The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all.
Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI
through e-mail at ORDI_508_Compliance@cms.hhs.gov.

STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
ARIZONA

LIST OF TABLES

OVERVIEW OF STUDY POPULATION
- TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES
- TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES
- TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES
- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY

BENEFICIARY CHARACTERISTIC
TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES
SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES
APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1

OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

ARIZONA, 2007

Inclusion Criteria (2007)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	1490117 (A)	147098 (E)	1343019 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1325141 (B)	119568 (F)	1205573 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	215884 (C)	45230 (G)	170654 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	493 (D)	389 (H)	104 (L)

Source: Data for this table are from the MAX 2007 file for Arizona, released by CMS in 5/2010. This table was produced on 10/06/2010.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2007 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2007, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Arizona in 2007 was $3,497,405, of which $335,959 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TN, TX, and WV). These lists were constructed from the CMS 2007 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2007. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2007. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

All Medicaid Beneficiaries

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

ARIZONA, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**215,884**	**28,682**	**44,655**	**69,916**	**72,608**	**23**	**1,580,913**	**219,362**	**406,157**	**467,164**	**488,156**	**74**
Age												
5 and younger	34,971	0	4,085	0	30,886	0	215,469	0	35,430	0	180,039	0
6-14	35,874	0	7,187	0	28,687	0	286,359	0	72,559	0	213,800	0
15-20	23,364	2	3,627	6,704	13,031	0	176,164	4	35,518	46,336	94,306	0
21-44	56,940	232	10,540	46,156	3	9	405,882	484	96,205	309,163	8	22
45-64	32,602	425	15,669	16,494	0	14	238,956	1,082	129,626	108,196	0	52
65-74	11,244	8,451	2,430	363	0	0	92,239	65,083	25,146	2,010	0	0
75-84	11,300	10,245	919	136	0	0	94,092	83,329	9,822	941	0	0
85 and older	9,588	9,327	198	63	0	0	71,749	69,380	1,851	518	0	0
Unknown	1	0	0	0	1	0	3	0	0	0	3	0
Gender												
Female	115,750	19,588	20,554	39,618	35,967	23	865,217	154,607	187,215	278,882	244,439	74
Male	100,134	9,094	24,101	30,298	36,641	0	715,696	64,755	218,942	188,282	243,717	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	48,855	14,582	18,093	9,695	6,472	13	289,212	104,448	156,934	17,286	10,529	15
African American	6,047	975	1,898	1,520	1,654	0	26,191	7,348	13,630	2,540	2,673	0
Other/unknown	160,982	13,125	24,664	58,701	64,482	10	1,265,510	107,566	235,593	447,338	474,954	59
Use of Nursing Facilities[c]												
Entire year	493	373	119	1	0	0	4,334	3,132	1,201	1	0	0
Part year	636	318	285	31	2	0	6,198	2,889	2,967	319	23	0
None	214,755	27,991	44,251	69,884	72,606	23	1,570,381	213,341	401,989	466,844	488,133	74
Maintenance Assistance Status												
Cash	89,955	5,487	25,609	29,451	29,408	0	749,820	51,645	240,705	221,426	236,044	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	40,997	4,350	3,271	2,368	30,985	23	243,650	20,585	16,356	13,668	192,967	74
Other/unknown	84,932	18,845	15,775	38,097	12,215	0	587,443	147,132	149,096	232,070	59,145	0
Dual Medicare Status[d]												
Full dual, all year	39,632	24,412	13,942	1,276	1	1	336,305	196,329	133,218	6,750	3	5
Full dual, part year	5,598	3,165	2,137	296	0	0	28,494	15,013	11,142	2,339	0	0
Non-dual, all year	170,654	1,105	28,576	68,344	72,607	22	1,216,114	8,020	261,797	458,075	488,153	69
Managed Care (MC) Status												
Fee-for-service (FFS) all year	159,548	23,772	33,088	52,206	50,474	8	1,427,353	201,211	363,535	422,941	439,619	47
FFS part year, with Rx claims	780	4	92	279	405	0	4,151	37	605	1,488	2,021	0
FFS part year, no Rx claims	55,556	4,906	11,475	17,431	21,729	15	149,409	18,114	42,017	42,735	46,516	27

Source: Data for this table are from the MAX 2007 file for Arizona, released by CMS in 5/2010. This table was produced on 10/06/2010.

a. Table 2 includes the beneficiaries represented by Cell C 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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

ARIZONA, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**2.6**	**0.1**	**$15**	**$107**	**$9,994**	**0.1**	**215,884**
Age							
5 and younger	3.7	0.1	5	57	5,841	0.1	34,971
6-14	2.7	0.1	15	158	5,015	0.3	35,874
15-20	3.7	0.2	19	122	5,937	0.3	23,364
21-44	3.0	0.2	20	130	6,772	0.3	56,940
45-64	2.5	0.3	25	81	14,544	0.2	32,602
65-74	0.5	0.0	4	89	18,987	0.0	11,244
75-84	0.2	0.0	0	21	24,646	0.0	11,300
85 and older	0.0	0.0	0	6	29,511	0.0	9,588
Unknown	0.0	0.0	0	0	14,880	0.0	1
Basis of Eligibility[e]							
Aged	0.1	0.0	1	74	25,423	0.0	28,682
Disabled	2.4	0.3	50	175	20,756	0.2	44,655
Adults	2.7	0.1	7	55	3,362	0.2	69,916
Children	3.8	0.1	6	56	3,670	0.2	72,608
Unknown	0.0	0.0	0	0	256	0.0	23
Gender							
Female	3.0	0.2	14	92	11,222	0.1	115,750
Male	2.2	0.1	15	129	8,575	0.2	100,134
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	0.2	0.0	0	53	17,661	0.0	48,855
African American	0.2	0.0	0	25	12,885	0.0	6,047
Other/unknown	3.5	0.2	20	108	7,559	0.3	160,982
Use of Nursing Facilities[f]							
Entire year	1.6	0.1	7	81	42,686	0.0	493
Part year	23.7	4.5	258	57	37,971	0.7	636
None	2.6	0.1	14	112	9,836	0.1	214,755
Maintenance Assistance Status							
Cash	4.2	0.2	29	118	10,613	0.3	89,955
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	2.9	0.1	5	49	2,975	0.2	40,997
Other/unknown	0.9	0.0	4	104	12,727	0.0	84,932

Source: Data for this table are from the MAX 2007 file for Arizona, released by CMS in 5/2010. This table was produced on 10/06/2010.
a. Table 3 includes beneficiaries represented by Cell C of Table 1.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]

ARIZONA, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: 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]	Number: Beneficiaries	Benefit Months
All	**0.0**	**$2**	**0.1**	**97.4**	**2.4**	**0.1**	**0.1**	**0.0**	**0.0**	**$1,365**	**215,884**	**1,580,913**
Age												
5 and younger	0.0	1	0.1	96.3	3.6	0.1	0.0	0.0	0.0	948	34,971	215,469
6-14	0.0	2	0.3	97.3	2.6	0.1	0.1	0.0	0.0	628	35,874	286,359
15-20	0.0	3	0.3	96.3	3.4	0.2	0.1	0.0	0.0	787	23,364	176,164
21-44	0.0	3	0.3	97.0	2.7	0.2	0.1	0.0	0.0	950	56,940	405,882
45-64	0.0	3	0.2	97.5	1.9	0.3	0.3	0.1	0.0	1,984	32,602	238,956
65-74	0.0	1	0.0	99.5	0.4	0.0	0.0	0.0	0.0	2,315	11,244	92,239
75-84	0.0	0	0.0	99.8	0.2	0.0	0.0	0.0	0.0	2,960	11,300	94,092
85 and older	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	3,944	9,588	71,749
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	4,960	1	3
Basis of Eligibility[e]												
Aged	0.0	0	0.0	99.9	0.1	0.0	0.0	0.0	0.0	3,324	28,682	219,362
Disabled	0.0	5	0.2	97.6	1.9	0.3	0.3	0.1	0.0	2,282	44,655	406,157
Adults	0.0	1	0.2	97.3	2.4	0.1	0.1	0.0	0.0	503	69,916	467,164
Children	0.0	1	0.2	96.2	3.6	0.1	0.1	0.0	0.0	546	72,608	488,156
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	80	23	74
Gender												
Female	0.0	2	0.1	97.0	2.8	0.1	0.1	0.0	0.0	1,501	115,750	865,217
Male	0.0	2	0.2	97.8	2.0	0.1	0.1	0.0	0.0	1,200	100,134	715,696
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.0	0	0.0	99.8	0.1	0.1	0.0	0.0	0.0	2,983	48,855	289,212
African American	0.0	0	0.0	99.8	0.1	0.0	0.0	0.0	0.0	2,975	6,047	26,191
Other/unknown	0.0	3	0.3	96.5	3.2	0.2	0.1	0.0	0.0	962	160,982	1,265,510
Use of Nursing Facilities[f]												
Entire year	0.0	1	0.0	98.4	1.4	0.0	0.2	0.0	0.0	4,856	493	4,334
Part year	0.5	26	0.7	76.3	12.9	4.6	5.5	0.6	0.2	3,896	636	6,198
None	0.0	2	0.1	97.4	2.4	0.1	0.1	0.0	0.0	1,345	214,755	1,570,381
Maintenance Assistance Status												
Cash	0.0	4	0.3	95.8	3.7	0.2	0.2	0.0	0.0	1,273	89,955	749,820
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	0.2	97.1	2.8	0.1	0.1	0.0	0.0	501	40,997	243,650
Other/unknown	0.0	1	0.0	99.1	0.8	0.1	0.0	0.0	0.0	1,840	84,932	587,443

Source: Data for this table are from the MAX 2007 file for Arizona, released by CMS in 5/2010. This table was produced on 10/06/2010.

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

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

c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

ARIZONA, 2007

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**0.0**	**$2**	**$107**	**0.0**	**$2**	**$466**	**0.0**	**$0**	**$195**	**0.0**	**$0**	**$19**
Age												
5 and younger	0.0	1	57	0.0	1	337	0.0	0	82	0.0	0	17
6-14	0.0	2	158	0.0	2	597	0.0	0	75	0.0	0	21
15-20	0.0	3	122	0.0	2	411	0.0	0	1,229	0.0	0	19
21-44	0.0	3	130	0.0	3	678	0.0	0	240	0.0	0	18
45-64	0.0	3	81	0.0	3	317	0.0	0	64	0.0	1	20
65-74	0.0	1	89	0.0	0	325	0.0	0	180	0.0	0	17
75-84	0.0	0	21	0.0	0	81	0.0	0	54	0.0	0	10
85 and older	0.0	0	6	0.0	0	0	0.0	0	0	0.0	0	6
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	74	0.0	0	239	0.0	0	256	0.0	0	13
Disabled	0.0	5	175	0.0	5	641	0.0	0	274	0.0	1	21
Adults	0.0	1	55	0.0	1	312	0.0	0	42	0.0	0	17
Children	0.0	1	56	0.0	1	225	0.0	0	76	0.0	0	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.0	2	92	0.0	2	433	0.0	0	232	0.0	0	18
Male	0.0	2	129	0.0	2	504	0.0	0	95	0.0	0	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.0	0	53	0.0	0	142	0.0	0	58	0.0	0	29
African American	0.0	0	25	0.0	0	86	0.0	0	92	0.0	0	13
Other/unknown	0.0	3	108	0.0	2	470	0.0	0	198	0.0	0	19
Use of Nursing Facilities[e]												
Entire year	0.0	1	81	0.0	1	310	0.0	0	0	0.0	0	14
Part year	0.5	26	57	0.1	16	213	0.0	1	178	0.4	9	24
None	0.0	2	112	0.0	2	489	0.0	0	196	0.0	0	18
Maintenance Assistance Status												
Cash	0.0	4	118	0.0	3	523	0.0	0	218	0.0	0	19
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.0	1	49	0.0	1	164	0.0	0	55	0.0	0	20
Other/unknown	0.0	1	104	0.0	1	472	0.0	0	69	0.0	0	19

Source: Data for this table are from the MAX 2007 file for Arizona, released by CMS in 5/2010. This table was produced on 10/06/2010.

a. Table 5 includes the beneficiaries represented by Cell C 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, 0.4 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 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

ARIZONA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users: Total	Number of Rx per Benefit Month Among Users: Patented Brand-Name	Number of Rx per Benefit Month Among Users: Off-Patent Brand-Name	Number of Rx per Benefit Month Among Users: Generic	$ per Benefit Month Among Users: Total	$ per Benefit Month Among Users: Patented Brand-Name	$ per Benefit Month Among Users: Off-Patent Brand-Name	$ per Benefit Month Among Users: Generic	$ per Rx: Total	$ per Rx: Patented Brand-Name	$ per Rx: Off-Patent Brand-Name	$ per Rx: Generic	Total Number of Rx	Total Rx $	Users[e]: Number of Users	Users[e]: As a Percentage of All Benes	Users[e]: Number of Benefit Months
Anti-infective Agents	0.2	0.0	0.0	0.1	$14	$10	$1	$4	$84	$459	$598	$25	5,072	$428,562	2,994	1.4	30,522
Biologicals	0.7	0.7	0.0	0.0	1,409	1,409	0	0	2151	2,151	0	0	74	159,173	10	0.0	113
Antineoplastic Agents	0.5	0.1	0.0	0.4	451	427	0	25	897	3,015	0	68	160	143,538	31	0.0	318
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.2	43	38	0	4	121	360	15	18	2,954	356,053	806	0.4	8,291
Cardiovascular Agents	0.5	0.1	0.0	0.5	30	22	1	7	58	435	63	16	3,089	178,145	564	0.3	5,973
Respiratory Agents	0.2	0.1	0.0	0.1	14	11	0	3	62	145	0	18	2,788	172,836	1,212	0.6	12,445
Gastrointestinal Agents	0.2	0.0	0.0	0.1	36	28	6	2	180	656	259	18	773	138,840	365	0.2	3,819
Genitourinary Agents	0.2	0.0	0.0	0.2	3	1	0	3	20	68	89	17	402	8,074	235	0.1	2,503
CNS Drugs	0.4	0.2	0.0	0.3	45	38	1	6	102	240	519	20	3,333	339,339	712	0.3	7,606
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.2	33	27	0	5	80	119	0	30	204	16,265	45	0.0	499
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	33	32	0	1	122	129	0	37	13	1,581	4	0.0	48
Analgesics and Anesthetics	0.2	0.0	0.0	0.2	11	8	0	3	46	1,132	0	13	5,740	265,556	2,399	1.1	25,063
Neuromuscular Agents	0.3	0.1	0.0	0.2	22	15	0	7	65	150	105	28	1,515	99,024	421	0.2	4,467
Nutritional Products	0.2	0.0	0.0	0.2	5	2	0	3	21	288	14	11	759	16,086	317	0.1	3,281
Hematological Agents	0.2	0.1	0.0	0.2	379	377	0	2	1543	3,969	0	14	437	674,317	173	0.1	1,778
Topical Products	0.1	0.0	0.0	0.1	4	1	0	2	25	81	68	18	1,890	46,307	1,285	0.6	13,182
Miscellaneous Products	0.4	0.3	0.0	0.1	135	131	0	4	342	389	0	64	322	110,001	77	0.0	817
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	29	0	0	0	149	0	0	0	52	7,749	25	0.0	268
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.	29,577	3,161,446	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Arizona, released by CMS in 5/2010. This table was produced on 10/06/2010.

a. Table 6 includes the beneficiaries represented by Cell C 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, 0.4 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 2007.

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 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

ARIZONA, 2007

		Users		Among Users			
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
MISC. HEMATOLOGICAL	$600,692	28	0.0	305	0.4	$5,614	$1,969
ANTIPSYCHOTICS	299,355	380	0.2	4,190	0.4	200	71
MISC. ENDOCRINE	272,334	36	0.0	391	0.5	1,488	697
ANTIVIRAL	225,419	72	0.0	774	0.5	633	291
ANALGESICS - ANTI-INFLAMMATORY	203,405	1,938	0.9	20,784	0.1	65	10
PASSIVE IMMUNIZING AGENTS	156,779	9	0.0	102	0.7	2,177	1,537
ANTINEOPLASTICS	143,538	33	0.0	334	0.5	897	430
ANTIASTHMATIC	113,806	940	0.4	9,512	0.2	64	12
ASSORTED CLASSES	106,867	35	0.0	401	0.6	447	267
MISC. CARDIOVASCULAR	102,839	7	0.0	55	0.7	2,779	1,870
Total	2,225,034	3,478	n.a.	36,848	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Arizona, released by CMS in 5/2010. This table was produced on 10/06/2010.
a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 2007. 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.