

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

## LIST OF TABLES

### OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

### FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE 8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE 9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NF RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NF RESIDENTS, BY TOP 10 DRUG GROUP

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS

### FOR DUAL ELIGIBLE BENEFICIARIES

TABLE 11. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 12. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 13. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 14. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 15. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 16-16D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE 17. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE 18. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NF RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS

TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 1999

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>2,631</b>	<b>1,242</b>	<b>1,326</b>	<b>63</b>	<b>0</b>	<b>0</b>	<b>15,858</b>	<b>8,121</b>	<b>7,478</b>	<b>259</b>	<b>0</b>	<b>0</b>
<b>Age</b>												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	0	0	0	0	0	0		0	0	0	0	0
15-20	6	0	6	0	0	0	34	0	34	0	0	0
21-44	604	2	561	41	0	0	3,316	3	3,171	142	0	0
45-64	668	3	649	16	0	0	3,700	5	3,610	85	0	0
65-74	696	589	101	6	0	0	4,344	3,713	599	32	0	0
75-84	419	411	8	0	0	0	2,752	2,700	52	0	0	0
85 and older	238	237	1	0	0	0	1,712	1,700	12	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	1,397	785	592	20	0	0	8,884	5,192	3,636	56	0	0
Male	1,234	457	734	43	0	0	6,974	2,929	3,842	203	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	1,937	778	1,106	53	0	0	9,980	3,887	5,901	192	0	0
African American	15	5	10	0	0	0	33	8	25	0	0	0
Other/unknown	679	459	210	10	0	0	5,845	4,226	1,552	67	0	0
<b>Use of Nursing Facilities</b>												
All year	163	148	15	0	0	0	1,497	1,367	130	0	0	0
Part year	174	139	35	0	0	0	919	771	148	0	0	0
None	2,294	955	1,276	63	0	0	13,442	5,983	7,200	259	0	0
<b>Maintenance Assistance Status</b>												
Cash	544	331	207	6	0	0	5,618	3,478	2,107	33	0	0
Medically needy	853	330	486	37	0	0	2,316	933	1,254	129	0	0
Poverty-related	852	302	549	1	0	0	5,249	1,650	3,598	1	0	0
Other/unknown	382	279	84	19	0	0	2,675	2,060	519	96	0	0
<b>Dual Medicare Status<sup>c</sup></b>												
Full dual, all year	2,013	936	1,019	58	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
<b>Managed Care Status</b>												
FFS all year	1,532	829	678	25	0	0	13,115	7,024	5,919	172	0	0
FFS part year, with Rx claims	843	293	526	24	0	0	2,098	768	1,270	60	0	0
FFS part year, no Rx claims	256	120	122	14	0	0	645	329	289	27	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 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 11

Dual Eligible Beneficiaries

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. 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 12  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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 \$ <sup>c</sup>	No. of Benefes
All	64.8 %	21.8	\$1,008	\$46	\$10,865	9.3 %	\$35	2,631
<b>Age</b>								
5 and younger	0.0	0.0	0	0	0	0.0	0	0
6-14	0.0	0.0	0	0	0	0.0	0	0
15-20	66.7	21.3	2,579	121	18,513	13.9	3	6
21-44	65.2	19.7	1,489	75	16,738	8.9	26	604
45-64	64.8	23.3	1,089	47	13,819	7.9	47	668
65-74	58.5	17.9	646	36	5,387	12.0	33	696
75-84	67.5	24.8	830	34	6,685	12.4	34	419
85 and older	77.7	28.5	894	31	10,860	8.2	35	238
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Basis of Eligibility</b>								
Aged	65.5	21.8	735	34	6,906	10.6	32	1,242
Disabled	64.5	21.9	1,256	57	14,947	8.4	38	1,326
Adults	60.3	17.6	1,173	67	3,016	38.9	37	63
Children	0.0	0.0	0	0	0	0.0	0	0
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Gender</b>								
Female	69.6	25.3	994	39	10,007	9.9	42	1,397
Male	59.5	17.8	1,024	58	11,837	8.7	28	1,234
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Race</b>								
White	62.5	23.9	1,145	48	12,787	9.0	34	1,937
African American	53.3	9.6	390	41	2,122	18.4	22	15
Other/unknown	71.7	16.0	630	39	5,577	11.3	39	679
<b>Use of Nursing Facilities</b>								
Entire year	99.4	59.2	1,893	32	24,923	7.6	68	163
Part year	89.1	38.3	1,465	38	16,067	9.1	42	174
None	60.5	17.9	911	51	9,472	9.6	32	2,294
<b>Maintenance Assistance Status</b>								
Cash	82.2	24.6	1,060	43	5,132	20.7	41	544
Medically needy	47.0	13.5	803	59	2,746	29.2	27	853
Poverty related	63.0	20.9	990	47	18,429	5.4	33	852
Other/unknown	84.0	38.2	1,431	38	20,292	7.1	51	382

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 12

Dual Eligible Beneficiaries

a. Table 12 includes beneficiaries represented by Cell G of Table 1.

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

c. 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 13  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene Mos	Bene	No.
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10				
All	3.6	\$167	9.3 %	35.2 %	15.2 %	7.5 %	13.8 %	11.2 %	17.2 %	\$1,803	2,631	15,858	
<b>Age</b>													
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
6-14	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
15-20	3.8	455	13.9	33.3	16.7	16.7	0.0	16.7	16.7	3,267	6	34	
21-44	3.6	271	8.9	34.8	15.6	5.1	12.3	10.9	21.4	3,049	604	3,316	
45-64	4.2	197	7.9	35.2	10.2	8.4	14.2	10.2	21.9	2,495	668	3,700	
65-74	2.9	104	12.0	41.5	18.4	8.5	11.4	8.6	11.6	863	696	4,344	
75-84	3.8	126	12.4	32.5	16.0	6.9	14.8	15.0	14.8	1,018	419	2,752	
85 and older	4.0	124	8.2	22.3	17.2	8.8	21.8	15.5	14.3	1,510	238	1,712	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Basis of Eligibility</b>													
Aged	3.3	112	10.6	34.5	18.0	8.1	14.4	11.9	13.0	1,056	1,242	8,121	
Disabled	3.9	223	8.4	35.5	12.6	6.9	13.1	10.5	21.3	2,650	1,326	7,478	
Adults	4.3	285	38.9	39.7	12.7	6.3	14.3	12.7	14.3	734	63	259	
Children	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	
<b>Gender</b>													
Female	4.0	156	9.9	30.4	14.9	7.7	14.7	13.7	18.5	1,574	1,397	8,884	
Male	3.1	181	8.7	40.5	15.5	7.2	12.6	8.3	15.8	2,095	1,234	6,974	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Race</b>													
White	4.6	222	9.0	37.5	8.7	5.9	13.7	13.0	21.2	2,482	1,937	9,980	
African American	4.4	177	18.4	46.7	6.7	6.7	20.0	0.0	20.0	965	15	33	
Other/unknown	1.9	73	11.3	28.3	33.7	12.1	13.8	6.3	5.7	648	679	5,845	
<b>Use of Nursing Facilities</b>													
Entire year	6.5	206	7.6	0.6	9.2	10.4	27.0	32.5	20.2	2,714	163	1,497	
Part year	7.2	277	9.1	10.9	13.2	6.9	18.4	14.4	36.2	3,042	174	919	
None	3.0	155	9.6	39.5	15.7	7.3	12.5	9.5	15.6	1,617	2,294	13,442	
<b>Maintenance Assistance Status</b>													
Cash	2.4	103	20.7	17.8	36.0	13.2	16.7	9.9	6.3	497	544	5,618	
Medically needy	5.0	296	29.2	53.0	6.3	5.0	9.4	8.8	17.5	1,011	853	2,316	
Poverty related	3.4	161	5.4	37.0	12.2	6.8	12.7	9.9	21.5	2,991	852	5,249	
Other/unknown	5.5	204	7.1	16.0	11.8	6.3	21.7	21.5	22.8	2,898	382	2,675	

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 13

Dual Eligible Beneficiaries

- a. Table 13 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- 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 14  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>3.6</b>	<b>\$167</b>	<b>\$46</b>	<b>1.3</b>	<b>\$108</b>	<b>\$82</b>	<b>0.5</b>	<b>\$28</b>	<b>\$56</b>	<b>1.6</b>	<b>\$25</b>	<b>\$15</b>
<b>Age</b>												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
15-20	3.8	455	121	1.4	325	230	0.3	50	154	1.7	18	11
21-44	3.6	271	75	1.5	196	130	0.4	41	96	1.5	26	17
45-64	4.2	197	47	1.5	119	78	0.6	35	61	1.9	31	17
65-74	2.9	104	36	1.1	64	60	0.4	16	45	1.3	19	15
75-84	3.8	126	34	1.3	75	59	0.6	24	39	1.7	22	13
85 and older	4.0	124	31	1.1	69	63	0.6	23	38	2.0	27	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility</b>												
Aged	3.3	112	34	1.1	68	60	0.5	20	40	1.5	21	13
Disabled	3.9	223	57	1.5	149	100	0.5	36	72	1.7	28	17
Adults	4.3	285	67	1.7	180	108	0.4	41	111	2.0	40	20
Children	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	4.0	156	39	1.4	94	66	0.6	30	52	1.8	26	15
Male	3.1	181	58	1.1	125	109	0.4	25	64	1.4	23	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	4.6	222	48	1.7	143	84	0.7	37	56	2.0	32	16
African American	4.4	177	41	1.5	122	79	0.5	27	52	1.9	26	13
Other/unknown	1.9	73	39	0.6	48	76	0.2	11	57	0.9	11	13
<b>Use of Nursing Facilities</b>												
Entire year	6.5	206	32	1.9	119	62	0.9	35	37	3.1	44	14
Part year	7.2	277	38	2.6	178	69	1.1	43	40	3.2	46	14
None	3.0	155	51	1.1	102	88	0.4	26	64	1.3	21	16
<b>Maintenance Assistance Status</b>												
Cash	2.4	103	43	0.8	61	73	0.3	20	62	1.1	17	16
Medically needy	5.0	296	59	2.0	216	106	0.6	34	58	2.1	33	16
Poverty related	3.4	161	47	1.2	100	81	0.5	31	65	1.5	23	15
Other/unknown	5.5	204	38	1.8	127	71	0.8	33	40	2.5	36	14

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

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

Table 14

Dual Eligible 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](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 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Users								
	Patented		Generic		Patented		Generic		Patented		Generic		As % of Dual Benes	No. of Bene Mos			
	Total	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Total	Off-Patent Brand-Name							
Anti-infective Agents	0.5	0.3	0.0	0.2	\$44	\$40	\$0	\$3	\$66	\$141	\$64	\$14	3,810	\$328,333	1,016	38.6 %	7,514
Biologics	0.2	0.1	0.0	0.1	3	2	0	1	16	16	0	17	44	715	34	1.3	264
Antineoplastic Agents	0.8	0.4	0.2	0.2	136	104	25	7	176	278	124	37	177	31,238	38	1.4	229
Endocrine/Metabolic Drugs	1.1	0.6	0.1	0.4	34	26	2	6	30	47	17	13	5,535	166,910	743	28.2	4,862
Cardiovascular Agents	1.9	0.7	0.5	0.8	55	31	16	8	29	46	36	11	10,452	304,159	862	32.8	5,510
Respiratory Agents	0.7	0.3	0.0	0.3	23	18	0	5	32	52	30	13	3,968	128,114	738	28.1	5,672
Gastrointestinal Agents	0.8	0.4	0.0	0.4	51	39	3	9	67	109	67	24	2,990	199,569	570	21.7	3,924
Genitourinary Agents	0.5	0.3	0.0	0.2	15	12	0	3	33	45	15	16	497	16,324	165	6.3	1,079
CNS Drugs	1.9	0.8	0.2	0.8	126	87	25	14	67	104	108	18	10,092	679,416	893	33.9	5,393
Stimulants/Anti-obesity/Anorexia	0.8	0.2	0.3	0.3	33	12	16	5	43	59	54	19	46	1,975	11	0.4	60
Miscellaneous Psychological/Neurological Agents	1.4	1.3	0.0	0.2	221	215	0	6	155	168	0	41	149	23,031	26	1.0	104
Analgesics and Anesthetics	1.0	0.2	0.1	0.6	38	19	11	9	39	85	88	13	7,182	278,706	1,050	39.9	7,294
Neuromuscular Agents	1.3	0.4	0.2	0.7	59	38	6	15	45	91	38	20	3,621	164,048	470	17.9	2,796
Nutritional Products	0.9	0.0	0.4	0.5	19	0	10	9	22	9	29	18	1,959	43,281	348	13.2	2,235
Hematological Agents	0.9	0.1	0.3	0.5	39	21	9	9	43	266	29	17	1,306	56,096	237	9.0	1,443
Topical Products	0.4	0.2	0.1	0.2	11	6	2	3	26	40	36	13	1,978	51,479	619	23.5	4,810
Miscellaneous Products	0.9	0.3	0.3	0.3	165	66	90	8	187	254	290	27	332	61,947	74	2.8	376
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	23	0	0	0	37	0	0	0	3,144	116,692	704	26.8	5,058
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	57,282	2,652,033	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 15 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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](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 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 1999

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIDEPRESSANTS	\$148,915	364	13.8 %	3,770	0.7	\$59	\$40
ANTIPSYCHOTICS	137,009	187	7.1	1,944	0.7	103	70
ULCER DRUGS	105,883	310	11.8	3,222	0.4	77	33
ANALGESICS - Narcotic	97,210	591	22.5	6,169	0.4	42	16
ANALGESICS - ANTI-INFLAMMATORY	84,184	477	18.1	5,265	0.4	43	16
ANTIHYPERTENSIVE	72,214	300	11.4	3,059	0.7	34	24
ANTIDIABETIC	65,017	287	10.9	2,980	0.6	36	22
ANTICONVULSANT	58,990	139	5.3	1,399	0.8	54	42
CALCIUM BLOCKERS	38,833	125	4.8	1,236	0.7	46	31
ANTIASTMATIC	34,774	236	9.0	2,562	0.4	34	14

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 16 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 16A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIDEPRESSANTS				ANTIPSYCHOTICS			
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>16,347</b>	<b>\$843,029</b>	<b>364</b>	<b>0.7</b>	<b>13.8 %</b>	<b>3,770</b>	<b>\$40</b>	<b>187</b>	<b>7.1 %</b>	<b>1,944</b>	<b>0.7</b>	<b>\$71</b>
<b>Female</b>	10,405	505,817	241	0.7	17.3	2,531	39	97	6.9	1,011	0.6	57
<b>Disabled</b>	4,155	245,105	137	0.7	23.1	1,453	42	47	7.9	509	0.7	73
5 and younger	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0
15-20	1	22	0	0.0	0.0	0	0	0	0.0	0	0.0	0
21-44	975	76,926	42	0.7	19.5	444	47	22	10.2	238	0.7	94
45-64	2,611	139,990	79	0.7	25.2	825	40	24	7.6	259	0.7	57
65-74	537	27,215	15	0.6	27.3	177	36	1	1.8	12	0.2	15
75-84	29	923	1	0.3	20.0	7	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
<b>Other Eligibles</b>	6,250	260,712	104	0.7	12.9	1,078	35	50	6.2	502	0.5	41
5 and younger	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0
21-44	8	137	0	0.0	0.0	0	0	0	0.0	0	0.0	0
45-64	4	188	1	0.7	25.0	3	41	0	0.0	0	0.0	0
65-74	2,262	96,797	38	0.6	11.2	401	31	13	3.8	144	0.6	60
75-84	2,433	100,795	42	0.7	15.1	428	37	24	8.6	227	0.5	34
85 and older	1,543	62,795	23	0.8	14.0	246	38	13	7.9	131	0.5	31
<b>Male</b>	5,942	337,212	123	0.7	10.0	1,239	41	90	7.3	933	0.8	85
<b>Disabled</b>	3,346	236,762	89	0.6	12.1	908	40	62	8.4	648	0.8	108
5 and younger	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0
15-20	13	413	1	0.1	25.0	9	1	0	0.0	0	0.0	0
21-44	1,821	149,332	52	0.6	15.0	528	40	20	11.6	449	0.8	114
45-64	1,206	72,670	27	0.7	8.1	263	42	41	6.3	187	0.9	92
65-74	240	12,323	7	0.5	15.2	84	37	1	2.2	12	1.3	163
75-84	66	2,024	2	1.2	66.7	24	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
<b>Other Eligibles</b>	2,596	100,450	34	0.7	6.8	331	44	28	5.6	285	0.6	32
5 and younger	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0
21-44	232	16,692	10	0.7	40.0	101	63	1	4.0	5	0.8	140
45-64	78	3,168	0	0.0	0.0	0	0	0	0.0	0	0.0	0
65-74	909	31,726	10	0.6	3.9	95	27	7	2.7	76	0.6	40
75-84	890	30,427	12	0.8	9.1	122	45	9	6.8	86	0.9	28
85 and older	487	18,437	2	1.2	2.7	13	15	11	15.1	118	0.5	24
<b>Unknown</b>	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0

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

- a. Table 16A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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](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 16B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 1999

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANALGESICS - ANTI-INFLAMMATORY				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>310</b>	<b>11.8 %</b>	<b>3,222</b>	<b>0.4</b>	<b>\$33</b>	<b>591</b>	<b>22.5 %</b>	<b>6,169</b>	<b>0.4</b>	<b>\$16</b>	<b>477</b>	<b>18.1 %</b>	<b>5,265</b>	<b>0.4</b>	<b>\$16</b>
<b>Female</b>	216	15.5	2,275	0.4	32	373	26.7	3,946	0.4	14	309	22.1	3,417	0.4	18
<b>Disabled</b>	99	16.7	1,057	0.4	35	159	26.9	1,674	0.3	10	109	18.4	1,187	0.4	26
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	50.0	12	0.1	2	0	0.0	0	0.0	0
21-44	23	10.7	259	0.4	27	34	15.8	362	0.2	6	25	11.6	272	0.3	45
45-64	60	19.1	633	0.4	41	103	32.8	1,072	0.3	12	68	21.7	753	0.4	21
65-74	15	27.3	158	0.4	27	19	34.5	204	0.4	8	14	25.5	154	0.3	18
75-84	1	20.0	7	1.3	28	0	0.0	0	0.0	0	2	40.0	8	0.3	9
85 and older	0	0.0	0	0.0	0	2	200.0	24	0.1	1	0	0.0	0	0.0	0
<b>Other Eligibles</b>	117	14.5	1,218	0.4	29	214	26.6	2,272	0.4	16	200	24.8	2,230	0.4	14
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	1	5.6	4	0.8	20	0	0.0	0	0.0	0
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	39	11.5	409	0.4	26	59	17.4	656	0.3	12	83	24.4	945	0.4	11
75-84	53	19.0	546	0.4	28	89	31.9	924	0.5	16	75	26.9	822	0.3	17
85 and older	25	15.2	263	0.7	34	65	39.6	688	0.5	21	42	25.6	463	0.4	14
<b>Male</b>	94	7.6	947	0.4	36	218	17.7	2,223	0.3	20	168	13.6	1,848	0.4	12
<b>Disabled</b>	56	7.6	567	0.4	43	142	19.3	1,459	0.4	23	65	8.9	720	0.3	9
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	50.0	18	0.2	3	0	0.0	0	0.0	0
21-44	36	10.4	388	0.4	38	83	24.0	858	0.3	21	38	11.0	425	0.2	6
45-64	17	5.1	144	0.5	51	47	14.0	469	0.5	32	18	5.4	202	0.3	12
65-74	3	6.5	35	0.7	75	9	19.6	102	0.4	13	8	17.4	81	0.5	12
75-84	0	0.0	0	0.0	0	1	33.3	12	0.1	1	1	33.3	12	0.8	54
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	38	7.6	380	0.4	24	76	15.2	764	0.3	13	103	20.6	1,128	0.4	14
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	3	12.0	24	0.3	38	10	40.0	101	0.9	46	3	12.0	32	1.0	92
45-64	1	6.7	12	0.9	93	6	40.0	64	0.1	1	2	13.3	20	0.4	12
65-74	18	7.1	191	0.3	16	32	12.5	336	0.2	5	44	17.3	524	0.3	10
75-84	10	7.6	92	0.5	27	15	11.4	148	0.3	6	32	24.2	336	0.6	13
85 and older	6	8.2	61	0.5	27	13	17.8	115	0.2	24	22	30.1	216	0.4	15
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16B

Dual Eligible 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 16B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 16C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTI-DIABETIC					ANTICONVULSANT				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>300</b>	<b>11.4 %</b>	<b>3,059</b>	<b>0.7</b>	<b>\$24</b>	<b>287</b>	<b>10.9 %</b>	<b>2,980</b>	<b>0.6</b>	<b>\$22</b>	<b>139</b>	<b>5.3 %</b>	<b>1,399</b>	<b>0.8</b>	<b>\$42</b>
<b>Female</b>	196	14.0	2,090	0.7	25	203	14.5	2,124	0.6	20	76	5.4	805	0.6	26
<b>Disabled</b>	56	9.5	608	0.7	32	46	7.8	479	0.6	20	49	8.3	513	0.6	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	6	2.8	59	0.6	13	3	1.4	25	1.2	24	24	11.2	233	0.6	33
45-64	42	13.4	460	0.7	30	32	10.2	332	0.6	15	22	7.0	254	0.6	29
65-74	8	14.5	89	0.9	58	11	20.0	122	0.6	32	1	1.8	12	0.5	20
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	40.0	14	0.3	7
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	140	17.4	1,482	0.7	23	157	19.5	1,645	0.5	20	27	3.4	292	0.7	18
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	1	25.0	3	0.7	21	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	48	14.1	547	0.6	20	87	25.6	985	0.5	21	13	3.8	140	0.4	15
75-84	62	22.2	640	0.7	23	50	17.9	476	0.6	17	8	2.9	89	1.0	20
85 and older	29	17.7	292	0.8	27	20	12.2	184	0.5	25	6	3.7	63	0.8	22
<b>Male</b>	104	8.4	969	0.7	20	84	6.8	856	0.7	26	63	5.1	594	1.0	65
<b>Disabled</b>	44	6.0	389	0.7	24	28	3.8	248	0.9	31	51	6.9	459	1.0	72
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	50.0	10	0.3	9	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	18	5.2	162	0.7	32	11	3.2	111	1.1	42	33	9.5	325	0.9	80
45-64	19	5.7	163	0.7	19	14	4.2	103	0.5	19	17	5.1	122	1.1	58
65-74	4	8.7	42	0.8	22	2	4.3	22	1.0	39	1	2.2	12	0.1	3
75-84	1	33.3	12	1.1	8	1	33.3	12	1.1	20	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	60	12.0	580	0.6	17	56	11.2	608	0.7	24	12	2.4	135	1.0	39
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	3	12.0	24	0.3	5	0	0.0	0	0.0	0	1	4.0	8	1.6	121
45-64	1	6.7	8	0.9	36	2	13.3	16	0.6	20	1	6.7	12	0.1	6
65-74	21	8.2	199	0.6	16	21	8.2	227	0.7	23	4	1.6	48	1.2	35
75-84	26	19.7	263	0.7	19	21	15.9	229	0.6	23	5	3.8	55	0.8	31
85 and older	9	12.3	86	0.7	15	12	16.4	136	0.7	28	1	1.4	12	2.3	67
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0



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

a. Table 16C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 16D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS				ANTI-ASTHMATIC				Mean Rx \$	No. of Benes	No. of Benes Rx	Mean Rx \$	No. of Benes	No. of Benes Rx	No. of Benes Mos
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx							
<b>All</b>	<b>125</b>	<b>4.8 %</b>	<b>1,236</b>	<b>0.7</b>	<b>\$31</b>	<b>236</b>	<b>9.0 %</b>	<b>2,562</b>	<b>0.4</b>	<b>\$14</b>	<b>2,631</b>	<b>15,858</b>			
<b>Female</b>															
<b>Disabled</b>	94	6.7	951	0.7	32	130	9.3	1,451	0.3	11	1,397	8,884			
5 and younger	27	4.6	268	0.7	40	53	9.0	617	0.3	13	592	3,636			
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
21-44	5	2.3	54	0.5	43	10	4.7	113	0.2	10	215	1,210			
45-64	19	6.1	183	0.7	37	34	10.8	408	0.3	13	314	1,988			
65-74	2	3.6	24	0.6	48	9	16.4	96	0.4	15	55	381			
75-84	1	20.0	7	1.7	67	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			
<b>Other Eligibles</b>	67	8.3	683	0.7	29	77	9.6	834	0.3	10	805	5,248			
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	18	40			
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	20			
65-74	22	6.5	225	0.7	32	37	10.9	392	0.4	14	340	2,158			
75-84	27	9.7	277	0.7	30	24	8.6	261	0.2	6	279	1,858			
85 and older	18	11.0	181	0.6	23	16	9.8	181	0.3	9	164	1,172			
<b>Male</b>															
<b>Disabled</b>	31	2.5	285	0.7	30	106	8.6	1,111	0.5	16	1,234	6,974			
5 and younger	18	2.5	148	0.7	32	43	5.9	464	0.5	21	734	3,842			
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
15-20	1	25.0	1	3.0	159	0	0.0	0	0.0	0	0	0			
21-44	7	2.0	67	0.6	31	23	6.6	260	0.4	17	346	1,961			
45-64	9	2.7	68	0.7	29	20	6.0	204	0.7	27	335	1,622			
65-74	1	2.2	12	1.3	48	0	0.0	0	0.0	0	46	218			
75-84	0	0.0	0	0.0	0	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			
<b>Other Eligibles</b>	13	2.6	137	0.7	28	63	12.6	647	0.5	13	500	3,132			
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
21-44	0	0.0	0	0.0	0	2	8.0	13	0.4	7	25	105			
45-64	1	6.7	8	0.9	64	4	26.7	48	0.5	11	15	70			
65-74	4	1.6	48	0.6	22	26	10.2	291	0.6	17	255	1,587			
75-84	6	4.5	59	0.6	26	15	11.4	141	0.3	12	132	842			
85 and older	2	2.7	22	1.0	36	16	21.9	154	0.4	6	73	528			
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			

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

- a. Table 16D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 17  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>\$206</b>	<b>6.5</b>	<b>163</b>	<b>1,497</b>
<b>Age</b>				
0-64	257	8.7	13	111
65-74	234	7.4	22	201
75-84	236	6.9	53	495
85 and older	168	5.5	75	690
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	232	7.2	88	837
Male	173	5.5	75	660
Unknown	0	0.0	0	0
<b>Race</b>				
White	258	8.1	103	914
African American	0	0	0	0
Other/unknown	125	3.8	60	583
<b>Basis of Eligibility</b>				
Aged	200	6.3	148	1,367
Disabled	270	8.5	15	130
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 174 beneficiaries who were in nursing facilities for part of their enrollment and their 919 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 18  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	No.	As % of Dual All-Year NF Residents	No. of Bene Mos				
		Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name							
Anti-infective Agents	0.5	0.3	0.0	0.2	\$27	\$24	\$1	\$2	\$51	\$74	\$50	\$10	555	\$28,423	115	70.6 %	1,072
Biologics	0.1	0.1	0.0	0.0	2	1	0	1	13	10	0	20	25	317	20	12.3	194
Antineoplastic Agents	1.3	0.6	0.7	0.0	530	319	210	0	407	532	301	0	13	5,297	2	1.2	10
Endocrine/Metabolic Drugs	1.2	0.4	0.1	0.7	31	20	1	10	26	47	14	14	773	19,783	68	41.7	633
Cardiovascular Agents	2.0	0.6	0.6	0.8	44	18	17	8	21	30	28	10	1,933	41,378	100	61.3	947
Respiratory Agents	0.7	0.3	0.0	0.4	18	12	0	6	27	45	18	15	436	11,748	70	42.9	648
Gastrointestinal Agents	0.9	0.2	0.0	0.7	36	17	1	17	40	87	64	26	453	18,235	53	32.5	506
Genitourinary Agents	0.6	0.3	0.0	0.3	13	9	0	5	23	30	0	17	134	3,110	25	15.3	237
CNS Drugs	1.5	0.7	0.2	0.7	77	57	12	8	50	82	76	12	1,488	75,107	102	62.6	970
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	4.9	64
Analgesics and Anesthetics	1.1	0.3	0.1	0.7	40	26	7	7	35	73	59	11	1,018	35,927	96	58.9	903
Neuromuscular Agents	1.4	0.2	0.2	1.0	39	10	9	21	28	49	38	21	653	18,256	49	30.1	463
Nutritional Products	1.0	0.0	0.5	0.5	21	0	12	9	20	9	23	18	542	10,916	56	34.4	522
Hematological Agents	1.0	0.1	0.0	0.9	20	8	1	12	21	127	22	14	415	8,851	47	28.8	432
Topical Products	0.4	0.2	0.0	0.2	11	6	2	2	26	39	45	11	351	9,113	92	56.4	864
Miscellaneous Products	0.3	0.1	0.0	0.3	4	2	0	2	11	35	0	7	37	420	16	9.8	115
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	13	0	0	0	17	0	0	0	745	12,864	105	64.4	1,018
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.	9,656	308,546	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 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 174 beneficiaries who were in nursing facilities for part of their enrollment and their 919 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). In 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 18

Dual Eligible 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.

APPENDIX TABLE A.3  
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>19,357</b>	<b>9,521</b>	<b>9,596</b>	<b>235</b>	<b>5</b>	<b>192,652</b>	<b>91,000</b>	<b>99,891</b>	<b>1,720</b>	<b>41</b>	<b>0</b>
<b>Age</b>											
5 and younger	1	0	1	0	0	10	0	10	0	0	0
6-14	4	0	1	0	3	42	0	8	0	34	0
15-20	61	0	58	1	2	561	0	546	8	7	0
21-44	4,837	4	4,670	163	0	50,264	26	49,016	1,222	0	0
45-64	4,449	4	4,384	61	0	45,973	18	45,518	437	0	0
65-74	3,746	3,300	436	10	0	36,707	32,308	4,346	53	0	0
75-84	3,455	3,413	42	0	0	33,263	32,853	410	0	0	0
85 and older	2,804	2,800	4	0	0	25,832	25,795	37	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	11,947	7,034	4,812	97	4	120,632	68,596	51,260	739	37	0
Male	7,410	2,487	4,784	138	1	72,020	22,404	48,631	981	4	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	16,215	7,625	8,386	201	3	161,134	71,901	87,725	1,482	26	0
African American	250	88	155	7	0	2,414	877	1,489	48	0	0
Other/unknown	2,892	1,808	1,055	27	2	29,104	18,222	10,677	190	15	0
<b>Use of Nursing Facilities</b>											
All year	3,448	3,084	364	0	0	33,159	29,296	3,863	0	0	0
Part year	1,314	1,085	229	0	0	11,639	9,353	2,286	0	0	0
None	14,595	5,352	9,003	235	5	147,854	52,351	93,742	1,720	41	0
<b>Maintenance Assistance Status</b>											
Cash	5,977	2,346	3,589	40	2	65,206	25,813	39,030	349	14	0
Medically needy	1,673	737	862	74	0	11,008	4,389	6,165	454	0	0
Poverty related	6,036	2,173	3,846	17	0	61,488	21,729	39,658	101	0	0
Other/unknown	5,671	4,265	1,299	104	3	54,950	39,069	15,038	816	27	0
<b>Dual Status<sup>c</sup></b>											
Full dual, all year	17,958	8,757	8,972	224	5	178,995	83,643	93,690	1,621	41	0
Full dual, part year	1,399	764	624	11	0	13,657	7,357	6,201	99	0	0
<b>Managed Care Status</b>											
FFS all year	1,532	829	678	25	0	13,115	7,024	5,919	172	0	0
FFS part year, with Rx claims	843	293	526	24	0	7,215	2,479	4,554	182	0	0
FFS part year, no Rx claims	256	120	122	14	0	1,401	674	671	56	0	0
MC all year, with Rx claims	15,128	7,544	7,436	144	4	159,757	76,179	82,311	1,229	38	0
MC all year, no Rx claims	1,598	735	834	28	1	11,164	4,644	6,436	81	3	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.3 includes the beneficiaries represented by Cell F 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. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(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.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 1999

Beneficiary Characteristics	Benees and					
	Bene Mos in Cell F of Table 1	Included in Cell G of Table 1		Excluded from Cell G of Table 1		
	No. of Benees	No. of Bene Mos	No. of Benees	No. of Bene Mos	No. of Benees	No. of Bene Mos
<b>All</b>	<b>19,357</b>	<b>192,652</b>	<b>2,631</b>	<b>15,858</b>	<b>16,726</b>	<b>176,794</b>
FFS all year	1,532	13,115	1,532	13,115	0	0
FFS part year, with Rx claims	843	7,215	843	2,098	0	5,117
FFS part year, with no Rx claims	256	1,401	256	645	0	756
MC all year, with Rx claims	15,128	159,757	0	0	15,128	159,757
MC all year, with no Rx claims	1,598	11,164	0	0	1,598	11,164

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.







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SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 UTAH, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+ 238  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$212,806  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$894

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 22.3 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	53		0	0.0 %
1-500	74	31.1	13,134	6.2
501-1,000	44	18.5	31,269	14.7
1,001-1,500	17	7.1	20,746	9.7
1,501-2,000	20	8.4	34,993	16.4
2,001-2,500	4	1.7	9,227	4.3
2,501-3,000	8	3.4	22,161	10.4
3,001-3,500	4	1.7	13,003	6.1
3,501-4,000	5	2.1	19,026	8.9
4,001-4,500	4	1.7	16,955	8.0
4,501-5,000	1	0.4	4,673	2.2
5,001-5,500	2	0.8	11,606	5.5
5,501-6,000	1	0.4	7,438	3.5
6,001-6,500	1	0.4	8,575	4.0
6,501-7,000				
7,001-7,500				
7,501-8,000				
8,001-8,500				
8,501-9,000				
9,001-9,500				
9,501-10,000				
10,001+				

Source: Data for this table are from the MAX 1999 file for Utah, released by CMS in 10/2003. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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