

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 ARIZONA

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TABLE 1  
 OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
 ARIZONA, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	648,016 (A)	60,683 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	640,601 (B)	53,463 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	0 (C)	0 (G)
4. Benes who were all-year nursing facility residents <sup>f</sup>	0 (D)	0 (H)

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

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

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.

c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.

d. The total Medicaid pharmacy reimbursement for Arizona in 1999 was \$1,529,371, of which \$1,529,371 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.

f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 1999. All benefit months of such dual eligible beneficiaries, of which 0 percent were restricted benefit months without a pharmacy benefit in Arizona, were used in the dual tables.

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

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

TABLE 2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 ARIZONA, 1999

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Age</b>												
5 and younger	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
15-20	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
45-64	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
75-84	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
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	0	0	0	0	0	0	0	0	0	0	0	0
Male	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
<b>Race</b>												
White	0	0	0	0	0	0	0	0	0	0	0	0
African American	0	0	0	0	0	0	0	0	0	0	0	0
Other/unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Use of Nursing Facilities</b>												
All year	0	0	0	0	0	0	0	0	0	0	0	0
Part year	0	0	0	0	0	0	0	0	0	0	0	0
None	0	0	0	0	0	0	0	0	0	0	0	0
<b>Maintenance Assistance Status</b>												
Cash	0	0	0	0	0	0	0	0	0	0	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	0	0	0	0	0	0	0	0	0	0	0	0
Other/unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Dual Medicare Status<sup>c</sup></b>												
Full dual, all year	0	0	0	0	0	0	0	0	0	0	0	0
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0
Non-dual, all year	0	0	0	0	0	0	0	0	0	0	0	0
<b>Managed Care Status</b>												
FFS all year	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

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

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

c. 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 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 ARIZONA, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ <sup>c</sup>	No. of Beneficiaries
All	0.0 %	0.0	\$0	\$0	\$0	0.0 %	\$0	0
<b>Age</b>								
5 and younger	0.0	0.0	0	0	0	0.0	0	0
6-14	0.0	0.0	0	0	0	0.0	0	0
15-20	0.0	0.0	0	0	0	0.0	0	0
21-44	0.0	0.0	0	0	0	0.0	0	0
45-64	0.0	0.0	0	0	0	0.0	0	0
65-74	0.0	0.0	0	0	0	0.0	0	0
75-84	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
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Basis of Eligibility</b>								
Aged	0.0	0.0	0	0	0	0.0	0	0
Disabled	0.0	0.0	0	0	0	0.0	0	0
Adults	0.0	0.0	0	0	0	0.0	0	0
Children	0.0	0.0	0	0	0	0.0	0	0
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Gender</b>								
Female	0.0	0.0	0	0	0	0.0	0	0
Male	0.0	0.0	0	0	0	0.0	0	0
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Race</b>								
White	0.0	0.0	0	0	0	0.0	0	0
African American	0.0	0.0	0	0	0	0.0	0	0
Other/unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Use of Nursing Facilities</b>								
Entire year	0.0	0.0	0	0	0	0.0	0	0
Part year	0.0	0.0	0	0	0	0.0	0	0
None	0.0	0.0	0	0	0	0.0	0	0
<b>Maintenance Assistance Status</b>								
Cash	0.0	0.0	0	0	0	0.0	0	0
Medically needy	0.0	0.0	0	0	0	0.0	0	0
Poverty related	0.0	0.0	0	0	0	0.0	0	0
Other/unknown	0.0	0.0	0	0	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 ARIZONA, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	No.
				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				
All	0.0	\$0	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	\$0	0	0	
<b>Age</b>												
5 and younger	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	
15-20	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	
45-64	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	
75-84	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	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Basis of Eligibility</b>												
Aged	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Disabled	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Adults	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Children	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	
<b>Gender</b>												
Female	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Male	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	
<b>Race</b>												
White	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
African American	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Other/unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Use of Nursing Facilities</b>												
Entire year	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Part year	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
None	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Maintenance Assistance Status</b>												
Cash	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Medically needy	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	0.0	0.0	0.0	0.0	0.0	0	0	0	
Other/unknown	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 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

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

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 ARIZONA, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
All	0.0	\$0	0.0	\$0	0.0	\$0	0.0	\$0
<b>Age</b>								
5 and younger	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
15-20	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
45-64	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
75-84	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
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility</b>								
Aged	0.0	0	0.0	0	0.0	0	0.0	0
Disabled	0.0	0	0.0	0	0.0	0	0.0	0
Adults	0.0	0	0.0	0	0.0	0	0.0	0
Children	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
<b>Gender</b>								
Female	0.0	0	0.0	0	0.0	0	0.0	0
Male	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
<b>Race</b>								
White	0.0	0	0.0	0	0.0	0	0.0	0
African American	0.0	0	0.0	0	0.0	0	0.0	0
Other/unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Use of Nursing Facilities</b>								
Entire year	0.0	0	0.0	0	0.0	0	0.0	0
Part year	0.0	0	0.0	0	0.0	0	0.0	0
None	0.0	0	0.0	0	0.0	0	0.0	0
<b>Maintenance Assistance Status</b>								
Cash	0.0	0	0.0	0	0.0	0	0.0	0
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.0	0	0.0	0	0.0	0	0.0	0
Other/unknown	0.0	0	0.0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

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

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

Table 5

All Medicaid Beneficiaries

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, 4.9 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 combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 ARIZONA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total Rx \$	No.	As % of All Benes	No. of Bene Mos
	Patented		Off-Patent		Patented		Off-Patent					
	Total	Brand-Name	Off-Patent	Brand-Name	Total	Brand-Name	Off-Patent	Brand-Name				
Anti-infective Agents												
Biologicals												
Antineoplastic Agents												
Endocrine/Metabolic Drugs												
Cardiovascular Agents												
Respiratory Agents												
Gastrointestinal Agents												
Genitourinary Agents												
CNS Drugs												
Stimulants/Anti-obesity/Anorexia												
Miscellaneous Psychological/Neurological Agents												
Analgesics and Anesthetics												
Neuromuscular Agents												
Nutritional Products												
Hematological Agents												
Topical Products												
Miscellaneous Products												
Unknown Therapeutic Category												
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	0	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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, 4.9 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 ARIZONA, 1999

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
PENICILLINS	\$0	0	0.0 %	0	0.0	\$0	0
CEPHALOSPORINS	0	0	0.0	0	0.0	0	0
MACROLIDE ANTIBIOTICS	0	0	0.0	0	0.0	0	0
TETRACYCLINES	0	0	0.0	0	0.0	0	0
FLUOROQUINOLONES	0	0	0.0	0	0.0	0	0
AMINOGLYCOSIDES	0	0	0.0	0	0.0	0	0
ANTIMYCOBACTERIAL AGENTS	0	0	0.0	0	0.0	0	0
ANTIFUNGALS	0	0	0.0	0	0.0	0	0
ANTIVIRAL	0	0	0.0	0	0.0	0	0
ANTIMALARIAL	0	0	0.0	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE<sup>a,b,c</sup>  
 ARIZONA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				PENICILLINS				CEPHALOSPORINS			
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	0	\$0	0	0.0%	0	0.0	\$0	0	0.0%	0	0.0	\$0
<b>Female</b>	0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0
<b>Disabled</b>	0	0	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	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	0.0	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>Other Eligibles</b>	0	0	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	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	0.0	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>	0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0
<b>Disabled</b>	0	0	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	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	0.0	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>Other Eligibles</b>	0	0	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	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	0.0	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>	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 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 7A includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 ARIZONA, 1999

Beneficiary Characteristics	MACROLIDE ANTIBIOTICS				TETRACYCLINES				FLUOROQUINOLONES			
	No. of Users	Users as % of All Benes	No. of Bene among Users	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene among Users	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene among Users	Mean Rx \$
<b>All</b>	0	0.0 %	0	\$0	0	0.0 %	0	\$0	0	0.0 %	0	\$0
<b>Female</b>	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
<b>Disabled</b>	0	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
6-14	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
21-44	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	0
65-74	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
85 and older	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
<b>Other Eligibles</b>	0	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
6-14	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
21-44	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	0
65-74	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
85 and older	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
<b>Male</b>	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
<b>Disabled</b>	0	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
6-14	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
21-44	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	0
65-74	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
85 and older	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
<b>Other Eligibles</b>	0	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
6-14	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
21-44	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	0
65-74	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
85 and older	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
<b>Unknown</b>	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 7B includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE 7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 ARIZONA, 1999

Beneficiary Characteristics	AMINOGLYCOSIDES				ANTIMYCOBACTERIAL AGENTS				ANTIFUNGALS						
	No. of Users	Users as % of All Benes	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	0	0.0%	0	0.0	\$0	0	0.0%	0	0.0	\$0	0	0.0%	0	0.0	\$0
<b>Female</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Disabled</b>	0	0.0	0	0.0	0	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	0.0	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	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>Other Eligibles</b>	0	0.0	0	0.0	0	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	0.0	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	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>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Disabled</b>	0	0.0	0	0.0	0	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	0.0	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	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>Other Eligibles</b>	0	0.0	0	0.0	0	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	0.0	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	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 7C  
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 7C includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 ARIZONA, 1999

Beneficiary Characteristics	ANTIVIRAL				ANTIMALARIAL							
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
<b>All</b>	0	0.0%	0	0.0	\$0	0	0.0%	0	0.0	\$0	0	0
<b>Female</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Disabled</b>	0	0.0	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	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	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>Other Eligibles</b>	0	0.0	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	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	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>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Disabled</b>	0	0.0	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	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	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>Other Eligibles</b>	0	0.0	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	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	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>	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 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 7D includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 ARIZONA, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
<b>All</b>	<b>\$0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>
<b>Age</b>				
0-64	0	0.0	0	0
65-74	0	0.0	0	0
75-84	0	0.0	0	0
85 and older	0	0.0	0	0
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	0	0.0	0	0
Male	0	0.0	0	0
Unknown	0	0.0	0	0
<b>Race</b>				
White	0	0	0	0
African American	0	0	0	0
Other/unknown	0	0	0	0
<b>Basis of Eligibility</b>				
Aged	0	0.0	0	0
Disabled	0	0.0	0	0
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 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 0 beneficiaries who were in nursing facilities for part of their enrollment and their 0 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.

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

TABLE 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>  
 ARIZONA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total # of Rx			Total Rx \$			Users								
	Total	Patented	Off-Patent	Brand-Name	Total	Patented	Off-Patent	Brand-Name	Total	Patented	Off-Patent	Brand-Name	Total	Patented	Off-Patent	Brand-Name	Total	Patented	Off-Patent	Brand-Name	As % of All-Year NF Residents	No. of Bene Mos	
Anti-infective Agents																							
Biologicals																							
Antineoplastic Agents																							
Endocrine/Metabolic Drugs																							
Cardiovascular Agents																							
Respiratory Agents																							
Gastrointestinal Agents																							
Genitourinary Agents																							
CNS Drugs																							
Stimulants/Anti-obesity/Anorexia																							
Miscellaneous Psychological/Neurological Agents																							
Analgesics and Anesthetics																							
Neuromuscular Agents																							
Nutritional Products																							
Hematological Agents																							
Topical Products																							
Miscellaneous Products																							
Unknown Therapeutic Category																							
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 0 beneficiaries who were in nursing facilities for part of their enrollment and their 0 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 1999. 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). In Arizona, 4.9 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.

Table 9

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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 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>  
 ARIZONA, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ULCER DRUGS	\$0	0	0.0 %	0	0.0	\$0	\$0
ANTIDEPRESSANTS	0	0	0.0	0	0.0	0	0
ANTIPSYCHOTICS	0	0	0.0	0	0.0	0	0
HEMATOPOIETIC AGENTS	0	0	0.0	0	0.0	0	0
DERMATOLOGICAL	0	0	0.0	0	0.0	0	0
ANTICONVULSANT	0	0	0.0	0	0.0	0	0
CEPHALOSPORINS	0	0	0.0	0	0.0	0	0
ANTIHYPERTENSIVE	0	0	0.0	0	0.0	0	0
ANTIIDIABETIC	0	0	0.0	0	0.0	0	0
ANTIASTHMATIC	0	0	0.0	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 0 beneficiaries who were in nursing facilities for part of their enrollment and their 0 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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



TABLE 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, BOE, AND AGE<sup>a, b, c, d</sup> ARIZONA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ULCER DRUGS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Residents	Mean No. of Rx	No. of Users	Residents	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	Mean No. of Rx	Mean Rx \$
<b>All</b>	0	\$0	0	0.0 %	0.0	0	0.0 %	0.0	\$0	0	0.0 %	0.0	\$0	0	0.0 %	0.0	\$0
<b>Female</b>	0	0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0.0	0	0.0	0.0	0.0	0
<b>Disabled</b>	0	0	0	0.0	0.0	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	0.0	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	0.0	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	0.0	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	0.0	0.0	0.0	0
<b>Other Eligibles</b>	0	0	0	0.0	0.0	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	0.0	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	0.0	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	0.0	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	0.0	0.0	0.0	0
<b>Male</b>	0	0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0.0	0	0.0	0.0	0.0	0
<b>Disabled</b>	0	0	0	0.0	0.0	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	0.0	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	0.0	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	0.0	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	0.0	0.0	0.0	0
<b>Unknown</b>	0	0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0.0	0	0.0	0.0	0.0	0

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 0 beneficiaries who were in nursing facilities for part of their enrollment and their 0 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE<sup>a, b, c, d</sup>  
 ARIZONA, 1999

Beneficiary Characteristics	ANTI-PSYCHOTICS					HEMATOPOIETIC AGENTS					DERMATOLOGICAL				
	Users as %		No. of Bene		Mean	Users as %		No. of Bene		Mean	Users as %		No. of Bene		Mean
	No. of Users	Residents	No. of Users	NF	Rx	Residents	NF	Users	Mos among	Rx	Residents	NF	Users	Mos among	Rx
<b>All</b>	0	0.0 %	0	0.0 %	\$0	0	0.0 %	0	0.0 %	\$0	0	0.0 %	0	0.0 %	\$0
<b>Female</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
<b>Disabled</b>	0	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	0
65-74	0	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	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	0
<b>Other Eligibles</b>	0	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	0
65-74	0	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	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	0
<b>Male</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
<b>Disabled</b>	0	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	0
65-74	0	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	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	0
<b>Other Eligibles</b>	0	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	0
65-74	0	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	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	0
<b>Unknown</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 0 beneficiaries who were in nursing facilities for part of their enrollment and their 0 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 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, BOE, AND AGE<sup>a, b, c, d</sup>  
 ARIZONA, 1999

Beneficiary Characteristics	ANTICONVULSANT					CEPHALOSPORINS					ANTIHYPERTENSIVE				
	Users as %		No. of Bene		Mean	Users as %		No. of Bene		Mean	Users as %		No. of Bene		Mean
	No. of Users	Residents	NF	Mos among Users	Rx	No. of Users	Residents	NF	Mos among Users	Rx	No. of Users	Residents	NF	Mos among Users	Rx
<b>All</b>	0	0.0 %	0	0.0 %	\$0	0	0.0 %	0	0.0 %	\$0	0	0.0 %	0	0.0 %	\$0
<b>Female</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Disabled</b>	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>Other Eligibles</b>	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>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Disabled</b>	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>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 0 beneficiaries who were in nursing facilities for part of their enrollment and their 0 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 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, BOE, AND AGE<sup>a, b, c, d</sup>  
 ARIZONA, 1999

Beneficiary Characteristics	ANTIDIABETIC				ANTIASTHMATIC				Mean Rx\$	Mean No. of Rx	All-Year NF Residents	Bene Mos among All-Year NF Residents
	Users as % of All-Year NF Residents		No. of Bene Mos among Users		Users as % of All-Year NF Residents		No. of Bene Mos among Users					
	No. of Users	Resident	No. of Users	Resident	No. of Users	Resident	No. of Users	Resident				
<b>All</b>	0	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %	\$0	0.0	0	0
<b>Female</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Disabled</b>	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
65-74	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
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Other Eligibles</b>	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
65-74	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
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Male</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Disabled</b>	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
65-74	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
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Other Eligibles</b>	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
65-74	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
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Unknown</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 0 beneficiaries who were in nursing facilities for part of their enrollment and their 0 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
ARIZONA, 1999

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries with Pharmacy Benefit Coverage						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>640,601</b>	<b>28,862</b>	<b>88,255</b>	<b>154,030</b>	<b>369,453</b>	<b>1</b>	<b>5,444,210</b>	<b>273,439</b>	<b>937,713</b>	<b>1,160,446</b>	<b>3,072,611</b>	<b>1</b>
<b>Age</b>												
5 and younger	182,862	0	4,182	0	178,680	0	1,465,138	0	44,391	0	1,420,747	0
6-14	168,990	0	10,626	0	158,364	0	1,515,178	0	118,506	0	1,396,672	0
15-20	60,920	0	6,054	22,463	32,403	0	495,880	0	65,537	175,191	255,152	0
21-44	153,355	0	29,249	124,100	5	1	1,240,426	0	309,520	930,873	32	1
45-64	35,845	1	28,411	7,432	1	0	348,234	12	294,084	54,130	8	0
65-74	16,709	9,355	7,322	32	0	0	174,823	94,499	80,091	233	0	0
75-84	12,719	10,881	1,835	3	0	0	125,034	105,321	19,694	19	0	0
85 and older	9,201	8,625	576	0	0	0	79,497	73,607	5,890	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	386,763	20,413	46,008	135,952	184,389	1	3,279,386	195,625	494,154	1,055,643	1,533,963	1
Male	253,838	8,449	42,247	18,078	185,064	0	2,164,824	77,814	443,559	104,803	1,538,648	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	231,496	16,360	45,119	57,410	112,606	1	1,946,926	144,995	469,448	440,281	892,201	1
African American	40,980	861	7,269	8,200	24,650	0	364,183	8,322	77,600	63,165	215,096	0
Other/unknown	368,125	11,641	35,867	88,420	232,197	0	3,133,101	120,122	390,665	657,000	1,965,314	0
<b>Use of Nursing Facilities</b>												
All year	423	271	152	0	0	0	3,535	2,133	1,402	0	0	0
Part year	498	248	236	13	1	0	4,991	2,346	2,507	126	12	0
None	639,680	28,343	87,867	154,017	369,452	1	5,435,684	268,960	933,804	1,160,320	3,072,599	1
<b>Maintenance Assistance Status</b>												
Cash	217,559	14,142	71,589	42,153	89,675	0	2,075,621	153,114	782,271	325,929	814,307	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	241,241	138	362	43,028	197,713	0	2,070,611	975	2,687	382,557	1,684,392	0
Other/unknown	181,801	14,582	16,304	68,849	82,065	1	1,297,978	119,350	152,755	451,960	573,912	1
<b>Dual Status<sup>c</sup></b>												
Full dual, all year	52,572	25,579	26,284	705	4	0	526,838	240,695	280,723	5,373	47	0
Full dual, part year	891	372	506	13	0	0	7,847	3,462	4,250	135	0	0
Non-dual, all year	587,138	2,911	61,465	153,312	369,449	1	4,909,525	29,282	652,740	1,154,938	3,072,564	1
<b>Managed Care Status</b>												
FFS all year	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	5,852	707	1,503	2,532	1,110	0	52,189	7,180	16,495	18,049	10,465	0
MC all year, no Rx claims	634,748	28,155	86,752	151,498	368,343	0	5,392,020	266,259	921,218	1,142,397	3,062,146	0
Unknown	1	0	0	0	0	1	0	0	0	0	0	1

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table A.1 includes the beneficiaries represented by Cell B of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had pharmacy benefits. 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 = Center for Medicare and 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  
 ARIZONA, 1999

	Bene Mos in Cell B of Table 1		Bene Mos in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
<b>All</b>	<b>640,601</b>	<b>5,444,210</b>	<b>0</b>	<b>0</b>	<b>640,600</b>	<b>5,444,150</b>
FFS all year	0	0	0	0	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
MC all year, with Rx claims	5,852	52,189	0	0	5,852	52,186
MC all year, with no Rx claims	634,748	5,392,020	0	0	634,748	5,391,964
Unknown	1	1	0	0	0	0

Source: Data for this table are from the MAX 1999 file for Arizona, released by CMS in 1/2004. This table was produced on 06/25/2004.

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