

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 UTAH

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

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g
1. Benes who were eligible for Medicaid during at least one month ^a	202,235 (A)	20,307 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	198,045 (B)	19,357 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	32,349 (C)	2,631 (G)
4. Benes who were all-year nursing facility residents ^f	179 (D)	163 (H)

Source: Data for this table are from the MAX 1999 file for Utah, released by CMS in 10/2003. 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 Utah in 1999 was \$84,986,590, of which \$78,472,401 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 44.4 percent were restricted benefit months without a pharmacy benefit in Utah, 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^{a,b}
 UTAH, 1999

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos											
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	32,349	1,318	2,795	8,489	19,747	0	141,301	8,734	19,104	28,343	85,120	0	141,301	8,734	19,104	28,343	85,120	0	
Age																			
5 and younger	13,255	0	68	7	13,180	0	46,015	0	404	23	45,588	0	46,015	0	404	23	45,588	0	
6-14	5,040	0	178	6	4,856	0	31,534	0	1,571	10	29,953	0	31,534	0	1,571	10	29,953	0	
15-20	3,537	0	137	1,692	1,708	0	14,865	0	1,103	4,188	9,574	0	14,865	0	1,103	4,188	9,574	0	
21-44	7,360	2	1,077	6,279	2	0	29,572	3	7,602	21,965	2	0	29,572	3	7,602	21,965	2	0	
45-64	1,710	4	1,210	496	0	0	9,734	11	7,603	2,120	0	0	9,734	11	7,603	2,120	0	0	
65-74	774	651	116	7	0	0	5,048	4,258	757	33	0	0	5,048	4,258	757	33	0	0	
75-84	428	420	8	0	0	0	2,785	2,733	52	0	0	0	2,785	2,733	52	0	0	0	
85 and older	243	241	1	1	0	0	1,743	1,729	12	2	0	0	1,743	1,729	12	2	0	0	
Unknown	2	0	0	1	1	5		0	0	2	3	0		0	0	2	3	0	
Gender																			
Female	18,872	838	1,334	7,421	9,279	0	80,090	5,670	9,734	24,225	40,461	0	80,090	5,670	9,734	24,225	40,461	0	
Male	12,811	480	1,461	1,067	9,803	0	59,161	3,064	9,370	4,114	42,613	0	59,161	3,064	9,370	4,114	42,613	0	
Unknown	666	0	0	1	665	0	2,050	0	0	4	2,046	0	2,050	0	0	4	2,046	0	
Race																			
White	21,600	784	2,110	5,211	13,495	0	83,054	3,908	13,131	16,352	49,663	0	83,054	3,908	13,131	16,352	49,663	0	
African American	392	5	19	83	285	0	927	8	77	149	693	0	927	8	77	149	693	0	
Other/unknown	10,357	529	666	3,195	5,967	0	57,320	4,818	5,896	11,842	34,764	0	57,320	4,818	5,896	11,842	34,764	0	
Use of Nursing Facilities																			
All year	179	150	28	1	0	0	1,654	1,386	267	1	0	0	1,654	1,386	267	1	0	0	
Part year	209	144	62	3	0	0	1,124	812	306	6	0	0	1,124	812	306	6	0	0	
None	31,961	1,024	2,705	8,485	19,747	0	138,523	6,536	18,531	28,336	85,120	0	138,523	6,536	18,531	28,336	85,120	0	
Maintenance Assistance Status																			
Cash	7,473	377	1,046	3,238	2,812	0	43,873	3,975	10,520	10,681	18,697	0	43,873	3,975	10,520	10,681	18,697	0	
Medically needy	3,271	345	761	1,233	932	0	7,747	960	1,959	2,667	2,161	0	7,747	960	1,959	2,667	2,161	0	
Poverty-related	3,792	308	785	1,871	828	0	15,384	1,666	4,940	5,241	3,537	0	15,384	1,666	4,940	5,241	3,537	0	
Other/unknown	17,813	288	203	2,147	15,175	0	74,297	2,133	1,685	9,754	60,725	0	74,297	2,133	1,685	9,754	60,725	0	
Dual Medicare Status^c																			
Full dual, all year	2,013	936	1,019	58	0	0	13,721	7,009	6,481	231	0	0	13,721	7,009	6,481	231	0	0	
Full dual, part year	618	306	307	5	0	0	2,137	1,112	997	28	0	0	2,137	1,112	997	28	0	0	
Non-dual, all year	29,718	76	1,469	8,426	19,747	0	125,443	613	11,626	28,084	85,120	0	125,443	613	11,626	28,084	85,120	0	
Managed Care Status																			
FFS all year	16,345	887	1,722	5,254	8,482	0	107,809	7,579	16,228	22,762	61,240	0	107,809	7,579	16,228	22,762	61,240	0	
FFS part year, with Rx claims	10,585	299	840	2,314	7,132	0	22,701	779	2,290	3,967	15,665	0	22,701	779	2,290	3,967	15,665	0	
FFS part year, no Rx claims	5,419	132	233	921	4,133	0	10,791	376	586	1,614	8,215	0	10,791	376	586	1,614	8,215	0	

Source: Data for this table are from the MAX 1999 file for Utah, released by CMS in 10/2003. This table was produced on 06/25/2004.

Table 2

All Medicaid Beneficiaries

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^{a,b}
 UTAH, 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 \$ ^c	No. of Benes
All	56.8 %	5.5	\$201	\$36	\$3,099	6.5 %	\$7	32,349
Age								
5 and younger	59.4	2.7	46	17	1,354	3.4	1	13,255
6-14	46.8	2.5	89	36	2,049	4.3	4	5,040
15-20	54.0	3.6	139	39	3,363	4.1	3	3,537
21-44	58.1	7.3	332	45	4,746	7.0	7	7,360
45-64	60.4	19.3	864	45	9,051	9.5	41	1,710
65-74	58.8	17.4	625	36	5,445	11.5	32	774
75-84	67.3	24.3	814	33	6,589	12.4	33	428
85 and older	77.0	28.2	884	31	10,845	8.2	35	243
Unknown	50.0	2.5	16	6	410	3.8	0	2
Basis of Eligibility								
Aged	65.1	21.1	708	34	6,876	10.3	31	1,318
Disabled	66.0	20.5	1,109	54	17,474	6.3	34	2,795
Adults	57.1	5.0	157	32	1,531	10.2	5	8,489
Children	54.8	2.6	58	22	1,486	3.9	2	19,747
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	59.6	6.0	201	33	2,626	7.7	7	18,872
Male	55.2	5.1	212	42	3,940	5.4	6	12,811
Unknown	9.2	0.3	4	15	306	1.4	0	666
Race								
White	60.1	6.5	248	38	3,764	6.6	7	21,600
African American	55.6	3.5	93	27	1,818	5.1	4	392
Other/unknown	50.0	3.6	108	30	1,761	6.1	6	10,357
Use of Nursing Facilities								
Entire year	98.9	59.0	1,950	33	26,339	7.4	70	179
Part year	90.4	35.8	1,388	39	20,248	6.9	41	209
None	56.4	5.0	184	36	2,856	6.4	6	31,961
Maintenance Assistance Status								
Cash	59.1	6.7	254	38	3,622	7.0	8	7,473
Medically needy	38.2	6.9	362	52	1,997	18.1	13	3,271
Poverty related	64.3	8.6	337	39	6,956	4.8	12	3,792
Other/unknown	57.7	4.2	121	29	2,260	5.4	4	17,813

Source: Data for this table are from the MAX 1999 file for Utah, released by CMS in 10/2003. 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^{a,b}
 UTAH, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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	1.3	\$46	6.5 %	43.2 %	30.3 %	8.0 %	9.8 %	4.9 %	3.9 %	\$709	32,349	141,301
Age												
5 and younger	0.8	13	3.4	40.6	33.6	9.1	10.8	4.3	1.6	390	13,255	46,015
6-14	0.4	14	4.3	53.2	35.5	4.2	4.3	1.6	1.2	327	5,040	31,534
15-20	0.9	33	4.1	46.0	30.2	7.7	9.3	4.5	2.3	800	3,537	14,865
21-44	1.8	83	7.0	41.9	26.6	8.7	10.4	6.0	6.4	1,181	7,360	29,572
45-64	3.4	152	9.5	39.6	14.9	7.3	13.1	9.5	15.6	1,590	1,710	9,734
65-74	2.7	96	11.5	41.2	20.3	8.7	11.0	7.9	11.0	835	774	5,048
75-84	3.7	125	12.4	32.7	16.4	7.0	14.7	14.7	14.5	1,013	428	2,785
85 and older	3.9	123	8.2	23.0	16.9	8.6	22.2	15.2	14.0	1,512	243	1,743
Unknown	1.0	6	3.8	50.0	0.0	0.0	50.0	0.0	0.0	164	2	5
Basis of Eligibility												
Aged	3.2	107	10.3	34.9	19.0	8.3	14.2	11.2	12.4	1,038	1,318	8,734
Disabled	3.0	162	6.3	34.0	20.4	7.7	12.8	10.1	15.0	2,557	2,795	19,104
Adults	1.5	47	10.2	42.9	27.5	9.1	10.5	5.4	4.7	459	8,489	28,343
Children	0.6	14	3.9	45.2	33.6	7.5	8.8	3.4	1.5	345	19,747	85,120
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.4	47	7.7	40.4	30.9	8.5	10.5	5.4	4.4	619	18,872	80,090
Male	1.1	46	5.4	44.8	30.4	7.6	9.3	4.4	3.5	853	12,811	59,161
Unknown	0.1	1	1.4	90.8	8.6	0.5	0.2	0.0	0.0	99	666	2,050
Race												
White	1.7	65	6.6	39.9	28.3	9.0	11.6	6.0	5.1	979	21,600	83,054
African American	1.5	39	5.1	44.4	23.7	10.5	12.5	4.6	4.3	769	392	927
Other/unknown	0.7	19	6.1	50.0	34.5	5.7	5.9	2.4	1.4	318	10,357	57,320
Use of Nursing Facilities												
Entire year	6.4	211	7.4	1.1	8.9	10.6	27.9	31.8	19.6	2,851	179	1,654
Part year	6.7	258	6.9	9.6	14.4	6.2	22.5	13.4	34.0	3,765	209	1,124
None	1.2	42	6.4	43.6	30.5	8.0	9.6	4.6	3.6	659	31,961	138,523
Maintenance Assistance Status												
Cash	1.1	43	7.0	40.9	37.5	8.0	7.9	3.6	2.2	617	7,473	43,873
Medically needy	2.9	153	18.1	61.8	9.7	5.3	8.0	5.8	9.4	843	3,271	7,747
Poverty related	2.1	83	4.8	35.7	24.3	9.7	14.0	8.1	8.2	1,715	3,792	15,384
Other/unknown	1.0	29	5.4	42.3	32.3	8.1	10.0	4.5	2.8	542	17,813	74,297

Source: Data for this table are from the MAX 1999 file for Utah, released by CMS in 10/2003. This table was produced on 06/25/2004.

Table 4

All Medicaid Beneficiaries

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^{a, b, c}
 UTAH, 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	1.3	\$46	0.4	\$29	0.1	\$7	0.7	\$9
Age								
5 and younger	0.8	13	0.2	7	0.0	1	0.5	5
6-14	0.4	14	0.1	9	0.0	2	0.2	3
15-20	0.9	33	0.3	20	0.1	5	0.4	7
21-44	1.8	83	0.6	54	0.2	13	0.9	13
45-64	3.4	152	1.2	95	0.4	24	1.5	26
65-74	2.7	96	1.0	60	0.3	15	1.2	17
75-84	3.7	125	1.3	75	0.6	23	1.7	22
85 and older	3.9	123	1.1	68	0.6	23	2.0	27
Unknown	1.0	6	0.2	2	0.0	0	0.6	3
Basis of Eligibility								
Aged	3.2	107	1.1	64	0.5	19	1.5	20
Disabled	3.0	162	1.1	105	0.4	26	1.3	24
Adults	1.5	47	0.5	28	0.1	7	0.8	10
Children	0.6	14	0.2	8	0.0	1	0.4	4
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.4	47	0.5	28	0.1	8	0.7	10
Male	1.1	46	0.4	30	0.1	6	0.6	8
Unknown	0.1	1	0.0	1	0.0	0	0.1	1
Race								
White	1.7	65	0.6	40	0.2	10	0.9	12
African American	1.5	39	0.4	24	0.1	5	0.9	10
Other/unknown	0.7	19	0.2	12	0.0	2	0.4	4
Use of Nursing Facilities								
Entire year	6.4	211	1.9	125	0.9	34	3.0	44
Part year	6.7	258	2.4	166	0.9	37	3.0	45
None	1.2	42	0.4	26	0.1	6	0.6	8
Maintenance Assistance								
Status								
Cash	1.1	43	0.4	25	0.1	8	0.6	9
Medically needy	2.9	153	1.2	107	0.3	19	1.3	20
Poverty related	2.1	83	0.7	50	0.3	14	1.1	15
Other/unknown	1.0	29	0.3	18	0.1	4	0.6	7
Use of Rx								
\$ per Rx								
All		\$46		\$29		\$7		\$9
5 and younger		17		35		1		26
6-14		36		63		2		66
15-20		39		68		5		68
21-44		45		87		13		66
45-64		45		76		24		57
65-74		36		61		15		45
75-84		33		59		23		38
85 and older		31		63		23		38
Unknown		6		8		0		0
Aged		34		60		19		40
Disabled		54		93		26		70
Adults		32		61		7		52
Children		22		46		1		41
Unknown		0		0		0		0
Female		33		61		8		53
Male		42		81		6		60
Unknown		15		31		0		20
White		38		70		10		56
African American		27		56		5		54
Other/unknown		30		63		2		50
Entire year		33		65		34		38
Part year		39		70		37		41
None		36		69		6		58
Cash		38		69		8		65
Medically needy		52		93		19		59
Poverty related		39		74		14		56
Other/unknown		29		57		4		44
\$ per Rx		\$46		\$29		\$7		\$9
All		\$46		\$29		\$7		\$9
5 and younger		17		35		1		26
6-14		36		63		2		66
15-20		39		68		5		68
21-44		45		87		13		66
45-64		45		76		24		57
65-74		36		61		15		45
75-84		33		59		23		38
85 and older		31		63		23		38
Unknown		6		8		0		0
Aged		34		60		19		40
Disabled		54		93		26		70
Adults		32		61		7		52
Children		22		46		1		41
Unknown		0		0		0		0
Female		33		61		8		53
Male		42		81		6		60
Unknown		15		31		0		20
White		38		70		10		56
African American		27		56		5		54
Other/unknown		30		63		2		50
Entire year		33		65		34		38
Part year		39		70		37		41
None		36		69		6		58
Cash		38		69		8		65
Medically needy		52		93		19		59
Poverty related		39		74		14		56
Other/unknown		29		57		4		44

Source: Data for this table are from the MAX 1999 file for Utah, released by CMS in 10/2003. 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 Utah, 6.3 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 (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^{a, b, c, d}
 UTAH, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
	Patented		Off-Patent		Patented		Off-Patent										
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name						Generic			
Anti-infective Agents	0.5	0.2	0.0	0.2	\$17	\$14	\$0	\$3	\$37	\$69	\$29	\$10	28,156	\$1,029,554	11,415	35.3 %	61,583
Biologicals	0.2	0.1	0.0	0.1	118	6	64	49	570	53	2,202	663	93	52,995	57	0.2	450
Antineoplastic Agents	0.7	0.4	0.1	0.2	168	139	19	11	230	365	135	50	335	76,941	83	0.3	458
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.2	20	14	4	3	28	41	26	12	13,091	370,035	3,086	9.5	18,209
Cardiovascular Agents	1.6	0.6	0.4	0.7	46	27	13	7	29	46	36	11	15,170	441,945	1,511	4.7	9,511
Respiratory Agents	0.4	0.2	0.0	0.3	12	8	0	3	26	51	25	12	18,560	484,603	6,553	20.3	41,727
Gastrointestinal Agents	0.6	0.3	0.0	0.3	36	27	4	6	57	86	86	21	8,452	485,229	2,468	7.6	13,315
Genitourinary Agents	0.4	0.3	0.0	0.1	11	9	0	2	29	34	24	16	2,368	68,927	1,281	4.0	6,242
CNS Drugs	1.3	0.6	0.2	0.5	78	53	17	9	63	95	104	17	24,244	1,519,052	3,160	9.8	19,366
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.1	0.5	26	8	3	15	35	41	38	32	1,106	38,949	242	0.7	1,491
Miscellaneous Psychological/Neurological Agents	0.9	0.7	0.0	0.2	184	177	0	6	214	271	28	32	207	44,325	42	0.1	241
Analgesics and Anesthetics	0.6	0.1	0.1	0.5	18	8	4	5	28	82	71	11	22,723	627,382	5,772	17.8	35,158
Neuromuscular Agents	1.0	0.3	0.1	0.5	45	30	5	11	47	86	37	22	8,859	412,285	1,402	4.3	9,139
Nutritional Products	0.6	0.0	0.1	0.4	7	0	2	5	13	10	24	12	9,369	125,836	4,747	14.7	16,910
Hematological Agents	0.7	0.1	0.2	0.4	33	17	9	7	46	272	36	16	2,106	95,927	500	1.5	2,935
Topical Products	0.4	0.1	0.0	0.3	8	4	1	3	20	43	31	11	14,554	286,512	7,050	21.8	33,909
Miscellaneous Products	0.5	0.2	0.1	0.2	71	37	30	4	141	165	288	25	586	82,806	218	0.7	1,166
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	11	0	0	0	29	0	0	0	9,346	270,886	3,780	11.7	24,057
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.	179,325	6,514,189	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Utah, released by CMS in 10/2003. 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 (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 Utah, 6.3 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 (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^{a, b, c}
 UTAH, 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		
ANTIDEPRESSANTS	\$412,656	1,416	13,726	0.5	\$62	\$30		
ANTIPSYCHOTICS	288,614	478	4,704	0.5	112	61		
ULCER DRUGS	236,551	1,111	10,342	0.3	71	23		
ANALGESICS - Narcotic	221,938	2,726	25,448	0.3	30	9		
ANTICONVULSANT	195,060	455	4,645	0.7	63	42		
ANALGESICS - ANTI-INFLAMMATORY	168,048	2,360	23,214	0.2	30	7		
ANTIASTHMATIC	121,234	1,422	13,887	0.3	31	9		
ANTIDIABETIC	114,074	509	5,141	0.6	38	22		
ANTIHYPERTENSIVE	102,825	484	4,968	0.6	33	21		
CEPHALOSPORINS	102,711	2,168	21,003	0.1	36	5		

Source: Data for this table are from the MAX 1999 file for Utah, released by CMS in 10/2003. 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 (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^{a,b,c}
 UTAH, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIDEPRESSANTS					ANTIPSYCHOTICS				
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	Mean No. of Rx	Mean Rx \$	
All	41,530	\$1,963,711	1,416	4.4 %	13,726	0.5	0.5	478	1.5 %	4,704	0.5	\$61			
Female	26,336	1,180,492	991	5.3	9,576	0.5	31	273	1.4	2,655	0.5	50			
Disabled	9,844	558,119	325	24.4	3,465	0.6	38	115	8.6	1,226	0.6	70			
5 and younger	50	1,409	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
6-14	203	15,244	9	13.0	92	0.3	18	3	4.3	28	0.2	35			
15-20	289	21,717	9	15.8	79	0.8	56	4	7.0	35	0.6	87			
21-44	3,111	200,238	136	29.6	1,472	0.6	40	60	13.1	629	0.6	81			
45-64	5,600	290,936	155	24.1	1,638	0.6	37	47	7.3	522	0.6	59			
65-74	572	28,092	15	24.2	177	0.6	36	1	1.6	12	0.2	15			
75-84	17	454	1	20.0	7	0.3	13	0	0.0	0	0.0	0			
85 and older	2	29	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	16,491	622,369	666	3.8	6,111	0.4	27	158	0.9	1,429	0.4	33			
5 and younger	1,216	29,820	1	0.0	12	0.1	3	0	0.0	0	0.0	0			
6-14	951	37,904	38	1.6	305	0.5	25	11	0.5	121	0.4	43			
15-20	1,464	47,015	95	3.8	786	0.4	27	26	1.1	192	0.3	18			
21-44	5,830	210,474	394	7.2	3,614	0.3	23	63	1.2	536	0.3	25			
45-64	795	39,201	34	10.4	307	0.5	34	7	2.1	66	0.4	47			
65-74	2,408	99,538	38	9.8	401	0.6	31	14	3.6	156	0.6	63			
75-84	2,310	95,838	42	14.9	428	0.7	37	24	8.5	227	0.5	34			
85 and older	1,517	62,579	24	14.5	258	0.8	38	13	7.8	131	0.5	31			
Male	15,153	782,271	425	3.3	4,150	0.5	29	205	1.6	2,049	0.6	76			
Disabled	7,322	473,283	193	13.2	1,989	0.5	30	124	8.5	1,275	0.7	90			
5 and younger	66	2,231	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
6-14	437	18,234	12	11.0	109	0.3	11	9	8.3	91	0.3	30			
15-20	385	29,742	15	18.8	147	0.4	31	14	17.5	119	0.6	49			
21-44	3,303	243,072	96	15.5	998	0.5	32	66	10.7	740	0.7	98			
45-64	2,715	157,139	59	10.4	603	0.5	30	34	6.0	313	0.8	101			
65-74	350	20,841	9	16.7	108	0.5	35	1	1.9	12	1.3	163			
75-84	66	2,024	2	66.7	24	1.2	43	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	7,831	308,988	232	2.0	2,161	0.5	27	81	0.7	774	0.6	53			
5 and younger	1,423	36,014	3	0.0	26	0.3	18	1	0.0	12	0.1	1			
6-14	1,467	59,935	78	3.1	755	0.4	19	30	1.2	269	0.5	54			
15-20	681	38,415	43	4.6	386	0.5	29	15	1.6	134	0.7	119			
21-44	1,535	73,182	73	8.6	647	0.5	33	8	0.9	79	0.2	30			
45-64	354	13,930	9	5.2	98	0.4	26	0	0.0	0	0.0	0			
65-74	963	33,242	11	4.1	107	0.5	25	7	2.6	76	0.6	40			
75-84	889	31,875	13	9.4	129	0.8	45	9	6.5	86	0.9	28			
85 and older	519	22,395	2	2.6	13	1.2	15	11	14.5	118	0.5	24			
Unknown	42	952	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 Utah, released by CMS in 10/2003. 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_mdmb.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^{a, b, c}
 UTAH, 1999

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANTICONVULSANT				
	No. of Users	Users as % of All Benes	No. of Bene among Mos	Mean Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene among Mos	Mean Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene among Mos	Mean Rx	Mean Rx \$
All	1,111	3.4 %	10,342	0.3	\$23	2,726	8.4 %	25,448	0.3	\$9	455	1.4 %	4,645	0.7	\$42
Female	742	3.9	6,986	0.3	22	1,985	10.5	18,229	0.3	7	250	1.3	2,574	0.6	35
Disabled	236	17.7	2,577	0.4	32	406	30.4	4,467	0.3	10	163	12.2	1,744	0.6	38
5 and younger	2	5.4	17	0.6	22	3	8.1	36	0.1	1	1	2.7	12	0.1	3
6-14	2	2.9	23	0.5	34	5	7.2	60	0.1	1	18	26.1	198	0.5	50
15-20	5	8.8	59	0.4	49	16	28.1	179	0.1	2	13	22.8	144	0.6	64
21-44	79	17.2	893	0.3	26	145	31.6	1,622	0.3	7	76	16.6	791	0.6	35
45-64	131	20.3	1,408	0.4	35	214	33.2	2,318	0.3	14	52	8.1	573	0.7	34
65-74	16	25.8	170	0.4	26	21	33.9	228	0.4	8	1	1.6	12	0.5	20
75-84	1	20.0	7	1.3	28	0	0.0	0	0.0	0	2	40.0	14	0.3	7
85 and older	0	0.0	0	0.0	0	2	200.0	24	0.1	1	0	0.0	0	0.0	0
Other Eligibles	506	2.9	4,409	0.3	16	1,578	9.0	13,760	0.3	6	87	0.5	830	0.6	28
5 and younger	104	1.7	630	0.2	5	75	1.2	702	0.1	1	3	0.0	30	0.5	40
6-14	34	1.4	320	0.2	7	104	4.4	1,032	0.1	1	4	0.2	48	1.0	113
15-20	57	2.3	524	0.2	8	243	9.8	1,786	0.2	2	8	0.3	47	0.8	49
21-44	164	3.0	1,435	0.2	15	885	16.3	7,401	0.3	5	35	0.6	328	0.4	22
45-64	19	5.8	161	0.3	28	46	14.1	433	0.3	5	8	2.5	61	0.6	28
65-74	50	12.9	530	0.3	23	69	17.8	770	0.3	10	14	3.6	152	0.5	16
75-84	53	18.8	546	0.4	28	89	31.6	924	0.5	16	8	2.8	89	1.0	20
85 and older	25	15.1	263	0.7	34	67	40.4	712	0.5	20	7	4.2	75	0.9	20
Male	365	2.8	3,331	0.3	25	739	5.8	7,201	0.3	13	205	1.6	2,071	0.8	51
Disabled	134	9.2	1,418	0.4	37	279	19.1	2,911	0.4	24	142	9.7	1,409	0.8	60
5 and younger	1	3.2	12	0.4	43	2	6.5	24	0.1	1	0	0.0	0	0.0	0
6-14	5	4.6	55	0.2	8	9	8.3	106	0.1	1	31	28.4	323	0.7	34
15-20	4	5.0	39	0.3	27	15	18.8	159	0.2	3	13	16.3	156	0.8	97
21-44	65	10.5	699	0.4	36	139	22.5	1,452	0.3	21	63	10.2	628	0.9	75
45-64	55	9.7	566	0.5	40	99	17.5	996	0.5	30	33	5.8	278	0.8	41
65-74	4	7.4	47	0.5	57	14	25.9	162	0.5	48	2	3.7	24	0.2	5
75-84	0	0.0	0	0.0	0	1	33.3	12	0.1	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
Other Eligibles	231	2.0	1,913	0.3	17	460	4.1	4,290	0.3	6	63	0.6	662	0.6	30
5 and younger	91	1.4	579	0.2	7	70	1.1	671	0.1	1	3	0.0	36	0.5	17
6-14	42	1.7	444	0.1	6	94	3.8	946	0.1	1	23	0.9	237	0.6	34
15-20	20	2.2	163	0.2	15	59	6.3	520	0.1	2	10	1.1	107	0.5	34
21-44	37	4.4	316	0.4	39	151	17.8	1,265	0.5	13	15	1.8	143	0.3	23
45-64	6	3.4	55	0.6	48	25	14.4	277	0.3	9	2	1.1	24	0.4	11
65-74	19	7.0	203	0.3	16	33	12.2	348	0.2	5	4	1.5	48	1.2	35
75-84	10	7.2	92	0.5	27	15	10.9	148	0.3	6	5	3.6	55	0.8	31
85 and older	6	7.9	61	0.5	27	13	17.1	115	0.2	24	1	1.3	12	2.3	67
Unknown	4	0.6	25	0.2	3	3	0.4	20	0.2	1	0	0.0	0	0.0	0

All Medicaid Beneficiaries

Table 7B

Source: Data for this table are from the MAX 1999 file for Utah, released by CMS in 10/2003. 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 (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 SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 UTAH, 1999

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-ASTHMATIC					ANTI-DIABETIC				
	No. of Users	Users as % of All Benes	No. of Bene among Mos	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene among Mos	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene among Mos	Mean No. of Rx	Mean Rx \$
All	2,360	7.3 %	23,214	0.2	\$7	1,422	4.4 %	13,887	0.3	\$9	509	1.6 %	5,141	0.6	\$22
Female	1,595	8.5	15,365	0.2	8	764	4.0	7,396	0.3	9	358	1.9	3,603	0.5	21
Disabled	314	23.5	3,511	0.3	17	168	12.6	1,876	0.4	14	107	8.0	1,127	0.5	20
5 and younger	5	13.5	60	0.3	6	4	10.8	48	0.2	5	0	0.0	0	0.0	0
6-14	6	8.7	68	0.2	3	4	5.8	43	0.4	25	1	1.4	12	0.5	17
15-20	13	22.8	142	0.2	3	5	8.8	40	0.3	17	1	1.8	12	1.0	26
21-44	89	19.4	1,006	0.3	17	42	9.2	473	0.2	8	6	1.3	55	0.9	24
45-64	181	28.1	2,025	0.4	18	104	16.1	1,176	0.4	17	87	13.5	914	0.5	18
65-74	18	29.0	202	0.3	20	9	14.5	96	0.4	15	12	19.4	134	0.6	30
75-84	2	40.0	8	0.3	9	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	1,281	7.3	11,854	0.2	5	596	3.4	5,520	0.2	7	251	1.4	2,476	0.5	22
5 and younger	152	2.5	1,510	0.1	2	175	2.9	1,684	0.1	2	2	0.0	24	0.7	19
6-14	118	5.0	1,203	0.1	2	93	3.9	942	0.2	8	4	0.2	34	0.9	43
15-20	181	7.3	1,512	0.2	2	74	3.0	578	0.2	7	6	0.2	47	0.6	32
21-44	561	10.3	4,996	0.2	4	150	2.8	1,260	0.3	9	50	0.9	419	0.4	16
45-64	46	14.1	446	0.3	9	21	6.4	150	0.4	19	22	6.7	201	0.8	42
65-74	105	27.1	1,190	0.4	10	40	10.3	428	0.4	13	97	25.1	1,091	0.5	20
75-84	75	26.6	822	0.3	17	24	8.5	261	0.2	6	50	17.7	476	0.6	17
85 and older	43	25.9	475	0.4	14	19	11.4	217	0.3	8	20	12.0	184	0.5	25
Male	761	5.9	7,820	0.2	6	649	5.1	6,435	0.3	9	151	1.2	1,538	0.7	25
Disabled	189	12.9	2,038	0.3	10	148	10.1	1,607	0.4	16	60	4.1	591	0.7	26
5 and younger	7	22.6	61	0.1	1	14	45.2	153	0.3	9	0	0.0	0	0.0	0
6-14	12	11.0	130	0.1	1	14	12.8	145	0.3	9	0	0.0	0	0.0	0
15-20	11	13.8	106	0.4	15	4	5.0	48	0.1	3	0	0.0	0	0.0	0
21-44	80	12.9	855	0.3	9	49	7.9	542	0.3	12	22	3.6	212	0.8	35
45-64	65	11.5	733	0.3	13	64	11.3	683	0.6	25	32	5.7	309	0.7	20
65-74	13	24.1	141	0.5	9	3	5.6	36	0.1	2	5	9.3	58	0.6	26
75-84	1	33.3	12	0.8	54	0	0.0	0	0.0	0	1	33.3	12	1.1	20
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	572	5.0	5,782	0.2	5	501	4.4	4,828	0.3	6	91	0.8	947	0.7	24
5 and younger	174	2.7	1,763	0.1	1	236	3.7	2,230	0.2	3	1	0.0	12	0.2	10
6-14	131	5.2	1,363	0.1	1	131	5.2	1,330	0.2	7	8	0.3	74	0.7	32
15-20	61	6.6	600	0.1	2	46	4.9	419	0.3	6	1	0.1	12	0.2	5
21-44	82	9.7	710	0.3	11	24	2.8	184	0.4	13	11	1.3	87	0.9	32
45-64	23	13.2	234	0.2	5	6	3.4	67	0.5	9	14	8.0	146	0.6	21
65-74	46	17.0	548	0.3	10	27	10.0	303	0.6	17	23	8.5	251	0.6	22
75-84	33	23.9	348	0.5	13	15	10.9	141	0.3	12	21	15.2	229	0.6	23
85 and older	22	28.9	216	0.4	15	16	21.1	154	0.4	6	12	15.8	136	0.7	28
Unknown	4	0.6	29	0.2	2	9	1.3	56	0.2	2	0	0.0	0	0.0	0

Table 7C

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Utah, released by CMS in 10/2003. 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 (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^{a, b, c}
 UTAH, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE				CEPHALOSPORINS							
	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
All	484	1.5%	4,968	0.6	\$21	2,168	6.7%	21,003	0.1	\$5	32,349	141,301
Female	294	1.6	3,095	0.6	22	1,287	6.8	12,423	0.1	5	18,871	80,088
Disabled	108	8.1	1,188	0.6	25	191	14.3	2,129	0.1	4	1,334	9,734
5 and younger	0	0.0	0	0.0	0	9	24.3	108	0.1	4	37	229
6-14	0	0.0	0	0.0	0	8	11.6	93	0.1	3	69	658
15-20	1	1.8	12	0.1	1	11	19.3	131	0.1	3	57	492
21-44	16	3.5	177	0.6	18	58	12.6	636	0.1	5	459	3,391
45-64	83	12.9	910	0.6	24	100	15.5	1,105	0.2	5	644	4,455
65-74	8	12.9	89	0.9	58	5	8.1	56	0.1	4	62	465
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	32
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Other Eligibles	186	1.1	1,907	0.6	20	1,096	6.2	10,294	0.1	5	17,537	70,354
5 and younger	0	0.0	0	0.0	0	380	6.2	3,625	0.1	5	6,112	21,447
6-14	1	0.0	12	0.2	1	133	5.6	1,428	0.1	4	2,357	14,437
15-20	2	0.1	12	0.3	5	135	5.5	1,093	0.1	4	2,470	8,646
21-44	27	0.5	232	0.3	11	317	5.8	2,754	0.1	4	5,437	18,740
45-64	11	3.4	104	0.5	15	16	4.9	129	0.2	5	326	1,424
65-74	54	14.0	615	0.6	20	46	11.9	524	0.1	5	387	2,601
75-84	62	22.0	640	0.7	23	40	14.2	452	0.2	7	282	1,863
85 and older	29	17.5	292	0.8	27	29	17.5	289	0.2	11	166	1,196
Male	190	1.5	1,873	0.6	18	869	6.8	8,491	0.1	5	12,811	59,161
Disabled	106	7.3	1,066	0.6	19	136	9.3	1,455	0.1	7	1,461	9,370
5 and younger	0	0.0	0	0.0	0	5	16.1	54	0.1	6	31	175
6-14	7	6.4	63	0.7	13	16	14.7	162	0.1	4	109	913
15-20	3	3.8	22	0.7	12	10	12.5	111	0.1	6	80	611
21-44	39	6.3	398	0.6	24	59	9.5	651	0.2	9	618	4,211
45-64	49	8.7	493	0.6	17	43	7.6	442	0.1	7	566	3,148
65-74	7	13.0	78	0.7	19	3	5.6	35	0.1	5	54	292
75-84	1	33.3	12	1.1	8	0	0.0	0	0.0	0	3	20
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	84	0.7	807	0.6	18	733	6.5	7,036	0.1	5	11,350	49,791
5 and younger	0	0.0	0	0.0	0	438	6.8	4,137	0.1	5	6,410	22,117
6-14	5	0.2	42	0.7	25	145	5.8	1,503	0.1	3	2,505	15,526
15-20	1	0.1	12	0.1	5	45	4.8	393	0.1	2	930	5,116
21-44	14	1.7	119	0.6	19	32	3.8	251	0.2	5	846	3,230
45-64	6	3.4	62	0.4	12	8	4.6	94	0.1	4	174	707
65-74	23	8.5	223	0.6	17	19	7.0	212	0.1	5	271	1,690
75-84	26	18.8	263	0.7	19	19	13.8	214	0.1	12	138	870
85 and older	9	11.8	86	0.7	15	27	35.5	232	0.2	21	76	535
Unknown	0	0.0	0	0.0	0	12	1.8	89	0.2	7	667	2,052

Table 7D

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Utah, released by CMS in 10/2003. 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 (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^{a, b}
 UTAH, 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
All	\$211	6.4	179	1,654
Age				
0-64	273	7.3	27	249
65-74	234	7.4	22	201
75-84	234	6.8	54	502
85 and older	166	5.4	76	702
Unknown	0	0.0	0	0
Gender				
Female	232	7.1	95	910
Male	185	5.5	84	744
Unknown	0	0.0	0	0
Race				
White	258	8.1	106	928
African American	0	0	0	0
Other/unknown	151	4.2	73	726
Basis of Eligibility				
Aged	198	6.2	150	1,386
Disabled	279	7.3	28	267
Adults	0	0.0	1	1
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Utah, released by CMS in 10/2003. 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 209 beneficiaries who were in nursing facilities for part of their enrollment and their 1,124 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^{a, b, c, d, e}
 UTAH, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	No.	As % of All-Year NF Residents	No. of Bene Mos
Anti-infective Agents	0.5	0.3	0.0	0.2	\$28	\$25	\$1	\$2	\$53	\$77	\$50	\$10	628	\$33,279	125	69.8 %	1,184
Biologicals	0.1	0.1	0.0	0.0	1	1	0	1	12	10	0	20	31	385	26	14.5	258
Antineoplastic Agents	1.3	0.6	0.7	0.0	530	319	210	0	407	532	301	0	13	5,297	2	1.1	10
Endocrine/Metabolic Drugs	1.3	0.4	0.1	0.7	31	20	1	10	25	45	14	14	867	21,509	73	40.8	693
Cardiovascular Agents	2.0	0.6	0.6	0.8	43	18	17	8	21	30	28	10	1,964	42,203	104	58.1	990
Respiratory Agents	0.7	0.3	0.0	0.4	18	12	0	5	28	46	17	15	467	13,005	76	42.5	712
Gastrointestinal Agents	1.0	0.2	0.0	0.7	40	20	1	18	41	90	64	25	543	22,429	59	33.0	560
Genitourinary Agents	0.6	0.3	0.0	0.3	13	9	0	5	23	30	0	17	134	3,110	25	14.0	237
CNS Drugs	1.6	0.7	0.2	0.7	89	67	13	9	57	92	81	13	1,670	94,526	112	62.6	1,067
Stimulants/Anti-obesity/Anorexia	0.9	0.0	0.0	0.9	13	0	0	13	14	0	0	14	11	155	1	0.6	12
Miscellaneous Psychological/Neurological Agents	1.2	1.1	0.0	0.0	135	135	0	0	117	118	0	10	74	8,646	8	4.5	64
Analgesics and Anesthetics	1.1	0.3	0.1	0.7	36	23	6	7	34	73	59	11	1,089	36,689	105	58.7	1,011
Neuromuscular Agents	1.4	0.2	0.3	1.0	42	12	10	21	30	58	37	22	742	22,048	54	30.2	522
Nutritional Products	1.0	0.0	0.5	0.5	20	0	11	9	20	9	22	18	574	11,338	60	33.5	563
Hematological Agents	0.9	0.1	0.0	0.9	21	7	1	13	22	127	22	15	428	9,449	49	27.4	455
Topical Products	0.4	0.2	0.1	0.2	11	7	2	2	26	37	44	11	413	10,694	101	56.4	965
Miscellaneous Products	0.3	0.1	0.0	0.3	4	2	0	2	11	35	0	7	37	420	16	8.9	115
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	12	0	0	0	16	0	0	0	869	13,906	118	65.9	1,161
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.	10,554	349,088	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Utah, released by CMS in 10/2003. 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 209 beneficiaries who were in nursing facilities for part of their enrollment and their 1,124 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 (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 (May 13 2003).

In Utah, 6.3 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

All Medicaid 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; 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^{a, b, c, d}
 UTAH, 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
ANTIPSYCHOTICS	\$31,854	56	31.3 %	585	0.7	\$77	\$54
ANTIDEPRESSANTS	38,929	69	38.5	733	0.9	57	53
ULCER DRUGS	17,002	42	23.5	441	0.8	50	39
ANTICONVULSANT	14,125	34	19.0	371	1.2	33	38
ANALGESICS - Narcotic	22,414	75	41.9	798	0.7	40	28
ANALGESICS - ANTI-INFLAMMATORY	12,844	69	38.5	723	0.6	30	18
ANTIHYPERTENSIVE	15,315	55	30.7	591	1.0	27	26
ANTIIDIABETIC	11,145	46	25.7	486	0.8	29	23
MINERALS & ELECTROLYTES	10,336	72	40.2	719	0.9	17	14
ANTIANSIETY AGENTS	5,841	40	22.3	464	0.6	20	13

Source: Data for this table are from the MAX 1999 file for Utah, released by CMS in 10/2003. 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 209 beneficiaries who were in nursing facilities for part of their enrollment and their 1,124 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 (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^{a, b, c, d} UTAH, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Residents	Mean No. of Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	Mean No. of Users	No. of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	
All	4,729	\$179,805	56	31.3 %	585	0.7	\$55	69	38.5 %	733	0.9	\$53			
Female	3,057	114,637	27	28.4	285	0.7	55	47	49.5	499	0.9	54			
Disabled	466	22,684	7	63.6	84	0.8	78	7	63.6	79	1.1	90			
64 or younger	450	22,297	7	70.0	84	0.8	78	6	60.0	72	1.2	98			
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
75-84	16	387	0	0.0	0	0.0	0	1	100.0	7	0.3	13			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	2,591	91,953	20	23.8	201	0.7	45	40	47.6	420	0.9	48			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	335	12,226	2	20.0	19	0.9	117	8	80.0	66	0.9	39			
75-84	984	36,281	9	37.5	98	0.6	32	17	70.8	193	0.9	51			
85 and older	1,272	43,446	9	18.4	84	0.7	44	15	30.6	161	0.9	47			
Male	1,672	65,168	29	34.5	300	0.7	54	22	26.2	234	0.9	51			
Disabled	434	24,640	5	29.4	49	0.9	195	8	47.1	96	0.9	56			
64 or younger	366	20,424	4	25.0	37	0.7	205	6	37.5	72	1.0	62			
65-74	68	4,216	1	100.0	12	1.3	163	2	200.0	24	0.6	38			
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	1,238	40,528	24	35.8	251	0.6	27	14	20.9	138	1.0	47			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	321	9,632	6	54.5	65	0.6	32	3	27.3	32	1.1	48			
75-84	520	16,334	9	31.0	86	0.8	22	9	31.0	93	0.9	51			
85 and older	397	14,562	9	33.3	100	0.5	27	2	7.4	13	1.2	15			
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 1999 file for Utah, released by CMS in 10/2003. 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 209 beneficiaries who were in nursing facilities for part of their enrollment and their 1,124 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 (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^{a,b,c,d}
 UTAH, 1999

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						ANALGESICS - Narcotic					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	42	23.5 %	\$39	34	19.0 %	\$38	75	41.9 %	\$38	798	0.7	\$28						
Female	25	26.3	38	24	25.3	35	59	62.1	35	639	0.7	28						
Disabled	5	45.5	29	8	72.7	61	3	27.3	61	36	0.9	9						
64 or younger	4	40.0	29	6	60.0	71	3	30.0	71	36	0.9	9						
65-74	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0						
75-84	1	100.0	28	2	200.0	7	0	0.0	7	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	20	23.8	40	16	19.0	22	56	66.7	22	603	0.7	29						
64 or younger	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0						
65-74	2	20.0	47	4	40.0	23	6	60.0	23	58	0.4	6						
75-84	5	20.8	46	6	25.0	46	13	54.2	23	145	1.0	47						
85 and older	13	26.5	38	6	12.2	38	37	75.5	20	400	0.7	26						
Male	17	20.2	40	10	11.9	45	16	19.0	45	159	0.6	28						
Disabled	6	35.3	51	1	5.9	133	8	47.1	133	92	0.7	18						
64 or younger	6	37.5	51	1	6.3	133	7	43.8	133	80	0.6	8						
65-74	0	0.0	0	0	0.0	0	1	100.0	0	12	1.3	86						
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	11	16.4	33	9	13.4	36	8	11.9	36	67	0.4	42						
64 or younger	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0						
65-74	2	18.2	30	3	27.3	32	0	0.0	32	0	0.0	0						
75-84	5	17.2	39	5	17.2	31	3	10.3	31	16	0.7	14						
85 and older	4	14.8	29	1	3.7	67	5	18.5	67	51	0.3	50						
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 1999 file for Utah, released by CMS in 10/2003. 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 209 beneficiaries who were in nursing facilities for part of their enrollment and their 1,124 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 (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^{a, b, c, d}
 UTAH, 1999

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE					ANTIDIABETIC						
	Users as %					Users as %					Users as %						
	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx
All	69	38.5 %	0.6	\$18	1.0	55	30.7 %	1.0	\$26	1.0	46	25.7 %	0.8	486	25.7 %	0.8	\$23
Female	37	38.9	0.6	19	1.0	33	34.7	1.0	28	1.0	23	24.2	0.7	229	24.2	0.7	20
Disabled	6	54.5	0.7	6	1.1	1	9.1	1.1	24	1.1	3	27.3	0.8	26	27.3	0.8	7
64 or younger	5	50.0	0.7	6	1.1	1	10.0	1.1	24	1.1	3	30.0	0.8	26	30.0	0.8	7
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	1	100.0	0.1	1	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
Other Eligibles	31	36.9	0.6	21	1.0	32	38.1	1.0	28	1.0	20	23.8	0.7	203	23.8	0.7	22
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	6	60.0	0.6	18	1.0	6	60.0	1.0	28	1.0	4	40.0	0.8	46	40.0	0.8	29
75-84	12	50.0	0.4	18	1.0	15	62.5	1.0	28	1.0	9	37.5	0.8	106	37.5	0.8	24
85 and older	13	26.5	0.6	26	1.0	11	22.4	1.0	29	1.0	7	14.3	0.3	51	14.3	0.3	9
Male	32	38.1	0.6	16	0.9	22	26.2	0.9	23	0.9	23	27.4	0.9	257	27.4	0.9	26
Disabled	4	23.5	0.5	10	0.8	5	29.4	0.8	16	0.8	5	29.4	0.9	60	29.4	0.9	25
64 or younger	3	18.8	0.4	12	0.6	4	25.0	0.6	15	0.6	5	31.3	0.9	60	31.3	0.9	25
65-74	1	100.0	0.7	4	1.2	1	100.0	1.2	23	1.2	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
Other Eligibles	28	41.8	0.7	18	1.0	17	25.4	1.0	25	1.0	18	26.9	0.9	197	26.9	0.9	26
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	2	18.2	0.7	44	1.0	4	36.4	1.0	28	1.0	3	27.3	1.5	36	27.3	1.5	31
75-84	14	48.3	0.8	14	1.0	7	24.1	1.0	30	1.0	4	13.8	0.9	37	13.8	0.9	19
85 and older	12	44.4	0.5	16	0.9	6	22.2	0.9	16	0.9	11	40.7	0.7	124	40.7	0.7	26
Unknown	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 Utah, released by CMS in 10/2003. 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 209 beneficiaries who were in nursing facilities for part of their enrollment and their 1,124 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 (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^{a, b, c, d}
 UTAH, 1999

Beneficiary Characteristics	MINERALS & ELECTROLYTES					ANTI-ANXIETY AGENTS								
	Users as %		Mean		No. of Bene Mos among Users	Users as %		Mean		No. of Bene Mos among Users	All-Year NF Residents	Bene Mos among All- Year NF Residents		
	No. of Users	Resident	Rx	Rx-\$		No. of Users	Resident	Rx	Rx-\$					
All	72	40.2 %	0.9	\$14	719	0.9	\$14	40	22.3 %	464	0.6	\$13	179	1,654
Female	54	56.8	0.8	15	559	0.8	15	29	30.5	336	0.6	12	95	910
Disabled	4	36.4	0.7	8	48	0.7	8	2	18.2	24	1.1	28	11	106
64 or younger	4	40.0	0.7	8	48	0.7	8	2	20.0	24	1.1	28	10	99
65-74	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	1	7
85 and older	0	0.0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	50	59.5	0.9	16	511	0.9	16	27	32.1	312	0.5	11	84	804
64 or younger	0	0.0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	4	40.0	1.0	25	48	1.0	25	2	20.0	24	0.2	2	10	95
75-84	18	75.0	0.7	11	183	0.7	11	8	33.3	95	0.4	11	24	244
85 and older	28	57.1	0.9	17	280	0.9	17	17	34.7	193	0.6	11	49	464
Male	18	21.4	0.9	12	160	0.9	12	11	13.1	128	0.8	15	84	744
Disabled	0	0.0	0.0	0	0	0.0	0	3	17.6	36	0.9	14	17	161
64 or younger	0	0.0	0.0	0	0	0.0	0	3	18.8	36	0.9	14	16	149
65-74	0	0.0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	1	12
75-84	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
Other Eligibles	18	26.9	0.9	12	160	0.9	12	8	11.9	92	0.8	15	67	583
64 or younger	0	0.0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	3	27.3	1.0	12	32	1.0	12	3	27.3	32	0.9	8	11	94
75-84	5	17.2	0.9	11	46	0.9	11	4	13.8	48	0.6	21	29	251
85 and older	10	37.0	0.9	12	82	0.9	12	1	3.7	12	1.0	6	27	238
Unknown	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 Utah, released by CMS in 10/2003. 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 209 beneficiaries who were in nursing facilities for part of their enrollment and their 1,124 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_mdadb.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^{a, b}
UTAH, 1999

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries with Pharmacy Benefit Coverage					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	198,045	10,772	24,406	44,032	118,835	1,571,975	103,921	249,513	281,342	937,199	0
Age											
5 and younger	65,820	0	942	7	64,871	0	0	9,435	29	497,435	0
6-14	43,457	0	1,791	10	41,656	0	0	18,714	38	343,171	0
15-20	20,272	0	1,425	6,549	12,298	0	0	14,317	37,311	96,550	0
21-44	45,569	4	10,412	35,145	8	0	0	107,427	228,015	30	0
45-64	11,492	7	9,184	2,301	0	0	0	92,974	15,854	0	0
65-74	4,717	4,106	593	18	0	0	0	6,044	91	0	0
75-84	3,801	3,749	52	0	0	0	0	529	0	0	0
85 and older	2,914	2,906	7	1	0	0	0	73	2	0	0
Unknown	3	0	0	1	2	15	0	0	2	13	0
Gender											
Female	116,611	7,867	12,808	38,594	57,342	0	0	134,028	251,005	454,654	0
Male	80,768	2,905	11,598	5,437	60,828	0	0	115,485	30,333	480,499	0
Unknown	666	0	0	1	665	0	0	0	4	2,046	0
Race											
White	145,159	8,047	20,449	33,582	83,081	0	0	209,833	218,266	653,160	0
African American	4,523	104	498	865	3,056	0	0	4,692	6,315	26,660	0
Other/unknown	48,363	2,621	3,459	9,585	32,698	0	0	34,988	56,761	257,379	0
Use of Nursing Facilities											
All year	3,768	3,175	586	3	4	0	0	6,148	16	38	0
Part year	1,610	1,127	470	11	2	0	0	4,462	100	19	0
None	192,667	6,470	23,350	44,018	118,829	0	0	238,903	281,226	937,142	0
Maintenance Assistance Status											
Cash	49,834	3,175	14,398	11,597	20,664	0	0	153,226	74,493	184,041	0
Medically needy	6,439	773	1,343	2,273	2,050	0	0	9,172	9,501	10,853	0
Poverty related	27,494	2,458	5,719	14,431	4,886	0	0	53,165	78,603	33,656	0
Other/unknown	114,278	4,366	2,946	15,731	91,235	0	0	33,950	118,745	708,649	0
Dual Status^c											
Full dual, all year	17,958	8,757	8,972	224	5	0	0	93,690	1,621	41	0
Full dual, part year	1,399	764	624	11	0	0	0	6,201	99	0	0
Non-dual, all year	178,688	1,251	14,810	43,797	118,830	0	0	149,622	279,622	937,158	0
Managed Care Status											
FFS all year	16,345	887	1,722	5,254	8,482	0	0	16,228	22,762	61,240	0
FFS part year, with Rx claims	10,585	299	840	2,314	7,132	0	0	7,518	16,670	61,730	0
FFS part year, no Rx claims	5,419	132	233	921	4,133	0	0	1,430	4,264	23,848	0
MC all year, with Rx claims	113,554	8,538	18,474	25,729	60,813	0	0	201,606	198,269	562,963	0
MC all year, no Rx claims	52,142	916	3,137	9,814	38,275	0	0	22,731	39,377	227,418	0

Source: Data for this table are from the MAX 1999 file for Utah, released by CMS in 10/2003. 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
 UTAH, 1999

	Benes and					
	Bene Mos in Cell B of Table 1		Included 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
All	198,045	1,571,975	32,349	141,301	165,696	1,430,674
FFS all year	16,345	107,809	16,345	107,809	0	0
FFS part year, with Rx claims	10,585	88,450	10,585	22,701	0	65,749
FFS part year, with no Rx claims	5,419	30,286	5,419	10,791	0	19,495
MC all year, with Rx claims	113,554	1,050,013	0	0	113,554	1,050,013
MC all year, with no Rx claims	52,142	295,417	0	0	52,142	295,417

Source: Data for this table are from the MAX 1999 file for Utah, released by CMS in 10/2003. 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.