

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 UTAH

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	11,959	6,587	5,206	166	0	0	94,923	53,483	40,576	864	0	0
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	2	0	2	0	0	6		0	6	0	0	0
15-20	31	0	31	0	0	0	199	0	199	0	0	0
21-44	2,462	4	2,351	107	0	0	18,407	11	17,819	577	0	0
45-64	2,557	4	2,506	47	0	0	20,223	13	19,959	251	0	0
65-74	2,292	2,010	270	12	0	0	17,816	15,557	2,223	36	0	0
75-84	2,410	2,370	40	0	0	0	19,836	19,508	328	0	0	0
85 and older	2,205	2,199	6	0	0	0	18,436	18,394	42	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	7,312	4,682	2,560	70	0	0	59,729	38,876	20,525	328	0	0
Male	4,647	1,905	2,646	96	0	0	35,194	14,607	20,051	536	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	10,223	5,505	4,579	139	0	0	81,543	44,875	35,949	719	0	0
African American	118	46	69	3	0	0	693	333	345	15	0	0
Other/unknown	1,618	1,036	558	24	0	0	12,687	8,275	4,282	130	0	0
Use of Nursing Facilities^c												
Entire year	2,905	2,572	333	0	0	0	27,473	23,991	3,482	0	0	0
Part year	1,453	1,211	240	2	0	0	11,332	9,301	2,012	19	0	0
None	7,601	2,804	4,633	164	0	0	56,118	20,191	35,082	845	0	0
Maintenance Assistance Status												
Cash	2,338	890	1,384	64	0	0	19,942	8,186	11,412	344	0	0
Medically needy	1,614	790	773	51	0	0	7,958	4,097	3,633	228	0	0
Poverty-related	2,711	1,075	1,619	17	0	0	19,840	8,501	11,267	72	0	0
Other/unknown	5,296	3,832	1,430	34	0	0	47,183	32,699	14,264	220	0	0
Dual Medicare Status^d												
Full dual, all year	10,947	6,074	4,721	152	0	0	87,788	49,740	37,284	764	0	0
Full dual, part year	1,012	513	485	14	0	0	7,135	3,743	3,292	100	0	0
Managed Care Status												
FFS all year	9,782	5,864	3,792	126	0	0	86,233	50,711	34,784	738	0	0
FFS part year, with Rx claims	1,951	653	1,260	38	0	0	7,896	2,560	5,215	121	0	0
FFS part year, no Rx claims	226	70	154	2	0	0	794	212	577	5	0	0

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. 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 2001. 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 D.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	82.7 %	43.7	\$2,272	\$52	\$14,538	15.6 %	11,959
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	50.0	20.0	7,319	366	10,667	68.6	2
15-20	71.0	23.5	1,911	81	20,386	9.4	31
21-44	78.7	32.1	2,362	74	14,786	16.0	2,462
45-64	79.7	49.1	2,937	60	16,290	18.0	2,557
65-74	77.0	41.6	1,995	48	10,708	18.6	2,292
75-84	86.8	49.6	2,146	43	14,401	14.9	2,410
85 and older	92.4	46.4	1,824	39	16,283	11.2	2,205
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	85.8	46.3	2,003	43	13,948	14.4	6,587
Disabled	78.9	41.0	2,641	64	15,616	16.9	5,206
Adults	78.9	25.2	1,351	54	4,137	32.7	166
Children	0.0	0.0	0	0	0	0.0	0
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	86.2	49.3	2,343	48	14,588	16.1	7,312
Male	77.2	34.9	2,159	62	14,460	14.9	4,647
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	83.8	46.8	2,440	52	15,482	15.8	10,223
African American	77.1	31.3	1,676	54	10,536	15.9	118
Other/unknown	76.2	25.2	1,250	50	8,865	14.1	1,618
Use of Nursing Facilities^d							
Entire year	96.8	66.0	3,004	46	24,472	12.3	2,905
Part year	94.9	57.9	2,751	48	17,916	15.4	1,453
None	75.0	32.5	1,900	59	10,096	18.8	7,601
Maintenance Assistance Status							
Cash	85.2	38.5	2,119	55	7,228	29.3	2,338
Medically needy	57.6	24.0	1,480	62	5,846	25.3	1,614
Poverty related	79.0	33.7	1,913	57	5,447	35.1	2,711
Other/unknown	91.2	57.1	2,764	48	25,068	11.0	5,296

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.3 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. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene Mos	No.	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	5.5	\$286	15.6 %	17.3 %	12.6 %	8.1 %	22.1 %	24.5 %	15.4 %	\$1,832	11,959	94,923
Age												
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	6.7	2,440	68.6	50.0	0.0	0.0	0.0	0.0	50.0	3,556	2	6
15-20	3.7	298	9.4	29.0	9.7	3.2	25.8	25.8	6.5	3,176	31	199
21-44	4.3	316	16.0	21.3	19.9	8.7	19.3	17.3	13.6	1,978	2,462	18,407
45-64	6.2	371	18.0	20.3	9.9	7.3	19.7	23.6	19.2	2,060	2,557	20,223
65-74	5.4	257	18.6	23.0	13.4	8.2	18.2	20.7	16.3	1,378	2,292	17,816
75-84	6.0	261	14.9	13.2	10.3	7.9	23.2	29.5	15.9	1,750	2,410	19,836
85 and older	5.6	218	11.2	7.6	9.2	8.5	31.1	31.9	11.7	1,948	2,205	18,436
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	5.7	247	14.4	14.2	10.8	8.2	24.4	27.7	14.8	1,718	6,587	53,483
Disabled	5.3	339	16.9	21.1	14.6	7.9	19.4	20.6	16.4	2,004	5,206	40,576
Adults	4.8	260	32.7	21.1	19.9	10.2	18.1	19.3	11.4	795	166	864
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
Gender												
Female	6.0	287	16.1	13.8	11.1	7.8	22.7	26.7	17.9	1,786	7,312	59,729
Male	4.6	285	14.9	22.8	14.9	8.5	21.3	20.9	11.6	1,909	4,647	35,194
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.9	306	15.8	16.2	11.2	7.5	22.5	26.0	16.7	1,941	10,223	81,543
African American	5.3	285	15.9	22.9	8.5	7.6	28.8	14.4	17.8	1,794	118	693
Other/unknown	3.2	159	14.1	23.8	21.8	12.1	19.2	15.7	7.5	1,131	1,618	12,687
use or nursing Facilities^d												
Entire year	7.0	318	12.3	3.2	6.0	6.7	27.1	38.2	18.8	2,588	2,905	27,473
Part year	7.4	353	15.4	5.1	5.8	6.4	26.5	32.9	23.3	2,297	1,453	11,332
None	4.4	257	18.8	25.0	16.4	8.9	19.4	17.6	12.7	1,368	7,601	56,118
Maintenance Assistance Status												
Cash	4.5	248	29.3	14.8	21.2	9.6	20.4	19.9	14.0	848	2,338	19,942
Medically needy	4.9	300	25.3	42.4	7.6	6.8	15.6	16.2	11.5	1,186	1,614	7,958
Poverty related	4.6	261	35.1	21.0	16.7	9.8	20.5	18.4	13.6	744	2,711	19,840
Other/unknown	6.4	310	11.0	8.8	8.2	6.9	25.7	32.1	18.2	2,814	5,296	47,183

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.4 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.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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 D.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

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
All	5.5	\$286	\$52	2.6	\$220	\$85	0.4	\$17	\$48	2.6	\$49	\$19
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	6.7	2,440	366	2.7	2,337	876	1.5	70	47	2.5	33	13
15-20	3.7	298	81	2.2	256	117	0.2	11	44	1.2	30	25
21-44	4.3	316	74	2.1	254	119	0.2	18	74	1.9	44	23
45-64	6.2	371	60	3.0	285	95	0.4	26	66	2.8	61	22
65-74	5.4	257	48	2.6	197	77	0.3	13	40	2.5	46	19
75-84	6.0	261	43	2.7	196	72	0.4	14	35	2.9	51	17
85 and older	5.6	218	39	2.4	160	66	0.4	13	34	2.7	44	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.7	247	43	2.6	185	72	0.4	14	36	2.7	48	17
Disabled	5.3	339	64	2.6	266	103	0.3	21	67	2.3	52	22
Adults	4.8	260	54	1.9	185	97	0.3	17	67	2.7	58	22
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
Gender												
Female	6.0	287	48	2.8	218	78	0.4	17	43	2.8	51	18
Male	4.6	285	62	2.2	222	101	0.3	17	60	2.1	46	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.9	306	52	2.7	234	86	0.4	19	48	2.7	53	19
African American	5.3	285	54	2.6	230	88	0.3	13	46	2.4	42	17
Other/unknown	3.2	159	50	1.5	125	82	0.2	8	47	1.5	26	18
Use of Nursing Facilities^e												
Entire year	7.0	318	46	3.2	240	76	0.4	18	40	3.4	60	18
Part year	7.4	353	48	3.3	270	81	0.5	20	39	3.6	63	18
None	4.4	257	59	2.1	200	94	0.3	16	57	2.0	41	21
Maintenance Assistance Status												
Cash	4.5	248	55	2.1	191	90	0.3	15	54	2.1	42	20
Medically needy	4.9	300	62	2.3	233	102	0.3	21	62	2.2	47	21
Poverty related	4.6	261	57	2.3	202	90	0.3	17	61	2.1	42	21
Other/unknown	6.4	310	48	3.0	237	80	0.4	17	41	3.0	56	18

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.5 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.
- 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, 2.7 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).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Rx \$	No. Dual Benes	As % of Benes	No. of Bene Mos
Anti-infective Agents	0.5	0.3	0.0	0.2	\$29	\$26	\$0	\$3	\$63	\$101	\$53	\$13	25,831	6,100	51.0 %	55,840
Biologics	0.1	0.1	0.0	0.0	16	3	10	3	114	24	1,308	141	1,041	697	5.8	7,544
Antineoplastic Agents	0.6	0.4	0.1	0.2	146	125	12	9	227	347	136	48	1,582	283	2.4	2,464
Endocrine/Metabolic Drugs	1.2	0.7	0.1	0.5	42	34	2	5	34	53	17	12	55,778	5,144	43.0	45,529
Cardiovascular Agents	1.8	0.7	0.1	0.9	54	36	3	15	30	50	21	16	92,304	5,979	50.0	52,010
Respiratory Agents	0.8	0.5	0.0	0.3	37	30	0	6	44	61	27	19	33,080	4,322	36.1	39,474
Gastrointestinal Agents	0.9	0.5	0.0	0.4	66	51	2	12	76	109	84	33	34,344	4,333	36.2	39,189
Genitourinary Agents	0.6	0.4	0.0	0.2	30	27	0	3	52	65	43	20	9,354	1,724	14.4	15,971
CNS Drugs	1.7	0.9	0.1	0.7	134	106	10	18	78	112	106	27	99,571	6,674	55.8	58,185
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.1	0.2	65	51	4	11	89	113	64	49	981	162	1.4	1,338
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	103	102	0	1	136	139	0	29	2,723	404	3.4	3,598
Analgesics and Anesthetics	1.2	0.5	0.1	0.6	54	41	3	9	46	86	64	15	66,959	6,549	54.8	57,353
Neuromuscular Agents	1.3	0.6	0.1	0.6	78	59	3	16	61	103	38	25	39,965	3,504	29.3	30,954
Nutritional Products	0.8	0.0	0.2	0.6	14	0	5	9	18	16	29	15	19,283	2,777	23.2	24,963
Hematological Agents	0.9	0.2	0.1	0.6	38	28	2	8	43	157	16	13	17,186	2,117	17.7	19,133
Topical Products	0.5	0.2	0.0	0.2	14	9	1	4	30	45	37	17	19,199	4,424	37.0	42,325
Miscellaneous Products	0.5	0.2	0.0	0.3	75	53	10	12	143	316	232	39	2,618	583	4.9	4,980
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	19	0	0	0	733	299	2.5	2,901
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.	522,532	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.6 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 2001. 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 (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, 2.7 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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

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	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$3,537,047	3,278	27.4 %	31,820	0.8	\$141
ANTIDEPRESSANTS	2,642,937	5,821	48.7	55,959	0.7	63
ULCER DRUGS	2,135,337	4,049	33.9	40,020	0.6	87
ANTICONVULSANT	1,676,816	2,651	22.2	26,019	0.9	71
ANALGESICS - Narcotic	1,466,344	6,402	53.5	60,881	0.6	40
ANALGESICS - ANTI-INFLAMMATORY	1,239,642	3,921	32.8	39,609	0.5	61
ANTIDIABETIC	986,907	2,785	23.3	26,938	0.8	48
ANTIHYPERTENSIVE	785,024	3,180	26.6	30,282	0.7	35
ANTHYPERLIPIDEMIC	694,774	1,244	10.4	12,286	0.7	78
ANTIASTMATIC	668,168	2,823	23.6	27,528	0.5	49
Total	15,832,996	36,154		351,342	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.7 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 2001. 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 2001. 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; n.a. = not applicable.

TABLE D.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}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS					
	No. of Rx	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 \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx
All	237,737	\$15,832,996	3,278	27.4 %	31,820	0.8	\$111	5,821	48.7 %	55,959	0.7	\$47				
Female	157,682	9,972,155	1,919	26.2	18,617	0.7	100	4,016	54.9	38,956	0.8	47				
Disabled	54,053	4,001,699	708	27.7	7,017	0.8	124	1,437	56.1	14,206	0.7	51				
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	64	5,355	1	7.7	9	0.6	102	1	7.7	7	1.6	96				
21-44	16,716	1,359,988	299	29.3	2,931	0.8	128	558	54.8	5,352	0.7	51				
45-64	33,558	2,412,456	380	27.8	3,810	0.9	124	802	58.6	8,063	0.8	52				
65-74	3,364	204,842	27	20.1	264	0.8	80	70	52.2	734	0.8	43				
75-84	344	18,862	1	4.3	3	1.3	216	6	26.1	50	0.7	52				
85 and older	7	196	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
Other Eligibles	103,629	5,970,456	1,211	25.5	11,600	0.7	85	2,579	54.3	24,750	0.8	44				
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	362	19,969	6	10.2	42	0.5	76	21	35.6	172	0.5	27				
45-64	153	10,288	2	14.3	10	0.4	44	9	64.3	55	0.7	52				
65-74	26,875	1,612,612	269	21.1	2,662	0.8	99	557	43.7	5,407	0.8	45				
75-84	40,541	2,372,327	468	28.5	4,610	0.7	95	943	57.4	9,328	0.8	45				
85 and older	35,698	1,955,260	466	26.5	4,276	0.6	65	1,049	59.6	9,788	0.8	44				
Male	80,055	5,860,841	1,359	29.2	13,203	0.8	128	1,805	38.8	17,003	0.7	48				
Disabled	45,253	3,713,114	834	31.5	8,349	0.9	147	982	37.1	9,557	0.7	50				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	1	31	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	197	20,982	3	16.7	29	1.1	287	4	22.2	27	1.9	155				
21-44	18,038	1,668,196	431	32.4	4,190	0.9	151	474	35.6	4,623	0.7	49				
45-64	24,837	1,886,938	378	33.2	3,927	1.0	145	471	41.4	4,591	0.8	52				
65-74	1,904	123,013	21	15.4	197	0.9	103	30	22.1	280	0.7	43				
75-84	251	12,039	0	0.0	0	0.0	0	3	17.6	36	1.0	48				
85 and older	25	1,915	1	25.0	6	0.2	27	0	0.0	0	0.0	0				
Other Eligibles	34,802	2,147,727	525	26.2	4,854	0.7	93	823	41.1	7,446	0.7	46				
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	734	56,371	4	7.7	33	0.6	86	25	48.1	202	0.6	43				
45-64	554	30,607	1	2.7	1	3.0	122	15	40.5	115	0.7	43				
65-74	12,605	846,085	184	24.7	1,915	0.8	114	246	33.0	2,365	0.7	48				
75-84	13,668	800,777	214	29.5	1,932	0.7	80	340	46.8	3,085	0.8	45				
85 and older	7,241	413,887	122	27.7	973	0.7	80	197	44.8	1,679	0.7	45				
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 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.7A 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 2001. 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 2001. 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 D.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}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANALGESICS - Narcotic				
	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 \$
All	4,049	33.9 %	40,020	0.6	\$53	2,651	22.2 %	26,019	0.9	\$64	6,402	53.5 %	60,881	0.6	\$24
Female	2,696	36.9	26,886	0.6	53	1,537	21.0	15,013	0.9	59	4,388	60.0	42,128	0.6	25
Disabled	847	33.1	8,717	0.6	55	817	31.9	8,198	0.9	76	1,443	56.4	14,398	0.5	25
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	15.4	14	1.3	126	1	7.7	9	0.9	104	2	15.4	17	0.2	1
21-44	264	25.9	2,655	0.6	50	352	34.5	3,418	1.0	90	499	49.0	4,922	0.5	21
45-64	518	37.8	5,356	0.6	59	436	31.8	4,441	0.9	66	860	62.8	8,616	0.6	28
65-74	57	42.5	620	0.6	52	28	20.9	330	0.9	70	70	52.2	705	0.7	25
75-84	6	26.1	72	0.5	48	0	0.0	0	0.0	0	11	47.8	126	0.3	5
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.1	0
Other Eligibles	1,849	38.9	18,169	0.6	52	720	15.2	6,815	0.8	38	2,945	62.0	27,730	0.7	24
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	7	11.9	58	0.5	41	10	16.9	77	0.5	36	30	50.8	214	0.6	23
45-64	5	35.7	44	0.5	44	6	42.9	38	0.5	40	10	71.4	81	0.5	20
65-74	456	35.7	4,569	0.6	47	211	16.5	2,021	0.8	44	662	51.9	6,589	0.6	24
75-84	638	38.8	6,434	0.7	55	312	19.0	3,087	0.8	38	1,035	63.0	10,023	0.7	25
85 and older	743	42.2	7,064	0.7	53	181	10.3	1,592	0.7	28	1,208	68.7	10,823	0.7	23
Male	1,353	29.1	13,134	0.6	54	1,114	24.0	11,006	0.9	72	2,014	43.3	18,753	0.5	23
Disabled	676	25.5	6,793	0.6	56	782	29.6	7,937	1.0	84	1,071	40.5	10,532	0.5	25
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	4	22.2	25	0.8	82	6	33.3	62	1.0	99	2	11.1	15	0.1	1
21-44	277	20.8	2,736	0.6	55	413	31.0	4,128	1.0	88	476	35.7	4,675	0.5	26
45-64	351	30.9	3,575	0.6	57	349	30.7	3,608	1.0	80	523	46.0	5,109	0.6	27
65-74	35	25.7	355	0.7	69	14	10.3	139	0.7	36	53	39.0	552	0.3	6
75-84	7	41.2	84	0.5	30	0	0.0	0	0.0	0	15	88.2	163	0.3	5
85 and older	2	50.0	18	0.2	18	0	0.0	0	0.0	0	2	50.0	18	0.1	1
Other Eligibles	677	33.8	6,341	0.6	52	332	16.6	3,069	0.8	43	943	47.1	8,221	0.6	21
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	17	32.7	141	0.4	47	17	32.7	133	0.4	27	55	105.8	377	0.7	63
45-64	12	32.4	84	0.5	55	5	13.5	45	1.0	24	33	89.2	280	0.6	29
65-74	222	29.8	2,140	0.6	53	120	16.1	1,176	0.9	51	283	37.9	2,630	0.5	20
75-84	261	36.0	2,512	0.6	51	131	18.0	1,215	0.8	43	339	46.7	3,046	0.6	17
85 and older	165	37.5	1,464	0.6	51	59	13.4	500	0.8	31	233	53.0	1,888	0.6	19
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.7B 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 2001. 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 2001. 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 D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-DIABETIC					ANTI-HYPERTENSIVE				
	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 \$
All	3,921	32.8 %	39,609	0.5	\$31	2,785	23.3 %	26,938	0.8	\$37	3,180	26.6 %	30,282	0.7	\$26
Female	2,726	37.3	27,659	0.5	33	1,845	25.2	17,990	0.8	36	2,147	29.4	20,716	0.8	26
Disabled	974	38.0	10,065	0.5	27	511	20.0	5,090	0.8	42	460	18.0	4,692	0.7	25
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	15.4	17	0.1	2	0	0.0	0	0.0	0	1	7.7	8	0.4	21
21-44	303	29.7	3,065	0.3	15	115	11.3	1,118	0.7	39	91	8.9	860	0.6	20
45-64	602	44.0	6,229	0.5	33	352	25.7	3,537	0.8	43	316	23.1	3,300	0.7	26
65-74	56	41.8	633	0.6	32	42	31.3	411	0.8	45	41	30.6	415	0.8	27
75-84	10	43.5	109	0.7	34	2	8.7	24	0.7	55	10	43.5	97	0.6	20
85 and older	1	50.0	12	0.1	6	0	0.0	0	0.0	0	1	50.0	12	0.4	10
Other Eligibles	1,752	36.9	17,594	0.6	37	1,334	28.1	12,900	0.8	34	1,687	35.5	16,024	0.8	27
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	11	18.6	96	0.2	6	1	1.7	6	0.7	73	5	8.5	39	0.5	13
45-64	7	50.0	48	0.3	20	0	0.0	0	0.0	0	3	21.4	22	0.5	25
65-74	464	36.4	4,858	0.5	32	446	35.0	4,503	0.8	36	432	33.9	4,191	0.7	26
75-84	633	38.5	6,414	0.6	37	559	34.0	5,262	0.8	34	645	39.2	6,177	0.8	27
85 and older	637	36.2	6,178	0.6	41	328	18.6	3,129	0.8	29	602	34.2	5,595	0.8	27
Male	1,195	25.7	11,950	0.5	27	940	20.2	8,948	0.8	38	1,033	22.2	9,566	0.7	25
Disabled	662	25.0	6,681	0.4	22	401	15.2	3,975	0.8	43	413	15.6	3,899	0.7	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	2	11.1	18	0.2	2	1	5.6	4	0.8	11	2	11.1	16	0.9	6
21-44	299	22.4	2,955	0.3	17	94	7.1	910	0.8	41	108	8.1	1,020	0.7	29
45-64	312	27.4	3,179	0.5	25	265	23.3	2,613	0.8	45	261	23.0	2,450	0.7	26
65-74	39	28.7	418	0.5	30	40	29.4	436	0.7	42	37	27.2	369	0.7	24
75-84	8	47.1	87	0.5	27	1	5.9	12	1.0	12	4	23.5	39	0.6	27
85 and older	2	50.0	24	0.4	32	0	0.0	0	0.0	0	1	25.0	5	1.4	36
Other Eligibles	533	26.6	5,269	0.5	34	539	26.9	4,973	0.8	33	620	31.0	5,667	0.7	25
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	16	30.8	137	0.5	24	1	1.9	7	1.7	127	9	17.3	56	0.6	21
45-64	12	32.4	115	0.4	19	9	24.3	90	0.8	48	10	27.0	74	0.4	13
65-74	172	23.1	1,820	0.5	34	188	25.2	1,674	0.7	34	219	29.4	2,083	0.7	25
75-84	196	27.0	1,932	0.6	33	240	33.1	2,276	0.8	34	240	33.1	2,270	0.7	24
85 and older	137	31.1	1,265	0.6	37	101	23.0	926	0.7	27	142	32.3	1,184	0.7	27
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.7C 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 2001. 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 2001. 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 D.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}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC				ANTIASTHMATIC				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Bene Mos
	No. of Users	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								
All	1,244	10.4 %	12,286	0.7	\$57	2,823	23.6 %	27,528	0.5	\$24	11,959	94,923				
Female																
Disabled																
5 and younger	754	10.3	7,521	0.7	57	1,766	24.2	17,527	0.5	24	7,312	59,729				
6-14	283	11.1	2,893	0.7	59	658	25.7	6,410	0.5	25	2,560	20,525				
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	4	30.8	28	0.5	30	13	71				
45-64	53	5.2	522	0.7	50	192	18.8	1,761	0.4	23	1,019	7,946				
65-74	200	14.6	2,047	0.7	62	410	29.9	4,063	0.5	26	1,369	11,189				
75-84	25	18.7	276	0.7	58	44	32.8	462	0.5	29	134	1,120				
85 and older	5	21.7	48	0.7	50	8	34.8	96	0.5	23	23	183				
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	16				
5 and younger	471	9.9	4,628	0.7	56	1,108	23.3	11,117	0.5	23	4,752	39,204				
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	1	1.7	6	0.3	19	6	10.2	47	0.3	13	59	265				
45-64	1	7.1	12	0.3	22	2	14.3	22	0.1	6	14	70				
65-74	206	16.1	1,967	0.7	58	381	29.9	3,872	0.5	26	1,276	10,043				
75-84	179	10.9	1,811	0.8	60	393	23.9	3,991	0.5	24	1,644	13,866				
85 and older	84	4.8	832	0.7	43	326	18.5	3,185	0.4	19	1,759	14,960				
Male																
Disabled																
5 and younger	490	10.5	4,765	0.7	56	1,057	22.7	10,001	0.5	25	4,647	35,194				
6-14	280	10.6	2,763	0.7	55	493	18.6	4,885	0.5	26	2,646	20,051				
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	2	6				
45-64	1	5.6	4	1.0	24	1	5.6	6	0.2	2	18	128				
65-74	68	5.1	627	0.6	47	175	13.1	1,742	0.4	19	1,332	9,873				
75-84	184	16.2	1,855	0.7	57	292	25.7	2,869	0.6	30	1,137	8,770				
85 and older	23	16.9	237	0.7	54	22	16.2	239	0.4	23	136	1,103				
Other Eligibles	4	23.5	40	0.7	60	2	11.8	24	1.0	41	17	145				
5 and younger	0	0.0	0	0.0	0	1	25.0	5	0.2	6	4	26				
6-14	210	10.5	2,002	0.7	57	564	28.2	5,116	0.5	25	2,001	15,143				
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0				
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0				
45-64	4	7.7	26	0.9	95	9	17.3	81	0.8	36	52	323				
65-74	5	13.5	46	0.8	67	9	24.3	61	0.5	19	37	194				
75-84	96	12.9	935	0.7	58	220	29.5	2,068	0.6	32	746	5,550				
85 and older	84	11.6	808	0.7	57	199	27.4	1,765	0.4	19	726	5,642				
Unknown	21	4.8	187	0.7	44	127	28.9	1,141	0.4	20	440	3,434				
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0				

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.7D 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 2001. 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 2001. 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 D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

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	\$318	7.0	2,905	27,473
Age				
0-64	492	8.7	313	3,276
65-74	407	8.1	403	3,940
75-84	321	7.3	952	9,026
85 and older	233	5.8	1,237	11,231
Unknown	0	0.0	0	0
Gender				
Female	311	7.1	2,054	19,577
Male	336	6.6	851	7,896
Unknown	0	0.0	0	0
Race				
White	322	7.1	2,640	24,965
African American	351	6.2	20	217
Other/unknown	273	5.6	245	2,291
Basis of Eligibility^c				
Aged	294	6.7	2,572	23,991
Disabled	483	8.6	333	3,482
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 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2001 Medicaid enrollment. A total of 1,453 beneficiaries who were in nursing facilities for part of their enrollment and their 11,332 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users						
	Total	Patented	Off-Patent	Brand-Name	Off-Patent	Brand-Name	Total	Patented	Off-Patent	Brand-Name	Generic	Total # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos
Anti-infective Agents	0.4	0.3	0.0	0.2	\$0	\$2	\$41	\$61	\$36	\$10	8,340	\$344,256	1,856	63.9 %	18,720	
Biologics	0.1	0.1	0.0	0.0	1	0	14	11	0	26	440	6,298	369	12.7	4,069	
Antineoplastic Agents	0.7	0.3	0.1	0.2	98	15	182	295	146	40	519	94,638	83	2.9	771	
Endocrine/Metabolic Drugs	1.3	0.7	0.1	0.6	35	1	32	51	17	11	20,308	649,874	1,546	53.2	15,219	
Cardiovascular Agents	1.8	0.6	0.1	1.0	28	3	25	44	20	15	34,034	859,493	1,962	67.5	18,874	
Respiratory Agents	0.8	0.4	0.0	0.3	25	0	41	58	21	19	8,546	348,003	1,095	37.7	11,173	
Gastrointestinal Agents	0.9	0.4	0.0	0.5	62	43	67	100	69	37	12,590	842,423	1,351	46.5	13,615	
Genitourinary Agents	0.7	0.5	0.0	0.2	34	0	52	65	59	19	4,404	227,069	664	22.9	6,702	
CNS Drugs	1.7	1.0	0.1	0.6	125	9	75	102	93	25	35,920	2,686,542	2,186	75.2	21,455	
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	37	33	70	119	53	16	186	13,007	33	1.1	348	
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	108	0	142	142	0	0	1,490	211,549	200	6.9	1,958	
Analgesics and Anesthetics	1.3	0.6	0.0	0.6	56	47	43	72	50	11	24,118	1,036,336	1,905	65.6	18,562	
Neuromuscular Agents	1.3	0.5	0.1	0.7	71	46	53	84	44	30	13,153	697,797	965	33.2	9,780	
Nutritional Products	0.8	0.0	0.1	0.7	15	0	18	13	31	16	9,476	170,136	1,191	41.0	11,517	
Hematological Agents	1.0	0.2	0.1	0.7	33	23	33	134	14	12	9,260	306,128	928	31.9	9,196	
Topical Products	0.5	0.2	0.0	0.3	13	8	27	41	36	15	8,022	216,185	1,591	54.8	16,595	
Miscellaneous Products	0.3	0.0	0.0	0.2	6	2	23	45	0	18	582	13,147	214	7.4	2,068	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	4	0	15	0	0	0	324	4,959	114	3.9	1,135	
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.	191,712	8,727,840	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,453 beneficiaries who were in nursing facilities for part of their enrollment and their 11,332 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 2001. 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, 2.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = 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 D.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}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

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	\$1,365,694	1,275	43.9 %	13,029	0.8	\$134	\$105	
ANTIDEPRESSANTS	1,109,880	2,177	74.9	21,836	0.8	61	51	
ULCER DRUGS	784,706	1,404	48.3	14,363	0.7	81	55	
ANALGESICS - Narcotic	533,726	2,034	70.0	19,586	0.8	35	27	
ANALGESICS - ANTI-INFLAMMATORY	491,812	1,115	38.4	11,560	0.7	62	43	
ANTICONVULSANT	465,383	834	28.7	8,546	1.0	56	54	
ANTIDIABETIC	352,149	994	34.2	9,859	0.8	42	36	
ANTIHYPERTENSIVE	291,976	1,036	35.7	10,101	0.9	34	29	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	211,302	199	6.9	1,955	0.8	142	108	
MISC. ENDOCRINE	202,268	509	17.5	5,407	0.6	61	37	
Total	5,808,896	11,577		116,242	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,453 beneficiaries who were in nursing facilities for part of their enrollment and their 11,332 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 2001. 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 2001 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 D.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}
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	No. of Bene Mos among NF Residents	Mean No. of Rx	Users as % of All-Year Residents	No. of Bene Mos among NF Residents	Mean No. of Rx	No. of Users	No. of Bene Mos among NF Residents	Mean No. of Rx
			1,275	43.9 %	13,029										
All	91,428	\$5,808,896	1,275	43.9 %	13,029	0.8	\$105	2,177	74.9 %	21,836	0.8	\$51			
Female	65,544	4,035,031	827	40.3	8,399	0.7	98	1,599	77.8	16,111	0.8	50			
Disabled	7,785	567,002	79	49.7	865	0.9	140	153	96.2	1,664	0.9	60			
64 or younger	7,343	544,745	71	47.7	802	0.9	147	144	96.6	1,567	0.9	60			
65-74	442	22,257	8	80.0	63	0.8	54	9	90.0	97	1.0	57			
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	57,759	3,468,029	748	39.5	7,534	0.7	93	1,446	76.3	14,447	0.8	49			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	9,604	622,049	137	62.3	1,434	0.8	115	219	99.5	2,171	0.9	52			
75-84	23,924	1,461,807	307	45.8	3,168	0.8	104	544	81.2	5,577	0.8	52			
85 and older	24,231	1,384,173	304	30.2	2,932	0.6	70	683	68.0	6,699	0.8	46			
Male	25,884	1,773,865	448	52.6	4,630	0.8	118	578	67.9	5,725	0.8	52			
Disabled	7,708	606,686	135	77.6	1,509	1.0	157	150	86.2	1,562	0.9	57			
64 or younger	7,372	582,857	130	79.3	1,457	1.0	159	141	86.0	1,466	0.9	57			
65-74	309	21,794	5	55.6	52	0.7	98	8	88.9	84	0.8	53			
75-84	27	2,035	0	0.0	0	0.0	0	1	100.0	12	0.9	67			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	18,176	1,167,179	313	46.2	3,121	0.8	99	428	63.2	4,163	0.8	50			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	5,621	405,233	110	67.1	1,210	0.8	122	118	72.0	1,177	0.8	53			
75-84	7,733	469,779	127	45.2	1,243	0.8	85	196	69.8	1,907	0.8	49			
85 and older	4,822	292,167	76	32.8	668	0.7	85	114	49.1	1,079	0.8	51			
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 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,453 beneficiaries who were in nursing facilities for part of their enrollment and their 1,332 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 2001. 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 2001 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 D.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}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

Beneficiary Characteristics	ULCER DRUGS						ANALGESICS - Narcotic						ANALGESICS - ANTI-INFLAMMATORY					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx
All	1,404	14,363	0.7	2,034	19,586	0.8	1,115	11,560	0.7	839	8,739	0.7	38.4%	11,560	0.7	\$43		
Female	994	10,246	0.7	1,544	15,058	0.8	839	8,739	0.7	43								
Disabled	99	1,063	0.7	134	1,445	1.0	84	925	0.7	35								
64 or younger	95	1,015	0.7	125	1,359	1.0	78	853	0.7	36								
65-74	4	48	0.4	9	86	0.4	6	72	0.4	4								
75-84	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								
Other Eligibles	895	9,183	0.7	1,410	13,613	0.8	755	7,814	0.7	29								
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0								
65-74	137	1,432	0.6	191	1,852	0.9	102	1,090	0.7	35								
75-84	312	3,266	0.7	502	4,978	0.9	273	2,860	0.7	31								
85 and older	446	4,485	0.7	717	6,783	0.7	380	3,864	0.7	25								
Male	410	4,117	0.7	490	4,528	0.7	276	2,821	0.7	21								
Disabled	91	960	0.7	105	1,054	0.8	65	702	0.6	22								
64 or younger	86	900	0.7	102	1,018	0.8	62	666	0.6	23								
65-74	3	36	0.7	1	12	0.3	3	36	1.1	3								
75-84	2	24	0.5	2	24	0.1	1	0	0.0	1								
85 and older	0	0	0.0	0	0	0.0	0	0	0.0	0								
Other Eligibles	319	3,157	0.7	385	3,474	0.6	211	2,119	0.7	21								
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0								
65-74	87	865	0.7	97	924	0.6	51	542	0.6	26								
75-84	136	1,359	0.6	164	1,488	0.7	81	821	0.7	20								
85 and older	96	933	0.7	124	1,062	0.6	79	756	0.8	18								
Unknown	0	0	0.0	0	0	0.0	0	0	0.0	0								

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,453 beneficiaries who were in nursing facilities for part of their enrollment and their 11,332 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 2001. 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 2001 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 D.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}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

Beneficiary Characteristics	ANTICONVULSANT					ANTIIDIABETIC					ANTIHYPERTENSIVE				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Rx
All	834	28.7 %	1.0	\$55	994	34.2 %	0.8	\$36	0.8	1,036	35.7 %	10,101	0.9	\$29	
Female	518	25.2	0.9	52	691	33.6	0.8	36	0.8	731	35.6	7,189	0.9	29	
Disabled	125	78.6	1.1	80	56	35.2	0.8	39	0.8	49	30.8	557	0.8	26	
64 or younger	117	78.5	1.1	82	51	34.2	0.8	39	0.8	43	28.9	496	0.8	26	
65-74	8	80.0	1.0	52	5	50.0	1.0	33	1.0	6	60.0	61	0.9	24	
75-84	0	0.0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	
85 and older	0	0.0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	
Other Eligibles	393	20.7	0.9	42	635	33.5	0.8	35	0.8	682	36.0	6,632	0.9	29	
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	
65-74	90	40.9	1.0	59	129	58.6	0.9	36	0.9	78	35.5	774	0.8	27	
75-84	194	29.0	0.9	39	312	46.6	0.9	38	0.9	264	39.4	2,630	0.9	32	
85 and older	109	10.8	0.8	31	194	19.3	0.8	30	0.8	340	33.8	3,228	0.8	27	
Male	316	37.1	1.0	59	303	35.6	0.8	36	0.8	305	35.8	2,912	0.9	30	
Disabled	131	75.3	1.2	74	79	45.4	0.8	39	0.8	49	28.2	507	0.8	31	
64 or younger	126	76.8	1.2	76	72	43.9	0.8	38	0.8	43	26.2	447	0.9	33	
65-74	5	55.6	0.7	31	7	77.8	0.9	44	0.9	6	66.7	60	0.5	16	
75-84	0	0.0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	
85 and older	0	0.0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	
Other Eligibles	185	27.3	0.9	48	224	33.1	0.9	35	0.9	256	37.8	2,405	0.9	30	
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	
65-74	75	45.7	1.0	53	63	38.4	0.9	34	0.9	71	43.3	674	0.8	28	
75-84	75	26.7	0.9	48	99	35.2	0.9	39	0.9	106	37.7	1,019	0.9	28	
85 and older	35	15.1	0.8	34	62	26.7	0.8	30	0.8	79	34.1	712	0.9	33	
Unknown	0	0.0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,453 beneficiaries who were in nursing facilities for part of their enrollment and their 11,332 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 2001. 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 2001 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).
- 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 D.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}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

Beneficiary Characteristics	MISC. PSYCHOTHERAPEUTIC AND NEUROLOGICAL					MISC. ENDOCRINE						
	Users as %		Users as %		Mean Rx \$	Users as %		Users as %		Mean Rx \$		
	No. of Users	No. of All-Year Residents	No. of Bene Mos among Users	No. of Bene Mos among Users		No. of All-Year Residents	No. of Bene Mos among Users	No. of Bene Mos among Users				
All	199	6.9 %	1,955	0.8	\$108	509	17.5 %	5,407	0.6	\$37	2,905	27,473
Female	137	6.7	1,365	0.8	112	416	20.3	4,382	0.6	37	2,054	19,577
Disabled	11	6.9	102	0.7	404	29	18.2	330	0.6	38	159	1,681
64 or younger	11	7.4	102	0.7	404	28	18.8	318	0.6	37	149	1,583
65-74	0	0.0	0	0.0	0	1	10.0	12	0.8	49	10	98
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	126	6.6	1,263	0.8	89	387	20.4	4,052	0.6	37	1,895	17,896
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	20	9.1	202	0.7	78	63	28.6	651	0.6	38	220	2,168
75-84	50	7.5	508	0.8	92	129	19.3	1,362	0.6	37	670	6,498
85 and older	56	5.6	553	0.8	90	195	19.4	2,039	0.6	37	1,005	9,230
Male	62	7.3	590	0.7	98	93	10.9	1,025	0.6	39	851	7,896
Disabled	7	4.0	80	0.6	162	23	13.2	262	0.6	43	174	1,801
64 or younger	7	4.3	80	0.6	162	23	14.0	262	0.6	43	164	1,693
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	96
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	55	8.1	510	0.7	88	70	10.3	763	0.6	38	677	6,095
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	14	8.5	141	0.6	67	19	11.6	208	0.7	42	164	1,578
75-84	20	7.1	177	0.8	97	29	10.3	331	0.6	36	281	2,516
85 and older	21	9.1	192	0.8	96	22	9.5	224	0.7	37	232	2,001
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 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,453 beneficiaries who were in nursing facilities for part of their enrollment and their 11,332 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 2001. 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 2001 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 D.11
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 UTAH, 2001

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Rx \$	Total No. of Benes
			8.4	100,552					
All	7,178	60.0 %	8.4	100,552	\$97	\$1,161,129	\$12	4.3 %	11,959
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0
6-14	1	50.0	6.5	13	217	434	33	3.0	2
15-20	11	35.5	2.4	74	75	2,332	32	3.9	31
21-44	1,089	44.2	4.2	10,317	81	198,262	19	3.4	2,462
45-64	1,398	54.7	7.4	19,021	132	336,854	18	4.5	2,557
65-74	1,210	52.8	7.0	16,121	75	172,756	11	3.8	2,292
75-84	1,671	69.3	11.0	26,614	95	230,017	9	4.4	2,410
85 and older	1,798	81.5	12.9	28,392	100	220,474	8	5.5	2,205
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	4,534	68.8	10.5	69,430	91	599,735	9	4.5	6,587
Disabled	2,578	49.5	5.9	30,756	106	554,282	18	4.0	5,206
Adults	66	39.8	2.2	366	43	7,112	19	3.2	166
Children	0	0.0	0.0	0	0	0	0	0.0	0
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	4,819	65.9	9.8	71,397	104	759,033	11	4.4	7,312
Male	2,359	50.8	6.3	29,155	87	402,096	14	4.0	4,647
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	6,302	61.6	9.1	92,519	107	1,089,837	12	4.4	10,223
African American	50	42.4	4.7	559	42	4,921	9	2.5	118
Other/unknown	826	51.1	4.6	7,474	41	66,371	9	3.3	1,618
Use of Nursing Facilities^d									
Entire year	2,624	90.3	18.2	52,889	143	414,560	8	4.7	2,905
Part year	1,256	86.4	12.8	18,666	114	165,453	9	4.1	1,453
None	3,298	43.4	3.8	28,997	76	581,116	20	4.0	7,601
Maintenance Assistance Status									
Cash	1,253	53.6	4.8	11,256	75	174,619	16	3.5	2,338
Medically needy	625	38.7	4.1	6,694	50	80,799	12	3.4	1,614
Poverty related	1,165	43.0	3.7	9,900	94	253,776	26	4.9	2,711
Other/unknown	4,135	78.1	13.7	72,702	123	651,935	9	4.5	5,296

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
 - b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
 - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 UTAH, 2001

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
All	1.1	\$12	\$12	\$0	\$4	94,923
Age						
5 and younger	0.0	0	0	0	0	0
6-14	2.2	72	33	0	0	6
15-20	0.4	12	32	0	7	199
21-44	0.6	11	19	0	6	18,407
45-64	0.9	17	18	0	5	20,223
65-74	0.9	10	11	0	3	17,816
75-84	1.3	12	9	0	2	19,836
85 and older	1.5	12	8	0	2	18,436
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.3	11	9	0	2	53,483
Disabled	0.8	14	18	0	5	40,576
Adults	0.4	8	19	0	5	864
Children	0.0	0	0	0	0	0
Unknown	0.0	0	0	0	0	0
Gender						
Female	1.2	13	11	0	4	59,729
Male	0.8	11	14	0	4	35,194
Unknown	0.0	0	0	0	0	0
Race						
White	1.1	13	12	0	4	81,543
African American	0.8	7	9	0	2	693
Other/unknown	0.6	5	9	0	1	12,687
Use of Nursing Facilities^d						
Entire year	1.9	15	8	0	3	27,473
Part year	1.6	15	9	0	4	11,332
None	0.5	10	20	0	4	56,118
Maintenance Assistance Status						
Cash	0.6	9	16	0	3	19,942
Medically needy	0.8	10	12	0	4	7,958
Poverty related	0.5	13	26	0	4	19,840
Other/unknown	1.5	14	9	0	4	47,183

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
- b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 UTAH, 2001

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	12,524	\$93	\$1,161,129	100.0 %	100,552	\$12	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	1	268	268	0.0	1	268	0.0
Drugs for cosmetic purposes	6	10	60	0.0	6	10	0.0
Cough and cold medications	1,911	89	170,835	14.7	5,819	29	5.8
Vitamins and minerals	2,670	128	341,688	29.4	18,401	19	18.3
Non-prescription drugs	4,885	38	187,222	16.1	56,888	3	56.6
Barbiturates	127	69	8,701	0.7	1,236	7	1.2
Benzodiazepines	2,603	137	355,746	30.6	16,825	21	16.7
Other Part D Excl Rx Drugs	321	301	96,609	8.3	1,376	70	1.4

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2001. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 UTAH, 2001

Total Number of Dual Eligible Beneficiaries 11,959
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$27,165,730
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,272

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,067	17.3 %	\$0	0.0 %
1-500	2,389	20.0	492,985	1.8
501-1,000	1,235	10.3	907,534	3.3
1,001-1,500	983	8.2	1,214,234	4.5
1,501-2,000	816	6.8	1,417,659	5.2
2,001-2,500	693	5.8	1,554,327	5.7
2,501-3,000	507	4.2	1,392,432	5.1
3,001-3,500	515	4.3	1,667,860	6.1
3,501-4,000	405	3.4	1,521,187	5.6
4,001-4,500	357	3.0	1,512,872	5.6
4,501-5,000	281	2.3	1,335,415	4.9
5,001-5,500	286	2.4	1,502,656	5.5
5,501-6,000	202	1.7	1,159,184	4.3
6,001-6,500	195	1.6	1,218,723	4.5
6,501-7,000	143	1.2	965,942	3.6
7,001-7,500	143	1.2	1,038,131	3.8
7,501-8,000	113	0.9	874,226	3.2
8,001-8,500	109	0.9	899,604	3.3
8,501-9,000	66	0.6	576,570	2.1
9,001-9,500	54	0.5	501,097	1.8
9,501-10,000	56	0.5	547,308	2.0
10,001+	344	2.9	4,865,784	17.9

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 UTAH, 2001

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 4,890
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$13,173,719
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$2,694

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		1,025	21.0 %		
\$0	950	19.4	0	185,248	1.4
1-500	411	8.4	0	299,672	2.3
501-1,000	307	6.3	0	377,078	2.9
1,001-1,500	264	5.4	0	460,501	3.5
1,501-2,000	231	4.7	0	518,123	3.9
2,001-2,500	168	3.4	0	463,124	3.5
2,501-3,000	182	3.7	0	586,854	4.5
3,001-3,500	162	3.3	0	607,804	4.6
3,501-4,000	130	2.7	0	550,268	4.2
4,001-4,500	120	2.5	0	567,984	4.3
4,501-5,000	119	2.4	0	626,037	4.8
5,001-5,500	76	1.6	0	436,570	3.3
5,501-6,000	93	1.9	0	581,704	4.4
6,001-6,500	71	1.5	0	481,267	3.7
6,501-7,000	76	1.6	0	551,920	4.2
7,001-7,500	64	1.3	0	495,731	3.8
7,501-8,000	70	1.4	0	577,595	4.4
8,001-8,500	46	0.9	0	402,380	3.1
8,501-9,000	34	0.7	0	316,182	2.4
9,001-9,500	37	0.8	0	361,773	2.7
9,501-10,000	254	5.2	0	3,725,904	28.3
10,001+					

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
UTAH, 2001

Total Number of Dual Eligible Beneficiaries, Age 65+ 6,907
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$13,766,317
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$1,993

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,013	14.7 %	0	0.0 %
1-500	1,379	20.0	296,444	2.2
501-1,000	802	11.6	592,204	4.3
1,001-1,500	662	9.6	819,764	6.0
1,501-2,000	544	7.9	943,709	6.9
2,001-2,500	461	6.7	1,034,135	7.5
2,501-3,000	338	4.9	926,685	6.7
3,001-3,500	328	4.7	1,064,584	7.7
3,501-4,000	239	3.5	898,643	6.5
4,001-4,500	225	3.3	954,160	6.9
4,501-5,000	159	2.3	757,798	5.5
5,001-5,500	164	2.4	861,074	6.3
5,501-6,000	123	1.8	705,230	5.1
6,001-6,500	101	1.5	630,949	4.6
6,501-7,000	70	1.0	471,144	3.4
7,001-7,500	67	1.0	486,211	3.5
7,501-8,000	49	0.7	378,495	2.7
8,001-8,500	38	0.6	313,922	2.3
8,501-9,000	20	0.3	174,190	1.3
9,001-9,500	20	0.3	184,915	1.3
9,501-10,000	18	0.3	175,733	1.3
10,001+	87	1.3	1,096,328	8.0

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 UTAH, 2001

Total Number of Dual Eligible Beneficiaries, Age 65-74 2,292
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$4,572,307
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$1,995

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$		23.0 %	0	0.0 %
1-500	528			
501-1,000	468	20.4	91,818	2.0
1,001-1,500	230	10.0	169,766	3.7
1,501-2,000	180	7.9	220,268	4.8
2,001-2,500	132	5.8	230,270	5.0
2,501-3,000	103	4.5	231,108	5.1
3,001-3,500	77	3.4	210,285	4.6
3,501-4,000	96	4.2	312,532	6.8
4,001-4,500	55	2.4	205,991	4.5
4,501-5,000	68	3.0	289,062	6.3
5,001-5,500	44	1.9	210,185	4.6
5,501-6,000	57	2.5	299,410	6.5
6,001-6,500	40	1.7	228,970	5.0
6,501-7,000	42	1.8	262,330	5.7
7,001-7,500	23	1.0	153,819	3.4
7,501-8,000	30	1.3	217,404	4.8
8,001-8,500	19	0.8	146,698	3.2
8,501-9,000	17	0.7	140,915	3.1
9,001-9,500	9	0.4	78,368	1.7
9,501-10,000	13	0.6	120,084	2.6
10,001+	10	0.4	98,045	2.1
	51	2.2	654,979	14.3

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

- 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 2001.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 UTAH, 2001

Total Number of Dual Eligible Beneficiaries, Age 75-84 2,410
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$5,172,891
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,146

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	318	13.2 %	0	0.0 %
1-500	449	18.6	95,190	1.8
501-1,000	258	10.7	191,086	3.7
1,001-1,500	210	8.7	263,214	5.1
1,501-2,000	208	8.6	359,576	7.0
2,001-2,500	173	7.2	386,067	7.5
2,501-3,000	125	5.2	342,597	6.6
3,001-3,500	115	4.8	372,106	7.2
3,501-4,000	101	4.2	379,501	7.3
4,001-4,500	91	3.8	385,692	7.5
4,501-5,000	70	2.9	332,878	6.4
5,001-5,500	65	2.7	340,875	6.6
5,501-6,000	52	2.2	299,121	5.8
6,001-6,500	35	1.5	218,110	4.2
6,501-7,000	33	1.4	222,407	4.3
7,001-7,500	23	1.0	167,784	3.2
7,501-8,000	20	0.8	154,306	3.0
8,001-8,500	15	0.6	123,727	2.4
8,501-9,000	9	0.4	78,271	1.5
9,001-9,500	5	0.2	46,427	0.9
9,501-10,000	7	0.3	67,984	1.3
10,001+	28	1.2	345,972	6.7

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 UTAH, 2001

Total Number of Dual Eligible Beneficiaries, Age 85+ 2,205
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$4,021,119
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,824

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	167	7.6 %	0	0.0 %
1-500	462	21.0	109,436	2.7
501-1,000	314	14.2	231,352	5.8
1,001-1,500	272	12.3	336,282	8.4
1,501-2,000	204	9.3	353,863	8.8
2,001-2,500	185	8.4	416,960	10.4
2,501-3,000	136	6.2	373,803	9.3
3,001-3,500	117	5.3	379,946	9.4
3,501-4,000	83	3.8	313,151	7.8
4,001-4,500	66	3.0	279,406	6.9
4,501-5,000	45	2.0	214,735	5.3
5,001-5,500	42	1.9	220,789	5.5
5,501-6,000	31	1.4	177,139	4.4
6,001-6,500	24	1.1	150,509	3.7
6,501-7,000	14	0.6	94,918	2.4
7,001-7,500	14	0.6	101,023	2.5
7,501-8,000	10	0.5	77,491	1.9
8,001-8,500	6	0.3	49,280	1.2
8,501-9,000	2	0.1	17,551	0.4
9,001-9,500	2	0.1	18,404	0.5
9,501-10,000	1	0.0	9,704	0.2
10,001+	8	0.4	95,377	2.4

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

Beneficiary Characteristics	No. of Benes					No. of Bene Mos				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
All	20,181	9,551	10,396	231	0	200,454	90,615	108,069	1,740	30
Age										
5 and younger	2	0	1	0	0	18	0	12	0	6
6-14	5	0	4	0	0	49	0	37	0	12
15-20	55	0	55	0	0	557	0	557	0	0
21-44	5,153	4	4,992	156	0	53,796	15	52,521	1,248	12
45-64	4,898	4	4,832	62	0	50,288	21	49,813	454	0
65-74	3,934	3,472	449	13	0	38,425	33,891	4,496	38	0
75-84	3,531	3,474	57	0	0	34,030	33,454	576	0	0
85 and older	2,603	2,597	6	0	0	23,291	23,234	57	0	0
Unknown	0	0	0	0	0	23,291	0	0	0	0
Gender										
Female	12,361	6,980	5,276	103	0	124,130	67,559	55,778	769	24
Male	7,820	2,571	5,120	128	0	76,324	23,056	52,291	971	6
Unknown	0	0	0	0	0	0	0	0	0	0
Race										
White	16,801	7,509	9,097	192	0	166,525	70,133	94,919	1,443	30
African American	260	97	158	5	0	2,564	987	1,542	35	0
Other/unknown	3,120	1,945	1,141	34	0	31,365	19,495	11,608	262	0
Use of Nursing Facilities^c										
Entire year	2,910	2,576	334	0	0	27,514	24,023	3,491	0	0
Part year	1,571	1,297	272	2	0	13,942	11,192	2,731	19	0
None	15,700	5,678	9,790	229	0	158,998	55,400	101,847	1,721	30
Maintenance Assistance Status										
Cash	5,971	2,261	3,620	90	0	64,880	24,811	39,341	728	0
Medically needy	1,786	823	900	63	0	11,023	4,750	5,889	384	0
Poverty related	5,575	2,239	3,314	21	0	56,476	22,881	33,455	134	6
Other/unknown	6,849	4,228	2,562	57	0	68,075	38,173	29,384	494	24
Dual Status^d										
Full dual, all year	19,005	8,998	9,790	214	0	189,735	85,857	102,264	1,584	30
Full dual, part year	1,176	553	606	17	0	10,719	4,758	5,805	156	0
Managed Care Status										
FFS all year	9,782	5,864	3,792	126	0	86,233	50,711	34,784	738	0
FFS part year, with Rx claims	1,951	653	1,260	38	0	19,585	6,435	12,795	355	0
FFS part year, no Rx claims	226	70	154	2	0	1,936	589	1,331	16	0
MC all year, with Rx claims	7,589	2,716	4,810	60	0	86,450	30,496	55,316	608	30
MC all year, no Rx claims	633	248	380	5	0	6,250	2,384	3,843	23	0

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2001. 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^a
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2001

Beneficiary Characteristics	Benes and					
	Bene Mos in Cell F of Table 1	Bene Mos in Cell G of Table 1		Excluded from Cell G of Table 1		
	No. of Benes	No. of Benes Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	20,181	200,454	11,959	94,923	0	105,531
FFS all year	9,782	86,233	9,782	86,233	0	0
FFS part year, with Rx claims	1,951	19,585	1,951	7,896	0	11,689
FFS part year, with no Rx claims	226	1,936	226	794	0	1,142
MC all year, with Rx claims	7,589	86,450	0	0	0	86,450
MC all year, with no Rx claims	633	6,250	0	0	0	6,250

Source: Data for this table are from the MAX 2001 file for Utah, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.