	4,151	11	474	1,585	2,081	0
FFS part year, no Rx claims	43,759	306	7,612	15,971	19,860	10	109,785	1,065	26,874	39,463	42,368	15

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 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<sup>a, b</sup>  
NONDUAL BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS <sup>d</sup>		Number of Beneficiaries
<b>All</b>	<b>3.6</b>	<b>0.2</b>	<b>\$14</b>	<b>\$77</b>	<b>\$3,841</b>	<b>0.4</b>		<b>167,974</b>
<b>Age</b>								
5 and younger	4.1	0.1	5	42	4,529	0.1		33,427
6-14	3.2	0.1	10	94	2,430	0.4		35,280
15-20	3.8	0.2	18	105	3,548	0.5		22,946
21-44	3.4	0.2	15	84	3,739	0.4		51,737
45-64	3.5	0.4	28	66	5,465	0.5		22,561
65-74	3.6	0.3	29	86	7,501	0.4		899
75-84	1.0	0.1	6	58	4,082	0.1		623
85 and older	0.6	0.0	0	37	1,145	0.0		498
Unknown	0.0	0.0	0	0	3,593	0.0		3
<b>Basis of Eligibility<sup>e</sup></b>								
Aged	0.7	0.1	3	43	3,719	0.1		1,533
Disabled	3.7	0.4	55	131	7,969	0.7		27,982
Adults	2.9	0.1	5	39	2,795	0.2		67,556
Children	4.2	0.1	7	49	3,211	0.2		70,889
Unknown	0.0	0.0	0	0	1,190	0.0		14
<b>Gender</b>								
Female	4.2	0.2	15	71	4,447	0.3		86,898
Male	2.9	0.1	13	86	3,190	0.4		81,076
Unknown	0.0	0.0	0	0	0	0.0		0
<b>Race</b>								
White	0.5	0.0	1	40	2,153	0.0		26,168
African American	1.1	0.0	1	30	2,621	0.0		4,747
Other/unknown	4.2	0.2	17	78	4,205	0.4		137,059
<b>Use of Nursing Facilities<sup>f</sup></b>								
Entire year	1.0	0.0	1	33	50,178	0.0		97
Part year	52.1	9.6	428	45	73,461	0.6		236
None	3.5	0.2	14	80	3,716	0.4		167,641
<b>Maintenance Assistance Status</b>								
Cash	5.0	0.3	25	84	5,492	0.5		77,281
Medically needy	0.0	0.0	0	0	0	0.0		0
Poverty related	3.8	0.1	8	53	2,936	0.3		32,079
Other/unknown	1.5	0.1	3	60	2,159	0.2		58,614

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 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 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.

Benef(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<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:							Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Beneficiaries		Benefit Months	
<b>All</b>	<b>0.0</b>	<b>\$2</b>	<b>0.4</b>	<b>96.4</b>	<b>3.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.0</b>	<b>0.0</b>	<b>\$537</b>	<b>167,974</b>	<b>1,201,133</b>	
<b>Age</b>													
5 and younger	0.0	1	0.1	95.9	3.9	0.1	0.1	0.0	0.0	723	33,427	209,509	
6-14	0.0	1	0.4	96.8	3.0	0.1	0.1	0.0	0.0	300	35,280	285,491	
15-20	0.0	2	0.5	96.2	3.5	0.2	0.1	0.0	0.0	469	22,946	173,513	
21-44	0.0	2	0.4	96.6	3.1	0.2	0.1	0.0	0.0	536	51,737	361,255	
45-64	0.1	4	0.5	96.5	2.6	0.3	0.4	0.1	0.0	778	22,561	158,532	
65-74	0.0	4	0.4	96.4	2.8	0.3	0.4	0.0	0.0	1,034	899	6,524	
75-84	0.0	1	0.1	99.0	0.8	0.0	0.2	0.0	0.0	649	623	3,916	
85 and older	0.0	0	0.0	99.4	0.6	0.0	0.0	0.0	0.0	240	498	2,378	
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	719	3	15	
<b>Basis of Eligibility<sup>e</sup></b>													
Aged	0.0	1	0.1	99.3	0.5	0.1	0.1	0.0	0.0	662	1,533	8,610	
Disabled	0.0	6	0.7	96.3	2.9	0.3	0.4	0.1	0.0	883	27,982	252,542	
Adults	0.0	1	0.2	97.1	2.6	0.1	0.1	0.0	0.0	418	67,556	451,689	
Children	0.0	1	0.2	95.8	4.0	0.1	0.1	0.0	0.0	466	70,889	488,257	
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	476	14	35	
<b>Gender</b>													
Female	0.0	2	0.3	95.8	3.8	0.2	0.2	0.0	0.0	611	86,898	632,287	
Male	0.0	2	0.4	97.1	2.6	0.1	0.1	0.0	0.0	455	81,076	568,846	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Race</b>													
White	0.0	0	0.0	99.5	0.3	0.1	0.1	0.0	0.0	475	26,168	118,703	
African American	0.0	0	0.0	98.9	0.7	0.2	0.3	0.0	0.0	929	4,747	13,398	
Other/unknown	0.0	2	0.4	95.8	3.8	0.2	0.2	0.0	0.0	539	137,059	1,069,032	
<b>Use of Nursing Facilities<sup>f</sup></b>													
Entire year	0.0	0	0.0	99.0	1.0	0.0	0.0	0.0	0.0	5,706	97	853	
Part year	0.9	41	0.6	47.9	29.7	11.0	9.3	1.3	0.8	7,099	236	2,442	
None	0.0	2	0.4	96.5	3.2	0.2	0.1	0.0	0.0	520	167,641	1,197,838	
<b>Maintenance Assistance Status</b>													
Cash	0.0	3	0.5	95.0	4.4	0.3	0.2	0.0	0.0	672	77,281	631,540	
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	96.2	3.6	0.1	0.1	0.0	0.0	463	32,079	203,357	
Other/unknown	0.0	1	0.2	98.5	1.4	0.1	0.0	0.0	0.0	346	58,614	366,236	

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 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 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 ND.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 NONDUAL 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
<b>All</b>	<b>0.0</b>	<b>\$2</b>	<b>\$77</b>	<b>0.0</b>	<b>\$2</b>	<b>\$333</b>	<b>0.0</b>	<b>\$0</b>	<b>\$122</b>	<b>0.0</b>	<b>\$0</b>	<b>\$17</b>
<b>Age</b>												
5 and younger	0.0	1	42	0.0	1	202	0.0	0	51	0.0	0	12
6-14	0.0	1	94	0.0	1	380	0.0	0	136	0.0	0	18
15-20	0.0	2	105	0.0	2	354	0.0	0	591	0.0	0	16
21-44	0.0	2	84	0.0	2	461	0.0	0	56	0.0	0	17
45-64	0.1	4	66	0.0	3	254	0.0	0	73	0.0	1	18
65-74	0.0	4	86	0.0	3	262	0.0	0	14	0.0	1	18
75-84	0.0	1	58	0.0	1	201	0.0	0	0	0.0	0	14
85 and older	0.0	0	37	0.0	0	105	0.0	0	53	0.0	0	3
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.0	1	43	0.0	0	116	0.0	0	0	0.0	0	19
Disabled	0.0	6	131	0.0	5	446	0.0	0	262	0.0	1	20
Adults	0.0	1	39	0.0	1	230	0.0	0	58	0.0	0	16
Children	0.0	1	49	0.0	1	199	0.0	0	54	0.0	0	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	0.0	2	71	0.0	2	341	0.0	0	151	0.0	0	16
Male	0.0	2	86	0.0	2	324	0.0	0	75	0.0	0	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.0	0	40	0.0	0	128	0.0	0	68	0.0	0	19
African American	0.0	0	30	0.0	0	103	0.0	0	73	0.0	0	13
Other/unknown	0.0	2	78	0.0	2	337	0.0	0	123	0.0	0	17
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.0	0	33	0.0	0	57	0.0	0	0	0.0	0	8
Part year	0.9	41	45	0.2	25	163	0.0	0	140	0.8	16	20
None	0.0	2	80	0.0	2	345	0.0	0	122	0.0	0	17
<b>Maintenance Assistance Status</b>												
Cash	0.0	3	84	0.0	3	365	0.0	0	153	0.0	1	17
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.0	1	53	0.0	1	185	0.0	0	54	0.0	0	16
Other/unknown	0.0	1	60	0.0	0	337	0.0	0	55	0.0	0	15

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 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, 0.1 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>.

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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months
Anti-infective Agents	0.2	0.0	0.0	0.1	\$10	\$6	\$1	\$3	\$59	\$293	\$173	\$22	5,420	\$318,529	3,210	1.9	32,379
Biologicals	0.6	0.6	0.0	0.0	882	882	0	0	1445	1,445	0	0	72	104,072	13	0.0	118
Antineoplastic Agents	0.4	0.1	0.0	0.3	329	309	0	20	831	2,322	0	77	125	103,885	29	0.0	316
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	26	21	0	5	76	240	16	19	2,767	211,136	813	0.5	8,085
Cardiovascular Agents	0.6	0.1	0.0	0.5	28	22	0	6	50	217	27	13	2,898	144,905	501	0.3	5,207
Respiratory Agents	0.2	0.1	0.0	0.2	12	10	0	2	52	149	71	13	3,144	164,720	1,361	0.8	13,600
Gastrointestinal Agents	0.2	0.1	0.0	0.2	63	59	3	2	271	839	247	10	909	246,397	377	0.2	3,913
Genitourinary Agents	0.2	0.0	0.0	0.1	4	0	1	2	24	52	107	16	411	9,880	252	0.2	2,637
CNS Drugs	0.4	0.2	0.0	0.3	44	38	0	6	102	232	101	22	3,331	340,161	730	0.4	7,707
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.2	28	20	3	6	72	110	1,176	27	181	12,974	46	0.0	466
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	25	25	0	0	139	139	0	0	4	557	2	0.0	22
Analgesics and Anesthetics	0.2	0.0	0.0	0.2	7	4	0	3	28	929	0	11	6,428	182,871	2,608	1.6	27,416
Neuromuscular Agents	0.3	0.1	0.0	0.2	22	15	0	7	68	151	46	30	1,483	100,181	439	0.3	4,564
Nutritional Products	0.3	0.0	0.0	0.3	5	2	0	3	19	224	0	11	805	15,356	304	0.2	3,011
Hematological Agents	0.2	0.1	0.0	0.2	173	169	0	4	728	2,495	35	22	399	290,646	155	0.1	1,683
Topical Products	0.2	0.0	0.0	0.1	3	1	0	2	21	72	53	15	1,957	41,254	1,267	0.8	12,787
Miscellaneous Products	0.3	0.3	0.0	0.0	88	84	0	5	261	287	0	101	267	69,662	74	0.0	789
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	7	0	0	0	68	0	0	0	29	1,983	24	0.0	268
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>30,630</b>	<b>2,359,169</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 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.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 ND.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2006

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		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
ANTIPSYCHOTICS	\$297,665	373	0.2	4,016	0.4	\$197	\$74
MISC. HEMATOLOGICAL	264,409	21	0.0	233	0.3	3,347	1,135
MISC. GI	201,655	125	0.1	1,286	0.2	725	157
ANALGESICS - ANTI-INFLAMMATORY	125,219	2,203	1.3	23,620	0.2	34	5
MISC. ENDOCRINE	124,727	29	0.0	327	0.4	945	381
ANTIVIRAL	122,561	77	0.0	846	0.3	457	145
ANTIASTHMATIC	113,766	1,055	0.6	10,391	0.2	55	11
PASSIVE IMMUNIZING AGENTS	104,016	9	0.0	81	0.8	1,530	1,284
ANTINEOPLASTICS	103,850	29	0.0	316	0.4	838	329
ANTICONVULSANT	94,681	294	0.2	3,061	0.3	95	31
Total	1,552,549	4,215	n.a.	44,177	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 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 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.

Nondual Medicaid 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				MISC. HEMATOLOGICAL			
	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
<b>All</b>	<b>9,231</b>	<b>\$1,552,549</b>	<b>373</b>	<b>0.2</b>	<b>4,016</b>	<b>0.4</b>	<b>\$74</b>	<b>21</b>	<b>0.0</b>	<b>233</b>	<b>0.3</b>	<b>\$1,135</b>
<b>Female</b>												
All Females	5,131	753,534	165	0.2	1,742	0.4	65	8	0.0	85	0.1	18
<b>Female, Disabled</b>												
All Ages	1,746	488,166	61	0.5	701	0.5	102	5	0.0	60	0.2	18
5 and younger	53	6,953	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	132	11,755	4	0.2	48	0.9	79	0	0.0	0	0.0	0
15-20	171	120,945	10	0.8	110	0.6	198	0	0.0	0	0.0	0
21-44	414	153,067	21	0.7	242	0.5	108	1	0.0	12	0.1	10
45-64	940	178,101	26	0.7	301	0.3	65	3	0.1	36	0.2	24
65-74	33	17,204	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	3	141	0	0.0	0	0.0	0	1	2.2	12	0.1	11
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	3,385	265,368	104	0.1	1,041	0.3	40	3	0.0	25	0.1	17
5 and younger	718	23,250	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	704	53,791	27	0.2	276	0.3	51	0	0.0	0	0.0	0
15-20	518	74,283	33	0.3	354	0.4	64	0	0.0	0	0.0	0
21-44	1,155	93,803	38	0.1	369	0.1	11	3	0.0	25	0.1	17
45-64	287	19,974	6	0.1	42	0.2	29	0	0.0	0	0.0	0
65-74	3	267	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
<b>Male</b>												
All Males	4,100	799,015	208	0.3	2,274	0.4	81	13	0.0	148	0.5	1,776
<b>Male, Disabled</b>												
All Ages	1,495	568,109	80	0.5	899	0.4	114	11	0.1	129	0.5	2,009
5 and younger	76	5,637	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	153	175,000	6	0.1	72	0.3	33	1	0.0	12	2.4	9,110
15-20	118	11,570	8	0.4	91	0.4	88	0	0.0	0	0.0	0
21-44	544	253,383	44	1.4	474	0.5	154	2	0.1	24	0.8	6,184
45-64	596	122,387	22	0.7	262	0.3	73	8	0.2	93	0.1	15
65-74	8	132	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

Nondual Medicaid 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC. HEMATOLOGICAL				
	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
<b>Male, Other Eligibles</b>												
All Ages	2,605	230,906	128	0.2	1,375	0.4	60	2	0.0	19	0.3	197
5 and younger	751	50,070	0	0.0	0	0.0	0	1	0.0	7	0.1	482
6-14	778	61,229	46	0.3	507	0.4	62	0	0.0	0	0.0	0
15-20	660	76,401	70	0.8	742	0.5	67	0	0.0	0	0.0	0
21-44	186	26,288	4	0.0	42	0.1	8	0	0.0	0	0.0	0
45-64	227	16,640	7	0.1	79	0.1	15	1	0.0	12	0.3	30
65-74	1	69	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	1	104	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	105	1	0.7	5	0.2	21	0	0.0	0	0.0	0
<b>Unknown</b>	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 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 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.

Nondual Medicaid 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	MISC. GI					ANALGESICS - ANTI-INFLAMMATORY					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
<b>All</b>	<b>125</b>	<b>0.1</b>	<b>1,286</b>	<b>0.2</b>	<b>\$157</b>	<b>2,203</b>	<b>1.3</b>	<b>23,620</b>	<b>0.2</b>	<b>\$5</b>	<b>29</b>	<b>0.0</b>	<b>327</b>	<b>0.4</b>	<b>\$381</b>
<b>Female</b>															
All Females	89	0.1	927	0.2	162	1,328	1.5	14,239	0.2	6	21	0.0	247	0.4	361
<b>Female, Disabled</b>															
All Ages	50	0.4	562	0.3	221	165	1.3	1,928	0.2	29	15	0.1	180	0.5	328
5 and younger	0	0.0	0	0.0	0	4	0.3	48	0.1	1	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	14	0.6	168	0.2	1	2	0.1	24	0.6	220
15-20	3	0.2	36	0.7	256	10	0.8	120	0.1	0	1	0.1	12	0.5	3,959
21-44	12	0.4	129	0.2	243	36	1.3	392	0.2	68	0	0.0	0	0.0	0
45-64	33	0.8	383	0.2	177	97	2.4	1,152	0.2	25	8	0.2	96	0.5	55
65-74	2	0.9	14	0.6	1,134	4	1.8	48	0.1	1	4	1.8	48	0.3	22
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	39	0.1	365	0.2	71	1,163	1.6	12,311	0.2	2	6	0.0	67	0.3	447
5 and younger	9	0.1	50	0.2	1	276	1.9	2,911	0.2	1	2	0.0	24	0.3	186
6-14	1	0.0	12	0.4	6	239	1.7	2,573	0.1	1	4	0.0	43	0.3	593
15-20	2	0.0	24	0.1	0	143	1.4	1,459	0.1	1	0	0.0	0	0.0	0
21-44	20	0.1	214	0.1	114	416	1.6	4,370	0.2	2	0	0.0	0	0.0	0
45-64	6	0.1	54	0.2	17	89	1.1	998	0.2	13	0	0.0	0	0.0	0
65-74	1	0.3	11	0.2	24	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
<b>Male</b>															
All Males	36	0.0	359	0.2	144	875	1.1	9,381	0.1	4	8	0.0	80	0.4	446
<b>Male, Disabled</b>															
All Ages	21	0.1	227	0.2	126	140	0.9	1,609	0.2	8	3	0.0	36	0.5	778
5 and younger	2	0.1	20	0.3	1	12	0.5	121	0.1	1	0	0.0	0	0.0	0
6-14	1	0.0	12	0.1	1	15	0.3	177	0.1	60	3	0.1	36	0.5	778
15-20	2	0.1	24	0.1	5	16	0.8	187	0.1	1	0	0.0	0	0.0	0
21-44	2	0.1	24	0.1	11	36	1.1	406	0.1	1	0	0.0	0	0.0	0
45-64	12	0.4	123	0.2	229	60	1.8	713	0.2	2	0	0.0	0	0.0	0
65-74	2	1.9	24	0.1	2	1	1.0	5	0.4	2	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

Nondual Medicaid 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	MISC. GI					ANALGESICS - ANTI-INFLAMMATORY					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
<b>Male, Other Eligibles</b>															
All Ages	15	0.0	132	0.3	173	735	1.1	7,772	0.1	4	5	0.0	44	0.3	175
5 and younger	5	0.0	32	0.3	2	268	1.8	2,789	0.2	1	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	222	1.6	2,416	0.1	5	3	0.0	31	0.3	58
15-20	1	0.0	1	1.0	289	131	1.4	1,367	0.1	6	1	0.0	12	0.1	484
21-44	7	0.0	75	0.3	300	80	0.4	825	0.1	1	1	0.0	1	1.0	74
45-64	2	0.0	24	0.1	2	34	0.5	375	0.2	15	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 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.

Nondual Medicaid 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	ANTIVIRAL					ANTIASTHMATIC					PASSIVE IMMUNIZING AGENTS				
	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
<b>All</b>	<b>77</b>	<b>0.0</b>	<b>846</b>	<b>0.3</b>	<b>\$145</b>	<b>1,055</b>	<b>0.6</b>	<b>10,391</b>	<b>0.2</b>	<b>\$11</b>	<b>9</b>	<b>0.0</b>	<b>81</b>	<b>0.8</b>	<b>\$1,284</b>
<b>Female</b>															
All Females	49	0.1	521	0.2	88	586	0.7	5,913	0.2	11	3	0.0	36	0.9	1,417
<b>Female, Disabled</b>															
All Ages	14	0.1	163	0.3	165	135	1.1	1,530	0.3	18	2	0.0	24	1.1	1,836
5 and younger	1	0.1	12	0.1	5	7	0.5	84	0.3	14	1	0.1	12	0.3	362
6-14	0	0.0	0	0.0	0	14	0.6	168	0.3	15	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	5	0.4	60	0.3	20	1	0.1	12	1.9	3,310
21-44	3	0.1	31	0.1	6	31	1.1	303	0.2	11	0	0.0	0	0.0	0
45-64	10	0.3	120	0.4	221	72	1.8	843	0.3	22	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	4	1.8	48	0.1	5	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	2	4.4	24	0.1	1	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	35	0.0	358	0.2	54	451	0.6	4,383	0.2	9	1	0.0	12	0.5	578
5 and younger	2	0.0	24	0.1	6	122	0.8	1,133	0.2	5	1	0.0	12	0.5	578
6-14	3	0.0	25	0.1	12	105	0.7	1,045	0.2	9	0	0.0	0	0.0	0
15-20	7	0.1	80	0.2	98	59	0.6	568	0.2	8	0	0.0	0	0.0	0
21-44	20	0.1	193	0.2	56	138	0.5	1,356	0.2	12	0	0.0	0	0.0	0
45-64	3	0.0	36	0.1	1	27	0.3	281	0.2	13	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
<b>Male</b>															
All Males	28	0.0	325	0.5	236	469	0.6	4,478	0.2	11	6	0.0	45	0.8	1,178
<b>Male, Disabled</b>															
All Ages	18	0.1	209	0.7	364	86	0.5	928	0.2	16	1	0.0	12	1.1	1,676
5 and younger	0	0.0	0	0.0	0	17	0.7	165	0.2	29	0	0.0	0	0.0	0
6-14	1	0.0	12	0.1	1	11	0.2	106	0.3	19	1	0.0	12	1.1	1,676
15-20	0	0.0	0	0.0	0	12	0.6	133	0.2	6	0	0.0	0	0.0	0
21-44	6	0.2	65	0.8	269	18	0.6	198	0.2	21	0	0.0	0	0.0	0
45-64	11	0.3	132	0.8	444	27	0.8	314	0.2	11	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	1	1.0	12	0.1	1	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

Nondual Medicaid 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	ANTIVIRAL						ANTIASTHMATIC					PASSIVE IMMUNIZING AGENTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean		
				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month	
<b>Male, Other Eligibles</b>																
All Ages	10	0.0	116	0.1	4	383	0.6	3,550	0.2	10	5	0.0	33	0.7	997	
5 and younger	3	0.0	35	0.1	4	173	1.2	1,460	0.2	7	5	0.0	33	0.7	997	
6-14	2	0.0	23	0.1	8	130	0.9	1,298	0.2	8	0	0.0	0	0.0	0	
15-20	1	0.0	11	0.1	1	41	0.4	414	0.2	6	0	0.0	0	0.0	0	
21-44	2	0.0	23	0.1	2	20	0.1	162	0.2	14	0	0.0	0	0.0	0	
45-64	2	0.0	24	0.1	2	19	0.3	216	0.5	36	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	
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	

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

Nondual Medicaid 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	ANTINEOPLASTICS					ANTICONVULSANT					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		
<b>All</b>	<b>29</b>	<b>0.0</b>	<b>316</b>	<b>0.4</b>	<b>\$329</b>	<b>294</b>	<b>0.2</b>	<b>3,061</b>	<b>0.3</b>	<b>\$31</b>	<b>167,974</b>	<b>1,201,133</b>
<b>Female</b>												
All Females	21	0.0	221	0.4	460	165	0.2	1,709	0.3	31	86,895	632,272
<b>Female, Disabled</b>												
All Ages	13	0.1	133	0.4	445	84	0.7	917	0.3	22	12,254	111,124
5 and younger	2	0.1	20	0.1	1	7	0.5	75	0.3	18	1,459	12,828
6-14	1	0.0	1	1.0	51	0	0.0	0	0.0	0	2,406	24,187
15-20	0	0.0	0	0.0	0	5	0.4	60	0.3	25	1,299	12,872
21-44	4	0.1	47	0.5	1,174	36	1.3	375	0.3	27	2,855	25,229
45-64	6	0.2	65	0.4	61	36	0.9	407	0.3	18	3,968	33,341
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	217	2,135
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	45	487
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	45
<b>Female, Other Eligibles</b>												
All Ages	8	0.0	88	0.4	481	81	0.1	792	0.3	41	74,641	521,148
5 and younger	0	0.0	0	0.0	0	5	0.0	55	0.3	60	14,626	87,394
6-14	1	0.0	12	0.8	112	6	0.0	71	0.3	19	14,192	108,986
15-20	1	0.0	12	1.0	2,673	18	0.2	174	0.3	36	10,471	75,257
21-44	3	0.0	36	0.3	243	38	0.1	358	0.3	56	26,353	189,413
45-64	3	0.0	28	0.1	6	13	0.2	123	0.2	10	7,958	54,156
65-74	0	0.0	0	0.0	0	1	0.3	11	0.1	1	340	2,192
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	355	2,143
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	346	1,607
<b>Male</b>												
All Males	8	0.0	95	0.3	24	129	0.2	1,352	0.4	31	81,076	568,846
<b>Male, Disabled</b>												
All Ages	7	0.0	83	0.3	27	75	0.5	837	0.4	29	15,728	141,418
5 and younger	1	0.0	12	0.9	45	1	0.0	12	0.3	11	2,491	21,267
6-14	2	0.0	24	0.3	40	2	0.0	24	0.5	66	4,514	44,365
15-20	2	0.1	24	0.2	11	7	0.3	66	0.3	35	2,051	19,983
21-44	1	0.0	12	0.1	24	31	1.0	337	0.5	29	3,224	29,388
45-64	1	0.0	11	0.4	15	33	1.0	386	0.4	27	3,323	25,246
65-74	0	0.0	0	0.0	0	1	1.0	12	0.2	5	105	947
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	17	186
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36

Nondual Medicaid 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	ANTINEOPLASTICS					ANTICONVULSANT					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 Month	Mean Rx \$ Benefit per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ Benefit per Month			
<b>Male, Other Eligibles</b>													
All Ages	1	0.0	12	0.3	7	54	0.1	515	0.3	35	65,348	427,428	
5 and younger	0	0.0	0	0.0	0	1	0.0	10	0.1	19	14,851	88,020	
6-14	0	0.0	0	0.0	0	15	0.1	144	0.3	34	14,168	107,953	
15-20	0	0.0	0	0.0	0	20	0.2	207	0.4	52	9,125	65,401	
21-44	0	0.0	0	0.0	0	7	0.0	35	0.3	17	19,305	117,225	
45-64	1	0.0	12	0.3	7	9	0.1	105	0.2	13	7,312	45,789	
65-74	0	0.0	0	0.0	0	1	0.4	2	0.5	35	237	1,250	
75-84	0	0.0	0	0.0	0	1	0.5	12	0.1	9	206	1,100	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	144	690	
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	15	

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 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 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.

Nondual Medicaid Beneficiaries

TABLE ND.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NONDUAL 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
<b>All</b>	<b>\$0</b>	<b>0.0</b>	<b>97</b>	<b>853</b>
<b>Age</b>				
0-64	0	0.0	62	617
65-74	0	0.0	15	111
75-84	0	0.0	12	84
85 and older	0	0.0	8	41
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	0	0.0	40	307
Male	0	0.0	57	546
Unknown	0	0.0	0	0
<b>Race</b>				
White	0	0	5	6
African American	0	0	0	0
Other/unknown	0	0	92	847
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	0	0.0	32	210
Disabled	0	0.0	65	643
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 236 beneficiaries who were in nursing facilities for part of their enrollment and their 2,442 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 Medicaid Beneficiaries

TABLE ND.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-	Off-Patent Brand-	Generic	Total	Patented Brand-	Off-Patent Brand-	Generic	Total	Patented Brand-	Off-Patent Brand-	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
		Name	Name	Name		Name	Name	Name		Name							
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	0.3	0.0	0.0	0.3	3	0	0	3	8	0	0	8	1	8	1	1.0	3
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	0.3	0.3	0.0	0.0	19	19	0	0	57	57	0	0	1	57	1	1.0	3
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
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2	65	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 236 beneficiaries who were in nursing facilities for part of their enrollment and their 2,442 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 ND.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 NONDUAL 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	
ANALGESICS - Narcotic	\$0	0	0.0	0	0.0	\$0	\$0	
MISC. ANTI-INFECTIVES	0	0	0.0	0	0.0	0	0	
ANTICONVULSANT	0	0	0.0	0	0.0	0	0	
MISC. HEMATOLOGICAL	0	0	0.0	0	0.0	0	0	
CALCIUM BLOCKERS	0	0	0.0	0	0.0	0	0	
PENICILLINS	0	0	0.0	0	0.0	0	0	
ANTIEMETICS	0	0	0.0	0	0.0	0	0	
ANTISEPTICS & DISINFECTANTS	57	0	0.0	0	0.0	0	0	
ANTHYPERLIPIDEMIC	0	0	0.0	0	0.0	0	0	
MISC. GI	0	0	0.0	0	0.0	0	0	
Total	57	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 236 beneficiaries who were in nursing facilities for part of their enrollment and their 2,442 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.

Nondual Medicaid 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups			ANALGESICS - Narcotic					MISC. ANTI-INFECTIVES				
	Number of Rx	Rx \$	Number of Users	Users as % of		Number of	Mean	Number	Users as % of		Number of	Mean	Number
				Nursing Facility	All-Year				Benefit Months	of Rx			
<b>All</b>	<b>1</b>	<b>\$57</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>\$0</b>
<b>Female</b>													
All Females	0	0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0
<b>Female, Disabled</b>													
All Ages	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
65-74	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
85 and older	0	0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>													
All Ages	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
65-74	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
85 and older	0	0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0
<b>Male</b>													
All Males	1	57	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0
<b>Male, Disabled</b>													
All Ages	1	57	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0
64 or younger	1	57	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
75-84	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
<b>Male, Other Eligibles</b>													
All Ages	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
65-74	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
85 and older	0	0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.  
 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 2006. A total of 236 beneficiaries who were in nursing facilities for part of their enrollment and their 2,442 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 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	ANTICONVULSANT						MISC. HEMATOLOGICAL						CALCIUM BLOCKERS					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	
<b>All</b>	0	0.0	0	0.0	\$0		0	0.0	0	0.0	\$0		0	0.0	0	0.0	\$0	
<b>Female</b>																		
All Females	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
<b>Female, Disabled</b>																		
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	
<b>Female, Other Eligibles</b>																		
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	
<b>Male</b>																		
All Males	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
<b>Male, Disabled</b>																		
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	
<b>Male, Other Eligibles</b>																		
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	
<b>Unknown</b>	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	

Source: Data for this table are from the MAX 2006 file for Arizona, released by CMS in 9/2009. This table was produced on 02/11/2010.  
 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 2006. A total of 236 beneficiaries who were in nursing facilities for part of their enrollment and their 2,442 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 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	PENICILLINS					ANTIEMETICS					ANTISEPTICS & DISINFECTANTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	0	0.0	0	0.0	\$0	0	0.0	0	0.0	\$0	0	0.0	0	0.0	\$0
<b>Female</b>															
All Females	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Disabled</b>															
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
<b>Female, Other Eligibles</b>															
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
<b>Male</b>															
All Males	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Disabled</b>															
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
<b>Male, Other Eligibles</b>															
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
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2006. A total of 236 beneficiaries who were in nursing facilities for part of their enrollment and their 2,442 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 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, ARIZONA, 2006

Beneficiary Characteristics	ANTHYPERLIPIDEMIC						MISC. GI						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>\$0</b>		<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>\$0</b>	<b>97</b>	<b>853</b>
<b>Female</b>													
All Females	0	0.0	0	0.0	0		0	0.0	0	0.0	0	40	307
<b>Female, Disabled</b>													
All Ages	0	0.0	0	0.0	0		0	0.0	0	0.0	0	21	186
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0	19	172
65-74	0	0.0	0	0.0	0		0	0.0	0	0.0	0	2	14
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
<b>Female, Other Eligibles</b>													
All Ages	0	0.0	0	0.0	0		0	0.0	0	0.0	0	19	121
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	4	30
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0	8	53
85 and older	0	0.0	0	0.0	0		0	0.0	0	0.0	0	7	38
<b>Male</b>													
All Males	0	0.0	0	0.0	0		0	0.0	0	0.0	0	57	546
<b>Male, Disabled</b>													
All Ages	0	0.0	0	0.0	0		0	0.0	0	0.0	0	44	457
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0	43	445
65-74	0	0.0	0	0.0	0		0	0.0	0	0.0	0	1	12
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
<b>Male, Other Eligibles</b>													
All Ages	0	0.0	0	0.0	0		0	0.0	0	0.0	0	13	89
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	8	55
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0	4	31
85 and older	0	0.0	0	0.0	0		0	0.0	0	0.0	0	1	3
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>		<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 236 beneficiaries who were in nursing facilities for part of their enrollment and their 2,442 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 ND.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 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 Nondual Rx \$	Total Number of Beneficiaries	
<b>All</b>	<b>2,457</b>	<b>1.5</b>	<b>0.0</b>	<b>5,948</b>	<b>\$1</b>	<b>\$108,627</b>	<b>\$18</b>	<b>4.6</b>	<b>167,974</b>	
<b>Age</b>										
5 and younger	689	2.1	0.0	1,388	0	8,600	6	5.6	33,427	
6-14	531	1.5	0.0	976	1	26,169	27	7.2	35,280	
15-20	248	1.1	0.0	457	2	42,725	93	10.3	22,946	
21-44	581	1.1	0.0	1,251	0	9,576	8	1.3	51,737	
45-64	379	1.7	0.1	1,780	1	21,140	12	3.3	22,561	
65-74	17	1.9	0.1	49	0	217	4	0.8	899	
75-84	9	1.4	0.1	44	0	176	4	5.1	623	
85 and older	3	0.6	0.0	3	0	24	8	10.9	498	
Unknown	0	0.0	0.0	0	0	0	0	0.0	3	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	12	0.8	0.0	57	0	199	3	5.1	1,533	
Disabled	460	1.6	0.1	1,943	3	82,601	43	5.4	27,982	
Adults	640	0.9	0.0	1,417	0	10,009	7	2.8	67,556	
Children	1,345	1.9	0.0	2,531	0	15,818	6	3.5	70,889	
Unknown	0	0.0	0.0	0	0	0	0	0.0	14	
<b>Gender</b>										
Female	1,470	1.7	0.0	3,585	1	71,202	20	5.4	86,898	
Male	987	1.2	0.0	2,363	0	37,425	16	3.6	81,076	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	33	0.1	0.0	79	0	745	9	3.3	26,168	
African American	8	0.2	0.0	12	0	151	13	4.2	4,747	
Other/unknown	2,416	1.8	0.0	5,857	1	107,731	18	4.6	137,059	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	2	2.1	0.1	5	1	76	15	116.9	97	
Part year	67	28.4	1.1	253	42	10,026	40	9.9	236	
None	2,388	1.4	0.0	5,690	1	98,525	17	4.4	167,641	
<b>Maintenance Assistance Status</b>										
Cash	1,608	2.1	0.1	4,311	1	92,014	21	4.8	77,281	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	486	1.5	0.0	930	0	6,019	6	2.5	32,079	
Other/unknown	363	0.6	0.0	707	0	10,594	15	5.5	58,614	

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 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 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 ND.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 ARIZONA, 2006

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
<b>All</b>	<b>0.0</b>	<b>\$0</b>	<b>\$18</b>	<b>\$0</b>	<b>\$0</b>	<b>1,201,133</b>
<b>Age</b>						
5 and younger	0.0	0	6	0	0	209,509
6-14	0.0	0	27	0	0	285,491
15-20	0.0	0	93	0	0	173,513
21-44	0.0	0	8	0	0	361,255
45-64	0.0	0	12	0	0	158,532
65-74	0.0	0	4	0	0	6,524
75-84	0.0	0	4	0	0	3,916
85 and older	0.0	0	8	0	0	2,378
Unknown	0.0	0	0	0	0	15
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.0	0	3	0	0	8,610
Disabled	0.0	0	43	0	0	252,542
Adults	0.0	0	7	0	0	451,689
Children	0.0	0	6	0	0	488,257
Unknown	0.0	0	0	0	0	35
<b>Gender</b>						
Female	0.0	0	20	0	0	632,287
Male	0.0	0	16	0	0	568,846
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.0	0	9	0	0	118,703
African American	0.0	0	13	0	0	13,398
Other/unknown	0.0	0	18	0	0	1,069,032
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.0	0	15	0	0	853
Part year	0.1	4	40	0	0	2,442
None	0.0	0	17	0	0	1,197,838
<b>Maintenance Assistance Status</b>						
Cash	0.0	0	21	0	0	631,540
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	6	0	0	203,357
Other/unknown	0.0	0	15	0	0	366,236

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 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 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.

TABLE ND.13  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS<sup>a,b,c</sup>  
 ARIZONA, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	Total Number Rx.			Excluded Rx	Excluded Rx
<b>All</b>	<b>2,833</b>	<b>\$38</b>	<b>\$108,627</b>	<b>100.0</b>	<b>5,948</b>	<b>\$18</b>	<b>100.0</b>		
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0		
Fertility drugs	0	0	0	0.0	0	0	0.0		
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0		
Cough and cold medications	449	10	4,686	4.3	623	8	10.5		
Vitamins and minerals	145	40	5,793	5.3	411	14	6.9		
Non-prescription drugs	1,946	14	26,676	24.6	4,308	6	72.4		
Barbiturates	11	21	228	0.2	55	4	0.9		
Benzodiazepines	251	18	4,439	4.1	451	10	7.6		
Other Part D Excl Rx Drugs	31	2,155	66,805	61.5	100	668	1.7		

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 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 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 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 Medicaid Beneficiaries

APPENDIX TABLE A.1  
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 NONDUAL 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
<b>All</b>	<b>1,191,401</b>	<b>4,491</b>	<b>80,617</b>	<b>470,112</b>	<b>636,023</b>	<b>158</b>	<b>10,504,595</b>	<b>39,097</b>	<b>876,984</b>	<b>3,875,806</b>	<b>5,711,319</b>	<b>1,389</b>
<b>Age</b>												
5 and younger	296,698	1	6,346	0	290,351	0	2,568,321	6	67,354	0	2,500,961	0
6-14	271,159	0	14,772	0	256,387	0	2,588,935	0	167,197	0	2,421,738	0
15-20	141,072	2	9,446	42,410	89,213	1	1,249,053	15	105,213	355,799	788,016	10
21-44	344,821	9	21,759	322,954	63	36	2,905,196	47	235,908	2,668,414	537	290
45-64	131,466	40	27,047	104,259	0	120	1,138,396	231	287,876	849,208	0	1,081
65-74	3,757	2,245	1,070	441	0	1	34,557	20,983	11,441	2,125	0	8
75-84	1,704	1,514	158	32	0	0	15,394	13,417	1,795	182	0	0
85 and older	714	680	19	15	0	0	4,675	4,398	200	77	0	0
Unknown	10	0	0	1	9	0	68	0	0	1	67	0
<b>Gender</b>												
Female	648,903	2,862	39,174	291,613	315,096	158	5,840,297	25,394	429,930	2,547,112	2,836,472	1,389
Male	542,498	1,629	41,443	178,499	320,927	0	4,664,298	13,703	447,054	1,328,694	2,874,847	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	402,156	1,149	33,745	203,013	164,150	99	3,371,021	7,715	360,389	1,599,982	1,402,093	842
African American	80,969	119	6,881	31,862	42,102	5	709,163	1,024	74,048	251,259	382,792	40
Other/unknown	708,276	3,223	39,991	235,237	429,771	54	6,424,411	30,358	442,547	2,024,565	3,926,434	507
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	97	32	65	0	0	0	853	210	643	0	0	0
Part year	236	28	180	25	3	0	2,487	227	1,960	266	34	0
None	1,191,068	4,431	80,372	470,087	636,020	158	10,501,255	38,660	874,381	3,875,540	5,711,285	1,389
<b>Maintenance Assistance Status</b>												
Cash	478,486	944	65,469	197,705	214,368	0	4,590,140	9,905	732,212	1,793,892	2,054,131	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	295,320	267	1,754	17,917	275,224	158	2,702,971	2,202	16,994	128,837	2,553,549	1,389
Other/unknown	417,595	3,280	13,394	254,490	146,431	0	3,211,484	26,990	127,778	1,953,077	1,103,639	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	123,364	1,226	20,297	51,258	50,579	4	1,087,197	7,534	225,194	410,641	443,808	20
FFS part year, with Rx claims	851	1	73	327	450	0	8,766	12	826	3,345	4,583	0
FFS part year, no Rx claims	43,759	306	7,612	15,971	19,860	10	391,962	2,870	81,496	134,764	172,755	77
MC all year, with Rx claims	67	0	2	15	50	0	621	0	24	126	471	0
MC all year, no Rx claims	1,023,360	2,958	52,633	402,541	565,084	144	9,016,049	28,681	569,444	3,326,930	5,089,702	1,292

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.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<sup>a</sup>  
NONDUAL BENEFICIARIES, ARIZONA, 2006

	Beneficiaries and		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>1,191,401</b>	<b>10,504,595</b>	<b>167,974</b>	<b>1,201,133</b>	<b>0</b>	<b>9,303,462</b>
Fee-for-service (FFS) all year	123,364	1,087,197	123,364	1,087,197	0	0
FFS part year, with Rx claims	851	8,766	851	4,151	0	4,615
FFS part year, with no Rx claims	43,759	391,962	43,759	109,785	0	282,177
Managed care (MC) all year, with Rx claims	67	621	0	0	0	621
MC all year, with no Rx claims	1,023,360	9,016,049	0	0	0	9,016,049

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

MC = managed care; Rx = pharmacy benefit.

Nondual Medicaid Beneficiaries