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

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**TABLE D.2**  
**CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>45,230</b>	<b>27,577</b>	<b>16,079</b>	<b>1,572</b>	<b>1</b>	<b>1</b>	<b>364,799</b>	<b>211,342</b>	<b>144,360</b>	<b>9,089</b>	<b>3</b>	<b>5</b>
<b>Age</b>												
5 and younger	6	0	6	0	0	0	64	0	64	0	0	0
6-14	8	0	8	0	0	0	96	0	96	0	0	0
15-20	79	2	75	1	1	0	672	4	663	2	3	0
21-44	5,194	231	4,549	413	0	1	43,351	482	40,691	2,173	0	5
45-64	9,383	419	8,275	689	0	0	74,760	1,042	69,908	3,810	0	0
65-74	10,394	7,968	2,132	294	0	0	85,477	61,574	22,124	1,779	0	0
75-84	10,833	9,870	845	118	0	0	90,442	80,553	9,049	840	0	0
85 and older	9,333	9,087	189	57	0	0	69,937	67,687	1,765	485	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	27,700	18,852	8,109	737	1	1	226,737	149,099	73,306	4,324	3	5
Male	17,530	8,725	7,970	835	0	0	138,062	62,243	71,054	4,765	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	22,460	14,313	7,573	574	0	0	167,806	102,680	63,106	2,020	0	0
African American	1,747	935	746	65	1	0	12,942	7,069	5,686	184	3	0
Other/unknown	21,023	12,329	7,760	933	0	1	184,051	101,593	75,568	6,885	0	5
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	389	342	47	0	0	0	3,319	2,854	465	0	0	0
Part year	399	289	109	1	0	0	3,695	2,593	1,092	10	0	0
None	44,442	26,946	15,923	1,571	1	1	357,785	205,895	142,803	9,079	3	5
<b>Maintenance Assistance Status</b>												
Cash	11,563	5,019	5,980	564	0	0	112,201	47,600	60,619	3,982	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	7,429	4,272	2,925	230	1	1	37,045	20,152	15,143	1,742	3	5
Other/unknown	26,238	18,286	7,174	778	0	0	215,553	143,590	68,598	3,365	0	0
<b>Dual Medicare Status<sup>d</sup></b>												
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
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	35,994	22,981	12,027	985	0	1	331,346	194,416	129,495	7,430	0	5
FFS part year, with Rx claims	16	3	13	0	0	0	128	27	101	0	0	0
FFS part year, no Rx claims	9,220	4,593	4,039	587	1	0	33,325	16,899	14,764	1,659	3	0

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

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

**TABLE D.3**  
**ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007**

Beneficiary Characteristics	Percentage with at		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
	Least One Rx	Mean Number of Rx					
<b>All</b>	<b>0.2</b>	<b>0.0</b>	<b>\$2</b>	<b>\$107</b>	<b>\$21,906</b>	<b>0.0</b>	<b>45,230</b>
<b>Age</b>							
5 and younger	0.0	0.0	0	0	16,090	0.0	6
6-14	0.0	0.0	0	0	133,532	0.0	8
15-20	2.5	0.1	1	10	20,073	0.0	79
21-44	0.6	0.0	9	189	15,743	0.1	5,194
45-64	0.3	0.0	2	84	19,636	0.0	9,383
65-74	0.2	0.0	1	55	17,789	0.0	10,394
75-84	0.1	0.0	0	7	24,305	0.0	10,833
85 and older	0.0	0.0	0	6	29,341	0.0	9,333
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	0.0	0.0	0	106	24,886	0.0	27,577
Disabled	0.5	0.0	4	111	18,741	0.0	16,079
Adults	0.6	0.0	3	68	2,021	0.1	1,572
Children	0.0	0.0	0	0	1,638	0.0	1
Unknown	0.0	0.0	0	0	0	0.0	1
<b>Gender</b>							
Female	0.2	0.0	2	102	23,318	0.0	27,700
Male	0.2	0.0	2	117	19,674	0.0	17,530
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	0.0	0.0	0	35	26,013	0.0	22,460
African American	0.0	0.0	0	0	25,874	0.0	1,747
Other/unknown	0.5	0.0	4	108	17,187	0.0	21,023
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	0.5	0.0	0	4	38,875	0.0	389
Part year	2.8	0.3	7	23	18,099	0.0	399
None	0.2	0.0	2	125	21,791	0.0	44,442
<b>Maintenance Assistance Status</b>							
Cash	0.7	0.1	6	112	16,815	0.0	11,563
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	0.0	0.0	0	133	1,263	0.0	7,429
Other/unknown	0.1	0.0	0	79	29,994	0.0	26,238

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 D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In eight states (DE, IA, IL, NE, NY, 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 D.4**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007**

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	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 \$ <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>0.0</b>	<b>\$0</b>	<b>0.0</b>	<b>99.8</b>	<b>0.2</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>\$2,716</b>	<b>45,230</b>	<b>364,799</b>
<b>Age</b>												
5 and younger	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	1,509	6	64
6-14	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	11,128	8	96
15-20	0.0	0	0.0	97.5	2.5	0.0	0.0	0.0	0.0	2,360	79	672
21-44	0.0	1	0.1	99.4	0.5	0.0	0.0	0.0	0.0	1,886	5,194	43,351
45-64	0.0	0	0.0	99.7	0.2	0.0	0.0	0.0	0.0	2,464	9,383	74,760
65-74	0.0	0	0.0	99.8	0.2	0.0	0.0	0.0	0.0	2,163	10,394	85,477
75-84	0.0	0	0.0	99.9	0.1	0.0	0.0	0.0	0.0	2,911	10,833	90,442
85 and older	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	3,916	9,333	69,937
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	3,247	27,577	211,342
Disabled	0.0	1	0.0	99.5	0.4	0.0	0.0	0.0	0.0	2,087	16,079	144,360
Adults	0.0	0	0.1	99.4	0.5	0.1	0.0	0.0	0.0	350	1,572	9,089
Children	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	546	1	3
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	5
<b>Gender</b>												
Female	0.0	0	0.0	99.8	0.2	0.0	0.0	0.0	0.0	2,849	27,700	226,737
Male	0.0	0	0.0	99.8	0.2	0.0	0.0	0.0	0.0	2,498	17,530	138,062
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	100.0	0.0	0.0	0.0	0.0	0.0	3,482	22,460	167,806
African American	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	3,493	1,747	12,942
Other/unknown	0.0	0	0.0	99.5	0.4	0.0	0.0	0.0	0.0	1,963	21,023	184,051
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.0	0	0.0	99.5	0.5	0.0	0.0	0.0	0.0	4,556	389	3,319
Part year	0.0	1	0.0	97.2	2.3	0.3	0.0	0.3	0.0	1,954	399	3,695
None	0.0	0	0.0	99.8	0.2	0.0	0.0	0.0	0.0	2,707	44,442	357,785
<b>Maintenance Assistance Status</b>												
Cash	0.0	1	0.0	99.3	0.6	0.0	0.1	0.0	0.0	1,733	11,563	112,201
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	253	7,429	37,045
Other/unknown	0.0	0	0.0	99.9	0.0	0.0	0.0	0.0	0.0	3,651	26,238	215,553

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

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

c. In eight states (DE, IA, IL, NE, NY, 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 D.5**  
**AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007**

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>\$0</b>	<b>\$107</b>	<b>0.0</b>	<b>\$0</b>	<b>\$366</b>	<b>0.0</b>	<b>\$0</b>	<b>\$54</b>	<b>0.0</b>	<b>\$0</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
15-20	0.0	0	10	0.0	0	0	0.0	0	0	0.0	0	10
21-44	0.0	1	189	0.0	1	618	0.0	0	22	0.0	0	17
45-64	0.0	0	84	0.0	0	235	0.0	0	29	0.0	0	27
65-74	0.0	0	55	0.0	0	181	0.0	0	68	0.0	0	16
75-84	0.0	0	7	0.0	0	0	0.0	0	0	0.0	0	7
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
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.0	0	106	0.0	0	327	0.0	0	0	0.0	0	18
Disabled	0.0	1	111	0.0	0	387	0.0	0	54	0.0	0	16
Adults	0.0	0	68	0.0	0	116	0.0	0	0	0.0	0	57
Children	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	0.0	0	102	0.0	0	464	0.0	0	54	0.0	0	21
Male	0.0	0	117	0.0	0	280	0.0	0	0	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	35	0.0	0	68	0.0	0	28	0.0	0	19
African American	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Other/unknown	0.0	0	108	0.0	0	371	0.0	0	56	0.0	0	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.0	0	4	0.0	0	0	0.0	0	0	0.0	0	4
Part year	0.0	1	23	0.0	0	141	0.0	0	65	0.0	0	14
None	0.0	0	125	0.0	0	376	0.0	0	53	0.0	0	21
<b>Maintenance Assistance Status</b>												
Cash	0.0	1	112	0.0	1	364	0.0	0	57	0.0	0	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.0	0	133	0.0	0	1,035	0.0	0	0	0.0	0	27
Other/unknown	0.0	0	79	0.0	0	320	0.0	0	14	0.0	0	18

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

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

TABLE D.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007

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	Patented Brand-Name	Off-Patent Brand-Name Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	\$42	\$39	\$0	\$3	\$164	\$298	\$0	\$26	75	\$12,296	26	0.1	294
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	0.5	0.2	0.0	0.3	19	16	0	3	39	84	0	10	90	3,482	18	0.0	182
Cardiovascular Agents	0.5	0.1	0.0	0.4	76	66	2	8	159	922	63	22	128	20,306	26	0.1	266
Respiratory Agents	0.2	0.1	0.0	0.2	8	5	0	2	33	94	0	13	50	1,634	19	0.0	217
Gastrointestinal Agents	0.2	0.2	0.0	0.1	20	19	0	1	83	121	29	11	23	1,914	10	0.0	95
Genitourinary Agents	0.1	0.0	0.0	0.1	2	0	0	2	18	0	0	18	6	109	4	0.0	44
CNS Drugs	0.3	0.1	0.0	0.2	25	22	0	3	88	419	0	13	151	13,289	48	0.1	528
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	0.4	0.4	0.0	0.0	66	66	0	0	159	159	0	0	5	795	1	0.0	12
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	48	37	0	11	148	1,909	0	35	116	17,158	33	0.1	360
Neuromuscular Agents	0.2	0.1	0.0	0.1	19	17	0	1	92	223	0	9	31	2,847	14	0.0	153
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	4	13	0	14	13	36	468	10	0.0	107
Hematological Agents	0.1	0.0	0.0	0.1	12	9	0	3	92	194	0	36	14	1,291	10	0.0	108
Topical Products	0.2	0.1	0.0	0.2	7	5	0	2	31	86	30	12	17	519	8	0.0	74
Miscellaneous Products	0.4	0.4	0.0	0.0	189	189	0	0	503	503	0	0	9	4,525	2	0.0	24
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>	<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>751</b>	<b>80,633</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Arizona, 0.4 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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Rx	Rx \$ per Benefit Month
ANALGESICS - ANTI-INFLAMMATORY	\$13,601	13	0.0	156	0.2	\$368	\$87
ANTIPSYCHOTICS	11,952	5	0.0	60	0.6	352	199
MISC. CARDIOVASCULAR	10,314	2	0.0	2	1.0	5,157	5,157
ANTIVIRAL	9,086	3	0.0	36	0.9	275	252
ANALGESICS - NonNarcotic	5,526	686	1.5	8,047	0.2	3	1
ULCER DRUGS	4,578	69	0.2	788	0.3	21	6
ASSORTED CLASSES	4,298	2	0.0	24	0.3	537	179
ANTIDIABETIC	4,249	27	0.1	298	0.2	58	14
ANALGESICS - Narcotic	3,400	30	0.1	315	0.3	43	11
ANTICONVULSANT	2,748	9	0.0	98	0.3	106	28
Total	69,752	846	n.a.	9,824	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 D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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; n.a. = not applicable.

Dual Medicaid Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANALGESICS - ANTI-INFLAMMATORY					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>2,416</b>	<b>\$69,752</b>	<b>13</b>	<b>0.0</b>	<b>156</b>	<b>0.2</b>	<b>\$87</b>	<b>5</b>	<b>0.0</b>	<b>60</b>	<b>0.6</b>	<b>\$199</b>
<b>Female</b>												
All Females	1,562	40,886	8	0.0	96	0.3	142	2	0.0	24	0.3	145
<b>Female, Disabled</b>												
All Ages	956	35,987	7	0.1	84	0.4	162	2	0.0	24	0.3	145
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	79	29,792	2	0.1	24	0.4	560	1	0.1	12	0.6	288
45-64	152	2,199	2	0.0	24	0.5	2	0	0.0	0	0.0	0
65-74	437	2,421	2	0.2	24	0.3	2	1	0.1	12	0.1	1
75-84	257	1,278	1	0.2	12	0.2	3	0	0.0	0	0.0	0
85 and older	30	292	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	606	4,899	1	0.0	12	0.1	0	0	0.0	0	0.0	0
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	5	112	1	0.4	12	0.1	0	0	0.0	0	0.0	0
45-64	24	2,357	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	141	734	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	304	1,055	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	132	641	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male</b>												
All Males	854	28,866	5	0.0	60	0.1	0	3	0.0	36	0.7	236
<b>Male, Disabled</b>												
All Ages	475	20,741	5	0.1	60	0.1	0	3	0.0	36	0.7	236
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	5	1	2.7	12	0.1	0	0	0.0	0	0.0	0
21-44	58	6,567	0	0.0	0	0.0	0	1	0.0	12	1.3	530
45-64	124	11,632	3	0.1	36	0.1	0	2	0.0	24	0.5	88
65-74	204	2,244	1	0.1	12	0.1	0	0	0.0	0	0.0	0
75-84	83	278	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	5	15	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	379	8,125	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	12	717	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	13	195	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	182	6,407	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	92	516	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	80	290	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</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	MISC. CARDIOVASCULAR					ANTIVIRAL					ANALGESICS - NonNarcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>2</b>	<b>0.0</b>	<b>2</b>	<b>1.0</b>	<b>\$5,157</b>	<b>3</b>	<b>0.0</b>	<b>36</b>	<b>0.9</b>	<b>\$252</b>	<b>686</b>	<b>1.5</b>	<b>8,047</b>	<b>0.2</b>	<b>\$1</b>
<b>Female</b>															
All Females	2	0.0	2	1.0	5,157	0	0.0	0	0.0	0	455	1.6	5,359	0.2	1
<b>Female, Disabled</b>															
All Ages	2	0.0	2	1.0	5,157	0	0.0	0	0.0	0	275	3.4	3,253	0.2	1
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2	0.1	2	1.0	5,157	0	0.0	0	0.0	0	12	0.6	144	0.2	1
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	31	0.8	357	0.2	1
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	151	11.7	1,795	0.2	1
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	75	13.7	885	0.3	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	4.3	72	0.3	1
<b>Female, Other Eligibles</b>															
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	180	0.9	2,106	0.3	1
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	0.4	24	0.1	1
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	41	0.9	476	0.3	1
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	97	1.4	1,148	0.3	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	40	0.5	458	0.3	1
<b>Male</b>															
All Males	0	0.0	0	0.0	0	3	0.0	36	0.9	252	231	1.3	2,688	0.2	1
<b>Male, Disabled</b>															
All Ages	0	0.0	0	0.0	0	3	0.0	36	0.9	252	137	1.7	1,607	0.2	1
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	0.4	120	0.3	1
45-64	0	0.0	0	0.0	0	3	0.1	36	0.9	252	30	0.7	340	0.2	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	67	8.0	790	0.2	1
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	29	9.7	345	0.2	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2.1	12	0.4	1
<b>Male, Other Eligibles</b>															
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	94	1.0	1,081	0.3	1
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	0.5	23	0.4	1
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	0.3	24	0.2	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	38	1.1	443	0.3	1
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	27	0.8	317	0.2	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	25	1.3	274	0.3	1
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	ULCER DRUGS					ASSORTED CLASSES					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>69</b>	<b>0.2</b>	<b>788</b>	<b>0.3</b>	<b>\$6</b>	<b>2</b>	<b>0.0</b>	<b>24</b>	<b>0.3</b>	<b>\$179</b>	<b>27</b>	<b>0.1</b>	<b>298</b>	<b>0.2</b>	<b>\$14</b>
<b>Female</b>															
All Females	44	0.2	493	0.3	6	0	0.0	0	0.0	0	13	0.0	135	0.3	13
<b>Female, Disabled</b>															
All Ages	29	0.4	337	0.3	6	0	0.0	0	0.0	0	9	0.1	95	0.3	15
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	6	0.3	72	0.1	2	0	0.0	0	0.0	0	1	0.1	12	0.4	33
45-64	5	0.1	52	0.4	9	0	0.0	0	0.0	0	3	0.1	29	0.5	23
65-74	12	0.9	141	0.3	6	0	0.0	0	0.0	0	5	0.4	54	0.2	7
75-84	5	0.9	60	0.4	9	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	0.7	12	1.0	20	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	15	0.1	156	0.2	4	0	0.0	0	0.0	0	4	0.0	40	0.2	9
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	1.1	36	0.1	3
45-64	1	0.2	2	1.0	21	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4	0.1	40	0.1	2	0	0.0	0	0.0	0	1	0.0	4	1.3	67
75-84	5	0.1	57	0.1	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	5	0.1	57	0.2	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male</b>															
All Males	25	0.1	295	0.3	6	2	0.0	24	0.3	179	14	0.1	163	0.2	15
<b>Male, Disabled</b>															
All Ages	13	0.2	153	0.3	6	0	0.0	0	0.0	0	10	0.1	120	0.2	11
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2	0.1	24	0.1	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	4	0.1	48	0.3	5	0	0.0	0	0.0	0	4	0.1	48	0.1	1
65-74	6	0.7	69	0.4	8	0	0.0	0	0.0	0	6	0.7	72	0.3	17
75-84	1	0.3	12	0.1	3	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	12	0.1	142	0.3	7	2	0.0	24	0.3	179	4	0.0	43	0.3	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	1	0.2	10	0.1	4	0	0.0	0	0.0	0	2	0.3	19	0.2	3
65-74	6	0.2	72	0.4	8	2	0.1	24	0.3	179	2	0.1	24	0.3	46
75-84	4	0.1	48	0.3	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	0.1	12	0.3	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTICONVULSANT					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>30</b>	<b>0.1</b>	<b>315</b>	<b>0.3</b>	<b>\$11</b>	<b>9</b>	<b>0.0</b>	<b>98</b>	<b>0.3</b>	<b>\$28</b>	<b>45,230</b>	<b>364,799</b>
<b>Female</b>												
All Females	22	0.1	222	0.3	15	7	0.0	76	0.3	26	27,700	226,737
<b>Female, Disabled</b>												
All Ages	19	0.2	186	0.2	5	6	0.1	72	0.3	27	8,109	73,306
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	16
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
15-20	1	2.6	12	0.1	0	0	0.0	0	0.0	0	38	343
21-44	6	0.3	43	0.4	3	1	0.1	12	0.7	159	1,960	17,195
45-64	5	0.1	50	0.4	16	2	0.0	24	0.2	1	4,123	34,791
65-74	7	0.5	81	0.1	1	1	0.1	12	0.1	1	1,296	13,715
75-84	0	0.0	0	0.0	0	2	0.4	24	0.3	1	546	5,895
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	141	1,315
<b>Female, Other Eligibles</b>												
All Ages	3	0.0	36	0.6	65	1	0.0	4	0.3	3	19,591	153,431
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	5
21-44	1	0.4	12	0.1	1	0	0.0	0	0.0	0	278	1,171
45-64	2	0.4	24	0.8	96	0	0.0	0	0.0	0	517	2,241
65-74	0	0.0	0	0.0	0	1	0.0	4	0.3	3	4,735	37,358
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6,781	57,361
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7,278	55,295
<b>Male</b>												
All Males	8	0.0	93	0.2	1	2	0.0	22	0.2	35	17,530	138,062
<b>Male, Disabled</b>												
All Ages	5	0.1	59	0.2	2	0	0.0	0	0.0	0	7,970	71,054
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	60
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	37	320
21-44	4	0.2	47	0.1	1	0	0.0	0	0.0	0	2,589	23,496
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4,152	35,117
65-74	1	0.1	12	0.3	3	0	0.0	0	0.0	0	836	8,409
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	299	3,154
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	48	450
<b>Male, Other Eligibles</b>												
All Ages	3	0.0	34	0.1	1	2	0.0	22	0.2	35	9,560	67,008
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	4
21-44	0	0.0	0	0.0	0	1	0.3	12	0.3	58	367	1,489
45-64	2	0.3	22	0.1	1	1	0.2	10	0.2	7	591	2,611
65-74	1	0.0	12	0.1	0	0	0.0	0	0.0	0	3,527	25,995
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3,207	24,032
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1,866	12,877
<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 2007 file for Arizona, released by CMS in 5/2010. This table was produced on 10/06/2010.



a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Benefit Months Among All-Year	
			Facility Residents	Nursing Facility Residents
<b>All</b>	<b>\$0</b>	<b>0.0</b>	<b>389</b>	<b>3,319</b>
<b>Age</b>				
0-64	0	0.0	29	289
65-74	0	0.0	80	754
75-84	0	0.0	129	1,102
85 and older	0	0.0	151	1,174
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	0	0.0	221	1,942
Male	0	0.0	168	1,377
Unknown	0	0.0	0	0
<b>Race</b>				
White	0	0	9	18
African American	0	0	2	4
Other/unknown	0	0	378	3,297
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	0	0.0	342	2,854
Disabled	0	0.0	47	465
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 2007 file for Arizona, released by CMS in 5/2010. This table was produced on 10/06/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 399 beneficiaries who were in nursing facilities for part of their enrollment and their 3,695 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

**TABLE D.9**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,**  
**BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users		\$ per Benefit Month Among Users				\$ per Rx				Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.0	0.0	0.0	0.0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	\$0	0	0.0	0
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Endocrine/Metabolic Drugs	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Cardiovascular Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Respiratory Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Gastrointestinal Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Genitourinary Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
CNS Drugs	0.1	0.0	0.0	0.1	0	0	0	0	4	0	0	4	2	7	2	0.5	21
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/Neurological Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Analgesics and Anesthetics	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Neuromuscular Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Nutritional Products	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Hematological Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Topical Products	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Products	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Unknown Therapeutic Category	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
<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>2</b>	<b>7</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 399 beneficiaries who were in nursing facilities for part of their enrollment and their 3,695 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 2007. 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, 0.4 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.

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

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007

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	
ANTIASTHMATIC	\$0	0	0.0	0	0.0	\$0	\$0	
ANTHYPERLIPIDEMIC	0	0	0.0	0	0.0	0	0	
ANTIDIABETIC	0	0	0.0	0	0.0	0	0	
ANALGESICS - Narcotic	0	0	0.0	0	0.0	0	0	
MINERALS & ELECTROLYTES	0	0	0.0	0	0.0	0	0	
ANTIANKXIETY AGENTS	7	2	0.5	21	0.1	4	0	
DIURETICS	0	0	0.0	0	0.0	0	0	
COUGH/COLD/ALLERGY	0	0	0.0	0	0.0	0	0	
ANALGESICS - ANTI-INFLAMMATORY	0	0	0.0	0	0.0	0	0	
ANTIDEPRESSANTS	0	0	0.0	0	0.0	0	0	
Total	7	2	n.a.	21	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 399 beneficiaries who were in nursing facilities for part of their enrollment and their 3,695 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

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

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

Dual Medicaid Beneficiaries

TABLE D.10A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST  
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIASTHMATIC					ANTIHYPERTENSIVE				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>2</b>	<b>\$7</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>Female</b>												
All Females	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
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male</b>												
All Males	2	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Disabled</b>												
All Ages	2	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	1	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	1	3	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	0.0	0
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 399 beneficiaries who were in nursing facilities for part of their enrollment and their 3,695 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

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

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

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					MINERALS & ELECTROLYTES				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>\$0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>\$0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>\$0</b>
<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>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 399 beneficiaries who were in nursing facilities for part of their enrollment and their 3,695 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					DIURETICS					COUGH/COLD/ALLERGY				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>2</b>	<b>0.5</b>	<b>21</b>	<b>0.1</b>	<b>\$0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>\$0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>\$0</b>
<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	2	1.2	21	0.1	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Disabled</b>															
All Ages	2	7.4	21	0.1	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	1	5.3	9	0.1	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	1	50.0	12	0.1	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>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 399 beneficiaries who were in nursing facilities for part of their enrollment and their 3,695 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

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

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

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIDEPRESSANTS					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
<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>389</b>	<b>3,319</b>
<b>Female</b>												
All Females	0	0.0	0	0.0	0	0	0.0	0	0.0	0	221	1,942
<b>Female, Disabled</b>												
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	20	201
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	99
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	51
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
<b>Female, Other Eligibles</b>												
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	201	1,741
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	32	293
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	63	570
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	106	878
<b>Male</b>												
All Males	0	0.0	0	0.0	0	0	0.0	0	0.0	0	168	1,377
<b>Male, Disabled</b>												
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	27	264
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	19	190
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	49
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	21
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4
<b>Male, Other Eligibles</b>												
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	141	1,113
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	38	361
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	60	463
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	43	289
<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 2007 file for Arizona, released by CMS in 5/2010. This table was produced on 10/06/2010.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 399 beneficiaries who were in nursing facilities for part of their enrollment and their 3,695 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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



TABLE D.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
ARIZONA, 2007

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries	
<b>All</b>	<b>620</b>	<b>1.4</b>	<b>0.1</b>	<b>2,612</b>	<b>\$0</b>	<b>\$14,011</b>	<b>\$5</b>	<b>17.4</b>	<b>45,230</b>	
<b>Age</b>										
5 and younger	0	0.0	0.0	0	0	0	0	0.0	6	
6-14	0	0.0	0.0	0	0	0	0	0.0	8	
15-20	1	1.3	0.0	2	1	91	46	149.2	79	
21-44	47	0.9	0.0	151	0	992	7	2.1	5,194	
45-64	73	0.8	0.0	262	0	1,832	7	8.3	9,383	
65-74	252	2.4	0.1	1,037	1	5,529	5	48.4	10,394	
75-84	187	1.7	0.1	840	0	3,885	5	2716.8	10,833	
85 and older	60	0.6	0.0	320	0	1,682	5	7645.5	9,333	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	228	0.8	0.0	1,104	0	5,249	5	78.6	27,577	
Disabled	380	2.4	0.1	1,470	1	8,484	6	12.1	16,079	
Adults	12	0.8	0.0	38	0	278	7	6.9	1,572	
Children	0	0.0	0.0	0	0	0	0	0.0	1	
Unknown	0	0.0	0.0	0	0	0	0	0.0	1	
<b>Gender</b>										
Female	400	1.4	0.1	1,744	0	9,124	5	18.5	27,700	
Male	220	1.3	0.0	868	0	4,887	6	15.6	17,530	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	6	0.0	0.0	45	0	347	8	100.3	22,460	
African American	1	0.1	0.0	2	0	6	3	0.0	1,747	
Other/unknown	613	2.9	0.1	2,565	1	13,658	5	17.0	21,023	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	5	1.3	0.0	8	0	58	7	828.6	389	
Part year	11	2.8	0.1	56	1	570	10	20.3	399	
None	604	1.4	0.1	2,548	0	13,383	5	17.2	44,442	
<b>Maintenance Assistance Status</b>										
Cash	547	4.7	0.2	2,333	1	12,398	5	17.9	11,563	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	4	0.1	0.0	16	0	174	11	6.9	7,429	
Other/unknown	69	0.3	0.0	263	0	1,439	5	16.0	26,238	

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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



TABLE D.12  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
ARIZONA, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.0</b>	<b>\$0</b>	<b>\$5</b>	<b>\$0</b>	<b>\$0</b>	<b>364,799</b>
<b>Age</b>						
5 and younger	0.0	0	0	0	0	64
6-14	0.0	0	0	0	0	96
15-20	0.0	0	46	0	0	672
21-44	0.0	0	7	0	0	43,351
45-64	0.0	0	7	0	0	74,760
65-74	0.0	0	5	0	0	85,477
75-84	0.0	0	5	0	0	90,442
85 and older	0.0	0	5	0	0	69,937
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.0	0	5	0	0	211,342
Disabled	0.0	0	6	0	0	144,360
Adults	0.0	0	7	0	0	9,089
Children	0.0	0	0	0	0	3
Unknown	0.0	0	0	0	0	5
<b>Gender</b>						
Female	0.0	0	5	0	0	226,737
Male	0.0	0	6	0	0	138,062
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.0	0	8	0	0	167,806
African American	0.0	0	3	0	0	12,942
Other/unknown	0.0	0	5	0	0	184,051
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.0	0	7	0	0	3,319
Part year	0.0	0	10	0	0	3,695
None	0.0	0	5	0	0	357,785
<b>Maintenance Assistance Status</b>						
Cash	0.0	0	5	0	0	112,201
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	11	0	0	37,045
Other/unknown	0.0	0	5	0	0	215,553

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

TABLE D.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
ARIZONA, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx. \$ per Rx	Excluded Rx	
<b>All</b>	<b>647</b>	<b>\$22</b>	<b>\$14,011</b>	<b>100.0</b>	<b>2,612</b>	<b>\$5</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	8	17	133	0.9	9	15	0.3
Vitamins and minerals	10	45	447	3.2	31	14	1.2
Non-prescription drugs	588	22	12,929	92.3	2,492	5	95.4
Barbiturates	0	0	0	0.0	0	0	0.0
Benzodiazepines	40	13	500	3.6	79	6	3.0
Other Part D Excl Rx Drugs	1	2	2	0.0	1	2	0.0

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 ARIZONA, 2007

Total Number of Dual Eligible Beneficiaries: 45,230  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$80,633  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$1

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	45,130	99.8	\$0	0.0
1-500	77	0.2	4,687	5.8
501-1,000	10	0.0	7,378	9.2
1,001-1,500	4	0.0	5,147	6.4
1,501-2,000	0	0.0	0	0.0
2,001-2,500	2	0.0	4,594	5.7
2,501-3,000	1	0.0	2,530	3.1
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	1	0.0	5,365	6.7
5,501-6,000	1	0.0	5,797	7.2
6,001-6,500	1	0.0	6,436	8.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,086	11.3
9,501-10,000	0	0.0	0	0.0
10,001+	2	0.0	29,613	36.7

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 ARIZONA, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 12,913  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$65,016  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$5

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			Age < 65		
\$0	12,860		99.6	\$0	0.0
1-500	39		0.3	3,026	4.7
501-1,000	4		0.0	2,830	4.4
1,001-1,500	3		0.0	3,850	5.9
1,501-2,000	0		0.0	0	0.0
2,001-2,500	1		0.0	2,280	3.5
2,501-3,000	1		0.0	2,530	3.9
3,001-3,500	0		0.0	0	0.0
3,501-4,000	0		0.0	0	0.0
4,001-4,500	0		0.0	0	0.0
4,501-5,000	0		0.0	0	0.0
5,001-5,500	1		0.0	5,365	8.3
5,501-6,000	0		0.0	0	0.0
6,001-6,500	1		0.0	6,436	9.9
6,501-7,000	0		0.0	0	0.0
7,001-7,500	0		0.0	0	0.0
7,501-8,000	0		0.0	0	0.0
8,001-8,500	0		0.0	0	0.0
8,501-9,000	0		0.0	0	0.0
9,001-9,500	1		0.0	9,086	14.0
9,501-10,000	0		0.0	0	0.0
10,001+	2		0.0	29,613	45.5

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 ARIZONA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 30,560  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$11,580  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$0

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	30,522	99.9	\$0	0.0
1-500	32	0.1	1,389	12.0
501-1,000	4	0.0	3,097	26.7
1,001-1,500	1	0.0	1,297	11.2
1,501-2,000	0	0.0	0	0.0
2,001-2,500	0	0.0	0	0.0
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,797	50.1
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

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

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 ARIZONA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 10,394  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$11,415  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$1

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,370	99.8	\$0	0.0
1-500	18	0.2	1,224	10.7
501-1,000	4	0.0	3,097	27.1
1,001-1,500	1	0.0	1,297	11.4
1,501-2,000	0	0.0	0	0.0
2,001-2,500	0	0.0	0	0.0
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,797	50.8
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

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

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries



SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 ARIZONA, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 10,833  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$143  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$0

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,821	99.9	\$0	0.0
1-500	12	0.1	143	100.0
501-1,000	0	0.0	0	0.0
1,001-1,500	0	0.0	0	0.0
1,501-2,000	0	0.0	0	0.0
2,001-2,500	0	0.0	0	0.0
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

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

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 ARIZONA, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 9,333  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$22  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$0

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,331	100.0	\$0	0.0
1-500	2	0.0	22	100.0
501-1,000	0	0.0	0	0.0
1,001-1,500	0	0.0	0	0.0
1,501-2,000	0	0.0	0	0.0
2,001-2,500	0	0.0	0	0.0
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

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

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

**APPENDIX TABLE A.3**  
**CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007**

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>119,568</b>	<b>55,786</b>	<b>53,417</b>	<b>10,350</b>	<b>12</b>	<b>3</b>	<b>1,215,915</b>	<b>544,985</b>	<b>580,155</b>	<b>90,649</b>	<b>108</b>	<b>18</b>
<b>Age</b>												
5 and younger	13	0	12	0	1	0	146	0	144	0	2	0
6-14	15	0	14	0	1	0	179	0	167	0	12	0
15-20	244	2	220	14	8	0	2,715	12	2,511	116	76	0
21-44	21,439	258	17,095	4,083	2	1	226,754	2,038	186,503	38,190	18	5
45-64	31,709	488	26,567	4,653	0	1	330,242	3,939	285,825	40,475	0	3
65-74	31,262	23,014	6,996	1,251	0	1	324,009	237,260	77,436	9,303	0	10
75-84	22,406	19,970	2,170	266	0	0	225,243	199,187	24,123	1,933	0	0
85 and older	12,480	12,054	343	83	0	0	106,627	102,549	3,446	632	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	71,652	37,378	29,064	5,202	5	3	735,934	368,829	319,521	47,522	44	18
Male	47,916	18,408	24,353	5,148	7	0	479,981	176,156	260,634	43,127	64	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	60,745	25,911	29,234	5,596	3	1	602,394	240,260	314,985	47,113	26	10
African American	6,174	1,729	3,594	849	2	0	62,307	16,662	38,106	7,532	7	0
Other/unknown	52,649	28,146	20,589	3,905	7	2	551,214	288,063	227,064	36,004	75	8
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	389	342	47	0	0	0	3,320	2,855	465	0	0	0
Part year	399	289	109	1	0	0	3,793	2,628	1,155	10	0	0
None	118,780	55,155	53,261	10,349	12	3	1,208,802	539,502	578,535	90,639	108	18
<b>Maintenance Assistance Status</b>												
Cash	46,560	14,963	25,991	5,604	2	0	509,288	162,597	290,982	55,701	8	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	28,629	15,641	12,644	336	5	3	296,278	160,561	133,019	2,632	48	18
Other/unknown	44,379	25,182	14,782	4,410	5	0	410,349	221,827	156,154	32,316	52	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	113,952	52,617	51,269	10,051	12	3	1,159,153	514,078	557,383	87,566	108	18
Full dual, part year	5,616	3,169	2,148	299	0	0	56,762	30,907	22,772	3,083	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	35,994	22,981	12,027	985	0	1	331,346	194,416	129,495	7,430	0	5
FFS part year, with Rx claims	16	3	13	0	0	0	188	36	152	0	0	0
FFS part year, no Rx claims	9,220	4,593	4,039	587	1	0	90,994	44,148	41,703	5,138	5	0
MC all year, with Rx claims	1	1	0	0	0	0	9	9	0	0	0	0
MC all year, no Rx claims	74,337	28,208	37,338	8,778	11	2	793,378	306,376	408,805	78,081	103	13
	0	0	0	0	0	0	0	0	0	0	0	0

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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of

their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.  
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>119,568</b>	<b>1,215,915</b>	<b>45,230</b>	<b>364,799</b>	<b>0</b>	<b>851,116</b>
Fee-for-service (FFS) all year	35,994	331,346	35,994	331,346	0	0
FFS part year, with Rx claims	16	188	16	128	0	60
FFS part year, with no Rx claims	9,220	90,994	9,220	33,325	0	57,669
Managed care (MC) all year, with Rx claims	1	9	0	0	0	9
MC all year, with no Rx claims	74,337	793,378	0	0	0	793,378

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

Dual Medicaid Beneficiaries