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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 ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL 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
All	170,654	1,105	28,576	68,344	72,607	22	1,216,114	8,020	261,797	458,075	488,153	69
Age												
5 and younger	34,965	0	4,079	0	30,886	0	215,405	0	35,366	0	180,039	0
6-14	35,866	0	7,179	0	28,687	0	286,263	0	72,463	0	213,800	0
15-20	23,285	0	3,552	6,703	13,030	0	175,492	0	34,855	46,334	94,303	0
21-44	51,746	1	5,991	45,743	3	8	362,531	2	55,514	306,990	8	17
45-64	23,219	6	7,394	15,805	0	14	164,196	40	59,718	104,386	0	52
65-74	850	483	298	69	0	0	6,762	3,509	3,022	231	0	0
75-84	467	375	74	18	0	0	3,650	2,776	773	101	0	0
85 and older	255	240	9	6	0	0	1,812	1,693	86	33	0	0
Unknown	1	0	0	0	1	0	3	0	0	0	3	0
Gender												
Female	88,050	736	12,445	38,881	35,966	22	638,480	5,508	113,909	274,558	244,436	69
Male	82,604	369	16,131	29,463	36,641	0	577,634	2,512	147,888	183,517	243,717	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	26,395	269	10,520	9,121	6,472	13	121,406	1,768	93,828	15,266	10,529	15
African American	4,300	40	1,152	1,455	1,653	0	13,249	279	7,944	2,356	2,670	0
Other/unknown	139,959	796	16,904	57,768	64,482	9	1,081,459	5,973	160,025	440,453	474,954	54
Use of Nursing Facilities^c												
Entire year	104	31	72	1	0	0	1,015	278	736	1	0	0
Part year	237	29	176	30	2	0	2,503	296	1,875	309	23	0
None	170,313	1,045	28,328	68,313	72,605	22	1,212,596	7,446	259,186	457,765	488,130	69
Maintenance Assistance Status												
Cash	78,392	468	19,629	28,887	29,408	0	637,619	4,045	180,086	217,444	236,044	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	33,568	78	346	2,138	30,984	22	206,605	433	1,213	11,926	192,964	69
Other/unknown	58,694	559	8,601	37,319	12,215	0	371,890	3,542	80,498	228,705	59,145	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	123,554	791	21,061	51,221	50,474	7	1,096,007	6,795	234,040	415,511	439,619	42
FFS part year, with Rx claims	764	1	79	279	405	0	4,023	10	504	1,488	2,021	0
FFS part year, no Rx claims	46,336	313	7,436	16,844	21,728	15	116,084	1,215	27,253	41,076	46,513	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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, ARIZONA, 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	3.3	0.2	\$18	\$107	\$6,837	0.3	170,654
Age							
5 and younger	3.7	0.1	5	57	5,839	0.1	34,965
6-14	2.7	0.1	15	158	4,987	0.3	35,866
15-20	3.7	0.2	19	123	5,889	0.3	23,285
21-44	3.2	0.2	22	129	5,871	0.4	51,746
45-64	3.4	0.4	34	81	12,487	0.3	23,219
65-74	3.9	0.4	41	113	33,635	0.1	850
75-84	1.3	0.1	3	26	32,563	0.0	467
85 and older	0.0	0.0	0	0	35,752	0.0	255
Unknown	0.0	0.0	0	0	14,880	0.0	1
Basis of Eligibility^e							
Aged	0.9	0.1	7	58	38,832	0.0	1,105
Disabled	3.6	0.4	75	179	21,890	0.3	28,576
Adults	2.7	0.1	7	55	3,393	0.2	68,344
Children	3.8	0.1	6	56	3,670	0.2	72,607
Unknown	0.0	0.0	0	0	268	0.0	22
Gender							
Female	3.9	0.2	18	92	7,417	0.2	88,050
Male	2.6	0.1	18	129	6,220	0.3	82,604
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	0.4	0.0	1	54	10,555	0.0	26,395
African American	0.2	0.0	0	25	7,608	0.0	4,300
Other/unknown	3.9	0.2	22	108	6,112	0.4	139,959
Use of Nursing Facilities^f							
Entire year	5.8	0.4	31	85	56,941	0.1	104
Part year	59.1	11.7	679	58	71,426	1.0	237
None	3.2	0.2	17	112	6,717	0.3	170,313
Maintenance Assistance Status							
Cash	4.7	0.3	33	118	9,698	0.3	78,392
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	3.6	0.1	6	49	3,353	0.2	33,568
Other/unknown	1.3	0.1	5	105	5,009	0.1	58,694

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

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

c. In eight states (DE, IA, IL, NE, NY, 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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 \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months	
All	0.0	\$3	0.3	96.7	3.0	0.2	0.1	0.0	0.0	0.0	\$959	170,654	1,216,114
Age													
5 and younger	0.0	1	0.1	96.3	3.6	0.1	0.0	0.0	0.0	948	34,965	215,405	
6-14	0.0	2	0.3	97.3	2.6	0.1	0.1	0.0	0.0	625	35,866	286,263	
15-20	0.0	3	0.3	96.3	3.4	0.2	0.1	0.0	0.0	781	23,285	175,492	
21-44	0.0	3	0.4	96.8	2.9	0.2	0.1	0.0	0.0	838	51,746	362,531	
45-64	0.1	5	0.3	96.6	2.5	0.4	0.4	0.1	0.0	1,766	23,219	164,196	
65-74	0.0	5	0.1	96.1	3.3	0.4	0.2	0.0	0.0	4,228	850	6,762	
75-84	0.0	0	0.0	98.7	1.1	0.0	0.2	0.0	0.0	4,166	467	3,650	
85 and older	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	5,031	255	1,812	
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	1	0.0	99.1	0.6	0.1	0.2	0.0	0.0	5,350	1,105	8,020	
Disabled	0.0	8	0.3	96.4	2.7	0.4	0.4	0.1	0.0	2,389	28,576	261,797	
Adults	0.0	1	0.2	97.3	2.5	0.1	0.1	0.0	0.0	506	68,344	458,075	
Children	0.0	1	0.2	96.2	3.6	0.1	0.1	0.0	0.0	546	72,607	488,153	
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	85	22	69	
Gender													
Female	0.0	3	0.2	96.1	3.6	0.2	0.1	0.0	0.0	1,023	88,050	638,480	
Male	0.0	3	0.3	97.4	2.3	0.1	0.1	0.0	0.0	889	82,604	577,634	
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	99.6	0.2	0.1	0.1	0.0	0.0	2,295	26,395	121,406	
African American	0.0	0	0.0	99.8	0.2	0.0	0.0	0.0	0.0	2,469	4,300	13,249	
Other/unknown	0.0	3	0.4	96.1	3.6	0.2	0.1	0.0	0.0	791	139,959	1,081,459	
Use of Nursing Facilities^f													
Entire year	0.0	3	0.1	94.2	4.8	0.0	1.0	0.0	0.0	5,834	104	1,015	
Part year	1.1	64	1.0	40.9	30.8	11.8	14.8	1.3	0.4	6,763	237	2,503	
None	0.0	2	0.3	96.8	2.9	0.1	0.1	0.0	0.0	943	170,313	1,212,596	
Maintenance Assistance Status													
Cash	0.0	4	0.3	95.3	4.2	0.2	0.2	0.0	0.0	1,192	78,392	637,619	
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	96.4	3.4	0.1	0.1	0.0	0.0	545	33,568	206,605	
Other/unknown	0.0	1	0.1	98.7	1.2	0.1	0.0	0.0	0.0	791	58,694	371,890	

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

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

c. In eight states (DE, IA, IL, NE, NY, 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 ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL 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
All	0.0	\$3	\$107	0.0	\$2	\$469	0.0	\$0	\$200	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	123	0.0	2	411	0.0	0	1,229	0.0	0	19
21-44	0.0	3	129	0.0	3	681	0.0	0	244	0.0	0	18
45-64	0.1	5	81	0.0	4	320	0.0	0	65	0.0	1	19
65-74	0.0	5	113	0.0	4	427	0.0	0	270	0.0	1	17
75-84	0.0	0	26	0.0	0	81	0.0	0	54	0.0	0	11
85 and older	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.0	1	58	0.0	1	168	0.0	0	256	0.0	0	11
Disabled	0.0	8	179	0.0	7	655	0.0	0	288	0.0	1	21
Adults	0.0	1	55	0.0	1	314	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	3	92	0.0	2	432	0.0	0	241	0.0	0	18
Male	0.0	3	129	0.0	2	513	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	54	0.0	0	146	0.0	0	64	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	473	0.0	0	202	0.0	0	19
Use of Nursing Facilities^e												
Entire year	0.0	3	85	0.0	3	310	0.0	0	0	0.0	0	15
Part year	1.1	64	58	0.2	40	214	0.0	2	184	0.9	22	24
None	0.0	2	112	0.0	2	493	0.0	0	201	0.0	0	18
Maintenance Assistance Status												
Cash	0.0	4	118	0.0	3	530	0.0	0	225	0.0	1	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	162	0.0	0	55	0.0	0	20
Other/unknown	0.0	1	105	0.0	1	479	0.0	0	72	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 ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Arizona, 0.4 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 ND.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, ARIZONA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name										
Anti-infective Agents	0.2	0.0	0.0	0.1	\$14	\$9	\$1	\$4	\$83	\$469	\$598	\$25	4,997	\$416,266	2,968	1.7	30,228
Biologicals	0.7	0.7	0.0	0.0	1,409	1,409	0	0	2,151	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	39	0	4	123	372	15	18	2,864	352,571	788	0.5	8,109
Cardiovascular Agents	0.5	0.0	0.0	0.5	28	20	1	7	53	402	63	15	2,961	157,839	538	0.3	5,707
Respiratory Agents	0.2	0.1	0.0	0.1	14	11	0	3	63	146	0	19	2,738	171,202	1,193	0.7	12,228
Gastrointestinal Agents	0.2	0.0	0.0	0.1	37	28	6	3	183	711	262	18	750	136,926	355	0.2	3,724
Genitourinary Agents	0.2	0.0	0.0	0.2	3	1	0	3	20	68	89	17	396	7,965	231	0.1	2,459
CNS Drugs	0.4	0.2	0.0	0.3	46	39	1	6	102	236	519	21	3,182	326,050	664	0.4	7,078
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	0.2	0.2	0.0	0.0	22	21	0	1	98	107	0	37	8	786	3	0.0	36
Analgesics and Anesthetics	0.2	0.0	0.0	0.2	10	7	0	3	44	1,098	0	13	5,624	248,398	2,366	1.4	24,703
Neuromuscular Agents	0.3	0.1	0.0	0.2	22	15	1	7	65	148	105	28	1,484	96,177	407	0.2	4,314
Nutritional Products	0.2	0.0	0.0	0.2	5	2	0	2	22	288	0	11	723	15,618	307	0.2	3,174
Hematological Agents	0.3	0.1	0.0	0.2	403	401	0	2	1591	4,084	0	13	423	673,026	163	0.1	1,670
Topical Products	0.1	0.0	0.0	0.1	3	1	0	2	24	81	69	18	1,873	45,788	1,277	0.7	13,108
Miscellaneous Products	0.4	0.3	0.0	0.1	133	129	0	4	337	385	0	64	313	105,476	75	0.0	793
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.	28,826	3,080,813	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Rx	Rx \$ per Benefit Month
MISC. HEMATOLOGICAL	\$600,256	25	0.0	269	0.4	\$5,828	\$2,231
ANTIPSYCHOTICS	287,403	375	0.2	4,130	0.4	197	70
MISC. ENDOCRINE	272,334	36	0.0	391	0.5	1,488	697
ANTIVIRAL	216,333	69	0.0	738	0.4	670	293
ANALGESICS - ANTI-INFLAMMATORY	189,804	1,925	1.1	20,628	0.1	62	9
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	112,507	930	0.5	9,396	0.2	65	12
ASSORTED CLASSES	102,569	33	0.0	377	0.6	444	272
MISC. GI	95,263	120	0.1	1,291	0.2	467	74
Total	2,176,786	3,555	n.a.	37,656	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Medicaid Beneficiaries

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		MISC. HEMATOLOGICAL					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	7,553	\$2,176,786	25	0.0	269	0.4	\$2,231	375	0.2	4,130	0.4	\$70
Female												
All Females	4,272	989,870	13	0.0	146	0.1	17	171	0.2	1,892	0.4	70
Female, Disabled												
All Ages	1,462	618,606	9	0.1	105	0.1	13	67	0.5	776	0.5	100
5 and younger	47	9,171	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	114	63,575	0	0.0	0	0.0	0	3	0.1	36	0.8	47
15-20	108	102,266	0	0.0	0	0.0	0	9	0.7	108	0.5	158
21-44	357	190,604	0	0.0	0	0.0	0	31	1.1	365	0.4	85
45-64	793	230,537	8	0.2	93	0.1	14	24	0.6	267	0.4	104
65-74	41	22,320	1	0.5	12	0.1	9	0	0.0	0	0.0	0
75-84	2	133	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	2,810	371,264	4	0.0	41	0.2	25	104	0.1	1,116	0.3	50
5 and younger	461	60,619	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	623	70,298	0	0.0	0	0.0	0	25	0.2	287	0.5	79
15-20	417	53,470	0	0.0	0	0.0	0	39	0.4	433	0.3	56
21-44	996	122,697	1	0.0	12	0.2	22	34	0.1	324	0.2	26
45-64	303	63,659	2	0.0	17	0.2	37	6	0.1	72	0.1	6
65-74	5	304	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	5	217	1	0.4	12	0.1	11	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male												
All Males	3,281	1,186,916	12	0.0	123	0.7	4,861	204	0.2	2,238	0.3	69
Male, Disabled												
All Ages	1,338	992,900	9	0.1	100	0.8	5,940	62	0.4	692	0.4	121
5 and younger	56	2,654	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	184	287,045	1	0.0	12	2.7	14,157	1	0.0	10	0.1	16
15-20	101	22,563	0	0.0	0	0.0	0	7	0.3	84	0.4	83
21-44	369	513,773	2	0.1	24	1.2	17,591	32	1.0	356	0.5	154
45-64	624	166,815	6	0.2	64	0.3	30	22	0.6	242	0.4	89
65-74	4	50	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	1,943	194,016	3	0.0	23	0.2	168	142	0.2	1,546	0.3	46
5 and younger	594	44,926	1	0.0	2	0.5	1,712	0	0.0	0	0.0	0
6-14	547	31,197	0	0.0	0	0.0	0	46	0.3	528	0.3	35
15-20	495	55,669	0	0.0	0	0.0	0	89	1.0	959	0.3	52
21-44	160	43,772	1	0.0	12	0.1	31	6	0.0	47	0.2	57
45-64	141	18,053	1	0.0	9	0.2	8	1	0.0	12	0.1	1
65-74	6	399	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

Nondual Medicaid Beneficiaries

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	MISC. ENDOCRINE					ANTIVIRAL					ANALGESICS - ANTI-INFLAMMATORY				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	36	0.0	391	0.5	\$697	69	0.0	738	0.4	\$293	1,925	1.1	20,628	0.1	\$9
Female															
All Females	24	0.0	253	0.6	746	36	0.0	395	0.3	188	1,179	1.3	12,617	0.2	12
Female, Disabled															
All Ages	16	0.1	182	0.6	565	9	0.1	104	0.3	159	155	1.2	1,813	0.2	55
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	0.1	23	0.1	1
6-14	4	0.2	48	0.7	1,048	0	0.0	0	0.0	0	14	0.6	168	0.1	1
15-20	1	0.1	12	0.3	2,719	0	0.0	0	0.0	0	10	0.7	112	0.1	0
21-44	1	0.0	12	0.9	684	3	0.1	32	0.1	62	35	1.2	404	0.2	42
45-64	8	0.2	92	0.5	116	6	0.1	72	0.4	203	87	2.2	1,022	0.2	65
65-74	2	1.0	18	0.8	57	0	0.0	0	0.0	0	7	3.6	84	0.3	189
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	8	0.0	71	0.4	1,209	27	0.0	291	0.3	199	1,024	1.4	10,804	0.1	5
5 and younger	2	0.0	16	0.3	3,093	4	0.0	37	0.1	8	197	1.3	2,034	0.2	1
6-14	3	0.0	31	0.7	1,162	1	0.0	12	0.1	4	215	1.5	2,371	0.1	1
15-20	0	0.0	0	0.0	0	6	0.1	71	0.2	146	139	1.3	1,411	0.1	1
21-44	1	0.0	3	0.3	28	12	0.0	139	0.4	231	384	1.4	4,045	0.1	3
45-64	1	0.0	9	0.1	9	4	0.0	32	0.6	467	88	1.1	931	0.2	34
65-74	1	0.3	12	0.2	13	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	1	0.4	12	0.3	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male															
All Males	12	0.0	138	0.3	607	33	0.0	343	0.6	414	746	0.9	8,011	0.1	5
Male, Disabled															
All Ages	7	0.0	83	0.4	963	23	0.1	243	0.6	425	132	0.8	1,521	0.2	20
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	0.3	108	0.1	1
6-14	3	0.1	36	0.7	2,204	1	0.0	9	0.3	648	13	0.3	153	0.1	1
15-20	1	0.0	12	0.1	9	1	0.0	9	0.2	4	20	0.9	239	0.1	53
21-44	1	0.0	12	0.3	26	5	0.2	60	0.5	238	32	1.0	369	0.2	2
45-64	2	0.1	23	0.1	7	16	0.5	165	0.7	503	57	1.7	640	0.3	26
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	0.9	12	0.2	1
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	5	0.0	55	0.2	69	10	0.0	100	0.4	388	614	0.9	6,490	0.1	2
5 and younger	1	0.0	11	0.1	1	1	0.0	1	1.0	16	227	1.4	2,363	0.1	1
6-14	4	0.0	44	0.2	85	0	0.0	0	0.0	0	176	1.2	1,937	0.1	1
15-20	0	0.0	0	0.0	0	3	0.0	35	0.1	1	120	1.3	1,248	0.1	3
21-44	0	0.0	0	0.0	0	5	0.0	52	0.7	746	65	0.3	642	0.1	1
45-64	0	0.0	0	0.0	0	1	0.0	12	0.1	0	26	0.3	300	0.2	10
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

Nondual Medicaid Beneficiaries

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	PASSIVE IMMUNIZING AGENTS					ANTINEOPLASTICS					ANTIASTHMATIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	9	0.0	102	0.7	\$1,537	33	0.0	334	0.5	\$430	930	0.5	9,396	0.2	\$12
Female															
All Females	3	0.0	36	1.0	2,970	22	0.0	225	0.5	614	502	0.6	5,155	0.2	12
Female, Disabled															
All Ages	2	0.0	24	1.4	4,354	10	0.1	109	0.5	733	105	0.8	1,207	0.2	17
5 and younger	0	0.0	0	0.0	0	1	0.1	5	0.8	53	6	0.4	72	0.1	3
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	0.3	84	0.3	16
15-20	1	0.1	12	1.5	3,960	0	0.0	0	0.0	0	10	0.7	120	0.1	10
21-44	0	0.0	0	0.0	0	3	0.1	32	0.5	2,390	19	0.7	216	0.1	6
45-64	1	0.0	12	0.6	3,910	6	0.1	72	0.5	44	61	1.5	691	0.3	24
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	2	3.9	24	0.1	6
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	1	0.0	12	0.2	202	12	0.0	116	0.4	502	397	0.5	3,948	0.2	10
5 and younger	1	0.0	12	0.2	202	0	0.0	0	0.0	0	109	0.7	1,008	0.1	6
6-14	0	0.0	0	0.0	0	1	0.0	12	1.9	236	79	0.6	822	0.1	8
15-20	0	0.0	0	0.0	0	2	0.0	24	0.1	554	57	0.5	538	0.1	9
21-44	0	0.0	0	0.0	0	4	0.0	39	0.3	819	113	0.4	1,166	0.2	15
45-64	0	0.0	0	0.0	0	5	0.1	41	0.2	249	36	0.4	378	0.2	11
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	0.9	36	0.1	4
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male															
All Males	6	0.0	66	0.5	755	11	0.0	109	0.5	49	428	0.5	4,241	0.2	12
Male, Disabled															
All Ages	1	0.0	12	1.6	1,915	8	0.0	85	0.6	58	102	0.6	1,196	0.2	17
5 and younger	0	0.0	0	0.0	0	1	0.0	12	0.8	58	14	0.5	165	0.2	11
6-14	1	0.0	12	1.6	1,915	1	0.0	12	1.5	110	21	0.4	239	0.2	23
15-20	0	0.0	0	0.0	0	1	0.0	12	0.4	90	13	0.6	156	0.2	12
21-44	0	0.0	0	0.0	0	2	0.1	21	0.1	26	16	0.5	192	0.2	17
45-64	0	0.0	0	0.0	0	3	0.1	28	0.6	46	37	1.1	432	0.3	18
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	0.9	12	0.1	2
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	5	0.0	54	0.3	498	3	0.0	24	0.2	19	326	0.5	3,045	0.2	10
5 and younger	5	0.0	54	0.3	498	1	0.0	12	0.1	7	161	1.0	1,459	0.2	8
6-14	0	0.0	0	0.0	0	1	0.0	2	1.0	119	89	0.6	864	0.2	9
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	31	0.3	263	0.1	9
21-44	0	0.0	0	0.0	0	1	0.0	10	0.2	14	16	0.1	135	0.1	7
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	27	0.4	300	0.3	28
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	1.0	24	0.1	15
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

Nondual Medicaid Beneficiaries

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	ASSORTED CLASSES					MISC. GI						
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	33	0.0	377	0.6	\$272	120	0.1	1,291	0.2	\$74	170,654	1,216,114
Female												
All Females	23	0.0	263	0.5	222	78	0.1	851	0.2	92	88,050	638,480
Female, Disabled												
All Ages	20	0.2	230	0.5	245	44	0.4	483	0.2	122	12,445	113,909
5 and younger	2	0.1	24	1.3	361	2	0.1	23	0.2	1	1,494	12,971
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2,480	25,361
15-20	1	0.1	12	0.1	15	2	0.1	24	0.4	152	1,364	13,364
21-44	7	0.2	80	0.6	314	13	0.5	145	0.2	205	2,848	26,028
45-64	10	0.2	114	0.4	196	26	0.6	279	0.2	73	4,009	33,537
65-74	0	0.0	0	0.0	0	1	0.5	12	0.2	443	192	2,060
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	51	523
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	65
Female, Other Eligibles												
All Ages	3	0.0	33	0.1	59	34	0.0	368	0.1	53	75,605	524,571
5 and younger	0	0.0	0	0.0	0	3	0.0	34	0.1	1	15,183	89,375
6-14	0	0.0	0	0.0	0	2	0.0	24	0.1	1	14,289	107,607
15-20	0	0.0	0	0.0	0	1	0.0	12	0.1	0	10,569	75,813
21-44	3	0.0	33	0.1	59	19	0.1	203	0.1	90	26,552	189,373
45-64	0	0.0	0	0.0	0	8	0.1	83	0.1	15	8,232	56,714
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	344	2,491
75-84	0	0.0	0	0.0	0	1	0.4	12	0.1	6	250	1,932
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	186	1,266
Male												
All Males	10	0.0	114	0.9	389	42	0.1	440	0.2	38	82,603	577,631
Male, Disabled												
All Ages	10	0.1	114	0.9	389	29	0.2	313	0.2	31	16,131	147,888
5 and younger	0	0.0	0	0.0	0	3	0.1	18	0.2	3	2,585	22,395
6-14	2	0.0	18	0.3	113	0	0.0	0	0.0	0	4,699	47,102
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2,188	21,491
21-44	2	0.1	24	0.9	693	7	0.2	78	0.2	15	3,143	29,486
45-64	6	0.2	72	1.1	356	18	0.5	205	0.1	41	3,385	26,181
65-74	0	0.0	0	0.0	0	1	0.9	12	0.1	1	106	962
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	23	250
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	21
Male, Other Eligibles												
All Ages	0	0.0	0	0.0	0	13	0.0	127	0.2	56	66,472	429,743
5 and younger	0	0.0	0	0.0	0	5	0.0	47	0.1	1	15,703	90,664
6-14	0	0.0	0	0.0	0	1	0.0	12	0.1	0	14,398	106,193
15-20	0	0.0	0	0.0	0	1	0.0	12	0.1	0	9,164	64,824
21-44	0	0.0	0	0.0	0	3	0.0	20	0.4	21	19,203	117,644
45-64	0	0.0	0	0.0	0	2	0.0	24	0.1	277	7,593	47,764
65-74	0	0.0	0	0.0	0	1	0.5	12	0.3	3	208	1,249
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	143	945
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	60	460
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3

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

Nondual Medicaid Beneficiaries

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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
All	\$3	0.0	104	1,015
Age				
0-64	2	0.0	67	674
65-74	13	0.1	19	178
75-84	0	0.0	12	105
85 and older	0	0.0	6	58
Unknown	0	0.0	0	0
Gender				
Female	7	0.1	44	430
Male	0	0.0	60	585
Unknown	0	0.0	0	0
Race				
White	0	0	2	4
African American	0	0	0	0
Other/unknown	3	0	102	1,011
Basis of Eligibility^c				
Aged	8	0.1	31	278
Disabled	1	0.0	72	736
Adults	460	5.0	1	1
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 237 beneficiaries who were in nursing facilities for part of their enrollment and their 2,503 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Nondual Medicaid Beneficiaries

TABLE ND.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
NONDUAL 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 All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.2	0.0	0.2	\$175	\$174	\$0	\$2	\$569	\$1,129	\$0	\$10	4	\$2,277	2	1.9	13
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	0.1	0.0	0.0	0.1	1	0	0	1	8	0	0	8	1	8	1	1.0	12
Cardiovascular Agents	0.3	0.0	0.0	0.3	11	0	0	11	37	0	0	37	4	149	2	1.9	13
Respiratory Agents	0.1	0.1	0.0	0.0	6	6	0	0	50	71	0	8	3	149	2	1.9	24
Gastrointestinal Agents	0.2	0.1	0.0	0.0	4	4	0	0	24	29	0	9	4	96	2	1.9	24
Genitourinary Agents	0.1	0.0	0.0	0.1	4	0	0	4	47	0	0	47	1	47	1	1.0	12
CNS Drugs	0.2	0.0	0.0	0.2	3	0	0	3	13	0	0	13	5	64	2	1.9	24
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	0.3	0.0	0.0	0.3	3	0	0	3	9	0	0	9	8	74	4	3.8	26
Neuromuscular Agents	0.3	0.2	0.0	0.1	28	25	0	3	111	152	0	30	3	333	1	1.0	12
Nutritional Products	0.1	0.0	0.0	0.1	1	0	0	1	9	0	0	9	2	17	2	1.9	24
Hematological Agents	0.2	0.0	0.0	0.2	1	0	0	1	4	0	0	4	3	12	2	1.9	13
Topical Products	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Products	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Unknown Therapeutic Category	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	38	3,226	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 237 beneficiaries who were in nursing facilities for part of their enrollment and their 2,503 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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, ARIZONA, 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	
MISC. ANTI-INFECTIVES	\$2,263	3	2.9	25	0.1	\$754	\$91	
ANTICONVULSANT	333	2	1.9	24	0.1	111	14	
ANTIASTHMATIC	141	2	1.9	24	0.1	71	6	
ANALGESICS - Narcotic	64	2	1.9	13	0.5	11	5	
ANTIHYPERLIPIDEMIC	0	0	0.0	0	0.0	0	0	
ANTIEMETICS	87	1	1.0	12	0.3	29	7	
DIURETICS	33	1	1.0	1	1.0	33	33	
ANTIDEPRESSANTS	64	3	2.9	36	0.1	13	2	
MISC. GI	0	0	0.0	0	0.0	0	0	
ANTIARRHYTHMIC	53	1	1.0	12	0.1	53	4	
Total	3,038	15	n.a.	147	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 237 beneficiaries who were in nursing facilities for part of their enrollment and their 2,503 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. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

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

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

Nondual Medicaid Beneficiaries

TABLE ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			MISC. ANTI-INFECTIVES				ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	24	\$3,038	3	2.9	25	0.1	\$91	2	1.9	24	0.1	\$14
Female												
All Females	23	3,007	3	6.8	25	0.1	91	2	4.5	24	0.1	14
Female, Disabled												
All Ages	10	479	0	0.0	0	0.0	0	2	8.7	24	0.1	14
64 or younger	10	479	0	0.0	0	0.0	0	2	9.1	24	0.1	14
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	13	2,528	3	14.3	25	0.1	91	0	0.0	0	0.0	0
64 or younger	4	456	1	100.0	1	1.0	414	0	0.0	0	0.0	0
65-74	9	2,072	2	33.3	24	0.1	77	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male												
All Males	1	31	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Disabled												
All Ages	1	31	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	1	31	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 237 beneficiaries who were in nursing facilities for part of their enrollment and their 2,503 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 ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - Narcotic					ANTHYPERLIPIDEMIC				
	Users as % of All- Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Users as % of All- Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Users as % of All- Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
	Number of Users	Facility Residents			Number of Users	Facility Residents					Number of Users	Facility Residents			
All	2	1.9	24	0.1	\$6	2	1.9	13	0.5	\$5	0	0.0	0	0.0	\$0
Female															
All Females	2	4.5	24	0.1	6	2	4.5	13	0.4	3	0	0.0	0	0.0	0
Female, Disabled															
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	2	9.5	24	0.1	6	2	9.5	13	0.4	3	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	1	100.0	1	2.0	9	0	0.0	0	0.0	0
65-74	2	33.3	24	0.1	6	1	16.7	12	0.3	2	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male															
All Males	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Disabled															
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 237 beneficiaries who were in nursing facilities for part of their enrollment and their 2,503 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 ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	ANTIEMETICS						DIURETICS					ANTIDEPRESSANTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	
All	1	1.0	12	0.3	\$7	1	1.0	1	1.0	\$33	3	2.9	36	0.1	\$2	
Female																
All Females	1	2.3	12	0.3	7	1	2.3	1	1.0	33	3	6.8	36	0.1	2	
Female, Disabled																
All Ages	1	4.3	12	0.3	7	0	0.0	0	0.0	0	2	8.7	24	0.2	3	
64 or younger	1	4.5	12	0.3	7	0	0.0	0	0.0	0	2	9.1	24	0.2	3	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Female, Other Eligibles																
All Ages	0	0.0	0	0.0	0	1	4.8	1	1.0	33	1	4.8	12	0.1	0	
64 or younger	0	0.0	0	0.0	0	1	100.0	1	1.0	33	0	0.0	0	0.0	0	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	16.7	12	0.1	0	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Male																
All Males	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Male, Disabled																
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Male, Other Eligibles																
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	

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

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 237 beneficiaries who were in nursing facilities for part of their enrollment and their 2,503 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 ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, ARIZONA, 2007

Beneficiary Characteristics	MISC. GI					ANTIARRHYTHMIC						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	0	0.0	0	0.0	\$0	1	1.0	12	0.1	\$4	104	1,015
Female												
All Females	0	0.0	0	0.0	0	1	2.3	12	0.1	4	44	430
Female, Disabled												
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	23	244
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	22	232
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	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	0	0.0	0	0.0	0	1	4.8	12	0.1	4	21	186
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	0	0.0	0	0.0	0	1	16.7	12	0.1	4	6	61
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	66
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	58
Male												
All Males	0	0.0	0	0.0	0	0	0.0	0	0.0	0	60	585
Male, Disabled												
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	49	492
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	44	441
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	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	93
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	66
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 237 beneficiaries who were in nursing facilities for part of their enrollment and their 2,503 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 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 Nondual Rx \$	Total Number of Beneficiaries	
All	2,375	1.4	0.0	6,065	\$1	\$180,415	\$30	5.9	170,654	
Age										
5 and younger	672	1.9	0.0	1,477	0	8,342	6	4.6	34,965	
6-14	502	1.4	0.0	989	1	41,592	42	7.8	35,866	
15-20	229	1.0	0.0	432	2	50,607	117	11.7	23,285	
21-44	567	1.1	0.0	1,324	0	10,536	8	0.9	51,746	
45-64	382	1.6	0.1	1,739	3	68,753	40	8.8	23,219	
65-74	18	2.1	0.1	79	1	483	6	1.4	850	
75-84	3	0.6	0.0	20	0	84	4	5.7	467	
85 and older	2	0.8	0.0	5	0	18	4	0.0	255	
Unknown	0	0.0	0.0	0	0	0	0	0.0	1	
Basis of Eligibility^c										
Aged	7	0.6	0.0	29	0	144	5	2.0	1,105	
Disabled	473	1.7	0.1	2,035	5	154,604	76	7.2	28,576	
Adults	621	0.9	0.0	1,430	0	10,725	8	2.3	68,344	
Children	1,274	1.8	0.0	2,571	0	14,942	6	3.3	72,607	
Unknown	0	0.0	0.0	0	0	0	0	0.0	22	
Gender										
Female	1,413	1.6	0.0	3,577	2	139,190	39	8.7	88,050	
Male	962	1.2	0.0	2,488	0	41,225	17	2.8	82,604	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	14	0.1	0.0	29	0	366	13	2.1	26,395	
African American	1	0.0	0.0	1	0	2	2	0.3	4,300	
Other/unknown	2,360	1.7	0.0	6,035	1	180,047	30	5.9	139,959	
Use of Nursing Facilities^d										
Entire year	3	2.9	0.0	3	0	30	10	0.9	104	
Part year	70	29.5	1.1	259	50	11,834	46	7.4	237	
None	2,302	1.4	0.0	5,803	1	168,551	29	5.8	170,313	
Maintenance Assistance Status										
Cash	1,573	2.0	0.1	4,321	2	160,866	37	6.3	78,392	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	492	1.5	0.0	1,017	0	5,831	6	2.9	33,568	
Other/unknown	310	0.5	0.0	727	0	13,718	19	4.4	58,694	

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ARIZONA, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.0	\$0	\$30	\$0	\$0	1,216,114
Age						
5 and younger	0.0	0	6	0	0	215,405
6-14	0.0	0	42	0	0	286,263
15-20	0.0	0	117	0	0	175,492
21-44	0.0	0	8	0	0	362,531
45-64	0.0	0	40	0	0	164,196
65-74	0.0	0	6	0	0	6,762
75-84	0.0	0	4	0	0	3,650
85 and older	0.0	0	4	0	0	1,812
Unknown	0.0	0	0	0	0	3
Basis of Eligibility^c						
Aged	0.0	0	5	0	0	8,020
Disabled	0.0	1	76	0	0	261,797
Adults	0.0	0	8	0	0	458,075
Children	0.0	0	6	0	0	488,153
Unknown	0.0	0	0	0	0	69
Gender						
Female	0.0	0	39	0	0	638,480
Male	0.0	0	17	0	0	577,634
Unknown	0.0	0	0	0	0	0
Race						
White	0.0	0	13	0	0	121,406
African American	0.0	0	2	0	0	13,249
Other/unknown	0.0	0	30	0	0	1,081,459
Use of Nursing Facilities^d						
Entire year	0.0	0	10	0	0	1,015
Part year	0.1	5	46	0	0	2,503
None	0.0	0	29	0	0	1,212,596
Maintenance Assistance Status						
Cash	0.0	0	37	0	0	637,619
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	6	0	0	206,605
Other/unknown	0.0	0	19	0	0	371,890

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

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
ARIZONA, 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	
				Excluded Rx \$	Total Number Rx. \$ per Rx	Excluded Rx	Excluded Rx
All	2,695	\$67	\$180,415	100.0	6,065	\$30	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	353	10	3,570	2.0	463	8	7.6
Vitamins and minerals	148	40	5,850	3.2	351	17	5.8
Non-prescription drugs	1,939	15	28,794	16.0	4,650	6	76.7
Barbiturates	13	38	493	0.3	64	8	1.1
Benzodiazepines	216	13	2,745	1.5	417	7	6.9
Other Part D Excl Rx Drugs	26	5,345	138,963	77.0	120	1,158	2.0

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

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.

Nondual Medicaid Beneficiaries

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, ARIZONA, 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
All	1,205,573	4,433	81,603	469,535	649,817	185	10,679,148	42,983	892,717	3,886,767	5,855,098	1,583
Age												
5 and younger	304,456	0	6,505	0	297,951	0	2,647,967	0	69,558	0	2,578,409	0
6-14	276,113	0	15,253	0	260,860	0	2,642,974	0	172,934	0	2,470,040	0
15-20	144,448	1	9,737	43,801	90,908	1	1,284,288	7	108,582	369,652	806,037	10
21-44	340,452	7	21,306	319,007	93	39	2,877,816	45	233,312	2,643,525	600	334
45-64	133,899	25	27,450	106,282	0	142	1,166,049	138	293,591	871,097	0	1,223
65-74	4,019	2,472	1,144	400	0	3	38,642	23,955	12,444	2,227	0	16
75-84	1,698	1,477	189	32	0	0	17,073	14,779	2,101	193	0	0
85 and older	483	451	19	13	0	0	4,327	4,059	195	73	0	0
Unknown	5	0	0	0	5	0	12	0	0	0	12	0
Gender												
Female	658,770	2,850	39,338	294,656	321,741	185	5,946,268	28,037	433,926	2,575,882	2,906,840	1,583
Male	546,803	1,583	42,265	174,879	328,076	0	4,732,880	14,946	458,791	1,310,885	2,948,258	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	394,617	767	33,211	197,565	162,957	117	3,329,135	6,887	357,718	1,565,093	1,398,432	1,005
African American	82,468	126	6,910	31,607	43,818	7	721,658	1,157	74,532	251,247	394,673	49
Other/unknown	728,488	3,540	41,482	240,363	443,042	61	6,628,355	34,939	460,467	2,070,427	4,061,993	529
Use of Nursing Facilities^c												
Entire year	104	31	72	1	0	0	1,015	278	736	1	0	0
Part year	237	29	176	30	2	0	2,583	296	1,945	319	23	0
None	1,205,232	4,373	81,355	469,504	649,815	185	10,675,550	42,409	890,036	3,886,447	5,855,075	1,583
Maintenance Assistance Status												
Cash	486,099	1,046	66,837	200,830	217,386	0	4,671,302	10,991	746,944	1,829,353	2,084,014	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	308,455	253	1,637	19,092	287,288	185	2,832,116	2,198	15,912	135,347	2,677,076	1,583
Other/unknown	411,019	3,134	13,129	249,613	145,143	0	3,175,730	29,794	129,861	1,922,067	1,094,008	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	123,554	791	21,061	51,221	50,474	7	1,096,007	6,795	234,040	415,511	439,619	42
FFS part year, with Rx claims	764	1	79	279	405	0	8,067	12	894	2,922	4,239	0
FFS part year, no Rx claims	46,336	313	7,436	16,844	21,728	15	410,654	3,142	79,515	141,253	186,633	111
MC all year, with Rx claims	33	0	3	7	23	0	355	0	36	74	245	0
MC all year, no Rx claims	1,034,886	3,328	53,024	401,184	577,187	163	9,164,065	33,034	578,232	3,327,007	5,224,362	1,430

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

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, ARIZONA, 2007

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	1,205,573	10,679,148	170,654	1,216,114	0	9,463,034
Fee-for-service (FFS) all year	123,554	1,096,007	123,554	1,096,007	0	0
FFS part year, with Rx claims	764	8,067	764	4,023	0	4,044
FFS part year, with no Rx claims	46,336	410,654	46,336	116,084	0	294,570
Managed care (MC) all year, with Rx claims	33	355	0	0	0	355
MC all year, with no Rx claims	1,034,886	9,164,065	0	0	0	9,164,065

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

Nondual Medicaid Beneficiaries