

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 UTAH

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL BENEFICIARIES, UTAH, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos				
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	164,330	775	11,824	50,676	100,963	92	791,254	4,204	73,540	200,854	512,129	527
Age												
5 and younger	58,240	0	795	11	57,434	0	288,252	0	4,643	53	283,556	0
6-14	34,709	1	1,476	13	33,219	0	182,157	5	9,028	38	173,086	0
15-20	16,960	0	1,204	5,455	10,298	3	84,271	0	7,706	21,093	55,451	21
21-44	44,506	0	4,370	40,088	12	36	189,683	0	27,797	161,617	36	233
45-64	9,053	0	3,897	5,103	0	53	42,235	0	23,923	18,039	0	273
65-74	553	473	75	5	0	0	3,076	2,647	417	12	0	0
75-84	224	218	6	0	0	0	1,073	1,056	17	0	0	0
85 and older	84	83	1	0	0	0	505	496	9	0	0	0
Unknown	1	0	0	1	0	0	2	0	0	2	0	0
Gender												
Female	95,157	515	6,153	39,608	48,789	92	451,842	2,884	39,028	161,229	248,174	527
Male	68,839	260	5,671	11,066	51,842	0	338,617	1,320	34,512	39,621	263,164	0
Unknown	334	0	0	2	332	0	795	0	0	4	791	0
Race												
White	120,393	345	9,823	39,309	70,839	77	589,361	2,057	61,303	159,752	365,803	446
African American	3,128	13	236	732	2,147	0	12,744	90	1,070	2,592	8,992	0
Other/unknown	40,809	417	1,765	10,635	27,977	15	189,149	2,057	11,167	38,510	137,334	81
Use of Nursing Facilities^c												
Entire year	353	91	260	0	2	0	3,517	886	2,607	0	24	0
Part year	351	52	287	8	4	0	2,485	374	2,025	57	29	0
None	163,626	632	11,277	50,668	100,957	92	785,252	2,944	68,908	200,797	512,076	527
Maintenance Assistance Status												
Cash	59,480	443	7,303	20,467	31,267	0	306,586	2,500	46,956	87,344	169,786	0
Medically needy	2,925	32	503	1,363	1,027	0	10,281	154	2,511	3,847	3,769	0
Poverty-related	60,836	227	2,190	13,074	45,253	92	282,457	962	11,749	52,686	216,533	527
Other/unknown	41,089	73	1,828	15,772	23,416	0	191,930	588	12,324	56,977	122,041	0
Managed Care Status												
FFS all year	95,419	324	6,018	36,603	52,415	59	554,994	2,763	52,534	155,569	343,712	416
FFS part year, with Rx claims	50,540	396	5,192	11,498	33,422	32	179,888	1,281	18,958	38,277	121,266	106
FFS part year, no Rx claims	18,371	55	614	2,575	15,126	1	56,372	160	2,048	7,008	47,151	5

Table ND2

Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, UTAH, 2002

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	60.6 %	6.3	\$323	\$52	\$2,797	11.5 %	164,330
Age							
5 and younger	62.8	3.1	86	27	1,771	4.8	58,240
6-14	52.1	3.6	213	58	1,913	11.1	34,709
15-20	61.0	6.1	368	61	4,231	8.7	16,960
21-44	62.1	8.4	456	54	3,326	13.7	44,506
45-64	69.0	23.5	1,405	60	6,702	21.0	9,053
65-74	81.9	33.3	1,732	52	11,551	15.0	553
75-84	82.1	32.0	1,499	47	8,812	17.0	224
85 and older	86.9	32.0	1,357	42	15,559	8.7	84
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility^c							
Aged	82.5	31.7	1,578	50	10,325	15.3	775
Disabled	81.2	31.9	2,273	71	15,798	14.4	11,824
Adults	60.4	5.8	243	42	1,722	14.1	50,676
Children	58.1	3.3	124	38	1,747	7.1	100,963
Unknown	84.8	16.1	1,060	66	13,000	8.2	92
Gender							
Female	63.5	7.0	331	47	2,538	13.1	95,157
Male	56.9	5.2	312	60	3,167	9.9	68,839
Unknown	4.2	0.1	1	14	281	0.4	334
Race							
White	63.0	7.1	380	54	3,037	12.5	120,393
African American	56.9	6.0	298	50	2,593	11.5	3,128
Other/unknown	53.8	3.7	155	42	2,106	7.4	40,809
Use of Nursing Facilities^d							
Entire year	99.4	84.9	5,016	59	48,877	10.3	353
Part year	98.3	72.0	4,275	59	46,860	9.1	351
None	60.5	5.9	304	51	2,603	11.7	163,626
Maintenance Assistance Status							
Cash	63.9	9.1	500	55	2,971	16.8	59,480
Medically needy	34.7	5.5	358	65	3,259	11.0	2,925
Poverty related	58.0	3.8	151	40	1,675	9.0	60,836
Other/unknown	61.7	5.8	317	54	4,175	7.6	41,089

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.3 includes beneficiaries represented by Cell K of Table 1.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, UTAH, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	1.3	\$67	11.5 %	39.4 %	38.2 %	8.1 %	7.9 %	3.5 %	2.9 %	\$581	164,330	791,254
Age												
5 and younger	0.6	17	4.8	37.2	46.8	7.6	6.2	1.7	0.5	358	58,240	288,252
6-14	0.7	41	11.1	47.9	37.3	5.8	5.3	2.3	1.4	365	34,709	182,157
15-20	1.2	74	8.7	39.0	36.6	8.8	9.1	3.9	2.6	852	16,960	84,271
21-44	2.0	107	13.7	37.9	32.3	9.8	10.4	5.2	4.4	780	44,506	189,683
45-64	5.0	301	21.0	31.0	20.9	10.5	13.5	9.6	14.4	1,437	9,053	42,235
65-74	6.0	312	15.0	18.1	16.5	7.2	18.3	16.8	23.1	2,077	553	3,076
75-84	6.7	313	17.0	17.9	12.1	8.9	17.0	15.6	28.6	1,840	224	1,073
85 and older	5.3	226	8.7	13.1	14.3	4.8	32.1	23.8	11.9	2,588	84	505
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	2
Basis of Eligibility^c												
Aged	5.8	291	15.3	17.5	15.1	7.4	19.2	17.4	23.4	1,904	775	4,204
Disabled	5.1	365	14.4	18.8	19.9	9.2	17.1	14.8	20.2	2,540	11,824	73,540
Adults	1.5	61	14.1	39.6	34.0	10.1	9.7	4.0	2.6	435	50,676	200,854
Children	0.6	25	7.1	41.9	42.7	6.9	5.8	1.9	0.8	344	100,963	512,129
Unknown	2.8	185	8.2	15.2	34.8	12.0	16.3	9.8	12.0	2,269	92	527
Gender												
Female	1.5	70	13.1	36.5	38.9	8.6	8.6	3.9	3.4	535	95,157	451,842
Male	1.1	64	9.9	43.1	37.4	7.3	7.0	3.0	2.2	644	68,839	338,617
Unknown	0.0	1	0.4	95.8	3.3	0.6	0.3	0.0	0.0	118	334	795
Race												
White	1.5	78	12.5	37.0	38.5	8.6	8.6	4.0	3.3	620	120,393	589,361
African American	1.5	73	11.5	43.1	34.1	7.1	8.1	3.8	3.8	636	3,128	12,744
Other/unknown	0.8	34	7.4	46.2	37.9	6.5	5.7	2.2	1.5	454	40,809	189,149
Use of Nursing Facilities^d												
Entire year	8.5	503	10.3	0.6	4.2	6.2	23.5	38.0	27.5	4,906	353	3,517
Part year	10.2	604	9.1	1.7	4.8	4.8	19.4	29.3	39.9	6,619	351	2,485
None	1.2	63	11.7	39.5	38.4	8.1	7.9	3.4	2.7	542	163,626	785,252
Maintenance Assistance Status												
Cash	1.8	97	16.8	36.1	37.2	8.1	9.0	4.7	4.8	576	59,480	306,586
Medically needy	1.6	102	11.0	65.3	16.5	5.4	6.5	3.2	2.9	927	2,925	10,281
Poverty related	0.8	33	9.0	42.0	40.3	7.4	6.6	2.4	1.3	361	60,836	282,457
Other/unknown	1.3	68	7.6	38.3	38.2	9.2	8.3	3.6	2.5	894	41,089	191,930

Table ND4

Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. 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.

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Utah, 1.9 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
	Patented		Off-Patent		Patented		Off-Patent										
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name						Generic			
Anti-infective Agents	0.4	0.2	0.0	0.2	\$16	\$11	\$2	\$3	\$41	\$64	\$75	\$16	147,487	\$6,030,437	61,816	37.6 %	371,060
Biologics	0.2	0.2	0.0	0.0	56	8	29	19	272	53	1,441	579	582	158,198	342	0.2	2,816
Antineoplastic Agents	0.8	0.5	0.0	0.3	264	250	1	13	329	534	49	41	2,054	675,993	380	0.2	2,564
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	29	20	4	5	42	65	32	21	78,272	3,275,849	18,974	11.5	113,211
Cardiovascular Agents	1.5	0.6	0.1	0.8	55	37	4	14	37	63	34	18	62,277	2,330,843	7,340	4.5	42,686
Respiratory Agents	0.5	0.2	0.0	0.3	23	15	3	5	43	72	62	18	121,902	5,265,649	37,296	22.7	232,621
Gastrointestinal Agents	0.7	0.4	0.0	0.2	53	44	3	6	79	108	192	25	47,992	3,774,902	12,142	7.4	71,785
Genitourinary Agents	0.4	0.3	0.0	0.1	16	14	0	2	43	52	35	17	13,891	590,945	6,382	3.9	36,428
CNS Drugs	1.3	0.7	0.0	0.6	106	86	2	18	81	120	95	31	169,765	13,731,426	22,235	13.5	129,595
Stimulants/Anti-obesity/Anorexia	1.1	0.6	0.1	0.3	73	53	8	13	69	82	61	43	22,569	1,553,783	3,565	2.2	21,150
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	88	86	0	2	197	215	0	39	1,019	200,608	358	0.2	2,275
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	25	15	1	8	34	119	50	14	154,010	5,259,385	36,663	22.3	213,384
Neuromuscular Agents	1.2	0.6	0.1	0.6	85	68	5	12	71	123	60	21	72,380	5,152,520	9,900	6.0	60,849
Nutritional Products	0.4	0.0	0.0	0.3	5	0	0	4	12	19	13	11	52,738	632,442	25,583	15.6	139,597
Hematological Agents	0.8	0.2	0.1	0.5	174	162	3	9	211	880	26	17	9,581	2,022,805	1,891	1.2	11,638
Topical Products	0.3	0.1	0.0	0.2	10	5	1	3	29	52	64	15	64,269	1,883,753	32,446	19.7	196,377
Miscellaneous Products	0.5	0.2	0.0	0.2	46	36	4	6	101	164	258	27	4,516	454,492	1,658	1.0	9,869
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	22	0	0	0	1,817	40,279	1,111	0.7	7,384
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.	1,027,121	53,034,309	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Utah, 1.9 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2002

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$3,902,057	3,724 2.3 %	31,109	0.7	\$176	\$125	
ANTIDEPRESSANTS	3,772,954	14,038 8.5	104,098	0.5	67	36	
ANTICONVULSANT	2,720,733	4,686 2.9	37,073	0.8	90	73	
ANALGESICS - Narcotic	1,970,856	23,662 14.4	178,351	0.4	31	11	
ULCER DRUGS	1,909,247	7,163 4.4	55,650	0.4	85	34	
ANTIASTHMATIC	1,414,981	11,448 7.0	90,969	0.3	50	16	
MISC. HEMATOLOGICAL	1,091,941	214 0.1	1,820	0.7	908	600	
PENICILLINS	1,049,009	30,123 18.3	237,669	0.2	25	4	
ANALGESICS - ANTI-INFLAMMATORY	993,077	15,043 9.2	118,278	0.3	33	8	
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	914,236	2,453 1.5	19,055	0.7	69	48	
Total	19,739,091	112,554	874,072	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE ND.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}
 NONDUAL BENEFICIARIES, UTAH, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	309,172	\$19,739,091	3,724	2.3 %	31,109	0.7	\$125	14,038	8.5 %	104,098	0.5	\$36					
Female	191,419	10,892,519	1,955	2.1	16,255	0.7	111	10,061	10.6	74,190	0.5	36					
Disabled	69,942	5,744,612	1,049	17.0	9,378	0.8	145	2,363	38.4	20,909	0.7	50					
5 and younger	1,044	55,021	0	0.0	0	0.0	0	8	2.5	69	0.4	7					
6-14	2,897	223,719	44	8.1	368	0.7	118	67	12.4	605	0.7	35					
15-20	3,064	284,993	51	10.0	408	0.7	140	109	21.4	945	0.6	42					
21-44	27,675	2,377,333	501	21.7	4,478	0.8	142	1,011	43.8	9,097	0.6	48					
45-64	34,747	2,763,395	443	18.2	4,031	0.9	153	1,156	47.6	10,083	0.8	55					
65-74	494	38,694	10	22.2	93	0.8	84	12	26.7	110	1.1	71					
75-84	12	1,227	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	9	230	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	121,477	5,147,907	906	1.0	6,877	0.4	64	7,698	8.6	53,281	0.5	30					
5 and younger	16,922	395,758	7	0.0	49	0.5	49	35	0.1	250	0.5	14					
6-14	13,650	643,251	122	0.8	970	0.6	100	536	3.3	4,140	0.5	28					
15-20	15,400	689,795	170	1.7	1,397	0.5	69	1,132	11.2	8,725	0.4	28					
21-44	64,274	2,751,165	486	1.6	3,531	0.3	40	5,166	16.5	35,409	0.4	31					
45-64	7,682	404,344	61	1.9	354	0.4	48	727	22.8	3,938	0.5	33					
65-74	2,346	183,068	37	11.5	372	1.0	189	62	19.3	500	0.8	46					
75-84	721	48,956	9	6.3	84	0.6	79	25	17.6	217	0.8	43					
85 and older	482	31,570	14	25.5	120	0.6	79	15	27.3	102	0.8	47					
Male	117,750	8,846,535	1,769	2.6	14,854	0.8	142	3,977	5.8	29,908	0.6	37					
Disabled	47,193	4,827,909	1,011	17.8	8,837	0.9	169	1,306	23.0	11,192	0.7	48					
5 and younger	1,335	86,834	6	1.3	30	0.4	36	2	0.4	24	1.0	37					
6-14	5,341	556,760	128	13.7	1,161	0.8	140	127	13.6	1,027	0.7	36					
15-20	5,974	649,731	178	25.6	1,554	0.9	161	165	23.8	1,356	0.8	60					
21-44	18,895	2,113,312	473	22.9	3,987	0.9	177	563	27.3	4,905	0.7	53					
45-64	15,054	1,388,256	220	15.0	2,034	0.9	177	445	30.3	3,839	0.6	41					
65-74	594	33,016	6	20.0	71	1.6	167	4	13.3	41	1.8	46					
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	70,557	4,018,626	758	1.2	6,017	0.6	101	2,671	4.2	18,716	0.5	31					
5 and younger	21,694	869,039	16	0.1	103	0.4	48	57	0.2	384	0.4	13					
6-14	20,569	1,249,024	293	1.7	2,401	0.7	112	754	4.4	5,961	0.6	30					
15-20	10,197	685,465	242	4.3	1,980	0.7	105	641	11.3	4,948	0.5	36					
21-44	12,954	845,199	139	1.6	979	0.4	69	933	10.6	5,647	0.4	27					
45-64	3,313	222,290	29	1.5	167	0.3	45	230	11.7	1,304	0.5	28					
65-74	966	86,878	24	15.4	255	0.6	162	27	17.3	237	0.6	40					
75-84	617	44,419	12	15.8	96	0.7	94	20	26.3	155	0.7	50					
85 and older	247	16,312	3	10.7	36	0.5	87	9	32.1	80	0.8	35					
Unknown	3	37	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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 ND.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}
 NONDUAL BENEFICIARIES, UTAH, 2002

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ULCER DRUGS				
	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of Rx
All	4,686	2.9 %	37,073	\$73	0.8	23,662	14.4 %	178,351	\$11	0.4	7,163	4.4 %	55,650	\$34	0.4
Female	2,785	2.9	21,941	67	0.8	17,197	18.1	129,622	10	0.4	4,675	4.9	36,994	34	0.4
Disabled	1,413	23.0	12,415	88	0.9	2,691	43.7	24,551	26	0.5	1,382	22.5	12,508	54	0.6
5 and younger	29	9.1	268	63	0.7	30	9.4	286	2	0.2	41	12.8	360	31	0.5
6-14	97	18.0	834	105	1.0	65	12.0	607	2	0.2	30	5.6	268	49	0.5
15-20	115	22.5	1,063	123	1.1	86	16.9	770	7	0.3	37	7.3	330	49	0.5
21-44	655	28.4	5,838	93	1.0	1,185	51.4	10,931	23	0.5	514	22.3	4,855	47	0.5
45-64	511	21.0	4,357	70	0.9	1,307	53.8	11,820	33	0.6	747	30.8	6,593	60	0.6
65-74	6	13.3	55	114	1.2	18	40.0	137	41	0.6	13	28.9	102	44	0.6
75-84	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
Other Eligibles	1,372	1.5	9,526	41	0.6	14,506	16.3	105,071	6	0.3	3,293	3.7	24,486	25	0.3
5 and younger	34	0.1	242	23	0.6	814	2.9	6,460	2	0.2	581	2.1	4,208	10	0.2
6-14	130	0.8	989	80	0.9	888	5.5	7,026	2	0.2	272	1.7	2,166	15	0.2
15-20	149	1.5	1,231	58	0.6	2,288	22.7	17,196	3	0.2	408	4.1	3,351	19	0.2
21-44	882	2.8	5,976	31	0.5	9,673	30.9	69,059	7	0.4	1,660	5.3	12,300	28	0.3
45-64	140	4.4	769	36	0.6	719	22.5	4,284	13	0.5	275	8.6	1,660	46	0.5
65-74	27	8.4	246	57	1.0	67	20.8	625	13	0.4	64	19.9	521	49	0.6
75-84	6	4.2	51	34	0.9	32	22.5	223	12	0.5	19	13.4	154	94	0.8
85 and older	4	7.3	22	22	0.9	25	45.5	198	10	0.5	14	25.5	126	54	0.6
Male	1,901	2.8	15,132	82	0.9	6,465	9.4	48,729	15	0.4	2,487	3.6	18,650	34	0.4
Disabled	1,104	19.5	9,710	98	1.0	1,543	27.2	13,389	27	0.5	799	14.1	6,891	55	0.6
5 and younger	34	7.2	263	50	0.7	40	8.4	334	2	0.2	67	14.1	611	27	0.5
6-14	146	15.6	1,310	109	1.0	81	8.7	778	2	0.1	37	4.0	368	48	0.6
15-20	162	23.3	1,304	129	1.2	133	19.2	1,233	4	0.2	63	9.1	560	54	0.7
21-44	531	25.7	4,732	105	1.0	636	30.8	5,664	31	0.5	283	13.7	2,457	59	0.6
45-64	227	15.5	2,054	62	0.8	646	44.0	5,307	34	0.6	343	23.3	2,843	56	0.7
65-74	4	13.3	47	104	2.5	7	23.3	73	33	0.7	6	20.0	52	105	1.8
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	797	1.3	5,422	55	0.7	4,922	7.8	35,340	10	0.3	1,688	2.7	11,759	22	0.3
5 and younger	41	0.1	251	62	0.7	1,045	3.5	8,545	2	0.1	787	2.7	5,681	12	0.2
6-14	205	1.2	1,670	61	0.8	902	5.3	7,041	2	0.2	178	1.0	1,399	18	0.3
15-20	168	3.0	1,292	73	0.8	691	12.2	5,398	2	0.2	149	2.6	1,156	28	0.4
21-44	279	3.2	1,614	37	0.5	1,834	20.9	11,576	18	0.5	393	4.5	2,404	38	0.4
45-64	86	4.4	440	32	0.5	382	19.5	2,261	39	0.6	135	6.9	762	42	0.5
65-74	8	5.1	57	99	1.3	35	22.4	276	14	0.6	31	19.9	246	47	0.6
75-84	6	7.9	53	74	1.2	23	30.3	178	53	0.9	10	13.2	70	41	0.8
85 and older	4	14.3	45	18	0.6	10	35.7	65	14	0.5	5	17.9	41	59	0.5
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	1	0.3	6	4	0.2

Table ND7B
 Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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 ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2002

Beneficiary Characteristics	ANTI-ASTHMATIC					MISC. HEMATOLOGICAL					PENICILLINS				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	11,448	7.0 %	90,969	0.3	\$16	214	0.1 %	1,820	0.7	\$600	30,123	18.3 %	237,669	0.2	\$4
Female	6,189	6.5	49,040	0.3	16	102	0.1	928	0.6	50	16,957	17.8	132,831	0.2	4
Disabled	1,336	21.7	11,961	0.5	29	71	1.2	746	0.6	50	1,259	20.5	11,638	0.2	6
5 and younger	85	26.6	777	0.4	23	0	0.0	0	0.0	0	154	48.1	1,416	0.2	6
6-14	88	16.3	781	0.4	24	0	0.0	0	0.0	0	164	30.4	1,464	0.2	6
15-20	60	11.8	502	0.4	19	1	0.2	12	0.8	70	97	19.0	901	0.2	6
21-44	462	20.0	4,133	0.4	25	13	0.6	147	0.6	26	429	18.6	4,027	0.2	6
45-64	633	26.1	5,708	0.6	34	57	2.3	587	0.6	55	410	16.9	3,791	0.2	7
65-74	8	17.8	60	0.6	51	0	0.0	0	0.0	0	4	8.9	30	0.2	5
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	1	100.0	9	0.1	6
Other Eligibles	4,853	5.5	37,079	0.3	11	31	0.0	182	0.6	49	15,698	17.6	121,193	0.2	4
5 and younger	1,595	5.8	12,971	0.2	7	3	0.0	17	0.2	11	7,169	26.0	56,288	0.2	4
6-14	816	5.0	6,338	0.2	12	0	0.0	0	0.0	0	2,831	17.4	22,867	0.2	4
15-20	541	5.4	4,182	0.3	14	0	0.0	0	0.0	0	1,452	14.4	11,419	0.2	4
21-44	1,636	5.2	11,889	0.3	13	8	0.0	52	0.3	27	3,951	12.6	28,575	0.2	5
45-64	218	6.8	1,306	0.4	23	6	0.2	28	0.6	56	252	7.9	1,658	0.2	6
65-74	28	8.7	257	0.6	28	10	3.1	51	0.7	61	33	10.2	317	0.2	7
75-84	12	8.5	71	0.5	31	3	2.1	26	0.9	91	5	3.5	32	0.2	6
85 and older	7	12.7	65	0.5	32	1	1.8	8	0.4	26	5	9.1	37	0.2	5
Male	5,259	7.6	41,929	0.3	16	112	0.2	892	0.7	1,172	13,164	19.1	104,834	0.2	5
Disabled	795	14.0	7,041	0.6	33	70	1.2	618	0.6	883	1,014	17.9	9,215	0.2	8
5 and younger	104	21.9	871	0.4	20	1	0.2	12	1.3	2,219	192	40.4	1,648	0.2	5
6-14	120	12.8	1,068	0.5	28	2	0.2	10	1.7	8,605	219	23.4	1,936	0.2	7
15-20	71	10.2	699	0.7	35	2	0.3	21	0.3	2,002	137	19.7	1,269	0.2	8
21-44	170	8.2	1,524	0.6	32	12	0.6	132	0.7	1,424	287	13.9	2,695	0.2	7
45-64	320	21.8	2,785	0.7	38	53	3.6	443	0.6	459	173	11.8	1,605	0.2	10
65-74	10	33.3	94	0.8	38	0	0.0	0	0.0	0	6	20.0	62	0.2	10
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	4,464	7.1	34,888	0.3	12	42	0.1	274	0.8	1,824	12,150	19.2	95,619	0.2	4
5 and younger	2,564	8.7	20,534	0.2	9	4	0.0	33	1.8	8,389	8,177	27.7	64,608	0.2	4
6-14	1,147	6.8	9,174	0.3	15	2	0.0	15	0.9	4,168	2,530	14.9	20,649	0.2	4
15-20	332	5.8	2,523	0.3	16	1	0.0	4	0.3	16	684	12.0	5,528	0.2	5
21-44	300	3.4	1,853	0.4	19	6	0.1	26	1.1	5,668	627	7.1	3,931	0.2	6
45-64	75	3.8	456	0.3	19	15	0.8	74	0.5	94	113	5.8	750	0.2	6
65-74	22	14.1	153	1.0	45	6	3.8	48	0.4	25	9	5.8	86	0.2	6
75-84	13	17.1	99	0.3	21	6	7.9	65	0.9	65	6	7.9	44	0.2	6
85 and older	11	39.3	96	0.4	17	2	7.1	9	0.8	81	4	14.3	23	0.2	7
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	0.6	4	0.5	4

Table ND7C
 Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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 ND.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}
 NONDUAL BENEFICIARIES, UTAH, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				STIMULANTS/ANTI-OBESITY/ANOREXIANTS							
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	15,043	9.2 %	118,278	0.3	\$8	2,453	1.5 %	19,055	0.7	\$48	164,330	791,254
Female	10,673	11.2	82,983	0.3	9	750	0.8	5,861	0.7	51	95,157	451,842
Disabled	1,568	25.5	14,451	0.4	26	152	2.5	1,282	0.8	71	6,153	39,028
5 and younger	15	4.7	152	0.2	3	2	0.6	24	0.2	8	320	1,986
6-14	40	7.4	374	0.3	13	54	10.0	468	0.9	53	540	3,368
15-20	70	13.7	660	0.3	15	19	3.7	187	0.9	55	510	3,283
21-44	636	27.6	5,895	0.4	21	44	1.9	365	0.7	88	2,306	14,919
45-64	795	32.7	7,289	0.5	32	31	1.3	231	0.7	99	2,428	15,230
65-74	12	26.7	81	0.6	35	2	4.4	7	0.3	64	45	224
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	9
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
Other Eligibles	9,105	10.2	68,532	0.2	5	598	0.7	4,579	0.7	45	89,004	412,814
5 and younger	1,125	4.1	9,368	0.2	2	24	0.1	174	0.3	24	27,614	136,646
6-14	751	4.6	6,427	0.2	2	387	2.4	2,928	0.7	45	16,260	84,813
15-20	1,489	14.8	11,352	0.2	3	81	0.8	686	0.6	40	10,072	46,771
21-44	5,092	16.2	36,950	0.2	5	87	0.3	670	0.5	52	31,347	130,125
45-64	505	15.8	3,189	0.4	15	17	0.5	99	0.7	87	3,192	11,566
65-74	97	30.1	897	0.5	31	2	0.6	22	0.8	111	322	1,859
75-84	32	22.5	234	0.6	39	0	0.0	0	0.0	0	142	685
85 and older	14	25.5	115	0.7	50	0	0.0	0	0.0	0	55	349
Male	4,370	6.3	35,295	0.2	7	1,703	2.5	13,194	0.7	47	68,839	338,617
Disabled	808	14.2	7,387	0.4	18	248	4.4	2,095	0.8	61	5,671	34,512
5 and younger	27	5.7	240	0.2	3	4	0.8	18	0.9	55	475	2,657
6-14	51	5.4	455	0.2	3	142	15.2	1,194	0.8	53	936	5,660
15-20	83	12.0	736	0.3	8	57	8.2	477	0.9	68	694	4,423
21-44	305	14.8	2,929	0.3	18	33	1.6	296	0.8	87	2,064	12,878
45-64	334	22.7	2,932	0.5	25	12	0.8	110	0.5	61	1,469	8,693
65-74	8	26.7	95	0.5	25	0	0.0	0	0.0	0	30	193
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	8
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	3,562	5.6	27,908	0.2	5	1,455	2.3	11,099	0.7	44	63,168	304,105
5 and younger	1,289	4.4	10,609	0.2	2	69	0.2	498	0.4	23	29,499	146,172
6-14	644	3.8	5,560	0.2	2	1,082	6.4	8,319	0.7	44	16,973	88,316
15-20	567	10.0	4,673	0.2	3	246	4.3	1,934	0.7	45	5,683	29,792
21-44	811	9.2	5,451	0.3	8	48	0.5	274	0.7	63	8,789	31,761
45-64	202	10.3	1,215	0.4	17	10	0.5	74	0.5	69	1,964	6,746
65-74	28	17.9	226	0.4	30	0	0.0	0	0.0	0	156	800
75-84	14	18.4	111	0.6	44	0	0.0	0	0.0	0	76	371
85 and older	7	25.0	63	0.6	59	0	0.0	0	0.0	0	28	147
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	334	795

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, UTAH, 2002

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	\$503	8.5	353	3,517
Age				
0-64	548	9.2	255	2,567
65-74	532	8.4	43	436
75-84	307	5.8	27	255
85 and older	211	5.1	28	259
Unknown	0	0.0	0	0
Gender				
Female	518	8.5	198	1,999
Male	484	8.5	155	1,518
Unknown	0	0.0	0	0
Race				
White	498	8.3	299	2,978
African American	811	14.4	8	81
Other/unknown	482	8.8	46	458
Basis of Eligibility^c				
Aged	377	6.6	91	886
Disabled	549	9.2	260	2,607
Adults	0	0.0	0	0
Children	209	8.4	2	24
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 351 beneficiaries who were in nursing facilities for part of their enrollment and their 2,485 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 ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, UTAH, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos						
	Patented			Patented													
	Total	Off-Patent	Generic	Total	Off-Patent	Generic											
Anti-infective Agents	0.6	0.3	0.0	0.2	\$36	\$27	\$3	\$6	\$60	\$88	\$63	\$24	1,443	\$86,369	234	66.3 %	2,422
Biologicals	0.1	0.1	0.0	0.0	1	1	0	0	14	12	0	39	46	653	41	11.6	465
Antineoplastic Agents	0.7	0.5	0.0	0.3	218	202	0	16	292	429	0	57	76	22,194	12	3.4	102
Endocrine/Metabolic Drugs	1.5	0.7	0.1	0.6	62	44	4	14	42	60	27	24	2,786	117,952	181	51.3	1,904
Cardiovascular Agents	1.9	0.5	0.2	1.1	62	31	8	23	33	60	34	20	3,898	127,371	209	59.2	2,068
Respiratory Agents	1.3	0.5	0.1	0.7	51	32	4	14	40	64	68	20	2,195	88,464	168	47.6	1,746
Gastrointestinal Agents	1.1	0.5	0.0	0.6	66	47	0	19	60	100	46	30	2,276	136,802	206	58.4	2,086
Genitourinary Agents	0.9	0.4	0.0	0.4	45	37	0	8	52	84	29	19	820	42,869	87	24.6	946
CNS Drugs	2.1	1.2	0.0	0.9	221	187	3	30	104	155	70	35	6,360	663,161	297	84.1	3,007
Stimulants/Anti-obesity/Anorexia	0.8	0.7	0.0	0.0	93	92	0	1	120	124	0	23	79	9,462	11	3.1	102
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	94	94	0	0	121	121	0	0	133	16,134	16	4.5	171
Analgesics and Anesthetics	1.3	0.5	0.1	0.7	56	42	3	11	43	90	45	14	3,227	140,194	250	70.8	2,521
Neuromuscular Agents	1.7	0.7	0.1	0.9	111	78	9	24	66	110	74	28	3,204	210,041	180	51.0	1,890
Nutritional Products	0.8	0.0	0.0	0.8	13	0	0	13	15	13	16	15	1,104	16,914	128	36.3	1,303
Hematological Agents	0.9	0.3	0.1	0.6	51	42	2	7	55	164	20	12	1,058	57,871	116	32.9	1,137
Topical Products	0.5	0.1	0.0	0.3	12	5	1	5	26	45	35	17	996	25,435	193	54.7	2,105
Miscellaneous Products	0.5	0.1	0.0	0.4	16	11	0	5	35	134	0	13	209	7,372	44	12.5	449
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	17	0	0	0	75	1,303	17	4.8	177
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.	29,985	1,770,561	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 351 beneficiaries who were in nursing facilities for part of their enrollment and their 2,485 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 2002. 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, 1.9 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2002

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	\$441,174	234	66.3 %	2,510	0.9	\$205	\$176
ANTIDEPRESSANTS	176,845	298	84.4	3,047	0.9	67	58
ANTICONVULSANT	155,766	175	49.6	1,870	1.1	75	83
ULCER DRUGS	120,178	202	57.2	2,064	0.8	74	58
ANALGESICS - Narcotic	78,948	279	79.0	2,809	0.8	37	28
ANTIDIABETIC	69,198	161	45.6	1,629	0.8	52	42
ANTIASTHMATIC	57,701	168	47.6	1,738	0.8	41	33
ANALGESICS - ANTI-INFLAMMATORY	57,287	150	42.5	1,616	0.6	57	35
ANTIHYPERTENSIVE	39,852	141	39.9	1,426	0.8	35	28
ANTIHYPERLIPIDEMIC	38,475	57	16.1	611	0.9	70	63
Total	1,235,424	1,865		19,320	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 351 beneficiaries who were in nursing facilities for part of their enrollment and their 2,485 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 2002. 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 2002 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 ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, UTAH, 2002

Beneficiary Characteristics	All Top 10 Drug Groups						ANTIPSYCHOTICS						ANTIDEPRESSANTS						
	No. of Rx	Rx \$	Users as %			Mean Rx \$	Mean No. of Rx	No. of Users	Users as %			Mean Rx \$	Mean No. of Rx	No. of Bene Mos among Users	Users as %			Mean Rx \$	Mean No. of Rx
			No. of Rx	Rx \$	No. of Bene Mos among Users				Residents	NF Residents	Residents				NF Residents	Residents	NF Residents		
All	16,066	\$1,235,424	234	66.3 %	2,510	0.9	\$176	298	84.4 %	3,047	0.9	\$58							
Female	9,004	750,112	149	75.3	1,586	0.9	182	162	81.8	1,678	0.9	66							
Disabled	7,127	597,244	120	83.3	1,281	0.9	177	126	87.5	1,304	1.0	70							
64 or younger	6,812	575,018	115	83.3	1,239	0.9	178	120	87.0	1,249	1.0	69							
65-74	288	21,380	5	100.0	42	1.0	120	6	120.0	55	1.1	87							
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
85 and older	27	846	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
Other Eligibles	1,877	152,868	29	53.7	305	1.0	207	36	66.7	374	0.8	52							
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
65-74	1,163	107,171	19	86.4	196	1.2	284	19	86.4	227	0.8	52							
75-84	311	22,063	3	23.1	36	0.8	90	8	61.5	74	1.0	58							
85 and older	403	23,634	7	36.8	73	0.6	55	9	47.4	73	0.8	49							
Male	7,062	485,312	85	54.8	924	0.8	165	136	87.7	1,369	0.8	49							
Disabled	5,592	380,296	57	49.1	616	0.9	186	103	88.8	1,054	0.8	50							
64 or younger	5,553	377,741	55	47.8	592	0.9	192	102	88.7	1,042	0.8	49							
65-74	39	2,555	2	200.0	24	0.6	36	1	100.0	12	1.1	75							
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
Other Eligibles	1,470	105,016	28	71.8	308	0.6	121	33	84.6	315	0.7	46							
64 or younger	130	3,605	2	100.0	24	0.9	55	1	50.0	12	1.1	9							
65-74	637	55,546	15	100.0	176	0.5	150	15	100.0	136	0.6	38							
75-84	511	32,949	9	64.3	84	0.6	79	10	71.4	102	0.8	65							
85 and older	192	12,916	2	25.0	24	0.7	123	7	87.5	65	0.8	38							
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 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 351 beneficiaries who were in nursing facilities for part of their enrollment and their 2,485 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 2002. 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 2002 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 ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a,b,c,d}
 NONDUAL BENEFICIARIES, UTAH, 2002

Beneficiary Characteristics	ANTICONVULSANT						ULCER DRUGS						ANALGESICS - Narcotic					
	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	175	1,870	1.1	202	2,064	0.8	279	2,809	0.8	558	79.0	279	2,809	0.8	279	2,809	0.8	\$28
Female	100	1,072	1.0	108	1,131	0.8	148	1,529	0.8	64	74.7	148	1,529	0.7	148	1,529	0.7	28
Disabled	88	944	1.0	87	898	0.8	117	1,214	0.8	66	81.3	117	1,214	0.8	117	1,214	0.8	32
64 or younger	86	920	1.0	85	874	0.8	112	1,154	0.8	66	81.2	112	1,154	0.8	112	1,154	0.8	32
65-74	2	24	1.0	2	24	0.5	5	60	0.5	48	100.0	5	60	0.5	5	60	0.5	33
75-84	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0
85 and older	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0
Other Eligibles	12	128	1.1	21	233	0.7	31	315	0.7	58	57.4	31	315	0.4	31	315	0.4	10
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0
65-74	8	89	1.2	9	108	0.6	13	154	0.6	28	59.1	13	154	0.3	13	154	0.3	5
75-84	2	22	0.8	4	45	1.0	4	36	1.0	140	30.8	4	36	0.4	4	36	0.4	32
85 and older	2	17	1.0	8	80	0.7	14	125	0.7	52	73.7	14	125	0.5	14	125	0.5	11
Male	75	798	1.2	94	933	0.8	131	1,280	0.8	51	84.5	131	1,280	0.8	131	1,280	0.8	28
Disabled	63	680	1.3	76	753	0.8	108	1,059	0.8	54	93.1	108	1,059	0.7	108	1,059	0.7	25
64 or younger	63	680	1.3	76	753	0.8	108	1,059	0.8	54	93.9	108	1,059	0.7	108	1,059	0.7	25
65-74	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0
75-84	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0
85 and older	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0
Other Eligibles	12	118	0.9	18	180	0.8	23	221	0.8	39	59.0	23	221	0.9	23	221	0.9	43
64 or younger	1	12	0.8	3	36	1.1	0	0	1.1	34	0.0	0	0	0.0	0	0	0.0	0
65-74	4	28	1.0	9	89	0.6	7	73	0.6	36	46.7	7	73	0.7	7	73	0.7	9
75-84	4	42	1.1	3	35	0.9	11	113	0.9	17	78.6	11	113	1.2	11	113	1.2	76
85 and older	3	36	0.8	3	20	0.9	5	35	0.9	101	62.5	5	35	0.4	5	35	0.4	12
Unknown	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 351 beneficiaries who were in nursing facilities for part of their enrollment and their 2,485 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 2002. 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 2002 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 ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANTI-ASTHMATIC					ANALGESICS - ANTI-INFLAMMATORY				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	161	45.6 %	1,629	0.8	\$43	168	47.6 %	1,738	0.8	\$33	150	42.5 %	1,616	0.6	\$35
Female	96	48.5	1,021	0.8	43	73	36.9	757	0.5	26	86	43.4	937	0.7	38
Disabled	64	44.4	672	0.9	44	58	40.3	581	0.5	26	61	42.4	672	0.7	34
64 or younger	58	42.0	612	0.9	44	54	39.1	551	0.5	25	58	42.0	644	0.7	33
65-74	5	100.0	51	0.8	41	4	80.0	30	0.5	38	3	60.0	28	0.7	55
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	1	100.0	9	1.1	40	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	32	59.3	349	0.8	43	15	27.8	176	0.7	29	25	46.3	265	0.7	48
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	24	109.1	268	0.7	40	9	40.9	108	0.9	35	11	50.0	132	0.7	47
75-84	4	30.8	40	1.0	45	1	7.7	12	0.1	2	5	38.5	52	0.6	34
85 and older	4	21.1	41	0.9	65	5	26.3	56	0.4	24	9	47.4	81	0.8	60
Male	65	41.9	608	0.8	41	95	61.3	981	1.0	38	64	41.3	679	0.6	32
Disabled	49	42.2	436	0.8	38	72	62.1	767	1.1	39	51	44.0	535	0.6	27
64 or younger	49	42.6	436	0.8	38	72	62.6	767	1.1	39	51	44.3	535	0.6	27
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	16	41.0	172	0.8	49	23	59.0	214	0.9	35	13	33.3	144	0.6	49
64 or younger	0	0.0	0	0.0	0	1	50.0	12	3.4	51	2	100.0	24	0.2	2
65-74	14	93.3	148	0.8	53	8	53.3	69	1.5	70	4	26.7	48	0.4	24
75-84	2	14.3	24	0.7	25	7	50.0	73	0.2	13	5	35.7	48	0.9	73
85 and older	0	0.0	0	0.0	0	7	87.5	60	0.6	19	2	25.0	24	0.8	101
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 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 351 beneficiaries who were in nursing facilities for part of their enrollment and their 2,485 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 2002. 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 2002 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 ND.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}
 NONDUAL BENEFICIARIES, UTAH, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTHYPERLIPIDEMIC						
	Users as %		Mean		No. of Bene Mos among Users	Users as %		Mean		No. of Bene Mos among Users	All-Year NF Residents	Bene Mos among All- Year NF Residents
	No. of Users	Residents	Rx	Rx-\$		No. of Users	Residents	Rx	Rx-\$			
All	141	39.9 %	0.8	\$28	1,426	57	16.1 %	0.9	\$63	611	353	3,517
Female	83	41.9	0.8	30	854	33	16.7	0.9	64	368	198	1,999
Disabled	62	43.1	0.8	31	633	25	17.4	0.9	69	273	144	1,453
64 or younger	58	42.0	0.8	30	602	24	17.4	0.9	70	261	138	1,401
65-74	4	80.0	0.8	31	31	1	20.0	1.0	54	12	5	43
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	1	9
Other Eligibles	21	38.9	0.9	27	221	8	14.8	0.8	49	95	54	546
64 or younger	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0
65-74	13	59.1	0.9	27	150	4	18.2	0.8	50	48	22	239
75-84	3	23.1	1.0	31	24	4	30.8	0.9	49	47	13	123
85 and older	5	26.3	1.0	28	47	0	0.0	0.0	0	0	19	184
Male	58	37.4	0.8	25	572	24	15.5	0.9	62	243	155	1,518
Disabled	40	34.5	0.8	24	383	19	16.4	1.0	62	193	116	1,154
64 or younger	40	34.8	0.8	24	383	18	15.7	1.0	62	181	115	1,142
65-74	0	0.0	0.0	0	0	1	100.0	1.0	65	12	1	12
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	18	46.2	0.8	28	189	5	12.8	0.8	62	50	39	364
64 or younger	0	0.0	0.0	0	0	0	0.0	0.0	0	0	2	24
65-74	6	40.0	0.8	27	62	4	26.7	0.9	77	38	15	142
75-84	9	64.3	0.8	29	102	0	0.0	0.0	0	0	14	132
85 and older	3	37.5	0.5	24	25	1	12.5	0.2	12	12	8	66
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 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 351 beneficiaries who were in nursing facilities for part of their enrollment and their 2,485 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 2002. 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 2002 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 UTAH, 2002

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 Nondual Rx \$	Total No. of Benes
All	31,662	19.3 %	0.5	87,382	\$3,085,008	\$35	5.8 %	164,330
Age								
5 and younger	12,350	21.2	0.4	24,001	538,023	22	10.8	58,240
6-14	5,406	15.6	0.3	11,160	529,580	47	7.2	34,709
15-20	2,783	16.4	0.4	6,763	499,402	74	8.0	16,960
21-44	8,341	18.7	0.7	29,438	947,437	32	4.7	44,506
45-64	2,511	27.7	1.6	14,572	530,927	36	4.2	9,053
65-74	173	31.3	1.8	976	29,303	30	3.1	553
75-84	68	30.4	1.6	350	7,520	21	2.2	224
85 and older	30	35.7	1.5	122	2,816	23	2.5	84
Unknown	0	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility^c								
Aged	249	32.1	1.6	1,234	34,686	45	2.8	775
Disabled	4,660	39.4	2.5	28,996	1,557,602	54	5.8	11,824
Adults	7,963	15.7	0.4	21,638	525,814	24	4.3	50,676
Children	18,749	18.6	0.4	35,350	960,346	27	7.7	100,963
Unknown	41	44.6	1.8	164	6,560	40	6.7	92
Gender								
Female	18,849	19.8	0.6	54,838	1,808,244	33	5.7	95,157
Male	12,810	18.6	0.5	32,541	1,276,696	39	5.9	68,839
Unknown	3	0.9	0.0	3	68	23	18.4	334
Race								
White	23,929	19.9	0.6	70,233	2,535,386	36	5.5	120,393
African American	533	17.0	0.5	1,631	78,702	48	8.4	3,128
Other/unknown	7,200	17.6	0.4	15,518	470,920	30	7.4	40,809
Use of Nursing Facilities^d								
Entire year	239	67.7	7.2	2,558	71,978	28	4.1	353
Part year	246	70.1	5.9	2,083	146,597	70	9.8	351
None	31,177	19.1	0.5	82,741	2,866,433	35	5.8	163,626
Maintenance Assistance Status								
Cash	14,270	24.0	0.8	47,489	1,650,173	35	5.5	59,480
Medically needy	363	12.4	0.4	1,286	70,923	55	6.8	2,925
Poverty related	9,466	15.6	0.3	19,240	624,667	32	6.8	60,836
Other/unknown	7,563	18.4	0.5	19,367	739,245	38	5.7	41,089

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 UTAH, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazepine \$ per Bene Mo.	No. of Bene Mos
All	0.1	\$4	\$35	\$0	\$1	791,254
Age						
5 and younger	0.1	2	22	0	0	288,252
6-14	0.1	3	47	0	0	182,157
15-20	0.1	6	74	0	0	84,271
21-44	0.2	5	32	0	1	189,683
45-64	0.3	13	36	0	3	42,235
65-74	0.3	10	30	0	2	3,076
75-84	0.3	7	21	0	3	1,073
85 and older	0.2	6	23	0	2	505
Unknown	0.0	0	0	0	0	2
Basis of Eligibility^c						
Aged	0.3	8	28	0	2	4,204
Disabled	0.4	21	54	0	4	73,540
Adults	0.1	3	24	0	0	200,854
Children	0.1	2	27	0	0	512,129
Unknown	0.3	12	40	0	4	527
Gender						
Female	0.1	4	33	0	1	451,842
Male	0.1	4	39	0	0	338,617
Unknown	0.0	0	23	0	0	795
Race						
White	0.1	4	36	0	1	589,361
African American	0.1	6	48	0	0	12,744
Other/unknown	0.1	2	30	0	0	189,149
Use of Nursing Facilities^d						
Entire year	0.7	20	28	0	6	3,517
Part year	0.8	59	70	0	7	2,485
None	0.1	4	35	0	0	785,252
Maintenance Assistance Status						
Cash	0.2	5	35	0	1	306,586
Medically needy	0.1	7	55	0	1	10,281
Poverty related	0.1	2	32	0	0	282,457
Other/unknown	0.1	4	38	0	1	191,930

Table ND12

Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
 - b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
 - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = 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 ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
UTAH, 2002

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	34,821	\$89	\$3,085,008	100.0 %	87,382	\$35	100.0 %
Anorexia or weight loss/gain	1,310	373	488,679	15.8	3,331	147	3.8
Fertility drugs	230	637	146,602	4.8	406	361	0.5
Drugs for cosmetic purposes	194	1,502	291,400	9.4	963	303	1.1
Cough and cold medications	489	592	289,391	9.4	1,278	226	1.5
Vitamins and minerals	5	2,099	10,493	0.3	12	874	0.0
Non-prescription drugs	26,670	51	1,348,706	43.7	54,684	25	62.6
Barbiturates	301	12	3,592	0.1	340	11	0.4
Benzodiazepines	5,584	76	426,532	13.8	26,267	16	30.1
Other Part D Excl Rx Drugs	38	2,095	79,613	2.6	101	788	0.1

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all non-dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table ND11.

b. Includes OTC drugs as well as prescription drugs.

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

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

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, UTAH, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	222,352	1,466	16,510	62,631	141,632	113	1,657,076	15,272	166,690	354,514	1,119,692	908
Age												
5 and younger	81,304	0	1,099	11	80,194	0	636,823	0	10,885	61	625,877	0
6-14	49,044	1	2,033	14	46,996	0	402,572	5	21,614	75	380,878	0
15-20	22,565	0	1,576	6,557	14,429	3	165,192	0	16,274	36,006	112,891	21
21-44	56,476	0	6,091	50,325	12	48	354,217	0	61,971	291,803	40	403
45-64	11,328	1	5,548	5,717	0	62	81,222	12	54,182	26,544	0	484
65-74	1,033	887	140	6	0	0	10,832	9,292	1,517	23	0	0
75-84	463	444	19	0	0	0	4,871	4,652	219	0	0	0
85 and older	137	133	4	0	0	0	1,339	1,311	28	0	0	0
Unknown	2	0	0	1	1	8	0	0	0	2	6	0
Gender												
Female	128,303	997	8,775	49,707	68,711	113	941,237	10,515	90,523	294,088	545,203	908
Male	93,710	469	7,735	12,922	72,584	0	715,034	4,757	76,167	60,422	573,688	0
Unknown	339	0	0	2	337	0	805	0	0	4	801	0
Race												
White	159,743	638	13,481	48,484	97,047	93	1,190,093	6,763	136,049	279,867	766,695	719
African American	4,829	23	401	1,031	3,374	0	40,776	251	3,899	6,939	29,687	0
Other/unknown	57,780	805	2,628	13,116	41,211	20	426,207	8,258	26,742	67,708	323,310	189
Use of Nursing Facilities^c												
Entire year	353	91	260	0	2	0	3,540	889	2,627	0	24	0
Part year	386	57	316	9	4	0	3,679	573	2,985	77	44	0
None	221,613	1,318	15,934	62,622	141,626	113	1,649,857	13,810	161,078	354,437	1,119,624	908
Maintenance Assistance Status												
Cash	81,591	1,015	11,009	26,237	43,330	0	675,365	11,308	116,998	168,709	378,350	0
Medically needy	3,243	38	526	1,456	1,223	0	14,016	266	3,319	4,875	5,556	0
Poverty related	84,441	330	2,554	17,092	64,352	113	587,840	2,946	19,597	96,837	467,552	908
Other/unknown	53,077	83	2,421	17,846	32,727	0	379,855	752	26,776	84,093	268,234	0
Managed Care Status												
FFS all year	95,419	324	6,018	36,603	52,415	59	554,994	2,763	52,534	155,569	343,712	416
FFS part year, with Rx claims	50,540	396	5,192	11,498	33,422	32	502,371	4,372	58,182	102,788	336,715	314
FFS part year, no Rx claims	18,371	55	614	2,575	15,126	1	148,325	522	6,161	18,061	123,573	8
MC all year, with Rx claims	39,147	619	4,083	9,096	25,331	18	344,373	6,964	44,652	66,120	226,485	152
MC all year, no Rx claims	18,875	72	603	2,859	15,338	3	107,013	651	5,161	11,976	89,207	18

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table A.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene 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.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, UTAH, 2002

	Bene Mos in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	222,352	1,657,076	164,330	791,254	0	865,822
FFS all year	95,419	554,994	95,419	554,994	0	0
FFS part year, with Rx claims	50,540	502,371	50,540	179,888	0	322,483
FFS part year, with no Rx claims	18,371	148,325	18,371	56,372	0	91,953
MC all year, with Rx claims	39,147	344,373	0	0	0	344,373
MC all year, with no Rx claims	18,875	107,013	0	0	0	107,013

Source: Data for this table are from the MAX 2002 file for Utah, released by CMS in 05/2006. This table was produced on 04/19/2007.

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.