STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
ARIZONA

LIST OF TABLES

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

NONDUAL BENEFICIARIES, ARIZONA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**273,077**	**1,554**	**38,748**	**133,835**	**98,940**	**0**	**1,413,072**	**10,686**	**264,644**	**578,879**	**558,863**	**0**
Age												
5 and younger	26,438	0	3,355	0	23,083	0	197,510	0	32,161	0	165,349	0
6-14	42,698	0	6,073	0	36,625	0	305,024	0	60,785	0	244,239	0
15-20	62,690	0	5,634	17,827	39,229	0	252,060	0	34,885	67,905	149,270	0
21-44	105,119	2	10,884	94,230	3	0	465,706	4	62,745	402,952	5	0
45-64	33,690	11	11,966	21,713	0	0	176,802	34	69,036	107,732	0	0
65-74	1,264	552	667	45	0	0	8,214	3,854	4,154	206	0	0
75-84	746	585	146	15	0	0	4,729	3,918	748	63	0	0
85 and older	432	404	23	5	0	0	3,027	2,876	130	21	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	160,732	1,142	20,199	89,558	49,833	0	782,795	7,981	124,637	368,721	281,456	0
Male	112,345	412	18,549	44,277	49,107	0	630,277	2,705	140,007	210,158	277,407	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	58,934	622	15,786	29,120	13,406	0	189,254	4,847	103,927	54,888	25,592	0
African American	14,223	49	3,004	7,172	3,998	0	33,704	336	11,477	13,977	7,914	0
Other/unknown	199,920	883	19,958	97,543	81,536	0	1,190,114	5,503	149,240	510,014	525,357	0
Use of Nursing Facilities[c]												
Entire year	117	27	88	1	1	0	1,112	229	880	1	2	0
Part year	262	28	205	25	4	0	2,752	289	2,150	281	32	0
None	272,698	1,499	38,455	133,809	98,935	0	1,409,208	10,168	261,614	578,597	558,829	0
Maintenance Assistance Status												
Cash	144,282	577	30,439	68,824	44,442	0	783,751	3,798	191,570	298,972	289,411	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	48,859	67	299	5,043	43,450	0	233,975	351	1,056	17,508	215,060	0
Other/unknown	79,936	910	8,010	59,968	11,048	0	395,346	6,537	72,018	262,399	54,392	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	120,245	976	19,048	49,615	50,606	0	1,072,866	8,998	214,526	398,478	450,864	0
FFS part year, with Rx claims	799	1	101	302	395	0	4,408	3	756	1,675	1,974	0
FFS part year, no Rx claims	152,033	577	19,599	83,918	47,939	0	335,798	1,685	49,362	178,726	106,025	0

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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.

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

NONDUAL BENEFICIARIES, ARIZONA, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**2.1 %**	**0.1**	**$9**	**$63**	**$4,884**	**0.2 %**	**273,077**
Age							
5 and younger	4.5	0.1	7	62	7,104	0.1	26,438
6-14	2.3	0.1	5	62	5,467	0.1	42,698
15-20	1.2	0.1	6	112	3,865	0.2	62,690
21-44	1.6	0.1	8	72	3,784	0.2	105,119
45-64	2.6	0.4	21	48	6,779	0.3	33,690
65-74	6.6	2.0	98	49	18,102	0.5	1,264
75-84	3.6	1.0	35	36	17,423	0.2	746
85 and older	3.5	0.8	27	34	18,933	0.1	432
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	4.1	1.5	71	48	19,557	0.4	1,554
Disabled	3.2	0.6	46	80	19,620	0.2	38,748
Adults	1.3	0.1	3	41	2,184	0.1	133,835
Children	2.6	0.1	3	41	2,536	0.1	98,940
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	2.1	0.1	7	52	4,773	0.1	160,732
Male	2.0	0.2	13	75	5,043	0.3	112,345
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	0.2	0.0	0	41	7,221	0.0	58,934
African American	0.2	0.0	0	30	4,262	0.0	14,223
Other/unknown	2.7	0.2	13	63	4,239	0.3	199,920
Use of Nursing Facilities[f]							
Entire year	85.5	65.8	3,168	48	83,405	3.8	117
Part year	92.4	26.9	1,315	49	92,651	1.4	262
None	1.9	0.1	7	71	4,766	0.1	272,698
Maintenance Assistance Status							
Cash	2.7	0.2	15	68	6,134	0.2	144,282
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	2.1	0.1	4	54	2,475	0.2	48,859
Other/unknown	0.9	0.1	3	41	4,100	0.1	79,936

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

NONDUAL BENEFICIARIES, ARIZONA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with:						Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
				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			
All	**0.0**	**$2**	**0.2 %**	**97.9 %**	**1.8 %**	**0.1 %**	**0.1 %**	**0.0 %**	**0.0 %**	**$944**	**273,077**	**1,413,072**
Age												
5 and younger	0.0	1	0.1	95.5	4.4	0.1	0.0	0.0	0.0	951	26,438	197,510
6-14	0.0	1	0.1	97.7	2.1	0.1	0.0	0.0	0.0	765	42,698	305,024
15-20	0.0	2	0.2	98.8	1.1	0.1	0.0	0.0	0.0	961	62,690	252,060
21-44	0.0	2	0.2	98.4	1.4	0.1	0.1	0.0	0.0	854	105,119	465,706
45-64	0.1	4	0.3	97.4	1.9	0.2	0.4	0.1	0.0	1,292	33,690	176,802
65-74	0.3	15	0.5	93.4	2.5	0.8	1.9	1.0	0.4	2,786	1,264	8,214
75-84	0.2	6	0.2	96.4	1.7	0.1	1.1	0.7	0.0	2,748	746	4,729
85 and older	0.1	4	0.1	96.5	1.2	0.7	1.2	0.5	0.0	2,702	432	3,027
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility[e]												
Aged	0.2	10	0.4	95.9	1.1	0.5	1.4	0.9	0.2	2,844	1,554	10,686
Disabled	0.1	7	0.2	96.8	2.3	0.3	0.4	0.2	0.1	2,873	38,748	264,644
Adults	0.0	1	0.1	98.7	1.2	0.1	0.0	0.0	0.0	505	133,835	578,879
Children	0.0	1	0.1	97.4	2.5	0.1	0.0	0.0	0.0	449	98,940	558,863
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.0	1	0.1	97.9	1.9	0.1	0.1	0.0	0.0	980	160,732	782,795
Male	0.0	2	0.3	98.0	1.7	0.1	0.1	0.0	0.0	899	112,345	630,277
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.0	0	0.0	99.8	0.1	0.0	0.0	0.0	0.0	2,249	58,934	189,254
African American	0.0	0	0.0	99.8	0.1	0.0	0.0	0.0	0.0	1,799	14,223	33,704
Other/unknown	0.0	2	0.3	97.3	2.4	0.1	0.1	0.0	0.0	712	199,920	1,190,114
Use of Nursing Facilities[f]												
Entire year	6.9	333	3.8	14.5	3.4	3.4	31.6	33.3	13.7	8,776	117	1,112
Part year	2.6	125	1.4	7.6	42.7	14.5	20.6	10.7	3.8	8,821	262	2,752
None	0.0	1	0.1	98.1	1.8	0.1	0.1	0.0	0.0	922	272,698	1,409,208
Maintenance Assistance Status												
Cash	0.0	3	0.2	97.3	2.3	0.2	0.1	0.0	0.0	1,129	144,282	783,751
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.0	1	0.2	97.9	1.9	0.1	0.1	0.0	0.0	517	48,859	233,975
Other/unknown	0.0	1	0.1	99.1	0.8	0.0	0.1	0.0	0.0	829	79,936	395,346

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

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

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

NONDUAL BENEFICIARIES, ARIZONA, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**0.0**	**$2**	**$63**	**0.0**	**$1**	**$220**	**0.0**	**$0**	**$76**	**0.0**	**$0**	**$17**
Age												
5 and younger	0.0	1	62	0.0	1	279	0.0	0	43	0.0	0	12
6-14	0.0	1	62	0.0	1	154	0.0	0	86	0.0	0	20
15-20	0.0	2	112	0.0	1	329	0.0	0	120	0.0	0	22
21-44	0.0	2	72	0.0	2	312	0.0	0	82	0.0	0	17
45-64	0.1	4	48	0.0	3	152	0.0	0	71	0.1	1	18
65-74	0.3	15	49	0.1	11	160	0.0	1	70	0.2	4	17
75-84	0.2	6	36	0.0	4	103	0.0	0	23	0.1	1	13
85 and older	0.1	4	34	0.0	2	87	0.0	0	46	0.1	1	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	0.2	10	48	0.0	7	158	0.0	1	52	0.2	2	16
Disabled	0.1	7	80	0.0	5	275	0.0	0	82	0.1	1	19
Adults	0.0	1	41	0.0	0	182	0.0	0	67	0.0	0	15
Children	0.0	1	41	0.0	0	117	0.0	0	74	0.0	0	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.0	1	52	0.0	1	181	0.0	0	72	0.0	0	17
Male	0.0	2	75	0.0	2	257	0.0	0	82	0.0	0	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.0	0	41	0.0	0	122	0.0	0	54	0.0	0	16
African American	0.0	0	30	0.0	0	87	0.0	0	77	0.0	0	19
Other/unknown	0.0	2	63	0.0	2	221	0.0	0	77	0.0	0	17
Use of Nursing Facilities[e]												
Entire year	6.9	333	48	1.5	209	139	0.3	25	78	5.1	99	19
Part year	2.6	125	49	0.5	77	163	0.1	8	71	2.0	40	20
None	0.0	1	71	0.0	1	256	0.0	0	78	0.0	0	16
Maintenance Assistance Status												
Cash	0.0	3	68	0.0	2	252	0.0	0	79	0.0	1	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.0	1	54	0.0	1	138	0.0	0	81	0.0	0	17
Other/unknown	0.0	1	41	0.0	0	129	0.0	0	60	0.0	0	16

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, 0.6 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
NONDUAL BENEFICIARIES, ARIZONA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users — Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	$ per Benefit Month Among Users — Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	$ per Rx — Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.1	0.0	0.1	$13	$8	$1	$4	$63	$148	$143	$25	6,117	$383,380	2,916	1.1 %	29,766
Biologicals	0.2	0.1	0.0	0.1	249	114	39	95	1216	1,256	1,723	1,049	18	21,883	10	0.0	88
Antineoplastic Agents	0.3	0.1	0.0	0.3	107	92	1	15	309	1,292	188	54	132	40,810	36	0.0	380
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.3	18	13	0	5	47	166	18	17	3,473	162,938	858	0.3	8,849
Cardiovascular Agents	0.6	0.1	0.0	0.5	16	9	0	7	26	90	22	13	4,568	116,825	683	0.3	7,149
Respiratory Agents	0.3	0.1	0.0	0.2	9	7	0	2	36	88	25	12	3,373	121,466	1,308	0.5	13,339
Gastrointestinal Agents	0.3	0.1	0.0	0.3	23	19	0	3	73	304	121	14	1,809	131,574	543	0.2	5,750
Genitourinary Agents	0.2	0.1	0.0	0.2	7	5	0	2	34	86	39	16	614	20,901	266	0.1	2,806
CNS Drugs	0.6	0.2	0.0	0.4	43	33	2	8	74	175	71	23	5,072	376,921	819	0.3	8,725
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	30	24	0	6	64	89	123	30	459	29,431	90	0.0	985
Miscellaneous Psychological/ Neurological Agents	0.5	0.5	0.0	0.0	181	181	0	0	347	347	0	0	49	17,021	9	0.0	94
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	10	7	0	3	33	282	169	10	7,309	243,660	2,297	0.8	24,030
Neuromuscular Agents	0.5	0.1	0.1	0.3	31	15	8	8	59	116	74	27	2,919	172,281	530	0.2	5,595
Nutritional Products	0.4	0.0	0.0	0.4	8	1	0	7	20	107	2	19	1,619	32,684	398	0.1	3,999
Hematological Agents	0.4	0.2	0.0	0.2	255	251	0	3	648	1,653	18	15	875	566,722	217	0.1	2,225
Topical Products	0.2	0.0	0.0	0.1	6	3	0	2	35	139	61	18	2,179	76,821	1,291	0.5	13,554
Miscellaneous Products	0.3	0.2	0.0	0.1	100	93	3	4	292	388	342	44	200	58,394	61	0.0	586
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	16	0	0	0	150	2,424	59	0.0	640
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.	40,935	2,576,136	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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, 0.6 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

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, 2004

| Top 10 Drug Groups | Total Medicaid Rx $ | Users | | | Among Users | | |
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
MISC. HEMATOLOGICAL	$449,496	25	0.0 %	270	0.6	$2,919	$1,665
ANTIPSYCHOTICS	271,106	385	0.1	4,212	0.4	168	64
ANTICONVULSANT	149,841	382	0.1	4,188	0.5	72	36
ANALGESICS - ANTI-INFLAMMATORY	121,435	1,667	0.6	17,849	0.2	45	7
ANALGESICS - Narcotic	105,476	1,607	0.6	17,000	0.3	22	6
ANTIASTHMATIC	94,142	1,076	0.4	11,010	0.2	41	9
ANTIDEPRESSANTS	93,262	581	0.2	6,291	0.4	41	15
ANTIDIABETIC	92,575	613	0.2	6,660	0.4	39	14
HEMATOPOIETIC AGENTS	92,005	213	0.1	2,161	0.2	214	43
MISC. GI	79,394	185	0.1	1,887	0.3	133	42
Total	1,548,732	6,734		71,528	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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.

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, 2004

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	19,270	$1,548,732	25	0.0 %	270	0.6	$1,665	385	0.1 %	4,212	0.4	$64
Female	10,386	605,197	13	0.0	127	0.3	34	183	0.1	2,008	0.4	63
Disabled	5,139	406,661	12	0.1	115	0.3	35	76	0.4	873	0.5	93
5 and younger	31	1,909	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	111	24,731	0	0.0	0	0.0	0	7	0.3	84	0.4	89
15-20	193	33,507	0	0.0	0	0.0	0	13	0.6	152	0.6	82
21-44	1,345	138,927	2	0.0	24	0.1	3	29	0.5	329	0.4	76
45-64	3,127	193,670	9	0.1	90	0.4	42	26	0.3	296	0.5	108
65-74	308	12,795	1	0.2	1	1.0	125	1	0.2	12	1.9	376
75-84	12	420	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	12	702	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5,247	198,536	1	0.0	12	0.3	30	107	0.1	1,135	0.3	39
5 and younger	505	9,248	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	709	36,772	0	0.0	0	0.0	0	33	0.2	371	0.3	44
15-20	771	40,750	0	0.0	0	0.0	0	44	0.1	469	0.3	51
21-44	2,234	75,261	0	0.0	0	0.0	0	20	0.0	190	0.1	7
45-64	569	13,952	1	0.0	12	0.3	30	6	0.0	60	0.1	1
65-74	226	13,860	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	173	7,225	0	0.0	0	0.0	0	2	0.5	21	1.0	98
85 and older	60	1,468	0	0.0	0	0.0	0	2	0.6	24	0.3	19
Male	8,884	943,535	12	0.0	143	0.8	3,113	202	0.2	2,204	0.4	66
Disabled	5,850	770,882	7	0.0	84	1.1	5,271	101	0.5	1,133	0.4	88
5 and younger	103	125,077	1	0.0	12	2.0	9,934	0	0.0	0	0.0	0
6-14	162	11,499	0	0.0	0	0.0	0	10	0.3	120	0.4	53
15-20	260	164,742	1	0.0	12	1.9	11,319	15	0.4	176	0.4	69
21-44	2,056	295,031	1	0.0	12	2.5	15,581	35	0.8	395	0.3	81
45-64	3,038	165,283	4	0.1	48	0.4	16	38	0.9	419	0.6	113
65-74	213	8,694	0	0.0	0	0.0	0	3	1.6	23	0.8	57
75-84	18	556	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
Other Eligibles	3,034	172,653	5	0.0	59	0.4	40	101	0.1	1,071	0.3	43
5 and younger	526	8,763	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	760	54,420	0	0.0	0	0.0	0	52	0.3	562	0.3	43
15-20	559	36,626	0	0.0	0	0.0	0	33	0.1	351	0.4	49
21-44	552	50,175	2	0.0	24	0.1	10	9	0.0	86	0.1	11
45-64	236	6,523	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	290	10,681	1	0.5	12	0.7	79	2	1.0	24	0.8	93
75-84	58	2,597	1	0.6	12	0.2	20	2	1.2	21	0.5	70
85 and older	53	2,868	1	1.2	11	0.7	86	3	3.7	27	0.1	8
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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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.

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, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - ANTI-INFLAMMATORY					ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**382**	**0.1 %**	**4,188**	**0.5**	**$36**	**1,667**	**0.6 %**	**17,849**	**0.2**	**$7**	**1,607**	**0.6 %**	**17,000**	**0.3**	**$6**
Female	190	0.1	2,068	0.4	33	1,023	0.6	10,985	0.2	9	1,079	0.7	11,482	0.2	4
Disabled	114	0.6	1,274	0.5	36	177	0.9	2,090	0.2	30	310	1.5	3,513	0.4	10
5 and younger	2	0.2	20	0.3	8	3	0.2	36	0.1	0	1	0.1	12	0.1	0
6-14	3	0.1	30	0.4	39	5	0.2	60	0.1	30	4	0.2	48	0.1	1
15-20	7	0.3	75	0.2	58	4	0.2	47	0.1	0	11	0.5	130	0.2	1
21-44	49	0.8	548	0.5	43	47	0.8	559	0.2	33	92	1.5	1,054	0.4	10
45-64	49	0.6	567	0.5	29	104	1.3	1,227	0.2	33	181	2.3	2,068	0.4	11
65-74	3	0.6	25	0.2	5	14	2.9	161	0.2	7	18	3.8	165	0.4	11
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	2.7	36	0.2	1
85 and older	1	6.3	9	1.3	78	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	76	0.1	794	0.4	29	846	0.6	8,895	0.1	4	769	0.5	7,969	0.2	2
5 and younger	1	0.0	12	0.3	20	179	1.6	1,908	0.1	1	13	0.1	146	0.1	1
6-14	21	0.1	231	0.4	28	132	0.7	1,416	0.1	1	37	0.2	356	0.1	1
15-20	11	0.0	118	0.3	27	121	0.4	1,232	0.1	1	89	0.3	958	0.1	1
21-44	29	0.0	284	0.3	34	338	0.5	3,537	0.1	8	544	0.8	5,561	0.2	2
45-64	7	0.1	75	0.2	17	73	0.5	766	0.2	3	66	0.5	741	0.2	2
65-74	2	0.5	24	1.0	28	1	0.2	12	0.8	3	11	2.7	102	0.8	9
75-84	4	0.9	38	1.1	29	0	0.0	0	0.0	0	6	1.4	69	0.4	2
85 and older	1	0.3	12	0.8	13	2	0.6	24	0.3	21	3	0.9	36	0.2	2
Male	192	0.2	2,120	0.6	38	644	0.6	6,864	0.1	4	528	0.5	5,518	0.4	10
Disabled	151	0.8	1,706	0.6	34	141	0.8	1,642	0.2	9	264	1.4	2,917	0.5	14
5 and younger	4	0.2	48	0.1	3	5	0.2	52	0.2	1	0	0.0	0	0.0	0
6-14	7	0.2	84	0.3	14	9	0.2	108	0.1	1	4	0.1	46	0.1	1
15-20	7	0.2	84	0.5	23	13	0.4	148	0.1	1	9	0.3	108	0.1	1
21-44	62	1.3	690	0.6	39	42	0.9	501	0.2	21	102	2.2	1,166	0.6	12
45-64	68	1.6	774	0.6	34	68	1.6	792	0.2	5	143	3.4	1,537	0.5	18
65-74	3	1.6	26	0.5	23	3	1.6	29	0.3	2	6	3.2	60	0.4	3
75-84	0	0.0	0	0.0	0	1	2.9	12	0.1	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
Other Eligibles	41	0.0	414	0.5	57	503	0.5	5,222	0.1	2	264	0.3	2,601	0.2	6
5 and younger	0	0.0	0	0.0	0	198	1.7	2,039	0.1	1	20	0.2	211	0.1	0
6-14	13	0.1	155	0.4	52	137	0.7	1,469	0.1	1	38	0.2	378	0.1	1
15-20	10	0.0	96	0.6	91	71	0.3	742	0.1	1	48	0.2	458	0.1	1
21-44	8	0.0	56	0.4	42	68	0.2	678	0.2	12	118	0.4	1,141	0.2	11
45-64	4	0.0	35	0.3	29	27	0.3	274	0.2	2	27	0.3	271	0.2	6
65-74	5	2.6	60	1.1	56	0	0.0	0	0.0	0	10	5.1	107	0.6	5
75-84	1	0.6	12	0.4	10	1	0.6	9	0.1	1	2	1.2	24	0.1	1
85 and older	0	0.0	0	0.0	0	1	1.2	11	0.7	72	1	1.2	11	2.0	13
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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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.

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, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDEPRESSANTS					ANTIDIABETIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**1,076**	**0.4 %**	**11,010**	**0.2**	**$9**	**581**	**0.2 %**	**6,291**	**0.4**	**$15**	**613**	**0.2 %**	**6,660**	**0.4**	**$14**
Female	608	0.4	6,291	0.2	9	327	0.2	3,499	0.3	13	352	0.2	3,829	0.3	13
Disabled	152	0.8	1,689	0.3	13	134	0.7	1,540	0.4	17	195	1.0	2,221	0.4	14
5 and younger	8	0.6	92	0.1	14	0	0.0	0	0.0	0	1	0.1	12	0.3	36
6-14	5	0.2	51	0.1	12	5	0.2	60	0.5	15	1	0.0	12	0.9	20
15-20	3	0.1	35	0.2	2	7	0.3	80	0.4	10	0	0.0	0	0.0	0
21-44	36	0.6	408	0.3	10	34	0.5	380	0.4	18	18	0.3	198	0.2	11
45-64	89	1.2	971	0.4	16	82	1.1	948	0.4	17	152	2.0	1,741	0.3	14
65-74	11	2.3	132	0.1	3	5	1.0	60	0.7	22	22	4.6	246	0.5	12
75-84	0	0.0	0	0.0	0	1	0.9	12	0.1	6	1	0.9	12	0.3	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	456	0.3	4,602	0.2	7	193	0.1	1,959	0.3	9	157	0.1	1,608	0.3	12
5 and younger	145	1.3	1,498	0.1	4	1	0.0	12	0.1	0	0	0.0	0	0.0	0
6-14	107	0.6	1,037	0.2	8	30	0.2	304	0.3	17	3	0.0	34	0.3	6
15-20	53	0.2	561	0.2	9	58	0.2	605	0.3	10	11	0.0	121	0.2	9
21-44	119	0.2	1,189	0.2	7	72	0.1	710	0.2	7	83	0.1	814	0.3	11
45-64	24	0.2	233	0.2	10	21	0.2	218	0.2	4	41	0.3	444	0.3	13
65-74	3	0.7	30	0.7	88	4	1.0	38	0.7	11	7	1.7	80	0.5	10
75-84	5	1.2	54	0.2	7	4	0.9	45	0.4	13	7	1.6	73	0.7	40
85 and older	0	0.0	0	0.0	0	3	0.9	27	0.5	6	5	1.5	42	0.2	2
Male	468	0.4	4,719	0.2	8	254	0.2	2,792	0.4	18	261	0.2	2,831	0.4	15
Disabled	143	0.8	1,566	0.3	13	139	0.7	1,581	0.5	21	183	1.0	2,073	0.4	17
5 and younger	17	0.8	204	0.3	28	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	13	0.3	156	0.2	7	13	0.3	156	0.3	14	2	0.1	24	0.3	23
15-20	12	0.3	142	0.3	9	11	0.3	130	0.3	18	1	0.0	11	0.5	13
21-44	36	0.8	410	0.5	12	48	1.0	540	0.5	20	35	0.8	384	0.5	21
45-64	61	1.4	617	0.3	10	60	1.4	671	0.5	23	133	3.1	1,511	0.4	16
65-74	3	1.6	25	0.2	12	7	3.7	84	0.7	43	9	4.8	107	0.5	20
75-84	1	2.9	12	0.3	3	0	0.0	0	0.0	0	3	8.8	36	0.4	14
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	325	0.3	3,153	0.2	6	115	0.1	1,211	0.3	12	78	0.1	758	0.3	11
5 and younger	158	1.4	1,505	0.2	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	109	0.6	1,079	0.2	6	52	0.3	555	0.3	13	1	0.0	8	0.4	6
15-20	29	0.1	283	0.2	14	43	0.2	470	0.3	12	5	0.0	56	0.2	11
21-44	14	0.0	138	0.1	5	12	0.0	105	0.2	4	32	0.1	322	0.3	9
45-64	9	0.1	104	0.2	7	2	0.0	13	0.8	52	24	0.3	218	0.3	9
65-74	4	2.1	40	0.9	17	4	2.1	45	0.5	10	11	5.6	100	0.5	21
75-84	2	1.2	4	1.0	16	1	0.6	11	0.3	12	5	3.0	54	0.6	10
85 and older	0	0.0	0	0.0	0	1	1.2	12	0.9	64	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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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.

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, 2004

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					MISC. GI					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month		
All	213	0.1 %	2,161	0.2	$43	185	0.1 %	1,887	0.3	$42	273,077	1,413,072
Female	154	0.1	1,561	0.2	40	102	0.1	1,066	0.3	49	160,732	782,795
Disabled	58	0.3	640	0.2	80	65	0.3	703	0.3	69	20,199	124,637
5 and younger	1	0.1	12	0.1	1	4	0.3	41	0.1	1	1,259	12,298
6-14	1	0.0	12	0.3	450	2	0.1	24	0.3	295	2,183	21,949
15-20	2	0.1	22	0.5	712	1	0.0	12	0.6	4	2,198	13,729
21-44	19	0.3	214	0.2	98	10	0.2	110	0.3	249	6,238	31,560
45-64	31	0.4	353	0.2	26	43	0.6	467	0.3	29	7,715	41,552
65-74	4	0.8	27	0.1	14	4	0.8	37	0.2	4	478	2,854
75-84	0	0.0	0	0.0	0	1	0.9	12	0.2	2	112	612
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	16	83
Other Eligibles	96	0.1	921	0.2	11	37	0.0	363	0.2	12	140,533	658,158
5 and younger	2	0.0	24	0.5	9	9	0.1	57	0.3	9	11,518	83,106
6-14	1	0.0	12	0.1	0	1	0.0	12	0.2	2	18,292	122,621
15-20	14	0.0	139	0.1	1	4	0.0	47	0.1	1	31,580	118,821
21-44	68	0.1	645	0.1	3	19	0.0	205	0.1	17	64,304	262,562
45-64	7	0.1	66	0.1	1	0	0.0	0	0.0	0	13,678	62,947
65-74	2	0.5	23	0.6	356	2	0.5	21	0.8	9	402	2,727
75-84	1	0.2	9	0.1	0	1	0.2	12	0.4	3	432	2,959
85 and older	1	0.3	3	0.7	1	1	0.3	9	0.6	7	327	2,415
Male	59	0.1	600	0.2	51	83	0.1	821	0.4	33	112,345	630,277
Disabled	44	0.2	460	0.2	44	68	0.4	669	0.4	9	18,549	140,007
5 and younger	0	0.0	0	0.0	0	4	0.2	38	0.2	1	2,096	19,863
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3,890	38,836
15-20	1	0.0	12	0.3	889	2	0.1	23	0.3	6	3,436	21,156
21-44	12	0.3	138	0.2	3	16	0.3	172	0.2	8	4,646	31,185
45-64	30	0.7	301	0.2	31	39	0.9	368	0.5	10	4,251	27,484
65-74	1	0.5	9	0.1	0	7	3.7	68	0.5	8	189	1,300
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	34	136
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	47
Other Eligibles	15	0.0	140	0.2	70	15	0.0	152	0.3	137	93,796	490,270
5 and younger	2	0.0	17	0.1	1	3	0.0	26	0.2	1	11,565	82,243
6-14	2	0.0	18	0.2	412	0	0.0	0	0.0	0	18,333	121,618
15-20	2	0.0	17	0.2	1	2	0.0	24	0.1	0	25,476	98,354
21-44	3	0.0	30	0.2	69	6	0.0	56	0.2	369	29,931	140,399
45-64	3	0.0	34	0.1	0	2	0.0	22	0.3	3	8,046	44,819
65-74	3	1.5	24	0.3	14	2	1.0	24	0.7	7	195	1,333
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	168	1,022
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	82	482
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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL BENEFICIARIES, ARIZONA, 2004

Beneficiary Characteristics	Rx $ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	**$333**	**6.9**	**117**	**1,112**
Age				
0-64	382	7.8	80	804
65-74	266	5.4	22	191
75-84	159	4.8	7	58
85 and older	53	2.1	8	59
Unknown	0	0.0	0	0
Gender				
Female	322	6.8	46	406
Male	340	7.0	71	706
Unknown	0	0.0	0	0
Race				
White	121	3.2	3	6
African American	0	0	0	0
Other/unknown	334	6.9	114	1,106
Basis of Eligibility[c]				
Aged	193	4.4	27	229
Disabled	371	7.6	88	880
Adults	126	6.0	1	1
Children	0	0.0	1	2
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 262 beneficiaries who were in nursing facilities for part of their enrollment and their 2,752 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.

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, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users		Number of Benefit Months
	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			Number of Users	As a Percentage of All-Year Nursing Facility Residents	
Anti-infective Agents	1.2	0.5	0.1	0.6	###	$93	$9	$20	$100	$177	$162	$31	861	$85,878	69	59.0 %	709
Biologicals	0.1	0.0	0.0	0.1	3	0	0	3	25	0	0	25	3	75	3	2.6	29
Antineoplastic Agents	0.5	0.0	0.0	0.5	20	0	0	20	39	0	0	39	12	471	3	2.6	23
Endocrine/Metabolic Drugs	1.0	0.2	0.1	0.7	19	9	1	9	20	55	16	13	575	11,721	60	51.3	602
Cardiovascular Agents	1.2	0.2	0.0	1.0	25	14	0	11	20	70	8	11	852	17,054	69	59.0	686
Respiratory Agents	1.1	0.3	0.0	0.9	36	21	0	15	32	83	0	17	506	16,184	43	36.8	445
Gastrointestinal Agents	1.0	0.1	0.0	0.9	29	15	0	14	31	161	0	16	509	15,541	51	43.6	535
Genitourinary Agents	0.6	0.2	0.0	0.4	22	14	1	7	37	84	30	18	159	5,890	25	21.4	270
CNS Drugs	1.7	0.5	0.1	1.1	119	91	7	20	69	178	60	18	1,281	88,886	68	58.1	750
Stimulants/Anti-obesity/Anorexia	0.3	0.3	0.0	0.0	30	30	0	0	121	121	0	0	3	363	1	0.9	12
Miscellaneous Psychological/ Neurological Agents	1.0	1.0	0.0	0.0	134	134	0	0	134	134	0	0	12	1,603	1	0.9	12
Analgesics and Anesthetics	1.7	0.2	0.0	1.4	65	36	8	22	39	165	259	16	1,034	40,498	63	53.8	620
Neuromuscular Agents	1.4	0.3	0.2	0.9	82	38	16	28	58	108	83	32	916	52,808	61	52.1	647
Nutritional Products	1.4	0.0	0.0	1.4	34	2	0	32	24	133	0	23	571	13,675	41	35.0	408
Hematological Agents	0.9	0.2	0.1	0.6	53	44	1	8	63	210	15	14	195	12,192	26	22.2	228
Topical Products	0.4	0.1	0.0	0.3	15	6	0	8	40	70	56	30	192	7,623	49	41.9	525
Miscellaneous Products	2.0	0.0	0.0	2.0	6	0	0	6	3	0	0	3	4	12	1	0.9	2
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	4	0	0	0	12	0	0	0	13	151	5	4.3	42
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.	7,698	370,625	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. A total of 262 beneficiaries who were in nursing facilities for part of their enrollment and their 2,752 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 2004. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

In Arizona, 0.6 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, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx $	Users			Among Users		
		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
ANTIPSYCHOTICS	$59,454	33	28.2 %	372	0.8	$191	$160
ANTICONVULSANT	44,760	63	53.8	696	1.0	63	64
MISC. ANTI-INFECTIVES	35,759	54	46.2	573	0.6	105	62
ANALGESICS - Narcotic	30,831	71	60.7	718	1.3	34	43
ANTIDEPRESSANTS	25,483	58	49.6	654	0.9	46	39
ANTIVIRAL	16,081	5	4.3	48	0.8	447	335
ANTIASTHMATIC	14,408	56	47.9	596	0.8	32	24
MINERALS & ELECTROLYTES	12,735	52	44.4	521	1.1	23	24
CEPHALOSPORINS	12,062	41	35.0	437	0.3	81	28
ANTIDIABETIC	11,690	55	47.0	559	0.7	28	21
Total	263,263	488		5,174	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. A total of 262 beneficiaries who were in nursing facilities for part of their enrollment and their 2,752 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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.

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, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					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	**4,446**	**$263,263**	**33**	**28.2 %**	**372**	**0.8**	**$160**	**63**	**53.8 %**	**696**	**1.0**	**$64**
Female	1,515	93,871	16	34.8	179	0.7	123	24	52.2	254	1.0	60
Disabled	1,182	68,557	13	44.8	146	0.8	141	18	62.1	192	1.1	71
64 or younger	1,101	62,071	12	50.0	134	0.7	120	16	66.7	182	1.0	71
65-74	65	5,715	1	25.0	12	1.9	376	1	25.0	1	3.0	85
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	16	771	0	0.0	0	0.0	0	1	100.0	9	1.3	78
Other Eligibles	333	25,314	3	17.6	33	0.4	40	6	35.3	62	1.0	27
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	200	21,344	0	0.0	0	0.0	0	2	28.6	24	1.0	28
75-84	93	3,225	1	25.0	9	0.8	97	3	75.0	26	1.0	32
85 and older	40	745	2	40.0	24	0.3	19	1	20.0	12	0.8	13
Male	2,931	169,392	17	23.9	193	0.9	195	39	54.9	442	1.0	67
Disabled	2,797	163,730	15	25.4	172	1.0	210	36	61.0	417	1.0	65
64 or younger	2,722	160,874	15	27.8	172	1.0	210	36	66.7	417	1.0	65
65-74	75	2,856	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
Other Eligibles	134	5,662	2	16.7	21	0.5	70	3	25.0	25	1.3	96
64 or younger	4	82	0	0.0	0	0.0	0	1	100.0	1	1.0	23
65-74	92	3,532	0	0.0	0	0.0	0	2	33.3	24	1.3	99
75-84	38	2,048	2	66.7	21	0.5	70	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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. A total of 262 beneficiaries who were in nursing facilities for part of their enrollment and their 2,752 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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, 2004

Beneficiary Characteristics	MISC. ANTI-INFECTIVES					ANALGESICS - Narcotic					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	54	46.2 %	573	0.6	$62	71	60.7 %	718	1.3	$43	58	49.6 %	654	0.9	$39
Female	23	50.0	238	0.2	8	28	60.9	272	1.3	47	23	50.0	254	0.9	39
Disabled	16	55.2	185	0.1	9	20	69.0	202	1.4	59	18	62.1	206	0.9	45
64 or younger	15	62.5	180	0.1	10	16	66.7	182	1.4	63	17	70.8	194	0.9	46
65-74	1	25.0	5	0.2	1	4	100.0	20	1.1	20	1	25.0	12	1.1	26
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
Other Eligibles	7	41.2	53	0.3	4	8	47.1	70	1.1	13	5	29.4	48	0.9	16
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	2	28.6	12	0.7	4	5	71.4	37	1.5	21	2	28.6	15	1.1	14
75-84	4	100.0	32	0.1	5	1	25.0	9	1.7	8	2	50.0	21	0.8	25
85 and older	1	20.0	9	0.3	1	2	40.0	24	0.3	3	1	20.0	12	0.8	3
Male	31	43.7	335	0.9	101	43	60.6	446	1.2	41	35	49.3	400	0.8	39
Disabled	31	52.5	335	0.9	101	40	67.8	430	1.3	42	34	57.6	388	0.8	40
64 or younger	28	51.9	309	1.0	109	37	68.5	394	1.4	46	30	55.6	340	0.8	38
65-74	3	60.0	26	0.3	7	3	60.0	36	0.5	3	4	80.0	48	0.7	50
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
Other Eligibles	0	0.0	0	0.0	0	3	25.0	16	0.3	4	1	8.3	12	1.0	14
64 or younger	0	0.0	0	0.0	0	1	100.0	1	2.0	38	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	1	16.7	3	0.3	6	1	16.7	12	0.9	8
75-84	0	0.0	0	0.0	0	1	33.3	12	0.2	1	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. A total of 262 beneficiaries who were in nursing facilities for part of their enrollment and their 2,752 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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, 2004

Beneficiary Characteristics	ANTIVIRAL					ANTIASTHMATIC					MINERALS & ELECTROLYTES				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	5	4.3 %	48	0.8	$335	56	47.9 %	596	0.8	$24	52	44.4 %	521	1.1	$24
Female	4	8.7	36	0.9	446	23	50.0	253	0.8	32	19	41.3	178	0.3	6
Disabled	0	0.0	0	0.0	0	16	55.2	181	1.0	28	13	44.8	132	0.4	6
64 or younger	0	0.0	0	0.0	0	16	66.7	181	1.0	28	10	41.7	109	0.4	7
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	5	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	2	200.0	18	0.2	3
Other Eligibles	4	23.5	36	0.9	446	7	41.2	72	0.4	42	6	35.3	46	0.2	4
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	4	57.1	36	0.9	446	3	42.9	30	0.7	88	4	57.1	25	0.4	6
75-84	0	0.0	0	0.0	0	4	100.0	42	0.2	8	2	50.0	21	0.1	2
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	1	1.4	12	0.2	1	33	46.5	343	0.7	19	33	46.5	343	1.4	34
Disabled	0	0.0	0	0.0	0	33	55.9	343	0.7	19	30	50.8	307	1.6	38
64 or younger	0	0.0	0	0.0	0	33	61.1	343	0.7	19	29	53.7	295	1.6	39
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	0.3	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
Other Eligibles	1	8.3	12	0.2	1	0	0.0	0	0.0	0	3	25.0	36	0.4	3
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	1	16.7	12	0.2	1	0	0.0	0	0.0	0	2	33.3	24	0.5	4
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	0.1	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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. A total of 262 beneficiaries who were in nursing facilities for part of their enrollment and their 2,752 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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.

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, 2004

Beneficiary Characteristics	CEPHALOSPORINS					ANTIDIABETIC					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $		
All	41	35.0 %	437	0.3	$28	55	47.0 %	559	0.7	$21	117	1,112
Female	20	43.5	204	0.2	10	19	41.3	208	0.7	23	46	406
Disabled	14	48.3	151	0.2	12	12	41.4	137	0.8	29	29	264
64 or younger	11	45.8	132	0.2	10	11	45.8	132	0.8	30	24	235
65-74	2	50.0	10	0.2	39	1	25.0	5	0.2	1	4	20
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	1	100.0	9	0.1	1	0	0.0	0	0.0	0	1	9
Other Eligibles	6	35.3	53	0.2	7	7	41.2	71	0.5	12	17	142
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
65-74	3	42.9	27	0.2	12	5	71.4	57	0.5	8	7	58
75-84	1	25.0	5	0.2	1	2	50.0	14	0.9	26	4	35
85 and older	2	40.0	21	0.1	1	0	0.0	0	0.0	0	5	47
Male	21	29.6	233	0.5	43	36	50.7	351	0.8	20	71	706
Disabled	20	33.9	230	0.5	42	26	44.1	266	0.8	22	59	616
64 or younger	19	35.2	218	0.5	44	24	44.4	242	0.9	24	54	566
65-74	1	20.0	12	0.7	5	2	40.0	24	0.1	5	5	50
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
Other Eligibles	1	8.3	3	0.7	117	10	83.3	85	0.7	13	12	90
64 or younger	0	0.0	0	0.0	0	1	100.0	1	1.0	21	1	1
65-74	1	16.7	3	0.7	117	5	83.3	42	0.7	14	6	63
75-84	0	0.0	0	0.0	0	4	133.3	42	0.6	12	3	23
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	3
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 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. A total of 262 beneficiaries who were in nursing facilities for part of their enrollment and their 2,752 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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, 2004

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	**2,093**	**0.8 %**	**0.0**	**6,065**	**$0**	**$83,139**	**$14**	**3.2 %**	**273,077**
Age									
5 and younger	590	2.2	0.0	948	0	10,546	11	5.4	26,438
6-14	368	0.9	0.0	581	0	10,169	18	4.4	42,698
15-20	178	0.3	0.0	444	0	19,390	44	4.8	62,690
21-44	467	0.4	0.0	1,541	0	15,619	10	1.8	105,119
45-64	424	1.3	0.1	2,094	1	21,284	10	3.0	33,690
65-74	41	3.2	0.2	291	3	4,262	15	3.4	1,264
75-84	14	1.9	0.2	117	2	1,423	12	5.5	746
85 and older	11	2.5	0.1	49	1	446	9	3.9	432
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility[c]									
Aged	39	2.5	0.2	325	3	5,151	16	4.7	1,554
Disabled	533	1.4	0.1	3,010	1	51,895	17	2.9	38,748
Adults	472	0.4	0.0	1,077	0	12,031	11	3.6	133,835
Children	1,049	1.1	0.0	1,653	0	14,062	9	4.2	98,940
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	1,185	0.7	0.0	2,898	0	39,376	14	3.5	160,732
Male	908	0.8	0.0	3,167	0	43,763	14	3.0	112,345
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	18	0.0	0.0	44	0	369	8	2.1	58,934
African American	8	0.1	0.0	13	0	82	6	3.3	14,223
Other/unknown	2,067	1.0	0.0	6,008	0	82,688	14	3.2	199,920
Use of Nursing Facilities[d]									
Entire year	69	59.0	9.5	1,109	163	19,096	17	5.2	117
Part year	141	53.8	3.7	963	69	18,014	19	5.2	262
None	1,883	0.7	0.0	3,993	0	46,029	12	2.5	272,698
Maintenance Assistance Status									
Cash	1,455	1.0	0.0	4,382	0	63,999	15	3.0	144,282
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	356	0.7	0.0	572	0	2,820	5	1.4	48,859
Other/unknown	282	0.4	0.0	1,111	0	16,320	15	6.5	79,936

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

TABLE ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a,b]
ARIZONA, 2004

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**	**$14**	**$0**	**$0**	**1,413,072**
Age						
5 and younger	0.0	0	11	0	0	197,510
6-14	0.0	0	18	0	0	305,024
15-20	0.0	0	44	0	0	252,060
21-44	0.0	0	10	0	0	465,706
45-64	0.0	0	10	0	0	176,802
65-74	0.0	1	15	0	0	8,214
75-84	0.0	0	12	0	0	4,729
85 and older	0.0	0	9	0	0	3,027
Unknown	0.0	0	0	0	0	0
Basis of Eligibility[c]						
Aged	0.0	0	16	0	0	10,686
Disabled	0.0	0	17	0	0	264,644
Adults	0.0	0	11	0	0	578,879
Children	0.0	0	9	0	0	558,863
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.0	0	14	0	0	782,795
Male	0.0	0	14	0	0	630,277
Unknown	0.0	0	0	0	0	0
Race						
White	0.0	0	8	0	0	189,254
African American	0.0	0	6	0	0	33,704
Other/unknown	0.0	0	14	0	0	1,190,114
Use of Nursing Facilities[d]						
Entire year	1.0	17	17	0	3	1,112
Part year	0.3	7	19	0	1	2,752
None	0.0	0	12	0	0	1,409,208
Maintenance Assistance Status						
Cash	0.0	0	15	0	0	783,751
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	5	0	0	233,975
Other/unknown	0.0	0	15	0	0	395,346

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.12 includes the beneficaries 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 2004.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficaries 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

FOR SELECTED DRUG CATEGORIES AMONG NONDUALS[a,b,c]

ARIZONA, 2004

Drug Category	Number of Users	Rx $ per User	Total Rx $	Rx $ as a Percentage of All Part D Excluded Rx $	Total Number Rx.	$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	**2,386**	**$35**	**$83,139**	**100.0 %**	**6,065**	**$14**	**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	381	9	3,616	4.3	466	8	7.7
Vitamins and minerals	222	114	25,219	30.3	1,229	21	20.3
Non-prescription drugs	1,481	19	27,820	33.5	3,140	9	51.8
Barbiturates	34	33	1,123	1.4	317	4	5.2
Benzodiazepines	228	33	7,479	9.0	797	9	13.1
Other Part D Excl Rx Drugs	40	447	17,882	21.5	116	154	1.9

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.13 includes the beneficaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table ND11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL BENEFICIARIES, ARIZONA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	**1,164,203**	**4,251**	**78,284**	**468,292**	**613,376**	**0**	**10,194,852**	**41,322**	**854,769**	**3,801,701**	**5,497,060**	**0**
Age												
5 and younger	285,008	1	6,007	0	279,000	0	2,483,288	3	64,007	0	2,419,278	0
6-14	265,074	0	13,535	0	251,539	0	2,506,367	0	153,518	0	2,352,849	0
15-20	133,043	1	8,497	41,723	82,822	0	1,169,021	6	93,460	350,745	724,810	0
21-44	350,900	21	22,242	328,623	14	0	2,915,613	139	241,128	2,674,229	117	0
45-64	124,460	90	26,616	97,753	1	0	1,063,861	756	287,486	775,613	6	0
65-74	3,470	2,146	1,180	144	0	0	34,803	20,883	13,049	871	0	0
75-84	1,641	1,429	180	32	0	0	16,495	14,470	1,847	178	0	0
85 and older	607	563	27	17	0	0	5,404	5,065	274	65	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	627,823	2,905	38,580	282,751	303,587	0	5,617,697	28,666	424,816	2,438,102	2,726,113	0
Male	536,380	1,346	39,704	185,541	309,789	0	4,577,155	12,656	429,953	1,363,599	2,770,947	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	419,070	1,273	34,883	209,827	173,087	0	3,486,280	12,091	375,418	1,620,358	1,478,413	0
African American	74,780	115	6,544	29,801	38,320	0	654,315	977	70,379	234,378	348,581	0
Other/unknown	670,353	2,863	36,857	228,664	401,969	0	6,054,257	28,254	408,972	1,946,965	3,670,066	0
Use of Nursing Facilities[c]												
Entire year	117	27	88	1	1	0	1,112	229	880	1	2	0
Part year	262	28	205	25	4	0	2,824	289	2,221	282	32	0
None	1,163,824	4,196	77,991	468,266	613,371	0	10,190,916	40,804	851,668	3,801,418	5,497,026	0
Maintenance Assistance Status												
Cash	503,606	1,263	63,029	203,807	235,507	0	4,773,417	13,621	703,293	1,829,455	2,227,048	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	279,999	485	1,742	16,517	261,255	0	2,524,618	4,693	18,245	116,958	2,384,722	0
Other/unknown	380,598	2,503	13,513	247,968	116,614	0	2,896,817	23,008	133,231	1,855,288	885,290	0
Managed Care (MC) Status						0						
Fee-for-service (FFS) all year	120,245	976	19,048	49,615	50,606	0	1,072,928	9,000	214,549	398,507	450,872	0
FFS part year, with Rx claims	799	1	101	302	395	0	8,268	12	1,146	3,126	3,984	0
FFS part year, no Rx claims	152,100	577	19,610	83,971	47,942	0	1,538,729	6,288	226,157	822,387	483,897	0
MC all year, with Rx claims	66	0	6	15	45	0	702	0	71	171	460	0
MC all year, no Rx claims	890,868	2,696	39,491	334,316	514,365	0	7,574,079	26,021	412,818	2,577,424	4,557,816	0

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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.

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]
NONDUAL BENEFICIARIES, ARIZONA, 2004

	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	**1,164,203**	**10,194,852**	**273,077**	**1,413,072**	**67**	**8,781,780**
Fee-for-service (FFS) all year	120,245	1,072,928	120,245	1,072,866	0	62
FFS part year, with Rx claims	799	8,268	799	4,408	0	3,860
FFS part year, with no Rx claims	152,100	1,538,729	152,033	335,798	67	1,202,931
Managed care (MC) all year, with Rx claims	66	702	0	0	0	702
MC all year, with no Rx claims	890,868	7,574,079	0	0	0	7,574,079

Source: Data for this table are from the MAX 2004 file for Arizona, released by CMS in 00/2007. This table was produced on 04/10/2008.

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.